



South Western Ambulance Service **NHS**
NHS Foundation Trust

Strategic Plan Document for 2013-14

South Western Ambulance Service NHS Foundation Trust

Executive Summary

South Western Ambulance Service NHS Foundation Trust (the Trust) has a longstanding reputation for quality, innovation and high performance and is one of the best known ambulance services in the UK. The Trust acquired its neighbour Great Western Ambulance Service (GWAS) on 1 February 2013, creating a single ambulance service that covers the entire south west region and provides emergency care to around 2,500 people every day.

The enlarged Trust serves a resident population of over 5.3 million people plus an estimated annual influx of more than 17.5 million tourists. The Trust covers almost 10,000 square miles, which is approximately 20% of the English mainland. The Trust provides services across the counties of Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Wiltshire, Gloucestershire and the former Avon area (Bristol, Bath, North and North East Somerset and South Gloucestershire). The operational area is predominantly rural but also includes the City of Bristol and a number of other urban centres including Gloucester, Plymouth, Bath, Bournemouth, Swindon and Poole.

The Trust provides a range of 'core services' that require a clinical hub including call handling facilities, initial triage (clinical assessment), advice, filtering, signposting and call allocation or dispatch capabilities. These core services are:

- **Emergency Ambulance Services (A&E):** This involves the provision of an emergency response to 999 and healthcare professional calls that are likely to require treatment and / or immediate transport to a hospital or other facility. This includes the provision of high-technology ambulances and rapid response vehicles (cars or motorbikes) staffed with at least one qualified paramedic;
- **Patient Transport Services (PTS):** These services provide ambulance transportation of non-emergency medical patients, such as to and from out-patient appointments. Eligibility criteria apply in relation to access to the service as determined by commissioners;
- **Urgent Care Services:** For the Trust, urgent care involves two main types of service:
 - **Out of Hours General Practice services:** These services provide non-emergency responses to people who require, or perceive the need for, urgent (but not emergency) advice, care, diagnosis or treatment. These services are procured through competitive tender by a variety of bodies including commissioners, HM Prisons, universities and military organisations;
 - **NHS 111 services:** Call handling and triage services for the new single access NHS urgent care number.

The Trust's strategic goals and annual corporate objectives demonstrate that the organisation continues to make the safety of patients and the delivery of high quality services a top priority. From 2013/14 the Trust will develop, further enhance and implement a number of quality improvement initiatives. It will continue in its commitment to improve the experience and clinical outcomes for patients and to enhance patient safety, making this key to every decision made.

In addition, as part of the business case for the acquisition of GWAS, the Trust committed to delivering a number of pledges and benefits to be realised as a result of the acquisition. Structured under nine pledges and three benefit drivers; improving quality to patients, securing value for money and creating organisational strength, they bring additional focus to the Trust's Plans and provide measurable indicators to assess whether the Trust has delivered the objectives it agreed with key stakeholders. These stakeholders include the Trust's Council of Governors who have been engaged through the year in reviewing and developing elements of this forward plan. The feedback provided has been reviewed and incorporated into the various stages of planning and development, helping to shape the plans for the enlarged Trust.

The period 2013/14 to 2015/16 will be no less eventful and challenging than previous years. The Trust will work to embed consistent ways of working across the enlarged organisation and to support and develop its staff. The Trust will also be spending time establishing relationships with the many partner organisations with which The Trust will be working to deliver integrated and high quality services for the people of the south west. Many of these organisations are new and the Trust will work to build strong organisational and personal links with them.

With a larger workforce, the Trust has greater resilience and flexibility to meet the challenges in healthcare in the months and years ahead. In addition the Trust is better able to invest in cutting-edge treatment and research, and to continue training its staff to provide care for patients without the need to go to hospital. With an annual turnover of £219 million and the plan to generate a surplus of £1.5 million in 2013/14, the Trust can benefit from greater economies of scale to obtain better value in buying medical equipment and emergency vehicles.

The pressure to manage and use Trust finances ever-more prudently will grow, and there is no reason to suggest that the trend of annual increases in the number of 999 calls the Trust receives each year will not continue. Finding better and more appropriate ways to respond to patient need, without necessarily sending an ambulance resource, will be essential in ensuring the Trust continues to provide high-quality care to all our patients wherever and whenever they require our services. This is reflected within the service developments set out within this Plan and a primary focus of the integration plans for the enlarged Trust.

Strategic Context and Direction

Since the publication of the last Trust Annual Plan the landscape of the NHS has changed significantly. The Health and Social Care Act 2012 has implemented changes to healthcare regulation, competition policy and governance, and has shifted health and social care to a more market based provider system. Clinical leadership and responsibility in commissioning has been strengthened with the Trust seeing the commissioning of its core services transferring from 14 Primary Care Trusts to 12 Clinical Commissioning Groups (CCGs).

In addition the Trust has seen its own significant developments and challenges in the last 12 months with the acquisition of its neighbour, the former GWAS, the introduction of NHS 111 services across the area and the introduction of new response time targets. In this context the Trust faces a number of challenges in developing and implementing a Plan that supports the effective integration of two Trusts and supports the vision and strategy for local health services set out by each CCG within the Trust's geography.

Drivers for Growth

In developing the Trust Strategy a number of 'drivers for growth' have been identified that have implications for activity trends in the medium to long term. This coupled with year on year population growth from migration and increased life expectancy, a drive to reduce the national deficit and the pressure this places on public finances, significant transformational change within the NHS and a changing public expectation that increasingly looks to immediate access to healthcare, all combine to increase demand for 999 emergency and urgent care services.

Domain	Drivers for Growth	Activity Projection Implications
Population	<ul style="list-style-type: none"> Population growth in the region has been faster year on year than UK as a whole (6.7% vs 5.3%) South west population is forecast to grow from 5.3 million to 5.8 million by 2021 with an average increase of 0.8% year on year Highest percentage change in the south west as a result of migration and lowest due to natural change More females in the region than males 	<ul style="list-style-type: none"> A&E activity (activations) predicted to grow at 5% year on year UCS activity is predicated to change significantly with the call taking and triage elements transferred over to NHS 111 services through 2013 PTS activity would be expected to grow in line with changes in key demographics however the impact on contracts and service delivery is subject to the level and types of activity commissioned
Age	<ul style="list-style-type: none"> More people above 65 years of age with the over 65 population expected to increase by 25% by 2021 Increase in females over 70 years of age Increased life expectancy (79.5 years for males and 83.5 years for females compared with 78.2 and 82.3 years respectively for the UK) 	<ul style="list-style-type: none"> Increasing demands for preventative care Increases in demand and complexity Increased palliative care requirements Increase in proportion of fallers and patients with long term conditions Increase in patients with multiple conditions
Ethnicity	<ul style="list-style-type: none"> Different requirements for services 91.88% of population classed as 'white British' 	<ul style="list-style-type: none"> Minimal impact on activity but effects communications, interpretation, equality and diversity training and policy development
Tourism	<ul style="list-style-type: none"> Increase in local holidays and destinations Third highest region for overseas visitors 	<ul style="list-style-type: none"> Matching resources to demand Increased pressure on dynamic deployment of resources
Weather	<ul style="list-style-type: none"> Weather extremes with climate change and global warming Carbon footprint reduction Seasonal variations 	<ul style="list-style-type: none"> Flu and infectious disease outbreaks Exacerbation of long term conditions Increased pressure on resources
Socio Economic	<ul style="list-style-type: none"> Increase in pockets of deprivation Nature of rural communities Social norms Inequalities in access to healthcare 	<ul style="list-style-type: none"> High rates of teenage pregnancy Health inequalities

External Impacts

In addition to the growth drivers identified, a number of external factors exist that could impact upon the future development of the Trust:

Political

- Re-organisation of NHS delivery structure;
- Increased encouragement of competition for services amenable to choice;
- Development of outcome focused contracts (increased focus on the quality of services);
- High profile reviews of standards of care in health and social care system (Francis, Winterbourne View);
- Future political ambitions;
- NHS Trust development and mergers and acquisitions.

Economic

- Public sector financial deficit;
- Changes to funding priorities and commissioning structures as a result of NHS reforms and new health policies resulting in growth in some markets but decommissioning of others;
- Variability in Quality, Innovation, Prevention, Productivity (QIPP) programmes across the south west region;
- Geographical and funding variances across the south west;
- An increasing reliance on cost improvement plans as a source of funding in future years resulting in large scale cost reduction

- programmes for service lines and transformation in business/operating models to deliver cost effective services;
- Competition and the ability of organisations to generate and reinvest surpluses;
- Workforce availability;
- Unfunded growth and affordability in implementing new clinical developments;
- Inflation and cost of living;
- Changes in taxation structure;

Social

- On-going challenge of delivering a range of emergency and urgent care services within an area that is largely rural, sparsely populated;
- Continuing increased demand for round the clock ambulance services;
- Recognition of needs of vulnerable adults and those with specific health needs within health contracts (safe-guarding, mental health, dementia, bariatric patients);
- The ability of the local health economy to manage future activity growth;
- Demographic trends and seasonality driving demand;
- The impact of health inequalities on clinical demand;
- Inconsistency in delivery of patient pathways across all areas of operational delivery.

Technological

- National programme for information technology introducing the electronic patient record;
- Growth in the use of social media;
- Development of specialist centres for specific services (beyond historic highly specialised services);
- Continued developments to enable IT supported care pathways creating opportunities for service development;
- Single point of access and NHS 111.

Legal (and Regulatory)

- Health and Social Care Act 2012 – changes to commissioning and provider structures and new contractual frameworks;
- NHS constitution including new rights for patients;
- A tougher and continually changing regulatory regime;
- The effect of national healthcare strategies and the drive to integrate healthcare outside of hospital;
- Introduction of Category A8 Red 1 and 2 as national targets;
- Drive for increasing range of primary care and specialist services to be available 24/7;
- Establishment of CCGs, Local Area Teams, Healthwatch;
- Commissioning for Quality and Innovation (CQUIN).

Environmental

- Volatility in fuel prices and requirement to reduce fuel usage;
- Tougher environmental and sustainability targets;
- Environmental factors including weather and pandemics.

As part of the acquisition process the Trust developed a comprehensive business case that set out how the organisation could use the opportunities created by the acquisition to respond positively to the changes and challenges identified above. The business case included plans to maintain financial viability and enhance relationships with key stakeholders across the south west to support the delivery of integrated care. Opportunities to strengthen the Trust's strategic and tactical response over the life of this Plan, as reflected within the service development plans of the Trust, include:

- Enhancing capacity and capability to manage and influence factors impacting on the demand for 999 emergency services such as seasonality, future activity growth, demographic pressures and patients expectations;
- Enhancing the ability to reduce geographical variances particularly in rural areas and along former boundary lines through an ability to respond more quickly and flexibly having oversight of the entire south west area;
- Enhancing capacity to respond positively and innovatively to emerging national healthcare strategies as a result of increased clinical mass;
- Providing an opportunity to strengthen clinical leadership;
- Providing an opportunity to build additional clinical, operational and managerial resilience and infrastructure to ensure the Trust remains competitive.

Trust's Strategic Position within the Local Health Economy

An overview of the Trust's current position for each core service is set out below:

- **999 A&E:** The Trust is the sole provider of NHS 999 services across the whole of the south west and contributes 78.9% of total Trust income for 2013/14. Currently the provision of emergency ambulance services is not tendered and for the life of this Annual Plan this position is not expected to change;
- **Patient Transport Services (PTS):** Nationally PTS are delivered by a range of NHS and independent sector providers with service provision tendered typically every three to five years. Contracts are negotiated annually either direct with an acute or community hospital or at CCG level. At the start of 2013/14 Trust provision covered Cornwall and the Isles of Scilly, Devon (excluding Torbay), Dorset, Somerset, the former Avon area, Gloucestershire and Wiltshire and, on occasion, to those on the borders within neighbouring counties. PTS contributes 5.1% of total Trust income for 2013/14;
- **Urgent Care Services:** In respect of urgent care the Trust is commissioned to provide two core services:

- **Out of Hours (OOH):** Nationally OOH services are delivered by a range of NHS and independent sector providers with service provision tendered typically every three to five years, and contracts negotiated annually at CCG level. The Trust currently provides OOH services in Bournemouth and Poole, Dorset, Gloucestershire and Somerset contributing 7.8% of total Trust income for 2013/14;
- **NHS 111:** The NHS 111 service is delivered by the Trust in Dorset, and from June 2013 the Trust will run the service in Devon. NHS 111 contributes 1.5% of total Trust income for 2013/14. As with PTS and OOH, NHS 111 services are competitively tendered and there are a number of private and NHS providers delivering this service within the Trust's operational area.

The PTS market is a highly competitive one with independent sector providers increasingly securing a greater share of the market compared to NHS providers. As these services are commercially tendered the Trust is not sighted on the key competitors for contracts it may have to bid to provide, however there are a large number of local and national private and other providers of PTS that present a potential risk to the Trust's position.

During April 2013 the Trust was informed that its tenders to deliver PTS in Dorset and across the Devon, Cornwall and Somerset peninsula were unsuccessful with the contracts being awarded to a private provider. The Trust is still awaiting the outcome of tenders to retain PTS in Plymouth and Wiltshire, Bath and North East Somerset, Gloucestershire and Swindon (BaNES).

As with PTS tenders, the Trust is not generally aware of other bidders in any specific tender for OOH and NHS 111 services in which it has participated. However there are a number of NHS and private providers of both services operating in the area covered by the Trust and, going into any tender, the Trust would assume that competition could come from any of these providers. Following a service review in Somerset it is anticipated that the Somerset OOH contract currently delivered by the Trust will be notified for tender during 2013/14. A Dorset service review is on-going therefore the future position of this contract is unknown.

In assessing competition for each of the tendered services the Trust has made the following observations:

- Historical and future environments for each of the tendered services detailed above are very different and therefore the Trust is not expecting market growth to be driven by historical trends;
- Market competition for each service can be defined on the basis of perceived and demonstrable value for money alongside a drive to ensure quality of service delivery;
- In addition to the independent providers who have a presence in the Trust's local areas, there is a growing trend for providers to compete further afield;
- In recent years there has been a significant shift in service provision from public to private sector providers and there are a number of private ambulance providers that already have a presence within the south west.

The Trust considers it has a number of strengths relative to its competitors:

- Consistent, high clinical quality;
- A strong reputation for being a responsive organisation that has and can demonstrate leadership in matters affecting the wider health community e.g. the Trust's role in co-ordinating a response to handover delays;
- Delivery of A&E national targets;
- An experienced, enthusiastic, professional, skilled and motivated workforce;
- The Trust's current financial position including historical cost improvement programme delivery;
- Benefits arising from the synergy between the three core service lines;
- The Trust's current contribution to reducing A&E attendances through non conveyance;
- Clearly identified patient pathways for all three service lines;
- A large, dedicated volunteer workforce.

However the Trust has identified a number of potential constraints when entering into any competitive tender process:

- As an NHS organisation the Trust is bound by the terms and conditions of employment set out within Agenda for Change;
- The quality versus cost debate: Delivering a high quality patient experience whilst driving down the cost base;
- Commercial tendering knowledge is limited compared to some competitors. Private competitors will often establish dedicated bid teams with specialist knowledge in contracting and contract management, whereas in the Trust bid teams typically constitute operational managers;
- Under the current Compliance Framework and Foundation Trust regulatory regime the ability of the Trust to deliver a 'loss leader' is limited. The Trusts pricing strategy typically starts from a breakeven position in order to maintain the Trust's Financial Risk Rating. Private competitors are able to consider running with a 'loss leader' creating an uneven playing field;

- The Trust's focus will always be on investing in the frontline and operating with lean management costs. The ability of the Trust to invest in resources upfront is therefore limited such as the bulk purchase of vehicles at reduced rates;
- Private competitors have greater access to a more diverse range of investment options than an NHS Foundation Trust.

Considering these points this Plan has been developed on the basis of a set of planning assumptions and ambitions for each of the Trust's service lines as follows:

- For 999 A&E the Trust will maintain 100% monopoly of the existing market;
- For OOH and NHS 111 the Trust is focused on retaining and strengthening its existing market share and, in addition, will actively seek to expand its market share for this service line;
- For PTS the Trust expects to retain its contracts in the North Division with some associated growth in activity. Overall however the Trust's total PTS market share will decrease over the life of this Plan.

In addition, during 2013/14, the Trust will be focused on integrating its core services and support functions following the acquisition of GWAS. In parallel the Trust will undertake a range of activities to reset its strategic direction and produce a refreshed five year strategy for the enlarged Trust. As part of this exercise the Trust will consider opportunities to diversify its income in future years outside of its current core services, which could include working with the Academic Health Science Networks.

Changes in Local Commissioning Arrangements

Local Commissioning Intentions

The NHS Outcomes Framework sets out the five Domains that the Secretary of State for Health will use to assess the progress of the NHS in improving patient outcomes:

- Preventing people from dying prematurely;
- Enhancing quality of life for people with long-term conditions;
- Helping people recover from episodes of ill health or following injury;
- Ensuring that people have a positive experience of care;
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

CCGs are accountable for ensuring that services are improved in regard to these five outcomes. To further support their delivery the Trust has mapped its corporate objectives to each of the CCGs outcome indicators identified within their Integrated Plans in order to ensure that there is a direct alignment between the Trust's strategy and the priorities of its commissioners. In addition, there are a number of shared objectives or principles within the CCG Integrated Plans that the Trust has identified in order to support the development of its Strategy. Summarised at a high level these include:

- Transforming health and social care services to improve quality, clinical effectiveness and patient experience;
- Delivering care closer to home - supporting patients to be in their own home or as close as possible to home;
- Delivering service change in all organisations to support whole-system transformation;
- Delivering added value and value for money in all current and prospective services within existing resource constraints, supporting sustainability of services;
- Ensuring accessible, flexible and integrated services that are responsive to local needs and are designed around patients;
- Preventing ill health and reducing inequalities.

Quality, Innovation, Productivity and Prevention (QIPP) and Demand Management

The ambulance service is a key enabler in maximising the opportunities presented by the QIPP programme. In particular those themes linked to optimising urgent care pathways, shifting settings of care and adopting best practice care pathways best reflect the service development strategy of the Trust.

For over 10 years the Trust has experienced year on year growth in demand for ambulance services (approximately 5% per annum). Historically these increases have been managed through modernisation programmes, investment and the introduction of enhanced technology. The organisation recognises that different operational practices are required, if it is to manage activity and still meet national performance targets. This can be achieved by treating patients more appropriately, either through telephone advice, clinical triage and assessment or within their own homes. Similarly the health community has experienced year on year growth in Emergency Department attendances.

The combination of these challenges resulted in NHS South West developing a number of goals which included reducing A&E attendances by 10% over a five year period - a strategic goal which the Trust signed up to as part of the

local health community. In response to this challenge, the Trust introduced a programme delivering changes in culture, increased communication and additional clinical support; this has altered the negative perception of 'non-conveyance' to a positive attitude regarding the delivery of 'Right Care to the patient, in the Right Place and at the Right Time'. This initiative particularly resonates with clinicians, whose priority is to provide the best treatment and support for patients. The Right Care, Right Place, Right Time initiative forms a major component of the Trusts Clinical Strategy over the next three years and helps to support another key role of the Trust. That is in assisting the local health community manage demand for unscheduled care of which the effective clinical handover of patients to a hospital is fundamental to this.

Decommissioning and Reconfiguration

The Trust has received confirmation from its commissioners that no services are due to be decommissioned across the Trust's geography that would significantly impact upon the delivery of its core services. In addition, prior to its abolition on 31 March 2013, NHS South West confirmed that there are currently no new plans for major service reconfiguration in the Trust operational area over the life of this Plan.

A number of smaller scale changes are planned, or are being proposed, within the south west that have relatively minor consequences for the Trust. These include:

- The opening a new Southmead hospital in Bristol centralising services onto one hospital site. As part of this change, North Bristol NHS Trust is planning to build a state-of-the-art emergency department that will have its own entrance; greatly improving access for ambulances with a helipad link straight into the Emergency department. Within these plans, Frenchay Hospital will become a community hospital;
- The Royal National Hospital for Rheumatic Diseases ceased providing a neuro rehabilitation at the end of March 2013, with a transfer of provision to the Royal National Hospital for Rheumatic Diseases NHS Foundation Trust;
- Proposals to move in-patient care to Newton Abbot from Bovey Tracey and Ashburton Community Hospitals;
- Proposals to relocate GP surgeries and some hospital services from Swanage Hospital to a new community hospital in Wareham;
- Proposals to centralise hyper-acute stroke services in Taunton and Yeovil;
- Proposals for Gloucestershire Royal and Cheltenham General Hospitals to centralise emergency medical care, medical specialties and paediatric day services. As the majority of specialist services such as stroke and major trauma have already been centralised onto one site the impact for the Trust in respect of emergency and urgent care is minimal however the Trust is engaging directly with the acute Trust to ensure any concerns are highlighted.

Any service reconfiguration proposal is considered alongside the Trust Service Line Business Plans to review any potential impact. In addition the Trust engages with relevant parties where appropriate to ensure that any implications for the provision of urgent and emergency care have been taken into account.

Collaboration and Integration

The Trust prepared an Integration Plan as part of the acquisition business case. Headlines from this included the rationalisation of the Trust estate including plans to centralise services within enhanced clinical hubs across the enlarged Trust. Integration planning was predicated on delivering service and financial synergies and benefits to patients.

In delivering this Plan, the Trust will be seeking to further integrate services particularly within urgent care provision and identify strategic partnerships with other providers. For example the Trust has already formed a new partnership with a GP Consortia in Gloucestershire in order to tender for an OOH contract.

Through its service development strategy, CQUIN and QIPP plans the Trust has identified a number of initiatives that it has started to implement or is working with key stakeholders to introduce. Aimed at integrating service delivery both within the Trust and with other health providers across the community these are initiatives are varied. They range from local initiatives to meet specific local patient needs, to regional developments aimed at improving outcomes for patients whilst increasing the quality and cost effectiveness of service delivery. Some have been agreed through contract as part of CQUIN schemes, others will require further work to develop effective partnerships and embed changes within patient pathways. Examples include:

Initiative	Details
Right Care, Right Place, Right Time	<p>Investment in alternative care pathways within the south west (including Minor Injury Units, NHS Walk-in Centres and Treatment Centres) has resulted in a wide variety of treatment locations for patients. Commissioners are increasingly reviewing ways to optimise out of hospital service delivery including renewed attempts to sign post patients to the most appropriate facility. This is being driven by increased demand for unscheduled care, associated financial pressures, a need to integrate out of hospital services and a drive to ensure that patients are treated in the most appropriate setting.</p> <p>The evolution of the ambulance service, with highly skilled frontline clinicians, has seen a shift away from a protocol driven response service, to a patient focused provider of emergency and unscheduled care. This enables staff, through effective training and clinical support, to make clinical decisions and deliver not only emergency care, but also urgent care to patients in the right place, at the right time.</p>

Initiative	Details
HCP Calls	Work with CCGs to understand the factors influencing Health Care Professional (HCP) referrals and identify areas for joint working and support for primary care.
Care Homes	Improving the appropriate utilisation of ambulance services by care homes. This is a CQUIN scheme in 2013/14 which aims to evaluate the impact of a range of targeted interventions on utilisation.
Urgent Care	Urgent care pathway development in Dorset focussing on improving the service provided to patients presenting with sepsis to reduce mortality and morbidity.
Atrial fibrillation screening and referral in Devon	Increase the opportunity for the identification of patients with undiagnosed Atrial Fibrillation, instigating appropriate referral for primary care review, reducing the risk of stroke and other cardiovascular events.
Frail elderly care pathway development	In collaboration with providers agree a care pathway for frail elderly patients in Cornwall and Somerset.
NHS Pathways	This is a clinical telephone triage system that triages patients based on their needs recommending an appropriate care pathway.
Directory of Services (DoS)	<p>The DoS enables the Trust to signpost patients to the most appropriate local healthcare facility across the whole health community. It supports NHS 111 providers and is a vital component in ensuring that patients are directed to the most appropriate care pathway. An effective DoS, with all appropriate services being available at the right time enables the NHS 111 provider to deliver an effective, accessible and timely service minimising the number of incidents inappropriately transferred to the ambulance service.</p> <p>Where gaps in the required patient pathways are identified within the DoS it is important that the health community works together to provide a solution. There is a risk that the ambulance service can become the 'default' if significant gaps in service remain due to the 24:7 nature of the service and the speed of response provided.</p>
Single Point of Access (Dorset)	The Single Point of Access service provides a central point for healthcare professionals to access Pan- Dorset Community Services. It follows the vision for an integrated model for urgent care, requiring effective co-ordination and use of all available resources. It involves clinical assessment with clear care pathways into services to optimise the effectiveness of the patient journey. It also provides an opportunity to improve the information and activity recording from Community Teams highlighting shortfalls in services, due to either gaps in commissioned services or in performance.
Capacity Management System	This shows available capacity within the local health community including acute trusts and enables providers to work together to ensure patients are managed appropriately.
Patient Support Vehicles (PSVs)	PSVs are used to support GPs in booking HCP admissions for lower acuity patients. PSV staff have recently received guidance on the care of patients with mental health issues in order to transport appropriate patients without the use of a front line 999 emergency ambulance. This has the benefit of a more timely response as the patient does not have to wait until an emergency ambulance is available. It is also a more discreet vehicle which is less daunting for patients who may already be anxious.
NHS 111	The Trust has recently appointed two NHS 111 Liaison Officers whose role is to work with external NHS 111 providers within the south west in order to assist with the 'bedding in' of the new service and to manage the impact of the introduction of NHS 111 on the ambulance service.
Electronic Patient Record	The electronic patient record provides more patient details and enables health providers to transfer secure information to enhance the continuity of care provided. It also enables clinicians in the field to have direct access to the Directory of Services.
Safe Buses	The Plymouth and Bournemouth Safe Buses are provided in collaboration with other agencies as a community service.
Out of Hours Services	<p>There are a number of initiatives within out of hours services, a number of which are highlighted below:</p> <ul style="list-style-type: none"> • Developing local partnerships and responding to local health community developments. This includes the remodelling of existing Urgent Care Services plus new services via the Single Point of Access such as dental call handling and advice, prison call handling, TIA service, district nurse call handling, and Nurse Practitioner Pilots in local areas; • 'Bedding in' NHS 111 with an improved Directory of Services (DoS); • End of Life Care: Developing the enriched Summary Care Record; improving special messages including joined-up communications with A&E; • Training: End of Life training for clinicians; safeguarding; dementia and learning difficulties training; Verification of Death Training for Healthcare professionals in other organisations; • Prescribing Practice: Reviewing antibiotics and emergency supplies used in urgent care; improving medicines management.

In addition the Trust has set out a number of intentions to support collaboration and integration:

- During 2013/14 the Trust is undertaking a series of activities to refresh its strategic direction. Pivotal to the success of this is establishing effective relationships with all key local stakeholders, particularly the 12 CCGs within the south west region, and forming joint working arrangements with healthcare providers across the enlarged Trust's

catchment area. The Trust is hosting a series of events in order to actively engage stakeholders, identifying local health priorities and needs and presenting the Trust emerging plans and strategy for the next five years;

- The strategic goals set out a clear ambition to partner with other organisations to strengthen service delivery and resilience, provide economies of scale, contribute to profit margins and strengthen further the probability of success in securing contracts;
- The Trust has identified a number of benefits arising out of the acquisition for patients and the local NHS health system including a unique opportunity to align the ambulance service with Clinical Networks in the south west including the Trauma Network and Cardiac and Stroke Networks. In addition the acquisition supports ways of working within the south west including an enhanced ability of the enlarged Trust to support tertiary care pathways such as inter-hospital transfers;
- The Trust will work to engage with each of the Health and Wellbeing Boards across its geography to understand local community's needs, support the delivery of agreed priorities where appropriate and establish strong working relationships with CCGs and other key stakeholders;
- With its enlarged and transitional Council of Governors the Trust will continue to review its Membership Strategy and Membership Recruitment Plan to ensure effective representation and engagement of the local population. This will be supported through Governor working groups and will focus on the challenges of communicating with and engaging the public as the membership base becomes more complex.

The Approach Taken to Quality

The Trust has an on-going commitment to keeping quality at the top of its agenda. This is encapsulated in the Trust vision 'to respond quickly and safely to save lives, to minimise anxiety, pain and suffering'. The Trust considers that quality has five elements and these are pivotal to the development and delivery of the Trust Clinical Strategy:

- **Safety:** avoiding harm to patients from healthcare that was intended to help them, and ensuring staff remain safe;
- **Experience:** providing care that is responsive to individual personal preferences, needs and values and ensuring that patient feedback guides all continuous improvement. Actively seeking and responding to feedback from staff;
- **Clinical effectiveness:** providing services / interventions based on the current understanding of what is the most effective care;
- **Access:** ensuring ease and speed of access to appropriate care; and,
- **Value for money:** maximising the efficiency of the service and eliminating waste.

Underpinning quality governance controls were updated with arrangements rolled out across the enlarged Trust to ensure:

- That effective leadership arrangements are in place for the purpose of monitoring and continually improving the quality of healthcare provided to patients; and,
- To give due consideration to the quality implications of future plans and to monitor their on-going impact on quality.

This process included an assessment of how the Trust Board assures itself that it has effective arrangements in place to monitor and improve the quality of care and identify any risks to quality and patient safety. Examples of key processes and mechanisms in place include the following:

- Following the acquisition of GWAS the Trust introduced a new Performance Management Framework and revised its Corporate Performance Report to the Board to ensure it was fully integrated;
- The Trust produces a monthly Quality Dashboard which is an integral part of the Trusts Integrated Corporate Performance Report. It sets out performance against the Quality Account priorities, ambulance clinical quality and clinical performance indicators, clinical quality outcomes and other quality measures;
- The Trust reviews and benchmarks performance by Operational Locality Manager area, managing performance through the Heads of Operation;
- The Trust has five Clinical Development Managers in post who provide high profile, effective leadership for all clinical staff and professional advice to colleagues and staff regarding clinical issues. These staff also design, implement and monitor new clinical pathways to meet the Trusts objectives and research and develop new concepts in clinical care, undertaking projects related to clinical service development and patient safety;
- Complaints and all types of incident (including serious) are scrutinised by the Learning from Experience Group for trends and issues for further investigation. Bi monthly and annual patient experience reports provide additional information and evidence of learning and quality improvement. These are presented to each meeting of the Quality and Governance Committee;
- The Trust's Executive Medical Director is the lead for Serious Incidents, with the Executive Director of HR & Governance responsible for complaints. Serious Incidents are confirmed by agreement of two or more clinical directors with each Serious Incident being reviewed by a panel chaired by an Executive Director. A quarterly and annual report is provided to full Board meetings and all Non-Executive Directors are invited to attend panels. In

addition the Executive Medical Director or Chief Executive (a registered clinician) review and sign all complaint responses;

- The Trust continues to assess itself against Monitor's Quality Governance Framework with the Trust Board receiving quarterly reports providing on-going assurance that Trust quality and governance arrangements continue to meet the standards required. This supports the signing of each of the quality and governance statements, self-certifications and declarations;
- An updated Board Memorandum on Quality Governance was presented to the Board in September 2012 to provide assurance of the Trust position from 1 February 2013 onwards following the acquisition of GWAS and the Trusts Quality Strategy was reviewed to ensure that all quality improvement is identified and appropriately managed and reported.

In addition the Trust carries out internal assessments against the key findings and recommendations of relevant public inquiries and their subsequent reports. For example the national response to the Winterbourne View Hospital Review and the Francis Report that followed an extensive inquiry into the failings at Mid-Staffordshire NHS Foundation Trust. The Board undertakes a review of the reports and identifies those recommendations that are relevant to the Trust and may require further work. In addition the Trust will consider its position in relation to central themes within key reports engaging senior managers, staff groups and the Council of Governors. The findings from these exercises are used to consider and agree on appropriate and proportionate action, which will be led by the Board of Directors.

As demonstrated in this and previous years Quality Reports the Trust has an extremely good track record of improving quality and aims to continuously expand, refine and develop its services. The Board of Directors recognise that improving quality will make the services provided more clinically effective and timely; more patient focused and ultimately safer. The Trust works closely with other health providers, delivering services in the same areas, to ensure that safe and appropriate care is delivered to patients within the health community.

The Trust is not aware of any current quality concerns from the CQC or any other external parties. The Trust was inspected by the CQC in January 2013 and confirmed as compliant with all assessed domains. An internal audit review of the Trust CQC evidence collection processes has declared them as 'well-managed, appropriate, and of low risk'. The Trust monitors the Quality and Risk Profile produced by the CQC on a regular basis and no outcomes monitored in-year were rated amber or red during 2012/13. The Trust holds regular relationship meetings with the CQC to ensure that any quality issues would be identified and addressed promptly if necessary. Internally the Trust records and monitors key risks to operations, clinical quality and the Trust's financial position through its Risk Management Strategy. This includes recording risks within a series of risk registers depending on the severity of their rating. The key risks, and associated mitigations, to delivering this Plan are set out later in this Plan.

Clinical Strategy

For 2013/14 onwards the Trusts Clinical Strategy remains focused upon the implementation of quality improvement initiatives, as identified within the Trust Quality Account, and the continued modernisation of its three core services. In addition the Trust identified a number of benefits and pledges that it would strive to deliver as a direct result of the acquisition. Combined, these elements constitute the short to medium term Clinical Strategy of the Trust that aims to:

- Ensure the delivery of all standards, quality requirements and provide health community benefits;
- Ensure the core business of the Trust remains centred on clinical leadership, quality, safety and productivity and is aligned to known current and future commissioning plans;
- Aim to deliver the optimum patient experience whilst striving to secure a safe working environment for staff that operate around the clock health care services 365 days a year;
- Deliver the acquisition benefits associated with 'Improving Quality to our Patients'. Benefits grouped under this heading will be realised as a result of improving and developing clinical services, improving performance, improving patient safety and patient experience, improving engagement within the community and with staff and improving the contribution of ambulance services to system wide quality improvements within the local NHS.

Delivery of these aims will help secure the long term vision for the enlarged Trust which is to:

- Create a high performing ambulance Trust which continues to improve, innovate and deliver high quality services to patients based on experience and best practice;
- Stabilise the enlarged Trust through strong leadership and clear decision making;
- Manage the safe transition of staff into the enlarged Trust ensuring their on-going wellbeing and professional development;
- Develop a positive, dynamic culture for all staff to work within creating an enlarged Trust that staff are proud to work for and would recommend to others;
- Establish and develop close working partnerships with key stakeholders within the south west including the emerging CCGs, local NHS Trusts and NHS Foundation Trusts;

- Use the opportunity presented by the acquisition to improve relationships with patients and the local population in order to ensure that they feel that they are receiving a personalised and local service from a dedicated and experienced ambulance Trust.

Strategic Goals

As part of the strategy development for the Trust's NHS Foundation Trust application in 2010/11, a set of five year strategic goals were identified that articulated the priorities for each core service and supported the delivery of the Trusts Clinical Strategy.

Since their development there has been a great change both within the Trust and in the wider health community. To ensure that the Trust is responding to these changes it has agreed a programme of work for 2013/14 that will reset the strategic direction of the Trust, resulting in a refreshed five year service development strategy and a new set of strategic goals. These will be developed and tested through a series of events and workshops that will engage staff, the Council of Governors, the south west CCGs and other key local stakeholders. Until the Trust has re-assessed its strategy these goals remain the focus of the organisation, however the Trust is cognisant that 2013/14 is a transitional year following the successful acquisition of GWAS. For this Annual Plan the strategic goals remain:

999 A&E Services

Strategic Goal 1: High Quality, High Performing

To deliver improvements at county level, and achieve upper quartile performance at a Trust level, for all national ambulance clinical quality indicators in a phased way over the period 2012/13 to 2016/17.

Strategic Goal 2: Improving Patient Pathways

To implement changing patient pathways in line with national strategy and local direction. These will be emergent based on extant policy with a current emphasis on major trauma.

Strategic Goal 3: Right Care, Right Place, Right Time

Align Trust strategies and working practices to deliver the right care to patients, in the right place, at the right time, with a continued focus on delivering a safe reduction in inappropriate A&E attendances at acute hospitals

Urgent Care Services (Including Out of Hours and NHS 111)

Strategic Goal 4: Strengthen, Secure and Grow Urgent Care Services

To retain the existing Trust contracts for the delivery of Urgent Care Services when tendered, ensuring they are of high quality, clinically safe, cost effective and fit for purpose. Where appropriate the Trust will seek to expand and grow the service line, independently or supported by innovative business partnerships.

Patient Transport Services

Strategic Goal 5: Retain, Strengthen and Grow Patient Transport Services

To retain the existing Trust contracts for the delivery of Patient Transport Services when tendered, ensuring they are high quality, clinically safe, cost effective and fit for purpose. Where appropriate the Trust will seek to expand and grow the service line, independently or supported by innovative business partnerships.

The Trust is very clear that in particular the strategic goal relating to PTS will need to be completely revisited during 2013/14 as a result of known and pending tender outcomes.

Corporate Objectives

Underpinning the strategic goals are four corporate objectives. These articulate the annual indicators and measures that will be used to assess delivery of the goals. They are refreshed each year to reflect changing milestones and outcomes and are informed by national strategy, legislation, the NHS Operating Framework (Everyone Counts) and NHS reform. Within the objectives are a number of priorities moving forward including; delivering and improving upon national Ambulance Clinical Quality Indicators (ACQI) including achieving national ambulance response time targets, delivering the priorities of the Trust Quality Account, maintaining financial health and delivering the Trust's plans to reduce inappropriate attendances at emergency departments where clinically appropriate. A full set of the Corporate Objectives and their associated key performance indicators can be found [here](#) on the Trust website. At a high level they are to:

- Deliver and improve upon national ambulance and out of hours service quality indicators to provide high quality patient focused services;
- Deliver national and local commitments to support continuous improvements in patient care;
- Ensure that the Trust remains fit for purpose through sustainable service development;
- Ensure the Trust Delivers against its social and organisational responsibilities.

These objectives are mapped to the CCG outcome indicators and, from 2013/14, introduce a number of workforce measures to assess the 'health and wellbeing' of the Trust workforce and introduce measures of success in delivering

the Trust workforce plan. In addition the nine pledges made by the Trust Board as a result of the acquisition have been mapped to each of the Corporate Objectives. Of the nine, those with a particular clinical focus are as follows:

- **Pledge 1:** Delivering improvements on all Ambulance Clinical Quality Indicators in the medium term;
- **Pledge 2:** Achieving all national targets in the first full year of operation, in other words by 31 March 2014 based on the current timetable. Pledges 1 and 2 align directly to Strategic Goal 1 which states that the Trust will deliver improvements at county level and achieve upper quartile performance at a Trust level, for all national ambulance clinical quality indicators in a phased way over the period 2012/13 to 2016/17;
- **Pledge 3:** Delivering an overall improvement in patient satisfaction over the medium term;
- **Pledge 5:** Delivering a 10% improvement on non-conveyance rates (now referred to as the Right Care, Right Place, Right Time initiative) to emergency departments across the whole south west region. This pledge aligns directly to Strategic Goal 3;
- **Pledge 8:** Levelling up clinical performance, aiming for performance to be the best in the country.

Service Line Strategy

Throughout 2012/13 the Trust provided its Finance and Investment Committee with initial service line reports for its Out of Hours and Patient Transport Services. This has supported the Trusts capability in responding to a number of competitive tenders and in understanding and supporting internal management and financial decisions. In addition, as a result of the acquisition, the Trust has developed, and is in the process of implementing, a new organisational structure based on service management principles.

The Trust will continue over the next three years to develop its service line work plan to ensure that it takes into account the complexities of the enlarged Trust. During the transitional year (2013/14), the focus will be on integrating systems and processes and consolidating performance. From 2014/15 onwards the focus will shift towards the further development of the Trust's service line strategy in line with the refresh of the Trust strategic direction overall.

The Trust uses its internal service line reporting, alongside both internal and external benchmarking, to analyse service line performance and support the planning of service line strategies. The service line leads work closely with their commissioners to understand changes within the external environment in order for the Trust to respond to opportunities that arise within each market.

Clinical Workforce Strategy

In order to deliver high quality patient care the Trust must be an effective and efficient organisation, with strong leadership and clear direction. The contribution of effective clinical workforce strategy in creating and sustaining a successful organisation is vital in that it defines the approach to affect the workforce and organisational developments required.

Although the clinical practice of ambulance clinicians is supported by nationally published ambulance guidelines, much of the care is still determined by individual trusts. As part of the preparation for the acquisition of GWAS, the Trust established joint working between the clinical teams to share best practice and ensure that all patients across the enlarged Trust received the same high standards of care from day one. By reviewing all clinical documents published in both organisations over the past six years, the best care delivered in both organisations was combined with the latest evidence base, to create entirely new clinical guidelines.

During 2013/14 a primary focus of the workforce strategy is to continue to align clinical practice following the acquisition and establish a quality baseline position from which the Trust can assess its current workforce and prioritise investment to support effective integration. This will be supported by the delivery of a comprehensive clinical training plan to ensure the maximum benefits for staff and patients can be realised. From 2014/15 onwards the Trust will the focus on further developing the workforce to deliver the clinical strategy of the enlarged Trust. This will include supporting the delivery of the benefits and pledges established as part of the acquisition business case.

Benefit driver number three 'Creating Organisational Strength' detailed a number of benefits that will be realised as a result of bringing about organisational stability, having an experienced leadership team at the helm of the enlarged Trust, creating a sustainable infrastructure for the future, by being a more credible partner and attractive employer and ensuring that a consistent, positive culture is embedded within the enlarged Trust going forward. Pledges 6, 7 and 9 set out further commitments in relation to the Trust workforce:

- Pledge 6: Delivering combined management costs of 6%, which is below the national average in the medium term;
- Pledge 7: Delivering an overall improvement in staff satisfaction over the medium term;
- Pledge 9: Continuing to invest in staff to ensure that there are high quality clinicians delivering care.

Research, benchmarking and audit are the tools that have helped to shape the clinical direction of the enlarged Trust. As referenced the Trust has undertaken extensive internal and external benchmarking as part of its integration planning activities to ensure that the Trust continues to deliver excellent care to its patients. The revised clinical, notices and operating procedures have informed the Trust's training plan for 2013/14 onwards and have established a

set of minimum criteria for the skills and competencies required in the new organisational structure. As the new structures embed the Trust will review the impact of these changes on the workforce through a variety of measures including the annual staff survey and an independently commissioned cultural survey. Any outcomes will be used to inform the future priorities of the Clinical Workforce Strategy.

Key pressures in delivering the Strategy include:

- Following the acquisition, the delivery of statutory and mandatory education and training alongside the development of existing and new educational pathways and undertaking training needs analyses across all staff groups. This will be necessary to ensure a highly skilled workforce set to deliver the changing priorities of the healthcare community;
- The challenges associated with the delivery of a more integrated model of care that blends the boundaries of the Trust's more traditional workforce and service delivery models whilst enhancing the clinical pathways that operate across care providers in the south west;
- The pace of change required whilst supporting the integration and development of the Trust and its clinical pathways;
- Delivering such a degree of change whilst ensuring due regard to any quality and financial impacts in order to create a long term sustainable clinical workforce strategy.

Over the three year period the Trust will likely see a reduction in management overheads and associated costs, whilst the rest of the workforce remains relatively static in terms of operational establishment. This is in line with the Trust pledge to deliver combined management costs below the national average. In future years it is likely that the Trust establishment will remain roughly the same but the profile and skills mix at each level will alter to reflect the changing priorities of the Trust and the development of new ways of working.

Clinical Sustainability

Each year thousands of clinical and workforce related research papers, national guidelines and recommendations are published. The clinical and HR teams review the latest evidence ensuring that where an opportunity arises to enhance the care patients receive, clinicians are supported to implement the changes at the earliest opportunity.

The Trust enjoys a reputation for being one of the first UK ambulance services to implement a wide range of innovative cutting-edge treatments and has established a strong national reputation for implementing the latest evidence based care pathways and interventions. It works closely with other health providers, delivering services in the same areas, to ensure that safe and appropriate care is delivered to patients within the health community. From 2013/14 onwards the organisation will continue to innovate in order to ensure that every patient receives the very best possible care.

In setting the priorities for 2013/14 consideration has also been given to Quality Account priorities from previous years. As a result of this review the Patient Experience Indicator set out in the table below develops on the work achieved in 2012/13. Infection prevention and control has been a consistent theme in recent Quality Accounts for the Trust. The provision of clean and safe facilities is of paramount importance to the Trust; as a result, ATP monitoring work completed last year within the PTS fleet has been set as a priority for A&E vehicles.

The priorities and initiatives set out below also take into account learning from trends identified through incident reporting as well as triangulating this with information reported from other healthcare providers. As a result of this work, sepsis has been identified as a patient safety priority for the Trust.

Clinical Initiatives within a Range of Pathways	
Stroke	Having supported the development of a network of centres offering thrombolysis for patients experiencing a stroke since 2006, the Trust continues to work to further improve the patient pathway. From 2013/14 onwards the Trust will work in partnership with networks and acute Trusts to increase the number of centres providing a 'direct to CT scanner pathway'; a change which has been shown to reduce the time taken to deliver thrombolysis. The Trust will continue to strive to meet locally set thresholds for performance against the stroke national Ambulance Quality Indicators (AQIs).
Primary Angioplasty	With 24/7 provision of primary angioplasty now being available across the south west, the Trust will work with networks and centres to further improve performance against the call-to-balloon time and care bundle AQIs.
Guidelines	Following the programme in 2012/13 to ensure that all patients across the new enlarged Trust receive the same standard of evidence based care from the 1 February 2013; the Trust will continue to review applicable national guidance. All relevant NICE guidelines will be implemented within three months of publication.
Trauma	Major trauma is the leading cause of death in people under 45 years of age and a significant cause of short and long term disability. Following the introduction of the major trauma system in April 2012, the Trust will work with trauma networks and centres during 2013/14 to agree key performance indicators, based on the pilot conducted during 2012/13. The quality of care will continue to be measured through the monthly multidisciplinary trauma mortality and morbidity review process.

<p>Quality Account Indicator (QAI) - Patient Safety: Sepsis</p>	<p>Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. There are 100,000 cases of sepsis each year in the UK, with an estimated 37,000 deaths. The Trust will aim to increase the number of patients with sepsis who are rapidly identified and treated by ambulance clinicians, and reduce the number of incidents reported regarding the lack of recognition of sepsis by 50% by the 31 March 2014.</p> <p>The Trust will deliver this by utilising the new sepsis diagnosis code introduced to the patient clinical record during 2012 to audit the management of sepsis, exploring the feasibility of pre-hospital lactate testing to aid in sepsis recognition and exploring the implementation of pre-hospital antibiotics.</p>
<p>QAI - Patient Safety: Infection Prevention - Adenosine Triphosphate (ATP)</p>	<p>The need to improve cleanliness and reduce healthcare acquired infections remains one of the top national priorities for the NHS. During 2012/13 the Trust piloted the use of adenosine triphosphate (ATP) monitoring on PTS ambulances. ATP can only be produced by living cells, where it is their energy currency. ATP testing involves using a swab to pick up the contaminants present on a surface. An enzymic reaction converts the ATP present on the surface into a small amount of light, which is measured by a luminometer. The Trust will implement random ATP swab testing to 10% of ambulance vehicles during each quarter utilising the results to highlight the importance of regular cleaning by clinicians each day and after each patient.</p>
<p>QAI - Clinical Effectiveness: Post ROSC Care Bundle</p>	<p>Every month the Trust responds to around 200 patients who have suffered a cardiac arrest; 25% will regain a pulse (return of spontaneous circulation -ROSC) before they reach hospital. Historically, the pre-hospital management of cardiac arrest patients has focused on resuscitating the patient to achieve a ROSC, rather than on delivering high quality care once it has been achieved to ensure that the pulse is maintained.</p> <p>The Trust is aiming to improve the level of care delivered to patients who regain a pulse after a cardiac arrest, to ensure that they are more likely to retain their pulse, and have a better chance of survival without brain damage. The Trust will deliver this by implementing and monitoring a post-ROSC care bundle, providing feedback to clinicians on their performance and establishing a Resuscitation Group to lead on the monitoring and improvement of the care delivered to patients following a cardiac arrest.</p>
<p>QAI Patient Experience: Dignity, Privacy and Respect</p>	<p>The NHS has put patient safety and patient experience at the very centre of delivering high-quality care. People receiving health services need to be treated with dignity. The NHS aims to create a culture in which there is a zero-tolerance approach to the abuse of, and disrespect to, all patients, and likewise an expectation of the same approach from patients to healthcare staff.</p> <p>It is acknowledged that ambulance staff can face many barriers to communication in the course of their work including language, ethnicity, cultural diversity, and also vulnerability such as the effects of alcohol. The Trust seeks to improve its methods of communication with patients through a variety of initiatives aimed at improving their experience of contact with the ambulance service.</p>
<p>Vascular</p>	<p>During 2013/14 and 2014/15, the Trust will work with commissioners, networks and acute Trusts to support the introduction of the planned formal clinical network of hub and spoke vascular centres across the South West. In a similar manner to the launch of the major trauma system in 2012, the creation of designated specialist centres will have an operational and clinical impact on the Trust. The provision of specialist centres will necessitate the secondary transfer of patients between hospitals. It is likely that primary bypasses will also be required for certain presentations, such as acute abdominal aneurysms.</p> <p>This year saw a range of new Ambulance Clinical Quality Indicators (ACQIs) being piloted by ambulance services across the UK. In addition to response time targets, the ACQIs aim to measure the outcomes of patients who experience an out of hospital cardiac arrest, and report on the delivery of key aspects of care (known as care bundles) for patients suffering from a heart attack or stroke.</p>
<p>Medicines Management</p>	<p>Good medicines management is fundamental to ensuring the delivery of safe, effective, high quality care. The Trust is aiming to standardise the paramedic drug bag and introduce a system of checking and sealing that will not only enhance the security of lower schedule controlled drugs but will support front line staff in the delivery of patient care. Good medicines management also ensures that resources are used efficiently and the Trust aims to take over the supply of medicines to all parts of the Trust from the Central Store at Exeter. Medicines stock holding on all units must reflect operational need to reduce waste and ensure value for money. The Medicines Management Group will be monitoring the introduction of new drugs into practice and reviewing current formulary choices. A formulary drug must deliver the best outcomes for the patient as cost-efficiently as possible.</p> <p>The safe and secure management of controlled drugs will continue to be a priority, with the Trust standardising controlled drug management and aiming to improve the quality of monitoring and reporting. The introduction of the new electronic Short Station Review questions will help the Accountable Officer to target stations requiring help to improve controlled drug management.</p>
<p>Ambulance Clinical Quality Indicators (ACQIs)</p>	<p>ACQIs are used to understand the quality of care provided, focussing particularly on the outcome of care provided for patients, as well as the speed of responding to patients. The Trust is committed to using ACQIs to support continuous improvement in the quality of care provided to patients, and to help patients understand how it is performing. This is reflected in the Trust Corporate Objective <i>'Deliver and Improve upon national ambulance and out of hours service quality indicators to provide high quality patient focused care'</i>. The full detail of this objective sets out the key performance indicators and measures the Trust will monitor to ensure delivery of this aim.</p> <p>A full list of ACQIs and Trust performance against each can be found within its Integrated Corporate Performance Report published as part of the Board papers.</p>

CQUIN

The CQUIN framework continues as a national framework for locally agreed quality improvement schemes. The Trust has agreed with commissioners a range of clinically focused CQUIN schemes for delivery through 2013/14 for 999 A&E services. These focus on the following clinical initiatives, some of which support the quality account priorities:

- Patient Experience Escalator to expand the mechanisms to facilitate patient feedback and engagement;
- Prednisolone implementation and management of asthmatic patients treated on-scene;
- Maintain conveyance thresholds by ensuring patients are treated close to home in the most appropriate place for their care needs and supporting a reduction in the number of acute admissions through A&E;
- Work with CCGs to understand the factors which influence Health Care Professional (HCP) referrals and identify areas for joint working;
- Improving the Quality of Care Delivered to Patients Presenting with Pain;
- Improving the appropriate utilisation of ambulance services by care homes;
- Urgent care pathway development;
- In collaboration with providers agree a care pathway for frail elderly patients in Somerset and Cornwall;
- Increase the opportunity for the identification of patients with undiagnosed Atrial Fibrillation.

Productivity & Efficiency

The Trust's A&E Business Plan assumes a level of productivity gain to be delivered over a three year period. The Trust has historically focused on the key elements of its call cycles including mobilisation, crew clear times, the amount of time crews spend on scene etc. During 2013/14, the Trust is reviewing aspects of the call cycle in order to identify the potential for additional productivity gains. This will involve a systematic review of any variation across the three divisions.

The Trust is also reviewing productivity within the Urgent Care and Patient Transport service lines. The former is being driven by a number of factors including the requirement to deliver key performance targets associated with NHS 111. Productivity improvements within the PTS are essential in order for the Trust to compete in the market. The acquisition of GWAS on 1 February 2013 created an opportunity for the Trust to review practices and variations across its three divisions.

The Cost Improvement Strategy sets out modernisation schemes for each of the three core service lines including:

- Reductions in elements of the call cycle including a focus on handover delays, crew clear times and mobilisation;
- Delivering changes to patient pathways including delivery of the Right Care, Right Place, Right time initiatives;
- Improvements in profiling of resources to meet demand.

In addition the Trust continues to review its workforce to support the productivity gains with the focus on employing a flexible workforce to meet service needs. Productivity gains are essential in enabling the Trust to create financial headroom, to deliver its core services within the agreed contractual financial envelope and to deliver against its financial strategy priorities which include investing in the frontline.

Cost Improvement Plans - Trust Performance

The Trust has a strong track record in planning and delivering recurrent Cost Improvement Plans as set out in the table below. Historically the main drivers for the Plans have been the identification of productivity gains, reviews of support staff functions, bearing down on costs and the implementation of key service developments. Future plans are prepared using the established governance framework with the Trust ensuring savings can be applied to budgets are part of the annual budget setting process.

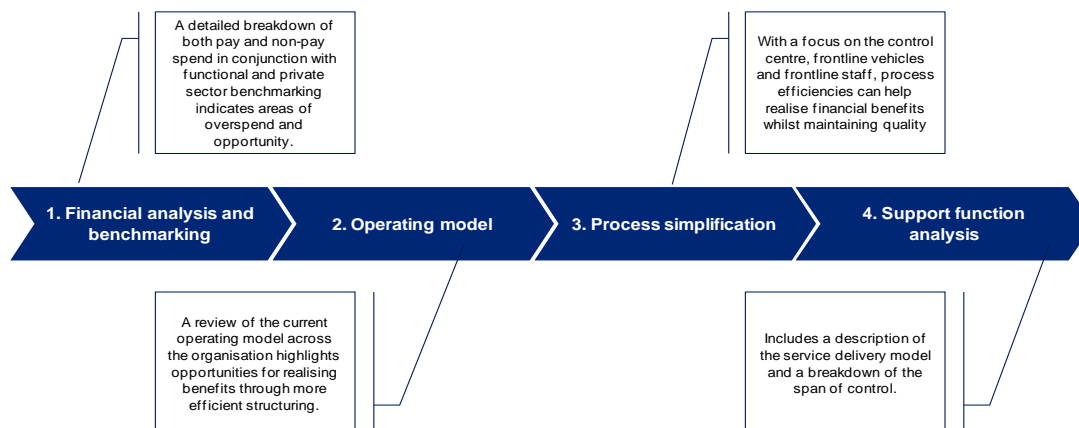
	2010/11	2011/12	2012/13
Original Target	3,932	3,564	5,673
Recurrent (delivered)	3,932	3,564	5,673
Non Recurrent (delivered)	0	0	77
Total Delivered	3,932	3,564	5,749

Note that 2012/13 includes two months data for the north division following the acquisition

Cost Improvement Strategy and Governance

The Trust has a well-established Cost Improvement Strategy that was further enhanced as a result of the acquisition. Refreshed annually, the Strategy is based upon good practice, delivering the requirements of 'Everyone Counts' and identifying cost reduction, productivity and efficiency schemes. The Strategy comprises a number of schemes assigned to one of the Trust's three core service lines and clearly differentiates between those schemes producing cash releasing and non-cash releasing efficiencies. This approach has enabled the Trust to develop more transformational style programmes that align improvements in quality and developments alongside making financial efficiencies.

The Strategy incorporates fundamental changes to the operating model, process simplification and general rationalisation considering the areas set out overleaf.



Scheme Outline and Implementation Plan

Any new cost improvement scheme is subject to an established and well tested Governance Framework managed by the Cost Improvement Strategy Programme Office. Each scheme is developed using a standard Trust template consisting of a scheme description (including an option appraisal and planning assumptions), an implementation plan, an economic appraisal, a risk assessment and a Quality Impact Assessment. All schemes are assigned an Executive Sponsor, Accountable Officer and Project Manager to lead development and ensure delivery with the responsibilities and accountability of key roles, functions and groups clearly set out within the Governance Framework.

Assurance regarding the delivery and impact of each scheme has been, and will continue to be, sought through a variety of routes including:

- Performance management aligned to the new enlarged Trust Performance Management Framework. This focuses on the performance management of individual schemes and of the Cost Improvement Strategy as a whole;
- Monthly reporting through the Trust Integrated Corporate Performance Report on the delivery of overall plan in year;
- Monthly reports produced for the Trust Finance and Investment Committee detailing performance against each scheme within the current year;
- Internal Audit annual Cost Improvement Process Reviews;
- Quarterly and annual monitoring reports to Monitor as part of the regulatory framework; and,
- In line with Monitor's recommendations the Trust would seek external assurance on any individual scheme where a significant service change is involved.

Risk Management - Mitigation Escalation Action Plan (MEAP)

The MEAP is the overarching approach to cover all aspects of financial risks identified by the Trust and provides a flexible approach to consider both recurrent and non-recurrent mitigations. The trigger for the implementation of the MEAP is the forecast of a financial risk greater than £500k. These risks may be caused by a number of triggers including the forecast of a significant non achievement of in-year Cost Improvement Plan targets.

The full MEAP process includes two key actions; proactive and reactive MEAP. The reactive MEAP includes a number of schemes for potential implementation and would be applied when a risk crystallises to ensure the financial position of the Trust is not compromised. The Finance and Investment Committee has delegated responsibility for approving reactive MEAP schemes. The reactive MEAP is ratified by the Board at its next meeting following the Finance and Investment Committee. Reactive MEAP schemes are subject to the principles of the Cost Improvement Strategy Governance Framework and once agreed form part of the overall Cost Improvement Strategy or Plan for that year.

Cost Improvement Plan Profile

In order for the Trust to continue to be financially viable over the longer term, defined by Monitor as a forecast financial risk rating of three for each quarter, the Trust needs to identify further year on year efficiency savings. Whilst the Trust has a Cost Improvement Strategy in place and has identified savings over a future five year time frame, the acquisition enables the Trust to identify additional future years cost improvement schemes.

This additional scope is important given the Trust's operating context. The Trust is historically a relatively lean organisation and already has one of the highest amounts of income invested in front line services across the Ambulance Sector.

The Trust has developed a Cost Improvement Strategy that includes the period reflected in this Plan. The schemes were further developed during the acquisition process with the Strategy reflecting the existing schemes of the two Trusts alongside any integration savings that were identified. Key schemes included within this Strategy include:

- A&E Modernisation: This programme sets out productivity savings identified within the A&E service line to be achieved through a range of sub schemes;
- Non Pay Review: The Trust continually reviews its non-pay expenditure to ensure this is fit for purpose and identifying savings through on going procurement reviews;
- Support Staff Review: As part of the integration benefits identified by the Trust continues to review its support structures;
- Review of Frontline Resources: The Trust also continues to review the elements of its operational models to identify efficiencies and best practice. This scheme is delivered through a range of sub schemes;
- Operational Staff Turnover: The use of zero based budgeting enables costs savings to be identified on an annual basis;
- Other schemes included in the Strategy include the integration development aligned to the Hub rationalisation.

CIP Enablers

The development and implementation of schemes is managed through the relevant service line business plan meetings. Membership of these includes the Accountable Officers and Project Managers for each scheme where appropriate. Where these individuals are not clinicians the Cost Improvement Strategy Governance Framework requires that a clinical lead is also assigned to the scheme to review key elements including the quality impact assessment. The business plan meetings consider the requirement for any enablers required to deliver schemes including:

- Ensuring that any necessary Standard Operational Procedures or Clinical Notices are in place. Standard Operating Procedures are a written set of instructions that should be followed to complete a job safely, minimising any potential adverse effects on personal health or the environment, and in a way that maximises operational ambulance service delivery. Clinical notices are similar and set out any changes to clinical practice with immediate effect;
- Identifying any additional quality measures or initiatives that would need to be put in place once a scheme has become operational to ensure the quality of services remains high.

Quality Impact of Cost Improvement Plans

The Cost Improvement Strategy Governance Framework requires all schemes to have been assessed for any potential quality impact. This assessment process includes quality thresholds and reviews the potential quality impact for four of the five Trust dimensions of quality; patient safety, patient experience, clinical effectiveness and access. In addition it determines if additional controls need to be put in place prior to the implementation of any scheme. Resulting scores at each stage can:

- Halt the implementation of schemes;
- Initiate an in-depth quality assessment;
- Authorise schemes to progress to the Trust Finance and Investment Committee for agreement before final approval by the Board of Directors.

These controls and the resultant quality impact are also tested through a post implementation review for each scheme. To further strengthen this process, from 2013/14, the Trust's Quality and Governance Committee will receive an annual report setting out assurances as to the implementation of the impact assessment and the high level outcomes of any post implementation quality reviews that have been carried out.

With this assessment in place assurance can be provided that none of the schemes included within the Trust's five year Cost Improvement Strategy are deemed to have a significant negative impact on quality. Additional assurances will be provided to the Trust's CCGs to demonstrate that the planned schemes will not lead to significant clinical risk within the organisation or elsewhere in the system. In line with *Everyone Counts* the Trust will be supplying its lead CCGs with detail on the quality impact assessments for each of the Trust's in-year cost improvement plans.

Financial and Investment Strategy

The Trust has a strong track record of financial management and is proud of its record of delivering its financial plans. This includes the consistent achievement of cost improvements on a recurrent basis. During 2012/13 the Trust:

- Delivered an annual surplus of £1,878k (excluding the absorption gain) against a planned surplus of £1,500k;
- Delivered an improved position generated through a combination of factors including delivery of efficiency targets, higher than planned income, and good financial discipline and control;
- Delivered a full year EBITDA of 7% in line with plan;
- Delivered a Financial Risk Rating of 3.85 rounded to 4 in line with plan;
- Delivered the cost improvement plan savings of £5,749k in line with a plan of £4,891k taking into account the additional savings for the north division for the final two months of the year;

- Favourable variance cash at bank at year end with a cash balance of £25,893k against a plan of £6,673k, increased cash linked to the acquisition of GWAS and increased provisions alongside timing differences from plan of capital and trade creditor payments.

The Financial and Investment Strategy

The Trust Finance Strategy aims to:

- Deliver the highest standards of professional financial practice and governance;
- Through the best use of resources and delivering work programmes for productivity and benchmarking, ensure the Trust provides the best care for patients;
- Set the ambition to link funding to activity and performance metrics;
- Sustain and improve the financial health of the Trust by creating plans that achieve the Trust planned financial risk rating under the monitor compliance framework;
- Create a financial framework within which service plans are affordable, within the agreed financial envelope and satisfy the investment criteria set by the Trust.

Acquisition Priorities

In addition as part of the business case for the acquisition, the Trust identified the following high level investment priorities:

- To generate future years' cost improvement schemes;
- To generate an improved underlying surplus;
- To generate a Financial Risk Rating at a minimum of three but an optimum of four;
- To generate a cash surplus improving the net current liabilities position.

These priorities focus the Trust on delivering another of the acquisition pledges, namely pledge 4 'To deliver a combined Financial Risk Rating, in line with the Trust Investment Strategy, and Governance Risk Rating of Green in the medium term'. In addition it supports the Trust in delivering a set of key acquisition benefits defined under the heading '**Securing Value for Money**'. These benefits will be realised as a result of acquisition synergies, being able to secure additional operational and financial efficiencies as a larger organisation, strengthening the procurement and contracting function and by being able to identify additional sources of income.

Key Risks Inherent to Achieving the Annual Plan

There are a number of risks that could impact on the Trust's ability to deliver its Strategy. These are set out below:

Risk Description	Mitigations
Handover Delays at Hospital and Patient Safety	
<p>The number of handover delays in acute hospital trusts is increasing. This can result in delays in attending patients who require emergency and urgent assessment, treatment and/or conveyance. In addition handover delays impact on the Trusts ability to provide a timely conveying resource to patients.</p> <p>Handover delays have been identified by the Trust as a significant risk to patient safety.</p>	<ul style="list-style-type: none"> • Increased focus on initial triage of calls through NHS Pathways • Hospital handover delay standard operating procedure revised to include an addendum to handover escalation protocols • Trust provision of a Bronze Commander to Emergency Departments to help manage handover delays • Joint working between the Trust and acute trusts to resolve issues as they arise and review handover procedures with commissioners • Clinical Supervisor call-back to manage risk of delayed responses to re-triage calls as necessary and assess prioritisation • Adverse incident reports submitted for each handover delay >90 minutes • On-going reviews by the CCGs of the escalatory procedure for diverts from emergency departments
Handover Delays at Hospital and Impact on 999 Service	
<p>Delays experienced by ambulance crews in handing over patients at acute trusts can result in an adverse impact on the resources available to respond to life threatening emergency calls affecting patient safety. Such delays have the potential to impact on the delivery of the A&E Business Plan.</p>	<ul style="list-style-type: none"> • Internal and external reporting and monitoring systems developed and implemented • Clinical Notice issued to ensure that observations and continuity of clinical care continues whilst patients are waiting in handover area • Handover addendum agreed with Commissioners • Capacity Management System in place to identify alternative pathways and destinations • Enhancement of hospital handover screens to accurately monitor extended crew handovers with guidance circulated to all acute trusts • Handover delays have been identified as a national priority with Executive level commitment across local NHS organisations • Winter Plan and Flu Plan ratified at Quality and Governance Committee • Dedicated Logistics Desk with increased capacity funded for 2013/14 • Trust working with Commissioners on patterns of admission for healthcare professionals calls

Risk Description	Mitigations
NHS 111 Impact on A&E Service	
<p>Impact of NHS 111 on A&E service line. The Trust is experiencing high levels of growth in activity and high levels of pressure on trust resources to respond to calls.</p>	<ul style="list-style-type: none"> • NHS 111 Project Board established and working groups in place • Robust Performance Management Framework for monitoring trends • Early escalation process to Commissioners and Providers in place • 111/999 Liaison Group in place considering modelling arrangements • Gold command meetings held as required • Resource Escalatory Action Plans (REAP) in place • Records of NHS 111 calls that do not require a conveyance are being maintained • Dedicated 111 liaison team in place • On-going discussions with 111 Providers, Commissioners and the Department of Health • Demand Management Plan reviewed to allow for re-triage of 111 calls at higher levels of demand
Achievement of National Performance Targets	
<p>The potential for not achieving one or more of the national ambulance response time targets on a quarterly basis and the subsequent impact on compliance</p>	<ul style="list-style-type: none"> • Robust business plan and corporate objectives in place monitored by the Trust Corporate Performance Review Group and Planning and Performance Meetings • Effective and fully staffed Clinical Hub with rolling recruitment programme • On-going monitoring of performance data • Implementation of REAP levels where appropriate • Category A8 Red 1, Red 2 and A19 Action Plans in place
Delay in Arrival of Back Up Resource	
<p>Delays in the arrival of conveying resources to back up Rapid Response Vehicles and Community Responders could result in delays in delivering timely patient care affecting patient experience and safety</p>	<ul style="list-style-type: none"> • Effective performance monitoring arrangements in place managed under the Performance Management Framework • Standard Operational Instructions issued to provide further guidance • Monthly reports provided to the Directors Group • C3 Pathways Front End Screen developed and implemented within the clinical hubs • A&E Service line and Information Cell to review the system status plan and utilisation reports • Implementation of ELAN3 during 2013/14 to allow better utilisation of resources • Implementation of A&E Business Programme and Plan
Increase in A&E Activity	
<p>Potential increase in A&E activity above plan impacting on funding, patient care and performance.</p>	<ul style="list-style-type: none"> • Management of in-year REAP levels • Annual contract negotiations reviewing increases in activity and associated funding if appropriate under the terms of the contract • Four year rolling activity average used in contract negotiations • Daily monitoring of activity growth and the impact of NHS 111 on A&E 999 services • Category A8 Red 1, Red 2 and A19 actions plans in place • Activity reports sent to Commissioners on a monthly basis • Activity discussed by Commissioning Directors of Finance at quarterly meetings
Changing Commissioning Arrangements	
<p>Changes to funding priorities and commissioning structures may lead to:</p> <ul style="list-style-type: none"> • Uncertainty around future commissioning structure and arrangements for core services • Loss of vital commissioning knowledge and understanding of the Trust's business • A move away from the principles of commissioner convergence • Potential complexity of CCG arrangements and the relationship management of these given the operational area of the Trust • Potential for multiple contracts with multiple consortia with geographical and funding variances 	<ul style="list-style-type: none"> • Two contracts for 2013/14 but intention to move to single contract from 1 April 2014 • Trust Medical Director is a GP with established local networks • Medical Director is engaging with CCGs across the Trust operational area • CCG engagement programme developed as part of Trust Marketing Strategy • Quarterly meetings between commissioning Directors of Finance and Trust Directors • Bi-monthly contract review meetings and commissioner service development group • Contract updated annually in accordance with published Operating Framework • CQUIN work programmes agreed annually with commissioners • Activity reviews undertaken regularly within the Trust • Ambulance Chief Executives Group lobbying the Department of Health for regional commissioning for ambulance trusts • ASN lobbying for appropriate ambulance commissioning • On-going implementation of the Trust five year Business Plan
Interventions against CIS Initiatives	
<p>Possible failure to deliver the Trust's Cost Improvement Strategy on an annual basis as a result of interventions may result in serious financial implications for the Trust</p>	<ul style="list-style-type: none"> • Board approved five year Cost Improvement Strategy in place • Performance delivery reviewed monthly by the Trust Finance and Investment Committee • Cost improvement strategy governance framework in place to support delivery • Ongoing programme of station visits to engage staff • Regular Joint Negotiating Consultative Committee with Trust Chief Executive • Ongoing engagement and dialogue with staffside with recognition agreement in place • Annual Star Chamber meetings held to review opportunities for new schemes

Risk Description	Mitigations
Out of Hours Contracts	
<p>Potential loss of contracts for UCS may result in:</p> <ul style="list-style-type: none"> • Loss of synergy between service lines and patient pathways • Strengthened position of competitors • Opens the Trust to competition for other service lines 	<ul style="list-style-type: none"> • Effective performance management system in place • Regular performance meetings with Commissioners • TUPE applicable for directly employed staff • Local performance targets have been negotiated with Commissioners • Trust awarded NHS 111 contract for Devon and Dorset • Tender submitted for Out of Hours (Gloucestershire) • Existing Gloucestershire Out of Hours contract extended for six months • Trust prospectus developed • Urgent Care Mitigating Escalatory Action Plan developed
Workforce Integration Issues	
<p>Outstanding Agenda for Change Appeals</p>	<ul style="list-style-type: none"> • On-going dialogue between UNISON and the Trust's solicitors to seek resolutions • On-going liability review by solicitors/Trust/UNISON
Impact of REAP Levels, and Summer, Winter and peak pressures	
<p>Increased REAP levels as a result of a threat to national performance indicators leading to:</p> <ul style="list-style-type: none"> • Over activity against contract • Slippage to training programme deliveries and other workstreams, including cancellation of priority meetings dependent on REAP levels, winter pressures and weather • Increased demand on three core services • Impact on delivery of business plans • Impact on resilience within the Trust 	<ul style="list-style-type: none"> • Effective escalatory process with clear command and control process in place • Performance management arrangements in place to monitor achievement of objectives • Business Continuity arrangements and processes in place • Weekly review of performance including assessment of REAP level by Directors • Demand Management Plan for Clinical Hub implemented during 2012 • Updated escalatory management plan • Tactical response plans issued weekly by Head of Resilience • Ongoing discussions with Commissioners at contract and performance meetings to review activity and demand profile in each commissioning area and agree actions to mitigate increase in demand including the review of alternative pathways • Executive Gold meetings convened as required
PTS Contracts	
<p>The potential loss of the Patient Transport Services contract could result in:</p> <ul style="list-style-type: none"> • Loss of income • Loss of synergy between service lines and patient pathways • Strengthened position of competitors • Opens the Trust to competition for other service lines • Contract being broken up into smaller lots during a tender exercise 	<ul style="list-style-type: none"> • PTS contract in place with Commissioner extended by six months although the Trust has been advised that it has lost the contract for the Peninsula (Cornwall, Devon, Somerset) • Regular performance meetings with Commissioners and stakeholders • Performance Management Framework • PTS Technology Procurement Project underway • TUPE applicable for directly employed staff • PTS Tender Stakeholder Working Group established • Staff side engagement including PTS Summit • Invitation to Submit Outlying Solution (ISOS) submitted for North Division area PTS contracts
Terrorist Activity	
<p>Terrorist activity could affect delivery of Trust services and impact on its business continuity.</p> <p>Potential for Trust resources to be utilised for terrorist activities</p> <p>Current National Terrorist Threat Level is at SUBSTANTIAL (strong possibility of attack)</p>	<ul style="list-style-type: none"> • Major Incident Plan in place and reviewed annually • CBRNE (Chemical, Biological, Radioactive, Nuclear and Environmental) learning package delivered to staff • Special Operations Response Teams (SORT) teams formed and trained • Hazardous Area Response Teams (HART) in place in the north and east divisions • National agreement on mutual aid between ambulance trusts • Trust Commander training for Bronze, Silver and Gold officers in place • Members of Enhanced Ambulance Intervention Team Cadre have received training • Implementation of National Ambulance Service Command and Control guidance • Legacy issues from successfully delivered Olympic plans provide added resilience