Scottish Ambulance Service
University National NHS Board

NHS SCOTLAND

**NOT PROTECTIVELY MARKED**

**Public Board Meeting** **31 May 2023**
**Item No 05**

**THIS PAPER IS FOR DISCUSSION**

# BOARD QUALITY INDICATORS PERFORMANCE REPORT

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| **Lead Director**<br>**Author** | Pauline Howie, Chief Executive<br>Executive Directors |
| **Action required** | The Board is asked to discuss progress within the Service detailed through this Performance Report: -<br>1. Discuss and provide feedback on the format and content of this report.<br>2. Note performance against key performance metrics for the period to end April 2023.<br>3. Discuss actions being taken to make improvements. |
| **Key points** | This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non Executives guidance.<br><br>This paper highlights performance to end April 2023 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. Patient Experience, Staff Health and Wellbeing and Financial Performance are reported in separate Board papers.<br><br>The Service continues to experience significant pressure, with higher patient acuity, increasing workforce abstractions and challenges in handing over patients timeously at Emergency Departments because of wider health and care system pressures.<br><br><u>Clinical Performance</u><br><br>Purple Category 30-day survival rates continue to perform well with the survival rates at end December 2022 at 52.1%.<br><br>Despite extraordinary system pressures, our Return of Spontaneous Circulation (ROSC) rates have been maintained. |

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| | Within this update, beyond Out of Hospital Cardiac Arrest, we also note current updates in relation to Trauma and Stroke and Thrombectomy as well as Urgent Care reflecting the impact of our work to manage more patients through our Integrated Clinical Hub and for patients on-scene using Flow Navigation Centres and alternative pathways.<br><br><u>Workforce</u><br><br>Our workforce plan for 2023 continues to be reviewed and monitored on a monthly basis and recruitment and training plans are being adjusted where necessary for the rest of 2023/24.<br><br>We continue to recruit to fill vacancies and additional frontline staff this year as part of the Service's demand and capacity programme.<br><br>We continue to work in partnership with staff side representatives and are reviewing our current formal partnership structures to strengthen communications and work through the agreed key workforce priorities.<br><br>We are currently involved in detailed discussions in regard to rest breaks with positive progress having been made to date. Representatives of the Service and our trade union partners are returning to ACAS on 22 May for further discussions around rest breaks. |
| **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. |
| **Associated Corporate Risk Identification** | 4636 – Health and Wellbeing of staff<br>4638 – Wider system changes and pressures<br>4640 – Risk of further slippage in ESMCP<br>5062 – Failure to achieve financial target<br>4639 – Service's response to a cyber incident |
| **Link to Corporate Ambitions** | We will<br>• Work collaboratively with citizens and our partners to create healthier and safer communities.<br>• Innovate to continuously improve our care and enhance the resilience and sustainability of our services.<br>• Improve population health and tackle the impact of inequalities.<br>• Deliver our net zero climate targets.<br>• Provide the people of Scotland with compassionate, safe and effective care when and where they need it.<br>• Be a great place to work, focusing on staff experience, health and wellbeing. |
| **Link to NHS Scotland's Quality Ambitions** | This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Operational Delivery Plan. |
| **Benefit to Patients** | This 'whole systems' programme of work is designed to support the |

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| | Service to deliver safe, person-centred, and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff, and partners. |
| **Equality and Diversity** | This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme.<br><br>In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of Towards 2020: Taking Care to the Patient, are regularly reviewed and utilised to inform the equality and diversity needs. |

# SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

## Introduction

The Board Performance Report collates and presents the Service's Key Performance Indicators. These measures are based on the Service's 2022/23 Measurement Framework. Following feedback from Board members the format and content of this report is under review.

## What's New

Revised improvement aims for 2023/24 were presented to the Board Development Session on 26 April 2023. The revised aims were discussed and have been included in this report for the month of April 2023.

## What's Coming Next

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. 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 the Service's 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 report as soon as possible where it will be marked as provisional until it has been thoroughly tested.

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

Additionally, a review of the people measures is in progress and additional measures will be added when agreed, defined and built.

## Performance Charts

The Board Performance Report consists of data pertaining to several Service's 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)

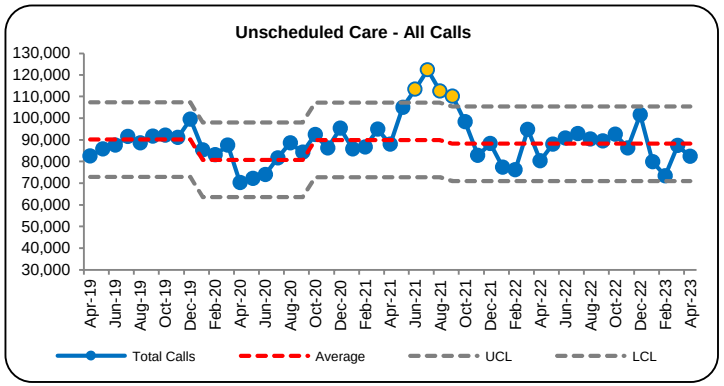
### Run Charts

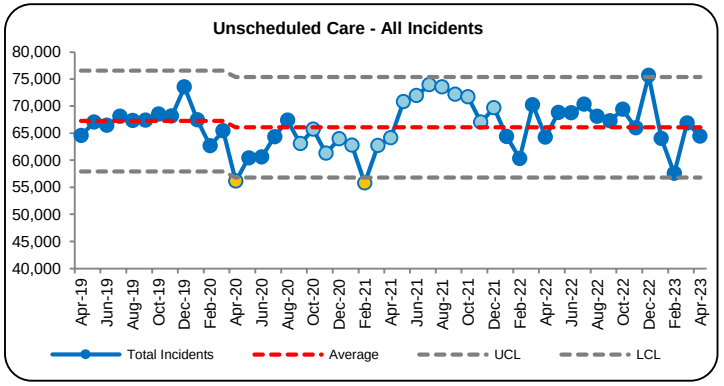
Rule 1: A run of six or more points in a row above or below the median (light blue)

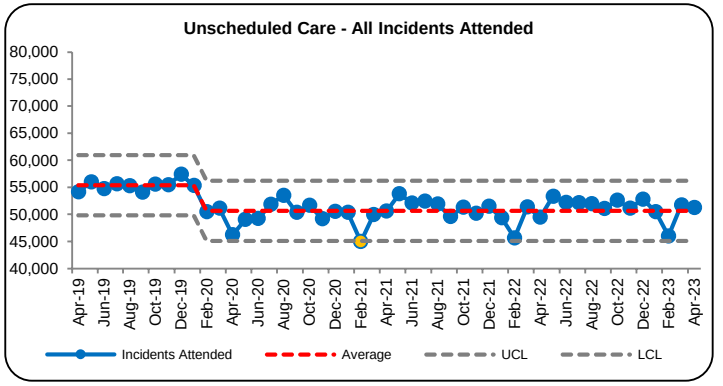
Rule 2: Five or more consecutive points increasing or decreasing (green)

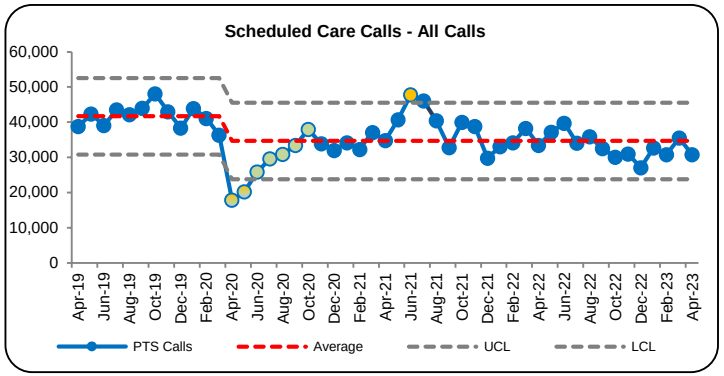
Rule 3: Undeniably large or small data point (orange)

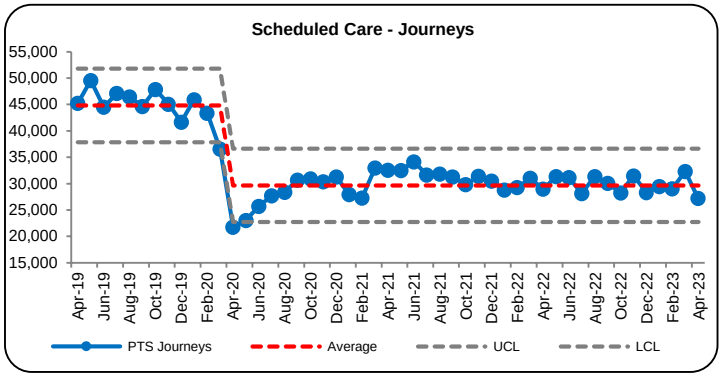
# D: Demand Measures



**What is the data telling us?**

Unscheduled call demand has remained within the control limits and as usually seen seasonally was below the mean in April 2023 with 82,409 calls. The volume of unscheduled incidents in April 2023 also saw the usual seasonal pattern and was below the mean following a peak in December 2022.

Scheduled care calls and journeys remains stable and lower than pre-pandemic.

**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 reduction in scheduled care activity. The requirement for physical distancing reduced the Service's capacity until April 2022 when this requirement was removed, although some specific infection control arrangements remain for certain patient types.

**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 2023/24. Our forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

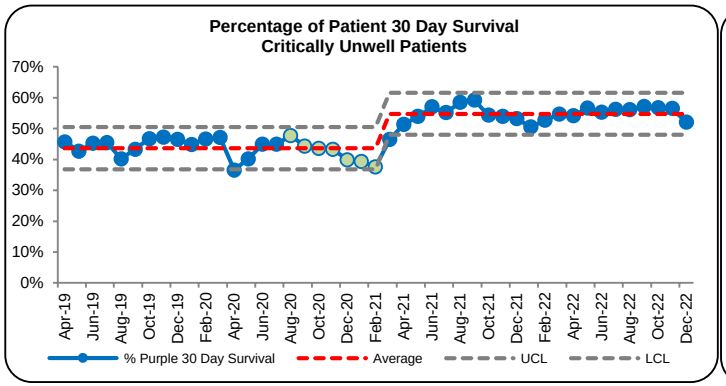
Our annual delivery plan this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery and provide the most benefit to patients and staff.

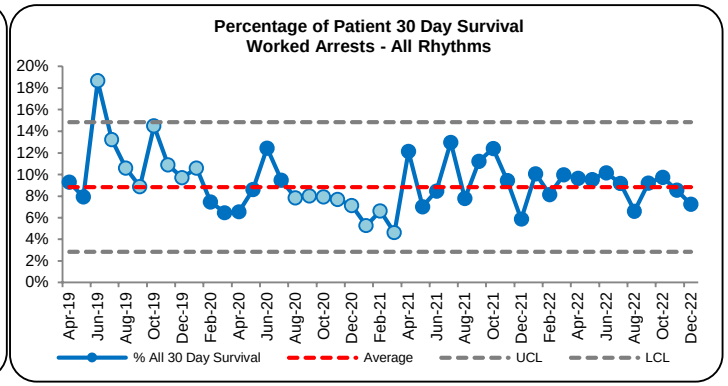
We have established a number of work streams to increase our workforce, improve demand management and increase capacity which include working collaboratively with our partners across the wider system to reduce unnecessary Emergency Department attendance by ensuring patients receive care that meets their needs. A full update of progress against delivery of our plans is included in the 2030 Strategy Portfolio update.

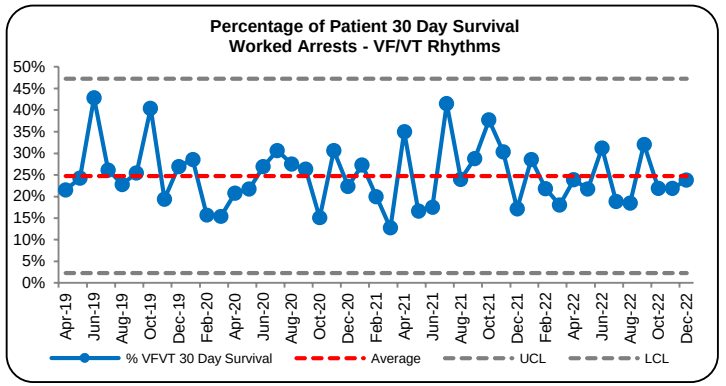
Significant work is currently being undertaken with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specifically to Hospital Turnaround.

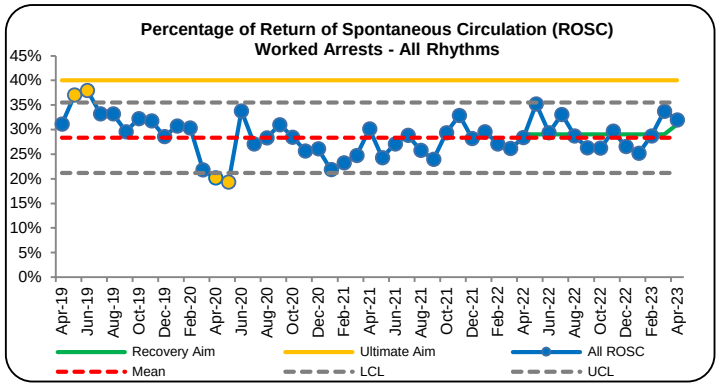
Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the Board meeting agenda.

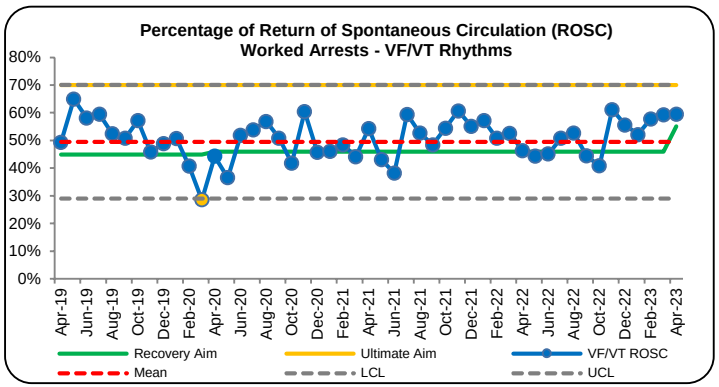
# Purple Response Category: Critically Unwell Patients

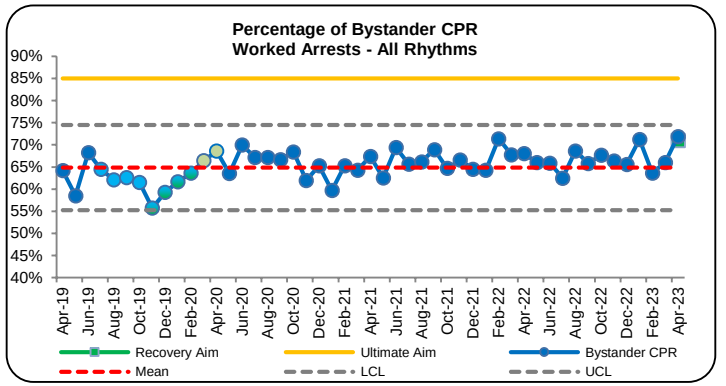


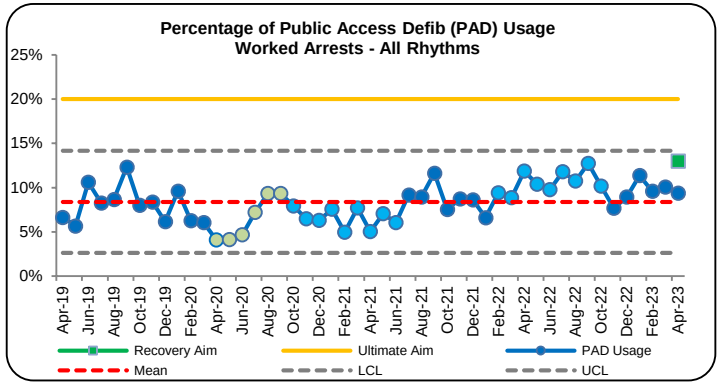



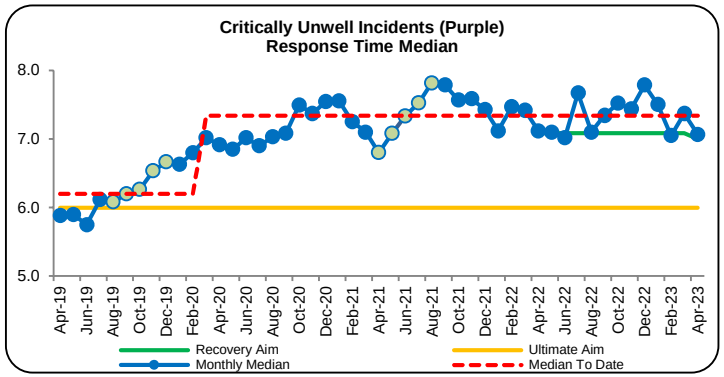



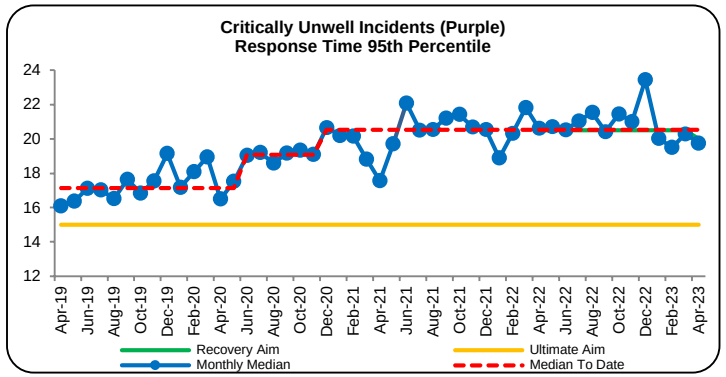



**What is the data telling us?**

The data presented in the charts is referenced to different measurement points depending on the complexities of data linkage. This means that mortality data is historical compared with response time and Return of Spontaneous Circulation (ROSC) data.

Overall, the position is stable on outcome measures (Mortality) with 30-day survival measures within control limits. These figures relate to December 2022 time stamps due to requirements for data linkage. Measures which include linked data are updated quarterly and an update to these figures will be provided in the July 2023 paper.

The response time measures for April 2023 (process measures) have dropped below the median, reflecting a continued easing of the system pressures seen over winter, which affected ambulance availability.

Our ROSC rates for April, VF/VT (Utstein) at 59.4% and 'All Rhythms' at 31.9%, remain within control limits.

As the charts illustrate, Bystander CPR is reported at 71.9%, and PAD usage at 9.4%, are also within control measures.

All of the data presented are single data points and due to the small numbers are very variable on a month to month basis. Overall looking at the trends figures across the majority of the measures remains stable.

The Board is aware that the aim of Scotland's Out of Hospital Cardiac Arrest (OHCA) Strategy is to improve OHCA survival to 15% by 2026. This will require a relative 50% improvement in OHCA survival from where we are now, where survival is around 10%. There continues to be a significant number of workstreams to the OHCA programme that will help ensure the OHCA strategic partnership achieves its overall aims.

A key element that we are currently focussing on as part of our chain of response is our call handlers who are an expert team member in achieving the early parts of the chain of survival; recognition of cardiac arrest, early CPR and early defibrillation where a PAD is available. While the OHCA strategic partnership has many measures in place to train and equip bystanders with the skills to perform CPR and exciting developments such as the use of GoodSAM alerter App have been introduced. The Service's call handlers remain at the forefront of the response to OHCA, and the expert support to the caller and bystander performing CPR prior to help arriving.

We are currently working to develop a suite of telephone CPR (t-CPR) and quality measures to identify a range of improvement opportunities with a clear focus of targeting improvement in survival in the VF/VT patient population.

**Purple Median Times**

Median response times to purple in April 2023 was 7 minutes 4 seconds. We reached 95% of these patients in 19 minutes 45 seconds (95$^{th}$ percentile). 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

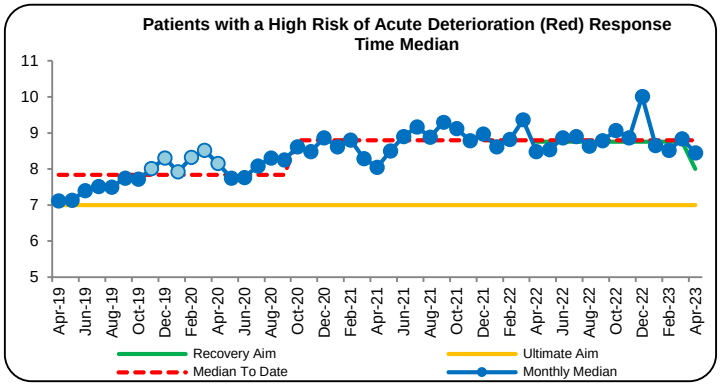
centres, specialist response vehicles for mental health and accessing mental health assessment centres).
3) Increasing ambulance resources (demand and capacity programme).
4) Reducing unavailable time (through make ready, equipment, cleaning vehicles, welfare packs at hospital sites).

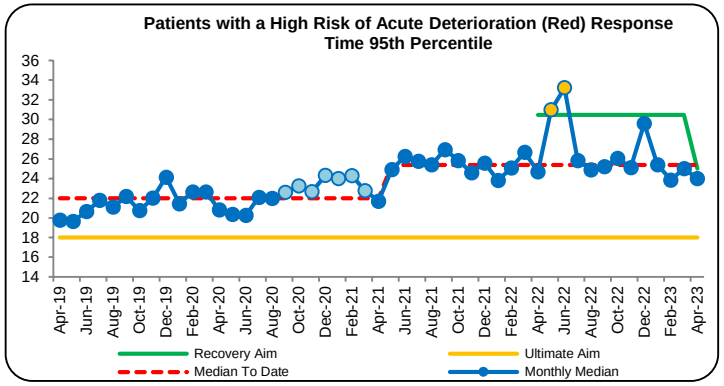
We have increased ambulance resources and are currently implementing new rosters through the demand and capacity programme. We are focusing on working to maximise shift coverage, support abstractions for paramedic training and managing sickness absence levels.

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 deployment.

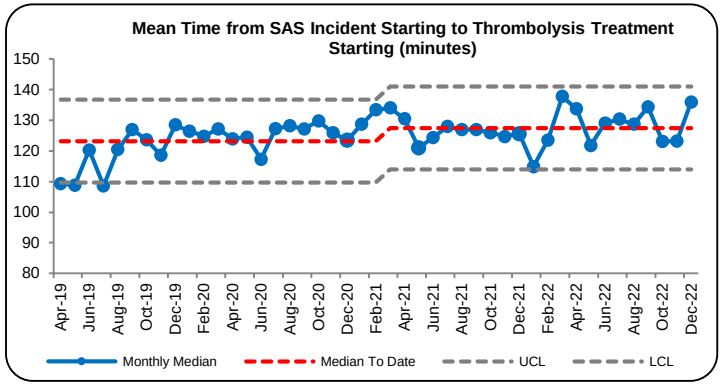
We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting staff rest periods, ambulance availability, ambulance response times and shift over runs. Health Boards have been working with regional management teams to produce site action plans to support flow and reduce ambulance handover delays. Work is also underway to embed the use of 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 the Scottish Government. Additional Hospital Ambulance Liaison Officer (HALO) posts have been funded by the Scottish Government with all the additional people now in post. The Performance Manager appointed on a secondment, based at the QEUH, also now works with the Ayrshire Hospitals, to share improvement work with their site teams and help with ambulance handover and hospital flow.

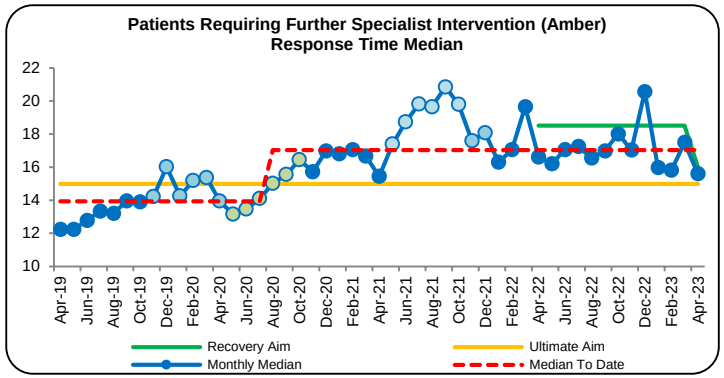
# Red Response Categories: Patients at risk of Acute Deterioration

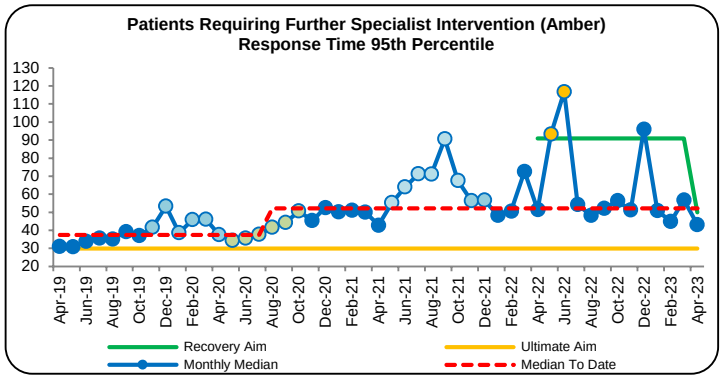



# Amber Response Categories: Patients requiring Further Specialist Intervention



**What is the data telling us?**

The median and 95th percentile response times for both red and amber categories of call saw a decrease in April 2023. We attended 50% of red category incidents within 8 minutes 27 seconds and amber within 15 minutes 36 seconds. In both cases, it is the quickest median response times seen since April 2021.

The clinical detail around the red category of call relating to Major Trauma response is under development and will be introduced in future Board papers.

Major Trauma can only be confirmed once all the injuries have been diagnosed and scored in hospital. It is therefore difficult to define and identify major trauma from pre-hospital data. Our ongoing work aims to utilise retrospective confirmed major trauma data from Scottish Trauma Audit Group (STAG) to identify the MPDS codes most likely to be pre-hospital major trauma. This will allow the prospective analysis of this group of codes and identify areas for improvement.

Our Critical Care Desk (CCD) is now fully operational and demonstrating positive impact as anticipated. There are monthly development group meetings and quarterly governance meetings in place to support audit, sharing of experience and learning. Initial data has shown an increase in utilisation of Pre-hospital Critical Care teams or 'red' teams of around 20% with a 10% decrease in the stand-down rates since the implementation of the CCD. This suggests that our red teams are getting to more of the most severely ill and injured patients since the transition to the CCD.

The Stroke incident start (call coding) to thrombolysis start data is collated three months in arrears in order to validate the figures. As with the OHCA reporting, measures which include linked data are updated quarterly and an update to these figures will be provided in the July 2023 paper.

Survival provides a broad definition around the key areas of focus allowing for optimum pre-hospital stroke care, critical to the development and sustainability of the national Thrombectomy service.

We are working closely with the national Thrombectomy Action Group in the planning of the national Thrombectomy Programme.

**Why?**

Demand in the amber category has levelled out over the last 3 months, returning to median levels.

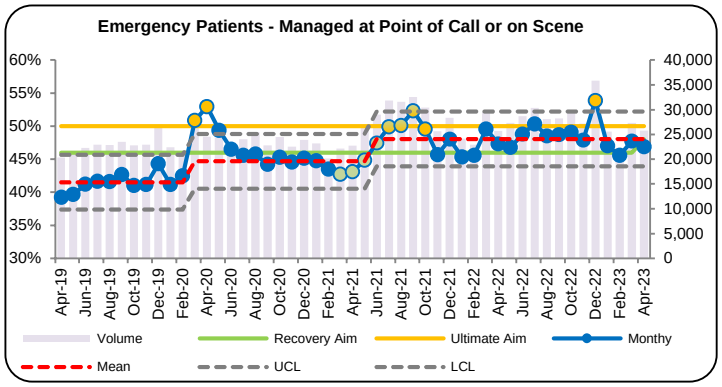
Similarly, the monthly median and 95th percentile response times stabilised over the spring, summer, and autumn 2022 however saw a rise in December 2022 due to pressures on the wider health care service.

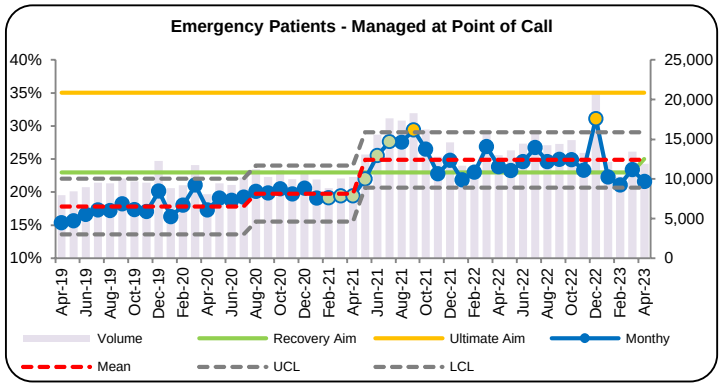
**What are we doing and by when?**

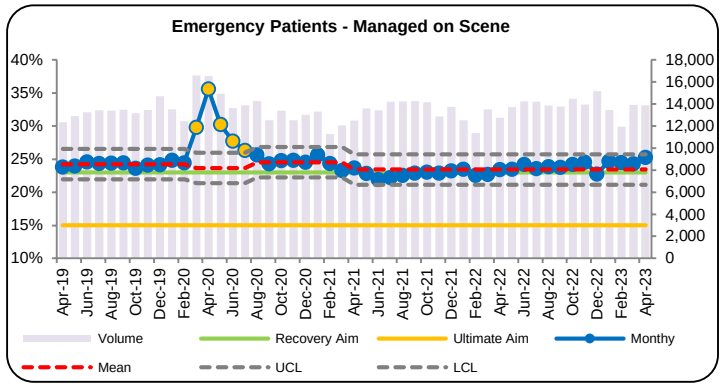
Ongoing work to reduce 999 to thrombolysis interval includes:

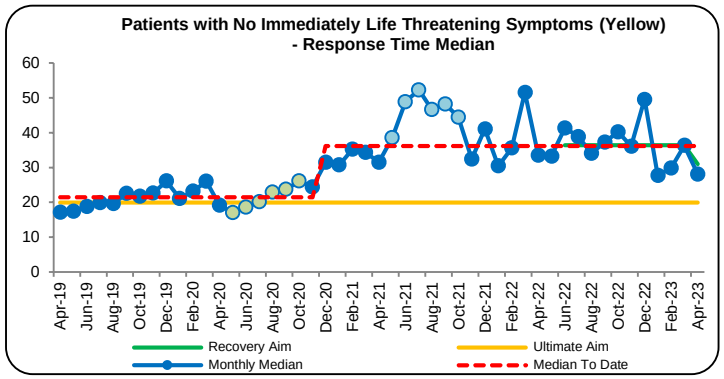
- Improved recognition of stroke at point of first contact within the ACC.
- Optimise dispatch arrangements and understand variation in practice through observation.
- FAST – improve recognition of hyper-acute stroke through utilisation of FAST (face to face)
- On-Scene times – improve on-scene times by limiting unnecessary clinical interventions as a time critical condition.
- Implement improved and refined 'whole service' stroke pathways to ensure seamless and definitive care (thrombolysis)
- Clinical feedback to clinicians.

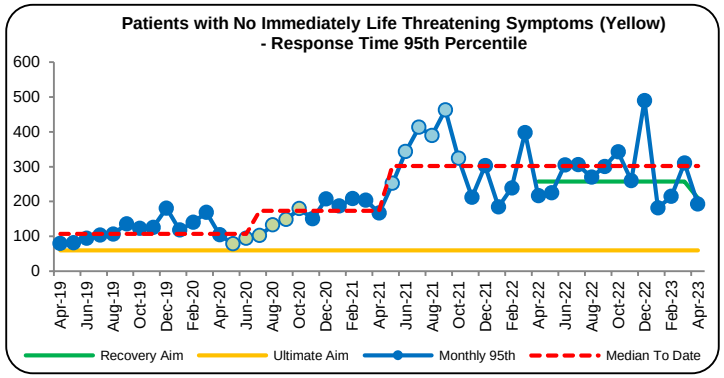
# Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance



**What is the data telling us**?

The proportion of emergency patients managed either at point of call or on scene has remained around the mean of 48% since November 2021. However, in December 2022 it was above the upper control limit at 53.9%, made up of 31.1% of patients managed at point of call and 22.8% managed on scene. This has returned to within control limits in the first four months of 2023 with 46.9% of emergency patients managed either at point of call or on scene in April 2023, made up of 21.6% of patients managed at point of call and 25.3% managed on scene.

The overall picture of patients being cared for out with the Emergency Department remains substantial and will be supported by the work that is underway through the national Integrated Urgent and Unscheduled Care Collaborative of which the Service is playing a pivotal role.

The development of our Integrated Clinical Hub continues to be a strategic priority for the Service. The key objective of the Integrated Clinical Hub is to offer a personalised clinical assessment and tailored management of patients presenting with non-immediately life-threatening conditions utilising the principles of realistic medicine. This often results in an alternative outcome from a standard Service ambulance response. This initiative brings benefits to patients and the wider system and is evidenced from the most recent figures where we see that for April 2023 21.6% of people who called 999 being managed within the Integrated Clinical Hub.

For those patients where we did attend, 25.3% were managed out with an Emergency Department pathway. The Service has strengthened our Pathways function which supports our frontline clinicians to access a range of alternatives either on-scene or through our Pathways Hub in connecting patients with pathways and other services that will best meet their needs. This includes community pathways that support us in delivering care closer to home.

We continue to work closely with Health Boards and other partners to secure direct access to Board Flow Navigation Centres, and 'Call Before you Convey' arrangements are in place for Service clinicians to access dedicated Health Board support for patients who do not have time critical presentations. This work has been impactful across a number of Boards and the learning from this will help inform next steps for this work. There is ongoing engagement with other Boards across NHS Scotland to support the development of this impactful initiative and it remains a key strategic priority internally and as part of the national Urgent and Unscheduled Care collaborative.

Other areas where we are gaining traction is in our access to Hospital at Home for patients whose clinical presentation can be managed by this type of service. This has been impactful across the winter and we are now looking to strengthen and expand our access across a number of areas.

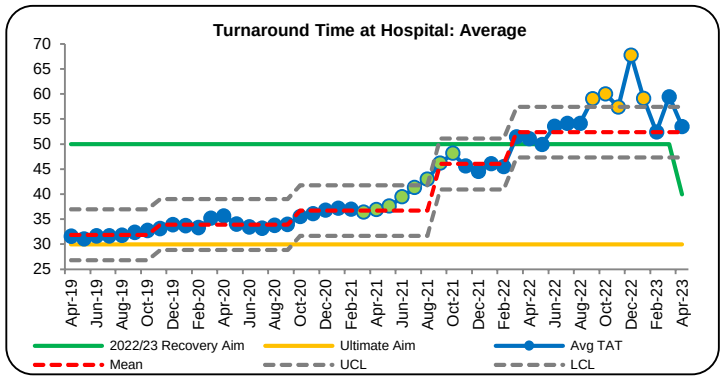
Clinical guidance for ambulance clinicians who continue to care for patients in ambulances outside hospitals for prolonged periods has been updated. Work continues at a national level with the aim of optimising patient safety and reducing delays associated with extended hospital turnaround times at hospital. Working with Scottish Government and health board partners the Safe Handover guidance has been rolled-out across all areas with the aim by August 2023 to have no delays over one hour and ultimately to meet the safety aim of patients being handed over within 15 minutes. Implementation of the guidance will improve safety for patients in

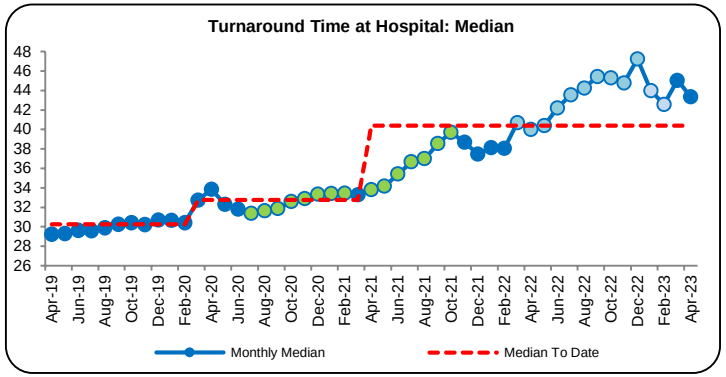
ambulances and for those awaiting an ambulance response and improve ambulance response times.

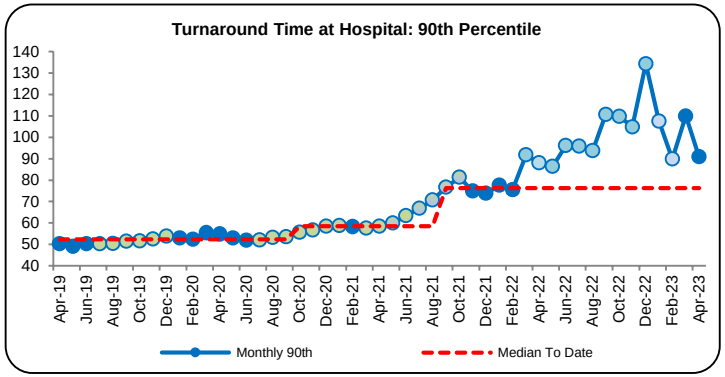
**What are we doing and by when?**

All elements sit within the Service's Urgent and Unscheduled Care work stream. Further work is progressing to enable improved access to the wider health and care system for those patients who present to the Service and whose needs can be better met by other parts of the system.

# TT: Turnaround Time at Hospital




**What is the data telling us?** - Although a stabilisation has been seen in turnaround times since January 2023, they remain at levels significantly higher than have been seen historically. Increased turnaround times 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. Increased time at hospital for turnaround delays increases overall service time and consequently utilisation which conversely reduces ambulance availability.

Between April 2019 and April 2023, the average turnaround time increased from 31 minutes 36 seconds to 53 minutes 30 seconds. This means our crews are, on average, spending 21 minutes 54 seconds longer at hospital for every patient conveyed.

**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 eased, hospitals have been operating at or near full capacity. In December 2022 this was further exacerbated by adverse weather, flu, COVID-19 and respiratory admission and significant numbers of delayed discharge patients. Although the situation has improved throughout January and February 2023 it remains particularly challenging in some hospital sites affecting ambulance response times, ambulance availability, staff rest periods and shift overruns.

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

Hospital Ambulance Liaison Officers (HALOs) have been deployed at the busiest hospital sites to ensure we are fully integrated in support of whole system hospital flow.

Additional HALO's 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 with NHSL's Flow Centre. The Service now has 17 WTE HALOs in post covering the major Emergency Department sites.

The agreed 'Principles for Safe Transfer to Hospital', January 2023 outlines the target to achieve a safe handover of patient at hospital within 15 minutes and in the interim of no instances over 60 minutes by August 2023. Each of the Service's three Regions are working up an improvement trajectory towards these aims, working in collaboration with respective Health Boards.

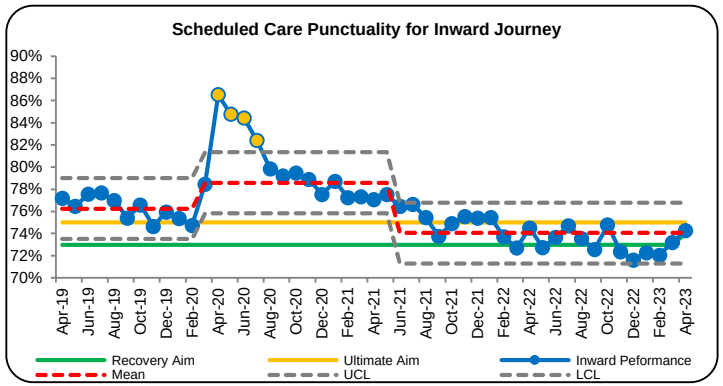
Other specific actions include:

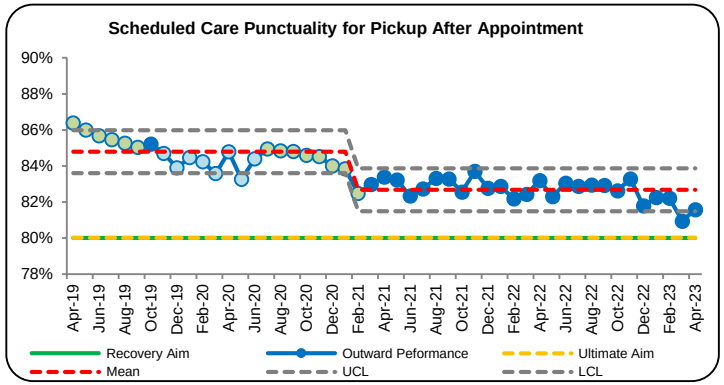
- Weekly or bi-weekly meetings between Chief Executives at the most challenging sites
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into Emergency Departments and the hospital helping with managing flow. Next step is ongoing work with health boards to tie together data from all existing platforms to produce accurate clinical hand over times for patients
- All efforts re safe alternative measures to Emergency Department admission described earlier in terms of the IUUC.
- Hospitals reviewing the principles of the Continuous Flow Model to ease the front door pressures primarily on Emergency Departments.
- 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.
- Review of joint improvement plans in place with acute sites is ongoing.
- Daily conference calls with our HALOs take place to ensure early escalation of issues but also to ensure support for the HALOs in engaging with sites.
- In Ayrshire there is a 24/7 Call Before Convey process which has been implemented which is averaging 13 patients per day referred through the Service and a non conveyance rate of 89%. Discussions are ongoing to further improve the process and refer higher volumes appropriately.
- Direct access to both a Hospital at Home and Home 1st pathway commenced on 13 March 2023 across West Lothian. Engagement sessions are taking place locally to promote appropriate referrals to these pathways.
- APs continue to support call before you convey as a test of change across Lothian.
- Extended Hospital Turnaround Times art Aberdeen Royal Infirmary remain a challenge with spikes being experienced. There has been an improving position in April 2023 supported

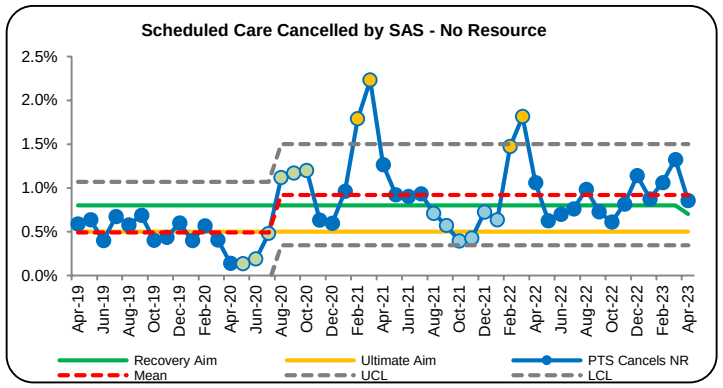
by joint improvement actions with NHS Grampian which were focused on providing ambulance crews with access to alternative pathways of care through the Grampian Flow Navigation Centre, a rapid access clinic beside the acute medical admissions unit, increased hospital at home beds, escalation plans being reviewed and updated and wider flow work within Aberdeen Royal Infirmary focused on the continuous flow model, pathways of care for mental health and low risk chest pain in place

- A revised Falls pathway has been introduced in Glasgow which has already delivered a 91% increase in referrals year to date. Continued support to Glasgow's GlasFlow model which is demonstrating longer term stability with less regular delays at QEUH.
- APs assisting Emergency Department staffing levels in Lanarkshire. As a further addition to this work, we are currently supporting NHS Lanarkshire's development of Operation Flow2 Programme with the aim to significantly improve in patient capacity levels at all three of Lanarkshire's district general hospitals. A Joint SAS/NHS Lanarkshire Board session will be held in June 2023.
- Turnaround issues at Crosshouse and Ayr continue to prove challenging, although there are incremental improvements in this performance, and continued engagement is in place from Chef Executive through to the Regional Leadership Team on a daily basis.

# SC: Scheduled Care




**What is the data telling us?** – The number of Scheduled Care calls has remained stable since early 2022 and was 30,757 in April 2023 (see chart: Scheduled Care Calls – All Calls on page 8). Call volume through ACC's remained within control limits and despite increasing in March to 35,454 it reduced to 30,757 in April 2023.

This reduction in call volume can be attributed to less repeat calls coming through ACC, impacted by the lifting of call restrictions (cut off times) and increased use of the online booking along with web-based Cleric being introduced into multiple Health Boards sites.

Our TAS for Scheduled Care decreased from 39.4% in March to 34.3% in April, this reduction in TAS continues to be driven by lower staffing volumes.

Journey demand between December 2022 and April 2023 has remained at a consistent level with 27,154 journeys taken in April 2023.

Punctuality after appointment was 81.6% in April 2023 above the recovery and ultimate aim of 80% and within the control limits.

The percentage of PTS cancelled by the Service in the 'No Resources' category was 0.9% in April, which is higher than the 2023/24 recovery aim of 0.7%.

**Why? –** While physical distancing measures relaxed on 14 April 2022, we continue to maintain single journey arrangements for immunocompromised patients.

Cancellations due to no resource continues to be partly attributed to higher levels of staff absence affecting the number of resources available for general outpatients, with Scheduled Care also continuing to contribute resource to alleviate wider system

pressures. Reduced demand levels post COVID-19 means the number of actual cancelled journeys is lower however appears higher when presented as a percentage of the smaller overall demand.

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

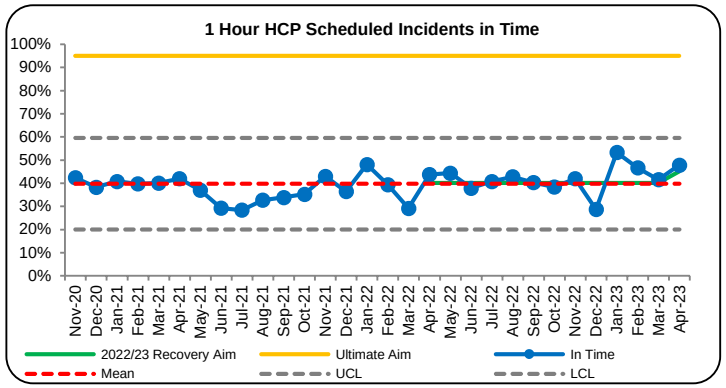
Work continues on Call Escalation and Intraday Reporting and it is anticipated that these tools will be available in May 2023 once PTS call signs are attached within GRS.

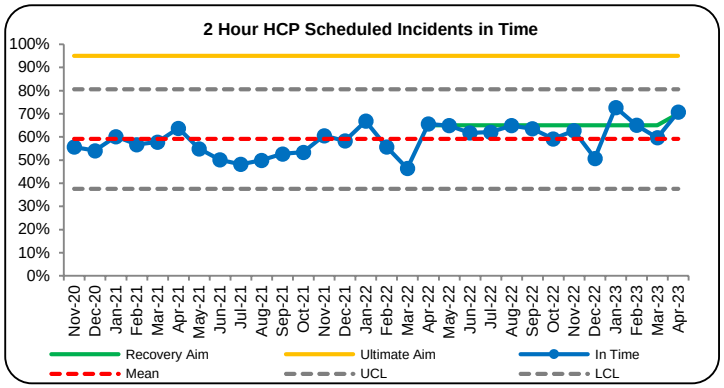
Landing of the Transfer and Inter-hospital Outpatient Patient Needs Assessments is currently on hold due to a required upgrade for Cleric that has been delayed outwith our control. It is anticipated that this will take place during May 2023. Once this has been actioned work will commence on these projects.

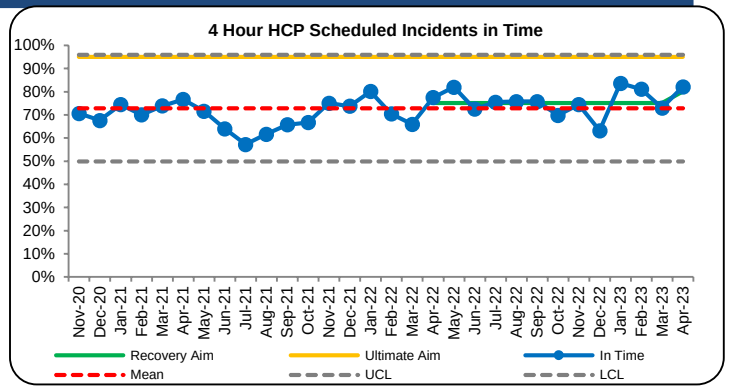
Whilst there has been a delay with our PNA launches due to a system upgrade, focus continues on our Business Continuity Review, which has been ongoing within Scheduled Care. Development of a new paper process for call handling which will align with our refined PNA's and will involve a new paper format and improved process. This will also include a new PNA which will streamline the retrospective entry of requests in the system.

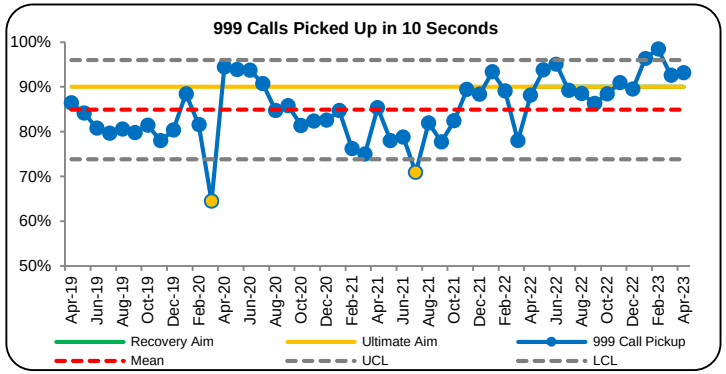
Agency staff have now been recruited and training in the North has commenced. East Scheduled Care Training commences on 8 May 2023. It is planned for our North permanent vacancies to be advertised in late May 2023. In order to support the service delivery the training for Card 46 has now been scheduled for early June which will assist with the introduction of our new recruits and performance.

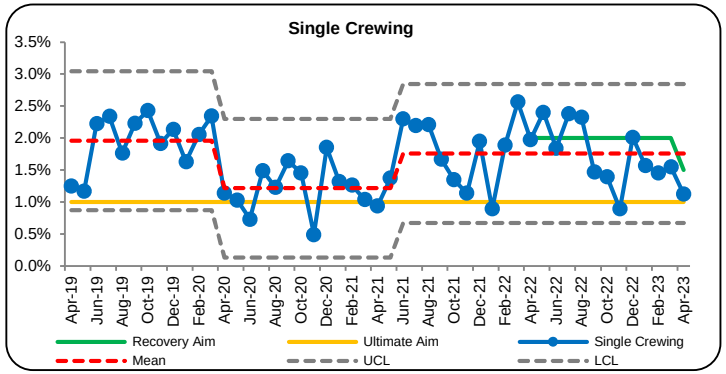
# Other Operational Measures



**What is the data telling us?**

The proportion of scheduled incidents from Health Care Professionals (HCP) fall into three categories which are defined by the requested timeframe of attendance.

As with responses to emergency incidents, response to these incidents are heavily influenced by the increased time experienced at the handover of patients. In all these timeframes there has been an improvement since the summer of 2021 and the proportion reached within the timescales remains within the control limits at 47.8%, 70.7% and 82.1% for 1 hour, 2 hour and 4 hour scheduled incidents respectively.

The proportion of 999 calls answered in 10 seconds has seen improvement and stability in the last 11 months with 93.1% being achieved in April 2023 against an aim of 90%.

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

**HCP Scheduled Incidents in Time**

The Regions are working closely with the Ambulance Control Centre to maximise availability and tasking of low acuity ambulance resources to appropriate ambulance calls. This is focused on sending the right ambulance resource to the right place at the right time with an appropriate skill level. This has a positive impact on HCP calls where an emergency ambulance may not always be required to convey a patient to hospital. Through the Service's demand and capacity programme, we are seeing the benefits of aligning the right ambulance resources to ambulance demand through the Ambulance Control Centre Clinical Hub, rostering, and additional ambulance resources. Extended Hospital turnaround times continue to impact on ambulance service time and ambulance availability.

Scheduled Incidents 1, 2 and 4 hours – attending incidents within their allocated time remains the main priority within the Timed Admissions Hubs within the Ambulance Control Centre. This test of change across all Ambulance Control Centre sites and regions allows for dedicated clinical and dispatch focus to maximise the use of our dedicated Scheduled Care vehicles freeing up critical A&E capacity where it is safe and appropriate to do so. The Ambulance Control Centres and Regions have individual improvement action plans being progressed through the Service's Performance and Planning Steering Group to improve this overall performance.

**Single Crewing**

Staff abstractions for COVID-19 seasonal influenza and other non COVID-19 reasons have impacted on the percentage of single crewing. Every effort is made by the Regions to avoid single crewing through maximising relief cover and covering shifts in advance where single crewing is anticipated.

Other specific actions include:

- Single crewing is reviewed daily as part of the regional management call to minimise occurrences.
- Local Operational Managers will review the available shifts and redeploy staff where possible to reduce the potential for a single crew, such as changing shift times or locations, usually the day before the shift takes place.
- ACC with discussion from the local management team may decide to move a Paramedic from a PRU to double up with a

single crewed Ambulance, depending on the prevailing demand in the area at that time.

- Demand & Capacity recruitment/funding has provided additional relief capacity across the North Region which should assist with the reduction of single crewing.
- All opportunities are explored when covering shifts and mitigating single crewing including the use of Bank staff – clinical staff and trained emergency drivers.

**999 calls picked up in 10 seconds**

In April 2023 we reached 93.1% for our answering standards. A 4.9% increase from April 2022 however we saw less 999 calls offered (April 2022 – 53,522 v April 2023 – 50,418) with a 5.8% (3,104 calls) reduction.

Our (HCP) non-emergency calls demand was also down by 5.5% with 13,843 received in April 2023 compared to 14,648 in the same month last year. Non-public emergency demand totalled 18,148, an increase of 5,939 calls from 12,209 in April 2022. Overall, we saw a reduction in our total calls, 82,409 v 80,379 (25.3%) from the same period last year.

This is the first year the Ambulance Control Centres have achieved a year end performance of 90% of calls answered in 10 seconds since 2017.

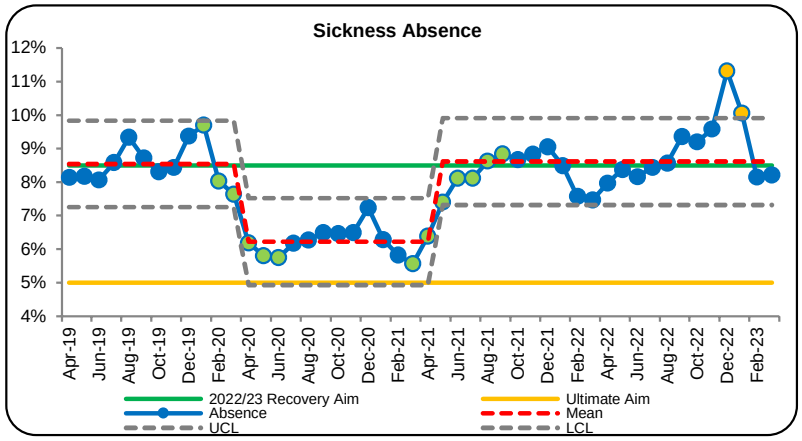
The Service maintained an average speed of answer of 8.13 seconds in March 2023 putting us at third place in the UK with other services having an average speed of answer between 6 and 56 seconds.

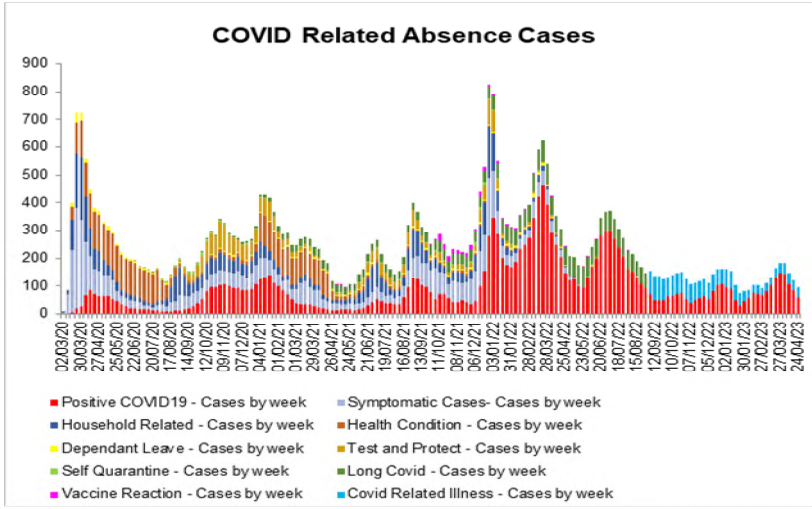
During April 2023 we saw a decrease in 999 calls, receiving 4,500 less than March. This was 3,000 calls less than April 2022, when the Omicron variant was still prevalent.

Our call answer performance during April 2023 was 93.1% of 999 calls answered within 10 seconds. The Service maintained an average speed of answer of 7.78 seconds putting us sixth place in the UK with other services.

# SE: Staff Experience

## Sickness Absence




**What is the data telling us? –** sickness absence, as at March 2023, was 8.2%, a decrease on the last reported figure for January by 1.9%.

After reaching a record low in January, COVID-19 related absences have shown an increase up until the end of March, followed by a consistent decrease throughout April.

**Why?** - It is clear that that the absence percentages at the start and end of 2022/23 are fairly static at below 8% and at 8% respectively. There are a couple of spikes in September and December 2022. The September spike represents the re-classification of COVID-19 special leave to sickness absence. As this was a one-off event, this is not a trend that we see in previous years, nor will it be a trend going forward. The December spike and subsequent higher levels throughout the winter months occurred during a period of significant operational pressure, including the threat of industrial action, culminating in prolonged periods at REAP level 4. This is a trend we see in previous years albeit at a higher percentage level than is typical.

Given that we know that a rise in absence during 2022/23 is directly attributable to the re-classification of COVID-19 special leave to sickness absence from 1 September 2022, it is worth considering how removing COVID-19 related sickness from the figures might impact. Absence excluding COVID-19 sickness shows a similar pattern throughout the winter months, however, it is clear that COVID-19 related sickness was a significant contributor to high absence levels during this time.

The YTD absence percentage for 2022/23 excluding COVID-19 sickness absence is 7.9%. This is a decrease of 0.5% compared to the total absence figure of 8.4% above. Significantly, it represents an increase of only 0.1% compared to 2021/22 as opposed to the national increase of 0.6% indicated above.

The Service set an objective to reduce organisational absence by at least 1% during 2022/23. While this target was not met, there has not been a significant rise in absence levels, particularly when you consider these when COVID-19 related sickness is extracted. Whilst disappointing overall, the position remains encouraging, considering the operational pressures that have continued to impact upon line managers and staff.

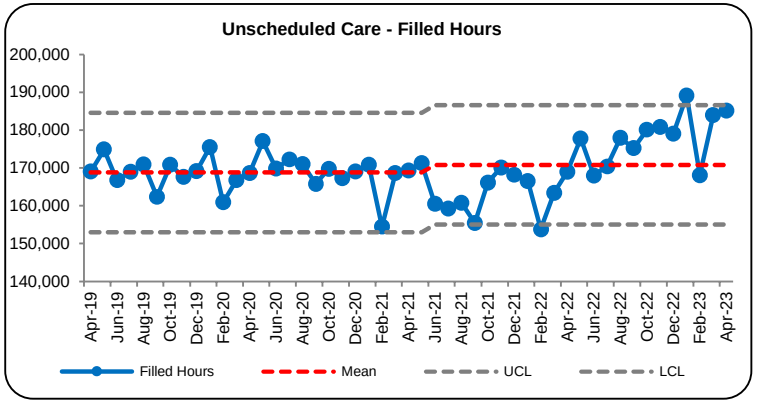
**What are we doing and by when?** -

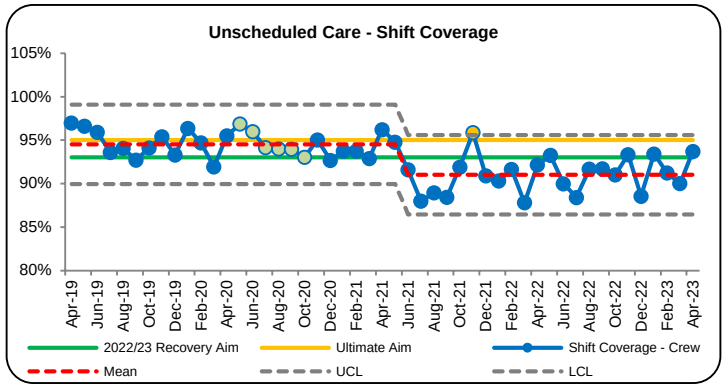
Current local data confirms that anxiety/stress/depression remains the top reason for absence. Back problems is the second top reason. The third reason is other musculoskeletal problems. We have seen a decrease in short-term absence related to cold/flu.

The Regional and National HR teams continue to support managers to manage attendance cases and levels in their area. The National Attendance Lead role has now ended and we are returning to a business as usual state of readiness. We will continue to focus on attendance action plans with each region/department and undertake follow up audits, or focused attendance management actions as necessary.

Absence reporting is available on a weekly and monthly basis. A report continues to be 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 produced by local managers that provides local information and details specific action being taken.

## SE1.2 Shift Coverage



**What is the data telling us?**

As a result of the implementation of our demand and capacity programme, hours of shift coverage have been increasing and this is planned to continue in the following months whilst the final tranche of the additional staff complete their training and start on shift. (The percentage of accident and emergency shift coverage has seen a drop resulting in a mean and control limit recalculation in June 2021. In the months to March 2022 this was caused by increased COVID-19 related absence. From April 2022 new rosters have been introduced and new staff have been recruited in a phased approach across the Service, this has resulted in an increase in the number of filled hours. However as the denominator (required hours) has also increased the percentage shift coverage remains similar to previous months).

Best practice for UK ambulance services is no more than 55% utilisation, our utilisation rates in March and April 2023 were 63.0% and 58.9%, reflecting the continued shortfall in capacity versus demand which is being progressed through our demand and capacity programme and work to reduce ambulance handover times.

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

Regions continue to maximise all recruitment opportunities and use of bank staff. They are exploring the best way to optimise shift uptake by bank workers ahead of the winter pressures. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise abstractions.

15 new Technicians were introduced to Lanarkshire in October 2022 and a further 38 were introduced following the course that ended in March 2023. Forecasting indicates that as the new staff are now live and the final demand and capacity rosters are 92% implemented, West Region have a much more sustainable coverage platform for 2023/24. Further stability will be achieved on completion of the demand and capacity PRU review as most resourcing gaps are now attributed to Paramedic Response Unit shift vacancies which have been on hold to allow change management process to be concluded. Recruitment planned for coming June 2023 Technician course.

In the East Region since March 2023 a total of 62 VQ Students have commenced Technician training.

Bank staff, both clinical and emergency drivers, support shift cover across all regions.

In the North region, there is a continued focus to maximise the available recruitment and training opportunities to fill vacancies across the region:

- Demand & capacity recruitment continues in the remote, hard to recruit areas to increase relief capacity to the 38.1%
- Demand and capacity will increase the relief capacity in the North to improved levels.
- Demand & capacity review of Paramedic Response Unit (PRU) and Urgent Tier Resourcing and rostering is underway. This will see the introduction of 24/7 PRU cover in Elgin and Inverness along with improvements of the Aberdeen PRU's and Urgent Tier rosters. Due to be completed by the end of May 2023.
- A further 21 VQ students commenced training on 27 March 2023.
- Newly Qualified Paramedic recruitment is at interview stage. Expected vacancies to be filled end of Summer 2023. Business

Support Managers are working with the Head of Education to plan the recruitment and clinical induction of these recruits.

- Mobilisation Mitigations are still in place for D2 ACAs, Emergency Drivers, and other agencies i.e., SFRS to be called upon to create a DCA.

The recruitment process for the next cohort of NQP's is currently underway with successful candidates commencing Clinical Induction Modules in the summer of 2023.

Planning and forecasting is currently being undertaken along with gathering intelligence for forthcoming vacancies in the Region to carry out further proactive recruitment in these areas.

## Workforce Development

## Employee Resourcing

**Aim** – To recruit and retain staff ensuring that the Service has the skills to deliver its 2022/23 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.

The South East Scotland Payroll Consortium new shared service arrangement came into effect on 1 February 2023.

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 significant opportunities for the Service to attract candidates internationally.