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**Public Board Meeting**

**29 September 2021**

**Item 13**

**THIS PAPER IS FOR DISCUSSION**

**REMOBILISATION PLAN UPDATE**

<b>Lead Director Author</b>	Julie Carter, Director of Finance, Logistics & Strategy Karen Brogan, Associate Director Strategy, Planning & Programmes
<b>Action required</b>	The Board is asked to discuss and note progress against the delivery of the Remobilisation Plan to March 2022.
<b>Key points</b>	<p>The purpose of this paper is to provide an update on progress against delivery of the Remobilisation Plan to March 2022 plan.</p> <p>The plan is now the third iteration of the Service's plan to Remobilise and Recover from the COVID-19 pandemic. It was approved by the Board and was formally signed off by Scottish Government in April 2021.</p> <p>As well as <b>improving sustainability and maintaining financial balance</b>, our four other key priorities for remobilisation are:</p> <ul style="list-style-type: none"> <li>• Ensure the <b>health, wellbeing and safety</b> of staff and patients.</li> <li>• Reduce harm by ensuring effective <b>demand management</b> procedures are in place.</li> <li>• Ensure that we have sufficient <b>workforce capacity</b> to manage further waves of COVID-19 incidents effectively, on top of existing demand and seasonal pressures.</li> <li>• Recover and renew to a better, more <b>innovative and digitally enabled</b> sustainable model than the pre-pandemic one.</li> </ul> <p>The Remobilisation Delivery group continues to meet on a monthly basis to track delivery progress and manage associated issues and risks. Progress is reported directly to the Recovery Planning Group on a monthly basis.</p>

	<p>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.</p> <p>The Board is asked to note that an update to this plan (RMP4) is being tabled separately and will be submitted to Scottish Government on 30<sup>th</sup> September 2021 following approval of the Board.</p>
<b>Timing</b>	Following Board approval, the Scottish Government aim to publish Remobilisation plans in the coming month.
<b>Link to Corporate Objectives</b>	The Remobilisation Plan supports the delivery of all Corporate Objectives
<b>Contribution to the 2020 vision for Health and Social Care</b>	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.
<b>Benefit to Patients</b>	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.
<b>Equality and Diversity</b>	Equality and Diversity issues associated with the stated intentions and aims within this plan will be addressed at individual project level as required.



**Scottish  
Ambulance  
Service**  
*Taking Care to the Patient*



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**SCOTTISH AMBULANCE SERVICE BOARD**

**REMOBILISATION PLAN UPDATE**

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

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## **SECTION 1: PURPOSE**

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

## **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 third iteration of the Service's plan to Remobilise and Recover from the COVID-19 pandemic. The Plan was approved by the Board and was formally signed off by Scottish Government in April 2021. Scottish Government require an update to this plan (RMP4) by 30<sup>th</sup> September 2021.

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

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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.

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 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.

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- 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

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## 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 is due to commence on 27<sup>th</sup> September, with flu vaccines expected to be delivered to all staff by 3 December 2021. Staff will be able to access the NHS Inform portal from 21<sup>st</sup> 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.

#### Mobile Vaccinations - Public

Within the last 6 months, 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

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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.

**To date, we have:**

- Vaccinated over 10,000 members 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, food banks, addiction support, financial aid and mental health services;
- Worked across a range of settings including places of worship, football grounds and shopping centre car parks.

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.

Agreements have been reached with a number of territorial Health Boards across the country to help support and deliver mobile vaccination over the coming months. These arrangements will see our team deployed across the Highlands, Borders, Forth Valley and Greater Glasgow and 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.

## 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 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.

## Building Workforce Capacity

A new on boarding team which consists of 1 Manager and 3 Recruitment Co-ordinators has been established to ensure delivery of our ambitious A&E recruitment plans. The team commenced in August 2021 have already actively been involved in shortlisting and interview panels. Work is underway to ensure a smooth transition of appropriate work from the Regions and to streamline/agree processes for future campaigns.

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## Demand & Capacity

### Increasing our workforce

To deliver the additional 148 WTE in 2021/22, the ambition for 2021/22 was to recruit 443 WTE however, this has been increased by 30 WTE to increase capacity and cover attrition, which is currently running at 4.73% against a forecast of 4.5%.

Financial year to date against expectation of 176, 172 have been recruited so far.

There is high confidence that all 106 November Technician course places will be filled. 96 positions have been filled so far with the remaining 10 expected to be finalised by 17<sup>th</sup> September. The surplus of successful candidates will be offered course places in March 2022.

In addition, 62 conditional offers to NQPs have been made for September and October 2021 start dates and 1 Qualified Technician, 5 Qualified Paramedics and 12 Advanced Practice staff are also due to start between September and November 2021.

### Upskilling our Technicians to Paramedics - DIPHE Conversions

103 staff have registered as Paramedics following successful completion of the DIPHE programme.

### 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, four stations have been gone live, Castlemilk, Crewe Toll, Sighthill and Penicuik with plans by the end of October 2021 for Johnston SORT base and Bathgate. Aberdeen Fire Station is now expected in November 2021 and MacDonald Road is estimated to be delayed until December 2021.

### 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. Of the 71 stations in phase 1, 12 stations were given an 8 week extension for the design phase.

Phase 2 was initially meant to start in July 2021 for the remaining 78 stations in the West and North Region. The North Region was rescheduled to commence in August 2021 with no impact on implementation dates.

The West Region will now hold a working party zero in October 2021 and carry out the design working parties throughout the winter into February 2022. Implementation is expected to be completed by the end of June 2021, however less complex stations with no reliance on neighbouring stations alignment of start/finish times, will potentially go live earlier.

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In all areas, additional resources will still be going 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.

Additional resources are expected to go live in Aberdeen, Glasgow, Edinburgh & Lothians, Dundee, Johnstone and Paisley in October 2021.

## 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.

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 the beginning of 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 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 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

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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 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.

## 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 met for the first time in August and 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, Musculoskeletal.

## 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 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. Since implementation, Auto Dispatch has allocated resources to over 6,700 purple incidents and 32,500 red incidents, with 93.5% and 88.9% of these confirmed as appropriate, sufficiently within our target aims of 90% and 80% respectively.

There is a plan in place for the recruitment of additional staff to reduce pressure on existing staff and improve call answering standards.

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The ACCs are working with agencies to recruit an additional 56 call handlers to support predicted increase in 999 calls during COP26 and, a number of student paramedics will be re-directed to ACC roles over the coming months to support the Winter period.

## Reducing On Call

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 (2 <sup>nd</sup> 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 (2 <sup>nd</sup> ambulance), Gairloch, Glencoe, Grantown on Spey, Kingussie, Kinlochbervie, Kyle of Lochalsh, Lairg, Lochcarron, Lochinver, Mallaig, Strontian, Ullapool, Kirkwall (2 <sup>nd</sup> ambulance) and Lerwick (2 <sup>nd</sup> 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

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- Campbeltown
- Fort William
- Broadford In Skye
- Kirkwall

## 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 5<sup>th</sup> April 2020 – 12<sup>th</sup> September 2021, Advanced Practitioners have continued to have a positive impact on reducing avoidable A&E attendances.

- 27654 patients triaged/assessed virtually

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- 44.3% were treated virtually (12263)
- 15391 received an ambulance response
- Of those patients that received an ambulance response, 5014 were treated at scene or referred to alternative care pathways

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, 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 used for ventilated COVID-19 patients.

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.

## Public Protection & Referral Pathways

The introduction of adult and child protection specialists has enabled the Service to increase public protection capability.

A designated point of contact has been set up to enable staff to report concerns about vulnerable adults and children in our care.

Referrals for adults and children have increased from 374 in 2019/20 to 759 to date in 2020/21.

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A dataset has also been developed that will enable the identification and better management of patients with complex care needs and who are often high intensity users of the Service.

## 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 recently released report Drug-related deaths in Scotland in 2020, Report (nrscotland.gov.uk) states that in 2020 there were 1,339 deaths in Scotland 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 65% of all ambulance clinicians now trained to supply take home naloxone. In total, 493 kits have now been supplied since the start of the pilot in 2020.

We continue to see our links with Alcohol and Drug Partnerships (ADPs) grow and are able to observe the impact of this through feedback from patients who have been successfully connected with these services following treatment by SAS clinicians.

## 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 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

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## Mental Health

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.

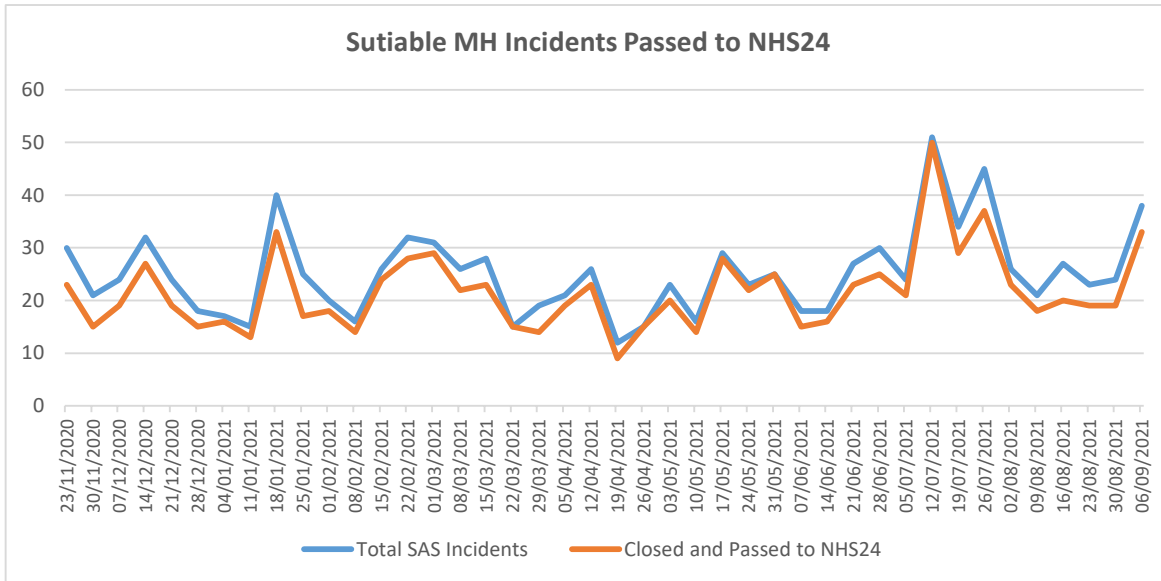
Mental Health first aid 'train the trainer' courses have been completed by our Mental Health staff this summer, in order to prepare ourselves for the roll out of Service-wide face to face training when operational pressures allow. 'Learning in Practice' and Continuous Professional Development materials 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 1).

### Chart 1 – Mental Health Hub Calls

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## 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 within the West Region hospitals, aimed at reducing the time currently spent between arrival handover and departures of ambulance resources at hospitals.
- Implementation of the new ‘Microsoft 365’ license arrangements across our digital infrastructure

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 by the end of March 2022.

## 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.

Throughout 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 are being used to help inform demand and abstraction forecasts short and mid-term.

Discussions are also 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.

## 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.





In the last few months, the Innovation Strategy has been developed and approved by the Board. Recruitment to key roles is expected to be completed by the end of October 2021 to enhance capacity and capability for delivering our key ambitions.

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.

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### 4.3 Remobilisation Plan Progress - Summary Dashboard

 <b>Scottish Ambulance Service</b> <i>Taking Care to the Patient</i>		<b>Remobilisation Plan - Summary Dashboard September 2021</b>						
		Delivery Status	Resource Status	Budget Status	Executive Lead	Delivery Lead	Risks	
<b>Living with Covid</b>	Vaccinations	Green	Green	Green	Francess Dodd	Tony Wigram	<b>Current Risks</b>  ■ High Risks ■ Medium Risks ■ Low Risks	
	Procurement & Distribution of PPE and General Supplies	Green	Green	Green	Julie Carter	Brian Laughland		
	Provision of Respiratory Protection	Yellow	Green	Green	Francess Dodd	Brian Laughland		
<b>Workforce Recovery/Transition</b>	Building Workforce Capacity	Green	Green	Green	Lynsey Lauder	Graeme Ferguson		
	Demand and Capacity	Green	Green	Green	Garry Fraser	James Wilkie		
	Health and Wellbeing	Green	Green	Green	Lynsey Lauder	Alison Ferahi		
	Supporting New Working Arrangements	Green	Green	Green	Lynsey Lauder	Graeme Ferguson		
<b>Whole System Redesign</b>	Redesign of Urgent Care	Green	Green	Green	Jim Ward	Julie King		
	Ambulance Control Centre Capacity and Capability	Green	Green	Green	Paul Bassett	Gail Parker		
	Reducing On Call	Green	Green	Green	Milne Weir	Milne Weir		
	Critical Care Desk & Major Trauma	Green	Green	Green	Paul Bassett	Ken Mitchell		
	Advanced Practitioners in Urgent Care - Virtual Consultation Model	Green	Green	Green	Francess Dodd	Gillian MacLeod		
	Aeromedical Services	Green	Green	Green	Paul Bassett	Ken Mitchell		
	Public Protection Referrals and Care Pathways	Green	Green	Green	Francess Dodd	Jayne Scaife		
	Reducing Drug Deaths	Green	Green	Green	Jim Ward	Gary Rutherford		
	Elective Care	Green	Green	Green	Milne Weir	Sharon Hammell		
	Mental Health	Green	Green	Green	Francis Dodd	Victoria Burnham		
<b>Enabling Improvements</b>	Dementia	Green	Green	Green	Francis Dodd	Victoria Burnham		
	Digital Transformation	Green	Green	Green	Julie Carter	Roslyn Scott		
	Data and Intelligence Sharing	Green	Green	Green	Francis Dodd	Katy Barclay		
<b>Innovation</b>	Using Data to Develop Services	Green	Green	Green	Francis Dodd	Katy Barclay	<b>Risks (Following Mitigation)</b>  ■ High Risks ■ Medium Risks	
	Innovation	Green	Green	Green	Pauline Howie	Paul Gowens		
<b>Resource Status Context</b>		<b>Delivery Status Context</b>						
<b>Budget Issues</b>		<b>High Risks</b>						
No Issues to report		Currently 2 High Risks and 9 Medium - See Risk Register Note that the 2 High Risks become medium with mitigation						

## **SECTION 5: CONSULTATION**

None

### **APPENDICES:**

Appendix 1 – Remobilisation Risk Register

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**Appendix 1 – Remobilisation Risk Register**

To be inserted

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## **SECTION 5: CONSULTATION**

None

### **APPENDICES:**

Appendix 1 – Remobilisation Risk Register

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**Remobilisation Register**

Function	Remob Register
Title	Remob Register
Risk Log Owner	Chief Executive
Checked By	Risk Manager
Date	Sep-21

Key  
 ↑ Likelihood  
 ↓ Likelihood  
 ↑ Impact  
 ↓ Impact  
 ↔

Risk Log Title & Ref	Risk (Project or Business)	Risk Cat <sup>2</sup>	Risk Description (There is a risk of x, because of y, resulting in z)	Current Controls	Current Risk	Current Impact	Current Risk	Change to CURRENT Risk Ranking	Action Planning	Action Owner & Completion Date	Remob Workstream Mapping	Forecast Risk	Forecast Risk	Forecast Risk	Risk Tolerance	Risk Tolerance	Risk Tolerance	Projected timeline to achieve tolerance	Assurance Sources	Reviewed Date and next date to be reviewed	Risk Owner
					Likelihood of Exposure	Impact Consequence	Risk Ranking <sup>3</sup>					Likelihood of Exposure	Impact Consequence	Likelihood of Exposure	Impact Consequence	Likelihood of Exposure	Impact Consequence				
Risk ID 5032	B	Operational	There is a risk that we are unable to progress our remobilisation plans as demand exceeds capacity because of: • abstractions • turnaround times due to system pressures • 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.	Robust demand modelling and scenario planning in place. Regional Remobilisation plans developed. 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. Buddy links in place with UK Ambulance Services to increase ACC call taking Capacity - these were tested and work. Vaccinations	Possible	Major	High (12)	↔	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 APs 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 APs 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. 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 divers 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.	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	Major	Medium (6)	Unlikely	Major	Medium (6)	End of 2021	Recovery Planning Group	New - Dec 20 Monthly Review	Operational Leadership Team
Risk ID 4910	B	Workforce	There is a risk that our staff (operational, managers & support) become fatigued due to concurrent risks and system pressures resulting in an impact on the health and wellbeing of our staff.	1. All Staff are being encouraged to take annual leave. 2. Fatigue Policy in place. 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	Major	High (12)	↔ New Aug 20	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 put in place. 11. Review of Groups in place across the Service to ensure these are streamlined.  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. 20. Communications to staff through CEO Bulletin and compliments being published on social media to boost morale.	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 4. Health and Wellbeing Workstream Reduce Impact of Risk	Unlikely	Major	Medium (6)	Unlikely	Major	Medium (6)	End of 2021	Recovery Planning Group	New - Aug 20 Monthly Review	Regional Directors / Director of Workforce

<b>Risk ID</b> 5175 NEW	<b>B</b>	<b>Financial</b>	There is a risk that SAS will fail to deliver the benefits associated with the Unscheduled Care funding allocation 21-22 aimed to improve hospital discharges and wider system pressures 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.	Possible	Major	<b>High (12)</b>	→ New Aug 21	(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) An enhanced paper is being developed and presented into Recovery Planning Group.	Various planning and delivery leads	Redesign of Urgent Care	Unlikely	Major	<b>Medium (8)</b>	Unlikely	Major	<b>Medium (8)</b>	Recovery Planning Group	New - Aug 20 Monthly Review	Regional Directors / Director of Finance, Logistics and Strategy / Medical Director	
<b>Risk ID</b> 4940	<b>B</b>	<b>Strategic</b>	There is a risk that the ICT training department is unable to support TNA/Training work on Service developments because of a lack of resource/capacity and conflicting demands resulting in delays to implementation.	Work ongoing to capture all known and emerging ICT training requirements. Capacity review undertaken to assess ability to deliver against competing priorities.	Unlikely	Moderate	<b>Medium (6)</b>	→	1. Workshop to be held to document demand v capacity for ICT training resource (RS/PC/AMD) 2. Risk highlighted via Recovery Delivery Group and ACC/ICT (RS) 3. Alternative resource options have been assessed and temporary staff are being brought in on Bank contracts with increased overtime for staff to release some pressure (RS/IB). 4. Re-scheduled trg to mid Nov due to ICCS replacement programme, learning will be implemented from previous issues.	General Manager ICT	Digital Transformation	Unlikely	Moderate	<b>Medium (6)</b>	Unlikely	Moderate	<b>Medium (6)</b>	Jul-21	Recovery Planning Group / Digital ICT Steering Group	New April 21 Monthly Review	General Manager ICT
<b>Risk ID</b> 4912	<b>B</b>	<b>Strategic</b>	There is a risk that the changes to other parts of the Health System generates additional unintended demand for our Services resulting in an inability to deliver safe, effective & person centred care.	1. Final NHS 24 RUC model agreed. 2. RUC group in place in the Service.	Unlikely	Major	<b>Medium (8)</b>	→ New Aug 20	1. High level modelling has taken place with further scoping work ongoing. 2. Model went live 1st December 20 with SAS engaging NSS regarding the data and any impacts. Currently monitoring demand levels - nationally and in the Service - 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 Service's remobilisation plans. 4. Demand picture currently static - currently tracking impact of FNCs - not being utilised to full capacity.	2. K. Brogan and M Team	Demand and Capacity ACC Winter planning Data & Intelligence Redesign of Urgent Care Elective Care	Unlikely	Major	<b>Medium (8)</b>	Unlikely	Major	<b>Medium (8)</b>	Summer 2021	Recovery Planning Group	New - Aug 20 Monthly Review	Medical Director / BV Programme Director / Head of ACC
<b>Risk ID</b> 4911	<b>B</b>	<b>Financial</b>	There is a risk that the Service cannot deliver the remobilisation plans because we don't receive additional funding to cope with the increase in expenditure to manage the consequences of the COVID-19 pandemic.	Q1 review completed and presented to SG. Funding approvals due end of September.	Unlikely	Major	<b>Medium (8)</b>	↓ Likelihood	1. 70% Funding confirmed and received with further review in January to assess if 30% balance is still required. Current likelihood of risk reduced. 2. 16.9m was requested - 48% received to date	1. Director of Finance, Strategy and Logistics - End Sept 21		Rare	Major	<b>Medium (4)</b>	Rare	Major	<b>Medium (4)</b>	Summer 2021	Recovery Planning Group	New - Aug 20 Monthly Review	Director of Finance, Strategy and Logistics
<b>Risk ID</b> 4917	<b>B</b>	<b>Strategic</b>	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.	Possible	Moderate	<b>Medium (9)</b>	→ New Aug 20	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	Moderate	<b>Medium (6)</b>	Unlikely	Moderate	<b>Medium (6)</b>	In tolerance	Recovery Planning Group	New - Aug 20 Monthly Review	Regional Directors / Head of ACC / Medical Director
<b>Risk ID</b> 4918	<b>B</b>	<b>Strategic</b>	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 or information sharing with IJBs and NHS Boards.	Data development work in place and being shared. National working groups engaged across the system.	Unlikely	Moderate	<b>Medium (6)</b>	→ New Aug 20	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	Moderate	<b>Medium (6)</b>	Unlikely	Moderate	<b>Medium (6)</b>	In tolerance	Recovery Planning Group	New - Aug 20 Monthly Review	Regional Directors / Director of Finance, Logistics and Strategy