



# Our 2030 Strategy



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# Foreword

*“...this strategy builds on all our learning and the enthusiasm of our people to make further changes to improve our response to patients, to help patients get the best care and to support communities across the country to be healthy, safe and resilient...”*

# Foreword from our Chair and Chief Executive



Scotland and its services have changed as a result of the COVID-19 Pandemic. As a national Emergency Service and NHS Board, the Scottish Ambulance Service has changed how it delivers its services, providing more support, care and treatment to people in their homes, and for those patients requiring very specialist support, conveying them to those hospitals.

The country is now living with COVID-19, there is a growing demand for healthcare, inflation is soaring, inequalities are growing and there is a shortage of health and care workers in key areas. During the extraordinary, challenging last two years our amazing staff and volunteers have gone above and beyond to support our communities, using new innovative equipment and adapting their ways of working to save lives, improve patient outcomes and support colleagues.

This strategy builds on all our learning and the enthusiasm of our people to make further changes to improve our response to patients, to help patients get the best care and to support communities across the country to be healthy, safe and resilient.

Our new Strategy builds on the success of delivering our 2020 strategy “**Taking care to the patient**”. We have developed it through consultation with citizens, staff, partner organisations, volunteers, local and national government, educational institutions, community groups, charities and voluntary organisations.

Our Strategy describes how we will play a vital role in:

- Saving more lives, improving clinical outcomes and healthy life expectancy
- Improving the Health & Wellbeing of our staff and citizens
- Continuing to shift the balance of care away from acute hospitals into people’s homes and local communities, improving patient experience and avoiding unnecessary hospital admissions
- Improving our care by anticipating needs and responding quickly and safely as possible, delivering the right care in the right place at the right time
- Tackling the root cause of health issues and addressing the inequalities that the COVID-19 pandemic has exacerbated

Thank you for helping us develop this strategy of ambitious change and improvements. We look forward to working with you to deliver it to save even more lives, to reduce inequalities and to improve health and wellbeing.

**Tom Steele**  
Chair

**Pauline Howie OBE**  
Chief Executive



# Our Strategy

*“...saving more lives, reducing inequalities, improving health and wellbeing...”*

# Our Strategy

## Our Vision

Saving more lives, reducing inequalities, improving health and wellbeing

## Our Mission

Working together with the people of Scotland, our staff and partners to deliver sustainable and effective care, experience and treatment, anticipating needs and preventing ill health

## Our Values

- Care & Compassion
- Equality, Dignity & Respect
- Openness, Honesty & Responsibility
- Quality & Teamwork

## Our Principles

- We will adopt an equality and human rights-based approach.
- Our services will be planned, designed and delivered around people and their lived experience.
- Ensuring best value, good governance, joined-up working and effective management of resources.
- Implementation will build on evidence and best practice, championing digital and innovation.





# Our Ambitions

*“...we will provide the people of Scotland with compassionate, safe and effective care where and when they need it...”*



We will provide the people of Scotland with compassionate, safe and effective care where and when they need it.

## Realistic Medicine

The care we provide to all of our citizens will be underpinned by the principles of Realistic Medicine, which puts patients at the centre of decisions made about their care.

We will:

- Find out what matters most to the patients we treat
- Treat patients as an equal partner in the decisions about their care
- Share decisions about treatment options so that patients are informed to make the right choice about what's right for them

## Getting the Resources Right

Providing citizens with compassionate, safe and effective care, where and when they need it is enabled by having the right number of people with the right skills and equipment in the right place at the right time.

Across the lifetime of our strategy, we will use data and intelligence to continuously review and model our resourcing requirements for all of our services against the backdrop of wider system recovery pressures, population demographics, reform of the Health & Social Care system and changes this will bring in relation to demand for our services.

Our focus on increasing capacity to meet growing demand will continue by:

- Attracting and employing more staff
- Procuring more ambulances and other response vehicles and equipment
- Implementing shift patterns that are aligned with demand to respond when we are needed
- Increasing the number of locations, co-located with partner agencies where possible
- Training and developing our existing staff and adopting new ways of working
- Designing and implementing new roles with partners to meet changing healthcare needs

This will be supported by the redesign and restructure of our resource planning function to automate processes and improve forecasting, planning and scheduling of resources.



## Connecting and Collaborating

We will further strengthen our relationships with our partners in the wider health and care system to develop the most effective care pathways, provided locally in community settings, with specialist care in hospitals if needed.

Where there are synergies across Emergency Services, Health Boards and other partners, we will develop opportunities to make the best use of our infrastructure, workforce and technology. By collaborating on shared systems and services, we will maximise efficiency and provide the most cost effective services for the public.

## Enhancing our Clinical Model of Care

It is essential that we identify patients that require a time critical response at the earliest opportunity in the 999 call handling process to enable early life saving interventions, prioritisation of our resources, timely response and where necessary, speedy access to specialist treatment.

During the call handling process, if we identify that a time critical response is not required, we will spend more time assessing patient's needs to determine and ensure that patients receive the best and most appropriate care. This may include self-care advice, referral to an alternative care pathway, or a non-emergency or emergency ambulance response.

Highly skilled GPs, Advanced Practitioners and Paramedics now provide, via telephone or video, remote consultations to 999 callers experiencing a non-life threatening emergency to ensure that patients get a suitable ambulance response, or alternative care, that meets their needs. We intend to further improve patient experience and avoid unnecessary hospital attendance by developing these arrangements into a multi-disciplinary Integrated Clinical Hub.

Our enhanced Integrated Clinical Hub will:

- ➔ Respond to patients who present with urgent care needs and appropriate non-immediately life threatening conditions by providing senior clinical decision making support in our Ambulance Control Centres
- ➔ Provide professional decision support to our crews on scene, enhanced through innovative technology
- ➔ Use new innovative technologies that enable remote monitoring of citizens, providing early intervention where necessary and promotion of self-care

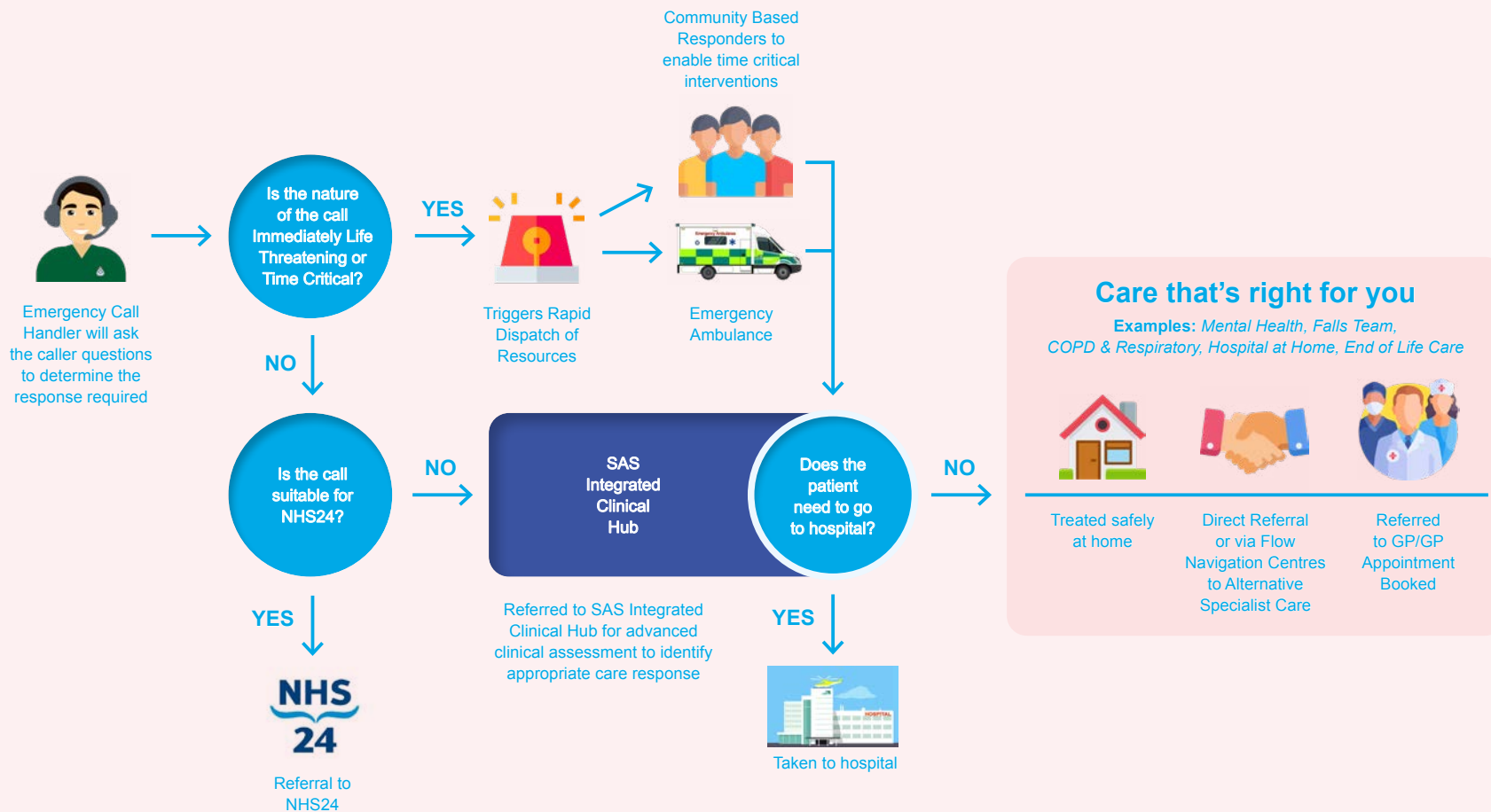
The Integrated Clinical Hub will be complemented with our plans to use data intelligence and lived experience to develop new pathways with citizens and local partners to meet patient needs. This evidence will also enable us to review and refine our clinical response model to ensure patients are prioritised appropriately and receive an appropriate response.

Staff will be supported to use these pathways using a Clinical Pathways Navigator Service which will:

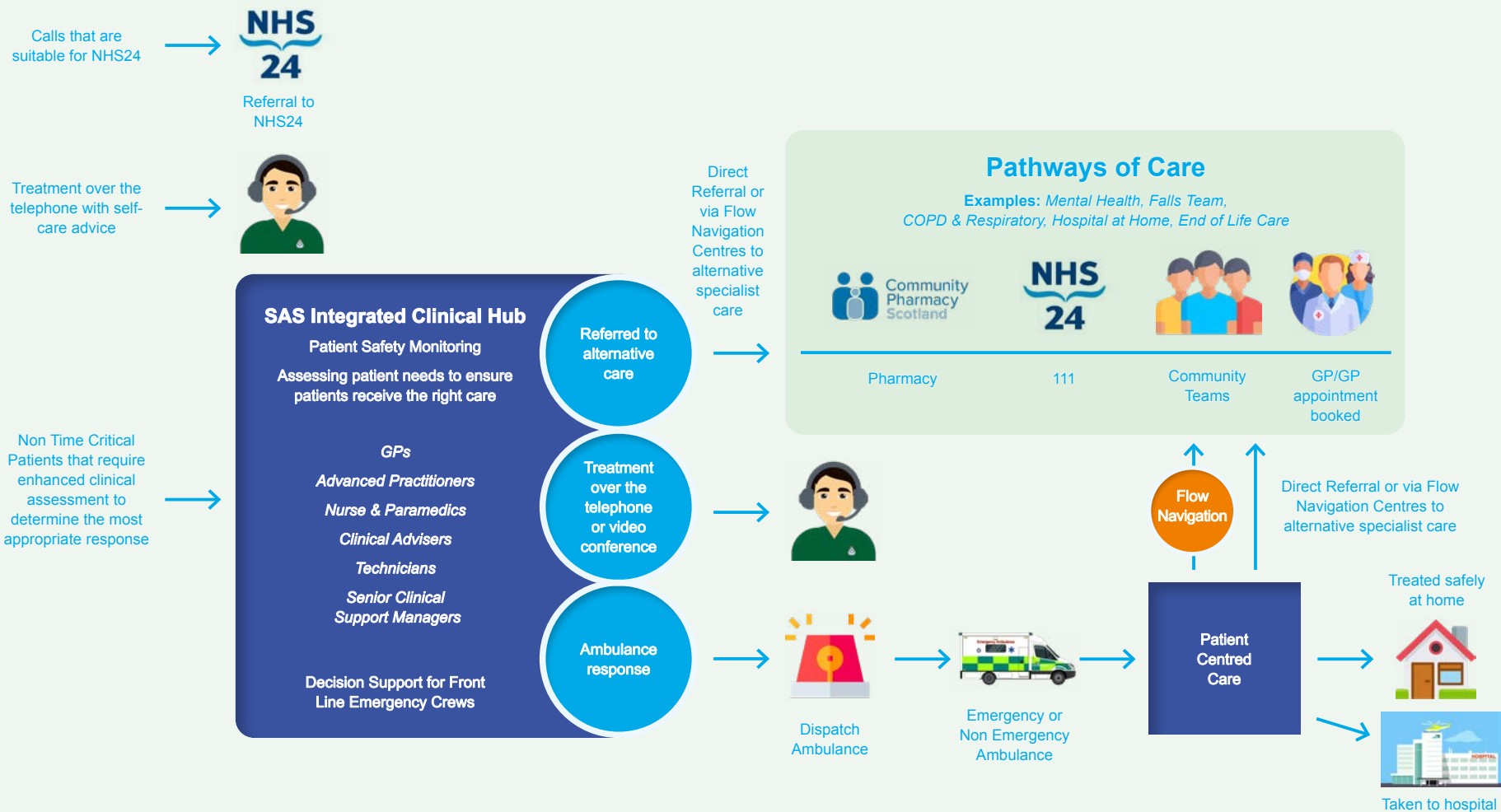
- ➔ Develop a national service directory of all available care pathways showing their operating hours, capacity and access criteria
- ➔ Deliver advice and guidance to our ambulance clinicians about the availability of different pathways of care available to their patients, as alternatives to hospital A&E departments

We will connect our services as seamlessly as possible with our partners, including NHS 24, GPs and Health Board Flow Navigation Centres (central team of nurses and doctors directing patients to the most appropriate care pathway) making it as easy as possible for patients to get the best care and treatment for their needs in urgent and emergency situations.

## How we will deal with your Emergency Call



## How we will deal with your Non Time Critical Emergency or Urgent Call



## Enhancing our Contribution to Primary & Urgent Care

Primary & Urgent Care is experiencing an increase in demand for services while facing increasing workforce challenges.

Paramedics and Advanced Practitioners already work in this area, particularly in providing home visits to patients, and we expect this to continue to develop as part of primary care multi-disciplinary team developments.

We will:

- ➔ Grow our workforce and enhance skills to increase our involvement in Primary and Urgent Care services for both “In Hours” and “Out of Hours” provision
- ➔ Develop procedures and systems to allow appropriately qualified Service clinicians to digitally prescribe
- ➔ Develop our diagnostic capability, equipment and vehicles to deliver mobile testing capability and care to people in their homes



## Saving More Lives & Improving Clinical Outcomes

### Out of Hospital Cardiac Arrest (OHCA)

Every year, over 3000 people in Scotland experience an Out of Hospital Cardiac Arrest (OHCA) which can happen to people of all ages at any time. Over the last 5 years, we have contributed to a significant improvement in survival rates. However, we understand from international experience that even higher rates of survival are achievable; therefore improving survival rates remains a priority for the Service.

We are a key partner in Save a Life for Scotland, alongside other public bodies and organisations, with the principal aims of addressing inequalities in OHCA outcomes, and increasing survival rates from 10% to 15% through the delivery of the OHCA Strategy (2021-26) by:

- ➔ Increasing bystander Cardiopulmonary Resuscitation (CPR) rates from around 65% to 85% by training a further 500,000 people in CPR
- ➔ Increasing Public Access Defibrillators (PAD) use to 20% by using our data to help inform communities where best to place PADs, encouraging 24/7 accessibility, and promoting registration of defibrillators to enable our call handlers to quickly direct bystanders
- ➔ Working with communities and partner organisations such as BASICs, Wildcat, Police Scotland and the Scottish Fire and Rescue Service to explore and develop further opportunities to respond to patients in those vital minutes before our crews arrive
- ➔ Undertaking research projects to improve our understanding of the early identification and stages of the chain of survival, and adapt our education and service delivery model based on the findings

### Major Trauma

We will continue to contribute to improved clinical outcomes for people who experience Major Trauma, life-threatening and potentially life-changing injuries, through the provision of pre-hospital major trauma care. We will:

- ➔ Transition our Trauma Desk within our Ambulance Control Centre to an advanced practice-led Critical Care Desk
- ➔ Support the identification and the co-ordination of our response to all critically ill patients who may benefit from advanced care while providing clinical advice and decision support for our crews
- ➔ Develop the clinical skills and experience of our Advanced Practitioners in Critical Care
- ➔ Introduce adult and paediatric Major Trauma Triage Tools to support our clinicians in identifying major trauma, providing guidance, and identifying the most appropriate hospital to ensure the best outcome for patients

## Stroke

Stroke is one of Scotland’s leading causes of death and the most common cause of severe disability amongst Scottish adults. We currently respond to around 14,000 stroke patients every year and have a key role to play in improving outcomes for people who experience a stroke. We will continue to build on the improvements delivered through the implementation of our last strategy by:

- ➔ Participating in the design of a whole system improvement in the management of stroke patients using Artificial Intelligence and digital developments
- ➔ Designing and implementing enhanced training for ambulance control staff and frontline staff to speed up the time it takes between receiving the 999 call to the patient receiving the appropriate stroke treatment out of, and in hospital
- ➔ Playing an integral role in developing and designing the optimum service for the three regional Thrombectomy Centres

## COPD

People experiencing respiratory difficulties account for around 10% of our demand every year, and evidence shows that a significant proportion of Chronic Obstructive Pulmonary Disease (COPD) patients could be better managed in the community.

We will:

- ➔ Work with partners to establish referral pathways which best meet the needs of patients with respiratory difficulties
- ➔ We will work with partners to introduce and operate digitally enabled self- monitoring and self-care systems for COPD patients. Information from these systems will help inform our most appropriate response when patients call 999

## Our Response to Major Incidents

As a category 1 emergency responder, we have a statutory obligation under the Civil Contingencies Act, to deliver immediate patient care in the event of an operationally challenging event or major incident in order to protect and save lives.

We will:

- ➔ Protect our staff and public, and provide safe and effective patient-centred care
- ➔ Minimise consequential disruption to services, and support an early return to business as usual
- ➔ Maintain capability to respond to other emergencies by increasing the number of trained, appropriately equipped, and protected responders who can deploy to a contamination incident from their regular routine duties
- ➔ Continue to be a key partner in national and local resilience partnerships, and work closely with the other emergency services and across local authorities and local communities. We will build upon these collaborations as we redesign and reform

## Falls

Falls represent around 12% of our emergency calls, with many of these occurring within the patient's own home. We have an important role in ensuring that patients receive the most appropriate response and follow-up.

We will:

- ➔ Increase patients' access to community care pathways specifically designed for people who have fallen, to avoid unnecessary hospital admissions
- ➔ Develop our response to best manage their specific needs, including connection with other services
- ➔ Work with partners to identify people at risk at an early stage and provide a community based preventative role

## Cancer and End of Life Care

The most recent evidence shows that around two-thirds of people with terminal cancer would prefer to die at home with the right support, however less than a third are able to do so. Often people with cancer, or their families, call an ambulance in an emergency, especially when the emergency is towards the end of life and/or in the GP “out of hours” period.

We continually strive to improve how we respond to palliative and end of life care patients, and we have developed a partnership programme of work with Macmillan Cancer Support to help our clinicians and other emergency medical personnel to better support people with cancer, and anyone needing this care.

This innovative programme will:

- ➔ Provide specialist training and support to equip emergency responders from all services across Scotland to respond to the needs of individuals in the place that is right for them, reducing unnecessary hospital admissions and ensuring their end of life wishes are fulfilled
- ➔ Develop professional-to-professional pathways to support staff decision making and appropriate safeguarding when not conveying patients to hospital
- ➔ Improve access to existing patient information to support palliative and end of life care needs
- ➔ Understand and recognise the holistic needs of patients and families at end of life

## Dementia Care

To ensure we support patients experiencing problems associated with, or directly due to dementia in a compassionate and caring manner, we will develop a dementia strategy, to consider and address their clinical needs. We remain committed to the tri-service Dementia Pledge alongside Police Scotland and the Scottish Fire and Rescue Service, ensuring our staff have the knowledge and skills to recognise and support people living with dementia, and treat them and their families with compassion.

To improve our care for patients with dementia, we will:

- ➔ Develop and deliver a dementia strategy
- ➔ Develop and implement dementia-friendly ambulances
- ➔ Develop dementia specific education packages
- ➔ Support all staff to become Dementia Friends in collaboration with Alzheimer’s Scotland
- ➔ Introduce Dementia Champions across Scotland in supporting local delivery of dementia care



## Mental Health

We launched our Mental Health Strategy in May 2022 to ensure we help and support people experiencing episodes of mental ill-health. We continue to provide a person-centred approach to considering all their needs and wishes. We have helped establish the Mental Health Hub in collaboration with NHS 24 and Police Scotland. We have improved training for our staff, and will support the delivery of a new mental health session as part of the BSc in Paramedicine. We have recruited additional mental health paramedics to continue delivering our mental health response vehicles across the country and developed a pathways database in collaboration with the Flow Navigation Hub.

To further improve mental health, we will:

- ➔ Implement our Mental Health Strategy
- ➔ Work to reduce stigma around mental health
- ➔ Continue to strengthen our approach, considering physical and mental health together, ensuring the holistic needs of our patients are met
- ➔ Invest in the development of our staff to enhance mental health care and support
- ➔ Develop and rollout across Scotland our mental health response service
- ➔ Maximise our role as a system connector to ensure patient care needs are identified and supported within the health and care system

## Learning Disabilities

To ensure we support patients experiencing problems associated with, or directly due to their Learning Disabilities in a compassionate and caring manner, we will develop a Learning Disability strategy, which will consider and address their clinical needs: We will:

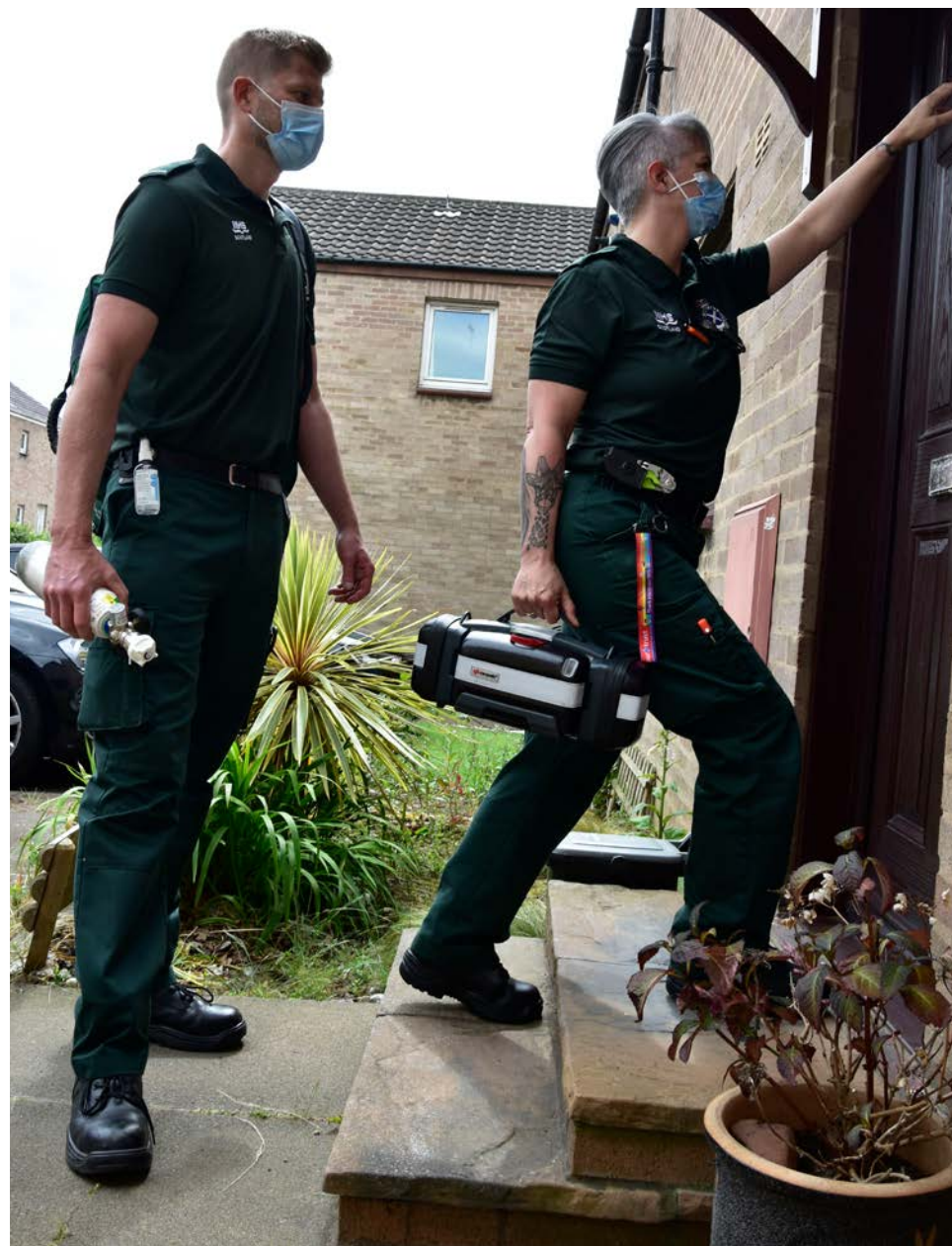
- ➔ Work with communities to understand the challenges facing people with learning disabilities requiring our service
- ➔ Maximise the use of technology to enhance the experience for people with a learning disability requiring our service
- ➔ Work collaboratively with partners to align support for people with learning disabilities in relation to health care and treatment

## Protecting Vulnerable Adults and Children

As part of our duties in public protection, we will strengthen our collaboration across the health and social care system to identify vulnerable adults and children at risk and highlight concerns to the most appropriate services. We will continue to collaborate internationally to learn and influence future practice to improve patient outcomes and experience and ensure staff are well educated and enabled to deliver the best quality care for our patients.

We will:

- ➔ Work with third sector and community teams to support the development of care packages which meet individual needs
- ➔ Support our people to develop their knowledge, skills and competence in relation to supporting vulnerable people
- ➔ Refresh our approach and deliver the ambitions of our Corporate Parenting Plan to work together with formal and local partnerships within services to meet the needs of looked after and accommodated children, young people and care leavers as they interact and come into contact with the Scottish Ambulance Service. This will relate to elements of specific care needs, in employment and employability, as well as through a range of opportunities



## Scheduled Care Services

Our Scheduled Care Service staff provide support to patients who do not typically require the skills of a Paramedic, but require assistance to travel to and from hospital appointments.

Throughout the pandemic we have deployed additional scheduled care resources to manage low acuity patients that could safely be managed by an Ambulance Care Assistant.

This development has reduced pressure on Accident & Emergency resources to enable them to respond to patients with more serious symptoms and has also meant that low acuity patients have not waited as long for an ambulance. We will be building on the success of this as part of our future model.

The pandemic has also resulted in a backlog of patients waiting for planned care. The NHS Recovery Plan seeks to address this through the creation of National Treatment Centres (NTCs), improving productivity through innovation and improvement and cross boundary support between boards.

We will:

- ➔ Work with patients, staff, the public and partners, to design and implement a new updated Scheduled Care Strategy with detailed actions, impacts and outcomes
- ➔ Undertake a Demand and Capacity Review for scheduled care and as a priority, assess the impact of the development of the NTC's and delivery of cross boundary planned care on our resourcing requirements to get patients with a clinical need for transport, to and from hospital appointments, whilst managing our timed admissions and discharge capability to maintain flow through hospitals
- ➔ Design and implement a new patient needs assessment and booking process, embracing technology to increase digital access to the booking process

## How our care package could look by 2030...

Kathleen lives alone in Ballancrosh, a small village in a remote part of South Ayrshire, and has no means of private transport. She has been feeling unwell all day and has a pre-booked video call with her GP surgery at 3pm. The call is handled by NHS 24 who use their triage system to determine that Kathleen requires a further face-to-face assessment, which would be suitable for a home visit from one of the Scottish Ambulance Service Advanced Practitioners. She is added to our practitioner's caseload.

30 minutes later Anna, one of our Advanced Practitioners, arrives at her home in our electric response car. She talks to Kathleen, makes her assessment and informs Kathleen that she would benefit from further specialist tests to make sure everything is okay.

Anna has learned that Kathleen's grandchildren are visiting her in the morning, so she discusses Kathleen's options with her. Due to the time of day and by the time they travel to the hospital 45 miles away, the services she needs are likely to be closed for the evening. This means Kathleen may require to stay in overnight but she does not want to risk missing her grandchildren.

Anna informs Kathleen that the tests she requires can be carried out by the area's Non-Emergency vehicle which can come to her house. Kathleen would prefer this, and Anna advises our Ambulance Control Centre to schedule a visit from the vehicle within the hour. Anna and Kathleen are content that she is not at immediate risk of becoming more unwell, so Anna says goodbye and leaves to attend her next patient.

The crew arrives 40 minutes later and are able to contact the hospital directly by video from Kathleen's house. They assist her in taking blood tests and attaching monitoring equipment. The findings are transmitted electronically, and the doctor is confident that Kathleen can stay at home without further treatment, where she can rest up before her grandchildren arrive in the morning. From first call to finishing the remote consultation, Kathleen's care has taken under 2 hours.

At the end of the week, Anna and the responding crew can see the outcomes of their actions by accessing their clinical quality portfolio through an app on their phones, which offers feedback on the care they provided.



## We will be a great place to work, focusing on staff experience, health and wellbeing.

The health and wellbeing of the people who work for our Service is a key priority that is underpinned by our Health & Wellbeing Strategy 2021-2024 “Being Well” and supporting delivery plan. We strive to deliver a culture rooted in the NHS Scotland values of: care and compassion; dignity and respect; openness, honesty and responsibility; quality and teamwork.

Our Health and Wellbeing Strategy, focuses on the two themes of creating a great place to work, and being well. We have recruited dedicated organisational development, and staff wellbeing teams to support staff welfare. In shaping this 2030 Strategy, our staff have told us that their top priorities are feeling valued, working in a supportive environment, being treated with dignity and respect, and being enabled through supportive working practices.

Recruitment and retention of staff is much less of a challenge for the Service than perhaps other areas of the Health & Social Care system. Over the last few years, despite the pressures of the pandemic, we have continued to see an increase in the number of people applying to join our service, enabling significant growth of our workforce to develop and scale up new and existing services at pace.

The new BSc Paramedic science degree programme is also attracting more students than available course places and has become even more appealing since the introduction of student bursaries.



To ensure we are a great place to work, focusing on staff experience, health and wellbeing, we will:

- ➔ Implement our Health and Wellbeing Strategy
- ➔ Focus our dedicated staff wellbeing teams to support staff welfare, delivery of training, supporting staff mental health and supporting people during sickness absence and returning to work
- ➔ Complete our Demand and Capacity Programme, ensuring we have the right resources in the right place at the right time, reducing shift over-runs, improving time for rest breaks, and reducing 'on-call' arrangements in our remote and rural station locations - annually updating our requirements in partnership with our staff
- ➔ Develop our People Strategy to align with the Scottish Government's National Workforce Strategy, which provides a new framework to shape Scotland's health and social care workforce over the next decade, with training, wellbeing, job satisfaction, and Fair Work principles at its core
- ➔ Link our workforce planning to the National Workforce Strategy, specifically its vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for their work
- ➔ Work with the Scottish Government on future workforce projections and planned further investment
- ➔ Work with National Education Scotland to develop a future route for existing Technicians into Paramedicine
- ➔ Continue to evolve our Education and Professional Development framework, which has had to adapt during the pandemic, by providing more flexible and virtual learning opportunities

- ➔ Continue to work with educational institutions and other agencies to develop communities' skills and create opportunities for employment in Fair Work
- ➔ Support our new graduate programme, ensure a supportive learning environment for students, and develop existing staff skills to ensure we have the right skills and workforce to deliver our strategy
- ➔ Undertake a review of our leadership framework and further develop our leadership and management capabilities, underpinned by our Organisational Development Plan
- ➔ Continue to build an open and supportive culture for our staff through improved communication and engagement and ongoing involvement in how our strategy is delivered
- ➔ Ensure ongoing learning and training for all staff so that they are supported to maintain and develop their skills
- ➔ Encourage a culture of learning from events and sharing experience to continually improve our service to patients
- ➔ Promote an inclusive environment where anyone working for our Service feels comfortable raising concerns of any nature, to support learning, development and improvements to care and systems, with support from our local managers and our Whistleblowing Confidential Contacts
- ➔ Work closely with our people to implement our 'Place and Wellbeing' activities, monitoring staff surveys and 'temperature checks' to understand where our staff wellbeing is improving

## What could this look like for our staff in 2030?

Robin is a part-time Ambulance Technician working in Inchside in the Highlands. He is on dayshift when he is part of a crew sent to reports of a child experiencing a cardiac arrest. They can only detect a slow pulse, and a decision is made to transport the child to hospital as soon as possible.

Robin is interested in the outcome of the care he provided, and he is able to use an app on his phone to access his personal Clinical Quality Portfolio to view feedback, where he learns that the child did not survive after further care in hospital. After learning this news, Robin becomes very low and begins to struggle at work.

His line manager, Eilidh, recognises a change in him, and has a private conversation with Robin about how he is feeling. He shares his concerns, and they discuss the support he required. Eilidh puts Robin in touch with his local Clinical Quality Lead, Fraser, who is on hand to offer additional support and advice to Robin and his colleagues to develop their skills and maintain their confidence.

Fraser advises Robin to access our Wellbeing and Education Portal, where there is an online programme to aid frontline health professionals' mental wellbeing. This has case studies from colleagues who describe similar situations to Robin's and offer advice on how they recovered after difficult incidents.

Robin uses the Portal to identify an upcoming course that he can attend using the dedicated time built into his annual shift allowance for self-directed professional development. Fraser and Eilidh also work with him to make sure that his working arrangements can be flexible enough to support him.

As part of this, Robin requests to work part of his time in a different environment to help him get his confidence back, so he spends time over the next couple of months working as part of a team of clinicians in a local GP practice that has a regular rotation of ambulance staff, where he works under the clinical supervision of a team of doctors, and is also able to develop new skills as a result.

Fraser and Eilidh remain in regular contact with Robin over this period to make sure his confidence and wellbeing at work safely improves, helping him to integrate over time back into rotation on an ambulance vehicle.



We will innovate to continually improve our care and enhance the resilience and sustainability of our services.

## Enabling delivery of our strategy through Digital, Data, Research and Innovation

Delivery of our 2030 Strategy will be underpinned by a commitment to maximise the use of digital, data, research and innovation.

### Digital and Data

Our 2030 digital and data strategy is due to be launched in late 2022, supported by a clear implementation and investment plan which are aligned to national and local priorities and developments.

The strategy has been developed to encompass feedback from staff and the public. The feedback suggests that the collaborative work between our staff, partners and patients to design and implement digital and data solutions is the key priority for our population. This aligns with our commitment to co-design digital and data solutions to meet user needs and expectations, both internally and externally, based around the lived experiences and challenges faced by our service users. Our public consultation also highlighted a desire to better connect people, services and communities through the development of digital and data solutions. This is seen as a key indicator of the public desire to have local access to national services and to harness the power of technology to address health inequalities and to promote better health outcomes for our patients.

## Our Digital & Data Strategy in Summary

### Our Vision

To improve the care and wellbeing of people in Scotland, our staff and our partners by making best use of *digital technologies and data* in the design and delivery of service.

#### Our Population

To enhance anticipatory care and response, improve population health and reduce inequalities through the development of digital and data solutions

#### Our People

To provide our staff with the right digital tools, skills and data to perform effectively within their role.

#### Our Partners

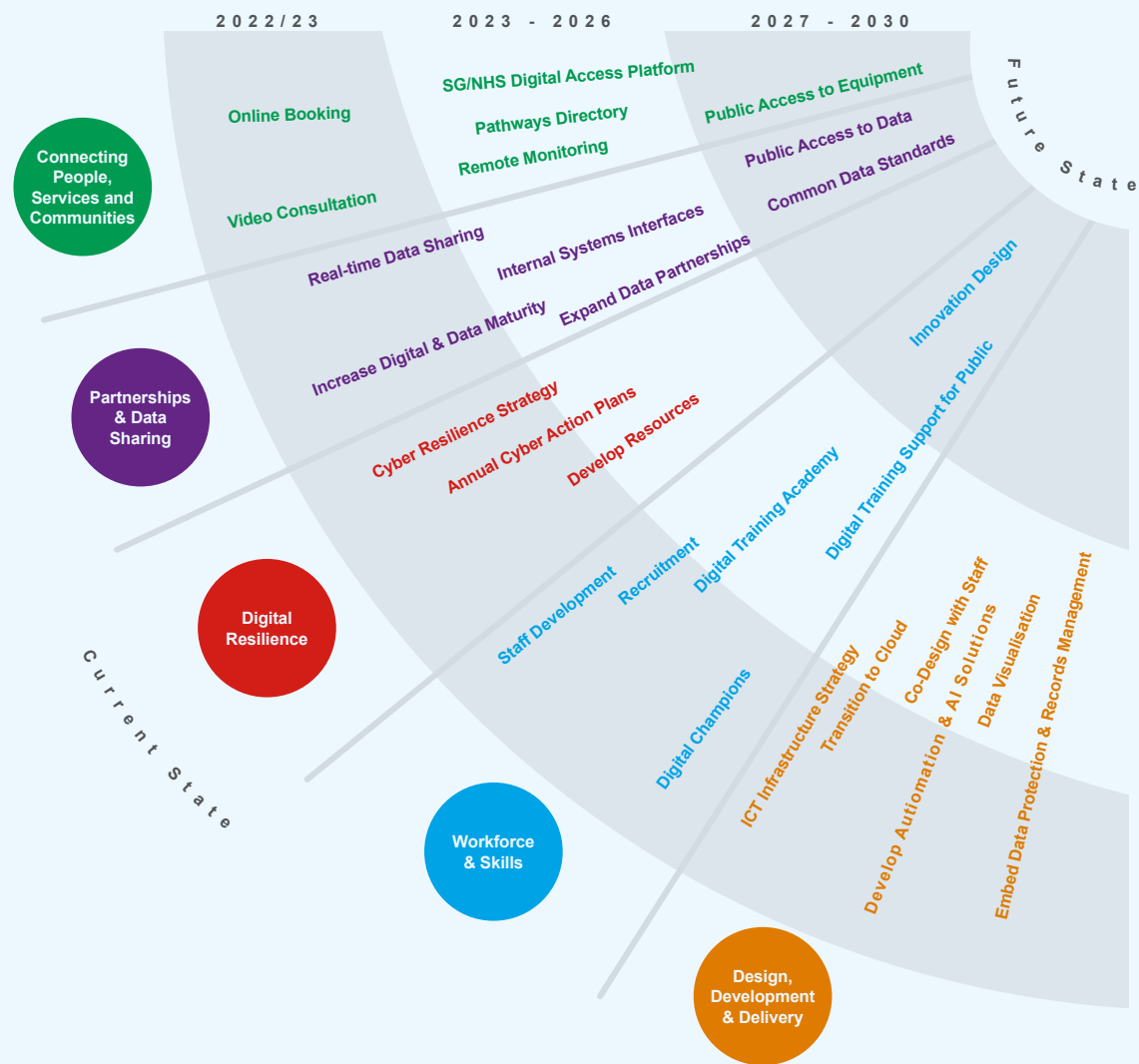
To collaborate with our partners to deliver digital and data solutions supporting best value and integrated planning & delivery of care to our patients.

### Delivered through 5 pillars





## Implementing the strategy



## Research & Innovation

Our aim is to be recognised as a global leader in the provision of ambulance services. We want to create a culture to encourage creativity, innovation, and growth across a progressive organisation. An organisation that strategically links and collaborates with its partnerships to enable a healthier, happier, sustainable, wealthier, and more equitable society.

Our Research, Development and Innovation Strategy sets out how we will increase our work with academic and industry to maximise the research and development opportunities within our Service.



This extends beyond pure project work to also include research and innovation opportunities for staff, including Masters degrees, Ph.Ds and dual clinical research posts.

Our ambitions are to:

- ➔ Refresh and launch our Research, Development & Innovation Strategy in 2022
- ➔ Develop formal collaboration agreements with Universities to co-produce high-impact initiatives across Scotland and work towards becoming a recognised university status national Health Board
- ➔ Provide clinical academic opportunities to our staff who wish to undertake research projects or advanced degrees, such as Masters and Ph.Ds
- ➔ Collaborate with partners to build the infrastructure, data and research necessary to deliver benefits to staff and patients
- ➔ Design and deliver a portfolio of innovation and research projects that directly benefit patient outcomes, such as remote patient monitoring and augmented diagnostic testing
- ➔ Work with Higher Education Institutions to embed research and innovation to equip the next generation of Newly Qualified Paramedics with the necessary research skills
- ➔ Become a test bed for innovative technologies, including cutting-edge robotics and bespoke artificial intelligence

## By delivering innovations, including digital and data enhancements, what could our Service by 2030 look like?

Greta is a 61-year-old who has recently suffered a stroke, and been deemed by her consultant to be at high risk to have a repeat episode. She has a wearable device that constantly monitors her health, and helps those responsible for her care to prevent a deterioration in her condition.

Greta wears this device on her wrist, which continually transmits key health indicators to a number of services. The Scottish Ambulance Service receives an alert that she has been experiencing atrial fibrillation – an irregular heart rhythm that can be an early indicator for stroke – for an unusually persistent amount of time, and an ambulance response is automatically dispatched from our system.

Selina works at our contact centre, and contacts Greta through a communications channel linked to her device to inform her of the alert our system has received and makes further enquiries. During the course of their conversation, Selina receives a further alert generated by Artificial Intelligence software used to examine speech patterns, which suggests that Greta is at increased risk of experiencing a Hyper Acute Stroke. The ambulance response is upgraded to the highest level.

Selina can see from her anticipatory care plan that Greta has family nearby, and she is able to alert them immediately of the developing situation through details stored in Greta's device. She is also able to instantaneously alert Greta's GP and adds to her health records.

When they arrive at Greta's home, the crew are able to update her care record by downloading her health information directly onto their tablet. This tablet enables them to see Greta's medical history, current prescriptions and recent health measurements recorded by her device. This up to date information is also passed to the Interventional Neuroradiology team at the nearest Thrombectomy Centre, so that the team who will take over Greta's care have all of the information they need to act instantly on her arrival.

The crew are able to treat and take Greta to the specialist care centre so that a time critical intervention can be carried out there by experts, to prevent further deterioration, and prolong Greta's life.

Being alerted to Greta's deterioration at the earliest possible opportunity and being able to dispatch the right resource to help her, contributed to her getting a positive outcome on the treatment she received.



We will work collaboratively with citizens and our partners to create healthier and safer communities.

### Our Role as an Anchor Institution

We know communities are shaped by the people who live, learn, work and visit them and the services and assets that serve them. In addition to our statutory duties, as a National Health Board and national Emergency Service working in every community across Scotland, the Service has a key role to play as an anchor institution, engaging with our citizens and partners to help address some of the root causes of poor health in Scotland, to prevent ill health in the future, and improve the wellbeing and safety of our staff and communities.

Our strategy will make a difference to local people. We will do this by working together with local partners including Community Planning Partnerships (CPPs)



We are already positively impacting the communities in which our resources are based by replacing one of our busiest stations located in one of the most deprived areas in Scotland. As part of the development of the new Glasgow South Station, we are working with partner services in creating an integrated community hub to improve local population health, educate people on where best to access health care, and reduce health inequalities. This community hub will be the first in the UK, and will inform how we develop this model across similar communities in Scotland.

We will:

- ➔ Develop Glasgow South Station with our community partners and extend the South Station model across Scotland
- ➔ Roll out our 'Young Minds Save Lives' programme with local schools
- ➔ Work with local businesses to collaboratively improve community health and wealth
- ➔ Work with local and national partners to enable safe, healthy and resilient communities



Glasgow South Station tomorrow (artist impression)



## Air Ambulance

The provision of a national Air Ambulance Service has been a core function of the Service for over 30 years and is a vital lifeline for remote and rural communities across Scotland, 24 hours a day, 365 days a year. It provides a critical clinical service, enabling emergency and urgent care to be provided to patients as they are being taken to tertiary care. The air resources and infrastructure is provided through a contract with a commercial partner with clinical care provided by our highly skilled clinical staff.

Working in partnership, Scotland's Charity Air Ambulance (SCAA) currently also operates two helicopters and two rapid response vehicles - taking life-saving pre-hospital care to the scene of time-critical emergencies. SCAA then transports patients to hospitals all over Scotland to receive the most appropriate medical care.

The current contract for the provision of air ambulance services to the Service is due to end on 31st May 2025. To maintain this lifeline to communities beyond 2025, we will identify and secure a new contract with a commercial partner that can deliver suitable aircraft to support the delivery of emergency and critical care to patients in Scotland.

We will support the strategic development of the service by being flexible, resilient, and as 'future proof' as possible. The aircraft will be equipped to enable the Service to deliver safe and effective care to patients.

## Meeting the particular needs of Remote & Rural communities

There remains a number of wider healthcare workforce challenges associated with remote and rural service delivery including recruitment and retention, on call working and access to affordable housing.

**We believe we have a key role to play in developing the skills of our workforce and working collaboratively with our partners to form multi-disciplinary teams responsive to the needs of the communities we work in.**

The Scottish Government have set out their vision for Scotland to be a world leader in Remote and Rural Health and Social Care provision and to achieve this we are keen to support the development of a National Centre for Remote and Rural Healthcare for Scotland. We collectively recognise that this is a pivotal opportunity to focus on the particular needs and circumstances of remote and rural communities by developing new approaches in the design and delivery of health and care services for remote, rural and island areas together with innovative approaches for growing a sustainable skilled, digitally capable and adaptable workforce.

We will continue to embrace the opportunity to accelerate collaboration in service redesign and delivery in remote and rural areas. Further to this, the investment in reducing on-call working, where necessary, is matched with our collective ambitions to reform and drive further improvements in our services as an integrated part of the health and care system.

## Enhancing the capability of our volunteers

Volunteers play a vital role in supporting delivery of our service across Scotland. BASICS Responders are rural GPs, nurses and paramedics who are deployed to provide immediate care and skilled medical attention for emergencies in their communities until an ambulance or specialist team arrive. Community First Responders (CFRs) and Wildcat Responders are trained to attend emergency calls in their community, aiming to reach a potential life-threatening emergency in the first vital minutes to help provide appropriate care until the ambulance crew arrives to take over treatment. Their interventions are critical, particularly in our remote and rural communities. Recognising the valuable contribution of our CFRs, we continue to explore opportunities to further develop and expand the role of volunteers which will support patient safety, our communities, and the changing needs of our Service.

We will:

- ➔ Further develop the role of CFRs to support patients who require an urgent response, including falls patients
- ➔ Develop CFRs in the use of remote monitoring technology supported by our Integrated Clinical Hub
- ➔ Collaborate with NHS Education for Scotland on the development of the National Centre for Remote and Rural Health and Social Care, supporting general practice, primary care, clinical practice in hospitals, and bring enduring benefits to people in all remote and rural areas of Scotland
- ➔ Work with all our co-responders to enhance our response to patients



## What could the services we offer in our communities look like by 2030?

Craigshields is a large community with high levels of deprivation in the west of Scotland. There is a higher than average prevalence of issues related to breathing difficulties, alcohol dependency and mental health concerns.

When the local Ambulance station was redeveloped, our local leads spent time working with local community members, partner organisations, and public health experts to co-design a new property that is better able to meet the health and wellbeing needs of the Craigshields community. This led to the creation of Craigshields Ambulance and Wellbeing Centre, which provides a space for teams from across a number of agencies to work within the community on a range of issues.

The station has a walk-in facility, staffed in working hours by a joint team of ambulance staff, professionals from across primary and community care, and volunteers for the local community. This facility offers health literacy and advisory services to the people of Craigshields, helping people to better understand their health and how to manage their conditions. This service has a particular focus on helping people understand issues that disproportionately affect their community, such as managing breathing difficulties caused by COPD (Chronic Obstructive Pulmonary Disease).

As well as giving advice, health and charitable organisations run additional services from the centre including mental health awareness and reducing harm from drugs and alcohol; while emergency services colleagues offer advice on fire safety and community safety. Outside of the facility, there is a shared community garden where people from the local area and staff at the Centre are able to grow vegetables, or relax outdoors when not responding to incidents.

The centre also offers education and employment opportunities to the Craigshields community, helping to develop skills for health and wellbeing. These courses are delivered by the centre's health and care teams, and are linked to further education and local authority employability services to help develop economic opportunities for local people.

This development also provides our staff the opportunity to get to know the local people and the issues that affect them. This helps us to prevent potential health issues before they deteriorate, improving our working relationships, and improving the health and wellbeing of the communities we serve.





## We will improve population health and tackle the impact of inequalities.

The introduction of the new National Care Service is the most radical reform to the health and care system in this country since the inception of the NHS in 1948. It is therefore essential that we are actively engaged in development from an early stage to support desired outcomes and improvements for citizens.

**We will also work with our communities and partners to build and develop local services that ensure there is equity of access to all.**

Our ambulance crews will work in multi-disciplinary teams in primary care and communities, putting patients at the centre of decisions about their care.

Access to care information will be available in Gaelic and a range of other languages and through various channels, to reflect the needs of our patients.

To protect our citizens, reduce inequalities and improve equity of access to services, we will:

- ➔ Work with partners to develop primary care multi-disciplinary teams, including social care, with a particular focus on tackling health inequalities
- ➔ Use data intelligence to identify what services citizens need and work with our partners to develop them
- ➔ Transform how care is delivered through the use of new technology, ensuring digital access to health data across services to support improved clinical decision making
- ➔ Enhance our Education and Training for staff to help identify people who would benefit from early intervention to prevent worsening mental and physical ill-health
- ➔ Continue to carry out Equality Impact Assessments where required, for changes to our service provision
- ➔ Identify and support priority groups disproportionately affected by poverty within our own workforce

## Drug Harm Reduction

Scotland has the highest drug deaths in Western Europe. Deprived communities are disproportionately affected and are 18 times more likely to experience a drug related death than wealthier communities.

A national drugs death task force was established in 2019 to help reduce drug deaths and we have played a key role in driving forward the programme of actions developed to reduce avoidable deaths. We recognise that that our actions and the actions of our partners will span the lifetime of this strategy and, as we learn from results, we will innovate and develop our approach.

Our actions to date have saved lives through the distribution of Naloxone, referral of patients to Alcohol & Drug Partnerships and the utilisation of the national non-fatal overdose data sharing pathway.

### What have we done already?

Over 85% of our ambulance clinicians are trained to supply Take Home Naloxone, which rapidly reverses the effects of an opioid overdose.

Over 1450 Take Home Naloxone Kits have been supplied to those likely to witness an opioid overdose.

40% of the people we responded to with drug or alcohol problems were not actively receiving support or treatment.

We have established links with alcohol and drug partnerships to enable us to refer patients to get the support and help they need.

Our focus for the future will be:

- ➔ Working with communities and partners to continue to ensure a wider distribution of life saving, Take Home Naloxone kits
- ➔ Increase treatment choices by supplying Intranasal Naloxone
- ➔ Extending our role in drug harm reduction with the provision of safe injecting equipment
- ➔ Supporting safe consumption facilities where they exist
- ➔ Earlier identification of people at high risk of drug-related harm and helping them to get access to appropriate support services
- ➔ Reducing people's risk of health harms due to their use of alcohol



## How could the work that we are doing around improving population health & tackling inequalities impact our patients by 2030?

Our advanced prevention system alerts Sadiq, a Clinical Intelligence Lead, about Daniel – a patient who has been seen by various health and social services over the last few months, and who has called the Scottish Ambulance Service twice in the last week with issues related to his physical health.

Our system suggests Daniel's needs may be connected to an underlying deterioration in his mental health. Sadiq contacts Mel, a Mental Health Specialist Nurse who works part of her time with the Scottish Ambulance Service. She recognises Daniel as a potentially vulnerable individual.

Mel helps Daniel consider what additional support and care arrangements he might benefit from. They discuss how he would likely benefit from an alternative intervention through access to more appropriate support than an emergency ambulance.

Mel and Daniel agree that she should arrange a discussion with other health and social care professionals to discuss his health and social needs, and his options. Later, representatives from community-based Mental Health services and wellbeing charities, and a GP who knows Daniel from his local practice, meet to take part in a discussion with Daniel and Mel to discuss Daniel's care needs.

They learn that Daniel has been struggling with drugs and alcohol to cope with his deteriorating mental ill health, and they realise that he has complex needs.

They collectively agree on changing the route of care that Daniel receives, and they agree that his mental health should be managed differently. This enables Daniel to remain safely in his home in the short-term, no longer feeling the need to phone 999, and helps him to eventually return to his work.

Recognising that Daniel's case may not be an exception, Sadiq looks for similar patterns elsewhere and sees that there is a number of people that call us after having been in contact with various other services first across Scotland, and that many will continue to do so after they have seen a paramedic.

He shares this information with local clinical leads, so that they can work with others in their area to help prevent episodes of mental ill health from developing and deteriorating.



## We will deliver our net-zero climate targets.

The threat to human health from the climate emergency, both in Scotland and globally, is so serious that climate change has been described as “the biggest global health threat of the 21st century” and air pollution is one of the biggest threats to human life, leading to 7 million premature deaths per year worldwide\*.

The impact of climate change has been more evident in the last few years, with an increase in extreme weather events causing devastating consequences, leading to a disruption in critical infrastructure, communities being cut off, and in some cases delayed care for citizens.



\* <https://www.thelancet.com/countdown-health-climate/about>

## Climate-sensitive Health Risks

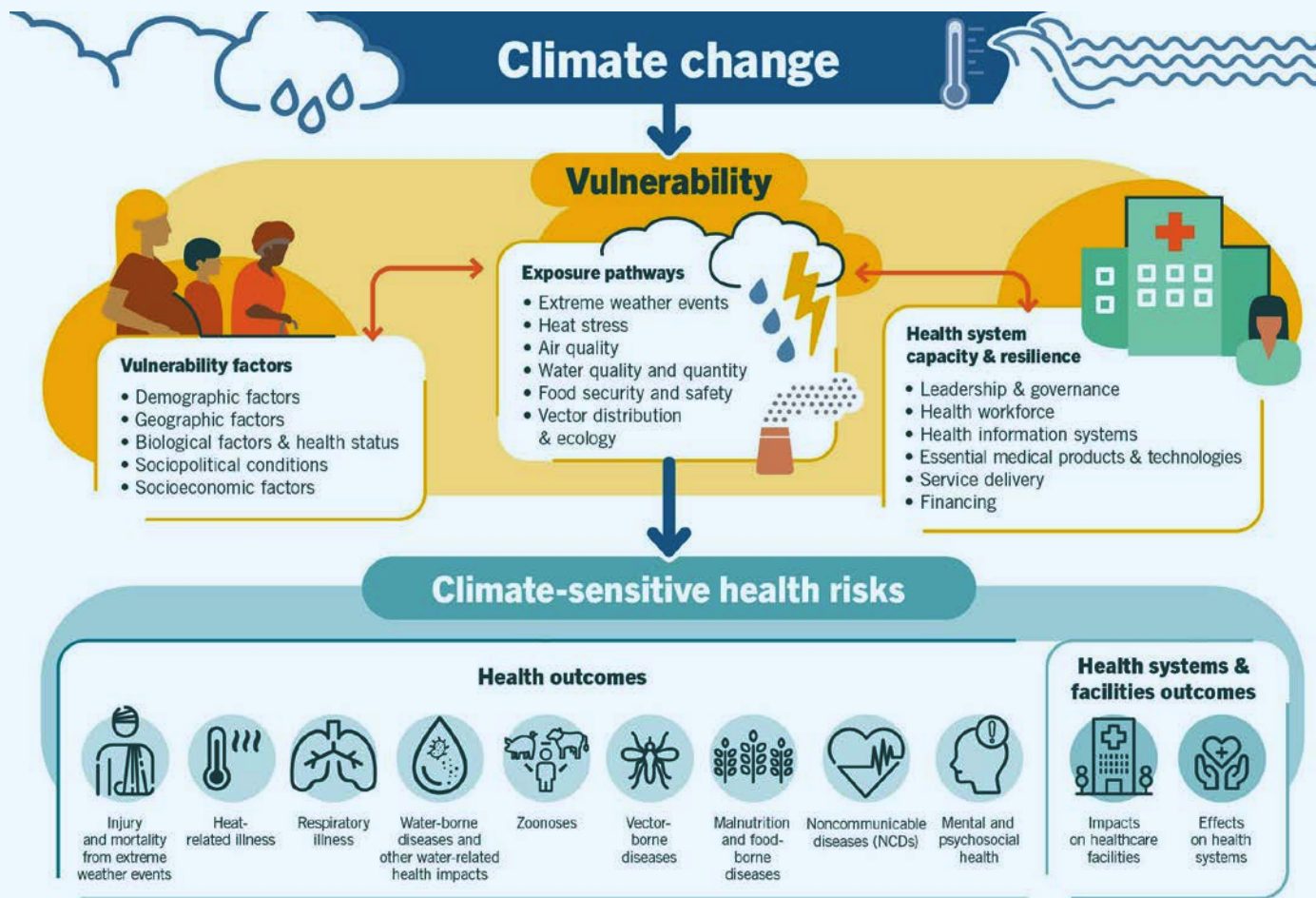


Figure: An overview of climate-sensitive health risks, their exposure pathways and vulnerability factors. Climate change impacts health both directly and indirectly, and is strongly mediated by environmental, social and public health determinants (WHO Climate change and health, 2021).

Reference: World Health Organisation 2021. Climate change and health. [online] Available at: <<https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>> [Accessed 7 September 2022].

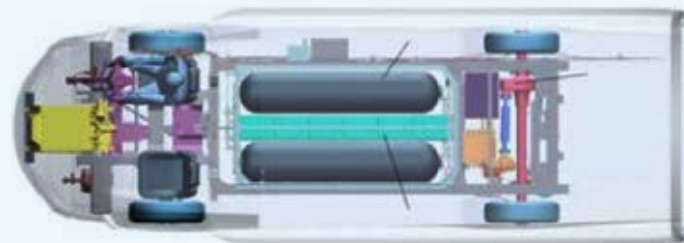
Over the last few years, we have made significant progress in improving our environmental sustainability. Delivery of our 2020 Strategy, 'Taking Care to the Patient' has resulted in more patients being treated over the telephone and in their homes, avoiding unnecessary travel.

We have also been transitioning, primarily, non-front line fleet into electric vehicles and developing our electric charging infrastructure to reduce environmental impact. However we recognise that our front line ambulances contribute to the largest make up of our carbon emissions.

We plan to address this and a number of other key areas through the implementation of our '**Journey to Net Zero**' Strategy' which will focus on:

- ➔ Sustainable care, procurement, buildings and communities
- ➔ Waste management
- ➔ Transitioning to full electric vehicles

## Concept hydrogen ambulance by Hydrogen Vehicle Systems





# Delivery & Governance

*“...our plan will be based on evidence and impacts, to ensure we are investing our time and resources where it is of greatest benefit...”*

# Delivery & Governance

Our plan will be based on evidence and impacts, to ensure we are investing our time and resources where it is of greatest benefit. Successful delivery of this Strategy is underpinned by the NHS Scotland values, embedding a collaborative organisational culture, and taking a human rights-based approach - enabling access for everyone to the right care, in the right place, at the right time.

A one-year operational plan will be developed by July 2022 with a three-year rolling delivery plan in January 2023 to set out how our aims will be delivered. These will be aligned to our three year financial and workforce plans.

There will be five portfolios within our delivery framework each with clear actions and deliverables.

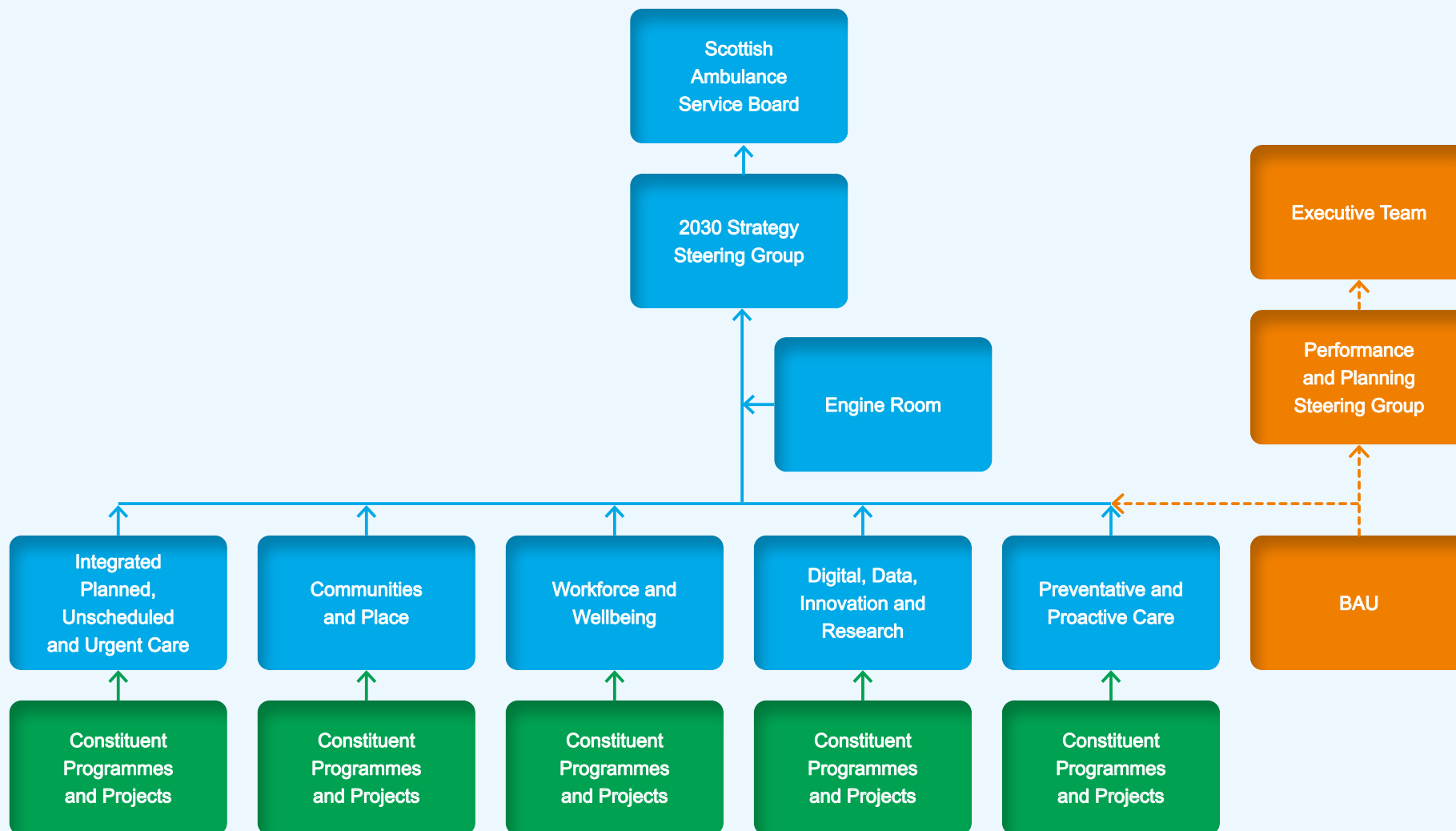


Ambitions	Delivery Portfolios
We will provide the people of Scotland with compassionate, safe and effective care where and when they need it	<ul style="list-style-type: none"> <li>- Integrated Planned, Unscheduled and Urgent Care</li> <li>- Preventative and Proactive Care</li> <li>- Communities and Place</li> </ul>
We will be a great place to work focusing on staff experience, health and wellbeing	<ul style="list-style-type: none"> <li>- Workforce and Wellbeing</li> </ul>
We will innovate to continually improve our care and enhance the resilience and sustainability of our services	<ul style="list-style-type: none"> <li>- Digital, Data Innovation and Research</li> </ul>
We will work collaboratively with citizens and our partners to create healthier and safer communities	<ul style="list-style-type: none"> <li>- Communities and Place</li> <li>- Integrated Planned, Unscheduled and Urgent Care</li> </ul>
We will improve population health and tackle the impact of inequalities	<ul style="list-style-type: none"> <li>- Preventative and Proactive Care</li> <li>- Communities and Place</li> </ul>
We will deliver our net zero climate targets	<ul style="list-style-type: none"> <li>- Communities and Place</li> </ul>



# Delivery & Governance

## 2030 Portfolios & Delivery Structure





# Appendices

# Our Current Service at a Glance

## Our Activity 2021/22



Calls received:

**1,647,858**



Emergency incidents responded to:

**527,286**



Total incidents responded to:

**829,475**



Inter hospital transfers

**32,491**



Planned patient journeys delivered:

**420,468**



Special Operations responses:

**6,599**



Air ambulance service missions flown:

**4,183** with **2,936** transfers and retrievals



Our mobile testing units carried out over

**1.8 million tests**



Our mobile vaccination units vaccinated over

**53,000 people**

# Glossary

Term	Definition
Acute Ill-Health	Conditions which have a severe and sudden onset e.g. broken bones
Advanced Care	Level of practice, practitioners educated to Masters level in clinical practice
Anchor Institution	A large scale employer having fixed assets (ambulance stations) co-designed locally to help prevent some well-known drivers of health inequalities including poverty and unemployment
Chronic Ill-Health	Long-developing syndromes e.g. osteoporosis
COPD	Chronic obstructive pulmonary disease - group of lung conditions that cause breathing difficulties e.g. emphysema, bronchitis
CPR	Cardiopulmonary resuscitation - potentially lifesaving treatment for someone who is unconscious or not breathing normally
Dementia Champions	An individual or group who work to raise awareness about dementia such as providing dementia friends sessions, awareness talks or volunteer to support dementia awareness events
Elective Care	Planned or booked routine care following a referral by a health care professional e.g. outpatient appointments

Term	Definition
Fair Work	Minimum standards to ensure balanced terms and conditions of employment to all workers
Holistic Approach	An approach to health that takes into account the whole individual such as their wellbeing, social, psychological and environmental impacts to support a preventative care approach
Human Rights- Based Approach	To protect the rights of individuals as outlined in the principles of the Human Rights Act 1998 - <a href="http://www.legislation.gov.uk/ukpga/1998/42">www.legislation.gov.uk/ukpga/1998/42</a>
ILT	Immediately life threatening incidents - people at the highest risk of life
Intranasal	Administered through the nose
Macmillan Cancer Support	Charity providing support for cancer patients and their families - <a href="http://www.macmillan.org.uk">www.macmillan.org.uk</a>
Major Trauma	Multiple, serious injuries that could result in disability or death
Major Trauma Triage Tool	Trauma assessment tool used for prioritising patients for treatment or transport according to the severity of their injury
National Workforce Strategy	Details the vision for Scotland's health and social care workforce - <a href="http://www.gov.scot/publications/national-workforce-strategy-health-social-care/">www.gov.scot/publications/national-workforce-strategy-health-social-care/</a>
OHCA	Out of hospital cardiac arrest

# Glossary

Term	Definition
On-Call Working Arrangements	Designated groups of staff rostered to be available for work outside the normal working hours, as and when required
PAD	Public access defibrillator also known as AED - automated external defibrillator
Palliative Care	A medical caregiving approach aimed at optimising patients' quality of life, and mitigating suffering among people with serious, complex illnesses
Paramedicine	Treatment utilising evidence-based practice across a range of settings including, but not limited to, emergency and primary care
Primary Care	Services that provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS
Prof-Prof / Professional-to-Professional	Healthcare professionals offering clinical advice to support decision making in patient care
Realistic Medicine	Principles of person-centred care - <a href="http://www.realisticmedicine.scot/">www.realisticmedicine.scot/</a>
Scheduled Care Service	Non-emergency national transport service for people across Scotland who may require clinical and mobility support while travelling to and from their healthcare appointments
Scottish Trauma Network	Network to improve and optimise the health and wellbeing of the seriously injured - <a href="http://www.scottishtraumanetwork.com">www.scottishtraumanetwork.com</a>

Term	Definition
Thrombectomy Centres	A facility that provides surgical procedures to remove blood clots from inside an artery or vein
Trauma / Critical Care Desk	A multidisciplinary team of co-ordinators, clinicians, paramedics, retrieval practitioners, and advanced retrieval practitioners reviewing 999 calls, co-ordinating the primary response to emergencies involving major trauma, and providing logistical and clinical support to responding resources
Unscheduled Care	Unplanned care which is usually described as an emergency and needs immediate medical care
Urgent Care	Medical care provided for illnesses or injuries which require prompt attention but are typically not of such seriousness as to require Emergency Care



[www.scottishambulance.com](http://www.scottishambulance.com)

