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Public Board Meeting

29 November 2023

Item 06

THIS PAPER IS FOR DISCUSSION

DELIVERING OUR 2030 STRATEGY UPDATE

Lead Director Author	Michael Dickson, Chief Executive Portfolio Executive Directors Karen Brogan, Associate Director of Strategy, Planning & Programmes																																			
Action required	The Board is asked to <ul style="list-style-type: none"> note and discuss progress in relation to delivery of the 2030 Strategy portfolios Note Scottish Government's sign off letter of the Service's Annual Delivery Plan and the final version of the plan. 																																			
Key points	<p>The purpose of the 2030 Strategy Portfolio Board update is to</p> <ul style="list-style-type: none"> Provide a high level summary of progress around delivery of the 2030 Strategy Portfolios and demonstrate the impact on delivery of our strategic aims. Provide assurance to the Board that mitigating actions are in place for projects that are not within timeline. Highlight any issues or risks that require escalation to the Board. <p>Overall good progress continues to be made across all portfolios of work.</p> <p>Table 1 – High Level Summary of Project Status</p> <table border="1"> <thead> <tr> <th>Portfolio</th> <th>Green</th> <th>Amber</th> <th>Red</th> <th>Other</th> </tr> </thead> <tbody> <tr> <td>Integrated Planned, Unscheduled & Urgent Care</td> <td>7</td> <td>4</td> <td></td> <td>1</td> </tr> <tr> <td>Data, Digital, Innovation & Research</td> <td>8</td> <td></td> <td>1</td> <td>1</td> </tr> <tr> <td>Communities & Place</td> <td>4</td> <td>2</td> <td></td> <td>5</td> </tr> <tr> <td>Preventative & Proactive Care</td> <td>3</td> <td></td> <td></td> <td>2</td> </tr> <tr> <td>Workforce & Wellbeing</td> <td>9</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>Totals</td> <td>31</td> <td>6</td> <td>1</td> <td>10</td> </tr> </tbody> </table>	Portfolio	Green	Amber	Red	Other	Integrated Planned, Unscheduled & Urgent Care	7	4		1	Data, Digital, Innovation & Research	8		1	1	Communities & Place	4	2		5	Preventative & Proactive Care	3			2	Workforce & Wellbeing	9			1	Totals	31	6	1	10
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	<p>There are no issues or risks that require escalation to the Board.</p> <p>The Board's Annual Delivery Plan sign off letter from Scottish Government has been included for noting in Appendix 1 and the final version of the Annual Delivery Plan 2023/24 has been included in Appendix 2.</p>
Timing	This paper is presented to the November 2023 Board and is a standing item on the Board agenda.
Associated Corporate Risk Identification	<p>4636 – Health & Wellbeing of Staff</p> <p>5602 – Service's defence against a Cyber Attack</p> <p>4638 – Hospital Handover Delays</p> <p>5062 – Failure to achieve Financial Targets</p> <p>5519 – Statutory & Mandatory training</p>
Link to Corporate Ambitions	<p>We will</p> <ul style="list-style-type: none"> • Work collaboratively with citizens and our partners to create healthier and safer communities • Innovate to continuously improve our care and enhance the resilience and sustainability of our services • Improve population health and tackle the impact of inequalities • Deliver our net zero climate targets • Provide the people of Scotland with compassionate, safe and effective care when and where they need it • Be a great place to work, focusing on staff experience, health and wellbeing
Link to NHS Scotland's quality ambitions	<ul style="list-style-type: none"> • Safe • Effective • Person Centred
Benefit to Patients	Patients are provided with the right care, in the right place at the right time, enabling improved outcomes for patients
Equality and Diversity	No equality and diversity points to note. EQIA will be undertaken if necessary on commencement of the work.



**Scottish
Ambulance
Service**

Working in Partnership with Universities



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SCOTTISH AMBULANCE SERVICE BOARD

2030 STRATEGY DELIVERY UPDATE

KAREN BROGAN, ASSOCIATE DIRECTOR OF STRATEGY PLANNING & PROGRAMMES

SECTION 1: PURPOSE

The purpose of the 2030 Strategy Portfolio Board reporting is to

- Provide a high level summary of progress around delivery of the 2030 Strategy Delivery Plans and demonstrate the impact on delivery of our strategic aims.
- Provide assurance to the Board that mitigating actions are in place for projects that are not within timeline.
- Highlight any issues or risks that require escalation to the Board.

SECTION 2: RECOMMENDATIONS

The Board is asked to

- Note and discuss progress in relation to delivery of the 2030 Strategy portfolios.
- Note Scottish Government's sign off letter of the Service's Annual Delivery Plan (**Appendix 1**) and the final version of the plan (**Appendix 2**)

SECTION 3: BACKGROUND

The 2030 Portfolio Boards met for the first time in November 2022, chaired by their respective Portfolio Executive leads. The Portfolio Boards are being supported by a 2030 Portfolio Manager and a Strategy Administrator to develop and ensure high quality, standardised reporting across projects, programmes and portfolios.

It is important to note that the quality of reporting is still very much evolving with ongoing support to delivery leads to guide them through reporting templates and requirements. In supporting the development of the reporting, four of the non-Executive Board members previously met with the Portfolio Manager and their suggestions alongside wider Board input has been incorporated into Board updates.

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Date: 2023-11-29	Version 1	Review Date: January 2024

In addition, and linking to this, a mapping session took place in July 2023 to show the key links between the 2030 Strategy, Executive Objectives, Annual Delivery Plan and Delivery Mechanisms and how these contribute to NHS Scotland Recovery Drivers, Board KPIs and mitigation of corporate risk. This also forms the basis of the Board assurance framework.

SECTION 4: DISCUSSION

4.1 Summary of Progress

Overall good progress continues to be made across all portfolios of work and where there has been impact to delivery timelines due to operational pressures or other factors, mitigating action is in place to reduce slippage and bring those particular projects back on track. An update on the projects is described below.

Table 1 – High Level Summary of Project Status

Portfolio	Green	Amber	Red	Other
Integrated Planned, Unscheduled & Urgent Care	7	4		1
Data, Digital, Innovation & Research	8		1	1
Communities & Place	4	2		5
Preventative & Proactive Care	3			2
Workforce & Wellbeing	9			1
Totals	31	6	1	10

4.2 Projects in Other Status

In relation to the 'other' category, this relates to projects that are in planning or early scoping with 5 Projects within the Communities & Place Portfolio, 1 in Data, Digital, Innovation & Research, 2 in Proactive & Preventative, 1 in Workforce & Wellbeing and 1 in IPUUC that was temporarily paused. These are listed below:

Community Hubs / South Station Delivery

The South Station project has successfully cleared the Initial Agreement (IA) stage, next steps are to progress towards Outline Business Case.

The Community Hub's Project Brief has been created and sent to the PMO for a thorough review of its scope and scale. The objectives of the project are now outlined comprehensively and will link to the South Station key milestones as these are being developed.

Discussions with Scottish Futures Trust have been held to prepare for the development of a New Project Request (NPR) that will help define the South Station project and underpins the Outline Business Case. This is the first step towards creating a binding agreement between the Service and hubCo under the Territory Partnering Agreement, and it sets the standard for measuring project delivery performance.

Our next steps include conducting scoping sessions to examine the Stage 1 scope more closely, completing an NPR to identify gaps that need strategic support services, and understanding the cost of Stage 1 development. Actions supporting these are being progressed.

Community Planning Development

The analysis of the Service's representation in Community Planning Partnerships (CPP) throughout Scotland has been completed.

Of the 32 CPPs across Scotland, 23 have Service representation (72%). The representation varies by region with the East having the highest representation (92%), followed by the West (62%) and the North (57%).

A short life working group has been established to conduct a detailed scoping exercise that will help us better understand current activities within the CPPs and how this can support the Service's strategic priorities. Through surveys and/or interviews we will examine the representative roles in these partnerships more closely to help identify gaps, and areas of opportunity for future development.

Preparation for National Care Service

The newly appointed Associate Director of Care Quality and Professional Development commenced post in August and now leads on the National Care Service (NCS) work stream which continues to remain very much at engagement and scoping stages. The West Regional Planning Manager and Associate Director of Care Quality and Professional Development continue to attend the network of meetings for this work.

The Service attended the National Care Service National Forum on 30 October 2023. The forum enabled people with lived experience of accessing social care support, unpaid carers, people who work in community health and social care support and other organisations to come together to discuss progress to date and next steps. A panel discussion was held, led by the Minister for Social Care, Mental Wellbeing and Sport, where representatives of trade unions, the third sector, NHS, local authorities and those with lived experience discussed how service users and the workforce can work together to make changes. Learning from the event will be published in due course.

Anchor Institution Strategic Plan

Whilst it is recognised that NHS Boards are already operating as Anchor Institutions and that many, including the Service, have already built this into their strategic ambitions, Health Boards were asked by Scottish Government to develop an Anchors Strategic Plan by 27 October 2023.

An Executive Development session took place in September 2023 to help inform development of the plan which was subsequently completed and issued in draft to Scottish Government on 27 October pending Board approval. It is important to highlight that the plan reflected our anchor related ambitions that were already laid out in our 2030 Strategy, supporting strategies, Medium Term Plan and Annual Delivery Plan. The final plan is being presented to the Board for approval at the November 2023 Board meeting.

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Sustainability (Path to Net Zero) Implementation

The Path to Net Zero strategy was approved by the Board in September 2022 with a detailed action plan agreed by the Board in March 2023. The work on the implementation of this has commenced and the PMO is working closely with the Executive Lead and CERAS group to define key milestones against the 12 work streams.

The Path to Net Zero @SAS webpage has been launched and the 'call' for green champions to create the champion network has also been launched.

In addition, highlight reports are being produced for each workstream and the newly appointed Estates Project Manager is coordinating these activities.

Population Health Review

The Service continues to progress a number of work streams which have a focus on population health and reducing inequalities and our 2030 Strategy sets out our intentions in improving population health. Since the last update to the Board, we have recently completed a population health/reducing inequalities assessment, using a matrix that has been designed for UK Ambulances Services to assess population health/reducing inequalities maturity levels. This has helped the Service identify a number of opportunities that will inform our reducing inequalities/population health work plans for 2024/25 and beyond.

Partnership Working

This project relates specifically to working with NHS 24 to enable patients to receive the right care in the right place first time. The aim is to improve the patient experience, fostering collaboration across both organisations and the wider national health and social care system, improving sustainability, whilst supporting the reform of urgent and unscheduled care.

The project is in early stages of collaborative working, however, we already recognise that the effective delivery of both our services will benefit from greater collaboration across all sectors, as we are fully committed to successful delivery to enhance patient care.

Work to date has focused on:

- Effective patient flow, triage and assessment with a specific focus on people who are triaged by NHS 24 as requiring an ambulance response.
- Coordinated governance approach including joint organisational training, education, and learning from events. This also include data sharing to evidence improvements in collaboration.

Technician to Paramedic Progression

Extensive research and engagement has been taking place over the last few months to explore potential education routes for progression from Technician to Paramedic.

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Positive steps have been made towards finding a solution through an in-depth understanding of the landscape and complexities and extensive strategic engagement endeavours.

These options have been explored in detail in the form of an options paper to the Board and further engagement to seek approval to implement the preferred option is being progressed.

Since the last update, workforce projection scenario modelling to 2030 has been undertaken to help inform the final business case.

In addition, the work on the final business case which has been commissioned by Scottish Government has commenced.

Advanced Practice Roster Development Project

The AP Roster development work was paused pending the outcome of a paper that was presented to the Executive Team relating to the current AP workforce number and projections to 2030.

Development of new rosters specifically for existing workforce numbers will commence in December.

4.3 Projects in Red Status for Delivery

GRS Timecard Project & Implementation of the APP

This particular project is the development and implementation of an electronic timesheet on the current GRS system to feed the payroll system to reduce the requirements for paper timesheets and the introduction and rollout of GRS App to Mobile Devices.

The App was successfully implemented in December 2022 and continues to operate without issue.

The Project has been in red status since August due to a number of technical issues. These have however now been resolved and the Project Board agreed new timelines for delivery. The plan is now being adjusted to reflect a full end to end go live for one location in November, followed by a test of additional locations in January ahead of full roll out in April 2024.

4.4 Projects in Amber Status for Delivery

Maternity/Neonatal (Best Start)

There has been a delay in the progression of workforce planning due to capacity issues within the team and a delay in publication of Scotland's Best Start Plan. The plan will now be adapted in line with the recent announcement to move forward with three specialised neonatal intensive care units (NICUs) in Aberdeen, Glasgow and Edinburgh. There is a requirement to engage on a national and regional basis to enable alignment of our plan. This expected to be completed by the end of January 2024 subject to availability of stakeholders.

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Digital Patient Handover (Scottish Ambulance Service/NHS 24)

The Service and NHS 24 continue to work jointly on the development of a 2 way digital interface which will reduce the requirement for unnecessary voice traffic between services, thus also improving patient and staff experience. Meetings have been held with suppliers to progress the specification and build of the technical interface. The formal statement of works is awaiting approval from NHS 24. Once approved, there is an estimated nine weeks to sign-off for go-live.

Resource Planning Review

The Resource Planning Review has been established to undertake a review of the Resource Planning structure, roles and responsibilities, operating hours, systems, processes, reporting and monitoring arrangements. Significant progress has been made including agreement of job descriptions, server upgrades and process improvements. However, a number of the outputs of the review are dependent on the outcome of the current proof of concept system design for the new national e-rostering system. Build work has commenced to enable the initiation of a proof of concept however to date there have been a number of build issues to resolve. The timeline for the supplier organisation to complete these has been extended to mid December. A plan for a small test of change is in place following the proof of concept design.

HCP Online Booking

This is to implement an online ambulance booking system for use by Healthcare Professionals. This will become the recommended alternative to telephone bookings.

It has been agreed to commence this pilot as soon as it is safe to do so and before the 2023/24 system pressures. The territorial boards have still to agree a start date. In addition, the software identified defects and further work with the software supplier is being taken forward prior to any ICT service acceptance testing.

Mental Health Strategy

This relates to the delivery actions to implement year 2 of the mental health strategy. Significant progress has been made in agreeing the workstream priorities, NHS 24 handover, education sessions and training sessions in suicide intervention and prevention.

Some aspects of the project are now amber to reflect reduced capacity in the mental health team due to maternity leave and staff turnover. Plans are in place to replace these gaps and return to full work plan delivery over the next few months.

Dementia Strategy Implementation

This action is to develop the Service dementia strategy and implementation plan.

This amber relates to the reduced capacity in the mental health team as noted previously with the mental health and dementia lead vacancy. This has been filled on an interim basis from within the team leaving a current vacancy gap impacting on the timeline and deliverables. Once this gap is covered these actions will be progressed.

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4.5 Programmes/Projects Back on Track

Air Ambulance Procurement

The Air Ambulance reprocurement project is now back on track. Taking account of the ITT extension, the activities required to complete the full business case and the scheduling of both internal and external governance for FBC approval, the contract award date remains on target for the end of January 2024.

Statutory & Mandatory Training

Significant progress has been made since the last update to the Board to appoint a new lead, develop a roll out plan, finalise and agree virtual course content and upload the content to TURAS Learn. Statutory & Mandatory Training was made available on the system at the end of October 2023 for all staff to complete.

Rest Break Project

A test of change has been in place since 22 August 2023 aimed at improving rest period compliance. In addition to this, additional management support is available for staff that request to be made unavailable.

Shifts with no rest breaks continue to show improvement and a full review of the test of change data is expected in November 2023.

4.6 Issues and Risks for Escalation

At this stage there are no risks across any of the Portfolios that require escalation to the Board. All risks are currently being managed through respective portfolio boards or already exist on the Corporate Risk Register.

4.7 Annual Delivery Plan & Medium Delivery Plan Update

The Board were made aware previously that Scottish Government had provided two separate rounds of feedback on the Annual Delivery Plan. Following feedback from policy colleagues in the Health Directorates, we were asked to expand or make minor adjustments on four keys areas:-

1. Absence Management within the workforce section.
2. Realistic Medicine
3. Fleet decarbonisation and EMS within climate
4. Minor referencing within Digital section to ensure linked with National Digital Strategy and Delivery Plan.

These were incorporated and submitted in August 2023. We are now in receipt of the final confirmation sign off letter from Scottish Government which has been included in **Appendix 1** for information.

The final version of the Annual Delivery Plan has also been included in **Appendix 2**.

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**Scottish
Ambulance
Service**

University National NHS Board



Service Board Portfolio Summary Pack

November 2023

Reporting as at 23 October 2023



Portfolio Lead:

Paul Bassett

Period covered:

23 Sep to 23 Oct

Portfolio RAG

Portfolio Summary

Significant progress continues across the portfolio of work with 8 out of 12 projects/programmes on track.

Progress continues to be made around development work for the Digital patient handover between SAS and NHS 24. It has been agreed that NHS 24 to SAS timed admissions will be prioritised for go live in December whilst work continues to enable readiness of other non-ILT NHS 24 to SAS calls and SAS to NHS 24 calls. The Project remains in amber status until a formal date for go live has been reached. This is reliant on completion of the build, NHS England licencing, successful testing and agreement to go live during the SAS winter freeze. The HCP Online Booking Project Board has been rephrased to enable prioritisation of the digital interface with NHS 24.

Project re-baselining in progress for the Maternity/Neonatal project which has interdependencies with the recent announcement to move forward with three specialised neonatal intensive care units (NICUs) in Aberdeen, Glasgow and Edinburgh which was first set out as a vision in the Best First Start Report published in 2017. Engagement is required on a National and Regional Basis to enable effective input into any internal redesign work.

In relation to Air Ambulance, this is now back on track - Taking account of the ITT extension, the activities required to complete the FBC and the scheduling of both internal and external governance for FBC approval, the contract award date remains on target for the end of January 2024.

The AP Roster development work was paused pending outcome of the Executive Team paper. Development of rosters for existing workforce numbers will commence in December 2023.

All clinical work streams continue to make progress in line with delivery timelines.

Work has been progressing on the scheduled care programme in relation to awareness sessions on modelling and environmental scanning and engagement to support development of the strategy. The Urgent & Timed Admissions Improvement Project (formerly known as card 46 improvement) has also now been incorporated into the new Scheduled Care Transformation Programme.

Outputs from the Resource Planning Review have now moved into delivery phase for the 7 key technical priorities identified and agreed by the Executive Team. Structure and span of control are still largely dependent on which e-rostering system the Service will have long term and work has been ongoing to establish feasibility of the new national system. Build work has been ongoing to enable an initiation of a proof of concept test however to date there are a number of build issues to resolve. A 4 week extension to complete the build work has been agreed and a further assessment will be undertaken in the middle of December if this has not yet been completed.

Integrated Planned Unscheduled and Urgent Care Portfolio Report – 2030 SG

Portfolio Lead:

Paul Bassett

Period covered:

26 Sep to 23 Oct

Portfolio RAG

Portfolio Timeline (Continued)

Project / Activity	Start Date	End Date	Project Health		FY23 / 24												24 / 25				25 / 26			
					Q1			Q2			Q3			Q4			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24								
OHCA	01/04/22	31/03/26	→	Milestones	0	Quality of Resuscitation on scene - test of implementation												Milestones TBA						
				Risks (VH&H)	0	Annual Cardiac Arrest Report published																		
				Issues (H)	1	Launch with CHS Scotland, a																		
				Finance	N/A	Optimise GoodSAM for alerting in Scotland																		
Major Trauma	01/04/22	TBA	→	Milestones	0	Develop major trauma clinical governance structure regionally																		
				Risks (VH&H)	0	Further develop patient outcome / feedback processes for ambulance																		
				Issues (H)	0	Further develop the clinical structure of the AP in Critical Care Team																		
				Finance	TBA	Develop major trauma measures utilising linked patient outcome data																		
Stroke & Thrombectomy	01/04/22	29/02/24	→	Milestones	3	Scottish Stroke Care Audit - SAS Submission																		
				Risks (VH&H)	3	On-scene diagnosis of Stroke																		
				Issues (H)	1	NHS24 - SAS Stroke patient re-categorisation																		
				Finance	0	Crew clinical feedback to improve scene diagnosis of Stroke Care																		
Urgent Care	01/04/22	31/03/24	→	Milestones	0	Reducing Time to Allocation for HAS																		
				Risks (VH&H)	0	Stroke enhanced triage video feasibility assessment																		
				Issues (H)	1	Safe Moving and Handling of HAS Patient programme																		
				Finance	0	In partnership, work with TAG to progress thrombectomy delivery																		
HCP Online Booking	01/08/22	30/07/24	↘	Milestones	4	"Call Before Convey" active across all health boards pre winter 2023 with the ability to access senior decision support through FNC's or other points (linked with Redesign of Urgent Care)																		
				Risks (VH&H)	4	FNC / Pathways Joint																		
				Issues (H)	2	Digital Workstream																		
				Finance	0	Pilot 1 - NHS Lanarkshire																		



Integrated Planned Unscheduled and Urgent Care Portfolio Report – 2030 SG



Portfolio Lead: Paul Bassett Period covered: 26 Sep to 23 Oct Portfolio RAG:

Portfolio Timeline (Continued)

Project / Activity	Start Date	End Date	Project Health		FY23 / 24												24 / 25				25 / 26								
					RAG & Trend	Key Controls	Q1			Q2			Q3			Q4			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
							Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24											
Digital Patient Handover	01/05/23	31/08/23	→	Milestones																									
				Risks (VH&H)	2	<p>09/23 10/23 11/23 - CapGemini - referrals</p> <p>26/07 09/23 10/23 - CAB approval for NHS24 and SAS</p> <p>12/23 - Sign Off Testing - AMB Req</p> <p>12/23 - Ambulance Req GoSAS to NHS24 Live</p> <p>12/23 01/24 02/24 - Sign Off Testing</p>																							
				Issues (H)	1	<p>13/07 07/08 09/08 10/23 TBC - Clinical sign off of Minimum</p> <p>10/07 11/23 01/12 - AMB Req ITK Conformance Sign Off (NHS Eng QA)</p> <p>11/23 12/23 01/24 - SAS to NHS24; ITK Conformance Sign Off (NHS Eng QA)</p> <p>02/24 - SAS Referrals to NHS24 Go Live</p>																							
				Finance																									
Best Start - Maternity & Neonatal Care	01/05/22	TBA	→	Milestones																									
				Risks (VH&H)	2	<p>07/23 - Develop strategic plan to support the future delivery of the Neonatal Transport Service</p> <p>07/23 - Develop workforce Plan to support future delivery of the Service which</p>																							
				Issues (H)	0	<p>Best Start has been approved by SG. Planning for this project underway.</p>																							
				Finance	TBA																								

Portfolio Lead:

Emma Stirling

Period covered:

26 Sep to 23 Oct

Portfolio RAG

Portfolio Summary

It is important to recognise that this work remains at different phases with some projects still in a scoping phase and to understand the impact that system pressures and delays in funding allocation agreement have had on the progress of some of these projects.

For those projects that are up and running, good work is being progressed. Specific key points for noting are;

- a) In relation to the South Station project discussions have been held with Scottish Futures Trust to prepare for the development of a New Project Request (NPR) that will help define the South Station project. This work is ongoing.
- b) The Community Hub's Project Brief has been created and sent to the PMO for a thorough review of its scope and scale. The objectives of the project are now outlined comprehensively. We have identified the key stakeholders involved and are conducting monthly meetings with Health Improvement Scotland while the South Station scoping progresses.
- c) HIU work being progressed following approval from the Executive Team to use of Action 15 monies. Recruitment now completed.
- d) For Community Planning Development of a short life working group has been approved to conduct a thorough scoping exercise that will help us better understand current activities within the CPPs.
- e) The Young Minds Saves Lives Project Board is now meeting regularly. Work is ongoing to develop the work packages within the project that will enable a better assessment of the required resources and timescales to deliver the project.
- f) Deputy Director of Care Quality and Professional Development is now in post and will lead on the National Care Service portfolio. The Regional Planning Manager has also joined the network of meetings for this work that are now underway. This work remains in a scoping phase.
- g) The Anchors Strategy has been submitted pending Board approval in November following approval by the Executive Team. Guidance on the metrics for this work have now also been received.

Digital, Data, Innovation and Research Portfolio Report – 2030 SG

Portfolio Lead:

Julie Carter

Period covered:

26 Sep to 23 Oct

Portfolio RAG



Portfolio Summary

Overall good progress continues to be made across the majority of projects within the portfolio

Work is ongoing to progress the Digital Delivery Plan projects/work-streams in line with the agreed milestones.

Following the successful LifeX roll out and subsequent post implementation of supporting system patches and fixes, these have all now been resolved. We have now progressed to the project closing process, with the project close report approved at the Portfolio Board meeting in November. The Portfolio Board acknowledged the significant amount of work undertaken to deliver this and thanked the teams involved. In addition the Portfolio Board asked for further work in presenting the detailed lessons learned to the next meeting, recognising the work in implementing a national (UK wide) system and working to external supplier timelines.

There continued to be some delays to GRS Timecard due to system issues, and the update at the Portfolio Board meeting confirmed these have now been resolved with a planned go live date in March/April 2024.

In relation to Cyber Resilience, after meetings and input from senior management groups, the Cyber Action Plan has been completed. The annual Penetration Test has also been completed with the report expected to be returned shortly.

Airwave Sustainability procurement process has been completed and the contract has been awarded. This is due to commence during November, as planned.

In the DWP 3 Programme, a contractor has commenced and is assisting in the online Sharepoint migration. The very high risk that is currently relating to this has been reviewed and remains a very high risk as they are unlikely to get a resolution before March 2024, there however continues to be excellent work in local implementation of M365 benefits and these were showcased to the Portfolio Board meeting.

Work within Research Development and Innovation continues to progress well.

Digital, Data, Innovation & Research Portfolio Report – 2030 SG

Portfolio Lead:

Julie Carter

Period covered:

26 Sep to 23 Oct

Portfolio RAG

Portfolio Timeline

Project / Activity	Start Date	End Date	Project Health		FY23 / 24								24 / 25								
					RAG & Trend	Key Controls	Q1			Q2			Q3		Q4			Q1	Q2	Q3	Q4
							Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24				
Digital Strategy Delivery	01/09/22	31/03/24	→	Milestones		<p>02/05 - D & D Strategy (Final) presented to DDIR Board</p> <p>30/06 - Develop mini BC to in house IT SD</p> <p>31/03 - In House IT Service Desk</p> <p>In House IT Service Desk</p>															
				Risks (VH&H)	0	2023/24 Digital Delivery Milestones based on projects delivered in DDIR Portfolio															
				Issues (H)	0																
				Finance	N/A																
Data Strategy Development	01/09/23	TBA	→	Milestones		Data Strategy Development plan in progress															
				Risks (VH&H)	0																
				Issues (H)	0																
				Finance	N/A																
GRS Timecard and App	09/09/22	TBA	↘	Milestones		Project to be rebaselined due to system fix delays															
				Risks (VH&H)	1																
				Issues (H)	4																
				Finance	N/A																
ICCS	01/01/21	30/09/23	→	Milestones		<p>28/05 - TM4 & TM5 Testing Complete</p> <p>01/06 - TM7 Go Live Decision</p> <p>30/09 01/11 Project Closed</p>															
				Risks (VH&H)	0	<p>18/05 - TM6 - end to end Testing Complete</p> <p>02/06 - End User Training Complete</p> <p>09/06 - SAS Rollout Complete</p>															
				Issues (H)	0																
				Finance																	
Airwave Sustainability	15/12/23	31/01/24	→	Milestones		<p>09/06 18/07 Procurement Exercise Complete</p> <p>31/10 SAS Mobilised</p> <p>13/11 Airwave Exit Complete</p> <p>31/12 26/01 Airwave Terminal Support in place</p>															
				Risks (VH&H)	1	<p>31/08 14/09 - Recruitment Complete</p> <p>14/11 - Service Transitioned</p>															
				Issues (H)	0																
				Finance	N/A																

Portfolio Lead:

Jim Ward

Period covered:

26 Sep to 23 Oct

Portfolio RAG



Portfolio Summary

Workstreams within this portfolio are progressing well.

The Pathways Hub work provides a mechanism to support our frontline clinicians connect and refer patients to services that may prevent the need for ED conveyance. A significant focus has been placed on crew engagement and promoting the use of Pathways. The latest data shows around 17,000 views of the Pathways app on JR CALC – being the most viewed (July to October 2023). Over this period 1000 views were of the Pathways Hub and 600 of the Alcohol and Drugs Pathways and similar for DBI. The Pathways Hub received around 600 calls in October 2023.

The End-of-Life programme in partnership with Macmillan is making good progress with full engagement with all Hospices across Scotland with positive feedback from the Hospices on the impactful role of the Service. A significant proportion of the work of the team is with frontline engagement and support ranging from medication administration to supporting development with challenging conversations and confirmation of death. This work supports the frontline staff in supporting them to manage patients in a way that meets their needs.

The Drug Harm team is now in post and the team are working closely across the regions to visit stations and raise awareness as well as connecting with external partners. In response to an increase in drug deaths there is a focus on community engagement through school visits and working with key partners with frontline clinicians actively leading this work. The team are working closely with Research and Innovation team to support clinical audit of our ePR to better understand the complexity of drug harm cases and what improvements can be made to correctly capture more drug harm patients, as well as inform how complex mental health/drug harm/social presentations are captured.

The work with NHS 24 is gaining momentum across a number of clinically led workstreams with a focus on improving flow and governance arrangements as well as the development of the data set with NHS 24 through Public Health Scotland.

As a step forward with the Reducing Inequalities workstream a first pass at the completion of the Reducing Health Inequalities questionnaire developed for ambulance trusts has been completed and is being developed into an action plan. Plans are also being developed to support a workshop for the early part of 2024.

Preventative and Proactive Care Portfolio Report – 2030 SG

Portfolio Lead: Jim Ward Period covered: 26 Sep to 23 Oct Portfolio RAG:

Portfolio Timeline

Project / Activity	Start Date	End Date	Project Health		FY23 / 24												24 / 25					
					RAG & Trend	Key Controls	Q1			Q2			Q3			Q4			Q1	Q2	Q3	Q4
							Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24				
Drug Harm Reduction	01/04/23	31/12/23	→	Milestones		<p>07/23 - Analysis of THN supply across DDTF funded project</p> <p>10/23 - Rapid Response & Adv Life Sup - Agree strategy / Priorities with OHCA Lead</p>																
				Risks (VH&H)	0	<p>04/23 - SAS Representation at relevant national strategic meetings</p> <p>09/23 - Inc number identified suitable for drug treatment and supp svcs via FOD & SAS Pathway Hub</p> <p>12/23 - Dev suite of measures to support improved understanding of NFOD pathway & impact on patient outcomes</p>																
				Issues (H)	0																	
				Finance	N/A																	
Partnership Working	TBA	TBA	TBA	Milestones	TBA	Awaiting timeline and milestone plan																
				Risks (VH&H)	TBA																	
				Issues (H)	TBA																	
				Finance	N/A																	
End of Life Care	01/04/22	31/01/25	→	Milestones		<p>30/06 30/10 - Medication w/ stream - first stage (Midazolam PGD to/MMG)</p> <p>30/06 12/23 - Measurement</p> <p>01/25 - Education / Training with SAS</p>																
				Risks (VH&H)	0	<p>30/06 30/12 - Stakeholder engagement (patient, staff &)</p> <p>01/25 - Pathway development and implementation</p>																
				Issues (H)	0																	
				Finance	TBA																	
Pathway Hub	01/04/23	31/12/23	→	Milestones		<p>14/04 - Initiate planning on next steps GG&C Staff Engagement Session</p> <p>05/23 - JRCALC Pathways Staff Engagement Session tests of change - "Call FNC / Duty AP development plan"</p> <p>05/23 - Pathways - before You Convey Feedback Newsletter Dev</p> <p>30/06 - FNC engage & pathway to be reviewed at CAG</p> <p>30/07 - National SDEC / RAAC pathway to be reviewed at CAG</p> <p>30/07 - Identify additional opportunities for SDEC / RAAC pathways</p> <p>10/23 - Develop revised pathways for feedback to staff</p> <p>12/23 - Diabetes Pathways National Rollout Completed</p>																
				Risks (VH&H)	0	<p>31/04 - Dev wider SDEC / RAC pathways with NHS Lothian</p> <p>30/06 - GC&C Call Before You Convey 3 day test of</p> <p>06/23 07/23 - Review falls pathways nationally, identify areas for PTS to refer patients at High Risk of Falls</p> <p>06/23 08/23 - Phase 2 of Pathways on the App Inc wider MH and EoL</p> <p>09/23 - Identify sustainable call before you convey models with Lanarkshire & GG&C</p>																
				Issues (H)	0																	
				Finance	TBA																	
Population Health Review	TBA	TBA	TBA	Milestones	TBA	Portfolio Lead has moved this to commence in new year 2024																
				Risks (VH&H)	TBA																	
				Issues (H)	TBA																	
				Finance	TBA																	

Workforce and Wellbeing Portfolio Report – 2030 SG

Portfolio Lead:

Avril Keen

Period covered:

26 Sep to 23 Oct

Portfolio RAG

Portfolio Summary

The overall direction of the Portfolio Board remains broadly on target and considerable progress is being made across all of the individual portfolios.

It was agreed at the policy review group that the SAS Agile Working Policy would be placed on hold. This is due to the Once for Scotland policy team soft launching the second phase of the Once for Scotland policies, of which the Flexible Work Location policy was introduced. This is a national policy, which will apply to all of the NHS in Scotland, and must be applied consistently. Therefore, a review will be undertaken of the Flexible Work Location policy by the HR team and an assessment of any additional points of consideration which may need to be considered within separate SAS guidance.

In relation to the Health and Wellbeing Programme the iMatter cycle is complete for 2023 with the improvement plan from 2022 and communication plan for 2023 implemented. We had 100% team confirmation prior to the survey going live this year, a 4% increase in response rate from 52% in 2022 to 56% in 2023, our employee engagement index has remained the same at 67 and our action planning rate has increased by 9% from 62% to 71%.

The People strategy has been drafted and has been published on @SAS for feedback. Additionally, focus groups have been set up and a questionnaire will be made available for staff to provide feedback.. Our workforce performance metrics are currently being re-assessed by the Head of Workforce Systems and Analytics and this work is continuing at pace to re-align our workforce performance measures accordingly.

In relation to Rest Break Compliance, an agreement was reached with staff-side colleagues to trial an updated SOP for a period of 8 weeks from 22 August 2023. This was further extended to allow time for further changes to be bedded in. A meeting to review progress is planned for the middle of November 2023.

Significant progress has been made in relation to progressing statutory and mandatory training and modules have gone live across the Service from the end of October 2023.

The leadership and management training and development is progressing well, with a very clear focus on equipping all of our managers with a comprehensive toolkit of skills.

Workforce and Wellbeing Portfolio Report – 2030 SG

Portfolio Lead:

Avril Keen

Period covered:

26 Sep to 23 Oct

Portfolio RAG

Portfolio Timeline

Project / Activity	Start Date	End Date	Project Health		FY 23 / 24												24 / 25				
					Q1			Q2			Q3			Q4			Q1	Q2	Q3	Q4	
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24					
People Strategy	31/08/22	31/01/24	→	Milestones	<p>13/04 - Present initial work to Staff Engagement Session</p> <p>05/23 1-12/06 - Present to Exec Team</p> <p>15/05 - Additional Staff Engagement Sessions (x3 Reg, plus Nat Ops)</p> <p>23/06 30/06 09/23 - Draft presented to SAS Board</p> <p>08/23 01/24 02/24 - Publication of Final People Strategy</p>																
				Risks (VH&H)	0																
				Issues (H)	0																
				Finance	N/A																
Health & Wellbeing	01/04/21	31/03/24	→	Milestones	<p>12/06 - Deliver a Healthy Culture Week. Coincides with "What Matters To You Day"</p> <p>31/05 - Complete TRIM assessor training, develop infrastructure to support and launch our TRIM</p> <p>30/09 - Develop a wellbeing calendar with events, campaigns and promotional activity scheduled for the year</p> <p>31/10 - Develop a wellbeing network across SAS to promote and share good practice regarding wellbeing activity and progress approaches to peer support</p> <p>31/03 - Enable positive cultural changes based on "Civility Saves Lives" with Phase 2 of the Prog delivered</p> <p>31/03 - Establish TRM network in SAS with supervision in place to support our assessors</p> <p>31/03 - Implementation of 2023/24 Wellbeing Roadmap</p> <p>20/09 03/24 - Develop and establish an interactive Wellbeing Hub on @SAS website</p>																
				Risks (VH&H)	0																
				Issues (H)	0																
				Finance	N/A																
On Call reduction	01/04/22	30/11/23	→	Milestones	<p>05/23 - Run data for On Call Locations during 22/23 and gather intel</p> <p>06/23 - Identify new funding available to reduce on call working during 23/24 with Finance Team inc</p> <p>08/23 09/23 01/24 - Nat On Call WG to review data and intel identifying high priority locations</p> <p>09/23 11/23 03/24 - Exec Team to review BC based on funding</p>																
				Risks (VH&H)	0																
				Issues (H)	0																
				Finance		<p>08/23 09/23 02/24 - Develop BC for 23/24 set against funding avail to reduce on call working</p> <p>09/23 11/23 04/24 - Operationalise Implementation Plan</p>															
Agile Working Policy	01/11/22	TBA	→	Milestones	<p>04/23 - Develop Agile Working Policy</p> <p>16/05 08/23 - Present Policy to PRG</p>																
				Risks (VH&H)	1	<p>Agile working policy work ceased in lieu of "once for Scotland" policies launched Nov23. Additional guidance for "Flexible Working Location" in progress.</p>															
				Issues (H)	0																
				Finance	N/A																
Organisational Leadership Development	01/04/22	31/03/24	→	Milestones	<p>27/04 - ALDP Course Design Complete</p> <p>27/04 - L1 LF Enrolment Commences</p> <p>27/04 - FLMP Cohort 23-1 Commences</p> <p>17/05 - ALDP Cohort 23-1 Commences</p> <p>TBC Mar 13/09 - FLMP Cohort 22-1 Finishes</p> <p>TBC Sep 13/09 - FLMP Cohort 23-2 Commences</p> <p>TBC Oct 13/09 - FLMP Cohort 22-3 Finishes</p> <p>TBC Mar 13/09 - FLMP Cohort 23-1 Finishes</p> <p>TBC Mar 13/09 - FLMP Cohort 23-2 Finishes</p> <p>19/10 - ALDP Cohort 23-2 Commences</p> <p>18/10 - ALDP Cohort 23-1 Finishes</p> <p>TBC Mar - FLMP Cohort 23-1 Finishes</p> <p>TBC Mar - ALDP Cohort 23-2 Finishes</p>																
				Risks (VH&H)	0																
				Issues (H)	1																
				Finance	N/A																

E: tim.mcdonnell@gov.scot

Michael Dickson
Chief Executive
Scottish Ambulance Service

Via email: michael.dickson6@nhs.scot

25 September 2023

Dear Michael

SCOTTISH AMBULANCE SERVICE: ANNUAL DELIVERY PLAN 2023/24

Thank you for sharing your Annual Delivery Plan (ADP), setting out your operational priorities and key actions for 2023/24. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation, and subsequent review, of the ADP over the last few months.

As set out in the Delivery Plan Guidance issued earlier in the year, the 2023-24 ADP process is intended to move us forward from the volatility of the last three years and make further progress along the path towards recovery and renewal as set out in *Re-mobilise, Recover, Re-design: the framework for NHS Scotland*.

In support of this, the guidance was framed around 10 'drivers of recovery', which were then modified for each of the National Boards, and we welcome the considered way in which you have responded to these when developing your 2023/24 Plan.

Following feedback and a review of your ADP from policy teams across Scottish Government, I am now satisfied that your 23/24 Annual Delivery Plan meets our requirements and provides a clearly shared understanding between the Scottish Government and the Scottish Ambulance Service (SAS) regarding what is to be delivered in 2023/24. It is noted that the Plan focuses on key ongoing and new programmes of work, with business as usual activity reported through existing arrangements in place.

I am aware there are a small number of areas where some further engagement is required but I am content this can be addressed through the quarterly ADP updates. A summary of feedback against the 10 Drivers of Recovery is set out at Annex 1.

Moving to focus on delivery of the Plan, we will engage with you on progress against the Plan, and any issues and risks which are impacting, or could impact, on delivery through the normal cycle of sponsorship meetings. In addition to this, the quarterly ADP reviews provide opportunities for policy teams and SG Health Planning to review SAS progress.

Medium Term Plan

We will also be in touch shortly to discuss your submitted Medium Term Plans (MTP). These have provided the opportunity to set annual plans within a medium-term context. The next step, working with Directors of Planning, is to further consider the MTPs as a collective to ensure coherence of planning and delivery across NHS Scotland.

Look forward – 2024-25

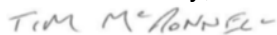
Looking ahead, we will continue to build on the foundations of the annual planning process and in doing so we will consider the very helpful feedback received from National Board Directors of Planning. One key aim is to ensure the ADP planning and reporting cycle is better integrated with financial and workforce planning, as well as enhanced regional and national planning. Our intention is also to bring forward the planning timetable for 2024-25, with the aim of finalising ADPs earlier in the year. To achieve this, we will work with your Planning team to ensure we can meet this aim without placing undue pressure on Boards during busy periods.

Once again, I would like to take this opportunity to thank you and all your colleagues for your input into the plans for 2023-24.

If you have any questions about this letter, please contact Iain Mitchell, Senior Sponsorship Manager for SAS, in the first instance (iain.mitchell@gov.scot).

I am hopeful you are settling in well to your new role as Chief Executive and would welcome a 1-to-1 to discuss your personal priorities and early impressions of SAS as an organisation as soon as diaries will allow.

Yours sincerely,



Tim McDonnell
Director, Primary Care

Annex 1: Scottish Ambulance Service 2023-24 ADP Review Feedback

Feedback outlined in the Annex summarises the review and discussions undertaken collaboratively with the SG and SAS and is aligned with the NHS Scotland Recovery & Renewal 10 Drivers of Recovery:

Recovery & Renewal: The 10 Drivers of Recovery

1	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
2	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
3	Improve the delivery of mental health support and services
4	Recovering and improving the delivery of planned care
5	Delivering the National Cancer Action Plan (Spring 2023-2026)
6	Enhance planning and delivery of the approach to health inequalities
7	Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
8	Implementation of the Workforce Strategy
9	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access
10	Climate Emergency and Environment

Recovery Driver	General Feedback and for Further Discussion
1	We welcome the collaboration between SAS and key delivery partners with regards to Primary and Community Care work, to enable earlier intervention and more care to be delivered in the community. In particular, it is encouraging to see that SAS Advanced Practitioners within Primary Care or Out of Hours (OOH) within their regional area providing support where required. We are content with the key milestones identified to deliver key outcomes against this recovery driver.
2	SAS have a key role under a number of aims within this recovery driver. We welcome the aims set out here under all of the sections, and in particular building on a number of successful areas here, including the integrated clinical hub which is particularly impacting the number of ambulances required to be dispatched, instead offering more local care to patients when appropriate. It is also encouraging to see the further collaborative work with NHS 24, particularly the work underway to transforming how patients access urgent and unscheduled care with the optimisation of Flow Navigation Centres. There are a number of aims set out within this section, and we are content with these and look forward to seeing the progress made throughout the year.
3	The three areas of focus, as identified by the SAS Mental Health team gives this section drive and clarity, with the further steps within this section supporting the three aims as outlined. We welcome this approach and look forward to reviewing the progression of this important section of the recovery drivers.



4	We welcome the review of demand and capacity that has recently been undertaken by SAS of scheduled care and look forward to seeing the Established Care Programme team being created that will implement the findings from the review.
5	We are content with the aims set out within this recovery driver. Enhancing links with hospices and care homes will allow SAS to assist patients with their final wishes.
6	Although some of the actions within this driver are not applicable for SAS, it is encouraging that SAS will continue their work with naloxone and the enhancements through training and education of the product. We also welcome the aims set out under Young Minds Save Lives and the expansion of this program across Scotland.
7	We are content with the aims set out within this recovery driver. In particular, we welcome the data driven approach that SAS are taking to look at the patient impact of the local and regional pathways within the unscheduled care system. In particular, we also welcome the technological evaluations of video consultations moving forward.
8	The SAS people strategy is closely aligned to the aims within this recovery driver. We welcome the enhanced measures within 8.3 which support SAS aim to reduce staff absence by 1% in 2023/24, and are content with the aims as set out within this section.
9	It is encouraging to see the aims set out here, which are closely aligned to those within the 2030 strategy and the Digital Strategy which was agreed in September 2022. We welcome the aims as set out within this recovery driver, and look forward to hearing of the progress reached against these aims.
10	The 2030 strategy outlines SAS aims to work towards a net zero basis, and the aims within this driver are all closely aligned to assisting SAS reach this outcome. We welcome the progress made with regards to the fleet roll out, and look forward to seeing the further progress made under each of the drivers in this section. In the feedback stages, further information was requested here, and we are pleased to see that this has been included which enhances the aims that SAS are striving to achieve within this section.

Annual Delivery Plan 2023/2024

NHS Board: Scottish Ambulance Service

Introduction

Our Annual Delivery Plan is aligned to the [Re-mobilise, Recover, Re-design Framework](#) (RRR) which was published by Scottish Government on 31 May 2020. Our plan has been developed in line with the new **NHS Scotland Delivery Plan Guidance** which has been established to support a more integrated and coherent approach to planning and delivery of health and care services across Scotland.

The Scottish Ambulance Service (SAS) continues to occupy a unique position and role within health care provision in Scotland. During our response to and remobilisation from the COVID-19 pandemic, we have been able to build on the strengths of our traditional and emerging service provision and demonstrated our ability to transform services at pace, shift the balance of care by providing more care closer to home and by increasing our contribution to whole system improvements in public health.

As we now transition into the **Recovery and Renewal** phase of the NHS Scotland Recovery Plan, we will continue at pace, to work collaboratively with citizens of Scotland, our staff, and our partners to deliver on the ambitions of our 2030 Strategy whilst supporting wider system recovery, improvements in capacity, sustainability, and performance through 2023/24 and beyond.

In line with the guidance, our plan sets out our specific response to the actions we will take to deliver the 10 Drivers of Recovery which are aligned and embedded within our strategic ambitions, supporting workforce and financial plans.

Recovery & Renewal: The 10 Drivers of Recovery

1	Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community
2	Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need
3	Improve the delivery of mental health support and services
4	Recovering and improving the delivery of planned care
5	Delivering the National Cancer Action Plan (Spring 2023-2026)
6	Enhance planning and delivery of the approach to health inequalities
7	Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
8	Implementation of the Workforce Strategy
9	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access
10	Climate Emergency and Environment

Further to this and in line with the guidance, our plan also includes specific deliverables relating to

Value Based Health & Care, specifically the work that is underway to deliver Realistic Medicine Plans.

Strategic Priorities, specifically but not exclusive to

- Collaborative working with partners, particularly NHS 24 to develop services and pathways and look at potential areas for efficiencies.
- Performance improvement, including hospital turnaround times, response times and clinical performance
- Revised clinical measures
- Enhancing the capability of our SORT capacity
- Development of a new education model to support Technician to Paramedic progression in the future

Improvement Programmes, weaved throughout the recovery drivers and other sections of the plan.

Through the National Directors of Planning Group, we will support and participate in an integrated recovery and delivery planning approach across NHS Scotland. We will be sharing the content and focus of our annual and medium-term plans as a collective group of national boards to identify any key activities or projects that would benefit from wider collaboration.

SAS is unique in its role within NHS Scotland as Emergency Service. As well as being engaged on a national scale with other Ambulance Services, UK and Worldwide, we are working collaboratively with Police Scotland and the Scottish Fire and Rescue Service on several key initiatives that will deliver more sustainable services for the future.

We also continue to work closely with a range of industry and academic partners and have formally launched a strategic partnership with the University of Glasgow. This has kick started on 4 key workstreams, data and research; economic development; our new South Station development community model and maximising education opportunities across both organisations. In addition, through the launch of our Research, Development and Innovation strategy in 2022, SAS recognises the importance of research and innovation supporting all of our work.

2023/24 Annual Delivery Plan

Section A: Recovery Drivers

1	Primary & Community Care Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community
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No.	Board Action
1.1	<p>Advanced Practitioners in Primary Care – As part of the rotational model within SAS, our Advanced Practitioners (AP) spend an average of a day a week integrated within Primary Care or Out of Hours (OOH) within their regional area providing support to primary care in areas where OOH's and Primary care have reduced capacity due primarily to workforce challenges. These APs are highly skilled and experienced Practitioners who provide Primary Care with additional Advanced Practitioner workforce capacity on a rostered and planned basis but can also provide enhanced cover during periods of increased system pressures and/or demand. We are actively involved across GP practices and OOH services across all parts of Scotland.</p> <p>The benefit of this model is that they become part of local primary care integrated multi-disciplinary teams providing resilience, enhanced patient care and strengthening working partnerships between SAS, Health and Care Partnerships and territorial Boards.</p> <p>Key Actions for 2023-24:</p> <ul style="list-style-type: none"> • Continue to rotate into Primary Care and continuing to bridge system wide workforce gaps. • Enhance the number and role of the APs to support primary care further. • Share learning across the system and implement good practice.
1.2	<p>Paramedics in Primary Care – within parts of Remote and Rural Scotland, we have expanded and enhanced an innovative test of change to utilise our paramedics within the primary care setting to undertake home visits to acute, chronic, and palliative care patients. Benefits include excellent patient experience and feedback, with shared decision-making, improved outcomes, including care in the community and increasing capacity within primary care. This work will be continually reviewed and rolled out wider across other areas in 2023-24.</p> <p>The benefit for paramedics is the development of new skills and the building and strengthening of relationships between SAS and the wider health and care system.</p> <p>Key actions for 2023/24:</p> <ul style="list-style-type: none"> • Describe and promote the current model and roll this out across other primary care settings in Scotland • Continue to engage with Integrated Joint Boards, Health Boards and Scottish Government to promote the role of paramedics supporting urgent care domiciliary visits and explore potential for extension including integrated workforce planning.

<p>1.3</p>	<p>Primary Care links to our Ambulance Control Centre and Integrated Clinical Hub</p> <p>We will continue to strengthen our links with Primary Care and OOH services through our integrated clinical hub to optimise flow across the whole system. We will at point of call or on-scene direct patients back to their GP practice or arrange OOH appointments supporting our ambitions to deliver care closer to home and best meet the needs of patients.</p> <p>Key Actions for 2023/24:</p> <ul style="list-style-type: none"> • Identify good practice pathways and promote this learning across the wider system. • Develop digital and linked up data solutions and reporting to mainstream this work
<p>1.4</p>	<p>Sci Diabetes – through our data sharing work, in some Health Boards patients known to Sci Diabetes who have hypoglycaemic episodes can be connected with their local diabetic team, supporting early intervention and management to improve patient management of their condition.</p> <p>In 2023/24:</p> <ul style="list-style-type: none"> • we will continue to work with other health board partners to roll out this diabetes initiative more widely. <p>High Blood Pressure – Through currently opportunistic encounters, SAS is well-placed to identify and connect patients with community support for high blood pressure.</p> <p>In 2023/24:</p> <ul style="list-style-type: none"> • we explore all opportunities to connect patients to high blood pressure community pathways as part of our preventative and proactive portfolio work. • Once opportunities have been identified we will implement this and share the learning and good practice
<p>1.5</p>	<p>Frailty – Through our current work with Hospital at Home, SAS will continue to support patients with frailty to be managed in the most appropriate place.</p> <p>In 2023/24 we will</p> <ul style="list-style-type: none"> • aim to increase ambulance clinicians' ability to recognise frailty. • work with Health Board and HSCP partners to access frailty services.
<p>1.6</p>	<p>We have increased our efforts to facilitate collaboration between OOHs and SAS in rural areas, as outlined in sections 1.2 (Paramedics in Primary Care) and 1.3 (Primary Care/Out of Hours).</p>

<p>1.7</p>	<p>We continue to make progress with our health and social care partners in developing digital self-monitoring and self-care systems for COPD patients. We are a key partner in creating an out-of-hospital Point of Care Testing program.</p> <p>In 2023/24 we will</p> <ul style="list-style-type: none">jointly submit through the Accelerated National Innovation Adoption (ANIA) pathway bid. Note this is also mentioned in section 7.2.
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2 Urgent & Unscheduled Care
 Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No	Board Action
2.1	<p>SAS has a key role to play in working collaboratively across the system to ensure that patients receive the right care in the right place at the right time, optimising flow and capacity across the health system.</p> <p>Implementation of a joint technical interface with NHS 24 and HCPs (healthcare professionals) within acute, primary care and OOH setting.</p> <p>Currently, if an NHS 24 patient requires an ambulance, the NHS 24 call handler will contact SAS via telephone to arrange an ambulance. Work is currently underway to develop a data interface between SAS and NHS 24. This will enable data to be sent directly from NHS 24 to dispatch for patients requiring an ambulance, thus reducing unnecessary call volume and handling time for both services whilst improving patient experience.</p> <p>We will also implement an electronic booking system for other Healthcare Professionals within acute, Primary Care and Out of Hours which will streamline access to care.</p> <p>In addition to the technical interface solutions, we will also</p> <ul style="list-style-type: none"> • Collaborate with NHS 24 and partners to deliver improved Out of Hours / Community Urgent Care services, building on the recommendations within the Sir Lewis Ritchie Review. • Work with NHS 24 to develop a collaborative system leadership approach to transform how people can access urgent and unscheduled care, enabling patients to receive the right care at the right time in the right place by optimising Flow Navigation Centres, learning from experience in first-stage implementation. <p>Mental Health Pathways</p> <p>SAS has been working in collaboration with NHS 24, Police Scotland and PHS (Public Health Scotland) to help improve the management of patients presenting with new or ongoing mental health symptoms, ensuring that patients are signposted to appropriate care from the point of access.</p> <p>In 2023-24 we will:</p> <ul style="list-style-type: none"> • Continue to reduce unwarranted variation and increasing patients managed on scene. The performance target is aimed at 22% of all emergency patients will be managed on scene. This will be enabled by consistent access to the pathways detailed above and, in particular, Flow Navigation Centres.

- Continue to work with supporting the management of patients in care homes.
- Through the SAS Pathways Hub increase the number of pathways available to SAS, particularly within social care and the third sector,
- We will continue to work collaboratively with NHS 24, Police Scotland and partners further to enhance pathway usage for those in mental health distress, streamlining the flow of calls between partners to improve the patient journey.
- Develop digital and operational processes to facilitate transfer of patients into the NHS 24 Mental Health Hub.

Call Before Convey

SAS has successfully collaborated with a number of Boards across the country to introduce the "Call Before Convey" model. This model enables our front-line clinicians to access senior clinical decision-making support to jointly determine if our patients need to be taken to hospital or require an alternative care pathway. We will evaluate the use of call before convey and work with Boards to implement local models to ensure patients across Scotland are provided with the right care in the right place at the right time, avoiding unnecessary hospital attendance.

Pathway Flow Navigation Managing Patient's On-Scene

In 2022-23 we increased the number of patients managed on-scene by 2% (up to 25%). This was enabled by our frontline clinicians having increased access to a range of pathways to support management and onward referral of patients to appropriate care. This included:

- Flow Navigation Centres - Professional to professional/decision support, alternative pathways; "Call before you Convey" is now in place in several boards.
- Community Pathways
- Primary care in and out of hours
- Hospital at Home
- Same-Day Emergency Care

Our SAS Pathways Hub, established in 2021 continues to support our frontline clinicians in making referrals and connecting patients with services that best meet their needs. This includes Public Protection referrals, Distress Brief Intervention and Alcohol and Drug partnerships. Often patients can have complex needs, and the hub will connect them with more than one service, often resulting in the patient being able to stay in their own home.

Management of Urgent/Low Acuity Patients

Throughout the pandemic, SAS introduced additional capacity to safely respond and manage urgent/low acuity patients. This protected our A&E ambulance response to low acuity patients and reduce unnecessary demand on Accident & Emergency crews.

This development is needed to be maintained to support the wider system pressures. To assess the ongoing requirements for this a recently completed Demand & Capacity review for

	<p>urgent/low acuity Protocol 46 resources has indicated the number of resources required by hour of day, and by location to respond efficiently and effectively to the needs of those patients. we will implement the recommendations from this review by recruiting and aligning resources to patient demand profiles. Funding discussions will be maintained describing the A&E cost benefit of this development and the opportunity for maximising this valuable skill base. This is linked with Recovery Driver 4.2.</p>
<p>2.2</p>	<p>SAS has a key role to play in providing urgent care services that avoid unnecessary ED attendance and to ensure that patients receive better value healthcare.</p> <p>Integrated Clinical Hub</p> <p>SAS continues to have a key role in working collaboratively across the system to ensure that patients receive the right care in the right place at the right time.</p> <p>The development of our Integrated Clinical Hub has evolved since the outset of the COVID-19 pandemic, where we utilised the skills of our Advanced Practitioners to undertake remote clinical triage and assessment of a defined cohort of patients. Since then, through robust clinical governance we have introduced GP Advisors within our Ambulance Control Centres that at point of the 999 calls are providing senior clinical decision support. This has to date had the impact that, around 64% of their calls are managed in a way that does not require an ambulance response but may need support from other parts of the health and care system, thereby avoiding unnecessary hospital admissions.</p> <p>The key aim of the Integrated Clinical Hub is to offer 'a personalised clinical assessment and tailored management of patients presenting with non-immediately life-threatening conditions utilising the principles of realistic medicine'.</p> <p>The development and enhancement of our Integrated Clinical Hub remains one of the annual delivery plan highest priorities due to the benefits that it can bring to patients and the wider healthcare system. This is also aligned to delivering on our vision of saving more lives, reducing inequalities and improving health and wellbeing. We will continue to work within the current agreed funding levels while we await the outcome of potentially additional investment to deliver greater benefits.</p> <p>Within current funding levels we will continue to strengthen the Integrated Clinical Hub by</p> <ul style="list-style-type: none"> • Expanding the clinical governance and supporting infrastructure to support us in increasing further the number of patients receiving a clinical intervention to maximise patient safety and optimise flow. The current funding levels provides intent to support up to 7500 patients per month by March 2024 with additional funding able to increase this scope further to circa 9000 patients per month by March 2025. This will also support the SAS performance target of 26% of emergency patients managed at point of call. • Building upon current good practice in some Health Boards to then strengthen our links with wider Board Flow Navigation Centres, to allow direct access from the Integrated

	<p>Clinical Hub into a broader range of pathways supporting local patient care and avoiding unnecessary hospital admissions.</p> <ul style="list-style-type: none"> Enhancing our digital links within the Integrated Clinical Hub through Aداstra, Clinical Portal and access to Anticipatory Care Plans <p>If further funding is approved in line with the submitted paper, we will:</p> <ul style="list-style-type: none"> Further develop our internal infrastructure to allow us to increase the numbers of patients being managed through the Integrated Clinical Hub Increase options for delivery of care by enabling links to other urgent care providers. Optimise the digital aspects of the Integrated Clinical Hub to ensure that patient’s clinical information is easily accessed to inform clinical care.
<p>2.3</p>	<p>Using data intelligently to support pathway development</p> <p>As part of our work to develop our Integrated Clinical Hub and to expand the range of alternatives available when patients are being cared for on-scene, we continue to develop and expand our measurement framework to support us with wider engagement on the benefits of our Service having access to a range of alternative pathways beyond the Emergency Department, as referred to in the plan with:</p> <p>Flow Navigation Centres, Hospital at Home and Same Day Emergency Care, community pathways, and GP Out of Hours services.</p> <p>Key actions for 2023-24, we will:</p> <ul style="list-style-type: none"> Utilise and develop our data to continue with our "pathfinder" work across NHS Scotland Increase our referrals to established pathways and understand variations across the system. Understand patient and staff experience, on a local and national basis
<p>2.4</p>	<p>Improving Hospital Flow – Discharge without Delay good practice implementation.</p> <p>SAS has a key role in working with boards to support the effective discharge of patients from hospitals with a clinical requirement for ambulance transport.</p> <p>A Scheduled Care Programme has been established to take forward a number of key deliverables that will improve our Service's efficiency and enable right care in the right place at the right time. These are further detailed in Section 4.</p> <p>In summary, in 2023/24, we will:</p> <ul style="list-style-type: none"> Develop a Scheduled Care Strategy that meets the needs of the citizens of Scotland. Improve access to services by further enhancing the booking arrangements.

	<ul style="list-style-type: none"> • Implement recommendations from the Scheduled Care Demand & Capacity review to align resources better to demand and clinical need. • Review our Patient Needs Assessment to ensure patients with a clinical need for ambulance transport. • Implement the auto plan function within our scheduled care system to automate the planning process and improve efficiency.
<p>2.5</p>	<p>Best Start Maternity and Neonatal Plan</p> <p>The provision of maternity and neonatal services is critical to citizens of Scotland. The Scottish Government Best Start Plan was developed to ensure that every mother and baby in Scotland gets the best possible care from Scotland's health services.</p> <p>The Scottish Neonatal Transport Service is part of ScotSTAR (Scottish Specialist Transport & Retrieval) a division of SAS that provides a specialist service dedicated to the safe transport of unwell newborn infants throughout Scotland, and we have a key role to play in supporting the delivery of the Best Start Programme by further enhancing our neonatal transport services. To accomplish this, we will conduct a comprehensive review of the ScotSTAR Neonatal Service, including pathways, integration, remote and rural aspects, as well as education, training, and workforce development.</p> <p>In 2023/24 we will:</p> <ul style="list-style-type: none"> • Create a strategic plan to guide the future delivery of the Neonatal Transport Service, ensuring a well-coordinated and sustainable approach. A crucial aspect of this plan will be developing a workforce plan that supports SAS's future delivery and integrates seamlessly with Neonatal units, fostering collaboration and resource sharing across the health and social care sector. • Evaluate the location of our resources to increase efficiency and effectiveness, ensuring delivery to maximise accessibility and resource allocation.

3

Mental Health

Improve the delivery of mental health support and services.

No.	Board Action
3.1	<p>The SAS Mental Health Team has identified three key focus areas to support implementing our mental health strategy in 2023-2024. In the first year, we conducted an internal needs analysis, worked with territorial mental health care providers, and collaborated with other mental health organisations to determine SAS clinicians' confidence and competence levels in providing mental health care and have also established support systems for decision-making and referral pathways to statutory agencies.</p> <p>Immediate actions were taken to provide internal education on suicide intervention and prevention, awareness of psychological trauma and its associated health outcomes, and the basics of mental health. The proposed actions for the upcoming year build upon this initial understanding.</p> <p>In 2023/24 our priority workstreams include, pathway development, suicide intervention/prevention and psychological trauma.</p> <p>We will establish professional to professional mental health decision support, for clinicians on scene, across all health boards in Scotland by</p> <ul style="list-style-type: none"> • Ensuring the completion of governance documents, internally, for existing pathways that have been established aligned with the Scottish Government matrix document. • Identifying gaps within coverage and engaging with associated health boards to scope access/opportunity for professional to professional contact. • Where appropriate, establishing appropriate mechanisms in gap areas – with associated governance processes approved/pilot approach etc, as directed. <p>We will create sustainable increased opportunities for staff across the organisation to undertake learning in suicide intervention and prevention</p> <p>Incremental steps/associated actions;</p> <ul style="list-style-type: none"> • Understand and articulate, through engagement with key internal and external stakeholders, the expectations regarding suicide intervention and prevention of the organisation/clinicians. • Develop delivery/implementation plan based on understanding gained from above with resourcing implication, benefits, and associated risks – medium/long term ambition for approval as distinct workstream/delivery plan with colleagues in education and development, statutory and mandatory training. • Deliver six courses of applied suicide intervention and skills training within the organisation by the end of the financial year. Deliver, in partnership with the Samaritans, suicide intervention and prevention learning for most call-handling colleagues. <p>We will align the transforming psychological trauma knowledge and skills framework to the organisation and develop an associated delivery plan to achieve the aligned levels of the framework.</p> <p>Incremental steps/associated actions</p>

	<ul style="list-style-type: none"> • Align Transforming Psychological Trauma: A Knowledge & Skills Framework to clinical roles within the organisation to understand breadth, scope, and educational requirements to deliver optimal trauma-informed care. • Once alignment and opportunities are identified, develop a proposed approach to implementing the associated education, learning and support mechanisms to achieve the associated level of trauma-informed practice. • Interim mechanisms, as a short-term goal, to increase awareness while the above work is undertaken include the addition of psychological trauma learning in continued professional development sessions, newly qualified paramedic induction and higher educational institutions.
<p>3.2</p>	<p>Mental Health Paramedic Response Unit</p> <p>The Mental Health Paramedic Response Unit (MHPRU) Service, also known as the mental health car, is now established in Dundee, Glasgow, and Inverness in collaboration with health boards across the three locations. It has now successfully moved from a pilot phase to a permanent feature of SAS. An evaluation was conducted during the pilot's first year, and the results were shared with relevant colleagues. Additionally, an economic evaluation was performed using internal data. A financial proposal has been submitted to the mental health directorate to continue evaluating the service throughout the fiscal year.</p> <p>Actions for 2023/24;</p> <ul style="list-style-type: none"> • Evaluation of service user experience and economic evaluation to be undertaken across the system, in partnership with territorial mental health care partners. • Identify a range of funding models/expansion approaches. • Scope locations that would be appropriate for the expansion of service.
<p>3.3</p>	<p>Mental Health Pathways</p> <p>Our partnership with NHS 24 aims to improve the transfer process for individuals between our services. We have identified three groups of people who will greatly benefit from this seamless transition: those who have reached out to SAS for mental health support, those currently waiting in the SAS queue after being triaged, and those whom SAS has already attended. Moreover, we are collaborating with Police Scotland to analyse a specific location and explore personal-level mutual support opportunities. This will eventually extend to the control room to control room contact to streamline the movement of individuals between services. Our research indicates that most shared responses involve alcohol and/or substances, which can significantly impact individuals' care and support options.</p> <p>High Intensity Users</p> <p>SAS receives contact on an excessive and increasing number of occasions from vulnerable individuals with additional clinical, emotional, and social needs, who struggle to access care services appropriately. Often presenting to SAS inappropriately through the 999 system, their needs cannot be met by our own standard service provision as they require interventions that</p>

	<p>often are only delivered by specialist services in territorial health boards, local authorities, or third sector voluntary organisations.</p> <p>SAS conducted a project funded by Scottish Government which when evaluated identified the following:</p> <ul style="list-style-type: none"> • 63% of our High Intensity Users live in the areas of highest deprivation; these individuals suffered higher levels of poor physical and mental health due to their vulnerability. • 78% of our High Intensity Users were found to have either a mental health diagnosis/concern or crisis during the monitoring period. <p>Using a case management model and working jointly with other health and social care providers we enabled them to appropriately access and engage with community health and social care services. This single point of contact enabled them to build confidence and be pro-active in seeking and accessing appropriate care for their physical and emotional health.</p> <p>We will continue to build on the success of the pilot, working with health and social care providers to support patients to access the care and services that need.</p>
<p>3.4</p>	<p>Distress Brief Intervention</p> <p>In January 2022, the National Distress Brief Intervention (DBI) pathway was launched. Clinicians, clinical advisors, GP advisors, advanced practice clinicians, and colleagues in the SAS clinical hub Pathways Team were trained in this pathway. The training for these colleagues will continue quarterly throughout 2023/2024. We will collaborate with the central DBI team to gradually expand and pinpoint suitable areas for expansion. Our current focus is on supporting high-intensity users, and we plan to extend our current services. We also plan to consider DBI for all individuals who receive support through the high-intensity user pathway.</p>
<p>3.5</p>	<p>The SAS Mental Health, Dementia, and Learning/Intellectual Disability Care Lead is a part of the Mental Health and Wellbeing Workforce Advisory Group and will remain an active participant. The role of the Mental Health Paramedic is being emphasised through an MHPRU evaluation, and we are engaging with higher education institutions and paramedic programs to help attract, recruit, and retain mental health staff. Additionally, we are exploring opportunities for new and creative ways of working that cross traditional professional boundaries.</p>

4

Planned Care

Recovering and improving the delivery of planned care

No.	Board Action
4.1	<p>Scheduled Care Strategy</p> <p>We are committed to helping address the important issues brought up in the Transport to Health and Social Care report in Scotland. We understand that well-coordinated transportation can positively impact people who require assistance travelling to hospital appointments and services such as day centres. Unforeseen delays and confusion regarding transport arrangements can cause distress and anxiety, leading to individuals not receiving the full benefits of the care services provided. As we develop our new scheduled care strategy, we will explore ways to enhance cooperation on the key findings.</p> <p>As our strategy develops, we will:</p> <ul style="list-style-type: none"> • Continue collaborating with other organisations, including the Scottish Government, Regional Transport Partnerships, Councils, NHS boards, and the Community Transport Association, to effectively provide health and social care transport and improve planning, delivery, and impact of transport for health and social care through a joined-up, consistent approach.
4.2	<p>Scheduled Care Demand and Capacity Review</p> <p>SAS recently conducted an external review of Demand and Capacity for Scheduled Care to ensure that urgent care demands are effectively managed, patients with clinical needs are transported to and from hospital appointments, and discharge capacity is maintained for smooth hospital flow.</p> <p>Based on the review's findings, we will establish a Scheduled Care Programme team to implement resourcing levels and shift patterns in line with funding arrangements from the Scottish Government. We will also review fleet requirements to inform vehicle specifications, capital, and revenue needs in the future.</p> <p>Although we have not accounted for the impact of National Treatment Centres, we are actively engaged in discussions with the Scottish Government and Health boards to ensure we are prepared to adapt to the population's evolving needs.</p>
4.3	<p>Enhancing our Scheduled Care Model</p> <p>We continually strive to enhance our systems and processes to provide better access to services, assess patient needs more effectively, and plan our resources more efficiently.</p> <p>To achieve this, we will;</p>

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| | <ul style="list-style-type: none">• Work closely with our citizens and partners to improve patient and professional booking arrangements through telephone and online platforms, making accessing patient transport services easier and more streamlined.• Co-design and implement an improved Patient Needs Assessment (PNA) to prioritise clinical needs more effectively. This will ensure that ambulance transport is provided to those who need it the most, while patients who do not require ambulance services are directed towards alternative transport options, potentially increasing our discharge capabilities.• Implement an automated planning function within our scheduled care system to streamline the planning process and improve efficiency. |
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Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

No	Board Action
5.1	<p>Cancer Care/End of Life</p> <p>Evidence shows that around two-thirds of people with terminal Cancer would prefer to die at home with the right support; however, less than a third can do so.</p> <p>Often people with cancer, or their families, call an ambulance in an emergency, especially when the emergency is towards the end of life and/or in the GP "out of hours" period.</p> <p>We continually strive to improve how we respond to palliative and end of life care patients, and we have developed a partnership programme of work with Macmillan Cancer Support to help our clinicians and other emergency medical personnel to better support people with cancer, and anyone in need of care.</p> <p>Over the last year, we have made significant progress in delivering the programme of work, including:</p> <ul style="list-style-type: none"> • The roll-out of a comprehensive education programme • Formal engagement with all hospices across Scotland with professional-to-professional support and direct admission capability in the majority of locations • Collaborative working with the Health Boards and HSCPs in the development of pathways with tests of change live across eight Health Boards, and engagement with the remaining Boards is underway. • Collaborative working with Lead Nurses in three locations (one in each of the three regions) to complete tests of change regarding reducing unnecessary conveyance at the end of life for Care Home residents. • Clinical Effectiveness Leads have trained as facilitators of Last Aid Training to deliver an education programme, commencing with senior managers during Dying Matters week. <p>During 2023/24, we will</p> <ul style="list-style-type: none"> • Increase the number of professional-to-professional links with Hospices to support our clinicians when managing patients with palliative and end-of-life care needs. • Continue to work collaboratively with Care Homes and Health Boards to develop pathways. • Develop a team of facilitators and roll out Last Aid training across SAS for all staff.

6 Health Inequalities
 Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.	Board Action
6.1	<p>Reducing Health Inequalities</p> <p>As part of our work to reduce health inequalities and recognise the key objectives of national strategies around race, women's health, and equality mainstreaming, we have set out several equality outcomes to highlight the changes and impacts resulting from the actions we will take.</p> <p>We will</p> <ul style="list-style-type: none"> • Improve access and referral to the most appropriate person-centred safe and effective care, improving patient experience whilst supporting our staff. • Better support our patients and staff's mental health by improving access to appropriate care and wellbeing resources. • Ensure fairness and equity is applied in the development of policy and strategy to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued. <p>We also recognise that the diversity profile of our workforce needs to reflect the communities we serve and that we need to be more responsive to the needs of our black, Asian and minority ethnic staff and users.</p>
6.2	<p>Reducing avoidable drug deaths/drug harm reduction</p> <p>Building on our initial work with the Scottish Government and the Scottish Drugs Death Taskforce, SAS has established an impactful programme of work designed to contribute to achieving a reduction in avoidable harm from drugs, and the visibility of SAS's work in this space has grown significantly since its launch less than three years ago. This includes contributing to a whole-system public health approach to reducing harm and death from problematic use of substances by:</p> <ul style="list-style-type: none"> - Supplying Take Home Naloxone (THN) - Supplying Injecting Equipment (IEP) - Connecting patients to support services - Improving drug-related resuscitation response - Contributing to public health surveillance via SAS data <p>In achieving this, we will continue to strengthen our internal education programme around the administration of naloxone and, at the same time, further develop our work.</p> <p>In 2023/24 we will;</p>

	<ul style="list-style-type: none"> • Further enhance our work around Take-Home Naloxone distribution and providing safe injecting equipment through education and training. • Introduce specific Drug Harm Reduction bags to ambulances. • Continue to focus on external opportunities to broaden our impact and support the connection of patients with services.
<p>6.3</p>	<p>Women's Health</p> <p>SAS have taken steps to prioritise women's health and promote gender equality. A woman's health lead has recently been appointed to drive change within our Service and implement best practices and innovations. We actively participate in and chair the Association of Ambulance Chief Executives Women's Network.</p> <p>As part of our ongoing efforts to promote gender equality, we have devised a new plan to create a safe and comfortable space for women to discuss any issues. This will involve establishing drop-in sessions exclusively for women, where they can freely talk about anything concerning them. To further support this initiative, we have also formed a Gender Equality Network, which a working group will spearhead to address various issues affecting women, such as sexual harassment, misogyny, and menopause. With these measures in place, we hope to create a more inclusive and supportive environment for women in our community.</p>
<p>6.4</p>	<p>Anchors Strategic Plan</p> <p>To develop our Anchors strategic plan, we have identified key areas that outline the governance and partnership arrangements necessary to move forward with anchor activity.</p> <p>Community Planning Partnership (CCPs)</p> <p>We actively engage with these partnerships across Scotland, offering our expertise and insights to help shape community health strategies. Our involvement ensures that both emergency and non-emergency service needs are considered in local planning.</p> <p>As part of our commitment to being an anchor organisation, we will continue to work closely with CPPs ensuring we are focused on local community needs.</p> <p>During 2023/24, we will;</p> <ul style="list-style-type: none"> • Report on the current work in place across the country • Refocus the resources and data to ensure we are supporting the CPPs in improving outcomes for our communities. • Share our knowledge through participation, aiming to lead to innovative solutions and efficient use of resources.

Young Minds Saves Lives (YMSL)

The YMSL project is a unique initiative to improve the health and wellbeing of young people. The youth-led project focuses on creating an early-intervention training program for high school children. The project aims to work closely with the local community to improve population health, focusing on high levels of deprivation, health inequalities, and COVID-related health challenges.

The innovative training program will develop local school children as youth health champions, focusing on skills required in incidents such as cardiac arrest and high-priority healthcare issues such as fall management, stroke, diabetes, and drug harm. The program also aims to engage young people in wider health careers, educate the community on pathways and ambulance response, and promote preventative and anticipatory care.

The Young Minds Save Lives project is a fantastic example of a community-led initiative that is focused on creating a healthier and more resilient community. The program is the first of its kind in the UK and is expected to impact the health outcomes of young people significantly.

The expected benefits of the project are:

- Enhance community resilience and save lives.
- Deliver better health outcomes for the local population.
- Improve young people's self-esteem/self-worth by attaining awards and learning the learned.
- Improve bystander CPR in out-of-hospital Cardiac (OHCA) and other health harms.
- Train and educate 'What, When, Why and How' to raise emergency calls.

To achieve this during 2023/24, we will;

- aim to create a diverse and innovative program to empower young individuals to become community first responders. This will help improve communication and collaboration with ambulance crews.
- develop a YMSL program that can be applied across Scotland while considering the varying needs of different communities.
- aim to ensure the program's sustainability, we plan to establish a funding strategy that involves collaboration with industry/commercial partners and philanthropic support. We may also create a gaming/education product or other ideas to generate sustainable funds.
- create a career framework/pathway for young people to work within SAS and the wider NHS.
- We will educate the community on preventative and anticipatory community care, leading to improved population health.

	<p>Creating a Quality Delivery Plan to Highlight Our Community Impact</p> <p>We aim to create a comprehensive Quality Delivery Plan showcasing our contributions to community health. We want to shed light on the often overlooked but crucial work we do within the communities we serve. This includes various tasks and services that may not be visible but significantly impact the communities we work with. By recognising this work in our plan, we aim to provide a clearer understanding of our role as an anchor institution. Our ultimate goal is to acknowledge all our efforts and use this complete picture better to address our community's health and wellbeing needs.</p> <p>A Renewed Focus on High-Quality Care Governance</p> <p>The healthcare and social care services in our country are facing some significant challenges. These challenges include demographic changes, increased chronic health conditions, and financial constraints. The COVID-19 pandemic has only worsened matters, leading to adopting new care delivery methods and transforming SAS into a critical economic institution.</p> <p>To meet the healthcare needs of the current and future population, our Service is committed to delivering a governance system that is robust, accountable, and transparent. This system must protect citizens' rights and interests while promoting public health, reducing health disparities, and providing safe, high-quality emergency healthcare.</p> <p>The key to achieving this approach is a shared understanding of "good governance" in emergency healthcare. The Independent Commission on Good Governance in Public Services has emphasised the importance of effective governance in achieving positive outcomes and avoiding poor performance and low staff morale.</p> <p>Therefore, we are dedicated to promoting and implementing good governance practices in our Service to meet the healthcare needs of Scotland's current and future population. This will help ensure that our citizens receive the care they need, when they need it, safely and effectively.</p>
<p>6.5</p>	<p>Patient Transport</p> <p>When developing our strategy for scheduled care, it will be important to ensure that our services are accessible to patients. By adopting this strategic approach, we aim to enhance overall patient care and ensure that all patients can access the care they need when needed. In order to achieve this goal, we will be working closely with NHS Boards to integrate transport needs into the planning and delivery of our services. This will involve exploring how best to engage with Regional Transport Partnerships (RTPs) and local authority transport officers to ensure that our services are well-coordinated with existing transport provisions.</p>

7 Innovation Adoption
Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

No.	Board action
7.1	<p>Using data and research to inform wider pathway development and transformation of services to improve population health/outcomes for patients</p> <p>SAS will leverage its data to inform pathway development in the following ways:</p> <ul style="list-style-type: none"> • Design and evaluate a feasibility study of Remote Patient Monitoring as a potential pathway to safely leave patients in their home or community setting or escalate when required. • Evaluate technologies, such as video consultation to embed as part of routine clinical assessment across multiple conditions and different clinicians. The initial test of change will focus on remote assessment of Stroke as a pilot of higher acuity remote assessment. • Use a data-driven approach to measure the impact of local and regional pathway developments and patient outcomes within the broader Urgent and Unscheduled care system. This will be achieved through analyses in the national safe haven (eDRIS) or by applied regional data projects.
7.2	<p>Innovation Adoption</p> <p>SAS will contribute to national innovation projects whilst seeking to establish itself as a Test Bed for pre-hospital innovation, including:</p> <ul style="list-style-type: none"> • Being a key partner in designing an out-of-hospital Point of Care Testing programme to be submitted through the Accelerated National Innovation Adoption (ANIA) pathway. • Deliver SAS objectives as part of the NHS Scotland CAELUS2 drone medical logistics programme. • Applying to national innovation funds for Test Bed infrastructure, such as the Scottish Government's Techscaler programme or through central Chief Scientist Office outturns. • Conduct an Artificial Intelligence' readiness' exercise to map SAS's ability to deliver AI projects.

No.	Board Action
8.1	<p data-bbox="183 349 1508 383">National E-rostering & Health and Care (Staffing) (Scotland Act) 2019</p> <p data-bbox="183 427 1508 461">Health and Care (Staffing) (Scotland Act) 2019</p> <p data-bbox="183 517 1508 674">The Health and Care (Staffing) (Scotland) Act received Royal Assent on 6 June 2019. Work on implementing the Act was suspended during the COVID-19 pandemic but has now recommenced, with the Cabinet Secretary for Health and Social Care announcing on 22 June that full implementation of the Act is due to take place in April 2024.</p> <p data-bbox="183 730 1508 931">The Health and Care (Staffing) Scotland Act 2019 legislation aims to provide a statutory basis for providing appropriate staffing in Health & Care settings to support high quality care for patients and service users and staff wellbeing. The legislation is also designed to promote and embed a culture of openness and honesty so that workers are informed about staffing decisions and can raise any concerns.</p> <p data-bbox="183 987 1508 1055">SAS is working towards the implementation of the Health and Care (Staffing) (Scotland Act) and has been actively reviewing the actions required under the individual sections of the Act:</p> <ul data-bbox="231 1111 1508 2027" style="list-style-type: none"> <li data-bbox="231 1111 1508 1223">• We have worked with an external modelling company to determine our required staffing for A&E front line by hours of the day, day of the week, by location to respond to our patients timely and safely. <li data-bbox="231 1234 1508 1346">• 95% of demand-led rosters have been implemented so far to align staffing with demand profiles, and we have real-time reporting capability to monitor staffing levels against requirements. <li data-bbox="231 1357 1508 1514">• Predictive analytics are also in place within the Ambulance Control Centres to predict call demand at interval levels and call handling requirements to ensure 90% of calls are answered within the service level. Reports are available to show call handling staffing levels v requirements on a live and historical basis. <li data-bbox="231 1525 1508 1682">• Predictive analytics assist with planning for short, medium and long-term staffing levels to ensure an appropriate level of cover is in place. The short/medium-term models are currently at a weekly level and are being refined and improved to provide predictions at a more granular level. <li data-bbox="231 1693 1508 1805">• A demand & capacity review has been undertaken for scheduled care to identify resourcing requirements by hour of day for both urgent on the day demand and scheduled appointments. <li data-bbox="231 1816 1508 1928">• A programme has been established to implement shift patterns to align with patient demand profiles and is expected to be concluded in 2023/24 and the use of a bank staff rostering is being implemented across the organisation. <li data-bbox="231 1939 1508 2027">• We have submitted our self-assessment report and will use the coming year to action the improvements identified.

	<p>National E-Rostering System</p> <p>SAS currently use the GRS E-Rostering system alongside all other UK Ambulance Trusts, a few worldwide ambulance services, police, and other UK Hospitals.</p> <p>SAS is committed to the roll out of the National E-Rostering system procured for NHS Scotland subject to the system meeting specific ambulance requirements.</p> <p>Discussions are underway with the NSS (National Services Scotland) Programme Team and supplier to assess if the system can be developed to meet SAS requirements. To date a show and tell session has been held with Forth Valley Health Board and SAS has joined a series of workshops on specific areas of the system. We will continue working with the NSS Programme Team and supplier to determine if the system will meet our requirements and ensure that SAS can maintain e-rostering capability regardless of outcome.</p>
<p>8.2</p>	<p>People Strategy</p> <p>The Scottish Government's National Workforce Strategy provides a new framework to shape Scotland's health and social care workforce over the next decade, with training, wellbeing, job satisfaction, and Fair Work principles at its core.</p> <p>SAS has been developing a People Strategy in alignment with the Scottish Government Workforce Strategy, which is due to be published in Summer 2023, this is underpinned by 5 individual "People Pillars" which reinforce the SAS's core values and support our Staff Governance Standards.</p> <p>These Pillars are:</p> <ul style="list-style-type: none"> • Plan the workforce and skills we require in future. • Attract and recruit these staff into our organisation. • Creating a Learning Organisation where staff can achieve the career they want. • Ensure the physical and mental Health and Wellbeing of our staff. • Ensure that SAS is an organisation treating everybody with Fairness and Equality. <p>SAS's "People Pillar" approach also reflects the aspirations outlined within the Scottish Government's National Health and Care Workforce Strategy in that:</p> <ul style="list-style-type: none"> • We have developed and published the SAS Workforce Plan to cover 2022 to 2025. • We have delivered our "Demand and Capacity Programme" which has been recruiting more staff to increase our capacity, adopting new ways of working across our services and strengthening our interconnectedness with the wider health and care system to ensure effective and efficient service delivery. • We have implemented good practice in line with the recommendations of the Scottish Government's Workforce Planning Guidance outlined in DL 2022 (09);

	<ul style="list-style-type: none"> • We have published our 2030 Strategy which signposts how we expect our service, and as a consequence, our workforce skills need to change over the coming years; • Introduced a "Shared Service" recruitment model to streamline and simplify our recruitment process. • Extended the breadth of engagement with potential candidates and increased awareness of the job roles available and an understanding of the recruitment process. • Our 2030 Strategy sets out the commitment to continued staff development, including providing a supportive learning culture to ensure staff can develop their skills. • Our Leadership Framework has supported progression to management levels in all areas of SAS. • Our new graduate programme ensures a supportive learning environment for students and develop existing staff skills to ensure we have the right skills and workforce to deliver our strategy. • SAS has published "Being Well" our Health and Wellbeing Strategy and an associated Health & Wellbeing Roadmap which details the priorities for each year of the strategy. • We have established Regional/National Operations wellbeing groups. • Under the Scottish Government 'Fair Work Action Plan: Becoming a Fair Work Nation by 2025', SAS has taken significant steps to embed the framework model and moving forwards, through our 2030 Strategy.
<p>8.3</p>	<p>Absence Management</p> <p>SAS have set an objective to reduce organisational absence by at least 1% during 2023/24. We aim to achieve this by</p> <ul style="list-style-type: none"> • Enabling earlier intervention from OHS providers to ensure access to treatment where appropriate, for example, physiotherapy or counselling • Ensuring that all of our Managers have access to and undertake regular training on attendance management as part of their personal development plans. • Continuing to promote and raise awareness of the high level of wellbeing support available to all staff. • Continuing to carry out absence management audits as part of business as usual to identify opportunities for improvement • Continuing to focus on attendance action plans with each region/department undertaking follow up audits, or focused attendance management actions as necessary. • Improving data analytics to support monitoring of absence and interventions.

9 Digital
 Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

No.	Board Action
9.1	<p>Digital Strategy</p> <p>The Scottish Ambulance Service Digital Strategy and delivery plans are aligned with the Scottish Government Digital Strategy and Care in the Digital Age delivery plan 2023-24</p> <p>The delivery of our Digital Strategy is governed through the corporate governance structure put in place deliver our 2030 Strategy. A portfolio management approach has been developed and implemented, through our Digital, Data, Innovation & Research Portfolio Board and 2030 Strategy Steering Group. Risks, issues, conflicts, barriers, opportunities etc are managed within the portfolio structures. Annual Digital Delivery Plans are developed to put some structure around the delivery of our Digital Strategy.</p>
9.1	<p>Optimising M365</p> <p>We are committed to maximising our use of and realising fully the benefits of the Microsoft 365 product. We have initiated a formal Digital Workplace Project to introduce M365 to our Service, with 3 full-time staff who drive the delivery and business change.</p> <ul style="list-style-type: none"> • We are working with internal departments to improve the efficiency of current business processes while bringing measurable benefits using M365 tools. • A local Joiners Movers & Leavers (JML) process that has been set up for licence management. The National cloud data storage solution, Barracuda, stores all SAS employee data, this includes OneDrive and Exchange. • In order to ensure that M365 Information Security, Information Governance and Data Protection standards are suitably addressed, SAS DWP Project Board membership includes the IG and IT Security Leads for the organisation. This means they have full oversight of all M365 developments etc before they go live. • M365 Project Team have enabled (but not deployed) the British Classification Scheme (BCS) TERM store (within SharePoint Online). • The SAS Digital Strategy outlines an ambition to develop a SAS Digital Skills Academy as part of a corporate commitment to developing and maintaining digital skills across the whole workforce. This includes developing and improving digital skills of the workforce to realise the full operational benefits of M365. As the Digital Skills Academy is not yet in place, the SAS M365 Champions Network and SAS M365 skills hub are currently the primary means of improving staff M365 skills. • SAS has been hampered in implementing M365 products for a number of reasons out-with our direct control including the restrictions involved in being part of a national NHSS tenancy and the significant challenges involved in engaging with, and getting timeous information out of, the 'national M365 team'.

	<p>The SAS DWP / M365 Project Manager has taken a leading role in trying to establish a M365 Project Manager peer-group across NHS Scotland. M365 Champions network has been set up across SAS to share skills and knowledge.</p>
9.2	<p>National Digital Programmes</p> <p>SAS are involved in a number of national digital programmes.</p> <p>CHI – we are consumers of CHI data only and currently our servers already point to new CHI servers with basic testing, go live and full cutover is scheduled for late 2023. We need to carry out some testing as our patient transport system only consumes the Daily Broadcast File.</p> <p>Near Me – We are engaged with the national team regarding the contract for Attend Anywhere re-procured in March 2023. Development is needed to enable the solution to work using the Edge browser on the Android devices issued to our clinicians. As of April 2023, it has been agreed that Near Me will be put on hold until go live of TerraPACE 3 (our new mobile electronic patient record solution), which is due to be piloted in May 2023 and live in June 2023.</p>
9.3	<p>Organisational Digital Maturity Exercise</p> <p>SAS will carry out a digital maturity assessment by June 2023 to help develop a baseline understanding of leadership, skills, capacity and maturity of our Board. This is being done in line with other Boards across Scotland as part of the NHS Scotland delivery plan and will be used to drive digital transformation at a Local, National and Regional level.</p>
9.4	<p>Leadership in Digital</p> <p>As outlined in the NHS Scotland Care in the Digital Age Plan 2023, Digital Skills are seen as core skills for the workforce across Health & Social Care. In order to embed digital transformation, leaders across health must be equipped with the necessary skills including being able to identify how digital could be used in the future to transform services. A key aim of our Strategy is to optimise the use of digital & data technology in the delivery of our services. To do this, we will develop a Digital Skills Academy which complements, aligns and utilises national resources and tool of the Virtual Learning Academy.</p> <p>Board level Executives and Non Executives will also undertake the National Digital Masterclass to increase knowledge and awareness of the digital health, governance and leadership skills to support transformation of services.</p>
9.5	<p>Scottish Health Competent Authority /Network & Information Systems Regulations (NIS) Regulation Audits</p> <p>Our Digital Strategy, which was approved in September 2022, outlines our aim to improve our maturity measured against the public sector Cyber Resilience Framework (CRF) by 5% year on year until 2026 by which point, we expect to achieve our baseline compliance target of 80%. The aim will then be to, as a minimum, maintain 80% compliance through to 2030.</p> <p>We are close to achieving the third of the three 60-60-0 Key Performances Indicators cited in the 2021 NIS Annual Report, which make us an early adopter of the 80-80-0 target.</p>

	<p>We will carry out NIS CRF audit cycle, with all evidence now submitted using the new template. We are fully supportive of the national Cyber Centre of Excellence (CCoE) approach as it is beneficial to the entire NHSS community, which covers information collection, analysis and event monitoring and we engage in a bi-directional format. SAS has its computer client base configured to provide traffic, event, and vulnerability information to the centralised collection which CCoE oversee. This allows CCoE to be alerted to events and actions which may require further investigation locally by SAS staff but is also valuable in identifying issues which may impact the wider NHS Scotland collective. SAS also engages with CCoE for further explanation and information for which it may not have the privileged access rights to obtain directly. This is due to the joint M365 tenancy which NHS Scotland has adopted and the privileged access limitations placed upon it. Where required SAS can request information from the CCoE. As part of our Cyber Incident Response Plan, SAS has explicitly identified CCoE as one of the external stakeholders which it will notify and request assistance from during a significant cyber event, both for escalation/support and notification to other NHS Scotland entities.</p>
<p>9.6</p>	<p>2-way interface with NHS24 (Digital Patient Handover)</p> <p>A joint project board has been established with NHS 24 to oversee, manage & deliver the implementation of a 2-way interface which will enable seamless digital transfer of patients between services.</p>
<p>9.7</p>	<p>Digital Online Booking Tool for HCPs</p> <p>A formal project has been established to oversee, manage and deliver the implementation of a Health Care Professional online booking tool. In 2023, we will pilot the online booking tool with a view to rolling this out nationally. This will enable Health Care Professionals to book an ambulance via an online tool, as opposed to a traditional phone call.</p>

No.	Board Action
10.1	<p>Our 2030 Strategy set our ambitions to improve our environmental sustainability and achieve wider climate improvement targets. In order to work towards a net-zero carbon solution, we are analysing our most significant impacts and implementing emissions-reducing improvements. Our fleet of vehicles is our largest area of impact, and we are exploring solutions as an alternative to our resources being fuelled by diesel and other carbon-based fuel types.</p> <p>We are on target to replace our two-wheeled and other light fleet vehicles with electric vehicles where technology can support the service delivery requirements by 2025. We are in continued discussions with manufacturers to achieve our targets, and we have commenced discussions with manufacturers and converters, for prototype environmentally sustainable vehicles to further develop designs which provide the performance and response capabilities required by our A&E Ambulances. We will be testing a prototype electricity powered A&E vehicle this year and evaluating its viability as a permanent resource solution.</p> <p>In 2023/24 SAS will place orders for</p> <ul style="list-style-type: none"> • 50 Hyundai Kona electric vehicles • 20 Hyundai Ionics 5's electric vehicles that will be used in our front line response to patients (Paramedic Response Unit Cars). • A prototype electric Ambulance <p>£900k in funding has also been secured through Transport Scotland to increase our electric charging infrastructure by 15 chargers across 10 sites. We will continue to implement our project plan to develop our electric vehicle charging infrastructure through an integrated approach from power suppliers and other partners to share infrastructure where possible. We are continuing to monitor and review emerging technologies such as Hydrogen Cell technology in partnership with our stakeholder groups.</p>
10.2	<p>Waste Management</p> <p>The DL (2021) 38 directive sets out a number of targets for how public bodies handle their waste, and asks that consideration is taken as to how best to deliver improvements in waste management. To help us achieve these targets, we will monitor and report our associated greenhouse gas emissions arising from our water consumption and wastewater treatment, aiming to reduce our domestic waste by a minimum of 15% and ensure no more than 5% of all our domestic waste goes to landfill. In order to achieve the targeted 75% of waste going into segregated recycling by 2025, we will source funding to upgrade our recycling capacity and roll this out over a 2-year period.</p>

	<p>We will</p> <ul style="list-style-type: none"> • Identify and assess the life cycle of products we use, and services we deliver to take action to reduce their environmental impacts. This will be through the avoidance of pollution, including toxic chemicals, micro-plastics and pharmaceutical residues, and waste throughout the life cycle of the products. This will require extensive review and feedback from manufacturers, which we will collate, review and assess impacts, and mitigation requirements. • Strive to reduce pharmaceutical waste, through improved prescribing, dispensing and patient support. • Conduct sustainability sessions to highlight our waste, energy and water reduction goals.
<p>10.3</p>	<p>National Green Theatre Programme</p> <p>The learning from the National Green Theatre Programme can be utilised by any board involved with medical treatment. Whilst we don't operate within theatres, we will adopt objectives of this programme which relate specifically to the treatment that we provide to our patients. SAS use anaesthetic gases in our specialist transfers and patient retrievals, which have an impact on the environment. We will review and ensure adoption of available green options.</p>
<p>10.4</p>	<p>Energy</p> <p>With a long-term target of zero-emission heating by 2038, we are implementing a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources. In 2023/24 we will</p> <ul style="list-style-type: none"> • Carry out LED replacements in our estate, saving around 20 tonnes of carbon dioxide equivalent (tCO₂e) in the first year alone. • Aim to complete physical condition surveys of 20% of our estate looking to improve the efficiency, functionality and healthiness through whole building approaches and planned upgrades to fabric, systems and services, enhancing user wellbeing and supporting our Property and Asset Management Strategy decarbonisation activity. • Develop and monitor the impact of a Green Champion Network, which supports a culture shift through engaging and encouraging everyone to be responsible and efficient with their resource use, and undertake feasible works identified by our Green Champions. • Explore community heat and renewable partnership initiatives with our partners to assess these are feasible to link in and develop for our service.
<p>10.5</p>	<p>The Scottish Quality Respiratory Prescribing guide</p> <p>In order to reduce emissions from inhaler propellants, we are exploring the objectives of the Scottish Quality Respiratory Prescribing guide aiming to improve patient outcomes. We have a preventative role to play in early identification of patients who may later require climate impacting relievers further down the line, in order to reduce the usage levels. There is a drive to prescribe CFC-free relievers, which we will be able to play a role providing a green formulary once our Integrated Clinical Hub starts prescribing later this year.</p>

<p>10.6</p>	<p>Environmental Management System.</p> <p>An Environmental Management System (EMS) is a tool to identify and measure environmental impacts and their compliance against industry standards and legislation.</p> <p>SAS have already built good foundations with an estates plan, path to net zero strategy and supporting action plan in place. The 3i system is currently in place. A meeting has been held National lead for EMS national and an implementation plan is being developed recognising constrained resources and other competing priorities. The plan will be risk based, and on that basis would anticipate having the plan developed by September 2023, with implementation and transition to Rio expected over the next 2-3 years.</p>
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Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

We would also ask Boards to highlight any non-financial strategic risks and gaps to delivery (i.e., observed policy conflicts, stakeholder barriers etc)

SAS's 3-year financial plan and 2023/24 annual plan recognises that we are in unprecedented economic and financially turbulent times with

- the highest level of inflation in the last 40 years
- the financial challenges as a consequence of the conflict in Ukraine with increased energy and fuel costs
- the post pandemic impact on health and social care
- and the reduction in COVID-19 funding, while still coping with extreme system pressures

The financial plan describes the need to focus on financial control and value-based decision making while balancing risks of patient safety and staff welfare has never been greater, with difficult choices having to be made. This Annual Delivery Plan describes SAS's priorities, and these remain aligned to the financial plan. It is of critical importance therefore that we delivery this plan, whilst considering these difficult choices within a clear and transparent financial framework over this 3-year planning cycle and one year delivery plan. This also needs to be flexible and adapt to the current uncertainty on:

- wider system pressures and
- the continued global financial and economic context

The financial plan has the following key aims:



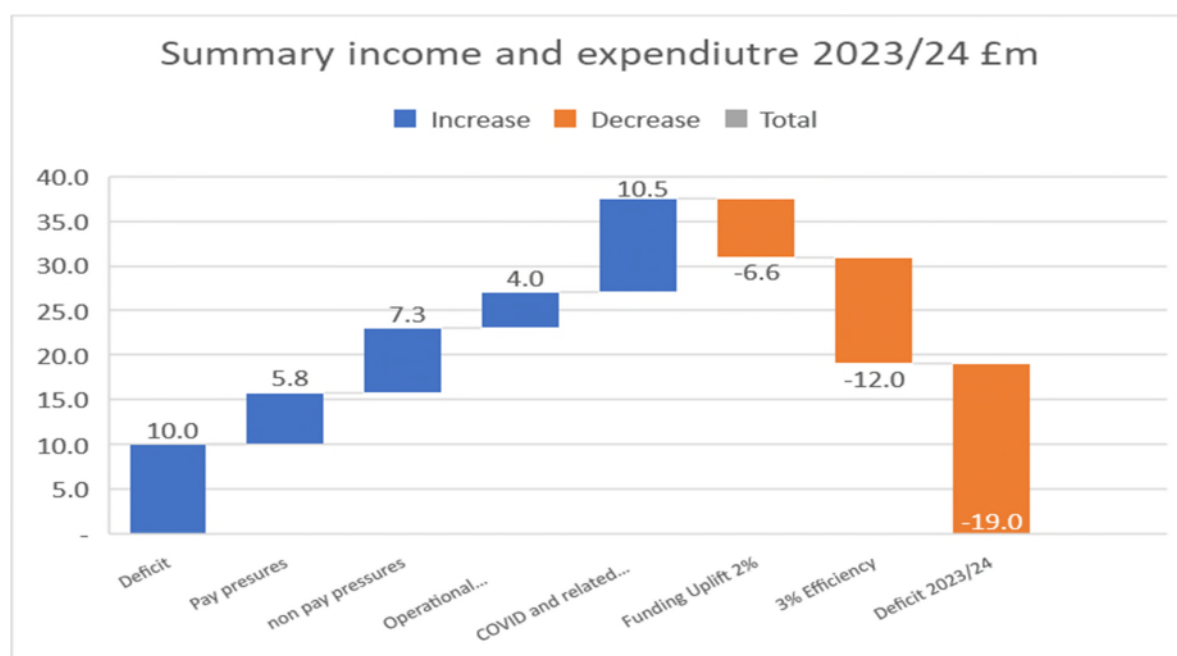
The plan describes the financial impacts of pay and non-pay unavoidable costs over the 3-year period against the agreed funding from the 2023/24 Scottish Budget. We

have also described within the plan the impact of the additional assumed unfunded post COVID/ system pressures. The plan also assumes a 3% efficiency target, and the plan describes how we aim to achieve this, recognising this will be extremely challenging.

The 3-year financial plan without the impact of COVID-19 and operational pressures demonstrates, recognising a number of risks, that:

- excluding COVID-19 pressures and other unfunded operational pressures the financial plan would balance at the end of the 3-year period, and
- also allowing for potential payback of the forecast deficit in 2023/24

The scale of the challenge in 2023/24 is also visually shown on the chart below:



The financial plan also describes in detail the actions, linked to our annual delivery plan key milestones to

- ❖ deliver the (3%) £12 million efficiency target.
- ❖ to manage our post COVID/system financial pressures
- ❖ continually assess the need and impact of these developments/pressures (and crucially the outputs if they were to cease)
 - Ensuring the controls are in place to maximise the wider system benefits of these development.
 - Continued review of the key triggers that could reduce these costs including.
 - Turnaround times back to 'pre COVID-19 levels'
 - 999 call demand back to 'pre COVID-19 levels' and
- ❖ The continued focus on our high spend areas, our internal controls and prioritisation of investments in line with our 2030 strategic intent and annual delivery plan.
- ❖ The need to maximise our collaboration economic opportunities and
- ❖ Delivery of our best value programmes aligned to our strategic priorities and

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- ❖ the need to ensure alignment and implementing actions to and from the national Sustainability and Value work.

The financial plan describes a very challenging year with a real focus on trying to reduce costs and the forecast deficit as far as possible, we however need to also recognise that while we do this, we cannot afford SAS to stand still, and investment decisions need to be made balancing the finance, workforce and service risks. We need to maximise the opportunity in SAS to deliver whole and wider system benefits and this is key element of this annual delivery plan aligned to our strategic aims of saving more lives, reducing inequalities, and improving health and wellbeing.

Significant factors relevant to our decision-making will be:

- Given significant pressures, it might take longer to deliver on plans.
- medium-term reform (within and out-with SAS) is needed even more in this context.
- given such unavoidable costs like high energy costs and inflation, we will need to make choices on what we can or cannot do, all within the priorities defined within this annual delivery plan.

Our Back to Balance programme supports this annual delivery plan and focuses on:

Back	To	Balance
<ul style="list-style-type: none">• Best Value and local efficiency plans• Target £12m• Identified £8.14m including £3.4m local plans	<ul style="list-style-type: none">• targeting(priority) overspend areas• Target £6.125m	<ul style="list-style-type: none">• Describing the benefits of our system pressures currently unfunded (£12m) <i>including integrated clinical hub and low acuity resources</i>

This focuses on these best value actions, reducing our high overspend and spend areas and demonstrating the benefits of SAS initiatives across the wider health and care system, including implementing collaboration financial opportunities.

Section C: Workforce

Please include an update on the implementation of Board workforce plans.

The SAS Workforce Plan reflects the known service developments outlined within SAS Annual Delivery Plan (ADP) and our Financial Plan and is seen as an integral strand of a tripartite approach to planning our future service delivery models and associated workforce needs.

While our ADP is a single-year document, this Workforce Plan considers a longer three-year timescale given.

1. The potential longer-term impact of population demographics on demand for our services
2. The demographic structure and age profile of our existing workforce
3. The requirement to consider the length of time it takes to train staff (which may be up to 10 years for some key professions)

Our Workforce Plan, therefore, considers three timeframes.

4. Short Term requirements (across the next 12 months) in support of the recovery of priority services
5. Medium Term (up to 36 months)
6. Longer Term service and workforce transformational change need to be aligned with our 2030 strategy.

The detail within the current plan focuses on our short and medium-term workforce needs, and as we embed the actions in support of our 2030 strategy, we anticipate that additional detail around transformational requirements will become clearer.

Our Three-Year Workforce Plan uses the Six Step Methodology and the Five Pillars of Workforce Planning outlined within the National Workforce Strategy (Plan, Attract, Train, Employ, Nurture) as the basis for outlining proposed actions to secure a sufficient workforce to meet local projected short-term recovery and medium-term growth requirements across our services.

Section D: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local Realistic Medicine Plans.

In an environment where there is an urgency to optimise the use of healthcare resources, there is a need to focus on delivering better value care. Value is about achieving the outcomes that matter to individuals and provides better value for our healthcare system. To achieve this, it is critical that consideration is given to the specific needs and wishes of a patients, alongside clinical judgement and available evidence to support decision making and delivery of person-centred care. By focusing on delivering value-based health and care, we can reduce waste and potential harm caused by overtreatment and redirect those resources to treatment and care that will provide better value.

We are committed to providing value-based health and care by applying the principles of realistic medicine, ensuring personalised care for all of our patients, and where appropriate helping them to access the best treatment pathway by utilising Flow Navigation Centres across our healthcare system, as described in Section 2 and believe that involving patients in shared decisions about their care is crucial.

Our agreed realistic medicine (RM) action plan details each of the key areas indicated in our funding letter which reflects our maturing approach to embedding the principles of RM within the Scottish Ambulance Service. It extends across

- Under the banner of Value Based Health & Care we are focussing on a number of priorities including our key strategic priorities such as the Integrated Clinical Hub which looks to deliver a more personalised approach to care as well as our contribution to whole system public health to reduce harm from problematic use of substances.
- SAS will make connections with territorial board RM teams aligned to the promotion of person-centred care for patients and their carers as they move between various health and care providers. In addition, SAS has an established 'atlas-of variation', demonstrating the varying patterns of activity across Scotland's communities. We will seek to personalise care provision based on an understanding of variation and where this is inappropriate, seek to work with partners to improve the way emergency and urgent care services respond to identified need.
- We are working with our Business Intelligence team to support us to evaluate the impact of shared decision-making conversations from patient's perspectives. This includes our integral role in the Urgent and Unscheduled Care Collaborative (Redesign of Urgent Care) which is reflected in the

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development of our Integrated Clinical Hub and also improved use of pathways as alternatives to the Emergency Department.

- The Medical Director will lead RM awareness sessions in 23/24 for both SAS Executive Team and Board development sessions to ensure awareness of this work is high and to promote its importance within our structures at the highest level.
- An education program for clinicians will be launched to introduce them to realistic medicine principles, incorporating this into mandatory education requirements to ensure these principles become standard practice, extended to include shared decision-making conversations and e-learning in our e-learning catalogue.
- Our electronic patient record is being developed to record when patients are involved in decisions about their care and what outcomes this leads to.
- A patient experience evaluation process will be developed to assess the impact of value-based care on patient outcomes.

Our Digital Pathways App, launched in April 2023, provides clinicians with a single access point for pathways across Scotland. This App helps reduce variation and makes connecting patients with the right service easier. We aim to increase the use of our Pathways App in 2023/24 so that clinicians have more information about pathways. This will enable them to have value-based conversations with patients about their episode of care.

SAS currently has leadership and governance arrangements in place for Realistic Medicine

Our Executive sponsor for Realistic Medicine is our Medical Director who has oversight of the RM action plan.

Our Clinical Lead is the Associate Medical Director (Urgent & Community Care) supported by a Programme Lead.

RM is weaved throughout our 2030 strategy delivery work streams and the RM Action plan is governed and monitored at various levels. This includes a number of our clinical pathway work streams e.g. Urgent Care, End of Life Care and Drug Harm Reduction. Delivery progress is reported through our Preventative and Proactive Portfolio Board, which is a sub group of SAS 2030 strategy group

Section E: Strategic Priorities

As well as delivering against the 10 key recovery areas, the Board is asked to set out the following in line with their own strategic priorities:

- Collaborative working with partners including PC OOH services and, particularly NHS 24 to develop services and pathways and look at potential areas for efficiencies
- Performance improvement, including Turnaround times, response times and clinical performance
- Revised clinical measures
- Enhancement of SORT capacity
- Development of a model to support technician to paramedic progression

Our 2030 Strategy

Scotland and its services have changed as a result of the COVID-19 Pandemic. As a national Emergency Service and NHS Board, we have adapted how we deliver our services, providing more support, care and treatment to people in their homes, and for those patients requiring very specialist support, conveying them to those hospitals.

Our strategy builds on all our learning and the enthusiasm of our people to make further changes to improve our response to patients, to help patients get the best care and to support communities across the country to be healthy, safe and resilient. The Strategy was developed through consultation with citizens, staff, partner organisations, volunteers, local and national government, educational institutions, community groups, charities and voluntary organisations and builds on the success of delivering our 2020 strategy “Taking Care to the Patient”.

Our Strategy describes how we will play a vital role in:

- Saving more lives, improving clinical outcomes and healthy life expectancy
- Improving the Health & Wellbeing of our staff and citizens
- Continuing to shift the balance of care away from acute hospitals into people’s homes and local communities, improving patient experience and avoiding unnecessary hospital admissions
- Improving our care by anticipating needs and responding quickly and safely as possible, delivering the right care in the right place at the right time
- Tackling the root cause of health issues and addressing the inequalities that the COVID-19 pandemic has exacerbated.



Our vision for Scotland is “saving more lives, reducing inequalities, and improving health and wellbeing. We will realise this vision and support Scotland to recover and remobilise from the pandemic through the implementation of our Strategic Priorities.

Collaborative working with Partners

Collaboration Work Across Emergency Services

The three emergency services have been collaborating for many years. In 2018, the Reform Collaboration Group was established, with the National Collaboration Group attended by the three Chief Officers and Chairs meeting quarterly considering strategic areas where closer collaboration will benefit the population of Scotland. Strategic priorities have been aligned to Strategic Change, Corporate Change; Innovation and Prevention.

In addition, a strategic intent has been agreed as noted below with the key aim of *'Through stronger collaboration we will improve our services and the safety and wellbeing of the people of Scotland'*

This is underpinned by 4 workstreams as noted below and aligned to the agreed strategic priorities.



Reform Collaboration Group

Strategic Intent: *Through stronger collaboration we will improve our services and the safety and wellbeing of the people of Scotland.*

Strategic Priorities: *strategic change corporate sharing innovation prevention*

Delivery approach:	1	2	3	4
Four workstreams, each running concurrently*	Internal service improvements	Collaborative review of corporate support functions	Wider public sector collaboration	Collaborative review of service delivery & prevention
<i>*Specific timelines and governance to be agreed.</i>	<ul style="list-style-type: none"> Focus on each public body continuing to drive forward improvements in their own services. Includes sharing learning from the work and the experience of other bodies. 	<ul style="list-style-type: none"> Review of options to share corporate support services. Initially focused on SFRS / PS. Examples of services include: finance, payroll, HR, estates, fleet, etc. Options appraisal / business case development supported by professional services. 	<ul style="list-style-type: none"> Exploration of opportunities to collaborate and learning from wider public sector partners. Includes exploring opportunities across for example health and local government bodies. 	<ul style="list-style-type: none"> Review of options to deliver organisational collaboration between SFRS, PS and SAS. Examples of services including: contact centres and a public health approach to prevention.

In 23/24, SAS will work collaboratively with Police & Fire to

- Build and share data analysis and insights into our shared demand and capacity challenges.
- Explore corporate collaboration opportunities
- Address the Climate Emergency and decarbonising of our organisations
- Implement a Public Health approach to support Community Safety and prevention
- Deliver service improvements

NHS 24 Collaboration

Both SAS and NHS 24 are committed to collaborating and working with others to transform urgent & unscheduled care across Scotland, underpinned by sustainable workforce models and digital solutions to deliver seamless and person-centred services. We will continue to build on our strong tradition of working together to do so and are approaching our contribution to Renewal & Reform as an opportunity to highlight collaborative work and take forward future joint endeavours.

We are clear that our work in transforming Urgent Primary Care will build on delivery of the Ritchie recommendations and we are contributing to the Scottish Government Primary Care directorate stocktake of those recommendations.

The following strategic work streams will be taken forward by a SAS/NHS 24 joint collaboration programme board.

- **Patient pathways / system interface development** – to support wider reform work aiming for consistent access for NHS 24 and SAS to local services, to co-lead the ongoing redesign of urgent care, and explore opportunities across our services for streamlining pathways, such as mental health

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- **Preventative and proactive care** – to develop a shared approach as anchor institutions, strengthen links with PHS and develop data and intelligence that proactively evidences service development and supports self-managed care.
- **Technology / digital interface** – to accelerate and optimise data interface work, maximise opportunities for shared data and systems, develop digital access to services, and work collaboratively to develop shared capacity and capability.
- **Workforce** – to work collaboratively to develop roles, skills and capacity, notably within an increasing digital content, and to explore opportunities for collaborative approaches to recruitment, training, wellbeing and development
- **Sustainability** – to identify opportunities for a shared approach to sustainability and efficiency

Specifically in 2023/24 we will

	Year 1 – 2023/24
Patient pathways / system interfaces	<ul style="list-style-type: none"> • Collaborate with partners to deliver improved Out of Hours / Community Urgent Care services, building on the recommendations within the Sir Lewis Ritchie Review. • Collaborative system leadership to transform the way in which people can access urgent and unscheduled care, enabling patients to receive the right care at the right time in the right place by optimising Flow Navigation Centres, learning from experience in first-stage implementation. • Continue to work collaboratively with key partners including Police Scotland to deliver an enhanced pathway for those in mental health distress, streamlining the flow of calls between partners to improve patient journey.
Proactive & preventative care	<ul style="list-style-type: none"> • Development of combined data set and scoping strategic partnership with Public Health SAPHS • Development of NHS inform and NHS 24 online app to support wider preventative and proactive care programme • Develop shared approach as anchor institutions to tackling inequalities
Technology & Digital	<ul style="list-style-type: none"> • Complete system interface to enable automated data transfer for calls reducing call handler time • Joint development of voice analytics capability • Exploit collaborative opportunities through NHS 24 digital transformation programme, including use of new technologies, streamlining pathways, digital access to services, system interoperability, and shared approaches to infrastructure and capacity building, such as frontline ICT support.

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Workforce	<ul style="list-style-type: none">• Identify and progress opportunities for joint working to develop common roles and career pathways, inclusive of rotational roles• Identify and progress opportunities for shared approach to training and development, notably in respect of common roles, digital maturity, and leadership development
Sustainability	<ul style="list-style-type: none">• Work in collaboration with a range of national organisations and partners to combine the right skills and capabilities across Scotland to reduce the barriers to national innovation adoption.• Continue to work to maximise estate utilisation across shared sites and in partnership with other Boards

Performance improvement, including Turnaround Times, Response Times and Clinical Performance.

Safe Transfer of Patients between Ambulance and Hospitals

In addition to optimising Capacity and Flow Navigation, one of the key priorities for SAS is to reduce delays in handing patients over from ambulance clinicians to ED (Emergency Department) teams. This is recognising the potential for clinical risk and harm occurring with patients affected by these delays, with potentially some level of harm being experienced in 85% of patients where the handover is greater than 60 minutes, as well as potential moral injury to staff.

The Safe Transfer to Hospital: Ensuring the Timeous Handover of Ambulance Patients principles has been approved by the Board Chief Executives and the Board Medical Directors and describes the principles for safe transfer of patients to hospital and the timeous handover of ambulance patients. This was approved in April 2023 and the principles are to be implemented with immediate effect. By August 2023, 100% of patients should be handed over within 60 minutes.

In addition to the benefits for the patient, the implementation of safe handover Scotland wide will increase ambulance availability which will improve response time to patients and wellbeing of our staff.

In 2023/24 we will:

- Implement the SAS actions agreed within the principles.
- Continue to work with Health Boards in implementing these principles and share best practice and learning

In relation to hospital turnaround time, we aim to continue to work closely with territorial boards to reduce average hospital turnaround time to 40 minutes this year.

Performance & Clinical Measures.

Our Clinical process and outcome measures have been developed with Scottish Government to save more lives, improve Scotland's health, and reduce health disparities.

	2023/24 Recovery Aim
Critically Unwell Patients	
Critically Unwell Patients - survival @ 30 days	57%
Worked Arrests - All Rhythms - survival @ 30 days	11%
Worked Arrests - VF/VT Rhythms (Utstein Comparator) - survival @ 30 days	28%
Worked Arrests - All Rhythms - ROSC	31%
Worked Arrests - VF/VT Rhythms (Utstein Comparator) - ROSC	55%
Bystander CPR rates	71%
Pre SAS arrival PAD use	13%
Median time Purple incidents responded to from identification & dispatch	≤00:07:00
95th Centile time Purple incidents responded to from identification & dispatch	≤00:20:00
Patients With a High Risk of Acute Deterioration	
Median time Red incidents responded to from identification & dispatch	≤00:08:00
95th Centile time Red incidents responded to from identification & dispatch	≤00:25:00
Patients requiring Further Specialist Intervention	
Stroke - Call to Treatment (thrombolysis)	TBC
Median time Amber incidents responded to from identification & dispatch	≤00:16:00
95th Centile time Amber incidents responded to from identification & dispatch	≤00:50:00

Major Trauma

SAS continues to play a vital role in optimising pre-hospital care for Major Trauma patients which will lead to improved clinical outcomes and deliver the role of the SAS in the Scottish Trauma Network.

Key work streams and actions for 2023/24:

- Our Critical Care Desk (CCD) is now fully operational and is demonstrating positive impact with an increase in utilisation of Pre-hospital Critical Care teams and a reduction in stand-down rates since the implementation of the CCD. This suggests that our pre-hospital critical care teams are getting to more of the most severely ill and injured patients since the transition to the CCD. We are focussing on on-going development and governance to support audit, sharing of experience, and learning to support continued improvements.
- We will continue to work with our frontline clinicians to support them to identify Major Trauma using the Major Trauma Triage Tool including education, Continuing Professional Development sessions as well as feedback.

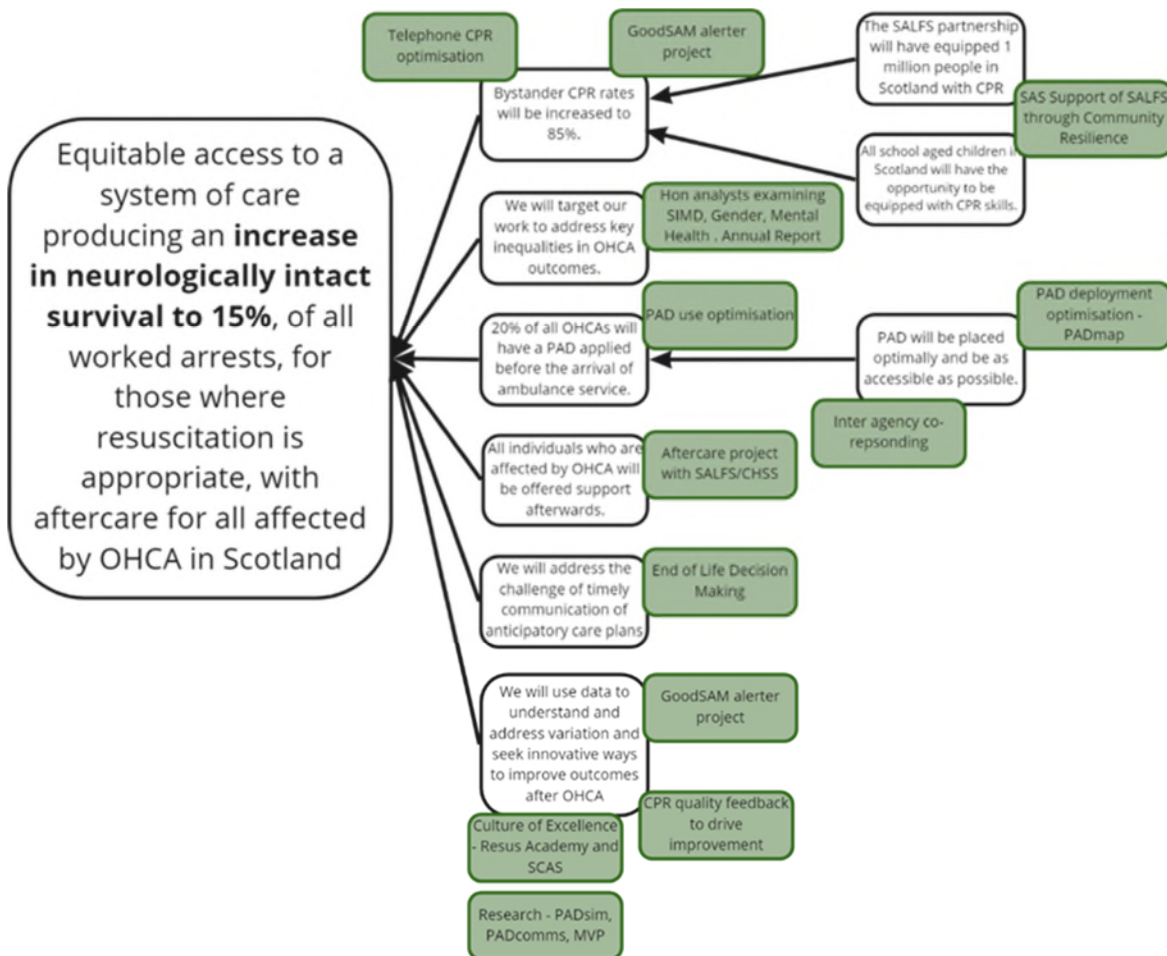
Data is a key element of the Major Trauma programme and we are working with Scottish Trauma Audit Group (STAG) and SAS data to improve the identification of trauma within the Ambulance Control Centre through to the Critical Care Desk and also the efficacy of medication administration all of which will support our overall aim of improving the care of major trauma patients.

Out of Hospital Cardiac Arrest

SAS is a key partner in the delivery of the national Out of Hospital Cardiac Arrest (OHCA) strategic partnership which aims to improve survival from OHCA.

SAS aims to achieve equitable access to a system of care producing an increase in neurologically intact survival to 15% of all worked arrests, for those where resuscitation is appropriate, with aftercare for all affected by OHCA in Scotland.

The key workstreams are illustrated in the driver diagram below:



One key element that we are currently focussing on as part of our chain of response is our call handlers within our Ambulance Control Centre. They are a vital team member in achieving the early parts of the chain of survival; recognition of cardiac arrest, early CPR and early defibrillation where a PAD is available. While the OHCA strategic partnership has many measures in place to train and equip bystanders with the skills to perform CPR, and exciting developments such as the use of GoodSAM

alerter App have been introduced, SAS call handlers remain at the forefront of the response to OHCA, and the support to the caller and bystander performing CPR prior to help arriving. This represents one of our key improvement workstreams for 2023/24 with a number of measures under development to monitor impact.

Stroke and Thrombectomy

Stroke is one of Scotland's leading causes of death and the most common cause of severe disability amongst Scottish adults. We currently respond to around 14,000 stroke patients every year and have a key role to play in improving outcomes for people who experience a stroke. We are working to optimise pre-hospital stroke care.

In 2023/24 planned key work streams include:

- Improved recognition of stroke at point of first contact within the ACC.
- Optimal dispatch arrangements and greater understanding of variation in practice through observation utilising video technology within the ACC.
- FAST – improved recognition of hyper-acute stroke through utilisation of FAST (face to face)
- Implementation of improved and refined 'whole service' stroke pathways to ensure seamless and definitive care (thrombolysis)
- Continuing to work closely with the national Thrombectomy Action Group (TAG) to plan and deliver SAS role in this programme.

Air Ambulance

The provision of a national Air Ambulance Service has been a core function of SAS for over 30 years and is a vital lifeline for remote and rural communities across Scotland, 24 hours a day, 365 days a year. It provides a critical clinical service, enabling emergency and urgent care to be provided to patients as they are being taken to tertiary care. The air resources and infrastructure is provided through a contract with a commercial partner with clinical care provided by our highly skilled clinical staff.

The current contract for the provision of air ambulance services to SAS is due to end on 31 May 2025.

In 2023/24 we will

- Identify and secure a new contract with a commercial partner that can deliver suitable aircraft to support the delivery of emergency and critical care to patients in Scotland.
- Establish a new programme to drive forward a number of key initiatives that will improve the efficiency of our current air ambulance service.

Ambulance Control Centres

Our Ambulance Control Centres provide that first vital link in the chain of survival when dealing with medical emergencies, starting with the call handling and dispatch process.

In 2023/24 we will

- Improve workforce planning arrangements to ensure appropriate resource against patient demand.
- Review our systems and infrastructure to ensure long term sustainability and efficiency.

Enhancing Capability

As a category 1 emergency responder, SAS has a statutory obligation under the Civil Contingencies Act, to deliver immediate patient care in the event of an operationally challenging event or major incident to protect and save lives. Over the course of the last 2 years, funding has been received on a phased basis and work has been ongoing to enhance the capability of SAS's response to complex incidents.

In 2023/24 we will develop the next phase of the business case and continue to work closely with Scottish Government to further enhance our capabilities.

Development of a model to support Technician-to-Paramedic progression.

Our Ambulance Technicians have historically been able to upskill and qualify as registered Paramedics through, more recently, a Diploma in Higher Education approved by Glasgow Caledonian University (GCU) and SAS. However, since the expiration of this pathway, there is no current progression route for our existing technician workforce to become paramedics while remaining employed with SAS.

To address this and provide SAS-employed technicians the opportunity to advance their careers while remaining with the organisation, we are working closely with NHS Education for Scotland (NES) to explore options for developing an educational pathway from Technician to Paramedic.

Key milestones for the first quarter include submitting an Outline Business Case to the SAS Board, developing a project infrastructure and governance framework, securing an extension to the SAS/NES Service Level Agreement, making a formal approach to the Scottish Qualification Authority to develop an SQA Business Case, and continuing stakeholder engagement.

Volunteers

Volunteers play a vital role in supporting delivery of our service across Scotland. BASICS Responders are rural GPs, nurses and paramedics who are deployed to provide immediate care and skilled medical attention for emergencies in their communities until an ambulance or specialist team arrive. Community First Responders (CFRs) and Wildcat Responders are trained to attend emergency calls in their community, aiming to reach a potential life-threatening emergency in the first vital minutes to help provide appropriate care until the ambulance crew arrives to take over treatment. Their interventions are critical, particularly in our remote and rural communities.

Recognising the valuable contribution of our CFRs, we continue to work with our communities to support and develop our valued cohort of volunteers. In addition to

the role out of naloxone to our volunteers to reduce harm associated with drug usage, we are planning several pilot initiatives including

- Remote monitoring
- Enhanced observations
- Testing a new mobilisation app

SAS is also a key member of NHS Scotland Volunteering Advisory Board and is continuing to develop a broader comprehensive volunteering strategy which will support the growth and impact of volunteering.

Health & Wellbeing

The health and wellbeing of the people who work for our Service is a key priority that is underpinned by our Health & Wellbeing Strategy 2021-2024 “Being Well” and supporting delivery plan. We strive to deliver a culture rooted in the NHS Scotland values of: care and compassion; dignity and respect; openness, honesty and responsibility; quality and teamwork.

Our Health and Wellbeing Strategy, focuses on the two themes of creating a great place to work, and being well and we have recruited dedicated organisational development, and staff wellbeing teams to support staff welfare.

We are committed to implementing our Health & Wellbeing Strategy to support, nurture, develop, and empower our staff, recognising that this will also have a positive impact on the quality of care we provide to our patients.

Our roadmap for 2023/24 includes the following key areas:

- Improving the physical working environment by creating wellbeing areas/de-stress zones based on staff suggestions to boost staff morale and wellbeing.
- Reviewing SAS’s stress management policy and developing a sustainable approach to risk management at both individual and organisational levels.
- Reviewing wellbeing services provided within our OH (Occupational Health) contract to ensure they meet the needs of our workforce.
- Establishing Regional/National Operations & Department's wellbeing groups to promote and progress health & wellbeing activity locally.
- Developing an online 'SAS Wellbeing Hub' to promote and signpost wellbeing resources, enable staff interaction & engagement, and collate feedback and suggestions for improvement.
- Implementing dedicated wellbeing resources to support and coordinate all our wellbeing activity, manage Department communications, and pursue funding/sponsorship to develop further and improve wellbeing initiatives.

On Call Reduction

The National On Call Working Group has introduced 44 new ambulance posts to reduce or eliminate on call work throughout Scotland. The successful elimination of on call working has been achieved in various locations, including Wick and Thurso,

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Dufftown, Portree and Broadford in Skye, Rothesay, Oban, Aviemore, Kirkwall in Orkney, Golspie, Fort William, and Campbeltown. This investment costs around £2.64 million, with each new ambulance post costing an average of £60,000 annually. Despite these efforts, there are still 33 locations in Scotland with on call working, with 10 in the West and 23 in the North region. Efforts to eliminate on call work in these locations are ongoing and will include hiring new ambulance staff and reducing on call working hours.

Section F: Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

Improvement programmes are weaved throughout our annual delivery plan response to the 10 recovery drivers, our finance and sustainability plans, workforce plans and strategic priorities.