Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**28 July 2021** **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 key performance metrics as set out in Remobilisation Plan 3 (RMP 3) standards for the period to end June 2021. 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>Clinical and Operational Performance</u> VF/VT Return of Spontaneous Circulation (ROSC) and 30-day survival for critically unwell patients remain stable despite significant system pressures including highest ever levels of unscheduled care calls and scheduled care calls above upper control limits. Response times in all categories have been affected by abstractions primarily related to working within a health and care system under significant pressures relating to the COVID-19 pandemic. 40% of patients continue to be cared for in local community based settings, avoiding hospital conveyance where this is the best option for the patient. <u>Workforce</u> The non COVID-19 sickness absence level reported through SWISS

	as at May 2021stood at 7.4%. COVID-19 absences at the beginning of July 2021 stood at 4.8%. Service Directors and Managers, supported by local Human Resources teams, continue to prioritise workforce health and wellbeing and implement the Once for Scotland Attendance Management policy through a range of measures aimed at reducing short and long term absences. Our workforce plans for 2021/22 have been reviewed and recruitment and training targets updated for the remainder of this year. We are recruiting to fill vacancies and a further 148wte additional posts this year. We continue to work in partnership with staff side representatives including a weekly informal Teams meeting to strengthen communications and enhance formal partnership structures. <u>Enabling Technology</u> The Emergency Service Network (ESN) Programme revised Full Business Case (FBC) was reviewed and a SAS response to the five FBC assurance questions posed was submitted to the Scottish Government after review and approval by the Service Board. The Scottish Government are considering all three emergency service submissions and formulating a response to the programme. The Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) has continued to experience issues with testing and configuration. The Service does not currently have a confirmed timescale for implementation. The Digital Workplace Project team have reviewed the new national licensing model and are working to assign this model to all Service staff. The proposed migration to OneDrive has been held up due to a security risk identified which requires an action in the national tenancy. The national M365 team are working on this and will give the Service a plan of when the fix will be in place by mid-July. The Telephony Replacement Project continues to progress installations across Service sites. A proposed go-live date at the end of June, was postponed due to an issue found in testing that requires resolution. The team are working through this with suppliers and looking to re-schedule the work.
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 2021/22 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

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.

Board Data Paper Co-Design

The aim of this was to build on the Board Development session on 28 October 2020 by considering the structure, content and detail of the Board Performance report, potentially leading to a re-design of the paper. A meeting held on 07 December 2020 was the first of three one hour sessions, focussing on

- What to Measure – selection of metrics
- How to Measure – data presentation, including type of charts and metrics from the perspective of the patient, staff and Service
- What to do with this information – how to react to variation

This work was paused due to operational pressures, arising from the COVID-19 pandemic and will be re-established when the new performance framework, has been agreed with Scottish Government.

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

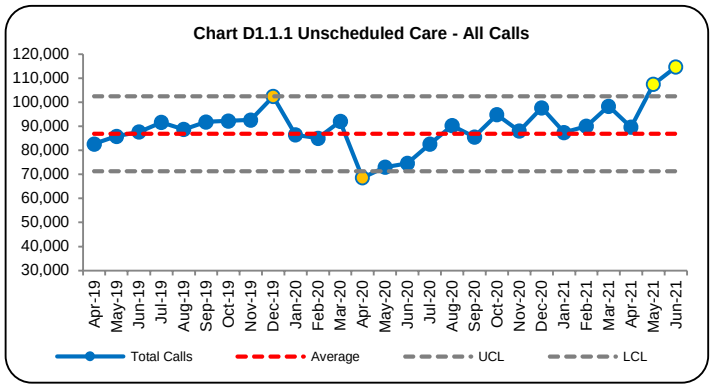
Rule 1: A run of six or more points in a row above or below the median

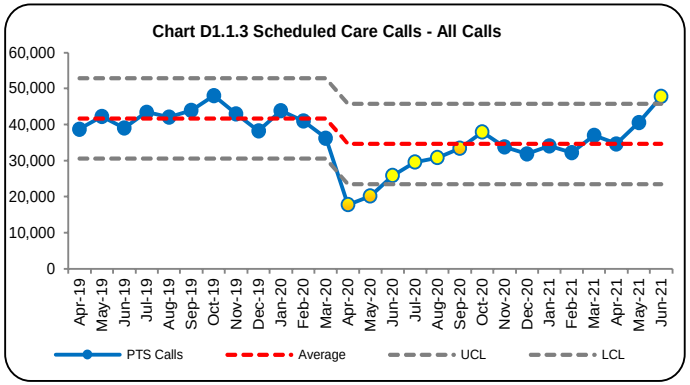
Rule 2: Five or more consecutive points increasing or decreasing

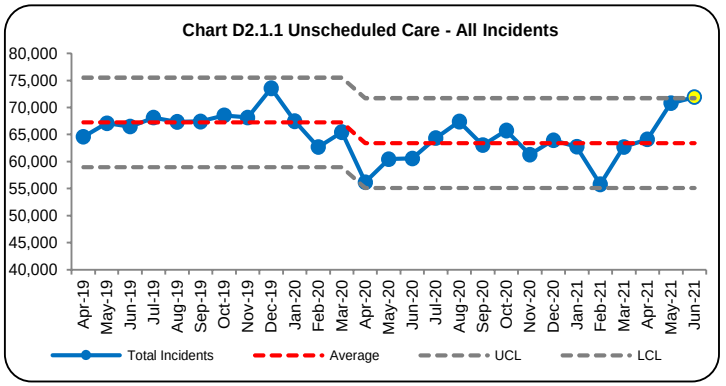
Rule 3: Too few or too many runs, or crossings, of the median

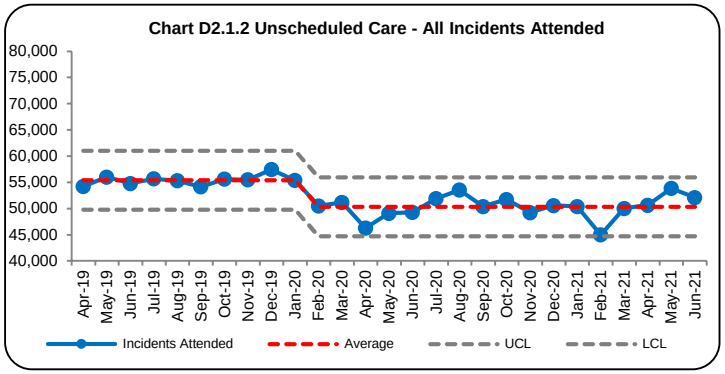
Rule 4: Undeniably large or small data point (astronomical data point)

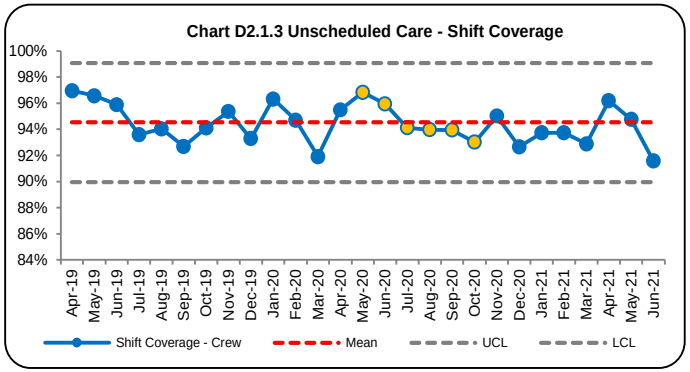
D: Demand Measures

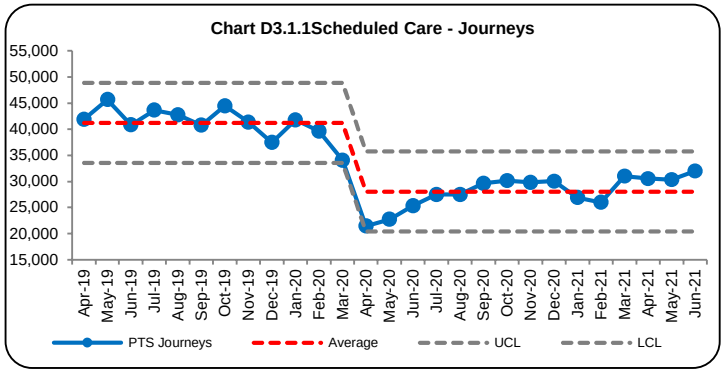












What is the data telling us?

Demand across all areas dropped at the start of the pandemic in March 2020, from then demand increased month on month before decreasing again as stricter restrictions were introduced on 26 December. Since the easing of the most recent lockdown restrictions at the start of May 2021 unscheduled demand has increased to pre-pandemic levels with total calls in May (107,312) and June (114,598) outwith the control levels and reaching an unprecedented volume. Total Incidents in May (70,799) and June (71,909) are outwith control levels and nearing the pre-pandemic levels of December 2019 (73,551). Scheduled demand in 2021 remains lower than previous years.

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. The requirement for physical distancing has reduced SAS capacity and unfortunately cancellations have risen as a result, however the move from 19th July to 1m physical distancing will greatly reduce this pressure.

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. From April to August 2020, during the first COVID-19 lockdown, the Service reported a significant increase in the number of mental health attended incidents compared to the same period in 2019. During that period, mental health incidents averaged at 2,355 incidents per month, a 19.7% increase in the same period in 2019. Since August 2020 we have seen a reduction in the number of mental health incidents attended with figures returning to what was reported in the same period in 2019.

Since go live on 24 November 2020 until end of June 2021, there have been approximately 714 mental health incidents passed to the mental health hub in NHS 24.

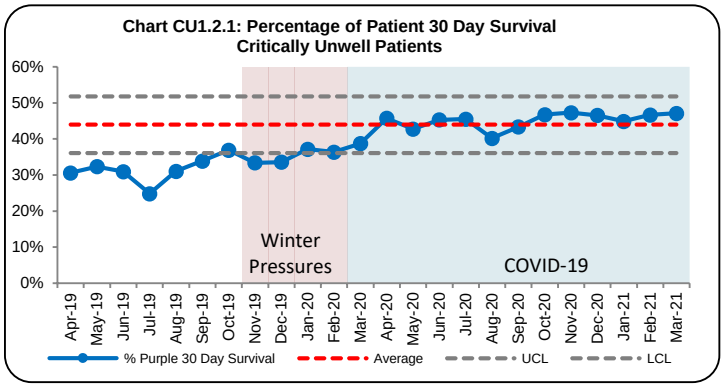
Accident and Emergency shift coverage in June was below the mean at 91.6% caused by increased covid related absence. Utilisation rates nationally of Accident and Emergency staff in May and June were 62.2% and 63.1% respectively; best practice across UK ambulance services is for a maximum of 55% utilisation rates.

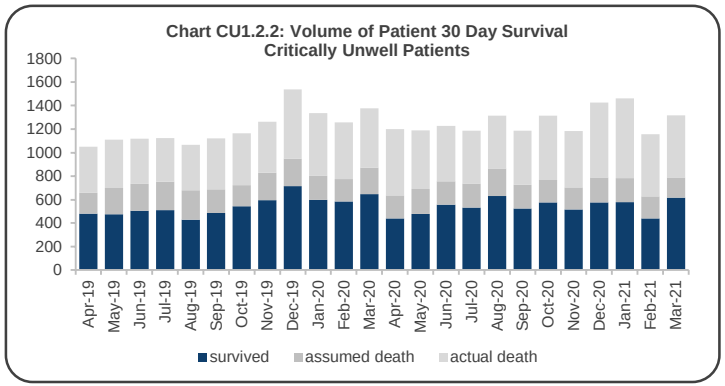
What are we doing to further improve and by when? –
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts, are regularly updated based on intelligence of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

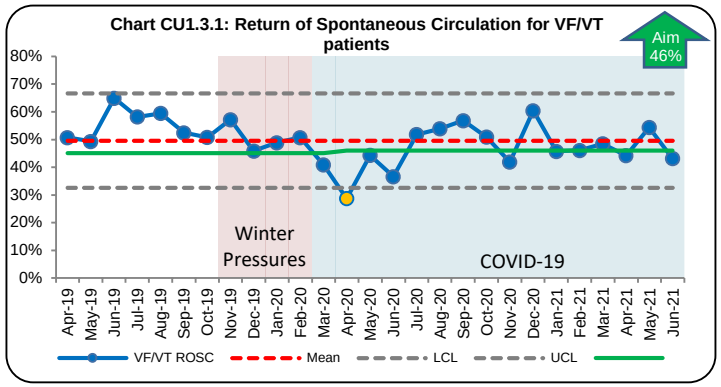
As part of our remobilisation plans we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. These are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

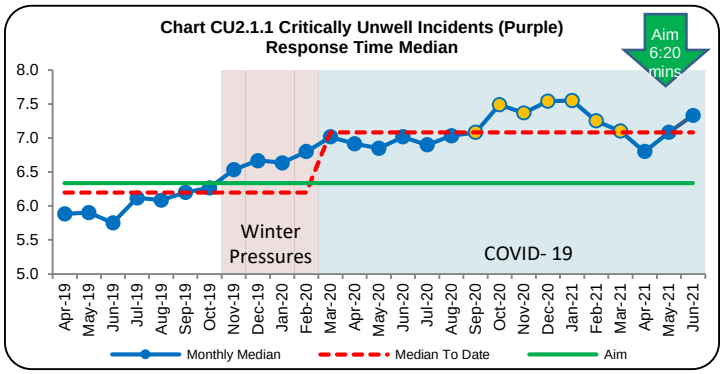
Our work to support staff health and wellbeing and increase resourcing is explained later in the paper, both of which will improve shift coverage and utilisation rates.

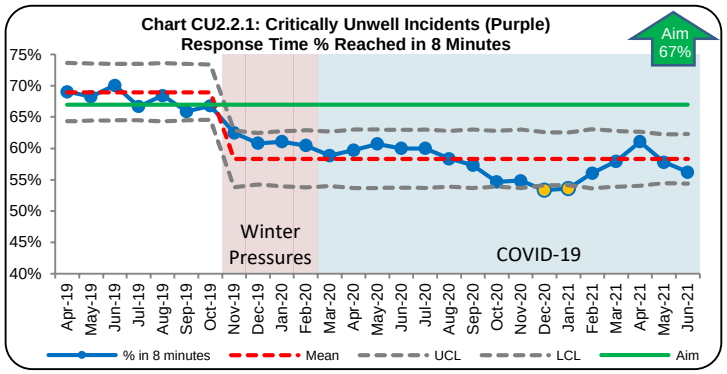
Purple Response Category: Critically Unwell Patients

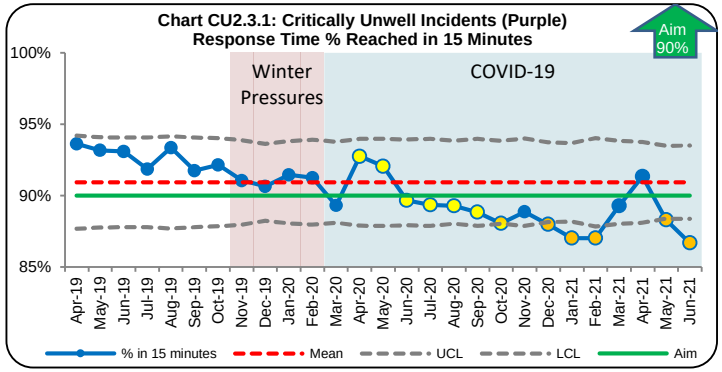












What is the data telling us?

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 remained stable.

Out of Hospital Cardiac Arrest (OHCA) - Chart CU1.3.1 illustrates the Return of Spontaneous Circulation (ROSC) for VF/VT patients and it is noted that the percentage of patients where ROSC was achieved remains stable. Throughout the pandemic, there has, and will continue to be, significant challenges in carrying out Advanced Life Support in line with current infection control guidance. However, our VF/VT ROSC rates remain within control limits, and we continue to be encouraged with early signs of recovery from the COVID-19 impact within the data.

The next iteration of Scotland's OHCA strategy 2021-2026 was published earlier this year and we are continue to develop the programmes of work underpinning the delivery of the following key strategic aims:

- Increasing bystander CPR rates from around 65% to 85% is a key aim of the strategy through training a further 500,000 people in CPR
- Ensuring optimisation of telephone CPR by identifying areas for improvement
- Enhancing the deployment of GoodSAM volunteers
- Identifying regions where cardiac responder schemes would be of benefit
- Increasing Publicly Available Defibrillator (PAD) deployment during OHCA to 20% by using the Service's data to help inform communities where best to place PADS (the ScotPAD project) and encouraging these PAD guardians to register their PAD with the Service.
- As part of the Service's commitment to improving population health, there is a focus on improving outcomes for those in areas of higher deprivation, access to CPR training for those with disabilities and ensuring that we are sensitive in delivering resuscitation where this does not benefit the patient, as part of a supported and dignified process of end-of-life care.

Major Trauma

A key feature of the Service's trauma strategy has been to develop a fully integrated system of trauma care, in which regional variations are minimised to allow maximum interoperability.

The Service has been working collaboratively with pre-hospital trauma teams across the country to implement the Scottish Trauma Network. The network is designed to deliver consistent high quality and well governed critical care to the most seriously injured patients.

As we move towards the launch of the final two Major Trauma Centres and regional trauma networks in the South East and West of Scotland on 30 August 2021, this will mean the completion of the Scottish Trauma Network, with the Major Trauma Triage Tool switched on in these regions, and the Paediatric Triage Tool switched on across the whole country.

To ensure successful implementation one area of current focus within the Service is rolling-out the training and testing of these Triage Tools for our frontline clinicians through a range of mediums including on-line learning, engagement and drop-in sessions.

We also continue to support development of feedback initiatives in Trauma Units and Major Trauma Centres that allow the Service's personnel to access patient outcome data and feedback on performance against agreed standards.

An interim plan is in place to support Medic 1 response in the South East Network pending the review of Pre-Hospital Critical Care in South East and East Networks. Scottish Trauma Network has requested the Service to produce an options appraisal for the future provision of pre-hospital critical care in this area.

Purple Median Times

As illustrated in chart CU 2.1.1, there has been a deterioration in median response times to purple calls since April 2021. A range of pressures in the system has affected this including increased service time, extended hospital turnaround times, an increase in emergency demand, shift cover and an increase in sickness absence.

As outlined in the previous Board paper, a Short Life Working Group is looking at response times and has refocused its efforts in the following areas – reducing the number of dispatches, reducing service time, reducing unavailable time and increasing resources.

Reducing the number of dispatches includes advanced practitioner triage, pathways in high priority areas such as falls, mental health, breathlessness, care at home options, care packages options for high users of our services and specialist response vehicles for mental health. It also includes working closely with Flow Navigation Centres and Mental Health Assessment Centres.

Reducing Service Time includes auto-allocation referred to in previous Board papers, operationalising new static sites for ambulance crews to respond from, working jointly with hospitals and IJBs to reduce hospital turnaround times and timely access to professional to professional support.

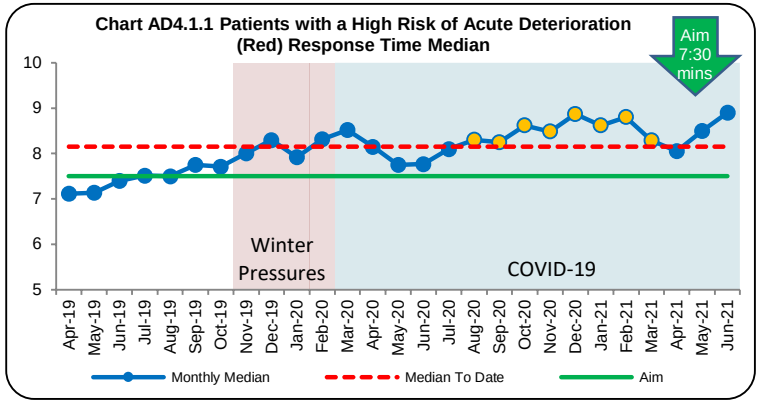
Reducing unavailable time includes helping ambulance crews in busy urban areas with restocking, cleaning vehicles, welfare packs at hospitals and facilitating rest breaks.

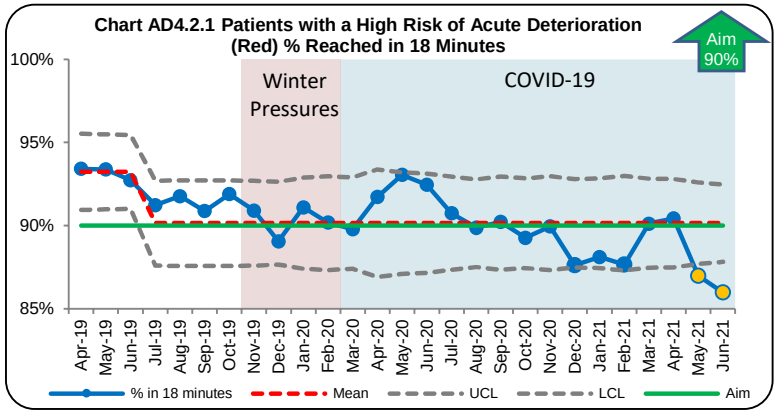
We are increasing ambulance resources and implementing new rosters through the demand and capacity programme. This includes new ambulance staff, additional ambulances, paramedic response units and advanced practitioners. We are working hard to maximise shift coverage, support abstractions for paramedic training and manage sickness absence levels. Community first responders and cardiac responders continue to play a valued role in responding to immediately life threatening calls across Scotland.

We are continuing to see extended hospital turnaround times (HTAT) in many hospital sites. Improvement work is being progressed with hospital and IJB teams to reduce the impact of this on ambulance service time and availability but this remains an area of concern.

Work to optimise and influence processes that will directly impact response times remains a focus for the Service and updates on progress will continue to be reflected within future Board reports.

Red Response Category: Patients at risk of Acute Deterioration





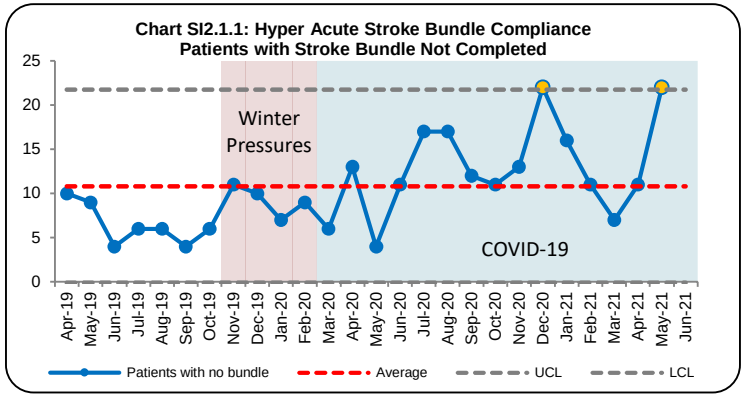
What is the data telling us? – Our median red response time (Chart AD4.1.1) is above target and has been fluctuating between 8 and 9 minutes since late 2020 with a median of 8 minutes 3 seconds in April 2021. During May and June 2021, the data points show the percentage of calls with a response within 18 minutes is below target and the lower control limit. (Chart AD4.2.1).

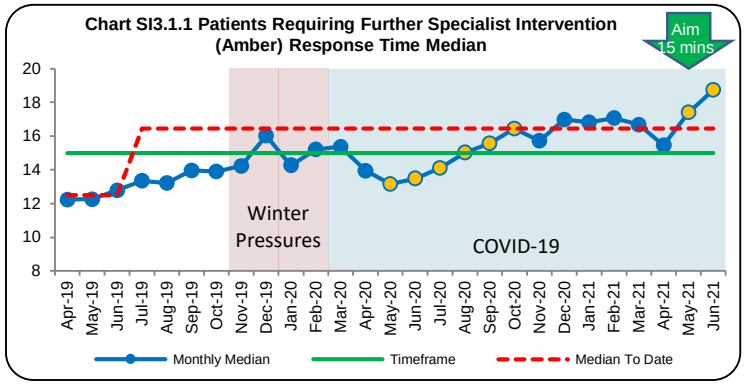
Why? Many of the reasons for this align to the detailed analysis of purple response outlined in this and previous board papers.

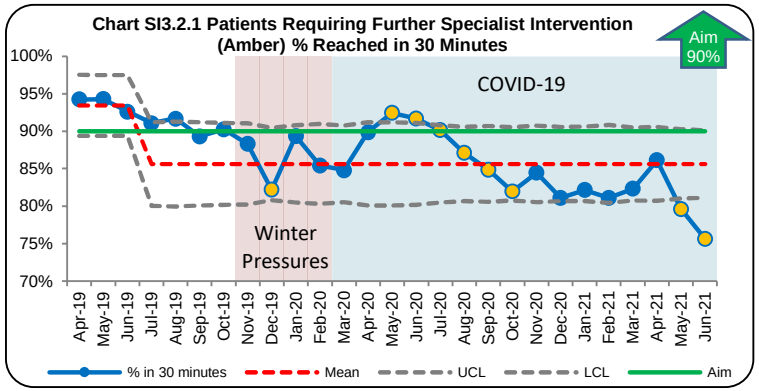
What are we doing and by when?

The interventions designed to improve purple response times will similarly affect red response times.

Amber Response Category: Patients Requiring Specialist Intervention







What is the data telling us? – There is variability relating to our application of the 'stroke bundle', see narrative below.

As with the purple and red categories, the median response to amber calls has been increasing over time (chart SI 3.1.1). The percentage of these calls reached within 30 minutes was above the mean in April 2021 but moved below the lower control limit in May and June 2021.

Why? The factors that have resulted in longer response times for purple and red category patients is amplified for patients in the subsequent categories as resources are prioritised to those patients at the most immediate risk of death or serious harm.

What are we doing and by when? -
The Service continues to work closely with the Government's National Thrombectomy Action Group to support the development of the national Thrombectomy service across the country.

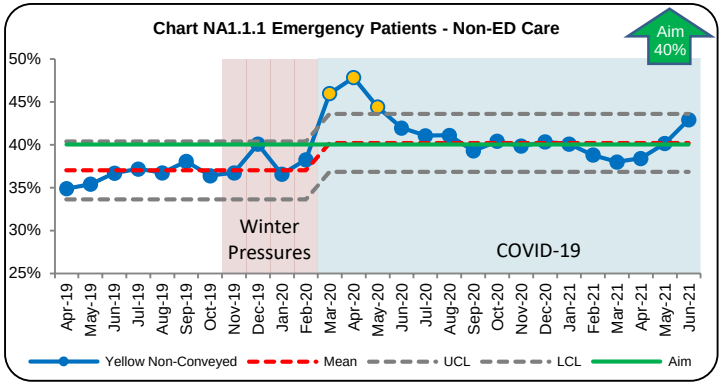
The Service is responsible for the safe and effective transport of patients deemed suitable for Thrombectomy from all spoke hospitals to the three regional hubs in line with the phased delivery of Thrombectomy adopted by each of the centres in the East, North and West of the country. This is a priority work stream for the Service and we will continue to work progressively and pro-actively to support the next phase of this development, which is due to go live from August 2021.

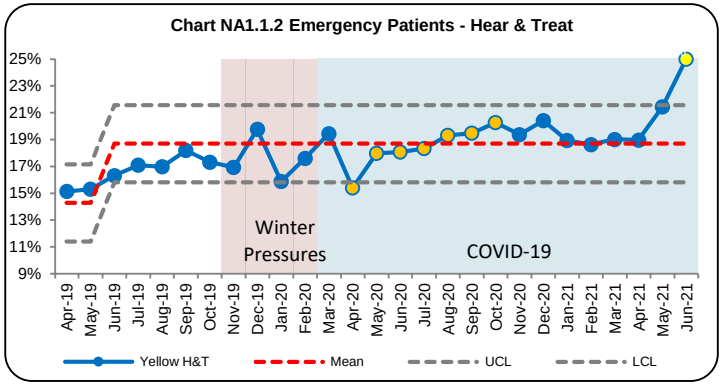
Thrombectomy is considered the gold standard care for large vessel occlusion hyper acute stroke care. Following successful Thrombectomy, and in collaboration with community rehabilitation services, it is possible patients will continue to live as independently as they did prior to the Thrombectomy procedure.

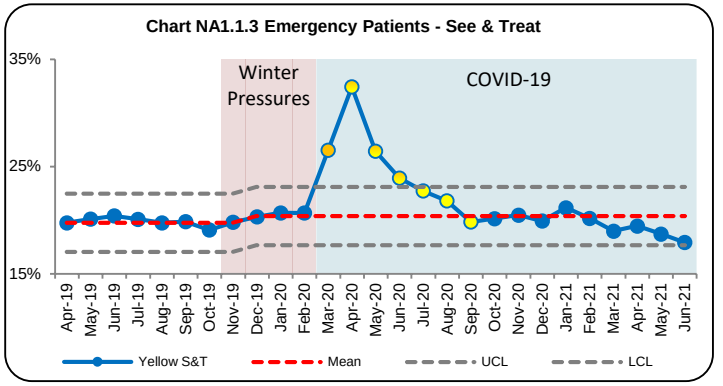
Our recently submitted Outline Business Case to support the planned development of the national Thrombectomy service up to and including 2023, has been approved. This additional funding will allow us to further enhance and develop the Stroke and Thrombectomy priorities for the Service.

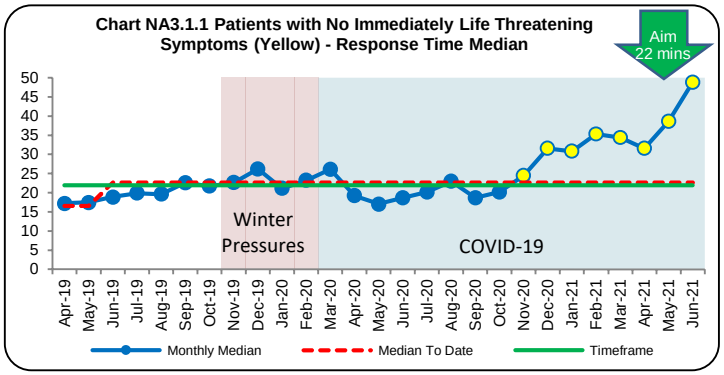
This integrated approach to deliver complex pathway and process changes with our health board partners will see the Service implement changes in the way in which we respond to suspected stroke emergency calls with a far greater emphasis on Professional-to-Professional support from health board partners.

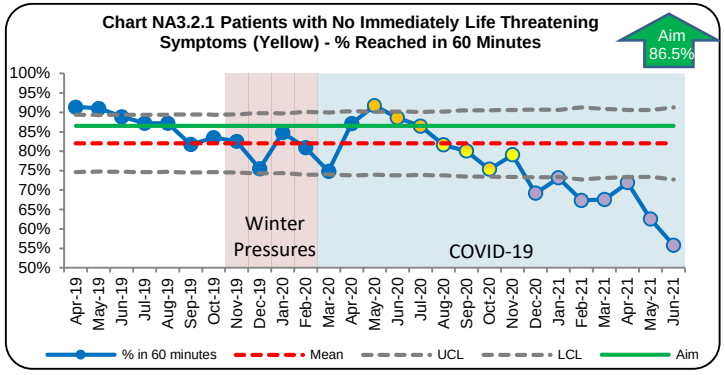
Yellow Response Category: Emergency Patients with no Life Threatening Symptoms











What is the data telling us –

Chart NA1.1.1 provides an overview of our response to emergency patients and was static in the six months from August 2020 sitting around the aim of 40% of this group of patients not conveyed to hospital. In the most recent 2 months, this has exceeded the aim. 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. From October 2020, performance has fluctuated slightly between the mean and the upper control limit before increasing to above the upper control limit in June 2021.

Chart NA1.1.3 details the number of patients who are discharged following face-to-face assessment and remains within the control limits at 17.9%.

The response time median to yellow incidents (Chart NA 3.1.1) displays a statistical signal of 8 points above the median. A range of pressures in the system has affected this including increased service time, extended hospital turnaround times, an increase in emergency demand, shift cover and an increase in sickness absence. 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. Refinement in Advanced Paramedic processes includes additional code sets for consultation, which will augment the established pathways for this group of patients.

Both See and Treat and Hear and Treat data sets show that rates of interventions are stable within control limits. This represents a good platform from which to deliver further improvements in relation to our work in ACC and in communities as part of our engagement with IJBs and work to support Scotland's Redesign of Urgent Care programme.

What are we doing and by when –

As outlined in the previous Board paper, a Short Life Working Group is looking at response times and has refocused its efforts in the following areas – reducing the number of despatches, reducing service time, reducing unavailable time and increasing resources.

Phase 2 of the national Redesign of Urgent Care is now underway with the Service having its own work streams with the key aim of delivering care closer to home with equity of access to urgent, primary and community services. We continue to engage with the territorial Health Boards to gain access to Flow Navigation Centres for referral, scheduling and professional-to-professional advice and this is already underway in a number of Boards through Emergency Departments and Minor Injury Units.

'Interface Care' will be a pivotal component in the next phase of the Redesign of Urgent Care (RUC) Programme, which will support care nearer to home, safely reduce hospital admissions and shorten length of stay for defined groups of patients.

'Interface Care' will provide care for the complete patient journey, from point of contact to conclusion of need, optimising staff and patient experience. This will include supporting front line staff, optimising pathways and exploring the role of technology as an

enabler, which could include emerging technologies. A series of Regional meetings have taken place across Scotland with each of our Regional Directors having presented to these meetings, which were attended by a significant number of stakeholders.

We continue to engage with community partners such as IJBs and Health and Social Care partnerships. One particular national work stream that the Service has made a significant contribution to is focussed on developing alternatives to ED. This aims to enhance engagement with community providers such as IJBs and Health and Social Care partnerships by describing the pre-requisites to support the Service and other healthcare professionals to achieve this.

We are currently refreshing our programme of work within the Service to reflect the ambitions of the national objectives underpinning this with a focus on workforce engagement, technological developments and data.

The Service's Contribution to Improving Population Health

As part of the Service's contribution to improving the health and wellbeing of Scotland's population, we have embarked on an ambitious project working with Scotland's Drug Death Taskforce.

Due to the demand from people experiencing overdose from drug use across our communities, and reflecting our unique reach into people's homes, we are focused on what we can do to positively influence a reduction in drug deaths across Scotland.

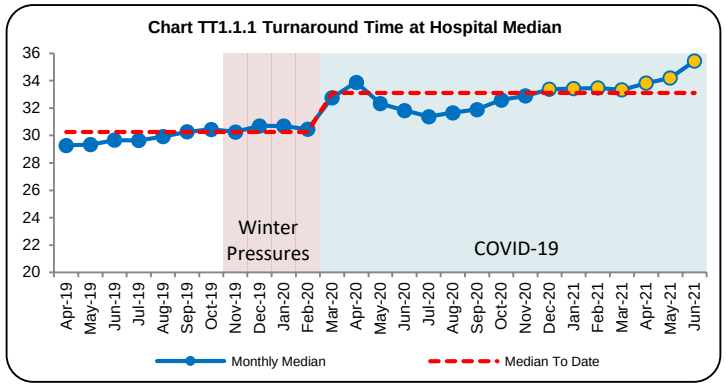
Our Clinical Effectiveness Leads based across our three regions continue to work closely not only with our frontline clinicians but also within communities to achieve improved outcomes for people who use drugs.

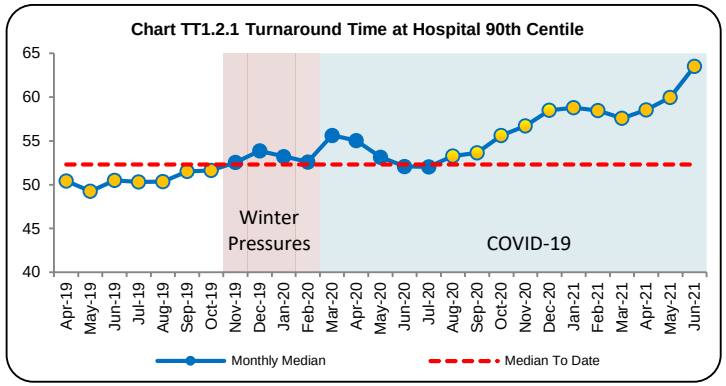
The targeted distribution of Take Home Naloxone is an evidence-based intervention that saves lives. To support the Service role in this work a Service wide national training programme has been developed to ensure all Paramedics and Technicians are trained to supply Take Home Naloxone to anyone likely to witness an overdose.

Significant progress has been made in near-fatal overdose data sharing with health boards, which allows treatment and support services to connect with people who have problematic drug use. Further work has started and planned for expansion in relation to ambulance clinicians connecting people with support services directly from scene.

We continue to see increasing numbers of kits being supplied on a monthly basis across the country.

TT: Turnaround Time at Hospital





What is the data telling us? – Both median and 90th centile turnaround times are reporting at levels significantly higher than have been seen historically. A small increase in median turnaround, while possibly not significantly affecting individual patients, does however translate to reduced availability of ambulances to respond to other patients who have made emergency calls. This is a contributory factor to the previous narrative relating to response times. This remains an area of concern.

Why? – Hospital Turnaround Times for Ambulance Crews have been compounded by the strict infection prevention and control measures that hospitals have had to put in place due to the COVID-19 pandemic. The situation remains particularly challenging in some hospital sites affecting ambulance response times and availability.

What are we doing and by when? –

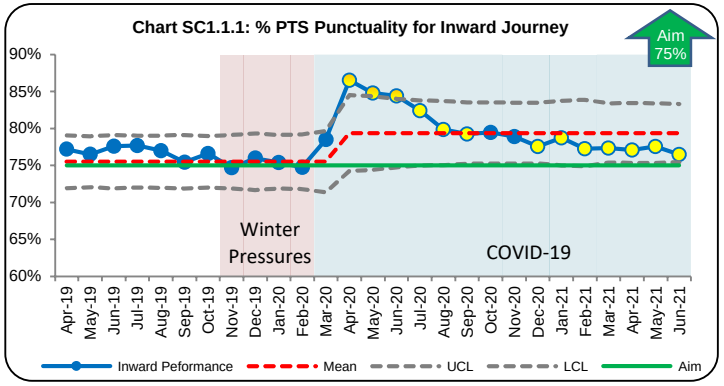
Hospital Ambulance Liaison Officers (HALOs) continue to be deployed at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow. HALOs are supported by managers.

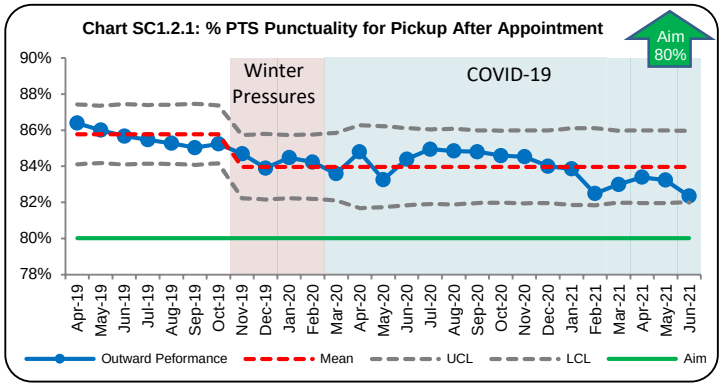
Other specific actions include:

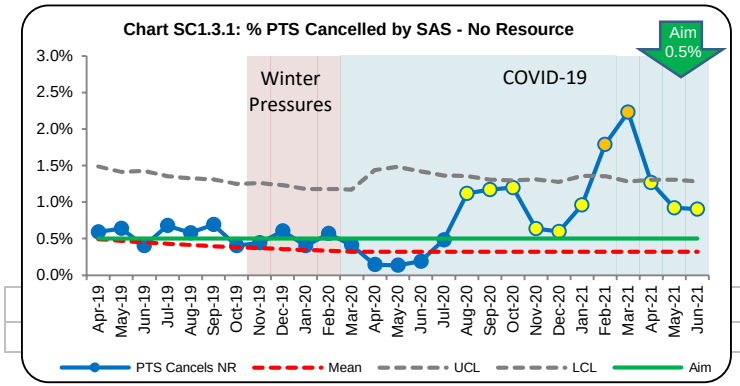
- Monthly meetings chaired by the Service's Medical Director continue with representation from SG and Health Boards. A joint review of escalation plans and how these are implemented at hospital sites being reviewed and updated.
- Increase use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.

- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into ED and the Hospital helping with managing flow.
- All efforts re safe alternative measures to ED admission described earlier in terms of the Redesign of Urgent Care programme.
- Consideration of alternatives to ‘cohorting’ of patients in corridors waiting ED access. This will not be possible in the future and alternative options are under consideration, with the implication that these will not be easily implemented.
- Escalation to Senior On Duty and On Call Teams as required.
- Involvement in Hospital Incident Team meetings.

SC: Scheduled Care







What is the data telling us? – Chart D3.1.1 shows that Scheduled Care journeys have shown a small increase during June 2021. Although approaching the lower control limit, punctuality for inward appointments remains within control limits at 76.4% and above the aim of 75%.

Punctuality after appointment remains within normal control limits at 82.3% in June 2021, above the aim of 80%.

The percentage of PTS cancelled by the Service in the “No Resource” category shows an improving position and was 0.9% in June 2021.

Why? – A number of staff who have been shielding during the last reporting period have now returned to operational duties. This has helped to increase capacity; however, COVID-19 infection control measures remain in place, which limits scheduled care to transporting one patient per journey reducing overall capacity. Service time for each patient journey has also increased with increased infection control measures in place.

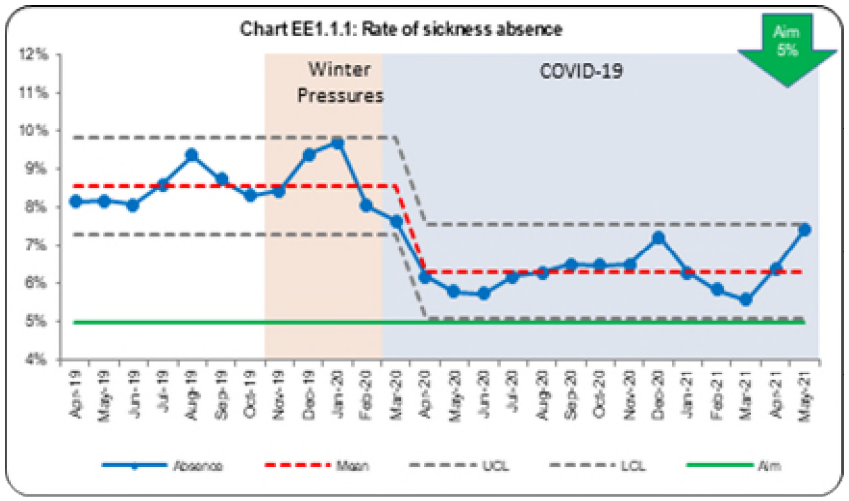
What are we doing and by when? – We are working with staff partners and Scottish Government colleagues to review clinical guidance on physical distancing measures and the impact this may have on safely transporting more than one patient per journey.

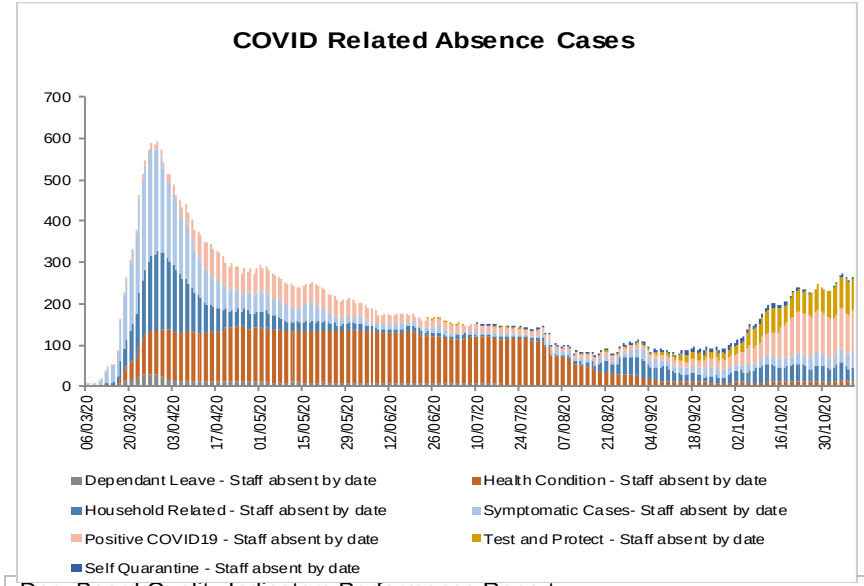
We are continuing to review patient cancellation codes looking at the trends and responding with mitigating actions.

Patients requiring urgent care and treatment, are being prioritised with hospitals. We are also working with Boards and transport providers to identify alternative transport options for patients who do not require ambulance care and transport.

SE: Staff Experience

Sickness Absence





What is the data telling us? – The non COVID-19 Sickness Absence level as at May 2021 stood at 7.4% a marginal increase in the rate for the same period in May 2020 when it was 5.8%.

For internal management information purposes and in line with Scottish Government advice we are recording COVID-19 related absences separately. To align with the reporting requirement from Scottish Government, our COVID-19 related absences, are recorded by the number of staff and not as a percentage of shift coverage hours lost. These were at a peak level of 13.2% in week commencing 23 March 2020. For the week ending 4 July 2021 the percentage of COVID-19 absences cases across the Service was 4.8%. Observations of the national weekly charts shows that the majority of cases result from four distinct categories; positive cases, and household related.

Why? –Those displaying symptoms increased from 37 cases to 46. The percentage of absence for staff displaying symptoms increased from 0.60% to 0.73%, and household related cases increased from 76 cases to 116. The percentage of absence for staff with household related case increased from 1.2% to 1.85%. Test and protect cases increased from 40 to 44 with staff absent increasing as a result from 0.63% to 0.7%. From the national weekly charts, we can see that positive cases and household related cases are showing similar patterns, with an increase in absence rates in comparison to the previous weekly period. Overall sickness absence levels had previously improved over the pandemic response period, but as the COVID-19 related absence decreased, the sickness absence rate

has continued to rise. More recent COVID-19 absence, has also shown an increasing trend largely due to the impact of contact tracing and Test & Protect. Shielding arrangements ended on 26 April 2021 and a significant number of shielding staff have now returned to their normal duties, which has helped with some of the current operational pressures.

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.

Over the last few months with the resurgence in COVID-19 activity, our managers have been dealing with a wide range of attendance issues mostly, but not exclusively, related to COVID-19. These have involved undertaking regular welfare checks with staff, managing short and long-term abstractions and undertaking detailed risk assessments for staff with long-term underlying medical conditions. The focus has now shifted back to addressing normal sickness absence, and to continue to maintain vigilance around the abstraction levels, by making the appropriate interventions as necessary.

For those staff who were shielding, this has focused management time and attention on supporting shielded staff with the aim of ensuring that these staff are given meaningful work to undertake at home, and if not, to ensure effective welfare support is provided to deal with their enforced self-isolation from work.

There are a number of staff now suffering from Long Covid and although there remains some uncertainty about the longer term implications for these staff, managers continue to actively support them with all available welfare measures.

The Service's current Agile working guidance has been of considerable benefit to those staff who have been required to work from home. The guidance has been helpful in providing some clear and consistent advice around the discussion with staff to ensure that the relevant risk assessment is undertaken and that the individual staff member's workstation is safe and secure.

A draft national consultation paper has been issued to assist Boards in addressing this new way of working for the NHS. However, the Service's current position on agile working has prepared us well pending the introduction of the new NHS wide guidance. Managers continue to deal with the home working of many support staff, which has necessitated a robust and empathetic support network to be in place to prevent feelings of isolation and distance amongst colleagues.

The Service's Attendance Management leads group continues to meet on a monthly basis to monitor absence levels across the Service and provide particular support to areas where required. The Service's newly developed Health and Wellbeing Strategy sets out a wide range of actions and programmes aimed at supporting staff and managers to look after their mental and physical wellbeing, recognising the unique stresses of the emergency responder role.

- Work on the Global Rostering System (GRS) continues to support improved absence monitoring. The new Once for Scotland return to work form has been developed and implemented on the system. Further work is also underway to fully develop and implement an enhanced attendance

management module within the system that will enable improved tracking and monitoring of absence and the management of various stages of the absence management process.

- Further real-time reporting opportunities have also been identified to support with monitoring contact for staff absent from work and return to work completion to enable earlier intervention where required and ensure staff are being supported.
- We will continue to assess attendance management handling arrangements, taking national direction as appropriate in a fast changing situation.

We receive daily 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.
- Absence due to Long Covid

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, supported, and would recommend our organisation as a great place to work.

After a pause in iMatter in 2020 due to the Pandemic the survey will resume across NHSS during the summer of 2021. Changes to the iMatter implementation process have been agreed by the Scottish Workforce Action Group (SWAG) and are set out below:

- Questionnaires will be distributed across Health & Social Care in a phased approach between 2 August and 13 September 2021
- There will be a reduced number of questions similar to the 2020 Pulse Survey to enable comparison of data
- The 60% completion rate threshold for teams of over 5 members has been removed
- SMS will be used so that reports can be generated within 24 hours of the survey closing (paper copies require a 2 week turnaround time)
- The action planning period has been reduced from 12 to 8 weeks

What are we doing and by when?

A SAS communications plan has been developed to ensure that our organisation is ready to participate when the survey goes live on 2 August 2021.

It is acknowledged that getting our workforce to engage with iMatter, particularly front line staff, at a time of great pressure on the Service will be challenging. We are working with Directors and Managers to make it as easy as possible to engage and to promote the benefits of iMatter participation. We will be providing organisational development support and advice to services with the iMatter action planning process recognising the importance of robust action planning in improving response rates of future surveys.

Supporting the recovery of our staff has remained our priority over May and June 2021 and addressing fatigue as staff in all roles deal with the prolonged impact of the pandemic. The importance of staff taking their leave for rest and recuperation with access to the right support and specialist services when they need it remains crucial to our recovery.

This sentiment, is echoed throughout Health & Social Care with the Short Life Working Group established by the Scottish Government to determine actions to facilitate staff recovery advocating:

- Getting the basics right with immediate practical support such as rest areas, emotional support, connection with colleagues, time to access support and taking annual leave
- All leaders actively promoting wellbeing in the workplace
- Wellbeing conversations taking place with peer support and reflective practice encouraged
- Considering the financial wellbeing of the workforce
- Developing local wellbeing provision and embedding workforce wellbeing into service and delivery plans

We are currently considering what additional support is required in the Service in both the immediate and longer term to address our workforce's wellbeing needs with a proposal developed in July 2021.

The HR Director Short Life Working Group has been meeting to collectively develop areas of focus and recommend evidence based approaches to enhance staff experience, health & wellbeing across NHS Scotland that supports staff recovery and renewal. This work

has now concluded with 4 areas of focus presented to the HRD Group for collective action namely:

- Ensure safe, caring and kind workplaces that promote mental, physical and financial wellbeing
- Develop cultures that value and support employees, helping them reach potential to provide world class health & care
- Create physical & virtual work environments that encourage collaboration, team work, respect, recognition and reward
- Policies, conditions of employment and talent management that retains and attracts the right staff at the right time

Since the last reporting period, our wellbeing activity has included:

- Delivery of Lifelines training – 12 sessions have been delivered since early May to help our workforce stay well, keep resilient and support their colleagues.
- Procurement of 8,000 reusable bottles (insulated for hot & cold drinks). They were ordered beginning of July with a 6-week lead-time.
- First order of outdoor furniture has been procured with delivery end of July. Further orders are being processed to utilise remaining funds.
- Following a successful recruitment campaign, two OD Leads have commenced in post with a further two commencing September/early October. Following a period of induction, our current 2 OD Leads are developing alternative ways to deliver leadership development & support and enable appraisal/development discussions to take place.
- The Workforce Wellbeing Group (formerly Staff Wellbeing & Support Group) has reconvened with a focus on co-ordinating all health & wellbeing activity across the organisation and implementing the Health & Wellbeing Strategy 2021-24. This group will meet monthly on an ongoing basis.
- Hosting weekly staff engagement sessions on a range of topics with an opportunity for staff to feedback their ideas or suggestions on issues that affect them.
- Continuing to feature Health & Wellbeing in weekly communications and bulletins whilst promoting national campaigns and signposting to wellbeing help and resources.
- Engaging with Police Scotland and Scottish Fire & Rescue to work collaboratively on the wellbeing agenda and link in with Wellbeing Leads across AACE to share wellbeing best practice.
- Attending an event, hosted by The Royal Foundation for emergency responders, with lived experience of mental health problems or who have worked to support their colleagues' mental health in the Service, Police Scotland and Scottish Fire & Rescue Service in Edinburgh on 22 May. The event was attended by the Duke of Cambridge and many of the guests recorded short videos at the event highlighting the importance of positive mental health.
- Three publications under the banner of 'Working together to prevent suicide in the ambulance sector' were launched at the Ambulance Leadership Forum on 18 May https://aace.org.uk/suicide-prevention-in-ambulance-services/ This work was sponsored by NHS England, however the resources are for use across the Ambulance Sector in the UK. We are currently reviewing a number of suicide prevention resources and risk assessment documents to ensure best practice is adopted, and we have the necessary resources in place to meet our needs and requirements.

Workforce Development

1. Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2021/22 workforce profile and improve staff experience.

Status – Plans are in place to deliver 2021-22 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.

BSc Paramedic Education
The BSc Paramedic Science programmes continue to be embedded into the SAS with first year students undertaking practice placement experience within our ambulance services across the country.

There continues to be challenges around recruitment of voluntary mentors to support undergraduate students. The short life working group established to take this forward in partnership has met on two occasions and work is progressing well.
All universities are going through their recruitment processes for their next intake of students (n=300). Anecdotal feedback from them is that the number of applicants remains high and far in excess of commissioned numbers.

Scottish Government has recently confirmed availability of Paramedic Student non means tested bursaries set at the same level for nursing / midwifery students.

Diploma in Higher Education Paramedic Practice
The Dip HE in Paramedic Practice was suspended twice for very short periods over the last 18 months as a consequence of the pandemic. The programme flow was reviewed to ensure that we would meet our full intake numbers before the revised deadline date for the programme set by the HCPC. Consequently, the last Part 1 of the programme will commence in March 2022 with a 5 week slippage time built in, in case the programme requires to be suspended again as a consequence of the pandemic. The final Dip HE cohort, has now been fully recruited to with staff being allocation to their specific cohorts.
A working group will be established to review what is available / needs to be developed to facilitate opportunity for technicians to undertake additional study to develop them into the paramedic role going forward.

Ambulance Technician VQ Programme
The initial plans for 2021/22 were to increase the numbers of Ambulance technician students by 100 students raising this year's number from 228 to 328 to meet requirement for COP 26.
94 Ambulance Technicians students commenced the programme in March 2021 and are now in operations completing their portfolios.
134 Ambulance Technicians are due to commence their programme on the 12th of July 2021. There is ongoing recruitment for the November intake.

Ambulance Care Assistant Training
The target number of 20 ACA students were recruited to the April 2021 programme with a further 18 students recruited to the June

intake. Recruitment is ongoing for the July intake and beyond. To date the students who have commenced in the programme have progressed well.

Supporting Newly Qualified Graduate Paramedics (NQP)
NQPs continue to work through their support programme to demonstrate their development of clinical decision making with application of theory to practice in line with the Service's scope of practice for Paramedics. This work is being supported by the Practice Placement Educators (PPeDs) who are linking in with each NQP.
Confidence of the NQPs is variable, with some requiring additional support, as might be expected. However, it is anticipated that all will complete their development portfolios by the end of the year and be ready for transition to the Band 6 Paramedic role.

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 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. In December 2020 the host board was identified as Lothian and we are now working with the other Health Boards, in the consortia, to agree a Service Level Agreement and arrangements for staff transfer later in the summer.

We are 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.

A new internal resourcing team has been appointed to support the on-boarding of all new front line staff arising from the Demand & Capacity programme. This team will formally start in early August and will work closely with the newly established East Region Recruitment Shared Service.

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, which will deliver learning and development interventions that support individual personal development and Service strategic learning needs analysis is the focus for improvement.

Planned Activities Include – Assuming a continued improvement in the COVID-19 position, the Service will resume a number of activities that were suspended/postponed in accordance with Scottish Government guidance during the COVID-19 pandemic. Given the current context of winter pressures and Wave 3 of the pandemic Scottish Government has not updated its suspension of non-essential activities but Boards have local discretion to plan in line with local circumstances.

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.

Formal talent Management and succession planning activity was suspended due to COVID-19 pandemic in March 2020. However, due to the need for flexibility and adaptability from leaders and managers and temporary changes in roles and responsibilities there has been much informal development and learning in the last year which will be consolidated in formal processes going forward.

2. Appraisal and Personal Development Planning.

Appraisal and personal development planning was suspended as non-essential activity across the Service in March 2020 due to COVID-19. Discussion regarding resumption of this activity took place at Executive Team in May 2021 and Staff Governance Committee in June with a commitment to achieving appraisal and personal development planning for all first level managers and above by March 2022. This will be a challenging objective to achieve given we are in a third wave of the global pandemic, but all efforts will be made in order to do so. The OD Team are currently exploring alternative ways to make the process as simple as possible to implement within a mobile workforce and will bring plans for discussion to the next Staff Governance Committee on 1st September 2021.

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 and will be resumed post COVID-19 and informed by the procured external review of Workforce Systems by Acuma, with report and recommendations due in June 2021.

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 and 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 than previously anticipated. 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. Emergency Service Network (ESN) Programme

A further revision of the Full Business Case (FBC) was received in May 2021. This was reviewed by SAS in conjunction with Police Scotland, Scottish Fire and Rescue Service and Scottish Government colleagues. The Scottish Government asked the three emergency services to respond to five assurance questions by 1st June to enable them to feedback to the GB programme team by the end of June. The SAS responses to these questions were reviewed, updated and approved by the SAS Board in May. The Scottish Government is preparing a formal response to the programme based on the input from the three emergency services. The new justice minister (Keith Brown) has requested a review of work to date ahead of sending a formal FBC response to the Programme and therefore the government's response did not meet the Programme target of July 1st. The FBC has been conditionally approved by the ESMCP Board pending the response from the Welsh and Scottish governments, which is scheduled to be submitted w/c 5th July. The FBC has a transition window for all GB emergency services to migrate to ESN between 2024 and 2026. However, a detailed plan has yet to be produced by the national team to evidence that these timescales are achievable. The Service continues to participate in a wide variety of user groups and working groups at Scottish and GB level.

2. Integrated Communications Control System

The project to provide an ESN compatible Integrated Communications Control System (ICCS) continues to encounter issues and delays. The proposed July go-live date is no longer achievable, issues with both delivery timescales and the quality of products delivered by the supplier have continued to cause concern. These concerns have been escalated to the contract holders. They are now in the process of 'resetting' the rollout and working with the supplier to find a path to resolution of the issues. On completion of this work, the Service will be in a position to re-plan for a target implementation date. Early indications are this will not be until 2022.

3. Digital Workplace Project

The Digital Workplace Project Team have now completed email migration as well as having launched a new intranet and a new public facing website. The team applied the previous licensing model to all staff, this has since been updated nationally and work is now ongoing to compete the assignment of the new model to Service staff. The Service's proposed move to OneDrive storage has been held up due to an issue which needs to be resolved in the national tenancy. The national team have undertaken to provide a plan for this by mid-July, after which the Service can decide how best to proceed. Work also continues with the national team on having the SAS tenancy ready for migration to the new cloud-based SharePoint environment. There is a dependency on the national team to have the relevant configuration requirements delivered before SAS can progress. A plan for this is expected by mid-July.

4. Telephony Upgrade

This is a significant project; it involves upgrading the entire Ambulance Control Centre (ACC) telephony and contact centre platforms as well as the wider non-ACC SAS telephony estate. Rollout to the ACCs and larger regional sites was re-scheduled to the end of June to enable C3 servers to be upgraded. However, an issue found in testing relating to compatibility of the telephony with the network and this has further delayed go-live. No new go-live dates have been agreed, but BT resource constraints mean that it

could be September before the ACCs can go live. However, as soon as the issue is resolved, the plan is to continue with rolling out to other (non-ACC) SAS sites meantime so the overall project timescales will not be significantly increased.