Scottish Ambulance Service

Annual Operational Plan 2019/20

Introduction

The Scottish Ambulance Service is a national service which provides out of hospital care to the people of Scotland. We employ over 5,000 highly skilled staff and receive over 960,000 emergency contacts per year through our Ambulance Control Centre network of which around 650,000 result in an emergency ambulance response. In a more planned way, over 660,000 patients are taken to and from hospital by our Patient Transport Service each year and our Air Ambulance service deals with more than 3,600 incidents annually. In addition, our ScotSTAR (Scottish Specialist Transport and Retrieval) and SORT (Special Operations Response Team) services provide specialist care to augment our primary response. Linking patients to specialist service provision across health board boundaries is a key area of our work and we transport over 48,000 patients between hospitals in Scotland, by road and air annually.

The Service occupies a unique position and role within health care provision in Scotland and seeks to continuously build on the strengths of our traditional and emerging service provision. We are a 24/7 mobile service meeting the scheduled, unscheduled and emergency care needs of a diverse population. We are proud to accept our responsibility to deliver definitive care when and where we can, and to provide a positive experience for patients by facilitating their journey safely to the next stage of their treatment path effectively and efficiently.

This Annual Operational Plan details the work scheduled in the year 2019/20 by the Scottish Ambulance Service. This plan has been developed with a focus on health and social care **integration**, **waiting times** and **mental health** and we will look to describe the Service's contribution to these themes throughout this document. The work will be supported by a performance framework which will measure success within our key objectives.

As part of our Annual Operational Plan there are a number of themes that will be the major focus of our development work over the forthcoming year and emerging strategic developments (see Appendix 1), these are:

- Relationship building and strategic alignment with community providers to increase access to alternative care pathways and to increase the number of patients discharged or referred from the Service;
- Consolidation and expansion of Paramedics working within Primary Care teams;
- Commencement of Paramedic Prescribing qualification;

- Increased collaboration with Police Scotland, NHS 24 and health and social care partners to improve the experience for patients experiencing **mental health** conditions;
- Development of Patient Transport Service, including further enhancement of this service transporting patients with lower acuity needs to assist with achieving **waiting time** targets;
- Further improvements to enhance the chain of survival for patients who experience sudden cardiac arrest;
- Introduction of ScotSTAR North to provide a better service to those patients experiencing a higher acuity of condition;
- Expansion of Advanced Practice model to improve outcomes for patients and staff development;
- Refinement of Demand & Capacity modelling to inform roster design, to improve efficiency of operational resourcing and staff governance;
- Defining the future of Paramedic education provision;
- Further analysis of our 'serious but not life threatening' (yellow) call categorisation to improve person centred responses;
- Refreshing our Digital Strategy.

Performance

The New Clinical Response Model (NCRM) project has established appropriate responses to incidents where patients are experiencing the highest acuity injuries and illnesses. With the introduction of the NCRM, the Service moved away from a historic response model based on principles developed in 1974 which involved applying a target of 75% of resources arriving on scene within 8 minutes to what we initially described as Immediately Life Threatening conditions i.e. our purple and red colour categories.

The clinical triage in the model has been developed using a data set unique to Scotland, and based on this we have evaluated patient outcomes since the launch of NCRM. What we have identified is that there are significant differences in clinical acuity between the purple and red categories, with around 50% of the purple category affected by cardiac arrest, compared with 1.5% of the red category. We remain determined to respond to both groups as rapidly as possible and have established very challenging targets for median and 90th percentile response times.

The historic 75% target was based on the aim to deliver immediate resuscitation interventions to those patients who required this, therefore on the basis of two years data from over 1 million 999 calls, it would be appropriate to apply the 8 minute target to the purple coded incidents.

During 2019/20 we will seek to consolidate the work which was implemented by the NCRM project. There is a need to now focus on providing the best quality and most appropriate response to those 'yellow' incidents where patients are categorised as having a serious but not life threatening injury or illness, and subsequent monitoring of the waiting times experienced by this cohort.

Clinical Response Model Hierarchy:

Purple Response Category Identified by patients with a Cardiac Arrest Rate over 10% (actual rate ~50%) 2018/19 Demand: 10k attended emergencies (2% of emergency demand)
Red Response Category Identified by patients with a Cardiac Arrest Rate over 1% or defined need for resuscitation (actual rate ~1.5%) 2018/19 Demand: 71k attended emergencies (14% of emergency demand)
Amber Response Category Identified by acute pathway need i.e. FAST+/STEMI/AAA 2018/19 Demand: 123k attended emergencies (23% of emergency demand)
Yellow Response Category Identified by exclusion of Purple, Red and Amber categories 2018/19 Demand: 317k attended emergencies (60% of emergency demand)
Green Response Category Exclusion of above categories and defined potential for potential alternative care pathway 2018/19 Demand: 5k attended emergencies (1% of emergency demand)

Performance Targets

Performance Indicator	2019/20 Full Year Targets
SAS H1 Save More Lives ROSC Return of Spontaneous Circulation for VF/VT patients	>45%
SAS H2 ILT Response Times * ILT coded incidents percentage with resource on scene within 8 minutes	75%
SAS H3 Purple Median Response Times Purple coded incidents median response time (mm:ss)	<06:00
SAS H4 Purple 90th Percentile Response Times Purple incidents 90th Percentile response time (mm:ss)	<15:00
SAS H5 Red Median Response Times Red coded incidents median response time (mm:ss)	<07:00
SAS H6 Red 90th Percentile Response Times Red incidents 90th Percentile response time (mm:ss)	<15:00
SAS H7 Amber Median Response Times Amber coded incidents median response time (mm:ss)	<15:00
SAS H8 Amber 90th Percentile Response Times Amber incidents 90th Percentile response time (mm:ss)	<30:00
SAS H9 Yellow Median Response Times Yellow coded incidents median response time (mm:ss)	<20:00

SAS H10 Yellow 90th Percentile Response Times Yellow incidents 90th Percentile response time (mm:ss)	<60:00
SAS H11 GP Requests ** GP Requests responded to within required timescale	tbc **
SAS T1 Reduce Hospital Attendances % of unscheduled cases managed by telephone or face-to-face assessment	>35%
SAS T2 Hyper Acute Stroke % of hyper acute stroke patients who receive the pre hospital care bundle.	>95%
SAS T3 Infection Control % of recorded use of PVC insertion care bundle	>95%
SAS T4 Purple 30 Day Survival *** % Purple coded incidents who survived to 30 days post ambulance treatment	tbc ***
SAS T5 Ground Level Falls Demand *** Demand for patients over 65 who fall at ground level	tbc ***
SAS T6 Hypoglycaemic Demand *** Demand for patients presenting with hypoglycaemia	tbc ***
SAS T7 Staff Experience % Employee Engagement Score	>68%

* This measurement is to be confirmed by senior medical officers at Scottish Government

** This measurement will become available after testing and implementing new procedures for GP booking requests in Q2

*** These measurements will be developed in 2019/20 and reported when they have been robustly tested

Developing the Clinical Response Model

Saving More Lives by Providing Definitive Care (H1, T4-T6)

Around half of all purple coded incidents are affected by cardiac arrest, and a portion of these have an irregular heartbeat which is viable for resuscitation attempt, either ventricular fibrillation or tachycardia rhythms (VF/VT). A return of spontaneous circulation (ROSC) is noted by the patient having a pulse when handed over to colleagues at hospital, and the percentage of times a ROSC is achieved is measured under our target to Save More Lives. VF/VT ROSC rates are internationally agreed markers which allow us to compare our own system with other across the world.

We will use our analytical capacity to develop and test robust clinical outcomes measures which can use post-hospital information to evaluate the effectiveness of our pre-hospital care. One way measuring our success is by analysing the survival rates of our most critically ill patients once they have been discharged from our care, looking for high numbers of survivors.

The Service's role in preventing ill health will focus on two areas where people experience potentially preventable adverse events. These are frail people, who fall - often at home - and people with diabetes who experience hypoglycaemic episodes. Both of these occurrences can result in significant harm and it is crucial for us to engage with partners and IJBs in order to deliver improvements in these areas.

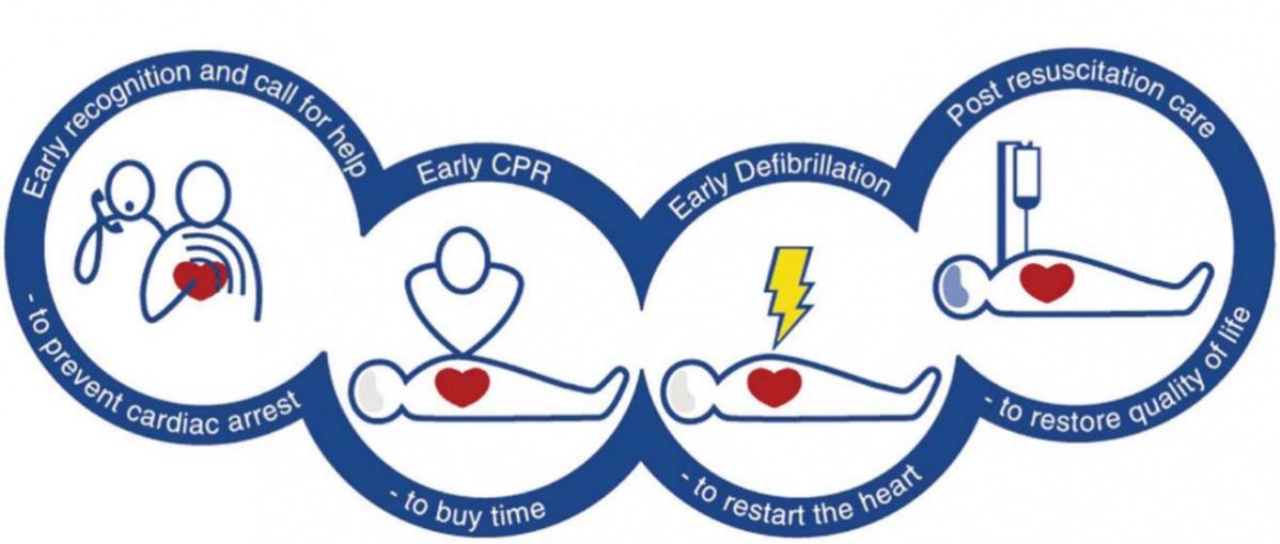
Having effective patient care pathways in place that offer alternatives to being conveyed to hospital, and provide definitive clinical care for patients should mean both an improved experience for the patients and a reduction in future demand for these people. Successful pathways should incorporate a prevention element and monitoring demand for patient cohorts being targeted by these pathways would aim to show a reduction in these groups contacting the Service, improving the patient experience.

We will engage with board level diabetes teams via the Scottish Care Information Diabetes Collaboration (SCI-DC) which provides a fully integrated shared electronic patient record to support treatment of NHS Scotland patients with Diabetes. This will ensure patients presenting to our Service with hypoglycaemia are quickly followed up by local specialist support, with the aim of providing the best care to patients, and reducing future ill health for patients thereby demand on the Service from this patient group.

Whole System Approach to Saving Lives of Patients Experiencing Cardiac Arrest

We will lead further development of the 'it takes a system to save a life' principle by working across all parts of the chain of survival, recognition of critically ill patients through telephone triage, telephone CPR, Public Access Defibrillator utilisation, bystander CPR, Community First Responders and high performance CPR.

Out of Hospital Cardiac Arrest Chain of Survival:



A number of initiatives are planned for 2019/20 including a pilot scheduled in 2019/20 with Macmillan to support DNACPR (Do Not Attempt CPR) and access to 'just in case' medication to support dying well in communities and ensure the Service does not attempt resuscitation for people who have expressly requested this does not happen.

We also plan to test the use of the 'GoodSAM' (Smartphone Activated Medics) app which is in use elsewhere in the UK with the aim to alert and dispatch trusted responders to cardiac arrest incidents.

In 2019/20 we will:

- Consolidate current performance and explore opportunities to improve response times for incidents against targets;
- Trial and evaluate use of the 'GoodSAM' app to improve response to Out of Hospital Cardiac Arrests;
- Work closely with Community First Responder groups to further enhance community resilience;
- Develop and test robust clinical outcomes measures which use post-hospital information to evaluate the effectiveness of our pre-hospital care;
- Develop and test the clinical measures described in the performance table for targets T4, T5 and T6;
- Further progress our work with community providers to respond more effectively to people who have fallen, and help identify those most at risk of falling so that more preventative measures can be put in place, thereby improving outcomes for those at risk;
- Develop our evidenced based knowledge and capability to respond, provide effective care to and offer the outcomes needed by patients who experience chronic, complex conditions.

Improving ILT Response Times (H2-H6)

The Service commissioned an external expert consultancy firm, ORH late in 2017 to conduct a demand and capacity review. The main scope of the review was to determine the overall capacity and workforce requirements to respond to current and future projected demand in unscheduled care, to meet corporate performance targets and enable the delivery of the 2020 strategy and beyond.

The review concluded with a number of key recommendations that would enable improvements in current performance and support the delivery of the 2020 strategy and beyond. Recommendations included the redesign of current shift rosters to align with demand profiles and a requirement to increase workforce numbers and ratio of paramedic and specialist trained staff.

Reducing the amount of time frontline resources spend at hospital increases their availability to respond to ILT incidents. Regional work is ongoing alongside partners with an aim of reducing hospital turnaround times and improving the Service's response times, contributing to improvements in performance targets H2-H12.

The Service is testing the effectiveness of the targeted dispatch of Advanced Practice Paramedics to patient groups aligned to their area of expertise. This may happen either by being dispatched based on the code generated at the call triage stage, internal referral from non-specialist clinicians or Advanced Practice Paramedics based in Ambulance Control Centres identifying suitable incidents for Advanced Practice Paramedic attendance. The aim of this is to ensure we are sending the most appropriate resource to the right incident and free up double crewed ambulances to attend ILT incidents.

In 2019/20 we will:

- Progress the implementation of the demand and capacity review recommendations;

- Monitor and evaluate the tasking of Advanced Practice Paramedics;
- Continue to work towards reducing hospital turnaround times by:
    - Refining the Hospital Ambulance Liaison Officer (HALO) role, targeting to areas of greatest need;
    - Testing the use of the 'flow centre' model (NHS Lothian) in other areas/sites;
    - Using QI methodology with partners to understand the effectiveness of existing admission and discharge process with an aim to optimise their efficiency and improve the experience for patients.

Developing the Best Response for 'Amber' and 'Yellow' Incidents (H7-H10)

The introduction of our New Clinical Response Model has improved our ability to ensure that patients receive the right response first time and reduced our level of crew stand downs, without any related adverse events. One consequence of this model has been to shift the majority of emergency calls we receive into our 'yellow' basket, which determines that on scene assessment is required for patients who do not require an acute pathway or resuscitation. In order to improve the response and quality of care provided to our patients, it is important that we better understand this category of calls, from which the majority of our responses are generated.

We will continue to strengthen secondary telephone clinical triage within our Clinical Hub so that more patients receive quality clinical advice by phone where safe and appropriate to do so. Some patients in the 'yellow' category will benefit from referral to an alternative pathway, treatment by an Advanced Practitioner, or provision of telephone advice.

In 2019/20 we will:

- Review the potential of secondary telephone triage within the 'yellow' response category, to be undertaken using the NCRM clinical principles;
- Implement the next phase of the Demand and Capacity programme to improve resource availability to better match demand.

Development of Healthcare Professional Calls (H11)

The Service will implement a refined Healthcare Professional (HCP) call process for requesting ambulance responses which builds on the planning and engagement that has been undertaken in 2018/19. This uses the CRM principles and will provide a consistent approach to match response to clinical need aligning with the work undertaken to improve 999 responses. We will begin a planned programme of engagement to consult with our Healthcare Professional colleagues on the development, testing and evaluation of the Clinical Response Model. Their feedback, guidance and ongoing input regarding call handling and triaging of HCP calls will be a key element of the next steps for the CRM.

In 2019/20 we will:

- Consult with our Healthcare Professional colleagues on the development, testing and evaluation of the NCRM to inform next steps;
- Improve the call-handling process for requests from Healthcare Professionals so patients receive a response based on their clinical need by introducing newly developed algorithm for triage;

- Develop, in partnership, a measurement to evaluate the effectiveness of our response to GP requests.

Development of Patient Transport Service

Over 2019/20 it is our intention to develop a number of elements of our Patient Transport Service (PTS), aimed at improving the service we offer to our patients, and at increasing the level of **integration** between what has traditionally been seen as our scheduled and unscheduled care services. In order to enable our PTS and A&E services to work in a more seamless fashion, an interface between the respective control systems of each service has been developed. In the forthcoming year we will develop the protocols necessary to enable this to become an effective part of our operating model particularly targeted at 'Low Acuity' patients.

Work continues in partnership with NHS Lothian's Flow Centre, to support patient flow through acute Lothian sites with the aim to contribute to lowering hospital **waiting times**, by ensuring an efficient system and only carrying out transfers when there is appropriate bed availability. Direct referral by Ambulance clinicians to wards will also support flow and reduce pressure on Emergency Departments. We will continue to support the development of the Lothian Flow Centre model and demonstrate best use of resources to meet patient need, as well as contributing to improved acute site flow. We will test and spread our response to urgent admissions which are booked and carried out on the same day and are suitable to be transported by PTS to ensure best use of resources nationally.

In 2019/20 we will:

- Develop our same day PTS model for urgent and routine work with dedicated Ambulance Care Assistant staff delivering this with additional training, continuing to shift towards a 'one ambulance' workforce model;
- Continue our improvement work to reduce cancellations to below 0.5%.

Reducing Hospital Attendances (T1)

See & Treat

Developing Alternative Care Pathways with Partners

We will further support staff to deliver quality clinical care at the right time in the right place. This will involve access to alternative pathways of care, including targeting advanced clinicians to patients that would benefit most from their skill sets. The success of the Service's ambition to shift the balance of care away from emergency/acute care towards community-based services is contingent upon our ability to access and refer to local alternative care pathways. In order to do so, both parties must be aware of each other's capabilities, requirements and ambitions. We will continue to **integrate** our planning with key local health and social care providers and Integrated Joint Boards to develop out of hospital pathways of care.

In 2019/20 we will:

- Work closely with Integrated Joint Boards and other key local health and social care providers to establish alternative pathways of care which avoid hospital admissions;
- Develop the skills and confidence of our workforce to utilise new pathways.

Paramedics in Primary Care

Across Scotland, we are testing the **integration** of Paramedics within multi-disciplinary Primary Care teams, as described in the NHS Scotland Workforce Plan part 3 to support the General Practice contract Memorandum of Understanding. There are a number of models currently testing this concept spanning the in and out of hours periods. Some are providing home visiting services and work in the practice, some are rotating between Primary Care and the Service, and others are wholly dedicated to Primary Care.

In 2019/20 we will:

- Engage with partners to ensure there is alignment between the Primary Care Improvement Plans and the Ambulance Service's strategic intent;
- Continue to evaluate the various models of paramedics in primary care;
- Work with Integrated Joint Boards to pursue further spread of models of paramedics in primary care.

Hear & Treat

We will continue to support staff within the Ambulance Control Centre Clinical Hub by maximising patient referral options, pathways and carrying out both internal and external stakeholder engagement to ensure patients have access to care pathways as an alternative to ambulance deployment or face to face assessment. A number of initiatives on falls, frequent callers and **mental health** will allow for a focus within the Hub, on patients who typically have a lower clinical acuity but often higher social care needs which will ensure referral into patient specific alternatives is available.

Increased Collaboration to improve Mental Health provision

The Health and Justice Collaboration Improvement Board commissioned the Service, NHS 24 and Police Scotland to collaboratively develop and test a model for directly referring people experiencing a **mental health** crisis to qualified professionals without delay. Funding has been secured in support of this work, which has the potential to significantly enhance the service we are able to offer this group of people. Throughout 2019/20 we aim to build on this collaboration, in particular to improve the quality of care and experience of people who present via the 999, 111 and 101 telephone access systems.

To deliver this improvement for people in **mental health** crisis we, with our partners, will increase access to **mental health** specialists at the call taking stage of our contact by linking them, seamlessly, with **mental health** clinicians and experts. This will provide those who use our services the right support at the earliest opportunity thereby reducing the instance of transporting them, unnecessarily, to the local A&E Department.

In 2016 the Scottish Government commissioned a four year Distress Brief Intervention (DBI) programme which involves level 1 & 2 responders who provide a caring compassionate response to people in distress. The Service along with Police Scotland are the two partner agencies that support the programme and act as level 1 responders along with Emergency Department and Primary Care colleagues. When a level 1 responder identifies distress, they can make a referral to level 2 responders, who are 3rd sector organisations equipped to make further assessments and start a programme of care.

Following a successful controlled test of change in Lanarkshire in early 2017, the DBI programme board began the upscaling of the programme to four partnership sites within Aberdeen, Inverness, Borders and Lanarkshire, and to date there have been over 2,300 referrals made. The Service continues to be fully engaged in this programme and in 2019/20 we will support the progress of the DBI Extension Delivery Plan, which extends the current programme to include 16 and 17 year olds, as well as developing the e-referral process as the top priority to ensure a more robust referral process.

In 2019/20 we will:

- Increase appropriate referrals to NHS 24, contributing to increased Hear & Treat rates;
- Evaluate the effectiveness of the **mental health** referrals test of change in Lanarkshire and work with NHS 24 to scale up;
- As part of routine engagement with NHS 24, develop data and information sharing arrangements to enable us to review the outcomes for patients referred and use this insight to consider improvements in our assessment and referral processes;
- Continue to support the DBI programme, specifically in relation to the Extension Delivery Plan.

Improving Care for High Acuity Patients with the Introduction of ScotSTAR North and SORT Developments

The Service will continue to lead the pre-hospital component of trauma care, working with the regional networks to save lives and give life back. Funding has been secured and a plan has been developed to introduce a ScotSTAR team within the North region from April 2019. This aims to improve the care journey for patients experiencing high acuity conditions in the North. In addition we will continue to work closely with the regions to ensure that the other components of the major trauma network are effectively implemented.

The Service will continue to develop its capability to deliver high quality care in the most challenging environments through its Special Operations Response Teams (SORT). During 2019/20 SORT will continue to implement the Enhancing Specialist Response Capabilities Programme (ESRCP) whose objectives include:

- Optimising the utilisation of SORT resources to improve equitable access to SORT capabilities across the main population centres of Scotland;
- Effective engagement with our partners to ensure we contribute towards an integrated, multi-agency specialist response to major incidents;

- Enhanced performance reporting and analytics to meet the standards set out in the agreement on specialist ambulance service provision with the Scottish Government.

Workforce and Staff Experience

Advanced Practice Workforce

Advanced Practice within the Service has two distinct strands: Urgent & Emergency Care, and Critical Care. Our ambition is to enhance the skill sets of a number of individual practitioners, with a view to improving the quality of care that we offer our patients.

To date, developments in Advanced Practice have been weighted more towards Urgent & Emergency Care, specifically in enhancing our response to chronically ill and complex needs patients. We will also focus on developing our Critical Care roles in the West and the North which will enable us to improve the quality of care available to our most critically ill patients.

Paramedic Prescribing

As part of our plans to enhance our Advanced Practice capability, the first cohort of 4 Paramedics began a postgraduate qualification in independent prescribing in Quarter 4 of 2018/19, with the second cohort to undergo training in September 2019. Monitoring this will provide the Service with the opportunity to evaluate the benefits and challenges of providing this capability for patients, services and our staff. Indicative evidence suggests that this development will significantly benefit our work in support of Primary Care services.

In 2019/20 we will:

- Continue to develop Paramedic prescribing and the associated governance arrangements required to support those qualified;
- Monitor and evaluate the benefits of having staff qualified in independent prescribing particularly in relation to patient outcomes.

Demand & Capacity Review Implementation

In 2017/18 we commissioned a review of our current and predicted operational demand, and our capacity to meet that within an accepted performance framework. The outcome of this has created both opportunities and challenges for the Service, and a further iteration will be commissioned to explore the implications in greater detail. This will enable the Service to enhance its workforce and financial planning capability in the short and medium term, and improve the design of rosters to increase resourcing efficiency and improve staff governance. This is a crucial component in our Service planning, as we seek to strike the correct balance between provision in Primary Care and our more traditional arena of out of hospital urgent and emergency care by ensuring a better match of resourcing to demand.

Progress towards the aims laid out in our 2020 Workforce Strategy is on track, including the commitment to training 1,000 Paramedics during the current parliament term. As at

January 2019 our combined numbers of Paramedics, including Advanced Practitioners recruited into training were 724. We are finalising plans for maximising our intake of Paramedics over the next two years with 550 training places available made up of 450 Paramedics from combined undergraduate and Academy training places, and 100 Advanced Practice Paramedics with additional capacity for further Advanced Practice appointments. This will allow us to complete our commitment to the target as we manage the transition to our new Paramedic Education model.

In 2019/20 we will:

- Create a project team to support and enable the implementation of the Demand & Capacity programme;
- Commence the next iteration of modelling in partnership with a tendered provider, taking account of emerging service developments;
- Continue to recruit staff as per the recommendations of the Demand & Capacity programme and in line with our workforce plans;
- Develop the capability of our own staff to use resource modelling tools which will subsequently improve our ability to undertake intelligence-led modelling on the impact of local and regional service changes in coming years.

Paramedic Education

In the early part of 2019/20, a business case will be finalised that sets out the future of our Paramedic Education model, recognising the Health and Care Professions Council (HCPC) decision that the minimum education level for Paramedics entering the profession from 2021 will be a degree qualification. As a result of this business case, we will begin the commissioning process for future education providers, whilst commencing in-depth planning around the implications of this transition for our staff, patients, and operational model. This preparatory work will form a cornerstone of our development activity over the next 2-3 years, ahead of implementation in 2021/22.

In 2019/20 we will:

- Seek business case approval which will enable the transition of our education model from an ‘in house’ provider to higher education providers;
- Working with National Education Scotland (NES) undertake a full procurement exercise in relation to the previous aim;
- Award the contract to the successful higher education establishment;
- Inform UCAS (Universities and Colleges Admissions Service) of the future service provider;
- Seek HCPC approval of the new provider as part of the professional recognition/validation arrangements.

Healthcare Associated Infections (T3)

During 2019/20 in compliance with Healthcare Associated Infections (HAI) Standards the Service will continue to monitor and manage Infection Prevention and Control (IPC) practices through a comprehensive audit programme to provide assurance around safe patient care practices and the cleanliness of patient care equipment. In line with mandatory requirement the cleanliness and maintenance of the healthcare environment

will be regularly monitored and results reported to Regional Management Teams. IPC and environmental cleanliness audit results will also be reported to every Infection Control and Clinical Governance Committee meeting and to the Board. The findings from the audits are used to inform the ongoing education of staff and the development of IPC procedures. Regular environmental audits are carried out across the Ambulance Service estate, in all stations on a regular basis to ensure standards are maintained and provide guidance as required thereby ensuring the highest possible level of patient safety.

Paramedics have access to intravenous and intramuscular Benzyl Penicillin for the emergency treatment of Meningococcal Septicaemia. Through the use of a Patient Group Direction (PGD), Cefotaxime is available for those that are allergic to Penicillin and following engagement and agreement with the Scottish Antimicrobial Prescribing Group, Paramedics are also enabled to treat suspected sepsis. A sample audit of the use of these drugs showed all administrations within the accepted parameters of the PGD. Advanced Practice Paramedics supply small volumes of oral antimicrobials in accordance with PGDs approved by the Service's Medicines Management Group (MMG). Specialist microbiology advice is provided to the MMG by the Infection Control Doctor. All antimicrobial administrations are audited on a monthly basis and reported through the MMG.

Staff Experience (T7)

Promoting attendance and managing absence is a key priority for all business areas across the Service. We will adopt the recommendations provided by the national group on Promoting Attendance. More work will be undertaken to develop further an environment that encourages attendance at work and when absence occurs, to support people to return to work at the earliest opportunity. We will achieve this by ensuring staff have a safe and healthy workplace, promoting and supporting health and wellbeing initiatives, recognising and managing factors that impact on physical and **mental health** (positively or negatively) and continuing to be approachable and considerate.

The Service has the intention of reducing the number of double crewed ambulance shifts which are operated by a single crew member due to the second crew member being abstracted and cover unavailable. The goal is to reduce the percentage of shifts where this occurs to below 0.8% of shifts nationally by the end of 2019, and will be enabled by the implementation of our workforce plan.

We recognise the importance of reducing the requirement for on-call working as a key area which affects the experience of our staff. During 2018/19 we eliminated on call working in Wick, Thurso and Dufftown and in 2019 will recruit to eliminate on call in Portree. We will continue to work with health and social care partners to pursue the elimination of on-call in the highest priority areas, as agreed by the Service's National On-Call Working Group.

In 2019/20 we will:

- Reduce the percentage of single crewed shifts to less than 0.8%;
- Continue to promote health and wellbeing for staff - we will refresh our Wellbeing Strategy and implement new initiatives including TRIM (Trauma Risk Incident Management), Chaplaincy, the "Feel Good" app, Mindfulness Courses and "Be Mindful" Online App;

- Implement plans to recruit 6 additional staff at Portree thereby eliminating on-call working at this site;
- Work with partners to identify opportunities for more integrated working and reduce on call in other areas;
- Implement the “Once for Scotland” Partnership Information Network (PIN) policies.

Patient Experience

The Service prioritises the opportunity to learn from feedback received by those who use our services, whether positive or negative. We want to make improvements to our approach to ensure we continue to deliver high quality care to patients across Scotland. We want to build on our proactive approach to recruiting and building a wider network of patient representatives, including third sector organisations and individual patients, as part of new Patient Focused Public Involvement (PFPI) arrangements. We will seek to utilise the broad range of experiences and expertise of our patient groups in 2019/20 using their feedback to enhance our services, particularly in fields such as **mental health**.

As part of work to devise a new Scottish Ambulance Service Strategy to the year 2030, we will engage with and consult patients, organisations and users of our service over the coming year. A wide range of engagement approaches will be undertaken, including our PFPI group of patient representatives, third sector network and the Scottish Health Council's Citizen’s Panel, which is a group comprised of around 1200 individuals who are a demographically representative sample of the Scottish population. The Citizen’s Panel has been operating since 2016, and gives health and social care organisations the opportunity to gather views on topics of interest, and use this to inform service and policy development. The future of the Scottish Ambulance Service strategy is confirmed to be the topic for their 5th survey which will be commissioned in 2019/20.

In addition, we will enhance our role around improving population health. We will undertake analysis to better understand how we contribute to reducing health inequalities by considering how our service is experienced by different demographic groups. Specifically, we will carry out a correlation analysis between out of hospital care and deprivation demographics.

In 2019/20 we will:

- Undertake a programme of training for staff across Scotland to improve the speed and quality of our response to patient complaints, with a particular focus on improving ‘stage one’ complaints compliance;
- Implement enhanced procedures for collating and analysing compliments received by the Service and our learning from them;
- Roll out an improved IT programme for collating, analysing and learning from feedback;
- Expand our network of relationships with patients and third sector organisations and use their feedback to enhance our services;
- Increase our internal and external promotion of patient stories with the aim to promote at least two patient stories per month through our digital channels;

- Progress linkage and analysis of datasets between the Ambulance Service and other NHS data to better understand patient outcomes following the pre-hospital care intervention and evaluate service changes;
- Ensure that patients and the general public have an understanding of our new clinical response model by carrying out a series of engagement events and gathering feedback;
- Engage with and evaluate the results of a Citizen's Panel survey regarding the future Service strategy;
- Carry out a correlation analysis between out of hospital care and deprivation demographics.

Enabling Technology

Refinement of Scottish Ambulance Service's Technology Strategy

During 2019/20 our Digital Strategy will be refreshed and its planning cycle aligned with our future strategic plan beyond 2020.

In 2019/20 we will:

- Support PTS mobile data procurement which will enable PTS to deliver its service by upgrading the hardware and software in the vehicles, which will ensure frontline staff have the quality of information they need to provide a high quality service;
- Support new defibrillator procurement, contributing to the national Out of Hospital Cardiac Arrest strategy and the quality of service provided to these patients;
- Contributing to the fleet replacement programme which will provide a modern appropriate fleet for all areas of our operational service;
- Improving Cyber Resilience and protecting the confidentiality, integrity & availability of patient data, staff data and ICT systems;
- Introduce Microsoft Office 365 which will improve internal and external collaboration & data sharing opportunities.

National Boards Collaboration

We are part of a collaborative of eight national boards providing services where improved quality, value and efficiency is best achieved through a national approach. We share a common purpose and by working closely together, and with our partners in the Scottish Government, regions, territorial boards and integration joint boards, we will support the changes required to improve services, reduce unnecessary demand, improve workforce sustainability and strengthen leadership to protect and improve Scotland's health.

The National Boards Collaborative Programme focuses on three areas - (1) improvement, transformation and evaluation; (2) digitally enabled service redesign; and (3) a sustainable workforce:

These are the areas where we believe we can help our partners redesign services to meet technological, demographic and societal changes. We will take on difficult issues in partnership to identify where national support can help deliver real sustainable change to address priority areas such as **waiting times** and **mental health** and drive **integration** across health and social care.

The Service will continue to chair and participate in the Reform Collaboration Group, which also has representation from Police Scotland, Scottish Fire and Rescue Service and has a remit to oversee a more strategic approach to building collaboration between the three emergency services in Scotland. The key aim of the group is to improve shared outcomes and delivery of services to communities and seek to achieve better value for the public purse through improved collaboration.

Regional Planning

Establishing planning networks and partnerships, and maintaining relationships with external partners is crucial to enabling the collaborative aims of the Service and its partners.

In 2019/20 we will:

- Continue to grow our network in the context of regional, territorial and Integrated Joint Board planning.

Risk Management

The Service has a defined approach to risk management and each project being delivered as part of the current strategy follows this set approach. Risk management is a standing item for each of the project groups and any risk categorised as either high or very high is escalated to the parent strategic programme. Likewise, risks which are categorised by the strategic programme as either high or very high are escalated to the strategic steering group for review. All risks are recorded into DATIX, the Risk Management System used across the NHS.

The Board reviews the Corporate Risk Register bi-monthly at every meeting. For every identified risk, current controls are recorded and contingency plans to mitigate and monitor the risk are developed. The Service utilises this mechanism to track internal and external factors that may have a negative impact on our operation performance, clinical outcomes, finances, our workforce and our reputation as an organisation. As part of our Risk Management approach we set out mitigating actions to limit the potential impact of these risk factors.

Managing Interdependencies

The Service has convened a short-life working group to bring together the work streams of the 2020 Steering Group, the Service's Strategic Governance group, and items associated with the Service's Corporate Priorities. The Programme Directors of the Clinical Services Transformation, Enabling Technology and Workforce Development strategic programmes along with the Strategic Planning and Continuous Improvement leads ensure cohesion with all elements of the Strategic Programme and underpinning Corporate Priorities. Working with the new regional infrastructures, the Interdependencies and Planning Group aims to ensure effective and efficient plans and interventions, identifying and reporting clear interdependencies across the complex organisational programmes. In particular, ensuring that the key high level aims and changes within each programme is monitored and measured, ultimately improving access, care and outcomes for patients.

This will be achieved by:

- Supporting a standardised and reliable planning framework and demonstrate clear interdependencies of our strategic programme with clear decision making, use of resources and measurement of improvement across the three strategic programmes;
- Supporting the continued **integration** of the Service across the wider Health and Social Care system, working in partnership to identify and bring about the development of new models of working;
- Provide recommendations for the phasing and prioritisation of work streams, making best use of Service resources and links to deliverables across the strategic programmes. This includes having ongoing visibility of, and making appropriate adjustments to, financial plans and spend;
- Ensuring benefits realisation processes are embedded across programmes & operations;
- Maintaining effective links to the Operational Management Team, Divisional / Regional Management Teams, Business Support Managers, Planning, Continuous Improvement, Senior Management Teams and Executive Team ensuring the Service maximises the potential of delivering the strategic plan and supports its transition to Business-as-Usual with ongoing monitoring;
- Supporting effective stakeholder engagement and partnership involvement in particular in relation to staff and patient experience;
- Providing a whole system view of all the work being taken forward under the strategic programme and managing and escalating risks and issues through the appropriate routes available;
- Ensuring that the progress against the strategy can be measured and monitored by use of planned 'check points' to revise plans and adjust as appropriate;
- Providing relevant decision making and prioritisation requirements as instructed by the 2020 Steering Group or any of the 3 strategic programmes;

- Being responsible for validation and inter-relationships of benefits and evidence demonstrating auditable links across the strategic programme, Corporate Priorities and where relevant the Best Value Programme;
- Supporting early development of an annual Strategic Funding Plan.

Finance

Revenue and Capital Outturn

The Board discussed a detailed draft budget at the January 2019 Board meeting that described the 2019/20 budget position. This was then consolidated and updated into the Service's three year financial plan which approved at the March 2019 Board meeting and describes how the Service will deliver financial balance over the next 3 years. This finance section of the Annual Operational Plan summarises this plan, with detail provided for financial year 2019/20.

2019/20 Revenue Position

The Service has a statutory requirement to break even against its Revenue Resource Limit (RRL), which requires year on year efficiency savings which are reinvested within the Service to maintain and improve service quality.

There are significant cost pressures within the Service during 2019/20, and the 2 years thereafter. These equate to a total of £25m pressures in 2019/20 with the split of these shown below:

Cost Pressures 2019/20	**£m**	**%**
2018/19 brought forward	4.10	1.5
Pay cost pressures	16.50	6.3
Inflationary pressures	0.95	0.4
Other non pay pressures	0.60	0.2
Replacement Programmes	3.70	1.4
	25.85	**9.8**

The 2019/20 financial plan is presented below:

	Financial Year 2019/20 Plan (draft)
	£000
Income	**294,512**
Cost baseline	**311,232**

Efficiency savings required to deliver a balanced budget	**16,720**
Savings Identified including best value pipeline, 0.5% operational target, 1.5% corporate target and cost control	11,400
Planned slippage	4,000
Unidentified efficiency savings	1,300
Total efficiency gap	**£12.72m**

Overall the Board has met its statutory obligation year on year and is on target to deliver against a challenging efficiency programme. In order to address this challenge the Service has established a Best Value Group to lead on the efficiency programme with supporting governance and staff and partnership involvement. Delivering recurring savings is a key focus of the Board's financial plan in 2019/20 and beyond.

The financial plan for 2019/20 shows a gap of £16.7 million, this will be mitigated through planned £4 million of investment slippage and £11.4 million of identified savings plans leaving a balance of £1.3 million still required to be found from efficiencies. This equates to 0.4% of our annual expenditure. Internal escalation processes are in place and described within the 3 year plan.

While this is a challenging target our focus on quality improvements, successfully delivering a new model of care, working in partnership with staff and other stakeholders puts us in a strong position, to help us to deliver these efficiency savings, through strong control of discretionary spending and other costs, and by finding new and efficient ways to deliver services.

The now established Best Value Group chaired by the Director of Finance and Logistics and lead by the Best Value Group Programme Director will lead on this work. The group includes members of the Executive Team, senior managers and staff side representation. A 3-5 year work plan has been produced and is the basis of our 3 year financial plan.

In addition a proactive approach to understanding best practice across similar healthcare services worldwide needs to be put in place. This will continue to be supported by the Quality Improvement teams and the Scottish Ambulance Service Board whilst recognising the requirement to ensure they continually invest in resources to deliver improved patient care.

The financial plan describes the current and forecast position in delivering these savings and the risks and actions put in place.

Capital Position

	Financial Year 2019/20 £000
Capital Resource Limit	**28,415**
Formula allocation	1,794
Key Schemes	
E-Health and ICT	500
Estates	1,100
Equipment	400
Fleet Replacement Programme	17,334
Defibrillator Replacement Programme	11,000
Sale of Asset	(125)

This is a summary plan which is further described within the financial plan submitted to the Scottish Government Health Directorate. Additional points to note are that the plan shows an over commitment of capital resources that will be brought in line with our Capital Resource Limit through a prioritisation process.

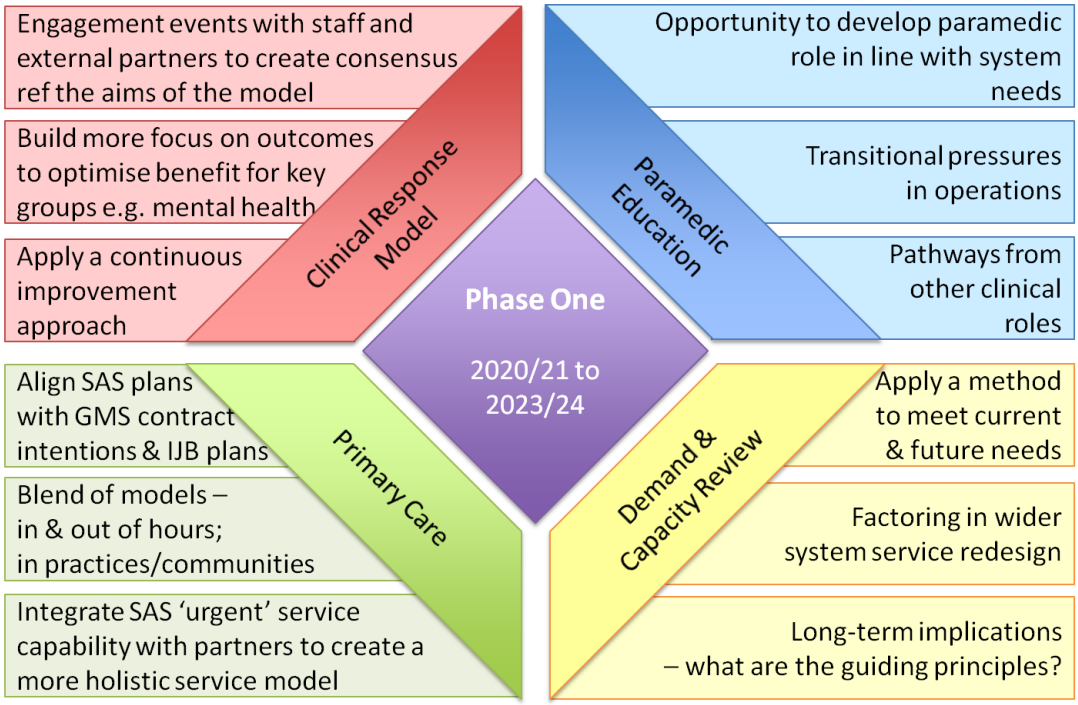
Appendix 1: Future Planning

This 3 year period marks the transition from our current strategic planning cycle, to the development and subsequent implementation of our future strategy post-2020. Although developments within this Annual Operational Plan commence in 2019/20, the implementation of these plans will necessarily continue into the next 2-3 years. Furthermore, the outputs and outcomes of certain developments will have long-term implications.

In particular we have identified 4 programmes of work that form part of this Annual Operational Plan, wherein the outcomes from these will shape our future direction as a care provider over the next decades. We conceive these programmes to form the 'cornerstones' of our future strategy. These programmes are:

- Continuous Improvement of Scottish Ambulance Service Clinical Response Model;
- Paramedic Education Transition;
- Development of Paramedics in Primary Care;
- Demand and Capacity Review and Modelling.

These programmes contain several and complex interdependencies with one another, and with other work that we will undertake. They do not by themselves constitute our future strategy, but their successful implementation is essential to provide the foundation to enable the ongoing development of quality clinical services over the next decade and longer. The graphic below summarises the main considerations at this point in time:



These programmes, at the point of implementation, will each be overseen by their respective programme governance structures, with their overall strategic direction co-ordinated by a Portfolio Steering Group.