Scottish Ambulance Service
Quarterly Report
Highland

Reporting Period	From: Feb 2015	To: May 2015	Prepared by: Graham MacLeod

1. Performance

1. Cat A Performance

Sector	YTD	Last Year
Highland Area April 14- March 15	69.8%	70.1%
Highland Area 15/16	70.8%	69.8%

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. 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 recruited 10 students recently who have now been through their University initial elements and are now back on location since early May. There are now just 2 remaining vacancies in Highland.
- **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 operating in Easter Ross Area
- 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 pathways

North Division Cat A Performance Trajectory

North Division	70%

2. Cat A Cardiac Arrest Performance

Sector	YTD	Last Year
Highland arrival within 8 mins	72.4%	66.5%
Return of Spontaneous Circulation (ROSC)	14.3%	13.8%
VF/VT ROSC	26.6%	20.7%

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 Out of Hospital Cardiac Arrest (OHCA) responses

North Division Cat A Cardiac Arrest Performance Trajectory

Highland	80%

3. Cat B Performance

Sector	YTD	Last Year
Highland	85.3%	87.5%

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

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%

4. Conveying Resource on Scene within 19 mins

Sector	YTD	Last Year
Highland	92.3%	89.9%

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

5 Highland Health Board Sector Comparison (PTS)

Highland Health Board Sector Comparison

	Demand		Difference	
	Period 1 - 01/04/2015 - 30/04/2015	Period 2 - 01/04/2014 - 30/04/2014	Demand	Demand Variance
Registered Journey Count	4,265	4,729	-464	-9.81%
Journey Count	3,449	3,884	-435	-11.20%
Medical Escort Count	260	250	10	4.00%
Relative Escort Count	148	160	-12	-7.50%
Cancel Count	816	845	-29	-3.43%
Abort Count	187	170	17	10.00%
W (C)	557	1,916	-1359	-70.92%
W1, WT1, WC1 (C1)	1,992	1,055	937	88.81%
W2, WT2, WC2 (C2)	744	760	-16	-2.10%
Stretcher	151	149	2	1.34%
A&E	5	4	1	25.00%
Admission	51	53	-2	-3.77%
Day Patient	497	488	9	1.84%
Discharge	243	243	0	0.00%
House to House Transfer	5	7	-2	-28.57%
Out Patient	2,520	2,919	-399	-13.67%
Transfer	133	174	-41	-23.56%

Highlands are continuing to see a steady reduction of around 9-10% month on month a similar position since the introduction of direct patient booking in 2007.

Although significant reductions have been seen in W category patients we have also seen a similar increase in those requiring the assistance of 1. This increase is prevalent in patients attending Haemodialysis with an extra resource funded by NHS Highland currently working on a Saturday. During 2015 it is intended to continue the close working relationship with NHS Highland Renal Units to apply the "Review process for assessing transport requirements of patients receiving Haemodialysis" once the document has been finalised to ensure those requiring ambulance assistance receive it.

Ongoing involvement with Lochaber Transport Advice and Booking Service 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 Fort William area. This is continuing to prove successful freeing up 2 resources on Monday, Wednesday and Fridays to support discharges and reduce cancellations in the Lochaber area. Further discussions took place on 5th April 2015 to review the pilot and look at the long term sustainability of it. It has been agreed to extend the pilot for a further 3 months to look at the long term sustainability and impact on day care services where NHS Highland vehicles are being used. In addition to the pilot ongoing discussions are taking place around reducing day hospital activity and the financial savings this could have on the Health Board associated with paying for overtime and weekend resources.

The Highlands are seeing a reduction in Outpatient activity and continued dialogue with NHS Highland about different ways of working such as Telehealth continues.

During 2015/16 we expect to see further uses of social care vehicles and a reduction in Outpatient activity allowing us to reinvest our Ambulance Care Assistants into undertaking more suitable urgent work assisting in the ongoing pressures around Inter-hospital transfers and 999 calls on the Unscheduled Service.

Comparison of PTS Journeys undertaken by A&E Ambulance for April

	2014/15	2015/16	Difference
North Division	**36**	**54**	**+18**
Highland	3	13	+10

In the Highlands number of patients allocated to Emergency Ambulances has increased due to bed pressures placed on Raigmore Hospital and the need to assist with patient flow. We regularly explore overtime for ACA's first to undertake this work, which NHS Highland are invoiced for when out of PTS operating hours but where it is long distance backfilling of the Emergency Ambulance takes place following a risk assessment by Ambulance Control Centre (ACC) based on current workload.

PTS Vacancies

We currently only have 1 ACA vacancy in Highland which is currently under review

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	94.9%	85.4%

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. PTS SAS Cancelled No Resource

Sector	YTD	Last Year
Highland	3.0%	1.6%

The reasons for PTS SAS Cancelled No Resource

- Accepting all bookings and having to cancel journeys 24 hours prior to appointment time due to lack of resources
- Specific locations being affected. Looking at reasons for this to identify root cause and make improvements.

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%

9. Hyper Acute Stroke to Hospital < 60 mins

Sector	YTD	Last Year
Highland	75%	59.1%

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

- As outlined in the Cat A Performance Section
- Crews to take less time at location if they can achieve getting the patient to hospital within 1 hour from the call.
- Return from call under blue lights to hospital.
- 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%

2. Issues/workstream updates during current reporting period

- Year on Year Increase in A&E Demand
- A&E Vacancies – 2 WTE vacancies. 7 students returned from GCU in May and are now working from their home locations.
- 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, however recruitment has progressed and there are currently only 2 vacancies across Highland area. 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 commenced in the Invergordon Area with extensions to Inverness and Wick area from April 2015.
- Introduction of out of Hospital Cardiac Arrest initiative.
- 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
- Continuing the Public Access Defibrillation Schemes (PADS) across the division
- Working in Partnership with NHS Highland developing a new Rural Support Team.
- Extension of Lochaber Transport Pilot – NHS Highland vehicles transporting Renal patients to hospital freeing up SAS resource to help with discharges, and transfers to and from hospitals.

APPENDIX

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

Glossary of Abbreviations

ACA	Ambulance Care Assistant
ACC	Ambulance Control Centre
ASM	Area Service Manager
GCU	Glasgow Caledonian University

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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%)

Terminology

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

Profession to Profession lines - clinician out on calls having direct contact to another Clinician who can add advice

Falls pathways - Protocol for patients who have fallen that have alternatives to hospital admission

BASICs Scotland - British Association for Immediate Care

The C3 system - Ambulance Command & Control System used in the Control Centres

Performance/Resource Trajectory - Plans for levels of delivery in either Performance targets or resources

Autoplan - New system in Patient Transport that will assist in planning journeys automatically

Paramedic Practitioner - Paramedic with advanced skills and education