Date: 16 January 2020

All enquiries:
alan.ketchen@nhs.net
0131 623 4375

Pauline Howie
Chief Executive
Scottish Ambulance Service
National Headquarters
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Dear Ms Howie

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered the Scottish Ambulance Service at our meeting on 16 December 2019, as part of our routine annual programme of work. We are writing now to summarise the main points we discussed collectively as seven national organisations.

The Group’s overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence. One of our main objectives is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and responded to as necessary. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

The intelligence considered by the Group should already be known to the Scottish Ambulance Service, including a range of information which is already in the public domain. We note that the data/information about the Scottish Ambulance Service we considered is somewhat different to the information we look at for territorial NHS boards, reflecting your NHS board’s unique position in Scotland. It is important to note that we only consider data/information that is held by the seven agencies represented on the Group. This sort of intelligence helps us identify things that are

---

1The Sharing Intelligence for Health & Care Group is a partnership involving: Audit Scotland; Care Inspectorate; Healthcare Improvement Scotland; Mental Welfare Commission for Scotland; NHS Education for Scotland; Public Health & Intelligence from NHS National Services Scotland, and: Scottish Public Services Ombudsman.
working well, as well as emerging problems. It does not, however, allow us to make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this.

**Scottish Ambulance Service**

When we considered the Scottish Ambulance Service on 16 December 2019, the partner agencies on the Group found it helpful to learn from each other about various aspects of your NHS board. This will help inform the work we carry out as national organisations. As described below, we were pleased to note aspects of your local system that are working well. We also discussed some risks to the quality of care delivered by the Scottish Ambulance Service. We acknowledge that work is already being carried out locally to respond to these issues. As part of our annual programme of work we will continue to share intelligence, including updates on areas of risk identified, in order to inform the work we carry out as seven national agencies.

Leadership and culture are critically important factors when considering the quality of care in the wider sense. We are also aware that the leaders of today’s health and social care systems are working within an environment of extreme pressure. There has recently been a significant level of change across Scotland within the senior leadership of NHS boards. We learned that you have recently appointed a new Director of Care Quality & Professional Development and also made a permanent appointment to the post of Director of Finance & Logistics.

Public Health & Intelligence reported on the results of the national iMatter staff survey – and we noted that the employee engagement index for the Scottish Ambulance Service has remained unchanged at 67 (the lowest index of those NHS boards that received an iMatter report). We were also informed that the Scottish Ambulance Service has been proactive in engaging with Healthcare Improvement Scotland about your approach to learning from adverse events. We understand that the Scottish Ambulance Service intends to introduce team based quality reviews, and to further develop an honest and open culture that includes a focus on learning from adverse event reviews.

As for all NHS boards, the Scottish Public Services Ombudsman highlighted the importance of preparing well for the Independent National Whistleblowing Standards which are to be implemented from July 2020. This includes raising staff awareness of the new standards, and ensuring processes for handling staff concerns are in line with the standards.

The Ombudsman also explained that it would be helpful to understand how, as part of your corporate governance arrangements, the Scottish Ambulance Service gets assurance about the implementation of your complaints handling process. In terms of governance more generally, the appointed auditor explained that the Scottish Ambulance Service has reviewed governance arrangements in response to the Scottish Government’s Blueprint for Good Governance. We learned that your self-assessment found that your governance arrangements are robust overall, and also identified opportunities to enhance risk management arrangements. As a Group, we are interested to learn about how the Scottish Ambulance Service measures and monitors the quality of its services.
As highlighted in our annual summary report for 2018-2019\(^2\), care systems across the country are experiencing unprecedented financial pressures. The appointed auditor explained that the Scottish Ambulance Service met its financial targets for 2018-2019, although this involved a significant reliance on non-recurring savings. We understand that your medium term financial plan (2019-2222) is set in a context of rising pay and non-pay cost pressures which won’t be fully offset through increased resource funding. There are significant challenges in identifying the savings that will need to be delivered on a recurring basis to be financially sustainable, and this is a key area of focus for the Scottish Ambulance Service’s Best Value programme.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. When we have considered the Scottish Ambulance Service previously, we have acknowledged a relatively high sickness absence rate. Public Health & Intelligence reported that the sickness absence rate for the Scottish Ambulance Service continues to be higher than the Scottish average (8% vs 5%, respectively). We also understand that in 2020 there will be changes in how your paramedic workforce is trained.

The Group agreed that, at this time, there are no actions beyond any already planned that any of the seven national agencies need to take.

We hope you find this summary of our discussions helpful. As a Group, we will continue to share intelligence in order to inform the work we carry out as seven national agencies. If you have any suggestions for how our Group can better support the Scottish Ambulance Service to deliver high quality care then please don’t hesitate to let us know.

Yours sincerely

Alastair McLellan  
Co-Lead for Quality  
NHS Education for Scotland

Ann Gow  
Director of Nursing, Midwifery &  
Allied Health Professionals &  
Deputy Chief Executive  
Healthcare Improvement Scotland