



NOT PROTECTIVELY MARKED

<b>Public Board Meeting</b>	<b>31 July 2024</b> <b>Item No 05</b>
<b>THIS PAPER IS FOR DISCUSSION</b>	
<b>BOARD QUALITY INDICATORS PERFORMANCE REPORT</b>	

<b>Lead Director Author</b>	Michael Dickson, Chief Executive Executive Directors
<b>Action required</b>	The Board is asked to discuss progress within the Service detailed through this Performance Report: - <ol style="list-style-type: none"> <li>1. Discuss and provide feedback on the format and content of this report.</li> <li>2. Note performance against key performance metrics for the period to end June 2024.</li> <li>3. Discuss actions being taken to make improvements.</li> </ol>
<b>Key points</b>	<p>This paper brings together measurement for improvement as highlighted by the Scottish Government's Quality Improvement and Measurement for Non-Executives guidance.</p> <p>This paper highlights performance to end June 2024 against our strategic plans for Clinical, Operational, Scheduled Care and Staff Experience Measures where this data is available.</p> <p>Patient Experience, Staff Health and Wellbeing and Financial Performance are reported in separate Board papers.</p> <p>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.</p> <p><u>Clinical Performance</u></p> <p>Clinical performance as related to the measures in this paper remains broadly stable. <b>There are a broad range of improvement actions underway across our clinical workstreams</b></p>

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 1	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

	<p>including Out of Hospital Cardiac Arrest, Stroke and Thrombectomy and Major Trauma.</p> <p>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.</p> <p><u>Workforce</u></p> <p>Our workforce plan for 2023-2025 continues to be reviewed and monitored on a monthly basis with forecasting recruitment and training for 2024/25 in line with the Reduced Working Week (36 hours) and our ongoing forecasts for attrition.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<b>Timing</b>	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.
<b>Associated Corporate Risk Identification</b>	<p>Risk ID:</p> <p>4636 – Health and Wellbeing of staff</p> <p>4638 – Hospital Handover Delays</p> <p>5062 – Failure to achieve financial target</p> <p>5602 – Service’s defence against a cyber attack</p> <p>5603 – Maintaining required service levels (Business Continuity)</p> <p>5651 – Workforce Planning and Demographics</p>
<b>Link to Corporate Ambitions</b>	<p>We will</p> <ul style="list-style-type: none"> <li>• Work collaboratively with citizens and our partners to create healthier and safer communities.</li> </ul>

	<ul style="list-style-type: none"> <li>• Innovate to continuously improve our care and enhance the resilience and sustainability of our services.</li> <li>• Improve population health and tackle the impact of inequalities.</li> <li>• Deliver our net zero climate targets.</li> <li>• Provide the people of Scotland with compassionate, safe, and effective care when and where they need it.</li> <li>• Be a great place to work, focusing on staff experience, health and wellbeing.</li> </ul>
<b>Link to NHS Scotland's Quality Ambitions</b>	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.
<b>Benefit to Patients</b>	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.
<b>Climate Change Impact Identification</b>	This paper has identified no impacts on climate change.
<b>Equality and Diversity</b>	<p>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.</p> <p>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.</p>

# 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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 4	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

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**

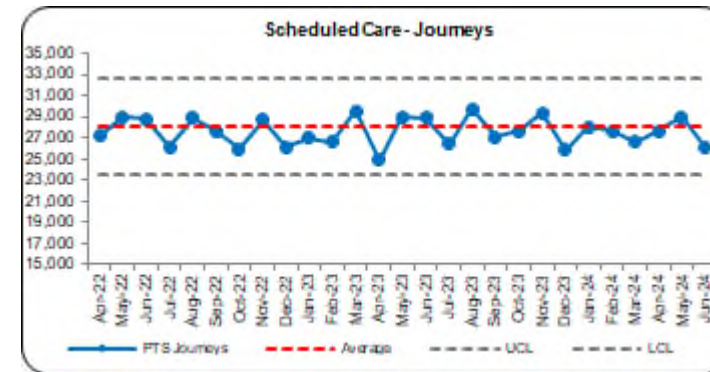
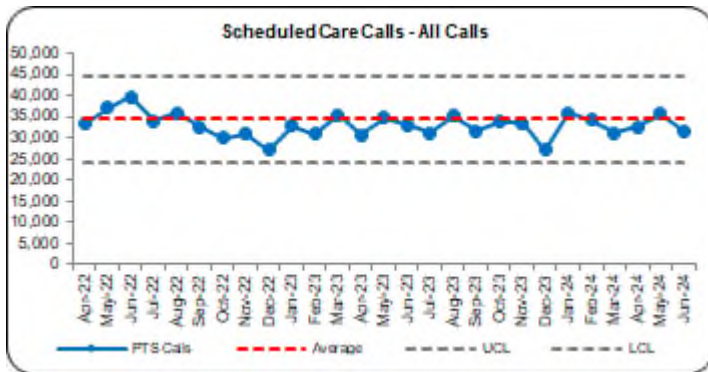
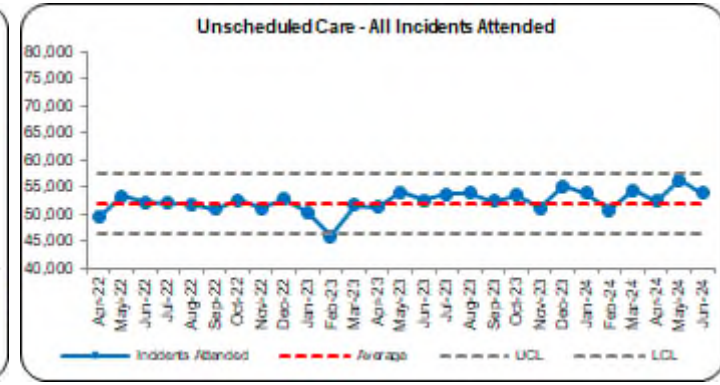
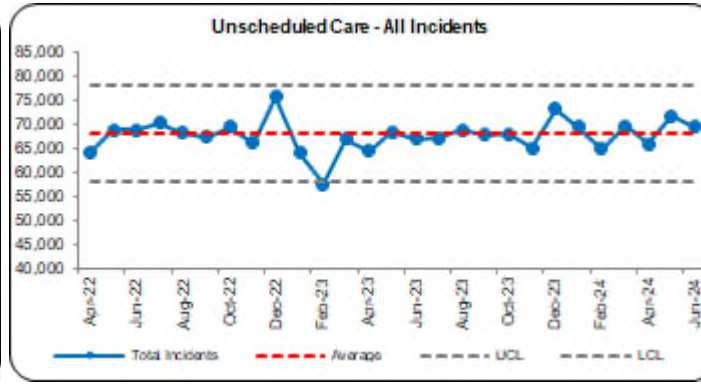
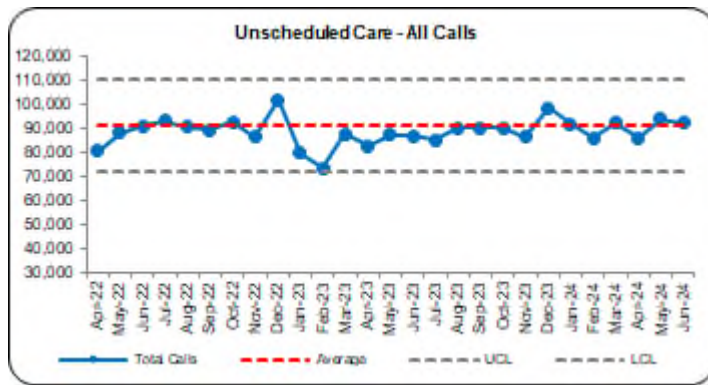
Rule 1: A run of six or more points in a row above or below the median (light blue)

Rule 2: Five or more consecutive points increasing or decreasing (green)

Rule 3: Undeniably large or small data point (orange)

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 5	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

# D: Demand Measures



Unscheduled call demand has remained within the control limits and as usually seen seasonally. Demand experienced across the quarter was around a 5.9% increase on the same period last year, with 271,782 calls.

Scheduled care calls and journeys remains stable.

## Why?

Scheduled Care remains stable, so there is a need to report on variation only when seen.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 6	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

## 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.

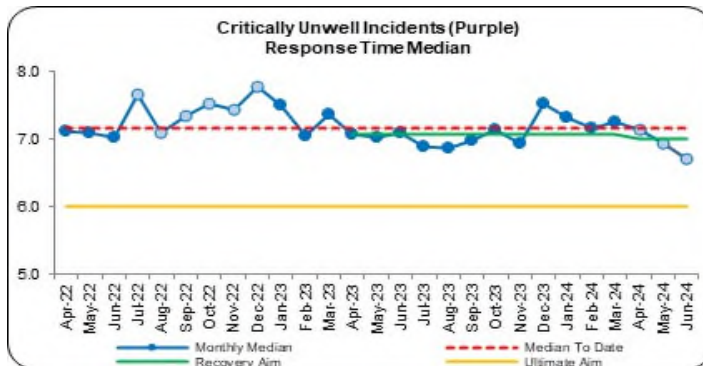
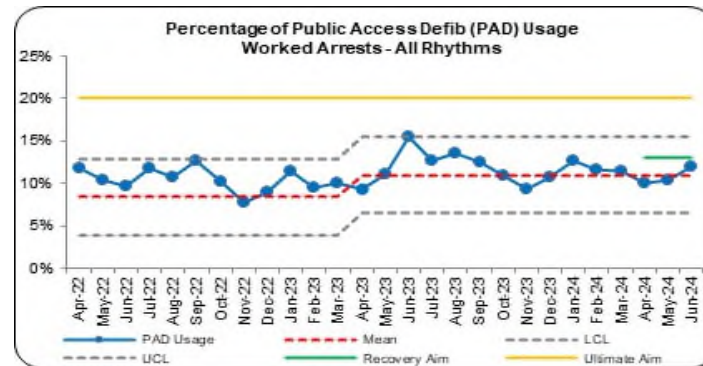
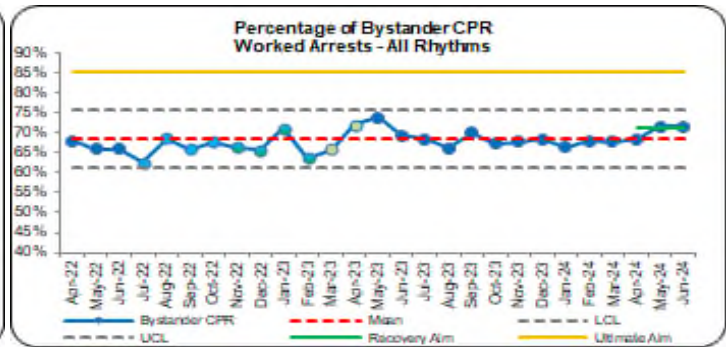
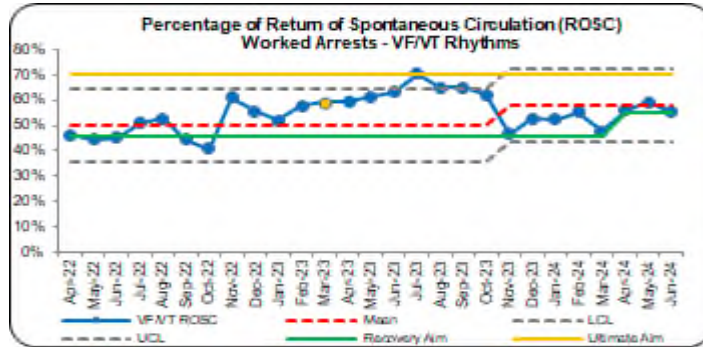
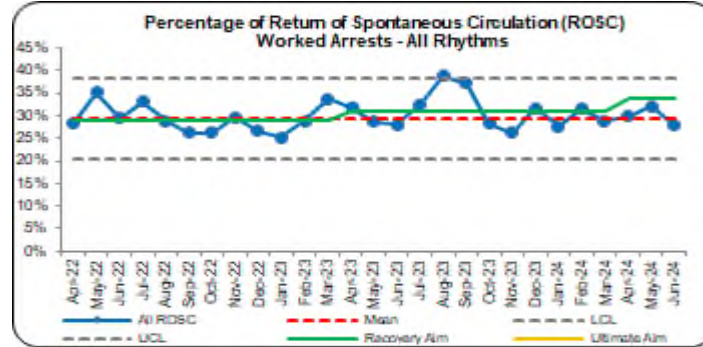
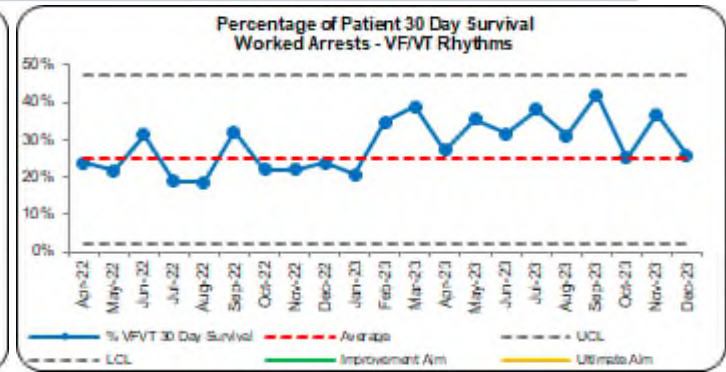
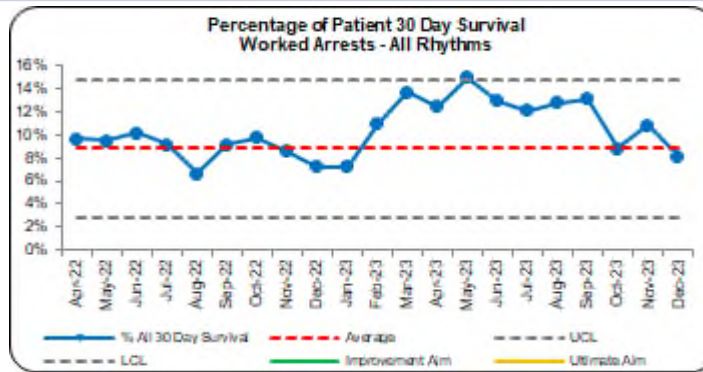
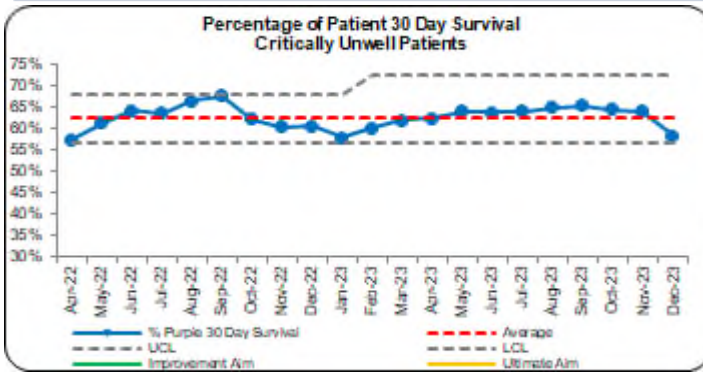
We have established several work streams to increase our workforce, implement the reduction to the working week to 37hrs in year one of the 23/24 pay award agreement with Scottish Government, improve demand management, and increase capacity which include working collaboratively with our partners across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

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 7	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

# 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 June 2024 (process measures) have remained close to the median, showing slight improvement in the last three months as we see a slight relieving of the pressures experienced over winter which impacted ambulance availability.

Our ROSC rates for June, VF/VT (Utstein) at 55.4% and 'All Rhythms' at 27.8%, reflecting seasonal patterns.

As the charts illustrate, Bystander CPR is reported at 71.4% and is within the control limits. Public Access Defibrillator (PAD) usage at 11.9%, is around the mean for June 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 June 2024 periods and is anticipated to result in stable survival for the current quarter which we will report in future papers.

To further enable our OHCA programme the Public Access Defib (PAD) map website has now been constructed and is at testing stage with the supplier with a release expected at end of quarter two 2024. This will support our work to improve optimal placing of PADs to support delivery of the national aim that 20% of all OHCA's will have a PAD application prior to SAS arrival.

Our focus to improve bystander CPR rates through working with our partners, including Save a Life for Scotland, continues. Planning is at an advanced stage for Restart a Heart Day in October 2024 engaging with communities and targeting schools with the aim of providing defibrillator and CPR awareness to as many young people as possible. This is being led by the Scottish Ambulance Service and more information will be included in future updates.

### Purple Median Times

Median response times to purple category in June 2024 was 6 minutes 43 seconds. We reached 95% of these patients in 19-minutes 02 seconds (95<sup>th</sup> 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 48% of patients being managed without the need for SAS conveyance to the Emergency Department for June 2024 reflecting an increase of 2% since April 2024. Work continues to increase capacity within the Integrated Clinical Hub and the ongoing implementation of Call Before You Convey through Board Flow Navigation Centres and pathways for patients.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 9	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

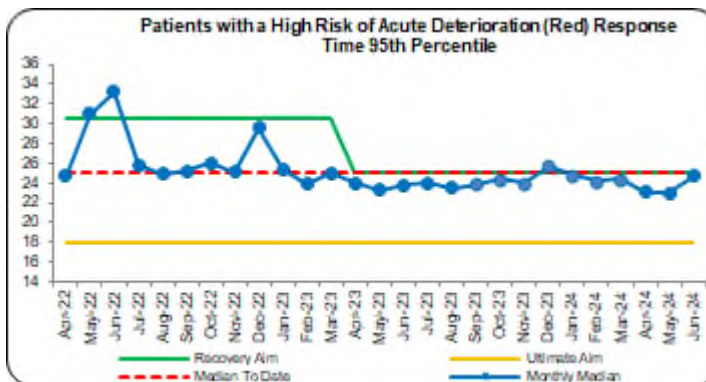
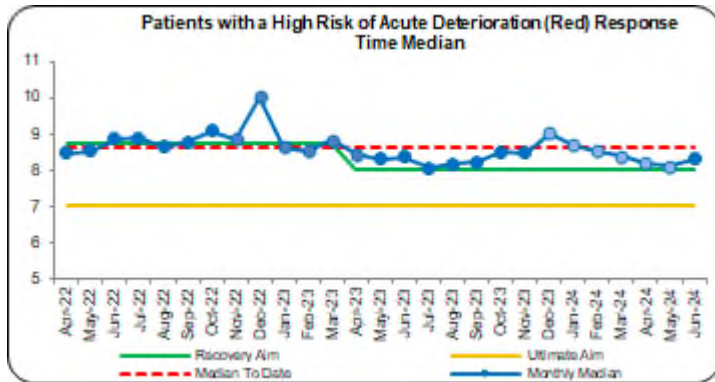
Community first responders and cardiac responders continue to play a valuable role in responding to immediately life-threatening calls across Scotland. As part of our programme of continuous improvement activity, we are exploring other opportunities and system changes to further enhance the impact of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

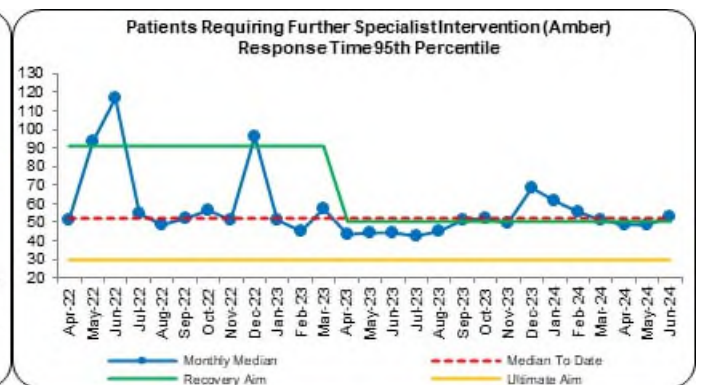
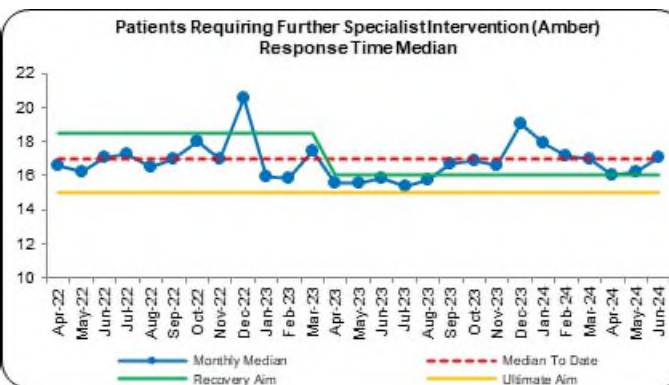
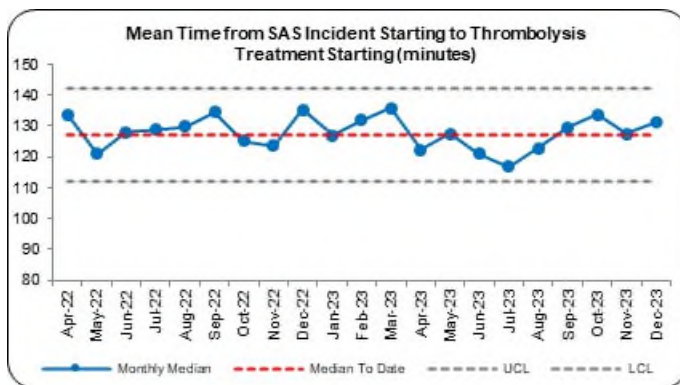
Health Boards continue to work with our regional management teams to produce site action plans in line with the Safe Handover at Hospital principles to support a reduction in delays and early escalatory actions.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 10	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

# 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 95<sup>th</sup> 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 June 2024 we attended 50% of red category incidents within **8 minutes 18 seconds** and amber within **17 minutes 3 seconds**.

Our Major Trauma workstream contributes to the successful delivery of the Scottish Trauma Network. The work of the Critical Care Desk within our Ambulance Control Centre continues to be progressed supporting the early identification of major trauma incidents and the provision of advice to frontline clinicians. We continue to **develop our clinical measurement framework for Major Trauma with a number of indicators to support our ongoing improvement initiatives. We will continue to progress these in 2024-25.**

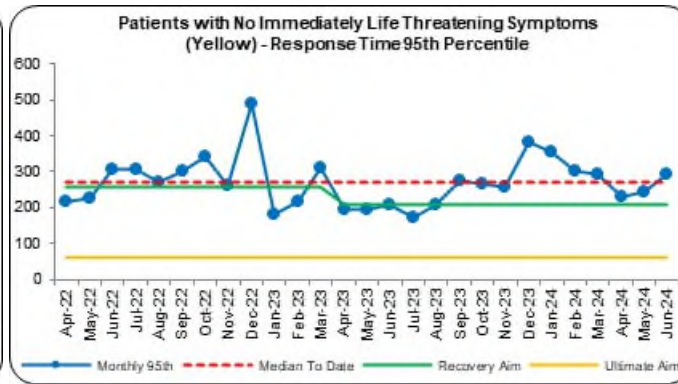
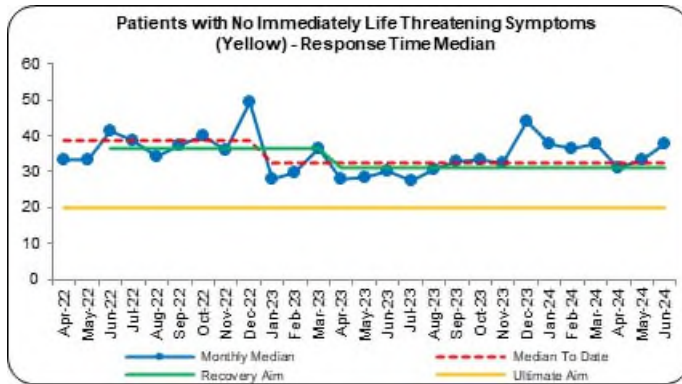
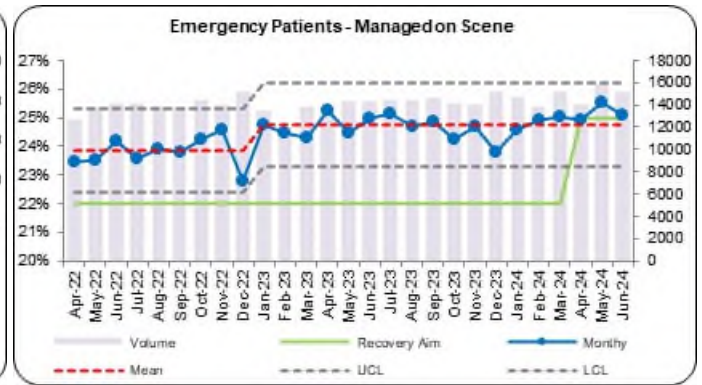
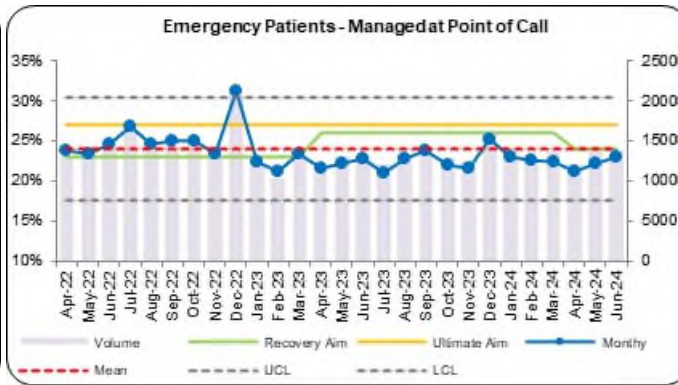
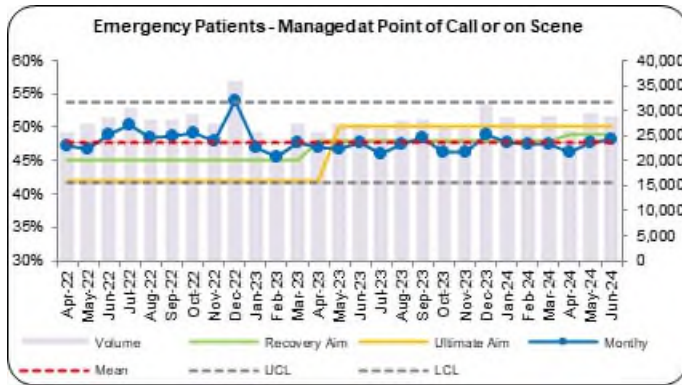
The Service continues to work closely with the national Thrombectomy Advisory Group in the planning and delivery of the phased roll-out of the national thrombectomy hubs. This is a significant step forward in achieving equity of outcomes for all patients. We will continue to monitor thrombectomy transfers 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.

The planned research project aimed at understanding how we can improve stroke recognition and diagnostic accuracy within the Ambulance Control Centre **for patients experiencing hyperacute stroke has commenced**. 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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 12	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

# 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 June 2024 this was **48.1%** with **23.0%** managed-through the Integrated Clinical Hub and **25.1% by our clinicians on-scene following ambulance dispatch.**

**The strengthening of our Integrated Clinical Hub and Pathway initiatives remains a key strategic priority for this year with further opportunities to build on our work with health boards and** 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 – **with planning underway for some discrete tests of change in advance of autumn.**
- Collaboration with health board partners to develop same-day services that meet the needs of SAS patients, including low-risk chest pain, headache, pulmonary embolism, and deep vein thrombosis pathways. **Detailed protocols, including inclusion and exclusion criteria, have been developed to support frontline clinicians in their decision making.**
- Continue to educate and support our frontline clinicians to adopt the use of pathways, including the SAS pathway hub, for proactive and preventative referrals. **As part of our strengthening this model we are looking to utilise examples of impact on the patient including alcohol and drug partnership 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. **We are engaging with a number of new partners to scope out the potential of collaboration to improve what we can offer to patients and their families. An update on progress will be included in future Board updates.**

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 **Hospices across Scotland** and developing our frontline clinicians. **This includes training** in 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:

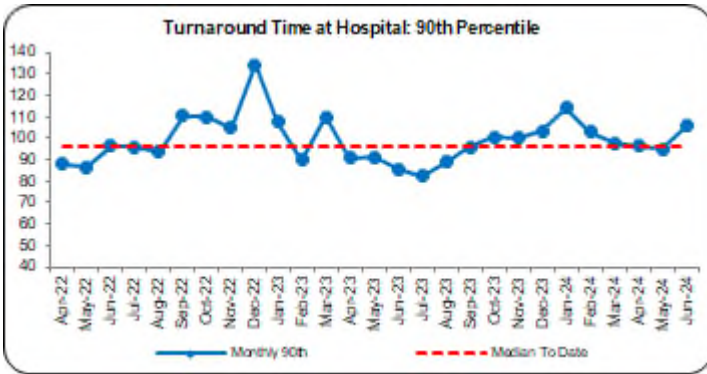
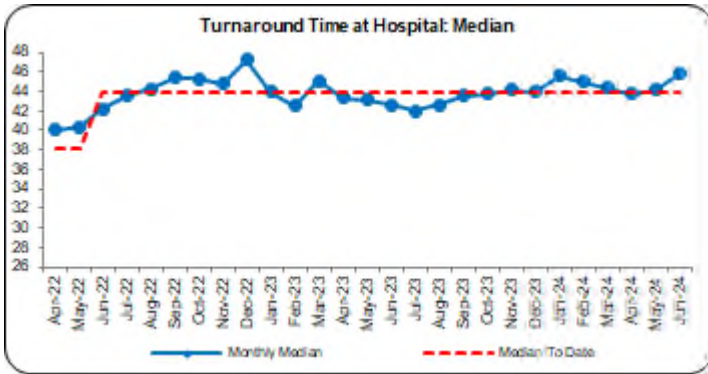
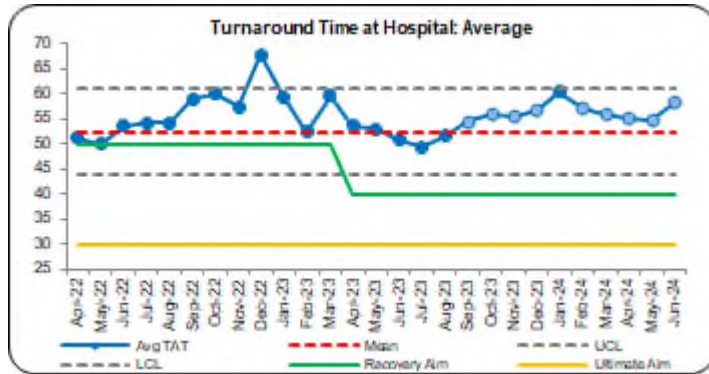
Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 14	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

- 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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 15	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

# 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 June 2024 is 58 minutes 19 seconds. Our crews are, on average, spending 7 minutes 39 seconds longer at hospital for every patient conveyed when compared to June 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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 16	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A



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.
- **The Mental health car in Fife went live on 7th June. This was delayed due to Health Board commitments in May – to date there has been a small number of incidents attended but a review of these confirms all were appropriate for the vehicle to attend. Initial feedback from Police Scotland is overall positive with joint briefings at start of duty commencing as part of the test.**
- **Consultant Connect was introduced as planned on a phased basis across Forth Valley from 3 June. Initial roll out to a limited number of stations to allow testing of process and capacity went well and roll out across the wider area is now programmed in**
- **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. One of the key opportunities identified was improved management of patients in Care Homes. Joint work is now underway to develop an enhanced prof to prof support mechanism to ensure a patient centred approach to identifying the most appropriate care pathway for frail patients.**

**West:**

- **Pathway development and improvements continue to be a focus within the Glasgow area and engagement with NHS Greater Glasgow and Clyde continues. There have been challenges within the Flow Navigation Centre from an availability of Advanced Paramedics position but also from a Health Board perspective. Focused engagement within Glasgow East to ascertain what more can be achieved with Pathway use is underway and feedback opportunities are being maximised across the area to identify both challenges and opportunities.**
- **NHS Lanarkshire continue to experience capacity challenges, but engagement remains positive. A newly appointed Head of Service is now in place and the previous positive relationships will continue to maximise collaboration.**
- **Call before you convey numbers dipped within NHS Ayrshire & Arran recently and a refresh of the previous engagement with operational resources was commenced. Weekly engagement continues but system pressures remain. The local management team will continue to identify any opportunities for improvement and proactively encourage the review of the escalation process to promote improvement.**

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 17	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

## 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 Officer and Clinical Team Leader cover at key hospital sites.
- Engagement with NHS Grampian to measure progress against Unscheduled Care Performance Improvement Plan.
- Collaborative 'Joint Escalation Framework' between NHS Grampian and SAS awaiting final sign off.
- 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.
- Digital Patient Transfer in testing between SAS and NHS24
- Trials underway in NHS Lanarkshire area, for the Health Care Professional on-line booking process.

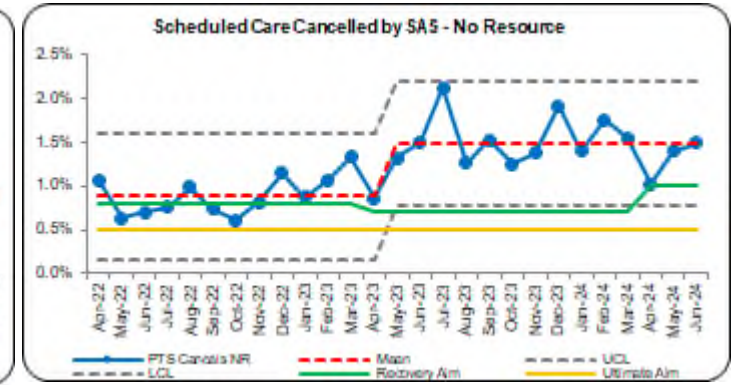
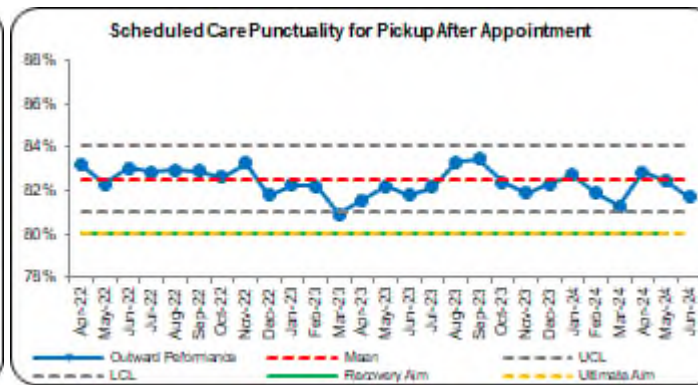
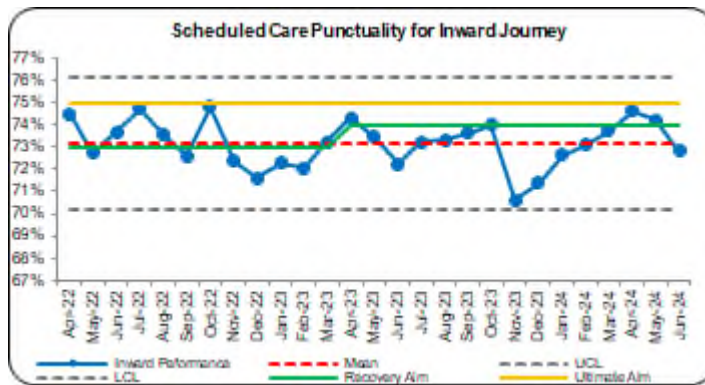
Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 18	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

**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 updated service risk management policy will be submitted to Audit and Risk Committee in October 2024 for approval.
- 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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 19	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

# SC: Scheduled Care



## What is the data telling us?

The number of Scheduled Care calls remains stable at **31,658** in June 2024.

Journey demand in May and June 2024 has remained at a consistent level, **taking account of seasonal variation, with 29,016 and 26,034** completed journeys respectively in those months.

Punctuality after appointment was **81.7%** in June 2024, above the recovery and ultimate aim of 80%, while punctuality for inward appointment was **72.8%, below** the recovery aim of 74%.

The percentage of Patient Transport Service cancellations by the Service in the 'No Resources' category was **1.5%** in June 2024, which **is out with** 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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 20	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

## What are we doing and by when?

### Recruitment & Training

National recruitment is ongoing for Scheduled Care with advertised 12 permanent positions to be advertised nationally with consideration given to redeployment.

### Cleric Upgrade

Further upgrades for Cleric continue with the most recent of these being our Gazetteer, Resource Status Screen, rolling over of bookings process and Alternative Providers for Wheelchair users. Our Patient PNA is being updated to explore with patients who require minimal assistance what the barriers are to them from travelling by other means. This update will introduce companies who have wheelchair accessible taxis to the Alternative Provider list. Existing alternative providers who support wheelchairs will also appear on the wheelchair pathway and where the provider has a website this will be linkable from the Alternative Provider screen in APTS. This builds on existing work to signpost to alternative providers

### Gazetteer

Earlier this year we successfully implemented the Gazetteer within Cleric. Feedback at the time was that it had been successful and beneficial to the users of the system including sight of cross border (England & Wales) streets for out of area discharges and transfers. A further upgrade took place as planned in early July and maintenance of these is scheduled to take place every six to eight weeks.

### Scheduled Care Improvement Project

The Scheduled Care New Project Proposal was approved by the Engine Room Group in June and will progress to the 2030 Steering Group for final endorsement at the end of July.

This is a shift from the formerly proposed Scheduled Care Transformation Programme to a Scheduled Care Improvement Project with a reduction to the scope.

A Project Board will be established to coordinate the delivery of the workstreams under this project.

This Project has 2 key aims:

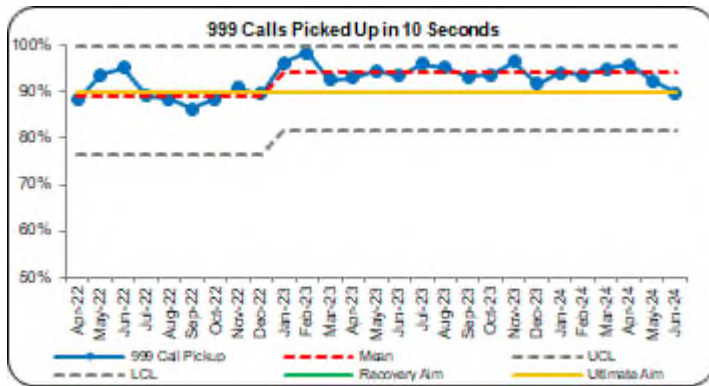
1 - The Project will explore opportunities for focussed improvement across Scheduled Care including Timed Admissions, whilst aiming to achieving efficiencies of £350,000 by April 2025.

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

The efficiency savings will be achieved by the procurement of a more dynamic and demand led support provision instead of the current provision which is less responsive to Service needs and by strengthen the guidance and controls in ACC and on the road for crews to request a taxi to ensure it is the most appropriate resource for the patient at that time.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 21	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

# Other Operational Measures



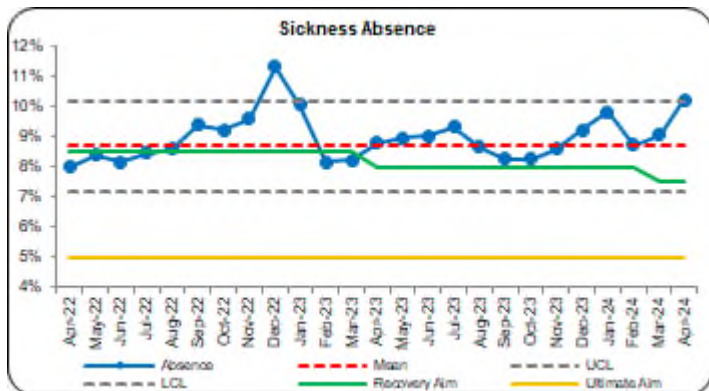
## What is the data telling us?

The proportion of 999 calls answered in 10 seconds has seen improvement and stability since January 2023 remaining around the mean. In June 2024 the call pickup compliance was 89.8%, slightly below the aim of 90%.

June saw a sustained increase in call volume which has impacted the call answering standards for 999 calls although it remains within normal variation.

# SE: Staff Experience

## Sickness Absence



Author: Chief Executive

Review Date: N/A

### **What is the data telling us? –**

Sickness absence at end April 2024, was **10.2%**.

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.

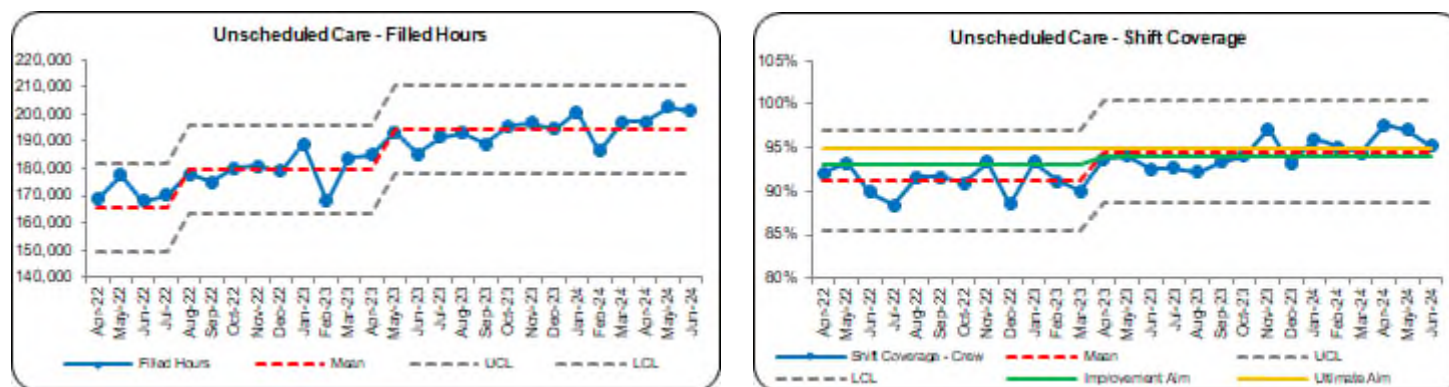
### **What are we doing and by when? -**

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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 23	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

## 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 June 2024 was 62.2% 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:

Although there have been challenging days for the West Region, operational cover has consistently been above 95%. There have been some challenges due to the sickness/absence rate increasing primarily due to respiratory/covid type presentations but maintaining a focus on gaps has produced some positive results. Recruitment within Argyll specifically remains a challenge and will continue to be a focus of the local team. We have allocated 15 new appointments to the July NQP driver training course and this will hopefully create a very healthy position moving into the winter period with operational cover.

The management structure remains fragile due to vacancies. However, a recruitment process is due to be concluded imminently. Sickness/absence has also been a challenge within the management team which is an unusual position for the region to be in. The clinical quality lead is now in post, and we have a focused on improving the SAER position.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 24	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A



## East Region:

In the East we are currently taking a number of candidates through the Newly Qualified Paramedic selection process with 71 successfully through the process. The Region is now working to match successful candidates to vacancies and course places. This process is complex with a range of factors which require to be considered including status of HCPC registration process, driving licence status, actual/ projected vacancies and individual preference. This is a particular challenge with many candidates opting for the Lothian area where recruitment requirement is more limited.

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

The East region made good progress recruiting to the full CCRT responder requirement and following initial training, the teams are now embarking on a programme of refresher training.

## North Region:

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

- 6 Newly Qualified Paramedics (NQPs) undertook their clinical induction during January and February 2024
- 6 Trainee Ambulance Care Assistants (ACAs) undertook their initial training in February 2024
- 16 Trainee Ambulance Technicians undertook their initial training during March 2024
- 4 NQPs will undertake their clinical induction in July
- 1 NQP will undertake their clinical induction in September
- 11 NQPs will undertake their clinical induction in October
- 5 NQPs will undertake their clinical induction in November
- 1 NQP will undertake their clinical induction in January
- 2 NQPs are in the process of being made verbal offers and will be booked on their clinical induction
- 14 NQPs remain in the pool and can be recruited to suitable vacancies
- 4 NQPs remain to be interviewed, 3 arranged for mid-July and a date is being arranged for the fourth
- North Region to increase recruitment number of NQP's to align with future forecasting of workforce turnover for Paramedic vacancies
- Work is ongoing to fill Paramedic vacancies where they arise particularly in harder to recruit to remote and rural areas
- 12 Trainee Technician applicants remain in the pool and can be recruited to suitable vacancies for the September Trainee Technician course
- Trainee Technician vacancies will be advertised mid-July in preparation for the September Trainee Technician course

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 25	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

## 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.

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

### 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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 26	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 27	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

Scottish Ambulance Service	
2024/14 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
<b>Total</b>	<b>675.00</b>

## 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
<b>Total</b>				176				99					275
<b>SAS Programmed NQP Training</b>				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

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 28	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A

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.

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. EPPD are currently developing a schedule of training courses across 2024/25 to address this demand.

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.

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.

Doc: 2024-07-31 Board Quality Indicators Performance Report	Page 29	Author: Chief Executive
Date 2024-07	Version 0.3	Review Date: N/A