Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**January 2022** **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 key performance metrics as set out in Remobilisation Plan 4 (RMP4) standards for the period to end December 2021. 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. The Service is currently experiencing exceptional and sustained pressure from increases in COVID-19 and non COVID-19 demand, higher patient acuity, workforce abstractions and challenges in handing over patients timeously at emergency departments because of wider health and care system pressures. A detailed plan to improve workforce capacity, create more operational capacity, manage demand and progress joint turnaround improvement plans with hospitals has been created and implementation is being progressed at pace. <u>Clinical and Operational Performance</u> Purple Category 30-day survival rates have shown a month-on-month improvement with the data at end September 2021 sitting above the upper control limit at 59.3%. Purple 30 day survival rates have been above the upper control limit for each of the last four months.

	Out of Hospital Cardiac Arrest (OHCA) - the Return of Spontaneous Circulation (ROSC) for VF/VT patients has been maintained above 50% for each of the last three months. This level of performance is welcome given the challenging environment in which the Service is operating. As part of the Redesign of Urgent Care programme we are working with territorial Health Boards to optimise the use of Flow Navigation Centres and alternatives to Emergency Department admission. We also continue to focus on increasing the numbers of patients who can be cared for at home through the use of community pathways. Our latest data shows that 43.5% of patients continue to be cared for in local community-based settings, avoiding hospital conveyance where this is the best option for the patient. The Service's contribution to reducing harm from drug use continues to develop. The priority work stream in 2021 was to establish ambulance clinician supply of take-home naloxone to people who are at risk of witnessing an overdose in the future. SAS clinicians have now supplied 967 take home naloxone kits since the start of the pilot in 2020. <u>Workforce</u> Service Directors and Managers, supported by local Human Resources teams, continue to prioritise workforce health and wellbeing and implement the Once for Scotland Attendance Management policy through a wide range of measures including support and advice to supervisors and managers on dealing supportively and pro actively with attendance issues. Our workforce plans for 2021/22 have been reviewed and recruitment and training targets updated for the remainder of this year and into early 2022. We are recruiting both to fill vacancies and additional front line staff this year as part of the Demand and Capacity programme. In addition, given the unprecedented pressures that the Service and the wider health & care service are experiencing we are deploying military personnel, Scottish Fire and Rescue staff and resources from the British Red Cross. Emergency Driver Shortlisting is underway with 290 applications received. We are also implementing national guidance which enables the employment of health care and paramedic students for up to 15 hours per week in a variety of support roles. A total of 191 students from across the healthcare system in Scotland have been actively engaged in the recruitment process. 73 of those have been fully recruited and have been passed to relevant areas to co-ordinate induction / training - some of these started pre-Christmas. A further 118 are undergoing pre-employment checks at the moment with the expectation they will be in post in the coming weeks. We continue to work in partnership with staff side representatives

	including a weekly informal Teams meeting to strengthen communications and enhance formal partnership structures which have continued throughout the pandemic. The Director of Workforce and other senior Service staff also meet monthly with Scottish full time officers to brief them on the Service's response to the current national emergency and this has been welcomed by Staff side partners. <u>Enabling Technology</u> The Home Office Emergency Services Mobile Communication Programme (ESMCP) continues to review the contracted procurement 'lots' which have been awarded to suppliers to deliver the new Emergency Service Network (ESN). This has led to further delays with the delivery of an overall integrated plan. ESMCP have also announced a 13-month delay to ESN Beta, the precursor to the final product, ESN V.1.0. They have stated that they do not expect there to be a similar delay with ESN V1.0. The SAS ESN Programme Brief has been developed and approved by the Enabling Technology Board. Terms of Reference have been updated for Scottish Strategic Group with regular meetings (as well as Finance meetings) to be scheduled. The reset Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) is now entering its final testing phase. The Service is currently on course to be the first major ambulance service in GB to go-live with the new system at the start of April 2022. The Digital Workplace Project (DWP) team are undertaking a pilot of OneDrive with a view to a Service wide rollout commencing in February. The DWP Project Manager has moved on from SAS and a recruitment process is underway. Given national delays to progress with SharePoint, the Phase 1 deliverables are being revisited to assess how best to take these forward. The Telephony Replacement Project has successfully implemented the new Avaya CM8 solution across all ACCs. The aim now is to upgrade all remaining Service sites over the next 6 months.
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 people who fall - early priorities also include 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 2021/22 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

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 and care assurance 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 was paused due to operational pressures, arising from the COVID-19 pandemic and further discussion was held at the Board Development session in August 2021. This work will be further progressed when the new performance framework has been agreed with Scottish Government.

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

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

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

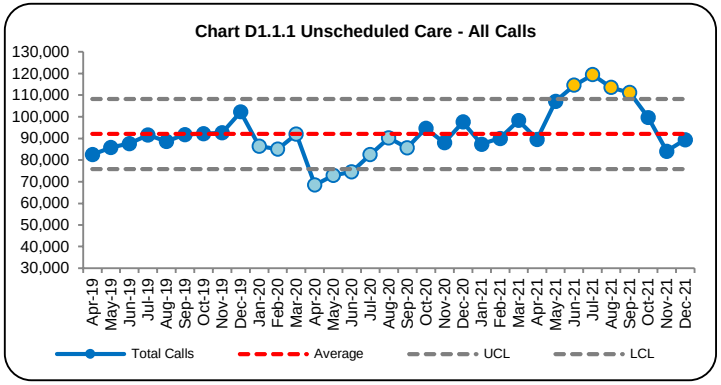
Run Charts

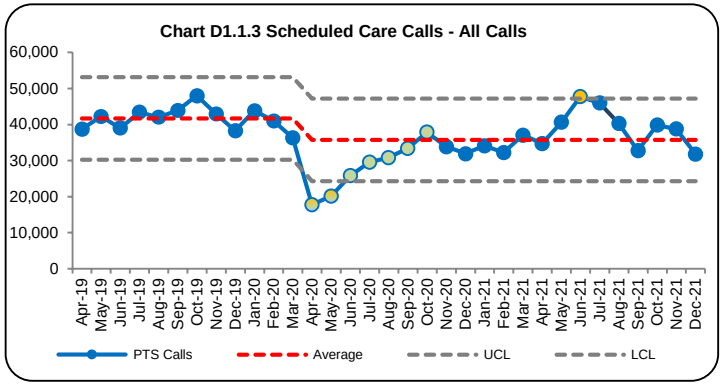
Rule 1: A run of six or more points in a row above or below the median (light blue)

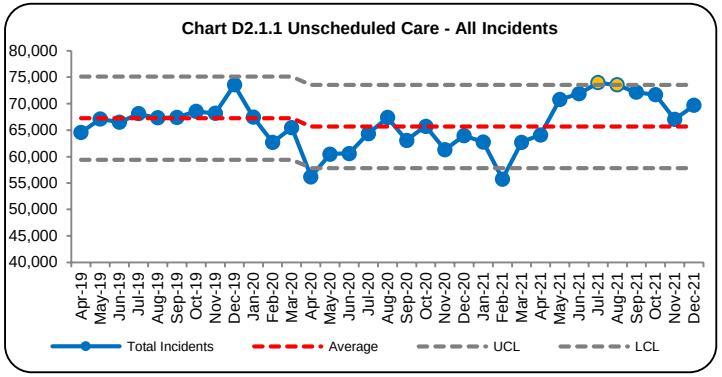
Rule 2: Five or more consecutive points increasing or decreasing (green)

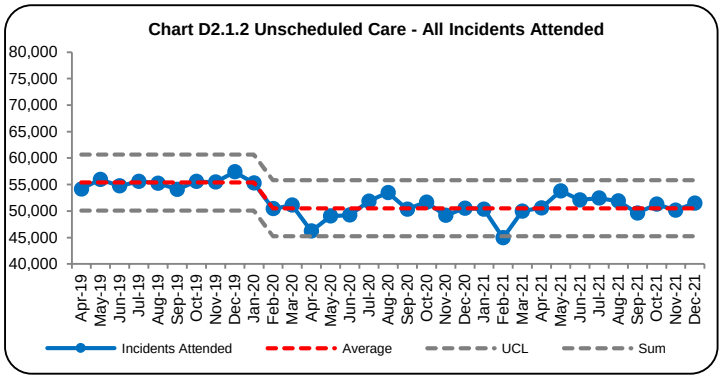
Rule 3: Undeniably large or small data point (orange)

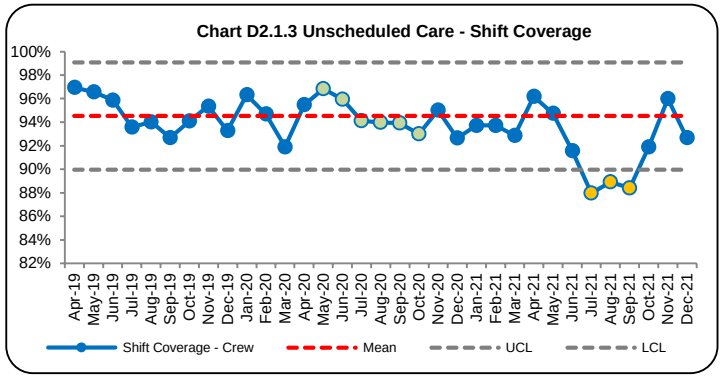
D: Demand Measures

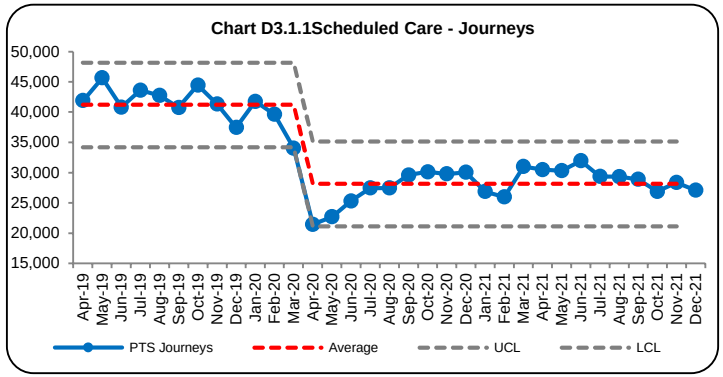












What is the data telling us?

Demand across all areas dropped at the start of the pandemic in March 2020, from then demand increased month on month before decreasing again as stricter restrictions were introduced on 26 December 2020. Since the easing of the lockdown restrictions at the start of May 2021 unscheduled demand increased above pre-pandemic levels with total calls between June and September 2021 out with the control levels and reaching an unprecedented volume, this stayed within the control limits in December with 89,430 calls. Total Incidents in July and August were above control levels; although the volume of incidents has returned within control limits, it remains similar to the pre-pandemic highest level of December 2019 (73,551). Scheduled demand in 2021 remains lower than previous years.

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. The requirement for physical distancing has reduced the Service's capacity. The move from 19 July 2021 to 1m physical distancing is helping to reduce this pressure.

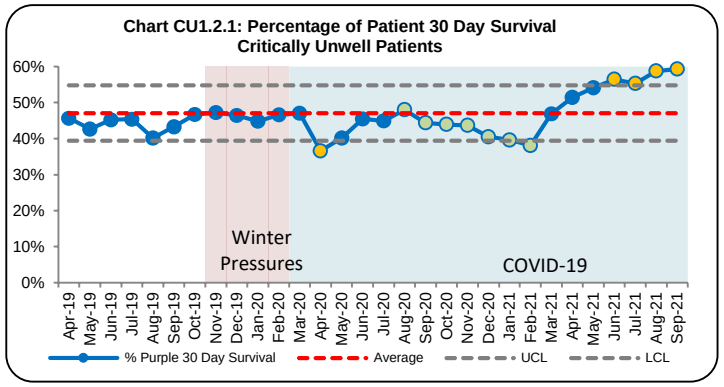
Accident and Emergency shift coverage in July, August and September 2021 was below the lower control limit caused by increased COVID-19 related absence. This returned within control limits in October 2021 and has remained within control. Utilisation rates nationally of Accident and Emergency staff in November and December were 61.7% and 64.5%. Best practice for UK ambulance services is no more than 55% utilisation and the higher rates since May 2021 reflect the increased demand and reduced capacity.

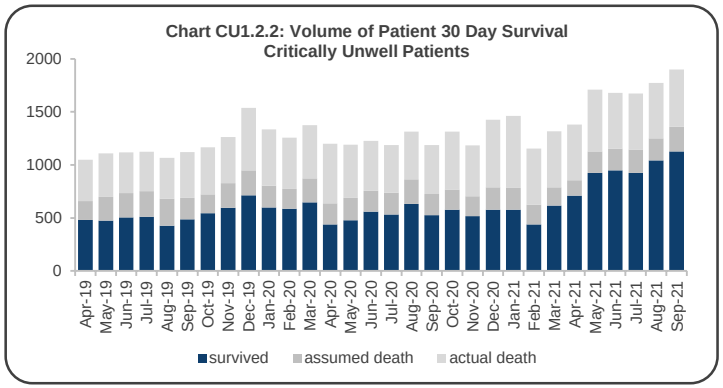
What are we doing to further improve and by when? –
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated based on intelligence of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

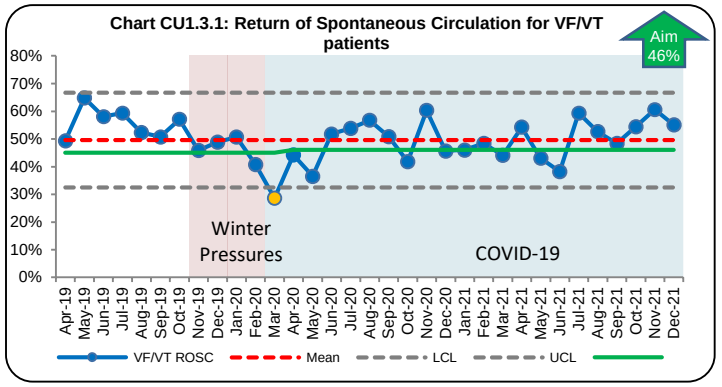
As part of our remobilisation plans we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. Significant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

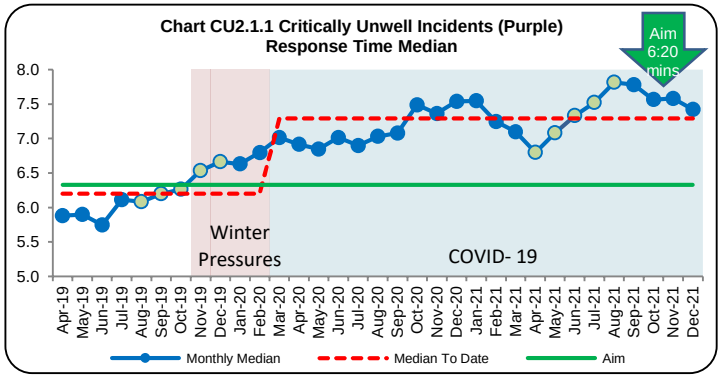
Our work to support staff health and wellbeing is also explained later in the paper.

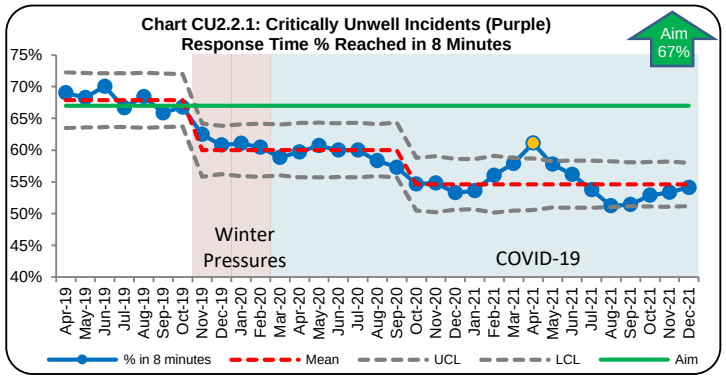
Purple Response Category: Critically Unwell Patients

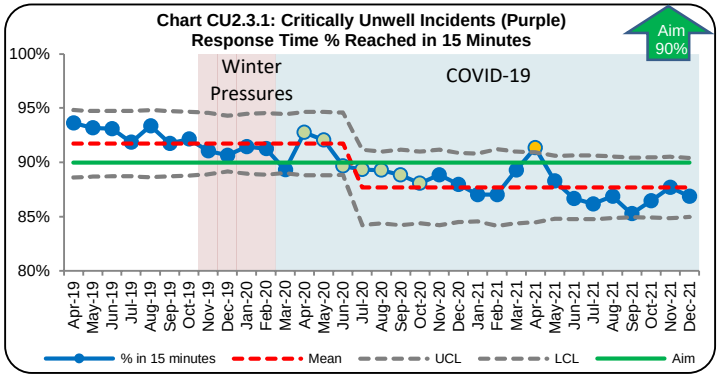












What is the data telling us?

Purple Category 30-day survival data is collated three months in arrears in order to validate the figures. Chart CU1.2.1 illustrates that the 30-day survival rate for these patients has shown a month on month improvement with the data at end September 2021 sitting above the upper control limit at 59.3%. This will continue to be monitored closely to allow us to better understand any influencing factors.

Out of Hospital Cardiac Arrest (OHCA) - Chart CU1.3.1 illustrates the Return of Spontaneous Circulation (ROSC) for VF/VT patients and has been maintained above 50% for each of the last three months. This level of performance is welcome given the challenging environment in which the Service is operating.

The revised Out of Hospital Cardiac Arrest (OHCA) Strategy published in 2021 is now being progressed through a number of workstreams and these include working with our Ambulance Control Centre to identify and improve opportunities for telephone CPR, ongoing training and support for ambulance clinicians and developing our approach to improved end of life care.

We have met with our Ambulance Victoria partners in Melbourne, who are very advanced in their use of GoodSAM which has provided useful insight and learning that we can utilise to support our ambition to roll out GoodSAM at pace once the current pressures are over.

Final approval to go ahead with the Macmillan partnership to improve care and staff experience for managing Palliative and End of Life Care patients has been received. We are in the process of appointing the Lead posts to this partnership and establishing a new dedicated work stream within the Clinical Services Transformation programme. The anticipated timescales for launching this work stream will be agreed following appointment of the lead roles.

Purple Median Times

As illustrated in chart CU 2.1.1, median response times to purple incidents has continued to improve. The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift.

Work is ongoing around these four priority areas

1) Reducing service time (through auto-allocation, new static sites for ambulances, reducing hospital turnaround times and timely access to professional-to-professional support).
2) Reducing the number of Accident and Emergency unit dispatches (through Advanced Paramedic clinical assessment, alternative pathways of care, flow navigation centres, specialist response vehicles for mental health and accessing mental health assessment centres).
3) Increasing ambulance resources (demand and capacity programme).
4) Reducing unavailable time (through make ready, equipment, cleaning vehicles, welfare packs at Hospital).

We are increasing ambulance resources and implementing new rosters through the demand and capacity programme. This includes 356 additional ambulance staff by April 2022, and additional ambulances and paramedic response units.

We are focused on working to maximise shift coverage, support abstractions for paramedic training and manage sickness absence levels. This work is being further supported by the temporary

deployment of 66 military drivers and by support from the Scottish Fire and Rescue Service. The agreement with the military is now in place to provide this support until 31 March 2022.

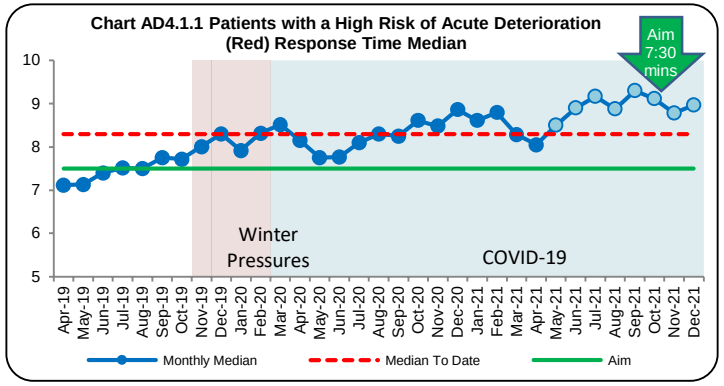
Recruitment is underway for bank emergency drivers to join the Service. Applications are encouraged from people who already hold emergency driving qualifications. It is planned that these people will be in place by the end of March 2022.

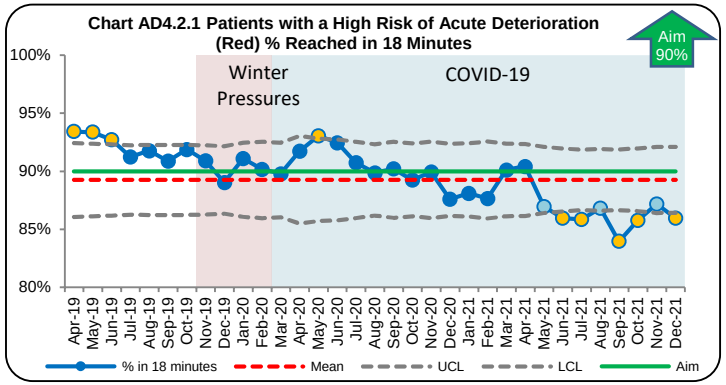
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life threatening calls across Scotland and work is underway to increase their availability and their deployment.

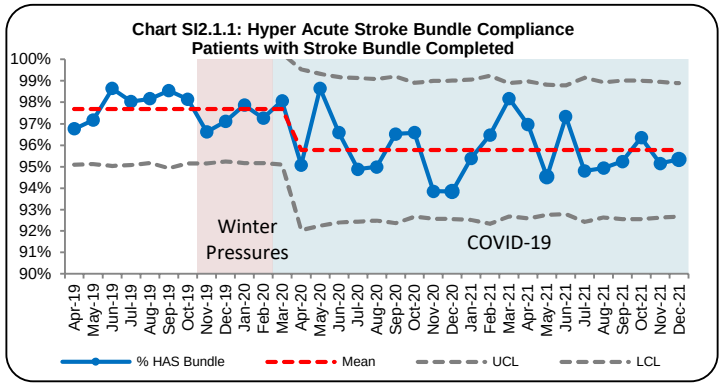
We are continuing to see extended hospital turnaround times (HTAT) in many hospital sites. This remains an area of significant concern. Extended HTATs are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs.

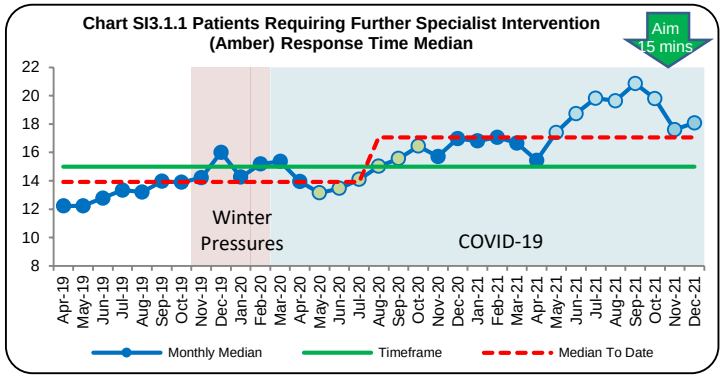
Health Boards have been working with regional management teams to produce site action plans to support flow and reduce ambulance handover delays. Work is also underway to roll out the Hospital Arrival Screens handover module at all major hospital sites in Scotland. The system has been reconfigured to allow us to report on the notify time (the time at which the crew 'informed' the hospital they were in the department and ready to handover) and the handover time. Compliance with the use of these screens is now monitored and reported to regional teams, Health Board partners, and Scottish Government. Additional HALO posts have been funded by Scottish Government with all the additional people now in post. Performance Managers have been appointed on a secondment, based at the QEUH, to work with their site teams and help with ambulance handover and hospital flow.

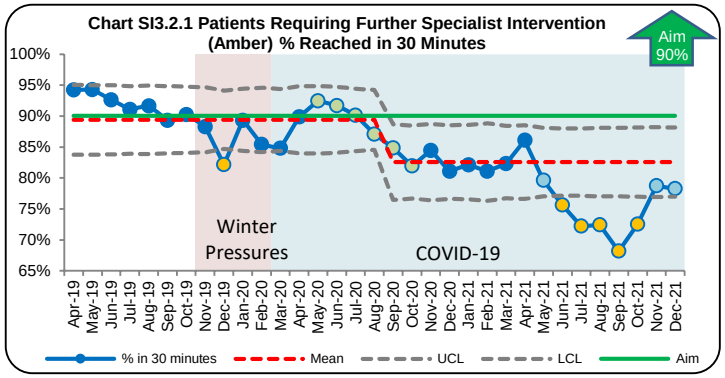
Red and Amber Response Categories











What is the data telling us?

As with the purple category, the median response to red and amber calls increased in May 2021 as lockdown restrictions were eased (charts AD4.1.1 and SI 3.1.1). The percentage of these calls reached within 18 minutes (red) and 30 minutes (amber) has been at or below the lower control limit.

There is variability relating to our application of the 'stroke bundle', however we continue to work closely with colleagues to support the application of the stroke bundle where possible.

Why?

Demand in the amber category has risen substantially in recent months; in December 2021, it was 14.6% higher than the same month in 2020 and 8.5% higher than December 2019.

Set against the increase in demand for patients in the amber category Chart SI 3.1.1 illustrates a reduction in the monthly median response time to these patients in both November and December 2021.

This reduction in waiting times are reflected in the percentage of patients reached within the aim of 30 minutes where further specialist intervention is required (Chart SI 3.2.1). This has increased above the upper control limit for the first time since May 2021.

What are we doing and by when?

The Service's Major Trauma Team are continuing to work closely with internal colleagues and network partners to ensure the appropriate management of major trauma patients. This includes the establishment of various feedback mechanisms, patient outcome processes and CPD events to ensure that our ambulance clinicians are learning from experience and further developing their clinical skills.

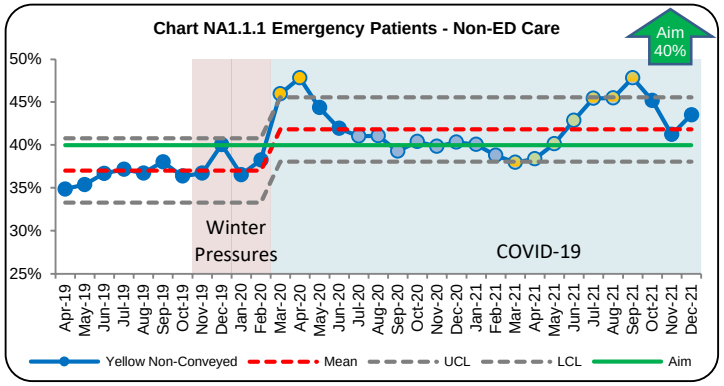
We are working with Scottish Trauma Audit Group (STAG) to ensure that the Major Trauma Triage Tools (MTTT) data is accurately linked and that the appropriate data is being shared. This will allow STAG to measure the application of the MTTTs and develop the relevant measures as the national network matures.

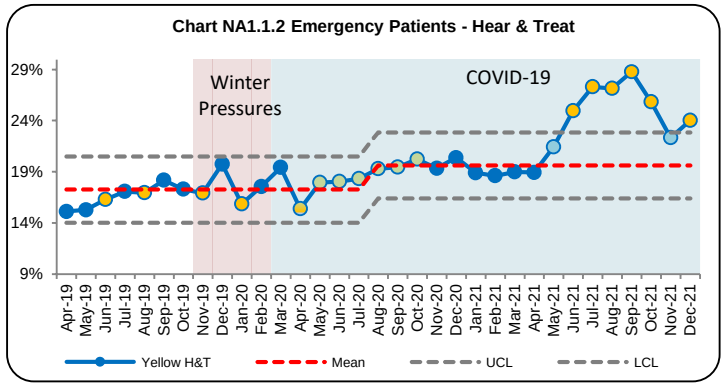
Co-ordination of the Service's response to incidents where major trauma is suspected is through our Ambulance Control Trauma Desk. This function and output data from this desk is currently under review with improvements to be actioned in the first quarter of 2022.

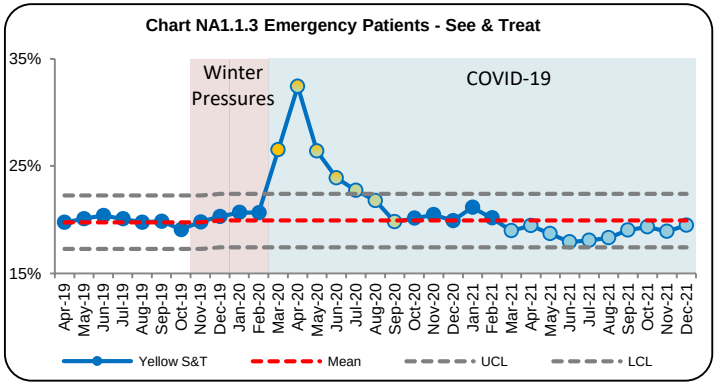
There is ongoing development of our three Advanced Practitioners in Critical Care (APCC) teams with the South East team all having completed their independent prescribing course, the final member of the West team completing their first academic module and the last member of the North team successfully completing their final core academic modules.

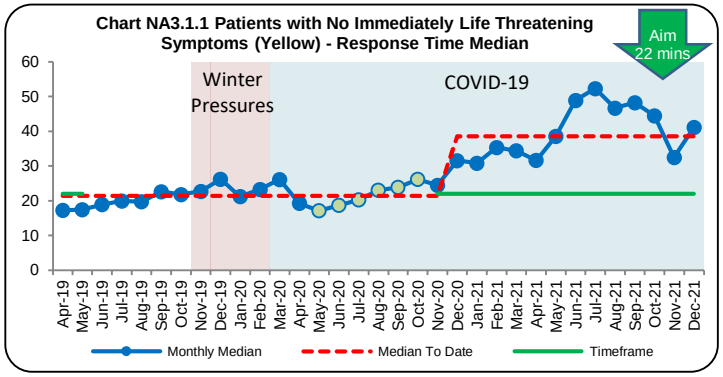
The Clinical Directorate and National Operations are working to explore solutions that would allow for the expansion of the national thrombectomy service in line with the planning expectations of the national thrombectomy group.

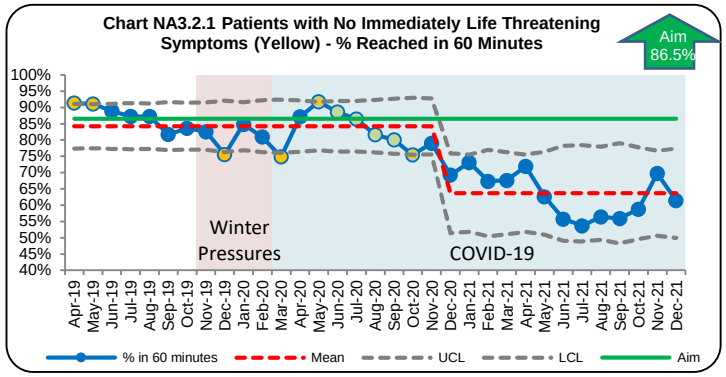
Yellow Response Category: Emergency Patients with no Life Threatening Symptoms











What is the data telling us –

Chart NA1.1.1 provides an overview of our response to emergency patients and was static in the six months from August 2020 sitting around the aim of 40% of this group of patients not conveyed to hospital. In the most recent 8 months, this has exceeded the aim and was on or above the upper control limit in July to December 2021. The overall picture of patients being cared for out with the ED remains on target and the aim is to strengthen this through the work linked to the Redesign of Urgent Care, with the aim of ensuring that patients receive the most appropriate care which may be closer to home.

Chart NA1.1.2 illustrates that 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, increased month on month from April to October 2020. From October 2020, performance has fluctuated slightly between the mean and the upper control limit before increasing to above the upper control limit between June and December 2021. To support our response to whole system pressures our Advanced Practitioners in Urgent Community and Primary Care have been fully deployed to remote consultation and triage effective from January and as such we expect the impact of this to be reflected in our next reporting period.

Chart NA1.1.3 details the number of patients who are discharged following face-to-face assessment and although remaining within the control limits data for December 2021 showing this to be on the mean and slightly up from November 2021.

It is likely that as we manage more patients remotely, the potential to support people that we do attend out with an ED pathway may be less, however the stability of the data represents a good platform from which to deliver further improvements with our ability to utilise community pathways as part of our engagement with IJBs and work to support Scotland's Redesign of Urgent Care programme.

The response time median to yellow incidents (Chart NA 3.1.1) has had the median-to-date line recalculated due to a sustained statistical signal of 11 points above the median. A range of pressures in the system has affected this including increased service time, extended hospital turnaround times, an increase in emergency demand, and abstractions through test and protect, shift cover and an increase in sickness absence. A range of interventions to mitigate delays is being reviewed and from a clinical safety perspective, our safety netting interventions to detect any clinical deterioration remain in place. Refinement in Advanced Practitioner processes includes additional code sets for consultation, which will augment the established pathways for this group of patients. In addition to the established clinical cover in ACC, significant numbers of senior clinicians from the clinical directorate have been embedded in ACC over the last few months, and our project to recruit GPs to provide senior clinical support to Service clinicians and patients went live week commencing 10 January 2022. The remit of these senior clinicians is to optimise the quality and safety of our responses, particularly when the system is under significant pressure and to help improve staff experience.

What are we doing and by when –

There remains a strong focus on supporting the delivery of the aims of the national programme for Urgent and Unscheduled Care which includes the Redesign of Urgent Care and Interface Care work streams. This programme aims to reduce Emergency Department

attendance, promote same day care and ensure patients receive “Right Care, Right Place, Right Time”.

Regional teams are working with territorial Health Boards to optimise the use of Flow Navigation Centres and alternatives to Emergency Department admission. These collaborations are resulting in increased awareness and closer working including accessing decision making support on-scene and at point of call where an ambulance response may not be required. We are currently testing alternative response models for patients across a number of clinical presentations, including booking taxis for patients, where it is safe and appropriate to do so. A recent Chief Executive Staff Engagement session illustrated the system wide benefits of working with Board Flow Navigation Centres.

Our aim to increase the numbers of patients who can be cared for at home through the use of community pathways continues with a focus on maintaining and developing our pathway provision and this includes patients experiencing Breathing difficulties, Ground Level falls and mental health concerns.

Our recently launched flow navigation hub is supporting frontline clinicians to access available pathways and make referrals e.g. to local Falls teams on their behalf. There has been positive feedback from clinicians and pathway partners and in the months ahead we will continue to build and shape the hub through cycles of improvement.

Our Contribution to Improving Population Health
Drug Harm Reduction

The Service’s contribution to reducing harm from drug use continues to develop. The priority work stream in 2021 was to establish ambulance clinician supply of take-home naloxone to people who are at risk of witnessing an overdose in the future.

Figure 1 illustrates the success of this work stream through the increasing number of naloxone kits being supplied throughout the year 2021/2022. SAS clinicians have now supplied 967 take home naloxone since the start of the pilot in 2020.

Fig 1 – THN supply 2021

As part of the organisational response to REAP 4, the three-drug harm reduction clinical effectiveness leads (CELs) have supported patient safety and patient centred care senior decision making within the Ambulance Control Centres. The CELs are using their skills, knowledge, and expertise to influence safe outcomes for overdose and mental ill health related calls that wait for an ambulance response. This results in upgrades in priority for some calls, in addition to actual and potential outcomes for others, for example

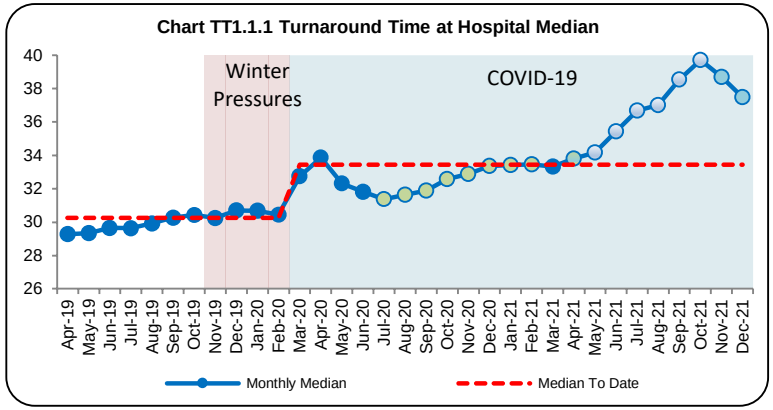
alternative transport, or connections with substance use and mental health community services.

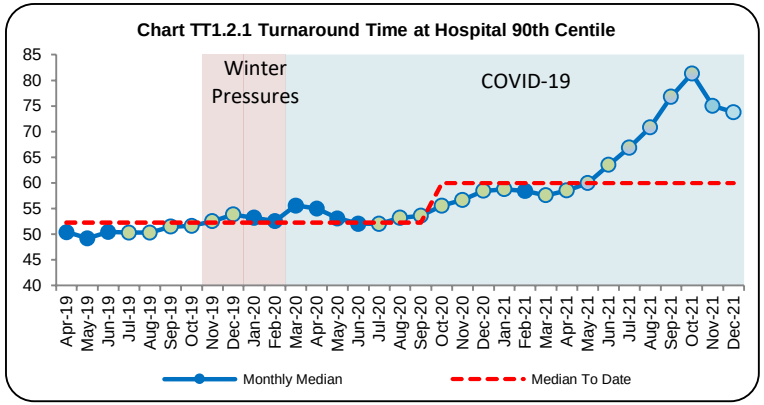
The Service continues to share data with territorial health boards related to recent calls to people who are at risk of future fatal overdose. Positive feedback is being received from boards and alcohol and drug partnerships about this.

Augmentation of the data sharing is for ambulance clinicians to connect people with support services at the scene. This practice is increasing and has been further enabled by the establishment of the Service's flow navigator hub, which provides a single point of contact for ambulance clinicians to identify the correct support service for the geographical area that they are in.

The Service has also been able to collaborate with other Drug Death Task Force (DDTF) pilots' programmes. The Glasgow and Lanarkshire Overdose Teams (GORT and LORT) can provide an almost immediate response to people having an acute substance use related crisis (this is different to the support services mentioned above, who can often reach out to the person in the days after the connection). Feedback from GORT and LORT is that ambulance clinicians have started to identify appropriate people to be referred to these services. Additionally, appropriate calls have been identified by the CELs from ACC for GORT to co-respond to with Service's crews. These connection and referral processes will be a priority for further expansions, pilots, and evaluation in 2022.

TT: Turnaround Time at Hospital





What is the data telling us? – Both median and 90th centile turnaround times are reporting at levels significantly higher than have been seen historically. An increase in median turnaround translates to reduced availability of ambulances to respond to other patients who have made emergency calls. In addition to more time being spent at hospital, tasking crews from hospital rather than tactical deployment points can also negatively impact on the time taken to reach patients.

Between December 2019 and December 2021 the median turnaround time increased from 30 minutes 42 seconds to 37 minutes 29 seconds.

In December 2021, the additional time crews spent at hospital (time over 30 minutes per patient conveyed) came to a national total of 8,263 hours, 98.8% of lost hours occurred in the following 6 boards - Greater Glasgow & Clyde (2,849 hours), Lanarkshire (1,274 hours), Grampian (1,266 hours), Ayrshire and Arran (1,240 hours), Lothian (844 hours) and Fife (690 hours). This is a contributory factor to the previous narrative relating to response times and remains an area of significant concern.

Why? – Hospital Turnaround Times for Ambulance Crews has been compounded by the strict infection prevention and control measures that hospitals have had to put in place due to the COVID-19 pandemic, and as restrictions have eased, hospitals are operating at or near full capacity. The situation remains particularly challenging in some hospital sites affecting ambulance response times, ambulance availability, staff rest periods and shift overruns.

What are we doing and by when? –

Hospital Ambulance Liaison Officers (HALOs) have been deployed at the busiest hospital sites to ensure we are fully integrated in

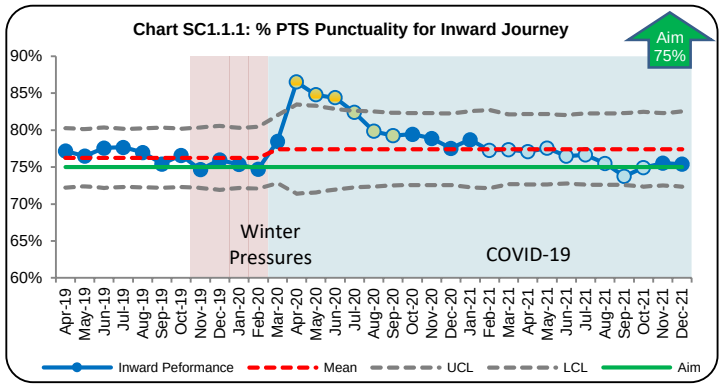
support of whole system hospital flow. HALOs are supported by managers.

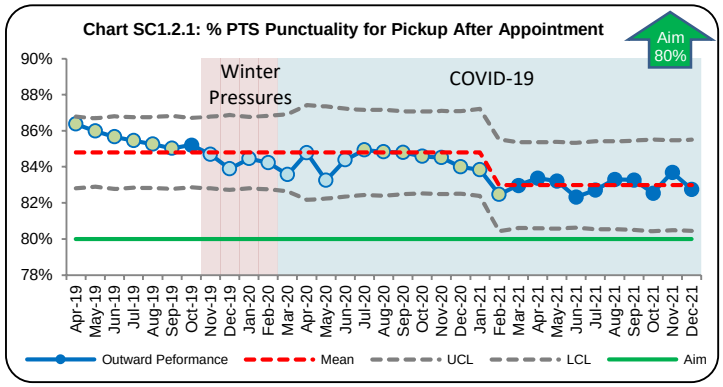
Additional HALOs are now in place across the three regions funded by the unscheduled care and systems pressure money. There are now six additional HALOs in the West Region, three in the East Region, and two in the North Region. NHS Lanarkshire has also funded an additional HALO post to work in the Flow Centre. The Service now has 22.5 WTE HALOs in post covering the major ED sites.

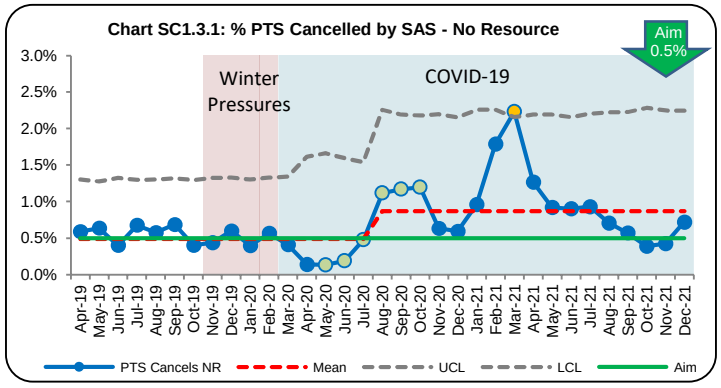
Other specific actions include:

- Monthly meetings chaired by the Service's Medical Director continue with representation from Scottish Government and Health Boards. A joint review of escalation plans and how these are implemented at hospital sites is being reviewed and updated. Weekly or bi weekly meetings between Chief Executives at the most challenging sites
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into ED and the Hospital helping with managing flow.
- All efforts re safe alternative measures to ED admission described earlier in terms of the Redesign of Urgent Care programme.
- Hospitals exploring development of temporary admissions units to support surge capacity.
- Escalation to Senior On Duty and On Call Teams as required.
- Involvement in Hospital Incident Team meetings.
- Cohorting guidance produced to allow regions to cohort patient (preferably post triage) at key sites at busy times.

SC: Scheduled Care







What is the data telling us? – Chart D3.1.1 shows that Scheduled Care journeys have reduced slightly between November and December 2021.

Punctuality for inward appointments is at 75.4%, which is just above the aim of 75%.

Punctuality after appointment remains within normal control limits at 82.8% in December 2021, above the aim of 80%.

The percentage of PTS cancelled by the Service in the “No Resource” category has increased to 0.72% in December, above the aim of 0.5%.

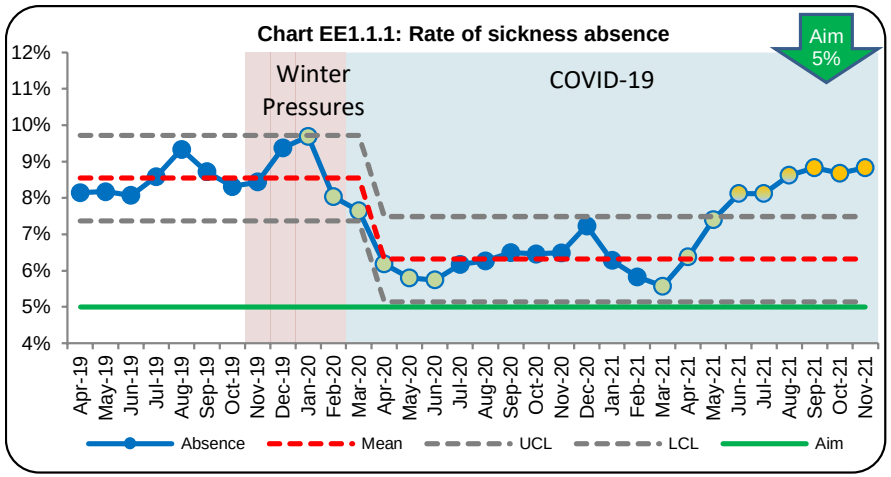
Why? – In line with COVID-19 infection control and physical distancing measures, patient transport ambulances are currently restricted to carrying no more than 2 patients per journey. Where a patient requires a trolley, the ambulance would be restricted to one patient per journey. COVID-19 infection control measures remain in place, increasing the overall service time for each journey.

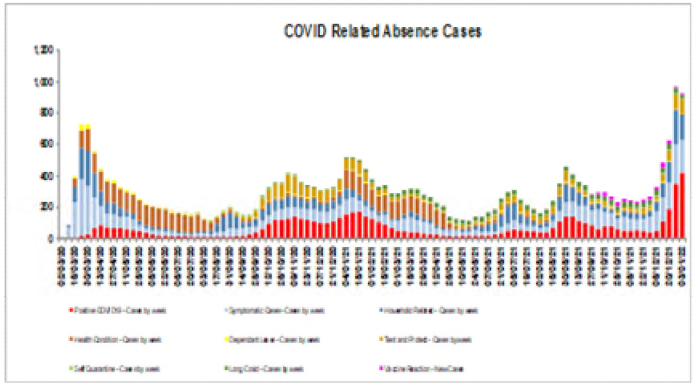
What are we doing and by when? –

We are working closely with patients and hospitals to reduce cancellations, to support staff returning to work and to optimise journey plans. We are also continuing to work with other transport providers who can provide transport options for patients who do not require ambulance care and transport.

SE: Staff Experience

Sickness Absence





What is the data telling us? – The non COVID-19 Sickness Absence level as at November 2021 was 8.8%.

For internal management information purposes and in line with Scottish Government advice, we are recording COVID-19 related absences separately. To align with the reporting requirement from Scottish Government, our COVID-19 related absence is reported by the number of staff absent in relation to COVID-19 in any given week. Percentages relate specifically to the number of staff off each week as a proportion of Headcount and not the percentage of shift coverage hours lost against contracted hours. COVID-19 related absence levels during week commencing 27 December 2021 peaked at their highest level since the pandemic began with 14.9% of staff off during that week, 970 staff, of which there were 353 absent as a result of testing positive. Positive cases further increased week commencing 3 January 2022 to 423, however had subsequently reduced by half as at 16 January 2022.

Why? During December 2021, the majority of cases were related to four distinct categories: positive cases, self-isolation for displaying symptoms, self-isolation for household related cases, and isolation through test & protect. Our increase in COVID-19 related absence was in line with forecast modelling carried out by our business intelligence team off the back of the latest update on Scottish Government modelling predictions.

What are we doing and by when? - Over the last few months with the resurgence in COVID-19 activity, our managers have been dealing with a range of attendance issues. These have involved undertaking regular welfare checks with staff, managing short and long-term abstractions and undertaking detailed risk assessments

for staff with long-term underlying medical conditions. All interventions are in line with the Once for Scotland Attendance Management policy.

The strategic aim, agreed with the Service's Staff Governance Committee is to first stabilise and then reduce absence with a national target for reducing non COVID-19 absence by 1% by end of March 2022. This aim recognises the continuation of the national emergency in combination with winter pressures which will make the next six months extremely challenging. In the last quarter the focus has been on resolving complex long term absences across the Service and these efforts are now reflected in improving long term absence rates.

The Regional and National HR teams continue to proactively support front line managers to manage attendance levels in their area. The HR & ER team have been allocated additional temporary resources to work with managers and supervisors to address the higher levels of sickness absence we are currently experiencing. Specifically, a national attendance lead has been appointed whose role is to oversee, co-ordinate and direct the Service's response to reducing sickness absence across all departments of the organisation, as part of our continued commitment to reducing staff abstraction levels across the Service. In addition, dedicated support is being provided to the ACCs to reduce absence levels by at least 2% by end of March 2022.

Every month a detailed report is produced for the Service's Performance and Planning Group which sets out the position for each region and service area broken down into long and short term sickness absence. A supporting narrative is provided by local managers which gives local information and specific action being taken including a breakdown of the top five reasons for absence. At present the top two reasons nationally are stress, anxiety and depression and musculoskeletal injury. Through the Service's Health and Wellbeing Strategy and the Occupational Health service a wide range of interventions are available to facilitate recovery and return to work.

As of 3 January 2022, 35 staff are absent from work due to Long Covid and although there remains some uncertainty about the longer term implications for these staff, managers continue to actively support them with all available welfare measures.

We receive daily reporting on COVID-19 related absence that 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.
- Absence due to Long Covid
- Staff who suffer an adverse reaction following COVID-19 vaccination.

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

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

The Service's Health and 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.

The Service's current Agile working guidance has been of considerable benefit to those staff who have been required to work from home. The guidance has been helpful in providing some clear and consistent advice around the discussion with staff to ensure that the relevant risk assessment is undertaken and that the individual staff member's workstation is safe and secure.

We have appointed a number of Wellbeing Leads to provide additional specialist wellbeing and welfare support to staff and managers across the organisation, that will complement existing provision and resources and are due to commence in post February 2022.

E1.2 Employee Experience

Maintaining a positive staff experience in the current pandemic remains a priority for the Service, particularly for frontline staff who are being significantly affected by long turnaround times at hospitals, resulting in shift overruns and missed rest breaks. This in combination with reduced workforce cover due to an increase in staff abstractions, not only in the Service but across the entire system, is causing significant staff fatigue. We have remained at REAP level 4 due to the increased and sustained pressures on the Service and across the wider health and care system.

What are we doing and by when?

The Service is actioning a wide range of short and long-term measures in line with the Health & Wellbeing Strategy that includes:

- Continuation and enhancement of the provision of meals and refreshments at the most pressured hospital sites. Over the winter period, staff have required quick and easy access to hot food and drinks 24/7 to provide sustenance and keep warm.

- Distribution of double insulated water bottles for each member of staff across the Service to enable provision of hot drinks whilst on duty.

- Establishment of Staff Welfare Leads in each Region/National operations, supported by the OD Team, to keep oversight of staff welfare provision, share what is working well and address ongoing challenges and gaps in provision timeously.

- The establishment of a Rest Break Improvement Group in partnership with our National Convenors.

- The recruitment and selection of three Wellbeing Lead posts in December funded by the Scottish Government for a 2-year period. Successful candidates will commence in post on 1st February 2022. We have appointed to 4 Wellbeing Lead posts.

- Lifelines have been running scheduled sessions for managers to enable them to keep well and support their teams and colleagues throughout this challenging period. The OD Team have been running ‘Time to Talk’ sessions open to all staff and managers. This is a forum to provide some breathing space to talk and share thoughts and feelings in this time of uncertainty and challenge.

- There is regular ongoing engagement and discussion with staff and staff side colleagues and partners through a range of channels such as speaking with crews at hospital sites, discussion at Regional cells, meetings with partnership colleagues and suggestions at weekly staff engagement sessions. Those discussions will continue to ensure staff welfare provision remains appropriate to requirements and changing needs are addressed swiftly.

Workforce Development

Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2021/22 workforce profile and improve staff experience.

Status – Plans are in place to deliver the 2021-22 workforce requirements although adjustments have been, and will continue to be made, to respond to the challenges identified below.

Improvement – We are on track to deliver the 2021/22 workforce plan, and are actively pursuing opportunities to go beyond our initial aims, given the system challenges, with support from Scottish Government.

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.

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 2022. 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).This year the intake for the undergraduate programme is 323 entrants and the support infrastructure is continuing to be refined to meet the needs of the undergraduate cohorts. The work continues with the transition to support for Newly Qualified Paramedic (NQP) and will continue to evolve over the coming years. The VQ programmes have increased in the last year to meet the requirements of the demand and capacity programme of work. The Education and Professional Development team have worked flexibly and collectively to meet the additional demands required both for demand and capacity planning, as well as supporting the development of external partners during the most recent challenges impacting on the workforce in relation to the pandemic and whole system pressures.

We continue to be actively engaged as one of the 5 Boards in the East Region Recruitment Transformation Programme Board. Part of the strategic proposal was the implementation of the National Recruitment IT system, Jobtrain, that went live in December 2019. Core Scottish Government funding is in place for Jobtrain until the year 2022/2023. In December 2020 the host Board for the new consortium was identified as NHS Lothian. The formal transition to the new East Region Recruitment Service has however been paused due to COVID-19 until 1 April 2022. A service level agreement has now been agreed with all the Boards in the consortium.

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.

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 – All non essential non clinical learning and development activities have been suspended during the national emergency including leadership and management development programmes and formal Appraisal and personal development activities. This formal activity will commence as soon as possible but in the meantime we continue to support managers, leaders and supervisors in a range of informal ways and Organisational Development leads are working with Directorates and Teams to identify areas of need and address these with targeted development including supporting with iMatter action planning.

Planned Activities Include – when the COVID-19 position improves, the Service will resume a number of activities that have been suspended/postponed in accordance with Scottish Government guidance during the COVID-19 pandemic. Given the current context of winter pressures and Wave 3 of the pandemic, Scottish Government has not updated its suspension of non-essential activities but Boards have local discretion to plan in line with local circumstances.

Enabling Technology

1. Emergency Service Network (ESN) Programme

The Home Office Emergency Services Mobile Communication Programme (ESMCP) continues to experience delays. The Home Office are continuing to look at the original procurement 'Lots' that were awarded and are reviewing these with a view to 're-lotting' them. The expectation is that this will lead to an improved overall delivery and make going back out to market to re-procure the 'Lots' more straightforward in the longer-term. This has meant that the programme plan has not progressed as previously intimated; it is now not expected until the middle of this year. Technical and security issues have meant that ESN Beta will be delayed by 13 months. This is the precursor to the final ESN product - ESN V1.0. ESMCP are predicting up to a 6-month delay in the delivery of ESN V1.0 – this timescale will be more clearly defined by March. The Service continues to work with the ESMCP programme and closely with Scottish Government (SG) and other emergency service colleagues. A revised Terms of Reference have been agreed for the ESN Scottish Strategic Group with regular meetings as well as finance meetings to be scheduled for 2022 (both chaired by SG). The SAS ESN team have produced a Programme Brief that has been approved by the Enabling Technology Board.

2. Integrated Communications Control System

The reset Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) is now entering its final testing phase. Testing will continue into February and a comprehensive training schedule is in place with the rollout planned for the start of April across our control centres. Migration workshops have been held and plans are nearing finalisation.

3. Digital Workplace Project (DWP)

The Digital Workplace Project Team launched a OneDrive pilot in December that will finish in January 2022. Depending on the outcome, and a final technical change being made at national level, the plan is to roll this out across the Service from late February 2022. The plan for migration to the new M365 version of SharePoint is on hold pending the outcome of national pilots. The team are assessing the impact of this delay on Phase 1 with a view to closing down this phase and developing the deliverables for Phase 2 to include SharePoint. Work to develop a Champions Network is ongoing. The DWP Project Manager left the Service in January 2022 and a recruitment process is underway to fill this role.

4. Telephony Upgrade

This is a significant project; however the bulk of the work has now been completed successfully. It involved upgrading the entire Ambulance Control Centre (ACC) telephony and contact centre platforms, the focus is now on the 150+ sites in the wider non-ACC SAS telephony estate. The plan is to have completed all sites within the next 6 months. The new Avaya CM8 platform used by SAS is now the de-facto standard across the vast majority of UK ambulance trusts.