

Strategic Plan Document for 2014-19

South Western Ambulance Service NHS Foundation Trust

1.1 Declaration of sustainability

<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>	<i>Confirmed</i>
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This document sets out the Trusts clinical, operational and financial plans to ensure the sustainability of the Trust over the next five years from 2014/15 to 2018/19. Building upon the two year Operating Plan the Plan highlights the key assumptions within the financial, activity and workforce base cases for the Trusts A&E Service Line. Activity for the Trusts Patient Transport Service contracts and the Urgent Care Service Line are in line with existing contractual requirements and future tender specifications where known.

The Trust has established a base case for both its financial activity modeling based upon a number of key assumptions. The most critical assumption is that the A&E contract is not subject to competitive tendering over the life of the Plan and that the Trust retains all its existing contracts. The Trust is confident that the detail set out within the following sections provides assurance that the Plan will secure the future sustainability of the Trust and the continuation of the provision of high quality services for patients living in the south west. Key points to note include:

- The assumptions underpinning the source of funds for the A&E contract in the outer years to 2018/19 are an extension of the assumptions underpinning the two year financial framework secured by the Trust for 2014/16;
- Changes to the source of funds have been identified by the Trust and modelled as part of a sensitivity analysis;
- The model accounts for the impact of future forecast growth and initiatives identified by the Trust as part of the Plan and considers the impact of these on the patient pathways;
- The Trust has assessed the impact of forecast activity levels on the utilisation of operational resources and as part of this, has identified a level of optimal utilisation as an indicator of sustainability;
- The impact of activity has been triangulated with performance, in particular the Trusts ability to sustain Red response performance at or above current national target levels;
- The financial base case delivers a small annual surplus that maintains the Continuity of Services Risk Rating in each year of the Plan to 2018/19;
- The Trust has a strong history of delivering its cost improvement schemes and going forward has established a 'productivity framework' in order to deliver the planned level of cash releasing and productivity related savings;
- The Trust has identified a number of cost assumptions that have been applied across the model.

The Trust has considered a number of key risks and sensitivities in the downside scenario that could impact on the Trusts ability to achieve its longer term plans and deliver the financial base case. The sensitivities identified build upon those identified in the two year Operating Plan. The Trust is confident that all key risks have been identified and modeled within the Trust management downside and the Trust has developed a Mitigation Escalatory Action Plan (MEAP) to provide a flexible approach to managing risks with a significant resource consequence.

1.2 Market analysis and context

The 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.

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 three 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;
 - **Minor Injuries Services:** The provision of minor injury and minor illness services in Tiverton including local assessment, treatment and coordination of a patient's onward care;
- **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 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 has been informed by a series of activities to seek views from key stakeholders in re-setting the Trust's strategic priorities. These stakeholders include the Trust's Council of Governors who have been engaged through the year in reviewing and developing elements of this forward plan. The Governors provide a valued mechanism through which the Trust can communicate with its members and the public, and in turn provide feedback on behalf of the population the Trust serves. Feedback received throughout the year has been reviewed and incorporated into the various stages of planning and development, helping to shape the future plans of Trust. Overall the feedback has indicated that there is strong support for the objectives and strategic goals identified by the Trust and that these are consistent with the priorities of the members they represent.

Trust Markets

Market Overview

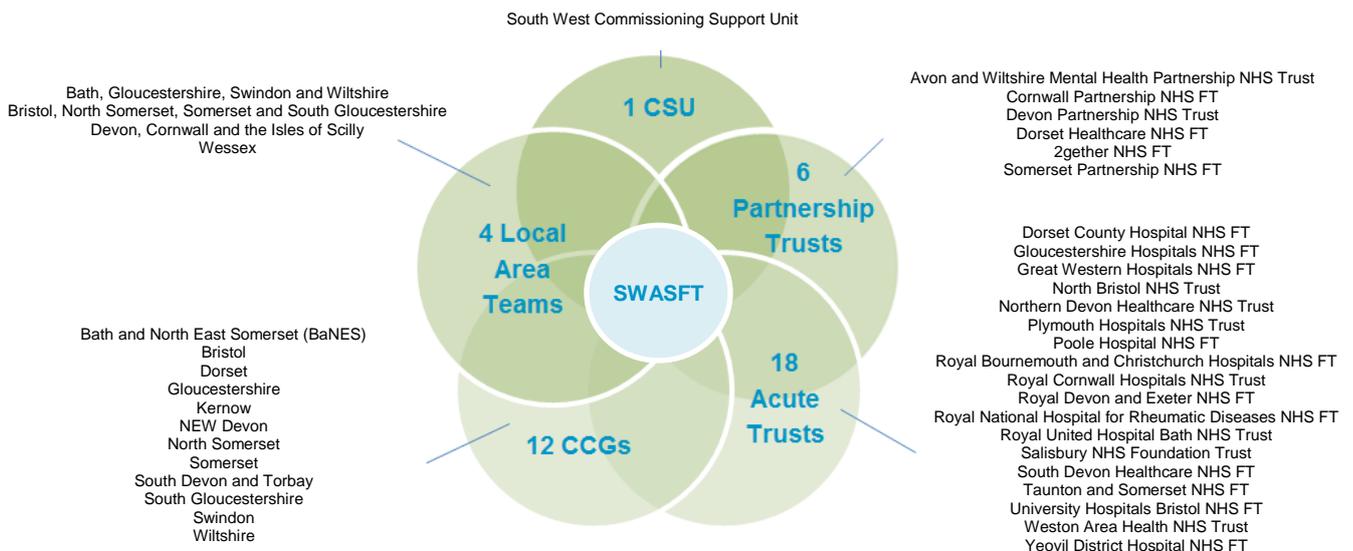
An overview of the market for each service line is set out within the table below.

A&E	999 A&E	<ul style="list-style-type: none">• Covers the entire south west region serving a resident population of 5.3 million with high seasonal variations• The Trust has maintained a 100% monopoly in the emergency 999 market following the acquisition of GWAS
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	PTS	<ul style="list-style-type: none"> Nationally PTS are delivered by a range of NHS and independent sector providers with service provision tendered typically every three to five years. Contracts are negotiated annually either direct with an acute or community hospital or at an individual CCG level At the start of 2013/14 Trust provision covered Cornwall and the Isles of Scilly, Devon (excluding Torbay), Dorset, Somerset, the former Avon area, Gloucestershire and Wiltshire and, on occasion, to those on the borders within neighbouring counties. PTS contributed 5% of total Trust income for 2013/14 at the start of the financial year Following numerous tendering activities it was confirmed to the Trust in Quarter 1 of 2013/14 that all of its PTS contracts, with the exception of the BNSSG area and the Isles of Scilly, had been awarded to private providers
UCS	NHS 111	<ul style="list-style-type: none"> 111 was a new market established during 2012/13 following a national procurement programme. As with PTS and OOH, NHS 111 services are competitively tendered and there are a number of private and NHS providers delivering this service across England As part of the initial tender process the Trust secured the contract to deliver NHS 111 in Dorset. Subsequently during 2013/14 the Trust secured three additional NHS 111 contracts, in Devon, Cornwall and Somerset. Formerly provided by NHS Direct the Trust agreed an 18 month 'holding' contract with NHS Somerset CCG in order for the commissioner to run a new tender process. A new contract will be awarded from 1 May 2015 The NHS 111 contracts for Devon, Dorset and Cornwall were awarded on a five year term, therefore tendering will occur during 2017/18 for contract commencement during 2018. All of the contracts in the North Division will be tendered during 2017/18, with new contracts commencing from April 2018 onwards
	OOHs	<ul style="list-style-type: none"> The market profile for OOH services is complex and fragmented with multiple providers delivering contracts across the region. Service provision is tendered typically every three to five years with contracts negotiated annually at individual CCG level The Trust currently provides OOH services in Dorset, Gloucestershire and Somerset The Trust's Somerset and Gloucestershire contracts were in the process of being tendered at the time this Plan was drafted. During 2013/14 the Trust received an extension to the Dorset contract through to the 31 March 2017

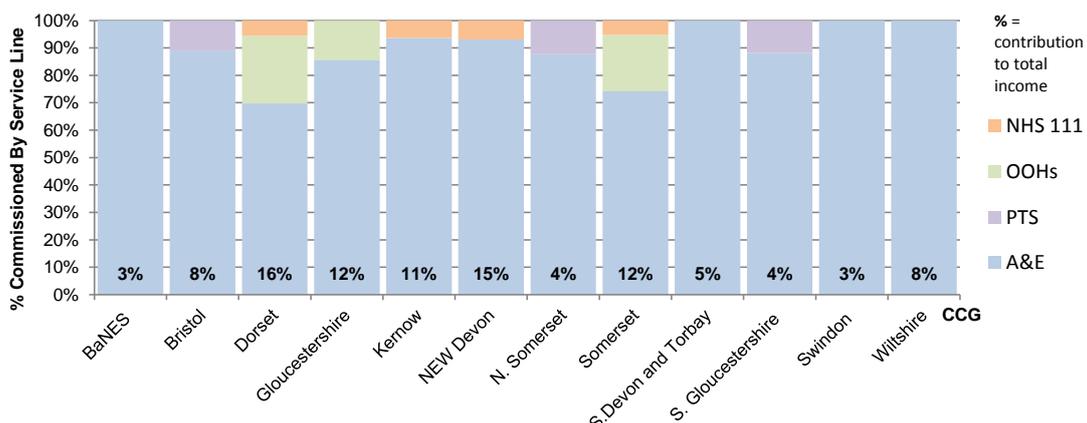
NHS 'Partners'

The Trust relates to and works with the following NHS organisations within its operational area:



Commissioner Segmentation

The graph below sets out market segmentation for the Trust's commissioners. This is based upon contracted income for 2014/15, by service line and overall contribution to Trust income by commissioner.



Market Drivers

Demographic Drivers

The table below summarises key demographic drivers for growth in the medium to long term.

Domain	Drivers for Growth
Population	<ul style="list-style-type: none"> Population growth in the region has been faster year on year than the UK as a whole (6.7% vs 5.3%) South west population is forecast to grow from 5.3 million to 5.8 million by 2021 with an average increase of 0.8% year on year Highest percentage change in the south west was as a result of migration and lowest due to natural change More females in the south west region than males
Age	<ul style="list-style-type: none"> The median age of the region was 42, 3 years higher than the England and Wales average More people above 65 years of age with the over 65 population expected to increase by 25% by 2021 Increase in females over 70 years of age Life expectancy in England has increased by 4.2 years between 1990 and 2010 (79.5 years for males and 83.5 years for females compared with 78.2 and 82.3 years respectively for the UK) Hospital treatment for over 75s has increased by 65% over the past ten years and someone over 85 is now 25 times more likely to spend a day in hospital than those under 65 The number of older people likely to require care is predicted to rise by over 60% by 2030
Ethnicity	<ul style="list-style-type: none"> 91.88% of population classed as 'white British' In 2011 there were 405,000 foreign-born residents in the south west, 8% of the usual resident population Bournemouth, Bristol and Swindon had the highest proportions of foreign-born usual residents, with 15%, 15% and 13% respectively
Tourism	<ul style="list-style-type: none"> Increase in the number of local holidays as a result of the deteriorating economic conditions Third highest region for overseas visitors
Weather	<ul style="list-style-type: none"> Weather extremes – recent hard winters, snow, floods Carbon footprint reduction Seasonal variations
Socio Economic	<ul style="list-style-type: none"> Difference in life expectancy between the richest and poorest parts of England is now 17 years Nature of rural communities Inequalities in access to healthcare Jointly with the south east, the south west had the smallest proportion of 'socially rented local authority' households (6%)

Change Drivers

The table below summarises key change drivers for growth in the medium to long term.

Domain	Drivers for Change
Economic	<ul style="list-style-type: none"> Since it was formed in 1948 the NHS has received around 4% of national income Modelling shows that continuing with the current model of care will lead to a funding gap of £30 billion between 2013/14 and 2020/21 Deep recession resulting in funding pressures and dramatic slow-down in spending growth forecast for the NHS from 2015/16 – Commissioners reinforcing through contracts National call for Transformational Change to ensure NHS services can remain free at the point of delivery Limited further internal productivity gains Investment associated with the delivery of Category A8 Red 1 and Red 2 performance Quality Premium Payment introduced for NHS Commissioners from 2013/14
Regulatory	<ul style="list-style-type: none"> National drive for increasing range of healthcare services to be available 24/7 Civil Contingencies Act requirements Care Quality Commission changes to regulation and inspection Monitor Risk Assessment Framework introduced October 2013 Changes to Commissioning of NHS services including move towards CSUs Establishment of GP Consortia's Commissioning for Quality and Innovation (CQUIN)
Industry	<ul style="list-style-type: none"> Increasing number of private providers delivering and winning NHS provided business in the region New entrants to UK marketplace including competition from overseas
Technology and Medicine	<ul style="list-style-type: none"> The NHS must change to meet demand and make the most of new medicines and technology without reducing or charging for core services Use of assistive technology as an enabler

- Single point of access
- NHS 111
- Electronic Patient Record
- General advances in IT software, hardware and solutions
- IT supported care pathways

Health & Wellbeing and Lifestyle Choices

- NHS facing demand increases, rises in emergency and urgent admissions and increasing readmission rates
- Approximately 80% of deaths from major diseases, such as cancer, are attributable to lifestyle risk factors such as smoking, excess alcohol and poor diet
- One quarter of the population has a long term condition such as diabetes, depression, dementia and high blood pressure – and they account for 50% of all GP appointments, 70% of days in a hospital bed and 70% of total healthcare expenditure
- Around 800,000 people are now living with dementia and this is expected to increase to over one million by 2021
- The south west has 18% of people whose day to day activities were limited by a long term health problem or disability. This region had 11% of its people providing unpaid care for someone with an illness or disability

Strategic Landscape

The Trust's two year Operating Plan set out a number of short term challenges facing the organisation. This included short to medium term policy drivers that have influenced the development of the Trust's Strategy. The detail in the following pages highlights further statutory reviews and consultation exercises that will impact upon the Trust Strategy over the life of this Strategic Plan.

Urgent and Emergency Care

- It is suggested that the current system of urgent and emergency care is unaffordable and unsustainable and 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. In 2012/13 there were 5.3million emergency admissions, costing approximately £12.5billion. This is a 47% increase in emergency admissions in the last 15 years. In addition it is estimated that approximately 1/5 of admissions are for known conditions that could have been managed effectively by primary, community and social care and could be avoided;
- The National Audit Office 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;
- A wealth of evidence points to the need to re-design the entire system of urgent and emergency care pathways. Led through Sir Bruce Keogh's national review the emerging principles and evidence base outline a system that should:
 - Provide consistently high quality and safe care, across all seven days of the week;
 - Be simple and guide good choices by patients and clinicians;
 - Provide the right care in the right place, by those with the right skills, the first time;
 - Be efficient in the delivery of care and services;
- There is a clear need to adopt a whole system approach to commissioning more accessible, integrated and consistent urgent and emergency care services, with greater investment required in out of hours primary care and community services. The new system need to be intuitive and should people make the right decision;
- The Kings Fund report suggests some areas need to do more to provide clear strategic oversight and drive to tackle the main challenges to emergency care systems. Accurate analysis of care processes as well as a clear understanding of demand, activity and capacity is essential to managing emergency care;
- The Kings Fund report further highlights that ambulance services are often well placed to act as the coordinator of the system and capacity managers, with the capability and incentives to develop a partial map of the system. This view is supported by the Health Committee suggesting ambulance services should be developed through changing the staff mix, reforming tariffs and ensuring access to patient information to establish ambulance Trusts as care providers in their own right.

Transformation in the NHS

- The wider NHS System is not working effectively with research indicating that at least 25% of patients currently attending Emergency Departments could and should be treated by other parts of the NHS;
- There are a series of national consultations underway on the NHS payment systems and tariff. This includes proposals for national tariffs, the operation of the 30% marginal tariff for emergency admissions, a review of the operation of the national contract and its associated regime of incentives and rewards. This is alongside the 2015/16 Government Spending Review. Each will be critical in determining the level of financial risk on providers and securing a financial settlement in the future that supports the sustainability of the Trust and its services;
- At a strategic level there is growing recognition that radical workforce reform is needed to align the NHS workforce and its pay, terms and conditions with health demands and the more financially constrained environment within the NHS:

- The Francis Reports have paved the way for wide ranging changes to the regulatory system in the NHS. It is expected that further change will follow as a result of the Care Bill receiving Royal Assent in May 2014;
- Competition and choice issues were more widely introduced in the NHS by the Health and Social Care Act 2012 alongside a new regime to manage organisational mergers. Both have implications for how the Trust chooses to partner in respect of future contracts, where the Trust can expect competition to increase in relation to its existing contracts and how the Trust may deliver some of its proposed service developments;
- Quality of services reviews are ongoing and cover many aspects of the Trust governance arrangements including complaints and safety. Each review makes a number of recommendations for setting common standards that Trusts will be held to account against. The Trust needs to ensure it considers each review in turn and implements changes at a local level to further improve the quality of patient care;
- During 2013 Monitor and the NHS TDA announced a tripartite approach to urgent and emergency care planning for next winter. The detrimental impact on quality of care and the failure to achieve key operational standards requires a multi-faceted, inter-organisational approach. Throughout the life of this Plan the Trust will be heavily involved in developing and implementing initiatives that support the local health economy to manage performance pressures.

Blue Light Services

Two key reviews¹ are driving questions about the future of 'blue light' services in England and the potentially significant financial and operational efficiencies to be gained from streamlining, increasing interoperability and strengthening ministerial leadership:

- It is recognised that collaboration and co-responding with other blue light services to support the delivery of efficiencies already occurs in some areas. These reviews go further in making a number of recommendations to capitalise on opportunities for structural, organisational and operational collaboration with other blue light services;
- Relatively new, these recommendations are yet to be considered in greater detail at a national level, however the Trust is mindful of their potential impact. A tri-service conference held in late 2013/14 suggested that at present there is little appetite to legislate collaboration or integration. Instead there is an expectation that this will be driven independently by services where benefits can be identified and through national programmes such as the Fire and Rescue Authority Transformation Scheme that encourages greater collaboration with other emergency services.

Objectives of the Local Health Economy

The objectives of the local health economy are set out in a number of key strategic documents. These include Everyone Counts, the Strategic Intent of NHS England and individual CCGs, Acute and Mental Health Trust's strategic plans. National and local strategy that directly influences the future plans of the Trust includes:

- **The NHS Mandate:** The Mandate to the NHS Commissioning Board sets out the objectives for the NHS and highlights the areas of health and care where the Government expects to see improvements;
- **CCG Strategic Plans:** 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;
- **The Quality Premium:** The key theme from the NHS Commissioning Board's Everyone Counts is a focus on delivering high quality services through improving outcomes. In order to support this, a 'quality premium payment' will be made to CCGs that demonstrate an improvement or achieve high standards of quality in four national measures from the NHS Outcomes Framework;
- **Commissioning for Quality and Innovation (CQUIN):** CQUIN will continue to have a significant impact on the local health economy in relation to future priorities and potential provider income. The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

Summary of the Trust PESTLE Analysis

The Trust has undertaken an extensive PESTLE, from Board level to front line staff, to identify the key risks and opportunities within its operating environment. The table below sets provides a summary of the key outputs and starts to consider the implications for the Trust as a result.

Risk/Opportunity

Political

- Opportunity to rebrand the Trust to raise its profile and re-position the Trust as a provider in its own right in the wider urgent care market
- Partnerships are becoming an increasingly integral part of health and social care delivery encouraging more effective working across care interfaces, disciplines and specialisms

¹ Facing the Future. Findings from the Review of Efficiencies and Operations in Fire and Rescue Authorities in England' – Sir Ken Knight (May 2013) and Improving Efficiency, Interoperability and Resilience of our Blue Light Services – Tobias Ellwood MP and Mark Phillips (June 2013)

Risks/Opportunity

- Barriers to the integration of services are beginning to be broken down including differences in how to treat patients between different institutions, operating procedures across health and social care providers and governance including ownership of risk

Economic

- Opportunities to grow the level of private patient income or develop 'for-profit' provider arms/partnerships – increasingly acceptable for Trusts to diversify and generate a profit/surplus
- Opportunities to secure private sector income and 'transformational' funding to support new initiatives and growth in key markets
- Implications for health and social care budgets of the further spending review following the 2015 elections Increased efficiency requirements, accounting for rising demand and inflation pressures, to maintain the current level of NHS services

Social

- Opportunities to encourage wider clinical engagement outside of the Trust in designing and implementing service development proposals
- Opportunities to develop different service models across the geography by a range of providers to meet more locally driven clinical needs
- Increased focus on investment in self-care, prevention and alternative pathways
- Increase in palliative care requirements
- Opportunity to 'modernise' workforce planning and change the skills mix of delivery models to enable the Trust to continue meeting the needs of the service and patients

Technological

- Through existing and new technologies provide community based monitoring enabling increased self-care and management of health within the community
- Innovative technology solutions including telehealthcare and telemedicine can be introduced into patient care pathways to improve patient experience, reduce the costs of care and alleviate pressures in parts of the system
- Introduction of the electronic care patient record system across the south west
- Continued developments to enable IT supported care pathways creating opportunities for service development

Legal (and Regulatory)

- Ability for the Trust to develop and exploit its commercial flexibilities
- Potential for acquisition of non NHS Trust that are unable to achieve Foundation Trust status independently
- Opportunities to grow the Trust through acquisitions as a result of 'failing' or struggling organisations Increased tendering activity, competition and potential for loss of elements of core services including A&E 999 (i.e. lower acuity activity)
- Opportunities for the Trust to provide 'service offerings' to commissioners over and above existing contracts e.g. providing call handling services, resource management and co-ordination facilities, information and performance management information etc

Environmental

- Drive to establish integrated multidisciplinary teams to manage whole pathways of care including the exacerbations of those patients with long term conditions
- The principle of a 'local service with regional resilience' to form a key element of the Trust's strategy moving forward
- Role for the Trust in coordinating and simplifying access to care pathways across provider systems
- Significant relationship between rurality, response times, ambulance costs per journey, increased fixed costs etc resulting in variations in the level of service that can be provided across the region

The outputs of the PESTLE have been used to inform strategic discussions and have influenced the development of the forward plans by highlighting the external pressures and opportunities facing the Trust. Key themes presented in the table above form part of the planned service initiatives and strategic options for each service lines that are set out later within this Plan.

Competitors

Competition for NHS services is growing every year. Brought to the fore by the Health and Social Care Act 2012 commissioners are increasingly using competition as a tool to improve services for patients and to deliver best value on behalf of the taxpayer. In addition the application of competition law to the NHS, which for many is an unfamiliar concept, is helping to expose a wider range of services to competitive tendering. Monitor's Provider Licencing regime will see private and independent sector providers licenced alongside NHS Foundation Trusts to deliver NHS care and Monitor are starting to exercise powers to set prices, enable integrated care, prevent anti-competitive behaviour and protect essential services.

In response providers increasingly have to focus on maximising their commercial freedoms to deliver services more creatively. The use of different business models can create flexibility, efficiency and innovation and can

provide the ability to realise greater value and choice. Previously rigid operational boundaries are now becoming more flexible and commissioners are considering wider markets and alternative delivery models to ensure sustainability.

Each of the core services provided by the Trust is relatively unique in that there is no patient choice agenda attached to these services. In the case of 999 A&E patients receive these services from the relevant NHS Trust/Foundation Trust that operates in the geographic area in question. In respect of NHS 111, OOHs and PTS services patients receive care from those organisations (public or independent) that have been commissioned to provide that service through a competitive tendering process.

Due to the nature in which services are procured, in most cases little is known by the Trust about competitor's prices and the pricing strategy offered to commissioners. Evidence suggests that some private competitors are actively driving down the price of services to establish a foothold within a particular geography or market.

Funding and Capacity Analysis

Context to the Trust Planning Assumptions

The Trust has established base cases for both its financial and activity modelling as part of its five year plans. Both are based on a number of assumptions, underpinned by the following principles:

- The Trust previously negotiated a five year framework for A&E services, under commissioner convergence principles, for all former Trust commissioners. Following the acquisition of GWAS, during 2013/14, the Trust operated two separate A&E contracts. However moving forward the Trust has negotiated a single contract and secured a two year financial framework through to 2015/16. The planning assumption is that the Trust will be in a position to negotiate and secure a further three year financial framework for the outer years of this plan through to 2018/19;
- The Trust offers significant value for money through its A&E contract where activity is funded at a marginal rate;
- Right Care² presents an invest to save scheme for the wider health community;
- Growth will continue within 999 A&E services – within this Plan it is forecast at 5% per annum;
- The Trust has historically developed its forward plans on a prudent basis;
- Although a proportion of the Trust's contracts contain provisions that allow commissioners to apply a local deflator, under the national tariff guidance, it is expected that commissioners enter into 'reasonable discussion about the level of any payment variation'. The Trust would therefore expect further negotiations before the application of any such tariff and would be in a position to challenge any deflator should the contract become uneconomic.

Financial Base Case Assumptions

The following sections set out the assumptions applied in the development of the financial base case. The outputs of this case are summarised below:

	2014/15 £'m	2015/16 £'m	2016/17 £'m	2017/18 £'m	2018/19 £'m
Surplus	0.600	0.600	0.600	0.600	0.600
Cash balance	24.505	23.621	23.950	27.283	27.851
Continuity of Service Risk Rating	4	4	4	4	4

Source of Funds

Key assumptions include:

- That a nationally agreed negative tariff would be applied;
- That there would be a block A&E contract uplift each year for activity, based on an annual reconciliation of a 4 year rolling average, with activity growth paid at marginal rate;
- The Trust offers commissioners the productivity service development of added value income of (Right Care²) for the life of the Plan;
- CQUIN schemes would be negotiated and achieved in full each year;
- That all existing contracts currently held by the Trust would be retained, however the Trust recognises the potential loss or gain of contracts in line with tender processes;
- The Trust has a strong track record of cost improvement delivery;

- The Trust has a well-established Cost Improvement Strategy that was further enhanced as a result of the acquisition. Refreshed annually, the Strategy is based upon good practice, delivering the requirements of 'Everyone Counts' and identifying cost reduction, productivity and efficiency schemes. The Strategy is comprised of a number of schemes and clearly differentiates between those schemes producing cash and non-cash releasing (productivity) efficiencies;
- Whilst the productivity schemes relate to the management of activity and resourcing the cash releasing schemes need to deliver actual savings as cash releasing savings have historically funded cost pressures such as the pay award, incremental drift, increases in depreciation and non-pay inflation.

Forecast Expenditure

The Trust's main cost assumptions are:

- A pay award has been applied in line with national agreements across the model;
- Incremental drift is the gross uplift of incremental drift of staff moving up the bands within Agenda for Change. Note: the saving as staff leave and are replaced is recognised in the Cost Improvement Strategy the net impact is assumed to represent a cost pressure to the Trust;
- The cost pressures represent both the inflationary pressures for non-pay expenditure but also the impact of capital and other pressures that the Trust will require to be funded;
- The Trust uses the 'Master Added Value Investment Strategy' as the basis for the investment made into the service. This investment will be recurrent or non-recurrent;
- The recurrent investment will be targeted at achieving the aims of the Trust with a particular focus on delivery of operational performance and delivery of the Right Care² service development;
- The non-recurrent investment is aimed at these areas and also used to cover additional training and pump priming associated with Trust service developments such as Right Care², Clinical Hub integration and the implementation of the Electronic Care Summary Record.

Forecast Capital Expenditure

Key assumptions include:

- The primary source of funds for the capital programme is depreciation;
- The Trust has included planned disposals within the model including the confirmed sale of Bristol Ambulance Station during 2014/15. The additional expenditure in 2014/15 includes the completion of the HART building in Exeter which was carried forward from 2013/14;
- The Plan includes new replacement operational sites in line with the Trust Estates Strategy;
- Fleet expenditure is based upon the Trust's fleet replacement strategy;
- Medical equipment expenditure is in line with the roll out of the Electronic Care Summary Record.

Capacity Analysis

Alongside the financial base case the Trust has developed an activity base case, as part of its capacity analysis, that considers the impact of forecast growth and the service developments and initiatives identified by the Trust within this Plan. A summary of the forecast growth assumptions that form the basis of this analysis are set out below:

- **A&E:** Average growth in A&E incidents for the period 2010/11 to 2013/14 was 5.39% therefore the Trust is assuming gross incident growth of 5% year on year for the next five years;
- **OOH:** The Trust is assuming that growth in activity will be managed within a flat cash environment;
- **NHS 111:** Growth for NHS 111 call volumes will be in line with each of the contracts and is reflected below. Overall the model assumes approximately 7% growth year on year and the retention of all contracts for the life of the Plan;
- **PTS:** PTS is commissioned on a block basis with an element of variance. Local commissioners are working to enforce patient eligibility criteria as a means of reducing PTS activity. Any variance to the agreed contract amount is funded at a marginal rate.

Activity Base Case Assumptions

The base case assumes:

- 5% A&E activity growth per annum;
- Delivery of Right Care² initiatives;

- Improvements in the operational call cycle and response (type of response and number of response per incident) for A&E incidents to reflect the impact of CIP productivity plans across all years;
- Investment in additional operational resource hours in all five years (both recurrent and non-recurrent operational resource hours).

The modelling identifies that the number and percentage of calls resulting in an incident remains the same year on year with incidents increasing in line with the annual growth in calls. However the percentage of calls managed through each patient pathway alters significantly reflecting the impact of the Right Care² initiatives and activities delivered through the Trust's productivity framework. Key points to note include:

- The number of patients categorised through the hear and treat pathway is expected to rise significantly due to increased clinical support within the clinical hubs, the extension of the NHS Pathways triage system to include the North Division and the increased utilisation of the local Directory of Services for appropriate referrals of patients;
- The proportion of patients managed through the see and treat pathway increases alongside appropriate utilisation of Emergency Care Practitioners, enhancement to the current skill sets of operational clinicians and the introduction of the Electronic Patient Care Record System;
- Significant change also occurs in the see and convey pathway where the number of patients conveyed to A&E Departments decreases. This will subsequently lead to a reduction in the number of admissions through A&E generating savings in the wider health community;
- The numbers conveyed to alternative treatment centres increases with the use of the electronic patient care record providing greater access for clinicians at scene to the local Directory of Services.

As an additional part of the capacity analysis the Trust has considered the impact of the base case scenario on the utilisation of resources. Utilisation in this instance is defined as the operational hours required (on incidents) versus funded hours (recurrent and non-recurrent).

Modelling has demonstrated that in the absence of any investment in frontline resources the Trust would be required to significantly increase its utilisation of operational resources in the outer years. Under the activity base case however the Trust is aiming to maintain an optimal level of operational resource utilisation in the outer years to enable Red response performance to be maintained at or above current national performance target levels. The impact of planned improvements in productivity, alongside the planned financial investment in additional operational resource hours, enables the Trust to manage the anticipated A&E activity growth through the life of the Plan with utilisation levels only moving marginally above the optimal level. As set out previously the key areas of focus for productivity improvements for the five year Plan include:

- **Reducing the level of 'lost' operational hours:** This element will include two main activities that will ensure that ambulance service resources are available to respond to incidents at the earliest opportunity - 1. A focus on patient handovers and 2. A focus on handover to clear times to reduce the time lost in both areas;
- **Resource deployment:** 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; and
- **Call cycle management:** Each element of a service line's call cycle, the journey of a call 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.

Capacity Analysis – Workforce Base Case

The Trust supports workforce planning through innovation and the management of change. The workforce staffing projections for the next five years demonstrate changes to the workforce profile as the Trust realigns its skill mix and deployment models to provide patient centred care within the community setting and through working with the wider healthcare team. The service developments that support non conveyance and service improvements have shifted an emphasis on the development of career pathways through from Emergency Care Assistants and Technicians to fully qualified Paramedics. The emphasis on caring for patients closer to home and the significance of the urgent care agenda also lead to the requirement for enhanced skills in both direct patient facing roles such as Emergency Care Practitioners and within the Clinical Hubs, where enhanced clinical assessment and triage ensures immediate patient care, whilst ensuring the most appropriate response from within the service or the wider health community.

The main factors impacting on the workforce will be the Cost Improvement Strategy and the investment in

frontline resources and the Clinical Hubs through the Master Added Value Investment Strategy (MAVIS). This investment has a particular focus on the delivery of the Right Care² trajectories and the delivery of targets against a back drop of increasing activity. The base case model includes an element of workforce growth per annum to reflect this investment. This investment is mainly reflected in frontline paramedics but will also include investment in the Nurses and resources within the Clinical Hubs across A&E 999 and NHS 111.

The Trust has recruitment plans in place for each service line that are aligned to the Trusts training plan. Key elements include:

- Identifying the resource requirements to support both the assessment processes and also the induction or training courses required for new entrants upon joining the Trust;
- Implementing a revised candidate attraction strategy has been developed founded on underpinning research from recent new starters to take account of their experience in joining the Trust and to understand the choices they made within the competitive labour market
- Updating the whole approach to attracting and engaging with qualifying paramedics, ensuring early interaction and offers of employment to provide those who qualify within the south west region secure job offers ahead of the competition;
- Offering new graduates confirmed offers for paramedic posts with the option of commencing their employment early as an ECA and converting automatically at the point of registration;
- Trialling values based questioning and scenarios for a wider range of recruitment to form part of the standard assessment processes for all roles going forward;
- Utilising a flexible workforce, to provide resilience to service provision through seasonal peaks in demand or major incidents as well as to provide support to day to day abstractions from the employed and substantive workforce;
- Engaging with supply agencies to provide additional support and resilience to the employed workforce establishment, especially in relation to medical provision but more recently also paramedics;
- Increasing the number of Community Responder schemes in areas where it is difficult for an emergency ambulance to reach within effective targets.

1.3 Risk to sustainability and strategic options

The Trust has considered a number of sensitivities and risks that could impact on the Trust's ability to achieve its longer terms plans. This has included the quantification of the potential impact on the financial base case, the proposed mitigations and response from the Trust in the event that these risks materialise and the strategic options for the Trust moving forward.

Downside Scenarios Modelled in the Five Year Financial Model

The Trust has identified a number of downside scenarios as set out within its Financial Model to understand the impact on the Statement of Comprehensive Income, Statement of Cash Flows and Continuity of Services Risk Rating. The Trust has developed a Mitigation Escalatory Action Plan (MEAP) and a Cash Escalatory Action Plan (CEAP) that would be implemented in the event of a downside occurring. These plans include actions to maintain financial stability through preserving the Statement of Comprehensive Income position and cash balance. The implementation of the MEAP and/or CEAP would vary depending on the severity of the scenario.

Key Downside Scenarios

The following downside risks has been identified by the Trust:

- Sustainability of Red 1 performance from 1 April 2014;
- Potential for activity growth to exceed contracted levels (in all service lines);
- Non delivery of the Cost Improvement Plan;
- Changes to the A&E income funding framework;
- Loss of existing contracts due to significant tendering activity;
- Impact of movement in balance sheet provisions;
- Loss of financial control in respect to major change programmes;
- The impact of increasing financial tension in the health system.

The Trust has modelled a number of scenarios taking account these risks and reviewed these to generate a Trust management downside case. These sensitivities have also been applied to the net surplus and cash positions as per the base case.

Resource Management of Risk

The Trust MEAP provides a flexible approach to managing risks with a significant resource consequence. This provides both recurrent and non-recurrent schemes. The trigger for the implementation of the MEAP is the forecast of a financial risk of £500k or greater.

The normal operational triggers identified within the escalation process for budget holders still apply and are set out in the Trust's Performance Management Strategy. The MEAP further enhances these existing controls. The MEAP process identifies two forms of action plan; proactive and reactive which are described below:

Proactive Action Plan

The proactive action plan is specific to the individual risk and actions may include:

- Substitution with alternative or replacement schemes;
- Risk avoidance by eliminating the conditions that allow the risk to be present at all, most frequently by dropping the project or the task;
- Delaying programme implementation;
- Allocation of additional resources to mitigate the risks;
- Allocation of resources from alternative schemes.

Reactive Action Plan

The reactive action plan is designed to mitigate any residual risk following the implementation of the proactive action plan. The Finance and Investment Committee has delegated responsibility for approving reactive MEAP schemes and when approved will be implemented through the Cost Improvement Strategy Governance Framework. The Trust has identified a number of schemes for potential implementation which have been rated in terms of ease of implementation.

The Trust has considered its current MEAP plans against its Management Downside and the outputs from

this testing has informed the Trust sustainability declaration.

Strategic Options

The Trust has identified a number of strategic options for its core services in future years.

An overall priority for the Trust will be to develop its core service delivery models to become further integrated and capitalise on available synergies. The Trust is in a unique position to move towards becoming a truly integrated provider organisation, delivering 999, out of hours and 111 services, increasing clinical productivity and improving service resilience and sustainability. Furthermore by exploiting the synergies across the core services the Trust can design services that make it easier for patients to enter and navigate the health system, reduce bottlenecks and duplication, support the management of demand across the health community and help create shared plans that respond to patient needs as they progress through a range of patient pathways. This will include as a minimum the integration of clinical hub functions between the Trusts A&E 999 and NHS 111 services.

Further options by service line include the following:

999 A&E

As mentioned in the previous section 999 A&E services are not currently competitively tendered however the Trust recognises that elements of the current service could be opened up to competition i.e. lower acuity, less urgent A&E activity. In order to strengthen the Trust's current service, its competitive position and provide a more seamless service to patient's, integration will be the primary focus for A&E in the outer years. This will include integration across service lines internally such as integrating the A&E clinical hubs with NHS 111 but also focus on external integration with local healthcare providers, community services such as Minor Injury Units and urgent and emergency care networks.

Alongside integration the Trust will be focusing on delivery of its productivity schemes and its Right Care² initiative.

Urgent Care – Out of Hours (OOHs) Services

Each of the Trust's current OOHs services will be tendered over the life of this Plan with the Trust expecting a significant level of competition for each contract:

- Somerset OOHs: At the time of writing the Somerset OOHs contract was out to tender with commissioners intending to award the contract on 29 September 2014 with a contract commencement date of 1 April 2015;
- Gloucestershire OOHs: As per the Somerset contract at the time of writing the Gloucestershire contract was out to tender with commissioners intending to award the contract on 10 October 2014 with a contract commencement date of 1 April 2015;
- Dorset OOH: During 2013/14 the Trust received notification that its existing Dorset OOHs contract had been extended by three years until the 31 March 2017, therefore the Trust would expect this service to be tendered during 2016/17 with a service commencement date of 1 April 2017.

Over the five year period the Trust will have the following areas of focus in relation to OOHs:

1. Performance management of the existing contracts to ensure that current service delivery meets the expectations of commissioners. This includes implementing the initiatives and activities set out within the Trust's two year Plan. In addition the Trust will look to build upon the existing service model to incorporate, where possible, key elements of the new localised service specifications as they are released; and
2. The retention of existing contracts when tendered.

Urgent Care Services – NHS 111

All four NHS 111 contracts currently provided by the Trust will be tendered during the life of this Plan:

- NHS Somerset 111: At the time of writing this Plan the Somerset NHS 111 contract was out to tender. Secured by the Trust following the dissolution of NHS Direct the contract was awarded on an 18 month holding basis in order for it to be tendered in line with the Somerset OOHs contract. Commissioners are intending to award the contract on 29 September 2014 with a contract commencement date of 1 May

2015;

- The remaining NHS 111 contracts in Dorset, Devon and Cornwall were awarded on a five year basis and will all be tendered within the final year of this Plan.

The Trust will have the following areas of focus for NHS 111 services:

1. Performance management of existing contracts to ensure that services are delivered in line with commissioner expectations and the terms of the contract;
2. To reduce the impact of NHS 111 services on the 999 service and manage the impact on the wider health system including the impact on local Emergency Departments;
3. To minimise the penalties that can be applied to the trust as a result of a failure to deliver contractual KPIs;
4. The retention of existing contracts when tendered.

Urgent Care Services – Tiverton MIU

The contract was awarded to the Trust on an interim 20 month basis and therefore there is an expectation that this will be retendered during 2015/16. It will be the Trust's ambition to retain this contract when tendered.

1.4 Strategic plans

The strategic plans for each service line should be considered in the context of the overall Trust strategic direction. This is broadly summarised through the Trust's mission and vision statements, goals and strategic principles. The Trust's mission statement is 'To respond to patients' emergency and urgent care needs quickly and safely to save lives, reduce anxiety, pain and suffering.' Underpinning this mission statement is the Trust's ability to:

- Provide truly integrated Out of Hours, NHS 111 and 999 services giving individuals the care and support they require in the most efficient and appropriate care settings in a safe timescale;
- Simplify, coordinate and manage access to healthcare locally through a support and referral desk for Health Care Professionals;
- Maximise capacity and capabilities across locally commissioned services through the Capacity Management System and Directory of Services;
- Establish system resilience as health and social care arrangements become increasingly complex and fragmented;
- Ensure patients always receive an appropriate and proportionate response when dialling 111 and 999 which includes avoiding unnecessary admissions to hospital;
- Embrace and use assistive technology going forward in order to support innovation and service delivery;
- Deploy highly skilled, flexible clinicians across the entire south west region;
- Support the health and social care community in its ambition to deliver more community based care including care delivered closer to home and helping patient's access health and social care services 24 hours a day, seven days a week.

The Trust has formulated a new vision, which takes account of the recent acquisition of GWAS 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 continually developing 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 that *'for those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital.'* The vision statement is underpinned by a long term vision for the Trust that:

- Creates a high performing ambulance Trust which continues to improve, innovate and deliver high quality services to patients based on experience and best practice;
- Stabilises the enlarged Trust through strong leadership and clear decision making;
- Manages the safe transition of staff into the enlarged Trust ensuring their on-going wellbeing and professional development;
- Develops a positive, dynamic culture for all staff to work within creating an enlarged Trust that staff are proud to work for and would recommend to others;
- Establishes and develop close working partnerships with key stakeholders within the south west including the emerging Clinical Commissioning Groups, local NHS Trusts and NHS Foundation Trusts;
- Uses the opportunity presented by the acquisition to improve relationships with patients and the local population in order to ensure that they feel that they are receiving a personalised and local service from a dedicated and experienced ambulance Trust.

As set out within the Trust's two year Operating Plan, in order to help the Trust communicate and promote its renewed vision for the future, four phrases have been adopted that in part summarise the strategic focus of the Trust:

- **"From Prevention to Intervention"**: This phrase summarises the Trust's 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 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.

Underpinning delivery of the Trust’s Strategic Plan are four strategic goals that cover the period 2014/15 to 2018/19. These are:

- **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.

Service Line Initiatives

The ambulance service is one of the most vital gateways to the NHS. Through its day to day activities the Trust accesses and optimises the use of alternative care pathways ensuring patients are routed in the most appropriate way through the wider NHS system. The Trust already delivers significant added value to the wider health economy through specific activities. This includes, through its Right Care initiatives, a focused reduction on the number of patient conveyances and therefore subsequent admissions to A&E departments. These activities in turn contribute to improved productivity within the Trust and enable the Trust to manage and mitigate the risks associated with unfunded activity growth.

999 A&E Services

The Trusts’ strategic plans for the A&E service line build upon those set out within the two year Operating Plan. Key to ensuring the future sustainability of services will be a focus on managing future activity growth alongside the continued delivery of any national or contractual targets. Alongside the delivery of the Trust’s Cost Improvement Plans, as set out earlier within this Plan, a primary focus for the Trust’s A&E Service line is the continued delivery of its Right Care² initiative.

Following the success of ‘Right Care¹’ 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 Care²’ 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 is commencing from quarter 2 of 2014/15 with agreed schemes being implemented from 2016/17 at a local level.

Phase 1 - Commencing 2014/15

- Health Care Professional Support and Referral Service Implementation Stage 1: Clinical Support Desk and Implementation Stage 2: 'Unmanaged' Health Care Professional Calls
- Paramedic assessment skills
- GPs Co-located in the Clinical Hubs
- Emergency Care Practitioners
- GP frontline trials
- Embed Right Care¹ Trustwide

Phase 2 - Commencing 2016/17

(subject to consultation with commissioners)

- Continuation of all schemes in Phase 1
- Health Care Professional Support and Referral Service Implementation Stage 3: Whole System Health Care Professional Support
- Management and deployment of resources in the community
- Telehealth (subject to evaluation)
- Electronic Patient Record

In addition through Right Care² the Trust will deliver the planned productivity savings and changes to patient pathways. Key initiatives and their subsequent impact on each patient pathway are set out below in more detail.

Hear and Treat

Hear and treat covers those patient calls that are managed through telephone clinical triage and advice in the hub (self-treatment) or referral to more appropriate local treatment pathway such as local GPs and NHS Walk-In Centres. Future initiatives that will affect the numbers treated through this pathway include those activities that increase telephone triage within the clinical hub, deliver more effective clinical assessments (including the utilisation of GPs within the clinical hub) or increase the utilisation of the local Directory of Services to direct patients to more appropriate pathways of care.

See and Treat

See and treat looks at those calls where treatment is carried out on scene and patients are not conveyed to an alternative location. The number of patients treated through this pathway will change as the Trust increases the skills available to clinicians to manage appropriate conditions with additional skills training. The use of the see and treat pathway will further benefit from the targeted use of Emergency Care Practitioners for key patient groups and the introduction of the electronic patient care record that will increase clinicians access at scene to decision support tools and referral pathways.

See and Convey

The see and convey pathway includes those patients conveyed to A&E departments or alternative treatment centres to receive care. The Trust is implementing a number of initiatives to reduce the total number of patients conveyed to A&E where more appropriate treatments or patient pathways are available. This will support the health community in managing growth and demand in future years and improve the patient experience ensuring they receive the right care at the right place at the right time.

Urgent Care Services - NHS 111 and OOHs

The Trust's 111 service is available 24 hours a day, seven days a week, 365 days of the year. The service answers calls to all patients with an urgent health or social care need, including from those patients wishing to access GP OOH or Community Nursing services. The service model is designed to ensure that the patient does not experience any unnecessary delay in receiving the most appropriate interventions by the appropriate clinician and/or another Trust service.

Except in the case of walk in patients, the OOH service is accessed through the NHS 111 service. If a patient requires an OOH disposition, they are referred into the OOH clinical advice queue for further telephone assessment by a GP or other appropriate senior Healthcare Professional. This may result in the patient being booked directly into the Treatment Centre that is most convenient for them, or being visited at home by the most appropriate professional from our multi-professional team. Wherever possible, all telephone treatment advice will be carried out in the appropriate locality to the patient. In addition dependent on contract the Trust will offer face-to-face consultations to patients conducted by an appropriate clinician according to the assessed patient's needs and appropriate assessment, diagnosis, treatment or onward referral will be offered.

The service line plans for urgent care will be driven largely by national policy, including the outcomes of the Urgent and Emergency Care Review, the service specifications issued by commissioners through any tendering activity and local drivers such as stakeholder and patient involvement. Key objectives in developing either service over the life of this Plan include ensuring the provision of sustainable and

effective services that fully meet all elements of any contract or service specification, whilst delivering a number of additional and innovative benefits. For example, unlike a private NHS 111 or OOHs provider the Trust does not seek to make a profit through its services, but aims to reinvest value earned through synergy and contract efficiency back into the system for the benefit of the patient and wider health economy.

The Trust firmly believes that the future of urgent care lies in developing effective relationships with other urgent, emergency, primary and community care providers. This could include NHS acute and partnership trusts, local interested parties including GP practices, community pharmacies, dentists, social care and neighbouring OOH and 111 providers. In developing these relationships the Trust can create a more integrated service delivery model and ensure a sustainable and successful future for services across the south west. In addition, this collaborative focus establishes a 'whole system approach' meaning the Trust is better positioned to manage pathways for patients. This way accessing urgent care services becomes one episode of patient care with improved clinical outcomes. In turn, working with its 'partners' the Trust will be able to reduce duplication of cost and effort, allowing this value back to be reinvested back into the system.

Furthermore, in line with Strategic Goal 3, over the life of the Plan the Trust has ambitions to grow its market share within urgent care. Key activities will include bidding for new services when tendered where they align to the strategic direction of the Trust and considering partnerships with other healthcare providers to add value to service models and provision.

Communications Plans

The Trust has already undertaken a series of activities to engage key stakeholders in re-setting the Trust's strategic priorities. In the context of establishing a new over-arching strategy the key stakeholders are defined by the Trust Board of Directors as patients and the general public, Trust staff, The Council of Governors, NHS Commissioners and local health system managers.

To secure wider stakeholder support, the Trust has developed a Communications and Engagement Strategy to ensure ongoing discussion and feedback throughout the life of the Plan. This will include a series of planned testing and feedback mechanisms for a range of audiences, including staff, members, Governors, local Councillors and MPs, as well as existing networks of patients and the public (HealthWatch, PPI and patient groups).

More robust mechanisms are now in place to ensure structured engagement with commissioners and key stakeholders, including Health Overview and Scrutiny Committees, Health and Wellbeing Boards, HealthWatch groups and Urgent Care Groups. This is being led by the Trust Board and has enabled routine and regular updates and exchanges that will continue to influence the development of the Trust's strategy and direction of travel.

In addition to the more traditional presentations and feedback from commissioners and key stakeholders, a more creative approach to engagement is being employed to enable a range of responses from a variety of audiences on a number of key service developments. This includes online surveys, voting and social media activity, as well as opportunities to engage and debate face-to-face at meetings and events. A programme of events has already created opportunities to engage with GPs and MPs across the south west.

Key themes from the Trust's Communications and Engagement Strategy include:

- **Patient Experience:** Learning from what people say about the Trust;
 - The outcome will be: The Trust will learn from and respond to feedback, improving services, the Trust's reputation and its relationships with key audiences;
- **Internal Communications:** Promoting the vision, values and goals of the Trust;
 - The outcome will be: Staff feel informed and act as ambassadors for the Trust;
- **Stakeholder Engagement:** Changing the way the Trust talks to people;
 - The outcome will be: The Trust has strong relationships with all of its stakeholders;
- **External Communications:** Promoting the work of the Trust;
 - The outcome will be: The Trust has an excellent reputation.

The Strategy includes the key messages to be relayed under each theme, the channels to be used and a commitment around how the Trust will share any learning and respond to feedback. This Strategy forms part of an on-going proactive approach by the Trust to clearly communicate change to ensure everyone understands what is happening, what it will mean for them and how they can participate in two way communication and involvement activities. The Board will be proactive in communicating and creating involvement opportunities with all staff and the communities the Trust serves. The Board will not be passive participants in the change programmes. The Trust's Board recognise the benefits that patients, carers, the public, staff and stakeholders offer by sharing their feedback and the powerful impact that all staff; especially frontline clinicians as advocates can have on patients, carers and the public during communication and involvement activities.