this year has seen us treat almost 86,358 people at home or in their communities
We are delighted to present to you our 2015/2016 Annual Report for the Scottish Ambulance Service, as we look back on the year with genuine pride at the work that has been carried out in transforming ourselves as a Service to deliver world class care to the people of Scotland.

As a major contributor to the Scottish Government’s 2020 vision for healthcare, where “everyone is able to live longer, healthier lives at home and in a healthy setting”, this year has seen us treat almost 86,358 people at home or in their communities (up from 86,099 last year) and help save more lives for patients in cardiac arrest, with 21.1% of patients achieving Return of Spontaneous Circulation on arrival at hospital, compared to 20.1% the previous year. This is thanks to significant improvements in our staff development, safety systems and working practices.

Central to this is our strategy, Towards 2020: Taking care to the Patient, which was launched by the Director General of Health and Social Care and Chief Executive of NHS Scotland, Paul Gray, in February 2015. Underpinned by an ambitious delivery programme comprising three workstreams: Clinical Services Transformation; Developing our Workforce and Enabling Technology; the aims are dictating the changes we need to make to deliver our emergency, unscheduled and scheduled care services.

There are so many positive developments and achievements to highlight: we invested in additional clinical advisors and call handling staff in our Ambulance Control Centres to improve responses to 999 calls, introduced a Specialist Services Hub to co-ordinate and task our specialist resources and established a clinical services hub to provide advice to staff and patients to improve clinical outcomes.

Believing that equipping our staff with the right technology is essential to their clinical decision making, we launched a £5m Ambulance Telehealth programme in January which introduced new computer tablets, communications hubs and printers, plus mobilisation and allocation software, in to all of our Accident and Emergency ambulances across the country. This will be followed by a second phase which will provide access to key patient information, clinical guidance and electronic access to patient records.

We continued to work in partnership with Scottish Government and other health boards on the development of the Scottish major trauma hospital network and its implementation.

The National Out of Hospital Cardiac Arrest Strategy was launched in March 2015 and during the year, we continued its implementation and in doing so, saved even more lives.

We also undertook a comprehensive Stroke Improvement Project and have emerged as one of the most progressive providers of pre-hospital stroke response in the UK, securing partnerships and collaboration with every health board throughout Scotland to create a standard clinical pathway for best practice in stroke care.

Our training and education programme achieved rightful recognition, with our Education and Professional Development Department achieving approval for delivery of Vocational Awards from the qualification awarding body, Future Quals. Our Diploma in Emergency Care Support and Diploma for Ambulance Technicians were both credit rated, which allowed the programmes to be externally recognised on the Scottish Credit and Qualifications Framework (SCQF) so that students who successfully completed them can use the credits towards entry onto our HCPC approved Paramedic Practice programme.

We secured funding to begin a post-graduate programme for developing our Specialist and Advanced Paramedics and announced an investment of £5m to train an additional 200 Paramedics for frontline care.

We look forward to reporting on progress in next year’s report.

As part of our ongoing programme of investment in facilities, we opened new stations at Melrose, Aberdeen and East Kilbride. The Cabinet Secretary for Health and Sport opened our new purpose built base for air ambulance and clinical retrieval teams at Glasgow Airport, bringing into one base air ambulance resources and SCOTSTAR, our national specialist retrieval service for critically ill children and adults. We also took delivery of two new purpose built Airbus H145 aircraft to replace the EC135 helicopters which had been in service since 2006. Larger and faster, with a greater range and more room to allow teams to deliver complex treatment, they are the first air ambulances in Scotland to operate with night vision equipment allowing greater access to remote and rural communities and are part of a £120m air ambulance contract awarded in 2013.

All of this has been delivered against a changing background in responding to the needs of a diverse and ageing population which has made an extra 1000 calls a month to us compared to last year’s figures. We also saw an increase in unscheduled care demand over the winter, exacerbated by a deterioration in the weather. During this period we responded to several prolonged flooding events and several major incidents. We continue to review and build our capability to respond to such incidents.

As ever, the work we do was supported by our fantastic Community First Responders (CFRs) who play a vital part, not only supporting our work but also increasing the resilience of their local communities. We have 134 CFR schemes made up of around 1500 volunteers who attended 6876 emergency calls last year. A National Training calendar to bring about a more structured approach to the delivery of training for our CFRs was set up in November and we began investing in expanding their skill set through additional training in patient monitoring and offering a wider range of oxygen therapies to underpin their patient and clinical decision making.

In recognising these extraordinary achievements, we would like to extend our thanks to everyone in the Service for their work and commitment, be they frontline, support or operational staff. Everyone has played an important role in delivering our many and varied objectives, working towards saving more lives and improving patient outcomes.
When we launched our strategy Towards 2020: Taking Care to the Patient in February 2015; our intention was to transform our delivery of emergency, unscheduled and scheduled care to improve outcomes and patient experience. Moving the balance of care away from acute hospitals into local communities and improving patients’ experience of healthcare is essential if we are to respond effectively to the health and social care needs of the people of Scotland.

The diagram below shows our transformational programme, outlining the key workstreams which together will bring about the change we need to deliver our strategy.

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### Ambulance Centre Controls

Ambulance Centre Controls (ACCs) are the hub of our Service and the three centres are virtually connected to manage almost 2 million calls for our services each year. We respond to calls from the public but also from healthcare partners such as General Practitioners (GPs), the Police and others. Calls can be responded to as emergencies, urgent (where blue lights are not used, such as GP requests to take patients to hospital within an agreed time frame); Patient Transport Service; by advice from Ambulance Control Centre clinical advisors or by NHS24; who are able to give in-depth advice. We developed the role of Clinical Advisors during the year by introducing a Clinical Support Desk which provides further clinical assessment for some calls and clinical decision support for ambulance staff working in communities.

We have enhanced the development and support for our call handlers and increased staffing levels to provide a quick and robust 999 call handling service. An ongoing trial of a Trauma Desk has seen Critical Care Practitioners and Air Wing Paramedics working within the ACC to assist with the early identification of patients who have suffered major trauma. This helps ensure the most appropriate response, such as activation of doctor led medical teams.

The trauma desk sits within a specialist hub within the ACCs that now coordinates all air and SCOTSTAR activity. That Specialist Services Desk has a number of specialist supervisors, dispatchers and call takers managing complex calls such as the Perinatal Advisory Service and remote retrieval of some of our most seriously ill patients to specialist treatment centres.

We have introduced a new response model for patients who have a need for urgent admission. We have set up dedicated call management and clinical advisors who identify those patients suitable to be cared for by dedicated care assistants who operated low acuity ambulances, these are generally patients who require to be transported to hospital for further assessment but do not have any immediately life threatening symptoms.

This service has offered a more person-centred response to those patients and freed up emergency ambulances for patients with more acute needs. Feedback from patients and from general practitioners has been overwhelmingly positive, about these improvements.

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### Clinical Services Transformation

- **Completed almost 895,000 patient journeys across Scotland**
- **Responded to over 145,000 GP requests for patients to be taken to hospital within an agreed timeframe**
- **Responded to almost 737,000 Accident and Emergency incidents of which over 650,000 were emergencies**

Our PTS staff are working with Health Boards to improve activity such as same day and weekend request for discharges. We plan to make further improvements for patients with complex needs and we are introducing new ambulances to manage these patients more appropriately.

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### Scheduled care

Our Patient Transport Service (PTS) supports patients to and from their hospital appointments and increasingly for discharges home after hospital procedures.

We work closely with hospitals to support changes in models of care and introduced a new journey planning system, Autoplan, to make journey planning more effective and efficient.

We worked in partnership with NHS Greater Glasgow and Clyde to set up a Transport Hub within the Royal Alexandria Hospital, to improve patient flow and co-ordination of discharge and transfer. We also initiated a joint piece of work with Strathclyde Partnership for Transport, NHS Lanarkshire, NHS Greater Glasgow and Clyde and NHS Ayrshire and Arran around the West of Scotland Transport Hub as we recognise that not all patients who require transport to access healthcare need a have a clinical support.
Unscheduled care and emergencies
Response times were affected by a significant increase in life threatening and serious incidents. The average response time last year for a potentially life threatening Category A call was increased by approximately 48 seconds to 7.4 minutes and the demand for Category A calls rose by almost 5% and Category B calls increased by 3.6%. This resulted in emergency ambulances responding to an extra 18,225 Category A and B calls – over 1500 per month compared with the previous year. Overall service time, which is the time that an ambulance crew spends responding to an incident until they are clear for the next incident; increased by around 3.5 minutes to over 1hr 6 mins. In some cases this is due to more complex clinical care and treatment being delivered by ambulance teams, and is an expected outcome of our see and treat approach where our aim is to ensure patients are treated in the right place the first time. In doing this we aim to access appropriate care pathways and reduce the number of patients unnecessarily taken to Accident and Emergency. However, the average turnaround time at hospitals was a key factor, increasing by 1 minute 34 seconds to 24 minutes and 23 seconds. Ambulances waited almost 9,000 hours longer at hospitals in Scotland last year than in 2014/15. This equates to an extra 8,181 incidents, if based on our 2015/16 1 hr 6 minutes and 19 seconds for the average time vehicles spent on an incident from allocation to clear. We also saw an increase in unscheduled care demand over the winter, augmented by a deterioration in the weather.

Air Ambulance
Our air ambulances undertook over 3800 missions last year and they are an important resource for getting to patients as quickly as possible. We purchased two new Airbus H145 helicopters to replace the older EC135 helicopters, based in Glasgow and Inverness. They work alongside the two King Air 200c fixed wing aircraft which operate from Glasgow and Aberdeen and which have been refitted and upgraded to create more room for patient care along with new patient loading systems and satellite communications for improved consultation with referring hospitals during flight.

SCOTSTAR
SCOTSTAR (Scottish Specialist Transport and Retrieval), our national service for the safe and effective transport and retrieval of newborns, children and adults in Scotland, entered its second year of operation as the specialist service bringing together the Scottish Neonatal Transport Service (Neonates), Emergency Medical Retrieval Service (Adults), and Scottish Paediatric Retrieval Service (Paediatrics). Providing a safe and dedicated transport service for a particular patient group who, because of their clinical condition, require an augmented clinical team during retrieval/transport; it serves the most vulnerable of patients transported in Scotland. A continued focus on the development of the clinical skills of our frontline staff has seen a steady improvement in resuscitation rates.

New stations
We opened three new stations at Melfosse, Aberdeen and East Kilbride and formally opened our new purpose built base airbase at Glasgow Airport, bringing together for the first time anywhere in the UK, our air ambulance helicopters, fixed wing operations from the west and SCOTSTAR.

The SCOTSTAR team completed:

**2,277**

transfers and retrievals

Adult team completed 287 primary and 239 secondary Retrievals, Neonatal team completed 1,238 secondary Transfers, Paediatric team carried out 324 secondary Retrievals.

OHCA
We remain committed to delivering against the aims set out in the national Out-of-Hospital Cardiac Arrest (OHCA) strategy and ambulance teams achieved ROSC (Return of Spontaneous Circulation) in 664 cardiac arrest cases in 2015/16. Following the appointment of a Consultant Paramedic for OHCA in 2014, we increased our level of engagement and awareness with staff through workshops and training, started our co-responding work with Scottish Fire and Rescue Service for OHCA in nine fire stations spread over the Borders, East and West Lothian and Grampian, began preparatory work with the Sandpiper Trust for their OHCA project in rural Grampian and played a major role in the Save a Life for Scotland initiative in October.
Stroke Improvement

In April, we undertook a comprehensive Stroke Improvement Project to ensure that we have the unequivocal standards of stroke care throughout the entire Service. The Stroke Improvement Team sought partnership and collaboration with all 14 territorial health boards throughout Scotland and secured a place on the National Advisory Committee for stroke. Through this network approach, we created a standard clinical pathway for stroke which reflects the Scottish Government Quality Improvement and Measurement for Non-Emergencies; we had bi-monthly sessions throughout the year and gained a new understanding of system performance which has moved away from static performance data to a more dynamic use of data over time.

Quality Improvement

We recognise that having the ability to improve care must be central to everyone’s role in creating new opportunities in health and social care environments that challenge the status quo. Using our Quality Improvement (QI) knowledge, we tested, adapted, implemented and spread a range of care pathways to take care to the patient in support those strategic aims during 2015/16. Our two main areas of QI capability focus were to grow the skills knowledge and understanding of successful transformation and change at all levels in the Scottish Ambulance Service using a menu of quality improvement workshops and to use those new skills to build networks of improvers to deliver in the priority areas of our 2020 Strategy to take care to the patient. In pursuit of our goal, we focused on Board members, senior leaders and middle managers. At board level, as part of our board development programme based on our work with the Scottish Fire and Rescue Service, we have developed the skills of our staff. It has been a massive success and has now extended to 200 Paramedics for frontline care in Scotland.

Developing our Workforce

Our new model of care requires development and re-profiling of our workforce. To ensure we have enough staff with the right skills, we published our five year Strategic Workforce Plan in August 2015 which aims for all our staff to have the opportunity to develop their skills and experience within the Service. In March, we announced that we would be investing £5m in the next financial year to train an additional 200 Paramedics for frontline care in Scotland, including 50 Specialist Paramedics with enhanced clinical skills. This training will allow them to work more autonomously with an extended range of medicines, offering more treatments in communities alongside GPs and other health professionals. This initiative will also recruit and train more than 50 new staff for deployment in Ambulance Control Centres. Our Training Academy made great strides in developing its reputation as a Centre for Excellence and developing the skills of our staff. It achieved approval for its delivery of Vocational Awards, and its level 3 Diploma in Emergency Care Support was credit rated and levelled onto the Scottish Credit and Qualifications Framework at Level 6. Our level 4 Diploma for Ambulance Technicians was piloted in North of Scotland and is now being credit rated and levelled to the SCQF.

Sepsis Screening Tool

We announced the development of a new Sepsis screening tool to help ambulance crews identify patients suffering from infectious diseases such as Ebola and MERS (Middle East Respiratory System). The National Command and Co-ordination Centre was also mobilised on a number of occasions for national co-ordination including the Forth Road Bridge closure, several major incidents, severe weather and the movement of patients with infectious diseases within Scotland and the UK. Our Ambulance Telehealth programme was introduced as part of our Enabling Technology workstream in January 2016 as part of a £5m investment to improve the technology we use in emergency ambulances. Staff will be able to access key patient information, clinical guidance and gain electronic access to patient records.

Risk and Resilience

Our Special Operations Response Teams (SORT) continued to support the delivery of clinical care through responding to both ‘routine’ emergency calls and emergencies requiring a specialist response.

Enabling Technology

The specialised skills, technical equipment and vehicles available within SORT have been used frequently to access and care for patients in critical environments. The team is specially trained in water safety and fast water rescue techniques, worked through December and January to support communities around Scotland affected by severe weather and flooding. Working as part of a multi agency response, these specially equipped Paramedics used their training, equipment and clinical skills to keep people safe and provide medical treatment to those in need in very challenging conditions on both the mainland and Scottish islands. SORT also responded to a number of major road traffic collisions, provided clinical care in technical rescue situations and cared for patients suffering from infectious diseases such as Ebola and MERS (Middle East Respiratory System). The National Command and Co-ordination Centre was also mobilised on a number of occasions for national co-ordination including the Forth Road Bridge closure, several major incidents, severe weather and the movement of patients with infectious diseases within Scotland and the UK.

Our Ambulance Telehealth programme was introduced as part of our Enabling Technology workstream in January 2016 as part of a £5m investment to improve the technology we use in emergency ambulances. Staff will be able to access key patient information, clinical guidance and gain electronic access to patient records. See the development of our emergency service network based on 4G mobile network technology. This new network will offer exciting technology enabled development opportunities through the provision of mobile communications capability with a state of the art emergency service network based on 4G mobile network technology.
## Our Activities

<table>
<thead>
<tr>
<th>Health Board</th>
<th>PTS Journeys</th>
<th>A&amp;E Incidents</th>
<th>Air Ambulance Missions</th>
<th>Cat A Average Response Time (mins)</th>
<th>999 Average Response Time (mins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>92,242</td>
<td>56,577</td>
<td>196</td>
<td>7.5</td>
<td>10.9</td>
</tr>
<tr>
<td>Borders</td>
<td>28,296</td>
<td>15,271</td>
<td>44</td>
<td>8.1</td>
<td>11.1</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>32,049</td>
<td>19,018</td>
<td>60</td>
<td>7.2</td>
<td>10.2</td>
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<tr>
<td>Fife</td>
<td>89,969</td>
<td>46,496</td>
<td>33</td>
<td>7.1</td>
<td>9.8</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>52,766</td>
<td>34,685</td>
<td>79</td>
<td>7.8</td>
<td>11.0</td>
</tr>
<tr>
<td>Grampian</td>
<td>57,196</td>
<td>64,118</td>
<td>287</td>
<td>7.7</td>
<td>10.7</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>220,132</td>
<td>178,955</td>
<td>140</td>
<td>7.1</td>
<td>12.2</td>
</tr>
<tr>
<td>Highland</td>
<td>55,319</td>
<td>46,942</td>
<td>1,367</td>
<td>7.9</td>
<td>10.7</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>97,486</td>
<td>75,708</td>
<td>33</td>
<td>7.5</td>
<td>11.4</td>
</tr>
<tr>
<td>Lothian</td>
<td>92,463</td>
<td>111,546</td>
<td>37</td>
<td>7.1</td>
<td>11.2</td>
</tr>
<tr>
<td>Orkney</td>
<td>1,084</td>
<td>2,710</td>
<td>440</td>
<td>8.2</td>
<td>10.8</td>
</tr>
<tr>
<td>Shetland</td>
<td>811</td>
<td>2,500</td>
<td>280</td>
<td>11.5</td>
<td>13.9</td>
</tr>
<tr>
<td>Tayside</td>
<td>73,190</td>
<td>50,451</td>
<td>234</td>
<td>7.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Western Isles</td>
<td>1,686</td>
<td>4,415</td>
<td>503</td>
<td>9.1</td>
<td>11.3</td>
</tr>
<tr>
<td>Scotland*</td>
<td>894,691</td>
<td>736,906</td>
<td>3,849</td>
<td>7.4</td>
<td>11.2</td>
</tr>
</tbody>
</table>

* includes out of area

### Total Number Attendances / Journeys / missions**

- **Scotland PTS Journeys, A&E Incidents and Air Ambulance Missions**

1,635,446

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### Top 10 Chief Complaints - All Emergency Incidents

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer / Interfacility / Palliative Care</td>
<td>122,469</td>
</tr>
<tr>
<td>Falls</td>
<td>68,736</td>
</tr>
<tr>
<td>Chest Pains</td>
<td>40,899</td>
</tr>
<tr>
<td>Unconscious / Fainting</td>
<td>36,215</td>
</tr>
<tr>
<td>Breathing Problems</td>
<td>35,942</td>
</tr>
<tr>
<td>Sick Person</td>
<td>30,718</td>
</tr>
<tr>
<td>Overdose / Poisoning</td>
<td>24,725</td>
</tr>
<tr>
<td>Convulsions / Fitting</td>
<td>22,779</td>
</tr>
<tr>
<td>Stroke / CVA</td>
<td>14,613</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>13,494</td>
</tr>
</tbody>
</table>

### Top 10 Chief Complaints - Category A Incidents

<table>
<thead>
<tr>
<th>Category A Incidents</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest Pains</td>
<td>39,641</td>
</tr>
<tr>
<td>Breathing Problems</td>
<td>26,263</td>
</tr>
<tr>
<td>Unconscious / Fainting</td>
<td>22,831</td>
</tr>
<tr>
<td>Transfer / Interfacility / Palliative Care</td>
<td>12,047</td>
</tr>
<tr>
<td>Convulsions / Fitting</td>
<td>10,765</td>
</tr>
<tr>
<td>Falls</td>
<td>9,418</td>
</tr>
<tr>
<td>Haemorrhage / Laceration</td>
<td>6,201</td>
</tr>
<tr>
<td>Cardiac / Respiratory Arrest</td>
<td>5,014</td>
</tr>
<tr>
<td>Heart Problems / AICD</td>
<td>3,749</td>
</tr>
<tr>
<td>Overdose / Poisoning</td>
<td>2,730</td>
</tr>
</tbody>
</table>

### Staff (Whole-Time Equivalent)

- Paramedics: 1376.2
- Technicians: 1216.1
- PTS staff: 823.2
- Ambulance Control staff: 353.2
- Administrative services staff: 341.1
- Support services staff: 99.0
- Other staff: 96.8
- Total: 4305.6

Source: ISD Scotland - NHS Scotland Workforce Information as at 31st March 2016.
HEAT Summary
(Health, Efficiency, Access, Treatment)

**Measure: Longer Lives**
- **Cardiac Arrest Care**: Key measure: Achieve a Return of Spontaneous Circulation for 30% of VF/VT patients on arrival at hospital

<table>
<thead>
<tr>
<th>AIM</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>33.9%</td>
<td>39.0%</td>
</tr>
</tbody>
</table>

We saw continued improvement beyond the year expected by progressing our work across the bundle of care recognised as key to improving cardiac arrest survival rates.

**Measure: Longer Lives**
- **Element of Care Bundle**: Reach 80% of cardiac arrest patients within 8 minutes

<table>
<thead>
<tr>
<th>AIM</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>74.2%</td>
<td>71.0%</td>
</tr>
</tbody>
</table>

Time of response to cardiac arrest patients is an important part of the bundle of care for this life threatening presentation. Our improvement work in cardiac arrest has resulted in improved ROSC rates and we have concentrated in triple responding to achieve these outcomes. As we introduce our new Clinical model as set out in our strategy, Towards 2020 Taking Care to the Patient, we expected that the time element of the bundle will be improved upon towards the 80% aim.

**Measure: Longer Lives**
- **Reach 75% of Category A (life-threatening) emergency incidents within 8 minutes

<table>
<thead>
<tr>
<th>AIM</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>72.2%</td>
<td>65.5%</td>
</tr>
</tbody>
</table>

This target was challenging due to Category B demand increasing by 3.6% for the full year and this, coupled with Category A demand increases, increased average service time for emergency incidents in particular hospital turnaround times, placed additional pressure on the Service’s resources. Work has been ongoing to mitigate against these challenges including ongoing discussions with NHS Health Boards to address patient flows and hospital turnaround times.

**Measure: At Home**
- **Ensure 80% of all PTS Patients are picked up within 60 minutes of receipt of call to the Service

<table>
<thead>
<tr>
<th>AIM</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>90.3%</td>
<td>91.7%</td>
</tr>
</tbody>
</table>

This target was challenging due to Category B demand increasing by 3.6% for the full year and this, coupled with Category A demand increases, increased average service time for emergency incidents in particular hospital turnaround times, placed additional pressure on the Service’s resources. Work has been ongoing to mitigate against these challenges including ongoing discussions with NHS Health Boards to address patient flows and hospital turnaround times.

**Measure: Longer Lives**
- **Ensure 80% of hyper acute stroke patients are given tissue plasminogen activator (tPA) within 60 minutes of arrival at hospital within 60 minutes of agreed time after appointment

<table>
<thead>
<tr>
<th>AIM</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>87.1%</td>
<td>70.1%</td>
</tr>
</tbody>
</table>

Performance remained below the target of 80% as a result of measures largely outside of the control of the Service. Through our work with the National Stroke Network and based on latest clinical evidence this improvement indicator has now been expanded to include other elements of the care package and will be reported on during 2016/17.

**Measure: At Home**
- **Achieve 70% recorded use of PVC insertion care bundle

<table>
<thead>
<tr>
<th>AIM</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>75%</td>
<td>79.1%</td>
</tr>
</tbody>
</table>

Long term absence is still the largest proportion of absence (4.4% with musculo-skeletal complaints and anxiety/stress/depression continuing to represent the two most prevalent reasons). Real time reporting and tracking of absence has been enhanced through the organisation-wide rollout of the Global Rostering System (GRS) which is further supporting good management practice in the early intervention with absence. Progression of actions arising from the recently approved Health and Wellbeing Strategy will aim to improve wellbeing to support attendance improvements over the longer term.

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HEAT Standard of 4%

**Measure: Healthier Lives**
- **Achieve sickness absence rate of less than 5% for full year continuing direction of progress towards the national HEAT Standard of 4%

<table>
<thead>
<tr>
<th>AIM</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5%</td>
<td>7.2%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

**Measure: Safe**
- **Achieve 70% recorded use of PVC insertion care bundle

<table>
<thead>
<tr>
<th>AIM</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>75%</td>
<td>75%</td>
<td>79.1%</td>
</tr>
</tbody>
</table>

There was an improvement of 4% above compliance against the previous year and each Division continued to maintain compliance above the 75% target.
Patient Feedback

We realise that feedback, good and bad, is essential for us if we wish to achieve our goal of delivering a world class service.

In November 2015, the Patient Experience Team began inserting a complaints handling survey with complaint response letters, a piece of work which originated from our membership of the National Ambulance Service Patient Experience Group (NASPEG). We will continue to seek and share learning at this forum in order to increase the response rate to the survey and respond to the feedback complainants have provided.

a lot to do
and we don’t always get it right

The most common themes for concerns were:

- **Delayed response**
- **Driving standards**
- **Clinical assessment**
- **Lack of communication**

The most common themes for complaints were:

- **Delayed response**
- **Driving standards**
- **Clinical assessment**
- **Lack of communication**

We continue to promote our feedback channels, and recognises that digital channels in particular offer an increasing range of opportunities for us to hear what patients think is working well and what needs to be improved.

For example, we have used our digital channels to promote ways to participate in the National Conversation with people, service users, patients and carers across Scotland, gathering and allowing them to share their views on the future of NHS and social care services as well as improving the health of the population.

Our hope would be that most of our feedback is positive, but as an organisation going through change, we appreciate that there is a lot to do and we don’t always get it right.

During the year we received 505 complaints and 783 concerns.

A complaint is taken through a formal NHS complaints procedure and a concern is dealt with locally.

Attitude and behaviour was the most common theme across both complaints and concerns (59 of 151 complaints and 151 of 783 concerns) and a number of initiatives are in place to help address this, including the roll-out of iMatter and a review of the Developing Future Leaders and Managers (DFLM) programme, designed to help team members learn from patient feedback and to free up manager capacity to spend more time with the staff who report to them.

There has been an increase in concerns as a preferred method of feedback over the course of the 2015/16 period with concerns about PTS cancellations in the West of Scotland being the area of greatest increase.

Three issues are creating increasing pressure on PTS resources: the number of complex patients has increased: e.g. patients who require bariatric support. More patients are travelling further distances outwith their local Health Board area in order to receive specialist care and lastly, there has been an increase in patients who are calling on the day of their appointment to seek support from the Patient Transport Service when there is little or no capacity to meet the needs of these patients.

Having identified the increasing trend in complaints and concerns about cancellations of Patient Transport Service bookings, the Board approved a capacity management plan in November 2015 which continues to be refined in order to focus Patient Transport Service resources on the patients with clinical and mobility needs.

It is also worth noting that complaints and concerns related to clinical assessment reduced during 2015/16: (48 complaints and 26 concerns in 2015/16 v 69 complaints and 20 concerns in 2014/15.)

In the course of the year, there has been increased focus on learning from complaints and Significant Adverse Event Reviews (SAERs) with learning being shared across a range of staff communication channels.
Our Committee Membership 2015/2016

Clinical Governance
The Clinical Governance Committee comprised four non-Executive Directors: Ms Moi Ali (Chair); Ms Neelam Bakshi; Mr Martin Togneri and Chairman, Mr David Garbutt (ex-officio member) Mr Andrew Richmond and Dr Francis Tierney. Mr Andrew Richmond was a member until 30 June 2015 and was replaced by Dr Francis Tierney who joined the Committee in March 2016. Mr David Nelson was the Public Patient Representative until September 2015 and we are in the process of recruiting a replacement to provide a strong patient voice.

The committee meets at least four times per year to monitor standards of care and measure the effectiveness of pre-hospital treatment.

Audit Committee
The Audit Committee comprised five non-Executive Directors: Mr Edward Frizzell (Chair); Ms Moi Ali; Councillor David Alexander; Ms Esther Roberton and Mr Andrew Richmond (to June 2015).

The committee meets four times per year and looks after the review of Standing Financial Instructions, Estates Policy, Procurement, Fraud and Risk matters as well as the scheme of internal controls operating within the Service.

Staff Governance Committee
The Staff Governance Committee comprised four non-Executive Directors: Ms Neelam Bakshi (Chair); Mr John Riggins, Councillor David Alexander, Ms Esther Roberton, the Chairman Mr David Garbutt (ex officio member) and three lay officials (in an ex officio capacity). The Committee meets four times per year to ensure effective monitoring of staff governance within the organisation.

Remuneration Committee
The Remuneration Committee comprised: Chair, Mr Martin Togneri Non Executive Director, Mr David Garbutt (Chairman), Councillor David Alexander, Non-Executive Director, Mr Edward Frizzell Non Executive Director and Mr John Riggins, Employee Director. From June 2015, Mr Martin Togneri replaced Mr David Garbutt as Chair of the Committee. The Committee meets at least twice per year to consider the evaluation of performance and pay awards for Executive Directors.

It has an important role in ensuring consistency of policy and equity of treatment of staff across the local NHS system, including remuneration issues, where these are not already covered by existing arrangements at national level.
### Board Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Remuneration</th>
<th>Related Undertakings</th>
<th>Contracts</th>
<th>Houses, Land &amp; Buildings</th>
<th>Shares &amp; Securities</th>
<th>Non Financial Interests</th>
<th>Voluntary/Charity Work</th>
<th>Relative(s) in Scottish Ambulance Service</th>
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<tr>
<td>David Garbutt</td>
<td>Chairman</td>
<td>Self Employed Consultant</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Chartered Fellow of Chartered Institute of Personnel and Development; Fellow, Scottish Police College; Visiting Fellow Australian Institute of Police Management; Associate Member College of Paramedics</td>
<td>MacMillan Cancer Support Volunteer</td>
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<td>Pauline Howie</td>
<td>Chief Executive</td>
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<td>None</td>
<td>None</td>
<td>None</td>
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<td>Honorary Air Commodore of 612 (County of Aberdeen) Royal Auxiliary Air Force squadron Non Executive Director, SACRO</td>
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<td>David Alexander</td>
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<td>Member and local Office Bearer Scottish National Party; Member C.N.D Scotland;</td>
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<td>None</td>
<td>Governor, Napier University; Member, Project Delivery Sub-Committee, Govan Law Centre Education Law Unit</td>
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<tr>
<td>Neelam Bakshi</td>
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<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Member BBC Audience Council Scotland; Approved training Institute of American Board of NLP</td>
<td>None</td>
<td>None Sister is Chair of NHS Lanarkshire.</td>
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<td>Edward Frizzell</td>
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<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Chair of Court, Abertay University, Dundee; Visiting Professor, Queen Margaret University, Edinburgh</td>
<td>Chair of Trefoil</td>
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<td>John Riggins</td>
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<td>Registered with Health Care Professions Council as a Paramedic Unite the Union membership</td>
<td>None</td>
<td>Wife Son</td>
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| Andrew Richmond     | Non Executive Director (to 30 June 2015)      | Scottish Ambulance Service                                                    | None                 | None                     | None                | Associate of Society of Investment Professionals (ASIP)  
Lay Court Member of the University of Dundee  
Trustee of the University of Dundee Superannuation and Life Assurance Scheme  
Member of Church of Scotland  
Trustee Scotland’s Charity Air Ambulance                                                                                           |                                                                                                              | None                |
| Esther Roberton     | Non-Executive Director                        | Scottish Ambulance Service                                                    | None                 | None                     | None                | None                                                                                                                                                                                                                       | Electoral Reform Society Advisory Group                                                               | None                |
| Dr Francis Tierney  | Non Executive Director (from 4 January 2016)  | Scottish Ambulance Service                                                    | None                 | None                     | None                | Member of British Medical Association and Medical Defence Union  
Fellow of Royal College of General Practitioners.  
Member of Children’s Panel                                                                                                             | Member of Children’s Panel                                                                                 | None                |
| Martin Togneri      | Non-Executive Director                        | Scottish Ambulance Service                                                    | None                 | None                     | None                | None                                                                                                                                                                                                                       | Trustee of the Scottish Waterways Trust, New Port Downie, Lime Road, Falkirk, FK1 4RS  
Trustee, Scotland’s Charity Air Ambulance (from July 2015)                                                                              | None aware of                                                                                               | None                |
| Daren Mochrie       | Director of Service Delivery                  | Scottish Ambulance Service                                                    | None                 | None                     | None                | Registered with Health Care Professions Council as a Paramedic;  
Member of the College of Paramedics;  
Member of Faculty of Pre Hospital Care, Royal College of Surgeons, Edinburgh                                                                  | Director/Trustee Scotland’s Charity Air Ambulance                                                        | Brother (Bank Ambulance Control Dispatcher)                                                             |
| Gerry O’Brien       | Director of Finance and Logistics             | Scottish Ambulance Service                                                    | None                 | None                     | None                | None                                                                                                                                                                                                                       | None                                                                                                       | None                |
| Jim Ward            | Medical Director                              | Scottish Ambulance Service                                                    | None                 | None                     | None                | Member British Medical Association.  
Fellow of Royal College of General Practitioners.  
Member of the Medical and Dental Defence Union of Scotland                                                                               | None                                                                                                       | None                |
| EXECUTIVE DIRECTOR  | Rebecca Chalmers                              | Scottish Ambulance Service                                                    | None                 | None                     | None                | None                                                                                                                                                                                                                       | None                                                                                                       | None                |
| EXECUTIVE DIRECTOR  | Patricia O’Connor                            | Scottish Ambulance Service                                                    | None                 | None                     | None                | Editorial Board Member – Clinical Risk Journal;  
Member of International Healthcare Institute Faculty;  
Honorary Professor, University of Dundee Business School  
Member, Health Foundation College of Assessors                                                                                         | None                                                                                                       | None aware of                                                   |
2 November 2016

Dear David,

SCOTTISH AMBULANCE SERVICE: ANNUAL REVIEW: 2016

1. I am writing to you following the Scottish Ambulance Service Annual Review held at the Golden Jubilee Conference Hotel on Wednesday 5th October 2016. I would like to record my thanks to you and everyone who was involved in the preparations for the day, and also to those who attended and participated on the day.

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

New Response Model

3. I understand the Service’s new response model was discussed on the day, with attendees given the chance to see how the new model will work for staff and patients. I would once again like to express my thanks to all those involved in delivering the care for change in what I hope will be a significant step forward in providing the best clinical outcome first time for patients.

4. The new response model is very much in line with the Service’s Strategy, supporting the Service’s move to treating more incidents at scene, and should the patient require conveyancing to hospital, ensuring the patient receives the right resource first time. This is in line with the Scottish Government’s National Clinical Strategy and the Chief Medical Officer’s Annual Report Realistic Medicine.

5. I appreciate the challenges the Service has faced in meeting its performance targets in recent years. I believe this new response model will help the Service to improve outcomes for patients; ensuring patients receive the most appropriate care first time. However, in implementing this model, it is important to ensure that all appropriate resources are used to ensure patient safety for all categories of calls.

6. Notwithstanding the new model it will be important that the Service continues to report performance and to develop its data analysis capacity both internally and with partners across the wider healthcare system to improve patient flow, experience and outcomes; and to ensure that there are no unintended consequences as a result of the changes. The recently announced review of NHS targets and outcomes being led by Sir Harry Burns will be important in that regard and it will be important that the ambulance service is engaged in that process.

7. I understand that you are discussing the immediate arrangements for measuring and reporting targets and outcomes during the pilot. I would want to see these proposals before the pilot commences.

8. In doing this, I would encourage you to work with secondary care and health and social care partnership colleagues to help influence arrival and discharge times at hospitals, as this can impact on patient outcomes. Work is already underway in collating data regarding this, which the Service is leading on, and I hope this drives forward positive and integrated change.

9. The Chief Medical Officer has asked the Service to provide an update at the end of the one year pilot, but I would ask the Service to keep my officials updated on progress throughout the year.

Primary Care Transformation

10. The transformation of primary care is one of the Scottish Government’s priorities over this Parliament. The Scottish Ambulance Service has a key role to play in the delivery of this transformation as the first point of contact for many patients into the health service. I believe that the Service is already involved in some innovate tests of change, such as the specialist paramedics working in a GP practice in Hawick, and the proposal to extend the pilot across other practices in the Borders area; and a number of programmes such as the Falls and Frailty pathway with the Active and Independent Living Improvement Programme (AILIP) and the use of GPs in the ambulance control centres.

11. While these are all small pilots, I would be keen for the Service to consider how these might be expanded and delivered at scale, to help to support the wider health and social care integration agenda.

12. The Scottish Ambulance Service was also involved in Sir Lewis Ritchie’s Review of out-of-hours urgent care services, and I am aware the Service has submitted bids in relation to the Urgent Care Transformation Fund which are currently being considered. I would encourage the Service to continue to be involved, and particularly consider how you might work with partners, particularly NHS 24, in delivering safe and effective out-of-hours care.
Collaborative Working

13. The Ambulance service, as a partner, is making an important contribution in the delivery of the Out of Hospital Cardiac Arrest Strategy (OHCA) and is committed to working collaboratively to save an additional 1,000 lives by 2020 - the central aim of the Strategy. The Ambulance Service is leading important work to integrate data on the location of Public Access Defibrillators within the Computer Aided Dispatch (CAD) system. I look forward to seeing that work be completed by April 2017. I know that the Service is also working with the Scottish Fire and Rescue Service as part of the Strategy in co-responding to Out of Hospital Cardiac Arrests in parts of Scotland. I am aware this is currently in the pilot phase, but I would encourage both organisations to work together to consider, in light of the evaluation, how these pilots might be implemented more widely.

14. However, I would encourage the Service to not stop there, but to consider how else the ambulance, the fire and rescue services and other partners might work together to deliver better outcomes for people together.

15. Health and Social Care Partnerships are now in place across Scotland. I appreciate this will present some complexities for the Service, by having to build and develop relationships with new partners. As I have already noted, the Service plays an important role as the first port of call for many patients into the health and social care system, so I encourage you to continue to engage with these partnerships and strengthen these relationships over the year ahead. I am aware that, along with NHS 24 and following discussions with NHS Board CEOs and Health and Social Care Partnership Chief Officers, you have established a National Planning Group which will bring together SAS and NHS 24 and their key delivery partners in the wider health and social care system. The group will consider work to improve and redesign services in an integrated way. This represents a sensible and proportionate way forward and I look forward to hearing about progress of the group in due course.

Major Trauma Review

16. It is important to recognise the significant improvements that can be made in standardising the quality of trauma care through better coordination. I know that the Scottish Ambulance Service has been heavily involved in the Major Trauma Review, and that there has been good work to date. The Pre-hospital care component is vital to the success of the Scottish Trauma Network (STN). I would expect the Service to continue to lead on the development of an effective triage, retrieval and transfer model that delivers this - and continue to engage with the regional trauma networks and the STN steering group as it refines plans for phased implementation.

Staffing

17. As part of the Programme for Government, we have committed to training an additional 1,000 paramedics over the next five years many of whom will work in the community providing vital support to the development of a community health service. I am sure the Service has welcomed this, and I know that training has already started for some of this cohort as part of your 5 year workforce plan.

18. I understand work is already underway in training an additional 50 specialist paramedics in 2016/17. I hope this training will continue over the coming years, as this will support the Service to deliver better care to patients, and support the transformation of primary care.

19. You noted that sickness levels for the Service remain above the NHS target. I understand the Service has taken a number of steps to reduce this, including introducing an Employee Health and Wellbeing Strategy, and I appreciate the emphasis you are putting on reducing staff sickness levels. However, more needs to be done, and I would encourage you to continue to focus on reducing these sickness levels in 2017/18.

Resources

20. I am pleased to note that the Scottish Ambulance Service has again achieved all financial targets and delivered efficiency savings in excess of £6 million that have been reinvested in frontline patient care. I recognise that this was achieved in the context of what has been a challenging year for the Service, not least, the overall rise in demand for ambulance services.

21. To meet future challenges, the Service’s five year strategic framework detailed in your Strategy, Towards 2020: Taking Care to the Patient, is in the process of being implemented. The Scottish Government provided an additional £2 million funding in 2015-16 and a further additional £5 million of recurring baseline funding in 2016-17 to support delivery of the strategy. This funding is supporting the significant workforce developments required to deliver the strategy.

Conclusion

22. I would want to offer my thanks and best wishes to you and your Board, all of the staff of the Scottish Ambulance Service, and the clinical advisers and patient representatives who supports you. There is no doubt that the performance of the organisation is down to the ongoing hard work, dedication and enthusiasm of everyone involved. I look forward to working closely with you going forward as the Service implements its new response model in the coming months.

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

SHONA ROBISON
SCOTTISH AMBULANCE SERVICE ANNUAL REVIEW 2016: KEY ACTION POINTS

- Pilot the new response model, and continue to work closely with the Chief Medical Officer, providing regular updates to the Scottish Government on evaluation throughout the year.
- As part of the Unscheduled Care Programme, ensure there is data available to monitor both arrivals and discharges from hospital, particularly in light of the new response model. This data shall be used to set a benchmark, to ensure there is not a drift to later in the day.
- Maintain focus on reducing absence levels across the organisation, working towards the NHS Heat Standard of 4%
- Develop a performance monitoring and reporting framework aligned to the pilot delivery model that can be implemented in the short, medium and longer term. The framework should be designed to ensure an appropriate and timely response for all categories of calls.
- Continue to achieve in-year and recurring financial balance, and keep the Health Directors informed of progress in implementing your local efficiency savings programme.
- Identify new ways of working with health and social colleagues, as well as other partners including NHS 24, to deliver a more joined-up approach to delivering healthcare to patients across Scotland. Particularly in relation to primary care transformation both in and out-of-hours.
- Continue to engage with the four regional trauma networks to test essential components, build on the current trauma desk provision to ensure a robust service is in place 24/7
- Ensure mapping of Public Access Defibrillators onto the Service’s Computer Aided Dispatch (CAD) System is completed by April 2017