Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting **31 March 2021**
Item No 05

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Pauline Howie, Chief Executive Executive Directors
Action required	The Board is asked to **discuss progress** within the Service detailed through this Performance Report: - 1. **Discuss** and provide feedback on the format and content of this report. 2. **Note** performance against Annual Operational Plan (AOP) standards for the period to end February 2021. 3. **Discuss** actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality improvement and Measurement for Non Executives guidance. This paper highlights performance against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience and Financial Performance are reported in separate Board papers. <u>Clinical and Operational Performance</u> VF/VT Return of Spontaneous Circulation (ROSC) and 30 day survival for critically unwell patients remain stable despite significant system pressures. 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. 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. <u>Workforce</u> The non COVID-19 sickness absence level as at January 2021 stood at 6.3%, a reduction in the rate for the same period in January 2020

	which was 9.7%. COVID-19 absences at the beginning of March 2021 stood at 4.4%. During December 2020, the Service ran a communication campaign for staff including eight sessions for managers and leaders to highlight the wellbeing support and resources available to staff. Our workforce plans for 2020/21 have been reviewed and recruitment and training targets updated for the remainder of this year. We are recruiting to fill vacancies and 148 wte additional posts following the Government's announcement of an additional £10.7 million investment. We continue to work in partnership with staff side representatives to address the challenges of winter and COVID-19 with weekly informal calls to strengthen communications and enhance formal partnership structures. These have been very helpful when situations have been moving rapidly such as the vaccination roll out and changes to PPE requirements. As we move into spring we intend to continue the regular informal dialogue albeit at a reduced level. <u>Enabling Technology</u> The Emergency Service Network (ESN) Programme revised Full Business Case (FBC) is undergoing further revision with a final draft due in March 2021. The Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) is ongoing with extensive testing underway. The Service will be the first major ambulance service to implement the new software. Testing has uncovered issues in the software that are being reviewed in conjunction with ARP. Potential workarounds to these issues have been identified and are being considered. As it stands the Service is scheduled to have completed rollout in June 2021. The Digital Workplace Project completed the main email migration in October and followed that with a new intranet in November. The project team have now also completed the majority of work to assign the agreed licensing mix to all staff. A new public facing website is also well under development and is scheduled to be built by the end of March. The team are continuing to work through the numerous challenges that moving to Microsoft 365 has brought and are now moving forward with migrating staff to OneDrive, introducing the M365 apps and migrating staff to the new SharePoint. The Telephony Replacement Project continues to progress installations across Service sites and is scheduled to complete the Ambulance Control Centres and larger regional sites by May 2021.

Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD. 5.1 Improve our response to patients who are vulnerable in our communities. 6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.
Contribution to the 2020 vision for Health and Social Care	This programme of work underpins the Scottish Government's 2020 Vision. This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Operational Delivery Plan & Remobilisation Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Scottish Ambulance Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings

	and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Scottish Ambulance Service's Key Performance Indicators. These measures are based on the Service's 2020/21 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

What's New

As requested at the last Board meeting, narrative on A&E staff utilisation rates has been added.

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 has now been paused for 2 to 3 months due to operational pressures, arising from the COVID-19 pandemic.

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

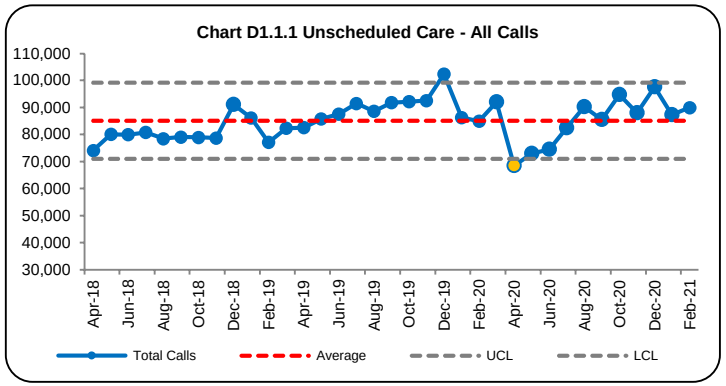
Rule 1: A run of six or more points in a row above or below the median

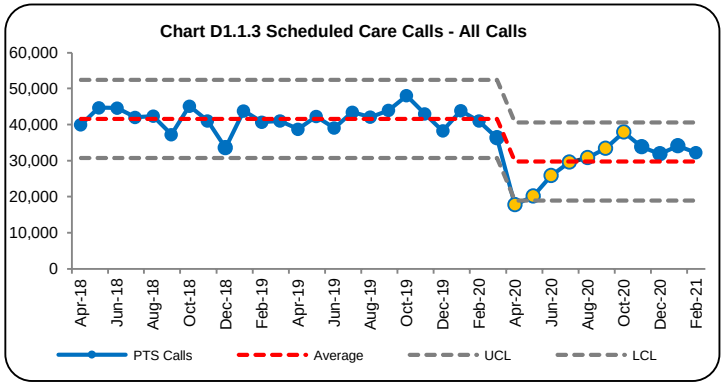
Rule 2: Five or more consecutive points increasing or decreasing

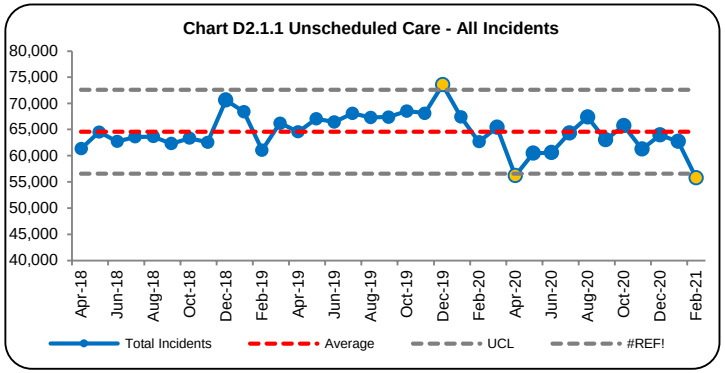
Rule 3: Too few or too many runs, or crossings, of the median

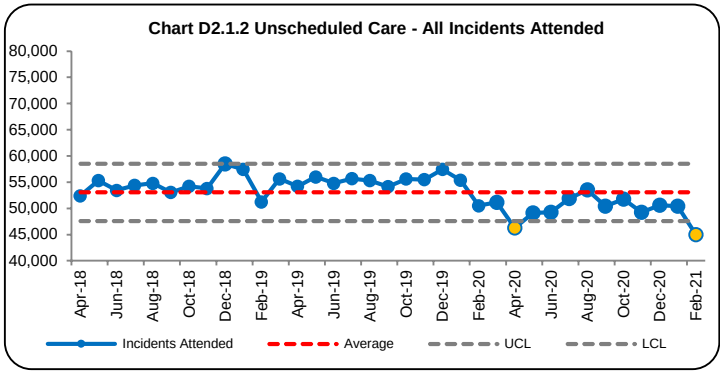
Rule 4: Undeniably large or small data point (astronomical data point)

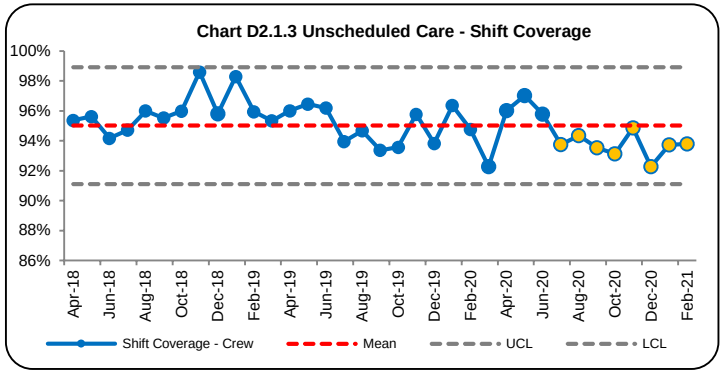
D: Demand Measures

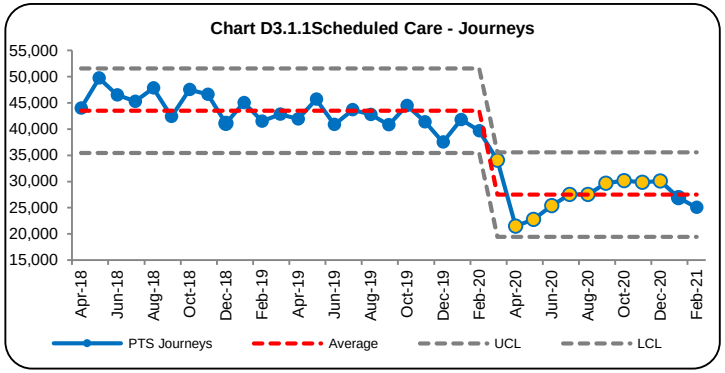












What is the data telling us? – Since March 2020, the UK has been in the midst of the COVID-19 global pandemic. This has resulted in Scotland being placed in lockdown from the 23 March 2020 with restrictions easing gradually from the 27 May 2020. Tighter restrictions around hospitality were brought in across Scotland on the 9 October 2020 with the strictest controls in the central belt. On the 2 November 2020, Scotland moved to a 5 tier system of restrictions. Following a relaxation of the rules to allow limited socialising on Christmas day mainland Scotland was again placed in strict lockdown measures from 26 December 2020 with a partial re-opening of primary and secondary schools on 22 February 2021.

Demand across all areas dropped at the start of the pandemic in April 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 January and February have been lower than previous years, with February, being a 28 day month, taking unscheduled demand levels below lower control limits.

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 with 1,799 attended in February 2021 – this is less than was reported in February 2020 (1,875), although is consistent with the daily average attended due to the additional reporting date in February 2020 (leap year).

Since go live on 24 November 2020 until end of February, there have also been approximately 298 mental health incidents passed to the mental health hub.

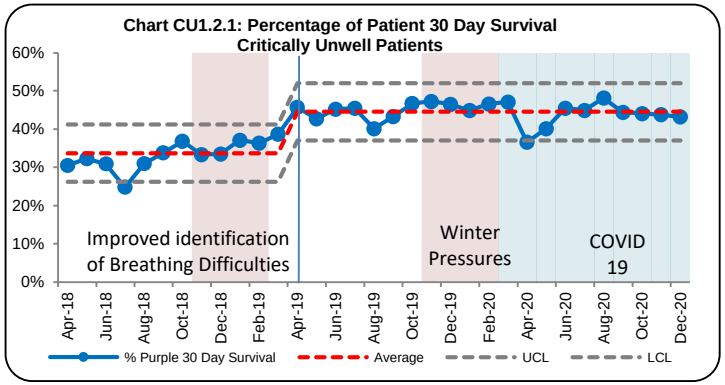
Accident and Emergency shift coverage in January and February was slightly below the mean at 94%, caused by increased COVID-19 related abstractions. Utilisation rates nationally of Accident and Emergency staff in January and February were 57.6% and 57.1% respectively; best practice across UK ambulance services is for a maximum of 55% utilisation rates.

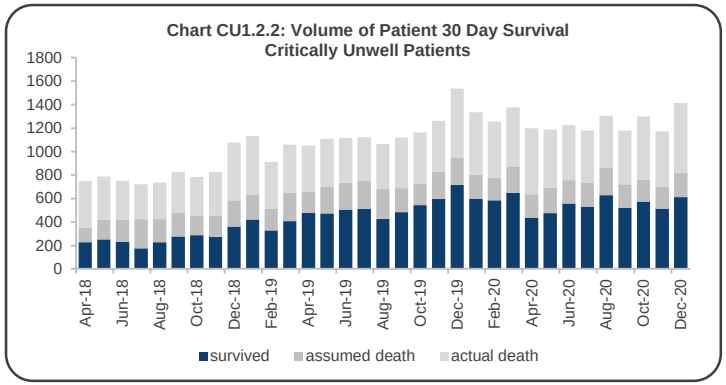
What are we doing to further improve and by when? –
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated based on intelligence of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

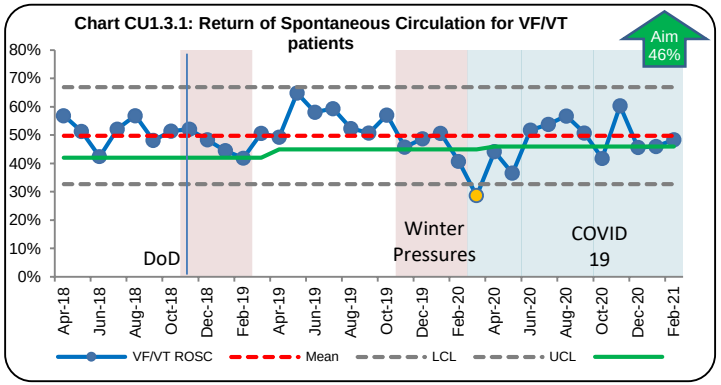
As part of our remobilisation plans we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. These are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

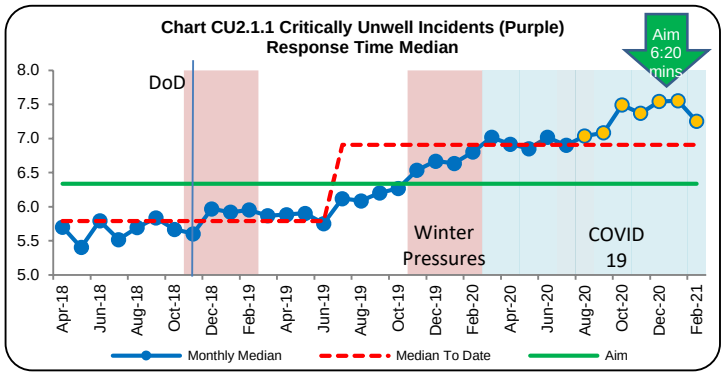
Our work to support staff health and wellbeing and increase resourcing is explained later in the paper, both of which will improve shift coverage and utilisation rates.

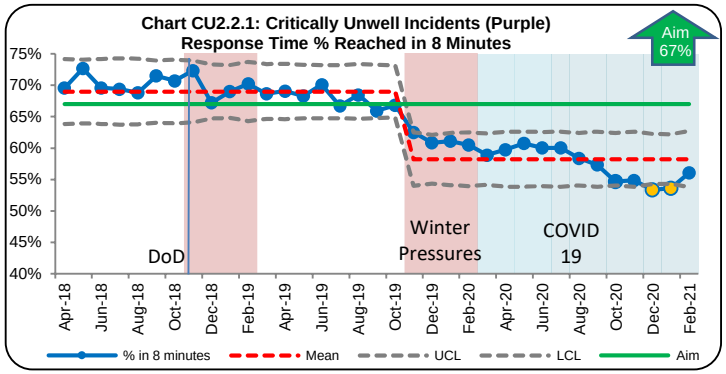
Purple Response Category: Critically Unwell Patients

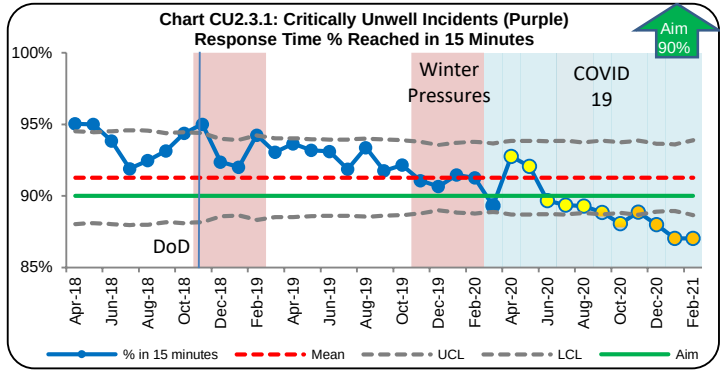












What is the data telling us?

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 the percentage of patients where ROSC was achieved remains stable. Throughout the pandemic, there have 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 data of recovery from the COVID-19 impact.

This strong performance is based on an approach of looking at all aspects of the 'chain of survival', which has underpinned Scotland's response to OHCA.

The Service's key aims of improving a range of factors that contribute to survival and the reduction of poor neurological outcomes have seen improvements in bystander CPR rates, Public Access Defibrillator use and post ROSC support such as the use of inotropic medications for shock, sedatives for severe agitation and advanced practitioner expertise.

As we now look to recover from the pandemic, the next iteration of Scotland's OHCA strategy 2021 - 2026 is in the final draft stages and should be published by the end of March 2021.

This will contain ambitious new targets including:

- further increasing bystander CPR rates,
- improving public access defibrillator use, and
- using the GoodSAM phone app to increase community response to OHCA, with all of these factors leading to increased survival.

Importantly, the strategy also incorporates learning we have taken from the initial strategy phase. 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 careful 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 - The investment around Major Trauma is now benefitting a wider group of critically unwell patients. We have two teams of Advanced Practitioners in Critical Care (APCC) currently operating within the Service, six in what will shortly become the South-East Trauma Network and six in the West Trauma Network. Their independent practice roster, mapped to modelled demand, sees them responding to trauma and other critical incidents.

A key role of the APCC is to deliver "on the ground" support to the Service's frontline clinicians when dealing with challenging clinical scenarios. As well as providing specific advanced clinical interventions, the APCC team also provide support in the form of clinical and situational leadership, feedback, informal training and debrief at incidents with the aim of enhancing the overall knowledge and experience of the entire SAS workforce. In addition to their frontline clinical role, the

APCC responded to the 2020 COVID-19 crisis by supporting development of a “Critical Care Desk” in the Ambulance Control Centre (ACC). This pathfinder project is utilising our APCC to support our ACC colleagues and SAS paramedics with tasking and remote clinical decision making in relation to our most critically unwell patients.

To augment this in the Highland region are the Advanced Rural Practitioners, a team of six practitioners from a paramedic or nursing background, whom are currently in training with Raigmore Hospital in Inverness. This is an entirely novel role and represents collaboration between NHS Highland and the Service. The role of the Advanced Rural Practitioner is to support clinicians in managing trauma and medical emergencies.

With the planned opening of the Major Trauma Centres in the West and South East of Scotland later this year we continue to develop at pace our implementation plans.

We are also working closely with our regional Health Board partners in relation to the impact of redesign particularly across orthopaedic and stroke services on ambulance service provision across the West of Scotland.

Purple Median Response

As illustrated in chart CU 2.1.1 the median response to purple calls has been increasing over time and a review of the factors that have the potential to influence this have been reported to the Board in recent months. The data point in February 2021 shows a reduction in median response times to purple calls. We are continuing to see extended hospital turnaround times, higher levels of staff abstractions and shift coverage levels, which reflect pressures that the COVID-19 pandemic is placing on the Service and the wider health and care system.

Why?

Key causes for the increase in purple response times since the summer of 2019 can be attributed to:

- extended hospital turnaround times reducing operational availability

- appropriately upgrading calls where call handlers have recognised a deterioration in breathing for example by using the breathing detector tool. When a patient is found collapsed by members of the public, through triage our call handlers are identifying that the patient may not be breathing effectively or not breathing at all. Our response time does not reset itself when the need for a higher acuity clinical response is identified through more detailed patient information and triage.
- Whilst as a percentage of all demand, purple calls represent low numbers they do require more ambulance resources than other calls which is associated with increased survival to discharge.
- For a range of calls, ambulance crews are spending more time on scene where it is clinically appropriate to do so, seeing and treating patients in their home or local community or referring patients on to pathways of care where a hospital admission is not required. This increases service time but is clinically appropriate to do so.

- Pressures of COVID-19 with increased service time and pressures that the COVID-19 pandemic is placing on the Service and the wider health and care system.

A Short Life Working Group is looking at response times and has identified focused areas for improvement. These are set out below

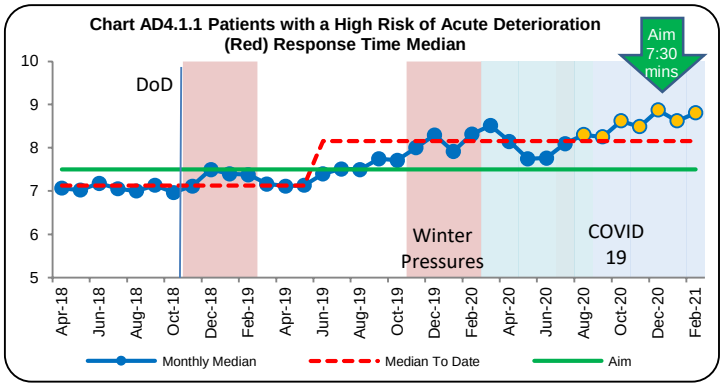
- Reducing the time it takes to dispatch ambulances to immediately life threatening calls by using auto-dispatch in our ambulance control centres (ACCs). Once fully implemented, the Auto Dispatch module will reduce the time taken to deploy appropriate ambulance resources to certain incidents by on average 60 seconds. There is a schedule of work in place by end April 2021 to further develop its functionality and to increase the number of purple and red category incidents that are Auto Dispatched.
- Reducing Hospital Turnaround Times (HTAT). A National Group chaired by our Medical Director is reviewing HTAT in collaboration with Medical Directors of NHS Boards and Scottish Government. Detailed work is being progressed by regional teams with hospitals and health boards. This includes detailed escalation plans and joint improvement actions.
- Reactivating Community First Responders and other Responders to respond to immediately life threatening calls across Scotland. Since October 2020, Community First Responder (CFR) Schemes have been receiving updated training across Scotland. Over 600 individual CFRs and 110 CFR Groups have now been reactivated. The trajectory of CFR calls is continuing to increase with a notable increase in utilisation. The aim is to continue to increase utilisation of CFRs and other Responders over the next 6 months.
- Increasing ambulance resources and reviewing rosters through the Demand and Capacity Work Programme to optimise response times.
- Developing new static ambulance locations as part of the demand and capacity work, targeting ambulance resources to meet demand. The East Region is planning to introduce 4 new static sites in Edinburgh and Lothian with 3 of these due to go live in the next 3 months. The West and North Regions are also looking at new static site locations.
- Working closely with Police Scotland around the triage and coding of Police Calls. A Test of Change is being undertaken with Police Scotland to reduce the tasking of multiple ambulance resources to calls where there is no CPR ongoing and the patient is beyond help.
- Working closely with Flow Navigation Centres and Mental Health Assessment Centres to open up community pathways for ambulance crews and patients. This is part of the National Redesign of Urgent Care Work.
- Free up operational time for front line ambulances to respond to high acuity calls through low acuity ambulance resources that can safely convey patients to hospital where there is not a clinical requirement for a Paramedic and Technician ambulance crew. This is part of the Demand and Capacity Work Programme with additional

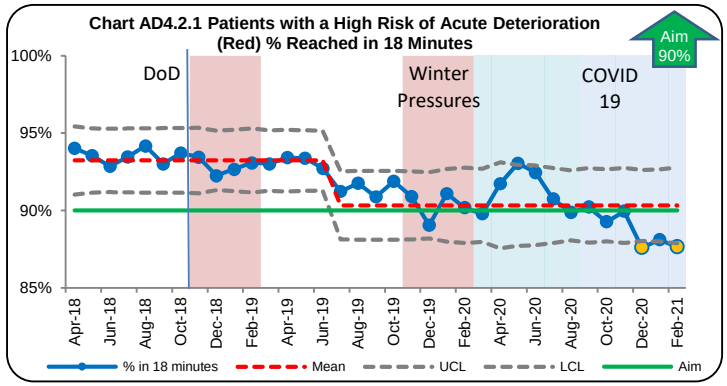
PTS ambulances being introduced for low acuity work by the end of March 2021.

- Reducing unavailable time for ambulance crews by undertaking ‘make ready’ tests of change where ambulances are cleaned and restocked by non-clinical staff freeing up ambulance crews to respond to other calls.

The 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





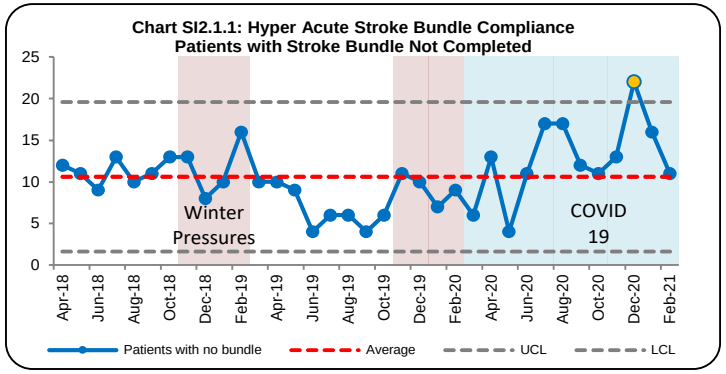
What is the data telling us? – Our median Red response time (Chart AD4.1.1) is above target and has been fluctuating between 8 and 9 minutes since late 2020. Since December 2020, we have three data points where the percentage of calls with a response within 18 minutes is below target and close to the lower control limit (Chart AD4.2.1).

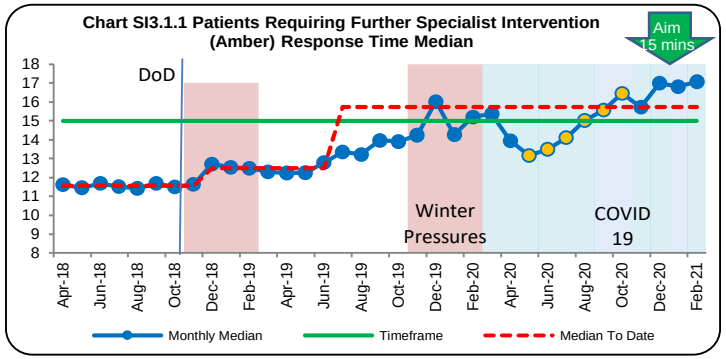
Why? The Median response time has fluctuated between 8 and 9 minutes since late 2020 and the % of calls meeting the 18 minute response is below target. Many of the reasons for this align to the detailed analysis of purple response outlined in this and previous board papers.

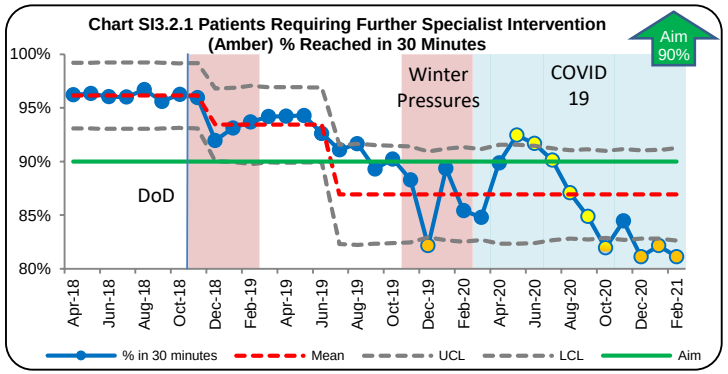
What are we doing and by when?

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 (chart SI 3.1.1). The percentage of these calls reached within 30 minutes was below the lower control limit for the previous 3 months at 81.1% in February 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? -
Stroke -The model of stroke care in Scotland is evolving with plans under development for a national Thrombectomy service, and continued refinements to local pathways implemented. All of these changes in the system have implications for the Service, require careful modelling and often need complex changes in our response. The planning work to support such system changes is essential and is part of our mitigation of SAS Corporate Risk 4368 (Also on the Clinical Risk Register).

Working closely with the Thrombectomy Action Group (TAG) the Scottish Government aims to design, implement and operate an improved national integrated approach for mechanical thrombectomy following hyperacute stroke. To support successful delivery of this proposal, the Service has submitted an

outline business case describing our role in the planned national integrated approach to thrombectomy.

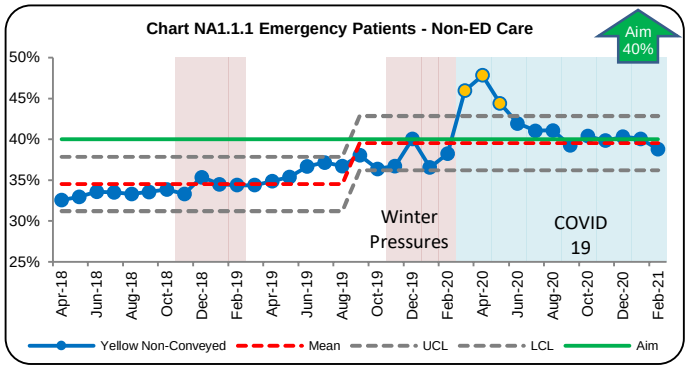
Currently there is no thrombectomy provision covering the whole of Scotland, however this proposal presents a significant opportunity to improve clinical outcomes and the lives of stroke patients across the country. Following a phased thrombectomy implementation plan, which is currently being tested in the North, patients will be transferred to one of three Thrombectomy Centres across the North, East and West of Scotland. The Service is a key partner in this work as our ability to support the delivery of time critical transfers will be fundamental to the programme.

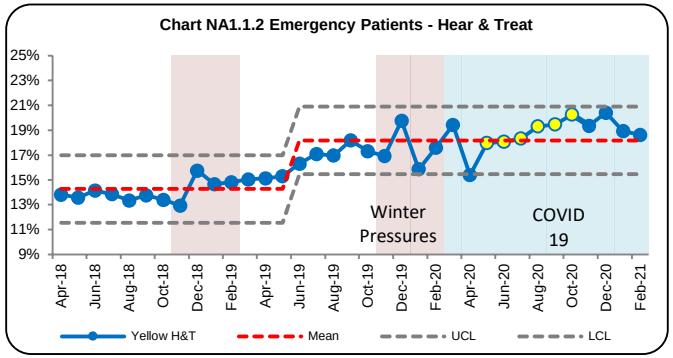
Changes in clinical practice are potentially impacting our use, and reporting of the stroke 'bundle'. For example, patients affected by Hyper Acute Stroke (HAS), but who for various clinical reasons will not receive thrombolysis, do now not require to be pre-alerted to the Emergency Department. This gives the impression that a patient for HAS has not received the Stroke Care Bundle, where in fact their care was in line with best clinical practice.

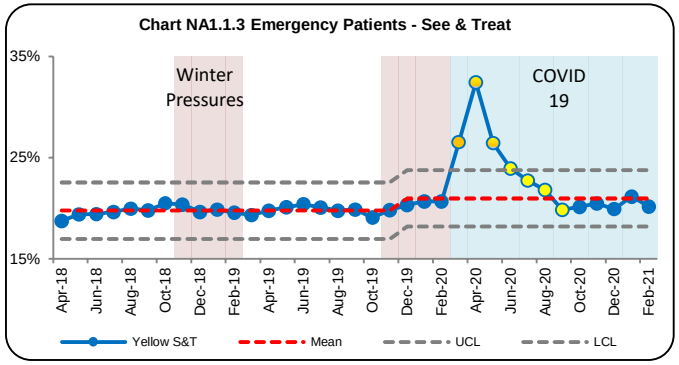
Work is ongoing to evaluate current stroke KPIs with specific focus on the current bundle and how, if adapted, this could complement a broader range of pre-hospital stroke measures in which we seek to include ACC diagnosis and accuracy in the detection of stroke at first point of contact with the Service.

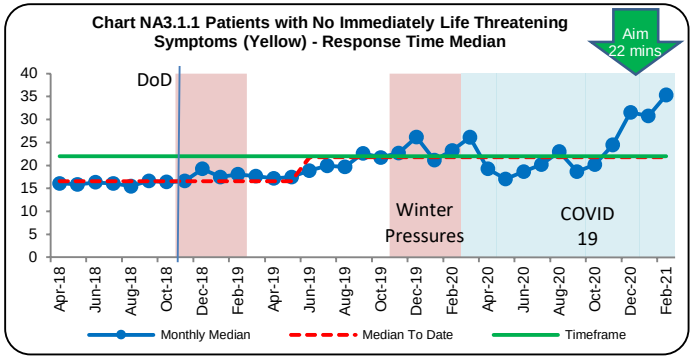
Regarding response times; we are implementing actions described above under the 'Purple' narrative and interventions to increase recruitment, reduce time at hospital for ambulances and delivering our Demand and Capacity programme will increase ambulance availability and are fundamental to bringing our response times back within target.

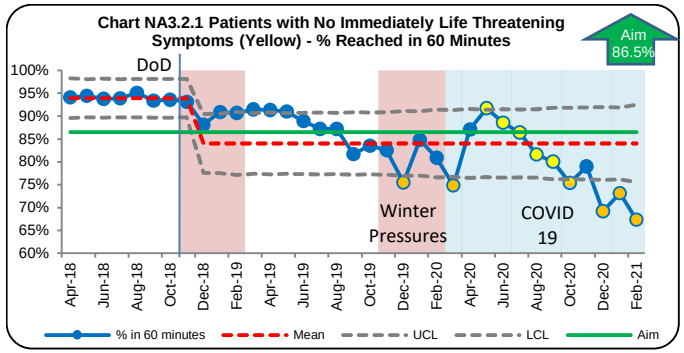
Yellow Response Category: Emergency Patients with no Life Threatening Symptoms











What is the data telling us –

Chart NA1.1.1 provides an overview of our response to patients in the Yellow category and has been 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 February, this dipped below the aim to 39.5%. 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. In February 2021, this has decreased to 18.2% from 18.9% in January 2021.

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

In February 2021, the Service responded to 50% of patients within 35 minutes 3 seconds and 67.3% in 60 minutes.

The median response time (Chart NA 3.1.1) has continued to increase in February 2021 for the Yellow response category, reflecting 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 (RUC) programme is an extremely positive development for the Service and we continue to work closely with the Scottish Government and individual Boards with the aim of improving patient experience and contributing to enhanced, whole system working.

Our aim is to secure a uniform approach in terms of our access to Board Flow Navigation Centres (FNC) and to date, we have gained direct access for our Advanced Practitioners to refer and schedule patients via these Centres to book appointments within the Emergency Department or Minor Injury Unit. We continue to broaden our reach in terms of professional to professional support for our frontline clinicians and are aiming to extend this to planning and scheduling appointments in the months ahead. To date we have had extremely positive staff feedback on the opportunities that these Centres provide particularly in terms of patient experience.

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. There is recognition that the Flow Navigation Centres have the potential to be an enabler in augmenting our pathway access.

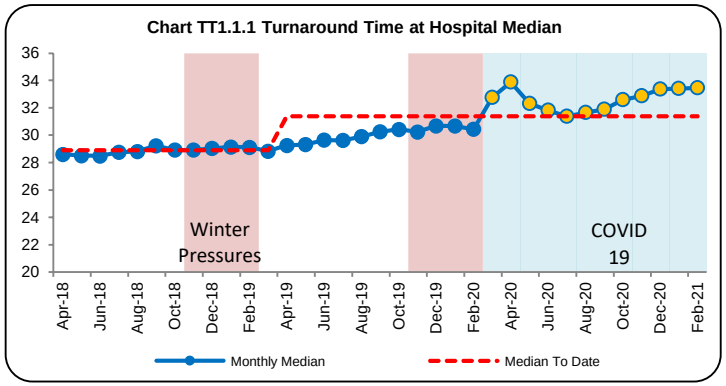
Within Phase 2 of the RUC program, the Service has a dedicated work stream, reflecting the crucial role of its clinicians in providing out of hospital care and in determining the needs of patients who need hospital care for urgent presentations, supporting the signposting of these patients to the right care at the right time.

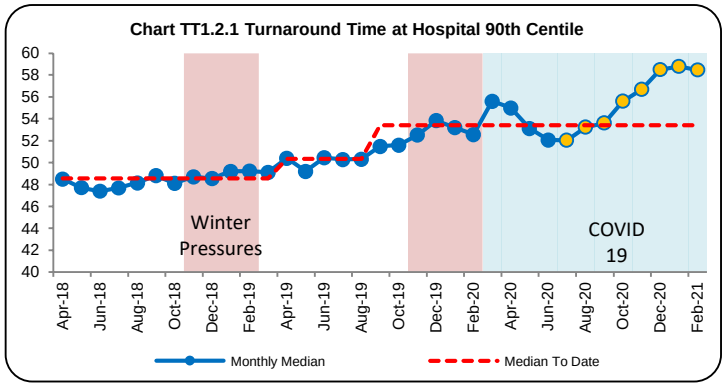
We are also exploring a number of digital opportunities to improve our electronic interfaces across the system, including connections with NHS 24 and FNCs.

We have continued to strengthen our response to patients experiencing mental health distress and following successful pilots of mental health response models by April 2021 we will have three multidisciplinary mental health response models in place covering Glasgow, Inverness and Dundee. Each car will trial mixed responses of a mental health practitioner, paramedic and Police Scotland to respond to people experiencing mental health distress within the community. The trial will develop a whole system approach so the patient experience is improved at point of entry, not shifting the patient unnecessarily from care giver to care giver with an unsatisfactory outcome. All trial areas will adapt throughout the year so they best serve each geographical area.

Work with NHS 24 Mental Health hub continues and this is accessible via two routes – one where calls triaged as low acuity by the Service are directly transferred to NHS 24 and dealt with directly and since November 2020 298 calls have been passed to and managed by the mental health hub, which is 84% of the possible calls. The second route, which was initiated in December 2020 means that crews are able to directly refer patients to the mental health hub following face to face assessment with patients.

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 significant lost 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.

The 90th centile and those beyond this measure are a manifestation on ambulance activity of significant blocks to patient flow, and result in poor patient and staff experience as well as lost ambulance unavailability.

Why? – Ensuring efficient flow of patients through the acute system has been a challenge for many years, and various measures to focus on this such a 4 hour ED waits and 'delayed discharges' will be familiar measures to many. This is a high priority for those at within both board and community health and care systems. Ambulance turnaround delays have been a source of focus for a considerable time, however the issue has become more acute with the imperative of strict infection prevention and control measures due to the COVID-19 pandemic. Pressures on systems where we have not previously had challenges re turnaround times, are now being observed.

What are we doing and by when? –

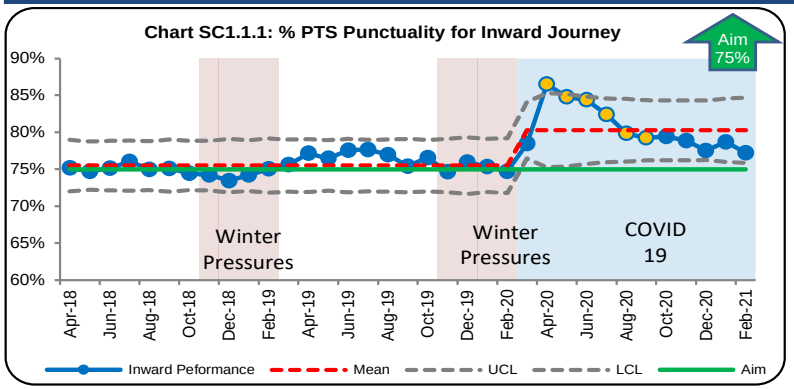
Hospital Ambulance Liaison Officers (HALOs) continue to be deployed at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow. HALOs are supported by local managers where this is needed. In the East of Scotland funding is in place through NHS Lothian which has

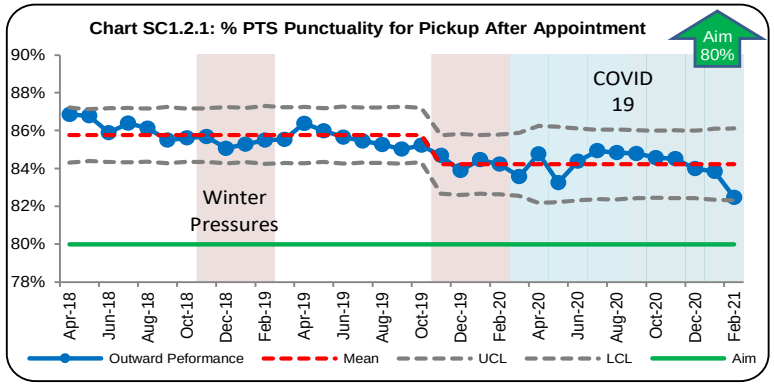
allowed increased HALO capacity over the winter months. This additional capacity has extended HALO cover across the key hospital sites supporting collaborative work to redesign the ED flow at St John's in particular. Additional HALO capacity has also been put into Fife as part of the response to COVID-19 and NHS Fife have recently committed to funding a 0.5 WTE HALO position on a recurring basis. Potential funding streams are being explored with colleagues in other Health Board areas.

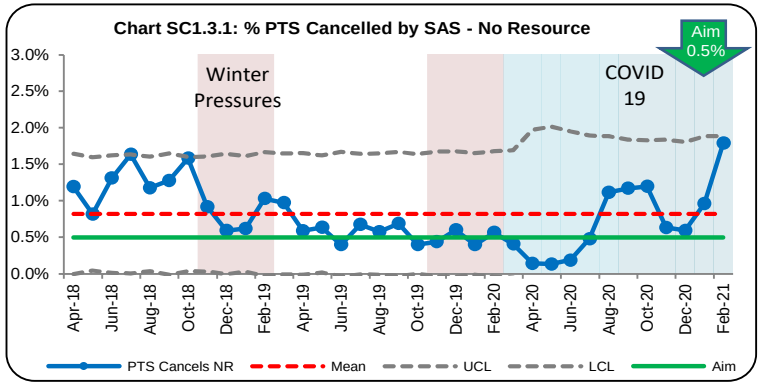
Other specific actions include:

- Test of 'Make Ready' support at the QEUH to help clean and re-stock vehicles while patients are being admitted to the ED
- A dedicated discharge vehicle with audit of its activity to improve overall flow at the QEUH. Volumes and practice at the QEUH mean that there are higher numbers of 'on the day' discharges than on other sites so our ability to support these discharges improves flow across the system.
- Increase use of Minor Injuries Units as an alternative to ED.
- A joint review of escalation policies and how these are implemented in NHSGGC. This has led to improved communication between partners and resulted in more anticipatory actions to avoid system delays.
- 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.
- Increase use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Consideration of shared access to technology platforms between partners to improve anticipation of system pressures, such as partner access to hospital arrival screens.
- All efforts re safe alternative measures to ED admission described earlier in terms of the Redesign of Urgent Care programme.
- The Service will be supporting the relocation of Edinburgh's Sick Children's hospital which is anticipated through March 2021.

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 February 2021. Punctuality for Inward appointments and after appointment remain within normal control limits in February 2021, at 77.2% and 82.5% respectively.

The percentage of PTS cancelled by the Service in the "No Resource" category increased to 1.9%. Abort from patients also increased in February 2021 but there was a slight drop in the percentage cancelled by health board.

Why? -

COVID19 infection control measures remain in place, which limits scheduled care to transporting one patient per journey reducing overall capacity. There has also been an increase in staff abstractions due to staff shielding again from December 2020. Service time for each patient journey has also increased with increased infection control measures in place.

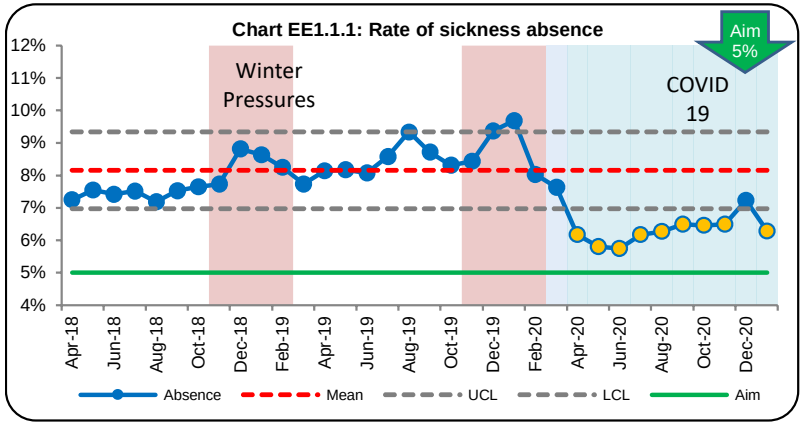
What are we doing and by when? -

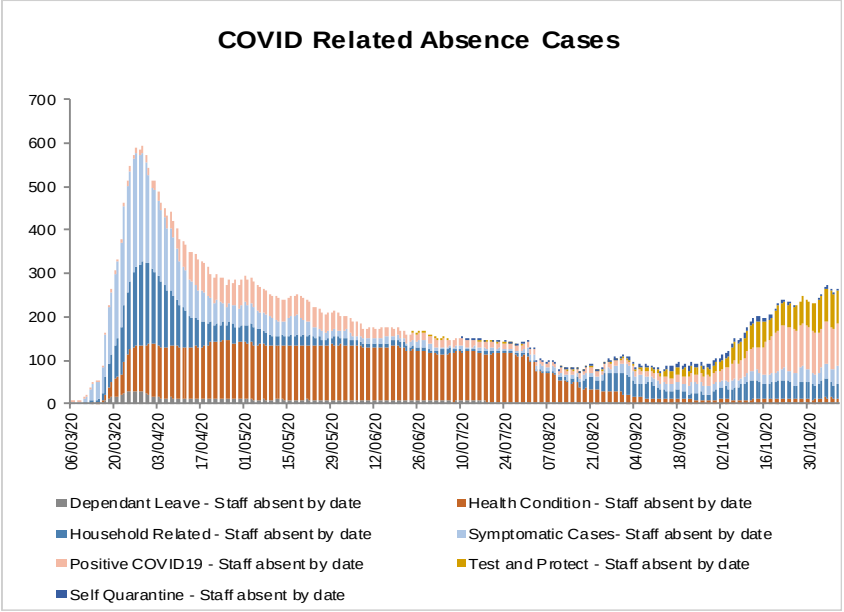
We are continuing to review patient cancellation codes looking at the trends and responding with mitigating actions.

Patients requiring urgent care and treatment are being prioritised with hospitals. This includes but is not exclusive to patient transport for Oncology, Dialysis and Macular Degeneration patients. We are also working with Boards and transport providers to identify alternative transport options for patients who do not require ambulance care and transport to release capacity to support our wider ambulance response to COVID-19.

SE: Staff Experience

Sickness Absence





What is the data telling us? – The non COVID-19 Sickness Absence level as at January 2021 stood at 6.3% a reduction in the rate for the same period in January 2020 of 9.7%. The national Workforce Official Statistics were published on 3rd March 2021 for the financial year April 2019 to March 2020 noting a sickness absence level for the Service for the period of 8.4%.

For internal management information purposes and in line with Scottish Government advice we are recording COVID-19 related absences separately. To fit 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 their peak level of 13.2% in week commencing 23 March 2020. For the week ending 14th March 2021 the number of COVID-19 absences cases across the Service was 4.4%. 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, particularly in terms of short-term absence, but as the COVID-19 related absence decreased the sickness absence rate 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.

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.
During October, November and December 2020, the Human Resources team delivered Once for Scotland Attendance Management MS Teams workshops for approximately 130 second and senior line managers and 80 partnership stewards. The workshops included specific advice on COVID-19 absence handling based on national guidance received. Our managers are therefore now ideally equipped with the skills, knowledge and experience to manage attendance robustly, consistently and equitably across the Service. 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 are 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 newly developed Service 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 develop improved absence monitoring. Initial changes focus on return to work recording and absence management tracking, with a final review of this due before the end of March 2021, ready for the start of the new financial year.

- 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.

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 & supported and would recommend our organisation as a great place to work.

What is the data telling us? – We achieved a 40% response rate to the National Wellbeing Pulse Survey with comparative data from Health & Social Care in Scotland previously reported. Directorates have held discussions to take forward actions locally and the Senior Leadership Team met on 25 February 2021 to develop a Board Wellbeing Pulse Survey Action Plan. From these discussions it was agreed to take action on three themes over the following year:

- Staff recognition
- Staff empowerment & engagement
- Kindness and compassion

What are we doing and by when?

The Health & Wellbeing Strategy 2021-24 and Health & Wellbeing Roadmap 2021/22 were approved at the 9 December Staff Governance Committee and 27 January Board meetings. The Strategy was launched at the 10 February Staff Engagement Session as we move into the implementation phase.

Our top priority in the final quarter of 2020/21 has been to support the wellbeing and welfare of our workforce through a challenging winter period with a noticeable increase in the levels of fatigue experienced. Staff and managers in all roles have been encouraged to take annual leave as appropriate to ensure everyone is getting some rest and recuperation.

Some of the additional practical support we have put in place for staff over this period has included:

- Ensuring staff have access to refreshments especially at Emergency Departments when there have been long waiting and turnaround times
- Working with partners such as the British Red Cross to supply welfare vehicles which provide refreshments
- 'Wellbeing Hub in a Tub' - snacks, food and drinks at Emergency Departments in NHS Lothian sites supplied by the Edinburgh & Lothian Health Fund
- Supplies of bottled water donated by Highland Spring as an interim measure whilst we procure insulated bottles for all staff and volunteers
- Supplies of tea, coffee, milk and sugar to stations

Staff engagement sessions hosted on MS Teams are continuing weekly to ensure staff are informed and have a chance to feedback and put forward their ideas regarding issues that affect them in the Service. One of these sessions has featured 'Standeasy', an organisation that has predominantly worked with Veterans to build resilience and improve confidence & wellbeing. We are holding two staff taster sessions initially with a view to undertaking more targeted work afterwards.

Health & Wellbeing has continued to feature in communications with a weekly Staff Brief on a Monday and the Chief Executive's bulletin on a Thursday, promoting national campaigns and signposting to wellbeing help and resources.

Workforce Development

1. Employee Resourcing

Aim – To recruit and retain staff ensuring that the Service has the skills to deliver its 2020 workforce profile and improve staff experience.

Status – Plans are in place to deliver 2020-21 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
The five universities commissioned to provide undergraduate paramedic education all commenced their programmes in September 2020. Commencement of undergraduate programmes during the current pandemic has had its challenges. Theoretical content of programmes has primarily been delivered on line, in line with government recommendations. There has been challenges around securing non SAS placements within the acute and voluntary sector, which is being reflected in all health care undergraduate programmes. However, the Scottish Government is committed to undergraduate health care student clinical practice placement experience continuing in order to develop the future workforce and meet anticipated regulated professional requirement for service provision.

At the time of writing all paramedic students have had a non SAS clinical practice placement and they are now working towards having their first clinical practice experience within a SAS environment.

There is ongoing and continued work to recruit more Paramedic Practice Educators and Mentors to support students across the service from each of the universities.

Intake numbers for 2021 / 22 has been agreed at 280. This will be spread equally across the five universities.

Diploma in Higher Education Paramedic Practice
The 2019 intake, who as a consequence of phase 1 of the pandemic had their programme delayed, have now all completed the theoretical component of their Dip HE. These staff are now in varying stages of the clinical component of their programme. There is ongoing work with the non SAS placement areas to ensure that these staff can undertake the relevant hours required.

Cohort 1 of the 2020 intake completed part 1 of the programme in 2020 and have commenced their Part 2 as planned at the end of February 2021.

As a consequence of the current pandemic situation Cohort 2 of the 2020 intake Part 1 programme was delayed.

The Dip HE programme flow has been reviewed to ensure that all students will commence their programme before the revised

HCPC deadline for continuance of the diploma programme. It is not anticipated that the current delay to the start of the programme will have a negative effect on completion of the scheduled Dip HE programmes as part of the overall workforce plan.

Recruitment to the final Dip HE cohort for 2021 is now closed. 184 applications were received, these have now been reviewed and 151 have progressed through to the next stage of the recruitment process. The 33 who were unsuccessful with their CPD statements have been given advice on how to improve their statements and a resubmission date.

Additional recruitment activity is planned for April / May to ensure that we meet the 200 target.

Ambulance Technician VQ Programme
70 students commenced their Ambulance Technician programme on the 9th of November 2020. The majority of these students were new to the Service. This programme is progressed well with minimal challenges. All students had their COVID-19 vaccination and have lateral flow testing prior to completing the theoretical component of their programme and moved into operations to complete their portfolios.
Numbers for the VQ programme have been increased for 2021 / 22 and an additional 100 students will be recruited to the programmes. Outsourcing of emergency driver training and identification of additional teaching estate is required to accommodate these numbers.

Ambulance Care Assistant Training.
35 ACAs were recruited for the March intake of ACAs, this is a shortfall of 5. Students are currently progressing through their driver training and clinical programme.

Supporting Newly Qualified Graduate Paramedics
Newly Qualified Graduate Paramedics recruited from the first graduate cohort from GCU have commenced employment within SAS. NQPs are currently working through their support programme to demonstrate their development of clinical decision making with application of theory to pratice in line with the SAS scope of practice for Paramedics.

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 SAS for Paramedics and Technicians (C1) or ACAs (D1). This cancellation of tests and lessons will affect future recruitment onto programmes delivered by EPDD. There is ongoing work with the Scottish Government to ensure that we are being kept abreast of developments and that when tests / lessons are restarted that SAS applicants can be prioritised.

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 now 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 year. 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 hopes to 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.

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

The revised Full Business Case (FBC) released in August 2020 was rejected and a final draft of the new FBC is now expected in March 2021. Current timelines for approval are by the end of May 2021. The Service, in conjunction with other emergency service colleagues, is finalising the 'ask' from Scottish Government of the Service in relation to FBC assurance. An indicative programme plan will also be provided with the FBC; however, current indications are that an Airwave shutdown will not be until 2025 at the earliest. The Service has provided a vehicle to test-fit one of the new fixed vehicle device.

2. Integrated Communications Control System

The project to provide an ESN compatible Integrated Communications Control System (ICCS) has entered the local testing stage. 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. Numerous issues have been found, including some that are being reviewed as potential 'showstoppers'.
Workarounds to these issues have been identified and are being considered in conjunction with the ARP and ambulance trusts in England and Wales.
A new interdependency has arisen in that the Service is now looking to replace the underlying infrastructure that supports the C3 command and control system. Depending on timing, this may impact on the ICCS go-live dates. A review of the options is currently underway, which includes an assessment of whether an extension to the current Airwave ICCS contract is required.
Subject to the software and infrastructure challenges noted previously, the Service is still scheduled to complete the new ICCS rollout in June 2021.

3. Patient Transport System Mobile Data

The Patient Transport System Mobile Data Procurement Project has been closed and responsibility for delivery of a replacement PTS mobile data capability has moved to the emerging Scheduled Care Programme. In order to help mitigate the increasing operational and cyber risks involved in delaying the replacement of the current solution, funding has been secured to purchase 450 additional Getac tablets. They will be used to replace the original Panasonic H2 tablets during 2021/22.

4. Fleet

The 2020/21 Fleet Replacement Programme is in progress and on track to deliver the objectives of the current business case, which is in its final year.

5. Digital Workplace Project

The Digital Workplace Project completed the email migration and launched a new intranet. The team have gained approval for a new licensing model and have completed the assignment of those licences to nearly all SAS staff. This involves the assignment of three different licence types with differing access to apps and storage limits. A new public facing website is under development and will be built by the end of March 2021. Penetration testing has taken place on the new website and a report is being generated – no significant issues are expected.

The team are continuing to work through the numerous challenges that moving to Microsoft 365 has brought. Security policies have been developed to work within the context of the national M365 tenancy. The next steps for the project are to migrate staff to a new personal storage drive (OneDrive), introduce various M365 apps and migrating staff to the new SharePoint environment. This includes some pathfinder work with the national M365 team to assess how best to set-up SharePoint.

6. Telephony Upgrade

This is a significant project, it involves upgrading the entire Ambulance Control Centre (ACC) telephony and contact centre platforms. Hardware for the new system has been delivered and installation has started. Cut over for all users will not take place until Cardonald, Inverness and Norseman installation work is completed and successfully tested. Rollout to the ACCs and larger regional sites is scheduled for completion by May 2021. The remaining smaller sites will be migrated throughout 2021.