



Freedom of Information Request

2nd August 2024

Question

What were your response figures for category 3 and 4 (or their equivalent categories depending on what your triage system was/is at the time) for falls 999 calls for the years 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024 ? Can you provide the figures starting in January each year please ?
How many calls resulted in crews/EOC raising concerns for excess response delays via your service incident reporting system each year please?
How many calls resulted in Serious Incident Reports for each year please?
How many calls resulted in self-referrals by your organisation to the CQC each year please?

Answer

The Scottish Ambulance Service does not hold the data in a way that allows us to report on response times by chief complaint, it is for this reason we have applied section 17 to this part of the request as information not held.

Please see the table below detailing the number of 'Fall' categorised incidents attended for the years requested.

A new clinical response model was introduced on 23/11/2016 which resulted in despatch codes falling under more colour categories.

For the given data, you will see that some of the figures are shown as less than five, please note that this figure has been suppressed because the statistical value is less than five. The Scottish Ambulance service has a duty, under the Data Protection Act to avoid directly or indirectly revealing any personal details. It is therefore widely understood that provision of statistics on small numbers, five or less are statistically suppressed upon disclosure.

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Purple					36	69	199	264	308	362	462	237
Red	9,032	8,685	9,228	8,455	2,288	2,495	2,863	2,618	3,335	4,516	6,027	2,971
Amber				<5	39	1,782	20,436	16,213	15,732	17,317	20,356	9,945
Yellow	38,380	41,713	44,974	47,910	54,560	54,058	47,091	37,798	30,220	24,216	23,538	11,635

The model institutes a colour-coded system, which categorises 999 calls in terms of clinical need. Cases are coded purple, red, amber, yellow and green.



In less urgent cases, call handlers may spend more time with patients to better understand their health needs and ensure they send the most appropriate resource for their condition and clinical need.

The process is also designed to identify instances when an ambulance is not needed and instead the patient can be referred to an alternative pathway such as GPs, NHS24 or outpatient services. All calls are triaged into the following categories:

Purple: Our most critically ill patients. This is where a patient is identified as having a 10% or more chance of having a cardiac arrest. The actual cardiac arrest rate across this category is approximately 53%.

Red: Our next most serious category where a patient is identified as having a likelihood of cardiac arrest between 1% and 9.9%, or having a need for resuscitation interventions such as airway management above 2%. Currently the cardiac arrest rate in this category is approximately 1.5%.

Amber: where a patient is likely to need diagnosis and transport to hospital or specialist care. The cardiac arrest rates for all of these codes is less than 0.5%.

Yellow: a patient who has a need for care but has a very low likelihood of requiring life-saving interventions. For example, patients who have tripped or fallen but not sustained any serious injury.

The figures above do not factor in possible upgrading or downgrading that may occur depending on the patient condition. For example, a call may start out as a yellow call, subsequently be upgraded to a purple call some time later. The starting point is always set for the colour category first determined, not the final colour category assigned.

How many calls resulted in Serious Incident Reports for each year please?

Scottish Ambulance Service deals with SAER's, Serious Adverse Event Reviews reporting system does not categorise these reviews in a way that would identify the chief complaint as a fall, it categorises complaints in terms of seriousness in nature. In order to ascertain the theme of 'Fall' for each review, we would be required to look at each case individually; It is for this reason that we have applied Section 17 of the Freedom of Information Scotland Act This exemption applies if the organisation does not hold the information and would be required to create new information to answer a request.

How many calls resulted in self-referrals by your organisation to the CQC each year please?

The Scottish Ambulance Service does not refer patients to the CQC.