



NOT PROTECTIVELY MARKED

Public Board meeting

26 January 2022

Item 11

THIS PAPER IS FOR NOTING

**SCOTSTAR & AIR AMBULANCE MID-YEAR REVIEW
APRIL TO SEPTEMBER 2021**

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| Lead Director Author | Paul Bassett, Chief Operating Officer / Matt Cooper, Director, National Operations Kenny Mitchell, General Manager of ScotSTAR & Air Ambulance |
| Action required | The Board is invited to note the attached ScotSTAR & Air Ambulance mid-year review. |
| Key points | <p>This report outlines how ScotSTAR and Air Ambulance have carried out their function between 1 April 2021 and 30 September 2021.</p> <p>This report provides details on challenges that each individual service is facing as well as how we are responding to those challenges. Furthermore, we have included information around activity and performance as well as details on how we plan to move forward to strengthen our reporting capability and improve performance as a result.</p> |
| Timing | Scheduled update to the Board |
| Link to Corporate Objectives | 2.2 - Develop ScotSTAR as a national service to improve outcomes for patients requiring a specialist response. |
| Benefit to Patients | Data within is used to measure performance, demand and activity which is used to better inform the current position and improve future patient services. |



**Scottish
Ambulance
Service**
Taking Care to the Patient



ScotSTAR & Air Ambulance

Mid - Year Review

April – September 2021

| | |
|-----------------------|---|
| Presented By: | Kenny Mitchell, General Manager ScotSTAR & Air Ambulance |
| Date Prepared: | January 2022 |

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1. Introduction

This report outlines how ScotSTAR and Air Ambulance have carried out their function between 1 April 2021 and 30 September 2021. We will endeavor to report to the Service's Executive Team and Board on a bi-annual basis.

As lockdown restrictions have continued into 2021, our bi-annual report demonstrates the significant impact that coronavirus restrictions have had on Air Ambulance and ScotSTAR services.

Whilst lockdown measures put in place across the country as part of the pandemic response reduced demand on Air Ambulance and ScotSTAR services, as we progress through 2021-22 it is evident that Air Ambulance and ScotSTAR activity is quickly returning to pre-pandemic levels, with recent activity significantly above average.

This report provides details on challenges that each individual service is facing as well as how we are responding to those challenges. Furthermore, we have included information around activity and performance as well as details on how we plan to move forward to strengthen our reporting capability and improve performance as a result.

In preparation for winter, we have developed a ScotSTAR and Air Ambulance Winter Plan to support surges in demand, adverse weather, and other barriers to routine activity during the winter period.

We continue to focus on strategic development of ScotSTAR and Air Ambulance as well as identify opportunities for improvement.

2. ScotSTAR Teams

The following section summaries the activity of the teams during this period and highlights a number of areas where work has been progressed

2.1 Adult Retrieval Service

Similar to the wider service, the Adult Retrieval Team have faced many challenges during the pandemic, which are summarised below. Whilst the team has maintained operational delivery they have also been focused on supporting a number of workstreams.

Scottish Trauma Network

The Scottish Trauma Network (STN) is now live. Emergency Medical Retrieval Service (EMRS) has for years sought to deliver critically ill or injured patients directly to the hospital where they can receive definitive care. We now have a part to play in supporting our frontline Service colleagues with this same principle as it applies to all patients with significant trauma. We anticipate responding to more crew requests for Trauma Team support on scene and more activity associated with new trauma triage protocols both in terms of on scene support for longer pre-hospital journeys to trauma units/centres and remote telephone support for decision making via the trauma desk.

As part of the preparation the Adult Retrieval Team has been at the heart of pre-hospital considerations as the STN has been developed. We have had STN themed governance meetings, and case presentations, raising preparedness across the team for our role within it. There are strong links between clinical leads in the established networks, and parallel links are being forged with the networks yet to come online. These links already bear fruit in terms of shared learning from events, and a commitment to adapt and adjust our systems in the light of experience.

Rural Communities

The Adult Retrieval Team support rural colleagues as community and Rural General Hospitals face challenges of their own. Our aspiration is for a shared clinical governance model, where not only a responsibility for the care and transport presenting to remote and rural sites is shared with our team, but also a commitment to safety, quality and excellence.

As part of the support ScotSTAR has a system of liaison contacts for each of our major remote and rural sites. The team conduct regular visits to facilitate training as well as joint learning from their own referred cases. This system, underpinned by good communications at Medical Director level will help us work with our rural colleagues and adapt our responses to their changing needs.

Harmonised Working

The delivery of pre-hospital critical care & remote and rural retrieval requires integration of our clinical teams with other teams and roles with the Service and the wider NHS. There is overlap between many evolving operational clinical roles that have historically come to sit in distinct niches within the Service, some of these roles having become advanced practice roles. Examples include Advanced Practitioners in Critical Care, the Trauma Desk Clinicians and Air Ambulance Technical Crew Members. The challenge is to capitalise on the synergies and co-dependencies of these roles, to harmonise clinical governance structures to optimise system learning, to provide diverse opportunities for career progression, and ultimately to best capitalise on our greatest asset.

2.2 Neonatal

The Neonatal Service has gone through a number of changes during this period including the appointment of a new Head of Service. The focus during this period however has been the review of the service.

Neonatal Service Review

The Neonatal Service Review Project commenced November 2020 and was established to address recommendation 59 of the national strategy, 'The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland' (20th January 2017).

The aim is to achieve an adaptive ethos that provides specialised transport needs of maternity and neonatal units across the country with a high quality, safe, effective, fit-for-purpose and future proof service. This is to ensure babies transfer to the most appropriate care setting as efficiently as possible. To be achieved with minimal impact on service delivery.

The Project Board / Steering Group determined the review would center around five key work streams (Integration, Pathways, Remote & Rural, Training & Education and Workforce). From these three working groups were created: Remote & Rural, Training & Education and Workforce.

Current progress to date: -

Remote and Rural

- Planned adoption of pathway to standardise any contact and transfer of neonates delivered in Community Midwife Units (CMUs) who require additional care which will be implemented across all CMUs within NHS Scotland. This provides operational guidance for the transfer of a newborn infant from a CMU to neonatal / maternity services, underpinned by agreed common principles.
- Work with the national maternity network.

- The continuation of training and education to remote and rural units. This is in collaboration between ScotSTAR, the Scottish Multidisciplinary Maternity Development Programme (SMMDP) and local stakeholders.

Education and Training

- One team working culture developed – unifying protocols, processes, procedures, guidance which develops consistency across the service and encourages an inclusive culture whereby all employees feel part of a national team.
- Structured programmes – for nursing staff and ANNP's to recognise skill progression. These will be evidence based and in line with national frameworks.
- Competency framework developed - to cultivate a simple, easily accessible and monitored framework of core and specific competencies that individuals complete to demonstrate the maintenance of basic and core skills as part of an overall clinical governance framework.
- Quality Improvement (QI) – A focus on QI to identify, monitor and feedback progress on Key Performance Indicators (KPI's) to focus and strengthen the service strategy.
- Research & Development - actively seek out and participate in national/international based transport research to develop a culture in which research is actively encouraged.

Workforce

- Workshops have taken place with the aim of defining the structure of the teams and developing a location planning process for the service. The work stream within the review has generated the general principles and support requirements, however, expert opinion from UK-wide transport services will further advise on how the workforce will be structured going forward. Several organisations have completed this process in recent years therefore learning from them will be a welcome opportunity.

2.3 Paediatric

The Paediatric Team have been facing a number of staffing challenges. During the pandemic periods the team have seen a significant drop in activity. Moving forward activity demand is increasing and progressing into the winter months there is an expectation that there will be a significant increase in activity for the team. The challenges the team have been facing include: -

- Clinician rota shortages with a fixed locum consultant job coming to an end and one permanent staff member leaving
- There have been a number of shifts when the paediatric team has been unable to have a full team due to shortage of clinicians, thus clinicians have provided 'remote on-call' where they can give advice but do not go out
- Challenges exacerbated by self-isolating due to COVID-19
- Increased stress and anxiety on retrieval nurses working with increased number of locum consultants

To address these issues the following measures have been put in place: -

- Appointment of clinical fellow with 50:50 split between ScotSTAR and Paediatric Critical Care (PCC) GGC - August to February 2022
- Establishment of an Advanced Nurse Practitioner role
- Establishment of an Advanced Nurse Practitioner training programme
- Development of a combined role with Neonatal Team
- Support from Adult Retrieval Teams if a child requires transfer from remote and rural sites
- Additional locum appointments
- Robust induction programme for locum consultants including shadow shifts with permanent consultants
- Robust support and communication processes in place to provide consistency amongst the team members

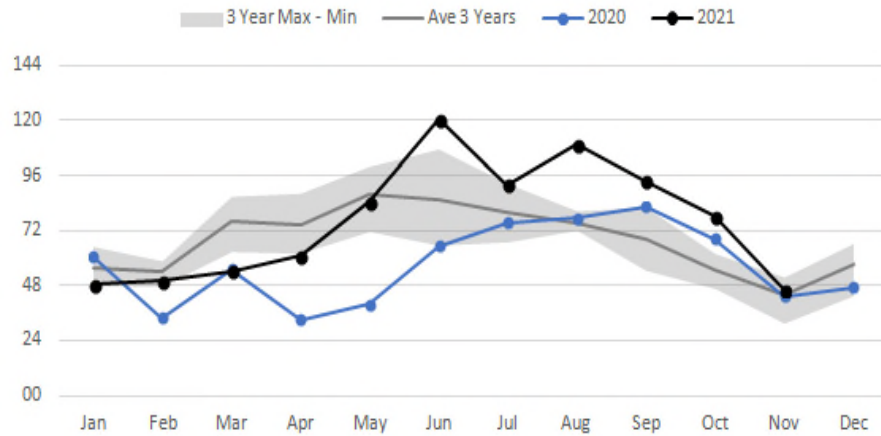
3. Air Ambulance

Lockdown measures put in place across the country as part of the pandemic response had a specific downturn effect for Air Ambulance.

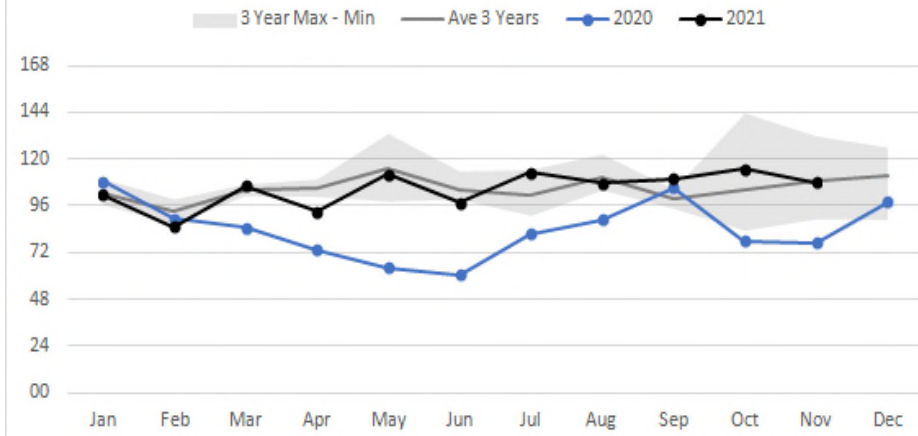
In 2020-21 there was significant cost avoidance due to flying hours being 19.4% below normal levels; we are now seeing hours increase above normal levels across the fleet. As we progress through 2021-22 it is evident that Air Ambulance activity has quickly returned to, and is now exceeding, those pre-pandemic levels, contributory factors to this being: -

- Increased visitor numbers across remote & rural Scotland
- Increasing outdoor activities
- Requests to support the wider Service across remote & rural Scotland as they too see demand increasing whilst staff absences remain high

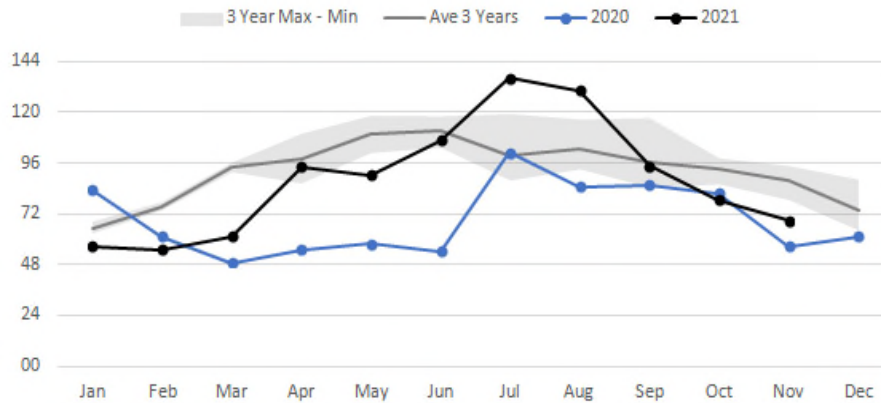
Helimed 2 Sector Hours



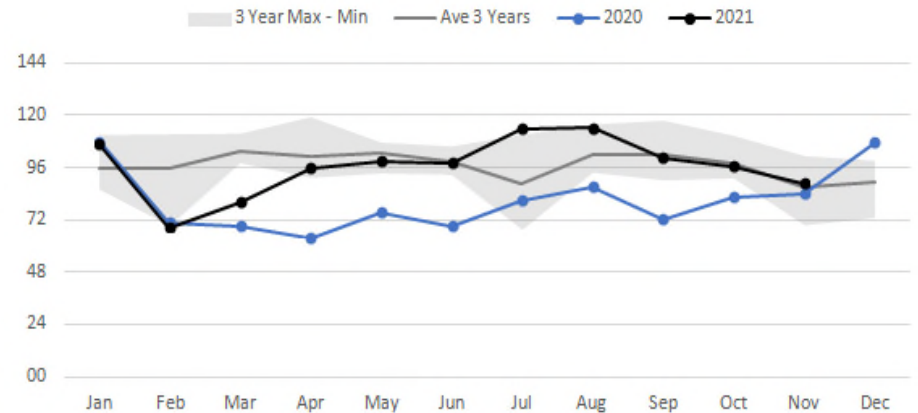
Aberdeen KingAir Sector Hours



Helimed 5 Sector Hours



Glasgow KingAir Sector Hours












Grey line is average monthly flying hours for 2017/18/19, blue line 2020, black line 2021.

If the trend continues across the year, this will prove a significant challenge to the Air Ambulance budget. Initial investigation into the increase has not identified any specific single trend but a general uplift across all activity in all areas. However, this will continue to be monitored and we will engage with our external stakeholders where any specific trend is identified.





4. Activity & Performance

4.1 Adult Retrieval Activity




The summary data was extracted from the new EMRS Application for the Adults data, the Badgernet system for Neonatal and Paediatrics data and the SAS Data Warehouse for Air Ambulance data. Period covers from April to September 2021.

| Department | Operational Data | Apr 19 to Sep 19 | Apr 20 to Sep 20 | Apr 21 to Sep 21 | % Diff year most Recent | |
|------------|-------------------------------------|------------------|------------------|------------------|-------------------------|---|
| EMRS | Primary Missions Completed | 372 | 289 | 493 | 70.6% |  |
| | Secondary Transfers Completed | 207 | 135 | 175 | 29.6 % |  |
| | Advice Calls | 290 | 245 | 347 | 41.6 % |  |
| | North Primary Missions Completed | 50 | 75 | 90 | 20.0 % |  |
| | North Secondary Transfers Completed | 82 | 48 | 73 | 52.1 % |  |
| | North Advice Calls | 43 | 41 | 74 | 80.5 % |  |
| | West Primary Missions Completed | 322 | 213 | 402 | 88.7 % |  |
| | West Secondary Transfers Completed | 125 | 85 | 102 | 20.0 % |  |
| | West Advice Calls | 247 | 204 | 273 | 33.8 % |  |





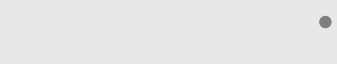


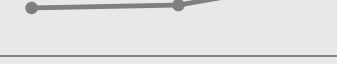
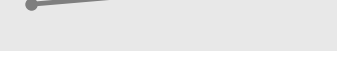
4.2 Neonatal Activity

| Department | Operational Data | Apr 19 to Sept 19 | Apr 20 to Sept 20 | Apr 21 to Sept 21 | % Diff year most Recent | |
|------------|--------------------------------|-------------------|-------------------|-------------------|-------------------------|---|
| Neonatal | North Team Transfers Completed | 71 | 91 | 90 | -1.1% |  |
| | South East Transfers Completed | 231 | 183 | 159 | -13.1% |  |
| | West Team Transfers Completed | 312 | 254 | 296 | 16.5% |  |
| | Total Transfers Completed | 614 | 529 | 545 | 3.0% |  |

4.3 Paediatric Activity

| Department | Operational Data | Apr 19 to Sept 19 | Apr 20 to Sept 20 | Apr 21 to Sept 21 | % Diff year most Recent | |
|------------|---------------------------|-------------------|-------------------|-------------------|-------------------------|---|
| Paediatric | Road Transfers Completed | 116 | 52 | 87 | 67.3% |  |
| | Air Transfers Completed | 45 | 28 | 42 | 50.0% |  |
| | Total Transfers Completed | 161 | 80 | 129 | 61.3% |  |

4.4 Air Ambulance Activity

| Department | Operational Data | Apr 19 to Sept 19 | Apr 20 to Sept 20 | Apr 21 to Sept 21 | % Diff year most Recent | |
|---------------|------------------------------|-------------------|-------------------|-------------------|-------------------------|---|
| Air Ambulance | Helimed 2 Missions | 318 | 230 | 344 | 49.6% |  |
| | Helimed 5 Missions | 514 | 370 | 554 | 49.7% |  |
| | Helimed 76 Missions | 198 | 152 | 227 | 49.3% |  |
| | Helimed 76 Missions - Road | 23 | 26 | 47 | 80.8% |  |
| | Helimed 79 Missions | #N/A | #N/A | 168 | #N/A |  |
| | King Air Aberdeen Missions | 490 | 340 | 460 | 35.3% |  |
| | King Air Glasgow Missions | 400 | 335 | 437 | 30.4% |  |
| | Coast Guard - HEMS | 50 | 53 | 80 | 50.9% |  |
| | Coast Guard - Other Missions | 64 | 78 | 99 | 26.9% |  |

5. Financial Position & High-Level Activity

ScotSTAR currently shows an underspend position, which is anticipated to continue through to the end of the financial year. A review of locum costs in the last financial year recharged from our NHS Trust partners has been instrumental in reducing these costs going forward. However, this scrutiny will continue as we look to expand on the clinical expertise within our own workforce through a programme of training and regrading, to enable us to deliver the Service within the recurring budget efficiently and effectively.

Air Ambulance have a different challenge with ongoing cost pressures within the air ambulance budget, partially due to unavoidable increased annual costs within the Gama Contract, offset by the implementation of Best Value savings targets. We are also dealing with increased demand on our Air Ambulance Services as a result of current wider NHS pressures. Work is underway to look at the full detail behind this activity, and how we can deliver savings and manage cost pressures as we go into the second half of this financial year.

6. Impact of COVID-19

The impact and challenges of COVID-19 have been dramatic, including writing, introducing and updating new processes and guidance, managing staff absences and shortages due to self-isolation, adapting to challenges of working with augmented PPE, and working to make bases 'COVID-19 secure' all with a need for frequent rapid changes as the situation evolved.

Some specific challenges have been encountered,

- limited / changed access to airframes
- difficulties related to providing critical care to suspected or confirmed COVID-19 patients, especially in remote and rural environments
- staffing challenges highlighting the inherent vulnerability and fragility of small, specialist teams.

The outbreaks on Barra and Shetland were good demonstrations of all of these challenges, our personnel and systems rose to meet the challenge, ensuring safe care and transport for many patients, and support for rural colleagues faced with very challenging circumstances. The medical staffing model of ScotSTAR in particular meant that rural colleagues who have seen relatively little COVID-19 could benefit from the much more extensive experience held by urban critical care and emergency medicine consultants within Adult Retrieval.

ScotSTAR and Air Ambulance continue to work together with the Infection Prevention and Control team to try and increase the Service's air platforms COVID-19 capability.

There have been challenges around the maintenance of team communications and learning through COVID-19. With so much information being produced and shared through this period the value of our Weekly Brief has been highlighted as a means of reducing email overload and distilling pertinent information.

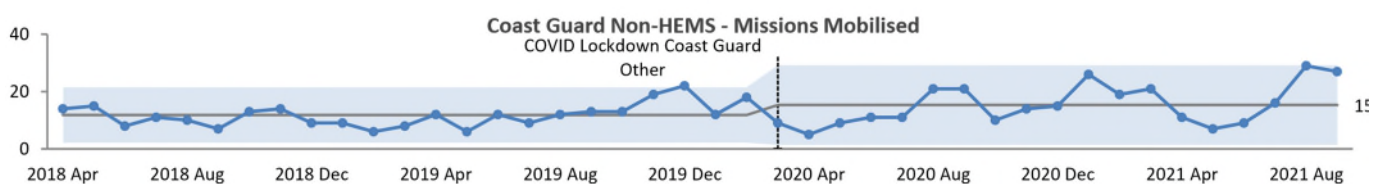
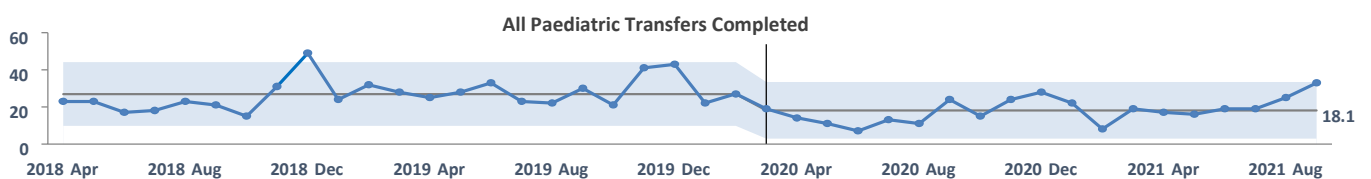
Through this period, Adult Retrieval have also moved our regular Case Based Discussions to the Teams platform. These sessions, where difficult, unusual or challenging cases are discussed in detail, were already recognised as being very beneficial and the roll-out and increased use of and familiarity with Microsoft 365 / Teams has led to greater attendance. With a focus on shared learning, reflective practice, promotion of an 'open' culture these sessions can lead to service changes, developments and improvements and could be of use within the wider Service. Through COVID-19 we have also been able to maintain our clinical governance meeting, CPD sessions and various other support meetings through use of the Teams platform.

Our general meetings schedule has now been recommenced with a likely move towards a mixed model of in person meetings also incorporating Teams. We have also restarted other activities such as outreach training visits to remote and rural sites, SAS CPD sessions and, at a later date, supporting external visitors and observers.

Neonatal have not experienced the same clinical impact to neonatal patients. Neonatal experienced a decrease in workload throughout the first lockdown however, has since been business as usual in terms of patient numbers. Neonatal are now allowing parents to travel with the team and their child which helps with reducing levels of stress at an already fraught time.

7. Winter Planning & Preparation

In preparation for winter, our winter plan has been developed for ScotSTAR & Air Ambulance to support surges in demand, adverse weather, and other barriers to routine activity during the winter period. Modelling work from previous years clearly shows the expected changes in activity through the winter months, this data is used to pre-plan winter requirements. Increased paediatric transfers and an uplift in Coastguard Search & Rescue (SAR) Helicopter support being the main two drivers.



Our previous analysis shows a slight decrease in Adult Retrieval primary and secondary taskings during the winter period but weather-related challenges in relation to aircraft availability inevitably increase.

Areas we are focusing on include: -

a. Service Coverage

Full operational cover will be maintained during the winter period in all parts of the service. A number of mechanisms are in place to increase resilience and capacity depending on circumstances. This includes arrangements with Gama Aviation of access to additional air resources, mechanisms to increase team capacity and liaison mechanisms with territorial Health Boards.

Our aviation operators, Gama Aviation and Babcock Mission Critical Services (SCAA) have corporate winter plans which support business continuity and are designed to maintain support to all parts of the service. Weather can prove to be a significant challenge during the winter period and systems are in place with our air providers to plan for periods of weather disruption.

b. COVID-19

The experience gained over the last year and our improved understanding of the nature of the pathogen, have allowed us to develop processes with the Service's Infection Prevention and Control team (IPC) and our aircraft operators, that maximise our patient carrying capacity, while still ensuring the safety of our staff. That said the COVID-19 patient carrying capability of the current contracted Gama service is still limited, specifically around the transportation of suspected or confirmed COVID-19 positive patients requiring aerosol generating procedures (AGP). Last year this shortfall was met through contracted support from a larger SAAB 340 aircraft supplied by Loganair but this arrangement has now expired.

c. Vaccinations

In 2020 we delivered a successful internal COVID-19 vaccination clinic which saw us administer both doses to ScotSTAR and Air Ambulance staff. We also invited essential Gama Aviation and Babcock Mission Critical Services personnel (pilots, engineers, ground staff etc.) to ensure, as far as possible, continuity of service.

This year, all ScotSTAR and Air Ambulance staff are eligible to participate in the seasonal influenza vaccination programme as well as the COVID-19 booster vaccination programme. Staff are actively encouraged to take part and receive both vaccines via their local health boards.

d. Health Board Liaison

ScotSTAR and Air Ambulance have a number of liaison mechanisms with territorial health boards, which are utilised during the winter period, this includes the remote and rural Ambulance Liaison Groups and various local liaison mechanisms.

e. Action Plan

Winter preparation activities will include: -

- Partnership working and information sharing with the wider Service and other NHS boards
- Promotion and roll-out of the flu vaccine / any COVID-19 'booster' programme
- Close management of team rotas
- Review of resilience plan
- Close working with estate providers in relation to snow clearance / gritting
- Paediatric retrieval – seasonal variation with a peak in the winter months – normal winter elaborate planning measures in place
 - Concerns about RSV surge, with various predicted models suggesting that this could cause considerable pressure on paediatric services, including paediatric critical care and transport.
 - Quiet winter last year and with increased mixing and lower immunity to common winter pathogens, serious concerns about capacity.
 - Anticipated surge of approximately 50% capacity
 - Weekly surge planning meetings with PCC and NSD
 - Less resilience in adults to keep children in DGHs due to COVID pressures.
 - Supporting DGH's with training and education in anticipation of them having to manage children for longer periods of time
 - Collaborating closely with neonatal transport colleagues in anticipation of them assisting with the transfer of babies <5kg
- Requirement to increase stock and consumables

8. Our Expectations for 2021 / 22 and Future Developments

ScotSTAR will continue to support the work of the Scottish Trauma Network (STN) by continuing to improve and refine all aspects of our clinical care delivery for trauma patients, representation at various meetings including the STN Pre-Hospital, Transfer and Retrieval Group, Trauma Desk staffing and involvement in review project, continued support of the Advanced Practitioner in Critical Care (APCC) role including continuation of trial of rotation between the APCC role and the Advanced Retrieval Practitioner (ARP) role. Through the STN we have also been asked to collaborate on an exciting project to assess the feasibility of

extending the use of the STN Trauma App to the pre-hospital critical care environment. External funding has been secured for this feasibility work and initial project planning has started which includes ScotSTAR and the SAS IT team.

There has been collaboration between Scottish Trauma Network and ScotSTAR Paediatrics regarding the establishment of a national SPoC for paediatric trauma patients who require secondary transfer to a paediatric major trauma centre (PMTc). A pathway was established with the involvement of SSD and this has been operational since June 2021 across all regions in Scotland. This pathway is a significant improvement to ensure that all paediatric trauma patients in Scotland who require PMTC input have a consistent and safe mechanism to safeguard the transfer of these patients. It will also ensure that appropriate triage decisions are made for these patients, which reflects that some paediatric trauma patients will require definitive care at a hospital that is in a different region.

It is recognised that an ANP workforce is going to be fundamental to the sustainability of the paediatric clinician rota. This development will offer experienced retrieval nurses a career progression pathway into Advanced Practice and will ultimately build resilience into the service.

There are plans to integrate ANP training for paediatric critical care and retrieval into a single, shared pathway between PCC at Royal Hospital for Children Glasgow and the Royal Hospital for Children and Young People in Edinburgh and ScotSTAR, with a competitive entry process. For those successful in the application process, the ANP training costs would be covered by their employer (either the Service, NHS Greater Glasgow & Clyde or NHS Lothian), with an agreed 50 / 50 split between ScotSTAR Paediatric Service and the PCC's in Glasgow / Edinburgh upon completion of training.

The Airway Assistant course has been developed in collaboration with staff from the Royal Hospital for Children Anaesthetic and Emergency Department. It was recognised that there was a need to standardise the process involved during the intubation of a child both in the hospital environment and the retrieval environment. All the paediatric retrieval nurses completed this training in 2021.

The Neonatal team are extremely motivated to ensure that the review and its conclusions are met in a positive manner. The Neonatal team are a highly skilled group of staff who are keen to develop not only themselves but the service to the highest level. This will ensure that all our patients and families receive the best quality care possible and that all experiences with our service are as positive as can be.

The Service has begun a reprocurement process for Air Ambulance provision. It is essential that this process is cognisant of the challenges that were faced, and the lessons learned in the coronavirus pandemic. Specifically, the ability to maintain high levels of infection prevention and control whilst transferring intubated and ventilated critically ill patients must be retained. COVID-19 will be a clinical issue for the foreseeable future and other infections are a risk.

Likewise, there is a potential financial risk around the use of Search and Rescue (SAR). Since privatisation costs have increased significantly and further cost increase are possible. Broadly speaking the Service relies on SAR for support in a number of scenarios,

- Bariatric transfers
- Bad weather
- No SAS rotary resource available

It is essential that these situations are carefully considered during reprocurement in order to try and reduce a potential financial risk.

There is an expectation that ScotSTAR will support and be directly involved in the Air Ambulance reprocurement project and recognition of the importance of the input of the clinical / operational teams, especially following experiences through the COVID-19 pandemic.

9. Opportunities for Improvement

1. Opportunity for improved integration of Air Ambulance and ScotSTAR teams.
2. HEMS tasking governance group created to review tasking process and efficiency of asset utilisation.
3. Development of clinical triage system specifically for air ambulance requests to allow improved coordination and efficiency.
4. Opportunity for ScotSTAR to be involved in scoping work around areas of potential developments such as: -
 - Inter - ICU transfers in the West of Scotland
 - Modified primary missions in relation to network transfers of Major Trauma patients
 - ScotSTAR East proposal
 - New Network developments such as thrombectomy and interventional radiology services
5. By agreeing and developing KPI's we can identify, monitor and feedback progress to strengthen the service strategy.
6. ScotSTAR is a very unique service not only nationally but within the UK also. We could seek out and participate in transport-based research either nationally or internationally to develop a culture in which research is actively encouraged and patient care is continuously improving.
7. Development of staff should be core to the ScotSTAR ethos and investing in this will only benefit the service.

8. The importance of team resilience and well-being has become a focus during the COVID-19 pandemic, but it is an essential part of operations within the transport environment.
9. The ScotSTAR teams have put a number of measures in place during the pandemic however there are moves to a formalised structure for peer support within ScotSTAR and also how this feeds into the Service. There are plans in place to consolidate these arrangements in the next year.
10. The ScotSTAR Paediatric Team has been fortunate to have the support of many dedicated ScotSTAR paediatric clinician locums. We look forward to working with them and hope that some of these individuals will be able to join our team on a permanent basis. We have employed our first Clinical Fellow post, which is a 50/50 split between Glasgow RHC and ScotSTAR. We hope that this is an ongoing process that we are able to embed within our team moving forward.

10. Feedback

Our aim is to deliver the best service we can to the people of Scotland. It is this aim that drives our passion and motivation to improve our services. Here is some of the feedback we have received this year so far.

“I have received feedback from an ambulance crew who were involved in a call on Iona on Saturday. The crew have asked me to pass on their thanks to the EMRS / HM5 team. They stated that on their arrival, they felt fully included in the care that was provided for the patient”

Clinical Lead

“Thank you so much for your kindness and competence when you flew me from Applecross to Inverness. The chat from the crew really helped normalise a very abnormal experience and I will be eternally grateful to your Air Ambulance crew”

Patient Experience

“Thank you for your kindness and compassion, but most of all... thank you for saving my life”

Patient Experience

“I do not have the words to properly explain my sincere gratitude to your staff. The paramedics and crew were truly wonderful and I will never forget the care they provided to my father that day”

Patient Experience

“Thank you so much for your care and everything you done to help me after my recent accident. Whilst my injuries from the fall were bad, I am pleased to say I am recovering well and that is down to the expert care I was given so quickly. Thank you so much”

Patient Experience

“Thank you very much for all the support you and your teams have given to the people of Barra. It is always exceptional but the past few weeks it has been above and beyond”

GP Barra