Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**25 November 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: - 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 October 2020. 3. **Discuss** actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality improvement and Measurement for Non Executives guidance. This paper highlights performance against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience and Financial Performance are reported in separate Board papers. <u>Board Report Format</u> Following the most recent Board Development session on 28 October 2020, work has been progressed on the areas identified for further improvement and a meeting with the identified Non-Executive Directors will be held before end November 2020. Following this a timeline for proposed developments will be presented to the Board. <u>Clinical and Operational Performance</u> VF/VT Return of Spontaneous Circulation (ROSC) and 30 day survival for critically unwell patients remain within control limits, as do responses for hyper acute stroke patients. Overall demand increased throughout the spring and summer to

	reach close to pre COVID-19 levels over the last 4 months. Associated with this, and reduction in capacity due to enhanced infection prevention and control measures, there are increases in response times across all categories. Over 40% of patients continue to be cared for in local community based settings. <u>Workforce</u> In September 2020, the non COVID-19 sickness absence rate was 6.5%, this is a 2.2% reduction on the same month in 2019. The COVID-19 related absence rate was 1.63% The Staff Wellbeing & Support group has continued to progress a range of activities in consultation with staff. A communication campaign to highlight health and wellbeing support available for staff during the winter is underway including weekly engagement sessions for managers and supervisors. Our workforce plans for 2020/21 have been reviewed and recruitment and training targets updated for the remainder of this year. We are recruiting to fill vacancies and 148wte additional posts following the government's announcement of an additional £10.7m investment. We continue to work in partnership with Staff side representatives to address together the challenges of winter and COVID-19 with weekly informal calls to strengthen communications and enhance formal partnership structures. <u>Enabling Technology</u> The Emergency Service Network (ESN) Programme revised Full Business Case (FBC) is undergoing further revision with another iteration due in early 2021. The programme has been undertaking numerous consultations to understand what functionality is required for 'Day 1'. The Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) has now passed the national milestone required to enable individual ambulance services to progress to implementation stage. The Service will be the first ambulance service to implement the new software. Work starts in November with a go-live date in April/May 2021. A Change Control Notice (CCN) to extend the current ICCS contract until June 2021 has been signed. The Digital Workplace Project completed the main email migration in October. The team are continuing to work through the issues that have arisen but the migration has been largely successful. Work is

	now ongoing to schedule the rest of the Phase 1 activities, including a new intranet, SharePoint site, shared drives and access to Microsoft 365 apps. The Call Recording Project has successfully completed. The Telephony Replacement Project has commenced and is scheduled to complete in April 2021.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD. 5.1 Improve our response to patients who are vulnerable in our communities. 6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.
Contribution to the 2020 vision for Health and Social Care	This programme of work underpins the Scottish Government's 2020 Vision. This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Operational Delivery Plan & Remobilisation 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	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Scottish Ambulance Service's Key Performance Indicators. These measures are based on the Service's 2020/21 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

What's New

Changes in this report include:

- **Hyper Acute Stroke:** bundle compliance is now measured as the number of patients whose record does not indicate the bundle has been used. This is an improvement highlighted in a recent Board Development Session and a change from the previous measure of percentage compliance.

What's Coming Next

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

Performance Charts

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

Control Charts

Rule 1: A 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

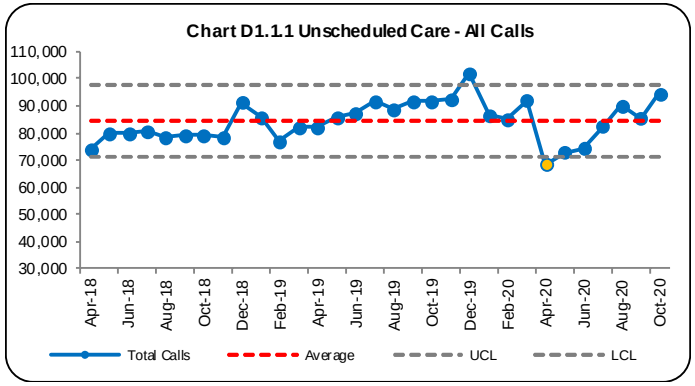
Rule 1: A run of six or more points in a row above or below the median

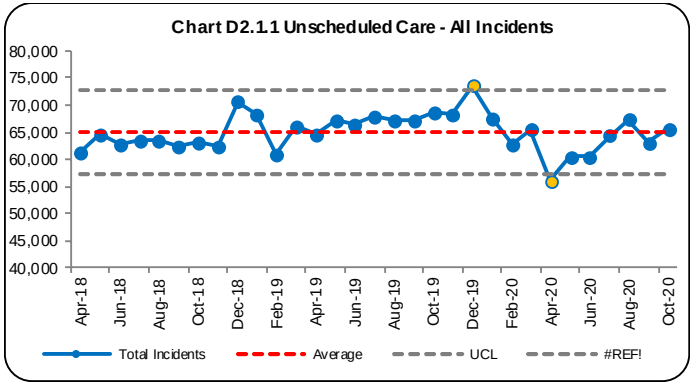
Rule 2: Five or more consecutive points increasing or decreasing

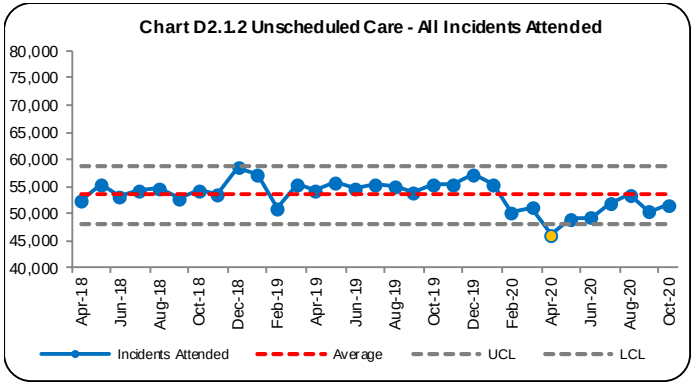
Rule 3: Too few or too many runs, or crossings, of the median

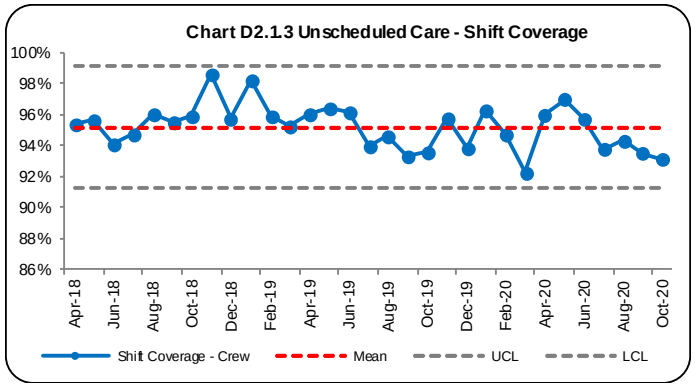
Rule 4: Undeniably large or small data point (astronomical data)point)

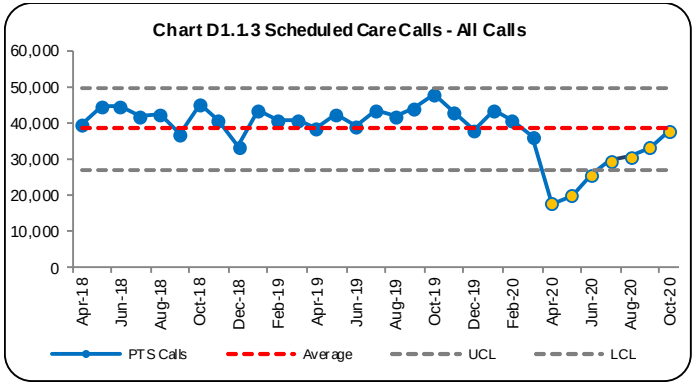
D: Demand Measures

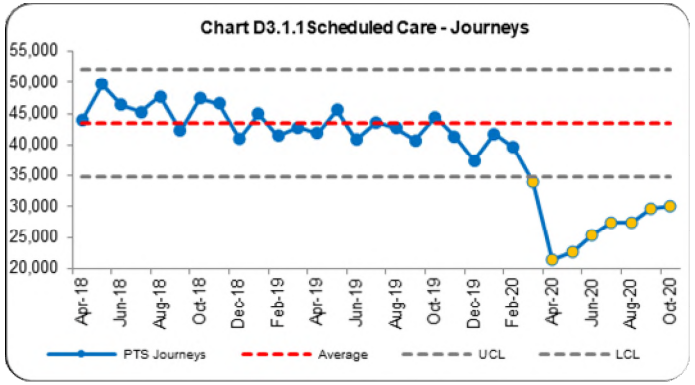












What is the data telling us? – Since March 2020 the UK has been in the midst of the COVID-19 global pandemic. This has resulted in Scotland being placed in lockdown from the 23 March with restrictions easing gradually from the 27 May. Tighter restrictions around hospitality were brought in across Scotland on the 9 October 2020 with the strictest controls in the central belt. On the 2 November Scotland moved to a 5 tier system of restrictions.

Demand across all areas dropped in April and since April demand has increased month on month with unscheduled demand returning to pre COVID-19 levels and remaining stable for the last 4 months (July to October). Scheduled care demand has seen a similar pattern of increase however the number of journeys remains below the lower control limit.

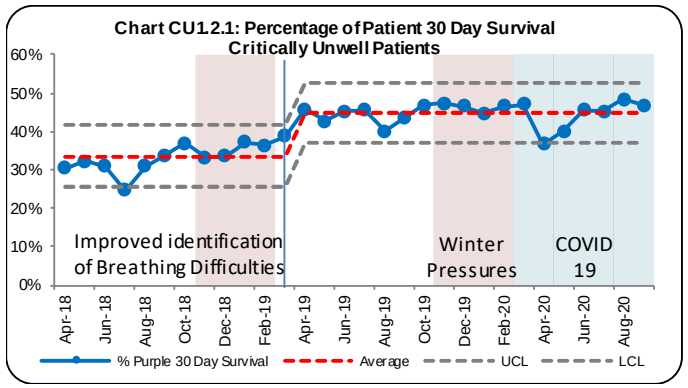
Why? The rescheduling of services in the wider healthcare sector due to the pandemic, alongside the widespread adoption of near me virtual consultations, has been the main driver behind the drop in scheduled care activity.

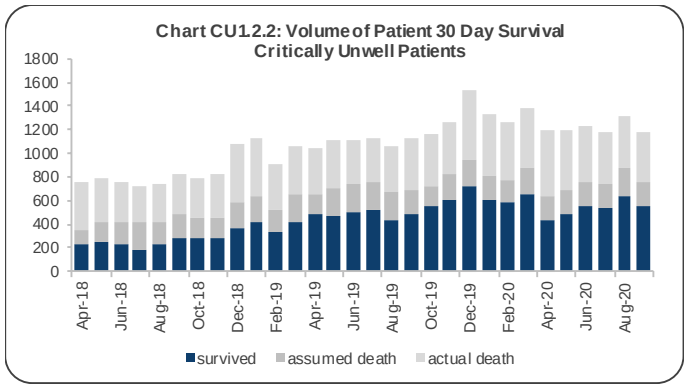
At the start of the pandemic unscheduled demand dropped across most key conditions (e.g. falls), however, notably demand related to mental health issues increased and although now back within normal variation it continues to remain higher than average (mean).

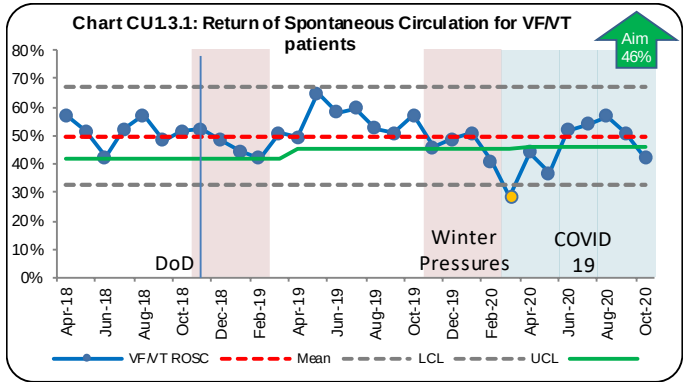
What are we doing to further improve and by when? – We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated based on intelligence of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

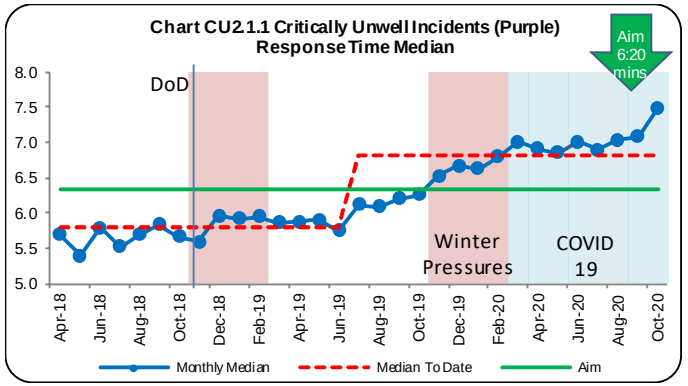
As part of our remobilisation plans we have established several workstreams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. These are explained later in the paper.

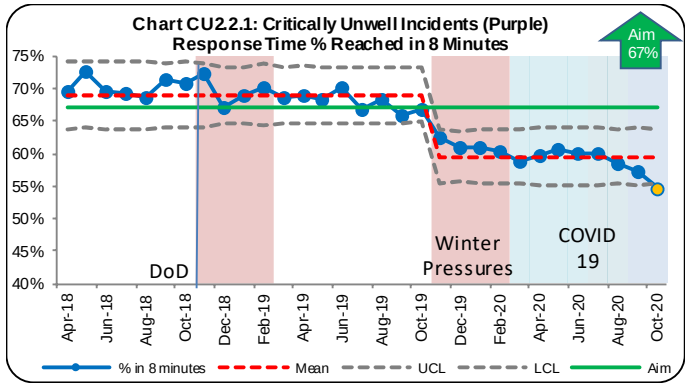
Purple Response Category: Critically Unwell Patients

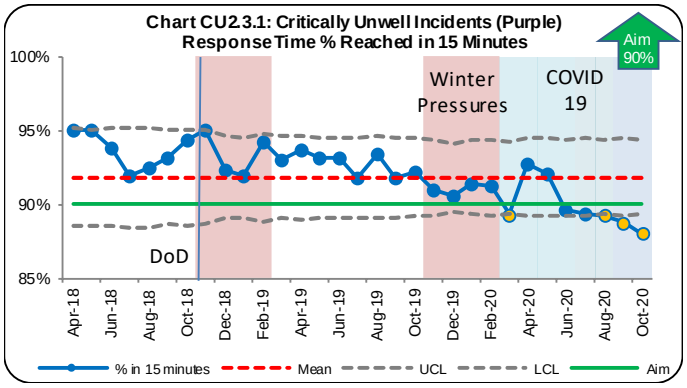












What is the data telling us?

Purple Category 30 day survival data is collated three months in arrears in order to validate the figures and Chart CU1.2.1 illustrates that survival figures have continued to rise slightly to the end of August 2020 and remains within control measures.

Within the last Board report we had noted a third consecutive month increase in Chart CU1.3.1 looking at the Return of Spontaneous Circulation for VF/VT patients. However our latest data indicates that while there has been a slight reduction over the last two months the data remains within control limits.

Purple Median Response

The median response to purple calls (Chart CU 2.1.1) has increased by about a minute from 2019 to 2020 and the data illustrates that there has been a 25 second increase on purple median and 16 second increase on purple 90th percentile response in October 2020 when compared to the previous month. While demand within purple remains fairly consistent since August there has been increasing demand due to COVID-19 which is compounded by challenges in capacity and other factors which significantly influences our response times.

Why? - To understand why response times have increased, the first question is to consider whether or not there has been a change in the response process. Our last Board update included a detailed analysis of why response times have increased and reflected the impact of influencing factors such as Community First Responders having not been active due to risk of infection and changes in PPE guidance, the impact of the de-activation of Tactical Deployment Points (TDPs) and the wider considerations determined by COVID-19.

A number of mitigating actions to improve our response times were identified that when applied across the system should improve our response times to our most critically unwell patients. An update on progress is included below:

- Re-establish Community First Responders (CFRs) as part of the Service's Recovery planning. CFRs are a motivated and valuable asset and form an integral part of the Service's response capability.

  In March 2020, they were stood down from responding, primarily to ensure their safety but also to support the prioritisation of PPE across the Service. As previously reported the Community Resilience Team has undertaken significant engagement across the Service with a new training programme developed, the initial tranche of training was delivered and by 31 October 2020, 98 groups had been trained and were eligible to book on with ACC. This number continues to increase. CFRs will wear level 2 PPE to all calls and their previously clinically agreed scope of practice remains unchanged. The only amendment is that for cardiac arrests, CFRs will only undertake chest compressions and use of AED – they are not permitted to carry out Aerosol Generating Procedures (AGP) as this requires level 3 PPE and additional training and support.

  The value added by the remobilisation of CFRs has been highlighted when a CFR was allocated to a patient with breathing difficulties. It transpired the patient was choking and the responding paramedic subsequently commented that the actions of the CFR made a significant difference and potentially saved the patient's life.

Over 450 CFRs have now been reactivated across Scotland with plans to increase this number in the months ahead. During the phased return in October, CFRs were dispatched to almost 200 calls in their local community. Whilst this is lower than the average number of monthly calls, many groups have not been operational for the full month. The trajectory of CFR calls will continue to increase steadily over the coming weeks and months.

- Re-establish Tactical Deployment Points – as part of the Service's Recovery Plan work this has been taken forward to re-introduce the TDPs within the regions and this has progressed as planned.

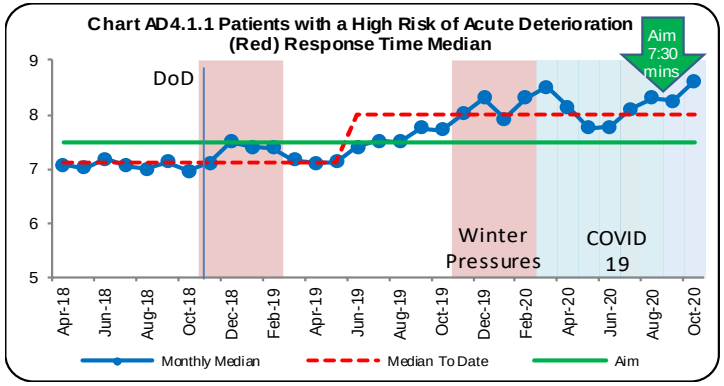
- Progress the Demand and Capacity modelling work as part of the Service's Recovery Planning. An updated demand and capacity implementation has been developed and is being progressed. A further 148wte are currently being recruited across all grades to be in post by March 2021.

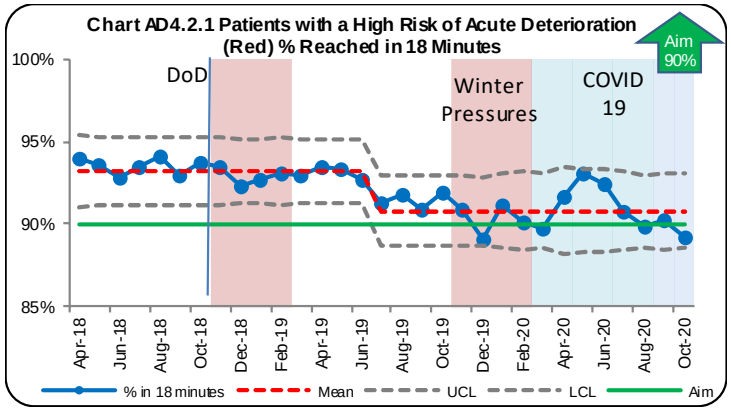
    - Work with Boards to reduce ambulance turnaround times – see section Turnaround times.
    - Whilst demand has not exceeded pre COVID-19 levels, the utilised hours units (UHUs) have increased due to the increased use of PPE and Infection Prevention and Control precautions for COVID-19.

- Early analysis is underway to further enhance our understanding of individual purple category codes in line with Clinical Response Model principles and identify potential opportunities to optimise our response.

Response times remains a focus for the Service and through improved understanding we can seek to optimise and influence the process where possible to positively effect.

Red Response Category: Patients at risk of Acute Deterioration





What is the data telling us? – The Service aims to respond to 50% of these patients within 7 minutes 30 seconds and 90% within 18 minutes. The volume of these calls reduced by 16.8% throughout April to October 2020 when compared to the same period the previous year.

The percentage of patients reached in 18 minutes is slightly below target at 89.3% in October 2020, however remains within control limits. The Median response time in October 2020 was 8 minutes 37 seconds which is higher than the same period in 2019 and above the aim.

Why? – Many of the elements described in the Purple Median response time analysis above also apply to Red response. Although the cardiac arrest rate in this group is much lower the response required needs to be both timely and robust in terms of skill set. Work is ongoing to understand Red response elements similar to that described for the purple category.

This will result in internal improvement measures identified and we will report further to the Board regarding the details of this.

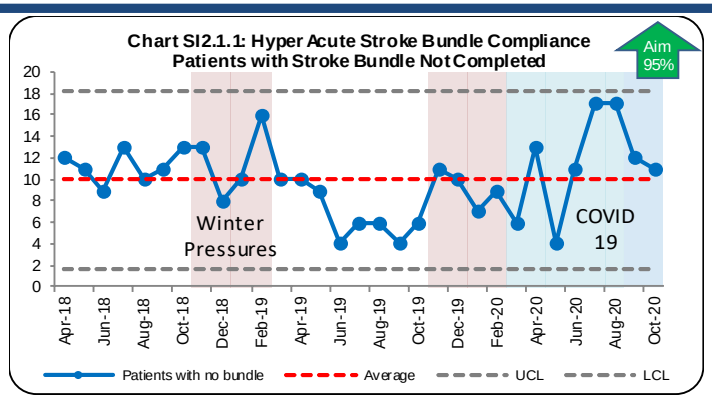
As Purple calls now receive a dual rather than a single ambulance response this may affect response times to lower acuity calls. Due to its geography, the North Region has a higher number of single vehicle and on call ambulance locations than other parts of Scotland. There has been an increase in the number of calls being upgraded to purple calls in the North Region.

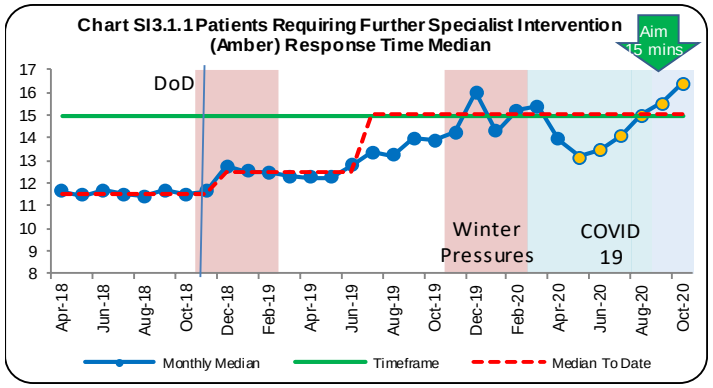
What are we doing and by when? – Work is ongoing by the Clinical and Business Intelligence Teams to understand Red response elements similar to that described for the Purple category.

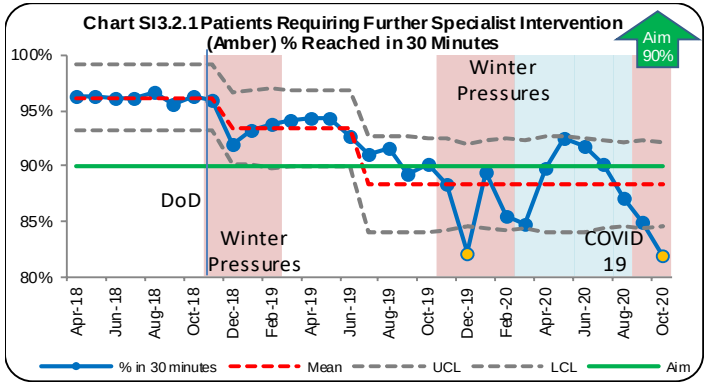
The Remobilisation of Community First Responders will improve our first on scene time to emergency calls.

Work is underway to develop Low Acuity Hubs within Grampian (Elgin and Aberdeen) and Highland (Inverness) to support existing ambulance resources to respond to emergency calls.

Amber Response Category: Patients Requiring Specialist Intervention







What is the data telling us? – The compliance of the Hyper Acute Stroke bundle has improved since August 2020. In October 2020, out of the 362 patients experiencing a Hyper Acute Stroke 11 did not have a complete stroke bundle noted on their record. We continue to try and understand the reasons for the slight variation in performance and we are looking at this closely to understand any clinical, geographical or record keeping elements that may need to be addressed.

Similar to the pressures being experienced in purple response time, Chart SI3.2.1 illustrates a reduction in the percentage of patients being reached in 30 minutes and is reported out with the control limit.

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.

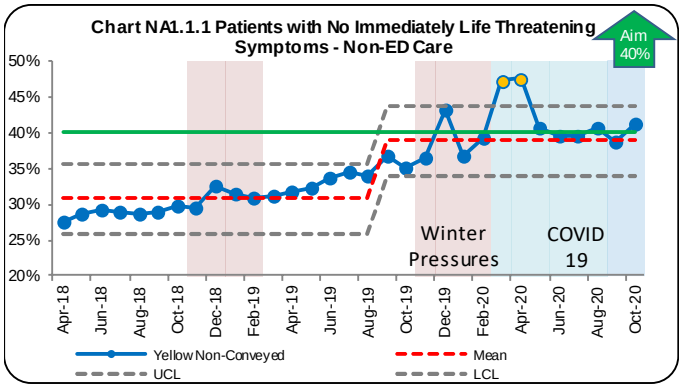
Recent developments include:

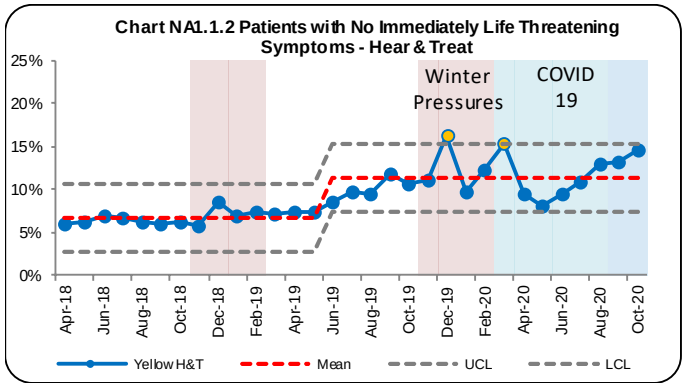
- Working with NHS Tayside on the staged implementation of a new stroke pathway which as a first step will involve patients being taken direct to a CT scanner, avoiding delays and ultimately allowing thrombectomy to be undertaken where clinically indicated.
- This is being further supported by testing senior clinical decision support for all patients presenting in the Perthshire area where the clinical condition may indicate attendance at Ninewells. This also ensures patients remain in their local area where they can be safely and appropriately managed avoiding unnecessary transfers.

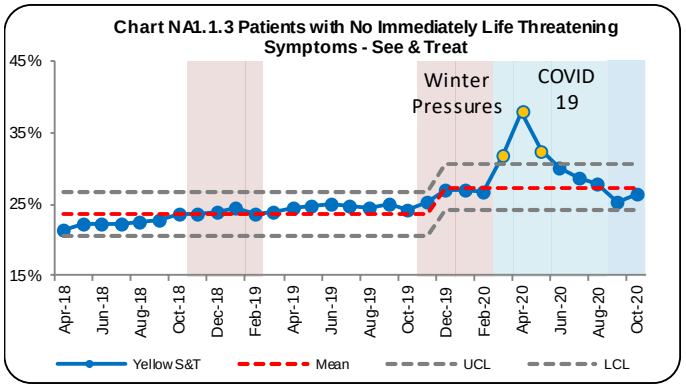
- The North Region is working in collaboration with health boards in relation to the development of a thrombectomy centre.

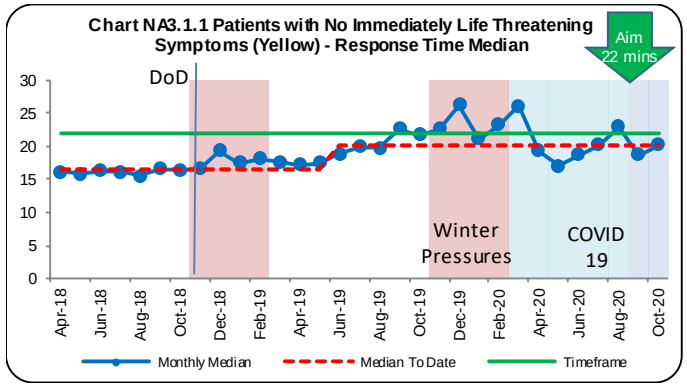
- The West region continue to work with Greater Glasgow and Clyde Health Board to ensure the most appropriate and timely care for suspected stroke patients.

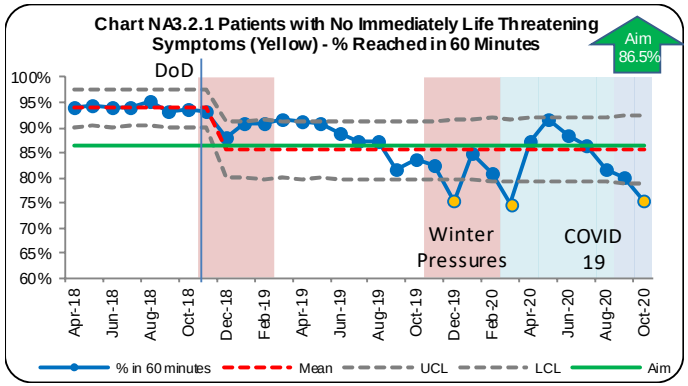
Yellow Response Category: Emergency Patients with no Life Threatening Symptoms











What is the data telling us –

Chart NA1.1.1 provides an overview of our response to patients in the Yellow category and has been fairly static in the six months to October 2020 sitting just around the aim of 40% of this group of patients not conveyed to hospital. The overall picture of patients being cared for out with the ED remains on target and the aim is to strengthen this through the work linked to the Redesign of Urgent Care, with the aim of ensuring that patients receive the most appropriate care which may be closer to home.

Chart NA1.1.2 illustrates that the number of patients who are provided with the relevant care and advice over the phone and augmented by video link consultation without the need for an ambulance to be dispatched has increased month on month from April to October 2020.

Between April and October 2020 this additional triage and assessment has resulted in 13,982 patients (3.9% of emergency demand) being assessed and referred to appropriate services and not requiring a Service crew to attend on scene.

In total, over the seven months from April to October 2020 this equates to 58,865 emergency patients with non-life threatening symptoms not requiring attendance within an ED setting.

Chart NA1.1.3 details the number of patients who are discharged following face to face assessment and while this has reduced slightly it remains within the control limits.

The volume of emergency patients with no life threatening symptoms calls reduced by 20.3% throughout April to October 2020 when compared to the same period the previous year. In October 2020 the Service responded to 50% of patients within 20 minutes 12 seconds and 75.3% in 60 minutes.

Both median and 90th percentile response times have increased in October 2020 for the Yellow response category, reflecting increasing demand levels and service times as the country re-mobilises following the Covid lock down. A range of interventions to mitigate delays are being reviewed and from a clinical safety perspective our safety netting interventions to detect any clinical deterioration remain in place.

Why –

During the COVID-19 pandemic positive collaborative work has been undertaken with the wider health and care system to reduce the number of patients being taken to hospital and to safely manage patients through different pathways of care including care provision through our Advanced Practice cohort.

Regarding response times, chart D2.1.1 shows an increase in 999 demand while chart D2.1.3 shows that shift coverage has not increased in line with demand. The fundamental reason for delays in response to patients in the Yellow category is this gap between 999 call demand and resource availability. Multiple factors contribute to this such as hospital turnaround times and ongoing work streams are addressing these abstractions, however fundamentally matching resource availability to predicted demand is a key priority. As such the full implementation of the findings from the Service's Demand and Capacity review is essential to improve the timeliness of response across all of our response categories.

What are we doing and by when –

Demand and Capacity implementation is a key part of the Service's remobilisation planning. Implementation is anticipated to be completed by 2022.

The Service continues to work closely with the Scottish Government Redesign of Urgent Care programme with the aim of a whole system approach to improving flow.

Flow Navigation Centres are being introduced as part of managing non-emergency flow to hospitals and we are working closely with the various Boards to monitor the impact of process change within the Service.

In addition to Flow Navigation Centres the establishment of Mental Health Hubs as an alternative to ED for patients experiencing mental health distress are now being progressed. The experience of West region in utilising these hubs was extremely positive in the first wave of COVID-19. A further positive development in the care of Mental Health patients is the ability for crews and Advanced Practitioners to refer to the NHS 24 Mental Health Hub and we will monitor the impact of this in the months ahead.

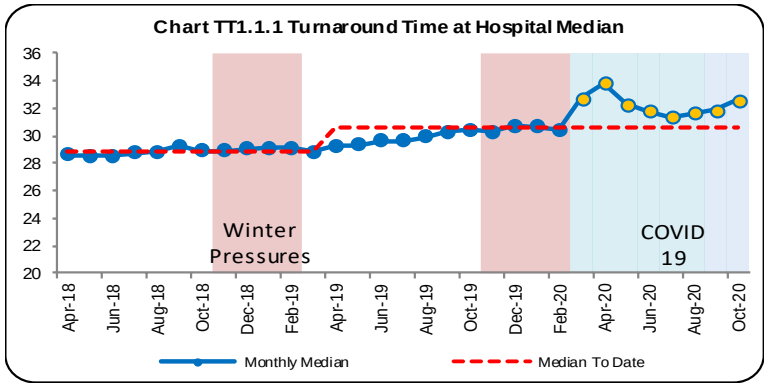
We continue to engage and work closely with our Integrated Joint Board (IJB) partners with the aim of collaborating and exploring opportunities to work together across a number of areas including pathway developments that could positively impact patient experience.

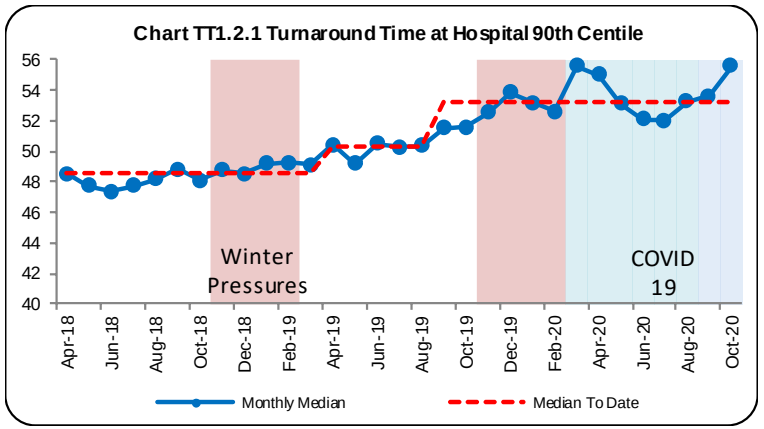
Working collaboratively with Dundee Health and Social Care Partnership, arrangements are being developed to test a peripatetic joint ambulance and physiotherapy resource in Dundee which will be targeted at supporting elderly patients who have fallen but do not require attendance at ED along with a focus on prevention activities more broadly.

West Region continue to work closely with staff and partners to improve the safety and effectiveness of our processes for older people who fall but do not require to be conveyed to hospital. One particular example is the work within NHS Dumfries and Galloway and NHS Lanarkshire where there is an increase in falls referrals in recent months. The use of "improvement conversations" is being adopted to support this work with the aim of increasing the numbers in the months ahead.

In the North Region planning work is underway to establish a flow navigation centre at Aberdeen Royal Infirmary as part of the redesign of urgent care programme. The Service is part of this integrated work and agreement has already been reached to co-locate Advanced Practice Practitioners within the centre.

TT: Turnaround Time at Hospital





What is the data telling us? – On average we transport 28,764 (59.0%) unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For October 2020, we transported 29,511 (59.6%) patients with a median turnaround time at hospital of 32 minutes 35 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, crews being required to safely remove PPE then rehydrate and additional cleaning processes.

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

Three main reasons for the increase are:

- Introduction of red and green zones within hospitals for COVID-19 and non COVID-19. 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. We are at times also seeing hospitals holding patients in ambulances until they are assured the patient is going in through the correct pathway either COVID-19 or non COVID-19.

- 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 dedicated attention from Area Service Managers and HALO specifically aligned to both QEUH and Ayr to provide local leadership and engagement to reduce hospital turnaround issues. The West cell is in operation 7 days per week to monitor COVID-19 and operational issues live time. In addition to this through the pandemic there were up to three conference calls daily with senior hospital managers, SAS Heads of Service and Deputy Regional Directors attending the hospital sites, and Regional Director along with Medical Director meeting regularly with Queen Elizabeth University Hospital to discuss solutions to reduce turnaround times. Work with Scottish Government to reduce turnaround times has resumed and the group is chaired by the Service's Medical Director. A paper has been submitted detailing short, medium and long-term options and this is currently being considered. Actions already implemented are aligning GG&C and the Service's escalation processes to improve communication by identifying common trigger points and the exploration of make ready teams to allow crews to turn around more quickly. A plan is in place to support increased discharge capability Thursday to Sunday aligned specifically to the QEUH which will improve patient flow with a plan to extend this through the winter period.

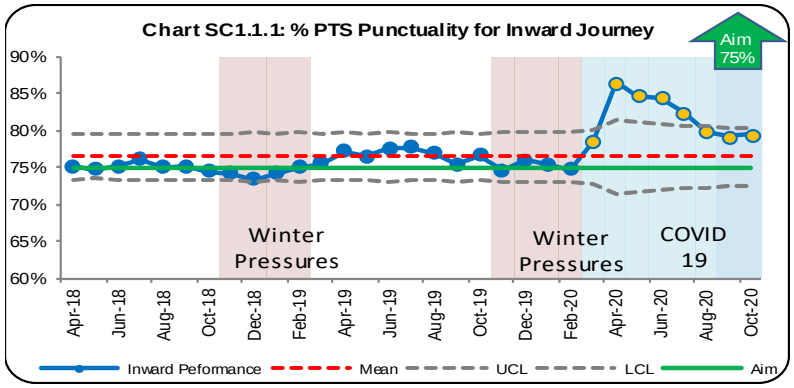
In the East of Scotland funding is in place through NHS Lothian which will allow increased HALO capacity over the winter months. This additional capacity will extend HALO cover across the key hospital sites supporting collaborative work to redesign the ED flow at St John's in particular. Additional HALO capacity has also been put into Fife as part of the response to COVID-19. This will remain in place through the winter period.

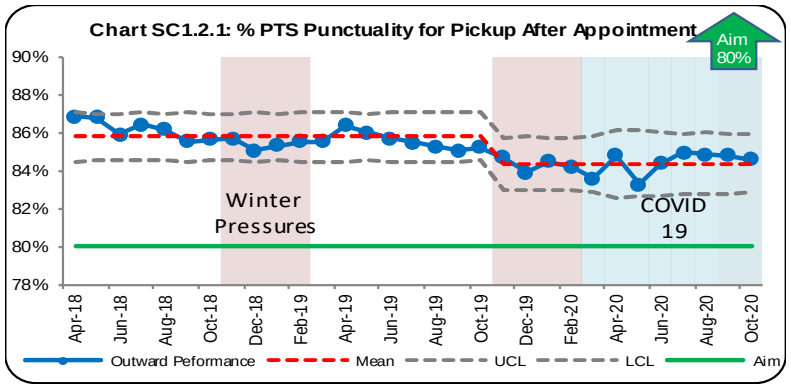
Testing of new attendance criteria at the Western General Hospital in Edinburgh is underway. This is aimed at extending the number and type of clinical presentations which can attend therefore reducing pressure on the Emergency Department at Edinburgh Royal Infirmary. Similar work is ongoing across all Minor injury and illness units to increase the number of patients they can safely receive from the Service.

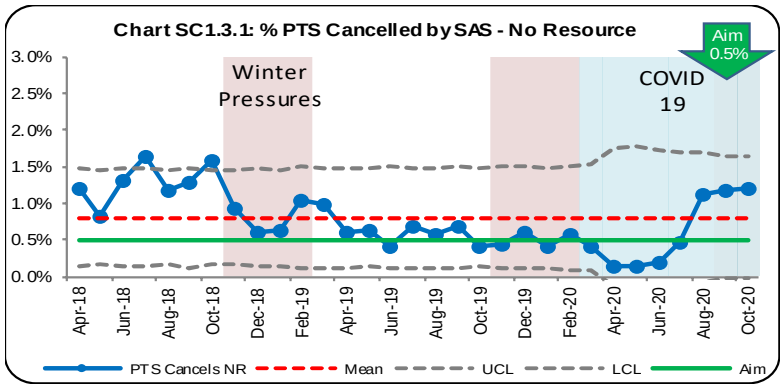
Aberdeen Royal Infirmary (ARI) are forecasting that through redesign of urgent care and frailty pathways the flow through the ED will significantly improve. The Service and ARI have developed a briefing template to forecast the incoming demand on the department by SAS resource to allow the receiving department to plan accordingly. An open

communications pathway has been created with ARI so that local management can highlight live time issues/exceptions for early resolution.

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 34.4% reduction in scheduled care calls received by Ambulance Control and 38.6% reduction in journeys during April to October 2020 when compared to the same period in 2019. That said through September and October requests for this service increased and in October. Punctuality for pickup after appointments (Chart SC1.2.1) is around the mean and remains above the target of 80%. PTS cancelled by SAS no resource (Chart 1.3.1) has increased since July 2020 is above the aim of 0.5% at 1.2%.

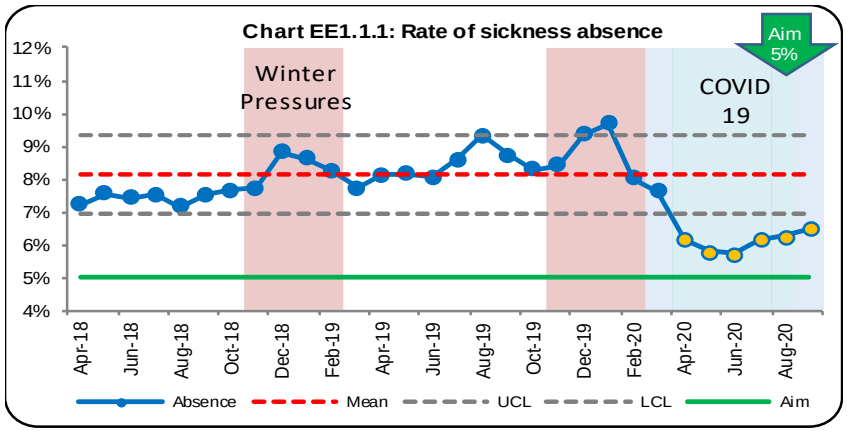
Why? – The pandemic has brought new challenges for the scheduled care service in terms of the social distancing requirements which reduces the number of patients who can be conveyed on a vehicle. Due to the initial reduction in demand earlier in the year the Service has seen a positive effect on the punctuality of pickup for patient appointments and a reduction in journeys cancelled by the Service. However, from the month of August the Service cancellation rate was significantly higher than the target due to demand increasing and compliance with social distancing standards.

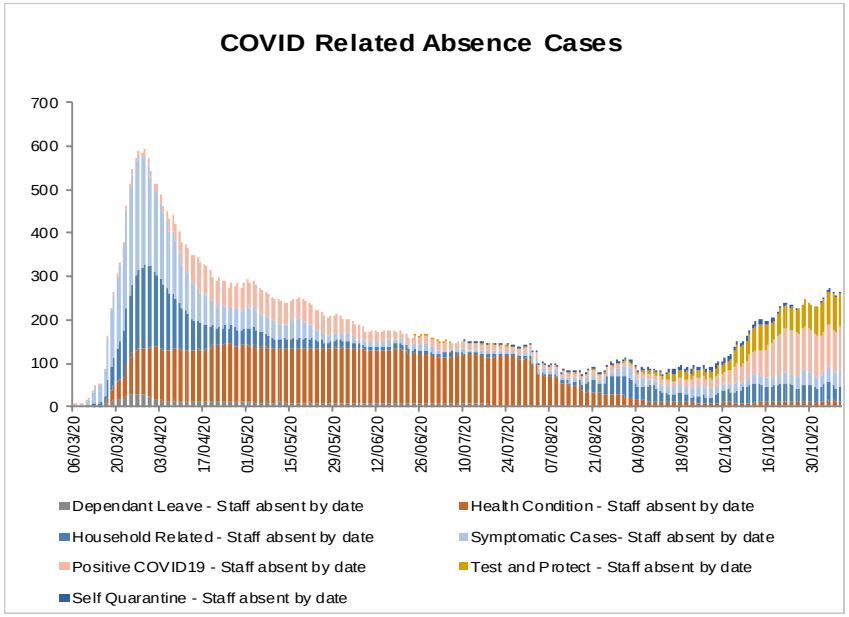
As healthcare services have been restarting the redesign of some pathways has impacted on patient flows in some areas increasing service times and compounding the effect of social distancing.

What are we doing and by when? - 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. The Service is developing a detailed risk assessment and mitigation plan to reduce the impact of physical distancing on patient numbers to reduce cancellations and resultant patient safety concerns around missed care.

SE: Staff Experience

Sickness Absence





What is the data telling us? – In September 2020, the non COVID-19 sickness absence rate was 6.5%, this is a 2.2% reduction on the same month in 2019.

For internal management information purposes, we are recording COVID-19 related absences separately. These were at their peak level of 13.2% in week commencing 23 March 2020. Since then there was a reducing trend with the level falling to 1.3% in week commencing 7 September 2020 and remained below 2% until the month end. COVID-19 related absence increased during October to 4% as at 30 October 2020.

In common with community transmission since September there has been an increase in positive COVID-19 cases, staff isolating after contact through test and protect, and staff isolating because they or a household member are displaying symptoms (test results awaited).

Why? – Overall sickness absence levels have improved over the pandemic response period, particularly in terms of short-term absence, but as the COVID-19 related absence decreased the sickness absence rate started to rise. More recent COVID-19 absence has also shown an increasing trend largely due to the impact of contact tracing and Test & Protect.

What are we doing and by when? - Attendance management processes paused during the initial phase of pandemic response have been re-started. This work is based on the Once for Scotland policy framework and adoption of lessons learned from our COVID-19 response arrangements.

Specific elements of our activity include:

- In February and March 2020 there were partnership and management briefs summarising key changes in practice of the

Once for Scotland (OfS) refreshed attendance policy. In August - October 2020 circa 270 first-line managers and circa 80 partnership stewards were invited to OfS Attendance workshops. Advice around COVID-19 absences was added. The workshop evaluations were positive with some lessons learned to improve delivery of future sessions for those who were unable to attend or new in post. From October - December 2020, the Human Resources team are scheduled to deliver OfS Attendance MS Teams workshops for approximately 130 second and senior line managers and 80 partnership stewards.

- Sickness absence data deep dive refresh to inform and direct prioritisation of attendance management activity (commenced July 2020), with a core group established to drive the implementation of the revised policy.

- Re-establishment of monitoring arrangements through Attendance Leads group to focus on absence, incorporating health and well-being initiatives to support staff in looking after their mental health, stress and anxiety.

- Work on the Global Rostering System (GRS) is being completed to develop monitoring of absence to align with Once for Scotland policy requirements. Initial changes are being completed on return to work recording and further work is being scoped to improve absence management tracking, subject to agreed delivery timescales.

We will continue to assess attendance management handling arrangements, taking national direction as appropriate as the current pandemic guidance is adjusted.

We receive weekly reporting on COVID-19 related absence which covers the following

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

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

E1.2 Employee Experience

Aim – To have a workforce that feels valued and supported and would recommend our organisation as a great place to work.

Status – An Everyone Matters Wellbeing Pulse Survey was conducted across Scottish Health and Social Care in September 2020. The pulse survey was live for a three-week period between 2 – 23 September 2020 with Board and Directorate reports distributed on 19 October 2020 through the Webropol iMatter portal.

The survey comprised of four personal wellbeing questions (used by the Office for National Statistics), 9 questions from the existing iMatter survey, 2 qualitative questions inviting staff to describe what was both worrying them and supporting them most and 2 questions about the work environment. Demographic information was also asked to enable comparison of the impact of COVID-19 across different staff groups.

Findings – We achieved a 40% response rate to the Wellbeing Pulse Survey. The average response rate across Health & Social Care was 42%. There was not a requirement to achieve a 60% response rate in order to generate a Board report. All Boards have been provided with a summary of responses to each of the quantitative questions and responses to qualitative questions will be available when the National Report is released – due for publication on 20 November 2020.

The following table compares our responses to the 9 iMatter questions contained within the pulse survey to the previous 3 years iMatter surveys, with a note of caution that this year's pulse survey is different to previous year and therefore we are not directly comparing like with like.

iMatter Questions	2017	2018	2019	2020
My work gives me a sense of achievement	80	80	79	77
I feel my direct line manager cares about my health and well-being	80	79	79	71
I am treated with dignity and respect as an individual	74	76	75	70
I am treated fairly and consistently	72	73	71	67
I would recommend my organisation as a good place to work	64	67	65	66
I feel appreciated for the work I do	61	63	61	62
I get help and support I need from other teams and services within the organisation to do my job	60	62	60	65
I feel my organisation cares about my health and wellbeing	57	60	58	59
Overall experience of working within my organisation (on a scale of 1 – 10)	5.85	6.06		6.23

67 - 100	Strive & celebrate	51 - 66	Monitor to further improve	34 - 50	Improve to monitor	0 - 33	Focus to improve

What are we doing and by when?

- The Team Story has been submitted to feature in the Health & Social Care Wellbeing Pulse Survey National Report and is about our 'SAS Wellbeing Bloggers' and the progress of the RU OK initiative. Some of our staff started a wellbeing blog during the pandemic that has proved to be very popular. It resonates with staff as it is written by staff, for staff. They have featured numerous wellbeing themes in their blog from managing guilt, balancing life and work and social connections to dealing with uncertainty, exercising when you don't want to and the importance of sleep.
- A short life working group has been set up to further refine the Health & Wellbeing Strategy and develop the Wellbeing Implementation Plan with the final drafts of these documents being presented to the Staff Governance Committee on 9th December 2020.
- The focus in this third quarter is ensuring we can do all we can to support staff health and wellbeing as we move into the winter period and through the second wave of COVID-19 with a plan developed which includes supporting communications based on the four themes within the Health & Wellbeing Strategy. One of the actions involves MS Teams sessions for Managers and Team Leaders focusing on supporting staff resilience and wellbeing and the tools available to support this.
- Staff engagement sessions hosted on MS Teams have been held weekly since 19th August 2020 with a different topic for discussion and feedback each week. These have proved popular with staff and their input to the sessions has been invaluable – we are seeking feedback on the sessions to ensure they continue to meet staff needs.
- Health & Wellbeing has continued to feature in staff communications and the Chief Executive's weekly bulletin, promoting national campaigns and signposting to wellbeing help and resources'
  A short life working group is currently developing Peer support training for staff across the Service ensuring a consistent approach to this important and highly effective way of providing support to our staff.

Workforce Development

1. Employee Resourcing

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

Status – Plans are 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 implications, a cross service group has been tasked with identifying contingency plans. This group will plan the 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 the return of Associate Lecturer to frontline duties and the closure of Glasgow Caledonian University.

This affected the 2019 Part 2 cohorts progress and the start of 2020 cohorts (academic teaching is delivered in two parts). Delivery of the programme recommenced at the Academy on the 3rd of September.

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 until May 2022, however all part 1 cohorts are re-planned to commence by December 2021. This builds in some slippage should the programme require to be suspended again as a consequence of the pandemic.

Recruitment to the 2020/21 Dip HE courses re-commenced in August 2020, and further OSCEs are scheduled 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. Recruitment to the November 2020 intake at the time of writing is nearly at capacity

Recruitment has commenced nationally for Trainee and Qualified Advanced Practitioners in Urgent and Primary Care. The PG Diploma in Advanced Practice will commence on the 18th January 2021.

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. Following an impressive 2020 national recruitment campaign for Qualified Paramedics resulting in 23 successful candidates, a second campaign has now been launched running alongside additional national campaigns for Newly Qualified Paramedics and Qualified Technicians.

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 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 commenced in September 2020. The projected numbers were 284 students, however as a consequence of the SQA exam results the universities have recruited 341 students. Following discussion with the Service this has been approved by Scottish Government.

We continue to be actively engaged as one of the 6 Boards in the East Region Recruitment Transformation Programme Board. 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. This programme will come to fruition in the early part of 2022 when the single host employer is identified.

The Service is 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.

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 revised timetable of activities due to COVID-19.

Improvement – Transition of numerous learning administration/management systems to a single learning management system that assists the service in identifying, planning and delivering learning and development interventions that support individual personal development and service strategic learning needs analysis is the focus for improvement.

Planned Activities Include – Our primary focus for the period is the resumption of a number of activities that were suspended/postponed in accordance with Scottish Government guidance during the COVID-19 pandemic and the reallocation of resources in partner organisations such as NES as a result of the pandemic.

1. Talent Management and Succession Planning

Guidance on the processes and governance for Talent Management, Development and Succession Planning at the Service was agreed and published on @SAS in December 2019 and communicated to all Senior Leadership Team members; with March 2020 as commencement of the cycle.

Talent Management and Succession Planning activity was suspended due to COVID-19 pandemic March 2020. The proposed rescheduled timetable for resumption of this activity that was described in the September Performance Report is being amended to take account of the current demands being placed upon the Service due to COVID-19.

2. Appraisal and Personal Development Planning.

Appraisal and personal development planning was suspended as a non-essential activity across the Service in March 2020 due to COVID-19. Plans for resumption of this activity were described in the September Performance Report. These plans were discussed at the September meeting of the Staff Governance Committee and subsequently at the Performance and Planning Steering Group in October. The outcome of these discussions was an agreement to focus upon maximising the number of Senior Leaders and Managers with complete appraisal and personal development planning activity recorded within Turas by March 2021, but not to agree a specific target given the current system pressures.

3. Learning Management

Scoping meetings were arranged with NES Digital in March 2020 to commence the transition to Turas Learn and Turas Learning Records Store. This was postponed due to COVID-19 at the request of NES Digital.

Resumption of transition planning commenced in August 2020 – the next stage is the completion of the Terms of Reference and a Memorandum of Understanding between NES and the Service for the governance of this work – completion of these activities has been rescheduled for December 2020.

4. Once for Scotland Statutory Mandatory Training

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 will be reinstated in due course.

5. Microsoft Teams / Office 365

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.

Enabling Technology

1. Electronic Patient Record
Initial testing by NRRD identified some issues with connection to the MI database server and generation of a new Major Incident within the system. Terrafix has prepared a release schedule to update the SORT vehicles to match the baseline on the rest of the fleet with the Major Incident module available for simulation testing. This update is currently being tested for release in November 2020.

2. Emergency Service Network (ESN) Programme
The revised Full Business Case (FBC) released in August has been subsequently revised and a further iteration is now expected in early 2021. It is expected that this version will have more realistic timescales, more accurate financial data and planning timescales that are reflective of likely timescales. It is now known that there will be a further 6-month delay in the delivery of the core software and current projections are for an Airwave shutdown in 2024. The Service have been working with 3ESS colleagues and the Programme to agree what needs to be available on 'Day 1' to allow Services to begin transition. The Service has also had engagement with the Programme and ARP to review the potential device offerings.

3. Integrated Communications Control System
The project to provide an ESN compatible Integrated Communications Control System (ICCS) has been experiencing delays due to the software failing the final round of national testing, however, this milestone was confirmed as having been achieved at the start of November. The Service is now moving forward to the implementation stage of the project with 7 trust milestones to compete before project end. Detailed planning with ARP and Frequentis (the system supplier) is nearing completion and the go-live date is currently expected to be in April/May 2021. A Change Control Notice (CCN) to extend the current ICCS contract until June 2021 has been signed.

4. 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 was developed and funding secured to purchase additional tablets to keep the existing system running. As a result, a new solution based on Getac tablets has been successfully tested in Fife and is now available to replace the original Panasonic H2 tablets as they 'expire'.

5. 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. The Full Business Case for the next fleet replacement (2021-2026) has been approved.

6. Digital Workplace Project
The Digital Workplace Project (Phase 1) has completed the main email migration to the new nhs.scot email system, with a small cohort of staff mmigration in November as part of the final national mop-up. The migration has been largely successful with less of the major issues that other NHS Boards have experienced. However, the team are continuing to work through issues and assess the impact on the rest of the Phase 1 deliverables. Work is now ongoing to schedule the move to a new

intranet, SharePoint site, shared drives and access to Microsoft 365 apps. The new internet is scheduled for a ‘soft’ launch in November.

7. Other Projects

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 migration work at Paisley and Cardonald, Norseman, Inverness and Oxgangs is now complete.

Telephony Upgrade
This is a significant project, it involves upgrading the entire ACC telephony and contact centre platforms. Hardware for the new system has been delivered and installation has started with Cardonald site being completed first. Cut over for all users will not take place until Cardonald, Inverness and Norseman installation work is completed and successfully tested. This is scheduled for completion in April 2021.