“During my initial observations I shared the news that my husband and I had recently been diagnosed with unexplained infertility. Until saying those words I hadn’t realised just how upset I really was, trying to remain positive and be hopeful all the time I was completely unaware of the heartfelt sadness, and aloneness that came suddenly came to light.

The Ambulance Crew said it was perfectly natural to be struggling with this issue and talked to me about it. It was reassuring to hear medical professionals tell me that it was ok to be feeling this way. I was treated for low blood glucose levels, the Ambulance Crew stayed with me until I had eaten and my blood glucose levels had risen.

Deep down I felt like I was bothering the Ambulance Crew, but they said to not think about it, to just call and they would be here if I fell unwell again. The Ambulance Crew were so professional, reassuring and caring to me. I am forever grateful for their help and I will never forget how truly scared I was and how much better I was when they left.”

Patient from the Borders
Chair and Chief Executive Statement

Welcome to our 2014/2015 Annual Report for the Scottish Ambulance Service, in which we review our performance and highlight a number of areas of improvement over the past year.

In February 2015 we were proud to launch our new strategic framework, Towards 2020: Taking Care to the Patient. In our refreshed strategy we build on the progress we made through “Working Together for Better Patient Care 2010-2015” and we continue to describe how we will shift the balance of care away from acute hospitals into local communities and improving our patients’ experience of healthcare. We are committed to continuing to provide a service which is flexible and responsive, innovative and open to learning, skilled and resourced to respond to clinical need, and one that can effectively support an integrated health and social care system.

We continue to refine our triage to help rapidly identify the most appropriate treatment pathway in response to patients needs. This year we have particularly focused on our triage and treatment for cardiac, respiratory and trauma patients. This has been achieved by working in different ways, both with our staff and key partners, as we continue to listen to patients, carers and the public and adapt our services to meet their needs. In 2014/2015 we led the way in the Return of Spontaneous Circulation (ROSC) rates for eligible cardiac arrest patients on arrival to hospital. In 2013/2014 we achieved this through working on the 3RU (Resuscitation Rapid Response unit) model with consultants in Edinburgh and in 2014/2015 this has risen from 17.3%.

We also continue to increase the number of patients we treat at scene, in 2014/2015 this rose from 16.2%, 86,059 patients. Our refreshed strategy details our clinical model of the future and how we will work with partner agencies to do more clinical care in the community, helping to keep patients in a homely setting, ensuring patients are not unnecessarily taken to an acute hospital, which often is not the most suitable environment for them. Our staff are being supported throughout this transition with additional training, learning opportunities and the implementation of our Delivering Future Leaders and Managers Programme, which began in earnest in 2014/2015.

In 2014/2015 our Scheduled Care improvement programme for the Patient Transport Service was completed. Our punctuality for patient appointments improved for both arrival and departure. Patients arriving at hospital before their appointment time improved from 71.4% in 2013/2014 to 73.7% in 2014/2015. Punctuality for conveying patients home after appointments also slightly improved from 78% in 2013/2014 to 78.9% in 2014/2015. Our patient feedback tells us we need to do more to communicate directly with patients about their transport arrangements and we will continue to work in partnership with patients, their carers and NHS Board partners in order to improve this service.

In 2014/2015 we also continued to increase the number of patients we treat at scene, in 2014/2015 this rose to 17.5%, 86,059 patients.

The Service also undertook a significant role in planning and supporting the delivery of major events in 2014/2015. We ensured that people were kept safe and well treated at the 2014 Commonwealth Games, and we supported over 40,000 people who attended the Ryder Cup at Gleneagles in the autumn of 2014. All of this was achieved as we continued to deliver our day-to-day services for the people of Scotland. Our ability for co-ordination and joint delivery has been recognised with the launch of ScotSTAR, the specialist retrieval service for Scotland, bringing together specialist neonatal, pediatric, trauma teams and the Emergency Medical Retrieval Service (EMRS) under the leadership of a new team and we will soon launch a purpose built base for them in Glasgow.

At the heart of our strategy, Towards 2020: Taking Care to the Patient, is patient feedback and throughout 2014/2015 we have continued to proactively seek feedback and input into the development of our services. In our strategy consultation period in 2014 we went out to communities to talk to them about new care pathways and how they would feel about more care being received through clinical staff on the phone or at scene. We will build on this valuable feedback as we continue to shift our model of care and ensure those patients, carers and the public have a voice in our services.

2014/2015 was an exceptionally busy year for our core services, the development of new care pathways, the delivery of major events and the launch of our refreshed strategic framework, Towards 2020: Taking Care to the Patient. We want to thank all of our staff and partners for continuing to support our vision, to deliver the best patient care to the people of Scotland where and when they need us, without them we could not deliver such an important public service.

David Garbutt, Chair
Pauline Howie, Chief Executive
At the frontline of the NHS in Scotland, the Scottish Ambulance Service currently provides an emergency, unscheduled and planned service to more than five million people across Scotland and its island communities. The Service employs over 4,400 highly skilled staff and, together with over 1,200 volunteers, responds to over 700,000 emergency and urgent incidents a year, undertakes 1.1 million patient transport journeys and flies over 3,559 air ambulance missions.

Accident and Emergency Service
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 provides Accident and Emergency care to patients in remote, rural, urban and island communities. This care is delivered by specially trained staff who, last year, responded to 740,631 emergency and urgent incidents across Scotland.

999 calls are handled by one of three Ambulance Control Centres (ACCs), which are co-located with NHS24 and NHS Boards’ Out of Hours GP services 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 continuously improving the quality of patient care.

Our frontline Accident and Emergency staff provide life-saving emergency medical care and having assessed the medical needs of the patient, treat them at scene or refer them to an appropriate clinic or service. In 2014/2015, we continued to work with NHS Boards to reduce avoidable attendance at Accident and Emergency Departments.

We also continued to develop a number of pathways to direct patients more effectively to the care they need. These include care pathways for frail and elderly patients who have fallen, which account for around 45,000 calls each year. The Service has also continued to roll out the 3RU model (Resuscitation Rapid Response Unit), whereby the Service significantly increased survival rates for out of hospital cardiac arrests (OHCA).

“Firstly a thank you to the two wonderful paramedics that answered my 999 call around 4.45pm on Sunday 22nd February. They introduced themselves and then told me their names on more than one occasion but of course I was beside myself and cannot remember.”

Patient from Patient Opinion

“Our mother was in a car accident recently, we would like to pass on our thanks and gratitude to the crew who took care of her that day. Both of them were helpful, kind and professional in a situation where our mum was confused and scared.”

Patient from the Borders

Our Services

Patient Transport Service
The Patient Transport Service is designed to ensure patients who need our clinical skills or support with mobility get to and from their appointments. Last year, the Patient Transport Service undertook 1,034,925 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 after hospital or a clinic, for example, following surgery.

Air Ambulance
The Air Ambulance Service provides an emergency response and a vital hospital transfer service across Scotland, not least for remote, rural and island communities. All of our aircraft operate with Scottish Ambulance Service Paramedics on board and flew 3,559 missions in 2014/2015. The Air Ambulance fleet comprises two helicopters and two fixed wing aircraft, all of which have been purpose built to our specifications.

In addition, we work closely with Scotland’s Charity Air Ambulance (SCAA) to provide a long-term sustainable and scalable air ambulance capability, complementing our other resources across Scotland. Our helicopters are based in Glasgow and Inverness - responding to emergency calls and requests from remote, rural or island clinicians to provide medical care and transport to mainland health care facilities. Our aircraft are based in Aberdeen and Glasgow, responding to medical requests to transfer patients between hospitals. In summer 2015 our two helicopters were replaced with two new H145 helicopters and our fixed wing aircraft have undergone a refurbishment programme.

The Service also hosts and co-ordinates the ScotSTAR service (Specialist Transport and Retrieval Service for Scotland) on behalf of NHSScotland. ScotSTAR transfers 2,300 of the most seriously ill patients to specialised treatment each year.
HEAT* Summary
*(Health, Efficiency, Access, Treatment)

Longer Lives
Over the year, we have continued to develop the clinical skills of staff, helping patients to live longer lives. In particular, we have focused on improving survival from cardiac arrest, stroke management and infection control.

Effective
The Service has met the financial target for 2014/2015 despite the significant increase in demand for the services and cost pressures. The Service also continues to make improvements in the Patient Transport Service, after an intensive period of patient feedback and service redesign.

At Home
The Service has treated 17.5% of patients at scene, the pathway development work for frail, elderly and non-injured patients who have fallen continues to make a significant contribution to this.

Healthy Lives
We are disappointed that sickness absence remained above target and have subsequently organised new Occupational Health Service arrangements and support for staff.

Safe
Infection control continued to show improvements in quality and safety are being achieved through the delivery of the PVC Bundle.

We do not publish our financial information before our Annual Accounts are laid before Parliament. When available, these will be published on our website at www.scottishambulance.com
Our Committee Membership

Clinical Governance
The Clinical Governance Committee comprised four Non-Executive Directors:
• Ms Moi Ali (Chair)
• Ms Neelam Bakshi
• Mr Andrew Richmond
• Mr Martin Togneri and the Chairman,
• The Chairman, Mr David Garbutt (ex officio member)
From August 2014, Mr Andrew Richmond, took up position as interim Chair of the Committee and Moi Ali took up position as Chair of the Committee from November 2014, replacing Ms Theresa Houston. Mr David Nelson is the Public/Patient Representative. The committee meets at least four times per year to monitor standards of care and measure the effectiveness of pre-hospital treatment.

Audit Committee
The Audit Committee comprised five Non-Executive Directors:
• Mr Edward Frizzell (Chair)
• Ms Moi Ali
• Mr Andrew Richmond
• Councillor David Alexander
• Ms Esther Roberton (from September 2014).
The committee meets four times per year to consider the various reports from both internal and external auditors to assess the risks and internal controls in the Service.

Staff Governance Committee
The Staff Governance Committee comprised four Non-Executive Directors:
• Ms Neelam Bakshi (Chair)
• Mr John Riggins
• Councillor David Alexander
• Ms Esther Roberton
• The Chairman, Mr David Garbutt (ex officio member)
• Three lay officials (in an ex officio capacity).
Ms Moi Ali was a member until December 2014 and was replaced by Esther Roberton. John Riggins joined the committee as vice-chair in December 2014 following his appointment as Employee Director and replaced Alan Bickerstaff. The committee meets four times per year to ensure effective monitoring of staff governance within the organisation.

Remuneration Committee
The Remuneration Committee comprised:
• The Chairman, Mr David Garbutt
• Mr John Riggins
• Mr Edward Frizzell
• Councillor David Alexander
• Mr Martin Togneri.
John Riggins joined the Committee in December 2014 following his appointment as Employee Director replacing Alan Bickerstaff. The committee meets at least twice per year to consider the evaluation of performance and pay awards for Executive Directors. It 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.

“I turn 39 in October and I’ve had epilepsy for the past 38 years. If it wasn’t for the crews at Greenock ambulance station, I think I would be lying somewhere underground by now.”

Feedback from Patient Opinion

“The quick response of the call handler that day and both the first responder and ambulance crew helped with the safe delivery of our beautiful baby girl. We are truly thankful.”

Patient feedback from Facebook
### Our Activity

#### Top 10 Chief Conditions -  
**All Emergency Incidents**

<table>
<thead>
<tr>
<th>Category A Incidents</th>
<th>Category A Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer/Interfacility/Palliative Care</td>
<td>124,997</td>
</tr>
<tr>
<td>Falls</td>
<td>71,087</td>
</tr>
<tr>
<td>Chest Pains</td>
<td>39,227</td>
</tr>
<tr>
<td>Unconscious/Fainting</td>
<td>36,734</td>
</tr>
<tr>
<td>Breathing Problems</td>
<td>33,399</td>
</tr>
<tr>
<td>Sick Person</td>
<td>32,294</td>
</tr>
<tr>
<td>Overdose/Poisoning</td>
<td>25,363</td>
</tr>
<tr>
<td>Convulsions/Fitting</td>
<td>22,759</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>14,291</td>
</tr>
<tr>
<td>Stroke/CVA</td>
<td>13,898</td>
</tr>
</tbody>
</table>

#### Staff Numbers  
**(Full Time Equivalents)**

<table>
<thead>
<tr>
<th>Staff</th>
<th>Paramedics</th>
<th>Technicians</th>
<th>PTS Staff</th>
<th>Ambulance Control Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1272.43</td>
<td>1138.19</td>
<td>838.02</td>
<td>350.98</td>
</tr>
<tr>
<td></td>
<td>Administrative services staff</td>
<td>Support services staff</td>
<td>Other staff</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>213.97</td>
<td>117</td>
<td>248.84</td>
<td>4179.43</td>
</tr>
</tbody>
</table>

#### Health Board PTS Journeys A&E Incidents Air Ambulance Missions* Cat A Average Response Time (mins) 999 Average Response Time (mins)

<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>102,701</td>
<td>55,875</td>
<td>127</td>
<td>6.5</td>
<td>9.4</td>
</tr>
<tr>
<td>Borders</td>
<td>31,685</td>
<td>14,881</td>
<td>7</td>
<td>7.9</td>
<td>10.5</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>37,149</td>
<td>18,750</td>
<td>39</td>
<td>6.7</td>
<td>9.5</td>
</tr>
<tr>
<td>Fife</td>
<td>100,027</td>
<td>46,710</td>
<td>10</td>
<td>6.7</td>
<td>9.0</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>62,152</td>
<td>33,866</td>
<td>6</td>
<td>7.1</td>
<td>9.8</td>
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<tr>
<td>Grampian</td>
<td>63,213</td>
<td>64,268</td>
<td>244</td>
<td>7.3</td>
<td>9.8</td>
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<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>264,507</td>
<td>179,117</td>
<td>572</td>
<td>6.1</td>
<td>10.0</td>
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<tr>
<td>Highland</td>
<td>62,612</td>
<td>46,352</td>
<td>1,201</td>
<td>7.6</td>
<td>9.7</td>
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<tr>
<td>Lanarkshire</td>
<td>113,832</td>
<td>75,257</td>
<td>10</td>
<td>6.7</td>
<td>9.8</td>
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<tr>
<td>Lothian</td>
<td>112,460</td>
<td>110,944</td>
<td>21</td>
<td>6.4</td>
<td>9.8</td>
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<tr>
<td>Orkney</td>
<td>878</td>
<td>2,795</td>
<td>469</td>
<td>8.3</td>
<td>10.6</td>
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<tr>
<td>Shetland</td>
<td>511</td>
<td>2,558</td>
<td>356</td>
<td>9.9</td>
<td>12.5</td>
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<tr>
<td>Tayside</td>
<td>81,094</td>
<td>50,631</td>
<td>63</td>
<td>6.5</td>
<td>9.0</td>
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<tr>
<td>Western Isles</td>
<td>2,100</td>
<td>4,249</td>
<td>391</td>
<td>8.9</td>
<td>10.4</td>
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<tr>
<td>Scotland</td>
<td>1,034,925 *</td>
<td>740,631 †</td>
<td>3,559 †</td>
<td>6.6</td>
<td>9.7</td>
</tr>
</tbody>
</table>

* includes stood down missions and missions carried out by the charity Air Ambulance

1. (PTS): This figure includes out of area journeys
2. (A&E): This figure includes incidents not aligned to a Health Board
3. (Air Amb missions): This figure includes stood down missions and missions carried out by the charity Air Ambulance, and missions not aligned to a Health Board

*Automatic Implantable Cardioverter Defibrillator
Feedback – Promoting Learning and Improvement

Turning Patient/Carer Feedback into Learning

65.5% of Complaints and 71% of Concerns were Managed within 20 Days.

Encouraging and Gathering Feedback

In the course of 2014-2015 we used a number of channels to encourage and gather feedback including Patient Opinion, focus groups, public meetings, Twitter and Facebook. We are pleased to report that there has been increased feedback reported through these efforts and we actively use the feedback to develop our practices.

We received 529 complaints and 514 concerns, meaning patients or carers were prompted to share care experiences which fell below standard in 0.052% of patient contacts. While this is a small percentage of all the patients whom we cared for, we recognise that we need to get it right for every patient, every time.

65.5% of complaints and 71% of concerns were managed within 20 days. The number of complaints and concerns increased on the previous year, by 12%, and 30%, respectively. This increase in patient feedback is partly in response to the Service encouraging patients, carers and members of the public to tell us their story, whether this is in writing, through a telephone call or on an online forum. Complaints compliance exceeded the 70% standard between April and December 2014. At the beginning of 2015, compliance slipped below 70%. This was during a period when demand on resources has been even greater than anticipated. That said, the Scottish Ambulance Service improved on last year’s complaints compliance from 63.6% to 65.2% of complaints responded to within 20 days, while managing a 15% increase in complaints and a 30% increase in concerns of complaints responded to within 20 days.

There were no Investigation Reports for complaints from the Scottish Public Services Ombudsman (SPSO) in 2014-2015. There were also fewer decision reports than last year where complaints have been upheld, or with some elements of the complaint upheld. This shows that the quality of complaints handling is improving, despite an increase in the volume of complaints and concerns.

Building a Culture of Learning from Feedback, Comments, Concerns and Complaints

In recognition that greater support for our managers is needed to enable them to manage and support their staff, we launched the Delivering Future Leaders and Managers (DFLM) programme in 2013. As the leadership and management development work from this programme has begun to embed across the Service, we have started to see a decrease in complaints and concerns relating to staff attitude and behaviour.

We continue to participate in the Person-centred Health and Care (PCH&C) Collaborative, and have progressed the PCH&C agenda. For example, a member of the transender community, who has shared both positive and negative experiences in relation to their care experience; and a member of the deafblind community have both been involved in developing and delivering part of the Paramedic curriculum at the Scottish Ambulance Academy. In 2014/15 the Service established a group of Dementia Champions, promoting dementia awareness across the Service. These Champions will commence the delivery of continuing professional development sessions at local stations across the country.

This will complement a recently published and updated “Hear and Treat” and "See and Treat” protocols, which would help avoid unnecessary hospital attendance, by keeping patients at home, when it is clinically safe to do so. The feedback highlighted that most people were supportive of being able to stay at home, with appropriate support in place, but the Service would need to pay particular attention to how they communicated this approach with patients and with their carers.

Improving the Patient Experience

We also continue to undertake proactive gathering of patient and public feedback. This has supported the development of our refreshed strategy: Towards 2020: Taking Care the Patient. Working in partnership with the Scottish Health Council (SHC), we held a range of focus groups in remote, rural and urban communities, seeking views from patients and members of the public from a range of life stages, including primary school children, and as members of the Black, Asian and Minority Ethnic (BAME) community. SHC provided a report on the feedback and views gathered in relation to “Hear and Treat” and “See and Treat” protocols, which would help avoid unnecessary hospital attendance, by keeping patients at home, when it is clinically safe to do so. The feedback highlighted that most people were supportive of being able to stay at home, with appropriate support in place, but the Service would need to pay particular attention to how they communicated this approach with patients and with their carers.

The roll out of our Delivering Future Leaders and Managers Programme has helped reduce complaints about attitude and behaviour.

You can read our full Feedback, Comments, Concerns and Complaints Annual Report 2014/2015 at:
Real-time Patient Feedback

My husband had a heart attack on the 28th January. We both want to say thanks to the very quick response after my 999 call. The paramedics were excellent (can’t remember their names!). We are extremely grateful.

I had a panic attack at work. Great service and help from Nicki and Ross to help me through it. Like to say thanks to them both.

@Glasgow914: Wouldn’t work without the interaction with the immediate team and the @ScotAmbulance Service at Bolling to work with a great team.

@ScottAmbulance service: Thank you. You do a great job, much appreciated.

My very frail elderly Mum had a fall at home yesterday and we are so grateful for the wonderful service she received from the Forth Valley Ambulance staff.

Scottish Ambulance Service Annual Report 2014/15

Real-time Patient Feedback

Facilitate quote says great – Innes at Steeple

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Scottish Ambulance Service Annual Report 2014/15

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## Board Members and Positions

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Remuneration</th>
<th>Related Undertaking</th>
<th>Contracts</th>
<th>Land &amp; Building</th>
<th>Shares &amp; Securities</th>
<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>Chair</td>
<td>Self Employed Consultant</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Chartered fellow of Chartered Institute of Personnel and Development</td>
<td>MacMillan Cancer Support Volunteer Member Tweed Valley Bike Patrol</td>
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<tr>
<td>Pauline Howie</td>
<td>Chief Executive</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Honorary Air Commodore of 612 (County of Aberdeen) Royal Auxiliary Air Force Squadron</td>
<td>Honorary Air Commodore of 612 (County of Aberdeen) Royal Auxiliary Air Force Squadron</td>
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<td>David Alexander</td>
<td>Non-Executive Director</td>
<td>Self Employed Consultant</td>
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<td>None</td>
<td>None</td>
<td>None</td>
<td>Member and local Office Bearer Scottish National Party Member C N D Scotland</td>
<td>Member Project Delivery Sub-Committee Govan Law Centre Education Law Unit</td>
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<tr>
<td>Moi Ali</td>
<td>Non-Executive Director</td>
<td>Self Employed Consultant</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Governor, Napier University</td>
<td>Member Project Delivery Sub-Committee Govan Law Centre Education Law Unit</td>
<td>None</td>
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<tr>
<td>Neelam Bakshi</td>
<td>Non-Executive Director</td>
<td>NB Associates-owner</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Member BBC Audience Council Scotland</td>
<td>Member BBC Audience Council Scotland</td>
<td>Sister, Chair of NHS Lanarkshire</td>
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<tr>
<td>Alan Bickerstaff</td>
<td>Employee Director (to 30.11.14)</td>
<td>Self Employed Consultant</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Chair of Abertay University Court, Dundee Visiting Professor, Queen Margaret University, Edinburg</td>
<td>Chair of Trefoil</td>
<td>None</td>
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<tr>
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<td>Non-Executive Director</td>
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<td>None</td>
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<td>None</td>
<td>Chair of Abertay University Court, Dundee Visiting Professor, Queen Margaret University, Edinburg</td>
<td>Chair of Trefoil</td>
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<td>Theresa Houston</td>
<td>Non-Executive Director</td>
<td>None</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 Lay Court Member of the University of Dundee Trustee of the University of Dundee Superannuation and Life Assurance Scheme</td>
<td>Trustee Scotland’s Charity Air Ambulance</td>
<td>None</td>
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<tr>
<td>Andrew Richmond</td>
<td>Non-Executive Director and Deputy Chair</td>
<td>Non-Executive Chair 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 Lay Court Member of the University of Dundee Trustee of the University of Dundee Superannuation and Life Assurance Scheme</td>
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<th>Contracts</th>
<th>Land &amp; Building</th>
<th>Shares &amp; Securities</th>
<th>Non Financial Interests</th>
<th>Voluntary/Charity Work</th>
<th>Relative(s) in Scottish Ambulance Service</th>
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<td>Martin Togneri</td>
<td>Non-Executive Director</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Owns 1.1% of the issued share capital of Cogbooks Ltd, Edinburgh</td>
<td>None</td>
<td>Trustee of the Scottish Waterways Trust, New Port Downie, Lime Road, Falkirk, FK1 4RS</td>
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<tr>
<td>Pamela McLauchlan</td>
<td>Director of Finance and Logistics (to 28.02.15)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Executive Member CIPFA in Scotland</td>
<td>Club Scout Leader Church of Scotland Elder South Queensferry First Responder</td>
<td>None</td>
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<tr>
<td>John Riggins</td>
<td>Employee Director (from 01.12.14)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Registered with Health Care Professionals Council as a Paramedic; Unite the Union membership</td>
<td>None</td>
<td>Wife; Son</td>
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<tr>
<td>Esther Robertson</td>
<td>Non-Executive Director (from 01.07.14)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<td>None</td>
<td>Oxfam Scottish Advisory Group (until Dec 2014) Electoral Reform Society Advisory Group</td>
<td>None</td>
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<td>Daren Mochrie</td>
<td>Director of Service Delivery</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Registered with Health Care professions Council as a Paramedic; Member of the College of Paramedics; Member of Faculty Pre-Hospital Care – Royal College of Surgeons, Edinburgh.</td>
<td>Director/Trustee Scotland’s Charity Air Ambulance</td>
<td>Brother (Bank Ambulance Control Dispatcher)</td>
</tr>
<tr>
<td>Gerry O’Brien</td>
<td>Director of Finance and Logistics (from 01.03.15)</td>
<td>None</td>
<td>None</td>
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<td>Jim Ward</td>
<td>Medical Director</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Karen Wilson</td>
<td>Director of Health Professions and Nursing Care (To 28.02.15)</td>
<td>None</td>
<td>None</td>
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</table>
Letter from the Cabinet Secretary for Health, Wellbeing and Sport

Cabinet Secretary for Health, Wellbeing and Sport
Shona Robison MSP
T: 0300 244 4000
E: scottish.ministers@scotland.gsi.gov.uk

David Garbutt
Chair, Scottish Ambulance Service
National Headquarters
Gyle Square
1 South Gyle Crescent
EDINBURGH
EH12 9EB

33 September 2015

SCOTTISH AMBULANCE SERVICE: ANNUAL REVIEW: 2015

1. I am writing to you following the Annual Review you held at the Beardmore Hotel on
Friday 28th August 2015. I would like to record my thanks to you and everyone who was
involved in the preparations for the day, and also to those who attended and contributed to
the various meetings. I found it particularly useful to have the opportunity to hear from
patients who have had personal experience of using the Scottish Ambulance Service. It was
encouraging hearing them speak of the professionalism and caring nature of staff. I hope
everyone who participated also found it worthwhile.

2. This letter summarises the main points discussed and the actions arising from the
review.

Strategy

3. Against a background of increasing demand I was impressed to hear what had been
achieved and about the Service’s plans for the future. Delivery of your Strategy Towards
20:20 Taking Care to the Patient and the development of a performance framework that
measures the success of the Scottish Ambulance Service against the best possible
outcomes for patients; featured highly throughout the day.

4. As a frontline health service providing emergency, urgent and scheduled care 24/7 I
recognise that the Scottish Ambulance Service has a significant contribution to make not
only to the Government’s 20:20 vision but across a range of other significant Scottish
Government policy developments, not least those proposed in primary care. The Service’s 5
year strategic framework set out in Towards 20:20 Taking Care to the Patient is an ambitious
plan, delivering transformational change that will help shift the balance of care by treating
more people effectively in their own home or in the community.

5. The Strategy recognises though that the Ambulance Service cannot deliver that change
on its own. The Service is committed through its Strategy to building on the work already
underway with health and social care partners, with the other emergency services and with
patients to contribute fully to a multi-disciplinary, information-led; asset-based model of care
that responds to the needs of the locality.

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6. Your Strategy also sets out a route map for the Service to contribute to the integration
agenda; but securing resources to deliver that will be critical. I believe that the unique selling
point of the Scottish Ambulance Service is its ability to connect with professionals across the
wider health and social care system; and I heard many examples on the day of ways in which
the Ambulance Service is already working with others to deliver better patient care and
outcomes.

7. We also discussed the challenges of implementing tests of change at scale.
Developing the visibility of the Ambulance Service and using successful examples of joint
working to demonstrate the added value that the ambulance service can bring to delivery
partners will help. I undertook to look for opportunities to promote the work of the Scottish
Ambulance Service wherever I can.

8. Your Strategy will be delivered through your staff. In that regard I was encouraged
during the Clinical Forum meeting to hear how the Strategy is allowing for more staff to
develop clinical expertise in areas such as children and palliative care. I support the move to
give staff more experience and allow them to develop their clinical skills, and I look forward
to hearing more about this work in the future.

9. I was also pleased to hear from the Clinical Forum about the innovative ways the
Service is using technology to improve patient care including the app that will soon be trialled
by staff to provide staff with guidance of localised decision-making procedures; helping staff
who are responding to an emergency call outwith their normal area to ensure that patients
continue to receive the best care possible. Using new technologies in this way will help
ensure the Service is able to deliver the best service possible for all patients across
Scotland, particularly those in remote and rural areas.

Out of Hours Review

10. All of that work is relevant in the context the National Out-of-Hours Review being
chaired by Sir Lewis Ritchie – much of the outcome of which I expect to have resonance with
other parts of the health and social care landscape. I was pleased to hear that the Service is a
key contributor to the Review at all levels. Sir Lewis is due to submit his recommendations
to me in the autumn. From what I heard on the day I know that the Scottish Ambulance
Service has much to offer in a future multi-disciplinary model that is intelligence-led and
asset based.

Performance and Targets

11. While it is disappointing that the Category A target fell to 72.2% for 2014/15, I was
pleased to hear how the more clinically focused targets, such as the return of spontaneous
circulation following irregular heart beat rhythms was 33.0%, well above the 20% target. I
must commend the Service for exceeding this target, especially as this performance is in line
with the direction of travel set out in your Strategy.

12. The Scottish Ambulance Service has traditionally been measured on its speed of
response to 999 calls and other patients. I heard at the Partnership Forum and at other
points in the day that whilst speed is important, it is only one element contributing to the
patient’s experience and outcome.

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13. I support the evolution of a wider suite of indicators which can be used to assess performance and track improvement towards the 2020 aims of safe, effective and person-centred care. We agreed that these indicators would need to be clinically evidenced and developed in consultation with key stakeholders, including patients, staff and their representatives. We discussed the scope to work with Scottish universities to develop that evidence base. We also agreed that more effective triage which identifies the most Immediately Life Threatening cases (cardiac, hanging, drowning etc) and provides the most appropriate response as quickly as possible would be central to that evolution.

14. Measuring success and tracking performance is important. The Scottish Government has already made significant progress in evolving its measures, reducing the overall number from over 200 to just 20 local delivery standards. But more could be done.

15. The National Conversation on the future of health and social care in Scotland that I launched in Dundee last month will give the public the opportunity to say what matters to them – and that will provide a platform to ensure that we have the right targets in place.

16. We also discussed at the Partnership Forum the importance of the Scottish Ambulance Service being involved in that and I have asked my officials to work with you on that. I look forward to having further dialogues with you as your thinking develops.

Staffing

17. Core to delivery of the Strategy will be your 5 year workforce plan that introduces clear career pathways; equips the clinical workforce with the skills, capacity and capability not only to deliver more care at home but to work increasingly as part of a multi-disciplinary team envisaged in designing the primary healthcare services of the future.

18. I had a productive meeting with the Partnership Forum where we discussed some of the pressures facing staff as the Service implements a challenging change programme while demand continues to increase. I was pleased to hear about the value placed on partnership working in the Scottish Ambulance Service and some of the improvements that have been achieved as a result of that joint working – such the introduction of bullying and harassment advisers; the implementation of the special and maternity leave PIN policies; and not least the development of your 5 year workforce plan mentioned earlier.

19. We discussed some of the arrangements that are in place to support and communicate with staff. I heard how the patient safety walkround which were now well established and the introduction of the Chief Executive webcasts had been effective in giving staff the opportunity to engage with senior managers about a wide range of issues affecting them.

20. We agreed that considerable effort was being made to improve the sickness absence rate but that further work was needed to meet the National HEAT standards of 4% sickness absence rate, with the emphasis being on supporting employees both in and out of work. I also noted that the Scottish Partnership Forum structure would be the vehicle for taking forward some of the terms and conditions issues raised on the day.

21. The Partnership Forum specifically raised with me the risk to Scottish Ambulance Service staff from assault and the disposal of such cases by the courts. Assaults on any of our emergency staff are unacceptable and should be dealt with strongly by the justice system. I agreed to speak to Michael Matheson, Cabinet Secretary for Justice to ensure that we take a coordinated response to these issues.

Resources

22. I was pleased to record that the Scottish Ambulance Service has once again met its efficiency targets and that the savings realised have been reinvested in patient care. I recognise the challenge in that, given the rising demand and the on-going financial constraints. I noted that part of the solution should be about managing demand; and the Scottish Ambulance Service working with its partners across the health and social care landscape, deploying the most appropriate resource to maximise the benefits to patients – for example I heard about the on-going work with the Scottish Fire and Rescue Service and the proposed pilot of a co-responder model in pre-hospital emergency medical response model.

23. We talked on the day about a whole range of challenges faced by the Service – some of which are set out in this letter – and its role, as a frontline service. There is no doubt that there are financial challenges across the whole of the public sector but supporting frontline health and social care services will be a priority for me in the forthcoming Spending Review and the Scottish Ambulance Service is very much part of that.

Conclusion

24. I would want to offer my thanks and best wishes to you and your Board, all of the staff of the Scottish Ambulance Service, and the clinical advisers and patient representatives who supports you. There is no doubt that the performance of the organisation is down to the on-going hard work, dedication and enthusiasm of everyone involved. I look forward to working closely with you going forward as the Service continues to develop its Strategy and we progress with the National Conversation.

25. The attached annex sets out the main action points from the review.

SHONA ROBISON
SCOTTISH AMBULANCE SERVICE ANNUAL REVIEW 2015: KEY ACTION POINTS

- Continue to monitor performance in relation to the Category A target, while considering implementation of new ways of working in line with the rollout of your new Strategy.

- Maintain focus on reducing absence levels across the organisation, working towards the NHS Heat Standard of 4%.

- Continue to be actively involved with National Review of Primary Care Out-of-Hours Services and work with colleagues both within and outwith the NHS to deliver safe and effective out-of-hours services in line with the recommendations of the Review.

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

- Develop a clinical evidence base to support the use of more patient focussed outcomes for the Service.

- Continue to develop your staff workforce plan, ensuring the career structure is in place to further support staff and the delivery of your Strategy.

- Identify new ways of working with health and social colleagues, as well as other partners, to deliver a more joined-up approach to delivering healthcare to patients across Scotland.

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Alternative Languages and Formats

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GheibhearnIan-AithisgBhailadhni cuideachd air an làrach-lin-againn.Tha geàrd-chuimhnes ri fhàigheadhin ann an cànann agus cruthan eile le iarrratas. Feuch an cuir thu fhan dhàbairt Eadar-mhinneachaidh isEadar-theangachaideanai01312428181agusainnchaireamh-clàrachaidh13-1304.


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