



# Working for you

Scottish Ambulance Service  
Annual Report and Accounts 2010/2011





# Isla Campbell

## from the Isle of Lewis

Isla is an asthma patient from Lemreway on the Isle of Lewis with Derek Spark, Community Paramedic.

Isla Campbell, is a bright, energetic eight year old. She lives in Lemreway, a village with a community of around 70 people, 25 miles south of the main town, Stornoway, on the Isle of Lewis. Isla suffers from asthma, and with the help of her mum and dad, Isla does a really good job of keeping her symptoms under control. However, last March, Isla became unwell with a cold virus, which resulted in her having a severe asthma attack.

Isla's mum took steps to alleviate Isla's high temperature and wheezing, but she was so concerned, she called 999. The last time she

had a similar attack, Isla was admitted to the Western Isles Hospital in Stornoway, where she stayed for three days. Community Paramedic, Derek Spark from Stornoway Ambulance Station responded with his colleague, Ambulance Technician, Anne Macleod. They reassured Isla's mum that she was doing all the right things for Isla, and provided further treatment, as well as speaking to the local General Practitioner (GP) about following up on Isla the next day. Isla and her mum were relieved that Isla would not have to be admitted to hospital, and was instead able to be treated at home, where she made a full recovery.

“Having an asthma attack is really scary. Derek came and talked to my mum and to me, and he gave me some pills to make me feel better. Derek said I wouldn't have to go to hospital, and he spoke to my doctor, who came the next day to check I was OK. I was really happy I could stay and get better at home with my mum and dad.”

We maintained an average response time to Category A life-threatening incidents at

**6.9**

minutes across Scotland.

We answered over **800,000** telephone calls.

We worked with NHS Boards to reduce unnecessary attendances at A&E by treating just under

**60,000**

patients at scene.

We responded to over **600,000** accident and emergency incidents.

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# Chair and Chief Executive Statement. Working for you.

We are now in the second year of our five year strategy: “Working Together for Better Patient Care,” and have continued to improve services for patients. We continued to reach patients very quickly, improved our management of cardiac and stroke patients, and invested in additional staff training, equipment and vehicles to enhance care for patients. We have already achieved a number of key milestones on our journey towards our vision to deliver the best patient care for people in Scotland, when they need us, where they need us.

Over the last 12 months, we continued to enhance the quality of patient care, through introducing new ways of working, such as our Learn and Improve programme, which is gathering and using feedback from patients, staff, NHS Boards and other key stakeholders to continuously improve quality, efficiency and productivity. To date, the Learn and Improve programme has been looking at Administration, Workforce Planning and at our Patient Transport Service, and has generated a breadth of practical and inspiring ideas, which are now being put into practice. Overall, we maintained performance in 2010/11, and we strengthened our clinical focus. Despite severe weather conditions in December 2010, our performance in responding to life-threatening Category A emergencies was maintained at 2009/10 levels, reaching 72% of incidents within 8 minutes.

In the course of 2010 – 2011, we enhanced our activities in prevention and anticipatory care, including three pilots to test this new model of care with patients from three areas: NHS Ayrshire and Arran, NHS Highland and NHS Orkney. Through treating people at scene, we helped just under 60,000 patients avoid an unnecessary attendance to Accident and Emergency Departments, while referring them to appropriate care. With NHS Boards, local authorities and the voluntary sector, we progressed the development of care pathways for falls, diabetes and mental health patients and agreed a Memorandum of Understanding with the Association of Chief Police Officers in Scotland for the management of people vulnerable through alcohol. Our ethos of collaboration and cooperation is also evident in our approach to community resilience. We continued to develop action plans for remote and rural communities to strengthen their resilience, for example, by introducing the UK’s first retained ambulance service in Shetland and other co-responder models, supporting over 1200 Community First Responders, implementing additional landing lights in remote communities, and are now working with over 80 BASICS GPs. In addition, we gained Investors in Volunteers accreditation.

This is further evidenced by our patient survey scores. Patient satisfaction has remained high, with 97% of Accident and Emergency

patients and 94% of Patient Transport Service expressing satisfaction with their experience of care from the Scottish Ambulance Service. Indeed, A&E patient satisfaction with the time taken to reach them has increased by five percentage points, to 95%.

Our determination to continuously improve the quality of patient care is reflected in our newly-launched Clinical Strategy, which recognises the steadily growing population of elderly people in Scotland and the corresponding growing demand for care in relation to chronic disease and long term conditions. Our Clinical Strategy sets out how we will meet the needs of patients, both now and in the future, through enhancing our patient safety culture, further developing our clinical workforce, continuously improving clinical standards and governance, and further developing technology to support decision-making. This work is already underway: our Electronic Patient Record Form (ePRF) won a national recognition award at the beginning of the year, as did our Vehicle Equipment Check Sheet (VECS) and we have rolled out the Emergency Care Summary (ECS,) which gives our crews access to key patient information to enable more effective clinical care.

This focus on clinical excellence is further demonstrated through our newly established Scottish Ambulance Academy, located in the School of Health at Glasgow Caledonian University. Enhanced support for Service leaders is helping develop leadership and management capability. This year, 358 places were taken up on leadership and development programmes.

The Scottish Ambulance Service is set on realising our vision to provide the best patient care to people in Scotland when and where they need us. We recognise that we will continue to face a number of challenges in the remaining three years of our five year strategy, including the enduring difficulties of our economic climate. Our approach will be the continued strengthening of our existing partnerships with patients, carers and the public, with NHS Boards, charities and the voluntary sector, local authorities, and with our staff, who care for patients across Scotland 24 hours a day, every day.

**“ The Scottish Ambulance Service is set on realising our vision to provide the best patient care to people in Scotland when and where they need us. ”**



David Garbutt  
Chairman



Pauline Howie  
Chief Executive

# Shamaaila Nooranne

from Glasgow

Shamaaila learned early life saving skills at the Glasgow Mosque with Anne Harrison, Community Resuscitation Development Officer with West Central Division.

“After completing the Heartstart training programme with Anne at the Glasgow Mosque, I am now confident I could put my new life-saving skills into practice, if someone needed my help until an ambulance arrived.”



# Overview of the Year.

## Improving Care, Reducing Costs.

During 2010/11, the Scottish Ambulance Service clearly demonstrated that we are well on our way to realising our vision: *to deliver the best patient care for people in Scotland, when the need us, where they need us.*

Further progress has been made in improving patient access and referral; existing relationships with patient groups, communities, NHS Boards the voluntary sector and other key stakeholders have been strengthened, and new partnerships established, for example, through the Scotmid Public Access Community Defibrillator project. In addition, new care pathways, such as falls, have been developed, further improving services for patients. These achievements have been delivered in the context of a sustained period of financial pressure, obliging us to continuously improve patient care, while working more efficiently. In 2010/11, the Service exceeded its financial targets, and we have been able to use efficiency savings of £3.8 million and further productivity efficiencies amounting to £1.9 million to support service improvement, for example, to support the roll out of a new mobile radio system, Airwave and associated training, addressing the additional cost pressures in the Air Ambulance Service due to high fuel and the exchange rate, general fuel pressures and the additional resources and support required to deliver our service during one of the harshest winters on record.

The following case studies, which highlight the experience of our patients, is evidence that the Service is continuing to improve efficiency, for example through more targeted use of resources and through partnership working, while improving the quality of patient care.

In the course of 2010/11, improved triaging and tasking of our air ambulance resources has reduced demand by 14.3%, focusing the service on the people who need it. William Heirs from Lenzie experienced air ambulance care while he was participating in the 53-mile long Hoka Highland Fling ultramarathon. William collapsed around 27 miles into the race on the eastern banks of Loch Lomond. A passer-by called 999, and Claire Collier, a dispatcher with our Emergency Medical Dispatch Centre (EMDC) had an air ambulance team on scene within 14 minutes to diagnose, stabilise and treat him. Paramedics Rob Dalziel and Daren Mochrie continued to care for William during the flight to the National Golden Jubilee Hospital in Clydebank, having alerted the cardiologist there on their estimated time of arrival. In less than 90 minutes from the air ambulance crew reaching him, William underwent a life-saving cardiac procedure called Primary Percutaneous Coronary Intervention (PPCI.) This places a balloon inside a collapsed artery, before a stent is put in place so blood can keep flowing to the heart. William went home again three days after his operation and is keeping fit and well. He described his care as “an absolute godsend.”

Elaine Edmiston from St Andrews has been cared for by the Scottish Ambulance Service in both emergency and through the Patient Transport Service. Earlier this year, Elaine wrote a letter of thanks to the Service, for the care she has received over a 20 year period, highlighting the exceptional care she received from Ambulance Care Assistant, Jim Mitchell. In fact, Elaine was so impressed by the care she received from Jim, that she supported his nomination for UK Ambulance Assistant of the Year in Ambulance Service Institute Awards, which Jim won. Elaine describes Jim as a “valued member of her regular ambulance care team, highlighting his “ability to read accurately into individual situations” as well as his “exceptionally high degree of sensitivity and understanding” of her medical needs.

Julian Pace from Peebles experienced a range of symptoms, including an aching jaw, so called NHS 24 who transferred him to the Scottish Ambulance Service. The call taker at the EMDC triaged his call and sent an emergency response, which reached Julian within five minutes of his call. Peebles based Jim Aitchison, Ambulance Technician and Karen Anderson, Paramedic assessed Julian and provided medical care for him, as they rushed him to Edinburgh Royal Infirmary for PPCI. Again, Like William, Julian has made a full recovery and is grateful for the high quality of care he received.

In the last year, the Service achieved Investor in Volunteer status and increased number of community first responders, with over 1,200 volunteers now running over 120 schemes across Scotland. Working closely with the British Heart Foundation (BHF) Anne Harrison, one of five Community Resuscitation Development Officers across Scotland, has been working with schools and local communities on the Heartstart programme. The Heartstart programme helps people develop skills such as assessing an unconscious patient, performing cardiopulmonary resuscitation (CPR), dealing with choking, serious bleeding, helping someone that may be having a heart attack. Anne has been providing training across the West of Scotland, including at the Glasgow Mosque. Shamaaila Nooranne has now completed her training. She admits she was a little apprehensive about it, but is now feeling very positive about being able to help her local community by being trained in Emergency Life Support (ELS) skills, which could keep someone alive until professional help arrives. “With Anne’s support, I am now confident I could put my new skills into practice, if someone needed my help until an ambulance arrived.”

# Our Services.

A Special Health Board, the Scottish Ambulance Service is a national operation based at over 180 locations in five Divisions. Increasingly co-located with NHS 24, NHS Board out of hours services and within hospital and GP Practice premises, we continue to cover the largest geographic area of any ambulance service in the UK.

The Scottish Ambulance Service provides scheduled, unscheduled and anticipatory care for patients in remote, rural and in urban communities across Scotland. We save lives by responding to life-threatening emergency calls. We help people live well at home by treating or referring people at the scene, preventing unnecessary hospital admissions. We also take patients requiring clinical care during transport to hospital, in time for their appointment.

**A&E care - we respond to 999 calls from the public and healthcare partners such as general practitioners, (GPs) in addition to requests for an urgent response by clinicians.**

The Scottish Ambulance Service delivers accident and emergency care to patients the length and breadth of the country. This care is delivered by specially trained staff who, last year, responded to over 600,000 incidents across Scotland.

999 calls are handled by one of three Emergency Medical Dispatch Centres (EMDCs,) which are co-located with NHS 24 and NHS Board’s Out of Hours teams. Ambulance crews are dispatched from stations and deployment points which are situated near to areas where the fastest response can be provided to where it is needed. In 2010/11, we upgraded our telephone triage system for handling 999 calls, to continuously improve the quality of our emergency response.

Accident and Emergency crews provide life saving emergency medical care. Having assessed the medical needs of the patient, they may take patients to hospital, treat them at the scene or refer them to an appropriate clinic. In 2010/11, we worked with NHS Boards to reduce unnecessary attendances at A&E. We treated nearly 60,000 patients at scene, which was 11.4% of all emergency incidents. In addition, our increasingly advanced, award-winning Cab-Based Technology (CBT) is playing an increasingly important role in the Service’s selection of appropriate care pathways and to provide decision-making support to enable Paramedics and Technicians to provide high quality care to patients en-route to hospital or appropriate receiving centre.

**Patient Transport Service - the Service plays a vital role in caring for patients with a clinical need who require transport to and from their hospital appointments.**

Last year, the Patient Transport Service (PTS), undertook 1.3 million journeys across Scotland.

PTS provision is prioritised according to clinical need. The service is provided by specially trained Ambulance Care Assistants who are increasingly providing this service to patients with more complex needs, for example palliative care. This year, patient care was further improved by installing shock boxes on all 450 of our PTS vehicles, and a programme of staff training rolled out, which means PTS staff now

have the ability to provide basic life support skills, while requesting an emergency response, should they encounter a cardiac arrest incident.

In the course of 2010/11 a significant improvement programme was established to look at how this service can be improved for our patients.

**The Air Ambulance Service provides an emergency response and a vital hospital transfer service for the islands and remote and rural areas across Scotland.**

The Air Ambulance Service comprises four purpose built aircraft: two helicopters and two fixed wing aircraft. In the course of last year, a new protocol was introduced which improved triaging and tasking of air ambulance resource. As a result, demand was reduced by 14.3% to under 4,000 air ambulance missions, providing high quality medical care to patients the length and breadth of Scotland.

We also completed the successful roll-out of the Emergency Retrieval Service (EMRS) across

Scotland, improving the provision of critical care interventions and definitive surgical care across the country.

Our Air Ambulance Service is the only integrated, publicly funded Air Ambulance Service in the UK.

# Elaine Edmiston

from St Andrews

Elaine is a PTS patient, with Jim Mitchell Ambulance Care Assistant.

**“I owe my life to the Service. For over 20 years I have received care in both A&E situations and as a regular user of the Patient Transport Service. Jim has cared for me in both situations, most recently when I have been using PTS. He puts the needs of patients first, ever mindful of our frailties and any special needs. He is most courteous and polite, and shows a high level of patience and tolerance. Thank you to the Scottish Ambulance Service, and especially to Jim, for taking such great care of me and for consistently showing immense kindness.”**



# How we Performed

## HEAT Summary.

Performance Indicator	Target for 2010/11	Performance in 2010/11
<p><b>H1: Save More Lives</b> % of Cardiac Arrests with Successful Return of Spontaneous Circulation</p> <p>The Service maintained performance in 2010/11, achieving a rate of survival for cardiac patients at the point of arrival at hospital of 14.5% against the Service's target range of 12-20%. By March 2011 this had improved to 19.2%</p>	12 - 20%	14.5%
<p><b>H2: Category A Cardiac Arrest Patients</b> % of Cardiac Arrests patients responded to within 8 Minutes</p> <p>Throughout 2010/11, the Service responded to 77.4% of cardiac arrest patients within 8 minutes against the target of 80%. By March 2011 this had improved to 80.1%</p>	80%	77.4%
<p><b>H3: Response to Category A Incidents</b> % of cat A incidents within 8 Minutes</p> <p>The Service responded to 72% of life-threatening Cat A emergencies across Scotland within 8 minutes, against a target of 75%, maintaining 2009/10 performance, despite the severe weather conditions in December 2010. Our average response time was 6.9 minutes</p>	75%	72%
<p><b>H4: Response to Category B Incidents</b> % of Cat B incidents within 14, 19 or 21 minutes</p> <p>The Service responded to 92.6% of Cat incidents against a target of 95%. The performance trend in 2010/11 is improving, reaching 93.2% of incidents within the target time in March 2011</p>	95%	92.6%
<p><b>H5: Response to Emergencies on Island Boards:</b> % of Island Emergency Incidents within 8 minutes</p> <p>Response performance in Island Boards improved, reaching 54% of all emergencies within 8 minutes against a target of 53%</p>	53%	54%

### HEAT Summary (Continued)

Performance Indicator	Target for 2010/11	Performance in 2010/11
<p><b>E1 Sickness Absence:</b> Rate of Sickness Absence</p> <p>The sickness absence rate for the full year was 5.86%. A key driver of the increased rate was the impact of the severe winter. A number of measures are in place to reduce sickness absence for example, through robust absence management, our fast-track physiotherapy service to hasten return to work and increased levels of flu vaccination for our staff</p>	5%	5.86%
<p><b>E2 Reduce emissions:</b> Reduce energy consumption</p> <p>The Service met and exceeded this target and was able to use the cash releasing savings to invest in Board-approved developments, to support improvements to patient care</p>	2.5%	2.9%
<p><b>E3 Universal use of CHI number</b> % of PTS journeys where CHI is used</p> <p>The patient's CHI number was recorded in 88.6% of PTS journeys, exceeding the target of 85%</p>	85%	88.6%
<p><b>NHSS E5 Meet financial targets</b> Operate within revenue and capital limits; meet the cash requirement</p> <p>The Capital Resource Limit and Cash Requirement targets were achieved in the year. Capital Resource ended the year exactly breaking even</p>	Meet target	£50,000
<p><b>E6 Meet cash efficiency target</b> Cash releasing savings achieved</p> <p>Efficiency savings exceeded target at £3,809,000. Further productivity efficiencies amounted to £1,934,000</p>	2% (£3,560,000)	2.1% £3,809,000

## HEAT Summary (Continued)

Performance Indicator	Target for 2010/11	Performance in 2010/11
<p><b>NHSS E10 Implement knowledge and skills framework:</b> 80% of AfC staff to have had KSF PDP review by March 2011</p> <p>86% of Agenda for Change (AfC) staff had an AfC Knowledge Skills Framework (KSF) review by March 2011, against a target of 80%</p>	80%	86%
<p><b>SAS A1 Response to urgent incidents</b> % of 1 hour urgent calls responded to within 1 hour</p> <p>The Service receives around 150,000 urgent calls from other healthcare professionals, primarily GPs, each year. Our performance in reaching these patients within one hour, where this is the time agreed with the GP on scene, exceeded target for the year at 91.2%</p>	91%	91.2%
<p><b>SAS A2 PTS: punctuality for appointment</b> % PTS journeys cancelled by SS</p> <p>71.7% of patients arrived at outpatients 30 minutes or less prior to their appointment time, narrowly missing the target of 72%, but maintaining performance achieved in 2009/10</p>	72%	71.7%
<p><b>SAS A3 PTS: punctuality after pick up after appointment</b> % P1 patients picked up 30 minutes after appointment</p> <p>Following appointment, 81.2% of patients were collected to return home within 30 minutes of the time scheduled for their clinic to end against a target of 90%. The PTS Improvement programme has identified areas for improvement, including the roll out of mobile data across our PTS fleet</p>	90%	81.2%
<p><b>SAS A4 PTS: journeys cancelled by SAS</b> NHSQIS standards for patient safety and clinical governance</p> <p>The Service reduced the number of cancelled journeys to less than 1 percent in every month, except December 2010, where cancellations increased significantly due to severe weather, which gave a full year performance of 1.5%</p>	<1%	1.5%

## HEAT Summary (Continued)

Performance Indicator	Target for 2010/11	Performance in 2010/11
<p><b>SAS T1 Improve health outcomes for patients</b> NHSQIS standards for patient and clinical governance</p> <p>The full year NCSS cleaning monitoring results achieved green score, exceeding 90%</p>	10 or above	No formal assessment in 2010/11
<p><b>SAS T2 Health acquired infection:</b> Compliance with national framework for HAI monitoring</p>	Meet Target	Green
<p><b>SAS T3 Reduce Hospital Admissions:</b> % of Emergency Calls Treated at Scene</p> <p>Working with NHS Boards and other partners on the application of the see and treat approach has enabled the Service to treat almost 60,000 patients at scene. This means that 11.4% emergency incidents avoided unnecessary hospital attendance</p>	12%	11.4%
<p><b>SAS T4 SEWS score:</b> % of patients with a SEWS score above 4 taken to hospital</p> <p>The Service monitors the conveyance of patients with the highest SEWS scores, indicating those who may be seriously unwell and in 96% of cases, these patients were taken to hospital for further treatment, above the target of 95%</p>	95 - 98%	96%
<p><b>T5 Hyper acute stroke:</b> % of hyper acute stroke patients taken to hospital within 60 minutes</p> <p>The Service maintained a high level of performance in supporting urgent access to a CT scanner at hospital for patients suffering hyper acute stroke. 75.5% of such patients were in hospital within 60 minutes against a development target of 80%</p>	80%	75.5%

# Our Quality Scorecard

## 2010/11.

	Heat Target	Measure
<b>Access and Referral</b> Unscheduled Care	AR1: Cat A Performance	SAS H3 75%
	AR2: Cat A Cardiac Arrest Performance	SAS H2 80%
	AR3: Cat B Performance	SAS H4 95%
	AR4: Islands Emergency Performance	SAS H5 55%
	AR5: 1Hr Urgents In Performance	SAS A1 91%
<b>Access and Referral</b> Scheduled Care	AR8: PTS Punctuality for Appointment	SAS A2 72%
	AR9: PTS Punctuality for Pickup After Appointment	SAS A3 90%
	AR10: PTS Journeys Cancelled by SAS	SAS A4 <0.5%
<b>Access and Referral</b> Air Ambulance	AR11: Time from Take Off to Land on Scene <60mins	95%
<b>Clinical Excellence</b>	CE1: ROSC	SAS H1 12-20%
	CE2: Hyper Acute Stroke To Hospital < 60 mins	SAS T5 80%
	CE3: SEWS Scores >= 4 Taken to Hospital	SAS T4 95-89%
<b>Engaging with Partners</b>	EP3: PTS Aborts and Cancels	18 Weeks <18%
	EP6: Emergency Incidents Treated at Scene	SAS T3 12%
<b>Organisational Development</b>	OD3: Sickness Absence	SAS E1 <5%
	OD4: Meet Financial Targets (£000)	NHSS E5 Break even
	OD5: Meet Cash Efficiency Targets (£000)	NHSS E6 £6,525,000

# Our Committee

## Membership 2010/11.



The Service is developing a number of partnerships to help build community resilience. One example is on the Isle of Luing, where we are working with Fire and Rescue Service, whose volunteers will deploy landing lights.



### Clinical Governance Committee

The Clinical Governance Committee comprised four Non-Executive Directors: Mrs Christine Humphries (Chair); Mr Andrew Richmond; Ms Suzanne Dawson; and Ms Theresa Houston. Mr David Nelson is the Public/Patient Representative. The Committee meets four times per year to monitor standards of care and measure the effectiveness of pre-hospital treatment.

### Audit Committee

The Audit Committee comprised four Non-Executive Directors: Mr Douglas Marr (Chair); Mr Andrew Richmond; Ms Theresa Houston; and Mrs Christine Humphries. The Audit Committee meets four times per year to consider the various reports from both internal and external auditors to assess the risks that may arise in the Service.

### Staff Governance

The Staff Governance Committee comprised three Non-Executive Directors: Mr Matthew Bell, (Chair) Mrs Christine Humphries; Mr Douglas Marr; as well as the Chairman, Mr David Garbutt. The Committee meets four times per year to ensure effective monitoring of staff governance within the organisation.

### Remuneration Committee

The Remuneration Committee comprised the Chairman and three Non-Executive Directors: Mr Douglas Marr; Ms Suzanne Dawson; and Mr David Alexander. The Committee is chaired by Mr David Garbutt. It meets at least three times per year to consider the evaluation of performance and pay awards for Executive Directors. The committee has an important role in ensuring consistency of policy and equity of treatment of staff across the local NHS system, including remuneration issues, where they are not already covered by existing arrangements at national level.

# Julian Pace

from Peebles

Julian is a cardiac patient, with Ambulance Technician Jim Aitchison from Peebles Station.

**“ I hadn’t realised my symptoms meant I was having a heart attack. Emma from NHS 24 immediately realised I needed an emergency response, and Jim and Karen arrived on my doorstep within five minutes of my call. They confirmed I needed to go to the Royal Infirmary in Edinburgh right away for a heart procedure. While they treated me in the ambulance, they contacted the cardiac unit at the Royal, in preparation for my arrival. I have had a truly great experience of service and care from beginning to end.”**



## Our Activity.

Sub Division	PTS Journeys	A&E Incidents	Air Ambulance Missions	Potentially Life Threatening Calls (Average response mins)	999 (Average response mins)
Argyll & Clyde	147,704	55,190	969	6.29	8.09
Ayrshire & Arran	131,224	48,757	136	6.71	8.55
Borders	47,048	12,873	33	8.51	9.71
Dumfries & Galloway	54,253	17,163	101	7.64	9.47
Fife	133,032	44,937	17	6.63	7.96
Forth Valley	96,085	30,775	56	7.59	9.63
Grampian	78,304	56,692	252	6.64	8.77
Greater Glasgow	222,442	121,302	129	6.82	9.70
Highland	57,726	27,268	683	7.35	9.10
Lanarkshire	140,723	72,503	44	7.00	8.75
Lothian	127,747	100,538	23	6.91	9.79
Northern Isles	2,811	4,299	772	n/a	10.76
Tayside	115,073	3,605	50	6.88	8.27
Western Isles	2,7666	3,605	426	n/a	9.31
<b>Scotland Total</b>	<b>1356,938</b>	<b>649,076</b>	<b>3,774</b>	<b>6.90</b>	<b>9.06</b>

## Top 10 Emergency Chief Incidents and Category A Chief Incidents.

Chief Complaint Group	All EMG Count	Chief Complaint Group	All Cat A Count
Transfer / Interfacility / P	109,828	Chest Pains	30,923
Falls	56,652	Unconscious / Fainting	24,937
Unconscious / Fainting	37,248	Breathing Problems	21,811
Chest Pains	31,497	Convulsions/Fitting	11,529
Breathing Problems	29,044	Falls	10,797
Overdose / Poisoning	21,680	Haemorrhage / Laceration	5,702
Convulsions/Fitting	20,584	Cardiac / Respiratory Arrest	4,906
Assaults	17,640	Stroke / CVA	4,311
Sick Person	16,409	Heart Problems / AICD	3,086
Traffic / Transportation Acc	13,345	Traffic / Transportation Acc	2,867

### Our Staff

Numbers of staff as at 31 March 2010

Paramedics	1,396
Technicians	1,035
PTS, including ACAs, Drivers, and PTS Ambulance Assistants	1,118
Emergency Medical Dispatch (EMDC) staff	240
Administrative and Clerical	244
Professional and Managerial	181
Others	114
<b>Total number of staff</b>	<b>4,328</b>

# Operating Cost Statement

## for the year ended 31 March 2011.

	2011 £000	2010 £000
<b>Clinical services costs</b>		
Hospital and Community	205,176	204,577
Less: Hospital and Community Income	6,030	6,071
	199,149	198,506
Family Health	0	0
Less: Family Health Income	0	0
<b>Total Clinical Services Costs</b>	<b>199,149</b>	<b>198,506</b>
Administration Costs	2,696	2,592
Less: Administration Income	0	0
	2,696	2,592
Other Non Clinical Services	2,104	2,902
Less: Other Operating Income	352	582
	1,752	2,320
<b>Net Operating Costs</b>	<b>203,597</b>	<b>203,418</b>
<b>Other comprehensive net expenditure</b>		
Net (gain)/loss on revaluation of Property Plant and Equipment	(21)	
Net (gain)/loss on revaluation of Intangibles	0	
Net (gain)/loss on revaluation of available for sales financial assets	0	
Other Comprehensive Expenditure/(Income)	(21)	
<b>Total Comprehensive Expenditure</b>	<b>203,576</b>	

	2011 £000	2010 £000
<b>Summary of core revenue resource outturn</b>		
<b>Net Operating Costs</b>	<b>203,597</b>	203,418
Total Non Core Expenditure (see below)	(12,143)	
FHS Non Discretionary Allocation	0	
<b>Total Core Expenditure</b>	<b>191,454</b>	201,494
Core Revenue Resource Limit	191,498	201,415
<b>Saving/(excess) against Core Revenue Resource Limit</b>	<b>44</b>	79
<b>Summary of non core revenue resource outturn</b>		
Capital Grants to / (from) Other Bodies	0	
Depreciation/Amortisation	10,220	
Annually Managed Expenditure - Impairments	1,410	
Annually Managed Expenditure - Creation of Provisions	513	
IFRS PFI Expenditure	0	
<b>Total Non Core Expenditure</b>	<b>12,143</b>	
Non Core Revenue Resource Limit	12,145	
<b>Saving/(excess) against Non-Core Revenue Resource Limit</b>	<b>2</b>	
<b>Summary resource outturn</b>		
Core	191,454	191,498
Non Core	12,143	12,145
<b>Total</b>	<b>203,597</b>	<b>203,643</b>

#### Prior Year Adjustment - Cost of Capital

The financial regime of health bodies has been amended to remove the cost of capital from 1st April 2010. This is considered to be a voluntary change in accounting policy and therefore a prior year restatement has been made. A £2.098 million charge has been removed from the 2009/10 figures in the Statement of Comprehensive Net Expenditure, Cash Flow Statement and Statement of Changes in Taxpayers Equity.

# Balance Sheet

for the year ended 31 March 2011.

	2011 £000	2010 £000
<b>Total non-current assets</b>	<b>83,797</b>	73,165
<b>Total current assets</b>	<b>14,583</b>	7,376
<b>Total assets</b>	<b>98,380</b>	80,541
<b>Total current liabilities</b>	<b>(20,593)</b>	(16,029)
<b>Non-current assets plus/less net current assets/liabilities</b>	<b>77,787</b>	6,4152
<b>Non-current liabilities</b>		
Provisions		
Financial liabilities:		
Trade and other payables		
<b>Total non-current liabilities</b>	<b>(3,928)</b>	(6,592)
<b>Assets less liabilities</b>	<b>73,859</b>	57,920
<b>Taxpayers' Equity</b>		
General fund	<b>69,620</b>	53,545
Revaluation reserve	<b>4,239</b>	4,375
<b>Total taxpayers' equity</b>	<b>73,859</b>	57,920
<b>Summary of capital outturn</b>		
Net Capital Expenditure	<b>19,483</b>	13,192
Core Capital Resource Limit	<b>19,484</b>	13,202
<b>Saving (excess) against Core Capital Resource Limit</b>	<b>1</b>	10

# Independent Auditors' Statement to the Members of the Scottish Ambulance Service Board on the Summary Financial Statement.

We have audited the financial statements of the Scottish Ambulance Service for the year ended 31 March 2011 under the National Health Service (Scotland) Act 1978. The financial statements comprise the Statement of Comprehensive Net Expenditure and Summary of Resource Outturn, the Balance Sheet, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2010/11 Government Financial Reporting Manual (the 2010/11 FReM).

This report is made solely to the parties to whom it is addressed in accordance with the Public Finance and Accountability (Scotland) Act 2000 and for no other purpose. In accordance with paragraph 123 of the Code of Audit Practice approved by the Auditor General for Scotland, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

## Respective responsibilities of Accountable Officer and auditor

As explained more fully in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Scottish Ambulance Service as set out on page 19, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and is also responsible for ensuring the regularity of expenditure and receipts. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland) as required by the Code of Audit Practice approved by the Auditor General for Scotland. Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors. We are also responsible for giving an opinion on the regularity of expenditure and receipts.

## Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers of the state of affairs of the Service as at 31 March 2011 and of its net operating cost for the year then ended;

- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2010/11 FReM; and
- have been prepared in accordance with the requirements of the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers.

## Opinion on regularity

In our opinion in all material respects the expenditure and receipts in the financial statements were incurred or applied in accordance with any applicable enactments and guidance issued by the Scottish Ministers.

## Opinion on other prescribed matters

In our opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the National Health Service (Scotland) Act 1978 and directions made thereunder by the Scottish Ministers; and
- the information given in the Operating and Financial Review and Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## PricewaterhouseCoopers LLP

Appointed Auditors  
Edinburgh  
29th June 2011

# William Heirs

## from Glasgow

William is a heart attack patient from Lenzie, with Rob Dalziel, Air Ambulance Paramedic, Dr Eileen Peat, Consultant Cardiologist from the Golden Jubilee National Hospital and Claire Collier, dispatcher from the Scottish Ambulance Service Emergency Medical Dispatch Centre.

**“Loch Lomond wasn’t an ideal place for a heart attack, but Claire, a dispatcher in the Emergency Medical Dispatch Centre sent an Air Ambulance, which reached me within 14 minutes of the call. Rob, an Air Ambulance Paramedic, diagnosed and stabilised me and got me to the Golden Jubilee National Hospital, where Dr Peat, Cardiac Consultant, immediately performed an operation to unblock the artery which was causing the problem. I went home after three days and am fit and well again. I’m really grateful to everyone for such a great team effort, which has resulted in me making a full recovery.”**



# Audit and Inspection.

## Governance and Audit Arrangements

The Board meets annually to review and add to the corporate (high level) risk register. The key risks identified are prioritised through a risk matrix scoring methodology that examines likelihood and impact. Thereafter, the key risks have controls or mitigating actions developed which allow the organisation to manage these risks. Quarterly, the Risk Management Steering Group meets to review these key risks and monitor action. This group also ensures that organisational risks that require escalation can be fed into the Corporate Risk register. The Audit Committee receives updates on how these risks are managed to assure the Board that management is taking effective

action. Internal Audit utilise the high level register and the findings from the annual risk workshop to develop their work plan for the forthcoming year. This process ensures that Internal Audit is focused on areas of greatest risk to the organisation.

Robust governance arrangements are in place to ensure that continued strong progress towards the goals of the Service's five year strategy "Working Together for Better Patient Care" is driven by sound project management, incorporating sound risk management, financial controls and the required standards of involvement of our patients, the public and other key stakeholders, as well as our staff.

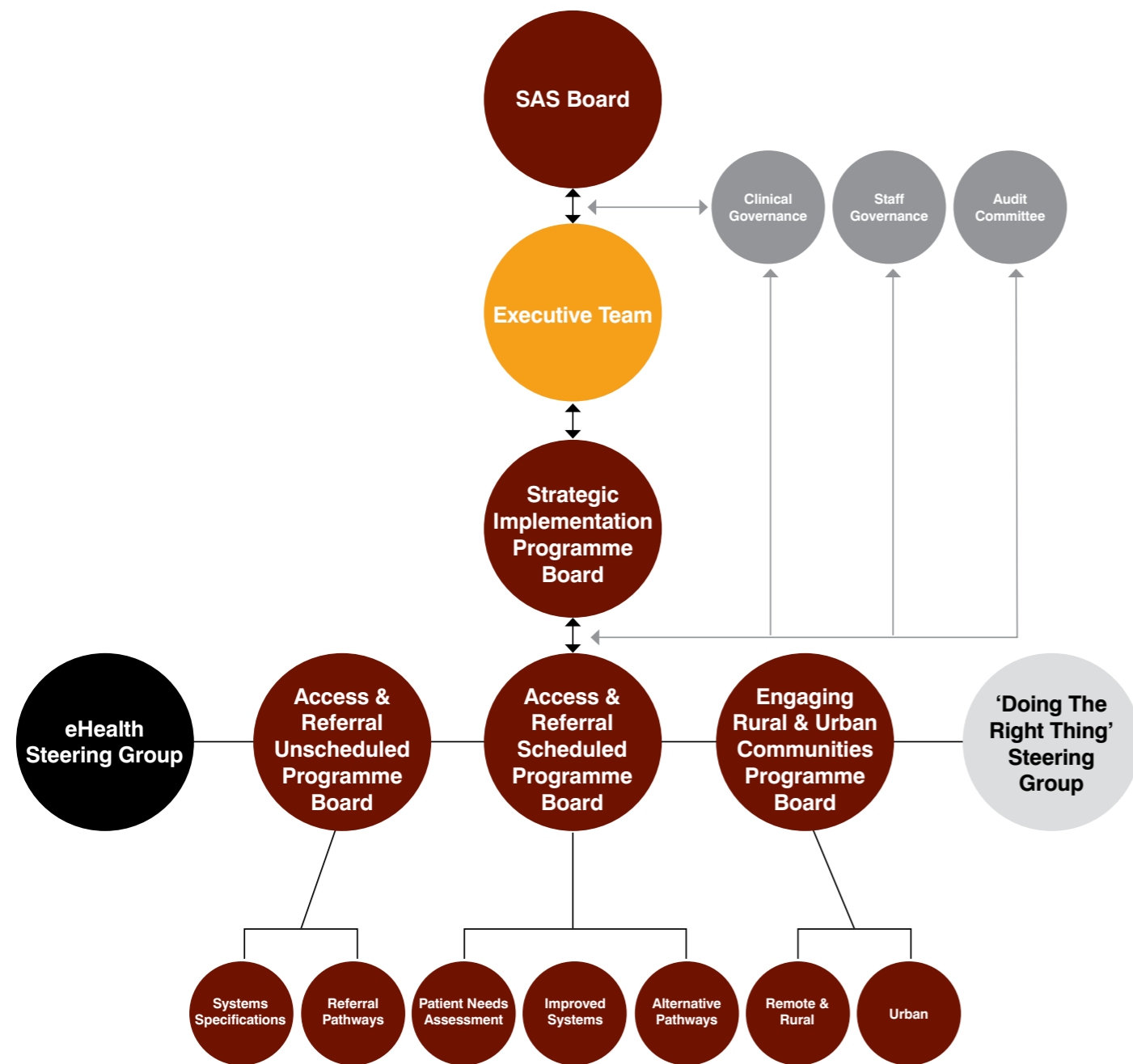


Table 1: Governance of the strategic framework

## Clinical Governance and Risk Management

The Clinical Governance Committee of the Health Board has two key roles:

- Systems assurance – to ensure that clinical governance mechanisms are in place and effective throughout the Scottish Ambulance Service system; and
- Public health governance – to ensure that the principles and standards of clinical governance are applied to the health improvement activities of the NHS Board.

The results of the most recent review by NHS QIS against the National Standards for Clinical Governance and Risk Management were confirmed in October 2010 Clinical Governance and Risk Management National Overview where it was confirmed that the Service not only improved its score from the last review from 10 to 11, but the Service also achieved the highest score of all the NHS Boards and National Support Agencies for its clinical governance and risk management performance. The results provided an important focus for the Service in seeking assurance that requirements are being implemented across the Service. Although the Service achieved a very high standard, some areas of improvement were identified and an action plan against the review has been developed.

## Hand Hygiene Compliance Monitoring:

Over the last year the work programme that forms part of the National Hand Hygiene Campaign to improve hand hygiene awareness has continued across the Service. One requirement of the campaign is bi-monthly audits to monitor compliance with opportunities for hand hygiene and these continue to demonstrate good practice and ongoing improvement. The Service maintained scores in the high nineties between April 2010 – March 2011, sustaining a green score for the full year. This was supported by divisional report cards for Hand Acquired Infection (HAI) which identified areas of good practice and areas for increased focus. An increasing number of cleanliness champions in each of our five Divisions is helping build a culture of good practice for hand hygiene and zero tolerance of unacceptable hygiene standards.

## NHS Scotland National Cleaning Services Specification:

The Service is required to comply with NHS Scotland National Cleaning Services Specification (NCSS) and monitoring framework. We now have three NCSS Auditors in place in the (North, East, and West) to undertake the monitoring of cleaning processes and procedures and report Station Scores to Divisional Management Teams in order to ensure high standards of cleanliness. The overall result for NCSS compliance for the full year was green, at above 90%.

## Annual Patient Experience Survey

Our latest qualitative and quantitative patient experience research was carried out independently by Market Research UK, which has produced positive and useful patient feedback. Satisfaction continued to remain high, with 97% of Accident and Emergency patients and 94% of Patient Transport Service expressing satisfaction with their experience of care from the Scottish Ambulance Service. Indeed, A&E patient satisfaction with the time taken to reach them has increased by five percentage points, to 95%.

A Carers survey has also commenced, which, along with the Patient Experience survey will help us understand how we can improve services to both patients and their carers.

## Information Governance

The past year has seen a rapid improvement in the awareness of Information Governance within the Scottish Ambulance Service, largely as the result of the establishment of the Information Governance Committee, and the importance attached to it, by the Service Board, as a vital component of corporate governance. The Service again completed NHS Quality Improvement Scotland IG Standards self assessment, using the online toolkit. Overall scores increased from 2.2 to 2.4, reflecting a general improvement across each area of Information Governance, with specific progress made in Information Security, Patient Records, Freedom of Information and Data Protection.

## Staff Governance

In line with the Scottish Government's Healthcare Quality Strategy, we recognise that our staff are at key to providing Person-centred Safe and Clinically Effective patient care. The Scottish Ambulance Service has made considerable progress in working towards embedding these principles in our strategic framework, including our approach to the leadership and development of our staff. During 2010/11, we made good progress towards implementing our national strategy, achieving the Staff Governance Standards. We have made sustained improvement and have robust plans in place to further embed effective staff governance at all levels. For example, we have achieved high levels of staff input into our Learn and Improve programme, which is looking at three key areas: Administration, Workforce Planning and our Patient Transport Service. The NHS Staff Survey highlighted a number of areas where the Service has improved, as well as areas for improvement. An action plan is in place, which has been agreed with the National Partnership Forum in February 2011.

## Equality and Diversity and Reducing Health Inequalities

The Service has continued to progress our programme of community engagement; we are building community resilience, looking at new models of care and developing strategic alliances for support in remote and rural communities. In addition we continue to build our partnerships with other NHS Boards, emergency services and the voluntary sector to work together on health improvement initiatives like the 'Know Who to Turn To' campaign, on the treatment of patients at scene and through anticipatory care, providing greater continuity of care and more support closer to home.

The Equality and Diversity Steering Group continues to meet bi-monthly to take some of the key areas of work forward. Membership includes representatives from across the divisions.

## Financial Governance

The Scottish Ambulance Service again met its three financial targets in 2010/11, both in terms of managing budgets and in meeting its cash releasing efficiency target for the year. The Service ended the year 2010/11 with a £46,000 surplus. The Capital Resource Limit and Cash Requirement targets were achieved in the year. Capital Resource ended the year exactly breaking even. In addition efficiency savings above the target have been reported, £3,809,000 in 2010/11. Further productivity efficiencies amounted to £1,934,000.

The Service ensures that both financial processes and controls are in place and are working effectively through a system of internal audit reviews. The Corporate Register is used as a basis for developing the internal audit plan. The Service commissioned 15 internal Audit Reports during the year to 31 March 2011. Action plans are in place to address all recommendations.

## Patient Focus Public Involvement

- In 2010/11 the Scottish Health Council introduced a new self assessment process against the Participation Standard. It is designed to provide a more systematic and comparable assessment platform, using a format similar to Healthcare Improvement Scotland's existing clinical standard documents.

The Standard covers three aspects of participation:

- **Section 1:** Patient Focus - care and services are provided in partnership with patients, treating individuals with dignity and respect, and are responsive to age, disability, gender, race, religion or belief, sexual orientation and transgender status.
- **Section 2:** Public Involvement - there is supported and effective involvement of people in service planning and improvement.
- **Section 3:** Governance - robust corporate governance arrangements are in place for involving people, founded on mutuality, equality, diversity and human rights principles.

The Service's 2010/11 assessment against the Participation Standard is as follows:

- Section 1 Level 3 - evaluating
- Section 2 Level 3 - evaluating
- Section 3.1 Level 3 - evaluating
- Section 3.2 Level 2 - implementing
- Section 3.3 Level 2 - implementing

In response to the Scottish Health Council report on the Service's self assessment against the Participation Standard, two key areas for improvement have been identified for 2011/12:

- further development of the Service's PFPI framework to bring greater consistency of approach and good practice across divisions
- further building of staff capacity and capability in informing, engaging and consulting with patients, the public and other key stakeholders.



**The Scottish Ambulance Academy was formally opened in February 2011 by Nicola Sturgeon, Deputy First Minister and Cabinet Secretary for health Wellbeing and Cities Strategy.**

## Capital Investments.

Total expenditure of the acquisition during the year was £19.4 million. Of this, £9.8 million was required for the acquisition of vehicles, £1.3 million was on property, £7.4 million on defibrillators and £0.3 million on IT equipment.

### Major Projects included:

The Scottish Ambulance Service completed the programme for co-locating our three Emergency Medical Dispatch Centres (EMDCs) with NHS24 advice centres and NHS Board's Out of Hours Teams. The Service completed the project in 2010/11 with the move of East EMDC staff to Norseman House in South Queensferry, and the refurbishment of the North EMDC in Inverness. The initiative is part of a phased £2.6 million plan to upgrade all of the three Scottish Ambulance Service 999 Emergency Medical Dispatch Centres that started in 2008 when the Scottish Ambulance Service moved its Paisley EMDC to Cardonald, alongside NHS 24 and Glasgow's Out of Hours service. Other refurbished or newbuild stations and other estate included Campbeltown, Girvan and Inverness stations.

The on-going replacement of frontline emergency and patient transport vehicles was also undertaken.

## Patient Feedback - Complaints, Comments, Concerns and Compliments.

The Scottish Ambulance Service has approximately 2.3 million patient contacts annually. In 2010/11, the Service broadened engagement activity which has increased the flow of feedback on the experience of our patients. By the same token the number of formal complaints reduced from 469 last year to 410.

In the course of 2010/11, the Service developed in-house, a bespoke online system for capturing complaints, concerns, comments and compliments. This has improved the information governance arrangements, since all the information relating to complaints, concerns, comments and compliments is held in one secure electronic platform. The system has enhanced our ability to track the how complaints are being managed, including the automatic flagging of complaints in the system, which are reaching the deadline for a response. This new integrated system will also enable cross referencing of the types of feedback we are receiving, providing a clearer picture of good practice in patient care and where we have

development needs. For example, the system is able to pivot data by division, by areas of clinical excellence and by feedback on behaviours relating to the Service values. The repository of compliments has made it easier to use these examples in the Chief Executive's weekly bulletin, regularly highlighting to staff examples of good practice and to recognise staff for providing high quality patient care.

Early in 2010, the Service joined the Patient Opinion pilot, led by the Scottish Government offering patients an additional channel for providing feedback. This effectiveness of the pilot will be evaluated in the course of 2011/12.

# Board Members and Positions

2010/11.

Name	Position	Remuneration	Related Undertakings	Contracts	Houses, Land & Buildings	Shares & Securities	Non Financial Interests	Voluntary/Charity Work	Relative(s) in Scottish Ambulance Service
David Garbutt	Chairman	Scottish Ambulance Service; Self Employed Consultant	None	None	None	None	Chartered Fellow of Chartered Institute of Personnel and Development; Fellow, Scottish Police College ; Visiting Fellow Australian Institute of Police Management	Chair, Peebleshire Committee of MacMillan Cancer Support; Member Tweed Valley Bike Patrol	None
Pauline Howie	Chief Executive	Scottish Ambulance Service	None	None	None	None	None	None	None
Suzanne Dawson	Non-Executive Director	Scottish Ambulance Service Self Employed Marketing Consultant	None	None	None	None	Chair of the Borders College Board of Management; Member of the Board of the Association of Scotland's Colleges; Chair of BC Consultants (wholly owned subsidiary of Borders College); Fellow of Chartered Institute of Marketing	None	None
Christine Humphries	Non-Executive Director	Scottish Social Services Council – Due Regard Member Registration and Conduct Committee – Allowance plus expenses; Scottish Ambulance Service	None	None	None	None	Member British Association of Social Workers	Vice Chairman, Scottish Borders Valuation Appeal Committee	None
Douglas Marr	Non-Executive Director	Scottish Ambulance Service	None	None	None	None	None	Chair Thriepmuir Investment Club Rotary Club Currie & Balerno	None
Andrew Richmond	Non-Executive Director	Scottish Ambulance Service; Non-Executive Member of NHS Tayside; Director of Laverock Properties Ltd; Director of Rushyglan Ltd.	None	None	None	Share-holder of Rushyglan Ltd. Share-holder of Laverock Properties Ltd	Associate of Society of Investment Professionals (ASIP); Member of Angus Conservative & Unionist Association; Member of Carlton Club; Member of Church of Scotland; Trustee Tayside NHS Board Endowment Fund; Member of TAGRA	Treasurer of Airlie Primary School Parent Council	None
David Alexander	Non-Executive Director	Scottish Ambulance Service; Falkirk Council Elected Member	None	None	None	None	Member and National Office Bearer Scottish National Party; Member C.N.D Scotland; Member Central Scotland Fire Board	None	None
Theresa Houston	Non-Executive Director	Scottish Ambulance Service; NHS Education for Scotland	None	None	None	None	None	None	None
Shirley Rogers	Organisational Development	Scottish Ambulance Service	None	None	None	None	Non-Executive Member of the Board of Management of Borders College	None	None

Board members and positions continued

Name	Position	Remuneration	Related Undertakings	Contracts	Houses, Land & Buildings	Shares & Securities	Non Financial Interests	Voluntary/Charity Work	Relative(s) in Scottish Ambulance Service
Pete Ripley	Director of Service Delivery	Scottish Ambulance Service	None	None	None	None	None	None	None
Pamela Mclauchlan	Director of Finance and Logistics	Scottish Ambulance Service	None	None	None	None	Executive Member CIPFA in Scotland	Group Scout Leader, Church of Scotland Elder	None
Matt Bell	Employee Director	Scottish Ambulance Service	None	None	None	None	None	None	None
George Crooks	Medical Director	Scottish Ambulance Service; Medical Director NHS 24	None	None	None	None	None	None	None

# Key Action Points.

One

Continue to prioritise quality on Board agendas, continue the process of staff engagement, identify and share examples of good practice in quality improvement and work in partnership with colleagues across the Public and Third Sector to pursue Quality Strategy Ambitions and Outcomes.

Two

Ensure a focus on achieving and sustaining the HEAT standard for Category A response.

Three

Continue to work in close collaboration with all stakeholders in the planning and delivery of patient transport services, including full participation in the SG short life working group. As part of that, work with NHS Boards to develop processes and measurements that will support the reduction in aborted PTS journeys.

Four

Ensure focus on the implementation of joint improvement plans for the delivery of the Strategic Options Framework.

Five

In partnership with each NHS Board, support the development of Professional to Professional lines in every Health Board area that are within robust governance procedures, and provide regular progress reports to the Scottish Government.

Six

Continue to extend the transmission of electronic patient record forms across Health Boards and to GPs.

Seven

Maintain downward pressure on sickness absence levels across the organisation, in partnership with staff and their representatives.

Eight

Ensure that staff, their representatives, and stakeholders are fully engaged in the development and implementation of any future service redesign.

Deputy First Minister and Cabinet Secretary  
for Health, Wellbeing and Cities Strategy

Nicola Sturgeon MSP

T: 0845 774 1741

E: scottish.ministers@scotland.gsi.gov.uk

David Garbutt, Chair  
Scottish Ambulance Service  
National Headquarters  
Tipperlinn Road  
Edinburgh  
EH10 5UU

25 October 2011



## Scottish Ambulance Service Annual Review: 10 October 2011

- 1 This letter summarises the areas of discussion and actions agreed at the Annual Review and associated meetings on 10 October 2011. My thanks go to all those who contributed to the organisation of what was a very successful day.
- 2 As part of my visit I was pleased to visit Semichem in Kirkcaldy to learn about the Community Public Access Defibrillator (CPAD) that has been purchased and installed, the first in a programme to be rolled out in a new partnership with Scotmid and the British Heart Foundation. I was delighted to meet the first staff to be trained through this initiative; the chance of survival from a heart attack is much greater when a patient receives early defibrillation, quickly followed up by advance cardiac care from an ambulance team. So this development really does have the potential to save lives. I also had the chance to hear from a Community First Responder about the resilience and contribution their scheme offers to their local community and to get an update on the pilot of the naloxone programme currently underway in NHS Forth Valley. My thanks go to everyone involved in the visit.

## Meeting with Partnership Forum and Clinical Advisory Group

- 3 As part of our continued commitment to integration and the principles of the Healthcare Quality Strategy, the meeting with staff this year included both partnership representatives and clinical staff. During the review cycle this year I will be keen to get feedback on how attendees feel about this approach.
- 4 The morning of the review had seen the commencement of the interim arrangements for the management of rest breaks. A Standard Operating Procedure, which has been developed with operational, clinical and partnership input, will be refined as the system learns from and embeds the arrangements. While this interim solution, which strives to balance patient safety with the welfare of staff, is in place I am looking to all those involved to make progress on a sustainable long term agreement.

I welcomed the very clear commitment round the table to reaching that solution, I fully appreciate how challenging this will be and the Scottish Government stands ready to support in any way we can.

- 5 More generally, partnership representatives reflected their view that the structures and engagement within the Scottish Ambulance Service are among the best in ambulance services across the UK. There is, of course, always a need to keep partnership forums refreshed to ensure they remain fit for purpose and support robust staff governance and genuine engagement at every level. I was pleased to congratulate those involved in the excellent e-KSF performance, and it was good to hear that this process, alongside the new Ambulance Service Academy, supported opportunities for practical hands on experience, and your career framework will underpin the ongoing development and enhancement of the skills and competencies of staff across the organisation. We had a useful discussion about how the organisation is responding to the NHS staff survey results, with a particular focus on the significant efforts you have made around communicating with staff and on ensuring dignity at work, a challenge that has both internal and external aspects. I was very interested in the patient safety walk-rounds that are being taken forward, and how these will support increased visibility and engagement between local areas and national HQ.
- 6 Clinical governance and structures continue to develop, facilitating increased engagement and dialogue across the service. We talked about the importance of involving frontline staff in clinical developments and associated operating procedures. Some specific examples included; the management of medicines, clinical decision making support such as the Scottish Early Warning System (SEWS) and professional to professional lines, direct transmission of 12 lead ECG results, the vehicle equipment check sheet, and the national procedures for pronouncing life extinct. Many of the aspects discussed here incorporated key principles such as the importance of collaborative working with territorial boards and other partners, taking best practice, testing it and then rolling out to deliver national consistency and

benefits, the value of clinical support and advice being available locally (to support both formal and informal interactions), and the importance of putting the quality of patient care at the heart of everything you do.

**7** On the important area of infection control and cleaning standards, I was told there had been considerable efforts and focus by the service but that there was no room for complacency. While there are aspects to look at further, such as governance structures and reporting arrangements, I was given a detailed account of the national and local monitoring arrangements, the focus being given to advice and support for staff across the country and the investment in additional cleaning support.

**8** My thanks go to everyone who attended the meeting and contributed to a constructive and informative discussion.

### Meeting with Patient Representatives

**9** I had a really interesting session with the patient representatives, some of whom had come a considerable distance to meet with me.

**10** We had a really good discussion about a range of remote and rural issues, acknowledging the complexity and challenge in providing services in some parts of the country. It was encouraging to hear that a great deal of good work is being progressed to support resilience in local communities and I know that this will continue to be the case. But there was also a feeling that progress and implementation of solutions can be slow and that the service should continue to look at new and innovative ways to support these communities. In that regard we talked about the importance of working closely with Fire & Rescue Services and other partners to make the best possible use of all resources, including volunteers. Linked to this, the service stands ready to support communities who would like to develop a CFR Scheme but who are struggling to attract volunteers.

**11** The development of Community First Responder (CFR) Schemes has clearly progressed considerably in recent years and there are now over 120 schemes supported by over 1000 volunteers. These schemes are supported by Community Resuscitation Development Officers (CRDOs). It was suggested that there was a need to focus on the support in place for CFR schemes, particular points noted were around initial and ongoing training requirements, communication with and feedback from the service, and the importance of maintaining the enthusiasm and commitment of volunteers. I am sure the service will take on board the valuable contributions from those around the table as they continue to develop and support these valuable schemes.

**12** The use of the Emergency Care Summary was touched on. It was confirmed that the summary is available for use by ambulance crews across Scotland and that staff are encouraged to make use of this important information source. Linked to my visit earlier in the day, we also talked about the work underway to map the locations of public accessible defibrillators and input them to ambulance service systems so that when a cardiac related 999 call is received the call handlers can direct people to that resource, enabling an early intervention while the ambulance is on its way. It was also indicated that consideration is being given to how best to indicate to the public where such defibrillators are located. It was great to hear about the excellent care provided to one of the attendees who had suffered a heart attack earlier in the year, from the swift response of the Paramedic Response Unit and the ambulance transfer to hospital, the interaction with

the team at the Golden Jubilee who stood ready to receive the patient, and the eventual patient transport journey home. In addition to the impressive use of technology, what really stood out was the professionalism and care demonstrated by all the staff involved.

**13** For most patients the main contact they have with the ambulance service is with the Patient Transport Service (PTS). It was clear to me that the service has engaged extensively with patients and their representatives to inform the improvement programme for the PTS, and I was pleased to hear about the extensive feedback the service had provided to those who had contributed. The service thanked the Scottish Health Council and the many patients who had contributed to this work.

**14** We concluded by touching on a few other issues including car parking at hospitals, the importance of listening to input from families and carers in providing the best possible patient care, the range of response and clinical targets against which the ambulance service is performance managed, and support and opportunities for nursing graduates on completion of their courses. The patient representatives of the Scottish Ambulance Service can be proud of the contribution they have made and I would be grateful if my thanks and best wishes could be passed on to those who gave up their own time to meet with me.

### Annual Review Meeting

#### Action Points from 2010 Annual Review

**15** Following my report back from the morning meetings I had attended and from my visit to Semichem, you provided an update on the progress that had been made against the actions from the 2010 review. I was able to confirm that these had been discharged, noting that some would be picked up in more detail later in the agenda.

### Improving the Quality of Care and Treatment for Patients: Unscheduled Care Service

**16** As reported in previous years, the service continues to develop its focus on clinical outcomes and patient safety, a particular achievement being the publication of your first clinical strategy which will be the cornerstone of your work. We had a really useful discussion about the patient safety walk-rounds that are to take place at every station in Scotland, an example of the service applying the principles of the Scottish Patient Safety Programme in an ambulance context. As discussed in the meeting with staff earlier in the day, infection control and cleaning standards remain a high priority for us all, often the patient pathway starts with an ambulance journey. In relation to that, I would want to congratulate the service on the very positive cleaning compliance results you are seeing; the trend is one of improvement. Your clear focus on elevating these important aspects of care within your training programmes, as well as taking practical steps to ensure local and national focus, will support continuous improvement in this area.

**17** In relation to some of your Local Delivery Plan (LDP) clinical targets the 'Return of Spontaneous Circulation (ROSC)' performance, the survival rate of cardiac patients at the point of arrival at hospital, was 14.5% against a target range of 12% - 20%. Given that the rate has dropped since the 2008-09 levels, I would ask you to ensure focus on returning to an upward trend. 75.5% of patients suffering from hyper-acute stroke were in hospital within 60 minutes of presentation to SAS, against a target of

80% and I know you are committed to working with NHS Boards and NHS 24 to further improve the pathway of support for stroke patients. These, and other examples mentioned throughout the review, demonstrate the range of clinical progress being made by the organisation.

**18** Overall accident and emergency incidents increased only slightly in 2010-11, with demand increasing by 1.3% on the previous year. This is the lowest demand increase seen in more than 10 years and may be attributed to better triage and therefore more appropriate patient pathways being utilised. It was good to hear more about the positive progress in developing alternative patient pathways in a range of areas including falls, coronary care and stroke. There are real opportunities to utilise your electronic patient forms to measure patient outcomes. The work with NHS Fife is a great example of how that can be achieved and I am pleased that you are able to facilitate national progress and adoption through existing structures.

**19** In relation to your HEAT / LDP standards and targets the service returned performance as follows:

- Against a HEAT standard of 75% in 2010-11 the service reached 72% of Category A calls within 8 minutes. This is a fraction down on the 72.3% achieved in the previous year and I understand that if you calculate performance excluding the impact of the severe weather the figure for the year would be 72.3%. You maintained an average Cat A response time of 6.9 minutes. Within the cohort of Cat A patients, 77.4% of cardiac arrest patients were reached in 8 minutes against an LDP target of 80%.
- Category B performance for 2010-11 was 92.6%, down from 93.7% in 2009-10 and 94.4% in 2008-09.
- Emergency performance across the Island Boards improved to 54% of all incidents responded to within 8 minutes (against a target of 53% and up from the 51.6% achieved in the previous year).
- Your final unscheduled response time target relates to urgent requests from GPs, the service reached 91.2% of patients within the 1 hour timeframe agreed against a target of 91%.

**20** These performance levels are solid, but we would want to see the HEAT response time standard achieved and embedded going forward. As well as the clinical evidence around the 8 minute response for cardiac patients, it is right that the public have confidence in the ability of the service to respond quickly when they need them, I believe achieving that can be aligned with the increasing focus on outcomes. It was helpful to be updated on how the service will seek to do that, in particular the work that will be progressed to model demand and resources to ensure these are fully aligned. I would want to echo the comments you made about the efforts and contribution of staff across the service to manage the impact of the severe and extended winter weather and I welcome the action you have taken to prepare for the coming winter such as the investment in additional 4x4 vehicles and in winter tyres. I would also want to put on record my thanks to the army, the voluntary sector and others for the support they provided to patients across Scotland at such a challenging time.

**21** Over the course of 2010-11 the service has taken forward a number of developments in relation to the Air Ambulance Service. Perhaps the example which has delivered the biggest impact has been the introduction of new tasking and triage protocols,

these have seen improved engagement between the service and its clinical partners, ensuring that the most effective and appropriate use is made of valuable air resources. As a result of this collaborative approach overall demand in 2010-11 reduced by 14.3% compared with the previous year. This has allowed the Air Ambulance Service to respond effectively to increased levels of specialist retrieval for patients who are in the most critical condition. I think this is great example of the service working in partnership with NHS Boards to achieve better patient care.

**22** We concluded this section of the agenda by discussing the management of rest breaks, and I encourage you and your Board to ensure that the next three months sees constructive engagement to reach a sustainable long-term solution that protects staff welfare and ensures patient safety.

### Improving the Quality of Care and Treatment for Patients: Unscheduled Care Service

**23** In line with your strategic framework, 2010-11 has seen the service take forward significant preparatory work to develop an improvement programme for the Patient Transport Service (PTS). That has now been signed off by your Board. I acknowledge and welcome the detailed consultation and engagement that has contributed to the improvement programme, this foundation will support the change that is required. We have discussed at previous reviews the importance of the PTS, both for the patients it supports but also for the wider healthcare system, and I look to you to ensure that improvements on the ground are delivered and that the benefits of this work are realised. Of course many of the required improvements cannot be delivered in isolation and I look to the service to maintain constructive and collaborative dialogue with the Scottish Government, NHS Boards, Local Authorities, the Voluntary Sector and others to respond to the challenges set out in the recent Audit Scotland report Transport for Health & Social Care.

**24** In relation to reducing PTS cancellations by the service, efforts have resulted in cancellations at around 1.5% of booked journeys. While that is slightly higher than the <1% target, the challenges associated with the extreme winter weather had a big impact. It is also important, in relation to 'aborted' journeys (for example where a crew arrives to collect a patient only to find that their appointment is cancelled but their transport has not been) for the SAS to work with NHS Boards to keep these to an absolute minimum and I would encourage a focus on this going forward.

**25** The patient's CHI number was recorded in 88.6% of PTS journeys (against a target of 85%) and in relation to the other PTS targets your performance was as follows:

- 71.7% of outpatients arrived at their appointment within 30 minutes or less of their appointment time, just under the target of 72% and almost the same as the performance last year of 71.8%.
- 81.2% of outpatients were collected within 30 minutes of the agreed time against a target of 90%, and down from the 85.3% achieved last year.

**26** As the improvement programme is implemented, I know that consideration will be given to developing performance measures that will allow you to demonstrate continuous improvement in the quality of care provided, in line with the Healthcare Quality Strategy.

## Improving Health and Reducing Inequalities

- 27 Over the course of the year the Scottish Ambulance Service has had considerable focus on community resilience, reflecting the increased contribution the service and its partners are making in this area. The range of approaches, including Community First Responder Schemes, the Retained Scheme in Shetland, the implementation of the Strategic Options Framework, and co-responding with other services all contribute to finding sustainable solutions in challenging parts of the country. As recorded from the meeting with patients, I look to the service to ensure constructive dialogue and support is in place and to ensure that feedback and evaluation is integral to service development.
- 28 We had an extremely useful exchange about the way the service seeks to treat people at home where this is clinically appropriate, thus avoiding an unnecessary journey to hospital. Almost 60,000 patients were supported in this way during 2010-11, equating to 11.4% of emergency incidents against a target of 12%. I noted that progress continues to be made to develop alternative routes of support, for example utilising out-of-hours services to provide follow-up care and putting in place professional to professional lines. Closely aligned to this is the importance of developing alternative care pathways, seeking to support patients to the most appropriate care destination and not just defaulting to A&E. Good progress has been made in relation to Falls, Diabetes, people vulnerable through alcohol and patients who require mental health support. This progress is welcome and I would encourage momentum to be kept up here.
- 29 We concluded this item with a general discussion about how the service can translate the many examples of good practice and innovation being taken forward in various pockets, evaluate these in line with robust governance, and then roll them out consistently and equitably across the country. While there is clearly a place for local solutions, there is particular value for mainstreaming what works on a national basis.

## Finance & Efficiency

- 30 I was pleased to receive confirmation that you had met your financial and efficiency targets for 2010-11 and are on track to do so in the current year, and agree that it is very important that efficiency savings are realised in order to ensure reinvestment in patient care. It was helpful to be updated on some of the ways these savings have been utilised, including meeting fluctuating fuel costs and purchasing winter tyres. I note that good progress has already been made to achieve the savings required for 2011-12. The service has successfully rolled out the Airwave radio system and completed the co-location of the three Emergency Medical Dispatch Centres.
- 31 I recorded that your performance against the HEAT Knowledge and Skills (KSF) review target had been exceptionally good. As at 31 March 2011, 86% of staff had their KSF developmental review completed and recorded on e-KSF, 6% above the national target of 80%. It was clear from the discussion on this item at the staff meeting earlier in the day that this performance had been delivered through effective joint working and that performance review and development is seen very much as an ongoing process and used to ensure learning and development needs are identified and met.
- 32 Robust and resilient telephony and technology systems, and effective contingency plans for when faults or problems do occur, are crucial for an emergency service such as the

ambulance service. I know the service has been working hard to respond to the challenges this has presented, and I know that an independent review, supported by a peer review panel, is currently looking at the totality of your systems. I would ask that you continue to keep in close contact with the Scottish Government as that work progresses and I look to you and your Board to obtain the necessary assurances that the system is robust and resilient going forward.

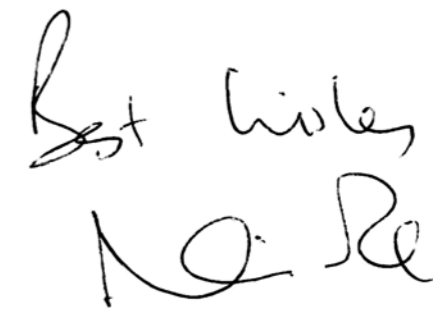
- 33 Following on from my discussion with the staff group, it was helpful to be updated on the various efforts being made to engage with staff in more innovative ways, including a refreshed intranet site, use of social networking, and a blog by the Chief Executive. This has been supported by better IT provision in localities where that had been required.
- 34 Finally on this item we talked about sickness absence levels. The service has seen an upward trend with levels at 5.86% for 2010-11. I fully appreciate the impact of the winter weather on attendance and the physical nature of the job and welcome the efforts that have been made in relation to robust 'Return to Work' procedures, access to fast-track physiotherapy services and availability of employee counselling. I would ask you and your team to ensure this remains a key area of focus, in the interest of staff welfare but also given the clear relationship between absence levels and performance.

## Q&A Session

- 35 The range of questions from the audience gave us the chance to respond to points around: the way that health services have responded since the majority of GP Practices opted out of providing care during the out-of-hours period; the importance of ensuring the public can retain confidence and trust in the care provided; ensuring the Scottish Ambulance Service is training and developing staff to meet the changing requirements of their roles; effective community engagement and the role of community councils; the design of ambulances; making processes more streamlined to avoid time being lost when patients are admitted to hospital; and the confirmation that the Scottish Ambulance Service is an emergency service. I am grateful to those who asked questions and to everyone who took the time to attend the review.

## Conclusion

- 36 The Scottish Ambulance Service has seen sustained performance in a range of areas during 2010-11, and has continued to develop clinical capacity and performance. There have been challenges, but I know that considerable focus and attention is going towards addressing and resolving those. Looking forward, I look to the service to deliver against its Local Delivery Plan targets, in particular to achieve and sustain the HEAT standard for Category A response. The service makes a crucial contribution to the strategic aims of the Scottish Government and to the delivery of a range of targets and services; I welcome the very clear commitment to everyone involved to continuing that contribution.
- 37 I would want to offer my thanks to you and your Board, and most importantly to all of the staff of the Scottish Ambulance Service, for their contribution and efforts to support patients across Scotland every day.
- 38 The attached annex sets out the main action points from the review.



Nicola Sturgeon MSP  
Deputy First Minister & Cabinet Secretary for Health and Wellbeing



**NHS**  
SCOTLAND

## Equal Opportunities Policy

The Scottish Ambulance Service firmly believes that all employees should be treated equally and fairly. The Board opposes all forms of discrimination on grounds of colour, race, nationality, ethnic origin, disability, marital status, sexual orientation, gender or age. Information about the Service, the full financial accounts for 2008/09 and details of the organisation and operation of the Service can be obtained from:

**Secretary to the Scottish Ambulance Board,**  
National Headquarters, Gyle Square,  
1 South Gyle Crescent, Edinburgh EH12 9EB  
**T: 0131 314 000**  
**E: scotambcomments@scottishambulance.com**  
**www.scottishambulance.com**

A full Annual Report will also be available on our website. A summary is available in other languages and formats on request. Please telephone the Interpretation and Translation Service on 0131 242 8181 and quote reference number 08571.

Gheibhear an athaisg bhliadhneil ann an cànan neo dreach eile ma tha'ar ga iarraidh. Cuiribh fòn chun an t-seirbheis eadar-theangachaidh air 0131 242 8181 agus thoiribh seachad an àireamh iuil seo 08571.

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