



NOT PROTECTIVELY MARKED

Public Board Meeting

29 July 2020

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: - <ol style="list-style-type: none"> 1. Discuss and provide feedback on the format and content of this report. 2. Note performance against Annual Operational Plan (AOP) standards for the period to end June 2020. 3. Discuss actions being taken to make improvements.
Key points	<p>This paper brings together measurement for improvement as highlighted by the Scottish Government’s Quality improvement and Measurement for Non Executives guidance.</p> <p>This paper highlights performance against our AOP for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience and Financial Performance are reported in separate Board papers.</p> <p><u>Clinical and Operational Performance – June 2020</u></p> <ul style="list-style-type: none"> • Rate of Return of Spontaneous Circulation (ROSC) across April to June has remained within normal variation. • Bystander CPR rates remain high despite the COVID-19 pandemic. This is due to the efforts of our call takers giving clear instructions about how to carry out chest compressions safely and effectively. • The use of the Hyper Acute Stroke Bundle was 96.6% in June above the agreed aim of 95%. • Building on the learning from COVID-19 the Critical Care Desk has gone live on 10 July 2020 staffed by Advanced Practitioners in Critical Care (APCC). These changes will enhance how we respond to our sickest patients, support

enhanced clinical decision making and make more efficient use of our resources.

- The numbers of patients receiving care out with an Emergency Department setting has continued to increase. This includes patients who are clinically assessed over the phone, by web link or on scene. The use of Advanced Practitioners in Urgent Community and Primary Care has been a key enabler in this delivery model.

Workforce

- In May 2020, the sickness absence rate was 5.8%, this excludes those staff who may be shielding, suspected or confirmed as tested positive with the COVID-19 virus. The Once for Scotland Managing Attendance policy, guidance, processes and protocols have been refreshed and roll out plans recommenced as part of the remobilisation plans to maintain attendance improvement.
- The Staff Wellbeing & Support group chaired by the Director of Workforce has progressed a range of activities in consultation with staff. The Service Wellbeing resource pack has been completed and is being distributed to all staff. Our work continues to be informed by the national Workforce Wellbeing Champions Network established by the Scottish Government to promote and support the wellbeing of the Health & Social Care workforce.
- Efforts to attract additional staffing to support our COVID-19 response have been consolidated in mobilisation plans across all areas of the Service. Our workforce plans for 2020/21 have been reviewed and recruitment and training targets updated for the remainder of this year. The three-year workforce plan will be developed through the Workforce Development Programme in preparation for responding to revised government requirements in 2021.

Enabling Technology

- The electronic patient record major incident module was scheduled to undergo trials by Specialist Operations Response Team (SORT) staff in March 2020, however, this has been delayed due to COVID-19.
- Emergency Service Network (ESN) Programme – The revised Full Business Case (FBC) release date is scheduled for end July 2020 with approvals through Home Office and Cabinet Office planned for September.

	<ul style="list-style-type: none"> • The project to provide an ESN compatible Integrated Communications Control System (ICCS) has been delayed due to the pandemic. The Service go-live is now scheduled for March 2021. An option to extend the current ICCS support contract to June 2021 is available and contract discussions are scheduled. • Defibrillator Replacement – The rollout was completed by the end of March as originally scheduled. • The Patient Transport System Mobile Data Procurement Project remains paused while the Scheduled Care Strategy is developed. Unfortunately, further delays have been experienced due to the impact of COVID-19. A mini business case has been prepared and funding secured to purchase the additional tablets required to keep the current system running. • There have been a significant number of projects brought forward or established to support the Service response to COVID-19. These include rolling out Microsoft Teams, introducing a clinical video capability, providing technology to support increased home working and numerous ACC developments.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to are:</p> <ol style="list-style-type: none"> 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD.

	<p>5.1 Improve our response to patients who are vulnerable in our communities.</p> <p>6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness.</p> <p>6.3 Invest in technology and advanced clinical skills to deliver the change.</p>
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
Equality and Diversity	<p>This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme.</p> <p>In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient are regularly reviewed and utilised to inform the equality and diversity needs.</p>

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

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

Control Charts

Rule 1: A single point outside the control limits

Rule 2: A run of eight or more points in a row above or below the mean

Rule 3: Six or more consecutive points increasing or decreasing

Rule 4: Two out of three consecutive points near (outer one-third) a control limit

Rule 5: Fifteen consecutive points close (inner one-third) to the mean

Run Charts

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

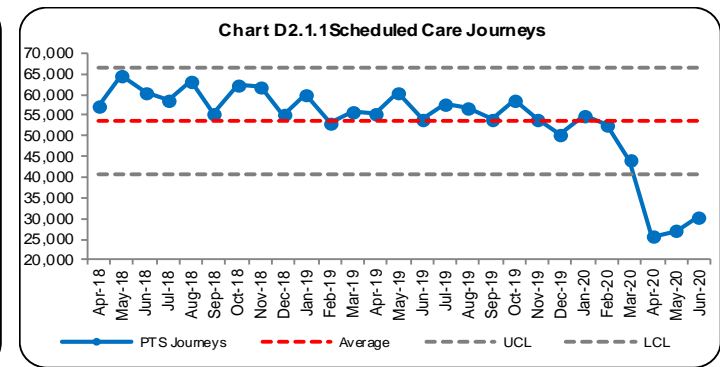
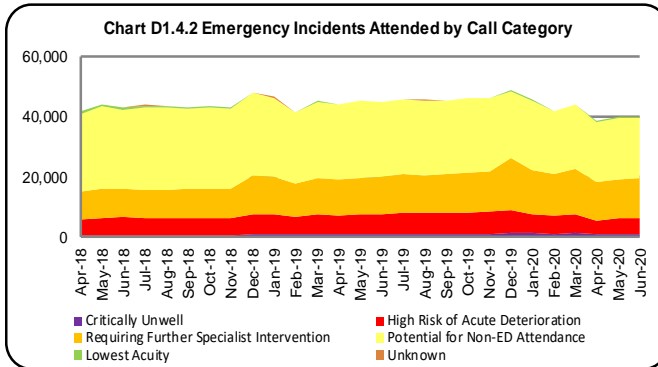
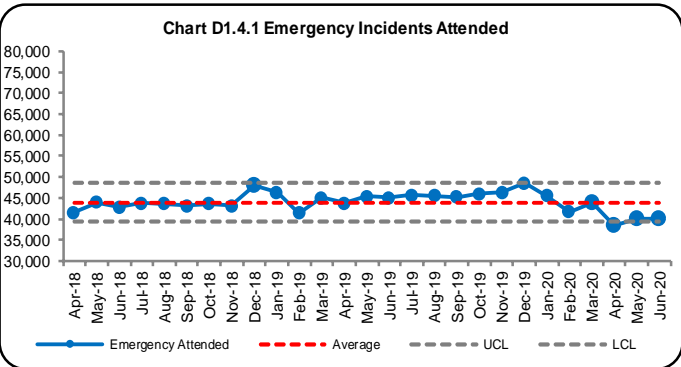
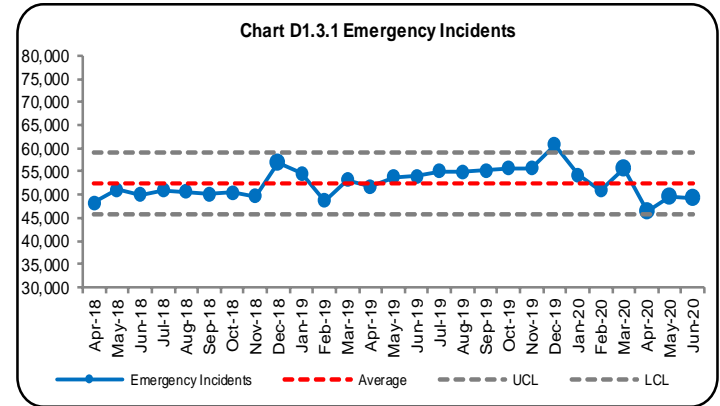
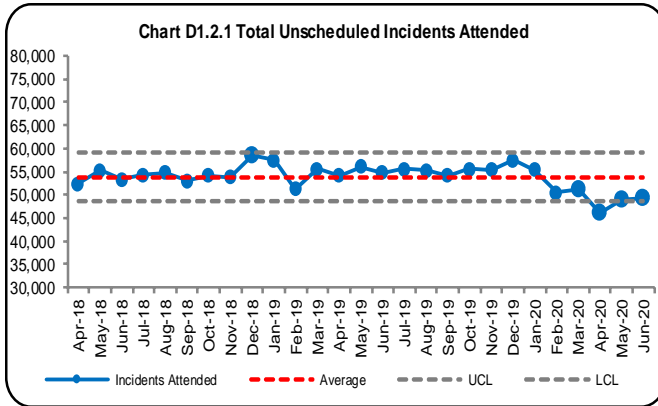
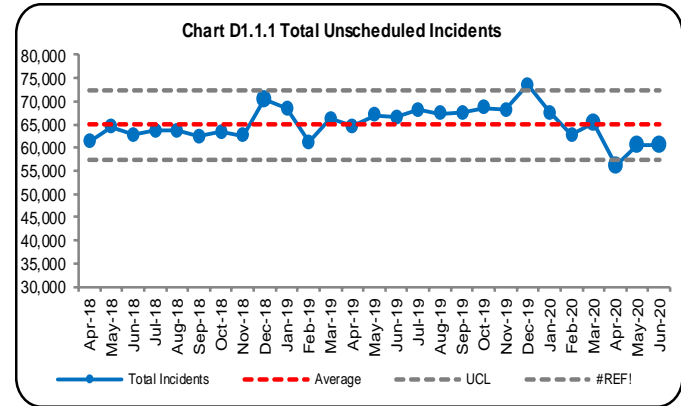
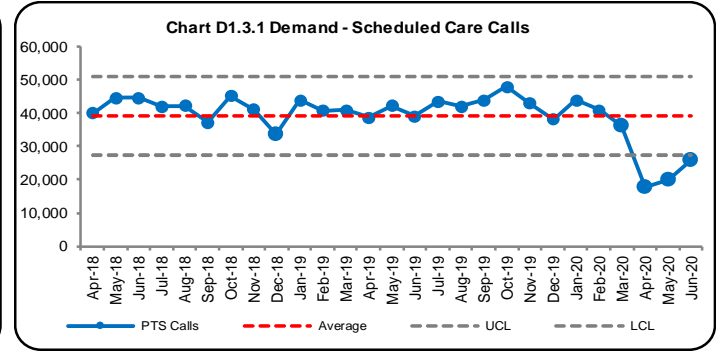
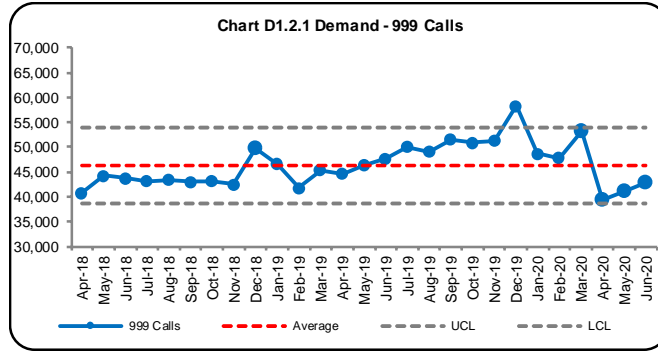
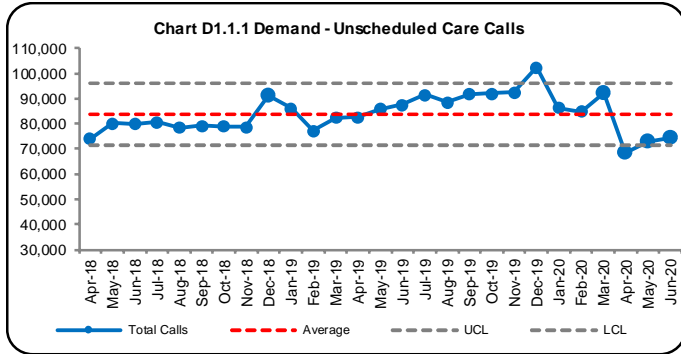
Rule 2: Five or more consecutive points increasing or decreasing

Rule 3: Too few or too many runs, or crossings, of the median

Rule 4: Undeniably large or small data point (astronomical data point)

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 5	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

D: Demand Measures



What is the data telling us? – Since March 2020 the UK has been in the midst of the COVID-19 global pandemic. This has resulted in Scotland being placed in lockdown from the 23 March with restrictions easing gradually from the 27 May. Demand across all areas dropped in April, in the case of scheduled care this drop in both call and journey demand was below the lower control limit in April. Although there has been increases in May and June the demand has remained below the lower control limit.

Why? The rescheduling of services in the wider healthcare sector due to the pandemic has been the main driver behind this drop in scheduled care activity.

Unscheduled demand dropped across most key conditions (e.g. falls), however notably demand related to mental health issues increased and continues to do so.

Demand across both scheduled and unscheduled activity has started to rise in May and June as lockdown was eased and we have observed busier traffic systems, more people going back to work, increased socialising and a communication drive by Scottish Government that the NHS is 'open for business'.

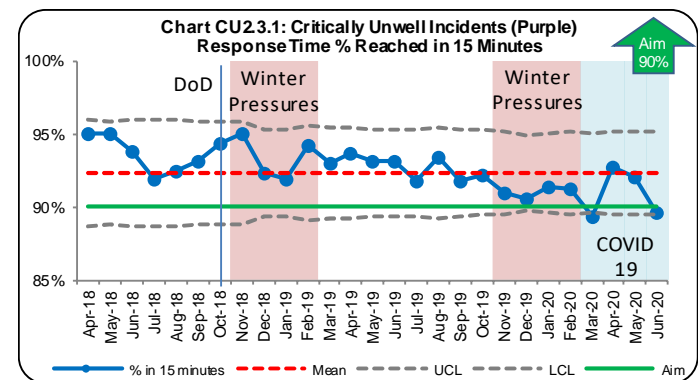
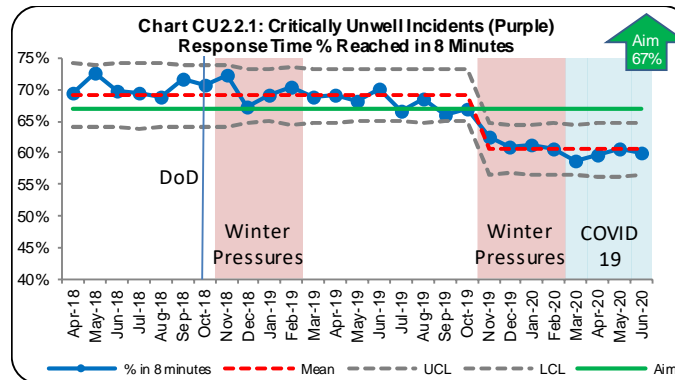
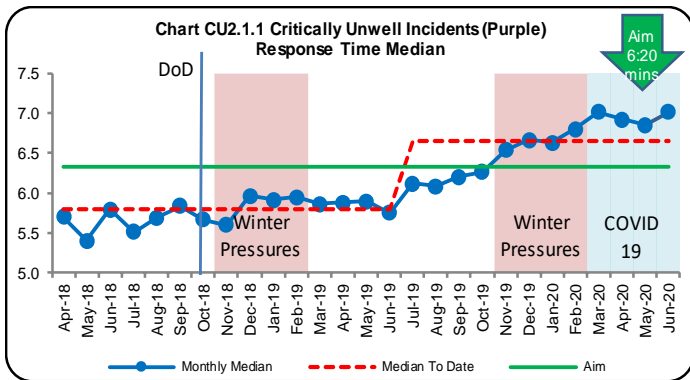
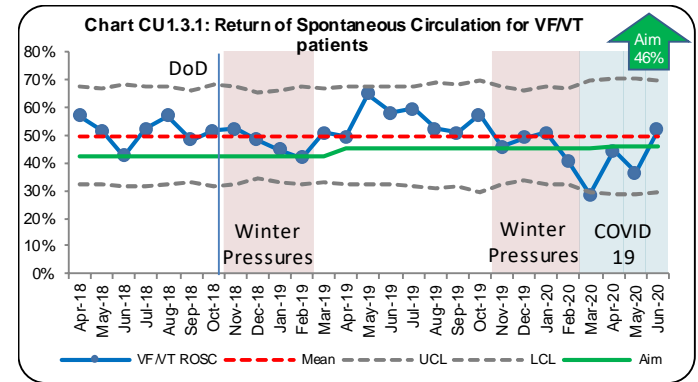
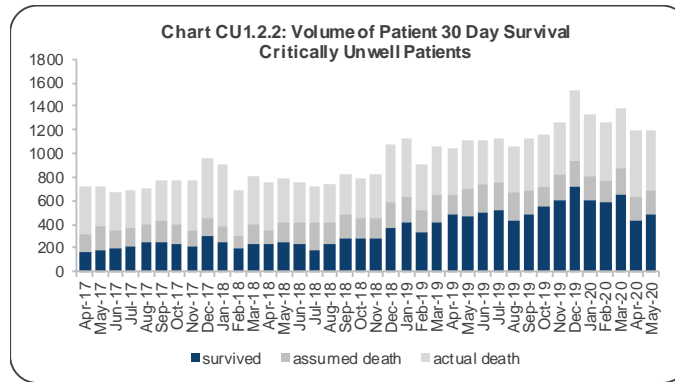
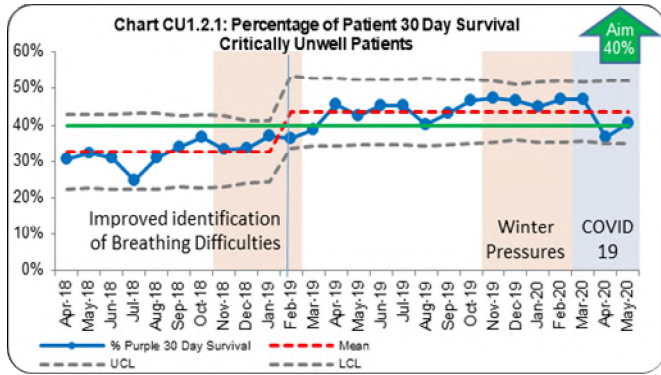
What are we doing to further improve and by when? –

We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions. As part of our remobilisation plans we have established several workstreams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to

recruit and train additional staff. These are explained later in the paper.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 7	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

CU: Critically Unwell Patients



What is the data telling us? – In contrast to overall demand the critically unwell category of patients saw a rise in demand during the pandemic when compared to the previous year. During April to June 2020 this demand increased by 10.3%. Work is ongoing to understand the possible reasons for this increase.

The data also shows that both VF/VT Return of Spontaneous Circulation which addresses outcomes for the cardiac arrest subgroup and 30-day survival, and looks at the whole category, are stable throughout the pandemic period. This is down to the excellent work of staff in Ambulance Control and those providing 999 responses in our communities.

Response times to critically unwell patients have increased over the first quarter, due to increased times to don the necessary PPE, and reduced availability of volunteer responders. There has also been challenges for crews in terms of turnaround times at hospital throughout the pandemic which has also led to an increased amount of time attending incidents.

Why? - Around 50% of people in this category are in cardiac arrest. Throughout April to June the rate of Return of Spontaneous Circulation for this group has remained within normal variation.

What are we doing and by when? – The Service aims to respond to 50% of critically unwell patients (purple category) in 6.2 minutes, and 90% in 15 minutes. As part of the case for investment associated with the Service’s demand and capacity business case an interim target of responding to 67% of critically unwell patients in 8 minutes during 2020/21 was proposed, however given the consequences of the pandemic,

this will be reviewed as part of our remobilisation plan phase 2 to March 2021.

Work is ongoing to further understand the elements of the chain of response where response time can be further optimised.

In presenting a vector of measures, the intention is to present a range of interventions that taken together, will optimise the best outcome for the patient rather than report on response times in isolation.

In respect of Out of Hospital Cardiac Arrest the Scottish Ambulance Service is leading a national programme for improvement for Out of Hospital Cardiac Arrest (OHCA). Recent developments include:

- Telephone CPR supported by the call takers has contributed to the increase in bystander CPR rates.
- The roll-out of 3RU is now complete.
- Cardiac Responder Development Lead for the Service has now been appointed based within Community Resilience and will take up post in August 2020 and will lead on the development of the national Cardiac Responder Programme.
- We are now focussing on the development of our 2020-25 OHCA Strategy.

In respect of Major Trauma, the Service has responsibility for the co-ordination and governance of all pre-hospital components of the Scottish Trauma Network. Key areas of progress and focus are:

- Building on the response to the pandemic, work is underway to maintain an Advanced Practitioner Critical Care response desk which will provide support to the Service’s frontline clinicians when

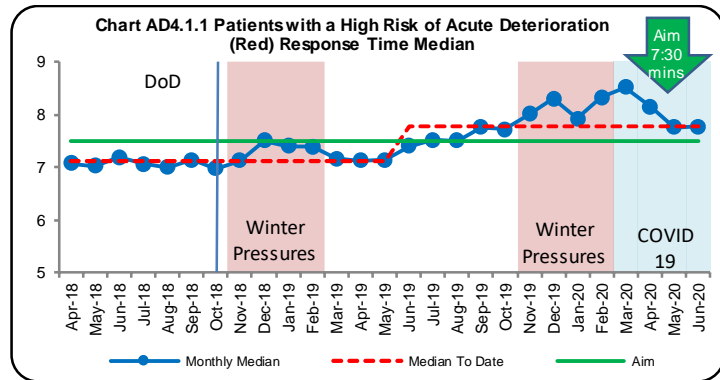
Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 9	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

dealing with challenging clinical scenarios and went live on Friday 10 July 2020.

- A key role for the Service's Trauma Team has been to continue to gather feedback from network partners on real events in order to seek further opportunities for learning and improvement. Our governance structure incorporates existing internal incident reporting mechanisms but has also established opportunities for audit, debrief and feedback with Scottish Trauma Network colleagues around the country.
- Looking ahead key activities include a focus on preparing for the anticipated openings of the Major Trauma Centres early in 2021. This will include training in the major trauma triage tool and support for crews prior to the "go live" in the West and South East of Scotland. A training programme and timetable has been developed and roll out is planned for this autumn.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 10	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

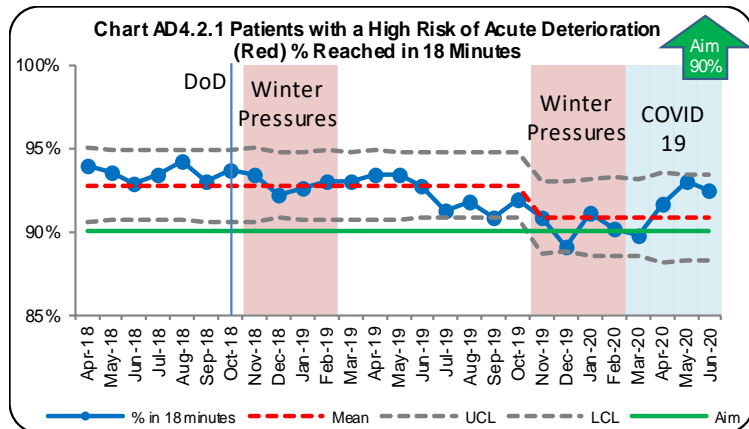
AD: Patients at risk of Acute Deterioration



What is the data telling us? – The Service aims to respond to 50% of these patients within 7.3 minutes and 90% within 18 minutes. The volume of these calls reduced by 24.6% throughout April, May and June 2020 when compared to the same period the previous year.

Why? – Throughout the pandemic period the reduction in emergency demand and the Service’s preparedness has had a positive effect on the number of patients waiting over 18 minutes with 92.5% of patients receiving a response within this timeframe in June 2020.

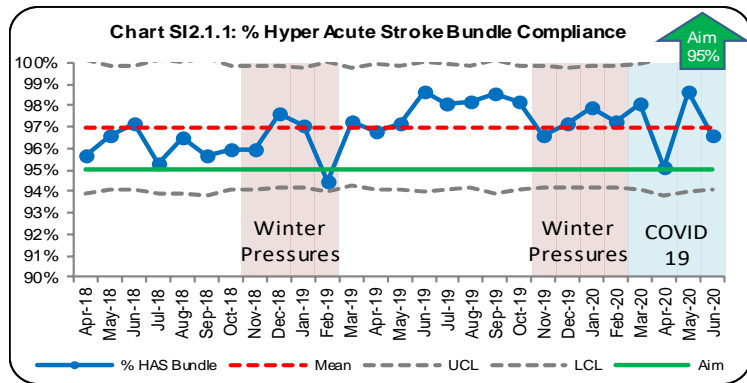
As with the critically unwell patients the median response time target remains challenging with 50% of patients receiving a response within 7 minutes 46 seconds.



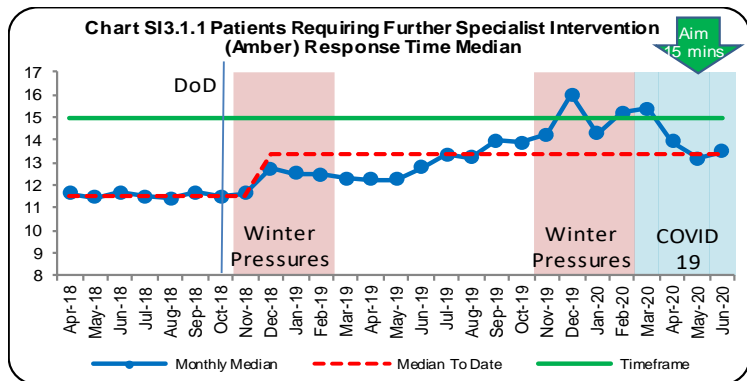
What are we doing and by when? – The Clinical and Business Intelligence Teams are continuing the development of clinically focussed measures for patients at risk of acute deterioration.

From a clinical perspective, we are looking at sub categories within this cohort of clinical codes and will report further in relation to these through the remainder of the year.

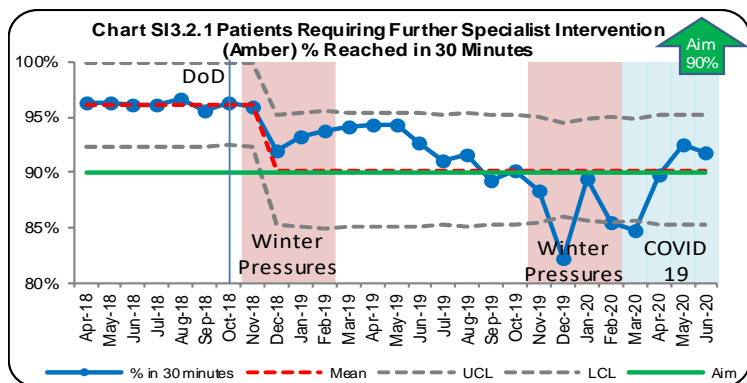
SI: Patients Requiring Specialist Intervention



What is the data telling us? – The use of the Hyper Acute Stroke bundle remains above the aim of 95% at 96.6% in June 2020. The Service aims to respond to 50% of these patients within 15 minutes and 90% within 30 minutes. The volume of these calls increased by 8.0% throughout April, May and June 2020 when compared to the same period the previous year. During the most recent time period responses to the patients have remained within target with 50% receiving a response within 13 minutes 28 seconds and 91.7% within 30 minutes.



Why? – Overall 999 demand levels have been lower, enabling improved capacity to timeously & effectively work with these patients.



What are we doing and by when? - Further clinical detail around process and outcomes for patients affected by stroke and heart attacks is being developed and will be reported in this new format in the coming months.

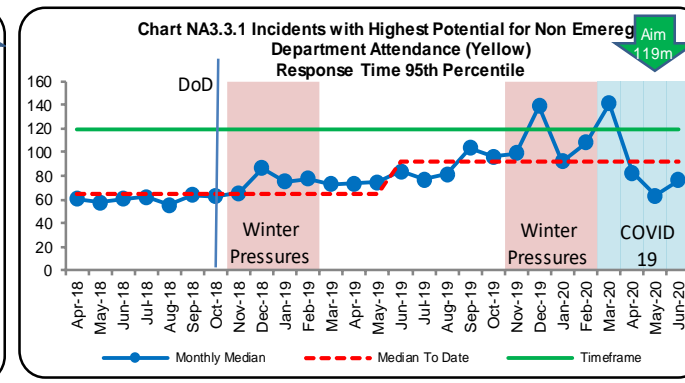
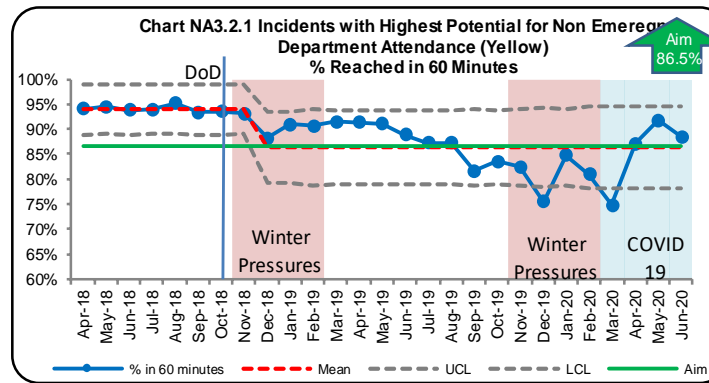
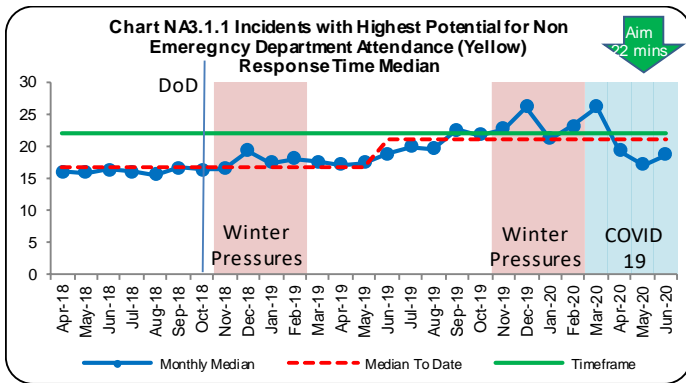
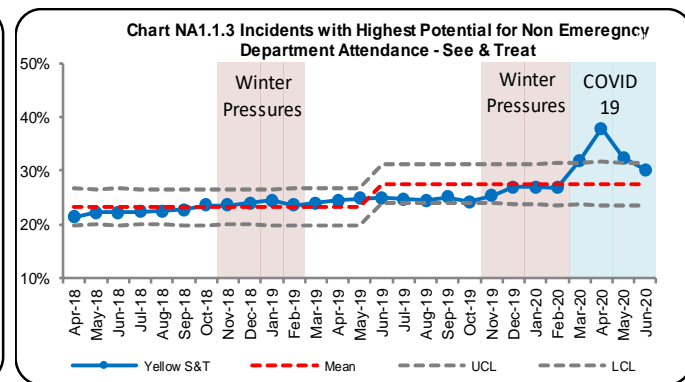
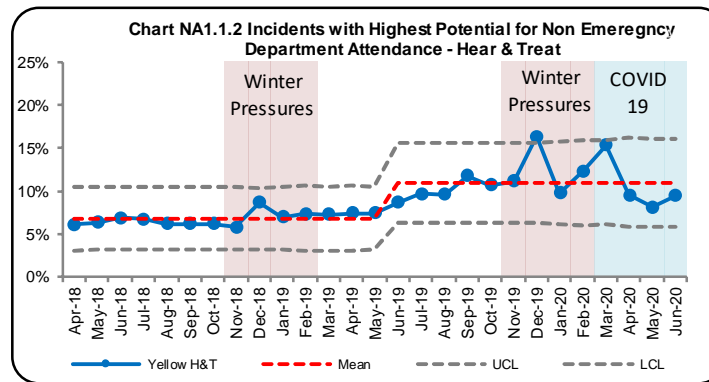
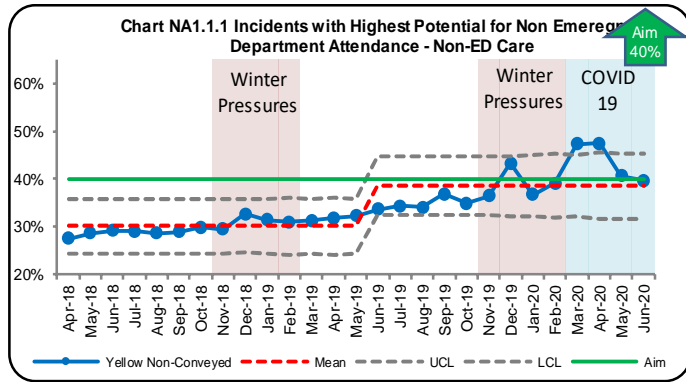
We are working in collaboration with the wider Stroke Improvement Team at the Scottish Government and overseen by the National Advisory Committee for Stroke and the Thrombectomy Action Group (TAG); the aim of this work is to ensure that anyone suffering from suspected stroke is recognised as such and through collaboration with our health board partners, receives definitive interventions and treatments within recommended timeframes. This allows for the greatest chance of 'good' patient outcomes resulting in minimising those requiring long term care following stroke and the continuation of independent living with as little physical disability as possible. Recent developments include:

- Development of two online stroke and thrombectomy training courses for Scottish Ambulance Service Clinicians.
- Working closely with West Region and Greater Glasgow and Clyde has seen the implementation of hospital bypass within Greater Glasgow and Clyde established to ensure most appropriate and timely care for suspected stroke patients.

Continued collaboration with external partners (Scottish Government and TAG) to secure funding to fully establish a programme to deliver the agreed aims of this important work aimed at improving patient outcomes.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 13	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

NA: Patients with highest potential for Non-Emergency Department Attendance



What is the data telling us – This number of patients receiving care out with an Emergency Department (ED) setting has been steadily increasing over time. This includes patients who are assessed over the phone, by web link or on scene. During the COVID-19 pandemic the proportion of these patients receiving this type of care increased significantly to over 47.3% in March and April 2020 which was above the upper control limit. In May and June 2020, the proportion was 40.6% and 39.6% respectively. In total, over the four months from March to June 2020 this equates to 37,052 patients in this category not requiring attendance at an ED setting.

The Service aims to respond to 50% of these patients within 22 minutes, 90% within 60 minutes (by 2022/23) and 95% within 119 minutes. The volume of these calls reduced by 19.4% throughout April, May and June 2020 when compared to the same period the previous year. In June 2020 the Service responded to 50% of patients within 18 minutes 39 seconds, 88.5% in 60 minutes and 95% in 94 minutes and 28 seconds.

Why – Throughout the pandemic period the reduction of emergency demand and the Service’s preparedness has had a positive effect on all the levels of response times within this group.

What are we doing and by when –

As part of the Service’s response to the COVID-19 pandemic we have sought to optimise all elements of our ‘chain of response. Examples of this include Advanced Practitioners working in support of Ambulance Control functions to offer

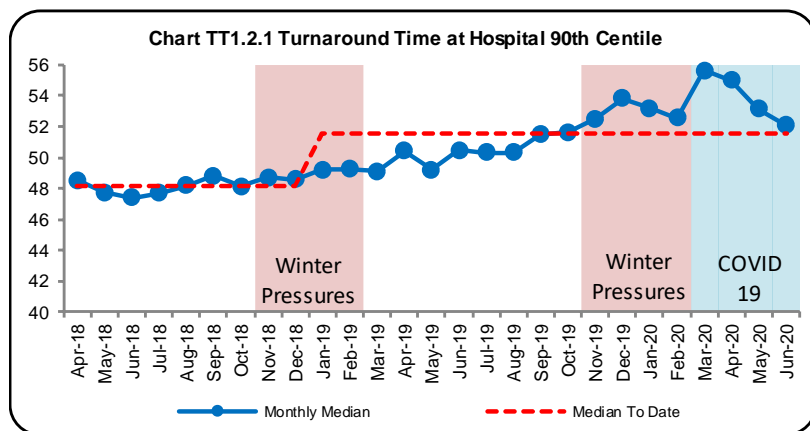
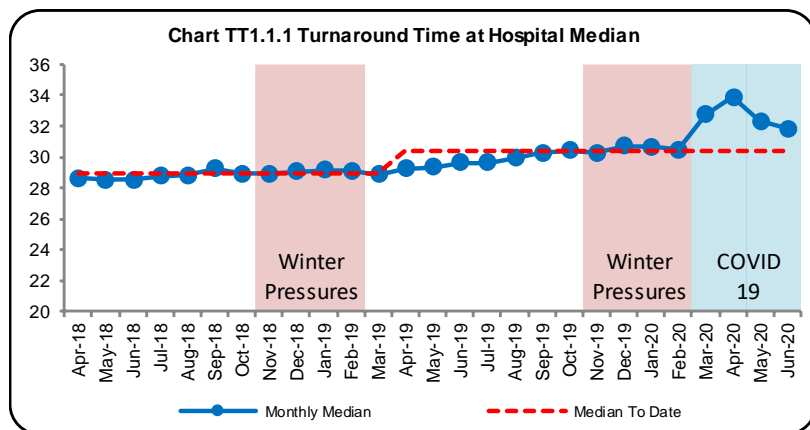
remote consultation to patients presenting without time critical symptoms in order to better understand their needs and address these effectively. Around 50% of these consultations result in a traditional ambulance response with the remainder being managed through alternative pathways or with self-care advice. Between April and June 2020 this additional triage and assessment has resulted in 4,998 patients (3.4% of emergency demand) being assessed and referred to appropriate services and not requiring a Service crew to attend on scene.

The ongoing pandemic and our learning from it will support us as we move into the Recovery phase and help inform how we can build sustainable improvement and inform our wider system understanding.

Additional measures to illustrate clinical quality within this group of patients are under development.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 15	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

TT: Turnaround Time at Hospital



What is the data telling us? – What is the data telling us? – On average we transport 29,727 (59.9%) unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For June 2020, we transported 26,258 (58.1%) patients with a median turnaround time at hospital of 31 minutes 59 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. Additionally, in April 2020, COVID-19 has introduced additional complexity with multiple access points at hospitals, and crews being required to safely remove PPE then rehydrate.

What are we doing and by when? – There has been an increase in turnaround in the North and East of the country. The West is relatively stable however is still the longest turnaround time in Scotland.

Three main reasons for the increase are:

- Introduction of red and green zones within hospitals for Covid and non-Covid. This has seen different entrances and procedures for patients and ambulance crews attending hospital sites. Initially this changed frequently however now seems to have settled into set procedures for each hospital site. It should be acknowledged that each hospital has different processes so crews from different areas may not know what the specifics are for each site.
- Donning and Doffing of PPE has added time to staff procedures along with undertaking processes like completing the EPR as this cannot be undertaken whilst the highest level of PPE is worn and has to be undertaken once the patient is off loaded. There is also

an acknowledgement that undertaking physical effort within the PPE does increase staff requirement for hydration and rest after each event.

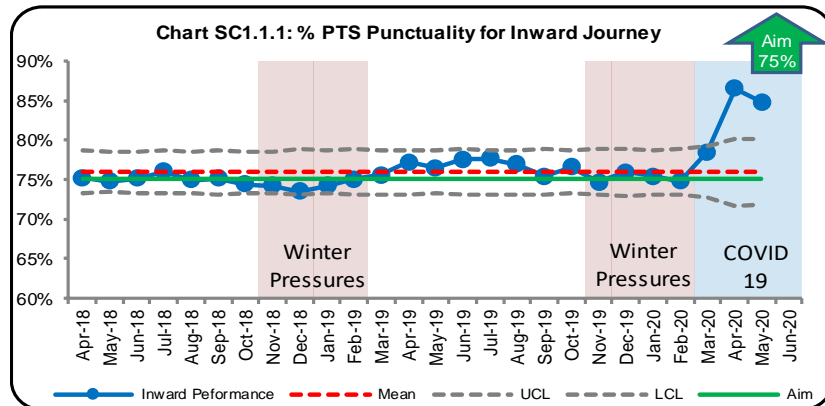
- Cleaning - there has been increased time as staff must ensure that the vehicle has been thoroughly cleaned to ensure there is no cross infection. Although staff would have generally undertaken infection control procedures they are being more cautious with this and taking longer to undertake this

Hospital Ambulance Liaison Officers (HALOs) continue to be 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.

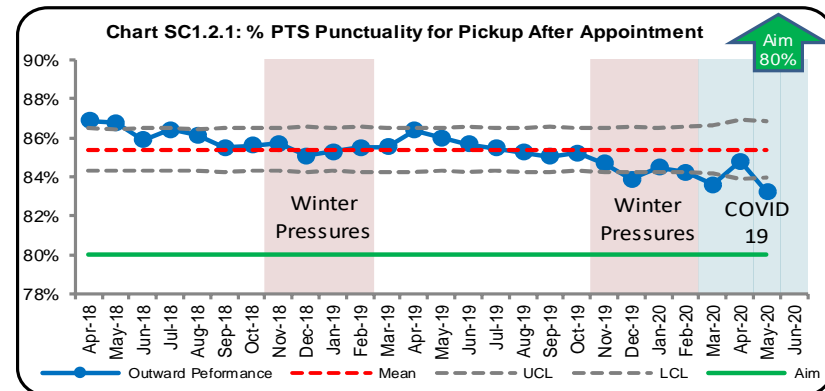
Within the West of Scotland there has been a dedicated Area Service Manager and HALO specifically aligned to both QEUH and Ayr to provide local leadership and engagement to reduce hospital turnaround issues. In addition to this there are up to three conference calls daily with senior hospital managers, SAS Heads of Service and Deputy Regional Directors attending the hospital sites, and Operational Director along with Medical Director meeting regularly with QEUH to discuss solutions to decrease turnaround times.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 17	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

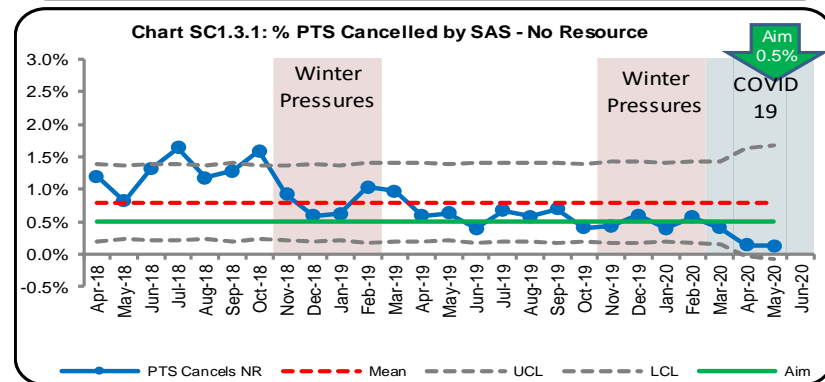
SC: Scheduled Care



What is the data telling us? – Demand on scheduled care services has seen a marked decrease since the beginning of the COVID-19 pandemic in Scotland with a 46.9% reduction in scheduled care calls received by Ambulance Control and 51.1% reduction in journeys during April to June 2020 when compared to the same period in 2019. Punctuality for pickup after appointments has continued to be around or below the lower control limit since winter however remains above the target of 80%.



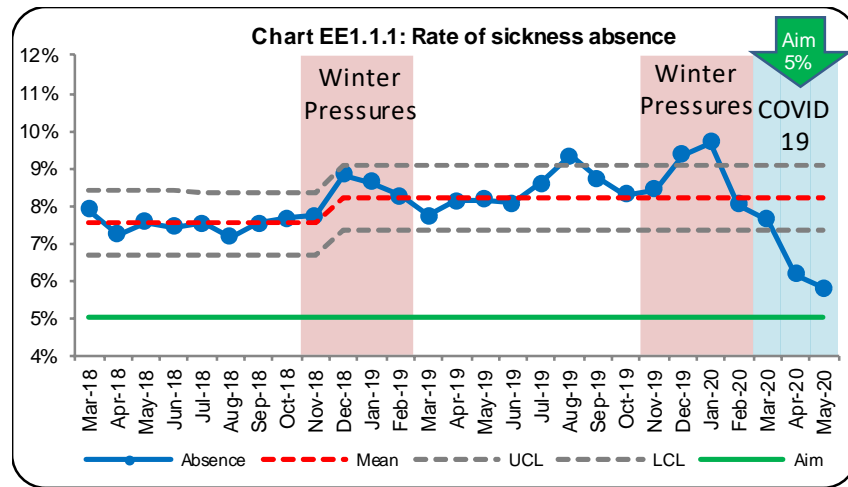
Why? – The pandemic has brought new challenges for the scheduled care service in terms of the social distancing requirements which reduces the number of patients who can be conveyed on a vehicle. However due to the reduction in demand the Service has seen a positive effect on the punctuality of pickup for patient appointments and a reduction in journeys cancelled by the Service.



What are we doing and by when? - We will continue to work within the Scottish Government guidelines in relation to social distancing protocols. As NHS services are remobilised we will align our resources to the demand where possible. Alternative providers have supported many of our life saving treatments in oncology, renal dialysis etc. and this continues.

SE: Staff Experience

Sickness Absence



What is the data telling us? – In May 2020, the non-COVID sickness absence rate was 5.8%, this is a 2.3% reduction on the same month in 2019.

Why? – Overall sickness absence has been significantly improved over the COVID response period, particularly in terms of short-term absence. We do note that COVID related absence reasons will account for some of the change.

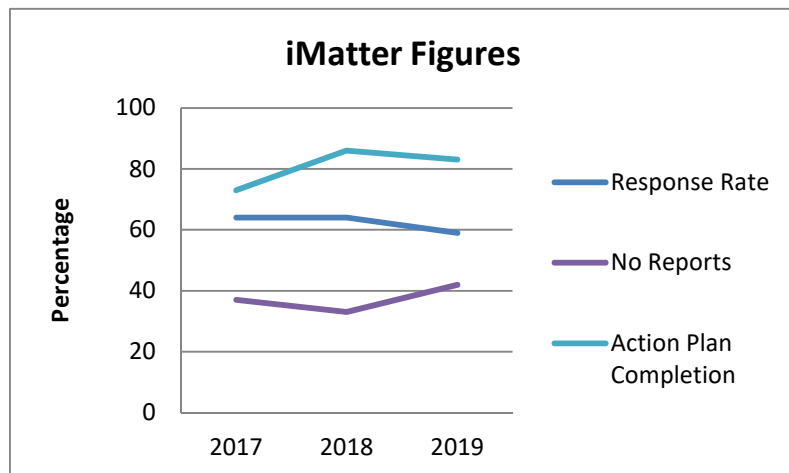
What are we doing and by when? - Some aspects of attendance management processes were paused during the initial phase of pandemic response and focus during this period has been on immediate staff support needs, particularly those in the shielded staff category. Discussions in partnership have agreed to the re-establishment of all routine attendance management activity commencing in July. This will include both utilisation of the new Once for Scotland policy

framework and adoption of lessons learned from our COVID response arrangements.

Specific elements of our activity include:

- Following completion of HR practice review training material has been prepared to support Management/Staff Representative development sessions across all areas for the Once for Scotland Policy arrangements (July/August 2020), with plans to build into ongoing management development activity thereafter.
- Sickness absence data deep dive refresh to inform and direct prioritisation of attendance management activity (commenced July 2020), with a core group established to identify priority reporting needs as we develop standard management needs in light of a revised policy framework. Workforce Metrics development activity will further inform our longer-term plans.
- Re-establishing monitoring arrangements through the group established by our Executive Team to focus on absence, incorporating health and well-being initiatives to support staff in looking after their mental health, stress and anxiety (noting work in E1.2 below).
- Development work with regard to consistent use of GRS, tracking and reporting of absence has focussed on system changes to align with Once for Scotland policy requirements. Actions required have been identified and priority developments are being reviewed. Initial quick wins will be in place this month (July 2020) and other development requirements will be subject to agreed delivery timescales (to be confirmed).

E1.2 Employee Experience



COVID-19 Pandemic Implications

As previously noted, the COVID-19 response has required us to refocus our approach to employee experience to maintain positive employee experience and ensure we are doing all we can to support our staffs' health and wellbeing during the response and recovery period.

The Staff Experience group and associated activity has temporarily been postponed, in line with national guidance, and initiatives such as iMatter have been paused and will recommence as the situation permits.

What are we doing and by when?

The Staff Wellbeing & Support group chaired by the Director of Workforce oversees the provision of a wide range of

resources to ensure the health and wellbeing of our workforce. This group is made up of representatives from across the Service including operational input and staff side.

A summary of the work that has been completed:

- A Wellbeing Pack has now been produced for staff and printed copies have been distributed to stations as an easy access reference guide
- Health & Wellbeing featured in staff communications, Chief Executive's weekly bulletin and other briefs every week, signposting to resources available through @SAS and other sources of help
- Staff blogs have commenced to help support and start a conversation amongst staff about wellbeing aligned with the weekly wellbeing themes in the CEO bulletin
- Wellbeing videos are being developed for a continual promotion of staff health & wellbeing.
- We are posting clips received from well known Scottish personalities thanking our staff and providing encouraging messages to help boost morale
- We are constantly asking for staff feedback regarding what else we can do to support their health and wellbeing with feedback captured online
- The Wellbeing section on @SAS continues to be updated to streamline resources and signpost staff appropriately with guidance and resources that reflect additional needs and requirements during the COVID-19 pandemic
- Regional Leadership Teams are encouraging local managers and team leaders to be in regular communication with their teams to ensure they are supported and in particular those who are off sick or shielding who may feel more isolated
- Early in 2021 the Service plans to pilot a mobile Health and Wellbeing vehicle across Scotland. The vehicle will be used to promote a range

of health and well-being initiatives and themes in an engaging and interactive way.

- A peer support initiative trial based on the critical incident stress management model is being tested. Interested staff will form a peer support team and following virtual training will provide support initially to our Paramedic Practitioner cohort

Our work at Board level continues to be mapped against Scottish Government led work:

- We have mapped out the actions we are taking to ensure we are compliant with the employer's duty of care during COVID-19 as set out by the Scottish Government DL (2020)8 issued on 14th April 2020.
- We are represented on the Workforce Wellbeing Champions Network convened across Health & Social Care to promote which is meeting weekly with the intention to pull collective efforts and enable mutual aid
- National wellbeing hub (launched in May) as a single access point with a number of resources available to the Health & Social Care workforce for health and wellbeing, to complement Board provision.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 21	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

Workforce Development

1. Employee Resourcing

Aim – To recruit and retain staff to ensure the Service has the skills to deliver its 2020 workforce profile and improve staff experience.

Status – Plans have been put in place to deliver 2020-21 workforce requirements although adjustments have been (and will continue to be) made to respond to the challenges as identified below.

Improvement – The extensive recruitment effort planned for 2020/21 to maintain progress on the Service workforce plan targets has been significantly impacted by COVID-19. As we consider the ongoing implications, a cross service group has been tasked with identifying contingency plans, to address our workforce needs and inform recruitment & training activity. This group effort will consider how we continue to support transition to our new Paramedic education model.

As a consequence of the current COVID-19 situation the current Dip HE in Paramedic Practice courses were temporarily suspended due to the closure of Glasgow Caledonian University, lack of access to the Academy teaching facilities and the return of Associate Lecturer Secondees to frontline duties.

This has affected the 2019 Part 2 cohorts progress and the commencement of 2020 cohorts (academic teaching is delivered in two parts). Education has recommenced and we

are in close discussions with the University around plans for the remainder of the year.

Following submission of a proposal to extend the delivery of the Dip HE in Paramedic Practice the HCPC has confirmed a 9-month extension for the programme and all part 1 cohorts are re-planned to commence by this revised date.

Recruitment to the 2020/21 Dip HE courses commenced in August 2019, and further OSCEs are being planned to enable remaining candidates to progress through the selection process and be allocated to the remaining 2020/21 cohorts which will commence early in 2021.

Recruitment to the 2020/21 VQ Ambulance Technician has recommenced.

12 Advanced Practitioners have now commenced training, an additional 3 are awaiting confirmation of start dates and recruitment has commenced for (Trainee) Advanced Practitioners in Pre-Hospital Critical Care in the West region.

Planned Activities Include – The recruitment team will continue to liaise with regional workforce leads throughout the process of identifying and delivering workforce intake targets. The allocation of places for VQ Ambulance Technician and Ambulance Care Assistant roles continues in line with Regional workforce plan requirements. 2020/21 advertising for qualified Paramedic recruitment was launched in July 2020 and has already seen some encouraging engagement from potential candidates.

Other Considerations - Resourcing model developments will support continuing target delivery over the next three years as we prepare for changes to the Educational Model to align with the introduction of degree level HCPC registration requirements in 2021. 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). The degree programmes will commence in August/September 2020 pending successful validation by the universities and HCPC approval.

We continue to be actively engaged as one of the 6 Boards in the East Region Recruitment Transformation Programme Board to inform the development of the Recruitment Shared Service. Part of the strategic proposal was the implementation of the National Recruitment IT system, Jobtrain, which went live in December 2019. Core Scottish Government funding is in place for Jobtrain until the year 2022/2023.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 23	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

2. Employee Development

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

Status – Planning and implementation of changes arising from development needs assessment.

Improvement – An organisational learning needs analysis, overseen by the Capable Workforce Group, was undertaken at the end of 2018, with learning needs from across Directorates supported in order for development of staff to take place during the last year. In acknowledging that the tool used could be improved to better capture learning needs for all staff, analysis will be developed iteratively through future cycles to align with strategic developments and embed within directorates' annual activities.

Planned Activities Include – Broadly our planned activities remain as stated in the previous update, with timings for interventions such as New Horizons, Turas Learn and Turas Learning Record store implementation remaining as described.

The Service's processes for Talent Management and Succession planning was published in November 2019 and will be the basis for further embedding the cycle at Directorate level in 2020. Due to COVID-19, plans to commence the process in March 2020 were postponed.

To support our Talent Development, the Service's New Horizons is aimed at new and emerging leaders and managers from the Service in all professions to support their leadership capabilities by developing a leadership approach which emphasises compassion, collaboration and a desire to serve the Health and Care system in Scotland. The content is being developed in partnership with NHS Education for Scotland (NES) and is underpinned by the Health and Care Leadership and Management Development Framework. It offers a foundation for leadership based on the six Health and Care Leadership Capabilities. Candidates will be sought from those identified through the Project Lift processes who are not currently invited onto the national programme on offer through NES and from our internal Talent Management and Succession planning processes and procedures.

Plans were in development for the transition of all NHSScotland "Once for Scotland" statutory and mandatory training to be available through Turas Learn to all staff groups. These plans have been paused due to COVID-19 but are currently being reinstated.

The COVID-19 pandemic has resulted in the adoption of Microsoft Teams and Office 365 for a number of Boards, including the Service, at a much faster pace. Microsoft Teams in particular has enabled a digital alternative to face-to-face meetings with virtual and remote meetings and collaborative working taking place on-line. Learning resources to support staff and teams in getting started with Microsoft Teams have been made available through our Intranet systems and also supported by NES. remote collaborative working. The Service will be participating in this work-stream and look to implement best practice going forward.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 24	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

Enabling Technology

1. Electronic Patient Record

The electronic patient record major incident module is still undergoing trials by Specialist Operations Response Team (SORT) staff.

2. Emergency Service Network (ESN) Programme

The revised Full Business Case (FBC) has been further delayed and release date is now end July 2020 with approvals through the Home Office and the Cabinet Office planned for September. Details are yet to be confirmed on the level of user organisation assurance this is required, Scottish Government are well sighted on developments and will provide feedback during July. There remains a lack of user confidence in the overall ESN timescales and this has been fed back to the programme.

3. Integrated Communications Control System

The project to provide an ESN compatible Integrated Communications Control System (ICCS) has been reset following delays due to the COVID-19 pandemic. Testing sign-off by Ambulance Radio Programme (ARP) of the software is due 17th July although this will not include integration of the Voice Recording system until later in the year. The Service go-live is planned for March 2021. This will require an extension to the current ICCS support contract beyond December 2020. An option to extend the Airwave ICCS contract to June 2021 is available and contract discussion are scheduled for end July 2020.

4. Defibrillator Replacement

The Project Team and Project Board have approved the End of Project report. Approval to formally close the project will be sought at the Enabling Technology Programme Board meeting scheduled for 20 August 2020.

5. Patient Transport System Mobile Data

The Patient Transport System Mobile Data Procurement Project is still paused while the Scheduled Care Strategy is further developed. There are increasing operational, cyber and financial risks involved in delaying the replacement of the current solution as it relies on out of date hardware and software. A business case has been developed and funding has been secured to purchase the additional tablets required to keep the current system running.

6. Fleet

The 2020/21 Fleet Replacement Programme is in progress and on track to deliver the objectives of the current business case, which is in its final year. Development of the next Full Business Case (2021-2026) is ongoing and will be presented to the Board and then the Scottish Government in August/September 2020 for approval.

7. Other Projects

Digital Workplace Project

The Digital Workplace Project (Phase 1) has been established and is underway to meet the national Office 365 programme timescale to migrate all Service mailboxes from NHS Mail to O365 mail by the end of October 2020. Work is also in progress to develop and migrate the Intranet (@SAS) and Work Area data to a new SharePoint Online environment in parallel with the email migration.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 25	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020

ACC Telephony Projects

Call Recording

This project involves an upgrade to the NICE Inform 9 call recording solution at each of the ACC locations. The project structure and supporting documentation for the project are now in place within the Enabling Technology Programme structure. It is due to be completed by the end of August 2020 with project closure planned for end September 2020.

Telephony Upgrade

This is a significant project, it involves upgrading the entire ACC telephony and contact centre platforms. Work is underway to establish a Project Board and Project Team and to develop the project documentation required to take this work forward. The supplier, BT, has appointed a project manager and an initial meeting has been arranged for July 2020 to agree a high level workplan and to agree the timescales required to develop the project plan.

Doc 2020-07-29 Item 05 Board Quality Indicators Performance Report	Page 26	Author: Executive Directors
Date 2020-07-29	Version 1.0	Review Date: September 2020