



West Midlands Ambulance Service



NHS Foundation Trust

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**Summary Strategic Plan  
2014-19**

**West Midlands Ambulance Service NHS Foundation Trust**



## Vision and Strategic Objectives

### Vision

Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies

### Strategic Objectives

Achieve Quality and Excellence

Accurately assess patient need and direct resources appropriately

Establish market Position as an Emergency Healthcare Provider

Work in Partnership

## Local Demographics

WMAS serves a population of circa 5.6<sup>1</sup> million, around 10.5 per cent of the English population, who live in Shropshire, Herefordshire, Worcestershire, Coventry and Warwickshire, Staffordshire and the Birmingham and Black Country conurbation. The West Midlands is the second most ethnically diverse part of the United Kingdom after London and includes the second largest urban area in the country, covering Birmingham, Solihull and the Black Country where 43 per cent of the population live. The geographical and demographic spread of the region served by our organisation means that issues of diversity and inclusion are fundamental, yet also challenging, to the successful achievement of our strategic objectives as well as addressing health inequalities. There are clear health inequalities between areas, with indicators showing lower levels of health tending to be clustered in the metropolitan and urban areas.

The Trust is currently initiating a Health Inequalities Strategy, which will develop the following key actions:

- Work with our partners in Public Health and local Clinical Commissioning Groups (CCG's) to identify the key health inequalities within the region
- Use WMAS patient data to identify key health inequalities which WMAS can have an impact on
- Based on the findings, develop a three year Health Inequality Strategy for the Trust

Over the last five years, the number of people calling 999 for an ambulance in the West Midlands has increased on average, by four to five per cent per annum. Whilst the number of overall incidents is rising, it is people with urgent, as opposed to life threatening conditions that is driving the increase in demand. In response to the financial challenges and the need to better streamline services and reduce emergency and unplanned admissions, our commissioners require WMAS to develop a whole system approach to enable more patients to be treated closer to home, where this is appropriate. Relationships and partnerships play an increasingly important role in the modernisation of local healthcare provision. We will continue to focus upon driving forwards joint partnership agendas, through collaboration and integration to strengthen relationships with patients, staff, commissioners, local authority scrutiny committees, HealthWatch and other statutory, voluntary and emergency organisations.

<sup>1</sup> <http://www.ons.gov.uk>

## Capacity analysis to meet healthcare needs

The Trust's emergency services' operational model is based on three outcomes for patients who call 999:

### Hear and Treat

### See and Treat

### See and Convey

Each of these elements requires adequate capacity both within the Trust and in the local health economy to ensure that patients are treated promptly and in a clinically safe and appropriate manner.

#### Hear and Treat

Patients who are triaged as being suitable for 'Hear and Treat' will be discharged over the telephone by appropriately trained 999 or NHS111 call handlers or clinicians. The availability of suitable alternative pathways is a critical success factor for this route of care. Through the development and continuous maintenance of the 'Directory of Services' and the links with clinicians and providers in each area, WMAS is working hard to identify gaps in service provision. However, it is recognised that services across the region are inconsistent; therefore gaps have emerged either on the basis of clinical criteria or hours of availability. Our demand and resource analysis models are based upon the best use and access into alternative referral pathways, where they are available. The investment in a skilled workforce to manage and discharge patients following telephone triage continues to be a high priority in both the emergency and urgent care environments. The Trust has recently co-located the Clinical Support Desk, which is staffed by paramedics with a team of 111 clinicians, mainly nurses, to form a new Clinical Hub function within the NHS111 call centre. The intention being that a multi-disciplinary team will be able to further extend the support, not only to 'Hear and Treat' patients, but also provide advice and onward referrals to patients that are within the 'See and Treat' category.

#### See and Treat

Those patients, whose triage identifies that an emergency response is required, will be attended to by a rapid response vehicle and / or an ambulance. WMAS has invested heavily in the professional development of its existing workforce and recruitment of new paramedics and, as a result has the highest paramedic skill mix in the country. Many WMAS paramedics now have enhanced skills to the level of advanced paramedic, which enables them to carry out more detailed assessments and provide more highly skilled interventions on scene. Whilst this supports the objective of providing better care, closer to home, it does have a negative effect upon the length of time crews are tasked to individual jobs and therefore has an impact upon the whole operational model. Further specialist skills form part of local collaborative delivery models throughout the Trust. Despite this, many of the patients who are discharged at scene may still need further medical attention at a location other than the emergency department, increasing the importance of robust and consistent alternative pathways throughout the region. Through regional commissioning and national benchmarking, the Trust monitors its re-contact rates from both Hear and Treat and See and Treat patients. This helps to maintain a high level of clinical compliance and patient satisfaction.

#### See and Convey

For many years, patients have suffered from delays in turning ambulances around at hospital, largely due to the capacity of the receiving unit to take clinical responsibility for the patient in a timely manner. Whilst this position has improved considerably during the last year, the continued delays still absorb a considerable proportion of crew availability, thereby diminishing capability to respond to further patients within the community in a timely manner.

## **NHS111**

The call centre that delivers NHS 111 services has the ability to interface with other areas of the Trust to ensure that the best possible care can be offered to the patients we serve. This is a really important step as the linkages to primary care services are opened up through the provision of NHS111. Likewise the expertise can be shared across emergency, urgent and primary care to ensure that the patient journey is as seamless as possible.

The provision of NHS111 allows the Trust to monitor the flow of patients and also view the system on a much wider level. This is important given in most cases a rise in the number of emergency patients is often predicated by a similar rise in activity in primary care. The Trust can now respond more robustly to the pressures that are experienced across the system.

Whilst the largest proportion of NHS111 activity occurs out of hours, the service is available for patient sign posting 24 hours per day. It is also worthy of note that over half of the patients that call 111 are provided with advice on the phone for self-care without any onward referral to other providers. This aligns with the Trust's strategy of providing the right care, in the right place at the right time.

## **Support Services**

For all patients who require a response at the scene, the Trust must ensure that its capacity of support services is sufficient to meet demand. From an estates perspective, having completed the 'Make Ready' programme, we have a portfolio of 16 hubs and more response locations than ever before, (currently approximately 90). These locations have been strategically positioned to suit the volume and location of expected demand and are designed to ensure:

- efficient use of resources; and
- sufficient capacity to meet demand.

WMAS boasts the highest paramedic skill mix in the country, which is helping us towards achievement of our ambition of providing a paramedic on every vehicle. The operational fleet provides sufficient resource for those patients who need to be conveyed to hospital on a day to day basis, based upon current levels of demand, with additional capacity to cover periods of surge in activity.

The whole Trust relies heavily upon its provision of innovative information technology solutions. The IT Department delivers services across the range of Trust functions. Through the implementation of key technologies, the IT department is able to cover the requirements of the Trust either remotely or on site throughout the whole region.

From a human resources perspective, one of the key challenges is to manage staff sickness to ensure that we maintain appropriate capacity to respond to demand. WMAS is focussed on supporting its employees throughout periods of sickness and helping them return to work in a timely manner.

## **Impact from Developments in the Wider Health Economy**

Following the Keogh Emergency and Urgent Care Review in 2013, the landscape of healthcare provision is changing. Proposals were established to transform the delivery of emergency and urgent care. Emergency departments are expected to become either 'Specialist Emergency Departments', focussing upon the more complex clinical conditions or 'General Emergency Departments', which are expected to reduce in numbers, in favour of an increasing volume of urgent care centres.

The key operational challenges that are expected to arise from the changing healthcare provision in the West Midlands region are:

- Distance and criteria for conveying to specialist units will increase the overall activity at their front door
- Capacity at general Emergency Departments, impacting upon patient handover and ambulance turnaround times, exacerbated by a high volume of self-presenters due to capacity or limited opening hours at Urgent Care Centres
- Clinical exclusion criteria and inconsistent opening hours of Urgent Care Centres resulting in an increase in queues at Emergency Departments or an increase in calls to 111.

A priority within the West Midlands is the emergence of acute service reconfigurations. The providers are suffering from the national shortage of appropriately skilled clinicians to meet the demand of the local population. This coupled with the national changes and drive for continued efficiency is leading to local restructures. The impact of each one varies however, hospital reconfigurations require additional ambulance resource, which negatively impacts upon operational availability within the area. This sometimes creates significantly longer journey times, drawing ambulances away from some of the most rural areas. The Trust reviews its position regularly in order to maintain a clinically safe service for all patients.

In summary, WMAS is seen as a partner in the health community. The challenge now and in the future will be:

- to respond to the needs of health economies at times of crisis as patient numbers create pressure, and assist in easing that pressure through diverts and the various demand smoothing that can be undertaken.
- to continue to absorb activity rises without the correct recognition of what funding is actually required to ensure that a safe and durable service is provided at all times
- to continue to meet contractual performance targets
- to remain a key presence within the regional Non-Emergency Patient Transport Services (NEPTS) market and therefore maintain income for the Trust and a dedicated provision that ensures high levels of service and the associated complimentary impact for other areas of the health economy
- Year on year reduction in NHS funding vs the increase in activity demand and increasing complexity around mobility

Due to our close working relationships with clinical commissioning groups, general practitioners and acute hospitals, we can be confident in the alignment of our own understanding of the wider health economy, with that of our partners. WMAS is fully integrated with all key plans and initiatives. Each area is working to a plan, which is tailored to meet local requirements, aligned to the national agenda. The common purpose is to take a system wide approach in identifying future needs in line with Sir Bruce Keogh's report, "Transforming Urgent and Emergency Care Services in England" which is available from NHS England's website: [www.nhs.uk/NHSEngland](http://www.nhs.uk/NHSEngland)

## Financial Projections

The table below summarizes the Trust's income and expenditure plans for the next five years.

| Summary I&E, 2014/15 – 2018/19    |              |              |              |              |              |
|-----------------------------------|--------------|--------------|--------------|--------------|--------------|
|                                   | 2014/15      | 2015/16      | 2016/17      | 2017/18      | 2018/19      |
|                                   | £m           | £m           | £m           | £m           | £m           |
| Income                            | (217.0)      | (220.4)      | (226.8)      | (231.4)      | (236.0)      |
| Pay expenses                      | 157.0        | 160.4        | 166.2        | 170.3        | 174.6        |
| Non-pay expenses                  | 53.1         | 52.3         | 52.9         | 53.5         | 54.2         |
| <b>Total expenditure</b>          | <b>210.1</b> | <b>212.7</b> | <b>219.1</b> | <b>223.8</b> | <b>228.7</b> |
| <b>EBITDA</b>                     | <b>(6.9)</b> | <b>(7.8)</b> | <b>(7.8)</b> | <b>(7.7)</b> | <b>(7.3)</b> |
| 'Financials' – costs              | 6.8          | 7.0          | 7.7          | 7.7          | 7.4          |
| 'Financials' – received           | (5.5)        | (0.1)        | (0.1)        | (0.1)        | (0.1)        |
| <b>Retained surplus/(deficit)</b> | <b>(5.7)</b> | <b>(0.8)</b> | <b>(0.1)</b> | <b>0.0</b>   | <b>0.0</b>   |

\* EBITDA (Earnings Before Interest, Taxes, Depreciation and Amortization)

In line with the national requirements for savings to be made throughout the NHS, our Strategic Plan incorporates the following cash releasing savings:

| Cash releasing CIP requirements, 2014/15 – 2018/19 |         |         |         |         |         |
|--|---------|---------|---------|---------|---------|
|  | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 |
|  | £m      | £m      | £m      | £m      | £m      |
| CIP requirement                                    | 7.0     | 4.7     | 6.5     | 6.9     | 6.8     |
| As % of cost base                                  | 3.3     | 2.2     | 3.0     | 3.1     | 3.0     |

## Strategic Options

Having assessed the influencing factors upon the local health economy, WMAS recognises the need to collaborate and transform in order to remain fully aligned with local and national priorities. Having assessed the range of strategic options available, the Trust has established a set of prioritised work streams that form the basis of its Strategic Plan under the following key aims:

### **1. Increase diagnostic and treatment services in partnership with other providers**

In collaboration with its local health partners, WMAS has worked to create and maintain a comprehensive Directory of Services. The content of the directory is modelled on the basis of demand patterns, and is used to identify gaps in service provision, i.e. where a particular service was unavailable at a certain time of day in the relevant location and an ambulance was unnecessarily sent. To further progress this work, WMAS has considered taking a lead role in the development of services to ensure more consistent provision throughout the region. From this, we will work with all key partners to identify and deliver the correct solution, which may include services which are different to those run by WMAS in the past, and we would not rule out any opportunities to develop specific services ourselves. Whilst recognising the financial and operational demands placed upon the whole health economy, WMAS appreciates that the traditional models of care are evolving.

### **2. Increase our chances of retaining and further developing the scope of NHS111 contract**

The retention of the NHS111 contract will be impacted by the onward and future development plans for the service. The introduction of a robust training package to ensure the quality of assessment and onward referral received by the patient will, over a period of time impact on all areas of the service, resulting in fewer ambulance dispatches and referrals to emergency departments. Evidence shows that too many patients receive ambulance responses or self-present at hospital unnecessarily. Working towards improving these key areas of referral will ultimately result in improved referrals to out of hours (OOH) services and the provision of self-care and home management advice through the workforce in NHS111.

### **3. Increase non-emergency patient transport services and logistics market share and other commercial opportunities**

The provision of non-emergency patient transport services has evolved significantly over the last five years. Contracts are often based upon provision of services 24 hours per day, 7 days per week, and involve a range of service types including high dependency. WMAS' Commercial Services vision is to identify, expand and meet the needs of commercial markets through the cost effective provision of services that complement our core business activities. Through this we aim to be the provider of choice and employer of choice in the chosen markets.

### **4. Increase Geographical Area**

Due to the increasingly competitive nature of the markets in which the Trust operates, it must be acknowledged that the potential for ambulance Trusts to consider operating services outside of their own geographical area is becoming more realistic. In this regard, the Trust has assessed its options and the likeliness of taking up this option for each of its key services, along with an estimation of the impact upon the Trust as a whole. Whilst we have no plans to expand our emergency services outside of the West Midlands, it would be a logical progression for some of our commercial services.

|  | Impact on Trust   | Impact on the local health economy   | Support Required  |
|--|---|--|---|
| Increase diagnostic and treatment services           | Maximum use of crew skills  | Supportive of cross organisational change to urgent care systems and flow  | Partnership approach to development of healthcare reforms   |
|  | Reduced time at hospital  | Continued reduction in: <ul style="list-style-type: none"> <li>conveyance to emergency departments</li> <li>reduction in hospital turnaround delays</li> <li>waiting times for admission to hospital</li> </ul>  | Full engagement with plans for service development  |
|  | Increase in clinical training   | Increased public confidence and positive news stories  | Support from all healthcare partners in respect of the safe transfer of patient data between healthcare professionals   |
| Retaining and Further Developing the Scope of NHS111 | Retaining control of full patient journey   | Increased public confidence through positive news stories  | Support to develop new services to meet demand requirements   |
|  | Additional income for re-investment and Increase in expenditure required within clinical training department  | Inter-operability with 999 call centres, creating: <ul style="list-style-type: none"> <li>dynamic skill set to respond to the clinical needs of the patients</li> <li>minimum ambulance referrals</li> <li>resilient disaster recovery arrangements</li> </ul> | Full engagement with plans for service development: <ul style="list-style-type: none"> <li>Access to specialist services 24 hours per day</li> <li>Promotion of telemedicine with primary care providers</li> </ul> |
|  | Growth in NHS111 will lead proportionally to a growth in 999 demand. This will lead to increased pressure on back office functions in the initial growth period such as recruitment | Mutual assistance and benchmarking through national ambulance groups   | Access to patient records to support WMAS clinicians' decision making processes   |

|  | Impact on Trust  | Impact on the local health economy   | Support Required  |
|--|--|--|---|
| <b>Increase Non-Emergency Patient Transport Services and logistics</b> | Improved business models and portfolios                      | Potential for reduced 999 calls due to increased awareness of: <ul style="list-style-type: none"> <li>• ‘Choose Well’</li> <li>• Availability of alternative pathways</li> </ul> | Access to public health material  |
|  | Increased efficiencies                                       | Potential for reduction of conveyance to hospital, reducing pressure within the local health economy   |   |
|  | Increase in investment in training                           |  |   |
| <b>Increase Geographical Area</b>                                      | Potential for increased efficiencies                         | Potential for public concern over quality of services  | Collaborative approach from all organisations across health and social care |
|  | Sharing of best practice                                     | Potential for public satisfaction due to service improvements  |   |
|  | Collaboration to ensure alignment of policies and procedures | Establishment of new relationships   |   |