NOT PROTECTIVELY MARKED

Public Board Meeting	January 2020
	Item No 06

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director Author	Pauline Howie, Chief Executive Executive Directors
Action required	The Scottish Ambulance Service Board is asked to 1. Discuss progress within the Service detailed through this Performance Report:- 1. Discuss and provide feedback on the format and content of the report. 2. Note performance against Operational Delivery Plan (ODP) standards for the period to end December 2019. 3. Discuss actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality improvement and Measurement for Non Executives guidance. This paper highlights performance against our ODP for Clinical, Operational, Scheduled Care and Staff Experience Measures. Clinical Measures • Our work to save more lives from cardiac arrest continues to surpass the 45% aim results – in December 48.8% of patients in VF/VT arrest arrived at hospital with a pulse. The previous 23 months have surpassed 40%, with the last 10 months surpassing our current 45% aim. We continue to reliably implement the pre-hospital stroke bundle with 97.1% compliance in December 2019. • Compliance with recorded use of the PVC insertion care bundle was above the quality indicator aim of 95% in November and December 2019 at 96.4% and 96.5% respectively. Monthly compliance has been sustained above 95% for the last 22 months with improvement to 96% and above from August 2019 onwards. Operational Measures • Further improvement work is being actively progressed to improve response times for non-Immediately Life Threatening patients. This includes the introduction of card 45 – for Health

	Care Professionals calls and this has more closely aligned the triage of calls from, for example GP's, with 999 demand. Work is ongoing within the Ambulance Control Centres (ACC) clinical hub to better manage any calls that may be stacking, such as yellow calls. In December 2019 Clinical Stack Co-Ordinators were introduced in ambulance control to further ensure safety for patients awaiting a Yellow and Amber response and manage the flow of calls waiting for further clinical triage. • A further 56 Ambulance Care Assistants were trained in November and December to provide additional capacity over the winter period. This will improve service delivery for patients and provide capacity to handle low acuity level, same day unscheduled care patients, easing pressure on A&E resources. 10 additional scheduled care ACC staff were introduced to assist with the dispatch of this resource. Staff Experience Measures • In November 2019, the absence rate was 8.4%.The group established by our Executive Team to ensure effective attendance management, is focussing on managing the most complex cases and enhanced absence tracking/monitoring and reporting. Guidance, processes and protocols are being updated (incorporating new Once for Scotland requirements) to support delivery of attendance improvement..
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and

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

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

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

<u>Control Charts</u>

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

<u>Run Charts</u>

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

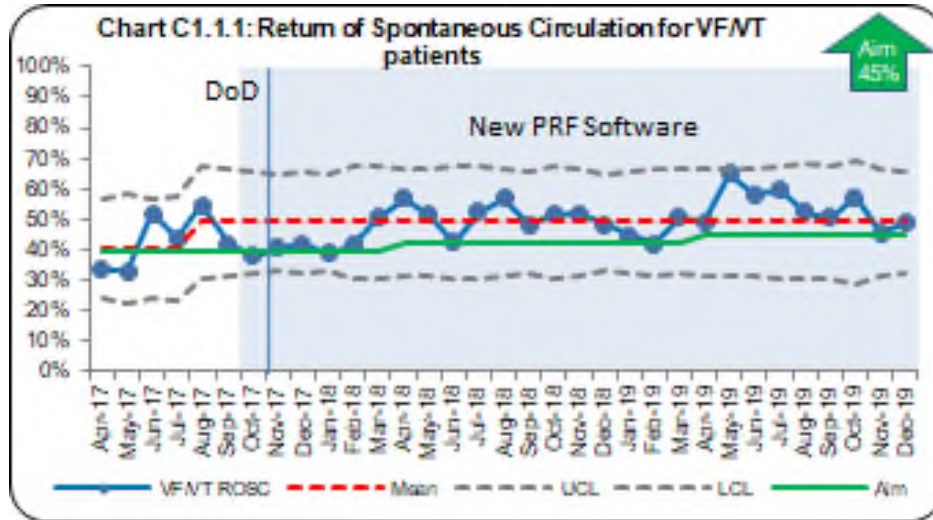Rule 2: Five or more consecutive points increasing or decreasing

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

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

C1: Clinical Measures – Cardiac Arrest ROSC

C1.1 VF/VT ROSC

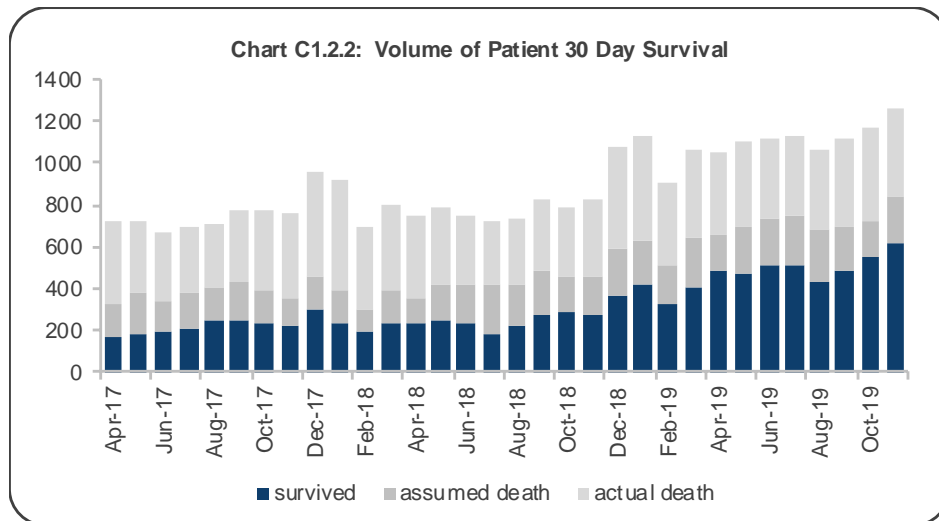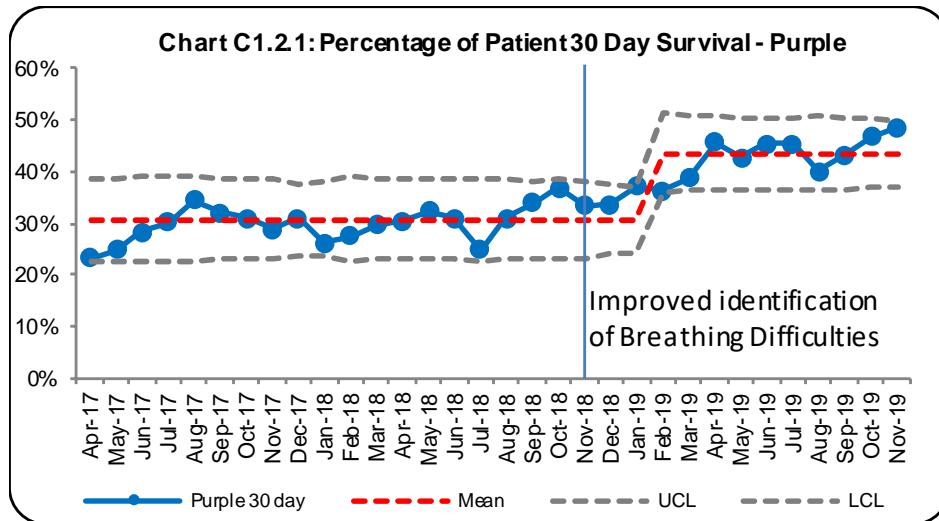Chart C1.1.1: Return of Spontaneous Circulation for VF/VT patients

What is the data telling us? – During the last 12 months, on average, we attempt resuscitation on 72 patients in a VF/VT rhythm per month. In December 2019 48.8% of patients in VF/VT achieved return of spontaneous circulation, once again surpassing our aim of 45%. The previous 23 months have surpassed 40%, with the last 10 months surpassing our current 45% aim (Chart C1.1.1). The recalculated Mean at July 2017 demonstrates a statistical shift in improving the rate of ROSC and saving more lives.

Why? – The Service continues to be a key partner in the delivery of the Scottish Government's Out of Hospital Cardiac Arrest (OHCA) strategy, linking across the whole chain of survival. The main factors which influence ROSC are bystander CPR followed by timely defibrillation when indicated. However, evidence suggests that early identification of OHCA by the Ambulance Control Centre through the use of Pre-Entry Questions and key phrases, as well as dispatch on disposition, is a large contributory factor to this success.

What are we doing to further improve and by when? – The Service is taking forward improvement programmes as part of the Out of Hospital Cardiac Arrest work under the Clinical Service Transformation Programme.

C1.2 Survival at 30 days - Purple

Chart C1.2.1: Percentage of Patient 30 Day Survival - Purple

Legend: Purple 30 day — Mean — — UCL — — LCL

Annotation: Improved identification of Breathing Difficulties

Chart C1.2.2: Volume of Patient 30 Day Survival

Legend: survived, assumed death, actual death

What is the data telling us? – The survival at 30 days of patients in the purple category has shown an increase since the start of 2019 represented in chart C1.2.1 by the shift in the mean in January 2019.

Why? - In November 2018, additional training was delivered to ACC call takers, to improve the identification of patients with severe breathing difficulty symptoms. This resulted in an improvement in the identification of patients with acute breathing difficulties at the time of triage which has led to an increase in the volume of patients in the purple category (chart 1.2.2). Analytical work is underway to understand various elements contributing to this observed increase in survival.

What are we doing and by when? – The purple category represents the group of patients where Service interventions can have the single biggest impact on survival. This is the first time that 30-day survival data has been presented to the Board. Further work is ongoing to understand more fully the clinical needs and associated interventions that can be improved to further increase survival.

C2: Clinical Measures – Stroke

C2.1 Hyper Acute Stroke Care Bundle

Chart C2.1.1: % Hyper Acute Stroke Bundle Compliance
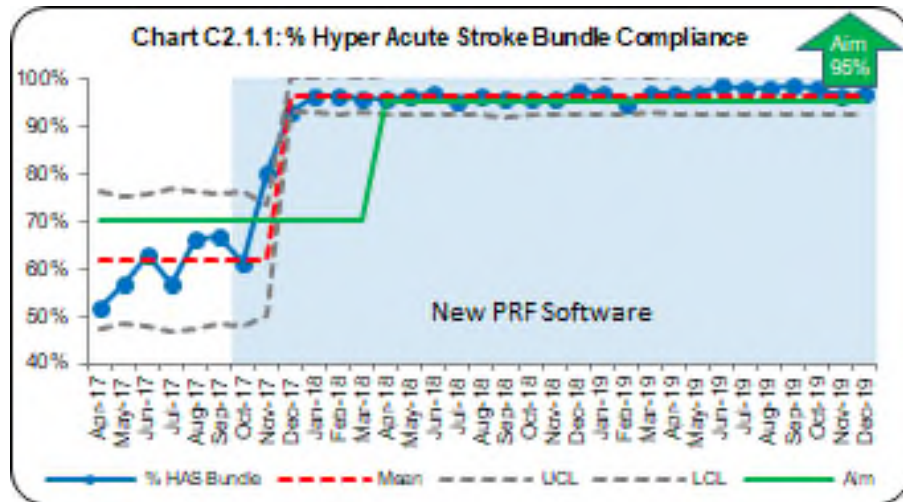
What is the data telling us? – During the last 12 months, on average we attend 318 hyper acute stroke patients per month. We are continuing to reliably implement the pre-hospital stroke bundle, with the data in December 2019 demonstrating 97.1% reliability.

Why? - The Service continues to lead on the pre-hospital recognition and intervention for stroke. This includes early recognition of stroke by the Ambulance Control Centre and the New Clinical Response Model approach to tasking for stroke patients. The introduction of the new PRF software has made it easier for crews to accurately record when they are providing the stroke pre-hospital care bundle.

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

C3: Clinical Measures – Infection Control

C3.1 PVC Insertion Care bundle

Chart C3.1.1: % of Recorded Use of PVC Insertion Care Bundle
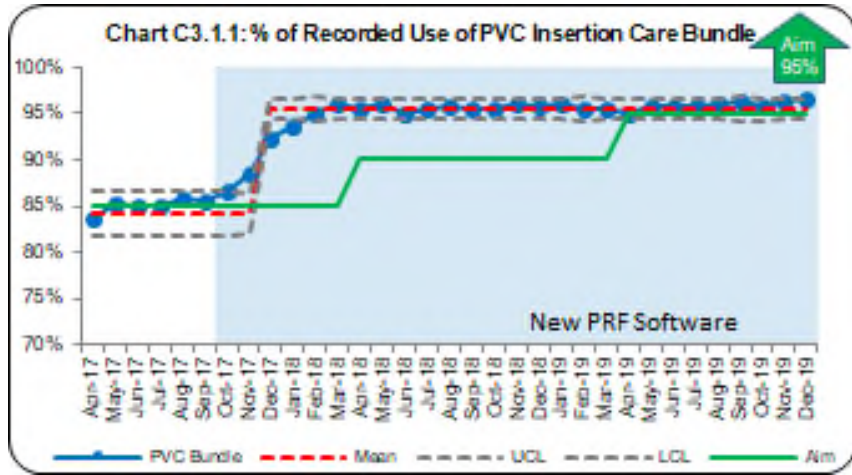
What is the data telling us? – Compliance with recorded use of the PVC insertion care bundle has been sustained above the quality indicator aim of 95% for the last 22month period, with compliance for November and December above 96% at 96.4% and 96.5% respectively.

Why? – The software available in ambulances continues to support improved recording of compliance with the PVC insertion bundle

What are we doing and by when? – Regional compliance against the quality indicator aim is also monitored monthly.

D1: Demand

D1.1 Emergency Demand

Chart D1.1.1 Emergency Demand

Chart D1.1.2 ILT Demand

Chart D1.1.3 Emergency Demand by Call Colour
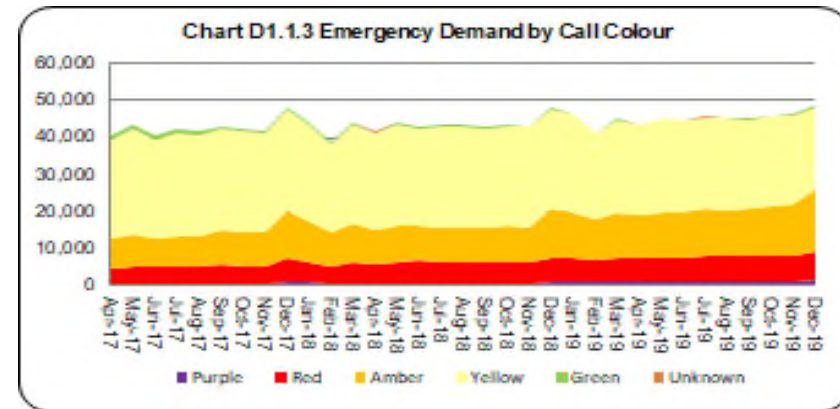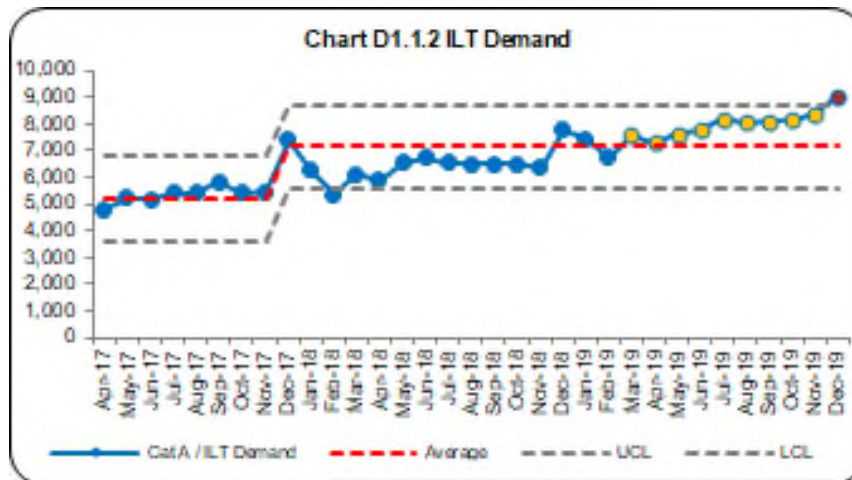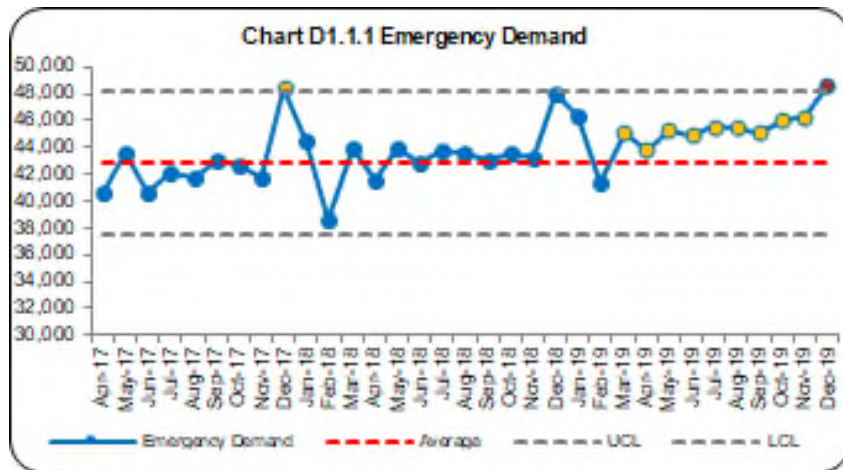
What is the data telling us? – Emergency demand has shown an increase since March 2019 with the 10 months from then being above the mean. Immediately life threatening demand has shown an increase of 16.0% in December 2019 when compared to December 2018 and overall Emergency Demand continues to show an increase of 1.1% over the same period.

Why? – A rise in ILT has been seen throughout the year and the more pronounced pattern has continued this month. The increase in purple incidents is the result of improvement work which has improved the triage of overdose patients and patients with breathing problems. A large proportion of the increase in red ILT demand has come from calls from healthcare professionals.

What are we doing and by when? – We continue to focus on a proactive management of demand in the Ambulance Control Centres by referring appropriate patients to other providers, pathways and providing additional telephone triage by Clinical Advisors. In addition, work is ongoing with the clinical directorate to fine tune senior clinical support when demand levels rise. We are working as part of the NHS Scotland Unscheduled Care Collaborative Programme to understand the

increase in unscheduled demand across the wider health and care
system and opportunities for change and improvement.

O1: Operational Measures – Unscheduled Care

O1.1 Purple Incidents Response

Chart O1.1.1 Purple Incidents Response Time Median

Chart O1.1.2 Purple Incidents Response Time 90th Centile
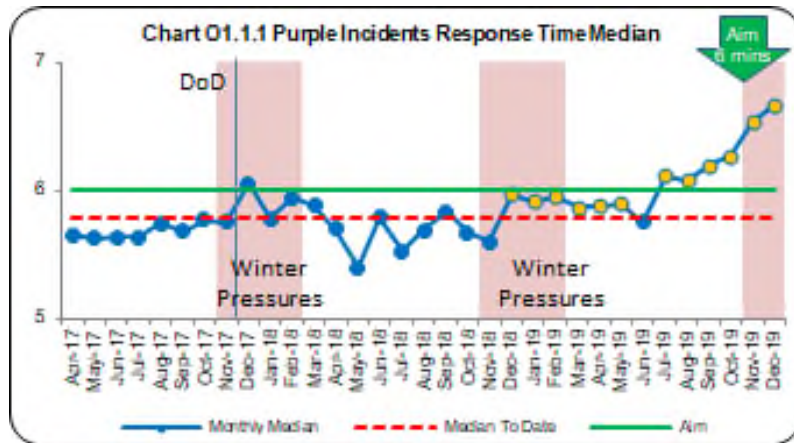
What is the data telling us? - In the last year on average we attended 1,128 purple incidents per month; these are our highest priority calls to the most acutely unwell patients. In December 2019, we attended 1,519 incidents and the performance median was 6 minutes 40 seconds (against a standard of less than 6 minutes), with a 90th percentile of 14 minutes 36 seconds (against a standard of less than 15 minutes). Non-random variation can be seen in chart O1.1.1 highlighted yellow.

Why? – This is the highest priority call and identified early in line with the NCRM through the key entry questions. We send the nearest available resource which includes diverting them from lower acuity calls. We also send an additional resource (when available) to ensure we have 3 pairs of hands at the scene to improve the outcomes from Cardiac Arrest patients.
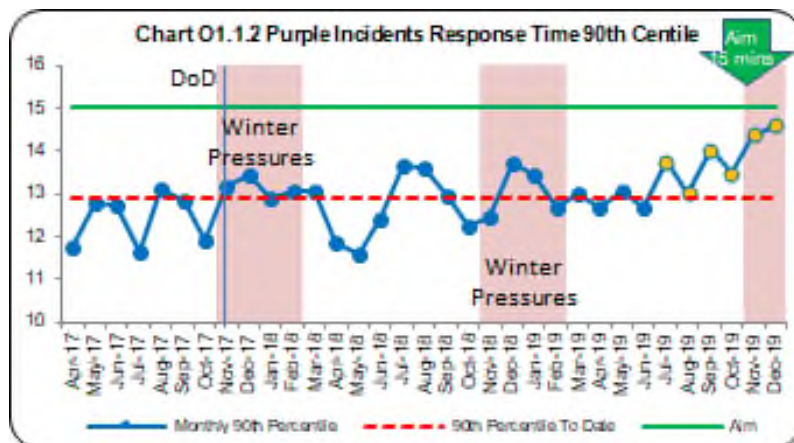
What are we doing by when? - Performance will improve through reductions in unscheduled demand and improvements in resource availability. Our work with the Unscheduled Care Collaborative Programme will help identify opportunities to reduce demand, alongside the other initiatives as set out in Board Paper 5 – Taking Care to the Patient. To improve resource availability we are progressing our recruitment and training plans and working very closely with key sites which are experiencing delays in hospital handovers.

O1.2 Red Incidents Response

Chart O1.2.1 Red Incidents Response Time Median


Chart O1.2.2 Red Incidents Response Time 90th Centile
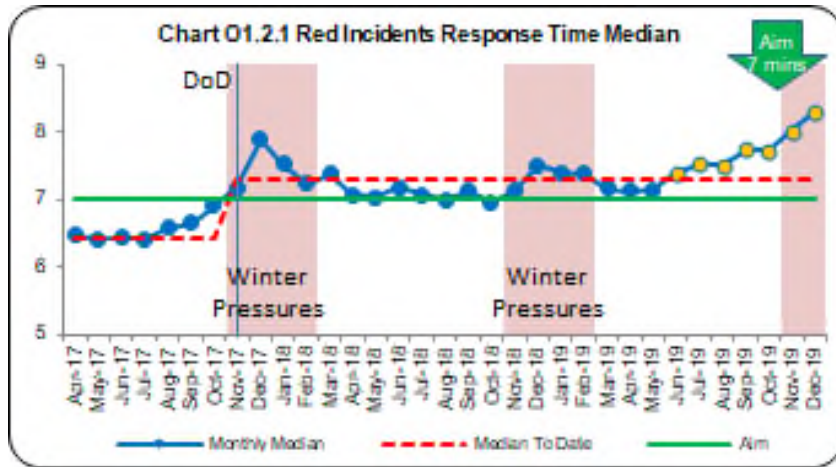
What is the data telling us? - In the last 12 months on average we attend 6,739 red incidents per month, these are our second highest priority calls to patients in an immediately life threatening situation. In December 2019, we attended 7,519 red incidents and the performance median was 8 minutes 18 seconds (against a standard of less than 7 minutes), with a 90th percentile of 18 minutes 35 seconds (against a standard of less than 15 minutes).

Why? - Performance within these areas remains outwith the standard due to an increase of 11.9% in red incidents when compared to the same period last year. The introduction of Key Phrases has improved the earlier identification of patients who present with life threatening conditions. Since their introduction we continue to identify more Red calls earlier, enabling quicker dispatch of a resource.
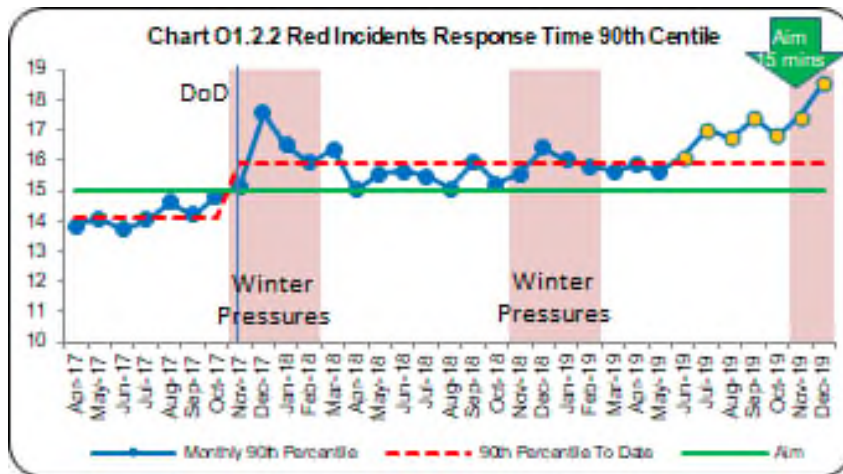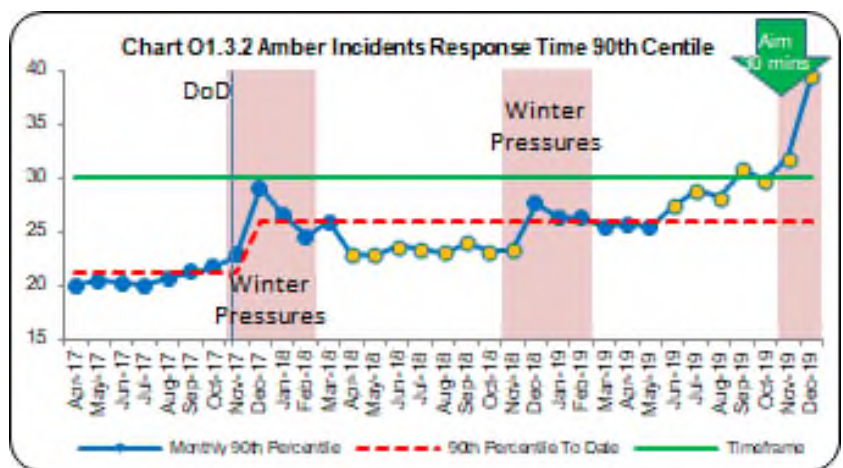
What are we doing and by when? – We are reviewing all Red calls to identify the cause of the increase. We continue to focus on the pre-positioning of resources when available to reduce the travel time of ambulance resources arriving at the scene. This will include performance management and support of dispatch in areas such as use of tactical deployment points; an additional dispatch manager has recently been employed.

O1.3 Amber Incidents Response

Chart O1.3.1 Amber Incidents Response Time Median

Chart O1.3.2 Amber Incidents Response Time 90th Centile
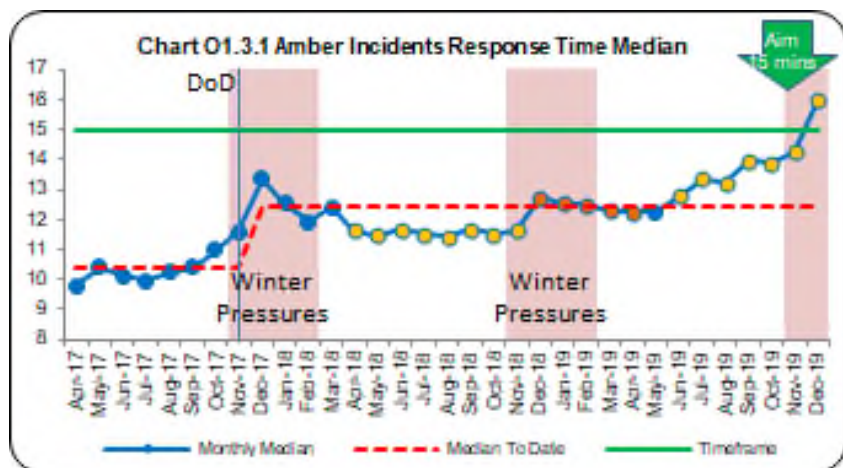
What is the data telling us? – In the last 12 months on average we attend 12,732 amber incidents per month; these are patients who have a defined need for an acute care pathway. In December 2019 we attended 16,997 amber incidents and the performance median was 16 minutes 01 seconds, with a 90th percentile of 39 minutes 29 seconds. Although there are no specific time standards for Amber calls indicative time frames for these calls are 15 minutes for the median response and 30 minutes for the 90th percentile response. Non-random variation can be seen in these charts highlighted yellow and orange.

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

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

O1.4 Yellow Incidents Response

Chart O1.4.1 Yellow Incidents Response Time Median

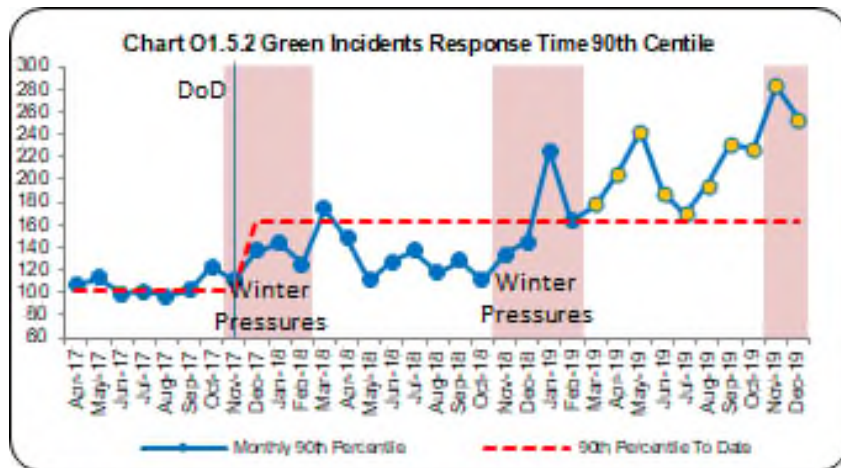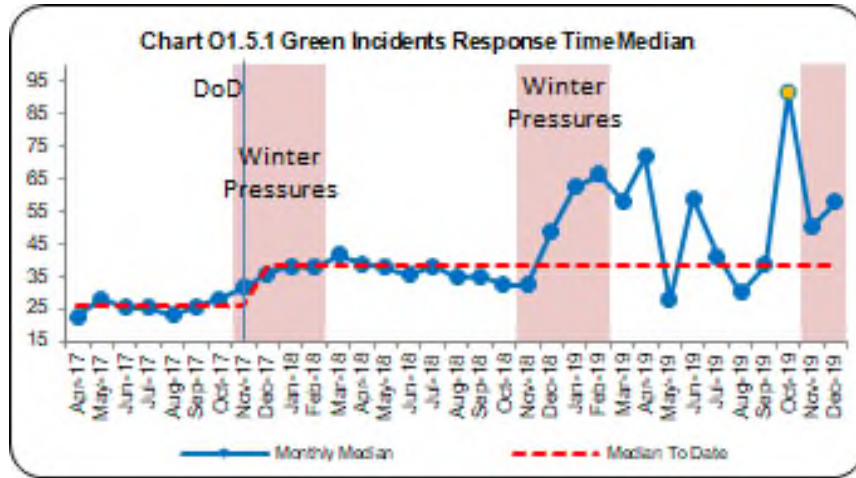Chart O1.4.2 Yellow Incidents Response Time 90th Centile
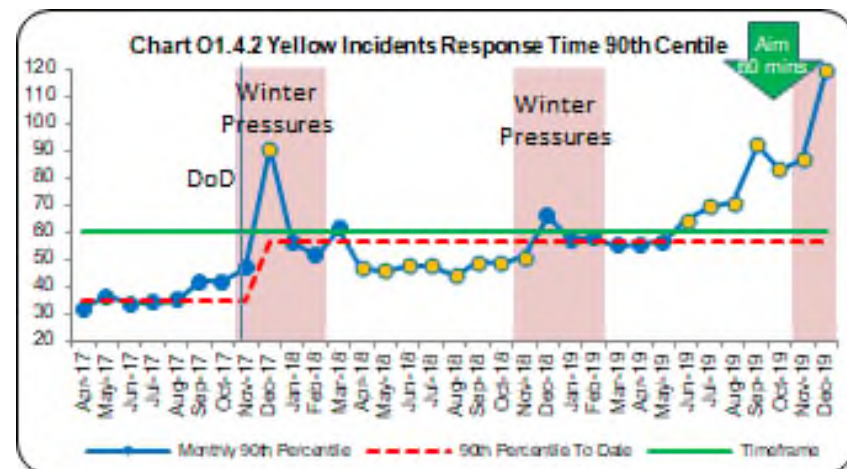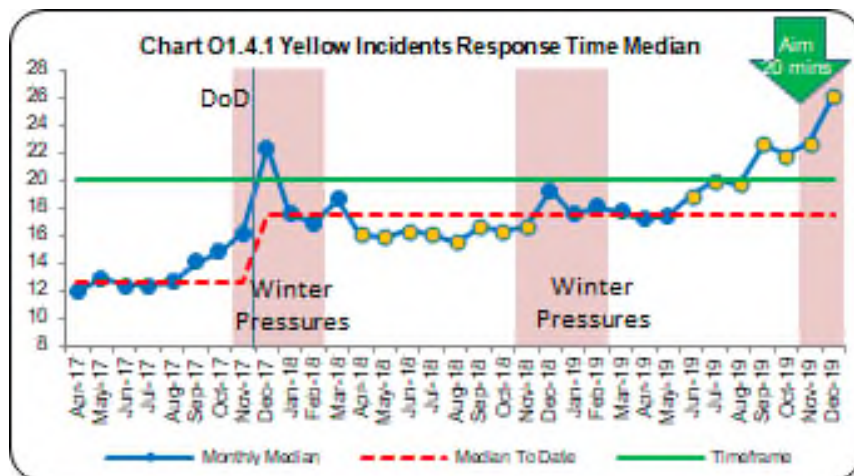
What is the data telling us? – In the last 12 months on average we attend 24,619 yellow incidents per month; these are non-immediately life threatening patients who require a response with the right resource whether that is for transfer to hospital or for referral to an alternative pathway. For December 2019, performance median was 26 minutes 12 seconds, with a 90th percentile of 1 hour, 59 minutes 54 seconds. Although there are no specific time standards for yellow calls indicative time frames for these calls are 20 minutes for the median response and 60 minutes for the 90th percentile response. Non-random variation can be seen in these charts highlighted yellow.

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

What are we doing and by when? – We continue to review yellow calls to understand the special cause behind the variation being seen. A work programme of clinical risk and demand management, led by the Medical Director and the Director of National Operations has been developed in order to mitigate risk, reduce delays and improve patient experience for those patients in lower clinical acuity categories. This requires a whole system approach to matching resources to demand and continually considering the clinical acuity of patients affected. In cases of delayed response, welfare call backs are undertaken to ensure patient safety, and enhanced management arrangements for injured falls patients in public places were introduced from November 2018. Work has taken place to ensure that any calls that are delayed by more than 45 minutes receive a clinical welfare check.

O1.5 Green Incidents Response

Chart O1.5.1 Green Incidents Response Time Median

Chart O1.5.2 Green Incidents Response Time 90th Centile

What is the data telling us? – In the last 12 months on average we attend 96 green incidents per month; these are non-immediately life threatening patients who have the potential for additional clinician led telephone triage or face to face assessment when required. For December 2019, performance median was 57 minutes 56 seconds, with a 90th percentile of 4 hours, 14 minutes 26 seconds on-random variation can be seen in these charts highlighted yellow.

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

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

O1.7 Average Turnaround Time at Hospital

Chart O1.7.1 Turnaround Time at Hospital Median

Chart O1.7.2 Turnaround Time at Hospital 90th Centile
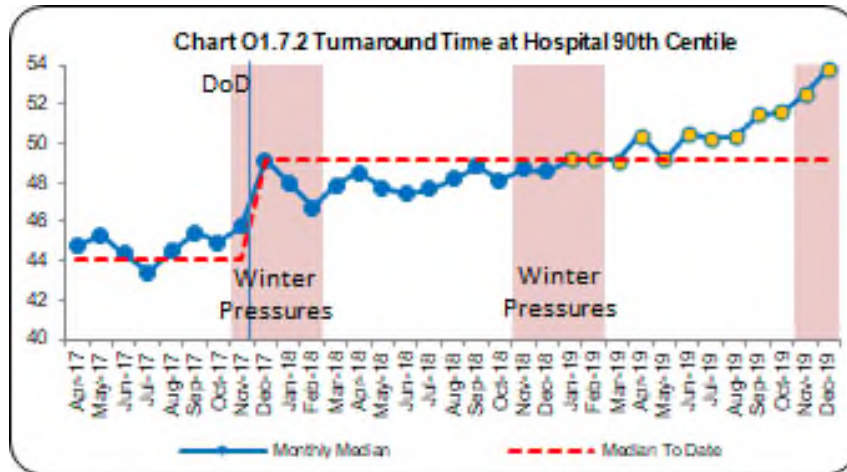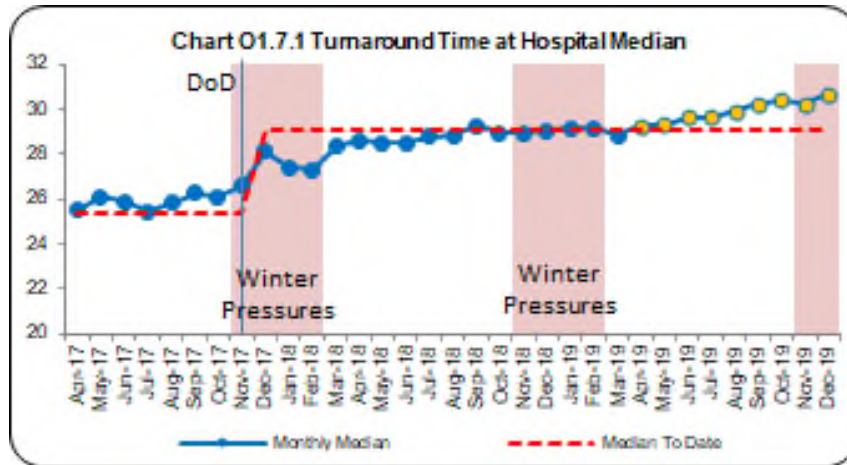
What is the data telling us? – On average we transport 32,197 (63.7%) unscheduled care patients to hospitals per month; these are patients who present through the accident and emergency service. For December 2019, we transported 33,853 (59.96%) patients with a median turnaround time at hospital of 30 minutes 42 seconds. Non random variation can be seen in these charts highlighted yellow.

Why? – The acuity and numbers of self-presenting patients impact on our ability to turn around at hospital. The chart demonstrates that the system has remained under varying degrees of pressure since last winter. This is predominantly as a result of the complexity and acuity of the sickest patients and their required length of stay in hospital affecting flow and capacity.

What are we doing and by when? – Hospital Ambulance Liaison Officers (HALOs) are deployed at the busiest hospital sites to ensure we are fully integrated and that we collectively manage flow, through the facilitation of discharges earlier in the day when identified. We have escalation plans in place with acute sites and closely monitor hospital turnaround times to ensure delays at hospital are minimised with appropriate actions taken.

O2: Operational Measures – 999 Calls

O2.1 999 Calls Answered in 10 Seconds
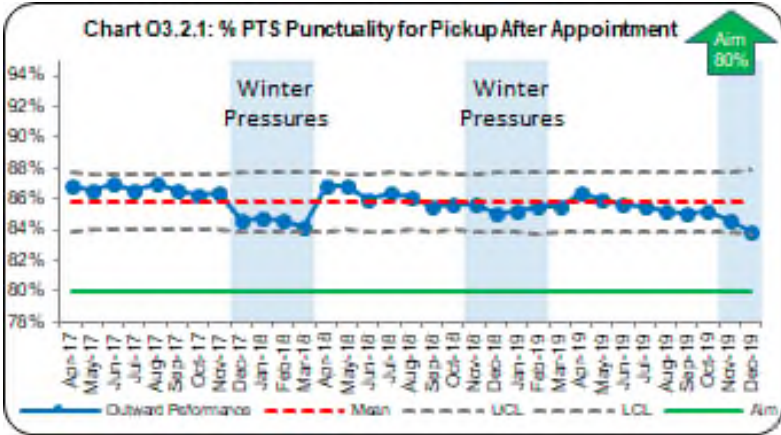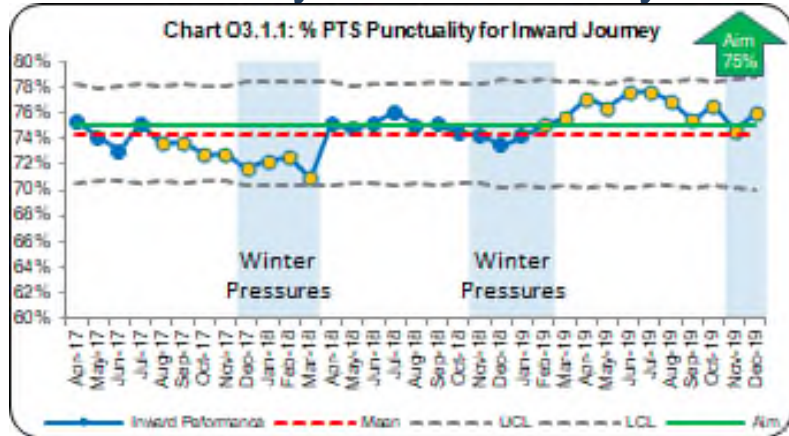

Chart O2.1.1 999 Calls Picked Up in 10 Seconds
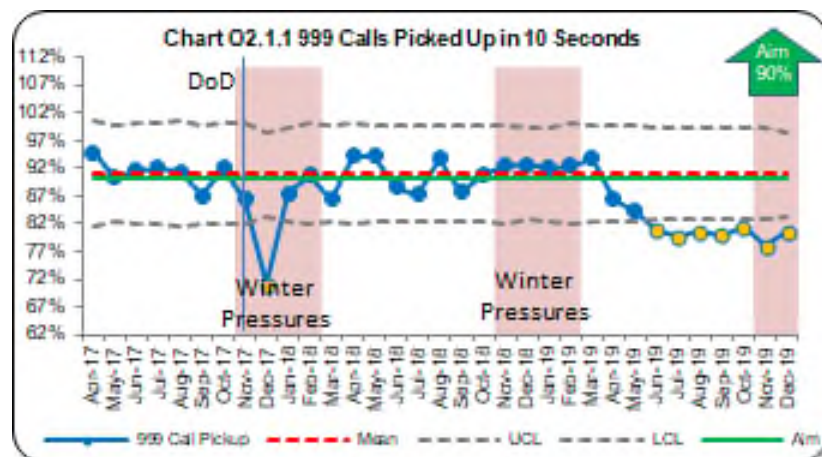
What is the data telling us? – In the last 12 months on average we answer 48,619 emergency 999 calls per month. For December 2019, we answered 58,284 emergency 999 calls with 80.5% picked up within 10 seconds (against a standard of 90%). Call demand has risen by 17.2% when compared to the same month last year. This pattern is in line with similar patterns across the UK ambulance sector. Non-random variation can be seen in this chart highlighted in yellow.

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

What are we doing and by when? – We are reviewing call pick up performance to identify the special cause of this variation. We regularly review patterns of call demand to ensure that we have sufficient resources to answer 999 calls as soon as possible. In line with the strategy, additional call handlers have been recruited and we are now at establishment with staff finalising training and mentoring. We thus expect performance to improve from January 2020.

O3: Operational Measures - Scheduled Care

O 3.1 Punctuality for Inward Journey

Chart O3.1.1: % PTS Punctuality for Inward Journey

O3.3. Cancelled by SAS No Resource

Chart O3.3.1: % PTS Cancelled by SAS - No Resource

Chart O3.2.1: % PTS Punctuality for Pickup After Appointment
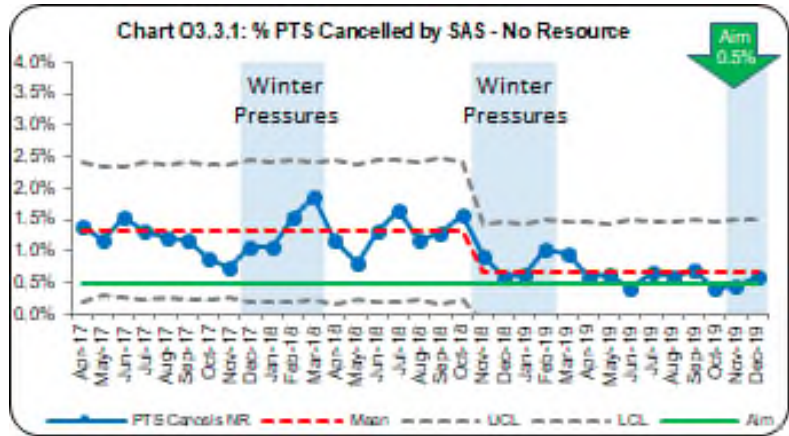
What is the data telling us? - Punctuality for Inward Journey (O3.1) was above the target of 75% for December after dipping slightly below target in November continuing a trend of improved performance with eleven consecutive months above the mean. On average we carried out 18,519 inward PTS journeys per month in 2019.

Punctuality for Pickup after Appointment (O3.2) fell during the months of November/December, but still exceeded the target of 80%. On average we facilitated 23,584 PTS pickups from appointments per month in 2019.

Journeys Cancelled by SAS – No Resource (O3.3) continues the improvement of recent months; achieving the target of less than 0.5% in November but exceeding it slightly in December with both below the mean. On average we carried 71,903 PTS journeys per month in 2019.

Why? – The improved performance trend in Punctuality for Inward Journeys in 2019 was sustained in November/ December, with both improving on the same period last year.

Performance for Punctuality for Pickup after Appointment; whilst remaining above target, fell compared to the same period in 2018. This was due to some resourcing issues due to abstractions, particularly a number of staff commencing A&E training courses and a rise in sickness absence.

PTS Journeys Cancelled by SAS – No Resource. The sustained performance improvement in 2019, which led to a recalculation of the mean from 1.3% to 0.7% continued in November/December. Performance achieved the 0.5% target in November, but exceeded it at 0.6% in December, again impacted by staffing challenges.

What are we doing and by when? – Over 40 trainee Ambulance Care Assistants completed training during December to fill vacancies and provide additional capacity over the winter period. This will improve service delivery for patients and provide capacity to handle low acuity level, same day unscheduled care patients, easing pressure on A&E resources.

The next tranche of 60 new replacement PTS vehicles, designed with the input of staff and patients, are being ordered in March for delivery during 2020, helping to improve the efficiency, reliability and comfort of the PTS fleet.

The review of the Scheduled Care Service is underway to evaluate all aspects of the service, seeking patient, staff and stakeholder views on improvements that could be made and options for future direction and development. The aim is to develop outline recommendations by Q1 of 2020/21.

E1: Staff Experience

E1.1 Sickness Absence

Chart E1.1.1: Rate of sickness absence
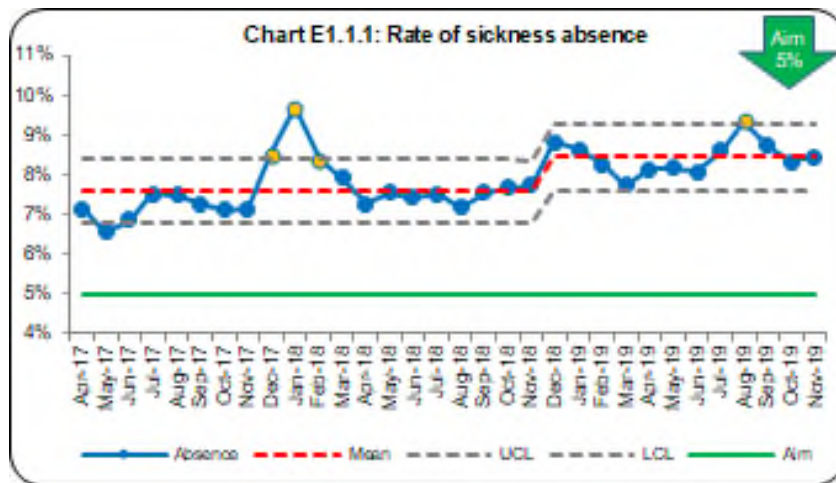
What is the data telling us? - In November 2019, the absence rate was 8.4% which is in line with our mean, it is a slight increase on the previous month and an increase in the same month the previous year which was 7.7%.

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

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

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

- The group established by our Executive Team to review all cases and sickness absence records to ensure effective management, manage the most complex cases, enhance absence tracking/monitoring and reporting, guidance, processes, protocols is progressing with initiatives.

- Following the audit work, carried out by members of the short life working group, improved attendance management training is being revised to take into account some of the common themes identified. In addition, the updated training materials will incorporate the new Once for Scotland policy on Promoting Attendance.

- A monthly brief was developed for management teams and partnership forums on supporting the management of the Special Leave policy. Following the festive period, the group will be

visiting Regional/Departmental Management Teams, to review actions coming from audit, to share good practice and ensure consistent approach to managing attendance.

- Development work with regard to consistent use of GRS, tracking and reporting of absence is ongoing.

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

E1.2 Employee Experience
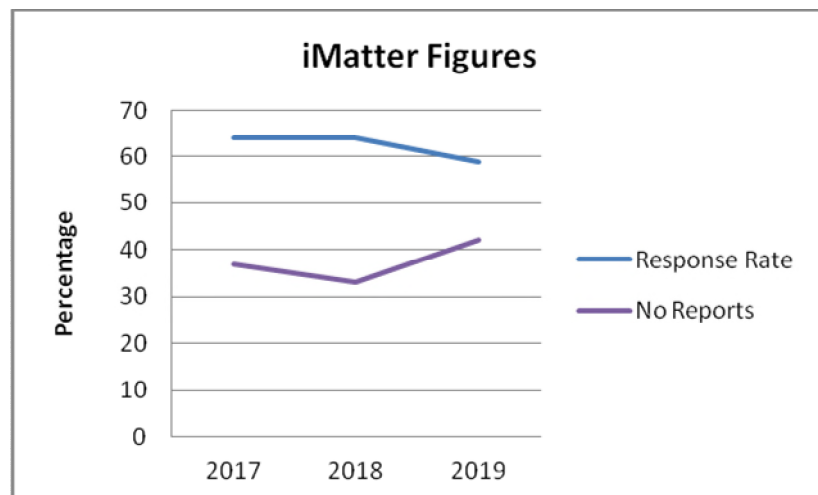
iMatter Figures

What is the data telling us?

iMatter figures as previously reported have shown a decrease in response rate of 5% and an increase in 'No reports' of 9%. The 12 week action plan completion period concluded on 1st October with a final overall completion rate of 83% (340 teams out of 410). Although this is a 3% reduction from the 2018 results our action plan completion rates have been 20% higher than the national average over the last 2 years. We will be able to compare our results to the rest of Scotland when the Health & Social Care Staff Experience Report is published in the next few weeks.

Why?

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

What are we doing and by when?

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

The recommendations from the Strathclyde report, the research review regarding the implementation of iMatter, are being integrated into leadership development programmes and our business as usual activity to reinforce staff experience as central to the way we do business, ensure it is supported at all levels and create opportunities to spread and share best practice.

Staff experience stories are being collated that can be shared both across our organisation and externally. The RUOK? team storyboard will feature in the Health & Social Care Staff Experience Report 2019 as the Scottish Ambulance Service contribution and the team have also been asked to produce a video of their work and the impact it has had.

We are collaborating with NHS Lothian in an 18 month results oriented learning network co-ordinated by the Institute of Healthcare Improvement (IHI) to improve staff experience and wellbeing within the 'Joy in Work' framework. This work will begin in earnest from March 2020 with IHI providing experts to guide, coach and support our organisations to enable change and improvement and share learning and good practice.