Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**27 November 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 October 2024. 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 October 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. Promoting bystander CPR is a key element of Scotland's Strategy for Out of Hospital Cardiac Arrest and we

	continue to work closely with partners, including Save a Life for Scotland, to develop this. Within our Stroke, Thrombectomy and Major Trauma workstreams we continue to work extensively within NHS Scotland and also third sector partners. In advance of winter 2024 there has been an increased focus on strengthening our Integrated Clinical Hub as well as support to our frontline clinicians on the availability of alternative pathways. For October 2024 a total of 49.9% of patients were managed without conveyance to hospital. Workforce 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.

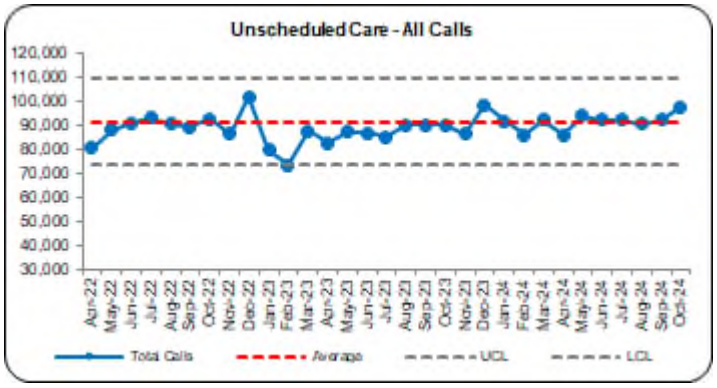
Performance Charts

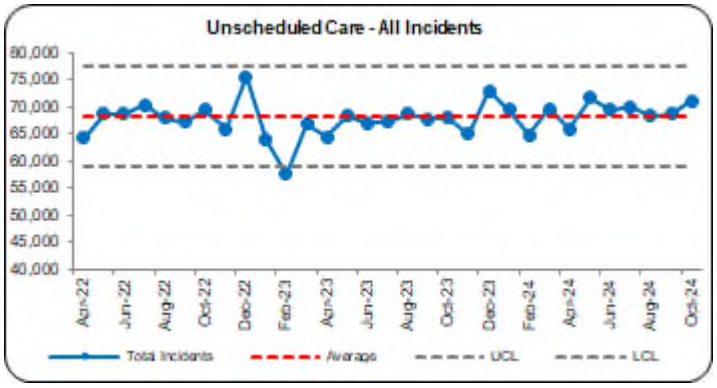
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted these charts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

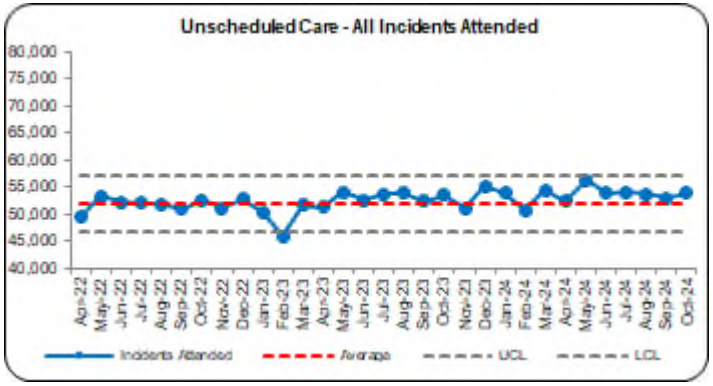
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

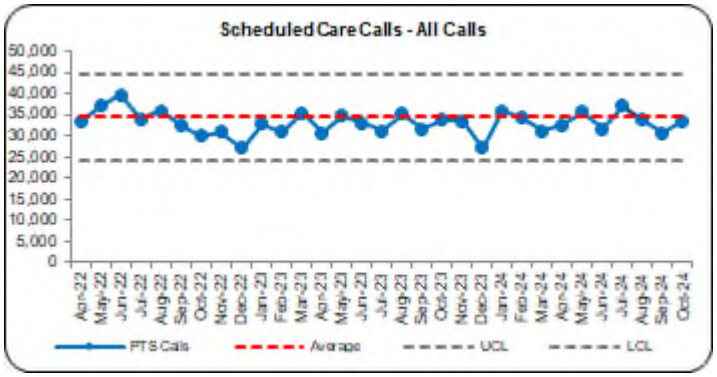
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

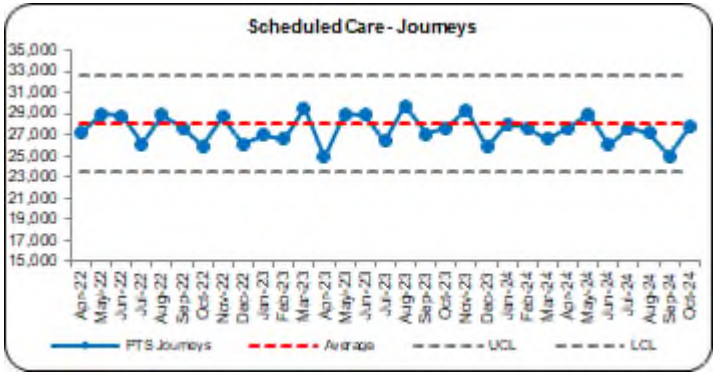
D: Demand Measures











What is the data telling us?

Unscheduled call demand has remained within the control limits however we saw an increase in October after a period of stability. Demand experienced across the month was an 8.2% increase on the same period last year, with 97,391 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.

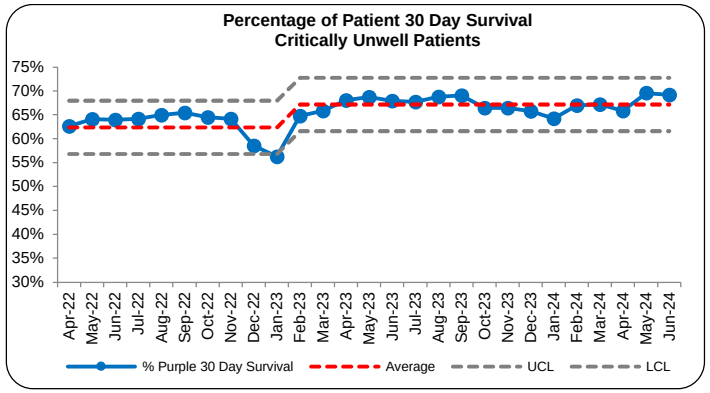
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

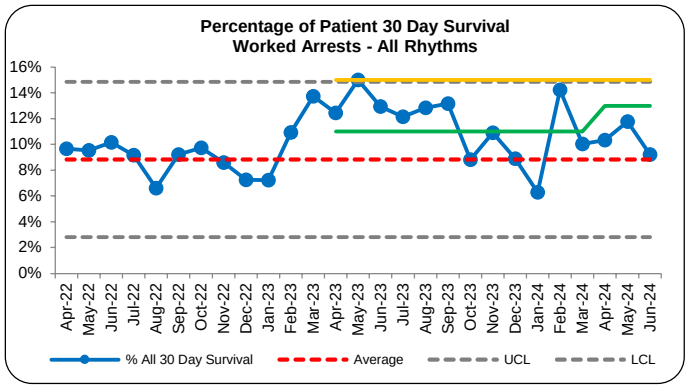
We have established several work streams to increase our workforce, implement the reduction to the working week to 37hrs in year one of the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively with our partners across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

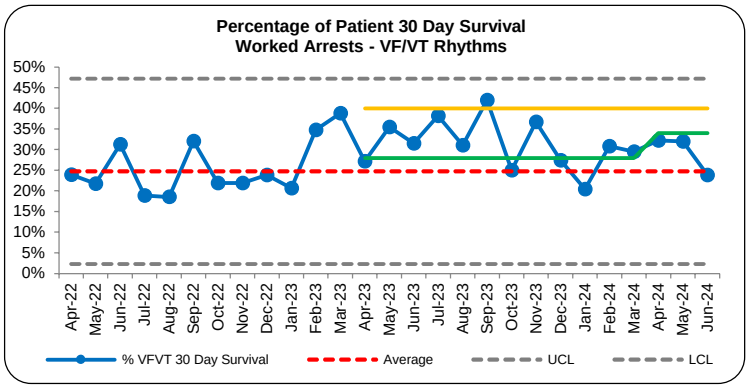
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

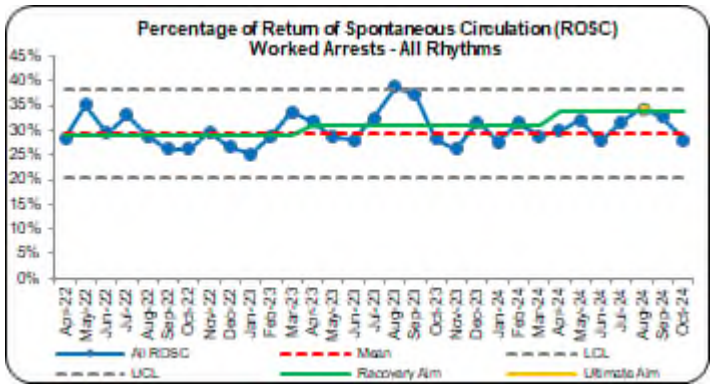
Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the Board meeting agenda.

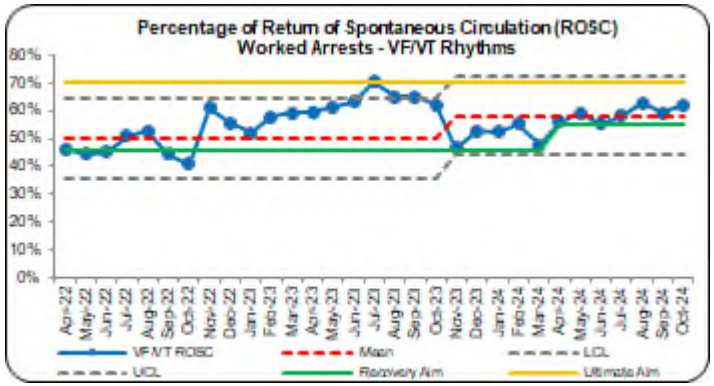
Purple Response Category: Critically Unwell Patients

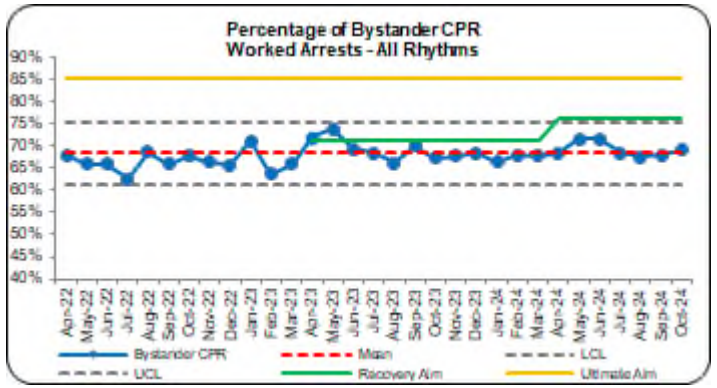


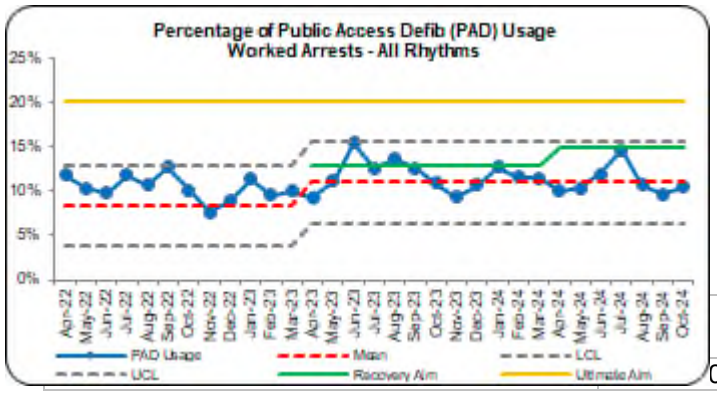


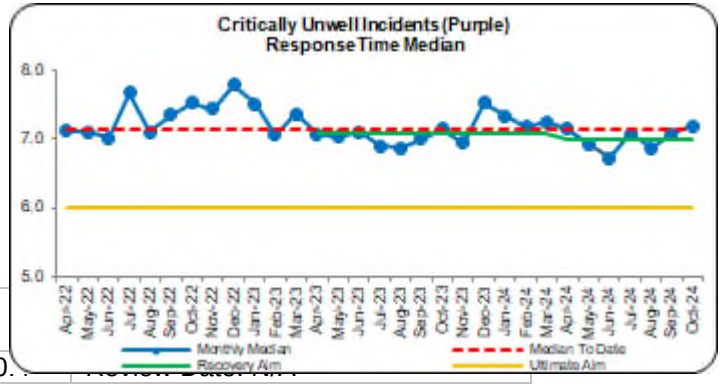


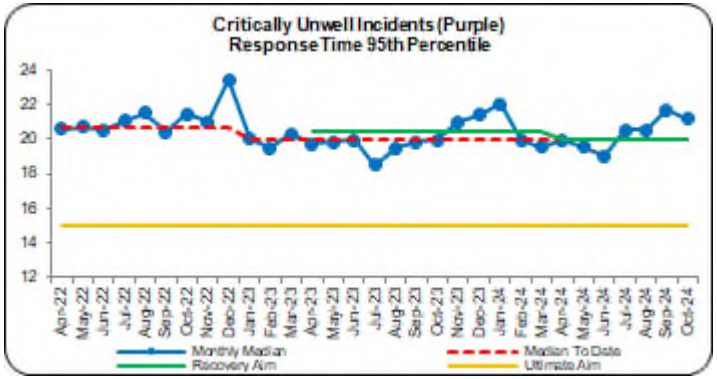












What is the data telling us?

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

The response time measures for October 2024 (process measures) have remained close to the median, showing slight increase in the last three months as we see an increase in the pressures similar to those experienced over extended winter pressures which impacted ambulance availability.

Our ROSC rates for October, VF/VT (Utstein) at 58.3% and 'All Rhythms' at 28.1%, 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 69.1% and is within the control limits. Public Access Defibrillator (PAD) usage at 10.7%, is around the mean for October 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 June 2024 figures, however as the ROSC charts show, ROSC for VF/VT has remained around the mean for the January to October 2024 periods and is anticipated to result in stable survival for the current quarter which we will report in future papers.

To further enable the Out of Hospital Cardiac Arrest (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.

The Scottish Cardiac Arrest Symposium 2024 took place on 3 October and was a highly successful and enjoyable event and attention has already been turned to planning for next year.

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. We are working closely with GoodSAM including gathering extensive data to better understand the concentrations of GoodSAM responders across Scotland and how likely they are to respond to alerts in specific zones and geographic areas. This data is being used

to optimise use of the system and inform local strategies around community response to Out of Hospital Cardiac Arrest. This will form part of our engagement strategy with council areas.

As part of the Service's internal continuous improvement, we have refreshed our training strategy and quality assurance mechanisms around the delivery of high-performance CPR, and this will also inform a refreshed governance framework.

As part of Restart a Heart Week in October 2024 a Paramedic Team Leader from the Borders, alongside Save a Life Scotland and Save a Life Cymru, broke the Guiness World Record for the most live streams of CPR training watched in a 24-hour period. This was a huge exercise in which 100's of school aged children and young people watched the streams on the day.

Purple Median Times

Median response times to purple category in October 2024 was 7 minutes 11 seconds. We reached 95% of these patients in 21 minutes 12 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:

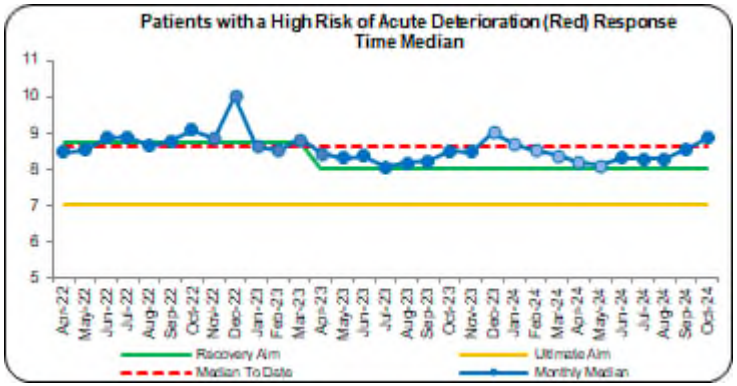
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and with around 50% of patients managed out with the Emergency Department. In advance of winter, we have strengthened the workforce within the ICH, and we continue to promote the use of Pathways with our frontline clinicians as well as developing alternatives with health board partners.

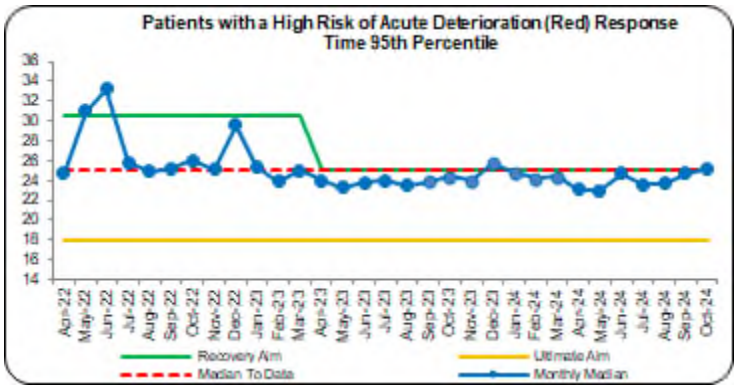
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

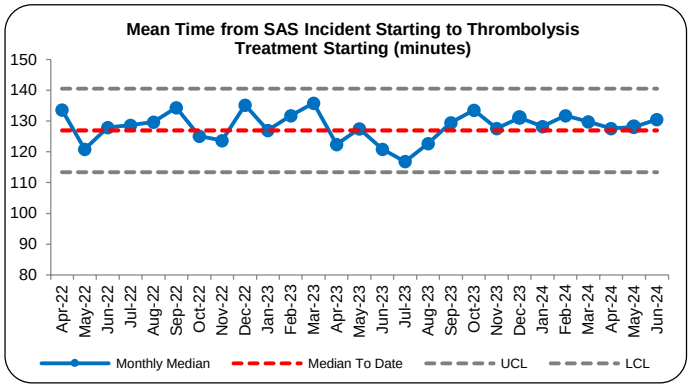
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

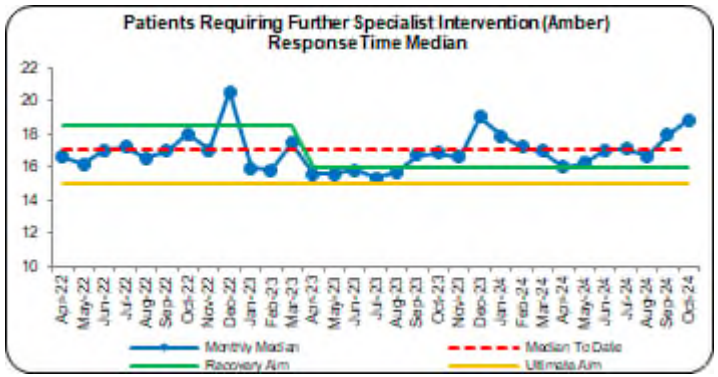
Red Response Categories: Patients at risk of Acute Deterioration

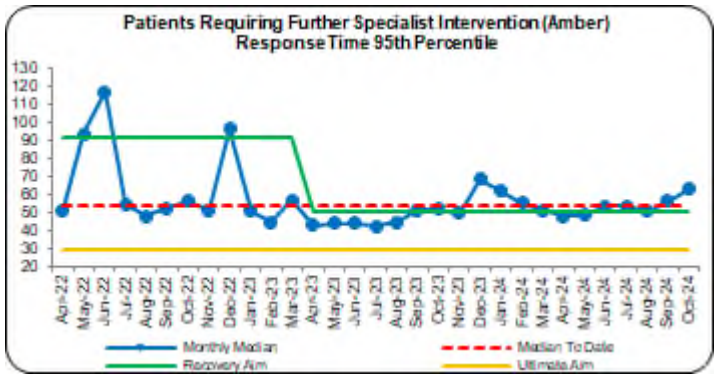




Amber Response Categories: Patients requiring Further Specialist Intervention







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 October 2024 we attended 50% of red category incidents within 8 minutes 52 seconds and amber within 18 minutes 53 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.

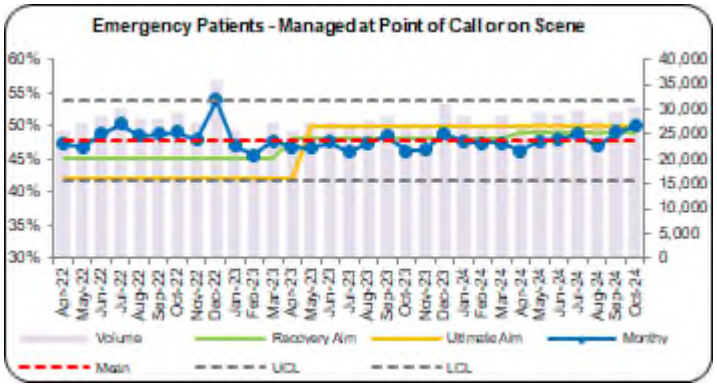
We are working with the Scottish Trauma Network to review and restructure the multi-agency major trauma clinical governance structure. The first pre-hospital clinical governance meeting was held in September 2024 and a draft major trauma decision making framework has been developed and shared with the group. This will guide the review of pre-hospital decision making during case reviews.

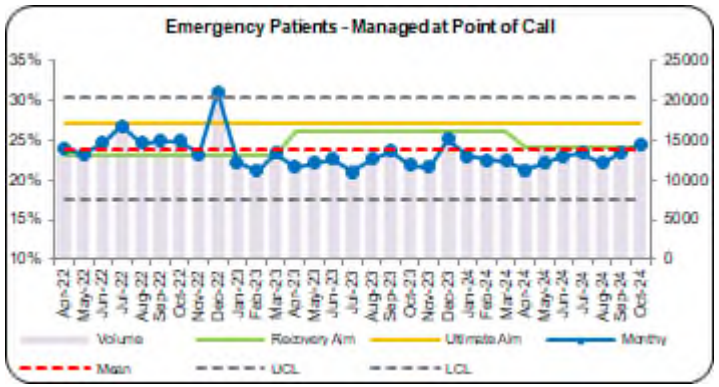
We have made excellent progress in the development of a suite of measures working closely with the Scottish Trauma Audit Group with the aim of further improving outcomes for patients.

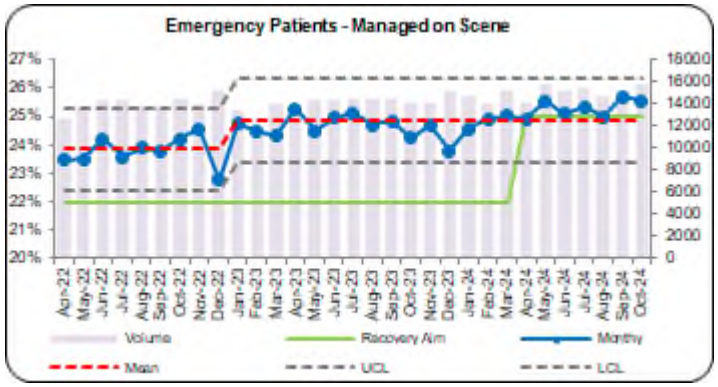
We continue to work closely with Scottish Government and the National Thrombectomy Advisory Group in terms of the roll-out of Thrombectomy across Scotland. We will continue to monitor thrombectomy transfers and repatriations across the Service during the coming year to assess impact and inform the development of a robust baseline for ongoing planning and development of this important initiative.

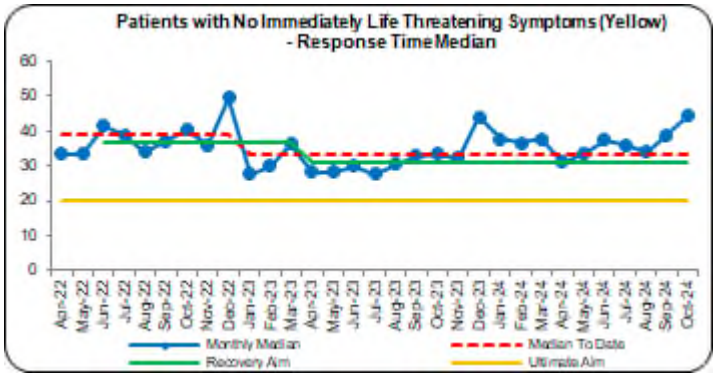
Our 999 to Thrombolysis time chart remains stable within control limits.

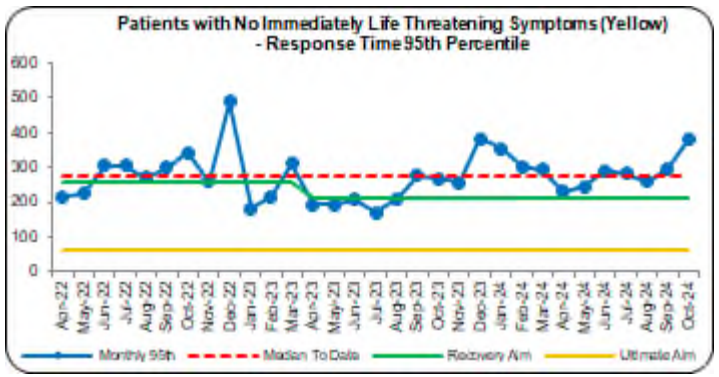
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











What is the data telling us?

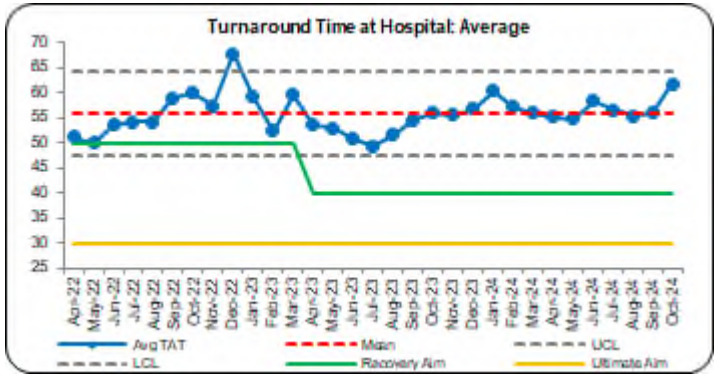
The proportion of emergency patients managed without conveyance to the Emergency Department has remained around the mean over the early part of this financial year. For October 2024 this was 49.9% with 24.4% managed at point of call and 25.5% by our clinicians on-scene following ambulance dispatch.

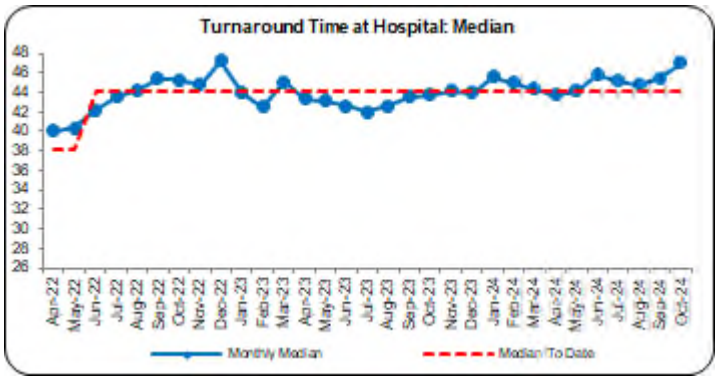
In advance of winter 2024 we have been optimising the Integrated Clinical Hub with a view to increasing capacity while further enhancing quality. We continue to expand and strengthen the range of available pathways available to our frontline clinicians and this includes working with health board Flow Navigation Centres to optimise use where possible.

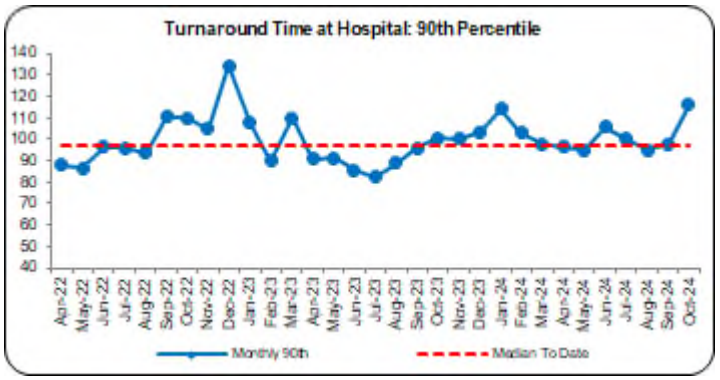
- We are working closely with NHS24 on a number of initiatives with the aim that this will support our winter planning.
- Collaboration with health board partners to develop same-day services that meet the needs of SAS patients, including low-risk chest pain, headache, pulmonary embolism, and deep vein 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, with a week-long Pathway conference covering a broad range of topics.
- 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. Our MacMillan End of Life Care team have won the “Team of the Year” at the Scottish Health Care Awards.
- 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 evidence shows 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 October 2024 is 1 hour 1 minute 39 seconds. Our crews are, on average, spending 5 minutes 41 seconds longer at hospital for every patient conveyed when compared to October 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:

- Exercised and updated East Region Capacity Management Plan
- Mon-Fri review of PTS patients to increase discharge capacity from ERI and in Fife resulting in a reduction in unnecessary PTS journeys, releasing capacity to support discharge.
- Lothian community frailty and end of life AP led test of change to signpost patients away from the ED into assessment units or Community care commenced 15th September for 3 months.
- Regional Director and COO Lothian met regarding winter resilience.
- Working with NHS Fife to develop change ideas for discharges including late ward doctor with focus on discharge letters, senior pharmacist and dispensing teams prioritising discharge medications, cohorting of discharge patients to discharge lounge. Education of ward staff for booking discharges.
- Link with the pathways team supporting evaluation of the new mental health pathway in Borders to understand use and steps required to increase referrals.
- Exercised and tested winter plans in FV and Tayside with HB
- 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.

West:

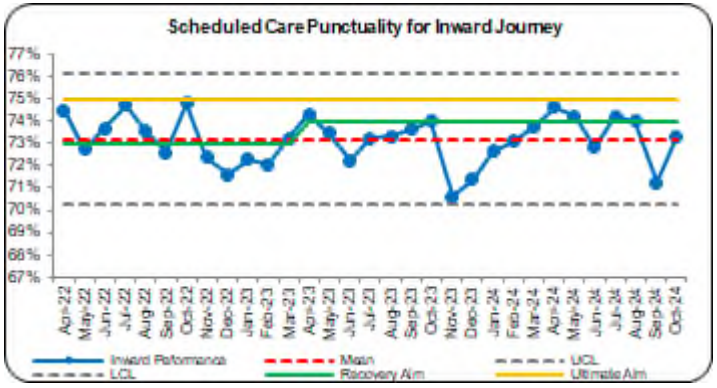
- Pathway development and improvements continue to be a focus within the Glasgow area and engagement with NHS Greater Glasgow and Clyde continues. There have been challenges within the Flow Navigation Centre from an availability of Advanced Paramedics position but also from a Health Board perspective. 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.

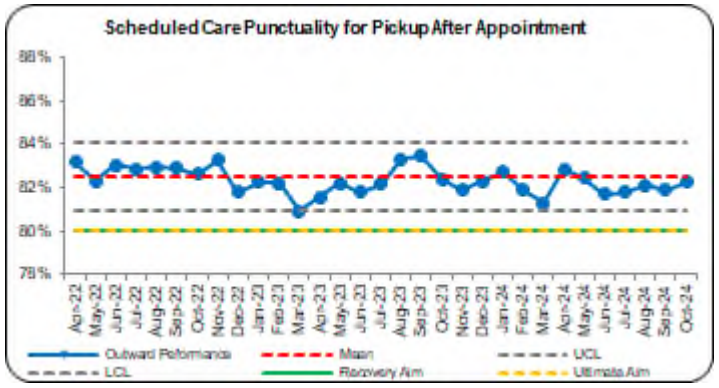
- Call before you convey numbers dipped within NHS Ayrshire & Arran recently and a refresh of the previous engagement with operational resources was commenced. Weekly engagement continues but system pressures remain. The local management team will continue to identify any opportunities for improvement and proactively encourage the review of the escalation process to promote improvement.

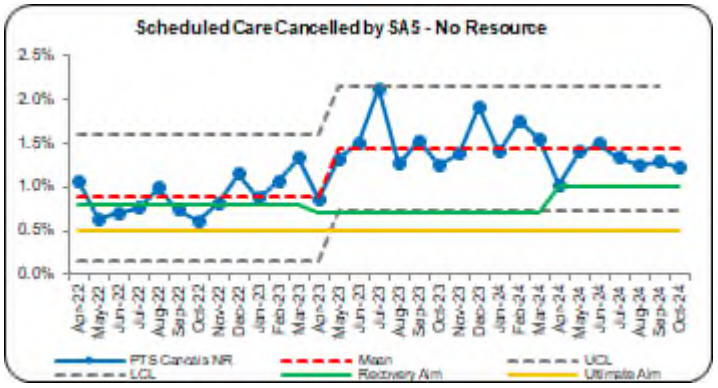
North:

- 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)
- 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
- 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.
- 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 still being evaluated.
- 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







The number of Scheduled Care calls remains stable at 33,484 in October 2024.

Journey demand in September and October 2024 has remained at a consistent level, taking account of seasonal variation, with 25,003 and 27,703 completed journeys respectively in those months.

We experienced a slight decrease in call demand on Scheduled Care September into October achieving 73.3% TAS in October, which is a continued improvement from 66.4% in September.

Scheduled Care call performance statistics are showing consistency in not ready times which have been very well managed by the Scheduled Care Supervisors in October 2024. Recent recruitment will support through winter demands.

What are we doing and by when?

Cleric

A cleric update took place on the 4th of September, updating all our alternative providers. Following the Cleric update in September a further archive is planned and import of the Gazetteer which will include routing maintenance.

Recruitment

Recruitment continues in Scheduled Care due to attrition. Recruitment for the North ACC has a planned Call Handling training course starting 25th November 2025.

Winter Planning

Preparation for winter planning within Scheduled Care, renal planning, public holiday cover has and mitigation in the event of adverse weather will be a continuous dynamic process as challenges present.

Scheduled Care Improvement Project

The Project Board continues to meet monthly and is chaired by the 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.

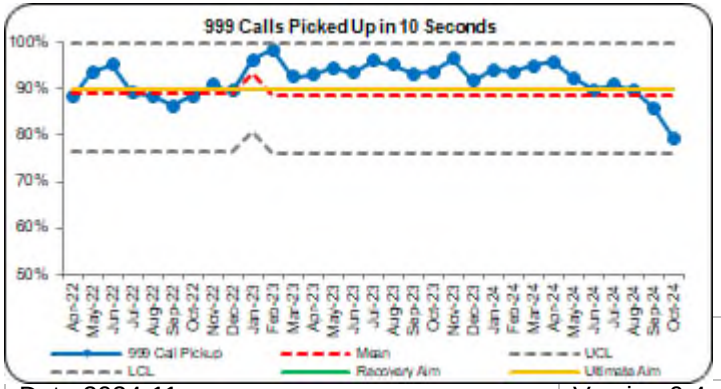
2 - This Project will deliver a Scheduled Care Strategy aligned to our 2030 Strategy, contributing to a cohesive “One Ambulance Service”, where the patient needs are best aligned to an appropriate response to meet those needs by April 2025.

The Scheduled Care Improvement Project is now established, working to co-ordinate the delivery of key workstreams identified. These include the production of a Scheduled Care Strategy, with initial workshops having taken place in October and further workshops arranged with key stakeholders for November. This work will help contribute to the Strategy that is cohesive and where the patient needs are best aligned to an appropriate response.

Scheduled Care modelling has been completed with Regional Management Teams to update Roster Keys, considering the impact of the Reduction of the Working Week on staffing numbers and rosters. A Positioning Paper, detailing the validation process and the Recruitment Plans needed to implement the model, was presented to the Performance and Planning Steering Group for review and was approval in November.

The project continues to make progress in other workstreams identified, including achieving efficiency savings. The contract for the use of third-party support for Timed Admissions in West Region expired in September and the Project Team are exploring opportunities to use alternatives to the current scheduled and timed service resources. A SWLG has been established to review the use of taxis, this group will continue to focus on data analysis and strengthening guidance and controls within the ACC.

Other Operational Measures



What is the data telling us?

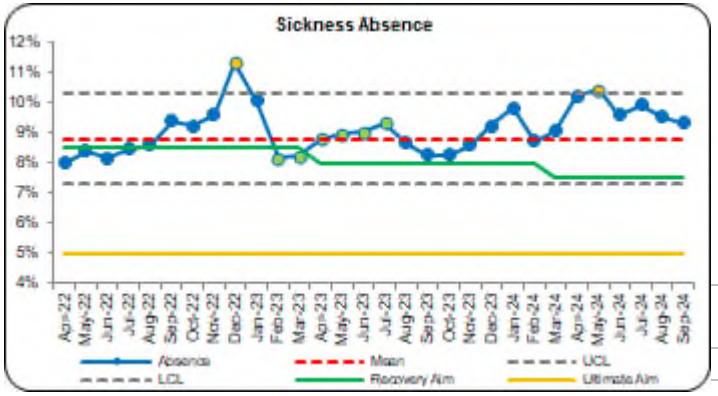
The Service experienced an increase in call demand during October, where 60,461 999 calls were received which is almost 3,000 more than September. The Service experienced a significant increase in duplicate and repeat calls which are considered to be associated with longer 999 call answering times and elevated waits for an ambulance response. Work is ongoing with Business Intelligence to understand this more, however early indications are this may be symptomatic of the widespread pressures at EDs and increased hospital turnaround time. October also saw 36,674 non-public emergency and HCP calls which was an increase of 2,000 on September. This increase is also thought to be associated with wider system pressures.

October returned a 999 TAS of 79.3%, this was 6.6% less than the previous month. The utilisation rate of A&E call handlers continues to be high, and we continue to use call escalation processes more regularly than previous months. At times, the highest level of escalation in our Call Escalation Plan is implemented. Under this escalation level, calls are ended early unless CPR is indicated, choking instructions are required or instructions for imminent delivery during childbirth are needed.

During October the Service recorded 535 delays of 2 minutes or more with BT and 16 calls at 4 minutes or more. This continues to be higher than expected but will start to reduce as the new staff are onboarded. SAS delays currently rank 7th of the UK ambulance services.

SE: Staff Experience

Sickness Absence



	Author: Chief Executive
	Review Date: N/A

What is the data telling us? –

Sickness absence at end September 2024, was 9.3%.

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.

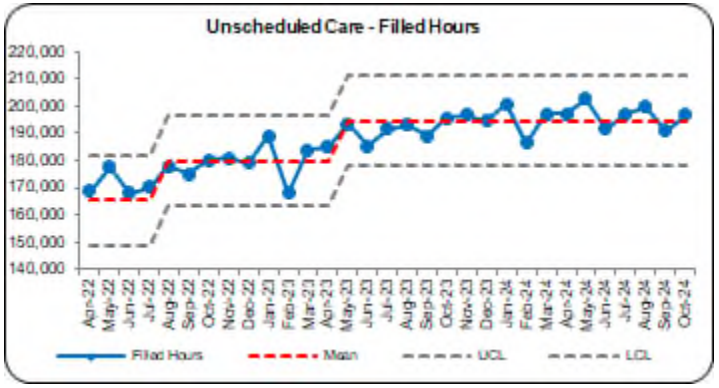
What are we doing and by when? -

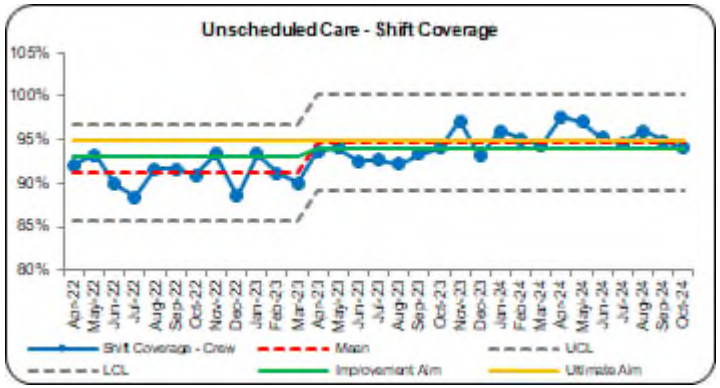
A new Attendance Oversight Group has been established to maintain robust executive oversight of attendance across the Service. This will provide additional scrutiny over regional, national and corporate functions with a view to achieving a sustainable reduction in sickness absence. This group will also be 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 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. This has been consistently met or exceeded in every month this year so far.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in October 2024 was 62.6% 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:

Operational cover has consistently been above 95% throughout the quarter and planning for the next quarter shows that this position is sustainable. There have been ongoing challenges due to sickness/absence presentations but maintaining a focus on abstractions has produced positive results. Recruitment has been successful in all clinical areas with an agreed over establishment in Glasgow and Lanarkshire which is in line with the recruitment requirements for the Reduction in Working Week. A new cohort 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 onboarding 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 has remained under the recovery aim of 8% since May 2024 and was 7.5% in October 2024.

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 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 is starting to see some positive outcomes which include the prioritisation of air ambulance activity, reducing shift overruns, reducing OOH's opening times of airports and the success introduction of a revised charging mechanism for non-core air ambulance activity.
- As part of Best Start there has been a need to review the current Neonatal Transport Service as a result several revised pathways have been introduced and work is near completion on a workforce and finance review.
- Due to clinical staffing pressures work is progressing to review the current workforce and financial model.
- KPI's for the ScotSTAR Service have been introduced and are now being reviewed and revised as required.
- A review of locum recruitment and remuneration has been completed and a revised governance process has been introduced and monitored
- A project structure to support the implementation of the new Air Ambulance Contract is now in place.

Ambulance Control Centres (ACC):

- Maintain stability across the leadership team and build capacity to improve and improve 999 call TAS
- Digital Patient Transfer between SAS & NHS24 goes live early December
- Very positive results have been realised from the online booking process, trialled in the NHS Lanarkshire area. Work is 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" by the end of 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 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.

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)

Year to date at the end of October, 194.4 whole time equivalents have left the service against a trajectory of 231.8, running at 37.2 under forecast.

The year-to-date position at the end of October is 69.2 whole time equivalents lower than the same period last year. This is primarily being driven by lower attrition in front line A&E as shown in Table 1 below.

Table 1

Function	Leavers at End of Month 7 Current Year	Leavers at End of Month 7 Last Year	Variance
A&E	86.2	146.6	-60.4
PTS	30.7	38.5	-7.8
National Operations	33.2	34.5	-1.3
Other	44.3	44.0	0.3
Service Totals	194.4	263.6	-69.2

For the Service as a whole, Technician, Paramedic and ACA attrition are running lower than last year. Recruitment plans are being adjusted to take account of the lower attrition levels.

Table 2

Role	Leavers at End of Month 7 Current Year	Leavers at End of Month 7 Last Year	Variance
Ambulance Care Assistant	33.5	41.5	-8.0
Advanced Practitioner	10.0	8.0	2.0
Paramedic	39.2	68.9	-29.6
Technician	42.5	74.6	-32.1

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.

As of November 2024, 108 NQPs have been recruited this financial year with a further 75 already planned for January – March courses and work is 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.