



NOT PROTECTIVELY MARKED

Public Board Meeting

30 November 2022 Item 06

THIS PAPER IS FOR DISCUSSION

DELIVERING OUR 2030 STRATEGY

0	
Lead Director	Pauline Howie, Chief Executive
Author	Karen Brogan, Associate Director of Strategy, Planning & Programmes
	Flogrammes
Action required	The Board is asked to
	 discuss progress in relation to delivery of the 2030 Strategy portfolios.
	 note that portfolio reports will be combined into one single condensed paper for future board meetings.
	Feedback is encouraged and welcomed to help shape future Board updates.
Key points	The purpose of the 2030 Strategy Portfolio updates are to report progress and provide assurance to the Board around delivery of the 2030 strategy delivery plans.
	The 2030 Portfolio Boards met for the first time in November 2022, chaired by their respective Portfolio Executive leads.
	A 2030 Portfolio Manager and Strategy Administrator have been appointed to develop and ensure high quality, standardised reporting across projects, programmes and portfolios.
	It is important to note that reporting is still very much evolving with ongoing support to delivery leads to guide them through the new reporting templates and requirements.
	For the purposes of this meeting, a separate pack has been provided for each portfolio however, it is envisaged that these will be condensed and combined into a single paper for future Board meetings.

Doc: Name 2030 Portfolio Updates	Page 1	Author: Karen Brogan
Date: 21 st November 2022	Version 1.0	Review Date:30 th November 2022

	 Good progress is being made across all portfolios of work and mitigation in place where required. Portfolio updates also include projects that are in scoping stages or early implementation. Over the coming months, support will be put in place to ensure all projects have a robust process in place for recording and managing issues and risks. At this stage there are no issues or risks across any of the Portfolios that require escalation to the Board.
Timing	This paper is presented to the November Board and will be a standing item on the Board agenda.
Associated Corporate Risk Identification	 4636 – Health & Wellbeing of Staff 4639 – Response to a Cyber Incident 4638 – Wider System Changes & Pressures 5062 – Failure to achieve Financial Targets
Link to Corporate Ambitions	 We will 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	 Safe Care Effective Care 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.

Doc: Name 2030 Portfolio Updates	Page 2	Author: Karen Brogan
Date: 21 st November 2022	Version 1.0	Review Date:30 th November 2022

Integrated Clinical Hub 0 1 0 1 0 Air Ambulance Re-Procurement Project 0 5 0 N/A Resource Planning Review and Redesign Project 0 0 0 N/A Scheduled Care Efficiency Project 0 0 0 N/A OHCA Project 0 0 1 N/A Major Trauma Project 0 0 0 N/A	ster de	desig		iu –	ind	ninc	nin	nır	эnı	en	ວer	De	ים נ	iq r	ng	പ്പാ	nnir	JNL	ru	e r	re	are	τa	ata	ına	τn	υu	10	olio	one	IOII	แบ	ruc	יוו וע	υιι	poi	ie p	i the	nn i	/ith/	W	s v	es	nes	adie	erad	vera	eiiv	uei	u	υ.	10	÷а	ire a	are		uie	er u	er	эvе	we\	າວທ	, h	vork,	of w	olio	rtto	pul																																																													
Portfolio RAG Project Implementation Team due to commence in November. Related Corporate Risks 4638 – Wider System Changes & Pressures 5062 – Failure to achieve Financial Targets Progress Risks Issues Finance All Risks Demand and Capacity Programme 1 2 1 9 1 9 Integrated Clinical Hub 0 1 0 1 0 1 9 Air Ambulance Re-Procurement Project 0 0 0 0 NA NA Scheduled Care Efficiency Project 0 0 0 1 NA NI Major Trauma Project 0 0 0 0 NA All Risks		Unala		sign	esig	desi	des	de	de	r de	er d	er	ster	ste	oste	Ros	Rc	P R	AP	I A	d /	nd	an	Ja	RU	RL	PR	PF	, Pl	r, F	er,	er,	ier	Гie	Tie	nt T	ent [:]	Irge	n Ur	in I	ay i	lay	ela	del	a de	bad	to a	on t	ior	atio	lat	ela	re	in r	is in	ıs is	atu	sta	st	er	nbe	۱	/ A	acity	ара	& C	nd a	man	Dem	ne D	The	/. T	ry.	/ery	iver	delive	r de	or	fc	s f	s i																																																
Related Corporate Risks 4338 - Wider System Changes & Presures 5062 - Failure to achieve Financial Targets Progress Risks Issues Finance Very High High Me Demand and Capacity Programme 1 2 1 1 9 1 9 Integrated Clinical Hub 0 1 0 1 0 1 9 Air Ambulance Re-Procurement Project 0 0 0 0 N/A N/A Scheduled Care Efficiency Project 0 0 0 1 N/A All Issues Major Trauma Project 0 0 0 0 N/A All Issues			ala				ла —			301	.eo	ve		* 11		у <u>а</u>		- III.y			ale	//a	IVI	1. N	л.		nio	pu	pu	op	0			u	oui				Tec			pre	рі 	лр —			ient	31116	eer		gr	ay	Ja	ng a	wing	now	101		eu	15e	ma	pu																																																																			
Risks Last Period VH H H 1 9 Demand and Capacity Programme 1 2 1 1 9 Integrated Clinical Hub 0 1 0 1 0 1 0 Air Ambulance Re-Procurement Project 0 5 0 N/A 1 9 Resource Planning Review and Redesign Project 0 0 0 N/A N/A OHCA Project 0 0 1 N/A N/A N/A Major Trauma Project 0 0 0 N/A All Issued																-			T	Ri	JI F				Llia					T	Y			- 10	i e la	Link		Ven		ſ			e	ce	nce	anc	inar	Fir	F				es	ues	sue	lss					s	ks	isk	Ri						SS	res	gre	og	Pro	Pr	Р																																																					
Demand and Capacity Programme 1 2 1 1 2 1 1 2 1 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>ן ר</th><th>ſ</th><th></th><th>٦</th><th></th><th></th><th></th><th></th><th>0</th><th></th><th></th><th>IWIE</th><th>Γ</th><th>Ŷ</th><th>_</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>ŕ</th><th>Ŷ</th><th></th><th></th><th>jn</th><th>iyn</th><th>1</th><th>ту пі 1</th><th>very</th><th></th><th>ť</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>1</th><th>Н</th><th></th><th></th><th></th><th>j</th><th></th><th>Н</th><th></th><th>Τ</th><th>٧H</th><th></th><th></th><th>d</th><th>eriod</th><th>s Per</th><th>This</th><th>Т</th><th>Π</th><th></th><th>bd</th><th>iod</th><th>Perio</th><th>st Pe</th><th>asi</th><th>La</th><th>L</th><th>L</th><th>ſ</th><th></th><th></th><th>Ī</th><th></th><th>Ī</th><th>Ī</th><th>Ī</th><th>Ī</th><th>Ī</th><th>Ì</th><th>Ì</th><th></th><th></th><th>J</th><th></th><th></th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th>J</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>-</th><th>-</th><th>-</th><th>-</th><th>-</th></t<>							ן ר	ſ		٦					0			IWIE	Γ	Ŷ	_									ŕ	Ŷ			jn	iyn	1	ту пі 1	very		ť														1	Н				j		Н		Τ	٧H			d	eriod	s Per	This	Т	Π		bd	iod	Perio	st Pe	asi	La	L	L	ſ			Ī		Ī	Ī	Ī	Ī	Ī	Ì	Ì			J			J	J	J	J	J	J	J	J	J	J	J	J	J	J	J												-	-	-	-	-
Integrated Clinical Hub 0 1 0 1 0 Air Ambulance Re-Procurement Project 0 5 0 N/A Resource Planning Review and Redesign Project 0 0 0 N/A Scheduled Care Efficiency Project 0 0 0 N/A OHCA Project 0 0 1 N/A Major Trauma Project 0 0 0 N/A	y Highedium	10% 0%	én	0%	<u> </u>	<u>ال</u>	<u>J</u>	<u>J</u>		1,10	1.1.1	ish_1;			-			=	L	<u>_</u>	_			3			0, 0%.	, 0, 09	w, 0, 0	0w, 0	Low,	Lov	Lo	l			•			ſ									ſ				٦	1	1	\square			٦	:	2			1																																																																	
Air Ambulance Re-Procurement Project 0 5 0 N/A Resource Planning Review and Redesign Project 0 0 0 N/A Scheduled Care Efficiency Project 0 0 0 N/A OHCA Project 0 0 1 N/A Major Trauma Project 0 0 0 N/A	weuum,	um, 0, 0%	3, 076	0%	, 0, 0%	11, 0, 0	11, 0, 1	iiii, U	ium, i	Juni	eului	Weun																																ň	ň				Ì			í	Ч)	0	\sub		ĺ	ſ	—	1		î	0		í						í	ň						Ī			Ī	ī	-	Ī	Ī	٢	٢	٢	ſ																								Ì								ſ				2	2	2	7
Scheduled Care Efficiency Project 0 0 0 N/A OHCA Project 0 0 1 N/A Major Trauma Project 0 0 0 N/A																																												j	T								ſ)	0			ĺ	ſ))	5		Î	0								Ì															Ī	Ī	Ī))																												
OHCA Project 0 0 1 N/A High, 9,90% Major Trauma Project 0 0 0 N/A High, 9,90%																			V																									Ĵ		J/A	N//		ĺ			Ĵ	J)	0			j	Ĵ		0		Ĵ	0		j						Ì	Ď												Ī																																			Ì	Ì	Ì	Ì	$\overline{\left(\right. \right. }$					
Major Trauma Project										1)	$\overline{\mathbf{A}}$	J/A	N/A)	0	\square			Ĵ		0			0																																																																	
																						6	90%	9, 90%	şh, 9, 9	High, 9	High	Hig	Н															Ĵ	$\overline{)}$	J/A	N/A							1	1	\square			Ĵ		0		Ĵ	0									D										Ī		Ī																																				ĺ	ĺ	ĺ	ĺ	ĺ				
																s	ies	ues	รรเ	lss	:	AII	Al	1																ĺ				Ì	Ā	J/A	N/A)	0	$\left[\right]$			Ì		0		Ì	0																																																																	
Stroke / Thrombectomy Project				Lo													m					M)	h											Ĵ	1	√A	NIA		Ì				Ţ)	0				Ĭ		0		Î	0		Í						ÌÌ	Ň												Ī		Ī	Ì	Ì	Ì	Ì	Ì	Ì	Ì																					Ì	Ì	Ì	Ì	Ì	Ì	Ì	ſ	Ì	Ĩ					
Urgent & Unscheduled Care Collaborative Project		(_	0			_	_		_	_		<u>_</u>	<u>_</u>		_			-	-						J								; 	5	5			Ļ				Ì	ĺ	1	J/A	N//		Ì			ĺ	٦)	0				ſ		0		î	0		Í	_					ÌÌ	Ĭ												Ī		Ī	Ĩ	Ĩ	Ĩ	Ĩ		Ì	Ì	Ì																				Ì	Ì	Ì	Ì	Ì	Ì	Ĩ		Ĩ	ſ					
HCP Online Booking Project	6													6	D%	, 0, 0%	w, 0, 0	Low,	%L	, 0%	, 0, 0	ım, 0,	edium,	Mediu	Me	N																	Ì	í	П				Ì			ĺ	Ч	3	3	$\overline{}$		í	ĭ	—	1	_	Ŷ	0								Ì	Ī															Ī	Ī		Ī	Ī																						Ì	Ì	Ì	Ì			ſ	ſ		ſ	ſ					

All risks and issues currently show high only until full access to Datix allows the reporting of all risks

High, 5, 100%





Demand and Capacity Programme

Service

Project Manger / Lead:

James Wilkie

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**



Project Aim:

To improve patient care, and enhance staff experience and wellbeing. This will be achieved by best aligning resources to when and where the people of Scotland need them most. By recruiting more staff and having them available when and where they are most needed, it will mean improved response times for patients, a reduction in shift overruns and an increase in undisturbed rest breaks for colleagues.

Progress Summary

86% of Ambulance (DCA) rosters now live across Scotland. Work continues to support the three Regions to finalise their outstanding locations that will conclude in the majority of locations over the next couple of months. There are specific recruitment challenges that are affecting some of the remote and rural locations, which will take more time to resolve.

Working Parties Scheduled for Urgent Tier and Rapid Response Vehicles in North Region and will run from October to January 2023, additional hours will still be delivered as planned (all 4 scheduled Working Parties may not be required due to volume and relative simplicity).

Forecasting and Planning Team have completed the East Region re-modelling for Urgent Tiers. Working Parties will run from December to February 2023 for East Region Urgent Tiers and Rapid Response Vehicles with additional hours still delivered on a transition basis.

Re-modelling for West Region UT and RRV still to be undertaken. AP re-modelling and meetings with Regions to agree profiles of all AP locations to be completed.

Scottish Government announcement of £45m funding boost to enable the delivery of key programmes including the Demand and Capacity Programme.

This programme is on track to conclude by the end of March 2022.





Integrated Clinical Hub

Service

Project Manger / Lead:

Mark McColl

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**

Project Aim:

Design, evaluate and implement a SAS Integrated Clinical Hub by April 2023

Progress Summary

Work has been carried out to identify call types where patients would benefit from additional clinical assessment from either a GP, Advanced Practitioner or Clinical Adviser. Modelling has subsequently been undertaken to determine staffing requirements by hour of day and day of week to meet patient demand for winter and beyond, ahead of external modelling that is expected to be completed by the end of November 2022.

GP, Bank Practitioner and Technician recruitment is progressing in addition to recruitment of a Clinical Hub Manager. In addition to this, temporary measures have been taken to increase Advanced Practice capacity in the interim throughout winter.

Work is also progressing around the implementation of supporting technology requirements and provision of estate to meet short term and long term requirements.



NHS

SCOTLAND



Air Ambulance Re-Procurement Project

Ambulance Service aking Care to the Pat

Project Manger / Lead:

Suzanne Millar

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**

NHS SCOTLAND



The objective of the air ambulance re - procurement project is to award a contract to a supplier for the continued provision of air ambulance services

Progress Summary

The IA/OBC was approved by CIG on 19/10/22.

The focus remains on procurement activity and the development of the full business case.

As part of stage 1 of the competitive dialogue process, submissions were received from six bidding entities and evaluation is underway.

A second virtual public meeting was also held on the 29th September 2022 and a series of engagement events have taken place with third sector organisations. These concluded in early October 2022. A consultation output report is currently in development and will be shared with project stakeholders.





Shaun Marshall

Project Manger / Lead:



Project Aim: The Review & Redesign of Resource Planning Project has been established to undertake a review of the Resource Planning structure, roles and responsibilities, operating hours, systems, processes, reporting and monitoring arrangements to determine and implement a new optimal resource planning and scheduling function.

26 Sep to 28 Oct

Period covered:

Progress Summary

A letter has been issued to staff, via e-mail, to inform all those potentially impacted by any change that the review is underway. The e-mail gave detail on what's involved and plans for engagement going forward.

This was followed up by staff surveys which were issued on the 27th October. The surveys are seeking the opinions of resource planners and operational colleagues to inform the project. These surveys will be open for a 4 week period. The surveys also link to a staff brief which provides more detail on the project.

Two well-received "drop in sessions" were held on 24th October and 31st October for staff potentially affected by the change, HR and Partnership colleagues and a staff engagement session has been provisionally booked for the 8th December.

The project has been organised into the following 4 work packages: Roles and Responsibilities, Training and Education, Systems and Processes and Reporting and Monitoring. Initial workshops are planned to happen mid-November for each work package.

	All R	isks	
Very High	High	Medium	Low
0	0	0	0
	No Risks to	Report	
	All Is	sues	
High	Med	lium	Low
0			0
	No Issues	s to Report	

Programme / Project RAG



Scheduled Care Efficiency Project

Service

Project Manger / Lead:

Sharon Hammell

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**

NHS SCOTLAND

Deliver a more efficient scheduled care service to support the backlog of patients and the impact of the new National Treatment Project Centres. Aim:

Progress Summary

The Demand and Capacity review is on track.

Systems testing for the Health Board Patient Needs Assessment, which supports patient discharges and inter-hospital transfers has started. Progress on this work will be impacted by the IT freeze in November.

The National Treatment Centres Short-Life Working Group met at the beginning of October. Trauma and Orthopaedic activity allocations for 2023/24, Hips and Knees have been confirmed for the Highland, Fife and Forth Valley. The Golden Jubilee allocation is still to be confirmed, but is understood to be imminent. The allocation is expected to include general surgery and endoscopy, as well as orthopaedics.

We are now developing PTS demand projections and will incorporate Golden Jubilee projections when the data is available. The next SLWG meeting is on 9 November.

The QEUH test of change is making good progress. Amongst next steps is developing an improved and streamlined process for wards to book ambulance transport and ensure these patients are aligned with the planned revised Patient Needs Assessment for discharges.

Briefing meeting held with Senior Scottish Government Policy Lead for Transport to share the challenges and opportunities for SAS Scheduled Care resources in the context of our 2030 Strategy, and to explore how alternative transport could support a more integrated approach while increasing patient access to health and care. A follow up meeting is planned for November.

Work on the Scheduled Care Review is ongoing, with areas of current focus agreed with Senior Responsible Officer

-	All R	lisks	
Very High	High	Medium	Low
0	0	0	0
	No Risks to	Report	
High		sues	Low
High O	Med	dium	Low O





Project Aim:

Ambulance Project Manger / Lead:

Steven Short

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**



Implement the next phase of the clinical developments of Out of Hospital Cardiac Arrest to improve survival rates.

Progress Summary

GoodSAM Alerter app launch on Restart A Heart day was a great success and brings us closer to achieving our aim of increasing bystander CPR rates to 85%. We are also committed to increasing survival rates for those who experience an out of hospital cardiac arrest to 15% and look forward to evidencing the value in bystander CPR. With Comms across multiple channels including national TV and radio, the Goodsam Alerter App has received 1200 sign-ups from a variety of bystanders such as students, coastguard and mountain rescue and other public sector services.

- OHCA annual report released 14th November with positive media
- Draft of updated confirmation of death Guidelines on track for presentation at November Clinical Advisory Group.
- Further meetings with ORTUS and Corpuls manufacturer GS in Germany Agreement reached on better engagement from GS in order to establish challenges with End-tidal CO2 monitors, evaluation of Event Review software with a 3-month trial offered.
- Board reporting-measurement framework agreed and run charts finalised by BI team
- In collaboration with SAS, SALFS launch CPR awareness resources for people living with disabilities in . Scotland
- Further engagement nationally with the BHF regarding the future of "The Circuit"
- Engagement meetings continue, linking to the above action, with the Resuscitation Council (UK) about developing an accredited out of hospital ALS course etc.
- Continue with further 3RU paramedic training with further training have enhanced the response in Aberdeen.





Major Trauma Project

Service

Project Manger / Lead: Martin Esposito

Period covered:

26 Sep to 28 Oct

Programme / Project RAG

NHS SCOTLAND



Optimise pre-hospital care for Major Trauma patients leading to improved clinical outcomes and deliver the role of SAS in the Scottish Trauma Network

Progress Summary

Transition of Trauma Desk to Critical Care Desk (CCD) Project went live at 0700 on Monday 31/10/22.

Use of the Major Trauma Triage Tool (MTTT) continues to increase nationally. A further MTTT workshop was held at the STN national event in September. Ongoing engagement with STAG and the SAS BI team has allowed MTTT data linkage issues to be resolved enabling more accurate data and a greater analysis of MTTT usage nationally and regionally.

Feedback to regional STN partners continues as required. The secondment of the Clinical Effectiveness Lead for Major Trauma Triage has successfully been extended until the end of financial year 2022/23.

Communication is ongoing with SAS BI team and STAG regarding Major Trauma measures with the aim being to develop a major trauma measurement model.

SAS now has a network of local operational managers attending major trauma related in-hospital M&M meetings nationally. The SAS major trauma team are liaising with all regional Clinical Quality Leads to ensure that there is a major trauma representative at each regional patient safety group meeting. This will be the primary way to engage with regional colleagues in relation to major trauma. We have also agreed to trial regional major trauma clinical case reviews in the East region.





Project Aim:

Stroke / Thrombectomy Project

Ambulance Service

Project Manger / Lead:

Craig Henderson

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**

NHS SCOTLAND

To optimise pre-hospital Stroke Care and in partnership, deliver the National Thrombectomy Service

Progress Summary

Due to a change in funding within the SAS Stroke and Thrombectomy (S&T) team, all work streams priorities, resources and associated completion dates for all programmes are under review

Work to develop a strategy to achieve equality in Pre-hospital Stroke Care programme is underway, creating a framework that will highlight key objectives. It is anticipated this work will evolve to include the charity sector, most notably, CHSS and Stroke Association (Scotland).

Variation continues to dominate stroke care across Scotland within both the pre-hospital and inhospital arenas. Improvement work continues across all See & Treat work streams to reduce unwarranted variation from initial contact with ACC through, in partnership with HB's, to the introduction of thrombolysis.



Scottish Service Takina Care to the Pati

Urgent and Unscheduled Care Collaborative Project Ambulance Project Manger / Lead: Julie Kina

Period covered:

26 Sep to 28 Oct

Programme / Project RAG

NHS SCOTLAND

Project Aim:

Deliver SAS role in urgent care including engagement with the national Urgent and Unscheduled Care collaborative. This sees a focus on ensuring patients receive the right care, at the right time in the right place with the aim of reducing unnecessary demand on EDs, improving flow and supporting the delivery of care closer to home.

Progress Summary

An improvement plan has been submitted to Scottish Government, focusing on four key areas with work underway to support delivery of these priorities across both national and regional structures, including development of the Clinical Hub, working with Board Flow Navigation Centres, focus on Patient Safety at the ED interface including Hospital Turnaround Times and our contribution to reducing delays to hospital discharges.

In the last month we have had an opportunity to showcase the work underway with NHS Grampian utilising their Flow Navigation Centre to support the delivery of person centred care at the recent national Urgent and Unscheduled Care session in Glasgow in October. This was extremely well received and has resulted in us increasing the number of Boards who are keen to work with us to explore the benefits of this initiative.

Work continues across a number of areas to increase the use of Falls pathways and specifically targeted work with NHS Greater Glasgow and Clyde. This has seen each of the six health and social care partners being accessible through a single point of contact and the opportunity to access urgent care advice for patients who have fallen but where there is potential to do something different to support their care. Data from the Scottish Ambulance Service is helping to drive the direction of these improvement activities for the benefit of patients, crews and the whole system.

Work is also underway to better understand the use of pathways for patients with breathing difficulties and the barriers to achieving. Results show an increase in the numbers of patients who have been referred to other Health and Social Care providers which is a key focus of our Pathway Navigator team as part of the Proactive and Preventative Portfolio.

Learning Networks have been established to support Boards in the delivery of their High Impact Changes. We are working to ensure that the Service is highly visible and engaged in the work of these networks and we have taken the opportunity to present some of our work with e.g. NHS Lothian and Same Day Emergency Care initiatives.

	All R	isks	
Very High	High	Medium	Low
0	0	0	0
	No Risks	to Report	
	All Is	sues	
High		lium	Low
0			0
	No Issue	es to Report	



Project Manger / Lead:

Project Aim:

To implement an online ambulance booking system for use by Healthcare Professionals. The online booking of emergency and timed admissions will become the recommended alternative to telephone bookings. The target date for the last go-live by which all territorial Boards can make online bookings has yet to be agreed, but is expected to be no earlier than autumn 2023.

26 Sep to 28 Oct

Period covered:

Progress Summary

The HCP online booking system has been tested using a reduced set of questions and has been successfully tested. Software Acceptance Testing of timed admissions from hospital to home is complete. The first pilot by Lothian in hours GPs and Flow Centre was due to start on 10/10 but it has been agreed to postpone until approximately late February 2023 to allow time to bring emergency admissions and inter-hospital transfers into scope with some additional enhancements. It also allows more planning and preparation with respect to the Communications Plan and other key Work Packages such as C3 account creation/administration and Training to progress. The project timeline will be revised.

Stewart Clark

The Business Intelligence team are refining usage reports to show which Boards and sites place greatest demand on telephoning booking. This will help to further inform the pilot schedule to ensure we identify pilot users with sufficient booking volumes to maximise learning.

Pilot Boards will also be chosen based on their capacity and willingness to engage in a pilot as effective communication will be a critical success factor.



Programme / Project RAG

NHS

SCOTLAND

ALL LARCE	Scottish	Maternity and I	Neonatal Pro	oject						NHS
	Ambulance Service Taking Care to the Patient	Project Manger / Lead:	Kenny Mitchell	Period covered:	26 Sep to 28 Oct	Programme / Progra	oject RAG			SCOTLAND
Project Aim:	taken place an An element of	rnment has published "The nd highlights the case for ch Best Start was a requireme h neonatal unit staffing mod	ange in the provision ent for a detailed revie	s for maternity and n	eonatal care.					
Progress S	Summary						Very High	All R High	isks Medium	Low
								0	0	0
									to Report	
							High	All Is: Med		Low
							0			0
								No Issue	s to Repor	t

	Scottish Ambulance Service aking Care to the Patient	gital, Data, Inno	vation ar	nd Resear	ch Pc	ortfoli	io Repo	rt – 2030	SG			OTLAND
Portfolio Lead:	Julie Carter	Good progress is being										ı
Period covered:	26 Sep to 28 Oct	developing work plan fo meeting that given the ra										tal
Portfolio RAG		Board. We asked the lea	ads to develop th	hat for the next m	eeting. All	'red' area	as were discus	ssed in detail and	d reassured of th	e current	mitigations	in
Related	4639 – Response to	a Cyber Incident	Prog	ress	Ris	sks	Issues	Finance			Risks	
Corporate Risks	5062 – Failure to a	achieve Financial Targets	Last Period	This Period	VH	Ц	Н		Very High	High	Medium	Low
)	Last renou	This Ferrou				\frown	0	11	0	0
Digital and D	ata Strategy Deve	elopment			0	0	0	N/A	Low, 0,	0% Very H	igh, 0, 0%	um, 0, 0%
GRS Timeca	rd and App				0	0	0	N/A				
Emergency S	Services Network				0	5	0					
iccs	Tues 1				0	1	4				1	
Digital Work	place Phase 2				0	3	1					
RD&I Strateg	y Development a	nd Implementation			0	0	0	N/A		High,	 8, 100%	
Cyber Resilie	ence					0	0	N/A		All Is	sues	
Smartphone	Implementation								High	Me	dium	Low
					Ľ				0	lí –	0	0









GRS Timecard and App

Service

Project Manger / Lead: Gary Osborne

Period covered:

26 Sep to 28 Oct

Programme / Project RAG



Project Aim:

Development and Implementation of an electronic timesheet on the GRS system to feed the payroll system. Introduction and Rollout of GRS App to Mobile Devices.

Progress Summary

Timecard

An upgrade to GRS Live was completed on 6th October incorporating new Timecard functionality. On further testing of the Timecard module some small technical issues have been identified and reported back to Total Mobile. Total Mobile have advised that these do not require a system upgrade but small bug fixes. The team is awaiting a fix date for these.

The first Project Team meeting was held with good participation from attending members. Actions have been created and will be assigned around risks, process mapping, training and communications. These will be progressed in the coming weeks with the aim to begin a small scale pilot using the full end to end process.

Project Plans for Timecard and App have been re-drafted after project re-started. The Project Team raised concerns over resourcing capacity to meet milestones, this has been escalated to the Best Value Steering Group and PPSG and will continue to be monitored.

App

Total Mobile still to provide date for work required on server which will allow for App deployment and testing (a date for this should arrive soon). External Penetration test to be taken forward once this work completed on request of Network & Security Team. Once this is achieved end user testing can begin.





Service

Project Manger / Lead: Mark McColl

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**



Project Aim:

ESN will eventually replace Airwave with critical voice and data over a commercial 4G LTE ESN broadband, with 'operationally acceptable' geographical coverage, as well as resilience and absolute priority for emergency service users over other customers. Scope encompasses vehicle fleet, air fleet and ACC's

Progress Summary

The entire programme is still reporting RED.

Due to commercial and technical challenges, the Emergency Services Mobile Communications Programme (ESMCP) will incur further delays, which makes it unlikely that SAS will transition off Airwave on to ESN before 2028.

The Market engagement activities has commenced for re-procurement of LOT2, which includes the ESN infrastructure, mission critical push to talk application and service management capability. The programme team is also currently reviewing key documentation under the LOT2 re-procurement activity.

A revised business case and integrated programme plan when available will allow the programme team to reconvene, re-plan and assess its objectives for 2023.

For Air to Ground solution, the change request for a TETRA/ESN enabled solution, is still under technical impact assessment. Again, due to delays within the ESMCP Programme a further assessment shall be made to the Air Plan once the revised business case and integrated plan is made available





ervice Project Manger / Lead: Carol White Period covered:

overed: 26 Sep to 28 Oct

Programme / Project RAG



Project Aim: The implementation of the Ambulance Radio Programme (ARP), Frequentis LifeX ICCS control room solution, utilising the Airwave network and the removal of the Capita DS2000 ICCS.

Progress Summary

In August 2022 the LifeX test environment was handed over to SAS and tested, with 1 showstopper failure identified during testing. A workaround of using the voice recorder bulk recording was accepted by SAS however, as at 26th October 2022 there remains an issue on the bulk recordings that needs fixed to allow this workaround to work.

Additionally, only a portion of the SAS data was available on the test environment. SAS and ARP agreed that there was a requirement to test the system with a full complement of SAS data and as such the ARP provided the LifeX DCB environment to SAS 22nd September 2022. SAS identified a number of problems with this DCB environment, including the MIS-C3 CAD connection and Terrafix mobile data connection not working until 17th October 2022. At this point SAS were able to start end-to-end testing of the system on DCB. Issues were identified with the configuration on the DCB environment and the voice recorder issue remains unresolved. The replication function between Live environment DCA and DCB cannot be tested at this time.

On 26th October, ARP informed SAS that access will no longer be available to LifeX environments for over a month because all environments are to be upgraded to allow for a move to Airwave DCS in 2023.

In summary, it has not been possible to complete the end-to-end testing and as such TM6 has not been signed off. There is no approved timeline as SAS are awaiting the outcome of end-to-end testing (TM6) to allow the re-planning of the project.





Digital Workplace Phase 2

Project Manger / Lead:

Project Aim:

DWP Phase 2 will aim to establish procedures and appropriate controls in order capitalise on the full benefits of Microsoft 365. This will address how its various features could bring measurable benefits to the Service, while developing a robust information governance, training and support package in order to maintain any such developments made.

26 Sep to 28 Oct

Period covered:

Progress Summary

Project discovery is now complete. Key contacts have been established within NHSS including joining NHSS M365 project managers' community. These connections are important due to the close dependency on the National M365 progress in terms of governance and support.

Angela Kerr

OneDrive roll-out has been paused due to a number of unresolved issues. These have been escalated with NHSS for resolution. Meeting arranged start November to review position within SAS with aim to make a recommendation for a decision regarding status of One Drive migration. Information gathering and discovery progressing to identify suitable pilot projects for the Power Apps and Celebrate Success objectives, assessing their alignment with the DPW2 project Best Value Mandate.

The project is progressing well at present; however, the official National stance is that OneDrive, SharePoint and Security and Compliance work streams, that were delivered by National Phase 3 programme, are not in support and should not be implemented. No further official clarity has been given of the status to reform the National Operational Delivery Group to oversee the implementation of these work streams which could influence the projected timescales of this project.



Programme / Project RAG

NHS

SCOTLAND





Service

Project Manger / Lead:

Gary Osborne

Period covered: 26 Sep to 28 Oct Programme / Project RAG

NHS SCOTLAND

Project Aim:

Handover of Smartphones to all eligible frontline A&E staff

Progress Summary

MTU completed work package as of 30/9/22 with 3286 smartphones issued to eligible A&E staff throughout the country. All remaining phones have been returned for storage at NHQ in the care of the telephony team.

Wash-up activities have begun with localised communications issued to identify eligible staff who have yet to receive a device, with these being issued to any staff identified in person or via courier. Plans are being formulated to manage the 2023 new recruits so these can be issued on graduation in

a controlled manner.

Support calls are still being monitored and continue to be manageable.

A development request process is being formulated with Project Team to be presented at next team meeting.

	All R	isks	
Very High	High	Medium	Low
0	0	0	0
	No Risks to	Report	
	All Is	sues	
High	Mec	lium	Low
0			0



RD&I Strategy Development and Implementation

Service

Project Manger / Lead:

Paul Gowens

Period covered: 26 Sep to 28 Oct Programme / Project RAG

NHS SCOTLAND

Project Aim:

Refresh the RD and I strategy, implement a new innovation governance and reporting structure and update the research governance processes and procedures.

Progress Summary

Our R & I Strategy was approved by the Board in September 2022 which set out 5 pillars to which all our work is centred around: Data Driven Innovation, Clinical and Workforce outcomes, Digital and Product technologies, staff development and Partnership and collaboration. The ambitions of Research and Innovation are to:

- Collaborate with partners to build the infrastructure, data and research necessary to deliver benefits to staff and patients
- Become a test bed for innovative technologies, such as cutting-edge robotics and bespoke Artificial Intelligence, as well as
- innovative methodologies (e.g. applying new approaches to existing challenges)
- Design and deliver and portfolio of innovation and research projects that directly benefit patient outcomes, such as remote patient monitoring and augmented diagnostic testing
- Develop for collaboration agreements with Universities to co-produce high-impact initiatives across Scotland and work towards becoming a recognised University Health Board.
- Provide clinical academic opportunities to our staff who wish to undertake research projects or advanced degrees, such as Masters and PhDs
- Work with Higher Education Institutions to embed research and innovation principles to equip the next generation of Newly Qualified Paramedics with the necessary skills to be 'R&I ready'

A Governance and reporting structure has been implemented supported with updated research governance processes and procedures.

	All R	isks	
Very High	High	Medium	Low
0	0	0	0
	No Risks to	Report	
	All Is	sues	
High	All Is	sues lium	Low
High	Mec		Low O

A S	cottish mbulance ervice king Care to the Patient	ventative and	Proactive	e Care Po	rtfolic	Rep	ort – 203	30 SG				HS	
Portfolio Lead:	Jim Ward	SAS had a key role p	-			-				-	•		
Period covered:	26 Sep to 28 Oct	26 Sep to 28 Oct centre of the health and care system were emphasised. Subsequent to the sessions with SG re partnership working, a number of workstreams have been discussed as areas to progress. These are included in that section of the update. The overarching issue of SAS' role in improving											
Portfolio RAG		population health is so	•	•								<u>.</u>	
Related Corporate Risks	4638-Wider system changes & pressures 5062-Failure to achieve financial target	hanges & pressures	Progress		Ris	Risks		Finance		All Risks			
		e .	Last Period	This Period	VH	Н	Issues		Very High	High	Medium	Low	
Drug Harm Reduction						0	TBA	Low	, 0, 070	0 ry High, Med	0 lium, 0%		
Partnership Working (Primary Care & NHS24)				ТВА	TBA	ТВА	ТВА						
End of Life Care				0	0	0	N/A						
Pathway Navigation Hub Pathways				0	0	0	N/A						
Population Health Improvement				ТВА	ТВА	TBA	ТВА						
											gh, 1, 00%		

No Issues to Report

All Issues

Medium

0

Low

0

High

0





Drug Harm Reduction

Service Taking Care to the Pat

Project Manger / Lead:

Julie McCartney

26 Sep to 28 Oct Period covered:

Programme / Project RAG



Project Aim:

To contribute to the whole system public health approaches to reducing harm and death from problematic substance use.

Progress Summary

The work of the Scottish Ambulance Service (SAS) to play an increasing role in the national initiative to reduce harm from problematic substance use has been underway since 2020, to support this work with a focus on education and development of frontline clinicians as well as the distribution and promotion of Take-Home Naloxone (THN) kits. Almost all ambulance clinicians are now able to supply THN, with over 2000 kits supplied since Jan 2020, many of which are to people who have never had one before.

Recognition via Police Scotland and territorial health boards reporting that 60% of individuals who die of a drug-related death, do so the first time they experience an overdose. Gap identified in the current SAS pathway, as this supports only those who experience overdose and survive. Continued scoping of potential to capture people at risk of future fatal overdose before any significant harm takes place. Partnerships have been vital in the progression of this work and Information Governance agreements are currently being explored to allow SAS to analyse the risk stratification and emergency care engagement patterns of those individuals identified by the health board as having died during first experience of overdose. This is set to allow the team to redefine the data parameters that elicit automatic referrals.

The harm reduction toolkit offered via SAS is ready to expand further, allowing clinicians to supply injecting equipment to individuals at risk of harm from route of use, alongside the growing practice of THN distribution. This initiative, funded by Realistic Medicine, will reduce harm across Blood-borne viruses, Wound Care and Vascular Care among people who inject drugs. The project to supply sterile injecting equipment will run separately but alongside future projects in WAND (wound care, assessment of injecting risks, naloxone distribution, dried blood-spot testing).

Funding is being sought to extend and expand the work of the Service in this important space in 2023 that will allow us to demonstrate our commitment to reducing health inequalities.

A potential future project has been identified should the workstream be extended, that should minimise health harm inequalities experienced by individuals in SIMD1 and 2 to be completed in collaboration with OHCA and Stroke team. The identification of higher risk areas, such as SIMD 1 and 2 areas, will influence decisions around resource provision for trials in Publicly Accessible Naloxone and nightlife economy resourcing, as well as provide evidence in discussions on alternative spaces such as safe consumption rooms.



No Issues to Report



Partnership Working (Primary Care & NHS 24)

Service Project Manger / Lead:

Manger / Lead: Gareth Evans

ans Period covered:

vered: 26 Sep to 28 Oct

Programme / Project RAG



Aim:

Improve links and effective working with NHS24 and Wider Primary Care

Progress Summary

A number of meetings have taken place with Scottish Government colleagues and the following work streams described below will be developed.

- SAS contribution to Primary Care Multi-disciplinary team working
- Align mapping of 'Deep end Practices to SAS station locations to promote whole system approach to care provision in SIMD 1 areas.
- Specific disease management; COPD, Diabetes
- Links to Urgent Care Portfolio OHCA / Trauma and Stroke with look through prism of inequalities.
- Strengthen links with Scottish Government re Drug Harm Reduction, End of Life and Urgent Care workstreams.
- Engage re discovery phase or the Getting It Right For Everyone (GIRFE) workstream.
- Consider opportunities to work aligned to Scottish Government Alcohol strategy
- Optimise interface with Scottish Government portfolio structures, and Centre for Sustainable Delivery (CFSD)

All Risks Very High High Medium Low 0 1 0 0 No Risks to Report All Issues High Medium Low 0 0 0 No Issues to Report

NHS

SCOTLAND





Project Manger / Lead:

Paul Watson

Period covered: 26 Sep to 28 Oct Programme / Project RAG



Project Aim:

Improve our ability to deliver End of Life Care by delivering education to our workforce, improving access to digital information, developing supporting guidance and pathways to reduce inappropriate ED conveyance and ensure timely access to symptom relief.

		All Risks							
Progress Summary				Medium	Low				
1		0	0	0	0				
 The following activities have been identified for the ASD Plan for Education goal: Communication skills sessions to be delivered across the 3 regions Symptom Control sessions to be delivered across the 3 regions Sessions to be delivered with HEI X 5 Year 3 BSc Paramedic Science students Advanced Practice Project ECHO hosted by Strathcarron Hospice Technician /Paramedic Project ECHO hosted by Marie Curie Hospice General EoLC session to be delivered to Advanced Practitioners in Urgent Care with a focus on seeking 				No Risks to Report					
	input to further AP resources this programme may develop								
Station engagement across all 3 regions to raise awareness, seek input into developments and encourage communication between clinicians and the team				All Issues					
•	Review of the VQ Technician Course materials and liaison with EPDD colleagues	High	Med	lium	Low				
•	End of life care support sessions for NQP and SVQ portfolios	0		0	0				
 The following activities have been identified for the ASD Plan for Guidelines & Partnership Working Goals EoLC Subcut interventions report prepared for Medicines Management Group with recommendations for updates to the Paramedic Administration of Just in Case Medications Guideline Engagement with external partners: NHS Highland, NHS Grampian, NHS Tayside, NHS Forth Valley and NHS Lanarkshire Wider national engagement & shared learning with the AACE End of Life Care Leads Network. 				No Issues to Report					



Pathway Navigation Hub Pathways

Ambulance Service

Project Manger / Lead:

Owen Williams

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**



Project Aim:

Design and develop internal resource to support and direct clinicians to access the full range of pathways, Flow Navigation Centres and other alternatives to best meet the needs of our patients.

Progress Summary

The Pathway Hub is designed to support and facilitate the improved use of pathways across the Scottish Ambulance Service including:

-Regional pathway navigators working across each region to provide leadership to pathway development, training and support. (Effective August 2022)

-Central hub providing a Single Point of Contact designed to support and direct crews to the most appropriate pathways for their patients across the regions as well as connecting patients with external services such as Falls teams, Alcohol & Drug Partnerships and Public Protection.

The Pathways Hub took 347 calls during September which is the highest number of calls ever taken by the Hub representing an increase of 155 calls from the total in August. This included 153 falls referrals and 31 referrals for drug and alcohol services.

Work is underway to utilise the Pathways section within JRCALC to create a central point for pathway information, reducing variation and increasing access to this information for clinicians.

With a continued focus on staff engagement, with the aim of supporting safe non-conveyance and embedding the principles of realistic medicine we have engaged with approximately 800 staff through face to face, online CPD and Dip HE programmes.

Delivery of COPD CPD sessions has started in the North and expanding across the country.

Test of Change for Call Before You Convey to improve use of Flow Navigation Centres underway in Ayrshire and Arran, Grampian and Lothian. Work is underway to support making these tests sustainable.

All Risks						
Very High	High	Medium	Low			
0	0	0	0			
No Risks to Report						
	All Is	sues				
High		lium	Low			
0			0			
No Issues to Report						





Communities and Place Portfolio Report – 2030 SG



Taki	ing Care to the Patient
Portfolio Lead:	Julie Carter
Period covered:	26 Sep to 28 Oct
Portfolio RAG	
Related Corporate Risks	4638-Wider syste
Community H	ubs / South Stat
Volunteer Enh	nancement

Recognising this work is at different phases, we noted that those programmes not yet allocated a lead will be considered at the next meeting when the Director of Care Quality and Education is in post. For those project that are up and running, good work is being progressed. Specific key points for the high intensity use service and the mental health service is to (a) ensure that the benefits of the investment are quantified with clear trajectories and utilisation of resources and (b) specific to the HIU work to seek alternate funding sources if internal monies cannot be allocated this includes building upon the good work in engaging external stakeholder including HB's, IJB's and LA's.

Н

TBA

0

1

0

TBA

1

0

TBA

Issues

Н

TBA

2

0

1

TBA

0

0

TBA

Finance

TBA

N/A

TBA

N/A

TBA

TBA

N/A

TBA

Related Corporate	4638-Wider system changes & pressures	Progress			Ris	sks
Risks		Last Period	This Period		VH	H
Community H	ubs / South Station Delivery)	ТВА	TB
Volunteer En	hancement				0	0
Mental Health	Strategy Implementation				0	1
Dementia Stra	ategy Implementation				0	0
Community P	lanning Development				ТВА	ТВ
High Intensity	v User Service				0	1
Sustainability	Strategy Development				0	0
Preparation fo	or National Care Service				TBA	TB









Community Hubs / South Station Delivery

Service

Project Manger / Lead:

John Brown

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**

TBA



Project Aim:

Secure South Station business case agreement, develop implementation plan and develop concept of SAS community hubs

Progress Summary

The South Station Initial Agreement (IA) was reviewed at the Capital Investment Group (CIG) on the 28th of September. The outcome is expected by the end of October 2022.

Health Facilities Scotland and Architecture & Design Scotland have assessed the project and considered the National Design and Assessment Process (NDAP) supported (unverified). Recommendations are to be resubmitted on 4th November 2022. This will then direct the preparation for an outline business case (OBC) and towards a full business case (FBC) within appropriate timescales. Within this process, the concept of a community hub will be further developed and aligned to the relevant timescales.

Community Hub: Early discussions with HIS around The Quality Framework for Community Engagement and Participation and how this aligns with Planning with People guidance. The next meeting is scheduled for 23rd November 2022.

key domains:

- 1. routine ongoing engagement
- 2. specific engagement activities relating to service planning and design
- 3. internal governance systems for community engagement activity

All Risks						
Very High	High	Medium	Low			
0	0	0	0			
No Risks to Report						
All Issues						
High	Med	ium	Low			
0			0			
No Issues to Report						





Ambulance Project Manger / Lead: Craig Hunter

Period covered:

26 Sep to 28 Oct

Programme / Project RAG



Project Aim:

Develop implementation plan for enhancing role of CFRs and volunteers

Progress Summary

- Discussion on going with partners and suppliers on new collaborative initiatives
- Cohort of "Wildcat Responders" in NE Scotland integrated into Community First Responders • (CFR) pool
- Several small-scale tests of change pilots either completed or planned
- Endorsement by CAG re proposal to enhance CFR attendance at OHCAs
- Continued scoping to inform broader volunteering strategy
- Maintaining current cohort of CFR volunteers and seeking to ensure appropriate deployment
- Identifying the key enablers to support a broader volunteering strategy and engaging with associated stakeholders
- Pilot on non-injured falls in development and will see CFRs attending in place of a traditional resource.




Mental Health Strategy Implementation

Service Taking Care to the Pat

Project Manger / Lead:

Billy Ridler

Period covered: 26 Sep to 28 Oct Programme / Project RAG

NHS SCOTLAND



Implement Year 1 of the Mental Health strategy

Progress Summary

- A Mental Health work plan was developed, and workstream leads were identified. Workplan is available at Mental Health and Dementia Work Plan 2223.xlsx and shows the detailed actions to support with milestone descriptions identified above.
- Initial evaluation of MHPRUs shared via all staff engagement event, written evaluation being developed
- Learning priorities CPD sessions, via MS Teams, planned and available for staff to book onto for remaining of ٠ financial year. Focus on key concepts in relation to mental health. In person CPD sessions being offered in West, to be expanded to North and East over coming months. Mental Health First Aid courses available - some online, some in person. ASIST (suicide intervention and prevention course) dates identified, and offered, across organisation. LiP resources have been developed with a focus on learning at an informed, and skilled level of NHS Education for Scotland's mental health improvement and suicide prevention framework. External speakers have delivered two organisation wide CPD sessions, future one around gender identity and mental health to be organised. Mental health team facilitating mental health sessions for all VQ courses.
- Relationships established with all providers of paramedic education in Scotland to understand mental health content and support with delivery, and SAS context for students.
- Needs analysis being conducted through station and ACC engagement events, engagement with colleagues across organisational points and Tech and ACA courses, with action plan being developed to include parity of learning opportunity in relation to mental health.
- Engagement with external colleagues continues regularly NHS 24 and Police Scotland (as part of mental health pathway), Scottish Govt colleagues (unscheduled and urgent care focus particularly), Blue Light strategic group.
- Incremental establishment of distress brief intervention pathways locally and nationally continue



All Risks



No Issues to Report

All risks and issues currently show high only until full access to Datix allows the reporting of all risks



Dementia Strategy Implementation

Service

Project Manger / Lead:

Billy Ridler

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**

NHS SCOTLAND



Develop dementia strategy and implementation/work plan

Progress Summary

- Dementia Lead linked into national and professional dementia groups ambulance service specific group currently not meeting regularly due to operational pressures
- Ongoing discussions with Alzheimer's Scotland regarding funding
- Alzheimer's Scotland AHP leads group meeting regularly and plan developed with Alzheimer's AHP lead specific to SAS with focus on; raising awareness, promoting excellence and SAS Strategy and consultation
- Key stakeholder mapping has commenced internal colleagues identified, and an initial meeting has occurred. External mapping started, met with lived and living experience groups who are happy to contribute going forward.
- Revised timeframe for final strategy development is autumn 2023 following Scottish Governments new dementia strategy expected to be published around April 2023.



All risks and issues currently show high only until full access to Datix allows the reporting of all risks



NHS SCOTLAND

Low

0

Low

0

No Issues to Report

All Issues

Medium

0

All Risks

Medium

0

High

0



Service

Project Manger / Lead:

Jayne Scaife

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**



Project Aim:

To reduce demand and improve our capacity to respond to more life-threatening emergencies by reducing 999 incidents from High Intensity User's that are not life threatening and do not require immediate emergency care.

Progress Summary

The project funding allocated by SG has been utilised to complete and evaluate the project. Deadline of July 2022 was met in full.

The aim now is to mainstream the project if the data showed as successful reduction in calls and incidents.

As calls and incidents have been reduced by circa 55% the Executive Team agreed to consider the project for Phase 3 Demand and Capacity monies when allocated.

Initial scoping work for the Under 18 High Intensity User work identified that further data mining was required to evaluate the number of vulnerable children and young people accessing the service and to be able to assess the level of data to be offered to Health Boards across Scotland.

We would continue to recognise, respond and report concerns via our pre-existing NOC pathway. But the work indicates that we could help holistically support children and families with complex care needs thereby contributing to multi-agency working.



All risks and issues currently show high only until full access to Datix allows the reporting of all risks



Sustainability Strategy Development

Ambulance Service

Project Manger / Lead: Julie Carter

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**

NHS SCOTLAND

Project Aim:

Develop the Service net zero/sustainability strategy, implement year 1 delivery plan (note this should be read in conjunction with the carbon neutral and energy best value programme)

Progress Summary

Draft strategy approved by the Executive Team and updated by the Board Climate Emergency and Sustainability Champion. Final strategy was approved by the Board on 28 September 2022.

A climate change response team has been set up with the first meeting taken place on the 26th August and regular meetings scheduled. The first task for the group was to pull together an action plan for the duration of the strategy and then focusing on the first year delivery plan. The Plan was to have this in place by October 2022. This will then define targets and impacts. The October meeting reviewed a first pass of the action plan and agreed it needed further refinement. The next meeting of the group is on the 18th November and aim to finalise the action plan by that time.

The climate change response team has also been expanded to include regional leads and the Service realistic medicine lead. In addition to a member of the Communications team.

In the meantime good work is progressing with approval of decarbonisation bids as noted in the best value report updates.

All Risks Very High High Medium Low 0 0 0 0 No Risks to Report All Issues High Medium Low 0 0 0 No Issues to Report





Workforce and Wellbeing Portfolio Report – 2030 SG



High, 1, 100%

Taki	ng care to the Patient
Portfolio Lead:	Avril Keen
Period covered:	26 Sep to 28 Oct
Portfolio RAG	
Related Corporate Risks	1 – Risk 4636 (Re
	<u>`</u>
Health and W	ellbeing Implen

The majority of these projects are in their infancy with clear milestones, deliverables, risks and issues to be fully identified for further detailed reporting. Rest Break Compliance; Equality, Diversity and Inclusion and Agile Working workstreams are on track. Workforce Performance Management programme will fully commence with new Head of Workforce commencing in January with interim support measures currently in place. Risk identified in Health and Wellbeing implementation with 50% reduced capacity in team, risk and considered mitigations to be added for next period. Existing issue still within Leadership development with mitigating actions planned.

Related										All F	Risks	
Corporate	1 – Risk 4636 (Rest Break Compliance)	Pro	gress		R	sks	Issues	Finance	Very High	High	Medium	Low
Risks		Last Period	This Period		VH	Н	Н		0	11	0	0
Health and V	Vellbeing Implementation				0	0	0	N/A			,	·
Agile Workin	g Group				0	0	0	N/A				
Organisation	al Leadership Development				0	0	1	N/A				
Rest Break C	compliance				0	0	0	N/A		No ri	sks to report	
Workforce Pe	erformance Management				0	0	0	N/A				
Equality, Div	ersity and Inclusion				0	0	0	N/A				
On Call Redu	iction	ТВА	ТВА		TBA	ТВА	ТВА	ТВА		All Is	ssues	
People Strate	egy Development	ТВА	ТВА		TBA	TBA	ТВА	TBA	High		dium	Low
Training and	Education Model Development	ТВА	ТВА		TBA	ТВА	ТВА	ТВА	0		0	0
Statutory and	d Mandatory Training Development	ТВА	ТВА)	ТВА	TBA	ТВА	ТВА		.vieuluin, o, o		





Health and Wellbeing Implementation



Project Manger / Lead:

Alison Ferahi

Period covered: 26 Sep to 28 Oct Programme / Project RAG



Project Aim:

Successfully implement year 2 of the health and wellbeing strategy, and further reduce sickness absence by 1% full year.

Progress Summary

The majority of actions for the implementation of the second year of the Health & Wellbeing Strategy are on track for delivery against the timescales set.

There are a couple of issues to highlight:

We have not yet secured an internal secondee to develop the interactive Wellbeing Hub, therefore the timescale of end December 2022 is unlikely to be met.

Two of our Wellbeing Leads have returned to their substantive post leaving us 50% capacity down in the Wellbeing Team from December 2022. This poses a risk to the implementation of the Strategy. Will review what can be realistically delivered and what mitigations can be sought. To be added to the Wellbeing Risk Register.

All Risks						
Very High	High	Medium	Low			
0	0	0	0			
Risk identified and to be added for next reporting period						
	All Is	sues				
High	Med	edium Low				
0			0			
No issues to report						

100	
C C C C C C C C C C C C C C C C C C C	Scottish Ambular Service
CONTRACT.	Taking Care to the

Agile Working Group

Ambulance Service aking Care to the Pa

Project Manger / Lead: Siobhan Swanney

Period covered:

26 Sep to 28 Oct

Programme / Project RAG



Project Aim:

Consideration is being given to the way in which agile working interacts with existing and incoming NHS Scotland and SAS policy. The aim of developing the agile working framework is establishing the most appropriate and effective way of working by bringing together people, processes, connectivity, technology, time and location.

Progress Summary

The Agile Working group has reconvened in recent week to reinvigorate discussions around the SAS' approach to agile working.

A once for Scotland Policy is due to become available shortly which will help inform this group.

A report is being prepared to be submitted to the Executive Team for discussion and consideration around the SAS Agile Working Framework. This will include a set of FAQs to be published for staff. Benchmarking activity has been undertaken against progress with other organisations including Scottish Fire and Rescue Service.

Ongoing activities looking at the interdependencies with Best Value Programme, exploring hybrid working model.

Understanding the H & S and legal elements.

All Risks							
Very High	High	Medium	Low				
0	0	0	0				
No risks to report							
All Issues High Medium Low							
High O			Low O				
No issues to report							



Organisational Leadership Development

Ambulance Service

Project Manger / Lead:

Luke Hawke

Period covered: 26 Sep to 28 Oct **Programme / Project RAG**



Project Aim:

Organisational Leadership Development Programmes. The programme currently being delivered is the Foundation Leadership and Management Programme (FLMP), and an additional Aspirant Leadership Programme (ALP) is being designed.

Progress Summary

Issues with the external accreditation provider caused a delay in the application process for accreditation. This is now resolved, with an additional financial saving made as a result of the delay in authorisation.

Programme design for the FLMP was completed on schedule, and programme design for the ALP is on track for completion. Every cohort has started on schedule or is on track to.

The high issue is around a lack of protected time which has resulted in a high non-attendance rate for courses. The only outstanding concern is the completion of the first two cohorts of FLMP. Due to dropouts and non-attendance, these are likely to be combined into a single cohort. This will result in a delay while amalgamated, however, all the learning objectives will be met.

All Risks Very High High Medium Low 0 0 0 0 No risks to report All Issues High Medium Low 0 0 1 Medium, 0, 0% _Low, 0, 0%

High, 1, 100%



Rest Break Compliance

Service aking Care to the Pat

Project Manger / Lead:

Liam Coughlan Period covered:

26 Sep to 28 Oct

Programme / Project RAG

NHS

SCOTLAND



To agree and implement changes to improve rest break compliance by March 2023.

Progress Summary

The Rest Break Board has been formed and the objectives agreed. There are regular reviews of rest break data and proposed modelling scenarios have been reviewed.

The ACC rest break SOP has had an interim review and amendment and a test of change is underway from 26/10/2022 to 14/12/2022. This includes changes to when crews can be sent to calls while in their rest break window.

Communications plans have been developed and communications have gone out to staff.







Coralie Colburn Period covered:

d covered: 26 Sep to 28 Oct

Programme / Project RAG



Project Aim: The Equality, Diversity and Inclusion (EDI) strand of the Workforce and Wellbeing Portfolio will provide updates of the contribution of EDI work across all programmes and projects which support the achievement of the Service strategy.

Progress Summary

National Equality and Inclusion lead has been appointed.

Project Manger / Lead:

Equality, Diversity and Inclusion networks are being enhanced as we recover from the pandemic.

- Ethnic Minority Forum has been re-established
- LGBT Forum will be re-established in January 2023 with support from other Ambulance Services
- Plan to re-establish the Womens Equality Network early next year.
- Communication is underway to generate interest for the Gender Equalities Forum which is expected to be established next year.
- Work is ongoing with other UK Ambulance Services to share learning, best practice and ideas in relation to Patients and Staff with disabilities.

Work is ongoing with NHSS on improving Equalities data and information sharing as the Scottish Government develops the Equalities portal. This will further enhance our internal networks and support locally for improvements in EDI.

Work is underway to develop reports for submission to Scottish Government. Reports will be published on our website to meet our legal obligations under general equality duties.

All Risks						
Very High	High	Medium	Low			
0	0	0	0			
No risks to report						
All Issues						
High	Mec	lium	Low			
0		0	0			
No issues to report						





Aim:

Ambulance Service Taking Care to the Patien

Project Manger / Lead:

Graeme Ferguson Period covered:

26 Sep to 28 Oct

Programme / Project RAG



Develop a people strategy and supporting delivery plan; ensuring the feedback from iMatter and other sources is incorporated Project

Progress Summary

Internal and external engagement plan to support the development of the People Strategy has been drafted.

Environmental scanning, SWOT/PESTLE and engagement activity underway.

Design Group established, and strategy framework developed.





