South East Coast Ambulance Service NHS
NHS Foundation Trust

Operational Plan Document for 2014-16

South East Coast Ambulance Service NHS Foundation Trust

Operational Plan Guidance – Annual Plan Review 2014-15

The cover sheet and following pages constitute operational plan submission which forms part of Monitor's 2014/15 Annual Plan Review

The operational plan commentary must cover the two year period for 2014/15 and 2015/16. Guidance and detailed requirements on the completion of this section of the template are outlined in section 4 of the APR guidance.

Annual plan review 2014/15 guidance is available here.

Timescales for the two-stage APR process are set out below. These timescales are aligned to those of NHS England and the NHS Trust Development Authority which will enable strategic and operational plans to be aligned within each unit of planning before they are submitted.

Monitor expects that a good two year operational plan commentary should cover (but not necessarily be limited to) the following areas, in separate sections:

1. Executive summary
2. Operational plan
    a. The short term challenge
    b. Quality plans
    c. Operational requirements and capacity
    d. Productivity, efficiency and CIPs
    e. Financial plan
3. Appendices (including commercial or other confidential matters)

As a guide, we expect plans to be a maximum of thirty pages in length. Please note that this guidance is not prescriptive and foundation trusts should make their own judgement about the content of each section.

The expected delivery timetable is as follows:

Expected that contracts signed by this date	28 February 2014
Submission of operational plans to Monitor	4 April 2014
Monitor review of operational plans	April- May 2014
Operational plan feedback date	May 2014
Submission of strategic plans to Monitor (Years one and two of the five year financial plan will be fixed per the final plan submitted on 4 April 2014)	30 June 2014
Monitor review of strategic plans	July-September 2014
Strategic plan feedback date	October 2014

1.1 Operational Plan for y/e 31 March 2015 and 2016

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

Name	**Clare Mitchell**
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Tel. no. for contact	**07786 332372**
Date	**4 April 2014**

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

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name *(Chair)*	Tony Thorne

Signature

Approved on behalf of the Board of Directors by:

Name *(Chief Executive)*	Paul Sutton

Signature

Approved on behalf of the Board of Directors by:

Name *(Finance Director)*	James Kennedy

Signature

1.2 Executive Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has a vision "to match and exceed international best practice through embracing innovation and putting the patient at the heart of everything we do."

Our strategy for 2014/16 is to develop our emergency, urgent care and patient transport services so that patients in the South East Coast (SEC) receive the most effective and appropriate care and to ensure that our clinical, financial and operational targets are met or exceeded.

To achieve this strategy we will strengthen and extend our current core activities in emergency and urgent care and patient transport services through:

- *Meeting operational performance standards and financial targets;*
- *Reducing the burden of the increase in demand on the wider health economy by safely reducing conveyance to hospital;*
- *Remaining at the forefront of innovation in emergency care; and*
- *Winning and performing against contracts for services that have a direct impact on the provision of unplanned care.*

Given the significant challenges that SECAmb has faced over 2013/14, our plans for 2014/16 are targeted at achieving a rapid improvement in our operational and financial performance in all areas of our operations.

We will pursue excellence in our 999 service by:

- *delivering a clinical strategy that focusses on cardiac arrest survival and stroke performance;*
- *delivering operational performance targets through a focus on the underlying causes of performance issues in 2013/14 particularly by increasing staffing;*
- *reinvigorating our Community First Responder (CFR) and Public Access Defibrillator (PAD) schemes; and*
- *investing in the development of an electronic patient care record (EPCR) and improved medicines management systems.*

In Patient Transport Services (PTS) we will drive productivity to ensure that the contracts meet financial expectations while maintaining acceptable service levels and manage our commercial relationship with commissioners.

In NHS 111 we will work to deliver a service that meets clinical and operational performance requirements within the available funding. This will involve the implementation of a productivity programme to improve the financial performance of the service.

We will utilise capability within our 999 and NHS 111 services to develop a strategy for the delivery of unplanned care e.g. out of hours services.

In order to deliver our plans we will need to significantly expand the workforce in our 999 service; substantially increasing our numbers of paramedics and emergency care support workers and increasing our resources in key clinical support areas.

Our staff are key to the delivery of our plans and the quality of the care provided to patients. Our plans for 2014/16 include prioritising effective staff engagement, appraisals and training and embedding the values of our organisation. We will also invest in staff through effective skills training and appraisal. A new "operating unit" model of service delivery is being piloted in the Make Ready Centres (MRCs) in Thanet and Ashford. The results of this pilot will be progressively introduced into the remainder of our operations in 2014/16. We will also advance our plans for two reconfigured Emergency Operation Centres (EOCs) and a new central HQ.

The capacity review undertaken in 2013/14 identified that the Trust was significantly under resourced to deliver activity at 2013/14 levels. There was also an acceptance that more of the risk of activity growth should sit with commissioners who are better placed to influence this. Our plans for 2014/15 and 2015/16 have been built on the assumption that the commissioners honour the outcome of the capacity review, that 2014/15 activity is funded based on our outturn figures for 2013/14 and that any demand increase is funded at an appropriate rate. The plan is based on a contract value of £176m; this being the level of funding necessary to deliver the plan and make the necessary investments for the future.

We recognise that the implementation of our current plan will necessarily be demanding. A contract value of less than £176m in 2014/15 or the commissioners insisting on us meeting performance levels we consider unrealistic would require further consideration by the Board. A lower contract value will increase the risks to the delivery of the plan and will require a re-phasing of our investments and result in a lower level of surplus. As at 4 April 2014, there is a material difference between the level of funding on which our plan is based and the value of the contract for the 999 service proposed by commissioners for 2014/15. If this continues to be the case then the Board will need to submit a revised plan to Monitor once the contract has been agreed.

We expect to sign a contract with our commissioners by 30 April 2014. The commissioners have agreed to issue a letter of intent to cover the period up to the contract for 2014/15 being signed.

1.3 Operational Plan

The short term challenge

We have faced significant challenges in terms our operational, clinical and financial performance during 2013/14. Our plans for 2014/16 are targeted at achieving a rapid improvement in performance across all these areas which requires significant investment in recruitment and training. Projections show the Trust continuing to be in deficit through the first half of 2014/15 as the resources are put in place to meet the higher demand on our 999 services.

2013/14 was greatly affected by a 9% growth in emergency activity, 2.5% of which was not funded by commissioners, combined with contractual and service delivery issues in PTS in Surrey and Sussex. This was in addition to the introduction of the NHS 111 service in the SEC. As a result the planned surplus of £3.5m in 2013/14 was not achieved and we expect to make a loss in the region of £1m at the end of the financial year. The capacity clause in the contract for 2013/14 was invoked as a result of emergency activity exceeding the 2.5% variance against plan included within the contract. Lightfoot Solutions undertook the capacity review on behalf of SECAmb, the CCGs and Kent and Medway Commissioning Support Unit. All parties agreed to strategically review the contract baseline to inform the price for the minimum capacity to deliver the 999 service. The review recommended an increase in baseline funding of £6.1m to fund the additional resources needed to properly and safely meet demand.

Emergency activity has grown significantly year on year. Our plan assumes that activity growth will continue at a rate of 6% per year in 2014/15 and 2015/16. Our key challenge will be to ensure that we can meet national performance targets given the anticipated increase in demand. SECAmb's 999 workforce will need to expand overall and to become more flexible to respond to variations in demand. The SEC NHS 111 contract is one of the largest in the country and the volume of calls at peak times has significantly increased demand on the 999 service during those periods, typically evenings and weekends. Even without the impact of the NHS 111 service greater flexibility is required to respond to seasonal variations in 999 demand. Consultations will take place with staff and trade unions to negotiate changes to rota patterns that will allow the Trust to use its staff most effectively to meet the needs of the local population. However, the impact of additional recruitment and changes to rotas will not be felt immediately. As a result, the Trust will continue to require significant support from Private Ambulance Providers (PAPs) over the next two years to enable sufficient resources to be provided to meet demand.

The key short term challenges in NHS 111 are to ensure consistent performance against the KPIs set out in the service contract, to increase integration of the 999 and NHS 111 services and to ensure that the contract does not exceed the planned cost base.

SECAmb is contracted to run PTS in Sussex until 31 March 2015 and in Surrey until 30 September 2015. The service required by the Acute Hospitals is very different from the service that has been commissioned and this has resulted in a much higher than commissioned percentage of on the day discharges. These contracts are running at a significant loss and are not yet meeting the performance KPIs relating to the timeliness of the service. The challenge for SECAmb's PTS services is to ensure that the contracts do not exceed their planned cost base while providing an acceptable service to patients.

Quality Plans

<u>National and local commissioning priorities</u>

SECAmb's operations cover three counties and twenty two individual CCGs. Individual CCGs have different budgets, populations and health care needs. This presents a challenge to SECAmb when negotiating the contract with commissioners and also presents challenges to the

lead commissioners representing individual CCGs.

The CCGs are organised into three cluster areas of Kent and Medway, Surrey and Sussex. These clusters manage SECAmb's 999 and NHS 111 contracts on a monthly basis. SECAmb's PTS contracts are managed by the Surrey and Sussex clusters. There are also two NHS England Area Teams in the SEC region; Kent and Medway and Surrey and Sussex who, among other things, are responsible for CCGs' annual planning and strategic plans

In 2014/15 the Trust is expecting to continue to be managed against one contract for its 999 service across the whole of the SEC with three schedules reflecting the needs and expectations of each county. SECAmb is increasingly being asked to focus on performance at a county level and will need to be appropriately resourced to meet these targets.

Commissioners nationally are challenged with delivering the NHS Fundamentals (7 core principles guiding the work of the NHS). Delivery will require transformational change. The Trust is keen to continue to work with commissioners to deliver these changes, particularly in the areas of wider provision of primary care services, the provision of more integrated care and access to the highest quality urgent and emergency care. This would be via the development of paramedic practitioners (PPs) and the role of SECAmb at the forefront of access to the NHS via 111/999.

Commissioning priorities in the South East Coast are still under development but a focus of our plans and those of the local health economy is to safely reduce conveyance to hospital; reducing the burden on Acute Trusts and the costs to the overall health economy. Subject to the finalisation of the contract for the 999 service the CQUINs agreed between the commissioners and ourselves for 2014/15 will support this priority, through the roll out of supported conveyance across all three counties and the delivery of educational programmes for our staff to improve support to patients who are at the end of their life, have mental health problems or are residents in care homes.

SECAmb's contract to run the NHS 111 service continues through 2014/15 and 2015/16. However, experience nationally with the NHS 111 service and the withdrawal of NHS Direct from their NHS 111 contracts means that there are likely to be changes at a national level which will affect how the NHS 111 service is commissioned in the future. A national review of the NHS 111 service is now underway which will link to the recommendations from the Keogh Review of urgent and emergency care. The outcomes of this review may impact on how the urgent care is delivered in the South East Coast within the 2014/16 period.

Commissioners will need to decide on what basis the Surrey and Sussex PTS contracts should be re-tendered when the current contracts come to an end. The Trust is engaging with commissioners about the shape of these future PTS contracts. SECAmb remains keen to provide PTS services but the service specification issued by the commissioners needs to more accurately reflect the requirements of the acute hospitals, particularly in relation to on the day discharges. Future contracts need to reflect the cost of providing a quality service that can respond to high levels of on the day demand including demand within unsocial hours.

<u>SECAmb's Quality Goals (Strategy and Quality Account)</u>

A revised Clinical Strategy for the five year period 2014-2019 has been developed by the Medical Director and the Director of Clinical Operations. The revised strategy will build upon the clinical and quality elements of the operational and strategic plans, and take account of the Quality Report and Quality Account priorities and SECAmb's planned service developments.

The strategy will be underpinned by clinical and quality metrics to ensure that we continue to work towards goals that give our population a safe, modern and cost effective ambulance service

providing high quality care supported within a framework of effectiveness, clinical leadership and development. SECAmb's clinical priorities for 2014-16 within the 999 service are:

- *to set and deliver targets to improve against the Trust's previous performance for the following clinical priorities which have been identified by the Board; return of spontaneous circulation (ROSC) and survival to discharge, ST elevation myocardial infarction (STEMI) and stroke;*
- *to develop the scope of practice of PPs and Critical Care Practitioners (CCPs);*
- *to progressively extract the PPs from the 999 deployment plan to allow them to spend the greater proportion of their time on urgent care;*
- *to increase the clinical skills of the paramedic workforce in order to reduce conveyance.*

A Quality Improvement Programme has been developed to oversee and manage the implementation and management of the outcomes from clinical audits and resultant changes to clinical practice. An extension from a successful pilot project focusing on cardiac arrest management, this new work stream will also closely align with the adoption of new clinical guidelines and quality standards and drive forward improvements in patient care with particular emphasis initially on those standards defined in the clinical performance and outcome indicators.

SECAmb will also continue to identify and refine suitable new quality indicators and associated metrics that are reflective of good clinical care leading to improved patient outcomes. The continued application of existing indicators and the introduction of new ones for testing, refinement and implementation will be progressed as part of the broader clinical audit plans during 2014/2016. This will enable us to continue to work to reduce variation in performance across SECAmb, to ensure that there is continued provision of high quality clinical care for patients.

An aspect highlighted by the capacity review is that the Trust's on scene time has increased in recent years. We will be looking to ensure that there is a positive correlation between on scene time and clinical effectiveness.

Achievement of SECAmb's clinical priorities in the 999 service will be supported by the introduction of an EPCR following pilots in 2013/14. The procurement process for the EPCR should be completed in the early part of 2014/15 with full roll out later in the year. The EPCR will allow faster and more accurate collection of clinical data, enabling data to be analysed more effectively to support clinical performance improvement.

Our strategy also recognises the need to work with other partners in the Local Health Economy. SECAmb will continue to increase the level of GP support within its NHS 111 service and EOCs as part of its ongoing commitment to integration with other parts of the health service and reducing the demands on the acute sector.

We plan to increase the number of CFRs to improve response times for our most urgent calls, particularly in rural areas and to increase the number of PADs in those areas. There are also plans to use members of the Fire and Rescue Service (FRS), initially in Surrey, to respond to Red 1 calls where we would have difficulty meeting the 8 minute response target. There is the potential to expand this into Sussex and Kent and to extend the training of FRS crews.

The Trust's quality plans for NHS 111 are focussed on putting in place the necessary staffing, operational planning and clinical governance arrangements to meet the key quality KPIs. Clinical governance structures need to be developed across both the NHS 111 call centres so that they are sufficiently responsive and sensitive to learning from incidents. PALS concerns and

complaints and lessons learnt need to be shared across the whole health economy. There will also be further development of the call review process which take place on a regional basis and includes patients. SECAmb will also focus on embedding and reviewing quality systems through metrics which will include patient and staff feedback as well as workforce and productivity metrics. The quality review process will also include feedback from patients, health professionals, staff and other stakeholders as well as audit and external scrutiny.

In PTS the quality challenge is to work towards delivering the KPIs within the existing contractual framework. We are negotiating with commissioners regarding the outcome of contract queries raised in 2013/14, particularly around the high level of on day demand from Acute Trusts, and this will also impact on the achievement of the contract KPIs in 2014/15. A system of continuous improvement will be introduced and managed through the PTS control rooms. Work is also being undertaken to improve the quality of the service through improved supervision of staff with team leaders working with staff in the field to assess them against a competency framework that will be developed in 2014/15.

The Trust's Quality Report and Quality Account is a key enabler to drive the delivery of the identified core quality activities. The priorities in the Quality Report and Quality Account cover the three domains of quality; clinical outcomes, patient safety and patient experience. For 2014/15 the priorities are; staff experience/satisfaction, patient arrival times within PTS, the number and acuity of patients referred from NHS 111 to the 999 service, the clinical effectiveness of the IBIS system, which enables access to care plans for patients with long term conditions (subject to this service being commissioned as part of the contract for 2014/15), and an evaluation of the effectiveness of cardiac arrest management.

Quality issues and risks

SECAmb was inspected by the CQC in December 2013. The CQC inspected six standards through observation of our practices and liaison with SECAmb managers, Operational, EOC and NHS 111 staff as well as Hospital staff and patients both conveyed by A&E and PTS. The report from the December 2013 inspection was very positive in terms of the delivery of care that we provide to our patients and of the support given to staff.

However, SECAmb was unable to provide sufficient assurance against some aspects of the standard relating to assessing and monitoring the quality of service provision. The CQC judged that this would have a minor impact on people who use the service, and asked SECAmb to take action to address the CQC's concerns.

SECAmb is in the process of implementing an action plan to address the areas of concern, which relate to the timely investigation and submission of reports of serious incidents requiring investigation (SIRIs) and the application of our Medicines Management Policy in a consistent manner across the Trust. Local compliance with the Medicines Management Policy is a defined risk on the corporate risk register overseen by the Risk Management and Clinical Governance Committee (RMCGC).

Included within our plans for 2014/16 is the transition to standardised systems for the procurement, storage, distribution and management of medicines across SECAmb. New medicines management systems will be linked to the roll out of MRCs across the SEC region and in the interim period will be supported through the Vehicle Preparation Programmes that are being established in areas which do not yet have MRCs.

All Cost Improvement Programmes (CIPs) are quality impact assessed. During 2013/14 a large

programme of work was undertaken to develop and implement processes agreed at national level to assess any risks to quality resulting from the Trust's CIPs. Within SECAmb this is led by the Medical and Nurse Directors and includes key Director level staff from areas such as quality, workforce, finance and performance as per the national guidance.

The CIPs for 2014/15 have been quality impact assessed and mitigations put in place where there is a potential negative impact on quality, safety or patient experience. The quality impact assessments have been reviewed and will be monitored on a monthly basis and the outcome will be reported to the RMCGC. The same process will be undertaken for the CIPs identified for 2015/16.

Quality risks in NHS 111 relate to advisers not recognising signs of acute illness which require clinical advice and potentially transfer to the 999 service. However, there is also the corresponding risk that calls which do not require an emergency response are transferred to the 999 service inappropriately. Plans for further integration between SECAmb's 999 and NHS 111 services are being considered in addition to further developing the synergies between the two call centres in Ashford, run by SECAmb, and Dorking, run by Harmoni.

In PTS the key risk to quality is that patients may miss appointments for essential treatment, e.g. chemotherapy, if their journey is delayed. To mitigate this, if a journey is significantly delayed, PTS staff contact both the hospital and the patient to inform them of the delay and request that the hospital keeps the appointment open.

<u>Board assurance of the quality of its services and patient safety</u>

Primary responsibility for maintaining and improving quality across all of the services provided by SECAmb rests with the Trust Board. Risk assessments against Monitor's Quality Governance Framework are monitored by the RMCGC, which reports to the Board. The Board has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

The Board receives reports at each meeting on Clinical Quality, which includes performance against the national Clinical Performance and Outcome Indicators. This is in addition to a report on Patient Experience and a summary report from the RMCGC which receives assurance on clinical quality, patient safety and patient experience at its meetings which take place every other month.

SECAmb has a robust three year clinical audit plan which includes both local and national audits and is monitored through the Clinical Quality Working Group, which reports to the RMCGC. SECAmb is also involved in the development and adoption of national guidance that is applicable to the pre-hospital care setting. SECAmb uses and is engaged in the development of clinical pathways and networks in the SEC.

Patient safety is closely monitored within SECAmb through a number of different mechanisms. SECAmb provides the lead commissioning CCG with regular updates on the investigation process. Within SECAmb SIRIs are monitored at local, Board Committee and Board level. Trends are considered across all the incidents at our Compliance Working Group (CWG) to ensure root causes are mitigated, improvements are implemented and learning is shared.

SECAmb monitors medication errors in detail and by type of incident to ensure that mitigation is enabled before trends begin to develop. The most common medication errors are incorrect drug

doses and incorrect drug types There is a culture of shared learning which allows the learning outcomes of incidents to be highlighted, anonymously, across the Trust.

Patient Safety Incidents are one of the SECAmb's risk management Key Performance Indicators and as such are reported at each meeting of the RMCGC, Central Health & Safety Working Group and Local Health and Safety Sub Groups.

The impact of quality plans on the Trust's workforce

SECAmb's quality plans will see an increase in the overall numbers of the Trust's 999 workforce; particularly Paramedics and PPs. The clinical skills of existing paramedics will also be developed and there will be more clinical support for both the 999 and NHS 111 services. The key aims of our workforce plan, which is detailed in a later section, are to meet increased demand, deliver improved outcomes and reduce conveyance in the 999 service.

SECAmb's response to the Francis Report (Patient Experience)

While SECAmb's ethos has always been to put our patients first, the publication in February 2013 of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (known as the Francis Report) re-emphasised the need for NHS organisations to guard against complacency, to treat patients as people, for kindness and compassion, and for openness and transparency. We have reviewed the recommendations in the Francis Report and those in the Berwick and Cavendish reports and developed an action plan which has been considered by the Board and is monitored through the RMCGC.

The information gathered through our Patient Advice and Liaison Service (PALS), serves as an early warning system for SECAmb. PALS data is analysed to identify and monitor any trends and, where appropriate, action plans are put in place. This information and any lessons learnt inform service change to improve the patient experience.

The Patient Experience Report follows the same process using additional information, not just formal or informal complaints, (which only highlight when things go wrong) to ensure a holistic picture of patient experience is captured across all three services.

• Compliments

- *Compliments (formal) are recorded, alongside PALS (informal) contacts including compliments. This data collection records both positive and negative feedback which is captured and reported. This data then forms part of the Patient Experience Report which is provided to the CWG to audit and review, then every two months to the RMCGC and to the Trust's Commissioners.*

• Formal Complaints

- *When a formal complaint is received an investigation manager is appointed, who will make arrangements to speak personally to everyone concerned, visiting complainants at home in many cases. Once an investigation is complete a full explanation, along with an apology where appropriate, is sent by the Trust to the complainant.*

Both complaints and PALS concerns help to identify areas where improvements to quality and services can be made and, wherever possible, steps are taken to implement changes as a result. This also ensures that learning is spread throughout the Trust.

Acting on complaints and concerns

As with all NHS organisations, at SECAmb we acknowledge that try as we might we don't always get things right. The Trust has therefore always taken investigating and responding to complaints seriously, recognising that they provide an opportunity for learning and improvement, leading to a better experience for our patients.

In 2013/14 the Trust began providing a sample of 15 closed complaints files each quarter to its lead commissioner's Quality Team to enable them to appraise SECAmb's performance in terms of quality of investigation and quality and responsiveness of response to the complainant. The commissioners have indicated that they are satisfied with our processes, transparency and thoroughness of investigations.

From 2014 the Trust will be increasing its focus on drawing out, implementing and evidencing the learning from investigations into complaints and serious incidents, and ensuring that recommendations are translated into actions which are then implemented in a timely fashion. There are also plans to publish examples of learning translated into action in a 'You said, we did' section of the Trust's website in future, and to ensure there is a platform for hearing 'patient stories'.

Seeking and listening to feedback from patients
SECAmb regularly carries out postal surveys of patients/callers for its emergency 999 service as well as for the Patient Transport Service and for NHS 111. While these surveys usually have a good response rate, in terms of number of responses and level of satisfaction, we know that postal surveys are not accessible or convenient for everyone, so will be looking to expand the range of mechanisms used to obtain patient feedback in the future. In addition, from 2015 ambulance services will be obliged to ask patients the government's Friends and Family Test (FFT) question. As the FFT was developed for hospitals as a real-time, continuous surveying mechanism, where feedback is sought within 48 hours of discharge, SECAmb is working with the NHS England Insight Team to develop guidance appropriate for ambulance services. We will also be seeking to continue the highly successful "think you know…" public engagement events that were held in 2013/14.

SECAmb has been involved in the development of an overall satisfaction question that will become the national Patient Experience quality indicator for ambulance services. This will be used by every English ambulance service in future surveys, with a view to facilitating more accurate benchmarking.

Staff engagement
While it is essential that we listen to patient and carer feedback to improve the care and treatment we provide, we also recognise that our own staff have a wealth of knowledge about what works well for patients. Our staff are key to the quality of the service delivered to patients and it is essential that we engage with them effectively. We are keen to tap into their knowledge by asking our staff to share their valuable thoughts, ideas and suggestions for improving the patient experience, reinforcing the importance of the role played by each and every one of them in ensuring that our patients not only feel well treated clinically, but genuinely cared for. The welfare of our staff is key to providing a quality service and plans are in place to address issues raised by staff through the NHS Staff Survey.

<u>Risks to delivery of key quality plans and contingency</u>

The delivery of our quality plans is dependent on appropriate funding through contracts with commissioners and a significant increase in numbers in some key areas of our workforce such as

paramedics and ECSWs. We also need to have the right clinical support staff in place to support the delivery of these plans. Details of these risks and the contingency arrangements are included in the section on key operational risks.

The system risk of delays handing over patients at some A&E Departments also poses a risk to quality. While handover delays have decreased in 2013/14 due to prioritisation of this issue in A&E departments they remain a significant issue at some Acute Trusts and delay the availability of crews to respond to new incidents; some of which will be life threatening. Handover delays can also impact on our response times.

There are also risks around clinical governance if, for example, a decision is made not to convey an individual patient to hospital who is subsequently found to require immediate hospital attention. This risk is mitigated by the availability of clinical support in control. This will be enhanced with the introduction of 24/7 access to the clinical desk EOCs and the increased use of GPs in the EOCs subject to inclusion in the contract for 2014/15. Levels of clinical support in NHS 111 will also be increased.

Gaps in the Directory of Service (DoS) used in NHS 111 can result in staff being unable to refer callers to an appropriate healthcare provider. Commissioners need to ensure that services are in place in the community and included in the Directory of Service (DoS) so that callers to NHS 111 can be referred to the most appropriate service. At the present time this is not always the case and we are working with commissioners to ensure the DoS is complete and to identify any gaps in service provision.

Both NHS 111 and PTS are currently loss making services. It is essential that we reduce these losses as far as possible within the current contracts. Improvements in productivity are being sought in both services but these will be carefully balanced against the need to provide a quality service to patients.

Operational requirements and capacity

Activity for 999 is projected to increase by 6% per annum in 2014/15 and 2015/16. The split of activity is expected to be as follows:

- *See & Convey- 53%*
- *See & Treat - 35%*
- *Hear & Treat- 12%*

This split may need to be reviewed depending on the outcome of the contract negotiations.

2014/16 will see an increase in the number of calls responded to by paramedics in single response vehicles. These staff will have the clinical skills to make a decision about whether or not the patient needs to be conveyed to hospital. This resource will be supported by an intermediate tier of Double Manned Ambulances (DMAs) staffed by Emergency Care Support Workers (ECSWs) who will convey less acute patients to hospital if required. DMAs will continue to be despatched immediately to patients with life threatening symptoms.

Subject to sufficient resources being available PPs will be taken out of the normal rotas and dispatched to the most appropriate cases where it is likely that patients can be treated at home. This will make the most of PPs clinical skills and benefit the health economy by reducing conveyance to hospital.

A new operating unit model and revised rotas based on annualised hours are being piloted at the Thanet Make Ready Centre in Kent. Annualised hours would allow staff availability to be more

closely linked to demand with staff working more hours during Quarters 3 and 4 when demand is historically higher.

Developments in fleet will see the introduction of a PP vehicle to enable them to operate more effectively and investment in replacement of current DMAs with new DMAs and van conversions.

A further five MRCs are expected to come into operation in 2014/16 subject to planning constraints. This will improve the efficiency of the service as operational staff will no longer be required to conduct vehicle and equipment checks before they can begin their shift.

There is an operational requirement to increase our EOC capacity. The establishment of a new "state of the art" EOC will give us the capacity, which is currently lacking. Resilience requirements necessitate the provision of two EOCs rather than one but the reduction in EOCs from three to two should result in operational efficiencies and greater consistency in performance. The reconfiguration of the EOCs is linked to a move to a single HQ. The current HQ at Banstead is not fit for purpose and the lease on the regional office in Lewes is already subject to an extension; additionally both buildings are in a poor state of repair. A new, central HQ will also improve operational efficiency. Preparation for the transition to reconfigured EOCs and a new HQ will take place in 2014/16 with contingency arrangements for increased EOC capacity put in place in the meantime.

The short life time of NHS 111 to date makes it more difficult to predict operational and capacity requirements over the next two years but work undertaken by an external consultant to review the SEC NHS 111 service indicates that efficiencies could be made that would reduce the likelihood of additional capacity being needed during the life of the current contract.

Overall capacity requirements are not expected to increase markedly in PTS during the life of the current contracts.

<u>Workforce plans</u>

Our workforce plans are based on assumptions about activity and the skill mix needed to provide a quality service to patients, to reduce conveyance and relieve pressure on the local health economy. The impact on workforce will be greatest in emergency care where activity is anticipated to increase by 6% per annum over 2013/14 levels in both 2014/15 and 2015/16.

The workforce plan includes the recruitment of approximately 205 additional paramedics in 2014/15 and 116 in 2015/16 to meet the increased demand and improve skill mix. This will result in an increase in the total number of paramedics of over 35% in the two years. The increased activity will also require additional 155 Emergency Care Support Workers to support the field operations. In addition the workforce plan seeks to increase the numbers of emergency medical advisers to take calls in the EOCs plus additional clinical supervisors and call auditors.

Planned increases in the number of operational staff in the emergency care workforce has led to an agreed increase in the number of training posts. The number of student paramedic places has been increased from 48 in 2013/14 to 60 in 2014/15. The number of places on the Paramedic Science degree programme has increased from 70 in 2013/14 to 145 in 2014/15. 34 paramedic practitioners and 12 critical care paramedics will progress through their training in 2014/15, with 50 paramedic practitioners and 12 critical care paramedics 2015/16.

However, these increases will take time to come into effect. There is currently considerable competition between ambulance services for both existing and newly trained paramedics and it is crucial that SECAmb continues to offer both career development opportunities and opportunities for clinical innovation in order to recruit new paramedics and retain its existing workforce.

There is a significant risk that SECAmb will be unable to recruit sufficient number of paramedics. To mitigate this plans are being developed to increase the number of technicians and ECSWs already employed by SECAmb undertaking additional training to become paramedics and to recruit paramedics from outside the UK.

The capacity review has supported the value of PPs in reducing conveyance rates and therefore reducing costs for the local health economy as whole. The number of PPs is planned to increase by 34 in 2014/15 and 50 in 2015/16; almost doubling SECAmb's current PP workforce. The majority of PPs are SECAmb paramedics who have undertaken additional training on a part time basis.

As a result of these plans there will be greater numbers of operational staff with a higher level of clinical training who will be able to make appropriate decisions about whether or not a patient needs hospital care. The increase in staff numbers combined with changes in rotas will reduce our reliance on private and voluntary services over time. However, new staff take time to recruit and train; this means that PAPs will continue to provide a substantial amount of resource to the Trust in 2014/15. With this in mind the Trust is setting up new contractual arrangements with private providers to improve availability, clinical governance and financial performance.

Recruitment of PPs, paramedics and ECSWs will increase learning and development spend on induction and driver training. This has been factored into the plan. Following on from the business unit model being piloted in Thanet and Ashford, there are plans to pilot a local approach to learning and development in 2014/15 with statutory and mandatory training being delivered by Clinical Team Leaders (CTLs). If successful, full implementation is expected to take place in 2015/16. CTLs are also key to ensuring A&E staff have appropriate levels of supervision. SECAmb will also be piloting the introduction of an Annual Professional Check (APC) for A&E staff in 2014/15. When fully developed it is planned that the APC will review physical, medical, psychological and professional competency.

The current high turnover in NHS 111, particularly amongst Health Advisers, is being addressed but significant active recruitment will need to continue. Clinical Advisers also need to be recruited to full establishment. Analysis is underway to ensure rotas in NHS 111 support the demand profile and that rotas across both sites ensure efficiency of call taking.

PTS staff will be recruited to establishment but there are no plans to change staffing levels in this area

Our assumption is that, despite the increased activity, the number of support staff will remain broadly stable during 2014/16 although there will be some additional staffing requirements for clinical support and to support investments in EPCR, the roll out of Make Ready Centres and the reconfiguration of the EOCs.

<u>Key operational risks</u>

The capacity review undertaken in 2013/14 identified that the Trust was significantly under resourced to deliver activity at 2013/14 levels. There was also an acceptance that more of the risk of activity growth should sit with commissioners who are better placed to influence this.

The key risk to delivery in the 999 service relates to our ability to recruit sufficient numbers of paramedics as identified in the workforce section above and a substantial unplanned increase in activity, particularly if it is not funded appropriately. The recruitment risk would be compounded by any increase in turnover rates for our existing paramedics.

The Trust has plans to recruit a further 205 paramedics in 2014/15 in order to be able to meet response times given the current and anticipated growth in demand. There is a significant risk

that we will be unable to recruit the number of paramedics that we require because of limited numbers of new graduates and competition from other ambulance services who are also recruiting substantial numbers of paramedics. We recognise that this is the most significant risk to the delivery of our operational and financial plans for the next two years and progress on paramedic recruitment is being given a high degree of scrutiny by the Board and the Workforce Development Committee.

Our contingency plans relate to making best use of alternative sources of paramedics and ensuring that we put in place robust contracts with PAPs. Plans are also being put in place to ensure that the level of turnover among our existing paramedics is as low as possible to avoid the need to increase the recruitment target further.

While the Trust increased its staffing and fleet numbers in 2013/14 to take account of additional activity and plans further increases in 2014/15 and 2015/16; these increases take time to become effective. To mitigate this SECAmb will be using private providers to supplement our own workforce. In addition SECAmb is responding to the changes in demand pattern by consulting on the implementation of revised rotas to allow additional flexibility to cope with increased demand and enable staff to be abstracted for training and appraisals.

There are a number of risks to the delivery of the NHS 111 service such as technical failures e.g. loss of power to the Ashford call centre, severe weather conditions where staff are unable to reach the call centre and increases in activity beyond the capacity of the Ashford and Dorking call centres. 2014/15 will see the installation of a generator back up which will allow business as usual to be maintained in the event of a power failure. 2014/15 will also see the implementation of home working, which will assist in the event of severe weather conditions. The impact of sharp unexpected increases in call volume is mitigated by the ability to divert some of this activity to the wider Harmoni network. Additional calls can also be diverted to others NHS 111 services across the country. 2014/15 will also see the introduction of a performance management tool across both sites that will allow more effective planning for changes in activity.

The risk of being unable to deliver a PTS service that meets the key KPIs are increased by differences between the service commissioned and the needs and expectations of the acute hospitals e.g. the much higher than anticipated number of discharges booked on the day. This issue is unlikely to be resolved during the life of the current PTS contracts. However, new IT processes and changes to the way staff are supervised will be implemented to improve the service we are able to offer to patients.

Productivity, efficiency and CIPs

The indicative CIP targets for the two years are £9.3M for 2014/15 and £9.8M for 2015/16. The guidance from Monitor this year is that Foundation Trusts should define a robust programme of CiP schemes which can improve or maintain quality whilst driving up productivity. Trusts therefore now have to make clear the difference and articulation between those CIPs which are incremental and efficiency driven. These are termed 'Traditional CIPs' and those which are transformational in nature and involve new ways of working. These are now categorised as 'Transformational CIPs'.

Significant transformational CIPs for 2014/15 are:

- *changes to rotas in the 999 service resulting in an improved unit hour utilisation rate, increased use of intermediate tier vehicles to convey green (less urgent) calls where necessary and redefining the contractual framework for PAPs;*
- *work being undertaken by an external consultant to revise staffing rotas in the NHS 111 service in line with demand;*

- *savings related to the move from the traditional ambulance station model to Make Ready Centres complemented by Ambulance Community Response Posts; and*
- *the introduction of black box and speed limiters on vehicles reducing fuel and maintenance costs.*

More traditional CIPs relate to further moves towards productivity improvements in clinical operations, internal restructures, abstraction management, reduced levels of sickness and the introduction of video conferencing to reduce travel expenditure. A number of the CIPs also assist the Trust in delivery its carbon reduction targets, particularly from reduction in fuel spend and overheads.

The Capacity Review highlighted a number of areas where we might be able to improve productivity, such as reducing the allocation time for Red 1 and Red 2 calls, closer management of job cycle time and reducing paramedic conveyance rates. We will be evaluating these opportunities during 2014/15 and where appropriate will include them in our productivity programme.

Financial Plan

The financial plan is based on the assumptions set by Monitor in its guidance issued in December 2013. The strategy for the operating plan is to commit resources to sustain operational performance and patient care as part of a robust plan that will allow SECAmb to return to profitability during 2014/15.

The NHS faces an unprecedented level of future pressure. This is the definitive conclusion of the recent 'Call to Action' and 'Closing the Gap' reports issued by NHS England and Monitor respectively, which warns of substantial impending challenges driven by an ageing population; increase in long-term conditions; and rising costs and public expectations within a challenging financial environment. SECAmb has to demonstrate that it can rise to these challenges and do so within its financial envelope and therefore achieve profitability over this period.

The outlook for the next two years is set out below.

Service Line	Surplus in 14/15	Surplus in 15/16
A&E	£3.7M	£2.8M
PTS	(£0.5M)	£0.4M
111	(£1.7M)	(£0.9M)
Total	£1.5M	£2.3M

SECAmb has been challenged with the financial performance in all service lines during 13/14 and has developed a targeted response to each service line.

i) For the 999 service, SECAmb has worked with commissioners and an external party, Lightfoot Solutions, to carry out a review of the resources required to deliver an effective ambulance

service, as measured by the Red 1, Red 2 and A19 performance targets. That review has remodelled the deployment and has concluded that an additional deployment of 5% of resources is needed to meet demand. The review concluded that the Trust is financially efficient, although some areas for improvement in coming years have been identified. In summary the report concludes that an additional £6.1M of funding would have been required in 2013/14 to fund adequate resources to meet demand which has been significantly altered by the introduction of the NHS 111 service. Our plan has been based on the assumptions about the 999 contract for 2014/15 that are outlined in the executive summary.

ii) In PTS, SECAmb is working to provide the best possible service with the limited resources available during the remainder of the current contracts. The initial term of the Sussex PTS contract is due to end on 31 March 2015 and the Surrey PTS contract on 30 September 2015. The plan assumes that PTS will continue to operate at a loss for the remainder of these contracts. This loss will be minimised as far as possible so that it does not impact on the planned improvements to the 999 service.

We have notified commissioners of our view that the PTS service required by the Acute Trusts differs significantly from the specification set out in the contract. As a result SECAmb does not wish to extend the current contracts in their existing form. However SECAmb does believe it remains a credible and cost effective provider of PTS services and will be planning to submit bids for the next generation of contracts. As a result the APR for 15/16 assumes that the contracts are retendered at a price which, as a minimum, is no less than the cost of delivering the service and that SECAmb is successful in winning these contracts.

iii) In NHS 111 the service is currently evolving and SECAmb is working with its partner, Harmoni to improve the service and the cost effectiveness of the service. The Trust is also negotiating a possible contract revision with the commissioners to adjust the income under the contract to reflect the full cost of meeting the actual demand presented to the NHS 111 service. However, the APR assumes that no further funding is made available and that the Trust will need to sustain some level of loss until the end of the contract in March 2016. This situation may alter if there are changes to the NHS 111 service at a national level.

2014/15 will see additional revenue investment in volunteers and the Trust's CFR programme to support operational performance, increased investment in training, support for the development of the Make Ready Centres and vehicle equipment. Plans include substantial investment in clinical areas including GP support in the EOCs, the development of the EPCR, new medicines management systems. The additional recruitment in the 999 service is also being supported by significant additional investment.

The period 2014 to 2016 will also see significant capital investment. SECAmb is expecting to develop Make Ready Centres in Polegate, Brighton, Chichester, Crawley, Thanet and Worthing. In addition work will begin with Surrey County Council and Surrey Fire and Rescue Service to plan the new Headquarters and Emergency Operations Centre. The total capital expenditure in the period is expected to be £42M. It is recognised that this may put a strain on available cash and efforts are being taken to find alternative sources of funding, particularly for fleet investments, to cushion the impact of this investment. By managing the sources of finance SECAmb expects cash balances to fall to a minimum of £10M in the year 2016/17. Experience in the first quarter of 2013/14, where no funds were received under the A&E contract in April has convinced the Trust that it is prudent to maintain an effective working balance of no less than £10M.

SECAmb's workforce plans are the largest element of the Trust's financial spend. Patient facing staff, including those in the NHS 111 and 999 contact centres account for more than 85% of the

total workforce. The key aspect of planning the expenditure for the coming years is to understand the demand that will be put on that workforce and the potential recruitment and training options that exist to develop the existing workforce clinically and to increase overall front line staff numbers. The plan recognises that the Trust will require 3.05M field staff unit hours as well as significant additional investment in the Emergency Operations Centres to further increase the effectiveness of clinical support for callers (Hear and Treat).

The key financial risks in 2014/16 relate to the uncertainty on the A&E contract, non-achievement of CIPS, PTS costs not being kept within plan, cost of living increases (if not funded through the contract) and the impact of any move to Section 2 of Agenda for Change for the ambulance sector.

SECAmb expects to maintain a Continuity of Services Rating of 4 throughout 2014/15 and 2015/16.