Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**29 May 2024** **Item No 06**

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 April 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 April 2024 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures. 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. Our 30-day survival figures post Out of Hospital Cardiac arrest has remained above the average of

	10% since February 2023 which is encouraging progress as we aim to reach 15% survival by 2026. Urgent care metrics remain stable with a current focus on the optimised functioning of our Integrated Clinical Hub remaining a high priority. A suite of more sensitive measures relating to the governance and performance of the Integrated Clinical Hub are nearing completion and will be included in future 2030 strategy clinical updates. <u>Workforce</u> Our workforce plan for 2023-2025 continues to be reviewed and monitored on a monthly basis and recruitment and training plans are being adjusted where necessary for the remainder of 2023/24 and 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 this year 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.
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

Revised improvement aims for 2024/25 were presented to the Board Development Session on 24 April 2024. The revised aims were discussed and have been included in this report from the month of April 2024.

What's Coming Next

To reduce duplication and to enhance our assurance reporting, over the next few months we are revising and aligning the various board papers.

Development of additional KPI measures in future reports will bring together the time-based measures alongside new and revised workforce and clinically focused measures. The key areas of future development of measures will aim to enhance the detail for each group of patients including patients at high risk of acute deterioration (red coded conditions), patients requiring further specialist intervention (amber coded conditions) and non-emergency patients. Indicators to measure the Service's contribution to wider population health and care assurance are also under development.

Response Time Definition Change - In line with all other UK Ambulance Services, from 1st April 2024 the definition of the Service's response times has changed. The response to patients is now measured from the point at which the acuity of the patient is determined. Under the previous definition, the response was measured from the same point in every 999 call regardless of patient acuity and when the chief complaint is established (T4). Often at this point, the dispatcher has insufficient information to determine the condition of the patient, whether an ambulance needs to be dispatched or some time may have passed since the patient was identified as not breathing or not awake.

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

It is intended that data from April 2024 will be retrospectively amended to reflect the new definition as such figures from April 2024 are to be treated as provisional until this amendment is made.

Additionally, a review of the people measures is in progress and additional measures will be added when agreed, defined, and built. The development of measures in relation to staff health and wellbeing are included within the separate Health and Wellbeing paper.

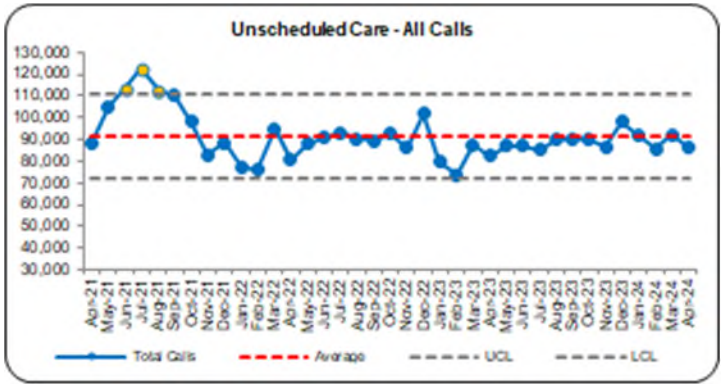
Performance Charts

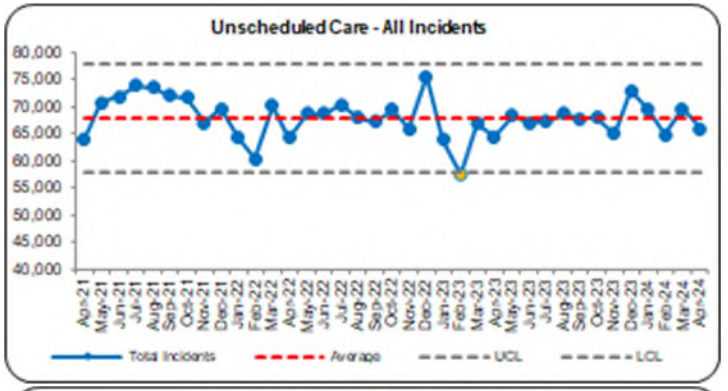
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted these charts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

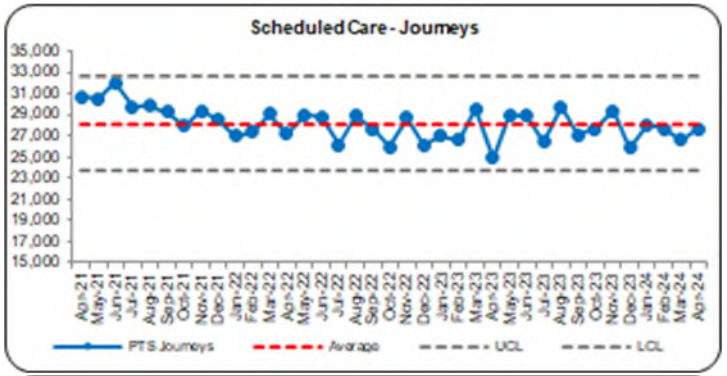
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

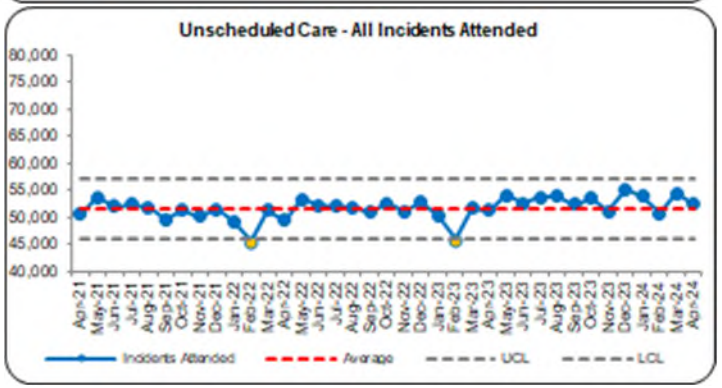
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

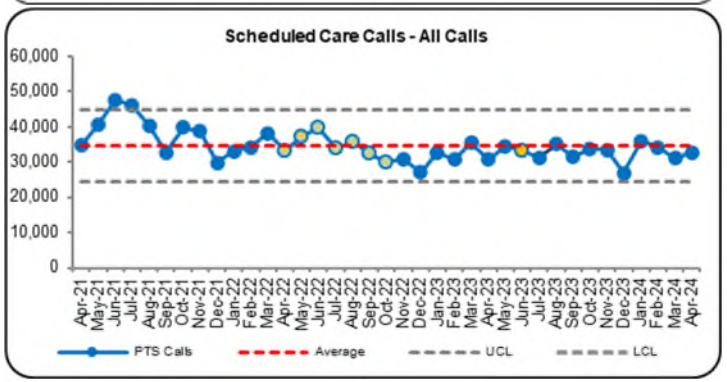
D: Demand Measures











What is the data telling us?

Unscheduled call demand has remained within the control limits and as usually seen seasonally was below the mean in April 2024 with 86020 calls. The volume of unscheduled incidents in April 2024 also saw the usual seasonal pattern and was below the mean however this was 2.4% higher than seen in April 2023.

Scheduled care calls and journeys remains stable.

Why?

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.

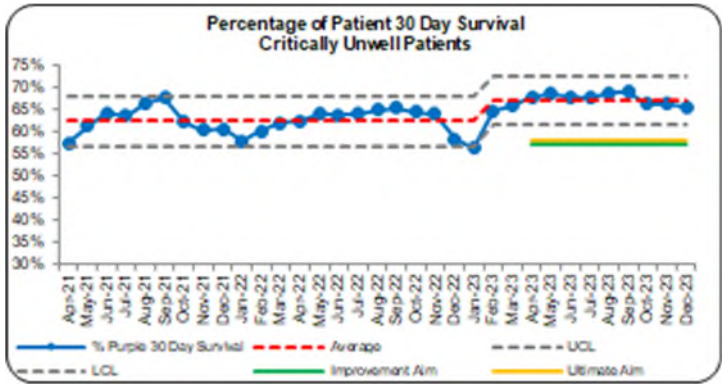
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

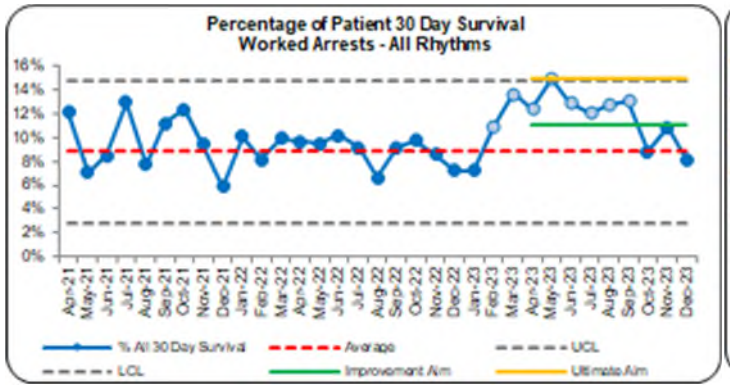
We have established several work streams to increase our workforce, implement the reduction to the working week to 37hrs in year one of the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively with our partners across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

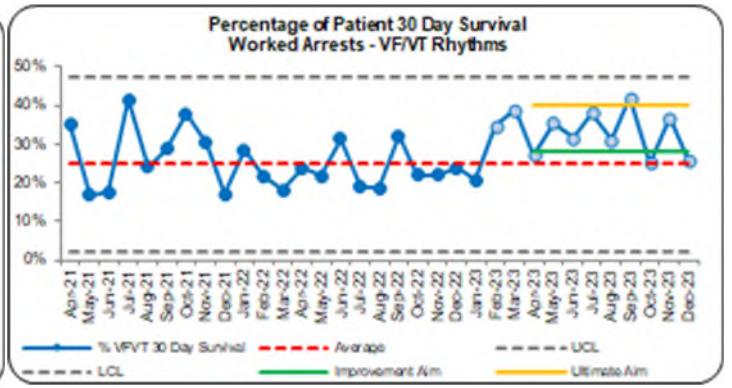
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

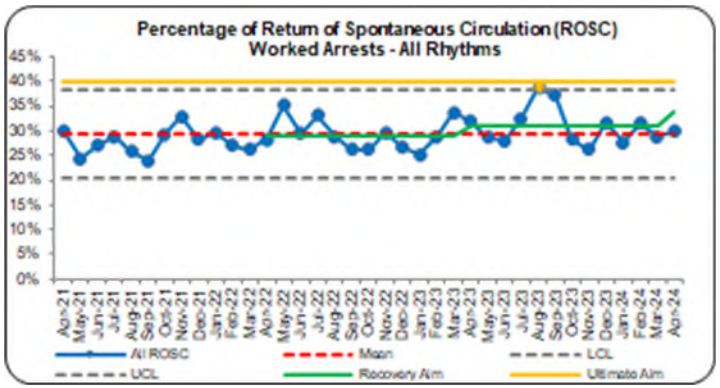
Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the Board meeting agenda.

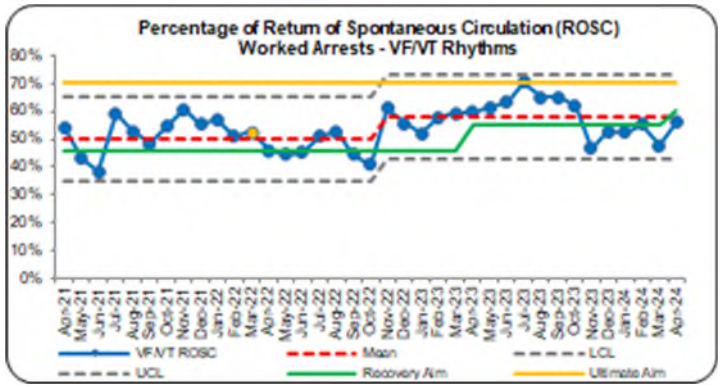
Purple Response Category: Critically Unwell Patients

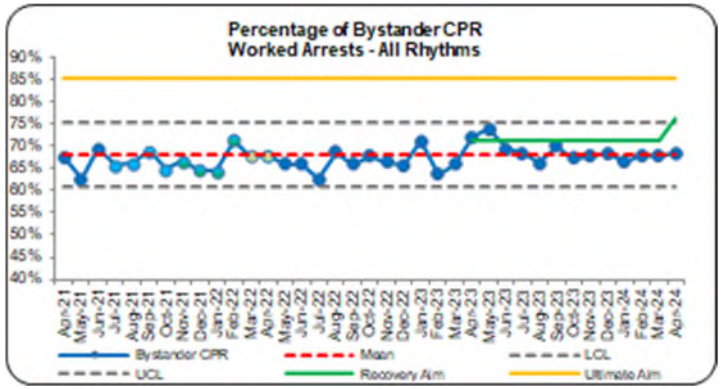


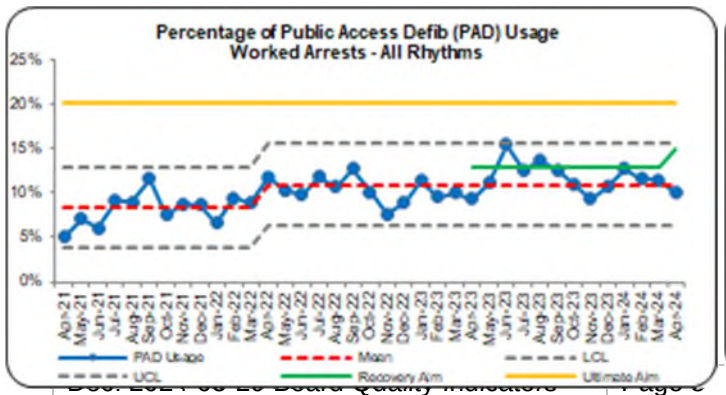


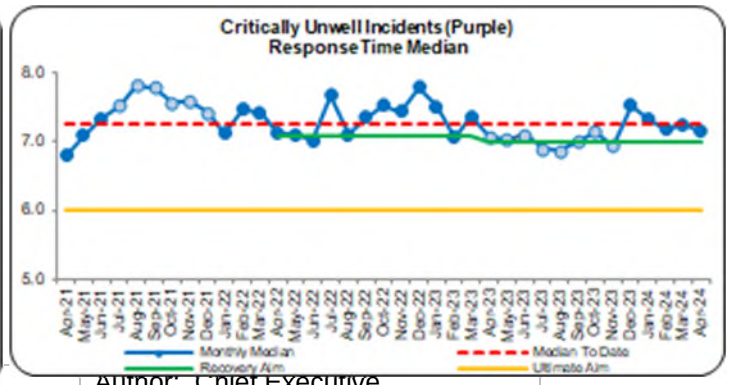


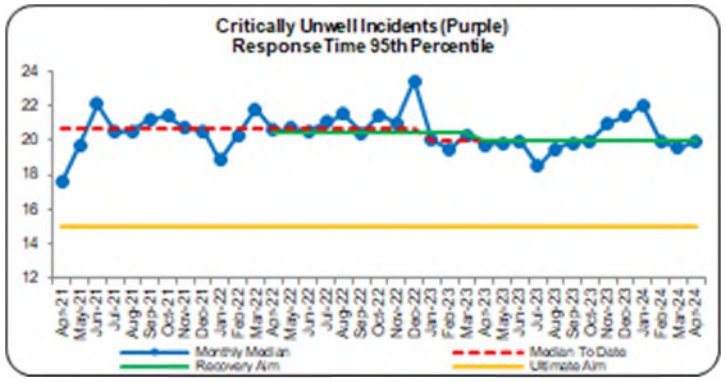












What is the data telling us?

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 December 2023 time stamps due to requirements for data linkage. Measures which include linked data are updated quarterly.

The response time measures for April 2024 (process measures) have remained close to the median, showing stability in the last three months however the data reflects the ongoing system pressures seen over winter, which affected ambulance availability.

Our ROSC rates for April, VF/VT (Utstein) at 55.9% and 'All Rhythms' at 29.9%, reflecting seasonal patterns.
As the charts illustrate, Bystander CPR is reported at 68.3% and is within the control limits. Public Access Defibrillator (PAD) usage at 10.0%, is around the mean for April 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 December 2023 figures, however as the ROSC charts show, ROSC for VF/VT has remained around the mean for the January to April 2024 periods and is anticipated to result in stable survival for the current quarter which we will report in future papers.

Purple Median Times

Median response times to purple category in April 2024 was 7 minutes 9 seconds. We reached 95% of these patients in 19 minutes 59 seconds (95th percentile). The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift. Work is focused around the following priority areas:

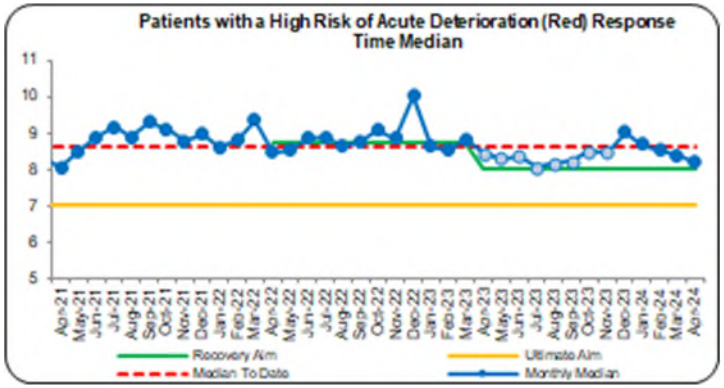
The Integrated Clinical Hub and Pathways initiatives continue to be developed resulting in around 46% of patients being managed without the need for SAS conveyance to the Emergency Department for April 2024. This includes work to increase capacity within the Integrated Clinical Hub and the implementation of Call Before You Convey through Board Flow Navigation Centres and pathways for patients.

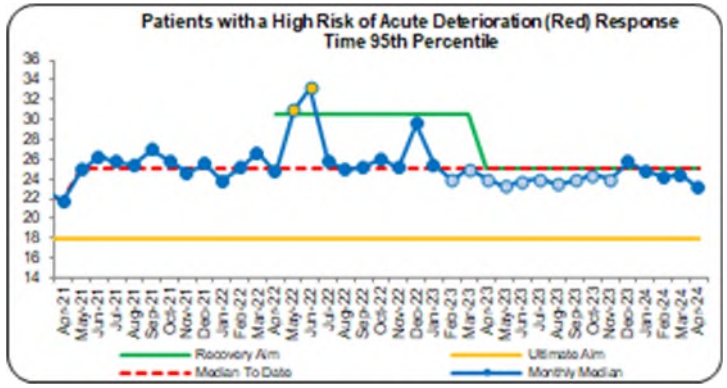
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

We are continuing to see extended hospital turnaround times in many hospital sites. This remains an area of significant concern. Extended hospital turnaround times are affecting ambulance availability, ambulance response times, staff rest periods, and shift over runs.

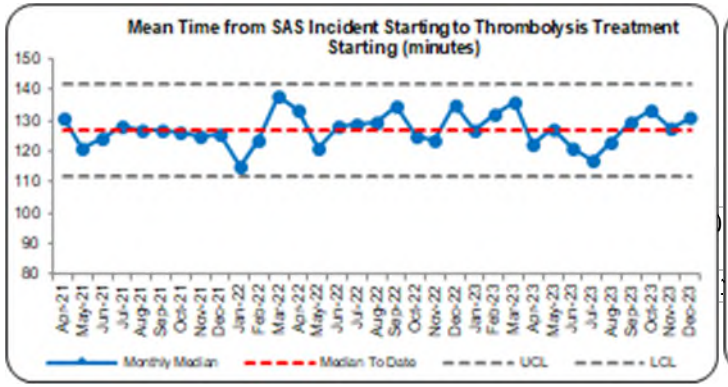
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

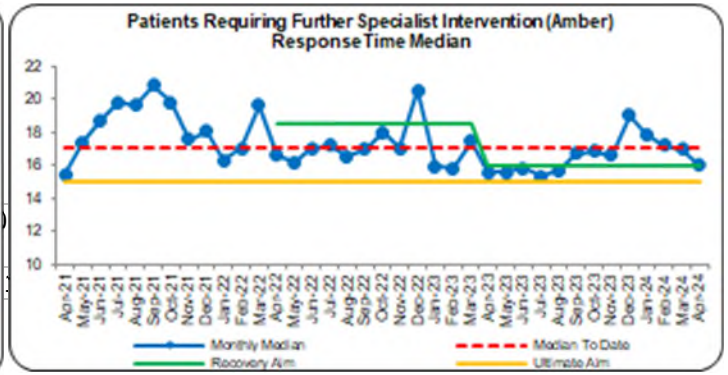
Red Response Categories: Patients at risk of Acute Deterioration

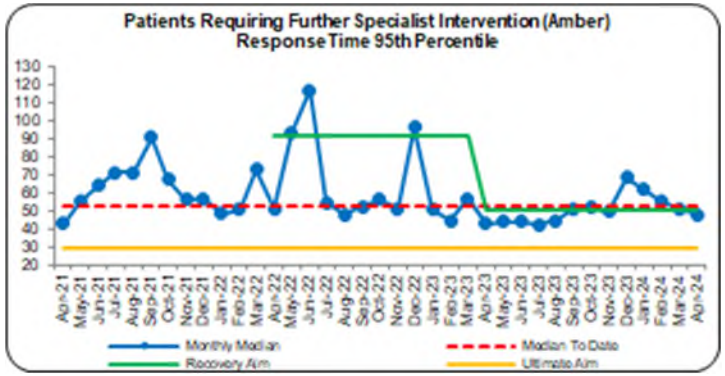




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

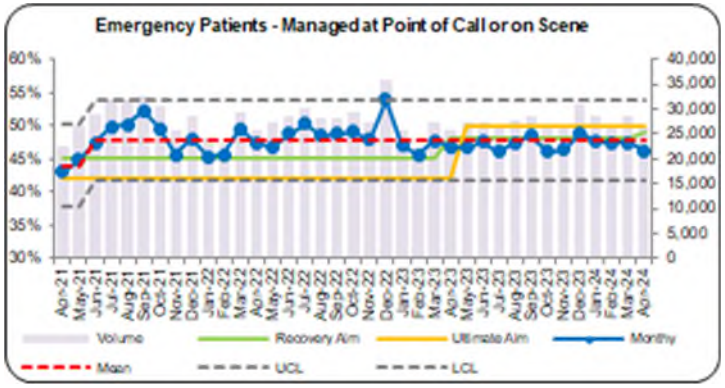
The median and 95th percentile response times for both red and amber categories of call saw a stable pattern from April to November 2023. In December 2023 response times increased as a result of increased pressure on the Service and the wider Health and Social Care sector, however this has reduced month on month to April 2024 in line with seasonal trends. In April 2024 we attended 50% of red category incidents within 8 minutes 11 seconds and amber within 16 minutes 1 second.

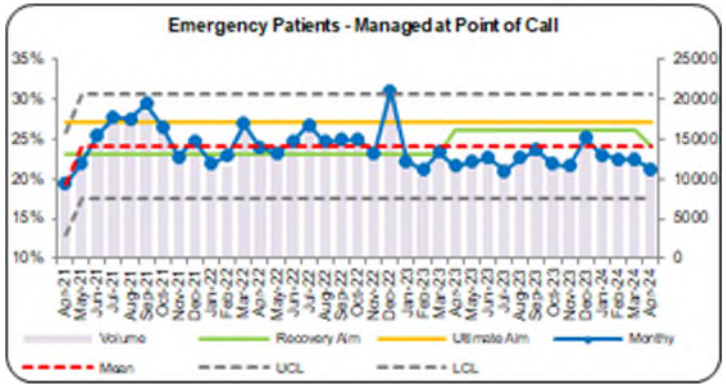
Our Major Trauma workstream contributes to the successful delivery of the Scottish Trauma Network. Over the last 12 months we have continued to strengthen and develop the Critical Care Desk within our Ambulance Control Centre. This has been a particularly positive development in terms of the identification of major trauma incidents and informing the SAS response as well as the provision of advice to frontline clinicians. We will continue to progress this in 2024-25 with a range of key performance indicators to inform ongoing improvement.

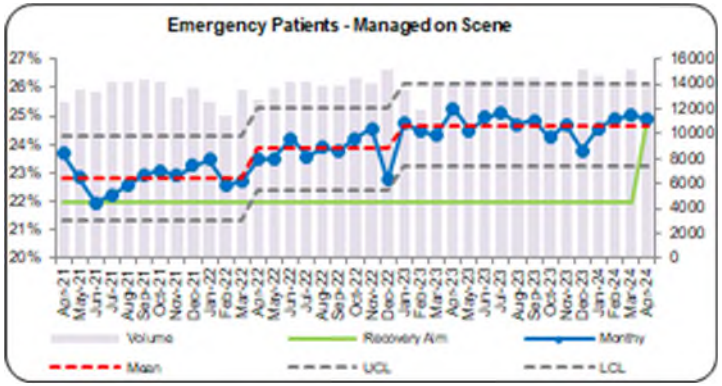
The Service continues to work closely with the national Thrombectomy Advisory Group with a key achievement in 2023-24 being the opening of the thrombectomy “spokes” across the country (not all of the North have yet been opened). This is a significant step forward in achieving equity of outcomes for all patients. We will continue to monitor thrombectomy transfers and repatriations across the Service during the coming year to assess impact and inform the development of a robust baseline for ongoing planning and development of this important initiative.
We expect the planned research project aimed at understanding how we can improve stroke recognition and diagnostic accuracy within the Ambulance Control Centre to be underway by end June 2024. A further improvement initiative will be to better understand the factors that influence on-scene times and how these might be improved to benefit patient care. This is an example of some of our improvement initiatives that will be informed by our revised data sets.

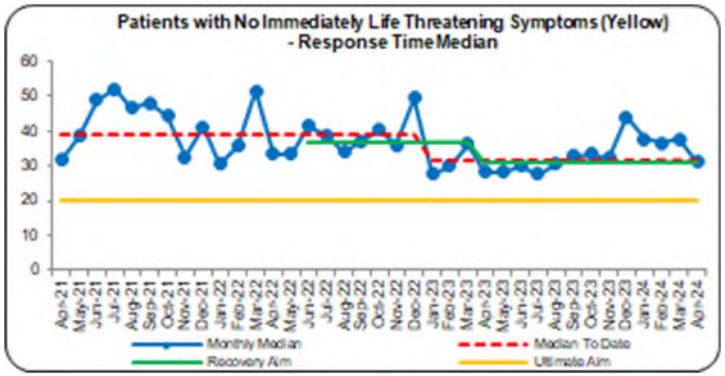
Our 999 to Thrombolysis time chart remains stable within control limits.

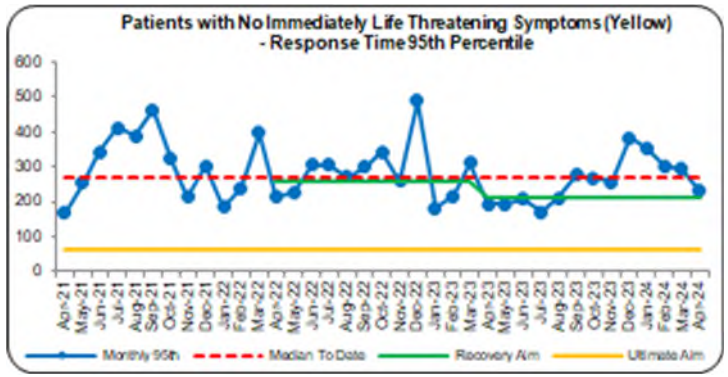
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











What is the data telling us?

The proportion of emergency patients managed without conveyance to the Emergency Department has remained around the mean during 2023-24. For April 2024 this was 46.1% with 21.2% managed-through the Integrated Clinical Hub and 24.9% following ambulance dispatch by our clinicians on-scene.

During 2023-24 we worked closely with a range of health board partners and other health and care providers to strengthen our onward referral pathways, support our frontline clinicians, and improve our measurement frameworks so that we can assess the ongoing impact of this work from a quality perspective. The learning is informing our priority actions for 2024-25 including:

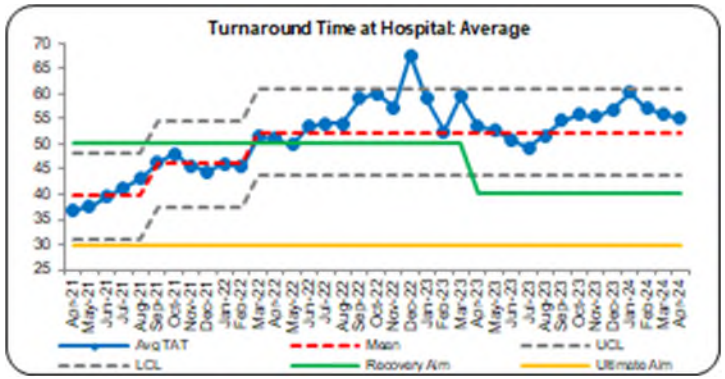
- Continued engagement with NHS 24 to develop and deliver improved patient flow, triage, and assessment.
- Develop our established links with territorial Board Flow Navigation Centres to enable direct access from the Integrated Clinical Hub and frontline staff into a broader range of pathways.
- Collaboration 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.
- Continue to educate and support our frontline clinicians to adopt the use of pathways, including the SAS pathway hub, for proactive and preventative referrals.
- Work collaboratively with partners to evidence and share areas of good practice to highlight opportunities to reduce unwarranted variation across Flow Navigation Centres.
- Continued development of our Pathways Hub including engagement with third sector partners to enable connection with services that best meet the needs of the patient, often from a social perspective rather than hospital conveyance.

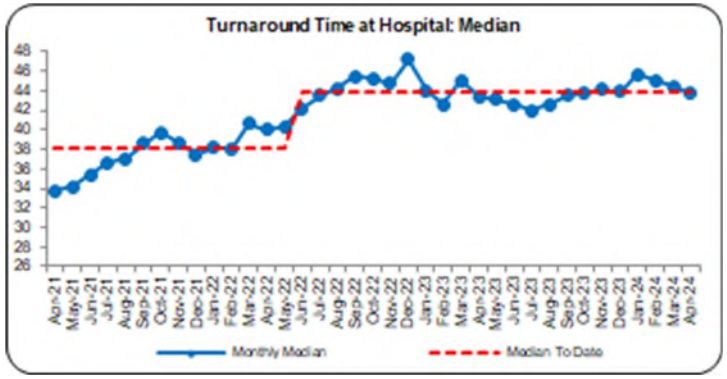
Over the last 12 months our work to improve the experience and outcomes of patients with end of life care needs has been further strengthened through engagement with Hospice partners and developing our frontline clinicians in a range of skills, including strengthened communication skills and administration of Just in Case medications enabling more patients to be supported within their preferred place of care. This work also has a range of improvement actions for 2024-25 including:

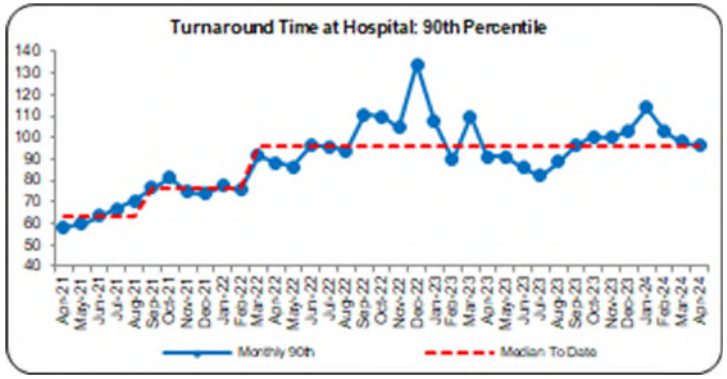
- Improve the quality of care that we provide to people with palliative and/or end-of-life care needs by adopting a whole-system approach to care delivery.
- Create a palliative and end-of-life care model by developing a workforce that will significantly contribute to the palliative care journey, by 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

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 April 2024 is 55 minutes 7 seconds. Our crews are, on average, spending 2 minutes 11 seconds longer at hospital for every patient conveyed when compared to April 2023.

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

What are we doing and by when?

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

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

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

Regional specific actions include:

East:

- Discussion with sites continues to be focussed on patient safety and risk associated with SAS resource being unavailable while waiting to handover patients at hospital.
- While improvement activity is ongoing at each site with escalation and cohorting plans in place for periods of peak pressure, significant focus in the East is on developing safe and effective, patient centred alternatives to Emergency Departments.
- A mental health response vehicle is being introduced in Fife on a trial basis from late May. Familiarisation and induction training is being delivered to the Nursing and Paramedic staff who will operate the resource.
- Consultant Connect is being introduced on a phased basis across Forth Valley from 3 June which will improve the professional to professional process. This will be delivered by an Emergency Department Consultant however, over time, as the internal infrastructure to support is identified within NHS Forth Valley, it is hoped this will be expanded to cover other pathways such as surgical.
- The Service’s leadership team in Lothians, working alongside the national Pathways team, facilitated a workshop with colleagues from across Lothian on 16 May to explore further opportunities to increase safe non conveyance to Emergency Department.

West:

- Co-designed process with the Region, Pathways team and Health Board stakeholders is being implemented and continually developed to improve sustainability of NHS Greater Glasgow and Clyde Flow Navigation Centre model. The delivery of the model is achievable; the greatest current risk is the availability of Advanced Paramedics to collaborate in this work due to conflicting demands with Remote Triage and Primary Care rotations. Continued support to Glasgow’s ‘GlasFlow’ model which is demonstrating longer term stability with a reduction in delays at Queen Elizabeth University Hospital, is continuing to deliver in line with projections and has much improved outcomes with reduced median Hospital Turnaround Times. Numbers have remained

below the levels expected and a communications plan has been developed to engage clinicians to become more proactive with the use of the process.

- NHS Lanarkshire are currently developing their Flow Navigation Centre Plus model which has been showcased to Scottish Government Sponsors with a view to reshaping pre-hospital care in the community. This initiative continues to be supported by the Service with Advanced Paramedic resource as part of the Service Level Agreement. Hospital Turnaround Time performance at Wishaw continues to be a concern and local teams are engaged daily with Health Board colleagues to mitigate issues.
- In Ayrshire there is a 24/7 Call before Convey process. Turnaround issues at Crosshouse and Ayr continue to prove challenging, although there had been incremental improvements in performance. Ayrshire continues to give the greatest concern and longer delays have been experienced. Weekly meetings with NHS Ayrshire & Arran Chief Executive and our Deputy Chief Executive and Regional Director are in place to address these concerns. Revised plans are being undertaken with shared learning from other systems relating to direct admission and bypassing the Emergency Department for some specialities, as well as a review of the GP admissions process to align with SDEC principles.

North:

- Fortnightly Chief Executive meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by Regional Director.
- Daily SAS/NHS Grampian /NHS Highland engagement and joint working at key hospital sites.
- Engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- Hospital Ambulance Liaison Officers and Clinical Team Leader cover at key hospital sites.
- Application of the Safe Handover of Care Guidance.
- Use of ‘Safe to Sit’ Policy where available.
- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit.
- Hospital Arrival Screens.
- Maximising utilisation of Flow Navigation Centre at Aberdeen Royal Infirmary.
- Development work to increase number and access to 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.

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR):

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

Ambulance Control Centres (ACC):

- Stabilising the leadership team.
- Finalise the implementation of the initial stages of Digital Patient Transfer.
- Begin trials for the Health Care Professional on-line booking process.

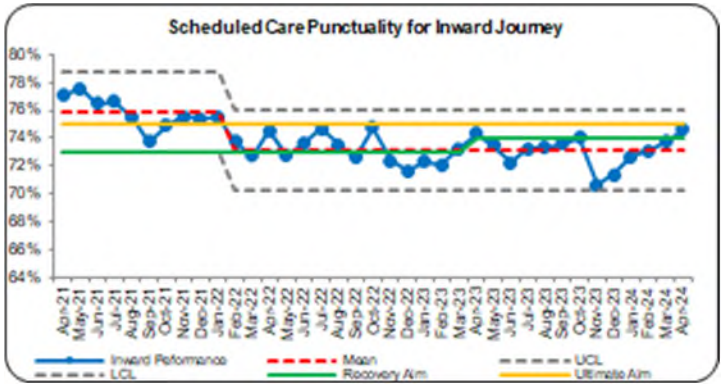
National Risk and Resilience Department (NRRD):

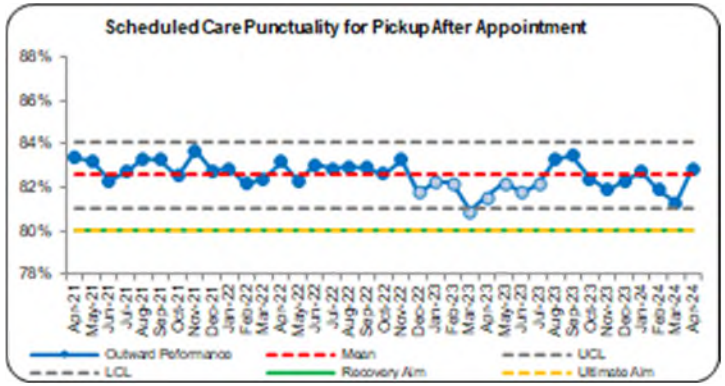
- Work to implement the new Risk Management System 'In Phase Solutions' across the Service, with the updated service risk management policy to be approved in June 2024.
- Grow training capabilities to continue within NRRD with particular training programmes due for roll-out during Q2 2024 including specialist CBRN PPE roll out/training and CBRN Operational Commanders Course.
- Deliver the benefits of the Civil Contingencies Response Programme (CCRP) Phase 2 and work with Scottish Government to initiate the Phase 3 Business Case.
- Continue to grow and implement new Community First Responder schemes and achieve wider representation across Scotland.

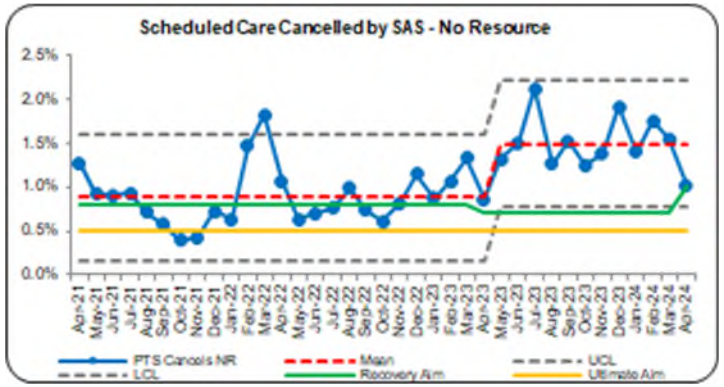
Integrated Clinical Hub (ICH)

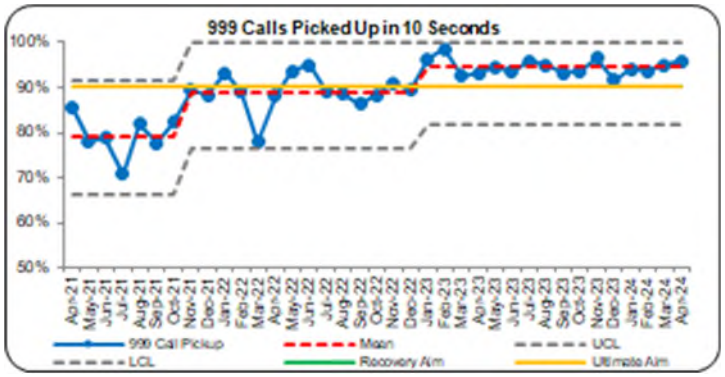
- Develop the department to refine output, improve patient outcomes, and establish recurring funding.

SC: Scheduled Care









What is the data telling us? – The number of Scheduled Care calls remains stable at 32,666 in April 2024

Journey demand in March and April 2024 has remained at a consistent level with 26,628 and 27,621 completed journeys respectively in those months.

Punctuality after appointment was 82.9% in April 2024, above the recovery and ultimate aim of 80%, while punctuality for inward appointment was 74.6%, above the recovery aim of 74%.

The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 1.0% in April 2024, which matches the revised recovery aim for 2024/25.

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

Cancellations due to no resource continues to be partly attributed to vacancies and higher levels of staff absence affecting the number of resources available for general outpatients, with Scheduled Care also continuing to contribute resource to alleviate wider system pressures through the timed admissions work.

What are we doing and by when?

Business Continuity

Recruitment & Training

National recruitment continues for Scheduled Care with provisional training dates in place to accommodate the successful candidates. The advertised seconded opportunity has not had the response hoped for.

Cleric Upgrade

Upgrade has been successful with patches scheduled. This upgrade has brought improved system performance and functionality.

Clinic Not Found

It has been become apparent that there are a number of additional clinics opening as part of local efforts to reduce waiting lists. As these are new clinics, they have not been serviced by SAS and historically would have been recorded as "Clinic Not Found". Work is underway to support these new clinics and avoid the risk of patient's clinical care being delayed due as far as possible.

Work has been ongoing to improve signposting to alternative providers where appropriate. A Taxi Database has now been developed which will be uploaded to the existing Alternative Providers information and be available both internally and publicly via the SAS Website.

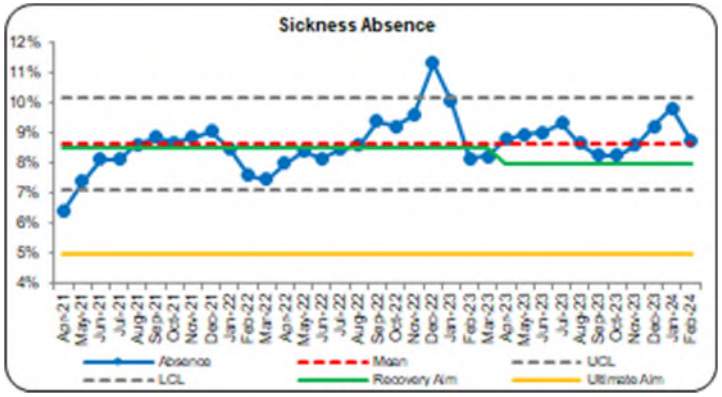
Scheduled Care Transformation Programme

The Strategic Planning Team are analysing the feedback from scheduled care staff from across the organisation received through both an online survey and a face-to-face workshop. The outputs from the feedback will help inform short, medium, and longer terms improvements which will be taken forward.

A high-level programme of recruitment has been agreed which will see phased recruitment of 122 WTE Ambulance Care Assistant posts across the Service. This will support delivery of the outputs of the modelling work carried out by ORH. Along with addressing current vacancies, this will also support the optimisation of rosters and alignment of resource to manage timed admission activity, along with the reduction in the working week to 37hours in 2024. Work is now ongoing to develop the detailed station level recruitment and training plan.

SE: Staff Experience

Sickness Absence



What is the data telling us? –

Sickness absence at end March 2024, was 9.1%.

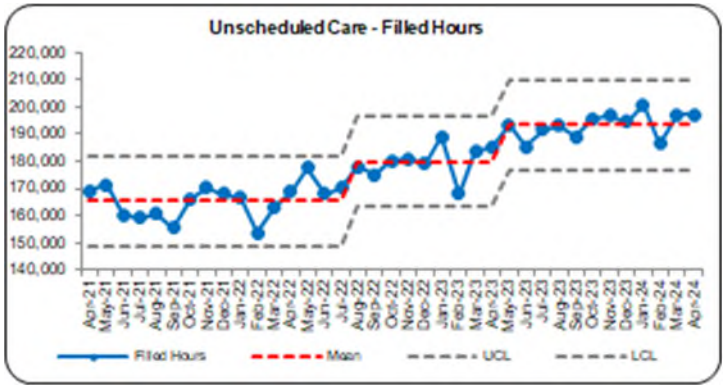
The Service set an interim recovery aim for 2023/24 for sickness absence to be below 8%. Whilst disappointing overall, there are positive improvements in the management of long-term absence, which is encouraging, considering the operational pressures that have continued to impact upon line managers and staff.

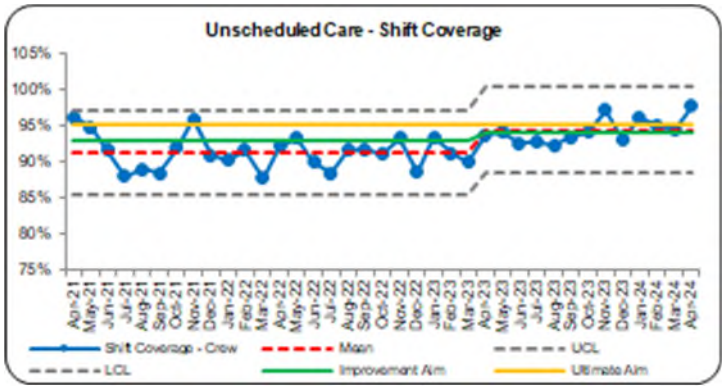
What are we doing and by when? -

The Regional and National HR teams continue to support managers to manage attendance cases and levels in their area. We will continue to focus on attendance action plans with each region/department and undertake follow up audits, or focused attendance management actions as necessary.

Absence reporting is available on a weekly and monthly basis from our local e-rostering system. A report continues to be produced for the Service's Performance and Planning Steering Group, which sets out the position for each region and service area broken down into long and short-term sickness absence. A supporting narrative is produced by local managers that provides local information and details specific action being taken.

SE1.2 Shift Coverage





What is the data telling us?

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

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in March 2024 was 61.1% 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:

Forecasting indicates that as the new staff start in post and the remaining demand and capacity rosters are 99% implemented, West Region have a much more sustainable coverage platform for 2024/25.

As of May 2024, a new batch of Newly Qualified Paramedics have been recruited and are currently being trained through Education and Professional Development Department. Further issues with the current recruitment process are also being addressed as several Newly Qualified Paramedics were again unsuccessful through the recruitment process for a variety of reasons. There is concern around recruitment in both Argyll and Dumfries and Galloway where local managers have been requested to provide a localised plan to ensure that targeted recruitment to fill vacancies is in place. Bank and Emergency Drivers continue to be utilised to cover capacity shortfalls.

Several gaps also exist within the management structure and requests to fill vacancies have been submitted.
Changes to the senior structure have taken place and the vacant Clinical Quality Lead (Regional) and Head of Service (Lanarkshire) posts have both been filled as of May 20244 with release dates still to be confirmed.

East Region:

In the East we are currently taking a number of candidates through the Newly Qualified Paramedic selection process with 91 being taken forward to interview for places on induction courses starting in July 2024. We are in the early stages of drafting our regional workforce plan to identify current vacancies and project turnover alongside identifying skills' mix requirements. This will inform the station allocation for successful Newly Qualified Paramedic candidates.

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

We continue to make good progress in training CCRT responders with 86 staff who have completed this training to date, 14 with planned dates and a pool of 18 volunteers who can be allocated if required.

North Region:

In the North region, there is a continued focus across the region:

- 6 further Newly Qualified Paramedics (NQPs) undertook their clinical induction during January and February 2024.
- 6 Trainee Ambulance Care Assistants (ACAs) commenced their initial training in February 2024
- 16 Trainee Ambulance Technicians will commence their initial training during March 2024
- 2 NQPs will undertake clinical induction during March 2024.
- North Region to increase recruitment number of NQP's to align with future forecasting of workforce turnover for Paramedic vacancies.
- Work ongoing to fill Paramedic vacancies where they arise particularly in harder to recruit to remote and rural areas.
- 35 Technician applications remain in the pool for the North region and can be recruited to suitable vacancies that arise through 2024 Technician courses.

Workforce Development

Employee Resourcing

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

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

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

Vacancies

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

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

Projected Staff Attrition (Leavers)

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

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

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

Reduction in the NHS Working Week – WTE impact.

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

The introduction of reduced working hours has effectively immediately reduced WTE capacity across the Service workforce with no opportunity to plan for this reduction and recruit staff to cover the associated reduction in productivity. The Scottish Government have agreed to fund the reductions at overtime rates where rosters cannot be immediately reduced.

For planning purposes, the workforce/recruitment assumptions project the WTE impact of the full three-year reduction in the working week. In doing so the Service intends to cover the productivity losses in this year and have appropriate staffing in place to cover the impact at the commencement each of the next two financial years.

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 recruitment need for all job families across the Service in 2024/25 is detailed below, note that these figures include the full three-year impact of the reduction in the NHS working week;

SAS 2024/25 Forecast WTE Workforce Demand					
By Job Family and Demand Drivers - 3 Years					
SAS Job Family	Starting Vacancies	36 hour Week (Full 3 Year)	Annual WTE Attrition	Move to Non-Clinical Roles	Total Demand
Ambulance Paramedic - Advanced	0.00	4.90	9.97		**14.86**
Ambulance Paramedic	70.50	99.89	131.72	34.00	**336.11**
Ambulance Technician	0.00	63.15	89.36		**152.50**
Ambulance Care Assistant	47.20	33.20	52.08		**132.47**
Ambulance Services - Other (Call Handlers/Control Staff)	0.00	22.98	59.83		**82.81**
Support Functions (Fleet Workshop/Supplies etc.)	0.00	29.80	54.47		**84.26**
Total Demand	**117.70**	**253.90**	**397.41**	**34.00**	**803.01**

Recruitment Sources

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

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.

Newly Qualified Paramedic recruitment activity is ongoing with the first candidates expected to commence Service programmed courses in July/August 2024.

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

In the absence of any external training programmes, additional direct recruitment and training will be required to secure the projected Technician and Ambulance Care Assistant workforce requirement. It is similarly 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.

The table shows the total forecast workforce demand for 2024/25 (vacancies + full three-year impact of reduction in working week + single year staff attrition and staff moves to non-patient facing roles) against recruitment sources.

SAS 2024/25 Workforce Forecast				
Demand and Recruitment Sources (WTE)				
SAS Job Family	**Forecast Recruitment Need**	**Newly Qualified Recruits**	**Direct Recruitment (Assumed Max)**	**Potential Shortfall**
Advanced Paramedics	**14.86**		**14.86**	**0.00**
Paramedics	**336.11**	**203.00**	**40.00**	**93.11**
Technicians	**152.50**		**152.50**	**0.00**
Ambulance Care Assistants	**132.47**		**132.47**	**0.00**
Ambulance Services - Other (Call Handlers/Control Staff)	**82.83**		**82.83**	**0.00**
Support Functions (Fleet Workshop/Supplies etc.)	**84.26**		**84.26**	**0.00**
Total	**803.03**	**203.00**	**506.93**	**93.11**

In summary while attrition levels have been predictable across recent years the original Service recruitment assumptions for 2024/25 have been significantly altered following the Scottish Government's introduction of a reduced working week effective from the start of the current financial year.

There will be a requirement to accelerate recruitment activity and augment training capacity for all staff groups to mitigate the immediate loss of workforce resource associated with this change and to prepare for similar reductions across the next two years. A senior management group has been convened to establish actions required and plan the successful recruitment, training, and onboarding of staff against the projected workforce need identified.