Scottish Ambulance Service
University National NHS Board

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting **26 July 2023**
Item No 05

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Michael Dickson, 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 for the period to end June 2023. 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 to end June 2023 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience, Staff Health and Wellbeing and Financial Performance are reported in separate Board papers. The Service continues to experience pressures, with higher patient acuity through increases in demand of our most critically unwell patients, increasing workforce abstractions and challenges in handing over patients timeously at Emergency Departments because of wider health and care system pressures. <u>Clinical Performance</u> Against these pressures the purple Category 30-day survival rates continue to perform well with the survival rates at end March 2023 at 59.7%.

	Despite system pressures, our Return of Spontaneous Circulation (ROSC) rates have also been maintained. Within this update, beyond Out of Hospital Cardiac Arrest, we also note current updates in relation to our work to improve clinical outcomes for Major Trauma and Stroke and Thrombectomy patients. Within Urgent Care we have highlighted our work in relation to our partnership with MacMillan in improving care for patients with end of life care needs. In addition, we continue to focus on our work to deliver the Service's role in reducing harm from drugs. <u>Workforce</u> Our workforce plan for 2023 continues to be reviewed and monitored on a monthly basis and recruitment and training plans are being adjusted where necessary for the remainder of 2023/24. We continue to recruit to fill vacancies and additional frontline staff this year within the final stages of the Service's demand and capacity programme. We continue to work in partnership with staff side representatives and are reviewing our current formal partnership structures to strengthen communications and work through the agreed key workforce priorities. We are currently involved in detailed discussions related to rest breaks with positive progress having been made to date.
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.
Associated Corporate Risk Identification	4636 – Health and Wellbeing of staff 4638 – Wider system changes and pressures 4640 – Risk of further slippage in ESMCP 5062 – Failure to achieve financial target 4639 – Service's response to a cyber incident
Link to Corporate Ambitions	We will • Work collaboratively with citizens and our partners to create healthier and safer communities. • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities. • Deliver our net zero climate targets. • Provide the people of Scotland with compassionate, safe and effective care when and where they need it. • Be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality	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

Ambitions	Annual Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Service 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 Service's Key Performance Indicators. These measures are based on the Service's 2022/23 Measurement Framework. Following feedback from Board members the format and content of this report remains under review.

What's New

Revised improvement aims for 2023/24 were presented to the Board Development Session on 26 April 2023. The revised aims were discussed and have been included in this report from the month of April 2023.

What's Coming Next

To reduce duplication and to enhance our assurance reporting, over the next few months we are revising and aligning the various board papers.

Development of additional KPI measures in future reports will bring together the time-based measures alongside new and revised workforce and 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 and care assurance are also under development.

Response Time Definition Change - In line with all other UK Ambulance Services, from 1st April 2022 the definition of the Service's response times has changed. The response to patients is now measured from the point at which the acuity of the patient is determined. Under the previous definition, the response was measured from the same point in every 999 call regardless of patient acuity and when the chief complaint is established (T4). Often at this point, the dispatcher has insufficient information to determine the condition of the patient, whether an ambulance needs to be dispatched or some time may have passed since the patient was identified as not breathing or not awake.

Work is still underway to develop the new measure and Response times will continue to be reported under the previous definition until verified. The aim is that this new way of reporting will report as soon as possible where it will be marked as provisional until it has been thoroughly tested.

On completion of this process, where possible figures from April 2022 will be retrospectively amended to reflect the new definition. Figures from April 2022 are to be treated as provisional until this amendment is made.

Additionally, a review of the people measures is in progress and additional measures will be added when agreed, defined and built. The development of measures in relation to staff health and wellbeing are included within the separate Health and Wellbeing paper.

Performance Charts

The Board Performance Report consists of data pertaining to several Service's 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 run of eight or more points in a row above or below the mean (light blue)

Rule 2: Six or more consecutive points increasing or decreasing (green)

Rule 3: A single point outside the control limits (orange)

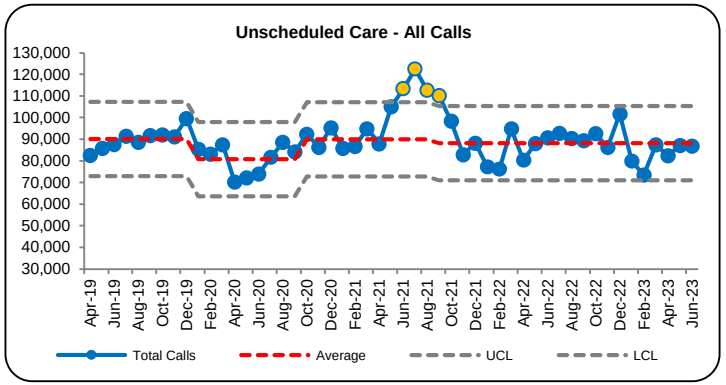
Run Charts

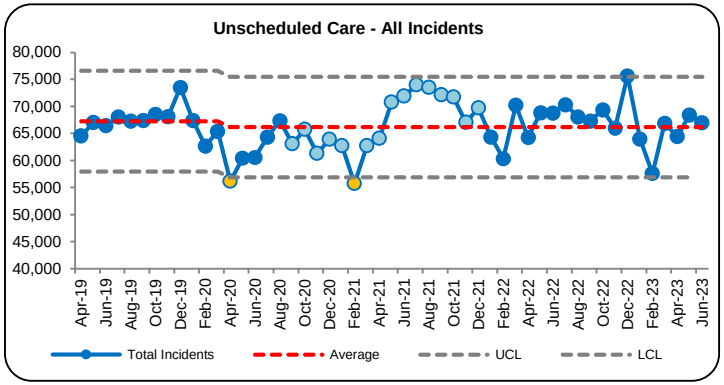
Rule 1: A run of six or more points in a row above or below the median (light blue)

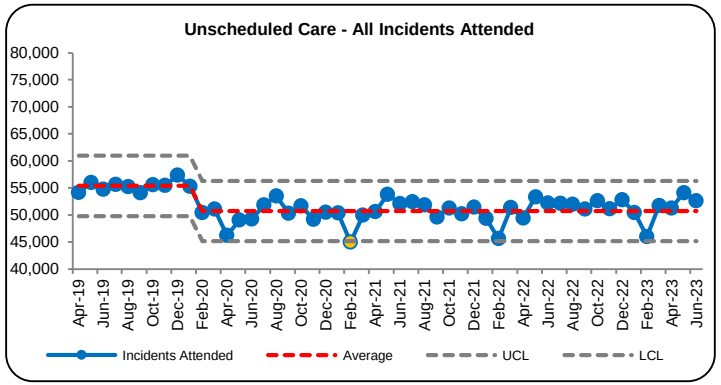
Rule 2: Five or more consecutive points increasing or decreasing (green)

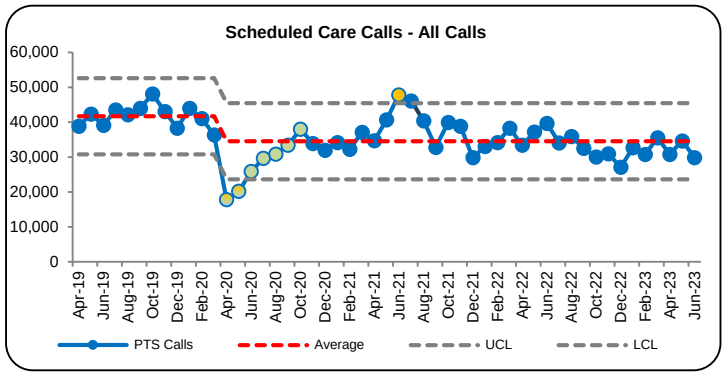
Rule 3: Undeniably large or small data point (orange)

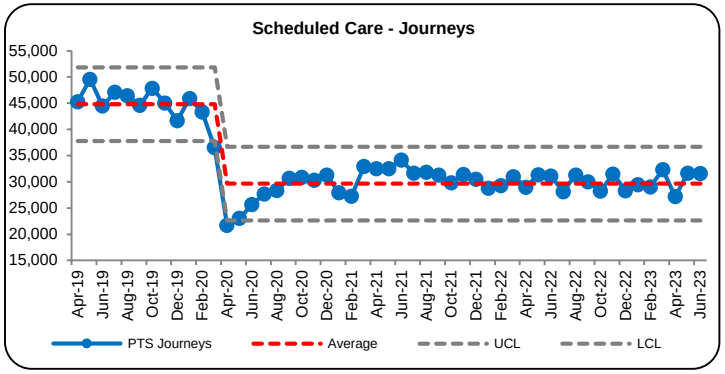
D: Demand Measures











What is the data telling us?

Unscheduled call demand has remained within the control limits and as usually seen seasonally was around the mean in June 2023 with 86,893 calls. The volume of unscheduled incidents in June 2023 also saw the usual seasonal pattern and was stable around the mean following a peak in December 2022.

Scheduled care calls and journeys remains stable and lower than pre-pandemic.

Why?

The rescheduling of services in the wider healthcare sector due to the pandemic, alongside the widespread adoption of NHS Near Me virtual consultations has been the main driver behind the reduction in scheduled care activity. The requirement for physical distancing reduced the Service's capacity until April 2022 when this requirement was removed, although some specific infection control arrangements remain for certain patient types. Specific actions and improvements for the scheduled care service is described later in the paper.

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 2023/24. Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

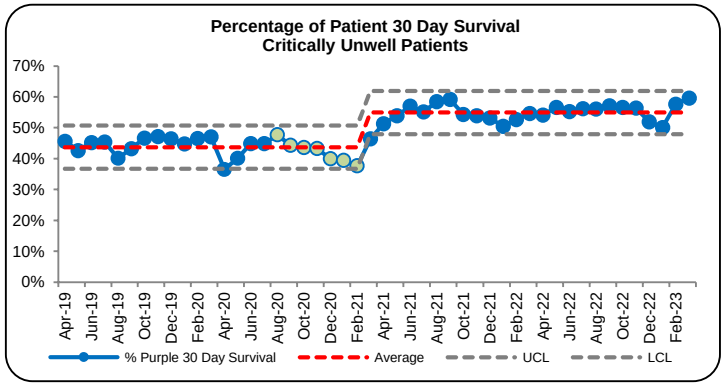
Our annual delivery plan this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery and provide the most benefit to patients and staff.

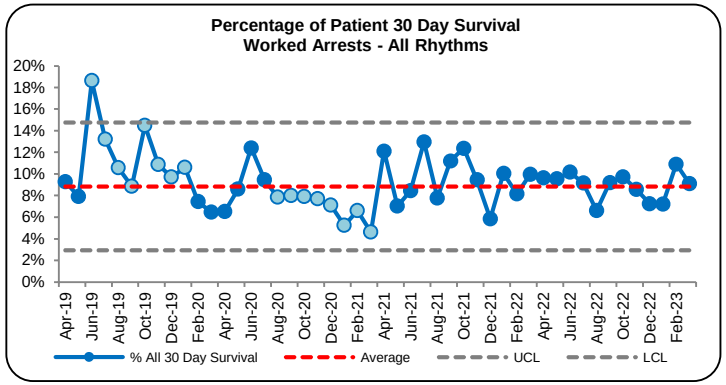
We have established a number of work streams to increase our workforce, improve demand management and increase capacity which include working collaboratively with our partners across the wider system to reduce unnecessary Emergency Department attendance by ensuring patients receive care that meets their needs. A full update of progress against delivery of our plans is included in the 2030 Strategy Portfolio update.

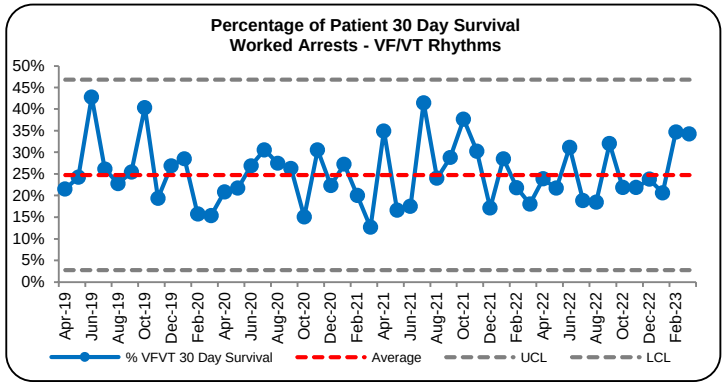
Significant work is currently being undertaken with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specifically to Hospital Turnaround.

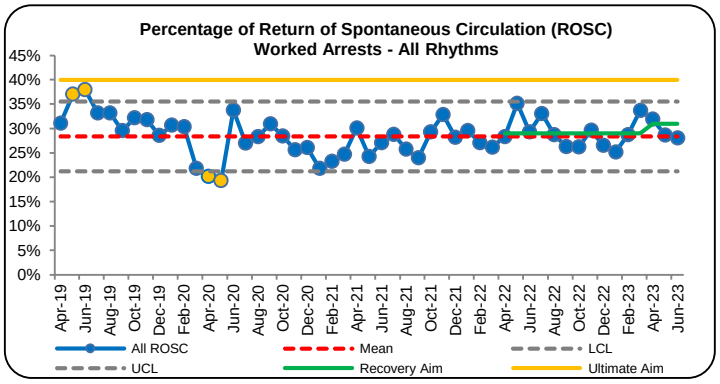
Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the Board meeting agenda.

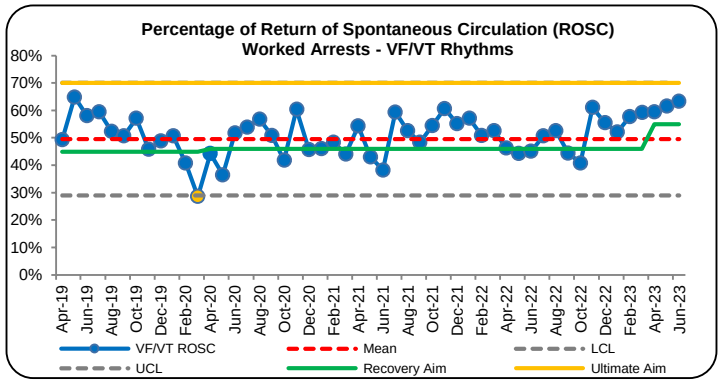
Purple Response Category: Critically Unwell Patients

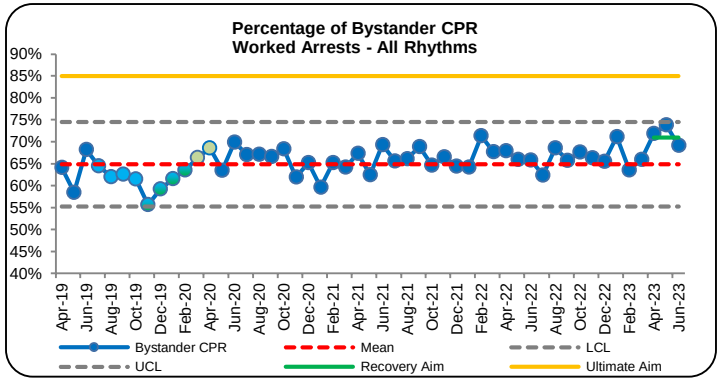


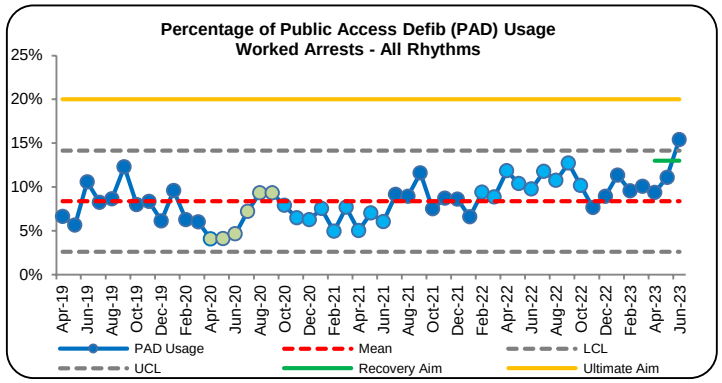


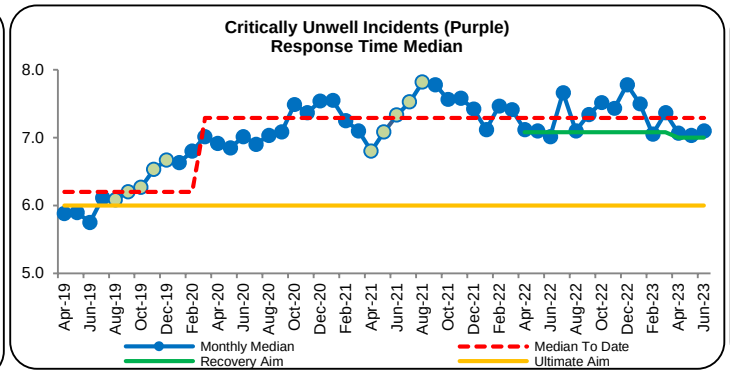


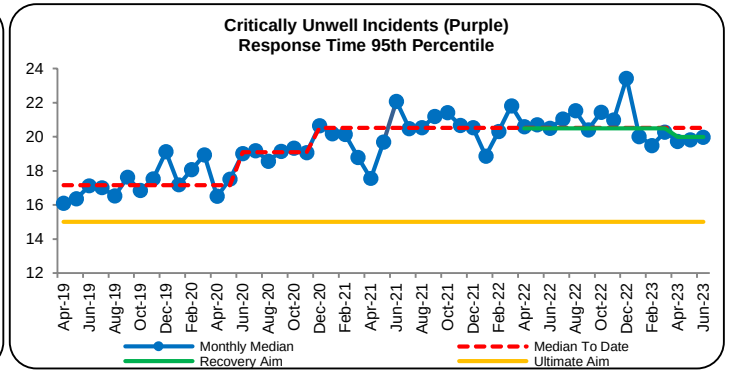












What is the data telling us?

The data presented in the charts is referenced to different measurement points depending on the complexities of data linkage. This means that mortality data is historical compared with response time and Return of Spontaneous Circulation (ROSC) data.

Overall, the position is stable on outcome measures (Mortality) with 30-day survival measures within control limits. These figures relate to March 2023 time stamps due to requirements for data linkage. Measures which include linked data are updated quarterly and an update to these figures will be provided in the November 2023 paper.

The response time measures for June 2023 (process measures) have remained below the median, reflecting a continued easing of the system pressures seen over winter, which affected ambulance availability.

Our ROSC rates for June, VF/VT (Utstein) at 63.3% and 'All Rhythms' at 28.1%, remain within control limits.

As the charts illustrate, Bystander CPR is reported at 69.2% and is within the control limits. Public Access Defibrillator (PAD) sage at 15.4%, is above the upper control limit in June.

OHCA recovery following COVID-19 remains a health challenge across the world. Systems internationally demonstrated a trend towards recovery relatively quickly following the reduction in outcomes that was seen early in 2020, but subsequent recovery seems to demonstrate some stagnation. This is true in Scotland where 30-day survival remains around 9% against aims to improve survival to 15% by 2026. We continue to focus on a number of workstreams within the OHCA programme that will help ensure the OHCA strategic partnership achieves its overall aims.

As illustrated in the data we are seeing recovery and progress in some of the process measures which will, over time, lead to continued improvement in overall 30-day survival. Utstein (VF/VT) ROSC, Utstein 30-day Survival and Public Access Defibrillator (PAD) applied prior to ambulance arrival are all improving year on year. These are three important measures as they are all significant indicators that Scotland's OHCA system of care continues to successfully save the lives of those with the highest chance of survival i.e., shockable cardiac arrest rhythms. A significant proportion of the planned work going forward is focussed on further maximising survival in this group of patients.

A further aim of the strategy is to increase bystander CPR rates to 85% by 2026. This includes ensuring that 1,000,000 people will have been trained in Scotland since the start of the strategy in 2015, and that all school aged children will be offered the opportunity to be equipped with CPR skills. This work is very much driven by the Save a Life for Scotland partnership, however the Service has a key role to play in helping achieve these aims as well as being at the forefront of innovative ways of ensuring everyone exposed during the response to OHCA, including any bystanders involved, are offered the follow up and care they require.

Purple Median Times

Median response times to purple category in June 2023 was 7 minutes 6 seconds. We reached 95% of these patients in 19 minutes 59 seconds (95th percentile). The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift.

Work is focused around these four priority areas;

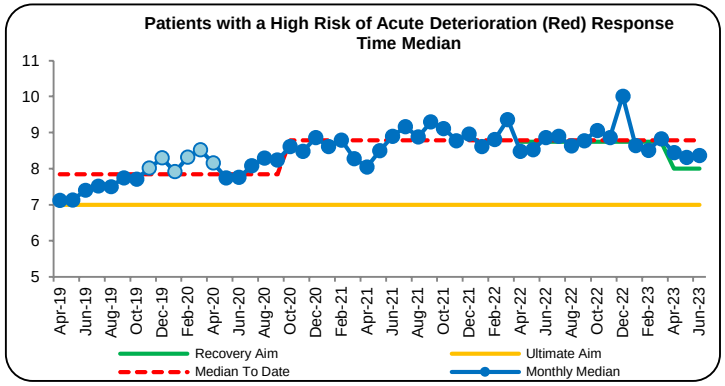
1) Reducing service time (through auto-allocation, new static sites for ambulances, reducing hospital turnaround times and timely access to professional-to-professional support).
2) Reducing the number of Accident and Emergency unit dispatches (through Advanced Paramedic clinical assessment, alternative pathways of care, flow navigation centres, specialist response vehicles for mental health and accessing mental health assessment centres).
3) Increasing ambulance resources (demand and capacity programme).
4) Reducing unavailable time (through make ready, equipment, cleaning vehicles, welfare packs at hospital sites).

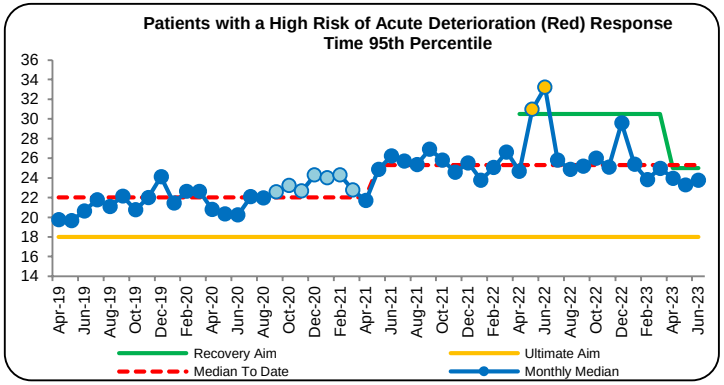
We have increased ambulance resources and are currently implementing new rosters through the demand and capacity programme. We are focusing on working to maximise shift coverage, support abstractions for Paramedic training and managing sickness absence levels.

Community first responders and cardiac responders continue to play a valuable role in responding to immediately life threatening calls across Scotland and work is underway to increase their availability and deployment.

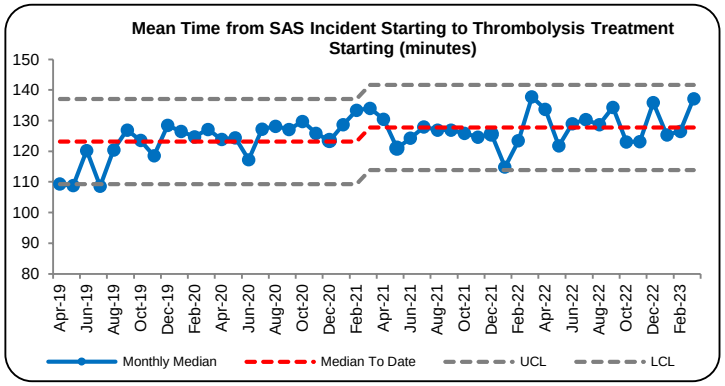
We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs. The Safe Transfer to Hospital: Ensuring the Timeous Handover of Ambulance patients which describes the principles of safe transfer of patients to hospital and the timeous handover of ambulance patients. This was approved in April 2023 with principles implemented with immediate effect and by August 2023, 100% of patients should be handed over within 60 minutes with the target to achieve a safe handover of patient at hospital within 15 minutes. Health Boards have been working with our regional management teams to produce site action plans to support this implementation including improving flow aim to reduce ambulance handover delays. Work is also underway to embed the use of the Hospital Arrival Screens handover module at all major hospital sites in Scotland. The system has been reconfigured to allow us to report on the notify time (the time at which the crew informed the hospital they were in the department and ready to handover) and the handover time. Compliance with the use of these screens is now monitored and reported to regional teams Health Board partners and the Scottish Government. Additional Hospital Ambulance Liaison Officer (HALO) posts have been funded by the Scottish Government with all the additional people now in post. The Performance Manager appointed on a secondment, based at the QEUH, also now works with the Ayrshire Hospitals, to share improvement work with their site teams and help with ambulance handover and hospital flow.

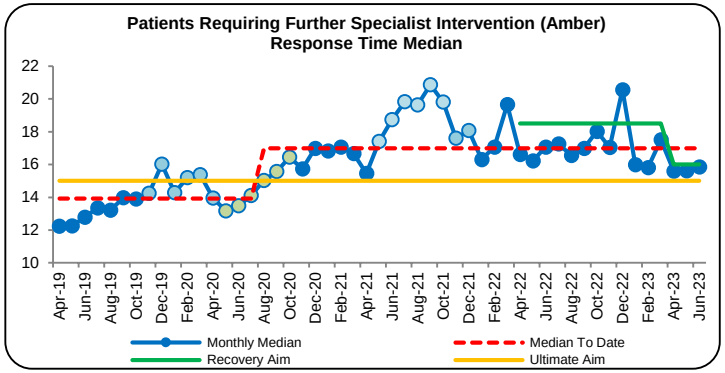
Red Response Categories: Patients at risk of Acute Deterioration

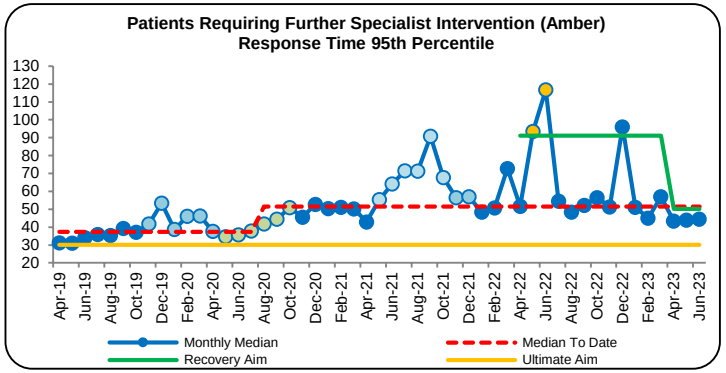




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

The median and 95th percentile response times for both red and amber categories of call saw a stable pattern from April to June 2023. We attended 50% of red category incidents within 8 minutes 22 seconds and amber within 15 minutes 51 seconds.

The Service continues to work with key stakeholders to achieve its role in optimising pre-hospital care for Major Trauma patients leading to improved clinical outcomes and deliver the role of the Service in the Scottish Trauma Network.

Major Trauma can only be confirmed once all the injuries have been diagnosed and scored in hospital. It is therefore difficult to define and identify major trauma from pre-hospital data. Our ongoing work aims to utilise retrospective confirmed major trauma data from Scottish Trauma Audit Group (STAG) to identify the MPDS codes most likely to be pre-hospital major trauma. This will allow the prospective analysis of this group of codes and identify areas for improvement.

Our Critical Care Desk (CCD) is now fully operational and demonstrating positive impact as anticipated. There are monthly development group meetings and quarterly governance meetings in place to support audit, sharing of experience and learning.

We have introduced focused staff development through our bi-monthly 'Trauma Tuesday' CPD sessions with a recent session delivered by an external presenter on "Drowning". These sessions have attracted significant positive feedback from our frontline clinicians.

The pre-hospital system of care is key to excellent, patient centred care for patients with acute stroke. The aim of our stroke and thrombectomy improvement programme is timely identification, assessment, and transfer to hospital of patients having had a hyper-acute stroke. We are focussing on the drivers that will help enable this including accurate identification of stroke in our Ambulance Control Centre and on-scene. These are key priorities for the Service.

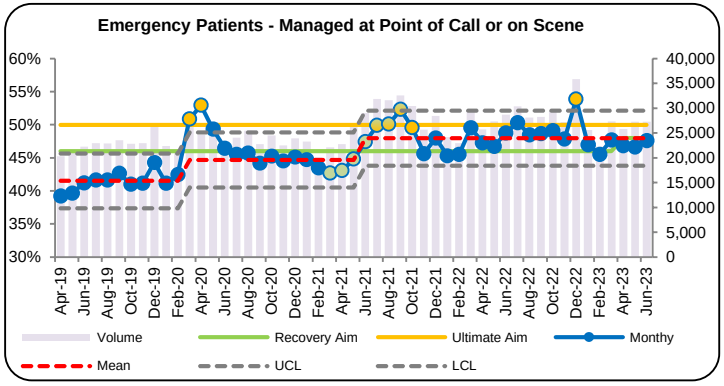
We continue to work closely with the national Thrombectomy Action Group in the planning of the national Thrombectomy Programme.

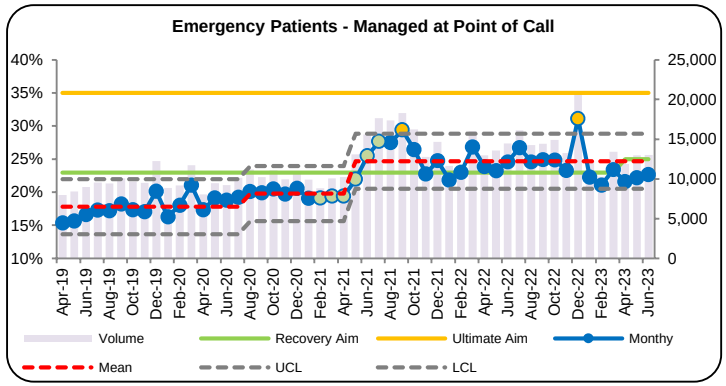
What are we doing and by when?

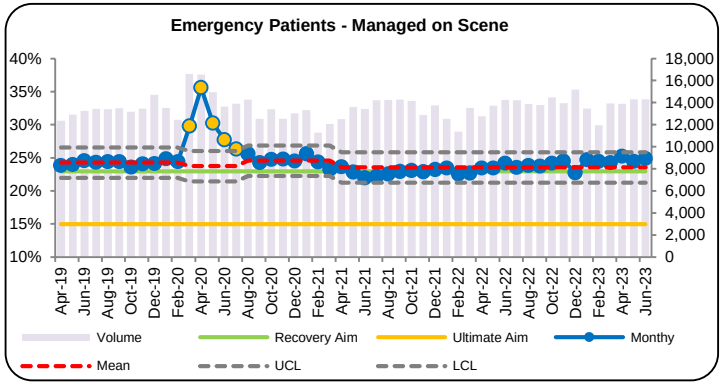
Ongoing work to reduce 999 to thrombolysis interval includes:

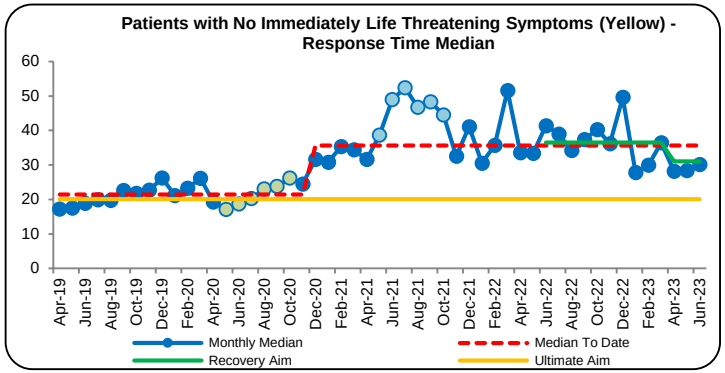
- Improved recognition of stroke at point of first contact within the ACC.
- Optimise dispatch arrangements and understand variation in practice through observation.
- FAST – improve recognition of hyper-acute stroke through utilisation of FAST (face to face)
- On-Scene times – improve on-scene times by limiting unnecessary clinical interventions as a time critical condition.
- Implement improved and refined 'whole service' stroke pathways to ensure seamless and definitive care (thrombolysis)
- Clinical feedback to clinicians.

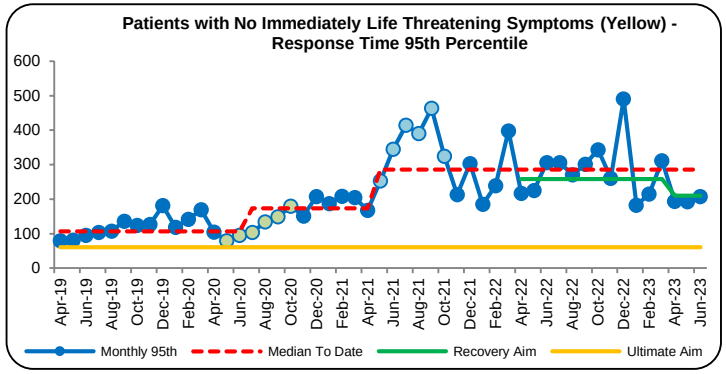
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











What is the data telling us?

The proportion of emergency patients managed either at point of call or on scene has remained around the mean of 48% since November 2021. However, in December 2022 it was above the upper control limit at 53.9%, made up of 31.1% of patients managed at point of call and 22.8% managed on scene. This has returned to within control limits in the first six months of 2023 with 47.6% of emergency patients managed either at point of call or on scene in June 2023, made up of 22.7% of patients managed at point of call and 24.9% managed on scene.

The overall picture of patients being cared for out with the Emergency Department remains substantial and will be supported by the work that is underway through the national Integrated Urgent and Unscheduled Care Collaborative of which the Service is playing a pivotal role.

The development of our Integrated Clinical Hub continues to be a strategic priority for the Service. The key objective of the Integrated Clinical Hub is to offer a personalised clinical assessment and tailored management of patients presenting with non-immediately life-threatening conditions utilising the principles of realistic medicine. This often results in an alternative outcome from a standard Service ambulance response. This initiative brings benefits to patients and the wider system and is evidenced from the most recent figures where we see that for June 22.7% of people who called 999 being managed within the Integrated Clinical Hub.

For those patients where a crew did attend, 24.9% were managed out with an Emergency Department pathway. This work is enabled by our work to utilise pathways out with the Emergency Departments. Under the banner of “Call Before You Convey” we are supporting our frontline clinicians to consider how we might manage patients who may not require the Emergency Department but access care through other routes, e.g. Same Day Emergency Care, Hospital and Home and the range of pathways that support Board Flow Navigation Centres.

In addition to this within our Proactive and Preventative Portfolio we continue to strengthen our Pathways function which supports our frontline clinicians to access a range of alternatives either on-scene or through our Pathways Hub in connecting patients with pathways and other services that will best meet their needs. This includes community pathways that support us in delivering care closer to home.

Examples of particular successes in this area include our partnership with MacMillan to support patients with End of Life Care needs to be managed at home or through alternative pathways. We have delivered a significant number of education sessions to frontline clinicians and are seeing the impact of this in a number of ways, including the administration of medication specific for this patient group. This initiative is bringing several benefits including access to pathways through hospice providers, patient and family experience and supporting our clinicians to deliver the right care in the right place.

Other pathway work includes our contribution to the national mission to reduce the impact of harm from drugs including the administration of naloxone and safe injecting equipment. Wider than that is the ability to connect individuals with Alcohol and Drug Partnerships and the impact on the national aim to reduce drug deaths. Many of these individuals are not known to services and feedback on the role of the Service has been extremely positive.

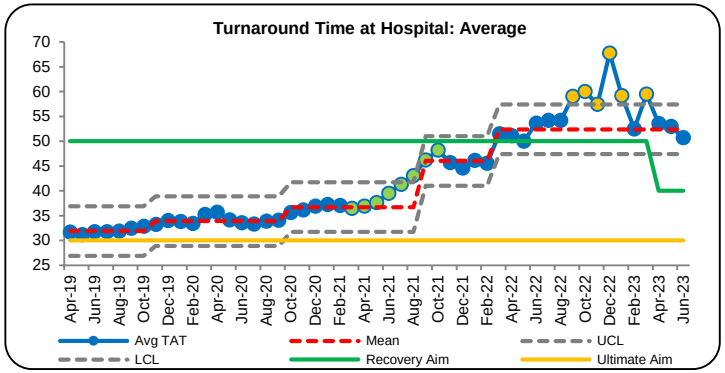
Other areas where we are continuing to secure access are Hospital @ Home services which can be hugely beneficial for patients whose care does not require hospital attendance particularly the frail and elderly. We are working with a number of providers to secure further access.

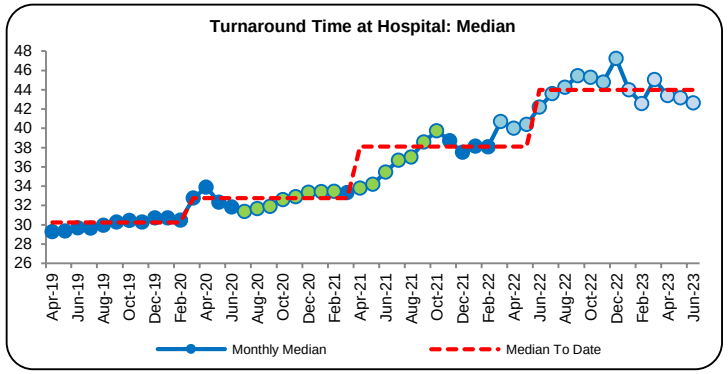
Clinical guidance for ambulance clinicians who continue to care for patients in ambulances outside hospitals for prolonged periods has been updated. Work continues at a national level with the aim of optimising patient safety and reducing delays associated with extended hospital turnaround times at hospital. Working with Scottish Government and health board partners the Safe Handover guidance has been rolled-out across all areas with the aim by August 2023 to have no delays over one hour and ultimately to meet the safety aim of patients being handed over within 15 minutes. Implementation of the guidance will improve safety for patients in ambulances and for those awaiting an ambulance response and improve ambulance response times.

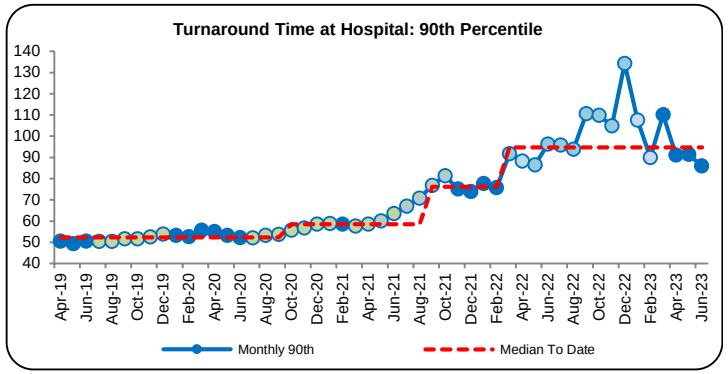
What are we doing and by when?

All elements sit within the Service's Urgent and Unscheduled Care work stream. Further work is progressing to enable improved access to the wider health and care system for those patients who present to the Service and whose needs can be better met by other parts of the system.

TT: Turnaround Time at Hospital







What is the data telling us? - Although a stabilisation has been seen in turnaround times since January 2023, they remain at levels significantly higher than have been seen historically. Increased turnaround times translates to reduced availability of ambulances to respond to other patients who have made emergency calls. In addition to more time being spent at hospital, tasking crews from hospital rather than tactical deployment points can also negatively impact on the time taken to reach patients. Increased time at hospital for turnaround delays increases overall service time and consequently utilisation which conversely reduces ambulance availability.

Between June 2019 and June 2023, the average turnaround time increased from 31 minutes 43 seconds to 50 minutes 39 seconds. This means our crews are, on average, spending 18 minutes 56 seconds longer at hospital for every patient conveyed.

Why? – Hospital Turnaround Times for Ambulance Crews were compounded by the strict infection prevention and control measures that hospitals have had to put in place due to the COVID-19 pandemic, and as restrictions eased, hospitals have been operating at or near full capacity. In December 2022 this was further exacerbated by adverse weather, flu, COVID-19 and respiratory admission and significant numbers of delayed discharge patients. Although the situation has improved throughout January and February and again April – June 2023. It remains particularly challenging in some hospital sites affecting ambulance response times, ambulance availability, staff rest periods and shift overruns.

What are we doing and by when?

Hospital Ambulance Liaison Officers (HALOs) have been deployed at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow.

Additional HALOs are now in place across the three regions funded by the unscheduled care and systems pressure money. There are now six additional HALOs in the West Region, three in the East Region, and two in the North Region. NHS Lanarkshire has also funded an additional HALO post to work with NHSL's Flow Centre. The Service now has 17 WTE HALOs in post covering the major Emergency Department sites.

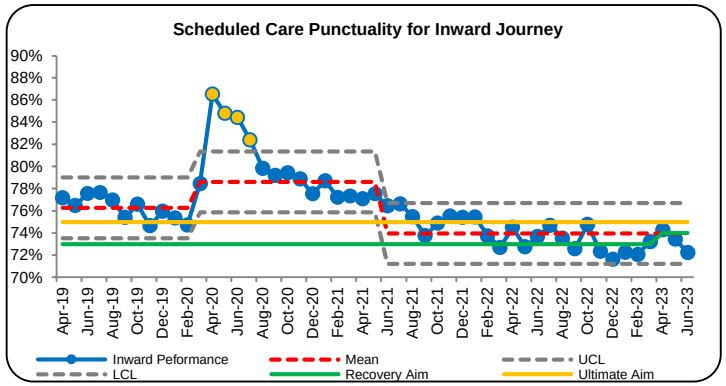
The agreed 'Principles for Safe Transfer to Hospital', January 2023 outlines the target to achieve a safe handover of patient at hospital within 15 minutes and in the interim of no instances over 60 minutes by August 2023. Each of the Service's three Regions are working up an improvement trajectory towards these aims, working in collaboration with respective Health Boards.

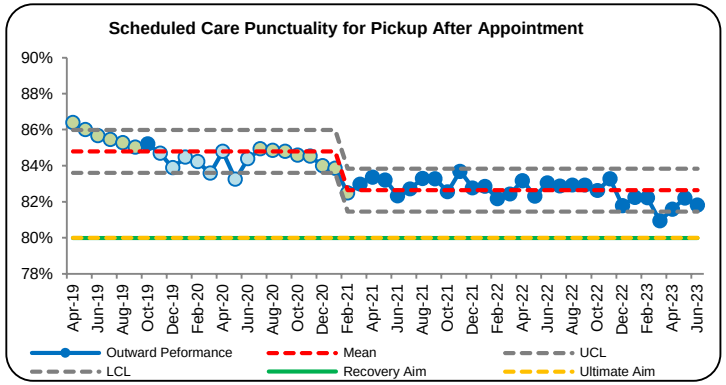
Other specific actions include:

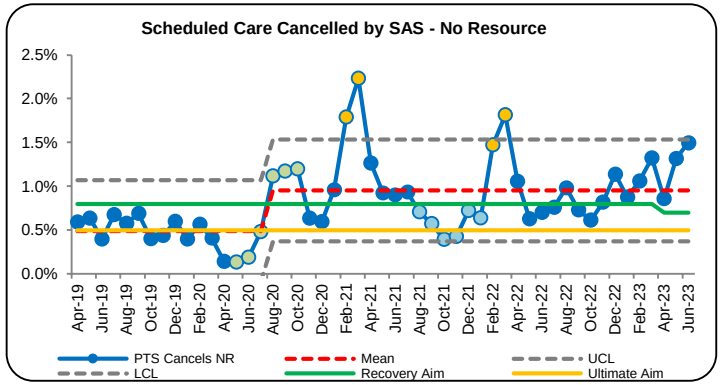
- Weekly or bi-weekly meetings between Chief Executives at the most challenging sites
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into Emergency Departments and the hospital helping with managing flow. Next step is ongoing work with health boards to tie together data from all existing platforms to produce accurate clinical hand over times for patients.
- All efforts re: safe alternative measures to Emergency Department admission described earlier in terms of the IUUC.
- Hospitals reviewing the principles of the Continuous Flow Model to ease the front door pressures primarily on Emergency Departments with improvement action plans in place to achieve.
- Hospitals exploring development of temporary admissions units to support surge capacity.
- Escalation to Senior on Duty and On Call Teams as required.
- Involvement in Hospital Incident Team meetings.
- Cohorting guidance produced to allow regions to cohort patient (preferably post triage) at key sites at busy times.
- Review of joint improvement plans in place with acute sites is ongoing.
- Daily conference calls with our HALOs take place to ensure early escalation of issues but also to ensure support for the HALOs in engaging with sites.
- In Ayrshire there is a 24/7 Call Before Convey process. The learning from this has enabled a test of change in Glasgow around the use of their FNC. A longer test of change widening the scope of the process is underway and will recommence towards the end of July. Lanarkshire are also working through a review of their FNC in line with the Operation Flow2 programme.
- Direct access to both a Hospital at Home and Home 1st pathway commenced on 13 March 2023 across West Lothian. Engagement sessions are taking place locally to promote appropriate referrals to these pathways.
- APs continue to support call before you convey as a test of change across Lothian.

- Extended Hospital Turnaround Times art Aberdeen Royal Infirmary remain a challenge with spikes being experienced. There have been signs of improvement supported by joint improvement actions focused on providing ambulance crews with access to alternative pathways of care through the Grampian Flow Navigation Centre, a rapid access clinic beside the acute medical admissions unit, increased hospital at home beds, escalation plans being reviewed and updated and wider flow work within Aberdeen Royal Infirmary focused on the continuous flow model, pathways of care for mental health and low risk chest pain in place and a new test of change in ARI ED department layout.
- A revised Falls pathway has been introduced in Glasgow which has already delivered a 91% increase in referrals year to date. Continued support to Glasgow's GlasFlow model which is demonstrating longer term stability with less regular delays at QEUH.
- APs assisting Emergency Department staffing levels in Lanarkshire. As a further addition to this work, we are currently supporting NHS Lanarkshire's development of Operation Flow2 Programme with the aim to significantly improve in patient capacity levels at all three of Lanarkshire's district general hospitals. A Joint Scottish Ambulance Service/NHS Lanarkshire Board session was held in June 2023.
- Turnaround issues at Crosshouse and Ayr continue to prove challenging, although there had been incremental improvements in this performance Ayrshire continues to give the greatest concern and longer delays have been experienced. Weekly meetings with NHS AA CEO and our Deputy CEO and Regional Director are in place to address these concerns.

SC: Scheduled Care







What is the data telling us? – The number of Scheduled Care calls has remained stable since early 2022 and was 29,828 in June 2023 (see chart: Scheduled Care Calls – All Calls on page 8). Call volume through ACC's remained within control limits despite increasing to 34,619 in May it reduced to 29,828 in June 2023.

Journey demand in May and June 2023 has remained at a consistent level with 31,615 and 31,569 completed journeys respectively in those months.

Punctuality after appointment was 81.8% in June 2023, above the recovery and ultimate aim of 80%, while punctuality for inward appointment was 72.2%, which is lower than the recovery aim of 74%.

The percentage of PTS cancelled by the Service in the 'No Resources' category increased to 1.5% in June, which continues to be higher than the 2023/24 recovery aim of 0.7%.

Why? – While physical distancing measures relaxed on 14 April 2022, we continue to maintain single journey arrangements for immunocompromised patients in line with national Infection Prevention and Control Standards.

Cancellations due to no resource continues to be partly attributed to vacancies and higher levels of staff absence affecting the number of resources available for general outpatients, with Scheduled Care also continuing to contribute resource to alleviate wider system pressures through the timed admissions work. Reduced demand levels post COVID-19 means the number of actual cancelled journeys is lower however appears higher when presented as a percentage of the smaller overall demand.

What are we doing and by when?

Work on Call Escalation and Intraday Reporting is ongoing with further development working being undertaken prior to launch.

Development of the Inter-hospital Outpatient Patient Needs Assessments is progressing with 25% of the build complete. It is anticipated that completion will be early to mid August 2023.

Business Continuity

Work has continued to further develop improvements in our Business Continuity plans, this includes Cleric and the housekeeping within the Cleric System where historically a large percentage was manually completed. Recent system updates have enabled us to move to a position where Day Control & Planning Business Continuity will be automated:

- Log Sheets will be transmitted automatically via email, ready to be issued in the event of a system failure.
- Every 4 hours the system will also capture a list of all journeys that are booked in Cleric for all plans that have been run for each Division. In the event of a major system failure Scheduled Care will have immediate access to 6 days of pre-booked journeys offering improved resilience and patient and staff experience.

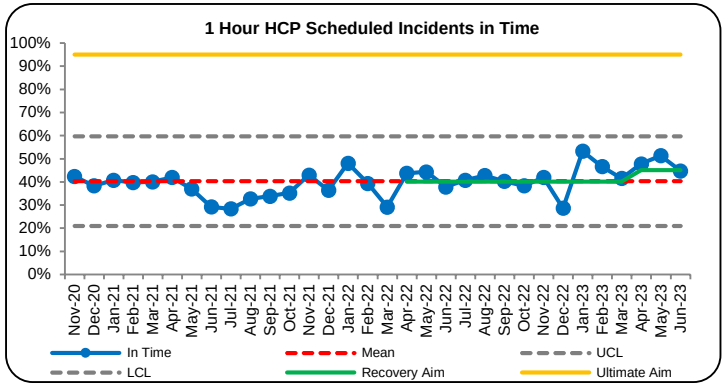
Geo-fencing has now been set up in the test system providing more accurate crew live time information i.e. crew location and availability. This is an expansion of a current facility to offer greater detail to both ACC and Operational colleagues.

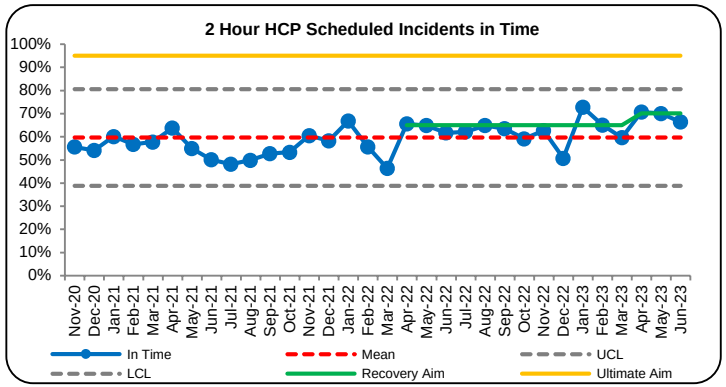
Recruitment has progressed nationally for Scheduled Care Coordinators, North and East interviews will be held on the 8th and 14th July 2023 and recruitment is ongoing to a West Scheduled Care Manager position. Recruitment is also planned for Ambulance Care Assistants in the coming months.

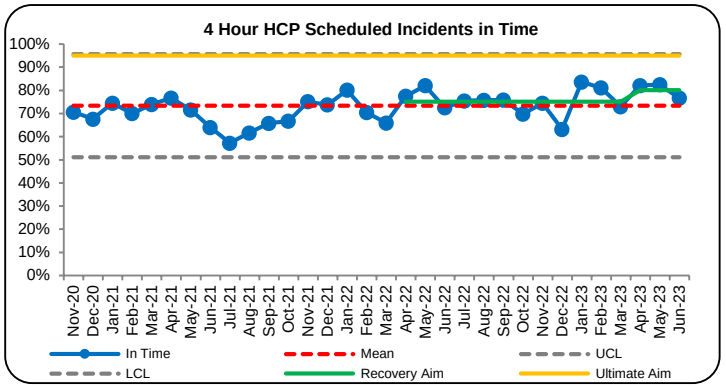
The Programme Proposal for the new Scheduled Care Transformation Programme has been approved by the Engine Room Group and 2030 Strategy Steering Group in May 2023. High-level benefits will include resource optimisation, with improved patient and staff experience, achieved by a number of key projects delivered over the next couple of years:

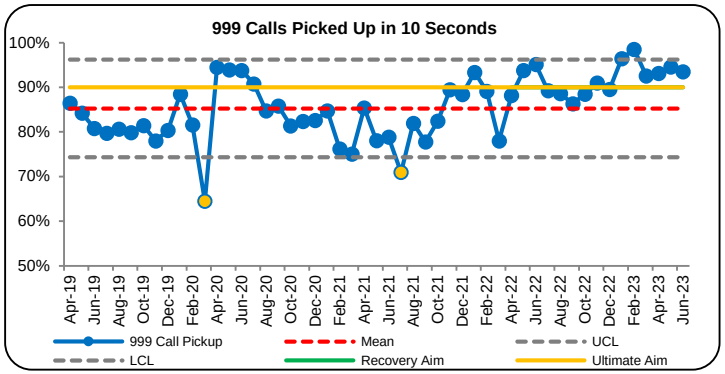
- Roster Redesign;
- Strategy Development;
- PNA Review;
- Implementation of AutoPlan
- Wider System Review and Programme Impact.

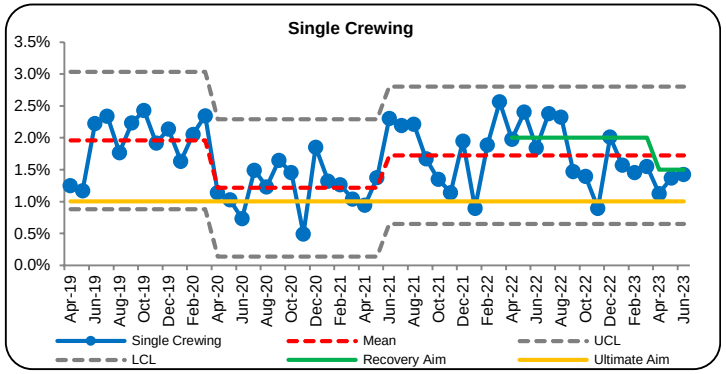
Other Operational Measures











What is the data telling us?

The proportion of scheduled incidents from Health Care Professionals (HCP) fall into three categories which are defined by the requested timeframe of attendance.

As with responses to emergency incidents, responses to these incidents are heavily influenced by the increased time experienced at the handover of patients. In all these timeframes there has been an improvement since the summer of 2021 and the proportion reached within the timescales remains within the control limits at 44.7%, 66.4% and 76.6% for 1 hour, 2 hour and 4 hour scheduled incidents respectively.

The proportion of 999 calls answered in 10 seconds has seen improvement and stability in the last 6 months with 93.4% being achieved in June 2023 against an aim of 90%.

What are we doing and by when?

HCP Scheduled Incidents in Time

The Regions are working closely with the Ambulance Control Centre to maximise availability and tasking of low acuity ambulance resources to appropriate ambulance calls. This is focused on sending the right ambulance resource to the right place at the right time, with an appropriate skill level. This has a positive impact on HCP calls where an emergency ambulance may not always be required to convey a patient to hospital. Through the Service's demand and capacity programme, we are seeing the benefits of aligning the right ambulance resources to ambulance demand through the Ambulance Control Centre Clinical Hub, rostering, and additional ambulance resources. Extended Hospital turnaround times continue to impact on ambulance service time and ambulance availability.

Scheduled Incidents 1, 2 and 4 hours – attending incidents within their allocated time remains the main priority within the Timed Admissions Hubs within the Ambulance Control Centre. This test of change across all Ambulance Control Centre sites and regions allows for dedicated clinical and dispatch focus to maximise the use of our dedicated Scheduled Care vehicles freeing up critical A&E capacity where it is safe and appropriate to do so. The Ambulance Control Centres and Regions have individual improvement action plans being progressed through the Service's Performance and Planning Steering Group to improve this overall performance.

Single Crewing

Staff abstractions for COVID-19 seasonal influenza and other non COVID-19 reasons have impacted on the percentage of single crewing. Every effort is made by the Regions to avoid single crewing through maximising relief cover and covering shifts in advance where single crewing is anticipated.

Other specific actions include:

- Single crewing is reviewed daily as part of the regional management call to minimise occurrences.
- Local Operational Managers will review the available shifts and redeploy staff where possible to reduce the potential for a single crew, such as changing shift times or locations, usually the day before the shift takes place.
- ACC with discussion from the local management team may decide to move a Paramedic from a PRU to double up with a

single crewed Ambulance, depending on the prevailing demand in the area at that time.

- Demand & Capacity recruitment/funding has provided additional relief capacity across the North Region which should assist with the reduction of single crewing.
- All opportunities are explored when covering shifts and mitigating single crewing including the use of Bank staff – clinical staff and trained emergency drivers.

999 calls picked up in 10 seconds

In June 2023 we reached 93.4% for our answering standards. During May we saw in increase in 999 calls, receiving 3,817 more than April. This was however 1,976 calls or 3.52% less than May 2022. Our call answer performance during May was above our agreed SLA at 92.1% of 999 calls answered within 10 seconds despite the increase in call volume.

During June we saw no real change in 999 call demand, receiving just 232 calls more than May. This was however over 4,000 calls less than June 2022. Our call answer performance during June was above our agreed SLA at 93.4% of 999 calls answered within 10 seconds.

Again, we saw some slight change in volumes for non-emergency calls and non-public emergency calls, but the combined volume, which was just under 32,526 calls, was 457 calls less than May.

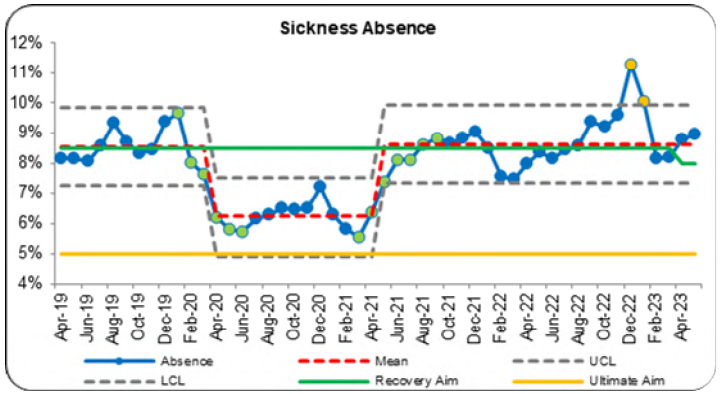
The Service experienced 136 BT delays of 2 minutes or over which is a decrease of 11 calls from the previous month, this was the second best performing in the UK and we had no calls which exceeded five minutes.

The ACCs recently met with the International Academy of Emergency Dispatch who officially notified us that we have achieved ACE Accreditation. This is a great achievement for both the Ambulance Control Centres and the Service and has taken us a number of years to achieve.

The Ambulance Control Centres are currently working with the comms team on a celebration piece that will be part of the CE Bulletin and also be accessible as its own piece through @SAS.

SE: Staff Experience

Sickness Absence



What is the data telling us? – sickness absence, as at May 2023, was 8.9%, a decrease since the peak seen in December 2022 and January 2023 although noting a very slight rise from April (8.8%).

Why? - It is clear that that the absence percentages at the start and end of 2022/23 are fairly static at below 8% and at 8% respectively. However there are spikes in September and December 2022. The September spike represents the re-classification of COVID-19 special leave to sickness absence. As this was a one-off event, this is not a trend that we see in previous years, nor will it be a trend going forward. The December spike and subsequent higher levels throughout the winter months occurred during a period of significant operational pressure, including the threat of industrial action, culminating in prolonged periods at REAP level 4. This is a trend we see in previous years albeit at a higher percentage level than is typical.

Given that we know that a rise in absence during 2022/23 is directly attributable to the re-classification of COVID-19 special leave to sickness absence from 1 September 2022, it is worth considering how removing COVID-19 related sickness from the figures might impact. Absence excluding COVID-19 sickness shows a similar pattern throughout the winter months, however, COVID-19 related sickness was a significant contributor to high absence levels during this time.

The end of year absence percentage for 2022/23 excluding COVID-19 sickness absence was 7.9%. This is a decrease of 0.5% compared to the total absence figure of 8.4% above. Significantly, it represents an increase of only 0.1% compared to 2021/22 as opposed to the national increase of 0.6% indicated above.

The Service set an objective to reduce organisational absence by at least 1% during 2022/23. While this target was not met, there has not been a significant rise in absence levels, particularly if you consider COVID-19 related sickness extracted. Whilst disappointing overall, the position remains encouraging, considering the operational pressures that have continued to impact upon line managers and staff.

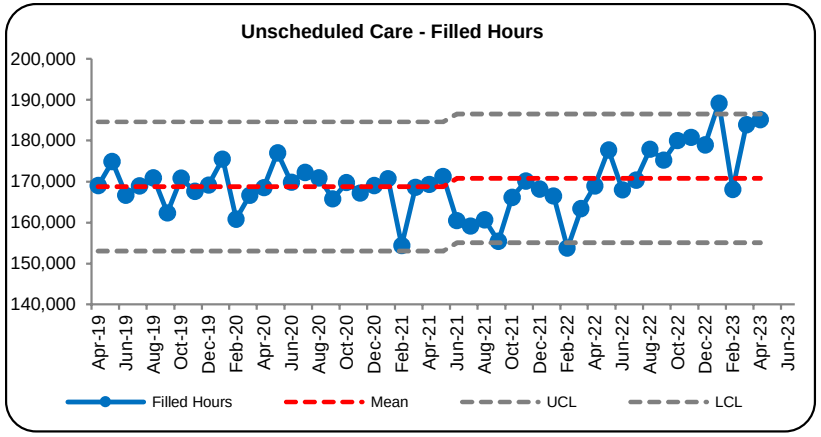
What are we doing and by when? -

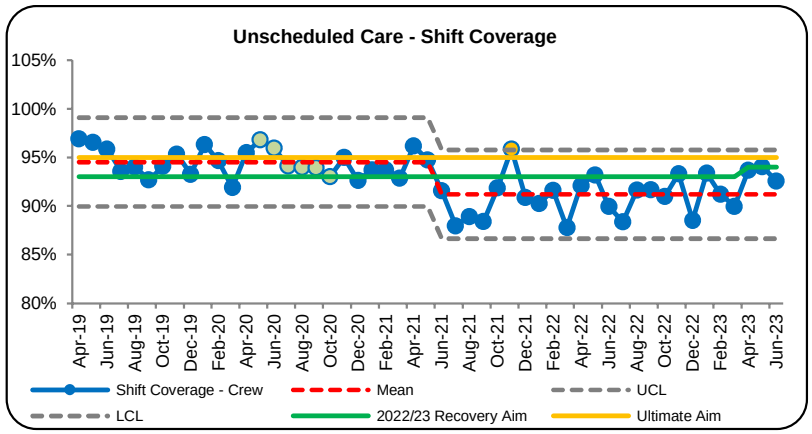
Current local data confirms that anxiety/stress/depression remains the most common reason for absence. Back problems are the second most common reason. The third reason is other musculoskeletal problems. We have seen a decrease in short-term absence related to cold/flu.

The Regional and National HR teams continue to support managers to manage attendance cases and levels in their area. The National Attendance Lead role has now ended, and we are returning to a business as usual state of readiness. We will continue to focus on attendance action plans with each region/department and undertake follow up audits, or focused attendance management actions as necessary.

Absence reporting is available on a weekly and monthly basis from our local erostering system. A report continues to be produced for the Service's Performance and Planning Steering Group, which sets out the position for each region and service area broken down into long and short-term sickness absence. A supporting narrative is produced by local managers that provides local information and details specific action being taken.

SE1.2 Shift Coverage





What is the data telling us?

As a result of the implementation of our demand and capacity programme, hours of shift coverage have been increasing and this is planned to continue in the following months whilst the final tranche of the additional staff complete their training and start on shift. The percentage of accident and emergency shift coverage has seen a drop resulting in a mean and control limit recalculation in June 2021. In the months to March 2022 this was caused by increased COVID-19 related absence. From April 2022 new rosters have been introduced and new staff have been recruited in a phased approach across the Service, this has resulted in an increase in the number of filled hours. However, as the denominator (required hours) has also increased the percentage shift coverage remains similar to previous months).

Best practice for UK ambulance services is no more than 55% utilisation, our utilisation rates in May and June 2023 were 58.6% and 58.8%, reflecting the continued shortfall in capacity versus demand which is being progressed through our demand and

capacity programme and work to reduce ambulance handover times.

What are we doing and by when?

Regions continue to maximise all recruitment opportunities and use of bank staff. They are exploring the best way to optimise shift uptake by bank workers ahead of the winter pressures. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise abstractions.

15 new Technicians were introduced to Lanarkshire in October 2022 and a further 38 were introduced following the course that ended in March 2023. Forecasting indicates that as the new staff are now live and the final demand and capacity rosters are 92% implemented, West Region have a much more sustainable coverage platform for 2023/24.

55 Newly Qualified Paramedics have been recruited in West and are being introduced in a phased capacity between July and October however a review of this provision is underway and opportunities to bring these Newly Qualified Paramedics in Service in a reduced capacity earlier are being explored. Issues with the current recruitment process are also being addressed as several NQPs were unsuccessful through the recruitment process. Existing PRU vacancies have been advertised and the process is underway to fully cover the PRU vacancies following completion of the D&C programme. Bank and Emergency Drivers continue to be utilised to cover capacity shortfalls.

In the East Region since March 2023 a total of 62 Technician Students have commenced Technician training.

Bank staff, both clinical and emergency drivers, support shift cover across all regions.

In the North region, there is a continued focus to maximise the available recruitment and training opportunities to fill vacancies across the region:

- Demand & capacity recruitment continues in the remote, hard to recruit areas to increase relief capacity to 38.1%
- Demand and capacity will increase the relief capacity in the North to improved levels.
- Demand & capacity review of Paramedic Response Unit (PRU) and Urgent Tier Resourcing and rostering is completed and goes live on 31st July 2023. This will see the introduction of 24/7 PRU cover in Elgin and Inverness along with improvements of the Aberdeen PRU's and Urgent Tier rosters.
- A further 21 Technician students commenced training on 27 March 2023 and 18 of the 21 students have completed initial training.
- Newly Qualified Paramedic recruitment is at an appointment stage and be allocated places on the induction courses in October and November in time for winter 2023/23. Business Support Managers are working with the Head of Education to plan the recruitment and clinical induction of these recruits.
- Mobilisation Mitigations are still in place for D2 ACAs, Emergency Drivers, and other agencies i.e., SFRS to be called upon to create a DCA.

The recruitment process for the next cohort of Newly Qualified Paramedics is currently underway with successful candidates commencing Clinical Induction Modules in the summer of 2023.

Planning and forecasting is currently being undertaken along with gathering intelligence for forthcoming vacancies in the Region to carry out further proactive recruitment in these areas.

Workforce Development

Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2022/23 workforce profile.

Status – 464 staff joined the service in 2022/23 against a target of 488.

The shortfall primarily came from Technician recruitment in March 2023 that would have been due to go live in July 2023. This will be recovered by NQP recruitment that will go live 4 weeks later than anticipated.

Planned Activities Include – The plan for the 2023/24 Financial Year is to recruit 317 wte across staff groups.

Recruitment for this is well underway with the first group of 38 Newly Qualified Paramedic starting at the end of July 2023 with further groups being phased in back to back every 5 weeks until conclusion ahead of winter.

The recruitment team will continue to liaise with regional workforce leads to deliver workforce intake in line with regional workforce plan requirements. Strategic oversight and delivery of the plan will now transition from Demand & Capacity Programme Director to Head of Workforce and Analytics with the re-establishment of a workforce steering group that will report directly into the workforce and wellbeing portfolio.

Other Considerations - Attrition for A&E frontline 2022/23 finished on 7.3% against a 7.3% forecast (242 leavers against an assumed 241). So far this year there have been 40 leavers against a forecast of 44 (6.64% attrition rate)

The recruitment plan for 2023/24 assumes no new funding and therefore if there are any new developments, particularly within Health boards the plan will need adjusted accordingly. Training and Education resourcing requirements are also being reviewed.

We are expecting 230 Newly Qualified Paramedics to start this year. In addition to this, we have a pipeline of existing Technician still due to qualify as registered Paramedics through the legacy DIPHE Programme.

We are also aiming to recruit a further 30 direct entry qualified Paramedics. If applications are higher then we will adjust Technician numbers accordingly

Resourcing model developments will support continuing target delivery 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.

This year (2023) the intake for the undergraduate programme is 335 entrants and the support infrastructure is continuing to be refined to meet the needs of the undergraduate cohorts. The work continues with education providers to support Newly Qualified Paramedic and we expect that this collaboration will develop across the next few years to enhance the Newly Qualified Paramedic recruitment process and subsequent onboarding into the Service. It is hoped that this will also improve retention rates within the first two years of employment.

Technician programmes have reduced this year to reflect the increase in Newly Qualified Paramedics now coming through the system. The Education and Professional Development team have worked flexibly and collectively to meet the additional demands required both for demand and capacity planning, as well as supporting the development of external partners during the most recent challenges impacting on the workforce in relation to the pandemic and whole system pressures.

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.