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PUBLIC BOARD MEETING

25 September 2024 Item 06

THIS PAPER IS FOR DISCUSSION

DELIVERING OUR 2030 STRATEGY UPDATE

Lead Director Michael Dickson, Chief Executive

Author(s)	Portfolio Executive Directors (aren Brogan, Director of Strategy, Planning & Programmes										
Action required	The Board is asked to note and discuss portfolios.	rogress in r	elation to	delivery	of the						
Key points	The purpose of the 2030 Strategy Portfolio	o Board upo	date is to								
	 Provide a high level summary of prostrategy Portfolios and demonstrate strategic aims. Provide assurance to the Board that projects that are not within timeline. Highlight any issues or risks that reduced to the Board that projects that are not within timeline. Highlight any issues or risks that reduced to the projects in path to green plans in place for projects in Table 1 – High Level Summary of Projects 	e the impace at mitigating equire escal nade across n Amber or	et on deliver actions a ation to the all portfo	ery of o are in pla e Board blios of	ur ace for d.						
	Portfolio	Green	Amber	Red	Other						
	Portfolio Integrated Planned, Unscheduled & Urgent Care	Green 8	Amber 1	Red 1	Other 1						
	Integrated Planned, Unscheduled &		Amber 1		Other 1						
	Integrated Planned, Unscheduled & Urgent Care	8	Amber 1		Other 1						
	Integrated Planned, Unscheduled & Urgent Care Data, Digital, Innovation & Research	8 10 5 5	1		1						
	Integrated Planned, Unscheduled & Urgent Care Data, Digital, Innovation & Research Communities & Place	8 10 5	1		4 2						
	Integrated Planned, Unscheduled & Urgent Care Data, Digital, Innovation & Research Communities & Place Preventative & Proactive Care	8 10 5 5	1		4						

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Date: 2024-09-25		Version 1	Review Date: November 2024	

Timing	This paper is presented to the September 2024 Board and is a standing item on the Board agenda.
Associated Corporate Risk Identification	4636 – Health & Wellbeing of Staff 5602 – Service's defence against a Cyber Attack 4638 – Hospital Handover Delays 5062 – Failure to achieve Financial Targets 5519 – Statutory & Mandatory training
Link to Corporate Ambitions	 We will Work collaboratively with citizens and our partners to create healthier and safer communities Innovate to continuously improve our care and enhance the resilience and sustainability of our services Improve population health and tackle the impact of inequalities Deliver our net zero climate targets Provide the people of Scotland with compassionate, safe and effective care when and where they need it Be a great place to work, focusing on staff experience, health and wellbeing
Link to NHS Scotland's quality ambitions	SafeEffectivePerson Centred
Benefit to Patients	Patients are provided with the right care, in the right place at the right time, enabling improved outcomes for patients.
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	No equality and diversity points to note. EQIA will be undertaken if necessary on commencement of the work.





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SCOTTISH AMBULANCE SERVICE BOARD

2030 STRATEGY DELIVERY UPDATE

KAREN BROGAN, DIRECTOR OF STRATEGY PLANNING & PROGRAMMES

SECTION 1: PURPOSE

The purpose of the 2030 Strategy Portfolio Board update is to

- Provide a high-level summary of progress around delivering the 2030 Strategy Delivery Plans and demonstrate the impact on delivering our strategic aims.
- Provide assurance to the Board that mitigating actions are in place for projects not within the timeline.
- Highlight any issues or risks that require escalation to the Board.

SECTION 2: RECOMMENDATIONS

The Board is asked to note and discuss progress in relation to the delivery of the 2030 Strategy portfolios.

SECTION 3: BACKGROUND

The 2030 Strategy was developed and launched in September 2022. In November 2022, the Board subsequently established a supporting governance structure consisting of 5 Portfolio Boards and a 2030 Steering Group to ensure effective monitoring and delivery of the strategy. The portfolio boards are chaired by an executive lead and report directly to the 2030 Steering Group, chaired by the Chief Executive. The portfolio boards are supported by a 2030 portfolio manager and a strategy administrator to develop and ensure high-quality, standardised reporting across projects, programmes, and portfolios.

SECTION 4: DISCUSSION

4.1 Summary of Progress

Progress continues to be positive across all work areas, and any delays caused by operational challenges or other factors are being actively addressed to minimise their impact on project timelines. See below for an update on the individual projects.

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Table 1 – High-Level Summary of Project Status

Portfolio	Green	Amber	Red	Other
Integrated Planned, Unscheduled & Urgent Care	8	1	1	1
Data, Digital, Innovation & Research	10			
Communities & Place	5	1		4
Preventative & Proactive Care	5			
Workforce & Wellbeing	7		1	2
Totals	35	2	2	7

4.2 Projects in Other Status

The 'other' category relates to projects in planning or scoping stages. There are 4 Projects within the Communities & Place Portfolio, 2 in Workforce and Wellbeing and 1 in the Integrated Planned, Unscheduled & Urgent Care potfolio. These are listed below:

4.2.1 Preparation for National Care Service

The Scottish Ambulance Service is actively engaged in supporting the development of the National Care Service (NCS).

The NCS (Scotland) Bill passed Stage 1 in February 2024, and progress is ongoing. On Monday, 24th June, the Minister for Social Care, Mental Wellbeing, and Sport, released a set of documents related to the NCS Bill. These documents included proposed draft amendments for Stage 2, offering detailed insights into the ongoing development of the NCS. They are now available on the Scottish Parliament website as the Committee seeks public input over the summer and autumn.

In addition, an early draft of the National Care Service Charter was shared with the Health, Social Care, and Sport Committee. The Scottish Ambulance participated in engagement sessions to support the development of the Charter, which outlines the rights and responsibilities of individuals accessing NCS support. It also provides a clear process for addressing complaints if their rights are not upheld. The summary of the co-design process demonstrates a commitment to stakeholder engagement.

The next National Care Service Forum is scheduled for Monday, 7th October 2024, at the Glasgow Science Centre. This event will provide a platform for continued discussion and input to ensure that diverse perspectives shape the future of the National Care Service, and the Scottish Ambulance will be in attendance.

4.2.2 Anchor Institution Strategic Plan

The Boards Anchor Institution Strategic Plan was developed and issued to Scottish Government on 27 October 2023 and subsequently approved by the Board in November. Further work was also undertaken in March 2024 to develop the supporting baseline metrics.

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A project proposal was submitted to the engine room in August setting out proposed oversight and governance arrangements for monitoring the implementation of the Boards Anchor Strategic Plan in key areas such as procurement, fair work practices, and the use of our land and assets. The proposal was approved and is due to be tabled at the 2030 steering group in September for full endorsement.

This structured approach will ensure that the objectives of our Anchor Strategic Plan are efficiently and effectively met, providing a clear framework for monitoring, governance and accountability, including progress updates to the Board and Scottish Governement. This will also formally be reported through the Communities and Place Portfolio Board.

4.2.3 Community Planning Development

This project is about ensuring that the Scottish Ambulance Service supports the improvement of local health outcomes and equity in community services through strategic participation in Community Planning Partnerships (CPPs).

An analysis of service representation in CPPS throughout Scotland found that 23 out of the 32 CPPs have service representation (72%). Representation varies by region: East (92%), West (62%), and the North (57%).

To improve our current arrangements with CPPs, we are developing a plan to enhance local health outcomes and equity in community services by standardising our strategic participation in CPPs. These measures are expected to improve our collaboration with CPPs, ensuring that our participation is effective and beneficial to local communities.

Since the last update to the Board, a meeting has been set up to agree a detailed plan on how this work will be taken forward. This work is also linked to the stakeholder engagement action agreed by the Board in response to the Blueprint for Governance self assessment.

4.2.4 Community Hubs / South Station Delivery

The Community Hub/South Station development project was established to identify options and develop and Outline Business Case (OBC) for the replacement of Glasgow South Station.

As previously highlighted to the Board, the development of the OBC has been delayed due to national pause in capital funding. Despite this, the Scottish Government has confirmed they would support the project's advancement, to ensure the Service can progress this rapidly as soon as funding becomes more certain however at this stage this is limited. Our engagement with local community members through YMSL paramedics remains ongoing as we continue to gather insights into local needs for the community hub concept.

We continue to work closely with Healthcare Improvement Scotland to meet the engagement requirements set out within the 'Planning with People – Community engagement and participation guidance' (Planning with People) which represents a national

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approach to engagement on appraising different locations for the station. This appraisal will consider both the current location and any newly identified alternative sites.

Additionally, an analysis of population health data is underway to help inform suitable location and services for a community hub. The scoping of the new project request with HubWest will be completed on confirmation of the funding and will form part of a medium-term approach to developing the OBC.

A project board is being established to coordinate this work and linked to the whole system planning approach and timelines.

4.2.5 Reduced Working Week

As set out by the Cabinet Secretary, as of 1st April 2024 it has been agreed that full-time hours for Agenda for Change staff will reduce to 37 per week (pro rata for part-time staff), without loss of earnings.

Due to the short notice of the announcement, it was recognised that Boards would require time to put all agreed aspects of the new policy in place and were asked to work locally in partnership to achieve this.

At the outset, SAS established 2 short life working groups and an oversight group to support early implementation of required changes to our local systems and processes whilst identifying the resources and governance to establish a formal programme of work.

It has been agreed that a Reduced Working Week programme will be established to implement the necessary changes over the next 3 years. Timelines for delivery will be guided by national decisions around the phasing of the reduced working week.

4.2.6 Review of EPDD Training & Education

The review of the EPDD Training & Education model will now commence in the 2025 Financial Year.

4.2.7 People/Workforce Strategy

A new group has been established to assess whether there is a requirement for a people strategy or a delivery plan, taking cognisance of other strategies and delivery plans that are already in place or have recently been refreshed.

4.3 Projects that are back on track

At the July Board, it was highlighted that there were 4 Projects in the Amber Status for delivery. This included, the Resource Planning Project, Digital Patient Handover, Stroke & Thrombectomy and development of the Dementia Strategy.

The Resource Planning Project is back on track.

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4.3.1 Resource Planning Review

This Resource Planning project aims to review and optimise the Resource Planning function. This includes a review of roles and responsibilities, operating hours, systems, processes, reporting, and monitoring arrangements to implement an improved resource planning and scheduling function.

In July, the update to the Board highlighted the progress that had been made across all other aspects of the project with the exception of the structure review which was delayed. It was highlighted that the review of structure is interdependent on a decision on whether or not the national e-rostering system could be developed to meet SAS requirements as this would determine which e-rostering system would be in place in the short to medium term.

A decision was made by the Executive Team in August that the SAS would remain on its current e-rosetering system in the short term due to the following key points.

As of August 2024;

- 1. The new national e-rostering system is not in a position to implement at this stage for frontline operations or National operations without significant risk.
- 2. There has been no further progress on the development of unit hours ambulance visibility, critical functionality.
- 3. The cost of implementation is estimated at **738k** non-recurring over two years
- 4. The minimum additional cost of system administration & maintenance is estimated at **57k** recurring.
- 5. Additional recurring costs for the AIS system and Data Hub are now known to be 21k combined with an annual increase of around 1k each. The National Programme would pick up a further one-off cost for implementation of these.

It should however be noted that since August there have been some further developments and a meeting is due to be held in September to assess further.

Further details on the status of the Digital Patient Handover and development of the Dementia Strategy are detailed later in this paper.

4.4 Projects in Amber Status for Delivery

4.4.1 Dementia Strategy & Implementation

The aim of the dementia strategy project was to develop a dementia strategy and implementation plan in line with the Scottish Government strategy to ensure we provide compassionate and supportive care for patients experiencing problems related to or directly caused by dementia.

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The development of the strategy has been delayed due to resourcing levels. The pathway to green is to secure the necessary funding to appoint a lead of dementia on a permanent basis to take this forward and this will also now be supported by the strategy team.

The Head of Mental Health & Dementia (MH&D) is engaged with Scottish Government delivery/planning group and discussions have been underway about securing ongoing funding.

4.4.2 Stroke & Thrombectomy

The aims of the Stroke & Thrombectomy project is to collaborate with the Scottish Government and Territorial Health Boards to develop and implement a National Thrombectomy Service to achieve optimal clinical outcomes for hyper-acute stroke patients.

The project remains in amber due to the changing landscape and vulnerabilities of the current services. Without a preferred model, SAS will continue to respond to any requests for Thrombectomy Transfers on an ad hoc basis. To date SAS has been able to respond to all requests within the required timescales, to further support improved outcomes for patients.

4.5 Projects in Red Status for Delivery

4.5.1 Digital Patient Handover

SAS currently receive over 2000 calls per week from NHS 24. Implementation of the NHS 24 to SAS digital patient handover will streamline the process for patients and staff and reduce unnecessary voice calls between services.

At the July Board meeting a pathway to green had been developed for implementation of the digital patient handover with NHS 24 with an anticipated 31st July go live date. The critical path to green now requires agreement with NHS 24 on address exception handling which is being followed up by our Project Team and Executive lead.

4.5.2 Rest Periods

The Rest Period project was due to formally close at the end of June. This has been delayed to enable a further discussion to take place regarding the second rest period. A meeting is planned in September and the outcome of this meeting will determine whether the project can formally be closed and managed as business as usual.

Issues and Risks for Escalation

At this stage, no risks across any of the Portfolios require escalation to the Board. All risks are managed through respective portfolio boards or exist on the Corporate Risk Register.

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4.6 Annual Delivery Plan 2024/25 - Q1 Update

The Q1 submission was submitted to Scottish Government on 17th September following agreement at the Executive Team.

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Service Board Portfolio Summary Pack

September 2024

Reporting as of 26 August 2024



Integrated Planned Urgent and Unscheduled Care Portfolio Report – 2030 SSG



Portfolio Lead:

Paul Bassett

Period covered:

27 Jul to 26 Aug

Portfolio RAG

Portfolio Summary

- Progress continues to be made across the portfolio of work with 8 out of 11 projects/programmes on Green status, 1 in Amber, 1 in Red and a New Programme has been established for the implementation of the Reduced Working Week.
- In relation to Air Ambulance, Gama Aviation was awarded the new Air-Ambulance Contract on 26th July, due to commence in July 2026. The contract is for an initial period of seven years and will see the introduction of a brand new, more capable aircraft that will replace the existing fixed wing and helicopter fleet. The End of Project Report will be finalised and presented to the Project Team and Project Board in October for approval. This report will outline the approach for Phase 2 Implementation.
- Following the successful migration of our existing e-rostering system onto new hardware, the Resource Planning project team have held the final review meeting with the supplier and are awaiting the end of project report from the supplier to formally close Server Migration work. A paper was submitted to the Executive Team in August with an update on the national e-rostering system functionality and projected implementation costs and a decision was reached to remain on the existing e-rostering system. In relation to the efficiency element of the project, an SBAR was presented and approved by the Best Value Group on 07/08/2024 to move forward with the implementation of an email messaging solution. This change is expected to result in savings of around 40k this year with a full year effect of 90-100k.
- For Scheduled Care Improvement, the Scheduled Care Improvement New Project Proposal has been approved by the 2030 Steering Group. All the identified workstreams have started as they were part of the previously approved Scheduled Care Transformation Programme scope. A Project Board has been established to coordinate the delivery of the workstreams.



Integrated Planned Urgent and Unscheduled Care Portfolio Report – 2030 SSG



Portfolio Lead:

Paul Bassett

Period covered:

27 Jul to 26 Aug

Portfolio RAG

Portfolio Summary

- Good progress continues to be made across all clinical work streams.
- The Stroke & Thrombectomy project remains in amber due to the changing landscape and vulnerabilities of the current services.

 Without a preferred model, SAS will continue to respond to any requests for Thrombectomy Transfers on an ad hoc basis. To date SAS has been able to respond to all requests within the required timescales, to further support improved outcomes for patients.
- In relation to the digital patient handover with NHS 24, the anticipated go live date of the 31st July has now been further delayed. The critical path to green requires agreement with NHS 24 on address exception handling. This is being followed up by our Project Team and Executive lead.
- The Maternity and Neonatal Project has now gained some momentum, and The Neonatal Transport Service are now undertaking a
 workforce review in line with the released data modelling, following a devised options appraisal process to understand feasible
 options which may be available.

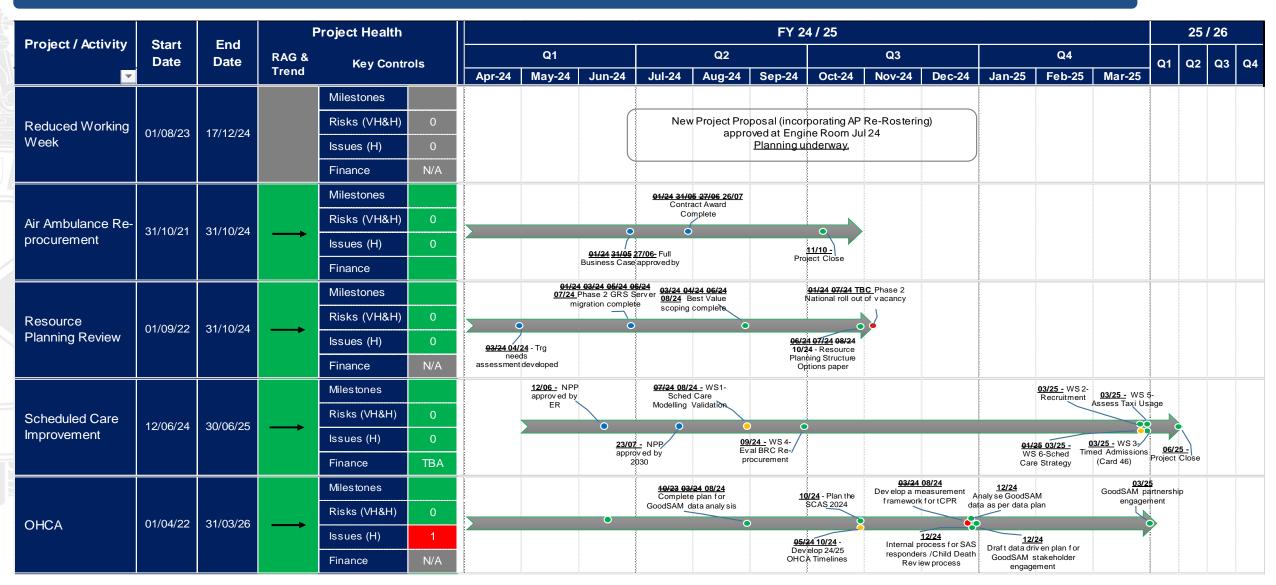


Integrated Planned Urgent and Unscheduled Care Portfolio Report – 2030 SSG

Portfolio RAG

Paul Bassett Period covered: 27 Jul to 26 Aug







Integrated Planned Urgent and Unscheduled Care Portfolio Report – 2030 SSG

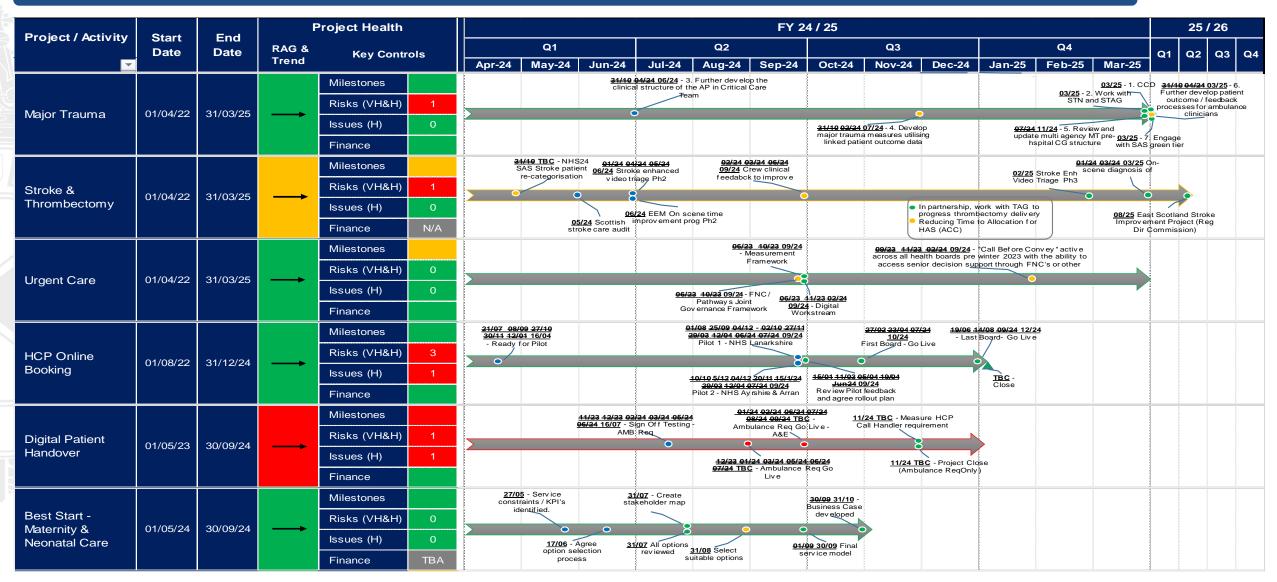
Portfolio RAG

Paul Bassett Period covered: 27 Jul to 26 Aug



Portfolio Timeline (Continued)

Portfolio Lead:





Communities and Place Portfolio Report – 2030 SSG



Portfolio Lead:

Jim Ward

Period covered:

27 Jul to 26 Aug

Portfolio RAG

Portfolio Summary

Specific key points for noting are:

- Volunteer Enhancement In the last quarter the CFRs and the Wildcat responders attended over 1500 calls. Significant interest within communities with 4 training courses this month and next for new recruits.
- Mental Health Strategy Mental Health collaboration action 15 funding for 24/25 funding letter received with full allocation as requested awarded.
- Dementia Strategy: SAS representation on national Dementia Strategy Delivery Group and SLWG. Positive conversations with Unit head at SG regarding Dementia Lead resource, awaiting funding decision.
- Community Hubs: Engagement with local community members remains ongoing as we continue to gather insights into local needs for the community hub concept. Additionally, efforts to collect population health data from surrounding areas are in progress.
- Community Planning Development: It has been agreed to pause this project proposal until such times as there is a clearer understanding of the specific ask within the ADP which is aligned more with territorial boards.
- The Young Minds Saves Lives Project: GCC are supportive of extension of the YMSL project within the existing pilot schools
 (Shawlands Academy & Holyrood Secondary) and two further schools within Castlemilk, and Hollybrook Academy, an additional
 learning needs school. A future strategy paper is currently being drafted the aim being to present this to the Executive in October for
 guidance on the future of YMSL beyond this pilot project.
- UNCRC SAS Service Lead and Project Lead are now core members of the national UNCRC Health Leads Network.
- NCS The next National Care Service Forum is scheduled for October 7th, 2024, with SAS attending.



Communities and Place Portfolio Report – 2030 SSG

Jim Ward

Period covered: 27 Jul to 26 Aug

Portfolio RAG



Duntant / Anthritos	0		F	Project Health					FY 2	4 / 25							25 /	26
Project / Activity	Start Date	End Date	RAG &	Key Contro	nle.	Q1		Q2			Q3			Q4		Q1	02	Q3 C
▼			Trend)is	Apr-24 May-24 Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		QZ	43 6
				Milestones		31/03 - Explore opportunities to use new tec to suppoint the enhanced deployment of volu												
Volunteer	04/04/00	04/00/04		Risks (VH&H)	0	and support improved clinical decision ma	king.			OING - Englisations to s								
Enhancement	01/04/22	31/03/24	\rightarrow	Issues (H)	2	31/03 - Explore further opportunities to			collaborativ		ies for a bro	ader rollout						
				Finance	N/A	extend the role of CFRs and Volunteers							7					
				Milestones		04/24 - Education - Continue planning and delivery of mental health education					94/2 Upd	4 12/24 - ScotST ated Risk Asses	AR and					
Mental Health	04/44/00	04/40/04		Risks (VH&H)	0	/ learning.					·	Education						
Strategy	01/11/22	31/12/24	\rightarrow	Issues (H)	1	04/24 - Pathway dev 42/23 04/24 06/2	4 - <u>04/24</u> 08/2	4 - Suicide - cre	ate <u>04/24 09/</u>	24 - Psycologica								
				Finance		and implement of SG Unscheduled Care Matrix Patriway dev Psy chiatric Emergency Pla (PEPs)	ns undertake	suicide intervent ention training.	payon	ological traumaki k to the Org. De	nowledge & skillo velop delivery pla	d an.						
				Milestones								12/24 - Develop egy for approval b						
Daniela Ofrataria	04/44/00	31/12/24		Risks (VH&H)	0						Exe	c Team						
Dementia Strategy	01/11/22	31/12/24		Issues (H)	2					/23 07/23 09/23								
				Finance	N/A					unding from SG, internally appoin			/24 09/24 / 24 - Close					
				Milestones		31/03 - Set up H dashbaord, c	eat and	31/08 - QI pri to dev elop p	lan for									
High Intensity Use & Vulnerable	31/07/22	31/08/24	→	Risks (VH&H)	2	distribute autom	ted reports	supportive	letter									
& vuinerable Groups	31/01/22	31/06/24		Issues (H)	0	31/03 - Scoping exercise into HIU by		31/08	ONGOING -									
				Finance		Care Homes alongside			ation with variou ards and hospita									
				Milestones		96/10 17/11 30/11 12/04 - 07/06 Ph2 Tr Second stage Co-design of complete			9/03 03/05 28 31/08 - Trg reco	/98 09/24 - Ph3 mmends & rollo	18/10 - Option			31/01 - Pilot complete				
Young Minds Saves	20/06/23	20/02/25		Risks (VH&H)	1	Second stage Co-design of complete course f ramework complete course f ramework complete course designed		lings	roles filled									
Lives	20/06/23	28/02/25		Issues (H)	2	29/03 08/04 28/03 03/05	26/06 Final		9/24 Post	28/02 10/24 -	YMSL Q3	Phase 3 Delivery	1					
				Finance		Graphic Des Phase 1 trg cse deliver L 26/04 Final complete 06/05 Ph Less/Grad designed commer	2 Trg	e interv	ention survey 09/24 Sust expand Y	future strategy ain & VISL	agreeu							



Communities and Place Portfolio Report – 2030 SSG

NHS

Portfolio Lead:

Jim Ward

Period covered:

27 Jul to 26 Aug

Portfolio RAG

Portfolio Timeline (continued)

Start Date	End Date	Project Health				FY 24 / 25												25 / 26			
		RAG &	Kev Contr	Key Controls		Q1		Q2			Q3			Q4		Q1	Q2	Q3	Q4		
		Trend			Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25					
	31/03/24	→																			
01/09/22						Awaiting 24/	25 Delivery Plan														
			Issues (H)																		
			Finance																		
	ТВА	ТВА	Milestones	ТВА																	
ТВА			Risks (VH&H)	ТВА		Will comn	mmence once NCS is	NCS is give	n SG approval		\Box										
			Issues (H)	ТВА																	
			Finance	ТВА																	
	ТВА	ТВА	Milestones	ТВА																	
ТВА			Risks (VH&H)	ТВА	N	ew Project Proposal ap	roved at En	gine Room A	ug 24	\Box											
			Issues (H)	ТВА		,	Plannin	g underway.		-											
			Finance	ТВА																	
ТВА	ТВА	TBA	Milestones	ТВА	To be scoped for 24/25 delivery																
			Risks (VH&H)	ТВА																	
			Issues (H)	ТВА																	
			Finance	ТВА																	
ТВА	ТВА	ТВА	Milestones	ТВА	To be scoped for 24/25 delivery																
			Risks (VH&H)	ТВА																	
			Issues (H)	ТВА																	
			Finance	ТВА																	
20/42/22	31/12/24	>	Milestones									<u>31/12</u> - Pub templa	ish toolkit and re ite for Exec Tean	eporting n							
			Risks (VH&H)	0					09 - Write & publinaly sis f <u>or Exec</u>												
30/12/23			Issues (H)	0					31/1	E .				•							
			Finance	N/A		n	ew workstreams		fo	re reporting mo	mitoring	reco									
	Date 01/09/22 TBA TBA	Date Date	Start Date Date RAG & Trend 01/09/22 31/03/24 TBA TBA TBA TBA TBA TBA TBA TBA TBA TB	Start Date End Date RAG & Trend Key Contr 01/09/22 31/03/24	Start Date End Date RAG & Trend Key Controls 01/09/22 31/03/24 ■ Milestones Risks (VH&H) Risks (VH&	Start Date Date RAG & Trend Trend Apr-24	Start Date D	Start Date Date RAG & Trend RAG & Trend RAG & Trend Rag & Risks (VH&H) Risks (VH&H	Start Date Date	Start Date D	Start Date Date	Milestones TBA TBA	Start Date D	Start Date Date	Teach Date Date	Teal	Table Date Date	Table Date Date	Table Tabl	Tight Tigh	



Digital, Data, Innovation and Research Portfolio Report – 2030 SSG



Portfolio Lead:

Julie Carter

Period covered:

27 Jul to 26 Aug

Portfolio RAG

Portfolio Summary

Overall good progress continues to be made across all projects within the portfolio with work ongoing to progress the 2024/25 Digital & Data Delivery Plan projects/work-streams in line with the agreed milestones.

The Digital Maturity Assessment was submitted and approved by the agreed target date. SG have stated that they are aiming to have an updated National Average score by the 22nd of September. This score will be based on approximately half of all Health boards. The current scores have been shared at the DDIR Board Meeting and it was agreed the action plan would focus on this scores where SAS is lower than the national average. An update on the actions will be presented at the November meeting.

The Digital Delivery Plan for 2024-25 has now been reviewed at the DDIR Project Board and shared with key SAS stakeholders.

The GRS Timecard plan has been re-baselined with Full system upgrade incorporating Timecard development and hot fixes to resolve known issues scheduled to be applied to Test 28th August. The E-Rostering team will undertake UAT with a Live upgrade pencilled in for early October, issue dependant. The new go-live date is planned for February 2025.

Work is ahead of schedule for the Wi-Fi refresh project. An updated plan has been produced that completes the project by end December 2024. As of 26th August, 107 sites (70%) have been completed, with 45 (30%) remaining.

The Digital Workplace Project continues to work at pace. The SharePoint migration has officially finished but has had some minor issues, plans are in place to mitigate this. Risks and issues will be reduced within the next month.

The CAELUS Research study into bystander interaction complete as of 26th July. Ambition is to publish results in multiple publications. SAS have presented at the CAELUS stakeholder Event in Bio Quarter on 21st August. Data modelling of drone locations provided in draft and working with University of Strathclyde to finalise clinical assumptions. It is intended the final project report will be presented to the November meeting. Given the success of this project, the Project manager also discussed a range of further funded projects that SAS are pursuing.

Research and Innovation is going well. For research, there has been a lot of work completed within the reporting period. There are many studies in progress and in planning stages. For innovation, a second draft for CSO Remote Patient Monitoring will be submitted in September. A national Point of Care Testing (POCT) group is being established across NHS services with good engagement from the SAS team. This creates a range of potentially innovative approaches to reduce unnecessary hospital admissions if testing could be undertaken by SAS staff on scene.

The Inphase Project Board approved the SBAR recommendation to Go Live with Risk / Incident and Feedback Apps in mid-January 2025, so project has been re-baselined based on this decision with milestones amended as required. DPIA / SSP documents have been drafted in order to have these signed off asap. This is required to progress the Single Sign On work required via NSS and to begin testing the Mobile Reporting functionality for sas staff. Communications Plan has been drafted for Project Board approval and the Training Plan will follow.

For use of AI in the Ambulance Control Centres the formal project initiation is progressing well. Significant work is ongoing in relation to data protection and further update to the impact assessment is required which may have an impact on the target delivery dates, but this provides a good baseline for further similar AI projects. Estimated completion is circa October 2025.



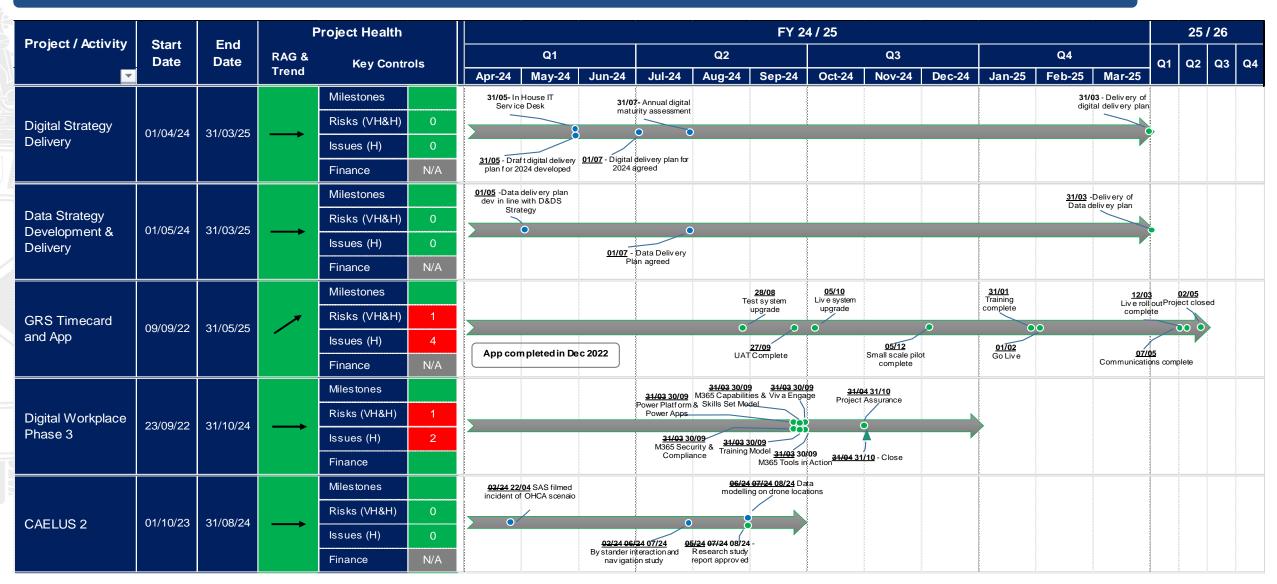
Digital, Data, Innovation & Research Portfolio Report – 2030 SSG

Period covered:

Julie Carter

27 Jul to 26 Aug Portfolio RAG







Digital, Data, Innovation & Research Portfolio Report – 2030 SSG

NHS SCOTLAND

Portfolio Lead:

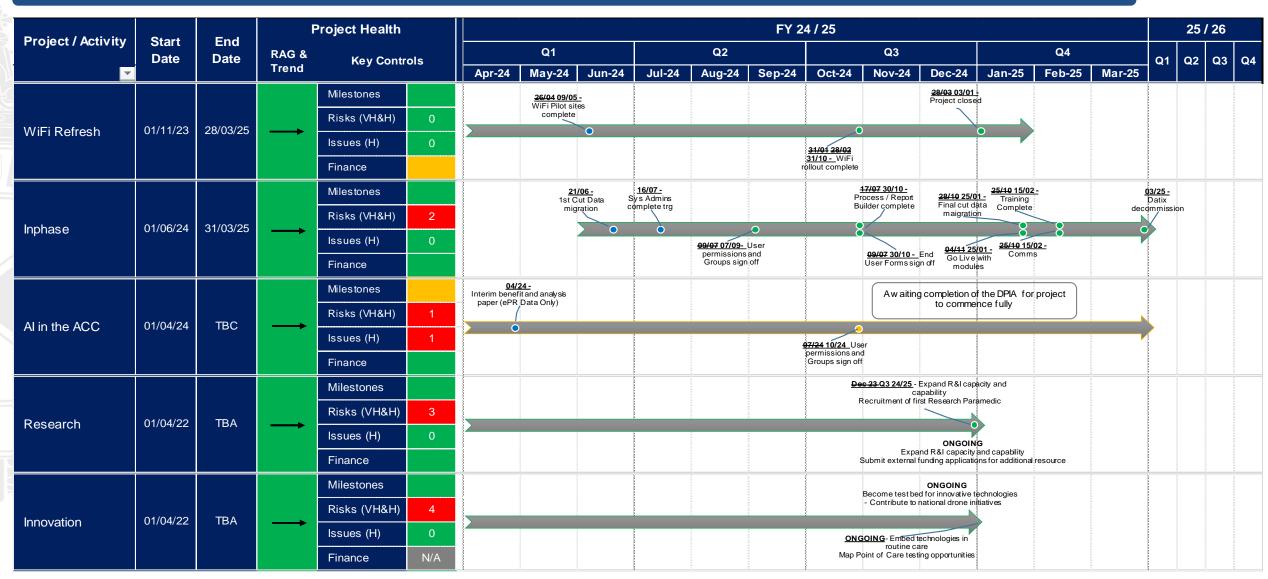
Julie Carter

Period covered:

27 Jul to 26 Aug

Portfolio RAG

Portfolio Timeline (continued)





Preventative and Proactive Care Portfolio Report – 2030 SSG



Portfolio Lead:

Jim Ward

Period covered:

27 Jul to 26 Aug

Portfolio RAG

Portfolio Summary

- Progress continues across each of the clinical workstreams within this Portfolio with extensive engagement with both internal and external stakeholders being a key feature of this work. The Pathways, End of Life Care and Drug Harm Reduction teams have developed excellent relationships with operational and regional management to support successful delivery of these workstreams in particular. Beyond the scope of the work the current focus is on developing associated evidence to secure ongoing funding for the End of Life Care and Drug Harm work which is due to end in March 2025.
- The Drug Harm Reduction team continue to focus on Implementation of near-fatal overdose (NFOD) pathway that automatically connects those most at risk of drug-related harms to statutory services in their health board area within 72 hours. The team alongside the Business Intelligence team are reviewing a visual mapping system for drug incidents in a phased process.
- The impact of the Pathways work continues to be evidenced both through the regional teams and the Pathways Hub. The hub has focused recently on increasing the use of MS forms to enable digital referral for clinicians particularly during the out of hours period. Enabling clinicians to use personal issue mobiles to complete referrals and improve the staff experience compared to leaving voicemails.
- The End of Life Care work also has a broad reach with education and training of frontline clinicians and wider external stakeholder engagement. Feedback from patient and carers has been sought and highlights the positive impact of SAS being able to support patients and their families at home taking into consideration the patient's wishes. Just in Case medication usage has increased and is now showing the highest level since the beginning of collecting this data.
- Our work in partnership with NHS24 and GP OOH services continues to progress, and a significant step forward has been the collection of patient experience data.
- Our plan to support improved understanding of our ability to influence and impact health inequalities has been developed and has an associated timeline to
 March 2025 for phase 1. Health Inequalities was the hot topic for the August Clinical Governance Committee and was well received. Further updates on
 progress will reflect our baseline data across a number of areas.

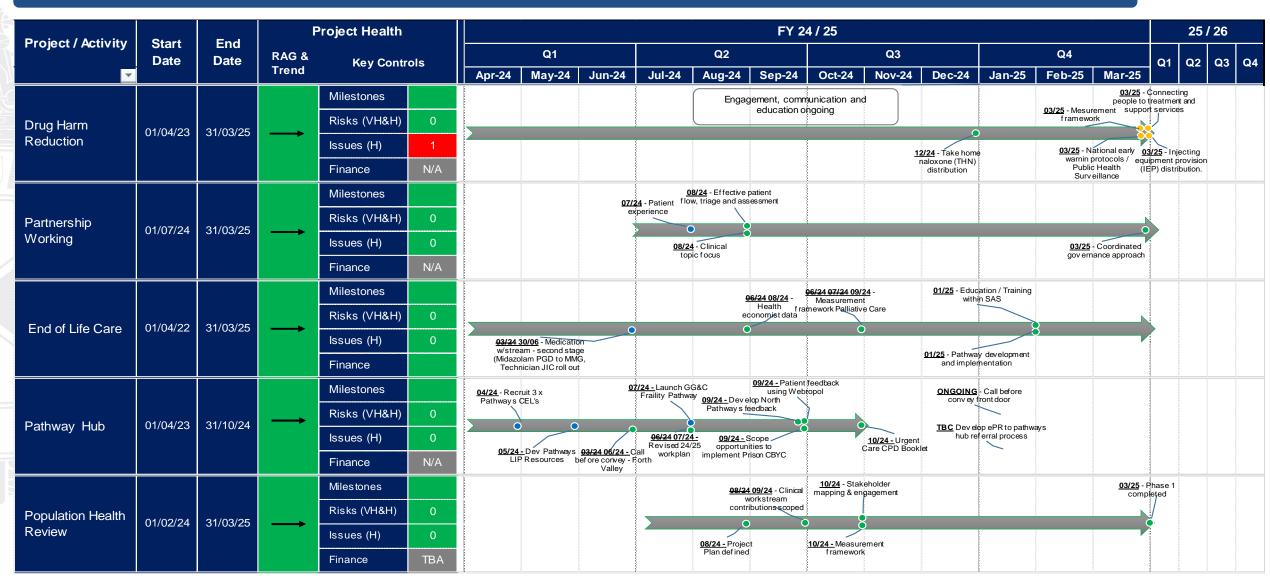


Preventative and Proactive Care Portfolio Report – 2030 SSG

Jim Ward

Period covered: 27 Jul to 26 Aug Portfolio RAG







Workforce and Wellbeing Portfolio Report – 2030 SSG



Portfolio Lead:

Graeme Ferguson

Period covered:

27 Jul to 26 Aug

Portfolio RAG

Portfolio Summary

The overall direction of the Portfolio Board remains broadly on target and considerable progress is being made across all the individual projects.

- The Health and Wellbeing Strategy (2024-2027) was presented and approved by the Board on the 31st of July 2024. Two project milestones have been completed to support the theme of 'Healthy Workplace' and two project milestones have been completed to support the theme of 'Healthy Mind'.
- The leadership and management training and development is progressing well, with a very clear focus on equipping all our managers with a comprehensive toolkit of skills.
- The implementation of the first rest break change is complete. Plans to close the group in June and hand over to ongoing governance have been paused pending a further meeting requested by staff-side colleagues to discuss further options for second rest breaks. This was scheduled for August but has been postponed. A meeting will now take place in September.
- Initial work to establish a SAS wide Workforce Data Review Group has been achieved with Terms of Reference agreed. A Workforce Data Review Workshop was held on 20th August 2024 with invited stakeholders from across the service. Stakeholders were asked to discuss what workforce metrics should be were seen as most useful for line managers and should therefore be prioritised. The output of the workshop will be used to develop a proposal paper indicating required resources and indicative timelines for a workforce data warehouse as a single source of workforce data for the service.
- An Emergency Services collaborative event took place on 19th July on Sexual Equality and Tackling Misogyny. This event launched the collaborative piece of work with Police, Fire and SAS. A number of managers have now undertaken the e-learning module on Turas for Managing Sexual Harassment in the workplace.
- The construction of TURAS Learn sites and transfer of content from LearnPro has begun. Scoping work to establish statutory and mandatory content for individual SAS job roles continues. This is an identified requirement to establish a governance process around what training modules are uploaded to TURAS Learn.



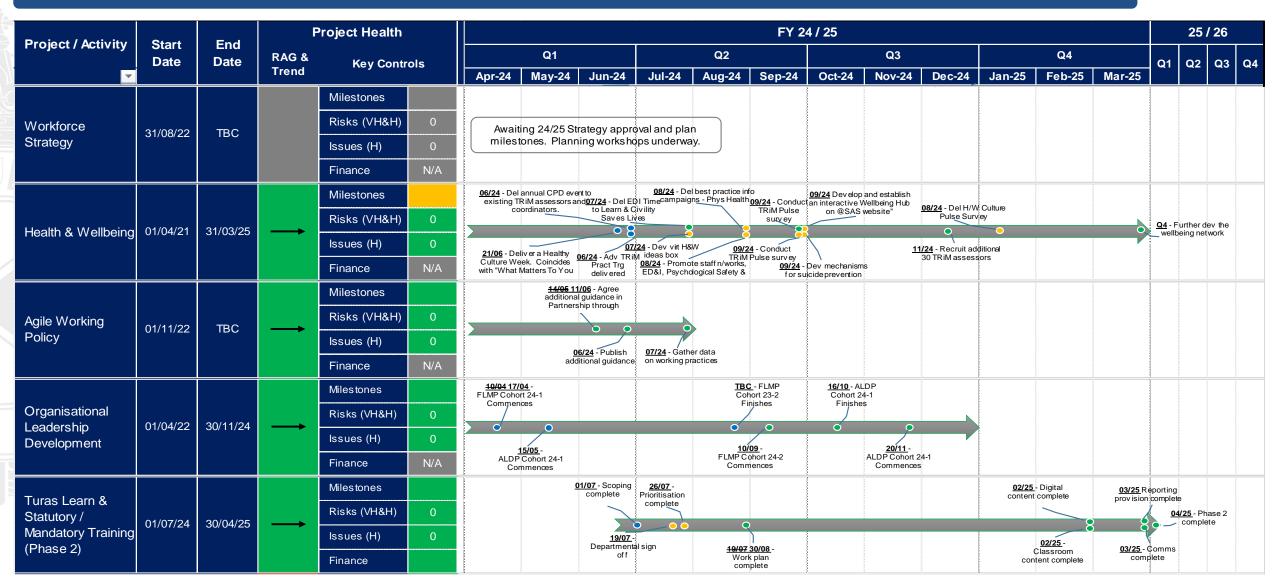
Workforce and Wellbeing Portfolio Report – 2030 SSG

Graeme Ferguson

Period covered: 27 Jul to 26 Aug

Portfolio RAG







Workforce and Wellbeing Portfolio Report – 2030 SSG

NHS

Portfolio Lead:

Graeme Ferguson

Period covered:

27 Jul to 26 Aug

Portfolio RAG

Portfolio Timeline (Continued)

