

Scottish Ambulance Service
 Quarterly Report
 Highland



Reporting Period	From: April 2013	To: October 2013	Prepared by: G Macleod
1. General Performance Update			
1.1 A&E Performance			
A breakdown of performance From the 1 st April 2013 is outlined below			
Month 6	Cat A	Cat B	1 Hr Urgent
Highland	70.3%	88.5%	94.4%
<p>This reflects a 0.9% improvement in Cat A performance for the same period last year.</p>			
1.2 Increase in A&E Activity			
<p>During 2012/13, A&E Incidents in Grampian and Highland increased by 2233 (2.7%) compared to 2011/12. There was a 3.8% increase in Cat B Incidents, a 7.8% increase in Cat C Incidents and a 14.9% increase in Routine Incidents.</p> <p>During the first 6 months of 2013/14, A&E Incidents in Grampian and Highland have increased by 857 (2.1%) compared with the same period during 2012/13. There has been an</p> <ul style="list-style-type: none"> • 11.6% increase (917) in Cat A Calls, • a 1.5% reduction in Cat B Calls, • a 9.6% increase in Cat C Calls and • a 6.7% reduction in Routine Calls. <p>Highland increased by 431 emergency incidents (3.1%)</p> <p>Work is ongoing to increase community first responder and emergency responder schemes.</p> <p>The reasons for the increase in A&E demand are outlined below. The North Division Management team are continuing to work with internal and external stakeholders to discuss ways to address this increase in demand and to continue to explore alternative pathways of care.</p> <ul style="list-style-type: none"> • 999 calls from public • Calls from NHS24 • Calls from GPs and Hospitals • Falls and Community Alarms • Wider pressure on health and social care system • Limited Clinical Advisor Cover in the North ACC to clinically triage calls • Inter Hospital Transfers • HOSRED and Defib Module • Increase in Police calls 			

1.3 A&E Vacancies

There are currently **11 A&E vacancies** across Highlands. This includes

- 1 GCU Student started on the September Course and will go on the road during December.
- 11 other vacancies in: Lochinver, Gairloch, Bettyhill, Golspie x2, Kinlochbervie, Lairg, Nairn, Fort William, Glencoe and Strontian.
- These posts required specific advert targeted locally rather than a generic nation advert for North Division

A&E Vacancies are continuing to have a direct impact on operational and financial performance. New Relief Staff who have come through as GCU Students are unable to work alongside other GCU students and this has presented operational challenges in locations which have more than 1 student.

1.4 Scheduled Care Update

PTS Punctuality for Appointment is currently **83.0%** against the target of **75%**.

PTS Punctuality for Pickup after Appointment is currently **86.1%** against the target of **90%**.

PTS Journeys cancelled by SAS in Highland is higher than we would like; however, with recent recruitment the number of cancellations has come down.

- Filling vacant PTS Posts
- Sending New PTS Staff on PTS Training Course in October and November 2013

The North Division has a Scheduled Care Project team and Action Plan in place to continually improve performance and enhance the service.

North Division PTS Requests and PTS Journeys for the period April to September 2013

Month 6 Apr to Sept	Total 'Requests'	Total 'Journeys'	C	C1	C2	Stretcher
Highland	30597	25314	14999	7115	2187	987

Total 'Requests' for PTS received during the first 6 months of 2013/14 compared to the same period during 2012/13

- **Highland PTS Requests increased by 567 (1.9%)**

It was expected to see an increase in requests as we continue to advertise the scheduled care service more now than in the past and this may have contributed towards the increase in C patients due to limited signposting. With the Integrated Transport Hub now established this should help improve the signposting of C patients who can walk unaided and access more suitable alternative transport.

Total 'Journeys' during the first 6 months of 2013/14 compared to the same period during 2012/13. Excludes Journeys transferred to A&E.

- **Highland Journeys increased by 78**

C Activity during the first 6 months of 2013/14 compared to the same period during 2012/13

- **Highland C Activity reduced by 606 (3.9%)**

Reduction in C patients in Highland due to working with the renal dialysis teams to signpost C category patients to more suitable transport providers and costs being reimbursed through the Highlands and Island Travel Scheme. We have successfully rolled this out in Caithness and are now trying to roll this out in Lochaber and the Inverness city area.

C1 Activity during the first 6 months of 2013/14 compared to the same period during 2012/13

- **Highland increased by 2562 (36%)**

C2 Activity during the first 6 months of 2013/14 compared to the same period during 2012/13

- **Highland reduced by 1976 (47.5%)**

Stretcher Activity during the first 6 months of 2013/14 compared to the same period during 2012/13

- **Highland increased by 98 (9.9%)**

Highland has seen an increase in C1 patients and a decrease in C2 as manual wheelchairs are now coded C1 and not C2 due to vehicle improvements such as long ramps and winches.

PTS Journeys transferred to A&E for the 6 month period April to September

	2012/13	2013/14	Difference
Highland	151	111	-40

Highland has reduced the overall allocation of PTS Journeys to A/E vehicles by focusing on clinical need such as C2 and Stretcher patients. C and C1 are only allocated on the basis of clinical need. A/E has assisted mainly with the discharge and transfer of patients over recent weeks due to bed pressures in Raigmore Hospital.

North Division PTS Performance Month 6

Month 6	(A2) Target 75%	(A3) Target 90%	Cancelled By SAS Target 0.5%	Aborts & Cancellations <16%
Highland	85.64%	86.11%	2.26%	12.3%

During the first six months of 2013/14

- A2 performance for the North Division has increased by 4.56% compared to 2012/13
- A3 performance for the North Division has reduced by 1.58% compared to 2012/13
- AR10 cancellations for the North Division has increased by 1.58% compared to 2012/13; however, this is due to the Division running with a large number of vacancies due to a freeze on recruitment at the start of 2013 and also the Regional Control Centre recording differently by accepting all bookings and cancelling when no resource is available even where the appointment could be rescheduled for an alternative date.

Aborts increased by 0.7%; however, ongoing dialogue is taking place between the SAS and Health Boards to try and reduce Aborts and short notice cancellations by hospitals/patients.

Most of the outlying stations in the North Division consist of 1 Patient Transport Ambulance and the Division faces challenges in achieving the 90% target for A3. ASM's regularly review working practices to see where areas can be improved and one example of this was the introduction of postcode zoning in Highland in 2012. NHS Highland try to provide appointments times when ambulances are likely to travel into the Hubs. This provides where possible the patient with the correct appointment first time round; however, we strive to review shift times where required to better suit the needs of patients and clinics. There are also challenges due to the way in which clinics are structured.

PTS Vacancies

There were a number of PTS ACA vacancies in the North Division which impacted on the number of PTS Journeys being cancelled.

- 6PTS ACAs started Course in September 2013 -completed the end of October
- 1 PTS TL ACA Vacancy in Inverness

The North Division Scheduled Care Delivery Team meets regularly on a six weekly basis to review performance against the agreed North Scheduled Care Action Plan.

Volunteer Ambulance Car Service

Detailed work has been undertaken around volunteer car service activity and the predicted spend at a sector and divisional level in the North Division. Work is ongoing to reduce PTS Cancellation Rates and use of the volunteer car service through

- Filling the vacant PTS ACA Posts
- Ongoing Absence Management and Support to Staff
- Implementing Phase 2 of the Scheduled Care Programme which will introduce relief capacity and other changes to PTS
- Training Courses for new PTS ACA Posts

However, there is a clearly defined need for the volunteer ambulance service particularly in remote and rural areas where the cost of providing a single or double crewed PTV would be much higher. Without any future changes to the PNA demand for the volunteer ambulance car service will continue to exceed the resources that are available in the North Division Budget for this.

2. Issues during current reporting period:

- Management teams engaged with Health Boards around SOF, Scheduled and Unscheduled Care
- Out of Hours cover across Highland has given some concern

3. Any other relevant issues

None



Glossary and Target Measures

Emergency Calls

Category A – Life threatening call response Target of 8 Minutes for 75% of calls

Category B – Emergency call response target of 19 minutes for 95% of calls

Category C – Emergency call that could be responded to in a given timeframe or passed to another service provider

Urgent Call – Unplanned call from NHS 24, Doctor, midwife that has a timescale for admission to hospital. 91% target

Scheduled Care

Punctuality for appointment at hospital (A2) - Target 75%

Punctuality after appointment (uplift) (A3) - Target 90%

Journeys cancelled by SAS (A10) - Target <0.5%

Category C Walking patient (no assistance required)

Category C1 Walking patient (requires assistance)

Category C2 Chair patient

Glossary of Abbreviations

ACA Ambulance Care Assistant

ACC Ambulance Control Center

ASM Area Service Manager

GCU	Glasgow Caledonian University	
HOSRED	Hospital Emergency call (no on site team to deal with the incident)	
PTS	Patient Transport Service	
RoSC	Return of Spontaneous Circulation	(Target of between 12-20%)
SAS	Scottish Ambulance Service	
VT	Ventricular Tachycardia	(Target of 20%)
VF	Ventricular Fibrillation	(Target of 20%)