Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting **March 2019**
Item No 06

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Pauline Howie, Chief Executive Executive Directors
Action required	The 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 Operational Delivery Plan (ODP) standards for the period to end February 2019. 3. **Discuss** actions being taken to make improvements.
Key Points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality improvement and Measurement for Non Executives guidance. This paper highlights performance against our ODP for Clinical, Operational, Scheduled Care and Staff Experience Measures. Due to an IT issue the following 3 charts have data available to 27th February only – Review of Spontaneous Circulation (ROSC), PVC and Stroke. Clinical Measures • Our work to save more lives from cardiac arrest continues to deliver improved results – January 2019 was the eleventh consecutive month that exceeded our aim of 42% of patients in VF/VT arrest arriving at hospital with a pulse. The February data shows a slight decrease, however this is within normal control limits. • We continue to reliably implement the pre-hospital stroke bundle. • We continue to reliably implement the PVC insertion care bundle. • Further clinical measures are in development and it is anticipated that these will form part of the future Board Performance Report by summer 2019.

	Operational Measures • Our response times for the most critically ill patients show an improved position on last year despite an increase in Immediately Life Threatening demand. Further improvement work is being actively progressed to improve response times for non Immediately Life Threatening patients. • Our punctuality for scheduled care appointments are within standards. Whilst there has been a welcome reduction in cancellations further improvement work is being actively progressed. • Further operational measures are in development and it is anticipated that these will form part of the future Board Performance Report by spring 2019. Staff Experience Measures • We aim to sustain improvements in sickness absence through refreshed promoting attendance actions and wellbeing initiatives to further reduce absence levels. • In our employee engagement work, the release of the Health & Social Care Staff Experience Report has allowed us to reflect on our progress to date, to inform our development of the iMatter initiative and further evolution of our engagement priorities.
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 services. 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.

Link to Corporate Objectives (continued)	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.
Benefits to Patients	This 'whole systems' programme of work is designed to support the Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners and supports the Service's transition towards 2020.
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

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

Control Charts

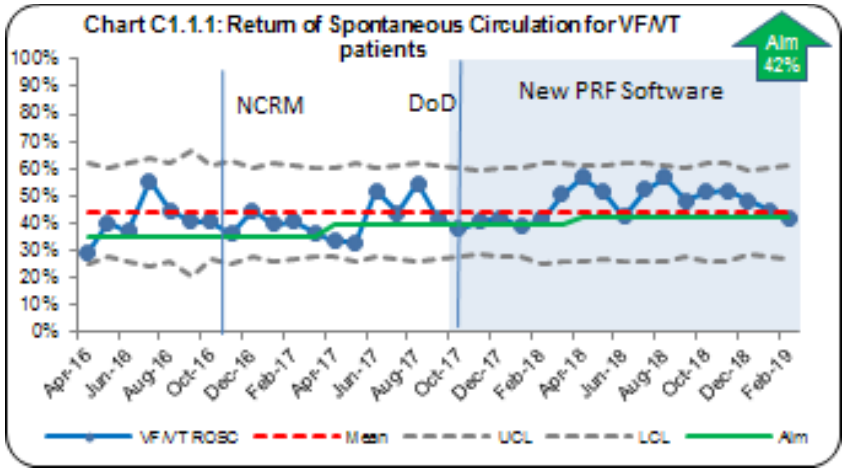
Rule 1: A single point outside the control limits
Rule 2: A run of eight or more points in a row above or below the mean
Rule 3: Six or more consecutive points increasing or decreasing
Rule 4: Two out of three consecutive points near (outer one-third) a control limit
Rule 5: Fifteen consecutive points close (inner one-third) to the mean

Run Charts

Rule 1: A run of six or more points in a row above or below the median
Rule 2: Five or more consecutive points increasing or decreasing
Rule 3: Too few or too many runs, or crossings, of the median
Rule 4: Undeniably large or small data point (astronomical data point)

C1: Clinical Measures – Cardiac Arrest Return of Spontaneous Circulation (ROSC)

C1.1 VF/VT ROSC



The data in this chart is only available to 27th February.
NCRM = New clinical Response Model DoD = Dispatch on disposition

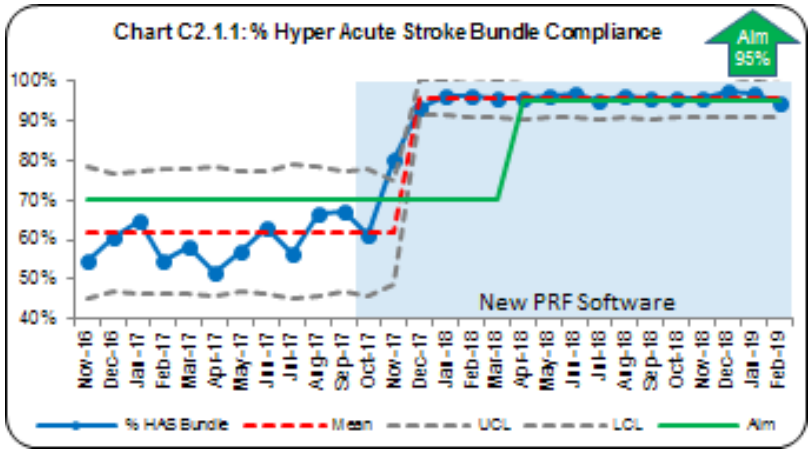
What is the data telling us? – On average we attempt resuscitation on 75 patients in a VF/VT rhythm per month. January 2019 was the eleventh consecutive month that surpassed our aim of 42% of VF/VT patients achieving return of spontaneous circulation (ROSC) (Chart C1.1.). The recalculated Mean at June 2017 demonstrates a statistical shift in improving the rate of ROSC and saving more lives. The February data shows a slight decrease with 41.9% of patients achieving ROSC, however this is within normal control limits.

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

What are we doing to further improve and by when? – The Service is taking forward improvement programmes as part of the Out Of Hospital Cardiac Arrest work under the Clinical Service Transformation Programme. Further Cardiac Arrest measures are in development and it is anticipated that these will form part of the future Board Performance Report by summer 2019.

C2: Clinical Measures – Stroke

C2.1 Hyper Acute Stroke Care Bundle



The data in this chart is only available to 27th February

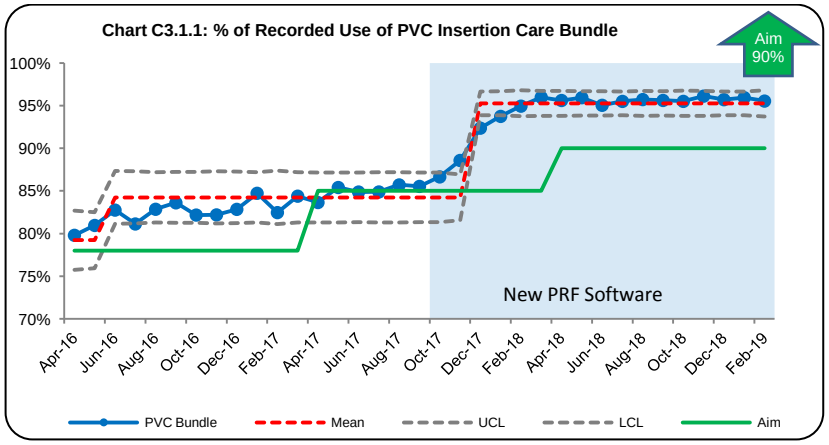
What is the data telling us? - On average we attend 313 hyper acute stroke patients per month. We are continuing to reliably implement the pre-hospital stroke bundle, with the data in February demonstrating 94.4% reliability.

Why? - The Service continues to lead on the pre-hospital recognition and intervention for stroke. This includes early recognition of stroke by the Ambulance Control Centre and the New Clinical Response Model approach to tasking for stroke patients. Additionally, a dedicated post was in place previously to lead our work in improving care for patients with stroke. The introduction of the new PRF software has made it easier for crews to accurately record when they are providing the stroke pre-hospital care bundle.

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

C3: Clinical Measures – Infection Control

C3.1 PVC Insertion Care bundle



The data in this chart is only available to 27th February

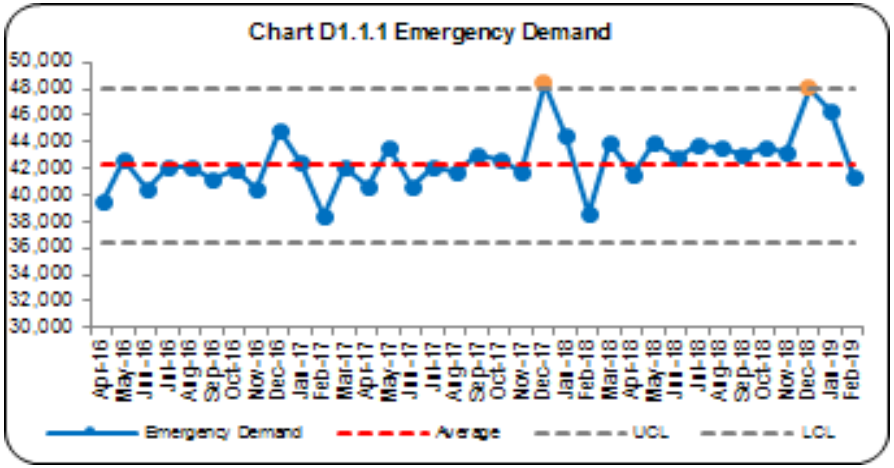
What is the data telling us? – In the last 12 month period we cannulated on average 3,725 patients each month. Monthly compliance for recording application of the PVC insertion bundle was maintained around 95% over the last year with compliance for January and February 2019 95.9% and 95.5% respectively; against a target of 90%.

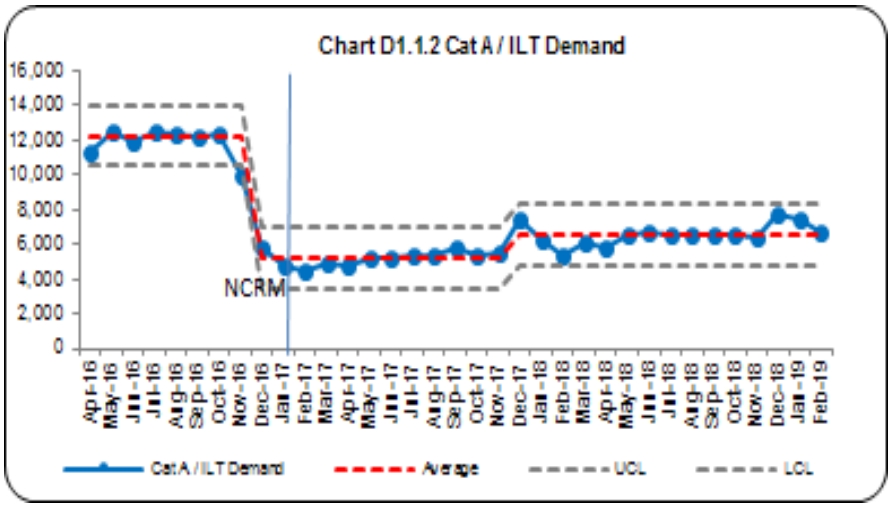
Why? - The introduction of new software used by the ambulance crews has improved recording of compliance with the PVC bundle

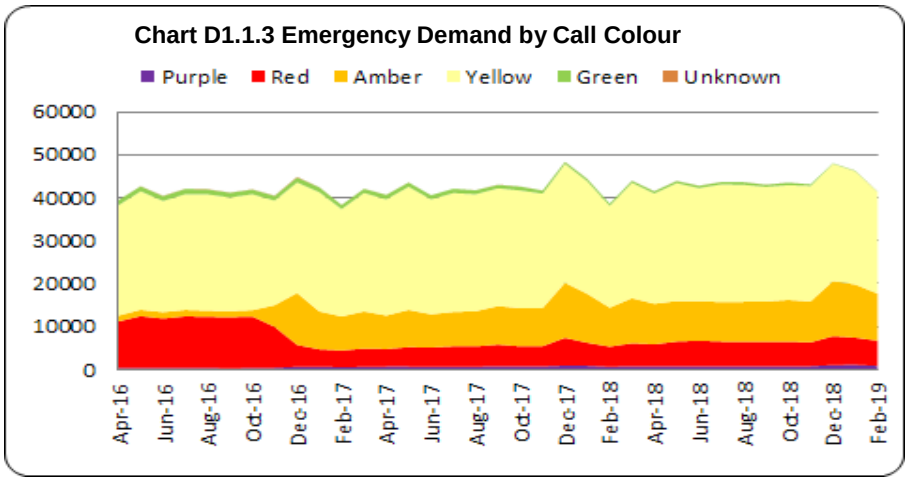
What are we doing and by when? - Compliance continues to be monitored monthly across all Regions to ensure it is maintained above target. A non-compliance report has been added to the data system, this enables investigation of non-compliance to help inform ongoing improvement.

D1: Demand

D1.1 Emergency Demand







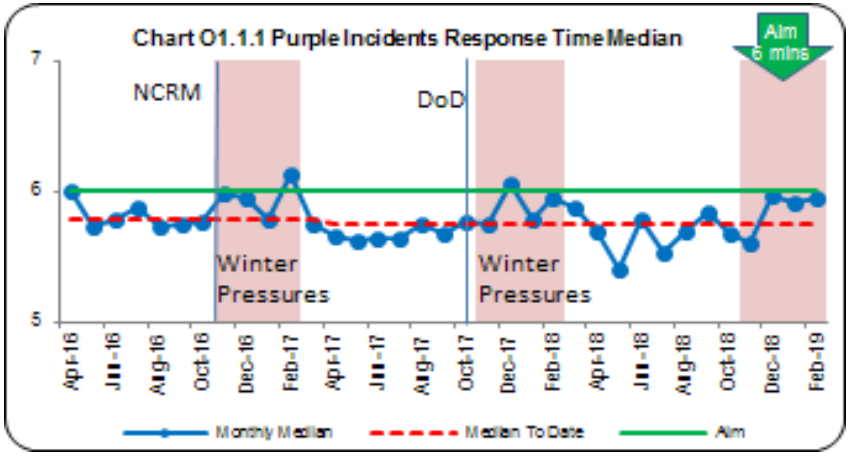
What is the data telling us? – Emergency demand shows a stable pattern since April 2016 with anticipated demand peaks during winter months. Immediately life threatening demand has shown an increase of 25.8% in February 2019 when compared to February 2018.

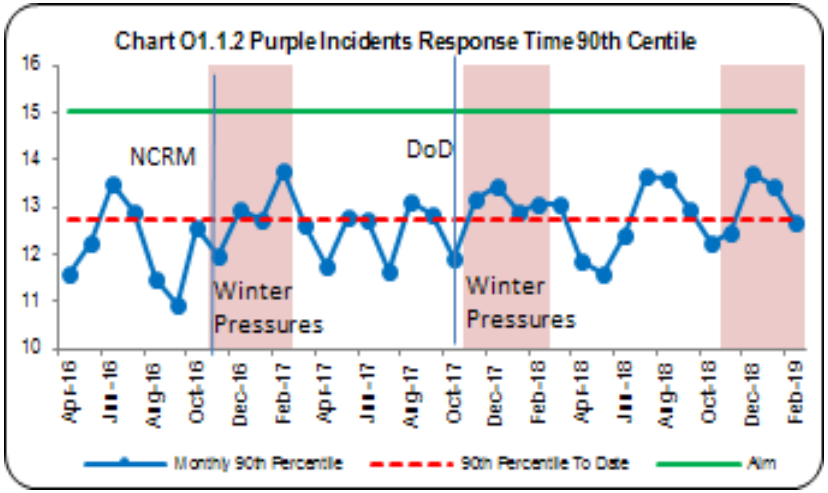
Why? – A rise in ILT has been seen throughout the year and this is more pronounced this month. A large proportion of the increase in ILT demand has come from calls from healthcare professionals.

What are we doing and by when? – We continue to focus on the proactive management of demand in the Ambulance Control Centres by referring appropriate patients to other providers, pathways and providing additional telephone triage by Clinical Advisors.

O1: Operational Measures – Unscheduled Care

O1.1 Purple Incidents Response

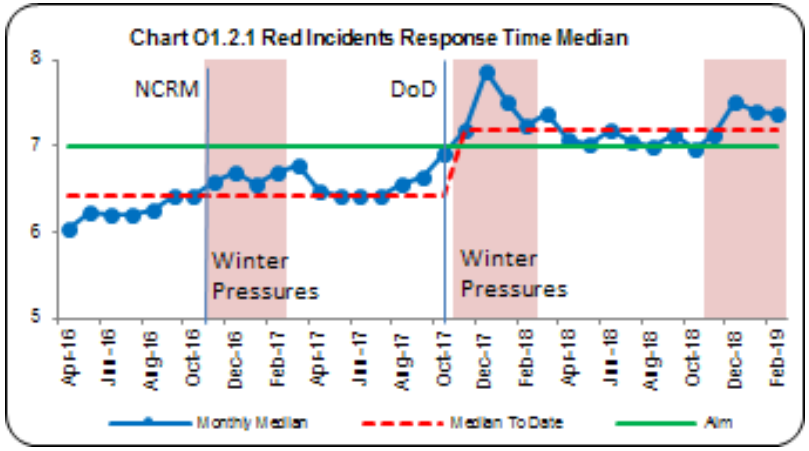


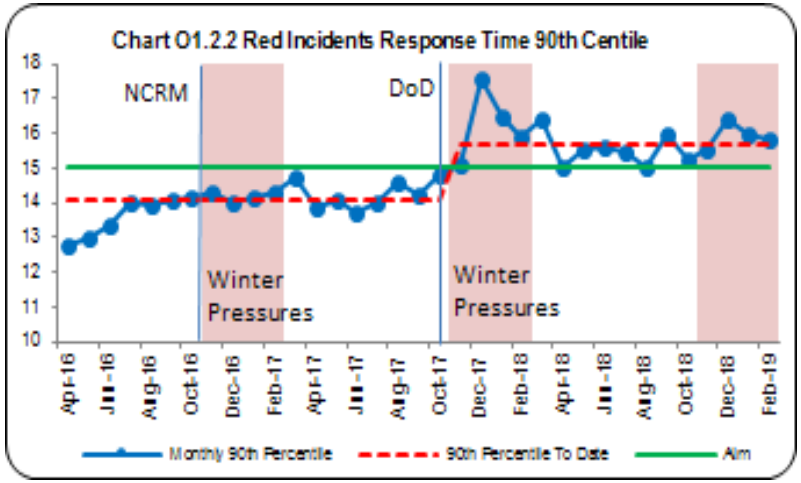


What is the data telling us? - On average we attend 785 purple incidents per month, these are our highest priority calls to the most acutely unwell patients. In February 2019, we attended 903 incidents and the performance median was 5 minutes 57 seconds (against a standard of less than 6 minutes), with a 90th percentile of 12 minutes 41 seconds (against a standard of less than 15 minutes). Performance within these areas remains stable.

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

O1.2 Red Incidents Response



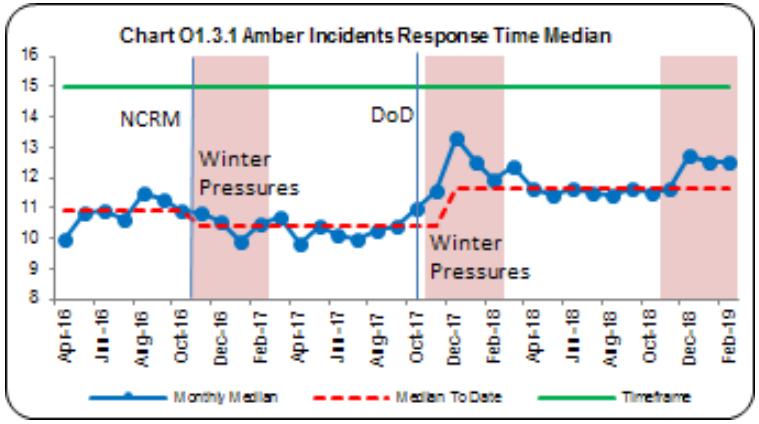


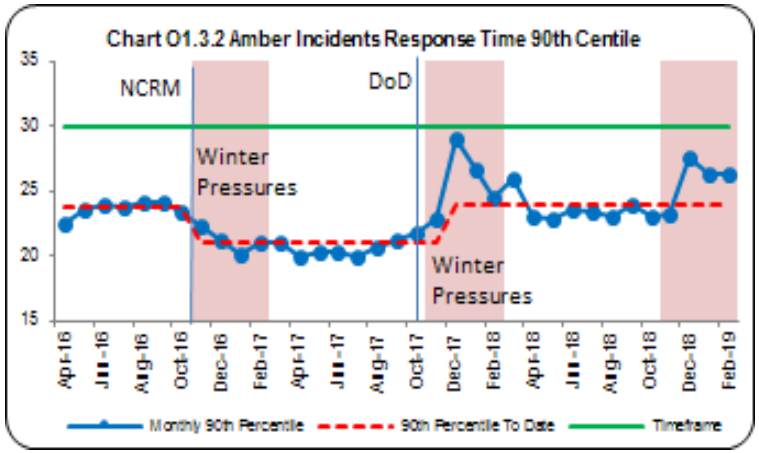
What is the data telling us? - On average we attend 5,536 red incidents per month, these are our second highest priority calls to patients in an immediately life threatening situation. In February 2019, we attended 5,829 red incidents and the performance median was 7 minutes 23 seconds (against a standard of less than 7 minutes), with a 90th percentile of 15 minutes 48 seconds (against a standard of less than 15 minutes). Performance within these areas shows an improved position for the same period last year despite an overall increase of 25.8% in ILT incidents.

Why? - The introduction of Key Phrases has improved the earlier identification of patients who present with life threatening conditions. Since their introduction we continue to identify more Red calls earlier, enabling quicker dispatch of a resource.

What are we doing and by when? – We are reviewing all Red calls to identify any common or special cause for the increase. We continue to focus on the pre-positioning of resources when available to reduce the travel time of ambulance resources arriving at the scene.

O1.3 Amber Incidents Response



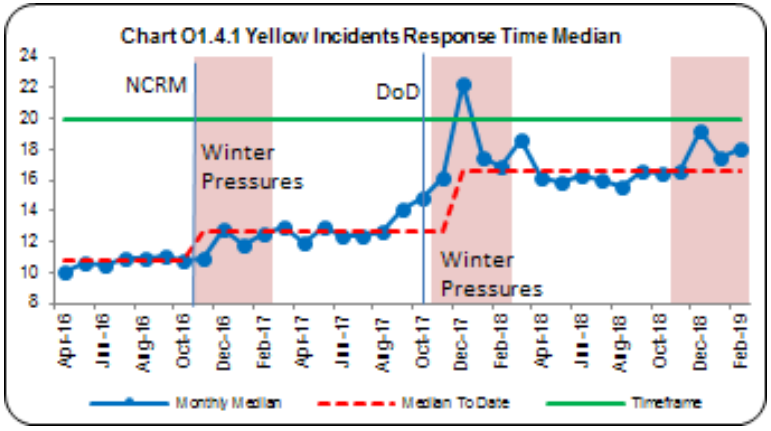


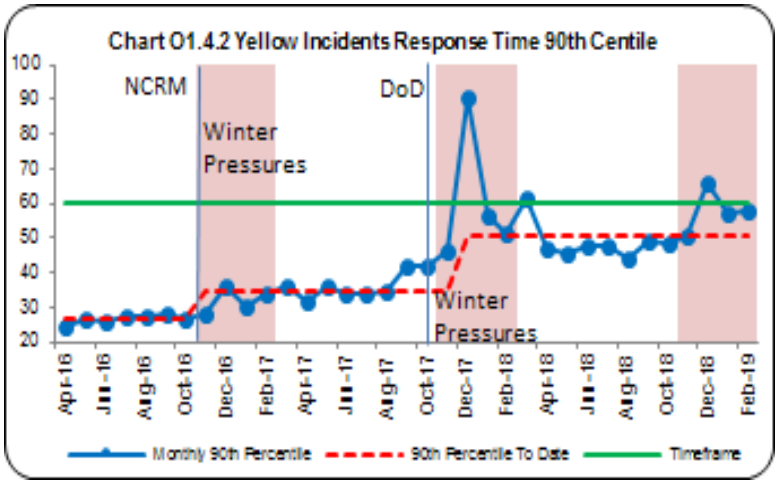
What is the data telling us? - On average we attend 9,866 amber incidents per month, these are patients who have a defined need for an acute care pathway. For February 2019, performance median was 12 minutes 29 seconds, with a 90th percentile of 26 minutes 13 seconds. Performance within these areas remains stable against an increase of 19% over the same period last year. Although there are no specific time standards for Amber calls indicative time frames for these calls are 15 minutes for the median response and 30 minutes for the 90th percentile response.

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 identify any common or special cause. Where a transporting resource is not available within 25 minutes a Paramedic will be sent and backed up as soon as transport capable resource becomes available.

O1.4 Yellow Incidents Response



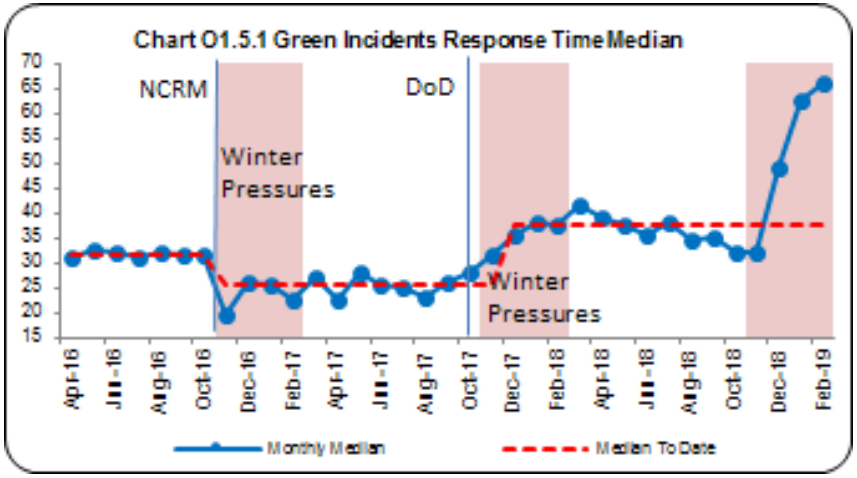


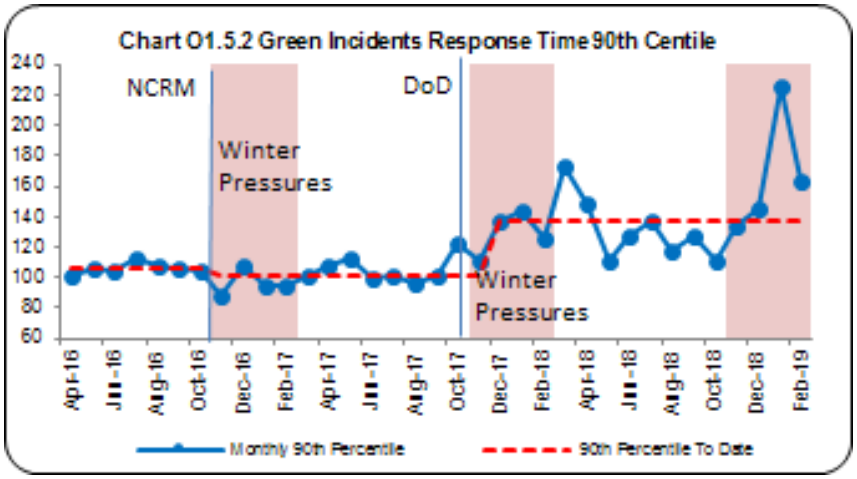
What is the data telling us? - On average we attend 26,539 yellow incidents per month, these are non-immediately life threatening patients who require a response with the right resource whether that be for transfer to hospital or for referral to an alternative pathway. For February 2019, performance median was 18 minutes 03 seconds, with a 90th percentile of 57 minutes 36 seconds. Performance within these areas remains stable. Although there are no specific time standards for yellow calls indicative time frames for these calls are 20 minutes for the median response and 60 minutes for the 90th percentile response.

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 identify any common or special cause. A work programme of clinical risk and demand management, led by the Medical Director and the Director of National Operations has been developed in order to mitigate risk, reduce delays and improve patient experience for those patients in lower clinical acuity categories. This requires a whole system approach to matching resources to demand and continually considering the clinical acuity of patients affected. In cases of delayed response, welfare call backs are undertaken to ensure patient safety, and enhanced management arrangements for injured falls patients in public places were introduced from November 2018.

O1.5 Green Incidents Response



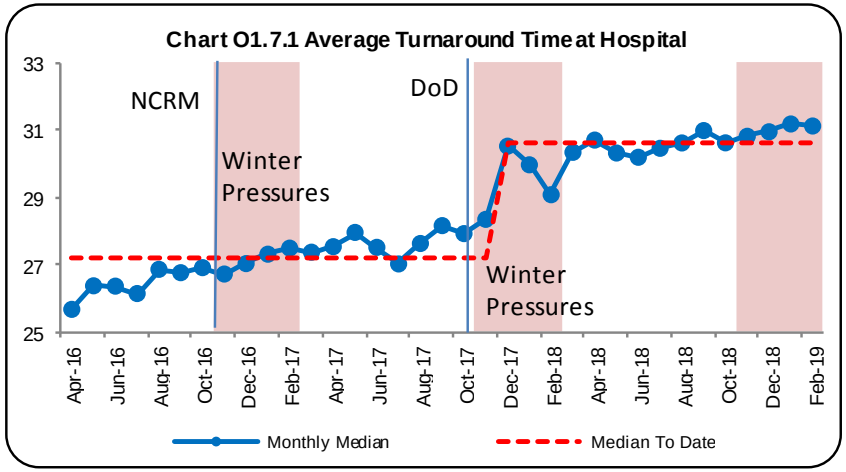


What is the data telling us? - On average we attend 425 green incidents per month, these are non-immediately life threatening patients who have the potential for additional clinician led telephone triage or face to face assessment when required. For February 2019, performance median was 66 minutes 15 seconds, with a 90th percentile of 2 hours 43 minutes 35 seconds.

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

What are we doing and by when? – We continue to review Green Calls to identify any common or special cause. In cases of delayed response, welfare call backs are undertaken to ensure patient safety as detailed in the work programme mentioned at O1.4.

O1.6 Average Turnaround Time at Hospital



What is the data telling us?

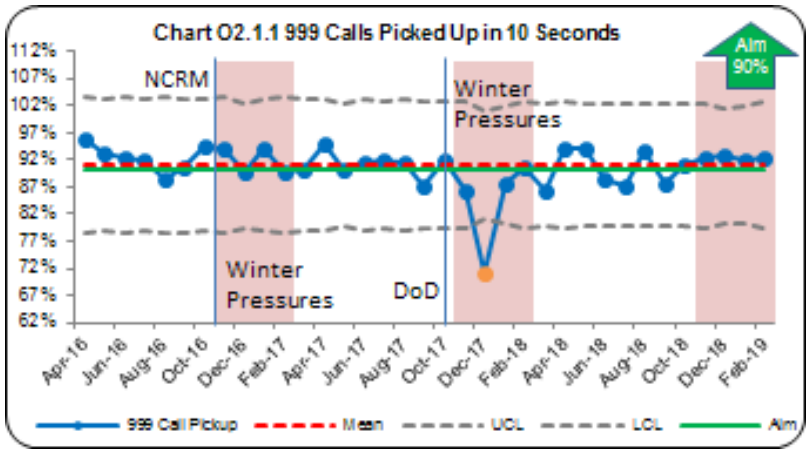
On average we transport 31,998 unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For February 2019, we transported 30,348 patients with an average turnaround time at hospital of 31 minutes 06 seconds.

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

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

O2: Operational Measures – 999 Calls

O2.1 999 Calls Answered in 10 Seconds



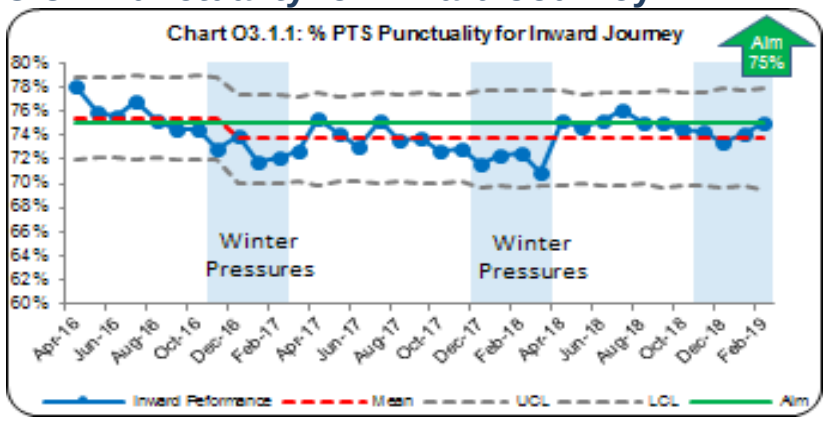
What is the data telling us? – On average we answer 43,800 999 calls per month. For February 2019, we answered 41,771 999 calls with 92.4% picked up within 10 seconds (against a standard of 90%). Performance within these areas remains stable.

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

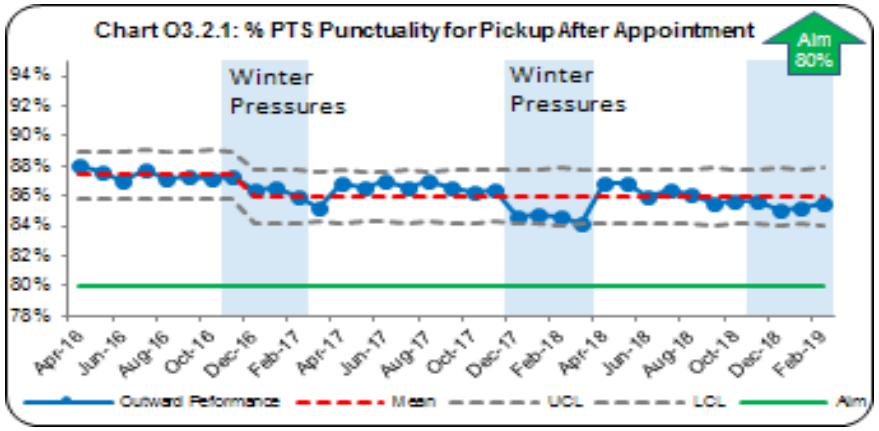
What are we doing and by when? – We continue to review call pick up performance to identify any common or special cause. We regularly review patterns of call demand to ensure that we have sufficient resources to answer 999 calls as soon as possible. As expected high demand was experienced over the festive period and measures were put in place to manage this demand. This included the recruitment of additional staff, flexing of rosters to meet demand and the implementation of the demand management plan when required. This extensive planning resulted in a significant reduction in delayed calls and use of buddy sites when compared to the 2017/18 winter period, while maintaining performance standards.

O3: Operational Measures - Scheduled Care

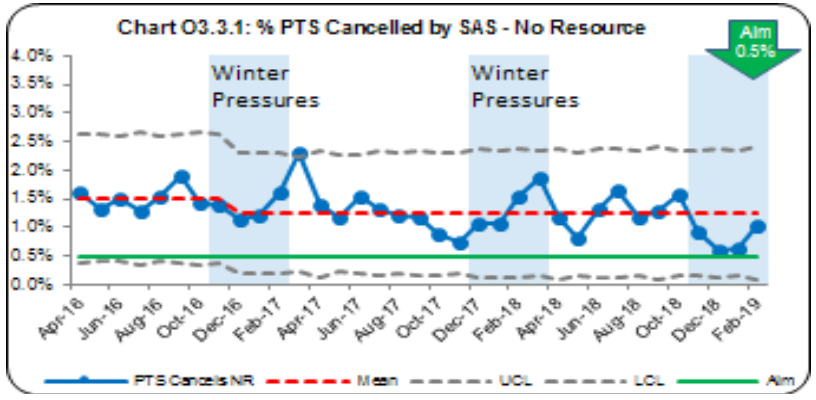
O 3.1 Punctuality for Inward Journey



O 3.2 Punctuality for Pickup After Appointment



O3.3 Cancelled by SAS No Resource



What is the data telling us? - Punctuality for Inward Journey (O3.1) achieved the target of 75% for February. Performance was above the mean for January and February and ahead of the same period last year. On average we carry out 19,950 inward PTS journeys per month.

Punctuality for Pickup after Appointment (O3.2) improved in February to 85.5% and remains above the target and ahead of the same period in the previous year. On average we facilitate 24,900 PTS pickups from appointments per month.

PTS Journeys cancelled by SAS – No resource (O3.3) was at 1.08% for February, which was below both the mean and the same month last year. On average we carry out 76,800 PTS journeys per month.

Why? - Punctuality for Inward Journey (O3.1) has been stable since April 2018 with December 2018 being the only month to date below the mean due to winter pressures.

Performance for Punctuality for Pickup after Appointment (O3.2) has also remained stable in 2018/19 but remains above target with less of an impact from winter pressures than the previous year.

PTS Journeys cancelled by SAS – No resource (O3.3) rose slightly following the low figures for December and January, which were the lowest recorded for over two years. The figure remains above target but below the mean.

What are we doing and by when? - 32 new PTS staff have been recruited and trained across the Service at the end of 2018, which will help resourcing to improve performance including reducing cancellations towards the target of less than 0.5%. In addition, 40 new replacement PTS vehicles will have entered Service in the year to the end of March 2019.

A course in Customer Care for PTS Call Handling staff was piloted in East ACC in February to enhance their skills when dealing with difficult calls. This is currently being evaluated.

The trial of a Patient Experience Co-ordinator role in East ACC is going well. The person liaises with hospitals on behalf of patients whose request for transport for an appointment cannot be met (for example, due to capacity issues) in order to arrange another suitable appointment. This provides a more patient centred service and improved patient experience and has been well received by patients and hospital partners.

A test in West ACC of utilising PTS capacity to handle same day, low acuity urgent calls deemed suitable for PTS took place in December but was hampered by issues with the A&E/PTS Control interface. These issues have been resolved and another test is to be arranged.

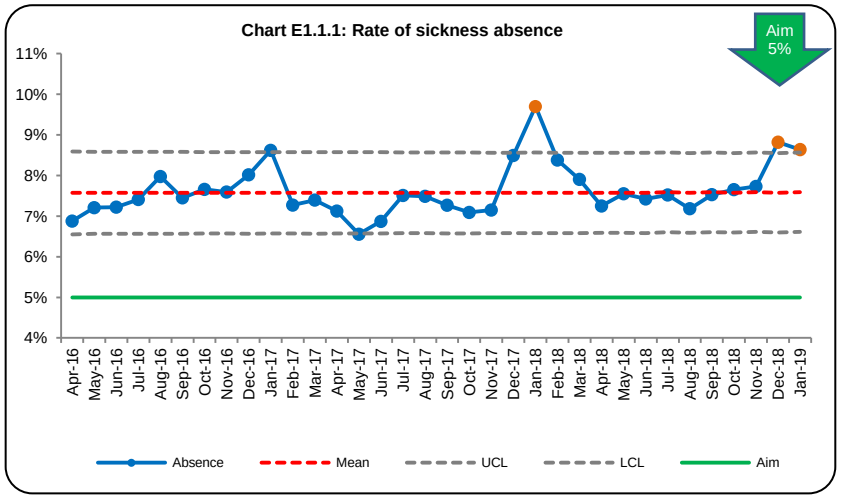
Work is underway with Health Boards to revise the wording on appointment letters regarding patient transport. This is to improve consistency and ensure the reference to transport provision in letters accurately reflects service provision in relation to eligibility.

Performance is reviewed monthly by the Executive team and regions have local improvement plans which are being progressed and tracked.

Further operational measures are in development and it is anticipated that these will form part of the future Board Performance Report by spring 2019.

E1: Staff Experience

E1.1Sickness Absence



What is the data telling us? - Absence level for the 2017/18 performance year was 7.6%. The January 2019 figure is 8.83% (Chart E1.1). This figure is a decrease from the January 2018 figure, which was 9.7%.

Why? – Improvement work has reduced the absence level however short and long term absence causes continue to require attention.

What are we doing and by when? - Actions introduced to address absence rates are continuing as we focus on sustained improvement:

- Improving local procedures to ensure that local line managers have sufficient understanding of the cause and likely length of absence – October 2019
- All line managers participating in training on promoting attendance policy and practice and therefore improving access to return to work training – August 2019
- Improving how the Service, specifically line managers, work with our external Occupational Health provider – October 2019
- Implementation of the refreshed Promoting Attendance Action plan – March 2020.

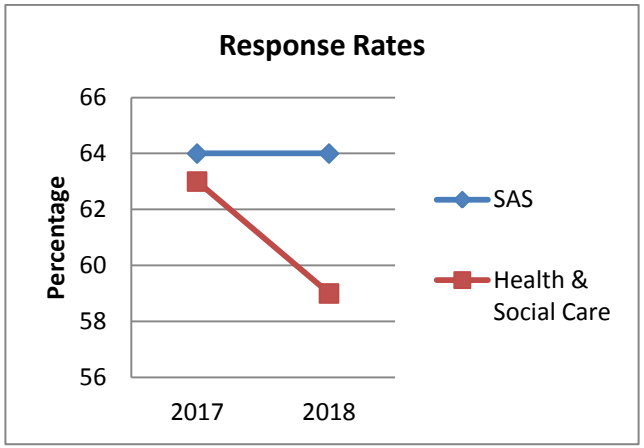
E1.2 Employee Experience

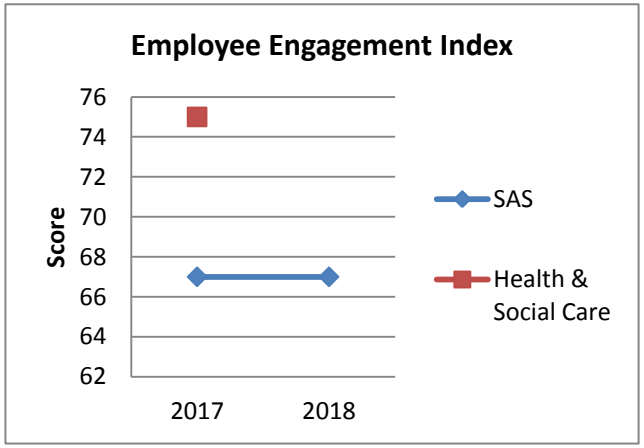
What is the data telling us?

Publication of the Health & Social Care Staff Experience Report 2019 on 1st February 2019 has enabled us to compare our iMatter results with other Boards across NHS Scotland and comparative figures are presented below for the Service and Health & Social Care for 2017 and 2018.

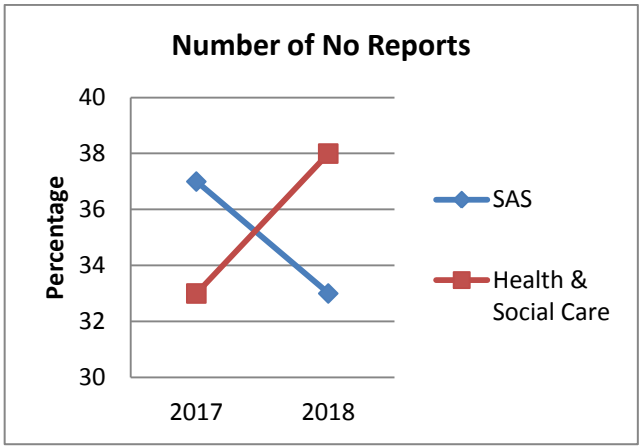
Our response rates and Employee Engagement Index (EEI) have remained stable over both 2017 and 2018 at 64% and 67% accordingly. However, within Health & Social Care the response rate has dropped from 63% in 2017 to 59% in 2018, consequently no EEI score for 2018 across Health and Social Care can be provided for comparison. The EEI score for 2017 across Health & Social Care was 75%. Of the 11 boards including SAS they were able to generate an EEI, we, at 67, are the lowest with the highest being 81 (2018).

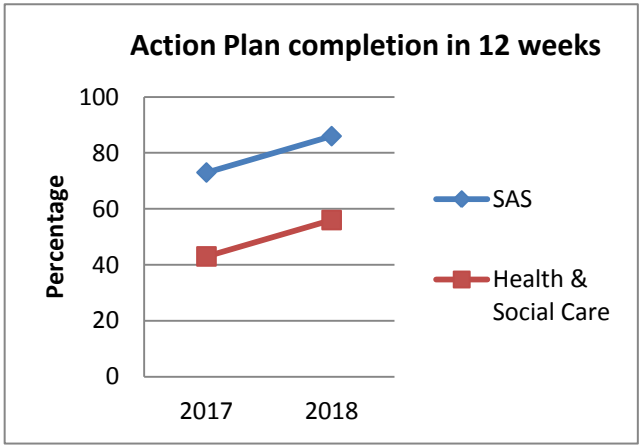
The SAS rate of No Reports has decreased from 37% to 33% between 2017 and 2018 whilst across Health & Social Care it has increased from 33% to 38%. In 2017 there were 3 Boards who did not receive an iMatter report; in 2018 it was 9 Boards.





Our action plan completion rate within 12 weeks has remained one of the highest within Scotland at 73% in 2017 and 86% in 2018. This is 30% higher than the Health & Social Care average of 43% and 56% over this time period.





The top scoring and lowest scoring components have been very similar across both the Service and the wider Health & Social Care, with 'I am clear about my duties and responsibilities' and 'My direct line manager is sufficiently approachable' rated the highest.

'I am confident performance is managed well within my organisation', 'I feel senior managers responsible for the wider organisation are sufficiently visible' and 'I feel involved in decisions relating to my organisation' have consistently remained in the bottom three since the launch of iMatter.

Of note within the 2018 National Report is that the component 'My work gives me a sense of achievement' is rated higher in SAS than any other Board across Health and Social Care. It is the third highest ranked component in SAS but ranks much lower in other Boards, especially within the National Boards where it is ranked as low as 19th.

Why? - Maintaining our performance from 2017 to 2018 in both the response rate and EEI and exceeding our performance in the number of no reports received and action plan completion is the result of significant effort on the part of iMatter Leads and local managers that continually encouraged staff to fully engage in the process and complete the survey. The Executive Team placed a high priority on iMatter and closely monitored progress in each phase of the survey that enabled this to happen.

What are we doing and by when? The iMatter survey for 2019 commences with team checking from 6 – 31 May and the questionnaire live during 3 – 24 June 2019. A communication and engagement plan has been developed and implementation of the plan commenced mid-February to ensure there will be widespread knowledge and understanding of the phasing of the cycle and specific responsibilities involved.

From March to end May 2019 there will be a continued focus for managers to ensure completion of the delivery of the 2018 action plans remains a high priority.

We are contacting those Boards with higher EEI scores to take any learning and incorporate into our activity.

The Organisational Development Plan 2019/20 will outline our plans to improve staff experience in the coming year and will be presented to the April 2019 meeting of the Staff Governance Committee.