Scottish Ambulance Service
University National NHS Board

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting **29 March 2023**
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 for the period to end February 2023. 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 to end February 2023 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience, Staff Health and Wellbeing and Financial Performance are reported in separate Board papers. The Service continues to experience significant pressure, exacerbated by the ongoing presence of COVID-19, with higher patient acuity, workforce abstractions and challenges in handing over patients timeously at Emergency Departments because of wider health and care system pressures. Detailed plans to improve workforce capacity, create increased operational capacity, manage demand and progress joint turnaround improvement plans with hospitals have been developed and implementation continues at pace.

	Clinical Performance Purple Category 30-day survival rates continue to perform well with the survival rates at end December 2022 at 52.1% Despite extraordinary system pressures our ROSC rates have been maintained. Updates on Trauma, Stroke and Urgent Care are also included. This notes the impact of our work to manage more patients through our Integrated Clinical Hub and making best use of alternative pathways. Workforce Our workforce plan for 2023 continues to be reviewed and monitored on a monthly basis and recruitment and training plans are being adjusted where necessary for the rest of 2022/23. We continue to recruit to fill vacancies and additional frontline staff this year as part of the Service's demand and capacity programme. We continue to work in partnership with staff side representatives including a weekly meeting to strengthen communications, enhance formal partnership structures and work through the agreed key workforce priorities. We are currently involved in detailed discussions in regard to rest breaks with positive progress having been made to date.
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.
Associated Corporate Risk Identification	4636 – Health and Wellbeing of staff 4638 – Wider system changes and pressures 4640 – Risk of further slippage in ESMCP 5062 – Failure to achieve financial target 4639 – Service's response to a cyber incident
Link to Corporate Ambitions	We will • Work collaboratively with citizens and our partners to create healthier and safer communities. • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities. • Deliver our net zero climate targets. • Provide the people of Scotland with compassionate, safe and effective care when and where they need it. • Be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality Ambitions	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

	Service 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 Service's Key Performance Indicators. These measures are based on the Service's 2022/23 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

What's New

Revised Board measures were presented to the Board Development Session on 31 August 2022. The revised measures were agreed and, where available, have been further implemented in this report. These include:

- Time to Thrombolysis

What's Coming Next

To reduce duplication and to enhance our assurance reporting, over the next few months we are revising and aligning the various board papers.

Development of additional KPI measures in future reports will bring together the time-based measures alongside new and revised workforce and 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.

Response Time Definition Change - In line with all other UK Ambulance Services, from 1st April 2022 the definition of the Service's response times has changed. The response to patients is now measured from the point at which the acuity of the patient is determined. Under the previous definition, the response was measured from the same point in every 999 call regardless of patient acuity and when the chief complaint is established (T4). Often at this point, the dispatcher has insufficient information to determine the condition of the patient, whether an ambulance needs to be dispatched or some time may have passed since the patient was identified as not breathing or not awake.

Work is still underway to develop the new measure and Response times will continue to be reported under the previous definition until verified. The aim is that this new way of reporting will report as soon as possible where it will be marked as provisional until it has been thoroughly tested.

On completion of this process, where possible figures from April 2022 will be retrospectively amended to reflect the new definition. Figures from April 2022 are to be treated as provisional until this amendment is made.

Additionally, a review of the people measures is in progress and additional measures will be added when agreed, defined and built.

Performance Charts

The Board Performance Report consists of data pertaining to several Service's 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)

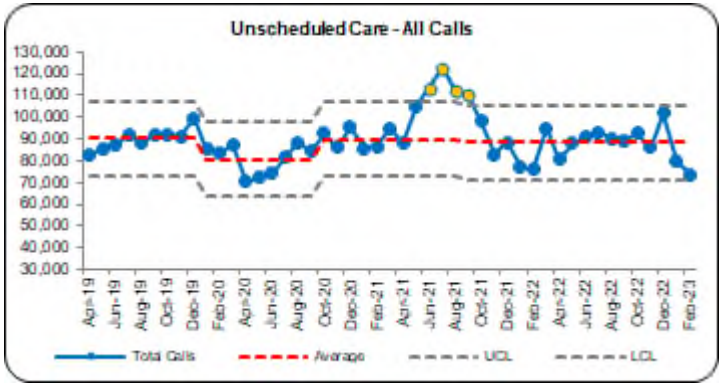
Run Charts

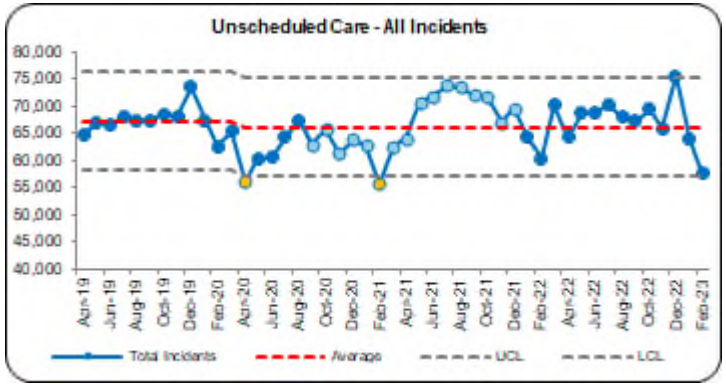
Rule 1: A run of six or more points in a row above or below the median (light blue)

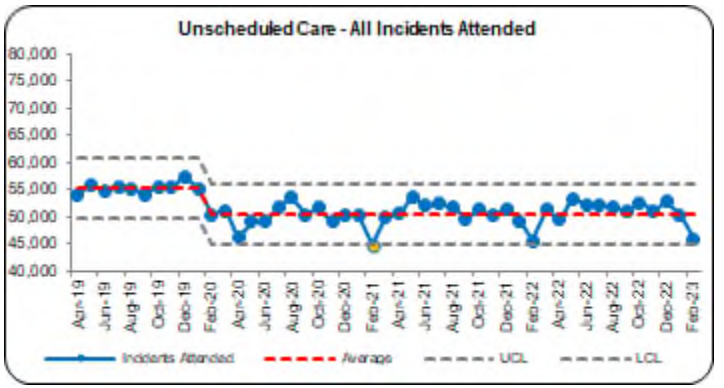
Rule 2: Five or more consecutive points increasing or decreasing (green)

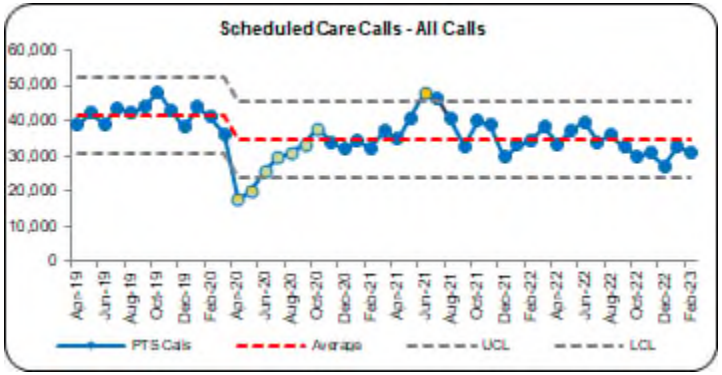
Rule 3: Undeniably large or small data point (orange)

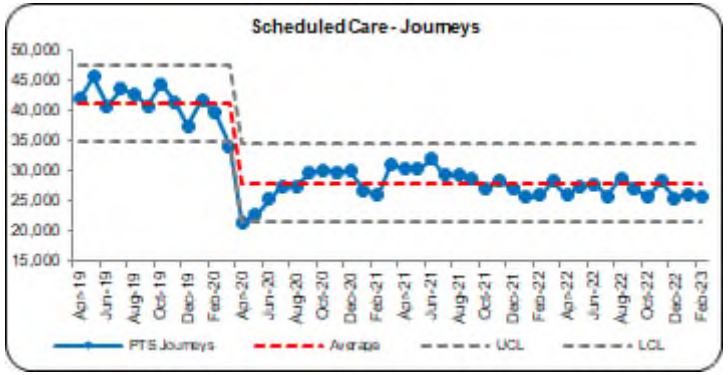
D: Demand Measures











What is the data telling us?

Unscheduled call demand has remained within the control limits although was close to the lower control limit in February 2023 with 73,457 calls. The volume of unscheduled incidents in February 2023 was also close to the lower control limit following a peak in December 2022.

Scheduled care calls and journeys remains lower than pre-pandemic.

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 reduction in scheduled care activity. The requirement for physical distancing reduced the Service's capacity until April 2022 when this requirement was removed, although some specific infection control arrangements remain for certain patient types. With the increase in influenza inpatient cases in January and February 2023, temporary infection control measures were implemented to ensure patients with different respiratory infection were not transported in the same vehicle.

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 2023/24. Our forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

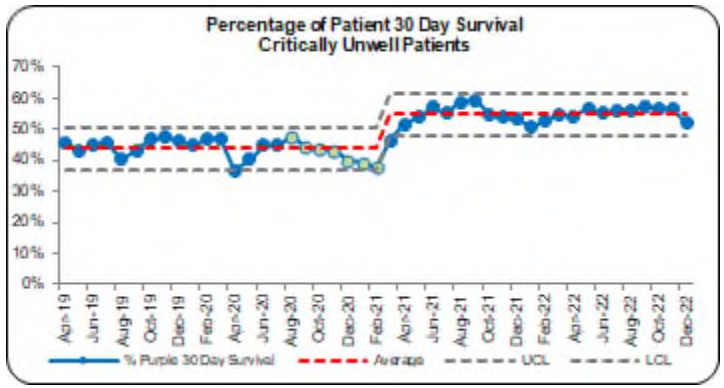
Our annual delivery plan this year is focused on those priority areas highlighted by Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery and provide the most benefit to patients and staff.

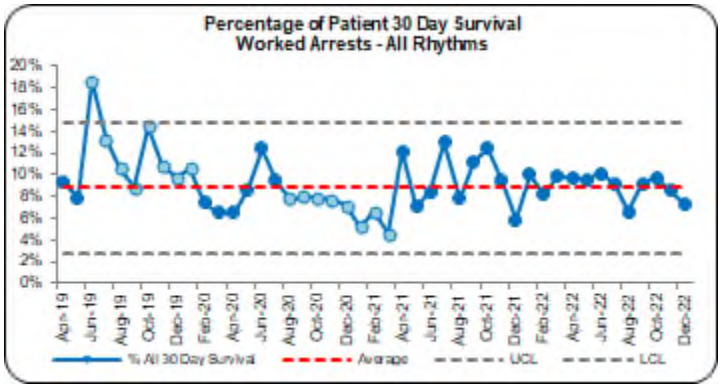
We have established a number of work streams to increase our workforce, improve demand management and increase capacity which include working collaboratively with our partners across the wider system to reduce unnecessary Emergency Department attendance by ensuring patients receive care that meets their needs. A full update of progress against delivery of our plans is included in the 2030 Strategy Portfolio update.

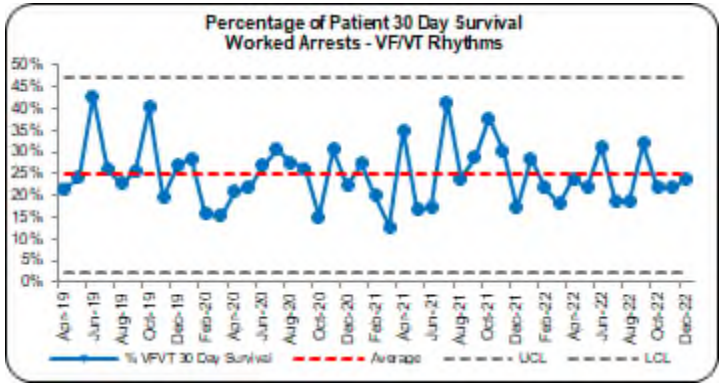
Significant work is being undertaken with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specifically to Hospital Turnaround.

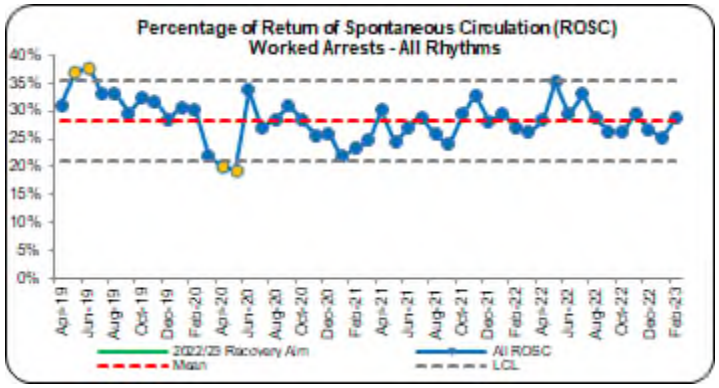
Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the board meeting agenda.

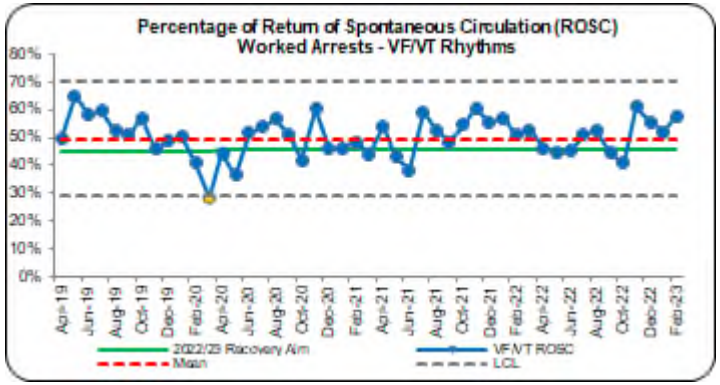
Purple Response Category: Critically Unwell Patients

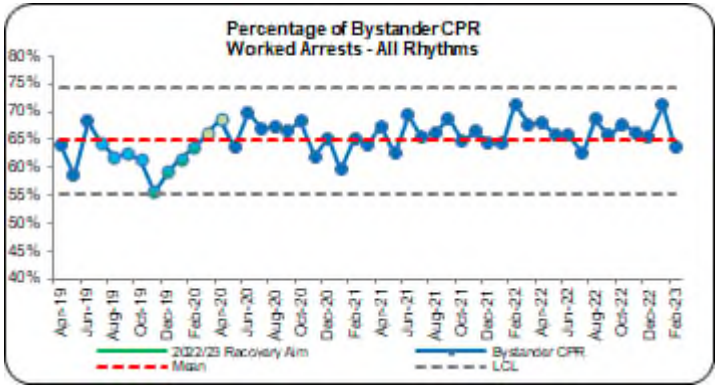


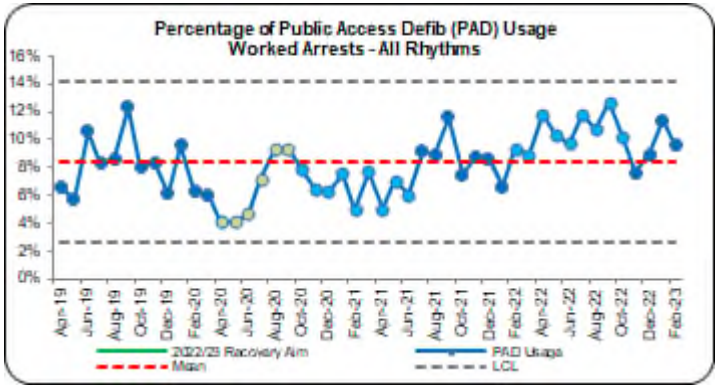


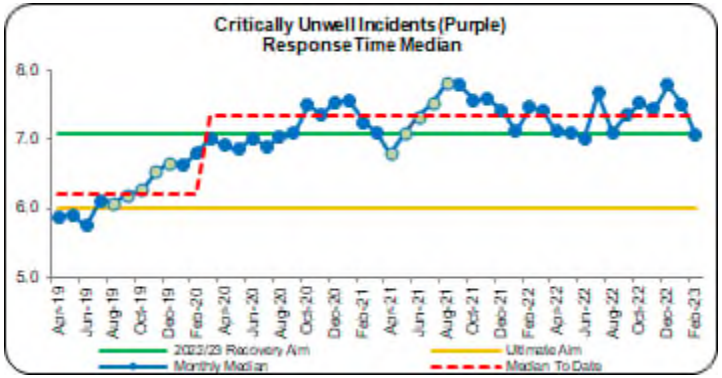


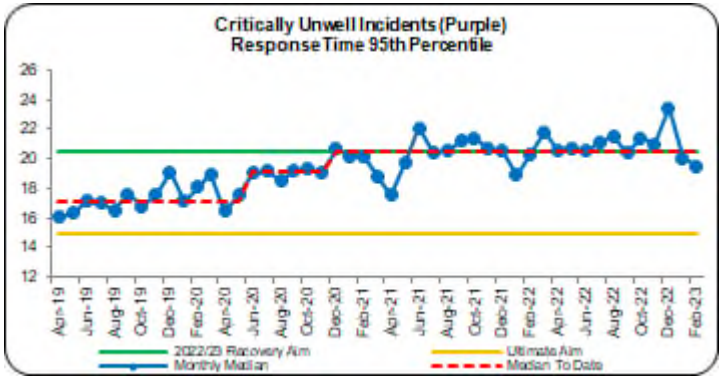












What is the data telling us?

The data presented in the charts is referenced to different measurement points depending on the complexities of data linkage. This means that mortality data is historical compared with response time and Return of Spontaneous Circulation (ROSC) data.

Overall, the position is stable on outcome measures (Mortality) with 30-day survival measures within control limits. These figures relate to December 2022 time stamps due to requirements for data linkage.

All Purple Category 30-day survival in December 2022 was 52.1%.

For those patients in cardiac arrest who received critical support from SAS crews, overall, 30-day survival in December was 7.2% and for patients with a 'shockable' cardiac rhythm, survival was 23.8%. Patients with a shockable rhythm represent those with the best chance of surviving a cardiac arrest and our efforts to further improve this figure, include increasing rates of bystander CPR and use of PADs, as well as continually optimising our own Advanced Life Support interventions.

The response time measures for February 2023 (process measures), have dropped below the median, reflecting an easing of system pressures affecting ambulance availability.

Our ROSC rates for February, VF/VT (Utstein) at 57.7% and 'All Rhythms' at 28.7%, remain within control limits.

As the charts illustrate, Bystander CPR is reported at 63.6%, and PAD usage at 9.6%, are also within control measures.

All of the data presented are single data points and due to the small numbers are very variable on a month to month basis. Overall looking at the trends figures across the majority of the measures remains stable.

The Board is aware that the aim of Scotland's Out of Hospital Cardiac Arrest (OHCA) Strategy is to improve OHCA survival to 15% by 2026. This will require a relative 50% improvement in OHCA survival from where we are now, where survival is around 10%. There continues to be a significant number of workstreams to the OHCA programme that will help ensure the OHCA strategic partnership achieves its overall aims.

Work continues to develop a complete data set towards a full cardiac arrest registry, and the OHCA team are working with ACC and the regions to develop telephone CPR (t-CPR) measures and clinical quality measures to identify any further improvement opportunities. This is with a clear focus of targeting improvement in survival in the VF/VT patient population.

The Service's data is informing a number of important research questions to understand what part of the population are most likely to experience VF/VT arrest, where is the optimal place within individual communities to place new PADs, what is the minimal viable product required to deliver effective basic life support training and what is the correct language to use when advising how to use a PAD during tCPR.

Confirmation of Death guidance has been updated and approved which has improved guidance for crew to avoid commencing resuscitation for those whom it will not benefit.

Scotland's Out of Hospital Cardiac Arrest Annual Report was published in November 2022. This contains a range of data including linked outcome data and used by the Service and our key stakeholders to identify and drive improvements.

Purple Median Times

Median response times to purple in February 2023 was 7 minutes 3 seconds. We reached 95% of these patients in 19 minutes 30 seconds (95th percentile). 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

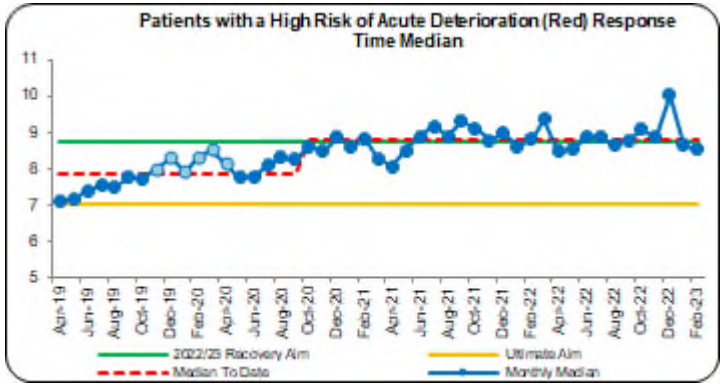
1) Reducing service time (through auto-allocation, new static sites for ambulances, reducing hospital turnaround times and timely access to professional-to-professional support).
2) Reducing the number of Accident and Emergency unit dispatches (through Advanced Paramedic clinical assessment, alternative 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 sites).

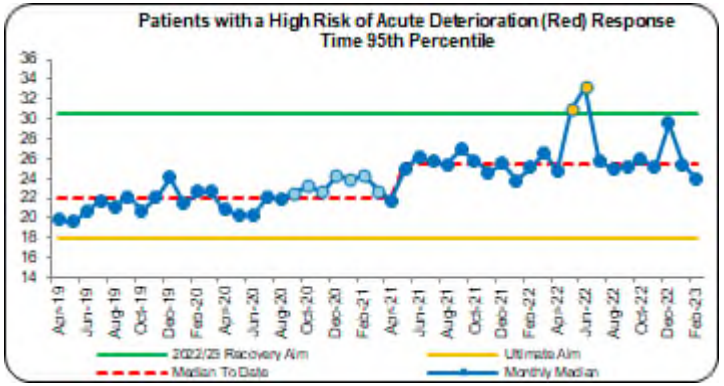
We have increased ambulance resources and are implementing new rosters through the demand and capacity programme. We are focused on working to maximise shift coverage, support abstractions for paramedic training and managing sickness absence levels.

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 deployment.

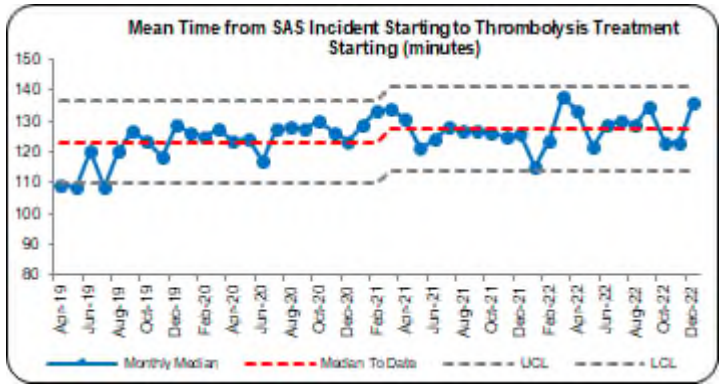
We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs. Health Boards have been working with regional management teams to produce site action plans to support flow and reduce ambulance handover delays. Work is also underway to embed the use of 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. The Performance Manager appointed on a secondment, based at the QEUH, also now works with the Ayrshire Hospitals, to share improvement work with their site teams and help with ambulance handover and hospital flow.

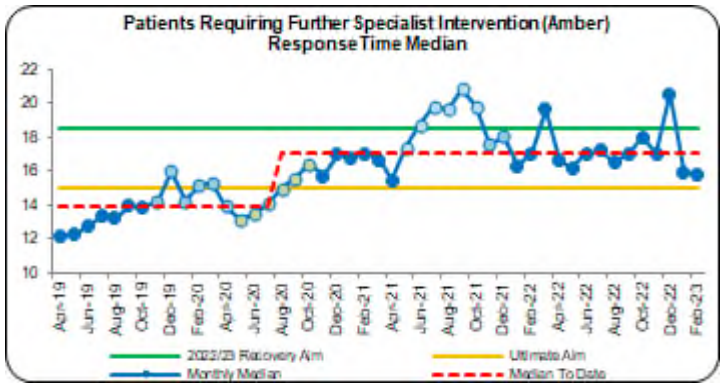
Red Response Categories: Patients at risk of Acute Deterioration

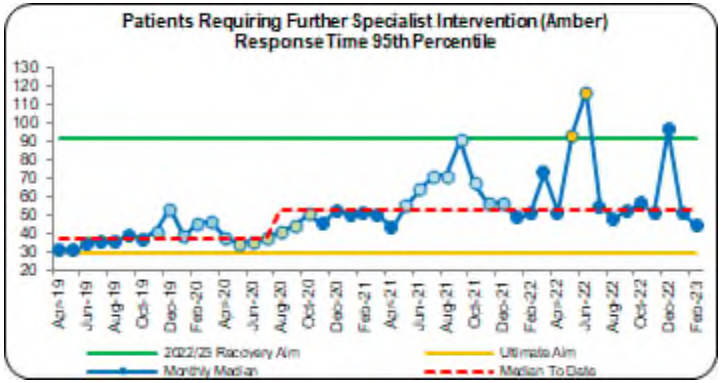




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

The median and 95th percentile response times for both red and amber categories of call saw a decrease in February 2023. We attended 50% of red category incidents within 8 minutes 31 seconds and amber within 15 minutes 49 seconds.

The clinical detail around the red category of call relating to Major Trauma response is under development and will be introduced in future Board papers.

Major Trauma can only be confirmed once all the injuries have been diagnosed and scored in hospital. It is therefore difficult to define and identify major trauma from pre-hospital data. Our ongoing work aims to utilise retrospective confirmed major trauma data from Scottish Trauma Audit Group (STAG) to identify the MPDS codes most likely to be pre-hospital major trauma. This will allow the prospective analysis of this group of codes and identify areas for improvement.

Aligned to the above is a planned review of the MPDS dispatch codes for our Advanced Practitioners in Critical Care (APCCs). The APCCs attend critically ill patients, both trauma and non-trauma related. The Critical Care Desk (CCD) based at Cardonald utilises an APCC C3 filter to identify MPDS codes and potentially suitable incidents for the APCCs to attend. The review aims to ensure that the filter captures the most appropriate codes.

The CCD governance processes have re-commenced after the recent winter pressures. Whilst the data dashboard is still under development, initial data has shown an increase in utilisation of Pre-hospital Critical Care teams or 'red' teams of around 20% with a 10% decrease in the stand-down rates since the implementation of the CCD. This suggests that our red teams are getting to more of the most severely ill and injured patients since the transition to the CCD.

The Stroke incident start (call coding) to thrombolysis start data is collated three months in arrears in order to validate the figures. In December 2022, this was an average of 136 minutes across Scotland and remains within control limits.

The Stroke Chain of Survival provides a broad definition around the key areas of focus allowing for optimum pre-hospital stroke care, critical to the development and sustainability of the national Thrombectomy service.

We are working closely with the national Thrombectomy Action Group in the planning of the national Thrombectomy programme with a funding application submitted in February 2023 to support the continuation of this important work stream.

Why?

Demand in the amber category has levelled out over the last 3 months, returning to median levels.

Similarly, the monthly median and 95th percentile response times stabilised over the spring, summer, and autumn 2022 however saw a rise in December 2022 due to pressures on the wider health care service.

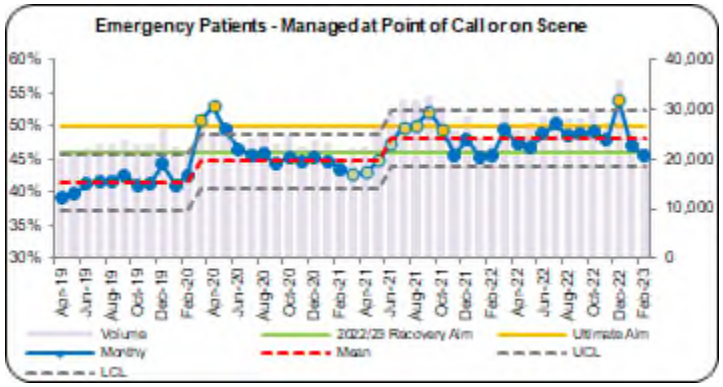
What are we doing and by when?

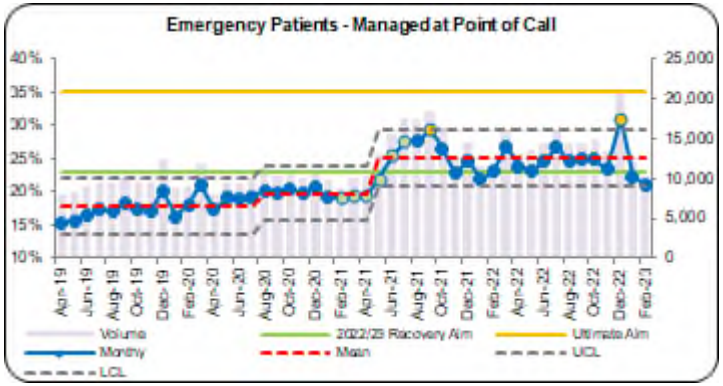
Ongoing work to reduce 999 to thrombolysis interval includes:

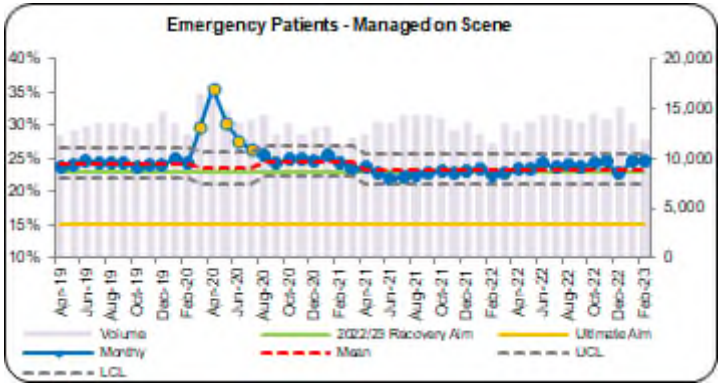
- Improved recognition of stroke at point of first contact within the ACC.
- Optimise dispatch arrangements and understand variation in practice through observation.

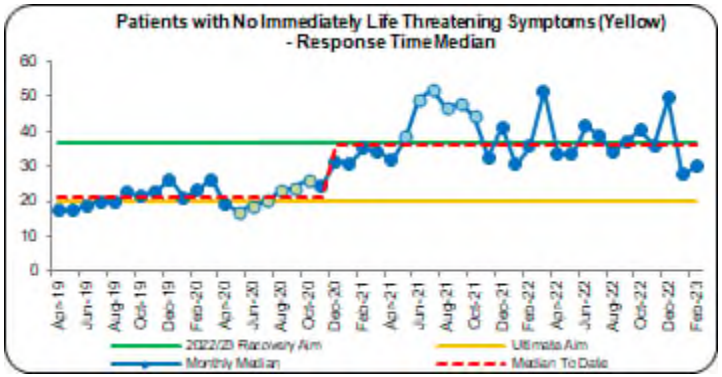
- FAST – improve recognition of hyper-acute stroke through utilisation of FAST (face to face)
- On-Scene times – improve on-scene times by limiting unnecessary clinical interventions as a time critical condition.
- Implement improved and refined ‘whole service’ stroke pathways to ensure seamless and definitive care (thrombolysis)
- Clinical feedback to clinicians.

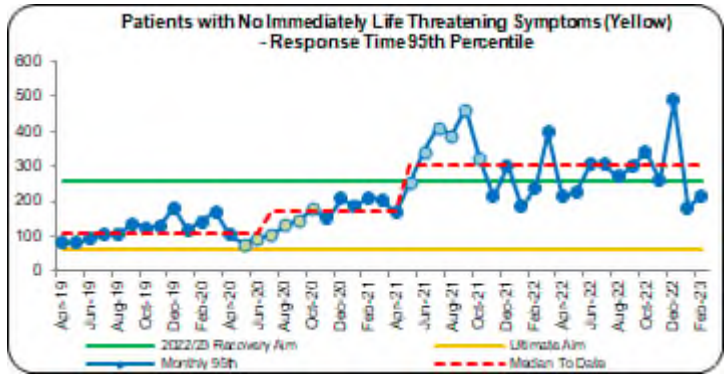
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











What is the data telling us?

The proportion of emergency patients managed either at point of call or on scene has remained around the mean of 48% since November 2021. However, in December 2022 it was above the upper control limit at 53.9%, made up of 31.1% of patients managed at point of call and 22.8% managed on scene. This has returned to within control limits in the first two months of 2023 with 45.6% of emergency patients managed either at point of call or on scene, made up of 21.1% of patients managed at point of call and 24.5% managed on scene.

The overall picture of patients being cared for out with the Emergency Department remains substantial and will be supported by the work that is underway through the national Integrated Urgent and Unscheduled Care Collaborative of which the Service is playing a pivotal role.

Service pressures in December 2022, including the significant effect of long delays handing patients over at EDs impacted Service response times, most evidently in our yellow category. In anticipation of these system pressures, the Service had increased its clinical resources in ACC with the primary aim of identifying seriously ill people and ensuring that delays in response were minimised.

Over the last 12 months a key strategic priority has been the development of our Integrated Clinical Hub comprising a multidisciplinary team with senior clinical decision makers including GP Advisers consulting with patients to ensure that we fully understand their needs. This often results in an alternative outcome from a standard Service ambulance response. This is evident from the figures where we see that for February 2023, 45.6% of people who called 999 were not conveyed to the Emergency Department, with 21.1% of people who called 999 being managed within the Integrated Clinical Hub.

For those patients who we did attend, 24.5% were managed out with an Emergency Department pathway. The Service has strengthened our Pathway Navigation function and we are seeing an increasing number of the Service's front line crews accessing this resource for support in connecting patients with pathways and other services that will best meet their needs. This includes community pathways that support us in delivering care closer to home.

In addition, across much of Scotland we have direct access to Board Flow Navigation Centres, and 'Call Before you Convey' arrangements in place for Service clinicians to access dedicated Health Board support for patients who do not have time critical presentations. This work has been impactful across a number of Boards particularly NHS Grampian, Ayrshire and Arran and Tayside and the learning from this will help inform next steps for this work. There is ongoing engagement with other Boards across NHS Scotland to support the development of this impactful initiative and it remains a key strategic priority internally and as part of the national Urgent and Unscheduled Care collaborative.

Over the winter period we have also seen an increase in our frontline clinicians utilising Hospital at Home and Same Day Emergency Care for patients who would benefit from these services, all of which contribute to a reduction in demand within our Emergency Departments and hospital beds.

All of these elements sit within the Service's Urgent and Unscheduled Care work stream. Further work is progressing to enable improved access to the wider health and care system for

those patients who present to the Service and whose needs can be better met by other parts of the system.

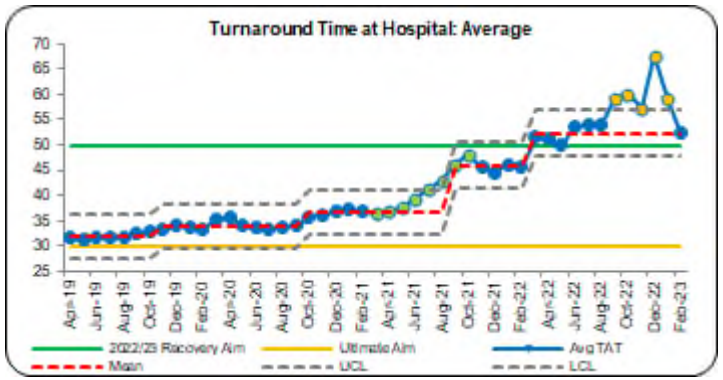
Clinical guidance for ambulance clinicians who continue to care for patients in ambulances outside hospitals for prolonged periods has been updated. Work continues at a national level with the aim of optimising patient safety and reducing delays associated with extended hospital turnaround times at hospital.

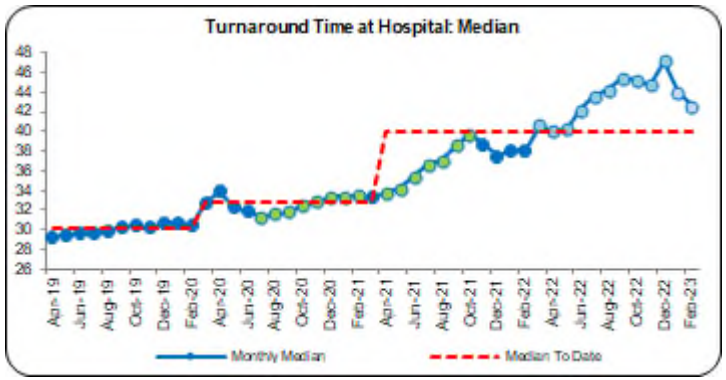
What are we doing and by when?

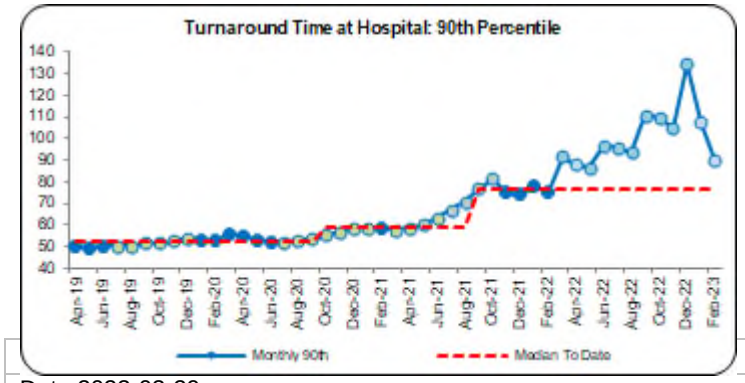
All elements sit within the Service's Urgent and Unscheduled Care work stream. Further work is progressing to enable improved access to the wider health and care system for those patients who present to the Service and whose needs can be better met by other parts of the system.

Clinical guidance for ambulance clinicians who continue to care for patients in ambulances outside hospitals for prolonged periods has been updated. Work continues at a national level with the aim of optimising patient safety and reducing delays associated with extended hospital turnaround times at hospital.

TT: Turnaround Time at Hospital







What is the data telling us? - Although an improvement has been seen in turnaround times in January and February 2023, they remain at levels significantly higher than have been seen historically. Increased turnaround times 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. Increased time at hospital for turnaround delays increases overall service time and consequently utilisation which conversely reduces ambulance availability.

Between February 2020 and February 2023, the average turnaround time increased from 33 minutes 23 seconds to 52 minutes 24 seconds. This means our crews are, on average, spending 19 minutes 2 seconds longer at hospital for every patient conveyed. However, there has been an improvement in both January 2023 and February 2023 with continued improvement actions in place across all Regions.

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 eased, hospitals have been operating at or near full capacity. In December 2022 this was further exacerbated by adverse weather, flu, covid and respiratory admission and significant numbers of delayed discharge patients. Although the situation has improved throughout January and February it 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?

Hospital Ambulance Liaison Officers (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.

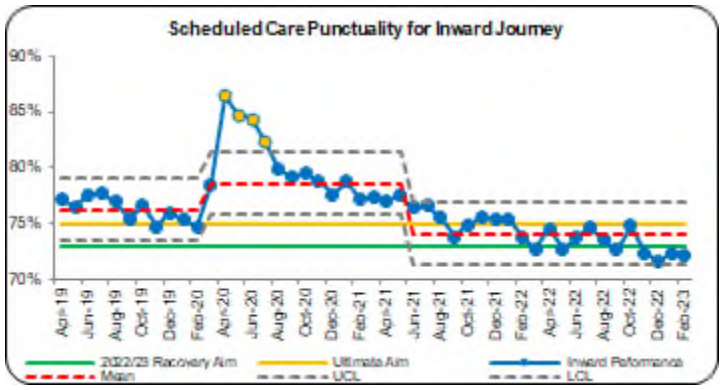
Additional HALOs are now in place across the three regions funded by the unscheduled care and systems pressure money. There are now six additional HALOs in the West Region, three in the East Region, and two in the North Region. NHS Lanarkshire has also funded an additional HALO post to work in the Flow Centre. The Service now has 17 WTE HALOs in post covering the major Emergency Department sites.

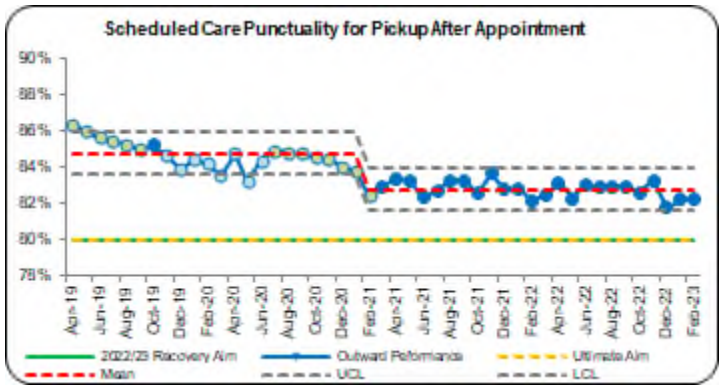
Other specific actions include:

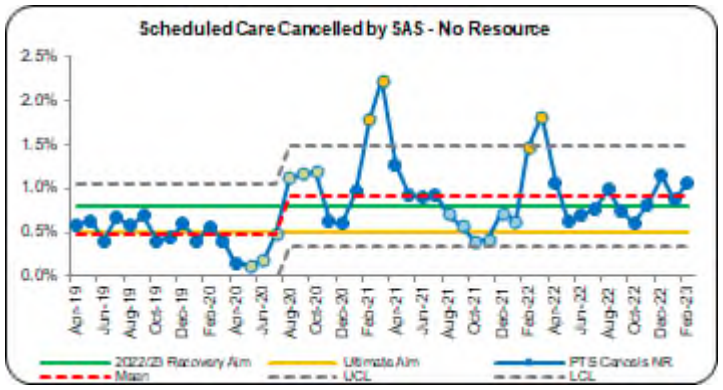
- Weekly or bi-weekly meetings between Chief Executives at the most challenging sites
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance 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 IUUC.
- Hospitals reviewing the principles of the Continuous Flow Model to ease the front door pressures primarily on Emergency Departments.
- 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.
- Review of joint improvement plans in place with acute sites is ongoing and this is being refreshed as part of our winter planning activity.
- Daily conference calls with our HALOs take place to ensure early escalation of issues but also to ensure support for the HALOs in engaging with sites.
- In Ayrshire there is a 24/7 Call Before Convey process which has been implemented which is averaging 13 patients per day referred through the Service and a non conveyance rate of 89%. Discussions are ongoing to further improve the process and refer higher volumes appropriately.
- Direct access to both a Hospital at Home and Home 1st pathway will commence on 13 March across West Lothian. Engagement sessions are taking place locally to promote appropriate referrals to these pathways.
- APs continue to support call before you convey as a test of change across Lothian. In total over the 4 month testing period they have taken calls to support 1054 jobs attended. 459 calls were in relation to accessing advance pathways which our crews do not normally have access to. Of these, 89% resulted in an alternative pathway preventing the need to attend A&E.

- The previous handover support model implemented in Lothian is being tested in Forth Valley and arrangements are in place to step up the support in Lothian's as required.
- Patients in Fife continue to be redirected to the rapid triage unit at the Victoria through Call before you Convey using the FNC. We continue to work with the site who have actioned a focus on use of the FNC/rapid triage unit during March.
- Extended Hospital Turnaround Times art Aberdeen Royal Infirmary remain a challenge with spikes being experienced. There was an improving position in February 2023 supported by joint improvement actions with NHS Grampian which were focused on providing ambulance crews with access to alternative pathways of care through the Grampian Flow Navigation Centre, a rapid access clinic beside the acute medical admissions unit, increased hospital at home beds, escalation plans being reviewed and updated and wider flow work within Aberdeen Royal Infimary focused on the continuous flow model, pathways of care for mental health and low risk chest pain in place
- A revised Falls pathway has been introduced in Glasgow which has already delivered a 91% increase in referrals year to date. Continued support to Glasgow's GlasFlow model which is demonstrating longer term stability with less regular delays at QEUH.
- APs assisting Emergency Department staffing levels in Lanarkshire. As a further addition to this work, we are currently supporting NHS Lanarkshire's Operation Flow Programme with the aim to significantly improve in patient capacity levels at all three of Lanarkshire's district general hospitals. Early performance indicators suggest improvement in both Turnaround and Call Response measures.
- Turnaround issues at Crosshouse and Ayr continue to prove challenging, and engagement is in place from Chef Executive through to the Regional Leadership Team on a daily basis.

SC: Scheduled Care







What is the data telling us? – The number of Scheduled Care calls has remained stable since early 2022 and was 27,034 in December 2022 (see chart: Scheduled Care Calls – All Calls on page 8). Call volume through ACC's have fallen slightly from January to February. February saw 30,778 calls offered and 25,084 answered. Although ACC absence was at a 3 year low during February, the number of PTS call handlers was not sufficient to meet the increased demand of PTS patient population.

This reduction in call volume can be attributed to less repeat calls coming through ACC, impacted by the lifting of call restrictions (cut off times) and increased use of the online booking along with web-based Cleric being introduced into multiple Health Boards sites.

Journey demand between December 2022 and February 2023 has remained at a consistent level with 25,763 journeys taken in February 2023.

Punctuality after appointment was 82% in February 2023 above the recovery and ultimate aim of 80% and within the control limits.

The percentage of PTS cancelled by the Service in the 'No Resources' category was 1.1% in February, which is higher than the 2022/23 recovery aim of 0.8%.

Why? – While physical distancing measures relaxed on 14 April, we continue to maintain single journey arrangements for immunocompromised patients.

The increase in "No Resource" cancellations can be attributed to several factors. Operating at REAP level 4 in conjunction with raised levels of staff absence affected the number of resources available for general outpatients, with Scheduled Care also

continuing to contribute resource to alleviate wider system pressures.

What are we doing and by when?

We are updating our systems and reporting processes to enable us to accurately measure and understand the effect on Scheduled Care of wider system pressures. Engagement with ACC staff to clarify use of the system codes used for cancellations and aborts and associated rational.

Operational staff will be encouraged to use correct abort and exception codes to allow for accurate reporting.

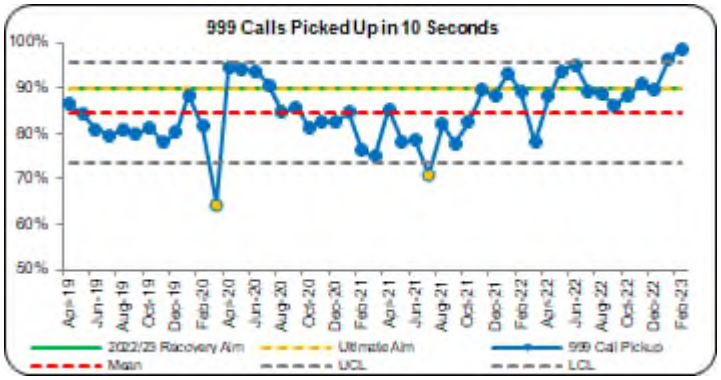
The Discharge Patient Needs Assessment has been live since 11 January 2023 and feedback continues to be positive from both Health Boards and Scheduled Care Coordinator, observation continues. The Patient Needs Assessment has been finalised in our systems and was launched on 1 March 2023. Learning from the launches of the Discharge and Patient PNA will assist with how we land the Transfer and Inter-hospital Outpatient Needs Assessment. It is proposed that the inter-hospital Outpatient PNA will be the next focus and the timeline for this is mid-end May 2023 including training and move to live system. Data will be monitored over the coming weeks/months for any changes to patient trends.

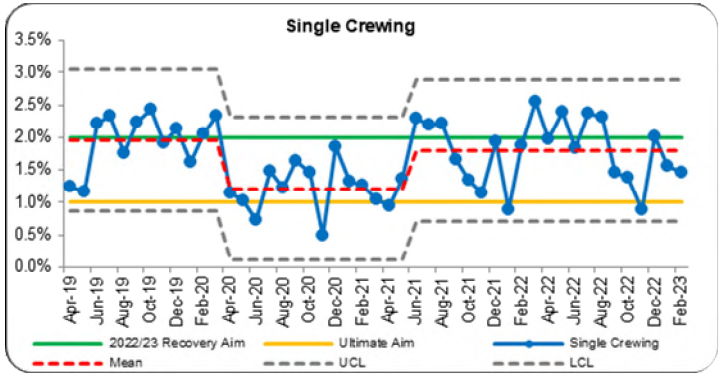
Our continuing engagement with NHS Boards and the Transport to Health team at Scottish Government about potential additional Scheduled Care demand through Planned Care activity and National Treatment Centres (NTCs) is assisting us to estimate potential additional Scheduled Care demand and cross boundary conveyance before they go live next year. This data is being shared with the Demand & Capacity project and we expect initial modelling to be available in the coming months. Engagement has continued with our wider partners and users regarding alternative transport provisions. With meetings already scheduled to progress this engagement with MACS and the Mental Health Team. Engagement with the Mental Health Team has already provided useful feedback in assisting with ongoing service developments.

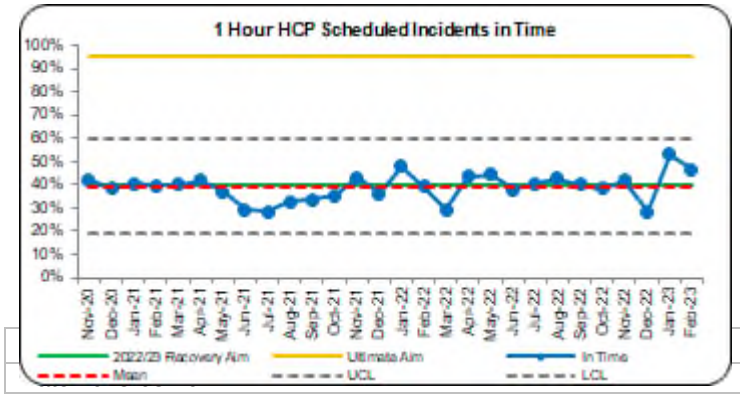
A test of change was undertaken in Tayside over 2 weeks where only inward journeys were pre-planned for a select number of outpatients with outward journeys assigned dynamically as patients became ready. Initial results appear to demonstrate a positive impact on punctuality after appointment times and we will be repeating this test of change with defined improvement measures and a larger volume of journeys before testing in further Health Board areas.

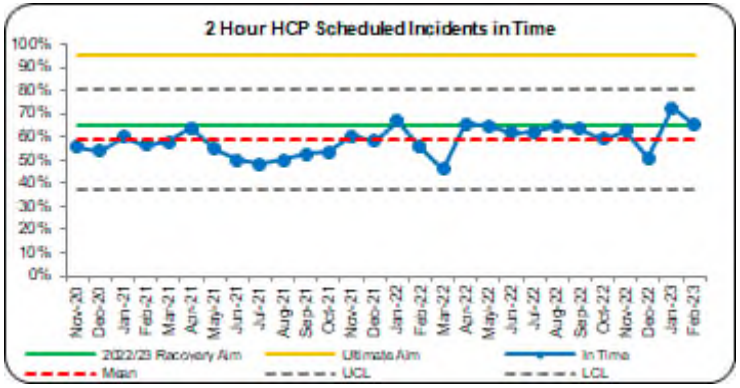
We will monitor the effects of our ongoing work with Health Boards, in particular discharge lounges to identify further opportunities for improvement.

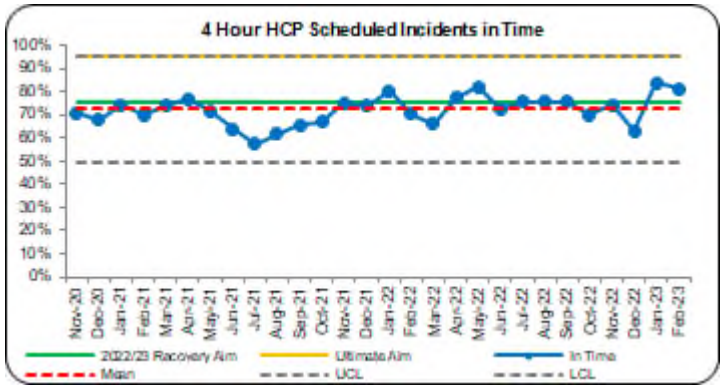
Other Operational Measures











What is the data telling us?

The proportion of scheduled incidents from Health Care Professionals (HCP) fall into 3 categories which are defined by the requested timeframe of attendance.

As with responses to emergency incidents, response to these incidents is heavily influenced by the increased time experienced at the handover of patients. In all these timeframes there has been an improvement since the summer of 2021 and the proportion reached within the timescales remains within the control limits at 46.6%, 65% and 81% for 1 hour, 2 hour and 4 hour scheduled incidents respectively.

The proportion of 999 calls answered in 10 seconds has seen improvement and stability in the last 11 months with 98.5% being achieved in February 2023 against an aim of 90%.

What are we doing and by when?

HCP Scheduled Incidents in Time

The Regions are working closely with the Ambulance Control Centre to maximise availability and tasking of low acuity ambulance resources to appropriate ambulance calls. This is focused on sending the right ambulance resource to the right place at the right time with an appropriate skill level. This has a positive impact on HCP calls where an emergency ambulance may not always be required to convey a patient to hospital. Through the Service's demand and capacity programme, we are seeing the benefits of aligning the right ambulance resources to ambulance demand through the Ambulance Control Centre Clinical Hub, rostering, and additional ambulance resources. Extended Hospital turnaround times continue to impact on ambulance service time and ambulance availability.

Scheduled Incidents 1, 2 and 4 hours – attending incidents within their allocated time remains the main priority within the Timed Admissions Hubs within the Ambulance Control Centre. This test of change across all Ambulance Control Centre sites and regions allows for dedicated clinical and dispatch focus to maximise the use of our dedicated Scheduled Care vehicles freeing up critical A&E capacity where it is safe and appropriate to do so. The Ambulance Control Centres and Regions have individual improvement action plans being progressed through the Service's Performance and Planning Steering Group to improve this overall performance.

Single Crewing

Staff abstractions for COVID-19 seasonal influenza and other non COVID-19 reasons have impacted on the percentage of single crewing. Every effort is made by the Regions to avoid single crewing through maximising relief cover and covering shifts in advance where single crewing is anticipated.

Other specific actions include:

- Single crewing is reviewed daily as part of the regional management call to minimise occurrences.
- Local Operational Managers will review the available shifts and redeploy staff where possible to reduce the potential for a single crew, such as changing shift times or locations, usually the day before the shift takes place.
- ACC with discussion from the local management team may decide to move a Paramedic from a PRU to double up with a

single crewed Ambulance, depending on the prevailing demand in the area at that time.

- Demand & Capacity recruitment/funding has provided additional relief capacity across the North Region which should assist with the reduction of single crewing.
- All opportunities are explored when covering shifts and mitigating single crewing including the use of Bank staff – clinical staff and trained emergency drivers.

999 calls picked up in 10 seconds

In January 2023 we reached 96.4% for our answering standards. A 6% increase from December however we saw less 999 calls offered (December – 68,690 v January – 49,379) with a 28% (19,311 calls) reduction.

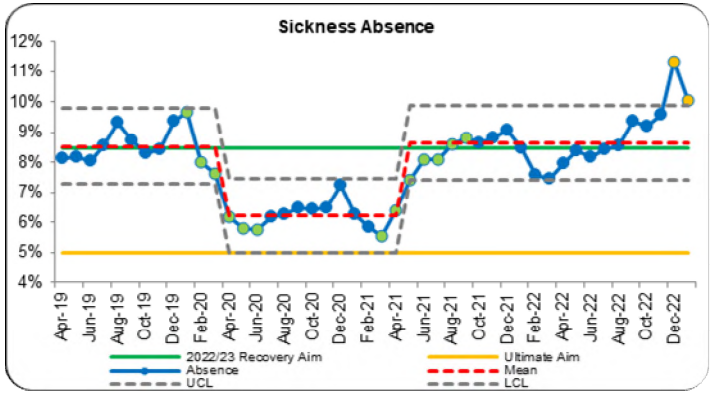
Our (HCP) non-emergency calls demand was also down by 22% with 12,734 received compared to 16,244 last month and non-public emergency demand totalled 16,910, a slight increase of 145 calls from 16,765 in December. Overall, we saw a reduction in our total calls, 79,023 v 101,699 (22%) from December.

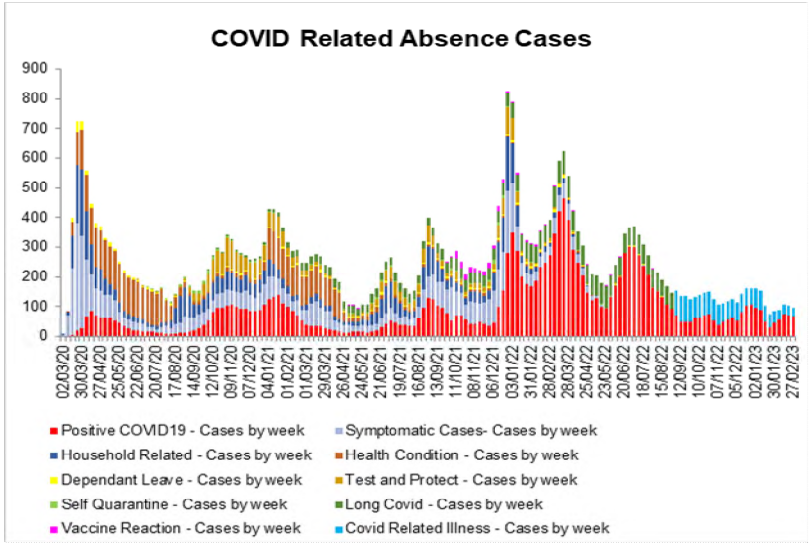
In February we received our lowest 999 call volume since March 2021 and with the continued reduced call volume we have worked with the BI forecasting team to reduce our call volume predictions for the rest of the financial year.

Our call answer performance during February was 99.3% of 999 calls answered within 10 seconds and our year-to-date performance is around 91%. Unless there is a significant unseen upturn in demand or absence, we expect to finish the year by meeting our target of 90% in 10 seconds.

SE: Staff Experience

Sickness Absence





What is the data telling us? – sickness absence, as at January 2023, was 10.1%, an increase on the last reported figure for October by 0.9%.

COVID-19 related absence levels during week commencing 23 January 2023 were at the lowest level seen since the pandemic began.

Current local data is indicating a continued decrease in sickness absence across the organisation in February 2023.

Why? - During November absence decreased in the majority of regions/departments across the organisation. There was an increase in NRRD and Corporate Departments. December saw an increase in absence across every region/department, particularly in relation to short-term cold/flu absences. There was a decrease again across all regions/departments in January with the exception of North region where there was a small increase.

What are we doing and by when? -

Current local data confirms that anxiety/stress/depression remains the top reason for absence. Back problems is the second top reason. The third reason is other musculoskeletal problems. We have seen a decrease in short-term absence related to cold/flu.

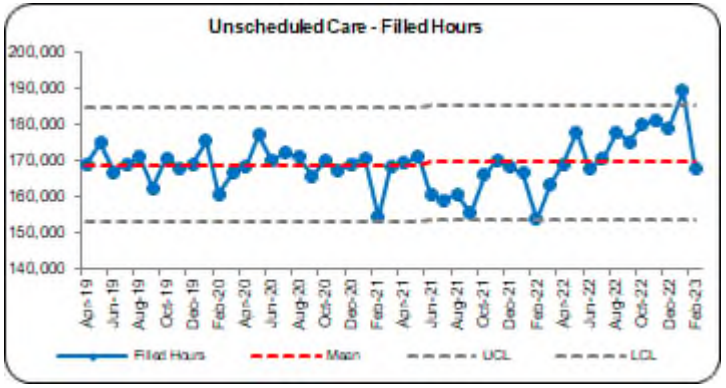
Managers continue to manage attendance in line with the Attendance Policy as a key priority.

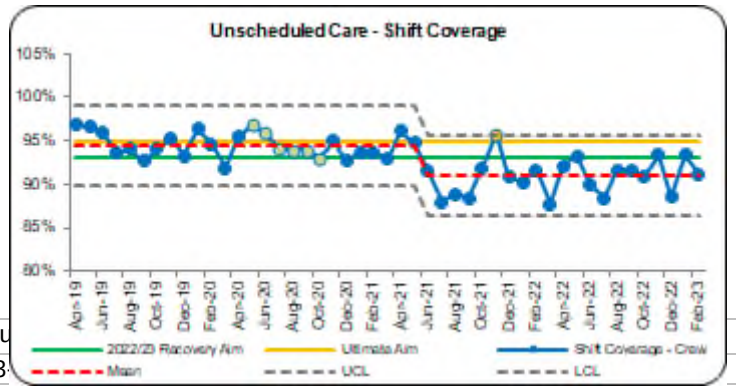
We continue towards our strategic aim, agreed with the Service's Staff Governance Committee, to further reduce absence, with a national target to reduce absence by 1% by the end of March 2023.

The Regional and National HR teams continue to support managers to manage attendance cases and levels in their area. The National Attendance Lead continues to focus on attendance action plans with each region/department and is currently conducting a follow up audit or organisational attendance management.

Absence reporting is available on a weekly and monthly basis. A report continues to be 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.

SE1.2 Shift Coverage





What is the data telling us?

As a result of the implementation of our demand and capacity programme, hours of shift coverage have been increasing and this is planned to continue in the following months whilst the final tranche of the additional staff complete their training and start on shift. (The percentage of accident and emergency shift coverage has seen a drop resulting in a mean and control limit recalculation in June 2021. In the months to March 2022 this was caused by increased COVID-19 related absence. From April 2022 new rosters have been introduced and new staff have been recruited in a phased approach across the Service, this has resulted in an increase in the number of filled hours. However as the denominator (required hours) has also increased the percentage shift coverage remains similar to previous months)

Best practice for UK ambulance services is no more than 55% utilisation, our utilisation rates in January and February 2023 were 60.4% and 58.3%, reflecting the continued shortfall in capacity versus demand which is being progressed through our demand and capacity programme and work to reduce ambulance handover times.

What are we doing and by when?

Regions continue to maximise all recruitment opportunities and use of bank staff. They are exploring the best way to optimise shift uptake by bank workers ahead of the winter pressures. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise abstractions.

15 new Technicians were introduced to Lanarkshire in October and a further 38 will be introduced following the course end in March

2023. Forecasting indicates that as the new staff are now live and the final demand and capacity rosters are 92% implemented, West Region have a much more sustainable coverage platform for 2023/24. Further stability will be achieved on completion of the D&C PRU review as most resourcing gaps are now attributed to Paramedic Response Unit shift vacancies which have been on hold to allow change management process to be concluded.

In the East Region 42 VQ Student Technicians returned to station for local induction and deployment during week commencing 6th March 2023. A further 22 Students will commence Technician training during March 2023.

Bank staff, both clinical and emergency drivers, support shift cover across all regions.

During 2022 the North Region maximised the available recruitment and training opportunities to fill vacancies across the region. In total 113 VQ Student Ambulance Technicians completed their training and commenced frontline duties. 20 qualified paramedics from elsewhere in the UK completed their Clinical Induction Module along with 7 newly qualified paramedics (NQP's) and now undertaking frontline duties.

Working with the National Recruitment and Resourcing Teams, work has been completed for the March 2023 intake of VQ Student Ambulance Technicians with 19 training places being offered to successful candidates. The recruitment process for the next cohort of NQP's is currently underway with successful candidates commencing Clinical Induction Modules in the summer of 2023.

Planning and forecasting is currently being undertaken along with gathering intelligence for forthcoming vacancies in the Region to carry out further proactive recruitment in these areas.

Workforce Development

Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2022/23 workforce profile and improve staff experience.

Status – Plans are in place to deliver the 2022-23 workforce requirements although adjustments have been, and will continue to be made, to respond to the challenges identified below.

Improvement – We are on track to deliver the 2022/23 workforce plan and are actively pursuing opportunities to go beyond our initial aims, given the system challenges, with support from Scottish Government.

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 335 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.

The South East Scotland Payroll Consortium new shared service arrangement came into effect on 1 February 2023.

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.

We are also applying for accreditation to the UK Home Office to become a Visa Sponsor which will open significant opportunities for the Service to attract candidates internationally.