



# Scottish Ambulance Service

## Quarterly Report

### Highland

<b>Reporting Period</b>	<b>From:</b> November 2013	<b>To:</b> May 2014	<b>Prepared by:</b> G Macleod
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#### 1. General Performance Update

##### 1.1 A&E Performance

A breakdown of performance From the 1<sup>st</sup> April 2013 is outlined below

	Cat A	Cat B	1 Hr Urgent
<b>Highland 2013/14</b>	70.1%	88.2%	94.8%
<b>Year to Date 14/15</b>	70.8%	88.5%	95.6%

**This reflects a 0.7% improvement in Cat A performance from 69.4% from 2012/13.**

##### 1.2 Increase in A&E Activity

During the 2013/14, A&E Incidents in Highland have increased by **907 Incidents (3.3%)** compared with the same period last year. There has been an

- 16.1% increase (748) in Cat A Incidents
- 17.2% Increase (557) in Cat A Incidents in Performance
- 1.3% reduction (151) in Cat B Incidents
- 5.1% Increase (117) in Cat C Incidents
- 2.1% increase (170) in Urgent Incidents
- 4.1% increase (25) in Routine Incidents

Work is ongoing to increase community first responder and emergency responder schemes.

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.

- 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 **18 a&e vacancies** across Highlands at the following locations

Update on current vacancies

Location of Vacancy	Number
Kingussie (2 recruited)	2
Grantown	1
Aviemore	1
Fort Augustus	1
Inverness Urgent Tier	3*
Fort William	1
Thurso	3
Glencoe	1
Kinlochbervie (recruited but not at GCU yet)	1
Mallaig	1
Tain	1
Golspie	1
Dunvegan	1

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

Key Actions being progressed around managing a year on year increase in A&E Demand

- Ongoing dialogue with NHS Highland and NHS24 around the reasons for increasing SAS A&E Demand and the need to have alternative pathways of care in place for some patients to reduce inappropriate admissions to hospital.
- Meetings with Chief Operations Officer (COO) and Medical Director of NHS Highland to discuss increases in A&E Demand linked to
  - changes in pathways of care -
  - hospital turn around times
  - Patient Criteria for Treatment at Minor Injuries and Illness Units and admission to Community Hospitals. A&E Ambulances taking patients to Acute Hospitals when they could be more appropriately managed in a community setting
  - Primary Care In Hours and Out of Hours work defaulting to SAS A&E Ambulances
  - Continuing to support the use of Community Paramedics and Nurse Practitioners on SAS Accident & Emergency Units to reduce hospital admissions

- Implementing Optima including revised shift patterns and Urgent Tier Resources being deployed in Inverness matching resource utilisation with patient demand
- Working with partners to fully develop Falls pathways for A&E Crews to access along with access to rapid response teams and hospital at home teams with responsive care packages where available
- Working internally to address
  - Delays as a result of Hospital turn around times
  - Any crew delays in mobilisation
  - Crews booking on and off
  - Any delays during shift hand overs
  - Crews using accurate status codes appropriately
  - Ensuring vehicles are properly stocked and fuelled at the end of shift
  - Inappropriate skill mix on A&E Vehicles where this is achievable
- Working with the Ambulance Control Centre to maximise performance and to further investigate the reasons where we do not achieve performance targets. This includes use of Tactical Deployment Points, rest break management, HOS Red calls, allocation and mobilisation times, clinical advisor cover to triage calls
- Identifying the calls where performance will not be achieved due to excessive distance, on call working and resources already committed to an incident.
- Progressing Community First responder Schemes in Acharacle, Eigg & Muck. This is a phased approach due to the resources required to implement these. New schemes recently commenced in Kinlochleven and Kilmuir.
- Actively seeking to fill a number of vacant A&E Posts in Highland

#### **1.4 Scheduled Care Update**

PTS Punctuality for Appointment is currently 82.6% against the target of 75%.

PTS Punctuality for Pickup after Appointment is currently 85.1% against the target of 90%.

PTS Journeys cancelled by SAS in the North Division is 2.2% YTD against a target of 0.5% or less. The following work continues to be undertaken to improve this position:

- Filling vacant PTS Posts
- Next ACA course 28<sup>th</sup> April 2014
- Reviewing & Monitor Sickness / Absence levels
- Different ways of working and engaging with Health Boards around appointment times

PTS cancellations remained at a high level during the month of March 2014 mainly due to sickness / absence and vacancies. A number of PTS Staff were off due to long term and short term sickness absence.

**North Division PTS Requests and PTS Journeys for the period April 2013 to March 2014**

<b>Month 12 Apr to Mar</b>	<b>Total 'Journeys'</b>	<b>C</b>	<b>C1</b>	<b>C2</b>	<b>Stretcher</b>
<b>North</b>	<b>126167</b>	<b>54887</b>	<b>50483</b>	<b>14560</b>	<b>6117</b>
Grampian	73094	25974	35071	8096	3885
<b>Highland</b>	<b>49542</b>	<b>27903</b>	<b>13705</b>	<b>5869</b>	<b>2014</b>
Orkney	851	57	616	168	10
Shetland	553	77	293	77	106
Western Isles	2127	876	798	350	102

**Total 'Journeys' during the financial year of 2013/14 compared to the same period during 2012/13.**

- Highland Journeys reduced by 708 (-1.4%)

*Caution must be used when there is a reduction in the number of journeys as this could be linked to an increase in cancellations.*

**C Activity during the financial year of 2013/14 compared to the same period during 2012/13**

- Highland C Activity reduced by 2552 (-8.4%)

Discussions have taken place with 3<sup>rd</sup> Sector to help aid in signposting this cohort of patients to more suitable alternative providers.

**C1 Activity during the financial year of 2013/14 compared to the same period during 2012/13**

- Highland increased by 2768 (25.4%)

We are continuing to see significant increases in 4 of the 5 Health Board areas and this may be contributed to the reduction in C Category patients as they need more assistance or the reduction in patients requiring the aid of 2 trained staff.

**C2 Activity during the financial year of 2013/14 compared to the same period during 2012/13**

- Highland reduced by 1028 (-15%)

**Stretcher Activity during the financial year of 2013/14 compared to the same period during 2012/13**

- Highland increased by 101 (5.4%)

In the Highlands stretcher cases relating to Raigmore Hospital have increased by 9.4%. This can be linked to the use of stretchers for comfort rather than mobility reasons. At present it is not possible to break this figure down.

Even though we are seeing some reduction in C2 and Stretcher requests it would be difficult to reduce staffing levels even further due to the geographical challenges faced in the North and most vehicles operating single crewed.

#### PTS Journeys undertaken by A&E Ambulance for the 12 month period April 2013 to March 2014

	2012/13	2013/14	Difference
Highland	258	262	+4

The North Division continues to try and reduce the overall allocation of PTS Journeys to A/E vehicles by focusing on clinical need only and pressures in bed management. A/E has assisted mainly with the discharge and transfer of patients due to bed pressures in Raigmore Hospital in Highland.

#### North Division PTS Performance Month 12 (Year end)

Month 12 April to March 2014	AR8 (A2) Target 75%	AR9 (A3) Target 90%	AR10 Cancelled By SAS Target 0.5%	EP3 Aborts & Cancellations <16%
Highland	85.05%	85.52%	2.25%	13.05%

During the financial year 2013/14

- Punctuality for appointment performance for the North Division has increased by 16.9% compared to 2012/13
- Punctuality for pick up after appointment performance for the North Division has increased by 2.8% compared to 2012/13
- Cancellations for the North Division has increased by 1.3% compared to 2012/13, At the start of 2013 the Division was running with a large number of vacancies and 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. This increased the wide ranging appointment time windows and direction of travel.

Highland is continuing to see fluctuation in cancellations due to long term staff sickness in a concentrated area and a wide window of patient appointment times. This is being addressed by working on supporting staff off long term in returning to work. 1 out of 4 has now returned.

- Aborted journeys - We are continuing to see this figure stabilise in Highland.

Area Service Managers continue to highlight to staff the importance around aborting patients who are not ready to return from their hospital appointment as this accurately records clinic punctuality

and can contribute to an improvement in the performance.

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.

## 2. Issues during current reporting period:

- Out of Hours cover across Highland has given some concern
- Ongoing implementation of Optima Recommendations including changes to rosters, shift patterns, skill mix and increased urgent tier resources.
- Management teams engaged with Health Boards around SOF, Scheduled and Unscheduled Care. This includes reviewing demand and working with partners to identify alternative pathways of care i.e. falls, community alarms and police calls
- Successful demonstration of diagnostic quality Ultrasonic images for CVA of the brain from an ambulance in Highland to Harwell Oxford

## 3. Any other relevant issues

Some localised site specific concerns raised regarding the high number of scheduled care patients cancelled in Skye. This has been addressed and the cancellation rate has significantly dropped and we have also changed the fleet profile to have more stretcher capabilities on Skye.



### 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 Centre

ASM Area Service Manager

GCU	Glasgow Caledonian University	
HOSRED	Hospital Emergency call (no on site team to deal with the incident)	
Optima	Shift review across Scotland matching previous demand data to best fit into new shift rosters	
PTS	Patient Transport Service	
RoSC	Return of Spontaneous Circulation (Target of between 12-20%)	
SAS	Scottish Ambulance Service	
SOF	Strategic Options Framework (plan re emergency & urgent responses in remote and rural communities)	
VT	Ventricular Tachycardia	(Target of 20%)
VF	Ventricular Fibrillation	(Target of 20%)