



## Scottish Ambulance Service Quarterly Report Highland

<b>Reporting Period</b>	<b>From:</b> September 2014	<b>To:</b> November 2014	<b>Prepared by:</b> Graham MacLeod
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### 1. Performance

#### 1. Cat A Performance

Sector	YTD	Last Year
Highland Area	69.0%	70.1%

#### The reasons for YTD Cat A Performance are outlined below

- **Significant increase in A&E Demand** in the North Division over the last three years. During **2013/14**, A&E Incidents in **Highland** increased by 907 Incidents (**3.3%**) compared with the same period. Overall this year Emergency demand is up 0.6% (99 calls from 16852 last year to 16951 Year to Date)
- **Geographical distances** between patients, ambulances and hospitals in remote and rural parts of the Division. Cat A Performance Target of 75% is not sustainably achievable in Highland and the Islands.
- **On Call and Home Worker Locations** have seen an increase in out of hours workload in recent years. Crew members may also need to pick each other up before responding to incidents.
- **A&E Vacancies**. The North Division has a **number of A&E Vacancies** (12 wte). The lead in time to replace a&e vacancies is currently 6-9 months. Recruitment and retention to A&E posts also remains a challenge in remote and rural areas.
- **Glasgow Caledonian University (GCU) Students** are unable to work alongside other GCU Students during their first 12 months of training. This has presented problems for service planning in remote and rural areas.

#### Actions being taken to improve the YTD Cat A Performance

- Implementing Optima including revised shift patterns and Urgent Tier Resources
- PRU Pilot running in Easter Ross at the weekends
- Progressing new Community First Responder Schemes. This is a phased approach due to the resources required to implement these.
- Ongoing dialogue with NHS Boards and NHS24 around the reasons for increasing SAS A&E Demand and the need to put in place alternative pathways of care to reduce inappropriate admissions to hospital. This is being progressed through the NHS Boards Unscheduled Care Work Streams.
- Continuing to support the use of Community Paramedics and Nurse Practitioners to increase see and treat and reduce inappropriate admissions to hospital.
- Continuing to work with NHS Boards to fully utilise Profession to Profession lines
- 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. Inverness and Caithness areas are now live.
- Working to improve service delivery through See and Treat figures

#### North Division Cat A Performance Trajectory

North Division	70%
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Adjusted from 71% to reflect ongoing increase in A&E Demand. A&E Incidents in the North Division have increased in the first quarter of 2014/15 by 1.8% compared with the first 5 months of 2013/14. A&E Incidents in Highland have decreased by 2.5% (80 Incidents).

**2. Cat A Cardiac Arrest Performance**

Sector	YTD	Last Year
Highland	67.2%	69%

The reasons for YTD Cat A Cardiac Arrest Performance are outlined in the Cat A Performance section.

**Actions being taken to improve the YTD Cat A Cardiac Arrest Performance**

- As outlined in the Cat A Performance Section
- Developing new community first responder schemes and working with local communities to install Public Access defibrillators and map these onto the C3 System
- Continuing to provide Heart Start Training and working with BASICs Scotland around pre hospital responses

**North Division Cat A Cardiac Arrest Performance Trajectory**

Highland	70%
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**3. Cat B Performance**

Sector	YTD	Last Year
Highland	87.5%	88.2%

The reasons for YTD Cat B Performance are outlined in the Cat A Performance Section and also include

- Increase in A&E Demand
- Changes to Key Performance Indicators (KPIs) for responding to Cat B Calls, from 21 minutes during 2011/12 to 19 minutes from 2012/13, has had an impact on Cat B Performance in the North Division. PPU identified that up to 800 additional Cat B calls in the North Division would not meet the new target of 19 minutes but would have met the old target of 21 minutes.

**Actions being taken to improve the Cat B Performance Target**

- Implementing Optima including revised shift patterns and Urgent Tier Resources
- Paramedic Response Unit Pilot running in Easter Ross at the weekends
- Progressing new Community First Responder Schemes. This is a phased approach due to the resources required to implement these.
- Ongoing dialogue with NHS Boards and NHS24 around the reasons for increasing SAS A&E Demand and the need to put in place alternative pathways of care to reduce inappropriate admissions to hospital. This is being progressed through the NHS Boards Unscheduled Care Work Streams.
- Continuing to support the use of Community Paramedics and Nurse Practitioners to increase see and treat and reduce inappropriate admissions to hospital.
- Continuing to work with NHS Boards to fully utilise Profession to Profession lines
- 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 to improve service delivery through See and Treat figures

**North Division Cat B Performance Trajectory**

Highland	88%
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**4. Conveying Resource on Scene within 19 mins**

Sector	YTD	Last Year
Highland	89.5%	89.2%

The reasons for YTD Conveying resource within 19 mins are outlined in the Cat A Performance Section

**Actions being taken to improve Conveying Resource within 19 min Performance Target**

- Same as those outlined in the Cat A and Cat B Performance actions

**Highland Accident & Emergency Activity Comparison to Month 7 (April – October)**

HIGHLAND	2013/14	2014/15	Variance	% Variance
<b>Incident Count</b>	16852	16951	99	0.6%
<b>Cat A Incidents</b>	3210	3130	-80	-2.5%
<b>Cat A Incidents In Performance</b>	2257	2158	-99	-4.4%
<b>Cat A %</b>	70.3%	68.9%	-1.4%	-1.4%
<b>Cat B Incidents</b>	6819	7091	272	4.0%
<b>Cat B Incidents In Performance</b>	6038	6207	169	2.8%
<b>Cat B %</b>	88.5%	87.5%	-1.0%	-1.0%
<b>Cat C Incidents</b>	1377	1535	158	11.5%
<b>Urgent Count</b>	5014	4913	-101	-2.0%
<b>Routine Count</b>	432	282	-150	-34.7%

**5. PTS Punctuality for Pickup for Appointment**

Sector	YTD	Last Year
Highland	84.2%	85%

Above the 75% Target

**6. PTS Punctuality for Pickup after Appointment**

Sector	YTD	Last Year
Highland	85.2%	85.6%

The reasons for PTS Punctuality for Pickup after appointment

- Patients requiring to be picked up from different outpatient clinics with different outpatient appointments finishing at different times impacting on the pick up after appointment time

**Actions being taken to improve**

- AutoPlan and Shift Reviews, Working with Health Boards to streamline outpatient appointment time processes, Filling vacant PTS Posts

**7. AR14: PTS SAS Cancelled No Resource**

Sector	YTD	Last Year
Highland	1.8%	2.2%

**The reasons for PTS SAS Cancelled No Resource**

- Vacant PTS Posts, Impact of PTS, Sickness/ Absence levels, Accepting all bookings and having to cancel journeys 24 hours prior to appointment time due to lack of resources

**Actions being taken to improve**

- Filling vacant PTS Posts, Reviewing & Monitor Sickness / Absence levels, Different ways of working and engaging with Health Boards around appointment times, Working with alternative transport providers for patients who do not meet the Patient Needs Assessment (PNA) freeing up capacity for patients that do meet the PNA

**North Division PTS SAS Cancelled Resource Trajectory**

Highland	1%
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**8. Hyper Acute Stroke to Hospital < 60 mins**

Sector	YTD	Last Year
Highland	61.7%	64.3%

**Actions being taken to improve the YTD Hyper Acute Stroke to Hospital < 60 mins Performance**

- As outlined in the Cat A Performance Section
- Working with the Air Desk to task air assets to appropriate Stroke Calls
- Profession to profession support

**North Division Hyper Acute Stroke to Hospital < 60 mins Performance Trajectory**

Highland	68%
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**2. Issues/workstream updates during current reporting period**

- Year on Year Increase in A&E Demand, Number of A&E Vacancies
- Recruitment and retention
- A&E Vacancies – 12 wte vacancies. 4 places at GCU in August Course, now on their driving element. 2 external candidates been appointed and 7 external candidates being offered posts for January course. If all accept offers there will be 1 outstanding post across Highland area.
- Ongoing implementation of Optima Shift Recommendations including changes to rosters, shift patterns, skill mix and increased urgent tier resources.
- Engaging with Health Boards around the Strategic Options Framework (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

### 3. Performance overall summary

The Highland area is continuing to experience high levels of A&E Demand, a high number of lost operational hours and a high number of A&E Vacancies. Despite this, improvements have been made to performance in the first 5 months of 2014/15. There continues to be an ongoing focus on areas where performance is below target. Discussions are ongoing with Health Boards around Unscheduled Care and Scheduled Care with a focus on

- Recruitment appears to have been successful across the area so far
- increasing see and treat,
- reducing inappropriate admissions to hospital,
- referring patients to appropriate alternative pathways of care
- using profession to profession support
- referring patients who do not meet the PNA to alternative transport providers
- focusing resources on patients who have a clinical need for the scheduled care service
- continuing to develop Paramedic Practitioners
- identifying opportunities to utilise telehealth to access advice and support for patients in remote and rural communities



## 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
PNA	Patient Needs Assessment
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%)