AGENDA ITEM 15

The Highland Council
Communities and Partnerships Committee – 9 February 2017

Scottish Ambulance Service
Quarterly Report
Highland

Reporting Period	From: April 2016	To: January 2017	Prepared by: Graham MacLeod

1 Performance

1. Cat A Performance and Immediate life threatening ILT

Sector – Highlands	YTD	Last Year
Immediately Life Threatening	63.5%	65.5%
Emergency calls	%	Not measured

The reasons for YTD Cat A Performance are outlined below

Immediately Life Threatening - we have seen ILT performance response times move down by 2% 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 29.4% last year to 40% 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 0.5% in cat A and 11% 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 15 vacancies across Highland.
- **SVQ Students** are unable to work alongside other SVQ Students during their first 12 months of training. This has presented problems for service planning in remote and rural area however as the establishment numbers increase this does help with the cover options available.

Actions being taken to improve the YTD Immediate Life threatening (ILT) Performance

- Continue to implement shift patterns including revised shift patterns.
- Intention to progress 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 Specialist Paramedics to increase see and treat and reduce inappropriate admissions to hospital. 10 new post in the division, 3 posts in Highland area.
- 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 Hear & Treat See and Treat pathways.

North Division ILT Performance Trajectory

North Division	70%

2. ILT Cardiac Arrest Performance

Sector	YTD	Last Year
Highland arrival within 8 mins	62.6%	66.5%
Return of Spontaneous Circulation (ROSC)	21.5%	19.5%
VF/VT ROSC	40.0%	29.4%

- The reasons for YTD Cat A Cardiac Arrest Performance are outlined in the Cat A Performance section but will also include the Out of Hospital Cardiac Arrest Strategy which is to have more than a single crew response attend these category of calls. In terms of this category of call the numbers compared to this time last year as very similar at 77 last year we attended 77

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

- As outlined in the ILT 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 – Now changed from mid November 2016

Sector	YTD	Last Year
Highland	79.0%	82.7%

The reasons for YTD Cat B Performance are outlined in the ILT 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 Emergency category

- 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	

4. Conveying Resource on Scene within 19 mins

Sector	YTD	Last Year
Highland	89.2%	88.9%

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

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

5. Scheduled Care Update

Punctuality for Appointment is currently at 82.6% against a measurement of 75% compared with 84.9% the previous year.

Punctuality for Pickup after Appointment is currently at 93.7% against a new measurement of 80% compared with 95.2% the previous year.

Journeys cancelled by SAS in the North Division is currently at 2.7% YTD against a measurement of 2.3% the previous year.

The following work will continue to be undertaken throughout 2016/17 which will help contributed to the improvement in performance:

- Succession planning for ACA posts with all CRES costs identified
- PDSA Pilot of Capacity Management in Highland to improve cancellation rates (Live 1st August)
- Reviewing & Monitor Sickness / Absence levels
- Different ways of working and engaging with Health Boards & Third Sector

North Division Scheduled Care Performance

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	85.5%	92.5%	3.1%	1.6%	4.5%	8.5%

Month nine continues to show a reduction in registered journeys. We continue to see a downward trend of those who require no assistance (W).

ACC/Operations Management Meetings established on 6 weekly bases will continue providing a useful platform for cohesive working between both Divisions to deliver the Service's 20:20 vision.

We will continue to work with the Ambulance Control Centre to built upon suitable alternative providers to signpost patients to assisting the Service in realigning its resources into other areas and supporting the delivery of the 20:20 vision. Below is a breakdown by Health Board area of the work that is being undertaken.

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 an association with the higher demand of patients requiring assistance from trained ambulance staff. We are running a PDSA cycle on Capacity Management systems and a pilot commenced on the 1st August 2016. We have seen slight reductions in cancellations and phase 2 is now underway to refine the Capacity Management figures down to locality/station level which should assist with the reduction of cancellations.

Period 2 : 01/04/2016 - 31/12/2016				
Area	**Registered Journey Count**	**Period 2 No Resource**	**% Cancelled**	**No Resource Variance**
Alness & Invergordon	2,290	52	2.27%	0.55%
Aviemore	450	20	4.44%	-0.59%
Caithness	1,840	186	10.11%	3.27%
Dingwall	1,322	51	3.86%	0.87%
Fort William	2,705	117	4.33%	0.62%
Gairloch	279	15	5.38%	-3.53%
Golspie	832	47	5.65%	-1.69%
Inverness	18,309	379	2.07%	0.27%
Nairn	932	27	2.90%	1.64%
Skye & Lochalsh	812	89	10.96%	5.76%
Tain	569	16	2.81%	0.65%
Ullapool/KLB	319	31	9.72%	-7.54%

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.

6. Highland Health Board Sector Comparison

	Demand		Difference	
	Period 1 - 01/04/2016 - 31/12/2016	Period 2 - 01/04/2015 - 31/12/2015	Demand	Demand Variance
Registered Journey Count	32854	36993	-4139	-11.19%
Journey Count	25988	29952	-3964	-13.23%
Medical Escort Count	2114	2218	-104	-4.69%
Relative Escort Count	1658	1369	289	21.11%
Cancel Count	6866	7041	-175	-2.49%
Abort Count	1171	1463	-292	-19.96%
W (C)	865	3643	-2778	-76.26%
W1, WT1, WC1 (C1)	19792	18858	934	4.95%
W2, WT2, WC2 (C2)	3905	5940	-2035	-34.26%
Stretcher	1391	1467	-76	-5.18%
A&E	35	44	-9	-20.45%
Admission	520	531	-11	-2.07%
Day Patient	2120	3975	-1855	-46.67%
Discharge	2027	2214	-187	-8.45%
House to House Transfer	50	49	1	2.04%
Out Patient	20093	21893	-1800	-8.22%
Transfer	1178	1290	-112	-8.68%

Highlands has continued to see a steady reduction year or year a similar position since the introduction of direct patient booking in 2007.

In Highland we have seen significant reductions in W category patients since the introduction of the Patient Needs Assessment and this continues to be a common development.

Although significant reductions have been seen in W category patients we continue to see an increase in those requiring the assistance of one. This increase is prevalent in patients attending Haemodialysis with an extra resource funded by NHS Highland currently working on a Saturday. We continue 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 are ongoing 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. Through direct patient booking to ACC for Day Hospital Services activity has been reduced by 72.88% since 1st June 2016.

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

We are seeing a reduction in Outpatient activity allowing potential scope to reinvest our existing 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.

Team Leader attends daily huddles at Raigmore Hospital 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.

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	52.6%	65.1%

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

- There has been a 30% reduction in the number of Hyper Acute Strokes this year to date from 103 last year to 72 so far this year.
- As outlined in the ILT 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
- The target is influenced by geography and proximity to a CT Scanner.

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

Highland	70%

2 Issues/workstream updates during current reporting period

- **Introduction of our New Clinical Model – Saving More Lives, Improving Patient Outcomes**

- **The New Clinical Response Model**
  - **Is based on robust clinical evidence**
  - **Prioritises patients with immediately Life Threatening conditions**
  - **Will have new clinical quality measures to indicate and support what you do when you reach the scene**
  - **Will help to reduce stand downs**
  - **Will help insure we send patients the right response, first time**
  - **Will be evaluated by the service and independently**

- Year on Year Increase in Demand
- A&E Vacancies – 15 vacancies Patient Transport Vacancies – 2 under recruitment
- 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
- Introduction of a new Specialist Paramedic role – first course commenced at Glasgow Caledonian University in September.
- SVQ route into front line Accident & Emergency Service which allowing more localised training
- Working with NHS Highland specifically around Caithness Area with changes to Maternity Services
- Work ongoing around Inter Hospital Transfers from Caithness, Broadford and Belford Hospital.
- 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 ongoing 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.
- Continued success 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
- Capacity management implemented to try to help reduce the number of late notice cancellations
- 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.
- *New Clinical Response Model – introduced 23rd November 2016*

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