Scottish Ambulance Service
Annual Review 2012/13

Self-Assessment
Section 1- Introduction

The aim of this Annual Review Self Assessment Document is to provide information on the performance of Scottish Ambulance Service for the period 2012/13.

The strategic aims of Scottish Ambulance Service for 2012/13 remained consistent with those set out in our 5 year strategic framework “Working Together for Better Patient Care, 2010-2015”, which was published in January 2010. The strategy set out an ambitious programme of development and quality improvement over a period of five years from 2010 until 2015.

Our Strategic Framework remains consistent with the Government’s 20:20 Vision. Our quality aspirations and strategic aims continue to be focussed on delivering the commitments made in “Working Together for Better Patient Care” to deliver a person-centred, leading edge, clinically effective and safe service 24/7 for the people of Scotland.

2012/13 represented year three in the implementation phase of our strategic framework. This self assessment document sets out the progress made during 2012/13. Our success in achieving progress has been enhanced by the valuable contribution made by our stakeholders, partners and more importantly informed through the extensive patient engagement throughout the design and delivery of the changes.

2012/13 has seen considerable progress made in implementing our strategy, not least in respect of the scheduled care improvement programme. The Service remains committed to delivering “Working Together for Better Patient Care” and in demonstrating our commitment to improvement, clinical excellence and innovation and section 2.1 provides an overview of key achievements.

In 2013/14 we will be engaging with our partners and key stakeholders to refresh our strategy to ensure it reflects our key aims and quality ambitions for 2020.
Section 2- Overview

2.1 Overview of 2012-2013

2012/13 was a year of continued improvement for the Scottish Ambulance Service. The Service has demonstrated an improvement in response times for life threatening emergencies and against a number of other key quality indicators.

Key achievements in the year included:

- Improved average Category A response times within 8 minutes from 73% in 2011/12 to 74.7% in 2012/13. Furthermore the average emergency response time for Category A during 2012/13 reduced from 6.7 minutes to 6.5 minutes;
- An increase from 16.9% to 17.5% Return of Spontaneous Circulation (ROSC) across Scotland for patients in cardiac arrest;
- The emergency response within 8 minutes for patients in cardiac arrest has improved from 78.3% to 79.1%;
- The % of Hyper-acute stroke patients taken to hospital within 60 minutes has improved from 78.4% to 78.6%;
- 16.5% of emergency incidents treated at scene meaning 78,347 patients avoided an unnecessary attendance at A&E;
- 22,382 patients (69.6%) benefited from Peripheral Vascular Catheterisation care bundle;
- A 9.3% reduction in the number of scheduled care journeys with cancelled journeys reducing from 0.6% to 0.5% between 2011/12 and 2012/13;
- Achieved all 3 financial targets with a small under spend to be carried forward demonstrating that resources are utilised to their optimum;
- Achieved in excess of the 3% efficiency target (3.6%) with over 95% being recurrent cash releasing in nature;
- Established a national patient booking service offering direct patient booking for Patient Transport Service and relocated 29 local offices into 3 regional centres to manage all booking, planning & day control across Scotland;
- Introduced mobile data technology across the PTS fleet to support dynamic deployment, more efficient use of resources and electronic capture and transfer of data;
- Continued to work in partnership with NHS Boards, local authorities and community transport partners to establish alternative integrated hubs for patients not requiring ambulance transport to hospital appointments, with two pilot sites now operating in Grampian and Lochaber;
• Realigned all A&E rosters and moved A&E staff across to a 37.5hr week inclusive of rest period;
• Progressed design and development of Single Clinical Triage System (SCTS) in partnership with NHS 24, jointly developing clinical content and pathways to route patients more effectively to definitive care;
• Increased levels of clinical paramedic advisors on a 24/7 basis across the 3 Ambulance Control Centres (ACCs) investing £1.3 million;
• Developed a national framework and care pathways for elderly patients who have fallen in partnership with the Long Term Conditions Collaborative and Reshaping Older Peoples Care;
• Invested £100k in testing various professional to professional decisions support systems for crews to reduce avoidable attendances at hospital;
• Continued to grow community first responder schemes across Scotland to strengthen community resilience, including the launch of a higher skilled Emergency Responder scheme in West Ardamurchan supported by telehealth links to Aberdeen Royal Infirmary;
• Continued to work with partners such as British Heart Foundation and British Red Cross to strengthen community based life-saving skills, support the expansion of community based public access defibrillators, including across the Caledonian MacBrayne ferry fleet, and initiated the mapping of these defibrillators onto the C3 command and control system in the ACCs to highlight their proximity to a caller, where this is relevant, which is proven to save lives;
• Initiated a pilot SEPSIS warning tool for crews in partnership with NHS Fife through the mobile data e-PRF system, with real time transfer of patient record to receiving hospital ahead of ambulance arrival to pre-alert for potential SEPSIS;
• Developed business case for the ScotSTAR national specialist retrieval service to be co-ordinated by the Scottish Ambulance Service;
• Progressed preparation for the new contract for air ambulance service in 2013 and worked in partnership to extend air ambulance capacity with the launch of Scotland’s first charitable air ambulance service;
• Reviewed frontline leadership and management role and designed specific development programme for this cohort of managers to be delivered in 2013, focussing the role on strengthening clinical leadership and patient safety;
• Established the Scottish Ambulance Service National Quality Improvement Collaborative to build capacity and capability within the Service for continuous quality improvement and to drive forward service innovation, improvement and patient safety;
• Undertaken extensive planning and preparation for the Commonwealth Games in Glasgow in 2014.
2.2 Update on 2012 Annual Review Actions

Following the 2011/12 Annual Review, the Cabinet Secretary for Health, Wellbeing and Cities Strategy agreed the following actions with the Scottish Ambulance Service:

<table>
<thead>
<tr>
<th>2012 Annual Review Action</th>
<th>Update and Progress</th>
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</table>
| Ensure a focus, across all parts of the organisation on achieving and embedding the Category A HEAT standard of 75% | • The service achieved its highest Cat A performance to date in 2012/13, falling only marginally short of the 75% standard achieving 74.7% for the full year;  
• In 7 of the 12 months, SAS met or exceeded the 75% standard and the high levels of demand in December meant that overall performance fell just short for the year;  
• Additionally, SAS transitioned to a 37.5hr week inclusive of rest period, for all A&E staff, with minimal impact on Cat A performance due to realignment of shifts to demand across all stations;  
• Staff and managers remained focussed on delivering the HEAT standard for Cat A and the Service invested in additional clinical decision support across the 3 Ambulance Control Centres (ACCs) and enhanced real time analytical support. |
| Maintain effective partnership working and engagement with a range of NHS colleagues, other partners, and local communities in support of our remote and rural areas | • Launch of the Emergency Responder model for West Ardnamurchan accessing satellite technology for remote clinical assessment  
• Mapping of defibrillators in Ambulance Control Centres to allow call taker access and increased placement of defibrillators in the community, including across the Caledonian MacBrayne fleet in partnership with British Heart Foundation  
• Worked with local authorities to further extend Heartstart programme in schools  
• Increase to 1,126 Community First Responders across Scotland |
| Ensure that robust clinical governance remains a priority across the organisation, particularly in relation to future service redesign and the implementation of the Single Common Triage System | • Fully engaged in development of clinical content for SCTS in partnership with NHS 24 reviewed and approved through the national Clinical Advisory Group  
• Reviewed professional to professional decision support arrangements across Scotland and now using findings to |
| Scottish Ambulance Service  
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|-------------------------------------------------|
| develop a national framework and service specification through the Unscheduled Care Expert Group and our local Unscheduled Care Action Plan  
- Development of pathways for frail and elderly patients who fall  
- Further development of the bespoke patient safety programme for SAS, specifically around, cardiac care, trauma, SEPSIS and deteriorating patients  
- Ongoing management of issues and agreement of PDSAs arising from patient safety walkrounds |

<table>
<thead>
<tr>
<th>Ensure focus on implementing the requirements and recommendations from the Healthcare Environment Inspectorate and continue to review, update and maintain robust arrangements for the prevention and control of healthcare associated infection.</th>
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</thead>
</table>
| - A HAI improvement action plan was developed and implemented to address the requirements and recommendations from the unannounced HEI inspection in June 2012.  
- Work around ensuring the provision of compliant laundry facilities on stations for uniforms is ongoing with advice requested from HPS and HFS to help inform final decisions.  
- Fob watches have been introduced to replace wrist watches and the uniform dress code policy updated to reflect this.  
- In line with other Boards, the revised version of the 1st chapter of the national prevention and control of infection manual covering Standard Infection Control Precautions (SICPs) was implemented in January to replace the service existing SICPs policies.  
- Hand hygiene audit programme continues to be completed across all divisions with current compliance at 94.5%  
- Infection control environmental audit programme continues across all divisions. This audit includes staff knowledge and equipment availability to apply SICPs, and further work is ongoing to develop a more robust programme to audit the application of SICPs in the clinical environment with current compliance at 85.9% for stations and 92.2% for vehicles.  
- Cleaning compliance monitoring against National Cleaning Services Specifications for ambulance stations and vehicles continues across all divisions with current compliance at 94% |
| Ensure effective management and delivery of the Scheduled Care Improvement Programme in collaboration with patients, partners and staff to realise the full benefits and provide the best possible quality care | • The number of Cleanliness Champions across the service continues to increase month on month. This programme is mandatory for Team Leaders.  
• The annual Infection Prevention and Control programme includes developing and implementing action plans to address requirements and recommendations from HEI inspections and HAI progress is reviewed at every Board meeting. |
| Ensure e-KSF review completion and record levels reach 80% by 31st March 2013. | • Established 3 regional centres within the three ACCs  
• Introduced a new national direct patient booking number  
• Reviewed and implemented with patients and clinicians an improved patient needs assessment process  
• Introduced mobile data across the full PTS fleet at a cost of £2.1 million  
• Undertaken service improvement workshops with staff  
• Engaged fully with NHS Boards and other partner transport organisations  
• Developing integrated transport hubs in Moray and Lochaber |
| Maintain focus on sustaining and improving attendance levels across the organisation in partnership with staff and their representatives | • Attendance Management policy has been reviewed and updated, and agreed in partnership.  
• Specific action in relation to absence for stress or musculoskeletal reasons included within revised attendance management policy.  
• Absence management workshops with managers taking place in different divisions/areas. |
| Ensure that partnership structures and mechanisms operate effectively to ensure staff and their representatives are fully engaged in the development and operation of the organisation. This applies to both national and local partnership arrangements. | • Achieved 47% recorded by March 2013. Actual review levels are higher, but technical difficulties with the e-KSF system are impacting on recording. All divisions have scheduled reviews for staff planned across the year and further training and focus has been put in place.  
• Developed and agreed new Partnership arrangements across SAS both at a national and local level to comply with revised Employee Director good practice and new Staff Governance Framework. |
Section 3- Everyone has the best start in life and is able to live longer, healthier lives

3.1 Clinical Strategy

Key successes in implementing our Clinical Strategy in 2012/13 include:

- Appointment of Director of Health Professions and Nursing Care focused on strengthening clinical governance, the development of the patient safety programme and person-centredness across the Service;

- Recruitment of additional clinical advisors within the 3 Ambulance Control Centres to provide 24/7 clinical decision-support for both call handling and dispatch;

- Extension of 3RU (Rapid Response Resuscitation) approach to community based cardiac arrests building on the success of TOPCAT in Lothian, whereby all cardiac arrests will be attended by an enhanced skilled paramedic to oversee effective resuscitation and support crews, with access to ‘real time’ feedback through Q-CPR meter technology, saving more lives;

- Pilot with NHS Fife of SEPSIS early warning system through the electronic patient report form and ‘real time’ transmission of data to hospital ahead of arrival. Additional work was also progressed with NHS Forth Valley around SEPSIS early warning where initial results suggest more lives saved at lower cost to health system;

- Further development of integrated models of care, such as the Emergency Responder model in West Ardnamurchan;

- The continuing development of clinical content of Single Clinical Triage System in partnership with NHS 24 to develop enhanced triage and facilitate automatic data transfer between SAS and NHS 24;

- Participation in the national review of major trauma service across Scotland and introduction of a dedicated trauma desk within Ambulance Control Centre to better target specialist resources;

- Review of the patient needs assessment framework for Patient Transport Service to support a more clinically focussed non-emergency service;

- Development of paediatric early warning score (PEWS) which is now under development to extend nationally with NHS partners;
• Improved clinical performance, i.e., ROSC, Hyper-acute stroke, PVC Bundle, ‘see and treat’;

• Introduced learning in practice approach to ongoing paramedic / technician training moving from classroom based to live operational environment and observed practice locally;

• Critical care paramedics and paramedic practitioners;

• Participation in the Unscheduled Care Data Mart (NASA) Data Linkage project led by ISD and STAG Trauma Audit to improve data sharing and better understanding of outcomes to improve treatment and manage access and demand to emergency and unscheduled care more;

• Ongoing collaborative work in research and development with Stirling University Nursing and Allied Health Professions Research Unit – particular focus on long term conditions and pathways for diabetes and COPD;

3.2 Improved Response

Our aim is to continue to ensure that patients get the most appropriate clinical response to match their need, and within that, the Service aims to ensure that response is timely. Although demand for the Scottish Ambulance Service continues to grow with a further 1.5% increase in overall emergency demand in 2012/13 up to 509,474 incidents, the Service continues to improve its average response times for life threatening emergencies; on average, these have improved in 2012/13, down from 6.7 minutes to 6.5 minutes for Category A life-threatening emergencies. For all ‘blue light’ 999 emergency calls average response has increased slightly to 8.7 minutes.

Emergency demand in the 3 Island Boards of Orkney, Shetland and the Western Isles increased at a higher rate than across mainland Scotland, up 5.2% on 2011/12, which impacted on the performance achieved. In 2013/14, response time performance for these Boards will be measured in line with the rest of Scotland with a 75% target for 8 minute response to life-threatening emergencies.

The Service embarked on a significant improvement programme across the 3 Ambulance Control Centres in 2012/13 as part of our wider unscheduled care programme. As part of that work, there has been a specific focus on call answering standards with a realignment of shifts to better match call demand, increased numbers of call handlers, the introduction of automatic call distribution and preparation for the introduction of a virtual call handling facility across the 3
sites in November 2013. Whilst performance for the full year 2012/13 was below target, following the introduction of these improvements, performance is currently at 81.7% for the first quarter of 2013/14.

A summary of our performance against key HEAT LDP response targets is set out below.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Number of incidents 2012/13</th>
<th>2011/12 performance</th>
<th>2012/13 performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respond to life-threatening emergencies in 8 minutes (Cat A)</td>
<td>75%</td>
<td>129,765 (-1.0%)</td>
<td>73.0%</td>
<td>74.7%</td>
</tr>
<tr>
<td>Respond to serious but not immediately life-threatening emergencies in 19 (Cat B)*</td>
<td>95%</td>
<td>303,342 (0.2%)</td>
<td>92.4%</td>
<td>91.8%</td>
</tr>
<tr>
<td>Respond to all emergencies in 8 minutes (Orkney, Shetland &amp; Western Isles NHS Boards)</td>
<td>56%</td>
<td>4,000 (5.2%)</td>
<td>54.5%</td>
<td>53.0%</td>
</tr>
<tr>
<td>Respond to GP 1 hour urgent calls within 1 hour</td>
<td>91%</td>
<td>47,745 (-0.5%)</td>
<td>86.3%</td>
<td>87.6%</td>
</tr>
<tr>
<td>% of 999 calls answered within 10 seconds</td>
<td>90%</td>
<td>415,013 (1.7%)</td>
<td>n/a</td>
<td>66.6%</td>
</tr>
</tbody>
</table>

‘999’ telephone answering within 10 seconds was a new indicator for 2012/13. An improvement plan was developed during the year and performance improved from 61.9% in April 2012 to 69.7% by March 2013. Performance in July 2013 is currently sitting above 90% target.

*In 2012/13, the Service moved to a single 19 minute response for Category B serious but not immediately life-threatening incidents from the previous reporting position of 14, 19 or 21 minutes depending on location. This provides a more equitable response across mainland Scotland.
Section 4 – Healthcare is safe for every person, every time

4.1 Clinical Governance

The Service continued to strengthen its Clinical Governance arrangements in 2012/13 in line with our Clinical Strategy. Key areas of work progressed to strengthen clinical governance in SAS in 2012/13 includes:

- Development of clinical education through Learning in Practice, whereby learning is integrated into the clinical environment through station based resuscitation refresher training and observation in practice;

- Achieved accreditation of the BSc Paramedic Practice framework through Glasgow Caledonia University to support the development of Specialist Paramedics in Critical Care and provide a pathway for further professional development for our staff;

- Introduced revised procedures for the security and management of controlled drugs, moving from individual staff issue to vehicle based safes with individual swipe card access. This gives electronic access to a morphine safe for all paramedic staff, allowing monitoring of access to and use of morphine by individual staff and improving security and access for home workers and staff working outwith their own base location;

- Developed a framework (Patient Safety Management and Review of Significant Adverse Events), which includes a policy for ‘Being Open with patients’. This was developed following benchmarking with another UK Ambulance Service and with other NHS Boards in Scotland following the NHS Ayrshire and Arran review. The reviewed framework sets out the definition of a ‘significant adverse event’ to include a list of ‘never events’ and clear set procedures for reviewing and learning from events. The framework also includes templates for each stage of the review, to ensure the Service adopts a consistent approach to such events and learning is implemented where appropriate.

- Continued to invest in the development of staff, providing opportunities to undertake Pre-Hospital Obstetric Training and Pre-Hospital Trauma Life Support in addition to numerous continuous professional development opportunities provided in conjunction with local clinicians throughout the country. Significant development in the use of clinical simulation has not only benefited our own staff, but has been recognised on a UK wide basis with the department showcasing pre-hospital simulation at the recent Scottish Clinical Skills Symposium held in Edinburgh, and at the East Midlands Strategic Clinical Skills Workshops;
• Further developed access for crews to the emergency care summary on scene to develop sharing of automated consent and improve access to this critical information for clinical advisors in the ACC;

• Development of Clinical Data Users Group to review and validate all clinical data and reporting and focus on improving clinical record keeping through the electronic patient report form (ePRF) with a total of 47 new screens or improvements implemented during the year;

4.2 Patient Safety

Patient Safety Group

During 2012/13 the Service set up a new structure which combines operational, management, clinical governance and risk staff who conducted a review into the way in which we manage significant adverse events following the Ayrshire and Arran report. We have subsequently developed a framework (Patient Safety Management and Review of Significant Adverse Events Policy), which includes a policy for ‘Being Open with Patients’. This was developed following benchmarking with another UK Ambulance Service and other NHS Boards in Scotland. The reviewed framework sets out the definition of a ‘significant adverse event’ to include a list of ‘never events’ and clear set procedures for reviewing and learning from events. The framework also includes templates for each stage of the review, to ensure the Service adopts a consistent approach to such events and learning is implemented where appropriate.

To underpin this work and promote a learning and improvement culture within the Service, root cause analysis and being open, training events have been organised for managers at all levels across the Service to ensure they are trained appropriately to implement the new framework. These courses took place over April and May 2013.

The Patient Safety Group meets monthly to ensure lessons learned from incidents, claims, complaints continue to be shared internally and with external stakeholders in a consistent and open manner.

Leadership Walkrounds

Building on the successful first round of patient safety walkrounds in 2011/12, the Service has developed this approach further in 2012/13, specifically now extending the visit to local hospital facilities. This gives managers the opportunity to engage with colleagues from the NHS working with the Scottish Ambulance Service and, more importantly, with patients. A specific focus this year has been
the Patient Transport Service where managers have accompanied crews during the walkround visit to talk to patients directly about their experience of the Service, and particularly the developments implemented during phase one of the scheduled care improvement programme, for example, the patient booking line.

**Quality Improvement Collaborative**

In 2012/13, the Service established its Quality Improvement Collaborative aimed at building capacity and capability for quality improvement and delivery of the Service’s patient safety programme. A number of workshops were held with managers across the Service to scope out and develop the programme of work for the Collaborative, linked to the development of frontline leaders and managers across the Service, and a programme of development days is scheduled for 2013/14 with a view to building a cohort of around 60 managers leading the improvement agenda going forward.

Additionally, two senior members of the Clinical Directorate were accepted onto the IHI sponsored Scottish Patient Safety Clinical Fellowship Programme due for completion in early 2013/14, which has enhanced the Service’s leadership capability and capacity for quality improvement and focussed patient safety.

**Flying Lessons**

The Service is using an innovative approach to address challenging issues in the organisation regarding culture, behaviours, values, patient safety and managing adverse incidents through ‘Flying Lessons’ workshops. These workshops are facilitated by an airline Captain who enables the discussion and debate of difficult issues in an engaging, fun, interactive and thought-provoking way using lessons learned from the aviation industry along with scenarios based on real examples from the Scottish Ambulance Service.

A number of workshops have been held, which has stimulated great debate and is gaining increasing momentum throughout the Service with support and engagement from all levels of the organisation and partnership. This work is continually evolving as it progresses and current plans include developing online materials to support learning from workshops, developing our capability to sustain delivery of the workshops internally and aligning this work with other initiatives in the Service, such as the person-centred and staff experience agendas and human factors modules in the Academy.

**Care Bundles**

The Service continued to see improvement in the appropriate adherence and implementation of the Peripheral Vascular Catheterisation bundle being recorded by staff, improving from 65.1% in 2011/12 to 69.6% (22,382 patients) in 2012/13. This is an increase of 789 patients for the year.
4.3 Clinical Performance

2012/13 saw continued improvement across all clinical key performance indicators as set out in the table below:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Number of patients 2012/13</th>
<th>2011/12 performance</th>
<th>2012/13 performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return of spontaneous circulation (ROSC)</td>
<td>12-20%</td>
<td>2,980 (10.6%)</td>
<td>16.9%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Hyper-acute stroke patients to hospital within 60 minutes of call</td>
<td>80%</td>
<td>3,065 (11.4%)</td>
<td>78.4%</td>
<td>78.6%</td>
</tr>
<tr>
<td>Cat A cardiac arrest patients responded to within 8 minutes</td>
<td>80%</td>
<td>4,794 (-1.1%)</td>
<td>78.3%</td>
<td>79.1%</td>
</tr>
</tbody>
</table>

**Community based cardiac arrest**

The Service also measured the ROSC rates for patients with a cardiac output from Ventricular Fibrillation (VF) or Ventricular Tachycardia (VT), where these patients are more likely to respond to treatment early; ROSC rates for VF/VT cardiac arrests continued to increase from 28.8% in 2011/12 to 30.3% in 2012/13, an exceptionally high level.

Building on the successful TOPCAT studies for the treatment of community cardiac arrests in NHS Lothian, the Service extended testing of the Q-CPR meters within Lothian and Dundee. This technology gives crews ‘real time’ feedback on the effectiveness of their clinical treatment in terms of cardiopulmonary resuscitation (CPR). Lothian ROSC rates were 23.9% for all cardiac arrests and 39.4% for VF/VT cardiac arrests and Dundee demonstrated an 8.6% improvement in ROSC during the year.

In addition to the Q-CPR meters, the protocols for responding to cardiac arrests have also been developed with dual response as standard to allow focussed concentration on CPR and enhanced clinical support throughout. As a result of the evident success in terms of survival rates, the Service has now invested in additional Q-CPR meters and the revised 3RU protocols are to be rolled out further in 2013/14.
SEPSIS early warning system

In recognition of the critical role the Service can play in identifying potential SEPSIS at an early stage, a SEPSIS score was built into the e-PRF system in 2012/13. This was a pilot with NHS Fife whereby crews were alerted to possible SEPSIS generated from recorded vital signs and were able to both adjust their treatment and ensure the patient reached definitive care faster, but also, to pre-alert the hospital to possible SEPSIS ahead of arrival. A similar piece of work is also underway with NHS Forth Valley. This work is being evaluated ahead of roll out across the Service in 2013/14.

Near-patient testing

The Service participated in a pilot with the Scottish Centre for Telehealth and Telecare and NHS Borders beginning in 2012/13, testing patients at scene to determine Troponin levels and help identify non-STEMI acute coronary syndrome patients who can be effectively treated within NHS Borders and avoid unnecessary transfer to Edinburgh. The technology used to carry out this testing can be used for a number of tests, including SEPSIS, and the Service will look to evaluate this with a view to developing the capability going forward and ensuring patients are routed to definitive care first time.

4.4 Infection Control

Performance

The Service continued to maintain high level performance against key performance indicators in respect of hand hygiene and national cleaning services specification (NCCS). Compliance with hand hygiene opportunity was 95% and 93% for adherence with the correct hand hygiene technique, against a target of 90% for the full year. Compliance with NCCS was 94% against a target of 90%. Further to this the number of ambulance crew who have completed the Cleanliness Champions infection control training programme continues to increase and currently sits at 688.

Healthcare Environment Inspectorate (HEI)

The last HEI inspection took place in June 2012. The Inspectorate noted the observation of compliant hand hygiene practices, a good standard of ambulance and patient care equipment cleaning and good compliance with peripheral vascular catheter documentation. There were 8 requirements identified that focused on:
- Ensuring Infection Prevention and Control is fully embedded across the Service and improving communication around HAI
- Ensuring vehicle cleaning is consistently documented
- Improving resource to support Infection Prevention and Control education and training.

These requirements have been addressed through a robust action plan. Work continues supported by Health Facilities Scotland (HFS) around the laundering of mop heads and contaminated uniforms. The uniform dress code policy has been updated to address bare below the elbow and fob watches were distributed to all ambulance crew to replace the wearing of wrist watches.
Section 5: Everyone has a positive experience of healthcare

5.1 Scheduled Care Improvement Programme

During 2012/13, the Service completed the implementation of Phase 1 of the Scheduled Care Improvement Programme, following extensive consultation and engagement in 2011/12. Key elements of that programme completed in 2012/13 included:

- Completed reconfiguration of 29 Area Service Offices across Scotland to establish 3 regional centres in Inverness, Edinburgh and Glasgow, handling all requests for patient transport, planning and control of resources on the day. These centres are co-located with our Emergency Ambulance Control Centres;
- Introduced a single national patient booking number for Scotland giving patients direct access to book patient transport services;
- Improved telephone answering standards within 60 seconds to 60.2% across all 3 centres from a call abandonment rate of 55% prior to the introduction of direct patient booking and move to regional control centres. Currently, call answering is up at 79.3% against an 80% target and has continuously improved;
- Revised pre-appointment information in conjunction with NHS Boards to better inform patients on the use of the service;
- Introduced a more patient focussed clinical needs assessment tool to better understand individual patient need and ensure a consistent approach;
- Completed the installation of mobile data across the PTS fleet allowing for dynamic real-time management of all resources and improved communication with crews to reduce inefficiency;
- Developed national standard operating procedures to ensure consistency in delivery of service across the regional centres and across Divisions;
- Established two pilot hubs in Moray and Lochaber in partnership with NHS Boards, regional transport partnerships, local authorities and SAS to route patients who do not require an ambulance to an appropriate alternative and access information on available community based transport.

This improvement programme will continue up to the end of March 2015, building on the foundations put in place in 2012/13. A strategic programme director has been appointed and the key focus for 2013/14 will be;
• Continued improvement in planning to ensure patients reach their appointment in time and the Service makes better use of existing PTS resources;

• Ongoing work with NHS Boards to improve planning of appointment times, increase use of ‘book ready’ for patients to be collected after their appointment and better planning of discharges and transfers to reduce the requirement for on the day requests;

• Model the future fleet and staff requirements for the Service as part of the development of our strategic workforce plan to 2020 to ensure the service is able to provide a demand responsive, flexible patient transport service going forward;

• Review of the patient needs assessment process following feedback from patients and NHS Boards to streamline for regular users of the Service;

• Fully embed the use of mobile data technology across the Service and ensure crews and control room staff are using the technology to maximum effect and benefit for patients;

• Continue to improve performance in service delivery across telephone answering, pick up and drop off for appointments and reduced cancellations;

• Work with NHS Boards and Regional Transport Partnerships following publication of the outcomes of the Scottish Government Short-life Working Group review of Healthcare Transport, to explore more integrated models and evaluate the pilot hubs operating in Moray and Lochaber.

Scheduled Care Performance

In 2012/13, as part of the Scheduled Care Improvement Programme, we removed the prioritisation of patient journeys dependent upon the clinic attended; this reflected our commitment to assessing individual patient needs and more direct booking with patients. Previously, performance had been reported only for priority 1 patients falling into a number of clinic categories including renal, cardiac, oncology and mental health. In 2012/13 we began to report performance for all patients using the Patient Transport Service and, as such, a direct comparison cannot be made between 2011/12 and 2012/13 performance or activity levels in respect of performance. Demand for the Patient Transport Service reduced in 2012/13, down 9.3% to 1,170,105 from 1,289,513 in 2010/11.
Performance against our HEAT LDP targets in respect of scheduled care is set out in the table below;

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Number of patients 2012/13</th>
<th>2011/12 performance</th>
<th>2012/13 performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punctuality for appointment</td>
<td>72%</td>
<td>585,516 (-8.3%)</td>
<td>68.9%</td>
<td>52.1%</td>
</tr>
<tr>
<td>Punctuality for pick up after appointment</td>
<td>90%</td>
<td>584,584 (-10.2%)</td>
<td>80.1%</td>
<td>73.0%</td>
</tr>
<tr>
<td>Cancellations by SAS</td>
<td>&lt;0.5%</td>
<td>7,404 (-17.6%)</td>
<td>0.6%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

5.2 Enhanced Clinical Triage

Throughout 2012/13, the Service has continued to work closely with colleagues in NHS 24 to develop enhanced clinical triage. Much of that work has focussed on the development of appropriate clinical content and associated pathways. This work is being developed in two phases:

- Development of two-way data transfer interface, which will allow for direct transfer of patient / incident data between SAS and NHS 24 direct to dispatcher without the need for further triage or call handler involvement. This will speed up the response for patients and avoid any need to repeat information;

- Development of enhanced clinical triage to better route patients to definitive care quickly and prevent unnecessary dispatch of ambulance resources increasing ‘hear and treat’, and facilitate secondary face to face assessment from an appropriate clinician, which may or may not result in an attendance at hospital;

The development of enhanced triage is integral to the Service’s wider commitment to shifting the balance of care in unscheduled care and recognising the role SAS has to play in routing patients to appropriate care and offering enhanced clinical assessment, both via telephone and face-to-face.
5.3 Ambulance Control Centres

The Service embarked on a significant improvement programme across the three Ambulance Control Centres in 2012/13, with some key improvements and developments progressed, including:

- Integration of the scheduled care service and establishment of the 3 regional centres for booking, planning and day control for Patient Transport;
- Revised management structure to focus on ‘real time’ performance management and analysis, strengthen clinical governance and professional standards, and ensure 24/7 senior operational management across the 3 sites;
- Review of shifts across the sites in preparation for virtual call handling in 2013 and to ensure adequate call handling cover to improve call pick up times, including auto-call distribution;
- Increased clinical advisors to provide 24/7 availability and appointments of a dedicated Head of Professional Standards to develop this role effectively and strengthen clinical decision support;
- Review of standard operating procedures to ensure consistency in working practices across the 3 ACC;

2013/14 will see much of the preparatory work carried out in 2012/13 come to fruition with a number of key developments being realised, including:

- Implementation of the two-way data interface with NHS 24 and enhanced clinical triage;
- Migration from 3 CAD systems to 1 across the 3 ACC sites, coupled with a virtual telephone infrastructure, which will allow staff in any of the 3 ACC to handle calls and dispatch resources across traditional boundaries and improve response for patients;
- Implementation of Optima Live, an enhanced decision support tool for dispatchers and managers to ensure a faster appropriate response and facilitate management of resources more effectively.

The ACC has a critical role to play in delivering a positive experience for patients both in terms of scheduled and unscheduled care and the Service has invested significantly in the ACC in 2012/13 with a commitment to continue that improvement programme into 2013/14.
5.4 Patient Focus Public Involvement (PFPI)

The Service progressed implementation of the PFPI strategy, notably developing the infrastructure divisionally and nationally to ensure effective public and patient engagement through Involving People Groups.

The Service is committed to working with patients, the public, carers and community groups in accordance with the guidance set out in CEL 4 (2010) “Informing, Engaging and Consulting People in the Development of Health and Community Care Services.” Feedback from the final Scottish Government Gateway Review for our recent Air Ambulance Re-procurement Project described stakeholder engagement as “exemplary”.

The Service was an early adopter of the Patient Opinion portal, which has now been adopted nationally by all NHS Boards. This proved a valuable source of feedback during the scheduled care improvement programme and, to date, we have received 71 patient stories and 28,230 hits via this website.

To supplement Patient Opinion, we developed and launched yoursottishambulance.com, which is a second e-portal for comments from patients and public. Again, this has been used to assess awareness of the new patient booking line and generate discussion around where best to focus the development of community based public access defibrillators; to date the site has received 1,646 hits. 2012/13 also saw the Service embrace Facebook and Twitter with 5,178 and 2,914 hits respectively via each.

5.5 Complaints & Commendations

SAS builds and maintains a current picture of how patients, carers and families experience the Service in a number of ways. The Service’s bespoke feedback system, Viewpoint, continued to support 20-day compliance and improve understanding of feedback trends. The compliance rate for the year 2012/13 is 73.2%.

The Complaints team reviewed classifications of complaints and concerns to ensure consistency and, at the same time, engaged with staff and managers to identify opportunities for further improvements to the system for its users across Ambulance Control Centres and Divisions; this is a comprehensive review which will continue into 2013/14. In addition to the Clinical Governance Committee, Viewpoint supports reporting of trends and issues across a number of key forums, including the Patient Safety Group, the Senior Management Team meeting and the Executive Team meeting.
The Service will continue to encourage, listen and act upon the feedback received from patients, carers, partners and the public and a summary of complaints, concerns, comments and compliments is set out below;

<table>
<thead>
<tr>
<th>Number of Registered Complaints</th>
<th>Number of Complaints Completed within 20 working days</th>
<th>Percentage Completed within 20 working days %</th>
</tr>
</thead>
<tbody>
<tr>
<td>421</td>
<td>308</td>
<td>73.2% *</td>
</tr>
</tbody>
</table>

* This figure is currently being validated by the Information Services Division (ISD) of NHS National Services Scotland

<table>
<thead>
<tr>
<th>Number of Registered Concerns</th>
<th>Number of Concerns Completed within 20 working days</th>
<th>Percentage Completed within 20 working days %</th>
</tr>
</thead>
<tbody>
<tr>
<td>421</td>
<td>324</td>
<td>77%</td>
</tr>
</tbody>
</table>

**Key Themes Raised in Complaints**

<table>
<thead>
<tr>
<th>Summary of Action Taken to Improve Services as a Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. (Staff) Attitude and Behaviour</td>
</tr>
<tr>
<td>There continued to be complaints arising from the attitude of staff and inappropriate remarks made.</td>
</tr>
<tr>
<td>Staff members interviewed about their inappropriate behaviour, disciplinary or development action taken where appropriate.</td>
</tr>
<tr>
<td>2. Delayed Response (Ambulance Control Centre)</td>
</tr>
<tr>
<td>Number of complaints about the response times to incidents.</td>
</tr>
<tr>
<td>Each call reviewed to understand if there was an unnecessary delay. Plan to introduce more urgent tier capacity in 2013/14.</td>
</tr>
<tr>
<td>3. Clinical Assessment</td>
</tr>
<tr>
<td>Number of complaints relating to clinical judgement of ambulance crews.</td>
</tr>
<tr>
<td>Full Clinical Reviews undertaken and retraining or coaching organised where appropriate.</td>
</tr>
<tr>
<td>4. Driving Standards</td>
</tr>
<tr>
<td>Issues about poor driving of ambulances.</td>
</tr>
<tr>
<td>Members of staff required to undergo driving reassessments.</td>
</tr>
</tbody>
</table>

The 4 themes raised in the complaints table above re-occurred under concerns, with a further 2 themes:-

<table>
<thead>
<tr>
<th>Key Themes Raised in Concerns</th>
<th>Summary of Action Taken to Improve Services as a Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patient Transport Service (PTS) Cancelled</td>
<td></td>
</tr>
<tr>
<td>Issues about transport being cancelled (sometimes at the last minute) and patients subsequently missing appointments</td>
<td></td>
</tr>
<tr>
<td>Patient requirements reviewed and action taken to ensure that they attended future appointments. PTS improvement programme designed to address these issues.</td>
<td></td>
</tr>
</tbody>
</table>
2. Delays travelling to/home from Hospital Appointments (PTS)

| Issues about delays with transport leaving patients waiting for long periods at home or at hospital/clinics. |
| Patients requirements reviewed and action taken to ensure that they attended future appointments. PTS improvement programme designed to address these issues. |

Compliments

The Scottish Ambulance Service is pleased to hear about the things that we do well and is extremely grateful to the many people who take the time and trouble to contact us by email, post, website or via Patient Opinion asking that their thanks are passed on to the staff concerned. There were 329 compliments officially recorded in 2012/13 – the examples below reflect the key areas of compliments which we receive:

“I was in great pain, immobile in bed upstairs, unable to move. The ambulance came quickly, and its two staff, were magnificent. Somehow they got an immoveable object - me - out of bed, downstairs, and safely to hospital. They did it with great know-how and kindness. Please let their managers know what a difference they made to me that evening.”

“I recently went to Hospital to the day centre, and was taken there by patient transport. I have to say that I found it all excellent, and I just couldn't have met kinder people throughout who made me feel really welcome. I have been using the patient transport for years now, and everything is always perfect. I feel the staff need some praise, as they just do such an excellent job.”

“I had to call 999 for my husband when I was fairly sure he was having a major heart attack. I was hysterical, but the operator tried to keep me calm, while my daughter and a friend performed CPR while waiting for the paramedics to arrive. A team of 3 paramedics arrived within a short time and took over. If it wasn't for their tremendous effort, my husband would not have made it out of the house. Sadly, despite everyone's best efforts, he passed away the same day. I can not thank the team enough.”
Section 6: Staff feel supported and engaged

A key programme of work during 2012/13 was ongoing implementation of ‘Doing the Right Thing’ our organisational development strategy; this is a key enabler for delivering “Working Together for Better Patient Care”. The programme has taken forward a number of key areas of development and improvement in 2012/13.

6.1 Developing Frontline Leaders and Managers

Throughout 2012/13, the Service has reviewed the remit of frontline management recognising the critical role that Team Leaders and Area Service Managers play in supporting and developing staff, embedding clinical effectiveness, and taking forward service developments. This has been a comprehensive review seeking views from staff and managers and has led the Board to commit to invest £825,000 up to 2015 to transition to more clinically focussed frontline leadership and ensure managers are equipped and resourced to deliver effective leadership across the Service, with a further £1.2 million investment beyond 2015.

This work is also supported by the Learn & Improve programme which reviewed administration across SAS using LEAN methodology and in 2012/13, took forward a programme of work across Divisions to shift administrative functions from managers to appropriate staff, which creates further capacity for frontline managers.

6.2 Reduction of the Working Week

Following negotiation, agreement was reached in early 2012 to move to a 37.5 hour working week retaining entitlement to an undisturbed rest period for staff but with the facility for that rest period to be interrupted or delayed for a confirmed life-threatening emergency.

Throughout 2012, the Service undertook comprehensive modelling work to support this programme, which aimed to:

- Reduce the working week to 37.5 hours;
- Match deployment of resources to demand;
- Review the mix and level of resources to match demand;
- Deliver operational performance targets on a sustained basis;

This was an extremely challenging programme to be completed within an 18 month period by July 2013 and through focussed Partnership working and engagement with staff across the Service, the transition to the 37.5 hour week was completed ahead of schedule with the majority of staff moved across by the end of March 2013 and the full programme of reduction in the working week
completed by 1\textsuperscript{st} May 2013. An additional 150 frontline A&E posts were also recruited as part of the delivery of this programme.

6.3 Performance

Sickness absence in 2012/13 was 6.5\%, a marginal increase from 6.3\% in 2011/12. Whilst this is disappointing, the Service continues to employ a range of measures for effectively managing sickness absence. This work is now showing signs of improvement with performance in the first quarter of 2012/13 with the overall percentage of staff absent reducing to 5.3\%.

Although no longer a HEAT target, the Service continues to monitor performance in respect of completion of e-KSF Personal Development Plan review. For the full year 2012/13, 47\% of PDPs had been reviewed. Whilst this is a drop on 2011/12 performance, much of the drop has been a consequence of technical difficulties with the e-KSF system whereby PDPs have not been recorded on the e-KSF but have, nevertheless, taken place and the Service is proactively working to address this shortfall in recording.

In 2012/13, the Service also introduced a specific HR scorecard to monitor a range of staff related performance measures including, staffing levels and profile, e-KSF and learning in practice completion, grievances and disciplinary procedures, absence, recruitment and retention, and health and safety.

6.4 Review of Partnership Working

During 2012/13, the Service completed a review of Partnership working at national and local level to ensure staff feel adequately represented and SAS continues to demonstrate its commitment to working in partnership.

Working in partnership is integral to how business is conducted within SAS. In 2012/13 a Partnership Review Group, comprised of management and staff side representatives, considered a range of options and models for the operation of continued effective partnership working in the Ambulance Service and the group agreed that there will be a full time employee director and staff side representatives from each of the 3 recognised unions at a national level with revised parameters for local representation.

6.5 Team Talk

Our team briefing mechanism Team Talk was initially piloted in the North Division in 2012/13 and the training for this received very positive feedback. We are planning to accelerate the roll out of the training across the Service to our managers in the forthcoming months.
Section 7: People are able to live well at home or in the community

7.1 National Framework for Elderly People who have Fallen

Following the successful launch of a national care pathway framework for frail and elderly patients who have fallen in the community, jointly developed by SAS and the Long Term Conditions Collaborative, 3 specific demonstrator project sites were set up in Edinburgh City, Perthshire and Borders to take forward implementation. The final outcome of this work was developed into a change package in 2012 to progress at CHCP level across Scotland, to help prevent the incidence and severity of falling in the elderly.

This package includes supporting materials to promote alternative pathways and raise awareness, a short film which includes key messages and patient stories for SAS crews, and a ‘how to’ guide outlining the national framework and approaches to be taken. Additional areas have now been identified in partnership with NHS Boards and CHCPs to extend application of this framework across Scotland in 2013/14.

7.2 Strengthened Community Resilience

Ongoing development and implementation of the Community Resilience Strategy continued in 2012/13 with some notable achievements and successes:

- ROSC rates of 18% for cardiac arrests where a Community First Responder is in attendance and increased number of Community First Responders to 1,126 across Scotland;
- Emergency Responder model developed with NHS Highland and Scottish Centre for Telehealth to provide integrated emergency and unscheduled care service for Ardnamurchan Peninsula. The Cabinet Secretary visited Ardnamurchan and was given a presentation on the Emergency Responder model during which the West Ardnamurchan Community Council publicly thanked the Scottish Ambulance Service for establishing the Emergency Responder model and expressed confidence in how it has worked since being introduced;
- Continued increase in the numbers of public access defibrillators (cPAD) in partnership with a number of organisations, including Caledonian MacBrayne, a number of local authorities and Scotmid;
- Reviewed the training and accreditation for Community First Responders with work continuing to standardise this across
Scotland and strengthen clinical governance arrangements and ensure effective use of CFRs to enhance community resilience;

- Work with local authorities through education directorates to develop Heartstart training across schools, notably within Glasgow and the Western Isles areas with a view to expanding this with other local authorities beyond current ad hoc arrangements with individual schools;
- Preparation for the Commonwealth games in 2014 recognising the role which volunteers will play and identifying potential new volunteers for the Service and developing life-saving skills;

7.3 Professional to Professional Decision Support

During 2012/13, the Service undertook a review across all NHS Boards of the level and effectiveness of professional to professional advice and support for SAS crews where conveyance to hospital may not be appropriate, seek alternative pathways and to offer clinical advice and support where a patient can be left at home. The Service already works closely with a number of Boards including NHS Borders and NHS Lothian and is committed to extending the use of professional to professional decision support to avoid unnecessary attendances at hospital and onward referral to appropriate care.

This review found considerable variance across NHS Boards and the Service’s findings have been fed back to Scottish Government resulting in the establishment of a national Task and Finish Group chaired by SAS to develop the infrastructure and protocols required. This group will report to the National Unscheduled Care Expert Group through the Community Sub-Group.

7.4 Treating patients at scene

During 2012/13, the Service continued to increase the number and percentage of emergency incidents treated at scene, reducing attendances at A&E, consistently exceeding target throughout the year, as set out in the table below. The service believes that with additional pathways being available within the wider NHS and integrated with social care, this percentage will increase.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Number of patients 2012/13</th>
<th>2011/12 performance</th>
<th>2012/13 performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>% emergency incidents treated at scene</td>
<td>15%</td>
<td>78,347</td>
<td>12.2%</td>
<td>16.5%</td>
</tr>
</tbody>
</table>
Section 8: Best use is made of available resources

8.1 Financial Position

The Service again met its three financial targets in 2012/13 in terms of managing budgets and meeting its cash releasing efficiency target for the year. This was an extremely challenging year due to the tight financial allocations and in–year cost pressures that developed post budget setting process. Therefore the achievement of these targets can not be underestimated.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underspend against Core RRL</td>
<td>£89K</td>
<td>£23K</td>
<td>£32K</td>
</tr>
<tr>
<td>Against Total RRL</td>
<td>£44K</td>
<td>£41K</td>
<td>£32K</td>
</tr>
<tr>
<td>Against CRL</td>
<td>£0K</td>
<td>£8K</td>
<td>£4K</td>
</tr>
<tr>
<td>Cash Requirement</td>
<td>£221m - under requirement by £845K</td>
<td>£210m - under requirement by £468K</td>
<td>£220m – under requirement by £588K</td>
</tr>
</tbody>
</table>

8.2 Efficiency Programme

The Service exceeded the 3% target set by Scottish Government and generated 3.6% cash releasing efficiency savings in 2012/13, totalling £7,365,000. This level of savings was required to enable the organisation to deliver its financial targets and to fund the additional in – year cost pressures. The table below sets out the areas where these savings were realised.

<table>
<thead>
<tr>
<th>Cash Releasing Revenue Target 3%</th>
<th>Realised £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Productivity</td>
<td>3,380</td>
</tr>
<tr>
<td>Workforce</td>
<td>413</td>
</tr>
<tr>
<td>Support Services</td>
<td>3,018</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>554</td>
</tr>
<tr>
<td>Total In-Year Savings</td>
<td>7,365</td>
</tr>
<tr>
<td>SGHD Target</td>
<td>7,318</td>
</tr>
</tbody>
</table>
The programmes of savings are identified through our learn and improve programmes and are applied across the organisation these are: Scheduled Care redesign, Workforce application of robust management of resources, Administration redesign through use of technology and the Ambulance Control Centres redesign through enhanced clinical focus. In addition there have also been procurement savings and saving through robust contract management.

These savings have been reinvested within the Service to provide enhanced clinical decision support within the Ambulance Control Centres, undertake preparatory work for the development of enhanced clinical triage, support strengthened resilience is some remote and rural communities and provide a training course for critical care paramedics.

8.3 Shared Services

The Service has further developed the principles of shared services in 2012/13. We now provide Procurement and ICT services to NHS Health Improvement Scotland and Health and Safety advice to NHS Education. This not only provides efficiency but also allows sharing of good practice to be cascaded across the special Health Boards.

SAS also are provided with payroll management services from Greater Glasgow and Clyde NHS Board, again this is furthering the efficiency agenda and also stimulating education and training of staff.

The Service is also working with predominantly the other special Health Boards to share specialist services and to work collaboratively on procurement and ICT services across the Boards.

SAS has been part of the single instance finance system for over 15 months and is involved in all of the national Finance Shared services project workstreams. The Service has also adopted the first phase of the new national HR system ahead of schedule.

8.4 Collaborative procurement

The Service continues to deliver savings as a result of its procurement strategy and practices, with a total of £1.95m savings in both revenue and capital being delivered. The Scottish Ambulance Service along with all NHSScotland Boards took part in the Procurement Capability Assessment, which is pan public sector and SAS was the only Special Health Board to achieve Superior (world class) procurement status following a review. The procurement team are working on the submission for 2013/14 and are also assisting other Special Health Boards to achieve improvements in their performance.

Additionally, the Service progressed joint procurement with UK ambulance services for uniforms and explored national framework agreement for vehicles.
8.5 Air Ambulance

The Scottish Ambulance Service went live with its new Air Ambulance contract from April 2013 and this has seen improvements in the level of service provided and refurbishments of the existing fixed wing aircraft. New rotary aircraft will be delivered during 2014. Demand for the air ambulance service has remained constant over the last couple of years through the continued improvement of triage and tasking enabling the service to be delivered as efficiently as possible. Performance levels improved in 2012/13 and the table below sets out the key measures of activity and performance in 2012/13 compared to 2011/12.

<table>
<thead>
<tr>
<th>Air Ambulance</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Activity</td>
<td>3,382</td>
<td>3,235</td>
</tr>
<tr>
<td>Change on previous year</td>
<td>-307</td>
<td>-147</td>
</tr>
<tr>
<td>% change on previous year</td>
<td>-8.1%</td>
<td>-4.4%</td>
</tr>
<tr>
<td>To cover all Scotland within 60 minutes (target 95%)</td>
<td>94.1%</td>
<td>95.1%</td>
</tr>
<tr>
<td>Average time to patient (minutes)</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td>Average travel time with patient to hospital (minutes)</td>
<td>29</td>
<td>24</td>
</tr>
</tbody>
</table>

May 2013 saw the launch of Scotland's first charitable air ambulance service staffed and tasked by the Scottish Ambulance Service to provide enhanced air ambulance cover; the new service has undertaken 60 missions since its launch.

8.6 Specialist Retrieval

The number of specialist retrieval missions the air ambulance service completed in 2012/13 was 446, comparable to 2011/12.

Throughout 2012/13, Scottish Ambulance Service has been leading the development of the national retrieval service for Scotland under the banner of ScotSTAR, bringing together the existing Emergency Medical Retrieval Service, together with regional neonatal and paediatric retrieval teams. A business case was developed following consultation with the existing teams, and we remain on track to launch the new national specialist retrieval service in 2014.