Strategic Plan Summary for 2014-19

North East Ambulance Service NHS Foundation Trust

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1 Market analysis and context

The Trust

We are one of 10 ambulance trusts and currently one of five ambulance foundation trusts. We serve the population of the North East which is 2.6 million.

The Trust's core areas of business include:

- Emergency Care (formerly referred to as A&E)
- Patient Transport Services (PTS)
- Contact Centre - 999
- NHS 111 North East

For 2014/15 we are planning for a turnover of £114 million.

Local Context

The population of the North East, has historically, and continues to be a high user of healthcare and specifically acute based hospital care. The regional strategy for some time has been to improve and enhance out of hospital care, moving care closer to home and the preventative agenda.

In our region we have eight acute foundation trusts, two of which host specialist cardiac services and trauma care. We have two mental health foundation trusts and operate with 12 Clinical Commissioning Groups (CCGs) and two Local Area Teams. This, in itself, is a challenge to align **plans and be engaged in a wide-**ranging number of initiatives that pull our regional service in different directions.

There will be the first Emergency Care Centre appear in the North of our region from June 2015, leading to changes being made to two local A&E Departments and we anticipate further changes in the South of our region should the new Wynyard hospital be approved.

Locally, our acute trusts are looking to introduce 'integrated front door models' providing integration of ambulatory and acute care and to place GPs in A&E 24/7. From October 2014, Gateshead Health NHS Foundation Trust will be fully operating this model of delivery. Regionally, we anticipate further specialisation of services such as vascular services and children's heart surgery.

In developing this strategy and being exposed to initiatives through the Better Care Fund (BCF) planning process, it is clear there are examples of good progress in the North East, but not at a pace and scale to deliver the necessary efficiency savings required of the local health and social care economy. The BCFs are acting as a catalyst to drive the delivery of longer term plans; achieving integrated models of care and seamless care for patients.

Through discussions with our Commissioners there is a real concern of the challenge ahead, in being able to ensure financial viability of services. As well as ourselves forecasting a financial deficit position for the next two years, there is evidence now of our local acute partners and CCGs also forecasting worsening financial positions.

Our Performance

The Trust is a strong performing ambulance service. Last year, we successfully exceeded our **national Emergency C**are performance response targets, achieving 76.95% for responding to Category A Red 1 incidents within 8 minutes, 78.94% for Category A Red 2 incidents within 8 minutes, and 96.96% for responding to a request for patient transport to Category A Red transports within 19 minutes.

Despite our high performances **and** quality of services recognised through our patient experience programmes and the Care Quality Commission (CQC) during their unannounced inspection in February 2014, the CQC also identified four areas where we were not meeting certain standards of regulation. These were; relating to workers (moderate concern); assessing and monitoring the quality of service provision (moderate concern); supporting workers (minor concerns); and management of medicines (minor concern).

Historically, we held a very strong record of compliance up until this point. As a top performing organisation, integrity, honesty and openness are embedded in our values and we have reported throughout the last year our concern about the pressures we and the whole system place our staff under. It is one our explicit goals to be Safe, Effective, Caring, Responsive and Well-led and during 2014/15 we intend to undertaken a full review of our governance

arrangements as well as taking immediate action to rectify inconsistencies in aspects of compliance. A full review will also take place in 2017/18 in line with the latest Risk Assessment Framework.

Financially, it has been another challenging year for the Trust as we continue to develop the services we provide for the people of the North East, whilst at the same time dealing with increasing demands and delivering efficiency savings. We achieved a normalised surplus of £1.2 million (£2.3 million in 2012/13). This is reflective of the financial strain the Trust is now under.

The Trust has always been the trust with the lowest reference cost and this is starting to affect our financial performance and increasing the risk to clinical and operational sustainability.

Our end of year cash balance at the start of 2014/15 was £13.5 million and we are intending to utilise this to invest in a new front-line clinical leadership role and invest in agile working to deliver much needed savings in future years to support our financial recovery.

Forecast health, demographic, and demand changes

The 2.6 million population of the North East is growing, but at a much lower rate than the England rate and it continues to have trends of higher than average health challenges caused through lifestyle choices, high levels of deprivation and an ageing population. There are disparities in life expectancy between sexes. Early death from cancer, heart disease and stroke has fallen across the North East, but still remain substantially higher than the rest of the UK.

Key statistics – the North East at a glance

- Highest levels of unemployment nationwide.
- At the age of 65, North East men can expect, on average, to live another 17.2 years compared with 18.2 years for England. At the age of 65, women in the North East can expect, on average, to live another 19.7 years, less than the average for England, 20.8 years.
- Within localities there are some stark differences:
  - Life expectancy is 15.3 years lower for men and 11.3 years lower for women in the most deprived areas of Stockton on Tees than in the least deprived areas, similar differences exist in all 12 localities, with the lowest differences being in County Durham with 8.2 (male) and 6.7 (female) years differences.
- 113,800 children live in poverty.
- In 10 localities, over 19.3% of children are classified as obese (class 6), above the England average of 19.2%, with Newcastle upon Tyne at 25%.
- Rates of smoking related deaths and hospital stays for alcohol related harm are worse than the England average, with Middlesbrough the highest with 3,214 stays per 100,000 population compared to the England average of 1,895.
- The rate of road injuries and deaths is better than the England average.
- Generally the rate of statutory homelessness and violent crime are better than average.

The health challenges the North East faces are evident in the growing demand, particularly for our Emergency Care service, last year we experienced growth in incident demand of 5%. NHS 111 call volume has also increased with growth largely being attributed to South of Tyne and Teesside. We are now receiving 2,005 calls per day, compared to 1,870 back in 2013/14, a growth of 7% in the last year. Our patient transport service is also under pressure with same day /late bookings increasing by above 20% in some areas. This is in direct correlation with system pressure, where hospitals are seeking to improve patient flow to rapidly free up beds.

We anticipate that any local or national NHS 111 promotion will continue to drive an increase in demand for the service and we anticipate answering up to 640,000 calls per annum by 2018/19. Since go live the service demand profile has slightly changed and we are constantly revising our resource plans to match demand. We are involved in local promotional campaigns and we are keen to influence the pattern of demand where possible. We operate a 24/7 service but experience high demands at specific times in the day. Levelling out demand will place less pressure on the services and enable greater consistency in performance and efficiency.

The introduction of NHS 111 has had a profound impact on our 999 call volume. As forecast, 999 call demand volume has decreased. In 2013/14 there was a reduction in call volume by 10.7% compared to 2012/13. This change in call profile has not impacted on 999 incidents in the same way as we are experiencing a high conversion rate from 111 calls to 999 incidents which is contributing to the growth rate of 5%, which is higher than historical levels.

Nationally, we have one of the highest conversion rates and our audit work is not indicating that the numbers are inappropriate. It is potentially reflective of our regional demographics but more learning needs to take place to influence some of these key metrics.

During the winter of 2013/14, we were involved in a pioneering initiative of a collaboration of GPs in County Durham opening their surgeries at weekends. We successfully facilitated direct appointment bookings via our NHS 111 service. We did report a reduction in the number of appointments we were making at the Durham Urgent Care Centres for the period, and should we ever be in a situation where we have 7 day working across primary care (and other services); Commissioners are likely to rethink the alternative urgent care provision that currently exists.

The profile of our overall demand is likely to be influenced by 7 day primary care and Commissioners, through the new GP contract are planning improvements to the care of patients over 75 years which could also influence our activity profile.

A number of forecast scenarios have been considered as part of our sensitivity and sustainability analysis. Taking into account whole system changes, we are adopting an activity forecast that is based on plans of our CCGs as well as our own which shows demand being more effectively managed. See Table 1 below, in summary our key assumptions are:

- Growth in NHS 111 activity of 6% taking annual call volumes up to 642,000 by 2018/19 (this is significantly below the contracted volume and there is an underlying risk of reduced income from retender at the end of the contract period which is March 2018, there is also an associated risk in years 4 and 5 of the contract where a marginal rate is applied should we not reach contract levels and there would be an equal reduction in staffing).
- A low growth rate in 999 incident activity (<1% per annum) as a result of effective joint demand management programmes.
- An ongoing shift in conveyance activity to see & treat (increasing see and treat by 9%, over the life of the plan).
- A reduction, then levelling of GP urgent bookings.

In terms of our patient transport service we anticipate that the current core activity will start to reduce as there becomes greater provision of alternatives to hospital; more capacity in primary care, acute care in the community, use of technologies such as telehealth and e-consultations and the application of eligibility criteria. Whilst this may reduce, through our Integrating Care and Transport Service Development we are preparing for our urgent transport requests to include End of Life Care, Section136s and same day discharges to support hospital flow.

Table 1

	2013/14 Outturn	2014/15	2015/16	2016/17	2017/18	2018/19
999 Calls	441,248	444,312	447,866	451,449	454,610	457,792
Hear & Treat	12,280	12,151	12,248	12,346	12,433	12,520
See & Treat	80,140	87,051	96,938	117,901	118,726	119,557
See, Treat and Convey	58,707	58,236	56,955	55,474	55,862	56,254
See, Treat and Convey to ED	249,965	247,961	242,506	226,201	227,784	229,378
Neonates	594	652	652	652	657	661
Total incidents (ST plus both conveyance incl. Neo)	389,406	393,900	397,051	400,228	403,029	405,850
Referral to Paramedic Practitioner (See & Treat)	0	0	0	10,000	10,070	10,140
NHS 111 calls	588,102	603,230	619,479	624,048	634,950	642,018
NHS 111 advice/signpost only ie Expert Patient Programmes/Self-care	48,787	48,396	47,331	46,100	46,423	46,748
Urgent bookings (GPs and other HPs)	49,925	49,632	48,708	47,632	47,966	48,302

Competition overview

The Trust has a number of key competitors with regards to the various service types on offer.

Emergency Care (999 – Telephony and Operational Staff)

There are a number of smaller private ambulance providers such as Emergency Medical Services (EMS), Ambuline, Lifeline, North of England Ambulance Service and Blue Star Medical Services. There are also larger providers, such as G4S Integrated Services and third sector providers such as St John Ambulance and the British Red Cross. Falck is another significant future threat. They are a £1bn private ambulance service, operating in 44 countries, with the "*world's largest international ambulance fleet*".

This competition is not a threat to our core service provision as, for the foreseeable future – at least through to 2015/16 – Emergency Care Service provision is listed as a mandated service which will be provided by the NHS and which will not be opened up to competition. It is also now encompassed in a two year contract. Where we will continue to monitor these competitors is in ancillary service areas such as large events first aid support, organ transplant transport and where we utilise them as third party resources in times of high demand, such as winter pressures to maintain our performance standards.

Patient Transport Services (Telephony and Operational Staff)

Our main PTS contract has been secured for a period of two years. However this service provision continues to be the most vulnerable.

There are more significant competitive pressures within the PTS market, with some larger providers winning significant contracts from other regional ambulance services. Key players include Arriva, NSL Care Services, E-Zec, Group 4 and smaller services such as Lifeline and Emergency Medical Services.

Whilst there are some key players, we have observed some negative media regarding the recent performances of Arriva and NSL, with inference of high complaint rates and high waiting times for patients. NSL has had one contract, in Derbyshire, reduced by 21 months, due to poor performance delivery. Commissioners in Kent have had to allot an additional £1.6 million to NSL due to such severe under-performance that the service was in a "last chance" position.

This provides us with assurances that the quality of our service provision, even under strain, is better in terms of quality and meeting expectations. We are in a fortunate position where we have retained PTS for the next two years and are afforded with the opportunity to transform the way we provide both EC and PTS. Other ambulance partners have lost PTS to competition and subsequently lost an invaluable resilience resource and the opportunity to create efficiency across a larger and mixed transport infrastructure.

Contact Centre (NHS 111)

The NHS 111 North East contract is secured until March 2018; however there is significant competition in this market. We do hold a position of strength to be able to fully embed the service in the North East and enhance the service to protect from any long term threat. Price competition could be fierce in years to come should any of the competitors start to gain market shares greater than our own. In the contact centre market, efficiency savings are generated directly from the volume of calls being handled by the service and therefore the larger providers, such as Care UK and the potential entry of Serco and Capita could pose a considerable threat in terms of driving down the cost per call and therefore the market value and price point at which the service will be competed.

Impact Assessment of Market Share

For the period up to March 2016, there is no significant threat to our market share for our services and our strategic plans in place position us well to continue to be the provider of choice for all of these services beyond that period.

Other external drivers influencing our plan and internal review

The NHS operating environment continues to operate with volatility, with a significant amount of emerging publications, consultations and financial analysis, the highlights of which are listed below.

- Amalgamation of police, fire and ambulance managed by local Police and Crime Commissioners (Theresa May, Home Secretary announcement June 2013). The spending review announced £45m capital fund for the Fire and Rescue Service alongside £30m resource fund from the local government settlement to encourage greater collaboration between the Fire Services and other emergency services.

- Emergency and Urgent Care Review, Sir Bruce Keogh. There is significant potential for further development of the paramedic role to enable an enhanced clinical service for the benefit of patients. The future approach should be towards a professionalised paramedic workforce with enhanced clinical capabilities, clinical leadership and clinical decision making skills, to work autonomously with the support and recognition from other professional colleagues.
- The Don Berwick report published August 2013 recommended that 'the NHS is a system devoted to continual learning and improvement of patient care, top to bottom and end to end'. There are over 1.3 million unregistered healthcare assistant and support workers and the review makes several recommendations to significantly improve their training and education opportunities.
- NHS service seven days a week (also being actively promoted through the urgent and emergency care agenda)
- There is on-going need for austerity measures; £30bn funding gap by 2020/21 to continue to meet anticipated demand. (PwC quoted £54bn)
- Increase in number of patients with long term condition(s), from 1.9m in 2008 up to 2.9m in 2018
- Positive response to damaging life style factors, smoking, drinking is recognised in higher socio-economic groups, and this is widening the health inequality gap
- New standards for mental health services by March 2015
- New friends and family test - Listening to patients
- Need for safe out of hours care
- Greater need for responsibility for own health and well-being
- NHS to go digital by 2018
- The 3 million lives campaign - promoting telehealth
- Better data and more informed commissioning

The Trust is one of the strongest performing ambulance trusts in relation to our national mandated performance targets. We have been at the forefront of innovation; driving the NHS 111 development, we have consistently delivered the required savings without impacting on the quality of patient care and we continue to respond to challenges and be successful in wide ranging initiatives.

The most recent inspection undertaken by the CQC has made us stop and rethink our focus and through the inspection and other work, there is a renewed focus on performance management and the associated accountability processes. There has already been an overhaul of risk and incident management and the development of our Enterprise Information System (EIS) Data Warehouse continues to have strategic importance and support.

Stakeholder feedback

People want to know more about what we do and our proposals to transform Emergency Care to help care and treat for people closer to home were supported at our engagement events. Stakeholders agreed that we also had a role to play in treating and managing acute primary care illness. Education and NHS 111 were identified as being the key preferred methods to access urgent and emergency care services.

In line with our stakeholder feedback, our strategic plan draws on the key strengths of the organisation regarding call centre operations and our logistical and technical expertise. Our plan is focussed on transforming what we currently do well, to fit with the needs of the health and social care economy building on the emerging national agenda in transforming urgent and emergency care. Feedback to date includes a requirement to bring forward our plans to introduce a new paramedic role.

In response to our financial pressures the plan builds on the opportunity to educate more people through the delivery of more training, with an emphasis on healthcare training such as First Aid and Intensive Trauma Life Support. Planning for commercial growth and securing new income streams which are aligned to core activity, is a necessity for our financial sustainability and continuous ability to reinvest in areas of patient care and staff health and wellbeing.

Strategic options

Trust vision, mission and values

Our mission remains firm, 'Right care, right place, right time' and it has been the basis of our strategic planning process. Our vision continues to be 'To make a difference by integrating care and transport in pursuit of equity and

excellence for our patients' and our values are very much still relevant when they were set four years ago. Our patients continue to be our main priority.

Our values			
Committed professional accountable	Working together	Delivering consistently	Shaping the future
Showing we care			

The status quo for our all of service lines was considered not to be an option and is clearly not affordable to the health and social care economy.

A range of options were considered by the Trust Board, senior team and planning group which involved our Governors, and work commenced on developing more detail of the options and the preferred options are now detailed in our Strategic Plan which follows.

The rationale for the strategy being pursued was to retain focus on our core provision and play a major part in transforming urgent and emergency care, making it affordable, realising much needed efficiency back into the system and improving the experience for the patient achieving the right care in the right place at the right time. This may involve our own management of the patient or referral of the patient to a more appropriate care pathway.

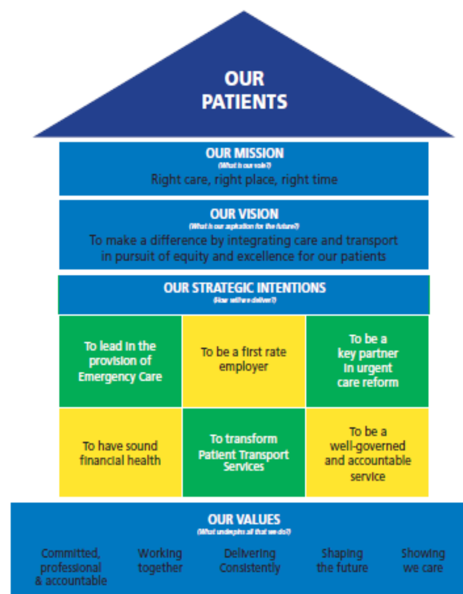
A number of commercial opportunities are being followed as a result of our financial review with the necessity to move to income generation acknowledging the challenge in delivering internal savings. Whilst a number of commercial opportunities exist which are beyond our current expertise, they are not key to our plan but are retained within our longer term commercial growth plan.

2 Strategic plan

Our strategy

Our strategy is focussed on the transformation of our core services.

- We want to deliver safe, effective, caring, responsive and well-led services
- We want to provide safe alternatives to hospital
- We want to move to a single operational model, designed to effectively meet the care and transport needs of our patients across all emergency, urgent and planned activity
- We want to have sound financial health and grow commercial revenue streams.



We want to deliver safe, effective, caring, responsive and well-led services

The foundation of our service provision underpins our ability to be innovative and to transform. Those foundations need to be strengthened and be held firm as we constantly evaluate and transform what we do in response to our operating environment.

Key underpinning objectives	Supporting initiatives
To implement the new Emergency Care Clinical Manager role from September 2014. Exploring mitigation- to have a substantial number in by April 2015 (given national paramedic shortages being reported) To embed the 6Cs (care, compassion, competence, communication, courage and commitment) throughout the organisation – performance review, recruitment, training and communications Enhance our ability to utilise information, through the EIS warehouse development and visible use of high profile KPIs, embedding a 'holding to account' approach in 2014 and supporting teams with proactive performance improvement/ management approaches Deliver year on year improvements in our AQIs, and clinical audit results Secure right mix of resource and capacity to continually respond to demand and achieve our national performance response targets R1, R2 and R19 throughout 2014/15 Deliver improvements to enhance performance of NHS 111, achieving all performance targets year on year Develop/procure new e-PCR solution for March 2016. Secure GP OOH Service (subject to procurement). Enhance our approach to learning through strengthened procedures regarding complaints, investigations and incidents, making greater use of Ulysses and other systems by March 2015.	Governance review in 2014/15 End to end review of medicines management EIS Programme and dashboard development Baseline assessment of patient safety culture Performance Management Strategy Performance Review Quality Strategy and Quality Goals (see ***Appendix 2***) Strengthen governance arrangements regarding policy adherence and compliance Lean methodology, leadership and talent management Ongoing expansion of research portfolio – by a further 50% by 2015/16 Implementation of a clinical competency based framework Develop and introduce Point of Care Testing Replacement programme for Airwave Procurement of workforce management system

<table>
<tr><th colspan="5">Key milestones</th></tr>
<tr><th>2014/15</th><th>2015/16</th><th>2016/17</th><th>2017/18</th><th>2018/19</th></tr>
<tr><td colspan="3">Governance review and renewed focus on compliance, adherence to policy, performance management and risk</td><td colspan="2">Governance review and further improvements</td></tr>
<tr><td colspan="2">25 ECCMs in place by April 2015</td><td colspan="3">Embedded performance management culture</td></tr>
<tr><td colspan="2">Full establishment of workforce reached Sept 2016</td><td colspan="3">Effective, safe, staffing levels maintained and diminished use of contracted third parties</td></tr>
<tr><td colspan="5">Organisational development plan delivered – response and engaging workforce</td></tr>
<tr><td colspan="5">Compassion in practice embedded</td></tr>
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Measures of success
- Achievement of national targets - Highly performing workforce - Positive governance reviews - Year on year increase in AQI performance - SIs minimised - Reduced number of complaints - Low sickness absence - Positive culture, seen as a good place to work (FFT) - Year on year improvement of staff survey
Benefits
- Advanced learning organisation - Robust delivery and adherence across all activities through robust accountability structures - Effective clinical leadership, where all staff feel supported and empowered - Engaged workforce - Performing services : NHS 111 - Utilising latest technologies
Risks
- Activity growth is not managed which will impact on safe staffing levels - Lean infrastructure inhibits ability to make changes and weakens core governance - Increased regulatory regime - Unable to recruit from limited pool of Paramedics

We want to provide safe alternatives to hospital

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 may help to firm up local plans.

Key underpinning objectives	Supporting initiatives
Roll out of Enhanced CARe training throughout 2014/15 To develop new Advanced Practice Paramedic (APP) role for roll out in 2016/17, if not sooner	Point of Care testing development Dispatch restructure Workforce and training plan Collation of evidence based practice to secure funding for new APP role

Key milestones				
2014/15	2015/16	2016/17	2017/18	2018/19
75% of paramedic workforce training in Enhanced CARe by March 2015		Ongoing evolution of the Enhanced CARe training programme		
New APP role developed, agreed and funding sourced		Introduction of new APP role		

Measures of success
- Reduced attendances and admissions - Savings realised for the whole health and social care economy - Achievement of national targets - Paramedic workforce training in Enhanced CARe - Advanced practice - development of new role and operating across the Trust - Increase in See and Treat - Increased use of alternative pathways - Effective use of Special Patient Notes, proactively responding to tailored patient care - Flexible workforce
Benefits
- Motivated, trained workforce - Improved patient experience - Career progression opportunities for staff
Risks
- Unable to secure funding to introduce APP role - Staff do not feel supported to leave people at home

We want to move to a single operational model, designed to effectively meet the care and transport needs of our patients across all emergency, urgent and planned activity

With a reduction in available funding, pressure to deliver savings whilst activity is still increasing it is essential that to optimise patient safety we need to develop a new operational model that enables us to more effectively match the demand, in terms of acuity and need, with a more targeted crew clinical skill-set and vehicle resource.

Key underpinning objectives	Supporting initiatives
Integrating care and transport through CQUIN 2014/15-2015/16. To implement an effective demand management programme in collaboration with our Commissioners. To implement dispatch restructure in 2014/15 To secure a technical support dispatch system drawing on existing PTS and EC systems.	Development of more comprehensive Special Patient Notes Frequent caller project Booking material and education Public educational campaign working closely with Commissioners Organisational Development Strategy Ongoing population of the Directory of Services and internal promotion of it Effective peer and professional support in place for staff

Key milestones				
2014/15	2015/16	2016/17	2017/18	2018/19
Integrating care and transport programme up to 2015/16		Single operational model contracted		
Activity growth maintained below 1% year on year				

Measures of success
- Improvement performance across GP Urgent, Greens - Increase in timely End of Life transports - Increase in timely Section 136 transports - Intelligent dispatch - New tariff structure agreed with Commissioners
Benefits
- Internal efficiencies secured - Retention of PTS and therefore EC resilience - Incentive to transform
Risks
- Unable to secure funding through revised tariff to support the transformation

We want to have sound financial health and grow commercial revenue streams

The foundations of our service provision need to be strengthened and our plan is to achieve financial recovery from 2017/18. We are making a number of wise investments utilising our cash surplus to help contribute to transforming urgent and emergency care in the North East.

Key underpinning objectives	Supporting initiatives
Develop and agree new and appropriate tariffs that reward for value not volume and financial incentivise the Trust to shift the activity profile; reducing conveyances and increasing See & Treats ready for 2015/16 contract negotiations. To optimise estate requirement Agile working implementation Commercial Development fully operational during 2014/15 Centre of Excellence for Training and Education To deliver the tactical commercial growth plan	Shadow tariff monitoring Estate review aligned to wider economy plans to improve integrations of services/teams etc. New e-PCR procurement Scoping of Care Hub potential, encompassing telehealth technology, NHS 111 Secure increased market share of NHS 111 joint venture Branding exercise

Key milestones

2014/15	2015/16	2016/17	2017/18	2018/19
Agile working investment programme		Delivery of agile working savings commence		
e-PCR procurement		New e-PCR goes live from April 2016		
Actively marketing and selling by end 2014/15 – Telehealth capabilities	Sales growth and profitable Centre of Excellence for Training established Engaged workforce in strategic planning and delivery Clear plans shared and familiar within the local health economy			
Branding exercise and communications plan				

Measures of success
- Deficit position recovered from 2017/18 - CIP delivery year on year - Gain share agreements - recycling of acute monies and investment in NEAS - Agile working is delivering savings from 2016/17 - New income streams secured
Benefits
- Increased market opportunities - Increased security for NEAS - Agile working is set to deliver savings from 2016/17 and deliver cultural benefits to the workforce i.e. work life balance - Recognised brand and strategic plan
Risks
- Agile working does not realise expected savings - Commissioners do not sign up to gain sharing - Centre of Excellence does not generate income in expected timescales

The plan will be continually measured through the delivery of key objectives, initiatives and defined measures of success. The milestones will be reviewed at least annually as part of our annual planning process and the strategy adjusted should it need to be. The Trust's overarching Quality Strategy sets out the quality governance which forms aspects of the plan's monitoring and reporting.

Delivery of our strategy is underpinned by four enabling programmes of work.

Achieving a sustainable and engaging workforce to champion change

The ongoing development of our organisation cuts across our front-line workforce and support services.

- Support services play an equally important role in ensuring effective administration in running the organisation, from securing contracts to equipping the front line with what they need to deliver the best patient care.
- Our front-line staff will benefit from increased managerial support and clinical leadership.

The Trust's Workforce plan delivers the required establishment levels by September 2016. The plan involves overtraining the workforce to fast-track staff through recruitment where appropriate. The plan reduces the need for the use of third party providers over time. A corporate bank will be up and running during 2014/15 to provide flexibility and act as a retention tool for those we have over-trained.

Successful recruitment is essential and all avenues are being explored to fill gaps in the workforce and shape the future workforce.

The Trust Board approved a three year Organisational Development (OD) Strategy in 2013 and invested in the recruitment of three OD specialists. They are now in post and are providing support to all of the critical work programmes identified in this plan. The six goals of the strategy are:

- Excel in Leadership and People Management - *providing clarity of purpose and focusing on priorities*
- Engage with Staff - *developing synergy in teams and mutual understanding*
- Provide Staff Development Opportunities – *enabling and empowering staff and teams to deliver systematic improvement*
- Look after Staff Wellbeing - *valuing and protecting our staff and encouraging organisational trustworthiness through a culture of valuing staff*
- Develop the Business - *systematic planning and translating plans into action*
- Create a Positive Culture - *measuring and celebrating success through organisational, team and individual commitment and accountability*

Leadership programmes are already in place and will continue to be developed.

The Trust is very much a learning organisation, drawing on national and international good practice and bringing these back to the workplace. The Trust works closely with the Health Education North East and has good links with local universities, constantly tailoring and adapting training to fit with the needs of our population.

Embedding quality

Quality is everyone's business and the three key strands of the Trust's Quality Strategy are:

Establishing a shared understanding of quality for all staff

Putting quality at the heart of everything we do

Continuously defining and redefining measurements for quality to strengthen our early warning systems

Quality runs throughout the organisation, from recruitment and 'Compassion in Practice', through to training and everyday tasks, whether staff work on the front-line, in audit or in support services.

The following is what will underpin and strengthen our foundations:

- Safe. Providing high quality care which is safe, prevents all avoidable harm and risks to the individual's safety; and having systems in place to protect patients (NHS Outcomes Framework Domain 5), through, for example:
  - More appropriate responses to patients through improved matching of resource to need
  - Up to date equipment and new medicines procured and available
  - Safeguarding processes are in place and we response appropriately working with other agencies
  - Staff are supported to drive through a positive culture of reporting incidents and the organisation learns from them.
- Effective. Providing high quality care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes. Making sure care and treatments achieve their intended outcome (NHS Outcomes Framework Domains 1-3), through for example:
  - Developing new drug protocols such as Intra venous Paracetamol, anti sickness medication and antibiotics for use in improving patient care and experience
  - Research trials - these include the use of a splint for fractured neck of femurs, a device (rescupod) for assisting CPR and undertaking a randomised trial on drugs for cardiac arrests.
  - Staff are equipped, having the right skills to ensure patients are cared for in the right place, especially those with long term conditions
  - Ensuring patients are treated with Pain relief when appropriate to enhance their patient experience
  - Better outcomes for patients by contributing to quicker recovery via evidence based research working across the health care economy
- Experience. Providing high quality care which looks to give the individual as positive an experience of receiving care as possible, including being treated according to what the individual wants or needs, and with compassion, dignity and respect. It's about listening to the patient's own perception of their care (NHS Outcomes Framework (Domain 4), through for example:
  - Evidencing that all patients, families and carer's are treated with compassion, dignity and respect
  - Actively seek feedback from patient and carer's, with focus on vulnerable patients, those with dementia and mental health patients
  - Ensuring learning from complaints is welcomed and informs the Trust's service improvement plans.

Effective partnership and integration programme to achieve 'care closer to home'

Access to care pathways are critical to our workforce to be able to proactively refer patients to alternative services (other than ED).

We view integration of teams being a key enabler in providing better care and experience for our patients.

Our community paramedic model in parts of Northumberland showcases how well our service is integrated with other health and social care professionals in the community. Our rural areas where we have community paramedics have some of the lowest hospital conveyance rates. Patients are known and are managed in a multi-disciplinary way.

Within our local and social health are economy there are different models of integration emerging and through partnership working on integration programmes and boards and in the setting better care fund plans, we are exploring how we can be more integrated with existing teams and to better jointly manage patients in the community.

The development of the Urgent Care Working Groups into a System Resilience Group and to expand their role into elective as well as non-elective care will continue to provide the best forum to co-develop strategies and collaborative plan safe, efficient services for patients.

Our ambition for integration goes beyond integrating teams:

- The ability to integrate ambulance information with secondary and primary care patient clinical records becomes increasingly important
- The ability to integrate key information such as emergency care plans with our own systems is crucial to tailoring services to patient need and personal plans.
- We are exploring the role of our other professionals working within the contact centre. There are now examples nationally of specialists providing specialist advice and support to clinicians, managing frequent callers and generally improving systems for managing mental health patients more appropriately.

In our region our new 'system resilience groups' and better care fund boards are encouraging joint provider winter bids and service development proposals.

Advancing our services through research and technology

We have an embedded research function and we are involved in national programmes of research and trials. As well as some specific clinical trials, other areas for development include:

- Tackling alcohol and substance misuse related incidents – securing the development of referral pathways and brief interventions and preventative strategies including highlighting locations of violent incidents
- The refinement of our frequent caller policy and establishing protocols for community action when we identify patients
- Development of further management pathways via onward referral to primary care for the identification of undiagnosed diseases. For example patient assessment could identify hypertension, atrial fibrillation and high blood sugar readings.
- Development of a proactive role in contributing to health education of patients, care staff – making every contact count. Exploring motivational interviewing.

As part of our evidence based in developing the new advance practice role, we are researching our role in pre-hospital screening for conditions such as aneurysms, ischaemic limbs and the use of cardiac markers such as troponin.

Technological advancements are critical to our operation, creating efficiencies and procuring new technologies at a lower cost. The IM&T programme over the next five years includes:

- A new mobile communications solution, potentially replacing Airwaves technology
- A new electronic patient care record (e-PCR)
- Enhancing our business intelligence to support developments and performance review and personal accountability

Service Developments

The service developments over the next five years are set to transform and remodel the services we provide.

- Front-line clinical leadership
- Agile working
- Integrating care and transport
- Advanced Practice Paramedic
- Centre of Excellence for Training and Education
- Commercial development

Front-line clinical leadership

The Trust's current model and structure for Emergency Care was appropriate at the time of establishment, however the environment has significantly changed with increasing expectations, increasing demand and accountability and compliance requirements. Keogh also clearly recommends that ambulance services should proactively contribute to managing system demand and reduce visits to emergency departments. These considerations have led to the development of a new front-line clinical leadership model to be implemented from September 2014 and to be complete by April 2015.

The development has required an up-front investment of £2.265 million to be made and during the first three years of this plan, some of the Trust's cash reserves are being utilised to fund it. After removal of pump-priming funding for initial training and recruitment, the recurrent cost of this development within the Plan is £1.285 million, including staff pay protection payments.

The key benefits identified include:

- Improved individual performance/competency assessment leading to improved patient care, staff satisfaction, audit compliance etc.
- Improved management support leading to reduced absences and positive staff surveys
- Improved response to statutory requirements - controlled drugs, health and safety etc.
- Improved leadership, morale, staff relationship and engagement and clinical supervision
- Improved management consistency – balance spread of good performance and adherence to policy

Agile working

Agile working, or the concept of home working is not new to the Trust. It has been proven to work for Contact Centre staff and some limited hot-desking is already in place at some of our office sites. The Agile Working programme is being scoped to reduce office space and travel costs, provide staff with more flexible working arrangements, and achieve efficiencies by only being at work when needed within operations.

To facilitate agile working, systems and processes need to be in place, effective connectivity and use of technology is also key and investment is required. A revenue investment of £0.705 million is planned for 2014/15, of which £0.123 million is recurring. The majority of spend is in relation to non-pay expense for IT systems, hardware and furniture. A capital investment of £0.959 million is planned.

In year 2 (2015/16) further revenue investment is required of £1.758 million (of which £1.277 million is non-recurrent), although this is partly offset by in-year efficiencies of -£0.689 million. A further capital spend of £ 0.610 million is required. Over the five-year period, there will be a net revenue investment of £0.7 million in the project, with plans to deliver significant cost savings from 2016/17.

Integrating care and transport

This development is being funded through CQUIN money for 2015/16 and 2016/17. It involves a reconfiguration of our staff and vehicle mix across our EC and PTS service lines. It is being designed to more effectively respond to patients by the allocation and dispatch of an appropriate resource tailored to the incident and patient need.

Research has shown that the increased availability and arrival of a Paramedic will greatly improve the experience and outcomes of the patient receiving care at the scene. A patient with a lower acuity need will similarly receive an appropriate response and skill based on that need.

We believe through creating a more homogenous workforce, working across current service boundaries (specifically, Emergency Care and PTS), improved overall flexibility and resilience will be created. Our approach incorporates a robust deployment plan, with appropriate clinical and operational safeguards and measures to determine the most appropriate resource for the patient.

Integrating our transport infrastructure will facilitate a move away from a generic transport service, to a more tailored solution for patient needs. A key goal is EC and PTS into bring this into one contract from 2016/17.

Advanced Practice Paramedic

Our workforce of the future involves a cohort of paramedics having advanced clinical assessment skills in order to improve our urgent care capabilities, and increase our See & Treat rates.

This is particularly in relation to a future approach towards developing a professionalised paramedic workforce with enhanced clinical capabilities, clinical leadership and clinical decision making and diagnostic skills, to work

autonomously with the support and recognition from other professional colleagues. This is aligned to Keogh in developing mobile A&E units.

Traditionally ambulance clinicians have been trained in emergency care which enables them to be very proficient in identifying patients with serious life threatening conditions, however it is clear that the majority of patients contacting the 999 service have urgent care as opposed to emergency care needs.

Advanced roles and emergency care practitioners already operate throughout the country with different skill levels. During 2014/15 a role will be defined following research and development of a sound evidence base to recruit and train, targeted towards specific conditions that patients generally are admitted for here in the North East. This strategic plan sees the Advance Practice Paramedic enter the workforce from 2016/17, however pending the success of bids to Better Care Funds and supporting regional transformations, this may be activated earlier.

Centre of Excellence for Training and Education

The Trust has an excellent reputation for training and development and has had a long standing commercial arm. The commercial business is relatively small scale and this service development brings all of the Trust's training function together. A commercial 'umbrella brand' will house all of the training currently on offer, providing a place to develop new training products and to provide educational leadership and a training status affiliation for all of our own trainers and associates.

Using the NEAS brand and reputation, the Centre of Excellence will provide the platform to grow and capitalise on a huge range of training opportunities, and significantly extend our current range of competencies.

The development will bring the following benefits.

- It provides our professional training arm and employees with a long term strategic challenge and ambition. Our trainers and leaders in this area are passionate about what they do and want to do it well.
- It provides us with the opportunity to maximise patient care through effective training of the wider public.
- There is a real financial opportunity that provides financial and commercial growth for the Trust, through doing things well (what we are already good at) and build up a happy customer base, across a wider portfolio of training requirements.
- It enhances our already existing North East footprint as a viable organisation going forward.
- It will secure financial surpluses that can be reinvested into areas of patient care and staff health and wellbeing, when money is a scarce commodity in the public sector.
- It will allow for international recognition and status, allowing for further commercial and economic growth, and reduced reliance on our current core contract bases.
- It could increase local employment opportunities.

Commercial development

A significant investment of £300,000 was made in 2013/14 to enhance the Trust's commercial function, recognising that the efficiency challenge could not be achieved through savings alone and that new income streams and higher surplus margins was the alternative strategy.

The Trust has had good commercial success in recent years and enhancing the function to incorporate sales and customer relationship management has led to a commercially focussed strategy. The key areas of pursuit are directly related to core business and organisational strength, pursuing NHS 111 contracts nationally and looking to secure services through horizontal integration such as out of hours care and pathways.

During 2014/15 we will be undertaking a branding exercise to enable us to enter new markets with greater ease and take existing successful training products to international markets.

Our Financial Plan

We have held an exemplary record of financial management having achieved all major financial targets for several years. We have maintained financial stability during two periods of mergers including the eradication of a £1.1million deficit from the former TENYAS. Since foundation trust authorisation we have successfully secure Risk Ratings of 4 and continue to predict Continuity of Services Risk Ratings of 4 throughout the period of this plan. However, the over-riding position is one of deficits in the early years as we fund two critical investments 1) front-line leadership and 2) an enabling future efficiencies project - Agile Working.

This strategic plan leads to a recovery break-even position by Year 4 - 2017/18 and a combination of tariff development, PTS income growth and commercial income is set to increase our annual revenue from £114 million this year to £125 million in 2018/19.

Underlying financial position – Statement of Comprehensive Income

The five-year financial plan returns the following underlying 'normalised' position in relation to our Statement Of Comprehensive Income (SOCI):

	2014/15	2015/16	2016/17	2017/18	2018/19
Normalised SOCI position (£m)	-£1.519	-£2.181	-£0.808	£0.021	£0.034

Financial planning assumptions

Inflation

The NHS Income deflator -is assumed to be -1.8% throughout the planning period, with the exception of 2015/16 (at -1.6%) where an assumption has been made that the 0.3% increase in employers' superannuation contributions next year will be centrally-funded.

Pay inflation - includes a 0.3% uplift in 2015/16, as referred to above.

Pay Cost of Living - increases are to remain at 0.95% for all five years and incremental drift is assumed to increase from 0.45% in 2014/15 to 0.75% in 2015/16 in anticipation of staffing growth increasing the numbers of employees becoming entitled to increments.

Non-Pay inflation – this is assumed to be 2% per annum from 2015/16 based on the Office for Budgetary Responsibility's long-term forecast of the Consumer Price Index (CPI).

Future tariff development

Our Commissioners do recognise the role we can play in supporting hospital avoidance, helping to release much needed financial efficiencies into the economy and therefore support tariff re-development and shadowing during 2015/16. The re-structure will aim to address the financial dis-incentive that currently exists for keeping patients away from hospital Emergency Departments. Initial discussions have focussed on offering greater financial rewards for 'Hear and Treat' and 'See and Treat' activity.

Tariff development is fundamental to ensuring our on-going financial sustainability and we are seeking to ensure an additional £3.7 million income in the last three years of the plan, based on our current activity forecast and profile. Savings for Commissioners (and the system) are estimated to be significantly higher than this.

Failure to agree any change in tariffs will make our financial position unsustainable and, without mitigation, would lead to deficits in all five financial years of the plan, an erosion of our cash balances and a consequent negative impact on our liquidity and Continuity of Service Risk Rating.

Cost Improvement Programme

The current Cost Improvement Programme (CIP) target is set at 4% of our contract income, c£4.5 million per annum. Due to a recurrent saving shortfall in 2013/14, the 2014/15 target is set significantly higher at £5.823 million and it reduces in future years.

	2014/15	2015/16	2016/17	2017/18	2018/19
Target (m)	£5.823	£4.550	£4.523	£4.541	£4.123

In Years 4 and 5 the target is set below the 4% on the basis the Trust is already finding it challenging to identify savings. It is anticipated that, through tariff changes, the Trust's income will increase and it may be a necessity to identify further schemes from 2016/17 if there is no efficiency differential from the current 4%.

The Trust's schemes delivering the greatest savings are:

- Emergency Care Capacity and Demand – delivering just over £1.55 million
- Reduction in overtime – delivering £1 million
- Improved asset utilisation - £0.88 million
- Agile Working – delivering savings and productivity gains close to £3.4 million in the latter three years of the plan.

There are a number of other pay and non-pay schemes planned for the next few years. There are still elements of the CIP that are considered to be high risk and this is modelled through in a downside scenario case set out on page 31.

Cash balances

In 2014/15 and 2015/16 our capital plans provide for expenditure of £9.366 million and £9.216 million respectively. This is approximately £2 million above the cash financing expected to be available in both years.

Across the first two years of the plan we are also planning to spend approximately £3 million in revenue to invest in front-line clinical leadership and Agile Working. These investments require us to draw on our cash reserves for the first three years of the plan as we plan for a deficit position. Based on the assumptions contained in the plan and our plan to break even by 2016/17 the cash balance position is set to remain close to £4 million, with small surpluses being able to be retained from 2017/18.

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Cash held at bank end Mar (£m)	£13.508	£11.104	£6.173	£4.497	£4.608	£4.161

Continuity of Service Risk Rating

Despite the deficit and reduction in cash balances across the planning period, the overall COSRR and individual liquidity and debt service cover ratings remain at a score of 4 for the life of the plan. The Trust has no long-term loans or significant long-term liabilities (e.g. for historic PFI schemes) that other Acute FTs may have, the amount of cover we have against out debt in the balance sheet is significant due to the level of assets we carry.

Our debtor days do reduce significantly and in 2017/18 we only have 1.8 days cover, however this does not significantly affect our risk rating. If our cover reduced to less than zero days our rating would reduce to 3.

Risks to our plan

Due to the volatility of the current environment and the major transformational programmes needing to take place across our region, our strategic plan is inherent with risk.

To minimise risk, this strategic plan focusses on the development of our core business, making it more fit for purpose and economical and very much aligned to our Commissioners plans to reduce avoidable admissions.

Ambitions around use of telehealth and other technologies are still contained within the plan, however the appetite to undertake this work with NEAS at scale is not evident and the public are not yet bought in. Work needs to be undertaken to demonstrate the benefits and the Trust's ability to deliver, which will be driven through the commercial arm of the organisation.

Our ambitions for growth are therefore centred around commercial training, further building on strength and expertise.

The risks to our plans are not small and should they not be managed, they do post risk to our longer term sustainability.

Key risks to our plan

There are four key risks that could destabilise the Trust clinically, operationally and financially.

- The planned shift in See, Treat & Convey to See & Treat activity is not realised and Commissioners do not invest in NEAS and support development of the current tariffs.
- Whole system and process efficiencies are not achieved and increases in activity cannot be operationally or clinical sustained without additional staffing.
- Commercial revenue streams are not secured to financial support the organisation and reinvest in areas of patient care and staff health and well-being.
- The Agile Working programme does not deliver the identified savings.

A number of mitigating cost improvement schemes have been identified to mitigate against financial risk:

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

NEAS: 5 Year Strategic Plan 2014 - 2019

'Right care, right place, right time'

Vision: To make a difference by integrating care and transport in pursuit of equity and excellence for our patients

Challenges & Risk

- Increasing demand
- Deprivation and ill-health
- Financially constrained
- Low staff morale
- National driver to transform E&U Care
- Sys. pressure: primary care/ acute capacity
- Lean infrastructure

Transformation

Reducing ED attendances/emergency ads

- Integrating care and transport
- Up-skilling and alignment of workforce (emerging structure and reform)
- Mobile treatment: New tier of Advanced Practice Paramedics
- Demand management programme
- Care hub development to push care upstream
- Centre of Excellence for Training & Education

Enabling programmes

- Achieving a sustainable and engaging workforce to champion change
- Embedding quality
- Effective partnership and integration programme to achieve 'care close to home'
- Advancing our services through technology and research

Success measures

We want to deliver safe, effective, caring, responsive and well-led services

- AYTL: Achievement of all national Emergency Care targets
- AYTL: Delivery of agreed standards across urgent and planned tier care and transport

We want to provide safe alternatives to hospital

- Care integration: Increasing number of tailored responses to patients – personalised care
- Reducing avoidable admissions through increased See & Treat activity (9% by 2018/19)

We want to move to a single operational model – across emergency, urgent and planned activity

- Timely End of Life and Section 136 transports
- Improved patient experiences
- Consistently compliant

We want to have sound financial health and grow our commercial revenue streams

- Positive culture – a good place to work (FFT)
- Year on year improvement in staff survey results
- Achieved financial recovery from 2017/18

Key initiatives

- CQUIN Integrating transport 2014/15-2015/16
- Development of Adv. P Paramedic role - as soon as can be secured - BCF
- Organisational development strategy
- Workforce plan and new Emergency Care Clinical Manager phased in from Sept 14
- Agile working
- Special Patient Notes project
- DoS population
- New e-PCR from Mar 2016

Our values

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

Sustainability

- New contract model, rewarding outcome and value
- Reduced demand – prevention and self-care
- Maximise benefit from latest technologies
- Integrating care – eliminating waste and rework across organisations and optimising estate
- Reduced efficiency requirement
- New/improved clinical pathways for NEAS to access
- PTS efficiency realisation programme

- Short term/2 year financial recovery position during transformation period

- No adverse impact of service reconfigurations on EC
- No changes to regulatory requirements ie continued application of Trust-wide performance targets

Governance – Monitor RAF

- Review 2014/15
- Review 2017/18