



### **NOT PROTECTIVELY MARKED**

### **PUBLIC BOARD MEETING**

**Lead Director** 

Date: 2024-07-31

31 July 2024 Item 06

# THIS PAPER IS FOR DISCUSSION

### **DELIVERING OUR 2030 STRATEGY UPDATE**

Michael Dickson, Chief Executive

Author	Portfolio Executive Directors Karen Brogan, Director of Strategy, Planning & Programmes					
Action required	The Board is asked to note at the 2030 Strategy portfolios.	The Board is asked to note and discuss progress in relation to delivery of the 2030 Strategy portfolios.				
Key points	<ul> <li>The purpose of the 2030 Strategy Portfolio Board update is</li> <li>Provide a high level summary of progress around de 2030 Strategy Portfolios and demonstrate the impactour strategic aims.</li> <li>Provide assurance to the Board that mitigating action for projects that are not within timeline.</li> <li>Highlight any issues or risks that require escalation of this paper also includes an update on the approval of our Delivery Plan and commission of the Quarter 1 update.</li> <li>Overall good progress continues to be made across all por</li> </ul>			ound delive impact of g actions alation to	elivery of the t on delivery of the sare in place the Board.	
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Version 1

Timing	There are no issues or risks that require escalation to the Board.  Corporate Objectives are in the process of being developed in alignment with the annual delivery and refresh of the medium-term plan.  This paper is presented to the July 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	<ul> <li>We will</li> <li>Work collaboratively with citizens and our partners to create healthier and safer communities</li> <li>Innovate to continuously improve our care and enhance the resilience and sustainability of our services</li> <li>Improve population health and tackle the impact of inequalities</li> <li>Deliver our net zero climate targets</li> <li>Provide the people of Scotland with compassionate, safe and effective care when and where they need it</li> <li>Be a great place to work, focusing on staff experience, health and wellbeing</li> </ul>
Link to NHS Scotland's quality ambitions	This paper is aligned to and supports all three of NHS Scotland's quality ambitions to enable our workforce to provide safe, effective and person centred care.
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
JOHN FRANCIS BROWN, PLANNING MANAGER

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.

This paper also includes an update on the approval of our 2024/25 Annual Delivery Plan and commission of the Quarter 1 update.

#### SECTION 2: RECOMMENDATIONS

The Board is asked to note and discuss progress in relation to the delivery of the 2030 Strategy portfolios and update relating to the Annual Delivery Plan and Progress Reporting.

### 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.

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#### 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.

Table 1 – High-Level Summary of Project Status

Portfolio	Green	Amber	Red	Other
Integrated Planned, Unscheduled & Urgent Care	8	3		
Data, Digital, Innovation & Research	10			
Communities & Place	5	1		4
Preventative & Proactive Care	5			
Workforce & Wellbeing	10			
Totals	38	4		4

### 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. 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 develop 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.

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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.

A proposal is being developed to define required oversight and governance arrangements for monitoring the implementation of the Anchor Strategic Plan's objectives in key areas such as procurement, fair work practices, and the use of our land and assets.

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 Government. This will then be reported formally 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).

After analysing service representation in CPPS throughout Scotland, we 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 project proposal 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. This work is also linked to the stakeholder engagement action agreed by the Board in response to the Blueprint for Governance self-assessment.

Please note that the project proposal is still being developed.

#### 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.

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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. Engagement with the local community and plan for the site's development are ongoing, with the Young Minds Saves Lives (YMSL) initiative playing a key role in promoting and engaging with the local community linked to the South Station development. Current efforts include collaboration with Healthcare Improvement Scotland to meet

Current efforts include collaboration with Healthcare Improvement Scotland to meet engagement requirements for appraising different locations for the station. This appraisal will consider both the current location and any newly identified alternative sites. We have initiated community engagement through our YMSL paramedics, utilising existing contacts to understand better local needs related to the community hub concept.

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

Next steps involve finalising the location appraisal and continuing community engagement to ensure the project aligns with local needs and priorities. A project board is being established to coordinate this work and linked to the whole system planning approach and timelines.

### 4.3 Projects that are back on track

At the May Board, it was highlighted that 2 Projects, and a Programme were in Red Status for delivery due to the impact of the reduced working week. This included, the AP Roster Design Project, Scheduled Care Programme (Roster Design Project within) and GRS Timecard. As the reduced working week actions are progressing at pace these plans have now been adapted and rebaselined to reflect the impact and interdependency of the changes to the working week.

#### 4.3.1 Advanced Practice Rostering Re-design

This purpose of the Advanced Practice (AP) Roster design project is to develop new rosters for Advanced Practitioners that enable rotation through remote triage, front line response cars and Primary Care to enable patients receive the right care at the right time in the right place.

Initial shift profiles for rosters were developed on a 37.5 hour working week which has now been impacted by the reduction in the working week changes.

Since the last update to the Board, the project has been rebaselined to take account of the need to phase in the planned reduction in the working week. Rosters will be designed this year on the 37-hour working week and will transition by 2026 to 36 hours. A project brief has been approved by the 2030 Steering Group and is being implemented.

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#### 4.3.2 Scheduled Care Programme

The Scheduled care Programme was in place to manage the development of a Scheduled Care Strategy, design and implement rosters in line with the PTS Demand & Capacity review and explore opportunities for focussed improvement across Scheduled Care including, Timed Admissions, Taxi usage and British Redcross. The overall aim of this work is to improve existing Scheduled Care Services for staff, patients, and the Service.

The roster design element of the scheduled care programme was also impacted by the reduction in the working week. This has been rebaselined and will now be managed as part of the newly established reduced working week programme of work.

All other aspects of the previous scheduled care programme will continue to be progressed

#### 4.3.3 GRS Timecard and APP

The GRS Timecard Project is the development and implementation of an electronic timesheet on the GRS system to feed the payroll system. This will reduce the requirement for manual paper claims and associated administration time for processing.

The electronic timesheet is fully live in 1 station end to end. Testing was initially running in 8 other locations however this had been paused due to the impact of the reduced working week which now means that a system development is required to update the calculation for part time overtime rates to calculate at time & half after 37 hours rather than 37.5. An upgrade was also required to the system,

Since the last update to the Board, the GRS system has been migrated onto new hardware and upgrade is planned at the end of August.

The project has now been rebaselined to take account of this with a revised end date of October/November.

#### 4.3.4 Health Care Professional (HCP) Online Booking

SAS current receives around 3000 calls per week from HCPs. The project to implementation an online booking process for HCPs is expected to reduce the need for unnecessary voice calls between services and streamline the process for patients by enabling healthcare professionals to book ambulances online.

Since the last update to the board, and following successful testing, the HCP online booking pilot went live on 18th June with Lanarkshire and Greater Glasgow & Clyde. Boards will continue to be supported and ongoing monitoring of usage will be in place with a review of the pilot expected in September 2024 before rolling out further.

#### 4.3.5 Integrated Clinical Hub

The Integrated Clinical Hub Project has now been formally closed. Improvement work will continue as part of business as usual to increase the volume of patient interactions and patients being managed safely at point of call thus avoiding unnecessary ambulance response and hospital attendance. Performance against targets will be reported through the

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Performance and Planning Steering Group and the clinical hub remains a key development mitigating wider system pressures including hospital turnaround times.

### 4.4 Projects in Amber Status for Delivery

#### 4.4.1 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.

The migration of GRS to a new server was successfully completed on 23<sup>rd</sup> July A number of potential options have been identified to provide a more efficient and cost-effective short messaging solution for resource planning teams. It is anticipated that a preferred solution will be expedited for implementation within the next reporting period.

The review of the structure is behind track and interdependent on the outcome of whether the national e-rostering system can be developed to meet requirements. Work has been underway with the supplier and national e-rostering programme team. An update was presented to Executive Team in June with a further update expected in August.

The critical milestone on the pathway to green for the resource planning structure review is to determine which e-rostering system will be in place in the short to medium term.

#### 4.4.2 Digital Patient Handover

SAS currently receives 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.

The project status is behind track however a pathway to green has been developed and go live is expected on 31<sup>st</sup> July.

#### 4.4.3 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 "reducing time to allocation" workstream is now in the amber status due to recruitment requirements with a solution in place.

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Our work with NHS Lothian has also been rescheduled to start mid-July due to availability of staff within NHS Lothian. We continue to work on this throughout July and August to establish a feedback mechanism.

A pathway to green is being developed for this project and an update will be provided at the next Board meeting.

#### 4.4.4 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.

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 newly appointed SAS Head of Mental Health & Dementia (MH&D) is now engaged with Scottish Government delivery plan group and discussions have been underway about securing ongoing funding.

#### 4.5 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.

### 4.6 Annual Delivery Plan 2024/25

A letter of approval of the Boards Annual Delivery plan was received from Scottish Government on 11th June. The feedback letter highlights that the NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge.

The letter welcomed the approach being taken by our Board to develop service delivery and financial plans in an integrated way ensuring that patient safety and front-line services are appropriately prioritised whilst working within agreed budgets. There is also recognition of the significant and ongoing challenge this represents and acknowledgement that planning is currently set within a landscape of uncertainty and risk. In particular, that delivery is dependent on achieving the necessary savings as set out in our Financial Plan.

A copy of the letter has been included in Appendix 1. The draft Annual Delivery plan approved at the March Board meeting, referenced to the letter in Appendix 1 is now formally approved as the final Annual Delivery Plan 2024/25.

# 4.7 Annual Delivery Plan 2024/25 – Q1 Update

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The commission for the 2024/25 Q1 update on progress of the Annual Delivery Plan was sent to all boards on Thursday 18<sup>th</sup> July for submission by 16<sup>th</sup> August. The timeline can be adapted to fall in line with internal governance arrangements and in agreement with sponsorship team and planning teams. The Q1 submission will be formally presented to the Board at the September Board meeting, this will reflect the updates included in this 2030 paper and the performance paper presented to the July Board meeting.

# **APPENDIX 1 – SAS Draft Delivery Plan Approval Letter**

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Michael Dickson
Chief Executive
Scottish Ambulance Service
<By Email>

11th June 2024

Dear Michael

#### SAS DELIVERY PLAN 2024/25

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant and ongoing challenge this represents and acknowledge that planning is currently set within a landscape of uncertainty and risk. In particular, we understand that delivery is dependent on achieving the necessary savings as set out in your Financial Plan. This is the lens through which we have been reviewing your plan to ensure that it provides sufficient assurance that it is in line with the priorities of NHS Scotland and the Scottish Government.

In that context, we are satisfied that your Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves. For example, reflecting the role of SAS in supporting work on sustainable services and, in some cases, re-aligning activities to address areas of national priority.

To help support this continuous improvement, we have included a range of feedback arising from our review of your plan, which is summarised in Annex A. This covers a small number of 'Priority Areas' where, as part of our ongoing engagement with your Board, we will be seeking assurance that actions are being undertaken to address. Alongside these, there are a wider range of "Development and Improvement Areas" which you and your colleagues will wish to reflect on in order to drive improvements in your future planning and delivery.

Our approval of the plan as whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. We will be looking to provide greater clarity and consistency around how we in the Scottish Government commission work from all the







National Boards, and a Scottish Government Directors Letter (DL) will issue in the coming weeks setting out expectations around commissioning of national services.

We also welcome the work being undertaken by all the National Boards to identify opportunities to release efficiency through further collaboration. The Scottish Government Health Planning Team and Sponsor Teams will engage with you over the summer to discuss how we can build on this work to ensure that future planning guidance is more appropriately tailored for National Boards to support a greater shared understanding of core National Board planning responsibilities, areas of collaboration and cross-cutting work.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch with either myself or Paula Speirs, Deputy Chief Operating Officer for Health Planning (dcoohealthplanning@gov.scot).

Yours sincerely

Tim McDonnell

**Director of Primary Care** 

TIM Mª PONNEL-





#### Annex A:

#### General

#### **Priority Areas**

None

#### **Development and Improvement Feedback**

The plan delivers actions against the SAS 2030 strategy which outlines their strategic vision and ambitions, within the financial climate. This is largely in line with what was expected in this plan and there is sufficient high level assurance within the document.

In particular, SAS work with territorial boards to improve urgent and unscheduled care is welcome. The work between SAS and boards to reduce hospital handover times across Scotland is a key priority for Ministers.

The right care, right place, right time strategy is helping to ensure that patients are suitably triaged to ensure that only those who are required to attend accident and emergency are actually taken there.

In addition, SAS have confirmed that they are working on a request to prioritise different areas of work within the plan after their initial meeting with the Planning team.

It is also positive to read of the collaborative work that SAS continues to undertake with NHS 24, NES and the Reform Collaboration Group. It is recognised that the Board has been working with other National Boards and participating in a series of workshops during February and March 2024 to identify opportunities to release efficiency through further collaboration. This will form a workplan to be overseen by the National Boards Collaborative Programme Board. National Board Chief Executives have also agreed a Collaborative Charter. The Scottish Government Health Delivery Planning Team will wish to engage with the outputs of this work to help support how it frames planning of National Board priorities in future.







**Urgent & Unscheduled Care** - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need

#### **Priority Areas**

• None specific to the plan itself; however the Board should continue to work closely with the Scottish Government *Unscheduled Care Policy and Performance Team* to drive improved performance.

#### **Development and Improvement Feedback**

The plan aligns with Scottish Government expectations regarding SAS, and in particular the focus on Right Care, Right Place via Flow Navigation Centres, support for Hospital at Home expansion, and support for frailty pathways to avoid admission for older adults, where appropriate.





Enhance planning and delivery of the approach to **health inequalities** and improved population health

#### **Priority Areas**

None

#### **Development and Improvement Feedback**

The plans to enhance the role of Ambulance Care Assistants to deliver vaccination capability in local communities are welcome. It would be helpful to expand on this with a line detailing the Scottish Ambulance Service mobile vaccination unit service. Clarity is needed that this service is important for vaccine equality, inclusion, and outreach for all vaccine programs within the wider Scottish Vaccine and Immunisation Programme (SVIP). This will build on SAS' demonstrated ability to support vaccinations in hard-to-reach communities and urban locations as demonstrated effectively during the COVID pandemic. For example, use of the SAS mobile vaccination unit service may include outreach to certain new entrant communities such as asylum seeker accommodation, and to foreign students, as well as the more established programs such as COVID.





Take forward the actions in the Women's Health Plan and support good **child and maternal health**, so that all children in Scotland can have the best possible start in life.

#### **Priority Areas**

None

#### **Development and Improvement Feedback**

It is welcome that the plan fully articulates the work that SAS will take forward in support of The Best Start programme for maternity and neonatal care and that there is a good articulation of proposed work in support of delivery of Best Start commitments on neonatal intensive care, and associated analysis of the staffing model required for ScotSTAR.

It is very positive to see that 'SAS has taken steps to prioritise women's health and promote gender equality. Last year, a woman's health lead was appointed to drive change within the Service and implement best practices and innovations. We are an active Association of Ambulance Chief Executives Women's Network member.". Specific acknowledgement of implementation of the menopause and menstrual health workplace policy as well as the broader aims and ambitions would have been welcome, but overall pleased to see this commitment set out by SAS.





Implementation of the Workforce Strategy

#### **Priority Areas**

None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.

#### **Development and Improvement Feedback**

SAS Delivery Plan offers high level assurances. SAS have provided information on a number of activities to improve workforce wellbeing, workforce reform, and reduction in sickness absence. From the information provided the actions SAS commit to in regard to workforce appear appropriate and realistic.





Optimise use of **digital & data technologies** in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven **innovations** which could have a transformative impact on efficiency and patient outcomes

#### **Priority Areas**

None

#### **Development and Improvement Feedback**

Board appears to have solid plans in place to maximize use of digital as a resource and build on the current technology in place. Appears the main aim will maximize digital capability as well as improve current delivery of services and the use of resource which aligns with current priorities.

The Board also has plans to share learning as seen through implementation of Power BI to improve Data Visualization capability to better support staff and workforce. SAS also mentioned strong collaboration with NHS 24 and several other key partners to develop internal intelligence further to better support service delivery.

Digital deliverables appear to be controlled and achievable within the deadlines. Detailed plan of the progress which is underway and built on existing systems/deliverables. The Board's deliverables align with ministerial interest to make use of capacity and existing resource, as well as plan digital innovation which will expand on this.





#### Recovery Driver Climate Emergency and Environment

#### **Priority Areas**

None

#### **Development and Improvement Feedback**

The formation of a sustainable transport and travel policy is noted and welcome. Reference to procurement of a sustainable air ambulance service is an important aspect of operational emissions and further discussion would be welcomed by NHS Assure.

SAS have set out clear objectives with regards to waste management, reviewing bin use, increasing recycling bins and engaging with local procurement and infection control to look at access and use of increased reusable equipment and materials.

For 2024/25, SAS will develop prioritisation plans for replace systems within buildings to reduce GHGs. On energy efficiency, there will be a focus on reducing water usage. An annual PCBDD report will be submitted detailed emissions against carbon impact on key areas such as building energy use. This will feed into wider strategic work towards decarbonisation and meeting net zero targets.

SAS have mentioned their commitment to building robust continuity plans, implement the recommended mitigation measures from their CCRA and also ensure future resilience for the next 20 years.

On the Circular Economy, the plan meets expectations and shows understanding of the key requirements.





#### Supporting Theme

#### Finance & sustainability

#### **Priority Areas**

None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government Health Finance Team on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan.

#### **Development and Improvement Feedback**

None.





#### Supporting Theme Value Based Health & Care

#### **Priority Areas**

None

#### **Development and Improvement Feedback**

While there is a section of the plan dedicated to value based health and care and a couple of specific initiatives that aim to support their workforce to practise Realistic Medicine, there is no mention of how the Board intends to support delivery of the VBH&C Action Plan. Practising Realistic Medicine to deliver value based health and care should be viewed by Boards as a key enabler of the ten drivers of recovery and fundamental to achieving a more sustainable healthcare system. NHS Boards' local Realistic Medicine teams will wish to engage with their delivery planning colleagues to agree how the Board will support delivery of the VBH&C action plan within their three-year delivery plans.









# **Service Board Portfolio Summary Pack**

July 2024

Reporting as of 24 Jun 2024



# Integrated Planned Unscheduled and Urgent Care Portfolio Report – 2030 SG



Portfolio Lead:

Paul Bassett

Period covered:

25 May to 24 Jun

Portfolio RAG

### **Portfolio Summary**

Progress continues to be made across the portfolio of work with 8 out of 12 projects/programmes on Green status, 3 on Amber and the Integrated Clinical Hub project now being formally closed and moved to business as usual.

The Advanced Practice roster development and implementation project has been re-baselined to take account of the need to phase in the planned reduction in the working week. Rosters will be designed this year on the 37 hour working week and will transition by 2026 to 36 hours. A new Project brief has been agreed by the 2030 engine room.

The Integrated Clinical Hub Project has now been formally closed. Improvement work will continue as part of business as usual to increase the volume of patient interactions and patients being managed safely at point of call. Performance against targets will be reported through the Performance and Planning Steering Group and the clinical hub remains a key development mitigating wider system pressures including hospital turnaround times.

In relation to Air Ambulance, a preferred supplier has been identified. The full business case approved by the CIG meeting and the official funding letter from Scottish Government was received on the 24<sup>th</sup> of June. This has allowed work to continue with the Procurement workstream and legal team to finalise terms and conditions and aiming to have the final contract award signed by the successful supplier by the end of July.

The Maternity and Neonatal Project has gained further momentum, a paper will be drafted around the financial aspect of the project and taken to the executive team meeting.



# Integrated Planned Unscheduled and Urgent Care Portfolio Report – 2030 SG



Portfolio Lead:

Paul Bassett

Period covered:

25 May to 24 Jun

Portfolio RAG

### **Portfolio Summary**

The Resource Planning project team have been focussing on the GRS Server Migration. This was successfully completed on July 23<sup>rd</sup>. In parallel to this work a number of potential options have been identified to provide a more efficient and cost effective short messaging solution for resource planning teams. It is anticipated that a preferred solution will be expedited for implementation within the next reporting period. The review of the structure is behind track and interdependent on the outcome of whether the national e-rostering system can be developed to meet requirements. A decision on this is expected in August.

In relation to scheduled care, the roster design project was behind track, impacted by the reduced working week changes. This element will now be managed through the newly stood up reduced working week programme structure. For the remainder of work on the previous programme, a new project proposal was approved by the Engine Room Group and 2030 Steering Group in July. All workstreams were already underway and progressing well as they were initially part of Scheduled Care Transformation Programme.

The Health Care Professional Online booking project is now back on track. The pilot went live on 18th June with Lanarkshire and Greater Glasgow & Clyde. Boards will continue to be supported and ongoing monitoring of usage will be in place with a review of the pilot expected in September 2024 before rolling out further.

Implementation of the NHS 24 to SAS digital patient handover is running behind track however implementation is expected on 31st July.

Good progress also continues to being made around clinical work streams. The Stroke & Thrombectomy work is currently being rebaselined and a good update on the progress of this was presented to the Performance and Planning Steering group meeting in July.



Portfolio Lead:

# Integrated Planned Unscheduled and Urgent Care Portfolio Report – 2030 SG

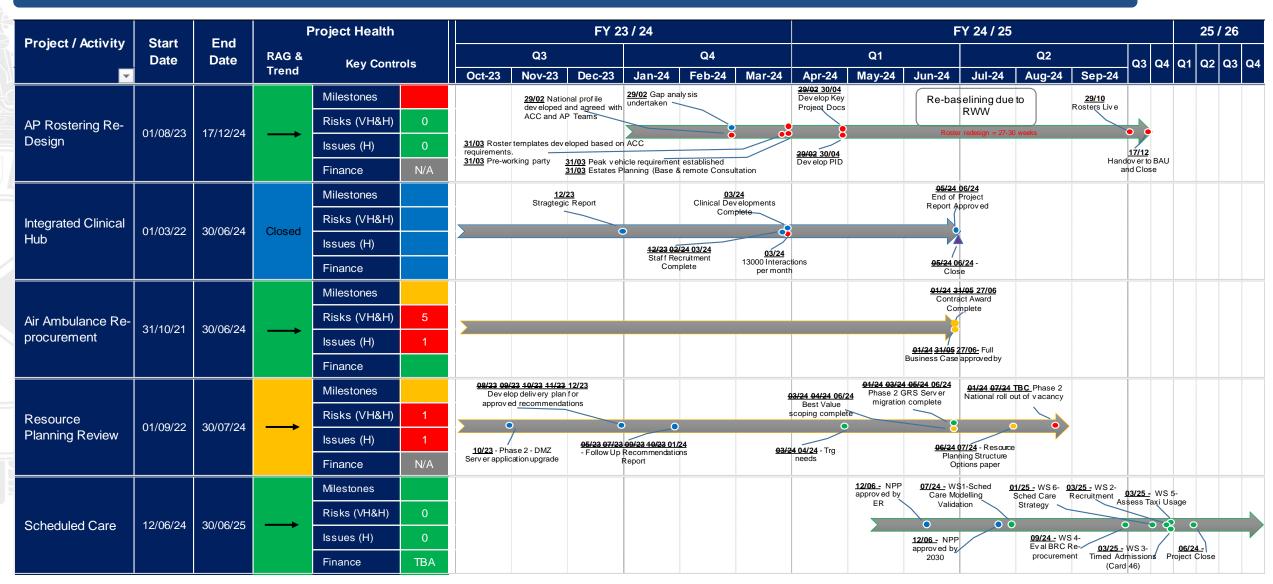
Paul Bassett Period covered:

25 May to 24 Jun

Portfolio RAG



### **Portfolio Timeline**





# Integrated Planned Unscheduled and Urgent Care Portfolio Report – 2030 SG

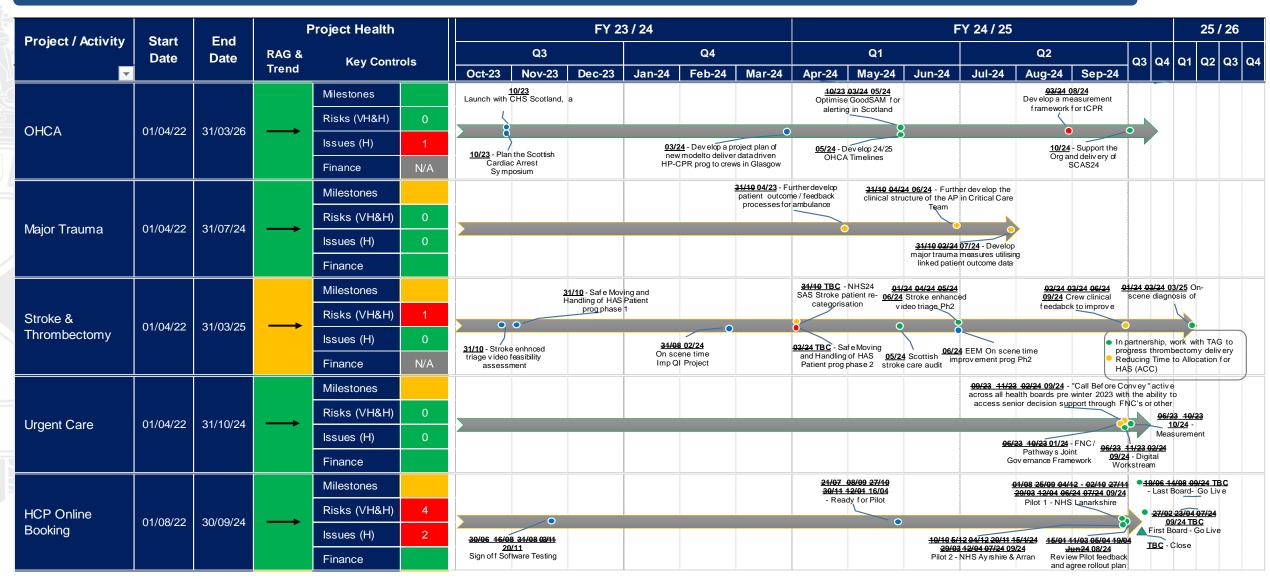
Paul Bassett Period covered: 25 May to 24 Jun

Portfolio RAG



## **Portfolio Timeline (Continued)**

Portfolio Lead:





# **Integrated Planned Unscheduled and Urgent Care Portfolio Report – 2030 SG**

Paul Bassett Period covered: 25 May to 24 Jun Portfolio RAG



# **Portfolio Timeline (Continued)**

Portfolio Lead:

	Project / Activity	Start	End	F	Project Health				FY	23 / 24					F	Y 24 / 25					25	/ 26	
Project / Activity  Digital Patient Handover	Date	Date	RAG &	Key Controls			Q3			Q4			Q1			Q2		Q3 Q4		1 Q2	2 Q3	Q4	
	▼.			Trend			Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24						
				Milestones		approv al f or	<b>23 10/23</b> - CAB NHS24 and SA	S CapGer	<b>9/23 41/23 01/24</b> nini - referrals bui nd IA for NHS24	ld			41/23 42/2 06/24 - Sid	3 02/24 03/24 an Off Testing	<del>U5/2/1</del> 00/0	124 02/24 06/24 4 - Ambulance F		4					
	Digital Patient	01/05/23	30/09/24	<b>→</b>	Risks (VH&H)	1	to accept inbound / outbound plan as			nd IA FOF NHS24							Live - A&E						
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					Finance			sign off of Minimu Dataset(s)		TK Conformance Off (NHS Eng QA							mbulance Req G ned admissions	o Live (Amb	ulance l	ect Close ReqOnly	)	22 Q3 Q4	
					Milestones		***************************************						const	05 - Service traints / KPI's dentified.	<u>3:</u> sta	<b>1/07</b> - Create keholder map	3	<u>0/09</u> - Business Case dev eloped					
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# Communities and Place Portfolio Report - 2030 SG



Portfolio Lead:

Jim Ward

Period covered:

25 May to 24 Jun

Portfolio RAG

### **Portfolio Summary**

This work remains at different phases with some projects still in a scoping phase and those projects will continue to be reviewed to understand if they will remain within this portfolio.

Mental Health - A very well received parallel presentation of SAS/NHS 24/Police Scotland collaboration was delivered at the NHS Scotland Event 2024. Letter of Action 15 funding conformation was released for the territorial Boards with confirmation from SG there is a separate process for SAS and the SAS allocation will be confirmed shortly, there are currently no financial risks relating to this.

An additional Unscheduled and Primary Care workforce funding bid has also been submitted to the Mental Health and Wellbeing Directorate within Scottish Government to support additional resource within the team including data analysis time. The New Head of Mental Health and Dementia has now joined the Service on the 1st of July.

Dementia Strategy – The new head of department has joined the will join the SG delivery plan working group ensuring SAS is fully engaged in developments and is developing a case for ongoing funding requirements to support this work.

The Young Minds Saves Lives Project - The project has been extremely successful with over 600 students from the two pilot schools having completed five customised lessons in preventative healthcare and how to respond in a medical emergency, along with a graduation in the form of a unique educational escape room experience. Building on the successes of this, the second year of this funded pilot is being developed including working with more schools and consideration of a proposal to support a rural location. Work also continues in seeking sustainable funding to continue with this work. The University of Glasgow have produced an excellent interim evaluation report that will form of the basis of the work into the second year.



Portfolio Lead:

# **Communities and Place Portfolio Report – 2030 SG**

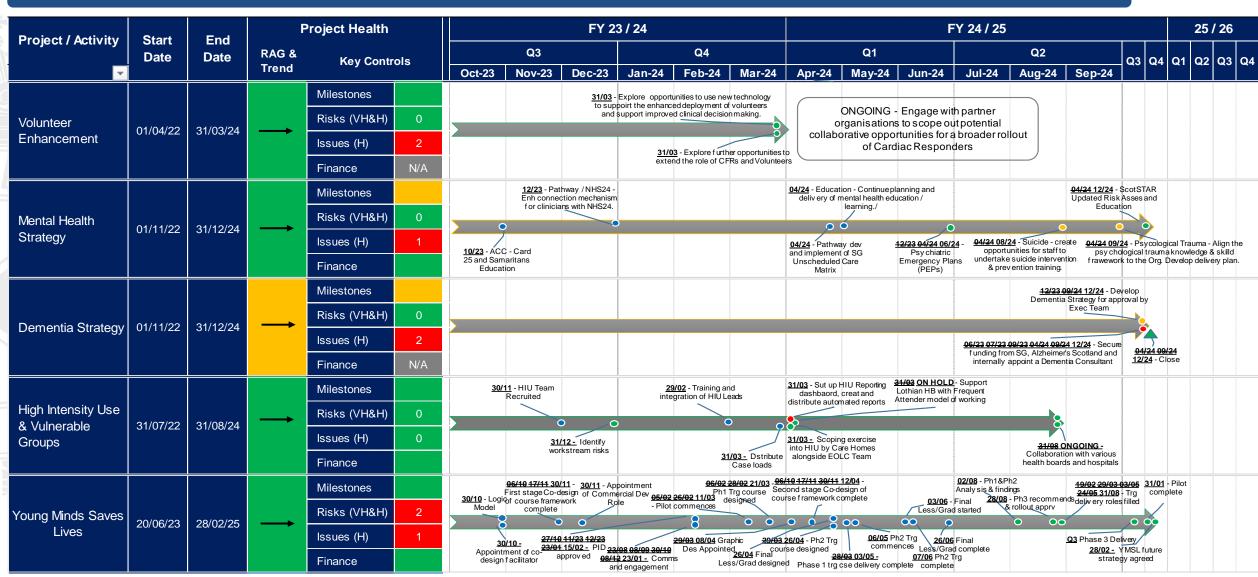
Emma Stirling Period covered:

25 May to 24 Jun

**Portfolio RAG** 



### **Portfolio Timeline**





# **Communities and Place Portfolio Report – 2030 SG**

Emma Stirling Period covered: 25 May to 24 Jun

Portfolio RAG



# Portfolio Timeline (continued)

Portfolio Lead:

Project / Activity	Stort	End	F	Project Health				FY 2	3 / 24						FY 24 / 25					25 / 26	6
<b>*</b>	Start Date	End Date	RAG &	Key Contr	ole		Q3			Q4			Q1			Q2		03 0	4 Q1	02 03	2
			Trend	Rey Controls		Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	24 Q3 Q4		WZ W.	
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3)	01/09/22	31/03/24		Risks (VH&H)			200,000	***************************************	000000				000000000000000000000000000000000000000	Awaiting 24	/25 Delivery	Plan					
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Anchor Institution	TBA	TBA	ТВА	Risks (VH&H)	ТВА								New Proje	ct Proposal	due at Engir	ne Room Aug	24	$\cap$			
Development	IBA	IBA	IDA	Issues (H)	TBA	***************************************								000000000000000000000000000000000000000							
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Community Planning	TBA	TBA	ТВА	Risks (VH&H)	ТВА	To be scoped															
Development	IDA	IDA	IDA	Issues (H)	ТВА	for 24/25 delivery															
				Finance	ТВА												ug 24				
				Milestones	ТВА				W. C.						1						
Community Hubs and South Station	TBA	TBA	ТВА	Risks (VH&H)	ТВА	To be scoped															
Delivery	IBA	IBA	IBA	Issues (H)	ТВА	for 24/25 delivery															
				Finance	ТВА	delivery															
				Milestones			L	<b>/12</b> - Identify Pro ead, PMO Suppo	ort	curi	0/03 - Review ent workstreams						- Publish toolk template for Ex	it and repor ec Team	ting		
1,11,10,000	00/10/22	21/12/2		Risks (VH&H)	O	***************************************	а	nd kick off Proje			nd resources.			800000000000000000000000000000000000000	1	<b>/09</b> - Write & pub analy sis f <u>or Exec</u>	Team				
UNCRC	30/12/23	31/12/24		Issues (H)	O	*				<b>29/02</b> - SL				30/06 - Identify	,	31/10 - Dev tcoll fore reporting	tit & process				
				Finance	N/A				0000000000	convened Dept rep	with			new workstream f or implementati	ı\$	rore reporting	31/12 - i recommenda	I Publish tions for BA	U		

The project has now been repasellined to take account of this with a revised end date of October/November.



# Digital, Data, Innovation and Research Portfolio Report – 2030 SG



Portfolio Lead:

Julie Carter

Period covered:

25 May to 24 Jun

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 has been submitted to Scottish Government and an action plan will be presented to the next DDIR Portfolio Board.

GRS Timecard project has now been re-baselined to take account of the impact of the reduced working week changes and system upgrade with a revised end date of October/November.

The ICT Service Desk has been successfully migrated to SAS in-house team.

The SharePoint migration has been extended to assist the team in carrying out more large and complex migrations which is being completed by the core project team. Work is going well with the deadline extended to August 2024.

On the CAELUS project, one of the three key deliverables was to film a cardiac arrest incident showcasing the role of drone technology delivering a defibrillator to the scene. This was carried out on the 22<sup>nd</sup> April. The footage has been finalised and released.

Research and Innovation is going well. For research, SAS are in their delivery phase of a staff fatigue study to develop a UK Risk Management System for all ambulance services. SAS are now involved in their first ever clinical trial which is going through various governance structures.

Inphase is a Incident report, risk and feedback management system for DATIX's replacement. The project is in early stages of its initiation process. The Project Team and Project Board have met and initial documentation is in progress. Data has been extracted and sent across to Inphase, the next steps will be to complete data and quality analysis to allow the team to tailor how this looks on the legacy part of the system.

It was agreed by the DDIR Board that cyber reporting would now be incorporated into the Digital delivery updates rather than a separate highlight report. Separate detailed reports will continue to be provided to the Resilience Committee and the Audit and Risk Committee.



Portfolio Lead:

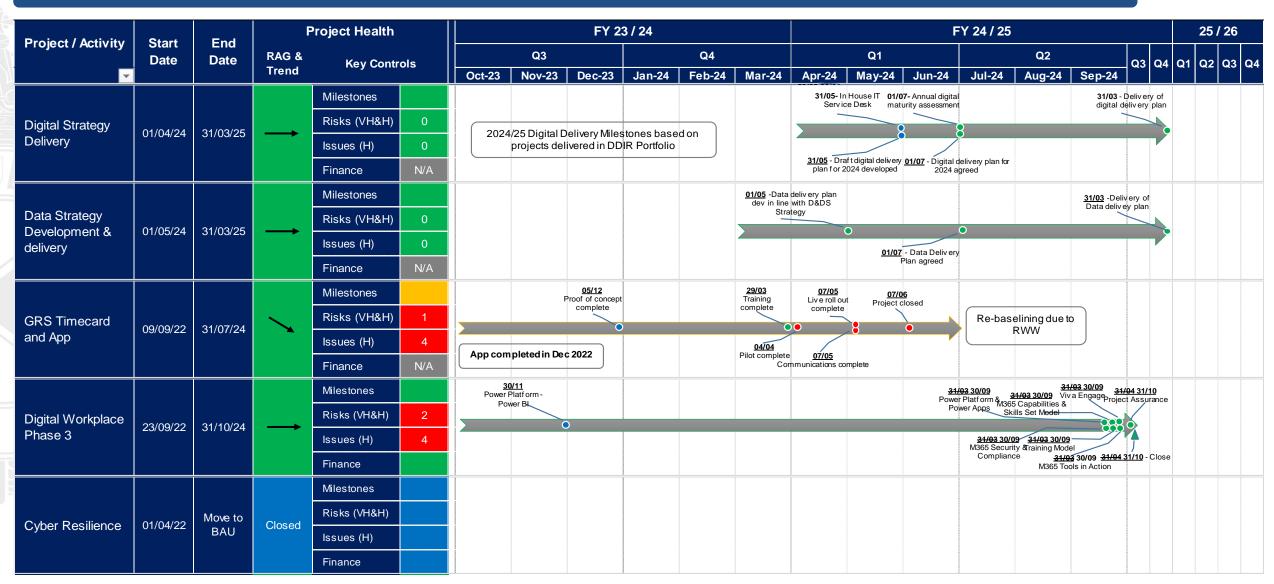
# Digital, Data, Innovation & Research Portfolio Report – 2030 SG

Julie Carter

Period covered: 25 May to 24 Jun Portfolio RAG



### **Portfolio Timeline**





# Digital, Data, Innovation & Research Portfolio Report – 2030 SG

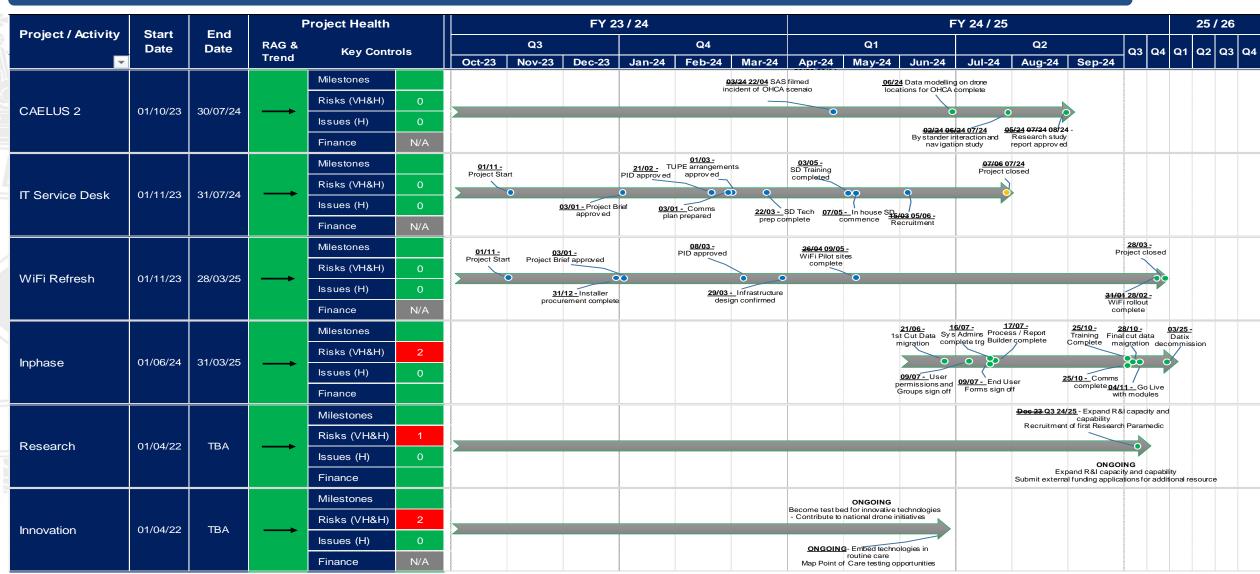
Julie Carter

Period covered: 25 May to 24 Jun Portfolio RAG



## Portfolio Timeline (continued)

Portfolio Lead:





# **Preventative and Proactive Care Portfolio Report – 2030 SG**



Portfolio Lead:

Jim Ward

Period covered:

25 May to 24 Jun

Portfolio RAG

### **Portfolio Summary**

Progress continues across each of the clinical workstreams within this Portfolio with extensive engagement with external stakeholders being a key feature of this work.

The Drug Harm Reduction team have met to review their workload to identify where the team are able to implement and influence ongoing work within SAS. Work is ongoing to expand the DPIA for overdoses to allow the team to share data with Public Health and Police Scotland which will assist with any mapping work. Naloxone training has been made available for all staff with stock distributed through all vehicles.

The End-of-Life Care Project has been a great success with ongoing positive engagement. Work with Care Homes is still ongoing and is progressing well. Training is a focus for the project which has been continuously progressing with work such as e-learning packages for Technician JIC administration work, ongoing echo sessions and other opportunities for development. The End of Life data set has been finalised and has been shared with the MacMillan team.

For Partnership working with NHS24 and Primary Care is progressing well, a GP Out of Hours SOP has been developed and circulated for approval. Working Groups have now been established between SAS/ NHS24 and GPOOH's. This will allow the progress and development of a new structure for direct referral of patients from SAS GPAs to Primary Care OOHs. Patient experience surveys tools have been activated and ready for testing.

Almost 600 incidents were managed by the Pathways Hub in May 2024. The Pathways Hub has focused recently on increasing the use of MS forms to enable digital referral for clinicians particularly during the out of hours period. Forth Valley is the latest board to initiate Call Before You Convey, utilising consultant connect to provide access to senior decision-making support by the ED team. This Is now being tested across Forth Valley. Initial discussions are taking place with Dumfries and Galloway to explore how they can deliver a Call Before You Convey model. The Pathways team continue to support regional management teams in developing and testing pathways.

Health Inequalities workstream is starting to make progress and in particular the team have delivered a workshop on SAS approach as part of the national Realistic Medicine conference, Deep End health inequalities session (primary care) and have commenced scoping of clinical workstream role in reducing health inequalities and how these might be expanded.



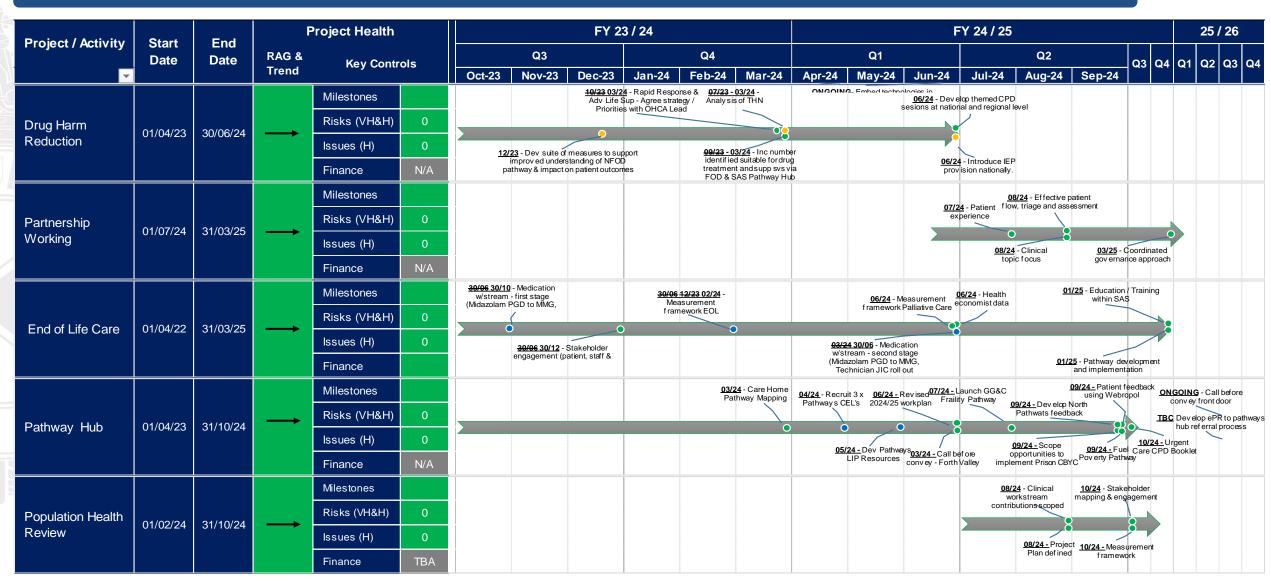
Portfolio Lead:

# **Preventative and Proactive Care Portfolio Report – 2030 SG**

Jim Ward Period covered: 25 May to 24 Jun Portfolio RAG



### **Portfolio Timeline**





# Workforce and Wellbeing Portfolio Report – 2030 SG



Portfolio Lead:

Avril Keen

Period covered:

25 May to 24 Jun

Portfolio RAG

### **Portfolio Summary**

The overall direction of the Portfolio Board progressing well.

The Once for Scotland policy soft launching is now completed in line with the second phase of the Once for Scotland policies, of which the Flexible Work Location policy was introduced. This is a national policy, which will apply to all of the NHS in Scotland.. Further local guidance is being developed by the HR team and Management teams to allow the establishment of Agile working.

The People strategy was drafted and published on @SAS for feedback, focus groups were set up and a questionnaire made available for staff to provide feedback. Proposals to address this was presented to SGC March, work is ongoing to agree a further piece of work and timescales.

Our workforce performance metrics are currently being re-assessed and a group has been established to identify data sources throughout SAS to enable a more effective and efficient way of producing workforce data from a central warehouse. A paper has been to the Executive Team in June 24 for approval to allow the proposals to continue to progress at pace to re-align our workforce performance measures accordingly. This was approved at the meeting.

Rest Break Compliance continues to improve and this has led to an agreement being reached with Staff Side to progress with an updated SOP whilst focusing on 2nd rest break period compliance. Further developments have been agreed and have been put in place to trial increased performance to 2nd rest break.

All e learning modules have been developed with the assistance of SME's. All modules have now gone live, and the working group of SMEs continue the development of the Turas platform and all clinical staff statutory and mandatory education and training.

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.



Portfolio Lead:

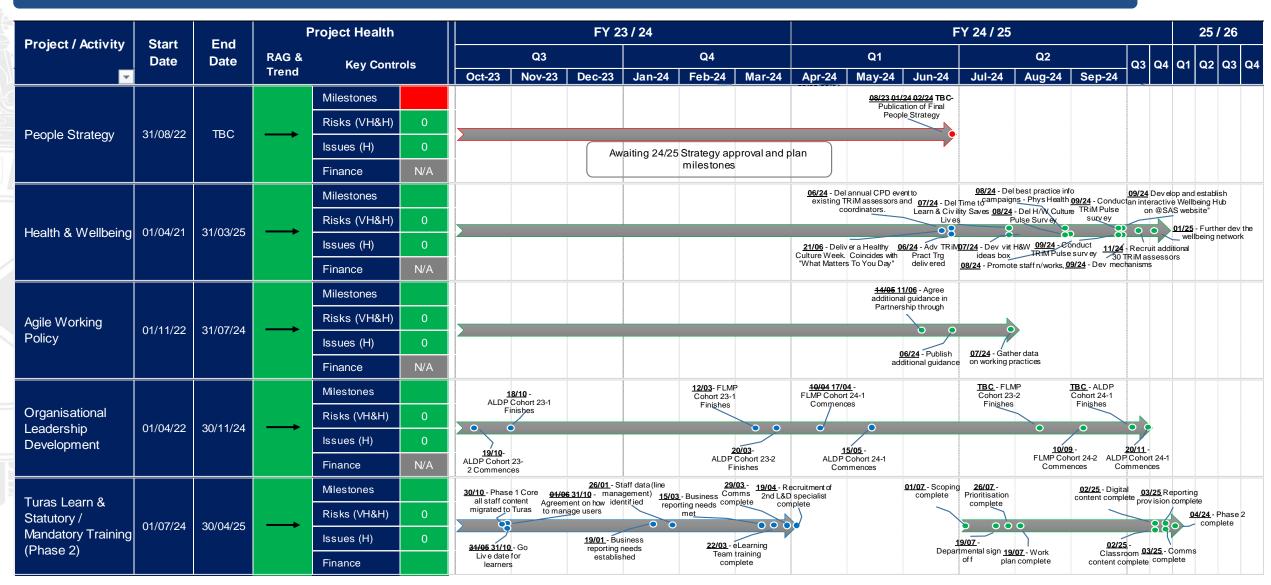
# Workforce and Wellbeing Portfolio Report – 2030 SG

Avril Keen Period covered: 25 May to 24 Jun

Portfolio RAG



### **Portfolio Timeline**





# **Workforce and Wellbeing Portfolio Report – 2030 SG**

Avril Keen

Period covered: 25 May to 24 Jun

Portfolio RAG



# **Portfolio Timeline (Continued)**

Portfolio Lead:

Project / Activity	Ctout	End	F	Project Health			FY 2	3 / 24					F	FY 24 / 25	; 			25	/ 26
Project / Activity	Start Date	End Date	RAG &	Key Controls		Q3		C			Q1			Q2		03	04	21 02	2 Q3 Q
▼		30	Trend	Rey Controls	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	2 4	Q1 Q2	<b>43 4</b>
				Milestones	2023/24	4 Milestones h	ave been iden	tified. Timelin	e to be agree	ed and update	ed to improve r	est break com	pliance						
Rest Break				Risks (VH&H) 0		y end Jan 24 and delivered by end Apr 2		•					.						
	28/09/22	30/06/24	$\rightarrow$	Issues (H) 0	3. Excen	nptions agreed.	locations agreed	0	4.	ACC process Comms plan de	ctories agreed. application and eveloped and ex	ov ersight agreed	i.						
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Education Model Development	01/06/24	30/04/25		Risks (VH&H) 0	20000000000000000000000000000000000000			200000000000000000000000000000000000000								O and sompton			
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