NOT PROTECTIVELY MARKED

Public Board Meeting	**November 2018** **Item No 07**

THIS PAPER IS FOR DISCUSSION

BOARD QUALITY INDICATORS PERFORMANCE REPORT

Lead Director **Author**	Pauline Howie, Chief Executive Executive Directors
Action required	The Scottish Ambulance Service Board is asked to **discuss progress** within the Service detailed through this new Performance Report:- 1. **Discuss** and provide feedback on the format and content of this new report as proposed at the October Board. Development Session 2. **Note** performance against Operational Delivery Plan (ODP) standards for the period to end October 2018. 3. **Discuss** actions being taken to make improvements.
Key Points	This new 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 against our ODP for Clinical, Operational, Scheduled Care and Staff Experience Measures. Clinical Measures • Our work to save more lives from cardiac arrest continues to deliver improved results – for the last eight months we have exceeded our aim of 42% of patients in VF/VT arrest arriving at hospital with a pulse – our performance in October 2018 was 51.5%. • We continue to reliably implement the pre-hospital stroke bundle, with the data in October 2018 demonstrating 95.9% compliance. This is the tenth consecutive month that we have sustained practice above the 95% aim. • Further clinical measures are in development and it is anticipated that these will form part of the future Board Performance Report by summer 2019.

	Operational Measures • Our response times for the most critically ill patients remain within standards. Further improvement work is being actively progressed to improve response times for non Immediately Life Threatening patients. • Our punctuality for scheduled care appointments are within standards. Further improvement work to reduce cancellations is being actively progressed. • Further operational measures are in development and it is anticipated that these will form part of the future Board Performance Report by spring 2019. Staff Experience Measures • In our employee engagement work, following the successful iMatter single organisational cohort action planning phase the focus is now on additional team development using other complementary resources to maintain momentum on action plan delivery. • Sickness absence - we aim to sustain improvements through the wellbeing programme and refreshed attendance management actions to further reduce absence.
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.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD.

Link to Corporate Objectives (continued)	5.1 Improve our response to patients who are vulnerable in our communities. 6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.
Contribution to the 2020 vision for Health and Social Care	This programme of work underpins the Scottish Government's 2020 Vision. 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 Operational Delivery Plan.
Benefits to Patients	This 'whole systems' programme of work is designed to support the Scottish Ambulance Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are 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 and supports the Service's transition towards 2020.
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 Towards 2020: Taking Care to the Patient are regularly reviewed and utilised to inform the equality and diversity needs.

SCOTTISH AMBULANCE SERVICE – BOARD PERFORMANCE REPORT

The Board Performance Report consists of data pertaining to a number of Scottish Ambulance 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

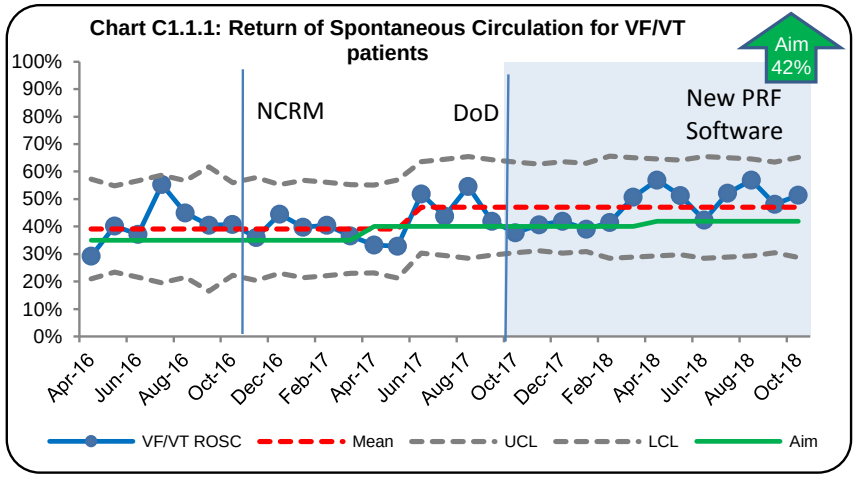
Rule 1: A single point outside the control limits
Rule 2: A run of eight or more points in a row above or below the mean
Rule 3: Six or more consecutive points increasing or decreasing
Rule 4: Two out of three consecutive points near (outer one-third) a control limit
Rule 5: Fifteen consecutive points close (inner one-third) to the mean

Run Charts

Rule 1: A run of six or more points in a row above or below the median
Rule 2: Five or more consecutive points increasing or decreasing
Rule 3: Too few or too many runs, or crossings, of the median
Rule 4: Undeniably large or small data point (astronomical data point)

C1: Clinical Measures – Cardiac Arrest ROSC

C1.1 VF/VT ROSC



NCRM = New clinical Response Model DoD = Dispatch on disposition

What is the data telling us? – On average we attempt resuscitation on 75 patients in a VF/VT rhythm per month. We continue to perform above our aim with 51.5% of VF/VT patients achieving return of spontaneous circulation (ROSC) in October (Chart C1.1.1). The recalculated Mean at June 2017 demonstrates a statistical shift in improving the rate of ROSC and saving more lives.

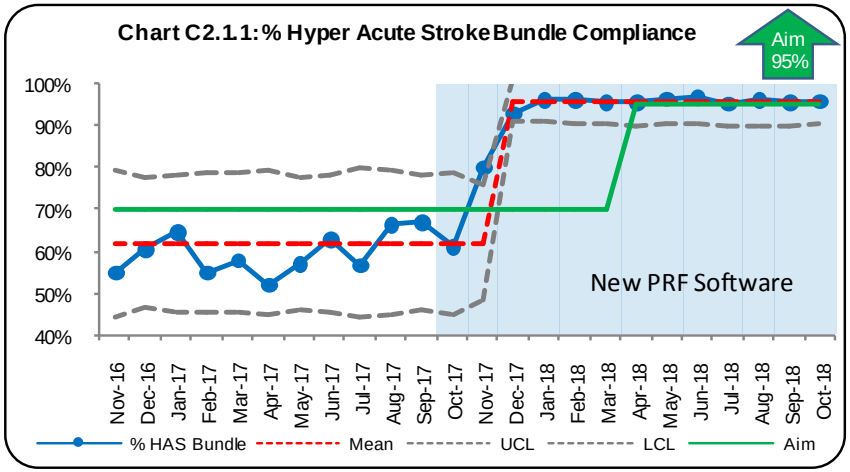
Why? – The Service continues to be a key partner in the delivery of the Scottish Government's Out of Hospital Cardiac Arrest (OHCA) strategy, linking across the whole chain of survival. The main factors which influence ROSC are bystander CPR followed by timely defibrillation when indicated. However, evidence suggests that early identification of OHCA by the Ambulance Control Centre through the use of Pre-Entry Questions and key phrases, as well as dispatch on disposition, is a large contributory factor to this success.

What are we doing to further improve and by when? – The Service is taking forward improvement programmes as part of the Out Of Hospital Cardiac Arrest work under the Clinical Service Transformation Programme.

Further Cardiac Arrest measures are in development and it is anticipated that these will form part of the future Board Performance Report by summer 2019.

C2: Clinical Measures – Stroke

C2.1 Hyper Acute Stroke Care Bundle



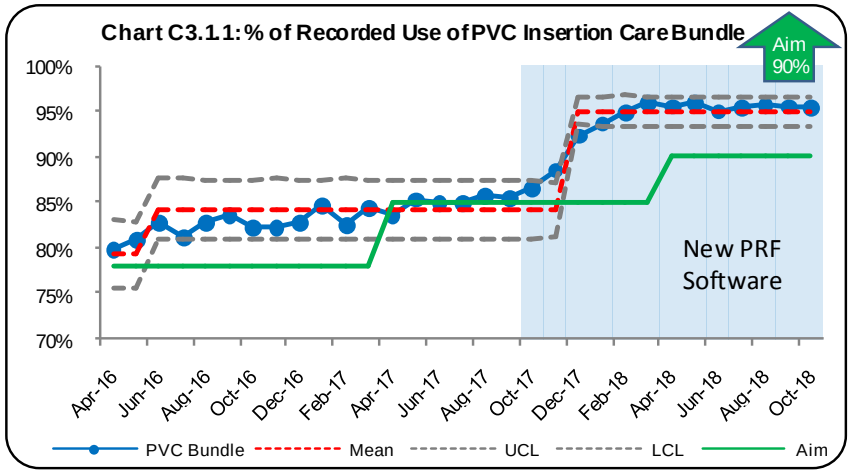
What is the data telling us? - On average we attend 313 hyper acute stroke patients per month. We are continuing to reliably implement the pre-hospital stroke bundle, with the data in October demonstrating 95.9% compliance.

Why? - The Service continues to lead on the pre-hospital recognition and intervention for stroke. This includes early recognition of stroke by the Ambulance Control Centre and the New Clinical Response Model approach to tasking for stroke patients. Additionally, a dedicated post was in place previously to lead our work in improving care for patients with stroke. The introduction of the new PRF software has made it easier for crews to accurately record when they are providing the stroke pre-hospital care bundle.

What are we doing to sustain this level of implementation? – Implementation of the stroke pre-hospital care bundle will continue to be measured. A feedback system for crews and stations is being tested to support continuous improvement. Scottish Government is leading a piece of work to revisit the national stroke pathway to include thrombectomy and the Service will play a key role in this future development, including updating how we measure the components of care for patients with a stroke.

C3: Clinical Measures – Infection Control

C3.1 PVC Insertion Care bundle



What is the data telling us? - On average we cannulate 3,715 patients per month. Compliance for recording application of the PVC insertion bundle for these patients continues to be maintained well above the 90% target and has been above 95% for the last 8 month period. Compliance for September and October was 95.6% and 95.5% respectively.

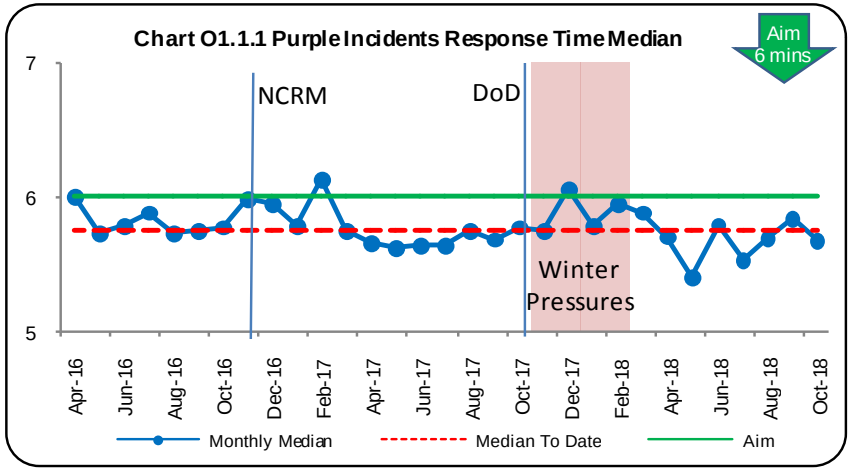
Why? - Since the introduction of new software used by the ambulance crews recording of compliance with the PVC bundle has improved and is being maintained.

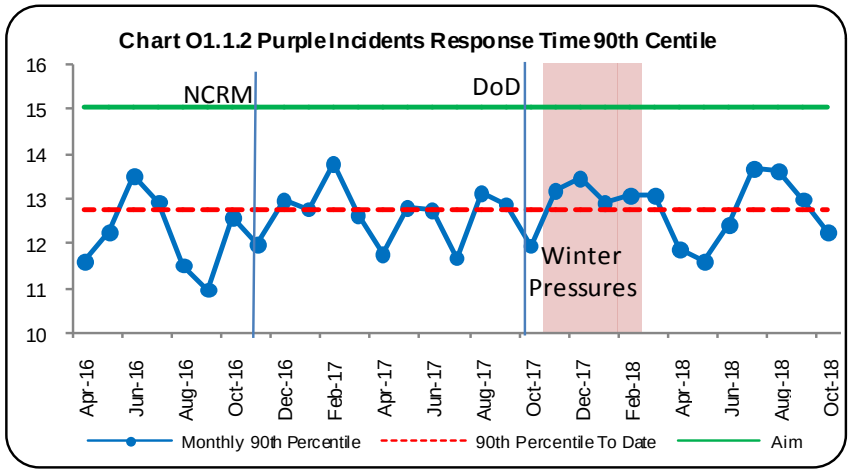
What are we doing and by when? - Compliance is monitored monthly across all Regions to ensure it is maintained above target.

Further clinical measures are in development and it is anticipated that these will form part of the future Board Performance Report by summer 2019.

O1: Operational Measures – Unscheduled Care

O1.1 Purple Incidents Response



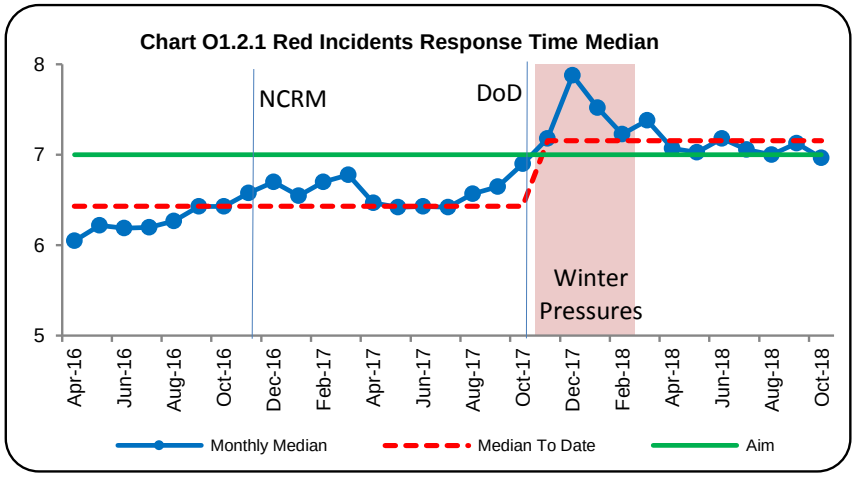


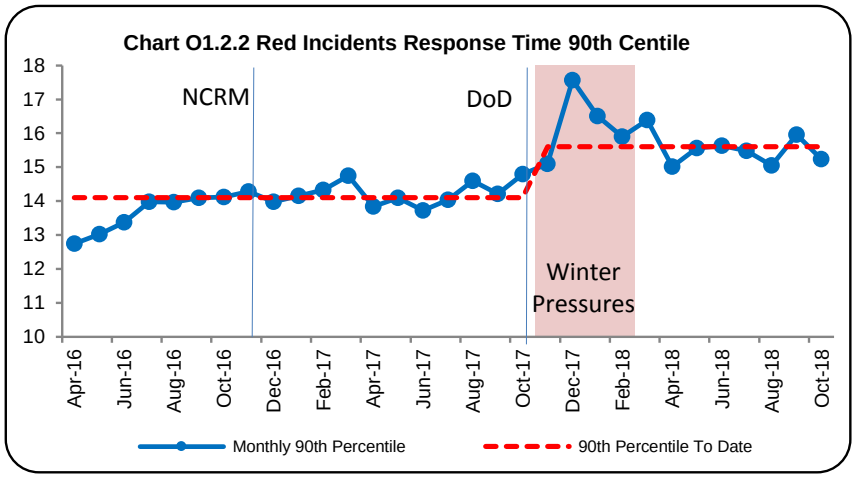
What is the data telling us? - On average we attend 785 purple incidents per month, these are our highest priority calls to the most acutely unwell patients. For October 2018, performance median was 5 minutes 40 seconds (against a standard of less than 6 minutes), with a 90th percentile of 12 minutes 15 seconds (against a standard of less than 15 minutes). Performance within these areas remains stable.

Why? – This is the highest priority call and identified early in line with the NCRM through the key entry questions. We send the nearest available resource which includes diverting them from lower acuity calls. We also send an additional resource (when available) to ensure we have 3 pairs of hands at the scene to improve the outcomes from Cardiac Arrest.

What are we doing and by when? – We continue to focus on the pre-positioning of resources when available to reduce the travel time of ambulance resources arriving at the scene.

O1.2 Red Incidents Response



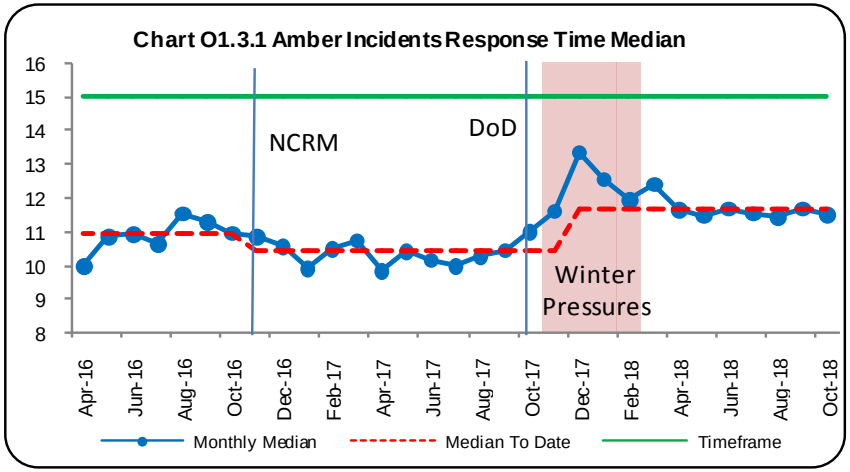


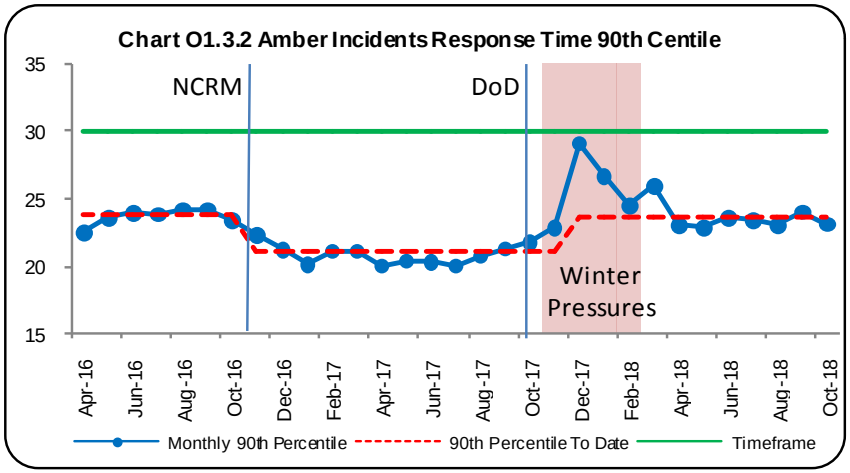
What is the data telling us? - On average we attend 5,536 red incidents per month, these are our second highest priority calls to patients in an immediately life threatening situation. For October 2018, performance median was 6 minutes 58 seconds (against a standard of less than 7 minutes), with a 90th percentile of 15 minutes 14 seconds (against a standard of less than 15 minutes). Performance within these areas remains stable.

Why? - The introduction of Key Phrases has improved the earlier identification of patients who present with life threatening conditions. Since their introduction we continue to identify more Red calls earlier, enabling quicker dispatch of a resource.

What are we doing and by when? – We are reviewing all Red calls to identify any common or special cause for the increase. We continue to focus on the pre-positioning of resources when available to reduce the travel time of ambulance resources arriving at the scene.

O1.3 Amber Incidents Response



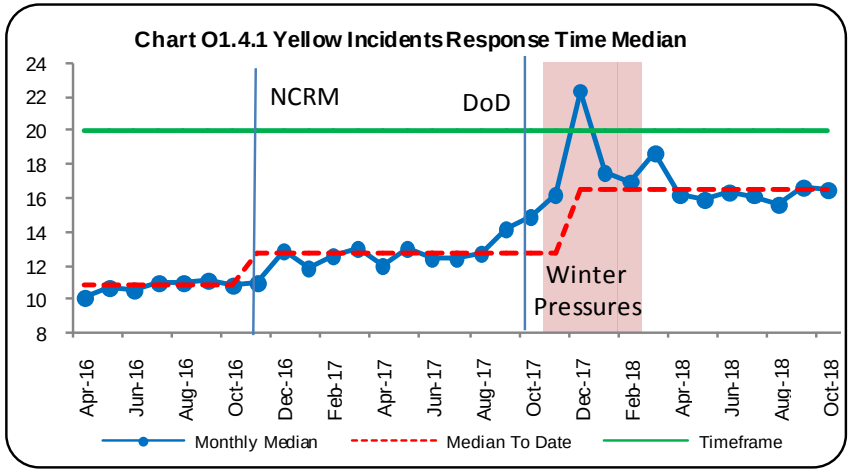


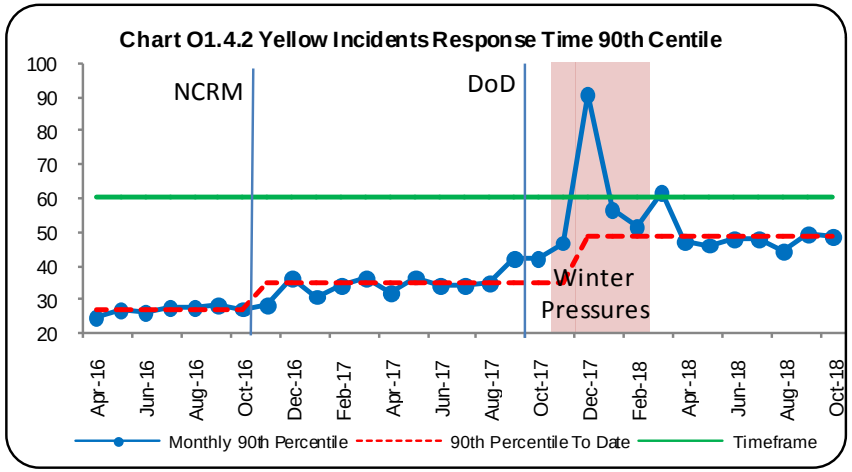
What is the data telling us? - On average we attend 9,866 amber incidents per month, these are patients who have a defined need for an acute care pathway. For October 2018, performance median was 11 minutes 30 seconds, with a 90th percentile of 23 minutes 6 seconds. Performance within these areas remains stable. Although there are no specific time standards for Amber calls indicative time frames for these calls are 15 minutes for the median response and 30 minutes for the 90th percentile response.

Why? – The introduction of Dispatch Prompts identifies that the most appropriate resource for these patients is an ambulance for transport. This ensures that patients who require a specific clinical pathway arrive at the destination location quicker.

What are we doing and by when? – We continue to review Amber Calls to identify any common or special cause. Where a transporting resource is not available within 25 minutes a Paramedic will be sent and backed up as soon as transport capable resource becomes available.

O1.4 Yellow Incidents Response



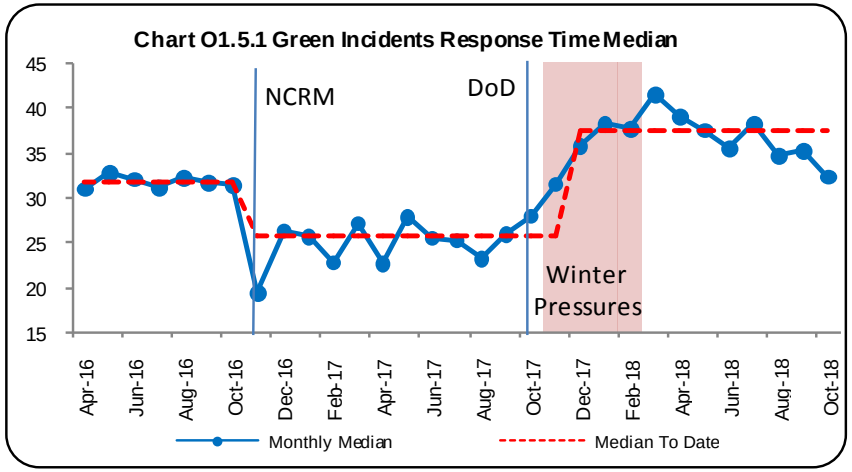


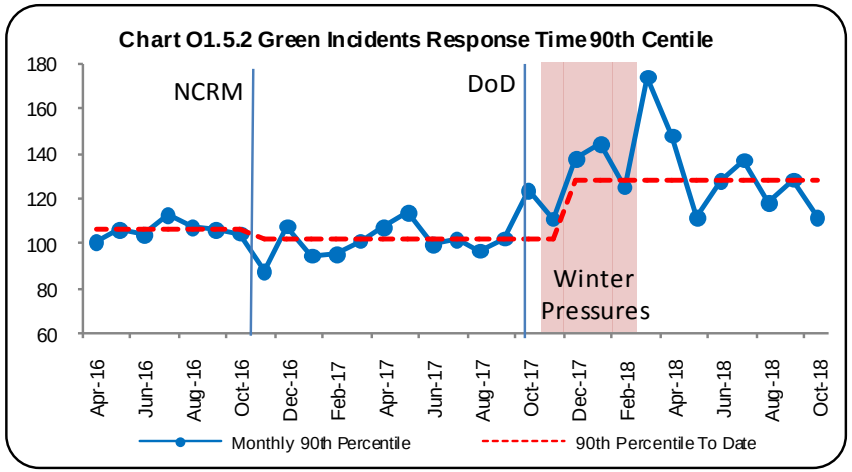
What is the data telling us? - On average we attend 26,539 yellow incidents per month, these are non-immediately life threatening patients who require a response with the right resource whether that be for transfer to hospital or for referral to an alternative pathway. For October 2018, performance median was 16 minutes 23 seconds, with a 90th percentile of 48 minutes 32 seconds. Performance within these areas remains stable. Although there are no specific time standards for yellow calls indicative time frames for these calls are 20 minutes for the median response and 60 minutes for the 90th percentile response.

Why? – Where demand exceeds resource provision, resources will be diverted to higher priority calls to enable us to prioritise ILT, the sickest patients. Ambulance resources delayed at hospital directly impact on our ability to respond to these patient timeously.

What are we doing and by when? – We continue to review yellow calls to identify any common or special cause. A work programme of clinical risk and demand management, led by the Medical Director and the Director of National Operations has been developed in order to mitigate risk, reduce delays and improve patient experience for those patients in lower clinical acuity categories. This requires a whole system approach to matching resources to demand and continually considering the clinical acuity of patients affected. In cases of delayed response, welfare call backs are undertaken to ensure patient safety, and enhanced management arrangements for injured falls patients in public places were introduced in November 2018.

O1.5 Green Incidents Response





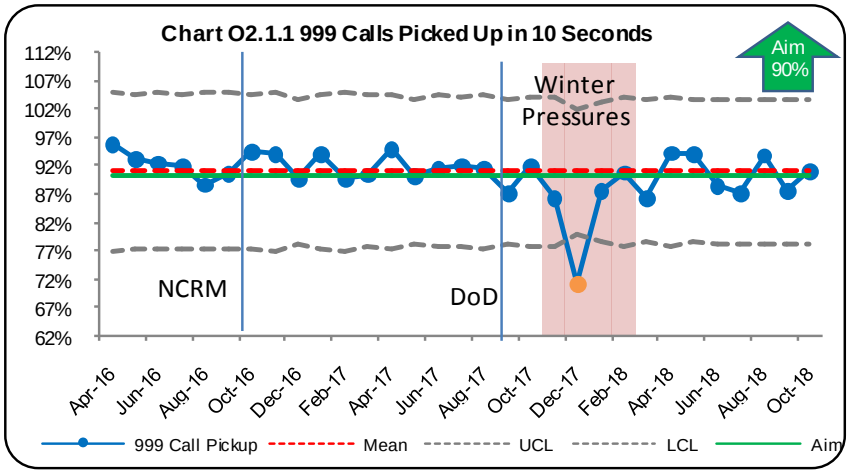
What is the data telling us? - On average we attend 6,629 green incidents per month, these are non-immediately life threatening patients who have the potential for additional clinician led telephone triage or face to face assessment when required. For October 2018, performance median was 32 minutes 16 seconds, with a 90th percentile of 1 hour 51 minutes 17 seconds. Performance within these areas remains stable.

Why? – Where demand exceeds resource provision, resources will be diverted to higher priority calls to enable us to prioritise ILT the sickest patients. Ambulance resources delayed at hospital directly impact on our ability to respond to these patient timeously.

What are we doing and by when? – We continue to review Green Calls to identify any common or special cause. In cases of delayed response, welfare call backs are undertaken to ensure patient safety as detailed in the work programme mentioned O1.4.

O2: Operational Measures – 999 Calls

O2.1 999 Calls Answered in 10 Seconds



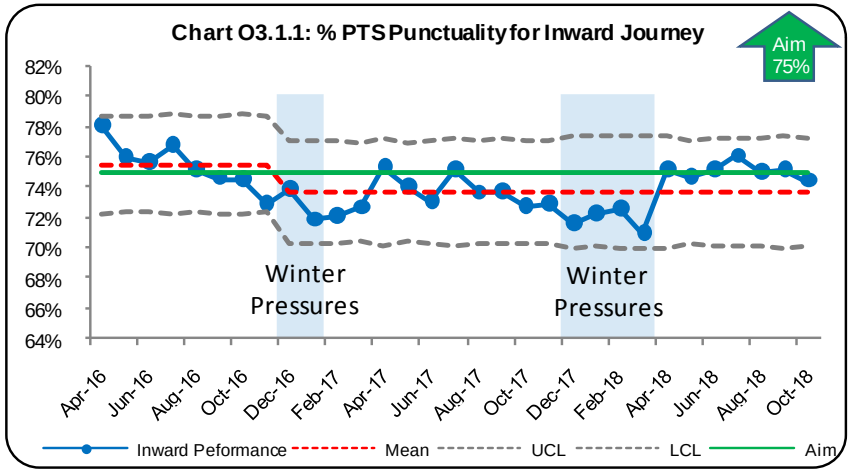
What is the data telling us? – On average we answer 44,419 999 calls per month. For October 2018, 90.8% of 999 calls were picked up within 10 seconds (against a standard of 90%). Performance within these areas remains stable.

Why? – Call demand fluctuates by hour of the day. When incidents occur in public places, we sometimes see a sudden spike in call demand due to multiple calls for the same incident. Whilst this is not uncommon, where we see a number of these across the country in quick succession demand exceeds capacity.

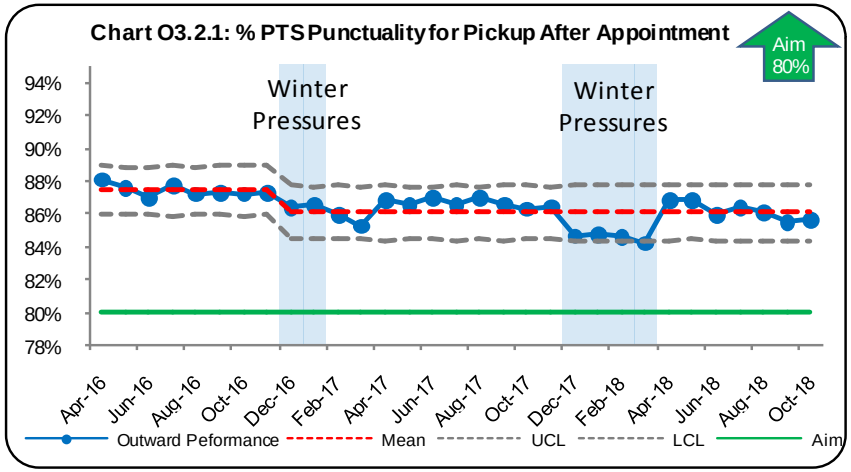
What are we doing and by when? – We continue to review call pick up performance to identify any common or special cause. We regularly review patterns of call demand to ensure that we have sufficient resources to answer 999 calls as soon as possible. We have recently recruited more call handlers and expect these people to be fully trained prior to the Festive Season.

O3: Scheduled Care

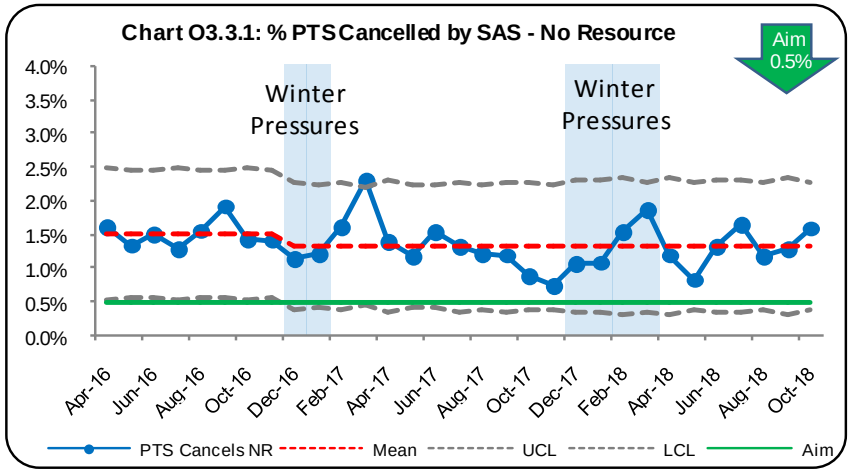
O 3.1 Punctuality for Inward Journey



O 3.2 Punctuality for Pickup After Appointment



O3.3. Cancelled by SAS No Resource



What is the data telling us? - Punctuality for Inward Journey (O3.1.1) was at 74.4% for October, although slightly below the target of 75%, remained above the mean for the 7th consecutive month. If in November, punctuality continues above the Mean then this 8thconsecutive point will demonstrate a statistical shift in performance. On average we carry out 20,382 inward PTS journeys per month.

Punctuality for Pickup after Appointment (O3.2.1) has dropped slightly in September and October but remains within normal variation. On average we facilitate 25,342 PTS pickup from appointments per month.

PTS Journeys cancelled by SAS – No resource (O3.3.1) remains above target, the numbers are close to the mean and within normal variation. On average we carry out 78,069 PTS journeys per month.

Why? - Punctuality for Inward Journey (O3.1.1) has improved since winter pressures eased during March. The mean performance since April has been 75.1%.

Performance for Punctuality for Pickup after Appointment (O3.2.1) has been stable over the past year excluding the winter period and remains above target. PTS crews can be tasked with additional patients (including discharges as well as other inward journeys such as same day GP admissions) in the time between inward and outward out-patient journeys. Whilst this is managed closely by ACC, this can occasionally impact on punctuality of pick-up after appointment.

PTS Journeys cancelled by SAS – No resource figure sits at 1.6% (O3.3.1) and represent a small proportion of the total and includes factors such as high abstractions including vacancies and short notice staff call-offs.

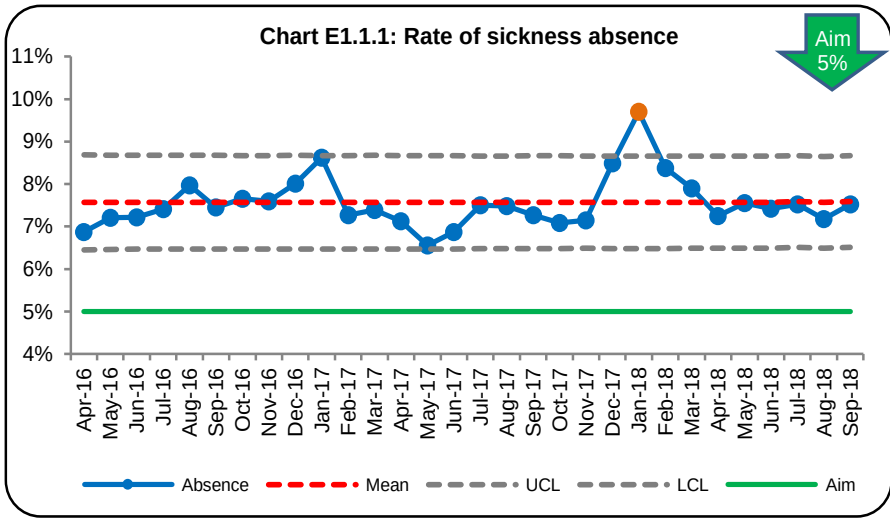
What are we doing and by when? - PTS resourcing has been under pressure over the past year due to retirements and staff taking up opportunities such as the VQ Technician training course, in addition to the usual abstractions such as annual leave, sickness, maternity leave etc. A number of new PTS staff have been recruited and trained across the Service in the early part of the year which has helped offset this and further courses are planned over the next year. Improvement in this area is a point of focus for the Scheduled Care Advisory Group in order to reduce cancellations towards the target of 0.5%.

In addition, work is ongoing to manage demand using Capacity Management processes and reviewing provision of some services such as renal patients being supported by alternative means. Performance is reviewed monthly by the Executive team and regions have local improvement plans which are being progressed and tracked.

Further operational measures are in development and it is anticipated that these will form part of the future Board Performance Report by spring 2019.

E1: Staff Experience

E1.1 Sickness Absence



What is the data telling us? - Absence level for the 2017/18 performance year was 7.6% (Chart E1.1.1) the same as in 2016/17.

Why? - Although not yet achieving the aim, the September figure of 7.5% remains slightly below the mean.

What are we doing and by when? - Actions introduced to address the previous absence rise are continuing as we focus on sustained improvement:

- Regular Executive team monitoring of vector of measures for regions and sub regions to review areas with the highest absence levels. Following the latest review the attendance management action plan is being refreshed to target activity.
- Delivery of the working practices action plan to address issues which are impacting on staff health, wellbeing and motivation.
- Focus on staff engagement activity including emphasis on local iMatter action plan delivery to enhance staff experience and engagement.

E1.2 Employee Experience

What is the data telling us? - Engagement in the Service is measured by employee engagement index (EEI). The ambition is to reach an aim of 70 by 2020. 2018/19 milestone was set at 62 (based on anticipated potential drop during our second phase). The iMatter Board response rate for 2017 was 64% (compared with 63% NHS Scotland) with an employee engagement index (EEI) score of 67 (75 for NHS Scotland).

Why? - The response rate in the 2018/19 cycle achieved was also 64% with a Board EEI score of 67, maintaining our position from the initial implementation phase. The Service achieved an excellent outcome in terms of the action planning phase, with the percentage of action plans completed by the end of the 12 week period at 86%. This achieved our aim of sustaining the significant improvement in 2017/18 (73% completion rate), placing the Service within the higher performing Boards with the NHS Scotland average at 43%.

What are we doing and by when? - The Service will run again as a single cohort in May 2019. This will allow year on year comparisons to be made as the whole of the Service will be going through the process at the same time. In the meantime work will focus on progressing with the delivery of iMatter action plans and supporting teams in further complementary development activity using our Values toolkit and other resources.

The results from the Health and Social Care Staff Experience Report 2017 identified three themes requiring most attention are consistent with those arising across NHS Scotland; confidence in performance management across the organisation, visibility of management and involvement in organisational decisions.

The Staff Governance Committee approved the Organisational Development (OD) Plan for 2018/19 in June which incorporates activity to address these key themes. Planning is now underway for the OD Plan 2019/20 to build on this year's work to promote positive change to support employee engagement.

Employee Experience reporting will be extended into new areas of activity in 2019, which reflect the wider Organisational Development agenda.