Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

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Public Board Meeting **27 March 2024**
Item No 05

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Michael Dickson, Chief Executive Executive Directors
Action required	The Board is asked to discuss progress within the Service detailed through this Performance Report: - 1. Discuss and provide feedback on the format and content of this report. 2. Note performance against key performance metrics for the period to end February 2024. 3. Discuss actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non Executives guidance. This paper highlights performance to end February 2024 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience, Staff Health and Wellbeing and Financial Performance are reported in separate Board papers. The Service continues to experience pressures, with higher patient acuity through increases in demand of our most critically unwell patients, increasing workforce abstractions and challenges in handing over patients timeously at Emergency Departments because of wider health and care system pressures. <u>Clinical Performance</u> Clinical performance as related to the measures in this paper remains broadly stable. Our 30-day survival figures post Out of Hospital Cardiac arrest has remained above the average of 10% since February 2023 which is encouraging progress as we aim to reach 15% survival by 2026.

	Our Major Trauma measures are in the final stages of development, and we propose to include these in this report from the new financial year. Urgent care metrics remain stable with a current focus on the optimised functioning of our Integrated Clinical Hub remaining a high priority. A suite of more sensitive measures relating to the governance and performance of the Integrated Clinical Hub are nearing completion and will be included in future 2030 strategy clinical updates. <u>Workforce</u> Our workforce plan for 2023-2025 continues to be reviewed and monitored on a monthly basis and recruitment and training plans are being adjusted where necessary for the remainder of 2023/24. We continue to recruit to fill vacancies and additional frontline staff this year in line with our strategic workforce aim of increasing the skill mix ratio of paramedics. We continue to work in partnership with staff side representatives and are reviewing our current formal partnership structures to strengthen communications and work through the agreed key workforce priorities. We are currently involved in detailed discussions related to rest breaks with positive progress having been made to date.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Associated Corporate Risk Identification	Risk ID:- 4636 – Health and Wellbeing of staff 4638 – Hospital Handover Delays 5062 – Failure to achieve financial target 5602 – Service's defence against a cyber attack 5603 – Maintaining required service levels (Business Continuity) 5651 – Workforce Planning and Demographics
Link to Corporate Ambitions	We will • Work collaboratively with citizens and our partners to create healthier and safer communities. • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities. • Deliver our net zero climate targets. • Provide the people of Scotland with compassionate, safe and effective care when and where they need it.

	• Be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality Ambitions	This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Service to deliver safe, person-centred, and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff, and partners.
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of our 2030 Strategy are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Service's Key Performance Indicators. These measures are based on the Service's 2022/23 Measurement Framework. Following feedback from Board members the format and content of this report remains under review.

What's New

Revised improvement aims for 2023/24 were presented to the Board Development Session on 26 April 2023. The revised aims were discussed and have been included in this report from the month of April 2023.

What's Coming Next

To reduce duplication and to enhance our assurance reporting, over the next few months we are revising and aligning the various board papers.

Development of additional KPI measures in future reports will bring together the time-based measures alongside new and revised workforce and clinically focused measures. The key areas of future development of measures will aim to enhance the detail for each group of patients including patients at high risk of acute deterioration (red coded conditions), patients requiring further specialist intervention (amber coded conditions) and non-emergency patients. Indicators to measure the Service's contribution to wider population health and care assurance are also under development.

Response Time Definition Change - In line with all other UK Ambulance Services, from 1st April 2022 the definition of the Service's response times has changed. The response to patients is now measured from the point at which the acuity of the patient is determined. Under the previous definition, the response was measured from the same point in every 999 call regardless of patient acuity and when the chief complaint is established (T4). Often at this point, the dispatcher has insufficient information to determine the condition of the patient, whether an ambulance needs to be dispatched or some time may have passed since the patient was identified as not breathing or not awake.

Work is still underway to develop the new measure and Response times will continue to be reported under the previous definition until verified. The aim is that this new way of reporting will report as soon as possible where it will be marked as provisional until it has been thoroughly tested.

On completion of this process, where possible figures from April 2022 will be retrospectively amended to reflect the new definition. Figures from April 2022 are to be treated as provisional until this amendment is made.

Additionally, a review of the people measures is in progress and additional measures will be added when agreed, defined and built. The development of measures in relation to staff health and wellbeing are included within the separate Health and Wellbeing paper.

Performance Charts

The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted these charts help the user to differentiate between random and non-random patterns, or 'signals'.

Control Charts

Rule 1: A run of eight or more points in a row above or below the mean (light blue)

Rule 2: Six or more consecutive points increasing or decreasing (green)

Rule 3: A single point outside the control limits (orange)

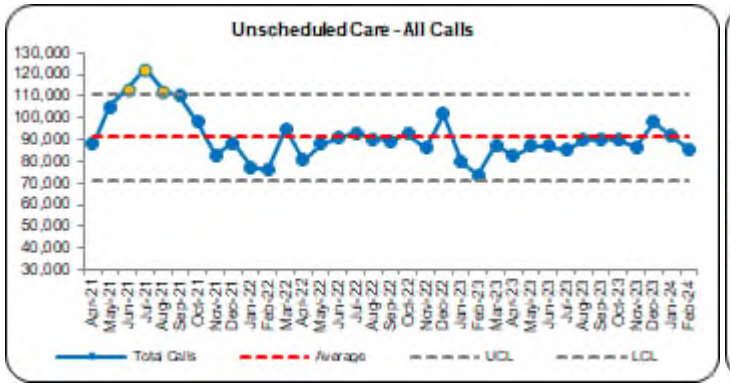
Run Charts

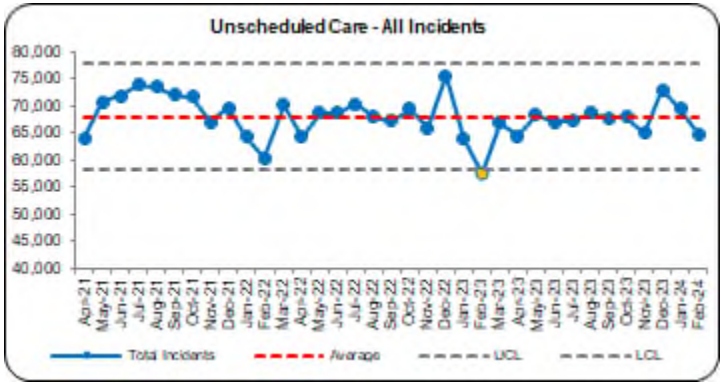
Rule 1: A run of six or more points in a row above or below the median (light blue)

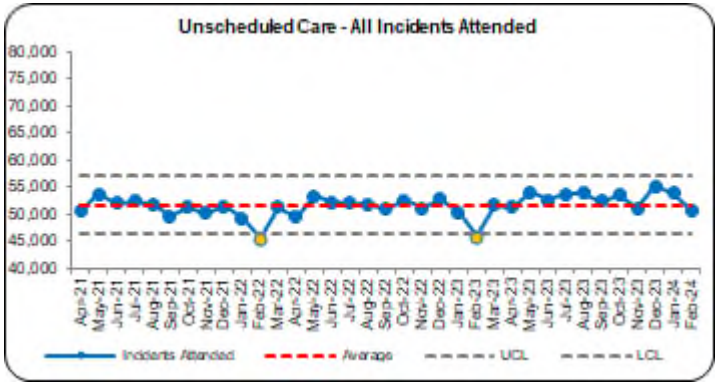
Rule 2: Five or more consecutive points increasing or decreasing (green)

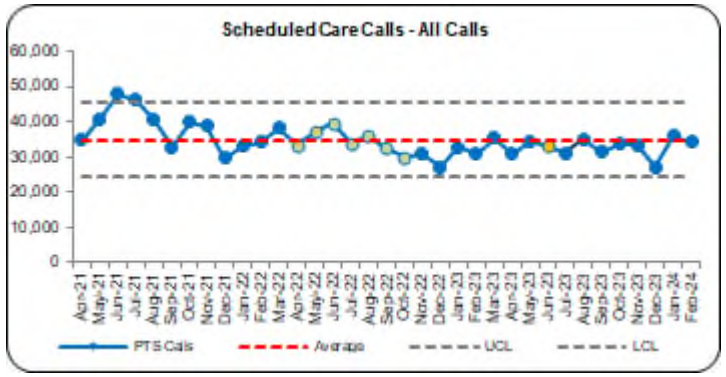
Rule 3: Undeniably large or small data point (orange)

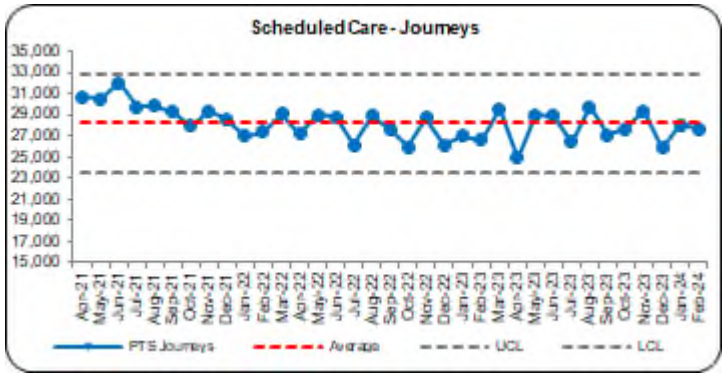
D: Demand Measures











What is the data telling us?

Unscheduled call demand has remained within the control limits and as usually seen seasonally was below the mean in February 2024 with 85,782 calls. The volume of unscheduled incidents in February 2024 also saw the usual seasonal pattern and was below the mean however this was higher than the low seen in February 2023.

Scheduled care calls and journeys remains stable and lower than pre-pandemic.

Why?

The rescheduling of services in the wider healthcare sector due to the pandemic, alongside the widespread adoption of NHS Near Me virtual consultations, remains the driver behind the reduction in scheduled care activity. The requirement for physical distancing reduced the Service's capacity until April 2022 when this requirement was removed, although some specific infection control arrangements remain for certain patient types. Specific actions and improvements for the scheduled care service is described later in the paper.

What are we doing to further improve and by when?

We continue working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for 2023/24. Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

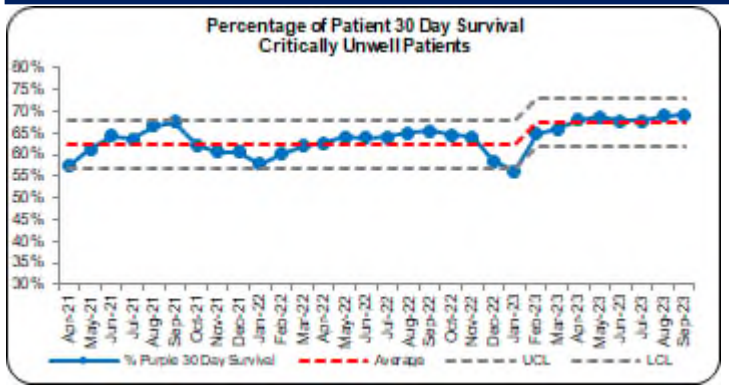
Our annual delivery plan this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery and provide the most benefit to patients and staff.

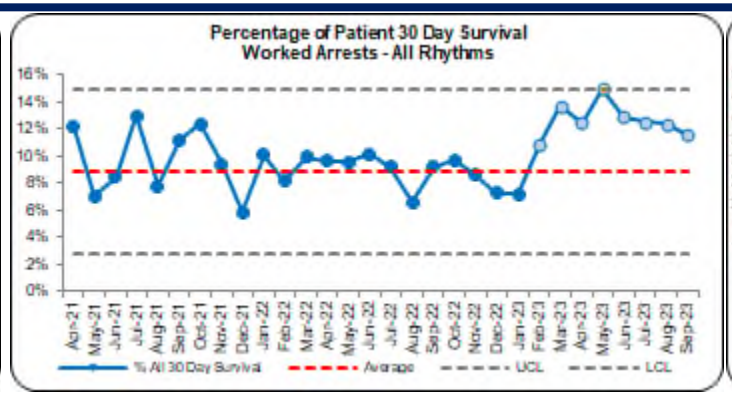
We have established several work streams to increase our workforce, improve demand management and increase capacity which include working collaboratively with our partners across the wider system to reduce unnecessary Emergency Department attendance by ensuring patients receive care that meets their needs. A full update of progress against delivery of our plans is included in the 2030 Strategy Portfolio update.

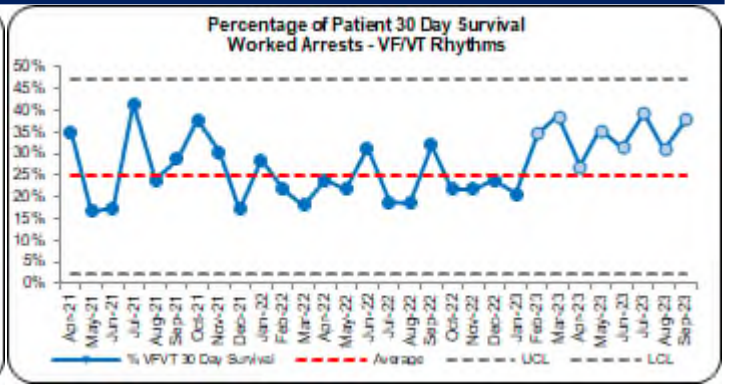
Significant work is currently being undertaken with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

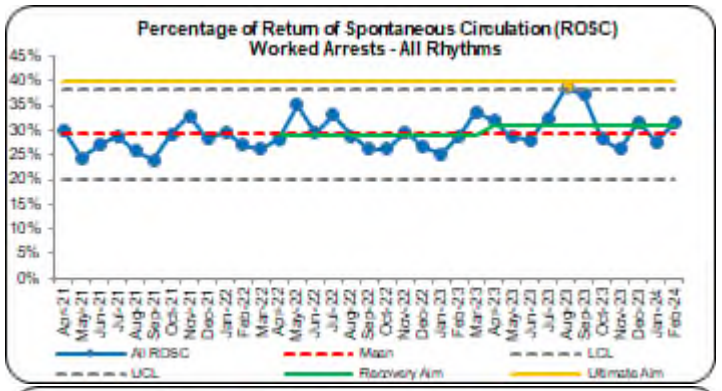
Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the Board meeting agenda.

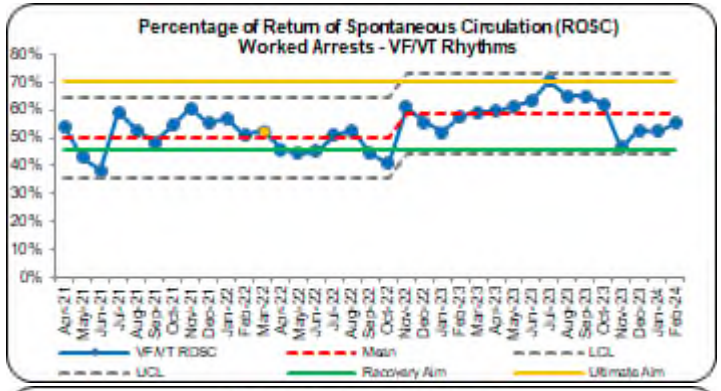
Purple Response Category: Critically Unwell Patients

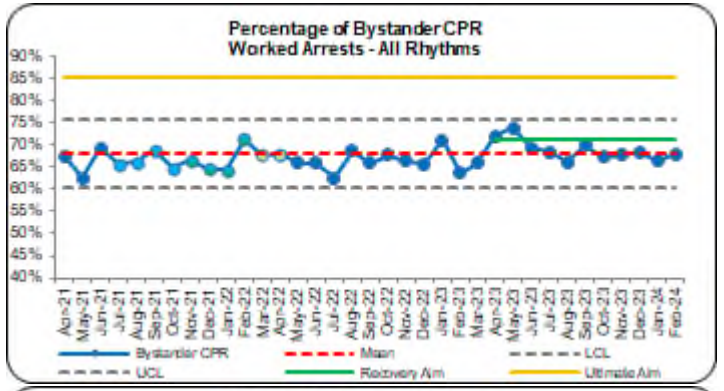


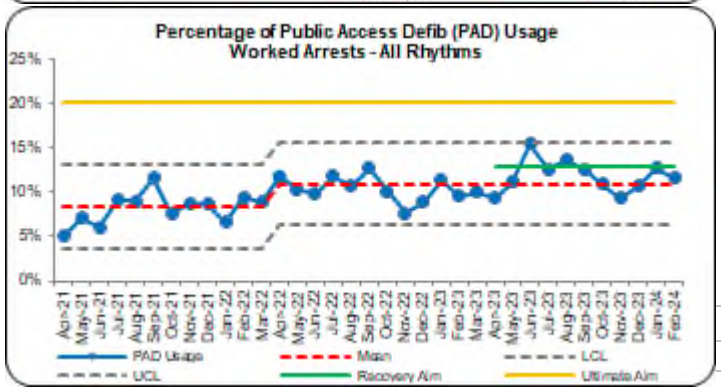


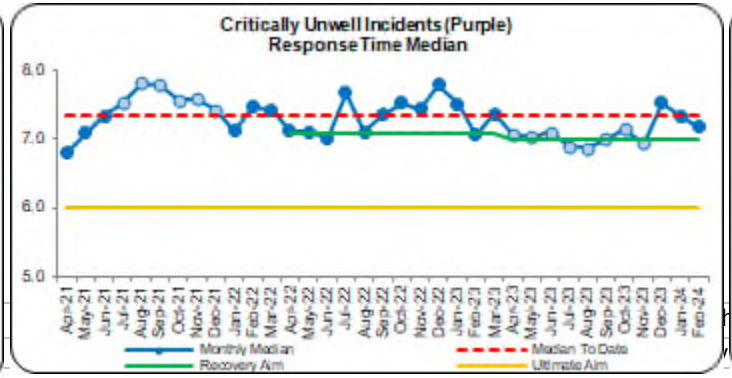


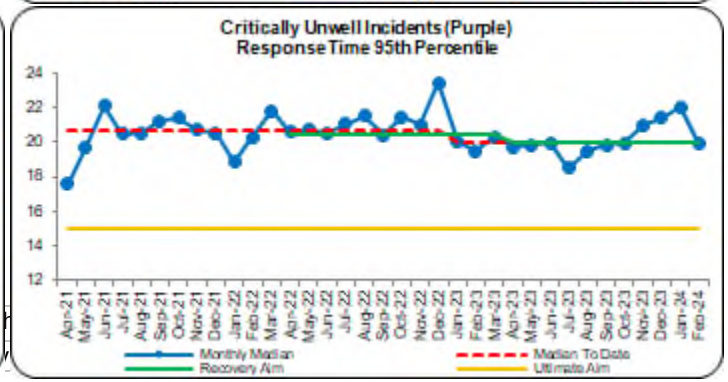












What is the data telling us?

The data presented in the charts is referenced to different measurement points depending on the complexities of data linkage. This means that mortality data is historical compared with response time and Return of Spontaneous Circulation (ROSC) data.

Overall, the position is stable on outcome measures (Mortality) with 30-day survival measures within control limits. These figures relate to September 2023 time stamps due to requirements for data linkage. Measures which include linked data are updated quarterly.

The response time measures for February 2024 (process measures) have remained close to the median, reducing very slightly since the increase in December 2023 however the data reflects the ongoing system pressures seen over winter, which affected ambulance availability.

Our ROSC rates for February, VF/VT (Utstein) at 55.4% and 'All Rhythms' at 31.5%, reflecting seasonal patterns.
As the charts illustrate, Bystander CPR is reported at 67.8% and is within the control limits. Public Access Defibrillator (PAD) usage at 11.5%, is around the mean for February 2024.

Our survival data for our most unwell patients as outlined in the above charts remains stable for both those in cardiac arrest and the purple category as a whole.
These relate to September 2023 figures, however as the ROSC charts show, ROSC for VF/VT has remained around the mean for the December to February periods and is anticipated to result in stable survival for the current quarter which we will report in future papers.

The evaluation of the support line launched in partnership with Chest Heart and Stroke Scotland is nearing completion. This support line is for members of the public who have taken part or been affected by a resuscitation. Early feedback is very positive and it is anticipated that this support line will be maintained beyond the end of the pilot period. Key messages will be included in future updates.

Purple Median Times

Median response times to purple category in February 2024 was 7 minutes 10 seconds. We reached 95% of these patients in 19 minutes 56 seconds (95th percentile). The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift. Work is focused around four priority areas;

1) Reducing service time (through auto-allocation, new static sites for ambulances, reducing hospital turnaround times and timely access to professional-to-professional support).

2) Reducing the number of Accident and Emergency unit dispatches (Integrated Clinical Hub incorporating AP triage, alternative pathways of care, flow navigation centres, specialist response vehicles for mental health and accessing mental health assessment centres).

3) Increasing ambulance resources (finalising demand and capacity rosters).

4) Reducing unavailable time (through make ready, equipment, cleaning vehicles, welfare packs at hospital sites).

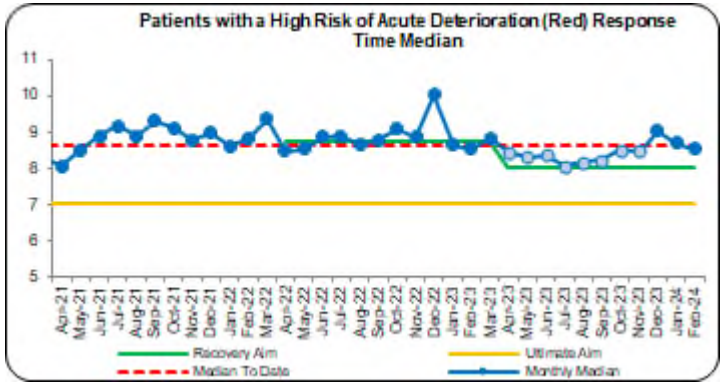
We have increased ambulance resources and are currently finalising new rosters in line with the demand and capacity programme. We are focusing on working to maximise shift coverage, support abstractions for training and managing sickness absence levels.

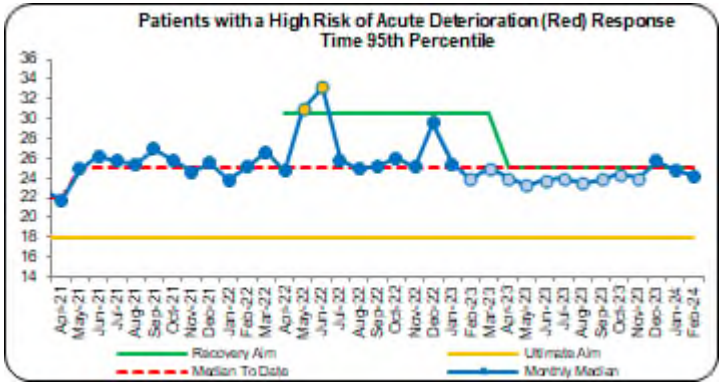
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland and work is underway to increase their availability and deployment.

We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs. The Safe Transfer to Hospital: Ensuring the Timeous Handover of Ambulance patients which describes the principles of safe transfer of patients to hospital and the timeous handover of ambulance patients was approved in April 2023 with principles implemented with immediate effect and by August 2023, 100% of patients should be handed over within 60 minutes with the target to achieve a safe handover of patient at hospital within 15 minutes.

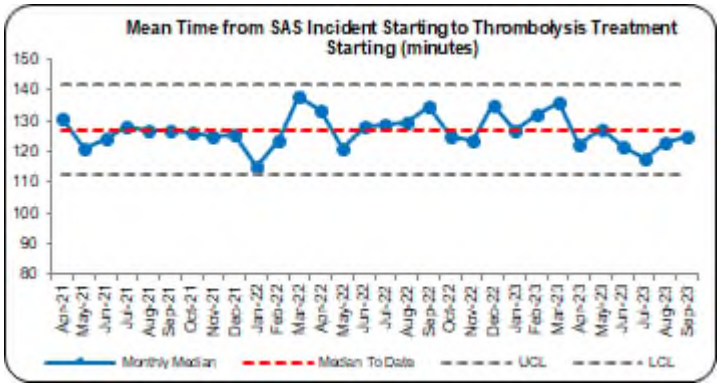
Health Boards have been working with our regional management teams to produce site action plans to support this implementation of improving flow and early escalation to reduce ambulance handover delays. Compliance with the use of the Hospital Arrival Screens is now monitored and reported to regional teams, Health Board partners and the Scottish Government. Additional Hospital Ambulance Liaison Officer (HALO) posts have been funded by the Scottish Government with all the additional people now in post.

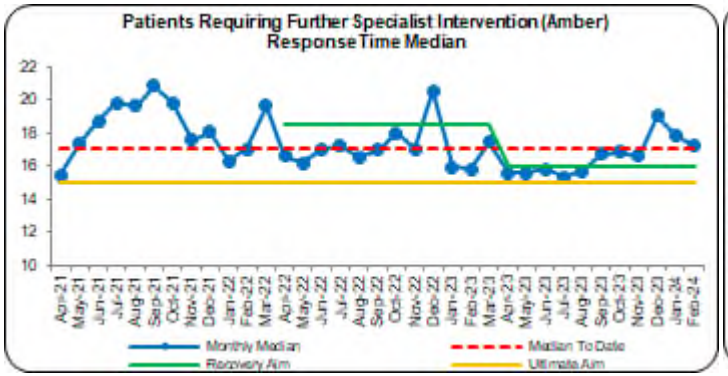
Red Response Categories: Patients at risk of Acute Deterioration

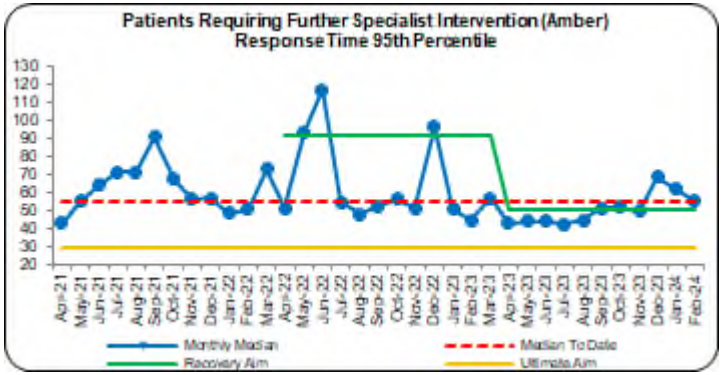




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

The median and 95th percentile response times for both red and amber categories of call saw a stable pattern from April to November 2023. In December 2023 response times increased as a result of increased pressure on the Service and the wider Health and Social Care sector, however this has reduced again in January and February in line with seasonal trends. In February 2024 we attended 50% of red category incidents within 8 minutes 32 seconds and amber within 17 minutes 12-seconds.

The Service continues to work with key stakeholders to achieve its role in optimising pre-hospital care for Major Trauma patients leading to improved clinical outcomes and deliver the role of the Service in the Scottish Trauma Network.

We plan to present more regular clinical data around Major Trauma in our Board papers from early 2024.

Our stroke care improvement efforts continue with work progressing on all elements of the stroke chain of response seeking to be optimised. We continue to work with a range of partners including the National Thrombectomy Action Group and health boards in the development and implementation of thrombectomy pathways. In this reporting period these have gone live in the West of Scotland and have been expanded within the East of Scotland.

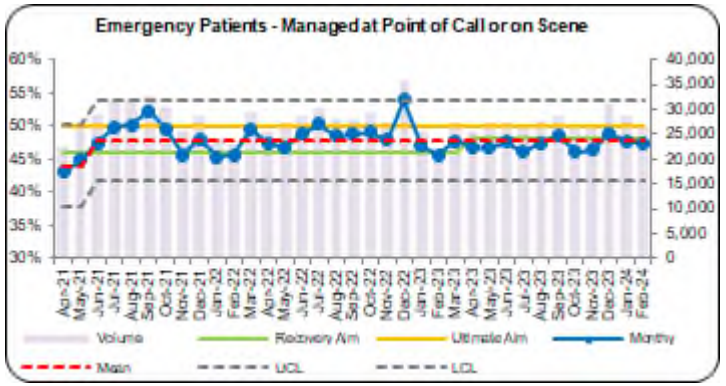
Our 999 to Thrombolysis time chart remains stable within control limits.

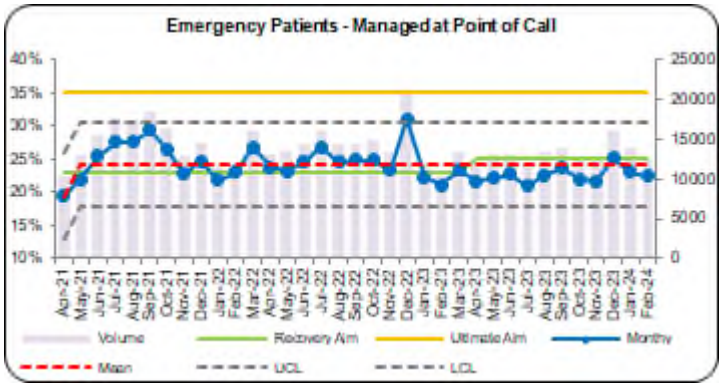
What are we doing and by when?

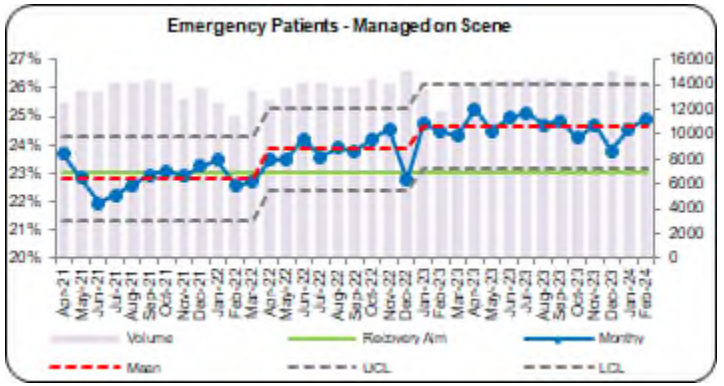
Ongoing work to reduce 999 to thrombolysis interval includes:

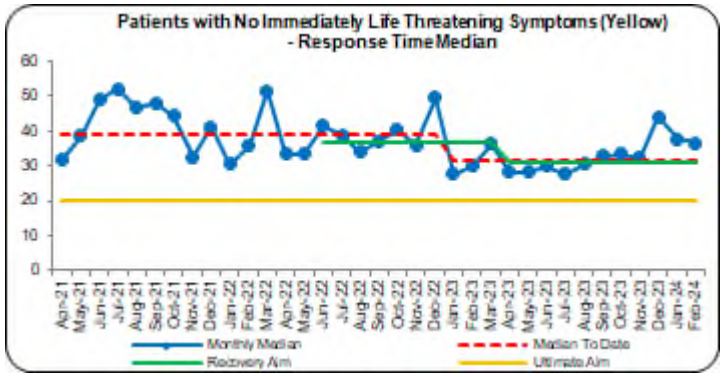
- Improved recognition of stroke at point of first contact within the ACC.
- Optimise dispatch arrangements and understand variation in practice through observation.
- FAST – improve recognition of hyper-acute stroke through utilisation of FAST (face to face)
- On-Scene times – improve on-scene times by limiting unnecessary clinical interventions as a time critical condition.
- Implement improved and refined ‘whole service’ stroke pathways to ensure seamless and definitive care (thrombolysis)
- Clinical feedback to clinicians.

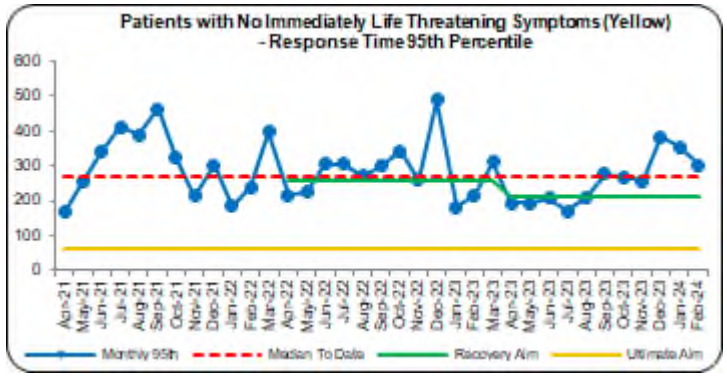
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











What is the data telling us?

The proportion of emergency patients managed either at point of call or on scene has remained around the mean during 2023-24 and for February 2024 this was made up of 22.5% of patients managed at point of call and 24.9% managed on scene.

Work to support patients receive the right care in the right place continue within our Ambulance Control Centres, where our Integrated Clinical Hub (ICH) is being optimised through the significant system pressures over the winter period.

Key workstreams to optimise patient flow between urgent and emergency care providers are progressing. We are working closely with NHS 24 to improve patient experience when calls move between our organisations, reduce duplication, and ensure that people receive a person-centred experience. This includes us testing new ways of working with GP out of hours services where patient need would be best met by these providers.

Extensive work between our Pathways Navigation Team, Regional managers and Board Flow Navigation Centres continues to support increases in interactions to ensure ‘Right Care / Right Place’ aims are delivered.

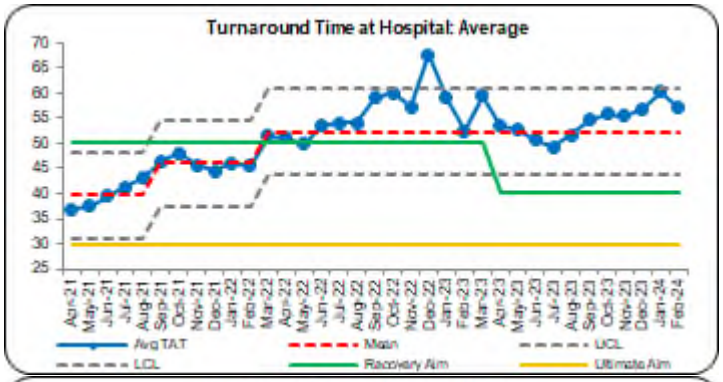
Our Pathway Navigation team alongside our wider Clinical directorate and across our Regional Operational Teams are regularly engaged with partners such as Flow Navigation Centres, Mental Health Teams, GP in and out of hours, bespoke hospital pathways such a SDEC (Same Day Emergency Care Pathways) and Hospital at Home. These resources vary significantly between Boards which means that there is a requirement for multiple discussions and information for crews that is locality specific.

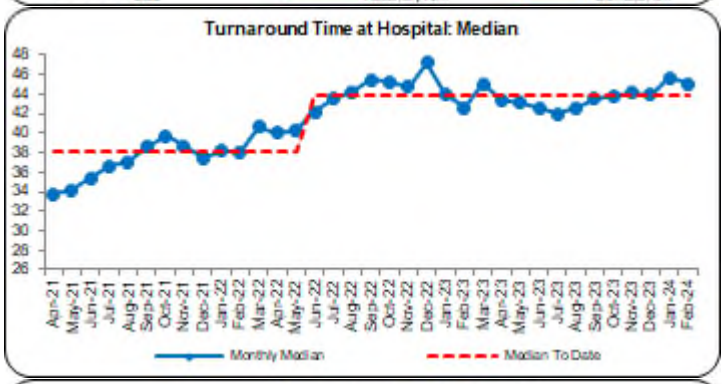
Detailed reporting of these activities sits with the Service’s Performance and Planning Steering Group and 2030 Programme Board.

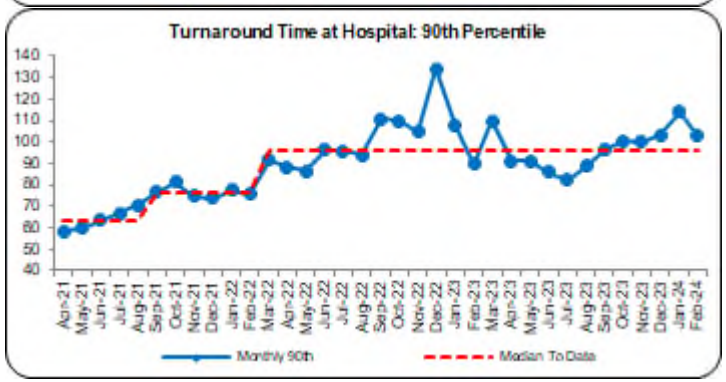
What are we doing and by when?

The work of the Service’s Urgent and Unscheduled Care program is reported to our 2030 Governance Structures and represents a key element of our winter planning and preparedness efforts.

TT: Turnaround Time at Hospital







What is the data telling us? - Although there was a stabilisation in turnaround times in early 2023, they have steadily increased since July and remain at levels significantly higher than have been seen historically. Increased turnaround times translates to reduced availability of ambulances to respond to other patients who have made emergency calls. In addition to more time being spent at hospital, tasking crews from hospital rather than tactical deployment points can also negatively impact on the time taken to reach patients. Increased time at hospital for turnaround delays increases overall service time and consequently utilisation which conversely reduces ambulance availability.

Between February 2022 and February 2024, the average turnaround time increased from 45 minutes 29 seconds to 57 minutes 11 seconds. This means our crews are, on average, spending 11 minutes 41 seconds longer at hospital for every patient conveyed.

Why? – Hospital Turnaround Times for Ambulance Crews continue to be impacted by hospitals operating at or near full capacity with little change in the ‘front door’ operating models in some hospital sites. During the winter months, this is further exacerbated by adverse weather, flu, COVID-19 and respiratory admissions and significant numbers of delayed discharge patients which, in December 2022, resulted in a peak of average turnaround times of 67 minutes 42 seconds that month. The situation improved throughout January and February and again April – June 2023 however although average turnaround times in December 2023 were over 10 minutes less than the same month last year, it remains particularly challenging in some hospital sites where patients continue to be cared for in the back of ambulances managed by

Service staff for increasing periods of time, affecting ambulance response times, ambulance availability, staff rest periods and shift overruns.

What are we doing and by when?

Hospital Ambulance Liaison Officers (HALOs) have been deployed at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow.

Additional HALOs are now in place across the three regions funded by the unscheduled care and systems pressure money. There are now six additional HALOs in the West Region, three in the East Region, and two in the North Region. NHS Lanarkshire (NHSL) has also funded an additional HALO post to work with NHSL's Flow Centre. The Service now has 17 WTE HALOs in post covering the major Emergency Department sites.

The agreed 'Principles for Safe Transfer to Hospital', outlines the target to achieve a safe handover of patient at hospital within 15 minutes and in the interim of no instances over 60 minutes by August 2023. Each of the Service's three Regions are working up an improvement trajectory towards these aims, working in collaboration with respective Health Boards.

Other specific actions include:

- Weekly or bi-weekly meetings between Chief Executives at the most challenging sites
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into Emergency Departments and the hospital helping with managing flow. Next step is ongoing work with health boards to tie together data from all existing platforms to produce accurate clinical hand over times for patients.
- All efforts re: safe alternative measures to Emergency Department admission described earlier in terms of the IUUC.
- Hospitals reviewing the principles of the Continuous Flow Model to ease the front door pressures primarily on Emergency Departments with improvement action plans in place to achieve.
- Hospitals exploring development of temporary admissions units to support surge capacity.
- Escalation to Senior on Duty and On Call Teams as required.
- Involvement in Hospital Incident Team meetings.
- Cohorting guidance produced to allow regions to cohort patient (preferably post triage) at key sites at busy times.
- Review of joint improvement plans in place with acute sites is ongoing.
- Daily conference calls with our HALOs take place to ensure early escalation of issues but also to ensure support for the HALOs in engaging with sites.

Regional specific actions include:

East:

- Delivery groups are established at all sites to support achievement of the 'Principles of Safe Transfer to Hospital'.
- Daily HALO conference calls take place to review performance against the 60 minute aim and thematic analysis carried out to allow solutions to be identified and shared across other Health Board areas.

- Sub regional testing is underway using hospital TRAK data merged with Service turnaround times in Lothian to allow more detailed analysis of component parts of overall turnaround time and targeted action to support improvement.
- Discussion with sites is focussed on patient safety and risk and we are reviewing opportunities to share a more real time position with sites in terms of the impact of delayed handover.
- Pathways continue to be developed and promoted to support the appropriate management of patients out with the Emergency Department. This is supported by prof to prof applying the principle of call before you convey.
- Across Lothians Call Before Convey is supported by the Service's Advanced Paramedics and this model is now being explored for NHS Forth Valley operating area.
- Plans are developing to test a frailty response in Edinburgh with the aim of preventing ED attendance.
- Continue to work with all sites across the East to improve flow and discharging.

West:

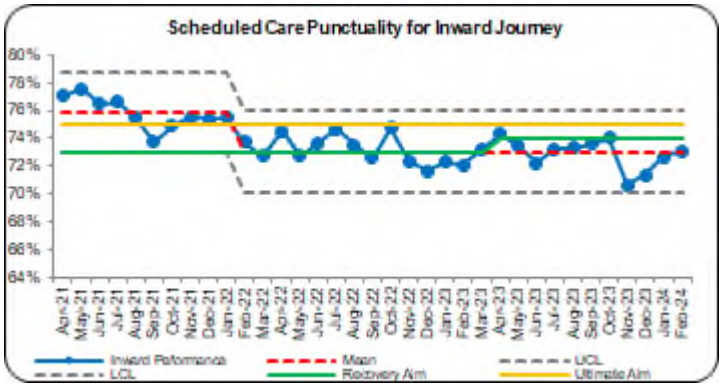
- A revised Falls pathway had been introduced in Glasgow which has delivered a 91% increase in referrals year to date but there has been limited improvement since the model was fully implemented in September 2023. Continued support to Glasgow's GlasFlow model which is demonstrating longer term stability with less regular delays at QEUH. A further discussion is planned in November to discuss effectiveness of the Flow Navigation Centre in Glasgow with a view to improving integration with the Service's Advanced Paramedics.
- In Ayrshire there is a 24/7 Call before Convey process. The learning from this has enabled a test of change, which is now implemented as normal business in Glasgow for the use of their Flow Navigation Centre for Call before Convey. Numbers have remained below the levels expected and a communications plan has been developed to engage clinicians to become more proactive with the use of the process. Continued weekly discussion with senior colleagues in NHS A&A up to Chair level.
- NHS Lanarkshire are also working through a review of their Flow Navigation Centre, in line with the Operation Flow2 programme. A 2-day improvement session took place over 7 and 8 September, where partners from NHS Tayside shared positive outputs from the changes made in relation to frailty pathways and direct admissions to specific areas to reduce ED pressures and support continuous flow. New Flow Navigation Centre arrangements with Service Advanced Paramedics embedded live in November 2023.
- Advanced Paramedics continue assisting Emergency Department staffing levels in Lanarkshire when required. As a further addition to this work, we are currently supporting NHS Lanarkshire's development of Operation Flow2 Programme with the aim to significantly improve patient capacity levels at all three of Lanarkshire's district general hospitals.
- Turnaround issues at Crosshouse and Ayr continue to prove challenging, although there had been incremental improvements in this performance Ayrshire continues to give the greatest concern and longer delays have been experienced. Weekly meetings with NHS Ayrshire & Arran Chief Executive and our Deputy Chief Executive and Regional Director are in place to address these concerns. Revised plans ahead of the winter months are being undertaken with shared learning from other systems relating to direct admission and

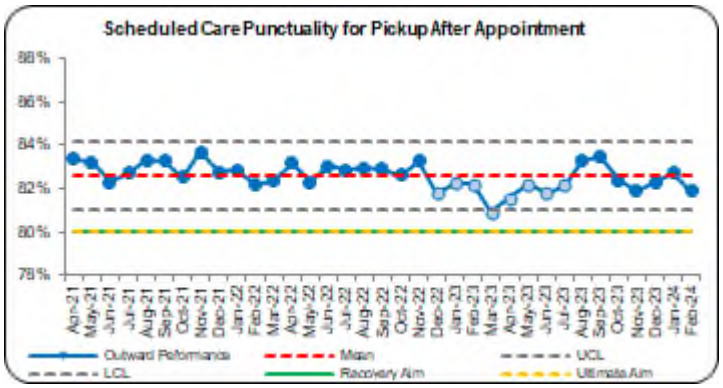
bypassing ED for some specialities, as well as a review of the GP admissions process to align with SDEC principles.

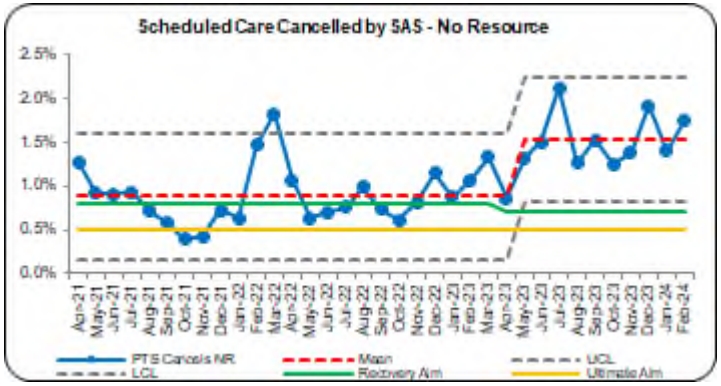
North:

- Fortnightly Chief Executive meetings with NHS Grampian (ARI) supported by Regional Director
- Daily SAS/NHS Grampian /NHS Highland engagement and joint working at key hospital sites
- Engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- HALO and Clinical Team Leader cover at key hospital sites
- Application of the Safe Handover of Care Guidance.
- Use of ‘Safe to Sit’ Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit
- Hospital Arrival Screens
- Maximising utilisation of Flow Navigation Centre at ARI
- Development work to increase number and access to alternative pathways of care.
- Continued use of cohorting at ARI to enable timely crew shift change over and mitigate against compensatory rest and non-availability of resource next shift.

SC: Scheduled Care







What is the data telling us? – The number of Scheduled Care calls has remained stable since early 2022 and was 34,190 in February 2024 (see chart: Scheduled Care Calls – All Calls on page 8). Call volume through ACC's remained within control limits.

Journey demand in January and February 2024 has remained at a consistent level with 28,064 and 27,628 completed journeys respectively in those months.

Punctuality after appointment was 81.9% in February 2024, above the recovery and ultimate aim of 80%, while punctuality for inward appointment was 73.1%, below the recovery aim of 74%.

The percentage of PTS cancelled by the Service in the 'No Resources' category was 1.8% in February 2024, which continues to be higher than the 2023/24 recovery aim of 0.7%.

Why? – While physical distancing measures relaxed on 14 April 2022, we continue to maintain single journey arrangements for immunocompromised patients in line with national Infection Prevention and Control Standards.

Cancellations due to no resource continues to be partly attributed to vacancies and higher levels of staff absence affecting the number of resources available for general outpatients, with Scheduled Care also continuing to contribute resource to alleviate wider system pressures through the timed admissions work. Reduced demand levels post COVID-19 means the number of actual cancelled journeys is lower however appears higher when presented as a percentage of the smaller overall demand.

What are we doing and by when?

Business Continuity

Recruitment & Training
Recruitment in the North ACC continues with recent Day Control training taking place at the beginning of January. Planning training is scheduled between the 27th to 29th February 2024.

Cleric Upgrade
Has been delayed to February/March 2024 to incorporate other workstreams within the upgrade.

Subsequently the next upgrade would be September/October 2024.

Gazetteer
This has now been successfully implemented within Cleric. Feedback is that it has been successful and beneficial to the users of the system. We now have sight of cross border (England & Wales) streets for out of area discharges and transfers.

Further Updates
Routing & Mapping – this postponed until the upgrade date is agreed.

Servers – work is ongoing to move Schedule Care onto the new virtual servers. This work has been undertaken between the Cleric Team and SAS IT and is currently in testing mode.

Taxi services under the heading of Alternative Providers – it was identified that some Scheduled Care patients were able to travel independently either using existing Alternative Providers or taxi services (including wheelchair taxis) the challenge faced by some callers was the knowledge of these services within their area. Work is ongoing to create a database which we will integrate into our Alternative Provider list which will be accessible to those who require their services. (This service is predominantly for patients who can use and access wheelchair taxis).

Scheduled Care Transformation Programme

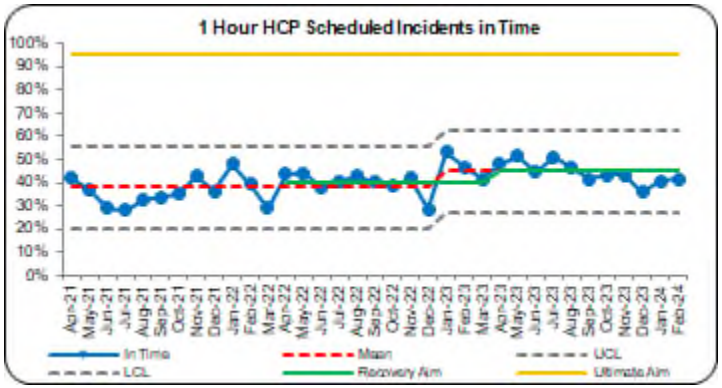
Given the anticipated financial landscape into 2024/25 and beyond, the Programme Team have been asked to review the initial scope of the Programme with subject matter experts and colleagues who work across Scheduled Care.

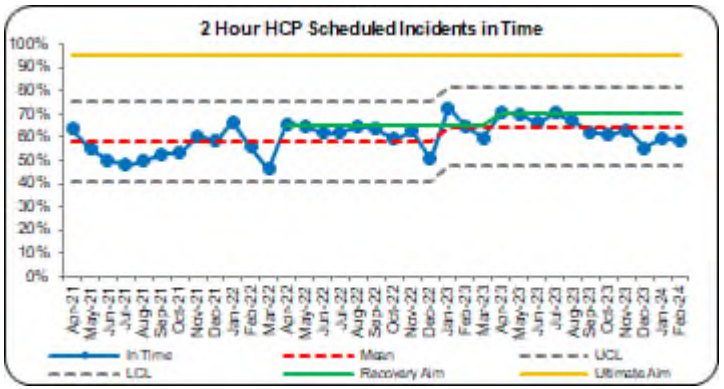
A Schedule Care Survey was launched on 15 February inviting colleagues to share their challenges and opportunities within the Scheduled Care service. The feedback from this survey will be independently analysed by the Research and Innovation team.

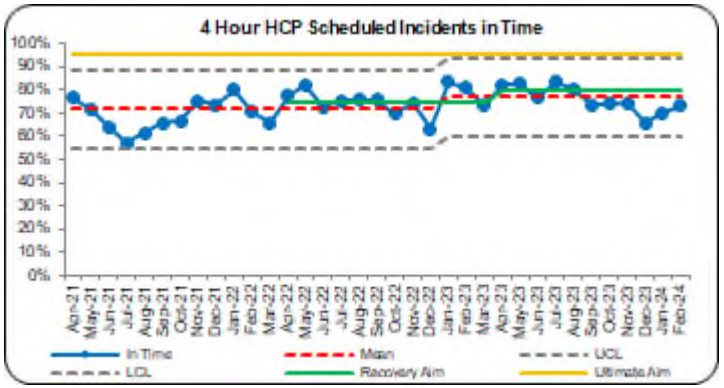
A Scheduled Care staff workshop was held in Dunfermline on 4 March involving colleagues from a range of roles within Scheduled Care.

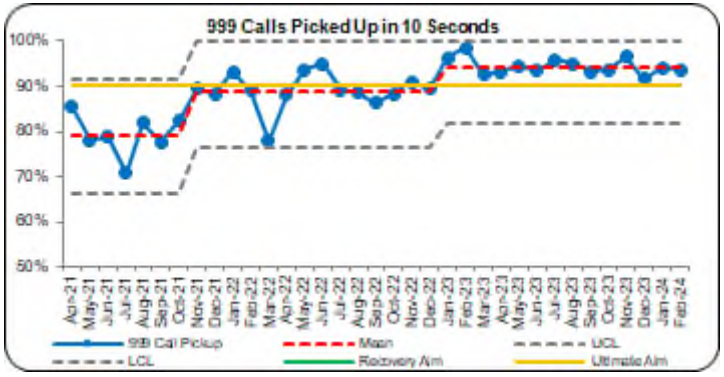
The output from the survey and the engagement workshop will be combined to provide a clear picture of the work that should be progressed as part of this new programme.

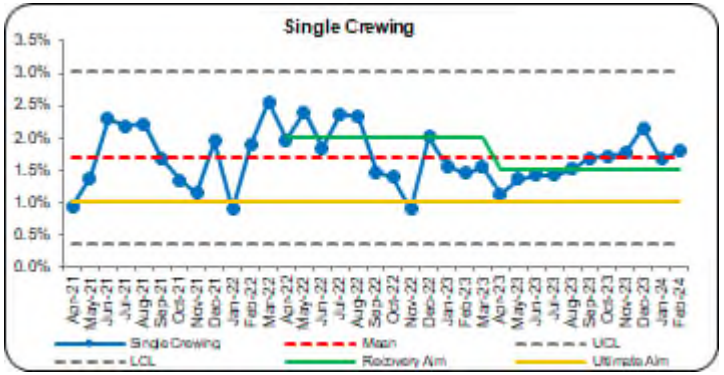
Other Operational Measures











What is the data telling us?

The proportion of scheduled incidents from Health Care Professionals (HCP) fall into three categories which are defined by the requested timeframe of attendance.

As with responses to emergency incidents, response to these incidents is heavily influenced by the increased time experienced at the handover of patients. In all these timeframes there has been an improvement since the summer of 2021 and the proportion reached within the timescales remains within the control limits at 41.5%, 58.2% and 73.1% for 1 hour, 2 hour and 4 hour scheduled incidents respectively.

The proportion of 999 calls answered in 10 seconds has seen improvement and stability in the last 12 months with 93.6% being achieved in February 2024 against an aim of 90%.

What are we doing and by when?

HCP Scheduled Incidents in Time

The Regions are working closely with the Ambulance Control Centre to maximise availability and tasking of low acuity ambulance resources to appropriate ambulance calls. This is focused on sending the right ambulance resource to the right place at the right time with an appropriate skill level. This has a positive impact on HCP calls where an emergency ambulance may not always be required to convey a patient to hospital. Through the Service's demand and capacity programme, we are seeing the benefits of aligning the right ambulance resources to ambulance demand through the Ambulance Control Centre Clinical Hub, rostering, and additional ambulance resources. Extended hospital turnaround times continue to impact on ambulance service time and ambulance availability.

Scheduled Incidents 1, 2 and 4 hours – attending incidents within their allocated time remains the main priority within the Timed Admissions Hubs within the Ambulance Control Centre. This test of change across all Ambulance Control Centre sites and regions allows for dedicated clinical and dispatch focus to maximise the use of our dedicated Scheduled Care vehicles freeing up critical A&E capacity where it is safe and appropriate to do so. The Ambulance Control Centres and Regions have individual improvement action plans being progressed through the Service's Performance and Planning Steering Group to improve this overall performance.

Single Crewing

Staff abstractions for COVID-19 seasonal influenza and other non COVID-19 reasons have impacted on the percentage of single crewing. Every effort is made by the Regions to avoid single crewing through maximising relief cover and covering shifts in advance where single crewing is anticipated.

Other specific actions include:

- Single crewing is reviewed daily as part of the regional management call to minimise occurrences.
- Local Operational Managers will review the available shifts and redeploy staff where possible to reduce the potential for a single crew, such as changing shift times or locations, usually the day before the shift takes place.
- Ambulance Control Centres with discussion from the local management team may decide to move a Paramedic from a Paramedic Response Unit to double up with a single crewed

ambulance, depending on the prevailing demand in the area at that time.

- Robust application of Attendance Management Policy to support staff absent through sickness.
- Maximising recruitment to minimise any vacancies causing pressure on relief capacity to cover shifts.
- Daily review of all uncovered shifts to mitigate against single crewing and in particular in high-risk locations.
- All opportunities are explored when covering shifts and mitigating single crewing including the use of Bank staff – clinical staff and trained emergency drivers.

999 calls picked up in 10 seconds

During January we saw a decrease in 999 calls, receiving 5,555 calls less than December. This was however 8,070 calls or 16.34% more than January 23.

Our call answer performance during December was above our agreed SLA at 94.2% of 999 calls answered within 10 seconds.

During January we saw an increase in volume for non-emergency calls and non-public emergency calls and the combined volume which, was 34,290 calls, was 3,794 calls more than January 2023. SAS maintained an average speed of answer of 7.27 seconds putting us at third place in the UK, with other services having an average speed of answer between 5.8 and 21.28 seconds.

In January SAS experienced 76 BT delays of 2 minutes or over, this was the second best performing in the UK and we had 0 calls that exceeded four minutes (the point at which 999 calls are now passed to another service through IRP) to answer.

During February we received 53.608 000 calls which was a decrease compared to the previous month, receiving 3,841 calls less than January. This was however 8,535 calls or 18.9% more than February 23.

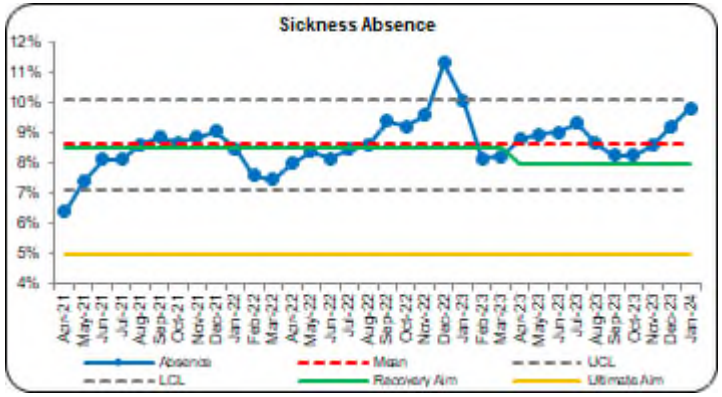
Our call answer performance during February was above our agreed SLA at 93.6% of 999 calls answered within 10 seconds.

During February we saw a decrease in volume for non-emergency calls and non-public emergency calls. The combined volume was 32,174 calls, which was 2,116 calls less than February 2023.

In February SAS experienced 104 BT delays of 2 minutes or over, this was the fourth best performing in the UK. SAS maintained an average speed of answer of 7.87 seconds putting us at third place in the UK, with other services having an average speed of answer between 5.1 and 25.83 seconds and we had 1 calls that exceeded four minutes (the point at which 999 calls are now passed to another service through IRP) to answer.

SE: Staff Experience

Sickness Absence



What is the data telling us? – sickness absence, as at January 2024, was 9.8%, a decrease since the peak seen in December 2022 and January 2023.

During November and December 2023, the rate of COVID-related absences has steadily increased, ranging from 1.1% in early November to 2.5% during the last week of December. This absence has returned to a steady level of 0.7% throughout February 2024.

Why? - The absence percentages at the start and end of 2022/23 are fairly static, both below 8%. However, there are spikes in September and December 2022. The September spike represents the re-classification of COVID-19 special leave to sickness absence. As this was a one-off event, this is not a trend that we see in previous years, nor will it be a trend going forward.

Given that, we know that a rise in absence during 2022/23 is directly attributable to the re-classification of COVID-19 special leave to sickness absence from 1 September 2022.

We anticipate a rise in sickness absence across the winter months in line with normal trends. We will continue to monitor staff related COVID absence in light of the current upswing in COVID infection rates due to the new Pirola variant. Staff absence due to COVID has shown an increase in recent weeks and depending on the progress of the Pirola variant, may increase staff absence beyond that seen due to “normal” winter flu.

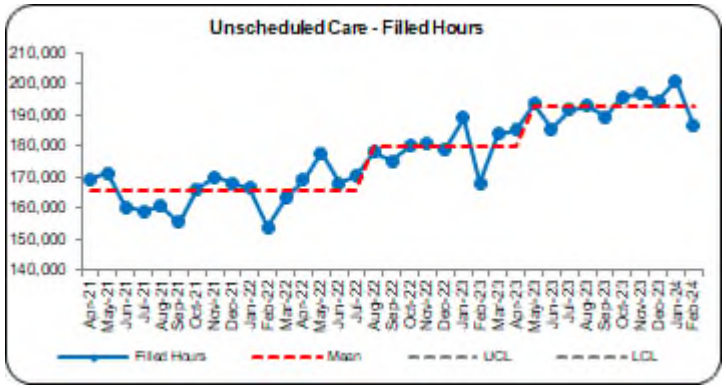
The Service set an interim recovery aim for 2023/24 for sickness absence to be below 8%. Whilst disappointing overall, there are positive improvements in the management of long term absence, which is encouraging, considering the operational pressures that have continued to impact upon line managers and staff.

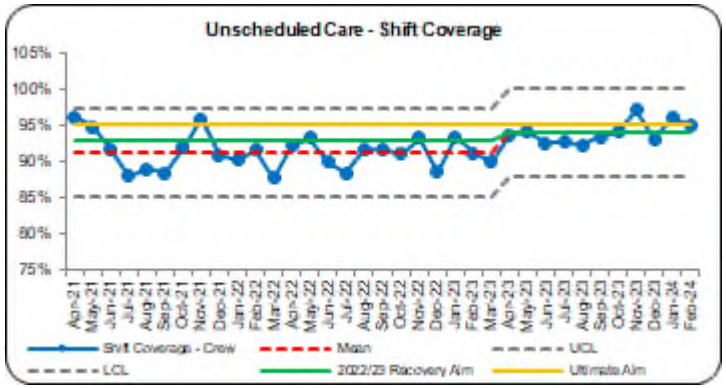
What are we doing and by when? -

Current local data confirms that anxiety/stress/depression remains the most common reason for absence. Back problems are the second most common reason. The third reason is other musculoskeletal problems.

The Regional and National HR teams continue to support managers to manage attendance cases and levels in their area. We will continue to focus on attendance action plans with each region/department and undertake follow up audits, or focused attendance management actions as necessary.

Absence reporting is available on a weekly and monthly basis from our local e-rostering system. A report continues to be produced for the Service's Performance and Planning Steering Group, which sets out the position for each region and service area broken down into long and short-term sickness absence. A supporting narrative is produced by local managers that provides local information and details specific action being taken.





As a result of the implementation of our demand and capacity programme, hours of shift coverage have been increasing and this is planned to continue in the following months whilst the final cohort of additional staff complete their training and start on shift. The Service recovery aim for 2023/24 is greater than 94% of accident and emergency shift coverage across the year. This has seen a drop due to sickness, annual leave (including carry forward from 22/23) and LiP training. However, as the denominator (required hours) has also increased, the percentage shift coverage remains similar to previous months) with an increase in hours provided.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rates in January and February 2024 were 61.0% and 60.4%, reflecting the continued system pressures and is being managed through the work to reduce ambulance handover times.

What are we doing and by when?

Regions continue to maximise all recruitment opportunities and use of bank staff. They are exploring the best way to optimise shift uptake by bank workers through the winter. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise abstractions.

West Region:

Forecasting indicates that as the new staff start in post and the final demand and capacity rosters are 92% implemented, West Region have a much more sustainable coverage platform for 2023/24.

55 Newly Qualified Paramedics have been recruited in West, with the majority of these now working as NQP's. The remainder are awaiting Driving Training courses and currently working as ECA's which will be resolved by end March 2024. Issues with the current recruitment process are also being addressed as several Newly Qualified Paramedics were unsuccessful through the recruitment process. All these applicants have been invited back to go through the process which will conclude by the end of January 2024. Paramedic Response Unit vacancies have been re advertised to complete the recruitment programme. The need for this was twofold as there had been a number of vacancies created due to retirements or leavers and to fully cover the Paramedic Response Unit vacancies following completion of the D&C programme. Bank and Emergency Drivers continue to be utilised to cover capacity shortfalls.

East Region:

In the East Region 48 Newly Qualified Paramedics have been offered positions with 20 starting across October and November. As part of our winter resilience measures, the 10 who initially join in November as Care Assistants supporting HCP scheduled incidents, will transition to NQP's on 10th Feb 2024.

Additional Paramedic Response Unit hours will be introduced in the coming weeks in line with the Demand and Capacity programme.

One of these cars will be in a BLS capacity staffed by a Technician skill set, supported by remote clinical decision making through the clinical hub and consultant connect.

North Region:

In the North region, there is a continued focus across the region:

- 6 further Newly Qualified Paramedics (NQPs) undertook their clinical induction during January and February 2024.
- 6 Trainee Ambulance Care Assistants (ACAs) commenced their initial training in February 2024
- 16 Trainee Ambulance Technicians will commence their initial training during March 2024
- 2 NQPs will undertake clinical induction during March 2024.
- North Region to increase recruitment number of NQP's to align with future forecasting of workforce turnover for Paramedic vacancies.
- Work ongoing to fill Paramedic vacancies where they arise particularly in harder to recruit to remote and rural areas.
- 35 Technician applications remain in the pool for the North region and can be recruited to suitable vacancies that arise through 2024 Technician courses.

Workforce Development

Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2023/24 workforce profile.

Status – 464 staff joined the Service in 2022/23 against a target of 488.

The shortfall primarily came from Technician recruitment in March 2023 that would have been due to go live in July 2023. The shortfall was factored into the 2023/24 plan and was recovered in July with the recruitment of 38 Newly Qualified Paramedics.

Planned Activities Include – The plan for the 2023/24 Financial Year is to recruit 317 WTE across staff groups.

SAS Projected Recruitment Need 2023/24	
Professional Group	**Posts**
New Hire Technicians	**50**
New Hire Paramedic (Direct Entry)	**30**
New Hire Paramedic (Education Model Go Live)	**230**
New Hire APS	**5**
New Hire ACA	**2**
Total	**317**

Recruitment has been progressing over the last few months for Newly Qualified Paramedics with further groups being phased in back to back every 5 weeks until conclusion ahead of winter. Further Newly Qualified Paramedic recruitment is scheduled to recommence in January 2024 at a reduced capacity of 30 staff per cohort following reduction in the number of training staff available. Members of the Education and Professional Development team and Workforce Planning team are currently liaising to assess the impact of any reduced training capacity on the proposed recruitment requirements for 2024/25.

The recruitment team continue to liaise with regional workforce leads to deliver workforce intake in line with regional workforce plan requirements.

An initial meeting took place in November 2023 between stakeholders from Workforce, Education, Recruitment and Regional Service Leads to commence planning around the programme of recruitment and training for the remainder of 2023/24 and establish required recruitment activity timelines for the 2024/25 financial year.

Strategic oversight and delivery of the plan has now transitioned from Demand & Capacity Programme Director to Head of Workforce and Analytics.

Initial proposals to the establishment of a Workforce Planning Steering group that will report directly into the workforce and wellbeing portfolio on this matter are underway. To support this work a Strategic Recruitment Group, Chaired by the Chief Operating Officer will be established to manage planned recruitment and training activity. It is considered appropriate that this group will function as subgroup of the main Workforce Planning Steering Group.

Other Considerations - Attrition for A&E frontline 2022/23 finished on 7.3% against a 7.3% forecast (242 leavers against an assumed 241). Turnover for the current year is within the 6% assumptions made within the workforce plan.

The recruitment plan for 2023/24 assumes no new funding and therefore if there are any new developments, particularly within Health Boards the plan will need adjusted accordingly. Training and Education resourcing requirements are also being reviewed.

The workforce plan projects a recruitment need for 230 Newly Qualified Paramedics across 2023/24. Attrition from courses and recruitment continues to be monitored and assumptions and recruitment will be adjusted accordingly.

In addition to this, we have a small pipeline of existing Technicians still due to qualify as registered Paramedics through the legacy DIPHE Programme.

We are also aiming to recruit a further 30 direct entry qualified Paramedics however if applications are higher then we will adjust Technician numbers accordingly.

Resourcing model developments will support continuing target delivery as we transition from our academy training to the new educational model to align with the introduction of degree level qualification requirements for HCPC registration.

In 2023 the intake for the undergraduate programme is 335 entrants and the support infrastructure is continuing to be refined to meet the needs of the undergraduate cohorts. The work continues with education providers to support Newly Qualified Paramedics and we expect that this collaboration will develop across the next few years to enhance the recruitment process and subsequent onboarding into the Service. It is hoped that this will also improve retention rates within the first two years of employment.

Technician programmes have reduced this year to reflect the increase in Newly Qualified Paramedics now coming through the system. The Education and Professional Development team have worked flexibly and collectively to meet the additional demands required both for demand and capacity planning, as well as supporting the development of external partners during the most recent challenges impacting on the workforce in relation to the pandemic and whole system pressures.

We have been approached by the University of Bristol inviting us to their employers engagement day. This was requested by a number of NQP's being interested in employment with Scottish Ambulance Service. We plan to attend with representation from EPDD and Operations and will review the wider approach taking learning from the outputs from this event.