



NOT PROTECTIVELY MARKED

Public Board Meeting

September 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:- <ol style="list-style-type: none"> 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 August 2019. 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 against our ODP for Clinical, Operational, Scheduled Care and Staff Experience Measures.</p> <p>Clinical Measures</p> <ul style="list-style-type: none"> • Our work to save more lives from cardiac arrest continues to deliver improved results – in July 2019 59.4% and in August 52.4% of patients in VF/VT arrest arrived at hospital with a pulse. 17 out of the last 18 months have surpassed our current aim of 45%. • We continue to reliably implement the pre-hospital stroke bundle with 98.2% compliance in August 2019. • We continue to reliably implement the PVC insertion care bundle with 96.0% compliance in August 2019. <p>Operational Measures</p> <ul style="list-style-type: none"> • Our response times for the most critically ill patients are above the standards against an increase in Immediately Life Threatening demand and turnaround time at hospital. Further improvement work is being actively progressed to improve response times. • Our punctuality for scheduled care appointments are within standards. Whilst there has been a welcome reduction in

	<p>cancellations further improvement work is being actively progressed.</p> <p>Staff Experience Measures</p> <ul style="list-style-type: none"> • Absence data in June 2019 was 8.1% compared to a rate of 7.4% in June 2018. Our approach to proactive management of absence is being reviewed and refreshed as appropriate, by a joint management, HR and staff side group, with the Executive Team monitoring improvement data on a weekly basis. • Three clear staff experience themes have emerged from the review of the iMatter and What Matters to You? data and these are being addressed over the forthcoming year: <ul style="list-style-type: none"> • Staff feeling valued and appreciated for what they do • Developing supportive leadership & management practices and behaviours • Creating a good place to work in the Service.
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	<p>The Corporate Objectives this paper relates to are:</p> <ol style="list-style-type: none"> 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. 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.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Scottish Ambulance Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners and supports the Service's transition towards 2020.
Equality and Diversity	<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

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

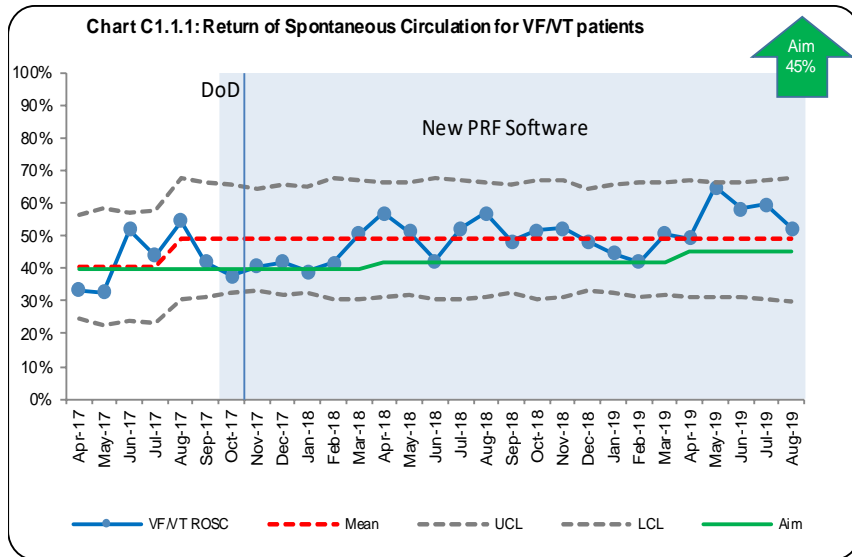
Rule 2: Five or more consecutive points increasing or decreasing

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



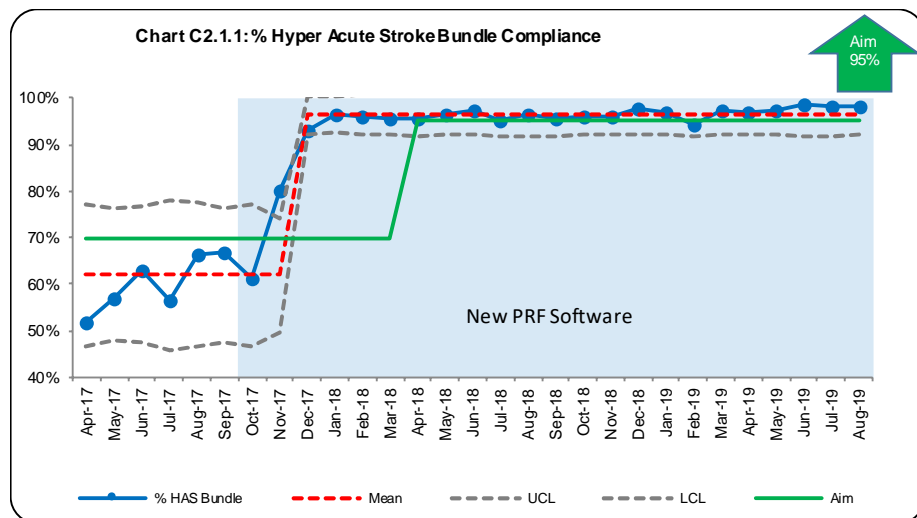
What is the data telling us? – On average we attempt resuscitation on 76 patients in a VF/VT rhythm per month. In August 2019 52.4% of patients in VF/VT achieved return of spontaneous circulation, once again surpassing our aim of 45%. The previous 19 months have surpassed 40%, with the last 6 months surpassing our current 45% aim (Chart C1.1.1). The recalculated Mean at July 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.

C2: Clinical Measures – Stroke

C2.1 Hyper Acute Stroke Care Bundle



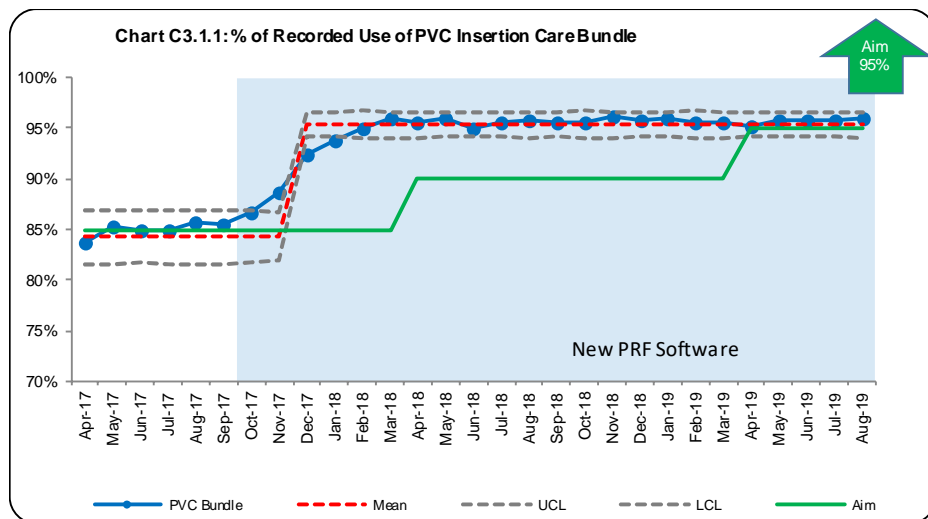
What is the data telling us? - On average we attend 308 hyper acute stroke patients per month. We are continuing to reliably implement the pre-hospital stroke bundle, with the data in August 2019 demonstrating 98.2% reliability.

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. The 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



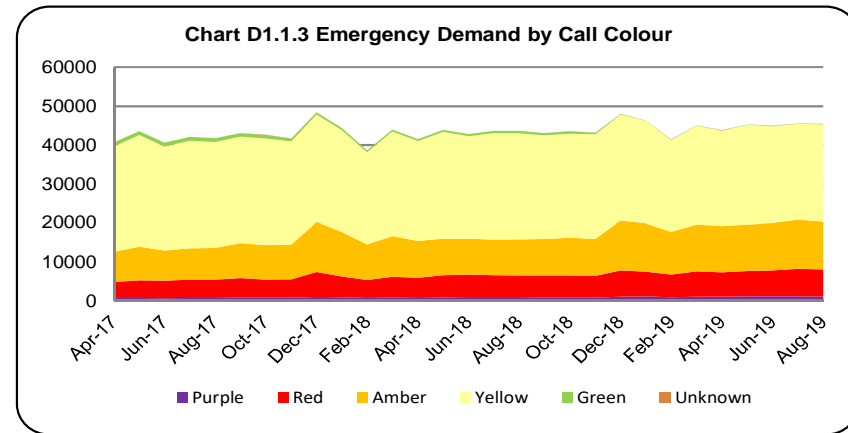
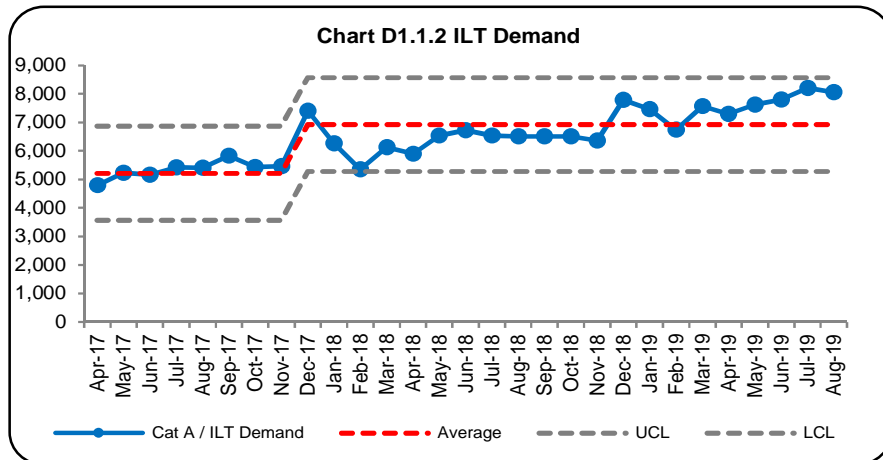
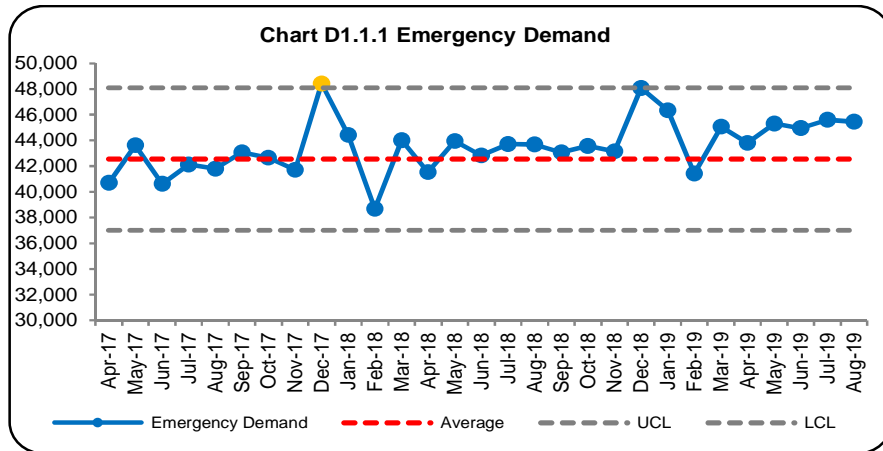
What is the data telling us? – Compliance for August was 96%. In the 4 month period since the quality indicator aim for recording application of the PVC insertion bundle was increased to 95%, monthly compliance has been sustained above 95%, with some further improvement noted over that period.

Why? - New software in ambulances continues to support improved recording of compliance with the PVC insertion bundle.

What are we doing and by when? – Compliance is monitored across all Regions to ensure it is maintained in line with the quality indicator aim.

D1: Demand

D1.1 Emergency Demand



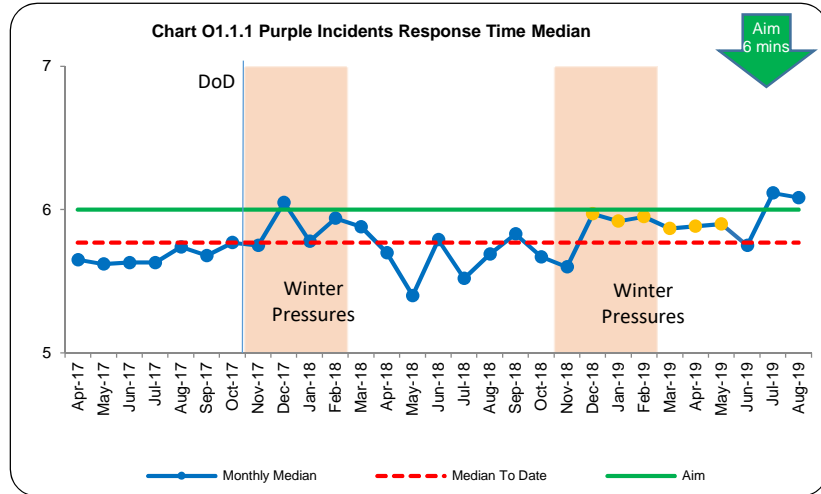
What is the data telling us? – Emergency demand shows a stable pattern since April 2017 with anticipated demand peaks during winter months. Immediately life threatening demand has shown an increase of 23.9% in August 2019 when compared to August 2018 and overall Emergency Demand continues to show an increase of 4.1% over the same period.

Why? – A rise in ILT has been seen throughout the year and the more pronounced pattern has continued this month. The increase in purple incidents is the result of improvement work which has improved the triage of overdose patients and patients with breathing problems. A large proportion of the increase in red ILT demand has come from calls from healthcare professionals.

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

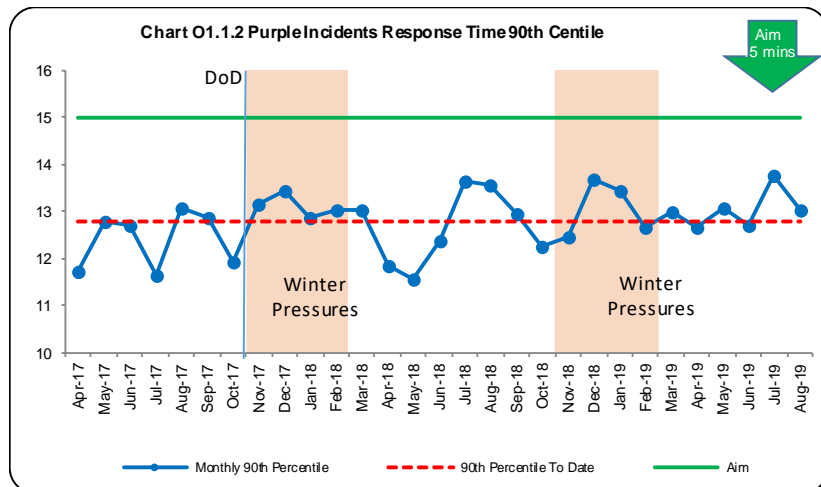
O1: Operational Measures – Unscheduled Care

O1.1 Purple Incidents Response



What is the data telling us? - On average we attend 999 purple incidents per month; these are our highest priority calls to the most acutely unwell patients. In August 2019, we attended 1055 incidents and the performance median was 6 minutes 05 seconds (against a standard of less than 6 minutes), with a 90th percentile of 13 minutes 02 seconds (against a standard of less than 15 minutes). Performance within these areas remains stable. Non-random variation can be seen in chart O1.1.1 highlighted yellow.

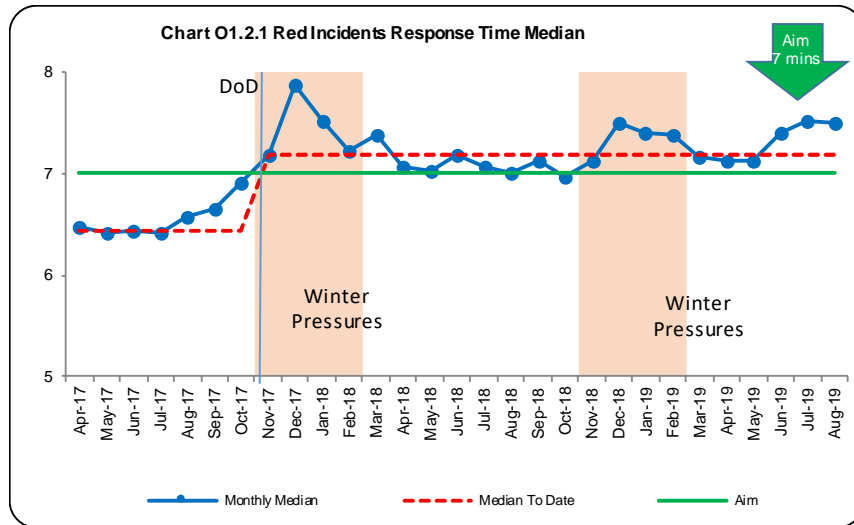
Why? – This is the highest priority call and identified early in line with the NCRM through the key entry questions. We send the nearest available resource which includes diverting them from lower acuity calls. We also send an additional resource (when available) to ensure we have 3 pairs of hands at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



What are we doing and by when?

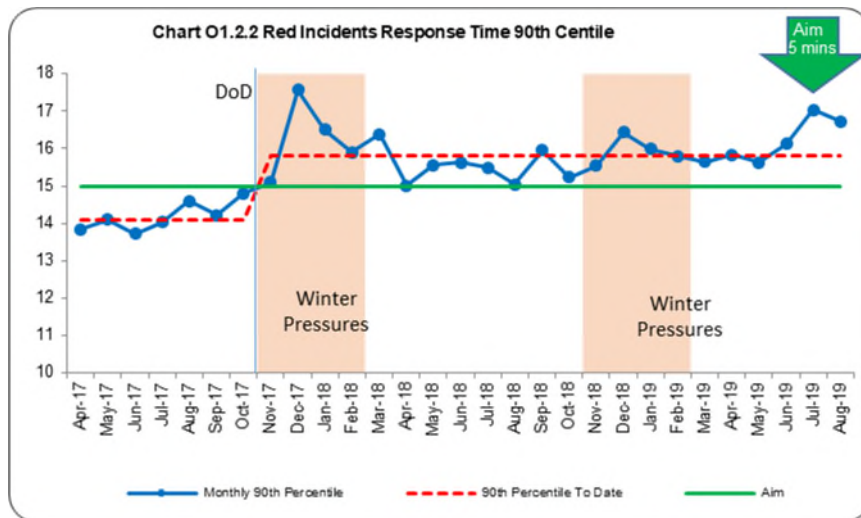
We continue to focus on the pre-positioning of resources when available. System pressures through increased turnaround at hospital and increased demand impact on our capability to resource priority deployment points. The utilisation of non-emergency resources to transport appropriate on the day requests from GP's as well as the demand and capacity work will further support an improvement in this area.

O1.2 Red Incidents Response



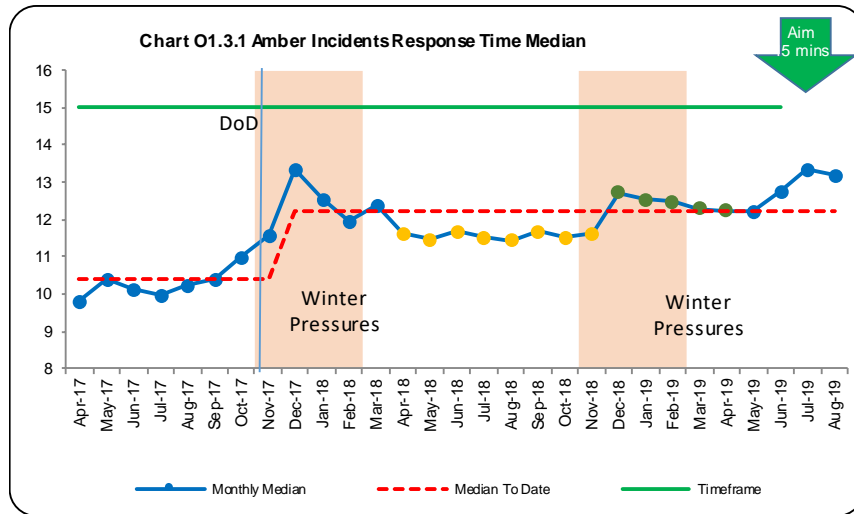
What is the data telling us? - On average we attend 6,327 red incidents per month, these are our second highest priority calls to patients in an immediately life threatening situation. In August 2019, we attended 7,008 red incidents and the performance median was 7 minutes 30 seconds (against a standard of less than 7 minutes), with a 90th percentile of 16 minutes 43 seconds (against a standard of less than 15 minutes). Performance within these areas remains outwith the standard due to an increase of 23.9% in ILT incidents when compared to the same period last year.

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.



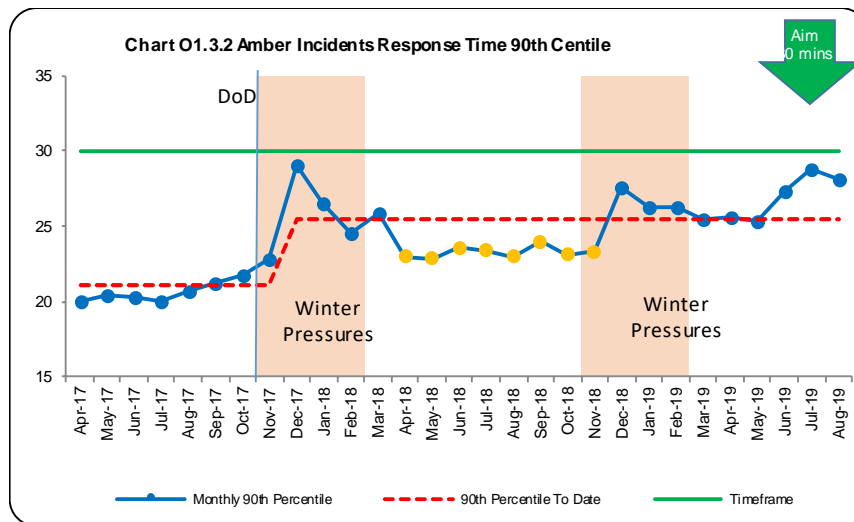
What are we doing and by when? – We are reviewing all Red calls to identify the cause of the increase. We continue to focus on the pre-positioning of resources when available to reduce the travel time of ambulance resources arriving at the scene.

O1.3 Amber Incidents Response



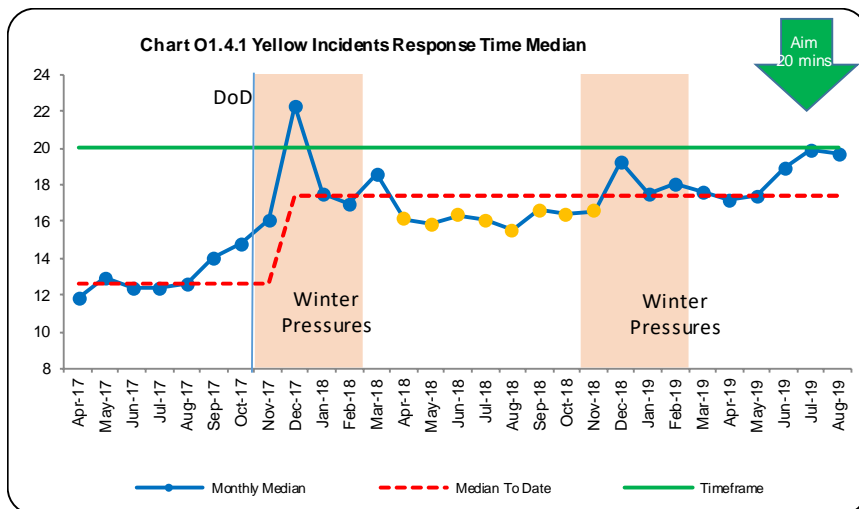
What is the data telling us? - On average we attend 11,470 amber incidents per month; these are patients who have a defined need for an acute care pathway. For August 2019, performance median was 13 minutes 13 seconds, with a 90th percentile of 28 minutes 08 seconds. Performance within these areas remains stable against an increase in demand of 32.1% over the same period last year. 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. Non-random variation can be seen in these charts highlighted yellow.

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.



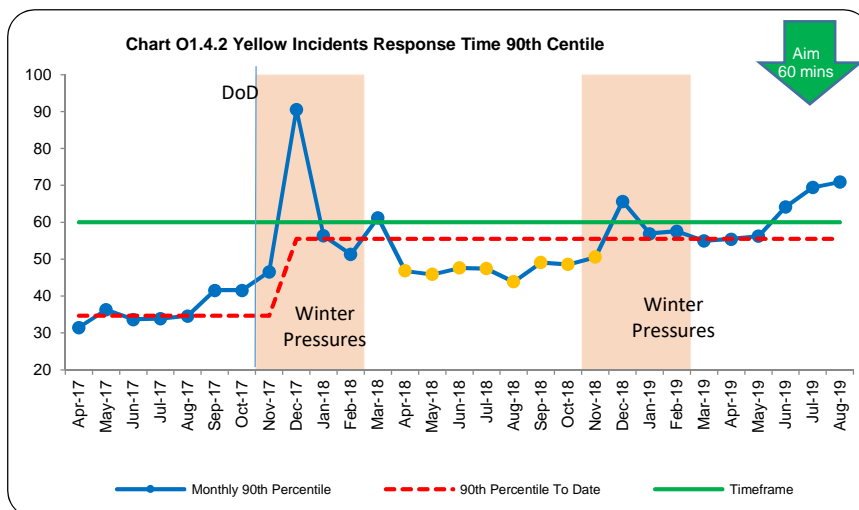
What are we doing and by when? – We continue to review Amber Calls to understand the special causes behind the variation being seen. Where a transporting resource is not available within 25 minutes a Paramedic will be sent and backed up as soon as transport capable resource becomes available.

O1.4 Yellow Incidents Response



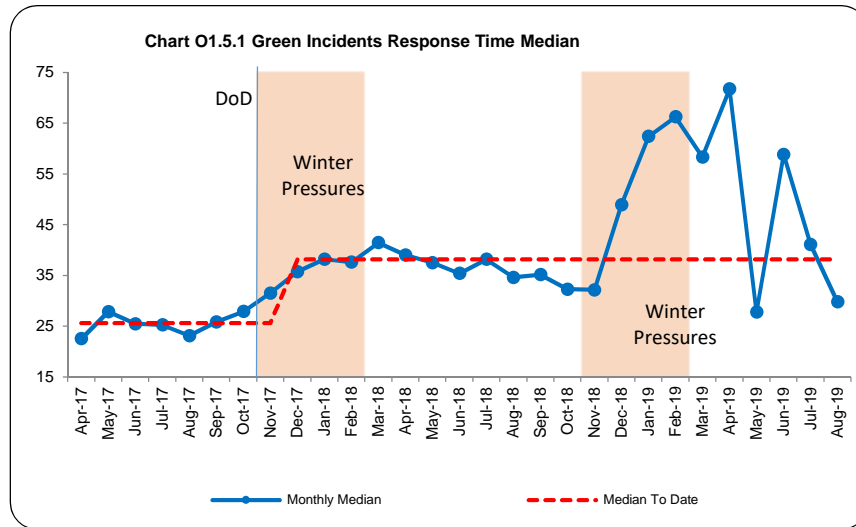
What is the data telling us? - On average we attend 25,639 yellow incidents per month; these are non-immediately life threatening patients who require a response with the right resource whether that is for transfer to hospital or for referral to an alternative pathway. For August 2019, performance median was 19 minutes 41 seconds, with a 90th percentile of 70 minutes 58 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. Non-random variation can be seen in these charts highlighted yellow.

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 understand the special cause behind the variation being seen. 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.

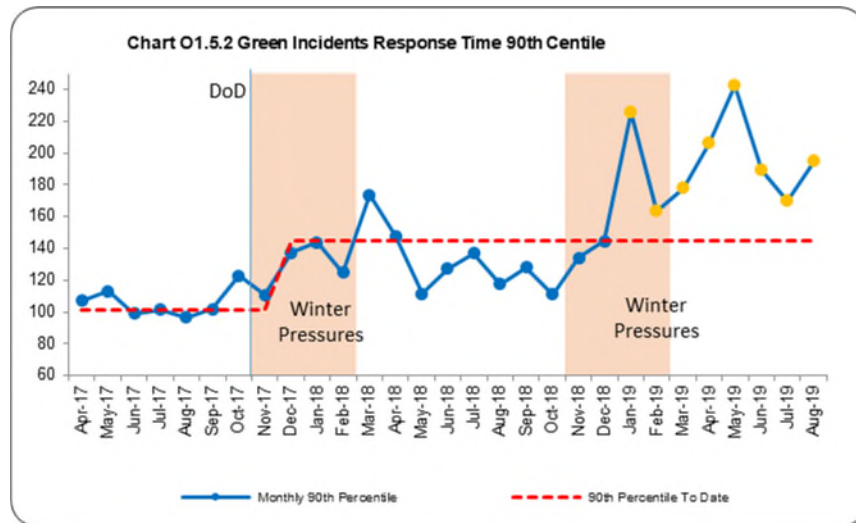
O1.5 Green Incidents Response



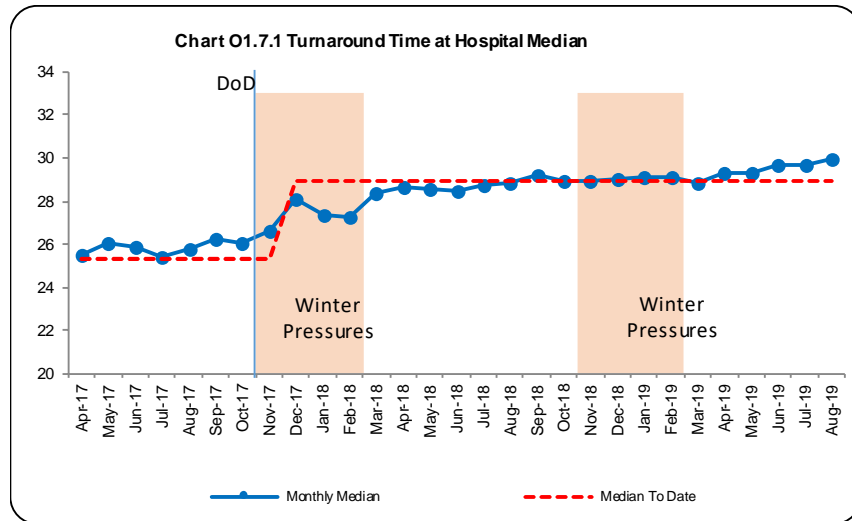
What is the data telling us? - On average we attend 201 green incidents per month; these are non-immediately life threatening patients who have the potential for additional clinician led telephone triage or face to face assessment when required. For August 2019, performance median was 29 minutes 47 seconds, with a 90th percentile of 3 hour 14 minutes 54 seconds. Non-random variation can be seen in these charts highlighted yellow.

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 are reviewing Green Calls to understand the reasons for the rise in response times and the cause of the variation. In cases of delayed response, welfare call backs are undertaken to ensure patient safety as detailed in the work programme mentioned at O1.4.

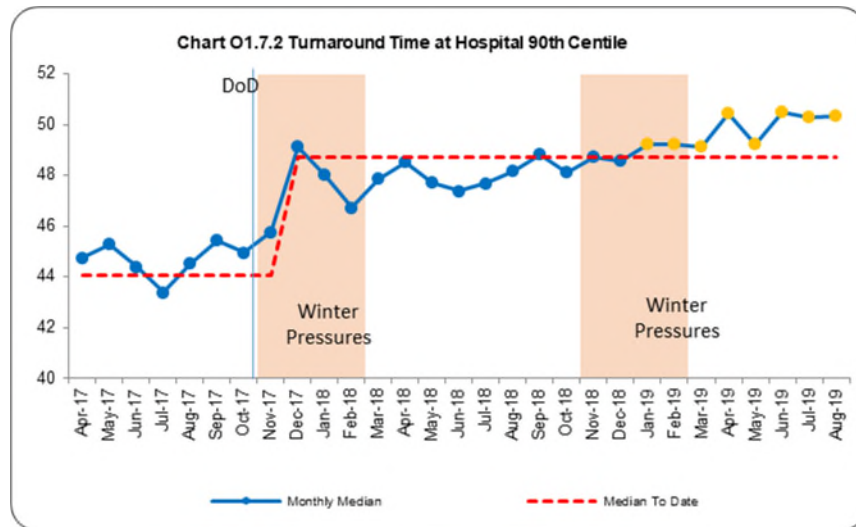


O1.7 Average Turnaround Time at Hospital



What is the data telling us? – On average we transport 31,894 (64.9%) unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For August 2019, we transported 32,018 (63.3%) patients with a median turnaround time at hospital of 29 minutes 55 seconds. Non-random variation can be seen in these charts highlighted yellow.

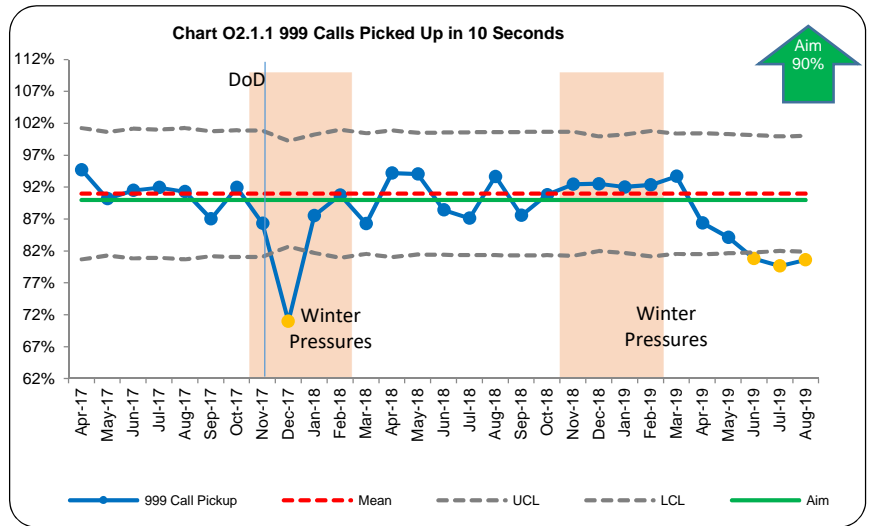
Why? – The acuity and numbers of self-presenting patients impact on our ability to turn around at hospital. The chart demonstrates that the system has remained under varying degrees of pressure since last winter. This is predominantly as a result of the complexity and acuity of the sickest patients and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



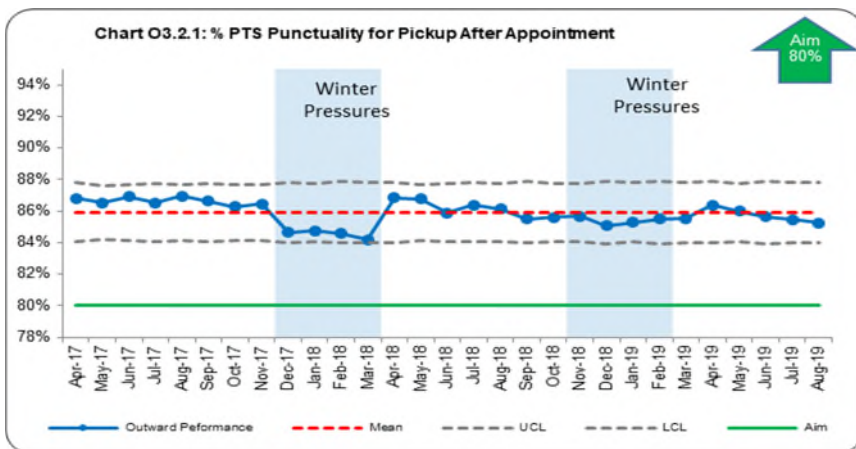
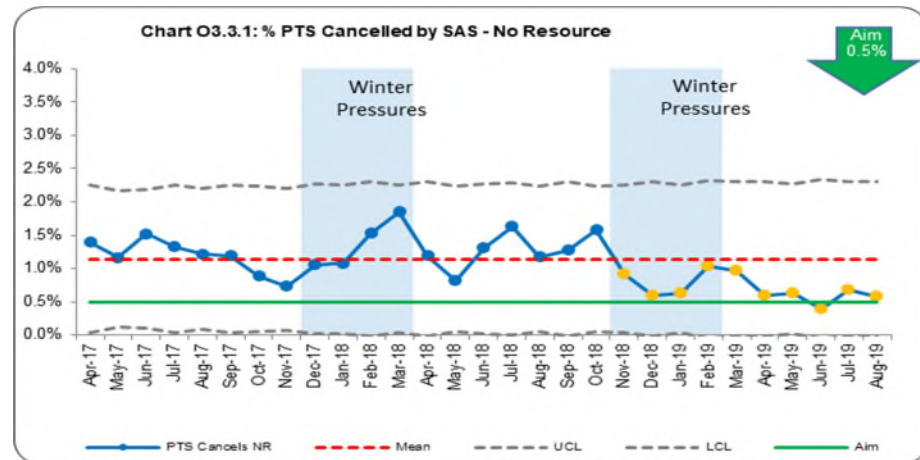
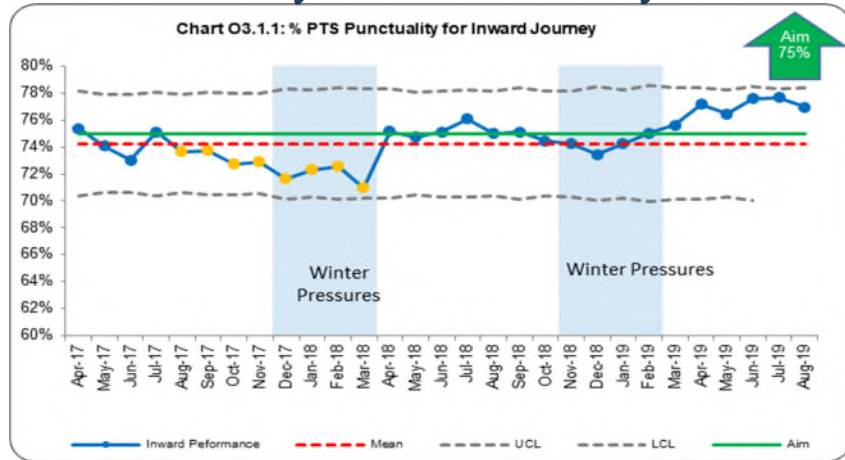
What is the data telling us? – On average we answer 45,820 emergency 999 calls per month. For August 2019, we answered 48,998 emergency 999 calls with 80.6% picked up within 10 seconds (against a standard of 90%). Call demand has risen by 13% against August 2018 when compared to the same period last year. This pattern is in line with similar patterns across the UK ambulance sector. Non-Random variation can be seen in this chart highlighted in yellow.

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 are reviewing call pick up performance to identify the special cause of this variation. We regularly review patterns of call demand to ensure that we have sufficient resources to answer 999 calls as soon as possible. In line with the strategy, additional call handlers are being recruited and will be at full establishment by September 2019. In line with forecasting and planning, telephone answering standards will consistently be achieved from October 2019.

O3: Operational Measures - Scheduled Care

O 3.1 Punctuality for Inward Journey



What is the data telling us? - Punctuality for Inward Journey (O3.1) remained above the target of 75% for July/August continuing a trend of improved performance with seven consecutive months above the mean. On average we carry out 19,386 inward PTS journeys per month.

Punctuality for Pickup after Appointment (O3.2) although down slightly in July/August, remained close to the mean, exceeding the target of 80%. On average we facilitate 24,328 PTS pickups from appointments per month.

Journeys Cancelled by SAS – No Resource (O3.3) continues the improvement of recent months with ten consecutive months below the mean. On average we carry out 75,165 PTS journeys per month. Non-Random variation can be seen in this chart highlighted in yellow.

Why? – The improved performance in Punctuality for Inward Journey in 2019 was sustained in July/August, exceeding the target and improving on the same period last year. Performance for Punctuality for Pickup after Appointment has also been stable in 2019, remaining around the mean and above target throughout. Both measures have been helped by 21 new recruits coming into the Regions in April with a further 18 being trained in July.

PTS Journeys Cancelled by SAS – No Resource has also demonstrated sustained improvement, being below the mean since November 2018 and achieving the 0.5% target in June, again helped by improved staffing.

A focused piece of work has also been carried out in West ACC working with regional managers to understand the reasons for cancellations and review processes in order to reduce them.

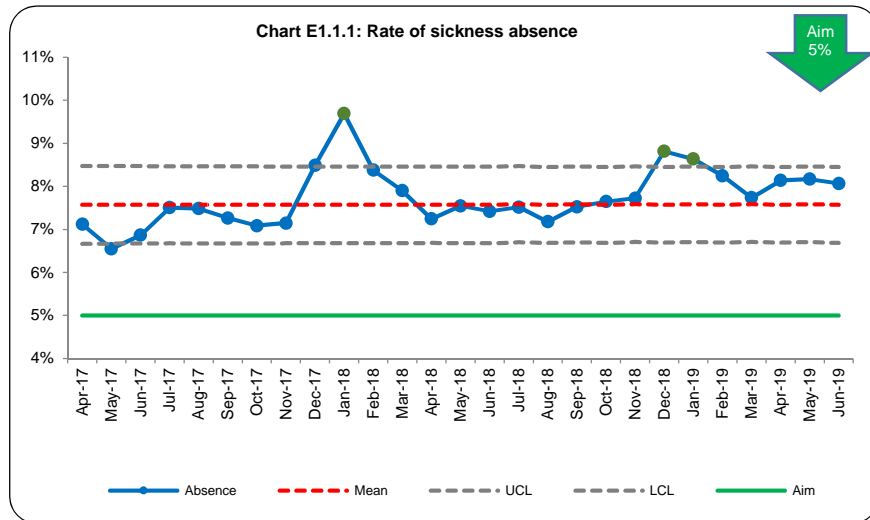
What are we doing and by when? - 60 new replacement PTS vehicles commenced building in May, with delivery due over the coming months. This will help improve the efficiency, reliability and comfort of the PTS fleet.

Plans are underway to improve the utilisation of PTS capacity to handle same day, low acuity urgent calls deemed suitable for PTS.

A full review of the Scheduled Care Service is due to commence in Quarter 2 to evaluate all aspects of the service, seeking patient, staff and stakeholder views on improvements that could be made and options for future direction and development. The aim is to complete the review and develop outline recommendations by Q3 of 2019/20.

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E1.1 Sickness Absence



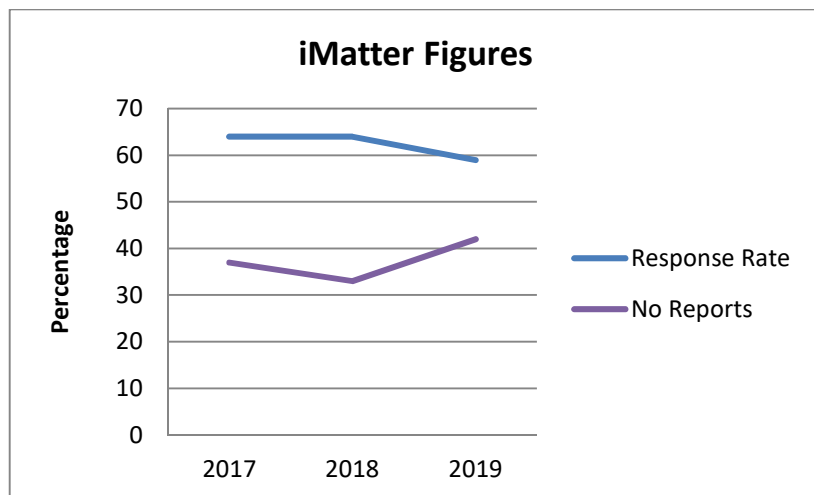
What is the data telling us? - In June 2019, the absence rate was 8.1%, this is a slight reduction on the previous 2 months however an increase in the same month the previous year which was 7.4%.

Why? – Absence cases for Stress/Anxiety/Mental Health related conditions have increased, resulting in long term absence causes which continue to require significant attention. We have, in some service areas, also seen an increase in short term intermittent absence.

What are we doing and by when? - Actions introduced to address absence rates are continuing as we focus on reducing absence and keeping people at work where appropriate. This includes a more proactive approach supporting staff pre absence (e.g. going in for a known procedure), during absence, return to work and post return improvement.

- Our Executive Team have established a small team (management, staff partners and HR reps) to review all cases and sickness absence records to ensure effective management, manage the most complex cases, enhance absence tracking/monitoring and reporting, guidance, processes, protocols to support delivery of a 1% minimum attendance improvement this year.
- Manager training & toolkits will be redeveloped by the national target date of 2020, to support delivery and will incorporate the new Once for Scotland policy on Promoting Attendance.
- Case management reviews will identify where improvements can be made to practice to build and develop skills and experience within the manager cohort.
- Promoting attendance action plans are being scrutinised weekly by Executive Team.
- Commencing in August 2019 all line managers and staff side representatives will participate in training on promoting attendance policy and practice and therefore improving access to return to work training.

E1.2 Employee Experience



What is the data telling us?

iMatter figures as previously reported have shown a decrease in response rate of 5% and an increase in 'No reports' of 9%. We are currently in the 12-week period where action plans are being developed and recorded on the iMatter system and as of 6 September, 115 out of 410 teams have completed this.

Of the 28 components in the Board report, 15 have gone down 1% point, 8 are down 2% points and 5 are the same as 2018. 'I would recommend my organisation as a good place to work has moved from the 'Strive & Celebrate' (green) category to the 'Monitor to further Improve' (yellow) category and 'I feel Senior Managers responsible for the wider organisation are sufficiently visible has moved from the 'Monitor to further Improve' (yellow) category to 'Improve to Monitor' (orange) category.

Why?

The iMatter survey launch day and 'What matters to you? day occurred in the same week and this had an impact on iMatter response rates. There were a number of staff who reported they thought iMatter and 'What matters to you?' day were one and the same thing and therefore believed they did not need to complete a separate questionnaire. Other comments related to some system issues such as team data accuracy, and difficulty accessing the portal, an apathy towards completing the survey or willingness to complete it pre or post shift, a perceived lack of anonymity or perceived lack of response following last year's questionnaire and that some staff feel better able to engage with their line managers and find it more beneficial to do this than complete a survey.

What are we doing and by when?

We are looking at changing dates for the launch of the survey next year to ensure it is not in conflict with other initiatives. This will be subject to the national scheduling of all Boards across Health & Social Care.

We have cross referenced the data obtained in 'What matters to you?' day with the iMatter themes that have had the greatest decrease over the last year and three clear themes emerge:

- Staff feeling valued and appreciated for what they do
- Developing supportive leadership & management practices and behaviours
- Creating a good place to work in SAS

The themes and data have been discussed at the Staff Experience Group and actions that the group are going to focus on over the forthcoming year are: a greater focus on engaging hearts and minds to achieve the honest and authentic dialogue iMatter was set up to do;

building a cohort of frontline staff keen to engage in and champion the staff experience agenda; showcasing staff experience initiatives and making this agenda more visible to staff and running tests of change to move the focus of action planning from manager led to staff led. Content will be included in the first level leadership and management programme commencing in October 2019 regarding supportive leadership and management practices and behaviours.

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