



The Scottish Parliament
Pàrlamaid na h-Alba

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Health and Sport Committee

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Dear Pauline,

Thank you for your attendance at our meeting on 23 May.

During the meeting you agreed to provide some further information which I list below:

- Performance information based on the new response model
- Board paper on the future of the patient transport service
- Data on the new NHS Lothian flow centre and the resulting improved turnaround times

I would be grateful if this information could be sent to our clerks.

On behalf of the Committee I would also like to probe further in relation to some of the information you provided.

References in the following questions are all to the official report of the meeting which is available [here](#).

Staff satisfaction and absence

Jenny Gilruth MSP raised the results of the 2015 NHS staff survey which showed Scottish Ambulance Staff scored lowest when compared with almost all the other health boards, whether special or territorial.

You noted the service has a distributed workforce that is mobile and works in communities. This is not a unique situation yet appears to be the justification for the low staff scores – can you advise why such a position results in staff morale being so low?

The new clinical response model was mentioned on various occasions as a tool which would result in increased staff morale and satisfaction. The Committee were advised the new response model in Wales showed staff there responding more positively in staff surveys albeit from a higher base than your figures.

Can you advise the impact the new model has had on staff morale and when hard data will become available to show this? Can you also let us know of any early data and feedback coming from the introduction of iMatters and how you will determine improvement in staff morale using this tool?

The Committee is concerned the introduction of the new response model seems to be the main tool being used to improve staff morale. Can you advise what else is being done? What opportunities have now been put in place allowing staff to input ideas and feel both engaged and empowered?

I briefly made mention of the level of staff absence rates during the session and would be grateful if you could clarify:

- The most recent figures and how the Board is managing long-term absence;
- Why the Board has, for over ten years, struggled more than most with staff absence;
- How much staff absence cost in 2015-16; and
- What is “fatigue”, why is it not the same as absence and what is the Board’s policy on managing it.

Staff vacancy rate and recruitment

There was much discussion around the commitment to train 1000 new paramedics. The Committee welcomes this but are interested to hear what plans are in place to mitigate the pressures on the service until the new staff are fully operational.

Performance

Dr Clegg noted “Time targets are very important; we need to get to patients in a timely way and with the right resource that the patient needs, but clinical outcomes are perhaps more important”.

Can you advise how you measure quality of clinical outcomes for patients when evaluating performance?

Dr Clegg also noted it was often better to send a slower response vehicle if said vehicle would get the patient where they need to be. Would individual improved clinical outcomes also result by the attendance on scene of a paramedic as quickly as possible even if the attending paramedic can’t transfer the patient?

New clinical response model

Ivan McKee MSP questioned whether you have a measurement of effectiveness for call screening. Paul Bassett noted he did not have an exact figure. Are you now able to advise an exact figure or is this information that is not recorded? If it is not recorded do you have any plans to start collecting this data?

When discussing the significant changes to the response model you advised that staff received on-going annual training. Paul Bassett noted an example in Edinburgh where a local team identified an issue and a “training trailer” came in. Can you advise if there has been any consideration given to providing more frequent training, or is this done on an ad-hoc basis as staff request it? Can you also advise what a training trailer is and its role?

Clare Haughey MSP asked whether you had received any feedback from the public, patients, service users or service providers. You advised you had but didn’t

elaborate as to whether this feedback was positive or negative. Can you advise what feedback you have received along with a breakdown?

The new clinical response model appears to rely on integration working well and being funded correctly, resulting in the right treatment being available in the community. Can you provide information on how you engage with the integration agenda (IJBs in particular) to ensure that (community and out of hours) services can respond effectively to provide the right clinical care to those not being taken to hospital by ambulance as they would have been previously.

Toward 2020: Taking Care to the Patient

Your current strategy notes that by 2020 one of your aims is to:

- expand our diagnostic capability and use of technology to improve patient care

The Committee has a current interest in the use of technology and innovation and would like to understand in more detail how you plan to meet this aim. I would be grateful if you would indicate how the above aim is to be achieved.

It would be helpful if you could respond and also supply the requested information by 22 June.

Kind regards,

Neil Findlay MSP
Convener