Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**November 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 key performance metrics as set out in Remobilisation Plan 4 (RMP4) standards for the period to end October 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> The percentage of patients where ROSC was achieved has increased during this reporting period and the latest 30 day survival data shows the highest rate of survival for critically unwell patients that we have ever reported at 55.5% in June 2021 and 53.8% in July 2021.

	The introduction of Thrombectomy transfers from Aberdeen Royal Infirmary (ARI) to Ninewells, Dundee and the initiation of Edinburgh Royal Infirmary (ERI) carrying out Thrombectomy procedures commenced from September 2021. The Redesign of Urgent Care Phase 2 programme is underway with a focus on the key objectives and working closely with NHS Health Board partners. Our latest data shows that 45.2% of patients continue to be cared for in local community based settings, avoiding hospital conveyance where this is the best option for the patient. Our contribution to improving Population Health is reflected in our contribution to the Drug Harm Reduction programme and supporting our ambition to reduce drug harm reduction is progressing with 75% of all ambulance clinicians now trained to supply take home naloxone (an increase of 10% from last report). We have now operationalised our Mobile Vaccination programme and are experiencing significant demand for our support in vaccination delivery over the coming months. Response times have improved in October and detailed plans are being progressed to make further improvements and reduce long waits for patients. <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. 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. The initial adverts produced 300 applications and we are working with regions and services to agree suitable deployment plans which will support front line operations. 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 Emergency Service Network (ESN) Programme continues to experience delays. A full integrated programme plan is now not expected until next year. The Service continues to work with the Home Office ESMCP programme and closely with Scottish Government (SG) and other emergency service colleagues. A SG finance group has now been scheduled to meet regularly to review finances and assess funding provision. The SAS team are setting up an ESN Delivery Programme to define how we will support the delivery of the various ESN products into live operations. The Ambulance Radio Programme (ARP) project, to provide an ESN compatible Integrated Communications Control System (ICCS), has completed its reset period and a new GB plan has been produced. The Service will still be the first major ambulance service to go-live with the new system in March/April next year. The Digital Workplace Project team have had a national change request approved which will allow them to progress with the rollout of OneDrive. This is being planned for implementation. The national M365 team's plan for SharePoint is under discussion, this will heavily influence Service timescales for implementation. The Telephony Replacement Project has successfully implemented the new Avaya CM8 solution across all ACCs. The focus is now on upgrading all remaining Service sites over the next 6 months or so.
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 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

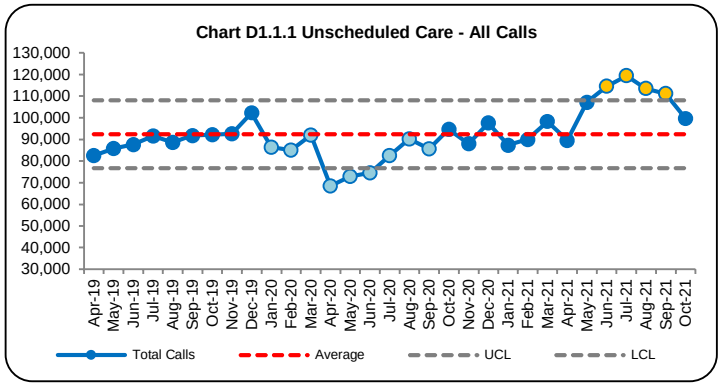
Rule 1: A run of six or more points in a row above or below the median

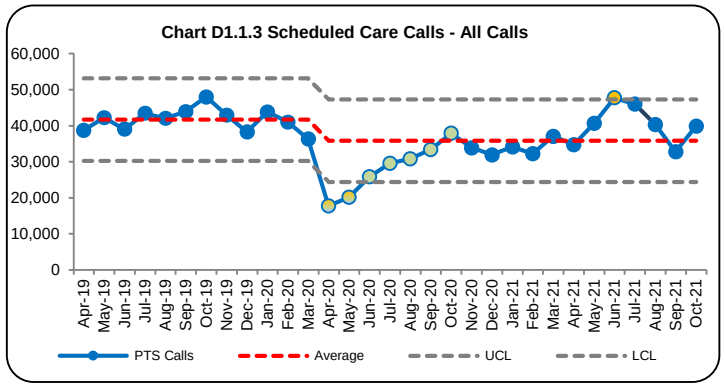
Rule 2: Five or more consecutive points increasing or decreasing

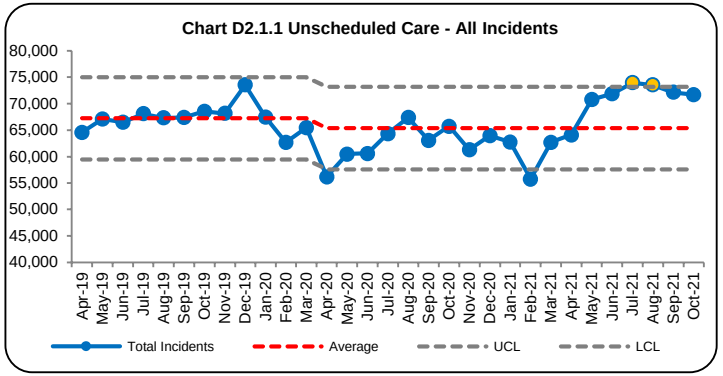
Rule 3: Too few or too many runs, or crossings, of the median

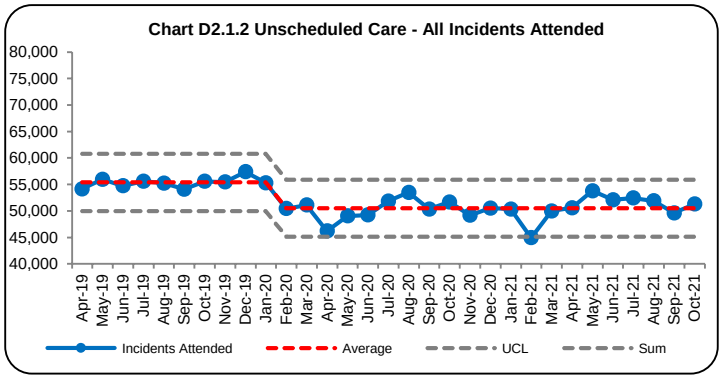
Rule 4: Undeniably large or small data point (astronomical data point)

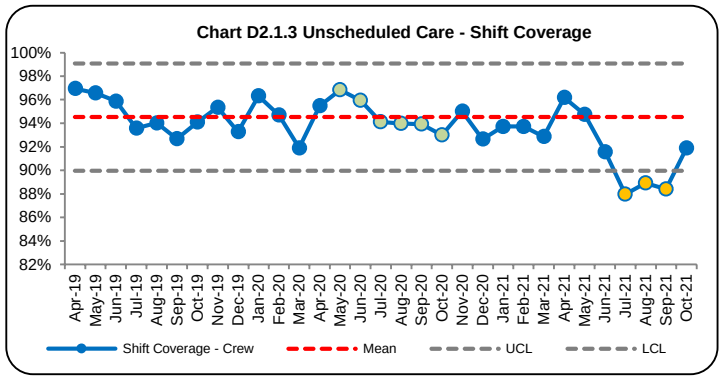
D: Demand Measures

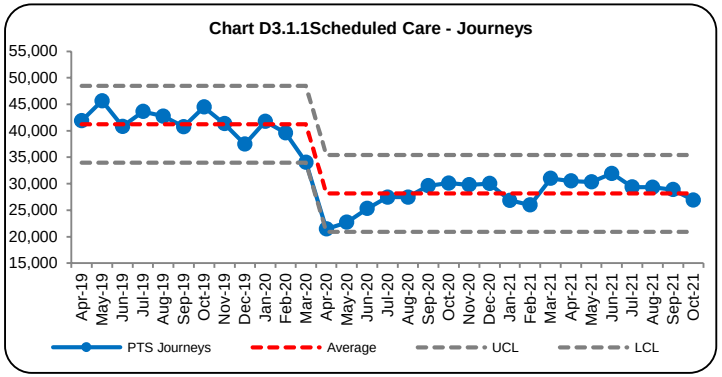












What is the data telling us?

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. Since the easing of the most recent 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 returned within the control limits in October with 99,743 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 19th July to 1m physical distancing is helping to reduce this pressure.

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 2020, we have seen a reduction in the number of mental health incidents attended with figures returning to pre pandemic levels.

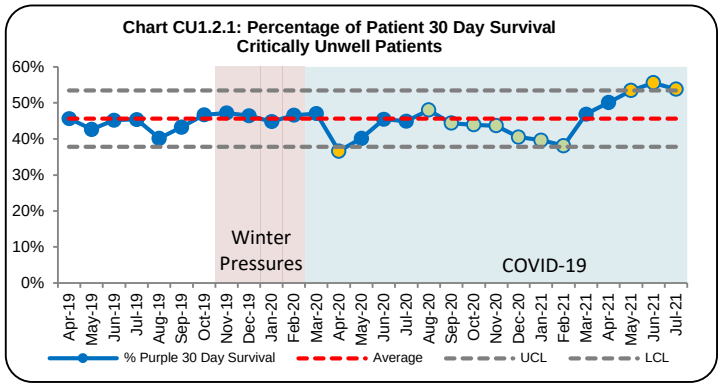
Accident and Emergency shift coverage in July, August and September 2021 was below the lower control limit caused by increased Covid related absence. This returned within control limits in October 2021 to 91.9%. Utilisation rates nationally of Accident and Emergency staff in September and October were 64.5% and 64.3%. Best practice for UK ambulance services is no more than 55% utilisation and the higher rates in July and August reflect the increased demand and reduced capacity.

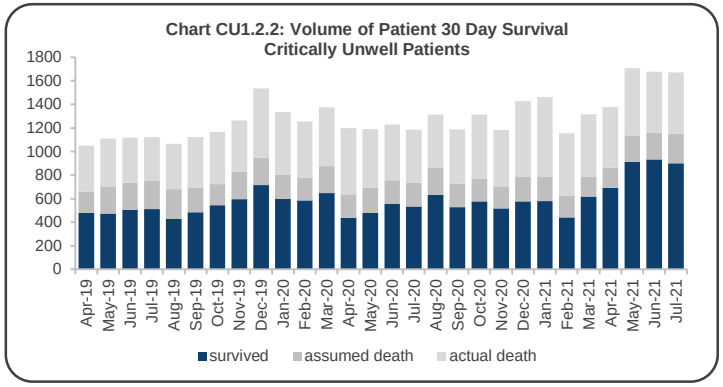
What are we doing to further improve and by when? –
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated based on intelligence of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

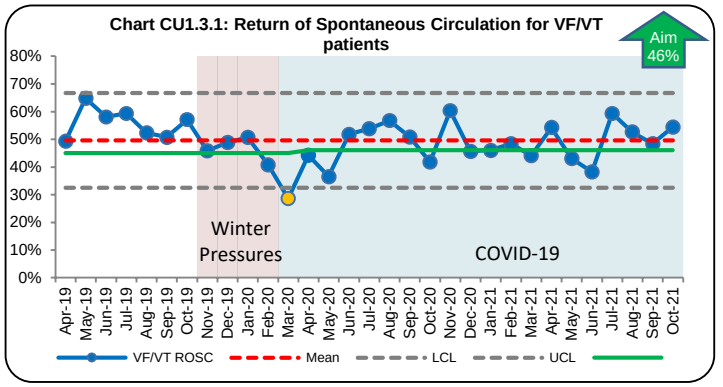
As part of our remobilisation plans we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. Significant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

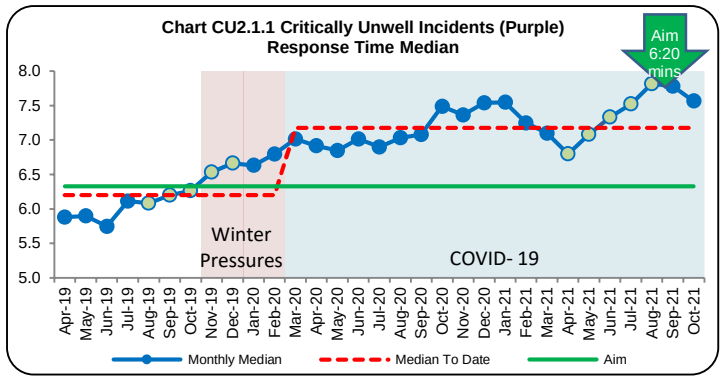
Our work to support staff health and wellbeing is explained later in the paper.

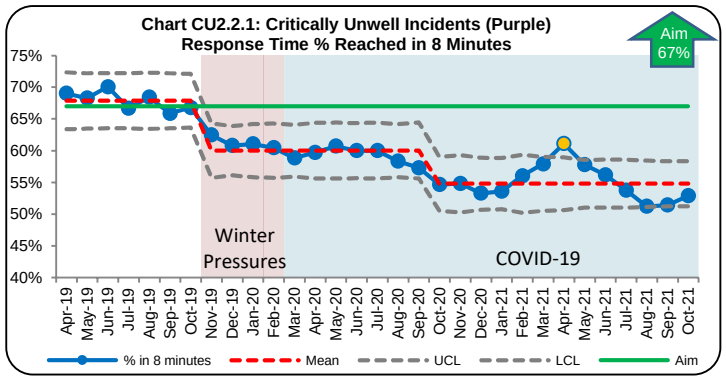
Purple Response Category: Critically Unwell Patients

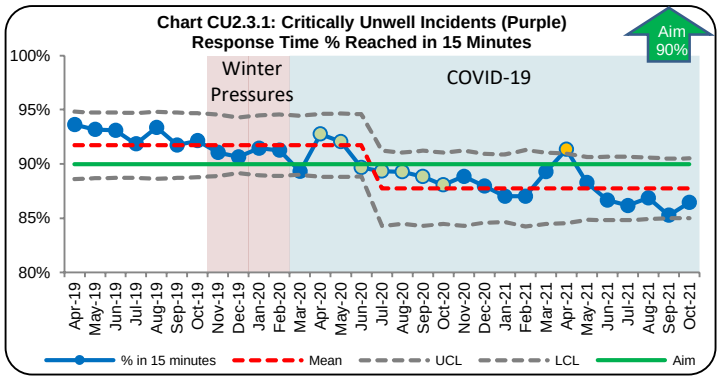












What is the data telling us?

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 July 2021 sitting above the upper control limit at 53.8%. 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 increased during this reporting period with the latest 30 day survival data showing the highest rate of survival for critically unwell patients that we have ever reported at 55.5% in June 2021 and 53.8% in July 2021.

The revised Out of Hospital Cardiac Arrest (OHCA) Strategy published earlier 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.

Key areas of work within the Out of Hospital Cardiac Arrest (OHCA) work stream include the further roll-out of 3RU teams in Ayrshire, Arran and West SORT is now complete.

A detailed project plan has been developed for the wider spread use of GoodSAM, including working with our Save A Life for Scotland partners. The use of GoodSAM was well received and supported by the OHCA reference group and we anticipate good progress to wider use prior to the year end.

We are engaging with ProQA to identify opportunities to better understand our telephone CPR data and to identify any areas for improvement. This has been slightly delayed due to the current pressures but remains an important part of our OHCA strategy.

We are working closely with the British Heart Foundation (BHF) to further enhance the Service's use of the Circuit, which is a public access defibrillator database. The circuit was formally launched on 22 October 2021 and is now used by all but two UK ambulance services. The BHF report an immediate uptake in registration following the press release.

On Restart a Heart Day in October 2021, the Service presented work on Scotland's OHCA strategy as part of the Global Resuscitation Alliance international webinar.

Purple Median Times

As illustrated in chart CU 2.1.1, median response times to purple incidents has improved in September and October 2021. 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).

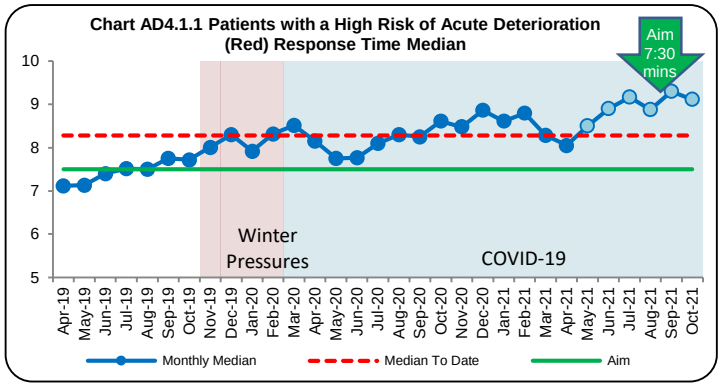
We are increasing ambulance resources and implementing new rosters through the demand and capacity programme. This includes 356 additional ambulance staff by April 2022, and additional ambulances and paramedic response units.

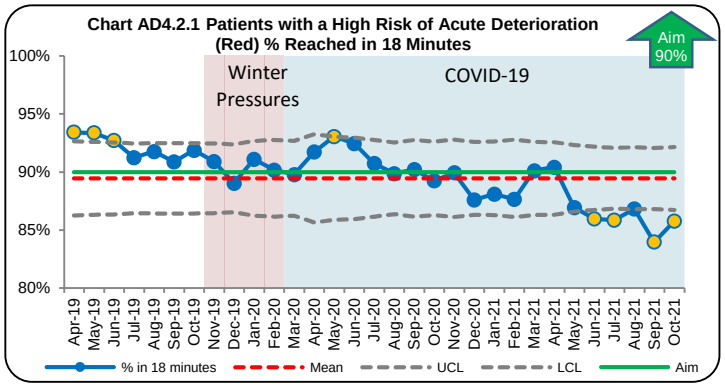
We are focused on working to maximise shift coverage, support abstractions for paramedic training and manage sickness absence levels. This work has been further supported in October by the temporary deployment of 88 military drivers and by support from the Scottish Fire and Rescue Service. The military are delivering between 45 and 50 additional shifts per day, seven days a week. 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.

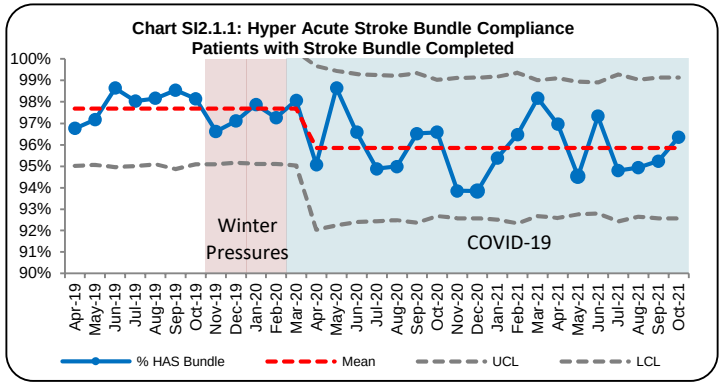
We are continuing to see extended hospital turnaround times (HTAT) in many hospital sites. This remains an area of significant concern. Extended HTATs are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs.

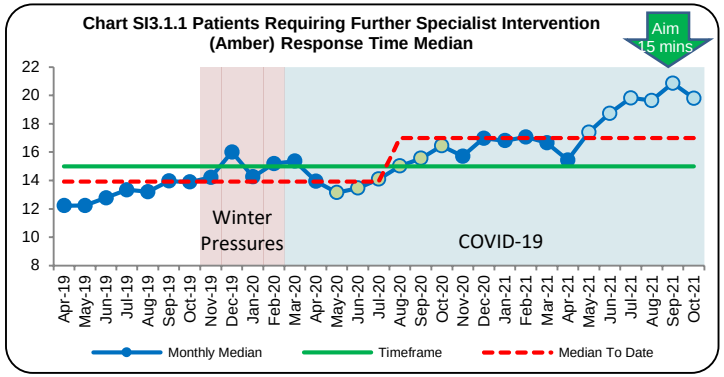
Health Boards have been working with regional management teams to produce site action plans to support flow and reduce ambulance handover delays. Work is also underway to roll out the Hospital Arrival Screens handover module at all major hospital sites in Scotland. Compliance with the use of these screens is now monitored and reported to regional teams, Health Board partners, and Scottish Government. Additional HALO posts have been funded by Scottish Government with 5 additional people now in post, and the remaining on track to be in post during November. Meantime the HALO duties are being covered by regional management teams.

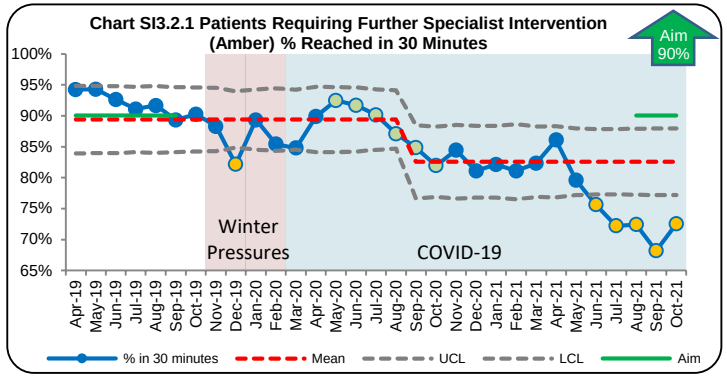
Red and Amber Response Categories











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 moved below the lower control limit in recent months with a slightly improvement in October 2021.

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 October 2021 it was 11.7% higher than the same month in 2020 and 39.8% higher than October 2019.

The factors that have resulted in longer response times for purple category patients is 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?

The Major Trauma Networks in the West and South East of Scotland went 'live' on 30 August 2021 meaning the entire Scottish Trauma Network (STN) is now operational. This means that the adult and paediatric Major Trauma Triage Tools are now in use nationally with appropriate patients being triaged to Major Trauma Centres or Trauma Units. We continue to work closely with our frontline clinicians and other key stakeholders in the implementation of the STN and to date progress and feedback has been positive.

With the network now live, our focus will change towards data collation with the data collated from the use of the Major Trauma Triage Tools. This will allow the Service to learn and improve how we manage major trauma patients and will form part of the ongoing development of clinical indicators and measures for major trauma patients.

Modelling of detailed options for future provision for Pre-hospital Critical Care in the East and South East Scotland has commenced.

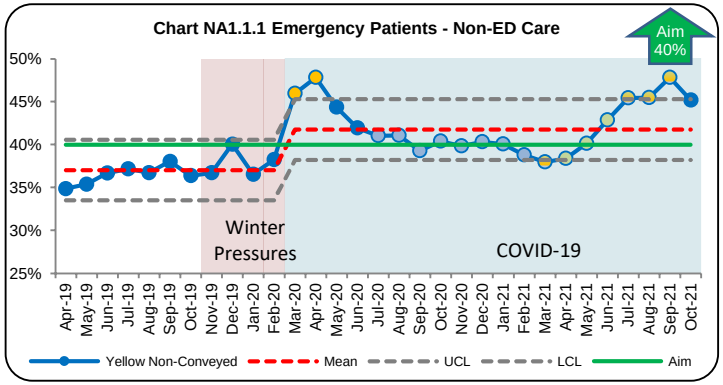
The Service continues to work closely with the Government's National Thrombectomy Advisory Group to support the development of the national thrombectomy service across the country.

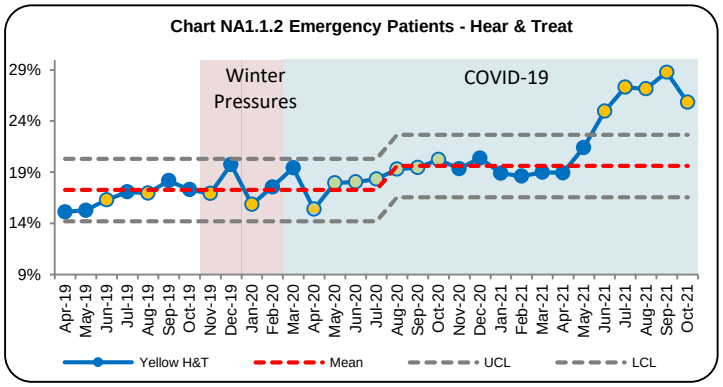
The Service continues to work to improve outcomes for patients who have experienced stroke through accurate triage and on scene assessment, and conveyance to definitive care in line with Scotland's stroke improvement ambitions.

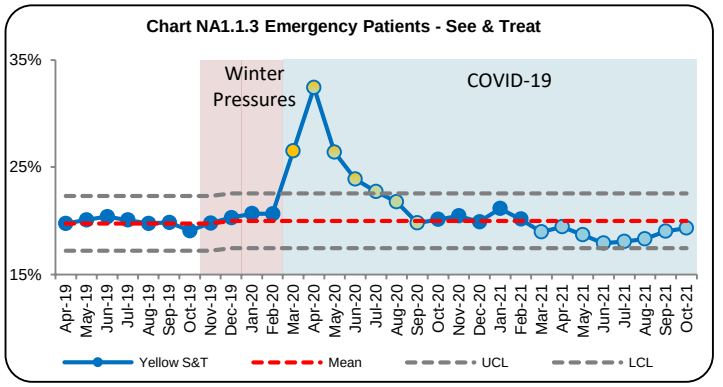
The introduction of Thrombectomy transfers from Aberdeen Royal Infirmary (ARI) to Ninewells, Dundee and the initiation of Edinburgh Royal Infirmary (ERI) carrying out Thrombectomy procedures commenced from September 2021. ERI currently accepts patients from the immediate hospital locality only and consequently this has had no impact on the Service's resources. However, the Service will be undertaking thrombectomy transfers and repatriations for patients from St John's, Livingston to ERI from January 2022. The anticipated live date of the West Thrombectomy Hub at the Queen Elizabeth University Hospital (QEUH) remains as March/April 2022 for patients within the immediate hospital locality only and we continue to develop our delivery plans to support this.

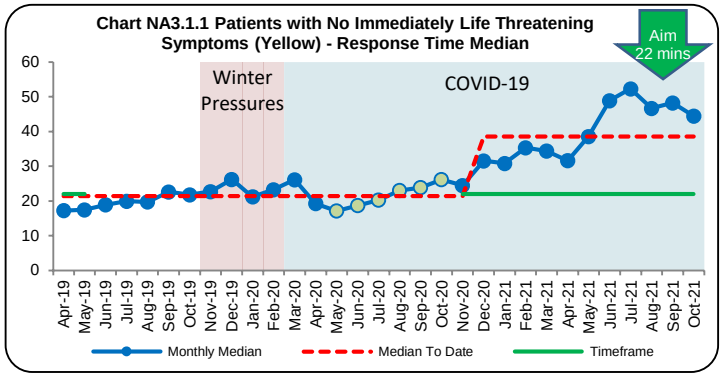
In addition to our Thrombectomy work we are also continuing to work closely with health board partners to deliver complex pathway and process changes for all patients experiencing stroke symptoms.

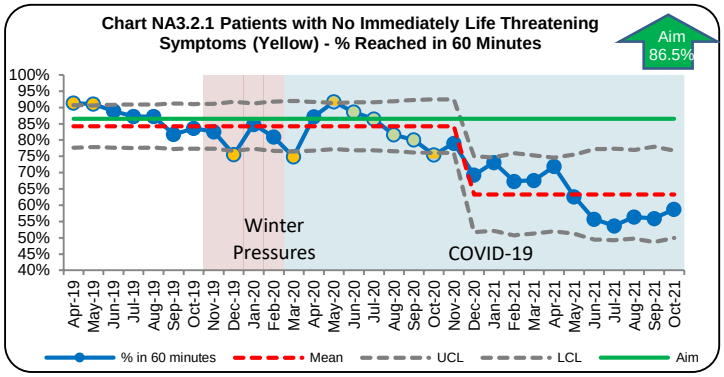
Yellow Response Category: Emergency Patients with no Life Threatening Symptoms











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 6 months, this has exceeded the aim and was on or above the upper control limit in July to October 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, has 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 October 2021.

Chart NA1.1.3 details the number of patients who are discharged following face-to-face assessment and although remaining within the control limits shows 8 points below the mean at 19.3% in October 2021.

Both See and Treat and Hear and Treat data sets show that rates of interventions are stable within control limits. This represents a good platform from which to deliver further improvements in relation to our work in ACC and in communities 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, 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.

What are we doing and by when –

The Service continues to work closely with Scottish Government and other Health Board partners with the national focus on Urgent and Unscheduled Care. Within Phase 2 of the national Redesign of Urgent Care programme the Service has its own work stream with a focus on a number of key objectives including access to Board Flow Navigation Centres for professional to professional advice and resultant opportunities to deliver care closer to home.

Our clinicians have direct access to a number of Boards and we are working to optimise the use of these. Each Board Flow Navigation Centre is configured slightly differently and as such engagement with Boards includes understanding the pathways that are available to the Service.

The ability to deliver care closer to home through the use of community pathways with a focus on patients who have experienced a Ground Level Fall, Breathing difficulties and mental health

concerns remains a strategic aim of the Service and aligns with the Redesign of Urgent Care objectives.

As part of our aim to improve the use of pathways and Flow Navigation Centres we have introduced a Flow Navigation Hub for the Service. This went live during the week of 3 November 2021 as a 'proof of concept' model with the aim of supporting our frontline clinicians to access community pathways and also Flow Navigation Centres.

The opportunity to complete a gap analysis through engagement with our frontline clinicians will support our work with pathway providers by better understanding what community options may benefit the Service.

Technology is another key aspect of the Phase 2 of the Redesign of Urgent Care programme and we are engaged both internally and externally around the opportunities that are being developed to enhance digital enabled solutions for patient care and information sharing.

Our Contribution to Improving Population Health
Drug Harm Reduction

The Service's contribution to the national naloxone programme and supporting our ambition to reduce drug harm reduction is well-embedded within our regional structures with 75% of all ambulance clinicians now trained to supply take home naloxone (an increase of 10% from last report). Figure 1 illustrates the increasing number of naloxone kits being supplied each month to people who are at risk of witnessing an overdose in the future. We have seen a total of 616 kits supplied since the start of the pilot in 2020 up to end of September 2021.

In other drug harm reduction work streams, links with health boards and Alcohol and Drug Partnerships (ADPs) are continually being strengthened. Non-fatal overdose (NFOD) data sharing agreements are now in place and active with all territorial Health Boards. This sees the Health Boards receiving person identifiable data related to 999 incidents where it has been identified that problematic substance is evidenced. Robust processes are in place for enabling and considering objections to this data sharing and are outlined in the Data Protection Impact Assessment (DPIA) and approved by Central Legal Office.

These data sharing agreements are augmented by local referral pathways, where ambulance clinicians can increasingly connect people with required services at the time of the incident.

We continue to see our links with Alcohol and Drug Partnerships (ADPs) grow and are able to observe the impact of this through feedback from patients who have been successfully connected with these services following treatment by Service clinicians.

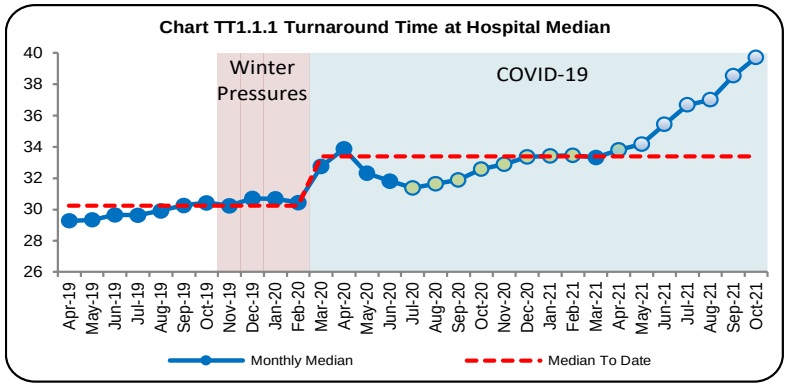
Mobile Vaccinations
Following approval of the Service's Mobile Vaccination business case by Scottish Government earlier this year we have continued to work closely with a number of Boards to support vaccine delivery across a range of settings with a focus on "hard to reach" communities.

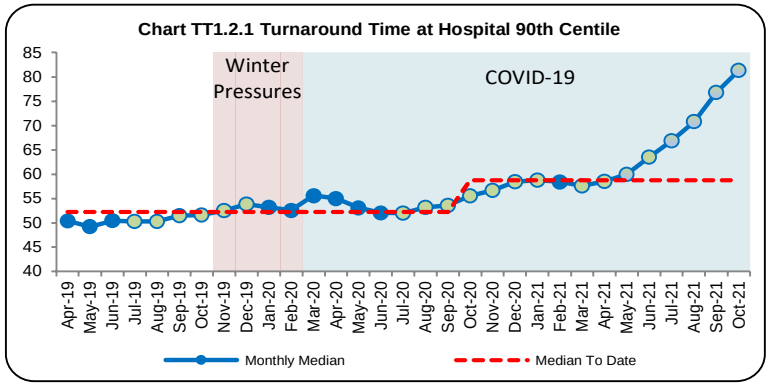
We continue to establish our operational delivery model aligned and supported by the Mobile Testing Unit function. We are planning the delivery of vaccinations for a number of Boards and there is ongoing engagement across Scotland, to successfully support this work as we move into winter.

Clinical Support to COP 26

The Service provided the emergency medical cover for the largest event in the UK in recent history. This included primary care, specialist paramedics from SORT teams, augmented business as usual resources, advanced critical care paramedics, ACC support and additional critical care teams. The integration of prehospital assets from across the country has been facilitated by the recent emphasis on interoperability and national co-ordination of the Service's response to larger and more complex incidents. The Major Incident with Mass Casualties Plan was reviewed and updated to ensure readiness for the event.

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 April 2019 and October 2021 the median turnaround time increased from 29 minutes 16 seconds to 39 minutes 43 seconds.

In October 2021, the additional time crews spent at hospital (time over 30 minutes per patient conveyed) came to a national total of 10,384 hours, 96% of lost hours occurred in the following 6 boards - Greater Glasgow & Clyde (4,085 hours), Lanarkshire (1,430 hours), Ayrshire and Arran (1,383 hours), Grampian (1,183 hours), Lothian (1,058 hours) and Fife (834 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? –

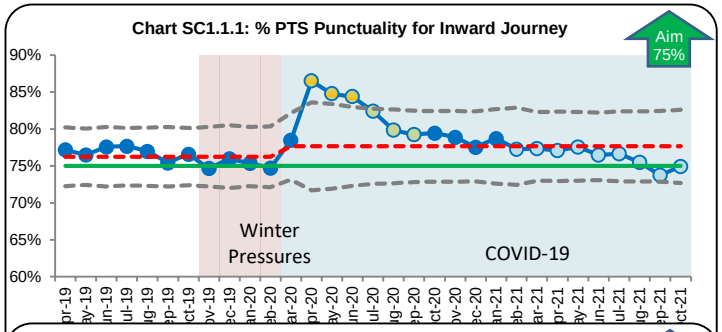
Additional Hospital Ambulance Liaison Officers (HALOs) have been deployed at the busiest hospital sites to ensure we are fully

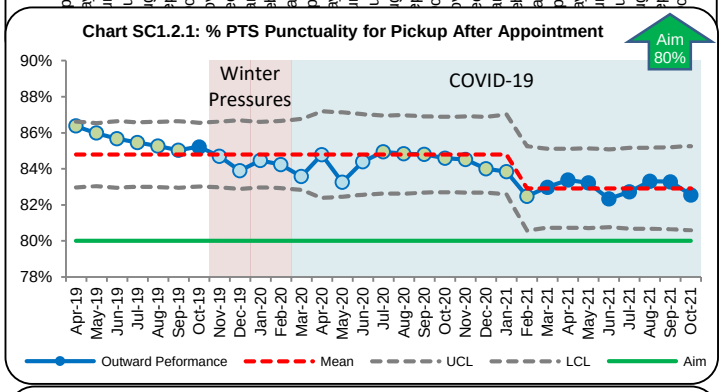
integrated in support of whole system hospital flow. HALOs are supported by managers.

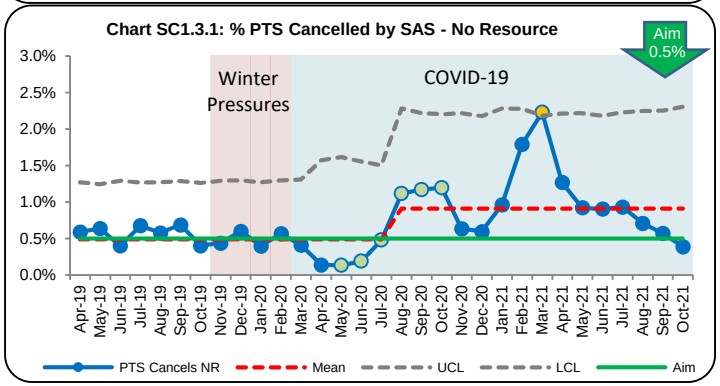
Other specific actions include:

- 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.

SC: Scheduled Care







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

Punctuality for inward appointments remains within control limits and is at 74.9% against the aim of 75%.

Punctuality after appointment remains within normal control limits at 82.6% in October 2021, above the aim of 80%.

The percentage of PTS cancelled by the Service in the “No Resource” category continues to show an improving position and was 0.4% during October 2021, and is now below the aim of 0.5%.

Why? – In line with COVID-19 guidance and physical distancing measures, we have moved from one to two patients on each patient transport ambulance where it is clinically appropriate to do so. This has helped to increase capacity; however, COVID-19 infection control measures remain in place, increasing the overall service time for each journey.

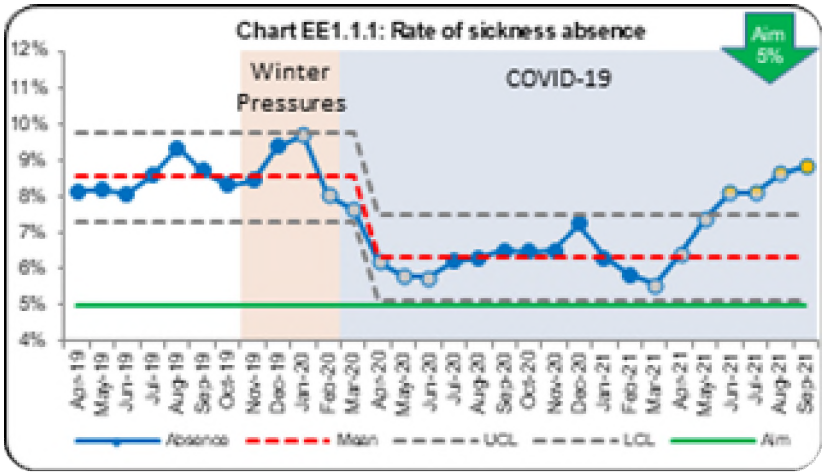
What are we doing and by when? –

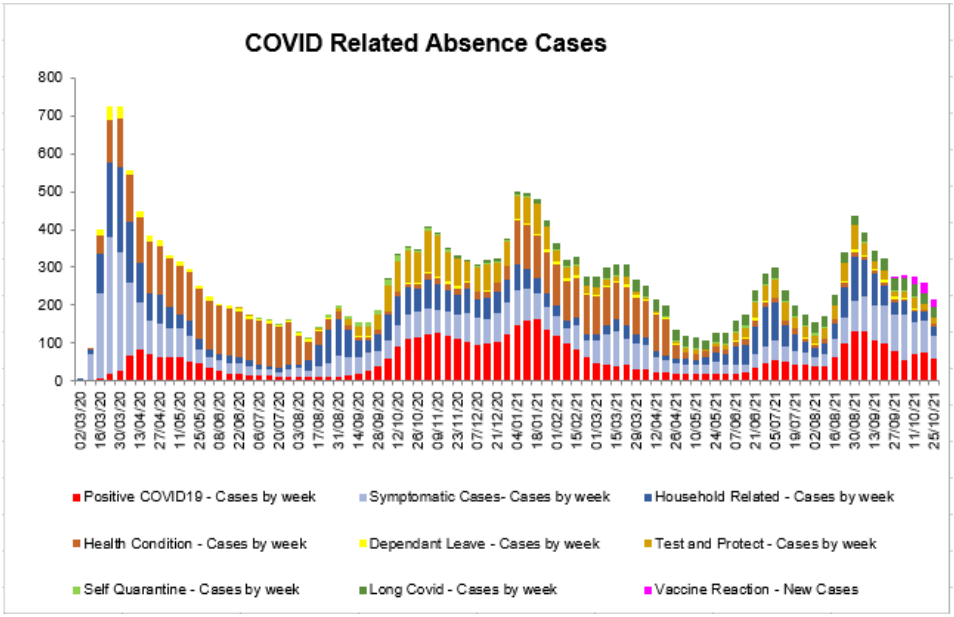
We are continuing to review patient cancellation codes, looking at the trends and responding with mitigating actions.

We are also working with Boards and transport providers to identify alternative 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 September 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. Since the pandemic began the peak level of COVID-19 absence was observed week commencing 23rd March 2020 with 13.2% of staff absent from work that week. In October 2021, the highest percentage of cases was 4.4% in week commencing 4th October, cases continued to decrease throughout, and by week commencing 24th October had fallen to 3.4%.

Why? Observations of the national weekly chart shows that during October the majority of cases result from four distinct categories: positive cases, those displaying symptoms, household related cases, and Long Covid cases. On our peak week during October, positive cases accounted for 0.9%, those displaying symptoms were 0.96%, long Covid cases 0.5%, and household related cases 0.4%. From the national weekly charts, we can see that those displaying symptoms and household related cases are showing similar patterns to all other categories, with a decrease in absence cases since September 2021.

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 effort are now reflected in improving long term absence rates.

The Regional and National HR teams 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 reduce absence in the ACCs as well as across the Service more generally.

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.

Fortunately the number of COVID-19 related absences are in steady decline reflecting the national position although this may change over the winter months.

There are 30 staff now suffering from 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.

E1.2 Employee Experience

Maintaining a positive staff experience in the current pandemic has been 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 staff abstractions is contributing to staff fatigue although the increase in cover as a result of military, SFRS and British Red Cross additional resources is being reflected in a recent improvement in Rest break compliance.

In recent weeks, the increased and sustained pressure on the Service and across the wider health and care system has resulted in escalation to REAP level 4. In this context a review of staff welfare and refreshment provision across the Service was undertaken to identify what is provided locally and at hospital sites to ensure equity and identify any gaps in provision. Findings have shown that the welfare packs (consisting of water and snacks) distributed across the Service have been very well received and utilised; there is variation however regarding the quality and range of provision at pressured hospital sites and we are working with Health Boards and other partners to address these.

Reported gaps in provision centre around the provision of refreshments out of hours when existing dining/café facilities are closed, predominantly in the evenings/night time and at weekends. There is also the issue of getting refreshments to staff when they are waiting at hospital emergency departments with patients in vehicles for prolonged periods of time and it is not feasible for them to leave the vehicle for any length of time.

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. As we head into the winter period, staff will increasingly require quick and easy access to hot food and drinks 24/7 to provide sustenance and keep warm.
- We have received a share of the recently announced £2 million Scottish Government funding for the purpose of helping staff with practical needs over the winter period. The funds can also be utilised to provide additional evidence based, pastoral and psychological support based on locally identified need. Our share of the £2 million is £51,394 and a brief will be submitted to the Scottish Government regarding how the funding will be spent by 10th December 2021, once we have consulted with our staff side colleagues and officers.
- Named contacts in each operational region/National service have been identified with a group convened to keep oversight of staff welfare provision, provide governance for arrangements, share what is working well and address ongoing challenges.
- The establishment of a Rest Break Improvement Group in partnership with our National Convenors.
- The Scottish Government has agreed to fund three new Wellbeing posts for the Service for a two-year period following

the submission of our wellbeing bid for funding in July. The posts are currently being recruited with the aim of having successful candidates in post in the New Year. There has been considerable interest in these posts with applications received from a range of organisations and sectors.

We have received our Board Report for the iMatter Staff Experience survey 2021. Our response rate is 60% with 3,654 respondents and an Employee Engagement Index of 65. The action-planning phase has been reduced from 12 weeks to 8 weeks, concluding on 16th November 2021. For those teams that had paper based surveys included in their response, the completion date is 29 November 2021. This has resulted in a significant challenge for teams to be able to complete meaningful action plans within this timescale due to the current ongoing organisational pressures and COP26. In this context the Service has requested an extension to the iMatter action planning deadline and await a response from the Scottish Government.

There is regular ongoing engagement and discussion with staff and staff side colleagues and partners through a range of channels. This includes, but is not limited to, speaking with crews at hospital sites, discussion at Regional cells, specific meetings regarding staff welfare provision with partnership colleagues, suggestions at weekly staff engagement sessions or through the national wellbeing group. 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 Practitioner's (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 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 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 was identified as NHS Lothian, we are now working with the other Health Boards, in the consortia, to agree a Service Level Agreement, and arrangements for staff transfer later in the summer 2022.

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.

A new internal resourcing team has been appointed to support the on-boarding of all new front line staff arising from the Demand & Capacity programme. This team formally started in August and are working closely with the newly established East Region Recruitment Shared Service.

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 Directors 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 now looking 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 and is now not expected until next year. The Service continues to work with the ESMCP programme and closely with Scottish Government (SG) and other emergency service colleagues. A SG finance group has now been scheduled to meet regularly to review finances and assess funding provision. The SAS ESN team are setting up an ESN Delivery Programme to define how we will support the delivery of the various ESN products into live operations when they are delivered by the ESMCP programme. A Programme Brief has been drafted and is now undergoing internal review.

2. Integrated Communications Control System

The project to provide an ESN compatible Integrated Communications Control System (ICCS) has been on hold while the Ambulance Radio Programme (ARP) 'reset' their Control Room Systems programme. This is now complete and a new GB wide rollout plan has been agreed and was published at the end of October. The Service will transition to the new system at the end of March / early April across our control centres. Work has continued to prepare for the implementation, with site surveys in the control centres having taken place and planning done for migration. The team have also gained more direct access to the supplier, Frequentis, which is helping progress this work.

3. Digital Workplace Project (DWP)

The Digital Workplace Project Team have succeeded in getting a change request through the national change board, this will allow us to make changes to enable the rollout of OneDrive to replace current 'on premise' file storage. The team are now planning the implementation, with the change planned for roll-out before Christmas. The plan for migration to the new M365 version of SharePoint is still held up due to delays at the national level. It is understood that the national team are close to agreeing the national plan, once this is done local plans will be finalised. The team are also looking at recruitment options to fill vacancies in the DWP core team. Delivery of M365 benefits is largely 'on-hold' just now due to resource constraints.

4. Telephony Upgrade

This is a significant project; it involves upgrading the entire Ambulance Control Centre (ACC) telephony and contact centre platforms as well as the wider non-ACC Scottish Ambulance Service telephony estate. Rollout to the ACCs is now complete. The plan is to have completed all 150+ sites in the Service's estate within the next 6 months. The new Avaya CM8 platform is now the de-facto standard across the vast majority of UK ambulance trusts.