Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**26 March 2025** **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 February 2025. 3. Discuss actions being taken to make improvements.
Key points	This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non-Executives guidance. This paper highlights performance to end February 2025 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 within control limits and reflect seasonality.

	A key element of our clinical workstreams is engagement with our frontline clinicians with the aim of improving patient outcomes and experience as well as working with a broad range of stakeholders to support whole system improvements. This update includes the details of the launch of our CaRE Zone initiative as part of our Out of Hospital Cardiac Arrest workstream. The impact of our actions as part of winter planning within our Integrated Clinical Hub and Pathways initiatives has been encouraging. In February 2025 a total of 48.9% of patients were managed without conveyance to hospital. There will now be an assessment of what has worked well and how we can take this learning forward into 2025. <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.

What's New

There are no additional charts in the paper since the January 2025 paper. All charts have been updated to February 2025 where data is available.

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.

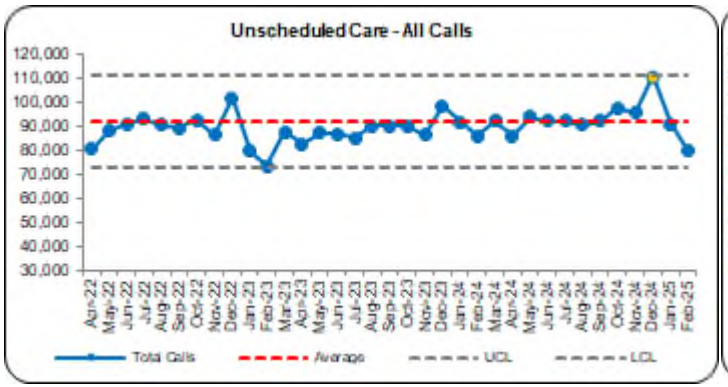
Performance Charts

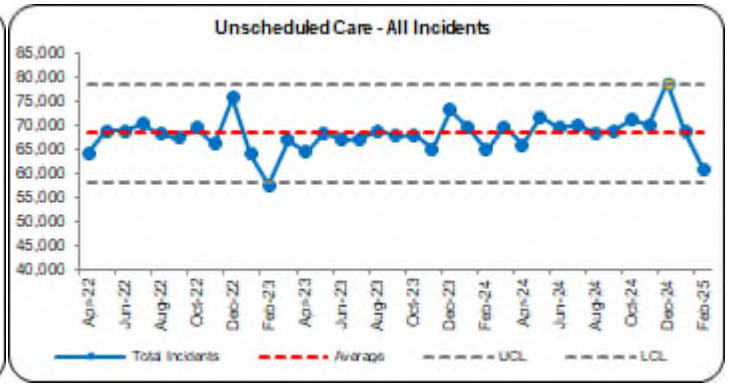
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted these charts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

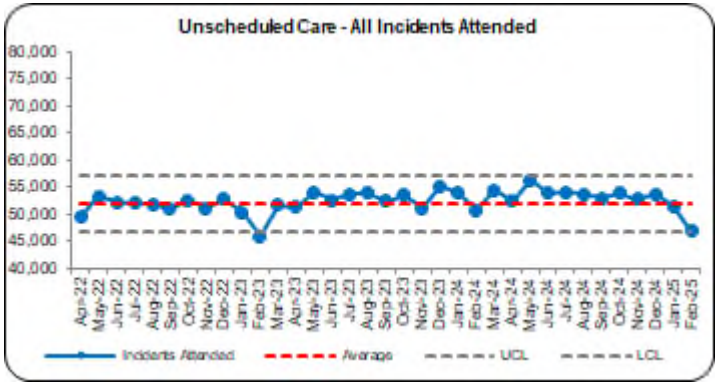
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

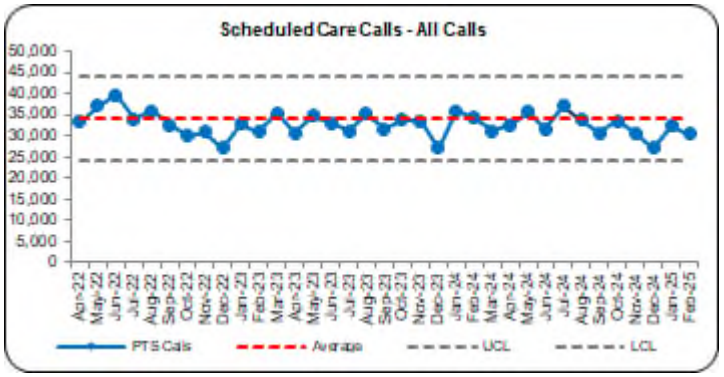
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

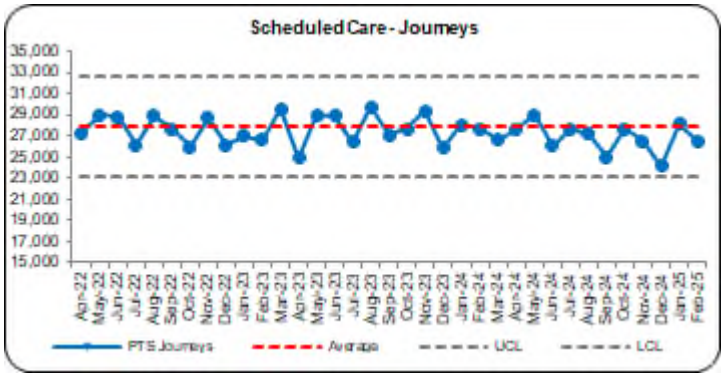
D: Demand Measures











What is the data telling us?

Following unprecedented unscheduled call demand (out with upper control limit) in December it has returned to within the control limits. Taking account of the leap day in February 2024, demand experienced across the month was a 3.4% decrease on the same period last year, with 79,988 calls.

This stabilisation in call demand has resulted in a comparable pattern in the number of unscheduled care incidents recorded which returned to within the control limits in January and February 2025. Taking account of the leap day in February 2024, this was a decrease of 2.8% comparing February 2024 with the same period this year with 60,894 incidents.

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.

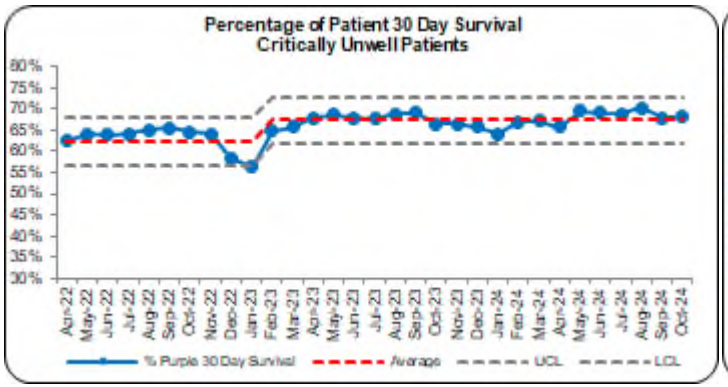
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

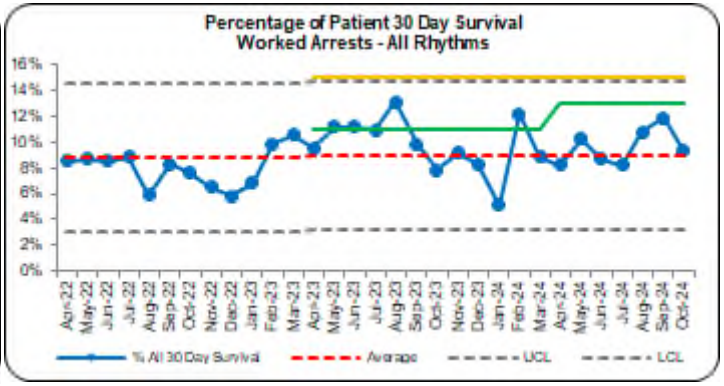
We have established several work streams to increase our workforce, implement the reduction to the working week to 37hrs in year one of the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively with our partners across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

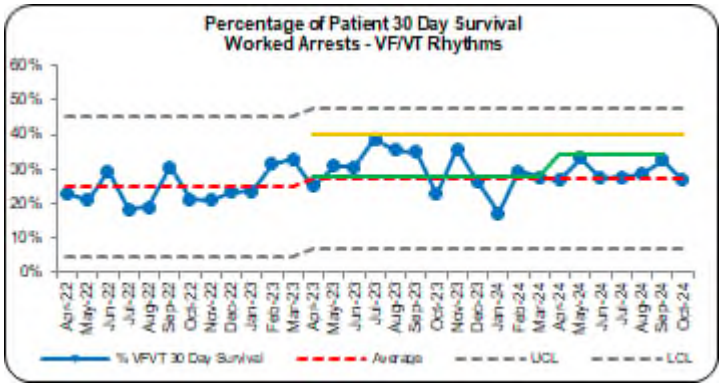
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

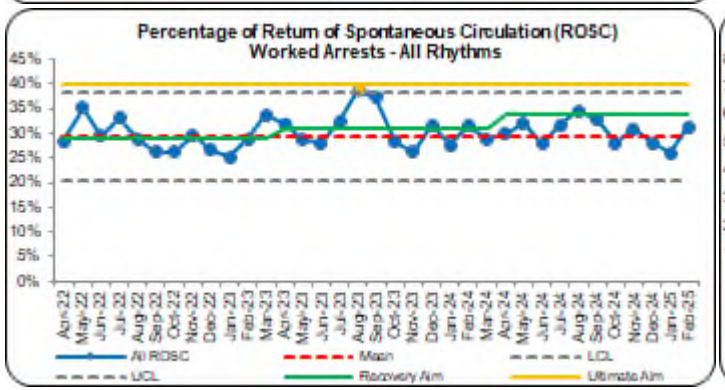
Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the Board meeting agenda.

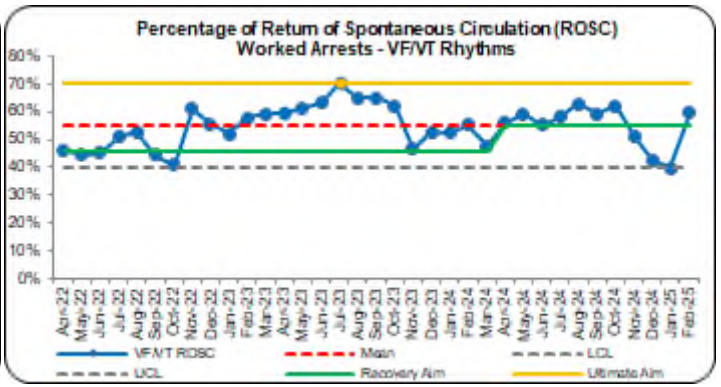
Purple Response Category: Critically Unwell Patients

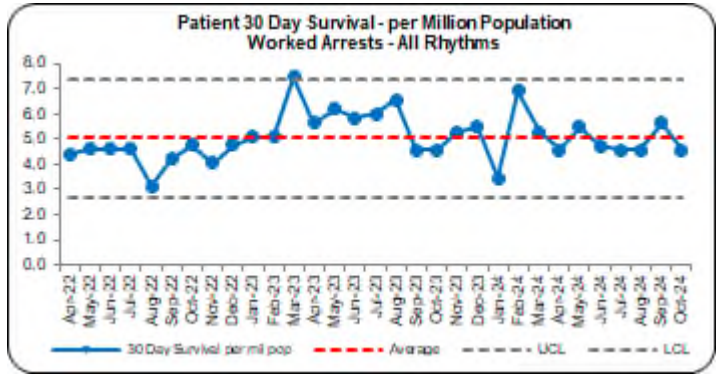


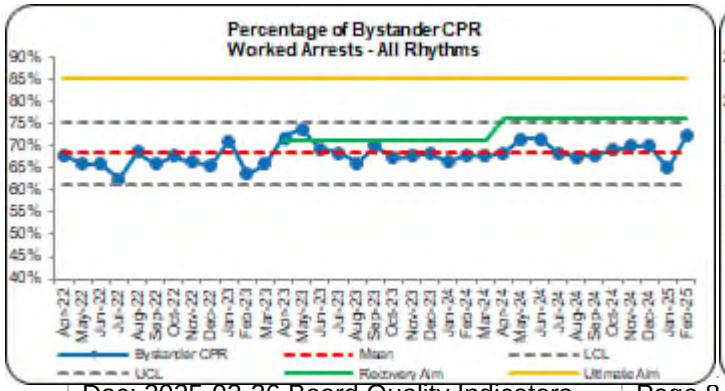


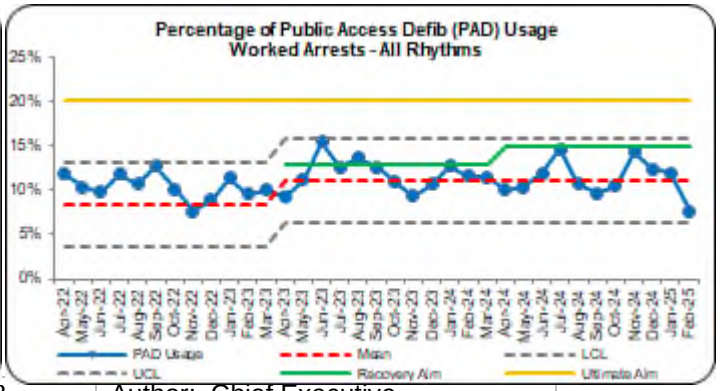


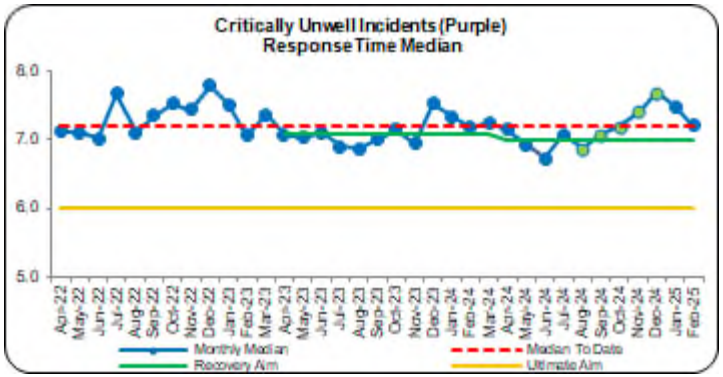


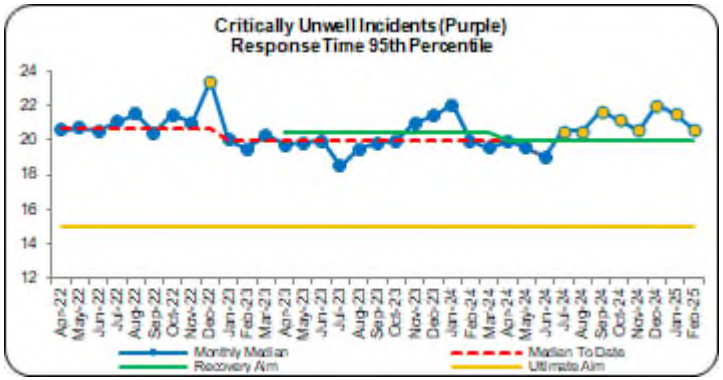












What is the data telling us?

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 October 2024 time stamps due to requirements for data linkage.

The response time measures for February 2025 (process measures) returned to median levels however remained increased since the summer of 2024 reflecting the increase in the pressures experienced over extended winter pressures which impacted ambulance availability.

Our ROSC rates for February, VF/VT (Utstein) at 59.5% and 'All Rhythms' at 31.3%, reflecting seasonal patterns. The Service is in the process of rolling out updated software in our ambulances, it is currently in use in Fife, Tayside and Lothian. 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 3 areas.

As the charts illustrate, Bystander CPR is reported at 72.1% and is within the control limits. Public Access Defibrillator (PAD) usage at 7.7%, is below the mean but within the control limits for February 2025.

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 October 2024 figures, however as the ROSC charts show, ROSC for VF/VT has saw a seasonal drop in December

and January moving back above the mean in February. In line with seasonal patterns it is anticipated to result in a similar pattern for the current quarter which we will report in future papers.

Transitioning to reporting to survivors per million of population remains under consideration and will be captured within wider conversations around clinical data presentation.

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. As previously reported we have completed the mapping of GoodSAM response data and this provides us with insight regarding the gap that exists between where cardiac arrests are likely to occur, the concentrations of GoodSAM responder in that area, and the number of alert's that those responders accepted. This insight from GoodSAM is a key element of our engagement with council areas and will inform our CARe Zones plan. Cardiac Arrest Rescue Zones (CARe) are an initiative to strengthen and mobilise community response to OHCA across Scotland. The development of the CARe Zones plan has been the key focus of the OHCA team in producing a high-quality engagement tool that will support successful delivery of this work. We are currently working with one council area to test the potential of this being a pathfinder site with further discussions due by the end of March 2025. This test of a localised optimisation of the system has the support of SG and will inform the next phase of the OHCA strategy due in 2026. An update on progress will be included in subsequent reports.

The delivery of high-performance CPR remains a priority for the Service and there has been a refreshed focus on the 3RU governance framework during this reporting period. A new project plan to ensure a fully governed system is in place has been developed including an assessment of what resources are required where, refreshed educational materials, peer training and quality assurance have all been included. This framework will be in place by end March 2025.

Purple Median Times

Median response times to purple category in February 2025 was 7 minutes 12 seconds. We reached 95% of these patients in 20-minutes 40 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:

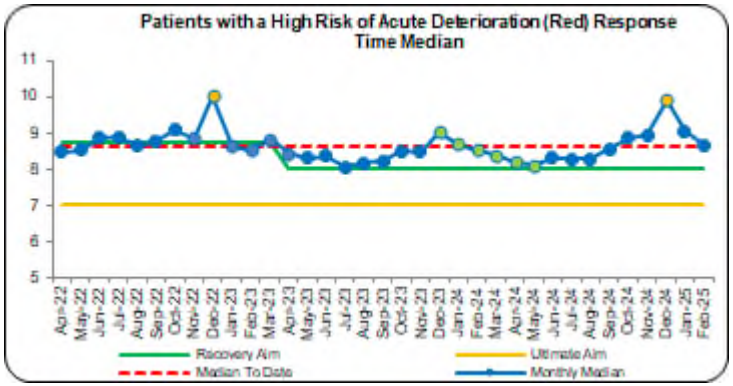
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for February 2025 illustrates the impact of the actions taken as part of our winter planning with 48.9% of patients managed outwith the Emergency Department.

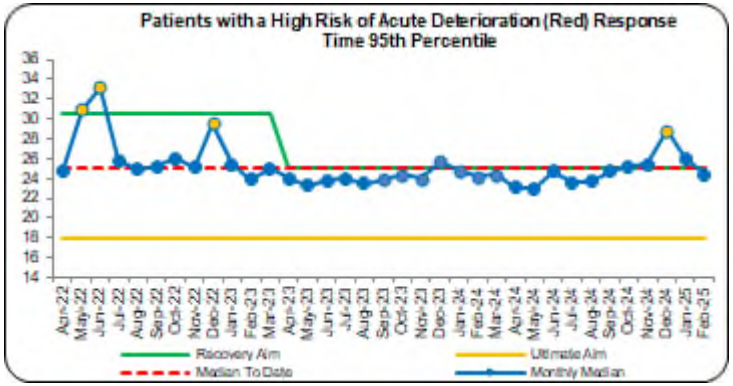
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

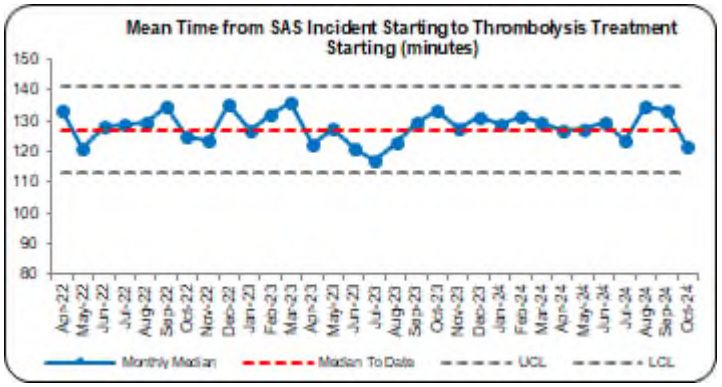
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

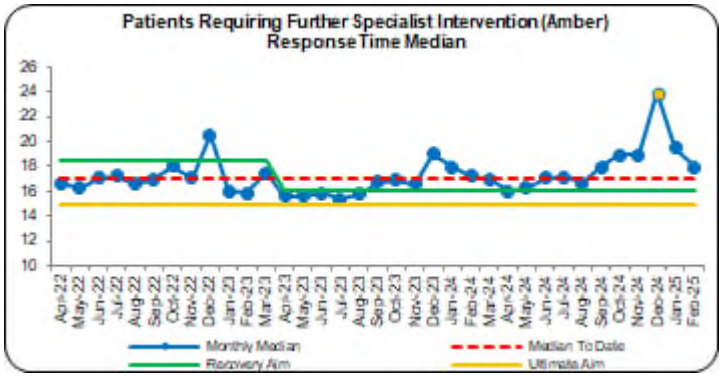
Red Response Categories: Patients at risk of Acute Deterioration

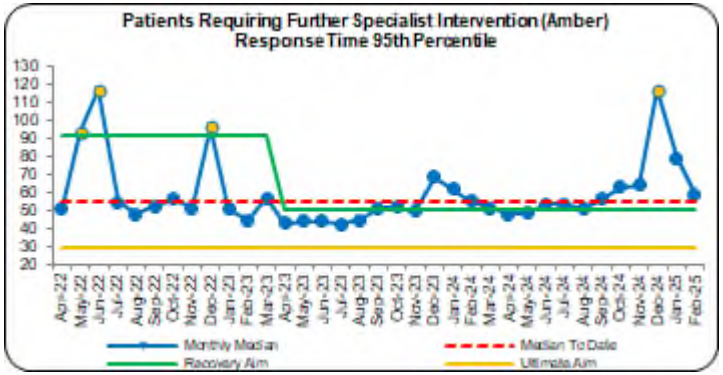




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

The median and 95th percentile response times for both red and amber categories of call saw an increase in December 2024 after a period of relative stability throughout 2023 and 2024. Response times increased as a result of increased pressure on the Service and the wider Health and Social Care sector and is anticipated to continue throughout the remaining winter period. These response times have reduced back to around median levels in February. In this month we attended 50% of red category incidents within 8 minutes 40 seconds and amber within 17 minutes 58 seconds.

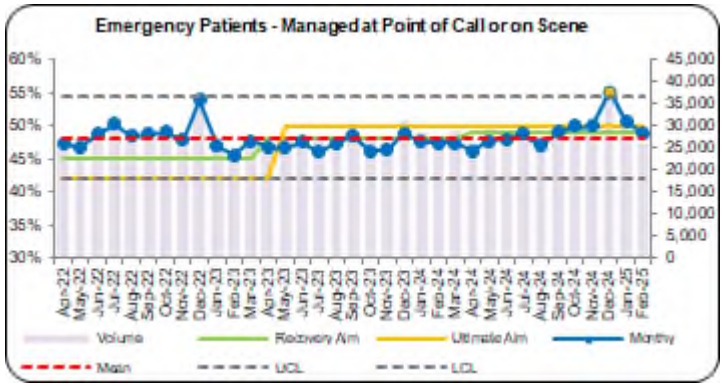
Our Major Trauma workstream contributes to the successful delivery of the Scottish Trauma Network. The work of the Critical Care Desk within our Ambulance Control Centre continues to be progressed supporting the early identification of major trauma incidents and the provision of advice to frontline clinicians. We have agreed the terms of reference and timeline for the review of our Critical Care Desk which has now been operational for two years. An enhanced data set aimed to support us to improve outcomes for patients is being developed in conjunction with the Scottish Trauma Audit Group and will expand our clinical measurement framework for Major Trauma. These metrics will be reported as part of our revised clinical measures for 2025-26.

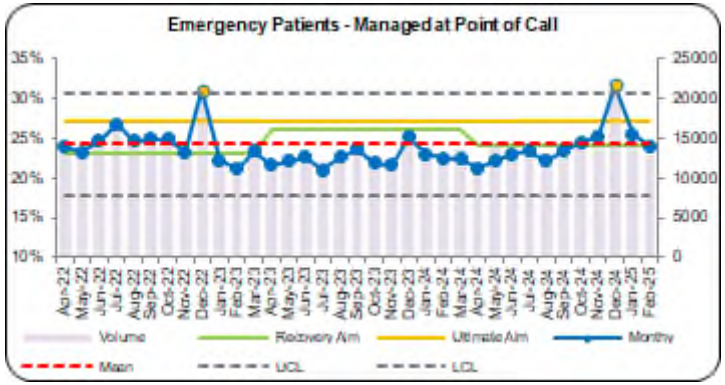
The partnership with the National Thrombectomy Planning Board and Territorial Health Boards, expansion of the National Thrombectomy Service continues to progress. SAS continues to work closely with all partners to ensure the successful delivery of this programme and we are members of the recently established short life working group which has been commissioned to review the pre-hospital stroke pathway.

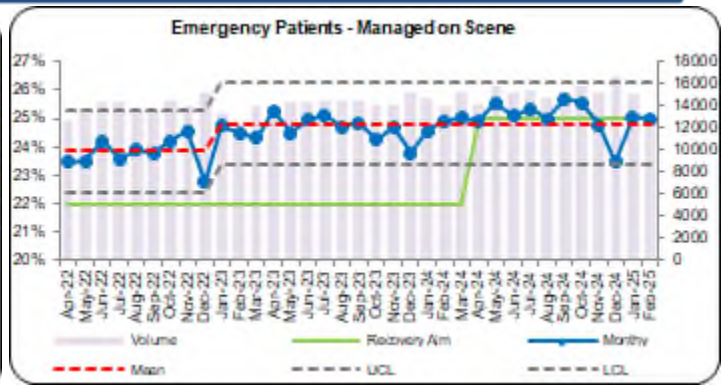
Early feedback of the proof of concept research project testing the feasibility and acceptability of the use of video triage within the Ambulance Control Centre for the assessment of acute stroke has been positive and will be formally evaluated in the coming weeks.

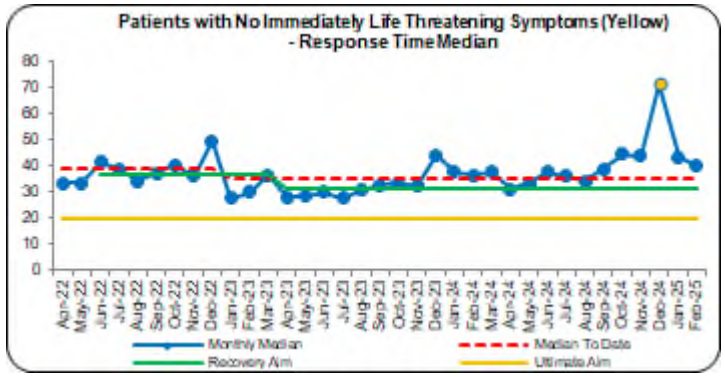
Our 999 to Thrombolysis time chart remains stable within control limits.

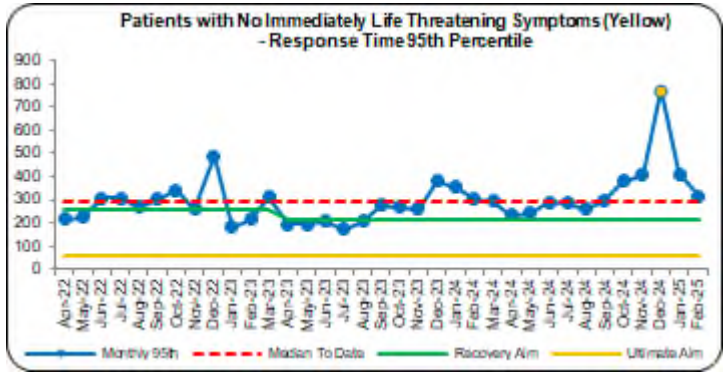
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











What is the data telling us?

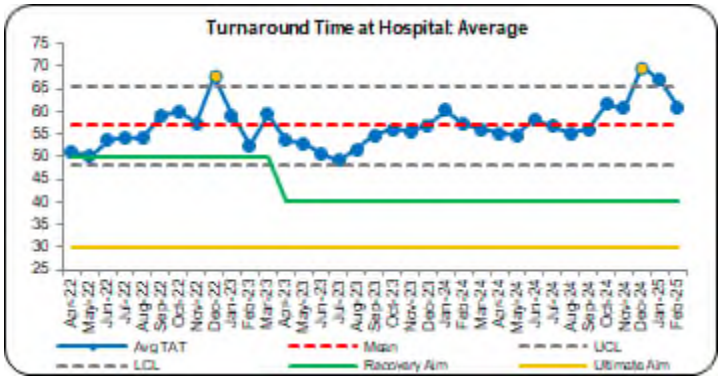
The proportion of emergency patients managed without conveyance to the Emergency Department has remained around the mean over the early part of this financial year. and saw an increase towards the end of the year with a peak in December 2024. In February 2025 26,038 (48.9%) patients were managed at the point of call or on scene with 12,726 (24.0%) managed at point of call and a further 13,282 (25.0%) by our clinicians on-scene following ambulance dispatch.

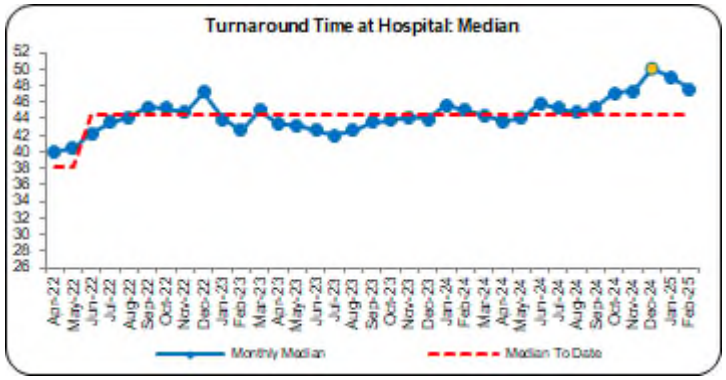
This work involves close collaboration with a range of health board partners and other stakeholders. In recent months we have continued to strengthen our working with:

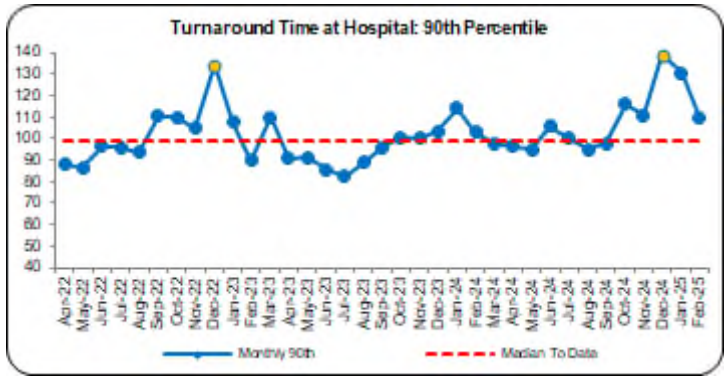
- NHS24 with the aim of improving patient experience and optimising flow and will be a key workstream for the new financial year.
- Through Flow Navigation Centres we are working with health Board partners and the Centre for Sustainable Delivery to improve flow and reduce unwarranted variation. We have identified improvement opportunities over winter and we are looking to progress these over the coming months.
- Our End of Life Care programme continues to support patient outcomes by enabling our clinicians to better identify and meet the needs of patients with palliative and end of life care needs. Our Board approved business case has been submitted to SG to allow us to continue with this work and expand into other areas.
- The SAS Pathways Hub is a single point of contact for SAS frontline clinicians to refer patients to Falls, Alcohol and Drug pathways and DBI pathways. Our current focus is to increase the range of options available and are working with a number of partners to deliver this.

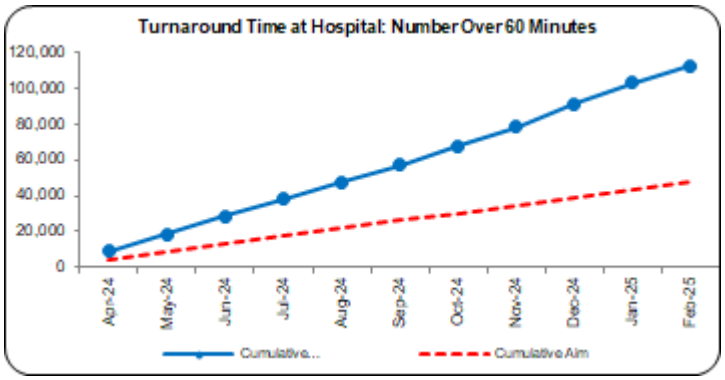
Detailed reporting of these activities sits with the Service's Performance and Planning Steering Group and 2030 Programme Board.

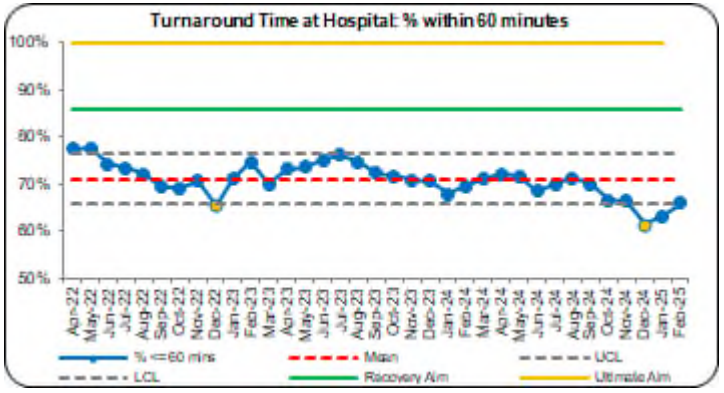
TT: Turnaround Time at Hospital











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 February 2025 was 1 hour 0 minutes 51 seconds. Our crews are, on average, spending 3 minutes 40 seconds longer at hospital for every patient conveyed when compared to February 2024.

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:

- There is ongoing work to promote the use of available pathways across the region with a number of new pathways in development in the Forth Valley area covering palliative care, mental health, frailty and District nursing all of which are planned to be accessed through Consultant Connect.
- Same Day Emergency Care (SDEC) went live on 24th February accessed through the Flow Navigation Centre for all non-life threatening cases and will also support system flow through ED. Positive early indications.
- Engagement continues at Tactical and strategic levels with leaders from across Health and Social Care.
- 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.
- Work is ongoing to review secondary transfers within Lothians and to review opportunities to stream patients across the system by condition.

- Welfare arrangements for staff refreshed with contingency supplies available to supplement health Board provisions. HALOs and wider leadership teams continue to support staff at key sites, particularly during periods of extended hospital turnaround.

West:

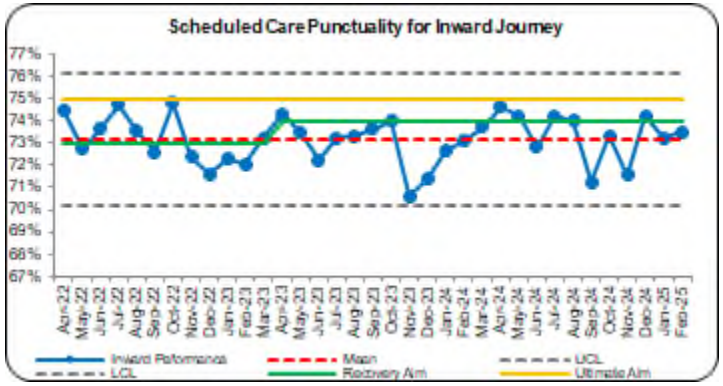
- Pathway development and improvements continue to be a focus within the Glasgow area and engagement with NHS Greater Glasgow and Clyde continues. There have been challenges within the Flow Navigation Centre from an availability of clinicians and NHS GG&C continue to have some vacancy challeneges. Focused engagement within Glasgow and Clyde stations 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. This work is supported by the SAS Pathways team.
- NHS Lanarkshire continue to experience capacity challenges, but engagement remains positive. A review of the FNC is currently being jointly undertaken with support from our ICH and ACC. A meeting to discuss improving effectiveness and efficiency is scheduled for mid January. NHS Lanarkshire have also asked for support to fill clinical staffing gaps so we are undertaking a scoping exercise to ascertain if SAS clinicians can undertake any vacant ED roles.
- 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. A further meeting is planned for January to reinvigorate CBC throughput.
- Daily Gold meetings with NHS Lanarkshire and the Regional Director have been in place since the 26th of December 2024.
- Daily meetings with NHS GG&C and the Regional Director are now in place and supported fortnightly with COO.
- Fortnightly meetings with NHS A&A are in place with the Regional Director

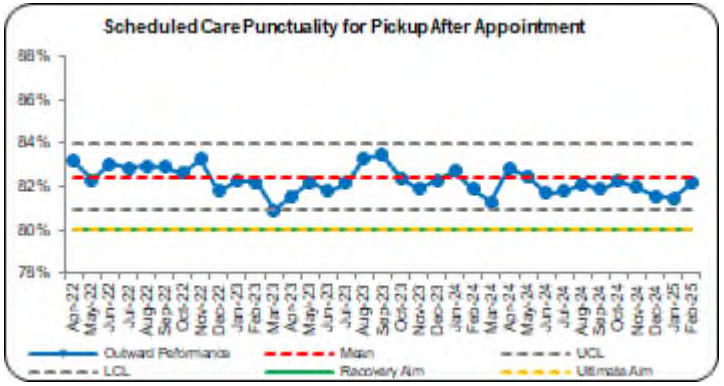
North:

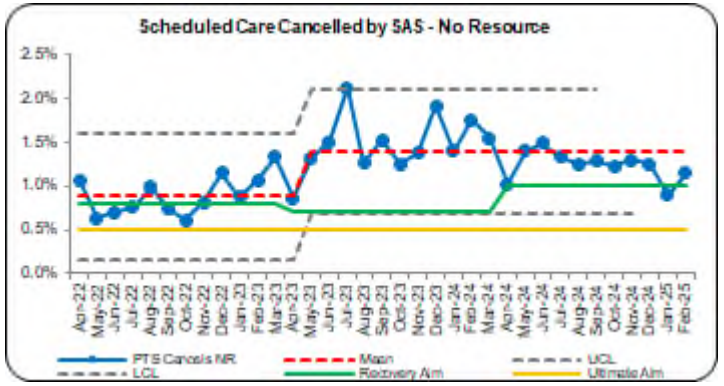
- Weekly Chief Executive meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by Regional Director/Deputy at a Strategic level.
- Weekly ‘Tactical’ level meetings with NHS Grampian senior leadership.
- Daily ‘Operational’ level meetings with NHS Grampian leadership team.
- Daily SAS / NHS 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.

- NHS Grampian and Scottish Ambulance Service Whole System Plan to Remove Ambulance Stacking' [December 2024] has now been deemed unachievable and no longer being worked to, following an update that no new funding will be made available to underpin.
- Following a Centre for Sustainable Delivery visit to ARI to analyse the current systems in place, the report recommended 7 key actions, two of which refer specifically to ambulance turn around delays:
    1. *The whole system board that oversees U & USC requires reorganisation to ensure strategy and operational reality are more closely aligned. (It does , though, go on to state within this aim that, "Reduction in turnaround times and elimination of stacking of ambulances has to be an explicit primary goal for leaders from across the system who are members of the board. This will only be achieved by reducing occupancy in acute services.."*
    2. *The USC Board should aim to reduce occupancy in acute services to improve flow and therefore reduce turn around times for the ambulance service.*
- Collaborative 'Joint Escalation Framework' between NHS Grampian and SAS ensuring appropriate internal escalations. Also focussing on:
    1. Rapid release of ambulance resource for ILT calls in the community
    2. Escalation process for the deteriorating patient in stack
    3. Process for pre-alerting ED for incoming high acuity patient
- Introduction of an Operations Support Manager (Band 7) to oversee engagement and escalation with Aberdeen Royal Infirmary
- Hospital Ambulance Liaison Officer and Clinical Team Leader cover at key hospital sites. e.g. ARI / Dr Grays
- Use of 'Safe to Sit' Policy where available.
- Introduction of SAS Test of Change for Ward 101 (Acute Medical Admissions Unit) at ARI, which is triggered when there are any ambulances waiting in excess of 60 mins for a clinical hand over. Crews will wait 30 mins, and if the patient is stable, the patient will be taken to ward 101 from the ambulance and attempt to clinically hand over with receiving ward clinician. This test of change commenced on Tuesday 28th October, 2024, and is currently suspended until findings are analysed.
- 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.

SC: Scheduled Care







What is the data telling us?

The number of Scheduled Care calls remains stable at 30,408 in February 2025.

Journey demand in January and February 2025 has remained at a consistent level, taking account of seasonal variation, with 28,105 and 26,552 completed journeys respectively in those months.

Punctuality after appointment was 82.2% in February 2025 and punctuality for inward appointment was 73.5%. The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 1.1% in February 2025, which remains out with the revised recovery aim of 1% for 2024/25.

What are we doing and by when?

Cleric

A PTS Failover from West to East was planned for the 5th March 2025, this was supported by the IT Team.

System Purge, the next planned system purge will take place supported by Cleric either w/c 7th or 15th April 2025. Teams will prepare for both putting in place our Business Continuity processes

Recruitment

Recruitment is now near completion for all sites, North ACC will interview w/c 10th & 17th March 2025. Training in Planning and Day Control has taken place and the staff are now planning with support from mentor's live time. Call Handling training for our new recruits is planned for the 26th-28th Mar and 2nd-4th April.

Resilience Training

Training within each of the Planning & Day Control areas where staff are trained on more than one area is currently underway this will increase resilience and learning ensuring Scheduled Care an even more stable position.

Peer to Peer Support

Scheduled Care has been working closely with Chris Purnell, Engagement & Involvement Manager with both our Scheduled Care Coordinators and Supervisors. We have seen staff attend session organised by Chris to initially explore and understand people's views on peer support and frustrations they have experienced in directing their thoughts and feelings. We await feedback and next steps from Chris, this was well received by all who attended.

Scheduled Care Improvement Programme

Approval received for the recruitment and training of 164 Ambulance Care Assistant posts required to support Scheduled Care by April 2026. Planning on-going with the Education and Training Department to ensure this requirement can be met.

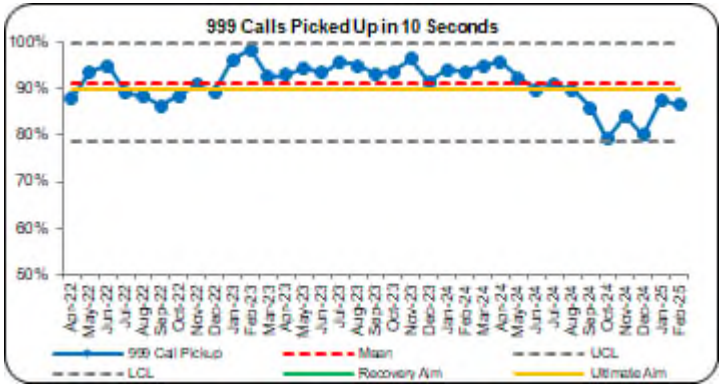
Agreement in place to re-categorise the Scheduled Care Improvement Project to a Programme of work due to the number of workstreams identified as part of a rescoping exercise. Work on going with key stakeholders to prioritise these workstreams to allow the Programme to be resourced accordingly.

Savings target of £600k confirmed and included in the draft financial plan for 2025/26.

Draft proposal developed focusing on trialling a Transport Hub at The Queen Elizabeth University Hospital to reduce delayed discharges and improve hospital flow. Further discussions planned with key internal stakeholders and the health board to define further.

Staff Engagement Session held on 27th Feb with a background to the Scheduled Care Programme, recruitment overview, development updates, summary of staff feedback and future plans presented.

Other Operational Measures



What is the data telling us?

The Service experienced a dramatic reduction in 999 call demand during January where over 58555 public 999 calls were offered. This was a reduction of some 14,389 999 calls on the previous month. TAS for public 999 calls saw a recovering position in January to 87.7%, 7.7% higher than December. Call escalation has returned to a Business-as-Usual mode with operational teams utilising the Call Escalation plan as required in response to non-forecasted demand spikes.

The Service recorded 533 delays of 2 minutes or more with BT and one call of greater than 4minutes. SAS delays currently rank 11th of the UK Ambulance Services. The average answer time during January was 10.57 seconds which was the 10th of all UK Ambulance Services.

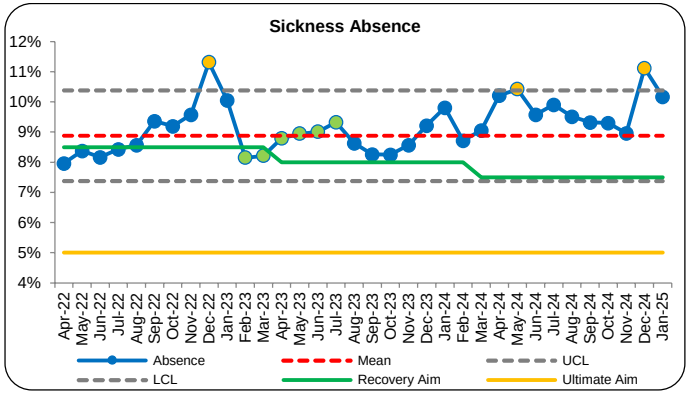
The Service received 50,819 999 calls in February which was around 6,125 (10%) less than January, call demand is recorded on a calendar month basis, therefore it is acknowledged that February has 3 days less than January. February call demand fell below the Mean for the first time since August 2024. February also saw 15,120 non-public emergency and HCP calls which was 2,831 (16%) less than January.

February saw 999 TAS of 86.6%, this was 1.25% less than January. We have remained below our aim since September 2024 and is considered to be associated with the number of duplicate calls being received

SAS recorded 466 delays of 2 minutes or more with BT, this continues to be higher than expected but will start to reduce as the effects of the upskilling of HCP call handlers is realised. SAS delays currently rank 10th of the 13 UK ambulance services.

SE: Staff Experience

Sickness Absence



What is the data telling us? –

Sickness absence during February 2025, was 8.63%.

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.

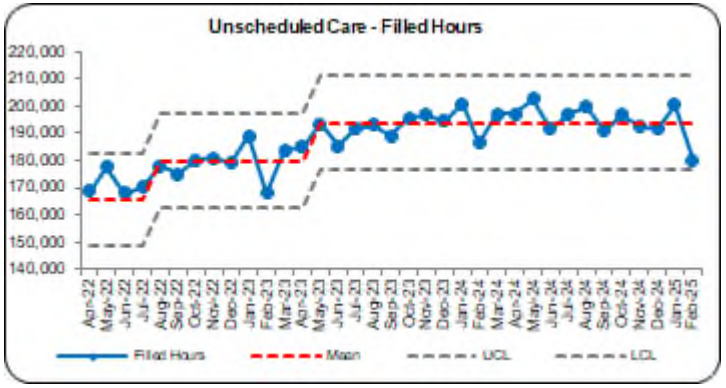
What are we doing and by when? -

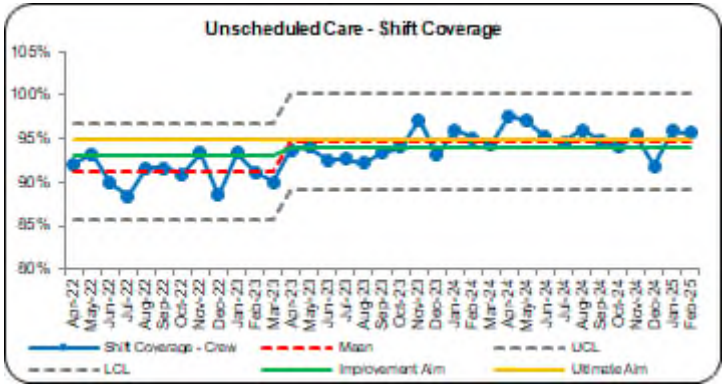
A new Attendance Oversight Group has been established to maintain robust executive oversight of attendance across the Service. This provides additional scrutiny over regional, national and corporate functions with a view to achieving a sustainable reduction in sickness absence. This group is also further supported by Intensive Support teams at regional level whose primary focus is to ensure compliance with policy and provide supportive welfare to staff.

The Regional and National HR teams continue to support managers to manage attendance cases and levels in their area. We 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. Throughout this financial year this has been consistently met or exceeded in every month with the exception of December. In February the shift coverage was 95.7% with 179,260 crew hours filled.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in February 2025 was 59.4% 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:

Operational cover has consistently been above 95% throughout the quarter and forecasting for the next quarter is very favourable that this position is sustainable. There have been ongoing challenges due to the sickness/absence presentations but maintaining a focus on abstractions has produced some positive results. Recruitment has been successful in all clinical areas with a slight over establishment in Glasgow and Lanarkshire which is a positive position in line with the recruitment requirements for the Reduction in Working Week programme. A new batch of NQPs are joining the Service throughout the winter months and we have successfully accommodated and offered positions to all NQPs that have passed all elements of the recruitment process.

There continues to be vacancies within the management structure, with minimal movement recently. Recent recruitment for ASM and Head of Service has not produced candidates suitable for the vacancies and a revised recruitment approach will be taken forward in January with a view to improving the vacancy position and filling management posts with quality appointments. Two ASMs, one internal and one external have been appointed recently but with expected attrition this will continue to be a pressure on the management team. Sickness/absence has also been a challenge within the management team which is an unusual position for the region to be in and we continue to work with the team to improve staff health and wellbeing across the management tier and administration services.

East Region:

Recruitment across the East Region has been focused on Paramedic recruitment to ensure skill mix is maintained. In the East we have made formal offers to 52 NQPs for courses planned across the coming months. 49 of these have been accepted filling our current and projected vacancies. Our focus now is on boarding these new members of staff and supporting their transition from student to autonomous practitioners.

We are also currently recruiting to ACA roles in line with our Scheduled Care Improvement work.

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 remained under the recovery aim of 8% since May 2024 and was 7.7% in December 2024.

There have been 9 NQP's recruited for Grampian, 2 for Highland and 1 for the Islands. These new recruits have all commenced their induction programme. Work continues to maximise recruitment of available NQP's. A further 11 NQP's are scheduled to commence their induction courses in February / March 2025.

The North is maintaining the region's workforce plan, with the assumptions for attrition, reduction of the working week from 37.5-36.5 hrs, and current vacancies to inform recruitment and training needs.

The North Region has identified a challenge in recruiting NQP's and experienced Qualified Paramedics to some remote and rural locations and continues to explore innovative ways in which to recruit to these locations.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR):

- The Air Ambulance Efficiency Project continues to identify areas of improvement covering all aspects of tasking. The recent triage and tasking test of change had a significant impact on tasking activity and as a result a second test is currently underway. Work is also being progressed in revising the charging framework used for cross border transfers etc.
- Paediatric Service review continues to progress and is aiming to be concluded by June 2025
- As part of Best Start the workforce models are currently being finalised, and the stakeholder engagement process is being finalised.
- The implementation of the new Air Ambulance Contract is progressing, working streams and leads for the work have been identified and are supporting our aviation provider to progress the implementation plans.

Ambulance Control Centres (ACC):

- Maintain stability across the leadership team and build capacity to improve and maintain 999 call TAS
- 20 New HCP call handlers trained and progressing to 999 call handling in the coming weeks
- Digital Patient Transfer between SAS & NHS24 now live and work progressing with NHS24 to strengthen its use
- Very positive results from the Online booking process, trialled in the NHS Lanarkshire area. Work progressing to scale up this capability to other health board areas.

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 October Board development session provided the opportunity to review and update the Risk Appetite. The service risk management policy will be updated in light of this during Q4 for presentation at the subsequent Audit and Risk Committee.
- There has been significant activity in relation to training provision by NRRD, including the delivery and on-going qualification of CBRN responders, and the roll out of specialist CBRN PPE. In addition, a further 6 tactical CBRN commanders have been trained. During Q4 the team will build on this progress supporting the introduction of the Multi-Agency Strategic Incident Management (MASIM) course in conjunction with SMARTEU. This will be a pilot programme and a first for Scotland.
- Phase 2 of the Civil Contingencies Response Programme (CCRP) has now been completed with project closure on November 12th and the transition of operational activity to business as usual. Full operational capability has now been declared and 2 tabletop exercises have been run to date for assurance purposes. Q4 will focus on further assurance activity and the recruitment of the outstanding training team to support the North of Scotland. The Phase 3 Business is with Scottish Government pending a funding decision.

Employee Resourcing

During 2024/25 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.

As of November 2024, 108 NQPs have been recruited this financial year with a further 75 already planned for January – March courses and work underway to maximise the use of the remaining course places. As its stands this will total 183 NQPs for this financial year.

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. Through the latest advert and facilitated recruitment event held in Hamilton, from 49 applicants shortlisted, 16 applicants attended and at the end of the process 9 are to be offered a post.

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.