NOT PROTECTIVELY MARKED

Public Board Meeting	**January 2019** **Item No 06**

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Pauline Howie, Chief Executive Executive Directors
Action required	The Scottish Ambulance Service 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 new report 2. **Note** performance against Operational Delivery Plan (ODP) standards for the period to end December 2018. 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 ODP for Clinical, Operational, Scheduled Care and Staff Experience Measures. Clinical Measures • Our work to save more lives from cardiac arrest continues to deliver improved results – for the last ten months we have exceeded our aim of 42% of patients in VF/VT arrest arriving at hospital with a pulse – our performance in December 2018 was 48.4%. • We continue to reliably implement the pre-hospital stroke bundle, with the data in December 2018 demonstrating 97.6% reliability. This is the twelfth consecutive month that we have sustained practice above the 95% aim. • Further clinical measures are in development and it is anticipated that these will form part of the future Board Performance Report by summer 2019.

	Operational Measures • Our response times for the most critically ill patients show an improved position on last year despite an increase in Immediately Life Threatening demand. Further improvement work is being actively progressed to improve response times for non Immediately Life Threatening patients and performance for December 2018 improved on December 2017. • Our punctuality for scheduled care appointments are within standards. Whilst there has been a welcome reduction in cancellations further improvement work is being actively progressed. • Further operational measures are in development and it is anticipated that these will form part of the future Board Performance Report by spring 2019. Staff Experience Measures • We aim to sustain improvements in sickness absence through refreshed attendance management actions and wellbeing initiatives to further reduce absence levels. • In our employee engagement work, following the successful implementation of a single organisational cohort, the focus is to maintain a high priority on the completion of the iMatter cycle by supporting and enabling teams to achieve the delivery of their action plans.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD.

Link to Corporate Objectives (continued)	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.
Benefits 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 and supports the Service's transition towards 2020.
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

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

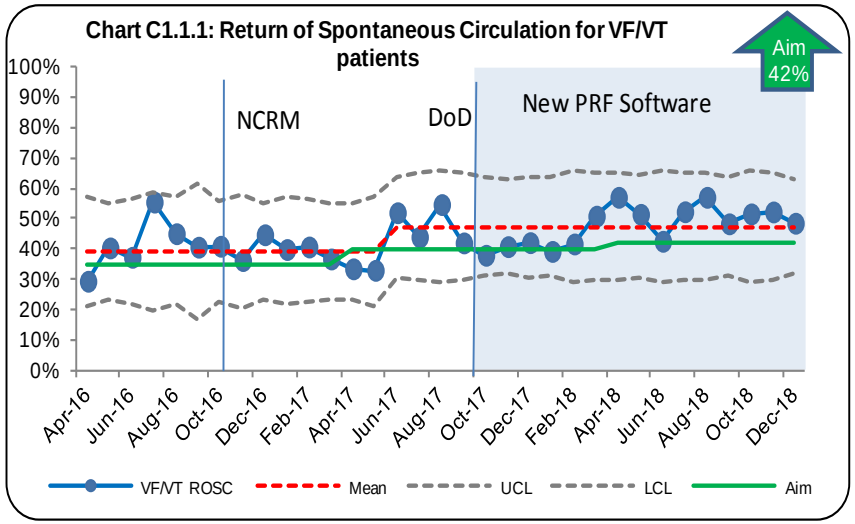
Rule 1: A single point outside the control limits
Rule 2: A run of eight or more points in a row above or below the mean
Rule 3: Six or more consecutive points increasing or decreasing
Rule 4: Two out of three consecutive points near (outer one-third) a control limit
Rule 5: Fifteen consecutive points 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)

C1: Clinical Measures – Cardiac Arrest ROSC

C1.1 VF/VT ROSC



NCRM = New clinical Response Model DoD = Dispatch on disposition

What is the data telling us? – On average we attempt resuscitation on 75 patients in a VF/VT rhythm per month. We continue to perform above our aim with 48.4% of VF/VT patients achieving return of spontaneous circulation (ROSC) in December (Chart C1.1.1). The recalculated Mean at June 2017 demonstrates a statistical shift in improving the rate of ROSC and saving more lives.

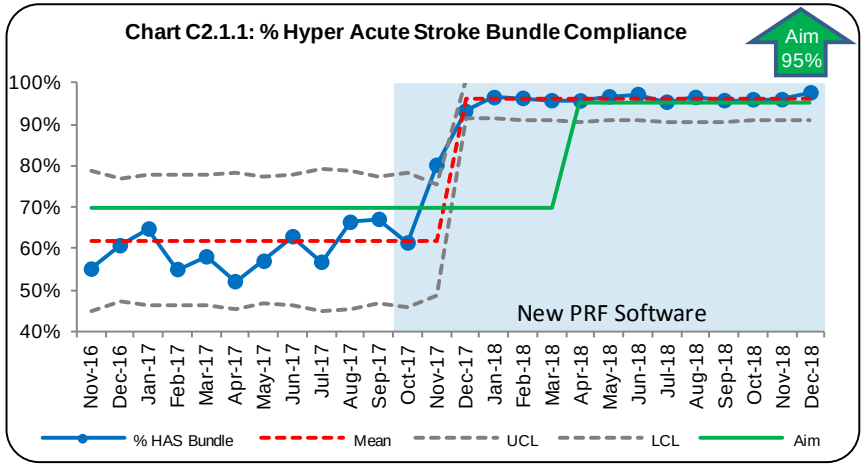
Why? – The Service continues to be a key partner in the delivery of the Scottish Government's Out of Hospital Cardiac Arrest (OHCA) strategy, linking across the whole chain of survival. The main factors which influence ROSC are bystander CPR followed by timely defibrillation when indicated. However, evidence suggests that early identification of OHCA by the Ambulance Control Centre through the use of Pre-Entry Questions and key phrases, as well as dispatch on disposition, is a large contributory factor to this success.

What are we doing to further improve and by when? – The Service is taking forward improvement programmes as part of the Out Of Hospital Cardiac Arrest work under the Clinical Service Transformation Programme.

Further Cardiac Arrest measures are in development and it is anticipated that these will form part of the future Board Performance Report by summer 2019.

C2: Clinical Measures – Stroke

C2.1 Hyper Acute Stroke Care Bundle



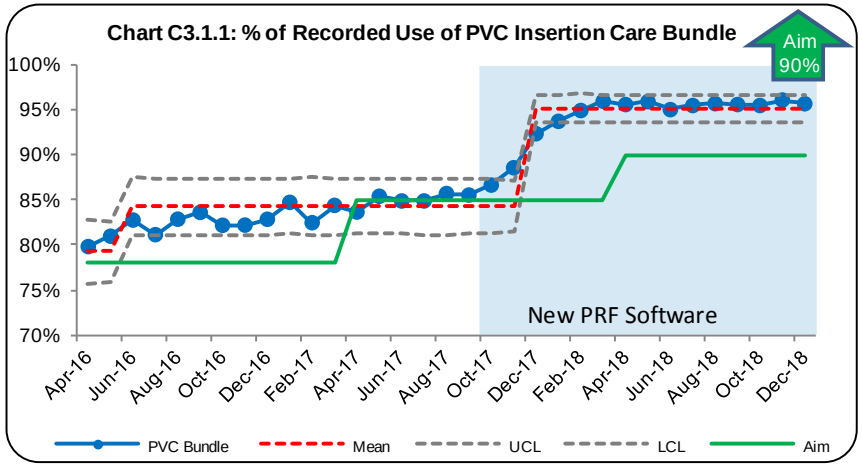
What is the data telling us? - On average we attend 313 hyper acute stroke patients per month. We are continuing to reliably implement the pre-hospital stroke bundle, with the data in December demonstrating 97.6% reliability.

Why? - The Service continues to lead on the pre-hospital recognition and intervention for stroke. This includes early recognition of stroke by the Ambulance Control Centre and the New Clinical Response Model approach to tasking for stroke patients. Additionally, a dedicated post was in place previously to lead our work in improving care for patients with stroke. The introduction of the new PRF software has made it easier for crews to accurately record when they are providing the stroke pre-hospital care bundle.

What are we doing to sustain this level of implementation? – Implementation of the stroke pre-hospital care bundle will continue to be measured. A feedback system for crews and stations is being tested to support continuous improvement. Scottish Government is leading a piece of work to revisit the national stroke pathway to include thrombectomy and the Service will play a key role in this future development, including updating how we measure the components of care for patients with a stroke.

C3: Clinical Measures – Infection Control

C3.1 PVC Insertion Care bundle



What is the data telling us? – Over the last 12 months on average we cannulated 3,573 patients per month. Compliance for recording application of the PVC insertion bundle for these patients continues to be maintained well above the 90% target and has been above 95% for the last 10 month period. Compliance for November and December 2018 was 96.1% and 95.7% respectively.

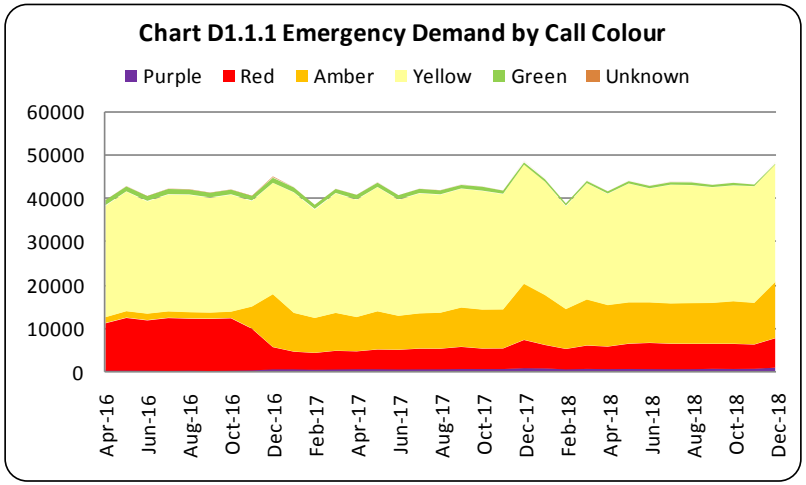
Why? - The introduction of new software used by the ambulance crews has improved recording of compliance with the PVC bundle which is being maintained well above the 90% target.

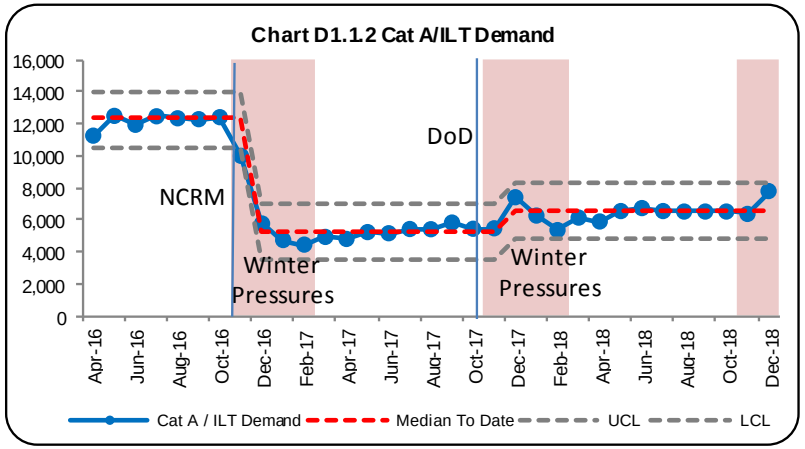
What are we doing and by when? - Compliance is also monitored monthly across individual Regions to ensure it is maintained above target. We intend to review non-compliance in terms of recording to consider how this might be further improved.

Further clinical measures are in development and it is anticipated that these will form part of the future Board Performance Report by summer 2019.

D1: Demand

D1.1 Emergency Demand





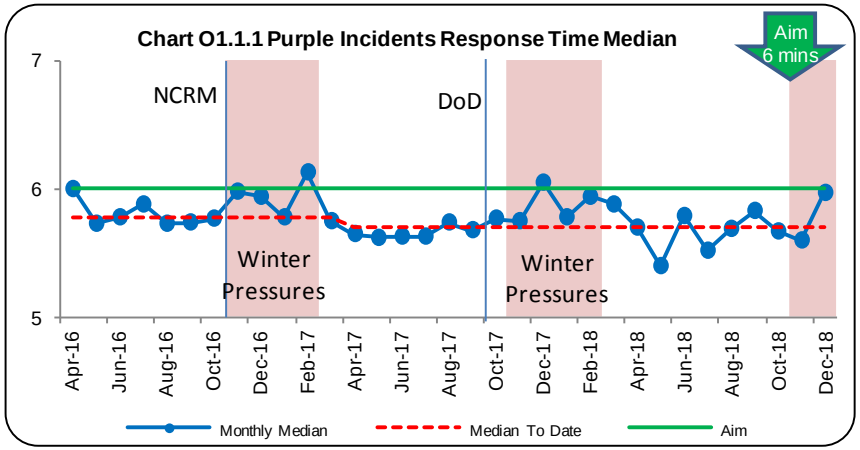
What is the data telling us? – Emergency demand shows a stable pattern since April 2016 with anticipated demand peaks during winter months. Demand in December 2017 was outwith control and this was repeated in December 2018. Immediately life threatening demand has shown an increase in 2018 when compared to 2017 as a whole. ILT demand in December 2018 was 5.2% higher than December 2017.

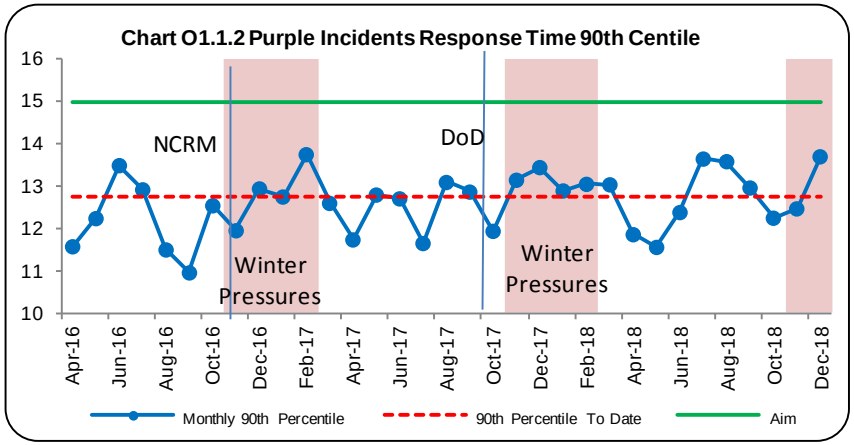
Why? – A rise in ILT has been seen throughout the year and this is mirrored in December. A large proportion of the increase in ILT demand has come from calls from healthcare professionals.

What are we doing and by when? – We continue to focus on the proactive management of demand in the Ambulance Control Centres by referring appropriate patients to other providers and pathways and providing additional telephone triage by Clinical Advisors.

O1: Operational Measures – Unscheduled Care

O1.1 Purple Incidents Response



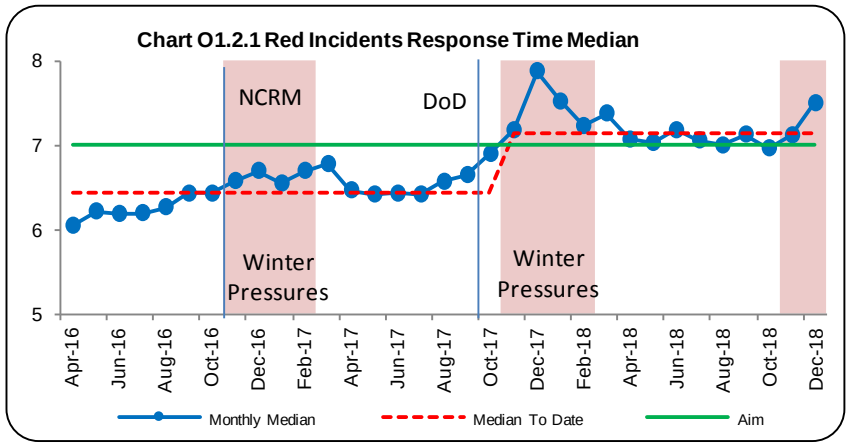


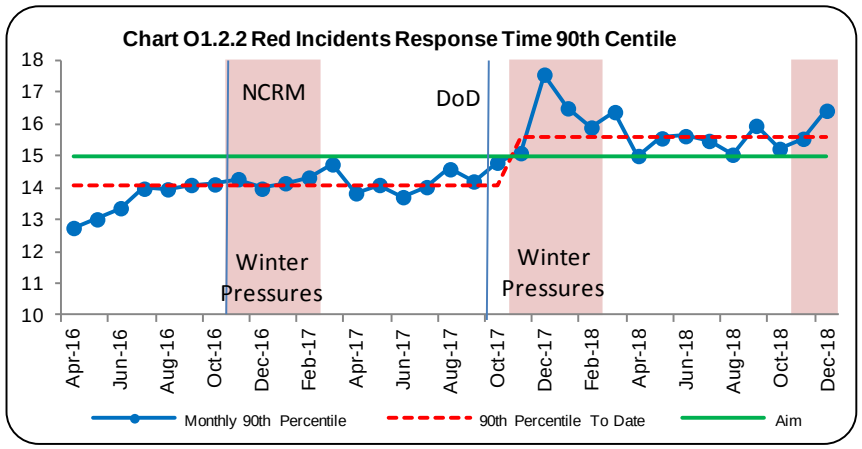
What is the data telling us? - On average we attend 785 purple incidents per month, these are our highest priority calls to the most acutely unwell patients. For December 2018, performance median was 5 minutes 58 seconds (against a standard of less than 6 minutes), with a 90th percentile of 13 minutes 42 seconds (against a standard of less than 15 minutes). Performance within these areas remains stable.

Why? – This is the highest priority call and identified early in line with the NCRM through the key entry questions. We send the nearest available resource which includes diverting them from lower acuity calls. We also send an additional resource (when available) to ensure we have 3 pairs of hands at the scene to improve the outcomes from Cardiac Arrest.

What are we doing and by when? – We continue to focus on the pre-positioning of resources when available to reduce the travel time of ambulance resources arriving at the scene.

O1.2 Red Incidents Response



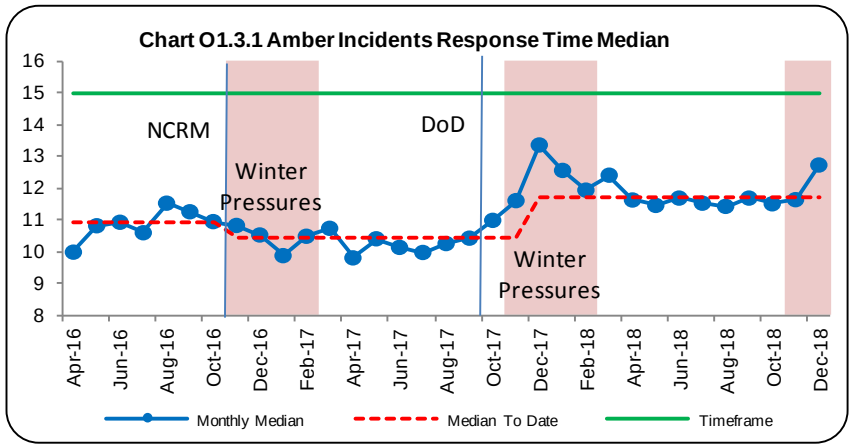


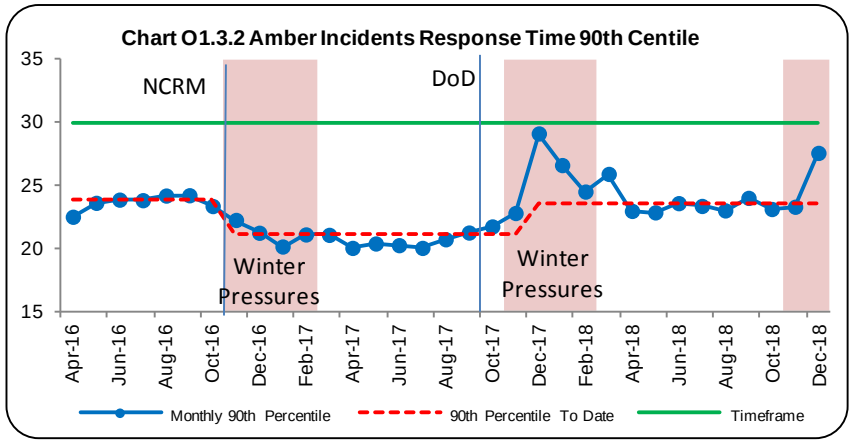
What is the data telling us? - On average we attend 5,536 red incidents per month, these are our second highest priority calls to patients in an immediately life threatening situation. In December 2018, we attended 6,718 red incidents and the performance median was 7 minutes 30 seconds (against a standard of less than 7 minutes), with a 90th percentile of 16 minutes 26 seconds (against a standard of less than 15 minutes). Performance within these areas shows an improved position for the same period last year despite an overall increase of 5.2% in ILT incidents.

Why? - The introduction of Key Phrases has improved the earlier identification of patients who present with life threatening conditions. Since their introduction we continue to identify more Red calls earlier, enabling quicker dispatch of a resource.

What are we doing and by when? – We are reviewing all Red calls to identify any common or special cause for the increase. We continue to focus on the pre-positioning of resources when available to reduce the travel time of ambulance resources arriving at the scene.

O1.3 Amber Incidents Response



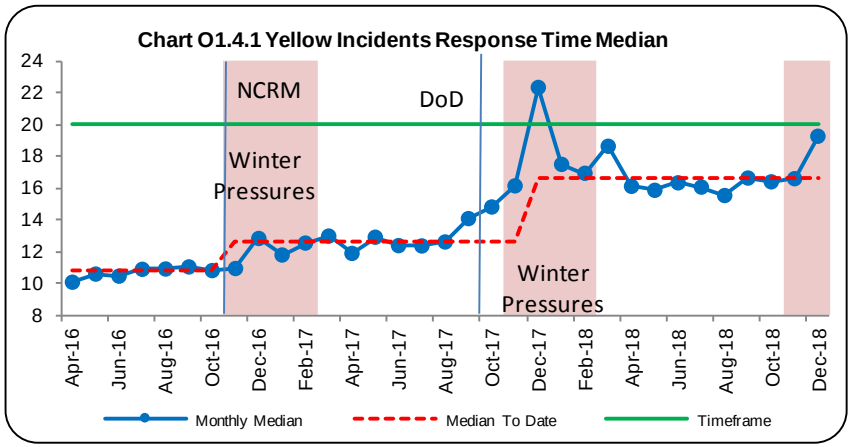


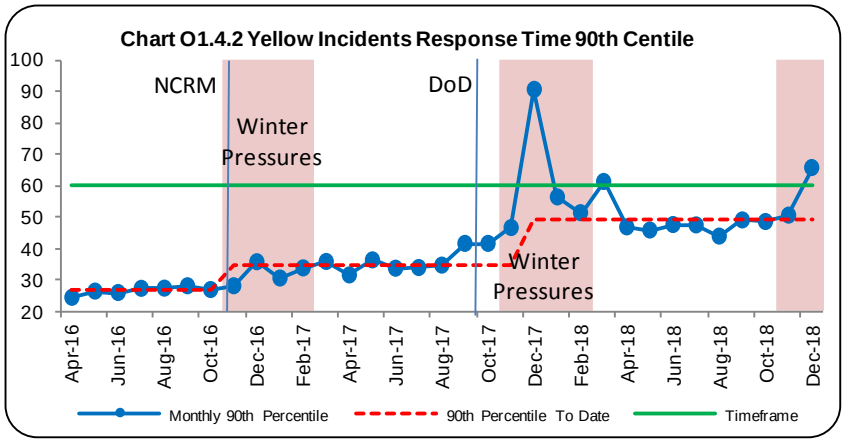
What is the data telling us? - On average we attend 9,866 amber incidents per month, these are patients who have a defined need for an acute care pathway. For December 2018, performance median was 12 minutes 43 seconds, with a 90th percentile of 27 minutes 33 seconds. Performance within these areas remains stable. Although there are no specific time standards for Amber calls indicative time frames for these calls are 15 minutes for the median response and 30 minutes for the 90th percentile response.

Why? – The introduction of Dispatch Prompts identifies that the most appropriate resource for these patients is an ambulance for transport. This ensures that patients who require a specific clinical pathway arrive at the destination location quicker.

What are we doing and by when? – We continue to review Amber Calls to identify any common or special cause. Where a transporting resource is not available within 25 minutes a Paramedic will be sent and backed up as soon as transport capable resource becomes available.

O1.4 Yellow Incidents Response



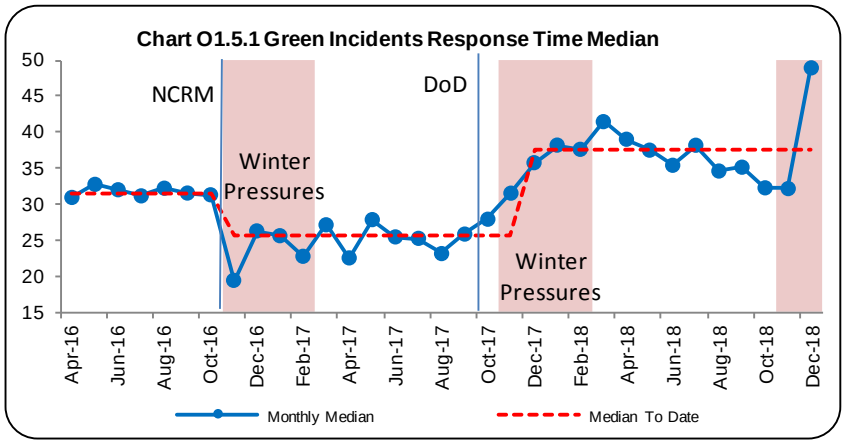


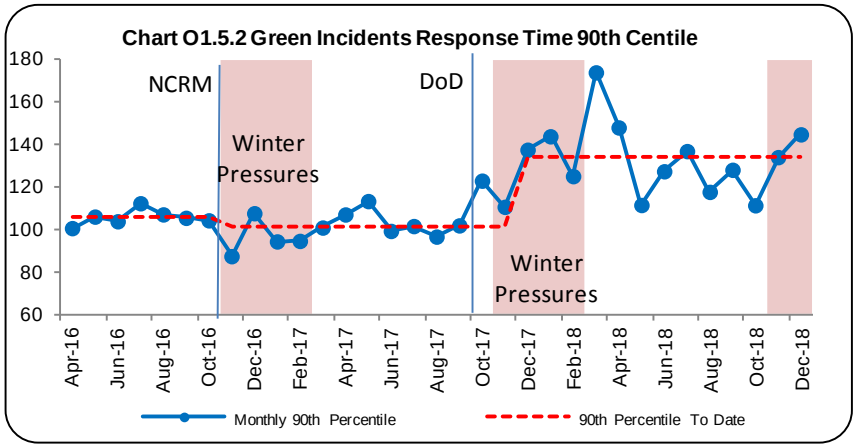
What is the data telling us? - On average we attend 26,539 yellow incidents per month, these are non-immediately life threatening patients who require a response with the right resource whether that be for transfer to hospital or for referral to an alternative pathway. For December 2018, performance median was 19 minutes 15 seconds, with a 90th percentile of 65 minutes 43 seconds. Performance within these areas remains stable. Although there are no specific time standards for yellow calls indicative time frames for these calls are 20 minutes for the median response and 60 minutes for the 90th percentile response.

Why? – Where demand exceeds resource provision, resources will be diverted to higher priority calls to enable us to prioritise ILT, the sickest patients. Ambulance resources delayed at hospital directly impact on our ability to respond to these patients timeously.

What are we doing and by when? – We continue to review yellow calls to identify any common or special cause. A work programme of clinical risk and demand management, led by the Medical Director and the Director of National Operations has been developed in order to mitigate risk, reduce delays and improve patient experience for those patients in lower clinical acuity categories. This requires a whole system approach to matching resources to demand and continually considering the clinical acuity of patients affected. In cases of delayed response, welfare call backs are undertaken to ensure patient safety, and enhanced management arrangements for injured falls patients in public places were introduced from November 2018.

O1.5 Green Incidents Response



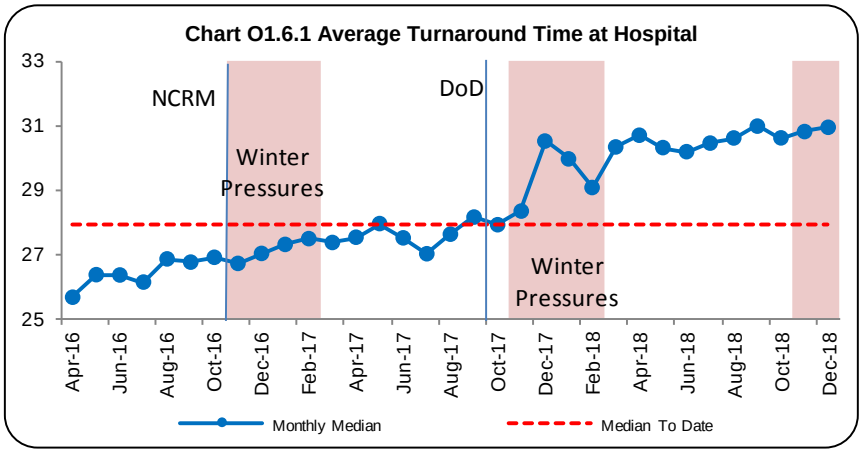


What is the data telling us? - On average we attend 6,629 green incidents per month, these are non-immediately life threatening patients who have the potential for additional clinician led telephone triage or face to face assessment when required. For December 2018, performance median was 48 minutes 56 seconds, with a 90th percentile of 2 hour 24 minutes 41 seconds. Performance within these areas remains stable.

Why? – Where demand exceeds resource provision, resources will be diverted to higher priority calls to enable us to prioritise ILT the sickest patients. Ambulance resources delayed at hospital directly impact on our ability to respond to these patient timeously.

What are we doing and by when? – We continue to review Green Calls to identify any common or special cause. In cases of delayed response, welfare call backs are undertaken to ensure patient safety as detailed in the work programme mentioned at O1.4.

O1.6 Average Turnaround Time at Hospital



What is the data telling us?

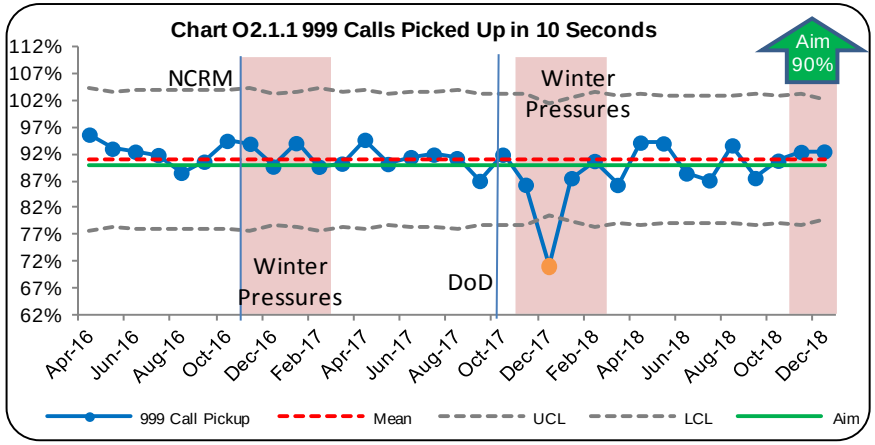
On average we transport 31,152 (66.6%) unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For December 2018, we transported 34,366 (64.6%) patients with an average turnaround time at hospital of 30 minutes 56 seconds.

Why? – The acuity and numbers of self presenting patients impact on our ability to turn around at hospital. The chart demonstrates that the system has remained under varying degrees of pressure since last winter. This is predominantly as a result of the complexity and acuity of the sickest patients and their required length of stay in hospital affecting flow and capacity.

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

O2: Operational Measures – 999 Calls

O2.1 999 Calls Answered in 10 Seconds



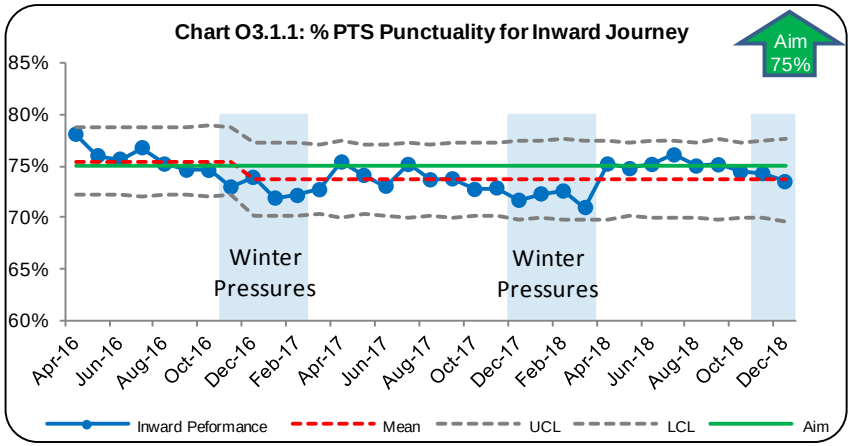
What is the data telling us? – On average we answer 43,800 999 calls per month. For December 2018, we answered 49,728 999 calls with 92.6% picked up within 10 seconds (against a standard of 90%). Performance within these areas remains stable.

Why? – Call demand fluctuates by hour of the day. When incidents occur in public places, we sometimes see a sudden spike in call demand due to multiple calls for the same incident. Whilst this is not uncommon, where we see a number of these across the country in quick succession demand exceeds capacity.

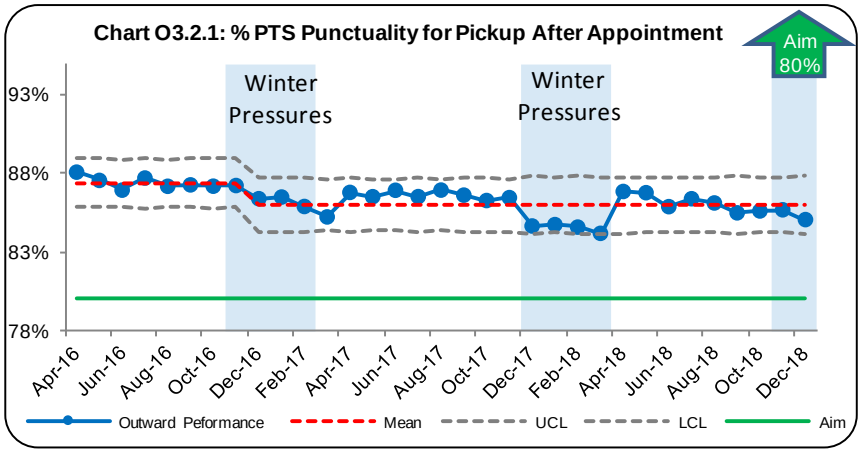
What are we doing and by when? – We continue to review call pick up performance to identify any common or special cause. We regularly review patterns of call demand to ensure that we have sufficient resources to answer 999 calls as soon as possible. As expected high demand was experienced over the festive period and measures were put in place to manage this demand. This included the recruitment of additional staff, flexing of rosters to meet demand and the implementation of the demand management plan when required. This extensive planning resulted in a significant reduction in delayed calls and use of buddy sites when compared to the 2017/18 festive period, while maintaining performance standards.

O3: Operational Measures - Scheduled Care

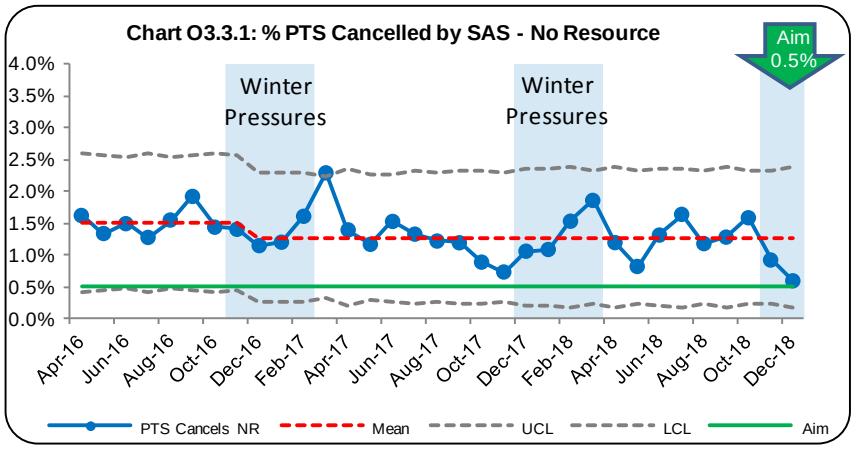
O 3.1 Punctuality for Inward Journey



O 3.2 Punctuality for Pickup After Appointment



O3.3. Cancelled by SAS No Resource



What is the data telling us? - Punctuality for Inward Journey (O3.1.1) was at 73.5% for December. Whilst this was slightly below the mean for the first time since March, it was an improvement on December 2017. On average we carry out 20,382 inward PTS journeys per month.

Punctuality for Pickup after Appointment (O3.2.1) has dropped slightly in December at 85.1% but remains above the target and within normal variation and was an improvement on December 2017. On average we facilitate 25,342 PTS pickup from appointments per month.

PTS Journeys cancelled by SAS – No resource (O3.3.1) was at 0.59% for December, which was below the mean and lower than the corresponding month in 2017. On average we carry out 78,069 PTS journeys per month.

Why? - Punctuality for Inward Journey (O3.1.1) has been stable throughout 2018 but fell in December to slightly below the mean as winter pressures begin to build.

Performance for Punctuality for Pickup after Appointment (O3.2.1) also fell in December as winter pressures begin to build but remains above target. These pressures include additional demand for discharges as well as other inward journeys such as same day GP admissions, all of which can occasionally impact on punctuality.

PTS Journeys cancelled by SAS – No resource (O3.3.1) reduced for December to 0.6%, which was the lowest recorded for over two years. This was impacted by a higher than usual level of agreed hospital actions to reduce planned activity to free up PTS capacity to support and improve patient flow over what is always a busy and challenging month.

What are we doing and by when? - PTS resourcing has been under pressure over the past year due to retirements and staff taking up opportunities such as the VQ Technician training course, in addition to the usual abstractions such as annual leave, sickness, maternity leave etc. A number of new PTS staff have been recruited and trained across the Service in the early part of the year which has helped offset this and further courses are planned over the next year. Improvement in this area is a point of focus for the Scheduled Care Advisory Group in order to reduce cancellations towards the target of less than 0.5%.

In addition, work is ongoing to manage demand using Capacity Management processes and reviewing provision of some services such as renal patients being supported by alternative means. Work is also ongoing to review Day Hospital activity across the Service as Health Boards reduce the prevalence of these services to focus on other priorities.

A number of rapid Quality Improvement Events have also been carried out to map the PTS planning process and identify further improvement initiatives. These include:-

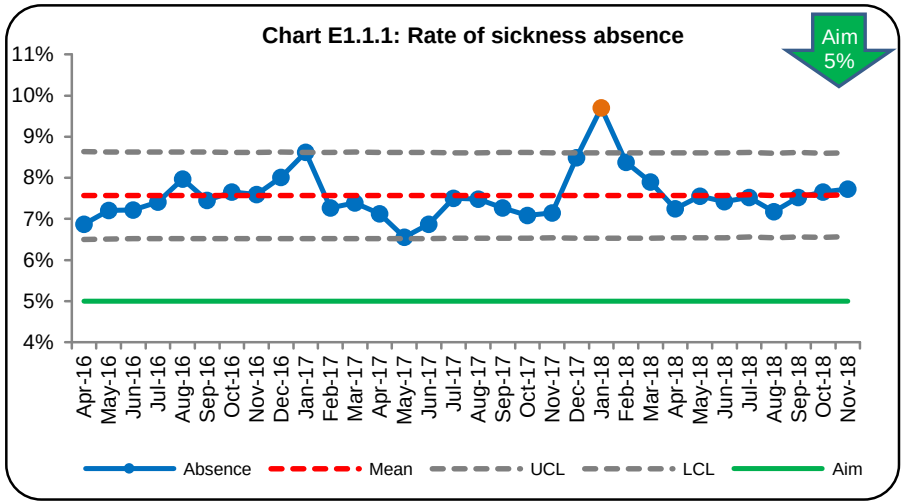
- trialling a Patient Experience Co-ordinator role in the Ambulance Control Centre, to liaise with Health Boards on behalf of patients to rearrange appointment times where PTS transport is not available for the original date
- reviewing the PTS Planning process and
- reviewing the impact of capacity management processes on patient attendance for appointments.

Performance is reviewed monthly by the Executive team and regions have local improvement plans which are being progressed and tracked.

Further operational measures are in development and it is anticipated that these will form part of the future Board Performance Report by spring 2019.

E1: Staff Experience

E1.1 Sickness Absence



What is the data telling us? - Absence level for the 2017/18 performance year was 7.6% (Chart E1.1.1) the same as in 2016/17. The November 2018 figure is 7.7%.

Why? – Improvement work has reduced the absence from the peak at the end of last winter back to the median level but short and long term absence causes continue to require attention.

What are we doing and by when? - Actions introduced to address the previous absence rise are continuing as we focus on sustained improvement:

- Work to ensure the effective utilisation of OHS contract services to maximise attendance – August 2019.
- Refreshed promotion of Employee Assistance Programme (EAP) support – April 2019.
- Roll out of “See Me” initiative to identify additional measures from staff feedback - March 2019.
- Implementation of the Internal Audit Recommendations – June 2019.
- Increase manager awareness of mental health issues in order to better support staff and reduce absence due to mental ill health – June 2019.
- Improve staff engagement and performance through coaching master classes – August 2019.

E1.2 Employee Experience

What is the data telling us? - Our EEI of 67 exceeded our 2018/19 target of 62 (based on an anticipated potential drop during our second phase) and matches our performance for 2017, showing we are on track to achieve our 2020 target of 70. The EEI for NHS Scotland in 2017 was 75.

The data also highlights that we have maintained a response rate of 64% to the iMatter survey in both 2017 and 2018 and have improved the number of teams receiving no report from 37% to 33%. There have been incremental improvements in the majority of components within the Board Report however our biggest improvement has been in the completion of action plans (in the 12 week period) that has increased from 73% in 2017 to 86% in 2018. We are one of the highest performing Boards in this respect with an action planning completion rate across NHS Scotland of 43% in 2017.

Why? Maintaining our performance from 2017 to 2018 in both the response rate and EEI and exceeding our performance in the number of no reports received and action plan completion is the result of significant effort on the part of iMatter Leads and local managers that continually encouraged staff to fully engage in the process and complete the survey. The Executive Team placed a high priority on iMatter and closely monitored progress in each phase of the survey that enabled this to happen.

What are we doing and by when? - This year to address the lowest scoring themes of improving performance management, senior manager visibility and staff involvement in decision making we have developed good practice guides, delivered values workshops with a train the trainer model to spread improvement locally, developed a values toolkit, delivered people management and improvement leader programmes with a greater focus on providing protected time for managers consistently across the Service. We shall build on this work to further improve staff experience in 2019/20 by running and taking subsequent action from the 'See Me' mental health survey, providing access to an online mindfulness course and Feel Good app, developing resources on the values toolkit, supporting work locally on embedding our values, introducing evidence based interventions that support a compassionate leadership culture and increasing our uptake of leadership development programmes.

The iMatter survey will run again as a single cohort commencing with team checking from 6 – 31 May 2019 and the questionnaire will go live from 3 – 24 June 2019. Communication and engagement will commence from April to ensure a successful 2019 campaign. The main focus in the lead up to this will be on supporting teams to progress the delivery of iMatter action plans by maintaining a high priority on this at all levels.