Scottish Ambulance Service
Working in Partnership with Universities

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**29 January 2025** **Item No 05**

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Michael Dickson, Chief Executive Executive Directors
Action required	The Board is asked to discuss progress within the Service detailed through this Performance Report: - 1. Discuss and provide feedback on the format and content of this report. 2. Note performance against key performance metrics for the period to end December 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 December 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. Clinical Performance Clinical performance as related to the measures in this paper remains within control limits and reflect seasonality.

	A key element of our clinical workstreams is engagement with our frontline clinicians with the aim of improving patient outcomes and experience as well as working with a broad range of stakeholders to support whole system improvements. This update includes the details of the launch of our CARe Zone initiative as part of our Out of Hospital Cardiac Arrest workstream. The impact of our actions as part of winter planning within our Integrated Clinical Hub and Pathways initiatives has been encouraging. As of December 2024 a total of 55.2% of patients were managed without conveyance to hospital. There will now be an assessment of what has worked well and how we can take this learning forward into 2025. <u>Workforce</u> Our workforce plan for 2023-2025 continues to be reviewed and monitored on a monthly basis with forecasting recruitment and training for 2025/26 in line with the Reduced Working Week (36 hours) and our ongoing forecasts for attrition. We continue to recruit to fill vacancies and additional frontline staff in line with our strategic workforce aim of increasing the skill mix ratio of paramedics. We continue to work in partnership with staff side representatives and continue to review our current formal partnership structures to strengthen communications and work through the agreed key workforce priorities with our trade union colleagues. We are currently involved in ongoing discussions related to rest breaks with positive progress with improvements to rest break compliance having been made to date.
Timing	This paper is presented to the Board for discussion and feedback on the format and content of information it would like to see included in future reports.
Associated Corporate Risk Identification	Risk ID: 4636 – Health and Wellbeing of staff 4638 – Hospital Handover Delays 5062 – Failure to achieve financial target 5602 – Service's defence against a cyber attack 5603 – Maintaining required service levels (Business Continuity) 5651 – Workforce Planning and Demographics

Link to Corporate Ambitions	We will • Work collaboratively with citizens and our partners to create healthier and safer communities. • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Improve population health and tackle the impact of inequalities. • Deliver our net zero climate targets. • Provide the people of Scotland with compassionate, safe, and effective care when and where they need it. • Be a great place to work, focusing on staff experience, health and wellbeing.
Link to NHS Scotland's Quality Ambitions	This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Service to deliver safe, person-centred, and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff, and partners.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the implementation of our 2030 Strategy are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

Introduction

The Board Performance Report collates and presents the Service's Key Performance Indicators. These measures are based on the Service's 2024/25 Measurement Framework. Following feedback from Board members the format and content of this report has been revised and remains under review.

What's New

In this paper there are 3 new charts which align with our Board Measurement Framework which was presented to and approved by the Board in May 2024. The new charts are:

- Survival per Million Population: Worked Arrests - All Rhythms
- Turnaround Time at Hospital: Number over 60 minutes
- Turnaround Time at Hospital: % within 60 minutes

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 the 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.

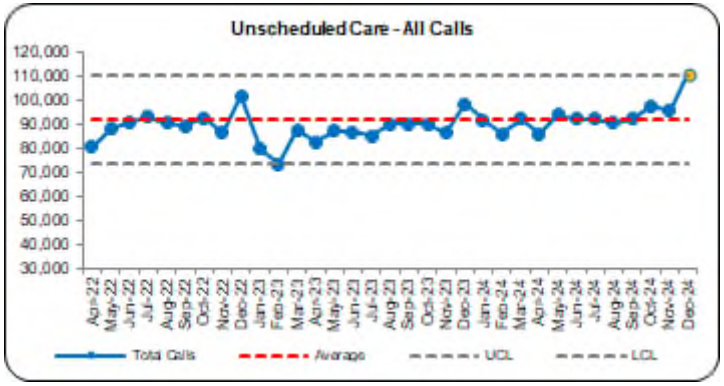
Performance Charts

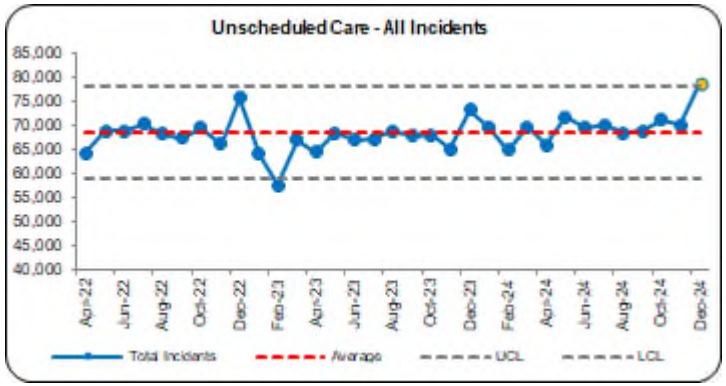
The Board Performance Report consists of data pertaining to several Service measures plotted in control charts (with control limits) and run charts (without control limits). Both types of charts provide a statistical tool for understanding variance within a data set. Correctly interpreted these charts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

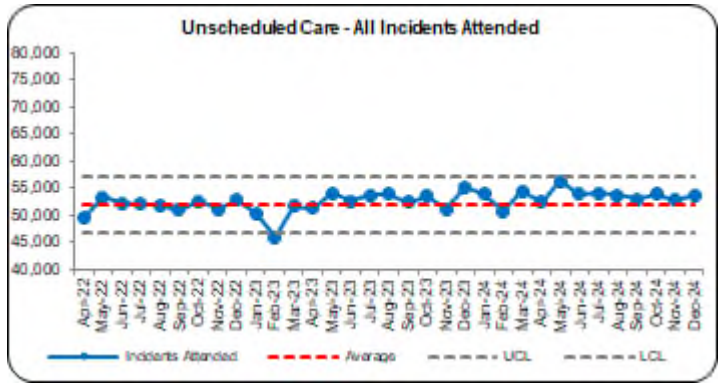
Control Charts
Rule 1: A run of eight or more points in a row above or below the mean (light blue)
Rule 2: Six or more consecutive points increasing or decreasing (green)
Rule 3: A single point outside the control limits (orange)

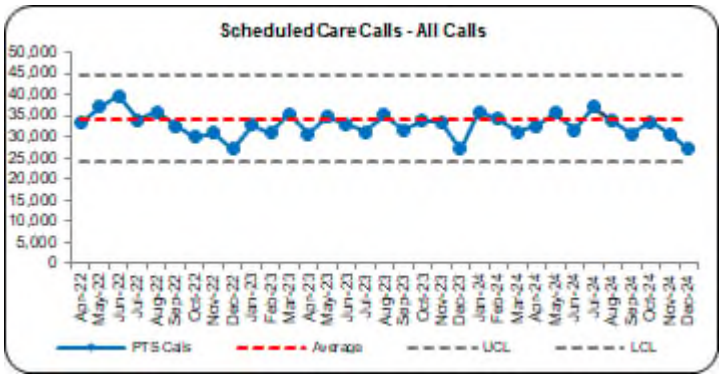
Run Charts
Rule 1: A run of six or more points in a row above or below the median (light blue)
Rule 2: Five or more consecutive points increasing or decreasing (green)
Rule 3: Undeniably large or small data point (orange)

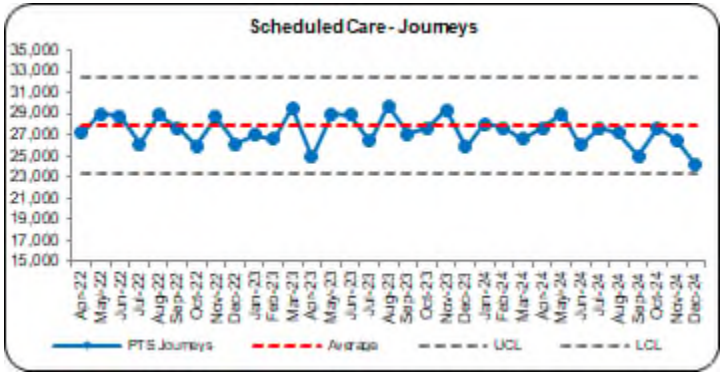
D: Demand Measures











What is the data telling us?

Unscheduled call demand has exceeded the upper control limit in December after a period of stability. Demand experienced across the month was a 13.0% increase on the same period last year, with 110,992 calls.

This increase in calls has resulted in a comparable increase in the number of unscheduled care incidents recorded which was also above the upper control limit in December 2024. This was an increase of 7.7% compared to December 2023 with 78,711 incidents, the highest monthly total experienced by the Service.

Why?

The changes seen are primarily due to seasonal influenza where the infection rates and hospitalisation of patients was greater than previous years and exceeded the 2022/23 winter which was the previous high. Prior to the festive period, the system pressures and hospital bed occupancy were at a level greater than that seen in previous years.

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.

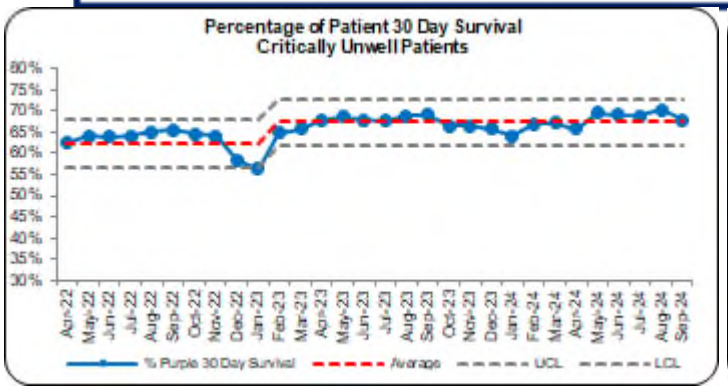
Our annual delivery plan for this year is focused on those priority areas highlighted by Scottish Government that we can influence, which will reduce pressures on the wider Health & Social Care system, support the stabilisation of services, accelerate recovery, and provide the most benefit to patients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

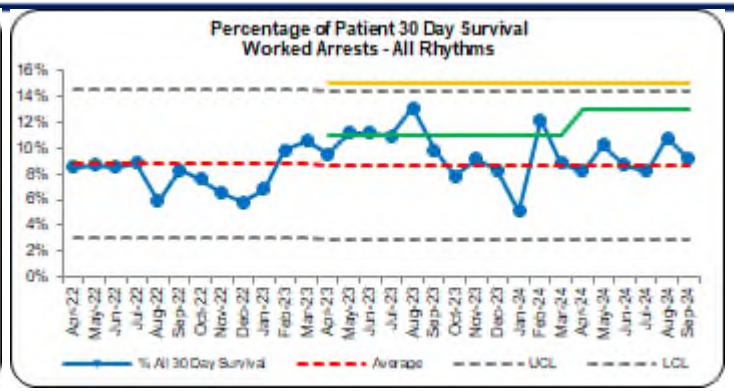
We have established several work streams to increase our workforce, implement the reduction to the working week to 37hrs in year one of the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively with our partners across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

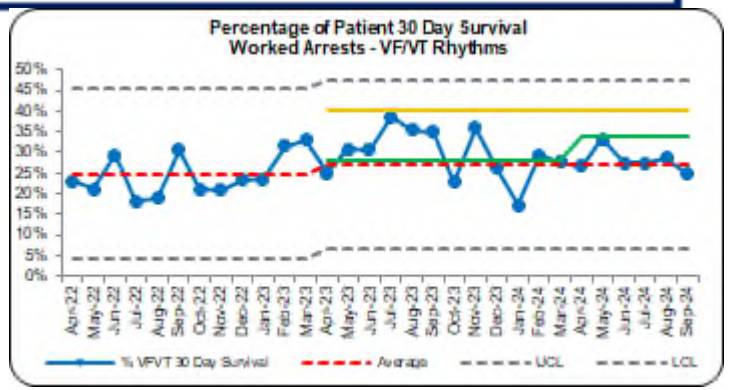
Significant work continues with hospitals to improve flow and reduce ambulance handover times. Details are included in the section of the paper specific to Hospital Turnaround.

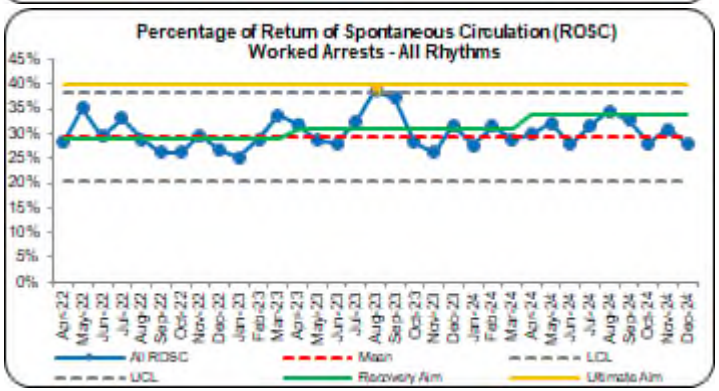
Our work to support staff health and wellbeing is detailed in a separate Health & Wellbeing paper on the Board meeting agenda.

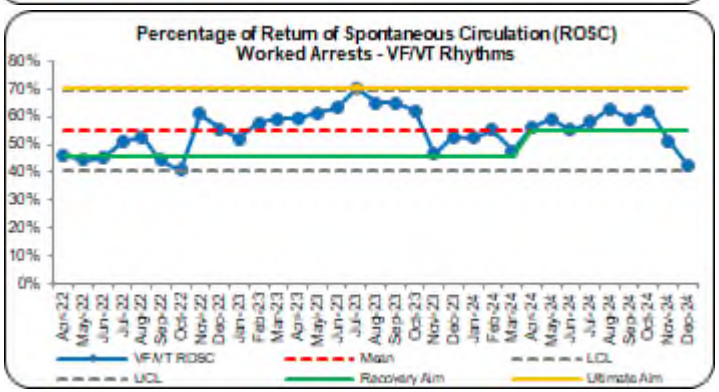
Purple Response Category: Critically Unwell Patients

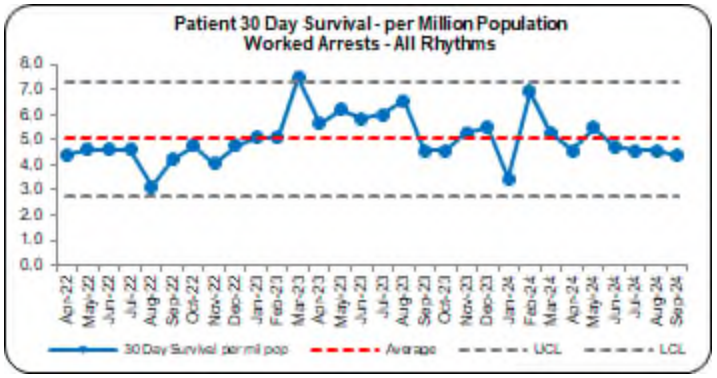


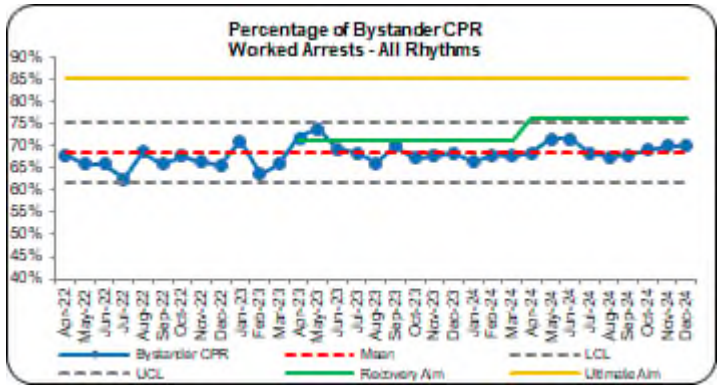


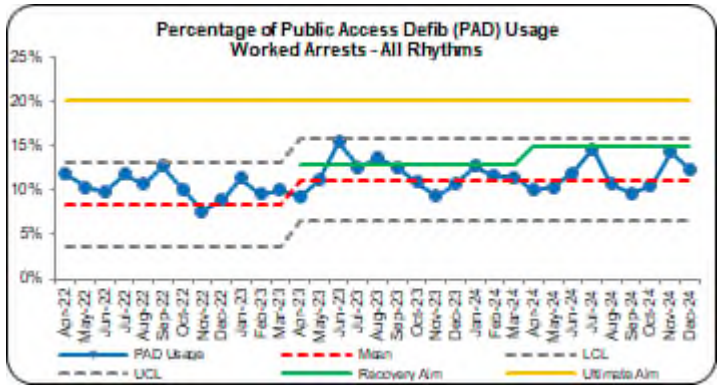


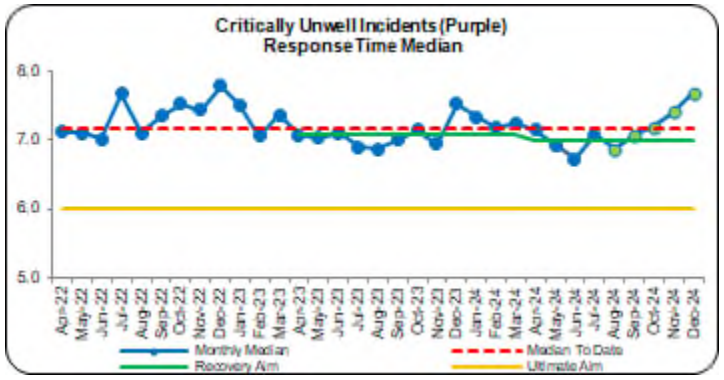


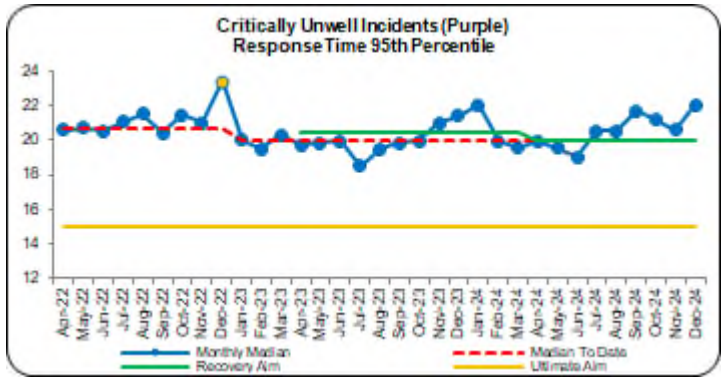












What is the data telling us?

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

The response time measures for December 2024 (process measures) have remained increased since the summer of 2024 reflecting the increase in the pressures experienced over extended winter pressures which impacted ambulance availability.

Our ROSC rates for December, VF/VT (Utstein) at 42.6% and 'All Rhythms' at 28.0%, reflecting seasonal patterns. The Service is in the process of rolling out updated software in our ambulances, it is currently in use in Fife, Tayside and Lothian. The Business Intelligence Team are working on bringing the data from the updated software into the Data Warehouse, until this has been completed the ROSC data will be provisional as it will exclude these 3 areas.

As the charts illustrate, Bystander CPR is reported at 69.9% and is within the control limits. Public Access Defibrillator (PAD) usage at 12.4%, is around the mean for December 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.

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 have completed the mapping of GoodSAM response data, and this provides us with insight regarding the gap that exists between where cardiac arrests are likely to occur, the concentrations of GoodSAM responder in that area, and the number of alert's that those responders accepted. This data is being used to optimise use of the system and inform local strategies around community response to Out of Hospital Cardiac Arrest. This insight from GoodSAM is a key element of our engagement with council areas and will inform our CARe Zones plan. Cardiac Arrest Rescue Zones (CARe) are an initiative to strengthen and mobilise community response to OHCA across Scotland.

The plan for this exciting initiative is to engage with local councils with the aim of aligning this with their local community strategies in a hyperlocal way that optimises the chain of survival to the needs of that location. This will also involve extensive engagement with all relevant stakeholders. Utilising the GoodSAM mapping data we have met with one Council area with the view that they will be our first partner in this project. When all relevant local stakeholders are engaged and there has been a comprehensive assessment of the communities most impacted by OHCA and what resources are available across the council area then a plan can be co-produced.

The development of the CARe Zones plan has been the key focus of the OHCA team in producing a high-quality engagement tool that will support successful delivery of this work. This test of a localized optimisation of the system has the support of SG and will inform the next phase of the OHCA strategy due in 2026. An update on progress will be included in subsequent reports.

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

Purple Median Times

Median response times to purple category in December 2024 was 7 minutes 41 seconds. We reached 95% of these patients in 22 minutes 03 seconds (95th percentile). The key influencing factors on response times are service time (which includes hospital turnaround times), emergency demand, shift cover and staff availability during shift. Work is focused around the following priority areas:

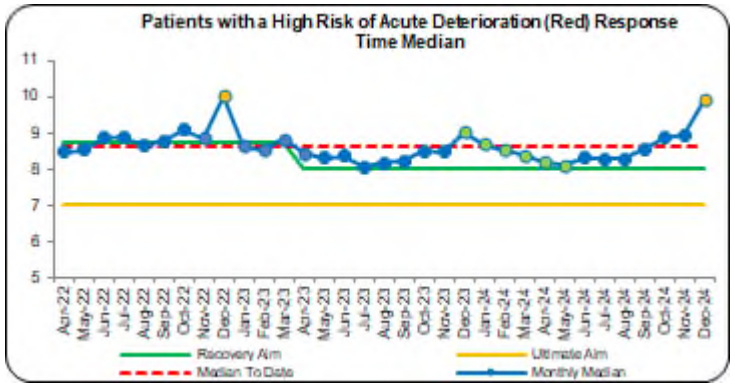
The Integrated Clinical Hub (ICH) and Pathways initiatives continue to support the principles of right care right place and the data for December 2024 illustrates the impact of the actions taken as part of our winter planning with 55.2% of patients managed out with the Emergency Department.

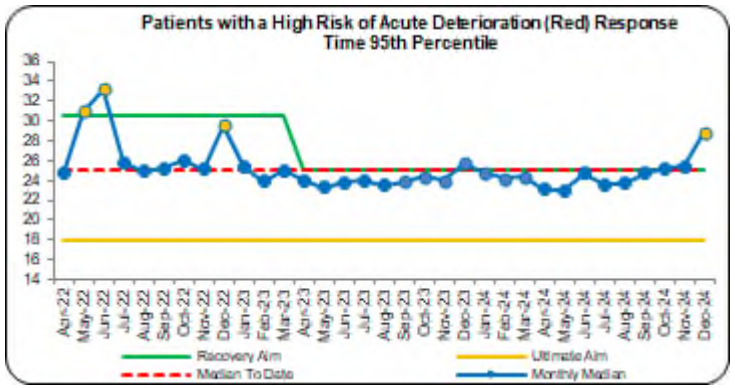
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

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

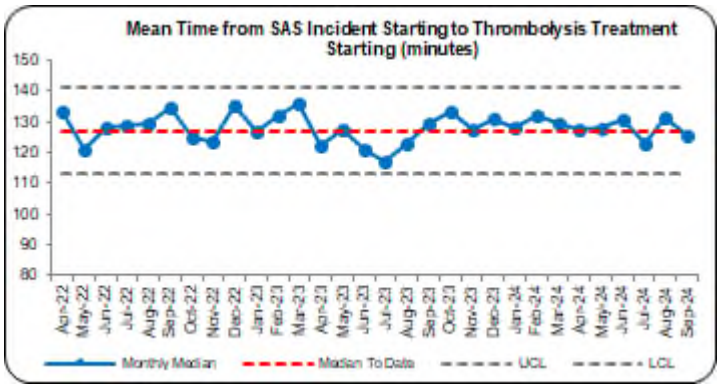
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

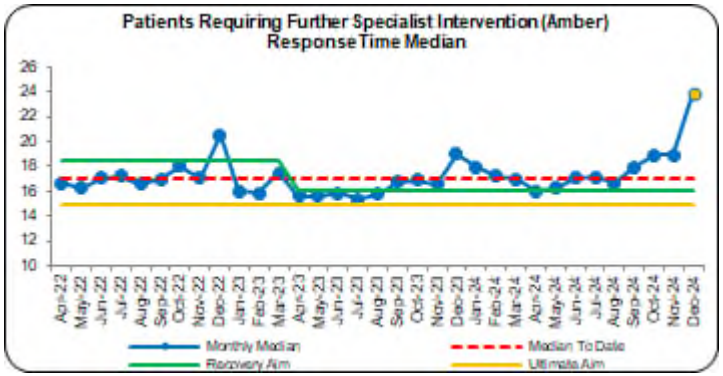
Red Response Categories: Patients at risk of Acute Deterioration

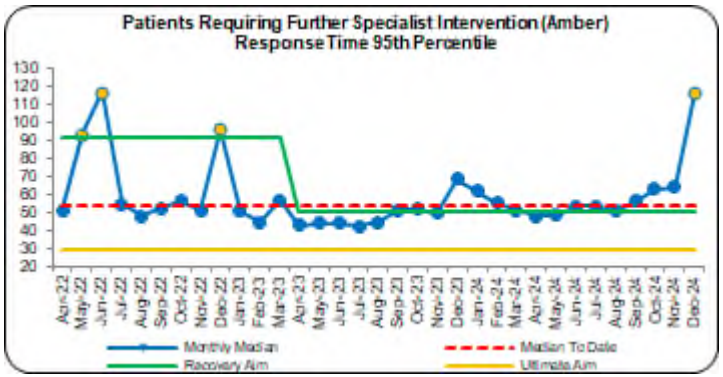




Amber Response Categories: Patients requiring Further Specialist Intervention







What is the data telling us?

The median and 95th percentile response times for both red and amber categories of call saw an increase in December 2024 after a period of relative stability throughout 2023 and 2024. Response times increased as a result of increased pressure on the Service and the wider Health and Social Care sector and is anticipated to continue throughout the remaining winter period. In December 2024 we attended 50% of red category incidents within 9 minutes 55 seconds and amber within 23 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 it has been agreed that an evaluation of its impact would be appropriate at this stage. The terms of reference and timeline have been agreed and will be progressed over the coming months. An enhanced data set aimed to support us to improve outcomes for patients is being developed in conjunction with the Scottish Trauma Audit Group and will expand our clinical measurement framework for Major Trauma.

The revised multi-agency major trauma clinical governance structure is now in place with a governed process for receiving major trauma related queries and feedback from Scottish Trauma Network partners. This will support the review of pre-hospital decision making during case reviews.

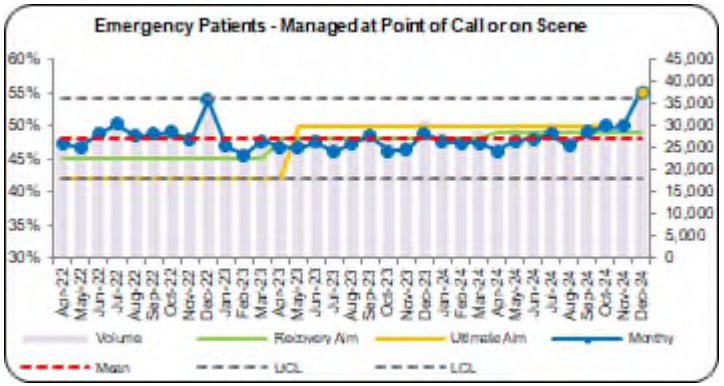
In partnership with the National Thrombectomy Planning Board and Territorial Health Boards, expansion of the National Thrombectomy Service continues to progress with all territorial spoke sites in the East and West now live. SAS continues to work closely with all partners to ensure the successful delivery of this programme.

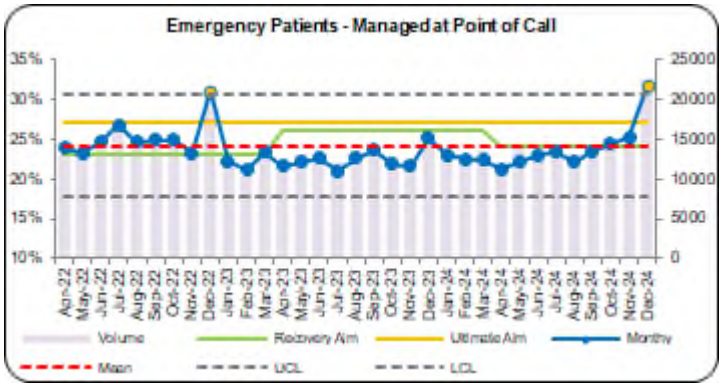
Working with NHS Fife and NHS Lothian we are testing a clinical feedback model for frontline clinicians for patients who have experienced a hyperacute stroke and returned home following treatment. This has been positively received by our clinicians and the potential to expand this across other areas is being explored as well as the ability to provide SAS clinicians with the opportunity to “shadow” within TIA clinics and stroke units for CPD purposes.

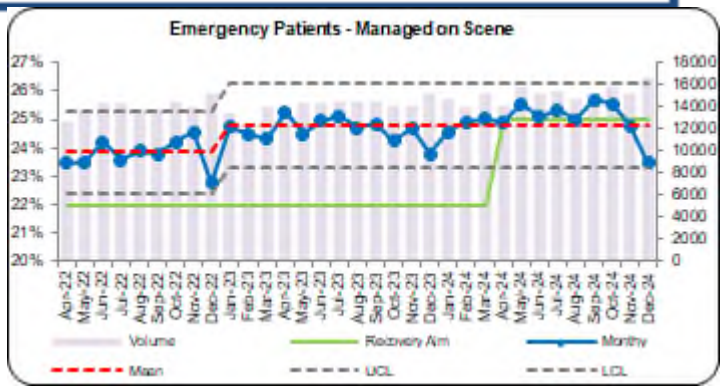
A proof of concept research project is testing the feasibility and acceptability of the use of video triage within the Ambulance Control Centre for the assessment of acute stroke. This is a short term six month project and is due to be completed by March 2025. Early feedback would suggest this has been successful in the identification of stroke patients and the ability to improve patient outcomes following video assessment.

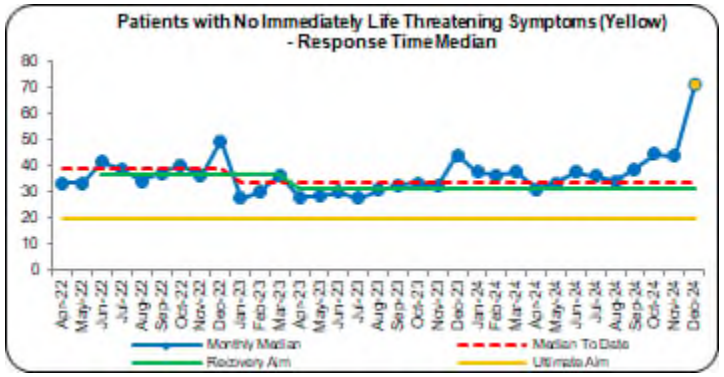
Our 999 to Thrombolysis time chart remains stable within control limits.

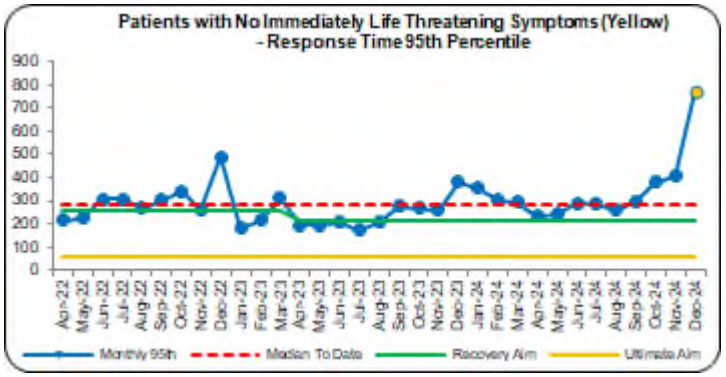
Yellow Response Category: Patients with Highest Potential for Non-Emergency Department Attendance











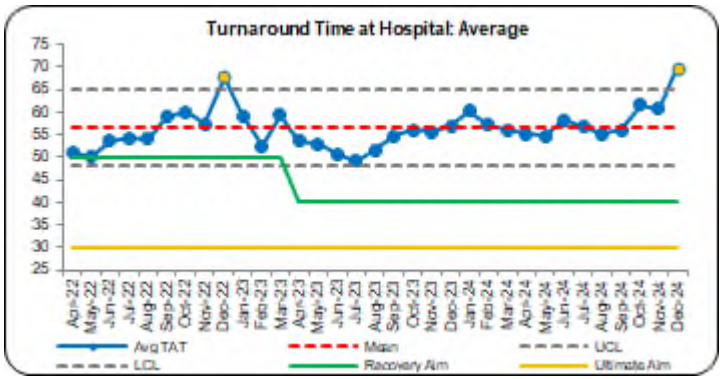
What is the data telling us?

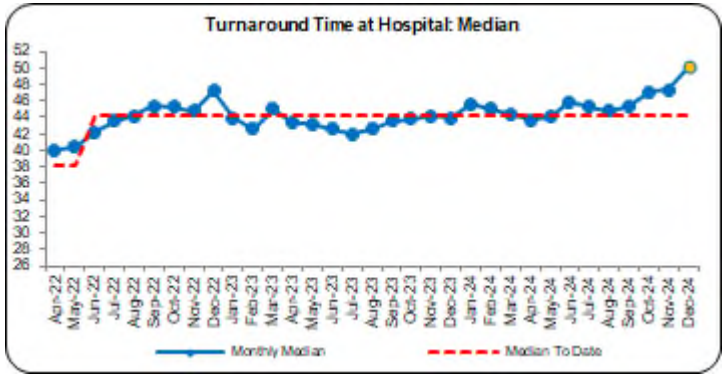
The proportion of emergency patients managed without conveyance to the Emergency Department has remained around the mean over the early part of this financial year. In December 2024 39,043 (55.2%) patients were managed at the point of call or on scene with 22,442 (31.7%) managed at point of call and a further 16,601 (23.5%) by our clinicians on-scene following ambulance dispatch.

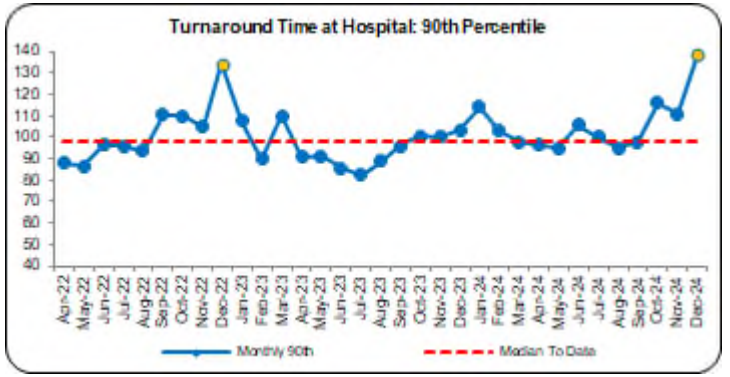
As part of our winter planning for 2024 we had increased capacity within the Integrated Clinical Hub as well as continuing to expand and strengthen the range of pathways available to our frontline clinicians. This work involves close collaboration with a range of health board partners and over winter we have seen these efforts realising whole system benefits including:

- Continued engagement with NHS24 to explore opportunities to optimise flow and improve patient experience – this will remain a core workstream as we move into 2025.
- Same Day Emergency Care Pathways that meet the needs of SAS patients including low risk chest pain, headache etc.
- We had a weeklong virtual Pathways Conference with the aim of providing information on a range of topics to our frontline clinicians. This included speakers covering a range of external pathways.
- Through Flow Navigation Centres we are working with health Board partners and the Centre for Sustainable Delivery to improve flow and reduce unwarranted variation. We have identified improvement opportunities over winter, and we are looking to progress these over the coming months.
- Our End of Life Care programme continues to support patient outcomes by enabling our clinicians to better identify and meet the needs of patients with palliative and end of life care needs. This has been an innovative partnership with MacMillan with funding due to end in March 2025. A business case has been developed to allow us to continue with this work and expand into other areas.
- The SAS Pathways Hub is a single point of contact for SAS frontline clinicians to refer patients to Falls, Alcohol and Drug pathways and DBI etc. Our current focus is to increase the range of options available and are working with a number of partners to deliver this. Detailed reporting of these activities sits with the Service's Performance and Planning Steering Group and 2030 Programme Board.

TT: Turnaround Time at Hospital







What is the data telling us?

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

The average turnaround time for December 2024 is 1 hour 9 minute 44 seconds. Our crews are, on average, spending 12 minutes 55 seconds longer at hospital for every patient conveyed when compared to December 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:

- Work has been undertaken to remind staff of pathways available across the region and promote their use along with the use of professional to professional support and call before convey
- The region continues to support key sites in Edinburgh Royal Infirmary and Kirkcaldy to ensure scheduled care resources are booked appropriately to maximise support for discharging to maintain site capacity
- Engagement continues at Tactical and strategic levels with leaders from across Health and Social Care.
- 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 Forth Valley and Tayside.
- 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.
- Welfare arrangements for staff refreshed with contingency supplies available to supplement health Board provisions. Welfare vehicles located at key sites to create space for staff during periods of extended hospital turnaround.

West:

- Pathway development and improvements continue to be a focus within the Glasgow area and engagement with NHS Greater Glasgow and Clyde continues. There have been challenges within the Flow Navigation Centre (FNC) from an availability of clinicians and NHS Greater Glasgow and Clyde continue to have some vacancy challenges. Focused engagement within Glasgow and Clyde stations to ascertain what more can be achieved with Pathway use is underway and feedback opportunities are being maximised across the area to identify both challenges and opportunities. This work is supported by the SAS Pathways team.

- NHS Lanarkshire continue to experience capacity challenges, but engagement remains positive. A review of the FNC is currently being jointly undertaken with support from our Integrated Clinical Hub and Ambulance Control Centre. A meeting to discuss improving effectiveness and efficiency is scheduled for mid-January. NHS Lanarkshire have also asked for support to fill clinical staffing gaps so we are undertaking a scoping exercise to ascertain if SAS clinicians can undertake any vacant Emergency Department roles.
- Call before you convey numbers dipped within NHS Ayrshire & Arran recently and a refresh of the previous engagement with operational resources was commenced. Weekly engagement continues but system pressures remain. The local management team will continue to identify any opportunities for improvement and proactively encourage the review of the escalation process to promote improvement. A further meeting is planned for January to reinvigorate Call Before You Convey throughput.
- Daily Gold meetings with NHS Lanarkshire and the Regional Director have been in place since the 26th of December 2024.
- Daily meetings with NHS Greater Glasgow and Clyde and the Regional Director are now in place and supported fortnightly with the Chief Operating Officer.
- Fortnightly meetings with NHS Ayrshire and Arran are in place with the Regional Director

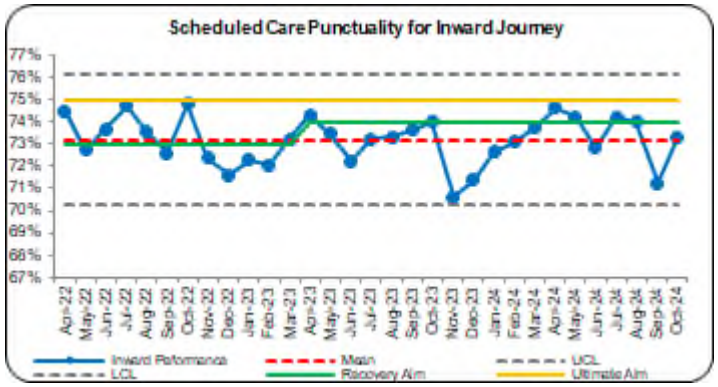
North:

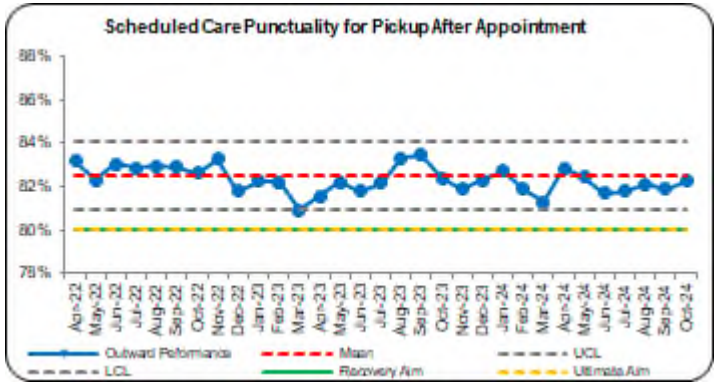
- Weekly Chief Executive meetings with NHS Grampian (Aberdeen Royal Infirmary) supported by Regional Director/Deputy at a Strategic level.
- Weekly 'Tactical' level meetings with NHS Grampian senior leadership.
- Daily 'Operational' level meetings with NHS Grampian leadership team.
- Daily SAS / NHS Highland engagement and joint working.
- Engaged in Urgent and Unscheduled Care collaboration work across Territorial Board areas.
- Implementation of NHS Highland Operations Pressure Escalation Level Framework (OPEL)
- Engagement with NHS Grampian to measure progress against Unscheduled Care Performance Improvement Plan.
- Engagement with NHS Grampian to measure progress against agreed 'NHS Grampian and Scottish Ambulance Service Whole System Plan to Remove Ambulance Stacking' [December 2024]
- Collaborative 'Joint Escalation Framework' between NHS Grampian and SAS ensuring appropriate internal escalations. Also focussing on:
    - Rapid release of ambulance resource for LT calls in the community
    - Escalation process for the deteriorating patient in stack
    - Process for pre-alerting ED for incoming high acuity patient
- Introduction of an Operations Support Manager (Band 7) to oversee engagement and escalation with Aberdeen Royal Infirmary
- Hospital Ambulance Liaison Officer and Clinical Team Leader cover at key hospital sites. e.g. Aberdeen Royal Infirmary (ARI)/ Dr Grays
- Use of 'Safe to Sit' Policy where available.
- Introduction of SAS Test of Change for Ward 101 (Acute Medical Admissions Unit) at ARI, which is triggered when there are any ambulances waiting in excess of 60 mins for a clinical hand over. Crews will wait 30 mins, and if the patient is stable, the patient will be taken

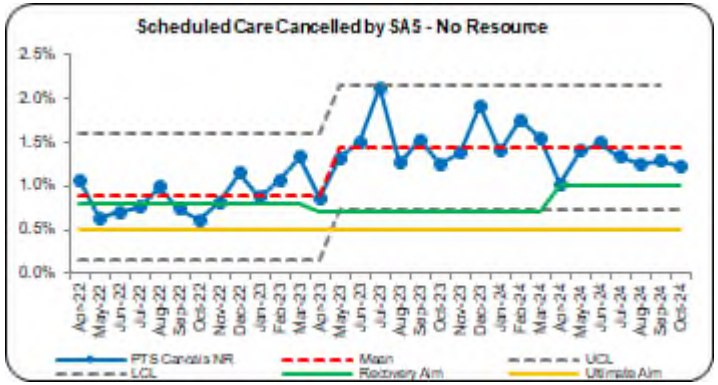
to ward 101 from the ambulance and attempt to clinically hand over with receiving ward clinician. This test of change commenced on Tuesday 28th October, 2024, and is currently suspended.

- Use of Rapid Access Clinic (RAC) connected to Acute Medical Admissions Unit.
- Hospital Arrival Screens.
- Maximising utilisation of Flow Navigation Centre at Aberdeen Royal Infirmary and all other available alternative pathways of care.
- Continued use of cohorting at Aberdeen Royal Infirmary to enable timely crew shift change-over and mitigate against compensatory rest and non-availability of resource next shift.
- Additional ‘welfare’ shifts providing support for crews approaching end of shift, to allow a handover of patient and finish of shift to mitigate against risk of compensatory rest following shift and ambulance unavailability.

SC: Scheduled Care







What is the data telling us?

The number of Scheduled Care calls remains stable at 27,031 in December 2024.

Journey demand in November and December 2024 has remained at a consistent level, taking account of seasonal variation, with 26,535 and 24,089 completed journeys respectively in those months. In line with REAP 4 actions, we took the decision to suspend outpatient activity (protecting renal dialysis and oncology patients) to maximise resources to discharge and timed admission capacity.

Punctuality after appointment was 82% in December 2024 and punctuality for inward appointment was 74%, both above the recovery aims.

The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was 1.2% in November 2024, which remains out with the revised recovery aim for 2024/25. Telephone Answering Standards (TAS) for December 2024 was 95.9% which is the highest for 2024.

Telephone answering standards also improved from November into December. We again experienced a slight decrease in call demand on Scheduled Care into December which shows that this was the lowest call volume of any month in 2024.

Scheduled Care call performance statistics are showing consistency in not ready times which have been very well managed by the Scheduled Care Supervisors in December 2024.

What are we doing and by when?

Cleric

A Mini Business Case was presented in January 2025 to the Capital Programme Governance Group for Capacity Management. The funding has been secured for this, and work will commence with Cleric and completion by Cleric is expected between March and May 2025 when we take the next Cleric APTS Upgrade. Training and development for this will commence for both in the ACC and Operational Teams.

Recruitment

Due to expected and unforeseen attrition further recruitment is taking place on all 3 sites both for Scheduled Care Coordinators, with interviews planned in January 2025 and successful candidates will attend training courses March/April 2025. In addition to this a Vacancy Approval Form (VAF) has been submitted and agreed for 2 existing positions within the supervisory team within the West ACC.

Reporting and Escalation

Work continues within Scheduled Care for improvement in reporting and escalation plans.

Winter Planning

Scheduled Care has supported C46 with their increased demand and during w/c 30th December 2024 all non-essential appointments were cancelled and Scheduled Care focused nationally on supporting hospital flow.

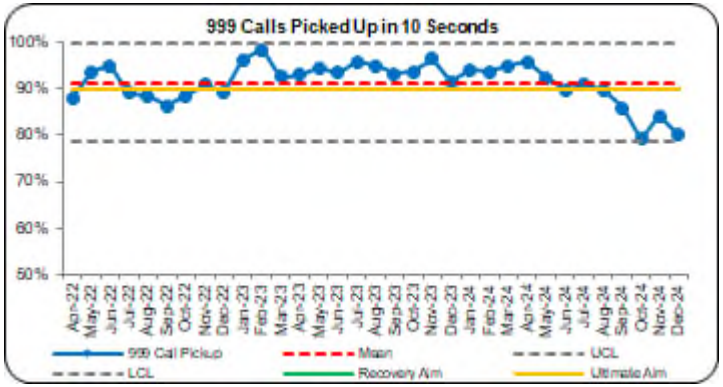
Scheduled Care Improvement Project

The Scheduled Care Improvement Project has identified key project workstreams to be delivered through the lifecycle of the project. Discussions are underway with the Senior Responsible Officer and Executive colleagues to further define these workstreams and agree scope of the project.

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 approval in November 2024. Further work is now being progressed to take this forward.

Discussions taken place with third party providers to understand their capability in supporting the needs of the Service in terms of Scheduled Care and Timed Admissions. Taxi usage continues to be reviewed by the Short Life Working Group with a focus on data analysis and enhancing guidance and controls within ACC.

Other Operational Measures



What is the data telling us?

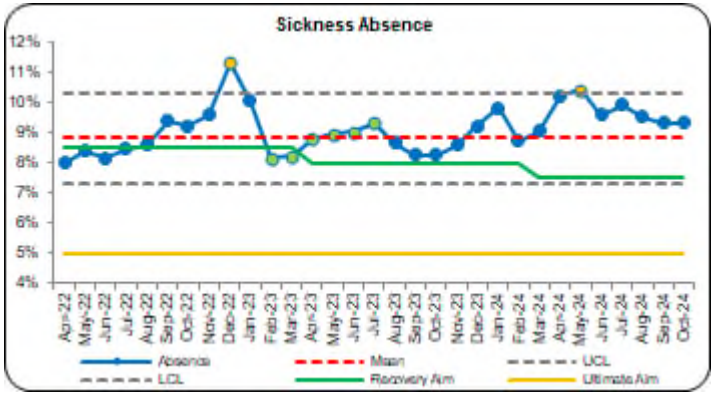
The Service experienced an increase in call demand during October and November with a significant increase in December 2024, where 72,944 999 calls were received which is 9,940 (15.8%) more than December last year. The Service experienced a significant increase in duplicate and repeat calls which are considered to be associated with longer 999 call answering times and elevated waits for an ambulance response, symptomatic of the widespread pressures at EDs and increased hospital turnaround time. December also saw 38,048 non-public emergency and HCP calls which was an increase of 2,817 (8.0%) on December 2023. This increase is also thought to be associated with wider system pressures.

December returned a 999 Telephone Answering Standards (TAS) of 80.0%, this was 11.6% less than the previous year. 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.

During December the Service recorded 642 delays of 2 minutes or more with BT, this was 164 calls more than November. 0 calls were delayed by 4 minutes or more during December which was 8 less than November. Telephone answer delays are expected to reduce as the effects of recruitment are realised. SAS delays in November and December currently rank 7th of the UK ambulance services.

SE: Staff Experience

Sickness Absence



What is the data telling us? –

Sickness absence at end October 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.

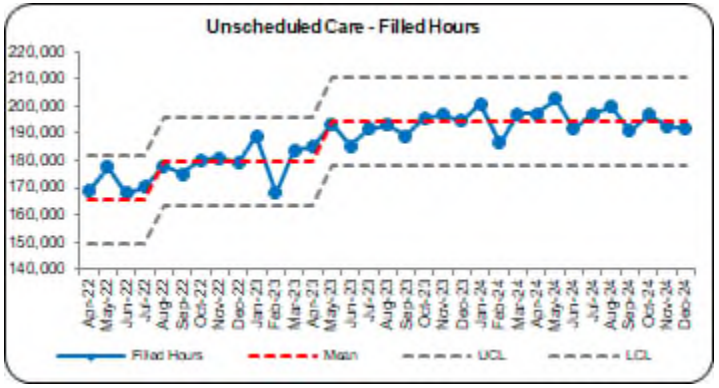
What are we doing and by when? -

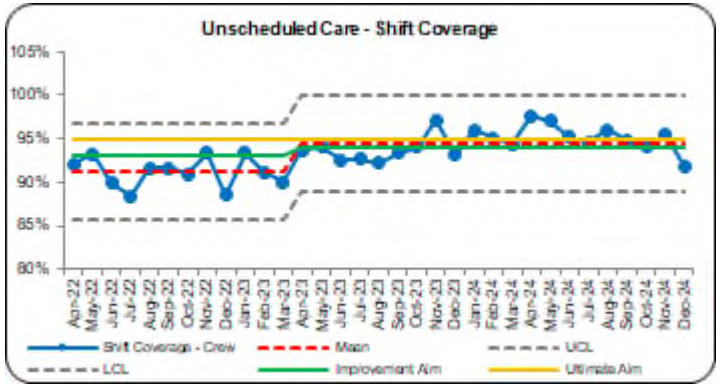
A new Attendance Oversight Group has been established to maintain robust executive oversight of attendance across the Service. This will provide additional scrutiny over regional, national and corporate functions with a view to achieving a sustainable reduction in sickness absence. This group will also 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. Throughout April to November this has been consistently met or exceeded in every month. In December the shift coverage was 91.9% with 191,592 crew hours filled. The main reason for the drop in cover was due to influenza and respiratory illness aligned to the increases in prevalence of influenza.

Best practice for UK ambulance services is no more than 55% utilisation. Our utilisation rate in December 2024 was 68.3% reflecting the continued system pressures and is being managed through the work to reduce ambulance handover times.

What are we doing and by when?

Regions continue to maximise all recruitment opportunities and use of bank staff. Weekly reviews of all absences continue to take place to ensure early support and intervention for all cases and minimise abstractions.

West Region:

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

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

East Region:

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

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

North Region:

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

Absence for sickness reason has remained under the recovery aim of 8% since May 2024 and was 7.7% in December 2024.

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

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

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

National:

Scottish Specialist Transport and Retrieval Service (ScotSTAR):

- The Air Ambulance Efficiency Project 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.
- The workforce model and related resource requirements is currently being finished, to support stakeholder engagement sessions and development of a business case.
- 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.
- The implementation of the new Air Ambulance Contract is progressing, and a draft project plan is currently being finalised.

Ambulance Control Centres (ACC):

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

National Risk and Resilience Department (NRRD):

- Work to implement the new Risk Management System 'In Phase Solutions' across the Service is underway with the aim that this will "go-live" in March 2025. The October Board development session provided the opportunity to review and update the Risk Appetite. The service risk management policy will be updated in light of this during Q4 for presentation at the subsequent Audit and Risk Committee.

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

Employee Resourcing

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

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

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

Vacancies

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

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

Projected Staff Attrition (Leavers)

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

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

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

Reduction in the NHS Working Week – WTE impact.

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

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

Internal moves to non-patient facing roles.

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

Summary of forecast workforce requirement

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

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

Recruitment Sources

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

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

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

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

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

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

As noted further “direct” recruitment of existing qualified paramedic staff, primarily from other UK nations will augment the numbers secured through the Newly Qualified Paramedic recruitment process. This route has not traditionally secured a large response. Through the latest advert and facilitated recruitment event held in Hamilton, from 49 applicants shortlisted, 16 applicants attended and at the end of the process 9 are to be offered a post.

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

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

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