Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting **25 September 2024**
Item No 05

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Michael Dickson, 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 for the period to end June 2024. 3. Discuss actions being taken to make improvements. Changes made following previous presentation to the Board are highlighted red.
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 to end June 2024 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures where this data is available. Patient Experience, Staff Health and Wellbeing and Financial Performance are reported in separate Board papers. The Service continues to experience pressures, with higher patient acuity through increases in demand of our most critically unwell patients, increasing workforce abstractions and challenges in handing over patients timeously at Emergency Departments because of wider health and care system pressures. <u>Clinical Performance</u> Clinical performance as related to the measures in this paper remains broadly stable. There are a broad range of

	improvement actions underway across our clinical workstreams including Out of Hospital Cardiac Arrest, Stroke and Thrombectomy and Major Trauma. Urgent care metrics remain stable with a current focus on the optimised functioning of our Integrated Clinical Hub remaining a high priority. A suite of more sensitive measures relating to the governance and performance of the Integrated Clinical Hub are nearing completion and will be included in future 2030 strategy clinical updates. <u>Workforce</u> Our workforce plan for 2023-2025 continues to be reviewed and monitored on a monthly basis with forecasting recruitment and training for 2024/25 in line with the Reduced Working Week (36 hours) and our ongoing forecasts for attrition. We continue to recruit to fill vacancies and additional frontline staff in line with our strategic workforce aim of increasing the skill mix ratio of paramedics. We continue to work in partnership with staff side representatives and continue to review our current formal partnership structures to strengthen communications and work through the agreed key workforce priorities with our trade union colleagues. We are currently involved in ongoing discussions related to rest breaks with positive progress with improvements to rest break compliance having been made to date.
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	Risk ID: 4636 – Health and Wellbeing of staff 4638 – Hospital Handover Delays 5062 – Failure to achieve financial target 5602 – Service's defence against a cyber attack 5603 – Maintaining required service levels (Business Continuity) 5651 – Workforce Planning and Demographics
Link to Corporate Ambitions	We will • Work collaboratively with citizens and our partners to create healthier and safer communities.

	• Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities. • Deliver our net zero climate targets. • Provide the people of Scotland with compassionate, safe, and effective care when and where they need it. • 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 Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the 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.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
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 our 2030 Strategy 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 2024/25 Measurement Framework. Following feedback from Board members the format and content of this report has been revised and remains under review.

Future Development

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 2024 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.

The updated solution has been delivered and testing is being undertaken for new measure, and response times will continue to be reported under the previous definition until the updated data has been validated. The aim is that this new way of reporting will be available as soon as possible; initially it will be marked as provisional until it has been thoroughly tested.

It is intended that data from April 2024 will be retrospectively amended to reflect the new definition as such figures from April 2024 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. The development of measures in relation to staff health and wellbeing are included within the separate Health and Wellbeing paper.

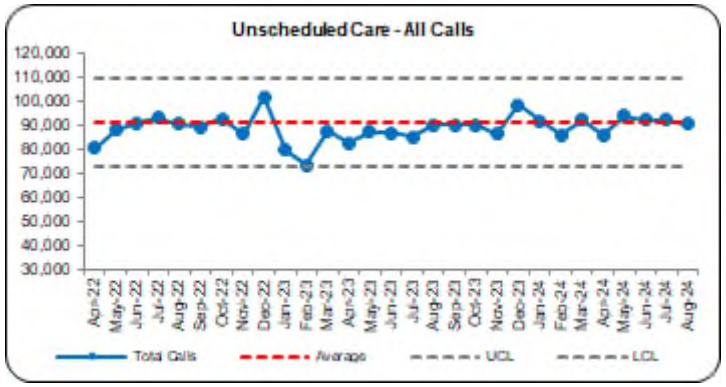
Performance Charts

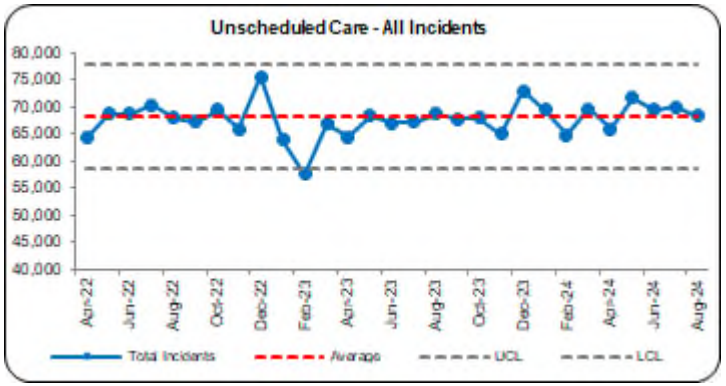
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted these charts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

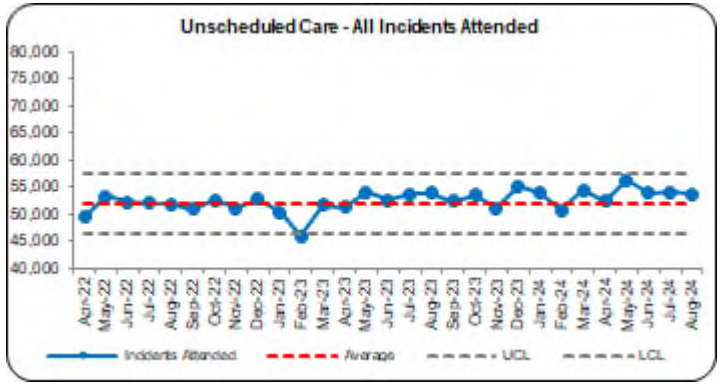
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

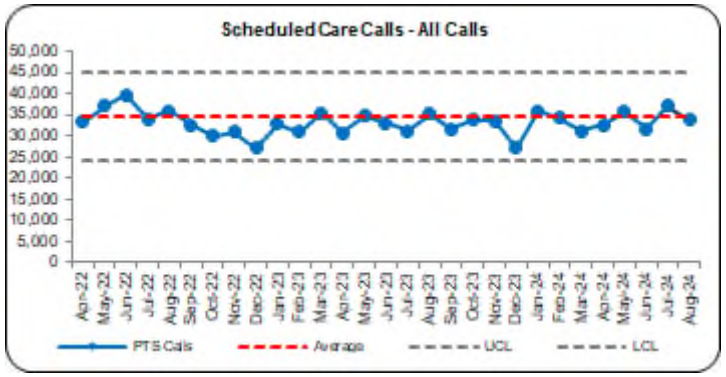
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

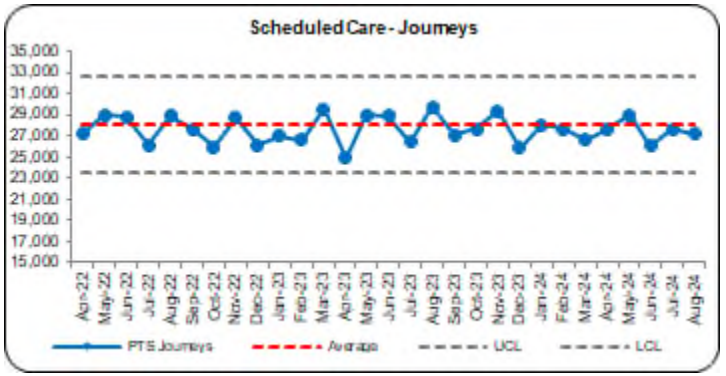
D: Demand Measures











What is the data telling us?

Unscheduled call demand has remained within the control limits and as usually seen seasonally. Demand experienced across the quarter was around a 5.9% increase on the same period last year, with 271,782 calls.

Scheduled care calls and journeys remains stable.

Why?

Unscheduled and Scheduled Care remains stable, so there is a need to report on variation only when seen.

What are we doing to further improve and by when?

We continue 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 2024/25. Our demand forecasts are regularly updated based on intelligence of changes in the multitude of variables and Scottish Government planning assumptions.

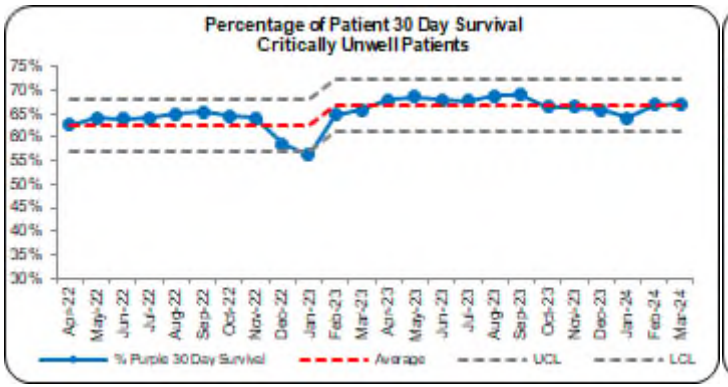
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

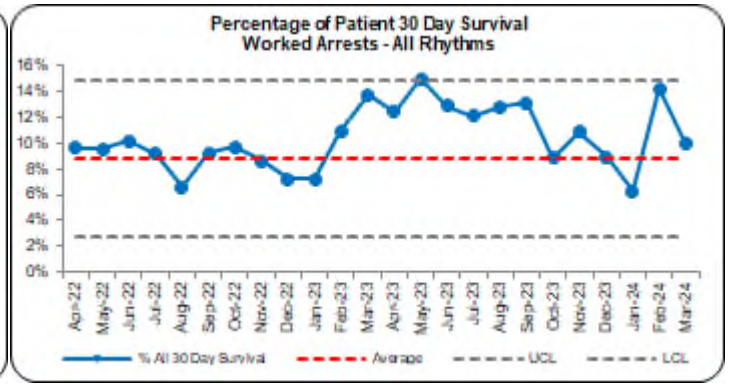
We have established several work streams to increase our workforce, implement the reduction to the working week to 37hrs in year one of the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively with our partners across 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.

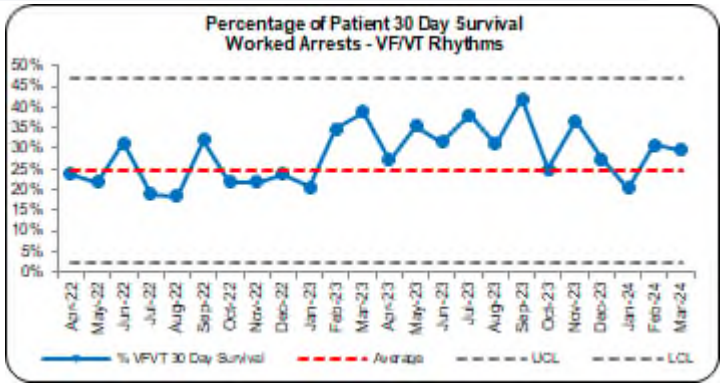
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

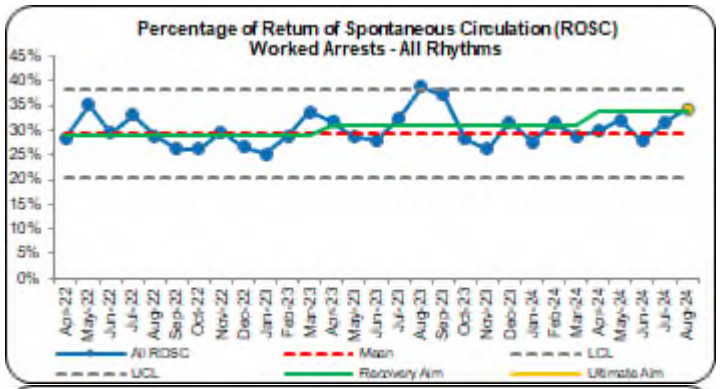
Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the Board meeting agenda.

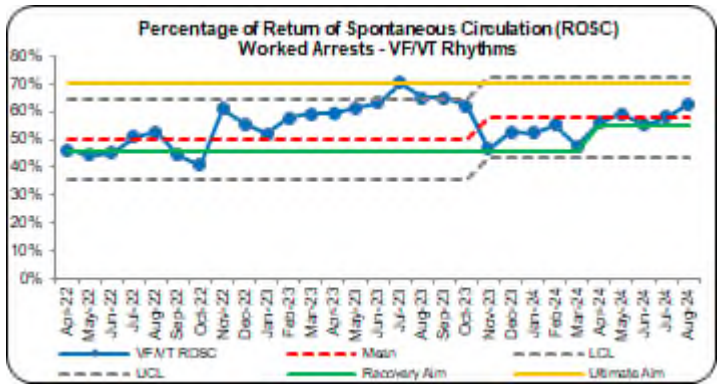
Purple Response Category: Critically Unwell Patients

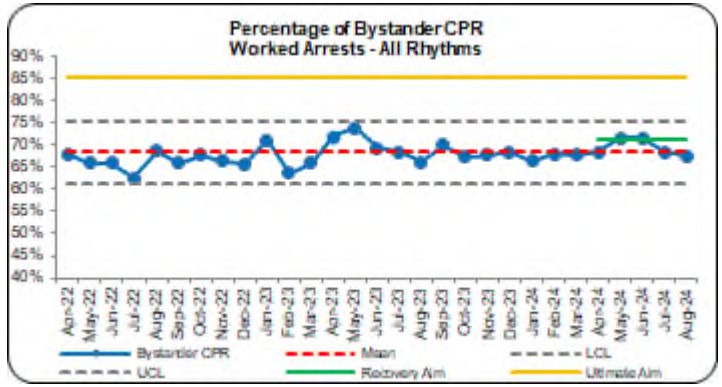


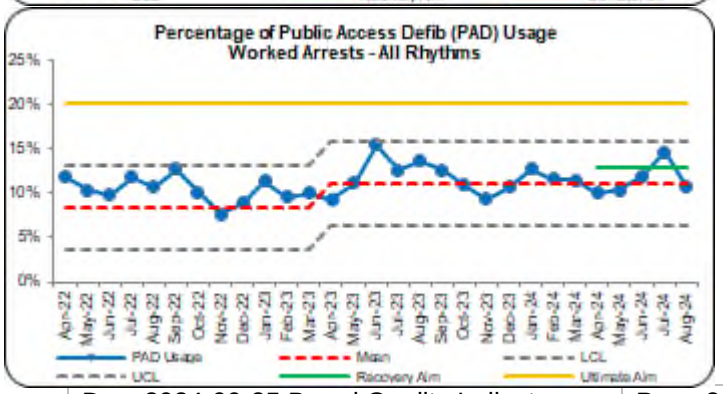


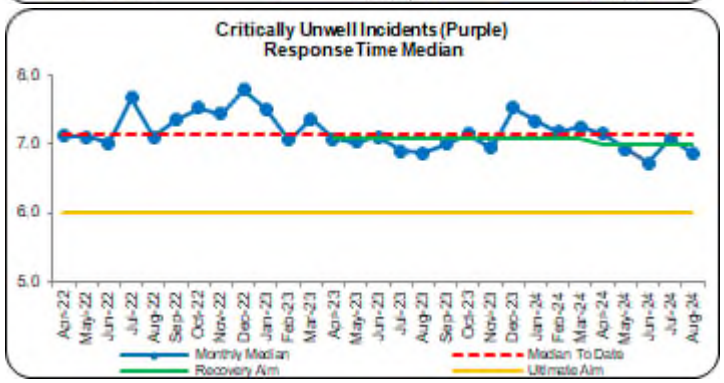


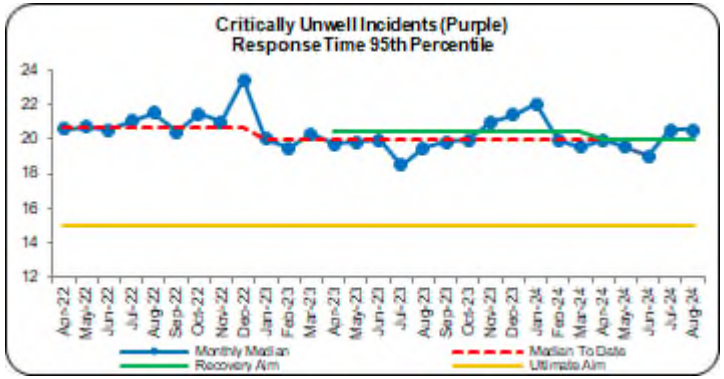












What is the data telling us?

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 March 2024 time stamps due to requirements for data linkage. Measures which include linked data are updated quarterly.

The response time measures for August 2024 (process measures) have remained close to the median, showing slight improvement in the last three months as we see a slight relieving of the pressures experienced over extended winter pressures which impacted ambulance availability.

Our ROSC rates for August, VF/VT (Utstein) at 63.0% and 'All Rhythms' at 34.4%, reflecting seasonal patterns. The Service is in the process of rolling out updated software in our ambulances, it is currently in use in Fife and Tayside. The Business Intelligence Team are working on bringing the data from the updated software into the Data Warehouse, until this has been completed the ROSC data will be provisional as it will exclude these 2 areas.

As the charts illustrate, Bystander CPR is reported at 68.3% and is within the control limits. Public Access Defibrillator (PAD) usage at 10.7%, is around the mean for August 2024.

Our survival data for our most unwell patients as outlined in the above charts remains stable for both those in cardiac arrest and the purple category as a whole. These relate to March 2024 figures, however as the ROSC charts show, ROSC for VF/VT has remained around the mean for the January to August 2024 periods and is anticipated to result in stable survival for the current quarter which we will report in future papers.

To further enable our OHCA programme the Public Access Defib (PAD) map website has now been constructed and is at testing stage with the supplier with a release expected October 2024. This will support our work to improve optimal placing of PADs to support delivery of the national aim that 20% of all OHCAs will have a PAD application prior to SAS arrival.

Promoting bystander CPR is a key element of Scotland's Strategy for OHCA and we continue to work closely with partners, including Save a Life for Scotland, to support this. In addition, we are progressing with work to optimise our GoodSAM responder app. Restart a Heart Day takes place in October 2024 engaging with communities and targeting schools with the aim of providing defibrillator and CPR awareness to as many young people as possible.

Purple Median Times

Median response times to purple category in August 2024 was 6 minutes 52 seconds. We reached 95% of these patients in 20-minutes 33 seconds (95th 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 focused around the following priority areas:

The Integrated Clinical Hub and Pathways initiatives continue to be developed with an additional focus on what can be done in advance of winter. We continue to see around 50% of patients being managed without the need for SAS conveyance to the Emergency Department however we

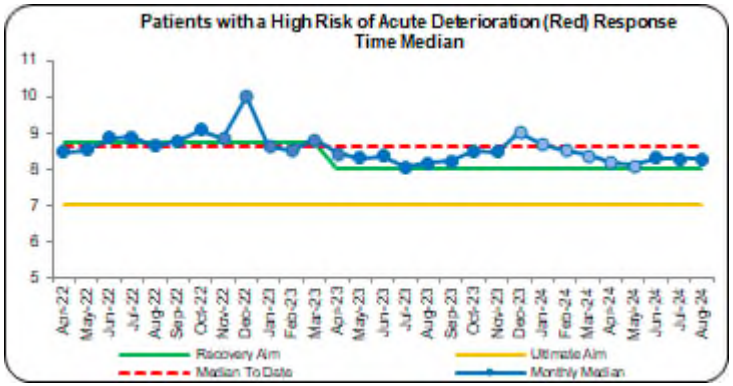
continue to explore the factors that influence variation across the country. Work continues to increase capacity within the Integrated Clinical Hub and the ongoing implementation of Call Before You Convey through Board Flow Navigation Centres and pathways for patients.

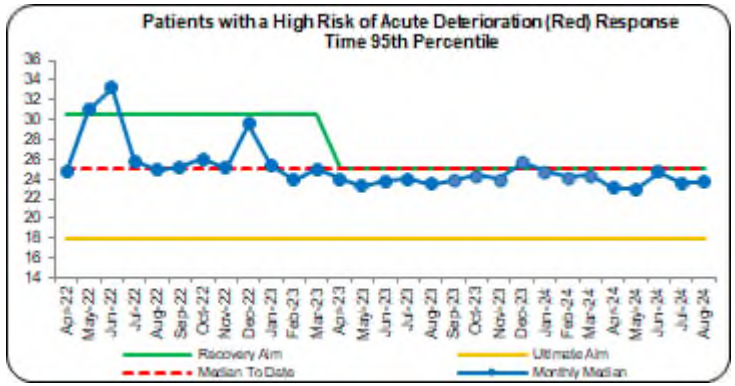
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of our volunteers.

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 ambulance availability, ambulance response times, staff rest periods, and shift over runs.

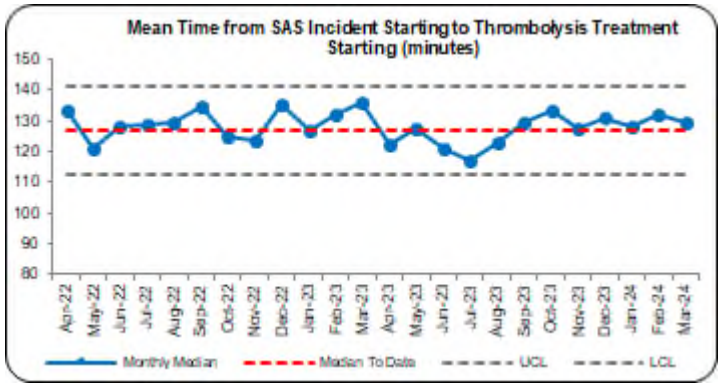
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

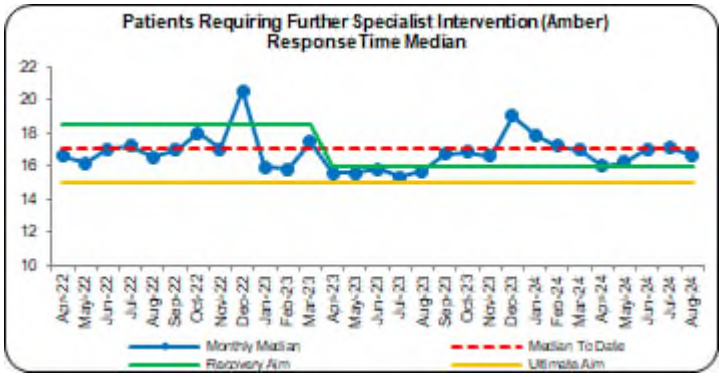
Red Response Categories: Patients at risk of Acute Deterioration

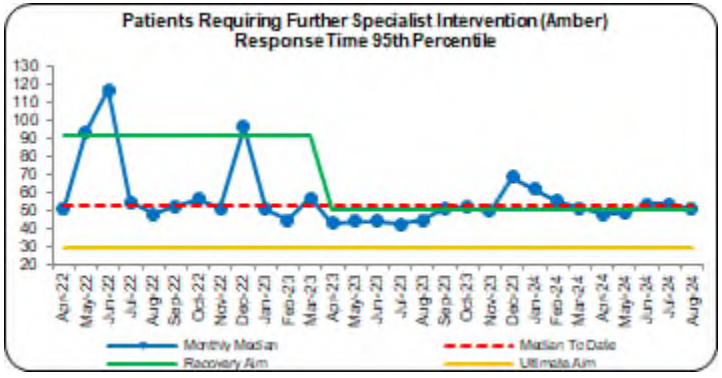




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

The median and 95th percentile response times for both red and amber categories of call saw a stable pattern from April to November 2023. In December 2023 response times increased as a result of increased pressure on the Service and the wider Health and Social Care sector, however this has reduced month on month to April 2024 in line with seasonal trends. In August 2024 we attended 50% of red category incidents within 8 minutes 16 seconds and amber within 16 minutes 40 seconds.

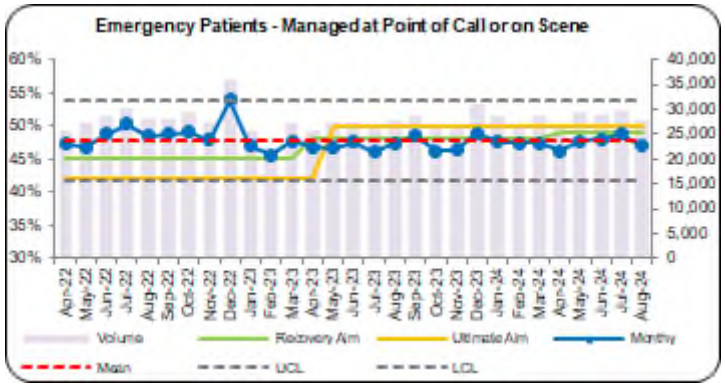
Our Major Trauma workstream contributes to the successful delivery of the Scottish Trauma Network. The work of the Critical Care Desk within our Ambulance Control Centre continues to be progressed supporting the early identification of major trauma incidents and the provision of advice to frontline clinicians. The Critical Care Desk has now been operational for two years and we are now planning a further review of progress and to explore opportunities for improvement. This will be taken forward in the coming months. Working with the data available within the Scottish Trauma Audit Group we are expanding our clinical measurement framework for Major Trauma with a number of indicators with the aim of improving outcomes for patients.

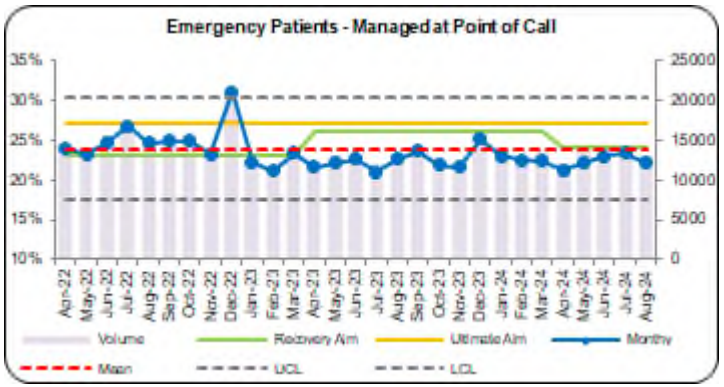
The Service continues to work closely with the national Thrombectomy Advisory Group in the planning and delivery of the phased roll-out of the national thrombectomy hubs. This is a significant step forward in achieving equity of outcomes for all patients. We will continue to monitor thrombectomy transfers and repatriations across the Service during the coming year to assess impact and inform the development of a robust baseline for ongoing planning and development of this important initiative.

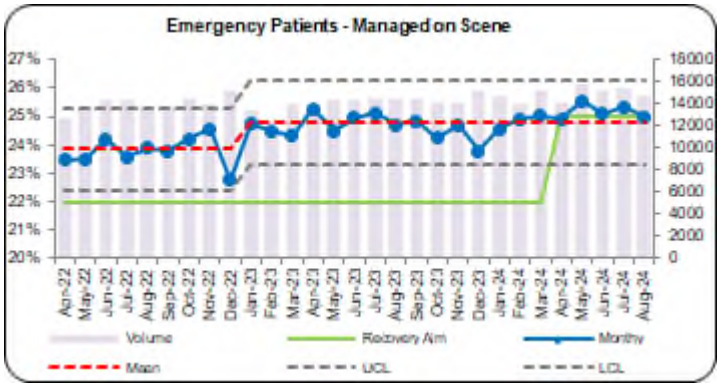
The planned research project aimed at understanding how we can improve stroke recognition and diagnostic accuracy within the Ambulance Control Centre for patients experiencing hyperacute stroke has commenced. A further improvement initiative will be to better understand the factors that influence on-scene times and how these might be improved to benefit patient care. This is an example of some of our improvement initiatives that will be informed by our revised data sets. The Scottish Care Stroke Audit report was published in August 2024 which included data relating to pre-hospital care by the Scottish Ambulance Service.

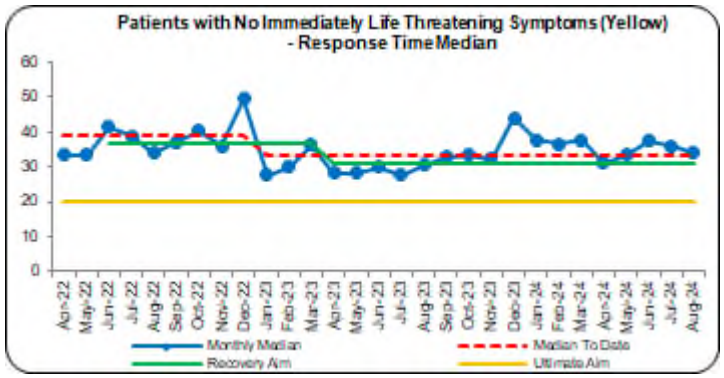
Our 999 to Thrombolysis time chart remains stable within control limits.

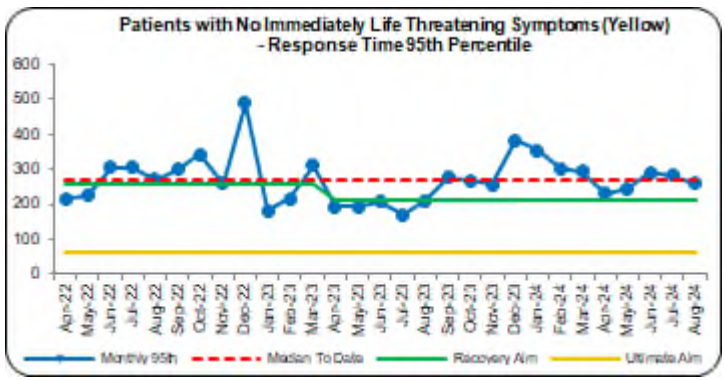
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











What is the data telling us?

The proportion of emergency patients managed without conveyance to the Emergency Department has remained around the mean over the early part of this financial year. For August 2024 this was 47.0% with 22.1% managed-through the Integrated Clinical Hub and 25.0% by our clinicians on-scene following ambulance dispatch.

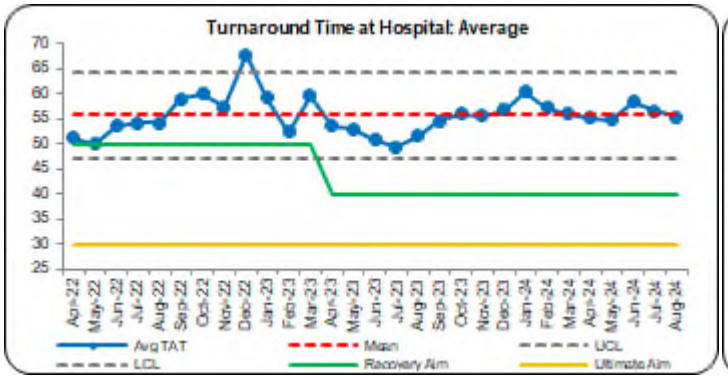
The strengthening of our Integrated Clinical Hub and Pathway initiatives continue to be a key strategic priority for this year with further opportunities to build on our work with health boards and health and care providers to strengthen our onward referral pathways, support our frontline clinicians, and improve our measurement frameworks so that we can assess the ongoing impact of this work from a quality perspective. The learning is informing our priority actions for 2024-25 including:

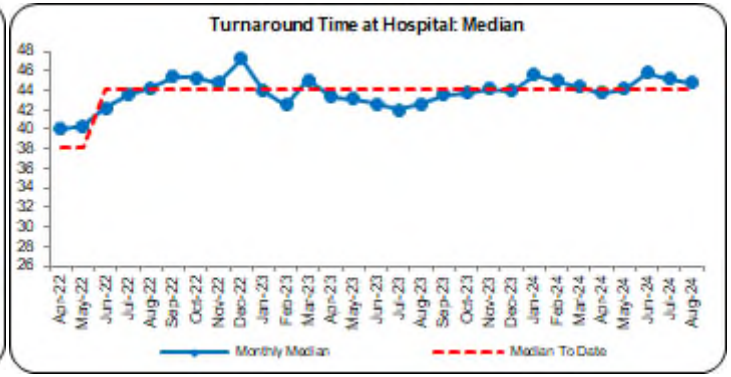
- Continued engagement with NHS 24 to develop and deliver improved patient flow, triage, and assessment. This work continues to progress and we have recently undertaken some early patient experience as a proof of concept and this will be developed in the coming months.
- We are working closely with territorial Board Flow Navigation Centres to enable direct access from the Integrated Clinical Hub and frontline staff into a broader range of pathways. Our progress with managing patients outwith the Emergency Department means that we are able to demonstrate our ability to change and influence the wider system.
- Collaboration with health board partners to develop same-day services that meet the needs of SAS patients, including low-risk chest pain, headache, pulmonary embolism, and deep vein thrombosis pathways. Detailed protocols, including inclusion and exclusion criteria, have been developed to support frontline clinicians in their decision making.
- Continue to educate and support our frontline clinicians to adopt the use of pathways, including the SAS pathway hub, for proactive and preventative referrals. As part of our strengthening this model we are looking to utilise examples of impact on the patient including alcohol and drug partnership referrals.
- Work collaboratively with partners to evidence and share areas of good practice to highlight opportunities to reduce unwarranted variation across Flow Navigation Centres.
- Continued development of our Pathways Hub including engagement with third sector partners to enable connection with services that best meet the needs of the patient, often from a social perspective rather than hospital conveyance. We are engaging with a number of new partners to scope out the potential of collaboration to improve what we can offer to patients and their families. An update on progress will be included in future Board updates.
- Improve the quality of care that we provide to people with palliative and/or end-of-life care needs by adopting a whole-system approach to care delivery. Our End of Life Care work has demonstrated positive impact for patients and their family through our innovative and successful collaboration with MacMillan.
- We continue to create a palliative and end-of-life care model by developing a workforce that will significantly contribute to the palliative care journey, by alleviating suffering and distress with the knowledge and skills to de-escalate crisis, manage symptoms and allow the person to

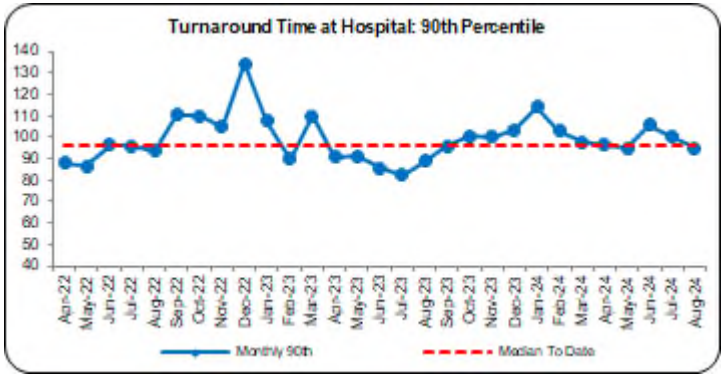
remain in their home or Care Home. Our data evidences that we are managing more patients within their preferred place of care and recent feedback from patients and their carers reflects the improved patient experience and journey including the patient feeling involved in decisions about their care.

Detailed reporting of these activities sits with the Service's Performance and Planning Steering Group and 2030 Programme Board.

TT: Turnaround Time at Hospital







What is the data telling us?

We continue to experience variation in Hospital Turnaround Times that remain at levels significantly higher than have been seen historically. Increased turnaround times reduce availability, displace resources, increase service time and utilisation, therefore increasing the clinical risk being carried by the Service for 999 calls awaiting a response.

The average turnaround time for August 2024 is 55 minutes 15 seconds. Our crews are, on average, spending 1 minutes 8 seconds longer at hospital for every patient conveyed when compared to August 2023.

Why?

Hospital Turnaround Times for Ambulance Crews continue to be impacted by hospitals operating at or near full capacity with little change in the 'front door' operating models in some hospital sites. In particularly challenged hospital sites, patients continue to be cared for in the back of ambulances managed by ambulance staff for prolonged periods of time, delaying access to required care and increasing the potential for harm.

What are we doing and by when?

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

The agreed 'Principles for Safe Transfer to Hospital', outlines the target to achieve a safe handover of patient at hospital within 15 minutes. The Service's three Regions continue to undertake improvement work in collaboration with their respective Health Boards.

Other specific actions include:

- Regular executive level meetings at the most challenging sites.
- Increased use of Flow Navigation Centres and Call Before You Convey (CBYC) to explore all options for alternatives to ED.
- Increased use of 'safe to sit' practice to avoid patients waiting in ambulances where they can safely wait in waiting areas.
- Review of joint improvement plans in place with acute sites.

Regional specific actions include:

East:

- Discussion with sites continues to be focussed on patient safety and risk associated with SAS resource being unavailable while waiting to handover patients at hospital.
- While improvement activity is ongoing at each site with escalation and cohorting plans in place for periods of peak pressure, significant focus in the East is on developing safe and effective, patient centred alternatives to Emergency Departments.
- The Mental health car in Fife went live on 7th June. This was delayed due to Health Board commitments in May – to date there has been a small number of incidents attended but a review of these confirms all were appropriate for the vehicle to attend. Initial feedback from Police Scotland is overall positive with joint briefings at start of duty commencing as part of the test.
- Consultant Connect was introduced as planned on a phased basis across Forth Valley from 3 June. Initial roll out to a limited number of stations to allow testing of process and capacity went well and roll out across the wider area is now programmed in
- The Service's leadership team in Lothians, working alongside the national Pathways team, facilitated a workshop with colleagues from across Lothian on 16 May to explore further opportunities to increase safe non conveyance to Emergency Department. One of the key opportunities identified was improved management of patients in Care Homes. Joint work is now underway to develop an enhanced prof to prof support mechanism to ensure a patient centred approach to identifying the most appropriate care pathway for frail patients.

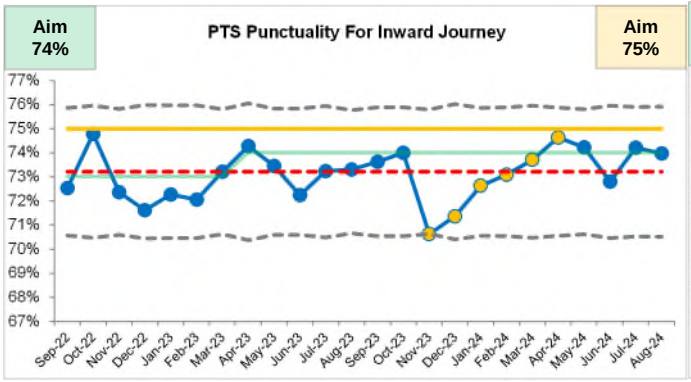
West:

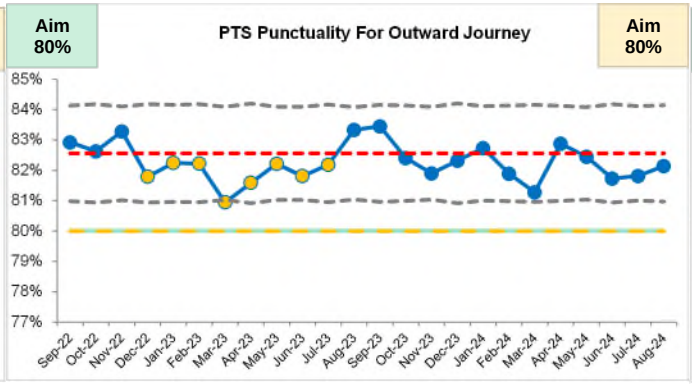
- Pathway development and improvements continue to be a focus within the Glasgow area and engagement with NHS Greater Glasgow and Clyde continues. There have been challenges within the Flow Navigation Centre from an availability of Advanced Paramedics position but also from a Health Board perspective. Focused engagement within Glasgow East to ascertain what more can be achieved with Pathway use is underway and feedback opportunities are being maximised across the area to identify both challenges and opportunities.
- NHS Lanarkshire continue to experience capacity challenges, but engagement remains positive. A newly appointed Head of Service is now in place and the previous positive relationships will continue to maximise collaboration.
- Call before you convey numbers dipped within NHS Ayrshire & Arran recently and a refresh of the previous engagement with operational resources was commenced. Weekly engagement continues but system pressures remain. The local management team will continue to identify any opportunities for improvement and proactively encourage the review of the escalation process to promote improvement.

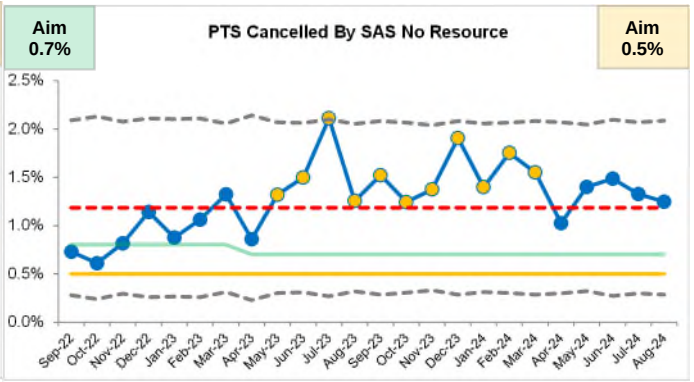
North:

- Fortnightly Chief Executive meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by Regional Director at a Strategic level.
- Fortnightly 'Tactical' level meetings with NHS Grampian senior leadership.
- Daily 'Operational' level meetings with NHS Grampian leadership team.
- Daily SAS / NHS Highland engagement and joint working.
- Engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- Implementation of NHS Highland Operations Pressure Escalation Level Framework (OPEL)
- Engagement with NHS Grampian to measure progress against Unscheduled Care Performance Improvement Plan (2024 Delivery Timeline)
- Hospital Ambulance Liaison Officer and Clinical Team Leader cover at key hospital sites. e.g. ARI / Dr Grays
- Collaborative 'Joint Escalation Framework' between NHS Grampian and SAS ensuring appropriate internal escalations. Also focussing on:
    - Rapid release of ambulance resource for ILT calls in the community
    - Escalation process for the deteriorating patient in stack
    - Process for pre-alerting ED for incoming high acuity patient
- Use of 'Safe to Sit' Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit.
- Hospital Arrival Screens.
- Maximising utilisation of Flow Navigation Centre at Aberdeen Royal Infirmary and all other available alternative pathways of care.
- Continued use of cohorting at Aberdeen Royal Infirmary to enable timely crew shift change-over and mitigate against compensatory rest and non-availability of resource next shift.
- Additional 'welfare' shifts providing support for crews approaching end of shift, to allow a handover of patient and finish of shift to mitigate against risk of compensatory rest following shift and ambulance unavailability.
- Formal notification to NHS Grampian CEO and senior leadership team of SAS implementation of a test of change with AMIA (acute medical receiving ward, 101) where ambulance crews will hand over patients within a defined period, where there has been a delay in ability to do so. The process is currently being finalised and is intended to initiate in October 2024.

SC: Scheduled Care







What is the data telling us?

The number of Scheduled Care calls remains stable at 33,837 in August 2024.

Journey demand in July and August 2024 has remained at a consistent level, taking account of seasonal variation, with 27,664 and 27,136 completed journeys respectively in those months.

Punctuality after appointment was 82.1% in August 2024, above the recovery and ultimate aim of 80%, while punctuality for inward appointment was 74.0%, meeting the recovery aim of 74%.

The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 1.2% in August 2024, which is out with the revised recovery aim for 2024/25.

Why?

Scheduled Care has returned to a more business as usual footing. The Patient Needs Assessment has been revised to reflect this and capture normal infection control requirements. This increases the utilisation of resources with more opportunity for multi-patient journeys aligned to patient requirements.

Cancellations due to no resource continues to be partly attributed to vacancies and 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 through the timed admissions work.

What are we doing and by when?

Cleric

A cleric update took place on the 4th of September, updating all our alternative providers.

Recruitment

The initial recruitment within Scheduled Care was delayed, through a requirement to exhaust redeployment and secondments, the positions were not advertised until late June, with the closing date extended due to the high number of applicants. The North ACC was unsuccessful in this recruitment drive, leading to the re-advertisement of their positions.

East and West ACCs successfully recruited ten candidates between both sites. Courses are scheduled on September 23rd and on October 7th for the candidates. The North has interviews planned for September 19th, and training is yet to be confirmed based on successful numbers.

Scheduled Care currently has five scheduled care coordinators nationally on secondment to other departments within the service. The current rolling position in relation to secondments is a significant challenge, as it hinders our ability to backfill these positions.

Reporting and Escalation

Our reporting has shown that the team's not-ready times are within expected margins, demonstrating that the team is working incredibly hard and at full capacity. Scheduled Care is working with the Business Support Manager and Call Performance Manager to introduce an Intraday and Hourly Report, as well as an Escalation Plan. Engagement sessions with our ACC champions are scheduled for September 13th. We expect to finalise the recently developed Escalation Plan by October 2024. However, some aspects of it are already being utilised to assist with the current demand experienced by the team.

Scheduled Care Improvement Project

The Scheduled Care New Project Proposal was approved by 2030 Steering Group at the end of July 2024.

A Project Board has been established, meets monthly and is chaired by East Region Director who is the project Senior Responsible Officer. The Project Board will coordinate the delivery of the workstreams under this project.

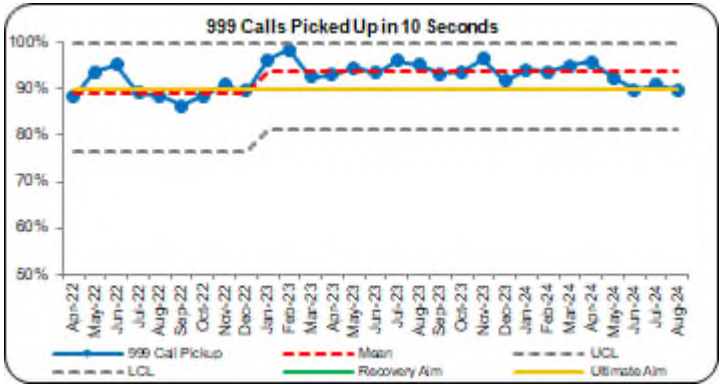
This Project has 2 key aims:

1 - The Project will explore opportunities for focussed improvement across Scheduled Care including Timed Admissions, whilst aiming to achieving efficiencies by April 2025.

2 - This Project will deliver a Scheduled Care Strategy aligned to our 2030 Strategy, contributing to a cohesive "One Ambulance Service", where the patient needs are best aligned to an appropriate response to meet those needs by April 2025.

The efficiency savings will be achieved by removing the use of fixed third-party support for Timed Admissions in West Region whilst exploring opportunities to use alternatives to the current scheduled and timed Service resources. The use of taxis will continue to be monitored following strengthened guidance and controls in ACC.

Other Operational Measures



What is the data telling us?

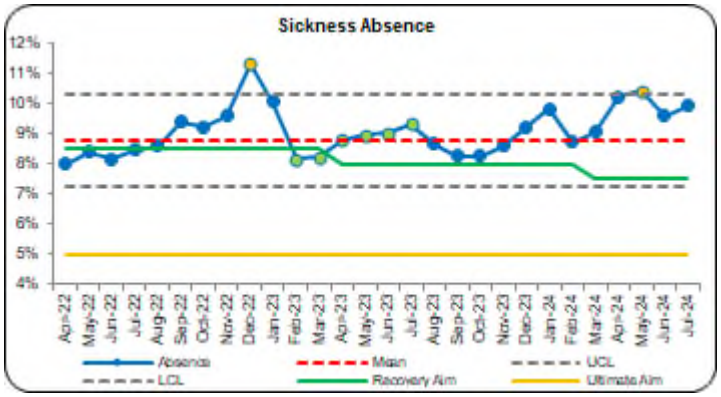
Demand remained high across July after the increase from June 2024 with 58,680 999s, 15,326 HCP calls and 21,424 non-public emergency calls. We did see an increase in 999 TAS at 90.96% from previous month even with a higher call volume.

There was an expected decrease in demand during August, particularly as children across Scotland returned to school after the summer holidays. We received 56,618 999 calls in august which is just over 2,000 less than July. We received 33,845 non-public emergency and HCP calls in August which is just 376 more than July.

We did see a decrease in 999 TAS at 89.8% from previous month. The ACC currently employ 138 call handlers, their utilisation has increased, and we are spending longer periods of time in escalation.

SE: Staff Experience

Sickness Absence



What is the data telling us? –

Sickness absence at end July 2024, was 9.9%.

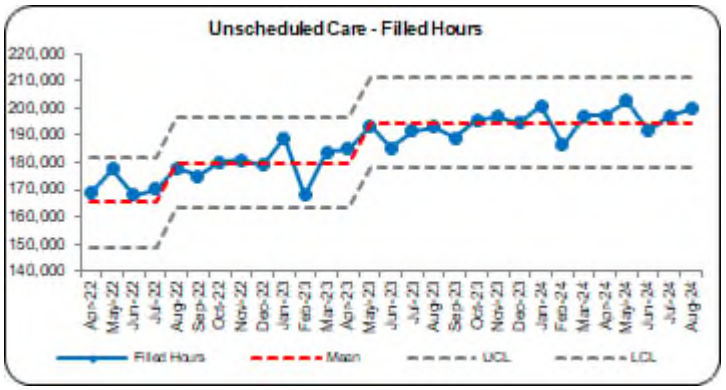
The Service set an interim recovery aim for 2024/25 for sickness absence to be below 7.5%. Whilst disappointing overall, there are positive improvements in the management of long-term absence, which is encouraging, considering the operational pressures that have continued to impact upon line managers and staff.

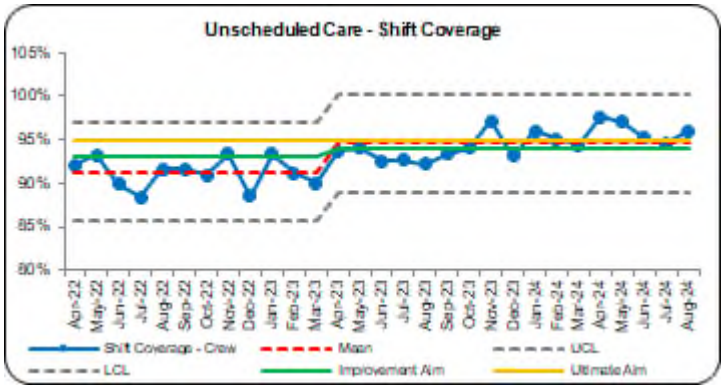
What are we doing and by when? -

The Regional and National HR teams continue to support managers to manage attendance cases and levels in their area. 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 from our local e-rostering system. 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.

Shift Coverage





What is the data telling us?

The Service recovery aim for 2024/25 is greater than 94% of accident and emergency shift coverage across the year.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in August 2024 was 58.6% reflecting the continued system pressures and is being managed through the 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. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise abstractions.

West Region:

Although there have been challenging days for the West Region, operational cover has consistently been above 95%. There have been some challenges due to the sickness/absence rate increasing primarily due to respiratory/covid type presentations but maintaining a focus on gaps has produced some positive results. Recruitment within Argyll specifically remains a challenge and will continue to be a focus of the local team. We have allocated 15 new appointments to the July NQP driver training course and this will create an improved position moving into the winter period with operational cover.

There are vacancies within the management structure, with a recruitment process due to concluded imminently. Sickness/absence has also been a challenge within the management team which is an unusual position for the region to be in. The clinical quality lead is now in post, and we have a focus on improving the SAER position.

East Region:

In the East we are currently taking several candidates through the Newly Qualified Paramedic selection process with 71 successfully through the process. The Region is now working to match successful candidates to vacancies and course places. This process is complex with a range of factors which require to be considered including status of HCPC registration process, driving licence status, actual/projected vacancies and individual preference for location. This is a particular challenge with many candidates opting for the Lothian area where recruitment requirement is more limited.

We are also currently reviewing our requirements for scheduled care recruitment, with a view to advertising in the coming months.

The East region made good progress recruiting to the full CCRT responder requirement and following initial training, the teams are now embarking on a programme of refresher training.

North Region:

In the North region, there is a continued focus to maximise recruitment and manage absence and abstractions appropriately to support our staff.

Absence for sickness reason has reduced through July and August and for August reports at 6.6%.

There have been 26 NQP's recruited for Grampian, 2 for Highland and 1 for the Islands. These new recruits have all been allocated the appropriate 'onboarding' courses. Work continues to maximise recruitment of available NQP's against where we have current or forecast vacancies.

The North is maintaining the region's workforce plan, with the assumptions for attrition, reduction of the working week from 37.5-37.0 hrs, and current vacancies to inform recruitment and training needs. Current intelligence indicates that the North Region will require circa 59 Paramedics and 26 Ambulance Care Assistants within the remainder of current financial year.

The North Region has identified a challenge in recruiting NQP's and experienced Qualified Paramedics to some remote and rural locations. However, an opportunity has arisen through a recent national advert which has attracted a number of applications who are open to base location which will be explored as move through a recruitment process.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR):

- Continue to develop workstreams within the Air Ambulance efficiency project, particularly in relation to charging with the updated Charge Out Tool Kit and Standard Operating Procedure.
- Neonatal workforce review currently being undertaken and due for completion over the coming months to support creation of the best possible workforce to support the implementation of Scottish Government Best Start policy and recommendations.
- Paediatric Service Review to be undertaken to look at current workforce and finance model.
- Implementation of KPIs for key elements of ScotSTAR delivery.
- Review the process for locum recruitment and remuneration across all service.
- Transition of the new Air Ambulance contract.

Ambulance Control Centres (ACC):

- Stabilising the leadership team.
- Digital Patient Transfer in testing between SAS and NHS24
- Trials underway in NHS Lanarkshire area, for the Health Care Professional on-line booking process.

National Risk and Resilience Department (NRRD):

- Work to implement the new Risk Management System 'In Phase Solutions' across the Service is underway with the aim that this will "go-live" in March 2025. The updated service risk management policy will be submitted to Audit and Risk Committee in October 2024 for approval.
- Grow training capabilities to continue within NRRD with particular training programmes due for roll-out during Q2 2024 including specialist CBRN PPE roll out/training and CBRN Operational Commanders Course.
- Deliver the benefits of the Civil Contingencies Response Programme (CCRP) Phase 2 and work with Scottish Government to initiate the Phase 3 Business Case.

Workforce Development

Employee Resourcing

During 2023/24 financial year the Scottish Ambulance Service recruited 236 WTE staff to Paramedic, Technician and Ambulance Care Assistant roles against an indicative recruitment target of 317 WTE.

For the 2024/25 financial year the Service requires to put a more ambitious recruitment target in place to address a series of identified workforce demands. The projected workforce requirement across 2024/25 have been based on the following factors:

- Starting vacancies.
- Projected staff attrition levels across the year.
- The whole-time equivalent impact of the recent introduction of a reduced working week for NHS Staff.
- The whole-time equivalent impact of staff moving from clinical to non-clinical roles.

Vacancies

As at the end of March 2024 the Service had 117.70 WTE vacancies against budget.

SAS - 2024/25 Projected WTE Workforce Requirement					
Starting Vacancies as at 01/04/24 by Region					
SAS Job Family	**North**	**East**	**West**	**National Operations**	**Total**
Paramedics	**23.30**	**19.20**	**28.00**		**70.50**
Technicians					**0.00**
Ambulance Care Assistants	**12.70**		**34.50**		**47.20**
Total	**36.00**	**19.20**	**62.50**	**0.00**	**117.70**

Projected Staff Attrition (Leavers)

The overall attrition rate for the Service across the 2023/24 financial year was 6.9%.

Based on this level of attrition and using the specific leavers rates for staff across Service job families and regions the replacement need is projected to be circa 400 WTE annually.

Scottish Ambulance Service						
Forecast Annual Staff Attrition by Job Family (Whole Time Equivalents)						
SAS Job Family	North Region	East Region	West Region	National Operations	Corporate Functions	Grand Total
Ambulance Paramedic - Advanced	1.25	3.50	5.22	0.00	0.00	**9.97**
Ambulance Paramedic	24.17	36.82	51.70	16.85	2.17	**131.72**
Ambulance Technician	20.38	29.15	39.83	0.00	0.00	**89.36**
Ambulance Care Assistant	7.29	16.41	26.05	2.00	0.33	**52.08**
Ambulance Services - Other (Call Handlers/Control Staff)	0.69	1.06	2.21	54.37	1.50	**59.83**
Support Functions (Fleet Workshop/Supplies etc.)	4.24	1.65	2.51	3.88	42.19	**54.47**
Grand Total	**58.01**	**88.59**	**127.52**	**77.10**	**46.19**	**397.41**

Reduction in the NHS Working Week – WTE impact.

In March 2024 the Scottish Government announced the introduction of a phased reduction in the working week for all NHS Scotland staff from 37.5 hours per week to 36 hours per week. This policy commenced with effect from April 2024 with a 30-minute reduction in weekly working hours during the 2024/25 financial year.

The introduction of reduced working hours has effectively immediately reduced WTE capacity across the Service workforce with no opportunity to plan for this reduction and recruit staff to cover the associated reduction in productivity. The Scottish Government have agreed to fund the reductions at overtime rates where rosters cannot be immediately reduced. For planning purposes, the workforce/recruitment assumptions project the WTE impact required to cover the initial impact of this change.

Internal moves to non-patient facing roles.

Historically a small number of staff in Paramedic roles have relinquished patient facing roles and moved internally within the Service to non-patient facing roles. Trend data projects this number at around 34 WTE and this has been used as an indicative figure to inform the requirement for 2024/25.

Summary of forecast workforce requirement

Using the demand driver assumptions outlined the agreed recruitment targets for all job families across the Service in 2024/25 is detailed below. It should be noted that these targets may be subject to change depending on final agreements of funding for the impact of the reduction in the working week.

Scottish Ambulance Service	
2024/25 Forecast Recruitment Needs (WTE)	
SAS Job Family	**Forecast Recruitment Need**
Advanced Practitioners	**15.00**
Paramedics	**240.00**
Technicians	**150.00**
Ambulance Care Assistants	**120.00**
Ambulance Services - Other (Call Handlers/Control Staff etc.)	**75.00**
Support Functions (Fleet Workshop/Supplies/Admin etc.)	**75.00**
Total	**675.00**

Recruitment Sources

The primary recruitment source in meeting this year's workforce requirements will be the output of Newly Qualified Paramedics from University courses.

Scottish Ambulance Service													
Student Graduations by Month and Academic Institution (Headcount)													
Academic Institution	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Glasgow Caledonian University				54									54
Queen Margarets University				56									56
Robert Gordon University				66									66
University of Stirling								51					51
University of the West of Scotland								48					48
Total				176				99					275
SAS Programmed NQP Training				35	35	35	35	35	35	35	35		280

Given historic patterns of graduation and recruitment, the Service expects to secure around 203 WTE through our primary Newly Qualified Paramedic recruitment programme. As evidenced in previous years there are a number of candidates who apply to join the Service from other UK University programmes. The actual pattern of graduation will be affected by exam failures and the need for some students to re-sit exams and the distribution of graduations will likely be spread over a wider timeframe than shown above.

It is likely that the recruitment of Newly Qualified Paramedics will be insufficient to meet projected recruitment needs, and as such there will be a need to support the recruitment of existing qualified paramedics from outside Scotland, primarily other UK countries.

Newly Qualified Paramedic recruitment activity is ongoing with the first candidates commenced Service programmed courses in July 2024. A table with existing candidate number until the end of the calendar year is shown below. Initial courses have run at circa 2/3rds of training capacity due to delays in candidate registrations, C1 licence issues and the geographic distribution of vacancies with some candidates.

Scottish Ambulance Service						
2024/25 Newly Qualified Practitioner Programme						
NQP Courses	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Total
NQP Course Capacity	30	30	30	30	30	150
Actual Starts/ Course Bookings	21	19	13	18	19	90
Shortfall	9	11	17	12	11	60

As noted further “direct” recruitment of existing qualified paramedic staff, primarily from other UK nations will augment the numbers secured through the Newly Qualified Paramedic recruitment process. This route has not traditionally secured a large response and the assumption for 2024/25 is assumed that approximately 40 WTE can be recruited using this approach. An advert for existing qualified paramedics has recently closed and has attracted 51 applications. Recruitment using this approach will be undertaken in parallel with the Newly Qualified Paramedic route

Projected levels of Technician workforce requirement are likely to be revised downward in light of potential changes to assumptions on the capacity requirements associated with the reduction in the working week. EPPD are currently revisiting the schedule of training courses across 2024/25 to address any changes which are identified.

Ambulance Care Assistant posts have been advertised across both East and West Regions and have attracted a healthy response.

It is assumed that other ambulance staff groups (Ambulance Control Centres) and support functions (fleet workshops, administrative and estates staff) can be directly recruited from the labour pool.