



# **NOT PROTECTIVELY MARKED**

# **PUBLIC BOARD MEETING**

30 July 2025 Item 06

# THIS PAPER IS FOR DISCUSSION

# **DELIVERING OUR 2030 STRATEGY UPDATE**

Lead Director	Michael Dickson, Chief Executive					
Author	Portfolio Executive Directors					
	Karen Brogan, Director of Strategy, Planning & Programmes					
Action	The Board is asked to note and discuss progress in relation to delivery of					
required	the 2030 Strategy portfolios.					
Key points	The purpose of the 2030 Strategy Portfolio Board update is to					
	<ul> <li>Provide a high-level summary 2030 Strategy Portfolios and our strategic aims.</li> <li>Provide assurance to the Boa for projects that are not within</li> <li>Highlight any issues or risks to be path to green plans in place for properting and whilst the majority of prograthis year from previous years, there are transitioning to business as usu for being stood up.</li> <li>Table 1 – High Level Summary of</li> </ul>	demonstrand that mentimeline chat required that required that required that required the made a corojects insitioning ammes are projectal and other controls.	rate the in nitigating re escala across all n Amber g into the nd project ects that a her that a	mpact on actions tion to the portfolion or Received 25/26 and the portfolion are endi	n delivery are in pla he Board os of work d status. nnual deli continued ing, some	v of ce with It is ivery I into
	Portfolio	Green	Amber	Red	Other	
	Integrated Planned, Unscheduled & Urgent Care	8	2	1		
	Data, Digital, Innovation & Research 7 1 1					
	Communities & Place 7 1					
	Preventative & Proactive Care 5					
	Workforce & Wellbeing	3		1	2	
	Totals 30 3 2 4					
	There are no issues or risks that rec	luire esca	alation to	the Boa	ırd.	

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Timing	The Board is asked to note projects that are in the pipeline to be established within the next 3 months  The Board is also asked to note that we are now in receipt of our ADP sign off letter from Scottish Government, contained in appendix 2 for information.  This paper is being presented to the July 2025 Board and is a standing item on the Board agenda.
Associated Corporate Risk Identification	4636 – Health & Wellbeing of Staff 5602 – Service's defence against a Cyber Attack 4638 – Hospital Handover Delays 5062 – Failure to achieve Financial Targets 5519 – Statutory & Mandatory training
Link to Corporate Ambitions	<ul> <li>We will</li> <li>Work collaboratively with citizens and our partners to create healthier and safer communities</li> <li>Innovate to continuously improve our care and enhance the resilience and sustainability of our services</li> <li>Improve population health and tackle the impact of inequalities</li> <li>Deliver our net zero climate targets</li> <li>Provide the people of Scotland with compassionate, safe and effective care when and where they need it</li> <li>Be a great place to work, focusing on staff experience, health and wellbeing</li> </ul>
Link to NHS Scotland's quality ambitions	<ul> <li>Safe</li> <li>Effective</li> <li>Person Centred</li> </ul>
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.

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### SCOTTISH AMBULANCE SERVICE BOARD

### 2030 STRATEGY DELIVERY UPDATE

# KAREN BROGAN, DIRECTOR OF STRATEGY PLANNING & PROGRAMMES

### SECTION 1: PURPOSE

The purpose of the 2030 Strategy Portfolio Board update is to

- Provide a high-level summary of progress around delivering the 2030 Strategy Delivery Plans and demonstrate the impact on delivering our strategic aims.
- Provide assurance to the Board that mitigating actions are in place for projects not within the 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 the delivery of the 2030 Strategy portfolios.

#### SECTION 3: BACKGROUND

The 2030 Strategy was developed and launched in September 2022. In November 2022, the Board subsequently established a supporting governance structure consisting of 5 Portfolio Boards and a 2030 Steering Group to ensure effective monitoring and delivery of the strategy. The portfolio boards are chaired by an executive lead and report directly to the 2030 Steering Group, chaired by the Chief Executive. The portfolio boards are supported by a 2030 portfolio manager and a strategy administrator to develop and ensure high-quality, standardised reporting across projects, programmes, and portfolios.

#### SECTION 4: DISCUSSION

# 4.1 Summary of Progress

Progress continues to be positive across all work areas with 30 projects currently in Green status and 5 projects currently in Amber or Red status for delivery.

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Table 1 – High-Level Summary of Project Status

Portfolio	Green	Amber	Red	Other
Integrated Planned, Unscheduled & Urgent Care	8	2	1	
Data, Digital, Innovation & Research	7	1		1
Communities & Place	7			1
Preventative & Proactive Care	5			
Workforce & Wellbeing	3		1	2
Totals	30	3	2	4

# 4.2 Projects in Other Status

The 'other' category relates to projects in planning or scoping stages or projects that have come to an end. There are 4 Projects across the portfolios that are in the other category, 3 in the planning stages and 1 which has been delivered and closed.

#### 4.2.1 In-Phase

The InPhase project has now been successfully delivered and closed.

### 4.2.2 Community Planning Development

The community planning project is about ensuring that the Scottish Ambulance Service supports the improvement of local health outcomes and equity in community services through strategic participation in Community Planning Partnerships (CPPs).

An analysis of service representation in CPPS throughout Scotland found that 23 out of the 32 CPPs have service representation (72%). Representation varies by region: East (92%), West (62%), and the North (57%).

To improve our current arrangements with CPPs, we are developing a plan to enhance local health outcomes and equity in community services by standardising our strategic participation in CPPs. These measures are expected to improve our collaboration with CPPs, ensuring that our participation is effective and beneficial to local communities.

The Strategic Planning Team will lead on this work, working closely with local Heads of Service. This work is also linked to the stakeholder engagement action agreed by the Board in response to the Blueprint for Governance self-assessment.

An initial stakeholder mapping exercise has been carried out and shared at a meeting with directors and a non-executive board member in March 2025. This discussion highlighted the complexities of the system and volume of local and national stakeholders. A follow-up

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workshop session is planned for the 22 July to review our engagement approach, to identify and prioritise who we should be engaging with and to better understand what role we want to play in influencing our stakeholders to reduce inequalities in health, create safer communities and improve population health. This work forms the basis of the action plan supporting our Board agreed Blueprint for Governance implementation plan.

Working with Charities Together and linked to the successful Young Minds Saves Lives Programme, we have secured funding for a small community action team. This resource will be key in helping us target pilot areas to shape how we take this forward.

We are planning to hold discussions with PHS to consider how we connect data across the system and how we use it to better effect to identify opportunities for improvement.

A paper outlining the work plan was submitted to the 2030 Steering Group in May for information and following the workshop on the 22 July a detailed action plan will be produced taking forward this work.

### 4.2.3 Review of EPDD Training & Education

The review of the EPDD Training & Education will now commence in the 2025 Financial Year as part of a wider review of Training & Development across the Service. This was also identified as a key programme within the Best Value plan. Key milestones for this will be developed by August 2025.

# 4.2.4 Workforce Planning & Performance monitoring

There have been delays in agreeing key milestones for this due to absence within the HR Team. A meeting is being planned with Interim Director of Workforce, Director of Strategy, Planning & Programmes, Head of Workforce Planning & Chair of Staff Governance committee to agree actions that can be taken forward in the short term and to agree a workplan and milestones for delivery for 2025/26 and in the medium term.

# 4.3 Projects in the Amber Status

At the May Board meeting it was highlighted that there were 3 projects in the Amber Status for delivery. 2 of the 3 projects are now back to Green.

#### 4.3.1 National eRostering system

Go-live of the National eRostering system had been delayed due to issues with the MS Single Sign-On (SSO) security feature, however this has now been resolved, and the system was successfully implemented across 4 corporate functions. It should be noted however that reporting is only available via the front end of the system without purchasing an additional product (data hub), resulting in manual work to obtain absence data.

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### 4.3.2 Artificial Intelligence in the Ambulance Control Centre

The proof-of-concept testing of an Artificial Intelligence and Machine Learning solution in the Ambulance Control Centre for identifying deteriorating patients and auditing calls was in amber status due to delays in procuring additional telephony licences in time for the scheduled go-live date of 31st March. This was resolved and the end date of the project was extended by one month to 31st July 2026.

The Healthcare professional online booking project and rest period projects have remained in Red with further detail provided later in this report.

### 4.3.1 Air Ambulance Contract Implementation

A new project has been established this year to progress implementation of the new Air Ambulance Contract.

The project is Amber as a result of production delays for the fixed wing aircraft due to industrial action back in August 2024. The industrial dispute has been resolved however as expected, there has been an impact on the production slot. The slot changes have resulted in delays to the delivery of the manufactured aircraft to the supplier.

Our supplier has been able to reduce these delays by taking on some of the modification works that are within their capability and provided assurances that this does not add any risk to the delivery of the aircraft to SAS.

Fixed-wing aircraft 1 and aircraft 2 are expected to be brought into service in July 2026 utilising one of the current aircraft as a backup aircraft for 7 weeks until the new backup aircraft (aircraft 3) is delivered to SAS.

# 4.3.2 Reduced Working Week

The Reduced Working Week programme is in place to implement the planned agenda for change reduction in the working week and protected learning time.

The programme has been progressing well in some areas however the project is now in amber, and work is ongoing to resolve 3 key areas.

1. Agreement of the structure and resources to deliver the project within the required timelines.

A meeting has now been held to review resource requirements, and this is expected to be progressed within the next few weeks.

2. Acquisition of working party representatives across all areas.

Work is underway to identify representatives for stations with no nominations

3. Agreement of relief rates across all non D&C Locations

Work is underway to gather this information.

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#### 4.3.3 GRS Timecard

The GRS Timecard Project is the development and implementation of an electronic timesheet on the GRS system to feed the payroll system. This will reduce the requirement for manual paper claims and associated administration time for processing.

The electronic timesheet has been live in Inverurie station for over a year. Elgin station is now also fully Live and will be joined by Forres and Keith stations for the submission of June claims. This means we now have 4 stations in the North "Live" which is significant progress. All SORT bases have also moved to GRS Timecard only from June.

Kirkcaldy And Greenock Stations in East and West will continue to complete both paper timesheets and GRS Timecard with expectation they move onto fully Live in July.

A Champion Session was conducted to over 20 volunteers and recorded for the other 20 volunteers to support national roll out of the system

At the Project Board meeting in June, a re-baseline of the plan was agreed with A&E now expected to go live in September.

PTS and ACC will be progressed following the roll out to A&E. This will give some time to work through some specific decision relating to process for unpaid rest period contracts.

# 4.4 Projects in the Red Status

### 4.4.1 Health Care Professional (HCP) Online Booking

SAS current receives around 3000 calls per week from HCPs. Implementation of an online booking process for HCPs will reduce the need for voice calls between healthcare professionals and SAS by automating the process straight to dispatch, reducing call volume and talk time for both HCPs and SAS.

The HCP online booking pilot went live on 18th June with Lanarkshire and Greater Glasgow & Clyde. As of 20th June, 4,513 online bookings have been made.

NHS Lothian's Flow Navigation Centre was expected to go-live during January. However, the sign-off of NHS Lothian's DPIA and the C3 System Security Policy remain pending, due to concerns around the use of shared user accounts and requirement for single sign on.

The supplier has confirmed that single sign on is not available at this stage. A Project Board decision is pending as to whether the project remains viable in the absence of single signon, because of the highly significant upfront and on-going resource overhead to create and maintain individual named user accounts.

The route to green is also dependent on a joint agreement with territorial boards regarding an agreed process to gather the data necessary to create accounts and manage joiners, movers and leavers on an ongoing basis.

#### 4.4.1 Rest Periods

Since the onset of the Rest Break work there have been changes made to the Rest Break Standard Operating Procedure to improve rest period compliance for staff, and this has resulted in a sustained improvement in compliance since 2023. The work of the group was due to complete in 2024 and return to ongoing monitoring by existing groups, however

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ongoing pressures have continued to impact rest periods and in February 2025, staff-side colleagues suggested further changes. This has resulted in further discussions with partnership colleagues, management and Scottish Government. The project will remain in red status until agreement has been reached on a way forward. In the interim close monitoring of rest break compliance will remain on place. There will be a refresh of the revised plan aligned to the oversight and working group to reset the project.

# 4.7 Annual Delivery Plan 2025/26 and Medium Term Plan

The 2025/26 Annual Delivery Plan and a refresh of the rolling 3-year Medium Term Plan was approved by the SAS Board and submitted to Scottish Government in March. We are now in receipt of our confirmation letter which is included in appendix 2 for information.

It is worth noting however that Scottish Government have indicated they will not be in a position to support Technician to Paramedic this year, as identified in our annual delivery plan. Discussions will however continue to take place to explore opportunities and alternative avenues to progress in the future to minimise any risk around sustainability for remote and rural communities.

The following work in the pipeline will also come into the portfolios for delivery within the next 3 months.

### 4.7.1 Improving NQP Recruitment Plan

The recruitment of newly qualified paramedics direct from university is still developing, and we have identified that there is a need to strengthen communication and collaboration with universities and students to improve the learning experience of student paramedics during placements. There is also a need to better support students throughout their course to ensure readiness for employment as well as improvements to how we recruit and onboard students as newly qualified paramedics.

Improvement work has already commenced however there is a need to ensure formal oversight of this work through the Workforce and Wellbeing Portfolio.

#### 4.7.2 Culture

There are several pieces of work that are expected to be brought together under one programme to help the service evolve and improve the culture. A number of these have been referred to previously including leadership development and equality diversity and inclusion.

### 4.7.3 E-Rostering Migration to the Cloud

A business case has been developed for submission to the July Board to seek approval of funding to migrate our current GRS e-rostering system to the cloud. If approved this work will be a complex undertaking that will be managed through the Data, Digital, Innovation & Research Portfolio and will take around 6-9 months to transition.

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#### 4.8 Issues and Risks for Escalation

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

# 4.9 Reporting

A workshop has been set up to review the current format for Board reporting in line with changes to portfolios and in alignment with the Board Assurance Framework to explore opportunities for refinement and improvement. This is expected to be completed for the November Board.

### 4.10 Scottish Government Publications

In light of the publication of Operational Improvement Plan in March and Service Renewal Framework, Population Health Framework and Public Sector Reform, Strategy work has been underway to review alignment with our 2030 Strategy and delivery plans and to assess any action that SAS will need to take to support and enable delivery with our partners.

An Executive Team development session and Board development session will be set up to work through the detail.

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# **Service Board Portfolio Summary Pack**

July 2025

Reporting as at 20 June 2025



NHS

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Portfolio Lead:

Paul Bassett

Period covered:

24 May to 20 Jun

Portfolio RAG

# **Portfolio Summary**

The Reduced Working Week (RWW) Programme continues to progress well. 52,089 RWW Accrued Hours booked to date for 2025/26. It was reported to the June Programme Board meeting the hours booked is below where it needs to be, if all the hours are to be taken this year. The RWW Leave Limits will be reassessed, updated and republished. Good engagement has been made with Regions and Functions validating the Roster Keys. Some key activities have been delayed as they are pending approval or confirmation. This has had a knock-on impact on dependent activities. Target dates have been adjusted and agreed at the Programme Board meeting with action plans to be progressed over the next month.

For the Resource Planning Review and Redesign, The Resource Planning Structure Options Paper for the executive team has been further delayed to July 25.

For Scheduled Care Improvement, the Project Board has been re-established with refreshed Terms of Reference and will meet on the 3rd July. The initial focus will be for the membership to review the approved re-prioritisation of the different workstreams. An updated New Project Proposal will be drafted accordingly.

For HCP Online Booking, As of 20th June, 4,513 online bookings have been made. In terms of target response, 89% are 1 hour (urgent), 8% are two hour (planned) and the remaining 3% are 4 hour (routine). A Project Board decision is pending as to whether the project remains viable in the absence of single sign-on, because of the highly significant upfront and on-going resource overhead to create and maintain individual named user accounts. The overall BRAG status will remain red until a decision is made whether the benefits justify the project's continuation. The continued project viability is dependent on the extent to which usage can scale with current resources, or if national funding can be sought. The route to green is also dependent on a joint agreement with territorial boards regarding an agreed process to gather the data necessary to create accounts and provide ongoing management to account for joiners, movers and leavers. The expected date for return to green has yet to be determined because it's not fully within the control of the Service.

For Digital Patient Handover, As of 16th June, 3,240 Timed Admissions have been digitally transferred from NHS24 to SAS and there have been 15,573 transfers of non-ILT emergencies, with the latter service having operationalised on 10th April. The data available for the last 30 days suggests a trend average of approximately7% of non-ILT emergencies and 8% of Timed Admissions are received by phone as exceptions. This is within acceptable tolerance. NHS24 was asked to investigate the exceptions to identify where there is scope to further reduce these.

The Neonatal Transport Service has conducted a workforce review. This was guided by an options appraisal process to evaluate feasible service delivery models. Final options have now been selected, and the team is in the process of finalising the business case. The project timeline has been reviewed, with a focus on establishing a more realistic completion target. The project will also need to work within the constraints of the regional implementation plans which have not progressed.

The Air Ambulance Implementation project Design workshops between SAS and the supplier have taken place and a walk around of the Glasgow and Aberdeen buildings have been completed. Decisions on internal fit for aircraft will continue throughout 2025. The fixed-wing delivery dates have been re-aligned with the 2 Aircraft planned to be delivered within the contracted dates (by July 2026) and the backup fixed-wing aircraft planned to be delivered 21st September 2026. No maintenance of the aircraft will be scheduled until after the backup aircraft is in-service. It is proposed that from end July 2026 until 21st September 2026 one of the current aircraft is retained as a backup aircraft. An updated detailed project plan has been requested.



NHS

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Portfolio Lead:

Paul Bassett

Period covered:

24 May to 20 Jun

Portfolio RAG

### **Portfolio Summary (Continued)**

The Out of Hospital Cardiac Arrest Project continues to progress well. The Dumfries & Galloway (D&G) pilot zone plans have further progressed since the last reporting period. A SLWG with all the stakeholders and chaired by D&G council has been set up. Work has begun on the actions as follows: SAS/SALFS information pack is now in use by the local authority. The data has been used to make recommendations to the council about which data zone will benefit from which innervations, alongside some associated targets. Regular monthly meetings of the D&G CAReZone collaborative are scheduled. For High-performance CPR, there has been some significant numbers of 3RU trained over this reporting period. The team have attended the Police Child Death oversight group and attended 3 Child Death Reviews. SCAS 2025 was held on 19th June. This was another very successful event again this year with excellent engagement form SAS. The team would like to extend our thanks to the Exec Team who have supported this event again this year.

For the Major Trauma team, The Critical Care Desk group met for the first time on 10th June at Falkirk Ambulance Station and a project plan is being developed to allocate specific objectives to three discreet working groups. Through the Project Lead the group will develop the pre-hospital section of the Service Specification which will include a review of all pre-hospital performance metrics. The STN have asked for a draft pre-hospital service spec from SAS by July 2025. A Major Trauma patient outcomes process is being developed with the East of Scotland trauma region. This will mirror the process that has been successfully developed in the Southeast. Initial discussions have taken place with East of Scotland colleagues who are supportive and keen to get the new process up and running.

For Stroke and Thrombectomy, In collaboration with the National Thrombectomy Planning Board and Scottish Government (SG), work is ongoing to achieve equitable access to thrombectomy across Scotland. There are significant staffing issues across the wider Thrombectomy community which limits hours of operation and access. The East Region Stroke Improvement Project has concluded with learning being evaluated with a focus on delivering best practice and improvement initiatives across the West and North regions. The Scottish Stroke Care Audit Annual Report is due for publication in August 2025. SAS contribute to this audit and will be invited to present at the Annual General Meeting. The SG's SLWG to review pre-hospital stroke care continues to assess and explore use of innovation and alternative pre-hospital stroke delivery models to support ambitions to reduce 'call-needle' times across Scotland. Funding submissions to support ongoing Stroke Improvement and Thrombectomy delivery programmes are within internal approval stages prior to submission to the SG. As per previous years, SAS will seek funding on a 'pay per use' model for thrombectomy and associated repat transfers. Improvement works across the pre-hospital stroke pathway remain on-going with no definitive end date.

The outline deliverables for the Urgent Care work – supported by our Pathways and End of Life Care programmes- have been reviewed for 2025-26 in line with the Annual Delivery Plan. The team will continue to focus on improving access to pathways and senior decision support as well as patient experience, outcomes and frontline engagement. This workstream brings us into contact with a wide range of health and social care partners and a key objective for this year is to continue to promote the work that SAS are doing via the Integrated Clinical Hub and patients managed on-scene via our frontline clinicians. This was covered at the NHS Scotland Event in June 2025 and received positive feedback.



NHS

Portfolio Lead:

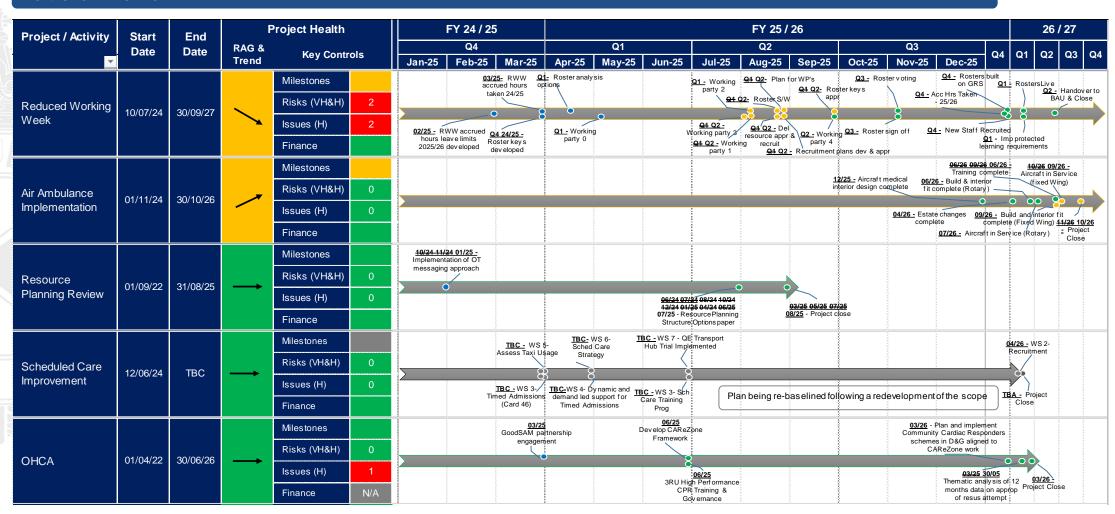
Paul Bassett

Period covered:

24 May to 20 Jun

**Portfolio RAG** 

#### **Portfolio Timeline**





NHS

Portfolio Lead:

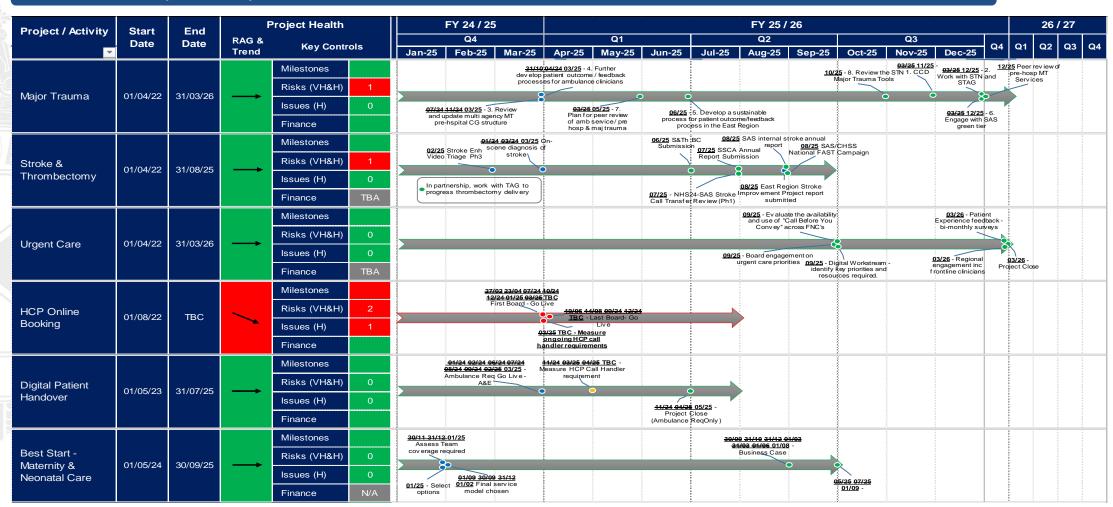
Paul Bassett

Period covered:

24 May to 20 Jun

**Portfolio RAG** 

# **Portfolio Timeline (Continued)**





# **Communities and Place Portfolio Report – 2030 SSG**

Portfolio Lead:

**Emma Stirling** 

Period covered:

24 May to 20 Jun

**Portfolio RAG** 



# **Portfolio Summary**

For Volunteer Enhancement, additional support has been secured from the PMO and a Volunteer Enhancement Project Board & Project Team has been established to drive forward the volunteer enhancement project, which will focus on the delivery of testing and evaluating the MIS Responder app for the dispatch of CFRs, extending the CFR scope of practice to include blood sugar monitoring and establishing a limited pilot project to evaluate CFR attendance at non-injury falls. Other great work continues with the cadre of Wildcat Cardiac Responders and the AACE Volunteering Lead.

The Mental Health team continue to progress their aims and whilst we have stated end dates for December 25 for most of these milestones, this work will continue to be optimised and over the coming years with work plans developed for the service on an annual basis, in line with the SAS Annual and Medium-Term Delivery Plans. The team are formally reviewing the implementation of the strategy and how they gather supporting evidence to demonstrate progress against our aims and will share this as it becomes available. Communications continue with NHS24, Police Scotland and Scottish Government. The team continue to monitor call demand attendance and conveyance for code 25 calls and clinical effectiveness leads work with local teams to address variation and improve local performance. Following positive student feedback from the education sessions delivered by the team in April and May, Robert Gordon University is incorporating a standalone mental health module into their pre-registration programme. We have been invited to review and support the development of this module, further strengthening mental health education within the curriculum.

The new Dementia lead was appointed and took up post on 1st May 2025. Handover on gap analysis with national dementia strategy and delivery plan and SAS existing strategies took place on the 26th May. An introductory meeting with the lead and the Dementia policy team at Scot Gov took place 28th May. The team also attended NHS GGC dementia strategy forum on 28th May.

The South Station project proposal was approved at the March 2030 Steering Group. A project manager has been assigned to the project and the kick off meeting will commence at the end of July.

The Young Minds Saves Lives (YMSL) Project Team have seen a considerable amount of work ongoing within this reporting period. The final escape room event completed at Hollybrook Academy and the team attended Hollybrook's leavers assembly. The further evaluation of Hollybrook is ongoing. Reports have been prepared for each school delivery including assessing evaluations and two days worth of career day visits were completed. SAS hosted and participated in the new Glasgow Huddle and the team are exploring partnerships with third sector organisations. The projects poster displayed at the NHS Scotland Event. The projects business case is due to be presented to the July Board meeting.

The High Intensity Use (HIU) Team case leads have moved on; The team are making steady progress toward our overall aim. While key milestones are currently set for completion by December 2025, this work will continue to evolve and be optimised in the years ahead. Annual work plans will be developed in alignment with the Scottish Ambulance Service (SAS) Annual and Medium-Term Delivery Plan, and in collaboration with key partners such as the Scottish Government, Police Scotland, and NHS 24. The HIU team is currently undergoing a restructuring process, with support from both the East and West Regions. This will ensure the continued delivery of services to individuals who meet the HIU criteria.

For the Anchor Strategic Plan, preparation has begun for the closure of project and there is no anticipation of a need to extend at this stage. The final Anchors Steering Group will be held on 26th June. Finalised BAU arrangements and End of Project Report will follow before the project close date.



# **Communities and Place Portfolio Report – 2030 SSG**

Portfolio RAG

NHS

SCOTLAND

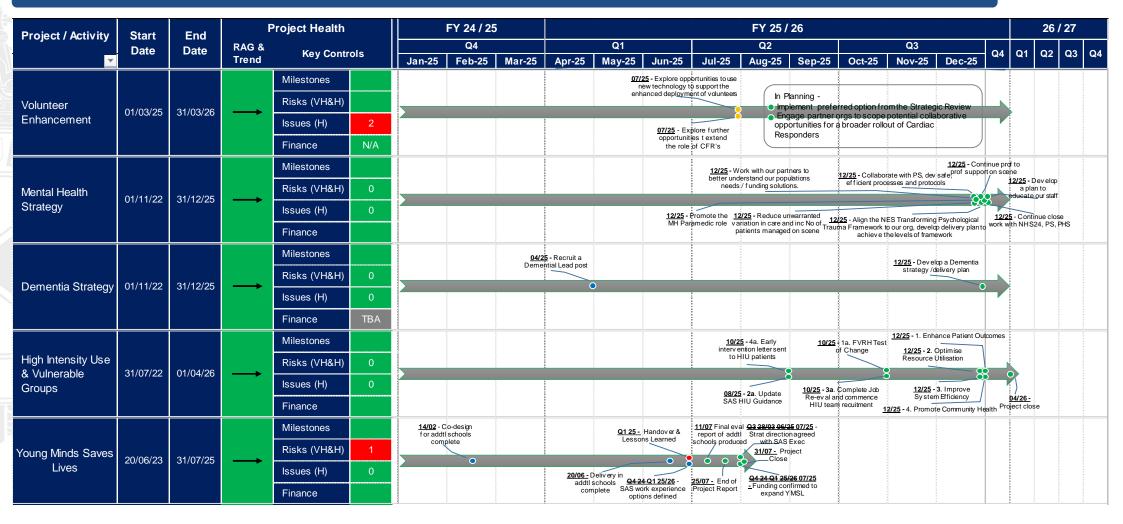
Portfolio Lead:

Dr Jim Ward

Period covered:

24 May to 20 Jun







# **Communities and Place Portfolio Report – 2030 SSG**

NHS

Portfolio Lead:

Dr Jim Ward

Period covered:

24 May to 20 Jun

Portfolio RAG

# **Portfolio Timeline (continued)**

Project / Activity	Start	End	F	Project Health			FY 24 / 25	5					FY 25 /	26						26 /	27				
	Date	Date	RAG &	Kay Cante	ala		Q4			Q1			Q2			Q3		04	01	Q1 Q2 Q3					
▼	Daio	Date	Trend	Key Contr	ois	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Q4	עו	Q2 Q3					
				Milestones												03/26 - Deliv er Sustainability ar	nd Net								
Sustainability Strategy Development	01/00/22	31/03/26		Risks (VH&H)	0											Zero action p	olan								
	01/09/22	31/03/20	$\rightarrow$	Issues (H)	0								-												
				Finance	N/A																				
				Milestones			<u>0:</u> s	3/25 - Assess cu tate AP delivera	rrent bles		06/25 - Revie	w the ent													
Anchor Institution	04/40/04	31/07/25		Risks (VH&H)	0								31/07 Project Clos	ė											
Development	01/10/24	31/07/25	<b>—</b>	Issues (H)	0		03/25 - Dev and re-		<u>06/25</u> - Eml		ed e														
				Finance	N/A		<u>03/</u> subi	mission of update metrics	d	in BAU	<u>06/25</u>	- Establish key er arrangements													
				Milestones	TBA																				
Community Hubs	ТВА	TD A	A	Risks (VH&H)	TBA		New Projec	t Proposal fo	r South Sta	tion approve	d at ER.														
and South Station Delivery	TBA	TBA	Approved	Issues (H)	ТВА				ed off 12th																
				Finance	TBA																				



# Digital Data Innovation and Research Portfolio Report – 2030 SSG

Portfolio Lead:

Julie Carter

Period covered:

24 May to 20 Jun

**Portfolio RAG** 



# **Portfolio Summary**

Overall good progress continues to be made across all projects within the portfolio with work ongoing to re-align the projects to the new timeline of 2025/26.

Digital Strategy work is progressing well, the initial results from the Scottish Government Health & Care Digital Maturity Assessment (DMA) 2025 have been received. The results will be reviewed, and a paper has been approved by the Exec Team with submission to Scottish Government within the agreed deadline. The Digital Delivery Plan work-streams continue throughout 25/26.. A critical part of the on-going management of Microsoft 365 is the rollout of Copilot licenses. To support the allocation of licenses a draft License Management SBAR has been created. This is currently being reviewed updated and due for presentation to the Executive Team..

For GRS Timecard, The national pilot has continued with significant improvement in participation and accuracy across all sites. The audit of May submissions still found some issues with both participation and claim accuracy that has meant we could not progress all sites onto the "Live" stage of the pilot. The North site, Elgin station has continued as fully Live and submitted claims via GRS Timecard only and will now be joined by Forres and Keith stations for June claims. This means we now have 4 stations in the North "Live" which is significant progress.

Research and Innovation is going well. In terms of research, the team have been working on the Annual Delivery Plan milestones and accompanying aims have been drafted. They have also been drafting the SAS research and Innovation Delivery Framework which has been reviewed by the Innovation Hub. The team will continue to explore potential funding from CSO alongside working on specific project/trials as well as data analysis.

For Innovation, discussions are taking place around OPIS, the new drone work. SAS ANIA proposal discussions are taking place with other NHS boards and the team are in progress of an Artificial Intelligence 'readiness' exercise to map SAS's ability to deliver AI projects.

The InPhase end of project report was shared and accepted at the meeting. All relevant information has been handed over to the Business-as-Usual Team and will be managed by them. This project is now closed.

The EPR metadata transfer has began for the AI in ACC Project. This will continue for a 4-month period with monthly check ins on progress.

For eRostering, go-live was delayed whilst awaiting MS Single Sign-On (SSO) security feature. All user accounts were sent out by 28th May 2025. The timesheet and reporting pilot have begun now that user accounts have been set up. The end of project report is currently in draft and will be shared once finalised.



# Digital Data Innovation and Research Portfolio Report – 2030 SSG

NHS

Portfolio Lead:

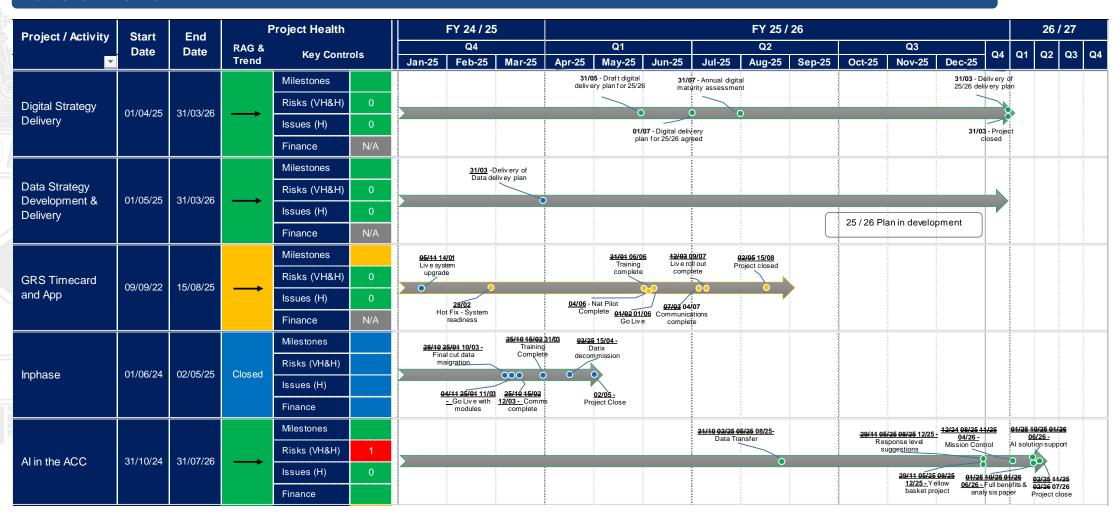
Julie Carter

Period covered:

24 May to 20 Jun

**Portfolio RAG** 

#### **Portfolio Timeline**





# **Digital Data Innovation and Research Portfolio Report – 2030 SSG**

NHS

Portfolio Lead:

Julie Carter

Period covered:

24 May to 20 Jun

Portfolio RAG

# **Portfolio Timeline (continued)**

Project / Activity	Start	End	F	Project Health			FY 24 / 25	5					FY 25 /	26						26 /	27					
	Date	Date	RAG &	Key Contr	olo		Q4			Q1			Q2			Q3		04	Q1	03	O3	04				
			Trend	Key Contr	UIS	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Q4	Q I	WZ	W3	<b>Q</b> 4				
				Milestones		<u>01/25 -</u> Project Initia		<u>92</u>	<u>/25-03/25</u>	3/25 04/25 01/05 - SAS Training	<u>04/25</u> T	<b>05/25 06/25 27/</b> mesheets Pilot	<u>07 -</u>													
o Doctoring	01/12/24	30/07/25		Risks (VH&H)	1	Project Initia	ition	De	eploy ment	•		80														
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				Finance		<u>01/25 -</u> Readiness				Adop	ion U	<b>5/25 06/25 27/07</b> Reporting Pilot	Project Clo	7/25 - se												
				Milestones								08/25 - Data analysis and insights to su decision making and improve se				12/25 - Pursue f unding activit		vities								
Dagagash	04/04/22	31/12/25		Risks (VH&H)	4						a		nd improve serv planning													
Research	01/04/22	31/12/23	<b>—</b>	Issues (H)	0									,	12/25-											
				Finance													mprove care path for critical condit									
				Milestones									/25 - f pilotless airframes to ing equipment to patients				lementing artificia									
land a carting	04/04/00	24/42/25		Risks (VH&H)	5						in re	mote and hard-to	o-reach locations	3	to en	intelligence and machine learning technolo to enhance clinical decision-making		nes								
Innovation	01/04/22	31/12/25		Issues (H)	0							01		10/25 -	Falsa II	12/	<u> 725 - </u>									
				Finance	N/A							Stren se	gthen partnersh rvices to combin	ips with other blu le resources and			al tools and data or patients remot	ely.								



# **Preventative and Proactive Care Portfolio Report – 2030 SSG**

Portfolio Lead:

Dr Jim Ward

Period covered:

24 May to 20 Jun

**Portfolio RAG** 



# **Portfolio Summary**

Progress continues across each of the clinical workstreams within this Portfolio with continued collaboration across health and social care partners.

The Drug Harm Reduction (DHR) team continues to focus on its widespread relationships with a broad range of stakeholders. The SAS has been responsible for notifying Public Health Scotland of a significant proportion of their drug intelligence reports via RADAR which are then disseminated across NHS Scotland for action. The Service are also supporting health board drug death and drug harm reviews as well as participating in Problem Assessment Groups looking to tackle the increasing levels of harm being seen and in particular areas including Ayrshire & Arran, Lothian and Lanarkshire. We had a very positive meeting with the Drug Policy Team at Scotlish Government at end June 2025 providing an overview of the broadening of the SAS programme of work beyond the initial Naloxone distribution including the work to create an early warning system to identify emerging trends and harm. The team have also participated in national meetings to inform the planning beyond this current three-year mission due to end in March 2026 and we expect to submit a business case to secure ongoing funding demonstrating the impact of SAS role. There has been an increase in the volume of Naloxone distributed by frontline clinicians with a phased roll-out of the intranasal version as well as intramuscular, supporting the choice element for individuals. An increased number of statutory and third-sector partners are available for proactive and preventative drug and alcohol referrals in conjunction with SAS Pathways Team and there is a focus on learning from experiences.

Our work in partnership with NHS24 and GP Out of Hours (OOH) services continues to progress well. A review of all NHS 24 999 triage outcomes has been completed with SAS CP codes aligned to standardise prioritisation. Additional potential call handler closed A&R calls have also been identified. These are for review at the next 999 SLWG for SAS agreement and formal sign off. NHS 24 AMD has created an education session around Right Care, Right place and whole system flow for NHS 24 clinicians to better understand the role of SAS in the patient journey, when to consider requesting resource and impact on the wider system.

We can now report that the Palliative and End of Life Care business case submitted to Scottish Government has been approved and a funding allocation made for 2025-26. Work will now begin to establish a team to deliver the objectives outlined while seeking to secure monies on a recurring basis. The work to improve Palliative and End of Life Care was recognised through a motion at Scottish Parliament in June 2025.

The Pathways Programme continues to develop with a focus on improving quality as part of patient's being managed on-scene as well as increasing the range of proactive and preventative pathways. One example is the Wise Group Pathway, available in the West region to provide holistic support with a focus on child poverty. The team continue to deliver the NQP Pathways Induction Session. We are looking to boost the volume of incidents being managed via the Pathways Hub and focus has been on this over the recent weeks with circa 725 incidents managed by the Pathways Hub in May, additionally 144 Confirmation of Deaths. This takes the total incidents managed to 869.

Scotland's Population Health Framework signals a major shift that has tangible implications for the Scottish Ambulance Service (SAS) with one of our key next steps to map our broad range of workstreams to the ambitions set out in this document and help us to plan around this. The Population Health Framework sets out how national and local government will work with public sector partners, community organisations and business to tackle the root causes of ill health. The milestones for this workstream remain loosely defined given that this is an emerging workstream and unlikely to demonstrate impact within a short period of time – such as a reporting year – we are now exploring what additional meaningful actions we can take.



# **Preventative and Proactive Care Portfolio Report – 2030 SSG**

AG SCOTLAND

Portfolio Lead:

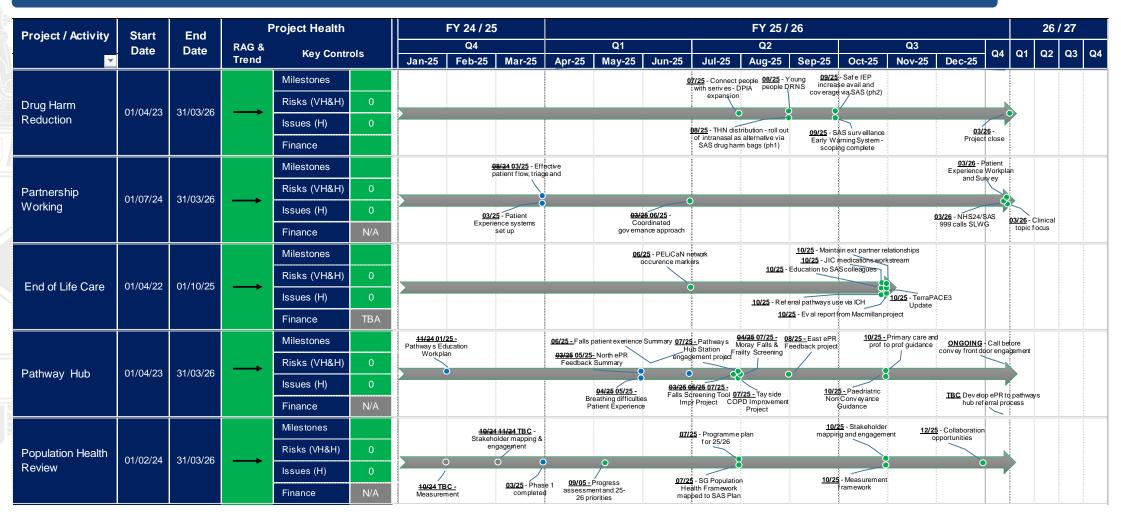
Dr Jim Ward

Period covered:

24 May to 20 Jun

**Portfolio RAG** 

### **Portfolio Timeline**





# **Workforce and Wellbeing Portfolio Report – 2030 SSG**

Portfolio Lead:

Graeme Ferguson

Period covered:

24 May to 20 Jun

Portfolio RAG



# **Portfolio Summary**

For the Health and Wellbeing Project, all programme deliverables are running according to schedule and the following work has been ongoing- iMatter survey was live from 27th May to 17th June with an overall response rate of 55% and an Employee Engagement Index of 67. The survey results were circulated to teams on 18th June with an action plan poster and guidance with examples regarding completing action plans. Delivery at NHS Scotland Event 2025 to support the Scotlish Government plenary session "Improving Wellbeing and Working Cultures across NHS Scotland". Delivery/co-facilitation of face-to-face and online SAS Workplace Sexual Safety sessions across SAS as per scheduled programme.

For TURAS Learn, Manual Handling and Violence Prevention and Reduction courses have been running from April 2025. The Turas Learn booking system and reporting functionality has been developed to monitor the face to face delivery of these courses. Supplementary e-learning is also now complete and available on Turas Learn. After the learning matrix of role specific statutory or mandatory content for all staff has been formulated, reviewed and approved by the Project Board, a paper has been drafted which will be presented to the Executive with recommendations on role specific statutory and mandatory learning time requirements. This is now scheduled to go to Executive Team in July subject to Project Board approval of paper.

Multiple changes have been made to the Rest Break SOP and this has seen a sustained improvement in rest break compliance since 2023. Other pressures continue to impact on rest break compliance. In May 2025, a special break was re-introduced and in June, a new Working Group has been formed to look at areas for improvement. The status is currently red pending agreement on the workplan for the new working group.

The team are working together to finalise the 2025/26 Annual Delivery Plan (ADP) and hope to have this confirmed by the end of July 2025. Within this time, there has been agreement that Organisational Leadership Development and Equality, Diversity and Inclusion Projects will move to business as usual.



Portfolio Lead:

# **Workforce and Wellbeing Portfolio Report – 2030 SSG**

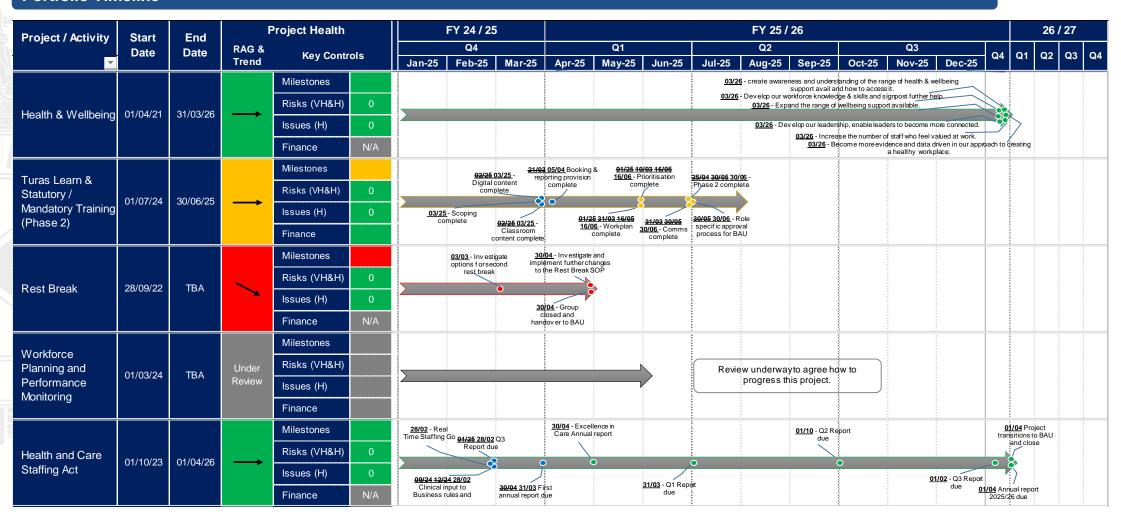
Graeme Ferguson

Period covered: 24 May to 20 Jun

**Portfolio RAG** 



#### **Portfolio Timeline**





# **Workforce and Wellbeing Portfolio Report – 2030 SSG**

Portfolio RAG

NHS

Portfolio Lead:

Graeme Ferguson

Period covered:

24 May to 20 Jun

# **Portfolio Timeline (Continued)**

Project / Activity		Start	End	F	roject Health			FY 24 / 25	5			٠		FY 25 /	26						26 /	27	
1		Date	Date	RAG &	Kara Osmania		Q4			Q1			Q2			Q3			04	Q1	02	02	04
			Dute	Trend Key Controls		Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Q4	QT	Q2	Ų3	Q4	
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T	ransformation)				Finance	N/A					co	mms & engager complete	nent	C	ase sign off								



Tim McDonnell
Director of Primary Care



E: tim.mcdonnell@gov.scot

12 June 2025

Dear Michael

#### SCOTTISH AMBULANCE SERVICE DELIVERY PLAN 2025/26

Thank you for submitting your Board Delivery Plan for 2025/26. I would like to thank you and your team for all the hard work that has gone into developing this document at what is a particularly busy time.

We continue to plan against a backdrop of significant financial challenge across the public sector, and we welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way to ensure that patient safety and front-line services are appropriately prioritised whilst working within agreed budgets. Whilst it is welcome that we have been able to approve your financial plan, challenges remain in achieving a sustainable balanced budget, and it is important that we continue to work closely together on this.

Overall, we are satisfied that your Delivery Plan meets our requirements and provides sufficient assurance on which to proceed, contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation. However, as with previous years, whilst these plans provide an agreed way forward, they must also remain dynamic and responsive.

As you are aware, we are increasing the pace of our health and social care reform and renewal plans and to support this we have developed a suite of three documents setting out both our short and long term priorities. The NHS Scotland Operational Improvement Plan (OIP) was published on 31 March 2025 and the Population Health Framework and Strategic Reform Framework (SRF) are due shortly. We are pleased to see that SAS planning reflects the context of these reforms and the distinctive contribution that national partners are making to quality improvement, safety and system intelligence. After the publication of the SRF we will discuss how best to work together to take forward the strategic intent and emerging change principles.

SAS play a unique role within NHS Scotland, delivering emergency and urgent healthcare to patents throughout the country. The 2025/26 Delivery Plan demonstrates well how SAS will work across the health and care system to support delivery at both national and local levels, with an emphasis on enabling sustainable improvements and strengthening public engagement in service design and decision-making.







A key priority for us all in the year ahead is improving access to treatment and reducing waiting times for both urgent and planned care. Building on the Delivery Plan Guidance issued last November, the OIP sets out the key national priorities and investment to ensure that patients will be able to access the treatment they need more quickly. As highlighted in that guidance, Delivery Plans are intended to set out the overarching planning being undertaken by the Board and are supported by more detailed planning and engagement between Boards and the Scottish Government.

This is particularly true of Planned Care, and we not only welcome your focus on this as set out in your Delivery Plan, but also recognise the breadth of other ongoing work set out in your Planned Care Plan. We look forward to continuing to work with you to deliver further improvements in line with the objectives set out in the OIP and appreciate your ongoing close engagement with our teams on this.

Along with Planned Care, improving access to Urgent Care is another key priority for the year ahead and we are continuing to work with boards to develop robust, detailed plans around key priorities such as 'Hospital at Home' and Frailty services. We are content with the actions you are taking as set out in your Delivery Plan and the further detail provided in support of the OIP setting out how you will continue work to enhance equity of access across your Board, the wider local system, and regional/national pathways.

We will also be working with you during this year on the alternative deployment of paramedics in primary and acute care which I know the Board is keen to investigate further.

We note the extremely productive collaboration that has taken place with NHS 24 over the past year which has seen the implementation of new processes for handover of patients, providing benefits to patients and staff at both Boards. We are keen to see the further development of this collaborative work moving forward and will continue to work closely with both Boards around this.

We have reviewed the SAS Delivery Plan in full and have included detailed policy feedback at Annex A. This feedback reflects the contributions of Scottish Government policy leads and is intended to support the further refinement and delivery of the Plan. We would encourage SAS teams to consider this feedback as part of ongoing engagement with SG policy colleagues throughout the delivery period.

Subject to any amendments you wish to make as a result of this feedback, we are content that you progress the SAS Delivery Plan towards Board approval and subsequent publication.

Once again, many thanks to you and all of your colleagues. We look forward to continuing to work with you as we deliver on shared priorities for safe, high-quality and sustainable care. If you have any questions about this letter, please contact calum.drummond@gov.scot.

Yours sincerely

TIM Mª PONNELL

TIM MCDONNELL
Director of Primary Care







#### Annex A: Feedback

### **Adult SC Local Improvement & Transformation**

Really welcome what is in there, and keen to support

### Rural and Transport to Health Team, Primary Care Capabilities

We warmly welcome explicit reference to the Scottish Government's Transport to Health Delivery Plan, as well as SAS's commitment to working collaboratively to seek improvements to the efficiency of its scheduled care service. We particularly appreciate the agility and resilience pledged when adapting to the recognised challenges that may be introduced by the NHS Recovery Plan following Covid-19. Finally, we appreciate reference to the provision of non-urgent transport for patients with medical or mobility needs. Further recognition of the provision of non-urgent transport to health as more generally addressing issues relating to healthcare access inequalities would be greatly appreciated.

# **Realistic Medicine Policy Unit, CMO Directorate**

SAS has very clearly set out it's strategic approach to delivering VBH&C as part of it's narrative plan. We will continue to assess progress with their RM Action Plan during the course of 2025/26

### Seasonal Vaccination and Strategy Unit, Directorate for Population Health

The NHS Board Delivery and Planning Guidance highlights the importance of early intervention, health prevention, partnership working across sectors and putting people at the centre of their health journey through life. Vaccines provide a highly effective health prevention tool and increasing uptake will be a priority of the upcoming Population Health Framework, due to be published. This priority is also reflected in the Scottish Vaccination and Immunisation Programme's (SVIP) Scotland's 5-year Vaccination and Immunisation Framework and Delivery Plan.

The SAS Mobile Vaccination Unit is funded by Scottish Government as it has an expanding role in providing a high-quality, mobile, resilient and responsive vaccination service to reduce health inequalities in partnership with trusted organisations, such as the Minority Ethnic Carers of People Project (MECOPP). This Unit provides essential access to vaccines for areas of low vaccine uptake, including areas of sparse populations, rural areas, in prisons, and areas with specific minority ethnic communities, those who are homeless or socially deprived populations and patients who would struggle to attend clinics.

The Unit has the flexibility to work with Health Boards to meet their obligations to meet the Medication Assisted Treatment (MAT) 4.2 Standard whereby not only can one vaccine be given, but additional vaccines can be given that could be life saving for our disadvantaged and underserved communities. The Unit can also contribute to key national health prevention strategies such as the WHO cervical cancer elimination strategy through increasing uptake of the HPV vaccine in our most disadvantaged communities.

Could an additional Delivery Aim on P39 be – 'To work with Health Board Immunisation Coordinators to direct the mobile vaccine unit resource appropriately towards agreed priority areas, as highlighted in the SVIP 5 year framework and delivery plan, to reduce health inequalities.'







#### **Mental Health Directorate**

Plan for Mental Health is well developed and reflects agreed SG/SAS objectives. While workforce education is covered more broadly in the plan, it would be to have a specific mental health workforce education delivery aim under the mental health section with associated expected outcome increasing staff confidence in responding to people who need mental health or distress support.

#### Stroke, DCOO

Reassuring to see Stroke Improvement Project included. We have close ties to SAS via the development of the national thrombectomy programme and we will continue to liaise with SAS on how they can support further thrombectomy service expansion

### **Population Health**

We welcome the references to the forthcoming PHF and note that although SAS does not have a dedicated public health infrastructure, they have a key role to play in identifying and reducing health inequalities, taking proactive and preventative interventions and understanding importance of working differently in different communities. Following publication of the Framework, we welcome SAS to consider how it could support the implementation and delivery of the relevant national and local priorities and actions.

### Population health resilience and protection division

We would welcome a reference to supporting the improvement of HCID pathways and strengthening the network

#### Racialised health Inequalities

Good to see broad reference to delivering the anti-racism plan. Would be good to see more specific anti-racism actions emerging around workforce and service delivery, including data usage.

#### Future pandemic preparedness

Although corporate risks are included (including risk of a cyber attack), there is no mention of the risk of a pandemic and how it would be dealt with. The introduction to the plan does acknowledge their role as a Cat 1 responder and states "We have the ability to scale our workforce at pace and recognise that we have a much greater role to play in working with Scottish Government and our partners to create additional capacity and support the wider reform of Urgent and Primary Care by developing more cost-effective, sustainable services that meet the needs and expectation of our population." Would be good to see more information in the planning about how this would be achieved and to see a pandemic prep plan. I'm not sure that info needs to be in the ADP but would be good to have the ADP confirm that kind of plan exists, and to see it.

#### Digital Health & Care (DHAC)

Comprehensive plan outlining a number of digital advances in delivery of programmes and aims. Clear references to digital skills in respect of workforce development as per local Digital Strategy with specific aim in relation to DDaT (Specialist workforce) Mentions Digital Maturity as part of forward planning but could benefit in highlighting progress to date. Plan to







improve cyber resilience is demonstrated although compliance with the Refreshed Public Sector Cyber Resilience Framework isn't specifically mentioned.

### **Chief Nursing Officer Directorate**

p.44 Workforce – Plans to ensure that all relevant staff are face fit tested to an FFP3 respirator to support business as usual patient care and in the event of responding to an incident such as Mpox Clade1 and Measles. Plan Includes reference to the implementation of FFP3 face fit testing as one of the delivery aims for 25/26



