South Central Ambulance Service NHS
NHS Foundation Trust

Strategic Plan Document 2013 - 14

South Central Ambulance Service NHS Foundation Trust

SCAS STRATEGIC PLAN 2013 - 14

EXECUTIVE SUMMARY

SCAS is much more than a traditional (transporting) ambulance service. We are transforming the organisation into a leading clinical assessment and sign-posting service for people who are ill, injured or concerned about their health. Throughout this strategic journey, we are continually striving to improve the care that we offer to our patients.

Our vision

Enabling you to get the care you need, when you need it

Our vision is for everyone to be able to identify and access the care they need.
SCAS is a critical player in working towards this ambition with each of our local health and social care communities.

Our role

Assessment and signposting	**Two numbers, one service** We help you to access appropriate care, by assessing your individual needs and directing you to the most relevant available services.
Saving lives	**We are with you when you need us** We save lives, by dispatching emergency clinicians to treat you on scene if needed, and by providing specialist care during your journey to the most appropriate unit.
Mobile health care	**Taking healthcare to you** We enable you to stay safe and well in your own community, by providing mobile healthcare.
Supporting whole system of care	**Pivotal role in local area** We work with partner organisations to assess needs and plan care, both across local communities and for individual patients.

Our service to the people in south central England

We provide 24 hour emergency and urgent care, offering assessment, advice, treatment, management and transport for people who are unwell, injured or concerned about their health.

Our service can be accessed by calling 999 for emergencies or 111 for any other health concerns (where the 111 service is commissioned from SCAS in the relevant area). We also accept referrals from GPs and other health professionals needing clinical forms of transport. If you call us, we will assess your individual needs and help resolve your health issues. Depending on the circumstances, we may offer to treat you at home or refer you to another service. In an emergency, we will dispatch one of our clinicians immediately to assess and help you.

If you are too ill to make your own way, our specially trained staff will care for you during your journey to hospital or another specialist centre.

We also provide some other services, making use of our specialist skills in clinical telephone assessment, emergency responsiveness, on-scene treatment and logistics. These include major incident planning and management, patient transport, emergency healthcare in hazardous areas and at large public events, plus first aid training for members of the public.

Financial strategy

In the current difficult economic outlook, and increasing pressure on the Clinical Commissioning Group (CCG) finances within South Central, the financial strategy is built around the continuing delivery of a large cost improvement programme, which is £6.2m in 2013-14.

During 2013-14, there will be an improvement in the profitability of the 111 business which will ensure a sustainable business for a key strategic area for the Trust.

The introduction of the Electronic Patient Record system is an enabler to achieving the "right care, right time, right place" treatment.

We will continue the investment in 20 new dual crewed ambulances over the plan period, which is circa £3.3m per year.

We will invest in the South-East Hampshire resource centre £2.1m ensuring fit for purpose estate in the Portsmouth area.

Strategic principles

Our six strategic aims continue to drive everything that we do:

Clinical excellence	To deliver clinical excellence by improving clinical outcomes, ensuring patient safety and providing a positive patient experience
Operational excellence	To achieve operational excellence by achieving response times performance standards, resilience and efficiency
Effective relationships	To deliver effective stakeholder relationships by developing whole system solutions and seamless pathways of care
Sound governance	To deliver sound governance, value for money and a strong financial standing
Leadership and culture	To deliver leadership, staff engagement and a learning culture by developing the workforce, motivating and enabling our people to deliver excellence
Commercial profitability	To innovate and develop further the portfolio of high quality non-emergency services, which will contribute further to the financial viability of the Trust

Our values also continue to underpin everything that we do:

Teamwork	delivering high performance through an inclusive and collaborative approach which values diversity
Innovation	continuous improvement through empowerment of our people
Professionalism	setting high standards and delivering what we promise
Caring	for our patients and each other

STRATEGIC CONTEXT AND DIRECTION

Trust's strategic position

Key competitors

The intention of the Government to further open the NHS to competition presents SCAS with a number of threats and opportunities. Health provision in the UK is seen as a significant growth opportunity for a broad range of private providers, who are already signalling their intentions to enter this market at the earliest opportunity. The capabilities and resources available to potential new entrants should not be under-estimated nor their desire to exploit this new market against a back drop elsewhere in the economy of little or negative growth.

Currently it is unclear to what extent the NHS reforms will open mandatory services to broader or full competition. It is possible that we could see private providers in the future competing directly with existing NHS providers for the emergency services. This means we must critically focus on ensuring that what we deliver for patients represents a safe, clinically excellent service which provides real value for money.

For SCAS this means we must, as an imperative, look to ourselves to ensure that the 'Value for Money' we offer to our commissioners is second to none and delivers across a broad range of conditions, with clinical excellence and a patient centred approach at the heart of everything we do, to become the provider of choice to current and future commissioners.

Health, demographic and demand forecasts

SCAS will continue to work with health agencies, including Public Health England, the NHS Commissioning Board through our Local Area Team, and CCGs to fully understand the local health needs and changing demographics over the life of the plan. Critical to this will be gaining an understanding of health inequalities and where these need to be addressed. Through the combination of 999 and111 services, SCAS will be well placed to be able to build a comprehensive picture of the health needs within our region, and to work with our commissioners to identify changing demands of the system, but also potential gaps in services where local needs are not met or addressed.

Market share trends

As we see the demand for services develop, SCAS will need to understand the consequential impact of either a growth or reduction in demand for our services.

Working with our local CCGs, we will plan to adapt to a changing market share of our core businesses.

Within our commercial services, we will continually seek to look for additional opportunities for profitable growth, which will serve to underpin the overall financial strength of the Trust.

Changes in local commissioning strategies

Local commissioning strategies

The new commissioning arrangements, with CCGs now at the heart of procuring urgent and emergency care, will provide both challenges and opportunities for SCAS.

Significantly this year, our CCGs have decided to commission our core 999 service in two discreet contracts, to enable more local management of the emergency service. So, instead of a single contract across SCAS, there will be two contracts for (1) Hampshire (including Southampton and Portsmouth cities) plus Milton Keynes and (2) Thames Valley (including Berkshire, Buckinghamshire and Oxfordshire).

As the NHS reforms unfold, SCAS (like other Ambulance Trusts) will emerge as one of the only health bodies remaining with a regional role within the new health system. As such, we will occupy a pivotal position within our local health economies as an organisation that can provide a unique perspective across the spectrum of health providers within our region. Our core function as the provider of 999 and 111 services will place the trust in a pivotal role. As a central point of focus, we have the opportunity to help understand and articulate the needs of the people we serve within our region, not only for emergency care, but also across a broad range of health needs.

Our CCGs have informed us of their intention to tender the GP Urgent Service.

Trust's response to local commissioning strategies

The shift of engagement from Primary Care Trust to CCG commissioning requires us to manage relationships at a different level requiring a much greater focus on local needs. Whilst this requires a change in the way in which we engage with our stakeholders, it is clear that the new commissioning regime is actively focussed on managing demand differently and sees SCAS as a critical participant in enabling these changes.

Utilising the wealth of information we gain through the provision of our core services, will enable SCAS to support local CCGs to better understand the nature of demand for services including a role in identifying and understanding emerging trends, and supporting commissioners in responding to these changing needs.

CCGs are also demonstrating a willingness to provide support (particularly through primary care) to ensure that SCAS has access to the information, GP and other resources to ensure that patients are dealt with in the most appropriate way to meet their clinical needs.

SCAS will review the GP Urgent Service in light of CCGs requirements and adjust the service offered accordingly.

Local health economies

SCAS is managed in seven geographical areas, with Area Managers responsible for establishing and developing effective working relationships with local partners and stakeholders. Discussions in local areas are used to highlight strategic risks and opportunities, as well as address operational issues and solutions.
Key priorities for local health economies are to design and implement new care pathways to support people in their local communities, thereby avoiding unnecessary hospital admissions. It is critical that local providers work collaboratively to identify the patients most likely to benefit from these alternative pathways. As a provider of 999, 111 and Patient Transport Services, SCAS is a key partner in this local work.

Implications for demand profile and activity mix

There are on-going discussions with commissioners about the predicted demand profile and activity mix for 2013-14.

Diversification strategy

SCAS will develop services that are closely aligned and complimentary to the existing 999 and 111 services, making use of our specialist skills in complex clinical telephone assessment, emergency responsiveness, on-scene treatment and logistics.

During 2013-14, the Trust will undertake analysis of potential business developments which meet these criteria and then agree the way forwards.

Collaboration, integration and patient choice

Service integration

There are no plans to formally integrate our services with those of other providers, but SCAS will continue to work with a wide range of partner agencies in local health communities across the region in order to provide more integrated and seamless services to patients.

Within SCAS, we are optimising the benefits of close working between 999 and 111 services and exploring the potential for a fully integrated clinical assessment and signposting service.

Partnership and collaboration

SCAS is currently providing the NHS 111 service in Oxfordshire in partnership with Oxford Health.

SCAS will continue to work in partnership with other agencies across the region in order to improve patient care.

Examples include:

GP Triage	Local GPs provide clinical advice to crews on scene and enable access to alternative care pathways when more appropriate than conveying a patient to an Emergency Department
GPs in Emergency Operations Centres	We are piloting the use of GPs to support the clinicians working on the Clinical Support Desks to direct patients to the most appropriate pathway of care, both through supporting clinical governance decisions and enabling access to alternative pathways of care
Directory of Services	We use the Directory of Services to provide clinicians working in both 999 and 111 services with information about alternative care pathways available at different times of day and in each location.
Air ambulance	We work with local charities to provide air ambulance services in both the Hampshire and Thames Valley areas.
Trauma networks	We work with the Thames Valley and Wessex Trauma Networks to ensure the patients who have suffered major trauma are provided with effective pre-hospital care and transferred safely to the appropriate trauma unit. This includes running Specialist Incident Desks within our Emergency Operations Centres.
Co-responder schemes	We have a variety of schemes working with local fire and military teams to provide a speedier response in rural areas.
Community first responders	We also work with local members of the community, offering the necessary training and support, to provide speedier responses in some rural communities.
Emergency preparedness	We work closely with a wide range of agencies, including the Fire and Police Services, Local Authorities and other Ambulance Services, to ensure that we are prepared for any major incidents.

Impact of competition rules and patient choice

SCAS is working with other Ambulance Trusts through Association of Ambulance Chief Executives to fully understand the commercial and competitive context whereby we might share information or co-operate with other providers within the NHS. It is clear that there may be some value gained by joint or collaborative working, but this must be in the context of legal, open and fair competition.

Equality and diversity

We are committed to ensuring that South Central Ambulance Service meets and exceeds its legal duties to promote equality and diversity of opportunity, to promote good relations between the diverse communities we serve and to eradicate discrimination at all levels.

To make sure we care for all our patients and respect their individuality, we place an emphasis on the training of our staff. This includes awareness of cultural, religious and other needs, which are separate from the pure medical or clinical needs of an individual. To that end, our patients are seen as whole and complete individuals, whose social and medical needs are interwoven.

The Trust has adopted the Equality Delivery System (EDS) as our Equality and Diversity (E&D) Strategy. The EDS has been designed by the E&D Council to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS will help SCAS to achieve compliance with the public sector Equality Duty in a way that also helps us deliver on the NHS Outcomes Framework (2010), the NHS Constitution (2010) and the CQC's Essential Standards of Quality and Safety (2010).

The EDS outlines to staff and the public how the Trust intends to demonstrate its commitment to being an organisation that embraces equality and human rights and its stand against discrimination of any kind. The document incorporates the contents and requirements of the Equality Act 2010. This will also embrace actions to eliminate discrimination on the grounds of race, age, religion or belief, sexual orientation, gender reassignment, disability, pregnancy and maternity, marriage and civil partnership and gender.

The EDS and associated plans are available on the SCAS website.

APPROACH TO QUALITY

Overall approach to quality

We engage with our staff, patients, partners and wider communities to develop new and innovative ways of improving patient outcomes, whilst delivering value and quality.
Our focus remains on providing an excellent service to our patients in an organisation where users and staff can feel cared for. In particular, safeguarding is a core and integral part of our business. SCAS is committed to safeguarding vulnerable members of our community and continues to work closely with partner organisations to improve this process.
When areas of poor performance are identified we learn lessons, implement changes and support staff in training, learning and supervision where necessary.

Quality Account

The Quality Report and Accounts set out our vision for quality improvements in a way that engages local communities and staff. There has been wide engagement with our Governors, Health Overview and Scrutiny Committees, CCGs and staff to assist in defining our priorities. The Quality Account sets a framework to assess the quality of the service on what matters to patients and provides an opportunity for a wide debate on quality. It will be used alongside the Francis recommendations to improve services to our public.

Response to the Francis report

SCAS is taking the report findings from Mid Staffordshire very seriously and has conducted two Board seminars to discuss how to apply any learning and strengthen our current processes. Work has already begun to engage our staff through leadership walk-around discussions with staff and through an interactive workshop with our senior leadership team. Our staff appraisal process is being reviewed to include compassionate care so that our team leaders can discuss with staff how that is delivered real time to every interaction with our patients and the public.

The five key themes from the Francis report and the recommendations are being analysed to extract those relevant to our ambulance service and will be presented in depth at the public board meeting in May 2013. The five areas for improvements and change are:

1. Standards (including regulation)
2. Openness (including the duty of candour and openness)
3. Care and compassion
4. Leadership (at all levels in the organisation)
5. Information

Strategic principles

Clinical excellence

SCAS aims to offer above average compliance with 'care bundles', both for patients with STEMI (acute ST-elevation myocardial infarction) and suspected stroke.

Patients who undergo a pre-hospital assessment for STEMI or Stroke, and who are then given specifically tailored care and placed on a treatment pathway that begins on route to hospital, have a higher incidence of improved overall outcome.

'Care bundles' have been designed as a package of clinical interventions that are known to benefit patients' health outcomes – for instance, patients with STEMI should be administered pain relief medication to help alleviate discomfort.

Compliance with 'care bundles' helps people to recover from episodes of ill health or injury and supports the NHS to reduce the number of patients dying prematurely.

Operational excellence

Responsive ambulance services are critical for emergency patients, and for the NHS as a whole to improve patient outcomes and prevent people from dying prematurely.
NHS planning guidance and the Business Plan for NHS England set out the expectations.

The associated NHS outcomes framework requires:

- At least 75 per cent of life threatening incidents (category A, red 1 and 2) receive an emergency response on scene within eight minutes.
- At least 95 per cent of life threatening incidents requiring a conveying vehicle receive one at the scene within 19 minutes.

Commercial services

The commercial directorate will continue to focus on improving the quality of our services delivery to users, putting patient experience at the heart of all we do.

During 2013-14, we are planning to:

- Formalise the routine survey of patients, and use this insight in developing and improving services;
- Work with commissioners to identify ways in which we can integrate emergency and non-emergency transport to help alleviate pressures on the broader health economy
- Seek ways to innovate through the utilisation of technology to provide greater efficiency and cost effectiveness in our service delivery.

[1] Everyone counts: planning for patients 2013-14, planning guidance published in December 2012, which includes definitions for targets and quality indicators

[2] Putting patients first: NHS England business plan for 2013-16

Feedback on quality

Feedback from patients and carers

SCAS values feedback from patients and carers.

This is received directly through concerns, complaints and via Patient Satisfaction Surveys. Compliments and accolades are reported to the board and we receive 60-70 formal compliments in an average month.

SCAS also undertakes an annual survey plan across Emergency Operations Centres, 999, 111 and Patient Transport Services, and we are trialling a friends and family test question in these surveys.

The feedback is documented in the Quality Account (part 3) and has been used to inform both the Quality Account and these strategic plans.

In summary, key areas highlighted for improvement are:

- Timeliness in responding to complaints
- Improving our organisational analysis of feedback from health care professionals
- Deeper real time engagement with patients and relatives.

Feedback from staff

The results from the 2012 Staff Attitude survey show further improvement on staff engagement, with a score of 3.47 compared to 3.26 in 2011, and compared to an average Ambulance Trust score of 3.29 (using a scale of 1 to 5, with the higher the better).

The survey showed most significant improvement from 2011 in the following areas

- Percentage of staff able to contribute towards improvements at work
- Staff job satisfaction
- Staff motivation at work
- Support from immediate managers
- Percentage of staff receiving an appraisal in the last 12 months

There were only four of the 28 areas where the Trust scores were worse than 2011, with the first of these still being better than the average for all Ambulance Trusts

- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Percentage of staff working extra hours
- Percentage of staff receiving health and safety training in the last 12 months
- Percentage of staff receiving equality and Diversity training in the last 12 months

SCAS was better than average for 20 of the 28 key findings within the annual survey, and has agreed actions in place to address areas of concern.

Benchmarking

SCAS aims to be above average in all benchmarking against national quality indicators. The table below provides the position against 999 indicators.

Access	Apr 12 to Feb 13	Trend	Improvement plans
Time to answer: median	Worst quartile	-	During 2012-13, SCAS has undertaken a significant programme to reduce call answer times. This involved a recruitment campaign and most indicators are now above average performance.
Time to answer: 95th percentile	Worst	✓	The work to ensure a speedy and resilient telephony platform should be completed in early 2013-14, with further improvements in call answer performance.
Time to answer: 99th percentile	Worst	✓	
Call abandonment rate	Worse than average	✓	

Response - first response [3]	Jun 12 to Feb 13	Trend	
Red 1 A8 (% Cat A Red 1 time-critical life-threatening calls with emergency response on scene within 8 minutes of call received)	Best quartile	✓	
Red 2 A8 (% Cat A Red 2 life-threatening calls with emergency response on scene within 8 minutes of call received)	Worse than average	-	

[3] Category A was divided into two groups in June 2012 – Red 1 for time-critical life-threatening calls, Red 2 for other potentially life-threatening calls.

	Apr 12 to Feb 13	Trend	
Red 19 (% Cat A red calls with transporting vehicle on scene within 19 minutes)	Worse than average	-	The rural and dispersed nature of the populations that we serve makes it very challenging to ensure that an ambulance and clinicians is always available nearby. We have a number of schemes to address this in terms of patient care and outcomes.
Time to treatment: median (time for health professional to arrive on scene)	Worst quartile	-	
Time to treatment: 95th percentile	Worst quartile	-	
Time to treatment: 99th percentile	Worst quartile	-	

Treatment	Apr to Nov 12	Trend	Improvement plans
STEMI care bundle (% cardiac patients who received all elements of the optimal care package)	Worst quartile	-	This has been identified as an area for improvement and actions to address this are included in the Quality Account.
STEMI 60 (% suffering STEMI receiving thrombolysis in 60 minutes of call connect)			Thrombolysis is not administered outside a hospital setting in this region.
STEMI 150 (% patients with PPCI angioplasty commenced at PPCI centre within 150 minutes of call received)	Better than average	-	
Stroke care bundle (% stroke patients who received all elements of the optimal care package)	Better than average	-	
Stroke 60 (% FAST patients eligible for stroke thrombolysis, arriving at stroke centre within 60 minutes of call received)	Worst quartile	-	This has been identified as an area for improvement and actions to address this are included in the Quality Account.

Disposition / pathway of care	Apr 12 to Feb 13	Trend	Improvement plans
Frequent users (% callers for whom a locally agreed care plan was in place)	Highest	✓	Different organisations regard high or low percentages as better performance. SCAS aims to have a care plan in place for anyone who is known to the health system and likely to call 999. Therefore, we aim to increase this figure.
Resolved by telephone (% incidents resolved on the telephone, either through clinical advice or redirection to another more appropriate service)	Worse than average	x	This is a disappointing result as SCAS has previously been a leader in terms of handling 999 calls on the telephone.
Non A&E (% incidents resolved on scene without the need to transport to a hospital A&E type 1-2)	Better than average	-	
Recontact after telephone only (% calls closed on telephone who recontacted service within 24 hours)	Worst quartile	x	We are investigating the underlying reasons for our higher reported re-contact rates, and will implement actions required to address any issues identified.
Recontact after non-A&E (% incidents not conveyed to type 1-2 A&E who recontacted service again within 24 hours)	Worst quartile	-	

Clinical outcome	Apr to Nov 12	Trend	Improvement plans
ROSC (% all patients suffering cardiac arrest who arrived at hospital with a pulse)	Best	✓	
ROSC Utstein (% patients whose cardiac arrest was witnessed who arrived at hospital with a pulse)	Better than average	-	
Cardiac survival to discharge (% patients suffering cardiac arrest who were discharged alive from hospital following resuscitation by ambulance staff)	Best	-	
Cardiac STD Utstein (% of patients whose cardiac arrest was witnessed, who were discharged alive from hospital)	Worse than average	-	

CQC inspections

We have one area of non-compliance (minor concerns) with essential Care Quality Commission standards. Infection prevention and control (outcome 8) was identified during an unannounced inspection in November 2012.
Improvement plans to standardise the cleanliness of stations, supported by a programme of station visits, is in place to regain compliance quickly.

Priorities for improvement

Priorities have been set on the basis of consultation with the Board of Directors, Council of Governors, Quality and Safety Committee, the senior leadership team and staff representatives.

Patient safety

- Staff work in a culture where safety is paramount
- Patients who have fallen are managed safely and appropriately
- Regular maintenance of our clinical equipment
- Fully investigate and maximise learning from incidents resulting in severe harm (in line with duty of Candour in line with the Francis report)

Clinical effectiveness

- Maintain care bundle advancements for patients with STEMI (acute ST-elevation myocardial infarction) and Stroke
- Reduce variability of station cleanliness
- Comply with the DH core quality indicators for life-threatening calls (Red 1 and 2)
- Improve the utilisation of resources not directly employed by SCAS (for example community first responders or fire co-responders)

Patient experience

- Utilise feedback from other professionals to improve the patient experience
- Use patient feedback to improve services through surveying patients
- Improve the experience our patients have at the end of their life

Quality risks inherent in these plans

Risks identified

We currently face quality risks associated with the availability of resources required and resilience to meet growing demand and delays at hospitals.
There are also risks associated with the maintenance and cleanliness of equipment, which could not only potentially harm patients but also result in non-compliance with CQC requirements. There is a planned programme of assurance and actions to address this.

Identification and management of risks

These plans will be reviewed on an on-going basis. Risks identified are analysed and managed daily by our operations teams and escalated to board level.

Board assurance

Risks to patient care, clinical services and quality are identified in the Corporate Risk Register and Board Assurance Framework.

These risks are managed through our committee structure including the Quality and Safety Committee, Serious Incident Review Group, Equipment Review Group, Clinical Review Group and Health, Safety and Risk Committee.

The Trust Board receives a routine Quality and Safety report.

CLINICAL STRATEGY

Overall clinical strategy

Our strategy continues to focus on the needs of individual patients:

- Clinical assessment for each individual
- Personalised care based on individual needs
- Right care, right time, right place

Our aim is keep more people safe and well in their own communities.

We are working to treat more patients in their homes, or to refer them to the most appropriate pathway of care to meet their individual needs, thereby preventing unnecessary trips to hospital.

We have a continual programme of improvement, constantly monitoring and redesigning the way that pre-hospital care is delivered.

Service line strategy

SCAS offers a wide range of services, making use of our specialist skills in complex clinical telephone assessment, emergency responsiveness, on-scene treatment and logistics.

The strategy for each service is outlined below.

Services offered by SCAS	Current contracts	Strategic plans
999 service		
We provide 24 hour emergency assessment, advice, treatment, management and transport for people who are unwell, injured or concerned about their health. The public can access this by using the national 999 service	» SCAS has statutory responsibility across the south central area » Commissioned by CCGs from 2013-14, with contracts negotiated in two groupings: (1) Berkshire, Buckinghamshire and Oxfordshire and (2) Hampshire, Southampton, Portsmouth plus Milton Keyes	» Redesign and step change in hear and treat rates for 999 calls » New 111 service embedded into business as usual » Fully integrated clinical assessment and signposting service (with common triage and assessment tool) » Personalised care and electronic care records » Consistently good care despite demand fluctuations » Supporting whole system of care

Services offered by SCAS	Current contracts	Strategic plans
NHS 111 service		
We provide 24 hour non urgent telephone assessment and advice for people who are unwell, injured or concerned about their health. The public can access these services by accessing the 111 service that is co-located within the Emergency Operations Centres.	» Provided by SCAS in Oxfordshire (in partnership with Oxford Health) and Hampshire » Due to be provided shortly by SCAS in Berkshire area » Commissioned by CCGs from 2013-14	
GP Out of Hours		
We offer a call handling service, for when GP surgeries are closed out of hours, as well as a GP driving service.	Call handling is provided by SCAS out of hours as part of the 111 contracts	
Neonatal transfers		
We provide clinical teams and specialist equipment to transfer neonates between hospital sites	Provided by SCAS. This is incorporated into the 999 emergency contract in some areas.	
Urgent service		
GPs and other health care professionals (HCPs) with admission capabilities can request urgent transport if patients require clinical support during a journey to or from health service sites	» Provided by SCAS. » Commissioned by CCGs from 2013-14 » CCGs have notified SCAS of their intention to tender this service	Redesigned service, potentially with dedicated teams offering a more timely service [4]
Patient Transport Services (PTS)		
GPs and other clinicians can book transport for patients with non-life-threatening conditions, who require planned journeys to or from health service sites.	Provided by SCAS in some, but not all, areas within south central region	» PTS contact centre restructured » Computer aided dispatch » Wireless data capture

[4] The GP urgent service is currently provided by the emergency crews, who also respond to 999 calls.

Services offered by SCAS	Current contracts	Strategic plans
ECP assessment at home		
Emergency Care Practitioners (ECPs) offer enhanced assessment and treatment for our 999 callers, both in cases of major trauma and for patients who can be treated at home. If commissioners are interested, SCAS would be happy to developing service using the enhanced assessment and treatment skills of our ECPs, such as: a. ECP service to support community teams and virtual wards b. ECP 'clinics' c. ECP response to relevant 111 calls	No specific ECP services are commissioned from SCAS.	SCAS is evaluating potential developments that would help to keep people safe and well in their communities
At home diagnostics and monitoring		
If commissioners are interested, SCAS would be happy to consider developing at home diagnostic and monitoring services.		
Community Equipment Services		
SCAS can offer a large range of equipment and patient aides, aimed at supporting independent living at home		

Services offered by SCAS	Current contracts	Strategic plans
Falls services		
SCAS is exploring potential for the development of enhanced falls services. Patients who fall constitute 17% of SCAS 999 volume. Some patients do not have an illness leading up to, or sustained any injury following, the fall but require lifting off the floor and do not know who else to call. Others need a detailed clinical and occupational health assessment. 1. Falls lifting service SCAS will be working closely with our commissioners to consider the introduction of a falls lifting service. 2. Falls assessment service SCAS will be working closely with commissioners to explore the need in the healthcare economy of introducing a rapid falls assessment service for patients who are considered to be a high risk of sustaining a repeat fall.	No specific falls services are commissioned from SCAS.	
Bariatric services		
SCAS provides dedicated, specialist vehicles and equipment to transport bariatric patients to healthcare facilities.		

Services offered by SCAS	Current contracts	Strategic plans
Logistics		
Service to deliver and collect items, such as medical records, pathology specimens, medical records and mail, also provides a staff shuttle service		
Hazardous Area Response Team		
The HART is based in Eastleigh, Hampshire, and covers the whole of the south central region.	SCAS has statutory responsibility across the south central area. Historically commissioned by DH, now transferred to CCGs	
Major incidents		
SCAS has specialist skills, equipment and resilience for major incident planning and management.	» SCAS has statutory responsibility across the south central area » Commissioned by CCGs from 2013-14	
Events management		
We provide emergency cover at public events.	Contracts awarded by event organisers on an ad hoc basis	
First Aid Training		
SCAS commercial services offer a range of First Aid at Work and Emergency First Aid courses to both NHS and commercial sectors	Contracts awarded an ad hoc basis	

Strategic development

Views of Trust Governors

During its first year as a Foundation Trust, SCAS has focused on ensuring that the governors have the opportunity to understand as much as possible about the Trust, its strategic vision, performance, and key challenges. This has been undertaken through a variety of mechanisms including formal Council of Governor meetings, governor workshops, and briefings issued by the Company Secretary.

This process culminated in a workshop specifically for the governors in January 2013 where the Trust sought the views of the governors on SCAS' future key strategic priorities; the governors bringing to this process the views of those they represent, be it members of the public, staff, or partners.

The workshop was highly effective in confirming a shared view amongst both the directors and governors as to the future strategic ambitions of SCAS, which are described in this plan. Work on future strategic development is an on-going, evolving process, and the Trust is committed to engaging with its governors and understanding the views of its 12,000 members.

Staff engagement

The early ideas for this Strategic Plan were generated in discussion with Area Managers and other key staff, who are involved both in service delivery and working with partner agencies. Once this plan is finalised, a summary will be made available for relevant staff. For example, the intention is to create an Annual Plan for each of the seven areas in SCAS drawing together all aspects of this document that are pertinent to the relevant health community in the year ahead.

Stakeholder engagement

Effective engagement is an essential element of the NHS Foundation Trust status and the trust is committed to continue to:

- Engage with its existing staff and public members
- Reach out to all its local communities in order to increase its membership quota and improve the trust's services

SCAS will continue to engage with the people in the communities it serves and ensure that they are aware of the opportunity to become a member of South Central Ambulance Service and have their say in how their local ambulance services are developed through its membership and other events.

Benchmarking

SCAS reviews the national benchmarking on ambulance quality indicators on a regular basis and this has helped to inform the plans, including identification of areas for improvement. Please see previous section.

Clinical workforce strategy

Overview

The SCAS workforce has continued to grow since 2006, reflecting the increasing demand on our service. The additional staff required for our 111 contracts in Berkshire, Hampshire (including Southampton and Portsmouth) and Oxfordshire have also contributed to workforce growth and will continue to do so for at least the early months of 2013-14.

The majority of the clinical workforce is HCPC registered Paramedics. While the main strand of our clinical workforce strategy remains the education, development and recruitment of paramedics, there is an increasing need to recruit other clinical staff.

Clinical Advisors (nurses and paramedics) work in both 111 call centres and 999 Emergency Operations Centres to provide clinical triage and assessment.

SCAS is also beginning to utilise growing numbers of doctors, both to deliver enhanced trauma care on scene and during the journey to hospital, and to support the clinicians working within the Emergency Operations Centres.

Paramedics

The current service delivery model and the associated workforce plan are based on a 70:30 Paramedic to Emergency Care Assistant split. The service delivery model is under review and the result of this may affect the skill mix of the workforce and the supporting plan. The Workforce Plan will be reviewed in the light of any changes.

We are working with the newly established Local Education Training Boards for Thames Valley and Wessex to plan the workforce needs for paramedics, and future education commissioning numbers for Foundation Degree students.

A Fit for the Future review of paramedic education is currently being undertaken and will present their findings to Health Education England, which will give recommendations amongst other things on the minimum educational requirement for registration. This may have consequences for our both our current and future workforce, as it may recommend degree level registration.

Clinical advisors – telephone assessment and signposting

The Trust is increasing the numbers of Nurses, Emergency Care Practitioners and Paramedics, employed within both the 111 and 999 services to support clinical triage and assessment of individual patient needs.

The Clinical Support Desks provide additional clinical assessment for the 999 emergency service, and handle some calls on the telephone (Hear, Treat and Refer).
Clinical Advisors within the 111 service also provide advice and signpost callers to the most appropriate service for their condition.

Doctors – telephone assessment and signposting

SCAS is currently piloting the use of doctors in the Clinical Support Desks, to provide additional clinical governance and decision-making, with the aim of handling more calls on the phone and redirecting more patients to the most appropriate service to meet their needs (rather than defaulting to an Emergency Department).

Doctors - trauma

Followed successful engagement with Thames Valley and Hampshire Immediate Medical Care Schemes (BASICS), clinical teams based in the South Central Major Trauma Centres and Trauma Units, Ambulance Commissioners and the Air Ambulance Trustees have accepted the clinical case of need for enhanced medical care. This is an advanced level of medically delivered care that currently exceeds ambulance paramedic scope of practice for patients with potentially life threatening illness and injury.

The clinical governance of pre-hospital enhanced care will remain the responsibility of the South Central Ambulance Service. Employed by local acute trusts or working as GPs, suitably qualified doctors will have a contractual arrangement to work with SCAS in the pre hospital environment, provide a rapid response to trauma patients, often as part of the Air Ambulance response.

Workforce pressures

Paramedic recruitment has been a pressure for SCAS since its formation in 2006, due to changes in the education model to Foundation degree. Despite this SCAS has continued to grow the numbers of Paramedic staff employed and continues to replace Technicians lost due to attrition with Paramedics. The Trust has built good working relationships with the Universities in the patch, with the Trust providing clinical placements for student paramedics, working to ensure SCAS becomes their employer of choice. SCAS has also developed links with other Universities and been able to offer employment to graduates on an annual basis.

Recruitment and retention of Clinical Advisors for both 111 and 999 remains challenging, and feedback from exit interviews suggests a major factor in job satisfaction is the lack of direct patient care. SCAS has been exploring possible joint appointments with a local Acute Trust and is currently undertaking work to assess the benefits of a combined call handling and response role for Clinical Advisors.

Attrition for Call Handlers in both 111 and 999 is higher than attrition in other sections of our workforce, but lower than national call centre attrition levels. Recruitment for these posts is not difficult, and is dependent on successfully completing the training required.

Geographically, SCAS continues to face challenges when recruiting permanent staff in Berkshire and South Buckinghamshire, given the proximity to London and higher salaries, and targets recruitment campaigns specifically to these areas.

Workforce benchmarking

The Trust benchmarks itself against other Ambulance Trusts for workforce indicators relating to turnover, starters and leavers, and workforce stability.

STAFF TURNOVER **							
	2013 Wte	2012 Wte	New starts	Starter rate %	Leavers	Leaver rate %	Stability index
East Midlands Ambulance Service	2,760	3,275	190	6.33%	705	23.29%	78.53%
East of England Ambulance Service	3,985	3,955	335	8.41%	310	7.76%	92.22%
Great Western Ambulance Service	1,705	1,740	100	5.81%	140	8.07%	92.02%
London Ambulance Service	4,650	4,820	255	5.34%	420	8.91%	91.25%
North East Ambulance Service FT	2,245	2,125	260	11.95%	145	6.64%	93.18%
North West Ambulance Service	5,035	5,140	175	3.44%	285	5.56%	94.50%
South Central Ambulance Service FT	2,625	2,450	440	17.38%	265	10.37%	89.26%
South East Coast Ambulance Service FT	3,200	3,010	405	13.07%	220	7.05%	92.73%
South West Ambulance Service FT	2,420	2,410	190	7.82%	175	7.29%	92.69%
West Midlands Ambulance Service FT	3,780	3,745	275	7.37%	240	6.41%	93.56%
Yorkshire Ambulance	4,065	4,075	225	5.53%	235	5.73%	94.28%
TOTAL	36,470	36,745	2,850	7.13%	3,140	7.69%	92.33%
SCAS RANKED	4	4	1	1	7	10	10

** Based on figures up to end of Q3 2012-13

The Trust is currently undertaking a high volume of recruitment relating to the 111 contracts for Berkshire, Hampshire and Oxfordshire. This is primarily in Call Handler roles, which also attracts higher attrition, due to the nature of call centre work. The turnover in Emergency Operations Centres and Commercial contracts is also higher than for front line staff in the emergency 999 service. The high volume of recruitment has impacted on the workforce stability index.

The Trust also benchmarks with other Ambulance Trusts for sickness absence figures.

SICKNESS ABSENCE 2012/13					
	Q1	Q2	Q3	Q4	RANK
East Midlands Ambulance Service	5.83%	5.87%	6.74%		10
East of England Ambulance Service	6.44%	6.49%	7.40%		11
Great Western Ambulance Service	4.94%	5.57%	5.11%		2
London Ambulance Service	5.40%	5.43%	5.83%		5
North East Ambulance Service FT	6.19%	6.71%	6.18%		8
North West Ambulance Service	6.56%	6.50%	5.98%		7
South Central Ambulance Service FT	5.32%	5.51%	5.75%		4
South East Coast Ambulance Service FT	5.00%	5.03%	5.07%		1
South West Ambulance Service FT	4.69%	4.85%	5.87%		6
West Midlands Ambulance Service FT	4.67%	4.67%	5.34%		3
Yorkshire Ambulance	5.81%	6.23%	6.52%		9
TOTAL	5.71%	5.87%	6.18%		

While the Trust is better than the average for Ambulance Trusts, managing sickness remains a priority, and line managers are supported in this by Human Resources and Occupational Health.

Clinical sustainability

Critical mass

None of SCAS's clinical services has been identified as having actual or potential critical mass issues.

Consultant cover

None of SCAS's services has been identified as having actual or potential issues with consultant cover.

Innovations in care

SCAS has a long history of pioneering new approaches to telephone triage and clinical assessment. This has included the use of nurses, paramedics, emergency care practitioners and, most recently, GPs within our Emergency Operations Centres.

In 2013-14, we will explore the interface between 999 and 111 services, with the aim of designing a blueprint and implementing an integrated telephone assessment and signposting service.

PRODUCTIVITY AND EFFICIENCY

Potential productivity and efficiency gains

A system and related management process has been developed during 2012-13 to ensure that the supply of 999 resource matches the demand resulting from 999 calls. Demand is forecasted using the historic daily and hourly pattern and making assumptions about future demand.

The project will result in significant productivity and efficiency gains in 999 service delivery. Rotas have been adjusted to better reflect the demand pattern. Unit hour utilisation (UHU) is measured to ensure that utilisation increases whilst meeting the performance targets. Using this method £0.3m efficiency is forecast for 2013-14 with a further £1.5m over the plan period.

Governance of the cost improvement programme

Plans to ensure delivery

Historically (2008-09) SCAS has achieved a high proportion its cost improvement requirement from non-recurrent pay savings. In order to increase the recurring savings governance processes were strengthened, surrounding identifying and delivering the delivery of cost improvements. Cost saving projects are now generated each month rather than through an annual exercise.

The percentage of recurring savings increased from 49% in 2008-09 to 85% in 2010-11. In 2011-12 the Trust achieved 95% recurring savings and also exceeded its budgeted savings figure by £0.9m. In 2012-13 85% of savings were recurring which compared to a plan of 91%. The Trust now has a track record of delivery which gives evidence to the view that it will deliver the cost improvement programme (CIP) over the next three years.

The CIPs process is now embedded in the operation of the Trust. The standard cost saving template is used which includes the milestones to be achieved, the savings forecast, quality and delivery risk assessment and mitigating actions, and sign off by the sponsor. As part of this process the risks are assessed, and then reviewed at Executive level to ensure that this is agreed and the mitigating actions are appropriate.

Progress against each milestone is updated on an on-going basis and at the relevant project meetings and mitigating actions are agreed. However, overall progress of the programme is reviewed monthly at the Cost Reduction Board. If there are issues that cannot be resolved at this level then these are escalated to the SCAS Executive Committee. The progress on the cost saving programme is reported to the Board each month, with any mitigating actions that are required to bring the programme back on track.

A quality risk assessment is carried out before the project is signed off. If we are unable to sufficiently mitigate the quality risks then the project will not be approved. The quality risk assessment is reviewed at each Cost Reduction Board.

The Trust will continue the same process in 2013-14 that has been used in the past. This year there will be even greater focus on the robustness of each CIP project and what needs to be achieved to ensure the savings are realised.

Leadership and assurance

The Trust is setting up a virtual Portfolio Office to support the Executive Team in making decisions about investing in the right change initiatives to achieve its strategic goals, and then to ensure that these changes are implemented successfully, balancing the risks associated with major change and the need to maintain high-quality emergency services at all times.

A Trust Projects Coordinator has been appointed to run the virtual Portfolio Office. This role sits within the Service Development Team and works across the organisation.

Working closely with project managers and managers from various other departments involved in change, the coordinator will analyse and present the information required:

A. To inform decisions about which change initiatives and projects the Trust should prioritise and invest in
B. To track whether projects are being implemented and benefits are being realised as planned
C. To maintain a virtual 'library' of key information about major changes, guidance and template documents
D. To manage the 'Bright Ideas' scheme
E. And to offer guidance and support to managers involved in change.

CIP profile

Key CIP schemes

The key CIP schemes are as follows:

- Sickness reduction
- Matching supply and demand / unit hour utilisation
- Wokingham closure
- 111 profitability improvements
- Reduction in unsocial payments

CIP enablers

Clinical leadership and engagement in CIPs

A series of workshops have been held with clinical and operational managers, not only to generate options for efficiency and improvements, but also to review and evaluate these proposals.

Investment in infrastructure

A major investment in an electronic patient care record solution is planned for 2013-14. This is largely DH funded. This will improve the quality of the patient treatment through access to a richer picture of clinical information. In addition savings will be realised from not having a paper solution and from the reduction in patients transported to an Emergency Department.

Quality impact of CIPs

A monthly CIPs board meeting is held, where the Director of Patient Care assesses and reviews the quality impact of each cost improvement proposal.

SCAS uses the original National Patient Safety Association risk matrix to apply a red/amber/green rated score to each CIP.

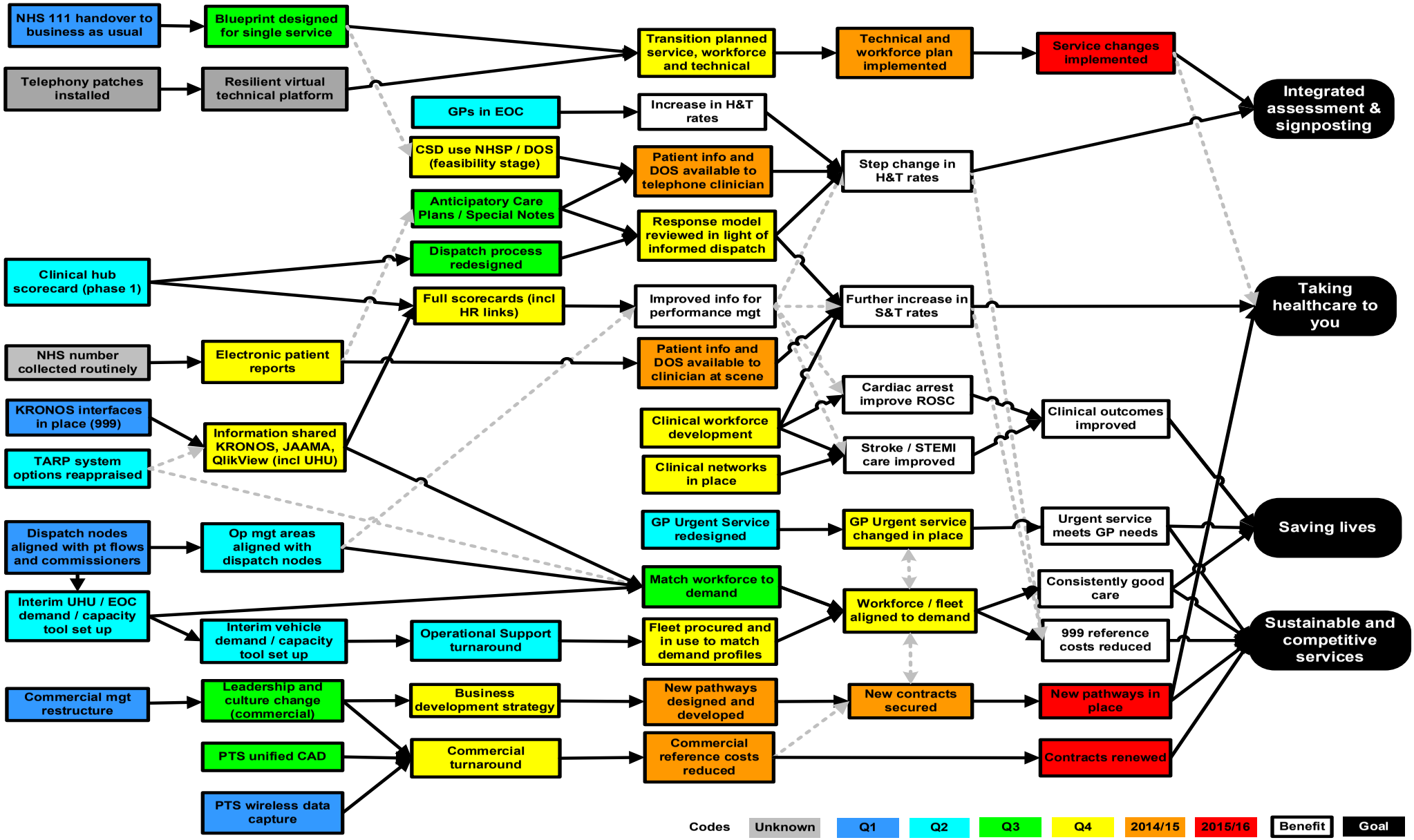
TRANSFORMATION AND SERVICE REDESIGN

Key elements of the programme of change are outlined below.

Assessment and signposting	Service redesign or transformation
Virtual SCAS	Speedier and more resilient technical platform in place Virtual call taking environment across SCAS
New 111 service	New 111 service embedded into business as usual, including service and process redesign Analysis of service gaps across the system undertaken and shared with commissioners or other partners as appropriate
More informed response to emergency 999 calls	New dispatch process designed and implemented, in order to enable timely and informed decisions about the appropriate response to a 999 call Step change in 999 hear, treat and refer rates (callers given advice or referred to another pathway on the telephone) – partly through more informed dispatch and partly through redesign of our processes/workforce
Patient Transport Service	» PTS contact centre restructured » PTS computer aided dispatch
Integrated assessment and signposting service	» Blueprint for future assessment and signposting service developed » Clinical hub scorecard set up to enable analysis before, during and after change, and to support performance management framework » Clinical Support Desk using NHS Pathways clinical assessment tool, so that the clinical assessment processes in 999 and 111 are fully aligned » Technical systems and processes designed and in place to enable new 999 and 111 interface (as per blueprint) » 999 call takers and dispatchers involved in designing processes for 999/111 interface (as per blueprint)

Right care, right time, right place	Service redesign or transformation
Using electronic communication to presonalise care	» Electronic patient record procured and implementation commenced » Special notes provided by GPs or relevant health professionals are linked to SCAS electronic records » PTS wireless data capture
Consistently good care in each week and in each area	» Tool set up to predict demand in each dispatch area, based on historical data and amended with information about inclement weather or events » Tool set up to analyse service requirements (UHU, workforce and fleet) to respond to predicted demand » Emergency Operations Centres and 111 rosters are better and more accurately aligned with overall demand patterns (already done for emergency field operations) » Time, attendance and rostering system in place to enable managers to flex workforce to demand (recommendations from the current review implemented as agreed, including home access) » Workshop processes redesigned to match fleet to service requirements (recommendations of current review implemented as agreed) » Operational support desk redesigned to improve alignment of fleet and equipment with operational needs, including scope to respond to changing needs
Saving lives	**Service redesign or transformation**
Dispatch for life-threatening calls	Feasibility and benefits assessed for implementing an automated dispatch for Red 1 calls (time-critical life threatening)
Taking healthcare to you	**Service redesign or transformation**
Directory of services	On-going work with commissioners (who are responsible for the DOS) and partner agencies to ensure that the directory of services is fully populated and maintained to reflect current services available
Emergency care practitioners	Review of use of Emergency Care Practitioners to ensure that they are more appropriately utilised to keep people safe and well in their own communities (recommendations following current pilots implemented)

Supporting whole system of care	Service redesign or transformation
Demand management - frequent callers	Team in place to analyse the needs of frequent callers and to work with partner agencies to put the necessary plans and services in place
GP Urgent Service	Redesign this service to meet the needs of our CCGs and support the systems as a whole
Business Development strategy	Potential business development identified and analysed based on our understanding of service gaps for 999 and 111 callers Work with local commissioners and partners to develop services that help to keep people safe and well in their own communities
Other cost improvements	**Service redesign or transformation**
Commercial management restructure	SCAS needs to have consistent and fit for purpose management and leadership throughout the commercial division. This restructure will ensure that the future commercial division managers are equipped to cope with the changes and demands in the more competitive environment that exists.
Sick pay revisions (unsocial hours)	Follows the changes to Agenda for Change
Estates	South East Hampshire Resource Centre opened (supporting move to hub and spoke model, replacing Portsmouth, Fareham, Gosport and Havant stations)


NHS 111 handover to business as usual
Blueprint designed for single service
Telephony patches installed
Resilient virtual technical platform
Transition planned service, workforce and technical
Technical and workforce plan implemented
Service changes implemented
Integrated assessment & signposting
GPs in EOC
Increase in H&T rates
CSD use NHSP / DOS (feasibility stage)
Patient info and DOS available to telephone clinician
Step change in H&T rates
Anticipatory Care Plans / Special Notes
Response model reviewed in light of informed dispatch
Dispatch process redesigned
Clinical hub scorecard (phase 1)
Full scorecards (incl HR links)
Improved info for performance mgt
Further increase in S&T rates
Taking healthcare to you
NHS number collected routinely
Electronic patient reports
Patient info and DOS available to clinician at scene
KRONOS interfaces in place (999)
Information shared KRONOS, JAAMA, QlikView (incl UHU)
TARP system options reappraised
Clinical workforce development
Clinical networks in place
Cardiac arrest improve ROSC
Stroke / STEMI care improved
Clinical outcomes improved
Dispatch nodes aligned with pt flows and commissioners
Op mgt areas aligned with dispatch nodes
GP Urgent Service redesigned
GP Urgent service changed in place
Urgent service meets GP needs
Saving lives
Match workforce to demand
Workforce / fleet aligned to demand
Consistently good care
Interim UHU / EOC demand / capacity tool set up
Interim vehicle demand / capacity tool set up
Operational Support turnaround
Fleet procured and in use to match demand profiles
999 reference costs reduced
Sustainable and competitive services
Commercial mgt restructure
Leadership and culture change (commercial)
Business development strategy
New pathways designed and developed
New contracts secured
New pathways in place
PTS unified CAD
Commercial turnaround
Commercial reference costs reduced
Contracts renewed
PTS wireless data capture
Codes
Unknown
Q1
Q2
Q3
Q4
2014/15
2015/16
Benefit
Goal

FINANCIAL AND INVESTMENT STRATEGY

Current financial position

For the 2012-13 financial year the Trust achieved an EBITDA of £10.2m (7.1%), and a surplus of £1.6m (1.1%). The cash position was £8.3m (21 days cash) with a risk rating of 4. The surplus included start-up costs from the three 111 contracts in Hampshire, Berkshire and Oxfordshire. Whilst the liquidity position (31 days) is comfortable including the 30 day working capital facility, it is tight on the new Monitor liquidity measure. This will improve with the disposal of the Battle site in 2013-14.

Financial priorities and investments

The key financial priorities are as follows:

- Delivery of the CIP programme which is £6.2m in 2013-14
- Improvement in the profitability of the 111 business which will ensure a sustainable business for a key strategic area for the Trust.
- Introduction of the Electronic patient record system. This is an enabler to achieving the "right care, right time, right place" treatment.
- Investment of £3.3m in 20 new dual crewed ambulances

Investment in the South-East Hampshire resource centre £2.1m ensuring fit for purpose estate in the Portsmouth area.

Risks and mitigations

The key risks and mitigations are as follows:

A. Non-delivery of cost improvement programmes
£6.2m of CIPS need to be delivered to ensure that the planned surplus is achieved. We have further strengthened the governance structures surrounding the delivery of the cost improvement plan. The standard cost saving template is used which includes the milestones to be achieved, the savings forecast, risks and mitigating actions, quality risk assessment and sign off by the sponsor. Progress against each milestone is updated on an on-going basis and at the relevant project meetings and mitigating actions are agreed. However, overall progress of the programme is reviewed monthly at the Cost Reduction Board. If there are issues that cannot be resolved at this level then these are escalated to the Programme Board (SCAS Exec).

B. 111

The 111 business is still in start-up phase and in part is dependent on the start-ups elsewhere in the country as calls are transferred from other areas. The effect of the switch off of NHSD and the update on 111, whilst modelled is uncertain and can make achievement of the contractual performance targets challenged. These may result in costs being higher than planned. Lower volumes would result in less income than planned. These risks are mitigated by using the experience of the Oxfordshire pilot to model for the other areas and by taking a realistic view of the likely outturn. Clear improvement actions are being carried out for each service to ensure that the profitability improves and the cost risk is mitigated.

C. Higher activity for 999

This has been mitigated by agreeing funding for additional activity at a marginal rate of 55%, which is higher than the 45% in 2012-13. There are no activity caps in the contract.

D. Lower income 999 – CQUIN and hospital delay income

There is a risk that the planned CQUIN income will not be achieved. Dedicated contract managers are being introduced to increase focus on this area. Whilst hospital delay income may reduce (as a result of the new acute contract penalties) this will mean than less 999 resource is required. The mitigation is to monitor this closely and to reduce resource if delays are less than planned.

E. 999 Penalties

There is a risk that SCAS will suffer contract penalties as a consequence of not achieving the performance targets. A combination of adverse circumstances including prolonged snow makes the time based targets challenging.

South Central Ambulance Service NHS Foundation Trust

Budget Risks & Opportunities

Risks	Potential	*Weighting*	Weighted
	£k	*%*	£k
Growth @ 10% - loss on marginal rate	600	*25%*	150
CQUINN not earned	500	*10%*	50
A&E Overspend	500	*10%*	50
EPRF extra costs - cycle time / training	500	*20%*	100
Penalty risk - Red 1	2,180	*5%*	109
Penalty risk - Red 2	2,180	*5%*	109
Penalty risk - Red 19	2,180	*5%*	109
Sub total 999	8,640	8%	677
CIPS under-delivery	1,300	10%	130
Commercial - PTS volumes	300	25%	75
Property revaluation	2,000	0%	0
Sub total Other	3,600	6%	205
111 Risks			
Call duration 2 mins higher (complex calls / no imp)	724	*40%*	290
SHIP penalties	100	*50%*	50
Total risks	13,064	9%	1,222

Opportunities	Potential	*Weighting*	Weighted
Additional CQUINN	700	*30%*	210
Effiicincies from managing growth	500	*25%*	125
EPRF cycle time better	546	*40%*	218
Income higher than budget	500	*40%*	200
Sub total 999	2,246	34%	753
Commercial improvement from income	300	*50%*	150
Bids for new services	200	*50%*	100
Other	500	50%	250
111 Opportunities			
Move to virtual solution (with appt bookers)	217	*50%*	109
Additional income	150	*50%*	75
Call duration - 1 min greater decrease achieved	362	*20%*	72
111	729	35%	256
Sub total Opportunities	3,475		1,259
Total Net opportunities/(risks)	(9,589)		38