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Public Board Meeting

January 2019

Item No 08

THIS PAPER IS FOR DISCUSSION

EMERGING THEMES - OPERATIONAL DELIVERY PLAN 2019/20

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Action required	The Board is asked to note the themes proposed for our 2019/20 Operational Delivery Plan within this paper. No further action is necessary at this time.
Key points	This paper is a summary of key themes that will provide the foundation for the Service’s Operational Delivery Plan 2019/20. Although no guidance has been published by Scottish Government as to what is required for this plan, there are a number of areas that we will seek to develop, informed by our strategic ambitions.
Timing	To be discussed at January 2019 Board Meeting, with final Operational Delivery Plan to be presented in March 2019 for approval.
Link to Corporate Objectives	The Operational Delivery Plan forms a part of our annual planning cycle, and is subsidiary to our 2020 strategy.
Contribution to the 2020 vision for Health and Social Care	The plan is designed to support the Service to deliver on the key performance and wider quality ambitions within Scottish Government’s 2020 vision and our internal Strategic Framework “Towards 2020: Taking Care to the Patient” to deliver safe, person centred and effective care for patients, first time, every time.
Benefit to Patients	To be quantified as part of formal planning.
Equality and Diversity	No impact.



**Scottish
Ambulance
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Taking Care to the Patient



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SCOTTISH AMBULANCE SERVICE BOARD

EMERGING THEMES - OPERATIONAL DELIVERY PLAN 2019/2020

CLAIRE PEARCE, DIRECTOR OF CARE QUALITY & STRATEGIC DEVELOPMENT

SECTION 1: PURPOSE

The purpose of this paper is to brief Board members on emerging themes related to the Service's operations and planning, which will merit detailed consideration as part of the organisation's Operational Delivery Plan for 2019/20.

SECTION 2: EXECUTIVE SUMMARY

Official guidance from Scottish Government for what must be included in each Health Board's Operational Delivery Plan for 2019/20 has yet to be published. Ahead of that, as part of our general planning cycle, we are aware of a number of themes that will be the major focus of our development work over the forthcoming year. Briefly, these themes are:

- to increase access to alternative care pathways to increase the number of patients discharged or referred from the Service
- Development of Patient Transport Service, including further tests of such teams undertaking low acuity unscheduled work
- Further analysis of 'Yellow' call categorisation to improve safe responses
- Increased collaboration with Police Scotland and NHS 24 to improve the experience for patients suffering from mental health conditions
- Expansion of 3RU response for critically ill patients
- Provide a better service to those patients experiencing a higher acuity of condition by the introduction of ScotSTAR North
- Consolidation and expansion of Paramedics in Primary Care
- Commencement of Paramedic Prescribing qualification
- Expansion of Advanced Practice model
- Refinement of Demand & Capacity modelling to inform Roster Design, to improve efficiency of resourcing and workforce planning
- Defining the future of paramedic education provision
- Refreshing our Digital Strategy

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These will be underpinned by robust risk management, financial planning and management, workforce planning, performance management, quality improvement and change management arrangements.

SECTION 3: RECOMMENDATIONS

Board members are asked to note the themes proposed for our 2019/20 Operational Delivery Plan within this paper. No further action is necessary at this time.

SECTION 4: BACKGROUND

As part of their annual planning cycle, Health Boards are required to provide Scottish Government with an Operational Delivery Plan for the forthcoming year. It is usual for Scottish Government to provide guidance on expected contents at around Quarter 4 of the preceding financial year, ahead of publication in Quarter 1 of the year each plan addresses. In advance of the availability of such guidance, there are known themes that will necessarily feature as part of our short-term planning cycle. These themes are set out in the following section, in order to inform Board Members of the likely content of this plan.

SECTION 5: DISCUSSION

The items below have been identified in our 2020 Strategy, by government policy and strategies and staff and patient feedback as planning priorities for the Service for the year 2019/20.

See & Treat

1. Development of accessible community pathways to Reduce Conveyance to Hospital

The success of 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 alternative pathways. Our attempts to do so to date have highlighted the fundamental importance of building and maintaining relationships with local care providers.

Our efforts to increase the number of safe non-conveyances are contingent on local services being willing and able to accept referrals from our clinicians. In order to do so, both parties must be aware of each other's capabilities, requirements and ambitions and co-design new pathways. The Service is the first link in the chain, but cannot by itself increase safe non-conveyances. We will improve our local engagement, planning and delivery capabilities and work to implement the SG Programme for Government Falls enhancements and scale up our work for patients with COPD.

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Hear & Treat

2. Increased Collaboration to improve Mental Health provision

At a planning level, the Service is a key partner within the National Boards Collaborative. At an operational level, we work most closely with NHS 24, as patient-facing organisations that are often the first point of contact for people accessing NHS services in Scotland.

The Service and NHS 24 are working together, alongside Police Scotland, to develop and test a model for directly referring patients experiencing mental health difficulties to relevant qualified professionals without delay. Funding has been secured for this test, which has the potential to significantly enhance the service we are able to offer mental health patients.

Throughout 2019/20 we aim to build on this collaboration, in particular to improve the quality of care and experience of patients who access one service and are referred to the other. This requires a great deal of collaborative working, as well as alignment of systems and processes to enable.

As well as working with NHS 24, we will also seek to increase our influence within regional and local planning networks, including Integration Authorities.

Conveyance

3. Expansion of Resuscitation Rapid Response Unit (3RU)

Our 3RU model is operational in a number of urban locations across Scotland. This model sees a response of three clinicians to our most critically ill patients, and evidence has shown that this model can significantly improve outcomes for these patients – in particular, survival from Out of Hospital Cardiac Arrest.

In 2019/20 we have ambitions to expand this model in each of our operating regions, and to begin testing whether this model can also bring benefits to rural locations.

4. Improving Care for High Acuity Patients with the Introduction of ScotSTAR North

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. Alongside the planning and infrastructure requirements, this will also have implications for workforce development in the North region, including Air Ambulance paramedics.

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Staff Experience / Workforce

5. Advanced Practice Workforce

Advanced Practice within the Service has two distinct strands: Urgent & Emergency Care, and Critical Care. Our ambition is to enhance the education and 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 – and, whilst we wish to continue this in 2019/20, we will also focus on developing our Critical Care roles in the West and the North. This will enable us to improve the quality of care available to our most critically ill patients.

6. Refinement of Demand & Capacity Modelling

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 its 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.

7. Defining the Future of 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 decision that the minimum education level for paramedics entering the profession from 2020/21 will be a bachelor's degree. 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.

Patient Experience

8. 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,

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and at increasing the level of integration between what has traditionally been seen as our Scheduled and Unscheduled Care services.

In order to enable PTS and A&E to work more in a more seamless fashion, an interface between the respective control systems of each service (C3 and CLERIC) 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. This will further enable us to target PTS resources towards what have historically been regarded as low acuity A&E patients – recognising that low acuity and same-day PTS is often the same thing – with the intention of improving the efficiency of both unscheduled and scheduled care service.

Within the Scheduled Care environment, our intention is to build upon the successful Lothian Flow Centre model by testing this concept in the West Region.

9. Analysis of Yellow Calls

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. Whilst in 2018/19 we introduced an additional safety net for Yellow calls, it is our intention in 2019/20 to perform further analysis to investigate how we can better streamline our responses and improve patient experience.

Enabling Technology

10. Refinement of the Service’s Technology Strategy

The nature of the developments described above will necessitate further consideration of the investment in technologies required to ensure that patients, staff and partners fully realise the intended benefits. It is timely, therefore, that our Digital Strategy will be refreshed over the course of 2019/20, and it’s planning cycle aligned with our future strategic plan beyond 2020.

Primary Care Transformation

11. Paramedics in Primary Care

Across Scotland, we are testing the integration of Paramedics within multi-disciplinary Primary Care teams. There are a number of models currently operating, spanning In- and Out-of Hours; providing home visiting services and/or in-practice work; some rotating between Primary Care and the Service, others wholly dedicated to Primary Care.

Over the forthcoming year, one of our priorities will be to consolidate our practice by evaluating each of these models to determine where we can make the greatest

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impact – within Primary Care and within the Service’s operations. Determining the scope of expansion for these models will necessarily impact workforce, operational, and financial planning in the short- and long-term.

12. Paramedic Prescribing

As part of our plans to enhance our Advanced Practice capability, the first cohort of Paramedics will begin undertaking a postgraduate qualification in Non-Medical Prescribing in Quarter 4 of 2018/19. Throughout the forthcoming year, this will provide the Service with the opportunity to evaluate the benefits and challenges of providing this capability for patients, services and our staff. In particular, it is expected that this will deliver the greatest benefit within our work in Primary Care.

SECTION 6: CONSULTATION

The key themes are informed by the SAS Strategy Towards 2020: Taking Care to the Patient which was developed iteratively as a comprehensive stakeholder engagement programme was undertaken. The Planning Team have conducted a specific facilitated discussion session with all members of the Service’s Senior Leadership Team on 5 December 2018 to inform preliminary content of our Operational Delivery Plan for 2019/20. Further engagement is planned with the PFPI group, National Partnership Forum, Scottish Government, health & care and emergency service partners.

The plan will then be finalised and reconciled to our workforce and financial plans, with performance standards for 2019/20 being agreed with Scottish Government.

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