SCOTTISH AMBULANCE SERVICE 2010-11
HEAT DELIVERY PLAN

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Introduction

Purpose of Plan

This HEAT Delivery Plan sets out the planned service delivery objectives and performance for the Scottish Ambulance Service (SAS) in 2010/11, building on performance achievements in 2009/10. It is designed to:

- Set out the contribution that SAS will make to the Government's National Performance Framework outcomes
- Enable the Board to fulfil its corporate governance role within NHS Scotland
- Allow the Board to be specific about its implementation and performance plans for the forthcoming year
- Promote a robust planning process, including the involvement of stakeholders in the development of the Plan
- Promote accountability by enabling progress against the Plan to be measured.

This document also meets our requirement, as for each NHS Board, to produce and publish an annual Local (HEAT) Delivery Plan in agreement with the Scottish Government.

Strategic Context

Working Together for Better Patient Care – the SAS Strategic Framework 2010-15

This HEAT Delivery Plan is intimately aligned to our wider Strategic Framework, "Working Together for Better Patient Care 2010-15", recently published. As we move towards realising the vision and direction of the Service set out in the Framework, we will continue to work closely with Government and key stakeholders to ensure that the specific performance measures and targets set out in the HEAT Delivery Plan each year accurately reflect ongoing NHS Scotland strategic objectives and our three main strategic goals:

- To improve patient access and referral to the most appropriate care
- To deliver the best service for patients
- To engage with all our partners and communities to deliver improved healthcare

In developing the Service's strategy we have undertaken our most comprehensive consultation ever. We have listened intently to patients, public and staff. We have carefully considered the needs and capabilities of our partners in NHS Scotland as well as other public, emergency and voluntary services.

In meeting our commitment to put the patient at the heart of everything we do, our aim will be to make best use of the full range of SAS, NHS and other resources, available to respond to patients and make sure there is clarity and consistency in the delivery of a service which is properly focused on meeting clinical needs. Going forward we will ensure our people have the right skills and training to deliver the best patient care.

There is a critical need to further develop the effectiveness of health care in communities, especially in remote and rural areas, to ensure that they receive the best

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possible service. This will mean working with all community partners, and the communities themselves, to understand needs and identify, design and deliver solutions collaboratively.

We recognise that our planned development will have to be delivered against a background of fiscal restraint, providing the best possible value for money and the best outcomes for patients, and we will strive to deliver best value for patients and work collaboratively with health, social care and others to take forward our strategy.

NHS Scotland Quality Strategy

The key drivers and enablers of our new Strategic Framework described here are also closely aligned to the new NHS Scotland Quality Strategy, which seeks to create high quality person-centred, clinically effective and safe healthcare services. The Scottish Ambulance Service is strongly committed to realising this ambition organisationally as an important contributor to NHS Scotland's vision.

The Scottish Ambulance Service is already making a significant contribution to NHS Scotland's goals and we will use the Quality Strategy to build on that strong foundation. However, like our partners, we recognise the need to focus on continuous improvement and develop new approaches to reflect the changing cultures, expectations, needs and context for healthcare service delivery so that future generations can also enjoy the same high-quality healthcare services.

Our aim is to work holistically with our partners to ensure better health and higher quality healthcare services which are flexible and reactive to each individual circumstance. To achieve this aim, we will ensure we deliver for patients,

- Caring and compassionate staff and services
- Clear communication and explanation about conditions and treatment
- Effective collaboration between clinicians, patients and others
- A clean care environment
- Continuity of care
- Clinical excellence

We aim to build on our people-based and technological capabilities, looking at how we can contribute to the national health and wellbeing agenda and work in an ever more integrated way with territorial Health Boards, other Special NHS Boards and other partners to improve the patient experience.

In realising our vision of an ambulance service for people in Scotland delivering the best patient care whenever and wherever that is needed, and in turning this HEAT Delivery Plan into action, we will:

a) Ensure our Services are Patient Centred

Providing care that is respectful of, and responsive to, individual patient preferences, needs and values, ensuring that patient values guide all clinical decisions. We will continue to support NHS Scotland's commitment to mutuality in the delivery of health care.

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Our staff work to the highest standards of care and professionalism and we will continue to develop their skills to meet changing patient needs. Across all areas of our service, we will build on our success and challenge our responsiveness to patients as we deliver our strategy and services.

Our Strategic Framework commits the Service to working in partnership for patients, making it easier for them to access care, routing them quickly to the right care, delivering tailored solutions that better meet individual patient needs, and working with them to continuously improve our service.

b) Ensure our Services are Clinically Excellent

In the past, the role of the Scottish Ambulance Service was to take patients to hospital, whether for emergency, unscheduled or planned care. This role has changed as the health care needs of patients and the NHS in Scotland change.

The Service will continue to respond to these changing needs and ensure all its frontline services are safe and clinically focused, delivering improved treatment for patients. In recent years, we have developed far greater emergency skills, skills and systems to deliver emergency care at home, where appropriate, and specialist skills for the delivery of some specifically tailored scheduled services.

Our aim is to shift the delivery of our service and the perception of our emergency and unscheduled services towards better triage, enhanced treatment and less unnecessary transport, but always within the boundaries of clinical safety and excellence. This commitment to clinical excellence is just as important in our non-emergency patient transport services.

c) *Ensure our Services are Effective and Leading Edge 24/7*

Our aim is deliver the best service we can 24 hours a day, 7 days a week and to keep challenging ourselves to continuously improve that service for patients. We want patients to be confident that they will receive the best possible care we can give them and to be proud of Scotland's world class ambulance service.

Our crews have technology that no other UK ambulance service has which monitors how effectively we treat patients, links directly to hospitals so we can better share 'real time' information to improve patient care and helps develop our understanding of the clinical needs of patients.

We will be innovative and creative in looking for better ways to do things and will challenge our own thinking, and our partners' systems and processes, in the joint pursuit of the best possible patient care.

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The HEAT Targets and Standards

The delivery plan confirms what SAS is planning to deliver in terms of performance. It contains a manageable number of indicators, which are aligned to the three strategic goals of the organisation. These indicators have been specifically chosen to provide a balanced summary of the organisations activities and performance. It is these indicators that will be used to report performance externally.

The performance objectives of the HEAT Delivery Plan are not the only indicators of performance of the Service. Although core key performance objectives and indicators have been identified to represent a summary of the Service performance to the "outside world", there are other aspects of performance that will continue to be measured and managed internally.

The Executive Directors and the Board have reviewed the risks raised in the plan, as outlined in the risk narrative for each target (and where appropriate these will be managed through our standard risk management process).

Note The 'SAS' prefix below denotes a target specific to the Scottish Ambulance Service. The 'NHSS' prefix denotes a target for all NHS Boards

HEALTH

SAS H1: Between 12-20% of eligible cardiac arrest patients with Return of Spontaneous Circulation (ROSC) on arrival at hospital.

SAS H2: Reach 80% of cardiac arrest patients within 8 minutes (mainland).

SAS H3: Reach 75% of Category A (life-threatening) emergency incidents within 8 minutes (mainland)

SAS H4: Reach 95% of Category B (serious but not life-threatening) incidents within 14/19/21 minutes (depending on population density) (mainland)

SAS H5: Reach 53% of all emergency incidents within 8 minutes (Island NHS Board areas)

EFFICIENCY

SAS E1: Achieve sickness absence rate of 5% for full year, continuing progress towards the national HEAT standard of 4%

SAS E2: Reduce energy consumption by 2.5% per annum in line with NHSS E8.

SAS E3: Achieve 85% use of CHI number for of PTS journeys

NHSS E5: NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement

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NHSS E6: NHS Boards to meet their cash efficiency target

NHSS E10: NHS Boards to ensure at least 80 per cent of staff covered by Agenda for Change to have their annual Knowledge Skills Framework development reviews completed and recorded on e-KSF by March 2011

ACCESS

SAS A1: Reach 91% of A&E 1-hour urgent calls within target time

SAS A2: Ensure 72% of Priority 1 PTS Patients arrive at hospital 30 minutes or less before appointment time

SAS A3: Ensure 90% of Priority 1 Patients are picked up within 30 minutes of agreed time after appointment

SAS A4: Ensure that no more than 1.0% of booked PTS journeys are cancelled by SAS

TREATMENT

SAS T1: NHSQIS standards for patient safety and clinical governance **Not applicable in 2010/11 (assessment conducted in 2009/10)**

SAS T2: Compliance with nationally set standards for Healthcare Acquired Infection (HAI)

SAS T3: Treat 12% of emergency calls at scene

SAS T4: Convey 95-98% of patients with Scottish Early Warning System (SEWS) score above 4 to hospital

SAS T5: Convey 80% of hyper acute stroke patients to hospital within 60 minutes of symptom onset

ADDITIONAL DEVELOPMENTAL ('D') MEASURES

In addition to the externally reported targets and standards above, we will also set internal measures around the following, which represent important aspects of our service delivery and development, with a particular focus on clinical effectiveness and the best possible outcomes for patients.

Reporting and reflecting upon these measures and our performance against them regularly at Board and senior level within the organisation, will help to ensure that there is an appropriate focus on these areas, facilitate the creation of appropriate benchmarks for performance and therefore allow us to consider the option of defining and adopting more formal SMART targets and standards in these areas in 2011-12, if

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appropriate. Delivery of these standards will require collaboration with partners and we will seek to have partner agreement to these.

D1: Air Ambulance:
Cover all of Scotland within specified time frame from take off in 95 % of cases;

Average Response Time (from take off to arrival at scene);

For planned cases, arriving within time agreed with clinician, in 95% of cases;

Average patient Travel Time (from take off to arrival at hospital)

D2: Inter Hospital Transfers – possible developmental measures to include
Response time targets against agreed request times, levels of patient satisfaction with service, appropriateness and effectiveness of use and clinical decision-making;

D3: Call Pick Up Times – Average call pick up time plus 90% of calls within 10 seconds

D4: Trauma Patients – development measures to include:
Conveying 85% of patients with an RTS of less than 6 to hospital alive.

D5: Hospital Turnaround Times –average turnaround times at major hospitals and nationally of 15 minutes.

D6: CHI Registrations –:
CHI number recorded on 95% of incidents transferred from NHS24

D7: Acute Asthma – Ensure the administration of bronchio-dilators plus or minus Oxygen utilised in 95% of eligible cases

D8: Unconscious Patients – Possible measure around appropriate airway management undertaken and recorded in 90% of eligible cases

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Annex 1 - Supporting the Scottish Government's Outcomes-based approach

An outcomes-based approach encourages us all to focus on the difference that we make, and not just the inputs or processes over which we have control. Success is about **impact** and should be judged by tangible improvements in the things that matter to the people of Scotland. SAS supports the Government's aim of embedding an outcomes-based approach to identifying the key priority areas, as described by the HEAT targets, for action in 2010/11 in order to:

i. Align activity to explicitly connect to the Government's over-arching purpose of sustainable economic growth through the National Performance framework.
ii. Better integrate activities with local government, with other Public Bodies, and in partnership with the third sector and private sector to address the Government's Purpose Targets and National Outcomes through Single Outcome Agreements (SOAs). In addition this will provide best value for the public sector in Scotland.
iii. Focus activity and spend on achieving real and lasting benefits for people and as such minimise the time and expense on associated tasks which do not support this purpose.
iv. Create the conditions to release innovation and creativity in delivering better outcomes.

In 2008, the Government introduced a National Performance Framework, which set out, for the first time, an ultimate purpose of Government, supported by 7 high-level targets, and 15 National Outcomes.

This new context paved the way for the review of the HEAT targets for 2008/9 and allowed the positioning of HEAT as the opportunity to set out the key areas for achievement by the NHS which would optimise the contribution of health-related activities to the achievement of the Governments Purpose and National Outcomes. This development resulted in the refinement of a number of HEAT targets.

This is in fact a long-term outcome achievable only through the contributions and actions of a range of public services, private companies and individual behaviours, and is appropriate for consideration as part of an SOA. For 2008/9, the HEAT target was changed to a specific one that supports the long term outcome, but is completely at the hand of the NHS – i.e. successful quit attempts following attendance at smoking cessation clinics. Such targets are agreed to be more appropriate for performance management, and review. Other public sector bodies will similarly identify appropriate activities and targets reflecting their own contributions.

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Through our HEAT Delivery Plan, we set out how this Board will be judged in terms of performance on the priority outputs, which have been agreed with Government and across NHS Scotland to support delivery of the Government's outcomes (the HEAT targets). The mapping overleaf shows how SAS targets link to the National Outcomes and Purpose targets and to the high-level strategic goals contained within our Strategic Framework for 2010-15.

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HEAT TARGET CONTRIBUTING TOWARD SCOTTISH GOVERNMENT'S NATIONAL OUTCOME	We have tackled the significant inequalities in Scottish society	Our children have the best start in life and are ready to succeed AND We have improved the life chances for children, young people and families at risk	We live longer, healthier lives	Our public services are high quality, continually improving, efficient and responsive to local people's needs	We reduce the local and global environmental impact of our consumption and production	We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
SAS H1 Cardiac arrest survival on arrival at hospital						
SAS H2 Cat A cardiac arrest patients response times						
SAS H3 Category A response times						
SAS H4 Category B response times						
SAS H5 Island Board emergency response times						
SAS E1: Sickness Absence Rates						
E5 Financial Balance						
E6 Cash efficiency						
E8 Carbon emissions and energy consumption						
E10 AfC annual review against KSF post outline						
SAS A1 A&E 1-hour urgent calls responses						
SAS A2 Patient Transport punctuality for appointment						
SAS A3 Patient Transport punctuality for pick up						
SASA4 PTS journeys cancelled by SAS						
SAS T1 NHSQIS Clinical Governance Standards						
SAS T2 Reducing Healthcare Acquired Infection (HAI)						
SAS T3 Reducing Hospital Admissions						
SAS T4 Conveyance rates of SEWS score above 4						
SAS T5 Hyper acute stroke patients conveyance times						

	clear line of sight in supporting short term progress towards National Outcome or Purpose Target
	indirect or longer term contribution to National Outcome or Purpose Target

HEAT TARGET CONTRIBUTING TOWARD SCOTTISH GOVERNMENT'S PURPOSE TARGETS	Healthy Life Expectancy	Economic Growth, Productivity, and Participation	Population growth	Cohesion, Solidarity	Sustainability
SAS H1 Cardiac arrest survival on arrival at hospital	[green]				
SAS H2 Cat A cardiac arrest patients response times	[green]				
SAS H3 Category A response times	[green]				
SAS H4 Category B response times	[green]				
SAS H5 Island Board emergency response times	[green]				
SAS E1: Sickness Absence Rates		[green]			[yellow]
E5 Financial Balance	[yellow]				[yellow]
E6 Cash efficiency	[yellow]				[yellow]
E8 Carbon emissions and energy consumption					[green]
E10 AfC annual review against KSF post outline		[yellow]			
SAS A1 A&E 1-hour urgent calls responses					
SAS A2 Patient Transport punctuality for appointment	[yellow]				[yellow]
SAS A3 Patient Transport punctuality for pick up				[yellow]	
SASA4 PTS journeys cancelled by SAS		[green]			[yellow]
SAS T1 NHSQIS Clinical Governance Standards	[green]				
SAS T2 Reducing Healthcare Acquired Infection (HAI)	[green]				
SAS T3 Reducing Hospital Admissions	[yellow]	[yellow]		[yellow]	[yellow]
SAS T4 Conveyance rates of SEWS score above 4	[green]				
SAS T5 Hyper acute stroke patients conveyance times	[green]				

Key	
[green]	clear line of sight in supporting short term progress towards National Outcome or Purpose Target
[yellow]	indirect or longer term contribution to National Outcome or Purpose Target

Purpose Targets

Economic Growth (GDP): To raise the GDP growth rate to the UK level by 2011; To match the GDP growth rate of the small independent EU countries by 2017 (T);
Productivity: To rank in the top quartile for productivity against our key trading partners in the OECD by 2017 (T)
Participation: To maintain our position on labour market participation as the top performing country in the UK (T), To close the gap with the top five OECD economies by 2017 (T)
Population: To match average European (EU15) population growth over the period from 2007 to 2017 (T); Supported by increased healthy life expectancy in Scotland over the period from 2007 to 2017 (T)
Solidarity: To increase overall income and the proportion of income earned by the three lowest income deciles as a group by 2017 (T);
Cohesion: To narrow the gap in participation between Scotland's best and worst performing regions by 2017 (T)
Sustainability: To reduce emissions over the period to 2011 (T); To reduce emissions by 80 percent by 2050 (T)

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HEAT TARGET CONTRIBUTING TO SAS STRATEGIC AIMS	Ensuring our Services are Patient Centred	Ensuring our Services are Clinically Excellent	Ensuring our Services are Effective and Leading Edge 24/7
SAS H1 Cardiac arrest survival on arrival at hospital			
SAS H2 Cat A cardiac arrest patients response times			
SAS H3 Category A response times			
SAS H4 Category B response times			
SAS H5 Island Board emergency response times			
SAS E1: Sickness Absence Rates			
E5 Financial Balance			
E6 Cash efficiency			
E8 Carbon emissions and energy consumption			
E10 AfC annual review against KSF post outline			
SAS A1 A&E 1-hour urgent calls responses			
SAS A2 Patient Transport punctuality for appointment			
SAS A3 Patient Transport punctuality for pick up			
SASA4 PTS journeys cancelled by SAS			
SAS T1 NHSQIS Clinical Governance Standards			
SAS T2 Reducing Healthcare Acquired Infection (HAI)			
SAS T3 Reducing Hospital Admissions			
SAS T4 Conveyance rates of SEWS score above 4			
SAS T5 Hyper acute stroke patients conveyance times			

	clear line of sight in supporting short term progress towards SAS strategic goals
	indirect or longer term contribution to SAS strategic goals

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Annex 2: Risk Narrative

SAS H1: Between 12-20% of eligible cardiac arrest patients with Return of Spontaneous Circulation (ROSC) on arrival at hospital

NHS BOARD LEAD:	Medical Director

Delivery

Risk	Management of Risk
There is a risk that we fail to achieve 12-20% ROSC in eligible patients.	Continue to work with NHS Boards and partners to improve treatment of cardiac arrest patients, for example TOPCAT, ICECAP and LUCAS studies currently ongoing. Work to increase levels of first responders and public access defibrillators available across Scotland. Continued prioritisation of cardiac arrest patients by EMDC to improve response times.

Workforce

Risk	Management of Risk
There is a risk that staff are not fully trained and developed to provide the appropriate care for cardiac arrest patients.	ALS training as part of all mandatory training. Update training to commence as new guidelines are published Develop best practice for crews falling from research and pilot studies ongoing.

Finance

Risk	Management of Risk
There is a risk that funding for further joint working and roll out of defibrillators in communities is not available.	Business case approved for new defibrillators. Explore funding opportunities for research and improvement.

Improvement

Risk	Management of Risk
As above	As above

Equalities

Risk	Management of Risk
None Known	

SAS H2: Reach 80% of cardiac arrest patients within 8 minutes (mainland)

Background

NHS BOARD LEAD:	Medical Director

Delivery

Risk	Management of Risk
80% of cardiac arrest patients are not responded to within 8 minutes	Clinical Decision Making processes identify and give priority to patient in or at risk of cardiac arrest. Work to increase levels of first responders and public access defibrillators available across Scotland.

Workforce

Risk	Management of Risk
Non Identified	

Finance

Risk	Management of Risk
As per SAS H1	As per SAS H1

Improvement

Risk	Management of Risk
None Known	

Equalities

Risk	Management of Risk
None Known	

SAS H3: Reach 75% of Category A (life-threatening) emergency incidents within 8 minutes (mainland)

NHS BOARD LEAD:	Director of Service Delivery

Delivery

Risk	Management of Risk
There is a risk that demand continues to outstrip available resources and existing resources are not used to full effect. There is a risk that a finite pool of A&E resources is used to respond to an increasingly diverse set of demands, for example, increased levels of inter-hospital transfers, specialist retrieval, etc. The current AMPDS triage tool is risk averse and the Service has experience a significant increase in the number of alcohol related incidents which are inappropriately categorised as Cat A. As such, there is a risk that finite A&E resources will not be appropriately tasked.	A review of rostered deployment across all operational divisions and EMDCs will be carried out and deployment matched to demand within existing resources. Ensure EMDC make full use of all available resources to respond to demand, including tactical deployment and further development of first responder schemes. Further develop dedicated IHT and specialist retrieval co-ordination through Cardonald EMDC On-going review of Cat A calls during upgrade to AMPDS version 12 and in developing a common triage tool specification with NHS24 and Out of Hours colleagues. SAS strategic programme will take forward improvements to demand management, access to services, appropriateness of triage and response and engagement with wider NHS and partners.

Workforce

Risk	Management of Risk
There is a risk that all resources are not fully utilised. There is a risk that on call activity impacts on availability of staff during on duty periods. There is a risk that any changes to staff deployment will take longer than required to deliver performance	Ensure that rosters match demand profile across all divisions and that staff are deployed appropriately geographically and to match demand. Continue to review on call working as part of national discussions and through on-call project. Fully engage with partnership nationally and locally.

Finance

Risk	Management of Risk
There is a risk that existing resources are not sufficient to meet demand and additional funding may be required.	Ensure effective deployment and utilisation of existing resources. Tight management of overtime, non-productive hours and sickness absence rates. Opportunities through cash releasing efficiency savings to generate efficiencies for A&E resources.

Improvement

Risk	Management of Risk
There is a risk that changes in NHS service provision impact on normal patient flows displacing A&E resources within and between Health Board areas.	Work with NHS Boards during any reconfiguration of services to assess and mitigate impact for SAS.
There is a risk that progress towards delivery of SAS strategy will be impacted on by funding constraints in current economic climate.	Ensure effective generation of efficiency savings to allow for strategy programmes to be taken forward which will have positive benefits on demand management, ensuring appropriate response and onward referral.

Equalities

Risk	Management of Risk
Ensuring equity of access.	Ensuring appropriate response to meet individual patient needs. Working with partners to explore opportunities to develop more integrated healthcare provision in line with SAS strategy.

SAS H4: Reach 95% of Category B (serious but not life-threatening) incidents within 14/19/21 minutes (depending on population density) (mainland)

NHS BOARD LEAD:	Director of Service Delivery

Background

The Scottish Ambulance Service currently reports performance against three time standards for Category B calls dependent upon population density in a Health Board area. This is out of kilter with the rest of the UK, where a standard 19 minute response rate for all Category B calls is in place. SAS is keen to move to a more equitable position for the population of Scotland, similar to the principle for Category A across the mainland which is standardised at 8 minutes, and to work with Scottish Government towards establishing a 19 minute target for all Cat B calls.

Delivery

Risk	**Management of Risk**
As per SAS H3	As per SAS H3

Workforce

Risk	**Management of Risk**
As per SAS H3	As per SAS H3

Finance

Risk	**Management of Risk**
As per SAS H3	As per SAS H3

Improvement

Risk	**Management of Risk**
As per SAS H3	As per SAS H3

Equalities

Risk	**Management of Risk**
As per SAS H3 There is a risk that the variation in response time target for Cat B calls is perceived as inequitable service, e.g. 14 minutes in Glasgow and 19 minutes in Edinburgh.	As per SAS H3 Look to review with Scottish Government the appropriateness of variance with potential to move to 19 across Mainland Scotland.

SAS H5: Reach 50% of all emergency incidents within 8 minutes (Island NHS Board areas)

NHS BOARD LEAD:	Director of Service Delivery

Delivery

Risk	Management of Risk
As per SAS H3 applied to all emergency calls There are specific geographical challenges for the 3 Island Boards	As per SAS H3 applied to all emergency calls Work with NHS partners to explore opportunities to maximise use of joint resources Further development of RRIG models of service for remote & rural communities

Workforce

Risk	Management of Risk
As per SAS H3	AS per SAS H3 Further development of RRIG models of service for remote & rural communities

Finance

Risk	Management of Risk
As per SAS H3	As per SAS H3 Work with NHS partners to explore opportunities to maximise use of joint resources Further development of RRIG models of service for remote & rural communities.

Improvement

Risk	Management of Risk
As per SAS H3 There is a risk that NHS Boards will be unwilling or unable to share resources in current financial climate	As per SAS H3 Work with NHS partners to explore opportunities to maximise use of joint resources Further development of RRIG models of service for remote & rural communities

Equalities

Risk	Management of Risk
As per SAS H3	As per SAS H3

SAS E1: Achieve sickness absence rate of 5% for full year, continuing progress towards the national HEAT standards of 4%

NHS BOARD LEAD:	Director of Human Resources and Organisational Development

Background

Whilst SAS has set a target of 5% for sickness absence in 2010/11, it is nevertheless committed to working towards the overall 4% goal of the NHS in Scotland. The 5% target, however, reflects the particular impact of the Service's role and operations on its staff.

Delivery

Risk	Management of Risk
There is a risk that we fail to reduce sickness absence below 5%.	Continued focused management of sickness absence across all divisions and departments. Ensure continued use of employee counselling, occupational health and fast-track physiotherapy services for staff. Further exploration of a single dedicated sickness absence line for all staff to report in absent. Further roll out of workforce planning system to all staff to better manage resources on a day to day basis.

Workforce

Risk	Management of Risk
There is a risk that staff are not fully supported to return to work as timeously as possible.	As above

Finance

Risk	Management of Risk
There is a risk that sickness absence impacts on overtime budgets and reduced benefits of efficiency savings.	As above.

Improvement

Risk	Management of Risk
None known	

Equalities

Risk	Management of Risk
None known	

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SAS E2: Reduce energy consumption by 2.5 % per annum, in line with NHSS E8

NHS BOARD LEAD:	Director of Finance and Logistics

Background

Although this is not a mandatory target for Special Boards during 2010/11, SAS is committed to contributing to the reduction in emissions. We will therefore aim to put in place measures to reduce our dependence on fossil fuels and move towards renewable energy sources. In addition we aim to reduce our overall energy consumption by 2.5% year on year. We aim to ensure our fleet have as low as possible C02 emissions.

Delivery

Risk	**Management of Risk**
There is a risk that reductions in energy consumption may not be achieved due to extreme weather conditions.	Aim for higher reductions in the lighter consumption months of the year
There is a risk that initial funding may not be available to change to renewable energy sources	Business case to identify benefits of renewable energy sources
There is a risk that vehicle manufacturers may not be able to combine SAS specifications and reductions in Co2 emissions	Partnership working with suppliers to identify requirements

Workforce

Risk	**Management of Risk**
There is a risk that staff awareness of energy reduction measures may not be sufficient to achieve desired impact	Training Education and feedback on progress

Finance

Risk	**Management of Risk**
There is a risk that funding for development of renewable energy sources is restricted or unavailable	Business case

Improvement

Risk	**Management of Risk**
There is a risk that progress of vehicle manufacturers may be slower than desired	Partnership working with suppliers

Equalities

Risk	**Management of Risk**
None Known	

SAS E3: Achieve 85% use of CHI number for PTS journeys

NHS BOARD LEAD:	Director of Service Delivery

Delivery

Risk	Management of Risk
There is a risk that NHS Boards do not routinely provide the CHI number when booking patient journeys.	Work with NHS Boards and Scottish Government e-Health to monitor and improve use of CHI and updating of this information on SAS systems.
There is a risk that SAS systems are not updated to ensure access to CHI database and update records	Continue routine update of CHI database link on Cleric system

Workforce

Risk	Management of Risk
There is a risk that staff awareness is not sufficient to ensure routine use of CHI	Communication with staff to reinforce use of CHI in Area Service Offices

Finance

Risk	Management of Risk

Improvement

Risk	Management of Risk
None known	

Equalities

Risk	Management of Risk
None known	

NHSS E5: NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement

NHS BOARD LEAD:	Director of Finance and Logistics

Background

The Service recognises that this year will be particularly challenging financially. Specific areas of concern are: the continued increase cost of the air ambulance service due to increasing fuel and aircraft costs and a 30% increase in activity levels over the last two years. Such increases are not sustainable and the service will work with territorial NHS Boards and the Government to consider ways in which this demand can be managed within the available resources. The volatility of the economy in respect of fuel and related costs will also be significant impacts on the financial affordability of the service. These financial constraints may also impact on the affordability of other service changes and developments.

Delivery

Risk	**Management of Risk**
There is a risk that the increase in financial allocation will be insufficient to meet pay award for staff and non- pay inflation increases.	Robust Budget Setting, Identification of CRES that will be required to enable status quo.
There is a risk that the economic climate is producing volatility in fuel costs which is creating cost pressures and makes financial planning challenging.	Fuel and energy projections used in budget setting. Management of Energy usage.
There is a risk that the economic climate is also leading to financial instability of key suppliers which in turn has lead to less favourable pricing when tendering for goods or services	Review of Tender specifications and dialogue with suppliers to stimulate competition. Prompt payment of suppliers to ease cashflow issues.
There is risk that the growth in demand for patient services has lead to additional operating costs which are utilising cash efficiencies funding thus reducing availability of resources for service redesign and strategy implementation.	Understanding of demand profiles dialogue with Regional Planning groups and NHS boards in relation to opportunities to manage demand.
There is a risk that pay terms and conditions are only known with certainty for 2010/11 and therefore financial planning for future years is more challenging. There are still unresolved terms and conditions issues in relation to on-call and meal breaks which are being actioned at a national level.	Scenario planning relating to future pay awards. Dialogue with national terms and Conditions groups relating to unresolved issues and impact on SAS.
There is a risk that permanent injury	Continued dialogue with centre re

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benefit award information lacks currency and therefore there is an unquantifiable risk around future settlements. There is a risk that demand for specialist retrieval services and Optimal reperfusion therapy can not be managed to levels within available funding envelope resulting in services not able to be provided.	timeliness of information. Management of Risk Discussion paper prepared to instigate dialogue with regional planning groups around options for the service. Scottish Government notified that EMRS service expansions require funding and a fifth air resource may be required

Workforce

Risk	Management of Risk
There is a risk that staff will not appreciate the impact of tightening financial resources and change in economic environment	Training and awareness raising session to be held at all levels throughout the organisation

Finance

Risk	Management of Risk
As Above	As Above

Improvement

Risk	Management of Risk
There are unquantifiable risks emanating from service redesign within other NHS Boards which have un intended consequences on Scottish Ambulance Service. New Risks or those that are not able to be mitigated internally may impact on sustainability of target.	Regular and early dialogue at all levels with NHS Boards on future service changes. Constant risk monitoring and contingency planning.

Equalities

Risk	Management of Risk
None known	

NHSS E6: NHS Boards to meet their cash efficiency target

NHS BOARD LEAD:	Director of Finance and Logistics

Delivery

Risk	Management of Risk
There is a risk that CRES programme will not be delivered at required level or to required timeframes. There is a risk that efficiencies made will be subsumed by additional expenditure in other areas	Plans will be identified prior to commencement of year and key staff will be held to account for delivery Robust financial management of areas where internal control can be exerted.

Workforce

Risk	Management of Risk
There is a risk that staff will not appreciate the impact of tightening financial resources and change in economic environment	Training and awareness raising session to be held at all levels throughout the organisation

Finance

Risk	Management of Risk
As Above	As Above

Improvement

Risk	Management of Risk
There is a risk that efficiencies are not perceived as mechanism to invest in the service	As above

Equalities

Risk	Management of Risk
None Known	

NHSS E10: NHS Boards to ensure at least 80 per cent of staff covered by Agenda for Change to have their annual Knowledge Skills Framework development reviews completed and recorded on e-KSF by March 2011

NHS BOARD LEAD:	Director of Human Resources & Organisational Development

Delivery

Risk	Management of Risk
There is a risk that operational pressures impact on time available to complete reviews.	Continued monitoring of progress across the organisation and focused HR support for managers and staff as e-KSF becomes embedded.

Workforce

Risk	Management of Risk
There is a risk that staff are not sufficiently aware of their responsibilities to record evidence and maintain e-KSF records.	As above.

Finance

Risk	Management of Risk
None known.	

Improvement

Risk	Management of Risk
None known	

Equalities

Risk	Management of Risk
None known	

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SAS A1: Reach 91% of A&E 1-hour urgent calls within target time

NHS BOARD LEAD:	Director of Service Delivery

Background
SAS has agreed response time targets for all urgent calls which are agreed with the GP, NHS 24/out of hours service or hospital at the time the request is made. Currently, calls are requested with a one, two or four hour response dependent on the assessment of the clinician at scene. Whilst SAS monitors performance against these calls internally, we have included performance against the one hour urgent calls in the targets for 2010/11 to reflect the greater acuity level for patients.

Delivery

Risk	Management of Risk
There is a risk that there are insufficient resources to meet all the demands placed upon the A&E fleet. There is a risk that the proportion of one hour requests increases in direct correlation to performance in NHS Boards against the 4 hour waiting target. There is a risk that where resources are diverted from one hour urgent requests, calls will increasingly be upgraded to emergencies further impacting the problem, or target will not be met.	Ensure maximum availability and utilisation of dedicated mid-tier vehicles for urgent transfers and calls. Work with NHS Boards to develop appropriate inter-hospital transfer and dedicated discharge capacity. Ensure EMDCs liaise closely with clinicians requesting transfer to review timescales appropriately for clinical need and avoid unnecessary upgrading of calls to emergencies.

Workforce

Risk	Management of Risk
There is a risk that dedicated urgent resources are not fully utilised putting additional pressure on emergency A&E resources.	Ensure maximum availability and utilisation of dedicated mid-tier vehicles for urgent transfers and calls. Where appropriate, make use of scheduled care service ensuring robust clinical governance is in place.

Finance

Risk	Management of Risk
There is a risk that existing resources are not sufficient to meet demand and additional funding may be required.	Ensure effective deployment and utilisation of existing resources. Tight management of overtime, non-productive hours and sickness absence rates.

	Opportunities through cash releasing efficiency savings to generate efficiencies for urgent resources.

Improvement

Risk	Management of Risk
There is a risk that developments across the NHS in respect of out of hours services, waiting time targets and changes to existing patient flows will impact on SAS' ability to meet urgent demand effectively.	Work in partnership with NHS colleagues to ensure robust protocols are in place and consistently applied.

Equalities

Risk	Management of Risk
None Known	

SAS A2: Ensure 72 % of Priority 1 Patients arrive at hospital 30 minutes or less before appointment time

NHS BOARD LEAD:	Director of Service Delivery

Delivery

Risk	Management of Risk
There is a risk that current PTS capacity is insufficient to respond to increasingly diverse requirements from NHS Boards.	Explore opportunities for development of specialist scheduled care services in partnership with NHS Boards, for example, palliative care, discharge and inter-hospital transfer services.
There is a risk that the eligibility criteria for scheduled care patients is not consistently applied and finite PTS resources are used inappropriately	Work with NHS Boards and transport providers to ensure eligibility criteria for ambulance transport is agreed and consistently applied in line with NHS Scotland Healthcare Transport Framework.
There is a risk that current systems and processes between SAS and NHS Boards result in system wide inefficiencies .	Work with NHS Boards to improve booking and appointment processes to reduce level of aborted and cancelled journeys and continue to monitor these routinely.
There is a risk that existing PTS resources are not fully utilised	Explore opportunities for extending the coverage of available scheduled care resources at evenings and weekends. Roll out mobile data solution for PTS fleet to enable tracking and real time deployment of resources to maximise utilisation and reduce inefficiency.

Workforce

Risk	Management of Risk
There is a risk that staff are not fully utilised.	Ensure that rosters match demand profile across all divisions and that staff are deployed appropriately geographically and to match demand.
There is a risk that staff numbers and skills will not be increased and developed in sufficient time.	Ensure the development of the SAS career framework supports the need for greater role flexibility and opportunity for staff development
There is a risk that changes to staff deployment may not be achieved quickly enough.	Fully engage with partnership nationally and locally.

Finance

Risk	Management of Risk
There is a risk that existing resources are not sufficient to meet demand and additional funding may be required.	Ensure effective deployment and utilisation of existing resources. Tight management of overtime, non-productive hours and sickness absence rates. Opportunities through cash releasing efficiency savings to generate efficiencies for scheduled care resources.

Improvement

Risk	Management of Risk
There is a risk that changes in NHS service provision impact on normal patient flows displacing PTS resources within and between Health Board areas.	Work with NHS Boards during any reconfiguration of services to assess and mitigate impact for SAS.
There is a risk that progress towards delivery of SAS strategy will be impacted on by funding constraints in current economic climate.	Ensure effective generation of efficiency savings to allow for strategy programmes to be taken forward which will have positive benefits on demand management, ensuring appropriate response and onward referral.

Equalities

Risk	Management of Risk
There is a risk that rigid application of eligibility criteria could leave patients with social need for transport unable to attend for appointments for financial reasons.	Work with local NHS Board Transport Co-ordinators, Regional Transport Partnerships and other transport providers to agree eligibility criteria and develop protocols for referral of non-medical needs patients as appropriate in line with SAS strategy and NHS Scotland Healthcare Transport Framework.

SAS A3: Ensure 90 % of Priority 1 Patients are picked up within 30 minutes of agreed time after appointment

NHS BOARD LEAD:	Director of Service Delivery

Delivery

Risk	Management of Risk
As per SAS A2	As per SAS A2

Workforce

Risk	Management of Risk
As per SAS A2	As per A2.

Finance

Risk	Management of Risk
As per SAS A2	As per SAS A2

Improvement

Risk	Management of Risk
As per SAS A2	As per SAS A2

Equalities

Risk	Management of Risk
As per SAS A2	As per SAS A2

SAS A4: Ensure that no more than 1.0% of booked PTS journeys are cancelled by SAS

Background
SAS monitors the level of aborted and cancelled scheduled care journeys routinely as this can impact on the availability of PTS resources. There is a clear need to improve the processes within SAS but also to work with our partners across the NHS to develop clearer protocols and improve lines of communication to prevent wasted journeys and ensure we jointly maximise capacity. SAS believes that this indicator will have a direct bearing for NHS Boards on their ability to meet 18 week targets and as such it will be a positive measure of joint working going forward as we implement our strategy.

NHS BOARD LEAD:	Director of Service Delivery

Delivery

Risk	**Management of Risk**
As per SAS A2	As per SAS A2

Workforce

Risk	**Management of Risk**
As per SAS A2 There is a risk that Area Service Office staff and management do not focus efforts sufficiently to reduce the level of cancellations by SAS.	As per SAS A2 On-going monitoring and feedback in place. Focused communication for staff and to support staff in liaison with NHS Board colleagues.

Finance

Risk	**Management of Risk**
As per SAS A2	As per SAS A2

Improvement

Risk	**Management of Risk**
As per SAS A2 There is a risk that improvements in NHS Board waiting time targets is not realised due to high levels of cancelled journeys by SAS and/or that this does not reflect the full impact of all aborted and cancelled scheduled care journeys	As per SAS A2 Work closely with NHS Boards to improve processes and target specific ‘hotspots’.

Equalities

Risk	**Management of Risk**
As per SAS A	As per SAS A2

SAS T1: NHSQIS standards for patient safety and clinical governance

Background
SAS assessment was conducted in 2009/10 and as such this indicator will not be formally reported against in 2010/11. However, SAS will continue to review and improve its governance arrangements in line with the NHS QIS framework and the recommendations from the 2009 assessment.

NHS BOARD LEAD:	Medical Director

Delivery

Risk	Management of Risk
Not applicable	Not applicable

Workforce

Risk	Management of Risk
Not applicable	Not applicable

Finance

Risk	Management of Risk
Not applicable	Not applicable

Improvement

Risk	Management of Risk
Not applicable	Not applicable

Equalities

Risk	Management of Risk
Not applicable	Not applicable

SAS T2: Compliance with nationally set standards for Healthcare Acquired Infection (HAI)

NHS BOARD LEAD:	Director of Human Resources and Organisational Development

Delivery

Risk	Management of Risk
There is a risk that current high performance and focus is not maintained due to operational pressures and compliance is not continued.	Fully embed standards and ensure robust monitoring in place across Service supported by Infection Control team.

Workforce

Risk	Management of Risk
There is a risk that staff and managers are unaware of their responsibilities against the standards.	On-going communication with staff and monitoring in place supported by Infection Control team.

Finance

Risk	Management of Risk
None known	None known

Improvement

Risk	Management of Risk
None known	None known

Equalities

Risk	Management of Risk
None known	None known

SAS T3: Treat 12% of emergency calls at scene

NHS BOARD LEAD:	Medical Director

Delivery

Risk	Management of Risk
There is a risk that we are unable to access or develop joint pathways to reduce hospital admissions There is a risk that the existing scope of conditions where see and treat protocols apply will be insufficient to generate quantifiable performance gain.	Working with partners to develop joint pathways to reduce hospital admissions Explore opportunities for appropriate development of clinical pathways to increase levels of see and treat.

Workforce

Risk	Management of Risk
There is a risk that staff awareness and confidence is not sufficient to increase levels of see and treat.	Update training to commence as new guidelines are published and competencies identified.

Finance

Risk	Management of Risk
There is a risk that the efficiency gains for the NHS through reduced attendance at A&E are not fully realised.	Work with NHS Boards and partners to ensure appropriate referral pathways are available and appropriately applied.

Improvement

Risk	Management of Risk
There is a risk that the development of SAS strategy, including development of a common triage tool with NHS 24 and other out of hours providers, does not deliver the anticipated benefits in respect of better demand management and improved referral pathways.	Working in partnership to deliver SAS strategy.

Equalities

Risk	Management of Risk

SAS T4: Convey 95-98% of patients with Scottish Early Warning System (SEWS) score above 4 to hospital

Background

This target was developmental for SAS in 2009/10 and has proved to be a sound indicator of clinical decision-making by crews at scene. The SEWS score has now been fully rolled out as a decision-support tool for crews through the e-PRF system and as such this target will be retained in 2010/11.

NHS BOARD LEAD:	Medical Director

Delivery

Risk	Management of Risk
There is a risk that we fail to convey 95-98% of patients with Scottish Early Warning System (SEWS) score above 4 to hospital.	Audit and feedback along with exception reporting for any eligible patient not transferred to hospital

Workforce

Risk	Management of Risk
There is a risk that staff awareness and confidence is not sufficient to make full use of SEWS to support decision-making.	Feedback along with exception reporting for staff as appropriate.

Finance

Risk	Management of Risk
None Known	

Improvement

Risk	Management of Risk
No improvement takes place.	Audit and feedback as part of the continuous improvement cycle.

Equalities

Risk	Management of Risk
None Known	

SAS T5: Convey 80% of hyper acute stroke patients to hospital within 60 minutes of symptom onset

Background

This target was developmental for SAS in 2009/10 and was a shared target with NHS 24. Although SAS view this target as a positive indicator of SAS contribution to patient care and clinical excellence, achievement of the target in 2009/10 has been impacted upon by the pace of development of specialist stroke services across NHS Boards which is not yet 24/7. As such, crews are often required to divert patients from the nearest A&E facility to a specialist stroke service which impacts on journey times. To that end, the journey time has been extended and the target reduced until full availability of service is achieved.

NHS BOARD LEAD:	Medical Director

Delivery

Risk	**Management of Risk**
There is a risk that we fail to Convey 80% of hyper acute stroke patients to hospital within 60 minutes of symptom onset	Development and liaison with Managed Clinical Networks to ensure access to stoke services. Ongoing monitoring of performance at NHS Board level

Workforce

Risk	**Management of Risk**
There is a risk that staff awareness of stroke protocols is not sufficient.	All staff trained in FAST assessment, including EMDC call taking and dispatch staff.

Finance

Risk	**Management of Risk**
None Known	

Improvement

Risk	**Management of Risk**
No improvement takes place.	Audit and feedback as part of the continuous improvement cycle.

Equalities

Risk	**Management of Risk**
None Known	

Other Activity in Support of NHS Board HEAT targets

In addition, in order to support territorial boards meet their LDP targets, SAS will continue to support boards where appropriate. Examples of this activity includes, but is not restricted to, the following:

2010/11 HEAT Target Reference	*Comment*
Efficiency	
E4: NHS Boards to deliver agreed improved efficiencies for first outpatient attendance DNA, non-routine inpatient average length of stay, review to new outpatient attendance ratio, same day surgery and pre-operative stay.	Work with territorial boards to establish if pre-hospital assessments and checks would be of benefit in reducing outpatient attendance DNA. Work with territorial Boards to ensure maximum efficiency of Patient Transport Service, and minimising aborted and cancelled journeys as contribution to reducing first outpatient attendance DNAs. Work with territorial boards to ensure maximum effectiveness of SAS Patient Transport Service provided discharges as contribution to reducing non-routine inpatient average length of stay.
Access	
NHS24 A5: Transfer 80% of patients identified as suffering from Hyper-acute Stroke to appropriate hospital within 60 minutes.	Joint developmental target with NHS24 for 10/11 to build upon exploratory work in 09/10 – NHS 24 target is to transfer callers to SAS within 10 minutes, SAS will have target to transfer patient to appropriate hospital within 60 minutes of receiving call.
Treatment	
T6: To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/7 to 2010/11.	Continue to work with other Boards to agree appropriate ways in which SAS can support the Shifting the Balance of Care principles of better identifying people at risk of admission, using a person centred and anticipatory approach to care, building capacity to support people manage their own conditions and provide care at home.
T10: To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E.	The successful delivery of the SAS T3 target on treating an agreed percentage of eligible emergency calls at scene, contributes directly to the national T10 target for all territorial NHS Boards.

	Continue to work with NHS24 around the percentage of Category C calls transferred being appropriate, and on the percentage of Category C calls transferred from us to NHS24 being diverted to primary care or home care outcomes.

In line with our Strategy, “Working Together for Better Patient Care”, the Scottish Ambulance Service is also committed to working with NHS Boards and other partners to develop joint action plans and more integrated heathcare provision. These include:

- Developing appropriate models of healthcare for remote and rural communities in response to the Remote & Rural Implementation Group’s Framework
- Developing integrated transport to healthcare solutions
- Development of a common triage tool with NHS 24 and other out of hours providers to ensure an appropriate and consistent response and referral

As we take forward our strategy we will work with the wider NHS to identify further opportunities to support NHS Boards to meet their HEAT targets and evidence the positive impact that SAS can have to that.

Monitoring Progress

The table below indicates proposed format for reporting against progress. This will be submitted monthly to the Executive Team, SAS Board and SGHD.

Progress against Local Delivery Plan – Core Targets

Performance Indicator	20010/11 full year targets	Performance YTD 2009/10
SAS H1 Save more lives Rate of survival of cardiac arrests on arrival at hospital	12%-20%	17.3%
SAS H2 Cat A cardiac arrest patients % of cardiac arrest patients responded to with 8 minutes	80%	78.3%
SAS H3 Response to Cat A incidents % Cat A incidents responded to within 8 mins	75%	71.9%
SAS H4 Response to Cat B incidents % Cat B incidents responded to within 14,19 or 21 mins	95%	93.7%
SAS H5 Response to emergencies on Island Boards % Emergency incidents responded to within 8 mins	53%	51.6%
SAS E1 Sickness absence Rate of sickness absence	5%	5.4%
SAS E2 Reduce emissions Reduce energy consumption	2.5%	3.3%
SAS E3 Universal use of CHI number % of PTS journeys where CHI number is used	85%	84.4%
NHSS E5 Meet financial targets Operate within revenue and capital limits; meet the cash requirement	Meet target	
NHSS E6 Meet cash efficiency target Cash releasing savings achieved	2%	
NHSS E10 Implement knowledge and skills framework 80% of AfC staff to have had KSF PDP reviewed by march 2011	80%	
SAS A1 Response to urgent incidents % of 1 hour urgent calls responded to within 1 hour	91%	84.9%
SAS A2 PTS: punctuality for appointment % P1 patients at hospital 30 mins prior to appointment	72%	72.2%

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SAS A3 PTS: punctuality for pick up after appointment % P1 patients picked up 30 mins after appointment	90%	85.5%
SAS A4 PTS: journeys cancelled by SAS % PTS journeys cancelled by SAS	< 1%	0.9%
SAS T1 Improve health outcomes for patients NHSQIS standards for patient safety and clinical governance	10 or above	11
SAS T2 Health acquired infection Compliance with national framework for HAI monitoring	Meet target	
SAS T3 Reduce hospital admissions % of emergency calls treated at scene	12%	11.1%
SAS T4 SEWS % patients with SEWS score above 4 taken to hospital	95-98%	97.2%
SAS T5 Hyper acute stroke % hyper acute stroke patients taken to hospital within 60 mins	80%	

Annex 5 - Summary of Main Workforce Issues Facing Boards

The Scottish Ambulance Service continues to respond to the complex challenges in determining the optimum numbers, mix and precise roles of staff, vehicles and equipment in each locality especially with ever growing emergency demand and changing types of demand for non emergency Patient Transport Services. There are also challenges arising from the need to balance the operational requirements of a 24/7 emergency service with the need to minimise staff working on call or on standby, as well as challenges and opportunities arising from the implementation of Agenda for Change and its Knowledge and Skills Framework.

The Scottish Ambulance Service has successfully reviewed and updated our existing recruitment and induction framework to support areas of new work such as the introduction of the Paramedic Programme in April 2009. We will look to review and monitor our effectiveness.

Ongoing challenges around attendance management will be supported by continuing to build on good relationships with Occupational Health providers to better support consistency of advice and guidance to staff. In addition we will continue to prioritise the management of sickness absence to reduce levels.

To support the HEAT Delivery Plan, we will continue to develop our workforce, with the skill mix going forward. In responding to the key wider policy drivers and workstreams such as, "Better Health Better Care", "Shifting the Balance of Care", HEAT Target 10, the SAS strategic framework, NHS24 strategy, *NHS Workforce Planning,* CEL 10 (2008) Refreshed Strategy For Volunteering In the NHS In Scotland, and the new NHS Quality Strategy, some of the key workforce challenges which face us are as follows:

WORKSTREAM	AIMS/OBJECTIVES OF WORKSTREAM
Review & modernisation of the unscheduled and scheduled care workforce	To inform the skills, competencies & education required by the workforce in relation to the delivery of unscheduled and scheduled care.
Review and explore skills and roles required to deliver more integrated healthcare models in line with RRIG	To inform the skills, competencies & education required by the workforce in relation to the delivery of RRIG models of healthcare for remote and rural communities in partnership.
Development of Emergency Medical Dispatch (EMDC)	To identify and develop EMDC staff skills and competencies to deliver the strategic aim of 'one point of access/triage' for emergency & unscheduled care between SAS & NHS24
Development of the Organisational Learning Strategy	The Scottish Ambulance Service will build on the Big Picture 2009 analysis and ensure that equality and diversity good practice are built in to our developing Organisational Learning strategy. It will support all staff with the development of necessary additional competencies around unscheduled and remote and rural care and their individual performance and career progression The Scottish Ambulance Service will finalise an HR/OD strategy and support implementation
The Scottish Ambulance	Continue to work towards Investors in Volunteers award which will

Service will aim to achieve the Investing in Volunteers standard by the end of 2010	support volunteer Car Drivers and First Responders.
The Scottish Ambulance Service will further develop workforce capabilities and move towards more dynamic workforce planning, including more effective horizon scanning, scenario planning based on projected patient needs and improved use of evidence, data and available tools and techniques to provide better-planned and delivered services for patients	To enhance workforce planning skills within the service across a range of functions to deliver more dynamic and integrated workforce planning activity