**NOT PROTECTIVELY MARKED**

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| **Public Board Meeting** | **26 May 2021**<br>**Item No 05** |

**THIS PAPER IS FOR DISCUSSION**

# BOARD QUALITY INDICATORS PERFORMANCE REPORT

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| **Lead Director**<br>**Author** | Pauline Howie, Chief Executive<br>Executive Directors |
| **Action required** | The Board is asked to **discuss progress** within the Service detailed through this Performance Report: -<br>1. **Discuss** and provide feedback on the format and content of this report.<br>2. **Note** performance against key performance metrics as set out in Remobilisation Plan 3 (RMP 3) standards for the period to end April 2021.<br>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.<br><br>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.<br><br><u>Clinical and Operational Performance</u><br><br>VF/VT Return of Spontaneous Circulation (ROSC) and 30 day survival for critically unwell patients remain stable despite significant system pressures.<br><br>Response times in all categories have been affected by abstractions primarily related to working within a health and care system under significant pressures relating to the COVID-19 pandemic, however as COVID-19 related pressures ease there are signs of improvement.<br><br>40% of patients continue to be cared for in local community based settings, avoiding hospital conveyance where this is the best option for the patient. |

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| | Workforce<br><br>The non COVID-19 sickness absence level reported through SWISS as at March 2021 stood at 5.6%.<br><br>COVID-19 absences at the beginning of May 2021 stood at 2.17%.<br><br>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.<br><br>We continue to work in partnership with staff side representatives with two weekly informal calls to strengthen communications and enhance formal partnership structures. As we move into summer we intend to continue the regular informal dialogue at this level.<br><br>Enabling Technology<br><br>A draft of the Emergency Service Network (ESN) Programme revised Full Business Case (FBC) has been received and a paper seeking board approval for the Service's response to the five FBC assurance questions posed by the Scottish Government to the three emergency services in Scotland is later in the May Board agenda.<br><br>The Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) continues to experience issues with testing and configuration. These have caused further delays as the software providers develop and implement fixes. As the first major ambulance service to implement the new software, the Service is essentially the pilot site for the new system that is being rolled out across all GB ambulance services. As it stands the Service is scheduled to complete rollout in July 2021.<br><br>The Digital Workplace Project are focused on preparing for new licensing model that has been agreed for NHS Scotland with Microsoft by end May 2021. Pending the outcome of this work, staff are scheduled to migrate to the new OneDrive cloud-based storage platform in June.<br><br>The Telephony Replacement Project continues to progress installations across Service sites. It was scheduled to complete the Ambulance Control Centre upgrade work during May 2021. However, a proposal is under consideration to move this back to late June to accommodate a C3 command and control system upgrade during May. |
| **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:<br>1.1 Engage with partners, patients and the public to design and |

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| | co-produce future service.<br>1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people.<br>1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support.<br>2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain.<br>2.4 Develop our mobile Telehealth and diagnostic capability.<br>3.1 Lead a national programme of improvement for out of hospital cardiac arrest.<br>3.2 Improve outcomes for stroke patients.<br>3.4 Develop our education model to provide more comprehensive care at the point of contact.<br>3.5 Offer new role opportunities for our staff within a career framework.<br>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.<br>5.1 Improve our response to patients who are vulnerable in our communities.<br>6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness.<br>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.<br><br>In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient are regularly reviewed and utilised to inform the equality and diversity needs. |

# SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

## Introduction

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

## What's Coming Next

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

Board Data Paper Co-Design

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

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

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

## Performance Charts

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

### Control Charts

Rule 1: A single point outside the control limits

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

Rule 3: Six or more consecutive points increasing or decreasing

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

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

### Run Charts

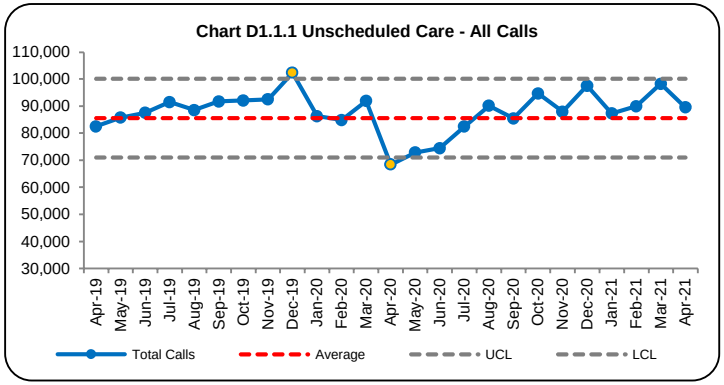
Rule 1: A run of six or more points in a row above or below the median

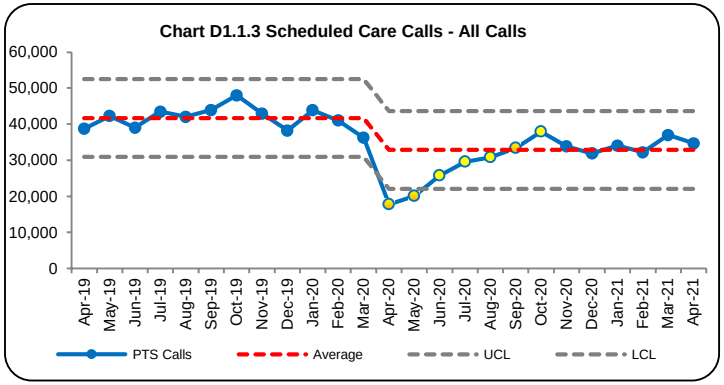
Rule 2: Five or more consecutive points increasing or decreasing

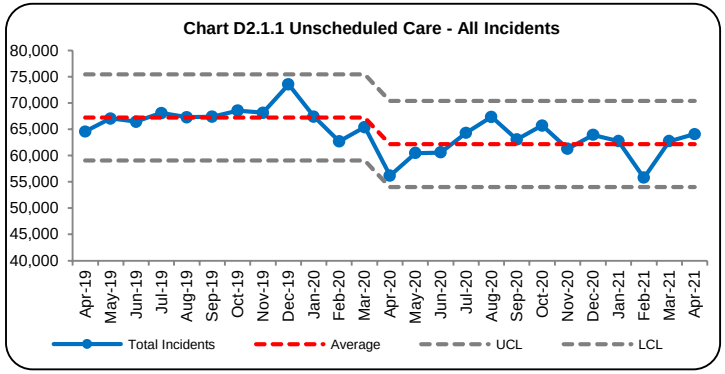
Rule 3: Too few or too many runs, or crossings, of the median

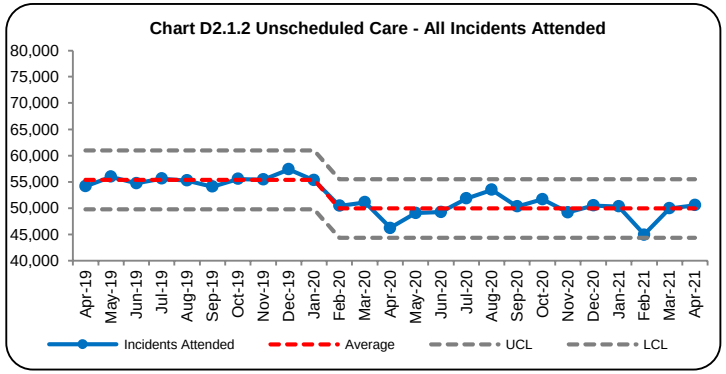
Rule 4: Undeniably large or small data point (astronomical data point)

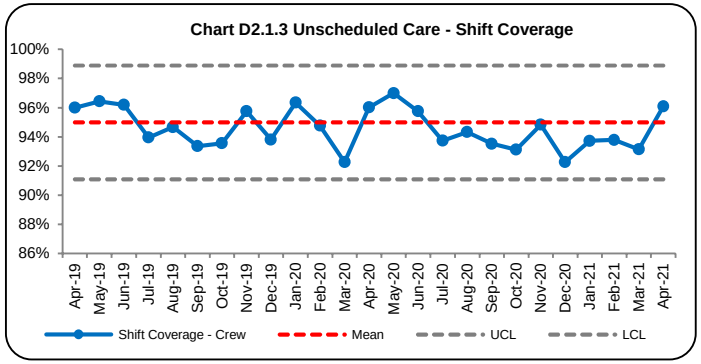
# D: Demand Measures

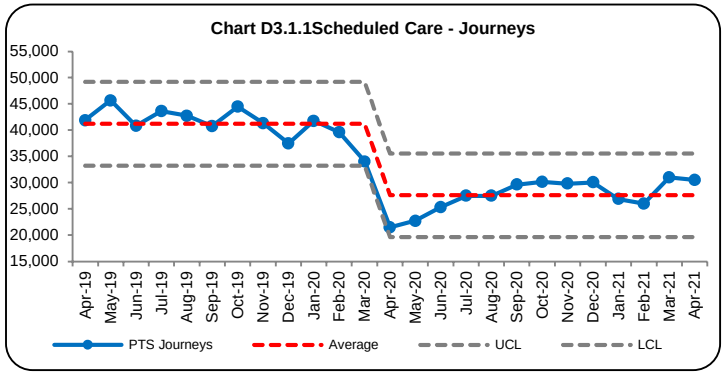


**What is the data telling us?**

Demand across all areas dropped at the start of the pandemic in March 2020 and since then demand has increased month on month before decreasing again as stricter restrictions were introduced on 26 December. Unscheduled and Scheduled demand in 2021 have been 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.

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 however this has increased in March and April, reporting 11.3% higher than March and April 2019.

Since go live on 24 November 2020 until end of April 2021, there have been approximately 456 mental health incidents passed to the mental health hub in NHS 24.

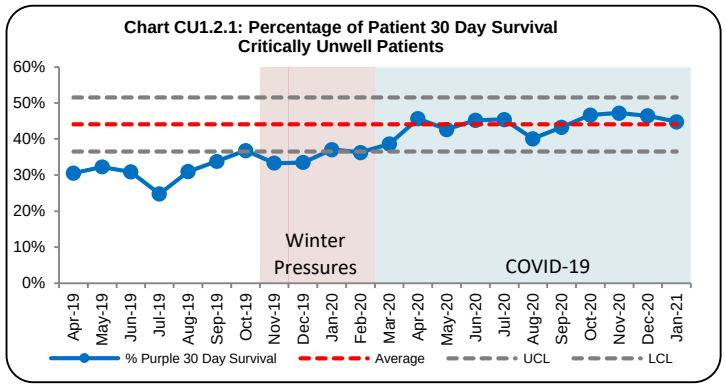
Accident and Emergency shift coverage in April was above the mean at 96.2%. Utilisation rates nationally of Accident and Emergency staff in March and April were both 56.8%; best practice across UK ambulance services is for a maximum of 55% utilisation rates.

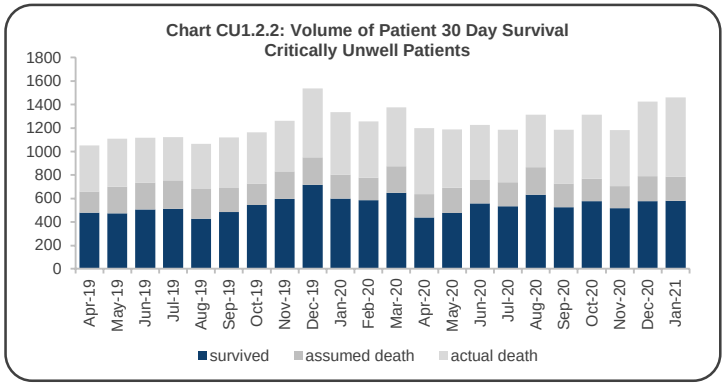
**What are we doing to further improve and by when? –**
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated, based on intelligence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

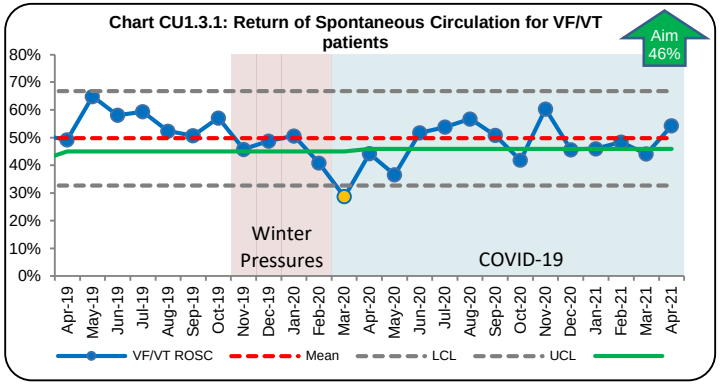
As part of our remobilisation plans we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. These are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

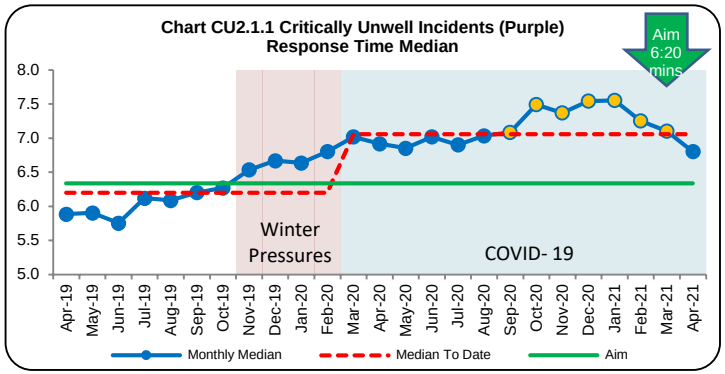
Our work to support staff health and wellbeing and increase resourcing is explained later in the paper, both of which will improve shift coverage and utilisation rates.

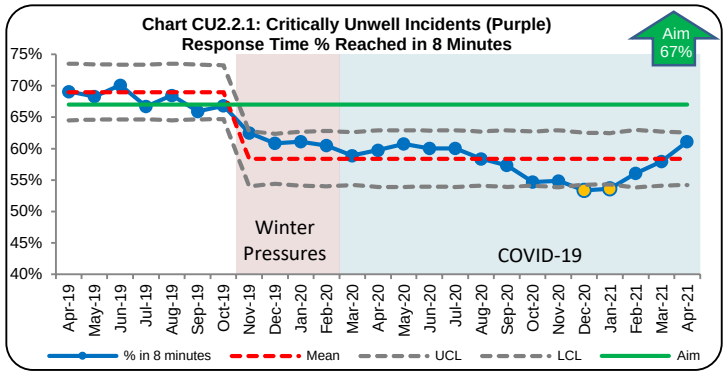
# Purple Response Category: Critically Unwell Patients

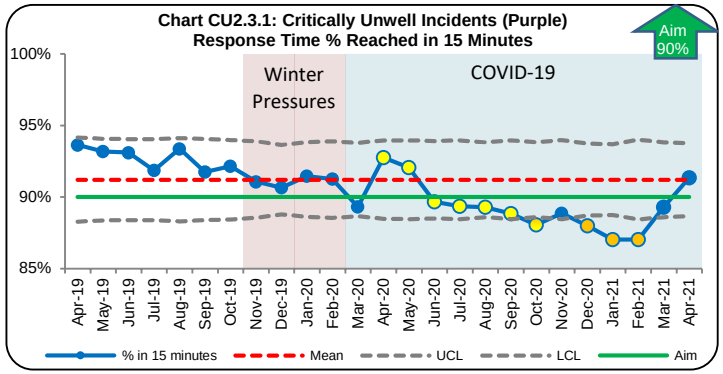


**What is the data telling us?**

Purple Category 30 day survival data is collated three months' in arrears in order to validate the figures and Chart CU1.2.1 illustrates that survival figures have remained stable.

Out of Hospital Cardiac Arrest (OHCA) - Chart CU1.3.1 illustrates the Return of Spontaneous Circulation (ROSC) for VF/VT patients and it is noted that the percentage of patients where ROSC was achieved remains stable. Throughout the pandemic, there has, and will continue to be, significant challenges in carrying out Advanced Life Support in line with current infection control guidance. However, our VF/VT ROSC rates remain within control limits, with encouraging early signs of recovery from the COVID-19 impact within the data. While April indicates an upward trend, it should be noted that these numbers tend to be low each month and data over time is more valuable, however it remains positive to see our continued recovery from the reduction seen during the pandemic. This is consistent with reporting in the international literature.

This robust performance is based on Scotland's system approach of looking at all aspects of the 'chain of survival', which underpins Scotland's response to OHCA with the next iteration of Scotland's OHCA strategy 2021 - 2026 having been published in March 2021.

As key strategic partners, the Service is at the centre of operationalising many of the strategies aims including:

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

**Major Trauma** –
In 2016, our vision for a pre-hospital care model to support delivery of the Scottish Trauma Network (STN) and to improve outcomes for patients was: "Improving injured patients' outcomes by responding effectively to time-critical clinical needs irrespective of geography".

We predicted that this would be achieved through:

- Early recognition of critically injured and deteriorating patients through central clinical co-ordination

- Effective tasking of resources with the skills and equipment to maximise patients' chances of survival while lessening the burden of functional impairment

- Reducing the time to meaningful intervention through triage and rapid transport to the most appropriate hospital

- Ensuring resources were in place to assure national pre-hospital resilience in event of major incidents with mass casualties

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

1. Standardised Trauma Equipment on every Service frontline vehicle with supporting guidelines for equipment, clinical interventions and medications.

2. Standardised guidelines and medications for enhanced care assets such as BASICS responders, Advanced Practitioners in Critical Care (APCC) and Pre-hospital Critical Care Teams (PHCCT).

3. Centralised national tasking and coordination from the Trauma Desk and Specialist Service Desk in West Ambulance Control Centre (ACC), utilising air transport assets when appropriate to ensure geographical equity.

The model of response is colour-coded into:

RED - Consultant delivered pre-hospital critical care team.

YELLOW - Advanced Practitioners in Critical Care, BASICS responders with equivalent skills and training.

GREEN - Paramedic and Ambulance Technician delivered trauma care.

Having successfully delivered on our commitment to meet the standards of pre-hospital trauma care agreed with the Scottish Trauma Network in 2016, we are now looking to the future and our role in supporting and maintaining the standards we have set. To that end there will be a strategic shift in focus from one of implementation to that of measurement, audit and feedback to support continual improvement.

Some examples of our audit work include:

- Needle decompression quality improvement project completed with new guidance, checklist and audit process put in place.
- Audit and feedback on STN and Service Trauma KPIs: use of MTTT, appropriate triage, pre-hospital alert calls.
- Audit and feedback on evidence based trauma interventions including: administration of tranexamic acid to patients suffering major haemorrhage and antibiotics to those suffering open long bone fractures.

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

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

**Purple Median Times**

As illustrated in chart CU 2.1.1 the data point in April 2021 shows a continuing improvement in median response times to purple calls.

As outlined in the previous Board paper, a Short Life Working Group is looking at response times and has identified focused areas for improvement. Auto-dispatch within our ambulance control centres (ACCs) is designed to reduce the time it takes to dispatch ambulances to immediately life threatening calls. Since going live on 21 December 2020, auto dispatch has allocated 3,768 Purple incidents and 17,448 Red incidents reducing allocation times.

Reactivating Community First Responders (CFR) and Cardiac Responders to respond to immediately life threatening calls across Scotland continues to make good progress with nearly 600 CFR Schemes and 114 CFR Groups now active across Scotland.

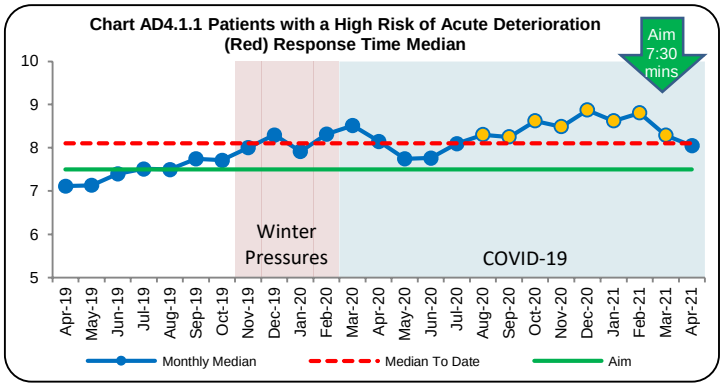
During 2021/22, the Demand and Capacity Work Programme will increase ambulance resources and implement agreed rosters to optimise response times. This will include introducing additional double-crewed ambulances, new static sites for ambulance crews and additional Paramedic Response Units (PRUs).

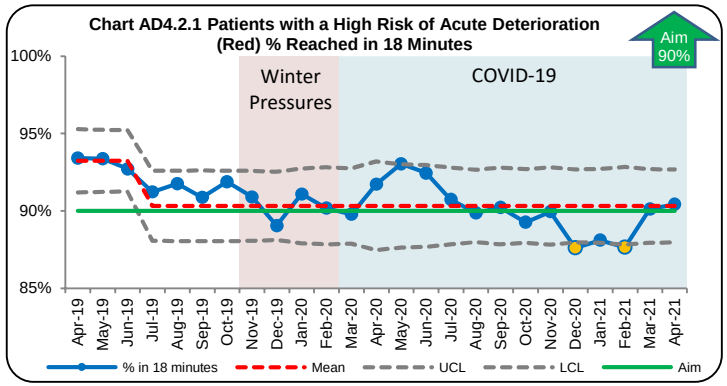
As part of the National Redesign of Urgent Care (RUC) and National Unscheduled Care work, the Service is looking at opportunities to improve access to community care pathways for ambulance crews including Falls, Breathing Difficulties, Mental Health and Care at Home Options. This includes working closely with Flow Navigation Centres and Mental Health Assessment Centres. Linked outcome data will help to support this improvement work.

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

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

# Red Response Category: Patients at risk of Acute Deterioration



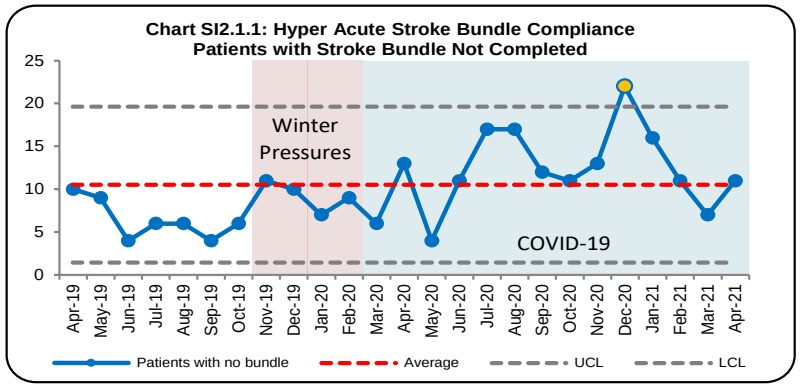

**What is the data telling us?** – Our median red response time (Chart AD4.1.1) is above target and has been fluctuating between 8 and 9 minutes since late 2020 with a median of 8 minutes 3 seconds in April 2021. During December 2020, January and February 2021, there were three data points where the percentage of calls with a response within 18 minutes is below target and close to the lower control limit. During March and April 2021 this rate recovered to around the median (Chart AD4.2.1).

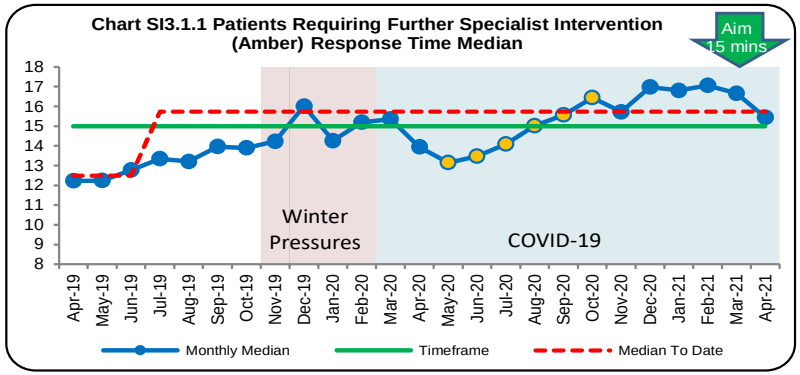
**Why?** The Median response time has fluctuated between 8 and 9 minutes since late 2020. The percentage of calls meeting the 18 minute response was above target in March and April 2021 at 90.1% and 90.4% respectively. Many of the reasons for this align to the detailed analysis of purple response outlined in this and previous board papers.

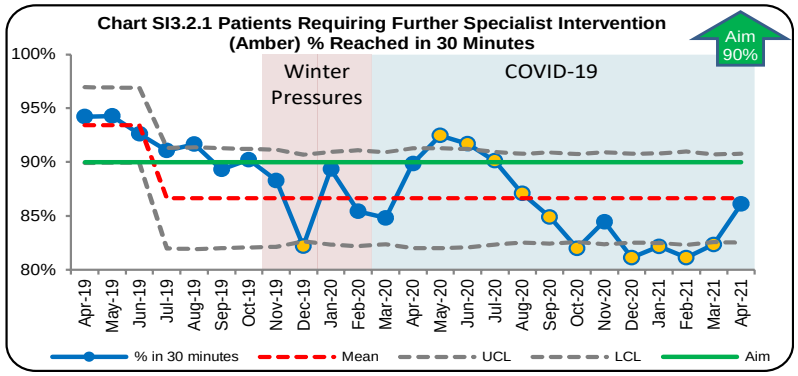
**What are we doing and by when?**

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

# Amber Response Category: Patients Requiring Specialist Intervention




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

Response times for both median and 90th centile response are above target.

As with the purple and red categories, the median response to amber calls has been increasing over time but saw an improvement in April 2021 (chart SI 3.1.1). The percentage of these calls reached within 30 minutes had been below the lower control limit throughout the winter period however has recovered to close to the mean at 86.1% in April 2021.

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

**What are we doing and by when?** -
The development of the national Thrombectomy service continues to progress with 'go-live' dates now agreed for the opening of the Thrombectomy centres in both the east and west of the country – with the north already open.

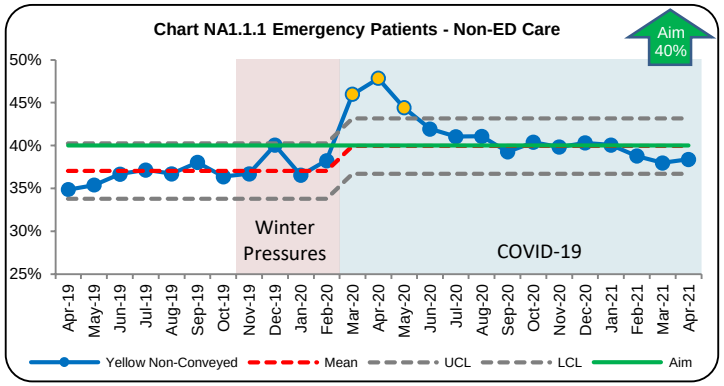
Thrombectomy is considered the gold standard care for large vessel occlusion hyper acute stroke care. Following successful Thrombectomy, and in collaboration with community rehabilitation services, it is possible patients will continue to live as independently as they did prior to the Thrombectomy procedure.

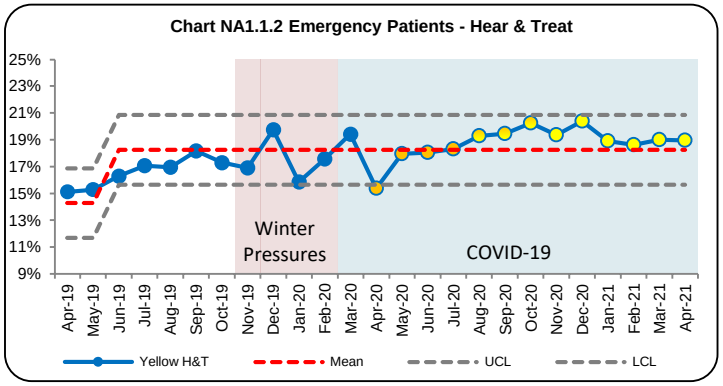
Our recently submitted Outline Business Case to support the planned development of the national Thrombectomy service has been indicatively approved. This additional funding will allow us

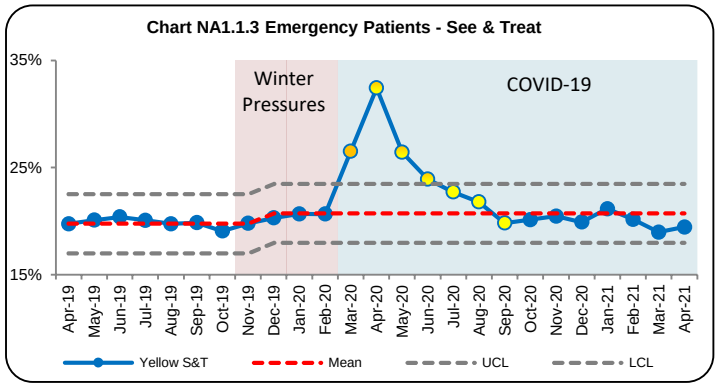
to further enhance and develop the Stroke and Thrombectomy team and the priority workstreams that support both improving stoke and thrombectomy outcomes. We continue to work closely with the Scottish Government's Thrombectomy Action Group (TAG) and our regional colleagues within the Service to ensure the Service is in a position to support the national introduction of this life saving intervention.

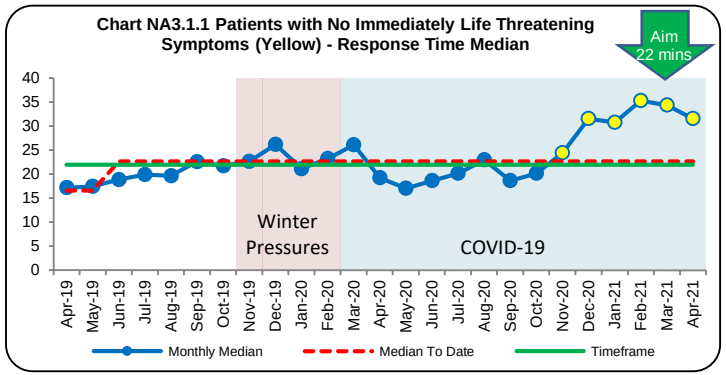
The integrated approach to deliver complex pathway and process changes with our health board partners will see the Service implement changes in the way in which we respond to suspected stroke emergency calls with a far greater emphasis on Professional to Professional support from health board partners.

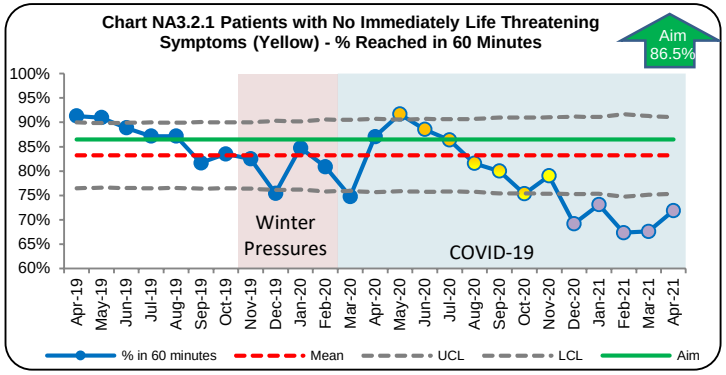
# Yellow Response Category: Emergency Patients with no Life Threatening Symptoms



**What is the data telling us** –

Chart NA1.1.1 provides an overview of our response to emergency patients and was fairly 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 3 months, this has dipped below 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 showing a statistical signal of 9 points above the mean.

Chart NA1.1.3 details the number of patients who are discharged following face-to-face assessment and remains within the control limits at 21%.

Although there has been a reduction in the median response time (Chart NA 3.1.1) over the past 2 months the chart displays a statistical signal of 6 points above the median. This is reflective of increasing demand levels and service times. 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 national Redesign of Urgent Care programme is moving into phase 2 and given the role of the Scottish Ambulance Service across NHS Scotland we now have our own workstream which will further strengthen our opportunities to enhance access to pathways and support the scheduling of care through Emergency Departments and Minor Injury Units.

The key aims within the workstream include enhancing our access to Flow Navigation Centres with a number of tests of change underway with different Boards. A further test is exploring the impact of our frontline clinicians having the ability to schedule appointments for patients who can safely wait four hours for an appointment.

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

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

In addition to the work associated with the Flow Navigation Centres we remain committed to increasing our community pathway access as an alternative to the Emergency Department particularly across Falls, Mental Health and Breathing difficulty presentations.

The Service has a range of access to Community Care pathways including Falls, Breathing difficulties and Mental Health as well as Care at Home options.

- The Falls pathways are predominantly accessed through Integrated Joint Boards/Health & Social Care Partnerships. There is good coverage of falls pathways across Scotland. The findings and recommendations from the recent Internal Audit report on Falls will be actioned within the Service's Redesign of Urgent Care programme.

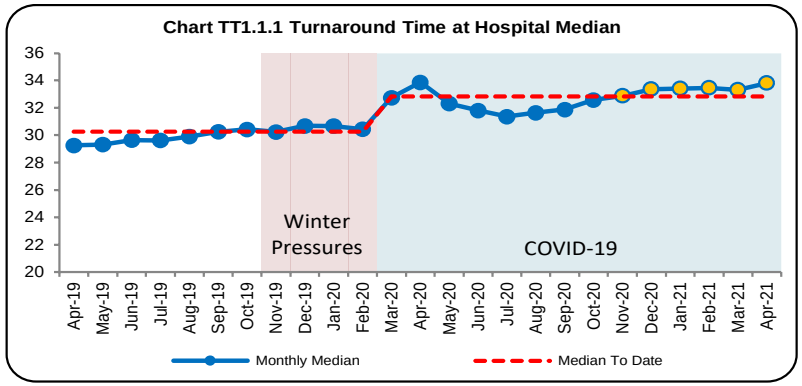
- Pathways for patients experiencing breathing difficulties are not as prevalent as those for Falls and are often accessed via Health Board partners - however enhancing what is available remains a priority. There is ongoing discussions with NHS Greater Glasgow and Clyde and Highland and wide engagement with various respiratory forums. An update on progress will be included on an ongoing basis.

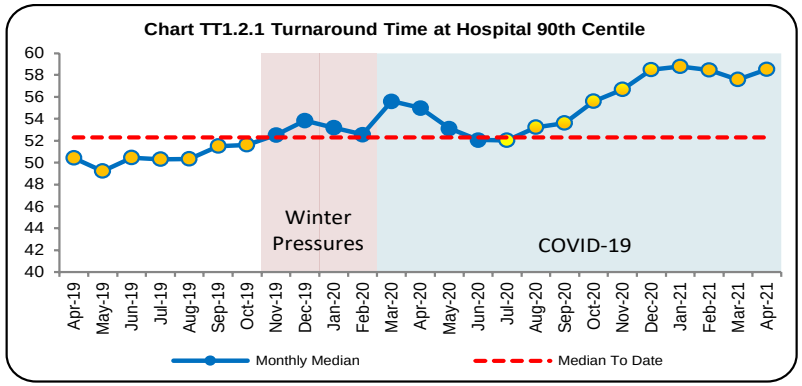
Mental Health pathways – the Service continues to build our capacity to respond to these patients as appropriately as possible. Our increased and changing response includes the introduction of three mental health cars, based in Dundee (East), Leverndale (West) and Inverness (North). These cars will be staffed with Paramedics and Mental Health clinicians, supported by Police Scotland to respond to calls identified as requiring Mental Health support from ACC. During 2021/22, the Demand and Capacity Work Programme will increase ambulance capacity aligned to patient demand at specific times and targeted to specific locations to improve yellow response times. In addition new triage arrangements were introduced during the winter to support healthcare professionals non emergency calls (card 46), along with some additional non emergency resources and these are increasingly providing additional capacity to support demand. Locally, regions are testing out changes such as make ready system to further improve operational availability.

**The Service's Contribution to Improving Population Health**

The drug harm reduction project objective related to the Service's contribution to the national naloxone programme is showing promising outputs. The three regional clinical effectiveness leads in drug harm reduction who commenced their roles with the Service in January 2021 have made significant engagement with ambulance clinicians, regional leadership teams and education providers. This engagement with staff has led to productive discussion and development related to the benefits of identifying situations where someone at risk of experiencing or witnessing a near-fatal overdose could be supplied with a take-home naloxone kit and we are seeing increasing numbers of kits being supplied on a monthly basis.

# TT: Turnaround Time at Hospital




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

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

**What are we doing and by when?** –

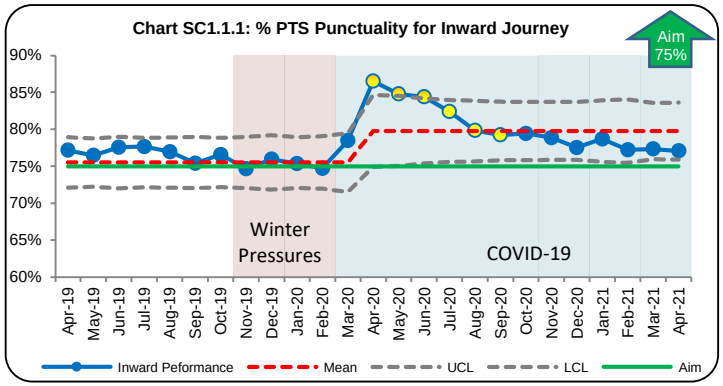
Hospital Ambulance Liaison Officers (HALOs) continue to be deployed at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow. HALOs are supported by managers.

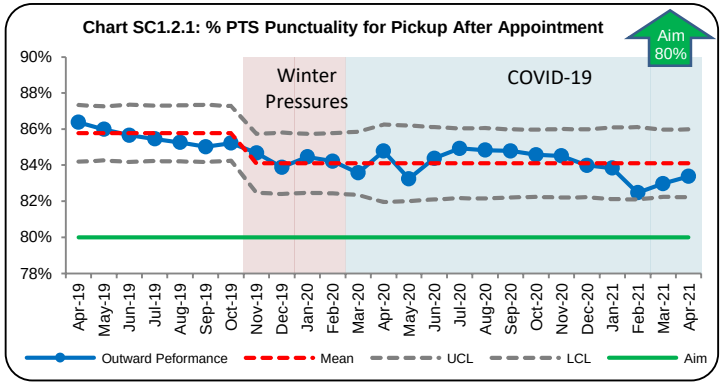
Other specific actions include:

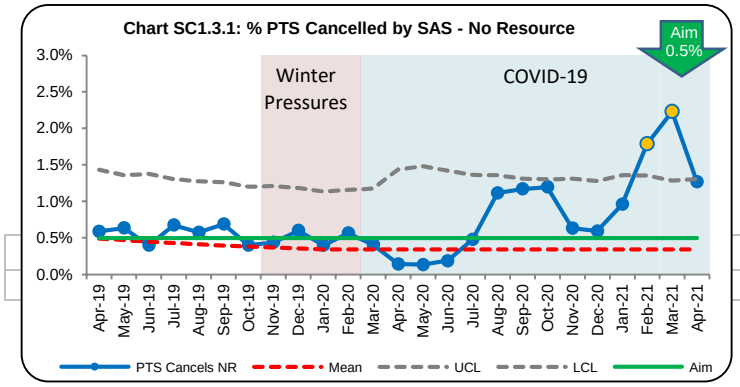
- Monthly meetings chaired by the Service's Medical Director continue with representation from SG and Health Boards. A joint review of escalation plans and how these are implemented at hospital sites being reviewed and updated.
- Increase use of 'safe to sit' practice to avoid patients waiting in ambulances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

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

# SC: Scheduled Care




**What is the data telling us?** – PTS activity has remained stable and within normal control limits during the period from November 2020 to April 2021. Although approaching the lower control limit, punctuality for inward appointments remains within control limits and above the aim of 75%.

Punctuality after appointment remains within normal control limits at 83.4% in April 2021.

The percentage of PTS cancelled by the Service in the “No Resource” category was 1.3% in April 2021.

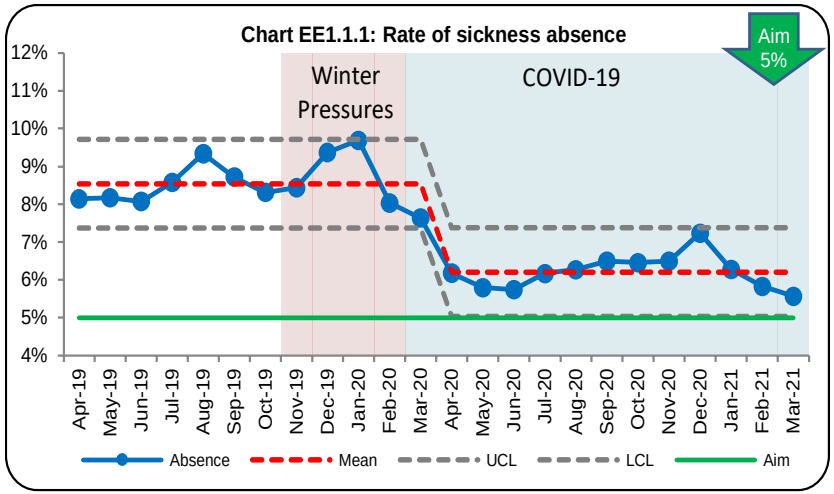
**Why? –** COVID-19 infection control measures remain in place, which limits scheduled care to transporting one patient per journey reducing overall capacity. Service time for each patient journey has also increased with increased infection control measures in place. A number of staff have been shielding during this reporting period, which has also affected capacity.

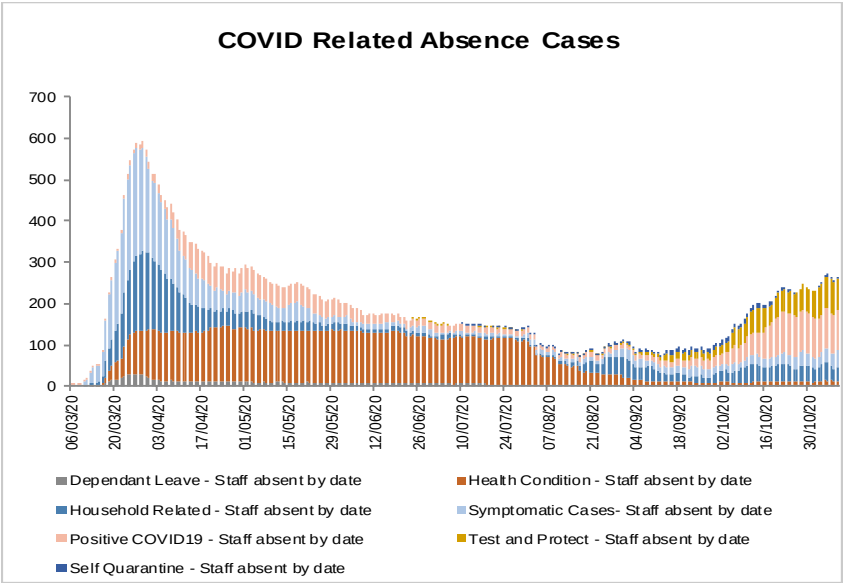
**What are we doing and by when? -** We are continuing to review patient cancellation codes looking at the trends and responding with mitigating actions.

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

# SE: Staff Experience

## Sickness Absence




**What is the data telling us? –** The non COVID-19 Sickness Absence level as at March 2021 stood at 5.6% a reduction in the rate for the same period in March 2020 when it was 7.6%.

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 2 May 2021 the percentage of COVID-19 absences cases across the Service was 2.17%. Observations of the national weekly charts shows that apart from those with underlying health conditions, the majority of cases result from two distinct categories; positive cases, and those displaying symptoms.

**Why? –** Overall sickness absence levels have improved over the pandemic response period, but as the COVID-19 related absence decreased the sickness absence rate has started to rise. More recent COVID-19 absence has also shown an increasing trend largely due to the impact of contact tracing and Test & Protect and Shielding requirements. The latter arrangements ended on 26 April 2021 and a further significant decrease in COVID-19 absence figures has been evident since.

**What are we doing and by when?** - Attendance management processes paused during the initial phase of pandemic response have been re-started. This work is based on the Once for

Scotland policy framework and adoption of lessons learned from our COVID-19 response arrangements.

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

For those staff who were shielding, this has focused management time and attention on supporting shielded staff with the aim of ensuring that these staff are given meaningful work to undertake at home, and if not, to ensure effective welfare support is provided to deal with their enforced self-isolation from work. Managers have also had to deal with the home working of many support staff which has necessitated a robust and empathetic support network to be in place to prevent feelings of isolation and distance amongst colleagues.

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

- Work on the Global Rostering System (GRS) continues to support improved absence monitoring. The new once for Scotland return to work form has been developed and implemented on the system. Further work is also underway to fully develop and implement an enhanced attendance management module within the system that will enable improved tracking and monitoring of absence and the management of various stages of the absence management process.
- Further real-time reporting opportunities have also been identified to support with monitoring contact for staff absent from work and return to work completion to enable earlier intervention where required and ensure staff are being supported.
- 
- We will continue to assess attendance management handling arrangements, taking national direction as appropriate in a fast changing situation

We receive daily reporting on COVID-19 related absence which covers the following

- COVID-19 positive cases
- Self-Isolating Household related cases
- Self-Isolating Displaying Symptoms cases
- COVID-19 related Dependant leave cases
- Self-Isolating Health Condition cases
- Self-Isolating Test & Protect cases
- Self-Isolating Quarantine cases.
- Absence due to Long Covid

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

## E1.2 Employee Experience

**Aim** – To have a workforce that feels valued and supported and would recommend our organisation as a great place to work.

**Status** – The National Staff Experience Group have proposed the following recommendations for the iMatter survey 2021 subject to the approval of SWAG (Scottish Workforce & Staff Governance Committee) on 20 May 2021.

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

**What are we doing and by when?**

A communications plan is in development to ensure that our organisation is ready to participate as soon as the survey is live.

The Health & Wellbeing Strategy 2021-24 and Health & Wellbeing Roadmap 2021/22 were approved at the 9 December 2020 Staff Governance Committee and 27 January 2021 Board meetings. The Strategy was launched at the 10 February 2021 Staff Engagement Session as we move into the implementation phase. Discussions are underway with partner academic institutions to develop an evaluation framework which will enable tracking of the short and long term impact of the Health and Wellbeing Strategy and the actions within it on the Service's employees and the organisation as a whole.

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

This is a shared aim across Health & Social Care in Scotland with a recognition that the recovery of our services will not be possible without the recovery of our workforce and that the process of remobilisation will need to be effectively managed to enable staff to decompress after the rigours of the pandemic.

To that end, a short life working group has been established by the Scottish Government to agree proposals for rapid actions and resources to support staff recovery, to review academic research and good practice and to identify the services and staff groups that have been most affected.

In addition, a sub group commissioned by the HR Directors has been meeting to collectively develop areas of focus and recommend evidence based approaches to enhance staff experience, health & wellbeing across NHS Scotland that supports recovery and renewal. The Service's Head of OD and Wellbeing is a member of this group and the proposals will be presented to the HR Directors Group in June 2021.

The National Wellbeing Hub has been running for 1 year with over 100,000 users of the site. The Hub is being restructured to

improve its functionality with additional content such as recordings of webinars, podcasts from the Carnegie Trust on kindness, film clips and a number of resources condensed into ‘Top Tips’ to continue supporting our workforces’ wellbeing.

Within the Service, we are:

- Running three programmes delivered by Lifelines from 5 May to develop personal resilience and peer support, namely:
    - Understanding resilience & keeping well (½ day workshop open to all staff)
    - Supporting your colleagues (1 day programme open to all staff)
    - Post trauma support (1 day programme open to managers/supervisors and peer supporters)
- Delivering Mental Health First Aid training to a further 96 ACC staff over May and June 2021
- Supporting and participating in the newly established National NHS Ethnic Minority Forum with the aims of improving employment practices, mental health support and ensuring fair work practices for Black & Minority Ethnic (BME) staff. These aims were developed from a series of recommendations from a reference group consisting of academics and experts set up during the pandemic
- Offering staff who have been shielding ‘Standeasy’ sessions (drama based interventions) to facilitate their return into the workplace
- Hosting weekly staff engagement sessions on a range of topics with an opportunity for staff to feedback their ideas or suggestions on issues that affect them
- Continuing to feature Health & Wellbeing in weekly communications and bulletins whilst promoting national campaigns and signposting to wellbeing help and resources
- Engaging with Police Scotland and Scottish Fire & Rescue to work collaboratively on the wellbeing agenda.

## Workforce Development

# 1. Employee Resourcing

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

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

**Improvement** – The extensive recruitment effort planned for 2020/21 to maintain progress on the Service workforce plan targets has been significantly impacted by COVID-19. As we consider the implications, a cross service group has been tasked with identifying contingency plans. This group will plan the transition to our new Paramedic education model.

**BSc Paramedic Education**
All university first year students have now accessed the Service's practice placement experience. GCU previously allocated students across Scotland as they were the only university to deliver a BSc programme. There is ongoing discussion with the universities around allowing the remaining 2nd and 3rd year GCU students to access placement experience with the Service across Scotland rather than being limited to the Glasgow and Clyde area.

There continues to be challenges around recruitment of voluntary mentors to support undergraduate students and a short life working group has been established to take this forward in partnership.
The numbers for the 2021/22 intake have now been confirmed as 300. All universities are going through their recruitment processes for their next intake of students. Anecdotal feedback from them is that the number of applicants' remains high and in excess of commissioned numbers.

**Diploma in Higher Education Paramedic Practice**
The Dip HE Paramedic Practice had a further five week suspension as a consequence of the pandemic. The programme has now recommenced, and the programme flow reviewed to ensure that all Part 1 cohorts will have commenced before the extended deadline date set by the HCPC. The programme is currently progressing well.

Recruitment OSCEs to the final Dip HE cohort for 2021 are in progress. The expectation is that all places will be taken by existing applicants.

A working group is to be established to review what is available / needs to be developed to facilitate opportunity for technicians to undertake additional study to develop them into the paramedic role.

**Ambulance Technician VQ Programme**
The Initial plans for 2021/22 were to increase the numbers of Ambulance technician students by 100 students raising this year's number for 228 to 328 to meet requirement for COP 26. However, recent discussions have intimated a further increase by another 25, that is still to be confirmed. Outsourcing of emergency driver training and identification of additional teaching

estate is required to accommodate these numbers. Accommodation is currently being explored.
94 Ambulance Technicians students commenced the programme in March 2021. They are currently progressing well.

**Ambulance Care Assistant Training**
The target number of 20 ACA students were recruited to the April 2021 programme. Students are currently progressing through their driver training and clinical programme. Recruitment is ongoing for the June and July intakes.

**Supporting Newly Qualified Graduate Paramedics (NQP)**
NQPs continue to work through their support programme to demonstrate their development of clinical decision making with application of theory to practice in line with the Service's scope of practice for Paramedics. This is being supported by the Practice Placement Educators (PPeDs) who are linking in with each NQP.

**C1 and D1 Driving Licences**
As a consequence of lockdown associated with the pandemic all driving lessons and driving assessments for C1 and D1 licences have been cancelled by Transport Scotland. C1 or D1 driving licence categories are essential criteria to be employed in the Service for Paramedics and Technicians (C1) or ACAs (D1). Since the last report there has been ongoing communication with Transport Scotland and the DVSA. DVSA have now confirmed the prioritisation process for ambulance services, which remains the same as occurred previously. This will be processed through the Service's Education and Professional Development Department.

**Planned Activities Include** – The recruitment team will continue to liaise with regional workforce leads to deliver workforce intake targets. The allocation of places for VQ Ambulance Technician and Ambulance Care Assistant roles continues in line with Regional workforce plan requirements. Following an impressive 2020 national recruitment campaign for Qualified Paramedics resulting in 23 successful candidates, a second campaign has been launched running alongside additional national campaigns for Newly Qualified Paramedics and Qualified Technicians.

**Other Considerations** - Resourcing model developments will support continuing target delivery over the next three years as we transition from our Academy training to the new Educational Model to align with the introduction of degree level qualification requirements for HCPC registration in 2021. This will build on the external pipeline which was expanded in 2017 with commencement of the first full-time degree programme in Scotland (first graduates in 2020). The degree programmes commenced in September 2020. The projected numbers were 284 students, however as a consequence of the SQA exam results the universities have recruited 341 students. Following discussion with the Service this has been approved by Scottish Government.

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

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

## 2. Employee Development

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

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

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

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

### 1. Talent Management and Succession Planning

Guidance on the processes and governance for Talent Management, Development and Succession Planning at the Service was agreed and published on @SAS in December 2019 and communicated to all Senior Leadership Team members; with March 2020 as commencement of the cycle.

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

### 2. Appraisal and Personal Development Planning.

Appraisal and personal development planning was suspended as a non-essential activity across the Service in March 2020 due to COVID-19. Plans for resumption of this activity were described in the September Board Performance Report. These plans were discussed at the September meeting of the Staff Governance Committee and subsequently at the Performance and Planning Steering Group in October. It was agreed to encourage senior Leaders and Managers to complete appraisal and personal development planning activity and summarise briefly in Turas by April 2021 but not to set targets given the current COVID-19 position. Assuming continued improvement in the COVID-19 situation plans for a formal resumption and recording of Appraisal activity will be brought to the June Staff Governance Committee.

### 3. Learning Management

Scoping meetings were arranged with NES Digital in March 2020 to commence the transition to Turas Learn and Turas Learning Records Store. This was postponed due to COVID-19 at the request of NES and will be resumed post COVID-19 and informed by the procured external review of Workforce Systems by Acuma, with report and recommendations due in June 2021.

## 4. Once for Scotland Statutory Mandatory Training

Plans were in development for the transition of all NHSScotland "Once for Scotland" statutory and mandatory training to be available through Turas Learn to all staff groups. These plans have been paused due to COVID-19 but will be reinstated in due course.

## 5. Microsoft Teams / Office 365

The COVID-19 pandemic has resulted in the adoption of Microsoft Teams and Office 365 for a number of Boards, including the Service, at a much faster pace. Microsoft Teams in particular has enabled a digital alternative to face-to-face meetings with virtual and remote meetings and collaborative working taking place on-line. Learning resources to support staff and teams in getting started with Microsoft Teams have been made available through our Intranet systems and also supported by NES remote collaborative working. The Service will be participating in this work-stream and look to implement best practice going forward.

## Enabling Technology

### 1. Emergency Service Network (ESN) Programme

A further revision (draft) of the Full Business Case (FBC) was received in March 2021. This was reviewed by the Service in conjunction with Police Scotland and the Scottish Fire and Rescue Service and comments were fed back to the GB programme team via the Scottish Government. A final version of the revised FBC was received at the end of April. The Scottish Government has asked the three emergency services to respond to five assurance questions by 1st June to enable them to feedback to the GB programme team by the end of June. It is worth noting that the Scottish Government have confirmed that they are not looking for formal Service approval of the FBC. The proposed Service response to the five assurance questions will be presented to the Board in May. The FBC has a transition window for all GB emergency services to migrate to ESN between 2024 and 2026. However, a detailed plan has yet to be produced by the national team to evidence that these timescales are achievable – this is expected in July. The Service continues to participate in a wide variety of user groups and working groups at Scottish and GB level.

### 2. Integrated Communications Control System

The project to provide an ESN compatible Integrated Communications Control System (ICCS) continues to encounter issues in testing. The Service will be the first GB ambulance service, with the exception of Isle of Wight, to go-live with the system and therefore are the first ambulance service to fully test the software. Many issues have now been resolved through numerous rounds of integration testing involving the three suppliers whose products integrate to the ICCS. This testing is scheduled to complete in May. Full end-to-end testing will then follow. The current Airwave ICCS support contract has been extended to ensure continuity of operational service. Subject to the challenges noted previously, the Service is now scheduled to complete the new ICCS rollout in July 2021.

### 3. Fleet

The 2020/21 Fleet Replacement Programme has now completed. A programme close out report is being prepared.

### 4. Digital Workplace Project

The Digital Workplace Project Team have now completed email migration as well as having launched a new intranet and a new public facing website. The team have assigned M365 licences to all Service staff (5000+) based on the agreed role-based licensing model. They have also put a process in place so that staff can appeal if they can demonstrate that they need a different licence type to conduct their role. The national NHS Scotland programme has subsequently agreed a new deal with Microsoft that reduces the available licence types from three to two. The local Service team are assessing the implications of implementing the new model by the 31st May deadline. If significant re-work is required, this may have an impact on planned future deliverables. As things stand, the Service's team intend to move users across to OneDrive cloud storage in June. Work continues with the national team on having the Service tenancy ready for migration to the new cloud-based SharePoint environment. Security issues at a national level have held this work up.

### 5. 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 Service telephony estate. Hardware for the new system has been delivered and installation completed. System configuration is now well underway. Rollout to the ACCs and larger regional sites was scheduled for completion during May 2021. However, this is likely to be pushed back to late June in order to accommodate a C3 command and control system upgrade in May. The remaining smaller sites will be migrated throughout 2021.