AGENDA ITEM 6

Scottish Ambulance Service
Quarterly Report
Highland

Reporting Period	From: Sept 2015	To: February 2016	Prepared by: Graham MacLeod

1. Performance

1. Cat A Performance and Immediate life threatening ILT

Sector – Highlands	YTD	Last Year
Immediately Life Threatening	70.2%	65.5%
Category A	66.5%	69.8%

The reasons for YTD Cat A Performance are outlined below

Immediately Life Threatening - we have seen an improvement in the ILT performance response times of almost 5% in comparison to the same period last year. From a qualitative clinical outcome perspective we have also seen our VF/VT Return of Spontaneous Circulation when handed over at hospital improve from 20.7% last year to 31.3% this year.

Increase in A&E Demand in the North Division over the last three years. Overall this year Cat A & Cat B Emergency demand is still up, the increase in demand has been approximately 3.5% in cat A and 4.3% in Cat B calls as a comparison to this time 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 throughout last year and into this year. There are currently 11 vacancies across 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

- Continue to implement Optima shift patterns including revised shift patterns.
- 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 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	70.0%	66.5%
Return of Spontaneous Circulation (ROSC)	17.7%	13.8%
VF/VT ROSC	31.0%	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
- Targeting another resource to attend all Cardiac Arrest calls as well as the initial response

North Division Cat A Cardiac Arrest Performance Trajectory

Highland	80%

3. Cat B Performance

Sector	YTD	Last Year
Highland	83.2%	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
- The continual increase on demand

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	91.5%	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)

Scheduled Care Update

1.6 Scheduled Care Update

PTS Punctuality for Appointment is currently at 84.6% against a measurement of 75% compared with 84.6% the previous year

PTS Punctuality for Pickup after Appointment is currently at 95.2% against a new measurement of 80% compared with 94.9% the previous year. It is worth noting the measurement has reduced by 10% in 2015/16

Information is currently being gathered and reviewed to provide further detail around the cancellation rates.

The following work will continue to be undertaken throughout 2015/16 which will help contributed to the improvement in performance:

- Engagement with Ambulance Control Centre around refining Autoplan and future capacity management
- Different ways of working and engaging with Health Boards & Third Sector

North Division PTS Performance April to January 2016

Area Name	Responsible DHA Desc	A2 % in Performance (75%)	A3 % In Performance (80%)	AR 14: PTS Cancelled No Resource % (<=0.5%)	AR 15: PTS Cancelled At Call Taking % (<=0.2%)	EP03a: PTS Aborts % (<=6%)	EP03b: PTS Cancels % (<=8%)
	Highland	86.1%	94.3%	2.9%	1.3%	4.8%	9.1%

North Division PTS Requests and PTS Journeys for the period April to January 2016
North Division

Continued work with the Ambulance Control Centre to establish suitable alternative providers to signpost patients to assisting the Service in realigning its resources into other areas. Below is a breakdown by Health Board area of the work that is being undertaken.

Establishment of ACC/Operations Management Meetings established on 6 weekly basis will prove useful to address some of the challenges and opportunities the organisation faces.

Ongoing work continues around the refinement of Autoplan information and the future implementation of quotas to assist in reducing short notice cancellations.

Pressure areas
High cancellations in Highland – This is directly associated with the limited relief capacity available to cover annual leave, sickness or training. There is also an association with the new significantly higher demand of patients requiring assistance from trained ambulance staff

Increased cancellations across Highland but with specific focus on Caithness and Golspie that have been associated with staff sickness.

Cancellations at Booking Stage – The Division will continue to monitor this but is unable to extend appointment time windows at present due to challenges in meeting existing demand during peak times. Opportunities are being taken to extend shift patterns to reduce overtime costs associated with historical workload and once this is complete and cancellations reduce opportunities will be explored to increase appointment time windows.

Highland Health Board Sector Comparison

	Demand		Difference	
	Period 1 - 01/04/2015 - 30/01/2016	Period 2 - 01/04/2014 - 31/01/2015	Demand	Demand Variance
Registered Journey Count	40787	45775	-4988	-10.90%
Journey Count	32980	37798	-4818	-12.75%
Medical Escort Count	2429	2606	-177	-6.79%
Relative Escort Count	1566	1761	-195	-11.07%
Cancel Count	7807	7977	-170	-2.13%
Abort Count	1588	1771	-183	-10.33%
W (C)	3883	13581	-9698	-71.41%
W1, WT1, WC1 (C1)	20896	14732	6164	41.84%

W2, WT2, WC2 (C2)	6544	7882	-1338	-16.98%
Stretcher	1610	1556	54	3.47%
A&E	47	47	0	0.00%
Admission	576	577	-1	-0.17%
Day Patient	4297	4808	-511	-10.63%
Discharge	2433	2406	27	1.12%
House to House Transfer	54	35	19	54.29%
Out Patient	24196	28535	-4339	-15.21%
Transfer	1424	1437	-13	-0.90%

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

In Highland we have seen significant reductions in W category patients since April 2015 by 71.41% compared with previous years. It is believe this is linked to patients no longer being coded W by ACC and the reduction in Volunteer Car Service.

Although significant reductions have been seen in W category patients we have also seen a similar increase in those requiring the assistance of one. This increase is prevalent in patients attending Haemodialysis with an extra resource currently working on a Saturday. We are continuing the close working relationship with NHS Highland Renal Units to review patient needs using the Patient Needs Assessment with discussion focusing on a joint way forward to create a more sustainable six day service and resourcing funded accordingly by the Health Board. Discussions took place with Managers from the Day Hospital, Royal Northern Infirmary Inverness, around the utilisation of ambulance resources to meet the needs of patients who may be more suited to an alternative transport provider. They have been proactive and it is thought we are starting to see the positive impact of this with a reduction of 20% since October in comparison with the same period last year.

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 low acuity urgent work assisting in the ongoing pressures around Inter-hospital transfers and 999 calls on the Unscheduled Service.

Shift reviews have taken place at Thurso and Wick stations introducing 10hr shifts to the Caithness locations in August to assist in reducing extended duty and the cost associated with this.

Fort William who have been on 10hr shifts for 2 years now and we continue to see reductions in overtime YTD compared with 2014/15 demonstrating 10hr shifts are preventing over-runs and the additional associated costs.

Team Leader acting as Hospital Ambulance Liaison Officer (HALO) for Raigmore Hospital attending daily huddles providing information on Pre-planned v Un-planned bookings, hospital turnaround

times for A&E, working with ACC to co-ordinate short notice requests and producing weekly report on activity. This role is improving communications between the Service and NHS Highland however some longer term work requires to be undertaken to address some of the discharge planning processes.

PTS Vacancies

We currently have no ACA vacancies in Highland

6. PTS Punctuality for Pickup for Appointment

Sector	YTD	Last Year
Highland	86.5%	85%

Above the 75% Target

7. PTS Punctuality for Pickup after Appointment

Sector	YTD	Last Year
Highland	94.3%	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	2.8%	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.
- Some new requests that are not on our normal patient flow routes.

Actions being taken to improve

- 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%

In the Highlands number of patients allocated to Emergency Ambulances has increased due to bed pressures placed on Raigmore Hospital and to allow Patient Transport Vehicles to undertake long distance with higher priority work whilst the Emergency Ambulance remains local

9. Hyper Acute Stroke to Hospital < 60 mins

Sector	YTD	Last Year
Highland	65.1%	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	70%

2. Issues/workstream updates during current reporting period

- Year on Year Increase in Demand
- A&E Vacancies – 11 vacancies Patient Transport Vacancies - 0
- Ongoing implementation of Optima Shift Recommendations including changes to rosters, shift patterns, skill mix.
- 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, Stroke, community alarms and police calls
- Development of the new clinical strategy and workforce plan to 2020 and beyond
- Working on the introduction of new SVQ route into front line Accident & Emergency Service which will allow more localised training
- Working with NHS Highland specifically around Caithness Area
- Work is currently underway with NHS Highland and the Centre for Health Science to scope out the potential for some ambulance crews to test mobile Ultrasound in a Pre Hospital environment and relay images through to an Emergency Department Consultant.

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 4 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 the number of patients that we see and treat at scene,
- 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. Further area introduced in Sutherland.
- 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 the Rural Support Team.
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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

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