North East Ambulance Service NHS
NHS Foundation Trust

Operational Plan Document for 2014-16

North East Ambulance Service NHS Foundation Trust

Contents

Operational Plan y/e 31 March 2015 and 2016

This document completed by (and Monitor queries to be directed to):

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The attached Operational Plan is intended to reflect the Trust's business plan over the next two years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;
- The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and
- All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name *(Chair)*	Mr Ashley Winter

Signature 

Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	Mr Simon Featherstone

Signature 

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	Mr Roger French

Signature 

Executive Summary

The Operational Plan 2014/15-2015/16 sets out a number of key developments that contribute to the achievement of our more strategic ambitions for our patients, staff and the organisation.

Patients remain at the heart of everything that we do and we uphold our mission to ensure patients receive the right care in the right place at the right time throughout this plan.

We have a strong track record of delivering high-quality patient care, focusing limited resources to produce the most effective outcomes possible and we have been at the leading edge of innovative service design for some time. This has consistently led to us being one of the highest performing ambulance trusts in the country. Times are changing and we recognise we need to work differently and have the persistence to continue to drive through improvements in service delivery whilst working to ensure all of our patients have a positive experience, not losing sight of our requirement to eliminate waste, inefficiency and unnecessary costs.

The plan is very much aligned to the ambitions emerging from our local health and social care economy, as well as fitting with the national direction of travel for Urgent and Emergency Care.

The work programme ahead is challenging, consisting of:

- Transforming the Emergency Care service delivery model whilst protecting service provision in the interim, delivering more care and treatment on scene and at home to benefit our patients
- Improving response performances while realising efficiencies wherever possible
- Integrating the way in which we provide care and patient transport across the full spectrum of our core services - high end Emergency Care through to planned patient transport – to ensure the right level of skill and resource is dispatched to meet the patients' needs
- Develop partnership working with primary and community care that helps support admission avoidance programmes, working as a team to meet the needs of our patients, and
- Delivering efficiency savings close to £6m in Year 1 of this plan and £4.5m in Year 2.

A full programme of enabling initiatives is vital to delivering this challenging plan. A number of initiatives are attributed to our Organisational Development (OD) Strategy and the Trust has the challenging task of providing greater support and leadership closer to the front-line, with limited funding and resource.

The current morale and motivation of staff is reportedly low, but is not at the point where it is adversely affecting patient care. Our values are held strongly throughout the Trust:

- Committed, professional and accountable
- Working together
- Delivering consistently
- Shaping the future
- Showing we care

Staff morale is a key concern that will be addressed through this plan. The Board is committed to achieve a work life balance for all staff, effectively reducing late meal breaks and late finishes, and ensuring the creation of opportunities for their engagement in implementing the changes necessary to meet the challenges ahead.

The increasing challenge to balance quality and cost is evident in this plan and for the first time the Trust is forecasting a deficit position. Before applying the financial impact of the developments described overleaf we are projecting a surplus for 2014-15 of £0.652m. Following adjustment for forecast profit on disposals and asset impairments the normalised surplus decreases to £0.437m. We have included two key service developments within our plan. One is key to achieving longer term efficiency savings, our Agile Working Programme, and the other is our Team Leader Review which is essential to support our staff on the front-line providing much needed leadership and pro-

active management to facilitate the planned service transformations. These developments increase our cost base by -£0.705m and -£1.254m respectively in the first year of the plan and contribute to an overall forecast deficit position of -£1.304m in 2014-15 (normalised to -£1.519m), which becomes -£1.405m in 2015-16 (normalised to -£1.235m).

Our resultant overall Continuity of Service Risk Rating (COSRR) is 4 for both years of the Plan. We have a Capital Service Cover rating of 4.70 and 4.80 in 2014-15 and 2015-16 respectively, whilst our liquidity rating remains strong at 26.4 (2014-15) and 14.6 days cover (2015-16). Our strong COSRR is due to our low debt profile and relatively high cash balances over the planning period, despite the cash and capital investments required to support our planned service developments.

We intend to actively enter early discussions with our Commissioners regarding the financial consequence of the applied efficiency targets, our low reference cost position and the essential developments needed to transform the service, to start and inform our tariff negotiation for 2015/16 and beyond, to secure our long term financial viability.

Short Term Challenge

Short term context

The Trust is a strongly performing organisation, achieving national emergency response time targets consistently and providing some of the best emergency and urgent care in the country.

The focus of delivery has for some time, been upon 'improving emergency response performance' and we are now at the point where we are close to achieving our national response performance targets sub-regionally. We still face challenges in our more rural areas including North Northumberland and the Dales and Derwentside localities of County Durham. Alongside our Commissioners we do aspire to improve performance, and work continues to determine the best way to make improvements that are economically viable.

We continue to have some of the highest levels of deprivation in the country and not surprisingly, some of the worst ill health, arising from our industrial history of steel works, ship building and coal mining. Lifestyles choices, deprivation and now also an ageing population are resulting in higher demands placed on all health and social care services including all emergency services, not just by way of volume, but also complexity. Whilst the North East is not experiencing hospital delays or emergency demand to quite the same extent as some others nationally, where other ambulance trusts are missing key targets as a result, there is evidence that our system is starting to be affected and at times has not been able to cope. It is widely acknowledged that without action, any sustained pressure will create system failure and that Commissioners and Providers must effectively collaborate to safeguard our patients here in the North East.

National recognition of the Urgent and Emergency Care system pressure that we are all facing has been welcomed and it supports this operational plan and the Trust's longer term ambition to achieve a transformational change in the way we provide our core services for the benefit of our patients.

We are entering year four of our initial five year cost improvement programme (CIP), put in place at the start of our Foundation Trust journey and we have successfully delivered this to date. As the most efficient ambulance trust in the country, alongside mounting system pressure and demand for our services, it is a much greater challenge now to balance performance with making recurrent savings and to effectively engage with the change agenda given our lean infrastructure.

We do anticipate a future review of expected efficiency savings, which may result in some relaxation of our future targets. However being prudent in this plan we have not financially accounted for any relaxation or variability of current targets, but this would provide much needed mitigation in Year 2 of this plan.

The transformation of our service is now of paramount importance and this operational plan provides the detail of our plans for the next two years. In summary, working within tight financial constraints we are committed to working with our Commissioners across the region to improve patient care through:

- Transforming the Emergency Care service delivery model whilst protecting service provision in the interim, delivering more care and treatment on scene and at home to our patients
- Improving response time performance while realising efficiencies wherever possible
- Integrating the way in which we provide care and patient transport across the full spectrum of our core services i.e. high end Emergency Care through to planned patient transport
- Develop partnership working with primary and community care that helps support admission avoidance programmes, working as a team to meet the needs of our patients

The transformation programme requires sustained leadership and a workforce to champion through change.

With this robust plan, along with our Organisational Development strategy we embrace the challenge, ensuring we play our part in securing efficiencies in the health economy whilst doing our best for patients.

During the early implementation of this plan we will see a change in our leader. With the planned retirement of our Chief Executive in July 2014, we are already making the necessary preparations. The Trust Board is passionate about the services we deliver and the Executive Team is committed to the delivery of this plan, therefore any risk arising from the transition to a new leader is minimised.

Support for our plan

The Trust has overcome the first short term challenge, in that we have widespread commitment from our Commissioners to transform our service provision and have secured recurrent funding for Emergency Care at full cost for the current level of emergency activity. This is however dependant on the Trust being able to deliver an increased rate of non-conveyance. Historical non-recurrent funding has introduced instability into our workforce planning which we can now start to rectify.

Our plan directly supports the emerging five year plans of our 12 Clinical Commissioning Groups (CCGs). Our commissioning proposals were shared in September with each CCG and have been used to influence the development of a two year contract for both Emergency Care and Patient Transport Services. We are confident our plan directly aligns to the key themes emerging from those plans:

- Hospital avoidance and 'care-closer-to-home' – where possible, look for opportunities to treat the patient in a location other than hospital
- Increase ambulatory care – where appropriate, maximising the use of outpatient facilities to minimise the volumes of hospital admissions
- Intermediate care – services provided to help the patient in their own home instead of going to hospital or provided after a hospital stay
- The integration agenda – joining up health and community care for the benefit of the patient
- Tackling dementia and other long term conditions – providing services tailored to the patient with ongoing health problems

The refining of our strategy is being done in conjunction with other stakeholders including our local acute trusts as well as local authorities. We will continue to engage in Better Care Fund planning and actively participate in each CCG's five year planning engagement events throughout the spring.

Current regional position

Although there are challenges, we are currently in a position of strength nationally, achieving national performance targets in all areas and strengthening relationships with the Local Health Economy to develop innovative ways of working for the benefit of patients and the wider Health and Social Care community.

Response performance is strong, achieving:

- 76.91% for all Red 1 8 minute responses in 2013/14* (target 75%)
- 78.92% for all Red 1 8 minute responses in 2013/14* (target 75%)
- 96.96% for all Red 19 minute responses in 2013/14* (target 95%)

*Un-validated performance results

The Trust is equally focussed on the quality of care provision and performs well across a range of qualitative metrics.

The Trust is successfully delivering NHS 111 for the region and has been able to demonstrate how this service can run alongside the provision of the 999 service to provide a seamless access point for patients. In the North East we have seen a reduction in 999 call volume, evidencing the predicted shift from 999 to 111. Whilst overall 999 incident activity has not reduced, the behaviour indicates a shift towards 'urgent' care demand which supports local plans to treat and care for more patients outside of the hospital setting and demonstrates room for improvement in the way we manage this service.

We provide excellent access for our patients. Our call answer performance is second to none for patients ringing 999.

- 96.88% of 999 emergency calls answered within 5 seconds in 2013/14 (target 95%)

Our new NHS 111 service is also high performing and only slightly missed the 95% call answer target in 2013/14.

- 94.34% of NHS 111 urgent calls answered within 60 seconds

The challenge now is to maintain strong performance and high quality, safe service provision, in an environment of tightening finances.

Whilst the Trust is a top performing service these standards are very much attributable to our workforce, however, for a long time front-line staff have been doing more for less and are feeling the pressure of the rising activity. There are just as many demands placed on staff not directly related to patient care such as vehicle checks and drug audits, but are just as important in maintaining adequate levels of safety for patients, as well as themselves.

The Trust is committed to a number of programmes that will seek to alleviate this pressure and it is expected some efficiencies will be realised longer term through the transformation programme. A key investment using our cash reserve is the introduction of more leadership and visible management for our front-line workforce.

It is imperative to fully engage the wider health and social care workforce, to implement change, whilst delivering efficiencies and actively looking to provide more support and improve morale and motivation.

We will continue to work through the implications of service reconfigurations in our region and keep abreast of future developments to minimise any adverse impact or disruption to services.

- In 2015 we will see the opening of a new Emergency Care Centre in South East Northumberland and subsequent changes to two local Emergency Care departments
- Redevelopment of hospitals in Berwick and Haltwistle
- A watching brief is held on our region's provision of Children's heart surgery and the Wynyard development on Teesside.

Key planning assumptions

For the period of this Operational Plan, the following assumptions have been made:

- The Trust will continue to provide services under contract as Commissioned by the local CCGs
- The scope and volume of the work under contract will be in line with agreed forecasts

- The Trust will have sufficient resources at its disposal to fulfil the requirements of such contracts; this will require the ongoing use of third party suppliers of Emergency Care which is to be diminished over time
- The Trust will achieve national performance targets and working to improve local performance with Local Health Economy partners
- The Trust will continue to seek new opportunities to expand its operations for the benefit of patients
- Commissioners will commit to develop appropriate urgent care pathways and provide NEAS with access
- The national direction of travel for Urgent and Emergency Care will continue to support and underpin our plan and strategic developments
- There is little or no growth in CCG allocations and better care and efficiency must be borne out of redesign of services and care pathways

Discussions continue to take place with Commissioners to seek further investment in the Trust in future years through payment reform. This plan is set to achieve a reduction in acute hospital activity and release savings available for reinvestment in our Trust. We intend to work through gain share proposals with Commissioners, as we start to build an evidence base of the impact we are starting to have and can have, in generating cash releasing savings. Increased income through the setting of incentivised tariffs is essential to our longer term financial viability and recovery of recurrent expenditure on the essential Team Leader Review.

Setting of our corporate objectives

To ensure we set off on our strategic planning with the local challenges at the forefront we have already put in place seven strategic corporate objectives to commence from 2014/15. The Trust has reached a turning point in its strategic direction having delivered many ambitions set out in our Business Plan 2010/11-2015/16. Work will continue to develop our longer term strategy and it will be refined in the coming months. The objectives are:

1. To continuously improve outcomes and experiences for our patients through the provision of safe, effective, caring, responsive and well-led services *(strengthening our foundations)*

2. To deliver the right care, in the right place and at the right time through increasing the use of alternatives to hospital, including use of our own front-line workforce building upon the patient assessment and Directory of Services infrastructure that we created to underpin our 999 and 111 services *(setting ourselves up to be a solution to the system pressure issue)*

3. To put in place a programme of work to achieve a single service operational model, designed to effectively meet the care and transport needs of our patients across all emergency, urgent and planned activity *(integrating care and transport)*

4. To deliver a programme of organisational development to equip the organisation for ongoing change and challenge *(organisational development strategy)*

5. To develop into an organisation everyone wants to do business with *(tactical growth and commercial development plans)*

6. To make involvement part of the everyday culture of the organisation to benefit our staff and patients *(engagement, inclusivity, empowerment)*

7. To strengthen our future through wise financial investment and organic and diverse organisational growth, whilst maintaining a strong financial position *(sound financial health)*.

In addition to the corporate objectives, some of the Trust's specific plans include:

- Ongoing achievement of the national performance response targets and continuous improvement in the ambulance quality indicators
- Improving performance in our most rural locations
- Delivery of £5.823m CIP and net revenue generation savings in 2014/15 and £4.550m in 2015/16, before Agile Working savings
- Improving staff morale and satisfaction
- Refreshing of the current PTS and Emergency Care Strategies to enable convergence towards a single service operational model (or Integrated Transport Solution) - strategic objective 3.

Quality plans

National and local commissioning priorities

Ambulance services are being recognised as being able to play an enhanced role as a care provider, utilising the skills of Paramedics to treat more patients at scene. There is also the potential for ambulance services to drive integration and co-ordinate other elements of emergency and urgent care being at the heart of 'first contact' made by many patients and being a key decision maker in determining the best place for definitive care. These nationally documented proposals are key drivers of our operational plan and long term strategic ambitions.

The national direction of travel specifically for mobile treatment services and Emergency Care centres (Emergency Care centres to serve the more remote and rural communities) and the establishment of major emergency centres, is not yet emerging in local commissioning plans. It is likely the next iteration of the Urgent and Emergency Care review due in spring may help to firm up local plans. The national review is now being considered in more detail at urgent care working groups, now that winter planning and review has subsided.

There continues to be aspirations to improve emergency and urgent care response performance, and there is recognition that recurrent funding and our cash reserve will need to be utilised to support the service transformation and this needs to be implemented in a phased, measured way. As a result, service improvements may be conservative in 2014/15 and may not come to full fruition until the end of 2015/16 when staff are in post and are trained.

Better Care Fund initiatives are very much focussed on delivering reductions in emergency admissions, but financial allocations are being approached with caution to ensure not to destabilise organisations.

Useful contractual levers are anticipated to help to manage handover delays with local acute trusts which will be critical to releasing our resource, to effectively respond.

We will be supporting local initiatives to help manage some of the budget pressures faced by local CCGs.

We do not intend to halt our work on research. It is important to continue to advance Emergency Care through research and development and this will involve participating in national programmes of research and trials. We are in support of the national Paramedic Prescribing initiative and also are keen to embrace pre-hospital screening for conditions such as aneurysms, ischaemic limbs and use of cardiac markers such as troponin.

Quality goals and priorities

The Trust's corporate objective, 'to continuously improve outcomes and experiences for our patients through the provision of safe, effective, caring, responsive and well-led services' provides the drive and focus to ensure all aspects of a successful service: quality, access, innovation and value for money, are in place.

The quality goals of this plan are shown below.

Quality Goals

	Quality	Access	Innovation	Value for Money
Effectiveness	*Improve staff satisfaction – staff feel valued and patient care is optimised *Enhanced CARe training for front-line Paramedics Develop clinical and quality leadership visible and accessible to front-line staff	Collaboration with Commissioners to ensure access to high quality urgent and Emergency Care *Improve access and case management for our frequent callers	To develop a plan to introduce advanced practice to the Paramedic role Development of Point of Care testing Transforming the delivery model for Emergency Care	Improve utilisation of hospital and day unit based vehicles Respond to the introduction of eligibility criteria to access patient transport Increase use of high profile KPIs
Experience	Embedding of Compassion in Practice Introduction of a refreshed clinical competency assessment framework	Continue to provide excellent response performance – right skills in right circumstances, *improved use of alternative services	Development of a 'Patient's Charter' for transport services	Appointment based service for patient transport
Safety	Drive use of high quality Care Planning *To be assured of compliance of all patient-facing and statutory policies	*To work with acute partners to improve hospital handover times	Development of an education programme to help manage demand and also signpost	Develop the Integrated Transport Solution

*Shortlisted Annual Report Priorities

The Trust's quality priorities for inclusion in the Quality Report have been shortlisted and are currently being consulted upon with our stakeholders. Stakeholder groups include the Contract Quality Review Group, Overview and Scrutiny, and Healthwatch and feedback is being obtained from the workforce through Crowdsourcing media.

Current quality concerns

The Trust constantly learns from complaints, incident reporting, auditing and surveying (and many others). The current areas of work include:

- An independent review of patient-facing policies and those that are required by statute or regulation, covering compliance, whether they are fit for purpose and detail clear accountability and monitoring arrangements
- A review is underway to quantify the impact of increasing delays for urgent requests for transport. Pressures in Emergency Care often lead to longer delays for the lower priority transport requests
- Joint working with our sub-contractor to address performance concerns in NHS 111 clinical service provision
- The Trust has commissioned a second independent review of our serious incidents. The numbers of incidents being reported have increased and whilst relatively low given our volume of patient contacts, we want to be assured we are doing everything to minimise risk to patients and our staff.

Work is also underway to tighten procedures for reporting and close out of complaints and incidents to enhance the learning of the organisation.

Key quality risks inherent in this plan

1. Cost improvement requirements reduce our ability to invest in the front-line, placing national Emergency Care response targets at risk, should activity continue to rise.
2. Unable to dampen growth, leading to further activity pressures affecting performance of back-up transport, GP Urgent requirements and our low priority work (as emergency resource is deployed to higher priority emergency activity).
3. Handover delays continue and reduce our resource availability.
4. Continued use of poor quality and differing care plans making it difficult to extract key information to facilitate provide better tailored care for patients, either at the point of call, or on face to face contact.
5. Unable to meet the growing needs for non-urgent patient transport without strong intervention by Commissioners to reduce demand, or without additional funding.

How we assure quality and safeguard patients

There are several layers within the Trust that enables the Board to be assured on quality and to safeguard patients:

- Robust monitoring is in place across key metrics; including early warning indicators such as near misses and complaints received
- Robust incident reporting system in place where themes and trends are monitored
- A comprehensive clinical audit programme is in place and reviewed annually. Ad-hoc assurance audits are undertaken to validate key metrics such as re-contact rate
- There is routine review and clinical audit of long responses to emergency incidents
- Effective contract management, including management of sub-contracts
- Our Experience, Complaints, Litigation, Incidents and PALS (ECLIPS) group meets routinely to triangulate all reporting and metrics and ensure lessons learned are acted upon
- Measuring the experience of our patients and staff is an ongoing process and we have been trialling different methodologies as part of our preparation to formally introduce the Friends and Family Test for staff by July 2014 and for patients by March 2015.

We will continue to gain assurance through:

- Our internal audit programme
- Existing counter fraud arrangements
- ISO (Internal Organisation for Standardisation) Quality Assurance system as certified by Worldwide Quality Assurance
- Staff surveys and our Health and Well Being assessments
- Progress and self-assessment against the Francis recommendations and others where relevant
- QGARD Benchmarking with the National Ambulance Quality Group
- The ongoing development of the Board Assurance Framework, monitoring and rectifying gaps in control and assurance
- Robust risk management and use of effective management and treatment plans to mitigate risk
- Business continuity management.

For 2014/15 we intend to:

- Self-assess the quality of our strategic planning early in 2014/15 utilising the research compiled by Price Waterhouse Coopers
- Extend the use of an enhanced Quality Impact Assessment pro-forma to assess the clinical (as well as financial) sustainability of the organisation
- Re-assess the organisation's patient safety culture, building on work carried out in 2010.

The Trust Board also undertakes an annual quality governance framework self-assessment and provision is being made to comply with the new requirement to undertake three yearly external governance reviews.

Other new areas for 2014/15 include:

- Further enhancement of our Performance Review process, including a refresh of our clinical competency assessment framework
- Development of a robust evidenced based approach to development of the clinical workforce (Enhanced CARe and Paramedic specialist role)
- Development of Board workforce information, drawing on good practice documented in '*How to ensure the right people, with the right skills, are in the right place at the right time*' published by the National Quality Board
- The incident reporting system to be developed to provide the mechanisms to raise concerns. This is also reliant on the Organisational Development strategy in ensuring staff are engaged and well-managed and the conclusion of the Team Leader Review enabling staff to work in well-structured teams and to practice effectively through the supporting infrastructure of the organisation.

Our quality plans and the workforce

The workforce planning group is improving the planning, recruitment and development processes and has set a target date to recruit to achieve full establishment levels by September 2016. The plan is constantly being refined as contract negotiations come to a conclusion. The establishment and skill mix will adjust to reflect commissioner requirements, successful commercial bids and other external factors.

The commitment to transform the Trust's operational delivery model means:

- An increase in resource at the front-line
- A new Band 3 role working across Emergency Care and patient transport services as part of the integration programme
- Roll out of Enhanced CARe training
- New recruits including Paramedic Specialist (role still to be determined) and Emergency Care Practitioners
- Permanent introduction of a Clinical Support Desk
- A restructure of the dispatch function to support the development of Integrated Transport.

The Trust often struggles to recruit Paramedics and is reliant on the student Paramedic programme. Through a strategy of 'over training' the workforce, it is envisaged that we will be able to fast-track staff through recruitment when higher skill levels are required, making the Trust much more agile to respond to new business opportunities and minimise risk of carrying vacant posts. This strategy will also help the Trust to diminish use of third party providers. A Corporate 'Bank' will also provide flexibility and be a retention tool for those we have over-trained.

The adoption of Compassion in Practice and the six fundamental values: care, compassion, competence, communication, courage and commitment will be reflected in the new clinical

competency based assessment, value based recruitment and integral to the performance review process.

Leadership at the front-line is an area the Trust has struggled to invest in due to non-recurrent funding streams and low contractual activity baselines in Emergency Care. The Trust is committed to utilising our strong cash balance make wise investment in strengthening leadership and managerial support at the front-line.

The Team Leader Review and the OD strategy are pivotal to the delivery of this operational plan and also the longer term strategy.

Responding to the Francis report

Since the release of the first Francis inquiry report in February 2010 (into the failings at the Mid Staffordshire Foundation Trust), the Trust has held a number of learning sessions and an action plan was put in place to strengthen aspects of Trust procedures, policy and governance. It has been developed over time to respond to 'Hard Truths', the Government's final response.

The Trust has an open and transparent learning environment and is and will continue to be proactive in incorporating good practice, new safety measures and instigating behavioural change aligned to Compassion in Care.

The National Quality Board's publication '*How to ensure the right people, with the right skills, are in the right place at the right time*' will be drawn upon to develop the training and recruitment plans for the organisation.

Human factors training has already been introduced into the Contact Centre as stand-alone training, and it will be brought into business as usual training during 2014/15.

Risks to plan delivery

The following risks have been identified.

1.	Ongoing growth without appropriate funding to maintain adequate capacity and maintain overall achievement of national response performance targets.
2.	Use of cash reserves to invest recurrently in staffing-related quality issues i.e. leadership, new role development.
3.	Ability to identify new cost improvements and achieving delivery of them
4.	Staff morale and motivation is low at a time of further change
5.	Unproductive partnership development with staff groups and their representatives.
6.	Limited leadership at the front-line
7.	Pace of transformation at NEAS is restricted by funding and is considered too slow to deliver the desired transformation of the health economy (i.e. reducing acute activity)
8.	NHS 111 promotional campaigns induces demand at a rate not commensurate with resource increases
9.	Ongoing reliance on cash reserves which is not wisely invested leading to further financial deficit.

Plan contingency

The Trust will continue to utilise third party support at the front-line to protect Emergency Care response performance targets, whilst recruiting and training staff in Enhanced CARe.

Commissioners have committed to working collaboratively to realise the desired transformations of our service and recognise that timescales are long term. Where practical, delivery timescales may need to be renegotiated as the plan is also dependent on activities beyond our control e.g. hospital handover delays.

Operational requirements and capacity

Activity forecasts

The Trust's Emergency Care activity has increased in this last year, as expected with the introduction of NHS 111. The pattern of activity followed that of the Single Point of Access Service initially set up in County Durham. We anticipate activity growth to continue but at a reduced rate, reverting back to historical growth levels close to 1%.

Workforce establishment numbers will be increased, on a permanent basis, for the first time in several years. There is a planned shift in the type of activity for Emergency Care. There is a requirement to undertake more See and Treat activity, rather than convey a patient to hospital. This is to be realised through targeted training plans for Paramedics.

The activity modelling takes into consideration the following factors:

- 2014-15 – revised baseline has been incremented to accommodate a small increase in See and Treat activity which effectively leads to 1% growth on the 2013-14 forecast of 390,000 incidents
- The baseline figures for 2014-15 have an expected reduction in conveyance levels of 1.2% and this has been extrapolated into future years at -2.2% for 2015/16 and -2.6% for 2016/17, results in a -6% reduction by Year 3. This reduction accounts for the contribution we can make in reducing Emergency Care activity by 15% as set out in Everyone Counts planning guidance
- Annual activity growth rates for future years are expected to be relatively low: 0.8% in Year 2 and 0.7% in Years 3, 4 and 5.

This plan reflects the changes that need to occur to manage more patients on scene/at home delivering the expected shift from conveyance to See and Treat. Three years from now, the modelling indicates the reduction in conveyance rate will be supplemented by an increase of 27,000 See and Treat incidents. During 2014/15 we intend to review our tariff structure and prices that will demonstrate commissioning for value rather than volume, whereby See and Treat is likely to be the most beneficial outcome for the patient.

Patient transport activity has also been growing year on year, and again in the last year growth in some areas has been excessive, mainly in the area of same day activity. Our hospitals are under pressure to improve patient flow and consequently discharge planning is not being planned in advance. Commissioners intend to introduce eligibility criteria from 2014-15, and will be working towards an implementation date for early in the year; this should reduce the demand for this service. Any efficiencies arising from the introduction of eligibility criteria will be reviewed as part of the integrated transport initiative to determine where staff and vehicles may be best utilised to provide the most appropriate care for the patient.

Workforce plans

Emergency care

The Trust is working towards an establishment plan for March 2016 which will produce an increase in the numbers of staff for the front-line and includes an additional 50 Team Leaders.

Enhanced CARe training will be a focus in the next two years to help the Trust in its aim to treat the patient with the appropriate skills at the scene where possible and avoid conveyance.

In terms of actual staffing levels, the Trust has a rolling Workforce Plan that is up-dated on a monthly basis. A review of the Team Leader role in Emergency Care has recently been undertaken to ensure the most effective team structure is in place. Subject to a recommendation of a final model and approval by our Business Investment Group in April, the recommendations of the review will be implemented during the year. Financial provision for this development will come from Trust reserves as previously mentioned.

Historically the lead in time for recruitment and training of Paramedics has created delays in being able to fill some front line vacancies. To address this, a programme of over training is being

planned to advance career progression, offering a quicker and smoother transition into vacancies when they arise.

The need for flexible working is critical to the Trust's ability to respond to national changes such as 7 day working in primary care, changing demand levels and patterns and also to ensure efficiencies are secured by having staff on duty when they are most needed and in the past this flexibility has been accessed through the use of overtime and also our much valued third party agencies. In more recent times, these resources have been utilised to underpin our core infrastructure. As the level of recurrent staff in post improves and the development of a Corporate Bank progresses, it is expected that the use of third parties will revert to being a more flexible resource rather than a permanent one.

It is also important that we become more efficient in the deployment of our workforce and the Workforce Management System used to roster staff within our Contact Centre is proving to a beneficial tool in aligning staff to work volumes. This system will be explored for wider use in the Trust.

Patient Transport Services

Under a block contract, the PTS service continues to be resourced based on historical volumes. There continues to be limited funding available and work outside of the main block contract is paid for non-recurrently by Commissioners. During 2014/15 agreement has been sought to review the resource requirements to look to reduce non-recurrent expenditure and also to work with Commissioners to deliver a number of efficiencies that we can retain and look to reinvest.

The areas of efficiency expected (but not quantified) include:

- Further embedding of the use of Autoplan
- Introduction of eligibility criteria by our Commissioners
- Pooling of acute and day unit vehicles back to NEAS.

Pending levels of efficiencies gained, there may be the requirement to recruit and purchase more vehicles. There are many unknowns at this stage to quantify capacity requirements and further work needs to take place with our Commissioners to prioritise increasing work volumes and redress the financial imbalance.

Contact Centre

The Contact Centre staffing position is fairly stable. Small increases in the workforce numbers are planned in response to two new services and the Clinical Support Desk and Dispatch restructure will require HR support.

The cross training programme that was developed to achieve flexibility across our call centre operations will continue to be enhanced and rolled out.

Organisational Development

Over the last few months, significant time and investment has been given to the development of an Organisational Development Strategy, recognising that further change on the horizon is significant not only for ambulance services, but all of the public sector, given the financial challenges we all face.

There are a number of key messages to be delivered, one which is about shared ownership of problems and the OD strategy is one of the fundamental strands of our plan to achieve this. The goals of the strategy are:

- Excel in leadership and people management
- Engage with staff
- Provide staff development
- Look after staff well-being
- Develop the business

- Create a positive culture.

The Trust recognises that the success of an organisation rests on the staff within and is putting in place a number of actions to ensure that staff are valued and are looked after. The Health, Safety and Well-being group has a detailed action plan to ensure that risk assessments are in place and the Trust is a safe place to be. The Trust ensures it learns from incidents or adverse events and makes sure relevant health, safety and well-being policies are in place and are communicated to the workforce.

The Trust recognises that some roles can be stressful to the individual and has support frameworks in place including a well-developed Occupational Health facility to support all staff, not only those on the front line. High levels of attendance at work is managed and supported by the Board and the Trust has preventative strategies to reduce incidence and the impact of key causes of absence.

Historically, the Trust has had high levels of sickness absence levels and in the last year some months have seen absence rates close to our target of 5%. We continue to work towards a sustained target of 5% and it is envisaged, based on a pilot evaluation, that this can be attained in 2014/15 with the introduction of the new Sickness Absence Monitoring process which is to be managed by FirstCare, a leading provider of absence management solutions. FirstCare provides direct contact to a clinician who can advise individuals on how to get back to work.

The priority areas to tackle early in 2014/15 are:

- Addressing work life balance for staff when shifts are not finished on time and meal breaks are late due to demand pressures
- To improve wider engagement of the whole workforce and developing a more productive partnership with the Unions
- Support the implementation of the Team Leader review, addressing gaps in the existing infrastructure and enhance the front line leadership role so that it more fully supports the staff delivering care to the patients
- Implement a programme of agile working to enable the workforce to deliver their services more flexibly and contribute significantly to the Trust Cost Improvement Programme and other objectives. Work will continue on the Workforce Management System for both Emergency Care and the Patient Transport Service to ensure resources are utilised in the most efficient way possible for the benefit of staff and patients
- Implementation of the HR Review recommendations, which aligns HR staff to service lines, providing much needed dedicated resource and helps to further progress embed the principles of service line management within the Trust.

Other enabling plans

Information Management and Technology (IM&T)

The IM&T Strategy 2013-15 has been agreed by the Trust Board and has a number of high level strategic objectives, derived from future organisational, service line and national strategies. Plans include:

- Improving access to technology, automating processes and enhancing the change control process for all of our systems
- Reviewing and testing the market for alternative mobilisation equipment, supporting the PTS strategy and future electronic patient care records developments
- Managing Information and developing our business intelligence
- Support the development of a single source of the truth, with the initial focus being on a master staff record
- Supporting staff by providing them with timely and relevant information relating to their performance and training records

- Achieving Personal Demographic Service (PDS) compliance for NHS 111, which will provide a more seamless access to patient care records to benefit patient care.

Estates plans

A programme of refurbishment works is in place for Trust properties of which 50% are leased and 50% are owned. Some leases are coming up for renewal and we have already begun to consider future needs of the service to maintain and operate vehicles efficiently and effectively alongside agile working opportunities for our staff.

Estates plans include delivering a safe working environment at all Trust locations, ensuring locations are correct to meet operational needs and implementing renewable/sustainable energy solutions to contribute to the Trust's carbon reduction target of 34% by 2020 and 80% by 2050.

Performance management

A new Performance Management Strategy is to be in place for 2014/15, moving towards performance improvement activity, now that a substantial amount of metric and assurance reporting is in place.

Metric development and reporting will still continue through a programme of Visible Performance Reporting, ensuring the whole organisation is aware of the performance requirements being placed on the Trust and also evidencing how we care for patients and our staff and where improvements could be made.

Improvement activity will be focussed on the transformations planned for NEAS and also areas of concern arising from quality impact assessments.

Service Line Management

Some aspects of the Service Line Management project have moved into business as usual. It has not been in its entirety as there continues to be a number of barriers to be able to progress with full service line autonomy. Lessons have been learned from other organisations and during 2014/15 a decision will be taken on how we progress with Service Line Management.

Productivity, efficiency and CIPs

An extensive Cost Improvement Programme (CIP) has been developed to achieve savings of £5.823m in 2014/15 and £4.550m in 2015/16.

The Trust's well established Programme Management Office (PMO) Function, working very closely with the Finance Department has a well-controlled programme of activity to ensure the identification of schemes, monitoring delivery of schemes and in assessing the impact on quality. The CIP is still largely reliant on traditional schemes, however in recognition of the increasing challenge and volume of high risk schemes the scope of the PMO project managers has been extended to manage all transformational change programmes and income generating projects. The function is being made substantive from 2014/15 as it embarks on the programme of work to deliver the long term transformational projects.

The following table details those traditional schemes with the highest value to be delivered in the next two years.

Traditional CIP and income generation schemes

Scheme	Description	2014/15 £000	2015/16 £000	WTE reduction	Quality Impact Assessment (QIA)	Sponsor
Emergency Care Capacity and Demand	To look at systems to match capacity to demand through new technology. Savings through reduced overtime.	1,558	19	n/a	Completed and signed off – further monitoring not required	Chief Operating Officer

					as current proof of concept stage. Further assessment will be required.	
Vocational Training	To pay new staff into certain roles a percentage until training completed	406	184	n/a	New scheme. QIA in draft.	Director of Workforce and OD
Overtime	Reduction in overtime through use of bank and new overtime policy	630	385	n/a	QIA completed and signed off. Additional monitoring is in place for this scheme.	Chief Operating Officer /Director of Workforce and OD
Improved asset utilisation	Across all service lines	440	437	n/a	New scheme.	Chief Operating Officer
Demand Synergy Working	Use of a Workforce Management system in Contact Centre to use resources effectively across different services	342	304	This is the 3rd year of a 3 year plan with a WTE reduction overall of 10 FTE.	A QIA has been completed and signed off. Additional monitoring is in place for this scheme around call performance.	Chief Operating Officer
PTS Strategy	Various projects	203	154	n/a	All in place.	Chief Operating Officer
Salary Sacrifice schemes	Trust Wide schemes for staff to take advantage of salary sacrifice on a range of schemes and services	201		n/a	Each scheme has its own QIA completed and signed off. No further monitoring required.	Director of Workforce and OD
Removal of Unsocial Hours Premium During Periods of Sickness (Annex E)	National work being undertaken to look at application of Annex E to Ambulance Services	192		n/a	A QIA has been completed and signed off. Additional monitoring is in place for this scheme.	Director of Workforce and OD
Driver and Vehicle Data Manageme	Roll out of pilot using DVDMS technologies to reduce fuel usage through improved driving	65	157	n/a	The QIA has been completed and signed	Director of Finance & Resources

nt System (DVDMS) Fuel	conditions				off. No further monitoring was required.	

There are a number of further pay and non-pay schemes planned for the next few years which are necessary to achieve the levels of savings expected. In 2014/15 there is £1.891m (32.5%) that has been identified as high risk and in 2015/16 the value of high risk schemes is greater at £2.851m (62.7%). The 2015/16 programme is still to be further evaluated and risk assessed in more detail.

The Trust is ambitious and has good success in competitive tendering. It has recently invested in a small commercial team, which will be appointed to during 2014/15. Income generation targets form part of the CIP from 2014/15.

A new commercial development team for 2014/15 proposes to encompass the commercial training arm, which is currently set up as a small service line – Commercial Business Services. Outline proposals to host a Centre of Excellence for Training are due to be consulted upon early 2014/15. The strategy, business plan and financial targets are still to be determined.

In 2013/14 a large proportion of the CIP was achieved through non-recurrent savings which has substantially increased the recurrent target for 2014/15. The scale of non-recurrent savings is not expected for 2015/16 and a number of mitigating schemes have been identified and include:

- Cessation of Emergency Care Technicians' protection
- Increased use of stand-by to enable some property disposals
- Purchase of some finance leased properties
- Reduction in corporate staffing requiring some redundancies.

Initiatives more of a transformational nature are still early in development and are detailed below.

Initiative	**Detail**	**Stage of development**
1. Team Leader Review	Dedicated supervision and accessible line management for all front-line staff will ensure proactive performance management and targeted efforts to improve quality in service provision. Team Leaders are currently afforded four hours per week offering limited value for money to the workforce. ***Likely impact: increased productivity and savings to health economy***	Options proposed and investment required. At this stage it is difficult to quantify the benefits of improved staff morale and motivation through enhanced support and management
2. Enhanced CARe roll out of training	All front-line Paramedics trained to offer additional care and treatment through an extension to their current scope of practice. ***Likely impact: improved staff satisfaction and savings to health economy***	Ongoing evaluation of 2013/14 CQUIN scheme introducing Enhanced CARe Paramedics into the workforce.
3. Development of high skilled Paramedic role	Introduction of a tier of Paramedic Practitioners (tbc) with a greater scope of practice including prescribing, to treat more acute primary care illness. Career progression opportunities within NEAS. ***Likely impact: improved staff satisfaction and savings to health economy***	Research and development.
4. Integrated transport	Emergency Care and PTS are currently commissioned separately. An integrated transport solution could bring about operational efficiencies and increased productivity through	Proposal shared with Commissioners and supported through non-recurrent CQUIN funding to

	intelligent dispatch of an appropriate resource. Front-line Paramedics to be more available to offer Enhanced CARe skills. Utilisation of more appropriate back up transport rather than commit a double crewed ambulance to transport a patient on every occasion. ***Likely impact: increased productivity and savings to health economy***	commence in mid-2014/15.
5. Condition and management of estate and resources	The Trust currently operates its core services from HQ and 61 stations throughout the North East. Alternative models are in place elsewhere in the country and there are numerous benefits. These need to be considered further in advance of developing a plan. ***Likely impact: direct savings***	Research and development.
6. Agile working	Optimal estate utilisation through increased home working/alternative more cost effective base solutions. ***Likely impact: direct savings, risk of decreased productivity***	Programme initiation

Delivery of all traditional schemes is critical to the financial success of this plan.

The transformational initiatives, 1-4 and 6 are critical to the long term strategy of the Trust. Until the financial savings of initiative 5 are fully understood, it is not clear how critical it will be to the cost improvement programme beyond 2015/16. The integrated transport solution offers short term productivity potential. The Trust has experienced significant growth in same day patient transport activity, correlating with acute trusts under pressure to quickly mange the flow of patients through the hospital, therefore affording little opportunity to advance plan discharges. Any efficiency gained could support Emergency Care in the first instance and then look to absorb patient transport pressures.

As the most efficient ambulance trust in the country, without the introduction of variable efficiency targets appropriately set to account for both small and efficient trusts, the cost improvement programme will continue to be the area of greatest challenge and also risk for us.

The financial viability of the Trust is dependent on achieving the CIP and also additional recurrent income secured through new business streams and Commissioner investment, as our plans start to produce cash releasing savings by the patient not going to hospital.

Financial plan

Revenue income

The total income planned for 2014-15 is £114.6m and £115.2m in 2015-16. The Emergency Care recurrent contract baseline includes c£3m revenue related to over-activity in 2013-14 and previously funded non-recurrently. This comes with an expectation from our Commissioners that the profile of our activity changes; increasing See & Treat and reducing conveyances to hospital.

Gross income inflation of 2.2% has been applied to all core contract lines. Taken with a -4% efficiency requirement for EC and PTS contracts there has therefore been a net income reduction of -1.8% on these contracts. For 2015-16, we have assumed an identical -1.8% net deflator will be applied to core contracts, whilst Resilience and HART contracts will receive the 2.2% gross uplift.

The following table shows our NHS clinical revenue forecasts for the next two years.

Income	2014/15 £'000	2015/16 £'000
Cost & Volume		
Emergency Care Service Contract Income	71.307	70.564
DDES Supplementary income enhanced ECS	0.645	0.634
Other ECS Income	0.059	0.060
Extra Contractual Referral income	1.073	1.073
Block Contract		
PTS Block contract (CCGs)	17.859	17.538
PTS other	2.117	2.078
Emergency planning and resilience	0.440	0.448
HART	3.236	3.307
NHS 111 (net of penalty provision)	7.961	8.179
Durham Urgent Care Transport	1.729	1.695
Renal Dialysis	0.575	0.575
NICBIS (Intensive Care Bed Service)	0.060	0.058
Care Connect	0.459	0.459
Other commercial income/ developments	0.187	2.339
CQUIN (net of penalty provision)	2.105	2.080

For 2015-16, our income forecasts for commercial income and developments are aligned to our revenue generation CIP plans and specifically the development of our commercial team, referenced in the section above on 'Productivity, Efficiency and CIPs'. Our commercial developments will focus on opportunities which are aligned to our strategic aims, especially developments which allow better integration of care and transport and/or which offer solutions to whole system pressures.

Other operating income in 2014-15 includes income from our commercial training and event cover business arm generating £1.173m recurrently (£1.231m in 2015-16), NMET training funding for paramedic development of £1.008m (2015-16, £0.959m) and other recurrent income sources totalling £1.389m (increasing to £1.652m in 2015-16). We have also assumed £0.4m of winter funding will be available non-recurrently in 2014-15, which is matched by planned non-recurrent expense.

Planned costs

Pay expense budgets

The Trust's pay budget for 2014-15 after CIPs is -£78.869m and for 2015-16 is to -£78.359 including the cost of the Team Leader planned service development. These figures include pay award assumptions of 1.46% in 2014-15 and 1.41% in 2015-16, inclusive of incremental drift.

Notification of a 0.3% increase to employer's superannuation contributions from 2015-16 came too late to be included in the costs detailed above - our assumption has been that this increase would be funded through contract uplifts, making the issue cost neutral.

Non-pay budgets

The total non-pay expense cost for 2014-15 is £29.351m and for 2015-16 it is £30.033m, inclusive of non-pay costs associated with the Agile Working and Team Leader Review developments. Costs also include an overall aggregate price inflation estimate of 2.23% in 2014-15, based on the published Consumer Price Index for December 2014. For 2015-16, we have applied the March 2014 forecast from the Office for Budgetary Responsibility of 2.0%.

Service developments

There are two planned service developments:

Agile working – proposals for 2014-15 include revenue investment of £0.705m of which £0.123m is recurring. The majority of spend is in relation to non-pay expense for IT systems, hardware and

furniture. Capital investment of £0.959m is required for Year 1. The programme is expected to release £2.029m of recurrent cost savings in 2015-16, but will incur additional revenue investment of £2.082m (of which £1.227m is non-recurrent), resulting in a net deficit of -£0.053m. Further capital spend of £0.610m is planned in 2015-16, with further additional cash releasing savings of £1.971 forecast from Year 2016-17 onwards.

Team Leader Review – Implementation of additional front-line team leaders will incur a recurrent annual spend of £2.149m. This is profiled to commence from 1 September 2014.

Capital Plan

The Trust's Capital Plan is summarised below.

Area of expenditure	**Description**	**2014/15 £'000**	**2015/16 £'000**
Vehicle replacement	Replace of vehicles that have reached the end of life	4,907	4,491
Medical Equipment	Equipment for new vehicles	1,194	980
IT Replacement Programme	Replace of IT assets, e.g. Servers	371	614
IT Development Schemes	Implementation of new projects including **Agile Working**, Workforce Management, Demand & Capacity Modelling, any new tenders won	1,495	1,385
Estates Maintenance/Enhancement	Maintenance of existing properties within the Trust portfolio	635	609
Estates Development Schemes	New site developments where appropriate e.g. moving location	1,100	900
Replacement Plant & Machinery	Replacement plant and machinery assets such as fleet workshop lifts	0	40
Miscellaneous/ Contingency		0	0
Total		**9,702**	**9,019**

The main source of funding is internally generated funds from depreciation charges (anticipated to be £6.949m).

During 2014-15 the Trust intends to dispose of two properties with an estimated total sale value of £0.57m.

Liquidity

NEAS has identified within this Plan two major developments in Agile Working and our Team Leader review. As outlined earlier, there is significant capital and revenue investment planned in order to progress and deliver these service developments and consequently our cash balance has reduced from a forecast outturn of position £13.5m at the end of 2013-14 to £11.2m in March 2015 and subsequently to £7.6m in March 2016.

Our overall liquidity position remains strong, delivering cover of 26.4 days and 14.6 days in Years 1 and 2 of the Plan and maintaining a liquidity rating score of 4 throughout.

Risk rating

The Trust's projected overall deficit after developments for 2014-15 is -£1.304m. After adjusting for profit on disposal and asset impairments, our normalised surplus position is -£1.519m. This results in a surplus margin of -1.1% and a Continuity of Service Risk Rating (COSRR) of 4.

In 2015-16 our deficit position is forecast at -£1.405m, with a normalised position of -£1.235m, delivering a surplus margin of -1.2% whilst our COSRR remains at 4

Financial risks

The key financial risks to this plan are:

1.	Full achievement of the cost improvement programmes
2.	Unable to transform Emergency Care to change the profile of activity i.e. reduce conveyances and increase See and Treat
3.	Increased use of third party provision to maintain performance at national target level if activity increases above expected levels.
4.	Non-recovery of planned savings from the Agile working initiative invested in Years 1 and 2.
5.	Unable to attract recurrent investment from 2015/16 to cover recurrent expenditure committed in 2014/15 from cash reserves to implement the essential Team Leader Review.

The Trust has modelled downside scenarios in relation to underachievement of 40% of the high and 10% of medium risk rated CIP schemes for the two financial years. This scenario suggests that the Trust would be have a -£0.983m shortfall against CIP plan within 2014-15 and an additional -£1.246m shortfall in 2015-16, totalling -£2.229 recurrently.

A number of mitigation schemes are available, the major ones being highlighted below, although some would not deliver immediate mitigation saving:

- Cessation of Emergency Care Technicians' protection,
- Increased use of stand-by to enable some property disposals,
- Purchase of some finance leased properties, and
- Reduction in corporate staffing requiring some redundancies.

The total mitigating CIP savings generated by all identified mitigation schemes are summarised in financial terms in the table below. The total recurrent impact of £2,599m would offset the underachievement on CIP in the downside and would generate additional non-recurrent savings in each of the two financial years.

	2014-15 (£000)	**2015-16 (£000)**	**Recurrent impact (£000)**
Recurrent	907	2,599	2,599
Non-Recurrent	945	2,280	-
Totals	1,852	4,879	2,599

It would be anticipated that some of the mitigating actions used in this scenario planning would have a negative impact on service quality – in particular some non-recurrent actions such as introducing overtime restrictions for a 12 month period.

Glossary of terms

Term	Definition
Agile working	Working from different locations by utilising mobile technology, in the Trust this will include home working where appropriate
Better Care Fund	The Better Care Fund (BCF) is a single pooled budget to support health and social care services to work more closely together in local areas
Blue light services	Police, Fire and Ambulance services
Enhanced CARe	Building up the specific skills of Paramedics to treat an increased range of symptoms at the scene to help reduce the demand on Emergency Departments
Ischaemic limbs	Lack of blood flow to the limbs
NHS 111	National urgent care access service, provided by NEAS in the North East of England
Telehealth	Using technology to monitor health in a patient's own home and transmit information to health professionals
Troponin	Tests used to evaluate if somebody has had a heart attack or some other damage to their heart

Acronyms

Abbreviation	Definition
CCG	Clinical Commissioning Group
CIP	Cost Improvement Programme
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation payment framework
EC	Emergency Care
e-PCR	Electronic Patient Care Record
FFT	Friends and Family Test
IM&T	Information Management & Technology
ISO	International Organisation for Standardisation
NEAS	North East Ambulance Service
PMO	Programme Management Office
PTS	Patient Transport Services
QIA	Quality Impact Assessment
WFM	Workforce Management System
WTE	Whole Time Equivalent