NOT PROTECTIVELY MARKED

Public Board Meeting	**29 September 2021** **Item No 05**

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Pauline Howie, Chief Executive Executive Directors
Action required	The Board is asked to **discuss progress** within the Service detailed through this Performance Report: - 1. **Discuss** and provide feedback on the format and content of this report. 2. **Note** performance against key performance metrics as set out in Remobilisation Plan 3 (RMP 3) standards for the period to end August 2021. 3. **Discuss** actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality improvement and Measurement for Non Executives guidance. This paper highlights performance against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience and Financial Performance are reported in separate Board papers. The Service is currently experiencing exceptional and sustained pressure from increases in COVID-19 and non COVID-19 demand, staff related COVID-19 absence and challenges in handing over patients timeously at emergency departments because of wider health and care system pressures. A detailed plan to improve workforce capacity, create more operational capacity and manage demand has been created and implementation is being progressed at pace. <u>Clinical and Operational Performance</u> Out of Hospital Cardiac Arrest – we continue to develop the workstreams associated with the refreshed national Strategy. The percentage of patients where ROSC was achieved has increased during this reporting period and the latest 30 day survival data shows the highest rate of survival for critically unwell patients that we have ever reported at 53.4% in May 2021.

	Scottish Trauma Network went live at end August 2021 with the Scottish Ambulance Service supporting this work through the introduction of the Major Trauma Triage Tool. We continue to work with Scottish Government and territorial Health Boards to optimise care for stroke patients and to support delivery of the national Thrombectomy programme. The Redesign of Urgent Care is a further priority, with Phase 2 of the national programme now underway. 45.5% of patients continue to be cared for in local community based settings, avoiding hospital conveyance where this is the best option for the patient. Our contribution to improving Population Health is reflected in our Drug Harm Reduction programme and we have now operationalised our Mobile Vaccination programme and are experiencing significant demand for our support in vaccination delivery over the coming months. <u>Workforce</u> The non COVID-19 sickness absence level reported through SWISS as at June 2021 stood at 8.12%. COVID-19 absences at the end of August 2021 stood at 5.31%. Service Directors and Managers, supported by local Human Resources teams, continue to prioritise workforce health and wellbeing and implement the Once for Scotland Attendance Management policy through a range of measures aimed at reducing short and long term absences. New Scottish Government guidance on exemption from self-isolation for the health and social care workforce was received in mid-August to enable staff to remain at work if certain criteria are met. Our workforce plans for 2021/22 have been reviewed and recruitment and training targets updated for the remainder of this year. We are recruiting to fill vacancies and a further 148 WTE additional posts this year as part of the Demand and Capacity programme. In addition given the unprecedented pressures that the Service and the wider health & care service are experiencing we are increasing our workforce capacity further through support from partners and additional temporary staff. We continue to work in partnership with staff side representatives including a weekly informal Teams meeting to strengthen communications and enhance formal partnership structures. <u>Enabling Technology</u> The Emergency Service Network (ESN) Programme revised Full Business Case (FBC) was not formally approved by the Scottish

	Government due to the number of outstanding issues/questions. However, the UK government Major Projects Review Group have approved the FBC. A number of issues have subsequently been identified which are likely to lead to further delays with the programme. Service staff have been testing coverage using 'fit and forget' devices in ambulances and coverage boosters in buildings. The Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) has been reset by the ARP team due to issues with supplier delivery. The Service is expecting a new go-live date circa March 2022. The Digital Workplace Project team have assigned the new national licencing model to all Service staff. The proposed migration to OneDrive continues to be held up, due to a security risk, which requires an action in the national tenancy. The Service's team have agreed a temporary workaround and are in the process of implementing this locally. The national M365 team's plan for SharePoint is pending. Work on scoping Phase 2 activities is underway. The Telephony Replacement Project continues to progress pilot installations at Service sites across the country. The ACC go-live is currently planned for the first two weeks in October 2021.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD. 5.1 Improve our response to patients who are vulnerable in our

	communities. 6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.
Contribution to the 2020 vision for Health and Social Care	This programme of work underpins the Scottish Government's 2020 Vision. This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Operational Delivery Plan & Remobilisation Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Scottish Ambulance Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient, are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Scottish Ambulance Service's Key Performance Indicators. These measures are based on the Service's 2021/22 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

What's Coming Next

Development of additional KPI measures in future reports will bring together the time-based measures alongside clinically focused measures. The key areas of future development of measures will aim to enhance the detail for each group of patients including patients at high risk of acute deterioration (red coded conditions), patients requiring further specialist intervention (amber coded conditions) and non-emergency patients. Indicators to measure the Service's contribution to wider population health are also under development.

Board Data Paper Co-Design

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

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

This work was paused due to operational pressures, arising from the COVID-19 pandemic and further discussion was held at the Board Development session in August 2021. This work will be further progressed when the new performance framework, has been agreed with Scottish Government.

Performance Charts

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

Control Charts

Rule 1: A single point outside the control limits

Rule 2: A run of eight or more points in a row above or below the mean

Rule 3: Six or more consecutive points increasing or decreasing

Rule 4: Two out of three consecutive points near (outer one-third) a control limit

Rule 5: Fifteen consecutive points close (inner one-third) to the mean

Run Charts

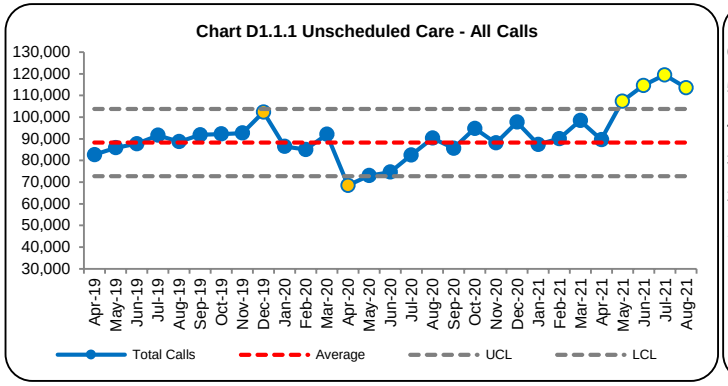
Rule 1: A run of six or more points in a row above or below the median

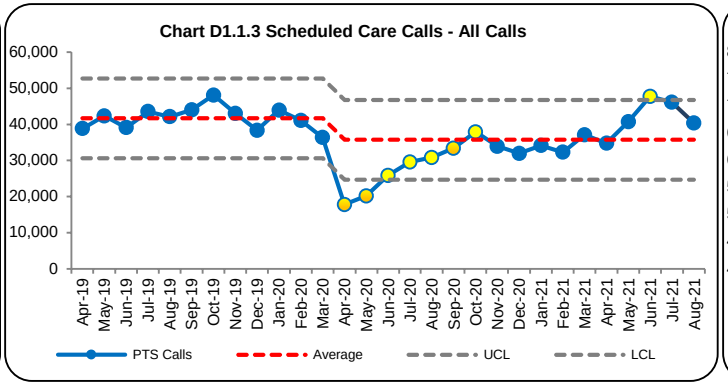
Rule 2: Five or more consecutive points increasing or decreasing

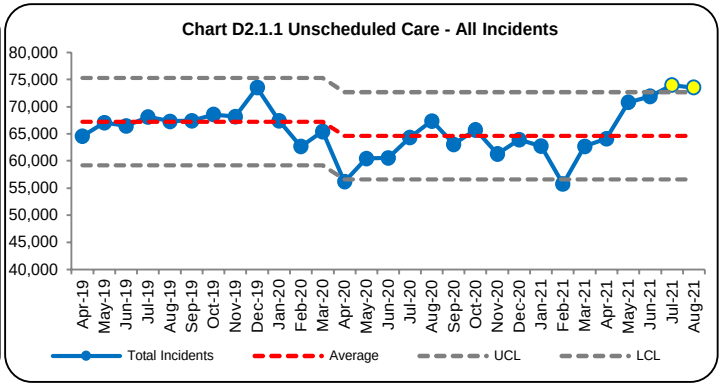
Rule 3: Too few or too many runs, or crossings, of the median

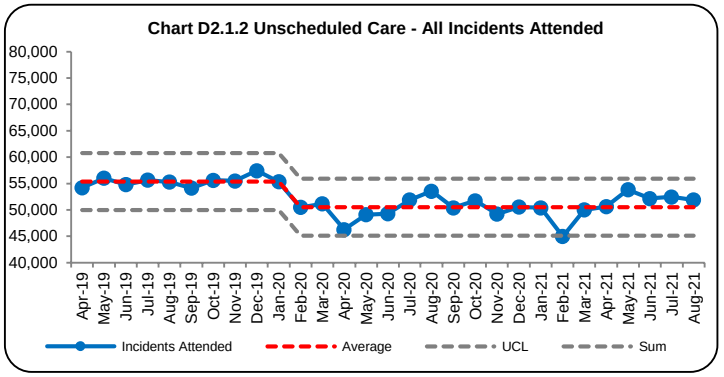
Rule 4: Undeniably large or small data point (astronomical data point)

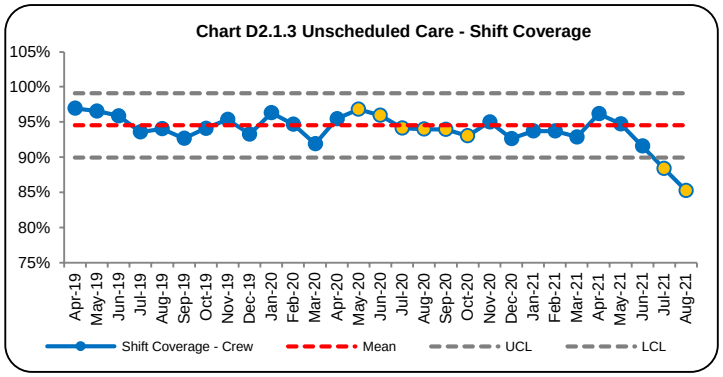
D: Demand Measures

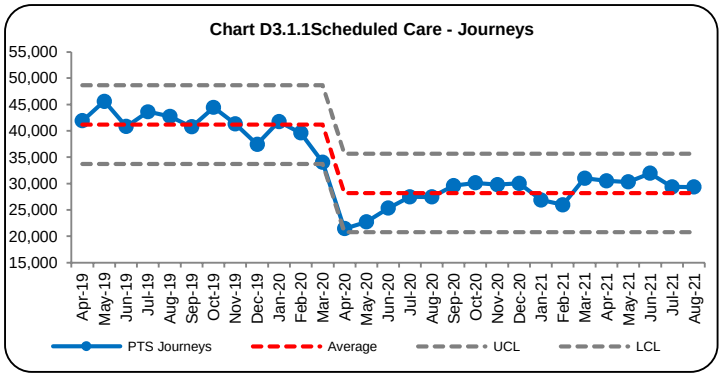












What is the data telling us?

Demand across all areas dropped at the start of the pandemic in March 2020, from then demand increased month on month before decreasing again as stricter restrictions were introduced on 26 December. Since the easing of the most recent lockdown restrictions at the start of May 2021 unscheduled demand has increased to pre-pandemic levels with total calls in July (119,396) and August (113,552) out with the control levels and reaching an unprecedented volume. Total Incidents in July (73,956) and August (73,519) are out with control levels and similar to the pre-pandemic high level of December 2019 (73,551). Scheduled demand in 2021 remains lower than previous years.

Why? The rescheduling of services in the wider healthcare sector due to the pandemic, alongside the widespread adoption of near me virtual consultations, has been the main driver behind the drop in scheduled care activity. The requirement for physical distancing has reduced the Service's capacity and unfortunately, cancellations have risen as a result, however the move from 19th July to 1m physical distancing will help reduce this pressure.

At the start of the pandemic unscheduled demand dropped across most key conditions (e.g. falls), however, notably demand related to mental health issues increased. From April to August 2020, during the first COVID-19 lockdown, the Service reported a significant increase in the number of mental health attended incidents compared to the same period in 2019. During that period, mental health incidents averaged at 2,355 incidents per month, a 19.7% increase in the same period in 2019. Since August 2020 we have seen a reduction in the number of mental health incidents attended with figures returning to what was reported in the same period in 2019.

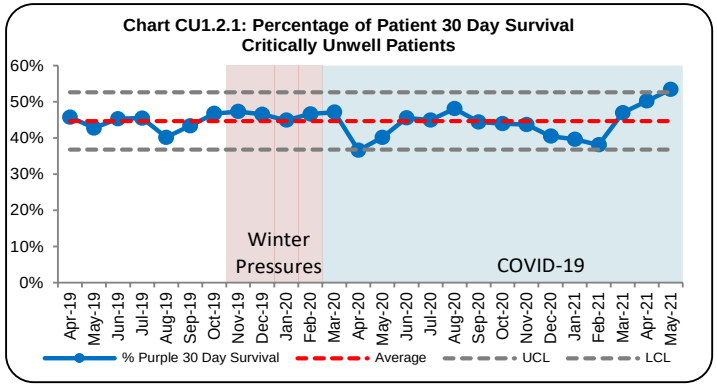
Accident and Emergency shift coverage in July and August 2021 was below the lower control limit at 88.4% and 85.2% caused by increased Covid related absence. Utilisation rates nationally of Accident and Emergency staff in July and August were 64.9% and 64.0%. Best practice for UK ambulance services is no more than 55% utilisation and the higher rates in July and August reflect the increased demand and reduced capacity.

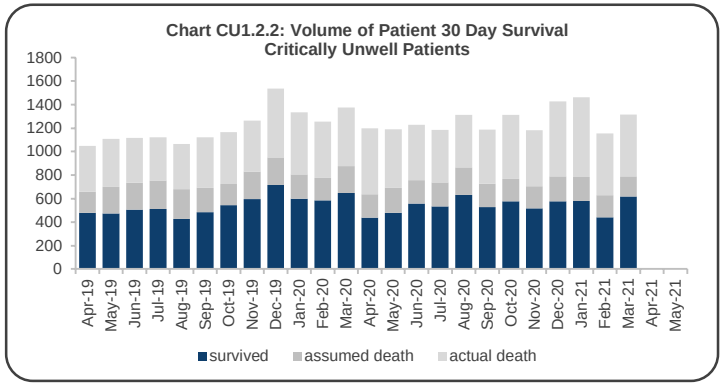
What are we doing to further improve and by when? –
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts, are regularly updated based on intelligence of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

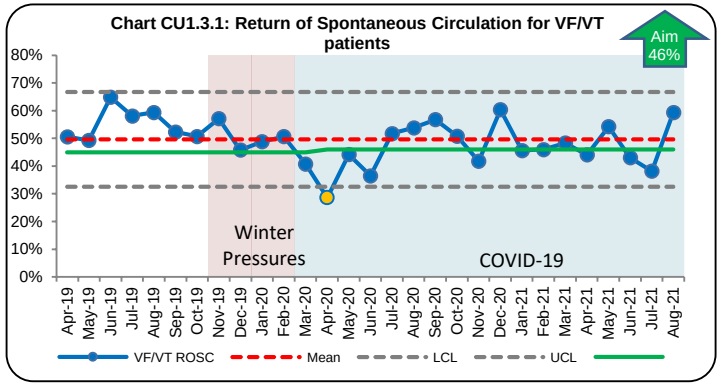
As part of our remobilisation plans we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. These are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

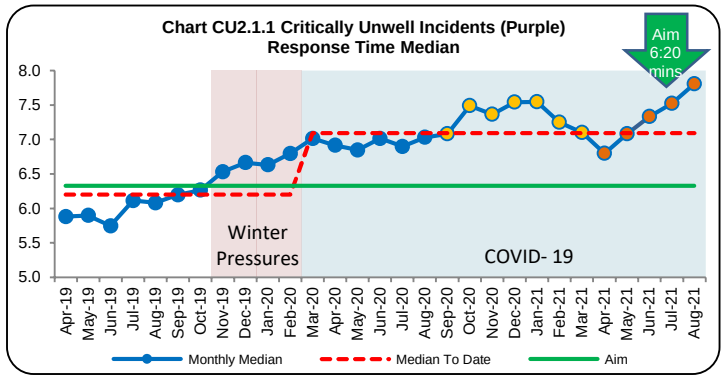
Our work to support staff health and wellbeing and increase resourcing is explained later in the paper, both of which will improve shift coverage and utilisation rates.

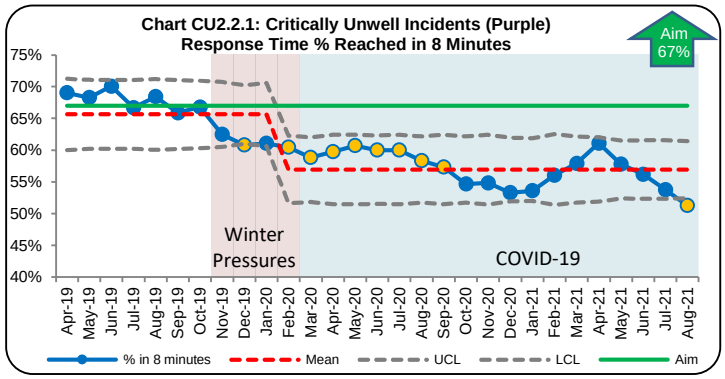
Purple Response Category: Critically Unwell Patients

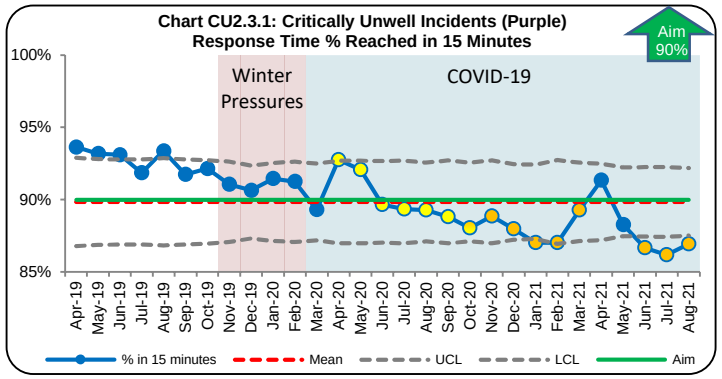












What is the data telling us?

Purple Category 30-day survival data is collated three months in arrears in order to validate the figures. Chart CU1.2.1 illustrates that the 30 day survival rate for these patients has shown a month on month improvement with the data at end May 2021 sitting slightly above the upper control limit at 53.4%. This will continue to be monitored closely to allow us to better understand any influencing factors.

Out of Hospital Cardiac Arrest (OHCA) - Chart CU1.3.1 illustrates the Return of Spontaneous Circulation (ROSC) for VF/VT patients and it is noted that the percentage of patients where ROSC was achieved has increased during this reporting period. As experienced throughout the pandemic, there continues to be significant challenges in carrying out Advanced Life Support in line with current infection control guidance.

The revised Out of Hospital Cardiac Arrest (OHCA) Strategy published earlier in 2021 is now being progressed through a number of workstreams and these include working with our Ambulance Control Centre to identify and improve opportunities for telephone CPR, ongoing training and support for ambulance clinicians and developing our approach to improved end of life care.

Each subgroup has both internal and external stakeholders, and early work is already happening at pace to re-focus the OHCA recovery and improvement work. These include:

- The development of a measurement framework containing both high level and process measures
- Further roll-out of 3RU teams in Ayrshire, Arran and west SORT
- Completed the transition and expansion of our mechanical CPR capability.
- Developed a project plan for the wider spread use of GoodSAM, including working with our Save A Life for Scotland partners
- Re-activated Cardiac Responders in Grampian and continuing to train and reactivate our First Responders
- Expand the Police Scotland roads policing to now respond in Tayside as well as Highland and Grampian
- Have set up early engagement with ProQA to identify opportunities to better understand the telephone CPR data and so identify any areas for improvement
- Working with the British Heart Foundation to further enhance the Service's use of the Circuit, which is a public access defibrillator database.

As part of this programme we also continue to work in collaboration with a number of high-profile research projects, both nationally and internationally, aimed at improving survival for OHCA.

Purple Median Times

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

Work is ongoing around four priority areas - Reducing the number of Accident and emergency unit dispatches (through advanced paramedic triage, alternative pathways of care, flow navigation centres, specialist response vehicles for mental health and accessing mental health assessment centres). Reduce service time (through auto-allocation, new static sites for ambulances, reducing hospital turnaround times and timely access to professional-to-professional support). Reduce unavailable time (through make ready, equipment, cleaning vehicles, welfare packs at Hospital) and to increase ambulance resources (demand and capacity programme).

We are increasing ambulance resources and implementing new rosters through the demand and capacity programme. This includes 296 additional funded ambulance staff by April 2022, additional ambulances, paramedic response units and advanced practitioners.

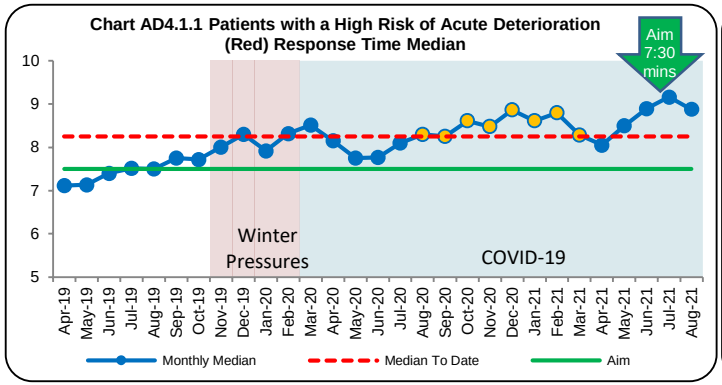
We are focused on working to maximise shift coverage, support abstractions for paramedic training and manage sickness absence levels.

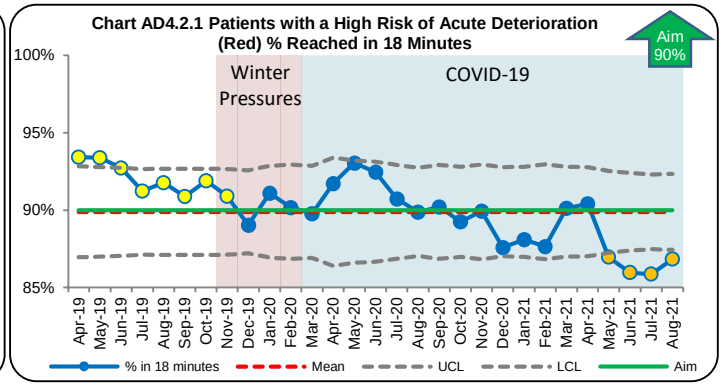
Community first responders and cardiac responders continue to play a valued role in responding to immediately life threatening calls across Scotland.

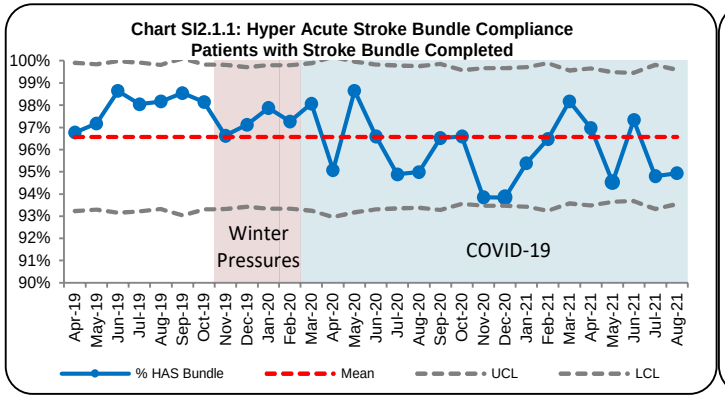
We are continuing to see extended hospital turnaround times (HTAT) in many hospital sites. This remains an area of significant concern. Extended HTATs are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs.

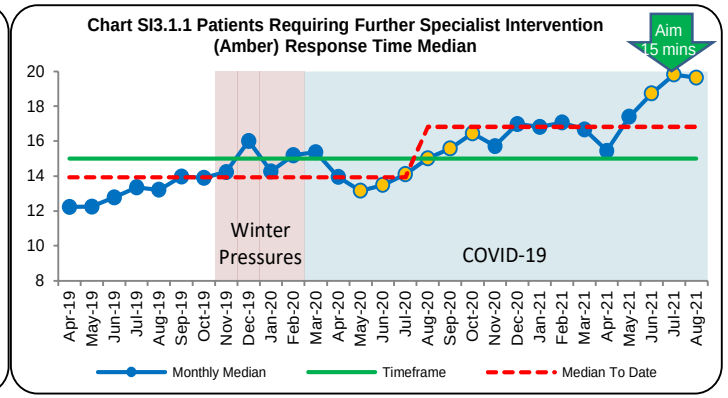
Health Boards have been asked by Scottish Government for action to support flow and reduce ambulance handover delays. Work to optimise and influence processes that will directly impact response times remains a focus for the Service and updates on progress will continue to be reflected within future Board reports.

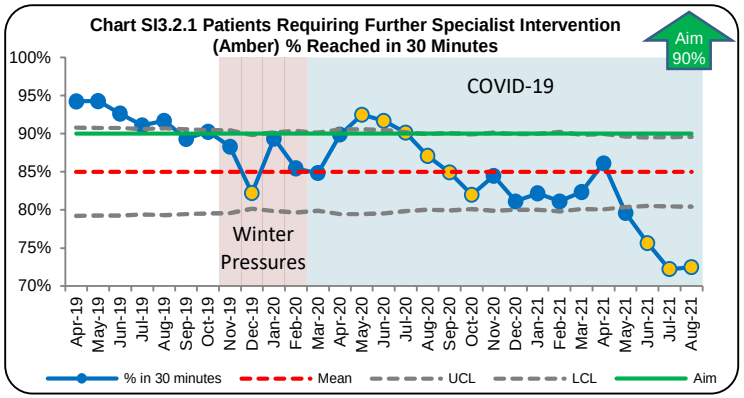
Red and Amber Response Categories











What is the data telling us?

As with the purple category, the median response to red and amber calls has been increasing over time (charts AD4.1.1 and SI 3.1.1). The percentage of these calls reached within 18 minutes (red) and 30 minutes (amber) has moved below the lower control limit in recent months.

There is variability relating to our application of the 'stroke bundle', however we continue to work closely with colleagues to support the application of the stroke bundle where possible.

Why?

Demand in the amber category has risen substantially in recent months; in August 2021 it was 16.8% higher than the same month in 2020 and 53.0% higher than August 2019.

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

What are we doing and by when?

On 30 August 2021, the West of Scotland and South East of Scotland Trauma Networks went live which means that the whole of the Scottish Trauma Network (STN) is now live. The Service has played a key role in the development of the STN. The network is designed to deliver equitable, consistent, high quality and well-governed critical care to the most seriously injured patients.

The service is a fundamental part of the STN being involved in the initial identification and coordination of major trauma through our dedicated Trauma Desk, the delivery pre-hospital major trauma care, the repatriation of trauma patients and mass casualty planning. With the network now live, our focus will change towards data collation and measurement to ensure that our response to, and management of, major trauma remains effective and continues to develop positively. This will include reporting on the work of the Trauma Desk, the use of the adult and paediatric Major Trauma Triage Tools and other major trauma related clinical measurements.

Our Advanced Practice Critical Care programme is progressing with three teams of Advanced Practitioners in Critical Care (APCC) active across Scotland. They are able to provide advanced levels of clinical care to the sickest patients, whether that be from major trauma or medical illness. Whilst the initial focus has been on implementation, we are now at the early stages of measuring the impact of our APCCs on patient care.

Supporting our front-line colleagues is a key part of our major trauma work and by utilising technology such as MS Teams, we now have regular planned CPD sessions covering a wide range of trauma related subjects. Further to this, we now have trauma follow up processes running in three of Scotland's Major Trauma Centres, with plans to increase this to the fourth Major Trauma Centre in the near future.

The Service continues to work closely with the Government's National Thrombectomy Advisory Group to support the development of the national thrombectomy service across the country.

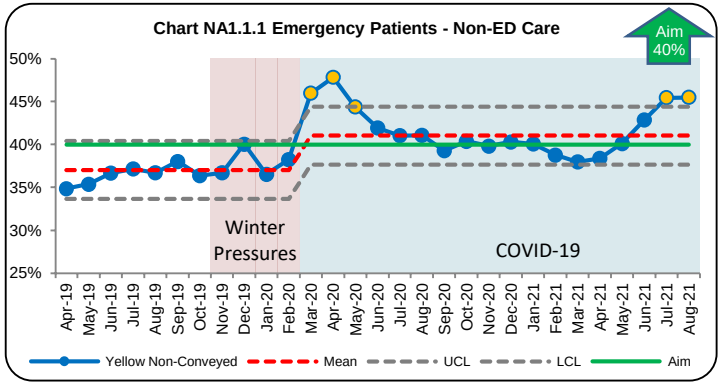
The Service is responsible for the safe and effective transport of patients deemed suitable for thrombectomy from all spoke hospitals to the three regional hubs in line with the phased delivery of thrombectomy adopted by each of the centres in the East, North and West of the country.

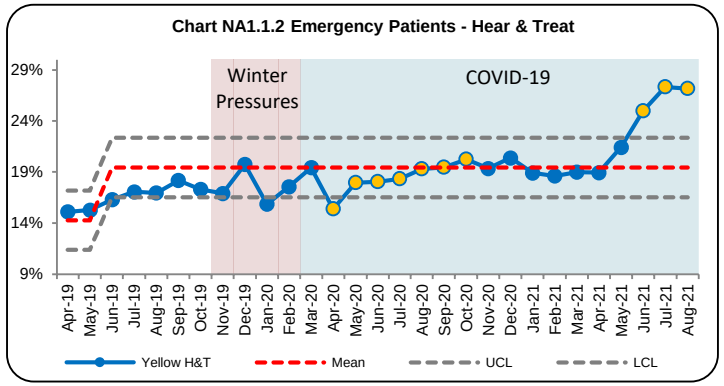
The anticipated ‘go-live’ dates for phase 1 for each of the hubs sites is planned between September 2021 and January 2022. We will continue to deliver our important role in this work through collaboration with partner agencies and Boards to with the aim of establishing an equitable and accessible thrombectomy service 24 hours a day, 7 days per week across the country.

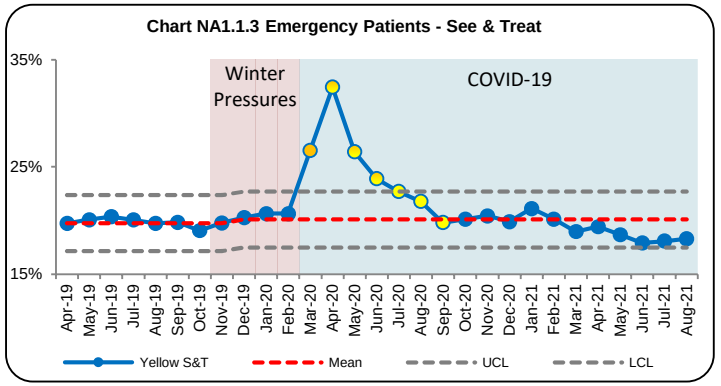
This integrated approach to deliver complex pathway and process changes with our health board partners will see the Service implement changes in the way in which we respond to suspected stroke emergency calls with a far greater emphasis on Professional-to-Professional support from health board partners.

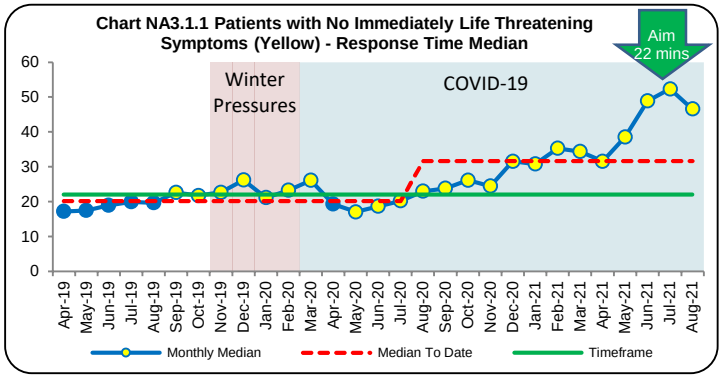
As we operationalise our thrombectomy service, workstreams focussing on the education of existing staff alongside new and incoming staff will be a priority focus to ensure there is a firm understanding and commitment to improve pre-hospital stroke services, including reducing on-scene times where practical and improving first point of contact triage within our Ambulance Control Centres. We are developing a suite of outcome and process measures that will guide and assess the impact of these actions.

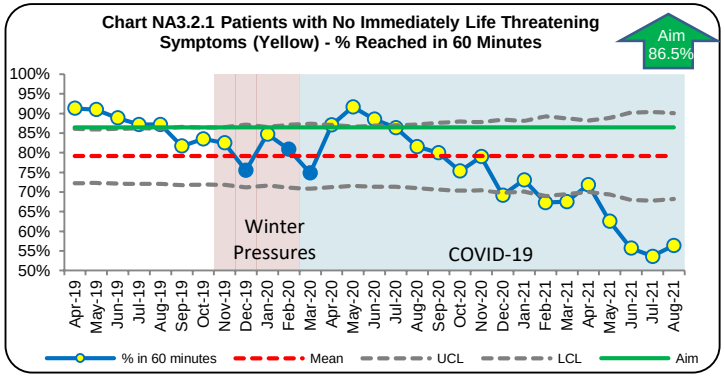
Yellow Response Category: Emergency Patients with no Life Threatening Symptoms











What is the data telling us –

Chart NA1.1.1 provides an overview of our response to emergency patients and was static in the six months from August 2020 sitting around the aim of 40% of this group of patients not conveyed to hospital. In the most recent 4 months, this has exceeded the aim. The overall picture of patients being cared for out with the ED remains on target and the aim is to strengthen this through the work linked to the Redesign of Urgent Care, with the aim of ensuring that patients receive the most appropriate care which may be closer to home.

Chart NA1.1.2 illustrates that the number of patients who are provided with the relevant care and advice over the phone and augmented by video link consultation without the need for an ambulance to be dispatched has increased month on month from April to October 2020. From October 2020, performance has fluctuated slightly between the mean and the upper control limit before increasing to above the upper control limit between June and August 2021.

Chart NA1.1.3 details the number of patients who are discharged following face-to-face assessment and remains within the control limits at 18.3%.

The response time median to yellow incidents (Chart NA 3.1.1) displays a statistical signal of 8 points above the median. A range of pressures in the system has affected this including increased service time, extended hospital turnaround times, an increase in emergency demand, abstractions through test and protect, shift cover and an increase in sickness absence. A range of interventions to mitigate delays are being reviewed and from a clinical safety perspective our safety netting interventions to detect any clinical deterioration remain in place. Refinement in Advanced Paramedic processes includes additional code sets for consultation, which will augment the established pathways for this group of patients.

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

What are we doing and by when –

The Service continues to work closely with Scottish Government and other Health Board partners with the national focus on Unscheduled and Urgent Care. There are three pillars to this work as detailed below:

- The Redesign of Urgent Care (RUC) – aimed at "**reducing attendances**" has now moved into Phase 2 with the Service having its own workstream. The national oversight group met for the first time in August and has representation from across the Service and all NHS Boards,
- The key aims of this work include:
  - Direct access for the Service's clinicians to Flow Navigation Centres for referral, scheduling and professional to professional advice.
  - Access to Primary Care Services and Community Pathways
  - Digitally enabled developments
  - Improved scheduling of GP timed admissions

    - Collaborate across the other key strategies including Mental Health, Community Pharmacy, Primary Care, Musculoskeletal.
- The second pillar of the work is '**Interface Care**' aimed at "Reducing Admissions". This is a relatively new initiative with senior representation nationally.
- As part of the Interface Care group we are supporting work on models of service and data/coding.
- A further element of this work is '**Optimising Flow'** and we are developing a programme of work designed to deliver the key aims of this workstream with a number of tests of change underway working collaboratively with hospital sites. This includes a focus on supporting patient flow through reducing delays to discharges.
- The ability to refer people to pathways, often within their own communities, that can best meet their needs remains a key priority for the Service working with Integrated Joint Boards and Health and Social Care partnerships.

Our Contribution to Improving Population Health
Drug Harm Reduction
As part of the Service's contribution to improving the health and wellbeing of Scotland's population, we continue to work closely with Scotland's Drug Death Taskforce.

A recently released report Drug-related deaths in Scotland in 2020, Report (nrscotland.gov.uk) states that in 2020 there were 1339 deaths in Scotland related to drug use. This is an increase of 5% on the year before and continues to be the highest rate in Europe. Our drug harm reduction objective related to the Service's contribution to the national naloxone programme continues to become established with 65% of all ambulance clinicians now trained to supply take home naloxone. In total, 493 kits have now been supplied since the start of the pilot in 2020.

We continue to see our links with Alcohol and Drug Partnerships (ADPs) grow and are able to observe the impact of this through feedback from patients who have been successfully connected with these services following treatment by Service clinicians.

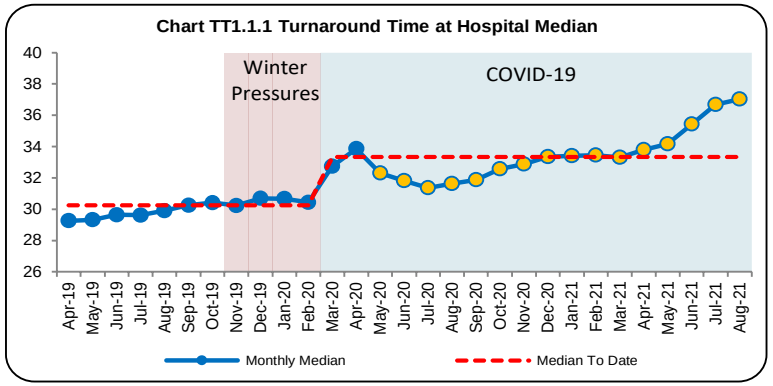
Mobile Vaccinations
Following approval of the Service's Mobile Vaccination business case by Scottish Government earlier this year we have continued to work closely with a number of Boards to support vaccine delivery across a range of settings with a focus on "hard to reach" communities.

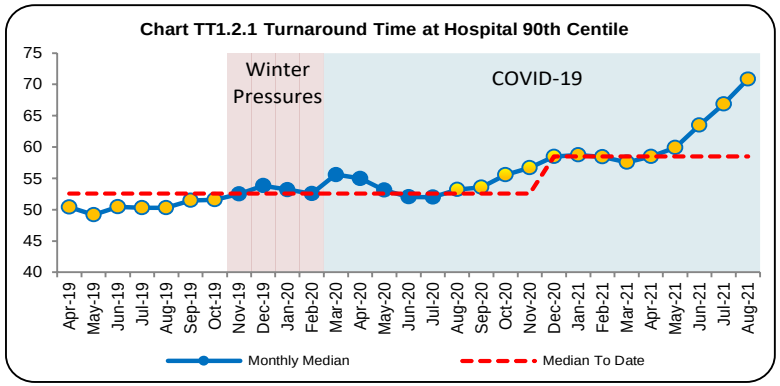
We continue to establish our operational delivery model aligned and supported by the Mobile Testing Unit function. We are planning the delivery of vaccinations for a number of Boards and there is ongoing engagement across Scotland to successfully support this work as we into autumn and winter.

Clinical Support to COP 26
Clinical preparations are well underway for COP26 with the Service providing the emergency medical cover for the largest event in the UK in recent history. This will include primary care, specialist paramedics from SORT teams, augmented business as usual resources, advanced critical care paramedics, ACC support and additional critical care teams. The integration of prehospital assets from across the country has been facilitated by the recent emphasis on interoperability and national co-ordination of the Service's response to larger and more complex incidents. The Major Incident

with Mass Casualties Plan has been reviewed and updated to ensure readiness for the event.

TT: Turnaround Time at Hospital





What is the data telling us? – Both median and 90th centile turnaround times are reporting at levels significantly higher than have been seen historically. An increase in median turnaround 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.

Between April 2019 and August 2021 the median turnaround time increased from 29 minutes 16 seconds to 37 minutes 2 seconds.

In August 2021, the additional time crews spent at hospital (time over 30 minutes per patient conveyed) came to a national total of 7,339 hours, 94% of lost hours occurred in the following 5 boards - Greater Glasgow & Clyde (3,176 hours), Lanarkshire (1,279 hours), Ayrshire and Arran (871 hours), Lothian (808 hours) and Grampian (781 hours). This is a contributory factor to the previous narrative relating to response times and remains an area of significant concern.

Why? – Hospital Turnaround Times for Ambulance Crews have been compounded by the strict infection prevention and control measures that hospitals have had to put in place due to the COVID-19 pandemic, and as restrictions have eased, hospitals operating at or near full capacity. The situation 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? –

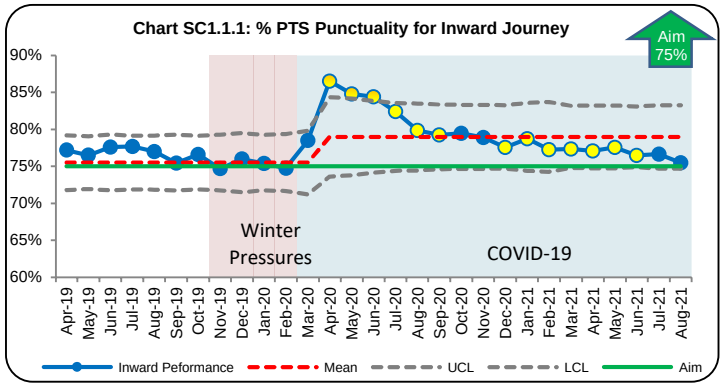
Hospital Ambulance Liaison Officers (HALOs) continue to be deployed at the busiest hospital sites to ensure we are fully

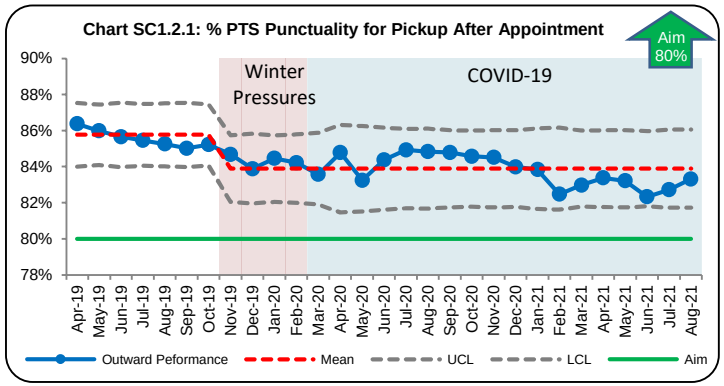
integrated in support of whole system hospital flow. HALOs are supported by managers.

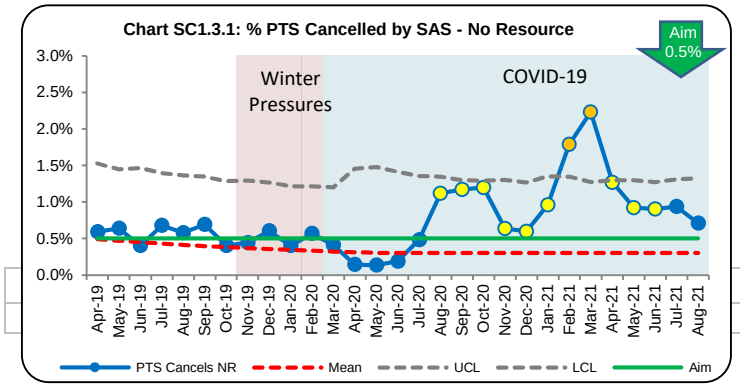
Other specific actions include:

- Monthly meetings chaired by the Service's Medical Director continue with representation from SG and Health Boards. A joint review of escalation plans and how these are implemented at hospital sites being reviewed and updated.
- Increase use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into ED and the Hospital helping with managing flow.
- All efforts re safe alternative measures to ED admission described earlier in terms of the Redesign of Urgent Care programme.
- 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.
- Appointment of a further 11 HALOs

SC: Scheduled Care







What is the data telling us? – Chart D3.1.1 shows that Scheduled Care journeys have remained stable during July and August 2021. Although approaching the lower control limit, punctuality for inward appointments remains within control limits and at the aim of 75.5%.

Punctuality after appointment remains within normal control limits at 83.3% in August 2021, above the aim of 80%.

The percentage of PTS cancelled by the Service in the "No Resource" category shows an improving position and was 0.7% during August 2021.

Why? – In line with COVID-19 guidance and physical distancing measures, we have moved from one to two patients on each patient transport ambulance where it is clinically appropriate to do so. This has helped to increase capacity; however, COVID-19 infection control measures remain in place, increasing the overall service time for each journey.

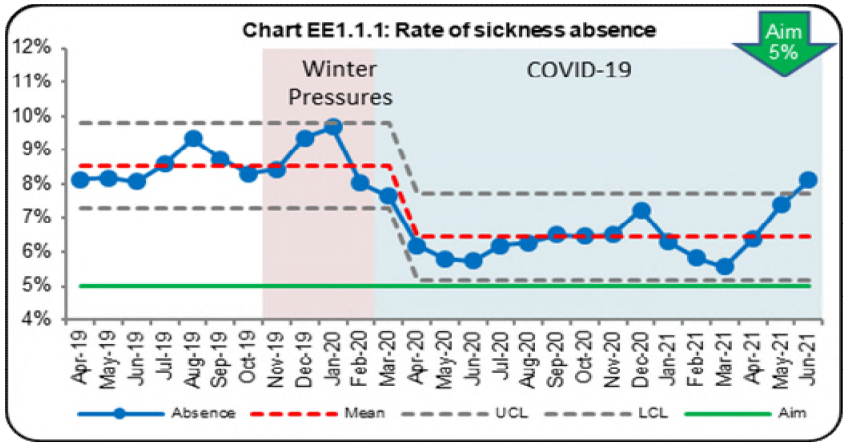
What are we doing and by when? –

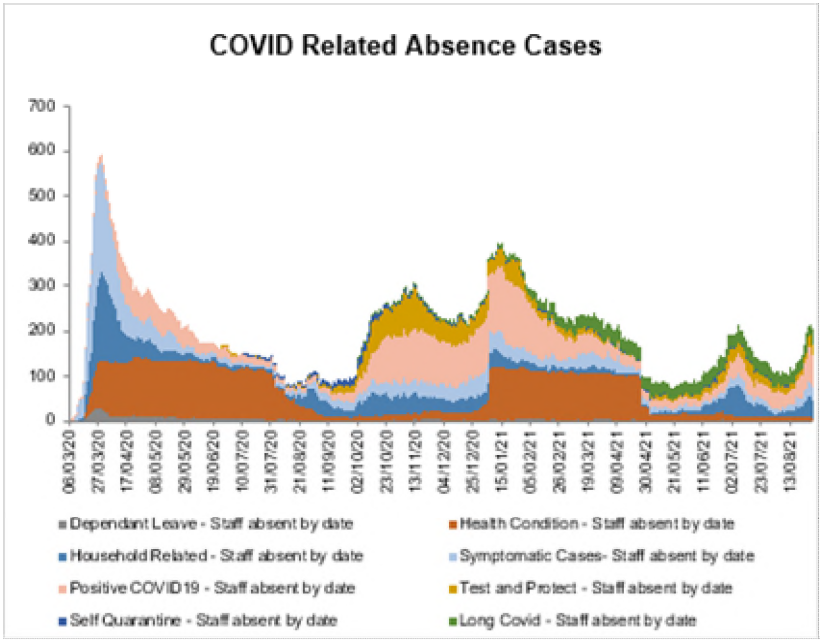
We are continuing to review patient cancellation codes looking at the trends and responding with mitigating actions.

We are also working with Boards and transport providers to identify alternative transport options for patients who do not require ambulance care and transport.

SE: Staff Experience

Sickness Absence





What is the data telling us? – The non COVID-19 Sickness Absence level as at June 2021 stood at 8.12% an increase in the rate for the same period in June 2020 when it was 5.74%.

For internal management information purposes and in line with Scottish Government advice we are recording COVID-19 related absences separately. To align with the reporting requirement from Scottish Government, our COVID-19 related absences, are recorded by the number of staff and not as a percentage of shift coverage hours lost. These were at a peak level of 13.2% in week commencing 23 March 2020. For the week ending 29th August 2021 the percentage of COVID-19 absences cases across the Service was 5.31%. Observations of the national weekly charts shows that the majority of cases result from four distinct categories; positive cases, those displaying symptoms, test and protect cases, and Household related cases.

Why? –Those displaying symptoms increased from 37 cases to 46. The percentage of absence for staff displaying symptoms increased from 40 to 44 with staff absent increasing as a result from 0.63% to 0.7%. From the national weekly charts, we can see that positive cases and household related cases are showing similar patterns, with an improved over the pandemic response period, but as the COVID-19 related absence decreased, the sickness absence rate has continued to rise. More recent COVID-19 absence, has also shown an increasing trend largely due to the impact of contact tracing and Test & Protect. Shielding arrangements ended on 26 April 2021 and a significant number of shielding staff have now returned to their normal duties, which has helped with some of the current operational pressures.

What are we doing and by when? - Over the last few months with the resurgence in COVID-19 activity, our managers have been dealing with a wide range of attendance issues mostly, but not exclusively, related to COVID-19. These have involved undertaking regular welfare checks with staff, managing short and long-term abstractions and undertaking detailed risk assessments for staff with long-term underlying medical conditions.

However, due to the upward trajectory in abstraction levels across all areas of the Service, some immediate interventions are required to stabilise the level of current abstractions and begin to align this more closely to the national target of 5%. The focus has therefore now shifted back to addressing normal sickness absence, and to maintain significant vigilance around the abstraction levels by making the appropriate interventions as necessary.

The Regional and National HR teams are committed to proactively supporting front line managers to address high abstraction levels in their area. The HR & ER team has been allocated additional temporary resources specifically to make significant inroads into reducing the abstraction rate in the ACCs as well as across the Service more generally.

Every possible consideration is being given to returning staff to their duties as soon as possible and this has been assisted by the recent publication of amended national guidance in regard to staff who are self- isolating because they are COVID-19 close contacts. From the 9th August 2021, all Health and Social Care staff contacted through the Test and Protect system no longer need to isolate if they are double vaccinated (with the 2nd dose of COVID-19 vaccine at least two weeks prior to exposure to the case), have no COVID-19 cardinal symptoms (i.e. a new continuous cough or high temperature of 37.8 or above or a loss of, or change in, normal sense of taste or smell) and return a negative PCR test taken after exposure to the case.

The number of staff who remain shielding is now also significantly lower and only affects those staff with a specific underlying medical condition.

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

The Service's Health and Wellbeing Strategy sets out a wide range of actions and programmes aimed at supporting staff and managers to look after their mental and physical wellbeing, recognising the unique stresses of the emergency responder role.

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

We receive daily reporting on COVID-19 related absence, that covers the following:

- COVID-19 positive cases
- Self-Isolating Household related cases
- Self-Isolating Displaying Symptoms cases
- COVID-19 related Dependant leave cases
- Self-Isolating Health Condition cases
- Self-Isolating Test & Protect cases

- Self-Isolating Quarantine cases.
- Absence due to Long Covid
- Staff who suffer an adverse reaction following COVID-19 vaccination.

These reports are broken down into daily and weekly charts covering all operational regions and sub regions and National operations.

We will continue to assess attendance management handling arrangements, taking national direction as appropriate in a fast-changing situation.

E1.2 Employee Experience

Maintaining a positive staff experience in the current pandemic is proving challenging, particularly for frontline staff who are being significantly affected by long turnaround times at hospitals, resulting in shift overruns and missed rest breaks. This in combination with reduced workforce cover due to staff abstractions that is contributing to staff fatigue and low morale. The Service is actioning a wide range of short and long term measures in line with the Health & Wellbeing Strategy, including the provision of meals and refreshments at the most hard pressed A&E sites and the establishment of a Rest Break Improvement Group in partnership with our National Convenors. An action plan is being implemented including a Test of Change for the introduction of a clinically safe cut off point after 6 hours on shift.

What are we doing and by when?

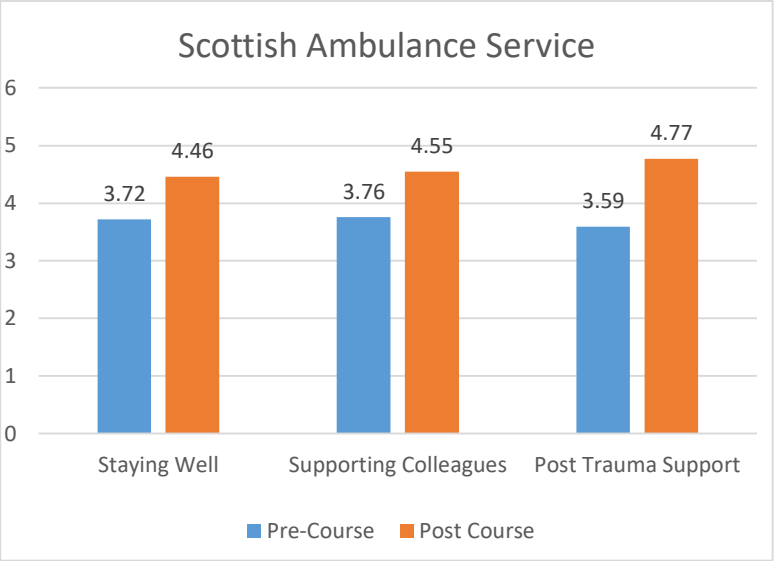
The iMatter staff experience survey cycle commenced with the team confirmation phase on 2-27th August and the three-week live survey from 30th August to 20th September. Our response rate has improved to over 61% despite the significant pressures.

The deliveries of outdoor furniture are continuing across the Service consisting of picnic tables and benches. These have been very well received to date with staff sending in pictures of these in use.

We have received £500,000 from Scottish Government to support the delivery of the Health & Wellbeing Strategy. An initial meeting has been held with the Scottish Government to discuss the detail with a further meeting planned to put some of the requested support in place.

We have reviewed our Health & Wellbeing Roadmap for 2021/22 to ensure it remains fit for purpose given the continued increased demand and pressures on the Service. A significant addition to the plan is regarding developing our own suicide prevention framework. There are a number of resources available and we want to ensure that we are providing evidenced based best practice that meets the needs and requirements of our staff. We have had an initial productive meeting with the Chair of the National Suicide Prevention Leadership Group and Scottish Government colleagues to help enable this work to progress.

We have commenced a Wellbeing Roadtrip visiting various sites across the Service to raise awareness of wellbeing resources and seek staff views and feedback regarding wellbeing provision and what else needs to be put in place. Visits have been made to North, East & West Ambulance Control Centres, East SORT, Fife & Tayside (stations, Fleet & A&E departments) plus Inverness Station. Visits will continue around the country with key points collated that will inform further health & wellbeing provision.



The graph above shows the evaluative data captured pre and post course by Lifelines for all three programmes they are delivering. The graph shows the mean scores for each programme on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree) from knowledge and understanding questions based on learning outcomes asked before and after each session. This is to explore the immediate impact of learning and will be repeated at a 3-month follow up. Higher mean scores are evident for knowledge and understanding post-course, but it is also of note that attendees show a good level of existing knowledge and understanding pre-course.

We are beginning to explore with Lifelines what and how we can measure and evaluate the impact of Lifelines over time. Lifelines have compiled some initial evaluation questions, assisted by a colleague from Public Health Scotland and this work will be progressed through the Lifelines Advisory Group.

We are continuing to host weekly staff engagement sessions that are well attended, on a range of topics with an opportunity for staff to feedback their ideas or suggestions on issues that affect them. In addition, we feature staff health & wellbeing in weekly communications and bulletins whilst promoting national campaigns and signposting to wellbeing help and resources.

Workforce Development

Employee Resourcing

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

Status – Plans are in place to deliver 2021-22 workforce requirements although adjustments have been (and will continue to be made) to respond to the challenges as identified below.

Improvement – We are on track to deliver the 21/22 workforce plan and are actively pursuing opportunities to go beyond our initial aims given the system challenges, with support from Scottish Government.

Planned Activities Include – The recruitment team will continue to liaise with regional workforce leads to deliver workforce intake targets. The allocation of places for VQ Ambulance Technician and Ambulance Care Assistant roles continues in line with Regional workforce plan requirements.

Other Considerations - Resourcing model developments will support continuing target delivery over the next three years as we transition from our Academy training to the new Educational Model to align with the introduction of degree level qualification requirements for HCPC registration in 2021. This will build on the external pipeline, which was expanded in 2017 with commencement of the first full-time degree programme in Scotland (first graduates in 2020).This work continues with the transition to support for NQP's.

We continue to be actively engaged as one of the 6 Boards in the East Region Recruitment Transformation Programme Board. Part of the strategic proposal was the implementation of the National Recruitment IT system, Jobtrain, that went live in December 2019. Core Scottish Government funding is in place for Jobtrain until the year 2022/2023. In December 2020 the host board was identified as Lothian and we are now working with the other Health Boards, in the consortia, to agree a Service Level Agreement and arrangements for staff transfer later in the summer.

We are also exploring opportunities to develop a multi-professional workforce and transition requirements are being explored to a pre-hospital clinical setting, this work is at an early stage.

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

Employee Development

Aim - To ensure a capable workforce with the skills and knowledge to deliver a high quality service now and in the future.

Status – Planning and implementation of revised timetable of activities due to COVID-19.

Improvement – Transition of numerous learning administration/management systems to a single learning management system, which will deliver learning and development interventions that support individual personal development and Service strategic learning needs analysis is the focus for improvement.

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

Enabling Technology

1. Emergency Service Network (ESN) Programme

The Scottish Government considered the responses from all three Emergency Services to the revised ESN Full Business Case (FBC) and then formally responded to the Programme to inform them they were not in a position to approve it due to the number of outstanding issues and uncertainties. After further discussions and programme Board approval, the FBC was subsequently approved, by the UK Government's Major Projects Review Group. The FBC has a transition window for all GB emergency services to migrate to ESN between 2024 and 2026. Since the release of the FBC, further issues and delays have been experienced by the programme and detailed plans expected in July are now not due until October 2021. The Home Office programme team is now actively looking at alternatives to delivery, including replacing key suppliers.
The Service continues to participate in a wide variety of user groups and working groups at Scottish and GB level. Staff are also reviewing the Service's programme structure and governance arrangements. Ten 'fit and forget' coverage assurance devices have been installed in ambulances that will enable us to assess the coverage quality of the network and highlight any areas of concern. In building coverage surveys have also taken place, as has initial testing of in-building coverage boosters.

2. Integrated Communications Control System

The project to provide an ESN compatible Integrated Communications Control System (ICCS) has been in reset since July. The ARP team have been working with the supplier to resolve issues that prevented the Service from progressing with the project. They are also agreeing a new rollout schedule to account for the delays. The Service have maintained a request to be early adopters to limit any risks that arise by continuing with our current DS2000 ICCS. While dates have not been confirmed, indications are that it will be March 2022 at the earliest before we can go-live with the new ICCS. Where feasible, work has continued to prepare for the implementation, including upgrading network links.

3. Digital Workplace Project (DWP)

The Digital Workplace Project Team have now completed the assignment of the new Microsoft 365 licencing model to all Service staff. The Service's proposed move to OneDrive storage has been held up due to a security issue that needs to be resolved in the national NHS Scotland M365 tenancy. The plan expected from the national team to resolve this has not been forthcoming; however, the Service team have found a local workaround that can be used in the interim. This is currently being tested. The plan for migration to the new SharePoint has also been held up due to delays at the national level. Once we have the final national plan, we will be able to finalise local plans. Phase 2 of the DWP is focused on reaping the benefits offered by M365. Scoping work has begun and engagement with interested parties across the organisation has taken place to identify potential areas where M365 can be utilised to improve processes and working practices. Staff engagement sessions have also been held to promote the use of M365.

4. Telephony Upgrade

This is a significant project; it involves upgrading the entire Ambulance Control Centre (ACC) telephony and contact centre platforms as well as the wider non-ACC SAS telephony estate. Rollout to the ACCs and larger regional sites was due to have been completed by June but it has been rescheduled to October. This was due to some technical delays and to better align the rollout with

other projects. October also aligns with BT staff availability. In the meantime, the Team have continued to roll the new solution out to a number of the Service's sites across the country.