Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**25 May 2022** **Item No 05**

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Pauline Howie, Chief Executive Executive Directors
Action required	The Board is asked to **discuss progress** within the Service detailed through this Performance Report: - 1. **Discuss** and provide feedback on the format and content of this report. 2. **Note** performance against key performance metrics as set out in Remobilisation Plan 4 (RMP4) standards for the period to end April 2022 3. **Discuss** actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non Executives guidance. This paper highlights performance against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience and Financial Performance are reported in separate Board papers. The Service continues to experience significant pressure from increased unscheduled care demand, higher patient acuity, workforce abstractions and challenges in handing over patients timeously at emergency departments because of wider health and care system pressures. A detailed plan to improve workforce capacity, create more operational capacity, manage demand and progress joint turnaround improvement plans with hospitals has been created and implementation continues at pace. <u>Clinical and Operational Performance</u> Purple Category 30-day survival rates have shown consistent improvement with the data at end January 2022 sitting at 51.0%, this sustained performance above the mean resulted in a change to the mean and control limits in March 2022. Out of Hospital Cardiac Arrest (OHCA) - the Return of Spontaneous Circulation (ROSC) for VF/VT patients for the financial year 2021/22

	was above the aim (46%) at 52.3% and remained so in April at 46.3%. Although we have maintained an escalated level of response with many of the clinical leads spending significant proportions of their time delivering direct clinical care, we are continuing to prioritise key activities that will support improved system performance. This includes our work with the Scottish Trauma Network and the Thrombectomy Action Group. National programmes of work including the Redesign of Urgent Care are key to supporting our access to urgent care for patients who may not require immediate medical attention and this with access to community pathways will remain a priority. During 2021/22 the Service managed 43.3% of emergency demand out with non-emergency department care pathways against an aim of 40%. <u>Workforce</u> Service Directors and Managers, supported by local Human Resources teams, continue to prioritise workforce health and wellbeing by means of a wide range of measures including support and advice to supervisors and managers on dealing supportively and proactively with attendance issues. With a new team of Wellbeing Advisers now in post, we are looking to enhance the support we can offer to all staff and provide access to a wider range of services to better support staff. Our workforce plans for 2022/23 have been reviewed and recruitment and training targets updated for the remainder of this year and into early 2023. We continue to recruit both to fill vacancies and additional frontline staff this year as part of the Demand and Capacity programme. We continue to work in partnership with staff side representatives including a weekly informal Teams meeting to strengthen communications and enhance formal partnership structures which have continued throughout the pandemic. We have agreed with our staff side partners a number of key workforce priorities to focus on over the next 12 months to alleviate some of the more challenging issues we face as we emerge from the pandemic. We aim to bring greater focus on employee relations issues across the Service and will be taking positive steps in the next few months to establish a dedicated team in the Workforce Directorate to bring greater consistency, transparency and focus on employee relations to improve our case management functionality. A key focus recently has been on the decommissioning of our Mobile Testing Units in line with Scottish Government direction. To meet the end of May deadline, this has required considerable resource, time and extensive consultation and engagement with over 800 staff, to ensure that the decommissioning was undertaken in accordance with all relevant employment legislation as well as ensuring all staff were

	offered as much individual support as the Service was able to provide. The range of supportive measures included alternative tasking, retraining, up-skilling, careers advice and assisting with applying for other jobs. <u>Enabling Technology</u> The Home Office Emergency Services Mobile Communication Programme (ESMCP) continues to review the contracted procurement 'lots' which have been awarded to suppliers to deliver the new Emergency Service Network (ESN). An impact assessment on the delays to the programme is underway. There is currently no timeframe for the delivery of an overall integrated plan, however, there is an expectation that the delays will lead to the current Airwave shutdown date moving beyond 2026. A Service ESN Programme Board is being established to be chaired by the Chief Operating Officer and reporting into the Digital Board. The Service continue to work to implement the ESN compatible Integrated Communications Control System (ICCS) as part of the reset Ambulance Radio Programme (ARP) project. Most of the critical issues which have prevented progress to a go-live date have been resolved. The team are working with ARP and suppliers to resolve the final issues. The current proposed go-live date is June 13th; however, this is being kept under review. Having competed the OneDrive pilot, the Digital Workplace Project (DWP) team have not been able to complete the OneDrive rollout due to security and compliance issues with the national 365 platform. The team are working with NSS and Microsoft to resolve these. A new project manager will lead Phase 2 of the DWP. The Telephony Replacement Project has successfully implemented the new Avaya CM8 solution across all Ambulance Control Centres. The aim is still to upgrade all remaining Service sites over the next 2-3 months with 80% complete as of 5th May 2022.
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 people who fall - early priorities also include 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 Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient, are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

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

What's Coming Next

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

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

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

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

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

Board Data Paper Co-Design

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

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

This work was paused due to operational pressures arising from the COVID-19 pandemic and further discussion was held at the Board Development session in August 2021. As detailed above, this work has now resumed.

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 run of eight or more points in a row above or below the mean (light blue)

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

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

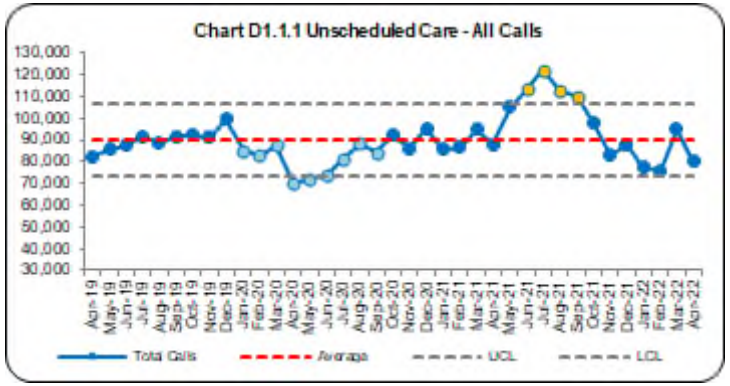
Run Charts

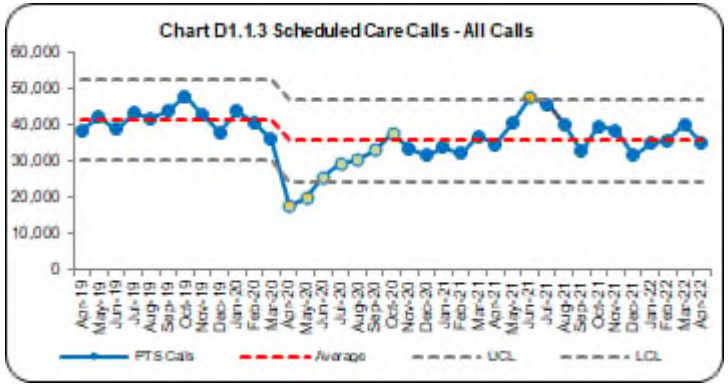
Rule 1: A run of six or more points in a row above or below the median (light blue)

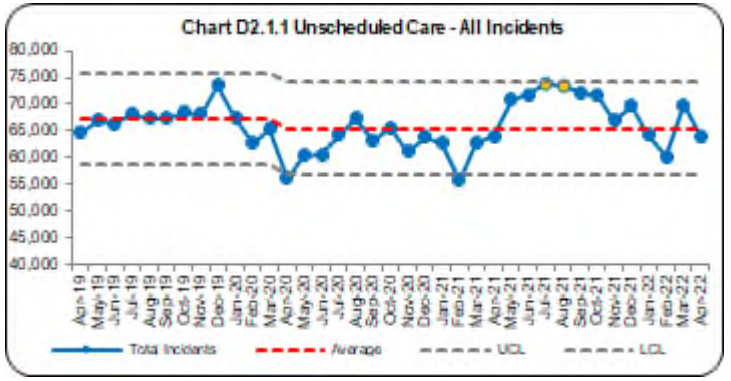
Rule 2: Five or more consecutive points increasing or decreasing (green)

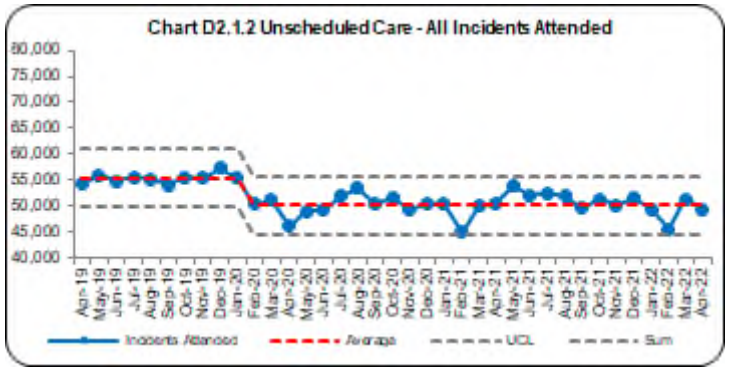
Rule 3: Undeniably large or small data point (orange)

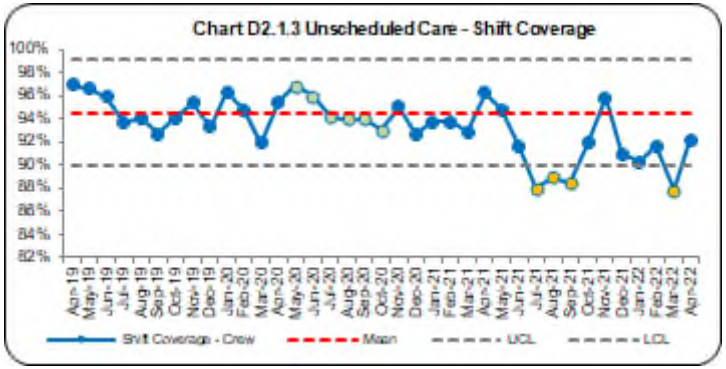
D: Demand Measures

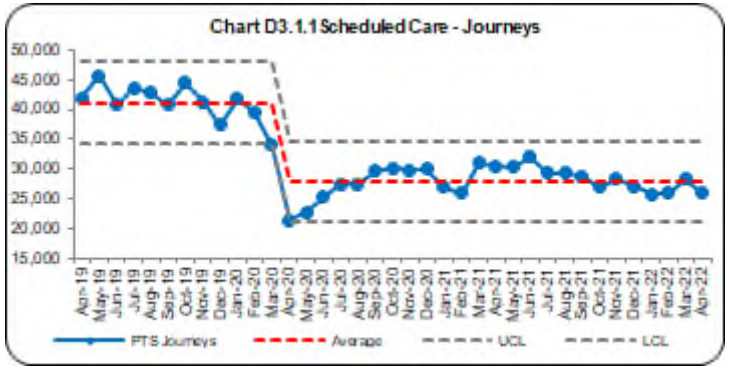












What is the data telling us?

In March 2020 at the start of the pandemic, demand across all areas dropped, from then demand increased month on month before decreasing again as stricter restrictions were introduced on 26 December 2020. Since the easing of the lockdown restrictions at the start of May 2021 unscheduled demand increased above pre-pandemic levels with total calls between June and September 2021 out with the control levels and reaching an unprecedented volume, this stayed within the control limits in April 2022 with 80,379 calls. The volume of incidents has returned within control limits and remains lower than pre-pandemic levels. Scheduled demand in 2022 remains lower than previous years.

Why? The rescheduling of services in the wider healthcare sector due to the pandemic, alongside the widespread adoption of NHS Near Me virtual consultations has been the main driver behind the drop in scheduled care activity. The requirement for physical distancing reduced the Service's capacity until April 2022 when this requirement was removed.

Accident and Emergency shift coverage in July, August, September 2021 and March 2022 was below the lower control limit caused by increased COVID-19 related absence. This returned within control limits in April 2022. Utilisation rates nationally of Accident and Emergency staff in March and April 2022 were 67.7% and 62.1%. Best practice for UK ambulance services is no more than 55% utilisation and the higher rates since May 2021 reflect the increased demand and reduced capacity.

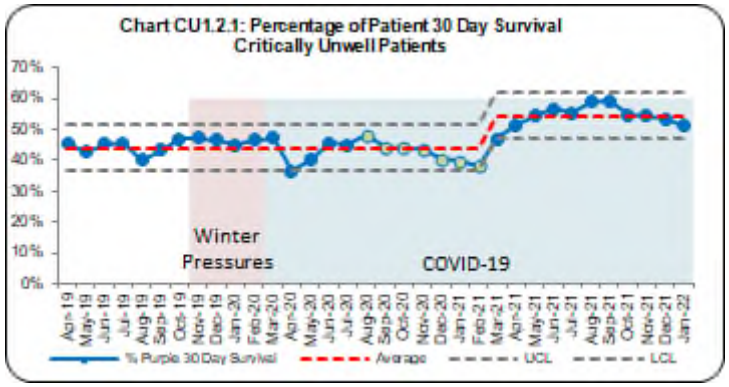
What are we doing to further improve and by when?

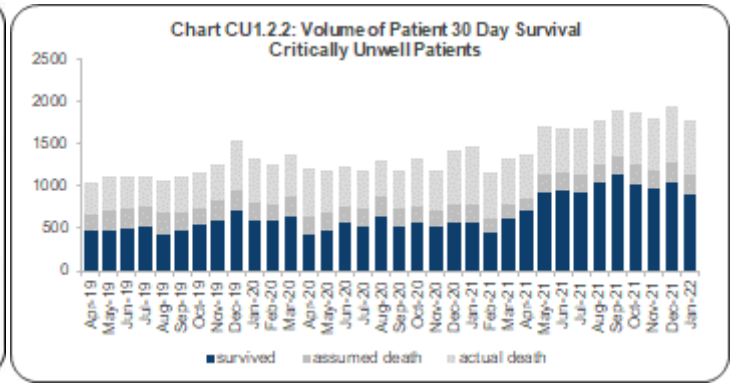
We are working closely with a collaboration of data analysts from across the health and social care system, led by Public Health Scotland, to forecast demand for the remainder of the year. Our forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish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

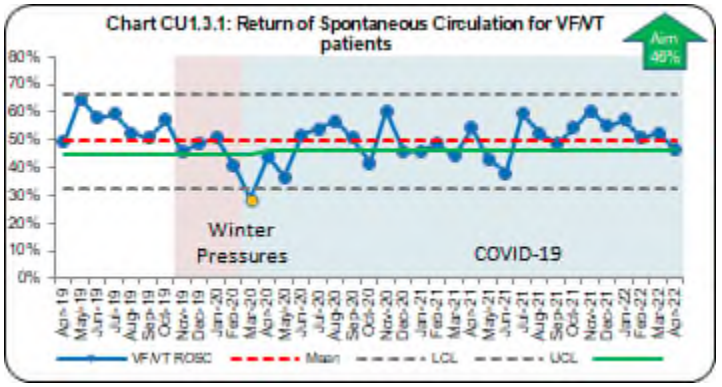
As part of our remobilisation plans we have established several work streams to manage demand and resourcing which include working with the wider system to schedule urgent care where appropriate, increase advanced triage and consultation, and continue to recruit and train additional staff. Significant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

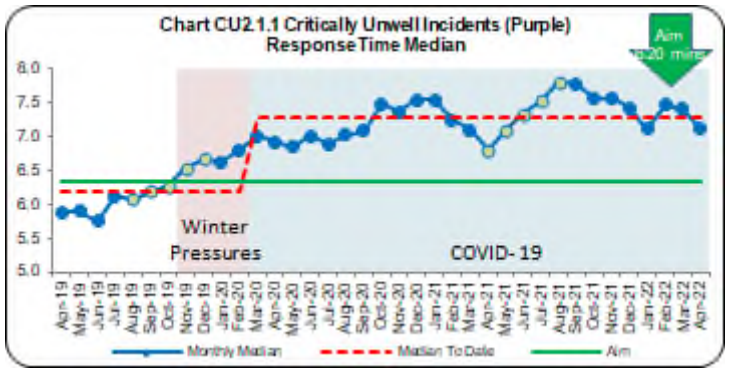
Our work to support staff health and wellbeing is also explained later in the paper.

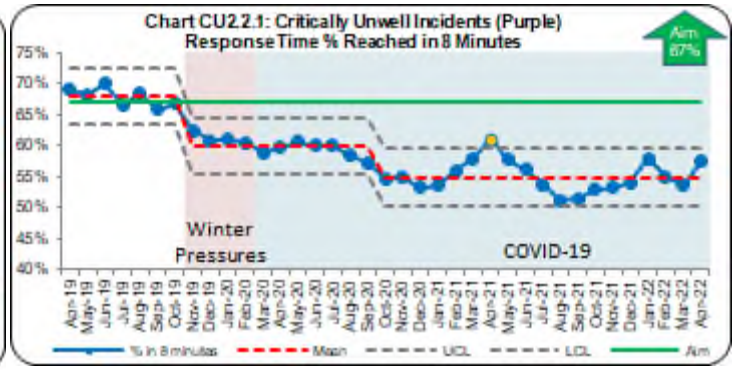
Purple Response Category: Critically Unwell Patients

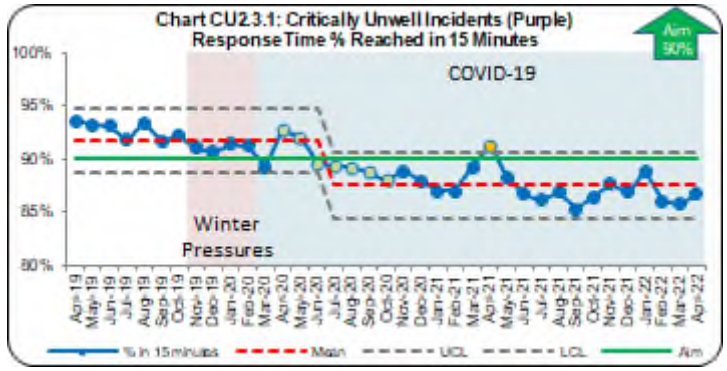












What is the data telling us?

Purple Category 30-day survival data is collated three months in arrears in order to validate the figures. Chart CU1.2.1 illustrates that the 30-day survival rate for these patients remaining within the control limits with no evidence of impact for seasonality that we have seen in previous years. This will continue to be monitored closely to allow us to better understand any influencing factors.

Out of Hospital Cardiac Arrest (OHCA) - Chart CU1.3.1 illustrates the Return of Spontaneous Circulation (ROSC) for VF/VT patients and has been maintained on or above the aim of 46% over the last ten months with 52.3% being achieved in 2021/22. This level of performance is welcome given the challenging environment in which the Service is operating and in the context of the pandemic.

Out of Hospital Cardiac Arrest (OHCA) data is showing positive signs of recovery from the pandemic and is influenced by Scotland's system approach of looking at all aspects of the 'chain of survival', which underpins Scotland's response to OHCA. As key strategic partners in Scotland's OHCA strategy 2021-26 we continue to progress work across multiple work streams including: with the next iteration of Scotland's OHCA strategy 2021 - 2026 having been published in March 2021.

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

- GoodSAM – work is progressing across multiple areas building on the learning from our collaboration with Ambulance Victoria. We anticipate going live later this year with a well-planned launch of this initiative.
- Community response – Partnership Engagement with Police Scotland has commenced through the OHCA delivery group to explore opportunities for further co-response models
- Community Resilience - engaging with the team to develop a spread plan for cardiac responders
- Research activity to support improved understanding of the early stages of the chain of survival - the OHCA team are engaged with key partners to progress this work
- Exploring ways to optimise how we best engage with the public to enhance performance of CPR and early defibrillation. These projects are now moving from the application stage to having been approved implemented.
- Legacy building from EMS congress, engaged with Global Resuscitation Alliance.

Scottish Ambulance Service/Macmillan Partnership

The Partnership Programme of work alongside Macmillan to improve how the Service responds to Palliative and End of Life Care patients is progressing as planned with recruitment for the wider regional team now underway being led by the Programme lead Paramedic and Nurse Consultant. A detailed programme plan is currently being developed with associated timescales over the three-year duration of this partnership.

The Macmillan End of Life Care programme seeks to improve our ability to deliver patient centred end of life care. This programme will develop the pathways, education, infrastructure, and policy to ensure the best possible patient experience, by respecting patient's wishes and working cohesively with the patient's wider team. We expect to reduce unnecessary Emergency Department conveyance, reduce delays in symptom management and increase clinicians' knowledge and confidence with managing palliative and end of life care

patients. The main barriers to implementation will be variation in services across Scotland, wider care provisions out of hours and access to timely professional-to-professional support.

Purple Median Times

As illustrated in chart CU 2.1.1, median response times to purple incidents improved between August 2021 and January 2022 and stabilised around median levels between January and April 2022.

During 2021/22 the Service reached:

- 50% of purple incidents in 7 minutes and 24 seconds.
- 54.7% of purple incidents in 8 minutes.
- 87.1% of purple incidents in 15 minutes.

The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift.

Work is ongoing around these four priority areas

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

We have increased ambulance resources and are implementing new rosters through the demand and capacity programme. This includes 540 additional ambulance staff by April 2022, and additional ambulances and paramedic response units.
We are focused on working to maximise shift coverage, support abstractions for paramedic training and managing sickness absence levels.

The first tranche of Emergency Drivers were deployed late March 2022. We continue to plan for the introduction of tranche 2 who require more detailed assessments and training and will be available early in the new financial year.

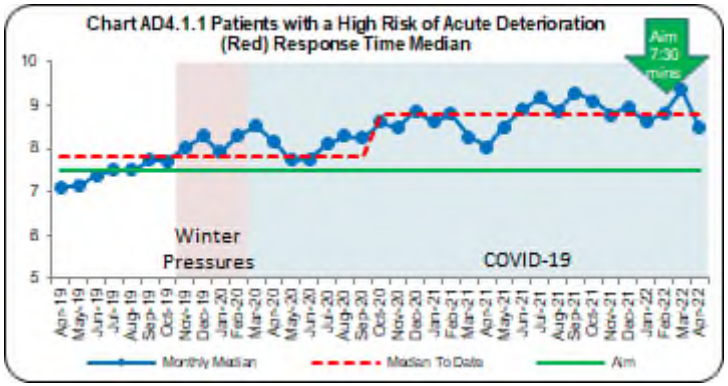
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life threatening calls across Scotland and work is underway to increase their availability and their deployment.

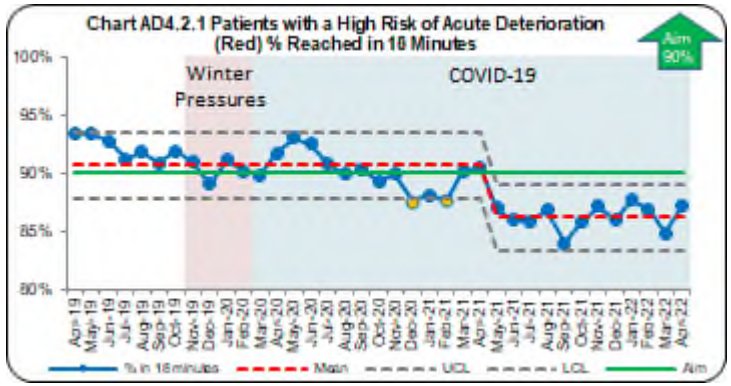
We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs.

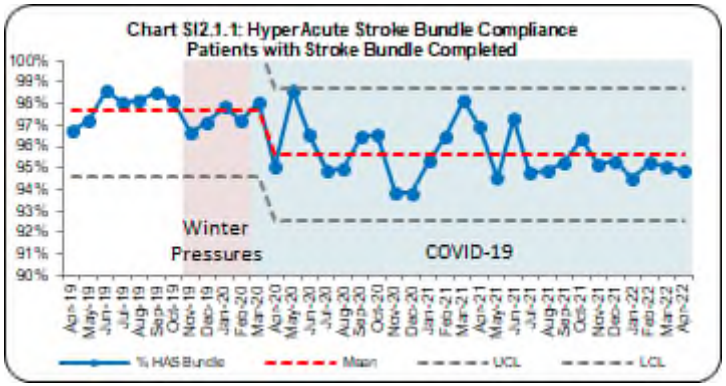
Health Boards have been working with regional management teams to produce site action plans to support flow and reduce ambulance handover delays. Work is also underway to roll out the Hospital Arrival Screens handover module at all major hospital sites in Scotland. The system has been reconfigured to allow us to report on the notify time (the time at which the crew ‘informed’ the hospital they were in the department and ready to handover) and the handover time. Compliance with the use of these screens is now

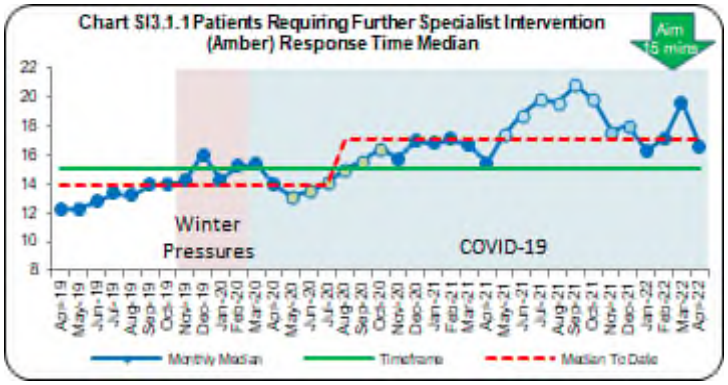
monitored and reported to regional teams, Health Board partners, and Scottish Government. Additional Hospital Ambulance Liaison Officer (HALO) posts have been funded by Scottish Government with all the additional people now in post. Performance Managers have been appointed on a secondment, based at the QEUH, to work with their site teams and help with ambulance handover and hospital flow.

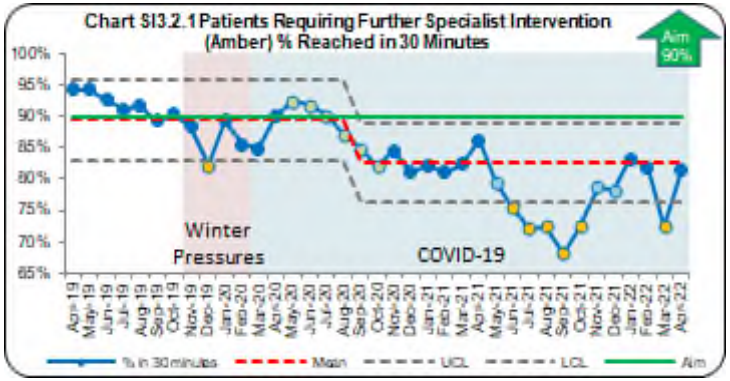
Red and Amber Response Categories











What is the data telling us?

As with the purple category, the median response to red and amber calls increased in May 2021 as lockdown restrictions were eased (charts AD4.1.1 and SI 3.1.1). The percentage of these calls reached within 18 minutes (red) has been below the mean from May 2021 signalling a shift in the control limits.

Amber incidents within 30 minutes (amber) has been mostly at or below the lower control limit during this period returning to mean levels in January, February and April 2022.

During 2021/22 the Service reached:

- 50% of red incidents in 8 minutes and 53 seconds.
- 86.4% of red incidents in 18 minutes.
- 50% of amber incidents in 18 minutes and 19 seconds.
- 76.5% of amber incidents in 30 minutes

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

Why?

Demand in the amber category has risen substantially in recent months; in April 2022, it was 1.6% higher than the same month in 2021 and 38.8% higher than April 2019.

Set against the increase in demand for patients in the amber category and wider system pressures Charts SI 3.1.1 and SI 3.1.2 illustrate an increase in the monthly median response time and percentage reached within 30 minutes in March 2022 before stabilising in April 2022.

What are we doing and by when?

Since the Scottish Trauma Network (STN) went live nationally on 30 August 2021 a key element of our contribution to the STN has been the introduction of the adult and paediatric Major Trauma Triage Tools (MTTT). These assist ambulance clinicians in the identification of major trauma as well as the providing clear guidance on the most appropriate hospital to ensure the best outcome for patients.

We are currently focussing on the continued development of our MTTT governance processes as well as continued and targeted education for ambulance clinicians. From the data inputted on the ePRF by our clinicians, we can learn how the MTTTs are being interpreted and thus tailor our education towards that.

The Service is working very closely with the STN to measure and report on a range of clinically important key performance indicators. These have been identified as the use of the MTTT, pre-alert to hospitals for major trauma patients and the administration of two important trauma medications: tranexamic acid to reduce bleeding and cefotaxime to prevent infection in compound fractures. Meetings are underway to progress this work with the STN and the Scottish Trauma Audit Group (STAG).

The STN commissioned modelling work regarding the Pre-hospital Critical Care Team provision in the East of Scotland is well underway with several meetings held to discuss preliminary results and refine some of the data points. The next meeting is due to take place in May 2022 where a more detailed analysis of the data will be discussed.

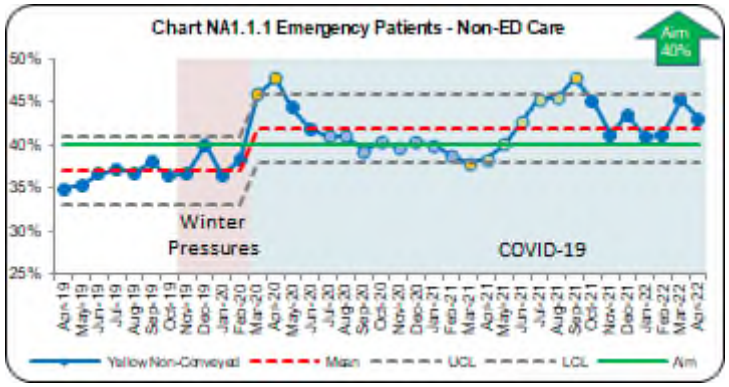
The Service continues to work to improve outcomes for patients who have experienced stroke, through accurate triage and on scene assessment with rapid conveyance to definitive care in line with Scotland's stroke improvement ambitions.

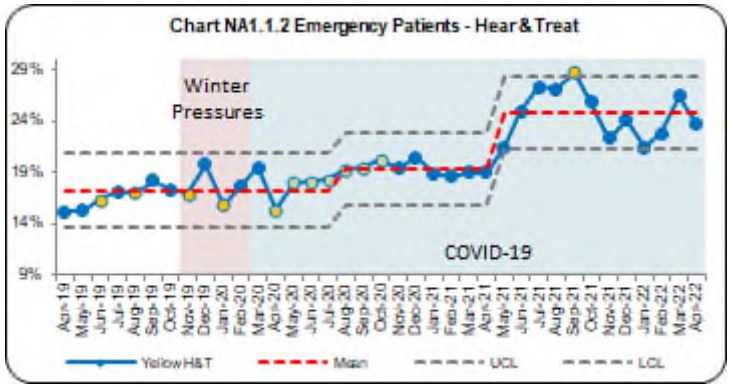
Work has progressed to allow the Service to support the further partial and limited expansion of thrombectomy in-line with Scottish Government's Thrombectomy Advisory Group's (TAG) planning and modelling which has adopted a multi-phased approach.

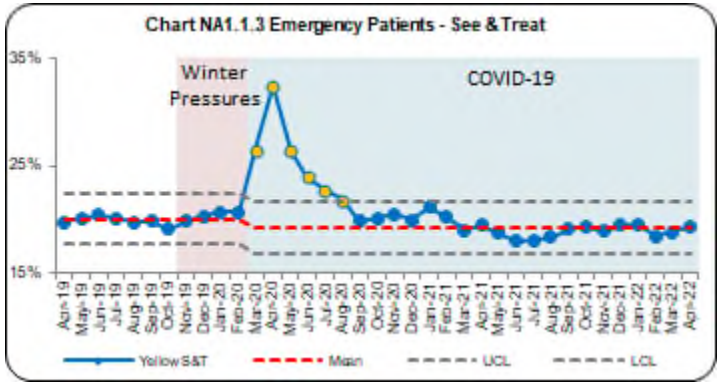
A new platform for providing clinical follow-up to crews following treatment of a hyper-acute stroke patient has been created as a test of change within Glasgow. This model relies on the use of clinical outcome data and collaboration with our health board partners. It is anticipated that this model could be further developed with a large degree of automation and rolled out to a wider geographical area.

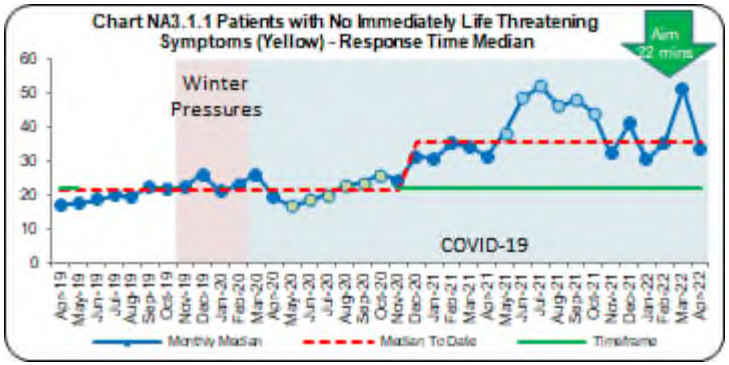
Monthly online Continuing Professional Development sessions for colleagues where an external speaker will present on a different topic each month related to Stroke and Thrombectomy. To date, these sessions have been highly successful ranging from 30-90 attendees each time.

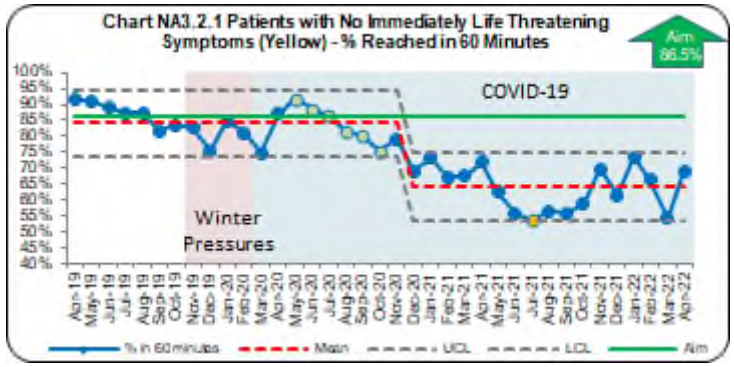
Yellow Response Category: Emergency Patients with no Life Threatening Symptoms











What is the data telling us?

Chart NA1.1.1 provides an overview of our response to emergency patients and was static in the six months from August 2020 sitting around the aim of 40% of this group of patients not conveyed to hospital. In the most recent 8 months, this has exceeded the aim and was on or above the mean in July to December 2021. In March and April 2022, it remained above the aim. The overall picture of patients being cared for out with the Emergency Department 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, increased month on month from April to October 2020. From October 2020, performance has fluctuated slightly between the mean and the upper control limit before increasing to above the mean between May 2021 and April 2022, which has now resulted in a change in control limits.

Chart NA1.1.3 details the number of patients who are discharged following face-to-face assessment and although remaining within the control limits data for April 2022 showing this to be slightly above the mean.

It is likely that as we strengthen and develop our remote clinical triage and assessment of patients utilising both telephone and video calls that this may influence the numbers of patients who we attend and subsequently manage out with an ED setting. However the stability of the data represents a good platform from which to deliver further improvements with our ability to utilise community pathways as part of our engagement to support Scotland's Redesign of Urgent Care programme.

During 2021/22 the Service referred 43.3% of emergency patients to non-emergency department care pathways against an aim of 40%.

The response time median to yellow incidents (Chart NA 3.1.1) has had the median-to-date line recalculated due to a sustained statistical signal of 11 points above the median. A range of pressures in the system has affected this including increased service time, extended hospital turnaround times, an increase in emergency demand, abstractions through test and protect, shift cover and an increase in sickness absence. A range of interventions to mitigate delays is being reviewed and from a clinical safety perspective, our safety netting interventions to detect any clinical deterioration remain in place. Refinement in Advanced Practitioner processes includes additional code sets for consultation, which will augment the established pathways for this group of patients.

During 2021/22 the Service reached:

- 50% of yellow incidents in 39 minutes and 52 seconds.
- 61.9% of yellow incidents in 60 minutes.

As previously reported, to support our aim of delivering high quality person centred care to all our patients we identified an opportunity to introduce senior clinical decision support and we now have a number of GP Advisers working within our Ambulance Control system with recruitment of a further cohort underway.

Early data indicates these interventions are helping to provide reassurance to patients, avoid delays in response, access wider health and care resources appropriately and ensure that the Service

and Emergency Department resources are protected for those high acuity patients who require rapid response. This initiative will be the subject of robust evaluation over 2022-23.

What are we doing and by when?

We are continuing to work closely with the national programme for Urgent and Unscheduled Care principally the Redesign of Urgent Care within which the Service has its own work stream designed to improve access to Flow Navigation Centres for decision support, planning and scheduling of appointments.

As a result of this work direct access to Flow Navigation Centres for the Service clinicians is enabled across a number of Boards. There are emerging examples of increasing numbers of patients being cared for out with the Emergency Department and community responses resulting in hospital avoidance. We are developing a number of case studies that will be used for engagement and learning across the whole system reflecting the Realistic Medicine principles underpinning this work.

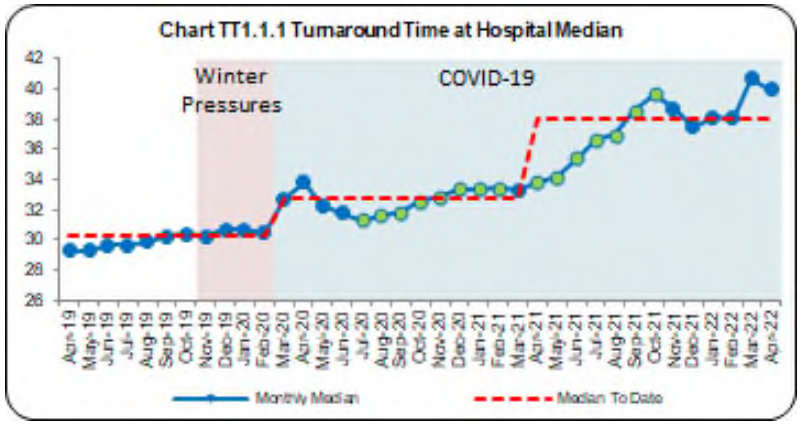
Improving the use of community pathways is also a priority workstream within the Service. Our work to develop a Service Directory that will guide and support our clinicians is being progressed through our Flow Navigation hub. The activities of this hub continued to be embedded within practice including increased focus on the management of referrals and connections to services to support our clinicians in their day to day work. We are broadening the team to support this work to ensure it is fully aligned with the national Urgent and Unscheduled Care programmes. We continue to focus on the three main clinical presentations of Falls, Breathing and Mental Health with a view to improving the use of community pathways as an alternative to hospital conveyance where safe and appropriate to do so.

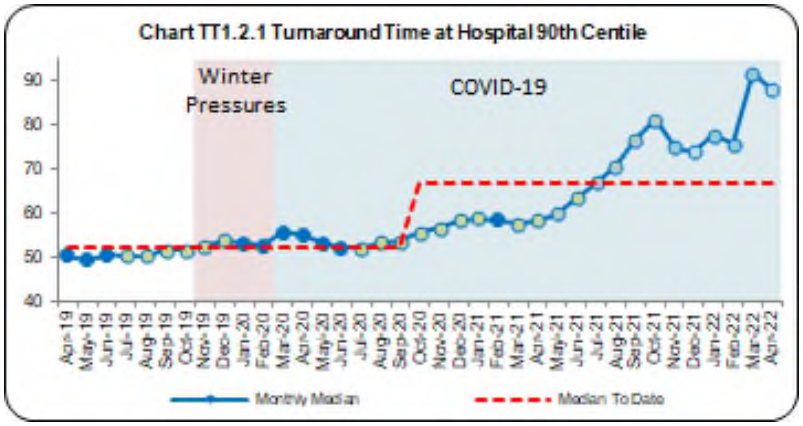
Our Contribution to Improving Population Health
Drug Harm Reduction

The Service's Drug Harm Reduction team have been successful in a bid to the Realistic Medicine value improvement fund. This project will see ambulance clinicians trained to provide safe injecting equipment to those patients at risk, further increasing our contribution to the efforts to reduce drug deaths in Scotland.

The Service's clinicians have now provided over 1300 take home naloxone kits, and the drug harm team are also contributing to the Drug Death Task Force as it formulates its recommendations ahead of the task force concluding in a couple of months.

TT: Turnaround Time at Hospital





What is the data telling us? – Both median and 90th centile turnaround times are reporting at levels significantly higher than have been seen historically. An increase in median turnaround translates to reduced availability of ambulances to respond to other patients who have made emergency calls. In addition to more time being spent at hospital, tasking crews from hospital rather than tactical deployment points can also negatively impact on the time taken to reach patients.

Between April 2019 and April 2022 the median turnaround time increased from 29 minutes 16 seconds to 40 minutes.

In April 2022, the additional time crews spent at hospital (time over 30 minutes per patient conveyed) came to a national total of 11,331 hours, 95.7% of lost hours occurred in the following 6 boards - Greater Glasgow & Clyde (3,656 hours), Ayrshire & Arran (2,595 hours), Lanarkshire (1,585 hours), Grampian (1,555 hours), Lothian (857 hours) and Fife (600 hours). This is a contributory factor to the previous narrative relating to response times and remains an area of significant concern.

Why? – Hospital Turnaround Times for Ambulance Crews has been compounded by the strict infection prevention and control measures that hospitals have had to put in place due to the COVID-19 pandemic, and as restrictions have eased, hospitals are operating at or near full capacity. The situation remains particularly challenging in some hospital sites affecting ambulance response times, ambulance availability, staff rest periods and shift overruns.

What are we doing and by when?

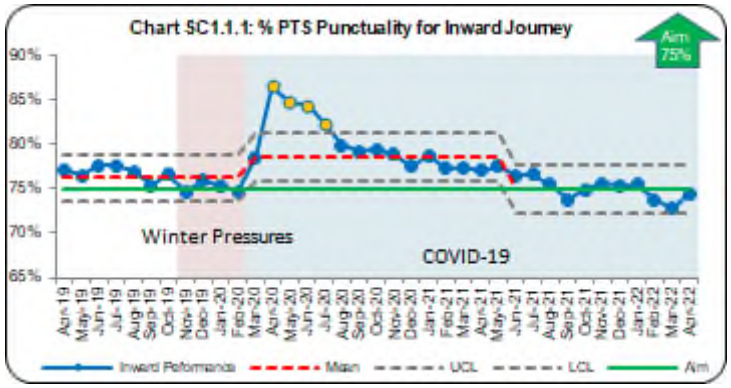
HALOs have been deployed at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow. HALOs are supported by managers.

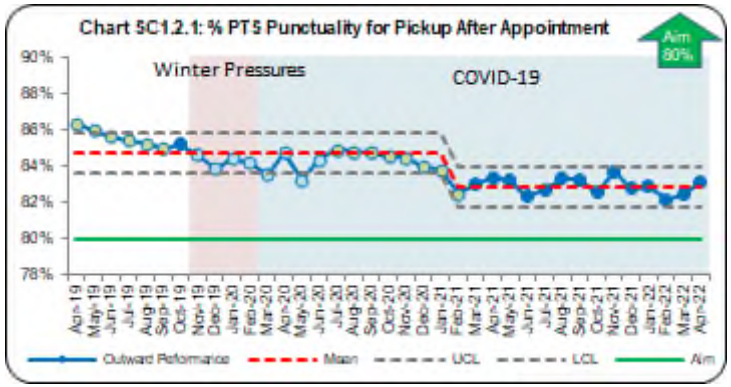
Additional HALOs are now in place across the three regions funded by the unscheduled care and systems pressure money. There are now six additional HALOs in the West Region, three in the East Region, and two in the North Region. NHS Lanarkshire has also funded an additional HALO post to work in the Flow Centre. The Service now has 22.5 WTE HALOs in post covering the major Emergency Department sites.

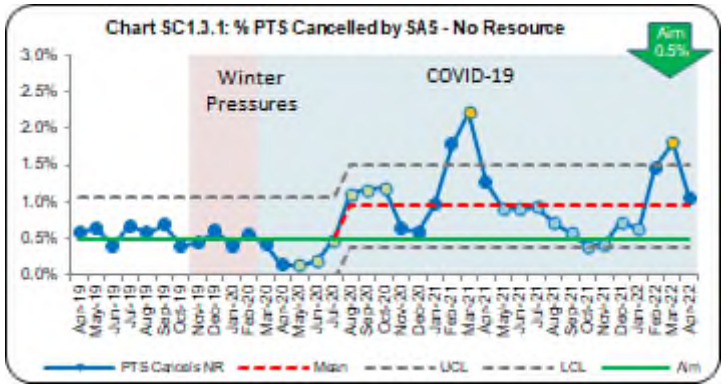
Other specific actions include:

- Weekly or bi weekly meetings between Chief Executives at the most challenging sites
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into Emergency Departments and the Hospital helping with managing flow.
- All efforts re safe alternative measures to Emergency Department admission described earlier in terms of the Redesign of Urgent Care programme.
- Hospitals exploring development of temporary admissions units to support surge capacity.
- Escalation to Senior On Duty and On Call Teams as required.
- Involvement in Hospital Incident Team meetings.
- Cohorting guidance produced to allow regions to cohort patient (preferably post triage) at key sites at busy times.

SC: Scheduled Care







What is the data telling us? – Chart D1.1.3 (pg7) shows that Scheduled Care journeys have remained near the mean level throughout 2022 so far. It is worth noting that physical distancing on Patient Transport Vehicles was relaxed on 14 April 2022, following updated guidance. As Patient Transport Service capacity increased from this date, it is anticipated that the number of journeys will increase from then.

Punctuality for inward appointments was 75.4% in 2021/22, above the aim of 75%. In April 2022 the measure remains within control at 74.5%.

Punctuality after appointment was 82.9% in 2021/22, above the aim of 80% and remains within normal control limits at 83.2% in April 2022.

The percentage of PTS cancelled by the Service in the "No Resource" category was above the aim of 0.5% in 2021/22. In April 2022 it returned to within normal variation at 1.1%.

Why? – Until 14 April 2022, COVID-19 infection control and physical distancing measures meant that patient transport ambulances were restricted to carrying no more than two patients per journey. While physical distancing measures have relaxed, we do continue to safeguard patients who are at an increased risk of contracting COVID-19, by maintaining single journey arrangements for these higher risk patients.

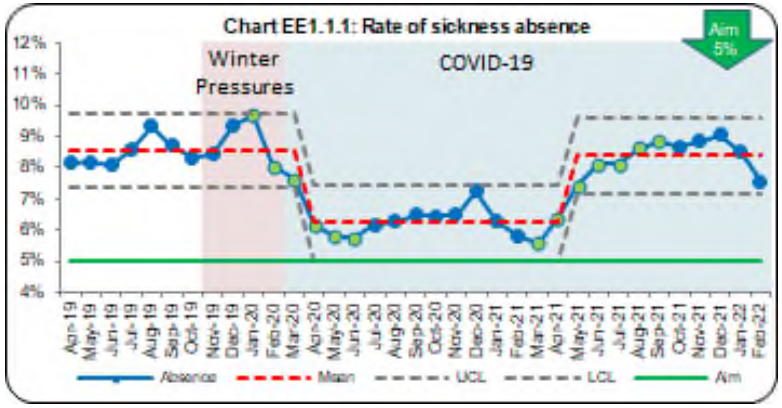
What are we doing and by when?

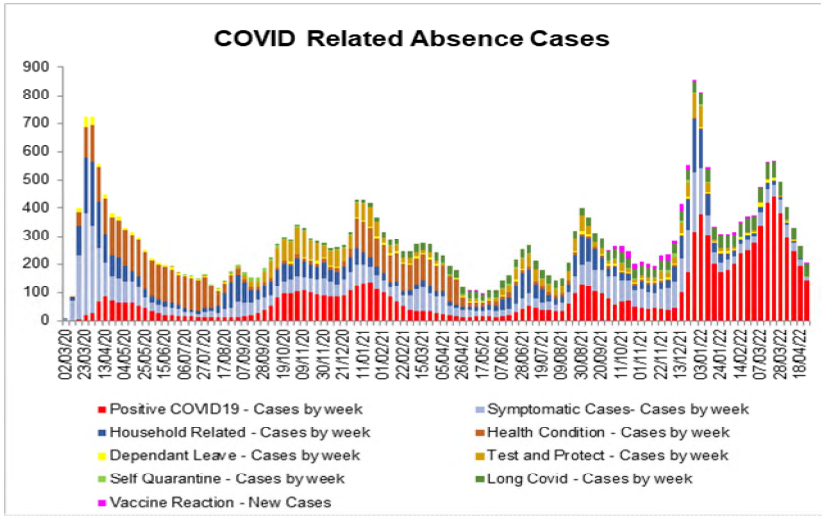
We have completed the Cleric system upgrade to APTS in all regions, which has improved visibility of capacity and helping improve utilisation. The Operational Lead for the Scheduled Care Programme is engaging PTS Team Leaders and Day Planners on

working better together to optimise journey plans. We continue to work closely with patients and hospitals to reduce cancellations and with transport providers, who can provide alternative transport options for patients who do not require ambulance care and transport.

SE: Staff Experience

Sickness Absence





What is the data telling us? – The non COVID-19 Sickness Absence level as at February 2022 was 7.6 %.

For internal management information purposes and in line with Scottish Government advice, we are recording COVID-19 related absences separately. To align with the reporting requirement from Scottish Government, our COVID-19 related absence is reported by the number of staff absent in relation to COVID-19 in any given week. Percentages relate specifically to the number of staff off each week as a proportion of Headcount and not the percentage of shift coverage hours lost against contracted hours. COVID-19 related absence levels during week commencing 21 March 2022 peaked at the highest level since January 2022. 8.7% of staff were off that week compared to 5.1% in January; of the 565 staff absent, 438 were as a result of testing positive. Cases continued to fall throughout April 2022, notably positive cases, by week commencing 25 April weekly positive cases were down by over two thirds from the March peak, with 143 staff off during that week.

Why? During April 2022, the majority of cases were related to three distinct categories: positive cases, self-isolation for displaying symptoms, and Long COVID cases. Our decrease in COVID-19 related absence was in line with forecast modelling carried out by our business intelligence team off the back of the latest update on Scottish Government modelling predictions.

What are we doing and by when? - Over the last few months with the resurgence in COVID-19 activity, our managers have been dealing with a range of attendance issues. 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. All interventions are in line with the Once for Scotland Attendance Management poli

The strategic aim, agreed with the Service's Staff Governance Committee, was to stabilise and then reduce absence with a national target for reducing non COVID-19 absence by 1% (from December 2021 when the attendance management post was put in place) by end of March 2022. The Service exceeded this target as absence fell from 9.33% to 6.72% between the start of the year and the end of March 2022, a reduction of 2.61% Current data shows that absence is continuing to reduce, and a close and continued focus remains on maintaining this downward trajectory. In the last quarter, the focus has been on resolving complex long term absences across the Service and these efforts are now reflected in improving long term absence rates.

The Regional and National HR teams continue to proactively support frontline managers to manage attendance levels in their area. Specifically, a national Attendance Lead has been in place since January 2022 whose role has been to oversee, co-ordinate and direct the Service's response to reducing sickness absence across all departments of the organisation, as part of our continued commitment to reducing staff abstraction levels across the Service. Since taking up the role, the following activity has taken place:

· Regular meetings with HR Managers, senior managers, and TU Convenors to discuss appropriate escalation of individual cases.

· Attendance Management 'drop-in' sessions were arranged until the end of March 2022.

· Organisational audit of the attendance management process completed.

· Draft process/procedure regarding alternative duties now completed.

The findings for this review have now been received and will be discussed at the Service's Performance and Planning Steering Group and Executive team meetings in May 2022:

· Results of an organisational audit.

· Attendance Management report and recommendations.

· Alternative duties – draft process/procedure.

· Long COVID case management – draft guidance prepared for managers around the management of Long COVID cases.

Every month a detailed report is produced for the Service's Performance and Planning Steering Group which sets out the position for each region and service area broken down into long and short term sickness absence. A supporting narrative is provided by local managers which gives local information and specific action being taken including a breakdown of the top five reasons for absence. At present the top two reasons nationally are stress, anxiety and depression and musculoskeletal injury. Through the Service's Health and Wellbeing Strategy and the Occupational Health service a wide range of interventions are available to facilitate recovery and return to work.

As of 11 May 2022, 51 staff are absent from work due to Long COVID and although there remains some uncertainty about the longer term implications for these staff, managers continue to actively support them with all available welfare measures.

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

· COVID-19 positive cases

· Self-Isolating Household related cases

· Self-Isolating Displaying Symptoms cases

· COVID-19 related Dependant leave cases

· Self-Isolating Health Condition cases

· Self-Isolating Test & Protect cases

· Self-Isolating Quarantine cases.

· Absence due to Long COVID

· Staff who suffer an adverse reaction following COVID-19 vaccination.

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

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

The Service's Health and Wellbeing Strategy sets out a wide range of actions and programmes aimed at supporting staff and managers to look after their mental and physical wellbeing, recognising the unique stresses of the emergency responder role. A separate Board paper providing a Health and Wellbeing update is now a standing item on the Board agenda.

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

E1.2 Employee Experience

Staff health, wellbeing, and maintaining a positive staff experience remains a priority for the Service. We have only just moved to REAP Level 3 with the NHS ceasing to be on an emergency footing; however, there are still pressures across the health and social care system and levels of staff fatigue remain high. The Scottish Government has acknowledged this with a focus on recovery and stabilisation over the next few months (as outlined in the Director General letter of 27 April) and our activity is based on this intent.

What are we doing and by when?

Our actions and activity include:

- The iMatter cycle for 2022 is underway with the Team confirmation phase completing on 27 May prior to commencement of the live survey from 30 May – 20 June 2022.

- Regular engagement and discussion with staff and staff side colleagues and partners is ongoing through a range of channels such as speaking with crews at hospital sites, discussion at Regional cells, meetings with partnership colleagues and suggestions at weekly staff engagement sessions. Those discussions will continue to ensure staff welfare and wellbeing provision remains appropriate to requirements.

Workforce Development

Employee Resourcing

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

Status – Plans are in place to deliver the 2022-23 workforce requirements although adjustments have been, and will continue to be made, to respond to the challenges identified below.

Improvement – We are on track to deliver the 2022/23 workforce plan, and are actively pursuing opportunities to go beyond our initial aims, given the system challenges, with support from Scottish Government.

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

Other Considerations - Resourcing model developments will support continuing target delivery over the next three years as we transition from our Academy training to the new Educational Model to align with the introduction of degree level qualification requirements for HCPC registration in 2022. This will build on the external pipeline, which was expanded in 2017 with commencement of the first full-time degree programme in Scotland (first graduates in 2020). This year the intake for the undergraduate programme is 335 entrants and the support infrastructure is continuing to be refined to meet the needs of the undergraduate cohorts. The work continues with the transition to support for Newly Qualified Paramedic (NQP) and will continue to evolve over the coming years. The VQ programmes have increased in the last year to meet the requirements of the demand and capacity programme of work. The Education and Professional Development team have worked flexibly and collectively to meet the additional demands required both for demand and capacity planning, as well as supporting the development of external partners during the most recent challenges impacting on the workforce in relation to the pandemic and whole system pressures.

We continue to be actively engaged as one of the 5 Boards in the East Region Recruitment Transformation Programme Board. The formal transition to the new East Region Recruitment Service has commenced with effect from 1st April 2022 and will go live in two distinct phases. Phase 1 will see the new Recruitment Service take over all recruitment from NHS Lothian and the Service on 13 June 2022 with the second and final phase commencing in August 2022. A service level agreement has now been agreed with all the Boards in the consortium.

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.

We are also applying for accreditation to the UK Home Office to become a Visa Sponsor which will open up significant opportunities for the Service to attract candidates internationally.

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 – All non-essential non-clinical learning and development activities was suspended during the pandemic, including leadership and management development programmes and formal appraisal and personal development activities.

As we move from an emergency footing in the NHS and from our highest escalation level of REAP 4 to 3, we are now in a position to recommence much of this activity.

Planned Activities Include –

- Recommencement of our Foundation Leadership & Management Development Programme with 350 managers scheduled over an 18-month period to commence this year long programme. The first cohort started on 26 April 2022.

- Reintroduction of learning and development, appraisal and PDP activities in a phased approach that balances our ambitions with a need to stabilise and recover over the next few months.

- We are currently reviewing our statutory and mandatory training requirements for all staff and are developing plans on how this can be implemented effectively. This is the first phase and will provide a solid foundation prior to identifying any additional training that is role specific.

Enabling Technology

1. Emergency Service Network (ESN) Programme

The Home Office Emergency Services Mobile Communication Programme (ESMCP) continues to experience delays. The Home Office are continuing to look at the original procurement 'Lots' that were awarded and are reviewing these with a view to 're-lotting' them. This has taken longer than previously communicated and there is no scheduled date to have a finalised overall integrated programme plan with revised dates and key milestones. There is now an expectation that the Airwave shutdown date will go beyond the previously expected date of 2026. The Service continues to work with the ESMCP programme and closely with Scottish Government (SG) and other emergency service colleagues. Minimum Criteria for transition have been agreed in conjunction with 3ESS colleagues. Financial submissions for the Service for 2022/23 have been drafted and are scheduled to be submitted to SG in May 2022. Work continues on coverage assurance, review and testing of vehicle devices and working with the programme Air to Ground team to progress requirements and plans.

2. Integrated Communications Control System

The reset Ambulance Radio Programme (ARP) project to provide an ESN compatible Integrated Communications Control System (ICCS) continues to experience issues. However, the team have worked through most of the issues which have delayed go-live. There are still outstanding issues which suppliers and ARP are addressing before passing to the Service team for further testing. The current scheduled date for go-live is 13th June 2022 but this is being kept under review with contingency dates in July as a back-up. Staff training is ready to commence once issues are resolved. Disaster Recovery and Business Continuity testing has been successful and support processes have been agreed with ARP.

3. Digital Workplace Project (DWP)

The Digital Workplace Project Team successfully completed the OneDrive pilot in January 2022. However pre-requisite technical changes to ensure adequate security of devices revealed a number of issues which the national 365 team and Microsoft are working to resolve (SAS is the pilot Board for this work nationally). The new DWP Project Manager started with SAS in May and will work on scoping out Phase 2 of the project. The first two 'bite-size' training/awareness sessions have been run for the SAS Champions network.

4. Telephony Upgrade

This is a significant project; however, the bulk of the work has now been completed successfully. It involved upgrading the entire Ambulance Control Centre (ACC) telephony and contact centre platforms, the focus is now on the wider non-ACC Service telephony estate. The plan is to close the formal project and complete all remaining 28 in-scope sites within the next 2-3 months. The new Avaya CM8 platform used by the Service is now the de-facto standard across the vast majority of UK ambulance trusts.