



Public Board Meeting

27 November 2024

Item No 16

THIS PAPER IS FOR DISCUSSION

SCOTSTAR ANNUAL UPDATE

Lead Director Author	Stephen Massetti, Director of National Operations. Kenneth Mitchell, General Manager ScotSTAR.
Action required	The Board are requested to note the attached ScotSTAR update and are invited to ask any questions they may have.
Key points	This report provides a high-level summary of work in progress and ongoing challenges to rationalise, improve, and excel in how we deliver on our mission.
Timing	This report provides an update on ScotSTAR activity between October 2023 - September 2024.
Associated Corporate Risk Identification	—
Link to Corporate Ambitions	This paper is aligned to all of the Service's corporate ambitions.
Link to NHS Scotland's quality ambitions	This paper is aligned to and supports all three of NHS Scotland's quality ambitions to enable our workforce to provide safe, effective and person centred care.
Benefit to Patients	The ScotSTAR vision is to provide critical care to the most sick or injured patients, when and where they need it.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	There are no equality or diversity implications arising from this paper.



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SCOTTISH AMBULANCE SERVICE BOARD

SCOTSTAR ANNUAL UPDATE

KENNETH MITCHELL, GENERAL MANAGER, SCOTSTAR

1. Introduction

The purpose of this report is to provide a comprehensive overview of ScotSTAR's performance over the past 12 months. Within this report we present activity undertaken by each ScotSTAR team in support of the overall ScotSTAR service deliverable: to provide specialist care and transport to patients whenever, and wherever they need it. Throughout this report we aim to provide insight into our achievements, challenges and future plans.

2. ScotSTAR Overview

ScotSTAR comprises four individual services and sub-teams - Air Ambulance (AA), the ScotSTAR Paediatric Retrieval Team (SPRT), the Emergency Medical Retrieval Service (EMRS), and the ScotSTAR Neonatal Transfer Service (SNTS), and this report highlights areas where work is being progressed.

Our business support team is integral to the functioning of the service, and a number of operational and clinical governance groups oversee work by all ScotSTAR sub-teams. Clinical Leads who are senior consultants from each team are essential to overseeing the specialist clinical work and to manage medical staff.

This year was the 10th Anniversary of ScotSTAR and the 5th Anniversary of the establishment of ScotSTAR North. In addition, the Air Ambulance Service celebrated 90 years and the Emergency Medical Retrieval Service 20 years of existence and service.

The last year has seen the conclusion of the Air Ambulance Re-procurement project, which required a significant amount of operational input from the ScotSTAR Team. Delivery of the Air Ambulance Efficiency Project has also been a priority for the

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ScotSTAR Team, through support to the Triage & Tasking, Tele-health and Nurse Escort elements of the project.

This report provides an overview of the activity across all the teams; whilst there have been variations in activity, the one aspect which continues to increase is the demand for advice calls. The nature of these calls will vary, but they are providing support to remote & rural clinicians in the provision of patient care and, in some cases, providing sufficient support, which allows patients to remain in their local health care setting.

Maintaining the skills and competences of the ScotSTAR Teams is a core element of the service's governance structure. Through the Education & Training Group work has been progressed to identify all the core training requirements across all the teams. In addition to this, Skills & Competency Frameworks are being developed for each of the teams, with the Advance Neonatal Nurse Practitioner being the first to be finalised.

Financially the ScotSTAR Team are undertaking several measures to ensure that they deliver the service within the agreed resources, with the Air Ambulance Efficiency Project being a key element of this.

3. Air Ambulance Contract Extension

To ensure continuity of service provision until the new contract commences SAS were required to extend the current contract with the incumbent supplier, Gama Aviation, for a period of up to 24 months (from 1st June 2024 through until the 31st of May 2026).

To this end the contract has been extended on the existing terms and conditions of service, all of which is covered by a Contract Change Notification (CCN 37).

The contract will continue to be managed through the Quarterly Contract Review meetings which take place between SAS and Gama.

4. Air Ambulance Re-procurement

The Air Ambulance Re-Procurement Project aimed to ensure the continued provision of air ambulance services across Scotland. The project was divided into two phases: re-procurement and implementation. The project was initiated in October 2021 and officially closed on July 26, 2024. The project team included a Programme Director, Project Manager, Project Support Officer, and dedicated procurement support. The ScotSTAR teams were involved in supporting the development of the specification documentation and undertaking the evaluation of the submitted tenders.

The project achieved its primary objectives and deliverables. The groundwork laid by this project sets the stage for significant benefits in Phase 2, which will focus on implementation. The ScotSTAR Team will have a significant role in supporting the delivery of Phase 2 at all levels.

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5. Air Ambulance Efficiency Project

Background. The project was set up to enable a review of Air Ambulance, including triaging, tasking and co-ordination of air assets to identify and implement improvements to ensure appropriate and efficient use of the service.

Overarching Objective. Implement process improvements to Air Ambulance by February 2025, to ensure a more efficient service is delivered that will enhance patient and staff experience with an annual recurring cost saving of £250k.

Key Workstreams: -

- **Triage and Tasking** – Introduce new guidance and Standard Operating procedures (SOPs) for call handling, triage and tasking of aeromedical transport and escorting team.
- **Alternative Transport** – Implement guidance to increase the use of scheduled flights and alternative transport (land transfers) where appropriate.
- **Telemedicine** – Implement GoodSAM to enhance remote clinical triage.
- **Nurse Escorts** – Implement new protocols that minimises the need for nurse escorts if possible and establish a recovery mechanism that ensures health boards are charged appropriately for nurse escort expenses.
- **Chargeable Transfers** – Revise the current practices for chargeable transfers ensuring fair and accurate recovery of expenditure is applied.
- **Mental Health Transfers** – Revise the Mental Health air transport risk assessment to ensure optimal allocation of transfer platform and clinical escort.
- **Local and National Planning** – Establish representation on local and national planning groups to ensure any proposed changes to rural service provisions or national clinical pathways are modelled and appropriately funded where ScotSTAR reliance will be greater.

6. Team Highlights and Updates

6.1 Air Ambulance

Air ambulance aviation services for the Scottish Ambulance Service (SAS) are provided via a managed contract with Gama Aviation for the provision of fixed wing and rotary aircraft. The services comprise of two fixed wing aircraft based in Aberdeen and Glasgow and two rotary aircraft based in Glasgow and Inverness. All aircraft provide immediate 24/7 cover and are supported by back-up aircraft which are deployed for planned and reactive maintenance events.

The SAS aircraft are supported by two helicopters funded by Scotland's Charity Air Ambulance (SCAA). These aircraft are based in Aberdeen and Perth and are available 12 hours per day, 7 days per week each.

In addition to the above further support is provided from HM Coastguard helicopters that can be tasked in situations of challenging weather, or where demand outstrips immediately available resources.

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All air ambulance missions are tasked centrally by the Specialist Services Desk which is located within the West Ambulance Control Centre.

The Air Ambulance workforce comprises paramedics who work alongside aircraft pilots to undertake the specialist aeromedical transfer of patients. Air Ambulance (AA) paramedics aligned to rotary operations are Technical Crew Member (TCM) qualified and have undergone additional aviation related training to support the pilot during flight.

The mix of aircraft types is required in order to provide a whole ambulance service to remote and rural locations across Scotland and beyond, with annual mission numbers for the period October 2023 to September 2024 of 4,493 for all air ambulance activity (including SCAA and Coastguard aircraft).

The air ambulance service works closely with each of the other ScotSTAR teams to match necessary clinical skills to the patient’s need. AA paramedics working with ScotSTAR teams thus need to have an extended clinical role in addition to their aviation function.

The Air Ambulance aviation contract is a high-value commercial arrangement which requires diligent management, and this is undertaken by AA and ScotSTAR operational managers.

Activity

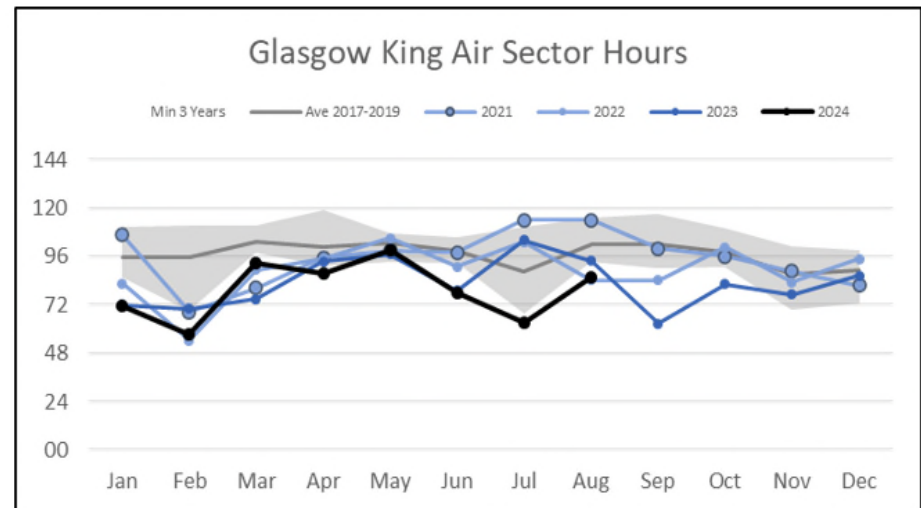
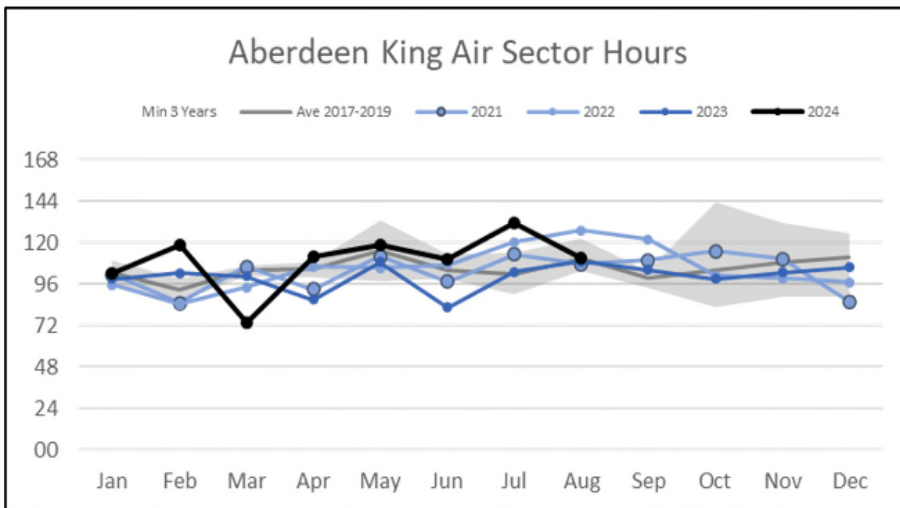
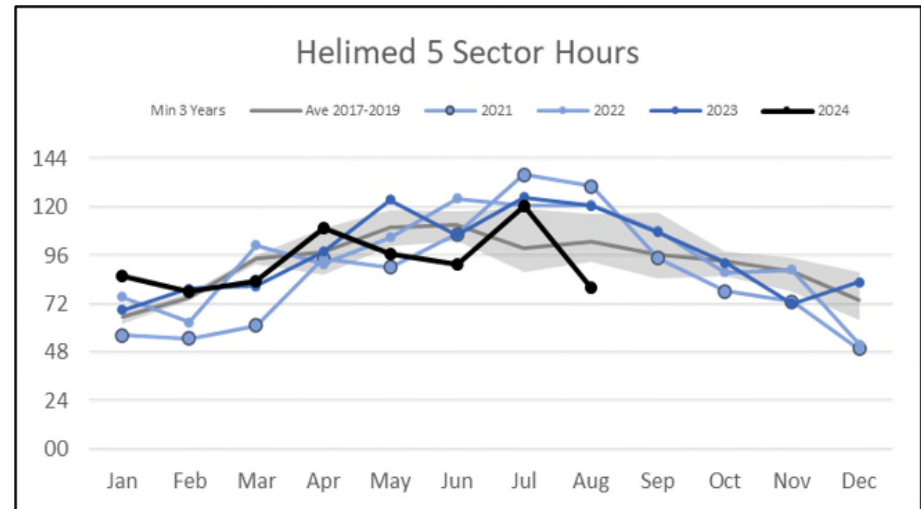
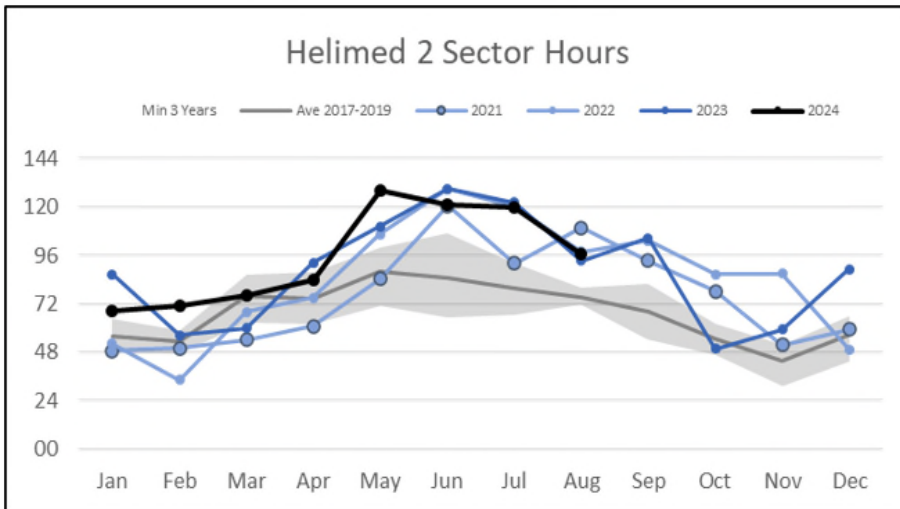
Department	Operational Data	Oct 21 to Sep 22	Oct 22 to Sep 23	Oct 23 to Sep 24	year most recent	Yearly Changes
Air Ambulance	Helimed 2 Missions	698	798	780	-2.3%	
	Helimed 5 Missions	966	980	973	-0.7%	
	Helimed 76 Missions	395	356	376	5.6%	
	Helimed 79 Missions	304	348	343	-1.4%	
	King Air Aberdeen Missions	839	841	918	9.2%	
	King Air Glasgow Missions	737	708	688	-2.8%	
	Coast Guard - HEMS	163	187	222	18.7%	
	Coast Guard - Other Missions	228	190	193	1.6%	

Year on year air ambulance mission numbers have increased by just under 2% for the year to September 2024 with the largest percentage increase being seen for Coastguard support to HEMS (999) missions. This is part of the core function of the Coastguard Search and Rescue role and is provided at no cost to the Service.

In addition to the Air Ambulance Efficiency Project workstreams the Air Ambulance leadership team have been working closely with Gama Aviation and the Specialist Services Desk to ensure that the deployment of aircraft is undertaken as effectively and efficiently as possible. This includes minimising the number of empty sectors (flights with no patient or retrieval team on board) and ensuring that out of hours

opening of remote airports is only carried out where the patient's clinical need supports this. Work is on-going to further develop and strengthen this approach.

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6.2 Emergency Medical Retrieval Service (EMRS)

The Emergency Medical Retrieval Service comprises two regional teams (West and North) which between them provide national cover for *primary* pre-hospital critical care at the scene of accident or illness, and *secondary* retrieval of critically ill adults presenting to healthcare facilities in remote and rural locations. Based out of ScotSTAR bases in Glasgow and Aberdeen they deploy to primary incidents most commonly using response vehicles but are co-located with the ScotSTAR Air Ambulance teams and aviation assets allowing timely aeromedical deployment to both primary and secondary taskings. EMRS work closely with Air Ambulance team paramedics and support them in acquiring an enhanced set of skills in order to work in a complementary way with the critical care team. EMRS teams offer an advice service to remote and rural healthcare practitioners, advising on clinical management, and supporting transport decisions in partnership with those clinicians. Furthermore, EMRS is an integral part of the SAS response to major incidents and mass casualty events, providing capacity for both on-scene critical care and filling key advisory roles in support of SAS incident commanders, at tactical and operational levels.

Activity

Department	Operational Data	Oct 21 to Sep 22	Oct 22 to Sep 23	Oct 23 to Sep 24	year most recent	Yearly Changes
EMRS	Primary Missions Completed	945	1270	1221	-3.9%	
	Secondary Transfers Completed	338	366	337	-7.9%	
	Advice Calls	673	763	913	19.7%	
	North Primary Missions Completed	211	287	288	0.3%	
	North Secondary Transfers Completed	119	139	109	-21.6%	
	North Advice Calls	116	167	152	-9.0%	
	West Primary Missions Completed	734	983	933	-5.1%	
	West Secondary Transfers Completed	219	227	228	0.4%	
	West Advice Calls	557	596	761	27.7%	

Following a period of increase in primary retrieval missions after the pandemic and the establishment of the Critical Care Desk it appears that the primary retrieval mission numbers may be stabilising.

There has been a reduction in secondary retrieval activity, most markedly with the EMRS North team. This reduction may represent a 'return to baseline' following last year's spike in activity, and a longer period of monitoring will be required to confirm any trends. A further review of activity broken down by each referral center in the North

area has shown that this is a general reduction across most sites as opposed to any specific location.

Advice calls received by the EMRS West team have increased significantly over the past year. This increase is thought to be multifactorial and related to tasking and triage process changes as part of the Air Ambulance Efficiency Project and additional clinical support being provided to the Critical Care Desk and to SAS road crews. Some changes have been recently instituted to ensure that these calls are being streamed to the most appropriate individual. The advice call numbers, and any impact of the recent changes will be monitored over the coming months.

Staffing. There have been staffing challenges over the past year with some medium and long-term sickness within both teams, though predominantly in the North. Through this time there have been a small number of episodes of reduced cover though service delivery has been preserved at all times with appropriate contingencies applied.

Education and Training. The last cohort of Retrieval Practitioners to join the service have now completed their training and have been signed off as Advanced Retrieval Practitioners.

Routine clinical education and training has continued over the past year with a rolling programme of activities including clinical governance meetings, daily training sessions, topic teaching, simulation of the week, case-based review meetings, journal club and mortality meetings.

Other CPD activity has included: -

- Major Incident Training and Exercises
- Incident Response and Command Training (IRAC)
- Pre-hospital Paediatrics Study Day
- Surgical Skills Course (thoracotomy, hysterotomy, canthotomy, thoracostomy)
- Hi-fidelity simulated scenario day
- Performance Under Pressure Course
- Inter-professional Simulation Project (IPSP)

With the exception of the IPSP and IRAC, each of these was organised internally and led by the team.

Remote and Rural Liaison and Training. EMRS teams conduct liaison work with remote and rural healthcare teams who depend upon the service and refer patients. Liaison visits are conducted which include reviews of cases referred and education on topics such as resuscitation, trauma, and management of critical illness. This work builds relationships and enhances competence ensuring efficient safe and effective

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care of patients while minimising unnecessary transfers, or team deployments. Work is ongoing to minimise costs associated with this vital work.

Retrieval Week 2024. At the end of May EMRS team members led the annual diet of the Diploma of Retrieval and Transfer Medicine, the two-day specialty exam which the service developed in conjunction with the Royal College of Surgeons of Edinburgh. Following the exam, the team also delivered the ‘Retrieval 2024’ conference which saw speakers and delegates from all over the world congregate in Glasgow for a sold-out two-day event.

Award. EMRS were nominated for, and went on to win, a Scotland's Champions Award within the 'Military & Emergency Services' with team members attending the awards dinner in Glasgow.

6.3 ScotSTAR Neonatal Transport Service (SNTS)

The ScotSTAR Neonatal Transport Service currently comprises three teams, West, North, and East based in Glasgow, Aberdeen, and Edinburgh respectively working nationally to serve our patient group. The West team operates 24/7 availability 365 days a year, and the North and East teams provide weekday daytime cover with weekend and overnight cover being divided between them. The teams respond to referrals for neonatal transport which may be of any acuity from well babies returning to their local unit after a period of neonatal specialist care, to the most critically ill babies requiring multiple stabilising interventions before being moved by the team to tertiary neonatal units.

Activity

Department	Operational Data	Oct 21 to Sep 22	Oct 22 to Sep 23	Oct 23 to Sep 24	year most recent	Yearly Changes
Neonatal	North Team Transfers Completed	165	130	129	-0.8%	
	South East Transfers Completed	329	305	285	-6.6%	
	West Team Transfers Completed	537	517	581	12.4%	
	Total Transfers Completed	1031	952	995	4.5%	

The data demonstrates that the neonatal teams have had a slight increase in activity. The full ‘Best Start’ recommendations have not been implemented but have been published. This has resulted in a change in working patterns within the Neonatal network alongside bed pressures resulting in this.

Best Start. The focus of the SNTS during this period has been preparing to fully implement and support the recommendations from the review of the service which was established to address recommendation 59 of the national strategy, ‘The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland’ (20th January 2017). The review was incomplete in terms of workforce and demand modelling, but

we have been working to address this and are in the final stages of identifying the final model for the SNTS.

There is limited information on the impact that the remodelling of neonatal intensive care units will have on maternity care, this is currently under prospective monitoring. Therefore, in the absence of this the full additional activity impact and risk on maternity services, the result of Best Start remains unclear.

Scottish Ambulance Service and Best Start - Transfers & Repatriation

ScotSTAR: A regular joint planning meeting occurs involving the SNTS and the 3 regional planning leads responsible for the implementation of Best Start. With Best Start being implemented at a regional level and not a national approach, this meeting ensures that the SNTS is fully aware of any regional issues that can affect the full network and SAS.

Frontline SAS: In-utero transfers of mothers to a hospital site which can accommodate both the needs of the mother, and the baby, is coordinated by the Specialist Service Desk and the SNTS with the transfer being undertaken by a frontline crew. The limited modelling commissioned by the Scottish Government includes the assumption of 6 in-utero transfers for each 10 new neonatal admissions.

Remote and Rural/ Referring Units.

The SNTS has also contributed to a related pathway for patients with 'Extreme Obstetric Emergencies', which through the involvement of key logistical and clinical personnel from the first phone call should ensure that time-critical transfers from CMUs are arranged expeditiously and as safely as possible. These pathways have been developed and agreed with the national neonatal and obstetric networks that exist within Scotland.

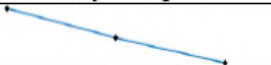



Remote and Rural Liaison and Training. This is in collaboration between ScotSTAR, the Scottish Multidisciplinary Maternity Development Programme (SMMDP) and local stakeholders. The SNTS team provides personnel to complete 10 neonatal resuscitation and neonatal stabilisation courses per year.

6.4. ScotSTAR Paediatric Retrieval Team (SPRT)

Before coming under the auspices of the Scottish Ambulance Service, the ScotSTAR National Paediatric Retrieval Team evolved from a retrieval function previously provided out of the two paediatric intensive care units (PICUs) in the country. The SPRT continues to provide a transport service primarily to critically ill children requiring secondary transfer to one of the PICUs, either Glasgow or Edinburgh. The SPRT also offers advice to referring sites supporting management and transfer decision making.

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Activity

Department	Operational Data	Oct 21 to Sep 22	Oct 22 to Sep 23	Oct 23 to Sep 24	year most recent	Yearly Changes
Paediatric	Road Transfers Completed	225	189	158	-16.4%	
	Air Transfers Completed	75	88	65	-26.1%	
	Total Transfers Completed	300	277	223	-19.5%	
	Advice Calls	440	469	550	17.3%	

The data demonstrates a 12% decrease in completed transfers but a 17% increase in advice calls. The advice given can result in the patient being moved by the most appropriate resource resulting in improved efficiency and more effective use of limited resources. The advice calls are increasing year on year and were a previously undefined workload for the SPRT. The calls are time consuming for the team and work is ongoing to further define this workload. The SPRT team led on the trial and subsequent implementation of the telemedicine project as part of the Air Ambulance efficiency project. Telemedicine is a valuable tool for the team to allow increased confidence in decision making resulting in more efficient and effective use of ScotSTAR resources.

Workforce and Resilience. The SPRT is a single national team serving the whole country. Only one clinical team is operational at any one time, and this presents a challenge to service resilience in the face of high or concurrent demand, as well as vulnerability to staffing challenges. Since 2014 and the inception of ScotSTAR, demand on the SPRT has increased whilst its effective funded capacity has remained static. The demand has increased in association with some structural and cultural changes, including the 2009 change in paediatric upper age limit from 13th – 16th birthday, lack of capacity within district general hospitals, the development of the Scottish Trauma Network and the need for injured paediatric patients to be transferred to an appropriate healthcare facility.

A duty clinical team for the SPRT comprises three members: 1 x consultant, 1 x middle-grade clinician (ANPs/non-consultant grade doctors) and 1 x paediatric transport nurse. There are capacity issues within the team, which primarily relate to clinical staffing at both the consultant and middle grade level. The gaps are currently covered through internal locums and overtime; however, this is inefficient and is dependent on voluntary extracontractual work inevitably leading recurrently to gaps in cover; it is unsustainable and unsafe in the long term.

This situation is registered as a ‘very high’ clinical risk due to the potential adverse event resulting from a team being unavailable. As a result of this risk several actions are currently being taken to address the situation. This includes a review of the current remit vs that included within the original business case, review of the current workforce model vs demand, review of the funding profile associated with the SPRT to ensure the service is being delivered as efficiently as possible and ensuring the longevity of

the service to deliver the current model, within the current restraints, as well as associated risks.

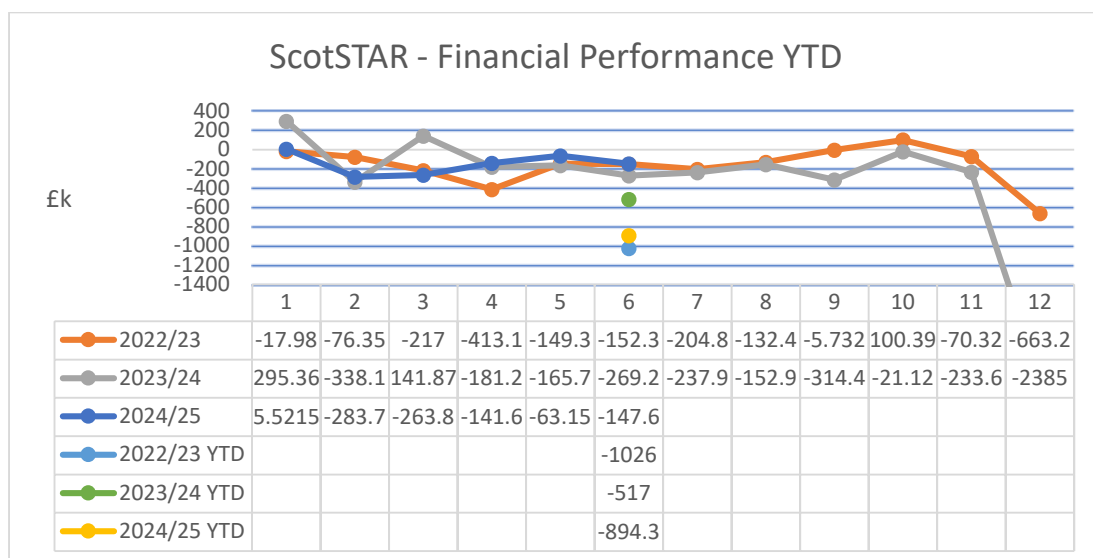
The review is underway, and in the meantime multiple contingencies remain in place to mitigate the risk, in particular when there are unavoidable gaps in service.

6.5. ScotSTAR Business Support Team

The Business Support Team provide vital support to the management and clinical teams by handling inventory control and stock levels, administer payroll processing, provide secretariat to a wide portfolio of clinical and operational groups, and oversee the day-to-day operations of the base. Over the past 12 months, the team has undertaken several significant projects including adoption of GRS, the migration of digital data to SharePoint Online, and have played a key role in transitioning ScotSTAR to a combined centralised stock hub. In addition, they have supported the implementation of recommendations from the Air Ambulance Efficiency Project, ensuring effective cost recovery in relation to cross border activity.

7. Financial Position

ScotSTAR currently shows an overspend of £894,000 which is broken down into a £211,000 pay overspend and a non-pay overspend of £447,000 with a savings target YTD of (£644,000).



Pay overspends relate to ScotSTAR paramedics and nursing staff who are predominately at the top of the pay scale, the actual budget reflects a National Operations upper average.

Additional pay overspends relate to the Paediatrics team who utilising locums to provide support to the services. This is costly and not fit for purpose in the medium to long term and a review is underway. There have been some instances where the Neonatal team have had to utilise locums due to sickness.

Non-pay overspends are linked to Air Ambulance fixed costs which are higher than funded inflationary rise. In addition, Maritime and Coastguard Agency costs have risen over the last year beyond normal inflation rates.

8. ScotSTAR Key Performance Indicators (KPIs)

New ScotSTAR KPIs have recently been introduced, and substantial work is currently underway to further develop and refine these metrics to ensure they effectively align with our strategic objectives and enhance our performance monitoring capabilities.

Details on our initial set of KPIs can be found at *Appendix A* for reference.

9. Future Developments for 24/25

The ScotSTAR Team are involved in a number of large-scale developments which will continue through to the 24/25 period. These include: -

- Implementation of Neonatal Workforce model to support the delivery of Best Start.
- Implementation of the new Air Ambulance contract.
- Continued implementation of Air Ambulance Efficiency Project.
- Conclusion of Paediatric Service Review and future workforce modelling.

In addition to these, several other areas are being progressed: -

- Supporting the work to inform the establishment of an EMRS East team – following the removal of Medic One by NHS Lothian.
- Progressing the development of an electronic clinical recording system, for use across all the teams, as part of an overall ScotSTAR digital strategy.
- Development of a revised data dashboard to support the continued development of KPI's and contract review contract review information.

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ScotSTAR Key Performance Indicators

OPI 1: Total Number of Incidents where one or more Air Assets were mobilised.

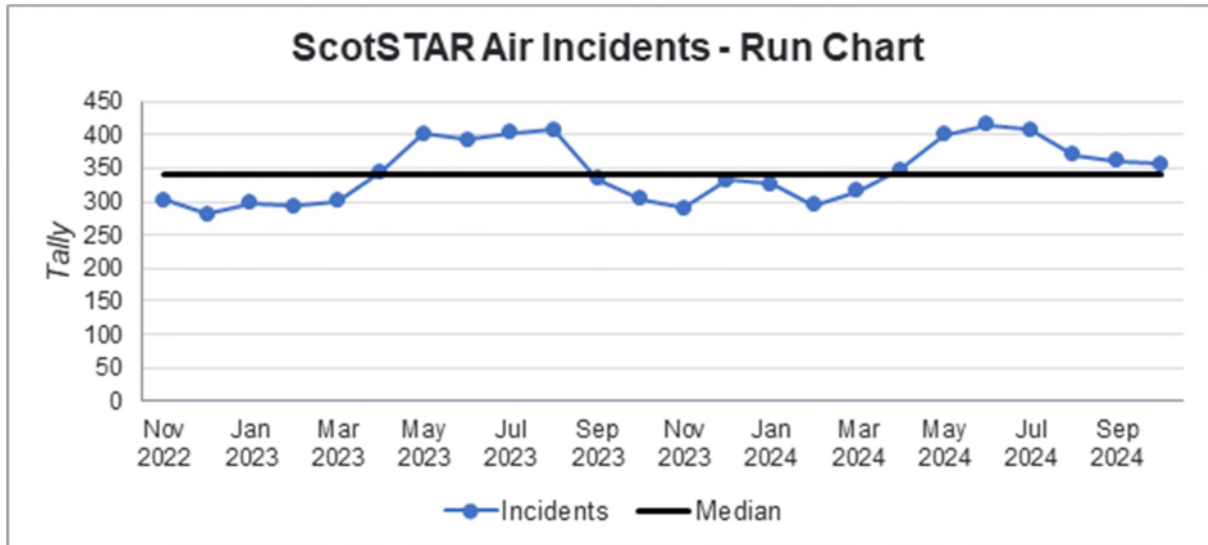


Chart 1 – Total Incidents where an Air Assess was mobilised

Over the last 24 months the need for Air Ambulance resources has been relatively constant, within expected seasonal differences, though year on year there has been a slight increase of the monthly tally.

KPI 1: Total Number of daylight HEMS mobilise within 5 minutes

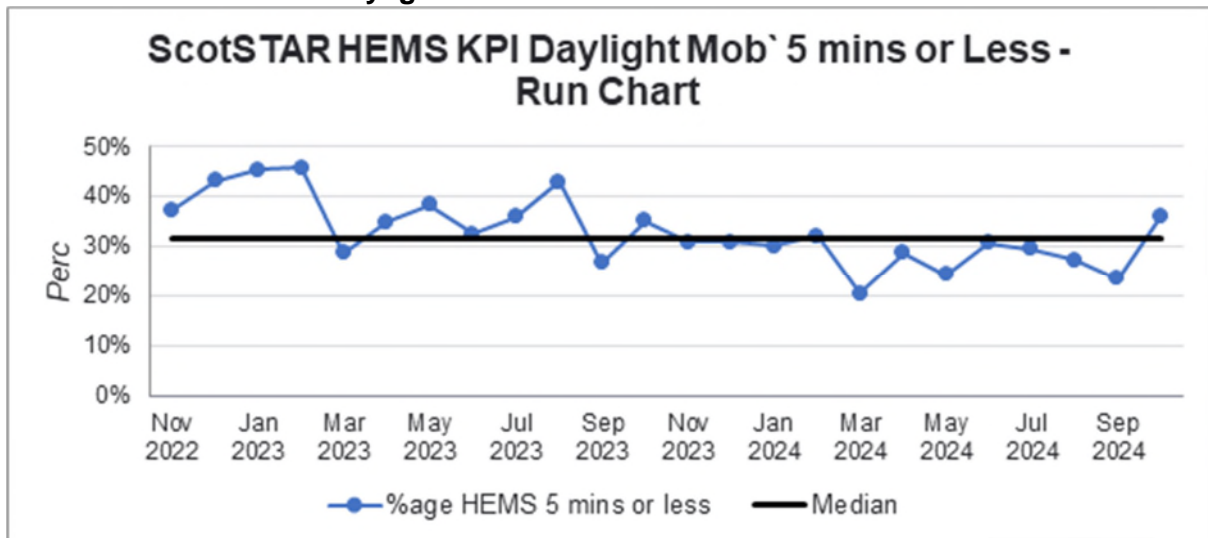


Chart 2 - Daylight HEMS Mobilisations

Over the last 24 months meeting the KPI for HEMS mobilisation activity during daylight hours has shown signs of declining performance, however October showed an uptick of performance, similar to late 2022, early 2023. Please note the following:

Consistency of recording is required in order to both draw comparisons between Helimed resource (HLE05, HLE02, HLE76, HLE79), and signal where improvements can be made.

Some improvements are not within the gift of the service: For example, following aircraft engine start, clearance for take-off will vary between sites, especially between those sites that are located on busy airports (HLE05, HLE79), versus those on more isolated heliports or quieter airports. Time to clearance is not easily changed by the service. Work is ongoing to develop consistent and valuable timestamps to refine this KPI.

OPI 2: Total Number of Advice Calls recorded by ScotSTAR Clinical Teams

It should be noted that this only covers the EMRS and Paediatric teams.

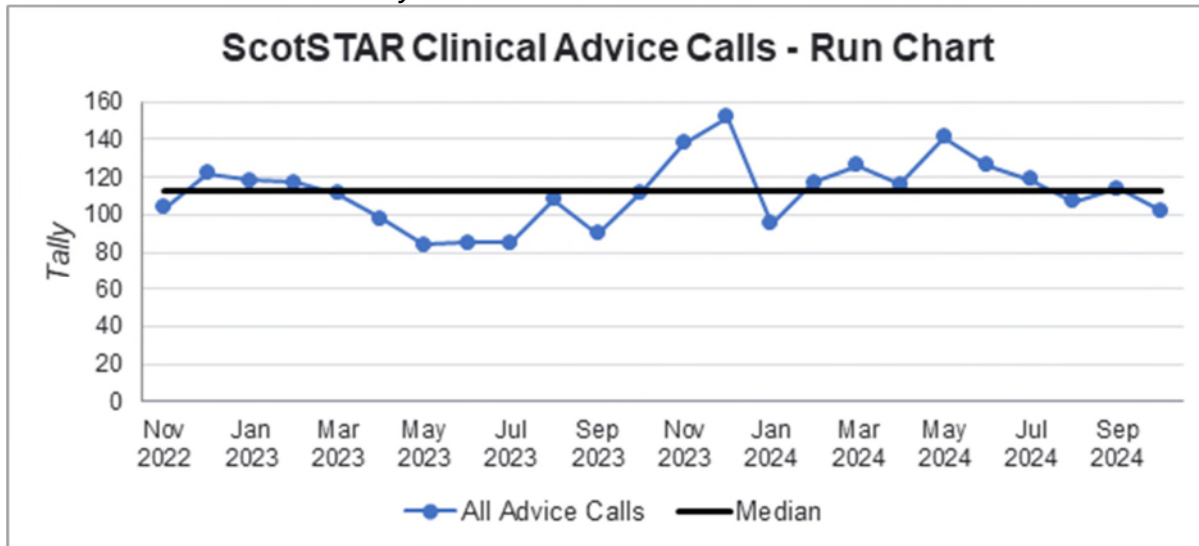


Chart 3 – ScotSTAR Clinical Advice Calls

Over the last 24 months the clinical advice, given by the EMRS and Paediatric retrieval teams, is relatively stable, though the seasonality indicates a busier period over the winter months.

OPI 3: Total Number of dispatched transfers by Neonatal Teams

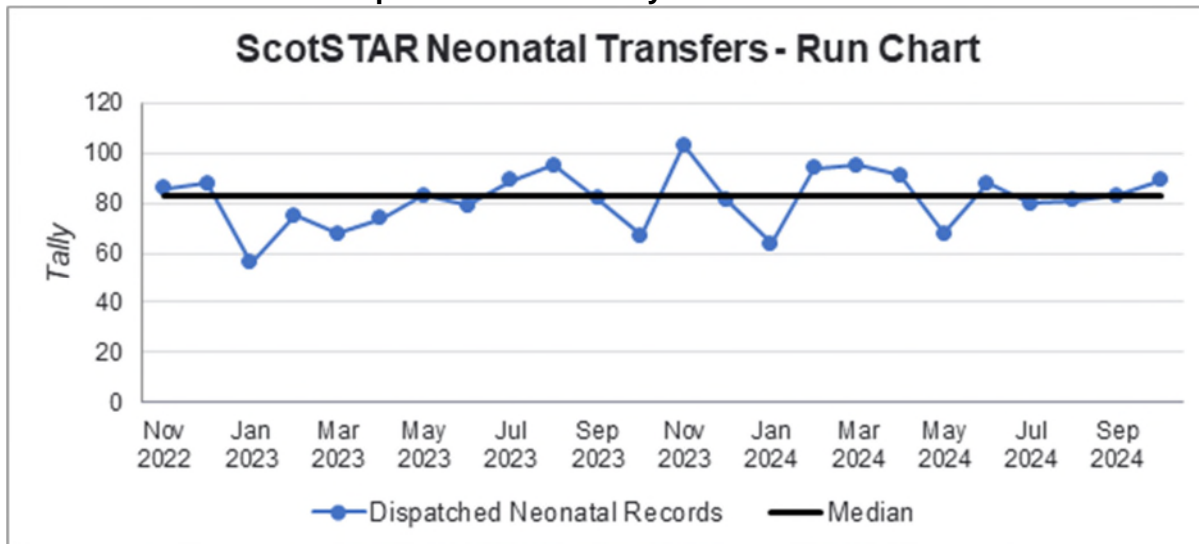


Chart 4 – Dispatched ScotSTAR Neonatal Transfers

Over the last 24 months the number of transfers carried out by the Neonatal teams has been stable.

KPI 2: Total Number of Neonatal “<1 Hour” transfers mobilised within 1 hour

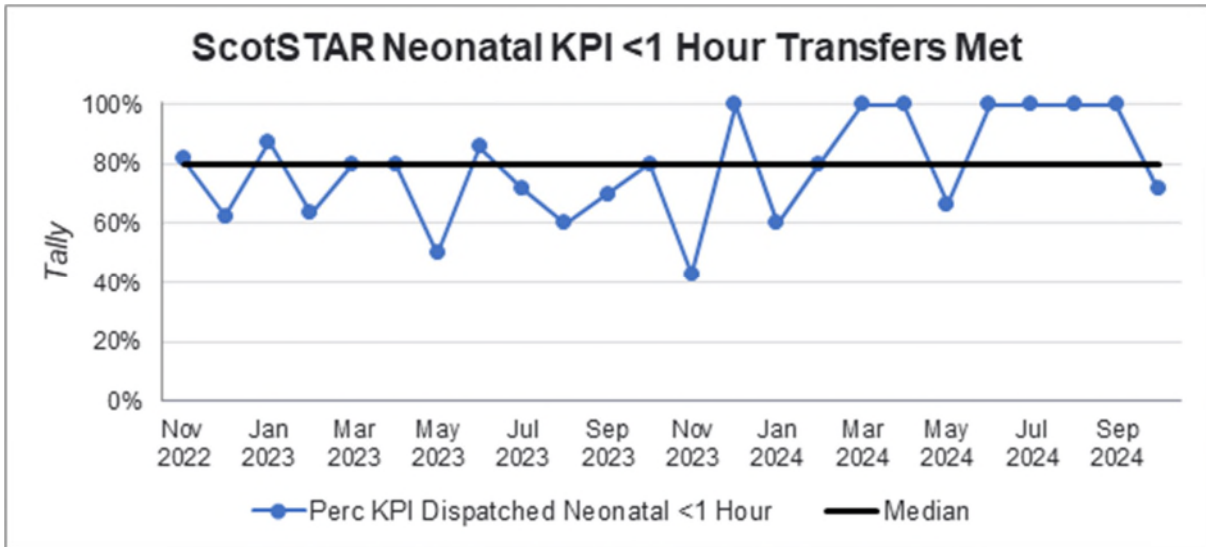


Chart 5 – ScotSTAR Neonatal Transfers: Timescale “<1 hour”

OPI 4: Total Number of dispatched transfers by Paediatric Team

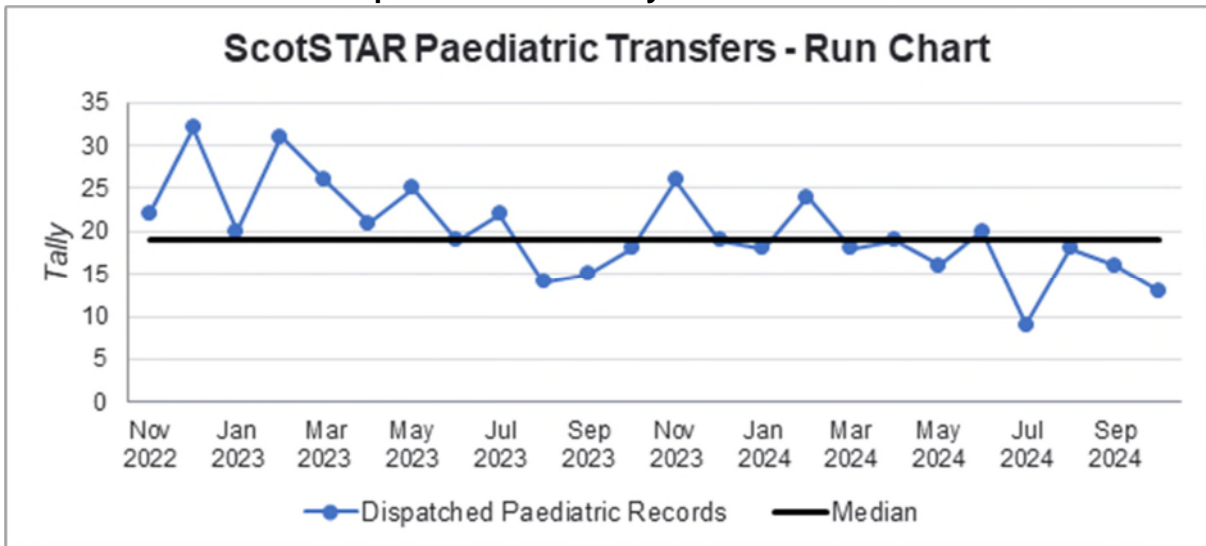


Chart 6 – Dispatched ScotSTAR Paediatric Transfers

Over the last 24 months the number of transfers carried out by the Paediatric team has declined from an average of 25/month to approximately 20/month. However, activity trends in paediatrics are seasonal and with a further winter about to begin, caution should be applied before assuming this is an established trend. Furthermore, clinical and logistical advice is a large part of the paediatric team workload; care on site, and ‘transfer avoided’ are positive outcomes, and none of this advice work is reflected in this chart.

KPI 3: Total Number of Paediatric transfers mobilised within 60 minutes

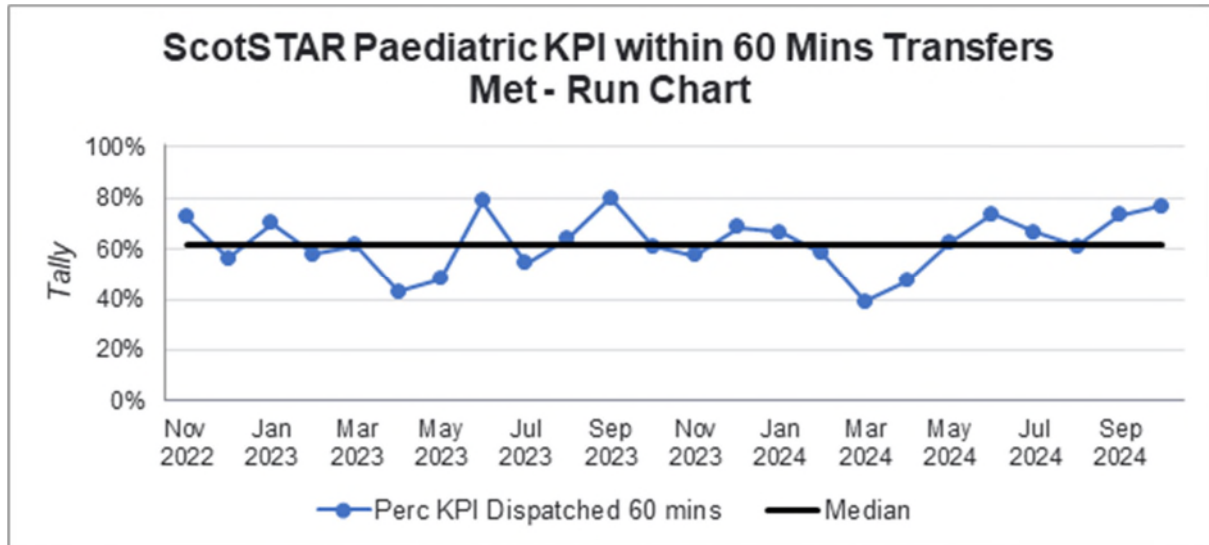


Chart 7 – ScotSTAR Paediatric Transfers mobilised within 60 minutes

60 minutes refers to the time from decision made to team departure. A previous reporting metric of 30 minutes was not realistic for this measure due to the proportion of tasking out of hours and the frequent need to organise an Air Ambulance asset within that time frame (air retrievals are approximately one third of paediatric team workload). 60 minutes aligns with external KPIs such as those set by the Scottish Trauma Network.

KPI 4: Total Number of EMRS Primary missions mobilised within 10 minutes

Note that EMRS West KPIs are reviewed for exceptions thus there is a lag in the data.

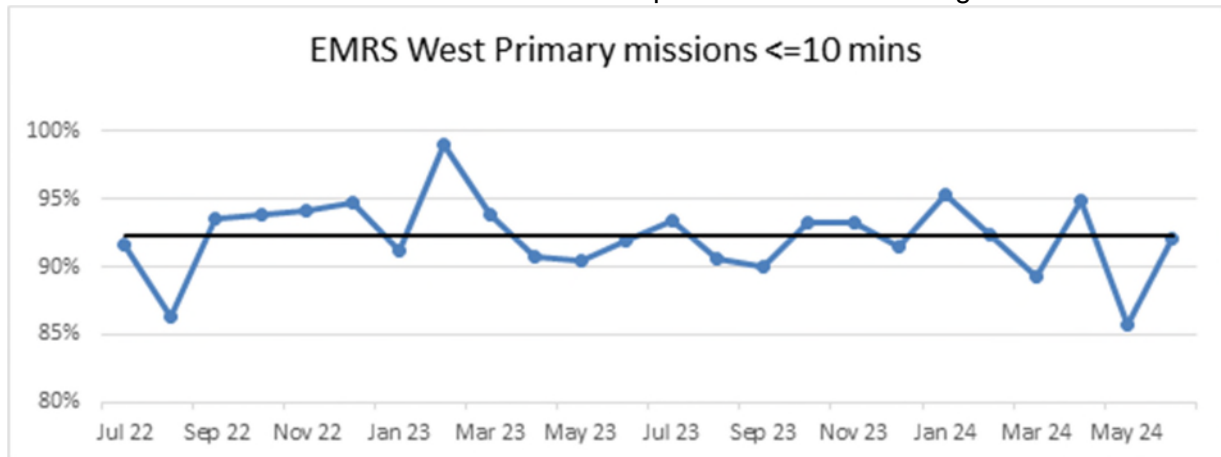


Chart 8 – ScotSTAR EMRS Primary missions mobilised within 10 minutes

Over the last 24 months the number of Primary missions attended by EMRS West increased after the replacement of the Trauma Desk with the Critical Care Desk on the 31st of October 2022, but this increased activity does not appear to have impacted on the performance of the EMRS West team mobilising to incidents.

Internally EMRS looks at response times for tasking by road (majority) and by air. The above is an aggregate of *both*. The response by air is affected by similar limitations to the overall KPI for HEMS response by all Helimed assets.