Scottish Ambulance Service
Annual Review 2017/18
Self-Assessment
SECTION 1: INTRODUCTION

The aim of this Annual Review Self-Assessment document is to provide information on the performance of Scottish Ambulance Service for the period 2017/18.

The Scottish Ambulance Service recognises that it has a significant contribution to make to the Scottish Government’s 2020 Vision as a frontline service providing emergency, unscheduled and scheduled care 24/7.

In 2015/16, we launched our five year strategy Towards 2020: Taking Care to the Patient. This 2020 strategy, underpinned by six key goals, is based on the principle that care should be appropriate to need – and care should be in an appropriate setting, which may not be in a hospital.

Our 2020 goals are to:

1. Ensure our patients, staff and the people who use our services have a voice and can contribute to future service design, with people at the heart of everything we do
2. Expand our diagnostic capability and the use of technology to enhance local decision making to enable more care to be delivered at home in a safe and effective manner
3. Continue to develop a workforce with the necessary enhanced and extended skills by 2020 to deliver the highest level of quality and improve patient outcomes
4. Evidence a shift in the balance of care through access to alternative care pathways that are integrated with communities and with the wider health and social care service
5. To reduce unnecessary variation in service and tackle inequalities, delivering some services ‘Once for Scotland’ where appropriate
6. Develop a model that is financially sustainable and fit for purpose in 2020

This strategy builds on a consistent set of ambitions which put the patient and the delivery of high quality clinical care at the centre of our performance agenda. This Self-Assessment document sets out the progress made during 2017/18, year three of our strategy implementation, and considers this in the context of the work remaining during the lifetime of this programme.

Good progress is being made – we are saving more lives than ever before, treating more patients at home where they want to be cared for and improving staff experience, in the context of rising demand and tight public finances.

We have more to do however. We cannot deliver our 2020 goal in isolation and need to work effectively in partnership with NHS Boards, Health and Social Care Partnerships, patients, communities and other public and voluntary agencies.
### SECTION 2: UPDATE ON 2016/17 ANNUAL REVIEW ACTIONS

<table>
<thead>
<tr>
<th>2016/17 Annual Review Action</th>
<th>Progress Update</th>
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<tbody>
<tr>
<td><strong>Point 1</strong></td>
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<tr>
<td>Continue to ensure that any changes made during the New Clinical Response Model pilot period (such as the implementation of Dispatch on Disposition) do not adversely impact patient outcomes, and provide regular updates to Scottish Government</td>
<td>Since the launch in November 2016 there has been no identified adverse impact on patient outcomes with the model operating as predicted by the pre-pilot monitoring. The volume of patients arriving at hospital with a pulse/Return of Spontaneous Circulation (ROSC) and surviving to 30 days post cardiac arrest has increased. A further 10% of the most seriously ill or injured patients are being identified earlier in the call cycle following the introduction in April 2018 of ‘Key Phrases’ during telephone triage. All changes to the New Clinical Response Model (NCRM) are agreed in partnership with staff-side colleagues and a member of Scottish Government is represented on the project group. An 18 month evaluation report of the pilot period was published in February 2019.</td>
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<td><strong>Point 2</strong></td>
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<tr>
<td>Support the University of Stirling in its independent external evaluation of the New Clinical Response Model pilot</td>
<td>University of Stirling report published in February 2019</td>
</tr>
<tr>
<td><strong>Point 3</strong></td>
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<tr>
<td>Undertake further work in aligning the performance management and reporting framework in light of the evidence gathering as part of the NCRM</td>
<td>An improved method of reporting on time factors has enabled both a more meaningful understanding of the reasons for response delays and the Services’ ability to take appropriate actions in those cases. The Service has been developing a revised clinical measurement framework to provide assurance and drive improvements beyond just timeliness of response. This is being discussed with Scottish Government colleagues alongside the NCRM evaluation reports.</td>
</tr>
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</table>
### Point 4
Work with other partners to improve public awareness about the changing role of the Scottish Ambulance Service and the significant improvements achieved in clinical outcomes

<table>
<thead>
<tr>
<th>Scottish Ambulance Service – Annual Review 2017/18 – Self Assessment (Final 6.4)</th>
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<tr>
<td><strong>Point 4</strong> Work with other partners to improve public awareness about the changing role of the Scottish Ambulance Service and the significant improvements achieved in clinical outcomes</td>
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### Point 5
In the context of the collaborative proposition developed by the National Health Boards as part of the Regional Planning process, work together with NHS 24 to present a more formal integration of your respective programmes as part of that wider proposition

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<tr>
<td><strong>Point 5</strong> In the context of the collaborative proposition developed by the National Health Boards as part of the Regional Planning process, work together with NHS 24 to present a more formal integration of your respective programmes as part of that wider proposition</td>
</tr>
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</table>

### Point 6
Work with other partners, including NHS 24 and Integrated Authorities, to develop a plan to contribute to the delivery of the actions set out in the Mental Health Strategy.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Point 6</strong> Work with other partners, including NHS 24 and Integrated Authorities, to develop a plan to contribute to the delivery of the actions set out in the Mental Health Strategy.</td>
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<tr>
<td>Point 7</td>
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<tr>
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<tr>
<td>Continue to work with Unscheduled Care and NHS Board colleagues to reduce turnaround times at hospitals, in particular for Accident and Emergency departments</td>
</tr>
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<table>
<thead>
<tr>
<th>Point 8</th>
<th>Frontline crews now have access to life-saving trauma equipment; the trauma desk is operating 24/7; whilst the ScotSTAR West team extended their operating hours in August 2018 and are now available to respond to patients from 07:00 – 23:00. The Major Trauma Triage Tool has been developed, tested and has been rolled out to support the North &amp; East trauma regions which went live in October and November 2018 respectively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to lead and engage with the four regional trauma networks and the Scottish Trauma Network steering group to improve the pre-hospital care element of major trauma</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Point 9</th>
<th>Improving attendance is a key organisational priority. A comprehensive action plan to review working practices which are impacting on staff health, wellbeing and motivation is in progress including a focus on staff engagement activity such as local iMatter action planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain focus on reducing absence levels across the organisation, particularly long term sickness absence, working towards the NHS Heat standard of 4%</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Point 10</th>
<th>In 2071/18, we achieved our financial targets. In 2018/19, a challenging savings target of £9.9m is required to achieve financial balance. A Best Value programme director has been appointed and the Best Value Group has been established with staff partnership involvement to identify recurring savings areas. Robust financial monitoring and reporting arrangements are in place and the Service is forecasting financial balance by year end</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to achieve in-year and recurring financial balance, and keep the Health Directorates informed of progress in implementing the Service’s local efficiency savings programme</td>
<td></td>
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</tbody>
</table>
SECTION 3: CLINICAL SERVICES TRANSFORMATION

During this year we received 1,478,972 calls and responded to 764,201 accident and emergency incidents, of which 600,016 were emergencies. We also completed 692,756 patient journeys across Scotland, mainly to their outpatient, dialysis and oncology treatment appointments. We flew 3,721 air ambulance missions, undertook 56,621 inter-hospital transfers and 2,518 ScotSTAR retrieval missions.

Clinical Performance for 2017/18 in relation to NHS Scotland objectives are summarised in the table below:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Target</th>
<th>2017/18</th>
<th>2016/17</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achieve a return of spontaneous circulation for VF/VT patients on arrival at hospital</td>
<td>&gt;40%</td>
<td>42.3%</td>
<td>40.3%</td>
<td>This improvement is saving lives.</td>
</tr>
<tr>
<td>% of cardiac arrest patients responded to within 8 minutes</td>
<td>80%</td>
<td>71.2%</td>
<td>70.4%</td>
<td>Target has been in place pre new response model and should be updated in light of latest evidence</td>
</tr>
<tr>
<td>% of immediately life threatening incidents responded to within 8 minutes</td>
<td>75%</td>
<td>61.5%</td>
<td>63.8%</td>
<td>2016/17 measured from 23 November 2016. 2017/18 from October 2017 phase 2 of new clinical response model changed process and therefore unable to make direct comparison</td>
</tr>
<tr>
<td>Immediately Life Threatening (ILT) Response Times</td>
<td>Median &lt; 7 min, 90th %ile &lt; 15 min</td>
<td>6.47</td>
<td>14.55</td>
<td>-</td>
</tr>
<tr>
<td>Purple Response Times</td>
<td>Median &lt; 6 min, 90th %ile &lt; 15 min</td>
<td>5.45</td>
<td>12.49</td>
<td>-</td>
</tr>
<tr>
<td>% of unscheduled cases managed by telephone or face-to-face assessment</td>
<td>&gt;32%</td>
<td>32.7%</td>
<td>31.2%</td>
<td></td>
</tr>
<tr>
<td>% of hyper acute stroke patients who receive the pre hospital care bundle</td>
<td>&gt;70%</td>
<td>78.7%</td>
<td>n/a</td>
<td>Since the introduction of the new Terrapace software the rate has been 96.1% (January to March 2018).</td>
</tr>
<tr>
<td>% of recorded use of peripheral vascular cannula (PVC) insertion care bundle</td>
<td>&gt;85%</td>
<td>89.2%</td>
<td>82.5%</td>
<td>Since the introduction of the new Terrapace software the rate has been 94.9% (January to March 2018).</td>
</tr>
<tr>
<td>% employee engagement score</td>
<td>&gt;60%</td>
<td>67%</td>
<td>67%</td>
<td>Score measured twice a year. Reported scores as at November 2017.</td>
</tr>
<tr>
<td>Reduce sickness absence to a target of 5%</td>
<td>&lt;5%</td>
<td>7.6%</td>
<td>7.6%</td>
<td>The 2017/18 figure reflects the performance from April 2017 to March 2018.</td>
</tr>
</tbody>
</table>

*Reference Section 4 Workforce Development

3.1 NEW CLINICAL RESPONSE MODEL

Following a review of nearly 500,000 patient records, a New Clinical Response Model (NCRM) pilot programme was introduced in November 2016. The purpose of this model is to improve patient outcomes, rather than simply measuring the time it takes to respond.

The new model categorises calls from members of the public which require a response as:

- Immediately life threatening: to save lives
- Ambulance response required: to treat and stabilise patients at the scene or convey patients to hospital
Additional triage required: provided by a trained Clinical Advisor to identify the best response based on patient need. This may be referring the patient to a GP, NHS24 or social care services.

These replace categories ‘A’, ‘B’ and ‘C’, which are reported on up to 23 November 2016. The time-based performance target to reach 75% of patients with immediately life-threatening conditions within eight minutes has remained. A range of clinical outcome measures are being introduced to evaluate the quality, safety and timeliness of care delivered for all patients.

The new model underpins our approach to transform clinical care to provide the best outcomes for people, whether that is by direct admission to the Emergency Department, direct referral to an alternative pathway, providing treatment at home, or providing telephone advice. The model allows us to respond more quickly to patients with time-critical, immediately life-threatening conditions such as cardiac arrest. It also supports our call handlers to better understand our patients’ health needs in less urgent cases, to enable our dispatchers to more easily send the right resource for patients first time.

Over the past year we have demonstrated improvements in both timeliness of median response to our most seriously ill patients and in our clinical outcomes, as well as improvements in the reliability and efficiency of our response. The pilot was extended whilst robust evaluation was undertaken. The external evaluation by the University of Stirling, alongside an internal evaluation report has been submitted to Scottish Government (and now published in Feb 2019).

We will be able to demonstrate the impact of the new model on patient outcomes in Scotland through ongoing monitoring, and review in line with clinical governance arrangements. This will inform any future improvements to the model.

In 2017/18 we said we would:

- Introduce a New Clinical Response Model to save more lives and improve patient care.

In 2017/18 we:

- Successfully introduced phase 2 (dispatch on disposition) in October 2017, following the introduction of phase 1 (better align response to patient’s clinical acuity) in November 2016
- Took steps to identify patients with immediate life threatening conditions earlier in the call cycle. 78.5% of cardiac arrest patients are now identified at Pre-Entry Question (PEQ) stage enabling faster response to these patients and access to life saving CPR
- Enabled our Ambulance Control to identify and dispatch three responders to all purple response category calls resulting in an increase of over 40% of patients receiving a triple response, as evidence shows that critically ill patients can be managed and resuscitated more effectively with a minimum of three responders

3.2 OUT OF HOSPITAL CARDIAC ARREST

In 2017/18 we said we would:

- Continue to develop our Out of Hospital Cardiac Arrest strategy to save more lives.
In 2017/18 we:

- Saved more lives through increased Return of Spontaneous Circulation (ROSC)
- Extended our Resuscitation Rapid Response Unit (3RU) response model to cardiac arrests to Edinburgh, West Lothian, Glasgow, Lanarkshire, Falkirk, Stirling, Perth and Aberdeen
- Introduced Sandpiper Wildcat in February 2017, which has responded to more than 152 call outs. Sandpiper Wildcat is a third sector organisation working in partnership with the Scottish Ambulance Service providing medical care to people who have suffered a cardiac arrest
- Began Co-responding with Police Scotland in Grampian, and secured Health Foundation funding for a co-responding trial with the Fire & Rescue Service in Mull and Oban
- Contributed to the equipping of over 200,000 people in Scotland with bystander CPR skills as a key partner in Save a Life for Scotland, so they can start CPR before emergency care arrives

3.3 HYPER ACUTE STROKE

In 2017/18 we said we would:

- Develop our national and local pathways for hyper-acute stroke to improve patient outcomes

In 2017/18 we:

- Introduced a National Clinical Stroke Pathway to ensure uniformity in the care we deliver
- Reliable implementation (96.1% recorded between January – March 2018) of a Pre-Hospital Stroke bundle based on evidenced best practice

3.4 MAJOR TRAUMA

In 2017/18 we said we would:

- Enhance our capability and capacity to respond to major trauma to save more lives.

In 2017/18 we:

- Acted as a key partner of the Scottish Trauma Network, responsible for ensuring patients are taken to the most appropriate facility for their injuries and receiving quicker access to expert specialist care and intervention
- Established Trauma Desk as part of the Specialist Services Desk in Ambulance Control Centre to enable effective trauma recognition, triage and tasking 24/7
- Procured and introduced new trauma kit for frontline staff
- Developed and tested Major Trauma Triage Tool for use by ambulance crews to support decision-making on where a patient should go depending on the severity of their injuries
- Piloted the use of advanced practitioners in critical care to support advanced care in the pre-hospital setting
3.5 SAFE NON-CONVEYANCE

Safe non-conveyance for the Scottish Ambulance Service involves reducing the reliance on emergency ambulances to take patients to hospital Emergency Departments through expanding our capacity and capability to safely treat patients via telephone advice ('Hear and Treat'), or to deliver more care at scene ('See and Treat').

Central to this aspiration is the development of alternative care pathways amongst the wider Health and Social Care community to enable patients to receive care appropriate to their needs at home or in community settings.

In 2017/18 we reduced hospital attendance by managing 32.7% of attendances by telephone or face-to-face assessment. The following sections describe our progress in this regard.

3.5.1 HEAR & TREAT

In 2017/18 we said we would:

- Achieve 30% ‘hear and treat’ by December 2020 to ensure patients receive the most appropriate care first time and reduce demand on operational ambulances

In 2017/18 we:

- Achieved 14% ‘hear and treat’ against 17/18 aim of 12%
- Recruited additional clinical advisors and supervisors to establish clinical services hub
- Worked jointly with NHS 24 to improve the experience, safety and efficiency for people who can be safely treated or referred by telephone triage

3.5.2 SEE & TREAT

In 2017/18 we said we would:

- Achieve 30% ‘see and treat’ rate by December 2020 to take more care to patients in their homes and communities
- Work with key partners to improve access to alternative care pathways

In 2017/18 we:

- Achieved 18.7% ‘see and treat’ against 17/18 aim of 19%
- Undertook specialist training in urgent and primary care with 100 paramedics to equip them with the skills and knowledge to treat more people at home or in a homely setting
- Worked with Primary Care partners to enable paramedics with an enhanced scope of practice in urgent and primary care to work in 10 GP practices and 4 out-of-hours services across Scotland, supporting GPs to provide care at home
- Lead on local work with partners to develop, establish and improve local pathways; prioritising falls, respiratory conditions, mental health and direct admissions for appropriate patients
- Developed of falls and frailty data collection to more effectively refer patients to pathways
- Worked as a key member of the Scottish Government’s Active and Independent Living Programme
3.6 SCHEDULED CARE

In 2017/18 we said we would:

- Work with health boards to support the development of transport hubs across Scotland and model future provision of services

In 2017/18 we:

- Implemented a revised Patient Needs Assessment in December 2017, following involvement of more than 300 patients, to ensure we can appropriately identify patient needs
- Supported the development of integrated transport hubs, in conjunction with Strathclyde Partnership for Transport (SPT), across the West of Scotland
- Commenced shift reviews to align resources to the needs of patients
- Tested scheduled care support to patient transport requests from GPs which are suitable for assistance from Ambulance Care Assistants. This has resulted in an improvement in the response time for this cohort of patients, with an increase in the number of suitable patients being supported via the Patient Transport Service.
- Worked jointly with NHS Lothian to support the development and expansion of the Lothian Flow Centre

3.7 AIR AMBULANCE & SCOTSTAR (Scottish Transport and Retrieval service)

Our ScotSTAR neonatal, paediatric and adult retrieval teams continue to work together to provide safe, effective, person-centred retrieval and critical care services to communities across Scotland.

In 2017/18 we said we would:

- Provide improved co-ordination of air and road retrieval services by making effective use of specialist retrieval assets in support of patient outcomes

In 2017/18 we:

- Carried out 856 Emergency Medical Retrieval Service (EMRS) missions - in line with activity from previous year – which offer an enhanced response to critical care patients, including the ability to deliver general anaesthetics blood transfusions where necessary pre-hospital
- Provided advice to remote and rural clinicians to ensure that only those patients who needed specialist care were transferred outside their community. As a result 375 patients were able to remain near their home location and receive ongoing safe medical care at their local hospital.
- Carried out 1,345 Neonatal Transfer Service missions, including 495 repatriations to enable babies to be safely cared for at a unit closer to their families. 361 of these were intensive-care level transfers.
- Carried out 317 Paediatric Retrieval Team missions, of which 195 were intensive-care level and 73 were high-dependency
### 3.8 INFECTION CONTROL

**In 2017/18 we said we would:**

- Continue to strengthen infection prevention and control practices/procedures and provide assurance around this through a robust process of Infection Prevention and Control audit and cleanliness monitoring

**In 2017/18 we:**

- Continued to proactively monitor and manage infection prevention and control practices through a regular audit programme of Standard Infection Control Precautions. Results from these audits continue to demonstrate sustained performance across all regions of the Scottish Ambulance Service with a further improved annual median overall compliance of 97%
- Maintained and further improved performance in respect of hand hygiene compliance with an overall annual median compliance of 92% against a target of 90%. A Scottish Ambulance Service bespoke version of the World Health Organisation (WHO) 5 moments for hand hygiene poster and pocket card was designed and launched in an effort to achieve further improvement in hand hygiene
- Sustained strong performance against National Cleaning Services Specification monitoring with an overall median of 95% for cleanliness and 94% for the estates section, against a national target of 90%
- Included a requirement on the Ambulance Technicians course to complete 12 foundation modules of NHS Education Scotland’s -Scottish Infection Prevention and Control Education Programme (SIPCEP) following its launch in the summer
- Improved results for compliance with the Infection Control quality indicator pertaining to recording adherence with the Peripheral Vascular Cannula (PVC) insertion bundle. Results improved significantly from 88.6% in November 2017 to 95.9% in March 2018 attributed to enhanced reporting related to the ambulance electronic patient record (Terrapace) upgrade. This equates to an overall average compliance of 92% for the 6 months between October 2017 and March 2018. The target was increased from 85% to >90% from April 2018
SECTION 4: WORKFORCE DEVELOPMENT

Performance for 2017/18 in relation to NHS Scotland Workforce objective is summarised in the table below:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>2016/17 Performance</th>
<th>2017/18 Performance</th>
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<tr>
<td>Reduce sickness absence to a target of 5%</td>
<td>&lt;5%</td>
<td>7.6%</td>
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Similar to the position across all Boards, 2017/18 attendance levels were adversely affected by high levels of winter illness related absence. During 2017/18 as well as supporting staff to manage their wellbeing and return to work we:

- Reviewed our Occupational Health Services contract to ensure the services provided (Employee Assistance Programme, Counselling, Occupational Health advice and fast track physiotherapy to name many) was operating effectively and to enhance where necessary
- Reviewed absences attributed to musculoskeletal disease and took action to reduce absences and provide support staff
- Provided mental health training resources for staff including “Mentally Healthy Workplace” training
- Delivered more Mindfulness training

Our work to reduce absence continues with annual action plans to tackle our absence levels via more proactive and preventative work as well as managing appropriately those instances when people are absent from work due to ill-health. This continues to be a high priority with ongoing monitoring through our National Partnership Forum, Executive Team and Staff Governance Committee.

4.1 RECRUITMENT & TRAINING

In 2017/18 we said we would:

- Coordinate recruitment & selection processes to deliver regional operational requirements
- Implement the first undergraduate paramedic programme in Scotland

In 2017/18 we:

- Delivered 2017/18 recruitment and training aims informed by 2020 workforce targets
- Recruited 142 Paramedics and 186 Technicians
- Appointed 82 Ambulance Care Assistants
- Recruited an additional 30 Specialist Paramedics
- Worked with our education partners Glasgow Caledonian University to launch the first Paramedic Undergraduate programme in Scotland, which commenced in September 2017 with the first cohort of 50 students
- Established a joint project group with NHS Education for Scotland to develop a national paramedic education strategy to reflect the qualification changes required by Health and Care Professionals Council (HCPC) for paramedic registration starting in 2021

The turnover rate at March 2018 was 4.7% (compared to 5.4% for the previous year) and staff vacancies 119 whole time equivalent (2%).
4.2 Staff Experience

In 2017/18 we said we would:

- Co-ordinate and plan learning & development activity to enable achievement of the 2020 Strategy
- Develop leadership and management arrangements to support our strategic change activity
- Develop the employee experience within the Scottish Ambulance Service to support a sustainable workforce

In 2017/18 we:

- Enhanced our governance arrangements by establishing a group to oversee the organisational learning needs and effective coordination of activity
- Published a revised Learning & Development Policy in December 2017
- Completed preparation for the new national Turas appraisal system to support the launch in April 2018
- Reviewed the Delivering Future Leaders and Managers model and implemented a revised action plan
- Developed as part of our National Board Collaboration, a leadership programme (working title “Management Matters” programme) and worked across the Boards to optimise our arrangements to offer coaching to staff.
- Embedded Values Based Recruitment activity to our senior leadership appointment processes as part of alignment to Project Lift national leadership development
- Completed full organisational roll out of iMatter and developed plans to move to a single organisational cohort from April 2018
- Significantly improved iMatter action planning with 73% of plans completed by end of 2017/18
SECTION 5: ENABLING TECHNOLOGY

5.1 TELEHEALTH

In 2017/18 we said we would:

- Enhance the cab-based technology hardware in the unscheduled care ambulance fleet with the aim of ensuring our clinical staff are able to access, record and transfer relevant information, e.g. patient related information and up to date clinical guideline and pathway information

In 2017/18 we:

- Replaced the cab-based technology hardware in more than 500 unscheduled care ambulances (Ambulance Telehealth phase 1)
- Completed the roll-out of a new electronic Patient Record (ePR) solution which runs on the new hardware
- Completed development and testing of a Paramedic information app (called the ‘SAS app’). Roll-out is planned for completion by the end of December 2018 and is now completed
- Completed development and testing of the communications infrastructure required to support the use of SAS app and selected ‘back-office’ applications by unscheduled care ambulance crews
- Completed specification and outline business case for the provision of replacement defibrillators. The specifications include full integration with the new ePR solution

5.2 e-HEALTH

In 2017/18 we said we would:

- Progress the delivery of our eHealth Strategy
- Enhance and promote our capability to electronically transfer the patient information our clinicians collect to our NHS partners, e.g. territorial health boards to support and enable better clinical decision making, patient care and patient safety

In 2017/18 we:

- Completed data transfer and access provision to the National eFinancials application
- Developed interface to electronically transfer emergency call data from our command and control system to that of our ‘buddy’ service in Northern Ireland
- Completed the rollout of our new Ambulance Control Centre call recording solution
- Continued to enhance and extend our video conferencing capability
- Provided ICT and Project Management support to the East Ambulance Control Centre Enhancement Project, phase 1 of which was successfully completed in March 2018
- Implemented ‘Pre-Entry Questions’ and ‘Key Phrases’ module in support of New Clinical Response Model developments
- Carried out initial scoping in support of an extensive programme of work to replace or renew a number of key ICT related contracts over the next 3-5 years
- Continued to develop and refine the technical solution for the transfer of Scottish Ambulance Service ePR data to appropriate partner organisations
- Implemented an ePR transfer solution in NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Grampian, NHS Greater Glasgow and Clyde, NHS Highland, and NHS
Lothian. The solution is also being used for falls data for Lanarkshire to Lanarkshire Falls team

- Commenced early scoping work in relation to the transfer of ‘live’ ePR data for use within NHS Emergency Departments
- Undertook communication, collaboration and engagement with various NHSS partners to extend the reach of the solution e.g. eHealth Leads, Clinical Change Leads and Scottish Government eHealth team

5.3 EMERGENCY SERVICES NETWORK

In 2017/18 we said we would:

- Ensure the Service has continued access to appropriate emergency service communications when the current Airwave system is ‘decommissioned’. This will be achieved through active participation in the GB-wide Emergency Service Mobile Communications Programme

In 2017/18 we:

- Established an internal Emergency Service Network Programme
- Actively participated in the UK Government, GB-wide, ‘Emergency Services Mobile Communications Programme’
- Undertook proactive engagement and collaboration with the Scottish Government, Police Scotland, Scottish Fire & Rescue and other relevant partners
- Undertook preparation and planning for transition to the GB-wide Emergency Services Network (ESN) in line with the (delayed) National programme
- Established an internal Coverage Assurance Group to ensure future network coverage meets agreed standards as set out within the ESN contracts

SECTION 6: PATIENT EXPERIENCE

In 2017/18 we said we would:

- Ensure our patients, staff and the people who use our services have a voice and can contribute to future service design, with people at the heart of everything we do

In 2017/18 we:

- Developed our Communications and Engagement Strategy
- Drove change through patient experience, such as design of new vehicles
- Revised governance of our Patient Focus Public Involvement (PFPI) forum
- Participated in development of ‘Our Voice framework’
- Widened our public engagement to also include representatives from the third sector and other community groups
- Changed our policy with regards to how we categorise complaints to better reflect patient feedback
- Improved links with Mental Health Charities to enhance partnership working
- Developed new approaches and measures to help improve the Patient Experience and the efficiency of our complaints handling processes
SECTION 7: FINANCIAL PERFORMANCE

7.1 FINANCIAL POSITION

The Service again met its three financial targets in 2017/18 in terms of managing budgets and meeting its cash releasing efficiency target for the year. Achievement of this position was delivered as a result of continued achievement of agreed recovery actions and downward pressure on all discretionary expenditure.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under spend against Core Revenue Resource Limit</td>
<td>£54K</td>
<td>£50k</td>
<td>£0k</td>
</tr>
<tr>
<td>Against Total Revenue Resource Limit</td>
<td>£54K</td>
<td>£50k</td>
<td>£0k</td>
</tr>
<tr>
<td>Against Capital Resource Limit</td>
<td>£1K</td>
<td>£1k</td>
<td>£4k</td>
</tr>
<tr>
<td>Cash Requirement</td>
<td>£222.717 – met requirement £0</td>
<td>£244.495m – met requirement £0</td>
<td>£2461.383m – met requirement £0</td>
</tr>
</tbody>
</table>

7.2 EFFICIENCY PROGRAMME

The Service delivered the full quantum of savings required for financial year 2017/18 at £8,652,000. However, a significant portion of these (51%) were delivered on a non-recurring basis. The non-recurring savings outturn was £2,065,000 more than anticipated, at £4,400,000 for the full year, which adds to the savings challenge for 2018/19 and beyond.

<table>
<thead>
<tr>
<th>Efficiency Savings 2017-18</th>
<th>Realised £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Productivity</td>
<td>£2,954</td>
</tr>
<tr>
<td>Procurement</td>
<td>£4,250</td>
</tr>
<tr>
<td>Support Services (non-clinical)</td>
<td>£1,139</td>
</tr>
<tr>
<td>Estates and Facilities</td>
<td>£309</td>
</tr>
<tr>
<td><strong>Total In-Year Savings</strong></td>
<td><strong>£8,652</strong></td>
</tr>
</tbody>
</table>