NOT PROTECTIVELY MARKED

Public Board Meeting	**30 March 2022** **Item No 05**

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Pauline Howie, Chief Executive Executive Directors
Action required	The Board is asked to **discuss progress** within the Service detailed through this Performance Report: - 1. **Discuss** and provide feedback on the format and content of this report. 2. **Note** performance against key performance metrics as set out in Remobilisation Plan 4 (RMP4) standards for the period to end February 2022. 3. **Discuss** actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non Executives guidance. This paper highlights performance against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience and Financial Performance are reported in separate Board papers. The Service is currently experiencing exceptional and sustained pressure from increases in COVID-19 and non COVID-19 demand, higher patient acuity, workforce abstractions and challenges in handing over patients timeously at emergency departments because of wider health and care system pressures. A detailed plan to improve workforce capacity, create more operational capacity, manage demand and progress joint turnaround improvement plans with hospitals has been created and implementation is being progressed at pace. <u>Clinical and Operational Performance</u> Purple Category 30-day survival rates have shown consistent improvement with the data at end November 2021 sitting above the upper control limit at 55.4%. Purple 30 day survival rates have been on or above the upper control limit for each of the last seven months. Out of Hospital Cardiac Arrest (OHCA) - the Return of Spontaneous

	Circulation (ROSC) for VF/VT patients has been maintained above 50% for each of the last five months. Although we have maintained an escalated level of response with many of the clinical leads spending much of their time delivering direct clinical care, the report references important developments such as our new partnership with Macmillan Cancer Support and our work to reduce the number of drug related deaths. Similarly our efforts to work with our key providers of urgent care in Boards and in communities continue as part of our work within the Redesign of Urgent Care programme. <u>Workforce</u> Service Directors and Managers, supported by local Human Resources teams, continue to prioritise workforce health and wellbeing and implement the Once for Scotland Attendance Management policy through a wide range of measures including support and advice to supervisors and managers on dealing supportively and proactively with attendance issues. Our workforce plans for 2021/22 have been reviewed and recruitment and training targets updated for the remainder of this year and into early 2022. We are recruiting both to fill vacancies and additional frontline staff this year as part of the Demand and Capacity programme. In addition, given the unprecedented pressures that the Service and the wider health and care service are experiencing we are deploying military personnel, Scottish Fire and Rescue staff and resources from the British Red Cross and onboarding Emergency Drivers and students. We continue to work in partnership with staff side representatives including a weekly informal Teams meeting to strengthen communications and enhance formal partnership structures which have continued throughout the pandemic. <u>Enabling Technology</u> The Home Office Emergency Services Mobile Communication Programme (ESMCP) continues to review the contracted procurement 'lots' which have been awarded to suppliers to deliver the new Emergency Service Network (ESN). This has led to further delays with the delivery of an overall integrated plan. ESMCP have also indicated there may be further overall delays to the programme and consequently the shutdown of Airwave. A Service ESN Programme Board is being established to be chaired by the Chief Operating Officer and reporting into the Digital Board. The reset Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) has encountered further issues during testing. This has meant that the proposed go-live date of 4 April 2022 is no longer achievable.

	The Service is now working with ARP and Frequentis to re-plan and assess if the previously agreed contingency date of 25 April 2022 is achievable. The Digital Workplace Project (DWP) team have completed the OneDrive pilot and implemented the technical perquisites for the full rollout across the Service commencing in March 2022. The Telephony Replacement Project has successfully implemented the new Avaya CM8 solution across all Ambulance Control Centres. The aim is still to upgrade all remaining Service sites over the next 5 months.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly people who fall - early priorities also include mental health and COPD. 5.1 Improve our response to patients who are vulnerable in our communities. 6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.
Contribution to the 2020 vision for Health and Social Care	This programme of work underpins the Scottish Government's 2020 Vision. This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Operational Delivery Plan & Remobilisation Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the

	Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient, are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Scottish Ambulance Service's Key Performance Indicators. These measures are based on the Service's 2021/22 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

What's Coming Next

Development of additional KPI measures in future reports will bring together the time-based measures alongside clinically focused measures. The key areas of future development of measures will aim to enhance the detail for each group of patients including patients at high risk of acute deterioration (red coded conditions), patients requiring further specialist intervention (amber coded conditions) and non-emergency patients. Indicators to measure the Service's contribution to wider population health and care assurance are also under development.

Board Data Paper Co-Design

The aim of this was to build on the Board Development session on 28 October 2020 by considering the structure, content and detail of the Board Performance report, potentially leading to a re-design of the paper. A meeting held on 07 December 2020 was the first of three one hour sessions, focussing on

- What to Measure – selection of metrics
- How to Measure – data presentation, including type of charts and metrics from the perspective of the patient, staff and Service
- What to do with this information – how to react to variation

This work was paused due to operational pressures arising from the COVID-19 pandemic and further discussion was held at the Board Development session in August 2021. It is expected that this work will be restarted in spring 2022.

Performance Charts

The Board Performance Report consists of data pertaining to a number of Scottish Ambulance Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted these charts help the user to differentiate between random and non-random patterns, or 'signals'.

Control Charts

Rule 1: A run of eight or more points in a row above or below the mean (light blue)

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

Rule 3: A single point outside the control limits (orange)

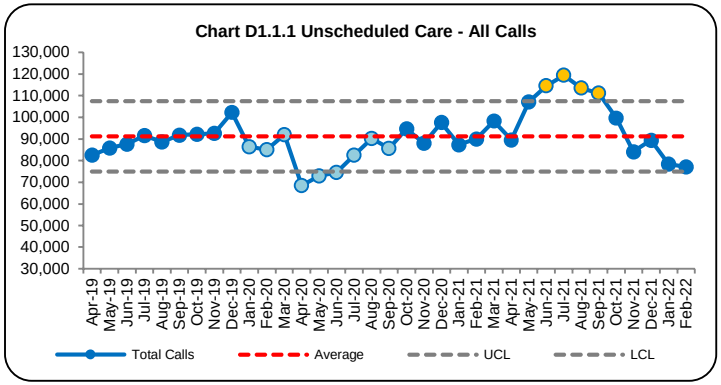
Run Charts

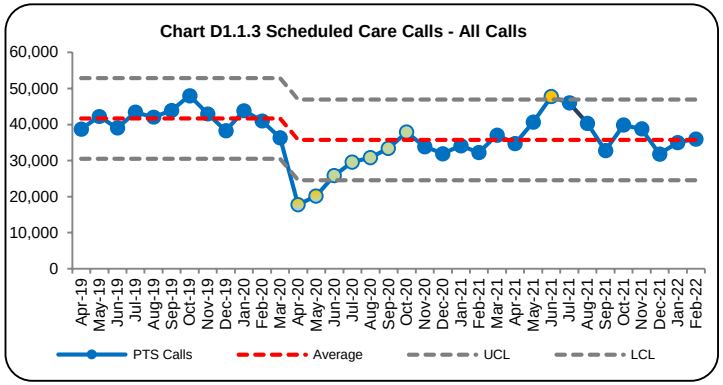
Rule 1: A run of six or more points in a row above or below the median (light blue)

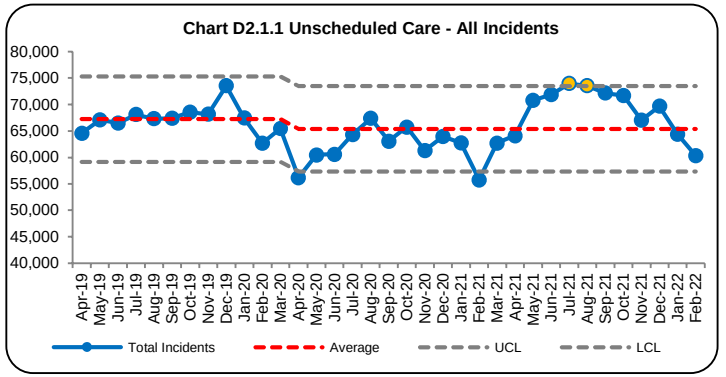
Rule 2: Five or more consecutive points increasing or decreasing (green)

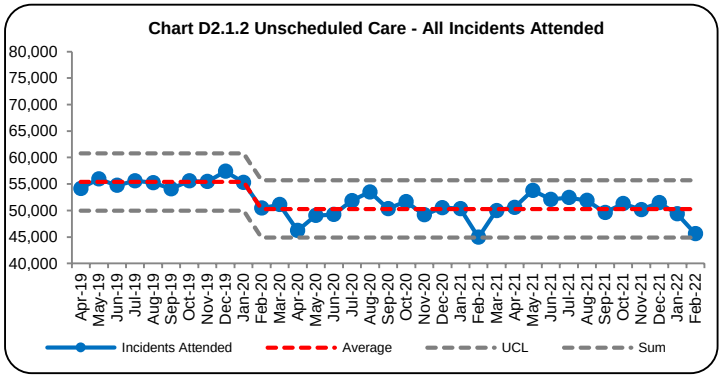
Rule 3: Undeniably large or small data point (orange)

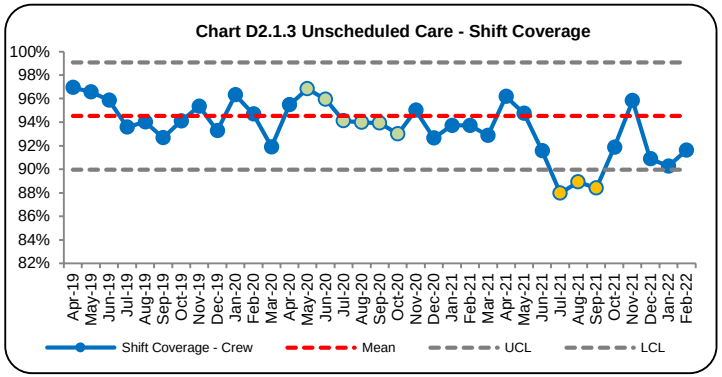
D: Demand Measures

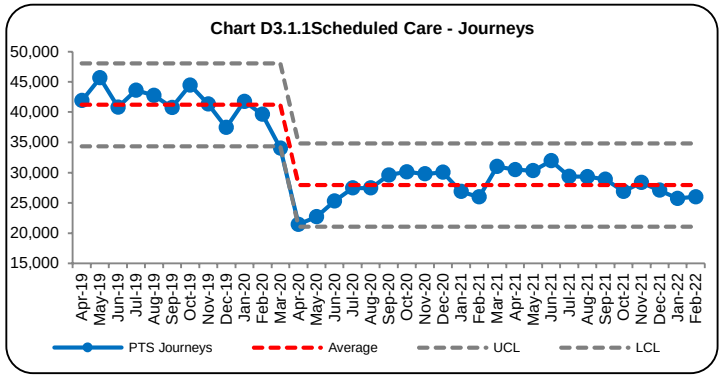












What is the data telling us?

In March 2020 at the start of the pandemic, demand across all areas dropped, from then demand increased month on month before decreasing again as stricter restrictions were introduced on 26 December 2020. Since the easing of the lockdown restrictions at the start of May 2021 unscheduled demand increased above pre-pandemic levels with total calls between June and September 2021 out with the control levels and reaching an unprecedented volume, this stayed within the control limits in February 2022 with 77,051 calls. Total Incidents in July and August 2021 were above control levels; the volume of incidents has returned within control limits and remains lower than pre-pandemic levels. Scheduled demand in 2022 remains lower than previous years.

Why? The rescheduling of services in the wider healthcare sector due to the pandemic, alongside the widespread adoption of NHS Near Me virtual consultations has been the main driver behind the drop in scheduled care activity. The requirement for physical distancing has reduced the Service's capacity.

Accident and Emergency shift coverage in July, August and September 2021 was below the lower control limit caused by increased COVID-19 related absence. This returned within control limits in October 2021 and has remained within control. Utilisation rates nationally of Accident and Emergency staff in January and February 2022 were 62.1% and 61.8%. Best practice for UK ambulance services is no more than 55% utilisation and the higher rates since May 2021 reflect the increased demand and reduced capacity.

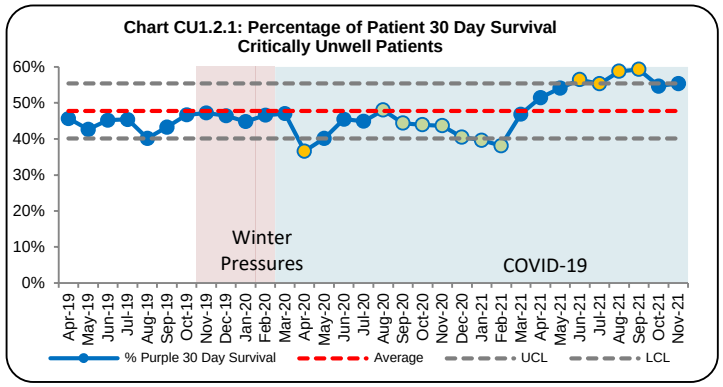
What are we doing to further improve and by when?

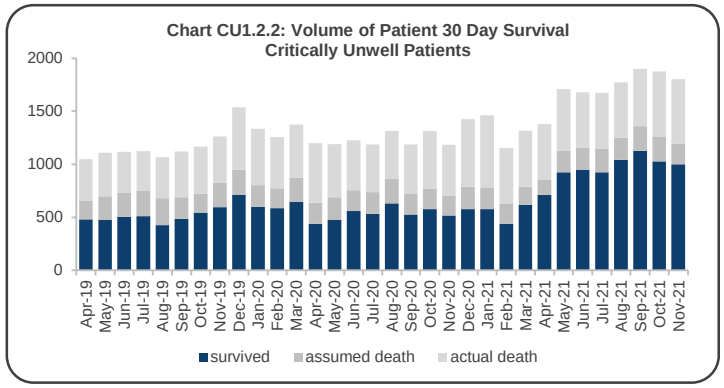
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish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

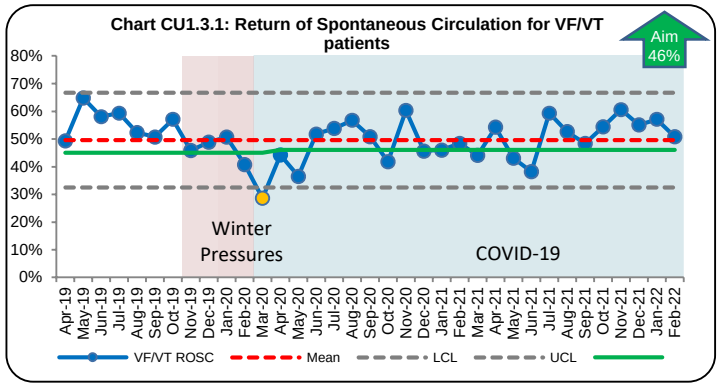
As part of our remobilisation plans we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. Significant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

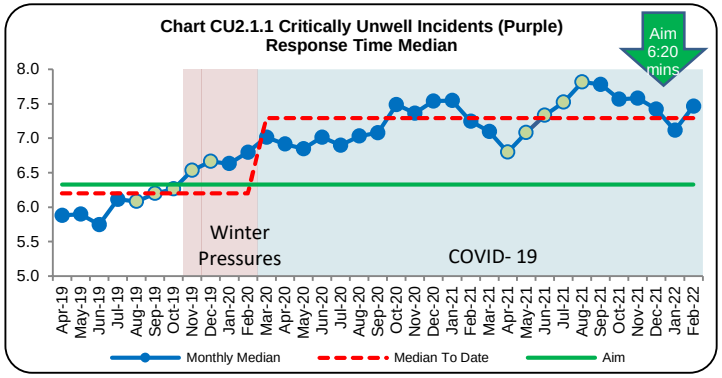
Our work to support staff health and wellbeing is also explained later in the paper.

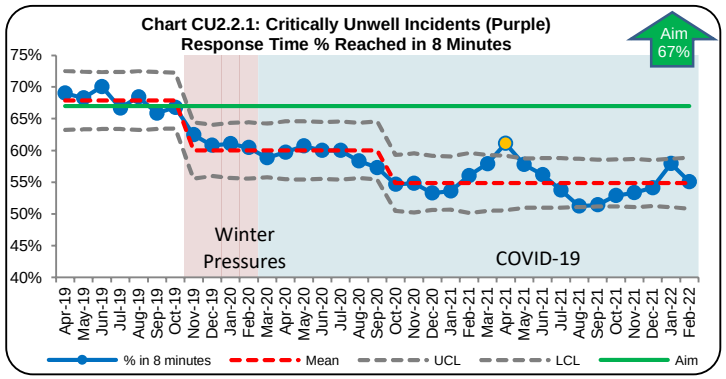
Purple Response Category: Critically Unwell Patients

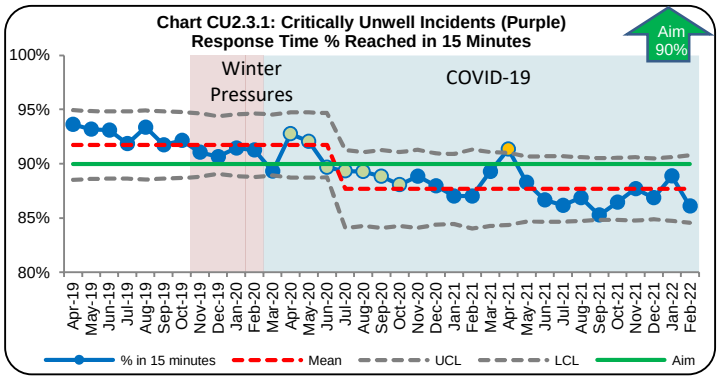












What is the data telling us?

Purple Category 30-day survival data is collated three months in arrears in order to validate the figures. Chart CU1.2.1 illustrates that the 30-day survival rate for these patients remaining on or above the upper control limit with no evidence of impact for seasonality that we have seen in previous years. This will continue to be monitored closely to allow us to better understand any influencing factors.

Out of Hospital Cardiac Arrest (OHCA) - Chart CU1.3.1 illustrates the Return of Spontaneous Circulation (ROSC) for VF/VT patients and has been maintained on or above 50% over the last five months. This level of performance is welcome given the challenging environment in which the Service is operating and in the context of the pandemic.

The two years of the pandemic has had a significant impact on international Out of Hospital Cardiac Arrest (OHCA) improvement work, with reporting showing a reduction in outcomes for OHCA. These have included reports of a reduction in bystander Cardiopulmonary Resuscitation (CPR) rates, Return of Spontaneous Circulation (ROSC) and overall survival, with many systems returning to levels not seen since 2012, a time when improvement work really started for OHCA across the globe. While it is not fully understood why this happened there is likely to be multifactorial reasons and studies are ongoing to be able to demonstrate the reasons for future learning.

In Scotland, whilst we undoubtedly saw many similarities in the early stages of the pandemic, the excellent partnership programme developed over the preceding five years placed us in a strong position to deal with the impact. There was an immediate effect on ROSC and survival, with Scotland seeing similar trends to other international systems. However, despite concerns about COVID-19, the public response to OHCA in terms of bystander CPR has been maintained.

We continue to focus on the following key areas as part of our 2021-26 strategy:

- GoodSAM – with excellent engagement a fact finding meeting has taken place with Ambulance Victoria who have a similar model to the type we plan to implement over the coming year.
- Community response – Community First Responders, Community Cardiac responders and Community engagement through the Save A Life For Scotland partnership are all well in to the process of standing back-up these community resources.
- Research activity to support improved understanding of the early stages of the chain of survival - the OHCA team are engaged with partners from Stirling and Edinburgh University, exploring ways to optimise how we best engage with the public to enhance performance of CPR and early defibrillation. These projects are now moving from the application stage to having been approved and implemented.

5.1 Scottish Ambulance Service/Macmillan Partnership

The preparatory work to establish a Partnership Programme of work alongside Macmillan to improve how the Service responds to Palliative and End of Life Care patients is now complete and the first members of the team appointed including a Programme lead Paramedic and Nurse Consultant.

As the work now gets underway, the initial focus will be to recruit the wider team and develop a strategic national network across Territorial Health Boards, Professions Councils, and third sector. This is an exciting development, and the Service is grateful for the support of Macmillan in establishing this important work stream.

Purple Median Times

As illustrated in chart CU 2.1.1, median response times to purple incidents improved between August 2021 and January 2022 with a recent decline in February 2022. The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift.

Work is ongoing around these four priority areas

1) Reducing service time (through auto-allocation, new static sites for ambulances, reducing hospital turnaround times and timely access to professional-to-professional support).
2) Reducing the number of Accident and Emergency unit dispatches (through Advanced Paramedic clinical assessment, alternative pathways of care, flow navigation centres, specialist response vehicles for mental health and accessing mental health assessment centres).
3) Increasing ambulance resources (demand and capacity programme).
4) Reducing unavailable time (through make ready, equipment, cleaning vehicles, welfare packs at Hospital).

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

We are focused on working to maximise shift coverage, support abstractions for paramedic training and manage sickness absence levels. This work is being further supported by the temporary deployment of 57 military staff with 35 directly supporting driving duties which will remain in place until 28 March 2022 when we see the West final shift end and the East and North on 30 March 2022 and by support from the Scottish Fire and Rescue Service.

We are currently training and onboarding the first tranche of Emergency Drivers who will be deployed late March 2022. We continue to plan for the introduction of tranche 2 who require more detailed assessments and training and will be available early in the new financial year.

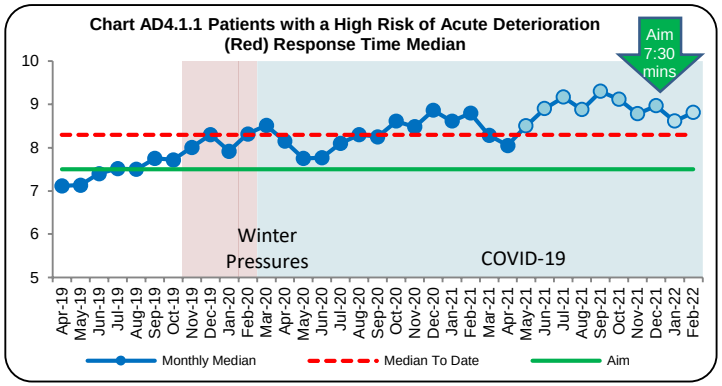
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life threatening calls across Scotland and work is underway to increase their availability and their deployment.

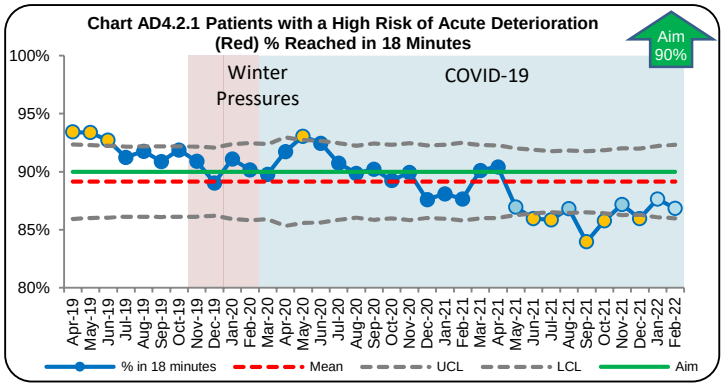
We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs.

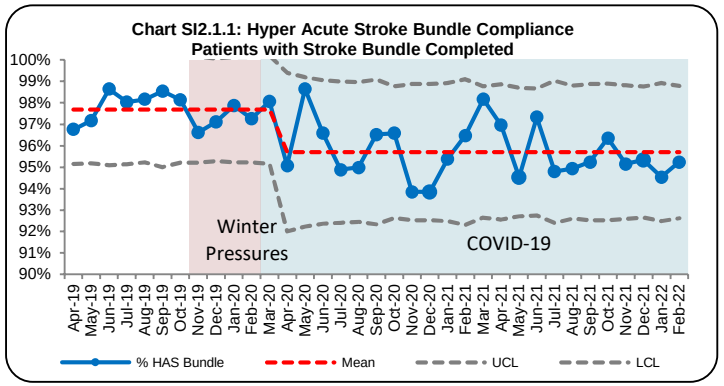
Health Boards have been working with regional management teams to produce site action plans to support flow and reduce ambulance handover delays. Work is also underway to roll out the Hospital Arrival Screens handover module at all major hospital sites in Scotland. The system has been reconfigured to allow us to report on the notify time (the time at which the crew ‘informed’ the hospital they were in the department and ready to handover) and the handover time. Compliance with the use of these screens is now

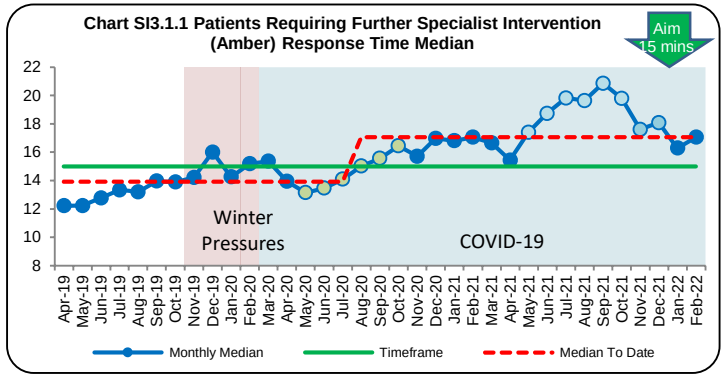
monitored and reported to regional teams, Health Board partners, and Scottish Government. Additional Hospital Ambulance Liaison Officer (HALO) posts have been funded by Scottish Government with all the additional people now in post. Performance Managers have been appointed on a secondment, based at the QEUH, to work with their site teams and help with ambulance handover and hospital flow.

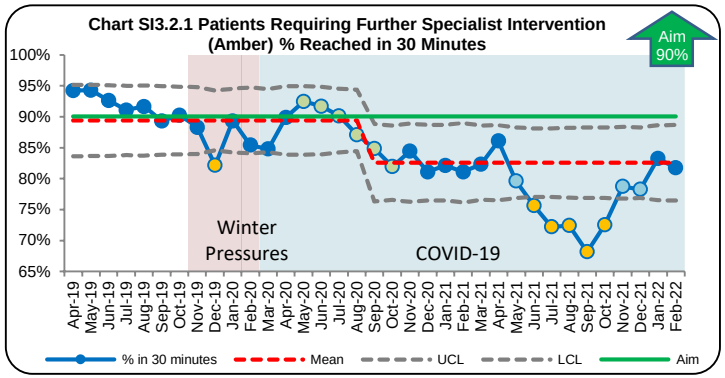
Red and Amber Response Categories











What is the data telling us?

As with the purple category, the median response to red and amber calls increased in May 2021 as lockdown restrictions were eased (charts AD4.1.1 and SI 3.1.1). The percentage of these calls reached within 18 minutes (red) and 30 minutes (amber) has been at or below the lower control limit.

There is variability relating to our application of the 'stroke bundle', however we continue to work closely with colleagues to support the application of the stroke bundle where possible.

Why?

Demand in the amber category has risen substantially in recent months; in February 2022, it was 8.9% higher than the same month in 2021 and 14.2% higher than February 2020.

Set against the increase in demand for patients in the amber category Charts SI 3.1.1 and SI 3.1.2 illustrate a slight increase in the monthly median response time and percentage reached within 30 minutes in February 2022.

What are we doing and by when?

The Scottish Trauma Network (STN) went live nationally on 30 August 2021. The aim of the STN is to save the lives of an estimated 40 additional seriously injured patients per year and reduce the human and economic burden of disability after trauma for hundreds of others.

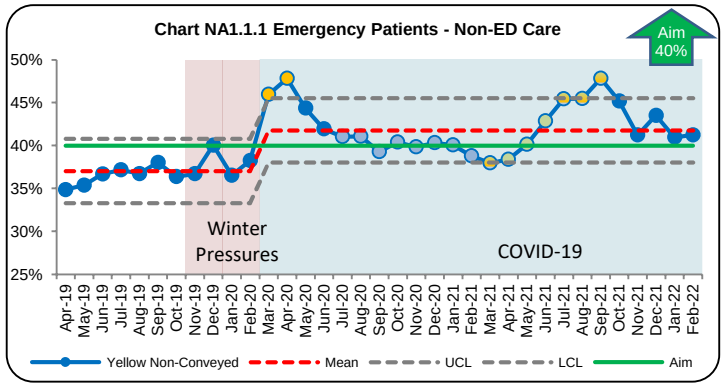
The Service has the responsibility for the provision of all prehospital elements of trauma care in the Network and has had a dedicated team working with the STN on developing a sophisticated three-tier response to major trauma since its initiation. Despite the impact of the Covid-19 pandemic on this work, the Service had all elements of prehospital care in place in time for the launch of the South-East and West Networks which completed the STN as a fully operational national integrated system. Several specific areas of trauma development are highlighted below:

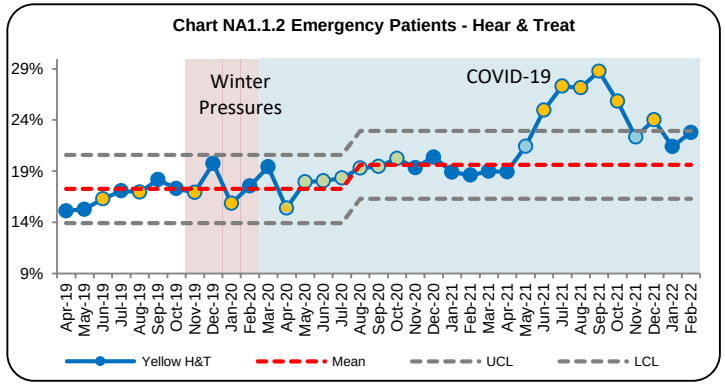
- **Major Trauma Triage Tool (MTTT) -** A key element of our contribution to the STN has been the introduction of the adult and paediatric MTTTs. These assist ambulance clinicians in the identification of major trauma as well as the providing clear guidance on the most appropriate hospital to ensure the best outcome for patients. We are currently reviewing internal data relating to their use so far. This allows us to monitor the application of the MTTTs and provide feedback where necessary. It is also leading to the development of measures and reports that will be shared internally and to our STN partners.
- **Major Incidents -** The SAS trauma team have been working with Scottish Government and the STN to update the Mass Casualty plan and have been working closely with the STN and NRRD to ensure safe delivery of the advanced medical care elements. This comprises the critical care teams that form the site medical team, medical leadership to support ACC and APCC support to the Casualty Clearing areas. These elements have recently been deployed at major incidents and participated in multi-agency exercises and been deployed to assist with the Service's response to COP26.

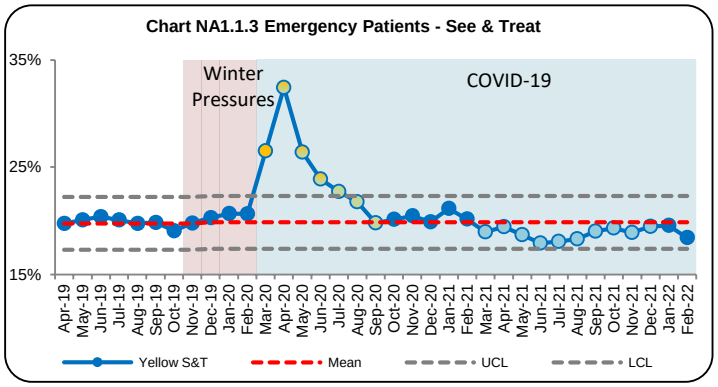
The Service continues to work to improve outcomes for patients who have experienced stroke, through accurate triage and on scene assessment with rapid conveyance to definitive care in line with Scotland's stroke improvement ambitions.

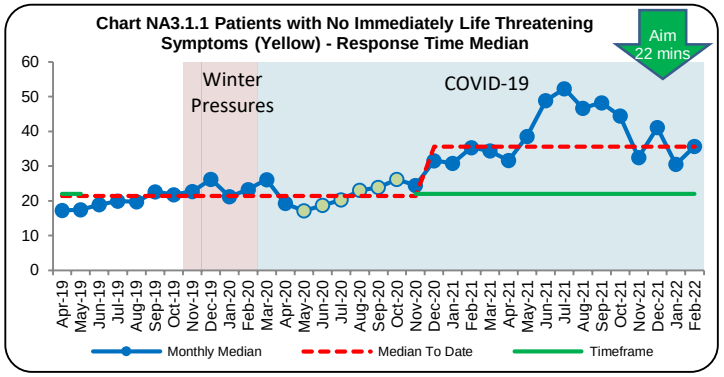
Work has progressed to allow the Service to support the further partial and limited expansion of thrombectomy in-line with Scottish Government's Thrombectomy Advisory Group's (TAG) planning and modelling which has adopted a multi-phased approach.

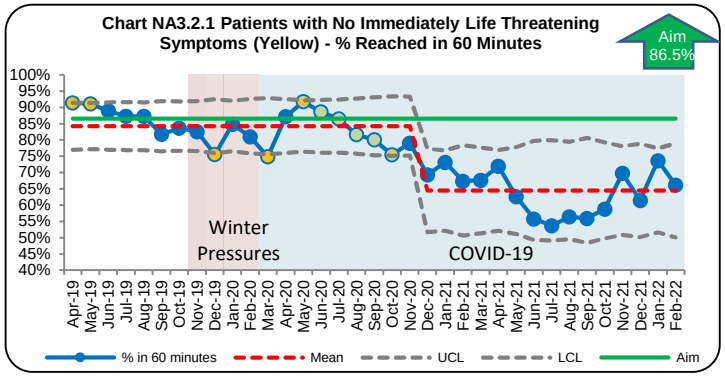
Yellow Response Category: Emergency Patients with no Life Threatening Symptoms











What is the data telling us –

Chart NA1.1.1 provides an overview of our response to emergency patients and was static in the six months from August 2020 sitting around the aim of 40% of this group of patients not conveyed to hospital. In the most recent 8 months, this has exceeded the aim and was on or above the mean in July to December 2021. Although it fell slightly below the mean in January and February 2022 it remains above the aim. The overall picture of patients being cared for out with the Emergency Department remains on target and the aim is to strengthen this through the work linked to the Redesign of Urgent Care, with the aim of ensuring that patients receive the most appropriate care which may be closer to home.

Chart NA1.1.2 illustrates that the number of patients who are provided with the relevant care and advice over the phone and augmented by video link consultation, without the need for an ambulance to be dispatched, increased month on month from April to October 2020. From October 2020, performance has fluctuated slightly between the mean and the upper control limit before increasing to above or around the upper control limit between June 2021 and February 2022.

Chart NA1.1.3 details the number of patients who are discharged following face-to-face assessment and although remaining within the control limits data for February 2022 showing this to be below the mean and slightly lower than January 2022.

It is likely that as we manage more patients remotely, the potential to support people that we do attend out with an ED pathway may be less, however the stability of the data represents a good platform from which to deliver further improvements with our ability to utilise community pathways as part of our engagement with IJBs and work to support Scotland's Redesign of Urgent Care programme.

The response time median to yellow incidents (Chart NA 3.1.1) has had the median-to-date line recalculated due to a sustained statistical signal of 11 points above the median. A range of pressures in the system has affected this including increased service time, extended hospital turnaround times, an increase in emergency demand, abstractions through test and protect, shift cover and an increase in sickness absence. A range of interventions to mitigate delays is being reviewed and from a clinical safety perspective, our safety netting interventions to detect any clinical deterioration remain in place. Refinement in Advanced Practitioner processes includes additional code sets for consultation, which will augment the established pathways for this group of patients.

Aiming to deliver high quality person centred care to all our patients, we identified a need for the Service to have access to senior clinical decision support for those patients who present with 'urgent' rather than 'emergency' presentations. In order to deliver this senior clinical decision support, the Service is in the process of recruiting and inducting a number of experienced GPs to work within our Ambulance Control system.

The first priority for these clinicians is to identify patients with priority emergency symptoms or injuries and ensure that they receive the high acuity response that is required, with conveyance to definitive Emergency Department care.

For other patients with no priority symptoms, these senior clinical decision makers can explore options, where appropriate, that allow patients to be managed closer to home, in communities or utilising pathways that may not need a conventional conveyance to the

Emergency Department. This is very much in line with Scotland's Chief Medical Officer's vision for all health and care in Scotland to be carried out in line with 'Realistic Medicine' principles by 2025.

These interventions help to provide reassurance to patients, avoid delays in response, access wider health and care resources appropriately and ensure that the Service and Emergency Department resources are protected for those high acuity patients who require rapid response.

What are we doing and by when

We are continuing to work closely with the national programme for Urgent and Unscheduled Care which includes the Redesign of Urgent Care and Interface Care work streams. This programme aims to reduce Emergency Department attendance, promote same day care and ensure patients receive "Right Care, Right Place, Right Time".

Direct access to Flow Navigation Centres for the Service clinicians is enabled across a number of Boards and we have developed positive relationships across a number of areas where we continue to build on the advantages of understanding local context to best meet the needs of the patients and realise whole system benefits. The output of this work has been shared at a number of national meetings helping to promote the role and impact of the Service in the national programme.

Our work to promote and extend the use of community pathways continues, supported by the Service's own pathway navigator hub. We continue to focus on the three main clinical presentations of Falls, Breathing and Mental Health with a view to improving the use of community pathways as an alternative to hospital conveyance where safe and appropriate to do so.

In recent months we have been working with health board partners to secure access to COPD pathways across the country – NHS Highland, NHS Tayside, NHS Grampian and NHS Greater Glasgow and Clyde. The aim of these pathways is to support the needs of the patients within their local communities and each of these have "gone live" over the last month being rolled out as small tests of change in local areas. There have been a series of engagement sessions within local areas including both the Service and Health Board clinicians to maximise support for these initiatives.

Our Contribution to Improving Population Health
Drug Harm Reduction

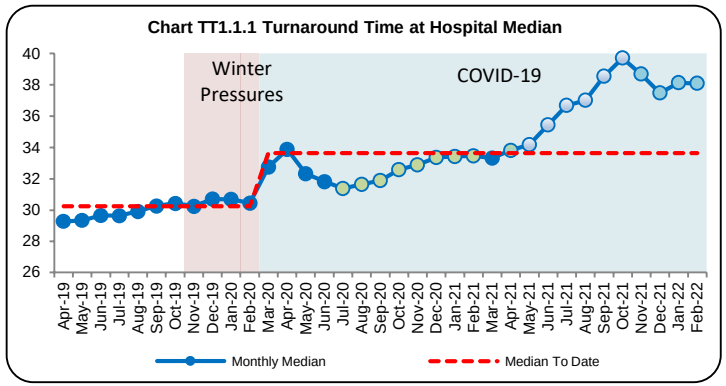
As the Drug Death Task Force (DDTF) moves into its second phase and final year, there has been a change of chair and deputy chair. Additionally, the drug policy minister has asked the DDTF to expedite to making recommendations by July 2022, instead of the previous target of December 2022.

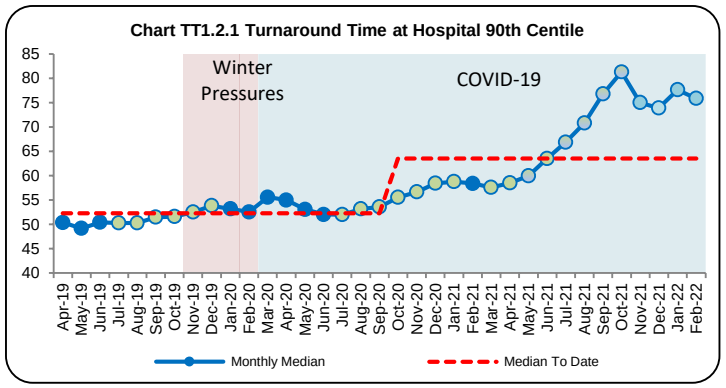
Our drug harm reduction objective related to the Service's contribution to the national naloxone programme continues to become established with about 80% of all ambulance clinicians now trained to supply take home naloxone. The figure below illustrates the increasing number of kits being supplied each month to people who are at risk of witnessing an overdose in the future. In total, over 1000 kits have now been supplied since the start of the pilot in 2020. The Service's Drug Harm Reduction team will be presenting their work so far to the DDTF in March and are prepared to provide final findings and outcomes from their work within this shorter timescale.

Fig 1 – THN supply 2021

Positive feedback continues to be received from drug support partners after they have been connected with people at risk of overdose through data sharing and on scene referrals.

TT: Turnaround Time at Hospital





What is the data telling us? – Both median and 90th centile turnaround times are reporting at levels significantly higher than have been seen historically. An increase in median turnaround translates to reduced availability of ambulances to respond to other patients who have made emergency calls. In addition to more time being spent at hospital, tasking crews from hospital rather than tactical deployment points can also negatively impact on the time taken to reach patients.

Between February 2020 and February 2022 the median turnaround time increased from 30 minutes 27 seconds to 38 minutes 06 seconds.

In February 2022, the additional time crews spent at hospital (time over 30 minutes per patient conveyed) came to a national total of 7,897 hours, 98.9% of lost hours occurred in the following 6 boards - Greater Glasgow & Clyde (2,830 hours), Ayrshire & Arran (1,420 hours), Grampian (1,262 hours), Lanarkshire (1,213 hours), Lothian (749 hours) and Fife (331 hours). This is a contributory factor to the previous narrative relating to response times and remains an area of significant concern.

Why? – Hospital Turnaround Times for Ambulance Crews has been compounded by the strict infection prevention and control measures that hospitals have had to put in place due to the COVID-19 pandemic, and as restrictions have eased, hospitals are operating at or near full capacity. The situation remains particularly challenging in some hospital sites affecting ambulance response times, ambulance availability, staff rest periods and shift overruns.

What are we doing and by when?

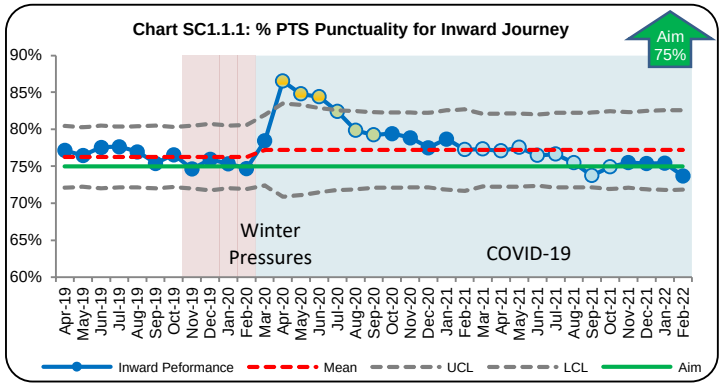
HALOs have been deployed at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow. HALOs are supported by managers.

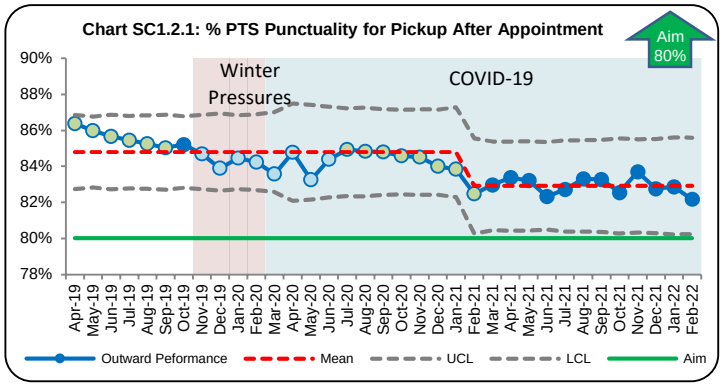
Additional HALOs are now in place across the three regions funded by the unscheduled care and systems pressure money. There are now six additional HALOs in the West Region, three in the East Region, and two in the North Region. NHS Lanarkshire has also funded an additional HALO post to work in the Flow Centre. The Service now has 22.5 WTE HALOs in post covering the major Emergency Department sites.

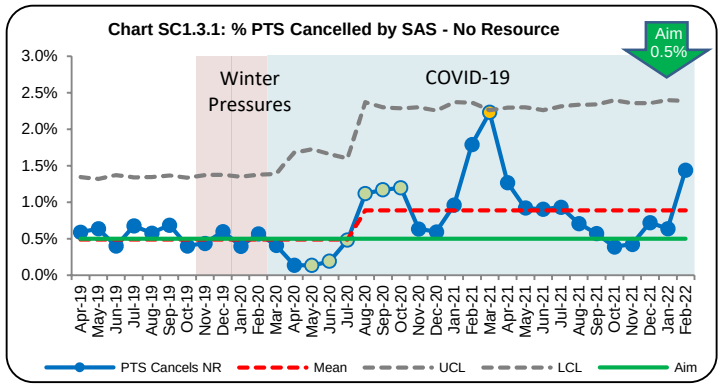
Other specific actions include:

- Monthly meetings chaired by the Service's Medical Director continue with representation from Scottish Government and Health Boards. A joint review of escalation plans and how these are implemented at hospital sites is being reviewed and updated.
- Weekly or bi weekly meetings between Chief Executives at the most challenging sites
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into Emergency Departments and the Hospital helping with managing flow.
- All efforts re safe alternative measures to Emergency Department admission described earlier in terms of the Redesign of Urgent Care programme.
- Hospitals exploring development of temporary admissions units to support surge capacity.
- Escalation to Senior On Duty and On Call Teams as required.
- Involvement in Hospital Incident Team meetings.
- Cohorting guidance produced to allow regions to cohort patient (preferably post triage) at key sites at busy times.

SC: Scheduled Care







What is the data telling us? – Chart D1.1.3 (pg7) shows that Scheduled Care journeys have reduced slightly in January and February 2022.

Punctuality for inward appointments is at 73.7%, which is slightly below the aim of 75%.

Punctuality after appointment remains within normal control limits at 82.2% in February 2022, above the aim of 80%.

The percentage of PTS cancelled by the Service in the “No Resource” category has increased to 1.4% in February 2022, above the aim of 0.5%.

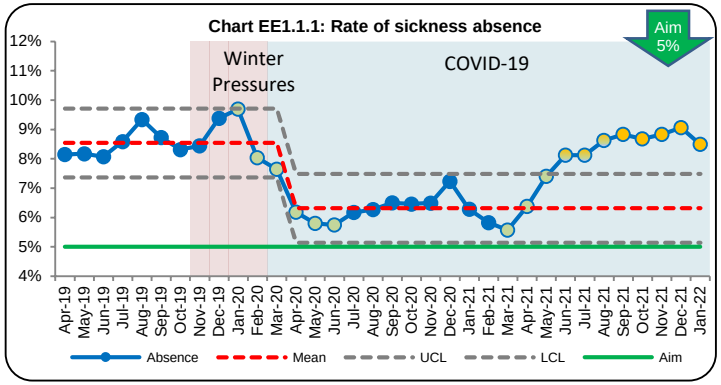
Why? – In line with COVID-19 infection control and physical distancing measures, patient transport ambulances are currently restricted to carrying no more than 2 patients per journey. Where a patient requires a trolley, the ambulance would be restricted to one patient per journey. COVID-19 infection control measures remain in place, increasing the overall service time for each journey.

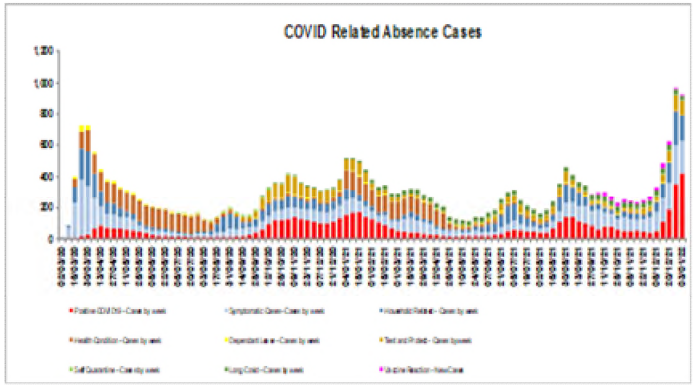
What are we doing and by when?

We are working closely with patients and hospitals to reduce cancellations, to support staff returning to work and to optimise journey plans. We are also continuing to work with other transport providers who can provide transport options for patients who do not require ambulance care and transport.

SE: Staff Experience

Sickness Absence





What is the data telling us? – The non COVID-19 Sickness Absence level as at January 2022 was 8.5%.

For internal management information purposes and in line with Scottish Government advice, we are recording COVID-19 related absences separately. To align with the reporting requirement from Scottish Government, our COVID-19 related absence is reported by the number of staff absent in relation to COVID-19 in any given week. Percentages relate specifically to the number of staff off each week as a proportion of Headcount and not the percentage of shift coverage hours lost against contracted hours. COVID-19 related absence levels during week commencing 24 January 2022 were at their lowest since the peak of the pandemic in December 2021. 5.26% of staff were off that week compared to 14.9% at the peak, of the 341 staff absent, 198 were as a result of testing positive. Cases continued to rise throughout February 2022, notably positive cases, by week commencing 21 February weekly positive cases were up by a third from the January low, with 298 staff off during that week.

Why? During February 2022, the majority of cases were related to four distinct categories: positive cases, self-isolation for displaying symptoms, self-isolation for household related cases, and Long COVID cases. Our increase in COVID-19 related absence was in line with forecast modelling carried out by our business intelligence team off the back of the latest update on Scottish Government modelling predictions.

What are we doing and by when? - Over the last few months with the resurgence in COVID-19 activity, our managers have been dealing with a range of attendance issues. These have involved undertaking regular welfare checks with staff, managing short and long-term abstractions and undertaking detailed risk assessments for staff with long-term underlying medical conditions. All interventions are in line with the Once for Scotland Attendance Management policy.

The strategic aim, agreed with the Service's Staff Governance Committee, is to first stabilise and then reduce absence with a national target for reducing non COVID-19 absence by 1% by end of March 2022. This aim recognises the continuation of the national emergency in combination with winter pressures which will make the next six months extremely challenging. In the last quarter the focus has been on resolving complex long term absences across the Service and these efforts are now reflected in improving long term absence rates.

The Regional and National HR teams continue to proactively support frontline managers to manage attendance levels in their area. The HR & ER team have been allocated additional temporary resources to work with managers and supervisors to address the higher levels of sickness absence we are currently experiencing. Specifically, a national attendance lead has been appointed whose role is to oversee, co-ordinate and direct the Service's response to reducing sickness absence across all departments of the organisation, as part of our continued commitment to reducing staff abstraction levels across the Service. Since taking up the role the following activity has taken place:

- Meetings ongoing with HR Managers and senior managers to discuss appropriate escalation of individual cases.
- Attendance Management 'drop-in' sessions have been ongoing and will continue to the end of March 2022.
- Organisational audit of the attendance management process ongoing.
- Draft process/procedure regarding alternative duties near to completion.

The following will be prepared by end March:

- Results of an organisational audit.
- Attendance Management report and recommendations.
- Alternative duties – draft process/procedure.

The National Attendance Management Lead is also drafting guidance for managers around the management of Long COVID cases.

Every month a detailed report is produced for the Service's Performance and Planning Steering Group which sets out the position for each region and service area broken down into long and short term sickness absence. A supporting narrative is provided by local managers which gives local information and specific action being taken including a breakdown of the top five reasons for absence. At present the top two reasons nationally are stress, anxiety and depression and musculoskeletal injury. Through the Service's Health and Wellbeing Strategy and the Occupational Health service a wide range of interventions are available to facilitate recovery and return to work.

As of 18 March 2022, 49 staff are absent from work due to Long COVID and although there remains some uncertainty about the longer term implications for these staff, managers continue to actively support them with all available welfare measures.

We receive daily reporting on COVID-19 related absence that covers the following:

- COVID-19 positive cases
- Self-Isolating Household related cases
- Self-Isolating Displaying Symptoms cases
- COVID-19 related Dependant leave cases
- Self-Isolating Health Condition cases
- Self-Isolating Test & Protect cases

- Self-Isolating Quarantine cases.
- Absence due to Long COVID
- Staff who suffer an adverse reaction following COVID-19 vaccination.

These reports are broken down into daily and weekly charts covering all operational regions and sub regions and National operations.

We will continue to assess attendance management handling arrangements, taking national direction as appropriate in a fast-changing situation.

The Service's Health and Wellbeing Strategy sets out a wide range of actions and programmes aimed at supporting staff and managers to look after their mental and physical wellbeing, recognising the unique stresses of the emergency responder role.

The Service's current Agile working guidance has been of considerable benefit to those staff who have been required to work from home. The guidance has been helpful in providing some clear and consistent advice around the discussion with staff to ensure that the relevant risk assessment is undertaken and that the individual staff member's workstation is safe and secure.

Our Wellbeing Leads have now taken up post and will provide additional specialist wellbeing and welfare support to staff and managers across the organisation, that will complement existing provision and resources.

E1.2 Employee Experience

Maintaining a positive staff experience in the current pandemic remains a priority for the Service, particularly for frontline staff who are being significantly affected by long turnaround times at hospitals, resulting in shift overruns and missed rest breaks. This in combination with reduced workforce cover due to an increase in staff abstractions, not only in the Service but across the entire system, is causing significant staff fatigue. We have remained at REAP Level 4 due to the increased and sustained pressures on the Service and across the wider health and care system since September 2021.

What are we doing and by when?

The Service is actioning a wide range of short and long-term measures in line with the Health & Wellbeing Strategy that includes:

- Continuation and enhancement of the provision of meals and refreshments at the most pressured hospital sites. Staff have continued to need quick and easy access to hot food and drinks 24/7 to provide sustenance and keep warm.

- Lifelines ran scheduled sessions for managers to enable them to keep well and support their teams and colleagues throughout December and January and recommenced their training in February with a total of 78 staff across the three training programmes.

- Funding has been secured for the continuation of Lifelines work in 2022/23 – this work will include a full time trainer to run the

three Lifelines training programmes, delivering a ‘Train the trainer’ programme, developing risk assessments to anticipate and mitigate against psychological/traumatic injury, training of peer supporters and development of a supervision framework for them, consultation to provide a Service post trauma response, ongoing specialist advice and development of web resources and bite sized learning.

- The OD Team have continued to run ‘Time to Talk’ sessions open to all staff and managers and have linked with NHS Grampian to provide joint sessions. This is a forum to provide some breathing space to talk and share thoughts and feelings in this time of uncertainty and challenge.

- The Mental Health Continuum has been launched by AACE on 10 March which is a tool that has been designed for use in the Ambulance Sector to have a conversation about mental health and wellbeing. It can be used by an individual on their own or for a discussion with a member of staff. AACE are encouraging all organisations to try out the tool and provide feedback so that it can be further developed over time.

- A plan is being implemented for the spend of additional staff wellbeing monies received from the Scottish Government in consultation with Partnership. The timeline of 31 March 2022 for spend is extremely challenging, as funds will not be carried forward to 2022/23.

- Our 4 Wellbeing Leads commenced in post on 7 March 2022. They are currently undergoing a period of induction and identifying the key priorities in the health & wellbeing agenda for 2022/23.

- There is regular ongoing engagement and discussion with staff and staff side colleagues and partners through a range of channels such as speaking with crews at hospital sites, discussion at Regional cells, meetings with partnership colleagues and suggestions at weekly staff engagement sessions. Those discussions will continue to ensure staff welfare provision remains appropriate to requirements and changing needs are addressed swiftly.

Workforce Development

Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2021/22 workforce profile and improve staff experience.

Status – Plans are in place to deliver the 2021-22 workforce requirements although adjustments have been made, and will continue to be made, to respond to the challenges identified below.

Improvement – We are on track to deliver the 2021/22 workforce plan.

Planned Activities Include – The recruitment team will continue to liaise with regional workforce leads to deliver workforce intake targets. The allocation of places for VQ Ambulance Technician and Ambulance Care Assistant roles continues in line with regional workforce plan requirements.

Other Considerations - Resourcing model developments will support continuing target delivery over the next three years as we transition from our Academy training to the new Educational Model to align with the introduction of degree level qualification requirements for HCPC registration in 2022. This will build on the external pipeline, which was expanded in 2017 with commencement of the first full-time degree programme in Scotland (first graduates in 2020). This year the intake for the undergraduate programme is 323 entrants and the support infrastructure is continuing to be refined to meet the needs of the undergraduate cohorts. The work continues with the transition to support for Newly Qualified Paramedic (NQP) and will continue to evolve over the coming years. The VQ programmes have increased in the last year to meet the requirements of the demand and capacity programme of work. The Education and Professional Development team have worked flexibly and collectively to meet the additional demands required both for demand and capacity planning, as well as supporting the development of external partners during the most recent challenges impacting on the workforce in relation to the pandemic and whole system pressures.

We continue to be actively engaged as one of the 5 Boards in the East Region Recruitment Transformation Programme Board. Part of the strategic proposal was the implementation of the National Recruitment IT system, Jobtrain, that went live in December 2019. Core Scottish Government funding is in place for Jobtrain until the year 2022/2023. In December 2020 the host Board for the new consortium was identified as NHS Lothian. The formal transition to the new East Region Recruitment Service has however been paused due to COVID-19 until 1 April 2022. A service level agreement has now been agreed with all the Boards in the consortium.

We are also exploring opportunities to develop a multi-professional workforce and transition requirements are being explored to a pre-hospital clinical setting, this work is at an early stage.

Employee Development

Aim - To ensure a capable workforce with the skills and knowledge to deliver a high quality service now and in the future.

Status – All non-essential non-clinical learning and development activities have been suspended during the global pandemic and with our operation at REAP Level 4 since September 2021 that includes leadership and management development programmes and formal appraisal and personal development activities.

This formal activity will commence as soon as possible but in the meantime we continue to support managers, leaders and supervisors in a range of informal ways and Organisational Development leads are working with Directorates and Teams to identify areas of need and address these with targeted development and support.

Planned Activities Include – when the COVID-19 position improves, the Service will resume a number of activities that have been suspended/postponed in accordance with Scottish Government guidance during the COVID-19 pandemic.

We are currently reviewing priorities in order to develop the OD Plan for 2022/23 starting with a planned date of 26 April 2022 to recommence our Leadership Development Programme.

Enabling Technology

1. Emergency Service Network (ESN) Programme

The Home Office Emergency Services Mobile Communication Programme (ESMCP) continues to experience delays. The Home Office are continuing to look at the original procurement 'Lots' that were awarded and are reviewing these with a view to 're-lotting' them. This has taken longer than previously communicated and has meant that ESMCP have not issued a programme plan with revised dates and key milestones. There is now an expectation that the Airwave shutdown date will go beyond the previously expected date of 2026. The Service continues to work with the ESMCP programme and closely with Scottish Government (SG) and other emergency service colleagues. Minimum Criteria for transition have been drafted in conjunction with 3ESS colleagues. SG have asked for financial submissions by May this year for 2022/23. The first meeting of the revamped Scottish Strategic Group took place in February. The Terms of Reference for the new SAS ESN Programme Board were approved by the Executive Term and the first meeting is scheduled to be held in April 2022, chaired by the Chief Operating Officer. The ESN Programme Board will report into the SAS Digital Board.

2. Integrated Communications Control System

The reset Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) has encountered further issues in testing and has failed to pass key milestones. This means the proposed go-live date of 4 April is now not achievable and work is going on to assess if the previously agreed contingency date of 25 April is achievable. Training has been postponed until a revised date has been agreed.

3. Digital Workplace Project (DWP)

The Digital Workplace Project Team successfully completed the OneDrive pilot in January 2022. Pre-requisite technical changes to ensure adequate security of devices is now being rolled out across the Service with the full OneDrive rollout starting in mid-March. The DWP Board have approved the closure of Phase 1 of the project and asked that work is to begin on scoping out Phase 2 of the project once resource is in place to do this. The DWP Project Manager left the Service in January 2022 and the first round of interviews have taken place as part of the recruitment process to fill this role. The DWP Board also gave the go-ahead to proceed with 'bite-size' training to begin to build up a 365 Champions Network in the Service. The first session is scheduled for the end of March. The Service agreed to be part of the national cloud-cloud back-up contract which will allow us to back up M365 data.

4. Telephony Upgrade

This is a significant project; however, the bulk of the work has now been completed successfully. It involved upgrading the entire Ambulance Control Centre (ACC) telephony and contact centre platforms, the focus is now on the 150+ sites in the wider non-ACC Service telephony estate. The plan is to close the formal project and complete all remaining sites within the next 5 months. The new Avaya CM8 platform used by the Service is now the de-facto standard across the vast majority of UK ambulance trusts.