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Public Board Meeting	**24 November 2021** **Item 13**

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 March 2022.
Key points	The purpose of this paper is to provide an update on progress against delivery of the Remobilisation Plan (RMP) to March 2022 plan. 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 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 plan was submitted to Scottish Government on 30 September and is now awaiting formal feedback. 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 continues to meet on a monthly basis to track delivery progress and manage associated issues and risks. Progress is reported directly to the Recovery Planning Group on a monthly basis. 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.
Timing	The RMP4 plan is pending feedback from Scottish Government. Scottish Government aim to publish RMP4 in the coming months.
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.

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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 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 draft RMP4 was approved by the Board on 29 September and submitted to Scottish Government for formal feedback.

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 restart the co-production process for our 2030 strategy, which we paused during our response to the pandemic, the 2021-22 plan will effectively become the first phase of our 2030 Strategy implementation plan.

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

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

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

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

Remobilisation Priorities

The Remobilisation Plan is highly ambitious with a significant work plan for 2021/22. At the April 2021 Recovery Planning Group, as well as maintain sustainability and Financial balance, the group agreed to focus on priority areas that will provide the largest benefit to patients and staff first.

Health, Wellbeing and Safety (Staff & Patients)

- Implement our Wellbeing Roadmap 2021/22 with five overarching themes of Healthy culture, healthy environment, healthy mind, healthy body and healthy lifestyle
- Complete our internal vaccination programme and stay connected to ensure preparedness for future requirements
- Maintain our Vaccination programme for remote, rural and vulnerable communities
- Maintain & develop our testing infrastructure to meet future requirements
- Maintain our provision of adequate PPE supplies and implement respiratory hoods
- Implementation of our Demand & Capacity phase 2 work plan
- Implementation of our Enhancing Capability phase 2 work plan
- Plan, prepare for, and manage the Ambulance Service elements of COP 26
- Maintain short – mid term COVID-19 air ambulance capability throughout the longer term planning and procurement of air ambulance process.

- Progress the actions to improve response times for patients including working with NHS Boards to improve hospital handover arrangements

Demand Management

- Through the Redesign of Urgent Care, continue to develop our relationship with the Flow Navigation Centres (FNCs) to enable access to professional-to-professional advice for crews and advanced practitioners and alternatives to ED.
- Work with IJB partners, using data and intelligence to inform, develop and implement more pathways as alternatives to ED to deliver care closer to home.
- Maintain our AP Virtual Triage model and grow our AP workforce to enable implementation of the rotational model
- Continue to embed and improve HealthCare professional requests processes and utilisation of crews.
- Work collaboratively with Health boards to establish their plans around the remobilisation of services, the impact on scheduled care demand and develop collaborative plans to ensure patients are signposted to alternative transport where appropriate

Workforce Capacity

- Backfill of vacancies across ACC, A&E and PTS
- Continue to increase and upskill our A&E workforce to ensure implementation of our Demand & Capacity growth plan for 2021/22 (Including supernumerary posts)
- Increase our workforce to Reduce On Call Working in identified/funded locations
- Increase our workforce to ensure sufficient resilience in place for the trauma network and Thrombectomy roll out
- Development and implementation of our agile working policy

Innovative and digitally enabled

- Launch our Innovation, Research and Service Development Strategies, in alignment with the development of the wider Innovation Strategy for NHS Scotland.
- Support Service improvements and system redesign with the appropriate digital solutions to enable them to achieve their aims.
    - Fully Implement phase 1 O365
    - Near me Implementation
    - Implement LifeX in preparation for ESN
    - Telephony Upgrade
    - Development of Digital Solution for Card 45, 46 and 47, future proofed for other transactional type calls
- Continue to share data with academic institutions to support and collaborate on research projects to inform the development of future services

SECTION 4: DISCUSSION

4.1 Remobilisation Plan Progress Update

The Recovery and Remobilisation Delivery Group meets on a monthly basis and continues to report directly to the Recovery and Renewal Planning Group, chaired by the Chief Executive on a monthly basis. The Delivery group monitors and tracks delivery plan progress, issues and risks, ensuring that mitigating actions are being progressed. A detailed programme highlight report is submitted to the Remobilisation Planning Group for monitoring and assurance. The key points from these updates are summarised in this Board paper and reported to the Board as a standing agenda item.

Progress is also summarised in a Dashboard in section 4.3. There are no key issues or risks to escalate to the Board around delivery of the plan at this stage. All issues and risks are being managed at delivery level, overseen by the Recovery Planning Group.

Vaccinations - Staff

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

Flu Vaccinations & Covid Boosters

The autumn vaccination programme commenced on 27th September 2021. Staff have been able to access the NHS Inform portal from 21st September to book both flu vaccinations and COVID-19 boosters at local health board locations. COVID-19 boosters were made available for eligible staff in line with JVC guidance.

As of week ending 7th November 3158 (51%) of staff have now received their Covid booster and 3036 (49%) of staff have had their Flu vaccination

Progress is expected to be steady until December with regular communications to staff to encourage them to take up the offer of vaccination.

Mobile Vaccinations - Public

Within the last 8 months, the Service has again shown our ability to develop and scale up new services at pace, delivering on our commitment in RMP3 to develop and implement a fully functioning mobile vaccination service for remote and rural communities, enabling those most vulnerable in society to have equitable access to vaccines. In addition, the Service has continued to work closely with a number of Boards to support vaccine delivery across a range of settings with a focus on "hard to reach" communities.

The establishment of mobile vaccination units has supported the delivery of vaccinations within communities where the vaccination uptake was low – either due to location, accessibility or potential social and cultural factors. We established a Mobile Vaccination Programme, working with Scottish Government and health boards across the country to 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.

We have:

- Vaccinated over 13,000 members of the public at our drop-in vaccination centres since September;
- Helped to promote GP registrations where members of the public have come forward for vaccine without a registered GP;
- Signposted vulnerable members of the public to other support services such as, food banks, addiction support, financial aid and mental health services;
- Worked across a range of settings including places of worship, football grounds and shopping centre car parks.

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

Agreements have been reached with a number of territorial Health Boards across the country to help support and deliver mobile vaccinations. To date, we have provided our support in over 100 locations across 8 Boards and will scale this across a 9th Board in November 2021.

Maintaining PPE Provision & Respiratory Hoods

Protection of our staff and patients has remained a key priority in our remobilisation plan. Additional measures are in place to ensure adequate provision and management of PPE stock levels, including the introduction of an inventory management system. Orders for Respiratory hoods have also been placed to ensure further protection for all front line staff. The roll out of respiratory hoods commenced in July with 824 staff trained to date (as at 10 November 2021).

Staff absence and demand pressures in the East and West have affected the pace of the rollout this last month, with clinical trainers returned to front line duties. The Project Team are exploring potential options for non-clinical staff to roll out training. Meantime all staff have access to appropriate face masks both surgical and FFP3.

Building Workforce Capacity

A new on boarding team which consists of 1 Manager and 3 Recruitment Co-ordinators was been 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 is currently expanding by 2 whole time equivalents due to their scope of work increasing to include the system pressures action plan recruitment including recruitment of Students and Bank workers as part of the ongoing focus on increasing workforce capacity and reducing system wide pressures.

The launch of the new Shared Service for Recruitment has been formally paused until 1 April 2022. The existing Team will also now be managed by the new on boarding Manager.

Attendance management is under considerable scrutiny with a very strong push to drive down the current abstraction rates. New attendance lead posts (funded to end March 2022) have been allocated to the HR & ER team and are in the process of being filled. These posts will focus on increasing attendance in all Service areas 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) and the West Region in dealing with an outstanding caseload.

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. A National high level dashboard has also been produced which will be shared at the December Performance & Planning Steering Group.

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

Demand & Capacity

Work continues to progress at pace across all areas, Key points to note are

- Revised Recruitment & Training Plan developed to accelerate the pace of recruitment and bring forward Phase 3 of the Demand and Capacity programme. (+162 wte)
- Modelling Assumptions Proposal developed and agreed by the Demand & Capacity Programme Board. This will inform the modelling and development of the Phase 3 Addendum to business case.

- Phase 3 Addendum to business case expected to be developed and submitted by mid December 2021
- Additional Transition Resources in Aberdeen, Johnson, Paisley, Greater Glasgow, Edinburgh and Dundee due to go live by mid November 2021.
- Working parties concluded for all stations in the East. Awaiting voting for 2 stations
- North Working Parties are in progress, working party 3 completed
- West Working Party Zero held in October 2021 and working party 1's due to commence in November as planned

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 and increased attrition, recruitment for this year and next is being accelerated**.**

To achieve this the plan is to increase from 443 to 566

- The November 2021 Technician intake has now been increased from 96 to 139.
- The March 2022 Technician intake has been increased from 96 to 150
- Further focused efforts on increasing recruitment for qualified Technicians, Paramedics and Advanced Practitioners

We have already recruited 378 staff to date in this financial year.

There is confidence that all remaining posts will be filled by March 2022 through offers to candidates in the holding pool and new applications.

Upskilling our Technicians to Paramedics - DIPHE Conversions

Last month there was 103 staff year to date on the DIPHE Programme registered as paramedics. Since last month there has been a further 20 staff register as paramedics. This takes the total number of conversions so far this year to 123.

Increasing our Station Footprint

10 new station locations are expected to go live during 2021/22 to enable necessary improvements in response times for patients. To date, four stations have gone live, Castlemilk, Crewetoll, Sighthill and Penicuik with plans by the end of October 2021 for Johnstone SORT base and Bathgate. Aberdeen Fire Station and MacDonald Road is estimated to go live in December 2021.

Redesign of Rosters and Transitional Resources

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

All 78 remaining stations are progressing shift roster design with those in the North Region on track to complete working party 4 by the end of November 2021.

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

In all areas, additional resources will still be going live on a transitional basis into those priority locations at times of the day where resources are required to ensure that benefits can be realised ahead of the implementation of new shift rosters.

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.

We have had approximately 250 staff through our Lifelines training programmes between May and August 2021. We have funded 96 places for Mental Health First Aid training, which have been offered to our control centre staff and our Advanced Practitioners. We have procured 8,000 reusable bottles (insulated for hot and cold drinks) for staff as a more sustainable and environmentally friendly option to plastic water bottles. We have also procured outdoor furniture as per station/work area requests with delivery phased from the beginning of August 2021. We have had positive feedback from staff regarding the wellbeing road trip – the chance to chat about wellbeing and being given refreshments and wellbeing information has been very well received. Standeasy sessions (use of drama techniques to increase personal resilience & confidence) have been offered to shielding staff to facilitate their return to work, and a number of ‘GREATix’ recommendations that recognise the efforts of colleagues has exceeded 1,000 since being introduced late 2020.

One of our top priorities as we continue to work throughout the Covid 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 weeks and 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.

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

Since the last update to the Board, the Scottish Government have agreed to fund 3 Wellbeing Posts for the Service on a 2 year fixed term basis. Recruitment is currently underway. There will be one post holder in each Region that will be a known point of contact for health & wellbeing, provide wellbeing support and take forward wellbeing initiatives.

The Scottish Government have also recently circulated guidance in relation to the buyback of annual leave and this is currently being developed in local guidance for staff. It is important to note that we are continuing to encourage our entire workforce to take their annual leave to enable rest and recuperation and a Fatigue Working Group has been established.

Redesign of Urgent Care

The Redesign of Urgent Care (RUC) – aimed at "**reducing attendances**" has now moved into Phase 2 with the Service having its own workstream. The national oversight group met for the first time in August and has representation from across the Service and all NHS Boards.

The key aims of this work include:

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

Flow Navigation Centres - 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 the North 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.

Community Pathways – work continues to promote the use of community pathways where safe and appropriate to do so. To support this we are developing a single point of contact within SAS - a 'Flow Navigator Hub' as a proof of concept. This will be designed to support frontline clinicians by identifying, directing and navigating through the range of alternatives to ED conveyance. This hub will also support us in capturing data to help inform us in the development and maintenance of our range of pathways.

Primary Care – our data shows that Clinicians continue to engage with Primary Care both in and out of hours. Work is underway at a national level to identify what can be done to improve this process.

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 – the use of technology remains an enabler to this programme and we are continuing to work with partners to both enhance our access to information and also share this where appropriate with the aim of improving patient care and continuity where possible.

Data Sets – a range of data sets have been developed to support the Redesign of Urgent Care programme including IJB data sets for falls, breathing and mental health. We continue to enhance our linked outcome data sets.

National Programme – the National programme continues with the dedicated work stream for SAS co-chaired by a member of the Service's team. There is good engagement despite the ongoing system pressures and the potential for demonstrating the potential of this work stream.

Ambulance Control Centre Capacity & Capability

Our Ambulance Control Centres (ACC) have continued to improve performance, utilise technology and support ACC staff to deliver optimal call handling and dispatch. A number of actions have been on going over recent months to support this progress, including a continued recruitment drive, the implementation of new estate and the introduction of Auto Dispatch.

Since April 2021, a number of current and new facilities and functions have been updated and improved to ensure compliance with legislation and to improve working conditions for staff. These include but not limited to upgrades to the Telephony and Command & Control Dispatch systems and distribution of riser desks.

The implementation of Auto Dispatch response (AD) enables ambulances to be automatically allocated to our patients presenting with immediately life threatening symptoms.

There is a plan in place for the recruitment of additional staff to reduce pressure on existing staff and improve call-answering standards funded from COVID and system pressures funds.

Since the last update an additional 28 staff have been recruited and a further 36 are expected over the coming months, including a number of healthcare students that will be directed to ACC roles over the coming months to support the winter period.

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 has commenced.

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 2020 – 7th November 2021, Advanced Practitioners have continued to have a positive impact on reducing avoidable A&E attendances, they have assessed:

- 34,776 patients triaged/assessed virtually
- 44.6% were treated virtually (15502)
- 19,274 received an ambulance response
- Of those patients that received an ambulance response, 6,329 (32.8%) were treated at scene or referred to alternative care pathways

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

Aeromedical

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

The Air Ambulance contract extension paper was presented to the Board on the 28th of July and the Board were supportive of the development of a new Pay As You Go model with Logan Air until March 2022. This will ensure the Saab340 can continue to be utilised for the safe transfer of patients in line with IPC criteria and used for ventilated COVID-19 patients.

Funding has been secured to ensure provision through to March 2022. A review of the 2021/22 usage and ongoing need is due to be completed by January 2022.

In addition to temporary arrangements, our Air Ambulance service has begun a tender re-procurement process that will run from 2021 to 2024. Contracts for air services will span the next decade and we will undertake a major consultation exercise throughout this period with all stakeholders, as we consider the future of air services in the context of the future strategies of both our Service, and health and care in Scotland in general. It will also be essential to consider the lessons learnt from our response to the pandemic as we re-procure this service. The first meeting of the Programme Board is planned for December 2021. The project team has had a couple of meetings and the programme plan, engagement and consultation plan and project structure and working groups is due to be presented to the Programme Board meeting in December. Work has also commenced on the demand forecasting and analysis. The initial agreement/outline business case is 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 and the additional pressures placed on patients due to the pandemic. We are currently referring in excess of 100 patients a month who are at risk in the community with a national total of 792 referrals this financial year.

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.

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 and incidents being undertaken, 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.

The primary results from the initial pilot were encouraging, in the first 8 week measuring period, inappropriate 999 calls were 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.

Reducing Drug Deaths

As part of the Service's contribution to improving the health and wellbeing of Scotland's population, we continue to work closely with Scotland's Drug Death Taskforce.

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

Our drug harm reduction objective related to the Service's contribution to the national naloxone programme continues to become established with 75% of all ambulance clinicians now trained to supply take home naloxone (up 10% since last update). In total, 749 kits have now been supplied since the start of the pilot in 2020.

We continue to see our links with Alcohol and Drug Partnerships (ADPs) grow and are able to observe the impact of this through feedback from patients who have been successfully connected with these services following treatment by SAS clinicians. One particular collaborative has seen the Glasgow and Lanarkshire Overdose Response Teams, which are other Drug Death Task Force pilots, agree to receive referrals from ambulance clinicians, either on scene or from the Ambulance Control Centre.

Elective Care

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

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

A scheduled care Programme Lead has been appointed 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

Since the last update to the Board in September, a Demand & Capacity modelling review has been commissioned for scheduled care

- An initiation meeting was held with the ORH modelling consultants on 26th October 2021
- Data Specification requirements have been shared with MI Team to supply ORH with datasets that will enable modelling work to commence

Steering Group & Working Groups will be established by December (bearing in mind, minimal disruption to Operations) and it is anticipated that modelling work will be concluded by April 2022.

An end-to-end process mapping session was also held on 14th October, the outputs are currently being written up and will help inform areas of opportunity to improve efficiency.

Mental Health

The Service continue to work collaboratively with our Health & Social Care partners, Public Health Scotland, Police and NHS 24 around improving outcomes for patients presenting with mental health needs.

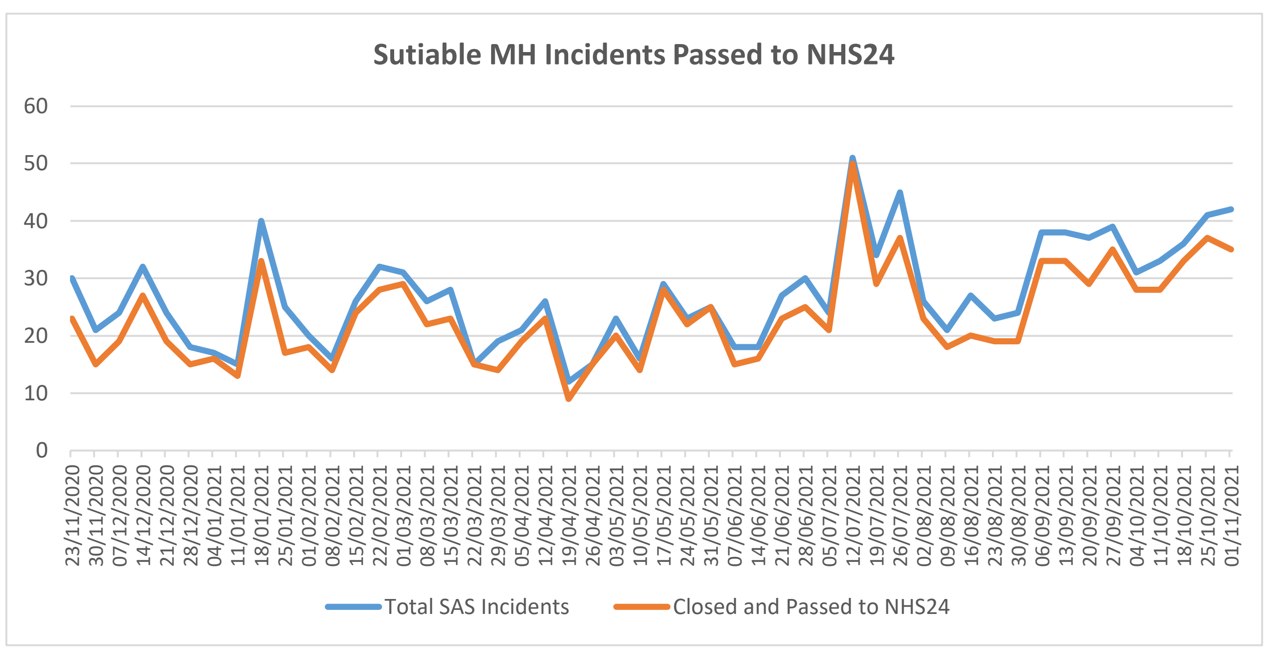
Jointly staffed 'Mental Health Car' pilots have been established in Glasgow, Dundee and Inverness, with an initial evaluation of the Glasgow project undertaken in August 2021. This is in partnership with local agencies to provide a multi-disciplinary approach to attending someone having trouble with their mental health. The Dundee trial was initially delayed, as the local Health and Social Care Partnership struggled to recruit nursing staff, and we experienced operational issues that required paramedics involved to return to their operational posts as pressures on our Service became acute. Community Psychiatric Nurses have been recruited for the Dundee car and will be starting on 4 October 2021. Electric vehicles have been purchased for future use as Mental Health Cars, and will become operational with lights, electronic patient records, and GPS.

Mental Health first aid 'train the trainer' courses have been completed by our Mental Health staff this summer, in order to prepare ourselves for the roll out of Service-wide face to face training when operational pressures allow. 'Learning in Practice' and Continuous Professional Development materials have been developed by Public Health Scotland for use within our Service. These materials and an introductory video for our staff have been provided to our Professional Education Department who have completed internal training pilots.

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

Collaborative work continues with NHS 24 and Police Scotland, to improve and update the national Mental Health Hub, hosted within NHS 24. Since go live of the NHS 24 Mental Health Hub there has been 1,314 mental health calls identified as potentially suitable for transfer to the NHS 24 Mental Health Hub, of which 1132 (86.15%) have been referred. On average, this is around 23 patients per week out of 27 passed to NHS 24 (Chart 1).

Chart 1 – Mental Health Hub Calls



Digital

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

- The implementation of 'auto dispatch' has improved allocation times to our most immediately life threatening calls.
- Implementation and installation of the Distress Brief Intervention tool within our electronic patient records (ePR).
- Implementation of Hospital Turnaround Management system across the country is aimed at reducing the time currently spent between arrival handover and departures of ambulance resources at hospitals.
- Implementation of the new 'Microsoft 365' license arrangements across our digital infrastructure

Given the increased global risk from cyber-attacks, cyber security and resilience is a key priority. Work is underway to stabilise our systems, and create conditions for change - building on the momentum of our COVID-19 digital enhancements.

The major projects of Telephony Replacement, ICCS Replacement, Windows 10/ePR upgrades, and new tablets on our PTS fleet are on track to conclude by the end of March 2022.

Data & intelligence Sharing & Using Data to Develop Services

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

Throughout 2020, COVID-19 and Non-COVID-19 demand patterns have been shared with Public Health Scotland and the Scottish Government to help inform the prediction and planning arrangements for future COVID-19 waves. Weekly modelling updates from the Scottish Government continue to be utilised to help inform demand and abstraction forecasts short and mid-term.

Discussions are also underway with the whole system modelling team to establish areas of opportunity to join up data across services to provide insight and enable improved planning. Since the last update to the Board, data hand insight have 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 Integrated Joint Boards is in place and being used to identify areas of improvement for the better use of pathways and areas of opportunity for the development of new pathways.

Innovation

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

In the last few months, the Innovation Strategy has been developed and approved by the Board. Recruitment of the Associate Director of Research, Development and Innovation 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.

4.3 Remobilisation Plan Progress - Summary Dashboard

Scottish Ambulance Service
Taking Care to the Patient

Remobilisation Plan - Summary Dashboard November 2021

NHS SCOTLAND

		Delivery Status	Resource Status	Budget Status	Executive Lead	Delivery Lead
Living with Covid	Vaccinations				Francess Dodd	Tony Wigram
	Procurement & Distribution of PPE and General Supplies				Julie Carter	Brian Laughland
	Provision of New Respiratory Protection				Frances Dodd	Brian Laughland
Workforce Recovery/Transition	Building Workforce Capacity				Lyndsay Lauder	Graeme Ferguson
	Demand and Capacity				Garry Fraser	James Wilkie
	Health and Wellbeing				Lyndsay Lauder	Alison Ferahi
	Supporting New Working Arrangements				Lyndsay Lauder	Graeme Ferguson
Whole System Redesign	Redesign of Urgent Care				Jim Ward	Julie King
	Ambulance Control Centre Capacity and Capability				Paul Bassett	Gail Parker
	Reducing On Call				Milne Weir	Milne Weir
	Critical Care Desk & Major Trauama				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	Victoria Burnham
	Dementia				Frances Dodd	Victoria Burnham
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

Current Risks

2
5

■ High Risks ■ Medium Risks ■ Low Risks

Risks (Following Mitigation)

7

■ High Risks ■ Medium Risks

Resource Status Context	Delivery Status Context

Budget Issues	High Risks
No Issues to report	Currently 2 High Risks and 5 Medium - See Risk Register Note that the High Risks become medium with mitigation

SECTION 5: CONSULTATION

None

APPENDICES:

Appendix 1 – Remobilisation Risk Register

Appendix 1 – Remobilisation Risk Register

Remobilisation Register

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

Key
↑ Likelihood
↓ Likelihood
↑ Impact
↓ Impact
↔

					Current Risk							Forecast Risk					Risk Tolerance			
Risk Log Title & Ref	Risk (Project or Business)	Risk Cat[2]	Risk Description (There is a risk of x, because of y, resulting in z)	Current Controls	Likelihood of Exposure	Impact Consequence	Risk Ranking [5]	Change to CURRENT Risk Ranking	Action Planning	Action Owner & Completion Date	Remob Workstream Mapping	Likelihood of Exposure	Impact Consequence	Forecast Risk	Likelihood of Exposure	Impact Consequence	Risk Tolerance	Projected timeline to achieve tolerance	Assurance Sources	Reviewed Date and next date to be reviewed
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 due to a number of factors including: (1) failure to recruit in sufficient numbers (2) lack of uptake of overtime (3) lack of engagement with change initiatives resulting in withdrawal of funding and reputational damage.	(1) SAS SG bid developed into workplan aligned to aim and benefits. (2) Programme of work established meeting fortnightly with engagement/follow up between meetings (3) Regional and ACC ownership supported by national colleagues (4) Financial controls in place aligned to bid and expected benefits.	unlikely (2)	Major (4)	medium	↔	(1) Timeline for planned delivery from August 21 to March 22 (2) Focus on optimising what works well and generating ideas where there is opportunity for improvement (3) Utilising national programmes and Board engagement to support successful delivery (4) Data being utilised to drive the work highlighting areas of opportunity and improvement. (5) Quarterly update paper provided to SG with clear actions and trajectory in place	Various planning and delivery leads	Redesign of Urgent Care	Unlikely (2)	Major (4)	Medium	Unlikely (2)	Major (4)	Medium		Recovery Planning Group	13/10/2021 Due 13/1/2022
4910	Business Risk to the Organisation	Workforce	There is a risk that our staff (operational & support) become fatigued due to 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.	1. T Wigram/ Regional Directors. 2, 3 & 4. Director of Workforce	Workstreams to mitigate risk 1. Demand and Capacity 2. Workforce Recovery Planning 3. Data & Intelligence Reduce Impact of Risk 4. Health and Wellbeing	Unlikely (2)	Major (4)	Medium	Unlikely (2)	Major (4)	Medium	End of 2021	Recovery Planning Group	13/10/2021 Due 13/1/2022
									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.											

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.	Q1 review completed and presented to SG. Anticipated funding approved but no final confirmation of recurring funding into 22/23 as yet	Possible (3)	Major (4)	High	↔	Financial Plan for 22/23 being developed. Good positive discussions with SG ongoing. Working with all Boards who are in similar positions to confirm through a peer review group the likelihood of funding	1. Director of Finance, Strategy and Logistics - End Jan 2022		Rare (1)	Major (4)	Medium	Rare (1)	Major (4)	Medium	Summer 2021	Recovery Planning Group	01/01/2022
4912	Business Risk to the Organisation	Strategic	There is a risk that changes to the other parts of the Health System, in relation to Redesign of Urgent Care, generates additional unintended demand for our Services resulting in an inability to deliver safe, effective & person centred care.	1. RUC group in place for the Service 2. Good SAS engagement across the wider service 3. Final NHS 24 RUC model agreed.	Unlikely (2)	Major (4)	Medium	↔	"1. High level modelling has taken place with further scoping work ongoing. 2. Model went live 1st December 20 no current impacts identified for the Service - measurement framework being developed. Full launch took place June 2021. 3. Regular engagement with Boards at National & Regional levels regarding the Services remobilisation plans. 4. Demand picture currently static - currently tracking impact of FNCs - not being utilised to full capacity."	2. K. Brogan and MI Team	Demand and Capacity ACC Winter planning Data & Intelligence Redesign of Urgent Care Elective Care	Unlikely (2)	Major (4)	Medium	Unlikely	Major	Medium	Summer 2022	Recovery Planning Group	01/03/2022
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 community pathways, Board hubs (Mental Health, Covid etc.) or the range of professional-to-professional support available to crews impacting on patient experience and SAS reputation with key stakeholders.	Robust Clinical Guidelines and awareness in place to support crews to make direct referrals to the community hubs. Flow navigators introduced and evaluation in place	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. Consider monitoring and feedback of volume. 3. Focussed work to take place around human factors and ease of access to the pathways. 4. Reviewing the range of data that exists around community pathways to better understand variation. 5. Working with the national programme to ensure equitable access to the flow navigation centres within Health Board areas. 6. APs engaging with Flow Navigation Centres." 7. A group has been established to improve the use of community care pathways based on areas of good practice within SAS ensuring quality and safety for patients and staff. 8. Rotational model in place with the APs which will increase use of pathways.	Various planning and delivery leads	Redesign of Urgent Care AP workstreams Data and Intelligence ACC	Unlikely (2)	Moderate (3)	Medium	Unlikely (2)	Moderate (3)	Medium	**In tolerance**	Recovery Planning Group	Through winter to March 2022
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.	Data development work in place and being shared. National working groups engaged across the system.	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."	1. Comms and Engagement 2.OLT 3. D Robertson	Data and Intelligence	Unlikely (2)	Moderate (3)	Medium	Unlikely (2)	Moderate (3)	Medium	**In tolerance**	Recovery Planning Group	Through winter to March 2022
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. " Note this risk has transferred to the IMT risk register managed through the twice weekly systems pressures meetings. When stood down this risk will transfer back to the Remob risk register	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.	1. Regional Directors. 3. G McLeod / Regional Directors / C Johnson / Regions 12 / 13 / 14. J King / J Ward / Regional Directors	Workstreams to mitigate risk 1. Demand and Capacity 2. Redesign of Urgent Care 3. Advanced Practitioner workstreams 4. HCID Workstream 5. Workforce Recovery Planning 6. Winter Planning 7. Data & Intelligence Workstreams to reduce impact if realised 8. Health and Wellbeing Workstream 9. Clinical Care	Unlikely (2)	Major (4)	Medium	Unlikely (2)	Major (4)	Medium	End of 2021	Recovery Planning Group	**Transferred to the IMT risk register**

									9. BRC support re Ops and Welfare. 10. Mutual Aid MoU in place across UK Ambulance Call Centres - tested and proven to work. 11. Demand and Capacity plans being taken forward around recruitment to build capacity."12. Card 46 is now Live - PTS resources currently being increased to cope with the Demand identified as suitable for PTS. 13. Further work is taking place around increasing the number of calls for Card 46 and to ensure the process is as streamlined as possible. 14. RUC / FNC / Pathways as alternative to ED. 15.Working with partner agencies. 16. Prioritising resources for D&C investment - on track to deliver increased staffing levels. 17. Detailed capacity and planning over the next year to include COP26, easing of restrictions and potential future waves of covid to ensure the gaps can be mitigated against. 18. Prioritising what we are doing in the early stages of this year to build capacity, resilience and business continuity, with forecasting around demand and capacity helping to identify pinch points and how we target them.											
									19. Additional funds have been received to manage unscheduled care demand, in particular discharge management. 20. Early consideration of implementing hospital diverts as required. 21. SOMs/ACC escalate handover delays in accordance with policies & reports produced daily setting out time to handover and time to clear per site."											