



NOT PROTECTIVELY MARKED

Public Board Meeting

March 2020

Item No 06

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director Author	Pauline Howie, Chief Executive Executive Directors
Action required	<p>The Scottish Ambulance Service Board is asked to discuss progress within the Service detailed through this Performance Report:-</p> <ol style="list-style-type: none">1. Discuss and provide feedback on the format and content of this new report.2. Note performance against Operational Delivery Plan (ODP) standards for the period to end February 20203. Discuss actions being taken to make improvements.
Key points	<p>This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality improvement and Measurement for Non Executives guidance.</p> <p>This paper highlights performance against our ODP for Clinical, Operational, Scheduled Care and Staff Experience Measures.</p> <p>Clinical Measures</p> <ul style="list-style-type: none">• In February 2020 40.8% of patients in VF/VT arrest arrived at hospital with a pulse. This is the first time in the last 11 months which we have not met our aim of 45%.• We continue to reliably implement the pre-hospital stroke bundle with 97.3% compliance in February 2020.• Compliance with recorded use of the PVC insertion care bundle was above the quality indicator aim of 95% in January and February 2020 at 96.2% and 96.4% respectively. Monthly compliance has been sustained above 96% for the last 4 consecutive months. <p>Operational Measures</p> <ul style="list-style-type: none">• A Scottish Government working group to look at Turnaround Times has been set up and will be chaired by the Service's Medical Director.• Further improvement work is being actively progressed to improve response times for non-Immediately Life Threatening patients with work ongoing within the Ambulance Control

	<p>Centres (ACC) clinical hub to better manage any calls that may be stacking, such as yellow calls. Further development is taking place in March and April to introduce Cards 46 and 47 and also implement auto-dispatch in the C3 system. MPDS and C3 have both been updated in March with the latest versions including the Infectious Disease Screening tool and an adjustment to MPDS coding to include COVID-19 cases.</p> <p>Staff Experience Measures</p> <ul style="list-style-type: none"> In January 2020, the absence rate was 9.7%. The Once for Scotland Managing Attendance policy, guidance, processes and protocols have been refreshed to support delivery of attendance improvement.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Link to Corporate Objectives	<p>The Corporate Objectives this paper relates to are:</p> <ol style="list-style-type: none"> 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD. 5.1 Improve our response to patients who are vulnerable in our communities. 6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.

Contribution to the 2020 vision for Health and Social Care	This programme of work underpins the Scottish Government's 2020 Vision. This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Operational Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Scottish Ambulance Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners and supports the Service's transition towards 2020.
Equality and Diversity	<p>This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme.</p> <p>In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient are regularly reviewed and utilised to inform the equality and diversity needs.</p>

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

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

Control Charts

Rule 1: A single point outside the control limits

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

Rule 3: Six or more consecutive points increasing or decreasing

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

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

Run Charts

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

Rule 2: Five or more consecutive points increasing or decreasing

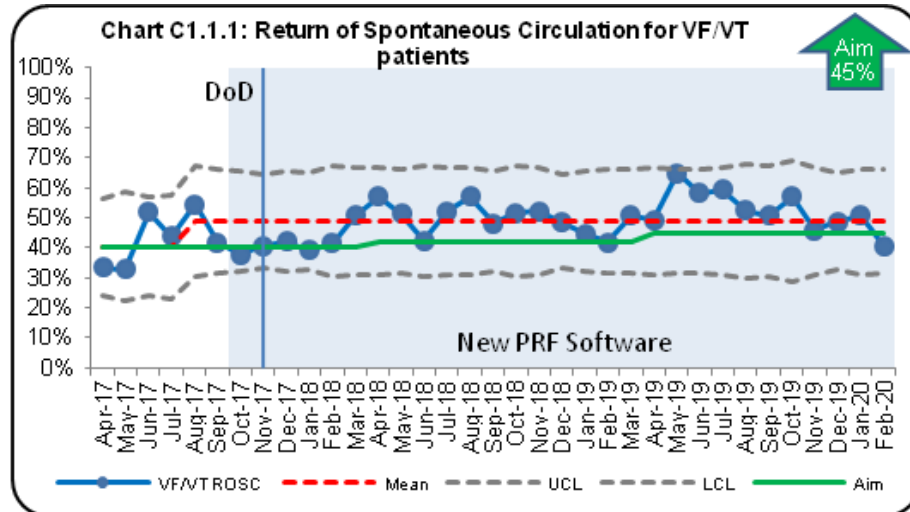
Rule 3: Too few or too many runs, or crossings, of the median

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

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C1: Clinical Measures – Cardiac Arrest ROSC

C1.1 VF/VT ROSC

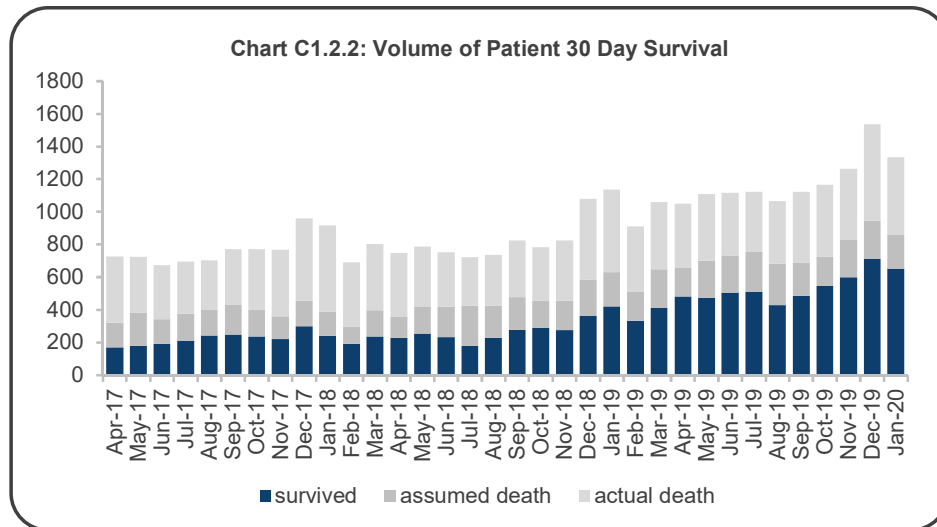
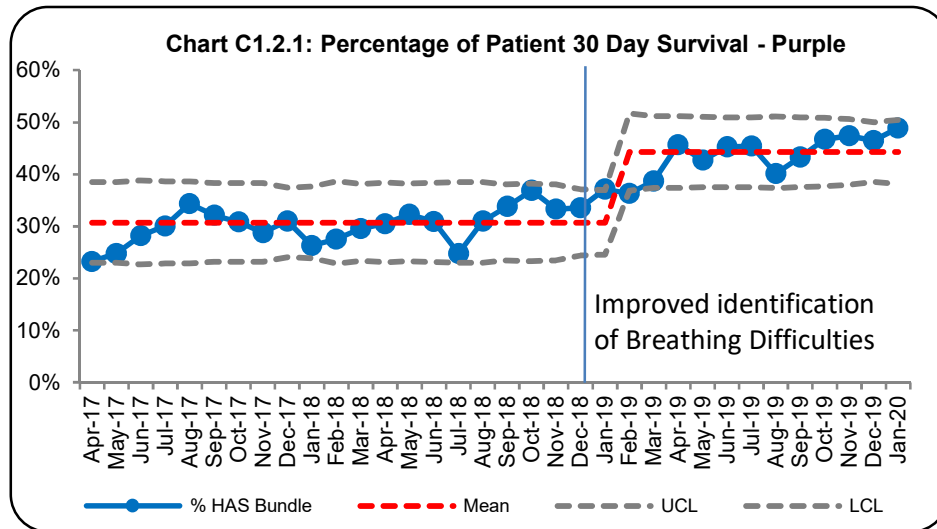


What is the data telling us? – Over the period March 2019 to January 2020 we consistently surpassed our aim of achieving 45% return of spontaneous circulation for VF/VT patients. In February 2020, this figure dipped to 40.8%, which is the first time in the last 11 months we have not met our aim of 45%, this dip is consistent with seasonal variation seen in previous years.

Why? – The Service continues to be a key partner in the delivery of the Scottish Government's Out of Hospital Cardiac Arrest (OHCA) strategy, linking across the whole chain of survival. The main factors which influence ROSC are bystander CPR followed by timely defibrillation when indicated. However, evidence suggests that early identification of OHCA by the Ambulance Control Centre through the use of Pre-Entry Questions and key phrases, as well as dispatch on disposition, is a large contributory factor to this success.

What are we doing to further improve and by when? – The Service is taking forward improvement programmes as part of the Out of Hospital Cardiac Arrest work under the Clinical Service Transformation Programme.

C1.2 Survival at 30 days - Purple



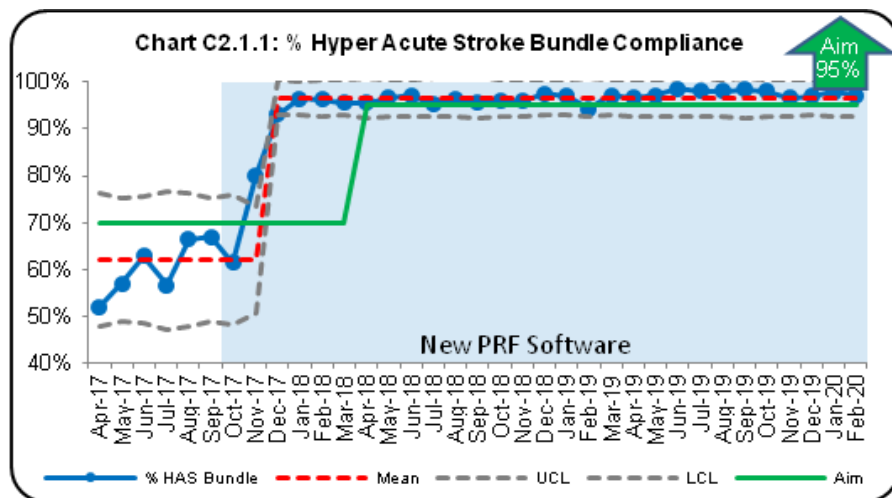
What is the data telling us? – The change in mean seen in chart C1.2.1 from January 2019 shows an increase in survival at 30 days of patients in the purple category. The purple category determines our highest level of response to our most critically ill patient group. In January 2020 48.8% of people we attended as purple calls were still alive at 30 days compared with 37.2% in January 2019.

Why? - In November 2018, additional training was delivered to ACC call takers, to improve the identification of patients with severe breathing difficulty symptoms. This resulted in an improvement in the identification of patients with acute breathing difficulties at the time of triage which has led to an increase in the volume of patients in the purple category (chart 1.2.2). Analytical work is underway to understand various elements contributing to this observed increase in survival.

What are we doing and by when? – The purple category represents the group of patients where Service interventions can have the single biggest impact on survival. Further work is ongoing to understand more fully the clinical needs and associated interventions that can be improved to further increase survival.

C2: Clinical Measures – Stroke

C2.1 Hyper Acute Stroke Care Bundle



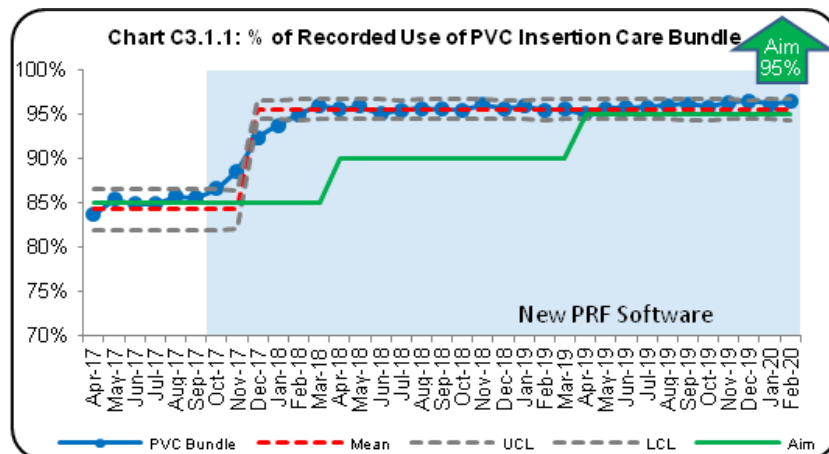
What is the data telling us? – During the last 12 months, on average we attend 320 hyper acute stroke patients per month. We are continuing to reliably implement the pre-hospital stroke bundle, with the data in February 2020 demonstrating 97.3% reliability.

Why? - The Service continues to lead on the pre-hospital recognition and intervention for stroke. This includes early recognition of stroke by the Ambulance Control Centre and the New Clinical Response Model approach to tasking for stroke patients. The introduction of the new PRF software has made it easier for crews to accurately record when they are providing the stroke pre-hospital care bundle.

What are we doing to sustain this level of implementation? – Implementation of the stroke pre-hospital care bundle will continue to be measured. A feedback system for crews and stations is being tested to support continuous improvement. The Scottish Government is leading a piece of work to revisit the national stroke pathway to include thrombectomy and the Service will play a key role in this future development, including updating how we measure the components of care for patients with a stroke therefore a dedicated Clinical lead has been appointed to lead this work.

C3: Clinical Measures – Infection Control

C3.1 PVC Insertion Care bundle



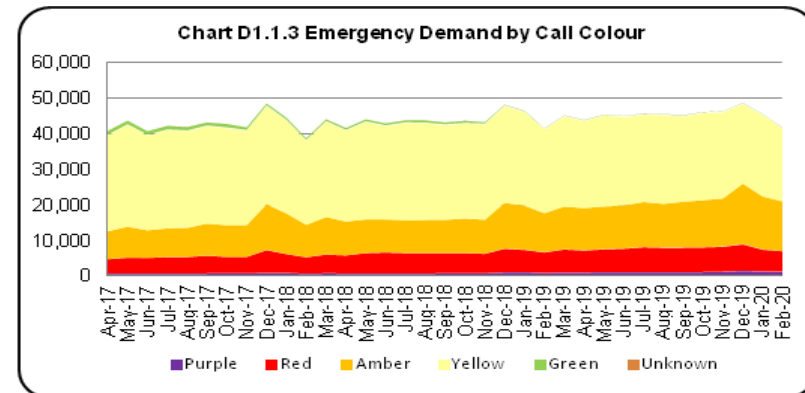
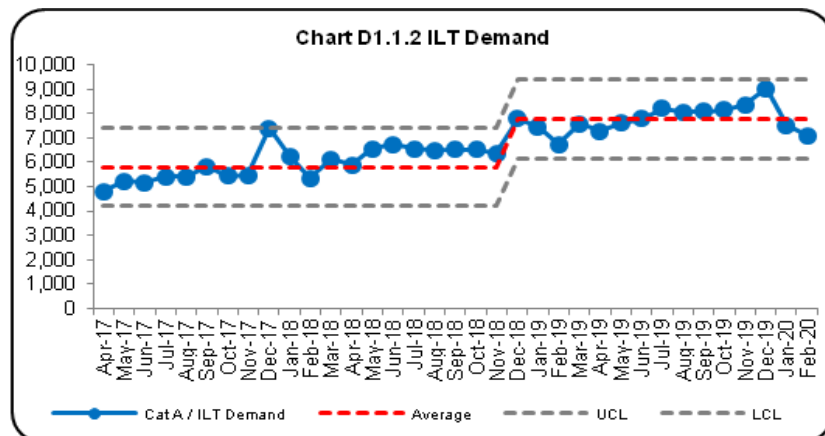
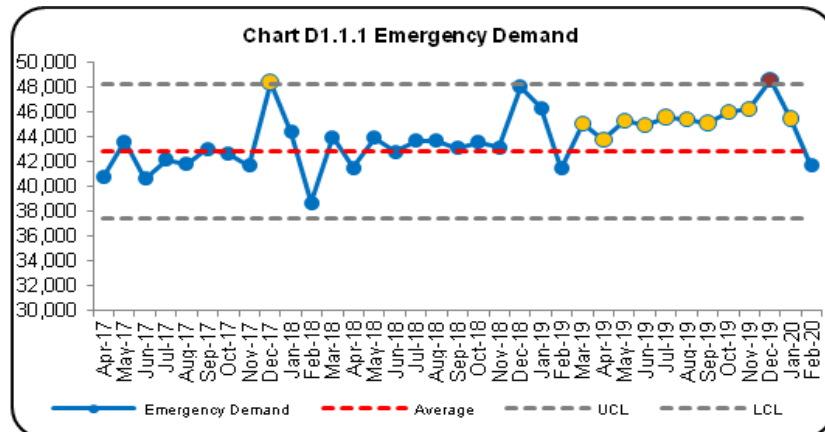
What is the data telling us? – Compliance with the recorded use of the PVC insertion care bundle is being consistently sustained above the quality indicator aim of 95% and has been above 96% for the last 4 consecutive months. Compliance for the months of January and February 2020 was 96.2% and 96.4% respectively.

Why? – The accurate recording of compliance with the PVC insertion bundle continues to be supported by the software available in ambulances.

What are we doing and by when? – As well as recording and monitoring overall compliance for the Service the monthly compliance for each Region is monitored against the quality indicator aim.

D1: Demand

D1.1 Emergency Demand



What is the data telling us? – Emergency demand (chart D1.1.1) has shown an increase since March 2019, this is Non-random variation and is highlighted in yellow. In this time, demand has been above average for the last 11 months. Purple and red category demand (chart D1.1.2) has shown an increase of 16.0% in December 2019 when compared to December 2018 and overall Emergency Demand shows an increase of 1.1% over the same period. A decrease in emergency demand is seen in January and February 2020, a similar pattern to that seen in January and February 2019.

Why? – A rise in purple and red categories has been seen throughout the year and the more pronounced pattern has continued into December 2019 with a decrease in January and February 2020. The increase in purple incidents is the result of

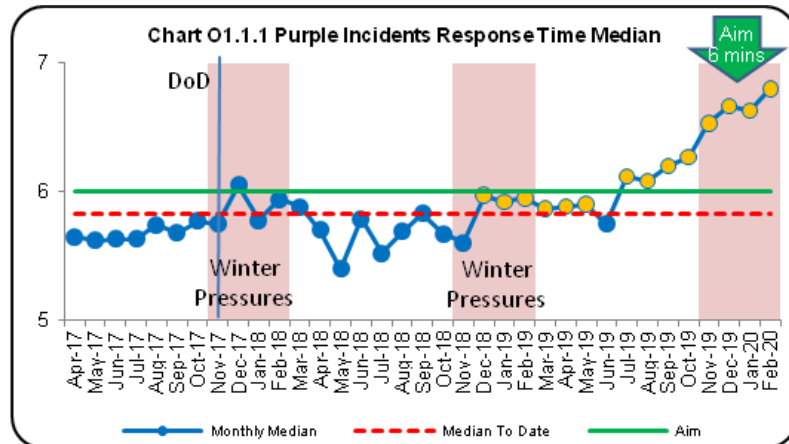
improvement work which has improved the triage of overdose patients and patients with breathing problems. A large proportion of the increase in the red demand, category, patients at high risk of clinical deterioration has come from calls from healthcare professionals.

What are we doing and by when? – We continue to focus on a proactive management of demand in the Ambulance Control Centres by referring appropriate patients to other providers, pathways and providing additional telephone triage by Clinical Advisors. In addition, work is ongoing with the clinical directorate to fine tune senior clinical support when demand levels rise. We are working as part of the NHS Scotland Unscheduled Care Collaborative Programme to understand the increase in unscheduled demand across the wider health and care system and opportunities for change and improvement.

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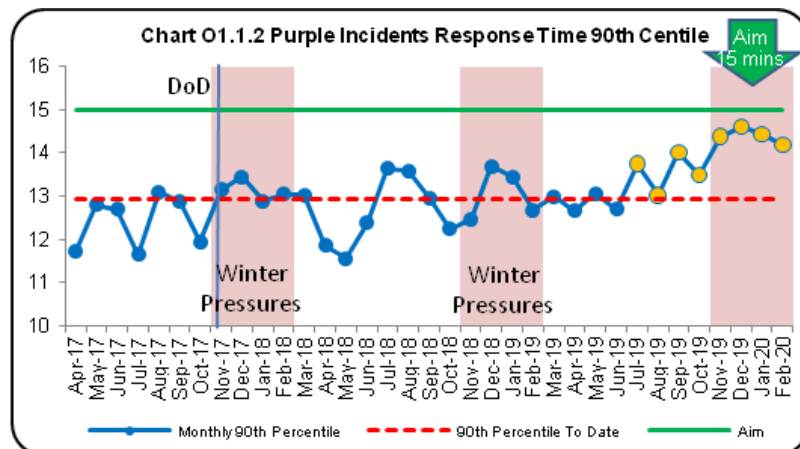
O1: Operational Measures – Unscheduled Care

O1.1 Purple Incidents Response



What is the data telling us? - In the last year on average we attended 1,174 purple incidents per month; these are our highest priority calls to the most acutely unwell patients. In February 2020, we attended 1,247 incidents and the performance median was 6 minutes 48 seconds (against a standard of less than 6 minutes), with a 90th percentile of 14 minutes 12 seconds (against a standard of less than 15 minutes). Non-random variation can be seen in chart O1.1.1 highlighted yellow.

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

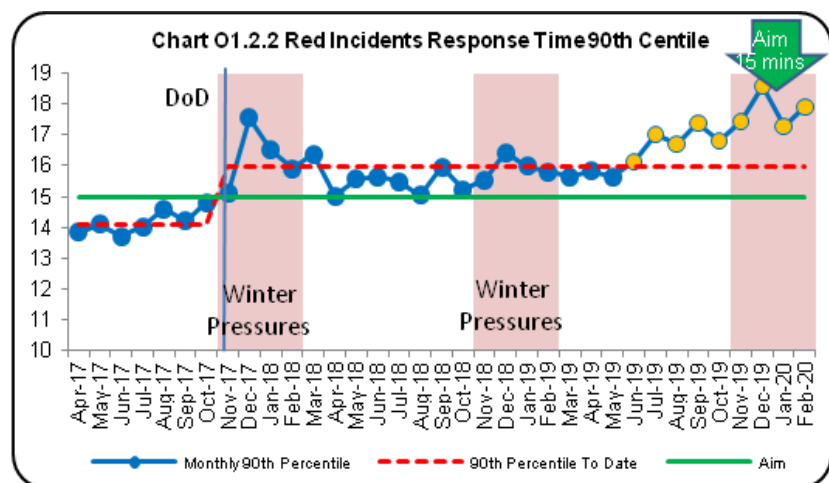
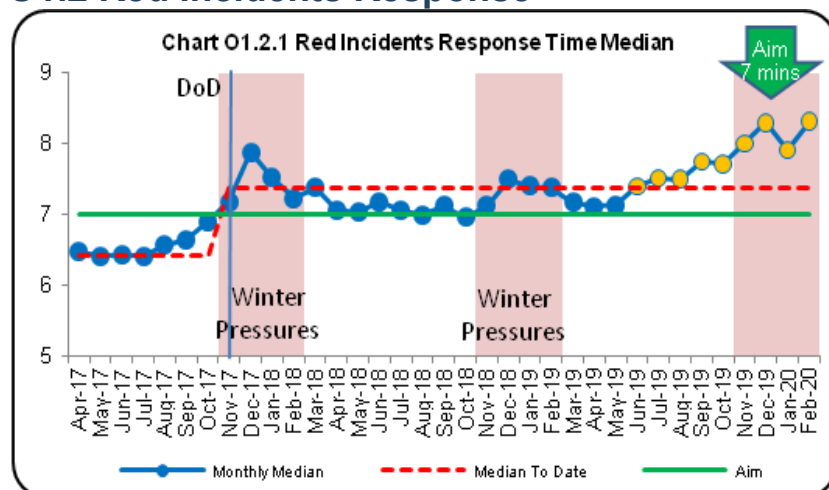


What are we doing by when? - performance will improve through reductions in unscheduled demand and improvements in resource availability. Our work with the Unscheduled Care Collaborative Programme will help identify opportunities to reduce demand, alongside the other initiatives as set out in Board Paper 5 – Taking Care to the Patient. To improve resource availability we are progressing our recruitment and training plans and working very closely with key sites which are experiencing delays in hospital handovers. Within the West of Scotland we have seen unprecedented increase in turnaround times at QEUH and Ayr hospitals. This impacts on resource availability and is significant at peak times. There is now a Scottish Government initiated working group to review this which is being chaired by the Service's Medical Director.

In East region, over 20 students are due to complete their VQ training course in March, which will enhance shift coverage across the Region. Plans are also being developed to increase recruitment of Technician and ACA staff to enhance cover by the end of Q1 of 2020.

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01.2 Red Incidents Response



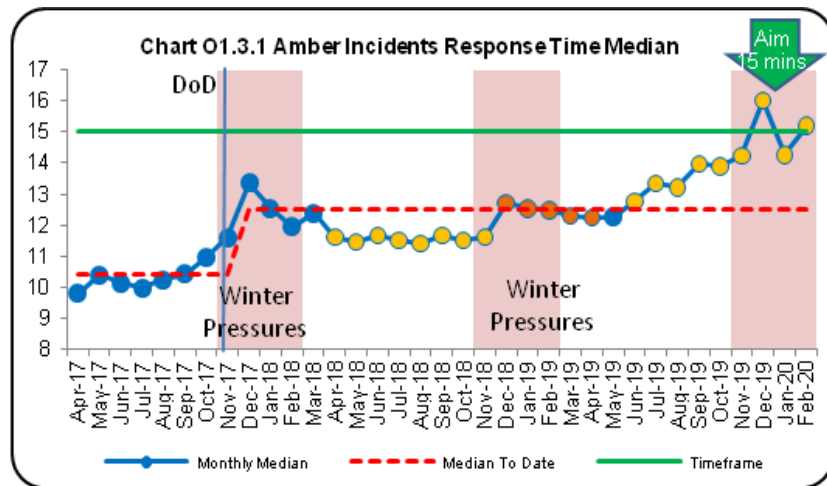
What is the data telling us? - In the last 12 months on average we attend 6,729 red incidents per month, these are our second highest priority calls to patients in an immediately life threatening situation. In February 2020, we attended 5,840 red incidents and the performance median was 8 minutes 19 seconds (against a standard of less than 7 minutes), with a 90th percentile of 17 minutes 55 seconds (against a standard of less than 15 minutes).

Why? - Performance within these areas remains outwith the standard due to an increase of 11.9% in red incidents in December 2019 when compared to the same period last year. The introduction of Key Phrases has improved the earlier identification of patients who present with symptoms or injuries with a high risk of acute deterioration. Since their introduction we continue to identify more Red calls earlier, enabling quicker dispatch of a resource.

What are we doing and by when? – We are reviewing all Red calls to identify the cause of the increase. We continue to focus on the pre-positioning of resources when available to reduce the travel time of ambulance resources arriving at the scene. This will include performance management and support of dispatch in areas such as use of tactical deployment points; an additional dispatch manager has recently been employed.

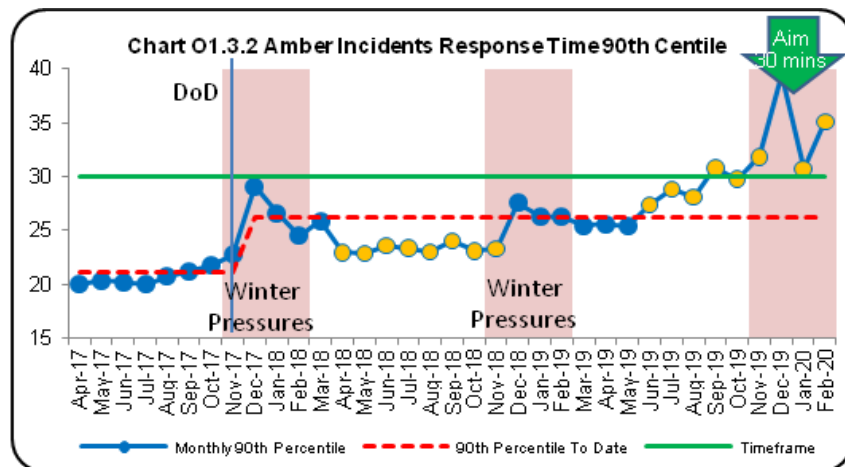
Imminent completion of Technician training courses and further planned increases in resources within the regions will improve resource availability and enhance performance in the coming months.

O1.3 Amber Incidents Response



What is the data telling us? – In the last 12 months on average we attend 13,190 amber incidents per month; these are patients who have a defined need for an acute care pathway. In February 2020, we attended 13,947 amber incidents and the performance median was 15 minutes 12 seconds, with a 90th percentile of 35 minutes 4 seconds. Although there are no specific time standards for Amber calls indicative time frames for these calls are 15 minutes for the median response and 30 minutes for the 90th percentile response. Non-random variation can be seen in these charts highlighted yellow and orange.

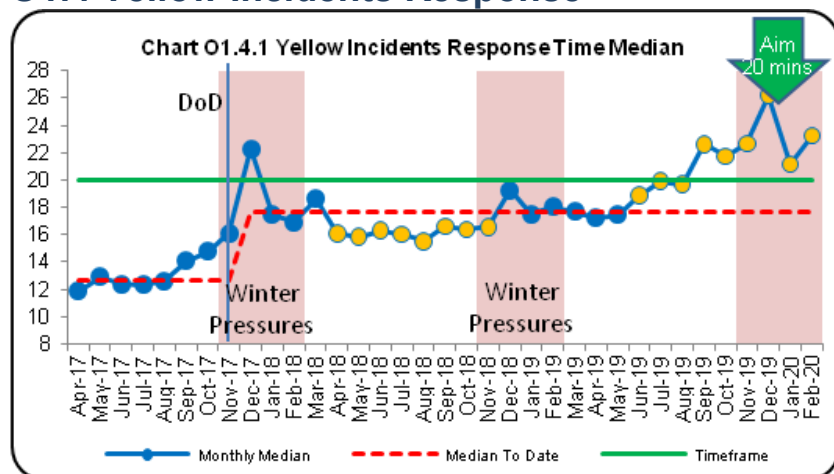
Why? – The introduction of Dispatch Prompts identifies that the most appropriate resource for these patients is an ambulance for transport. This ensures that patients who require a specific clinical pathway arrive at the destination location quicker.



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

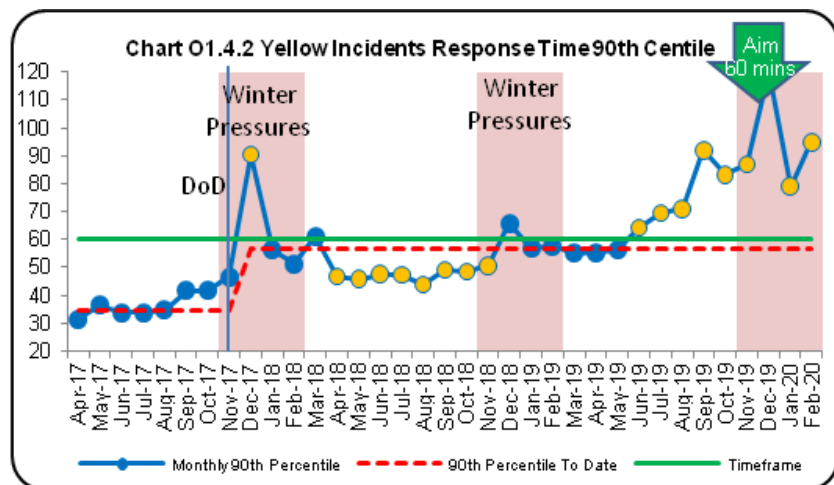
The regions continue to manage abstractions such as sickness absence to maximise shift cover.

01.4 Yellow Incidents Response



What is the data telling us? – In the last 12 months on average we attend 24,081 yellow incidents per month; these are patients with non-immediately life threatening presentations, and an associated high rate of non conveyance. For February 2020, performance median was 23 minutes 15 seconds, with a 90th percentile of 1 hour, 34 minutes 53 seconds. Although there are no specific time standards for yellow calls indicative time frames for these calls are 20 minutes for the median response and 60 minutes for the 90th percentile response. Non-random variation can be seen in these charts highlighted yellow.

Why? – Where demand exceeds resource provision, resources will be diverted to higher priority calls to enable us to prioritise ILT, the sickest patients. Ambulance resources delayed at hospital directly impact on our ability to respond to these patients timeously.



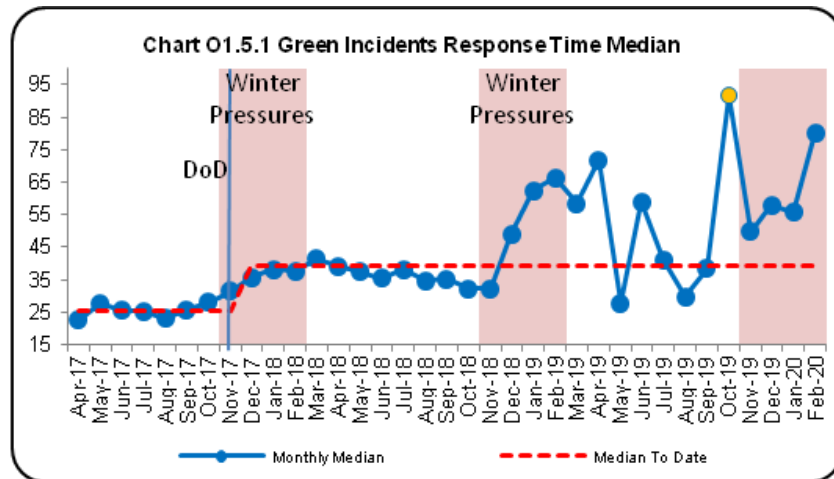
What are we doing and by when? – We continue to review yellow calls to understand the special cause behind the variation being seen. A work programme of clinical risk and demand management, led by the Medical Director and the Director of National Operations has been developed in order to mitigate risk, reduce delays and improve patient experience for those patients in lower clinical acuity categories. This requires a whole system approach to matching resources to demand and continually considering the clinical acuity of patients affected. In cases of delayed response, welfare call backs are undertaken to ensure patient safety. Work has taken place to ensure that any calls that are delayed by more than 45 minutes receive a clinical welfare check.

The regions continue to manage abstractions such as sickness absence to maximise shift cover.

Steps are being developed to increase PTS resourcing over coming months to support lower acuity, same day requests, thus freeing up A&E capacity to handle the volume of higher acuity calls.

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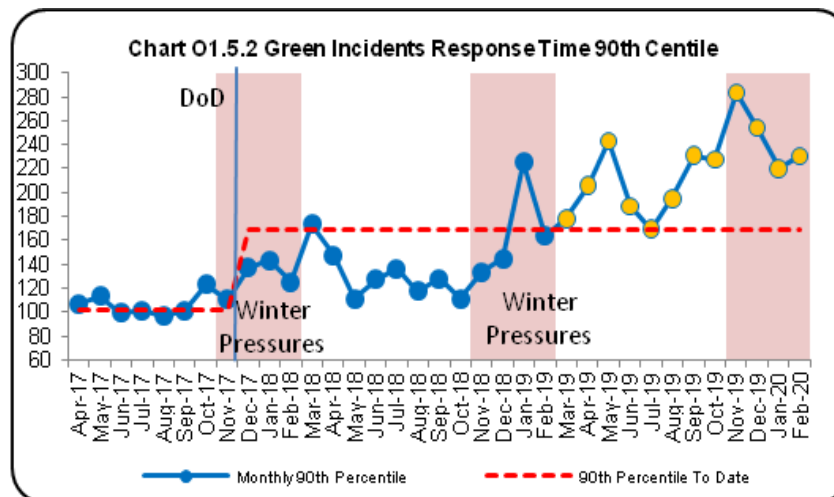
O1.5 Green Incidents Response



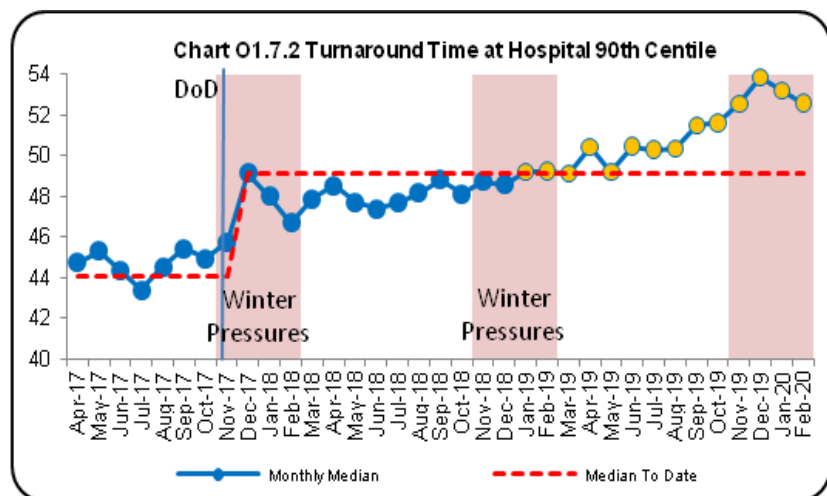
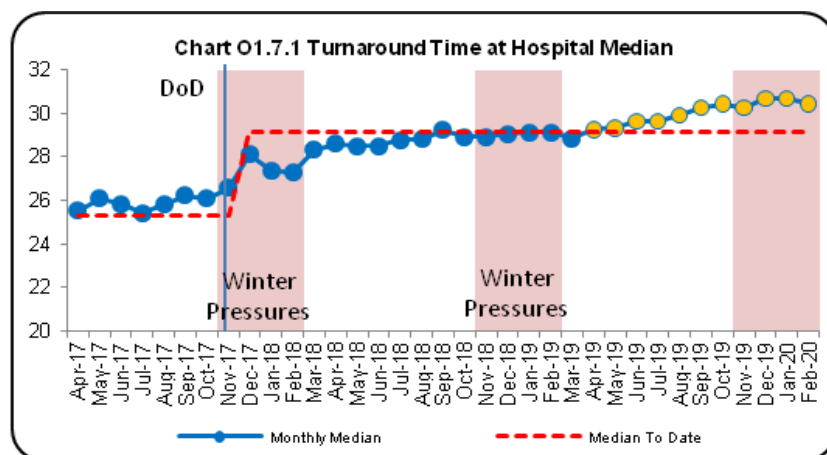
What is the data telling us? – In the last 12 months on average we attend 89 green incidents per month; these are non-immediately life threatening patients who have the potential for additional clinician led telephone triage or face to face assessment when required. For February 2020, performance median was 1 hour, 20 minutes and 11 seconds, with a 90th percentile of 3 hours, 50 minutes 17 seconds. Non-random variation can be seen in these charts highlighted yellow.

Why? – Where demand exceeds resource provision, resources will be diverted to higher priority calls to enable us to prioritise ILT the sickest patients. Ambulance resources delayed at hospital directly impact on our ability to respond to these patients timeously.

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



O1.7 Turnaround Time at Hospital



What is the data telling us? – On average we transport 32,031 (63.2%) unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For February 2020, we transported 29,215 (61.8%) patients with a median turnaround time at hospital of 30 minutes 27 seconds. Non random variation can be seen in these charts highlighted yellow.

This sustained rise in average turnaround times has not been reflected in East region, where times have been fluctuating around the median of 27 minutes.

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

What are we doing and by when? – Hospital Ambulance Liaison Officers (HALOs) are deployed at the busiest hospital sites to ensure we are fully integrated and that we collectively manage flow, through the facilitation of discharges earlier in the day when identified. We have escalation plans in place with acute sites and closely monitor hospital turnaround times to ensure delays at hospital are minimised with appropriate actions taken.

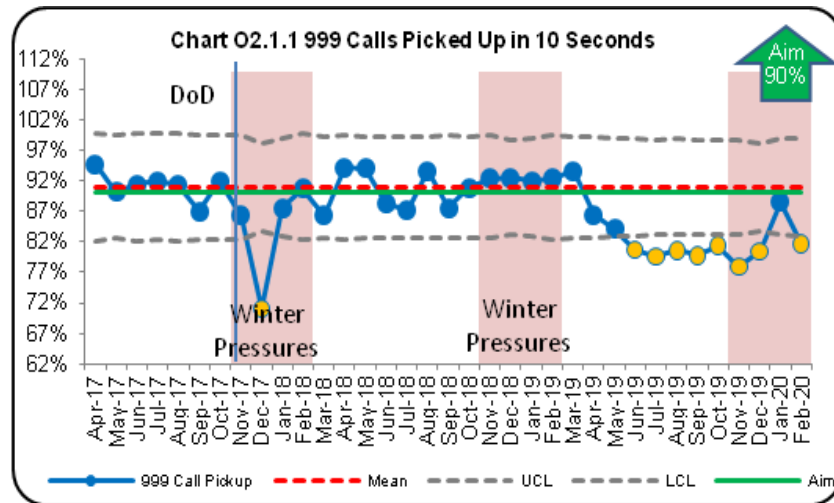
Within the West of Scotland there has been a dedicated Area Service Manager and HALO specifically aligned to both QEUH and Ayr to provide local leadership and engagement to reduce hospital turnaround issues. In addition to this there are up to three conference calls daily with senior hospital managers, 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.

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O2: Operational Measures – 999 Calls

O2.1 999 Calls Answered in 10 Seconds



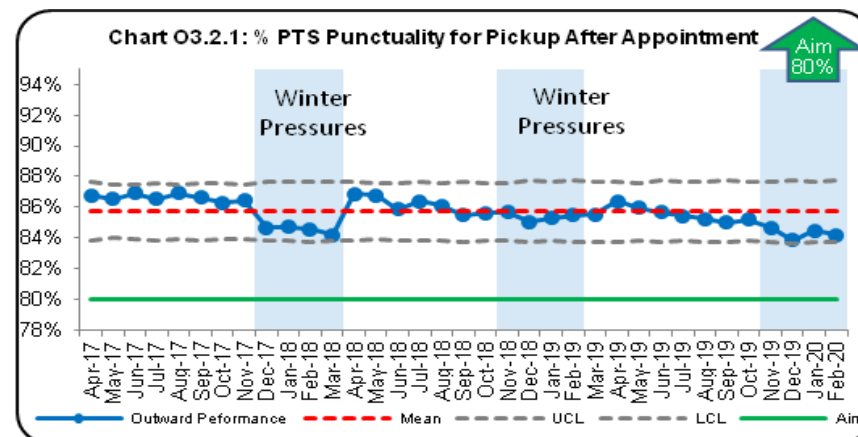
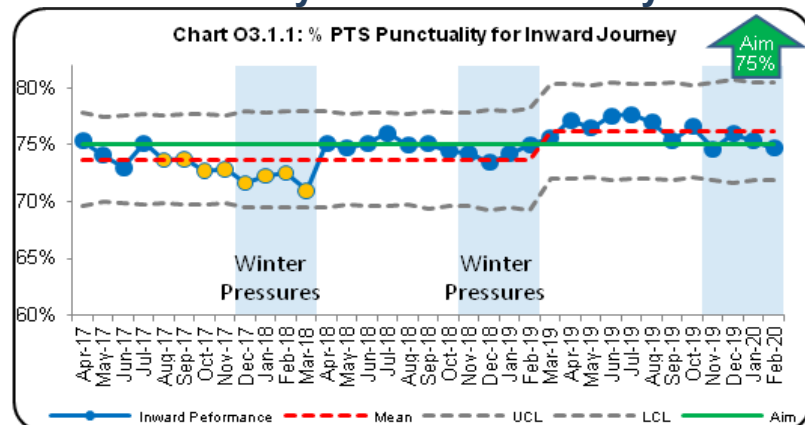
What is the data telling us? – In the last 12 months on average we Answer 49,301 emergency 999 calls per month. For February 2020, we answered 47,848 emergency 999 calls with 81.7% picked up within 10 seconds (against a standard of 90%). Call demand has risen by 14.5% when compared to the same month last year. This pattern is in line with similar patterns across the UK ambulance sector. Non-random variation can be seen in this chart highlighted in yellow.

Why? – Call demand fluctuates by hour of the day. When incidents occur in public places, we sometimes see a sudden spike in call demand due to multiple calls for the same incident. Whilst this is not uncommon, where we see a number of these across the country in quick succession demand exceeds capacity.

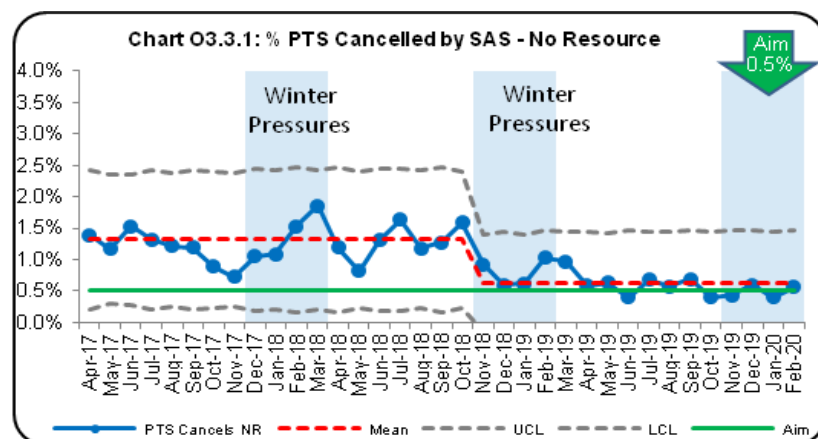
What are we doing and by when? – We are reviewing call pick up performance to identify the special cause of this variation. We regularly review patterns of call demand to ensure that we have sufficient resources to answer 999 calls as soon as possible. In line with the strategy, additional call handlers have been recruited and we are now at establishment with staff finalising training and mentoring.

O3: Operational Measures - Scheduled Care

O 3.1 Punctuality for Inward Journey



O3.3. Cancelled by SAS No Resource



What is the data telling us? - Punctuality for Inward Journey (O3.1) was above the target of 75% for January 2020 then dipped slightly below target in February 2020. The average for the two months was 75.1%. Over the past twelve months, we carried out an average of 18,367 inward PTS journeys per month.

Punctuality for Pickup after Appointment (O3.2) improved in January/February 2020 from December 2019 being below the mean but exceeding the target of 80%. Over the past twelve months we facilitated an average of 23,473 PTS pickups from appointments per month.

Journeys Cancelled by the Service – No Resource (O3.3) continues the improvement of recent months; achieving the target of less than 0.5% in January 2020 but exceeding it slightly in February 2020 with both below

the mean and for both months combined, achieving the target at 0.48%. Over the past twelve months we carried out an average of 71,124 PTS journeys per month.

Why? – Performance in Punctuality for Inward Journeys in January/February 2020 showed a similar reduction as the same months in the previous two years; reflecting an impact of winter pressures such as weather and shift coverage. However, performance did show an improvement over both previous years.

Performance for Punctuality for Pickup after Appointment; whilst remaining above target, fell compared to the same period in 2018. This was due to some resourcing issues due to abstractions, particularly a number of staff commencing A&E training courses and a rise in sickness absence.

PTS Journeys Cancelled by the Service – No Resource. The sustained performance improvement in 2019, which led to a recalculation of the mean from 1.3% to 0.7% continued into January/February 2020. Staffing challenges also impact on achievement of this target.

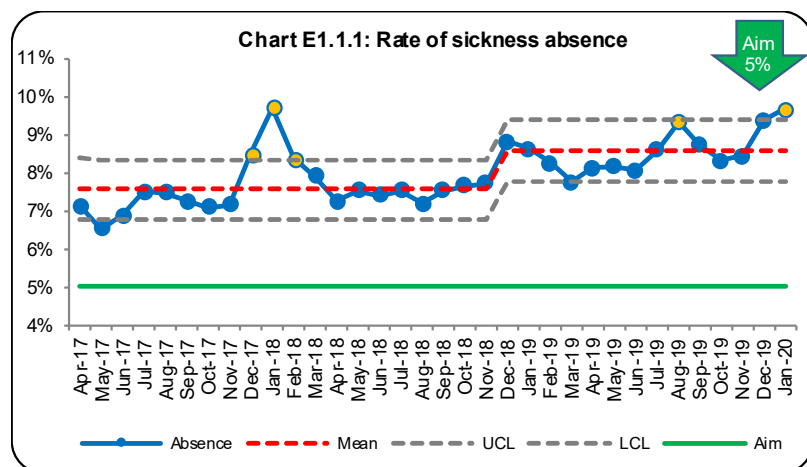
What are we doing and by when? – Recruitment of trainee Ambulance Care Assistants continues with 23 having started the training course in early March, with them coming into the regions in April. A further course is planned for May. Plans are being developed to look at options to further increase ACA recruitment to enhance resource availability and improve service delivery for patients, including providing capacity to handle low acuity level, same day unscheduled care patients, easing pressure on A&E resources.

The next tranche of 60 new replacement PTS vehicles, designed with the input of staff and patients, are currently on order for delivery during 2020, helping to improve the efficiency, reliability and comfort of the PTS fleet.

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E1: Staff Experience

E1.1 Sickness Absence



What is the data telling us? -

In January 2020, the absence rate was 9.7%. The Once for Scotland Managing Attendance policy, guidance, processes and protocols have been refreshed to support delivery of attendance improvement.

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

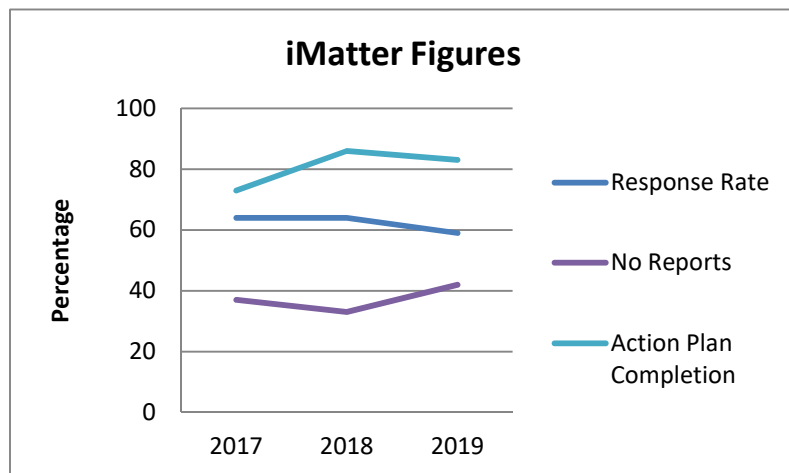
What are we doing and by when? - Actions introduced to address absence rates are continuing as we focus on reducing absence and keeping people at work where appropriate.

- The Service has moved from the E.A.S.Y. absence management model, to a new Wellbeing and Case Management model, which will enable focussed and targeted support to staff who are absent from work with a mental health, stress or anxiety related absence. This new wellbeing case management service commenced on 1 November, providing staff with access to dedicated mental health trained case workers to help with support and return to work.
- The group established by our Executive Team to review all cases and sickness absence records to ensure effective management, manage the most complex cases, enhance absence tracking/monitoring and reporting, guidance, processes, protocols is progressing with initiatives.
- Following the audit work, carried out by members of the short life working group, improved attendance management training is being revised to take into account some of the common themes identified. In addition, the updated training materials will incorporate the new Once for Scotland policy on Promoting Attendance.

- A monthly brief was developed for management teams and partnership forums on supporting the management of the Special Leave policy. Following the festive period, the group will be visiting Regional/Departmental Management Teams, to review actions coming from audit, to share good practice and ensure consistent approach to managing attendance.
- Development work with regard to consistent use of GRS, tracking and reporting of absence is ongoing.
- All training and development materials are being updated in line with recent developments, using external bench marking of practice including Public Sector Wellbeing Group and NHS Employers.

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E1.2 Employee Experience



What is the data telling us?

iMatter figures as previously reported have shown a decrease in response rate of 5% to 59% and an increase in 'No reports' of 9% to 42%. The Service was only short of 3 completed surveys to receive a Board report. The 12 week action plan completion period concluded with a final overall completion rate of 83% (340 teams out of 410). The Health & Social Care Staff Experience Report 2019 published on 3rd February 2020 enables us to look at comparable data. The overall response rate across Health & Social Care was 62% with a 'No report' rate of 34% (teams with no report are teams of more than 4 people who did not achieve a 60% response rate or teams of 4 or less who did not achieve a 100% response rate). Of note is the difference regarding action plan completion rates with

the Service achieving 24% more than the national average of 58%. The Service was one of only 4 Boards to achieve a rate higher than 80% for action plan completion.

Why?

Reasons for the decrease in completion rates have previously been discussed and include the timing of the survey with the initiatives surrounding 'What matters to you?' day. Following this decrease there was a concerted effort across the organisation to complete action plans as it was recognised that meaningful actions to improve staff experience are more important to our staff than achieving a Board Employee Engagement Index.

What are we doing and by when?

We have changed the date for the launch of the 2020 survey to ensure it is not in conflict with other initiatives. It will therefore commence 1 month earlier on 6th April 2020 with the live questionnaire running from 4th – 25th May.

For 2020, our aim is to enable staff to view staff experience as more than a measurement tool like iMatter. We will do this through various means such as:

- Consultation, involvement and engagement in the development and implementation of both our Wellbeing Strategy and renewed Service Strategy
- Continuing to ensure staff experience is a central theme in the delivery of our Foundation Leadership & Management programme
- Engage in the Institute of Healthcare Improvement (IHI) virtual programme utilising the 'Joy in Work' framework as part of a wider learning network to share good practice
- Share staff stories and examples of improvements our staff are making at a local level to generate ideas and inspiration for change

The RUOK? team storyboard is featured in the Health & Social Care Staff Experience Report 2019 as the Service's contribution and the team have also produced a video of their work and the impact it has had. This is a fantastic example of how an initiative can grow from an idea to national recognition and adoption in external organisations with the determination, drive and perseverance of a very small team.

Whilst there is no expectation for teams to replicate what the RUOK? team have achieved, the key message we are conveying is that improvements can be made by local teams over time by taking the smallest of steps on a continual basis.

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