



Scottish Ambulance Service  
Annual Review 2009/10

Self-Assessment Document  
14 September 2010

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## **SECTION 1 - INTRODUCTION**

The purpose of this Annual Review 2009/10 Self Assessment Document is to provide an overview of the performance of the Scottish Ambulance Service for 2009/10 and to outline the key issues going forward.

The Scottish Ambulance Service's vision is to deliver the best patient care whenever and wherever it is needed. In doing so, we aim to be patient-centred, clinically excellent and a 24 hour, 7 day a week leading edge service. We have 3 key goals:

- To improve patient access and referral to the most appropriate care;
- To deliver the best service for patients;
- To engage with all our partners and communities to deliver improved health care.

This document reports against our targets for 2009/10 which directly contribute to the Scottish Government's national outcomes.

**SECTION 2 - OVERVIEW**  
**Actions from 2009 Review**

The Scottish Ambulance Service has progressed all the actions identified at its Annual Review in October 2009:-

<b>2009 Annual Review Action</b>	<b>Update and Progress</b>
<p>1. The Scottish Ambulance Service should continue to ensure its active participation in the Scottish Patient Safety Programme</p>	<p>Participation in the Scottish Patient Safety Programme is ongoing. This year a Peripheral Vascular Cannula (PVC) insertion bundle was developed and implemented. Work is underway to monitor its compliance.</p> <p>Local hand hygiene audits are completed monthly and compliance with the national targets are being achieved with 96% in March 2010 and 97% compliance achieved in June 2010.</p> <p>Cleanliness monitoring against NHS Scotland National Cleaning Services Specification (NCSS) for ambulances and station premises has been rolled out across the service. Good progress has been made in a short space of time.</p>
<p>2. The Scottish Ambulance Service should develop the management and performance of its Patient Transport Service, alongside working with partners to support those patients who do not have a medical need for this transport.</p>	<p>The development of the Patient Transport Service is one of five key work streams to deliver our strategy: "Working Together for Better Patient Care." This is being led by the Director of Service Delivery. Over the last year, significant efforts have been made to work with NHS partners and patients, resulting in a substantial reduction in cancellations to 1% at end of March 2010 and to 0.5% at the end of June 2010.</p> <p>The Service has improved its performance in ensuring patients arrive within 30 minutes of the start of their appointment time. 78% was achieved in Q1 2010/11, exceeding the target of 72%. Other developments include First Person on Scene (FPOS) training of PTS staff, and investment in new vehicles, shock boxes and patient-carrying equipment.</p> <p>A range of partners are being engaged at divisional, local and national level to develop solutions for patients who do not have a medical need for transport.</p>

<p>3. Ensure robust arrangements are in place to ensure the Local Delivery Plan identifies key actions and how any risks to delivery will be mitigated, in order to demonstrate achievement of the required levels of progress against NHS QIS Clinical Governance and Risk Management Standards.</p>	<p>The Service has completed a second review by NHS QIS against the National Standards for Clinical Governance and Risk Management where we achieved our best score to date. For those two areas where we scored less than 4, robust action plans have been developed and are being implemented.</p>
<p>4. Ensure the Board (and its Clinical Governance Committee) continues to have evidence available in order to provide assurances with regard to robustness of clinical governance and risk management arrangements.</p>	<p>The Board and the Clinical Governance Committee continue to receive regular reports on appropriate clinical indicators and on risk management. The Medical Directorate has been strengthened this year with the appointment of a Paramedic Clinical Director.</p> <p>With the delivery of the Data Warehouse programme further clinical performance indicators are in an advanced state of development to further support the delivery of quality services and advances on patient safety.</p>
<p>5. Scottish Ambulance Service staff and management structures should be kept under review to ensure the infection control structure is fit for purpose and that good links are maintained between the Service's Infection Control Manager and NHS Boards.</p>	<p>The Infection Control (IC) Team structure has been strengthened recently, through the addition of NHS Scotland National Cleaning Services Specification (NCSS) auditors, to complete the NCSS cleaning monitoring process and to support Divisional Managers in achieving the required cleaning standard.</p> <p>The IC Manager attends NHSScotland IC Managers Network meetings on a regular basis to keep abreast of IC updates and to share learning and good practice, and is in regular contact with other NHS Boards, IC Managers and teams as required, outwith these meetings.</p>
<p>6. The Scottish Ambulance Service should continue to maintain a focus on increasing attendance levels across the organisation.</p>	<p>Increased management focus and robust absence management has continued in 2009/10. Performance at the end of March 2010 was 5.59%.</p>

7. The Scottish Ambulance Service should continue to ensure it has robust arrangements in place for handling complaints, including responses to the findings of the Scottish Public Sector Ombudsman and have evidence to demonstrate how these arrangements drive improvements in the services provided.

The Scottish Ambulance Service is in the process of implementing recommendations from an internal review of its complaints process. The revised process will be further integrated into existing risk management and clinical governance structures. In turn this will create an even more robust system to handle patient feedback, encourage transparency and openness and create an environment where learning from complaints is encouraged.

## 2.2 Overview of 2009-10

In the course of 2009, the Scottish Ambulance Service conducted extensive engagement, involving patients, members of the public, key stakeholders and our staff. It was the most comprehensive piece of engagement activity the Service has ever carried out and this provided robust foundations for our **Strategic Framework 2010-2015: “Working Together for Better Patient Care,”** which was published in January 2010. This is an ambitious and aspirational strategy, which aims to develop a world class ambulance service, key and integral to the wider NHS in Scotland.

The following summary outlines the key achievements in delivery and performance:

- In terms of **Unscheduled Care**, the average response time to Cat A calls was 6.9 minutes compared with 7.2 minutes for the same period last year.
- Performance achieved over the full year 2009-10 for those **Category A calls** responded to within 8 minutes improved from 70.7% to 72.3%, a further increase of 1.6%, with performance achieved in March 2010 reaching 77.5%.
- **Island Board** areas performance improved over the course of the full year and achieved 51.6% against a target of 50%.
- Performance relating to the **% of cardiac arrests** with successful return of spontaneous circulation improved in March to 22.8%, above target range. In addition, 78.5% of all cardiac arrest patients were responded to within 8 minutes.
- An increase of **8,322 patients were treated at scene**, helping to reduce A&E attendances and avoidable admissions to hospital
- **Air Ambulance** activity increased by a further 16%. The Service supported the pilot of the Emergency Medical Retrieval Service (EMRS) and we are delighted that it is now to be rolled out across Scotland.
- **For scheduled care**, the Service increased punctuality for appointment and reduced cancellations
- Made significant investment in **Human Resources and Organisational Development**, enhancing leadership and management development, and supporting continuous improvement in the health, safety and wellbeing of Service staff through fast-track physiotherapy, confidential counselling, and support for the Healthy Working Lives Awards Programme across the Service.

- Fully implemented **Agenda for Change** terms and conditions, is on target for eKSF and has produced a better than ever staff governance self assessment.
- Made good progress in developing, promoting and delivering **Patient Focus Public Involvement** throughout 2009/2010.
- Achieved a score of 11, the Service's best ever score, in the **NHS QIS review of Clinical Governance and Risk Management** arrangements
- Developed further **First Responder Schemes**, with 129 in place at March 2010 and established the first retained ambulance service in the UK in Lerwick in Shetland
- **Met its three financial targets** in 2009/10, and achieved efficiency savings of 2.2%, or £4,125 m.

Our Corporate Plan 2010-13 incorporates our strategic goals and the actions required for implementation of our Strategic Framework during 2009-10. The plan sets out a number of tangible pieces of work which demonstrate our commitment to delivering the aspirations and ambitions set out in the NHS Quality Strategy.

## SECTION 3 - IMPROVING THE QUALITY OF CARE AND TREATMENT FOR PATIENTS

### 3.1 NHSScotland Quality Strategy

The NHSScotland Quality Strategy is at the heart of our Strategic Framework, “Working together for Better Patient Care 2010-2015”. Between June 2009, when the Scottish Government announced its ambition to develop a national quality strategy, and the launch of our strategic framework in January 2010, we continued with a comprehensive and extensive consultation process. Every opportunity was taken during this period for engagement to ensure that the development of our Strategic Framework for the next three to five years took full account of the NHSScotland aspiration to achieve world-leading healthcare quality for everyone in Scotland.

#### Key Achievements

##### Safe Services:-

- The use of our electronic patient report form data in conjunction with operational performance data in our Data Warehouse has supported the development of a suite of **clinically focused performance indicators**, widely used to review clinical performance across the Service
- The recruitment of 5 **Divisional Clinical Governance and Quality leads**, together with a Paramedic Clinical Director
- The **Scottish Patient Safety Programme** continues to be implemented. All actions from the August 2008 Healthcare Associated Infection action plan have been fully implemented. The National Cleaning Services Specification has been implemented in two phases: first across the areas where we have contracts with NHS Lothian and NHS Greater Glasgow and Clyde to provide cleaning services, and the second across the remaining areas.
- We have developed our **major incident response capability** in accordance with Government standards, increasing the number of specialist trained staff and significantly enhancing equipment and specialist vehicles.

##### Timely Services:-

- Responses to **Category A** life-threatening calls were the fastest ever, at an average of 6.9 minutes across mainland Scotland
- Responses to emergency calls in the **Islands** improved to 51.4% of such incidents being responded to in 8 minutes

- Punctuality for appointment for **Patient Transport Services** improved to 71.8% within 30 minutes of the start of the scheduled appointment time.

#### **Patient Centred:-**

- **Staff engagement** - More effective two-way communication has enabled staff to be involved in change right at the beginning of the process. For example, the depth of our engagement with staff around the Quality Strategy through, “Working Together for Better Patient Care” meant high levels of staff participation and involvement in the creation of our five year strategic framework. In addition, throughout 2009/10 staff received and gave views on the detail for the Quality Strategy through presentations, our internal magazine, on the intranet site and in our Chief Executive’s bulletin.
- **Doing the Right Thing”** - Over 1000 members of staff had a say in the development of the Human Resources and Organisational Development strategy: “Doing the Right Thing”, which was approved in June 2010, helping build staff awareness of, and commitment, to the OD agenda, building leadership capability, increasing levels of professionalism, as well as the desire to be a role model for values and culture of the Service. This high level of engagement in the OD agenda will help staff to keep improving the quality of patient care.
- **Improved Scheduled Care** - In partnership with key stakeholders we have promoted the development of accessible solutions which better meet clinical need.
- **Key Performance Indicators** - The Service is continuing to develop more outcome-based measures for the Service, particularly in relation to our clinical interventions and the increasing skill levels we are developing, e.g., Category A cardiac arrest patients.

#### **Equitable:-**

- **Remote & Rural** - In partnership with NHS Boards, the voluntary sector and other key partner agencies we continue to develop service models for remote and rural communities across Scotland, e.g., increasing numbers of first responders, BASICS GPs, first retained ambulance service in Lerwick, increased number of inhabited islands with landing light capability for air ambulance.

#### **Effective:-**

- **NHS 24** - A joint working group has been established with NHS 24 to take forward joint improvements including co-location and the development of a single common triage tool.

- **“See & Treat”**- We continue to review and develop clinical pathways as appropriate to expand our “See and Treat” work. 57,560 patients were treated in this way in 2009/10.

#### **Efficient:-**

- **Lean** - We have membership of the National Lean Network and we have secured funding from the Scottish Government Health Directorate to adopt Lean-led methods and tools as an integral part of our approach to continuous quality improvement.
- We have met our financial targets and achieved efficiency savings of 2.2% together with productivity improvements of over 3%.

#### **Key Challenges**

- To focus on embedding the Quality Strategy against a tough economic backdrop, working consistently in partnership with other Health Boards and organisations to drive improvements and to put the patient at the heart of everything we do.
- To continue to motivate and develop our staff through a period of significant transformational change for the Service.
- To encourage and maintain involvement from our staff and our patients, the public and NHS and other partners as we implement our strategy “Working Together for Better Patient Care 2010-2015”, in alignment with the Quality Strategy.

## 3.2 Clinical Governance & Performance

The Service has maintained its focus on clinical performance in 2009/10 through the work of the enhanced Medical Directorate, and delivered improved clinical focus, staff training and education and equipment.

### Key Achievements

- **Clinical roles** - This year we have appointed Divisional Clinical Governance and Quality Leads and a new Paramedic Clinical Director reaffirming the Service's commitment to the delivery of safe, effective and high quality clinical services
- **ICECAP**- The first research study, known as TOPCAT (Temperature Post Cardiac Arrest,) has evolved into a second study called ICECAP (Informed Continuous Education on Cardiac Arrest for Ambulance Personnel). The ICECAP study is the first of its kind in the UK. It requires analysing resuscitation data from the Scottish Ambulance Service, which is captured while ambulance crews attend to cardiac arrest patients. This provides individual feedback to ambulance crew members on how well they are carrying out Cardiopulmonary resuscitation (CPR) resulting in better patient care
- **NHS QIS** - The Service achieved a score of 11 against its NHS QIS standard for Clinical Governance and Risk Management, our highest ever rating
- **Clinical Performance Indicators** - The use of our electronic patient report form (e-PRF) data in partnership in our new Data Warehouse has supported the development of a suite of clinically-focussed performance indicators, widely used throughout the Service
- **EMDC Co-location** - The co-location of our Emergency Medical Dispatch Centres (EMDC) has led to improved communication and coordination of available NHS responses to individual patient needs
- **Return of Spontaneous Circulation for cardiac arrest (ROSC)** - Last year ROSC achieved across the Service was 17.8% against a target range of 12% - 20%. All divisions achieved this target, with South East exceeding target range with a score of 23.6%
- **See & Treat** - The Service continues to increase the number of patients treated at scene or at home in 2009/10. For the full year 2009/10 performance was on target at 11.1% (57,560 patients). An additional 8,332 patients have been treated at scene under our "See and Treat" protocols this year compared to last, an increase of 16.9%.

- **Scottish Patient Safety Programme** - The programme continues to be a key focus for the Service. The Infection Control Team produce an annual infection control work programme, providing support across the organisation
- **Infection Control** – all actions from the August 2008 HAI Action plan which were relevant to the Service are complete. The requirements of the NCSS are being implemented initially in all stations covered by Lothian and Greater Glasgow and Clyde Health Board areas, and now rolling out Scotland-wide. All areas relevant to the Service are currently reporting as green – complete
- **Implementation of NCSS** - three additional staff have been recruited and trained to implement the monitoring framework across the Service, further improving performance against the NCSS standards
- **Hand Hygiene** – standards continue to improve, with compliance of 96% at end of March and 97% at end of June 2010, against a target of 95%.
- **PVC Bundle** - the Service's epacer system now includes a section which records if the Peripheral Vascular Cannula (PVC) insertion care bundle is applied to a patient

### **Key Challenges**

- Ensuring clinically focused quality measures are developed and agreed as the most important aspect of performance
- Ensuring the development of the common triage tool focuses on clinically evidenced protocols with robust clinical governance at the heart of developing care pathways and in decision making
- Integrating patient records securely and timeously with other health systems

### 3.3 Access - Emergency & Unscheduled Care Service

The Scottish Ambulance Service continues to make progress in 2009/10 in respect of accident and emergency performance. This is in the light of a continued increase in demand for unscheduled services. Over the full year 2009/10, emergency demand increased by 3.3%, a slower growth rate than in previous years. Nevertheless, this equates to an additional 14,533 emergency incidents taking the total to 450,420.

Performance management and development of our staff continues to improve the quality of care which our patients receive.

#### Key Achievements

- **Category A** - Average response to Category A life threatening emergencies time achieved was 6.9 minutes (target 8 minutes)
- **Performance** - The full 2009/10 Category A performance achieved was 72.3%, an improvement on the 70.7% achieved in 2008/09. Overall, Category A demand fell marginally in 2009/10 compared to 2008/09, down 1.5% to 148,540 incidents due to improved triaging. However, the improvement in performance resulted in an increase in the number of incidents attended within 8 minutes, up 0.8% to 107,434. Divisionally, all areas exceeded target in March 2010
- **Category B** - Performance also improved in March 2010 to 94.5%. Performance for the full year 2009/10 was 93.7%
- **Island Health Board areas** - There has been an improved response time in Island Health Board areas. The performance for the full year was 51.6% with Western Isles exceeding target and Shetland and Orkney showing a marked improvement on last year
- **Remote and Rural Implementation Group (RRIG)** – the Service has been working with stakeholders to map emergency response capability across remote and rural communities, and to identify vulnerable communities where emergency help sits outwith a thirty minute response range. The Service is hosting RRIG implementation scoping events and developing community engagement capability across divisions.
- **Community First Responders** - Community First Responder (CFR) schemes continued to be developed across Scotland. There are currently 129 schemes in action, with over 1,000 volunteers. A review of strategy, policy and procedures for Community First Responders is almost complete. This will ensure the Service is well-placed to support CFR schemes to help their communities

- **EMDC** – The successful completion of the co-location with NHS 24 at Norseman House, South Queensferry, near Edinburgh
- **Winter** – Despite the worst weather for 30 years, the Service maintained unscheduled care services, working particularly closely with NHS Borders and other board areas affected and partners such as the British Red Cross.
- **Patient Satisfaction Survey** – The 2009/10 survey found that 93% of A&E patients rated “care received from ambulance staff” as very good. Overall satisfaction was 98%.

### **Key Challenges**

- The achievement of 72.3% Category A performance required significant management focus and investment once again. The Service does not underestimate the challenges of sustaining this performance in 2010/11 in the context of an even tighter fiscal environment
- Demand for unscheduled services has risen. The Service has experienced a change in profile away from weekday calls to weekend calls (excluding GP urgent calls). The challenge will be matching our resources to reflect this change in demand
- Alcohol related incidents continue to rise and present an operational demand on the Service particularly at weekends and evenings. 68% of life threatening 999 calls in city centres at weekend evenings are alcohol related. We will continue to work in partnership with other Health Boards, Local Authorities, Alcohol and Drugs Partnerships and key stakeholders to help raise the awareness of these issues and find joint solutions.

### 3.4 Access – Scheduled Care Service

The Patient Transport Service (PTS) carries out nearly 1.6 million patient journeys each year. The Service has been successful in improving the punctuality for PTS appointments and reducing the number of cancelled PTS journeys. The Patient Transport Service is currently being reviewed through our Strategic Framework in the Scheduled Services Programme Board. The Scheduled Services Programme Board was established in January 2010 and work is underway to developing the eligibility criteria, improving service delivery and working with partners on an integrated transport strategy, when an ambulance is not required.

#### Key Achievements

- **PTS Performance** - The Service monitors performance for PTS in two ways; the time of arrival within 30 minutes of appointment, and the time of pick up following appointment again within 30 minutes. Performance continues to improve on target A4 and has improved year on year on target A5.

#### **Target A4: Punctuality for Appointment – Target at March 2010 of 70%**

Measure: Patients at hospital 30 minutes or less before appointment.

2006/07	2007/08	2008/09	2009/10
69.2%	69.4%	69.6%	71.8%

#### **Target A5: Punctuality for Pick Up after Appointment – Target at March 2010 of 87%**

Measure: Patients picked up within 30 minutes of agreed time

2006/07	2007/08	2008/09	2009/10
86.1%	83.7%	83%	85.3%

#### Key Achievements

- **Patient Satisfaction Survey** 2009/10 found that 92% of PTS patients rated the “professionalism of the ambulance staff” as very good. Overall satisfaction was 95%
- **First Person on Scene** - Members of PTS staff continue to be trained with First Person on Scene (FPOS) skills. For example the North Division currently has 95% of its staff trained in FPOS
- **Lanarkshire pilot** - The Service and NHS Lanarkshire have developed a joint pilot to trial an improved booking service for physiotherapy, anticoagulation

and RADAR services at Hairmyres Hospital. This has been in development for the past twelve months and is a joint initiative being reported to both organisations.

- **Reducing cancellations** – The Service has been actively reducing the number of patient journeys cancelled. The percentage reduced to 1% by March 2010 and further progress has reduced this to 0.5% in June 2010.
- **Patient Satisfaction** – the 2009/10 patient survey showed an overall satisfaction rate of 95%.

### **Key Challenges**

- Reaching an agreement and implementing a robust process for an enhanced eligibility criteria for ambulance transport in Scotland
- Raising awareness both within the NHS and with the public that there are alternatives to ambulance transport and financial compensation schemes, if patients do not fall within the eligibility criteria

### 3.5 Access – Air Ambulance Service & Inter – Hospital Transfer Service

The demand for Air Ambulance in 2009/10 was 4,406 missions, a year on year increase of 16%. The Air Ambulance Service has managed increasing pressure on resources caused by an uplift in demand through specialist retrieval services including EMRS, as well as the challenges of adverse weather.

#### Key Achievements

- **Emergency Medical Retrieval Service** – In March 2010, the Scottish Government announced that the Emergency Medical Retrieval Service (EMRS), which has been operating as a West of Scotland pilot over the last 18 months, should be extended to cover the whole of Scotland.
- **Air Ambulance Re-procurement Project** - The re-procurement process for a new fleet of air ambulances has commenced. As part of this project, a comprehensive consultation took place, gathering views from patients, carers, members of the public, NHS and other partners.

Phase I of the consultation took place between October 2009 and March 2010. This has allowed the service to gather a comprehensive picture of experiences and opinions of the air ambulance service from a wide range of key stakeholders before developing the tender specification. The new fleet is to be operational from April 2013.

- As set out in our assessment last year, demand increases, particularly for specialist services, are resulting in challenges in meeting performance standards. Despite the demand increase of 16%, response times are generally good, however for planned cases, we are reviewing the prioritisation of these with the Clinical User Group that has now been established.

Air Ambulance	2006/07	2007/08	2008/09	2009/10	2010/11 (Q1)
Total Activity	3,109	3,274	3,797	4,406	1,113
Increase on previous year	116	165	523	609	-70
% increase on previous year	4%	5%	16%	16%	-6%
To cover all Scotland within 60 mins	96%	96%	96%	90%	95%
Average time to patient (mins)	30	31	31	34	32
For planned cases to arrive at patient within time agreed in 95% of cases	95%	97%	98%	88%	83%
Average travel time with patient to hospital (mins)	40	38	38	39	31

## **Key Challenges**

- Managing the increase in demand through an effective clinical triage system.
- Working with the Specialist Transport Review Group to ensure requests are appropriately prioritised and co-ordinated.
- Further fluctuations in currency exchange rates, together with fuel price increases, present significant cost increase for the air ambulance.

## **Inter Hospital Transfer Service (IHT)**

The Service carried out over 90,044 inter-hospital transfers a year in 2009/10. In recent years, the Service has seen an increase in the IHT workload, just under 15%. In response to this, the implementation of a dedicated National Transfer Co-ordinating Centre (NTCC), based in the West of Scotland Emergency Medical Dispatch Centre (EMDC), is underway. The NTCC will receive requests for IHTs and deploy air and land resources.

## **Key Achievements**

- **Co-ordination** - We have introduced a national air ambulance co-ordination service with the West of Scotland EMDC as part of the wider IHT programme
- **Critical care**- We have introduced a West of Scotland critical care retrieval co-ordination and despatch, as part of the wider IHT programme
- **Evaluation**- We have introduced an auditor to monitor and review the performance of the IHTs

## **Key Challenges**

- The dedicated NTCC service is due to be completed for February 2011, taking in all national retrieval services
- As services are redesigned and relocated it is anticipated that there will continue to be an increase in IHT. We will need to manage this in partnership with the Specialised Transport Services Strategic Review Group and NHS Boards

## SECTION 4 – IMPROVING HEALTH AND REDUCING INEQUALITIES

### 4.1 Shifting the Balance of Care

The Scottish Ambulance Service has a fundamental role to play in the Shifting the Balance of Care improvement programme. The Service is increasingly providing out-of-hours and primary care support as part of a multidisciplinary team and helping to shift the balance of care from hospital to community based care wherever possible. In terms of specific improvement areas the Services work particularly focuses on:

- Reducing avoidable unscheduled admissions to acute hospitals
- Better use of non-medical skills outside acute hospitals
- Improving access to remote & rural populations
- Better joint use of resources

#### Key Achievements

- **Care pathways-** The development of integrated care pathways e.g. elderly falls and “See and Treat” work
- **Community Paramedics** - Increasing numbers of Community Paramedics providing appropriate treatment for patients enabling them to remain within the community thus reducing hospital admissions and attendances. There are currently 18 operating within the Service and an additional 5 in training
- **RRIG support-** The Services continues to support RRIG to ensure the healthcare needs of remote and rural communities are met.
- **Networks** - The development of professional to professional links to allow Paramedics to refer patients to and/or receive advice from Primary Care colleagues
- **Partnership** - Developing partnerships which maximises the effective use of resources with, for example, NHS 24 (Common Triage Tool), British Red Cross (Elderly Falls Pilot) and Health Boards (Paramedic/Nurse Teams)
- **Equality and Diversity** – the Gender Equality Review and renewed Gender Equality Scheme are complete and published. The development of a five year Equality and Diversity strategy is underway

## **Key Challenges**

- Ensuring we continue to build public and professional confidence in our abilities to deliver a wider range of care solutions
- Working with NHS Boards to ensure public awareness of new models of service provision and how to access these
- Developing innovative services, in partnership, within a restrictive financial climate
- Developing staff into expanded roles

## 4.2 Supporting Remote and Rural Communities

The Scottish Ambulance Service throughout 2009/10 played an instrumental role in the national Remote and Rural Implementation Group (RRIG). In order to ensure equitable clinical outcomes for patients in remote and rural communities RRIG and the Service have been working in partnership to develop a Strategic Options Framework for Emergency and Urgent Response which is applicable to the various geographical and clinical services provision. The Service is driving forward the Remote and Rural work plan through our Strategic Framework implementation under the “Engaging with rural and urban communities” work stream.

### Key Achievements

- **Current structure** - NHS NES and the Service undertook the mapping of the existing structure of the delivery of healthcare in all remote and rural communities in 2009
- **Memorandum** - The Service with RRIG has published a Memorandum of Understanding in partnership with the Service and Territorial Health Boards. Furthermore, a set of specific standards for emergency and urgent response, for use in remote and rural communities, has been agreed
- **Community Resuscitation Development Officers** - During 2009/10 the Service, in partnership with the British Heart Foundation, continued to fund our five divisional Community Resuscitation Development Officers, helping to grow Community First Responder schemes and increasing the number of public access defibrillators. The Board is pleased to have been able to fund these roles in 2010/11
- **Emergency Medical Retrieval Service** - The Service supported the pilot of EMRS and we are delighted that it is now to be rolled out across Scotland
- **Retained Ambulance Service** - The Service has introduced a retained ambulance service in Shetland. The retained model will be fully evaluated by March 2011 in order to make further recommendations
- **Local plans** - There are now functioning remote and rural action plans in place divisionally and improvements have been progressing locally

### Key Challenges

- A key challenge for the Service will be in managing expectations and ensuring any new models of service are recognised as service enhancement

- Continuously engaging with communities in the development and delivery of any new service will require effective communication and engagement and focused investment by the Service
- The demand in remote and rural communities is not as high as in urban areas and we must be careful to manage expectations and work with communities to develop appropriate solutions
- Historical boundaries and ways of working will need to be challenged across the NHS
- We will need to keep working with partners to explore how we best share resources
- We need to ensure our staff have the necessary skills to make the most appropriate contribution to health care in remote and rural areas and avoid skills atrophy due to low demand

## 5 FINANCE AND EFFICIENCY

### 5.1 Financial Performance

The Scottish Ambulance Service again met its three financial targets in 2009/10, both in terms of managing budgets and in meeting its cash releasing efficiency target for the year.

#### Key Achievements

- The Service ended the year 2009/10 with a **£79,000 surplus**
- The Capital Resource Limit and Cash Requirement targets were achieved in the year. Capital Resource ended the year with a **£10,000 surplus**
- In addition efficiency savings above the 2% Scottish Government target have been reported, **£4,125,000** in 2009-2010
- Further productivity efficiencies amounted to **£2,234,000**

Indicator	2007- 08	2008 - 09	2009 - 10
Underspend	£49K	£33K	£89K
Against RRL	£38K	£25K	£79K
Against CRL	£11K	£8K	£10K
Cash requirement	£182m - balanced	£196m - under achieved by £12K	£200m - under achieved by £630K

#### Key Challenges

- The Service is already considering and planning on how it will continue to deliver a patient focused Service within an environment of tightening financial resources
- The key to success will be the delivery of effective resource plans and work has commenced on this for 2010/11 and 2011/12
- Fuel price fluctuations will be a key cost pressure in 2010/11 and the Service has planned for some of this impact
- Fuel and demand are also key drivers for the air ambulance service and the Service has entered into dialogue with the supplier and key territorial health boards

- The implementation of our Strategic Framework has offered opportunities to work collaboratively with key partners in examining clinically effective and efficient pathways that use resources in a more efficient manner
- Demand for Air Ambulance is increasing

### Efficiency programme

Cash Releasing Efficiency savings in 2009/10 of a recurring nature and plans for 2010/11 are as follows:

	<b>2009/10 (£000k)</b>	<b>2010/11 (£000k)</b>
Estates	576	730
PTS Efficiencies	902	550
Insurance	163	385
Procurement/IT	174	630
Other Minor Projects	851	255
Employment costs	910	847
Management and Operational	504	386
Management of Road Risk	45	120
<b>Total Savings</b>	<b>4,125</b>	<b>3,903</b>
<b>Revenue CRES Percentage</b>	<b>2.2%</b>	<b>2.1%</b>

### Key Challenges

- The challenge of sustaining the efficiency savings in an environment of growing cost pressures
- Continuing to motivate staff to deliver efficiencies when the developments are not so tangible

## 5.2 Efficiency Targets

### Best Value

The Service has continued to embed Best Value in our approach to all our performance.

### Key Achievements

- **e- invoicing** - The Service has implemented e- invoicing as one of the lead organisations in NHS Scotland, this has been successful and during 2009/10 17.25% of transactions used this methodology.
- **Collaborative Procurement** - The Service continues to maximise the use of collaborative procurement where this is appropriate with various parts of the public sector
- **Procurement Assessment** - An assessment of the Service was undertaken through the procurement capability assessment; the Service was the highest scoring Special Health Board.
- **Research** - Using the information gained from our research and development activities to inform our key decisions. For example, good quality CPR in next generation of defibrillators
- **Rehabilitation** - The Service has developed through the national framework for adult rehabilitation joint working with partner Boards in relation to falls management.
- **Benchmarking** - The Service is involved in the development of benchmarking with other UK Ambulance Services, we are currently examining the support functions
- **Energy emissions** - The organisation successfully achieved a sustained 2% reduction in its energy emissions and has set its self higher targets for 2010/11
- **Good Corporate Citizen** - The organisation has evaluated itself using the Good Corporate Citizen toolkit and will be taking forward the findings from this assessment
- **Two Best Value reviews** were undertaken within the organisation examining Equalities and Strategic Planning and Performance reporting. Again the findings from these reports will be taken forward during the year, however better practices were achieved at this initial assessment.

## **Key Challenges**

- Continuing to develop Best Value as a integral part of the delivery of service and how we develop the organisation in a tightening financial environment
- The promotion of collaborative working right across the public sector

## 5.3 Workforce

### Sickness Absence

The Service continued to focus on reducing and managing sickness absence in 2009/2010.

### Key Achievements

- **“Doing the Right Thing”** – Reducing sickness levels have consistently remained a priority for the Service. This is borne out in the publication of our HR/OD Strategy, “Doing the Right Thing”
- **Rehabilitation** - The Fast Track Rehabilitation programme has proved effective; 260 days have been saved since April 2009
- **Physiotherapy** - The Fast Track Physiotherapy (IPRS) contract is working well; all Key Performance Indicators were met. 98% of referrals have their triage call within 24 hours and 90% of referred staff receive their first assessment within 3 working days
- **Employee Assistance Programme** – The programme has been effective in supporting staff who work for a busy emergency service
- **Policies** - The absence management policies have been reviewed in partnership with staff
- **Case management** - The Personnel team continue to work closely with managers and occupational health to support case management in a proactive manner

### Key Challenges

- To continue to focus on reviewing and managing sickness absence levels across the organisation through the robust application of agreed policies and procedures
- To continue to maintain sickness absence levels below 5% in a demanding 24/7 environment

### Workforce

Workforce planning activities have continued at pace during 2009/2010 as we developed our HR and OD strategy: “Doing the Right Thing.”

Building on the staff governance standards and working in conjunction with the Service’s strategic framework, we have strengthened our leadership capability,

built more effective two-way communications and continue to develop employee relations and genuine engagement through partnership working.

The strategy is positioned to help staff build a picture of what it means to live the Service values and help build a sustainable Service through the adoption of leading-edge clinical practice, built on high levels of skill, modern approaches to learning and flexible terms and conditions of service.

In implementing the strategy we will better protect our people through improved healthy working practices and support their learning and development to provide the best patient care wherever and whenever that is needed.

### **Key Achievements**

- **Dedicated workforce team** - The introduction of a 24/7 Workforce team based at Cardonald and focused divisional Workforce support
- **Staff Governance structure** - The Service ensures robust staff governance through the operation of a strong Staff Governance and Remuneration Committee and effective National Partnership forum and Divisional Partnership forums. Working in partnership with staff is at the heart of how we do business
- **National plan** - Our HR/OD Strategy “Doing the Right Thing” has now been published along with a national Workforce strategy and the implementation of our learning and development strategy, “Realising our Potential”
- **E-KSF**- The e-KSF system has now been successfully implemented across the Service and plans are in place to ensure the 2011 KSF target is met. As at the end of March 2010, 1.8% of staff had completed a Performance Development Review.
- **Partnership working** - Local workforce plans are regularly reviewed in partnership with staff, managers, the unions and external organisations
- **Communications and Engagement strategy** – Building awareness and understanding of the strategic direction of the Service is enabling staff to play their part in achieving our strategic goals. For example, a new intranet site: “@SAS” has been launched to staff, based on their feedback. Programme management has also been enhanced by rolling out a SharePoint platform called “Work Area” across the Service, enabling staff based anywhere across the Service to work as part of a virtual team, helping deliver projects. At the same time, working on a SharePoint platform has improved information governance.
- **Policies** - The Service continues to revise and communicate its policies

## **Organisational Development**

Over the past year the Service has established a new OD structure to provide support to the implementation of change and service redesign.

Three key priorities have been established;

- The development of our leadership confidence and capability.
- The “professionalisation” of our service, building on our values.
- Improving levels of employee engagement and involvement, to liberate talent and encourage contribution.

An initial OD toolkit has been developed and is being rolled out across the Service. Initial discussions have been very positive.

## **Key Challenges**

- To continue more joined up working initiatives with other Health Boards and Regional planners
- The Service will continue to maintain a high focus on health and safety and infection control throughout the whole organisation
- To ensure that the Service matches the patient demand with the appropriate ambulance resource, using our improved data collection and analytical tools
- By using “Realising our Potential” working with partners to develop educational support and learning opportunities across Scotland

## 5.4 Integration of Workforce and Financial Planning

The organisation is able to train and develop the majority of its staff internally and ensures that the financial and operational requirements are met within the Workforce plan. This involves making more efficient use of existing resources and looking for opportunities to work with our partners to share resources more effectively. In effect this will mean that the workforce plan will need to be more flexible to respond to these challenges.

Key priorities for our workforce plan are:

- to review modernise and develop the workforce in relation to unscheduled care
- to review, modernise and develop the workforce in relation to scheduled care
- to develop and enhance emergency medical dispatch
- implement the HR/OD Strategy “Doing The Right Thing”
- develop appropriate models of health care for remote and rural communities in response to the Remote and Rural Implementation Group’s Framework
- achieve the Investors in Volunteers Standard by the end of 2010 and
- Further develop workforce capabilities moving towards more dynamic workforce planning, more closely matching resource to demand and the improved use of evidence, data and available planning tools to provide better planned and delivered services for patients.

The last decade has seen significant above inflation funding and we have seen a growth in our overall workforce. This will not be the case for the foreseeable future. Our current workforce will be the basis for our future workforce. Our future workforce will have to be affordable, available and above all, adaptable. Our workforce plan sets out a comprehensive action plan to achieve these objectives. It is cross referenced to the financial plan and both plans are developed and aligned together.

## 5.5 E-Health

The Scottish Ambulance Service is at the forefront in the technology it makes available to support staff delivering safer, more efficient and more effective patient care. Technology will play a vital part in our strategic delivery over the next five years and is underpinned by our commitment to forge greater integration across NHS Scotland to enable improvements in the patient journey.

### Key Achievements

- **Information Security and Governance-** The Service continues to implement Information Governance Policy and Procedures to ensure that patient data is stored appropriately and supports the efficient and effective use of information. In 2009 an Information Governance Steering group Committee was established. A review of all the policies and procedures has taken place, the implementation of an improved training process has been completed and a review of document management and document storage has been achieved
- **Cab Based Technology-** Further features and improvements to the cab based technology include the phased installation of a new cable free rear mobile docking station and a hands free voice communication facility
- **Access to Hospital based A&E systems for transmission of Electronic Patient Report Forms-** Following a successful pilot at Crosshouse A&E in Kilmarnock, a project team has been set up with a view to extending this to Fife A&E units
- **Web and Intranet Development-** Improving access of information to our staff remains a priority for the Scottish Ambulance Service. The new intranet site will allow staff improved access to information in support of safer, more effective patient care. The Service's external website has become an increasingly important touchpoint for patients, carers, members of the public and key stakeholders across the NHS and other partner organisations. The website provides information about what's happening in the Service, and enables people to feed back their views about how the Service can better meet their needs. For example, during Air Ambulance re-procurement consultation, there was information on the Service's website which gave an overview of the re-procurement exercise, about the time and location of public meetings, information about sending feedback by e-mail or post, and links to online patient and clinician surveys. Of the 90,000 unique user sessions on the Service's website during the first phase of consultation for Air Ambulance re-procurement, which took place between October 2009 and March 2010, there were 5,500 unique user sessions on the Air Ambulance section of the Service's web pages, and just under 2,000 unique user sessions specifically on the pages containing information about getting involved in consultation – i.e. just over 5% of the total web traffic on the Service's site.

- **Upgrade to Emergency Medical Dispatch Centre Software-** An upgrade to the existing triage system will enable the Service to be more responsive towards patients needs and allow more effective and safer triage
- **Access to the Emergency Care Summary (ECS)** - Further progress is being made towards making the ECS accessible to operational vehicles. Speed of access for clinical staff is improving and testing in an operational environment is underway. Access to the ECS will allow our crews to be able to access important patient information securely

### **Key Challenges**

- Training of staff in voice and data applications within the agreed deadline, taking into consideration conflicting operational priorities
- Delivering projects on time, to the agreed specification within exiting resources and within budget will be a significant challenge for the Service
- Challenges with integration with other existing Health Board systems
- Affordability

**Scottish Ambulance Service  
PFPI Self Assessment 2009/10**

## **Section 1- An overview of the Scottish Ambulance Service's Patient Focus and Public Involvement – progress during 2009/2010**

### ***1.1 Introduction***

The Scottish Ambulance Service continues to make good progress in developing, promoting and delivering Patient Focus Public Involvement in 2009/2010. Much of this progress has been shared with the Scottish Health Council, who have provided the Board with regular feedback and guidance throughout the year.

The Service is strongly committed to involving patients, carers, communities and other stakeholders in the planning and delivery of services and the development of a mutual NHS. Throughout 2009/2010, we have listened intently to the views of our stakeholders and undertaken our most comprehensive consultation to date. The Service is moving towards developing a more inclusive relationship with people across Scotland; a relationship where patients and the public are affirmed as partners rather than recipients of care.

This report provides an overview of this work, examples of good practice and progress against the agreed actions for 2009/2010.

### ***1.2 Patient Focus Public Involvement governance arrangements and how these work***

Governance for PFPI continues to come from the Board through the Designated Director for PFPI, who updates the Board regularly at meetings. To ensure that PFPI work continues to progress, a steering group comprising PFPI leads from each of our five geographic areas meets throughout the year to share good practice and learning from across the organisation.

### ***1.3 The Progress made with the development of Public Partnership Forums***

In developing its Strategy "Working Together for Better Patient Care", we have involved a wide range of community representatives of the hugely diverse population of Scotland. The Service has engaged extensively with Community Health Partnerships, community groups, voluntary organisations and Public Partnership Forums (PPFs), to gain an understanding of the differing needs of our communities and identify, design and implement solutions through collaborative working. We will continue to strengthen and develop these relationships in 2010/2011, with a view to building on these meaningful and effective partnerships.

#### ***1.4 What has worked well in progressing PFPI?***

PFPI is central to our core values and we put the patient at the heart of everything we do. In developing our Strategy, which covers both unscheduled and scheduled care, we have listened to a wide range of views and patient experiences and identified three key goals to deliver our vision over the next few years:

- To improve patient access and referral to the most appropriate healthcare
- To engage with all our partners and communities to deliver improved healthcare.
- To deliver the best service for patients.

By seeking the views and personal experiences of patients and the public, we have made local changes to systems and processes, reviewed our existing complaints process to meet the needs of patients, and developed tailored solutions for the diverse communities across Scotland. We have gone to the heart of urban and rural communities to actively listen them around what matters to them.

Following a review of consultation and engagement within the South West Division of the Scottish Ambulance Service and taking into consideration the Scottish Governments proposals around the new Participation Standard, an Involving People Group was established. The purpose of this group is to work with PPF's and other groups, provide the Division with support and advice on involvement and participation activity. The group will also ensure that involvement activity is coordinated with existing involvement structures and promote networking between PPFs, groups and individuals where there are common areas of interest. If successful, there may be potential for this model to be implemented in other areas throughout the Service.

#### ***1.5 Where further work is required***

It is recognised that a more consistent approach to PFPI is required throughout the organisation, the existing PFPI Steering Group will be reviewed in 2010/2011. The Scottish Ambulance Service recognises that it needs to further develop the relationships with patients and the public which has already started through our Strategy consultation. We have started to develop our communications and engagement plan to support the delivery of working together for better patient care. This will be further developed in 2010/2011.

### ***1.6 How the public and patients have been supported to be involved and the difference this has made***

The Scottish Ambulance Service recognises the importance of supporting the public and patients to enable them to participate in PFPI and has removed some of the barriers to involvement. An expenses policy to assist with the cost of travel, accommodation, childcare and carers costs was implemented in 2009/2010.

Methods to support patients and the public to participate have included making information available in other formats i.e. Braille, larger text and ensuring that information is easy to understand and free of jargon. A range of consultation methods were used to try to ensure that the voice of patients and the public are heard, in line with the national standards for community engagement, as well as those who are often excluded from consultation. In particular, marginalised groups as well as other groups from each of the six equality and diversity strands were invited to participate in consultation.

Consideration is given to choosing venues that are wheelchair accessible, have good transport links and where possible, we have engaged with the public in venues that they are comfortable with and at a time that suits them. After workshops and events, participants are invited to complete evaluation forms to provide valuable feedback which informs the Service of what has been successful and what could be improved to enable people to fully participate.

## **Section 2- Patient Focus Public Involvement (PFPI) Actions- progress against agreed actions for 2009/2010.**

### ***Case Study 1 – Involving People Group (Action 1)***

Following a review of consultation and engagement within the South West Division of the Scottish Ambulance Service and taking into consideration the Scottish Governments proposals around the new Participation Standard, an Involving People Group was established.

The Involving people Group will support managers and staff in their commitment to working with patients and members of the public, to enable local people to see real benefits to patients and the wider community as a result of their involvement.

The group will work with Public Partnership Forums (PPF's) and other groups, providing the Service with support and advice on involvement and participation activity. The group will also ensure that involvement activity is coordinated with existing involvement structures and promote networking between PPFs, groups and individuals where there are common areas of interest.

The membership of the group includes the Divisional General Manager, local managers from each sub division, one Patient representative from each ambulance sub division who are associated with local NHS Board PPF's, a local Community Council representative nominated from The Association of Community Councils, a voluntary group representative nominated from The Scottish Council for Voluntary Organisations and a Scottish Health Council Representative.

If successful, there may be potential for this model to be implemented in other areas throughout the Service.

### ***Case Study 2- Working in partnership with Age Concern (Action 3)***

Improving communication with the public was one of the key priorities for the Scottish Ambulance Service during 2009/2010.

We were invited by Age Concern to deliver a presentation to elderly people on the symptoms of heart attacks and how to access medical help. The event was held in West Kilbride in November 2009 and 24 people participated.

Participants were provided with an overview of the Scottish Ambulance Service and the many services we provide covering both unscheduled and scheduled care. Practical information was shared on accessing medical assistance through GPs, the out of hour's service, NHS24 and the Scottish Ambulance Service. Information was given about chest pain, including the signs and symptoms of a

heart attack and actions required to help make the patient more comfortable before an ambulance crew are able to assist.

We also provided information on the West of Scotland Reperfusion Service. This is where ambulance crews can refer suitable patients having a heart attack directly to either Hairmyres Hospital or the Golden Jubilee Hospital in Glasgow. Results of an ECG are transmitted electronically by ambulance crews from the ambulance to the hospital, where it is read by the receiving consultant before the patient's arrival. This allows faster treatment which can potentially save lives. Participants found this information valuable and gained a better understanding of our services and of the importance of recognizing the symptoms of cardiac arrest early.

### ***Case Study 3- Partnership Working- British Red Cross and Community First Responders (Action 5)***

Community First Responders are teams of volunteers who are trained by the Scottish Ambulance Service and provide life saving treatment to people in their local communities. They are deployed to appropriate calls and are backed up by an ambulance crew.

The model has proved successful, with more and more schemes being rolled out throughout Scotland, with over 650 volunteers. The model is promoted through local authorities, community councils, community groups and Public Partnership Forum.

Our Largs scheme, which launched in February 2010, brings together the combined knowledge and experience of The Scottish Ambulance Service and the British Red Cross. The focus is on a volunteer centred approach that draws on best practice in working with volunteers. This partnership approach will ensure that local Community First Responders have access to increased support, better enabling them to respond to the needs of the community. Central to this support is increased training provision and further opportunities for volunteering, both at the British Red Cross and at the Scottish Ambulance Service.

### ***Case study 4- Community Resuscitation Development Officers Public Training in Mull (Action 5)***

Developing and sharing skills for resuscitation amongst members of the public is a key focus for Community Resuscitation Development Officers (CRDOs). The Scottish Ambulance Service recognises that there is a critical need to ensure community engagement and resilience for healthy, thriving communities across the whole country.

An example of this work is a CRDO working with Tobermory's Surgery Practice Manager to plan and promote a training session on Automated External

Defibrillators (AEDs), as it was identified that an available AED was not being utilised. Automated External Defibrillators (AEDs) within communities can significantly improve survival rates for people experiencing cardiac arrest.

The training covered CPR, basic life support and the use of an AED. 19 members of the community, aged between 12 to 70, participated in the training. The defibrillator is located in the Village Hall, and any call taker receiving an emergency call from that area can advise the caller of the availability of the AED. This has enabled them to become more resilient to life threatening medical conditions such as cardiac arrest.

Over the next few years, the Service will embark on this work through a national community engagement and resilience strategy which will see the Scottish Ambulance Service work on a community by community basis to facilitate decision making, mutual assistance and encourage communities to use their people and skills creatively in conjunction with the support and services available.

#### ***Case study 5- Strategy- working with remote and rural communities (Action 4)***

As part of the Strategy consultation, the Service facilitated a series of discussion groups with patients and partners across Scotland. The purpose of the discussion groups was to further explore emerging themes and inform how these could be taken forward. The groups were arranged as follows:

- Inverness – to discuss unscheduled services from a remote & rural perspective
- Thurso – to discuss scheduled services from a remote & rural perspective
- Fort William – to discuss engaging with communities from a remote & rural perspective
- Glasgow – to discuss unscheduled services from an urban perspective
- Dundee – to discuss scheduled Services from an urban perspective
- Edinburgh – to discuss engaging with communities from an urban perspective

Patients and the public who contributed to the Strategy were invited to attend these events. The Scottish Health Council were in attendance at each session and provided support and guidance. Participants were given details in advance, along with supplementary materials.

A discussion guide was prepared for each topic and each session was facilitated by the Strategy Project Manager and a Redesign Manager. People's views were captured and will help inform how the Strategy is implemented.

### ***Case Study 6 – Complaints Service Review (Action 6)***

The current Complaints Process was reviewed in 2009/2010. It was recognised that the current process needed to be evaluated and streamlined in order to meet the needs of patients.

The methodology used for the review was a combination of qualitative and quantitative data along with the mapping of existing processes and research. It was important to take onboard the views of complainants and employees involved in the process and use their views to inform any changes. Throughout 2009/2010, complainants were sent questionnaires at the end of the complaints process to seek their views on the current system. Furthermore, employees were given the opportunity to express their view of the current system, some of the challenges and ideas on how to improve.

The review will inform a new process to be developed and implemented in 2010/2011.

The revised process will aim to:

- Actively listen to complainants to understand what they are looking for.
- Encourage local resolution at an early stage for appropriate concerns.
- Create a system which enables us to learn.

**Summary table- Update on Actions for 2009/2010 for which no case studies have been submitted**

<b>Agreed Action</b>	<b>Progress 2009/2010</b>
Finalise the expenses policy for patient and carer representation by referencing and distributing Scottish Government guidance by summer 2009.	Action complete. This was implemented in autumn 2009.
Finalise patients See and Treat Leaflets	Action complete. The new patient leaflets are now provided to suitable patients following assessment and treatment.

**Scottish Health Council verification**

The Scottish Health Council agrees that this self assessment represents a fair and accurate account of the progress made in the last year by the Scottish Ambulance Service in relation to Patient Focus and Public Involvement.