Scottish Ambulance Service
Taking Care to the Patient

NHS SCOTLAND

NOT PROTECTIVELY MARKED

Public Board Meeting	**25 May 2022** **Item 11**

THIS PAPER IS FOR DISCUSSION

REMOBILISATION PLAN UPDATE

Lead Director **Author**	Julie Carter, Director of Finance, Logistics & Strategy Karen Brogan, Associate Director Strategy, Planning & Programmes
Action required	The Board is asked to discuss and note progress against the delivery of the Remobilisation Plan to April 2022.
Key points	The purpose of this paper is to provide an update on progress against delivery of the Remobilisation Plan (RMP) to April 2022. The plan is now the fourth iteration of the Service's plan to Remobilise and Recover from the COVID-19 pandemic. RMP4 is an update on RMP3, which was previously approved by the Board and formally signed off by Scottish Government in April 2021. The key purpose of the update to the plan was to recognise the still current uncertainty faced by the NHS during the COVID-19 pandemic as we move to endemic, pressures in recent months and the substantial developments, which have happened in the NHS in a short period of time. The update to the plan was submitted to Scottish Government on 30 September 2021. A formal sign off letter was received from Scottish Government on 20 December 2021. An update on Quarter 4 progress against the plan and Quarter 1 2023 was submitted to Scottish Government on 29 April 2022. This update is awaiting feedback from Scottish Government at this stage and will be formally presented to the Board for approval in the July submission. As Board members are aware the 2022/23 Annual Delivery Plan/remobilisation plan is due to be presented at the July 2022 Board meeting, noting the now revised due date. As well as **improving sustainability and maintaining financial balance**, our four other key priorities for remobilisation are:

	• Ensure the **health, wellbeing and safety** of staff and patients. • Reduce harm by ensuring effective **demand management** procedures are in place. • Ensure that we have sufficient **workforce capacity** to manage further waves of COVID-19 incidents effectively, on top of existing demand and seasonal pressures. • Recover and renew to a better, more **innovative and digitally enabled** sustainable model than the pre-pandemic one. The Remobilisation Delivery Group has now morphed into the Strategy Engine Room Group in line with Recovery Planning Group transitioning to the 2030 Strategy Group in January 2022. These groups will continue to maintain focus on delivery of the remobilisation plan as well as monitoring progress of the development and implementation of the 2030 Strategy and Programme arrangements. Despite system pressures, we continue to deliver on ambitions of the remobilisation plan. There are no key issues or risks to escalate to the Board, at this stage, around delivery of the plan. All issues and risks are being managed at project and programme level, overseen by the engine room and the 2030 Steering Group. The 2022/23 Annual Delivery Plans are required to be submitted to SG by the 31 July 2022, using the current Delivery Planning Template. (Note date of submission moved from 30 June 2022) Accompanying narrative is also required to summarise proposed actions to deliver the following priorities: • Recruitment, retention and wellbeing of our health and social care workforce • Recovering planned care and looking to what can be done to better protect planned care in the future - complementing the information already submitted on activity levels for inpatient and day case. • Urgent and unscheduled care – taking forward the high impact changes through the refreshed Collaborative • Supporting and improving social care • Sustainability and value
Timing	RMP4 was formally signed off by Scottish Government on 20 December 2021 and formal updates on progress submitted on 7 February 2022 and 29 April 2022. The 2022/23 Annual Delivery Plans are required to be submitted to SG by the 31 July 2022.

Link to Corporate Objectives	The Remobilisation Plan supports the delivery of all Corporate Objectives
Contribution to the 2020 vision for Health and Social Care	Our Remobilisation Plan involves working collaboratively with our partners across health, social care and other sectors to help anticipate, prevent and treat patients in a homely setting where appropriate.
Benefit to Patients	Remobilisation Plan deliverables are all designed to improve public health and ensure patients get the right level of care in an appropriate setting and timeframe.
Equality and Diversity	Equality and Diversity issues associated with the stated intentions and aims within this plan will be addressed at individual project level as required.

NOT PROTECTIVELY MARKED

SCOTTISH AMBULANCE SERVICE BOARD

REMOBILISATION PLAN UPDATE

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

SECTION 1: PURPOSE

The purpose of this paper is to provide an update on progress against delivery of the Remobilisation Plan to April 2022 and timelines for submission of 2022/23 Annual Delivery plans.

SECTION 2: RECOMMENDATIONS

The Board is asked to discuss and note progress against the delivery of the Remobilisation Plan to April 2022, guidance and timelines for submission of 2022/23 Annual Delivery plans.

SECTION 3: BACKGROUND

The Remobilisation Plan to April 2022 is now the fourth iteration of the Service's plan to Remobilise and Recover from the COVID-19 pandemic. The Plan is an update to Remobilisation Plan 3 which was approved by the Board and was formally signed off by Scottish Government in April 2021. The key purpose of the update to the plan was to recognise the considerable uncertainty faced by the NHS during the COVID-19 pandemic, pressures in recent months and the substantial developments, which have happened in the NHS in a short period of time. The purpose of reviewing and updating the previously approved plan ensures that we can continue to reflect the current situation, six months into an exceptional year.

The update to the plan was submitted to Scottish Government on 30 September 2021 and a formal sign off letter was received on 20 December 2021.

An update on quarter 4 progress against the plan and Q1 2023 was submitted to Scottish Government on 29 April 2022.. This update is awaiting feedback from Scottish Government at this stage and once signed off, will subsequently be formally submitted to the Board for approval.

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

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

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

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

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

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

2022/23 Annual Delivery Plans are required to be submitted to SG by **31 July 2022**, using the current Delivery Planning Template. (Note date of submission moved from 30 June 2022). This will be presented to the July Board for approval.

Accompanying narrative is also required to summarise proposed actions to deliver the following priorities:

- Recruitment, retention and wellbeing of our health and social care workforce
- Recovering planned care and looking to what can be done to better protect planned care in the future - complementing the information already submitted on activity levels for inpatient and day case.
- Urgent and unscheduled care – taking forward the high impact changes through the refreshed Collaborative
- Supporting and improving social care
- Sustainability and value

SECTION 4: DISCUSSION

4.1 Remobilisation Plan Progress Update

The Strategy Engine Room Group meets on a monthly basis and reports directly to the 2030 Strategy Steering Group, chaired by the Chief Executive. The Strategy Engine Room Group will continue to monitor and track remobilisation delivery plan progress, issues and risks, ensuring that mitigating actions are being progressed. A detailed programme highlight report is submitted to the 2030 Strategy Steering 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 4.2. 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 2030 Strategy Engine Room Group.

Vaccinations - Staff

The Service made a commitment in our Remobilisation Plans to encourage vaccinations for 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 and second phase of the vaccination programme are now complete.

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

In phase 1, 95.4% of eligible staff received both doses of the vaccination.

In phase 2, 86.9% of eligible staff have received their Covid booster and remaining staff are being signposted to community vaccination centres.

Planning is also now underway for the potential autumn 2022/23 Covid and Flu campaigns (Covid booster pending JCVI advice).

Mobile Vaccinations - Public

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

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

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

Agreements have been reached with a number of territorial Health Boards across the country to help support and deliver mobile vaccinations. To date, we have provided our support in 403 locations across 10 Health Boards.

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

We have contributed to the completion of

- **917 vaccinations during April 2022 (up to 26th April)**
- **>54,000 vaccinations since July 2021**

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

We have transitioned our mobile vaccination units from large coaches to retired PTV minibuses to enable us to get deeper into remote/rural/socially deprived areas and we have completed the recruitment of the clinical team for contract extension to March 2023.

Public feedback forms have also now been implemented into the clinics. Feedback so far has been extremely positive and is showing that the public are satisfied with the service they have received. This feedback will vital to help drive improvements in the future.

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 over 58.6% (2021) of staff trained to date (as of 16th April 2022). This is an increase of 295 since the last update to the Board in March 2022.

Staff absence and demand pressures in the East and West have continued to affect the pace of the rollout however additional students were brought in to support the roll out and this has helped to progress implementation.

30 MTU staff have been redeployed in May to assist in the rollout as trainers. 3 teams of 5 staff on a 4 on 4 off rota covering West Central and East locations.

It is important to note that in the meantime all staff have access to appropriate face masks both surgical and FFP3.

Building Workforce Capacity

The move to the new Shared Service for the permanent recruitment team took place on 1 April 2022.

A separate on boarding team was established in August 2021 to ensure delivery of our ambitious A&E recruitment plans. The team continue to drive recruitment forward at pace and are actively involved in shortlisting and interview panels. Their scope of work also includes the system pressures action plan recruitment, which includes recruitment of Students and Bank workers.

A total of 141 students from across the healthcare system in Scotland have now been fully recruited and have been passed to relevant areas to co-ordinate induction /training/deployment.

Attendance management continues to remain under considerable scrutiny with a very strong push to drive down the current abstraction rates. An attendance management lead has been appointed for the Service overall and dedicated support for the Ambulance Control Centres is also in place. These posts will focus on increasing attendance in all Service areas applying the Once for Scotland policies, with a view to reducing our national sickness absence level by at least 1%.

Demand & Capacity

Work continues to progress at pace across all areas

Increasing our workforce

540 new hire were recruited for A&E in 2021/22, which is the most staff ever recruited in any given year and a remarkable achievement, particularly given that the year before was also a higher than normal year with 384 new hire. (924 over 2 years).

The plan for the 2022/23 Financial Year is to recruit a further 574 wte and recruitment for this is underway. It is important to note that this assumes further investment and will need to be scaled back if funding is not sourced.

Our recent recruitment campaigns this year have had an overwhelming response with over 1,820 applications received for trainee technicians alone in November 2021. This has put us in strong position for the year ahead and we will continue to drive recruitment forward with similar growth levels and pace.

Upskilling our Technicians to Paramedics - DIPHE Conversions

171 existing technicians qualified and registered as paramedics in 2021/22 through our DIPHE upskill 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, seven stations have gone live, Castlemilk, Crewe Toll, Sighthill, Penicuik, Johnstone, Aberdeen Central and Bathgate. MacDonald Road Edinburgh, Ardrossan and Dreghorn are expected to go live in Q1 2022/23.

In addition to the 10 for 2021/22 a further location has been identified in Aberdeen (Altens) and this is due to go live in Q2 2022/23.

Redesign of Rosters and Transitional Resources

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

- East Region Roster Implementation
  - 34/38 Locations went live in April
- North Region Roster Implementation
  - 35/53 Locations went live in April
- West Region Single Vehicle 24/7 (Phase 1) Roster Implementation
  - 14/16 Locations go live by end of May

The remainder of locations are expected to go live by the summer 2022.

Whilst Roster design has been underway, additional resources have been 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.

This year, transitional crews have gone live in Transition crews live in:

- Edinburgh & Lothian's
- Dundee
- Johnstone
- Clarkston
- Leverndale
- Paisley
- Aberdeen

Health & Wellbeing

The Health and Wellbeing of our staff is a top corporate 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.

There are still significant pressures across the health and social care system and high levels of fatigue within the workforce and therefore our focus will be on recovery and stabilisation over the next few months.

Wellbeing monies from the Scottish Government have been utilised to continue to support staff welfare with a range of consumables (e.g. cup-a-soups, pot noodles, snack bars) distributed across the Service.

Our Wellbeing Leads began in post in March 2022 and are settling into these new roles whilst working to identify the key priorities for the year ahead. In 2021/22 we had to suspend significant pieces of work within our Health & Wellbeing Roadmap, however with the introduction of this additional resource we shall be able to gain greater momentum behind all work streams.

The Health and Wellbeing Roadmap 2022/23 will be presented to the June 2022 Staff Governance Committee for approval following discussion at the National Partnership Forum. Our top priorities within the plan include:

- Developing our approach to the management of staff trauma, including prevention, identification of those at risk and provision of timely support
- Reviewing the Service stress management policy and developing a sustainable approach to psychosocial risk management
- Development of a SAS suicide prevention action plan and prevention guidance
- Development of our SAS Wellbeing Hub to enable staff interaction and engagement with the health & wellbeing strategy, demonstrate the progress we are making and promote and signpost resources

- Consulting and testing the introduction of an annual staff wellbeing check
- Planning a proactive wellbeing calendar of events throughout the year
- Identifying and developing ways to measure and evaluate our Health & Wellbeing Strategy

Our leadership development programme recommenced on 26 April 2022 following a two year gap due to the pandemic. Health and wellbeing is integrated into all elements of the programme, from the perspective of managers keeping themselves healthy as well as enabling managers to support their staff.

OD Leads and Wellbeing Leads have continued to conduct staff wellbeing visits, drop in sessions and 'Spaces for listening' to enable staff to express their views, concerns, ideas and gain support in addition to regular ongoing dialogue across the Service at Staff engagement sessions, meetings with Partnership colleagues and a range of communication channels.

Redesign of Urgent Care

The Redesign of Urgent Care (RUC) – aims to provide an accessible, efficient, effective and safe urgent care service for the public ensuring patients receive the right care, in the right place, at the right time, first time. Recognising the role of the Scottish Ambulance Service in this programme the Service has its own workstream. The national oversight group has representation from across the Service and all NHS Boards.

The key aims of this work include:

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

Introduction of GP Advisers - To deliver high quality person centred care to all our patients, a need was identified for the Service to have access to senior clinical decision support for those patients who present with 'urgent' rather than 'emergency' presentations. In order to deliver this senior clinical decision support, the Service has been recruiting and inducting a number of experienced GPs to work within our Ambulance Control system. The first GPs started during the week commencing 14 January 2022 and there are currently eight GP Advisers fully trained and in post, others completing on-boarding and a subsequent wave of recruitment underway.

Funding for the GPs in ACC is secured until March 2023 and a full evaluation of their impact will be carried out during that period. A draft of suggested measurements, including both qualitative and quantitative, are being developed and will include evaluation of the triple aims of providing safer, more efficient and more effective care.

The data up to and including 1 May 2022 demonstrates that the GP Advisors have managed around 1,032 incidents with 67% of those being closed without the need to send a conveying resource. An ambulance response was dispatched to the remaining third (345 incidents) and of that we took 236 people to hospital.

With the Associate Medical Director for Urgent, Community and Primary Care now in post the plan is to work with the GP Advisors across a number of areas including developing the support to clinicians on-scene and the wider ACC teams.

Community Pathways – We continue to focus on the three main clinical presentations of Falls, Breathing and Mental Health with a view to improving the use of community pathways as an alternative to hospital conveyance where safe and appropriate to do so. To support this we have implemented a single point of contact within the Service, - a 'Flow Navigator Hub' as a proof of concept

The Service's Flow Navigator hub went live in November 2021 and over these months has focussed on a number of key actions including:

- Development of effective links with key clinical leads to ensure that all pathways that the Service has access to were reviewed to ensure that the information about the pathways was accurate and up to date;
- Collation of all pathways into a first draft "**Service Directory**". This includes information for Falls, Breathing, Mental Health, Drug and Alcohol and Public Protection information. Contact details for all Flow Navigation Centres and Emergency Departments are also included.
- Point of contact over 7 days for frontline clinicians, ensuring feedback on progress and connecting patients with relevant services.
- Engagement with other functions within the Service to expand the scope of Pathway Navigator.
- Working with regional colleagues to promote the use of the hub.
- Early observations from our gap analysis indicates that social care pathways could be hugely beneficial to our clinicians in best meeting the needs of their patients.

There is recognition that there is considerable scope for the Flow Navigation Hub to be expanded in a number of ways. This includes improved working across the regions to support the strategic aims of delivering care closer to home as well as the opportunities through national initiatives such as the Redesign of Urgent Care, Interface Care and Hospital at Home.

With funding available until March 2023 we are recruiting both with national (central) and regional posts that should allow more pace to be brought to this work. We are also hoping to expand the team through the use of alternative duty posts which should support increased awareness and visibility in stations, at EDs and also to provide support and guidance through the Flow Navigation Hub allowing us to continually learn and improve.

We plan to build education, training and feedback through these regional roles and build increased awareness and confidence of the availability of alternatives to the ED.

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

Primary Care – our data shows that Clinicians continue to engage with Primary Care both in and out of hours. We are working with boards to enhance the ability for SAS Clinicians to refer into Primary Care Services.

Protocol 46 - Timed Admissions – the Timed Admissions Hub went live in March 2022 within the Ambulance Control Centre. A key element of this is a focus to increase the identification of patients that can be safely managed by patient transport to maximise resource utilisation, improve patient response times and reduce pressures on frontline A&E crews.

Technology - We are engaged both internally and externally around the opportunities that the Redesign of Urgent Care provides to enhance digital enabled solutions for patient care and information sharing.

We have been working with the West of Scotland eHealth Leads Group our application for clinical portal access to the West of Scotland Boards is in the final stages of approval. We will then support our requests to the North and East of Scotland Boards.

We are also aiming to test the use of Near Me with one or more Boards in the coming months and anticipate this will be of particular value with some of the Boards where we have good engagement and collaboration within Flow Navigation Centres. The ability to use Near Me on scene will be supported by the use of personal issue devices by the Service.

Reducing/Eliminating On Call Working

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

Table 1 - On Call Locations by Region and Sub Region

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

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

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

- Campbeltown
- Fort William
- Broadford In Skye
- Kirkwall

Recruitment to these posts is underway.

Critical care & Major Trauma

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

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

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

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

Advanced Practice - Virtual Model

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

From 5th April 2021 – 1st May 2022, Advanced Practitioners have continued to have a positive impact on reducing avoidable A&E attendances and safeguarding patients, they have assessed:

- 60,622 patients triaged/assessed virtually
- 41.5% were treated virtually (25147)
- 35,475 received an ambulance response

- Of those patients that received an ambulance response, 11,502 (32.4%) were treated at scene or referred to alternative care pathways

In total, 36,649 patients were treated either virtually or at scene without the need to be taken to hospital.

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

Work is also now underway to develop new rotational rosters.

Aeromedical

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

There have been no transfer requests since 28 August 2021 and Loganair are no longer able to support the temporary arrangements. the Coastguard will remain able to support any further transfer requests.

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

The first meeting of the Programme Board was held in January 2022. Work has commenced across all work streams including communication, demand forecasting and analysis, operational models and procurement. A detailed project plan is in place with the initial agreement/outline business case due to be completed by June/July 2022.

Public Protection & Referral Pathways

Identification of Vulnerable Patients

The Public Protection Team continues to monitor the identification and reporting of Adults and Children at risk of harm. The number of referrals to local authority services for children and adults in need continues to rise in line with expectations with the additional pressures placed on patients because of the pandemic. We are currently referring in circa 130 -160 patients a month who are at risk in the community.

Flow Navigator Hub

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

Management of High Intensity Users of Service

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

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

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

A direct comparison of incidents has been reviewed, looking at number of weeks supported, ranging from 4 to 12 weeks vs same number of weeks prior to support, (Data - Nov 21 to May 22).

116 Individuals generated 2309 incidents prior to support from HIU team and 943 incidents following support. 59% reduction in incidents.

Building on this success the Service was successful in securing additional short term funding of £136,000 to enable additional case managers to be recruited and to expand the project however due to this being non-recurrent funding, the team has now been reduced, losing 2 High Intensity User Leads, no additional patients could be supported until current workload could be safely managed. Following 6 weeks to realign existing work, a reduced number of additional patients can now be supported and managed by HIU team.

Awareness Raising and Training Activity

Public Protection Awareness raising training delivery has been undertaken by the Clinical Effectiveness Leads for Adult and Child Protection across the service. These sessions have been delivered during induction / training for many staff groups across all three regions, such as: VQ technicians; ACC call handlers; MTU Operatives and Senior Operatives; ACA trainees; immunisation team and CPD sessions to several groups of staff. Students on the undergraduate Stirling University paramedic course in year 2 have been provided with an extended seminar. This exceeds in total, over 950 members of staff having been trained since July 2021.

In addition to date, thirty-four 7-minute roadshows have been delivered to various stations across all three regions to carry out ad hoc contact and support with A&E and PTS teams on duty (as service pressures allow).

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, as it starts to formulate recommendations.

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

Our priority drug harm reduction objective related to the Service's contribution to the national naloxone programme continues to become established with around 90% of all ambulance clinicians now trained to supply take home naloxone (up 5% since last update). Since the start of 2021, the Service has now provided over 1300 take home naloxone kits to members of the public.

- 60% of kits were 'first supply'
- 21% of kits were 'repeat supply'
- 76% of repeat supply reason was due to a previous kit having been used.

The Service also have plans to provide naloxone to each of the community first responder schemes that support our operations, predominantly in remote and rural locations. These

community first responders are volunteers who on occasion attend calls where naloxone administration is required.

The Service have also been supporting Police Scotland and Scottish Fire and Rescue colleagues in the roll outs of their own naloxone delivery programmes.

Links have now been established with all Alcohol and Drug Partnerships in Scotland, with vulnerable person data sharing with territorial health boards illustrating the potential for the Service to connect people and services.

Our clinicians have demonstrated that we are well placed to identify people who are not currently in treatment. We currently share data related to people at risk of a future fatal overdose with each territorial health board, which is then further shared with local partner organisations who can reach out to people who experienced a non-fatal overdose. Feedback from Alcohol and Drug Partnerships in each region of Scotland indicates that approximately 40% of people who agreed for their details to be shared with treatment and support services were not in active treatment or engaging in substance use services.

This data sharing agreement is being augmented in some areas by ambulance clinicians making referrals to assertive outreach teams by phoning them at the time of the ambulance attendance. This provides an avenue for the outreach team to provide same day access to OST if suitable and harm reduction advice as a minimum intervention.

The Service's drug harms team continue to develop data flags to ensure all people who are at risk of fatal overdose can be identified and connected to support services at the earliest opportunity and this will remain an ongoing piece of work to ensure responsiveness to changing drug trends.

Data related to incidents where the Service has administered naloxone also continues to be shared with Public Health Scotland to inform early warning systems.

Elective Care

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

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

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

- Improve utilisation of existing resources
- Commission a Demand & Capacity review of scheduled care

- Review, refine and implement an improved PNA
- Work towards integrating our services to provide one service delivery model

A Demand & Capacity modelling review has been commissioned for scheduled care and work is already underway. A Project Team was established in February to oversee the work.

Data analysis and validation work is underway. Site visits have also taken place with ORH to get a greater understanding of end to end processes, wider national priorities and potential areas of consideration for future modelling.

Mental Health

The Service has developed its mental health strategy for 2021-2027.

We 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. Since go live of the NHS 24 Mental Health Hub there has been 2,071 mental health calls identified as potentially suitable for transfer to the NHS 24 Mental Health Hub, of which 1,776 (85.76%) have been referred. On average, this is around 23 patients per week out of 27 passed to NHS 24.

'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.

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.

Funding has been secured from Scottish Government to recruit 13 substantive Mental Health Paramedics to continue delivery of Mental Health Response Units in Inverness, Dundee and Glasgow. Staff have been recruited and commenced induction. Expanded service is due to go live w/c 9th May.

Electric vehicles have been purchased for future use as Mental Health Cars, and will become operational with lights, electronic patient records, and GPS.

Work is also underway with Ayrshire and Arran to develop an Emergency Services Mental Health Pathway (ESMHP) in conjunction with NHS A&A and Police Scotland with view to launching in early summer. ESMHP will give crews in Ayrshire access to a 24/7 365 mental health nursing phone triage and in person assessment pathway for patients suffering mental health crisis, or distress.

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.

During this last year we have progressed with the

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

We have recently secured funding to progress with the implementation of single issue smart phones to all front line A&E staff, this will enable them to have digital access to clinical support tools to enable improvements in clinical decision making and directing patients to the right care via appropriate care pathways

Given the increased global risk from cyber-attacks, cyber security and resilience is a key priority. In light of the recent Ukraine/Russia conflict work has accelerated to protect our systems.

The major projects of Digital workplace, ICCS Replacement, Windows 10/ePR upgrades, and new tablets on our PTS fleet are due to be delivered in 2022.

We have also commenced with the development of our digital strategy as an enabling strategy for 2030 which is expected to be launched at the end of Q2.

Data & intelligence Sharing & Using Data to Develop Services

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

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

We continue to work collaboratively with the whole system modelling team to establish areas of opportunity to join up data across services to provide insight and enable improved

planning. Data and insight has been provided to the whole system modelling team to enable modelling to be carried out to assess the impact of reduced conveyance to ED on bed days.

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

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

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

Innovation

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

The Innovation Strategy has been developed and approved by the Board. An Associate Director of Research, Development and Innovation was appointed in 2021 to enhance capacity and capability for delivering our key ambitions and we have recently appointed a Research Manager and Coordinator in Q1 2022.

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, Remote monitoring and Hydrogen-Electric commercial vehicles are a number of innovations currently being explored/considered to assess how they can benefit patients and staff and we recently presented at EMS2022 with further events planned.

The Service have had our first research publication in a level 1 journal - (Global variation in the incidence and outcome of emergency medical services witnessed out-of-hospital cardiac arrest: A systematic review and meta-analysis. Paul Gowens, Karen Smith, Gareth Clegg, Brett Williams, Ziad Nehme.)

- We have submitted a bid for funding to explore the use of drones in the service
- We continue to develop our partnership with University of Glasgow and the Living Labs project
- We are supporting the delivery of the Young Minds Save Lives Programme
- We continue to have discussions with Public Health Scotland focusing on the Service's data infrastructure and "Safe Haven"
- We will have a refreshed strategy and work plan submitted to the board for the End of September

4.2 Remobilisation Plan Progress - Summary Dashboard

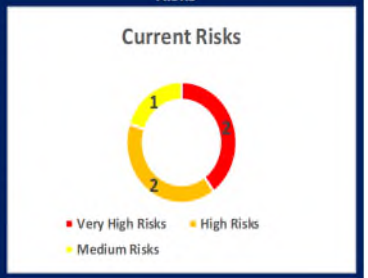
Scottish Ambulance Service
Taking Care to the Patient

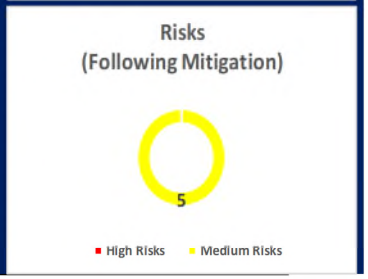
Remobilisation Plan - Summary Dashboard April 2022

NHS SCOTLAND

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

Risks





Resource Status Context	Delivery Status Context
Budget Issues	
No Issues to report	Currently 2 Very High Risks, 2 High Risks and 1 Medium - See Risk Register

APPENDICES:

Appendix 1 – Remobilisation Risk Register

Remobilisation Risk Register

It has been agreed to updated this for the 22/23 delivery plan for the July submission to the Board

Risk Title	ID	Risk Type	Risk Subtype	Description	Controls in place	Likelihood (current)	Consequence (current)	Risk level (current)	Action Planning (Future Controls)	Likelihood (Target)	Consequence (Target)	Forecast Risk	Risk Tolerance	Opened	Date Risk was last reviewed	Closed date	Handler	Risk Owner	Risk Owner Title
Remobilisation Risk	4910	Business Risk to the Organisation	Workforce	There is a risk that our staff (operational & support) become fatigued because of increases in demand resulting in an impact on the health and wellbeing of our staff. Disaggregate? To fatigue (H&S) and attendance (HR) and move to appropriate registers NOT 2030 strategic	Additional capacity plans being put in place. Health and Wellbeing workplan and actions. Shift break monitors in place. Weekly staff engagement sessions delivered by CEO "1. All Staff are being encouraged to take annual leave. 2. Fatigue Policy in place. 2. Monitoring at local level. 3. A wide range of wellbeing and mental health support mechanisms are available to all staff. 4. Welfare awareness sessions completed for line managers. 5. Wellbeing strategy and roadmap for the next year is now in place. 6. Wellbeing and welfare sessions ongoing. 7. Attendance management policies and training for managers are in place with recovery plans and task force actions fully completed. 8. Additional 24/7 stations now in place and rest break working group restarted. 9. Reprioritisation of must do activities are being undertaken across all Directorates 10. Prioritisation of must do activities. Care to be taken on workload for managers at all levels. 11. Weekly staff engagement sessions delivered by CEO." 12. linked into wellbeing champions network for national monitoring and discussion 13. Agile working group initiated 14. Rest Break working group now in place as a sub group of WPSG.	Likely (4)	Major (4)	Very High	1. 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 for 22/23 applies to all staff and for approval in June by Staff Gov Comm - A Ferahi 2. Performance measurement framework being developed. Implementation in progress 3. New agile working group being put in place. 4, Rest Break working group now in place as a sub group of WPSG. 5. Creating a permanent staff bank to increase capacity.	Unlikely (2)	Major (4)	Medium	Medium	02/09/2020	25/04/2022		Board, Rebecca	Robertson, Mr David	Operational Leadership Team
Remobilisation Risk	4911	Business Risk to the Organisation	Financial	There is a risk that the Service cannot deliver the remobilisation plans beyond March 2022 because we don't receive additional funding to cope with the increase in expenditure to manage the recovery and renewal phases as a consequence of the COVID-19 pandemic.	Financial plan assumed £15m of COVID funding to support operational pressures and invest in developments as part of our remobilisation plan, including ACC and card 46 resources. SG have confirmed significant risk now in funding and separate business cases are being collated for these remobilisation costs. Both cases are due at the end of May 2022.	Likely (4)	Major (4)	Very High	Card 46 and ACC business cases due by end of May 2022. COVID costs being reviewed with a view to cease some costs by the end of May 2022. First quarter result will be reviewed in detail to assess forecast and financial impact. End June 2022	Rare (1)	Major (4)	Medium	Medium	02/09/2020	19/11/2021		Board, Rebecca	Carter, Julie	
Remobilisation Risk	4912	Business Risk to the Organisation	Strategic	There is a risk that there is additional unintended demand for our Services because of changes to the other parts of the Health and Social Care System resulting in an inability to deliver safe, effective & person centred care. E.g. Wind down of services - covid networks	1. Redesign of Urgent Care programme went live early 2021. Phase 2 - August 21 - SAS has own programme recognising its role in fulfilling the RUC objectives 2. HCP calls closely monitored for changes in demand patterns and impact on SAS	Possible (3)	Major (4)	High	"1. High level modelling has taken place with further scoping work ongoing. 2. Currently monitoring demand levels - nationally and in the Service - no current impacts identified for the Service - measurement framework being developed. 3. Regular engagement with Boards at National & Regional levels regarding the Services remobilisation plans. 4. Demand picture currently static - currently tracking impact of FNCs - not being utilised to full capacity."	Unlikely (2)	Major (4)	Medium	Medium	02/09/2020	13/04/2022		Board, Rebecca	Ward, Jim	Operational Leadership Team
Remobilisation Risk	4917	Business Risk to the Organisation	Strategic	There is a risk that the Service fails to utilise the full range of alternatives to ED for patients that may include Flow Navigation Centres, community pathways, Board hubs (Mental Health, Covid etc.) or the range of professional-to-professional and decision making support available to crews because of... resulting in a detrimental impacting on patient and staff experience and SAS reputation with key stakeholders.	Clinical Decision Making framework in place to support crews on scene. Flow Navigator Hub established providing single Point of Contact for clinicians looking for guidance and support on alternatives to ED (Service Directory).	Possible (3)	Moderate (3)	Medium	"1. Continued awareness with crews of community / mental health hub and other prof to prof services available to them. 2. Gap analysis of pathways that would benefit clinicians to support expansion of what is available to best meet needs of patient. 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.	Unlikely (2)	Moderate (3)	Medium	Medium	02/09/2020	13/04/2022		Board, Rebecca	Ward, Jim	Operational Leadership Team

Remobilisation Risk	4918	Business Risk to the Organisation	Strategic	There is a risk that projects are unable to be delivered because the Service is unable to implement change due to a lack of engagement with IJBs and NHS Boards resulting in.... Agreed to Close	Data development work in place and being shared. National working groups engaged across the system. Close? -From a RUC perspective we are working closely with Boards to expand access to FNCs and there is evidence of work across other clinical pathways (e.g. Major Trauma and Stroke). We are also making good progress with Drug Harm Reduction through engagement with partners. Also the Regional Planners are aligning our Remob Plan with Boards so there is no longer any evidence of this risk.	Unlikely (2)	Moderate (3)	Medium	"1. Clear communication strategy. 2. Strengthen relationships with IJB's - ASMs, Heads of Service and Regional Planners identified as Leads - regions to ensure fully co-ordinated. 3. Representation at COSLA/IJB Board. 4. Initial discussions underway with IJB's to scope out data transfer requirements for ePR. 5. Joint action plans and outcomes developed to articulate any impact and opportunities. 6. IJB engagement ongoing with flow navigation centres - Regional Planners currently being appointed who will support this aspect. 7. Data sharing and engagement continues - SAS to maximise opportunities whilst being mindful of the pace of change. Digital interface across the health systems is a key area which can provide challenges."	Unlikely (2)	Moderate (3)	Medium	Medium	02/09/2020	13/04/2022		Board, Rebecca	Carter, Julie	Operational Leadership Team
Remobilisation Risk	5175	Business Risk to the Organisation	Financial	Agreed to close this risk. There is a risk that the benefits to improve discharge and flow, associated with the Unscheduled Care funding allocation 21-22 are not fully achieved because of 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. close - related to specific workstream	(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 (3)	Major (4)	High	(1) Timeline for planned delivery from August 21 to March 22 e.g. utilisation of discharge capacity and recruitment of additional HALO roles (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 including national Discharge without Delay programme (pathfinder sites). (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 National and Regional action owners (via fortnightly Unscheduled Care Group meeting)	Unlikely (2)	Major (4)	Medium	Medium	18/08/2021	13/04/2022		Board, Rebecca	Ward, Jim	Operational Leadership Team
Remobilisation Risk	5032	Business Risk to the Organisation	Operational	"There is a risk that we are unable to progress our remobilisation plans as demand exceeds capacity because of: • an increase in abstractions • an increase in turnaround times due to system pressures • an increase in unscheduled care demand following the easing of Covid restrictions business as usual • potential future waves of Covid resulting in an inability to deliver safe, effective & person centred care and an impact on the health and wellbeing of our staff. " close as delivered, risk is now external - turnaround, on scene time	Robust demand modelling and scenario planning in place. Regional Remobilisation plans developed. Winter plan is in place. REAP plan in place. National Escalation Plan in place. Implementing lessons learnt from COVID. Robust Plans are in place to manage gaps in staffing which work. Certain workstreams paused to allow us to respond and remobilise. Buddy links in place with UK Ambulance Services to increase ACC call taking Capacity.	Possible (3)	Major (4)	High	1. Utilise options to increase number of staff available, i.e. Bank staff. 2. Recruitment of additional staff ongoing into this year. 3. Absence levels and abstractions being monitored and escalation plans actioned as appropriately 4. BRC support re Ops and Welfare. 5. Card 46 is now Live - PTS resources currently being increased to cope with the Demand identified as suitable for PTS. 6. Further work is taking place around increasing the number of calls for Card 7 and to ensure the process is as streamlined as possible. 8. RUC / FNC / Pathways as alternative to ED. 9. SOMs/ACC escalate handover delays in accordance with policies & reports produced daily setting out time to handover and time to clear per site."	Unlikely (2)	Major (4)	Medium	Medium	17/03/2021	13/04/2022		Board, Rebecca	Carter, Julie	Operational Leadership Team