NOT PROTECTIVELY MARKED

Public Board Meeting **November 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 new report. 2. **Note** performance against Operational Delivery Plan (ODP) standards for the period to end October 2019. 3. **Discuss** actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality improvement and Measurement for Non Executives guidance. This paper highlights performance against our ODP for Clinical, Operational, Scheduled Care and Staff Experience Measures. Clinical Measures • Our work to save more lives from cardiac arrest continues to deliver improved results – in October 57.1% of patients in VF/VT arrest arrived at hospital with a pulse. The previous 21 months have surpassed 40%, with the last 8 months surpassing our current 45% aim. We continue to reliably implement the pre-hospital stroke bundle with 98.1% compliance in October 2019. • Compliance with recorded use of the PVC insertion care bundle was above the quality indicator aim of 95% in September and October 2019 at 96.2% and 95.8% respectively. Monthly compliance has been sustained above 95% for the last 20 months with improvement to 96% and above in August and September 2019. Operational Measures • Further improvement work is being actively progressed to improve response times for non-Immediately Life Threatening patients. This includes the introduction of card 45 – for Health Care Professionals calls and this will more closely align the

	triage of calls from, for example GP's, with 999 demand. This will improve response and also reduce risk to both groups of calls. Work is ongoing within the Ambulance Control Centres (ACC) clinical hub to better manage any calls that may be stacking, such as yellow calls. • A further 56 Ambulance Care Assistants training places have been offered to new recruits in November and December to fill vacancies and provide additional capacity over the winter period. This will improve service delivery for patients and provide capacity to handle low acuity level, same day unscheduled care patients, easing pressure on A&E resources. Staff Experience Measures • In August 2019, the absence rate was 9.3%.The group established by our Executive Team to review all cases and sickness absence records to ensure effective management, manage the most complex cases, enhance absence tracking/monitoring and reporting, guidance, processes, protocols to support delivery of a 1% minimum attendance improvement this year is moving forward together with regional director focus.
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

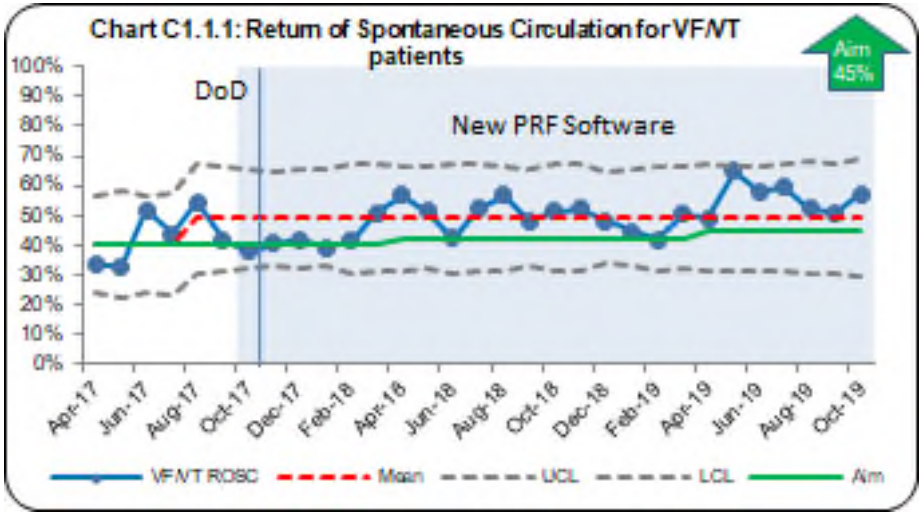
Rule 2: Five or more consecutive points increasing or decreasing

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



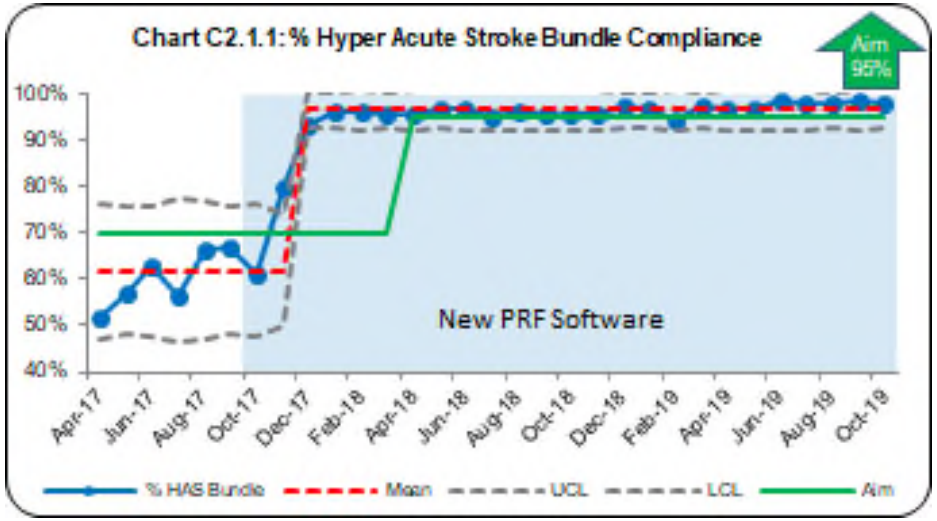
What is the data telling us? – On average we attempt resuscitation on 72 patients in a VF/VT rhythm per month. In October 2019 57.1% of patients in VF/VT achieved return of spontaneous circulation, once again surpassing our aim of 45%. The previous 21 months have surpassed 40%, with the last 8 months surpassing our current 45% aim (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.

C2: Clinical Measures – Stroke

C2.1 Hyper Acute Stroke Care Bundle



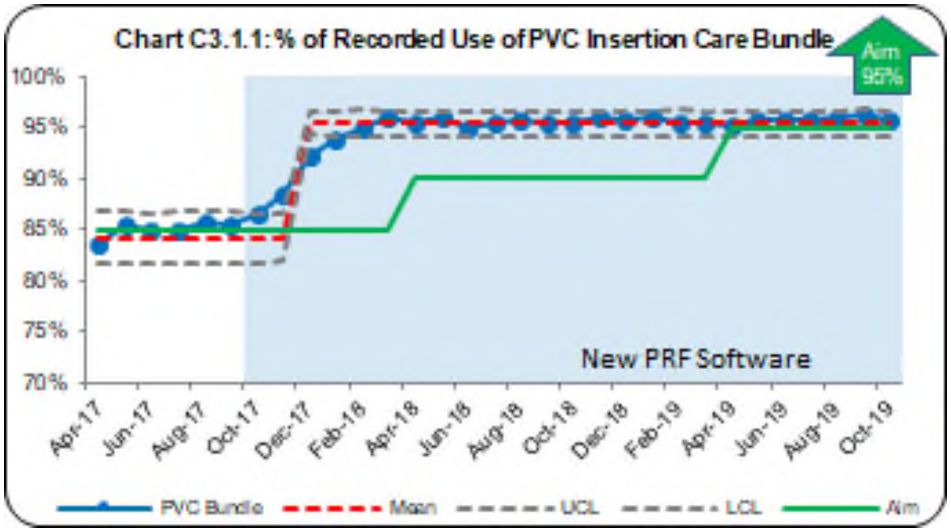
What is the data telling us? - On average we attend 316 hyper acute stroke patients per month. We are continuing to reliably implement the pre-hospital stroke bundle, with the data in October 2019 demonstrating 98.1% reliability.

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

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

C3: Clinical Measures – Infection Control

C3.1 PVC Insertion Care bundle



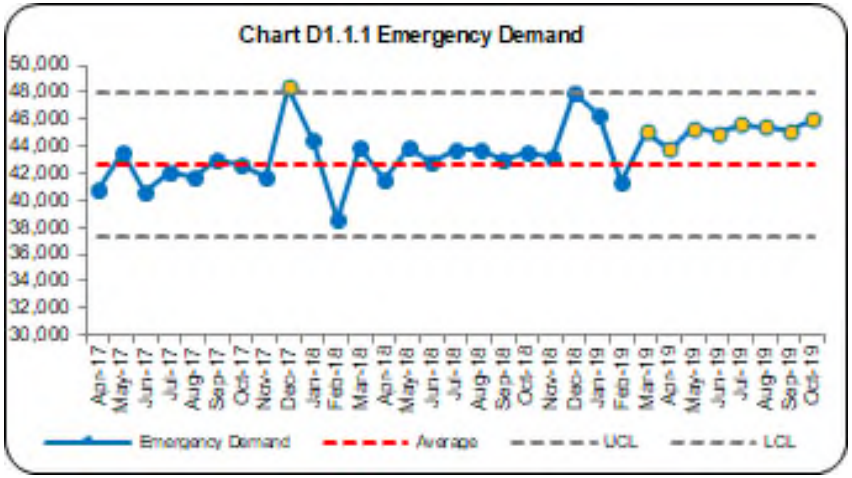
What is the data telling us? – Compliance with recorded use of the PVC insertion care bundle was above the quality indicator aim of 95% in September and October 2019 at 96.2% and 95.8% respectively. Monthly compliance has been sustained above 95% for the last 20 months with improvement to 96% and above in August and September 2019.

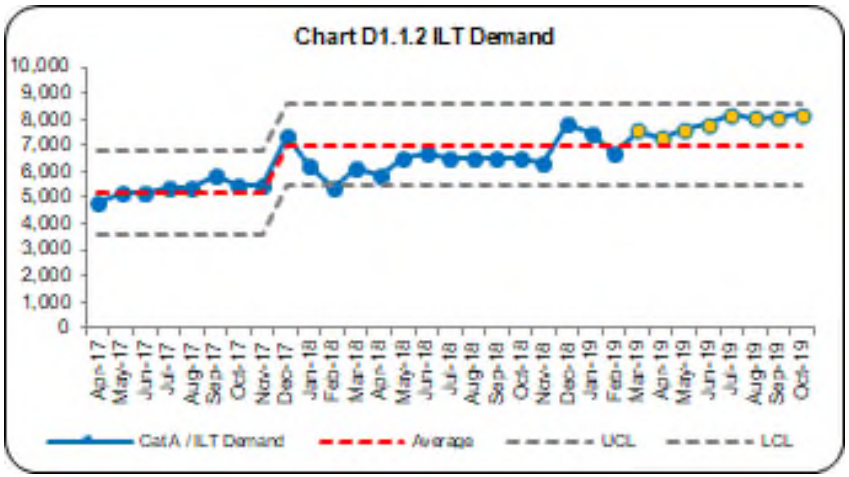
Why? – New software in ambulances supports improved recording of compliance with the PVC insertion bundle

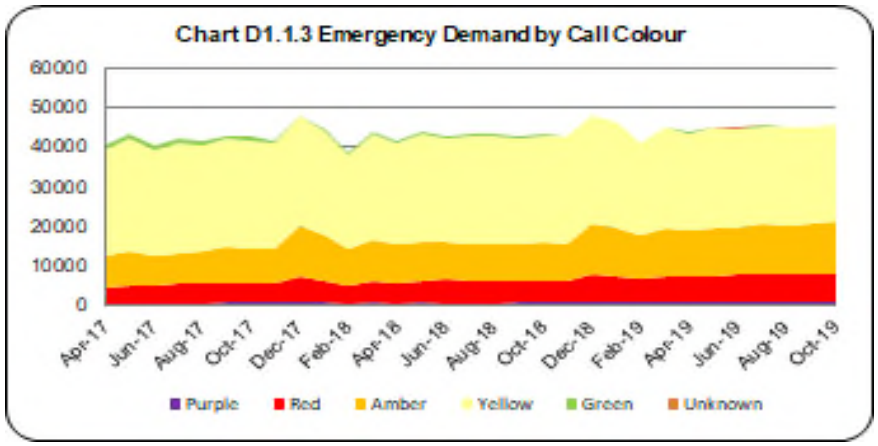
What are we doing and by when? – Regional compliance is monitored monthly to ensure the quality indicator aim is achieved across all regions.

D1: Demand

D1.1 Emergency Demand







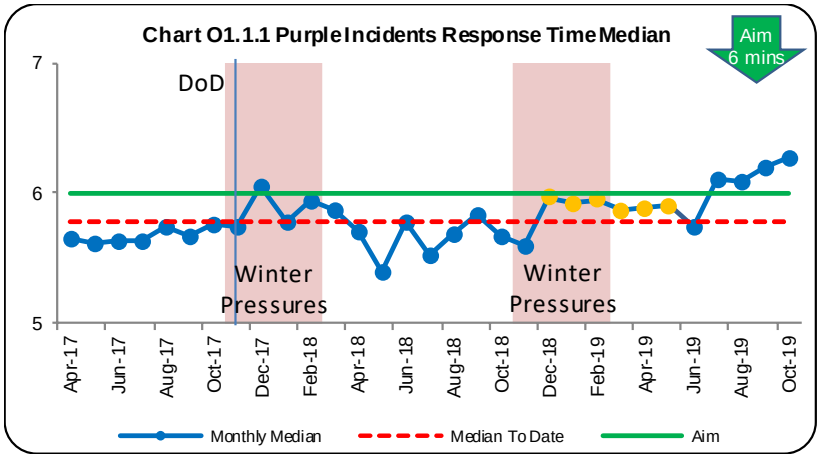
What is the data telling us? – Emergency demand has shown an increase since March 2019 with the 8 months from then being above the mean. Immediately life threatening demand has shown an increase of 25.4% in October 2019 when compared to October 2018 and overall Emergency Demand continues to show an increase of 5.7% over the same period.

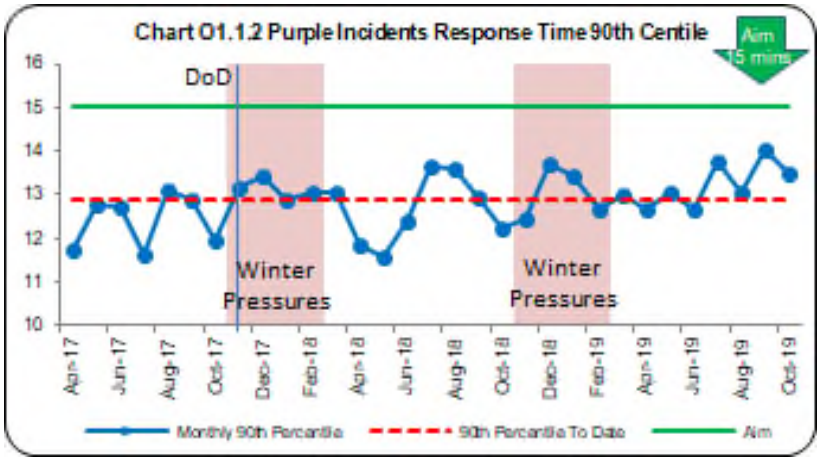
Why? – A rise in ILT has been seen throughout the year and the more pronounced pattern has continued this month. The increase in purple incidents is the result of improvement work which has improved the triage of overdose patients and patients with breathing problems. A large proportion of the increase in red 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. In addition, work is ongoing with the clinical directorate to fine tune senior clinical support when demand levels rise.

O1: Operational Measures – Unscheduled Care

O1.1 Purple Incidents Response

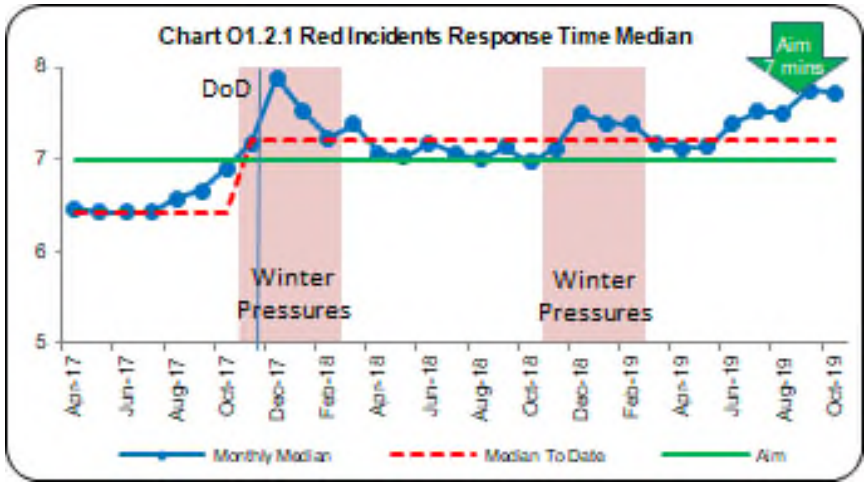


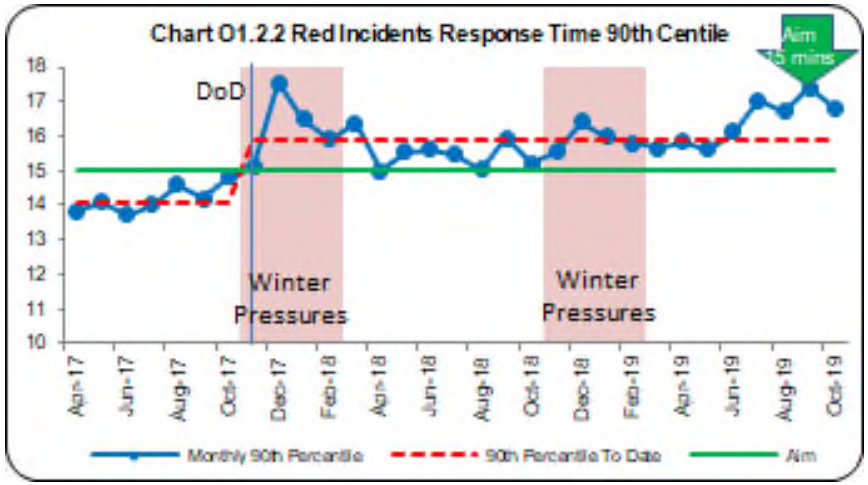


What is the data telling us? - In the last year on average we attended 1,056 purple incidents per month; these are our highest priority calls to the most acutely unwell patients. In October 2019, we attended 1,159 incidents and the performance median was 6 minutes 16 seconds (against a standard of less than 6 minutes), with a 90th percentile of 13 minutes 29 seconds (against a standard of less than 15 minutes). Performance within these areas remains stable. Non-random variation can be seen in chart O1.1.1 highlighted yellow.

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

O1.2 Red Incidents Response



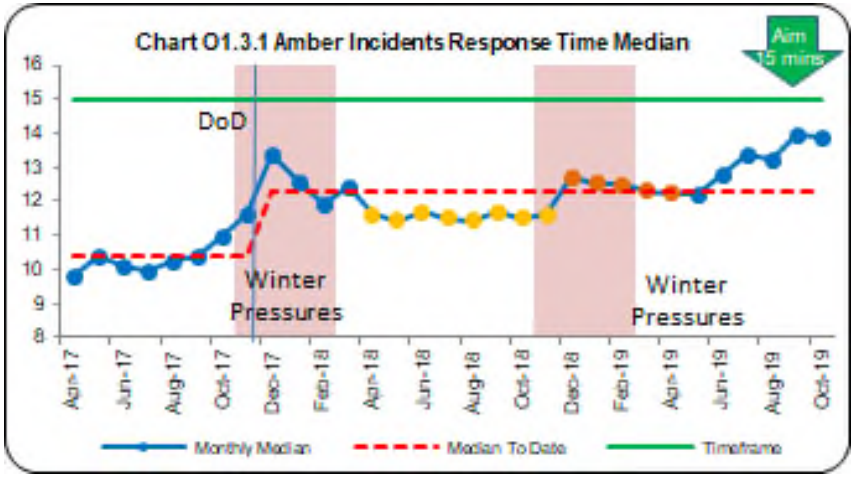


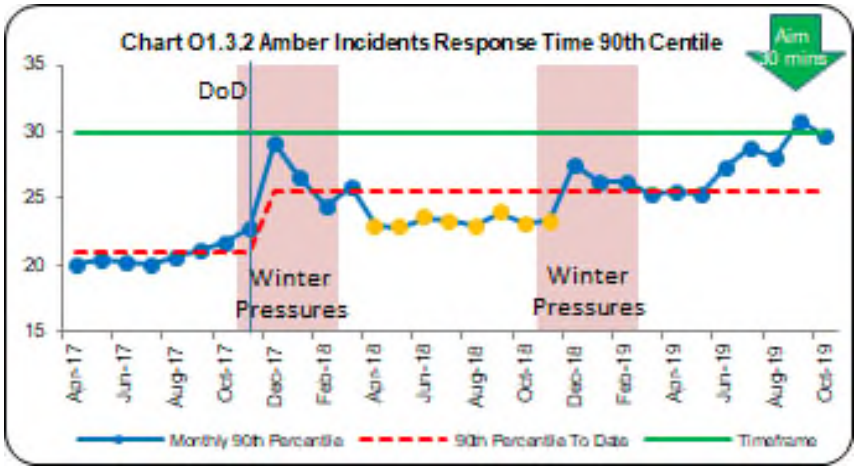
What is the data telling us? - In the last 12 months on average we attend 6,541 red incidents per month, these are our second highest priority calls to patients in an immediately life threatening situation. In October 2019, we attended 7,009 red incidents and the performance median was 7 minutes 43 seconds (against a standard of less than 7 minutes), with a 90th percentile of 16 minutes 49 seconds (against a standard of less than 15 minutes). Performance within these areas remains outwith the standard due to an increase of 22.3% in red incidents when compared to the same period last year.

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 the cause of the increase. We continue to focus on the pre-positioning of resources when available to reduce the travel time of ambulance resources arriving at the scene. This will include performance management and support of dispatch in areas such as use of tactical deployment points; an additional dispatch manager has recently been employed.

O1.3 Amber Incidents Response



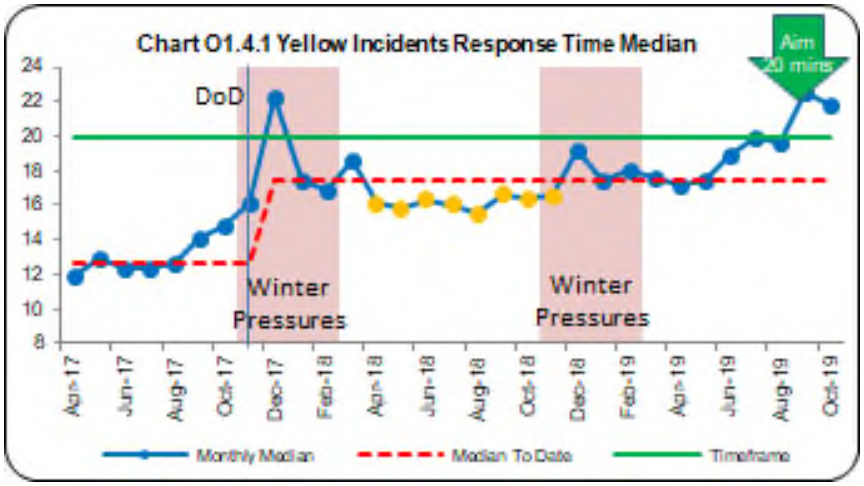


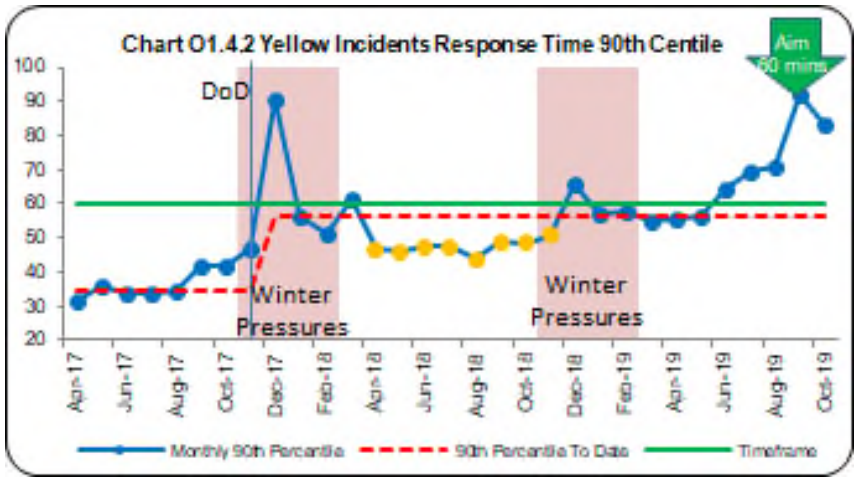
What is the data telling us? – In the last 12 months on average we attend 12,052 amber incidents per month; these are patients who have a defined need for an acute care pathway. For October 2019, performance median was 13 minutes 54 seconds, with a 90th percentile of 29 minutes 45 seconds. Performance within these areas remains stable against an increase in demand of 35.9% 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 orange.

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

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

O1.4 Yellow Incidents Response



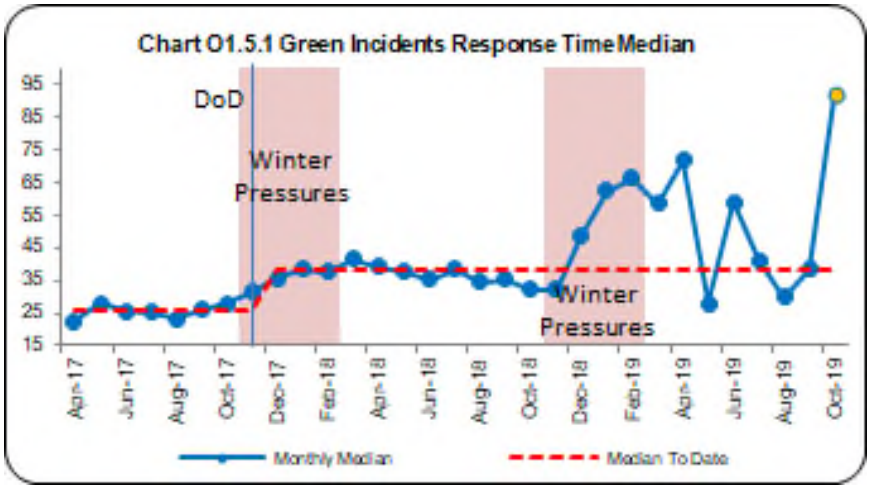


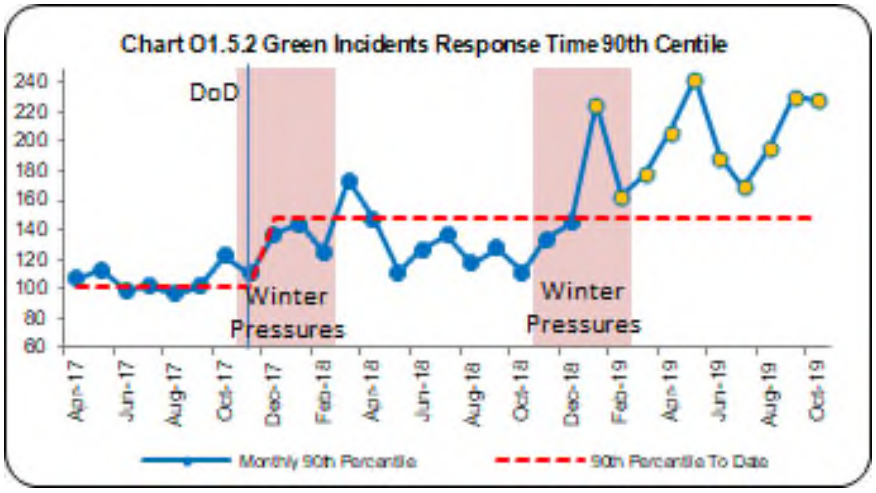
What is the data telling us? – In the last 12 months on average we attend 25,239 yellow incidents per month; these are non-immediately life threatening patients who require a response with the right resource whether that is for transfer to hospital or for referral to an alternative pathway. For October 2019, performance median was 21 minutes 46 seconds, with a 90th percentile of 83 minutes 14 seconds. This is an improvement on September. 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. Work has taken place to ensure that any calls that are delayed by more than 45 minutes receive a clinical welfare check.

O1.5 Green Incidents Response



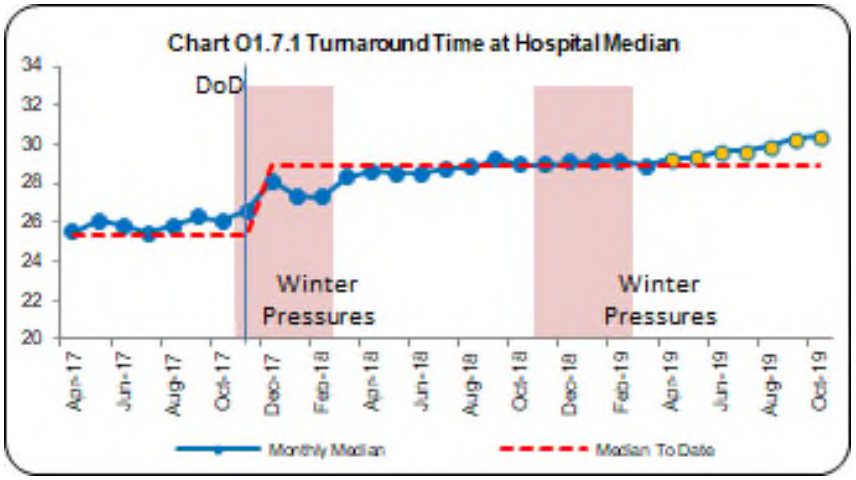


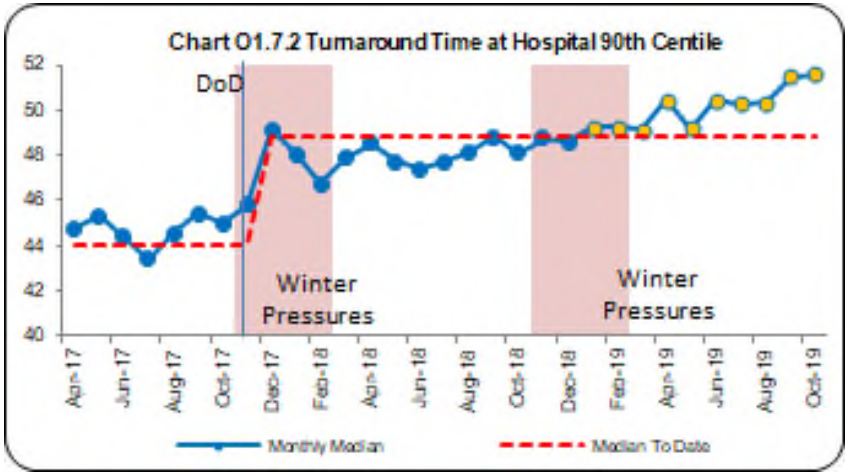
What is the data telling us? – In the last 12 months on average we attend 125 green incidents per month; these are non-immediately life threatening patients who have the potential for additional clinician led telephone triage or face to face assessment when required. For October 2019, performance median was 91 minutes 45 seconds, with a 90th percentile of 227 minutes 47 seconds on-random variation can be seen in these charts highlighted yellow.

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

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

O1.7 Average Turnaround Time at Hospital





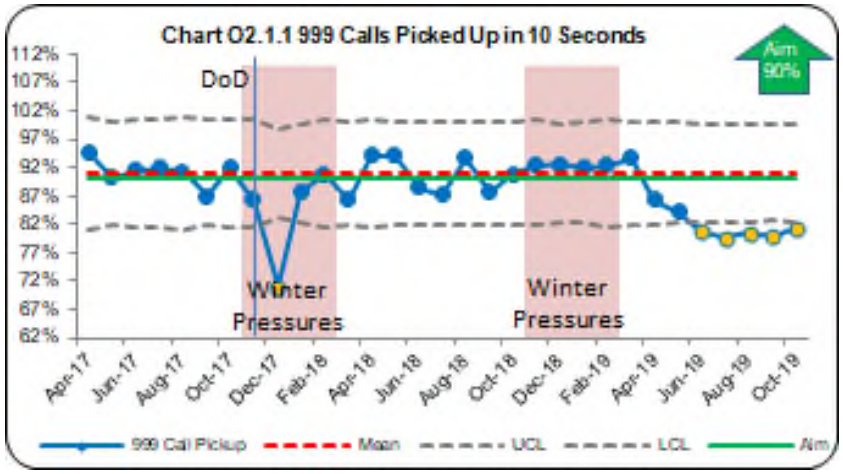
What is the data telling us? – On average we transport 31,894 (64.9%) unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For October 2019, we transported 32,821 (63.6%) patients with a median turnaround time at hospital of 30 minutes 26 seconds. Non random variation can be seen in these charts highlighted yellow.

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



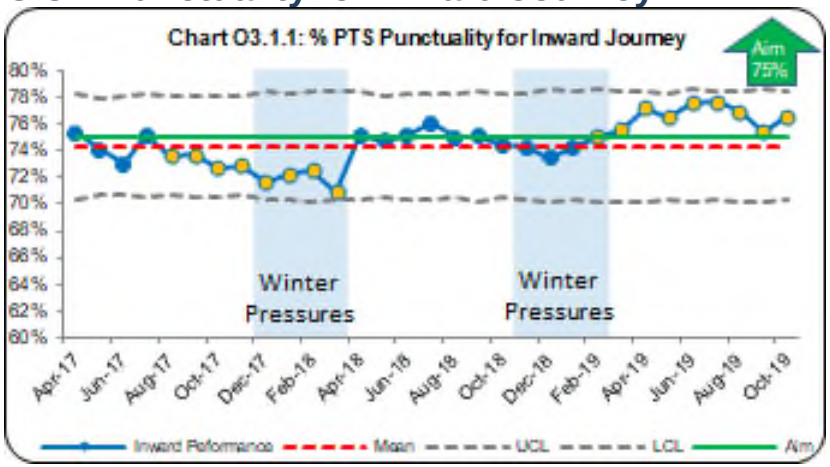
What is the data telling us? – In the last 12 months on average we answer 40,606 emergency 999 calls per month. For October 2019, we answered 41,393 emergency 999 calls with 81.4% picked up within 10 seconds (against a standard of 90%). Call demand has risen by 17.8% against October 2018 when compared to the same period last year. This pattern is in line with similar patterns across the UK ambulance sector. Non-Random variation can be seen in this chart highlighted in yellow.

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

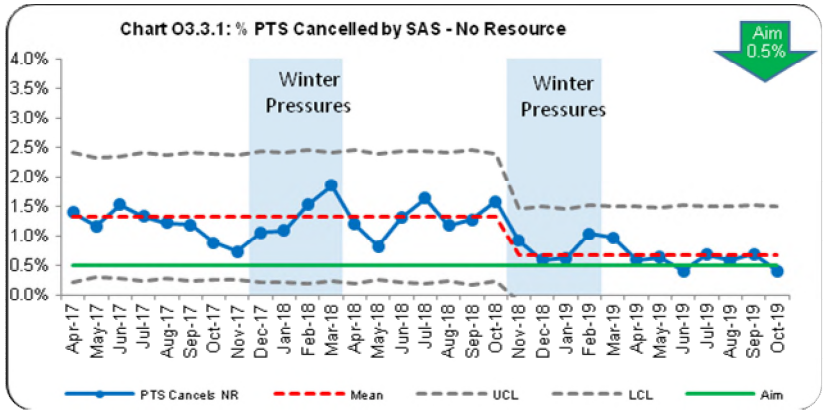
What are we doing and by when? – We are reviewing call pick up performance to identify the special cause of this variation. We regularly review patterns of call demand to ensure that we have sufficient resources to answer 999 calls as soon as possible. In line with the strategy, additional call handlers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

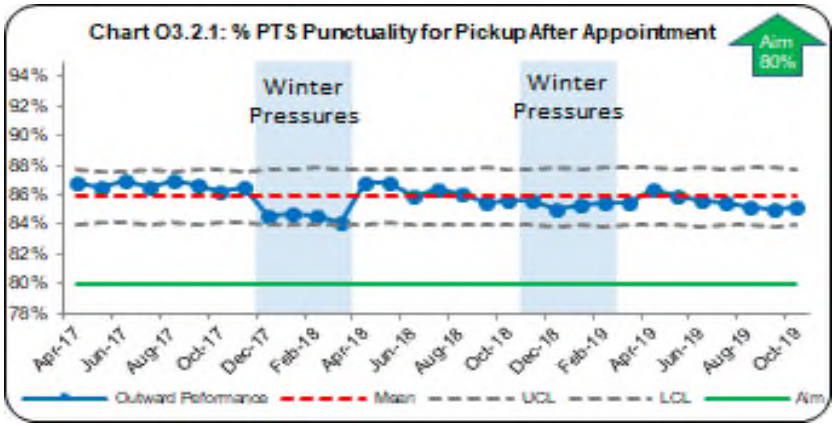
O3: Operational Measures - Scheduled Care

O 3.1 Punctuality for Inward Journey



O3.3. Cancelled by SAS No Resource





What is the data telling us? - Punctuality for Inward Journey (O3.1) remained above the target of 75% for September/October continuing a trend of improved performance with nine consecutive months above the mean. On average we carry out 18,894 inward PTS journeys per month.

Punctuality for Pickup after Appointment (O3.2) was slightly below the mean for September/October, but still exceeded the target of 80%. On average we facilitate 23,921 PTS pickups from appointments per month.

Journeys Cancelled by SAS – No Resource (O3.3) continues the improvement of recent months and achieved the target of less than 0.5% in October at 0.4%. On average we carry out 73,374 PTS journeys per month.

Why? – The improved performance in Punctuality for Inward Journeys in 2019 was sustained in September/October, exceeding the target and improving on the same period last year. Performance for Punctuality for Pickup after Appointment has also been stable in 2019, remaining around the mean and above target throughout. Both measures have been helped by 39 new recruits coming into the Regions in 2019.

PTS Journeys Cancelled by SAS – No Resource. The sustained performance below the mean for 12 consecutive months resulted in a recalculation of the mean from 1.3% to 0.7%. Performance achieved the 0.5% target in October, again helped by improved staffing.

A focused piece of work has also been carried out in West ACC working with regional managers to understand the reasons for cancellations and review processes in order to reduce them.

What are we doing and by when? – A further 56 Ambulance Care Assistants training places have been offered to new recruits in November and December to fill vacancies and provide additional capacity over the winter period. This will improve service delivery for patients and provide capacity to handle low acuity level, same day unscheduled care patients, easing pressure on A&E resources.

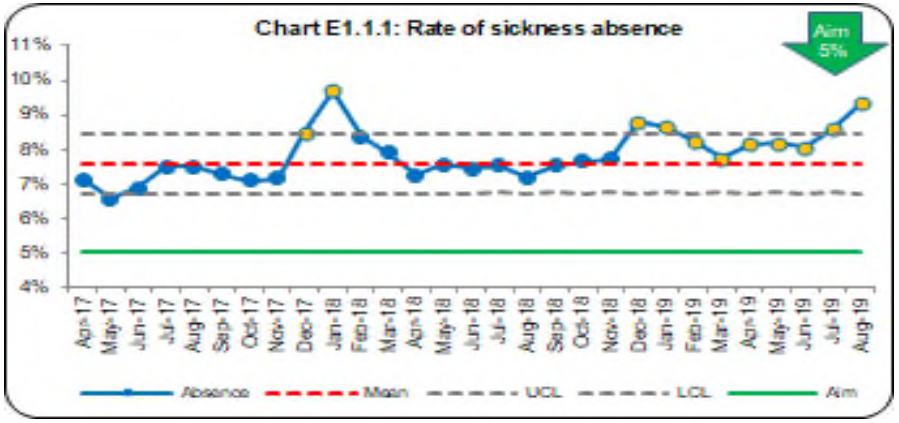
60 new replacement PTS vehicles have now come into service in 2019, helping to improve the efficiency, reliability and comfort of the PTS fleet.

Plans are underway to improve the utilisation of 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 in Quarter 2 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 outline recommendations by Q3 of 2019/20.

E1: Staff Experience

E1.1 Sickness Absence



What is the data telling us? - In August 2019, the absence rate was 9.3%, this is an increase on the previous months and an increase in the same month the previous year which was 7.2%.

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

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

- The Service has moved from the current E.A.S.Y. absence management model, to a new Wellbeing and Case Management model, which will enable focussed and targeted support to staff who are absent from work with a mental health, stress or anxiety related absence. This new wellbeing case management service commenced on 1 November, providing staff with access to dedicated mental health trained case workers to help with support and return to work.

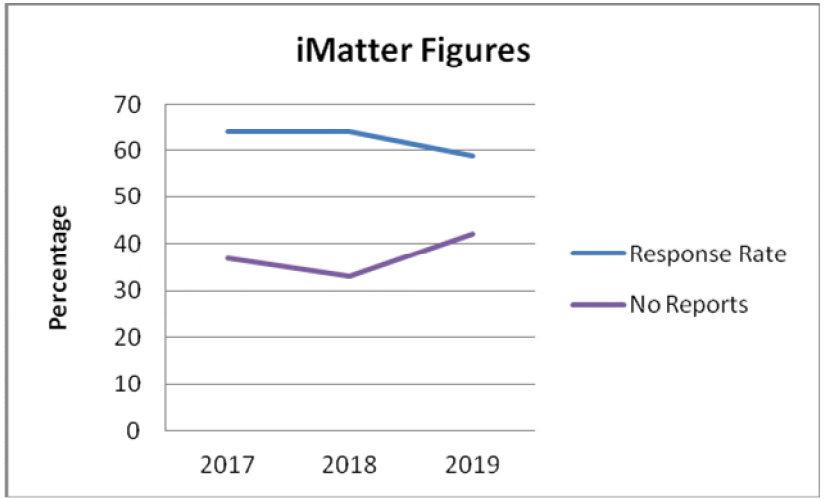
- The group established by our Executive Team to review all cases and sickness absence records to ensure effective management, manage the most complex cases, enhance absence tracking/monitoring and reporting, guidance, processes, protocols to support delivery of a 1% minimum attendance improvement this year is moving with initiatives.

- Current processes and practice is being audited and will be collated and reported in November. Improved management toolkits and training will be developed to support delivery of the promoting attendance agenda and will incorporate the new Once for Scotland policy on Promoting Attendance.

- A monthly brief is currently being developed for management teams and partnership forums on areas for immediate action e.g. application of policy; review of abstractions from duty and consistent recording on the Global Rostering (GRS) system.

- All training and development materials are being updated in line with recent developments, using external bench marking of practice including Public Sector Wellbeing Group and NHS Employers.

E1.2 Employee Experience



What is the data telling us?
iMatter figures as previously reported have shown a decrease in response rate of 5% and an increase in 'No reports' of 9%. The 12-week action plan completion period concluded on 1st October with a final overall completion rate of 83% (340 teams out of 410). Although this is a 3% reduction from the 2018 results our action plan completion rates have been 20% higher than the national average over the last 2 years. We will not be able to compare our results to the rest of Scotland however until the Health & Social Care Staff Experience Report is published early 2020.

Why?
Reasons for the decrease in completion rates have previously been discussed and include the timing of the survey with the initiatives surrounding 'What matters to you?' day. Following a response rate that was under the threshold of 60% to receive a Board report, there was a concerted effort across the organisation to complete action plans as it was recognised that meaningful actions to improve staff experience are more important to our staff than achieving a Board Employee Engagement Index.

What are we doing and by when?
We have changed the date for the launch of the survey next year to ensure it is not in conflict with other initiatives. It will therefore commence 1 month earlier at the beginning of April 2020 with the live questionnaire concluding by the end of May.

We have taken the recommendations on board from the Strathclyde report, the research review regarding the implementation of iMatter with a focus on recommendations 1, 8, and 9 that relate to leadership, ownership and empowerment. The recommendations confirm what we have already discussed regarding iMatter being seen as central to the way we do business, supported at all levels and creating opportunities to spread and share best practice.

The three themes that have emerged from the data that we are focusing on to improve staff experience are:

- Staff feeling valued and appreciated for what they do;
- Developing supportive leadership & management practices and behaviours;
- Improving how we support & treat one another and creating a good place to work.

How we address these three themes was the topic for discussion at the recent Staff Experience Group workshop on 28 October 2019. Following an advert in the CEO Bulletin interested frontline staff joined this group to co-create and help implement agreed actions.

Working practices (getting meal breaks, finishing shifts on time, relief working) and staff wellbeing and mental health were predominant themes within the discussions and suggestions will be fed into the relevant groups with the remit for taking this forward in the organisation.

Many of the actions discussed relate to how we treat one another, behave at work and role model our behaviours. These have been integrated into our leadership programme for frontline leaders. The programme has been delivered to our middle managers in three cohorts during October and beginning of November and will be delivered to frontline managers from end January 2020.

We are collating staff experience stories that can be shared across our organisation and externally with the RUOK? team storyboard submitted as the SAS contribution for the Health & Social Care Staff Experience Report 2019.