NOT PROTECTIVELY MARKED

Public Board Meeting	**27 January 2021** **Item No 05**

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Pauline Howie, 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 Annual Operational Plan (AOP) standards for the period to end December 2020. 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 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience and Financial Performance are reported in separate Board papers. <u>Clinical and Operational Performance</u> VF/VT Return of Spontaneous Circulation (ROSC) and 30 day survival for critically unwell patients remain stable despite significant system pressures. Response times in all categories have been affected by abstractions primarily related to working within a health and care system under significant pressures relating to the COVID-19 pandemic. Over 40% of patients continue to be cared for in local community based settings, avoiding hospital conveyance where this is the best option for the patient. <u>Workforce</u> The latest national data available shows in October 2020, the non COVID-19 sickness absence rate was 6.5%, this is 1.8% less than

	the same month last year. The COVID-19 related absence rate at the end of December 2020 was 2.99%. COVID-19 absence will rise during the winter and wave 3 particularly as shielding for vulnerable staff has been reinstated. During December 2020, the Service ran a communication campaign for staff during the winter including eight sessions for managers and leaders to highlight the wellbeing support and resources available to staff. Our workforce plans for 2020/21 have been reviewed and recruitment and training targets updated for the remainder of this year. We are recruiting to fill vacancies and 148 wte additional posts following the Government's announcement of an additional £10.7 million investment. We continue to work in partnership with staff side representatives to address the challenges of winter and COVID-19 with weekly informal calls to strengthen communications and enhance formal partnership structures. These have been very helpful when situations have been moving rapidly such as the vaccination roll out and changes to PPE requirements. <u>Enabling Technology</u> The Emergency Service Network (ESN) Programme revised Full Business Case (FBC) is undergoing further revision with a final draft due in March 2021. The Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) has now entered the implementation phase with the Service being the first major ambulance service to implement the new software. The re-planning work is completed and the go-live date is now scheduled for the start of June 2021. The Digital Workplace Project completed the main email migration in October and followed that with a new intranet in November. The team has continued to work through issues that have arisen as a result of the move to 365 and have undertaken a re-planning exercise to complete the rest of the Phase 1 activities including a new SharePoint workarea, shared drives and access to Microsoft 365 apps. The Telephony Replacement Project continues to progress installations across Service sites and is scheduled to complete in May 2021.
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.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and

	co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD. 5.1 Improve our response to patients who are vulnerable in our communities. 6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.
Contribution to the 2020 vision for Health and Social Care	This programme of work underpins the Scottish Government's 2020 Vision. 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 Operational Delivery Plan & Remobilisation Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Scottish Ambulance Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are 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 Towards 2020: Taking Care to the Patient 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 Scottish Ambulance Service's Key Performance Indicators. These measures are based on the Service's 2020/21 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

What's New

Changes in this report:

Non-conveyance indicators now include all emergency incidents; this is to ensure the whole picture of patients who are not taken to an Emergency Department is visible.

What's Coming Next

Development of additional KPI measures in future reports will bring together the time based measures alongside 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 are also under development

Board Data Paper Co-Design

The aim of this was to build on the Board Development session on 28 October 2020 by considering the structure, content and detail of the Board Performance report, potentially leading to a re-design of the paper. A meeting held on 07 December 2020 was the first of three one hour sessions, focussing on

- What to Measure – selection of metrics
- How to Measure – data presentation, including type of charts and metrics from the perspective of the patient, staff and Service
- What to do with this information – how to react to variation

This work has now been paused for 2 to 3 months due to operational pressures, arising from the COVID-19 pandemic.

Performance Charts

The Board Performance Report consists of data pertaining to a number of Scottish Ambulance 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 single point outside the control limits

Rule 2: A run of eight or more points in a row above or below the mean

Rule 3: Six or more consecutive points increasing or decreasing

Rule 4: Two out of three consecutive points near (outer one-third) a control limit

Rule 5: Fifteen consecutive points close (inner one-third) to the mean

Run Charts

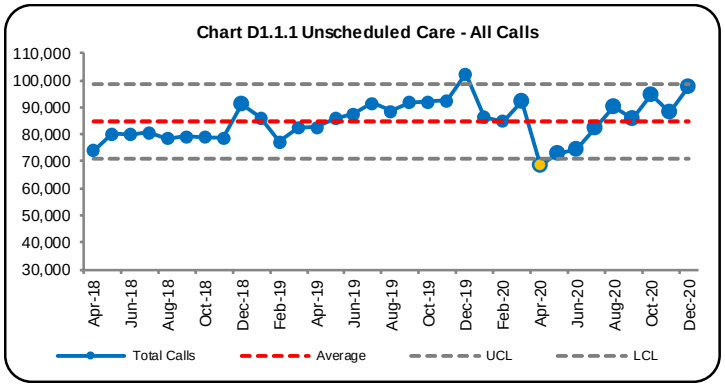
Rule 1: A run of six or more points in a row above or below the median

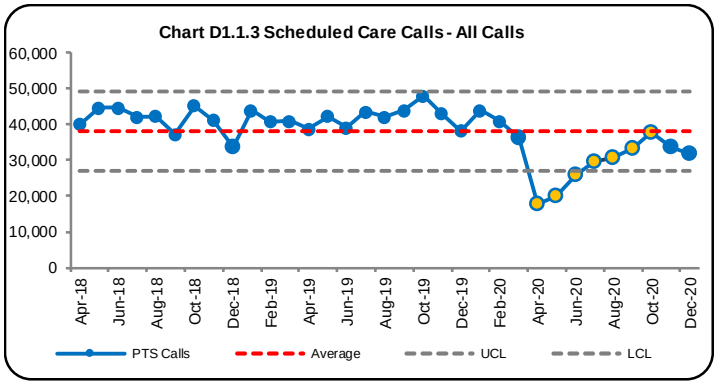
Rule 2: Five or more consecutive points increasing or decreasing

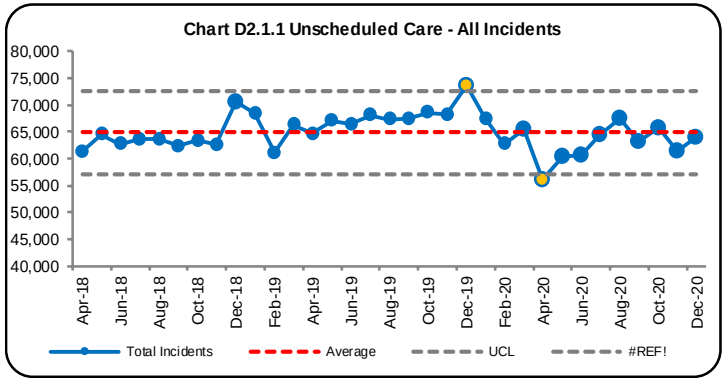
Rule 3: Too few or too many runs, or crossings, of the median

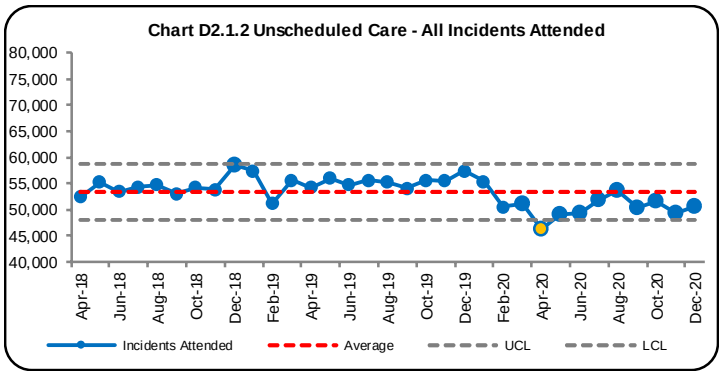
Rule 4: Undeniably large or small data point (astronomical data point)

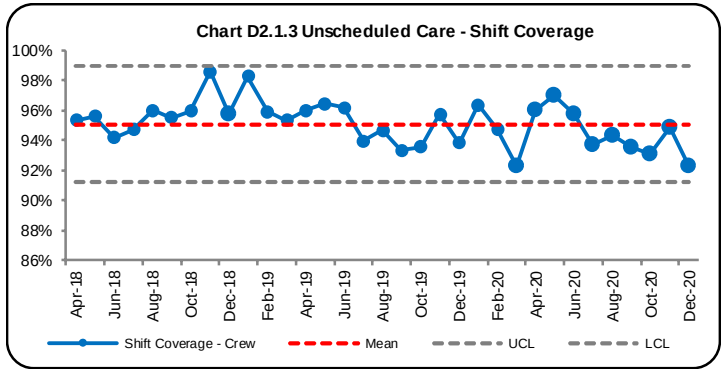
D: Demand Measures

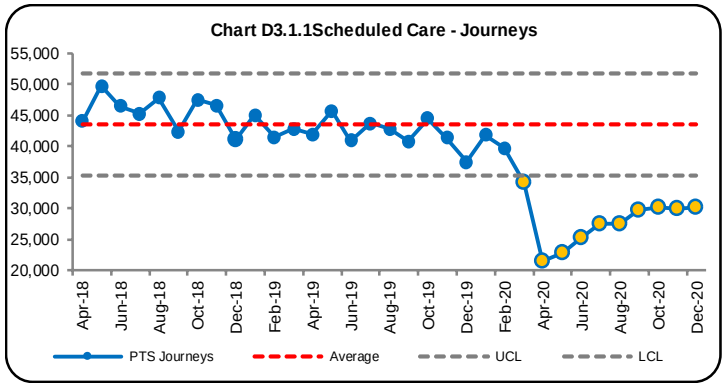












What is the data telling us? – Since March 2020 the UK has been in the midst of the COVID-19 global pandemic. This has resulted in Scotland being placed in lockdown from the 23 March with restrictions easing gradually from the 27 May. Tighter restrictions around hospitality were brought in across Scotland on the 9 October 2020 with the strictest controls in the central belt. On the 2 November Scotland moved to a 5 tier system of restrictions. Following a relaxation of the rules to allow limited socialising on Christmas day mainland Scotland was again placed in strict lockdown measures from 26 December with schools closed until at least 1 February 2021.

Demand across all areas dropped in April and since April demand has increased month on month with total unscheduled demand returning to within normal variation. Scheduled care demand has seen a similar pattern of increase up to September where demand stabilised below the lower control limit.

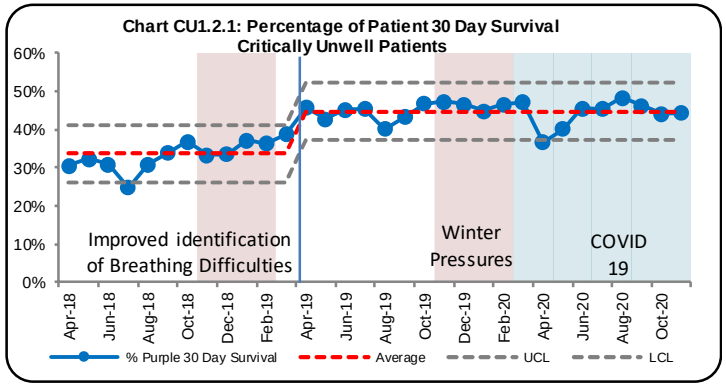
Why? The rescheduling of services in the wider healthcare sector due to the pandemic, alongside the widespread adoption of near me virtual consultations, has been the main driver behind the drop in scheduled care activity.

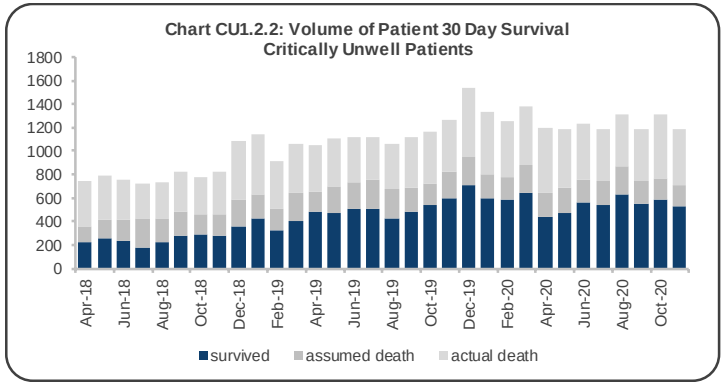
At the start of the pandemic unscheduled demand dropped across most key conditions (e.g. falls), however, notably demand related to mental health issues increased. From April to August 2020, during the first COVID-19 lockdown, the Service reported a significant increase in the number of mental health attended incidents compared to the same period in 2019. During that period, mental health incidents averaged at 2,355 incidents per month, a 19.7% increase in the same period in 2019. Since August we have seen a reduction in the number of mental health incidents attended with 1,908 attended in December 2020. Although this is closer to numbers reported throughout 2019, it is 11.5% higher than attendance to mental health incidents during December 2019.

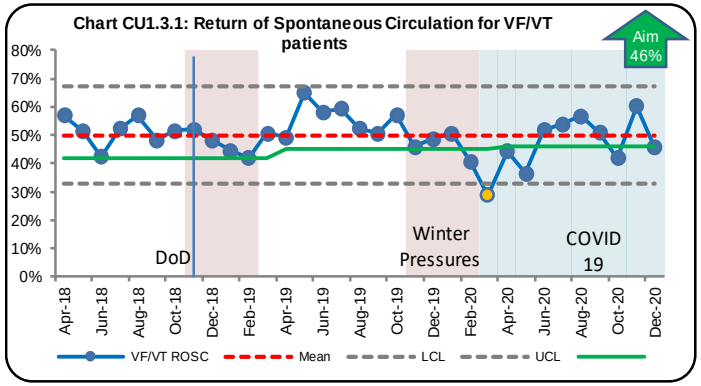
What are we doing to further improve and by when? –
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

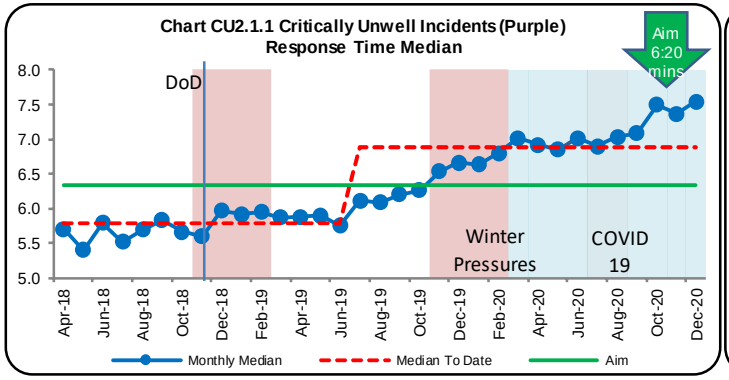
As part of our remobilisation plans we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. These are explained later in the paper.

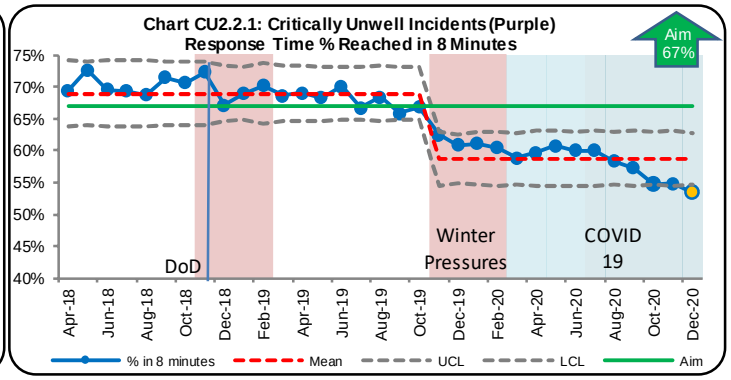
Purple Response Category: Critically Unwell Patients

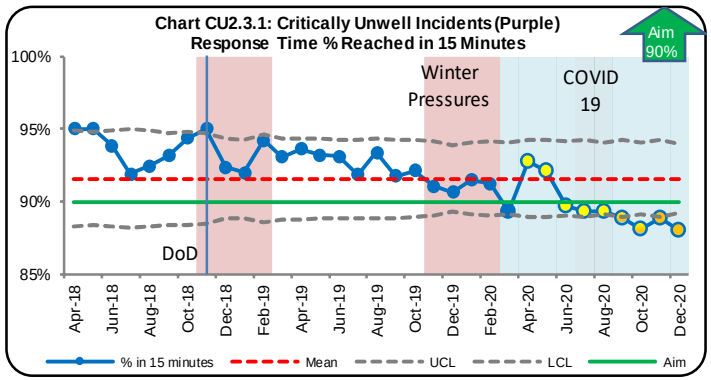












What is the data telling us?

Purple Category 30 day survival data is collated three months in arrears in order to validate the figures and Chart CU1.2.1 illustrates that survival figures have remained stable.

Chart CU1.3.1 illustrates the Return of Spontaneous Circulation for VF/VT patients and while there are significant challenges in carrying out Advanced Life Support in line with current infection control guidance, our VF/VT ROSC rates remain within control limits, suggesting that outcomes for patients remain optimised.

Purple Median Response

As illustrated in chart CU 2.1.1 the median response to purple calls has been increasing over time and a review of the factors that have the potential to influence this have been reported on in recent months. The data points since the last Board report have shown no significant change however we are seeing extended hospital turnaround times, higher levels of staff abstractions and shift coverage levels which reflect pressures that the COVID-19 pandemic is placing on the Service and the wider health and care system.

Why?

Key causes for the increase in purple response times since the summer of 2019 can be attributed to:

- extended hospital turnaround times reducing operational availability
- appropriately upgrading calls where call handlers have recognised a deterioration in breathing for example by using the breathing detector tool. When a patient is found collapsed by members of the public, through triage our call handlers are identifying that the patient may not be breathing effectively or not breathing at all. Our response time does not reset itself when the need for a higher acuity clinical response is identified through more detailed patient information and triage.
- Whilst as a percentage of all demand, purple calls represent low numbers they do require more ambulance resources than other calls which is associated with increased survival to discharge.
- For a range of calls, ambulance crews are spending more time on scene where it is clinically appropriate to do so, seeing and treating patients in their home or local community or referring patients on to pathways of care where a hospital admission is not required. This increases service time but is clinically appropriate to do so.
- Pressures of COVID-19 with increased service time and pressures that the COVID-19 pandemic is placing on the Service and the wider health and care system.

Recent Board reports have provided an overview of a number of mitigating actions to improve our response times and an update on progress is included below:

- To support an improved understanding of purple category calls some initial work has been completed, focussing in particular on calls that are upgraded to purple category codes. Early analysis indicates Call Handlers recognising the signs of deteriorating patients and appropriately upgrading the response. We plan to complete some further analysis to provide a more comprehensive overview and identify any opportunities for improvement.

- Auto Dispatch went live in the Ambulance Control Centres (ACCs) on the 22nd December 2020. Since going live to the 12th January 2021 Auto Dispatch has deployed ambulance resources to 2788 purple and red category incidents. The Auto Dispatch module reduces the time taken to deploy appropriate ambulance resources to incidents. The auto-dispatch function continues to be reviewed and a schedule of work is in place to further develop its functionality and to increase the number of purple and red category incidents that are resourced by Auto Dispatch.

- Regional Teams have escalation plans in place and are working closely with hospitals to reduce extended hospital turnaround times. This includes daily and weekly site meetings with hospital teams. Due to COVID-19 restrictions, ambulance crews are experiencing delayed patient handovers at hospital sites particularly at Emergency Departments.

- Since October 2020, Community First Responder (CFR) Schemes have been receiving updated training across Scotland.

- The Community Resilience Team has undertaken significant engagement with CFR schemes across the country, and a new CFR training programme has been developed. Over 520 individual CFRs have now been reactivated across Scotland with plans to increase this number in the months ahead. Since the phased return began, CFRs have been dispatched to 750 calls in their local community. The trajectory of CFR calls will continue to increase over the next three months.

  The value added by the remobilisation of CFRs continues to be reflected in the positive feedback received from ambulance crews, with a recent example where CFRs from two neighbouring schemes worked together, attending a cardiac arrest. They administered three shocks to the patient and achieved ROSC prior to the arrival of the crew. As the patient left the scene with the ambulance crew, he was conscious and breathing unaided.

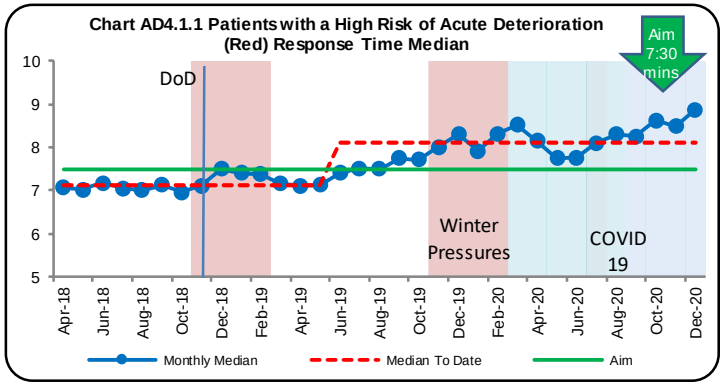
- Re-establish Tactical Deployment Points – as part of the Service's Recovery Plan work regional teams are working with staff partners to look at options for suitable tactical deployment points that have the appropriate physical distancing and staff welfare measures in place.

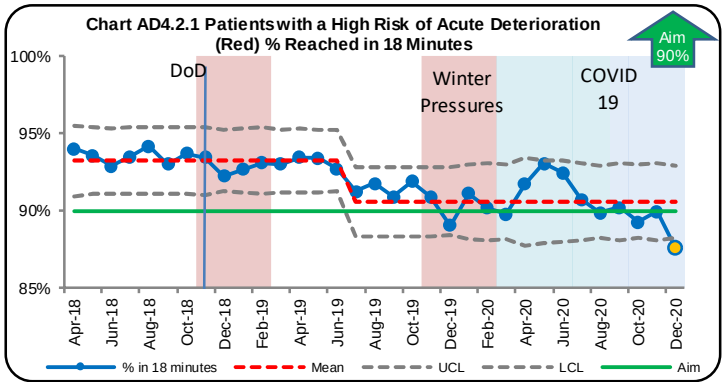
- Progress the Demand and Capacity modelling work and implementation plan as part of the Service's Recovery Planning. An updated demand and capacity implementation plan was developed in October 2020 to phase in an additional 16 PTS vehicles and eight A&E vehicles between December 2020 and the end of February 2021. The 16 additional PTS vehicles have been made available for operational use to enable the management of same day PTS suitable demand, identified through the introduction of Card 46 Health Care professional calls in November 2020. This is aimed at reducing pressure on front line A&E crews which results in maintaining response times to our sickest patients. Work is also currently underway to finalise recruitment and training plans for 2021/22.

- Whilst demand has not exceeded pre COVID-19 levels, the utilised hours units (UHUs) have increased due to the increased use of PPE and Infection Prevention and Control precautions for COVID-19.

- The work to optimise and influence processes that will directly impact response times remains a focus for the Service and updates on progress will continue to be reflected within future Board reports.

Red Response Category: Patients at risk of Acute Deterioration





What is the data telling us? – The Service aims to respond to 50% of these patients within 7 minutes 30 seconds and 90% within 18 minutes. The volume of these calls reduced by 16.5% throughout April to December 2020 when compared to the same period the previous year.

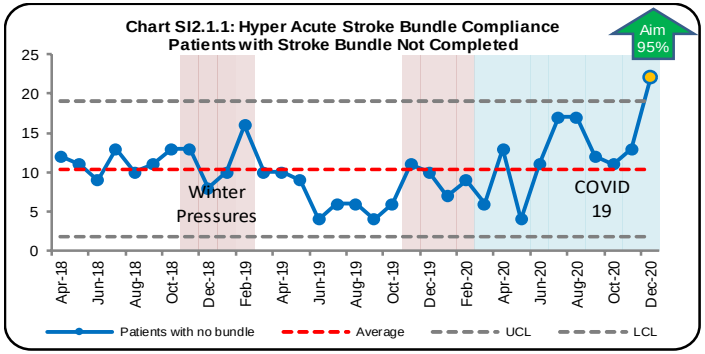
The percentage of patients reached in 18 minutes is below the lower control limit at 87.6% in December 2020. The Median response time in December 2020 was 8 minutes 52 seconds which is higher than the same period in 2019 and above the aim.

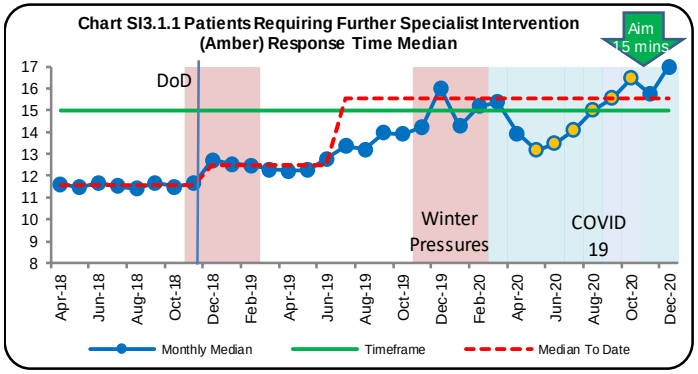
Why? – Many of the elements described in the purple category median response time analysis above also apply to red category response. Although the cardiac arrest rate in this group is much lower the response required needs to be both timely and robust in terms of skill set.

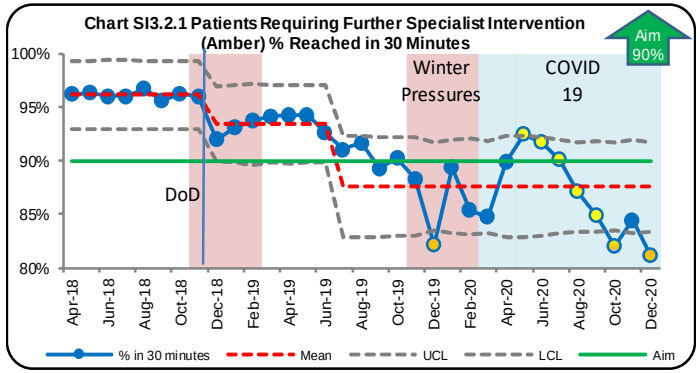
What are we doing and by when? – Work is ongoing by the Clinical and Business Intelligence Teams to understand red category response elements similar to that described for the purple category. The continued Remobilisation of Community First Responders will improve our first on scene time to emergency calls and as areas of improvement are identified and actions taken, this will be reported to the Board.

Work is underway to develop Low Acuity Hubs within Grampian (Elgin and Aberdeen) to support existing ambulance resources to respond to emergency calls.

Amber Response Category: Patients Requiring Specialist Intervention







What is the data telling us? – We have seen a change in the number of people not having stroke bundle completion recorded in December 2020. This is 22 patients out of 357. Our Clinical Lead for Stroke Care is reviewing these cases to understand what the reasons for this are and we will report back on the findings.

Similar to the pressures being experienced in purple response time, Chart SI3.2.1 illustrates a reduction in the percentage of patients being reached in 30 minutes and is reported out with the control limit.

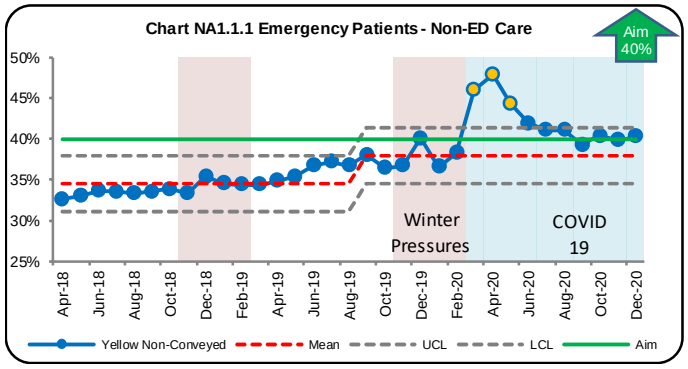
Why? The factors that have resulted in longer response times for purple and red category patients are amplified for patients in the subsequent categories as resources are prioritised to those patients at the most immediate risk of death or serious harm.

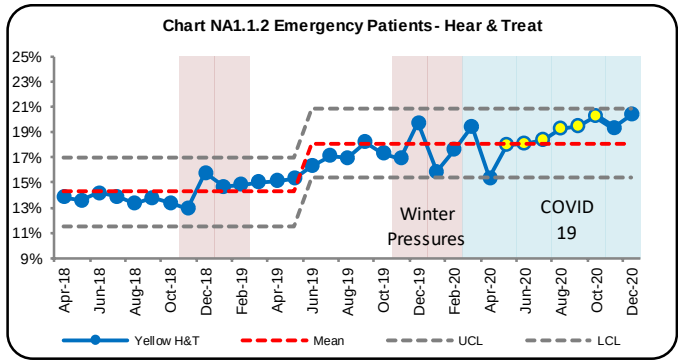
What are we doing and by when? -
We are working in collaboration with the wider Stroke Improvement Team at the Scottish Government and overseen by the National Advisory Committee for Stroke and the Thrombectomy Action Group (TAG); the aim of this work is to ensure that anyone suffering from suspected stroke is recognised as such and through collaboration with our health board partners, receives definitive interventions and treatments within recommended timeframes.

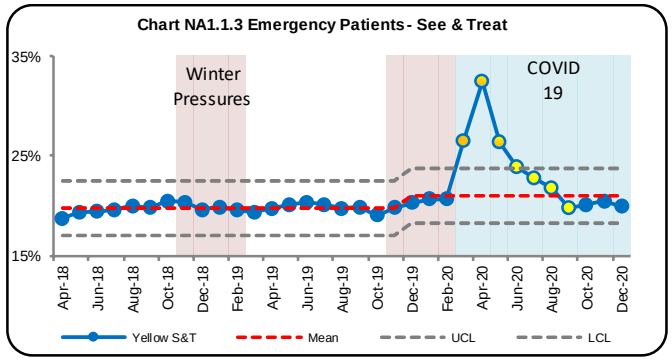
Working in partnership with Board systems, what is abundantly clear is that SAS interventions are just one stage in the journey towards an optimal outcome for the patient, and through discussions at Board and National level we will be seeking to

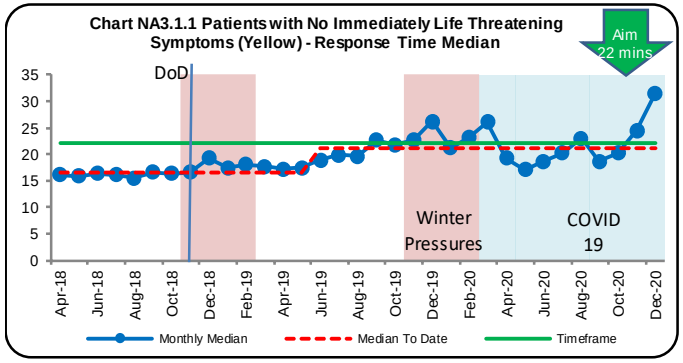
illustrate this ‘whole system’ contribution through our reporting in the next financial year.

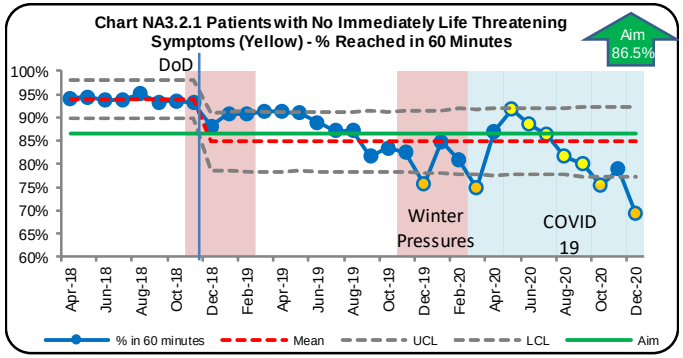
Yellow Response Category: Emergency Patients with no Life Threatening Symptoms











What is the data telling us –

Chart NA1.1.1 provides an overview of our aggregated non conveyance rates for patients, and shows a fairly stable picture with 40% of patients not conveyed to hospital. The overall picture of patients being cared for out with the Emergency Department remains on target and we continue to focus on this particularly through the use of alternative care pathways and through our work as part of the national Redesign of Urgent Care.

Chart NA1.1.2 illustrates the number of patients who are provided with the relevant care and advice over the phone and augmented by video link consultation without the need for an ambulance to be dispatched. This rate continues to increase in line with our aims to augment clinical decision making and support within our Ambulance Control Centres. Chart NA1.1.3 details the number of patients who are discharged following crew attendance on scene and this has remained fairly static from September to December 2020 sitting just below the mean.

The volume of emergency patients with no life threatening symptoms calls reduced by 20.9% throughout April to December 2020 when compared to the same period the previous year. In December 2020 the Service responded to 50% of patients within 31 minutes 33 seconds and 69.2% in 60 minutes.

Both median and 90th percentile response times have increased in December 2020 for the yellow response category, reflecting system pressures as described earlier in this paper. A range of interventions to mitigate delays are being reviewed and from a clinical safety perspective our safety netting interventions to detect any clinical deterioration remain in place. Refinement in Advanced Paramedic processes includes additional code sets for consultation which will augment the established pathways for this group of patients.

Why –

During the COVID-19 pandemic positive collaborative work has been undertaken with the wider health and care system to reduce the number of patients being taken to hospital and to safely manage patients through different pathways of care including care provision through our Advanced Practice cohort.

Regarding response times, chart D2.1.1 shows an increase in 999 demand while chart D2.1.3 shows that shift coverage has not increased in line with demand. The fundamental reason for delays in response to patients in this category is this gap between 999 call demand and resource availability. Multiple factors contribute to this such as hospital turnaround times and ongoing work streams are addressing these abstractions, however fundamentally matching resource availability to predicted demand is a key priority. As such the full implementation of the findings from the Service's Demand and Capacity review is essential to improve the timeliness of response across all of our response categories.

What are we doing and by when –

The Service continues to work closely with the Scottish Government Redesign of Urgent Care programme with the aim of a whole system approach to improving flow.

Flow Navigation Centres have been established across all territorial Boards in Scotland with the aim of reducing self-presenters at Emergency Departments and instead looking to introduce a more planned/scheduled approach to urgent care. The Service is closely aligned to this work and there is evidence of strengthening partnerships with territorial Boards as we work collaboratively across a number of areas including opportunities for improved patient care, access to referral pathways, professional-to-professional support and exploring technological developments to support enhanced information sharing. We will continue to report on the developments in the months ahead.

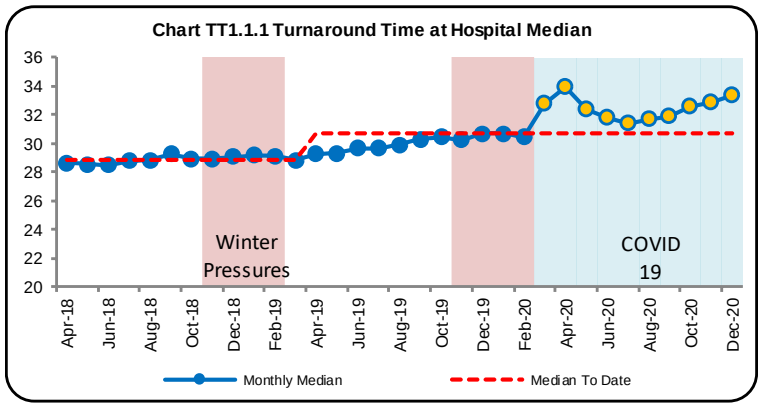
We continue to engage and work closely with our Integrated Joint Board (IJB) partners with the aim of collaborating and exploring opportunities to work together across a number of areas including pathway developments that could positively impact patient experience.

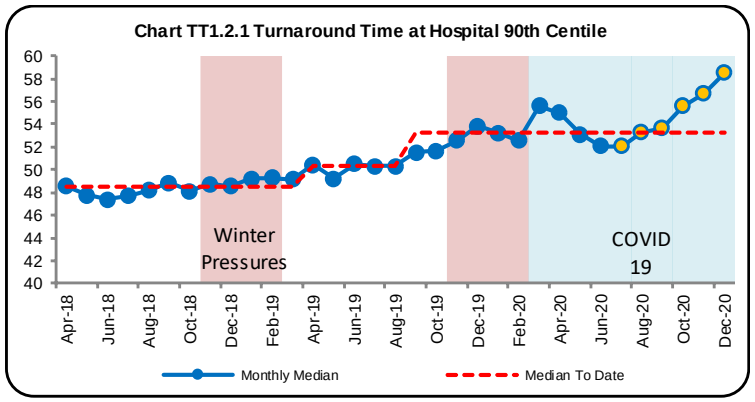
Working collaboratively with Dundee Health and Social Care Partnership, arrangements are being developed to test a peripatetic joint ambulance and physiotherapy resource in Dundee which will be targeted at supporting elderly patients who have fallen but do not require attendance at ED along with a focus on prevention activities more broadly.

We are working with West Dunbartonshire Health and Social Care Partnership to direct, where appropriate, the care of West Dunbartonshire residents to the Focussed Intervention Team as a potential alternative to ED attendance.

Within the North Region there is work underway to improve the management and care of frail patients ensuring that they are assessed and cared for in the most appropriate settings through supporting timely discharge from hospital.

TT: Turnaround Time at Hospital





What is the data telling us? – On average we transport 27,962 (58.7%) unscheduled care patients to hospital per month; these are patients who present through the accident and emergency service. For December 2020, we transported 29,050 (59.7%) patients with a median turnaround time at hospital of 33 minutes 22 seconds.

Why? – The acuity and numbers of self-presenting patients impact on our ability to turn around at hospital. The chart demonstrates that the system has remained under varying degrees of pressure since last winter. This is predominantly as a result of the complexity and acuity of the sickest patients and their required length of stay in hospital affecting flow and capacity. Additionally, in April 2020, COVID-19 introduced additional complexity with multiple access points at hospitals, crews being required to safely remove PPE then rehydrate and additional cleaning processes.

What are we doing and by when? – There has been an increase in turnaround in the North and East of the country. The West region is relatively stable however it still is the longest turnaround time in Scotland.

Three main reasons for the increase are:

- Introduction of red and green zones within hospitals for COVID-19 and non COVID-19. This has seen different entrances and procedures for patients and ambulance crews attending hospital sites. Initially this changed frequently however now seems to have settled into set procedures for each hospital site. It should be acknowledged that each hospital has different processes so crews from different areas may not know what the

specifics are for each site. We are at times also seeing hospitals holding patients in ambulances until they are assured the patient is going in through the correct pathway either COVID-19 or non COVID-19.

- Donning and Doffing of PPE has added time to staff procedures along with undertaking processes like completing the EPR as this cannot be undertaken whilst the highest level of PPE is worn and has to be undertaken once the patient is off loaded. There is also an acknowledgement that undertaking physical effort within the PPE does increase staff requirement for hydration and rest after each event.

- Cleaning - there has been increased time as staff must ensure that the vehicle has been thoroughly cleaned to ensure there is no cross infection. Although staff would have generally undertaken infection control procedures they are being more cautious with this and taking longer to undertake this.

Hospital Ambulance Liaison Officers (HALOs) continue to be deployed at the busiest hospital sites to ensure we are fully integrated and that we collectively manage flow, through the facilitation of discharges earlier in the day when identified. We have escalation plans in place with acute sites and closely monitor hospital turnaround times to ensure delays at hospital are minimised with appropriate actions taken.

Within the West of Scotland there has been dedicated attention from Area Service Managers and HALO specifically aligned to both QEUH and Ayr to provide local leadership and engagement to reduce hospital turnaround issues. The West cell is in operation 7 days per week to monitor COVID-19 and operational issues live time. In addition to this through the pandemic there were up to three conference calls daily with senior hospital managers, SAS Heads of Service and Deputy Regional Directors attending the hospital sites, and Regional Director along with Medical Director meeting regularly with Queen Elizabeth University Hospital to discuss solutions to reduce turnaround times. Work with Scottish Government to reduce turnaround times has resumed and the group is chaired by the Service's Medical Director. A paper has been submitted detailing short, medium and long-term options and this is currently being considered. Actions already implemented are aligning GG&C and the Service's escalation processes to improve communication by identifying common trigger points and the exploration of make ready teams to allow crews to turn around more quickly. A plan is in place to support increased discharge capability Thursday to Sunday aligned specifically to the QEUH which will improve patient flow with a plan to extend this through the winter period.

In the East of Scotland funding is in place through NHS Lothian which will allow increased HALO capacity over the winter months. This additional capacity will extend HALO cover across the key hospital sites supporting collaborative work to redesign the ED flow at St John's in particular. Additional HALO capacity has also been put into Fife as part of the response to COVID-19. This will remain in place through the winter period.

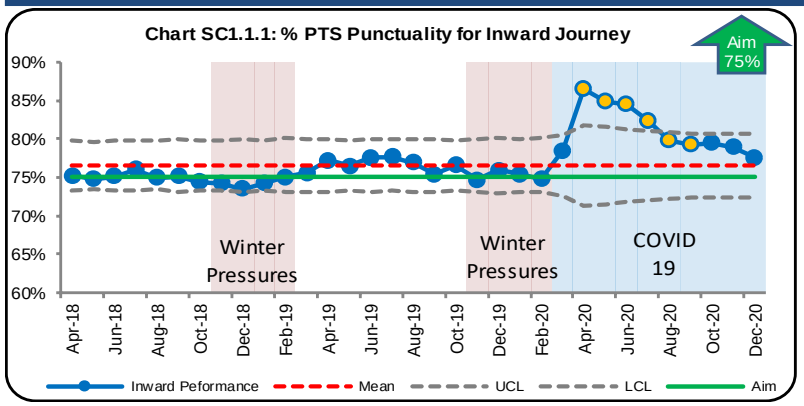
Testing of new attendance criteria at the Western General Hospital in Edinburgh is underway. This is aimed at extending the number and type of clinical presentations which can attend therefore reducing pressure on the Emergency Department at Edinburgh Royal Infirmary. Similar work is ongoing across all

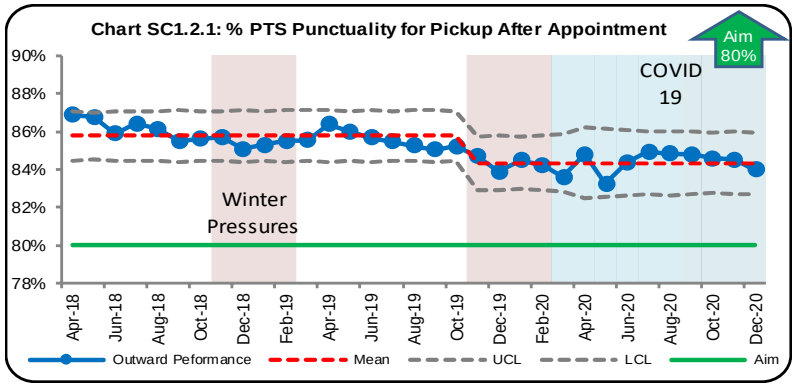
Minor injury and illness units to increase the number of patients they can safely receive from the Service.

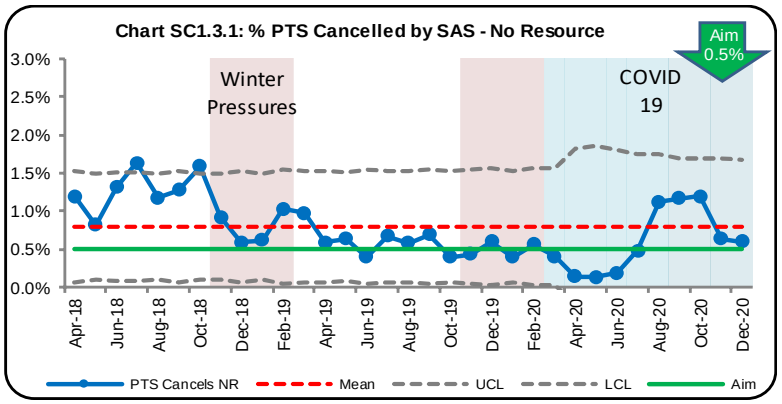
Aberdeen Royal Infirmary (ARI) has seen an increase in hospital turnaround times most notably when a number of ambulances present to the emergency department (ED) within a relatively short space of time. Ambulance crews are experiencing extended delays in handing patients over to the hospital team. This is due to physical distancing measures that are in place within the ED and the ability of hospital staff to undertake multiple patient handovers in the triage space that is available. Ambulance crews are being asked to remain with their patient in the ambulance until the hospital team are ready to take the patient handover within the ED. This is impacting on operational availability and staff rest periods.

Daily and weekly meetings are taking place with ARI and NHS Grampian to review the escalation plans that are in place and to look at how the patient handover and patient flow arrangements can be improved within ED, the Hospital and the Community given the current restrictions that are in place due to COVID-19. This includes discussions with the flow navigation centres around pathways of care and the ability to book patients into hospital where an emergency admission is not required. The Service is also supporting on the day discharges from hospital into the community to help with patient flow.

SC: Scheduled Care







What is the data telling us? – Demand on scheduled care services has seen a marked decrease since the beginning of the COVID-19 pandemic in Scotland with a 39.6% reduction in scheduled care calls received by Ambulance Control and 46.2% reduction in journeys during April to December 2020 when compared to the same period in 2019. On the day demand for hospital admissions and patient discharges has, however, remained stable and in some places increased due to winter and COVID-19 pressures. Ambulance Care Assistants have been undertaking more low acuity work which is helping to support the wider service. In December punctuality for pickup after appointments (Chart SC1.2.1) is around the mean and remains above the target of 80%. PTS cancelled by SAS no resource (Chart 1.3.1) has decreased in the last 2 months to 0.6% in December 2020.

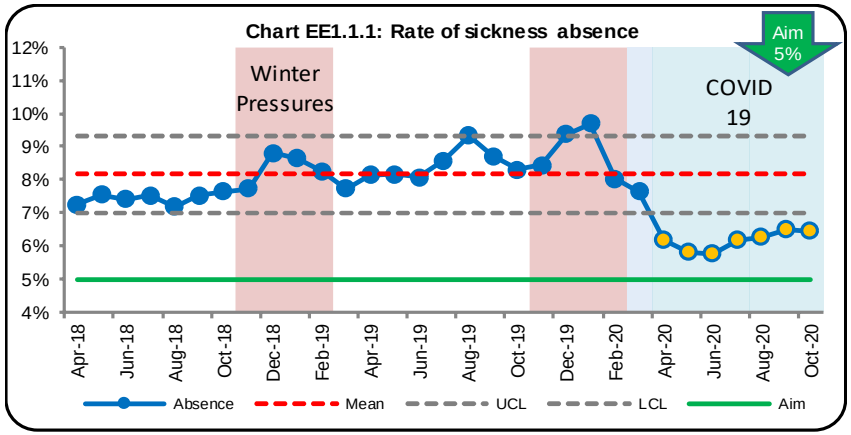
Why? – Due to COVID-19 restrictions there has been a significant increase in the number of outpatient consultations being undertaken remotely with patients across Scotland using technology such as NHS Near to Me. Due to COVID-19 restrictions we have limited the number of patients that can be conveyed on a patient transport vehicle to one patient per journey. This is impacting the overall capacity we have available to undertake patient journeys. We are seeing a shift towards supporting more on the day hospital demand, low acuity work and wider service pressures. Our escalation planning process is helping to reduce the number of patients that are being cancelled.

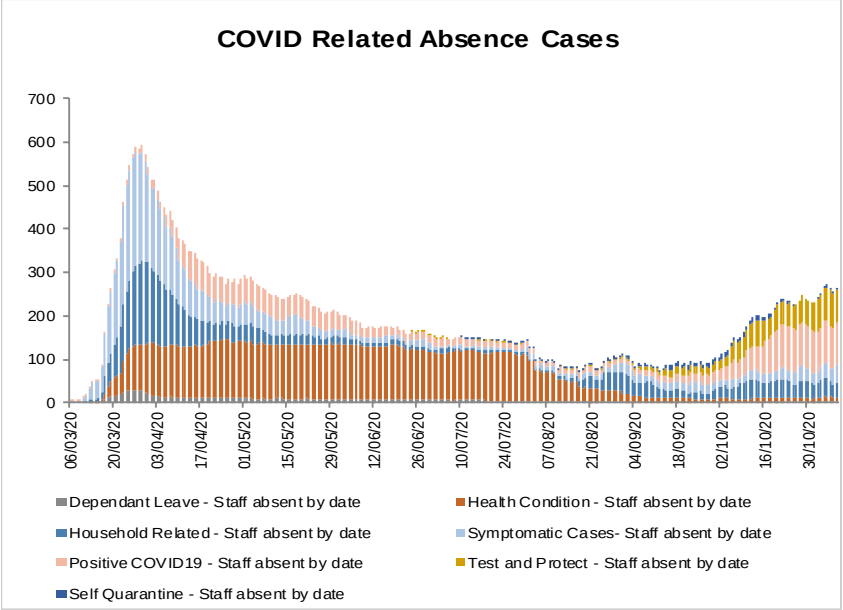
What are we doing and by when? - We are focused on minimising the number of patient cancellations through the escalation planning process. We do recognise, however, that

COVID-19 pressures may result in increased staff abstraction rates particularly for staff who need to shield during lock down or self-isolate and are monitoring this closely. We recognise that there is a need to support on the day hospital demand and low acuity work and this may extend to supporting wider service pressures. We are working closely with Health Boards and transport providers to identify alternative transport options for patients who do not require ambulance care and transport to release capacity to support our wider ambulance response to COVID-19. We will need to continue to have physical distancing measures in place with one patient per journey. We therefore need to maximise the capacity we have available to support our ambulance response to COVID-19.

SE: Staff Experience

Sickness Absence





What is the data telling us? – In October 2020, the non COVID-19 sickness absence rate was 6.5%, this is a 1.8% reduction on the same month in 2019. At the time of writing this report, the national data to end November 2020 was not available and a verbal update will be provided at the Board meeting. This is a normal trend for the winter months with an increasing prevalence of flu and viruses.

For internal management information purposes and in line with Scottish Government advice we are recording COVID-19 related absences separately. These were at their peak level of 13.2% in week commencing 23 March 2020. Since then there has been a steady reduction with levels remaining below 2% until the beginning of October when levels began to rise again, reaching 2.99% in the week ending 28th of December. COVID-19 related absences are now increasing significantly due to the re-introduction of shielding for vulnerable staff and increased infection rates in the general population.

Why? – Overall sickness absence levels have improved over the pandemic response period, particularly in terms of short-term absence, but as the COVID-19 related absence decreased the sickness absence rate started to rise. More recent COVID-19 absence has also shown an increasing trend largely due to the impact of contact tracing and Test & Protect and Shielding requirements.

What are we doing and by when? - Attendance management processes paused during the initial phase of pandemic response have been re-started. This work is based on the Once for Scotland policy framework and adoption of lessons learned from our COVID-19 response arrangements.

During October, November and December 2020, the Human Resources team delivered Once for Scotland Attendance Management MS Teams workshops for approximately 130 second and senior line managers and 80 partnership stewards. The workshops included specific advice on COVID-19 absence handling based on national guidance received.

The Service's Attendance Management leads group continues to meet on a monthly basis to monitor Absence levels across the Service and provide particular support to areas where required.

The newly developed Service Wellbeing Strategy sets out a wide range of actions and programmes aimed at supporting staff and managers to look after their mental and physical wellbeing, recognising the unique stresses of the emergency responder role.

- Work on the Global Rostering System (GRS) continues to develop improved absence monitoring. Initial changes focus on return to work recording and absence management tracking,

- We will continue to assess attendance management handling arrangements, taking national direction as appropriate in a fast changing situation

We receive daily reporting on COVID-19 related absence which covers the following

- COVID-19 positive cases
- Self-Isolating Household related cases
- Self-Isolating Displaying Symptoms cases
- COVID-19 related Dependant leave cases
- Self-Isolating Health Condition cases
- Self-Isolating Test & Protect cases
- Self-Isolating Quarantine cases.

These reports are broken down into daily and weekly charts covering all operational regions and sub divisions and National operations.

E1.2 Employee Experience

Aim – To have a workforce that feels valued and supported and would recommend our organisation as a great place to work.

Status – An Everyone Matters Wellbeing Pulse Survey was conducted in September 2020 with a National Report published on 4 December 2020 that has enabled us to compare our results with other Boards across Health & Social Care in Scotland.

What is the data telling us? – We achieved a 40% response rate to the Wellbeing Pulse Survey with an average response rate across Health & Social Care of 43%.

The following table shows comparative data for the themes rated in the survey between the Scottish Ambulance Service and the average across Health & Social Care in Scotland.

Theme	Scottish Ambulance Service	Average across Health & Social Care in Scotland
Overall staff experience		
Overall working within my organisation is a …	6.23	6.8
I would recommend my organisation as a good place to work	66	73
Wellbeing		
Overall, how satisfied are you with your life nowadays?	6.8	6.8
Overall, to what extent do you feel the things you do in your life are worthwhile?	7.2	7.4
Overall, how happy did you feel yesterday?	6.7	6.8
9 – 10 Very High | 7 – 8 High | 5 – 6 Medium | 1 – 4 Low		
Overall, how anxious did you feel yesterday?	4.3	4.4
1 – 2 Very Low | 3 – 4 Low | 5 – 6 Medium | 7 – 10 High		
Collaborative Working		
I get help & support I need from other teams and services within the organisation to do my job	65	73
Management & Leadership		
I feel my direct line manager cares about my health & wellbeing	71	79
I feel my organisation cares about my health & wellbeing	59	69
Treatment at work		
I am treated with dignity & respect as an individual	70	77
I am treated fairly & consistently	67	75
Pride		
My work gives me a sense of achievement	77	78

Achievement		
I feel appreciated for the work I do	62	70

67 - 100	Strive & celebrate	51 - 66	Monitor to further improve	34 - 50	Improve to monitor	0 - 33	Focus to improve

Our figures for overall staff experience in the Service are the lowest across Health & Social Care, however our figures for wellbeing are comparable to the average across Health & Social Care. Caution should be exercised when comparing results especially with the other National Boards who are not patient facing. This pulse survey is different from previous years' iMatter surveys and direct comparisons cannot be made albeit some of the questions remain the same with significant improvement in the Service for example in collaborative working.

Consistent concerns about excessive workload, feeling COVID-19 safe in the workplace and PPE emerged across Health & Social Care across all health and social care staff in addition to working from home, IT support when working remotely and line manager issues such as lack of communication and isolation.

The main source of support is consistently described as colleagues followed by family, being able to go to work, managers, teams, exercise & relaxation and self- help.

The full National Report can be viewed via this link:

https://www.gov.scot/publications/health-social-care-everyone-matters-pulse-survey-national-report-2020/

What are we doing and by when?

Action plans are being developed in each Region and in National Risk & Resilience Department and these will inform the overall Service response to the survey. A dedicated session has been arranged in February for the Senior Leadership Team to discuss the emerging themes and develop an action plan which will be presented to the Staff Governance Committee and the Board in March 2021.

- The short life working group set up to further refine the Health & Wellbeing Strategy has completed this work and has in addition developed a Wellbeing Roadmap for 2021 – 2022 which outlines the milestones we will achieve in the first year of the strategy.
- The Health & Wellbeing Strategy was endorsed by the Executive Team, approved at the Staff Governance Committee on 9th December 2020 and is presented to the Board for approval in January 2021.
- A total of eight sessions were held across November and December 2020 via MS Teams for managers with the purpose of raising awareness of the health & wellbeing support available to enable them to support both their own and their staffs' resilience, health & wellbeing. 166 managers attended over the 8 sessions that also provided an opportunity to share the existing good practice across the organisation between colleagues.
- The focus in the final quarter of 2020/21 is ensuring we can do all we can to support staff health and wellbeing throughout the winter period and the continued response to the COVID-19 pandemic especially the themes of healthy mind, healthy body and healthy lifestyle within the Health & Wellbeing

Strategy and completing the actions set out in the Remobilisation Plan 2.

- The Health & Wellbeing actions for the Remobilisation Plan 3 2021/22 have been developed and are presented in a separate report.
- Staff engagement sessions hosted on MS Teams have been held weekly since 19th August 2020 with a different topic for discussion and feedback each week. We are continuing to run these sessions to ensure staff are informed and have a chance to input into issues that affect them in the Service.
- Health & Wellbeing has continued to feature in staff communications and the Chief Executive's weekly bulletin, promoting national campaigns and signposting to wellbeing help and resources.
- The short life working group developing Peer support training for staff across the Service is continuing to meet to develop a framework and ensure a consistent approach to providing support to our staff.

Workforce Development

1. Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2020 workforce profile and improve staff experience.

Status – Plans are in place to deliver 2020-21 workforce requirements although adjustments have been (and will continue to be) made to respond to the challenges as identified below.

Improvement – The extensive recruitment effort planned for 2020/21 to maintain progress on the Service workforce plan targets has been significantly impacted by COVID-19. As we consider the implications, a cross service group has been tasked with identifying contingency plans. This group will plan the transition to our new Paramedic education model.

As a consequence of the current COVID-19 situation the current Dip HE in Paramedic Practice courses were temporarily suspended due the return of Associate Lecturer to frontline duties and the closure of Glasgow Caledonian University.

This affected the 2019 Part 2 cohorts progress and the start of 2020 cohorts (academic teaching is delivered in two parts). Delivery of the programme recommenced at the Academy on the 3rd of September. However, prior to this the programme was recommenced in June of 2020 from the East Education Centre in Grangemouth.

Following submission of a proposal to extend the delivery of the Dip HE in Paramedic Practice the HCPC has confirmed a 9-month extension for the programme until May 2022, however all part 1 cohorts are re-planned to commence by December 2021. As a consequence of an increase in COVID-19 cases across Scotland the Dip HE programme was suspended for 5 weeks in January 2021. This has entailed that the built in slippage time requires to be utilised for the delivery of one Part 1 Dip HE cohort in early 2022. The programme flow has been reviewed and changes made to ensure that the cohorts for final intake will all have commenced their programme before May 2022 in line with HCPC requirements.

Recruitment to the 2020/21 Dip HE courses re-commenced in August 2020, and further OSCEs are scheduled to enable remaining candidates to progress through the selection process and be allocated to the remaining 2020/21 cohorts which will commence early in 2021.

Recruitment to the 2020/21 VQ Ambulance Technician has recommenced. 70 VQ students commenced the November 2020 intake. Recruitment continues for the 2021 VQ Ambulance Technician intakes and Ambulance Care Assistants.

Recruitment has now concluded nationally for Trainee and Qualified Advanced Practitioners in Urgent and Primary Care with 35 offers now been made. The PG Diploma in Advanced Practice will commence in January 2021.

Planned Activities Include – The recruitment team will continue to liaise with regional workforce leads to deliver workforce intake targets. The allocation of places for VQ Ambulance Technician and Ambulance Care Assistant roles continues in line with

Regional workforce plan requirements. Following an impressive 2020 national recruitment campaign for Qualified Paramedics resulting in 23 successful candidates, a second campaign has now been launched running alongside additional national campaigns for Newly Qualified Paramedics and Qualified Technicians.

Other Considerations - Resourcing model developments will support continuing target delivery over the next three years 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 2021. This will build on the external pipeline which was expanded in 2017 with commencement of the first full-time degree programme in Scotland (first graduates in 2020). The degree programmes commenced in September 2020. The projected numbers were 284 students, however as a consequence of the SQA exam results the universities have recruited 341 students. Following discussion with the Service this has been approved by Scottish Government.

We continue to be actively engaged as one of the 6 Boards in the East Region Recruitment Transformation Programme Board. Part of the strategic proposal was the implementation of the National Recruitment IT system, Jobtrain, which went live in December 2019. Core Scottish Government funding is in place for Jobtrain until the year 2022/2023. This programme will come to fruition in the early part of 2022 when the single host employer is identified.

We are also exploring opportunities to develop a multi-professional workforce and transition requirements are being explored to a pre-hospital clinical setting, this work is at an early stage.

2. Employee Development

Aim - To ensure a capable workforce with the skills and knowledge to deliver a high quality service now and in the future.

Status – Planning and implementation of revised timetable of activities due to COVID-19.

Improvement – Transition of numerous learning administration/management systems to a single learning management system that service in identifying, planning and delivering learning and development interventions that support individual personal development and Service strategic learning needs analysis is the focus for improvement.

Planned Activities Include – Our primary focus for the period is the resumption of a number of activities that were suspended/postponed in accordance with Scottish Government guidance during the COVID-19 pandemic and the reallocation of resources in partner organisations such as NES as a result of the pandemic. Given the current context of winter pressures and Wave 3 of the pandemic non-essential activities will continue to be suspended.

1. Talent Management and Succession Planning

Guidance on the processes and governance for Talent Management, Development and Succession Planning at the Service was agreed and published on @SAS in December 2019 and communicated to all Senior Leadership Team members; with March 2020 as commencement of the cycle.

Talent Management and Succession Planning activity was suspended due to COVID-19 pandemic in March 2020, Plans to restart remain in abeyance and will be revisited as soon as possible.

2. Appraisal and Personal Development Planning.

Appraisal and personal development planning was suspended as a non-essential activity across the Service in March 2020 due to COVID-19. Plans for resumption of this activity were described in the September Board Performance Report. These plans were discussed at the September meeting of the Staff Governance Committee and subsequently at the Performance and Planning Steering Group in October. It was agreed to encourage senior Leaders and Managers to complete appraisal and personal development planning activity and summarise briefly in Turas by April 2021 but not to set targets given the current COVID-19 position.

3. Learning Management

Scoping meetings were arranged with NES Digital in March 2020 to commence the transition to Turas Learn and Turas Learning Records Store. This was postponed due to COVID-19 at the request of NES and will be resumed post COVID-19.

4. Once for Scotland Statutory Mandatory Training

Plans were in development for the transition of all NHSScotland “Once for Scotland” statutory and mandatory training to be available through Turas Learn to all staff groups. These plans have been paused due to COVID-19 but will be reinstated in due course.

5. Microsoft Teams / Office 365

The COVID-19 pandemic has resulted in the adoption of Microsoft Teams and Office 365 for a number of Boards, including the Service, at a much faster pace. Microsoft Teams in particular has enabled a digital alternative to face-to-face meetings with virtual and remote meetings and collaborative working taking place on-line. Learning resources to support staff and teams in getting started with Microsoft Teams have been made available through our Intranet systems and also supported by NES remote collaborative working. The Service will be participating in this work-stream and look to implement best practice going forward.

Enabling Technology

1. Emergency Service Network (ESN) Programme

The revised Full Business Case (FBC) released in August 2020 was rejected and a final draft of the new FBC is now expected in March 2021. The programme is also aiming to have a definitive sequence for deployment of ESN from all services by end of June 2021. Current projections for an Airwave shutdown are 2024/25. The Programme has moved away from delivering ESN Prime (followed by multiple releases required to meet service acceptance criteria), to delivering two releases: ESN Beta (Jan 22) followed by ESN Version 1 (date to be confirmed). The Service is providing a vehicle in January for a test fit of the new fixed vehicle device. The Service has also participated in workshops to review handheld device specifications with both the ESMCP and ARP.

2. Integrated Communications Control System

The project to provide an ESN compatible Integrated Communications Control System (ICCS) has now been re-planned after delays due to the software failing the final round of national testing (now passed). The Service will be the first ambulance service – with the exception of Isle of Wight- to go-live with the system. The implementation phase has now started and the current go-live date is the start of June 2021. The Service has now received a version of the system with a SAS configuration and begun testing the system and working with 3rd party suppliers to complete integration work. Train the trainer sessions have also taken place.

3. Patient Transport System Mobile Data

The Patient Transport System Mobile Data Procurement Project is to be formally closed and responsibility for delivery of a replacement PTS mobile data capability will move to the emerging Scheduled Care Programme. In order to help mitigate the increasing operational, cyber and financial risks involved in delaying the replacement of the current solution, Getac tablets continue to be purchased to replace the original Panasonic H2 tablets as they 'expire'.

4. Fleet

The 2020/21 Fleet Replacement Programme is in progress and on track to deliver the objectives of the current business case, which is in its final year.

5. Digital Workplace Project

The Digital Workplace Project completed the final mop-up of Service users in November as part of the final national email migration. A new intranet was launched in November also. The team has continued to work through issues that have arisen as a result of the move to 365 and have undertaken a re-planning exercise to complete the rest of the Phase 1 activities including a new SharePoint work area, shared drives and access to Microsoft 365 apps. The issues with national licensing model (which prevented the Service from assigning licences to staff in line with their role) have now been overcome and the project is currently reviewing the Service's licencing model with a view to finalising the apportioning of the licences in January.

6. Other Projects

ACC Telephony Projects

Call Recording

The call recording project has now been formally closed with the migration work at Paisley and Cardonald, Norseman, Inverness and Oxgangs having completed last year.

Telephony Upgrade

This is a significant project, it involves upgrading the entire Ambulance Control Centre telephony and contact centre platforms. Hardware for the new system has been delivered and installation has started. Cut over for all users will not take place until Cardonald, Inverness and Norseman installation work is completed and successfully tested. This is scheduled for completion in May 2021.