

South East Coast Ambulance Service



NHS Foundation Trust

**Strategic Plan Summary for 2014-19**

**Final Draft**





## 1.1 Declaration of sustainability

<b><i>The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years time.</i></b>	<b>Confirmed</b>
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**Financial Sustainability:** The Trust has robust plans and finances in place to support all the proposed investments and has been financially prudent as a Foundation Trust to enable us to continue to meet the needs and demands of our local health communities. In terms of capital investment, we have extensive estate and fleet improvement programmes in place, which will be delivered over the next five years. These investments are supported in our five year finance plan and will be primarily financed through efficiencies and internal savings. Commercially, the PTS and NHS 111 contracts, which we currently hold, are due to end during the five year period of this plan. Through the re-tendering process, our first commitment is to sustainability - we need to have commercially viable contracts for PTS and NHS 111 that reduce losses, before negotiating new arrangements that bring the areas into surplus.

Balancing resources with demand the Trust expects to return a profit in each year. This will be done through improved efficiencies, clinical innovation, technological developments and productivity; all of our plans will continue to be monitored through our finance governance structure on a monthly basis. The Board is able to declare financial sustainability on the basis of the plans developed.

**Operational Sustainability:** The Board recognises that each of our three operational services - 999 ambulance service, NHS 111 and PTS – are likely to face challenges regarding recruitment and retention over the next five years. In order to address these challenges, our plans focus on creating a culture which will motivate staff to stay within SECamb, remaining an attractive employer to new recruits, winning contracts that are due to be re-tendered and managing the various operational change programmes successfully. Additionally we have the options of extra resilience with our services through partnership arrangements and private ambulance use.

The Board is assured that the operational sustainability implications of all services have been fully considered in our plans and risks to operational sustainability in the event of loss of contract will be mitigated through close management of exit strategies.

**Clinical Sustainability:** Clinical assurance is monitored and managed by the oversight and scrutiny of the Risk Management and Clinical Governance Committee (RMCGC) as a formal sub group of the Trust Board, and the Compliance Working Group (CWG) as a sub group of the RMCGC. It is through these processes, and our open culture where self-reporting of near-misses or any incident of concern is positively encouraged, that the Board will be able to effectively monitor clinical quality and sustainability throughout the five year period.

The delivery of care by our staff is governed on an on-going basis through the framework of clinical policies and procedures agreed by the RMCGC and monitored through clinical and line-management supervision and the appraisal process. A key element in assuring clinical sustainability is also the content and delivery of annual refresher and other training.

The Board declares that, on the basis of the plans as set out in this document, it is satisfied that to the best of its knowledge and using its own processes, including having had regard to Monitor's Quality Governance Framework that it has and will keep in place, effective arrangements for the clinical management, monitoring and continuous improvement of the quality of healthcare provided to its patients.

## 1.2 Market analysis and context

### **Market Analysis**

#### **Commissioning Environment**

When developing the market analysis, it is important for the Foundation Trust to consider where there are potential options for income generation in the future, which also support the improved and integrated delivery of care, in order that we can increase our financial, and operational resilience as well as support integration plans with commissioners.

CCGs and NHS England have recently developed their two year operating plans and their five year strategies which outline their long term commissioning plans. The key themes within Kent, Surrey and Sussex, which are based upon robust health analysis in each geographic area, are outlined below. These have provided a basis for consideration within our own strategy development:

- Urgent and Emergency Care Service Redesign - to implement key recommendations from the Keogh Review
- Clinical Pathway Redesign - predominantly led by the Area Team Strategic Clinical Networks e.g. Cardiac, Respiratory, Cancer etc.
- Mental Health - Improved access and integration and the improved provision of Urgent Care
- Access to Specialist Services – creating specialist centres of excellence and improving pathways of care
- Wider Primary Care – Increasing the scope and skillset within primary care throughout the healthcare system, in order to safely and appropriately manage more patients out of hospital
- Prevention of Disease – predominantly led by Public Health and delivered locally
- Integrated Care – closer working through improved information sharing, joint working where appropriate and shared estates; the development of single referral teams to improve accessibility for both HCPs and patients and to support the wider primary care agenda
- Increased productivity of Elective Care
- Greater self-help, self-care and self-management – utilising technology to support patient care. This will include the increased use of Telecare, Telehealth, on-line triage software and support tools so that patients can be in control of their own care and access the right services at the right time.

#### **999 Ambulance Service Market**

- Cost constrained
- Fragmented Ambulance Service nationally, with differences between the services on the preferred model of care
- Creation of some Foundation Trust Ambulance Services nationally with increased autonomy but responsive to needs of community
- Traditional professional boundaries, between emergency, urgent and primary care, need to change to deliver different models of care
- Wide range of forthcoming commissioning decisions, including uncertain educational commissioning arrangements
- Less central policy direction
- Strengthening professional identity for paramedics
- Weak evidence base for many current pre-hospital care practices
- Productivity will need to continue to improve to support challenges in health economy

- Intensive strategic use of technology possible

### **NHS 111 Market**

- Range of providers nationally including Ambulance Services, GP OOH; some private, some not for profit and some public bodies
- NHS 111 was launched in April 2013 with considerable issues encountered nationally; consequently some services were halted and then given to local Ambulance Services
- National review of NHS 111 service specification underway currently (Summer 2014); looking to ensure a consistent basic service is available throughout England
- Commissioners see NHS 111 as a central part of urgent care redesign and integration with primary care and further development of service is key to further enhance patient journey
- Most services do not routinely achieve all KPIs
- Responsive to local stakeholders requirements
- National marketing campaign not yet commenced which will likely drive increases in demand

### **PTS Market**

- Range of providers nationally including healthcare providers and traditional transport providers; some NHS organisations and some private providers
- Success in service delivery is largely reliant on close working with key partners
- Development of contracts which are financially sustainable and operationally deliverable
- Other Ambulance Services divided on whether PTS services are core business or not

### **Context**

The majority of income within SECamb comes from 999. The split of income is provided in Figure 2. The approximate split in activity for 2013/14 is c. 850,000 of 999 calls, c 1 million NHS 111 calls and c 500,000 patient transport journeys.

**Figure 2 – SECamb income for 2014/15**

	<b>2014/15 APR</b>
A&E	169.3M
PTS	17.4M
111	5.5M
Other	3.1M
<b>Total</b>	<b>195.3M</b>



## 1.3 Risk to sustainability and strategic options

By the end of year five of this plan the following aspects of this plan are intended to be delivered:

- Completion of the Make Ready Centres
- Completion of a single Headquarters for all support staff
- Reconfiguration of call centres
- Successful retendering of key services such as NHS 111 and PTS
- A new career framework throughout all of our services which increases the scope of practice, allows for continuous improvement and promotes clinical innovation
- Aspects of clinical performance that are comparable to international best practice
- A greater understanding of the impact SECAMB has on health outcomes
- A cohesive workforce that relate to SECAMB as an organisation and feel well informed and valued

The risks to the delivery of all of the above plans are provided within this section. Both internal and external factors contribute to the key risks that threaten the sustainability of SECAMB over the next five years. We have a well-developed Board Assurance Framework in order to mitigate risk and this enables us to proactively manage risk as well as shapes our risk appetite. Within this section we describe the key risks that we consider to be the greatest threat to our sustainability as well as introduce the elements of our long term strategy that will help to mitigate these risks. Not all risks can be fully mitigated and there is an acceptance and understanding that our governance process will enable us to monitor these issues on an ongoing basis.

The key threats that will be described within this section in detail are:

- **Loss of income**
- **Recruitment and Retention**
- **Innovation**
- **Capital Programme**

### **Loss of Income**

Out PTS and NHS 111 income is at risk from 2015/16 due to contracts ending. Our 999 ambulance service contract is already underfunded by c £6 million as has been identified by the independent Lightfoot Review. Collectively this challenge coupled with increases in activity and marginal rate costs for any activity over and above agreed increases will compromise the financial sustainability of SECAMB. In order to mitigate these risks we will with commissioners and other key partners to:

- co-design NHS 111 services in the future in order that we can support their plans and priorities as set out in the market analysis section
- identify new ways of working, more efficient solutions and bid for services that are affordable
- consider the impact of the 999 ambulance service under resourcing and look at alternative ways of working to support the funding gap

Each of these are described and risk assessed in greater detail within the Strategy. Detailed financials related to these aspects are provided within the APR and the five year long term financial model.

### **Recruitment and Retention**

Due to high levels of staff turnover and potential contracts ending it is likely that there will be issues regarding recruitment and retention within NHS 111 and PTS. Whilst there are resilience plans in place this is a threat to the sustainability of these services over the next five years. These risks will be mitigated by ensuring smooth TUPE transitions in the event of loss of contracts and also by robust exit strategies.

For 999 Ambulance Services the recruitment and retention issues are different. There is already a demanding recruitment programme run for our 999 service on an annual basis; this will need to increase to cope with planned increases in activity. Fortunately, SECAMB's reputation and focus on clinical quality supports recruitment initiatives. A key concern however is the retention of skilled staff who are much in

demand outside of the ambulance service. Our skilled university graduate Paramedics and Paramedic Practitioners particularly are highly sought after with other GP OOH providers, NHS 111 services, other ambulance services and now primary care. We need to address this challenge over the next five years and plan to do this by developing a career framework that will offer opportunities for staff that want to continue their development and be a valued member of an organisation. These plans are described within our strategy section.

The biggest challenges in Clinical Operations will be recruitment and retention. We need to be mindful that in field operations there is a transient graduate population with more movement of these graduates. Also, increasingly there is likely to be an increased trend of PPs being recruited into urgent care, Walk In centres and to out of hours service providers. Another critical issue will be rota alignment to the activity variation caused by 111. In addition the skill mix of paramedics is under pressure from the estimated numbers of external paramedics that can be recruited which has also led to discussions on increasing the numbers of internal technician to paramedic conversions and backfilling with ECSW recruits.

### **Innovation**

In a compromised financial climate it is often difficult to allow the time and resource for innovation. Innovation is absolutely critical to the delivery of all of our plans. Our plans recognise the limited investment available and the need to work differently to manage the same levels of activity and more. Performance achievement is often prioritised over and above the desire and need to innovate in the areas of productivity, efficiency, clinical quality and technology and these are central to our strategy moving forwards. Consequently, our strategy focuses in development in each of these areas which will support ongoing sustainability.

### **Capital Programme**

We have a demanding capital programme that includes the procurement of multiple sites, ongoing purchasing of a high quality fleet and innovation in the use of technology to promote communications, clinical innovation and integration. Cash will be restricted over the next five years which does not allow for financial risks to escalate for these programmes. In order to mitigate these risks there will be a high level of scrutiny over options appraisals for each business case developed, close management of financial risk, reviews of early roll outs in order to ensure efficiency, financial risk and benefits are optimal. The capital programme is described within the Strategy and all aspects of this programme will continue to be managed through the Capital programme which is monitored closely by a sub-committee to the Board and by the Board itself.

## 1.4 Strategic plans

### Vision

*Putting patients first, we will match international excellence through our culture of innovation.*

### Mission

To support our Vision we have developed a mission statement to reflect our changing organisation

*Our mission is to be the first contact for patients accessing urgent or emergency care. We will provide patients with confidence that through our services they will either receive or be directed to the most appropriate care. We will provide high quality mobile healthcare and achieve excellent patient satisfaction levels and clinical outcomes within all of our services.*

### Strategy

We have six strategic objectives that support the delivery of our strategy:

1. Improve on the Trust's performance standards and reduce variation.
2. Deliver excellence in leadership and development.
3. Improve access and outcomes to match international best practice.
4. Improve satisfaction and experience for all stakeholders.
5. Be an organisation that people seek to join and are proud to be a part of.
6. Convert all available pounds / resources to maximise patient benefit.

Building upon the game changers identified within our SWOT, we have developed four strategic programmes of work to deliver our vision and mission.

#### Game Changers

1. Maintain expand and integrate our services in urgent unscheduled care PTS and emergency care through the use of prime and alliance contracting opportunities
2. Capitalising on our clinical skill to drive service improvements such as increasing the scope of practice considering alternative methods for reducing conveyance and other aspects of clinical care which will set SECamb apart from other services
3. Enhancing our services through the use of up to date technology with connectivity and integration being the key to strong performance and operational insight
4. Develop a single SECamb culture which will support flexible working cross fertilisation between services responsiveness and staff belonging

**Our four strategic programmes are:**

1. Do what we already do even better
2. Expand and integrate our services
3. Enhance services through technology and innovation

4. Team SECAMB – a culture to be proud of that puts patients first

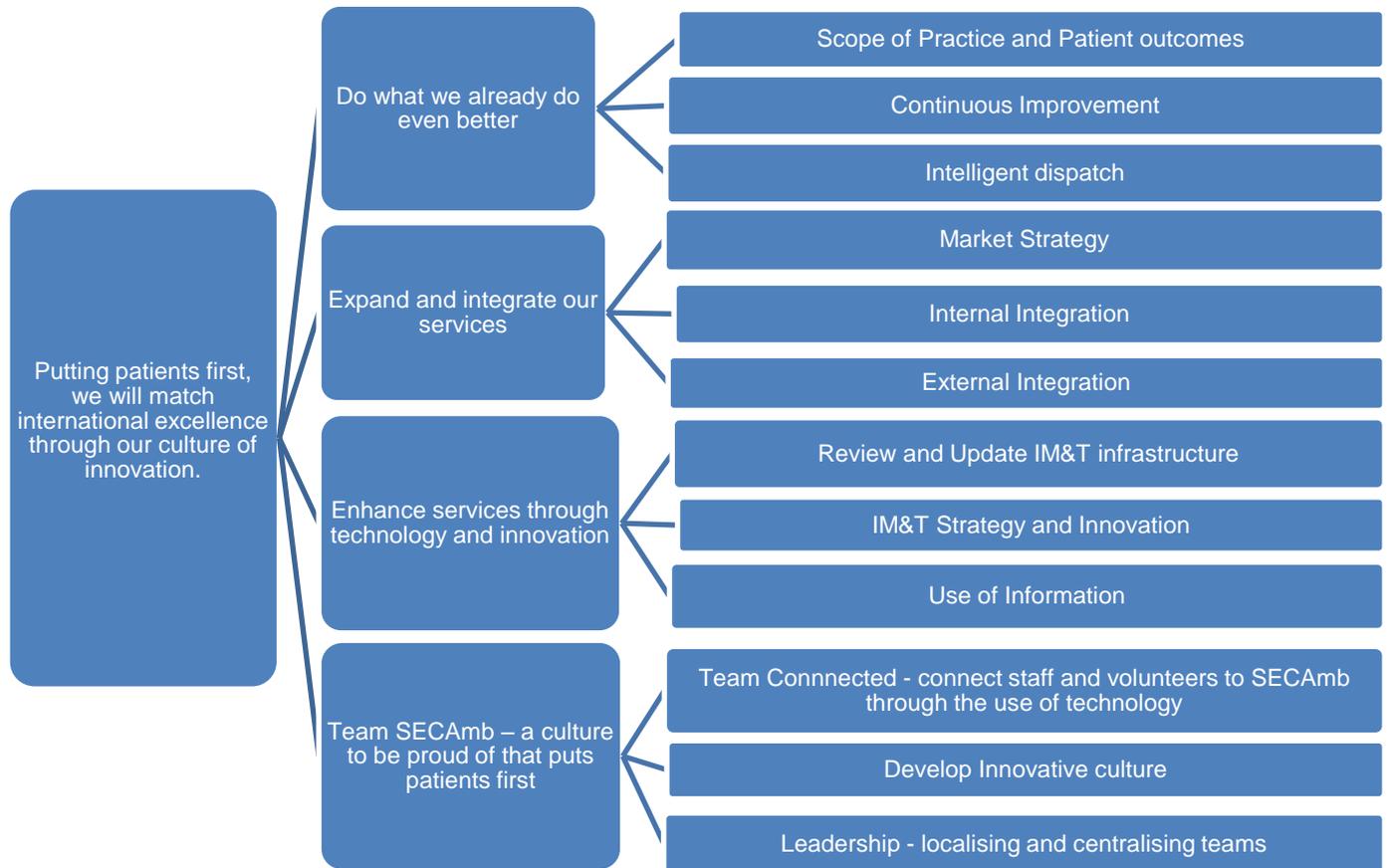
The relationship between the strategic objectives and the programmes is provided in figure 12.

**Figure 12 –Strategic programmes relationship with strategic objectives**

Strategic Objective/ Programme	Do what we already do even better	Expand and integrate our services	Enhance services through technology	Team SECAMB – a culture to be proud of that puts patients first
Improve on the Trust's performance standards and reduce variation.	✓		✓	✓
Deliver excellence in leadership and development.	✓			✓
Improve access and outcomes to match international best practice.	✓	✓	✓	✓
Improve satisfaction and experience for all stakeholders.	✓	✓	✓	✓
Be an organisation that people seek to join and are proud to be a part of.	✓			✓
Convert all available pounds / resources to maximise patient benefit.	✓	✓	✓	

Each Strategic programme is underpinned by three key work areas. This is set out in figure 13.

**Figure 13 – Vision, Strategic Programmes and Projects**



Each Project has a project outline which identifies the case for change, the plans for delivery, the benefits and outcomes expected over the next five years. These plans are now set out for all 12 projects.

The detail for each of the strategic projects is outlined below and also supported within the five year financial model where business cases have already been developed.

***Do what we already do even better***

**Scope of Practice**

<b>Case for Change</b>	<b>Plans</b>	<b>Benefits and Outcomes</b>
<p>SECamb has a wide range of skills and capability within its workforce, but doesn't deploy based on clinical skills. This can cause frustration for paramedics and also result in inefficient working.</p> <p>Clinical innovation is sometimes compromised to enable performance targets.</p> <p>See and Convey targets are not being met, and have plateaued. Further increases will need structural and cultural changes. Hear and Treat targets are best in the country but levels of further development unknown.</p>	<p>Implement process for routine annual performance checks to be undertaken.</p> <p>Review paramedic career structure in line with the College of Paramedics guidance.</p> <p>Review scope of practice of band 3, 5, 6 and 7 staff and align 999 ambulance service operational model to ensure appropriate task allocation.</p> <p>Focus on this within a well-defined career framework will provide for staff to increase see and treat rates as well as address levels of staff dissatisfaction.</p> <p>Explore opportunities to increase scope of practice and levels of Community First Responder support in order to create greater flexibility within the workforce as well as improve performance in rural areas.</p> <p>Utilise Lightfoot review to improve cycle times in 999.</p> <p>Evaluate optimum levels of Hear and Treat in 999 and consider how 999 calls can be passed to NHS 111.</p> <p>Consider how we control task times and patient flow using methods such as benchmarking, feedback and supervision</p>	<p>See and Convey target will be met which will support CCG and provider organisations to achieve their financial targets as well as improve patient experience. Optimising patient flow affects the whole health economy, and widening the scope of practice of SECamb clinicians can enhance this.</p> <p>A more efficient service through improved job cycle times and potentially Hear and Treat calls; this will support increased see and treat rates.</p> <p>Understanding the link between job cycle times, conveyance and job satisfaction with financial stewardship can drive further efficiency (i.e. reduced conveyance could lead to reduced stand-by movements and in turn increase productivity)</p>

**Continuous Improvement**

<b>Case for Change</b>	<b>Plans</b>	<b>Benefits and Outcomes</b>
<p>999 performance not routinely being met on a quarterly basis</p>	<p><b>999 Ambulance Service</b></p> <p>Deliver all performance</p>	<p>Financial stability for will provide security for the Trust and enable</p>

<p>Clinical Performance fluctuates throughout the year Limited patient outcomes data for 999</p>	<p>standards on a quarterly basis Improvement against all Clinical Indicators. Develop mechanisms for routinely reporting patient outcomes to staff and commissioners. Continue to drive efficiency Continue to drive the mobile healthcare agenda by reducing conveyances to hospital and treating people within their homes.</p>	<p>investment in the service. Limited fines from non-performance. Achievement of performance indicators will release management time to focus on developments rather than rectification plans and ongoing commissioner scrutiny. Improved patient experience. Health outcomes data will help to drive service improvement and staff morale.</p>
<p>NHS 111 KPIs not being routinely met on a monthly basis Limited health outcomes data available</p>	<p>Increase achievement against clinical indicators for 999 ambulance services</p>	
<p>PTS not financially sustainable Performance standards not being met on a monthly basis</p>	<p><b>NHS 111</b> Ensure NHS 111 is financially sustainable. Deliver all performance standards on a monthly basis Develop mechanisms for routinely reporting patient outcomes <b>PTS.</b> Ensure PTS services are financially sustainable. Deliver all performance standards on a monthly basis. Consider expanding volunteer driver numbers as well as CFR numbers to increase performance opportunities within 999 ambulance services and PTS.</p>	

### Intelligent Dispatch

Case for Change	Plans	Benefits and Outcomes
<p>Using the increase in clinical data, such as IBIS and hospital data feeds, we can develop statistically accurate and efficient prompted tasking algorithms. The current variance, and chaotic picture could be reduced. CCGs have requirements to produce care plans for 2% of their populations which IBIS</p>	<p>Build upon the work already done over the last few years by the Clinical Development Team, such as IBIS, clinical coding, data feeds and frequent caller systems. Work with CCGs to support their need to develop care plans for 2% of their patient populations. Develop project to create algorithms to support dispatch</p>	<p>Accurate patient disposition. Increase availability to send paramedics and specialist paramedics to more undifferentiated calls for example, the use of more ITV type resources to undertake planned or scheduled urgent and emergency transports. Reputational benefits through increased conversion rates.</p>

could support.	based on risk of conveyance (i.e. PPs convey only 5% of wounds, but technicians convey 50%. PPs and Technicians convey the same number of fracture neck of femur patients). Some patient presentations provide an unequivocal need to convey and admit, and transport focussed tasking in these instances can be done safely in a supervised and supported workforce, connected to a leadership structure	
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**Expand and Integrate our services**

**Market Strategy**

<b>Case for Change</b>	<b>Plans</b>	<b>Benefits and Outcomes</b>
Market Strategy has previously been considered on a reactive basis rather than proactive. Integration is a key priority over next five years and a strategy for being able to do this commercially is required.	Further develop SECamb brand and identity. Develop communications strategies to support brand development and market growth. Bid for NHS 111 when retendered. Bid for PTS services with the appropriate structure and cost base. Develop close working relationships with key commissioners and co-design services of the future. Develop partnership strategy. Work with GP federations to identify development opportunities.	SECamb senior team and Board able to easily identify key opportunities when they arise. Higher likelihood of success with commercial tenders resulting in higher likelihood of business growth. Closer working with commissioners will ensure our services are in line with commissioning intentions and needs of whole health economy.

**Internal Integration**

<b>Case for Change</b>	<b>Plans</b>	<b>Benefits and Outcomes</b>
999 and PTS services have an overlap with some of the clinical skills required as well as the unscheduled aspect of some journeys. There is further opportunity to build upon a flexible workforce and potentially vehicle usage.	Consider arrangements for closer working between NHS 111 and 999 call taking or close working arrangements. Develop mechanisms for 999 and PTS staff to work flexibility between the services. Consider opportunities for vehicle sharing across off fleet	Increased efficiency in all services. Increased understanding of SECamb business by staff. Increased staff morale.

	related services. Support staff working across different areas.	
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## External Integration

Case for Change	Plans	Benefits and Outcomes
CCP have developed specialist skills with a focus on care for patients with the highest acuity needs. Skill fade is a key threat to all clinicians, as is the ability to seek support and guidance. Rotation into acute settings is one way of ensuring our CCPs maintain their skills, and this can be accomplished through arrangements possibly outside of the main A&E contract which provides shared benefits to SECAMB and partner Trusts, thus making a sustainable business model.	CCPs Skills Assurance using a variety of care settings and contractual arrangements.	Increase the CCP scope of practice greater workforce integration improved staff satisfaction and retention Improved clinical outcomes for patients. Potential for increased revenue or cash / resource releasing systems
Paramedic practitioners have developed Specialist skills in urgent and emergency care. The pressure of the increase in urgent care demand on primary care, and emergency care on the wider health economy is acute. Opportunities exist to support the skills and knowledge of PPs and embed them locally amongst clusters of GP. This could be accomplished and funded separately from our main A&E contract making a sustainable transferable business model.	PPs in primary care including; <ul style="list-style-type: none"> <li>• Urgent home visits</li> <li>• Minor injuries</li> <li>• Minor health problems</li> <li>• Base visits for OOH</li> <li>• Home visits OOH</li> </ul>	Increase scope of practice greater workforce integration improved staff satisfaction and retention. Improved clinical outcomes for patients cross boundary working will help with further pathway development and greater understanding of complexity of care Increased revenue
The scope of practice for emergency care support workers is limited but opportunities are available to offer ECSW to discreet groups of patients who suffer long term conditions to monitor their day to day conditions and report changes to a central hub	Band 3 staff being used differently to carry out observation of patients with chronic conditions and relay to a central hub which could be held in NHS 111 subject to the above project related to NHS 111 development and co-design with commissioners.	Increase market share of an expanding market. Increase capacity of primary A&E capacity. Expand influence of ambulance service of mobile health provider.

Opportunities are present for NHS 111 to become a central spar of an integrated care centre coordination all out of hour's activity providing support for community services and advice for all health care professionals.	NHS 111 staff supporting external integration initiatives  Centralised call handling for all disciplines (111, 999, urgent care, DoS etc)	Better coordination of all services provided.  Enable us to define gaps in service provision and assist in filling these gaps.

**Enhance Services through technology and innovation**

**Review and Update IM&T infrastructure**

<b>Case for Change</b>	<b>Plans</b>	<b>Benefits and Outcomes</b>
Need to build a more resilient and flexible IT infrastructure based on recent investment in 999 systems	Virtualise server environment and move to centralised data storage. Consolidate hardware to two main sites and replicate data and servers between the two.	Create resilience against server hardware failure and data loss. Provide failover capability in the event of a system failure. Reduce power and cooling requirements

**IM&T Strategy and Innovation**

<b>Case for Change</b>	<b>Plans</b>	<b>Benefits and Outcomes</b>
Need to build an agile and flexible workforce, providing full access to systems from any desk in any location in a joined-up approach to new ways of working in the new HQ. Supports a secure BYOD implementation	Develop and deploy thin client desktop access, eliminating desk anchor points Smart vehicles	Supports a reduction in desk numbers, creates a flexible admin workforce that can work from any desk, reduces the impact of desktop failures and helps reduce the overall IT costs.

**Use of Information**

<b>Case for Change</b>	<b>Plans</b>	<b>Benefits and Outcomes</b>
A small proportion of patients currently have IBIS records and this enables reduced conveyance rates as well as promotes better patient experiences. Paper records are used to capture patient information and then this is scanned in order to make it available electronically. This is time consuming and the information cannot be accessed for data analysis easily. Info systems for 999 and NHS 111 capture all data for the	Work with commissioners to further roll out development of IBIS records for most at risk patients. Develop patient records that will enable integration with the wider health economy as well as improve efficiency and reporting within SECAmb. Further develop information reporting portals to enable individual and team performance management as well as support commissioners to understand activity themes, trends and	Reduced conveyance to hospital will be supported through increase understanding of patient needs and wishes through uptake of IBIS records. Integration and information sharing will be enabled through electronic patient records, improved reporting through reporting portal developments. Potential for improved patient flow management through whole system capacity management tools resulting in limited ambulance handover delays,

<p>services but reporting is focused heavily on overall performance rather than team and individual performance</p> <p>Patient outcomes data is not routinely available due to NHS number not being routinely captured.</p> <p>SECAmb has access to health system demand data and it is not currently utilised to manage patient flow in a way that could benefit SECAmb and the wider health economy.</p>	<p>usage of our services.</p> <p>Develop plans to routinely access NHS number for all 999 ambulance service calls where possible to facilitate commissioner work to join up patient journey stories. This work will be followed by reviews of patient journeys and health outcomes to improve services and care pathways where appropriate.</p> <p>Consider use of demand management systems such as Capacity Management System to monitor and manage health system activity and demand.</p> <p>Work with commissioners to develop and understand the role of whole systems management.</p>	<p>better patient experience and more seamless directing of patients to the right services.</p>
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**Team SECAmb – a culture to be proud of that puts patients first**

**SECAmb Connected**

Case for Change	Plans	Benefits and Outcomes
<p>Drive for paperless and mobile working and boost efficiency through access to systems and information 24x7xEverywhere</p>	<p>Deployment of lightweight tablet devices to operational and mobile staff providing email access, info.secamb, intranet, daily briefing sheets, vehicle defect forms etc.</p>	<p>More inclusive workforce, reduction in the use of paper forms creating a more effective and efficient workforce with faster dissemination and distribution of information and data.</p>

**Develop an Innovative Culture**

Case for Change	Plans	Benefits and Outcomes
<p>Healthcare requires constant analysis to ensure ongoing quality care, and to ensure that practice is up to date. SECAmb has been innovate in the past and must recapture this spirit to ensure our patients get a 21<sup>st</sup> Century ambulance service, despite the drivers and barriers that keep other trusts in the 20<sup>th</sup>. Technology such as point of care testing will continue to proliferate, and this makes diagnostic accuracy easier to achieve.</p>	<p>Organisation RAIDS to understand mechanisms for innovation cultures</p> <p>Create a clinical leadership structure with professional consultant-led paramedic practice, which can promote the four areas which support care</p> <ul style="list-style-type: none"> <li>• Clinical care/practice</li> <li>• Research &amp; Development</li> <li>• Education</li> <li>• Service Development</li> </ul> <p>Ensure that development</p>	<p>More engaged and productive workforce</p> <p>Reduced attrition</p> <p>Reputational benefits</p> <p>Links with industry</p> <p>Patient benefits</p> <p>A culture which connects people, creates opportunity, and encourages different ways of working to promote ownership, responsibility and pride. This will drive improvement in patient care and staff wellbeing.</p>

<p>System level innovation is also vital. Balancing the scorecard to ensure that we have a commensurate level of clinical leadership with operational management will provide the opportunities for our staff to feel supported and to provide more career options than are available today</p> <p>New solutions and approaches which will match the emerging realities of the future</p>	<p>opportunities are mapped, and that the financial planning system ensure tolerances to allow innovation in-year</p>	
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**Leadership – centralising and localising services**

<b>Case for Change</b>	<b>Plans</b>	<b>Benefits and Outcomes</b>
<p>The legacy ambulance stations in which we deliver no healthcare are mal-located in terms of patient demand, impede response and clinical outcomes, have high overheads and are inefficient.</p> <p>Our HQ organisation and infrastructure that is spread over the 3 legacy HQ sites is inefficient and also confusing to staff. Our EOC structure that operates from 3 old legacy buildings lacks future proofing and resilience. The lease on the Lewes EOC site expires in February 2017.</p>	<p>Continue the roll out of the Make Ready programme</p> <p>To form a new single HQ in the Gatwick Diamond area with planned occupation from October 2016.</p> <p>To reconfigure the EOC structure with EOC West collocated with the new HQ and EOC East retained at Coxheath pending their outcome of the 111 tender exercise.</p> <p>Decentralisation of scheduling</p>	<p>Maintain response times despite higher demand</p> <p>Improve patient safety by achieving standardised Unit Hour production processes, improved infection control standards, improved Critical Vehicle Failure Rates and improved Critical Clinical Equipment Failure Rates</p> <p>Lower UH costs</p> <p>Higher resource productivity</p> <p>Be in a position to grow the core business.</p> <p>Improve an old, tired estate that offers inadequate resilience.</p> <p>Reduce the higher than average operating costs.</p> <p>Reduce the environmental impact</p> <p>Reduce variations in standards.</p> <p>Improve communications, performance, and staff satisfaction, resulting in improved patient care</p>



## 1.5 Appendices

### Appendix 1

#### PEST analysis

A key element of understanding the context in which the Trust is operating has been to understand and analyse the external environment in which it operates. By adopting a macro-environmental approach to this using the PEST analysis tool, this has enabled us to consider the political and legal, economic, socio-cultural and technological factors that currently impact, or may impact in the future, on the implementation of the strategy and ultimately therefore, the achievement of the Trust's vision.

This information is summarised in Figure 13 and then further exploration of each of these factors is provided.

Figure 13 - PEST analysis

