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**Public Board Meeting**

**30 March 2022**

**Item 11**

**THIS PAPER IS FOR DISCUSSION**

**REMOBILISATION PLAN UPDATE**

<b>Lead Director Author</b>	Julie Carter, Director of Finance, Logistics & Strategy Karen Brogan, Associate Director Strategy, Planning & Programmes
<b>Action required</b>	The Board is asked to discuss and note progress against the delivery of the Remobilisation Plan to March 2022.
<b>Key points</b>	<p>The purpose of this paper is to provide an update on progress against delivery of the Remobilisation Plan (RMP) to March 2022.</p> <p>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.</p> <p>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 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 2022.</p> <p>An update on quarter 3 progress against the plan was submitted to Scottish Government on 7 February 2022</p> <p>As well as <b>improving sustainability and maintaining financial balance</b>, our four other key priorities for remobilisation are:</p> <ul style="list-style-type: none"><li>• Ensure the <b>health, wellbeing and safety</b> of staff and patients.</li><li>• Reduce harm by ensuring effective <b>demand management</b> procedures are in place.</li></ul>

	<ul style="list-style-type: none"> <li>• Ensure that we have sufficient <b>workforce capacity</b> to manage further waves of COVID-19 incidents effectively, on top of existing demand and seasonal pressures.</li> <li>• Recover and renew to a better, more <b>innovative and digitally enabled</b> sustainable model than the pre-pandemic one.</li> </ul> <p>The Remobilisation Delivery Group has now morphed into the Strategy Engine Room Group in line with Recovery Planning Group transitioning to the 2030 Strategy Group in January 22. 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.</p> <p>Despite system pressures, we continue to deliver on ambitions of the remobilisation plan.</p> <p>There are no key issues or risks to escalate to the Board around delivery of the plan. All issues and risks are being managed at project and programme level, overseen by the delivery group and planning group.</p>
<b>Timing</b>	RMP4 was formally signed off by Scottish Government on 20 December 2022 and formal update on progress submitted on 7 February 2022.
<b>Link to Corporate Objectives</b>	The Remobilisation Plan supports the delivery of all Corporate Objectives
<b>Contribution to the 2020 vision for Health and Social Care</b>	Our Remobilisation Plan involves working collaboratively with our partners across health, social care and other sectors to help anticipate, prevent and treat patients in a homely setting where appropriate.
<b>Benefit to Patients</b>	Remobilisation Plan deliverables are all designed to improve public health and ensure patients get the right level of care in an appropriate setting and timeframe.
<b>Equality and Diversity</b>	Equality and Diversity issues associated with the stated intentions and aims within this plan will be addressed at individual project level as required.



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



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**SCOTTISH AMBULANCE SERVICE BOARD**

**REMOBILISATION PLAN UPDATE**

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

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## **SECTION 1: PURPOSE**

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

## **SECTION 2: RECOMMENDATIONS**

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

## **SECTION 3: BACKGROUND**

The Remobilisation Plan to March 2022 is now the fourth iteration of the Service's plan to Remobilise and Recover from the COVID-19 pandemic. The Plan is an update to Remobilisation Plan 3 which was approved by the Board and was formally signed off by Scottish Government in April 2021. The 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 2022.

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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 will effectively become 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.

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## SECTION 4: DISCUSSION

### 4.1 Remobilisation Plan Progress Update

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

#### Flu Vaccinations & Covid Boosters

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

86.6% of staff have now received their COVID-19 booster and 64.7% have had their flu vaccination.

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## 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 306 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 over

- **2,000 vaccinations during February 2022**
- **51,000 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 are currently in the transition phase with our MVU vehicles moving from the large coach to retired PTV minibuses instead which will 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.

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## 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 50% (1726) of staff trained to date (as of 21<sup>st</sup> 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. A revised trajectory is being drawn up. Meantime all staff have access to appropriate face masks both surgical and FFP3.

## Building Workforce Capacity

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

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

Attendance management continues to remain under considerable scrutiny with a very strong push to drive down the current abstraction rates. Since the last update to the Board, we have now appointed an attendance management lead for the Service overall and dedicated support for the Ambulance Control Centres. These posts will focus on increasing attendance in all Service areas applying the Once for Scotland policies, with a view to reducing our national sickness absence level by at least 1% by end of March 2022 and particular emphasis on ACC (target reduction of 2% by March 2022). Non-Covid related sickness absence for February was 7.21%. Absence for the previous month was 7.8% an improvement of 0.6%.

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

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

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

## Demand & Capacity

Work continues to progress at pace across all areas

### Increasing our workforce

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

Since the last update to the Board, we have recruited a further 171 staff, taking the total numbers to 547 in this financial year. 931 staff have been recruited to A&E alone in the last 2 years.

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

Since the last update to the Board, the number of staff registering as paramedics has increased from 151 to 171.

### 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 the coming months.

### 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 Go Live in April
- North Region Roster Implementation
  - 40/53 Locations Go Live in April
- West Region Single Vehicle 24/7 (Phase 1) Roster Implementation

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- 13/15 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 & Lothians
- Dundee
- Johnstone
- Clarkston
- Leverndale
- Paisley
- Aberdeen

## Health & Wellbeing

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

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

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

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

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## Highlights for the year so far

- 431 staff have participated in Lifelines training (across the three programmes of Understanding resilience & staying well, Supporting your colleagues and Post trauma support)
- 64 staff have taken up funded places for Mental Health First Aid
- Provision of hot and cold refreshments have been put in place at pressured hospital sites with welfare packs with snacks
- Staff welfare visits have been conducted at key Service and hospital sites
- Staff drop in sessions and Spaces for Listening have been put in place to enable staff to voice how they are feeling
- Procurement and provision of double insulated water bottles for staff
- Wellbeing vehicle in place in readiness for wellbeing/health promotion campaigns throughout 2022/23
- There has been a 60% response rate to our 2021 iMatter survey
- Outdoor furniture (picnic tables and benches) procured and delivered to all stations who submitted requests
- Scottish Government have funded 3 Wellbeing Lead posts with a further post funded from a vacant post within the OD Department and all successful candidates took up post on 7<sup>th</sup> March.

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

## Redesign of Urgent Care

The Redesign of Urgent Care (RUC) – aimed at “**reducing attendances**” has now moved into Phase 2 with the Service having its own workstream. The national oversight group 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.

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The first GPs started in Ambulance Control, week commencing 14 January 2022, with the numbers increased each week. The next cohort of recruitment is now underway with lessons learned from the initial uptake being applied to areas such as C3 training, AP orientation and ACC support.

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 Sunday 20 March illustrate that the GPs have managed in the region of 531 incidents with 126 incidents being attended and of that 91 conveyed 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 SAS - a 'Flow Navigator Hub' as a proof of concept

The Service's Pathway Navigator 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.

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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.

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

**Technology** - 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.

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

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

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

- 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 5<sup>th</sup> April 2021 – 20<sup>th</sup> March 2022, Advanced Practitioners have continued to have a positive impact on reducing avoidable A&E attendances and safeguarding patients, they have assessed:

- 55,788 patients triaged/assessed virtually
- 42% were treated virtually (23410)
- 32,378 received an ambulance response

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- Of those patients that received an ambulance response, 10,474 (32.3%) were treated at scene or referred to alternative care pathways

In total, 33,884 patients were treated either virtually or at scene without the need to be taken to hospital.

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

## Aeromedical

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

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.

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### 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 120 -150 patients a month who are at risk in the community with a national 1358 referrals this financial year so far.

### Flow Navigator Hub

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

### Management of High Intensity Users of Service

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

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

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

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



## 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 and CPD sessions to several groups of staff. This exceeds in total, over 800 members of staff having been trained since July 2021.

In addition to date, twenty 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 30<sup>th</sup> 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 85% of all ambulance clinicians now trained to supply take home naloxone (up 10% since last update). In total, 1150 kits have now been supplied since the start of the pilot in 2020, with a large number of these identified as repeat supplies after a previous kit was used.

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 SAS to connect people and services. Early feedback from drug and alcohol services indicates that around 40% of people identified by SAS were not actively in treatment.

Data related to incidents where the Service has administered naloxone 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

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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.

## 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.

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

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

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

Collaborative work continues with NHS 24 and Police Scotland, to improve and update the national Mental Health Hub, hosted within NHS 24. Since go live of the NHS 24 Mental Health Hub there has been 1,869 mental health calls identified as potentially suitable for transfer to the NHS 24 Mental Health Hub, of which 1606 (85.93%) have been referred. On average, this is around 23 patients per week out of 27 passed to NHS 24 (Chart 1).

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## Digital

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

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.

## 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.

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

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

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

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

## Innovation

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





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

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

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

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## 4.2 Remobilisation Plan Progress - Summary Dashboard

 <b>Scottish Ambulance Service</b> <i>Taking Care to the Patient</i>		<b>Remobilisation Plan - Summary Dashboard February 2022</b>								
		Delivery Status	Resource Status	Budget Status	Executive Lead	Delivery Lead	Risks			
<b>Living with Covid</b>	Vaccinations	Green	Green	Green	Frances Dodd	Fay McNicol	<p><b>Current Risks</b></p>  <p>3 Very High Risks    3 High Risks</p>			
	Procurement & Distribution of PPE and General Supplies	Green	Green	Green	Julie Carter	Brian Laughland				
	Provision of Respiratory Protection	Yellow	Green	Green	Frances Dodd	Brian Laughland				
<b>Workforce Recovery/Transition</b>	Building Workforce Capacity	Green	Green	Green	Avril Keen	Graeme Ferguson				
	Demand and Capacity	Green	Green	Green	Wendy Quinn	James Wilkie				
	Health and Wellbeing	Green	Green	Green	Avril Keen	Alison Ferahi				
	Supporting New Working Arrangements	Green	Green	Green	Avril Keen	Graeme Ferguson				
<b>Whole System Redesign</b>	Redesign of Urgent Care	Green	Green	Green	Jim Ward	Julie King			<p><b>Risks (Following Mitigation)</b></p>  <p>7 High Risks    0 Medium Risks</p>	
	Ambulance Control Centre Capacity and Capability	Green	Green	Green	Matt Cooper	Ant Carr				
	Reducing On Call	Green	Green	Green	Milne Weir	Milne Weir				
	Critical Care Desk & Major Trauma	Green	Green	Green	Paul Bassett	Ken Mitchell				
	Advanced Practitioners in Urgent Care - Virtual Consultation Model	Green	Green	Green	Frances Dodd	Gillian MacLeod				
	Aeromedical Services	Green	Green	Green	Paul Bassett	Ken Mitchell				
	Public Protection Referrals and Care Pathways	Green	Green	Green	Frances Dodd	Jayne Scaife				
	Reducing Drug Deaths	Green	Green	Green	Jim Ward	Gary Rutherford				
	Elective Care	Green	Green	Green	Milne Weir	Sharon Hammell				
	Mental Health	Green	Green	Green	Frances Dodd	Billy Riddler				
	Dementia	Green	Green	Green	Frances Dodd	Billy Riddler				
	<b>Enabling Improvements</b>	Digital Transformation	Yellow	Green	Green	Julie Carter	Roslyn Scott			
Data and Intelligence Sharing		Green	Green	Green	Frances Dodd	Katy Barclay				
Using Data to Develop Services		Green	Green	Green	Frances Dodd	Katy Barclay				
<b>Innovation</b>	Innovation	Green	Green	Green	Pauline Howie	Paul Gowens				
<b>Resource Status Context</b>		<b>Delivery Status Context</b>								
		Respiratory hoods are continuing to progress slower than anticipated due to operational pressures. Outwith our control, the ICCS programme has been delayed into Q3/Q4 2023.								
<b>Budget Issues</b>		<b>High Risks</b>								
		Currently there is 1 very high risk, 3 High Risks and 3 Medium - See Risk Register. Note that the High Risks become medium with mitigation.								

**APPENDICES:**

Appendix 1 – Remobilisation Risk Register

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Remobilisation Risk Register

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	Review due	Risk Owner
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.	Additional capacity plans being put in place. Health and Wellbeing workplan and actions. Shift break monitors in place. Weekly staff engagement sessions delivered by CEO  "1. All Staff are being encouraged to take annual leave. 2. Fatigue Policy in place. 2. Monitoring at local level. 3. A wide range of wellbeing and mental health support mechanisms are available to all staff. 4. Welfare awareness sessions completed for line managers. 5. Wellbeing strategy and roadmap for the next year is now in place. 6. Wellbeing and welfare sessions ongoing. 7. Attendance management policies and training for managers are in place with recovery plans and task force actions fully completed. 8. Additional 24/7 stations now in place and rest break working group restarted. 9. Reprioritisation of must do activities are being undertaken across all Directorates 10. Prioritisation of must do activities. Care to be taken on workload for managers at all levels. 11. Weekly staff engagement sessions delivered by CEO."	Possible (3)	Major (4)	High	"1. Fatigue Working Group in place. Fatigue framework developed and being presented to SGC in December 2021. 2. Health and Wellbeing Strategy and Implementation Road Map approved and launched with key messages out to staff around the importance of taking annual leave and work-life balance. Road map applies to all staff 3. Recruitment plan for additional capacity developed and being implemented. 4. Core Principles agreed around the demand and capacity workstream which will reduce this risk in the future. 5. Pulse survey identified workload of staff as key concern - action planning to take place with Regions. 6. Staff engagement session took place around the survey and wellbeing - recognised as key priority area. 7. NHS Scotland taking forward specific actions regarding workforce resilience and wellbeing through 2021. 8. SAS ensuring plans are realistic and achievable throughout 2021 to ensure we are not over-committing. 9. Performance measurement framework being developed. 10. New agile working group being put in place. 11. Review of Groups in place across the Service to ensure these are streamlined.  "12. Looking at measures to identify impact of fatigue - benchmarking tool identified within the draft Fatigue Policy. 13. Workstreams and projects within the Service to be targeted to ensure only the relevant staff are involved. 14. Shielding staff returning to duty following completion of a risk assessment. 15. Rest Break working group now in place as a sub group of WPSG. 16. Creating a permanent staff bank to increase capacity. 17. ACC test of change and retraining around Amber SOP to ensure Crew Breaks and Meals times are met. 18. On going work to improve the integrity of the amber basket to reduce Break interruptions for Operational Crew. 19. Long term staff welfare support being considered by regional management teams, i.e. access to hydration, energy bars and fruit etc."	Unlikely (2)	Major (4)	Medium	Medium	02/09/2020	19/11/2021	19/02/2022	Paul Bassett
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 2022-25 submitted to Scottish Government with clear ask of funding required. Feedback due in April 2022. Assumed non recurring funding for first 6 months as per submitted plan and draft plan as part of February submission	Likely (4)	Major (4)	Very High	Business cases for specific developments being completed. Ongoing review of costs and variances identified to SG if need be. Awaiting final confirmation of financial plan. Exit plans being developed	Rare (1)	Major (4)	Medium	Medium	02/09/2020	19/11/2021	19/12/2022	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.	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	Unlikely (2)	Major (4)	Medium	"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	19/11/2021	19/05/2022	Ward, Jim
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 impact 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	19/11/2021	19/05/2022	Ward, Jim

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....	Data development work in place and being shared. National working groups engaged across the system.  -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	19/11/2021	19/05/2022	Carter, Julie
Remobilisation Risk	5175	Business Risk to the Organisation	Financial	There is a risk that the benefits to improve discharge and flow, associated with the Unscheduled Care funding allocation 21-22 are not fully achieved 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.	(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	19/11/2021	19/02/2022	Ward, Jim
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. "	Robust demand modelling and scenario planning in place. Regional Remobilisation plans developed. Winter plan is in place. REAP plan in place. National Escalation Plan in place. Implementing lessons learnt from COVID. Robust Plans are in place to manage gaps in staffing which work. Certain workstreams paused to allow us to respond and remobilise. Buddy links in place with UK Ambulance Services to increase ACC call taking Capacity. Vaccinations	Possible (3)	Major (4)	High	"1. Workforce Escalation plans in place within each Region. 2. Utilise options to increase number of staff available, i.e. Bank staff. 3. Ongoing process in place regarding the review of codes for AP's to review to reduce the impact on frontline resources. Rotational model is in place for APs to carry out remote consultation - C3 remote worker now live and AP's trained. 4. Recruitment of additional staff ongoing into this year. ACC call handling numbers increasing at pace. APs increasing by 34 - 14 additional staff - 20 trainees. Going back out to recruitment. West Region have retained the staff from Louisa Jordan Hospital for an additional 2/3 Urgent Tier vehicles. 5. Absence levels and abstractions being monitored. 6. Incident management cell can be set up if required with Regional Cells also in place. 7. Vaccination programme rolling out to the public with planning being developed for seasonal flu and potential Covid booster vaccines in the Autumn. 8. Lateral Flow testing in place for all operational and other staff who are in the office, will be rolled out to agile workers in the next phase. 9. BRC support re Ops and Welfare. 10. Mutual Aid MoU in place across UK Ambulance Call Centres - tested and proven to work.	Unlikely (2)	Major (4)	Medium	Medium	17/03/2021	13/10/2021	13/01/2022	Carter, Julie