NOT PROTECTIVELY MARKED

Public Board Meeting	**July 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 June 2019. 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 – in May 2019 64.9% and in June 58.1% of patients in VF/VT arrest arrived at hospital with a pulse. 15 out of the last 16 months have surpassed our aim of 45% (in February 2019 41.9% of patients in VF/VT arrest achieved ROSC). • We continue to reliably implement the pre-hospital stroke bundle with 98.6% compliance in June 2019. • We continue to reliably implement the PVC insertion care bundle with 95.8% compliance in June 2019. • Further clinical measures are in development and it is anticipated that these will form part of the future Board Performance Report. 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. • 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. Staff Experience Measures • Absence data in April 2019 was 8.1% compared to a rate of 7.2% in April 2018. We have begun additional work toward achieving at least a 1% reduction in sickness absence this year and in subsequent years. Sickness absence information and progress on action plans are reviewed by Executive Team on a weekly basis. • 'What matters to you?' day on 6th June generated a large amount of data on staff experience that will be actioned both at a local and national level over 2019/20. • The iMatter survey received a 59.4% response rate. All but one region had a response rate over 60% and therefore have received an EEI score, and feedback analysis. All teams, regardless of response rate, will be working on the action plan for their team.
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. 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	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

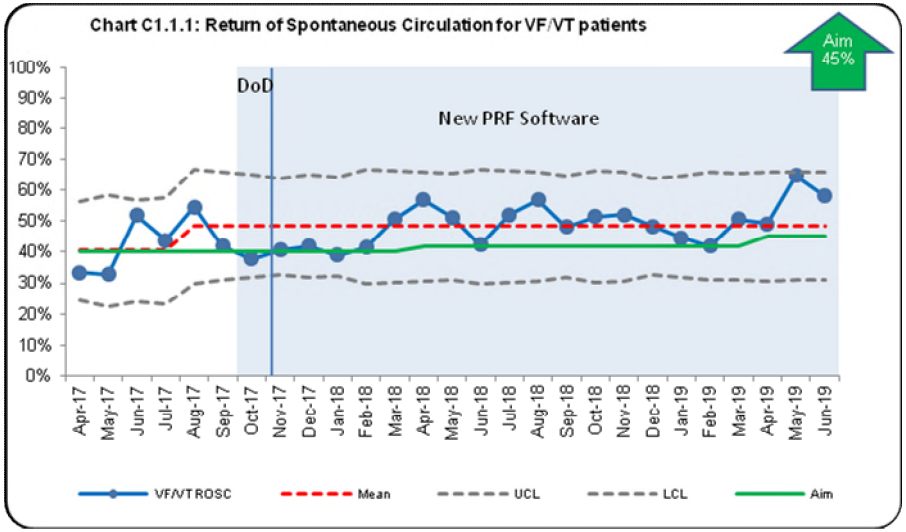
Rule 2: Five or more consecutive points increasing or decreasing

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



What is the data telling us? – On average we attempt resuscitation on 76 patients in a VF/VT rhythm per month. In June 2019 58.1% of patients in VF/VT achieved return of spontaneous circulation, once again surpassing our aim of 45%. 15 out of the last 16 months have surpassed our aim (in February 2019 41.9% of patients in VF/VT arrest achieved ROSC) (Chart C1.1.1). The recalculated Mean at July 2017 demonstrates a statistical shift in improving the rate of ROSC and saving more lives.

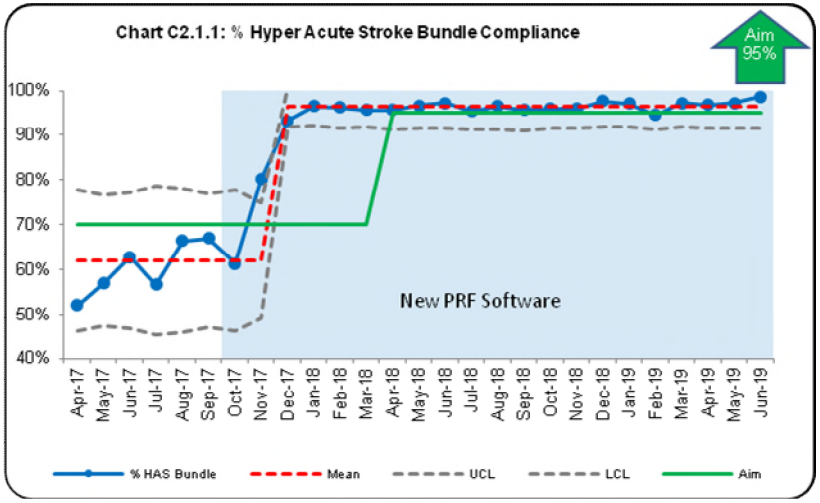
Why? – The Service continues to be a key partner in the delivery of the Scottish Government's Out of Hospital Cardiac Arrest (OHCA) strategy, linking across the whole chain of survival. The main factors which influence ROSC are bystander CPR followed by timely defibrillation when indicated. However, 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.

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



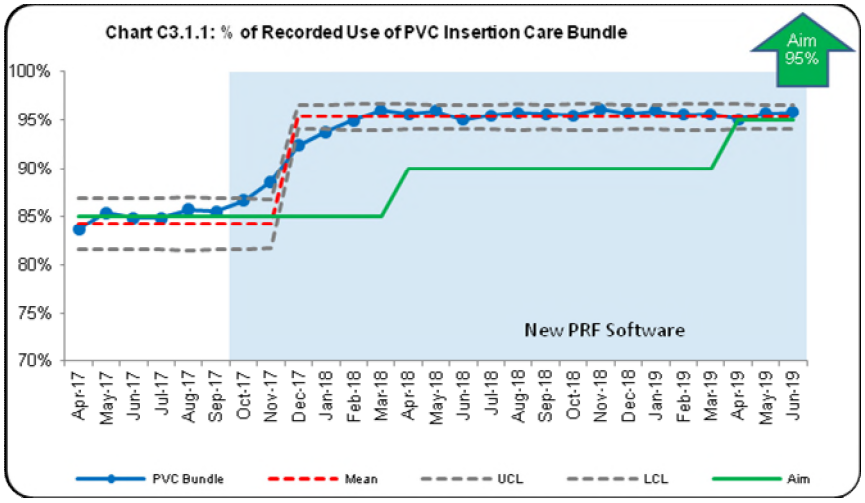
What is the data telling us? - During the last 12 months (Jul 2018 – Jun 2019) on average we attended 308 hyper acute stroke patients per month. We are continuing to reliably implement the pre-hospital stroke bundle, with the data in June 2019 demonstrating 98.6% reliability.

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



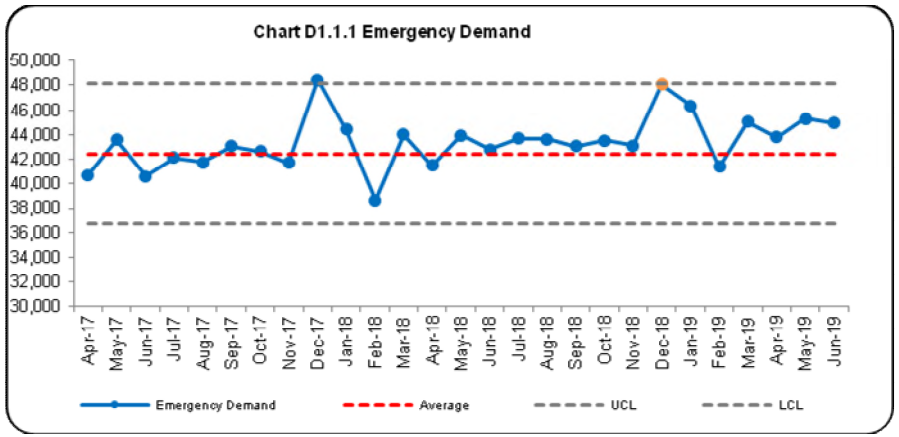
What is the data telling us? – The quality indicator aim for recording application of the PVC insertion bundle was increased from 90 to 95% in April 2019. In the 3-month period since then, monthly compliance for recording application of the PVC insertion bundle has been maintained just above 95%. We continue to perform on average 3,582 cannulations per month.

Why? - The introduction of 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. A non-compliance report on the data system enables further analysis to help inform ongoing improvement.

D1: Demand

D1.1 Emergency Demand



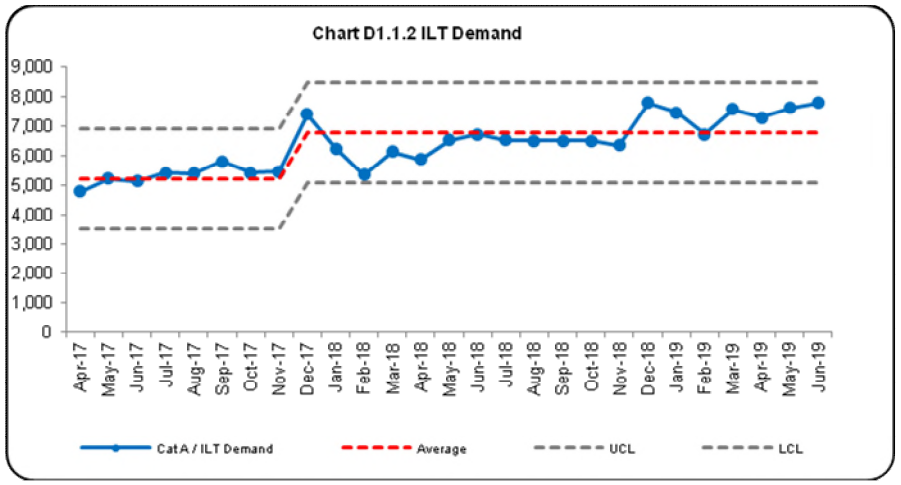
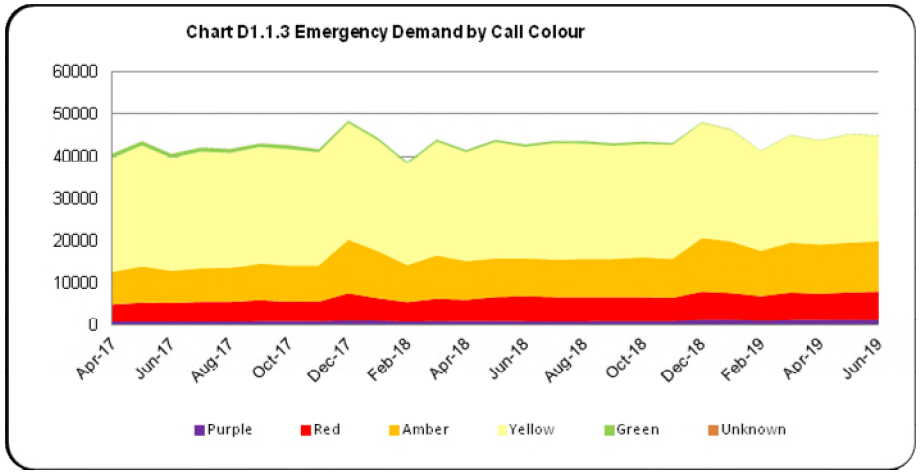


Chart D1.1.3 Emergency Demand by Call Colour



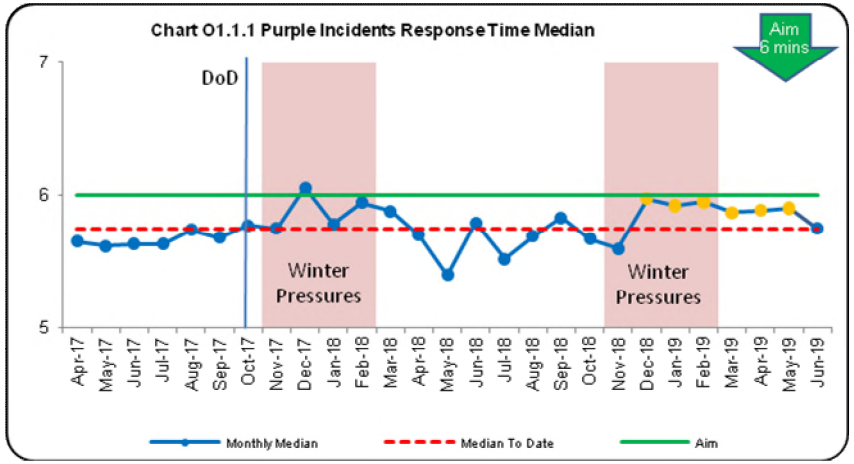
What is the data telling us? – Emergency demand shows a stable pattern since April 2016 with anticipated demand peaks during winter months. Immediately life threatening demand has shown an increase of 15.8% in June 2019 when compared to June 2018 and overall Emergency Demand continues to show an increase of 5% over the same period.

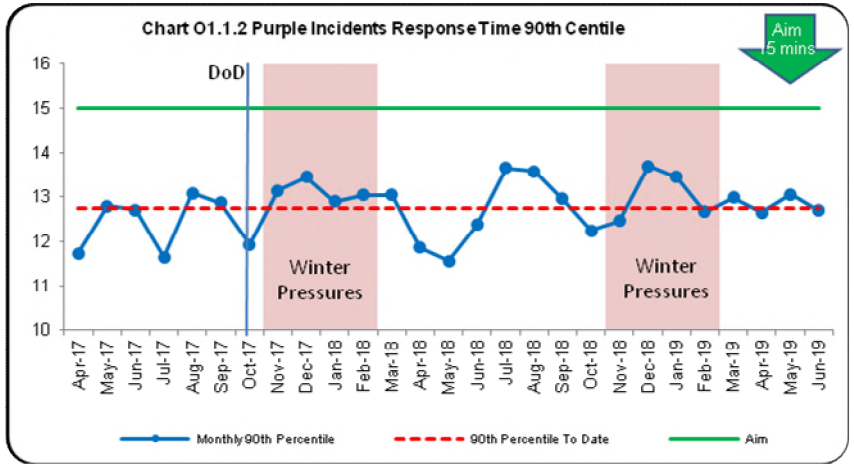
Why? – A rise in ILT has been seen throughout the year and the more pronounced pattern has continued this month. The increase in purple incidents is the result of improvement work which has improved the triage of overdose patients and patients with breathing problems. A large proportion of the increase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

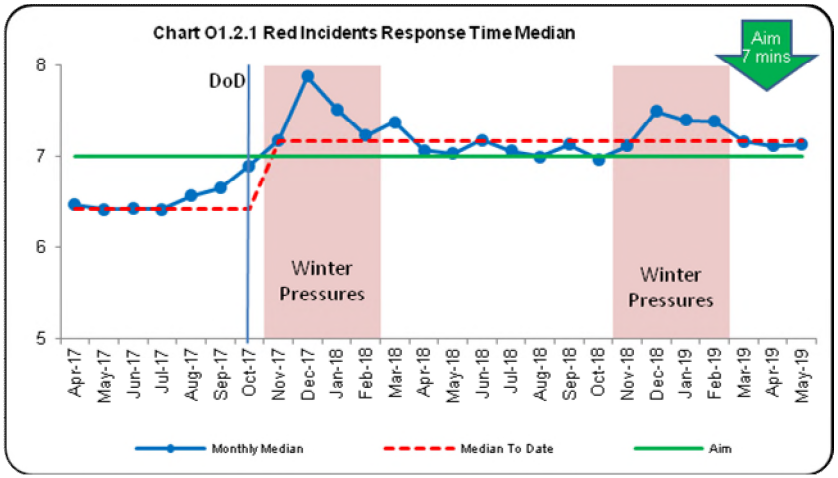


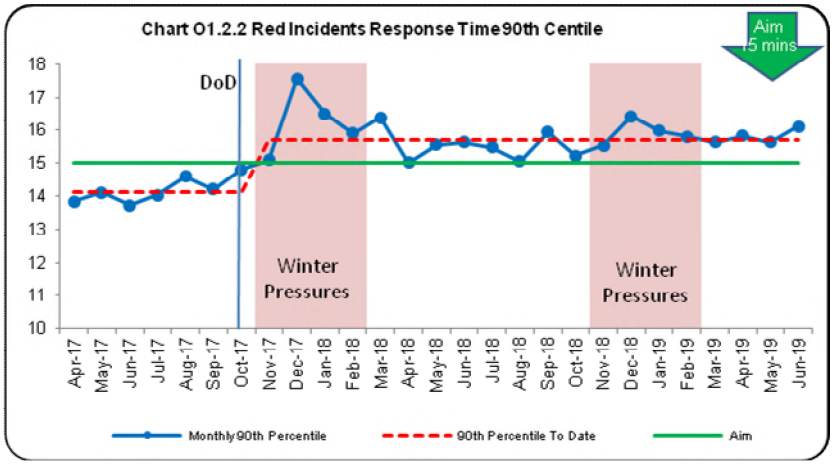


What is the data telling us? - On average we attend 939 purple incidents per month; these are our highest priority calls to the most acutely unwell patients. In June 2019, we attended 1116 incidents and the performance median was 5 minutes 45 seconds (against a standard of less than 6 minutes), with a 90th percentile of 12 minutes 41 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.

O1.2 Red Incidents Response



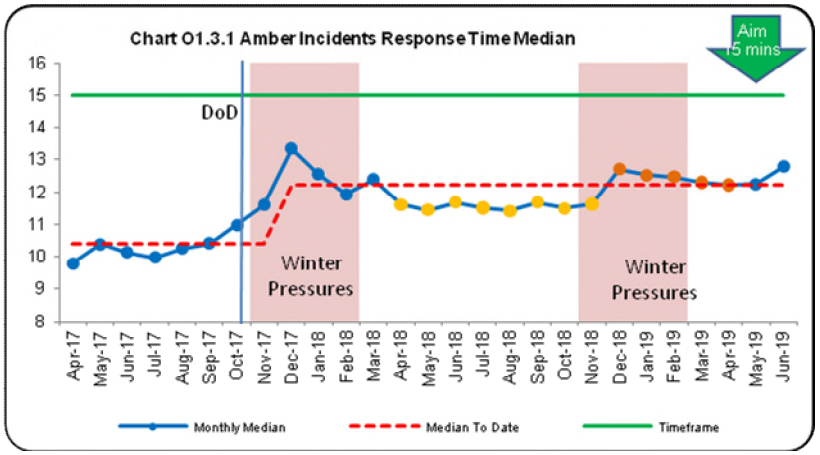


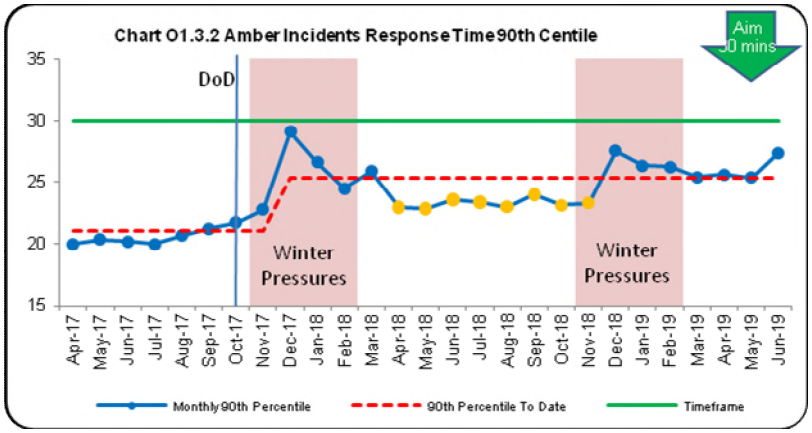
What is the data telling us? - On average we attend 6,119 red incidents per month, these are our second highest priority calls to patients in an immediately life threatening situation. In June 2019, we attended 6,677 red incidents and the performance median was 7 minutes 24 seconds (against a standard of less than 7 minutes), with a 90th percentile of 16 minutes 07 seconds (against a standard of less than 15 minutes). Performance within these areas remains above the standard due to an increase of 15.8% 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 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



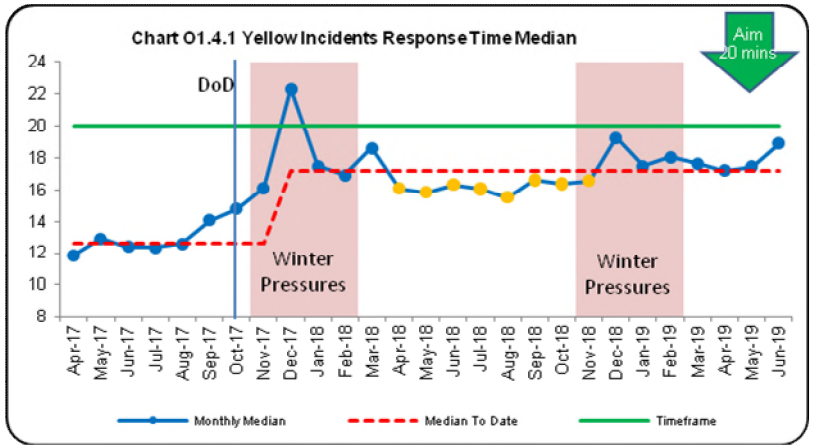


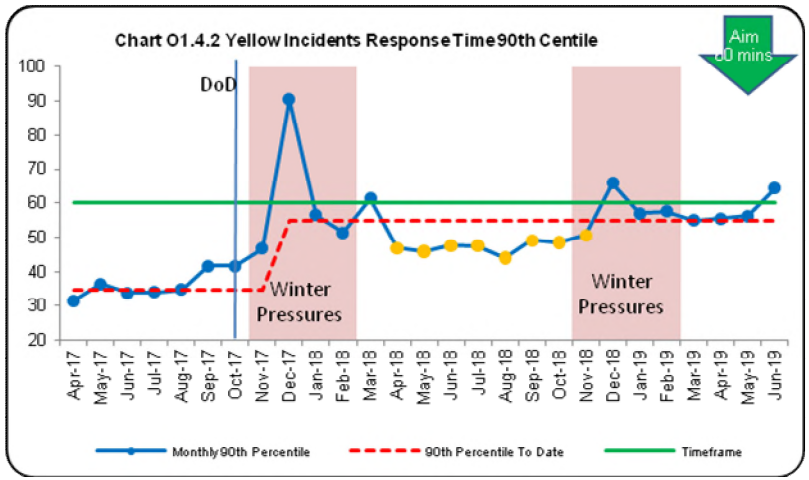
What is the data telling us? - On average we attend 10,931 amber incidents per month; these are patients who have a defined need for an acute care pathway. For June 2019, performance median was 12 minutes 47 seconds, with a 90th percentile of 27 minutes 23 seconds. Performance within these areas remains stable against an increase in demand of 30.9% 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 and orange.

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



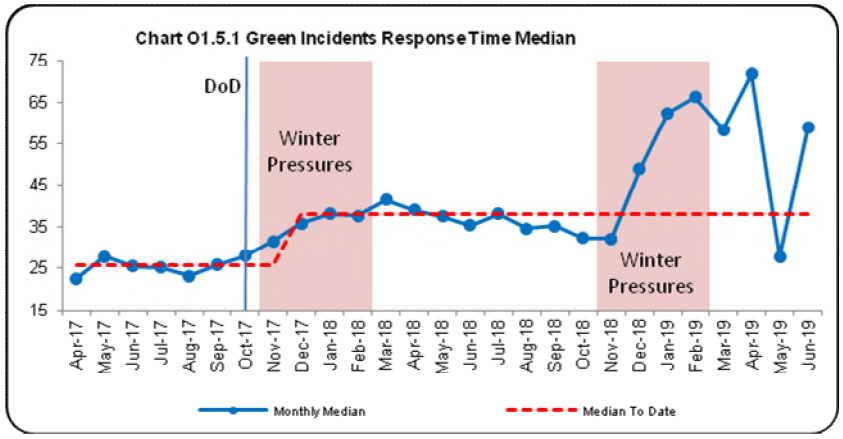


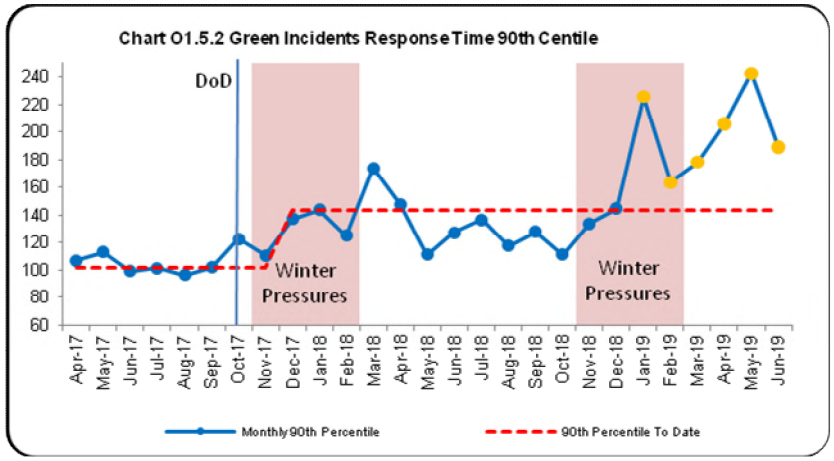
What is the data telling us? - On average we attend 26,060 yellow incidents per month; these are non-immediately life threatening patients who require a response with the right resource whether that is for transfer to hospital or for referral to an alternative pathway. For June 2019, performance median was 18 minutes 53 seconds, with a 90th percentile of 64 minutes 13 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



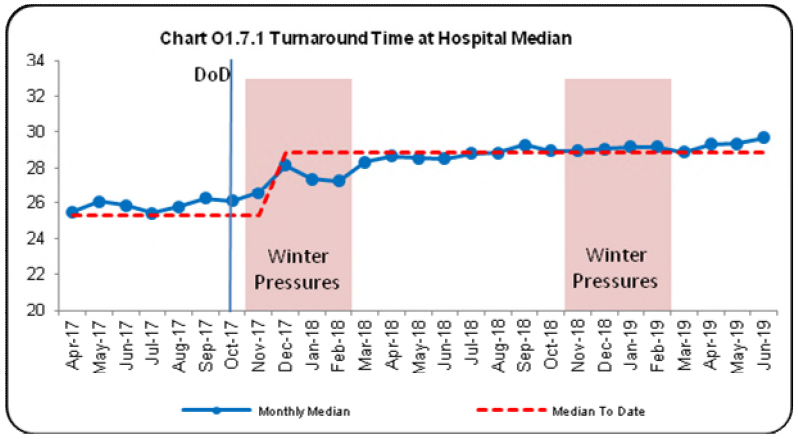


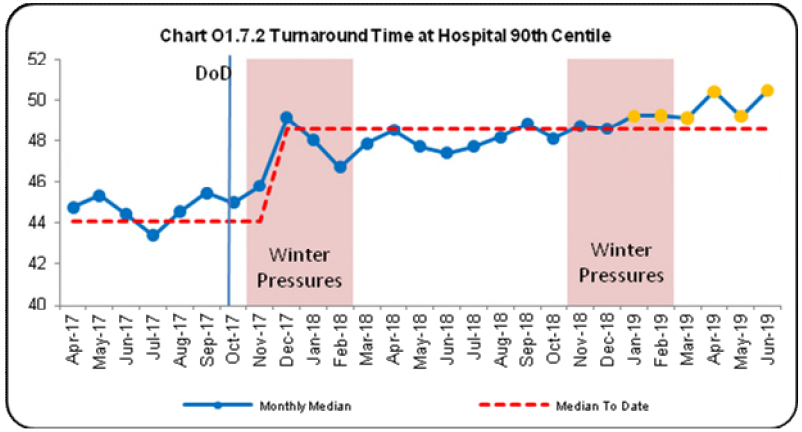
What is the data telling us? - On average we attend 282 green incidents per month; these are non-immediately life threatening patients who have the potential for additional clinician led telephone triage or face to face assessment when required. For June 2019, performance median was 58 minutes 51 seconds, with a 90th percentile of 3 hour 8 minutes 56 seconds.

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. 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





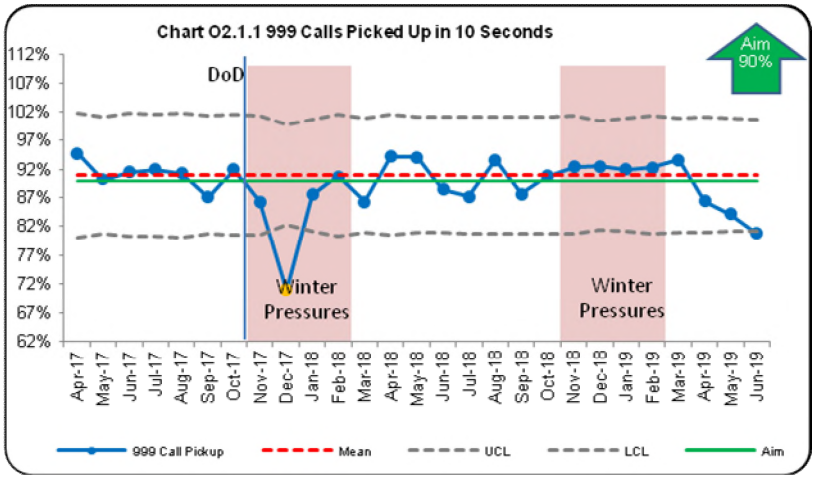
What is the data telling us? – On average we transport 31,152 (66.6%) unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For June 2019, we transported 31,677 (63.3%) patients with a median turnaround time at hospital of 29 minutes 39 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



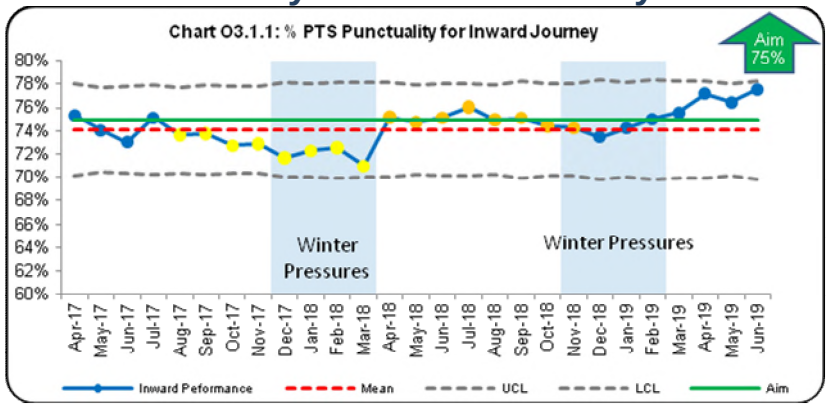
What is the data telling us? – On average we answer 44,773 emergency 999 calls per month. For June 2019, we answered 47,729 emergency 999 calls with 80.8% picked up within 10 seconds (against a standard of 90%). Call demand has risen by 9% against June 2018 when compared to the same period last year. This pattern is in line with similar patterns across the UK ambulance sector.

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.

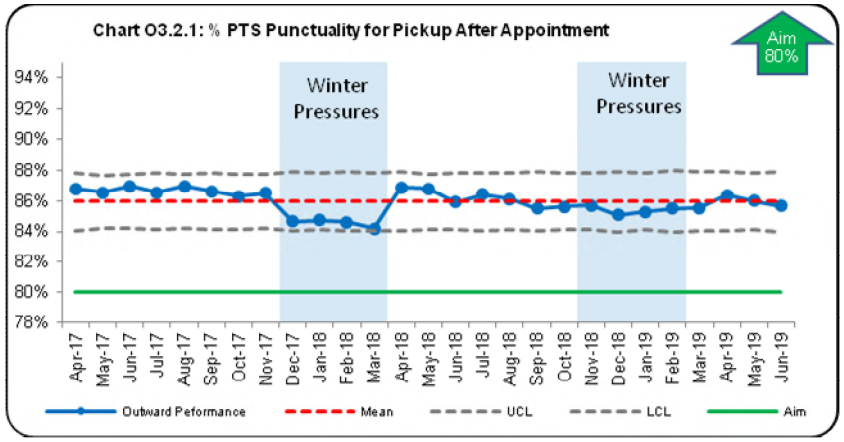
What are we doing and by when? – We continue to review call pick up performance to identify any common or special cause. We regularly review patterns of call demand to ensure that we have sufficient resources to answer 999 calls as soon as possible. In line with the strategy, additional call handlers 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

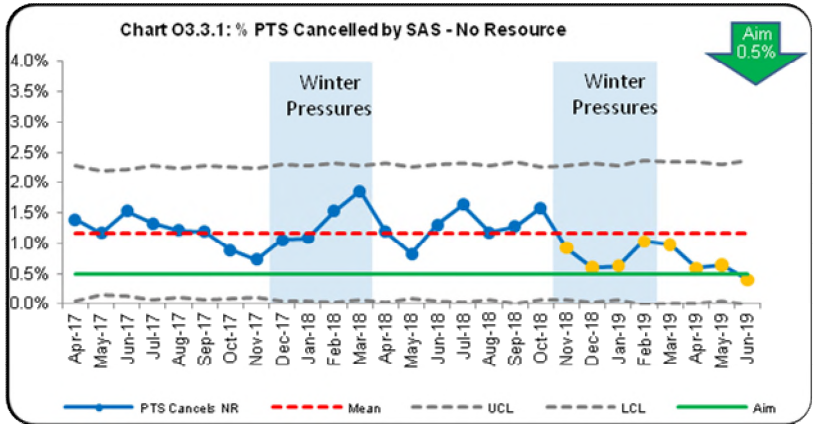
O 3.1 Punctuality for Inward Journey



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) achieved above the target of 75% for March, April, May and June continuing a trend of improving performance over recent months. On average we carry out 19,386 inward PTS journeys per month.

Punctuality for Pickup after Appointment (O3.2.1) remained stable in May and June, exceeding the target of 80%. On average we facilitate 24,328 PTS pickups from appointments per month.

Journeys cancelled by SAS – No resource (O3.3.1) continues to show a downward trend and achieved the target at 0.4% for June, which was the eighth month running below the mean. On average we carry out 75,165 PTS journeys per month.

Why? - Punctuality for Inward Journey (O3.1.1) has continued the improving trend since December 2018, with April to June performance exceeding the target and improving on the same period last year. Performance has been helped by the 21 new recruits coming into the Regions in April.

Performance for Punctuality for Pickup after Appointment (O3.2.1) has also been stable in 2019, remaining around the mean and above target throughout.

PTS Journeys cancelled by SAS – No resource (O3.3.1) has continued to show a reduction, being below the mean since November 2018 and achieving the 0.5% target in June, again helped by improved staffing.

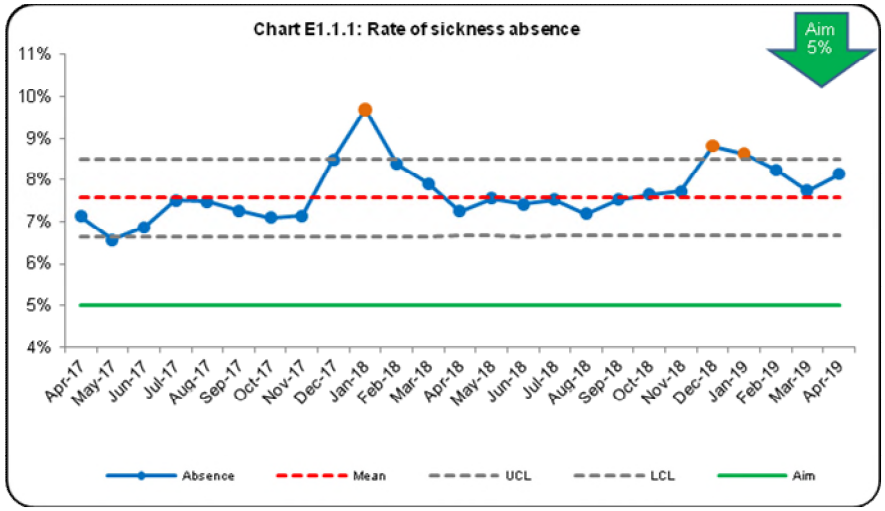
What are we doing and by when? - 60 new replacement PTS vehicles commenced building in May, with delivery due over the coming months. This will help improve the efficiency, reliability and comfort of the PTS fleet.

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

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.

E1: Staff Experience

E1.1 Sickness Absence



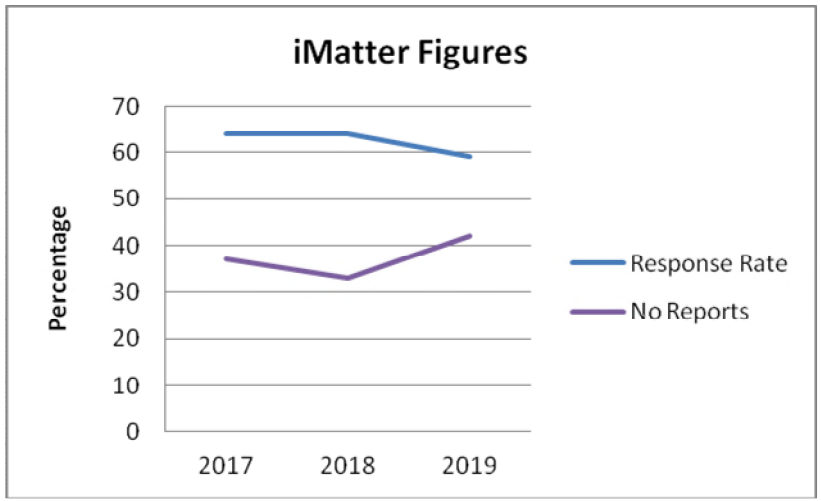
What is the data telling us? - in March 2019, the absence rate fell back to 7.7% after the winter high seen in December, January and February. The absence at April 2019 was however 8.1%, an increase compared to a rate of 7.2% at April 2018.

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. An ever more proactive approach, and 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 agreed a small team is established (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 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 will be scrutinised weekly by Executive Team.
- Commencing in August 2019 all line managers 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? A large amount of data on our staff experience was gathered via a co-ordinated effort across the organisation in the lead up to and on 'What Matters to you?' day on 6th June. All areas of the Service embraced this initiative and data was collated both locally and at a national level.

The top ten themes to emerge from the data regarding what matters to our staff are:

1. Feeling valued and supported.
2. Treated with dignity and respect.
3. Supportive working practices and environment.
4. Mental health and staff wellbeing.
5. Treated fairly and consistently.
6. Being listened to.
7. Caring and supportive managers.
8. Teamwork.
9. Patient care and welfare.
10. Staff development.

Our annual staff experience survey iMatter was conducted between 4 – 25th June and our response rate to this survey was 59.4%, the response rate in both 2017 and 2018 was 64%. As the response rate was below 60% an Employee Engagement Index is not calculated.

42% of teams had less than 60% response rate and so receive no report. The absence of a report does not prevent a team creating an action plan and we are currently in the 12-week window where plans are being devised and collated on the iMatter system.

Although the overall Board report will not be available, the Board Component Report will enable comparison in all the individual components from 2017 – 2019.

Why? - The iMatter survey launch day 2019 was 4th June and 'What matters to you? Day was 6th of June, having these two events occurring at the same time potentially had an impact on iMatter response rates.

Anecdotal evidence suggests that; staff were more responsive to 'What matters to you?' day as it felt more personal as they could write comments in free text and there were more innovative ways in capturing data (albeit the matter of collection analysis and comparison is not as robust as iMatter). There were a number of staff who 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 are in relation to some system issues such as team members missing from teams or 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.

There was a concerted effort from iMatter Leads and local managers to encourage staff to complete iMatter, particularly in the latter days of the survey however it is recognised that improvement can be made to our approach for next year.

What are we doing and by when? - Work is underway regarding lessons learned from the 2019 iMatter survey and to establish where we can make improvements for the conduct and completion of the 2020 survey. It is vital that we enable as many staff as possible to engage with the survey in order to achieve as accurate a picture as we can with regard to how staff feel about SAS.

Practically we will look at the dates for the iMatter Survey and 'What matters to you?' day and ensure that these are complementary and not in conflict with each other as might have been the case this year.

The Scottish Government has suggested that iMatter has perhaps focused too much on attaining numerical targets to date and that a "refocusing of hearts and minds" is required to accomplish the honest and authentic dialogue it was set up to achieve.
Different approaches will need to be explored with more staff improvement journeys showcased to spread good practice and enable peer learning.

The data that was collated on 'What matters to you?' day has been themed and management teams are examining the data and will be using this data to support the iMatter action planning activities. This will be particularly helpful for those teams who have no iMatter report. This will enable maximum staff engagement and involvement and ensure local accountability and responsibility for any actions taken. Data was also gathered at a national level and this will be discussed and actions taken forward by the Capable Workforce Group (Meeting 17 July 2019).