NOT PROTECTIVELY MARKED

Public Board Meeting	**May 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 Scottish Ambulance Service 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 April 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 Operational Delivery Plan for Clinical, Operational, Scheduled Care and Staff Experience Measures. Clinical Measures • Our work to save more lives from cardiac arrest continues to deliver improved results – in April 2019 49.3% of patients in VF/VT arrest arrived at hospital with a pulse compared to our standard of 45%. • 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 • Absence data is providing some mixed messages with the comparison between March 2018 and March 2019 showing improvement, but the year on year comparison showing a 0.1% increase. We still work toward achieving sustained reductions in sickness absence through our refreshed promoting attendance actions and wellbeing initiatives. • In our employee engagement work, the OD Plan has been approved, which has included agreement of targets we aim to achieve in the coming year for our Staff Experience measures and 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 service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD. 5.1 Improve our response to patients who are vulnerable in our communities. 6.2 Use continuous improvement methodologies to ensure we

	work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.
Contribution to the 2020 vision for Health and Social Care	This programme of work underpins the Scottish Government's 2020 Vision. This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's annual Operational Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Scottish Ambulance Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners and supports the Service's transition towards 2020.
Equality and Diversity	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

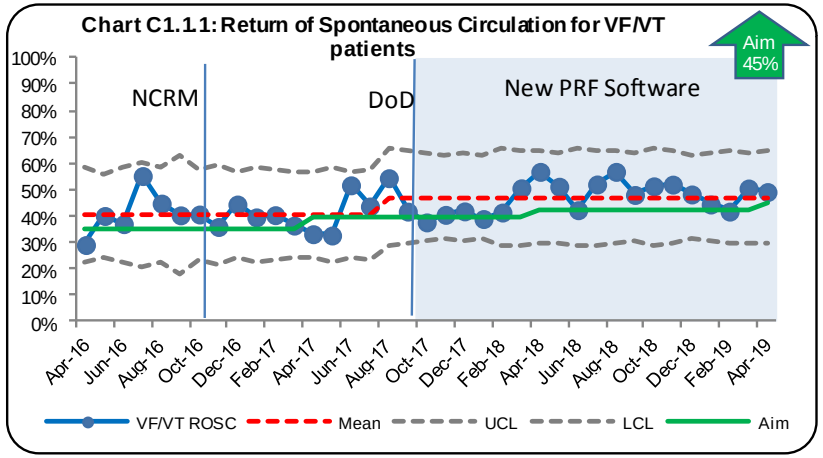
Rule 2: Five or more consecutive points increasing or decreasing

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 ROSC

C1.1 VF/VT ROSC



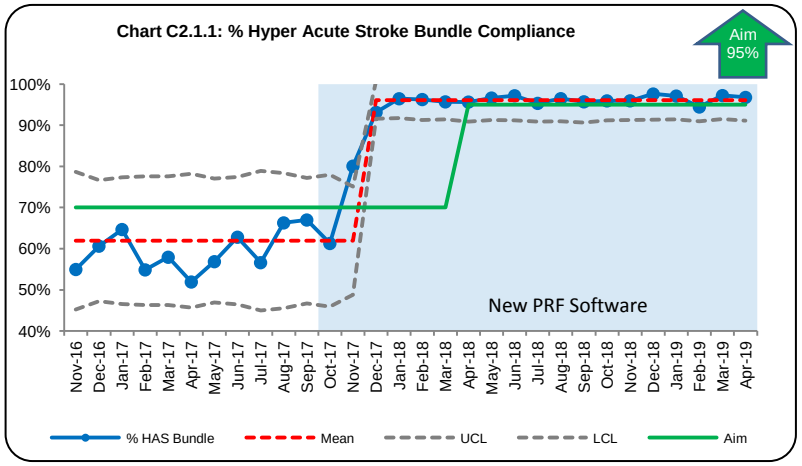
What is the data telling us? – On average we attempt resuscitation on 75 patients in a VF/VT rhythm per month. In April 2019 49.3% of patients in VF/VT achieved return of spontaneous circulation, surpassing our aim of 45%. 13 out of the last 14 months have surpassed our aim (in February 2019 41.9% of patients in VF/VT arrest achieved ROSC) (Chart C1.1.1). The recalculated Mean at July 2017 demonstrates a statistical shift in improving the rate of ROSC and saving more lives.

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



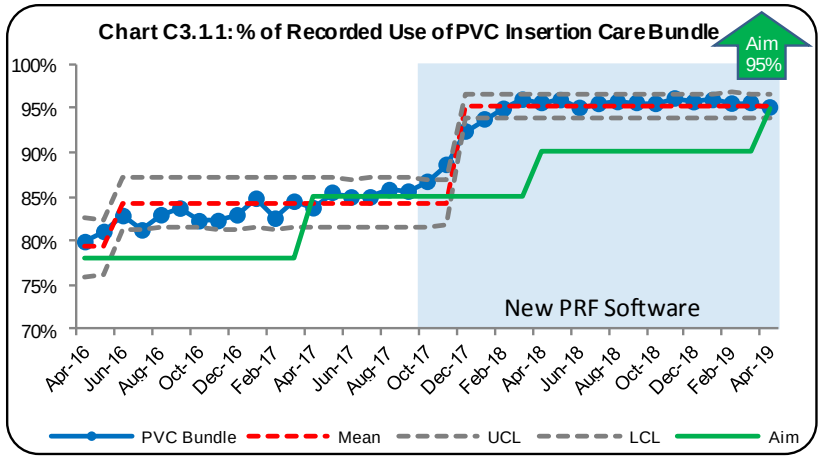
What is the data telling us? - On average we attend 313 hyper acute stroke patients per month. We are continuing to reliably implement the pre-hospital stroke bundle, with the data in April 2019 demonstrating 96.8% reliability.

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 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



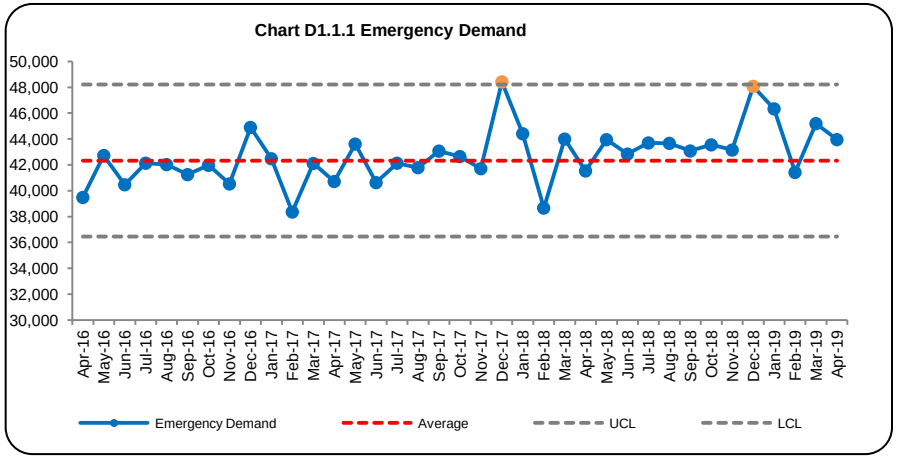
What is the data telling us? – In the 12 month period from May 2018 to April 2019 we cannulated around 3,743 patients monthly with compliance for recording application of the PVC insertion bundle maintained above 95% each month; against a quality indicator aim of 95%.

Why? - The introduction of new software in ambulances has consistently maintained improved recording of compliance with the PVC insertion bundle.

What are we doing and by when? – Compliance is monitored across all Regions to ensure it is maintained in line with the quality indicator aim. A non compliance report recently added to the data system enables further analysis to help inform ongoing improvement.

D1: Demand

D1.1 Emergency Demand



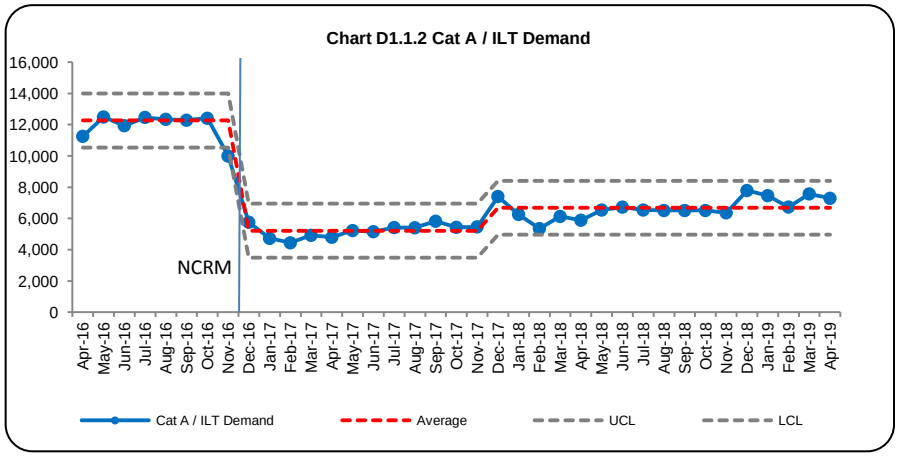
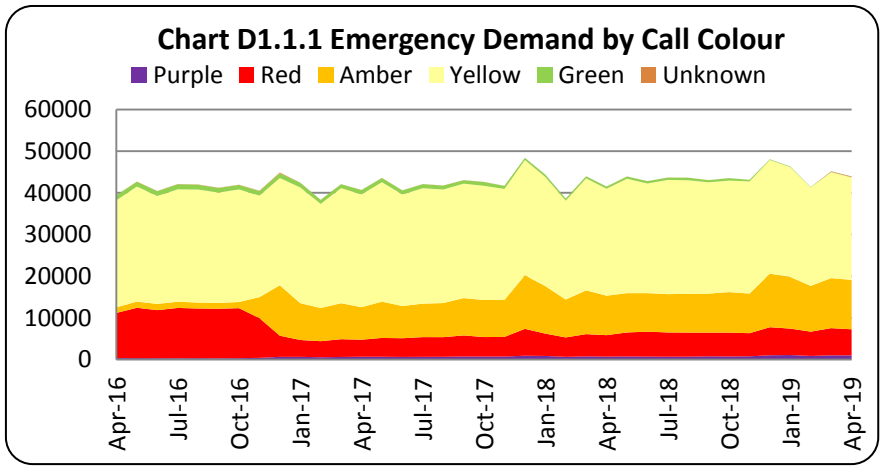


Chart D1.1.3 Emergency Demand by Call Colour



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 23.8% in April 2019 when compared to April 2018 and overall Emergency Demand has shown an increase of 5% over the same period.

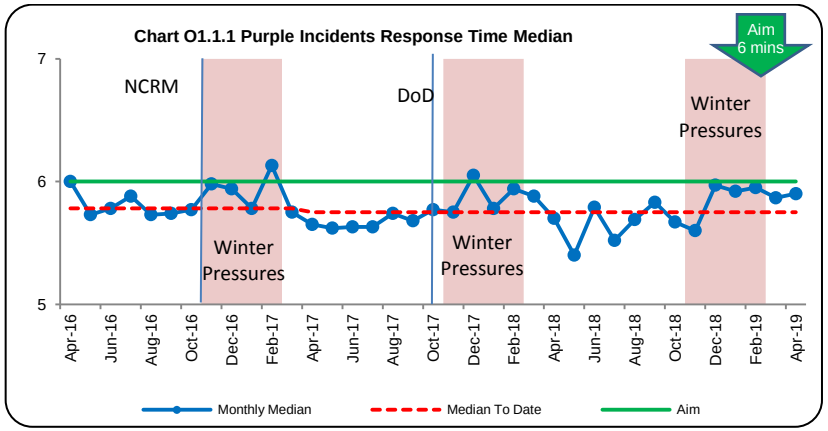
Why? – A rise in ILT has been seen throughout the year and the more pronounced pattern has continued this month. A large proportion of the increase in ILT demand has come from calls from healthcare professionals.

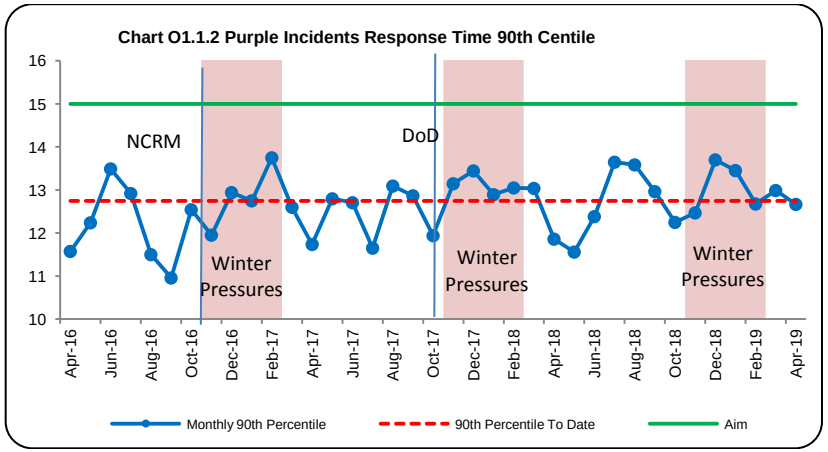
What are we doing and by when? – We continue to focus on a proactive management of demand in the Ambulance Control Centres by referring appropriate patients to other providers, pathways and providing additional telephone triage by Clinical Advisors.

Work is underway to redesign the management process for calls from health care professionals, it is anticipated that this new process will be in place from August 2019.

O1: Operational Measures – Unscheduled Care

O1.1 Purple Incidents Response

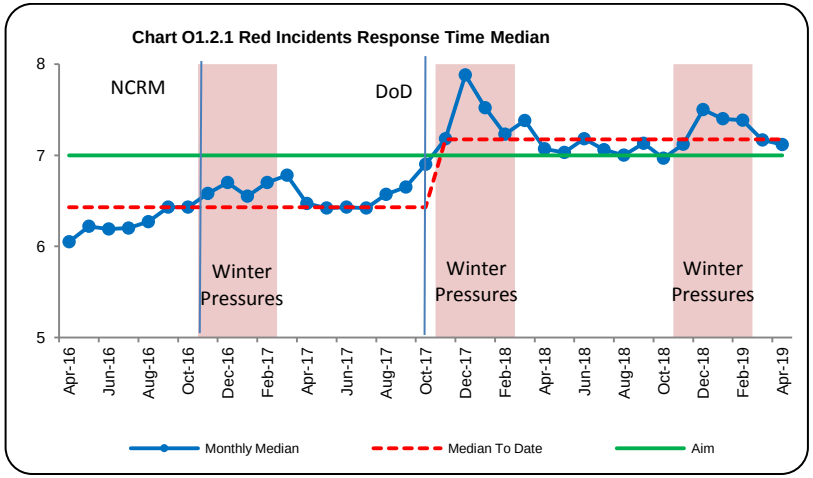


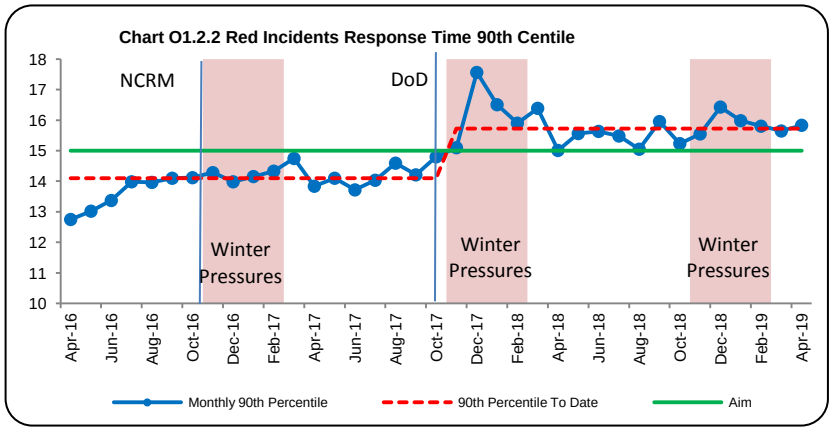


What is the data telling us? - On average we attend 881 purple incidents per month; these are our highest priority calls to the most acutely unwell patients. In April 2019, we attended 1037 incidents and the performance median was 5 minutes 54 seconds (against a standard of less than 6 minutes), with a 90th percentile of 12 minutes 40 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



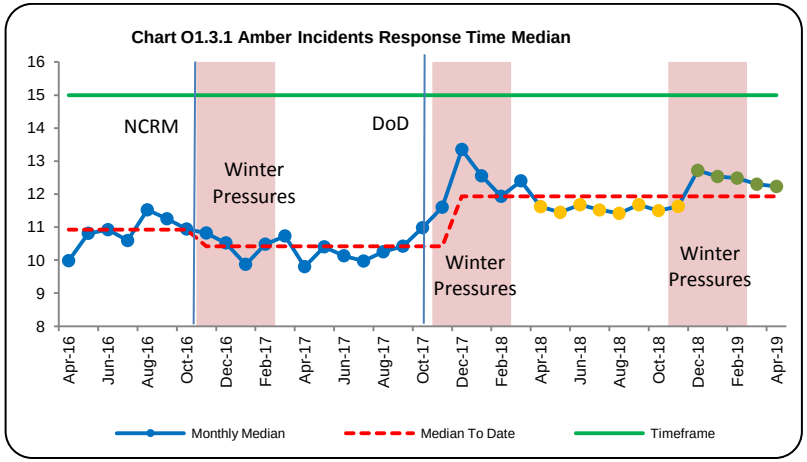


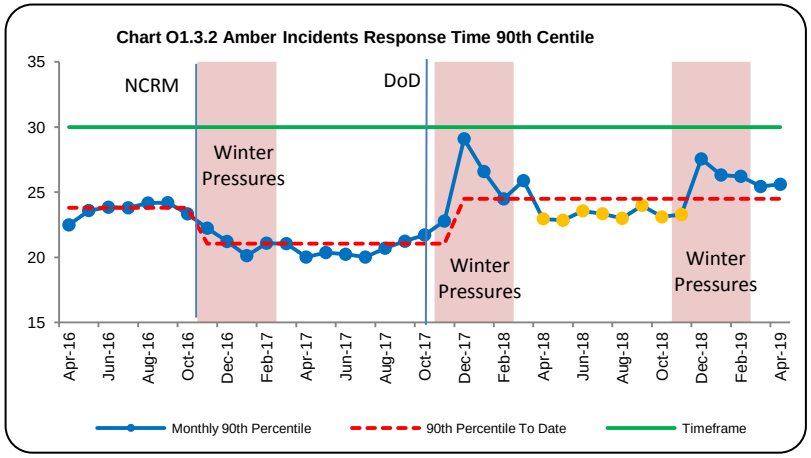
What is the data telling us? - On average we attend 5,998 red incidents per month, these are our second highest priority calls to patients in an immediately life threatening situation. In April 2019, we attended 6,256 red incidents and the performance median was 7 minutes 7 seconds (against a standard of less than 7 minutes), with a 90th percentile of 15 minutes 50 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 23.8% 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



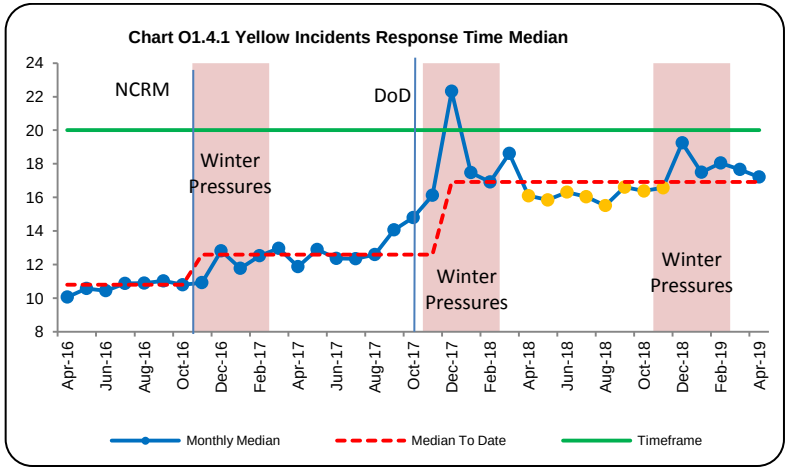


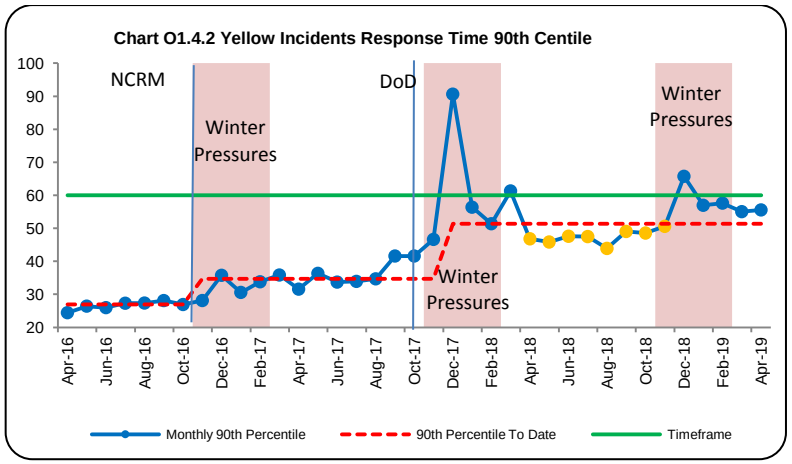
What is the data telling us? - On average we attend 10,480 amber incidents per month; these are patients who have a defined need for an acute care pathway. For April 2019, performance median was 12 minutes 14 seconds, with a 90th percentile of 26 minutes 36 seconds. Performance within these areas remains stable against an increase of 25% 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. Non-random variation can be seen in these charts highlighted yellow and green.

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

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

O1.4 Yellow Incidents Response



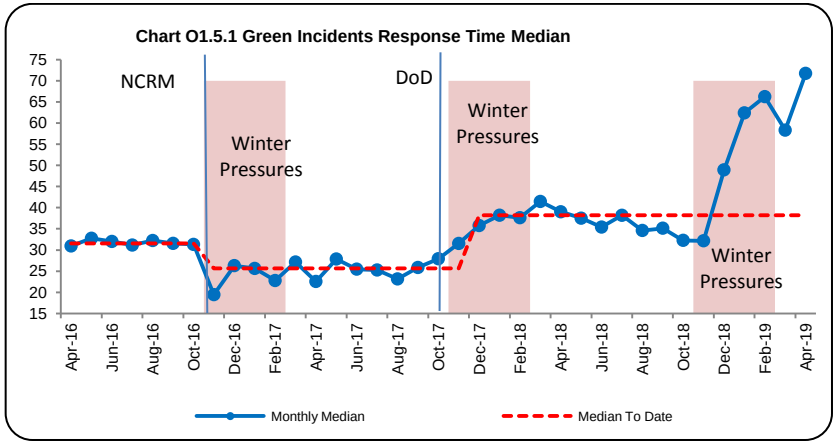


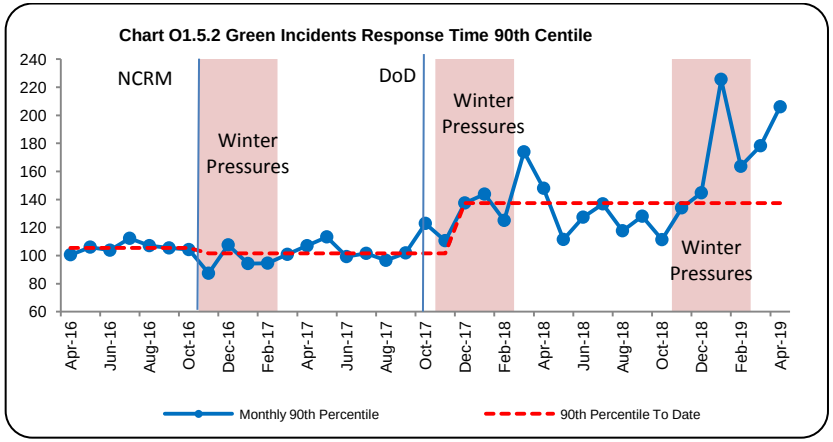
What is the data telling us? - On average we attend 26,324 yellow incidents per month; these are non immediately life threatening patients who require a response with the right resource whether that is for transfer to hospital or for referral to an alternative pathway. For April 2019, performance median was 17 minutes 22 seconds, with a 90th percentile of 55 minutes 32 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. Non random variation can be seen in these charts highlighted yellow.

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

What are we doing and by when? – We continue to review yellow calls to understand the special cause behind the variation being seen. A work programme of clinical risk and demand management, led by the Medical Director and the Director of National Operations has been developed in order to mitigate risk, reduce delays and improve patient experience for those patients in lower clinical acuity categories. This requires a whole system approach to matching resources to demand and continually considering the clinical acuity of patients affected. In cases of delayed response, welfare call backs are undertaken to ensure patient safety, and enhanced management arrangements for injured falls patients in public places were introduced from November 2018.

O1.5 Green Incidents Response



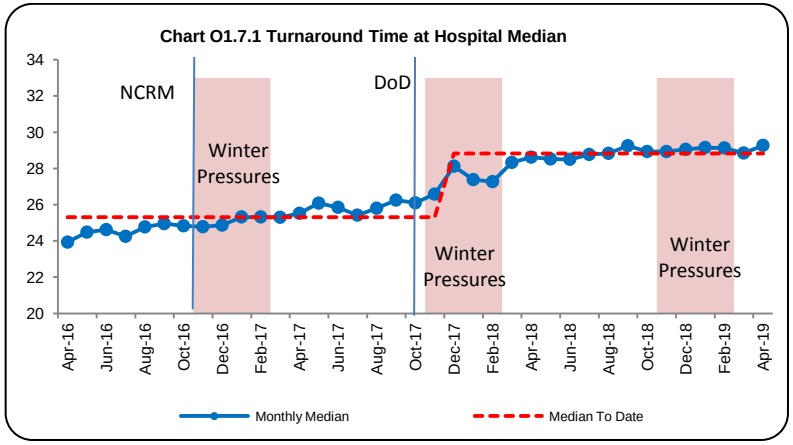


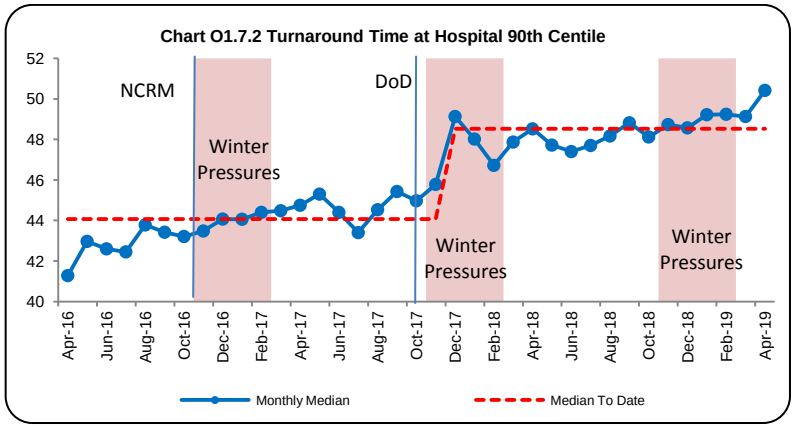
What is the data telling us? - On average we attend 357 green incidents per month; these are non-immediately life threatening patients who have the potential for additional clinician led telephone triage or face to face assessment when required. For April 2019, performance median was 71 minutes 45 seconds, with a 90th percentile of 3 hour 26 minutes 00 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 patient timeously.

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

O1.7 Average Turnaround Time at Hospital





What is the data telling us?

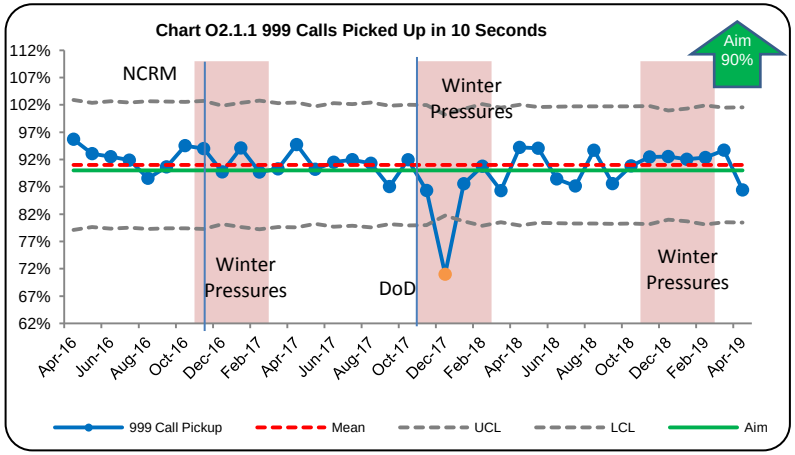
On average we transport 31,152 (66.6%) unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For April 2019, we transported 31,442 (65.1%) patients with an average turnaround time at hospital of 31 minutes 37 seconds.

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



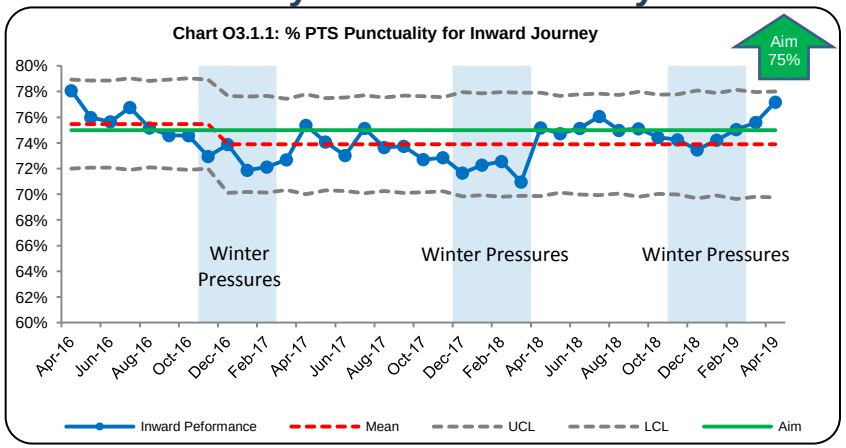
What is the data telling us? – On average we answer 44,269 999 calls per month. For April 2019, we answered 44,681 999 calls with 86.4% picked up within 10 seconds (against a standard of 90%). Call demand has risen by 9.5% against April 2018. This pattern is in line with similar patterns across the UK ambulance sector.

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.

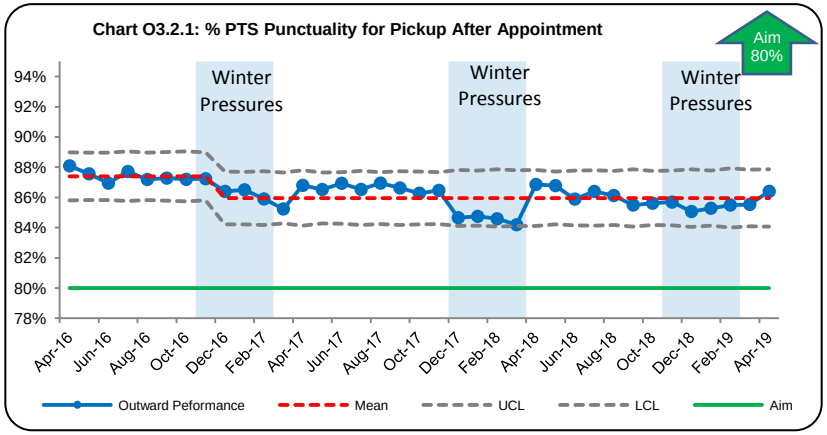
What are we doing and by when? – We continue to review call pick up performance to identify any common or special cause. We regularly review patterns of call demand to ensure that we have sufficient resources to answer 999 calls as soon as possible. In line with the strategy, additional call handlers have been recruited and are currently in training.

O3: Operational Measures - Scheduled Care

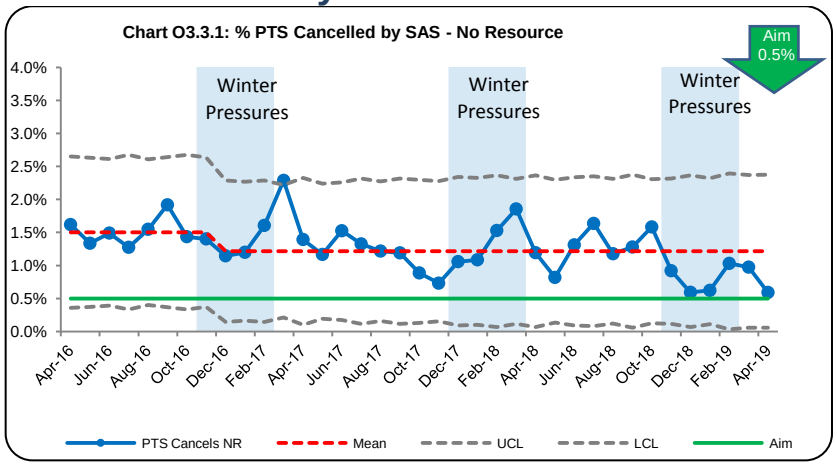
O 3.1 Punctuality for Inward Journey



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 (O3.1.1) achieved the target of 75% for March and April. 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 (O3.2.1) improved in March and in April achieved 86.5%, exceeding the target and above the mean. On average we facilitate 24,900 PTS pickups from appointments per month.

PTS Journeys cancelled by SAS – No resource (O3.3.1) continues to show a downward trend year on year and was fractionally above target at 0.58% for April, 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 (O3.1.1) has been stable since April 2018 with a steady upward trend since December, which was the only month to date below the mean due to winter pressures.

Performance for Punctuality for Pickup after Appointment (O3.2.1) has also been stable in 2018/19, remaining above target with less of an impact from winter pressures than the previous year.

PTS Journeys cancelled by SAS – No resource (O3.3.1) returned to the low figures seen in December and January, which were the lowest recorded for over two years. Although the figure remains slightly above target it continues to be below the mean.

What are we doing and by when? - 21 new PTS staff completed their training and became operational in April, contributing to an improvement in performance. In addition, a further 60 new replacement PTS vehicles will commence building in May, with delivery over the coming months.

The course in Customer Care for PTS Call Handling staff, which was piloted in the ACC in February to enhance their skills when dealing with difficult calls, has been evaluated and the course adjusted as a result of feedback from the participants. Plans are in hand to roll this out to all PTS Call Handling staff with consideration being given to also deliver this to Emergency Call Handlers.

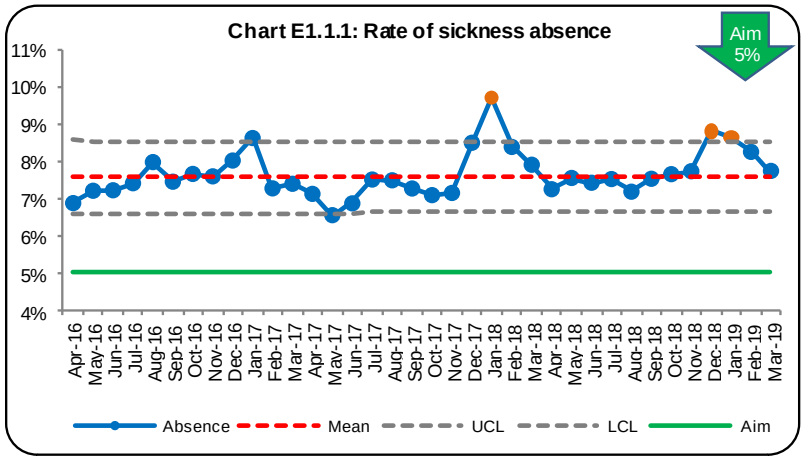
The trial of a Patient Experience Co-ordinator role in East Ambulance Control Centre has gone well and shown the benefit of the post, providing a more patient centred service and improved patient and staff experience. This is now being replicated in West Ambulance Control Centre.

Planning is underway to run a test in West Ambulance Control Centre of utilising PTS capacity to handle same day, low acuity urgent calls deemed suitable for PTS.

A full review of the Scheduled Care Service is due to commence this month to evaluate all aspects of the service, seeking patient, staff and stakeholder views on improvements that could be made and options for future direction and development. The aim is to complete the review and develop recommendations by Q3 of 2019/20.

E1: Staff Experience

E1.1 Sickness Absence



What is the data telling us? - Absence level for the 2018/19 performance year was 7.8% (7.6% for 2017/18). The March 2019 figure is 7.7% (Chart E1.1). This figure is a decrease from the March 2018 figure, which was 7.8%.

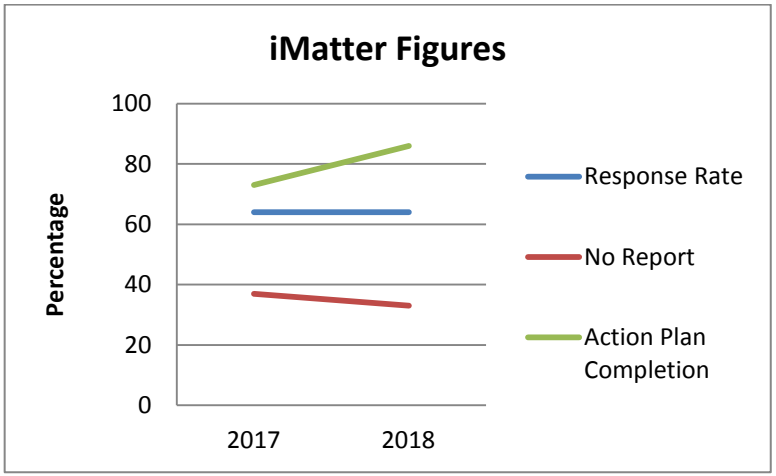
Why? – Improvement work has reduced the absence level however short and long term absence causes continue to require attention.

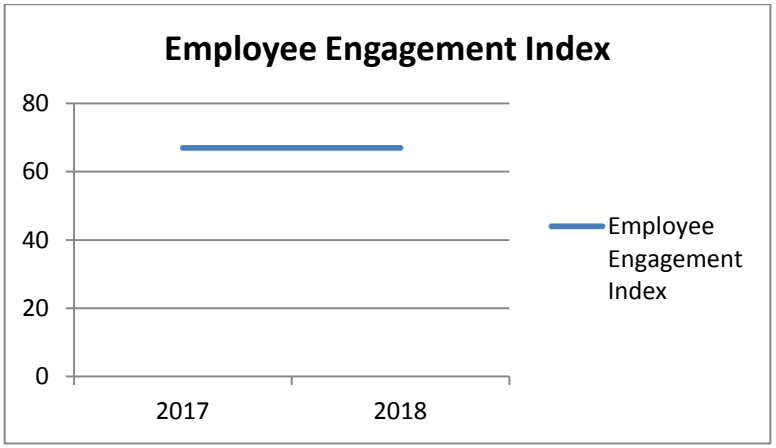
What are we doing and by when? - Actions introduced to address absence rates are continuing as we focus on sustained improvement. Additional analysis of absence is informing Regional Action Plans and the attendance improvement efforts:

- 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?





Our iMatter figures for response rate and Employee Engagement Index (EEI) have remained stable over 2017 and 2018 at 64% and 67 respectively. Performance has improved regarding the number of No reports received (reducing from 37% to 33%) and the number of action plans completed (increasing from 73% to 86%) over this time period. Our number of No reports was less than the Health & Social Care average of 38% and action plan completion within a 12-week period significantly higher than the Health & Social Care average of 56%.

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?

March to May 2019 has seen a continued focus for managers to ensure completion of the delivery of the action plans. Despite this focus, of the 359 action plans that were developed out of 395 teams only 76 have recorded progress on the system. It is not possible to determine if a significant number of teams have delivered their actions but just not recorded it on the system. There are four weeks to the completion of the 2018 cycle and with concerted effort we will see improvement. Directorate Leads are aware of the requirement to take action in their areas.

Implementation of the Communication & Engagement iMatter Plan commenced mid February 2019 to ensure widespread knowledge and understanding of the phasing of the cycle and specific responsibilities involved. The dates for the iMatter survey for 2019 have been adjusted

slightly to account for the May Public Holiday with the schedule as follows:

- Team confirmation 7 May – 3 June
- Questionnaire live 4 – 25 June
- Team reports available 9 July
- Action plan completion 9 July – 1 October

We are endeavouring to continually improve staff experience and increase our participation rates in iMatter year on year. We have indicated modest increased targets for response rates (1%), EEI (1) and action plan completion (1%) and decrease in No reports (3%). That however will not curtail efforts to exceed these targets.