NOT PROTECTIVELY MARKED

Public Board Meeting	**March 2020** **Item No 05**
THIS PAPER IS FOR DISCUSSION	
TOWARDS 2020: TAKING CARE TO THE PATIENT AND QUALITY IMPROVEMENT	
Lead Director **Author**	Pauline Howie, Chief Executive Executive Directors
Action required	The Board is asked to discuss progress within the 2020 delivery programme and:- 1. Discuss actions being taken to make improvements. 2. Discuss work being taken to transform the Service in the 3 strategic work streams.
Key points	This paper highlights performance for our Hear and Treat and See and Treat performance measures and includes updates from the Clinical Services Transformation Programme, Enabling Technology and Workforce Development strategic work streams. Each programme has active risk registers which are reviewed at each of the Programme Boards. <u>Clinical Services Transformation</u> • The Clinical Services Transformation Programme held a Benefits Realisation session on Monday 10 February. The purpose of this meeting was to reflect on progress. A multi-disciplinary approach was adopted with all members of the team reflecting and commenting on their respective clinical projects. A summary report is being prepared describing the key areas of progress and benefits realised and this should be available by end March 2020. <u>Enabling Technology</u> • The electronic patient record major incident module is now undergoing trials by Specialist Operations Response Team (SORT) staff. • Emergency Service Network (ESN) Programme – The revised Full Business Case (FBC) is due on 6th March 2020. An approvals process has commenced with a view to gaining UK Government Ministerial Approval (Cabinet Office and Treasury) on 18th September 2020. Scottish Government approval is scheduled for 27th May 2020 and work is now underway to understand and plan the steps required to achieve this, including the assurance that the Board will be asked to provide. A revised integrated programme

	plan was released at the beginning of March 2020; it showed the three Scottish emergency services (3ESS) transitioning to ESN from Q3 2022 through to Q1 2024. Work will now take place to understand the impact of the new timeline on related contracts and projects, not least the continuation of the Airwave service beyond the current national shutdown date which is contracted for 31st December 2022. • The project to provide an ESN compatible Integrated Communications Control System (ICCS) is progressing well - The target timescale for implementation remains August 2020. • Defibrillator Replacement – The training programme in the West region has been competed with the East region scheduled to complete by 20 March 2020. The West and East roll out is in progress and scheduled to complete by end March 2020 as planned. Decommissioning and disposal of the legacy equipment is underway. Income has been received from the initial auction sales of the equipment decommissioned from the North region at the end of 2019. • The Patient Transport System Mobile Data Procurement Project is still paused while the Scheduled Care Strategy is further developed. It had been anticipated that the project may restart in March 2020 but it will be later in the year before a decision is made. Risks in the delay of this are being reviewed by the Enabling Technology Board. <u>Workforce Development</u> • We are on track for delivery of recruitment and training targets for 2019-21, with particular focus of maximising our Paramedic intakes as we progress the plan for transition to the new Paramedic Education Model. 2019/20 programme has been filled, and the work is progressing to fill the 2020/21 training groups. • The first two cohorts of Team Leaders, supervisors and first level managers were delivered on 27th & 28th January and 27th & 28th February 2020. Each cohort is mixed with participants from across different areas of the Service and a further eight cohorts will run in 2020. • The Service's processes for Talent Management and Succession planning was published in November 2019 and will be the basis for further embedding the cycle at Directorate level in 2020. • Plans are in development for the transition of all NHSScotland "Once For Scotland" statutory and mandatory training to be available through Turas Learn to all staff groups.

Timing	The Board receive an update at every meeting on the key programmes of work for the 2020 Strategy.
Link to Corporate Objectives	The Corporate Objectives this paper relates to are: 1.1 Engage with partners, patients and the public to design and co-produce future service. 1.2 Engaging with patients, carers and other providers of health and care services to deliver outcomes that matter to people. 1.3 Enhance our telephone triage and ability to See and Treat more patients at home through the provision of senior clinical decision support. 2.1 Develop a bespoke ambulance patient safety programme aligned to national priorities. Early priorities are Sepsis and Chest Pain. 2.4 Develop our mobile Telehealth and diagnostic capability. 3.1 Lead a national programme of improvement for out of hospital cardiac arrest. 3.2 Improve outcomes for stroke patients. 3.4 Develop our education model to provide more comprehensive care at the point of contact. 3.5 Offer new role opportunities for our staff within a career framework. 4.1 Develop appropriate alternative care pathways to provide more care safely, closer to home building on the work with frail elderly fallers - early priorities being mental health and COPD. 5.1 Improve our response to patients who are vulnerable in our communities. 6.2 Use continuous improvement methodologies to ensure we work smarter to improve quality, efficiency and effectiveness. 6.3 Invest in technology and advanced clinical skills to deliver the change.
Contribution to the 2020 vision for Health and Social Care	This programme of work underpins the Scottish Government's 2020 Vision. This report highlights the Service's national priority areas and strategy progress to date. These programmes support the delivery of the Service's quality improvement objectives within the Service's Annual Operational Delivery Plan.
Benefit to Patients	This 'whole systems' programme of work is designed to support the Scottish Ambulance Service to deliver on the key quality ambitions within Scottish Government's 2020 Vision and our internal Strategic Framework "Towards 2020: Taking Care to the Patient", which are to deliver safe, person-centred and effective care for patients, first time, every time. A comprehensive measurement framework underpins the evidence regarding the benefit to patients, staff and partners and supports the Service's transition towards 2020.
Equality and Diversity	This paper highlights progress to date across a number of work streams and programmes. Each individual programme is required to undertake Equality Impact Assessments at appropriate stages throughout the life of that programme. In terms of the overall approach to equality and diversity, key findings and recommendations from the various Equality Impact Assessment work undertaken throughout the

	implementation of Towards 2020: Taking Care to the Patient are regularly reviewed and utilised to inform the equality and diversity needs.

SECTION 1 - SAS T1 Reduce hospital admissions - % of unscheduled calls not conveyed

Chart 1.1 % Incidents with a Referral or Discharge Outcome

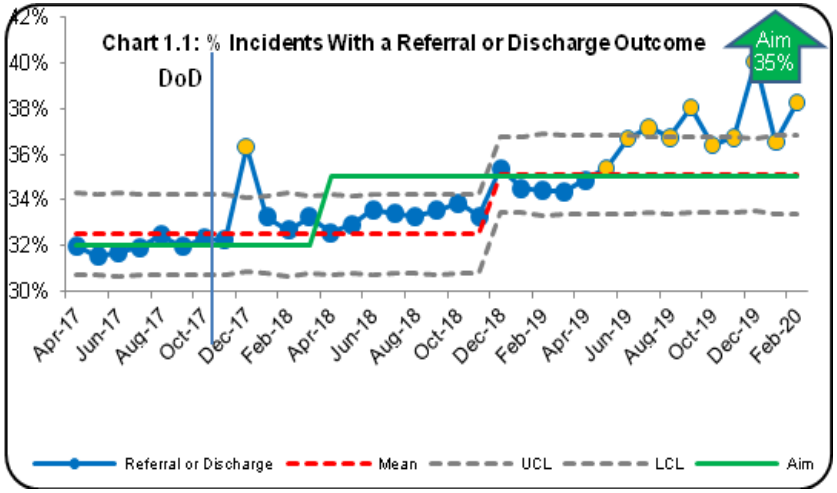


Chart 1.2 % Incidents with a Hear & Treat Referral or Discharge Outcome

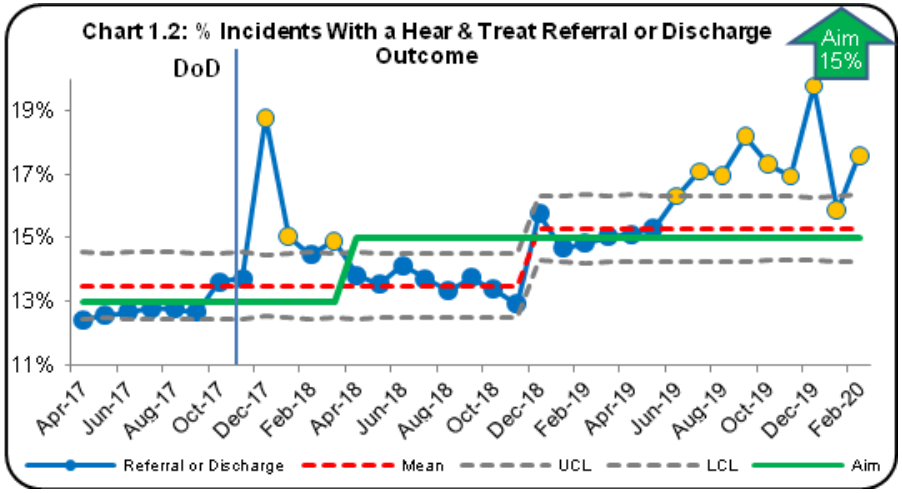
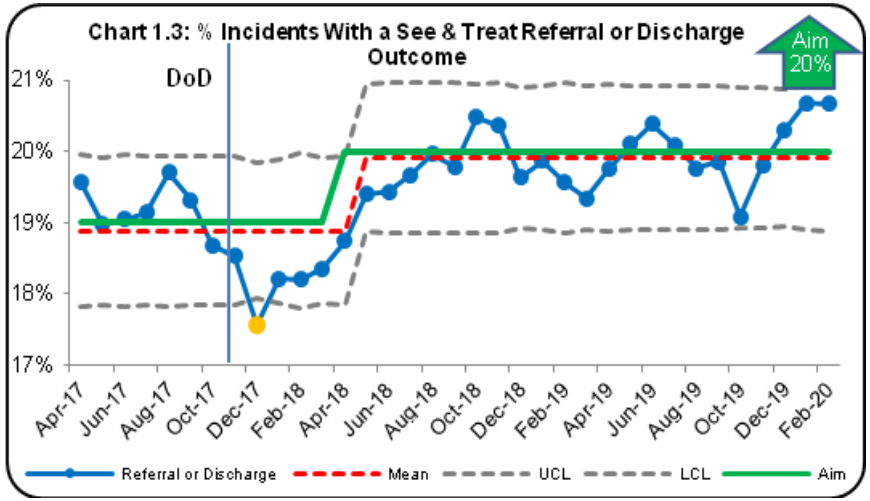


Chart 1.3 % Incidents with a See & Treat Referral or Discharge Outcome



What is the data telling us – For incidents with a referral or discharge outcome (Chart 1.1) the data demonstrates that performance stabilised around the mean of 32.5% following winter 2017/18 when special cause variation was observed. Another peak exhibiting special cause variation was observed in December 2018. However, there has been a sustainable upward trend and the recalculated mean at December 2018 demonstrates a statistical shift in improving the number of patients who are provided with a referral or discharge outcome and therefore provided with care at home or in the community.

The November to December 2019 data points show over 38% of patients were managed at home or by an alternative to the Emergency Department. From the last nine months' data points, from June 2019 to February 2020, 4 are above the upper control limit suggesting special cause variation.

For incidents with a Hear and Treat referral or discharge outcome (Chart 1.2) the data shows a similar pattern to that seen in Chart 1.1. Following the special cause variation seen in December 2018, there has been a sustainable upward trend and the recalculated mean at December 2018 demonstrates a statistical shift in improving the number of patients who are provided with a referral or discharge outcome following telephone triage. In November and December 2019, an average of 18.4% of patients were managed by telephone triage. The last 10 months, from June 2019 to February 2020, have surpassed our aim of 15%.

For incidents with a See and Treat referral or discharge outcome (Chart 1.3), the data shows variation within normal limits, following re-calculation of the mean at April 2018 after the previous positive statistical shift observed. Non conveyance rates continue to remain stable at this increased level. In December 2019, and in both January and February 2020, we have surpassed our aim of 20%, meaning that more patients were managed by face to face assessment without requiring onward transport to the Emergency Department.

Why – After the significant winter pressures in 2017/18, the Service has made improvements in transferring calls to NHS 24 for patients to receive the most appropriate care, as well as creating capacity for clinical advisors to provide clinical assessment by telephone. The Clinical Hub has been strengthened with additional Clinical Advisors and from November 2018 there were 29.5 WTE Clinical Advisors against an establishment of 30 WTE. A further change to increase the number of calls that are transferred to NHS 24 as part of business as usual in order that patients receive the most appropriate care was made on 11 December 2018. The November and December 2019 data points which are above the upper control limit are likely to be due to increased demand within this patient cohort and the data will continue to be monitored to better understand.

The Service continues to support staff in providing the most appropriate care for patients following face to face assessment by developing clinical decision making skills. The Clinical Decision Making Framework was distributed to all staff in October 2017 and has been delivered through learning in practice training. This framework has now been reviewed updated and released to staff and will form part of LIP (Learning in Practice) in 2020.

In addition, a test of change targeting Specialist Paramedics to patients with low acuity illness and injury that are likely to be able to be safely treated at home or in the community, has been underway since July 2018. A second system change took place in November 2018 with a further system change in April 2019 to increase the cohort of low acuity patients that Specialist Paramedics will be dispatched to within the yellow response category A new process of dispatching Specialist Paramedics to these cohorts of patients via the Alternative Response Desk which went live in November 2018.

What are we doing and by when - Programmes of improvement and transformation are underway to improve both Hear and Treat and See and Treat outcomes through the Clinical Services Transformation (CST) programme in 2019/20. This includes investment such as the appointment of a dedicated falls lead to support staff to access alternative pathways and working with IJBs to identify where alternative pathways exist/could be developed. Closer working with both primary care and NHS 24 to gain greater access to alternative pathways of care. System changes which allow Clinical Advisors to refer to Advanced Practitioners in urgent and primary care will also provide better clinical outcomes and patient experience. A joint NHS 24/Scottish Ambulance Service strategic group has been established to take forward a number of joint activities aiming to improve the continuity of care provided to patients by phone, whether they call 111 or 999.

The North Region have been focussing on a number of initiatives which are contributing to our See and Treat improvement. We have been working collaboratively with community partners on falls pathways, child protection and vulnerable adult referrals. We are also seeing some of the highest levels of Distress Brief Interventions (DBI) across Scotland for patients presenting with mental health crisis. We are using the skills of our Advanced Practitioners to support other crew with decision making and improving outcomes for patients.

East region managers are focusing on developing confidence amongst Service clinicians, spreading best practice and continuing efforts to develop alternative referral pathways and extend the use of available pathways to Service staff.

In West Region, engagement with a number of IJBs continues to enable access to non ED pathways and share learning opportunities with IJB colleagues and feedback to our own staff re the result of their clinical decisions.

Section 2 Clinical Services Transformation

1. Out of Hospital Cardiac Arrest - Lead a national programme for improvement for Out of Hospital Cardiac Arrest.

Background – Out of Hospital Cardiac Arrest (OHCA) remains a significant healthcare challenge in Scotland.

Aim:

- to increase survival rates after OHCA;
- to equip an additional 500,000 people with CPR skills by 2020. Increasing the rate of bystander CPR is the cornerstone of improving outcomes because prompt bystander CPR can increase the likelihood of survival after OHCA by 2 or 3 times.

Status – Work continues to support the key activities to strengthening the chain of survival and supporting improved outcomes for people in cardiac arrest.

Improvement –

- The Out-of-Hospital Cardiac Arrest (OHCA) report for 2018/19 was published on 21 January 2020. For the first time, more than one person in ten who suffers a cardiac arrest outside of hospital is surviving for 30 days in Scotland. When the Out of Hospital Cardiac Arrest Strategy was launched in 2015, only one person in 20 survived 30 days post OHCA.
- Colleagues from across the Service as well as those of our partner agencies, continue to make significant contributions to improve our response to, and management of, OHCA patients. As a result of the work of 'Save a Life for Scotland', an initiative supported by the Service, Scottish Fire and Rescue Service and Police Scotland, to date, more than 519,000 members of the public have received bystander CPR awareness and Scotland continues to work towards being recognised as centre of excellence for OHCA outcomes.
- The recently published OHCA report also highlights that bystander CPR was performed on 64% of people who suffered a cardiac arrest outside of hospital in 2018/19 up from 55.5% in 2017/18.

Planned Activities
The Clinical Services Transformation Programme is currently refreshing its workplan. This will continue to focus on the progression of key workstreams underway including but not limited to:

- Contribute to "Out of Hospital Cardiac Arrest – A Strategy for Scotland the next 5 years"
- MacMillan End of Life Care project
- Cardiac Arrest Registry
- GOODSAM implementation

- Promote a culture of excellence across the service and whole system by regularly reporting good news stories, providing education support and feedback and contributing to relevant publication, events and conferences.

Other considerations - There are a number of inter-dependencies with the Enabling Technology programme, particularly the Defibrillator Replacement project, and the New Clinical Response Model which are supporting identification of cardiac arrest patients earlier in the call cycle and dispatching three resources to provide the best pre-hospital care.

2. **Developing a Scottish Trauma Network – Implementation of Scottish Ambulance Service/Pre-hospital minimum requirements** - Support NHS Scotland to deliver a high quality major trauma service.

Background - Trauma remains the fourth leading cause of death in western countries and the leading cause of death for people under 40. Each year in Scotland, around 4000 people are seriously injured, with around 800-1000 cases being defined as 'major trauma'. The Scottish Trauma Network has been established to meet the needs of the population of Scotland. The Service is a crucial partner of the Trauma Network and responsible for ensuring patients are taken to the most appropriate facility for their injuries and receive quicker access to expert specialist care and intervention.

Aim - Improve triage and response to major trauma patients, thereby saving more lives and improving outcomes.

Status - We have undertaken a number of projects funded through the Scottish Trauma Network. These include the implementation of the Trauma Desk, introduction of Advanced Practitioners working closely with Major Trauma Centres, introduction of a Major Trauma Triage Tool for use by ambulance crews to support decision making on where a patient should go depending on the severity of their injuries, launch of ScotSTAR North, extension of ScotSTAR West operating hours, and roll out of enhanced trauma equipment to all frontline vehicles.

With the planned go live date for the South East and West regions in 2021 we are using data to model the impact on operations. This work is a key focus at this time. We are developing a detailed project implementation plan as we move towards the go live date in the which will include the continued training and roll out of the Adult Trauma triage tool, communication and raising awareness of the planned go live of South East and West trauma regions.

Improvement

- Advanced Practitioners (Critical Care) are in place across the Service with numbers increasing further from April 2020. There is a range of work underway including the use of data to inform development of the role within the West.

- Modelling data is being evaluated to assess the impact of the Adult Trauma Triage Tool on operations in the West.

- Introduce EPR version of Paediatric Trauma Triage Tool.

Other considerations - We are working closely with the four trauma regions and national co-ordinating team to ensure we provide high quality pre-hospital care for trauma patients. This can be challenging to provide a consistent service approach that meets the needs of all regions.

3. New Clinical Response Model - Invest in technology and advanced clinical skills to deliver the change.

Background - A New Clinical Response Model (NCRM) was introduced in November 2016. The model focuses on improving patient outcomes, rather than simply measuring the time it takes to respond. Resources are now allocated on confirmation of the severity of the incident, rather than the location of the incident. The model allows us to respond faster to more patients with time-critical, immediately life-threatening conditions, such as cardiac arrest. It also supports our call handlers to better understand our patients' health needs in less urgent cases, so that our dispatchers can more effectively send the right resource first time for patients.

Aim –

- More accurately identify patients with immediately life threatening symptoms to ensure the most rapid dispatch of resource, resulting in more lives saved.
- Safely and more effectively identify and send the right resource first time for patients, for example dispatching a conveying resource first time to chest pain and stroke patients, resulting in better overall clinical outcomes.

Status –

The monitoring of NCRM has continued since implementation with data regularly reviewed based on three main components:

- Clinical Data - internal data to support the clinical triage hierarchy
- Use of resources - internal data to support the effective use of resources
- Incident volume - to provide overview of operational volume and how the clinical hierarchy balances with this variable volume

The data demonstrates that the data principles outlined in the NCRM development are still followed and delivered. Emerging themes from the data analysed for the third quarter of 2019 is now being followed up with the appropriate teams.

- New ProQA modules have been developed by the International Academy of Emergency Dispatch meeting our requirements in order that we can improve the Healthcare Professional (HCP) call process so patients receive a response based on their clinical need. We have developed a systems based protocol, similar to that of the wider 999 emergency call protocol, for call handlers and a consistent approach for Healthcare Professionals to arrange the most appropriate level of response. The upgrade to proQA and the implementation of Card 45 were successfully completed in December 2019.

- These ProQA modules include Cards 45 (Emergency HCP Requests), 46 (Scheduled HCP Requests) and 47 (Non-emergency Mental Health). Card 45 was uploaded to the system alongside the MPDS v13.2 upgrade. Engagement with HCPs has continued and communications have been produced to outline the new process for booking an emergency response. Call modelling has also taken place.

- The Service has a growing number of Trainee Advanced Paramedics (TAP) in Urgent and Primary Care. The aim of these practitioners is to target patients of appropriate clinical acuity, where advanced assessment would be appropriate and alternative care pathways could be explored.

- With the aim of further developing the effectiveness of TAP tasking and mirroring the system used for trauma patients a TAP was used in Ambulance Control Centre (ACC) to provide further clinical triage to potential patients, identifying who was appropriate for TAP response and supporting the dispatch. The tasking of the TAP prior to this trial has been linked to Medical Priority Dispatch System (MPDS) codes, with dispatch prompts added into the dispatch system. This process linked the outline chief complaint groups to TAP scope of practice. This has shown to have some success, but also limitations as the blanket dispatch prompt does not allow for a more nuanced understanding of the patient presentation, situation or environment and how this links to TAP practice. The trial took place over 35 days from 10am to 10pm with three TAP participating. The findings have been summarised and a number of recommendations made. These will now be progressed with the relevant teams and a further update produced in due course.

- A 3 month testing phase planned to gather data for ACC auto dispatch, initial live date is planned end of March 2020. Ongoing modelling of the impact of this development is underway.

Planned activities: To continue with the work outlined above**.**

Other considerations – NCRM underpins much of our service transformation work. To ensure further development of the model it is essential we have alternative pathways available that we can refer for the most appropriate treatment and advice. This includes availability of Paramedics in urgent and primary care that can provide more care at home.

4. **Scottish Ambulance Service clinicians in Urgent and Primary Care** – Develop our education model to provide more comprehensive care at point of contact, and enhance our ability to See and Treat more patients at home through the provision of senior clinical decision support.

Background - We have Specialist Paramedics and Advanced Practitioners in urgent and primary care with an advanced scope of practice to be able to treat more people at home or in a homely setting.

Aim - That our clinicians in urgent and primary care are able to work as a key component of integrated multidisciplinary teams within a rotational model across health and care settings as autonomous practitioners and support care in a home or homely setting.

Status – The Service is currently engaged in projects across a number of GP practices and Out of Hours services. These Advanced Paramedics work with primary care services as part of the multi-professional team, providing home visits and follow up to unscheduled care patients as an alternative to traditional GP responses and there is also support for out of hours work across Boards. They are also able to carry out scheduled clinic-based appointments if that is desired. The Service aims to deliver person-centred care tailored to each individual and able to call on clinical decision support by the GP and Practice team if required. Access to healthcare will be widened across these communities and will ease pressure on the primary care system. The first Advanced Paramedics who are able to prescribe have now qualified.

Planned activities:

- Continue to improve dispatch of Advanced Practitioners in urgent and primary care to patients that are likely to be able to be safely treated at home or in the community;
- Development of a measurement framework for all sites where Service clinicians are working directly with primary care services;
- Written evaluation of current direct work in primary care services;
- Summary report of the different delivery models of Advanced Practice delivered by the Service both in and out of hours across Scotland.

Other considerations – The Service's clinicians in urgent and primary care are crucial to achieve further development through the New Clinical Response Model, so that patients are provided with the right response and are treated at home where safe and appropriate to do so.

5. **Scheduled Care Service** - We continue to develop our Scheduled Care Service in partnership, supporting outpatient services and effective discharge and transfer to improve patient flow, and deliver a better experience for patients. A full review of the Scheduled Care Service is underway, under the leadership of the Regional Director, North.

Background - Transformation in health and social care delivery across Scotland aims to reform Scheduled Care by supporting patients to attend the most appropriate centre of care or return home from care centres. The Service plays a fundamental role to achieving improved patient flow and experience. During 2018/19, a wide range of tests of change have provided clear direction in how we respond to requests on the day of travel for urgent admissions to acute hospital sites and urgent transfers between acute hospital sites. Some patients may require a quick response to get to definitive care without necessarily requiring any clinical intervention en route. Therefore, a proportion of these requests could safely be undertaken by the Scheduled Care Service.

Aim - Provide an agile and responsive Scheduled Care Service that makes best use of resources and provides improved patient care and experience as part of a One Ambulance Service model with a seamless interface with the Unscheduled Care Service.

Status – A Data Protection Impact Assessment (Police Scotland) provided to the Information Commissioner was rejected. Project Team are working on mitigation plan of a cloud based telephony process which shall allow transfer of calls without recording continuing after transfer.

Improvement - An Improved Scheduled Care service will provide better patient flow across acute hospital sites, support reduced hospital bed days and provide an improved patient experience.

Planned activities: -

- Increase recruitment and training of additional ACA's to increase resource availability of PTS;
- Work to be undertaken to ensure a robust process for identification of same day urgent and routine calls that are suitable to be transported by PTS;
- Further embed the use of the C3 to Cleric gateway nationally;
- Continuation of planning for transferring calls via cloud based system;
- Fourth intake of NHS24 MH Hub staff training – Operational hours to increase once staff are fully trained and in position;
- Scheduled Care Review draft paper to go to the Board in March 2020.

6. Clinical Data Set Development

Background - All UK ambulance services have traditional performance measures predominantly based on a time based response. This approach has limitations as it does not reflect the clinical abilities of the modern ambulance clinician workforce or provide a framework for the measurement of best clinical practice across the entire patient pathway. There is now a need and opportunity to re-design this measurement framework and shift the culture from historic time targets to optimal patient care.

Aim - To re-design how the Service uses clinical and operational data to allow for the measurement of clinical effectiveness across the entire patient pathway of different clinical acuities.

Status

- Clinical Data Group formed;
- Development of clinical data sets aligned to key areas of practice and strategy – in final testing;
- Electronic Patient Report completion quality framework in final testing.

Improvement

- Regular validation issues circulated and reviewed by Clinical Data group.
- Clinical Outcomes Analyst in post and detailed linked datasets in development for out of hospital cardiac arrest patients, stroke patients, non-conveyed patients, as well as proof of concept outcomes analysis developed for the New Clinical Response Model

Planned Activities - Development of a national clinical effectiveness implementation plan. A key element of measurement of clinical practice is to have the ability to feedback areas of success and areas of improvement. At present there is an opportunity to develop the Service's systems so this could be delivered, identifying resource and structures to take ownership of this information.

Section 3 Enabling Technology

1. Emergency Service Network Programme

Aim - The Emergency Service Network (ESN) Programme aims to deliver a mobile communications capability that will, as a minimum, match Airwave in terms of functionality, availability and geographic coverage. It also aims to provide a very significantly enhanced mobile broadband capability when compared to Airwave.

Status – Having missed the agreed timescale to deliver a first draft of the revised Full Business Case (FBC) by October 2019, as well as missing subsequent timescale targets, the ESMCP Programme Team have finally made some tangible progress regarding the revised Emergency Services Mobile Communications Programme (ESMCP) FBC; The FBC assurance process was commenced at the ESMCP Programme Board meeting on 26th February 2020, the FBC itself is due to be released on 6th March 2020. The process runs through various stages with a view to gaining UK Government Ministerial Approval (Cabinet Office and Treasury) on 18th September 2020. Scottish Government approval is scheduled for 27th May 2020 and work is now underway to understand and plan the steps required to achieve this, including the assurance that the Board will be asked to provide to the Scottish Government by this date.

Further progress has been made in that a revised integrated programme plan was released at the beginning of March 2020, it will now undergo scrutiny by sponsors and user organisations including the Service. The plan shows the three Scottish emergency services (3ESS) transitioning to ESN from Q3 2022 through to Q1 2024 although these timescales have still to be tested and validated by 3ESS and the Scottish Government. Work will also now take place to understanding the impact of the new timeline on related contracts and projects, not least the continuation of the Airwave service beyond the current national shutdown date which is contracted for 31 December 2022.

A Scottish Finance Sub Group has been established with representation from Scottish Government and 3ESS. The potential financial pressures presented by ESMCP have been acknowledged by Scottish Government but no firm funding decisions have been made. The new financial model will be released as part of the new FBC (due on 6th March 2020) and will then be examined by each of the 3ESS individually and collectively with Scottish Government.

A limited trial of one of the early ESN products - 'ESN Direct' - has taken place with Immigration Enforcement (IE) in Scotland. This essentially involved the IE staff using a smartphone with an ESN SIM to communicate verbally. Detailed feedback is awaited; however initial feedback has been positive. No GB emergency services are planning widespread use of ESN Direct as it does not include key functionality such as an emergency button or Push to Talk capability.

The strategic risks relating to ESMCP remain high, they include financial, commercial, operational and technical risks. These risks are being managed through the Scottish Government Strategic Group, the Service's 2020 Steering Group and the Enabling Technology Board. Senior UK government-level scrutiny continues with the Programme due to report back to the Public Accounts Committee on 25th March.

The scope of the Service ESN Programme includes replacing the current Integrated Communications Control System (ICCS). The project to implement this is now underway and is scheduled to have the new ICCS in place by August 2020. This timescale reflects the requirement for the Service to have moved off the current Airwave ICCS by December 2020 and a likely change freeze around the climate change summit in November 2020. A number of project team meetings and workshops have been held and the IT Health Check has been completed. This led to the Code of Connection approval being secured from the Government Digital Services. Orders have also been placed for the network links Direct Network Service Provider (DNSP) to the Airwave network. Two of these connections are now installed and the remaining three are in progress. 'Back-office' hardware has been ordered and demonstrations of the desktop hardware have been held with staff across all control rooms.

Improvement - Reduced like for like costs (although this is now at risk), ubiquitous access to mobile broadband data to support the effective and efficient delivery of clinical services out-with the hospital environment. Improvements will be measured through 'before and after' data analysis and through the use of user surveys.

Planned Activities – Continued review of ESMCP FBC and input into the FBC and Finance assurance groups. Collaboration and liaison with Police Scotland, Scottish Fire & Rescue, the Scottish Government and the ESMCP Programme Team regarding ESN transition planning. Progressing the Service's ICCS implementation project.

Other Considerations - Delivery of the internal ESN Programme relies on the corresponding delivery of the risky and highly complex GB-wide Emergency Service Mobile Communications Programme.

2. Fleet Projects

Background - The Enabling Technology Programme currently provides governance for the Vehicle Replacement Project.

Aim – The Vehicle Replacement Project aims to manage the annual fleet replacement activities in line with the approved Fleet Replacement Business Case. It also aims to take advantage of technology to improve the operation and management of the Service fleet.

Status - The 2019/20 fleet replacement programme is managed within the Fleet Department and is progressing in line with agreed budgets and plans.

Improvement - Reduced running costs, improved reliability and vehicle availability, improved vehicle specifications, improved management information. Improvements will be measured through 'before and after' data analysis and through the use of user surveys.

Planned Activities – From an Enabling Technology perspective the main activities in relation to the fleet projects are project management

support and benefits realisation. The new Paramedic Response Unit (PRU) Volkswagen Transporters (20) are just entering service and evaluation of the telehealth integration solution for these new PRU builds will be carried out during March 2020.

3. Defibrillator Replacement

Background – The current Philips MRX defibrillators are at the end of their serviceable life. A project is now underway to replace them with new Advanced Life Support (ALS) monitor/defibrillator units.

Aim – The objective of the Defibrillator Replacement Project is to commission and deploy replacement defibrillators for use by Service clinicians. The aim being to improve patient care and staff experience through innovation and clinical transformation, support the delivery of the Out Of Hospital Cardiac Arrest Strategy for Scotland (2015) and to deliver better care to patients wherever they may be.

Status – The implementation phase of the project is now well past the halfway stage. The West Region training programme has been completed with the East Region due to complete by March 20th. Operational pressures linked to face mask fitting and winter weather continue to make staff extraction for training a challenge but the East regional management team remains confident the schedule will be met. The national rollout remains on track for completion by the end of March 2020.

Improvement – Implementation of new defibrillators will deliver various benefits including enhanced clinical care for patients and improved staff experience through full integration with the ePR.

Planned Activities – Completion of training in East, completion of rollout to West and East Regions, decommissioning of legacy devices and project closure activities.

4. Patient Transport System (PTS) Mobile Data Procurement

Background - The PTS Mobile Data Procurement Project is managed under the Enabling Technology Programme. The project was initiated as the current solution was commissioned in 2012, it is nearing the end of its serviceable life and the contract is due for renewal.

Aim – The PTS Mobile Data Procurement Project aims to develop a business case, secure funding and then procure a 'fit for purpose' PTS Mobile Data solution to replace the current one.

Status - The PTS Mobile Data Procurement Project is at the second stage of a three stage procurement process. The Initial Agreement (IA) was approved internally in the Service and by the Scottish Government Capital Investment Group. The Outline Business Case (OBC) was approved by the internal project governance and the Enabling Technology Programme Board. The Executive Team subsequently asked for the project to be paused while the Scheduled Care Strategy is developed. It was anticipated that the project

would re-start in March 2020, although it will now likely be later in the year before a decision is made. The project governance has been stood down while we await developments with the Scheduled Care Strategy. The main risks associated with the delay have been documented and have been managed by ICT in conjunction with Operations staff. The aim now is to ensure any operational impact is minimised in order to maintain the viability of the Patient Transport Service.

Improvement – The solution procured will offer modern technology, improved hardware reliability, enhanced data access and a new compliant contract that will offer best value. It will enable the Scheduled Care Service to support patient needs and adapt to future service change. Benefits and improvements will be measured through 'before and after' data analysis and through the use of user surveys.

Planned Activities – Await output of Scheduled Care Strategy work.

5. Enabling Technology – Other Projects

The scope of the Enabling Technology Programme currently extends beyond the programmes and projects already covered in this section. It also includes a number of projects related to the delivery of the Service eHealth Strategy. This includes, but is not limited to, upgrades to ACC telephony, computer and network infrastructure as well as migrating to Microsoft Office 365. In terms of Microsoft Office 365, migrating from the current 'on premise' model to a 'cloud based' model will involve significant effort in terms of planning, implementation and business change. Resourcing this work continues to be a challenge due to the scope and scale of the work involved as well as financial pressures and constraints. Further details regarding these additional projects and initiatives are available via the Enabling Technology Programme Team as required.

Considerations – There are some interdependencies between the various Enabling Technology Projects and other Service Programmes & Projects e.g. Clinical Service Transformation, Workforce Development etc. These interdependencies are managed through integrated planning meetings.

Section 4 Workforce Development

1. Employee Resourcing

Aim – To recruit and retain staff to ensure the Service has the necessary skills to deliver its 2020 workforce profile and improve staff experience.

Status – On track to deliver 2019-21 plans based on continuing strategic direction of travel.

Improvement – Our extensive recruitment effort has kept us on track with the workforce plan targets as set out in the Service's 2020 workforce plan. This effort will continue to support transition to our new Paramedic education model.

In total we had 200 Paramedic training places available in 2019/20. Approval has been obtained from HCPC to increase this number by 50 places, totalling 250 places, which will revise our 2020/21 targets subject to financial support. An additional 50 Undergraduates commenced their BSc Paramedic degree programme at Glasgow Caledonian University in September 2019. The recruitment campaign for Advanced Practitioner roles in our East, West and North regions launched in July 2019 and has increased our overall Paramedic numbers. 11 Advanced Practitioners commenced training in January 2020 and 4 await confirmation of start dates. It is envisaged that another campaign will re-launch in April 2020 for a September 2020 intake.

Planned Activities Include – Recruitment to the 2020/21 training groups for Paramedics programme launched in October 2019 with the aim of having all places filled by April 2020. A total of 156 applications were shortlisted and OSCE's are currently underway. 42 qualified Technicians who submitted an unsuccessful CPD statement have now re-submitted with 21 of these now progressing to the OSCE stage. The recruitment team will continue to liaise with regional workforce leads throughout the process. The allocation of places for Technician and Ambulance Care Assistant roles continues in line with Regional workforce plan requirements. 2019/20 advertising for qualified Paramedic recruitment commenced in December 2019 for the North and West regions which are now at offer stage.

In addition, the recent workforce projections paper that was approved at PPSG in February for 2020/2021, listed additional hires as:

- 246 Technicians
- 50 qualified Paramedics
- 75 ACAs (100 in total for A&E however 25 starting in March, 75 in 2020 FY)
- 35 Graduate Paramedics (Education Model)

Other Considerations – Resourcing model developments will support continuing target delivery over the next three years as we prepare for changes to the Educational Model to align with the introduction of degree level HCPC registration requirements in 2021. This will build on the external pipeline which was expanded in 2017 with commencement of the first full-time degree programme in Scotland (first graduates in 2020). The degree programmes will commence in August/September 2020 pending successful validation by the universities and HCPC approval.

We continue to be actively engaged as one of the 6 Boards in the East Region Recruitment Transformation Programme Board to inform the development of the Recruitment Shared Service. Part of the strategic proposal has been the implementation of the National Recruitment IT system, Jobtrain, which went live in December 2019. Core Scottish Government funding is in place for Jobtrain until the year 2022/2023.

2. Employee Development

Aim - To identify the employee development requirements arising from workforce modelling which will underpin the delivery of our Workforce Plan and ensure we have developed a workforce capable of delivering our strategic aims.

Status – Planning (review of work to date and response to workforce re-modelling activity) and implementation of changes arising from development needs assessment.

Improvement – An organisational learning needs analysis, overseen by the Capable Workforce Group, was undertaken at the end of 2018. A variety of learning needs from across Directorates were raised and the Group committed to supporting a number of these financially in order for development of staff to take place. It was acknowledged that the tool used potentially did not fully capture learning needs of the Service's staff, and will be developed iteratively through future cycles to align with strategic developments and embedded within directorates' annual activities.

Planned Activities Include –

- Implementing a Learning Management system as the single source for all learning administration and reporting for the Service. Phased roll out options are now being developed with the first level leadership programme for 2020 created in the Oracle Learning Administration system to assist with scheduling and monitoring. (see below).
- Plans are in development for the transition of all NHSScotland "Once For Scotland" statutory and mandatory training to be available through Turas Learn to all staff groups.
- Work continues on an options appraisal for moving all learning and development opportunities to Turas Learn as the single learning management system.
- Ongoing embedding the Services Talent Management and Succession Planning processes.

The first two cohorts of Team Leaders, supervisors and first level managers were delivered on 27th & 28th January and 27th and 28th February 2020 with 17 and 19 participants respectively. Each cohort is mixed with participants from different areas of the Service and there will be a further 8 cohorts running in 2020. Following a two day introduction participants will work on and complete a leadership portfolio in a 12 month period and engage in a number of additional sessions and activities with the aim of developing confidence, capability and resilience in their roles.

Since their launch in November 2019 plans for embedding of the Service's processes for Talent Management and Succession planning are being developed for 2020. The guidance and accompanying tools to enable succession managers to:

- Identify Service Critical roles;
- Create the succession plan;
- Have Maximising Potential conversations;
- Encourage engagement with Project Lift;
- Develop our talent and the talent plan;
- Apply the appropriate governance and relevant policies;

Allied to this is the development of our arrangements for New and Aspiring leaders into management development opportunities as part of our Leadership in Practice programme.

Other Considerations – The Clinical Service Transformation (CST) programme leads on developing advanced practice within the Service, and close working arrangements between Clinical Services Transformation and Workforce Development are required and in place to manage interdependencies.

Benefit Realisation/Return on Investment – To support the delivery of the Service's strategic workforce development targets, for delivery of see and treat and hear and treat aims, with greater integration of health and social care, managing patient care at home, supporting anticipatory care planning for patients with long term conditions, prescribing and referring directly to clinical services. In addition, this work will ensure that leadership and management and support function needs are incorporated into our development planning, ensuring that priority development needs are identified and supported.