



West Midlands Ambulance Service



NHS Foundation Trust

Strategic Plan for 2013-14 (including 2014-15 and 2015-16)

West Midlands Ambulance Service NHS Foundation Trust

Trust us **to care.**

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

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

Name	Pippa Wall
Job Title	Head of Programme Monitoring Office
e-mail address	Pippa.wall@wmas.nhs.uk
Tel. no. for contact	01384 246459
Date	31 st May 2013

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

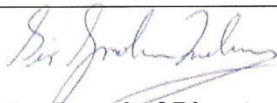
In signing below, the Trust is confirming that:

- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic 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 Strategic 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;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (Chair)	Sir Graham Meldrum
-----------------	--------------------

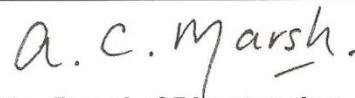
Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Anthony Marsh
---------------------------	---------------

Signature



Approved on behalf of the Board of Directors by:

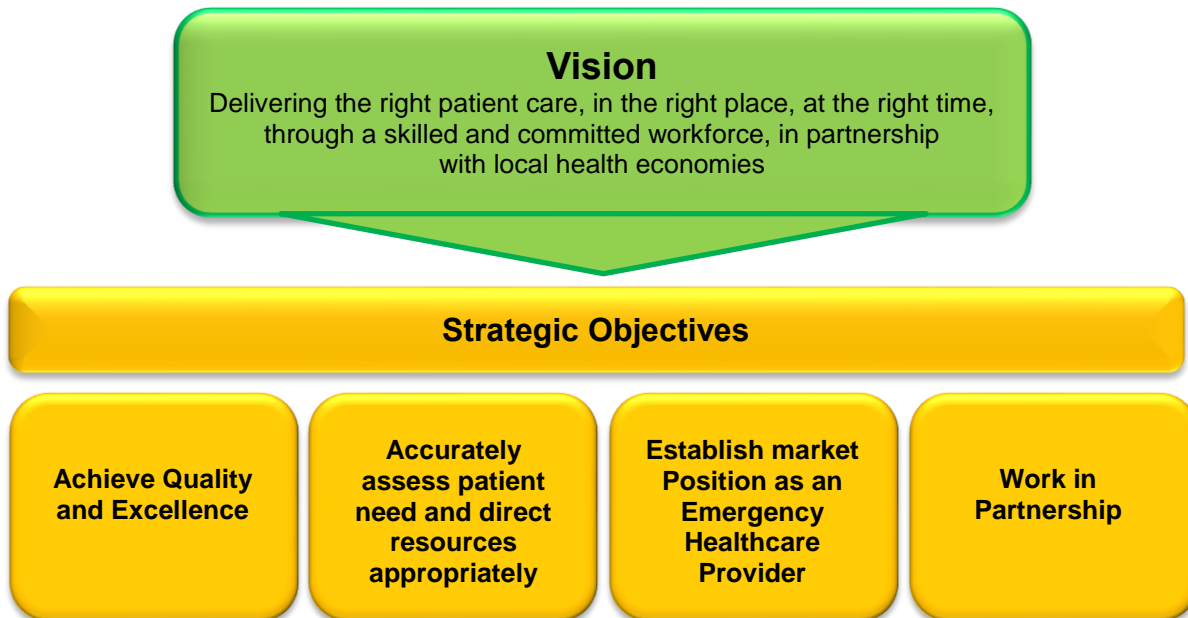
Name (Finance Director)	Rupert Davies
----------------------------	---------------

Signature



Executive Summary

During 2012/13, West Midlands Ambulance Service (the Trust) made significant progress towards its strategic objectives. The Trust achieved its targets as well as becoming authorised as a Foundation Trust in January 2013. This plan sets out the challenges for the future, the context in which the Trust operates, the population it serves and the strategic plans for achieving the vision set out below.



The Trust will continue to respond to the priorities of commissioners and will progress its developments in:

- Workforce Development
- Streamlining Operations
- Care Pathway Redesign

These developments will build on our strengths and address our weaknesses, placing us in an excellent position to achieve our strategic objectives. Our three service developments are separate but inter-linked and enable us to:

- streamline our own operations, increasing the amount of time available for our skilled workforce to deliver direct patient care and becoming more efficient
- ensure that patients are treated by us where appropriate and / or conveyed to the most appropriate care facility;
- reduce the cost of patient care across the whole health economy by reducing A&E admissions
- improve patient outcomes and satisfaction with the West Midlands Health Services as a whole.

The Trust and the NHS as a whole must deliver its strategic objectives against a backdrop of increased financial pressure and rising patient expectation. Based upon Commissioner Intentions and the basis of the activity for 2012/13, the Trust is currently anticipating:

- 4.5 per cent activity growth per year and
- A financial risk rating of 4.

This is our first year as a Foundation Trust and we have developed the Strategic Plan in consultation with our Members' Council.

1. Strategic Context and Direction

1.1 WMAS Strategic Position within the Local Health Economy

The Trust operates a mandatory emergency ambulance service within the West Midlands. Increasingly, there are private sector providers who are able to offer commercial and unscheduled care services in the local health economy. Whilst we are not complacent about the threats to our market position, this plan does not assume a decrease in emergency and urgent demand over the next three years. This is due to:

- activity in the last ten years which has increased on average by between 4 and 5 per cent each year;
- health and demographic analyses which show that population growth will be greatest in the 60+ age group who are those most likely to use the ambulance services.

The Trust has already experienced competition in its PTS Service, which has been subject to market testing for a number of years. Whilst the Trust currently retains 69 per cent of Non-Emergency Patient Transport market share, we recognise the need to achieve excellence in quality, patient care and value for money if we are to maintain this market position.

The Trust has a strategic objective to work in partnership and we continue to take an active part in the development of strategic plans across the West Midlands, we ensure that opportunities for partnership working with NHS, Private Sector and voluntary sector providers are identified and explored to secure our own market position, we identify opportunities for improvements to patient care and anticipate changes in commissioning intentions that will affect the requirements from our services.

Our Market analysis and a sound understanding of our strengths and weaknesses in relation to other providers have influenced our strategy and service developments in the following ways:

Influencing Factor	Action
Excellent performance in delivering emergency and urgent services - achievement of Targets: Red 8: 76 per cent (Target: 75 per cent) Red 19: 97.6 per cent (Target: 95 per cent)	Our operational model and continued investment in technology to improve performance ensure that we are well placed to expand provision of Emergency and Urgent (E&U) services into other geographical areas should the opportunity arise
Unprecedented levels of activity are placing pressure on the achievement of Red 2 targets. Red 2 performance suffered during Quarter 4.	We have reviewed our recruitment plan. We have implemented new processes regarding hospital turnaround times and are actively supporting key Acute Trusts in achievement of targets to maximise crew availability
High public confidence in delivering safe, high quality and effective care demonstrated by: <ul style="list-style-type: none">▪ Successful Care Quality Commission (CQC) inspection February 2013▪ Top quartile performance in AQIs	We will continue to work closely with local partners to expand the provision of clinical services to meet the needs of the population – including on-going development of NHS Pathways and the Directory of Services
There is scope for reducing the numbers of patients who are conveyed to hospital following an ambulance call out	We will continue to progress our objective of having a paramedic on every vehicle to ensure that the best care is provided in the most appropriate setting on every occasion.
The emergence of Clinical Commissioning Groups necessitates a revised programme of commissioner and stakeholder engagement to ensure effective partnership working	We have developed a framework for engagement and have made early progress in areas of urgent care, Long Term Condition management and End of Life Care. We will continue to progress work in these areas
Trust staff continue to lose operational hours due to delays in patient handover at acute hospitals	We anticipate improvements in this area due to the implementation of financial penalties for delays. We will continue to work in partnership to improve performance and therefore patient experience.
Manual recording systems lead to delays in the processing of records and inefficient use	We plan to fully implement an Electronic Patient Report form by 2014-15.

of staff time	
---------------	--

1.2 Threats and Opportunities from Changes in Local Commissioning Intentions

The Trust has worked closely with commissioners in the past through a lead commissioner arrangement and a regional contract. The emergence of Clinical Commissioning Groups (CCGs) presents some possible threats and opportunities going forward. The Trust is actively engaging with CCGs to promote appropriate commissioning arrangements for 2013/14 and beyond

The commissioning intentions of CCGs across the West Midlands include a commitment to the reduction in demand for emergency ambulances but demand management has yet to be successful and we have seen a steady increase in demand in recent years. Whilst the reduction in demand remains a potential threat in the longer term it has been agreed with commissioners for the coming year that growth will be included in the contract. We will continue to monitor the impact of the commissioner drives to reduce demand and will revise our plan appropriately should an impact be observed.

There is no suggestion that the emergency ambulance services will be market tested. Likewise, there is a continued requirement for Non-Emergency Patient Transport Service (NEPTS) and all commissioners are committed to the on-going provision of the service whether through the Trust or an alternative provider. NEPTS has been subject to market testing for some time and we have been successful to date in maintaining a significant market share. The impact on the Trust of the loss of PTS contracts going forward is factored into the downside scenarios of the financial plan.

The implementation of the 111 contract has presented challenges for the Trust. Whilst the Trust has liaised closely with the providers of 111 and the national team, levels of activity are uncertain, which presents significant threats to the daily operation of the Trust.

1.3 Income Streams

The number of income streams for the Trust is currently limited with 86 per cent of income from the Emergency and Urgent ambulance contract. We will continue to explore areas where there may be commercial opportunities for the Trust, the main areas being NEPTS and Logistics. The Trust recognises that the greatest immediate threat to income is through the fragmentation of commissioning under the new regime, business development in 2013-14 will largely concentrate on engaging with CCGs to explore the contribution that the Ambulance Service can make in the achievement of the strategic objectives of the CCGs e.g. the delivery of care in alternative settings, delivery of care closer to home and increased use of minor injury units, walk in centres etc..

1.4 Collaboration, Integration and Patient Choice

The Trust does not currently have any plans to integrate with the services of another ambulance service. We continue to work with acute and community providers across the region to identify and expand opportunities for improved patient flow, more effective treatment and care away from the hospital setting. These collaborative arrangements will not be an issue under competition and collaboration rules.

Directly attributable to our fourth strategic objective is our continued developmental and maintenance work on the Directory of Services (DoS), which promotes partnership working throughout the local health economy. Additionally, with the development of Clinical Commissioning Groups, we are aligning our service model with the Commissioners' priorities, by increasing Hear and Treat and reducing See and Convey cases.

2. Approach Taken to Quality

- 2.1 The Trust has developed a Clinical and Quality Strategy Implementation Plan, which incorporates priorities for patient safety, clinical effectiveness and patient experience. Progress of the plan is monitored through the Trust's assurance committees up to and including Trust Board.

- 2.2 The Trust Board acknowledges its responsibility to monitor the implementation and progress of the Clinical and Quality Strategy and to review it on at least an annual basis. The Director of Nursing and Quality and the Medical Director will report on progress to the Trust Board and will refer to independent reviews and assessments to give assurance on the effectiveness of these measures. Further assurance in respect of Clinical Effectiveness is provided through the Clinical Audit Programme including the Ambulance Quality Indicators, which are benchmarked nationally.
- 2.3 The CQC Quality Risk Profile for March 2013 remains low risk, with the exception of Outcome 13 (Staffing) which continues to score a high red due to the low uptake of flu vaccinations for 2011/12. Plans were put in place to address this through 2012/13 and the Trust managed to raise vaccination levels by 10 per cent (1,147 of 4,129 staff). This increase is not yet reflected in the QRP. The CQC inspected the Trust in February 2013 and assessed it to be fully compliant with the outcomes reviewed.
- 2.4 The Ambulance Quality Indicators have highlighted following priorities for improvement:
- Pain management in ST Elevation
 - Onset of symptom times for stroke (internally monitored)

These are included in our priorities for 2013/14 which are set out below.

3. Delivering Care to Patients

- 3.1 The Trust's Clinical and Quality Strategy and Service Delivery Strategy, focus upon the provision of a quality service that recognises the needs and circumstances of each patient, carer, community, and staff member and ensures that services are efficient, accessible, appropriate, safe and effective. The following priorities are drawn from the Clinical and Quality and Service Delivery Strategies and are reflected in our Quality Account priorities for 2013-14:

Priority	Measured By
Patient Safety	
Meeting statutory requirements including those dictated by Health and Safety legislation	Compliance with CQC, Health and Safety and audit standards
Maintaining and improving compliance with the Risk Management Standards for Ambulance Trusts	<ul style="list-style-type: none"> • Assessment by NHSLA (NHS Litigation Authority) against compliance standards. • All standards are incorporated into daily work plans.
Improved local collaboration, ensuring the most appropriate referral for falls patients	<ul style="list-style-type: none"> • Communicate baseline and plans for improvement with commissioners • Education of staff through our virtual learning environment • Reports to commissioners of patient referrals to appropriate pathway
To meet the national challenge to improve the quality of care given to patients who suffer lower limb injuries	Reports show two pain scores recorded and Analgesia administered
Improved safety and effectiveness of cannulation, through improved practice and mentoring	100 observations per quarter

Priority	Measured By
Clinical Effectiveness	
Introduction of Electronic Patient Report Form (e-PRF)	<ul style="list-style-type: none"> • Outline business case presented to the Trust Board of Directors April 2013 • Procurement process completed by Autumn 2013 • Implementation to be commenced in 2013 and completed during 2014/15.
Delivery of a training plan for up skilling the paramedic workforce	Monthly monitoring reports of workforce and training plans
Improved responsiveness to patient needs and achievement of improvements in patient outcomes and patient satisfaction	Audit of patient outcomes accessed from the Summary Care Record
Improved recording of symptom time for hyper acute stroke patients	Audit of documentation for all Hyper Acute Stroke Cases
Improved documentation and practice for management of pain	Development of guidelines Issue of workbook and e-learning Audit shows documentation increased by 10 per cent
Continued use of the trauma tool for very seriously injured patients	Patients triggering level 1 or 2 of trigger tool taken to major trauma centre
Reduced conveyance rates and increased treatments in non-acute care settings where appropriate	<ul style="list-style-type: none"> • Achieve an increase in calls that are dealt with safely and effectively by phone • Reduced conveyance rates reported monthly to Trust Board
Ensuring that partners and stakeholders are consulted and their feedback taken into account	<ul style="list-style-type: none"> • The annual Quality Account is developed and monitored in partnership with patients, Local Authority Overview and Scrutiny Committees, Commissioners and staff
Priority	Measured By
Efficiency	
Reduce the amount of non-productive time through effective partnerships	<ul style="list-style-type: none"> • Increase in the percentage of cases which were cleared within 30 minutes from arrival at hospital • Increase in the percentage of cases in which the handover button has been pressed by hospital staff
On-going implementation of Make Ready ensuring vehicles are properly equipped and clean in accordance with infection prevention and control, ensuring maximised vehicle availability;	<ul style="list-style-type: none"> • Pay savings from the E&U Workforce Plan • Full implementation of Make Ready in Worcestershire, Coventry and Warwickshire and Birmingham
Continual review of efficiency metric targets to reach our end goal of improving unit hour utilisation year on year.	Financial benefit secured from the emergency and urgent workforce through improved unit hour utilisation

Priority	Measured By
Patient Experience	
Listening to what patients and staff tell us about their experience, responding to their views and comments	The actions taken as a result of complaints, concerns and compliments are published at least 6 monthly
Improved response rate to patient surveys	Achievement of annual target of 5000 patients surveyed
Raise awareness of WMAS Dignity in care challenge	<ul style="list-style-type: none"> Increased number of staff signed up to being Dignity Champions is reported
Improvements to achievement of contractual standards for renal patients	Achievement of contractual standards for: <ul style="list-style-type: none"> Arrival time for appointment Collection after appointment Time on vehicle
Continued build and maintenance of directory of services for the region.	<ul style="list-style-type: none"> The Directory of Services (DoS): <ul style="list-style-type: none"> remains current WMAS is commissioned to maintain it is effective in the identification of appropriate alternative pathways as evidenced through positive feedback and audit Gap analysis from NHS Pathways results in changes to service provision in the West Midlands
Building effective partnerships to achieve the ambulance service vision	<ul style="list-style-type: none"> Positive commissioner and stakeholder feedback, including NHS England, Health Overview and Scrutiny Committees and Health and Well-Being Boards WMAS involvement in urgent care boards across the West Midlands
Delivery against national and regional targets in relation to operational performance	Daily, weekly and monthly reporting of performance against target

3.2 The agreed CQUINs for 2013/14 are as follows:

Project	Length of Project
Clinical Leadership in EOC	2 years (completing March 2015)
Acute Admission Avoidance Scheme	1 year (completing March 2014)
Safety Thermometer	1 year (completing March 2014)
Integrated End of Life Register	2 years (completing March 2015)
Make Ready	2 years (completing March 2014)

4. Clinical Workforce Strategy

- 4.1 The Workforce plan supports the Clinical and Operational models by specifying the numbers of staff required and skill mix over a 5 year period. Workforce information is used to influence the Regional Recruitment Plan that aims to be representative of communities within the West Midlands. It is a key objective to utilise capacity through better utilisation and productivity of the workforce. The Plan recognises the changes in knowledge and skill requirements necessary to support the provision of a wider range of quality responses to patients and the increasing range of patient pathways available. The Plan reflects the funded skill mix and the Trust's aspirations to achieve a workforce of 70 per cent qualified Paramedics and 30 per cent support workers.
- 4.2 The Workforce Development Committee is responsible to the Trust Board for the delivery of the Workforce Strategy. The Workforce Strategy has three strategies that report into it, namely the Organisational Development Strategy, the Health and Wellbeing Strategy and the Training and Development Strategy. A number of work plans and actions plans are also reported to the Workforce Development Committee to provide assurance on the delivery of Workforce Matters.
- 4.3 The Workforce Strategy is underpinned by design, delivery and evaluation of plans between Finance, Clinical, Operations and Workforce. The NHS Ambulance Services in England work regularly in partnership to benchmark a suite of operational, staffing, clinical and financial information. This provides valuable information for determining greater efficiency, value for money and improving quality. The Trust also benchmarks Workforce information against other NHS Trusts within the Region, such as sickness, turnover levels etc.

5. Productivity and Efficiency

- 5.1 The Trust plans to improve productivity and efficiency through its key service developments:

Successful roll out of Make Ready which will ensure that vehicles are more readily available and are strategically located to enable more appropriate response times; savings from premises and consumables will also be realised through the standardisation of vehicles.

Achievement of 70 per cent paramedic skill mix in operational staff which will reduce the number of patients that are conveyed to hospital and reduce the number of resources that are dispatched per incident.

Further development and implementation of NHS Pathways to increase the proportion of calls dealt with on a 'hear and treat' basis

The efficiency gains expected from these initiatives include:

Productivity and Efficiency Gains	Savings £000s
Implementation of electronic patient record system	214
Make Ready – implementation savings	200
Increase in operational efficiency due to Make ready and Increased skill mix	1,289

5.2 Cost Improvement Programme (CIP) Governance

A systematic approach has been applied to the identification of a set of sustainable CIPs over the next 2-3 years. Central to the Trust's CIP programme is its service transformation strategy which seeks to secure additional productivity from a reducing workforce through new ways of working, as outlined above.

Practical development of both the service transformation strategy as well as other CIP work streams was primarily led by the Trust's executive management team, but in close collaboration with the full Board of Directors. All CIPs have an identified lead executive director who takes responsibility for signing off Quality Impact Assessments and the Trust has operated a Project Management Office for the supervising of CIPs associated with the service transformation project.

Delivery of CIPs is managed and reported through a number of Trust committees including:-

- The Programme Management Board
- Finance to the Operational and Financial Performance Review Committee
- Clinical and Quality Governance Committee

The Trust has a good track record of delivering its CIPs over recent years:-

Cost improvement plans – delivery against targets, 2010/11 – 2012/13			
	2010/11	2011/12	2012/13
Target (£000s)	8,184	9,847	6,931
Target as percentage of turnover	4.0	5.0	3.6
Percentage CIP achieved	119	93	106
Percentage of total secured recurrently	100	100	100

5.3 The CIP profile for 2013-14 can be seen in the table below:

CIP PROFILE	Savings £000s
1 - Review of operational budgets (deletion of specific management posts)	443
1 - Sickness management	500
1 - Additional contribution from E&U activity	600
2 - Operational efficiency	4,289
3 - Commercial services cost reduction plan	500
3 - Income generation - non-operational areas - net contribution	300
4 - Management cost reduction (deletion of specific posts)	642
5 - Make Ready – implementation savings	200
6 - Procurement savings	300
7 - IM&T - Savings from full implementation of electronic patient record system	214
7 - IM&T - Savings from more effective use of technology	193
Total – all schemes (including £3.0m 'efficiency gain' due to managing additional activity within existing workforce)	£8,181

5.4 To enable the achievement of CIP targets the following enablers are in place:

- Twice yearly review process led by the Chief Executive;
- Regular reviews of management cost structures;
- Benefits realisation reporting through the Programme Management Office;
- Use of technology and innovation
- Benchmarking against a variety of indicators with other organisations
- Quality Impact Assessments

- On-going review of the Trust's commercial strategy resulting in a detailed review of the cost structure of the Trust's patient transport services (PTS), as well as identifying a range of income generation opportunities from non-operational activities.

5.5 Quality Impact of CIPs

There is a firmly established approach to quality assessing all CIPs which have the potential to impact upon the quality of patient care. This is reviewed by the Director of Nursing and Quality and the Medical Director. Each scheme is subject to Quality Impact Assessment review, both at initiation and during the course of the year. There is regular reporting to the monthly Clinical Quality and Governance Committee and where necessary issues will be highlighted via this Committee to the Trust Board.

6. Financial and Investment Strategy

- 6.1 Subject to audit approval, the Trust had a highly satisfactory financial performance in 2012/13. Taking the year as a whole (NHS foundation trust status was granted 1st January 2013 and therefore a plan was established for the twelve months although two sets of accounts have been undertaken) the Trust achieved its planned surplus of £3.9m and would have achieved a financial risk rating of four for the twelve months.
- 6.2 The Trust has set a budget for 2013/14 based upon an expected income level of £201.8m, costs of £191.7m, resulting in an EBITDA position of £10.1m, before 'financials' reduces this figure to an overall surplus of £9.2m. The overall surplus is considerably above the normalized surplus due to the positive impact of expected asset sales. This, combined with a proposed capital plan of some £9.8m, results in a planned financial risk rating for 2013/14 of four.
- 6.3 Notwithstanding our recent financial strengths, the Trust faces a serious, activity-driven, financial challenge over the next three years. Based upon recent historical trends and forecast demographics demand for the Trust's emergency and urgent services is expected to rise by 4.5 per cent pa 2013/14 – 2015/16. This will add approximately £5m annually to our cost base, before considering any inflationary issues or specific cost pressures. It is also before responding to any future curtailment in income due to the efficiency target applied to NHS healthcare prices.
- 6.4 The table below summarizes the key financial indicators for the Trust over the period of this plan. For 2013/14 it is based upon a detailed iteration of reports presented to the Trust Board and its Operational and Financial Performance Review Committee while the future years represent a cautious statement of expected income, costs, and capital plans.

	2012/13 £000s	2013/14 £000s	2014/15 £000s	2015/16 £000s
			(Based upon 4.5% uplift assumption)	
Turnover	205,427	201,847	205,328	208,896
EBITDA	10,770	10,126	11,850	11,824
Surplus	3,944	9,194	4,645	4,092
Capital expenditure	6,248	9,967	7,222	2,700
Financial risk rating	4*	4	4	4

* for full financial year 2012/13

6.5 Key risks to achieving the financial strategy and mitigations

The Trust has a small suite of 'significant risks' to the delivery of its strategic objectives set down in its Trust Assurance Framework (TAF). The Trust's second significant risk relates to the potential failure to manage finances appropriately resulting in failure to achieve financial targets. The table below has been extracted and summarized from the finance risk log (which supports the Trust Assurance Framework). Both the TAF and the finance risk log are reviewed regularly by Board of Directors, Operational and Financial Performance Review Committee and Audit Committee.

Description of Risk and Worked example	Mitigating actions being undertaken	Risk rating	
		Pre-Mitigation	Post-Mitigation
<u>Unplanned variation in activity not contained in cost base</u> Using staff on overtime rates or external providers to ensure that the Trust is able to continue to achieve performance levels even during periods of activity significantly exceeding contracted levels of demand.	Through budgetary control system and associated mechanisms for controlling costs	12	8
<u>Implementation of Payment by Results</u> A marginal tariff is introduced for 'excess' E&U activity which may not cover the full cost of providing cover for that additional activity.	Work closely with commissioners to highlight risks; undertake monthly service line financial reports	12	8
<u>Income generating services (non E&U) may be partially or fully lost</u> The Trust may lose a number of patient transport service contracts and lose the contribution to overheads that it currently secures from PTS services.	Implementation of commercial strategy designed to reduce cost base, to strengthen customer satisfaction and to increase number of tenders won	12	9
<u>Unfunded inflationary cost pressures (non - pay increases)</u> Fuel is c.15% of the Trust's non-pay budget and is highly sensitive to long and short term global influences.	Sound procurement techniques; procurement strategy; control through budgetary control system	12	8
<u>Unfunded inflationary cost pressures (pay increases)</u> As a result of HM Treasury decisions on public sector pay levels.	Continuing review of workforce plan; executive director input into national policy development	12	8
<u>Failure to achieve CIPs fully and on a recurrent basis</u> Failure to achieve some of the £5.2m of CIPs required in 2013/14, thereby resulting in them being rolled forward into 2014/15.	Application of robust project management on all CIP schemes Development of contingency schemes	12	8
<u>CQUIN funding is withdrawn</u> 2013/14 income budget includes £4.2m of CQUIN funding. Loss of any element would leave the Trust with a resultant cost pressure to resolve.	Work closely with commissioners to highlight risks; minimize fixed costs associated with CQUIN initiatives	6	3

7. Summary and Conclusions

This strategic plan summarises the Trust's intentions for the coming year and beyond. It highlights that the Trust intends to build on success in 2013-14 and sustain a clinically safe, financially sound and well governed organisation going forward.