The average response time for life-threatening emergencies has improved to 6.5 minutes across Scotland.

Due to health reasons, Kathleen struggled to get to her healthcare appointments. Her daughter Dora found out about the Patient Transport Service. They talk about how important the Service is to them and the way they are treated by the ambulance staff.

We dealt with 60,848 fall incidents in 2012/13.

We increased the number of clinical paramedic advisors on a 24/7 basis across our three Ambulance Control Centres.

We dealt with 1,170,105 patient transport journeys across Scotland.

There were 3,235 air ambulance missions flown in 2012/2013.

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Welcome to the 2012/2013 Annual Report for the Scottish Ambulance Service, in which we review our performance and highlight a number of improvements we have developed over the course of the last year. Our Strategic Framework remains consistent with the Government’s 2020 Vision. Our quality aspirations and strategic aims continue to be focussed on delivering the commitments made in our strategic framework “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.

During the year we improved our average response time to life threatening incidents from 6.7 minutes to 6.5 minutes, increasing the number of life threatening incidents reached in eight minutes from 73% to 74.7%. We reached more patients in cardiac arrest within eight minutes from 78.3% to 79.1% and increased our Return of Spontaneous Circulation across Scotland for patients in cardiac arrest from 16.9% to 17.5%. We have continued to work with partners such as the British Heart Foundation and the British Red Cross to strengthen community based life-saving skills. This has included supporting expansion of community based Public Access Defibrillators, including across the Caledonian MacBrayne ferry fleet, and initiated the mapping of these defibrillators onto our command and control system in the Ambulance Control Centres to highlight their proximity to a caller, which is proven to save lives.

During 2012/2013 we treated 16.5% of emergency incidents at scene, meaning 78,347 patients avoided an unnecessary attendance at A&E. This was enabled through further investment in clinical leadership, professional to professional decision support systems for staff to reduce avoidable attendances at hospital, and increasing the number of Clinical Advisors on a 24/7 basis across our three Ambulance Control Centres.

We have been developing a number of pathways to route patients more effectively to definitive care. These include care pathways for frail and elderly patients who have fallen, which continues to be the most frequent “diagnosis” presenting to the Scottish Ambulance Service 999 system. However, a number of people who present as having fallen are not injured and an integrated care pathway for a frail older person will help avoid the distress and disruption of an emergency hospital attendance – 5% more patients were referred to such care pathways in the last year.

In 2012/2013 we initiated a pilot assessment tool for SEPSIS (also known as septicaemia or blood poisoning), in partnership with NHS Fife, through the mobile data e-PRF system. This has enabled the real time transfer of a patient record to the receiving hospital, ahead of ambulance arrival to hospital attendance – 5% more patients were referred to such care pathways in the last year.

For patients requiring access to the Patient Transport Service we introduced the national direct patient booking service to enable patients direct access, and ensure that we can be more responsive to individual needs. We also rolled out mobile data technology across the fleet to enable less waiting for patients and more efficient use of resources. We continued to work in partnership with NHS Boards, local authorities and community transport partners to establish alternative transport for patients not requiring ambulance transport to hospital appointments, with a pilot now operating in Grampian.

All of the above improvements have been enabled by the commitment, professionalism and desire of our staff to do their best for patients. We increased A & E staffing budgets by 150 extra staff, and have been developing our ongoing staff development arrangements, in partnership with staff and their representatives. We have reviewed the frontline leadership and management role and designed specific development programmes for this cohort of managers. This role in future will focus on strengthening clinical decision making and patient safety. We also 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.

The Service has continued to be proactive in encouraging patient and carers to feed back on their experience, to help build and maintain a picture of how well the service improvements are meeting the needs of our patients. On a daily basis, the Service receives feedback, comments, concerns and complaints by letter, phone, email, text or via social media channels such as Facebook, Twitter, Patient Opinion or our recently launched ePortal: your.scottishambulance.com.

We use this feedback to make improvements to our services, such as changes to how we respond to certain diseases, or changes to equipment and training. Everyone at the Scottish Ambulance Service is committed to bringing our vision to life: to deliver the best patient care to the people of Scotland when and where they need it.

We launched a direct patient transport booking line in 2012.

In 2013 we supported the launch of Scotland’s first charity Air Ambulance Service. During 2012/13 we treated 16.5% of emergency incidents at scene.

Chairman
David Garbutt

Chief Executive
Pauline Howie
Our Services

At the frontline of the NHS in Scotland, the Scottish Ambulance Service currently provides an emergency, unscheduled and planned service to more than 5.1 million people across mainland Scotland and its island communities. The Service employs over 4,000 highly skilled staff and responds to nearly 700,000 Accident and Emergency calls a year, around 500,000 of which are 999 emergency calls.

Almost 1.2 million patients are taken to and from hospital by our Patient Transport Service each year. Our Air Ambulance service deals with more than 3,000 incidents per year and we transport over 85,000 patients between hospitals in Scotland, by road and air annually.

We have three Ambulance Control Centres based in Glasgow, Edinburgh and Inverness which handle in excess of 2 million calls for help each year. These range from life-threatening cardiac arrests requiring an immediate response, to requests from our NHS partners to transfer patients between hospitals, or requests directly from patients requiring ambulance transport to a hospital appointment.

As a Special Health Board, the Scottish Ambulance Service is a national operation based at over 150 locations in five operational Divisions across Scotland. As such, we continue to cover the largest geographic area of any ambulance service in the UK.

Accident and Emergency Care

We respond to 999 calls from the public and healthcare partners such as general practitioners (GPs), in addition to requests for an urgent response by clinicians. The Scottish Ambulance Service delivers Accident and Emergency care to patients the length and breadth of the country. This care is delivered by specially trained staff who, last year, responded to 666,867 emergency and urgent calls across Scotland.

999 calls are handled by one of three Ambulance Control Centres (ACCs) which are co-located with NHS 24 and NHS Boards’ Out of Hours teams. Calls are prioritised to ensure we respond quickly and with the right skills for each patient. We are saving more lives than ever before, responding to calls faster and treating patients better because we have developed our skills, our systems and supported crews with investment in enhanced training, in leading-edge technology and the tools they need to do their job effectively.

Accident and Emergency crews provide life-saving emergency medical care. Having assessed the medical needs of the patient, they may take patients to hospital, treat them at the scene or refer them to an appropriate clinic or service.

In 2012/2013, we continued to work with NHS Boards to reduce avoidable attendances at A&E. We treated 78,347 patients at scene, which was 16.5% of all emergency incidents. This was enabled through further investment in clinical leadership, professional to professional decision support systems for staff to reduce avoidable attendances at hospital, and increasing the number of Clinical Advisors available 24/7 across the three Ambulance Control Centres.

We also continued to develop a number of pathways to route patients more effectively to definitive care. These include care pathways for frail and elderly patients who have fallen, which account for a significant number of calls to the Ambulance Service, and we continued to work in partnership with health, social care and voluntary organisations to support patients receiving care in the community and at home more effectively.

Patient Transport Service

Scheduled care is a planned appointment and the Service has a role to play in ensuring patients who need our clinical skills get to and from their appointments. Last year, the Patient Transport Service (PTS) undertook 1,170,105 patient journeys across Scotland. Our primary responsibility is to provide a service for patients with a medical care need or with limited mobility. The Service also transfers patients between hospitals and takes them home upon discharge, for example following surgery. The service is delivered by specially trained Ambulance Care Assistants who are able to provide this service to patients with more complex needs.

In the course of 2012/2013 the Service delivered the first phase of a comprehensive improvement programme to PTS. This included the launch of a national direct patient booking service to enable patient’s direct access, and ensure that we can be more responsive to individual needs. We also rolled out mobile data technology across the fleet to enable less waiting for patients after their appointment and more efficient use of resources. We continued to work in partnership with NHS Boards, local authorities and community transport partners to establish alternative transport for patients not requiring ambulance transport to hospital appointments, with a pilot now operating in Grampian.

Air Ambulance

The Air Ambulance Service provides an emergency response and a vital patient transport service across Scotland, not least for remote and rural and island communities. The Air Ambulance Service comprises four purpose built aircraft: two helicopters and two fixed wing aircraft. 3,235 air ambulance missions were flown in the course of 2012/2013, providing high quality medical care to patients all over Scotland. In 2013 we also supported the launch of Scotland’s first Charity Air Ambulance Service.

For very seriously ill adults, children and babies we operate a specialist retrieval service and in 2012/2013, following a national review, we began to develop the detailed arrangements for the establishment of the new ScotSTAR (national specialist retrieval service) which will be established in 2014 and co-ordinated by the Scottish Ambulance Service.

Moira had a fall in her home. She talks about what happened, how the ambulance crew treated her at home and referred her to the Mobile Emergency Care Service so that they could find ways of reducing the risk of her falling again.
HEAT (Health, Efficiency, Access, Treatment)

Summary

HEAT Standard | Target | 2012/13
--- | --- | ---
SAS H1 | 12 - 20% | 17.5%
SAS H2 | 80% | 79.1%
SAS H3 | 75% | 74.7%
SAS H4 | 95% | 91.8%
SAS H5 | 56% | 53%
NHSS E1 | Meet Target | Target Met
SAS E2 | 2.5% | 2.02%
SAS E3 | <5% | 6.5%

HEAT Standard | Target | 2012/13
--- | --- | ---
SAS A1 | 91% of 1 hour GP urgent calls within time agreed | 87.6%
SAS A2 | 72% of all PTS Patients arrive at hospital 30 minutes or less before appointment time | 52.1%
SAS A3 | 90% of all PTS Patients are picked up within 30 minutes of agreed time after appointment | 73%
SAS A4 | Ensure that no more than 0.5% of booked PTS journeys are cancelled by the Service | 0.5%
SAS A5 | 90% of 999 telephone calls within 10 seconds | 66.6%
SAS T1 | 15% of emergency incidents at scene | 16.5%
SAS T2 | 80% of hyper acute stroke patients to hospital within 60 minutes of receipt of call at the Service | 78.6%
Our Committee Membership 2012/13

Clinical Governance Committee
The Clinical Governance Committee currently comprises four Non Executive Directors: Ms Suzanne Dawson (Chair); Mr Andrew Richmond; Mrs Neelam Bakshi and Ms Theresa Houston. Mr David Nelson is the Public/Patient Representative. The Committee meets approximately four times per year to monitor standards of care and measure the effectiveness of pre-hospital treatment.

Audit Committee
The Audit Committee currently comprises four Non Executive Directors: Mr Edward Frizzell (Chair); Ms Moi Ali; Mr Andrew Richmond and Councillor David Alexander. The Audit Committee meets four times per year to consider the various reports from both internal and external auditors to assess the risks that may arise in the Service.

Staff Governance Committee
The Staff Governance Committee comprises four Non Executive Directors: Mr Matt Bell (Employee Director and Chair); Ms Moi Ali; Councillor David Alexander; and Ms Neelam Bakshi. The Committee meets four times per year to ensure effective monitoring of staff governance within the organisation.

Remuneration Committee
At the start of the year, the Remuneration Committee comprised the Chairman, Mr David Garbutt, and three Non Executive Directors: Mr Edward Frizzell, Ms Suzanne Dawson and Councillor David Alexander. In compliance with the membership arrangements set out in the 4th Edition of the Staff Governance Standard, Mr Matt Bell, Employee Director, joined the membership of the Committee in November 2012. The Committee is chaired by the Chairman, Mr David Garbutt. It meets at least twice per year to consider the evaluation of performance and pay awards for Executive Directors. The Committee has an important role in ensuring consistency of policy and equity of treatment of staff across the local NHS system, including remuneration issues, where they are not already covered by existing arrangements at national level.

Patient Story – Mr and Mrs McCabe

‘The Ambulance Service has been a tremendous help’

Mr and Mrs McCabe both use the Patient Transport Service due to their medical needs. They talk about how the crews help them get to and from their healthcare appointments.
Our Activity

<table>
<thead>
<tr>
<th>Health Board</th>
<th>PTS Journeys</th>
<th>A&amp;E Incidents</th>
<th>Air Ambulance Missions</th>
<th>Cat A Average Response Time (mins)*</th>
<th>999 Average Response Time (mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>118,300</td>
<td>51,779</td>
<td>116</td>
<td>6.6</td>
<td>8.6</td>
</tr>
<tr>
<td>Borders</td>
<td>37,520</td>
<td>13,459</td>
<td>1</td>
<td>7.5</td>
<td>9.7</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>44,060</td>
<td>17,337</td>
<td>31</td>
<td>7.5</td>
<td>9.4</td>
</tr>
<tr>
<td>Fife</td>
<td>121,582</td>
<td>44,549</td>
<td>0</td>
<td>6.3</td>
<td>8.1</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>76,108</td>
<td>30,882</td>
<td>0</td>
<td>6.7</td>
<td>9.5</td>
</tr>
<tr>
<td>Grampian</td>
<td>75,211</td>
<td>59,272</td>
<td>192</td>
<td>7.1</td>
<td>8.9</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>291,284</td>
<td>165,232</td>
<td>487</td>
<td>6.1</td>
<td>8.4</td>
</tr>
<tr>
<td>Highland</td>
<td>70,141</td>
<td>42,869</td>
<td>1,210</td>
<td>7.8</td>
<td>9.4</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>118,099</td>
<td>75,483</td>
<td>2</td>
<td>6.6</td>
<td>8.4</td>
</tr>
<tr>
<td>Lothian</td>
<td>112,466</td>
<td>101,091</td>
<td>14</td>
<td>6.1</td>
<td>9.1</td>
</tr>
<tr>
<td>Orkney</td>
<td>916</td>
<td>2,313</td>
<td>444</td>
<td>n/a</td>
<td>10.7</td>
</tr>
<tr>
<td>Shetland</td>
<td>573</td>
<td>2,085</td>
<td>280</td>
<td>n/a</td>
<td>11.8</td>
</tr>
<tr>
<td>Tayside</td>
<td>101,780</td>
<td>47,914</td>
<td>4</td>
<td>6.3</td>
<td>8.3</td>
</tr>
<tr>
<td>Western Isles</td>
<td>2,040</td>
<td>3,870</td>
<td>451</td>
<td>n/a</td>
<td>9.5</td>
</tr>
<tr>
<td>Scotland</td>
<td>1,170,105</td>
<td>666,857</td>
<td>3,235</td>
<td>6.5</td>
<td>8.7</td>
</tr>
</tbody>
</table>

*Category A is defined as potentially life threatening emergencies.

Top 10 Emergency Chief Incidents
All Emergency Incidents

- **PTS Journeys**: 291,284
- **A&E Incidents**: 118,099
- **Air Ambulance Missions**: 3,235
- **Cat A Average Response Time (mins)***: 6.5
- **999 Average Response Time (mins)**: 8.7

### Top 10 Emergency Chief Incidents

- **Transfer / Interfacility / Palliative Care**: 124,918
- **Falls**: 60,848
- **Unconscious / Fainting**: 35,503
- **Chest Pains**: 34,091
- **Breathing Problems**: 30,885
- **Convulsions / Fitting**: 21,401
- **Overdose / Poisoning**: 21,175
- **Sick Person**: 19,914
- **Assaults**: 13,597
- **Haemorrhage / Laceration**: 12,083

### Top 10 Emergency Chief Incidents

**Category A Incidents**

- **Chest Pains**: 33,290
- **Unconscious / Fainting**: 23,789
- **Breathing Problems**: 22,743
- **Convulsions / Fitting**: 11,009
- **Falls**: 9,159
- **Haemorrhage / Laceration**: 5,633
- **Cardiac / Respiratory Arrest**: 4,794
- **Transfer / Interfacility / Palliative Care**: 3,427
- **Heart Problems / AICD**: 3,357
- **Overdose / Poisoning**: 2,306

**Staff Numbers (Full time equivalents)**

- Number of Paramedics at 31 March 2013: 1,388
- Number of Technicians at 31 March 2013: 1,040
- Number of PTS, including ACAs, Drivers, and PTS Ambulance Assistants at 31 March 2013: 856
- Number of Ambulance Control staff at 31 March 2013: 293
- Number of Administrative Services staff at 31 March 2013: 324
- Number of Support Services staff at 31 March 2013: 85
- Number of Other staff at 31 March 2013: 90
- Total number of staff: 4,076

Source: NHS Scotland Workforce Statistics (An ISD Scotland National Statistics Release)
## Statement of Comprehensive Net Expenditure and Summary of Resource Outturn

For the year ended 31 March 2013

### Clinical Service Costs

<table>
<thead>
<tr>
<th></th>
<th>2013 £’000</th>
<th>Restated 2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital and Community</td>
<td>214,041</td>
<td>205,594</td>
</tr>
<tr>
<td>Less: Hospital and Community Income</td>
<td>6,096</td>
<td>5,854</td>
</tr>
<tr>
<td><strong>Total Clinical Services Costs</strong></td>
<td><strong>207,945</strong></td>
<td><strong>199,740</strong></td>
</tr>
</tbody>
</table>

### Administration Costs

<table>
<thead>
<tr>
<th></th>
<th>2013 £’000</th>
<th>Restated 2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Administration Income</td>
<td>1,739</td>
<td>1,812</td>
</tr>
<tr>
<td><strong>Total Administration Costs</strong></td>
<td><strong>1,739</strong></td>
<td><strong>1,812</strong></td>
</tr>
</tbody>
</table>

### Other Non Clinical Services

<table>
<thead>
<tr>
<th></th>
<th>2013 £’000</th>
<th>Restated 2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Other Operating Income</td>
<td>3,523</td>
<td>2,037</td>
</tr>
<tr>
<td><strong>Total Other Non Clinical Services</strong></td>
<td><strong>2,348</strong></td>
<td><strong>2,056</strong></td>
</tr>
</tbody>
</table>

### Net Operating Costs

<table>
<thead>
<tr>
<th></th>
<th>2013 £’000</th>
<th>Restated 2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Operating Costs</strong></td>
<td><strong>212,032</strong></td>
<td><strong>203,608</strong></td>
</tr>
</tbody>
</table>

### Other Comprehensive Net Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2013 £’000</th>
<th>2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net (gain)/loss on revaluation of Property Plant and Equipment</td>
<td>(153)</td>
<td>(374)</td>
</tr>
<tr>
<td>Net (gain)/loss on revaluation of Intangibles</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net (gain)/loss on revaluation of available for sales financial assets</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Total Comprehensive Expenditure

<table>
<thead>
<tr>
<th></th>
<th>2013 £’000</th>
<th>2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Comprehensive Expenditure</strong></td>
<td><strong>211,879</strong></td>
<td><strong>203,234</strong></td>
</tr>
</tbody>
</table>

### Summary of Core Revenue Resource Outturn

<table>
<thead>
<tr>
<th></th>
<th>2013 £’000</th>
<th>2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Operating Costs</strong></td>
<td><strong>212,032</strong></td>
<td><strong>203,608</strong></td>
</tr>
<tr>
<td><strong>Total Core Expenditure</strong></td>
<td><strong>197,721</strong></td>
<td><strong>197,753</strong></td>
</tr>
<tr>
<td><strong>Core Revenue Resource Limit</strong></td>
<td><strong>199,740</strong></td>
<td><strong>199,740</strong></td>
</tr>
<tr>
<td><strong>Saving/(Excess) against Core Revenue Resource Limit</strong></td>
<td><strong>32</strong></td>
<td><strong>23</strong></td>
</tr>
</tbody>
</table>

### Summary of Non Core Revenue Resource Outturn

<table>
<thead>
<tr>
<th></th>
<th>2013 £’000</th>
<th>2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Operating Costs</strong></td>
<td><strong>212,032</strong></td>
<td><strong>203,608</strong></td>
</tr>
<tr>
<td><strong>Total Non Core Expenditure</strong></td>
<td><strong>14,311</strong></td>
<td><strong>12,500</strong></td>
</tr>
<tr>
<td><strong>Non Core Revenue Resource Limit</strong></td>
<td><strong>14,311</strong></td>
<td><strong>12,482</strong></td>
</tr>
<tr>
<td><strong>Saving/(Excess) against Non Core Revenue Resource Limit</strong></td>
<td><strong>0</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

### Summary Resource Outturn

<table>
<thead>
<tr>
<th></th>
<th>Resource £’000</th>
<th>Expenditure £’000</th>
<th>Saving/(Excess) £’000</th>
<th>2012 Saving/(Excess) £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core</strong></td>
<td>197,753</td>
<td>197,721</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td><strong>Non Core</strong></td>
<td>14,311</td>
<td>14,311</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>212,064</strong></td>
<td><strong>212,032</strong></td>
<td><strong>32</strong></td>
<td><strong>41</strong></td>
</tr>
</tbody>
</table>

Prior Year figures restated - detail provided in Note 26 of published Annual Accounts

Elements of Health Planning, Commissioning and Performance Reporting reanalysed to Hospital and Community Costs

Outward Secondee income reanalysed to Hospital and Community Costs to be consistent with current year

Elements of Board Members’ Remuneration reanalysed to Hospital and Community Costs
## Balance Sheet
For the year ended 31 March 2013

<table>
<thead>
<tr>
<th></th>
<th>2013 £'000</th>
<th>2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total non-current assets</td>
<td>92,140</td>
<td>87,111</td>
</tr>
<tr>
<td>Total current assets</td>
<td>16,456</td>
<td>15,534</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>108,596</td>
<td>102,645</td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>(14,962)</td>
<td>(17,409)</td>
</tr>
<tr>
<td>Non-current assets plus/less net current assets/liabilities</td>
<td>93,634</td>
<td>85,236</td>
</tr>
<tr>
<td>Provisions</td>
<td>(4,912)</td>
<td>(4,047)</td>
</tr>
<tr>
<td>Financial liabilities:</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>(4,912)</td>
<td>(4,047)</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>88,722</td>
<td>81,189</td>
</tr>
<tr>
<td><strong>Assets less liabilities</strong></td>
<td>88,722</td>
<td>81,189</td>
</tr>
<tr>
<td>Taxpayers’ equity</td>
<td>84,128</td>
<td>76,602</td>
</tr>
<tr>
<td>General fund</td>
<td>4,594</td>
<td>4,587</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total taxpayers’ equity</strong></td>
<td>88,722</td>
<td>81,189</td>
</tr>
</tbody>
</table>

### Summary of Capital Outturn

<table>
<thead>
<tr>
<th></th>
<th>2013 £’000</th>
<th>2012 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Capital Expenditure</td>
<td>17,146</td>
<td>13,873</td>
</tr>
<tr>
<td>Total Capital Resource Limit</td>
<td>17,150</td>
<td>13,881</td>
</tr>
<tr>
<td>Saving/(Excess) against Total Capital Resource Limit</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

### Delivering Baby Olivia
Bobby is an Emergency Call Handler with the Scottish Ambulance Service. He received a call from the partner of a patient who was in labour. He talks about how he helped talk the father through delivering the baby and then meeting Olivia and the rest of the family six months later.
Independent Auditor’s Report to the Members of the Scottish Ambulance Service, the Auditor General for Scotland and the Scottish Parliament

We have audited the financial statements of Scottish Ambulance Service for the year ended 31 March 2013 under the National Health Service (Scotland) Act 1978. The financial statements comprise the Statement of Comprehensive Net Expenditure and Summary of Resource Outturn, the Balance Sheet, the Statement of Cash Flows, the Statement of Changes in Taxpayers’ Equity and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2012/13 Government Financial Reporting Manual (the 2012/13 FReM).

This report is made solely to the members of the Scottish Ambulance Service as a body, the Auditor General for Scotland and the Scottish Parliament, in accordance with Public Finance and Accountability (Scotland) Act 2000. Our audit work has been undertaken so that we might state to the members of the Scottish Ambulance Service as a body, the Auditor General for Scotland and the Scottish Parliament those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than to the members of the Scottish Ambulance Service as a body, the Auditor General for Scotland and the Scottish Parliament, for our audit work, for this report, or for the opinions we have formed.

Respective Responsibilities of Accountable Officer and Auditor

As explained more fully in the Statement of the Chief Executive’s Responsibilities as the Accountable Officer of the Health Board set out in the published Annual Accounts, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and is also responsible for ensuring the regularity of expenditure and income. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Auditor General for Scotland. Those standards require us to comply with the Auditing Practices Board’s Ethical Standards for Auditors. We are also responsible for giving an opinion on the regularity of expenditure and income.

Scope of the Audit of the Financial Statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Board’s circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accountable Officer; and the overall presentation of the financial statements. It also involves obtaining evidence about the regularity of expenditure and income. In addition, we read all the financial and non-financial information in the Directors’ report and accounts to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on Financial Statements

In our opinion the financial statements:

• have been prepared in accordance with the requirements of the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers of the state of the Board’s affairs as at 31 March 2013 and of its net operating cost for the year then ended;
• have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2012/13 FReM; and
• have been prepared in accordance with the requirements of the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

Opinion on Regularity

In our opinion in all material respects the expenditure and income in the financial statements were incurred or applied in accordance with any applicable enactments and guidance issued by the Scottish Ministers.

Opinion on Other Prescribed Matters

In our opinion:

• the part of the Remuneration Report to be audited has been properly prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers; and
• the information given in the Operating and Financial Review and Directors’ Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We are required to report to you if, in our opinion:

• adequate accounting records have not been kept; or
• the financial statements and the part of the Remuneration Report to be audited are not in agreement with the accounting records; or
• we have not received all the information and explanations we require for our audit; or
• the Governance Statement does not comply with guidance from the Scottish Ministers; or
• there has been a failure to achieve a prescribed financial objective.

We have nothing to report in respect of these matters.

Deloitte LLP
Appointed Auditors
Edinburgh
26 June 2013

Patient Story – Charlie’s Angels

‘My Guardian Angels’

Charlie’s wife called 999 when Charlie was suffering from chest pains. Charlie meets the paramedics who treated him and saved his life when he was having a heart attack.
Staff Governance

Staff Governance is the strand of governance that looks at how staff are managed and how they feel they are being managed. Effective Staff Governance is an investment in patient care. Staff who are well informed, appropriately trained and sharing best practices, can influence and deliver services to the best of their ability in the changing health care setting. In 2012/2013 the Scottish Ambulance Service undertook a series of Divisional Staff Governance Audits. The purpose of these audits were to review how the five standards, which are set out in the staff governance standard, were being implemented within each of the divisions.

The following key success factors were identified for the organisation following these Audits:

- Partnership models and structures are well understood and embedded across the organisation
- There was a view that the structures and processes were in place to ensure that staff were appropriately involved in decision making
- The organisation invested appropriately in health and safety
- All staff were aware of their responsibilities under health and safety
- A general view was that in the Service, staff are treated fairly and consistently and that if there are concerns, there are appropriate mechanisms to address this

Communication and communication structures were generally considered to be in place and working effectively

Local arrangements for resolving differences are generally considered to be effective.

The following areas for improvement were also identified:

- Across the organisation only 30% of staff have experienced Learning in Practice and this is significantly below expectation and plan
- A number of staff had not had the opportunity to discuss either their performance or areas for development with the line manager in the last year
- Concern was raised in relation to the need to ensure that staff are trained appropriately on new equipment
- While communication is generally considered to be good, concern remains in some areas about staff having enough time to read emails and catch up on bulletins, as well as concern about physical access to equipment.

Work will be done to progress action in the areas listed above. This will be built into the staff governance action plan for next year. Other areas of activity suggested, to build on good practice include:

- Development of first and second line managers
- The need to reduce sickness absence, which is causing operational difficulties locally
- Reviewing how partnership is working at a local level, to ensure it continues to be fit for purpose and builds on existing good practice
- Work to develop how more structured personal performance management can be built into the culture of the organisation (linked closely to the development of line managers)
- Review of a range of working practices to ensure consistency of application across Scotland and
- Review our engagement and communication model – including the use and availability of IT, the rollout of Wi-Fi, team talk and wider engagement tools.

Patient Feedback

Summary of feedback, comments, concerns and complaints about the Scottish Ambulance Service

The Scottish Ambulance Service welcomes all comments or suggestions for improving our services, and actively encourages patients, carers and members of the public to tell us what we are doing well and where we can improve. There are many ways in which people can help shape and improve local health services, for example, via the Service’s Patient Focus Public Involvement (PFPI) framework, and by contacting the Service directly or providing feedback via a third party, such as Patient Opinion. On a daily basis, the Service receives feedback, comments, concerns and complaints by letter, phone, email, text or via social media channels such as Facebook, Twitter, Patient Opinion or our recently launched ePortal: your.scottishambulance.com
Encouraging Feedback

The Service’s strategic framework: “Working Together for Better Patient Care 2010 – 2015” supports the Scottish Government’s 2020 vision for health and social care. Based on a comprehensive programme of consultation and engagement with patients, carers, patient and community groups, members of the public and key stakeholders, a number of strategy project teams were established to deliver service improvements. These included improved access to scheduled care and the development of care pathways to provide a more tailored response to the needs of the broad spectrum of patients who contact the Scottish Ambulance Service for help, and to avoid unnecessary attendance at hospital Accident and Emergency departments. This includes a care pathway for frail and elderly people who fall.

"Working Together for Better Patient Care 2010 – 2015" supports the Scottish Government’s 2020 vision

The Scottish Ambulance Service’s national PFPI Steering Group comprises patient and public representatives, Service staff as well as representatives from the Scottish Health Council. Feeding into our national group is a network of five divisionally-led Involving People Groups, which are aligned to the Public Partnership Forums established across the country through Territorial NHS Boards. The purpose of our Involving People Groups is to facilitate structured conversations between communities and the Service, as well as acting as a forum for concerns and for highlighting areas for improvement.

In the course of 2012/2013, our patient and public representatives have suggested a range of improvements, including:

- more person-centred approach by call takers during calls from patients calling the national booking line to request support from the Patient Transport Service.
- enhanced functionality of our ePortal, your.scottishambulance.com
- improved access to both A&E services and our Patient Transport Service for people who are deaf, hard of hearing or visually impaired
- further development of our “Expressive Boards”, a tool used by paramedics to improve communication for patients who are unable to speak, or for whom English is not their first language
- ongoing development of the Emergency Responder model in West Ardnamurchan, which is providing a more effective response to patients living in a remote community
- build greater awareness of the new non-ambulance Healthcare Transport Information hub in Elgin.

Our patient and public representatives also provided input to three of our five draft Equality Outcomes.

Local Response, National Learning

As the wide range of service improvements has been rolling out across our five divisions and three Ambulance Control Centres, the Service has been proactive in encouraging patient and carers to feed back on their experience to help build and maintain a picture of how well the service improvements are meeting the needs of our patients, and providing them with safe, effective, person-centred care.

This has helped identify any trends in complaints and concerns, enabling the Service not only to respond to individual complaints, but also to share emerging themes with key groups across the Service, to ensure mitigating actions are taken and learning applied not just at local level, but nationally, too. These groups include the Scheduled Care Programme Board, Unscheduled Care Programme Board, the Clinical Governance Committee and the Patient Safety Group. The Chief Executive receives weekly complaints reports on complaints compliance and emerging themes, and the Executive Team discuss complaints on a monthly basis.

Patients are also invited to the Scottish Ambulance Service Public Board meetings to share positive and less positive care experiences first hand with the Service’s Board members. The Service is also building a film and audio library of patients sharing their care experience in their own words.

A number of patient stories, which came to the Service as complaints or as compliments, have been filmed and used at national Quality Improvement events. Feedback from staff who have viewed these films suggests that watching and hearing a patient describe the impact of good or poor care is a very powerful mechanism for driving service improvement.

Our patient and public representatives also provided input to three of our five draft Equality Outcomes.
Enhanced Access to Feedback Channels

During the 2012/13 reporting period, the Service has seen an increase in the use of social media as a feedback channel.

The Service launched an ePortal: your.scottishambulance.com to enable feedback and discussion with patients, carers and communities across Scotland. The Service also subscribes to Patient Opinion, and during this reporting period, worked in partnership with territorial NHS Boards to promote feedback using this channel. For example, during the roll out of the national PTS booking line.

The Service will continue to encourage, listen and respond to feedback received from patients, carers, community groups and the public, with a view to understanding why problems arose and how to prevent these happening again.

In common with other Health Boards, the Scottish Ambulance Service has access to the services of the Scottish Mediation Network. During the year, mediation was arranged for a complainant about dissatisfaction with transport arrangements for regular renal dialysis and it was hoped that a constructive way was reached in concluding the complaint.
Capital Investment

Capital expenditure during the year was £17.1 million. This was made up of £13.2m for vehicles, £1.9m for property, £1.0m for medical and related equipment, and £1.0m for IT equipment.

Major projects included:
The Scottish Ambulance Service has an ongoing programme to replace the existing Accident and Emergency fleet with updated vehicles that are fully equipped to meet the demands of modern healthcare standards. We have continued to invest in technology to ensure efficient use of resources and facilitate delivery of our services. Estate developments during the year included delivering new purpose built stations in Kilmarnock and Lockerbie, as well as work starting on a new station in Prestonpans and refurbishing Blairgowrie station.

In 2012/13 we introduced mobile data technology across our Patient Transport Service fleet.
## Board Members and Positions 2012/13

<table>
<thead>
<tr>
<th>Name</th>
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<th>Non Financial Interests</th>
<th>Voluntary/Charity Work</th>
<th>Relative(s) in Scottish Ambulance Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Garbutt</td>
<td>Chairman</td>
<td>Scottish Ambulance Service; Self Employed Consultant</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Chartered Fellow, Chartered Institute for Personnel and Development; Fellow, Scottish Police College; Visiting Fellow, Australian Institute of Police Management</td>
<td>MacMillan Cancer Support volunteer; Member, Tweed Valley Bike Control</td>
<td>None</td>
</tr>
<tr>
<td>Pauline Howie</td>
<td>Chief Executive</td>
<td>Scottish Ambulance Service</td>
<td>None</td>
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<tr>
<td>David Alexander</td>
<td>Non Executive Director</td>
<td>Scottish Ambulance Service; Falkirk Council Elected Member</td>
<td>None</td>
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<tr>
<td>Moi Ali</td>
<td>Non Executive Director</td>
<td>Scottish Ambulance Service; Education Scotland; Judicial Complaints Reviewer; self-employed Consultant; Scottish Police Authority</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Member and substitute local Office Bearer Scottish National Party; Member C.N.D.Scotland; Depute Convenor, Fife &amp; Forth Valley Criminal Justice Authority</td>
<td>None</td>
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</tr>
<tr>
<td>Neelam Bakshi</td>
<td>Non Executive Director</td>
<td>Scottish Ambulance Service; NB Associates-owner; Scottish Government; Non-Executive Member; Lay member, Employment Tribunal; Scotland; Reserve Forces Tribunal &amp; Lay Race; Equality Assessor to Judiciary Member Scotland Committee of Equality &amp; Human Rights Commission</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Fellow, RSA; Governor, Napier University; Public Appointments Ambassador; Cabinet Office</td>
<td>Member, Project Delivery Sub-Committee, Govan Law Centre Education Law Unit</td>
<td>None</td>
</tr>
<tr>
<td>Matt Bell</td>
<td>Employee Director</td>
<td>Scottish Ambulance Service</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Member Chartered Institute of Personnel &amp; Development (Affiliate); Federation of Small Businesses; Co-operative Society; National Autistic Society; Royal Horticultural Society; Member BBC Audience Council Scotland; Approved Training Institute American Board NLP</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Suzanne Dawson</td>
<td>Non Executive Director</td>
<td>Scottish Ambulance Service; Self employed marketing consultant</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Fellow of Chartered Institute of Marketing; Lay member of the Council of the Law Society of Scotland; Member of the Board of Newbattle Abbey College</td>
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<tbody>
<tr>
<td>Edward Frizzell</td>
<td>Non Executive Director</td>
<td>Scottish Ambulance Service; Self Employed Consultant</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Chair of Court of Abertay University, Dundee; Visiting Professor, Queen Margaret University, Edinburgh</td>
<td>None</td>
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<tr>
<td>Theresa Houston</td>
<td>Non Executive Director</td>
<td>Scottish Ambulance Service; NHS Education for Scotland</td>
<td>None</td>
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<tr>
<td>Andrew Richmond</td>
<td>Non Executive Director and Deputy Chairman</td>
<td>Scottish Ambulance Service; Non-Executive Member of NHS Tayside; Chair of Angus CHP; Non-Executive Director of Frontier IP Group PLC.</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Associate of Society of Investment Professionals (ASIP); Member of Church of Scotland; Trustee Tayside NHS Board Endowment Fund; Lay Court Member of the University of Dundee; Trustee of the University of Dundee Superannuation and Life Assurance Scheme</td>
<td>None</td>
<td>None</td>
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<tr>
<td>George Crooks</td>
<td>Medical Director</td>
<td>Scottish Ambulance Service; Medical Director NHS 24</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Pamela McIauchlan</td>
<td>Director of Finance and Logistics</td>
<td>Scottish Ambulance Service</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Executive Member CIPPA in Scotland; Non-Executive Member of the Audit Committee of the National Theatre for Scotland</td>
<td>None</td>
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</table>

**Relative Interests**

- **Edward Frizzell**: None
- **Theresa Houston**: None
- **Andrew Richmond**: None
- **George Crooks**: None
- **Pamela McIauchlan**: None
Key Action Points

1. Continue to deliver on the key responsibilities in terms of clinical governance, risk management, quality of care and patient safety.

2. Retain a focus on the delivery of your Local Delivery Plan targets, while continuing to work with the Scottish Government in the development of clinically focussed and outcome based targets that support a more holistic assessment of quality and performance.

3. Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.

4. Maintain and enhance effective partnership structures and cultures across the service, at both a local and national level.

5. Make sustained progress towards the national HEAT sickness absence standard of 4%, in partnership with staff and their representatives.

6. Continue to work with NHS Boards and other partners on the planning and delivery of services in support of a healthcare system that is integrated and mutually supportive.

7. Continue to achieve financial in-year and recurring financial balance, and keep the Health Directorates informed of progress in implementing the local efficiency savings programme.

Dear [Name],

SCOTTISH AMBULANCE SERVICE ANNUAL REVIEW: 15 AUGUST 2013

1. This letter summarises the areas of discussion and actions arising from the Scottish Ambulance Service (SAS) Annual Review and associated meetings in Glasgow on 15 August 2013. At the outset can I thank all of those involved in organising the review. I know how much work will have gone in to making it such a successful day.

2. As part of my programme I had the opportunity to see the training facilities within the Ambulance Service Academy that have been developed in partnership with Glasgow Caledonian University (GCU). The simulation suites, with the enhanced filming equipment that enables students and their trainers and peers to conduct reflective learning sessions, are very impressive and the new additions of the flat and care home suites provide the students with a chance to learn in an environment that really reflects the types of situations they will experience in practice. The co-location within GCU means that ambulance service students can learn and develop with those from other courses including nursing and allied health professional groups, embedding from the beginning of their career the multi-professional team approach that is so critical to the delivery of our NHS. I would be grateful if you could pass on my thanks and best wishes to those whom I met during that tour.

Meeting with Clinical Advisory Group

3. I had a very interesting and informative meeting with the clinical advisers who support the ambulance service. I would want to thank them for their contribution and enthusiasm, both in the meeting and throughout the year. It was helpful to hear about the many areas of clinical development and innovation being progressed, particularly in relation to triaging patients to the most appropriate points of definitive care and the new pathways required to support this. As you know, improving the unscheduled care system is a high priority for the Scottish Government and the Scottish Ambulance Service has a crucial role in supporting...
the improved patient outcomes and experience we want to achieve. This includes the development of new models of delivery for our remote and rural communities, the continued drive to treat people at home or in their local community where that is most appropriate for them, and the development of alternative care pathways to reduce unnecessary accident and emergency attendances / admissions. Examples of work leading care across an integrated healthcare system, such as the fantastic work in Lothian to improve outcomes for cardiac patients, should be celebrated and shared. It was fascinating to hear about the range of factors that have contributed to this work including optimised ambulance responses, clinical leadership and culture, and education, audit and feedback for those staff involved. More importantly we must evaluate and evidence the case for change (not only for this work but also more generally) before roll-out across other areas and I look forward to hearing about the progress you make over the next 12 to 18 month phase.

4. I was pleased to hear of the continued focus on ensuring your clinical governance structures remain robust and fit for purpose, and there was a clear commitment to delivering evidence and practice based on a systematic approach to learning and development. The new arrangements for investigating significant adverse events and critical incidents, based on a consistent methodology and utilising root cause analysis, will be a key tool in supporting clinical governance. This is also complemented by the various approaches being taken to get the culture right across the service. I was also taken with the work to develop local ‘champions’ who will act as advocates for change and challenge and for speaking up when things are happening that cause concern.

5. We touched on recent improvements in medicines management and the strengthened controls and reconciliation processes, a great example of a national approach being implemented and embedded across the organisation. We also talked about the development of ScotSTAR, the single specialist retrieval service that will be in place next year, and the opportunities this will provide to really enhance the care provided to our most critical patients, starting at the scene. This links with other national work on major trauma and the critical role of the SAS in relation to patient flow. As I said at the meeting, the Scottish Ambulance Service is a key partner in an integrated healthcare system. Within Scottish Government we continue to embed this principle in all the work we support and in our engagement with territorial boards and other public sector partners. We must work across the whole system if we are going to genuinely realise the benefits and improved outcomes that patients expect and deserve.

Meeting with Partnership Forum

6. There is no doubt that the last year has been one of considerable change for the SAS Partnership Forum, including a number of changes in personnel around the table. There was a clear message to me that with the new partnership structures now in place and with the agreements reached about dedicated facilities time and the Employee Director role now full-time, partnership is working well in the Scottish Ambulance Service. There is a strong working relationship developing, views are being listened to, and there is open and honest dialogue. Any concerns that arise in relation to patient care or safety are addressed and resolved and I was pleased to hear the positive comments about the new arrangements for investigating significant adverse events and critical incidents. In the interests of patient care embedding a robust culture, where every opportunity is taken for staff to learn, reflect and develop within a supportive environment, is crucial.

7. Across our NHS, it is critical to balance the safe and effective delivery of patient care with the financial constraints that we all face. I hope that the Partnership Forum will continue to play a constructive role in these efforts and that all divisions of the ambulance service will do the same. As we discussed, I see the Scottish Ambulance Service as a core part of our healthcare system and this will develop further as we pursue our ambitions for integration across health and social care.

8. We had a really useful discussion about the performance framework currently in place for the SAS and about the opportunities we have to develop and enhance this to better reflect the clinical care and interventions delivered and the patient outcomes achieved. The Scottish Government has been very supportive of this direction of travel over recent years, indeed the number of clinical indicators has expanded through the Local Delivery Plan (LDP) process each year. As you can appreciate, targets and indicators need to be measured through robust and accurate data and I know the service is putting considerable efforts into ensuring that data is available and fit for purpose in support of future targets and indicators. I would encourage the Partnership Forum to make an active contribution to this process as the service develops proposals for 2014-15, to ensure the suite of targets and indicators going forward increasingly reflect the role and contribution of the ambulance service.

9. It is clear that much has been achieved over the last year, not least the implementation of the new working week arrangements and the continued advances in clinical care and innovation. I am confident that the Partnership Forum is well placed to meet the opportunities and challenges ahead. I’d want to put on record the clear commitment I gave the Partnership Forum that this Scottish Government does not support the privatisation of our health service, including our ambulance service. We will not be adopting the approach being taken in England; the NHS in Scotland will remain a mutual public service supported by this Scottish Government. As I said, I would be happy to work with Trade Union colleagues to reinforce this message to staff across the service. Please could you pass on my thanks to the colleagues who attended this session.

Meeting with Patient Representatives

10. My meeting with patients and their representatives was really useful in allowing me to understand how the ambulance service continuously strives to deliver care that is person-centered. I was very grateful to those who gave up their time to meet with us and for their contribution is valued and appreciated. Patient representatives play an important role in how the organisation delivers improvement programmes and develops services and I was pleased to hear that these roles are properly supported.

11. Communication and language was a key theme in our discussion. We talked about the further efforts required to ensure the service can meet the needs of the deaf and deaf/blind community and for those who have a learning disability. Some helpful suggestions were made and I ask that the service explore these further. More generally the point was accepted around ensuring communication that is appropriate to the target audience; at times the health service can have a language of its own. There was also recognition that, given the volume of activity our NHS undertakes every year and the drive to ensure services are delivered in the most appropriate setting, effective planning between the Scottish Ambulance Service and our territorial NHS Boards is critical to success. Good progress has been made in recent years but there is more that can be done and within the Scottish Government we will be working hard to ensure this is supported across a system that is continuously changing and developing as we seek to deliver our 2020 vision for healthcare.

12. We also had a useful conversation, including some personal examples, about times when things go really well and times when that is not the case. It is important to highlight success and best practice and to congratulate the fantastic care provided by ambulance
staff. As I said, we continue to promote the excellent work of our NHS – including the ambulance service - though unfortunately that is not always picked up by the media. But we are not complacent. It remains hugely important to identify where things have not gone as well as they should, to learn lessons, and to apply these across the service for the benefit of patient care. This is achieved in a variety of ways including feedback from staff, NHS colleagues, patients and the public. Utilising new channels of communication including social media and Patient Opinion continues to make it easier for people to get in touch and we want to see more of this.

Annual Review Meetings – New Format

13. Ministers have listened to feedback from public attendees at Annual Reviews in recent years who called for a more focussed public discussion of the key issues, ahead of the opportunity to ask questions. As such, Ministerial Reviews are now undertaken in two sessions – the first, in public, with the Minister setting the scene and context for the discussion. Chair delivers a short presentation on the key success and challenges facing the local system under the Government’s 3 Quality Ambitions: Safe, Patient-Centred and Effective. This is then followed by the opportunity for attendees to ask questions.

14. The second session is held in private between the Minister and the full Health Board. This is a more detailed discussion of local performance under the 6 Quality Outcomes and also offers Ministers the opportunity to reflect on the experience of the day whilst testing how Board Non-Executives are able to regularly hold the Executive team to account. This letter provides a detailed summary of this discussion and the resulting action points.

Annual Review – Public Session

15. During the Chair’s presentation I was pleased to hear about the Board’s clear focus on the quality ambitions of person-centred, safe and effective care. You highlighted a number of significant improvement programmes being taken forward across the region and the continuing efforts to work in partnership with NHS 24, territorial boards, and other stakeholders to develop new care pathways and models of delivery that have the potential to enhance and improve the quality of healthcare across an increasingly integrated system. A detailed account of the progress the Board has made in a number of areas is available in the self-assessment paper which the Board prepared for the Annual Review and this has been posted on the Scottish Ambulance Service website.

16. We then took a number of questions from members of the public, including those who had made contact via a WebEx chat, and this worked well. We covered some very interesting areas including the importance of public engagement and involvement in our NHS, the valuable roles played by the range of volunteers and other partners who support the ambulance service, the further work that will ensure the service can best meet demand and pressures across the country, the continued efforts to improve the patient transport service (including the new vehicles that will be deployed) and the different ways in which the service will ensure that all staff can access training and development opportunities. I am grateful to you and the Board team for facilitating this session and to the audience members for their contribution.

Annual Review – Private Session

17. As I said at the outset, I was very impressed with all I had seen and heard during my morning at the Academy and I was particularly pleased with the positive atmosphere, and the real sense of openness between all those who deliver and support the work of the ambulance service. This demonstrates a strong platform on which to build. I also recognise the key role the ambulance service will play as we implement our 2020 vision for healthcare. The challenges of effective joint planning are evident – particularly where the Scottish Ambulance Service has to engage across 14 territorial health boards and 32 local authorities. The Scottish Government needs to support you to limit those occasions where good practice and innovation is restricted by the need to reinvent things in every locality.

Everyone has the best start in life and are able to live longer healthier lives

18. Overall accident and emergency incidents increased by 1.5% in 2012-13, up to 509,474 incidents over the year. In relation to HEAT / Local Delivery Plan (LDP) standards and targets the ambulance service has returned the following performance:

- Against a HEAT standard of 75% in 2012-13 the service reached 74.7% of Category A calls within 6 minutes. This is up from the 73% achieved in the previous year. The service also achieved an average Cat A response time of 6.5 minutes (down from 6.7 minutes in 2011-12). The number of Category A incidents reduced by 1% from the previous year.
- Category B performance (against a target of 95% for reaching incidents within 19 minutes) for 2012-13 was 91.6%, down from 92.4% in 2011-12. Category B demand increased by 0.2% on the previous year.
- Emergency performance across the Island Boards dropped slightly to 53% of all incidents responded to within 8 minutes (against a target of 56% and down from the 54.5% achieved in the previous year). Island emergency demand increased by 5.2% on the previous year.
- The final unscheduled response time target for the service relates to urgent requests from GPs and other clinicians, the service reached 87.6% of patients within the 1 hour timeframe agreed against a target of 91%. This is up from the 86.3% achieved in the previous year.

19. As was recognised on the day, response times are only one measure of how the ambulance service performs but they do remain important within the wider performance framework. I would want to congratulate the continuous improvement secured against the Category A HEAT standard. 74.7% represents the best ever annual performance and we recognise how much focus and effort has gone into achieving that. This is all the more impressive given the significant management and staff efforts required to implement the revised working week arrangements. In monitoring performance against all of your response time targets it is worth reflecting on the improvement seen over recent years as well as how favourably the service benchmarks against the rest of the UK. The various improvement programmes and staffing initiatives outlined to me should have a positive impact on performance going forward, both on ambulance response times and on call pick-up times, and I look forward to seeing performance achieved and sustained at target levels in the coming years. On this, and on other areas, it is clear that the data governance, scrutiny and audit that supports the service means as a Board you can be assured about the level and quality of information that you see.

20. As discussed earlier in the day with the Partnership Forum, the Scottish Government is very supportive of the continued development of clinically focussed, outcome based targets. This continues to expand through the annual Local Delivery Plan signed off by Taigh Naomh Amhras, Rathad Regent, Dùn Èideann EH1 3DG St Andrew’s House, Regent Road, Edinburgh EH1 3DG www.scotland.gov.uk
Government, but it is challenging to ensure the data required (often across the whole healthcare system) is robust, accurate, and in a format that can be interrogated and presented in a way that makes it useful to the NHS, to patients, and to the wider public. For these clinical targets currently in place the rates for Return of Spontaneous Circulation (ROSC) has increased from 16.9% to 17.5% (against a target range of 12-20%), Cat A cardiac arrest response times up from 78.3% to 79.1% within 8 minutes (against a target of 80%), and 78.6% of hyper-acute stroke patients at hospital within 60 minutes (up from 78.4% and against a target of 80%). All of this is very positive and we will continue to support you on these developments. We would also encourage you to consider future performance measures that cross organisational boundaries if those can support quality improvements in patient care.

Health care is safe for everyone, every time

21. I was told that clinical governance is the top priority for the SAS Board and this was evident from all that I heard during the day. By taking a whole system approach, embedding a learning culture (supported by your ‘being open’ policy) and supporting robust and challenging Clinical Advisory Group and Clinical Governance Committee structures, I am reassured that the service will continue to support this priority. It is worth noting in relation to infection control the high levels of compliance that have been achieved with hand hygiene (95% against a target of 90%), and cleaning specifications (94% against a target of 90%).

Everyone has a positive experience of health care

22. The Scottish Ambulance Service was able to articulate a very comprehensive story in relation to the variety of ways in which patient experience and input is captured. Complaints, compliments, comments and concerns are fed in to your viewpoint system so they can be monitored effectively. In all areas across the organisation, and through your governance and committee structures, themes are identified, learning points are identified and applied, and service improvements and developments are made. The speed and quality of your responses to patients and the public is improving and I would encourage you to retain a focus on this.

23. We talked during the day about the important role of the scheduled Patient Transport Service (PTS) and the valuable service it provides across Scotland. PTS activity continues to fall, down to just over 1.1 million journeys in 2012-13. Excellent performance has been achieved in reducing cancellations; only 0.5% of booked journeys were cancelled by SAS. In relation to the other PTS targets:

- 52.1% of outpatients arrived at their appointment within 30 minutes or less of their appointment time, against the target of 72%.
- 73% of outpatients were collected within 30 minutes of the agreed time against a target of 90%.

24. While these levels of performance are disappointing, we do recognise that this has been a period of change and service redesign. We also recognise that the manual systems and ‘sampling’ approach to measuring the PTS performance over many years has not been supportive of continuous improvement. As such, and with the utilisation of electronic information for every single journey, the performance now being measured and reported going forward is robust and accurate. From 2013-14 onwards we will all expect performance against PTS targets to considerably improve.

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Staff feel supported and engaged

25. The service has seen sickness absence levels increase over the last few years and we collectively want to see that trend reversed. You were able to outline four key strands of work that will address this and support increased attendance levels. These are the programme to ensure staffing resources align with demand to make the workload manageable, the ‘end to end’ occupational health service you are procuring, the efforts to support staff to be healthier at work for longer, and the absence task force being established. As discussed earlier in the day, the SAS Employee Director role is now full-time and that will mean more capacity to connect with staff across the service and support them locally and nationally.

People are able to live well at home or in the community

26. The importance of this quality outcome, and the contribution of the ambulance service to it, was touched on at various points during the review. I would want to record my congratulations that, against a target to treat 15% of emergency incidents at scene, the service achieved performance of 16.5% which equates to 78,347 patients who did not have an unnecessary visit to hospital.

Best use is made of available resources

27. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am therefore pleased to note that the Scottish Ambulance Service met its financial targets for 2012-13 alongside the associated efficiency target for the year and, based on the current in-year position, remain in line with the Board’s financial plan in 2013-14. All efficiencies made through this period have been reinvested in patient care and, as we discussed, continued efficiencies will increase the capacity required to support services in the future. I was particularly reassured to hear that, in achieving your financial targets, patient safety and the quality of care delivered remains your top priority. Robust financial planning and the identification of your efficiency programme includes engagement with your partnership structures, helping to ensure there is no detriment to patient care.

28. I was also pleased to note that the Board continues to believe that it can effectively manage the backlog maintenance requirements of the ambulance estate and that you are signed up to the local ‘hub’ initiatives as these afford a real opportunity to co-locate with primary care services, other parts of the NHS, and other public sector partners to secure efficiencies but also to enhance integrated working. Public sector budgets will continue to be tight while demand for health services will continue to grow and it was clear to me that the contribution of the Scottish Ambulance Service has the potential to deliver savings elsewhere in the healthcare system. You confirmed that the Board continues to actively monitor the situation and, whilst the position is challenging, the Scottish Ambulance Service remains fully committed to meeting its financial responsibilities in 2013-14 and beyond.

Conclusion

29. It is clear that 2012-13 has been a year of continued development and performance improvement for the Scottish Ambulance Service but that, most importantly, patients remain at the heart of all that you do. You are taking forward an ambitious programme of work within what is a dynamic and changing landscape and I would reiterate our commitment to...
supporting you in those endeavours. The high quality care that your staff deliver every day across Scotland is something that we can all be proud of and, while there remains more to do and more that can be achieved, it is important to recognise your achievements over the last year. I would ask that you and your team continue your close engagement with Scottish Government Health Directorates and we look forward to working with you going forward.

30. My thanks go to you and your board, to all those stakeholders and partners who work with you, and to all of the staff of the Scottish Ambulance Service for their efforts and contribution in support of patients across Scotland.

31. The attached annex sets out the key action points arising from the Annual Review.

Best wishes,

Michael Matheson

MICHAEL MATHESON

SCOTTISH AMBULANCE SERVICE ANNUAL REVIEW 2013: KEY ACTION POINTS

- Continue to deliver on the key responsibilities in terms of clinical governance, risk management, quality of care and patient safety.

- Retain a focus on the delivery of your Local Delivery Plan targets, while continuing to work with the Scottish Government in the development of clinically focussed and outcome based targets that support a more holistic assessment of quality and performance.

- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.

- Maintain and enhance effective partnership structures and cultures across the service, at both a local and national level.

- Make sustained progress towards the national HEAT sickness absence standard of 4%, in partnership with staff and their representatives.

- Continue to work with NHS Boards and other partners on the planning and delivery of services in support of a healthcare system that is integrated and mutually supportive.

- Continue to achieve financial in-year and recurring financial balance, and keep the Health Directorates informed of progress in implementing the local efficiency savings programme.
Equality and Diversity

The Scottish Ambulance Service believes that embedding equality and diversity across all that we do has a significant impact on the service we provide to our patients and the experience of the workplace for all our staff. The Board opposes all forms of unlawful discrimination on the grounds of age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion / belief and sexual orientation.

Information about the Service, the full financial accounts for 2012/13 and details of the organisation and operation of the Service can be obtained from:

Corporate Affairs and Engagement Department
National Headquarters, Gyle Square,
1 South Gyle Crescent, Edinburgh, EH12 9EB

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E: scotamb.communications@nhs.net
W: www.scottishambulance.com

A full Annual Report is also available on our website. A summary is available in other languages and formats on request. Please telephone the Interpretation and Translation Service on 0131 242 8181 and quote reference number 13-0883.

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