



NOT PROTECTIVELY MARKED

Public Board Meeting

27 September 2023
Item No 05

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director Author	Michael Dickson, Chief Executive Executive Directors
Action required	The Board is asked to discuss progress within the Service detailed through this Performance Report: - <ol style="list-style-type: none"> 1. Discuss and provide feedback on the format and content of this report. 2. Note performance against key performance metrics for the period to end August 2023. 3. Discuss actions being taken to make improvements.
Key points	<p>This paper brings together measurement for improvement as highlighted by the Scottish Government’s Quality Improvement and Measurement for Non Executives guidance.</p> <p>This paper highlights performance to end August 2023 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures.</p> <p>Patient Experience, Staff Health and Wellbeing and Financial Performance are reported in separate Board papers.</p> <p>The Service continues to experience pressures, with higher patient acuity through increases in demand of our most critically unwell patients, increasing workforce abstractions and challenges in handing over patients timeously at Emergency Departments because of wider health and care system pressures.</p> <p><u>Clinical Performance</u></p> <p>Clinical performance as related to the measures in this paper is broadly stable with some encouraging process measures that could lead to improved OHCA survival in subsequent Board papers. This is in line with our OHCA improvement actions as referenced in the 2030 paper.</p>

	<p>Our Major Trauma measures remain in development and an update re these metrics and this year's Scottish Trauma Audit Group (STAG) report will be delivered to the November 2023 Clinical Governance Committee.</p> <p>Urgent care metrics remain stable with a current focus on the optimised functioning of our Integrated Clinical Hub being a high priority.</p> <p><u>Workforce</u></p> <p>Our workforce plan for 2023-2025 continues to be reviewed and monitored on a monthly basis and recruitment and training plans are being adjusted where necessary for the remainder of 2023/24.</p> <p>We continue to recruit to fill vacancies and additional frontline staff this year in line with our strategic workforce aim of increasing the skill mix ratio of paramedics.</p> <p>We continue to work in partnership with staff side representatives and are reviewing our current formal partnership structures to strengthen communications and work through the agreed key workforce priorities.</p> <p>We are currently involved in detailed discussions related to rest breaks with positive progress having been made to date.</p>
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.
Associated Corporate Risk Identification	<p>4636 – Health and Wellbeing of staff</p> <p>4638 – Wider system changes and pressures</p> <p>4640 – Risk of further slippage in ESMCP</p> <p>5062 – Failure to achieve financial target</p> <p>4639 – Service's response to a cyber incident</p>
Link to Corporate Ambitions	<p>We will</p> <ul style="list-style-type: none"> • Work collaboratively with citizens and our partners to create healthier and safer communities. • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities. • Deliver our net zero climate targets. • Provide the people of Scotland with compassionate, safe and effective care when and where they need it. • Be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality Ambitions	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 Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Service to deliver safe, person-centred, and effective care for

	<p>patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff, and partners.</p>
<p>Equality and Diversity</p>	<p>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.</p> <p>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.</p>

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Service’s Key Performance Indicators. These measures are based on the Service’s 2022/23 Measurement Framework. Following feedback from Board members the format and content of this report remains under review.

What’s New

Revised improvement aims for 2023/24 were presented to the Board Development Session on 26 April 2023. The revised aims were discussed and have been included in this report from the month of April 2023.

What’s Coming Next

To reduce duplication and to enhance our assurance reporting, over the next few months we are revising and aligning the various board papers.

Development of additional KPI measures in future reports will bring together the time-based measures alongside new and revised workforce and 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.

Response Time Definition Change - In line with all other UK Ambulance Services, from 1st April 2022 the definition of the Service’s response times has changed. The response to patients is now measured from the point at which the acuity of the patient is determined. Under the previous definition, the response was measured from the same point in every 999 call regardless of patient acuity and when the chief complaint is established (T4). Often at this point, the dispatcher has insufficient information to determine the condition of the patient, whether an ambulance needs to be dispatched or some time may have passed since the patient was identified as not breathing or not awake.

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Work is still underway to develop the new measure and Response times will continue to be reported under the previous definition until verified. The aim is that this new way of reporting will report as soon as possible where it will be marked as provisional until it has been thoroughly tested.

On completion of this process, where possible figures from April 2022 will be retrospectively amended to reflect the new definition. Figures from April 2022 are to be treated as provisional until this amendment is made.

Additionally, a review of the people measures is in progress and additional measures will be added when agreed, defined and built. The development of measures in relation to staff health and wellbeing are included within the separate Health and Wellbeing paper.

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Performance Charts

The Board Performance Report consists of data pertaining to several Service's 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)

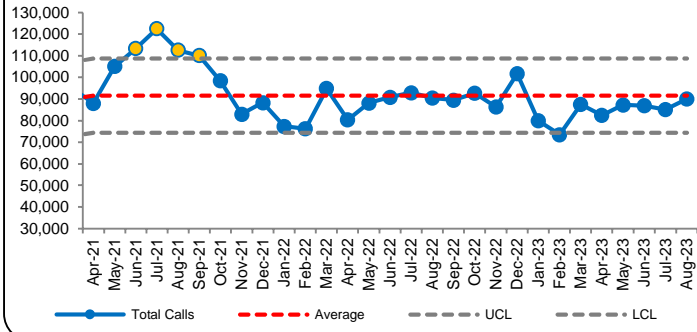
Rule 2: Five or more consecutive points increasing or decreasing (green)

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

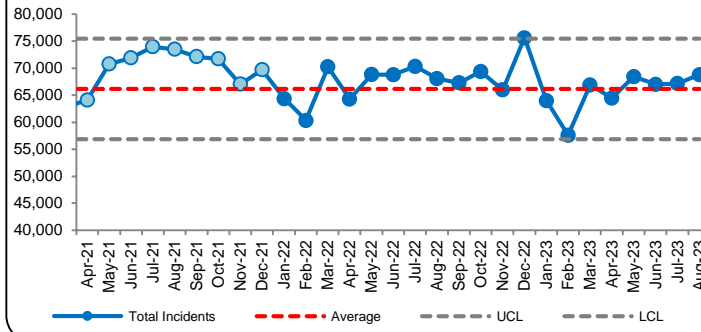
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D: Demand Measures

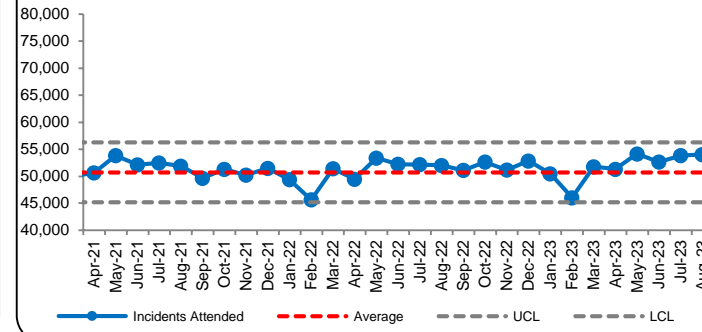
Unscheduled Care - All Calls



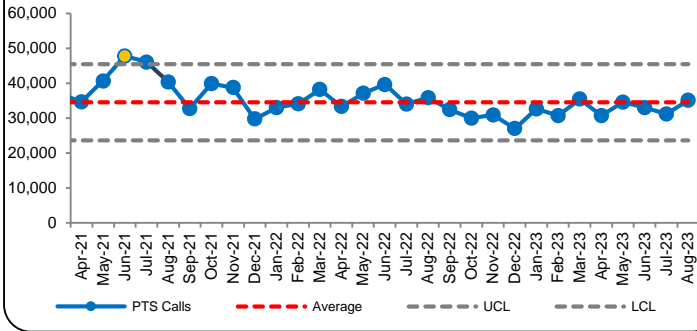
Unscheduled Care - All Incidents



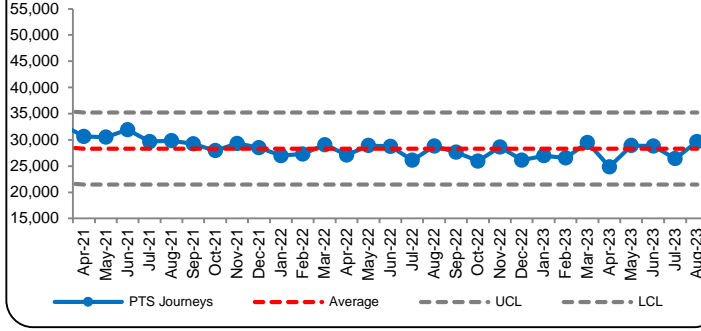
Unscheduled Care - All Incidents Attended



Scheduled Care Calls - All Calls



Scheduled Care - Journeys



What is the data telling us?

Unscheduled call demand has remained within the control limits and as usually seen seasonally was around the mean in August 2023 with 90,002 calls. The volume of unscheduled incidents in August 2023 also saw the usual seasonal pattern and was stable around the mean following a peak in December 2022.

Scheduled care calls and journeys remains stable and lower than pre-pandemic.

Why?

The rescheduling of services in the wider healthcare sector due to the pandemic, alongside the widespread adoption of NHS Near Me virtual consultations has been the main driver behind the reduction in scheduled care activity. The requirement for physical distancing reduced the Service's capacity until April 2022 when this requirement was removed, although some specific infection control arrangements remain for certain patient types. Specific actions and improvements for the scheduled care service is described later in the paper.

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 2023/24. Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

Our annual delivery plan this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support

the stabilisation of services, accelerate recovery and provide the most benefit to patients and staff.

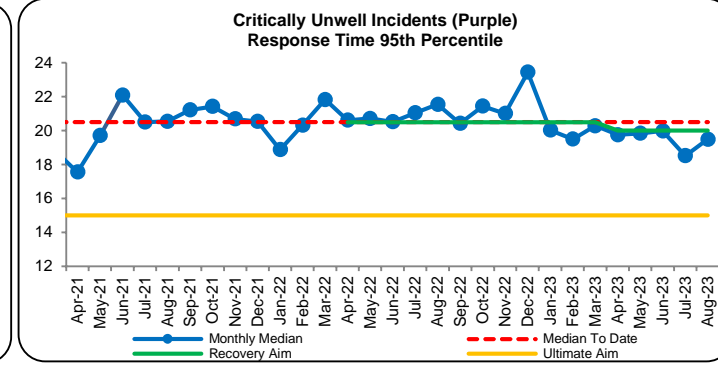
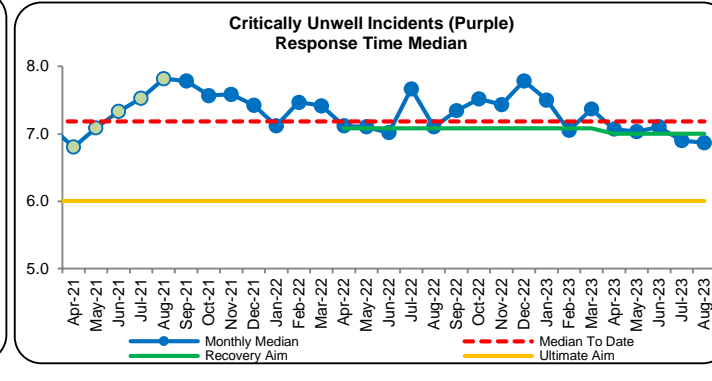
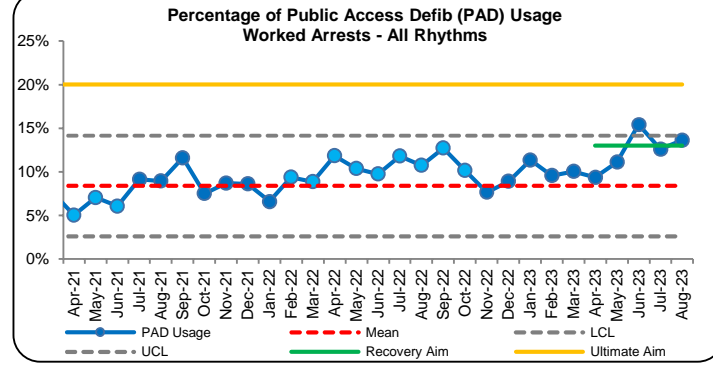
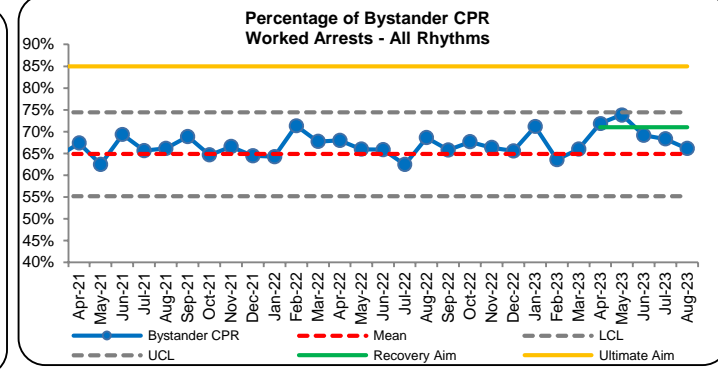
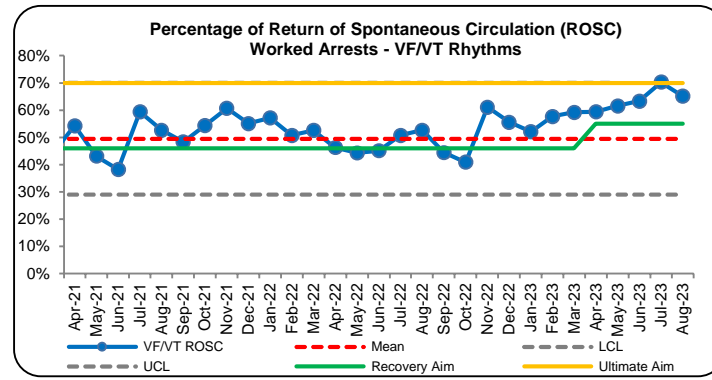
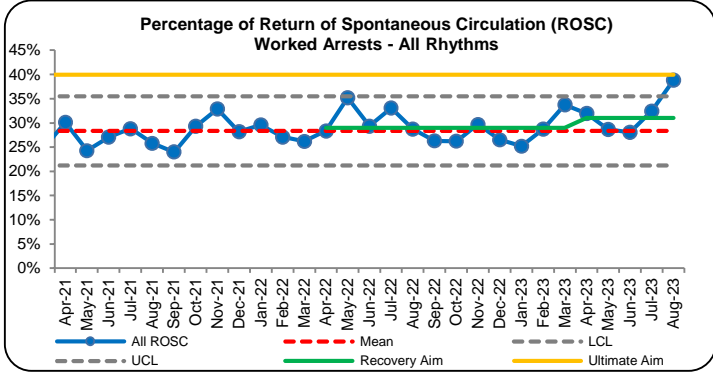
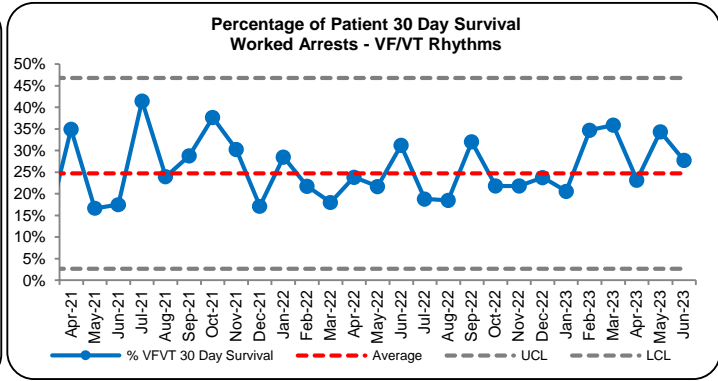
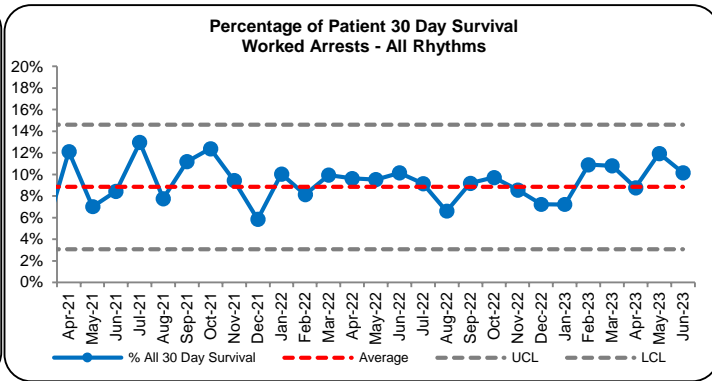
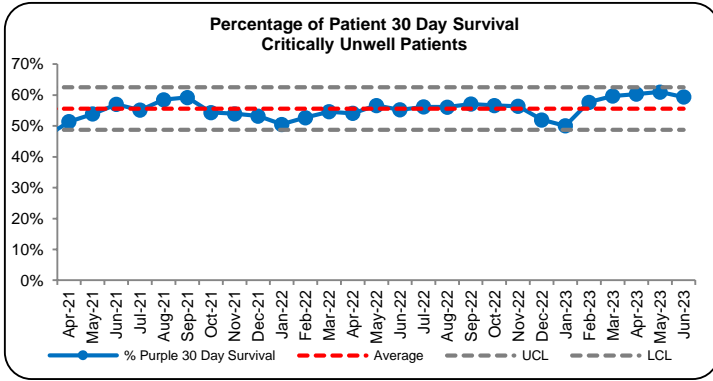
We have established a number of work streams to increase our workforce, improve demand management and increase capacity which include working collaboratively with our partners across the wider system to reduce unnecessary Emergency Department attendance by ensuring patients receive care that meets their needs. A full update of progress against delivery of our plans is included in the 2030 Strategy Portfolio update.

Significant work is currently being undertaken with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specifically to Hospital Turnaround.

Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the Board meeting agenda.

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Purple Response Category: Critically Unwell Patients



What is the data telling us?

The data presented in the charts is referenced to different measurement points depending on the complexities of data linkage. This means that mortality data is historical compared with response time and Return of Spontaneous Circulation (ROSC) data.

Overall, the position is stable on outcome measures (Mortality) with 30-day survival measures within control limits. These figures relate to June 2023 time stamps due to requirements for data linkage. Measures which include linked data are updated quarterly.

The response time measures for August 2023 (process measures) have remained below the median, reflecting a continued easing of the system pressures seen over winter, which affected ambulance availability.

Our ROSC rates for August, VF/VT (Utstein) at 65.2% and 'All Rhythms' at 38.8%, above or near the upper control limit.

As the charts illustrate, Bystander CPR is reported at 66.1% and is within the control limits. Public Access Defibrillator (PAD) usage at 13.6%, is slightly below the upper control limit in August.

Our survival data for our most unwell patients as outlined in the above charts remains stable for both those in cardiac arrest and the purple category as a whole.

These relate to June 2023 figures, however as the ROSC charts show, ROSC for all rhythms and VF/VT have increased for the June – August periods and may result in improved survival for the current quarter which we will report on later in the year.

There has been a slight improvement in response times and in public defibrillator use pre ambulance arrival which may have contributed to this trend.

Purple Median Times

Median response times to purple category in August 2023 was 6 minutes 52 seconds. We reached 95% of these patients in 19 minutes 30 seconds (95th percentile). 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 focused 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 sites).

We have increased ambulance resources and are currently finalising new rosters in line with the demand and capacity programme. We are focusing on working to maximise shift coverage, support abstractions for training and managing sickness absence levels.

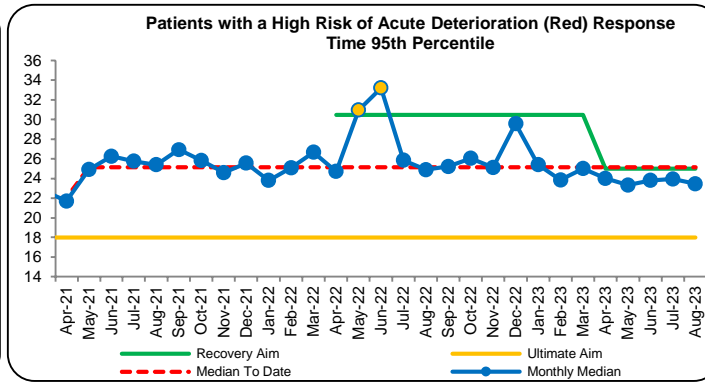
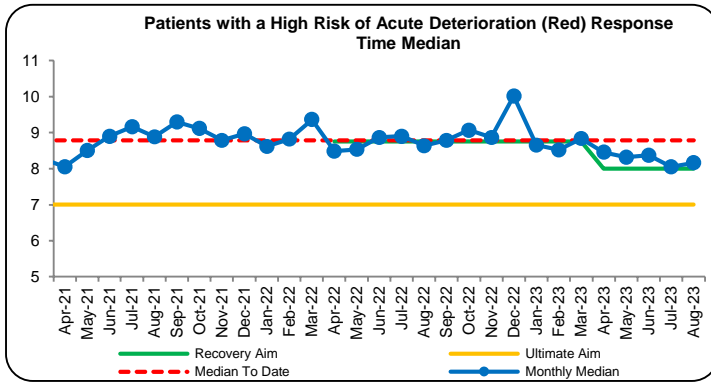
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life threatening calls across Scotland and work is underway to increase their availability and deployment.

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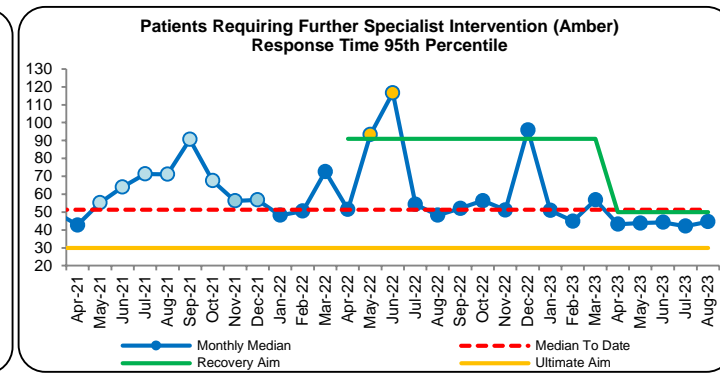
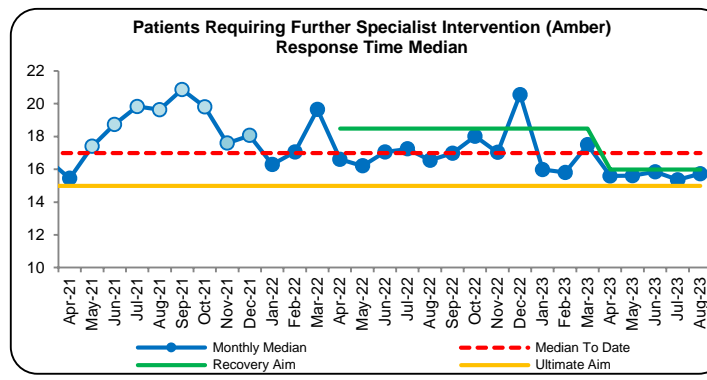
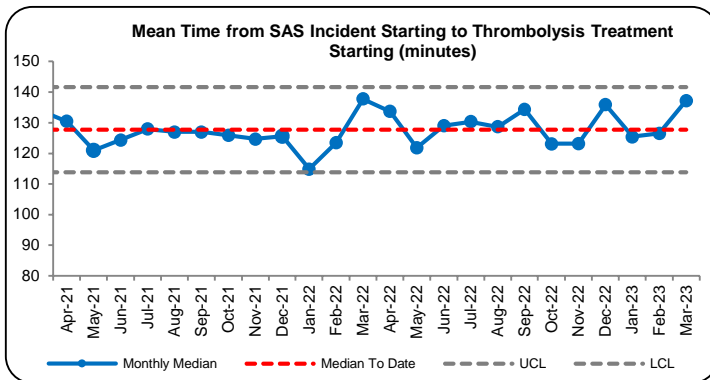
We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs. The Safe Transfer to Hospital: Ensuring the Timeous Handover of Ambulance patients which describes the principles of safe transfer of patients to hospital and the timeous handover of ambulance patients was approved in April 2023 with principles implemented with immediate effect and by August 2023, 100% of patients should be handed over within 60 minutes with the target to achieve a safe handover of patient at hospital within 15 minutes. Health Boards have been working with our regional management teams to produce site action plans to support this implementation of improving flow and early escalation to reduce ambulance handover delays. Compliance with the use of the Hospital Arrival Screens is now monitored and reported to regional teams, Health Board partners and the Scottish Government. Additional Hospital Ambulance Liaison Officer (HALO) posts have been funded by the Scottish Government with all the additional people now in post.

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Red Response Categories: Patients at risk of Acute Deterioration



Amber Response Categories: Patients requiring Further Specialist Intervention



What is the data telling us?

The median and 95th percentile response times for both red and amber categories of call saw a stable pattern from April to August 2023. We attended 50% of red category incidents within 8 minutes 9 seconds and amber within 15 minutes 44 seconds.

The Service continues to work with key stakeholders to achieve its role in optimising pre-hospital care for Major Trauma patients leading to improved clinical outcomes and deliver the role of the Service in the Scottish Trauma Network.

The annual report from STAG (Scottish Trauma Audit Group) was published last month. There will be a comprehensive report to the Service's Clinical Governance Committee in November 2023, however some highlight figures include:

- Increase in adult Major Trauma patients taken directly to a Major Trauma Centre (MTC) by the Service from 49% to 58% last year.
- Increase in paediatric Major Trauma directly to MTC from 50% to 70%.
- Use of Pre-hospital antibiotic use for long bone fractures and TXA (Tranexamic Acid) for major haemorrhage reflecting improvements in pre-hospital management of patients experiencing major trauma.

These measures are among those that we are developing to report regularly to the Board illustrating the effectiveness of our pre-hospital trauma response.

With respect to patients affected by stroke, we continue to work closely with local systems and national partners to optimise 999-thrombolysis times, which remain within control limits. We are also supporting the roll out of the West of Scotland Thrombectomy service which is aiming to go live this autumn.

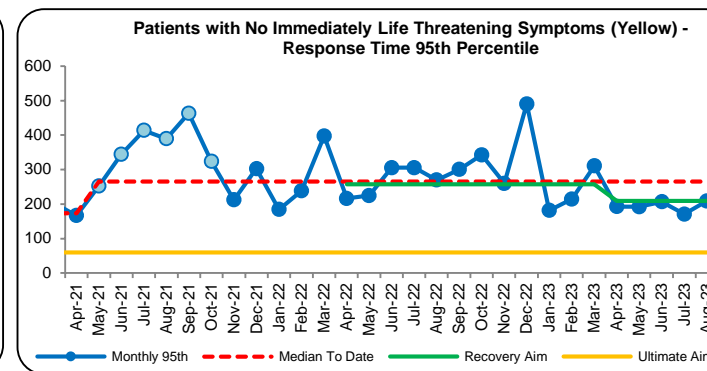
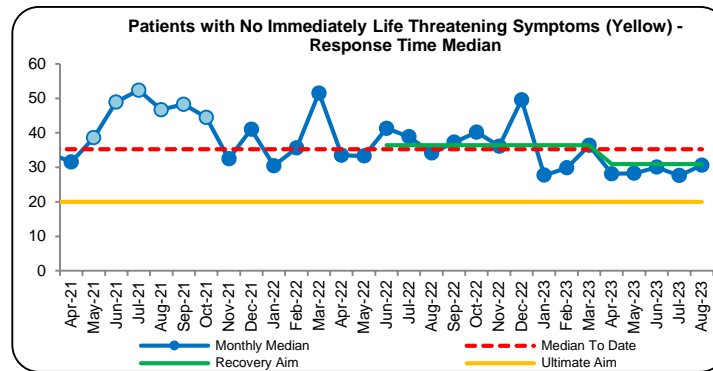
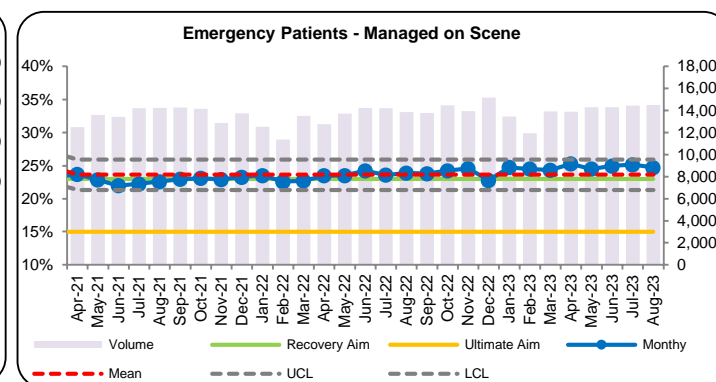
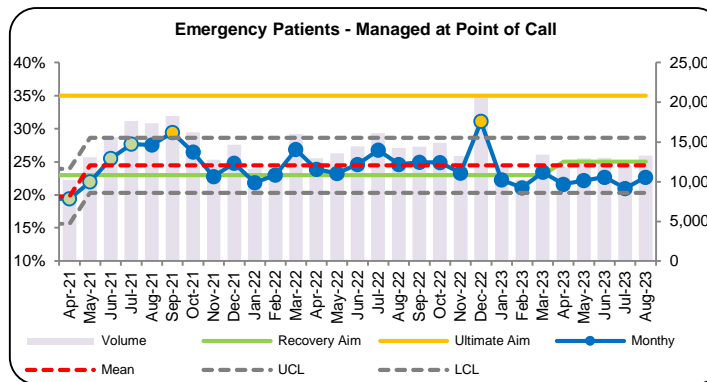
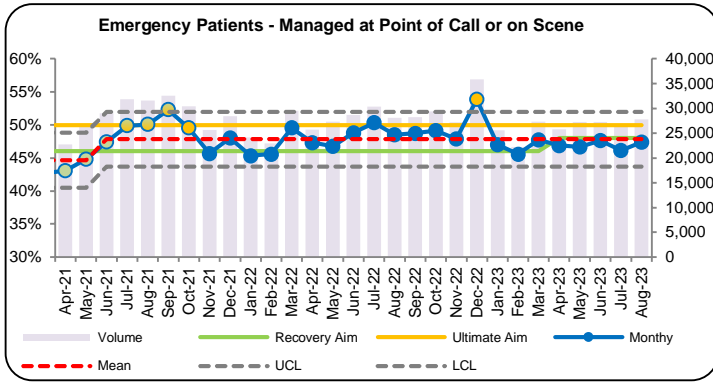
What are we doing and by when?

Ongoing work to reduce 999 to thrombolysis interval includes:

- Improved recognition of stroke at point of first contact within the ACC.
- Optimise dispatch arrangements and understand variation in practice through observation.
- FAST – improve recognition of hyper-acute stroke through utilisation of FAST (face to face)
- On-Scene times – improve on-scene times by limiting unnecessary clinical interventions as a time critical condition.
- Implement improved and refined 'whole service' stroke pathways to ensure seamless and definitive care (thrombolysis)
- Clinical feedback to clinicians.

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Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance



What is the data telling us?

The proportion of emergency patients managed either at point of call or on scene has remained around the mean of 48% since November 2021. However, in December 2022 it was above the upper control limit at 53.9%, made up of 31.1% of patients managed at point of call and 22.8% managed on scene. This returned to within control limits in the first six months of 2023 with 47.4% of emergency patients managed either at point of call or on scene. In August 2023, made up of 22.7% of patients managed at point of call and 24.7% managed on scene.

Work to support patients receive the right care in the right place continue within our Control Centres, where our Integrated Clinical Hub (ICH) is being optimised in preparation for significant system pressures to come later in the year.

A mapping exercise predicted demand against clinical workforce requirements has been completed and the necessary planning to have these crucial elements in place is underway. The stable system we see now represents a solid base on which to build improvement.

The contribution to Right Care / Right Place continues once we are on scene, and extensive engagement with Health Board Flow Navigation Centres (FNCs) is ongoing to encourage crews to access alternative options when hospital care is deemed not to be the best option. The complexities of optimising these options for Service clinicians are significant with multiple partners involved and significant differences in availability between daytime and out of hours periods.

Our Pathway Navigation team alongside our wider Clinical directorate and across our Regional Operational Teams are regularly engaged with partners such as FNCs, Mental Health Teams, GP in and Out of hours, bespoke hospital pathways such as SDEC (Same Day Emergency Care Pathways) and Hospital at Home. These resources vary significantly between Boards which means that there is a requirement for multiple discussions and information for crews that is locality specific.

We are seeing increasing volumes of FNC engagement and other partner utilisation, and in the use of our generic 'call before you convey' programs.

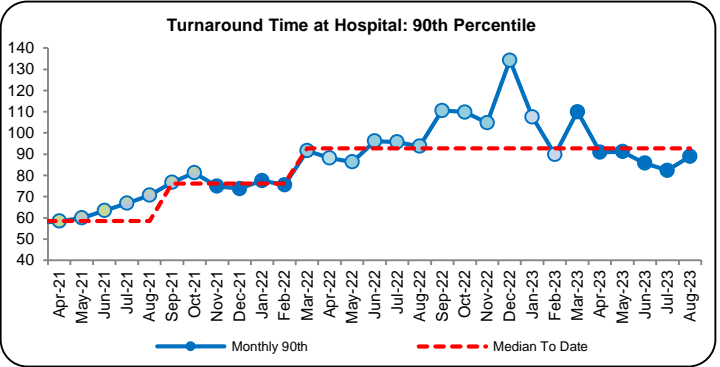
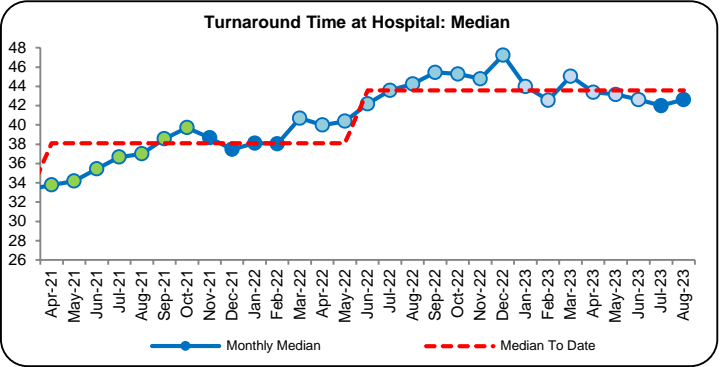
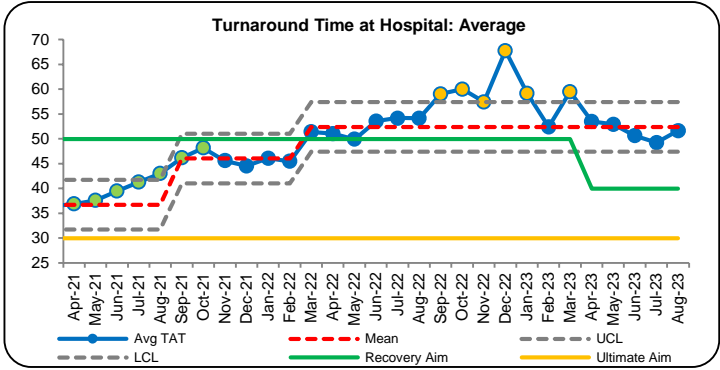
Detailed reporting of these activities sits with the Service's Performance and Planning Steering Group and 2030 Programme Board.

What are we doing and by when?

All elements sit within the Service's Urgent and Unscheduled Care work stream. Further work is progressing to enable improved access to the wider health and care system for those patients who present to the Service and whose needs can be better met by other parts of the system.

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TT: Turnaround Time at Hospital



What is the data telling us? - Although a stabilisation has been seen in turnaround times since January 2023, they remain at levels significantly higher than have been seen historically. Increased turnaround times 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. Increased time at hospital for turnaround delays increases overall service time and consequently utilisation which conversely reduces ambulance availability.

Between August 2019 and August 2023, the average turnaround time increased from 31 minutes 49 seconds to 51 minutes 38 seconds. This means our crews are, on average, spending 19 minutes 48 seconds longer at hospital for every patient conveyed.

Why? – Hospital Turnaround Times for Ambulance Crews were compounded by the strict infection prevention and control measures that hospitals have had to put in place due to the COVID-19 pandemic. As restrictions eased and these measures were reviewed and relaxed, hospitals have been operating at or near full capacity with little change in the ‘front door’ operating models in some hospital sites. In December 2022 this was further exacerbated by adverse weather, flu, COVID-19 and respiratory admission and significant numbers of delayed discharge patients. Although the situation improved throughout January and February and again April – June 2023, it remains particularly challenging in some hospital sites where patients continue to be cared for in the back of ambulances managed by Service staff for increasing periods of time, 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.

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 (NHSL) has also funded an additional HALO post to work with NHSL's Flow Centre. The Service now has 17 WTE HALOs in post covering the major Emergency Department sites.

The agreed 'Principles for Safe Transfer to Hospital', outlines the target to achieve a safe handover of patient at hospital within 15 minutes and in the interim of no instances over 60 minutes by August 2023. Each of the Service's three Regions are working up an improvement trajectory towards these aims, working in collaboration with respective Health Boards.

Other specific actions include:

- 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 Emergency Departments and the hospital helping with managing flow. Next step is ongoing work with health boards to tie together data from all

existing platforms to produce accurate clinical hand over times for patients.

- All efforts re: safe alternative measures to Emergency Department admission described earlier in terms of the IUUC.
- Hospitals reviewing the principles of the Continuous Flow Model to ease the front door pressures primarily on Emergency Departments with improvement action plans in place to achieve.
- 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.
- Review of joint improvement plans in place with acute sites is ongoing.
- Daily conference calls with our HALOs take place to ensure early escalation of issues but also to ensure support for the HALOs in engaging with sites.

Regional specific actions include:

East:

- Delivery groups are established at all sited to support achievement of the 'Principles of Safe Transfer to Hospital'
- Daily HALO conference calls take place to review performance against 60 minute aim and thematic analysis carried out to allow solutions to be identified and shared across other Health Board areas.
- Sub regional testing is underway using hospital TRAK data merged with Service turnaround times in Lothian to allow more

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detailed analysis of component parts of overall turnaround time and targeted action to support improvement.

- Discussion with sites is focussed on patient safety and risk and we are reviewing opportunities to share a more real time position with sites in terms of the impact of delayed handover.
- Pathways continue to be developed and promoted to support the appropriate management of patients outwith the Emergency Department. This is supported by prof to prof applying the principle of call before you convey.

West:

- A revised Falls pathway has been introduced in Glasgow which has already delivered a 91% increase in referrals year to date. Continued support to Glasgow’s GlasFlow model which is demonstrating longer term stability with less regular delays at QEUH.
- In Ayrshire there is a 24/7 Call Before Convey process. The learning from this has enabled a test of change, which is now implemented as normal business in Glasgow for the use of their Flow Navigation Centre for Call before Conveyance. Numbers have remained below the levels expected and a communication plan has been developed to engage clinicians to become more proactive with the use of the process. Lanarkshire are also working through a review of their FNC in line with the Operation Flow2 programme. A 2-day improvement session took place over 7 and 8 September, where partners from NHS Tayside shared positive outputs from changes they made in relation to frailty pathways and direct admissions to specific areas to reduce ED pressures and support continuous flow.

- APs assisting Emergency Department staffing levels in Lanarkshire. As a further addition to this work, we are currently supporting NHS Lanarkshire’s development of Operation Flow2 Programme with the aim to significantly improve patient capacity levels at all three of Lanarkshire’s district general hospitals.
- Turnaround issues at Crosshouse and Ayr continue to prove challenging, although there had been incremental improvements in this performance Ayrshire continues to give the greatest concern and longer delays have been experienced. Weekly meetings with NHS Ayrshire & Arran CEO and our Deputy CEO and Regional Director are in place to address these concerns. Revised plans ahead of the winter months are being undertaken with shared learning from other systems relating to direct admission and by-passing ED for some specialities, as well as a review of the GP admissions process to align with SDEC principles.

North:

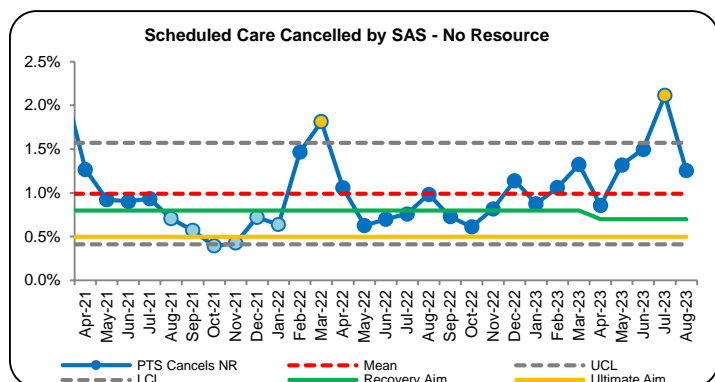
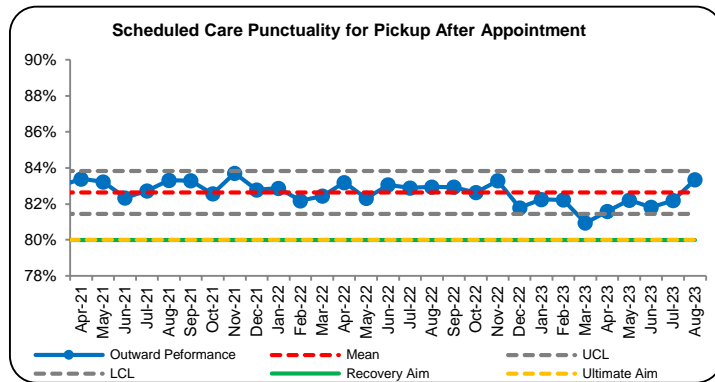
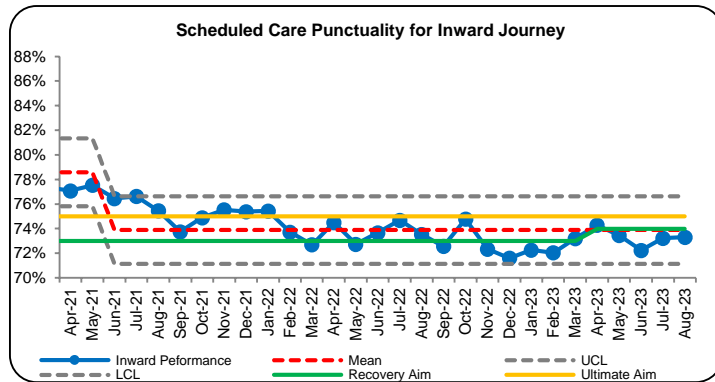
- Weekly Chief Executive meetings with NHS Grampian (ARI)
- Continual SAS/NHSG/NHS Highland engagement with improvement action plans
- Use of Safe to Sit Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit
- Use of hospital arrival screens
- Maximising utilisation of Flow Navigation Centre at ARI
- Development work to increase number of and access to alternative pathways of care.
- ARI working on plans for winter to increase bed base.

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- Continued use of cohorting at ARI to enable timely crew shift change over and mitigate against compensatory rest and non-availability of resource next shift.

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SC: Scheduled Care



What is the data telling us? – The number of Scheduled Care calls has remained stable since early 2022 and was 35,101 in August 2023 (see chart: Scheduled Care Calls – All Calls on page 8). Call volume through ACC’s remained within control limits.

Journey demand in July and August 2023 has remained at a consistent level with 26,711 and 29,711 completed journeys respectively in those months.

Punctuality after appointment was 83.3% in August 2023, above the recovery and ultimate aim of 80%, while punctuality for inward appointment was 73.3%, which is lower than the recovery aim of 74%.

The percentage of PTS cancelled by the Service in the ‘No Resources’ category was 1.3% in August, which continues to be higher than the 2023/24 recovery aim of 0.7%.

Why? – While physical distancing measures relaxed on 14 April 2022, we continue to maintain single journey arrangements for immunocompromised patients in line with national Infection Prevention and Control Standards.

Cancellations due to no resource continues to be partly attributed to vacancies and higher levels of staff absence affecting the number of resources available for general outpatients, with Scheduled Care also continuing to contribute resource to alleviate wider system pressures through the timed admissions work. Reduced demand levels post COVID-19 means the number of actual cancelled journeys is lower however appears higher when presented as a percentage of the smaller overall demand.

What are we doing and by when?

Business Continuity

Scheduled Care have now completed a Business Continuity Exercise, which has demonstrated that the build and understanding of the continuity plans are on track.

Cleric

All expected system updates have been completed. In line with our update cycle, we are due for another upgrade in early November 2023 that will offer improvements to mapping and other functionality.

We continue to work with Cleric on Geo fencing which has presented some challenges, which we are working with the system provider to address.

Patient Needs Assessment

20 September 2023 has been identified provisionally for the implementation of the Inter-hospital, Business Continuity and Entry Patient Needs Assessment (PNA) updates which will provide improvements for call handlers. Following this work, the Transfer PNA will be progressed however, the work on 20 September needs to take place prior to commencement of the Transfer PNA.

Training nationally to our Scheduled Care Team on this will take place between the 11-19 September 2023.

Recruitment

Recruitment continues to progress nationally for Scheduled Care Coordinators, North and East continue to recruit and aim to plan training sessions in early 2024 for the successful candidates.

Interviews will be held for the Scheduled Care Auditor position in September 2023. Recruitment is also planned for Ambulance Care Assistants in the coming months.

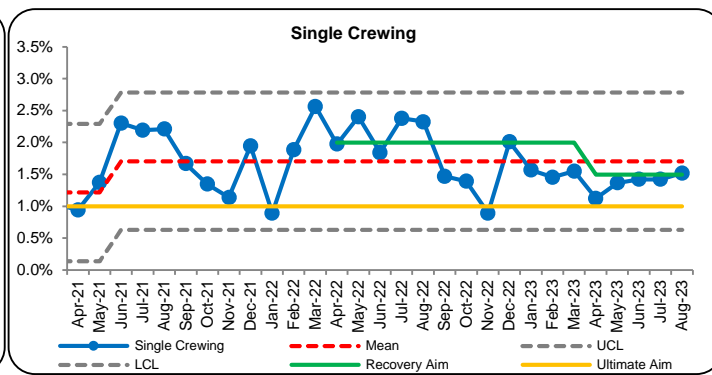
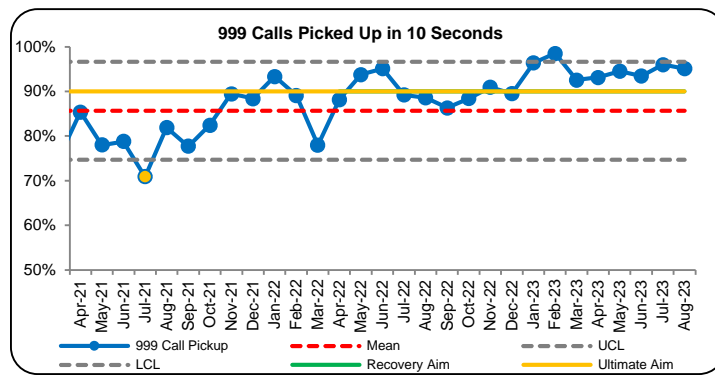
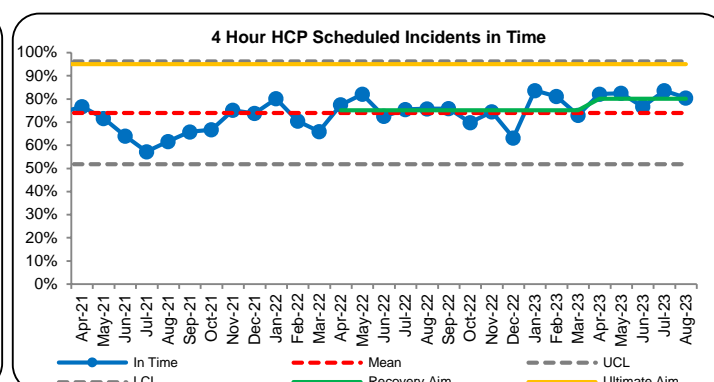
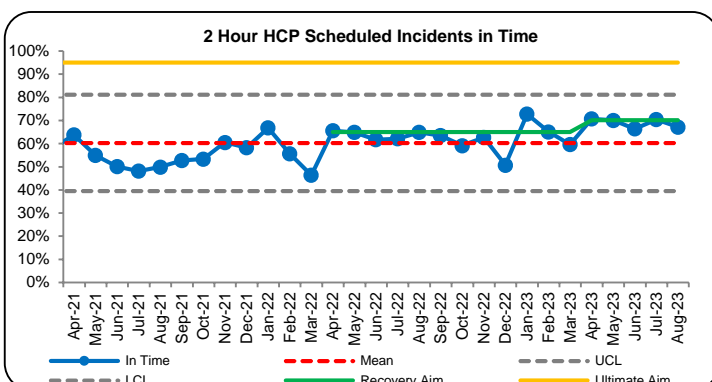
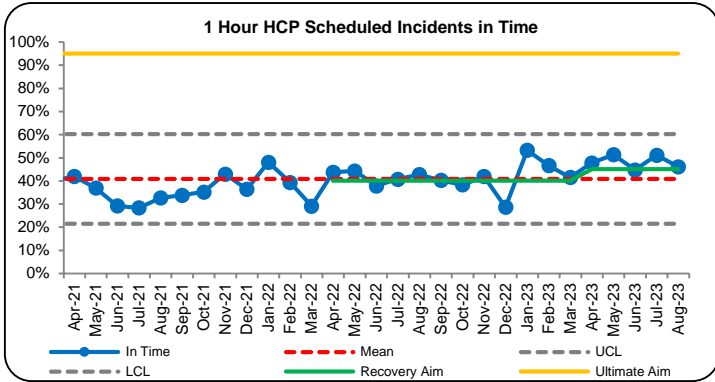
Scheduled Care Transformation Programme

Two projects within the Scheduled Care Transformation Programme have commenced. The Scheduled Care Strategy Project Team has been established with stakeholder mapping, risk and issue workshops undertaken. Over the next month, Scheduled Care Strategy development sessions will be undertaken with the Executive Team and Board.

The Roster Redesign Project has also commenced with a feasibility review of the initial demand profiles from the 'PTS Demand and Capacity Review' undertaken by ORH. This will lead to further modelling to refine the roster keys prior to implementation. Presentation dates have been scheduled with ORH and senior Service stakeholders to present an overview of the 'Review'. Meetings with senior Regional and ACC Teams will be scheduled to understand their project and wider programme delivery requirements.

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Other Operational Measures



What is the data telling us?

The proportion of scheduled incidents from Health Care Professionals (HCP) fall into three categories which are defined by the requested timeframe of attendance.

As with responses to emergency incidents, responses to these incidents are heavily influenced by the increased time experienced at the handover of patients. In all these timeframes there has been an improvement since the summer of 2021 and the proportion reached within the timescales remains within the control limits at 46.1%, 67.1% and 80.4% for 1 hour, 2 hour and 4 hour scheduled incidents respectively.

The proportion of 999 calls answered in 10 seconds has seen improvement and stability in the last 6 months with 95.1% being achieved in August 2023 against an aim of 90%.

What are we doing and by when?

HCP Scheduled Incidents in Time

The Regions are working closely with the Ambulance Control Centre to maximise availability and tasking of low acuity ambulance resources to appropriate ambulance calls. This is focused on sending the right ambulance resource to the right place at the right time with an appropriate skill level. This has a positive impact on HCP calls where an emergency ambulance may not always be required to convey a patient to hospital. Through the Service's demand and capacity programme, we are seeing the benefits of aligning the right ambulance resources to ambulance demand through the Ambulance Control Centre Clinical Hub, rostering, and additional ambulance resources. Extended Hospital turnaround times continue to impact on ambulance service time and ambulance availability.

Scheduled Incidents 1, 2 and 4 hours – attending incidents within their allocated time remains the main priority within the Timed Admissions Hubs within the Ambulance Control Centre. This test of change across all Ambulance Control Centre sites and regions allows for dedicated clinical and dispatch focus to maximise the use of our dedicated Scheduled Care vehicles freeing up critical A&E capacity where it is safe and appropriate to do so. The Ambulance Control Centres and Regions have individual improvement action plans being progressed through the Service's Performance and Planning Steering Group to improve this overall performance.

Single Crewing

Staff abstractions for COVID-19 seasonal influenza and other non COVID-19 reasons have impacted on the percentage of single crewing. Every effort is made by the Regions to avoid single crewing through maximising relief cover and covering shifts in advance where single crewing is anticipated.

Other specific actions include:

- Single crewing is reviewed daily as part of the regional management call to minimise occurrences.
- Local Operational Managers will review the available shifts and redeploy staff where possible to reduce the potential for a single crew, such as changing shift times or locations, usually the day before the shift takes place.
- ACC with discussion from the local management team may decide to move a Paramedic from a PRU to double up with a single crewed Ambulance, depending on the prevailing demand in the area at that time.
- Robust application of Attendance Management Policy to support staff absent through sickness.

- Maximising recruitment to minimise any vacancies causing pressure on relief capacity to cover shifts.
- Daily review of all uncovered shifts to mitigate against single crewing and in particular in high-risk locations.
- All opportunities are explored when covering shifts and mitigating single crewing including the use of Bank staff – clinical staff and trained emergency drivers.

Two of our call handlers, Thomas Logan West ACC and Chloe Marshall East ACC have been selected to become finalists in the prestigious Emergency Medical Dispatcher of the Year award category.

999 calls picked up in 10 seconds

During August 2023 we saw an increase in 999 calls, receiving 2,875 more than July. This was however 1,447 calls or 2.53% less than August 2022. Our call answer performance during August was above our agreed SLA at 93.4% of 999 calls answered within 10 seconds despite the increase in call volume.

During August 2023 we saw an increase in volumes for non-emergency calls and non-public emergency calls, but the combined volume which was 34,261 calls was 2,046 calls more than July. This was also 1,055 calls more than August 2022.

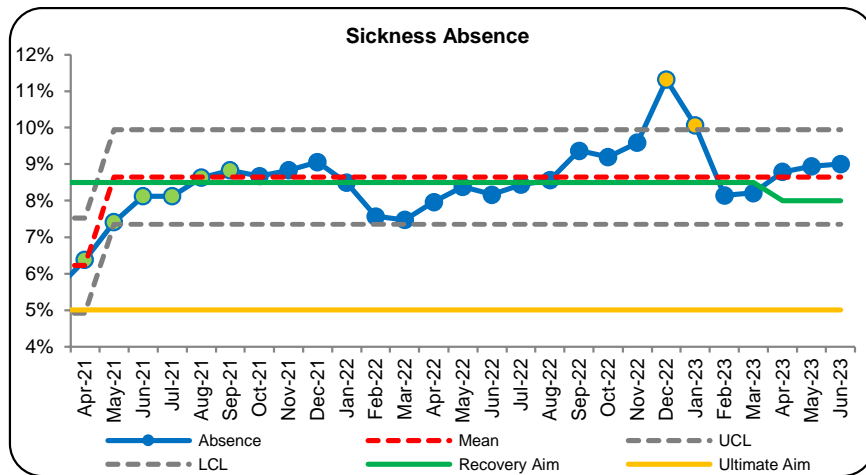
In August 2023, the Service experienced 127 BT delays of 2 minutes or over which is an increase of 69 calls from the previous month, the Service was the fourth best performing Ambulance Service in the UK.

This month a delegation from the ACCs will attend the IAED Navigator Conference where we will be presented with our ACE award. We have representation from call handling, audit, practice developer, learning and development, call performance and senior management attending the conference on behalf of the ACCs and Service.

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SE: Staff Experience

Sickness Absence



What is the data telling us? – sickness absence, as at June 2023, was 9.0%, a decrease since the peak seen in December 2022 and January 2023 although noting a very slight rise from May 2023 (8.9%).

COVID-related absence fell to its lowest level recorded during July 2023, with a low of 0.4%. However, in August, cases began to rise, increasing by 0.3% on average week on week. By the week commencing 28th August, 2.1% of staff were absent.

Why? - The absence percentages at the start and end of 2022/23 are fairly static at below 8% and at 8% respectively. However there

are spikes in September and December 2022. The September spike represents the re-classification of COVID-19 special leave to sickness absence. As this was a one-off event, this is not a trend

that we see in previous years, nor will it be a trend going forward. The December spike and subsequent higher levels throughout the winter months occurred during a period of significant operational pressure, including the threat of industrial action, culminating in prolonged periods at REAP level 4.

Given that we know that a rise in absence during 2022/23 is directly attributable to the re-classification of COVID-19 special leave to sickness absence from 1 September 2022.

We anticipate a rise in sickness absence across the winter months in line with normal trends. We will continue to monitor staff related COVID absence in light of the current upswing in COVID infection rates due to the new Pirola variant. Staff absence due to COVID has shown an increase in recent weeks and depending on the progress of the Pirola variant, may increase staff absence beyond that seen due to “normal” winter flu.

The Service set an interim recovery aim for 2023/24 for sickness absence to be below 8%. Whilst disappointing overall, there are positive improvements in the management of long term absence which is encouraging, considering the operational pressures that have continued to impact upon line managers and staff.

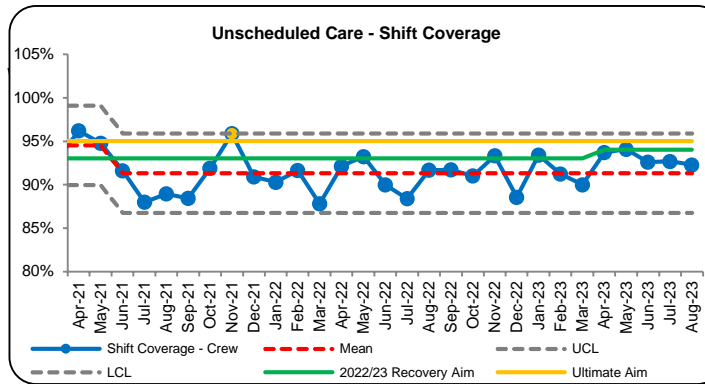
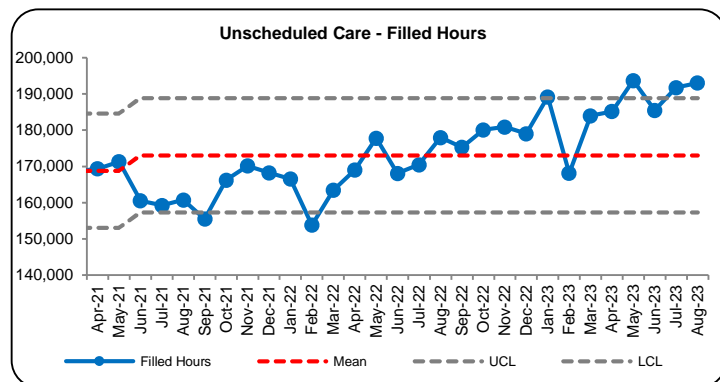
What are we doing and by when? -

Current local data confirms that anxiety/stress/depression remains the most common reason for absence. Back problems are the second most common reason. The third reason is other musculoskeletal problems.

The Regional and National HR teams continue to support managers to manage attendance cases and levels in their area. We will continue to focus on attendance action plans with each region/department and undertake follow up audits, or focused attendance management actions as necessary.

Absence reporting is available on a weekly and monthly basis from our local e-rostering system. A report continues to be produced for the Service's Performance and Planning Steering 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 produced by local managers that provides local information and details specific action being taken.

SE1.2 Shift Coverage



As a result of the implementation of our demand and capacity programme, hours of shift coverage have been increasing and this is planned to continue in the following months whilst the final cohort of additional staff complete their training and start on shift. The Service recovery aim for 2023/24 is greater than 94% of accident and emergency shift coverage across the year. This has seen a drop due to sickness, annual leave and LiP training. However, as the denominator (required hours) has also increased the percentage shift coverage remains similar to previous months) with an increase in hours provided.

Best practice for UK ambulance services is no more than 55% utilisation, our utilisation rates in July and August 2023 were 57.8% and 58.3%, reflecting the continued shortfall in capacity versus demand which is being progressed through our demand and capacity programme and work to reduce ambulance handover times.

What are we doing and by when?

Regions continue to maximise all recruitment opportunities and use of bank staff. They are exploring the best way to optimise shift uptake by bank workers ahead of the winter pressures. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise absences.

West Region:

Forecasting indicates that as the new staff are now live and the final demand and capacity rosters are 92% implemented, West Region have a much more sustainable coverage platform for 2023/24.

55 Newly Qualified Paramedics have been recruited in West and are being introduced in a phased capacity between July and October however a review of this provision is underway and opportunities to bring these Newly Qualified Paramedics in Service in a reduced capacity earlier are being explored. Issues with the current recruitment process are also being addressed as several Newly Qualified Paramedics were unsuccessful through the recruitment process. In addition to this, the region is now entering a second phase of recruitment of Newly Qualified Paramedics who had not applied through the original advert. Existing PRU vacancies have been recruited to with a few vacancies remaining. The need for this was twofold as there had been a number of vacancies created due to retirements or leavers and to fully cover the PRU vacancies following completion of the D&C programme. Bank and Emergency Drivers continue to be utilised to cover capacity shortfalls.

East Region:

In the East Region since March 2023 a total of 62 Technician Students have commenced Technician training.

20 Newly Qualified Paramedics s have joined the service during July and August with a further 28 planned between September and November.

Bank staff, both clinical and emergency drivers, support shift cover across all regions.

North Region:

In the North region, there is a continued focus across the region:

- Final stages of Demand and Capacity Programme implementation. Challenges still remain in particular remote hard to recruit areas.
- Increasing relief capacity to 38.1%
- Demand & capacity review of Paramedic Response Unit (PRU) and Urgent Tier Resourcing and rostering is completed and went live on 31 July 2023. This sees the introduction of 24/7 PRU cover in Elgin and Inverness along with improvements of the Aberdeen PRU's and Urgent Tier rosters.
- Newly Qualified Paramedic recruitment is at an appointment stage and being allocated places on the induction courses in October and November in time for winter 2023/24. Business Support Managers are working with the Head of Education to plan the recruitment and clinical induction of these recruits.
- Mobilisation mitigations are still in place for D2 ACAs, Emergency Drivers, and other agencies to be called upon to create a DCA.

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Workforce Development

Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2023/24 workforce profile.

Status – 464 staff joined the service in 2022/23 against a target of 488.

The shortfall primarily came from Technician recruitment in March 2023 that would have been due to go live in July 2023. The shortfall was factored into the 23/24 plan and was recovered by in July with the recruitment of 38 Newly Qualified Paramedics.

Planned Activities Include – The plan for the 2023/24 Financial Year is to recruit 317 WTE across staff groups.

SAS Projected Recruitment Need 2023/24	
Professional Group	Posts
New Hire Technicians	50
New Hire Paramedic (Direct Entry)	30
New Hire Paramedic (Education Model Go Live)	230
New Hire APS	5
New Hire ACA	2
Total	317

Recruitment has been progressing across the last few months for Newly Qualified Paramedic with further groups being phased in back to back every 5 weeks until conclusion ahead of winter.

The recruitment team continue to liaise with regional workforce leads to deliver workforce intake in line with regional workforce plan requirements.

Strategic oversight and delivery of the plan will now transition from Demand & Capacity Programme Director to Head of Workforce and Analytics with the re-establishment of a workforce steering group that will report directly into the workforce and wellbeing portfolio.

An initial meeting will take place between stakeholders from Workforce, Education, Recruitment and Regional Service Leads to plan the programme of recruitment and training for the remainder of 2023/24 and establish required recruitment activity timelines for the 2024/25 financial year.

Other Considerations - Attrition for A&E frontline 2022/23 finished on 7.3% against a 7.3% forecast (242 leavers against an assumed 241). Turnover for the current year is within the 6% assumptions made within the workforce plan.

The recruitment plan for 2023/24 assumes no new funding and therefore if there are any new developments, particularly within Health boards the plan will need adjusted accordingly. Training and Education resourcing requirements are also being reviewed.

The workforce plan projects a recruitment need for 230 Newly Qualified Paramedics across 2023/24. Attrition from courses and recruitment continues to be monitored and assumptions and recruitment will be adjusted accordingly.

In addition to this, we have a small pipeline of existing Technicians still due to qualify as registered Paramedics through the legacy DIPHE Programme.

We are also aiming to recruit a further 30 direct entry qualified Paramedics however if applications are higher then we will adjust Technician numbers accordingly.

Resourcing model developments will support continuing target delivery 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 2023 the intake for the undergraduate programme is 335 entrants and the support infrastructure is continuing to be refined to meet the needs of the undergraduate cohorts. The work continues with education providers to support Newly Qualified Paramedics and we expect that this collaboration will develop across the next few years to enhance the Newly Qualified Paramedic recruitment process and subsequent onboarding into the Service. It is hoped that this will also improve retention rates within the first two years of employment.

Technician programmes have reduced this year to reflect the increase in Newly Qualified Paramedics now coming through the system. 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.

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