

Scottish Ambulance Service
Quarterly Report
Highland



Reporting Period	From: Dec 2014	To: February 2015	Prepared by: Graham MacLeod
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1. Performance

1. Cat A Performance

Sector	YTD	Last Year
Highland Area	69.6%	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, however the main increase in demand has been in Category B calls with Category A call demand slightly down on last year. Service time for ambulance crews is increasing and is being affected by changes to patient flows.

- **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** (5 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. There are currently 6 student recruits at GCU that are due to commence back on their stations in April 2016.
- **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 area's 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 – Arrival in 8 minutes or under figures

Sector	YTD	Last Year
Highland	67.2%	69%
Return of Spontaneous Circulation (ROSC)	13.8%	15.8%
VF/VT ROSC	20.7%	27.8%

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	87.4%	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. Management Information 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	89.6%	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 11 (April – February)

	This Year - 01/04/2014-28/02/2015		Last Year - 01/04/2013-28/02/2014		Difference		
	Demand	Performance	Demand	Performance	Demand	Demand Variance	Performance Variance
Cat A Calls	4935	69.5%	4945	69.9%	-10	-0.2%	-0.4%
Cat B Calls	10977	87.5%	10580	88.2%	397	3.8%	-0.7%
Cat C Calls	2433	98.7%	2191	98.7%	242	11.0%	0.0%
Cat A Allocation <1 min	4675	94.7%	4572	92.5%	103	2.3%	2.3%
Cat A Mobilisation <1 min	3018	61.2%	3384	68.4%	-366	-10.8%	-7.3%
Urgent <1 Hour Calls	2620	92.8%	2402	94.8%	218	9.1%	-2.0%
Hospital Turnaround <15 min	7020	38.3%	6960	39.3%	60	0.9%	-1.0%

5 Highland Health Board Sector Comparison (PTS)

	Demand		Difference	
	Period 1 - 01/04/2014 - 28/02/2015	Period 2 - 01/04/2013 - 28/02/2014	Demand	Demand Variance
Registered Journey Count	49,699	55,657	-5,958	-10.70%
Journey Count	41,117	45,545	-4,428	-9.72%
Medical Escort Count	2,822	2,972	-150	-5.05%
Relative Escort Count	1,921	2,432	-511	-21.01%
Cancel Count	8,582	10,112	-1,530	-15.13%
Abort Count	1,931	2,185	-254	-11.62%
W (C)	14,254	25,946	-11,692	-45.06%
W1, WT1, WC1 (C1)	16,491	12,590	3,901	30.98%
W2, WT2, WC2 (C2)	8,635	5,144	3,491	67.86%
Stretcher	1,684	1,821	-137	-7.52%
A&E	53	44	9	20.45%
Admission	628	646	-18	-2.79%
Day Patient	5,273	5,281	-8	-0.15%
Discharge	2,649	2,534	115	4.54%
House to House Transfer	38	62	-24	-38.71%
Out Patient	30,953	35,370	-4,417	-12.49%
Transfer	1,576	1,652	-76	-4.60%

Continued work in the Highlands to reduce W (formerly C) patients and provide signposting to alternative providers resulting in a 45.06% reduction along with the recently reviewed Patient Needs Assessment (PNA.)

Talks with NHS Highland Chief Operating Officer and Management around better use of ambulance resources to best serve patient flow at Raigmore Hospital are still being undertaken. Discussions around scoping out reducing Day Hospital activity in Inverness and Easter Ross by utilising social care vehicles freeing ambulances to concentrate on Discharges and Transfers have taken place with Stephen Graham, Transport Programme Manager.

Ongoing involvement with Lochaber Transport Advice and Booking Service (LTABS) by providing our expert knowledge in transporting patients. A pilot commenced on 5th January utilising NHS Highland minibuses to transport patients attending renal dialysis in the morning. This has proved successful so far with a No Resource cancellation reduction of 3.63% on comparison with February 2014 & 2015. This will assist in freeing up 2 resources on Monday, Wednesday and Fridays to support discharges and reduce cancellations in the Lochaber area. Further discussions to take place on 5th April 2015 to review the pilot and look at the long term sustainability of it.

Significant increase in W2, WT2 & WC2 (formerly C2) activity in the Highlands and this is believed to be due to patients being identified more easily as needing extra support.

NHS Highland, Highland Council and Scottish Ambulance met to scope out need for improved transport provisions in Sutherland for people attending hospital appointments. It has been agreed by NHS Highland Travel Scheme that patients can claim their full costs of the mileage charge from a registered community car scheme. This is positive news that has been communicated through the group and a further meeting was held on 19th February 2015 looking at public transport provisions moving forward.

New patients attending renal dialysis in the Highlands and are deemed by the hospital as suitable to go by volunteer car driver are being signposted to alternative providers. Only patients with a clinical need for ambulance assistance will be conveyed by the SAS. This will cause difficulties with the renal units as we currently provide no Saturday service due to extra funding being put in place for this service. We continue to work with the Health Board to find a solution to Saturday and extended evening working.

6. PTS Punctuality for Pickup for Appointment

Sector	YTD	Last Year
Highland	84.2%	85%

Above the 75% Target

7. PTS Punctuality for Pickup after Appointment

Sector	YTD	Last Year
Highland	85.3%	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

8. AR14: PTS SAS Cancelled No Resource

Sector	YTD	Last Year
Highland	1.6%	2.2%

The reasons for PTS SAS Cancelled No Resource

- Vacant PTS Posts earlier in year, Accepting all bookings and having to cancel journeys 24 hours prior to appointment time due to lack of resources

Actions being taken to improve

- Filled 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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9. Hyper Acute Stroke to Hospital < 60 mins

Sector	YTD	Last Year
Highland	58.3%	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	65%
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2. Issues/workstream updates during current reporting period

- Year on Year Increase in A&E Demand
- Recruitment and retention
- A&E Vacancies – 5 WTE vacancies. 6 students at GCU on January Course
- Patient Transport Vacancies - 1
- 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 some A&E Vacancies. Despite this, improvements have been made to performance in the last 3 months. 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

- Successful recruitment across the area
- increasing see and treat,
- Introduction of new Falls pathway referrals in Inverness and Wick area. New scheme to commence in the Invergordon Area with extensions to Inverness and Wick area from April 2015.
- 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 Patient Needs Assessment (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%

W (formerly Category C) Walking patient (no assistance required)

W1, WT1, WC1 (formerly Category C1) Walking patient (requires assistance)

W2, WT2, WC2 (formerly Category C2) Chair patient

Urgent Tier Resources - Ambulance crew who are made up with a skill mix for Urgent calls – usually Ambulance Care Assistant and a Technician.

See and Treat - Cases where the crew attend a call but discharge the patient at home

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	
PRU	Paramedic Response Unit	
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%)