

South Western Ambulance Service 
NHS Foundation Trust

Operational Plan Document for 2014-16

South Western Ambulance Service NHS Foundation Trust

Operational Plan for y/e 31 March 2015 and 2016

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

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

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	Heather Strawbridge
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Ken Wenman
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Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Jennie Kingston
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Signature



Executive Summary

South Western Ambulance Service NHS Foundation Trust serves a resident population of over 5.3 million people plus an estimated annual influx of more than 17.5 million tourists. The Trust covers almost 10,000 square miles, which is approximately 20% of the English mainland, and is the most rural ambulance service in England. The Trust provides services across the counties of Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Wiltshire, Gloucestershire and the former Avon area (Bristol, Bath, North and North East Somerset and South Gloucestershire). The operational area is predominantly rural but also includes the City of Bristol and a number of other urban centres including Gloucester, Plymouth, Bath, Bournemouth, Swindon and Poole.

The Trusts Mission Statement is *'To respond to patients' emergency and urgent care needs quickly and safely to save lives, reduce anxiety, pain and suffering'*. The Trust has formulated a new vision, which takes account of the recent acquisition of the Great Western Ambulance Service in 2013/14, but is also forward looking and influenced by the new national direction refocusing health policy on prevention, on reshaping urgent and emergency care and on increasing care delivered within the community and in people's homes.

The Trust's Vision Statement is *'To be an organisation that is committed to delivering high quality services to patients and continues to develop ways of working to ensure patients receive the right care, in the right place at the right time'*. Both the Mission and Vision Statements reflect the vision for emergency and urgent care set out by Sir Bruce Keogh stating that *'for those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital'*. Central to the delivery of the Trust's future Strategy, including the activities set out within this Plan, are four key themes:

- **"From Prevention to Intervention"**: this phrase summarises the Trusts ambition to support a safer, more efficient and sustainable urgent and emergency care system for the future. It recognises the integral part ambulance services can play in working alongside health partners to prevent disease and identify effective ways of influencing people's behaviours and lifestyles and in playing an increasingly significant role in urgent and emergency care provision;
- **"Right Care, Right Place, Right Time"**: this phrase captures one of the Trust's key initiatives that focuses on ensuring patients receive the best possible care, in the most appropriate place and at the right time. This is set alongside a drive to safely reduce the number of inappropriate A&E attendances at acute hospitals and deliver a wide range of developments to improve the appropriateness of the care delivered to patients;
- **"1 Number, 1 Referral, 1 Outcome"**: this phrase captures the value added by the Trust as a provider of NHS 111 services that are integrated with out of hours and 999 services;
- **"Local Service, Regional Resilience"**: this phrase recognises the dual role of the ambulance service in delivering a local service providing individual and personalised care to patients balanced with system wide coverage and capacity for resilience.

The quality initiatives detailed within the Plan confirm that the Trust will continue to focus on ensuring that the safety of patients and the delivery of high quality services remains a top priority. Throughout 2014/15 and 2015/16 the Trust will develop and further enhance a number of schemes aimed at improving the experience of care and clinical outcomes for patients, making this a key element of every decision made. The Board of Directors recognises that improving quality will ensure that the services provided are clinically effective and timely; more patient focused and ultimately safer. The Trust will continue to work closely with all staff, volunteers, governors, members and the public to identify the best ways to improve services and deliver high quality care to all.

The period 2014/15 to 2016/17 will be no less eventful and challenging than previous years. The short term challenges identified range from whole system reform for urgent and emergency care services to ensuring localism and responsiveness in the services the Trust delivers. In response the Trust will continue to embed consistent ways of working across the enlarged organisation with large scale change programmes planned to align systems and processes, system wide productivity offerings through the initiatives such as Right Care² and the implementation of major new systems such as the Electronic Patient Care Record to support the further integration of care.

The Trust has a planned income of £219million and a plan to generate a surplus of £0.6million in 2014/15. The pressure to manage and use Trust finances ever-more prudently will grow, and there is no reason to suggest that the trend of annual increases in the number of 999 calls the Trust receives each year will not continue. Finding better and more appropriate ways to respond to patient need, without necessarily sending an ambulance resource, will be essential in ensuring that the Trust can continue to provide high-quality care to all our patients wherever and whenever they require our services. This is reflected within the service developments set out within this Plan and remains a primary focus of the integration and standardisation plans for the Trust going forward.

Operational Plan

Trust Profile

The Trust provides a range of 'core services' that require a clinical hub including call handling facilities, initial triage (clinical assessment), advice, filtering, signposting and call allocation or dispatch capabilities. These core services are as follows:

- **Emergency Ambulance Services (999 A&E):** This involves the provision of an emergency response to 999 and healthcare professional calls that are likely to require treatment and / or immediate transport to a hospital or other facility. This includes the provision of high-technology ambulances and rapid response vehicles (cars or motorbikes) staffed with at least one qualified paramedic;
- **Urgent Care Services:** For the Trust, urgent care involves two main types of service:
 - **Out of Hours General Practice services:** These services provide non-emergency responses to people who require, or perceive the need for, urgent (but not emergency) advice, care, diagnosis or treatment. These services are procured through competitive tender by a variety of bodies including NHS Commissioners, HM Prisons, universities and military organisations;
 - **NHS 111 services:** Call handling and triage services for the new urgent care single point of access;
- **Patient Transport Services (PTS):** This service provides ambulance transportation of non-emergency medical patients, such as to and from out-patient appointments. Eligibility criteria apply in relation to access to the service as determined by commissioners of the service.

The Trust developed a five year Integrated Business Plan (IBP) as part of its application to become an NHS Foundation Trust. Published in 2010/11 the Strategy described what the Trust would look like in five years' time (2015/16) setting out the Trust's plans for the life of the IBP and how the Trust intended to deliver them. Since that Strategy was published the Trust has been through a number of significant changes including achieving NHS Foundation Trust status, implementing NHS Pathways, securing a number of NHS 111 contracts, significant changes to national targets for 999 A&E services and acquiring Great Western Ambulance Service NHS Trust in early 2013. In addition the Trust is operating in the context of wide scale NHS reforms that are, and will continue to have a significant impact on the future structure and business of the organisation. In response, the Trust has brought forward a programme of work in 2013/14 to re-set its strategic priorities and establish a new over-arching Strategy for the next five years. This operational plan represents the first two years of that Strategy, which is designed to respond to a number of challenges that the Trust faces both internally and externally within the local health economy.

The Short Term Challenge

The NHS has reached a tipping point and it is recognised nationally in NHS England's document '*A Call to Action*' that without bold and transformative change to how services are delivered, a quality yet free at the point of use health service will not be available for future generations. In addition the urgent and emergency care system is facing a significant number of challenges resulting in a number of recently commissioned national and local reviews that are examining the current pressure points and exploring the development of sustainable integrated models for the future. The most significant of these is the Urgent and Emergency Care Review being led by Sir Bruce Keogh.

The following section highlights the key challenges and drivers that are increasingly influencing the shape of the local health system in the south west and, as a result are driving key elements of the Trust's Strategy moving forward. The challenge is complex as not all factors driving change point in the same direction although there are a clear set of emerging principles. Underpinning all of these is recognition that transformational change is inevitable and that "more of the same" is not a solution for the future shape and delivery of services. The following paragraphs set out a summary of those areas that are expected to present the most challenge to the Trust over the next two years.

Response Time Targets – Category A8 Red 1

Challenging national targets for call categories are set by the Department of Health and apply to every ambulance service in England. Emergency 999 calls to the ambulance service are prioritised into categories to ensure life-threatening cases receive the quickest response; Category A8 Red 1 and Red 2 and Category A19. The requirement for ambulance services to deliver a fast responsive service is underpinned by national targets and has recently been reaffirmed through application of an A8 Red 1 Quality Premium payment for NHS commissioners.

During 2013/14 the Trust faced many challenges in delivering the Category A8 Red 1 target. Variance to plan is attributed to many factors including, but not limited to, increased activity against contract, the launch of the new NHS 111 service across the south west region, peaks in hospital handover delays creating pressure points in the system and a national shortage in paramedics in order to support service delivery. In addition the delivery of Red performance across the Trust's geographical area is particularly challenging given the rurality of the Trusts catchment area compared with other English ambulance trusts with the South Western Ambulance NHS Foundation Trust being the most rural service in England. The scale of rurality has direct consequences for performance as the Trust has to consistently perform at the achievable target levels in both urban and semi-urban areas in order to achieve Trust-wide performance, the basis upon which the Trust is contracted to provide services. The Trust

established an action plan to deliver the Red 1 target in quarter 4 of 2013/14 with actions carried through to 2014/15. More detail is provided within the Quality Plans section.

Growth

The NHS is facing a significant funding gap from 2015/16 and as a result there will be a dramatic slow-down in spending growth. In order to remain financially viable the focus for the Trust is therefore on increasing internal productivity gains, securing new business and achieving additional income from commissioners through the provision of 'value added services'. This approach requires the Trust to be increasingly innovative and commercially oriented.

The volume of calls and incidents resulting in a 999 emergency response has increased in the last ten years with over 8.5 million patients calling 999 in England in 2012/13. Demand is primarily being driven by patients requiring urgent care rather than patients calling with a life threatening condition. Patients suffering significant trauma or an acute medical emergency constitute approximately one third of the average ambulance workload. Challenges that arise from this sustained growth in activity include increased:

- Costs for providing care to the growing population;
- Demands for preventative care, particularly self-care or care that can be provided closer to people's homes;
- Demand driven by the number and proportion of older people likely to require hospital based care and treatment as the population lives longer with more complex conditions;
- Palliative care requirements; and
- Numbers of patients with complex health needs and long term conditions.

Responding to Drivers for Change

Strategic Context - National Drivers for Change

National guidance suggests that the current system of urgent and emergency care is unaffordable and unsustainable and is consuming NHS resources at a greater rate every year. The number of emergency admissions to hospitals continues to rise at a time when NHS budgets are under significant pressure. There is a clear need to adopt a whole systems approach to commissioning more accessible, integrated and consistent urgent and emergency care services. The first stage Urgent and Emergency Care Review sets out five key proposals central to any system reform:

- Providing better support for people to self-care;
- Helping people with urgent care needs to get the right advice in the right place, first time;
- Providing highly responsive urgent care services outside of hospital so people no longer queue at A&E;
- Ensuring that those people with more serious or life-threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery;
- Connecting all urgent and emergency care services together so the value of the overall system becomes more than just the sum of its parts.

In addition there have been a number of reviews that consider the interoperability of blue light services and the scope that this could have if increased to deliver greater synergies and efficiencies. It is recognised that collaboration and co-responding with other blue-light services already occurs in some areas. These reviews however go further in making a number of recommendations to capitalise on opportunities for structural, organisational and operational collaboration with other 'blue light' services. The Trust is already engaging with other blue light services at a local level to explore opportunities however the Trust would need to be able to respond to any national directive if published.

Strategic Context - The Future Role of the Ambulance Service

The Ambulance Service is an important 'sub brand' of the NHS. Many recent reviews, including the Urgent and Emergency Care Review led by Sir Bruce Keogh, position the ambulance service as one of the most important gateways into the health and social care system and an integral part of urgent and emergency care provision. There is an explicit recognition that the ambulance service has a vital role to play in addressing the challenges within urgent and emergency care, ensuring all patients get the right care, in the right place, at the right time. Increasingly it is being recognised that *'in order to enhance the overall system of emergency care in England, ambulance services should be regarded as a care provider and not a service that simply readies patients for journeys to hospital'*. The Trust has a relatively unique set of characteristics that will support this enhanced role which will be enhanced through delivery of its Strategy. These include the potential to:

- Provide increased levels of 'hear and treat' and 'see and treat' in order to help alleviate current system pressures;
- Act in a coordinating capacity for the urgent and emergency care system, acting as 'capacity managers' with regional oversight particularly for system wide issues such as winter pressures and handover delays;

- Provide a gateway for patients and healthcare professionals to access health and social care and assist the health community in managing referrals;
- Support NHS Commissioners in establishing and implementing care pathways targeted at specific patient groups;
- Provide an overview of healthcare systems by analysing and benchmarking activity levels, sharing intelligence and data to make the local health system more transparent and in monitoring system pressure points;
- Deploy skilled paramedics to make clinical judgments and administer care – ambulance paramedics increasingly require the skills and knowledge to judge whether patients should be treated at local emergency departments or regional specialist centres.

A Specific Focus for the Ambulance Service - Reducing Conveyances to Emergency Departments

Despite overall improvements in urgent and emergency care performance there is wide variation in performance across the system. A wealth of evidence points to the need to re-design local urgent and emergency care pathways with a specific focus on the role of ambulance services in delivering this transformational change. In the context of Emergency Department attendances and admissions across England:

- In 2012/13 there were 5.3 million emergency admissions, costing the NHS approximately £12.5 billion;
- There has been a 47% increase in emergency admissions in the last 15 years;
- Acute beds have reduced by a third over the last 25 years whilst emergency admissions continue to rise;
- 40% of patients attending A&E are discharged requiring no treatment at all with over one million avoidable admissions last year. The National Audit Office (NAO) estimates that one in every five emergency admissions to acute hospitals could be managed more effectively in the community;
- It is estimated that approximately 1 in every 5 admissions are for known conditions which could have been managed more effectively by primary, community and social care and could therefore be avoided;
- The NAO review into emergency admissions outlines that all parts of the health system have a role to play in managing emergency admissions and ensuring patients are treated in the most appropriate setting. This includes ambulance services reducing conveyance rates to Emergency Departments by conveying patients to a wider range of alternative care destinations;
- *“For those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital” (Sir Bruce Keogh – vision for emergency and urgent care)* the reality is that millions of patients every year seek or receive help for their urgent care needs in hospital who could have been helped much closer to home.

Local Strategic Commissioning Intentions

Individual CCGs have published a range of plans setting out the priorities and outcomes to be commissioned at a local level. In developing the refreshed five year Strategy the Trust has reviewed these plans and identified both the recurring themes that will impact the Trust at a holistic level given its regional nature, and the local priorities of CCGs that the Trust can contribute towards through delivery of existing services or new developments. A summary of the overarching objectives and principles that have emerged include:

- Delivering service change that supports whole-system transformation;
- Delivering systems of care that are safe and responsive to patients’ needs ensuring the right level of care from the most appropriate person;
- Delivering added value and value for money in all current and prospective services within existing resource constraints, supporting sustainability of services;
- Supporting the design and implementation of an integrated seven day a week urgent care system that offers simplified access for patients and healthcare professionals;
- Providing urgent care services closer to home in support of self-care, preventing escalation of long term conditions, offering alternatives to hospital attendance or admission;
- Supporting increased self-care and self-management through the promotion and use of assistive technology;
- Ensuring system wide care pathway integration and collaboration so that patients experience seamless care throughout their treatment;
- Implementing a single point of access for more effective utilisation of urgent and emergency services;
- Increasing early detection/ diagnosis and intervention;
- Reducing emergency admissions for ambulatory care sensitive conditions associated with long term conditions and the frail elderly;
- Improving palliative care and end of life pathways and reducing the conveyance of patients at end of life to hospital.

Through its revised Strategy the Trust identifies the contribution and impact that it can have through a continued and enhanced focus on reducing conveyance rates to Emergency Departments within the south west. A contracted productivity offering from 2014/15 entitled ‘Right Care²’ and covering the whole of the south west region sets out to deliver a number of benefits for patients, local health partners and NHS Commissioners. The initiative will deliver significant savings for the NHS.

Tenders and the Re-procurement of Services

The healthcare market is becoming increasingly competitive through the introduction of 'Any Qualified Provider', provider licensing and increased tendering activity. As a consequence, NHS and private employers are adopting a more flexible approach to managing their workforce not only as a temporary retention strategy, but as a permanent and sustainable solution to increase competitiveness. Over the life of this Plan the Trust is expecting at four of its current core service contracts to be retendered. The forthcoming re-procurements in Somerset and Gloucestershire alone represent over £10 million of the Trust's income per annum moving forward, or roughly 5% of total income in 2014/15. The increasingly fragmented healthcare market will drive cooperation between health and social care partners and promote alliances strengthening competitive advantage whilst at the same time encouraging competition and therefore an increased level of 'threat' to the contracts when tendered. The Trust has invested in its Business Development function to support this activity and will be focusing on the retention of existing services, the development of new service models in response to enhanced service specifications particularly for out of hours care reviews and responding to the desire to integrate models of care across contracts such as NHS 111 and Out of Hours services.

In addition the Trust has established a Business Development Steering Group through which the governance arrangements for each of the tenders will be progressed. The Steering Group will take a strategic view of the totality of opportunities and will have the same level of delegated authority as the Directors Group. It be chaired by the Trust's Executive Medical Director and will consider the key decisions required at a strategic level, defining the opportunity for the Trust and identifying key risks associated with each tender.

NHS 111

NHS 111 services in the south west were tendered in seven geographic blocks with the Trust securing four of the contracts within the south of the region. Implementation and 'go live' of each of the services has been staggered with the last of the services in Cornwall and Isles of Scilly service going live on the 4 February 2014. 2014/15 therefore represents a challenging year for the Trust as a provider of NHS 111 services as it will be the first full year of operation for all four services. Additional challenges include:

- The differential level of impact that the NHS 111 service has had on the Trust's A&E 999 service in different geographic locations, partially linked to the way in which services have been launched and partially due to the NHS 111 provider. This has resulted in increased activity for the ambulance service in some areas and a change in the profile of when the activity is received. The peak volumes transferred from the new service are weekend mornings and early evening periods, with the Trust receiving approximately 40% of its activity from the NHS 111 service at peak times;
- The Somerset NHS 111 contract was awarded to the Trust on an interim 18 month basis and is being re-tendered in 2014/15. The Trust is likely to face considerable competition from a range of independent and public sector providers in re-securing this contract;
- The Phase 1 Report of the Urgent and Emergency Care Review proposes a significant expansion and enhancement of NHS 111 services positioning them as the 'front door' of urgent and emergency care services in England. The final specification for this enhanced service is expected to be published during 2015/16 and will present both challenges and opportunities for the Trust.

Integration

2013/14 was a year of significant change for the Trust both internally and externally including changes to the commissioner landscape and the emergence of CCGs, the acquisition of Great Western Ambulance Service NHS Trust, the loss of Patient Transport contracts and the introduction of NHS 111. Over the course of the next two years the Trust faces a number of integration challenges across operational Divisions and with the wider health community. The external challenges are set out in the previous paragraphs, internal challenges include:

- Ensuring that the benefits of integration arising as a result of the acquisition are realised as planned;
- The Trust needs to ensure that it has the right staff available in the right numbers with the right skills, values and competencies in order to deliver excellent clinical outcomes and patient-centred care;
- The health and social care system will place greater emphasis on integrated health services in the future if the ambition of transformative change is to be achieved. The Trusts workforce will need to support this change including developing skills that are increasingly transferable between different care settings;
- The first stage Emergency and Urgent Care Review sets out the need to harness the skills, experience and accessibility of a range of healthcare professionals including paramedics. By extending paramedic training and skills, and supporting them with GPs and specialists, there is an opportunity to develop 999 ambulances into mobile urgent treatment services capable of dealing with more people at scene, and avoiding unnecessary journeys to hospital;
- In line with the acquisition benefit 'Improving Quality to Patients' the Trust needs to continue to standardise clinical practice across all Divisions, levelling up clinical skills and adopting best practice;
- The Trust will need to ensure all of its systems and practices, including major IT systems, are aligned to support the

- delivery of care and enable the achievement of greater efficiencies e.g. the implementation of the Electronic Patient Record across the southern England ambulance services as set out in more detail within the Quality Plans table;
- Over the next five years, the Trust has a significant programme of activities related to the Trust estate and IT support systems, including the Clinical Hubs, in order to realise greater synergies and support the introduction of a single operating model across the Trust;
 - ‘Local Service, Regional Resilience’: the ambulance service has a dual role in delivering a local service that provides individual and personalised care to patients balanced with the benefits of whole system coverage and capacity for resilience. This presents challenges to the Trust in ensuring it is integrated with the health care providers in each area and responding to local commissioner needs, whilst managing an organisation and services that cover the whole south west region.

Quality Plans

The Trusts approach to Quality

The Trust has an on-going commitment to keeping quality at the top of its agenda. This is encapsulated in the Trust mission statement ‘*To respond to patients’ emergency and urgent care needs quickly and safely to save lives, reduce anxiety, pain and suffering*’. The Trust Board has a well-established position on quality that is summarised within the ‘five quality pillars’. These are pivotal to the development and delivery of the Trust Strategy and its quality plans:

- **Safety**: avoiding harm to patients from healthcare that was intended to help them, and ensuring staff remain safe;
- **Experience**: providing care that is responsive to individual personal preferences, needs and values and ensuring that patient feedback guides all continuous improvement. Actively seeking and responding to feedback from staff;
- **Clinical effectiveness**: providing services / interventions based on the current understanding of what is the most effective care;
- **Access**: ensuring ease and speed of access to appropriate care; and,
- **Value for money**: maximising the efficiency of the service and eliminating waste.

The Trust’s Quality Strategy sets out the quality goals for the organisation with the ultimate aim of ensuring the delivery of high quality, cost effective healthcare services to people in the south west. The Trusts approach to delivering high quality care is:

- **Patient centred**: Reflecting the uniqueness of each individual, their experience of their health and illness and aiming to enable them to share in decision making;
- **To engage staff**: Ensuring staff involvement at all levels, enabling staff to fully utilise their skills, further improve staff experience, building capacity, providing support and making the right thing the easiest thing to do;
- **Systems based**: Simplifying the systems around policy and delivery to avoid unnecessary waste and provide the appropriate balance between performance management and continuous improvement;
- **Partnership based**: Looking to develop innovative partnerships with public and third sector partners, staff, independent contractors, patients and carers.

The culture of quality improvement is driven through the Trust’s mission statement to the Trust’s Strategic Goals. As part of its strategic refresh the Trust has formulated four new strategic goals that cover the period 2014/15 to 2018/19:

- **Strategic Goal 1 - Safe, Clinically Appropriate Responses**: Delivering high quality, compassionate care to patients in the most clinically appropriate, safe and effective way.
- **Strategic Goal 2 - Right People, Right Skills, Right Values**: Supporting and enabling greater local responsibility and accountability for decision making; building a workforce of competent, capable staff who are flexible and responsive to change and innovation.
- **Strategic Goal 3 - 24/7 Emergency and Urgent Care**: Influencing local health and social care systems in managing demand pressures and developing new care models. Leading emergency and urgent care systems, providing high quality services 24 hours a day, seven days a week.
- **Strategic Goal 4 - Creating Organisational Strength**: Continue to ensure the Trust is sustainable, maintaining and enhancing financial stability. In this way the Trust will be capable of continuous development and transformational change by strengthening resilience, capacity and capability.

To support the delivery of these goals, and to meet the challenges set out in the previous sections, the Trust has a number of initiatives and quality plans for implementation over the period 2014/15 to 2015/16 as set out in the table overleaf.

Quality Plans 2014/15 to 2015/16 and beyond

Delivery of National Ambulance Response Time Targets

The Trust has agreed an investment package for 2014/15 and a framework for 2015/16 with NHS Commissioners for the delivery of the A&E contract. Whilst the investment package will deliver forecast activity growth, there is an acknowledged residual risk for the Trust in guaranteeing delivery of Red 1 performance. The Trusts approach to mitigating this risk has been to carry forward actions from Q4 2013/14 to ensure that there is no dip in performance in Q1 2014/15, securing as much in year flexibility as possible in regard to non-recurrent sources of funding, reducing the Trust planned surplus and increasing the level of cost improvement in order to achieve the financial plan.

The Trust is contracted to deliver the national response times targets Trust wide and not on a Divisional or individual CCG basis. During 2013/14 the Trust established a Red Performance Recovery Plan which has ensured that the Trust has delivered all national targets in Quarter 4 of 2013/14. All the actions contained within the plan can be allocated to one of three themes: technical adjustments, better management of the patient pathway and additional operational resources on the road.

Underpinning operational delivery of national targets from 2014/15 is a consolidated action plan. This plan has a number of 'building blocks' including actions relating to:

- The Clinical Hub including enhancements in the way calls are triaged;
- Staffing, rotas, skill mix and establishment including additional frontline operational resources in order to deliver improved performance and to manage the impact of additional activity forecast for 2014/15 and 2015/16;
- Community engagement including improved communications with Community Responders, a programme of working with Care and Residential Homes and continuing to roll out static and public access defibrillators;
- Improving call management cycle productivity;
- Improvements in performance linked to changes in the Trust estate including the introduction of new dispatch points and the development of the Bristol Ambulance Station;
- Increased availability and tracking of Officers/Pool vehicles;
- On-going engagement with NHS 111 providers to ensure calls transferred to the ambulance service are appropriate and that peaks in demand such as on weekends and out of hours are mitigated as far as possible. During the life of this Plan the Trust will need to undertake a re-profiling exercise to ensure its resources are aligned to the changing activity profiles.

The contract contains penalties linked to the achievement of the national response time targets although their impact on the financial plan has been mitigated to manage the Trusts maximum financial in-year risk exposure. In addition to the contractual requirement is a link to the national Quality Premium payment for CCGs for delivering Category A8 Red 1. This is conditional on delivery of Red 1 over the whole financial year.

Against this backdrop the Trust recognises that in order to improve performance in its most rural areas there needs to be a different approach and is absolutely committed to working locally with other health and social care partners to this end. The Trust will need to balance its focus for 2014/15 – the Trust must deliver Red 1 across the Trust as it is contracted to do, whilst at the same time ensure that its community engagement plans are focused and targeted to achieve improvements in rural performance. Discussions have already been held with commissioners in regard to what support other local community healthcare professionals can provide in helping the Trust meet local response time targets and there is strong support to progress these initiatives in 2014/15. The Trust's Community Engagement Team continues to work with volunteer groups and others to improve local responses through a number of schemes including Community First Responders and Fire Co-Responders.

2014/15 Quality Account Priorities

Historically the Trust has aligned its Quality Account priorities to the in-year CQUIN schemes as agreed with NHS Commissioners. At the time of writing this Plan these are in draft form. The Trust is however proposing to allocate the priorities to one of three categories: Patient Safety, Patient Experience and Clinical Effectiveness. The proposed indicators for the 2014/15 Quality Account include:

- **Clinical Effectiveness – Electronic Patient Clinical Record (ePCR):** The implementation of Electronic Patient Clinical Records is an exciting innovation which will be used in the pre-hospital arena to better manage patient care and which will also have the technical ability to integrate with hospital and other wider health community systems. ePCR will support the Trust in delivering benefits throughout the wider health and social care community and assist the Trust to better meet the needs of patients and support the urgent care agenda;
- **Patient Safety – Primary Angioplasty:** Primary Angioplasty is the definitive treatment for a ST-elevation myocardial infarction (STEMI / heart attack). Following on from the 2013/14 Quality Account there was a desire for the Trust to focus on further improving outcomes for people suffering from STEMI. Therefore for 2014/15 one of the A&E CQUINs focuses on improving performance against the locally set threshold of 84% for the number

Quality Plans 2014/15 to 2015/16 and beyond

of patients achieving a call-to-balloon time of 150 minutes for primary angioplasty;

- **Patient Experience - Friends and Family Test (FFT):** The FFT represents a national CQUIN scheme however due to the importance of this indicator, feedback from commissioners on the Trust's 2013/14 Quality Account, and the scale and particular challenges faced by ambulance trusts in asking this question of its patients it is considered to be appropriate to include this as a Quality Priority for 2014/15;
- **Patient Safety - Sepsis:** In setting the priorities for 2014/15 consideration has been given to Quality Account priorities from previous years, what the Trust has learnt from these and if there is any benefit in focusing further development on these areas. Sepsis was included in the 2013/14 priorities however it remains an area of focus for the Trust's local commissioners moving into 2014/15. Sepsis has been included within both the 2014/15 CQUIN and Quality Account priorities with a specific focus on increasing the proportion of paediatric patients with sepsis who are rapidly identified and treated by ambulance clinicians.

Implementation of the Electronic Patient Care Record (ePCR)

Central to the NHS Programme for IT Strategy is the delivery of a patient and clinically focused Care Record Service within and between NHS communities. The Trust is part of the Southern Ambulance cluster looking to implement an Electronic Patient Care Record for use in the pre-hospital phase, which will also have the technical ability to integrate with Acute and other health community systems. The Southern Ambulance Programme will be funded for four years from contract signature by central government, and the procurement will be supported by Health and Social Care Information Centre.

The solution will provide systems which will allow ambulance Clinicians to capture information while attending patients on a mobile device to support frontline care delivery. It will enable the receipt, generation, storage and onward transmission of ePCR data in an ambulance and wider pre-hospital setting. In addition it will enable improvements to the routing of patients, increase the number of patients who can be treated at the scene, reduce the number of people conveyed to hospital and provide improvements in the quality of care delivered in the ambulance and in receiving locations. The ePCR is a key enabler within the wider solution set that enables transformation of urgent and emergency care pathways. Delivered through a detailed programme of activities the Trust is aiming to have the system fully live by August 2015.

Ensuring Standardisation and Integration across the Trust

The Business Case for the Acquisition of GWAS included an enlarged Trust Integration Plan. The Integration Plan has been implemented as planned during 2013/14 with an integral element being the standardisation of processes and systems across the Trust. A number of integration tasks and activities are being carried forward to 2014/15, the most significant of which are as follows:

Single CAD, Telephony Systems and Triage

The Trust is currently operating on two separate CAD systems (Computer Aided Dispatch), one in the North Division and a separate system for the East and West Divisions. As part of the overall plan to integrate activities across the Trust, and to further generate efficiencies in systems and processes, the Trust is under-taking a procurement process for the provision of a single service-wide CAD system. This will enable Trust response vehicles anywhere in the region, to be dispatched from any of the Clinical Hubs. Implementation of the new Trust wide CAD will be supported with a comprehensive training programme and, depending on the approved supplier, will be in operation sometime between October 2014 and March 2015. Alongside a new CAD platform, the Trust is also seeking to standardise the telephony systems to ensure that the Clinical Hubs are able to communicate, using both voice and data platforms, with all vehicles across the Trust's operational area.

Triage

The Trust currently uses two separate triages systems within the North Division and East and West Divisions. Triage tools are used in the clinical hubs to help call takers identify the type of call and the nature of the medical emergency. This enables call takers to identify the most appropriate clinical pathway and ensure the patient receives the right care, in the right time and in the most appropriate clinical setting. The Trust has an agreement in principle to move to NHS Pathways (currently in place within the East and West Divisions and in the NHS 111 Services) though this will be subject to review. Implementation will follow that of the new Trust CAD and Telephony systems.

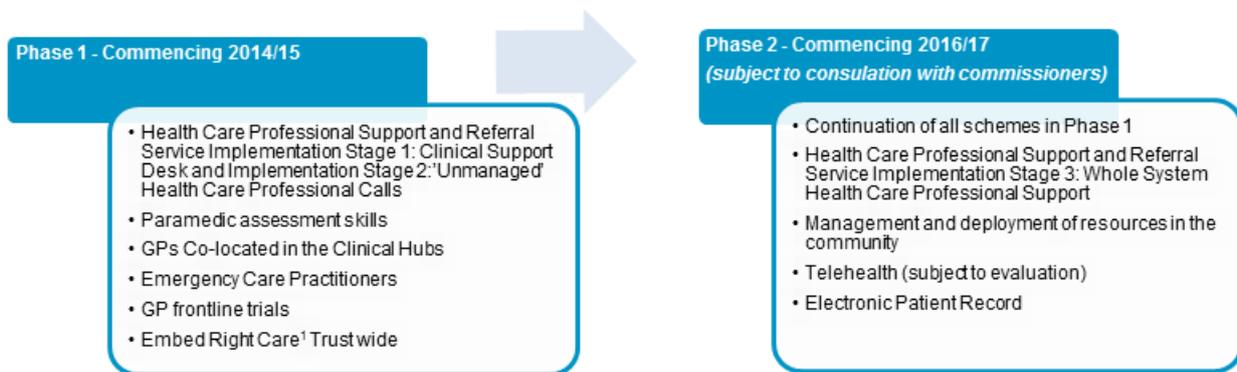
Right Care²: A Productivity Offering

The Trust has consistently had the lowest conveyance rates to Emergency Departments in the country. In response to the need to further reduce the rate of conveyance to A&E, the Trust established a new initiative called 'Right Care, Right Place, Right Time'¹ as part of its previous five year Strategy. The initiative aimed at ensuring patients received the best possible care, in the most appropriate place at the right time and focused on a wide range of developments to improve the appropriateness of the care delivered to patients. The initiative was funded and written into contracts in order to deliver an outcome of a "Reduction in A&E attendances" based upon an agreed trajectory of a 10% reduction over five years (2010/11 to 2014/15). The Trust exceeded the trajectory agreed with commissioners by 2% and delivered an actual saving of over 25,000 attendances at emergency

Quality Plans 2014/15 to 2015/16 and beyond

departments, annually conveying over 83,000 fewer patients to emergency departments when compared to national average performance of other Ambulance Trusts.

Following the success of 'Right Care'¹ the Trust is planning to deliver further savings through a 'productivity offering' to the south west health community based on a continuation of the original Right Care principles. 'Right Care'² will continue to focus on delivering a further reduction in attendances to Emergency Departments in the south west through a range of enablers and initiatives. Grouped under three key headings: clinical advice and skills, mobile care and pathways management, Right Care² will be delivered across two Phases. Phase 1 includes a detailed two year plan that covers the period 2014/15 to 2015/16, with benefits continuing into the outer years. Phase 2 provides an outline of productivity initiatives that cover the period from 2016/17 to 2018/19.



In Phase 1 the combined impact of each of the initiatives is a further reduction of 1% in the number of conveyed patients to Emergency Departments, reducing the overall rate to 44.89%, against a backdrop of 5% growth per annum. By the end of 2015/16 this will result in 8,864 fewer attendances at south west Emergency Departments. In Phase 2 the Trust is proposing to work with local health partners and NHS Commissioners to co-create services that directly benefit the patient and continue to make a positive impact on the local health system. Development work will start from 2014/15 with agreed schemes being implemented from 2016/17 at a local level.

Delivery of the Trust's Clinical Strategy and 2014/15 CQUIN Initiatives

For 2014/15 onwards the Trust's Clinical Strategy will be focused on three key areas:

- Continuing to expand the scope of practice of Trust clinicians to ensure that they have the right skills required to deliver the right care, at the right time, in the right place. The focus will remain on delivering additional assessment, risk management and clinical skills to enable patients to be treated safely and appropriately at home;
- Working collaboratively with partner NHS organisations through engagement in local Urgent Care Groups as a central component in each local health economy;
- Achieving continual improvements in the quality of care delivered through audit, research, CQUIN programmes and quality improvement methodologies, to ensure that every patient receives the very best possible care, that they would be happy to recommend to their friends and family.

Key initiatives include:

Indicator	Description
Frailty/ Long Term Conditions in the Elderly	<p>In England, more than 15 million people have a long term condition, a figure which is set to increase over the next 10 years, particularly those people with three or more conditions. The aim of the long term conditions CQUIN is to focus on improving pathways for patients with long term conditions, and where possible, reduce inappropriate A&E admissions. Key activities to deliver this include:</p> <ul style="list-style-type: none"> • Engaging with CCGs to identify key stakeholders and groups related to the management of frailty and long term conditions within each area; • Carrying out clinical review of a selection of clinical records in relation to frailty and long term condition management to identify key themes; • Exploring current pathways and the availability of direct referral by ambulance clinicians and measuring pathway use.
To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework	<p>The Friends and Family Test (FFT) will provide timely feedback from patients about their experience. The Trust has a diverse range of patients accessing the service with varied requirements. For the Trust to continue to evolve a more patient centric ethos it will need to better understand the patient satisfaction of a range of stakeholder groups, developing improvement strategies where indicated. Key activities will include:</p> <ul style="list-style-type: none"> • Implementing the staff FFT as per the national guidelines by 30 June 2014; • Carry out segmentation of patient base in preparation for patient FFT; • Early implementation of FFT in at least one service line / patient segment by 1 October 2014; • Evaluate success of early introduction of patient FFT and extend roll out of patient FFT.

Indicator	Description
Sepsis	<p>Last year the Trust delivered a CQUIN which focused predominately on Adults with sepsis. Given recent ombudsman's involvement into paediatric cases in Devon, this year the Trust would like to focus on improving recognition and management of sepsis in children. This work will focus on four key milestones and will link into the work of the Sepsis working group based in South Devon:</p> <p>Benchmark current performance by performing an audit using patient clinical records for paediatric sepsis</p> <ul style="list-style-type: none"> • cases, over a 12 month period; • Produce information for staff highlighting NICE guidelines (Paediatric fever) and define the difference between fever and sepsis and the link between the two; • Explore the use of current recognition tools in primary care with the aim of adopting a similar tool for use on the new Trust ePCR; • Improve the management of paediatric fever/sepsis. Ensuring that staff follow defined pathways of care, using a common language (traffic light criteria), pre-alert receiving hospitals and refer safely when appropriate.
'Working Better Together' – Integrated Services	<p>The Trust aspires to 'work better together' with partnership agencies, contributing to a whole systems approach to improving healthcare services in Cornwall. A priority for the Trust and NHS Kernow CCG is to improve the service the Trust provides to patients who are frail and have long term conditions (LTC). The following milestones will look to evolve collaborations and explore the benefits of joint working:</p> <ul style="list-style-type: none"> • Engage and contribute to frailty and LTC steering groups within Cornwall; • Explore and map current pathways for patients with Frailty and LTC to identify gaps in service provision; • Pilot through Emergency Care Practitioners (ECPs) frailty scoring tools to help identify frail patients and establish direct pathways for ECPs to the acute care GP; • Evaluate the impact of new pathways.
Angioplasty	<p>The Trust will complete a root cause analysis of call to balloon (CTB) time breaches (>150mins) for patients with ST-elevation Myocardial Infarction (STEMI) and devise an action plan to improve performance. Key activities will include:</p> <ul style="list-style-type: none"> • Producing a CTB performance and breach report related to specific CCGs to establish a baseline; • Conducting analysis of the performance and breaches report to identify potential improvements within the service and agree proposed actions with the commissioner; • Re-audit CTB performance and breaches following implementation of agreed actions.
Mental Health	<p>The Trust will work to ensure effective assessment by the ambulance service of mental health patients and appropriate onward referral or transfer of patients to the relevant services. Activities will include:</p> <ul style="list-style-type: none"> • Creating comprehensive mental health and mental capacity guidelines for operational staff to enhance the awareness of mental health and the role of the ambulance service in meeting the needs of service users; • Working with partners in the five Police Forces covering the Trusts geographical region to evaluate the creation of a South West inter-agency protocol to support ambulance clinicians and Police Officers in better understanding the responsibilities of each organisation and developing collaborative working opportunities in relation to mental health; • Working with Strategic Clinical Networks to develop key actions for the ambulance service in relation to mental health.
Patient Safety	<p>Early detection, timeliness and competency of clinical response are a triad of determinants of clinical outcome in people with acute illness. The National Early Warning System (NEWS) is a simple scoring system which uses six physiological parameters to identify acutely unwell patients. Although widely used in hospitals, the NEWS has not yet been implemented by an ambulance service. This indicator will aim to explore the potential for the score to be implemented within the pre-hospital environment.</p>
Exceeding the Right Care ² Trajectory	<p>This scheme aims to target local deliverables by identifying opportunities within the North Devon catchment area. By developing/using a Community Paramedic/ECP the Trust will aim to:</p> <ul style="list-style-type: none"> • Explore how a Community Paramedic/ECP could work jointly with a GP practice as part of a multi-disciplinary team by attending practice meetings, conducting appropriate day visits, proactively managing/ educating local care homes, case finding, screening, assessing patients and managing referrals, with the ultimate aim of reducing inappropriate acute admissions and improving the patient experience; • Identify existing alternative care pathways and community support, including social, voluntary and healthcare settings in the locality, that will enable community clinicians to actively refer patients to the most appropriate care; • Undertake a pilot to place a Community Paramedic / clinical role within a local GP practice where current services allow a home base model of care for appropriate patients.

NHS 111

As mentioned within the short term challenges section, 2014/15 and 2015/16 will be critical for the Trust's NHS 111 services with a particular focus on developing and stabilising the services, embedding the service in each county, consistently delivering upon the contractual key performance indicators and ensuring staffing models and management structures are fit for purpose to meet the needs of each service as public engagement and use increases. The Trust is forecasting that over 1 million calls will be received by the Trusts NHS 111 services in

Quality Plans 2014/15 to 2015/16 and beyond

2014/15. The Trust has recently appointed two NHS 111 Liaison Officers whose role it is to work with other NHS 111 providers within the south west in order to assist with the implementation and 'bedding in' of the new service and to manage the impact of the introduction of NHS 111 on the ambulance service. In addition the Trust will deliver a number of initiatives to enhance the existing services including:

- Enhancing the training and audit processes for call advisors and clinicians;
- Integrating additional services such as dental pathways;
- Conducting robust modelling to ensure calls are answered promptly at peak times;
- Reviewing rotas to ensure resources are profiled effectively to meet demand;
- Making technological improvements to support call handling and the monitoring of call flows. Delivering improvements in call handling focused on community nurses by streamlining access to the Single Point of Access service in Dorset;
- Linking into the ECP pilot delivered through the Single Point of Access to dispatch ECPs to attend patients where previously a 999 crew would have been dispatched;
- Working with local CCGs following feedback from patients regarding Care Homes and End of Life provision;
- Building positive relations with Out of Hours GPs for non-Trust services.

Out of Hours Services

The Trust is aiming to deliver a number of initiatives within its Out of Hours services over the life of this Plan including:

- Developing local partnerships and responding to local health community developments. This includes the remodelling of the existing Out of Hours Services plus developing more services via the Single Point of Access such as dental call handling and advice, prison call handling, daytime ECPs to support A&E 999 'green' calls, Transient Ischaemic Attack services, district nurse call handling, and Nurse Practitioner Pilots in local areas;
- Continuing to deliver the service with, and working alongside, local GPs to provide a more resilient and responsive service. This includes strategic dispatch, separate advice queues for each locality to enable GPs to triage their own local areas, running a 999 GP pilot to support a reduction in emergency department admissions, and reconfiguring shift patterns to encourage a greater take up of shifts resulting in better patient care;
- Continuing to enhance the Directory of Services to facilitate patient pathways;
- Developing the enriched Summary Care Record in support of End of Life Care Pathways, improving special messages and joined-up communications with emergency departments;
- Providing training for clinicians including End of Life care, safeguarding, dementia, learning difficulties, verification of death training for health care professionals in other organisations and joint skill mix training with GPs, nurses and ECPs;
- Reviewing the Trust's prescribing practice including antibiotics and emergency supplies used in urgent care;
- Supporting the introduction of the electronic medicines management system as part of the 'Safer Hospitals, Safer Wards' initiative.

Safer Hospitals, Safer Wards

This publication sets out a vision for fully integrated digital patient records across all care settings by 2018. During 2013/14 the Trust submitted a bid for Safer Hospitals, Safer Wards Technology Funds in support of an electronic medicines management system and paramedic notebooks and applications. The Trust was successful in securing £300,000 and £420,000 for the respective initiatives and intends to develop the solutions through 2014/15 with a view to implementation in early 2015.

An electronic medicines management system will greatly enhance the functionality of the current Trust systems and will allow interoperability by interfacing with other systems including an interface with the ePCR system, the C3 system (monitoring and audit), the Out of Hours Adastras system (stock control and controlled drug monitoring), and Datix a system for monitoring issues with medicines. The functionality of the electronic system will also allow controlled drug spot checks by managers, the regulator and NHS Security Management.

The objective of the paramedic notebook is to provide a single mobile electronic system allowing a paramedic to access and update a range of information real-time thereby supporting them in their clinical and operational duties throughout the day. Access to applications and information will reduce clinical risk and support high quality, joined up care. In addition the tablet will allow two way dialogue enabling front-line staff to communicate their status, vehicle condition and medicines status with the Trust support functions and allow face to face communication with clinicians improving triaging.

Better Care Fund

Several of the CCGs within the Trust's operational area have set out local ambitions on the use of the Better Care Fund to act as an enabler to achieve effective integration of health and social care systems. The Better Care Fund presents many opportunities that initiatives such as Right Care² could directly contribute to achieving including:

Quality Plans 2014/15 to 2015/16 and beyond

- Shifting settings of care closer to home;
- Helping patients manage their care more effectively;
- Ensuring more effective use of staffing and resources;
- Avoiding unnecessary admissions to hospital;
- Maximising income for local health and social care systems by sharing and achieving joint priorities.

Challenges ahead include the organisational and logistical challenge of integrating commissioning and provision and the fact that the Better Care Fund is not 'new money' but rather a redistribution of funds already within the system or funds that will need to be released through improvements in the way integrated care is delivered.

Engagement of the Trust in developing plans across the south west has been variable. The Trust will need to continue to work closely with CCGs across the south west to understand the potential role of the ambulance service and what, if any, impact this will have on the future service model and funding. As part of the 2014/15 contracting round, the Trust has asked that NHS Commissioners support and encourage active dialogue between the Trust, CCGs and other stakeholders as appropriate on access to the Better Care Fund.

Through implementation of the quality improvement initiatives set out above the Trust aims to:

- Ensure the delivery of all standards and quality requirements providing significant health community benefits;
- Ensure that the core business of the Trust remains centred on clinical leadership, quality, safety and productivity and is aligned to known current and future commissioning plans;
- Deliver the optimum patient experience whilst striving to secure a safe working environment for all staff operating around the clock delivering health care services 365 days a year;
- Continue to deliver the acquisition benefits associated with 'Improving Quality to our Patients'. Benefits grouped under this heading will be realised as a result of improving and developing clinical services, improving performance, improving patient safety and patient experience, improving engagement within the community and with staff and improving the contribution of ambulance services to system wide quality improvements within the local NHS.

Board Assurance Regarding Quality Measures

Quality governance controls have been updated and rolled out across the enlarged Trust to ensure that:

- Effective leadership arrangements are in place for the purpose of monitoring and continually improving the quality of healthcare provided to patients; and,
- Consideration is given to the quality implications of future plans.

The governance review included an assessment of how the Trust Board assures itself that it has effective arrangements in place to monitor and improve the quality of care identifying any risks to quality and patient safety. Examples of key processes and mechanisms in place include the following:

- Post-acquisition, the Trust established a new Performance Management Framework and revised its Corporate Performance Report to the Board to ensure it was fully integrated;
- The Trust produces a monthly Quality Dashboard which is an integral part of the Trusts Integrated Corporate Performance Report. It sets out performance against the Quality Account priorities, ambulance clinical quality and clinical performance indicators, clinical quality outcomes and other quality measures such as CQUIN;
- The Trust reviews and benchmarks performance by Operational Locality Manager area, managing performance through the Heads of Operation;
- The Trust has five Clinical Development Managers in post who provide high profile, effective leadership for all clinical staff and professional advice to colleagues regarding clinical issues. These staff also design, implement and monitor new clinical pathways developing new concepts in clinical care and undertaking projects related to clinical service development and patient safety;
- Complaints and all types of incident (including serious) are scrutinised by the 'Learning from Experience Group' identifying trends and issues for further investigation. Bi monthly and annual patient safety and experience reports provide additional information and evidence of learning and quality improvement. These are presented to each meeting of the Quality and Governance Committee, with an executive summary to the Board; and a six monthly summary published on the Trust website from 2014/15;
- The Trust's Executive Medical Director is the Trust lead for quality, with the Executive Director of Nursing and Governance responsible for serious, moderate and adverse incidents and complaints. Serious incidents are confirmed by agreement of two or more clinical directors with each serious incident being reviewed by a panel chaired by an Executive Director or Deputy (clinician). A quarterly and annual report is provided to full Board meetings and all Non-Executive Directors are invited to attend panels. In addition the Executive Medical Director or Chief Executive (a registered clinician) review and sign all complaint responses;

- The Trust continues to assess itself against Monitor's Quality Governance Framework with the Trust Board receiving quarterly reports providing on-going assurance that Trust quality and governance arrangements continue to meet the standards required. This supports the signing of each of the quality and governance statements, self-certifications and declarations as set out within Monitor's Risk Assessment Framework;
- An updated Board Memorandum on Quality Governance was presented to the Board in March 2014 to provide assurance of the Trust position from 1 April 2014 onwards in line with the Trust's Forward Plan. In addition the Trusts Quality Strategy was reviewed and updated in November 2013 following nine months operation as an enlarged Trust post acquisition;
- The Trust Board has a robust and well-established Cost Improvement and Business Planning Governance Framework that include risk, quality impact, financial and equality and diversity assessments. Each new initiative or business case must be reviewed using the Quality Impact Assessment and where any negative impact on quality is identified the scheme may be halted or referred for amendment. Each Quality Assessment has an Executive Sponsor and must be signed off by a senior clinician. The assessment also includes consideration of any information governance implication, cost improvement schemes or projects.

Trust Response to National Quality Reviews

As appropriate, the Trust carries out internal assessments against the key findings and recommendations of relevant public inquiries and their subsequent reports. Recent examples include the national response to the Winterbourne View Hospital Review and the Francis Report. The Board undertakes a review of the reports and identifies those recommendations that are relevant to the Trust. In addition the Trust considers its position in relation to central themes within key reports through engagement with senior managers, staff groups and the Council of Governors, the outcome of which are used to consider and agree on appropriate and proportionate action led by the Board of Directors.

In response to both the Francis and Berwick Reports a number of quality improvement activities were developed and implemented during 2013 as set out below. Moving forward the Trust will focus on refining the Trust's incidents and complaints processes and publishing summary reports on the subsequent learning, enhancing leadership and management training for clinical and non-clinical staff and reviewing Trust policies in line with review dates to ensure they promote and maintain the values and behaviours of the compassion in care model. In addition during 2013 the Trust undertook a survey, engaging Governor and staff and at all levels, to support the Board in establishing a cultural development programme during 2014 focused on the key themes from the Francis Report.

Code of Conduct for Directors amended	Appointment of Quality teams for investigation work	Appointment of external investigating officers
Code of Conduct for Staff reviewed	Process for appointing NEDs agreed with Council of Governors	Leadership development programme created
Patient Engagement Team created	Cultural review undertaken with Board, CoG, Managers, Staff	Subscription to Patient Opinion and Patient Association
Patient Safety and Experience developed to include publication of learning	Duty of Candour process developed and resourced	Incident Reporting reinforced in Mandatory Workbook and Policy Foreword
Leadership Quality Framework added to new Appraisal process	Compliance with the 6Cs compassion model added to new Appraisal process	Implementation of new Performance Management Framework in 2013

Existing Quality Concerns

As demonstrated in this and previous years Quality Reports the Trust has an extremely good track record of improving quality and aims to continuously improve, refine and develop its services. The Board of Directors recognise that improving quality will make the services provided more clinically effective and timely; more patient focused and ultimately safer. The Trust works closely with other health providers, delivering services in the same areas, to ensure that safe and appropriate care is delivered to patients within the health community.

The Trust is not aware of any quality concerns from the CQC. The Trust was inspected by the CQC in February 2014 and was confirmed as compliant against all assessed domains. An internal audit review of the Trust CQC evidence collection processes has declared that they are 'well-managed, appropriate, and of low risk'. The Trust monitors the Quality and Risk Profile produced by the CQC on a regular basis. The Trust holds regular relationship meetings with the CQC to ensure that any quality issues would be identified and addressed promptly if necessary. Internally the Trust records and monitors key risks to operations, clinical quality and the Trust's financial position through its Risk Management Strategy. This includes recording risks within a series of risk registers depending on the severity of their rating. The key risks and associated mitigations in delivering this Plan are set out later.

The Trust has had a challenging year in its first year of operation as an enlarged Trust in which performance against Category A8 Red 1 fell below the national target for Quarters 1, 2 and 3. Red 1 performance was escalated as part

of the Trusts performance management arrangements and commissioners were notified of the Trust's position and plans for recovery. In August 2013 the Trust commissioned an independent review of operational performance, including an assessment of all factors affecting Trust performance including internal and external pressures. The review provided a number of additional recommendations which were added to the Red Performance Recovery Plan. Performance improvements were subsequently delivered through Quarters 3 and 4 of 2013/14 with the Trust achieving the Red 1 target in Quarter 4. The actions detailed within the recovery plan have been developed to ensure sustainable delivery of performance moving into 2014/15 although there remain residual risks to delivery as set out later within this Plan.

Quality Plans and their Impact on the Trust's Workforce

At the very heart of the organisation, and key to the sustainable delivery of quality patient care is the dedicated workforce. In order to provide safe, responsive, compassionate and effective services the workforce requires strong leadership and clear direction, delivered within a culture that fosters learning and development, openness and a striving for continual improvement, putting patients in the centre. In support of the Trust's Quality Plans, and in response to learning from the Francis and Keogh reports, the following areas represent the core workforce objectives for the life of this Plan:

- Developing existing clinical and managerial leaders whilst creating clear career and developmental pathways to ensure sustainability through talent management and succession planning;
- Developing a culture of openness, participation and empowerment through staff and stakeholder engagement;
- Delivering education, learning and development in line with the workforce plan to ensure staff are appropriately trained and skilled to respond to the changing profile of healthcare needs and demand;
- Ensuring the assessment of values and behaviours are key to the recruitment processes, reinforced and promoted through induction and that performance is evaluated and reviewed through appraisals, clinical supervision and line management;
- Ensuring Trust services and employment practices are responsive to the needs of the public, future candidates and our existing staff recognising and responding to the diversity of these;
- Developing effective and enhanced partnerships and teamwork with other NHS organisations, social care providers and the independent sector in order to deliver transformational improvements for patients; and
- Developing an increasingly flexible workforce to support sustainable performance, providing resilience to service provision through seasonal peaks in demand or major incidents as well as changes in services provided and to provide support to day to day abstractions from the employed and substantive workforce.

Key Risks Inherent to Delivering and Achieving the Forward Plan

There are a number of risks that could impact on the Trust's ability to deliver its Strategy. These are set out below:

Risk Description	Mitigations
A&E Response Time Targets	
<p>The potential for not achieving and sustaining Red 1, Red 2 and A19 ambulance response time targets which could impact on patient safety, staff experience, Trust reputation and finances and have implications through Monitor's Risk Assessment Framework</p>	<ul style="list-style-type: none"> • Robust business plan and corporate objectives in place and monitored by the Directors; • Regular Planning and Performance Meetings with the A&E service line; • Performance Deep Dive meeting held in early 2014 to identify further actions to address performance issues; • Red Performance Consolidated Action Plan established for 2014/15 including actions carried forward from the 2013/14 Recovery Plan; • Independent review of performance activity completed in 2013/14 with recommendations arising included within the Red Performance Consolidated Action Plan for 2014/15 as appropriate; • An effective and fully staffed Clinical Hub with a rolling recruitment programme; • Trust wide rollout of Static and Public Automatic Defibrillators; • Implementation of Enhanced Pre Hospital Care within Clinical Hubs; • Implementation of revised 'Early Exit' procedures within Trust Clinical Hubs; • Implementation of Regional and Trust wide Resource Escalation Action Plan levels; • Standard Operational Procedure regarding the deployment of Responding Officers published; • Refined definitions for the Ambulance Clinical Quality Indicators agreed.

Risk Description	Mitigations
Workforce Establishment Levels	
<p>The impact of reduced workforce levels as a result of vacancies, abstractions, availability of third party providers and the implementation of new projects, on performance, morale and reputation.</p>	<ul style="list-style-type: none"> • Workforce Planning Establishment Group in place to review workforce forecasting, plans and actions; • Weekly Resource Management Group conference calls; • Resource Operations Centre established; • Annual Accountability Agreement in place setting out key performance indicators to be delivered in year; • Implementation of Resource Escalation Action Plan (REAP) levels; • Five year workforce Strategy in place; • Provision of staff by third parties, agencies, bank and overtime to provide additional support and flexibility; • Review of contracted notice period for operationally critical and management roles; • National reviews underway looking at paramedic numbers and unsocial hours payments; • Reviews of sickness levels and abstractions being undertaken.
Handover Delays at Hospital – Patient Safety	
<p>Ambulance handover delays in acute hospital trusts potentially results in delays in attending patients who require emergency and urgent assessment and/or treatment therefore affecting clinical care and patient safety. In addition the handover delays impact on the ability to provide a timely conveying resource to patients assessed by a clinician as requiring conveyance to hospital affecting patient safety and experience and staff morale.</p>	<ul style="list-style-type: none"> • Trust provision of a Bronze Commander to key Emergency Departments when appropriate; • Joint working between the Trust and acute trusts to resolve issues through locally agreed handover action plans; • Clinical Notice issued to Trust staff to ensure that observations and continuity of clinical care continues whilst patients are waiting in the handover area; • Clinical Supervisor call-back processes implemented to manage risk of delayed responses; • Implementation of a revised delayed handover operating procedure in April 2013; • Renewed focus by the Department of Health on emergency and urgent care being led nationally by the Chief Medical Officer; • Trust participating in an Urgent Care Review led by the Local Area Teams and CCGs; • 24/7 Logistics Cell in place to escalate handover delays as appropriate; • Strategically deployed trolleys placed in acute hospitals to improve turnaround times; • Discussions with commissioner's on-going as part of contracting and incentivising appropriate behaviour.
Handover Delays at Hospital – Impact on Resources	
<p>Delays experienced by ambulance crews in handing over patients at acute trusts will result in an adverse impact on the number of resources available to respond to life threatening emergency calls. This in turn impacts on the achievement of Trust objectives, performance targets and the delivery of the A&E Business Plan.</p>	<ul style="list-style-type: none"> • Internal and external reporting and monitoring systems developed and implemented; • Addendum to the Handover Standard Operating Procedure introduced to manage excessive delays; • Capacity Management System in place to identify alternative pathways and destinations; • Enhancement of hospital handover screens to accurately monitor extended crew handovers with guidance circulated to all acute trusts; • Handover delays have been identified as a national priority with Executive level commitment across local NHS organisations; • Winter Plan and Flu Plan ratified at the Trust Quality and Governance Committee; • Financial penalties linked to handover delays contained within the A&E contract; • Implementation of 24/7 Logistics Desk rota across whole Trust area; • Operational Managers holding monthly review meetings with acute trusts to verify data and agree actions; • Trust working with Commissioners on patterns of admission for healthcare professionals calls.
Recruitment and Selection - Paramedics	
<p>The current national shortage of paramedics has impacted considerably on the recruitment efforts of the Trust and presents a</p>	<ul style="list-style-type: none"> • Recruitment to most roles continues to be successful with particular successes noted with non-qualified front line, call handling, administrative and management roles; • Work is underway to develop greater links with Exeter University in order to try and attract more graduates to the service in future; • A revised candidate attraction Strategy has been launched founded on underpinning research from recent new starters to take account of their experience in joining the

Risk Description	Mitigations
challenge in terms of the future recruitment Strategy	<ul style="list-style-type: none"> • Trust and to understand the choices they made within the competitive labour market; • The whole approach to attracting and engaging with qualifying paramedics will alter from 2014, ensuring early interaction and offers of employment by spring, to provide those who qualify within the south west region secure job offers ahead of the competition; • The Trust will be offering new graduates confirmed offers for paramedic posts with the option of commencing their employment early as an Emergency Care Assistant and converting automatically at the point of registration.
Delivery of Statutory and Mandatory Education	
Potential failure to deliver Statutory and Mandatory Education to all relevant staff as a result of REAP levels, activities and vacancies	<ul style="list-style-type: none"> • Integration training plan approved; • Trajectory in place with monthly reporting to the Directors Group; • Included within the HR Annual Accountability Agreement with monthly progress reported through the Performance Management Framework; • Divisional REAP levels implemented; • Weekly monitoring of REAP by the Resource Management Group; • Implementation of virtual stations; • Review of Clinical Operational Tutor structure; • On-going dialogue regarding 2014/15 Training Plan.
Impact of REAP Levels and Summer, Winter and Peak pressures	
<p>Increased REAP levels as a result of a threat to national performance indicators leading to:</p> <ul style="list-style-type: none"> • Slippage to training programme and other programmes; • Increased demand on the Trust's core services; • Impact on delivery of business plans; • Impact on resilience within the Trust. 	<ul style="list-style-type: none"> • Effective escalatory process with clear command and control process in place; • Performance management arrangements in place to monitor achievement of objectives; • Business Continuity arrangements and processes in place; • Weekly review of performance including assessment of REAP level by Deputy Director of Delivery; • Demand Management Plan for Clinical Hub; • Updated escalatory management plan; • Tactical response plans issued weekly by Head of Resilience; • Red 1 Performance Action Plan meetings and conference calls; • New REAP monitoring introduced for NHS 111 services provided by the Trust; • Revised REAP escalation plan implemented with divisional REAP levels; • On-going discussions with Commissioners at Contract and Performance Meetings to review activity and demand profile in each CCG area and agree actions to mitigate increases in demand including the review of alternative pathways; • Executive Gold meetings convened as required.
Major IT Service Failure	
Major Information Computer Technology (ICT) service failure of clinical hub and/or radio and mobile data may lead to potential business continuity risk in A&E, Out of Hours, 111 or Patient Transport Service	<ul style="list-style-type: none"> • ICT Strategy and action plans in place to deliver agreed business continuity arrangements; • Card System and manual practices defined and in place to support loss of computer systems; • Uninterrupted Power Systems and Generators in situ covering critical ICT Services within the clinical hubs; • Fall-back plans in place to cover Minor, Major and Critical faults; • Business Continuity Strategy and outline plan agreed; • Virtual Computer Aided Dispatch implemented and tested; • Delivery of IG Toolkit plan on an annual basis; • Clinical Hub reviews underway with a dedicated project manager; • Timely implementation of actions arising from serious incident investigations relating to IT failures.
Increases in Activity	
A change in the weekly spread of demand impacts on the ability of the Trust to respond appropriately and has implications for funding, patient care and experience,	<ul style="list-style-type: none"> • Activity reports sent to Commissioners on a monthly basis; • Daily monitoring of activity growth and the impact of NHS 111 on A&E activity; • Red Performance Consolidated Action Plan in place; • Contracts with commissioners have activity growth embedded within the terms; • Demand Management Plan implemented within the Clinical Hub; • Escalatory Management Plan reviewed and updated; • Independent review of performance activity commissioned and concluded; • Provision of staff by third parties, agencies, bank and overtime;

Risk Description	Mitigations
performance and staff experience	<ul style="list-style-type: none"> • Performance monitored through contract meetings with commissioners; • Regular reviews of performance activity against demand; • Implementation of revised Inter Hospital Transfer Procedure underway.
Appraisals	
Failure to achieve the internal key performance indicator for the completion of appraisals, or the production of poor quality appraisals could impact on quality, individual morale and performance	<ul style="list-style-type: none"> • Updated appraisal system launched during 2013/14; • Monthly reporting on performance to the Board; • Trust policies and procedures revised and in place to govern and guide appraisals and support performance management; • Management development programme in place; • Regular reminders issued to undertake appraisals; • Appraisal management included within the Leadership Development Programme; • Dedicated manager identified with responsibility for implementation of appraisal system; • Personal Annual Development Review workshops being delivered.
Out of Hours Contract	
<p>Potential loss of contracts within the Urgent Care Service line may result in:</p> <ul style="list-style-type: none"> • Loss of synergy between service lines and patient pathways; • Strengthened position of competitors; • Opens the Trust to competition for other service lines; • Risk of redundancies; • Poor staff morale. 	<ul style="list-style-type: none"> • Contract for Out of Hours service within Dorset extended until 2017; • Gloucester Out of Hours contract extended pending re-procurement; • Regular performance meetings with Commissioners on each contract; • Local performance targets have been negotiated with Commissioners; • Steering Group established to provide leadership and direction for all re-tendering activity for urgent care in 2014/15; • Tender Tracker received by the Board monthly; • Trust Business Development function strengthened; • Partnerships to strengthen the Trusts position being actively pursued; • Urgent Care Mitigation Escalatory Action Plan developed; • Trust attends Urgent Care Review Boards; • Action Plan in place to deliver performance targets; • Medical Directorate leadership of Urgent Care established during 2013/14.
Delays in the Arrival of Back-Up Resource	
<p>Delays in the arrival of conveying resources to back up Rapid Response Vehicles and Community Responders could affect:</p> <ul style="list-style-type: none"> • Patient care where treatment by other providers is delayed; • Patient experience; • Trust Reputation; • Finances; • Availability of resources; • Staff morale. 	<ul style="list-style-type: none"> • Effective performance monitoring arrangements in place through A&E Service Line meetings; • C3 Pathways Front End Screen developed and implemented within Hubs (East and West); • Back Up and Return of Resources to Cornwall standard operating procedures published; • New monthly report on back up delays developed; • Red Performance Consolidated Action Plan in place; • Revisions implemented to the Computer Aided Dispatch (CAD) to improve reporting on back up priority levels; • Interim status plan in North division prior to delivery of the new CAD in 2014; • Implementation of ELAN3 to allow better utilisation of resources; • Implementation of initiatives within the A&E Business Plan.
Loss of Corporate Knowledge / Retention of Key Skills	
The loss of key staff in all functions, which relates to organisational capacity and capability, could impact on the consistent leadership, direction and strategic delivery of core functions	<ul style="list-style-type: none"> • Organisational structures developed post acquisition to underpin service delivery; • Embedded wider involvement of senior management in strategic direction and planning process; • Workforce planning to identify effective recruitment/executive search support where necessary; • Regular reviews of clinical priorities undertaken to ensure they align to delivery of corporate objectives and direction of travel; • Effective Workforce Planning undertaken to determine internal succession plans; • Engagement and involvement by the Trust in the NHS Leadership Programmes; • Involvement in the Ambulance Sector Director of Operations Leadership Programme; • Leadership development programme being established to support internal succession readiness.

Risk Description	Mitigations
Attendance, Health and Wellbeing	
<p>High level of absence may result in:</p> <ul style="list-style-type: none"> • Resource implications; • Health and wellbeing of staff being compromised; • Impact on patient care and service delivery; • Significant financial cost pressures. 	<ul style="list-style-type: none"> • Management reports provided to Directors Group and Quality and Governance Committee; • Occupational Health review and key performance indicators introduced; • Absence key performance indicators and scorecards rolled out; • Sickness Work Programme in place; • Absence Management Training being delivered as part of the Leadership and Management development programme; • Monthly 1:1 reviews with Operational Managers by HR Business Partners; • Trial of dedicated staff wellbeing web page underway; • Sickness Policy and guidance reviewed and updated; • Specific support available for significant trauma related cases; • Global Rostering System (GRS) implemented across Trust; • Weekly Resource Management Group (RMG) reviews performance; • Health and Wellbeing Group to be established as sub-group of Health & Safety Group.

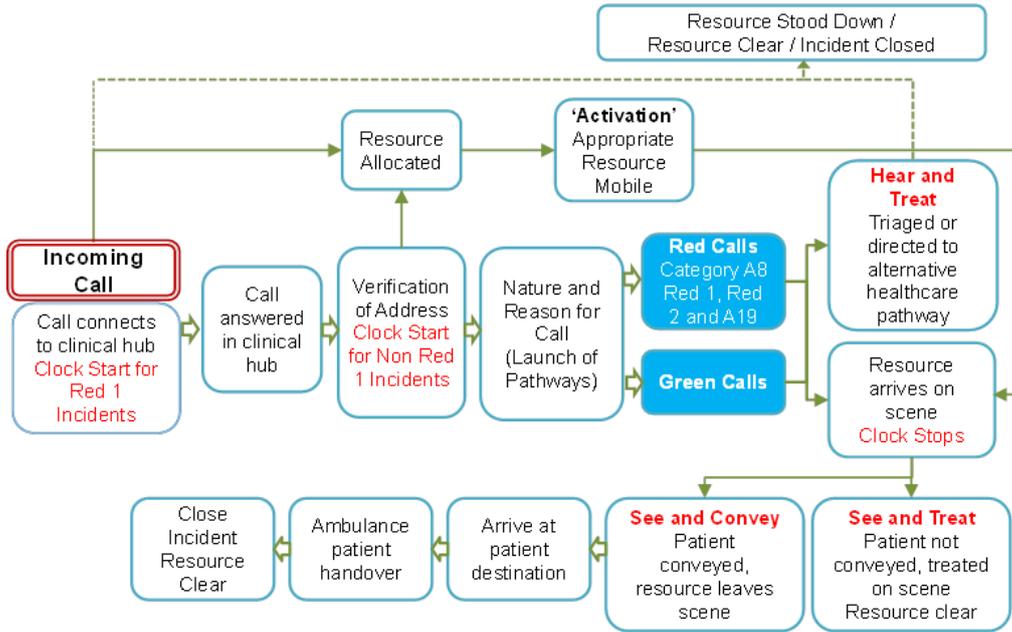
Operational Requirements and Capacity

Accident and Emergency Services

The Trust has seen a continued increase in activity, with growth based upon a historic rolling average predicted to increase by approximately 5% year on year for the life of the Plan. For 2014/15 the Trust will have a single A&E contract with an aligned contract currency of 'Incidents'. The Trust, consistent with other ambulance trusts, monitors activity within four patient pathways: 'hear and treat', 'see and treat', 'see and convey to emergency departments' and 'see and convey to other healthcare centres'.

The Trust currently operates three A&E Clinical Hubs located in Exeter, St Leonards and Bristol. In addition the Trust operates two triage systems to manage its A&E calls however following the introduction of a common CAD system during 2014/15, and subsequent training of staff, the Trust will move to single triage system.

The Trust responds to over 800,000 incidents per annum and whilst 8% are currently dealt with and closed by the Clinical Hubs ('hear and treat') the Trust provides a clinical response to the vast majority of calls. Response times to calls are closely monitored against national and local targets with each response requiring a different level of resourcing and intervention. Contractually, the A&E service must respond to three national mandated targets namely Red 1, Red 2 and A19 and a number of locally agreed response targets for calls categorised as 'Green'. The pathway for calls received from members of the public and healthcare professionals through phoning 999 is set out below.



The A&E service operating model, over the two years 2014/15 and 2015/16, is based on six key themes:

1. Investing to deliver the Trusts Productivity Framework;

2. Consolidating resources invested by the Trust in Quarter 4 2013/14 in order to deliver consistent performance with additional resources identified to respond to a change in the demand and activity profile linked to the introduction of NHS 111 within the south west;
3. Supporting and enhancing the work of the Community Engagement Team in rolling out community based defibrillators, expanding the Community Responder Teams and enhancing the communication systems to support the operation of these resources;
4. Investing in the Trusts Clinical Hubs:
 - a. Investing in clinicians based within the Clinical Hubs to assist in the management and delivery of performance, support the implementation of the Trusts Right Care² initiative and establish the Health Care Professional Support and Referral Service;
 - b. Investing in additional staff in order to support the implementation of a single CAD, triage and telephony systems;
5. Launching the Trusts Right Care² initiative including investing in a project team to provide leadership and support to the project and to enable the Trust to engage with commissioners locally;
6. Investing in paramedic training and targeted training for frontline crews to ensure the successful implementation of the Electronic Patient Care Record Form during 2014/15.

NHS 111

The Trust provides its four NHS 111 services from its Exeter and St Leonard's Clinical Hubs. Growth within each service is built into each contract with in-year variance clauses in two of the Trust's contracts.

The Trust operating model is a combination of call takers and Clinical Nurses based within the Clinical Hubs. Whilst the Trust will continually review this service model to ensure it is fit for purpose and delivers the contractual KPIs, there are no plans to implement significant changes to the model over the life of this Plan.

The Trust continues to review the profiling of these resources as the activity profile beds in. 2014/15 will be a year of consolidation for these services as it will be the first full year of operation for the Trusts NHS 111 services and therefore actual activity levels and their impact on other services particularly 999 A&E will be carefully monitored throughout the year.

Out of Hours Services

During 2013/14 the Trust saw a reduction in certain types of activity within its Out of Hours Services linked to the introduction of the NHS 111 service. This impact will continue into 2014/15 as NHS 111 becomes more established across the south west. Moving forward the Trust expects to see growth in other key areas such as home visits, however this will be subject to future tender specifications and the structure of any new service model as determined by NHS Commissioners / Urgent and Emergency Care Review(s).

Patient Transport Services

Following the loss of contracts during 2013/14 the Trust now only operates Patient Transport Service contracts in the Bristol, North Somerset and South Gloucestershire (BNSSG) and the Isles of Scilly (until 30 September 2014). Activity within the BNSSG contract is profiled for the year however in 2013/14 the Trust operated at circa 4% over contract. The Trust is yet to agree the activity profile for 2014/15 with commissioners however there is an expectation that services will be contracted on the same basis as previous years - primarily on a block basis with an element of marginal variance for activity above and below contract.

As a result of patient surveys carried out in 2013/14 the Trust formed an action plan that included actions to improve the information provided to the public on how to contact the PTS service directly and how to provide feedback in relation to patient experience. In addition the Trust is improving the popular existing call-to-confirm service by enhancing this with SMS text messaging features. 2014/15 will see further service improvements with the development of an in-house bariatric capability. This will be achieved through the procurement of specialist bariatric equipment and the adaptation of an existing Trust vehicle from within our fleet. Furthermore specialist training will be provided to staff that will provide the service.

In addition the Trust will focus on improving performance against the locally agreed key performance indicators in relation to the timeliness of the service delivered to patients. This will be underpinned by creating a more flexible and responsive workforce. The Trust will invest in new ways of working to drive efficiencies and better utilisation of available resources. This approach, together with a rigorous focus on value for money, will ensure that we use resources wisely to deliver high quality PTS solutions to patients and commissioners.

Productivity, Efficiency and CIPs

The focus for the Trust's Cost Improvement Programme is to realise further benefits arising from the acquisition of GWAS and to continue to drive down the Trust's cost base year on year. Benefit Driver 2, as set out within the acquisition business case, sets out an ambition to secure value for money as a result of the synergies created in bringing two organisations together, in the Trust being able to secure additional operational and financial efficiencies

as a result of being a larger organisation, strengthening the procurement and contracting function and in being able to identify additional sources of income.

Through a thorough and methodical review of its business the Trust has developed a series of six key scheme headings that incorporate fundamental changes to the operating model, simplified processes and rationalised front line and support functions. In total the Cost Improvement Programme is £8,950k in 2014/15 and £8,941k in 2015/16. The six key schemes are predominantly based upon traditional Cost Improvement Plans focussing on consolidating and integrating services and processes post acquisition. Longer term, the focus will be on identifying transformational change. The six key scheme headings are as follows:

- 1. The Productivity Framework:** This will support the Trust in meeting its contract requirements and mitigating growth in activity by focussing on the following:
 - A&E Modernisation;
 - UCS Modernisation although this will be partially dependent on the re-procured service specification;
- 2. Resource Review:** Reviewing the Trust's operating models to release cash savings;
- 3. Non Pay Review:** 'Bearing down' on non-pay expenditure and releasing procurement savings;
- 4. Support Systems Review:** Reviewing structures alongside systems and processes to ensure they are fit for purpose going forward;
- 5. Workforce Review:** Reviewing the Trust's recruitment and management processes and workforce modelling to identify workforce related savings;
- 6. Integration Savings:** Reviewing the Trust estate, Clinical Hubs and other key areas.

1. The Productivity Framework

The Trust's Productivity Framework is designed to ensure that it delivers services safely, efficiently and effectively whilst providing best value for money for taxpayers. The Trust continually strives to modernise and create productivity savings in order to ensure that the expected increase in activity on an annual basis can be met. The principles of the Productivity Framework apply to all of the Trusts core services and will further enable modernisation and integration across service lines. The Framework is based upon three fundamental and interdependent elements represented as a 'Productivity Triangle':

- Available Operational Hours;
- Deployment of Operational Hours;
- Call Cycle Management.

Available Operational Hours

Operational hours are determined by matching resources to demand and budget setting. It is crucial to manage the operational hours funded by the Trust in order to optimise service delivery.

In order to achieve this there will be a planned process of understanding and closely managing any variance between funded operational hours, planned operational hours and actual operational hours delivered. This will be managed daily to support delivery of the in-year plans of the Trust and on a medium to long term basis to support strategic and operational planning. Shortfalls of paid hours against productive hours will be identified through the provision of business information in order to identify and manage the causal factors. Broadly these causes relate to:

- Pre-shift abstractions such as training, annual leave, sickness absence, maternity/paternity leave and others;
- Within-shift abstractions such as vehicle breakdowns, police interviews, part shift sickness absence.

The Trust's Resources, Abstractions and Flexibility Working Group (RAF) will support the delivery of this work by identifying trends over the longer term. The Group will develop an understanding of the causes of abstractions and identify innovative ways in which to reduce these through the implementation of service line projects. This will include the identification of potential cost improvements and productivity gains with the work of the Group informing the annual review and setting of the relief baseline to cover unavoidable abstractions.

Deployment of Operational Hours

This is the process of matching existing resources to changing demand. Work under this scheme heading will focus on two key areas under the leadership of the RAF Group in conjunction with Service Line Management Teams:

- Modelling the deployment of the workforce to meet changing demand patterns: This will be achieved through annual reviews and the re-modelling of shift patterns to inform rota modelling and shift duration;
- Dynamic deployment of resources: This will be achieved through status planning and the provision of estate, both stations and facilitated dispatch points, in order to ensure that front line resources are available at key tactical locations to deliver services quickly and efficiently.

Call Cycle Management

Each element of a service line's call cycle, from the time a call is received in the Clinical Hub to the time the patient's treatment is completed, needs to be effectively managed to maximise the availability of resources. This will be delivered through a number of initiatives including:

- Working closely with the IM&T Directorate and each service line, the Trust will aim to capitalise on technological developments to enhance systems that assist in call taking, telephone triage and the allocation and dispatch of resources;
- Working to reduce call cycle delays and increasing productivity through changes to systems and processes. This includes reducing the dual responding of vehicles to create additional capacity and reducing on scene times for seriously ill and injured patients by improving early access to definitive care. This will be facilitated by on scene support through the Health Care Professional Support and Referral Desks in the Clinical Hubs (part of the Right Care² initiative).

2. Resource Review

As part of the Cost Improvement Plan the Trust reviews its operational model to ensure effective allocation of resources. Alongside the work undertaken as part of the productivity framework this will generate cash releasing savings that are recognised under the Resource Review scheme heading. In addition this will include any of the cash releasing benefits that arise from the alignment of the Trust's service and operating models as part of its programme of integration activities.

3. Non Pay Review

As part of the acquisition, and alongside the increased focus of national policy on procurement, the Trust has invested in its procurement function and processes. This investment supports the Trust in achieving value for money and driving down costs as part of its Cost Improvement Programme. With an overall focus on bearing down on non-pay expenditure and releasing procurement savings key plans include:

- Increasing the ability and frequency of the Trust to obtain discounts as a result of its enlarged procurement activity;
- Carrying out on-going procurement reviews to ensure that the Trust secures the best contract;
- Using the Crown Commercial Service and procurement hubs to obtain optimum prices.

4. Support Systems Review

To support delivery of the Trust's frontline services the Trust is reviewing its support systems and functions to ensure that they are fit for purpose post acquisition. Key to this is the alignment and use of electronic systems across the Trust to generate further efficiencies. Key plans under this scheme heading include:

- The contribution from new contracts secured through competitive tendering processes e.g. NHS 111;
- Identifying any duplication of roles and responsibilities, particularly with regards to specialist posts as part of on-going integration activities;
- Reviewing Directorate structures and skill mixes as a result of combining functions, service lines and functions within the Trust's Headquarters.

5. Workforce Review

The Trust is currently reviewing its workforce model taking into account both national drivers for change, such as the unsocial review for ambulance services, alongside the refreshment of the Trust Workforce and Organisation Development Strategy. The current baseline for the workforce model has been identified with work now underway to develop the following for each operational role:

- Title and qualifications and skills currently required;
- Development that will be necessary over the life of the Trust's five year Strategy to support delivery of the key initiatives and service developments.

This scheme includes any subsequent cash releasing benefits arising from the workforce review. In addition, the Trust will publish clear career pathways for each operational role which will inform staff of the skills and qualifications which will be required for progression into more senior roles. This will provide an incentive for staff to undertake personal development.

6. Integration Savings

A key element of the integration benefits identified as part of the business case for the acquisition was the savings and efficiencies arising from a review and rationalisation of the Trust's Clinical Hubs.

The process of rationalisation has required a large procurement process for the Computer Aided Dispatch System (CAD) which should be completed by Quarter 1 of 2014/15. Dependent upon the successful supplier the Trust is

intending to implement the new system from Quarter 3 2014/15 onwards. Following this there will be a further programme of work to align both the telephony and triage systems within each of the Trust's Clinical Hubs.

The Trust will undertake a review of its operational model alongside the proposed investment in performance and delivery of the Right Care² initiative to realise the proposed integration benefits from 2015/16.

Financial Plan

Income and the Extent of its Alignment with NHS Commissioners Intentions/Plans

999 A&E Services

The Trust secured Heads of Terms agreement for 2014/15 and 2015/16, ahead of contract signature, that aligned to the intentions and financial planning of the 12 CCGs that commission 999 A&E services across the south west. The Heads of Terms framework has been negotiated by the Trust within an agreed set of commissioner convergence principles ensuring that they represent a 'package of investment' for 2014/15 and 2015/16. The Heads of Terms include consistent application of financial planning assumptions across all 12 CCGs including assumptions relating to growth in 2014/15 and 2015/16, penalty application and the basis of a 'productivity offering' for the local health system entitled Right Care².

Commissioners have negotiated Heads of Terms on the basis of overall affordability and mitigating in-year financial risk. The contract agreed is therefore based on a block level of activity. The Trust has been contracted to deliver national performance targets Trust wide although as stated elsewhere in the plan there is a residual risk to delivery of the A8 Red 1 target.

Out of Hours Services

The Trust has agreed local contractual terms for the existing Somerset and Gloucestershire Out of Hours contracts. Both contracts are being re-procured during 2014/15 and therefore local agreement has been on the basis of rolling forward contractual terms. The Dorset Out of Hours contract has recently been extended for a further three years through to 31 March 2017.

NHS 111 Services

The Trust's NHS 111 contracts for Cornwall and the Isles of Scilly, Devon and Dorset were awarded on a five year term. The financial plan and associated activity for these commissioned services is therefore in line with the requirements as set out within each individual contract.

The Somerset NHS 111 contract was awarded to the Trust during 2013/14 on an interim 18 month basis and is subject to tender during 2014/15. The Trust will therefore deliver its NHS 111 services to Somerset in line with the existing contract for the remaining period of the contract to 30 April 2015.

Patient Transport Services

The Trust has a Patient Transport Service contract with BNSSG. The Trust has received verbal confirmation that the contract will be extended to 30 September 2015 and this was formally minuted in the March 2014 BNSSG PTS Contract meeting with Commissioners. The Trust is currently negotiating the contractual terms for 2014/15 with the Commissioning Support Unit who act on behalf of the three CCGs with the expectation that activity over performance during 2013/14 will be consolidated into 2014/15.

In addition the Trust currently delivers Patient Transport Services for the Isles of Scilly. This agreement is due to cease on 30 September 2014.

Costs

The key cost pressures over the life of this Plan include:

- **Non pay inflation;**
- **National pay award:** In line with the Government's recent statement, in 2014/15, all Agenda for Change staff that are not eligible to receive incremental pay, will be given a 1% non-consolidated payment in April 2014. Other staff will receive an increase of at least 1% through incremental progression. For 2015/16 staff who are not eligible to receive incremental pay will receive a non-consolidated payment of 2% of pay (equivalent to an additional 1% non-consolidated in each of the two years concerned), while other staff receive incremental progression;
- **Pay inflation - Incremental drift:** Incremental drift applies to all staff other than GPs in the Out of Hours Services and the Trust's Directors under Agenda for Change terms and conditions. The Trust has undertaken a costing exercise to recognise the gross cost of incremental drift;
- **Other cost pressures** including depreciation, costs associated with the clinical negligence scheme (CNST) and the lost contribution to overheads from contracts awarded to other providers e.g. Patient Transport Services and estates requirements;
- **Investment to offset productivity** and fund the planned service developments (recurrently and non-recurrently).

Capital Plans

In addition to the Trust's capital investment plans required to maintain the Trust's estate and fleet in line with the planned vehicle replacement programme, a number of other schemes have been identified as follows:

- Estate plans including the development of new property associated with the wholesale estates review. This includes the re-provision of the central Bristol estate, the expansion of the North Division Clinical Hub, the review of estate provision within the Bournemouth area due to the expiry of the current estates lease and completion of the new Hazardous Area Response Team site in Exeter;
- Investment in vital signs equipment as part of the Trust's replacement strategy in line with the implementation of the Electronic Patient Record Form;
- Investment in IT aligned to the introduction of the single CAD, triage and telephony systems and continued integration of the Trust's IT systems following acquisition; and
- Investment to deliver the medicines management and paramedic notebook initiatives as part of the Safer Hospitals Safer Wards programme.

These plans continue to be primarily funded through depreciation, receipts in terms of Safer Hospital Safer Wards funding and the sale of the existing ambulance site in central Bristol.

Liquidity

The Trust aims to improve its liquidity through the generation of cash through the surplus. The Trust must manage the timings of its capital program due to the purchase of vehicles in batches to ensure that the Trust liquidity position is maintained. Where a financial risk materialises the Trust has in place a developed Cash Escalatory Action Plan (CEAP) that will be implemented in the event of a downside occurring. This includes actions to maintain financial stability through preserving the Statement of Comprehensive Income position and cash balance. The implementation of the CEAP will vary depending on the severity of the scenario.

Risk Ratings

The financial plan delivers a Continuity of Services Risk Rating of 4 on quarterly basis across the two year life of the Plan. The key risk to this plan will be the timing of capital as the Trust looks to procure vehicles in Quarter 2 of 2015/16.

Appendices: commercial or other confidential matters

A&E 999 Contract Income and Activity

From 1 April 2014 the Trust will have one A&E contract covering the enlarged catchment area comprising 12 Clinical Commissioning Groups. Work has been completed post acquisition to align the contractual terms from the existing two contracts including agreeing a set of 'commissioner convergence principles'. A significant change to previous years is that the contractual framework agreed for 2014/15 will form the basis of contractual negotiations in 2015/16.

In previous years activity growth has been the primary driver for any increase in the value of the A&E contract. The Trust continues to use an historic rolling average as the basis for forecasting future activity growth linked to a number of factors including population increases and demographics. In addition to activity growth, the Trust has established a 'value added' element to the contract which from 2014/15 is a productivity offering entitled 'Right Care²'.

The A&E contract comprises the following key elements:

Headline	Detail
Tariff	1.8% negative tariff applied
Outturn activity	2013/14 outturn activity based on a forecast of overall in-year growth across the Trust of 1.11% (as at December 2013) and purchased at a marginal rate of 85%
Marginal Rate 2014/15	Marginal rate of 50% to be applied for contracted activity growth
Forecast Activity growth assumptions for 2014/15	Activity growth is based on a three year rolling average of 5.39%
Additional Value Added Investment	Additional recurrent added value investment of 1.15% applied to contract in line with the Right Care ² productivity offering
CQUIN	CQUIN of 1.5% applied non recurrently for 2014/15
HART Inflation	Funded at 2.2%
Penalty	Quality Premium penalty of £500k non recurrent funding
Currency	The contract currency for 2014/15 has changed and will operate on the basis of Incidents

Impact of Tenders

The Trust is currently undertaking, or about to commence, the tender process for a number of major contracts that will impact on income in 2014/15 and beyond including those for which the Trust is the incumbent provider. These are:

- Somerset Out of Hours;
- Somerset NHS 111;
- Gloucestershire Out of Hours;
- Patient Transport Services North Division (BNSSG) contract.

In order to populate the Financial Plan the Trust has assumed that it will retain these services. In addition the Trust has not included income and expenditure for service contracts that are yet to be awarded where the Trust is not the incumbent provider. On this basis the four contracts referenced above have been reflected within the Financial Plan.

It should be noted that at the time of preparing this Plan the Trust is in negotiation for a number of other contracts which are at different stages of completeness.

Out of Hours Services – Existing Contracts in Dorset, Somerset and Gloucestershire

The Trust has agreed a financial value with its NHS Commissioners for these contracts and this is the basis upon which the Trust budgets for 2014/15 have been based. The Dorset contract is based upon the following elements:

- The retention of the 1.8% negative tariff (circa £130k);
- An uplift of £250k towards the planned increase in the General Practitioner pay rates;
- An additional £250k contribution for the NHS 111 service;
- The Single Point of Access is funded at its base level of £400k.

The Somerset contract is based upon the following elements:

- The contract value has been uplifted by £260k to partially fund the General Practitioner pay award with the Trust matching this through workforce skill mix changes;
- The 1.8% negative tariff has been applied.

The Trust is assuming the application of the negative tariff position for the Gloucestershire contract within the financial plan.

Patient Transport Service – North Division (BNSSG)

The BNSSG contract is forecast to over perform in 2013/14 by £140k. Contract negotiations for 2014/15 have not yet concluded and therefore this sum has not been reflected in the financial plan. The 2013/14 contract value has therefore been included for 2014/15.

NHS 111 Contracts – Dorset, Devon and Cornwall

The income included within the financial plan for the three awarded NHS 111 contracts is based on the values including activity uplifts for each of the contracts. This figure does not include any application of negative tariff and assumes that the Trust achieves all the contractual KPIs and does not therefore incur a penalty payment as a result.

As stated previously the Somerset NHS 111 contract is due to expire on 30 April 2015 and is currently being retendered by the CCG. The planning assumption is that the Trust retains this service and associated income.

Kernow CCG has written to the Trust stating its intention to apply both the national tariff of 1.8% and a local deflator of 3.75% to the NHS 111 existing contract. The Trust is in the process of taking legal advice and has therefore not reflected this position within the financial model.

New Contract - Tiverton Minor Injury Unit

The Trust was notified on 28 March 2014 that it has been successful in its tender to run an enhanced Minor Injury Unit for Tiverton and District Hospital. At the point of submission for this Plan a voluntary 'standstill' period is in force with a proposed end date of 10 April 2014. The Trust has not included any income associated with this contract in its financial model and this may therefore present as a variance to Plan during 2014/15. The Trust is expecting to sign contracts on 11 April 2014, with a target service commencement date of 8 July 2014, an expected total contract value of circa £1.4million and a contract expiry date of 31 March 2016.

Master Added Value Investment Strategy (MAVIS)

A Master Added Value Investment Strategy (MAVIS) has been created for the A&E service line for 2014/15 and 2015/16 that is sourced through the A&E 999 contract. The primary MAVIS schemes are outlined below:

MAVIS Schemes	2014/15 £'000	2015/16 £'000
1. Productivity Framework as part of A&E modernisation	328	0
2. Consolidation of resources from Quarter 4 2013/14 and additional resources to address a change in activity profiles	2,400	1,500
3. Community Engagement	290	0
4. Investment in the Trust's Clinical Hubs	1,000	1,751
5. Investment in Right Care ² Project Team	100	0
6. Investment in training for frontline crews	2,200	0

Capital Expenditure

The key capital expenditure themes for the life of the Plan are outlined below. The main funding source for the Trust Capital Programme continues to be depreciation. The Trust has in place an approved five year Integrated Estates and Facilities Strategy that sets out the detail for each of the estates themes. This contains key actions, a risk assessment and funding source. The tables below present a high level summary of the overarching themes.

Capital Expenditure Values

Area	2014/15 £'000	2015/16 £'000
Fleet	5,913	7,762
Medical	864	986
Information Management & Technology	2,652	1,110
Safer Hospitals Safer Wards	780	0
Estates	826	500
Estates – Acuma House	1,000	1,000
Estates - Bristol	3,000	0
Estates - Bournemouth	250	750
Estates - HART	1,316	0
Total Capital	16,601	12,108

Source of Funds

	2014/15 £'000	2015/16 £'000
Depreciation	11,130	11,777
Safer Hospitals Safer Wards	720	0
Estates - HART carried forward	1,316	0
Sale of Land	2,000	0
Surplus cash carried forward	1,435	331
Total Source of Funds	16,601	12,108

Financial Risks / Downside Sensitivities

As highlighted in earlier sections there remain a number of financial risks associated with the delivery of the Trust's Plans. These include the following:

- Sustainability of Red 1 performance from 1 April 2014;
- Agreement of the 2015/16 position;
- Potential for activity growth to exceed contracted levels (in all service lines);
- Loss of existing contracts due to significant re-tendering activity in 2014/15;
- Impact of movement in balance sheet provisions during 2014/15 (potential upside);
- Non delivery of Cost Improvement Plan;
- Loss of financial control in respect to major change programmes;
- The impact of increasing financial tension in the health system.

The impact and associated mitigations for these downsides is reflected in the tables below:

Downside	Net Position	
	2014/15 £'000	2015/16 £'000
Activity 2% above plan at 50% marginal rate	1,770	0
Non delivery of CIP	0,500	1,000
Flat cash for A&E Contract	0	3,944
Loss of Out of Hours / NHS 111 contracts	0	0,641
Total	2,270	5,585

Mitigation	Net Position	
	2014/15 £'000	2015/16 £'000
Committed reserves	1,500	0
Reduction in investment schedule	0,500	3,944
Reduction in discretionary expenditure	0	1,048
Reduction in surplus	0,270	0,593
Total	2,270	5,585

In order to manage any potential financial risks the Trust has established a Mitigation Escalation Action Plan (MEAP). This sets out an overarching framework that covers all aspects of financial risk identified by the Trust and provides a flexible approach to consider both recurrent and non-recurrent mitigations. The trigger for implementation of the MEAP is the forecast of a financial risk of greater than £500k. This risk may be caused by a number of triggers including the forecast of a significant non achievement of in-year Cost Improvement Plan targets.

The full MEAP process includes two key actions; proactive and reactive MEAP. The reactive MEAP includes a number of schemes for potential implementation and would be applied when a risk crystallises to ensure the financial position of the Trust is not compromised. The Finance and Investment Committee has delegated responsibility for approving reactive MEAP schemes. The reactive MEAP is ratified by the Board at its next meeting following the Finance and Investment Committee. Reactive MEAP schemes are subject to the principles of the Cost Improvement Strategy Governance Framework and once agreed form part of the overall Cost Improvement Strategy or Plan for that year.

Key Workforce Themes

As part of its Workforce Strategy the Trust has identified a number of plans to develop the workforce in support of the workforce plan and wider Trust Strategy. A high level summary for key roles is set out below:

Specialist Paramedics and Nurses (Emergency Care Practitioners - ECPs)

The Trust is currently considering its strategy for deployment and development of this group of staff. Future plans

being developed will include embedding this role into the urgent care setting and targeting deployment within A&E to specific work such as frequent callers, residential and nursing homes and low acuity patients with long term conditions and end of life care. The targeted deployment within A&E could be further supported by a dedicated dispatch desk within the clinical hub, sensitive to local commissioner's requirements and based on local demography and health community pressures. It is envisaged that although this action may lead to a slight reduction in the overall numbers of ECP roles redeployed within the front line resource they will better targeted and fully supported.

As well as recruiting externally it is envisaged that partnerships with local universities will continue to provide bespoke programmes at degree and post-graduate levels. In addition the Trust is working with regional partners in both the acute and primary care sectors as well as the Deaneries, in order to provide high quality practice placement opportunities for this group of specialist health care professionals. The Trust's continued expansion as a provider of NHS 111, urgent and unscheduled care services has placed a new emphasis on the development of specialist clinical staff using a multi-professional approach.

The Trust also employs specialist critical care paramedics on its six air support (helicopter) units. Several pathways to Critical care Paramedic (CCP) status are currently utilised. During 2014/15 the Trust will work with the air ambulance charities to standardise the educational framework within which they operate.

Paramedics

The majority of paramedics now enter the Trust from the regional partner university programmes with a B.Sc. (Hons) degree. There is currently a great demand for paramedics nationally, and several ambulance trusts offer a variety of incentives to attract new graduates. The Trust is fortunate to be well provided for by its regional universities and to have a strong relationship with them. Early engagement with qualifying graduates is key to securing local graduate outturn into roles in the Autumn of each year. Visits to the three universities and early recruitment campaigns will commence in February each year to enable graduates to have confirmed and secured offers of employment early, and to enable them to work for the Trust as Emergency Care Assistants throughout the summer months prior to their registration being confirmed.

Existing Trust paramedics without academic attainment at level 5 or 6 are increasingly interested in self-development pathways and the Trust will continue to encourage this form of CPPD. The development of existing staff was highlighted as recommendations in the Berwick (2013) and PEEP (2013) reports and the Trust will focus on clinical educational development, by promoting four key Staff Development Pathways:

- Clinical: Specifically critical and urgent/unscheduled care;
- Teaching, mentorship and coaching;
- Management and Leadership, including clinical leadership and supervision;
- Research, including evidence-based practice and research participation;
- A fundamental principle of the Trust's approach is that the Clinical, Research and Education departments should work very closely to maximise overall effectiveness.

Ambulance Technicians

In common with most other UK ambulance trusts, the Trust has taken a decision to no longer recruit to the role of Technician, although there remains a number of staff employed as Advanced Technicians with some additional clinical skills beyond the former ambulance technician role. The role is being phased out through natural turnover with each replacement occurring at ECA level. However a trial is being considered to enable some technicians, on a voluntary basis and where skills and ability is demonstrated, to act as the lead clinician. The training plan includes development of these staff to enable them to provide autonomous patient care within a specified deployment plan. Whilst recognising this will not be attractive to all Technicians, for those who are attracted to this it may further prepare them for proceeding to convert to Paramedic in the future and provide further career opportunities for interested individuals.

Clinical Hubs

The Trust's workforce plan accommodates changes to the operational structure of the three Clinical Hubs. The movement to a single CAD and telephone triage system will result in changes to the skill mix with an expected increase in call handling staff and a decrease in clinicians.

The Trust is keen to increase the retention of control staff in all the Clinical Hubs in order to establish a well-defined career development framework. This will include accredited training opportunities as well as the application of organisational development plans conducive to engaging staff and maximising their potential.

Costs

The key cost pressures to the Trust over the life of the Plan are quantified overleaf:

Area	Description	2014/15 £'000	2015/16 £'000
Non Pay Inflation	Non pay inflation	1,692	1,224
Pay Award	For planning purposes the Trust assumed a 1% pay award however 2014/15 budgets have been based upon the national pay announcement (13 March 2014). Currently the balance has been held by the Trust as a committed reserve.	1,521	1,550
Pay Inflation - Incremental Drift	All staff other than GPs in the Urgent Care and the Trust Directors on the Agenda for Change terms and conditions. The Trust undertakes a zero based pay budget setting process based on the individuals in post. The Trust has undertaken a costing exercise to recognise the gross cost of incremental drift and the benefit of staff turnover within the Cost Improvement Programme.	2,282	2,222
Cost Pressures	The Trust recognises the cost of activity to offset the productivity costs improvement within the financial models	3,935	3,935
Investment	The Trust has identified a source of funding for its Master Added Value Investment Strategy (MAVIS) recurrent and non-recurrent and identified is developments within this funding	6,147	5,426
Total		15,577	14,357

Cost Improvement Plans

Full detail on the Cost Improvement Plan schemes for the period 20104/15 to 2015/16 is included within the main body of the Plan. The table below represents the key themes to be delivered over the two years.

Scheme Heading	Total savings £'000	Phasing £'000		WTE Reduction	Key Measure of Quality
		Yr. 1	Yr. 2		
<p>1. Productivity Framework: This will support the Trust in meeting its contract requirements and mitigating growth in activity by focussing on the following schemes:</p> <p>A&E Modernisation: For 2014/15 A&E Modernisation includes £3.6million of productivity improvements. These elements will be monitored as part of the productivity framework.</p> <p>UCS Modernisation: UCS zero bases its budgets each year and as part of that review it has identified savings of £669k in terms of both productivity and cash releasing savings. These savings are aligned to the service line strategy.</p>	8,538	4,269	4,269	226	Delivery of operational targets
<p>2. Resource Review: Reviewing the Trust's operating models to release cash savings.</p> <p>Somerset and Cornwall Virtual Station: As part of MAVIS for 2013/14 the Trust identified funding for a virtual station within Somerset and Cornwall. These schemes will not be implemented and the funding will be utilised as a Cost Improvement Scheme. This represents savings of £760k in 2014/15.</p> <p>A&E Resource Review: As part of the on-going review of operational resources aligned to the development of the A&E Service Strategy, the Delivery Directorate has identified savings of £500k arising from a number of schemes including a review of relief and overtime.</p>	2,060	1,260	800	Changes to skill mix not WTE	Delivery of operational targets
<p>3. Non Pay Review: 'Bearing down' on non-pay expenditure and releasing procurement savings</p> <p>For 2014/15 the non-pay savings of £719k includes the review of ICT contracts following the acquisition, a review of non-pay expenditure and the non-pay inflation to be absorbed by Budget holders</p>	3,105	1,607	1,498	0	Ensuring frontline resource have required resources
<p>4. Support Systems Review: Reviewing structures alongside systems and processes to ensure they are fit for purpose. For 2014/15 this includes £190k for the contribution from NHS 111 contracts</p>	190	190	0	0	Delivery of 111 budget and performance
<p>5. Integration Savings: Reviewing the Trust estate, Clinical Hubs and other key areas</p>	750	0	750	30	Delivery of integrated systems and structure

Scheme Heading	Total savings £'000	Phasing (£'000)		WTE Reduction	Key Measure of Quality
		Yr. 1	Yr. 2		
6. Workforce Review: Reviewing the Trust's recruitment and management processes and workforce modelling to identify workforce related savings For 2014/15 this includes the workforce turnover scheme with associated savings of £1,624k	3,248	1,624	1,624	0	Financial performance of budget holders
		8,950	8,941		

To Note

The Hazardous Area Response Team (HART) is commissioned alongside the A&E contract but the national efficiency of 4% is not applied to this contract. To simplify the modeling of this within the financial model the HART team income has been included within the A&E Cost and Volume section of the income for presentation purposes only.