NOT PROTECTIVELY MARKED

Public Board Meeting	**26 January 2022** **Item 10**

THIS PAPER IS FOR DISCUSSION

REMOBILISATION PLAN UPDATE

Lead Director **Author**	Julie Carter, Director of Finance, Logistics & Strategy Karen Brogan, Associate Director Strategy, Planning & Programmes
Action required	The Board is asked to discuss and note progress against the delivery of the Remobilisation Plan to March 2022.
Key points	The purpose of this paper is to provide an update on progress against delivery of the Remobilisation Plan (RMP) to March 2022 plan. The plan is now the fourth iteration of the Service's plan to Remobilise and Recover from the COVID-19 pandemic. RMP4 is an update on RMP3, which was previously approved by the Board and formally signed off by Scottish Government in April 2021. The key purpose of the update to the plan was to recognise the considerable uncertainty faced by the NHS during the COVID-19 pandemic, pressures in recent months and the substantial developments, which have happened in the NHS in a short period of time. The purpose of reviewing and updating the previously approved plan ensures that we can continue to reflect the current situation, six months into an exceptional year. The update to the plan was submitted to Scottish Government on 30 September 2021. A formal sign off letter was received from Scottish Government on 20th December 2022 and the plan and letter are attached at is attached **(Appendix 2)** It is worth noting that all Boards will be required to submit an update on quarter 3 progress against the plan to Scottish Government by the end of January 2022. As well as **improving sustainability and maintaining financial balance**, our four other key priorities for remobilisation are:

	• Ensure the **health, wellbeing and safety** of staff and patients. • Reduce harm by ensuring effective **demand management** procedures are in place. • Ensure that we have sufficient **workforce capacity** to manage further waves of COVID-19 incidents effectively, on top of existing demand and seasonal pressures. • Recover and renew to a better, more **innovative and digitally enabled** sustainable model than the pre-pandemic one. The Remobilisation Delivery meeting was cancelled in December due to increasing pressures relating to the COVID-19 Omicron variant and updates on progress were submitted electronically. This continued to enable us t to track delivery progress and manage associated issues and risks. Progress also continues to be reported into the Recovery Planning Group on a monthly basis. Note also the Recovery Planning Group will transition over to the 2030 Programme Board by the end of January 2022. This allows the 2030 strategy work to be progressed with an aim to have this completed by June 2022 and supported by the 3 year remobilisation/delivery plan also due to be submitted to Scottish Government at this time. There are no key issues or risks to escalate to the Board around delivery of the plan. All issues and risks are being managed at project and programme level, overseen by the delivery group and planning group.
Timing	RMP4 was formally signed off by Scottish Government on 20th December 2022.
Link to Corporate Objectives	The Remobilisation Plan supports the delivery of all Corporate Objectives
Contribution to the 2020 vision for Health and Social Care	Our Remobilisation Plan involves working collaboratively with our partners across health, social care and other sectors to help anticipate, prevent and treat patients in a homely setting where appropriate.
Benefit to Patients	Remobilisation Plan deliverables are all designed to improve public health and ensure patients get the right level of care in an appropriate setting and timeframe.
Equality and Diversity	Equality and Diversity issues associated with the stated intentions and aims within this plan will be addressed at individual project level as required.

NOT PROTECTIVELY MARKED

SCOTTISH AMBULANCE SERVICE BOARD

REMOBILISATION PLAN UPDATE

JULIE CARTER, DIRECTOR OF FINANCE, LOGISTICS AND STRATEGY
KAREN BROGAN, ASSOSCIATE DIRECTOR STRATEGY, PLANNING & PROGRAMMES

SECTION 1: PURPOSE

The purpose of this paper is to provide an update on progress against delivery of the Remobilisation Plan to March 2022.

SECTION 2: RECOMMENDATIONS

The Board is asked to discuss and note progress against the delivery of the Remobilisation Plan to March 2022.

SECTION 3: BACKGROUND

The Remobilisation Plan to March 2022 is now the fourth iteration of the Service's plan to Remobilise and Recover from the COVID-19 pandemic. The Plan is an update to Remobilisation Plan 3 which was approved by the Board and was formally signed off by Scottish Government in April 2021. The draft RMP4 was approved by the Board on 29 September and submitted to Scottish Government for formal feedback. A formal sign off letter was received from Scottish Government on 20th December 2022. A copy of the plan and letter are included in this paper for information (Appendix 2)

The Remobilisation Plan for 2021-2022 aligns to "Re-mobilise, Recover, Re-design: The Framework for NHS Scotland," published by the Scottish Government on 31 May 2020. Its overarching purpose is to maintain and to keep building on our contribution to the redesign of the wider health service in response to and recovery from the COVID-19 pandemic. As we do this, we will continue to embed new ways of working, while supporting the physical and psychological wellbeing of our workforce.

Our 2020-21 plan largely focused on our efforts to explore and nurture positive clinically driven changes that were established as part of our response to the pandemic, while continuing to deliver the best care whenever and wherever possible. This document is an iteration of last year's plan, applying what we learned during this period to keep improving our patient and staff experience, as well as learning from the wider health and care system: e.g. the rapid review of NHS Ayrshire and Arran's test of change for the Redesign of Urgent Care. It is also worth noting that as we restart the co-production process for our 2030 strategy, which we paused during our response to the pandemic, the 2021-22 plan will effectively become the first phase of our 2030 Strategy implementation plan. In support of this, the Recovery Planning Group will transition into the 2030 Programme Board with the first meeting taking place at the end of January 2022.

As we did in last year's remobilisation plans, we will keep building on the gains of the recent COVID-19 pandemic. At the same time, we will continue to capture learning in order to transform services with new techniques, technology and clinically safe care and pathways for patients. We will do this whilst ensuring we have the capacity to deal with the continuing presence of COVID-19, winter and other potential pressures.

Our plan continues to support national recovery from the pandemic in pursuit of Scotland's goals of a greener, fairer, more sustainable country.

As well as **improving sustainability and maintaining financial balance**, the broad **aims of the remobilisation plan** to March 2022 are to deliver essential services, while living with COVID-19. To do this we will:

- Ensure the **health, wellbeing and safety** of staff and patients.
- Reduce harm by ensuring effective **demand management** procedures are in place.
- Ensure that we have sufficient **workforce capacity** to manage further waves of COVID-19 incidents effectively, on top of existing demand and seasonal pressures.
- Recover and renew to a better, more **innovative and digitally enabled** sustainable model than the pre-pandemic one.

Remobilisation Priorities

The Remobilisation Plan is highly ambitious with a significant work plan for 2021/22. At the April 2021 Recovery Planning Group, as well to as maintain sustainability and Financial balance, the group agreed to focus on priority areas that will provide the largest benefit to patients and staff first.

Health, Wellbeing and Safety (Staff & Patients)

- Implement our Wellbeing Roadmap 2021/22 with five overarching themes of healthy culture, healthy environment, healthy mind, healthy body and healthy lifestyle
- Complete our internal vaccination programme and stay connected to ensure preparedness for future requirements
- Maintain our Vaccination programme for remote, rural and vulnerable communities
- Maintain & develop our testing infrastructure to meet future requirements
- Maintain our provision of adequate PPE supplies and implement respiratory hoods
- Implementation of our Demand & Capacity phase 2 work plan

- Implementation of our Enhancing Capability phase 2 work plan
- Plan, prepare for, and manage the Ambulance Service elements of COP 26
- Maintain short – mid term COVID-19 air ambulance capability throughout the longer term planning and procurement of air ambulance process.
- Progress the actions to improve response times for patients including working with NHS Boards to improve hospital handover arrangements

Demand Management

- Through the Redesign of Urgent Care, continue to develop our relationship with the Flow Navigation Centres (FNCs) to enable access to professional-to-professional advice for crews and advanced practitioners and alternatives to ED.
- Work with IJB partners, using data and intelligence to inform, develop and implement more pathways as alternatives to ED to deliver care closer to home.
- Maintain our AP Virtual Triage model and grow our AP workforce to enable implementation of the rotational model
- Continue to embed and improve Healthcare professional requests processes and utilisation of crews.
- Work collaboratively with Health Boards to establish their plans around the remobilisation of services, the impact on scheduled care demand and develop collaborative plans to ensure patients are signposted to alternative transport where appropriate

Workforce Capacity

- Backfill of vacancies across ACC, A&E and PTS
- Continue to increase and upskill our A&E workforce to ensure implementation of our Demand & Capacity growth plan for 2021/22 (Including supernumerary posts)
- Increase our workforce to Reduce On Call Working in identified/funded locations
- Increase our workforce to ensure sufficient resilience in place for the trauma network and Thrombectomy roll out
- Development and implementation of our agile working policy

Innovative and digitally enabled

- Launch our Innovation, Research and Service Development Strategies, in alignment with the development of the wider Innovation Strategy for NHS Scotland.
- Support Service improvements and system redesign with the appropriate digital solutions to enable them to achieve their aims.
    - Fully Implement phase 1 O365
    - Near me Implementation
    - Implement LifeX in preparation for ESN
    - Telephony Upgrade
    - Development of Digital Solution for Card 45, 46 and 47, future proofed for other transactional type calls
- Continue to share data with academic institutions to support and collaborate on research projects to inform the development of future services

SECTION 4: DISCUSSION

4.1 Remobilisation Plan Progress Update

The Recovery and Remobilisation Delivery Group meets on a monthly basis and continues to report directly to the Recovery and Renewal Planning Group, chaired by the Chief Executive on a monthly basis. The Delivery group monitors and tracks delivery plan progress, issues and risks, ensuring that mitigating actions are being progressed. A detailed programme highlight report is submitted to the Remobilisation Planning Group for monitoring and assurance. The key points from these updates are summarised in this Board paper and reported to the Board as a standing agenda item.

Progress is also summarised in a Dashboard in section 4.3. There are no key issues or risks to escalate to the Board around delivery of the plan at this stage. All issues and risks are being managed at delivery level, overseen by the Recovery Planning Group.

Vaccinations - Staff

The Service made a commitment in RMP3 to vaccinate all eligible staff against COVID-19 to ensure protection of critical front-line workers, safety of the public and to support whole system resilience. The first phase of the vaccination programme is complete. 95.4% of eligible staff are fully vaccinated, 6,696 staff in total have received both doses of the vaccination. Remaining staff are being signposted to community vaccination centres.

Flu Vaccinations & Covid Boosters

The autumn vaccination programme commenced on 27th September 2021. Staff have been able to access the NHS Inform portal from 21st September to book both flu vaccinations and COVID-19 boosters at local health board locations. COVID-19 boosters were made available for eligible staff in line with JVC guidance.

We have continued to promote and encourage the uptake of vaccinations for staff. Information for staff on the Vaccination programme and how to get an appointment continues to be shared on @SAS, through the weekly Chief Executive Bulletin and Operational Regional Vaccine Leads.

As of week ending 10th January, 5,015 (80.9%) of staff have now received their COVID-19 booster and 3,997 (64.5%) of staff have had their Flu vaccination.

COVID-19 booster progress in the Service is higher than the average for Health Care workers in Scotland (69%), and on average for Flu vaccination uptake (64%).

Mobile Vaccinations - Public

Within the last year, the Service has again shown our ability to develop and scale up new services at pace, delivering on our commitment in RMP3 to develop and implement a fully functioning mobile vaccination service for remote and rural communities, enabling those most vulnerable in society to have equitable access to vaccines. In addition the Service has continued to work closely with a number of Boards to support vaccine delivery across a range of settings with a focus on “hard to reach” communities.

The establishment of mobile vaccination units has supported the delivery of vaccinations within communities where the vaccination uptake was low – either due to location, accessibility or potential social and cultural factors. We established a Mobile Vaccination Programme, working with Scottish Government and health boards across the country to support their vaccination delivery and promote the mobile vaccinations, enabling improved access to vaccinations and supporting improvements in public protection and health. This has now been fully operationalised and is managed from a logistical perspective by the Mobile Testing Unit management teams.

Vaccination teams are established in the East, West and North of the country consisting of vaccinators, team leaders and with national management and logistical support.

Agreements have been reached with a number of territorial Health Boards across the country to help support and deliver mobile vaccinations. To date, we have provided our support in 224 locations across 9 Health Boards.

The Vaccination bid for funding into 2022/23 has been agreed by the Scottish Government and full year funding for 2022/23 has confirmed.

We have contributed to the completion of over

- **10,000 vaccinations during December 2021**
- **45,000 vaccinations between September and December 2021**

The vaccination programme will continue to play a fundamental role in contributing towards the Scottish Government Transformation Programme to help meet the challenging needs of the people of Scotland and support population health, through improving community support.

Maintaining PPE Provision & Respiratory Hoods

Protection of our staff and patients has remained a key priority in our remobilisation plan. Additional measures are in place to ensure adequate provision and management of PPE stock levels, including the introduction of an inventory management system. Orders for Respiratory hoods have also been placed to ensure further protection for all front line staff. The roll out of respiratory hoods commenced in July with 1,052 staff trained to date (as at 7 December 2021).

Staff absence and demand pressures in the East and West have continued to affect the pace of the rollout, with clinical trainers returned to front line duties. The Project Team are exploring potential options for non-clinical staff to roll out training. Meantime all staff have access to appropriate face masks both surgical and FFP3.

Building Workforce Capacity

A new on boarding team was established in August 2021 to ensure delivery of our ambitious A&E recruitment plans. The team continue to drive recruitment forward at pace and are actively involved in shortlisting and interview panels. The Team has recently expanded by two whole time equivalents due to their scope of work increasing to include the system pressures action plan recruitment, which includes recruitment of Students and Bank workers

The launch of the new Shared Service for Recruitment has been formally paused until 1 April 2022. The existing Team is being managed by the new on boarding Manager until the transition to shared services takes place.

Attendance management continues to remain under considerable scrutiny with a very strong push to drive down the current abstraction rates. Since the last update to the Board, we have now appointed an attendance management lead for the Service overall and dedicated support for the Ambulance Control Centres. These posts will focus on increasing attendance in all Service areas applying the Once for Scotland policies, with a view to reducing our national sickness absence level by at least 1% by end of March 2022 and particular emphasis on ACC (target reduction of 2% by March 2022).

Historical absence data for the last 5 years has been provided to Regional Management and ACC Management. This data will enable reviews on a case-by-case basis to ensure necessary support and management arrangements are in place.

Daily Sickness Reports are now being produced and shared with Management Teams to ensure increased focus on the welfare of staff.

A new absence management module on GRS has also been developed to support with improved case management reporting. Agreement for go live date is to be confirmed.

Demand & Capacity

Work continues to progress at pace across all areas, key points to note are

- Revised Recruitment & Training Plan developed to accelerate the pace of recruitment and bring forward Phase 3 of the Demand and Capacity programme. (+162 wte)
- Modelling has been concluded to inform development of the Phase 3 Addendum to business case.

- The Phase 3 Addendum to the business case was approved by the Board in December and submitted to Scottish Government on 16th December 2021. Follow up review meetings are being arranged with Scottish Government.
- Additional Transition Resources have gone live in Aberdeen, Johntsone, Paisley, Greater Glasgow and Edinburgh.
- Working parties concluded for all stations in the East.
- North Working Parties are concluded for all stations in the North
- West Working Parties are in progress

Increasing our workforce

To deliver the additional 148 WTE in 2021/22, the ambition for 2021/22 was to recruit 443 WTE however, in response to pressures in the system, recruitment for this year and next is being accelerated. In October 2021, the plan was increased from 443 to 566 for the year and now been raised to 584 to provide additional resilience for attrition.

We have already recruited 378 staff to date in this financial year.

There is confidence that all remaining posts will be filled by March 2022 through offers to candidates in the holding pool and new applications.

Our recent recruitment campaigns have had an overwhelming response with over 1,820 applications received for trainee technicians in November 2021. Shortlisting has been concluded and interviews and testing are underway.

Upskilling our Technicians to Paramedics - DIPHE Conversions

Since the last update to the Board, the number of staff registering as paramedics has increased from 123 to 151.

Increasing our Station Footprint

10 new station locations are expected to go live during 2021/22 to enable necessary improvements in response times for patients. To date, five stations have gone live, Castlemilk, Crewe Toll, Sighthill, Penicuik and Johnstone. Bathgate is also ready to occupy. Aberdeen Fire Station is estimated to go live in December 2021 and MacDonald Road in Edinburgh has now been delayed until around April 2022.

Redesign of Rosters and Transitional Resources

All stations across the country are redesigning shift rosters to meet demand, improve health & wellbeing of staff and response times for patients. Phase 1 includes all stations in the East Region and all 1 vehicle 24/7 stations across the country. All 71 stations in phase 1 have now completed the design process.

All 78 remaining stations in the North have now concluded working party 4 and completed the roster design phase.

The West Region held working party zero in October 2021 and are scheduled to carry out design working parties throughout the winter into February 2022. Implementation is

expected to be completed by the end of June 2022, however less complex stations with no reliance on neighbouring stations alignment of start/finish times, will potentially go live earlier.

In all areas, additional resources will continue to go live on a transitional basis into those priority locations at times of the day where resources are required to ensure that benefits can be realised ahead of the implementation of new shift rosters.

Health & Wellbeing

The Health and Wellbeing of our staff is a key priority for the Service. We have launched our Health & Wellbeing Strategy and commenced implementation of our Health & Wellbeing Roadmap 2021-22 with 5 overarching themes of Healthy Mind, Healthy Body, Healthy Lifestyle, Healthy Culture and Healthy Environment.

Work is progressing well in the five work streams (Healthy Mind, Healthy Body, Healthy Lifestyle, Healthy Culture and Healthy Environment) of the Wellbeing Roadmap 2021/22. We have begun to realign the health and wellbeing content on our intranet into the five work streams as a first step in making the Wellbeing roadmap interactive. We are developing the resourcing and infrastructure to enable implementation of the Health & Wellbeing Strategy that includes having a dedicated role to manage wellbeing services, recruiting a small organisational development team, and setting up a national group to co-ordinate health & wellbeing activity.

We have had approximately 250 staff through our Lifelines training programmes between May and August 2021. We have funded 96 places for Mental Health First Aid training, which have been offered to our control centre staff and our Advanced Practitioners. We have procured 8,000 reusable bottles (insulated for hot and cold drinks) for staff as a more sustainable and environmentally friendly option to plastic water bottles. We have also procured outdoor furniture as per station/work area requests with delivery phased from the beginning of August 2021. We have had positive feedback from staff regarding the wellbeing road trip – the chance to chat about wellbeing and being given refreshments and wellbeing information has been very well received. Standeasy sessions (use of drama techniques to increase personal resilience & confidence) have been offered to shielding staff to facilitate their return to work, and a number of ‘GREATix’ recommendations that recognise the efforts of colleagues has exceeded 1,000 since being introduced late 2020.

One of our top priorities as we continue to work throughout the COVID-19 pandemic is to support the basic welfare needs of our staff. Providing access to refreshments within and out of hours and working in partnership to improve meal break compliance and reduce shift overruns has been a key focus.

In recent weeks and months with increased and sustained pressures on the Service and across the wider health and care system that has resulted in escalation to REAP level 4, it has been necessary to put additional arrangements in place in specific areas of need. Hot and cold food and beverages have been supplied at some hospital site cafes and canteens, Mobile Testing Vehicles have been utilised out of hours and the British Red Cross has set up in sites across the central belt. Work is currently underway to explore a number of potential longer-term options.

The National NHS Scotland consultation on agile/homeworking has been completed. A formal response to the consultation has been submitted. Current Service guidance remains in place with further reinforcement of the need to carry out one to one meetings to ensure needs assessments and risk assessments are carried out for staff

Since the last update to the Board, the Scottish Government has agreed to fund 3 Wellbeing Posts for the Service on a 2 year fixed term basis. Recruitment is currently underway. There will be one post holder in each Region that will be a known point of contact for health & wellbeing, provide wellbeing support and take forward wellbeing initiatives.

The Scottish Government has also recently circulated guidance in relation to the buyback of annual leave and this is currently being developed in local guidance for staff. It is important to note that we are continuing to encourage our entire workforce to take their annual leave to enable rest and recuperation and a Fatigue Working Group has been established.

Redesign of Urgent Care

The Redesign of Urgent Care (RUC) – aimed at "**reducing attendances**" has now moved into Phase 2 with the Service having its own workstream. The national oversight group has representation from across the Service and all NHS Boards.

The key aims of this work include:

- Direct access for SAS clinicians to Flow Navigation Centres for referral, scheduling and professional to professional advice.
- Access to Primary Care Services and Community Pathways
- Digitally enabled developments
- Improved scheduling of GP timed admissions
- Collaborate across the other key strategies including Mental Health, Community Pharmacy, Primary Care, and Musculoskeletal.

Flow Navigation Centres - we continue to work closely with territorial health boards and through the national Redesign of Urgent Care programme with the aim of securing access to Flow Navigation Centres in a uniform way for referral, scheduling and professional-to-professional advice. Most recently the team in North Region have been working successfully with NHS Grampian which has seen a number of patients safely diverted from ED. We are looking at how we can consolidate the various models underway and share the learning across NHS Scotland to widen our access.

Community Pathways – work continues to promote the use of community pathways where safe and appropriate to do so. To support this we have implemented a single point of contact within SAS - a 'Flow Navigator Hub' as a proof of concept. This will be designed to support frontline clinicians by identifying, directing and navigating through the range of alternatives to ED conveyance. This hub will also support us in capturing data to help inform us in the development and maintenance of our range of pathways.

Primary Care – our data shows that Clinicians continue to engage with Primary Care both in and out of hours. Work is underway at a national level to identify what can be done to improve this process.

GP Timed Admissions – work is currently underway to improve the identification of patients that can be safely managed by patient transport to maximise resource utilisation, improve patient response times and reduce pressures on frontline A&E crews.

Technology – the use of technology remains an enabler to this programme and we are continuing to work with partners to both enhance our access to information and also share this where appropriate with the aim of improving patient care and continuity where possible.

Data Sets – a range of data sets have been developed to support the Redesign of Urgent Care programme including IJB data sets for falls, breathing and mental health. We continue to enhance our linked outcome data sets.

National Programme – the National programme continues with the dedicated work stream for the Service co-chaired by a member of the Service's team. There is good engagement despite the ongoing system pressures and the potential for demonstrating the potential of this work stream.

Ambulance Control Centre Capacity & Capability

Our Ambulance Control Centres (ACC) have continued to improve performance, utilise technology and support ACC staff to deliver optimal call handling and dispatch. A number of actions have been on going over recent months to support this progress, including a continued recruitment drive, the implementation of new estate and the introduction of Auto Dispatch.

Since April 2021, a number of current and new facilities and functions have been updated and improved to ensure compliance with legislation and to improve working conditions for staff. These include but are not limited to upgrades to the Telephony and Command & Control Dispatch systems and distribution of riser desks.

The implementation of Auto Dispatch response (AD) enables ambulances to be automatically allocated to our patients presenting with immediately life threatening symptoms.

There is a plan in place for the recruitment of additional staff to reduce pressure on existing staff and improve call-answering standards funded from COVID-19 and system pressures funds.

Reducing/Eliminating On Call Working

Currently there are 39 locations that still operate with on call cover, 26 in the North and 13 in the West Region (Table 1). This includes Fort William, Kirkwall, Lerwick and Campbeltown that have one ambulance already operating 24/7 and another ambulance operating different levels of shift and on call cover. Tiree has one full time member of staff and ambulance contractors. It was acknowledged that complete elimination of on call working is not possible in the short term and that not all on call locations would require on call to be eliminated. Therefore, it was important to prioritise those locations where we would work towards reducing or eliminating on call based on the demand during the on call periods and other factors such as geography.

Table 1 - On Call Locations by Region and Sub Region

Region	Area	Locations
West	Dumfries & Galloway	Kirkconnel, Langholm, Thornhill
	Argyll & Bute	Arrochar, Campbeltown (2nd ambulance), Inverary, Islay, Lochgilphead/Tarbert, Mull, Tiree
	Ayrshire & Arran	Dalmellington, Maybole, Millport
North	Grampian	Alford, Tomintoul
	Islands	Barra, Barvas, Benbecula, Daliburgh, Tarbert WI
	Highlands	Bettyhill, Broadford, Dunvegan, Fort Augustus, Fort William (2nd ambulance), Gairloch, Glencoe, Grantown on Spey, Kingussie, Kinlochbervie, Kyle of Lochalsh, Lairg, Lochcarron, Lochinver, Mallaig, Strontian, Ullapool, Kirkwall (2nd ambulance) and Lerwick (2nd ambulance)

The investment and expenditure to date is £0.88 million. This has been invested in eliminating on call in Golspie, Portree, Aviemore in the North (13wte) and at Oban and Rothesay in the West (5wte).

An additional funding request (£1m) has been approved by Scottish Government for investment to eliminate or reduce on call working in

- Campbeltown
- Fort William
- Broadford In Skye
- Kirkwall

Recruitment to these posts is underway.

Critical care & Major Trauma

On 30 August 2021, the West of Scotland and South East of Scotland Trauma Networks went live which means that the whole of the Scottish Trauma Network (STN) is now live. The Service has played a key role in the development of the STN. The network is designed to deliver equitable, consistent, high quality and well governed critical care to the most seriously injured patients.

The Service is a fundamental part of the STN being involved in the initial identification and coordination of major trauma through our dedicated Trauma Desk, the delivery pre-hospital major trauma care, the repatriation of trauma patients and mass casualty planning. With the network now live, our focus will change towards data collation and measurement to ensure that our response to, and management of, major trauma remains effective and continues to develop positively. This will include reporting on the work of the Trauma Desk, the use of the adult and paediatric Major Trauma Triage Tools and other major trauma related clinical measurements.

Our Advanced Practice Critical Care programme is progressing with three teams of Advanced Practitioners in Critical Care (APCC) active across Scotland. They are able to provide advanced levels of clinical care to the sickest patients, whether that be from major trauma or medical illness. Whilst the initial focus has been on implementation, we are now at the early stages of measuring the impact of our APCCs on patient care.

Supporting our front-line colleagues is a key part of our major trauma work and by utilising technology such as MS Teams, we now have regular planned CPD sessions covering a wide range of trauma related subjects. Further to this, we now have trauma follow up processes running in three of Scotland's Major Trauma Centres, with plans to increase this to the fourth Major Trauma Centre in the near future.

Advanced Practice - Virtual Model

Advanced Practitioners are rotating through virtual triage, face to face response and Urgent/Primary Care, although primarily in virtual and face to face due to ongoing pressures. They continue to provide a vital virtual triage service, ensuring that patients receive an appropriate response that meet their needs, thus reducing unnecessary Accident & Emergency attendance. Patients receive self-care advice, onward referral to alternative appropriate care pathways or an ambulance response.

From 5th April 2021 – 10th January 2022, Advanced Practitioners have continued to have a positive impact on reducing avoidable A&E attendances and safeguarding patients, they have assessed:

- 43,797 patients triaged/assessed virtually
- 44.8% were treated virtually (19042)
- 24,755 received an ambulance response

- Of those patients that received an ambulance response, 8,076 (32.6%) were treated at scene or referred to alternative care pathways

In total, 27,118 patients were treated either virtually or at scene without the need to be taken to hospital.

Discussions continue to take place with territorial health boards to explore opportunities for widening available pathway referrals for patients and professional-to-professional advice for front line crews to ensure patients receive the right care in the right place.

Aeromedical

The pandemic placed significant pressure and challenging expectations on the Air Ambulance Service. Our continued focus has been to ensure a safe environment for aircrew, clinical staff and patients. This was achieved through the introduction of a COVID-19 fixed wing aircraft with patient carrying capability, as an emergency measure through a temporary agreement with Loganair. Further partnership working to mitigate the impact of COVID-19 on our aeromedical services was also progressed with the Maritime and Coastguard Agency, to agree support with COVID-19 transfer requests, Scotland's Charity Air Ambulance, and Babcock Mission Critical Services, to achieve consistency of approach across all our tasked air assets.

The Air Ambulance contract extension paper was presented to the Board on 28th July and the Board was supportive of the development of a new Pay As You Go model with Logan Air until March 2022. Given the low level of activities this has been further reviewed and is proposed to cease in December 2021 with the service, if required, being provided by the Coastguard.

In addition to temporary arrangements, our Air Ambulance service is currently undertaking a tender re-procurement process that will run from 2021 to 2024. Contracts for air services will span the next decade and we will undertake a major consultation exercise throughout this period with all stakeholders, as we consider the future of air services in the context of the future strategies of both our Service, and health and care in Scotland in general. It will also be essential to consider the lessons learnt from our response to the pandemic as we re-procure this service.

The first meeting of the Programme Board is planned for January 2022. The project team has had a couple of meetings and the programme plan, engagement and consultation plan and project structure and working groups is due to be presented to the Programme Board meeting in January. A reference group also meet on a weekly basis coordinating all of the activities. Work has commenced across all work streams including communication, demand forecasting and analysis, operational models and procurement. A detailed project plan is in place with the initial agreement/outline business case due to be completed by June/July 2022.

Public Protection & Referral Pathways

Identification of Vulnerable Patients

The Public Protection Team continues to monitor the identification and reporting of Adults and Children at risk of harm. The number of referrals to local authority services for children and adults in need continues to rise in line with expectations with the additional pressures placed on patients because of the pandemic. We are currently referring in circa 100 patients a month who are at risk in the community with a national 953 referrals this financial year so far.

Flow Navigator Hub

The Public Protection Team are collaborating with the Flow Navigator Hub to refer those patients with less emergent care needs to other community based pathways on a proof of concept basis; where one single call will allow staff to access additional care and support for patients identified as having wellbeing/support needs of a less urgent nature. These pathways include examples such as fire safety, hoarding hazards, home help and mobility needs. This service has been well received and an expansion of the service is planned in 2022 with a focus on recruiting permanent call handlers to manage the crew calls.

Management of High Intensity Users of Service

The Service has appointed a Clinical Effectiveness Lead to manage High Intensity Users (HIU) of the Service to help improve the quality of their care and to try and relieve the demand pressures placed on crews who are regularly attending these patients with little option to help longer term.

The aim is to discourage inappropriate 999 calls by enabling patients to access more appropriate care/support for their needs in their local community. This involves working collaboratively with health professionals and a wider multi-disciplinary team in other Health Boards and Health and Social Care Partnerships. This model of joint integrated working builds on the current commitment to improve access to care for all patients but in particular those vulnerable groups who may need specialised services.

The primary results from the initial pilot were encouraging, in the first 8 week measuring period, inappropriate 999 calls in the trial group reduced overall by 60% and crews attended 150 less incidents in this patient group.

Building on this success the Service was successful in securing additional short term funding of £136,000 to enable additional case managers to be recruited and to expand the project. To date 4 further High Intensity User Leads have been recruited to manage patients with complex care needs. These staff start in January 2022 and will focus their work regionally to support operational teams to manage the most complex and vulnerable patients we are in contact with.

Reducing Drug Deaths

As part of the Service's contribution to improving the health and wellbeing of Scotland's population, we continue to work closely with Scotland's Drug Death Taskforce.

A report published by the Scottish Government on 30th July 2021 in relation to Drug-related deaths in Scotland in 2020 reported that were 1,339 deaths in 2020 related to drug use. This is an increase of 5% on the year before and continues to be the highest rate in Europe.

Our drug harm reduction objective related to the Service's contribution to the national naloxone programme continues to become established with 75% of all ambulance clinicians now trained to supply take home naloxone (up 10% since last update). In total, 967 kits have now been supplied since the start of the pilot in 2020.

Links have now been established with all Alcohol and Drug Partnerships in Scotland.

One particular collaborative has seen the Glasgow and Lanarkshire Overdose Response Teams, which are other Drug Death Task Force pilots, agree to receive referrals from ambulance clinicians, either on scene or from the Ambulance Control Centre. In Glasgow, Lanarkshire, Aberdeen and Aberdeenshire, SAS clinicians are able to directly connect individuals with drug and alcohol use to assertive outreach teams, comprising of Police Scotland, mental health services, social work, drug and alcohol services.

We are also sharing our data and intelligence with national and territorial boards to support wider improvements for patients. In particular, data sharing with territorial health boards on incidents where the Service has attended an overdose and administered Naloxone. This has led to very successful service connection with people at risk in Borders, Dumfries, Tayside and Forth Valley.

Data related to incidents where the Service has administered naloxone is now being shared with Public Health Scotland to inform early warning systems.

Elective Care

Throughout the pandemic, social distancing of 1 metre meant reducing the number of patients on our patient transport service to one patient per journey. In line with the recent change in COVID-19 guidance and physical distancing measures, we have now moved from one to two patients on each patient transport ambulance where it is clinically appropriate to do so. This has helped to increase capacity; however, COVID-19 infection control measures remain in place, increasing the overall service time for each journey.

Regional Teams continue to work closely with Health boards to help safely remobilise services.

A scheduled care Programme Lead has been appointed on a 12 month basis, to focus on developing the strategy and delivering four short-term priorities

- Improve utilisation of existing resources
- Commission a Demand & Capacity review of scheduled care
- Review, refine and implement an improved PNA
- Work towards integrating our services to provide one service delivery model

A Demand & Capacity modelling review has been commissioned for scheduled care and work is already underway to extract historical data sets to inform and enable modelling work. Steering Group & Working Groups were due to be established in December 2021 however these have been put back until the end of January 2022 due to current impact and pressures of the COVID-19 Omicron variant.

An end-to-end process mapping session was also held on 14th October 2021 to help inform areas of opportunity to improve efficiency.

Mental Health

Since the last update, the mental health strategy 2021-2027 has been approved by the Board.

The Service continue to work collaboratively with our Health & Social Care partners, Public Health Scotland, Police and NHS 24 around improving outcomes for patients presenting with mental health needs.

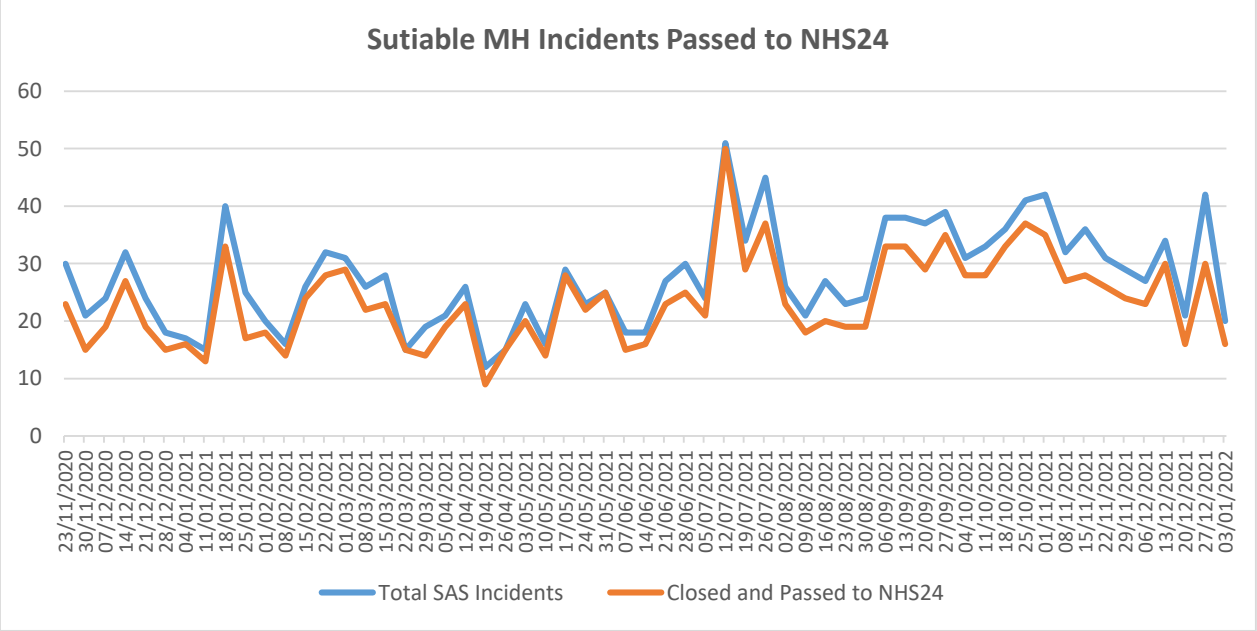
Jointly staffed 'Mental Health Car' pilots have been established in Glasgow, Dundee and Inverness, with an initial evaluation of the Glasgow project undertaken in August 2021. This is in partnership with local agencies to provide a multi-disciplinary approach to attending someone having trouble with their mental health. Electric vehicles have been purchased for future use as Mental Health Cars, and will become operational with lights, electronic patient records, and GPS.

'Learning in Practice' and Continuous Professional Development materials have been developed by Public Health Scotland for use within our Service. These materials and an introductory video for our staff have been provided to our Professional Education Department who have completed internal training pilots.

Distress Brief Intervention (DBI) leads have been established in all regions as the national roll out of DBI progresses. Pathways have been developed with local health boards to improve access for ambulance staff to 'professional to professional' mental health support.

Collaborative work continues with NHS 24 and Police Scotland, to improve and update the national Mental Health Hub, hosted within NHS 24. Since go live of the NHS 24 Mental Health Hub there has been 1,624 mental health calls identified as potentially suitable for transfer to the NHS 24 Mental Health Hub, of which 1385 (85.28%) have been referred. On average, this is around 23 patients per week out of 27 passed to NHS 24 (Chart 1).

Chart 1 – Mental Health Hub Calls



Digital

There has been a significant focus on delivery of digital developments that will provide the largest benefits to the public and staff, aiming to improve response times to patients, reduce unnecessary hospital attendance and improve our staff experience and wellbeing.

- The implementation of 'auto dispatch' has improved allocation times to our most immediately life threatening calls.
- Implementation and installation of the Distress Brief Intervention tool within our electronic patient records (ePR).
- Implementation of Hospital Turnaround Management system across the country is aimed at reducing the time currently spent between arrival handover and departures of ambulance resources at hospitals. This has now been implemented across all main Emergency Departments.
- Implementation of the new 'Microsoft 365' license arrangements across our digital infrastructure
- Our Ambulance Control Centres have been fully migrated to a new telephony platform and we are now working to transition the rest of the estate by March 2022.

Given the increased global risk from cyber-attacks, cyber security and resilience is a key priority. Work is underway to stabilise our systems, and create conditions for change - building on the momentum of our COVID-19 digital enhancements.

The major projects of Telephony Replacement, ICCS Replacement, Windows 10/ePR upgrades, and new tablets on our PTS fleet are on track to conclude in line with current project completion timescales during Q1/Q2 2022.

Work is also underway to test new hand held devices to enable ease of access to information for crews and to digitally enable efficient access to information on care pathways to improve our referrals in the future.

Data & intelligence Sharing & Using Data to Develop Services

Data led demand and capacity intelligence is a critical enabler for identifying breaking points in the system and developing effective mitigation and mobilisation plans. COVID-19 has brought about new relationships and collaboration across health boards to gain greater insights into demand patterns and correlations between various systems.

Since 2020, COVID-19 and Non-COVID-19 demand patterns have been shared with Public Health Scotland and the Scottish Government to help inform the prediction and planning arrangements for future COVID-19 waves. Weekly modelling updates from the Scottish Government continue to be utilised to help inform demand and abstraction forecasts short and mid-term. These forecasts have become critical for planning and mobilising resourcing to meet demands on our service.

We continue to work collaboratively with the whole system modelling team to establish areas of opportunity to join up data across services to provide insight and enable improved planning. Data and insight has been provided to the whole system modelling team to enable modelling to be carried out to assess the impact of reduced conveyance to ED on bed days.

Data sharing with Health Boards and Integrated Joint Boards is in place and being used to identify areas of improvement for the better use of pathways and areas of opportunity for the development of new pathways.

In November 2021, under our status as an Official Publisher of Statistics we started publishing weekly unscheduled care operational statistics. These are currently badged as ‘experimental statistics’ which is the first stage in this process. We will move to publishing these as ‘Official Statistics’ in the first half of 2022.

Work continues to ensure our data submissions to the Unscheduled Care Datamart, held by Public Health Scotland, are fit for purpose. The datamart has been in existence for almost a decade and historically only included incidents where the Service had attended. This scope has now been broadened to include incidents where the Service did not attend giving us valuable insight into the unscheduled pathways of these patients.

Innovation

Our Remobilisation plan sets out our intentions to foster a culture of innovation, closely linked to delivering impactful service developments in pursuit of the delivery of safe, effective and efficient care.

The Innovation Strategy has been developed and approved by the Board. Recruitment of the Associate Director of Research, Development and Innovation has been completed to enhance capacity and capability for delivering our key ambitions. Discussions are being scheduled with the CSO and National Innovation leads to source setup funds to support this delivery of our strategy.

An Innovation Area on @SAS, the Service's intranet site, is currently in development to assist in supporting a Stage Gate model of Delivery for Innovation.

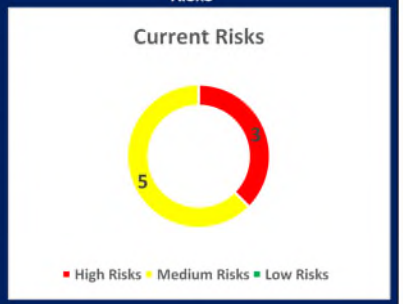
Artificial Intelligence, Machine Learning and Hydrogen-Electric commercial vehicles are a number of innovations currently being explored/considered for the future.

4.2 Remobilisation Plan Progress - Summary Dashboard

Remobilisation Plan - Summary Dashboard December 2021

		Delivery Status	Resource Status	Budget Status	Executive Lead	Delivery Lead
Living with Covid	Vaccinations				Francess Dodd	Tony Wigram
	Procurement & Distribution of PPE and General Supplies				Julie Carter	Brian Laughland
	Provision of Respiratory Protection				Francess Dodd	Brian Laughland
Workforce Recovery/Transition	Building Workforce Capacity				Lynsey Lauder	Graeme Ferguson
	Demand and Capacity				Garry Fraser	James Wilkie
	Health and Wellbeing				Lynsey Lauder	Alison Ferahi
	Supporting New Working Arrangements				Lynsey Lauder	Graeme Ferguson
Whole System Redesign	Redesign of Urgent Care				Jim Ward	Julie King
	Ambulance Control Centre Capacity and Capability				Paul Bassett	Gail Parker
	Reducing On Call				Milne Weir	Milne Weir
	Critical Care Desk & Major Trauama				Paul Bassett	Ken Mitchell
	Advanced Practitioners in Urgent Care - Virtual Consultation Model				Francess Dodd	Gillian MacLeod
	Aeromedical Services				Paul Bassett	Ken Mitchell
	Public Protection Referrals and Care Pathways				Francess Dodd	Jayne Scaife
	Reducing Drug Deaths				Jim Ward	Gary Rutherford
	Elective Care				Milne Weir	Sharon Hammell
	Mental Health				Frances Dodd	Victoria Burnham
	Dementia				Frances Dodd	Victoria Burnham
Enabling Improvements	Digital Transformation				Julie Carter	Roslyn Scott
	Data and Intelligence Sharing				Frances Dodd	Katy Barclay
	Using Data to Develop Services				Frances Dodd	Katy Barclay
Innovation	Innovation				Pauline Howie	Paul Gowens

Risks



Resource Status Context	Delivery Status Context

Budget Issues	High Risks
No Issues to report	Currently 3 High Risks and 5 Medium - See Risk Register Note that the High Risks become medium with mitogation

APPENDICES:

Appendix 1 – Remobilisation Risk Register

Appendix 2 – Scottish Government Feedback letter and RMP4

Remobilisation Register

Function	**Remob Register**
Title	**Remob Register**
Risk Log Owner	**Chief Executive**
Checked By	**Risk Manager**
Date	**Jan-22**

Key
↑ Likelihood
↓ Likelihood
↑ Impact
↓ Impact
↔

					Current Risk							Forecast Risk					Risk Tolerance			
Risk Log Title & Ref	Risk *(Project or Business)*	Risk Cat[2]	Risk Description *(There is a risk of x, because of y, resulting in z)*	Current Controls	Likelihood of Exposure	Impact Consequence	Risk Ranking[5]	Change to CURRENT Risk Ranking	Action Planning	Action Owner & Completion Date	Remob Workstream Mapping	Likelihood of Exposure	Impact Consequence	Forecast Risk	Likelihood of Exposure	Impact Consequence	Risk Tolerance	Projected timeline to achieve tolerance	Assurance Sources	Reviewed Date and next date to be reviewed
5175	Business Risk to the Organisation	Financial	There is a risk that the benefits to improve discharge and flow, associated with the Unscheduled Care funding allocation 21-22 are not fully achieved due to a number of factors including: (1) failure to recruit in sufficient numbers (2) lack of uptake of overtime (3) lack of engagement with change initiatives resulting in withdrawal of funding and reputational damage.	(1) SAS SG bid developed into workplan aligned to aim and benefits. (2) Programme of work established meeting fortnightly with engagement/follow up between meetings (3) Regional and ACC ownership supported by national colleagues (4) Financial controls in place aligned to bid and expected benefits.	unlikely (2)	Major (4)	medium	↔	(1) Timeline for planned delivery from August 21 to March 22 (2) Focus on optimising what works well and generating ideas where there is opportunity for improvement (3) Utilising national programmes and Board engagement to support successful delivery (4) Data being utilised to drive the work highlighting areas of opportunity and improvement. (5) Quarterly update paper provided to SG with clear actions and trajectory in place	Various planning and delivery leads	Redesign of Urgent Care	Unlikely (2)	Major (4)	Medium	Unlikely (2)	Major (4)	Medium		Recovery Planning Group	13/10/2021 Due 13/1/2022
4910	Business Risk to the Organisation	Workforce	There is a risk that our staff (operational & support) become fatigued due to increases in demand resulting in an impact on the health and wellbeing of our staff.	Additional capacity plans being put in place. Health and Wellbeing workplan and actions. Shift break monitors in place. Weekly staff engagement sessions delivered by CEO "1. All Staff are being encouraged to take annual leave. 2. Fatigue Policy in place. 2. Monitoring at local level. 3. A wide range of wellbeing and mental health support mechanisms are available to all staff. 4. Welfare awareness sessions completed for line managers. 5. Wellbeing strategy and roadmap for the next year is now in place. 6. Wellbeing and welfare sessions ongoing. 7. Attendance management policies and training for managers are in place with recovery plans and task force actions fully completed. 8. Additional 24/7 stations now in place and rest break working group restarted. 9. Reprioritisation of must do activities are being undertaken across all Directorates 10. Prioritisation of must do activities. Care to be taken on workload for managers at all levels. 11. Weekly staff engagement sessions delivered by CEO."	Possible (3)	Major (4)	High	↔	"1. Fatigue Working Group in place. Fatigue framework developed and being presented to SGC in December 2021. 2. Health and Wellbeing Strategy and Implementation Road Map approved and launched with key messages out to staff around the importance of taking annual leave and work-life balance. Road map applies to all staff 3. Recruitment plan for additional capacity developed and being implemented. 4. Core Principles agreed around the demand and capacity workstream which will reduce this risk in the future. 5. Pulse survey identified workload of staff as key concern - action planning to take place with Regions. 6. Staff engagement session took place around the survey and wellbeing - recognised as key priority area. 7. NHS Scotland taking forward specific actions regarding workforce resilience and wellbeing through 2021. 8. SAS ensuring plans are realistic and achievable throughout 2021 to ensure we are not over-committing. 9. Performance measurement framework being developed. 10. New agile working group being put in place. 11. Review of Groups in place across the Service to ensure these are streamlined.	1. T Wigram/ Regional Directors. 2, 3 & 4. Director of Workforce	Workstreams to mitigate risk 1. Demand and Capacity 2. Workforce Recovery Planning 3. Data & Intelligence Reduce Impact of Risk 4. Health and Wellbeing	Unlikely (2)	Major (4)	Medium	Unlikely (2)	Major (4)	Medium	End of 2021	Recovery Planning Group	13/10/2021 Due 13/1/2022
									12. Looking at measures to identify impact of fatigue - benchmarking tool identified within the draft Fatigue Policy. 13. Workstreams and projects within the Service to be targeted to ensure only the relevant staff are involved. 14. Shielding staff returning to duty following completion of a risk assessment. 15. Rest Break working group now in place as a sub group of WPSG. 16. Creating a permanent staff bank to increase capacity. 17. ACC test of change and retraining around Amber SOP to ensure Crew Breaks and Meals times are met. 18. On going work to improve the integrity of the amber basket to reduce Break interruptions for Operational Crew. 19. Long term staff welfare support being considered by regional management teams, i.e. access to hydration, energy bars and fruit etc.											

4911	Business Risk to the Organisation	Financial	There is a risk that the Service cannot deliver the remobilisation plans beyond March 2022 because we don't receive additional funding to cope with the increase in expenditure to manage the recovery and renewal phases as a consequence of the COVID-19 pandemic.	Q1 review completed and presented to SG. Anticipated funding approved but no final confirmation of recurring funding into 22/23 as yet	Possible (3)	Major (4)	High	↔	Financial Plan for 22/23 being developed. Good positive discussions with SG ongoing. Working with all Boards who are in similar positions to confirm through a peer review group the likelihood of funding	1. Director of Finance, Strategy and Logistics - End Jan 2022		Rare (1)	Major (4)	Medium	Rare (1)	Major (4)	Medium	Summer 2021	Recovery Planning Group	01/01/2022
4912	Business Risk to the Organisation	Strategic	There is a risk that changes to the other parts of the Health System, in relation to Redesign of Urgent Care, generates additional unintended demand for our Services resulting in an inability to deliver safe, effective & person centred care.	1. RUC group in place for the Service 2. Good SAS engagement across the wider service 3. Final NHS 24 RUC model agreed.	Unlikely (2)	Major (4)	Medium	↔	"1. High level modelling has taken place with further scoping work ongoing. 2. Model went live 1st December 20 no current impacts identified for the Service - measurement framework being developed. Full launch took place June 2021. 3. Regular engagement with Boards at National & Regional levels regarding the Services remobilisation plans. 4. Demand picture currently static - currently tracking impact of FNCs - not being utilised to full capacity."	2. K. Brogan and MI Team	Demand and Capacity ACC Winter planning Data & Intelligence Redesign of Urgent Care Elective Care	Unlikely (2)	Major (4)	Medium	Unlikely	Major	Medium	Summer 2022	Recovery Planning Group	01/03/2022
4917	Business Risk to the Organisation	Strategic	There is a risk that the Service fails to utilise the full range of alternatives to ED for patients that may include community pathways, Board hubs (Mental Health, Covid etc.) or the range of professional-to-professional support available to crews impacting on patient experience and SAS reputation with key stakeholders.	Robust Clinical Guidelines and awareness in place to support crews to make direct referrals to the community hubs. Flow navigators introduced and evaluation in place	Possible (3)	Moderate (3)	Medium	↔	"1. Continued awareness with crews of community / mental health hub and other prof to prof services available to them. 2. Consider monitoring and feedback of volume. 3. Focussed work to take place around human factors and ease of access to the pathways. 4. Reviewing the range of data that exists around community pathways to better understand variation. 5. Working with the national programme to ensure equitable access to the flow navigation centres within Health Board areas. 6. APs engaging with Flow Navigation Centres." 7. A group has been established to improve the use of community care pathways based on areas of good practice within SAS ensuring quality and safety for patients and staff. 8. Rotational model in place with the APs which will increase use of pathways.	Various planning and delivery leads	Redesign of Urgent Care AP workstreams Data and Intelligence ACC	Unlikely (2)	Moderate (3)	Medium	Unlikely (2)	Moderate (3)	Medium	**In tolerance**	Recovery Planning Group	Through winter to March 2022
4918	Business Risk to the Organisation	Strategic	There is a risk that projects are unable to be delivered because the Service is unable to implement change due to a lack of engagement with IJBs and NHS Boards.	Data development work in place and being shared. National working groups engaged across the system.	Unlikely (2)	Moderate (3)	Medium	↔	1. Clear communication strategy. 2. Strengthen relationships with IJB's - ASMs, Heads of Service and Regional Planners identified as Leads - regions to ensure fully co-ordinated. 3. Representation at COSLA/IJB Board. 4. Initial discussions underway with IJB's to scope out data transfer requirements for ePR. 5. Joint action plans and outcomes developed to articulate any impact and opportunities. 6. IJB engagement ongoing with flow navigation centres - Regional Planners currently being appointed who will support this aspect. 7. Data sharing and engagement continues - SAS to maximise opportunities whilst being mindful of the pace of change. Digital interface across the health systems is a key area which can provide challenges."	1. Comms and Engagement 2.OLT 3. D Robertson	Data and Intelligence	Unlikely (2)	Moderate (3)	Medium	Unlikely (2)	Moderate (3)	Medium	**In tolerance**	Recovery Planning Group	Through winter to March 2022
5032	Business Risk to the Organisation	Operational	"There is a risk that we are unable to progress our remobilisation plans as demand exceeds capacity because of: • an increase in abstractions • an increase in turnaround times due to system pressures • an increase in unscheduled care demand following the easing of Covid restrictions business as usual • potential future waves of Covid resulting in an inability to deliver safe, effective & person centred care and an impact on the health and wellbeing of our staff. " Note this risk has transferred to the IMT risk register managed through the twice weekly systems pressures meetings. When stood down this risk will transfer back to the Remob risk register	Robust demand modelling and scenario planning in place. Regional Remobilisation plans developed. Winter plan is in place. REAP plan in place. National Escalation Plan in place. Implementing lessons learnt from COVID. Robust Plans are in place to manage gaps in staffing which work. Certain workstreams paused to allow us to respond and remobilise. Buddy links in place with UK Ambulance Services to increase ACC call taking Capacity. Vaccinations	Possible (3)	Major (4)	High	↔	1. Workforce Escalation plans in place within each Region. 2. Utilise options to increase number of staff available, i.e. Bank staff. 3.Ongoing process in place regarding the review of codes for AP's to review to reduce the impact on frontline resources. Rotational model is in place for APs to carry out remote consultation - C3 remote worker now live and AP's trained. 4. Recruitment of additional staff ongoing into this year. ACC call handling numbers increasing at pace. APs Increasing by 34 - 14 additional staff - 20 trainees. Going back out to recruitment. West Region have retained the staff from Louisa Jordan Hospital for an additional 2/3 Urgent Tier vehicles. 5. Absence levels and abstractions being monitored. 6. Incident management cell can be set up if required with Regional Cells also in place. 7. Vaccination programme rolling out to the public with planning being developed for seasonal flu and potential Covid booster vaccines in the Autumn. 8. Lateral Flow testing in place for all operational and other staff who are in the office, will be rolled out to agile workers in the next phase.	1. Regional Directors. 3. G McLeod / Regional Directors / C Johnson / Regions 12 / 13 / 14. J King / J Ward / Regional Directors	Workstreams to mitigate risk 1. Demand and Capacity 2. Redesign of Urgent Care 3. Advanced Practitioner workstreams 4. HCID Workstream 5. Workforce Recovery Planning 6. Winter Planning 7. Data & Intelligence Workstreams to reduce impact if realised 8. Health and Wellbeing Workstream 9. Clinical Care	Unlikely (2)	Major (4)	Medium	Unlikely (2)	Major (4)	Medium	End of 2021	Recovery Planning Group	**Transferred to the IMT risk register**

									9. BRC support re Ops and Welfare. 10. Mutual Aid MoU in place across UK Ambulance Call Centres - tested and proven to work. 11. Demand and Capacity plans being taken forward around recruitment to build capacity."12. Card 46 is now Live - PTS resources currently being increased to cope with the Demand identified as suitable for PTS. 13. Further work is taking place around increasing the number of calls for Card 46 and to ensure the process is as streamlined as possible. 14. RUC / FNC / Pathways as alternative to ED. 15.Working with partner agencies. 16. Prioritising resources for D&C investment - on track to deliver increased staffing levels. 17. Detailed capacity and planning over the next year to include COP26, easing of restrictions and potential future waves of covid to ensure the gaps can be mitigated against. 18. Prioritising what we are doing in the early stages of this year to build capacity, resilience and business continuity, with forecasting around demand and capacity helping to identify pinch points and how we target them.										
									19. Additional funds have been received to manage unscheduled care demand, in particular discharge management. 20. Early consideration of implementing hospital diverts as required. 21. SOMs/ACC escalate handover delays in accordance with policies & reports produced daily setting out time to handover and time to clear per site."											

Appendix 2 – RMP4 and Feedback Letter from Scottish Government

Primary Care Directorate
Tim McDonnell, Director

T: 0131-244 2203
E: tim.mcdonnell@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Pauline Howie
BY EMAIL
Pauline.Howie@nhs.scot

20 December 2021

Dear Pauline,

RMP4 – Updated Remobilisation Plan for 2021/22

Thank you to you and your team for submission of the latest iteration of remobilisation planning for 2021/22. We recognise that any actions set out in this letter were agreed prior to the latest developments with Covid and the Omicron variant, therefore there will be further discussions regarding the flexibility in progressing your plans to enable you to respond to the pressures anticipated during the early part of 2022.

I would also like to acknowledge the work that has gone into the development of this latest Plan, and in particular the input and support in developing and using the new format we trialled for RMP4. I would be grateful if you could pass on my thanks to all involved. I am very conscious of the extremely difficult, and rapidly changing, context in which your Plan was developed. I recognise that these plans will evolve over time in response to changing circumstances, and we are keen to continue to work with you in the coming months to understand the implications and to provide support accordingly.

Indeed, the process of planning for delivery becomes more, not less, important during a time of high pressure, uncertainty and changeability. These plans provide not only a foundation for us to agree what we aim to deliver over this next period, but also a basis for discussion about the risks which could impact on our ability to deliver, and how we can work together to mitigate these. The new format used this time round also allows the Scottish Government Planning Team to build a more comprehensive picture of both aspiration and risk across all Boards which will hopefully support collaboration between Boards in developing their plans.

The updated plans will continue to inform the regular engagement which already takes place between your sponsor team, SG Policy leads and relevant service leads within your teams, providing a direct feedback route to pick up any ongoing queries regarding your proposals. While we do not expect plans to be resubmitted, this feedback should be fed into future progress updates.

Finance

Following our Quarter One review, we wrote to confirm to NHS Boards on 26 October that funding will be provided for full Covid-19 and remobilisation costs on a non-repayable basis. This includes anticipated underachievement of savings in year, with an expectation however that Boards continue to take appropriate measures to reduce this funding requirement. This letter also set out expected actions for the remainder of the year and in advance of the 2022-23 financial year.

We have received your Quarter Two financial return and are working through the detail included. Where further clarification is required we will follow up with your Director of Finance.

Costs in relation to remobilisation should continue to be reported through quarterly finance returns. You must ensure that any recurring impact from these actions is clearly reported, as this is a key focus of our financial planning going forward.

Winter Planning

Helen Maitland, National Director for Unscheduled Care, wrote to you previously on 2 November confirming the Winter funding available to your Board, and confirming that this should be targeted to deliver the key priorities noted in the Remobilisation Plan guidance, and as reflected in the Winter related elements of your Plan. I recognise how challenging the forthcoming Winter is likely to be for the entire health and care service and Helen's team, alongside your Sponsor team, stand ready to support you wherever possible to meet those challenges.

Next Steps

Bearing the above comments in mind, I am content that you now take your updated Plan for the second half of 2021/22 through your own governance processes, if you haven't already done so, and would ask that you then make it available on your website.

In order to monitor progress on the delivery of your RMP4 going forward, we are putting in place arrangements to request quarterly progress updates against the key deliverables that you have identified. Updates should be submitted at the end of January 2022, covering Quarter Three, and the end of April 2022, for Quarter Four. These updates should include any changes to your plans for the following quarters. Details on the specific requirements for these updates will be issued in due course.

Three Year Operational Recovery Plans 2022-25

As you know, we are proposing to move to a slightly longer-term period of three years, for future Operational Plans. This will enable a more strategic approach to planning and support programmes of service transformation, aligned with the NHS Recovery Plan and the Care and Wellbeing Portfolio.

These three-year plans will take the form of a Recovery Plan for the period of 2022-25 for your Board. They will encompass a relatively high level narrative setting out your key priorities for recovery and transformation within this period, and how these contribute to our national priorities, underpinned by a spreadsheet-based Annual Delivery Plan (ADP). This

latter element, which will build on the format and content of the delivery planning template used for RMP4, will continue to form the basis for ongoing engagement as well as regular quarterly progress reports to Scottish Government, recognising the continuing fluidity in our operating context and supporting responsive changes to plans in-year.

In recognition of the pressures that you are currently working under, and the high level of uncertainty and volatility that remains in the system, these three year plans will be scheduled for submission at the end of July 2022. We intend that that this will allow sufficient time for you to take stock of your position as we move out of winter, to consider your priorities, engage meaningfully with your staff, partners, communities and stakeholders on their desired outcomes, and to develop greater integration between your service, finance and workforce plans. In order to ensure that there is no gap in oversight during this period, it is important that you ensure that your Delivery Plans are kept updated as set out above.

We are also moving back to three-year financial planning, and whilst we anticipate requiring some detail of plans in advance of the start of the financial year, we will use the Quarter One review in 2022-23 as an opportunity for Boards to refresh their financial plans to align with the three-year operational plans. Further detail will be provided on this process in due course.

The Scottish Government Planning Team have also established a Short Life Working Group with a small group of Planning Leads from across the NHS Territorial and National Boards and SG officials. This team will be working closely together to produce guidance for the 2022-25 Recovery Plans and will remain in close contact with the wider Planning Collaborative Group.

In the meantime, I would like to take this opportunity to thank you, your Board and your entire workforce again for your, and their ongoing extraordinary efforts. Your contribution not just to the nation's response to Covid-19 but to all health & care needs of the population are hugely appreciated by everyone at the Scottish Government. I look forward to working in partnership with you as we develop our vision for delivery in the NHS over the next three years.

Yours sincerely,

TIM MCDONNELL
Director Primary Care

Scottish Ambulance Service

COVID-19 Remobilisation Plan 4
September 2021- March 2022

Table of Contents

1. Executive Summary

Our Remobilisation Plan for 2021-2022 aligns to "Re-mobilise, Recover, Re-design: The Framework for NHS Scotland," published by the Scottish Government on 31 May 2020 and principles of NHS Scotland Recovery Plan to:

- Maintain our Capacity to respond to the pandemic
- Focus on the whole system;
- Ensure quality, values and patient centred care;
- Bring services close to people's home;
- Reduce health inequalities;
- Ensure sustainability;
- Value and support our workforce.

The overarching purpose of our plan is to maintain and build on our contribution to the redesign of the wider health service in response to and recovery from the COVID-19 pandemic. As we respond and recover from this pandemic, we will continue to contribute to whole system recovery, embrace and embed new ways of working, while supporting the physical and psychological wellbeing of our workforce.

Our last iteration of our Remobilisation Plan, RMP3 focuses on our efforts to explore and nurture positive clinically driven changes that were established as part of our response to the pandemic, while continuing to deliver the best care whenever and wherever possible. We have continued to apply what we learned during this period to improve our patient and staff experience, as well as learning from emerging changes in the wider health and care system. Our commitments in RMP3 remain largely the same.

Our Remobilisation Plan 4 (RMP 4) is an update on the progress of our previous plan, RMP3 that was signed off by the Scottish Government in April 2021. This update will conform to the structure set out in the new guidance template, and includes:

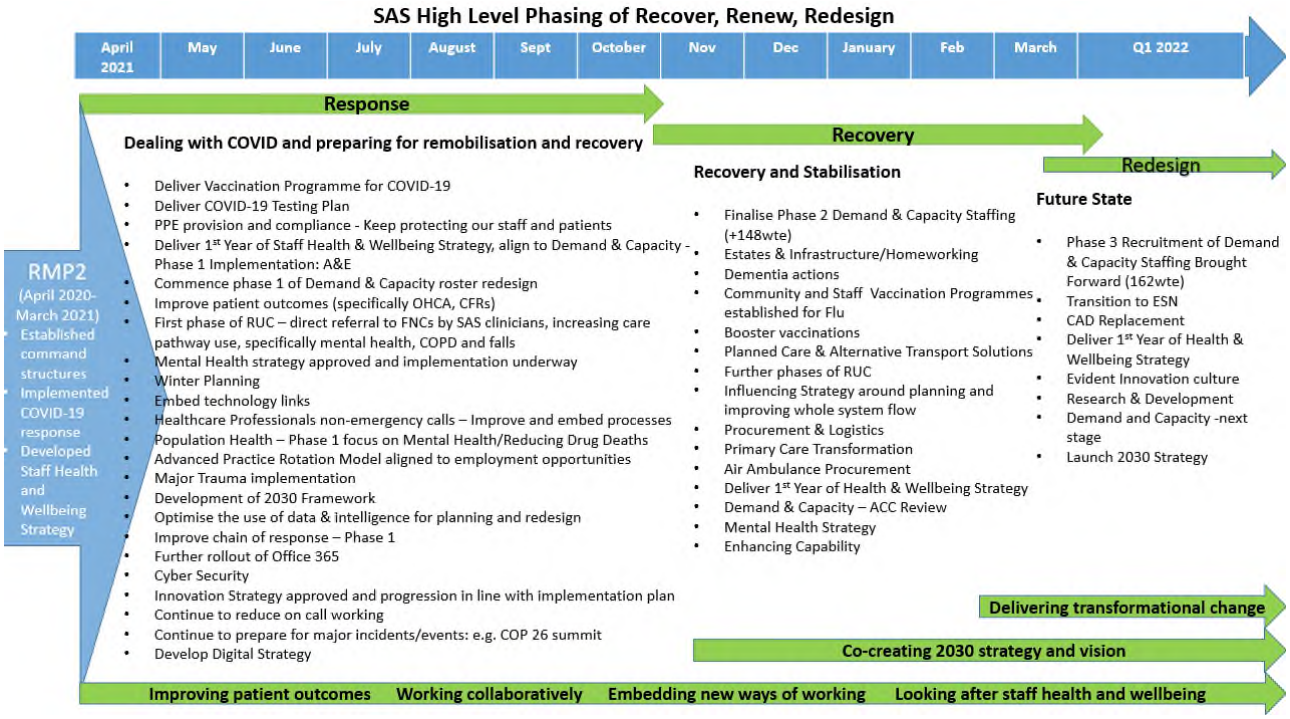
- Introduction and brief narrative, focusing on performance, and areas of whole system change or development since the commissioning of our RMP3;
- Updates on our key deliverables set out in RMP3 (Annex B)
- Winter planning preparations;
- Demand projections;
- Financial implications.

We will continue to capitalise and build on the gains of the COVID-19 pandemic. At the same time, we will continue to capture learning in order to transform services with new techniques, technology and clinically safe care and pathways for patients. We will do this whilst building capacity to deal with the continuing presence of COVID-19, winter and other potential pressures.

We will continue to support the national recovery from the pandemic in pursuit of Scotland's goals of a greener, fairer, more sustainable country.

The broad **aims of the remobilisation plan** to March 2022 have not changed. We will continue to deliver essential services, while living with COVID-19 and to do this we will strive to:

- Ensure the **health, wellbeing and safety** of staff and patients;
- Reduce harm by ensuring effective **demand management** procedures are in place;
- Ensure that we have sufficient **workforce capacity** to manage further waves of COVID-19 incidents effectively, on top of existing demand and seasonal pressures including the potential for an upsurge in Respiratory Syncytial Virus (RSV) cases this winter;
- Recover and renew to a better, more **innovative and digitally enabled whole system** sustainable model than the pre-pandemic one.



This document describes not only what we will do but also how we will do this. Our new ways of working depend on **collaboration**. We will continue our integrated and collaborative approach with our primary care colleagues, Integration Joint Boards (IJB), Health Boards, Emergency Services, our staff, patients and the public.

Examples of this approach to working include:

- Engaging with the public through a range of initiatives designed to improve Population Health;
- Working with IJB's to agree priority areas to improve patient experience;

- Redesign of Urgent Care;
- Co-designing direct support models to primary care through delivery of patient interventions;
- Continuing to work closely with COVID-19 Community Hubs/Flow Navigation Centres utilising the ability for both Advanced Practitioners and paramedics to make direct referrals.
- Continuing to reduce hospital turnaround times and improve hospital flow

We also recognise that as a National Board there is an opportunity to collaborate with the other National Boards and play a lead role in two important areas of recovery and renewal: the primary care reform agenda, including the Redesign of Urgent Care; and improved public health through shared data and improved intelligence. The Service participates in a range of national initiatives and is a member of the Planning Directors group, which includes representation from Scottish Government and all NHS Boards. The Group works to ensure there is alignment in planning across all NHS Boards, particularly for national initiatives such as the Redesign of Urgent Care, scheduled care, flu vaccination and finance.

2. Overview

The Service continues to occupy a unique position and role within health care provision in Scotland. During our response to and remobilisation from the COVID-19 pandemic, we have been able to build on the strengths of our traditional and emerging service provision. We have demonstrated a significant shift in the balance of care by increasing our contribution to whole system improvements in public health, by rapidly establishing highly effective mobile testing capability across Scotland and setting up a responsive community based mobile vaccination programme.

We operate across Public Safety, Health Care, Public Health, and as a mobile service meeting the scheduled, unscheduled and emergency care needs of the population of Scotland in every community 24 hours, 7 days a week. Our responsibility, during this next phase of remobilising health and care services to March 2022, is to continue to ensure our patients get the best care, delivered where and when they need it. We will continue to build upon the learning from the COVID-19 pandemic with new innovative techniques, technologies and clinically safe pathways for patients, whilst caring for staff. Our winter planning and preparedness is focused on developing capacity and capability to effectively resource and manage COP26, cope with the continuing presence of COVID-19, seasonal demand and manage potential pressures of an upsurge in seasonal influenza and Respiratory Syncytial Virus (RSV).

We will continue to support national whole system recovery from the pandemic in pursuit of Scotland’s goals of a greener, fairer, more sustainable country.

We are working collectively with the Centre for Sustainable Delivery (CFSD) to develop a heat map, associated action plans and data metrics. The purpose of the heat map is to provide a strategic overview of programmes of work to help identify areas of synergy, duplication and opportunity, with the aim of reducing duplication within our organisation, and between our Service and others across the National Health Service. This will be particularly helpful in the innovation sphere as we implement our new Innovation Strategy.

3. Performance

3.1 HEAT Performance

The COVID-19 Pandemic has had a significant impact on performance of an already under pressure NHS Health & Social Care System in Scotland and UK wide. This has further exposed the vulnerability of our workforce and how critical it is to ensure that sufficient staffing and wellbeing arrangements are in place to meet the demands on our service that enable the delivery of safe, effective care.

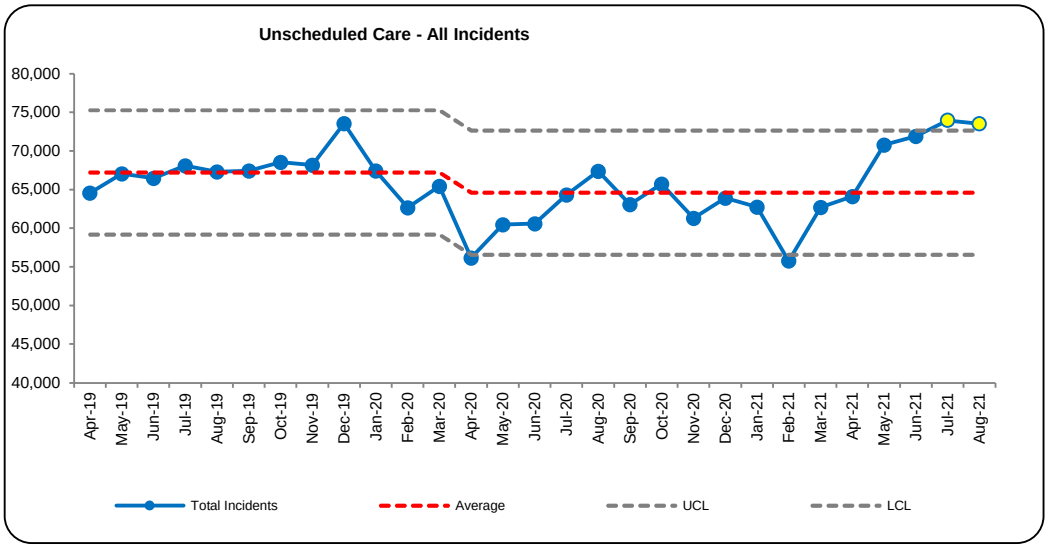
Throughout the pandemic, the Service has continued to achieve clinical performance indicators, however response times for all categories of patients **(Table 1 – Heat Performance)** have been affected by a number of pressures in the system

- Increase in Demand
- Increase in % of patients presenting with higher acuity symptoms
- Increase in Service Times
- Increase in Hospital Turnaround Times
- Increase in staff abstraction rates

3.1.1 Unscheduled Care Demand

At the outset of the pandemic, ambulance demand initially dropped, however through the easing of restrictions in May this year demand has continued to increase and is now out with normal control limits. Incidents in July and August are unprecedented for this time of year, nearing the pre-pandemic levels of December 2019.

Chart 1 – Unscheduled Care Demand



On top of existing demand pressures, there are a number of other challenges affecting response times for patients.

3.1.2 Patient Acuity Levels

There has been a shift in the acuity levels of our patients. A higher percentage are presenting with signs and symptoms that require an immediate response. Immediately life-threatening calls have increased from 11.9% to more than double over the last couple of months.

3.1.3 Service Times

There has also been an increase in service time for patients treated at scene and for those transported to hospital, linked to infection control measures and potentially because of dealing with more high acuity patients. This is similar to other ambulance services across the UK.

3.1.4 Hospital Turnaround Times

Pressures in Accident & Emergency departments have also resulted in a significant increase in Hospital turnaround times, reducing the availability of crews to respond to patients. Recent modelling has indicated that an 8-minute increase in turnaround time nationally requires around an additional 92 wte to prevent further deterioration in response times, however this is not the only pressure increasing wte requirements.

Chart 2 – Hospital Turnaround (50th Percentile)

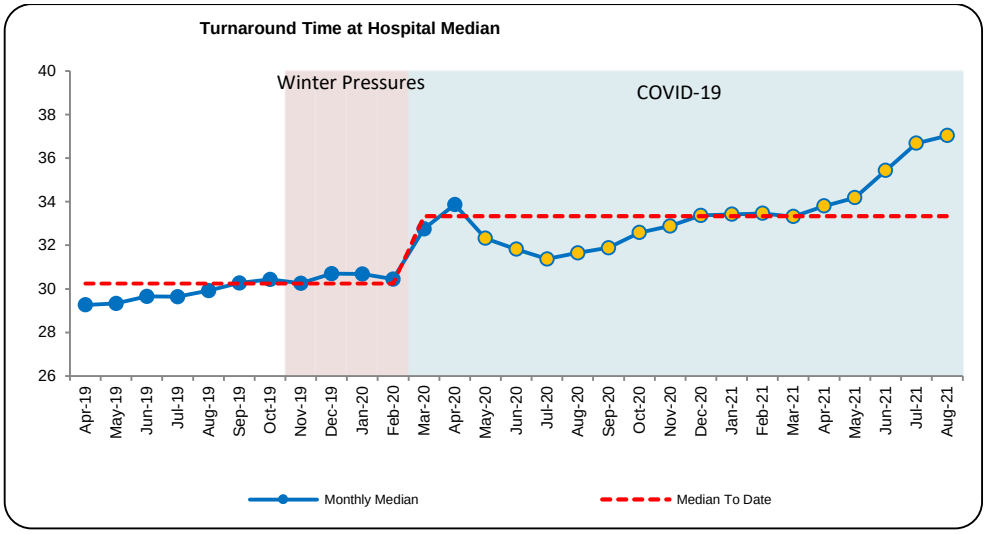
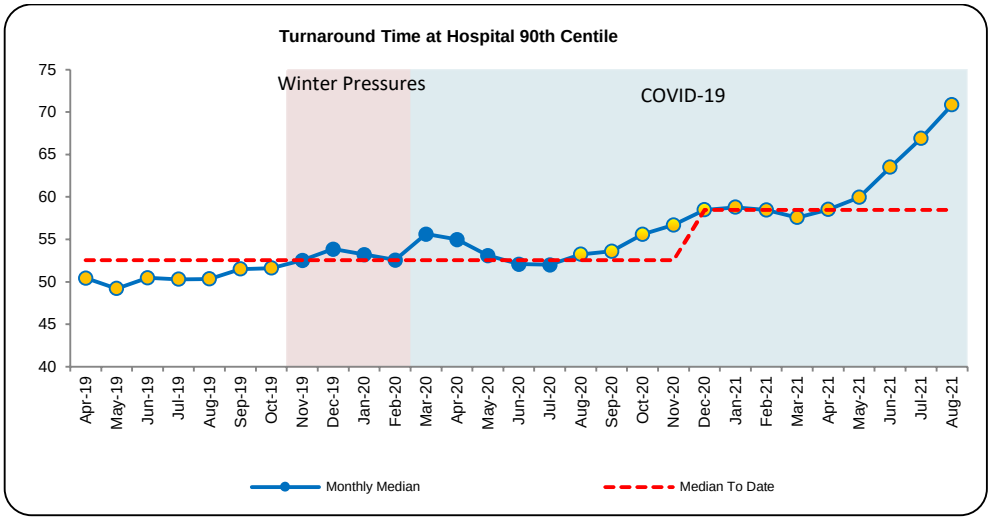


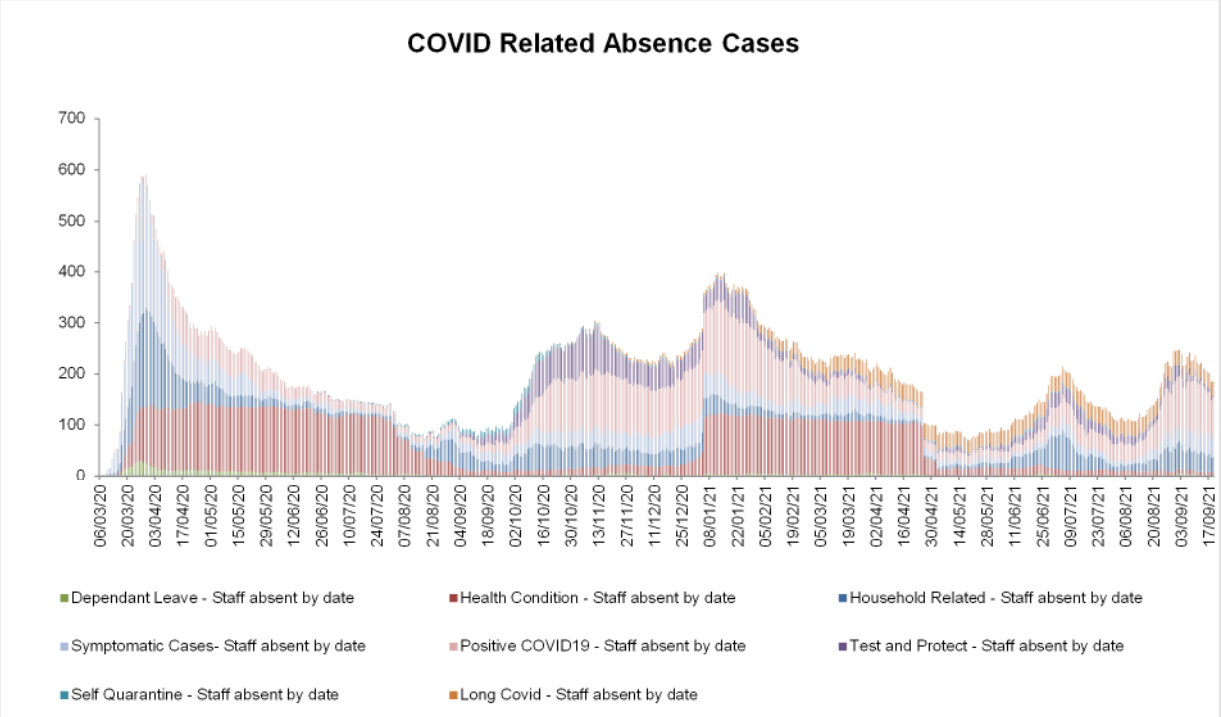
Chart 3 – Hospital Turnaround (90th Percentile)



3.1.5 COVID-19 Abstractions

COVID-19 abstractions continue to put additional pressure on the Service. An initial peak of 13.2% of the workforce were off week commencing 23 March 2020. Whilst this has reduced over time, it has also fluctuated due to changes in policy and lifting of restrictions. For the week ending 29th August 2021 the percentage of COVID-19 absences cases across the Service was 5.31%. The majority of cases are from four distinct categories; positive cases, those displaying symptoms, test and protect cases, and Household related cases.

Chart 4 – COVID-19 Abstractions



Section 3.2 details progress that is being made across a number of key priorities that focus on whole system change and reducing pressures on the wider system.

There is also a significant amount of work ongoing to support improvements in whole system hospital flow.

- Hospital Liaison Officers (HALOs) have been deployed to the busiest hospital sites
- A joint review of hospital escalation plans and how these are implemented at hospital sites being reviewed and updated.
- Increase use of ‘safe to sit’ practice to avoid patients waiting in ambulances where they can safely wait in COVID-19 compliant waiting areas.
- Hospital arrival screens available to Hospital teams to monitor ambulance patients who are waiting to be handed over and ambulance patients due to come into ED and the Hospital helping with managing flow.
- All efforts re safe alternative measures to ED admission described earlier in terms of the Redesign of Urgent Care programme.
- Consideration of alternatives to ‘cohorting’ of patients in corridors waiting ED access. Escalation to Senior On Duty and On Call Teams as required.
- Involvement in Hospital Incident Team meetings.

These are all in addition to the recently announced £20m investment and additional capacity actions being put in place.

Table 1 – HEAT Performance

Index	Performance Indicator	2020/21	*2020/21 Improvement Aim	2021/22 YTD (to Aug)	2022/23 Forecast	2019/20
SAS2.1	Critically Unwell Patients Survival Rate	**42.7%**	TBC %	**52.0%****	TBC %	**44.8%**
SAS2.2	Cardiac Arrest Survival Return of Spontaneous Circulation (ROSC) in people experiencing VF/VT arrest	**48.1%**	>46 %	**49.4%**	>50 %	**50.8%**
SAS2.4	Critically Unwell Incident Response Times Median time Purple incidents responded to	**07:11**	≤6:20	**07:20**	≤6:00	**06:20**
SAS2.5	Critically Unwell Incident Response Times Purple incidents responded to within 8 minutes	**57.1%**	67%	**55.8%**	75%	**64.60%**
SAS2.6	Critically Unwell Incident Response Times Purple incidents responded to within 15 minutes	**89.1%**	90%	**87.8%**	95%	**91.8%**
Patients With a High Risk of Acute Deterioration						
SAS3.4	High Risk Incident Response Times Median time Red incidents responded to	**08:21**	≤7:30	**08:44**	≤7:00	**07:44**
SAS3.5	High Risk Incident Response Times Red incidents responded to within 18 minutes	**89.9%**	90%	**87.0%**	95%	**91.3%**
Patients requiring Further Specialist Intervention						
SAS4.3	Stroke Stroke care bundle compliance	**96.0%**	≥ 95%	**95.7%**	≥ 95%	**97.4%**
SAS4.5	SAS Amber Incident Response Times Median time Amber incidents responded to	**15:25**	≤15.00	**18:12**	≤15:00	**13:55**
SAS4.6	SAS Amber Incident Response Times Amber Incidents responded to within 30 minutes	**85.5%**	90%	**76.9%**	95%	**89.1%**
Emergency Incidents with Highest Potential for Non-Emergency Dept. Management						
SAS5.1	Shifting the Balance of Care Emergency patients referred to non-emergency dept. care pathway	**41.0%**	40%	**42.6%**	**50%**	**37.8%**
SAS5.4	SAS Yellow Incident Response Times Median time Yellow incidents responded to	**23:37**	≤22.00	**41:22**	≤20.00	**20:52**
SAS5.5	SAS Yellow Incident Response Times Yellow incidents responded to within 60 minutes	**79.5%**	86.5%	**60.5%**	95%	**84.4%**
Infection Control						
SAS7.1	Patient Safety Peripheral Vascular Catheter (PVC) bundle compliance	**96.3%**	≥ 95%	**96.6%**	≥ 95%	**96%**

* Improvement aims were set before the Pandemic

** Data for 2020/21 up until 31st May 2021 for this measure

In response to continued pressures on the system and the impact on response times for patients and staff health & wellbeing, our Gold Incident Management Structure is in place to provide strategic management. Regional Tactical Cells are in place and will run throughout the winter period until appropriate to stand down.

A detailed action plan to deal with the current issues and to improve patient response times and reduce wider pressures in the system has been developed. This plan has been supported by additional investment of £20 million from Scottish Government and continues to support the delivery of our ambitions.

3.2 Progress with Whole System Recovery

Our response to the COVID-19 pandemic has further highlighted that we are an integral part of the health and social care system and that our performance and achieving the best outcome for our patients is directly linked to the design, structure and performance of other parts of the health and social care system and vice versa. Whilst maintaining our response to patients and responding to surges in demand has remained a key priority, the Service has actively continued to take a whole system approach, working collaboratively with our

partners to redesign and implement improved services for patients and to reduce pressures on the wider system. Since the last iteration of our Remobilisation Plan (RMP3), progress has been made across a number of key areas that have been outlined in the delivery template in Annex B. The following section further expands specifically on progress in areas relating to whole system recovery.

3.3 Reducing Unnecessary Hospital Admissions

The work undertaken by the Advanced Practitioners in Urgent and Primary Care undertaking clinical assessment and consultation remotely by telephone or video link for selected clinical presentations continues. This results in enhanced care and better clinical outcomes for patients whilst supporting the avoidance of unnecessary Emergency Department attendance.

During the period 5th April – 12th September, Advanced Practitioners have continued to have a positive impact on patients and reduced avoidable A&E attendances.

- 27654 patients triaged/assessed virtually
- 44.3% were treated virtually (12,263)
- 15391 received an ambulance response
- Of those patients that received an ambulance response, 5,014 were treated at scene or referred to alternative care pathways
- Only 37.5% of patients were taken to hospital (10,377)
- 17,277 avoidable A&E Attendance

Our Advanced Practitioners (APs) have now returned to a 'rotational model' where they continue to provide care for patients through remote consultations, face to face in vehicles, and through joint working indicatives with Primary Care and Out Of Hours. This contributes to the Service supporting whole system working, and ensuring more streamlined patient journeys whilst providing improved care and clinical outcomes for patients.

Returning to providing AP coverage on the road has allowed us to begin developing professional-to-professional initiatives, and we continue to work towards a national model of AP support for ambulance crews, as well as building links to Flow Navigation Centres through referral pathways.

3.4 Redesign of Urgent Care

The Service continues to working closely with Scottish Government and other key stakeholders including territorial Health Boards and NHS 24, in the large-scale programme of work associated with the Redesign of Urgent Care (RUC). We have developed an internal Redesign of Urgent Care Programme aligned with the overall aims and objectives of the national programme and aligned with the strategic intent and objectives of the Service.

NHS Ayrshire and Arran acted as a pathfinder Board to test this new approach to urgent care for Scotland with the aim of reducing the number of self-presenters at Emergency Departments. The learning from this pathfinder site, supported by an evaluation group chaired by Sir Lewis Ritchie, considered the output of the pathfinder work alongside the Service, NHS 24, and the state of readiness of Boards across Scotland. Approval to proceed resulted in the Redesign of Urgent Care Flow Navigation Centres (FNC) going live on 1 December 2020 across Scotland.

The Service is a key partner in this work and we aim to strengthen our role and contributions over the short to medium term. We are working both nationally and regionally to enhance already positive partnerships by ensuring the Service is able to maximise the functionality offered by these FNCs. As part of the next phase, key aims will look at direct access for our clinicians to Flow Navigation Centres for referral with all Boards having now established FNCs we aim to conduct further analysis to understand the individual configuration. This will include a review of the planning and scheduling of appointments through emergency departments and minor injury units and this review will better inform how the Service integrates successfully.

A joint measurement framework is currently being developed, (Chart 5,6,7) with data from other Boards to improve our understanding of the impact and effectiveness of our engagement and changes to referral pathways. NHS Ayrshire and Arran remain a key pathfinder site for the Service working with us in several areas including the aim to achieve an improved understanding of our flows from NHS 24, supporting on the day transport requests via local taxis and accepting referrals from our Advanced Practitioners. Tests of change underway within Grampian and Lothian, include decision support for frontline clinicians and the outputs of this will be reviewed.

As Phase 2 gets underway, we will use data and intelligence and learning from tests of change across the country to the influence the ability to refer directly into FNCs and seek decisions support where available.

Key to the Redesign of Urgent Care programme is the access and adoption of community pathways as an alternative to emergency departments. We will continue to work with Integrated Joint Boards/Health and Social Care Partnerships to optimise usage of existing pathways and evidence for increasing available pathways of care.

The structure to aid clinician professional-to-professional advice continues to be refined as a priority as we advance into phase 2. The data below represents the number of patients non-conveyed and referred over the last 12 months. As part of our expanding regional RUC groups, we will aim to interpret the variation that occurs within the referral process, which will help inform further concentrated work.

Chart 5: Breathing Problems

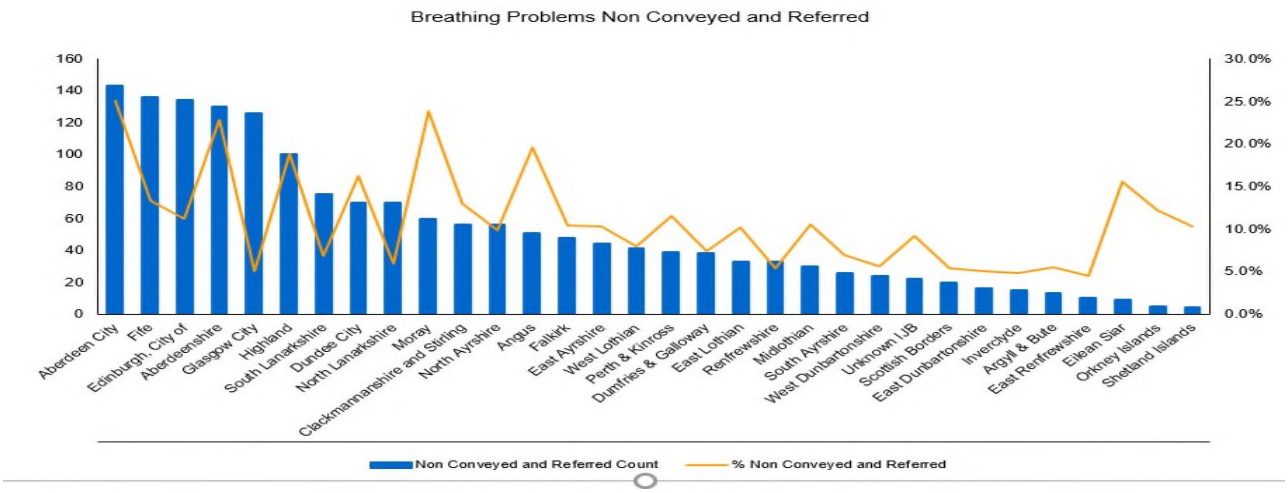


Chart 6: Mental Health

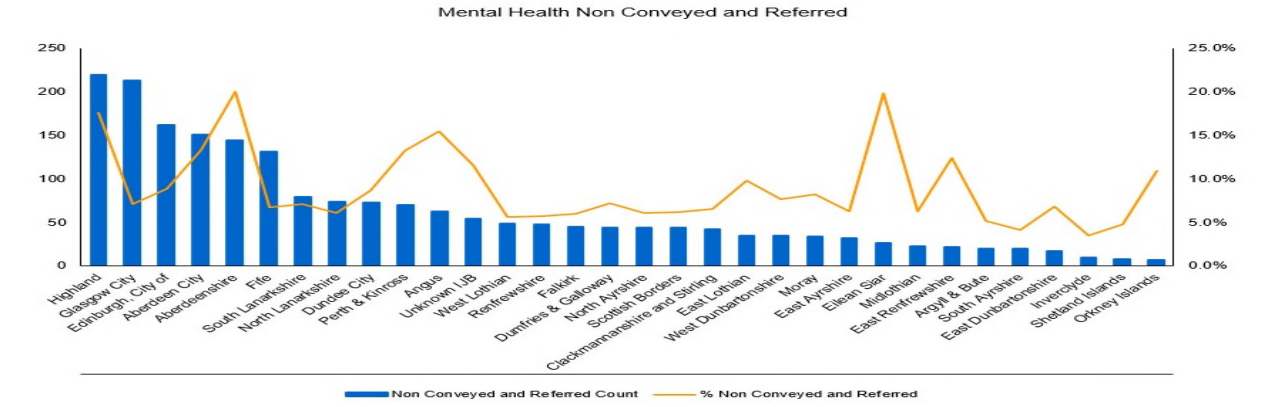
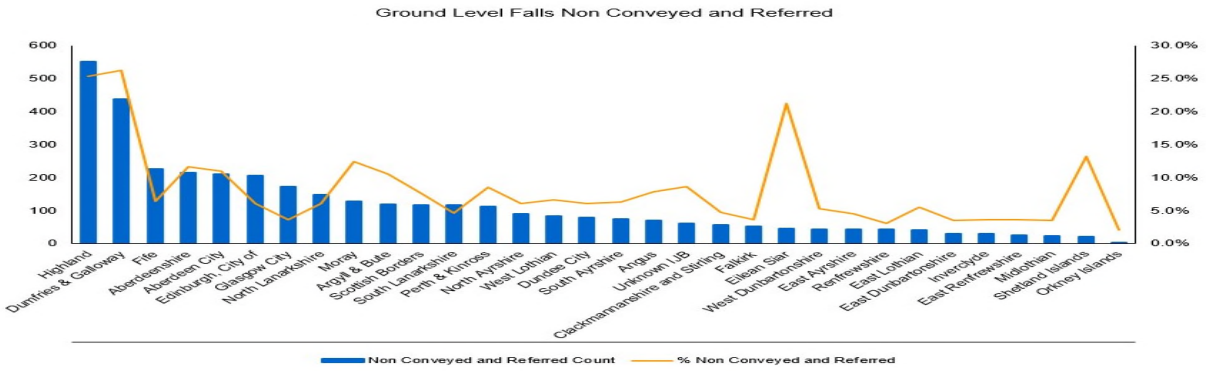


Chart 7: Falls



Outcome:

Increase in referrals to appropriate alternative care pathways

By March 2022, we will:

- **Ensure data and intelligence is used as the basis for introducing new and improved pathways for patient care, and that where appropriate, care is delivered close to home**
- **Work with the territorial boards to enable direct access to FNC for decision support and onward referral of patients to alternative care pathways.**
- **Work with our IJB partners to develop and implement more alternative pathways as alternatives to Emergency Departments to deliver care closer to home.**
- **Utilise or IJB datasets to inform and understand the impact of alternative care pathway development on patient care to refine models where appropriate.**

3.5 Reducing Drug Deaths

Whilst drug overdose deaths were already on the increase pre COVID-19, the disruption to daily life due to the pandemic has hit those with substance dependencies and other vulnerable patient groups hard. In 2020, there were 1,339 deaths in Scotland linked to drug use, an increase of 5% on the previous year and more than double when compared to 2009. This is the largest number ever recorded in Scotland and is the highest rate in Europe.

Reducing drug related deaths in Scotland remains a key public health priority for the Scottish Government. The Service is a member of the national Drug Death Task Force that already started to demonstrate the key role we have to play in saving lives and preventing drug

deaths, safeguarding patients and proving onward referral to support and intervention teams.

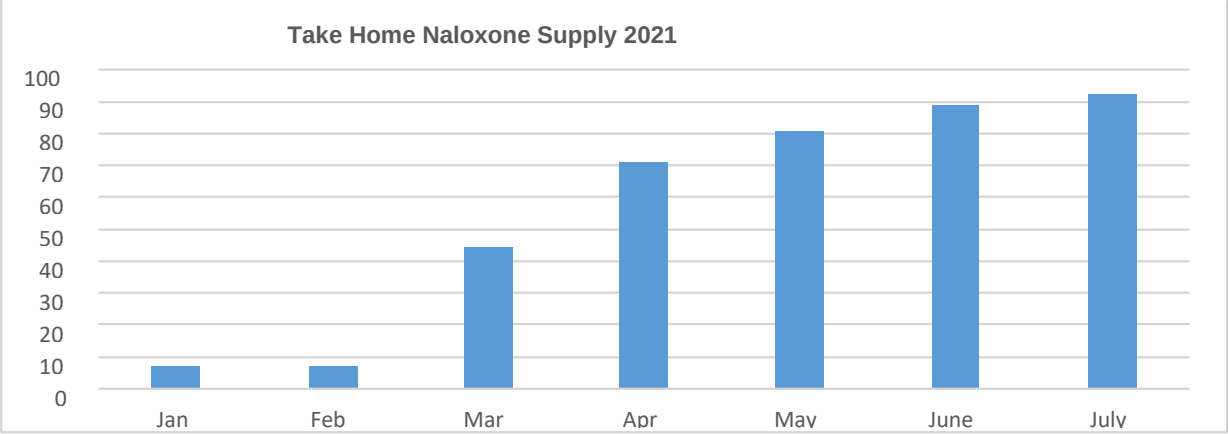
'I wouldn't be alive without overdose-reversing Naloxone' - STV News

Three full time Clinical Effectiveness Leads in Drug Harm Reduction are now in post to work across Scotland in the roll out of the national supply of Take Home Naloxone (THN) kits and to explore the establishment of referral pathways to local Alcohol and Drug Partnerships (ADPs).

65% of our frontline ambulance clinicians are now trained to supply THN kits. Chart 8 illustrates the growing volume of take home Naloxone kits being supplied each month to individuals at risk of witnessing an overdose in the future. 420 kits have been supplied this year so far.

Two thirds of ambulance staff able to give out naloxone | News - Radio Borders (planetradio.co.uk)

Chart 8 – Supply of Take Home Naloxone Kits



In Aberdeenshire, Ambulance clinicians have had a key role in connecting individuals to assertive outreach teams. A multidisciplinary approach is taken by the Police Service, mental health services, social work services, drug and alcohol services and the Service to respond to individuals at risk of overdose. Since the launch in January 2021, Ambulance Clinicians have referred 18 patients to the outreach support team through a dedicated number. All patients have been seen within 48 hours and appropriate feedback provided to the ambulance clinicians. 11 of the individuals were new to the Service and are now engaging in drug treatment and support services, 6 were already known to services and were re-engaged with services to assess and arrange appropriate intervention and treatment.

Discussions are underway with Highland Alcohol and Drug Partnerships to share learning from this model and a proposal was developed by drug treatment and support services for funding to implement a similar model.

In her parliamentary statement on 3rd August, Angela Constance, Minister for Drug Policy stated "The Scottish Ambulance Service, who have been pivotal in developing non-fatal overdose pathways and the roll out of Naloxone, are part of that emergency response, but are also doing sterling work in connecting people to local services."

Ministerial Statement: Actions being taken to reduce drug deaths in Scotland | Scottish Parliament TV

We will also continue to improve data sharing with territorial health boards on incidents where we have attended overdoses and administered or supplied Naloxone to patients to safeguard patients and enable local support services to make contact with the person affected, and discuss the best route of future care for them. Longer term, we plan to explore with ADPs how ambulance clinicians could refer to support services at the point of overdose, thereby reducing the time involved in sharing data and making contact with the person.

Additionally, we are liaising with Public Health Scotland to understand how our higher-level data on responses to overdose calls could help inform an early warning system to highlight changes in overdoses in Scotland, to further influence support service interventions.

By March 2022, we will:

- **Fully roll out the national Take Home Naloxone Programme.**
- **Work with Public Health Scotland to join up data and improve data sharing with territorial heath boards to inform how we collaboratively design services to improve public health.**
- **Establish links with all 31 Alcohol and Drugs Partnerships in Scotland.**

Outcome

To reduce the number of drug deaths in Scotland by optimising both response and prevention opportunities.

3.6 Increasing Discharge Capability and Improving Flow

We continue to work closely with our health board partners to explore opportunities to improve patient flow across sites. We recognise that our access to dedicated discharge

vehicles can support the movement of patients and we are increasing the number of dedicated Hospital Ambulance Liaison Officers whose focus is to optimise patient flow. The Hospital Turnaround Time Group with representation from a number of Boards and chaired by the Service's Medical Director of recognises that prolonged turnaround times are often a consequence of wider system blockages affecting flow.

We are advancing our work on creating both workforce and operational capacity, whilst operating through unprecedented levels of demand and protecting our staff welfare. We are undertaking this through additional assistance, such as students supporting rosters, and bank contracts aiding our surge capacity management plans. We are utilising different skill mix approaches between our clinical and non-clinical staff to best reinforce both operational and ambulance control.

Additional support continues through engaging with partner organisations such as British Red Cross, Military aid and Scottish Fire and Rescue and alternative transport providers producing safe and suitable options to increasing our discharge capacity, which distributes focus on hospital locations that call for assistance in increasing patient flow. This is being strengthened by adding further support at sites through our Hospital Ambulance Liaison Officers (HALO) producing real time intervention and escalation where required most. Additional funding from the Scottish Government will see an expansion in HALO presence across the country and an increase in Ambulance Care Assistants to provide additional operational capacity.

4. Pandemic Response

During the pandemic, the Service has demonstrated resilience, continued to respond to our patients needs and shown that alternative clinically safe pathways can be developed at pace, both internally and across the wider system to reduce unnecessary attendances at Emergency Departments, provide the right care for patients, better serve our communities and improve public health in Scotland.

As time progresses, the impact of the pandemic on the public, our staff and the wider healthcare & social care system has taken its toll. Our patient response times have increased and we have also seen an impact on staff rest periods and shift overruns due to the complexity and acuity of our demand, increased services times and abstraction rates. Increased pressures in the wider system have resulted in a sustained increase in the time crews spend waiting as hospitals to hand over patients, preventing a response to other patients waiting for an ambulance.

Improving the Health & Wellbeing of staff is a key priority for us and in response to the pressures; we are continuing to increase our workforce at pace through our Demand & Capacity and on call reduction programmes whilst working collaboratively with boards to focus on actions that will deliver the greatest benefit to staff, patients and the wider healthcare system.

The Service is fully committed to improving public health, reducing pressure on the system and supporting a whole system approach to national recovery from the COVID-19 pandemic. With this also in mind, it is envisaged that the provision for both vaccination and test and protect services for staff and the public of Scotland will be required beyond March 2022 to minimise the risk that COVID-19 poses for our communities. Maintenance of this capability will require commitments on longer term funding.

4.1 Mobile Testing Centres (MTUs)

The Service took over responsibility for the deployment and management of Mobile Testing Units (MTUs) from the military in August 2020. Initially, this was for a period of six months until February 2021 however given the surges of COVID-19, there was a requirement to significantly scale up test and protect services and maintain increased capacity until March 2022, pending ongoing review.

The funding for the MTU Service to the end of March 2022 has been confirmed.

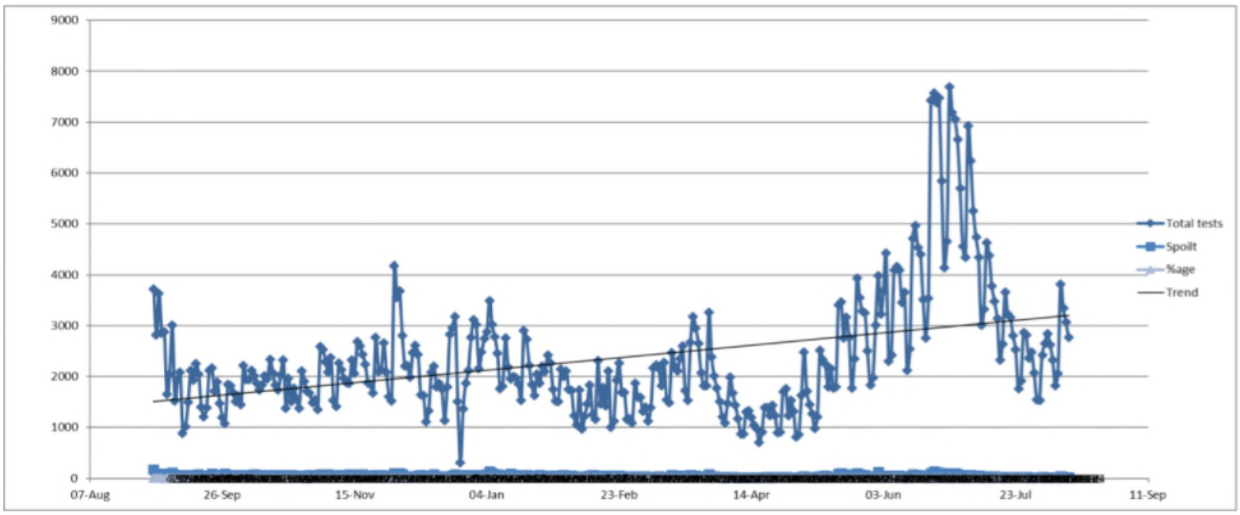
As at September 2021, the Service has now delivered a total of 1,167,089 COVID-19 tests nationally, with 63% of these taking place since April 2021 (740,745 tests). Since the last iteration of our Remobilisation Plan, the Service has more than doubled its testing capability by scaling up testing centres across the country. This increased ability has been well received, with MTUs delivering an increase of 73% in tests in the first 5 months of this financial year compared with the previous 9-month period (Aug 2020 – Mar 2021).

Positive feedback has been received from patients, the Scottish Government, Local Authorities and other key stakeholders, such as the laboratory services, who have commented on the improved quality of tests that they have received and a reduced number of voided tests (circa 1.5%).

Our MTU model and workforce is extremely agile which enables the ability to provide testing deployments at short notice, for various situations and locations across Scotland, over and above the normal deployments requested by Local Authorities in a ‘business as usual’ mode and as such MTUs will continue to be deployed to outbreaks as part of local incident management plans. To date this has included a number of workplaces, a prison and we have also assisted with testing at universities. The MTU operational model continues to evolve to meet the testing needs of our communities.

Chart 9 illustrates the trends in PCR testing since implementation of the MTUs and emphasises that there is still sufficient demand to support the requirement to maintain ongoing test and protect capability and reduce risks for the public in Scotland.

Chart 9: PCR testing within Mobile Testing Units (Aug 2020 – current)



By March 2022, we will:

- **Continue to meet MTU requirements on symptomatic and asymptomatic testing in our communities.**

Outcome

To provide a COVID-19 mobile testing service across Scotland, which continues to meet the needs of the population, supporting the nation's efforts to drive down the presence of COVID-19 infection in our communities.

4.2 Staff Vaccinations

The Service made a commitment in RMP3 to vaccinate all eligible staff against COVID-19 to ensure protection of critical front-line workers, safety of the public and to support whole system resilience. The first phase of the vaccination programme is complete. 95.4% of eligible staff are fully vaccinated, 6,696 staff in total have received both doses of the vaccination. Remaining staff are being signposted to community vaccination centres.

The autumn vaccination programme is due to commence on 27th September, with flu vaccines expected to be delivered to all staff by 3 December 2021. Staff are able to access the NHS Inform portal from 21st September to book both flu vaccinations and COVID-19 boosters at local health board locations. COVID-19 boosters will only be available at this stage for staff that are eligible in line with JVC guidance.

By March 2022, we will:

- **Ensure that all eligible staff are offered COVID-19 booster vaccinations.**
- **Raise awareness of the importance and benefits of the COVID-19 booster and flu vaccinations.**
- **Ensure that all eligible staff are offered the annual flu vaccination.**

Outcome

To have offered vaccinations to all our eligible staff against COVID-19 and Seasonal Flu to ensure that we protect our workforce and the public and reduce the impact of related abstractions.

4.3 Lateral Flow Testing

The Service introduced twice-weekly COVID-19 lateral flow testing for all patient facing staff in late December 2020 to reduce the risk of spreading the virus amongst staff and the public. The supply of lateral flow tests, promotion of usage and logging results has remained a key priority this year.

70 staff have tested positive to date using Lateral Flow Tests. Early identification has enabled those staff to isolate to protect their families, other staff and the public.

6,792 Lateral Flow kits have been issued to staff up to 3rd September 2021 (169,800 Tests). 15% of results have been logged on the NHS Portal.

Our communications department and management teams will continue to emphasise the importance of testing and promote the benefits of recording of results.

By March 2022, we will

- **Continue to issue and monitor lateral flow testing devices to our staff for the duration of the pandemic.**

Outcome

The appropriate use of lateral flow tests will reduce the risk of exposing our staff and patients to staff infected with COVID-19 who are asymptomatic.

4.4 Mobile Vaccination Centres

Within the last 6 months, we have once again shown our ability to develop and scale up new services at pace, delivering on our commitment in RMP3 to develop and implement a fully functioning mobile vaccination service for remote and rural communities, enabling those most vulnerable in society to have equitable access to vaccines. In addition, the Service has helped support delivery of vaccines within GP practices, Ministry of Defence, homeless communities, travelling communities, ethnic minorities and refugees, including people with language barriers and have now progressed to supporting delivery of vaccines within urban areas.

The establishment of mobile vaccination buses has helped to close the gap on the increasing number of unattended appointments across large vaccination centres. Our communications department and management teams have been actively working with health boards across the country to support their vaccination delivery and promote the mobile vaccinations, enabling improved access to vaccinations and supporting improvements in public protection and health.

Vaccination teams are established in the East, West and North of the country. Each Team consists of five vaccinators and a Team Leader.

To date, we have:

- Vaccinated over 10,000 member of the public at our drop-in vaccination centres;
- Helped to promote GP registrations where members of the public have come forward for vaccine without a registered GP;
- Signposted vulnerable members of the public to other support services such as, foodbanks, addiction support, financial aid and mental health services;
- Promoted inclusion by working with all faiths across the country, for example setting up clinics within Temples and Churches.

The vaccination programme will continue to play a fundamental role in contributing towards the Scottish Government Transformation Programme to help meet the challenging needs of the people of Scotland to help support population health, through improving community support.

We have reached agreements with a number of territorial Health Boards across the country to help support and deliver mobile vaccination buses over the coming months. These arrangements will see buses utilised across rural events in the Borders, Forth Valley and Greater Glasgow & Clyde. In addition, and in response to Health Board demand, this programme will be extended to support the delivery of flu vaccinations from autumn 2021.

By March 2022, we will

- **Continue to provide a responsive, scalable mobile vaccination service to meet the needs of our communities.**
- **Recruit core vaccination teams and bank vaccinator functions.**
- **Secure vehicle contract awards.**
- **Work with Public Health Scotland to evaluate and apply learning from the work to date.**

Outcome

To maintain a responsive mobile vaccination service to meet the needs of our communities to reduce the risk of the spread of infection, support whole system recovery from the pandemic and improve public health

4.5 Air Ambulance

The pandemic placed significant pressure and challenging expectations on the Air Ambulance Service. Our continued focus has been to ensure a safe environment for aircrew, clinical staff and patients. This was achieved through the introduction of a COVID-19 fixed wing aircraft with patient carrying capability, as an emergency measure through a temporary agreement with Loganair. Further partnership working to mitigate the impact of COVID-19 on our aeromedical services was also progressed with the Maritime and Coastguard Agency, to agree support with COVID-19 transfer requests, and Scotland's Charity Air Ambulance, and Babcock Mission Critical Services, to achieve consistency of approach across all our tasked air assets.

The Air Ambulance contract extension paper was presented to the Board on the 28th of July and the Board were supportive of the development of a new Pay As You Go model with Logan Air. This will ensure the Saab340 can continue to be utilised for the safe transfer of patients in line with IPC criteria and utilised for ventilated COVID-19 patients.

Scottish Government funding has been secured to ensure provision through to March 2022.

In addition to temporary arrangements, our Air Ambulance service has begun a tender re-procurement process that will run from 2021 to 2024. Contracts for air services will span the

next decade and we will undertake a major consultation exercise throughout this period with all stakeholders, as we consider the future of air services in the context of the future strategies of both our Service, and health and care in Scotland in general. It will also be essential to consider the lessons learnt from our response to the pandemic as we re-procure this service.

By March 2022, we will:

- **Secure temporary funding to maintain our current level of air ambulance provision.**

Outcome

To ensure our aeromedical capabilities are working effectively to support patients in remote communities, support the centralisation of specialist paediatric and neonatal services, and continue to provide pre-hospital critical care.

4.6 Respiratory Hoods

Protection of our staff and patients has remained a key priority in our remobilisation plan. Additional measures are in place to ensure adequate provision and management of PPE stock levels, including the introduction of an inventory management system. Orders for Respiratory hoods have also been placed to ensure continued protection for all front line staff. As these hoods are being rolled out the continued protection for staff remains with the current systems working well and stock levels good.

The roll out of respiratory hoods commenced in July with 448 staff trained to date.

Staff absence and demand pressures in the East and West have affected the pace of the rollout this last month, with clinical trainers returned to front line duties. The Project Team are exploring potential options for non-clinical staff to roll out training.

Table 2: Respiratory Hood Training

Region	Trainers	Staff to train	Sessions required (approx.)	Start date	Staff trained to date (as at 06/09/21)	Estimated finish date
West	18	1,362	276	5th July 21	53	31st January 22
North	3	650	130	28th June 21	269	29th October 21
East	7	1100	220	22nd June 21	105	31st December 21
NRRD	1	160	33	16th July 21	21	29th October 21
Total	29	3272	659	N/A	448	N/A

By March 2022, we will

Ensure Respiratory Protection Hoods are issued to all frontline A&E staff

Outcome

To ensure our staff are operating in a safe environment using equipment that support a positive staff experience.

4.7 Data & Intelligence Led Capacity Planning

Discussions are underway with the whole system modelling team to establish areas of opportunity to join up data across services to provide insight and enable improved planning.

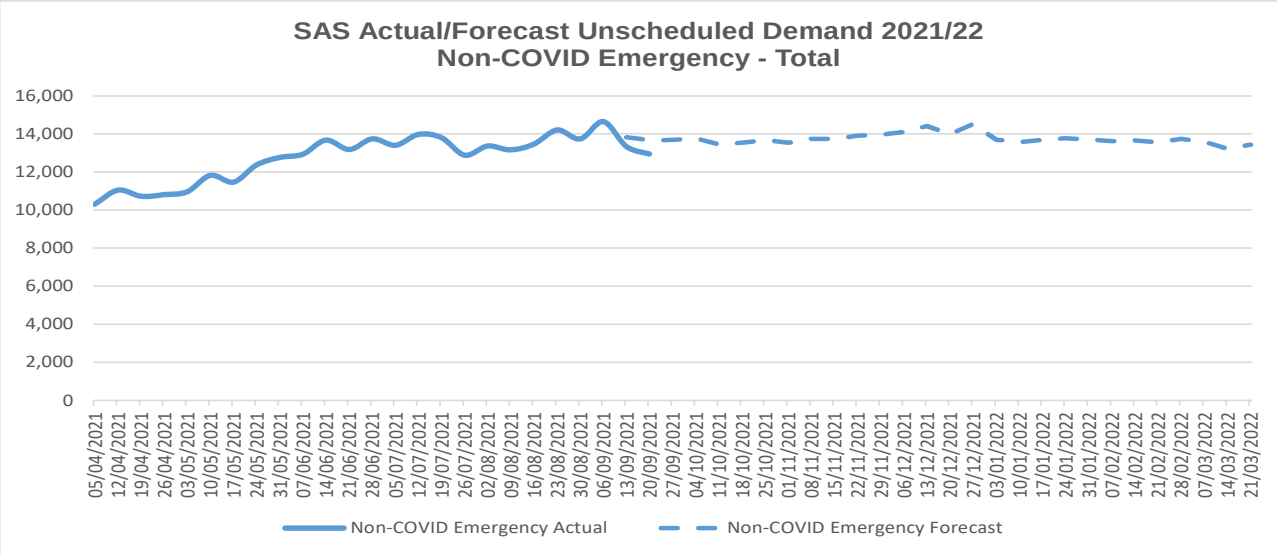
Data sharing with Integrated Joint Boards is in place and being used to identify areas of improvement for the better use of pathways and areas of opportunity for the development of new pathways.

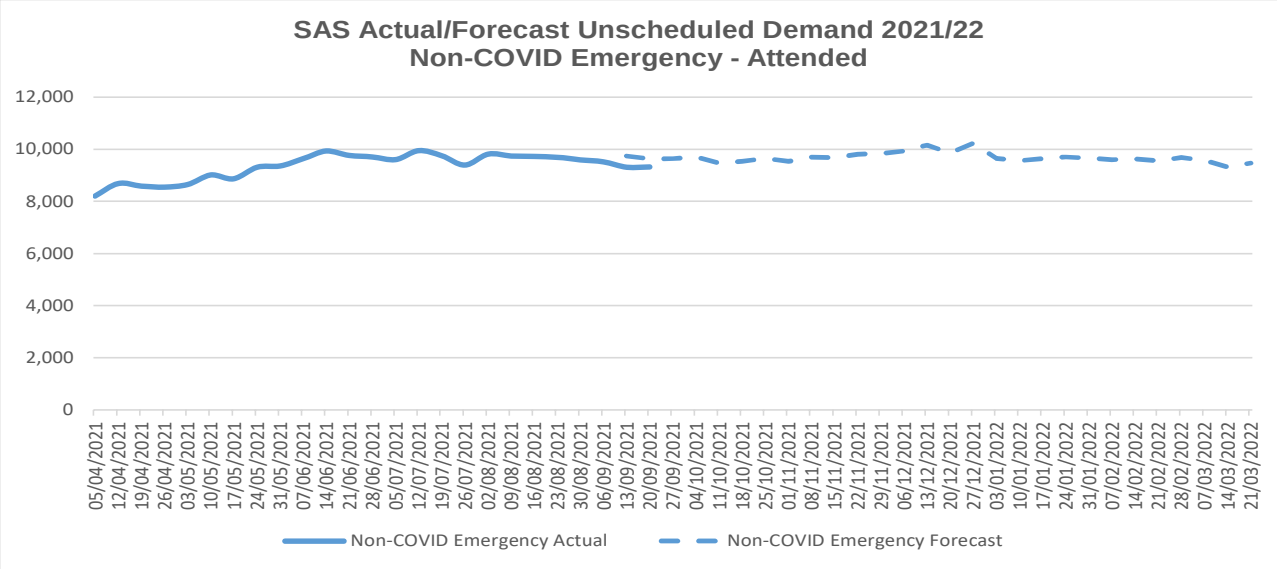
Data led demand and capacity intelligence is a critical enabler for identifying breaking points in the system and developing effective mitigation and mobilisation plans. COVID-19 has brought about new relationships and collaboration across health boards to gain greater insights into demand patterns and correlations between various systems.

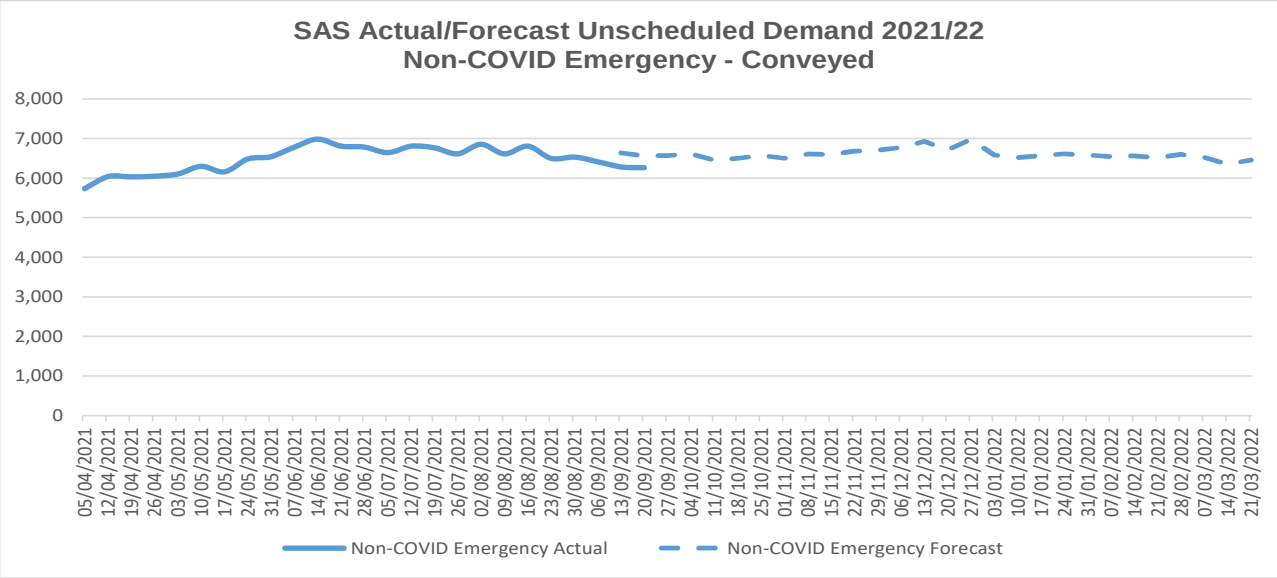
Throughout 2020, we shared both COVID-19 and Non-COVID-19 demand patterns with Public Health Scotland and the Scottish Government to help inform the prediction and planning arrangements for future COVID-19 waves. The weekly modelling updates issued from the Scottish Government are being used to help inform our local short and medium term planning both internally and with our partners.

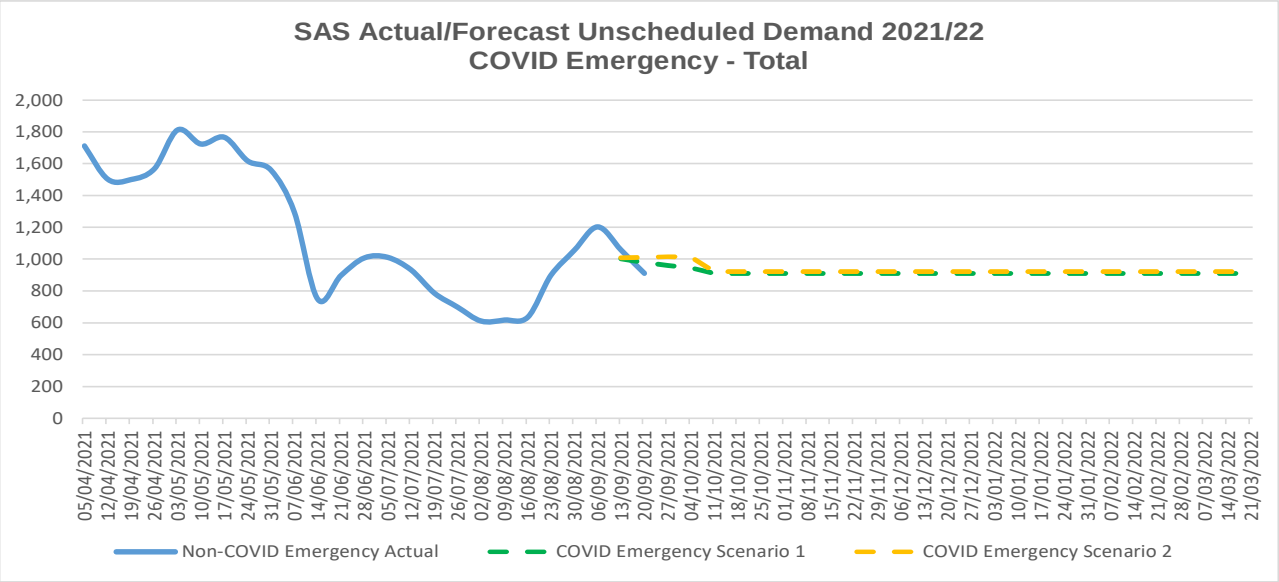
This plan includes the most up to date Service demand projections for unscheduled care taking account of intelligence from the centralised modelling team. Projections are broken down by COVID-19 and Non COVID-19 Emergency incidents and Healthcare Professional demand. Our models are subsequently updated with Hear & Treat assumptions to predict the volume of demand that will require an ambulance and then further, the proportion of patients that will be treated on scene to enable conveyed to hospital predictions.

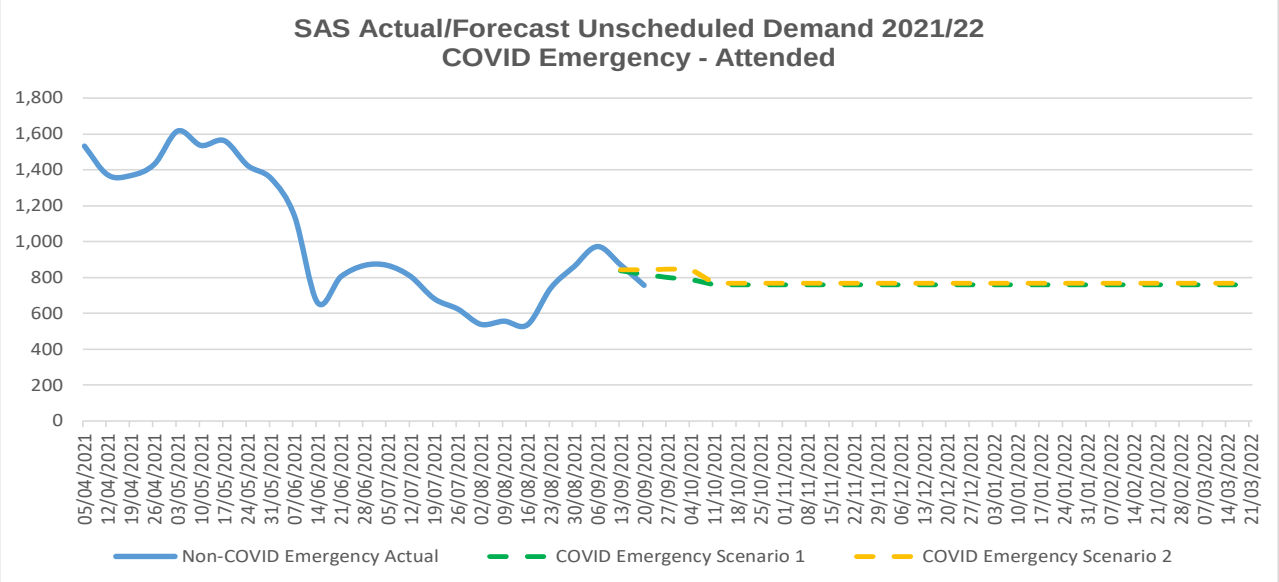
It is important to note that Demand & Capacity are reviewed and updated weekly in line with any changes or new intelligence from the national modelling team.

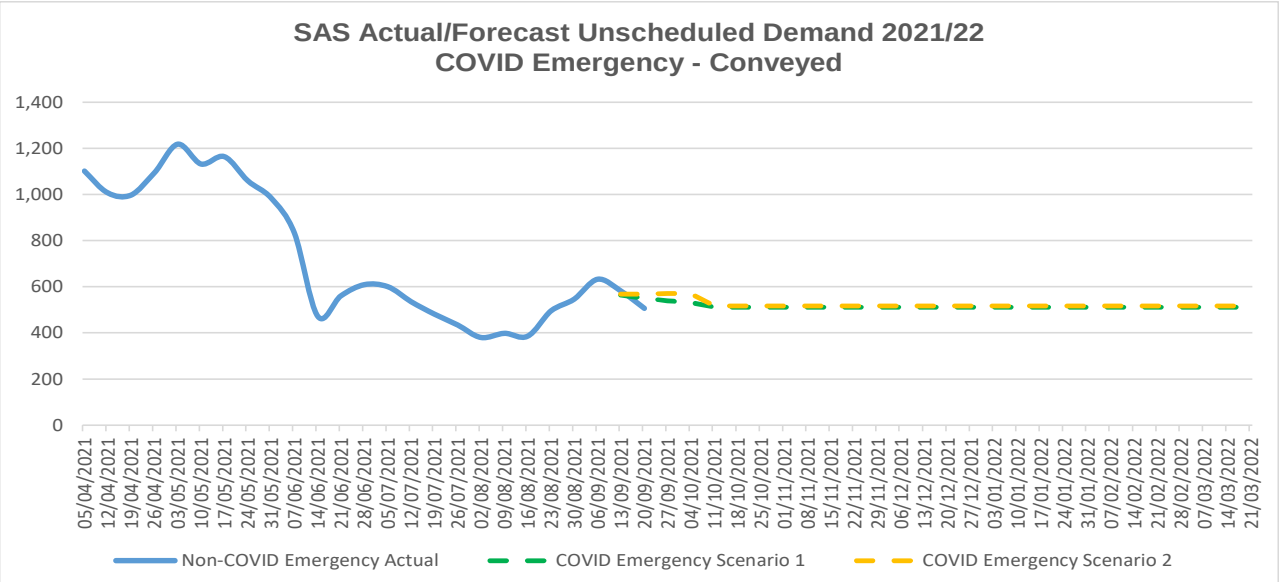

SAS Actual/Forecast Unscheduled Demand 2021/22
Non-COVID Emergency - Total
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
0
05/04/2021
12/04/2021
19/04/2021
26/04/2021
03/05/2021
10/05/2021
17/05/2021
24/05/2021
31/05/2021
07/06/2021
14/06/2021
21/06/2021
28/06/2021
05/07/2021
12/07/2021
19/07/2021
26/07/2021
02/08/2021
09/08/2021
16/08/2021
23/08/2021
30/08/2021
06/09/2021
13/09/2021
20/09/2021
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
Non-COVID Emergency Actual
Non-COVID Emergency Forecast

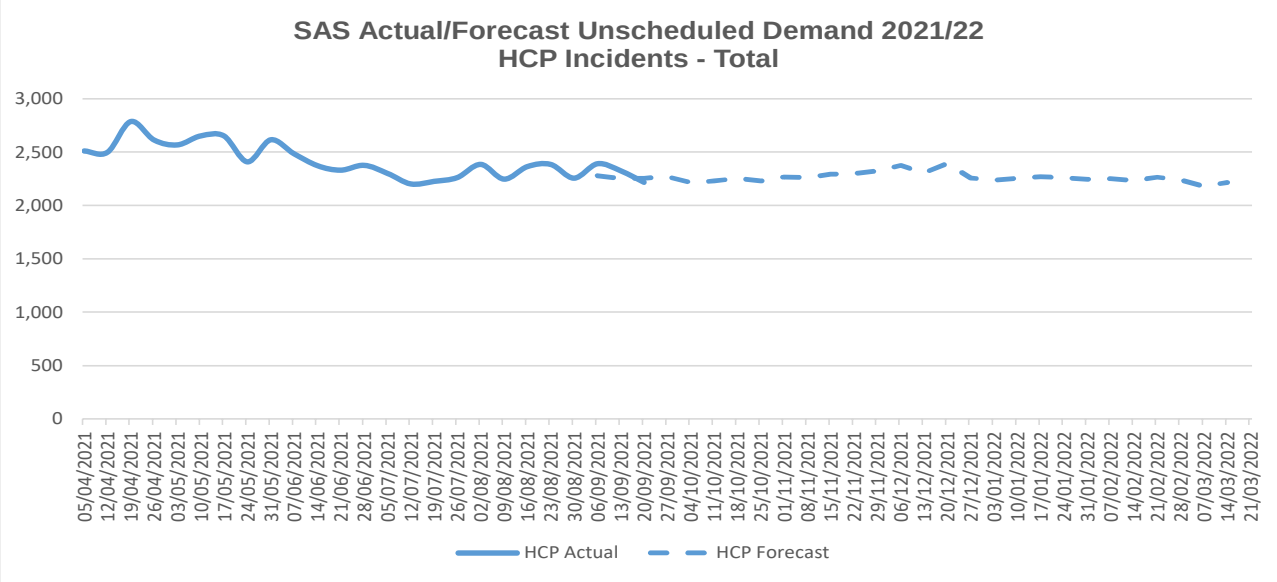

SAS Actual/Forecast Unscheduled Demand 2021/22
Non-COVID Emergency - Attended
12,000
10,000
8,000
6,000
4,000
2,000
0
05/04/2021
12/04/2021
19/04/2021
26/04/2021
03/05/2021
10/05/2021
17/05/2021
24/05/2021
31/05/2021
07/06/2021
14/06/2021
21/06/2021
28/06/2021
05/07/2021
12/07/2021
19/07/2021
26/07/2021
02/08/2021
09/08/2021
16/08/2021
23/08/2021
30/08/2021
06/09/2021
13/09/2021
20/09/2021
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
Non-COVID Emergency Actual
Non-COVID Emergency Forecast

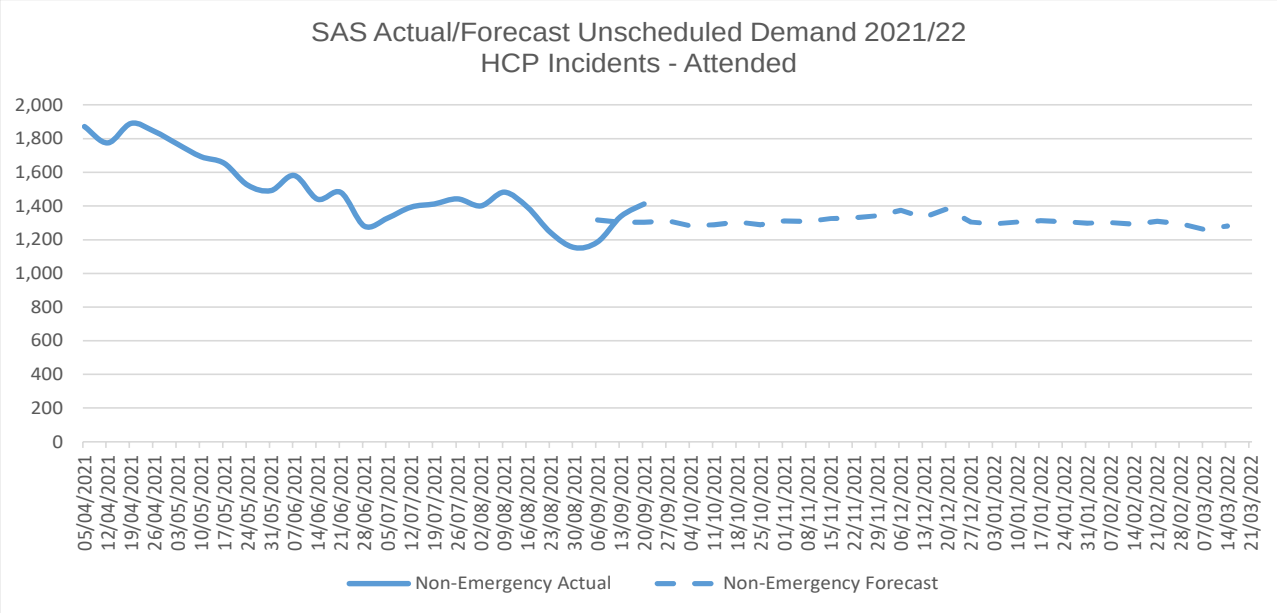

SAS Actual/Forecast Unscheduled Demand 2021/22
Non-COVID Emergency - Conveyed
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
0
05/04/2021
12/04/2021
19/04/2021
26/04/2021
03/05/2021
10/05/2021
17/05/2021
24/05/2021
31/05/2021
07/06/2021
14/06/2021
21/06/2021
28/06/2021
05/07/2021
12/07/2021
19/07/2021
26/07/2021
02/08/2021
09/08/2021
16/08/2021
23/08/2021
30/08/2021
06/09/2021
13/09/2021
20/09/2021
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
Non-COVID Emergency Actual
Non-COVID Emergency Forecast

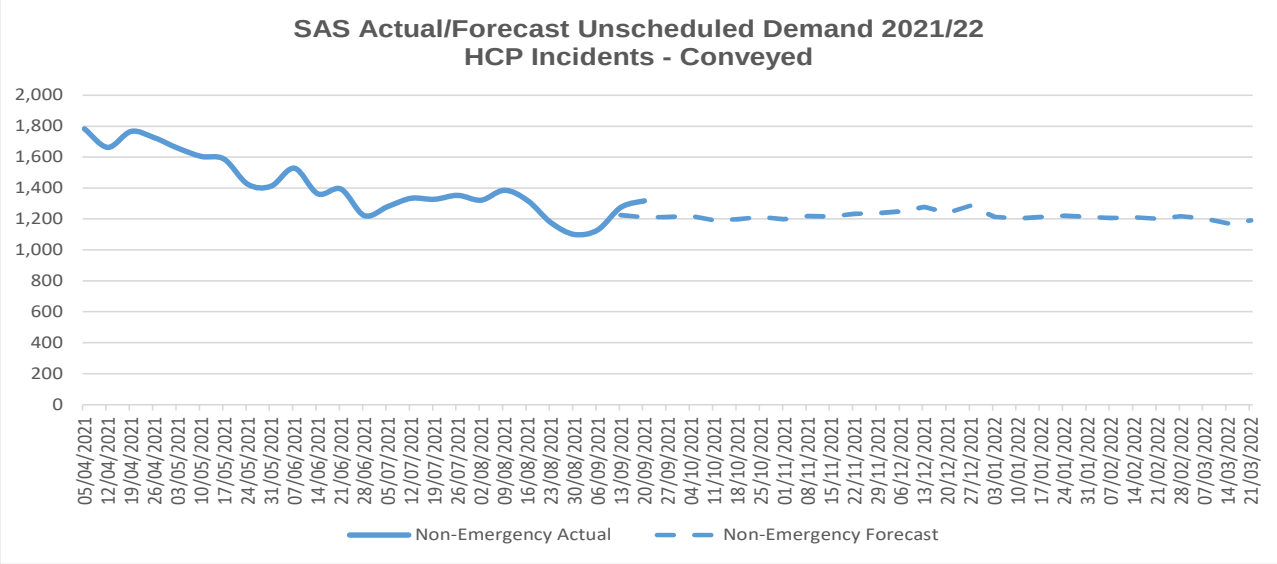

SAS Actual/Forecast Unscheduled Demand 2021/22
COVID Emergency - Total
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
05/04/2021
12/04/2021
19/04/2021
26/04/2021
03/05/2021
10/05/2021
17/05/2021
24/05/2021
31/05/2021
07/06/2021
14/06/2021
21/06/2021
28/06/2021
05/07/2021
12/07/2021
19/07/2021
26/07/2021
02/08/2021
09/08/2021
16/08/2021
23/08/2021
30/08/2021
06/09/2021
13/09/2021
20/09/2021
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
Non-COVID Emergency Actual
COVID Emergency Scenario 1
COVID Emergency Scenario 2


SAS Actual/Forecast Unscheduled Demand 2021/22
COVID Emergency - Attended
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
05/04/2021
12/04/2021
19/04/2021
26/04/2021
03/05/2021
10/05/2021
17/05/2021
24/05/2021
31/05/2021
07/06/2021
14/06/2021
21/06/2021
28/06/2021
05/07/2021
12/07/2021
19/07/2021
26/07/2021
02/08/2021
09/08/2021
16/08/2021
23/08/2021
30/08/2021
06/09/2021
13/09/2021
20/09/2021
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
Non-COVID Emergency Actual
COVID Emergency Scenario 1
COVID Emergency Scenario 2


SAS Actual/Forecast Unscheduled Demand 2021/22
COVID Emergency - Conveyed
1,400
1,200
1,000
800
600
400
200
0
05/04/2021
12/04/2021
19/04/2021
26/04/2021
03/05/2021
10/05/2021
17/05/2021
24/05/2021
31/05/2021
07/06/2021
14/06/2021
21/06/2021
28/06/2021
05/07/2021
12/07/2021
19/07/2021
26/07/2021
02/08/2021
09/08/2021
16/08/2021
23/08/2021
30/08/2021
06/09/2021
13/09/2021
20/09/2021
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
Non-COVID Emergency Actual
COVID Emergency Scenario 1
COVID Emergency Scenario 2


SAS Actual/Forecast Unscheduled Demand 2021/22
HCP Incidents - Total
3,000
2,500
2,000
1,500
1,000
500
0
05/04/2021
12/04/2021
19/04/2021
26/04/2021
03/05/2021
10/05/2021
17/05/2021
24/05/2021
31/05/2021
07/06/2021
14/06/2021
21/06/2021
28/06/2021
05/07/2021
12/07/2021
19/07/2021
26/07/2021
02/08/2021
09/08/2021
16/08/2021
23/08/2021
30/08/2021
06/09/2021
13/09/2021
20/09/2021
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
HCP Actual
HCP Forecast


SAS Actual/Forecast Unscheduled Demand 2021/22
HCP Incidents - Attended
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
05/04/2021
12/04/2021
19/04/2021
26/04/2021
03/05/2021
10/05/2021
17/05/2021
24/05/2021
31/05/2021
07/06/2021
14/06/2021
21/06/2021
28/06/2021
05/07/2021
12/07/2021
19/07/2021
26/07/2021
02/08/2021
09/08/2021
16/08/2021
23/08/2021
30/08/2021
06/09/2021
13/09/2021
20/09/2021
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
Non-Emergency Actual
Non-Emergency Forecast


SAS Actual/Forecast Unscheduled Demand 2021/22
HCP Incidents - Conveyed
2,000
1,800
1,600
1,400
1,200
1,000
800
600
400
200
0
05/04/2021
12/04/2021
19/04/2021
26/04/2021
03/05/2021
10/05/2021
17/05/2021
24/05/2021
31/05/2021
07/06/2021
14/06/2021
21/06/2021
28/06/2021
05/07/2021
12/07/2021
19/07/2021
26/07/2021
02/08/2021
09/08/2021
16/08/2021
23/08/2021
30/08/2021
06/09/2021
13/09/2021
20/09/2021
27/09/2021
04/10/2021
11/10/2021
18/10/2021
25/10/2021
01/11/2021
08/11/2021
15/11/2021
22/11/2021
29/11/2021
06/12/2021
13/12/2021
20/12/2021
27/12/2021
03/01/2022
10/01/2022
17/01/2022
24/01/2022
31/01/2022
07/02/2022
14/02/2022
21/02/2022
28/02/2022
07/03/2022
14/03/2022
21/03/2022
Non-Emergency Actual
Non-Emergency Forecast

5. Winter Planning

In preparation for Winter 2021/22 and in accordance with national guidance the Service has developed its Winter Plan. The plan aims to provide safe and effective care for people using services and to ensure effective levels of capacity and funding are in place to meet expected activity levels. The heart of the Service's plan is in supporting the government's plan of integration, improving delayed discharge, and focussing on the Redesign of Urgent Care (RUC), which details how the Service escalates and focuses resource during prolonged periods of reduced capacity or increased demand. Closely associated with this winter plan is the Service's Resource Escalatory Action Plan (REAP). The REAP can be activated for numerous reasons, with unexpected high demand or reduced capacity during winter being just one of them. During the Service's response to COVID-19 the Pandemic Escalation Plan was replaced by the National Escalation Plan which can effectively manage in real time short term spikes in demand and is supported by IT systems. Implemented mitigating measures are easily tracked and aid in collaborative decision making with other areas of the Service.

The response to the COVID-19 pandemic has resulted in the Service being more agile in the application of its Command and Control arrangements to better support coordination of resources. Each operating region is maintaining a regional command cell which will operate at the tactical level with communication links into the strategic level. Should an unplanned increase in demand or reduced resource require an increase in REAP to be initiated the command and control function across the service will be scaled accordingly.

For regional outbreaks/issues Strategic Command will be provided by the region and managed through the regional cell. Regional tactical cells will update the Strategic Operations Manager by exception on COVID-19 related issues such as face fit testing, staff abstractions, PPE. Where there are multiple or a significant outbreak/issue which requires national coordination the Strategic Command will be provided through National Operations located in NCCC.

Information will be collated on a weekly basis to allow for early recognition of increasing COVID-19 activity. It utilises Scottish Government (SG), Public Health Scotland (PHS) and internal reporting data. Triggers are based on previous COVID-19 activity, matched against escalation towards the COVID-19 peak in April and against the decline in activity associated with de-escalation of the Strategic cell. For all data provided in the weekly report any trend of increasing activity over a sustained 7 day period may trigger escalation.

The Service will continue to work with Health Boards, IJB's and other healthcare providers to reduce avoidable conveyance to Emergency Departments. We will continue to grow our partnership with Health Boards and IJBs which will support our frontline clinicians to direct care away from hospitals, and EDs in particular, towards community services with a regular focus on pathways for COPD, mental health, hypoglycaemia, falls and frailty.

We will continue to work with Health Boards to establish professional to professional communication links, developing the model utilised during the pandemic to allow paramedics to access senior medical advice where this can help to inform an alternative to hospital admission where appropriate.

The Service will remain a key partner in the Board Flow Navigation Centres as we progress into winter. These hubs provide ongoing support for our clinicians (both advanced practitioners and paramedics can make direct referrals to these) and providing patients with outcomes relevant to their needs while also managing ED flow.

The Service has a key role in the Redesign of Urgent Care programme of work working in collaboration with NHS Scotland with the aim of "Right Care, at the Right Time, in the Right Place". For the Service, the current priorities include supporting the establishment of a process for scheduling the attendance of people who are not time-critical emergencies but are still required to attend Emergency Departments or Acute Assessment Units. This planning would support us to release our Accident and Emergency response vehicles by utilising patient transport vehicles or alternative transport to convey these patients.

The role of Advanced Practitioners in Urgent and Primary Care was further developed as part of the response to COVID-19. Through clinical triage and remote consultation, including the use of live video-streaming, we are able to meet the needs of our patients through self-care advice or referrals to other community pathways. Where it is necessary to dispatch an ambulance crew this face-to-face clinical assessment has also resulted in a significant proportion of patients not requiring ambulance transfer to an emergency department.

In addition to the preparation of the winter plans, a national table top exercise is being held on October 2021 to test planning arrangements and management of concurrent risks through winter 2021/22.

A Winter Planning checklist is included with this submission.

6. Mental Health & Wellbeing

6.1 Mental Health & Wellbeing - Patients

The Service continue to work collaboratively with our Health & Social Care partners, Public Health Scotland, Police and NHS 24 around improving outcomes for patients presenting with mental health needs.

Jointly staffed 'Mental Health Car' pilots have been established in Glasgow, Dundee and Inverness, with an initial evaluation of the Glasgow project undertaken in August 2021. This is in partnership with local agencies to provide a multi-disciplinary approach to attending someone having trouble with their mental health. The Dundee trial was initially delayed, as the local Health and Social Care Partnership struggled to recruit nursing staff, and we experienced operational issues that required paramedics involved to return to their operational posts as pressures on our Service became acute. Community Psychiatric Nurses have been recruited for the Dundee car and will be starting on 4 October 2021. Electric vehicles have been purchased for future use as Mental Health Cars, and will become operational with lights, electronic patient records, and GPS.

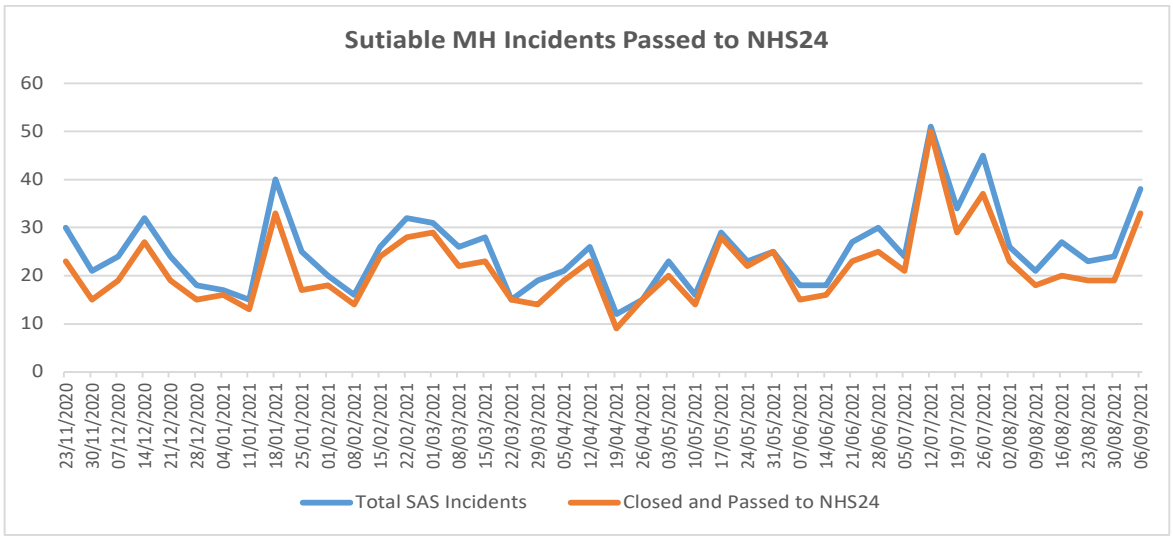
Mental Health first aid 'train the trainer' courses have been completed by our Mental Health staff this summer, in order to prepare ourselves for the roll out of Service-wide face to face

training when operational pressures allow. 'Learning in Practice' and Continuous Professional Development materials have been developed by Public Health Scotland for use within our Service. These materials and an introductory video for our staff have been provided to our Professional Education Department who have completed internal training pilots.

Distress Brief Intervention (DBI) leads have been established in all regions as the national roll out of DBI progresses. Pathways have been developed with local health boards to improve access for ambulance staff to 'professional to professional' mental health support.

Collaborative work continues with NHS 24 and Police Scotland, to improve and update the national Mental Health Hub, hosted within NHS 24. Since go live of the NHS 24 Mental Health Hub there has been 1,055 mental health calls identified as potentially suitable for transfer to the NHS 24 Mental Health Hub, of which 907 (86%) have been referred. On average, this is around 22 patients per week out of 25 passed to NHS 24 (Chart 10).

Chart 10 – Mental Health Hub Calls



6.2 Mental Health & Wellbeing - Staff

Work is progressing well in the five work streams (Healthy Mind, Healthy Body, Healthy Lifestyle, Healthy Culture and Healthy Environment) of the Wellbeing Roadmap 2021/22. We have begun to realign the health and wellbeing content on our intranet into the five work streams as a first step in making the Wellbeing roadmap interactive. We are developing the resourcing and infrastructure to enable implementation of the Health & Wellbeing Strategy that includes having a dedicated role to manage wellbeing services, recruiting a small organisational development team, and setting up a national group to co-ordinate health & wellbeing activity.

Our first phase of improving wellbeing spaces has been to procure outdoor seating and picnic benches for rest areas and outdoor dining as appropriate, and our peer support training programmes (Understanding Resilience and Staying Well, Supporting your Colleagues and Post Trauma Support) have been running regularly since beginning May

2021. We are currently testing an interim wellbeing vehicle (with storage for promotional materials and seating to enable private conversations) on a wellbeing road trip to raise awareness of resources, have discussions with staff and support staff wellbeing prior to securing a branded wellbeing vehicle.

We have had approximately 250 staff through our Lifelines training programmes between May and August 2021. We have funded 96 places for Mental Health First Aid training, which have been offered to our control centre staff and our Advanced Practitioners. We have procured 8,000 reusable bottles (insulated for hot and cold drinks) for staff as a more sustainable and environmentally friendly option to plastic water bottles. We have also procured outdoor furniture as per station/work area requests with delivery phased from the beginning of August. We have had positive feedback from staff regarding the wellbeing road trip – the chance to chat about wellbeing and being given refreshments and wellbeing information has been very well received. Standeasy sessions (use of drama techniques to increase personal resilience & confidence) have been offered to shielding staff to facilitate their return to work, and number of 'GREATix' recommendations that recognise the efforts of colleagues has exceeded 1,000 since being introduced late 2020.

The pressures of continuing to work through a global pandemic with an increasingly fatigued workforce undoubtedly affects staff health and wellbeing, with a reduction in meal break compliance and increase in shift overruns. We are ensuring staff have access to refreshments in periods of very high demand and excessive hospital wait times by delivering wellbeing packs to areas of most need and utilising mobile testing units to provide refreshments out of hours. We are also encouraging our entire workforce to take their annual leave to enable rest and recuperation and a Fatigue Working Group has been established.

The number of staff able to attend training that supports their health & wellbeing is diminishing with approximately 40% attendance, the majority of whom attend in their days off or annual leave. There are late call offs on the day as operational staff cannot be released to attend. We have put in a bid to the Scottish Government to fund two days of protected time per year for wellbeing training/activity.

Our Health & Wellbeing Strategy 2021-24 aims to enable our workforce to feel healthy, well, valued, supported and to love working for the Service. It is too early to measure the impact of our interventions, however we are working with an external partner to develop measures and evaluate our progress. We are also aiming to improve staff experience and engagement that can be benchmarked against previous iMatter results.

By March 2022, we will

- **Appoint to three regionally based wellbeing posts on a 2 year fixed term contract, with high levels of staff awareness and engagement with colleagues in these roles. These posts underpin a move towards a more proactive and preventative approach, through early intervention to prevent deteriorating mental health.**

7. United Nations Climate Change Conference of Parties (COP26)

The United Kingdom Government will host the United Nations Framework Convention on Climate Change (UNFCC) Conference of the Parties 26 (COP26) in November 2021. The host city has been named as Glasgow, with the Scottish Event Campus (SEC) being identified as the principal venue. There will be several separate venues hosting COP26 related events across Glasgow and beyond where it is expected that a Scottish Ambulance Service footprint will be in place. Pre-sessional conferences will be held in the week preceding the main conference.

The Service response to COP26 will be delivered under the Service's core values and standards and related legislation. Our priority to this event is the delivery of 'safe, effective, person centred care' whilst protecting the welfare of our staff by engaging with partner agencies to serve pre-hospital care at the moment of need. Given that there will be an element of pre-conference activity and potentiality for the Conference to overrun, our assets will be in place before and after the conference.

Our business as usual (BAU) delivery strategy is to:

- Maximise our responses to unscheduled and scheduled care patients;
- Minimise disruption to service delivery;
- Maximise the welfare and care of our staff;
- Develop and implement an internal communications strategy;
- Monitor associated service cost ensuring best value and financial governance.

We will achieve this by:

- Engaging with partner agencies during the planning phase;
- Ensuring direct lines of communication are established between COP26 command and control functions and regional business as usual command and control functions;
- Providing the full range of medical care options to the event to minimise event related activity impacting on business as usual (BAU) activity;
- Provide sustenance to all staff;
- Ensure welfare support is available to all staff 24/7;

- Deployment of multi-agency embedded officer to interact with partners throughout planning process;
- Working with our communications colleagues to develop and implement a robust strategy that includes information sharing conferences, intranet pages and regular updates to key Service groups;
- Full participation in all event time multi agency hubs and meetings.

In order to help achieve the above, a dedicated COP26 Planning Team was established in March 2021 and will remain in place throughout the event. This team will prioritise development of plans for the operational response to COP26.

Planning includes the UN related activity centred around the SEC in Glasgow and the potential for impact on BAU response, as described above. Multi-agency work is ongoing with blue light and health partners, the Scottish Government, UK Government and United Nations.

Additional resources from NHS England will provide mutual aid in specialist areas. A project board, chaired by Director – National Operations, is overseeing the plans for the event and reporting is taking place to internal and external assurance groups such as the Resilience Committee and SG Health Resilience Unit. Training, exercising and testing of plans is ongoing.

8. Digital

All our proposed digital developments are fully assessed, prioritised against the corporate objectives, and fully align to the outcomes outlined in RMP3 – chiefly those aiming to reduce response times to purple incidents, reduce delays in response to yellow incidents, reduce hospital attendance, and improve our staff experience and wellbeing. There is evidence of improvements in implementing ‘auto dispatch’, increased ‘hear and treat’ referrals, and a more stable platform for our control centre operations following a full infrastructure replacement for our core dispatch system, and upgrades to unsupported operating systems.

We have undertaken and completed the Network and Information Systems Audit for 2021, and successfully rolled out installation of the Distress Brief Intervention tool within our electronic patient records (ePR). We have worked in partnership to transition all of the West region’s Emergency Departments onto the Hospital Turnaround Management system, aimed at providing intelligence to support work to reduce the time currently spent between arrival and departure of ambulance resources at hospitals. Reacting to a changing workspace for all our staff, we have implemented the new ‘Microsoft 365’ license arrangements across our digital infrastructure, and continue to progress the migration phase of our ‘Telephony Replacement’ project.

We have made progress with our new developments, in the challenging environment of competing demands from existing systems requiring support and maintenance, alongside

staff absences and vacancies. Investment received from the Digital COVID-19 funding has addressed the short-term resource requirements; however, there is an ongoing sustainability issue around the ability to support developments beyond their transition to 'business as usual'.

There has been significant focus on the Redesign of Urgent Care programme pending development of our future Strategy to 2030 and supporting Scheduled Care Strategy, which will define the future of our patient transport (PTS) provision and requirements for a replacement mobile data solution. In the meantime, we have stabilised our patient transport support with investment into new equipment.

Transition to a new Integrated Communication Control System (ICCS) will take place in Q1 next year after we experienced a delay with suppliers, but we have developed back up plans to ensure continuity of service using the existing Airwave solution. A new initiative is in development, to provide smart phones in each of our front line resources to facilitate patient pathway discussions, professional-to-professional clinical decision-making support, staff health and wellbeing communications, cyber resilience and access to clinical guidelines.

Given the increased global risk from cyber-attacks, we have renewed our focus on cyber security and resilience, with work underway to stabilise our systems, and create conditions for change - building on the momentum of our COVID-19 digital enhancements.

The major projects of Telephony Replacement, ICCS Replacement, Windows 10/ePR upgrades, and new tablets on our PTS fleet are on track to conclude by the end of March 2022.

9. Finance

In support of this RMP4 plan a full year financial forecast has been completed, including the full year impact of COVID-19, remobilisation and efficiency plans and this will continue to be reported monthly thereafter.

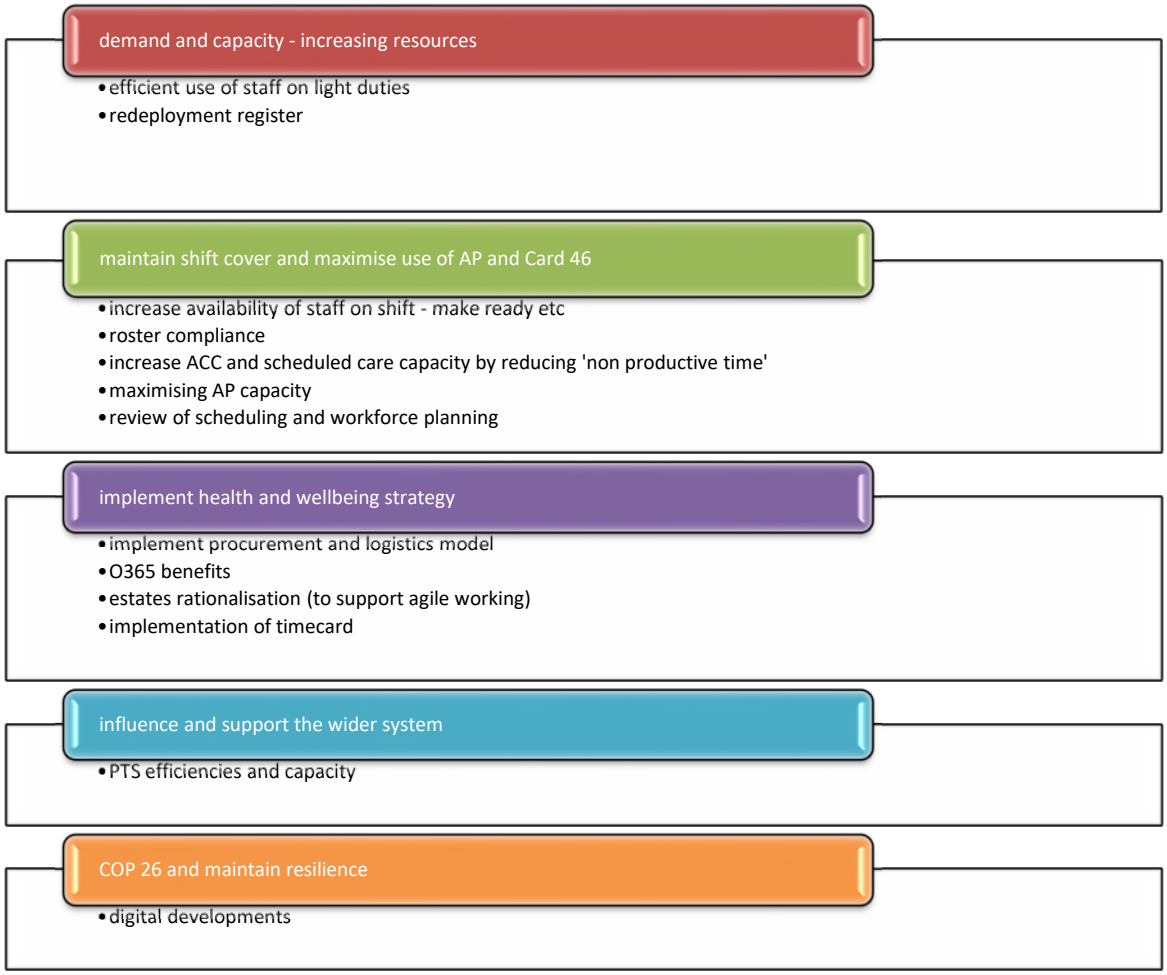
A breakeven budget is forecast at March 2022 in line with our financial plan.

The updated key assumptions relating to this are noted below

- The agenda for change pay award has now been confirmed with a higher uplift than anticipated in our financial plan which increased our pay pressures by £6.3 million. This has been met with a further funding uplift from Scottish Government.
- Full funding for COVID-19 expenditure is anticipated
- Full funding for Demand and Capacity Programme is anticipated
- Full funding anticipated to recover expenditure on Mobile Testing Units, Mobile Vaccinations and COP26.
- Depreciation – we forecast spend of £18.1 million with provision made internally for £13 million with the additional £5.1 million being funded by Scottish Government (not including any impact of IFRS16).

- The incremental pay pressure brought forward in 2021/22 from 2022/23 as a result of pay scale changes has resulted in a pay pressure of £3.5 million pressure in year. The financial plan assumed this would be fully funded and discussions are continuing with Scottish Government on this basis.

The requirement to ensure the delivery of our Best Value Programme through quality improvements and innovation is a continued focus and aligned to our current operational pressures. However it is important to note that there continues to be challenges given the reduced management capacity as we are dealing with these current operational pressures. We have aligned our Best Value programme to our current operational priorities and the following shows this alignment to these priorities, identifying those that we need to maintain the focus on (and perhaps those that could slip into 2022/23).



It is also important to note, and reinforced in our monthly financial reporting and financial plan, that there will be a recurring financial impact as we live with COVID-19 beyond 2021/22, this is currently estimated at £11 million. Our remobilisation and renew purpose is to maintain and to further build on our contribution to the redesign of the wider health service in response to and recovery from the COVID-19 pandemic.

COVID-19 Beyond 2021/22

Description Financial Impact on 2021/22	Recurring Beyond 2022 (Post COVID-19)
Pay costs	£3.6m
Non pay costs	£0.8m
Living with COVID-19 Total	**£4.4m**
Remobilisation and Renew (see section below)	**£6.6m**

We have also received the approval for an additional £20 million investment over the next 5 years to provide additional resilience and support to the front line operations. A detailed action plan and financial reporting process is in place to record this.

10. Risks

Risks Heatmap