



Public Board meeting

27 May 2026

Item 18

THIS PAPER IS FOR DISCUSSION

SAS/NHS 24 JOINT COLLABORATION BOARD UPDATE

Lead Director

Michael Dickson, Chief Executive

Action required

The Board is asked to **discuss and note** the Joint Collaboration Action Plan which was approved by the Collaboration Board in April 2026.

Key points

The action plan has been developed in response to the Scottish Government Project Initiation Document (PID) following publication of the Health and Social Care Service Renewal Framework (SRF) and the Joint Collaboration Project Brief ratified at the 28 October Joint Collaboration Board (JCB).

- The Plan has been developed ensuring actions reflect shared priorities and areas where collaboration can deliver system-wide benefit.
- The Action Plan focuses on five core themes:
 - Urgent & Unscheduled Care
 - Digital & Data Collaboration
 - Workforce, Culture & Inclusion
 - Resilience, Business Continuity & Stakeholder Engagement
 - Business Systems
- The Action Plan includes some initial actions that focus on early discovery and alignment activities, which are intended to build shared understanding and identify opportunities for more ambitious joint initiatives over time.
- The Joint Collaboration Board will provide strategic oversight of the Action Plan, monitoring progress, supporting resolution of cross-organisational issues, and helping to identify opportunities to strengthen collaboration between both organisations.
- The Plan should be viewed as iterative and evolving, with some actions potentially requiring the development of business cases, funding approvals, and additional resource before progression.

Timing	Action Plan approved by the Joint Collaboration Board in April 2026 and presented to the May 20206 Scottish Ambulance Service Board.
Associated Corporate Risk Identification	Risk ID 5891 – Collaborative Working
Link to Corporate Ambitions	This paper relates to: <ul style="list-style-type: none"> • We will work collaboratively with citizens and our partners to create healthier and safer communities • We will innovate to continuously improve our care and enhance the resilience and sustainability of our services
Link to NHS Scotland's Quality Ambitions	This paper is aligned to and supports all three of NHS Scotland's quality ambitions to enable our workforce to provide safe, effective and person centred care.
Benefit to Patients	–
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	–

Urgent & Unscheduled Care		NHS 24 Executive Lead: Ron Cook SAS Executive Lead: Jim Ward								
Area	Shared Ambition	We will achieve this by (Deliverable)	Actions (High-level)	Year 1	Year 2	Year 3	Delivery Lead (SAS/NHS 24)	Link to Corporate Plan	Benefit Category Contribution	
Flow Navigation & Clinical Pathways	Strengthen the interface between NHS 24, SAS, and Territorial Board EDs, Flow Navigation Centres and OOH services to ensure patients receive right care, first time	We will optimise NHS 24 999 requests	1. Review and align 999 recommended endpoints to across NHS 24 and SAS to ensure consistent clinical outcomes.	X			Julie King/ Julie Ronald	NHS 24 - 1.5 – Partner collaboration to optimise urgent care pathways	Patient Experience & Outcomes / System Flow	
			2. Establish joint monthly M&M learning sessions to review cross-organisational cases and identify improvement opportunities.	X						
			3. Implement clinical feedback mechanisms to share patient outcomes and inform pathway refinement.	X						
			4. Identify and address barriers to access for vulnerable patient groups to support equitable access to UUC services.		X					
	We will agree a consistent approach with OOH board partners	1. Collaborate across NHS 24 / SAS / Territorial Boards to develop a nationally consistent approach to OOH referrals.	X	X		Julie King/ Julie Ronald	NHS 24 - 1.5 – Partner collaboration to optimise urgent care pathways	SAS – 1. We will provide people in Scotland with Safe & Effective Care - Pathway Development	System Flow / System Collaboration	
	We will build on work with FNCs to improve referral quality and referral pathways	1. Review AE4 outcomes to improve triage decision-making and reduce inappropriate FNC referrals.	X			Julie King, Steph Jones/ Julie Ronald	NHS 24 - 1.5 – Partner collaboration to optimise urgent care pathways	SAS – 1. We will provide people in Scotland with Safe & Effective Care - Pathway Development	System Flow / Patient Experience	
			2. Provide SAS and NHS 24 representation on East and West Subnational groups to support the delivery of improving flow and access workstreams.	X						
			3. Explore access to Clinical Portal nationally to support improved clinical decision-making at the point of care.	X						

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Professional-to-Professional (P2P) Support	Expand clinical call levelling and direct clinician-to-clinician conversations to reduce unnecessary ambulance dispatch and avoidable A&E attendances	We will expand P2P access across additional territorial health boards	1. Expand consistent P2P call levelling arrangements for AE1 referrals with territorial boards.		X	X	Julie King/ Julie Ronald	NHS 24 - 1.5 – Partner collaboration to optimise urgent care pathways SAS – 1. We will provide people in Scotland with Safe & Effective Care - Pathway Development	System Flow / Operational Efficiency
		We will use P2P support to actively reduce unnecessary ambulance requests and avoidable emergency department attendances	1. Monitor and report alternative patient outcomes resulting from P2P interactions to inform pathway improvement.	X			Julie King, Steph Jones/ Julie Ronald	NHS 24 - 1.5 – Partner collaboration to optimise urgent care pathways SAS – 1. We will provide people in Scotland with Safe & Effective Care - Pathway Development	System Flow / Operational Efficiency
			2. Introduce new “P2PFNC” outcome code to identify where P2P has altered AE1 direct outcome and build evidence base for value add.	tbc					
3. Utilise the graded skillset we have, to ensure the correct team member is in front of the right patient/carer.	X	X							
Integrated Clinical Hub (ICH) Development	Enhance the established ICH by increasing clinical capacity, improving digital patient transfer, and potentially aligning triage and referral processes to optimise patient flow across urgent care	We will review the opportunity to align NHS 24 and SAS clinical triage models	1. Integrate SAS clinical input into NHS 24 induction and education programmes to support shared learning.	X			Steph Jones/ Julie Ronald	NHS 24 - 1.4 – Continuous improvement of services SAS – 1. We will provide people in Scotland with Safe & Effective Care - Enhancing our Integrated Clinical Hub	System Collaboration / Workforce Capability
			2. Review existing triage modules across both organisations to identify opportunities for alignment.	X	X				
			3. Recognise how risk is managed by everyone taking a whole-system view (Realistic Medicine).	X					
			4. Align clinical risk reporting and governance approaches to better understand the full patient journey across services.	X	X				
	We will increase utilisation of the ICH to strengthen patient specific need		1. Improve cross-organisational reporting on patient journeys and outcomes linked to ICH activity.	X			Steph Jones/ Julie Ronald	NHS 24 - 1.4 – Continuous improvement of services SAS – 1. We will provide people in Scotland with	Patient Experience / System Flow
2. Review and align ICH recommended endpoints across NHS 24 and SAS.				X					
3. Develop clinical-led feedback mechanisms to share patient outcomes and inform pathway improvements across organisations.			X						

									Safe & Effective Care - Enhancing our Integrated Clinical Hub	
		We will explore shared workforce options	<ol style="list-style-type: none"> 1. Embed cross organisational awareness within induction and education sessions. 2. Explore clinical placement opportunities between NHS 24 and SAS. 3. Explore rotational workforce models to support recruitment, skills development, and service resilience. 	X				Julie King, Steph Jones/ Julie Ronald	<p>NHS 24 - 2.1 – Workforce role redesign</p> <p>SAS – 1. We will provide people in Scotland with Safe & Effective Care - Enhancing our Integrated Clinical Hub</p>	Workforce Experience & Capability
		We will explore digital opportunities to support clinical decision making	<ol style="list-style-type: none"> 1. Assess opportunities for expanded access to Clinical Portal/ECS information across NHS 24 and SAS. 2. Review triage system interoperability to identify opportunities for improved information sharing. 3. Explore opportunities to develop shared clinical digital tools that support directing the right clinician to the right patient. 	X	X			Julie King, Steph Jones/ Julie Ronald	<p>NHS 24 - 1.2 – Digital pathway development</p> <p>SAS – 1. We will provide people in Scotland with Safe & Effective Care - Enhancing our Integrated Clinical Hub</p>	Digital Capability & Insight
Mental Health Hub	Maximise the impact of the Mental Health Hub to improve patient access and appropriate referral pathways.	We will increase appropriate referral to MHH from SAS across call handling, clinician and from scene opportunities.	<ol style="list-style-type: none"> 1. Explore opportunities for direct referral from SAS call handling into the MHH. 2. Increase referrals from the ICH and frontline clinicians into the MHH where appropriate. 3. Monitor referral outcomes to support pathway refinement and improved patient flow. 	X				Julie King, Steph Jones/ Julie Ronald	<p>NHS 24 - 1.4 – Continuous improvement of services</p> <p>SAS – 1. We will provide people in Scotland with Safe & Effective Care - Mental Health</p>	Patient Experience & Outcomes
		We will develop digital integration between NHS 24 and SAS for mental health referrals	<ol style="list-style-type: none"> 1. Implement Digital Patient Handover (DPH) from NHS 24 MHH to SAS. 2. Phase 2 DPH from SAS to NHS24 	X				Julie King/ Julie Ronald	<p>NHS 24 - 1.2 – Digital pathway development</p> <p>SAS – 1. We will provide people in</p>	Digital Capability / System Collaboration

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								Scotland with Safe & Effective Care - Mental Health	
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Digital & Data Collaboration			NHS 24 Executive Lead: Ann-Marie Gallacher SAS Executive Lead: Julie Carter							
Area	Shared Ambition	We will achieve this by (Deliverable)	Actions (High-level)	Year 1	Year 2	Year 3	Delivery Lead (SAS/NHS 24)	Link to Corporate Plan	Benefit Category Contribution	
Digital Infrastructure & Product Optimisation	Review existing platforms (e.g., NHS 24 app, NHS Inform, SAS digital systems) to optimise patient journeys and identify opportunities for joint development	We will review the current digital infrastructure/ systems across both organisations	1. Deliver a joint digital landscape review session covering systems, contracts, service desk models, major programmes, and team structures.	X			John Baker/ Alan Blackburn	NHS 24 - 3.1 – Core technology and infrastructure refresh SAS - 3. We will innovate to continually improve our care and enhance the resilience and sustainability of our services - Maximising the use of Data & Digital in the Design & Delivery of Services	Operational Efficiency / Digital Capability	
			2. Agree priority areas for consideration, alignment, or joint investment, for example service desk/web consolidation operating models.	X						
			3. Progress at least two of the agreed infrastructure or service alignment initiatives	X	X	X				
		We will explore opportunities where AI can be utilised to improve the experiences for patients, staff, and partners		1. Deliver a joint AI workshop bringing together operational, clinical, and digital leads to identify and priorities shared AI use cases across both organisations.	X			John Baker/ Alan Blackburn	NHS 24 - 1.2 – Digital pathway development SAS - 3. We will innovate to continually improve our care and enhance the resilience and sustainability of our services - Maximising the use of Data & Digital in the Design & Delivery of Services	Digital Capability & Insight / Operational Efficiency
				2. Establish a joint AI Governance & Prioritisation Group to oversee agreed use cases, ensure ethical and safe deployment, and align platform and investment decisions.	X					
				3. Progress and evaluate at least one jointly governed AI-enabled capability that improves patient flow or operational efficiency.		X	X			

		We will complete the electronic transfer of patients	<ol style="list-style-type: none"> 1. Reestablish a joint delivery group to confirm, scope, benefits, funding, and success measures for Phase 2 of electronic patient transfer. 2. Agreed shared governance, resourcing, and implementation timelines to ensure coordinated delivery across both organisations. 3. Deliver Phase 2 implementation and embed electronic transfer into operational practice, with agreed shared performance metrics. 	X			Liam Coughlan/ Alan Blackburn	<p>NHS 24 - 1.2 – Digital pathway development</p> <p>SAS - 3. We will innovate to continually improve our care and enhance the resilience and sustainability of our services - Maximising the use of Data & Digital in the Design & Delivery of Services</p>	Patient Experience / Digital Capability
Data Integration & Insight	Strengthen the alignment of NHS 24 and SAS data strategies to support better decision-making and population health monitoring	We will align our organisational data strategies to ensure consistent data governance, analytics, and insight generation	<ol style="list-style-type: none"> 1. Deliver a joint data alignment session to map current data strategies, governance models, analytical capabilities, and priority reporting requirements. 2. Establish a shared data governance and insight framework to align definitions, metrics, and analytical priorities across both organisations, where patient journey is shared. 3. Produce and embed a joint owned end-to-end urgent care patient journey dashboard to inform operational decision making. 	X			Katy Barclay/ Alan Blackburn	<p>NHS 24 - 1.4 – Continuous improvement of services and assets</p> <p>SAS - 3. We will innovate to continually improve our care and enhance the resilience and sustainability of our services - Maximising the use of Data & Digital in the Design & Delivery of Services</p>	Digital Capability & Insight
		We will develop partnerships with PHS	<ol style="list-style-type: none"> 1. Agree priority datasets required to understand whole-system patient flow and outcomes. 	X	X		Katy Barclay/		

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		and others to develop system wide data sets	<ol style="list-style-type: none"> 2. Develop shared analysis approach that provides a single view of performance across NHS24 and SAS. 3. Use joint data insights to inform government reporting and improvement planning, demonstrating a unified system narrative. 		X	X	Alan Blackburn	<p>NHS 24 - 1.5 – Partner collaboration</p> <p>SAS - 3. We will innovate to continually improve our care and enhance the resilience and sustainability of our services - Maximising the use of Data & Digital in the Design & Delivery of Services</p>	System Collaboration / Digital Insight
Digital Assets (inc. NHS Inform & Self-Care)	Continue the evolution of digital assets and digital endpoints to support improved self-care, remote consultation, and pathway navigation	We will develop and enhance NHS Inform content and functionality	1. Establish an NHS Inform joint redesign working group.	X			Steph Jones/ Stephen Gallagher	<p>NHS 24 - 1.2 – Digital pathway development</p> <p>SAS - 3. We will innovate to continually improve our care and enhance the resilience and sustainability of our services - Maximising the use of Data & Digital in the Design & Delivery of Services</p>	Patient Experience / Digital Capability
			2. Scope and develop a plan which will improve NHS Inform content, usability, and digital journey support.	X					
			3. Progress plan to implement identified improved content and functionality.	X	X				
		We will strengthen digital pathways that guide the public to the right care at the right time	<ol style="list-style-type: none"> 1. Establish a joint Digital Endpoints working group. 2. Develop a plan to enable SAS Clinical Hub staff to signpost to NHS Inform digital endpoints and identify longer term integration opportunities aligned to service needs. 3. Implement improved signposting and pathway integration. 	X	X	X	Steph Jones/ John Sandbach	<p>NHS 24 - 1.2 – Digital pathway development</p> <p>SAS - 3. We will innovate to continually improve our care and</p>	Patient Experience / System Flow

								enhance the resilience and sustainability of our services - Maximising the use of Data & Digital in the Design & Delivery of Services	
		We will collect and analyse data on the use of digital assets and digital self-care tools	1. Establish joint NHS 24/SAS data sharing governance to support patient journey and digital endpoint analysis.	X			Steph Jones/ Stephen Gallagher	NHS 24 - 1.4 – Continuous improvement of services and assets SAS - 3. We will innovate to continually improve our care and enhance the resilience and sustainability of our services - Maximising the use of Data & Digital in the Design & Delivery of Services	Digital Capability & Insight
			2. Analyse shared patient journey data to assess the impact of digital endpoints on behaviour, referrals, and outcomes, and define common metrics.	X					
			3. Implement real time metrics and shared datasets, with Public Health Scotland and Research Data Scotland, to monitor usage, performance, and impact of NHS Inform and self-care tools.		X	X			

Workforce, Culture & Inclusion **NHS 24 Executive Lead: Jacqui Hepburn**
SAS Executive Lead: Graeme Ferguson

Area	Shared Ambition	We will achieve this by (Deliverable)	Actions (High-level)	Year 1	Year 2	Year 3	Delivery Lead (SAS/NHS 24)	Link to Corporate Plan	Benefit Category Contribution
Anti-Racism, Diversity & Inclusion	Build a shared equality and inclusion learning programme across both Boards	We will work collectively to align our equality, diversity, and inclusion approaches	1. Map priorities within NHS 24 and SAS EDI Action Plans and agree areas for joint work.	X	X	X	Coralie Colburn/ Marnie Westwood	NHS 24 - 2.2 – Anti-Racism Plan and EDI workplan delivery SAS - 5. We will improve population health and tackle the impact of inequalities – Population Health. Anti Racism & Women's Health.	Workforce Experience & Capability
			2. Establish a joint oversight group and agree shared objectives, success measures, and workforce-aligned benefits.	X	X	X			
			3. Review progress annually, seeking to expand shared objectives of joint oversight group and mainstream approach.		X	X			
			4. Deliver joint activity/awareness sessions related to anti-racism.	X	X	X			
	We will bring together NHS 24 and SAS equality and inclusion networks		1. Invite NHS 24 anti-racism network leads to join SAS network meetings (and vice versa), to observe practice, gather insights and identify opportunities for joint development. Share arising themes and approaches for best practice from relevant networks at the NHS 24/SAS joint oversight group.	X			Coralie Colburn/ Marnie Westwood	NHS 24 - 2.2 – Anti-Racism Plan and EDI workplan delivery SAS - 5. We will improve population health and tackle the impact of inequalities – Population Health. Anti Racism & Women's Health.	Workforce Experience & Capability
			2. Scope a joint equality and inclusion network forum to align activity across both organisations.		X				
			3. Establish and mainstream joint equality and inclusion network forum.			X			
	We will align community engagement activity with wider anti-racism and inclusion priorities		1. Collaborate on recruitment and community engagement by sharing annual plans and identify	X	X	X	Coralie Colburn/ Marnie Westwood	NHS 24 - 2.2 – Anti-Racism Plan and EDI	Workforce Experience / System Collaboration

			opportunities for shared promotion of both organisations as an inclusive employer of choice.					workplan delivery SAS - 5. We will improve population health and tackle the impact of inequalities – Population Health. Anti Racism & Womens Health.	
		We will review recruitment and selection processes across both organisations	<ol style="list-style-type: none"> 1. Share best practice e.g. using SWAY for Job Pack, applicant guides, design, training materials. 2. Build an Armed Forces network for veterans, leavers, and their families. 3. Work together to engage with partners like CEMVO, SUSE and WESREC. 4. Roll out N24 Hiring Manager training to SAS. 	X	X	X	Coralie Colburn/ Marnie Westwood	NHS 24 - 2.2 – Anti-Racism Plan and EDI workplan delivery SAS - 5. We will improve population health and tackle the impact of inequalities – Population Health. Anti Racism & Womens Health.	Workforce Capability
Workforce Alignment in Clinical Functions	Identify opportunities for shared skills, roles, and training to support more integrated delivery	We will identify opportunities to align clinical roles and capabilities We will develop a shared clinical training and education approach	<ol style="list-style-type: none"> 1. Consider placements, joint roles, rotational roles, and career pathways for clinical roles as part of NHS24 & SAS transforming roles work. 2. Deliver 'Journey of a Call' (NHS24 to SAS) awareness training to T&PE Team. 3. Design and implement new 'Ambulance request' endpoint referrals into redesigned NHS 24 training curriculums. 4. Co-design a 'Chest Pain' e-learning module to enhance consistency of system level endpoints. 		X	X	Chris Carron/ Marnie Westwood	NHS 24 - 2.1 – Workforce role redesign SAS – 6. We will deliver our net-zero climate targets. - Delivery of the Scottish Government Workforce Priorities	Workforce Capability / System Collaboration

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<p>Health and Safety</p>	<p>Build a shared H&S management system using digital tools</p>	<p>We will create a digital transformation plan for all H&S policies and processes which can be adopted and adapted across both organisations.</p>	<ol style="list-style-type: none"> Continue to work in partnership to develop policies and digital processes for H&S. Share H&S training opportunities across both organisations e.g. evacuchair, accident investigations. Utilise shared systems and develop standard reporting to measure the impact of H&S initiatives and progress against KPIs (e.g. Evotix and InPhase). Explore and develop a joint protocol on Health/Adjustment Passports to ensure consistent understanding, lawful use, and appropriate application in reasonable adjustment and workforce processes. Agree and implement a joint Infection Prevention and Control (IPC) protocol for co-located centres, clarifying shared responsibilities, escalation routes, assurance arrangements, and arrangements for consistent application of IPC measures during outbreaks or periods of heightened risk. 	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>Fay McNicol/ Marnie Westwood</p>	<p>NHS 24 - 2.5 – Workforce digital capability</p> <p>SAS – 2. We will be a great place to work, focusing on staff experience, health and wellbeing – Health & Wellbeing and Training & Development.</p>	<p>Workforce Capability / Resilience</p>
<p>Wellness</p>	<p>Partner on shared wellness initiatives, sharing best practice resources and aligning relevant initiatives.</p>	<p>We will share wellness approaches and opportunities to support the physical, mental, and emotional health of staff across both organisations.</p>	<ol style="list-style-type: none"> Share wellness resources and identify potential joint activities, including a wellness roadshow with financial advice and seasonal messaging. Establish a joint Wellness working group to share initiatives, best practice, and resources. Implement an annual joint wellness programme including awareness days, health promotion activities, and inter-site challenges. 	<p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p>	<p>X</p> <p>X</p> <p>X</p>	<p>Alison Ferahi/ Marnie Westwood</p>	<p>NHS 24 - 2.3 – Staff wellbeing and attendance improvement</p> <p>SAS – 2. We will be a great place to work, focusing on staff experience, health and wellbeing – Health & Wellbeing and Training & Development</p>	<p>Workforce Experience</p>
<p>HR Policy and Process</p>	<p>Partner on shared HR policy development and process improvement, ensuring alignment where appropriate, and sharing best practice</p>	<p>We will share HR policies, tools, and manager resources to support consistent application of policy, up-to-date legislative knowledge, and effective</p>	<ol style="list-style-type: none"> Share HR policy resources and tools such as guidance, templates, manager toolkits, and decision-making frameworks. Offer cross Board participation in HR training, including policy briefing sessions, levelling sessions, manager development sessions, and 	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>X</p> <p>X</p>	<p>Coralie Colburn/ Marnie Westwood</p>	<p>NHS 24 - 2.4 – Leadership and management capability</p>	<p>Workforce Capability</p>

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		people management practice.	lessons learned debriefs following complex cases.					SAS – 6. We will deliver our net-zero climate targets. - Delivery of the Scottish Government Workforce Priorities	
			3. Implement an annual joint HR capability-building programme, covering core HR processes, updates to legislative or policy requirements, and practical skills for managers.	X	X	X			
			4. Conduct a review of Occupational Health provision, to understand operational challenges, capacity pressures, and opportunities for alignment or shared solutions.	X					
Sharing Development Opportunities	Collaborate to share learning and development opportunities	We will collaborate to support a continuous learning culture and maximise shared opportunities to benefit the development of NHS 24 and SAS staff.	1. Share relevant learning and development offers across both boards, such as digital upskilling sessions, leadership development programmes (where space permits), and access to management accreditation programmes.	X	X	X	Alison Ferahi/ Marnie Westwood	NHS 24 - 2.5 – Workforce digital capability	Workforce Capability
			2. Scope a shared resource to bring together microlearning on relevant topics, digital upskilling resources, and leadership tools, to benefit both workforces.		X			SAS – 2. We will be a great place to work, focusing on staff experience, health and wellbeing – Training & Development – 6. We will deliver our net-zero climate targets. - Delivery of the Scottish Government Workforce Priorities	
			3. Mainstream and mature shared resource for relevant digital and leadership learning.			X			

Resilience & Business Continuity and Stakeholder Mapping

NHS 24 Executive Lead: Steph Phillips
SAS Executive Lead: Karen Brogan

Area	Shared Ambition	We will achieve this by (Deliverable)	Actions (High-level)	Year 1	Year 2	Year 3	Delivery Lead (SAS/NHS 24)	Link to Corporate Plan	Benefit Category Contribution
Joint Winter & Surge Planning	Clarify roles, responsibilities, and joint responses during major incidents or system-wide pressures	We will share escalation triggers, responses, and communication pathways to support a coordinated system response during periods of high demand	1. Clarify where escalation approaches should differ between sustained system pressures and major incidents, including mapping and comparing NHS 24 and SAS escalation triggers, with major incidents treated as a distinct category.	X			AI Shields, Lynsey Grant/ Jason Shirazi	NHS 24 - 1.5 – Partner collaboration SAS – 1. We will provide people in Scotland with Safe & Effective Care – Our Response to Major Incidents	Resilience & Service Sustainability
			2. Agree process and document agreed principles for how and when escalation information is shared between NHS 24 and SAS, including operational-level contacts.	X					
			3. Share escalation triggers and response procedures between SAS and NHS 24.	X					
			4. Validate escalation processes through joint training and practical exercises.	X					
		We will clarify operational roles and responsibilities across NHS 24 and SAS during winter pressures and major incidents	1. Clarify operational roles, responsibilities, and decision-making between SAS and NHS 24, including differences during system-wide pressures and major incidents.	X			AI Shields, Lynsey Grant/ Jason Shirazi	NHS 24 - 1.5 – Partner collaboration SAS – 1. We will provide people in Scotland with Safe & Effective Care – Our Response to Major Incidents	Resilience / System Collaboration
			2. Share on call arrangements and decision-making structures.	X					
		We will clarify operational process and actions for NHS 24 and SAS during winter pressures and major incidents understanding the impact on partner boards	1. Share operational processes for Winter pressures and Major Incidents.	X			AI Shields, Lynsey Grant/ Jason Shirazi	NHS 24 - 1.5 – Partner collaboration SAS – 1. We will provide people in Scotland with Safe & Effective Care – Our Response to Major Incidents	Resilience
			2. Identify and document where operational processes differ between system-wide pressures and major incidents, including any downstream impacts on territorial Health Boards.		X				
			3. Deliver joint training and exercise activities.	X	X	X			

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		We will bring NHS 24 and SAS winter planning teams together to align planning assumptions, surge actions, and resource requirement	<ol style="list-style-type: none"> 1. Establish a joint winter / surge planning group with representation from: winter planning, resilience / business continuity & operational management. 2. Review and align shared planning assumptions, recognising that system pressures occur year-round and that “winter” should not be treated as a single seasonal event, and compare and clarify surge actions and resource assumptions. 	X	X	X	Al Shields, Lynsey Grant/ Jason Shirazi	<p>NHS 24 - 1.5 – Partner collaboration</p> <p>SAS – 1. We will provide people in Scotland with Safe & Effective Care – Our Response to Major Incidents</p>	Resilience / System Flow
Stakeholder Mapping & Engagement	Identify ways to join up existing work with external partners	We will share and collaborate on stakeholder mapping and engagement and develop shared messages/case studies/planning approaches	<ol style="list-style-type: none"> 1. Undertake an internal/external stakeholder mapping exercise at individual board level to help inform cross organisational stakeholder session. 2. Undertake a cross organisational professional stakeholder mapping exercise to gather a whole stakeholder view and recognise our shared strategic stakeholders to identify opportunities for a more targeted joint engagement strategy. 3. Utilise mapping analysis, aligning opportunities for joint targeted engagement with external partners. 4. Agree an approach in how NHS 24 and SAS will collectively engage with the revised subnational structures and refreshed statutory approach to sub national planning. 5. Develop a jointly targeted engagement strategy supporting NHS Scotland partner awareness and understanding of emergency and urgent care. 6. Explore key public engagement methods across NHS 24/SAS to identify opportunities to collaborate and strengthen our statutory public involvement requirements & stakeholder engagement commitments aligning with SG ‘Planning with People guidance’. 7. Identify a mechanism for sharing joint partner insights to influence strategic decision making and inform key strategic programmes. 	X			Karen Brogan/ Arlene Campbell	<p>NHS 24 - 1.5 – Partner collaboration</p> <p>SAS – 4. We will work collaboratively with citizens and our partners to create healthier and safer communities</p>	System Collaboration
		We will share data sets to better understand patient flow	<ol style="list-style-type: none"> 1. We will share relevant insights and user research that inform service transformation work and determine pathway developments. 	X	X		Karen Brogan/ Arlene Campbell	<p>NHS 24 - 1.4 – Continuous improvement of services and assets</p>	Digital Insight / System Flow

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InPhase	Explore transitioning NHS 24 to the InPhase governance and performance system	We will draw on SAS experience and learning from their InPhase implementation to inform an efficient implementation for NHS 24	1. Undertake structured learning sessions drawing on SAS implementation experience to inform NHS 24 optimisation and ensure consistent configuration, reporting, and risk management approaches.	X			Sarah Stevenson/ Joan Main	NHS 24 - 3.1 – Core business systems and infrastructure refresh SAS – 4. We will work collaboratively with citizens and our partners to create healthier and safer communities	Operational Efficiency / Digital Capability
			2. Share training approach and resources.	X					
			3. Host InPhase app demonstrations.	X					
			4. Run post-implementation knowledge sharing sessions e.g. Quality management.		X	X			