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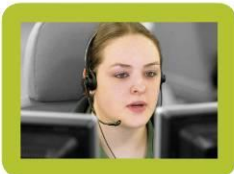
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South Western Ambulance Service NHS



Integrated Business Plan

2009/10 to 2014/15



Version 1: Dated Thursday, July 29, 2010
Approved by: Directors Group 20 July 2010
Ratified by: Trust Board
Date Ratified: 29 July 2010

Foreword

Welcome to the South Western Ambulance Service NHS Trust Integrated Business Plan. This document introduces a new era and showcases the Trust confidence, ambitions, aspirations and exciting plans to spearhead an application to become one of the first ambulance services in the country to achieve NHS Foundation Trust status.

The Trust is immensely proud of its successful track record in serving patients and saving more and more lives in the south west region. This far reaching blueprint for the ambulance service demonstrates the Trust optimism for the future and provides comprehensive details of how the Trust will retain its exceptionally strong reputation by continuing to be high achieving.

This success has not been easy for it has been one of the most significant years in the history of the Trust. The achievement of ranking top ambulance service in the country in 2009/10 for all challenging quality and performance targets has taken place within the context of consistently rising activity. In addition, the backdrop of unprecedented worldwide economic recession, the outbreak of pandemic flu and the most treacherous winter weather for almost thirty years makes this an outstanding and remarkable year of success for the Trust.

Staff are congratulated for their impressive drive, continuing determination and unstinting commitment in rising to overcome these extraordinary and relentless disruptions. They have collectively sustained high quality patient services within a fast moving dynamic twenty four hour operating environment. Both frontline and support staff have risen to the challenge of driving through some of the most fundamental changes to the ambulance service since its inception. This has resulted in a superb start for the next decade, with strong foundations now in place to achieve the next steps and priorities outlined in the Integrated Business Plan.

The Trust has worked incredibly hard to involve its stakeholders, internal and external, in the development of its strategy. The emerging service development plans illustrated within this Plan demonstrate the Trust capability in modernising the ambulance service. Although change is not new to the Trust, the scale of transformation over the coming years will be unique.

The implementation of this Integrated Business Plan will accelerate improvements for patients and will be driven locally to create more effective and efficient services. Patient and staff expectations are rightly high. The Trust is both confident and optimistic that it will win the hearts and minds of its patients, staff and public to help transform its services with nearly 10,000 aspirant members already demonstrating their commitment and support of Trust plans.

The Trust has the right leadership in place at all levels to deliver the challenges ahead and the past year has proven this. The Trust has accomplished all it set out to do and more; delivering financial cost improvements and ever faster and better care for patients. Moving towards becoming an NHS Foundation Trust in 2010 has further promoted the Trust organisational development improvement programme.

The Trust is proud to present the ambitions and aspirations in this Integrated Business Plan but recognises there is much hard work ahead. The genuine optimism and enthusiasm of all the staff who have taken the Trust this far will make this plan come to life.



Mr K Wenman - Chief Executive



Mrs H Strawbridge - Chairman

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1. Executive Summary

1.1. Introduction

The following summary introduces key elements of the South Western Ambulance Service NHS Trust Integrated Business Plan. It sets out the Trust story on how it intends to remain top class whilst overcoming anticipated, unprecedented challenges. Spearheading the development of ambulance services in the south west will not be easy but the successful implementation of this plan makes it possible.

A merger in 2006 of Westcountry and Dorset Ambulance Services was a landmark in the history of the Trust. The new Board introduced enhanced leadership and a compelling ambitious vision. South Western Ambulance Service has made huge improvements over the past three years and is one of the most vital gateways for patients into health and social care in the south west.

The hallmark of success for the Trust has been its approach of 'focus and grip'. This has positioned the Trust as the top Trust in all performance and quality league tables.

All staff, frontline and support, have united to deliver a high quality service to their patients and have embraced the concept of putting the patient at the heart of every decision made. The Trust is proud of this collective achievement.

As a result, more 999 calls are being answered. More patients are now being seen faster than ever before, more patients are being treated safely on scene or at home and more lives are being saved. Fewer patients are being conveyed. Fewer patients are waiting in ambulances at hospitals.

Trust improvements include the education and training of Student Paramedics, Advanced Technicians, Paramedics and Emergency Care Practitioners with the scope of clinical practice being widened. Management is benefiting from leadership training and support staff are shifting from a transactional to a knowledge based environment. The Trust is further developing its culture in response to the changing economic climate with a view that workforce must change to protect.

The Trust has a reputation for breaking new ground with innovations such as the national development, on behalf of all English Ambulance Trusts, of a technical link between the 999 service and NHS Direct. An 'Excellence Award' for responding to patients' 999 calls has been won by Clinical Hub staff, the first ambulance service to attain this coveted accolade. Looking forward the Trust is ready to be included in the next wave of the rollout of NHS Pathways.

The ambulance service is a key enabler to maximise the opportunities presented by the Quality, Innovation, Productivity and Prevention (QIPP) programme. In particular those themes linked to optimising urgent care pathways, shifting settings of care and adopting best practice care pathways reflect the service development strategy of the Trust.

The Trust has a greater role to play in improving patient care. Outcomes for patients with life threatening conditions such as heart attack, stroke and major trauma lag behind the best performing services in the world. Too many patients with urgent care needs, such as the elderly person who has fallen or suffers from exacerbated long term physical or mental health condition, still ends up being taken to hospital rather than being treated in the community or at their home.

The ability to negotiate with commissioners, compete or partner with other providers, and build strong clinical leadership and staff engagement is critical for the Trust to achieve the ambitions set out in this plan. These are also the most challenging aspects of its agenda.

1.2. High Level Overview of the Trust

South Western Ambulance Service NHS Trust is one of 12 NHS Ambulance Trusts in England, all of which are independent Trusts with the exception of the Isle of Wight Ambulance Service which is integrated with the Isle of Wight NHS Primary Care Trust.

South Western Ambulance Service NHS Trust provides three core services and a range of non core services to the four counties of Cornwall and the Isles of Scilly, Devon, Dorset and Somerset.

Core Services

Emergency Ambulance Service (A&E)

The Trust provides an emergency response to 999 Category A, B or C injuries and illnesses, which are likely to require treatment and immediate transport to a hospital or other facility. Provision covers the four counties of Cornwall and the Isles of Scilly, Devon, Dorset and Somerset.

Urgent Care Service (UCS) - Out of Hours Medical Care

The Trust provides a range of non-emergency responses to people who require, or perceive the need for, urgent (but not emergency) advice, care, diagnosis or treatment. This core service is delivered across Dorset and Somerset and includes the Out of Hours service.

Patient Transport Service (PTS)

The Trust provides ambulance non-emergency medical patient transport services, such as to and from out-patient appointments. Provision covers Cornwall and the Isles of Scilly, Devon (excluding Torbay), Dorset, and Somerset.

Non Core Services

In addition to the three core services the Trust provides a range of other services:

- Management of the Volunteer Ambulance Car Service (VACS);
- Provision of Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) Training;
- Transport of medical samples and clinical records (Medical Transport Service);
- Provision of treatment (outside UCS Service Level Agreement) at Minor Injury Units and Minor Treatment Units;
- Provision of commercial and Higher Education training;
- Provision and management of medical services at events;
- Provision of a mobile response service for fallers (Devon Supporting People).

The Trust serves a total estimated population of over 2.9 million, is estimated to receive an influx of holidaymakers and visitors of around 17.5 million¹ each year and covers 17,094 square kilometres including 32,000 kilometres of road and 1,331 kilometres of coastline². The operational area is predominantly rural with a number of major urban centres such as Bournemouth, Poole and Plymouth, is served by six Unitary Authorities, three County Councils and a range of District, Borough and Parish Councils.

The NHS South West is the only Strategic Health Authority to have two Ambulance Trusts within its region (South Western and Great Western Ambulance Services NHS Trusts).

Main Commissioners

Within NHS South West there are 14 Primary Care Trusts (PCTs) responsible for the commissioning of healthcare services for the local population, seven of which are in the Trust operational area. As A&E and PTS services are provided across seven PCTs a coordinated commissioning arrangement exists led by Torbay Care Trust. Quality monitoring, performance and contracting meetings are held monthly.

Urgent Care Services (UCS) are delivered across three PCT areas and similarly a coordinated commissioning arrangement exists led by NHS Dorset. The quality management of the Service Level Agreement is through a Joint Commissioning Board, which has representatives from all three PCTs and is chaired by NHS Dorset. Quality monitoring, performance and contracting meetings are held quarterly.

1.3. Mission, Vision and Strategy

The Trust mission, vision, values and strategy have evolved and adapted to the local health and social care market since the merger in 2006. The Trust detailed market assessment set out in chapter four demonstrates a strong case for the Trust strategic intent.

Mission

'To respond quickly and safely to save lives, reduce anxiety, pain and suffering.'

The Trust sets itself apart by delivering and exceeding challenging quality and performance targets whilst maintaining clinical focus on developing high quality and safe emergency and urgent care services whilst sustaining financial health.

Vision

'To deliver high performing emergency and urgent care and non urgent patient transport services that are responsive, safe, clinically effective, financially viable, legally constituted and well governed.'

The Trust vision defines an explicit commitment to enhancing the patient experience whilst focusing on the requirements of contemporary corporate business rules as set out in the Trust draft constitution. The vision statement articulates the determination of the Trust to sustain its high quality and high performing position whilst ensuring all corporate and social responsibilities are met.

Values

To support the delivery of this vision the Trust has the following core values based upon and fully aligned to the overarching NHS Constitution³:

Respect and dignity

We value each person as an individual.

Commitment to quality and safety of care

We earn the trust placed in us by insisting on quality and safety of patient care by striving to get the basics right every time.

Compassion

We respond with humanity and kindness to each person's pain, distress, anxiety or need.

Improving lives

We strive to improve health and well-being and people's experiences of the NHS.

Working together for patients

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS.

Everyone counts

We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind.

Employer of Choice

We create a positive culture of continuous personal and professional staff development.

1.3.1. Strategy

The Trust strategy will deliver the optimum patient experience whilst striving to secure a safe working environment for staff who operate around the clock health care services 365 days a year. To deliver the strategy the Trust has formulated five overarching strategic goals:

Strategic Goal 1: High quality, high performing

To achieve national ambulance targets by Primary Care Trust (PCT) area in a phased way over the period 2009/10 to 2014/15.

The Trust is commissioned and performance managed to deliver national response time targets at a Trust level. However, the Trust has a philosophy of continuous quality improvement. This involves taking a zero tolerance approach to under performance. The Trust provides services to urban but mostly rural and sparsely populated communities and performance is variable across the geography. Strategic goal 1 tackles inequity of access and the desire to deliver quality services on a PCT as well as on a Trust wide basis.

Strategic Goal 2: Right service right place right time

To implement changing patient pathways in line with national strategies. These will be emergent based on extant policy with a current emphasis on stroke and primary angioplasty.

The Trust has a philosophy of being at the forefront of clinical excellence, to meet and exceed patient expectations, which have informed the development of national strategies. This strategic goal will be updated moving forward to reflect the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

Strategic Goal 3: Reduce A&E attendance

To continue to contribute to the NHS South West ambition of a 10% reduction per annum in A&E attendances at acute hospitals over five years.

The Trust has a philosophy to keep patients at or closer to home when it is clinically and socially safe.

Strategic Goal 4: To be a credible competitor for Urgent Care Services

To secure contracts for the delivery of Urgent Care Services over the period of the Integrated Business Plan, ensuring they are high quality, clinically safe, cost effective and fit for purpose. Where appropriate the Trust will seek and be supported by innovative business partnerships to expand and grow the income base.

The Trust has a philosophy to expand its service portfolio into areas that compliment the core 999 service. In 2004 the Trust started to provide Urgent Care Services to complement and support A&E emergency ambulance services, and provide opportunities for the clinical development of staff through exposure to a wider clinical case mix. Through service modernisation the Trust will deliver the 13 Quality Requirements within an affordable financial envelope that offers value for money. This will support the Trust ambition to grow the existing market share in out of hours provision by bidding for out of hours contracts as they arise over the lifetime of the Integrated Business Plan. This may be through a business partnership or the Trust in isolation.

Strategic Goal 5: To be the obvious choice for Patient Transport Services

To secure contracts for the delivery of Patient Transport Services over the period of the Integrated Business Plan ensuring they are high quality, cost effective and fit for purpose.

The Trust has a philosophy to provide safe patient transport within a robust governance framework that offers value for money to commissioners whilst maintaining high quality care. Building on a modernised service the Trust has an ambition to capture a greater percentage of the total available market share.

1.4. Rationale for NHS Foundation Trust Status

The Trust wants to become an NHS Foundation Trust to:

- Maximise and embrace the opportunities that arise from a rapidly changing NHS, with new technology and clinical advances being made every day, and rising expectations from patients and the public;
- Establish a governance structure that puts local communities ideas, knowledge and experiences at the heart of the organisation in order to be even more successful;
- Maintain and improve upon the Trust's status as a leading healthcare provider by evolving and growing the range and quality of services it offers;
- Reflect the confidence that the Trust places on its staff, who consistently demonstrate their commitment to high quality services and the well-being of patients;
- Better enable the next steps in its development as a high quality organisation;

- Achieve and focus on Trust ambitions, innovations and competitiveness instilling strong clinical leadership at all levels.

1.5. Market Assessment

To develop and drive forward its strategic direction the Trust needs to ensure it is 'market facing', understand its market position, customers and future potential. The first priority of the Trust will always be to deliver high quality care to its patients. However, the Trust intends to become increasingly more responsive to local people, to shape its service around the needs of local communities, commissioners and stakeholders and position itself as a key enabler in the provision of and access to a range of healthcare services.

To support this approach the Trust has undertaken an in depth market assessment to understand fully the local health economy, drivers of change and their potential impact, the external environment and other key factors that will ultimately shape future services and hence the direction of the Trust. Part of this assessment included:

- Commissioning ORH Ltd (Operational Research in Health) in January 2008 to support the Board in formulating its estate strategy;
- Commissioning external consultants Coperforma in April 2008 to support a detailed analysis of the Patient Transport Services market;
- Commissioning PricewaterhouseCoopers in December 2008 to undertake an initial market assessment including a commissioner perception audit;
- Instructing Bevan Brittan LLP to provide legal expertise and guidance to ensure all governance arrangements are fully fit for purpose and able to stand up to the 'comply or explain' principles of the Code of Governance, developed from the Cadbury Code;
- Working with Deloitte who undertook a comprehensive diagnostic in early 2009 which resulted in a high level action plan to strengthen areas of identified development need. Deloitte has continued to work with the Board on development sessions provides external assurance for the five year Cost Improvement Strategy;
- Developing a Strategic Planning Group to fully support all business intelligence gathering and continued market assessment.

The outputs of this market assessment are presented in chapter four.

1.6. Summary SWOT

Table 1 outlines the SWOT analysis for the Trust. Strengths and weaknesses have been outlined as those internal to the Trust, with external threats and opportunities then being considered. Each has been prioritised in terms of its positive or negative implications on the Trust, with those presenting the most significant impact rated first.

Table 1 – Trust SWOT Analysis

Strengths	Weaknesses
1. High clinical quality	1. Currently not delivering three of the 13 Quality Requirements in UCS
2. A&E performance against national targets	2. Limited key performance indicators or benchmarking for PTS performance
3. Enthusiastic, professional, skilled and motivated workforce	3. Negative net current liabilities
4. Current financial position including historical Cost improvement programme delivery	4. Integration of service lines
5. Synergy between service lines	5. PTS and UCS based on block contracts
6. Current contribution to reduced A&E attendances through non conveyance (A&E)	6. Fleet replacement requirement for all three service lines
7. Identified patient pathways for all three service lines	7. Inconsistency in delivery of patient pathways across all areas of operational delivery
8. Mitigated activity in A&E through triage in the clinical hubs	8. Inflexibility and varied utilisation of workforce
9. Large volunteer workforce	9. Variable performance in A&E by PCT area
	10. Workforce planning and training

Opportunities	Threats
<ol style="list-style-type: none"> 1. CQUIN, QIPP, Strategic Framework ambitions and commissioner intentions for future services 2. Technological advancements 3. Current high performing UCS providers in the Trust area 4. Identified groups that could benefit from alternative patient pathways 5. Involvement of staff, public, patients and stakeholders in service development 6. Foundation Trust freedoms and flexibilities 7. Growth opportunities in the Trust's operational area for UCS and PTS 8. Changing patient pathways e.g. stroke care, renal and oncology 9. Addressing health inequalities 10. Only strategic health authority area with more than one ambulance service 	<ol style="list-style-type: none"> 1. Ability of the local health economy to manage future activity growth 2. Geographical and funding variances across the four counties 3. Demographic trends and seasonality driving demand 4. Reliance on Cost Improvement Strategy as a source of funding in future years 5. Effect of national healthcare strategies 6. National and local tariff 7. Wider economic climate 8. Poor perception of, competition for and potential loss of UCS and PTS contracts 9. Impact of health inequalities on clinical demand 10. Future political ambitions

1.7. Summary of Service Developments

Chapter five of the Integrated Business Plan sets out the key service developments for the Trust that have been formed in response to the issues and opportunities presented. Service developments have been articulated under three key headings:

- **Sound Service Developments:** The Integrated Business Plan assumes that sound initiatives are funded and occur within the lifetime of this Integrated Business Plan;
- **Ambitions:** These are future ambitions of the Trust within the lifetime of this Integrated Business Plan but are subject to internal and external factors such as national policy, support for the Investment Strategy, commissioner intentions etc;
- **Aspirations:** These are developments that the Trust is considering but are outside the timeframe of the Integrated Business Plan or there is currently not enough information to describe the impact on its five year plans.

Each service development is underpinned by a number of service enablers which are set out in more detail in chapter five of the Integrated Business Plan.

A&E Service Line Sound Service Developments

- **Service Development 1:** Changing patient pathways in line with national strategies emergent with the National Stroke Strategy;
- **Service Development 2:** Changing patient pathways in line with national strategies emergent with Primary Angioplasty;
- **Service Development 3:** 2012 Olympic and Paralympic Games;
- **Service Development 4:** Increasing non conveyance rates to A&E departments by 10% over a five year period.

A&E Ambitions

- To establish a Hazardous Area Response Team (HART) team in Exeter;
- To further improve the quality of services across all PCT areas building upon the intentions of strategic goal one;
- To further improve clinical outcomes for patients across the emergency, urgent care and patient transport pathways;
- To develop third sector partnerships with charitable and non profit organisations further supporting the delivery of care across the Trust area;
- To deliver savings greater than a 10% reduction in attendances at A&E departments over a five year period.

A&E Aspiration

- Following the successful implementation of a HART in Exeter the Trust would aspire to establish a second team based in Bournemouth.

Full Service Modernisation of the Urgent Care Service

The Trust is proposing to undertake full service modernisation of the Urgent Care Service, underpinned by a programme of quality improvement that commenced in 2009/10.

In summary the modernisation programme is a five year initiative focusing on a number of key areas including:

- Clinical and non clinical skills remodelling;
- Management restructuring;
- Development of information management and technology;
- Increased focus on quality and performance management.

UCS Ambitions

- To develop innovative business partnerships to strengthen service delivery and resilience; provide economies of scale; and strengthen further the probability of success in securing contracts when tendered;
- To grow the existing market share in out of hours provision by bidding for out of hours contracts as they arise over the lifetime of the Integrated Business Plan. This may be through an established business partnership or the Trust in isolation.

UCS Aspiration

- To engage with current providers, or deliver a new service where current provision does not exist, to deliver a 'rapid response' service to facilitate patients remaining at home, and avoiding unnecessary admissions e.g. supporting the wider roll out of the Devon Supporting People model across the whole Trust area.

Full Service Modernisation of the Patient Transport Service

The Trust is proposing to undertake full service modernisation of the Patient Transport Service, underpinned by a programme of quality improvement commencing in 2009/10.

In summary the modernisation programme is a five year initiative focusing on a number of key areas including:

- Undertaking a management restructure to support the delivery of PTS and the integration and efficiency of PTS with A&E;
- Integrating PTS control workforce, skills mix and technology with A&E where appropriate to create efficiencies in patient triage and record management, increase productivity in delivering the proposed new service model and increase responsiveness;
- Continuing to trial variations of PTS vehicles to meet evolving commissioner needs and service initiatives;
- Continuing to effectively manage and forecast the PTS fleet replacement programme;
- Re-profiling PTS resources and skills mix to closer align with future public and private demand, including extending operational hours, in areas evidenced to be appropriate;
- Reconfiguring PTS estate where appropriate on an opportunistic basis in line with the Estates Strategy and A&E/UCS business plans;
- Developing a hybrid technological solution between the existing A&E and PTS control systems.

PTS Ambitions

- To grow the existing market share in PTS provision within the Trust operational area by bidding for contracts as they arise from April 2010 onwards;
- To develop the Trust role in managing the PTS market ensuring equity of access, choice and plurality, managing transport demand and efficiencies and expanding the current private provider accreditation scheme.

1.7.1. Service Development Enablers

Delivery of the four proposed service developments and the two service modernisation programmes are dependent upon a number of enablers. In summary these are:

- Enabling strategies for Fleet, Estates and Facilities, Leadership, Human Resources and Workforce Development and Information, Management and Technology Strategies;
- Capacity Management System;
- NHS Pathways;
- Evidence Based Decision Making Project;
- A&E, UCS and PTS Business Plans and associated business cases;
- UCS and PTS Performance Improvement Plans;
- Electronic Care System.

Full details of the service development, key enablers, activity projections and resource implications can be found in chapter five.

1.8. Performance Overview – NHS Performance

Table 2 sets out performance against key national and regulatory targets from 2006/07 through to 2009/10.

Table 2 – National and Regulatory Targets Performance Summary 2006/07 to 2009/10

Key Performance Indicator	Target	Performance 2006/07 ⁴	Performance 2007/08	Performance 2008/09 ⁵	Performance 2009/10 ⁶
Category A8	75%	74.12%	78.94%	78.01%	78.28%
Category A19	95%	93.97%	95.46%	95.78%	96.49%
Category B19	95%	93.42%	93.66%	94.25%	95.78%
Thrombolysis	68%	64%	70%	71%	69.7%
NHS Litigation Authority (CNST) Rating ⁷		Level 3	Level 3	Level 1	Level 1
Quality of Financial Management ⁸		Fair	Good	Good	Target: Good
Quality of Services		Fair	Good	Good	Target: Good
Information Governance Toolkit	Level 2	Level 2	Level 2	Level 2	Level 2

1.9. Conclusion

The South Western Ambulance Service NHS Trust is a top class organisation delivering high quality patient services. This Executive Summary introduces the Integrated Business Plan 2009/10 to 2014/15 and sets out its ambitious service development strategy as part of the application to become an NHS Foundation Trust.

2. Profile

2.1. Overview

South Western Ambulance Service NHS Trust is one of 12 NHS Ambulance Trusts in England, all of which are independent Trusts with the exception of the Isle of Wight Ambulance Service which is integrated with the Isle of Wight NHS Primary Care Trust.

South Western Ambulance Service NHS Trust provides three core services and a range of non core services to the four counties of Cornwall and the Isles of Scilly, Devon, Dorset and Somerset.

Core Services

Emergency Ambulance Service (A&E)

The Trust provides an emergency response to 999 Category A, B or C injuries and illnesses, which are likely to require treatment and immediate transport to a hospital or other facility. Provision covers the four counties of Cornwall and the Isles of Scilly, Devon, Dorset and Somerset and activities included within this core service are:

- Call handling and triage of 999 calls from the general public, and other calls and requests from healthcare professionals and other emergency services;
- Prioritisation of calls, utilising an approved IT system, into either Category A, B or C calls;
- Identification and onward referral to alternative care pathways;
- The provision of front line and rapid response vehicles with suitably qualified staff, including Community First and Co-Responders, Paramedics, Student Paramedics and Emergency Care Practitioners to meet the needs of patients;
- Inter hospital emergency and urgent transport of patients;
- Transport for formal and informal psychiatric patients and patients sectioned under the Mental Health Act;
- The provision of clinical staff to crew four air ambulances;
- Street safe buses in urban areas to act as clinical mobile support units;
- Emergency preparedness in line with the duties of the Civil Contingencies Act (2004), including Search and Rescue.

The seven commissioners for A&E services are set out in more detail in Table 3.

Urgent Care Service (UCS) - Out of Hours Medical Care

The Trust provides a range of non-emergency responses to people who require, or perceive the need for, urgent (but not emergency) advice, care, diagnosis or treatment. This core service is delivered across Dorset and Somerset, includes the Out of Hours service and additional activities such as:

- Call handling, call triage (clinical assessment) and dispatch;
- Treatment by General Practitioners (GPs), Emergency Care Practitioners and Nurse Practitioners;
- In-hours GP call handling;
- Single point of access for dental emergencies;
- Treatment services at Minor Injury/Treatment Units;
- GP and Emergency Care Practitioner home visiting.

Urgent Care Services are commissioned largely by NHS Bournemouth and Poole, NHS Dorset and NHS Somerset.

Patient Transport Service (PTS)

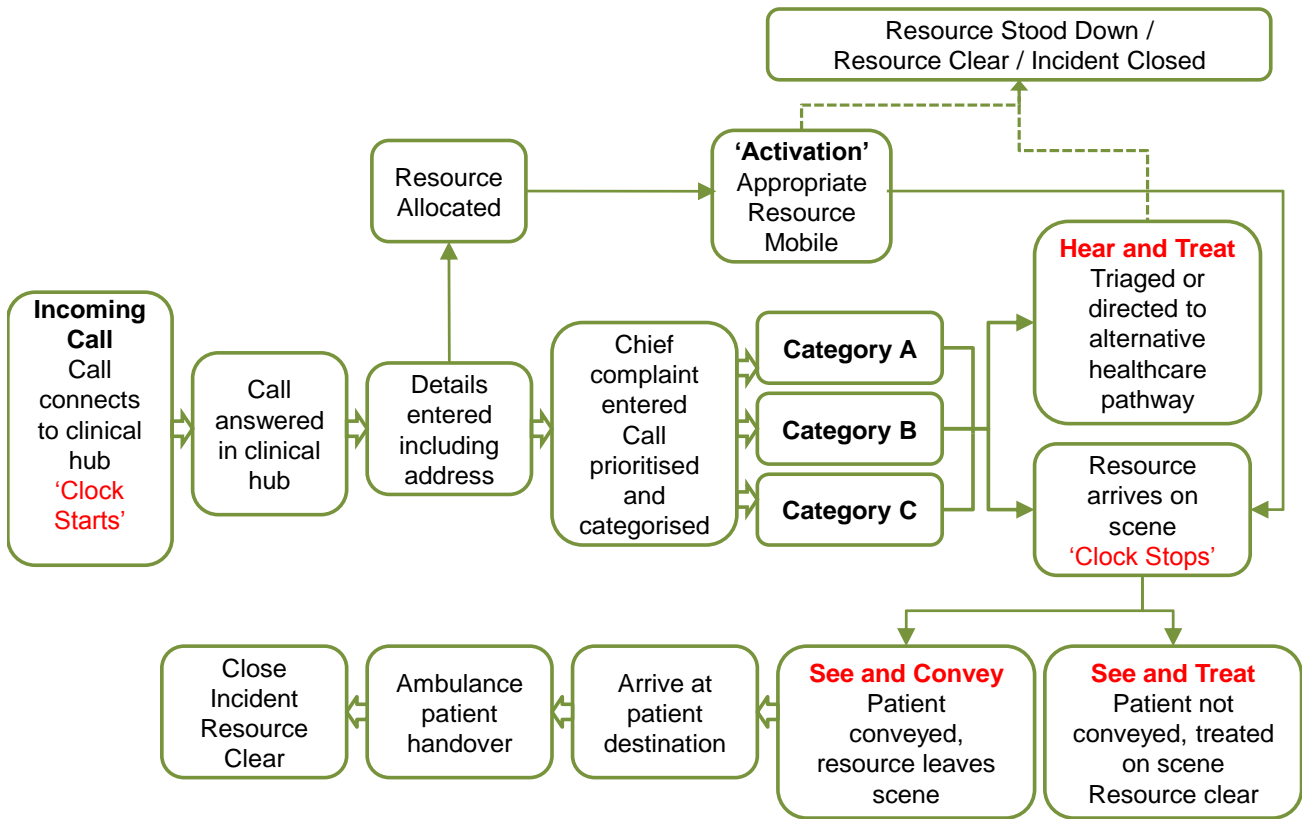
The Trust provides ambulance non-emergency medical patient transport services, such as to and from out-patient appointments. Provision covers Cornwall and the Isles of Scilly, Devon (excluding Torbay), Dorset, and Somerset. This core service includes the following activities:

- Handling calls from treatment centres including calls from healthcare professionals;
- Prioritisation of calls, utilising an approved IT system, into mobility categories;
- Provision of specialist patient transport vehicles with suitably qualified staff;
- Inter hospital transport of non emergency patients;
- Out of area transfers.

Patient Transport Services are commissioned by a total of 25 PCTs, Acute and Mental Health (Partnership) Trusts.

The Emergency and Urgent Care Patient Pathway

The diagram below sets out the existing patient pathway for 999 and healthcare professional calls received in the Trust’s clinical hub. The ‘clock start and stop’ markers indicate the period over which the Category A and B response time targets are measured.



The pathway is similar for out of hours Urgent Care Service calls with variances around the source of calls such as; direct calls from patients, patient calls routed through from NHS Direct or re-routed from closed GP surgeries. Variances in outcome arise where, in addition to telephone triage, a patient may be advised to attend A&E, be referred to a local treatment centre or receive a home visit from a medical practitioner.

For PTS the pathway is substantially different with patient journeys secured through a formal booking system and responses subsequently planned and pre booked.

Non Core Services

In addition to the three core services the Trust provides a range of other services:

- Management of the Volunteer Ambulance Car Service (VACS);
- Provision of Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) Training;
- Transport of medical samples and clinical records (Medical Transport Service);
- Provision of treatment (outside UCS Service Level Agreement) at Minor Injury and Minor Treatment Units;

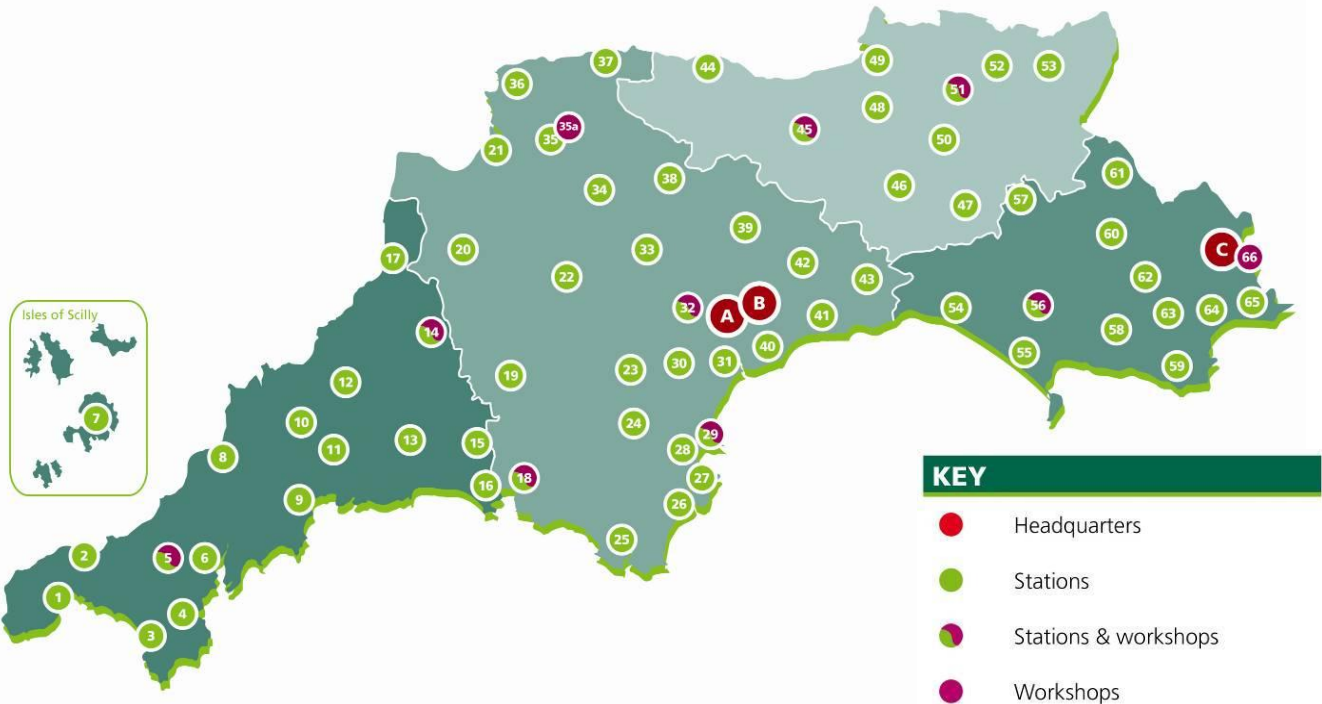
- Provision of commercial and Higher Education training;
- Provision and management of medical services at events;
- Provision of a mobile response service for fallers (Devon Supporting People).

The Trust is part of the NHS South West family, which is the only Strategic Health Authority to have two Ambulance Trusts within its region (South Western and Great Western Ambulance Services NHS Trusts).

The Trust serves a total estimated population of over 2.9 million, is estimated to receive an influx of holidaymakers and visitors of around 17.5 million⁹ each year and covers 17,094 square kilometres including 32,000 kilometres of road and 1,331 kilometres of coastline¹⁰. The operational area is predominantly rural with a number of major urban centres such as Bournemouth, Poole and Plymouth, is served by six Unitary Authorities, three County Councils and a range of District, Borough and Parish Councils.

2.1.1. Trust Profile

The Trust estate is depicted in the map below. The Trust has a total of 65 ambulance stations (leasehold and freehold), ten vehicle workshops (three of which are non ambulance stations), one main administrative site co-located with a clinical hub in Exeter, Devon and a second clinical hub based in St Leonard's, Dorset. The Trust also utilises 88 social and non-social dispatch points.



The Trust provides the clinical teams for four air ambulances (two in Devon, one in Cornwall and the Isles of Scilly and one shared across Dorset and Somerset). The helicopters are funded and owned by independent charities with the Trust supplying clinical staff.

2.1.2. Main Commissioners

Within NHS South West there are 14 Primary Care Trusts (PCTs) responsible for the commissioning of healthcare services for the local population, seven of which are in the Trust operational area. As A&E and PTS services are provided across seven PCTs a coordinated commissioning arrangement exists led by Torbay Care Trust. Quality monitoring and performance and contracting meetings are held monthly.

UCS is delivered across three PCT areas and similarly a coordinated commissioning arrangement exists led by NHS Dorset. The quality management of the service level agreement is through a Joint Commissioning Board, which has representatives from all three PCTs and is chaired by NHS Dorset. Quality monitoring meetings are held quarterly.

Table 3 sets out the total core income for 2009/10.

Table 3 – Income for 2009/10 by NHS and Non NHS Providers for Trust Core Services

NHS Income by Commissioner	A&E £'000	UCS £'000	PTS £'000	Population Estimates ¹¹
NHS Bournemouth and Poole	9,578	3,149		416,700
NHS Cornwall and Isles of Scilly	19,739	0	559	534,300
NHS Devon	22,578	0	266	754,700
NHS Dorset	10,465	4,330	236	407,800
NHS Plymouth	7,160	0	436	252,800
NHS Somerset	17,104	5,242	291	525,800
Torbay Care Trust	4,354	0		134,000
Total	90,978	12,721	1,787	2,912,100
Other NHS		132	4,963	
Non NHS Income		85		
Total Service Income	90,978	12,938	6,750	

2.2. Performance Summary

Table 4 sets out performance against key national and regulatory targets from 2006/07 through to 2009/10.

Table 4 – National and Regulatory Targets Performance Summary 2006/07 to 2009/10

Key Performance Indicator	Target	Performance 2006/07 ¹²	Performance 2007/08	Performance 2008/09 ¹³	Performance 2009/10 ¹⁴
Category A8	75%	74.12%	78.94%	78.01%	78.28%
Category A19	95%	93.97%	95.46%	95.78%	96.49%
Category B19	95%	93.42%	93.66%	94.25%	95.78%
Thrombolysis	68%	64%	70%	71%	69.7%
NHS Litigation Authority (CNST) Rating ¹⁵		Level 3	Level 3	Level 1	Level 1
Quality of Financial Management ¹⁶		Fair	Good	Good	Target: Good
Quality of Services		Fair	Good	Good	Target: Good
Information Governance Toolkit	Level 2	Level 2	Level 2	Level 2	Level 2

2.3. Overview of Other Procurement Arrangements

The Trust has, via Service Level Agreements a range of other procurement arrangements which support the business of the Trust:

- NHS Shared Business Services, who are partnered with Steria, for a range of back office financial systems for the Trust;
- Plymouth Financial Shared Services who manage the Trust payroll services;
- The Trust is part of a national collaborative agreement between Ambulance Trusts for the North West Collaborative Procurement Hub which provides a strategic sourcing service;
- The Trust uses Purchasing and Supply Agency National Framework Agreements to make the most effective use of its resources by obtaining the best possible value for money when purchasing goods and services. Framework Agreements provide the Trust with the security and protection from tenders that have been

conducted in accordance with the Official Journal of European Union regulations regarding the award of public contracts and with agreed terms and conditions that legally protect the interests of the Trust.

2.4. Joint Ventures And Partnership Arrangements

The Trust defines a partnership as one with a pooled budget; as such the Trust has no partnership arrangements. However, the Trust does have a range of formal agreements with other organisations to achieve combined ambitions with both statutory and non statutory agencies.

3. Strategy

3.1. Trust Mission, Vision and Values

The Trust mission is:

'To respond quickly and safely to save lives, reduce anxiety, pain and suffering.'

The Trust sets itself apart by delivering and exceeding challenging quality targets whilst maintaining clinical focus on developing high quality emergency and urgent care services whilst sustaining financial health.

The vision:

'To deliver high performing emergency and urgent care and non urgent patient transport services that are responsive, safe, clinically effective, financially viable, legally constituted and well governed.'

To support the delivery of this vision the Trust has the following core values based on the NHS Constitution³:

Respect and dignity

We value each person as an individual.

Commitment to quality of care

We earn the trust placed in us by insisting on quality and striving to get the basics right every time.

Compassion

We respond with humanity and kindness to each person's pain, distress, anxiety or need.

Improving lives

We strive to improve health and well-being and people's experiences of the NHS.

Working together for patients

We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities, and professionals outside the NHS.

Everyone counts

We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind.

Employer of Choice

We create a positive culture of continuous personal and professional staff development.

3.2. Strategy

The strategy is focused on the continued modernisation of its three core services, which will ensure delivery of all standards, quality requirements and provide health community benefits. The Trust will ensure its core business is centred around clinical leadership, quality, safety and productivity and aligned to PCT commissioning plans. In delivering the strategy the Trust has formulated five strategic goals. More information on these is set out in the following pages.

Strategic Goal 1: High quality, high performing

To achieve national ambulance targets by Primary Care Trust area in a phased way over the period 2009/10 to 2014/15.

The Trust is commissioned and performance managed to deliver national response time targets at a Trust level. However, the Trust has a philosophy of continuous quality improvement. This involves taking a zero tolerance approach to under performance. The Trust provides services to urban but mostly rural and sparsely populated communities and performance is variable across the geography. Strategic goal one tackles inequity of access and the desire to deliver quality services on a PCT as well as on a Trust wide basis.

Rationale

- There remain significant inequalities in health and great variations in the quality and accessibility of care across the south west;
- NHS South West Strategic Framework emphasises nobody's health should suffer as a result of inequality or inequity, and that one of the key principles within the NHS is fairness with services being equally available to all;
- 'Taking Healthcare to the Patient'¹⁷ outlines a primary vision for ambulance services of continuing to improve the speed and quality of service provided to patients with emergency care needs;
- The Department of Health Review Panel fed back to the NHS South West from its assurance visit on 15 -16 December 2009 that an area for improvement was to broaden the focus of quality management to include system-wide improvement as well as a focus on individual organisations;
- NHS South West Strategic Framework outlines an ambition that all PCT areas will achieve emergency ambulance response times in the upper quartile nationally by 31 March 2010;
- PCT level performance against these targets has historically varied across and within PCT areas and has been impacted upon by changes to the way in which national targets have been measured since the introduction of call connect in April 2008;
- The Trust has invested in and implemented Evidence Based Decision Making (EBDM) capabilities within the Trust to facilitate the modelling of resource implications on the A&E service delivery model. This will further enhance the ability of the Trust to more accurately map resources to demand releasing resources to be targeted elsewhere;
- The delivery of strategic goal one will be supported by the outputs of EBDM and the Trust will conduct a feasibility study on any proposed changes to the service model that may be required, formally consult on these and then implement appropriate changes.

Benefits

- Improved access to the service provided to the residents of all PCTs;
- Improved responsiveness and quality of care;
- Improved clinical outcomes;
- Improved patient experience and public and stakeholder confidence.

Measures of Success

- Improved response times in all PCT areas;
- Sustained Trust wide performance for Categories A8, A19 and B19;
- Contribution to the achievement of Care Quality Commission standards and national targets.

Strategic Goal 2: Right service right place right time

To implement changing patient pathways in line with national strategies. These will be emergent based on extant policy with a current emphasis on stroke and primary angioplasty.

The Trust has a philosophy of being at the forefront of clinical excellence, to meet and exceed patient expectations, which have informed the development of national strategies. This strategic goal will be updated moving forward to reflect the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

Rationale

Stroke

- Stroke is the third leading cause of death, and the number one cause of disability in the developed world¹⁸, with over 110,000 people in the UK experiencing a stroke each year, and 60,000 deaths occurring annually¹⁹. Stroke costs the NHS £2.8 billion a year, almost £1 billion more than the cost of coronary heart disease;
- The National Stroke Strategy (2007)²⁰ outlines a number of key quality markers and recommendations for the treatment of stroke including immediate 'blue light' transfer to a hospital providing acute stroke services, able to provide expert clinical assessment, timely imaging and where appropriate thrombolysis 24/7;
- Since the inception of the first initiative in Dorset during 2004 to fast-track stroke patients to an acute service, the Trust has been at the forefront of service developments in the UK. As part of the National Stroke Strategy development, the Trust developed the first out-of-hospital multi-professional transient ischaemic attack pathway; the first to fully address the recommendations of the Strategy.

Primary Angioplasty

- The National Service Framework for Coronary Heart Disease (2000) set out the current policy for the treatment of heart attacks; delivery of a thrombolytic drug within 60 minutes of the call for professional help. During 2008/09, 83% of patients who received thrombolysis by Trust Paramedics, did so within 60 minutes;
- Primary angioplasty is an alternative to thrombolysis which removes the clot using mechanical intervention;
- As provision of primary angioplasty is logistically challenging it has been identified within High Quality Care⁵, the National Infarct Angioplasty Project⁴ and Mending Hearts and Brains⁶ as one of the services more appropriately provided in specialist centres;
- NHS South West Strategic Framework outlines an ambition for a year-on-year increase in the proportion of heart attack patients treated with primary angioplasty, meeting national standards for treatment within 150 minutes of calling for help by 31 March 2011.

Benefits

- The development of primary angioplasty could save up to 50 lives per year in the south west, in addition 100 further heart attacks and 25 strokes could be avoided;
- Enhanced ability to recognise a stroke or transient ischaemic attack and deal appropriately with the patient and deliver patients to 24/7 acute stroke and thrombolysis services;
- Reduction in avoidable admissions through the appropriate treatment and direct referral of low risk cases patients;
- Support the implementation of a range of Strategic Framework recommendations and Quality Markers of the National Stroke Strategy;
- Improved patient experience, public and stakeholder confidence.

Measures of Success

Measures of success for the delivery of the stroke and primary angioplasty recommendations include:

- 95% of stroke patients to have a FAST (Face, Arms, Speech, Time to Call) test recorded;
- 100% of appropriate patients conveyed to a specialist stroke centre (subject to facilities being available);
- 85% of appropriate patients to receive primary angioplasty;
- Achieve pre-hospital thrombolysis within 60 minutes in 68% of cases, where achievement of the 150 minute target primary angioplasty target is not possible;
- Sustained performance against response time targets across the Trust area.

Strategic Goal 3: Reduce A&E attendance

To continue to contribute to the NHS South West ambition of a 10% reduction per annum in A&E attendances at acute hospitals over five years.

The Trust has a philosophy to keep patients at or closer to home when it is clinically and socially safe.

Rationale

- Reducing inappropriate demand on core services;
- In England, approximately 14 million patients attend emergency departments every year however, only 20% (approximately) of these patients subsequently require admission to a hospital bed, suggesting many of these patients could instead be treated either at home or closer to their home;
- Data for ambulance service related calls suggests that 40% of all 999 calls do not require an emergency ambulance response²¹;
- The present position in the south west is that:
 - Attendances at emergency departments in the south west in 2006/07 were 355 per 1,000 population, with a rate of increase in attendances from 2001 to 2006 of 27.7% (an average annual increase of 7.5%);
 - The rate of increase in admissions from emergency departments from 2001 to 2006 was 21%, above the national average of 17% with an average annual increase of 6.9%;
 - During 2001 to 2006 calls for emergency ambulances have increased by 6.8%, above the national average of 6%;
 - NHS South West Strategic Framework outlines an ambition to reduce A&E admissions by 10% per annum over five years;
- It is expected that there will be disinvestment in acute services as a reflection of tariff arrangements. Therefore Acute Trusts will look to reduce the number of patients being admitted through A&E departments by developing existing patient pathways and seeking alternative patient pathways.

Benefits

- Reduced attendance, and therefore admissions, will generate significant savings for commissioners and the wider health economy and contribute to the referral to treatment target;
- Improved patient experience, public and stakeholder confidence;
- Supports the decrease in Healthcare Associated Infections;
- Releases resources across the healthcare community;
- Promotes service redesign with conveyances based upon clinical need;
- Reduced attendance will benefit acute Trusts alleviating pressures on the achievement of the four hour target;
- Lowers the Trust emissions, carbon footprint and annual mileage;
- Contributes to wider healthcare community challenge of achieving the four hour A&E target and reducing handover delays.

Measures of Success

Measures of success for increasing non conveyance rates include:

- Primarily the achievement of the overall 10% increase in non conveyances rates over the five year period 2010/11 to 2014/15, based on the 2008/09 baseline. This will be measured by the achievements and contribution of individual proposals as set under the headings of triage, health promotion and skills;
- A reduction in the number of ambulance journeys undertaken for non-life threatening 999 calls;
- Reduced job cycle times;
- A reduction in the number of ambulance handover delays at emergency departments.

Strategic Goal 4: To be a credible competitor for Urgent Care Services

To secure contracts for the delivery of Urgent Care Services over the period of the Integrated Business Plan, ensuring they are high quality, clinically safe, cost effective and fit for purpose. Where appropriate the Trust will seek and be supported by innovative business partnerships to expand and grow the income base.

The Trust has a philosophy to expand its service portfolio into areas that compliment the core 999 service. In 2004 the Trust started to provide Urgent Care Services to complement and support A&E emergency ambulance services, and provide opportunities for the clinical development of staff through exposure to a wider clinical case mix.

Through service modernisation the Trust will deliver the 13 Quality Requirements within an affordable financial envelope that offers value for money. This will support the Trust ambition to grow the existing market share in out of hours provision by bidding for out of hours contracts as they arise over the lifetime of the Integrated Business Plan. This may be through a business partnership or the Trust in isolation.

Rationale

- Modernise to secure the service for the longer term;
- Exploit the synergies between emergency 999 and urgent care;
- Retain existing contracts over the life of the Integrated Business Plan and beyond;
- Improve the organisation of care and services, configuring care around the needs of patients;
- Improve access and assessment leading to more appropriate care;
- Provide an environment where clinicians are exposed to non emergency conditions to improve skills.

Benefits

- Secure income;
- Improved value for money;
- Strengthen Trust position in a competitive market;
- Deliver the 13 Quality Requirements;
- Supports development of stronger links with primary care 24/7;
- Promotion of stronger and integrated multidisciplinary teams;
- Exploit strengths of other out of hours providers;
- Improve clinical networks;
- Improved patient experience, public and stakeholder confidence.

Measures of Success

Strategic goal four is being delivered through the full service modernisation of the Urgent Care Service. Measures of success include:

- Consistent delivery of all 13 Quality Requirements;
- Successful implementation of the quality improvement plan and service modernisation programme;
- Successful retention of UCS contracts when tendered;
- Positioning the Trust as a strong competitor for securing additional contracts, either alone or in partnership with other organisations;
- Delivering a financially viable service which delivers on the objectives set by the Investment Strategy and Cost Improvement Strategy;

Strategic Goal 5: To be the obvious choice for Patient Transport Services

To secure contracts for the delivery of Patient Transport Services over the period of the Integrated Business Plan ensuring they are high quality, cost effective and fit for purpose.

The Trust has a philosophy to provide safe patient transport within a robust governance framework that offers value for money to commissioners whilst maintaining high quality care. Building on a modernised service the Trust has an ambition to capture a greater percentage of the total available market share.

Rationale

- Modernise to secure the service for the longer term;
- Exploit the synergies between emergency 999 and Patient Transport Services;
- Retain existing contracts over the life of the Integrated Business Plan and beyond;
- Secure increased capacity to meet excessive unpredictable demand for emergency ambulance services by supplementing transport for non critical pre clinically assessed patients;
- Protect market share.

Benefits

- Secure income;
- To be seen as the obvious provider for PTS in the south west;
- Service becomes more efficient generating savings across the wider health community;
- Improved capacity and resilience;
- Improved access to services;
- Improved patient flows;
- Improved patient experience, public and stakeholder confidence;
- Increased integration between services and patient pathways.

Measures of Success

Strategic goal five is being delivered through the full service modernisation of the Patient Transport Service. Measures of success include:

- That PTS operates as a cost effective service that delivers on the objectives set by the Investment and Cost Improvement Strategies;
- That PTS delivers efficiencies to meet increasing demand and unfunded growth (measures consist of demand flattening, new commissioning model, fleet redesign, live controlling, evidence based dispatch and rota re-profiling);
- Improved and build on PTS reputation, ensuring the Trust becomes the obvious choice for PTS;
- Successful implementation of the quality improvement plan and service modernisation programme;
- The Trust is positioned as the provider of choice for PTS.

The five strategic goals will be supported by underpinning strategies. The most important of which are:

- Human Resources, Estates and Facilities, Fleet and Information Management and Technology enabling strategies;
- Performance Management;
- Quality;
- Investment;
- Clinical Effectiveness;
- Public Health.

3.3. Rationale for Foundation Trust Status

The Trust has an ambitious high achieving workforce that aims to make and implement decisions faster. The NHS Foundation Trust regulator, Monitor, and its compliance framework provides the right climate to achieve this by enabling independence with regulation, increasing focus on efficiency, quality and safety.

Becoming an NHS Foundation Trust will allow the Trust to:

- Become a model employer;
- Develop flexible working arrangements to meet the Trust's objectives;
- Better enable the Trust's next steps in the further development of a high performing organisation;
- Exploit new governance arrangements, including the establishment of a Council of Governors, to enable the Trust to better communicate with the diverse communities it serves;
- Better serve patients and the public to translate local needs into future service delivery plans;
- Establish a long term business strategy with commissioners built around effective business planning with close ownership by stakeholders;
- Achieve its ambitions, innovations and competitiveness and position the Trust as a provider of choice;
- Exploit the business freedoms by developing partnership arrangements with other agencies including the third sector further enabling cross boundary working;
- Better understand and contribute to local health and social care strategic plans and service developments;
- Better integrate services with the local system wide health and social care economy;
- Build stronger relationships with all key stakeholders so the Trust strategy and service developments are better understood externally;
- Accelerate the Trust's corporate and social responsibilities agenda;
- Deliver a sustainable surplus that funds an Investment Strategy, supported by commissioners.

Foundation Trust Membership

The Trust is committed to becoming an NHS Foundation Trust, and in doing so is also committed to involving as many stakeholders as possible. Membership of the Trust will ensure that members of the public and staff within the catchment area are not only aware of the service's aspirations, but through an open and consistent two way channel of communication, will also help shape future service provision. Details on recruitment plans, targets and the role of members as an NHS Foundation Trust are set out in the Trust's Membership Strategy. The Trust believes that becoming an NHS Foundation Trust will give patients, public and staff:

- A sense of ownership of the Trust and the services it provides by becoming a member of the Trust and determining their own level of involvement in the future plans of the Trust;
- More influence on how and what services are developed and greater involvement in decision making with improved communication at all levels through the Council of Governors and active engagement of members;
- A more responsive service informed by members and Governors views through increased local accountability;
- An opportunity to influence the direction of the Trust through consultation and public events and greater involvement;
- An opportunity to hold the Board to account where appropriate through voting, standing for election for and serving on the Council of Governors and exercising statutory powers and functions;
- An opportunity to receive regular information on Trust activities and the quality of its services, invites to special 'membership' days/events and being the first to learn about fundraising, volunteering and career opportunities.

3.4. Summary of Outcome of Consultation Process

A formal consultation on the Trust's future plans and NHS Foundation Trust application took place for 15 weeks from 14 September to 31 December 2009. A high level summary is set out below:

- A three week extension was agreed by the Board to address concerns over the unforeseen postal strikes in September and October 2009 and the subsequent delays in receiving consultation documents;

- Consultation materials comprised a full, summary and easy read consultations document each of which were made available in a range of formats;
- Public engagement days were held in each of the four counties in addition to over 100 face-to-face or web-based consultation activities;
- The calendar of consultation activities targeted hard to reach groups such as youth groups and migrant worker projects, as well as major stakeholders;
- A total of 1,219 formal responses were received during the consultation period;
- The consultation review included a detailed stakeholder analysis as set out in the formal consultation report;
- Future engagement activities will be strengthened through the actions and proposals set out in the NHS Foundation Trust Membership Strategy.

Resultant Outcomes

The key issue which emerged from the consultation was concern over the proposed variation in the number of public constituency seats allocated to each county. The Board considered a range of options at its January 2010 meeting and decided to remain with the current proposed model based upon a number of seats allocated by percentage of total population.

The Trust also obtained further guidance from its legal advisors Bevan Brittan, and Monitor's legal team, as to the proposed number of PCT seats on the Council of Governors and the appointment model as set out in the draft constitution. Consideration of a number of options resulted in the following agreement at Board to allocate:

- One 'nominated' seat to Torbay Care Trust as the lead commissioner of A&E and PTS services;
- One 'nominated' seat for NHS Dorset as the lead commissioner for UCS;
- One jointly appointed seat for the remaining five PCTs in the Trust operational area;
- One public constituency seat for the Isles of Scilly.

This increased the total PCT seats from one to three, and the total size of the Council of Governors to 31 seats.

4. Market Assessment

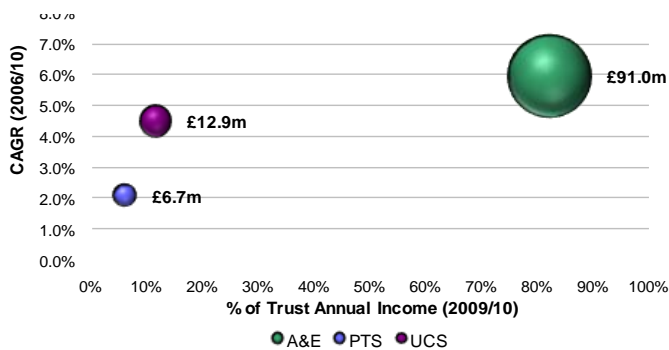
4.1. Trust Markets

4.1.1. Market Overview

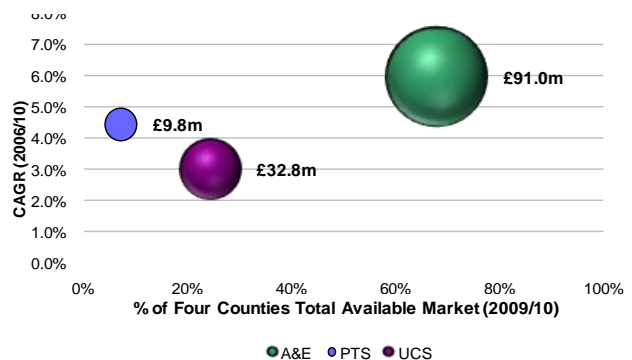
An overview of the market, defined as the four counties the Trust serves, is set out in the table below. This is further supported by an analysis of the Trust income and growth by service line, and growth in the context of the total available market.

A&E	<ul style="list-style-type: none"> Serves a resident population of 2.9 million (56% of the south west population) with high seasonal variations; 2009/10 Service Level Agreement income of £90,978k represents 100% of the available market share for 999 A&E; Contributes around 77% to total Trust income for 2009/10; Trust and total market has grown at a compound annual growth rate (CAGR) of 6.0% from 2006/07 to 2009/10; Trust has maintained a 100% monopoly in the emergency market.
UCS	<ul style="list-style-type: none"> 2009/10 Service Level Agreements with a value £12,938k representing 39% of the total UCS market; Contributes 11% to total Trust income for 2009/10; Trust has gained significant share of the UCS market and maintained a healthy 4.5% compound annual growth rate from 2006/07 to 2009/10; Growth was faster than total market at 3% compound annual growth rate (2006/07 to 2008/09) as the Trust secured additional contracts to deliver out of hours services to HM Prisons and Military facilities.
PTS	<ul style="list-style-type: none"> NHS Trusts in England deliver 86% of the total PTS market. 14% is delivered by independent sector providers; 2009/10 Service Level Agreements with a value £6,750k demonstrating the Trust has captured an estimated 67% of the total PTS market; Represents around 6% of Trust total income for 2009/10; Trust market has grown at a compound annual growth rate of 2.1% from 2006/07 to 2009/10; However growth is slower than total market which has grown at 4.5% compound annual growth rate and currently stands at an estimated £9,800k (exact value is unknown).
Total Available Market	<ul style="list-style-type: none"> Total available market for A&E, UCS and PTS in 2009/10 equates to £133,600k; Of which, total A&E market represents around 68% (£91,000k), UCS 25% (£32,800k) and PTS around 7% (£9,800k); Trust share of available market equates to 83% based on the 2009/10 position.

Analysis of Trust Income and Growth by Service Line (2009/10)



Analysis of Available Market and Growth for the Four Counties (2009/10)



4.2. Market Drivers

4.2.1. Demographic Drivers

The table below summarises the demographic drivers for growth and the implications for activity trends in the medium to long term.

Domain	Drivers for Growth	Activity Projection Implications
Population	<ul style="list-style-type: none"> Population growth in the region has been faster year on year than UK as a whole Projected to grow by 24% between 2006 to 2031 Highest percentage change due to migration and lowest due to natural change More females in the region than males 	<ul style="list-style-type: none"> A&E activity (activations) predicted to grow year on year UCS activity (patient contacts) predicted to grow year on year PTS activity predicted to change significantly with the introduction of new eligibility criteria in 2011 impacting on the types of patients the service will transport.
Age	<ul style="list-style-type: none"> More people above 65 years of age Increase in females over 70 years of age Increased life expectancy 	<ul style="list-style-type: none"> Move towards preventative care Increases in demand and complexity Increase palliative care requirements Increase in proportion of fallers and long term conditions
Ethnicity	<ul style="list-style-type: none"> Different requirements for services 98.66% of population classed as white British, second highest of all English regions 	<ul style="list-style-type: none"> Minimal impact on activity but effects communications, interpretation, equality and diversity training, policy development
Tourism	<ul style="list-style-type: none"> Increase in local holidays and destinations Third highest region for overseas visitors 	<ul style="list-style-type: none"> Matching resources to demand Increased pressure on dynamic deployment of resources
Weather	<ul style="list-style-type: none"> Weather extremes with climate change and global warming Carbon footprint reduction Seasonal variations 	<ul style="list-style-type: none"> Flu and infectious disease outbreaks Exacerbation of long term conditions Increased pressure on resources
Socio Economic	<ul style="list-style-type: none"> Increase in pockets of deprivation Nature of rural communities Social norms Inequalities in access to healthcare 	<ul style="list-style-type: none"> High rates of teenage pregnancy Health inequalities

4.2.2. Change Drivers

The table below summarises the drivers for change and their implications for the core service lines.

Domain	Drivers for Change	Segmental Implications
Economic	<ul style="list-style-type: none"> Deep recession resulting in funding pressures Inflation and cost of living Changes in taxation structure Unfunded growth Quality, Innovation, Productivity and Prevention (QIPP) framework 	<ul style="list-style-type: none"> Large scale cost reduction programmes for service lines and transformation in business/operating models to deliver cost effective (value for money) services Growth of new markets Failure to meet targets and deliver financial plan Increased focus on delivering quality and efficiency commitments
Regulatory	<ul style="list-style-type: none"> Redefinition of Category B19 as a national target Drive for increasing range of primary care and specialist services to be available 24/7 Payment by results Civil contingencies Care Quality Commission Cooperation and Competition Panel Commissioning for Quality and Innovation (CQUIN) 	<ul style="list-style-type: none"> Disinvestment and reconfiguration of services New or revised contractual framework Breach of statutory obligations Opportunity to penetrate new markets Loss of contracts and reputation or financial penalties invoked Opportunity for income generation for NHS providers
Industry	<ul style="list-style-type: none"> Consolidation in the segment Emergence of Foundation Trusts in the region Funding provided by private sector to new players 	<ul style="list-style-type: none"> Increased competitive environment for services

Domain	Drivers for Change	Segmental Implications
Technology	<ul style="list-style-type: none"> • Single point of access • Three digit number • General advances in IT software, hardware and solutions • Summary care and electronic patient record • IT supported care pathways 	<ul style="list-style-type: none"> • Creates opportunity for service development • Controlling demand • Rationalisation of health services • Capacity management • Contributes to delivery of efficiency savings

4.2.3. National Policy Drivers

The table below summarises some of the key national policy drivers and their implications for the Trust.

Policies and Strategies	High Level Implications of All
Progress in Improving Stroke Care National Audit Office (2010)	<ul style="list-style-type: none"> • Clinical expertise; • Reconfiguration of patient pathways; • Resources to deliver recommendations and changing services; • Workforce training and upskilling; • Change communication; • Information, communications and technology; • Continuity of care and records; • Increased commitment for partnership working; • Support the Government's ambitions to improve the nation's health and increase the nation's wealth as set out in the ten-year Science and Innovation Investment Framework 2004 to 2014; • Placing people at the centre of a research system that focuses on quality, transparency and value for money; • Responding to changes in society and the environment; • Responding to the challenges in the current system for applied health research.
NHS 2010 to 2015: From Good to Great Department of Health (December 2009)	
Transforming Community Services Department of Health (2009) and subsequent guidance published February 2010	
Emergency Services Review Office of the Strategic Health Authorities (2009)	
Personal Care At Home Bill (Consultation) Department of Health (November 2009)	
Health Act 2009 HM Government	
NHS Operating Framework 2010/11 Department of Health (2009)	
Shaping the Future of Care Together HM Government (July 2009)	
The NHS Constitution Department of Health (January 2009)	
NHS Health & Well Being Review (Final Report) Department of Health (2009)	
End of Life Care Strategy: Promoting High Quality Care for all Adults at the end of Life Department of Health (2008)	
High Quality Care for All: NHS Next Stage Review Final Report Lord Darzi (2008)	
Changing Times, Sustaining Long Term Performance against Call Connect for NHS Ambulance Service Department of Health (2008)	
Our Health, Our Care, Our Say, Next Steps Review, Final Report Lord Darzi (2008)	
A vision for emergency and urgent care. The role of ambulance services The NHS Confederation (2008)	
National Infarct Angioplasty Project Final Report Department of Health (2008)	
Strategic Framework for Improving Health in the South West NHS South West (November 2008)	
National Stroke Strategy Department of Health (2007)	
National Service Framework for Older People Department of Health (2001)	

4.3. Summary of PESTLE Analysis

The Trust has undertaken an extensive PESTLE from Board level to front line staff. The table below is a summary of the top three issues for each factor outlined against the potential risks, opportunities and impact for the Trust.

Factor	Risk/Opportunity	Impact for the Trust
Political		
Government Changes and Political Ambition	<ul style="list-style-type: none"> Policy imperatives Changes to funding priorities Further NHS reforms Securing support from Overview and Scrutiny Committees and Local MPs 	<ul style="list-style-type: none"> Potential for changes to future foundation trust model Potential to evolve Parliamentary and Government Relations Role Changes to Monitor's Compliance Framework challenging in regards to Trust compliance
Patient Choice	<ul style="list-style-type: none"> Increased patient expectations Increased opportunities to work with Local Involvement Networks (LINKs) 	<ul style="list-style-type: none"> Increased focus from patients on quality of services CQUIN (Commissioning for Quality and Innovation) presents an opportunity for increasing funding sources for the Trust
NHS Reform and Next Stage Review	<ul style="list-style-type: none"> Developing a model for providing care closer to home (Darzi) Developing an integrated approach for primary and community care Concept of having a single point of access to help people access the right service more easily New regulatory bodies and targets 	<ul style="list-style-type: none"> Opportunity for Trust to further develop patient centred services Opportunity to support commissioning transition towards integrated services and world class commissioning Potential for fines to be imposed with non achievement of new regulatory targets Opportunity to manage demand appropriately and develop new patient pathways
Economic		
Public Sector Financial Deficit	<ul style="list-style-type: none"> Increasing cost improvement programme targets Cost and availability of borrowing facilities Securing value for money – value of the pound Inflation and cost of living increases Instability of market forces 	<ul style="list-style-type: none"> Inability of Trust to manage demand within a negative tariff environment Presents difficulties in developing accurate future planning assumptions Increases pressure and potentially destabilises wider health community Opportunity for the Trust to deliver against QIPP and contribute to Strategic Health Authority ambitions
Competition	<ul style="list-style-type: none"> Ability to generate income and reinvest surpluses Workforce availability 	<ul style="list-style-type: none"> Ability to establish partnership arrangements to deliver core business Supports commissioner convergence Potential for movement of staff between public and private sector providers Impact on future workforce planning
Contracting	<ul style="list-style-type: none"> Unfunded growth Block contracts Loss of contracts when tendered for New clinical developments and affordable implementation Market testing of services and remaining competitive 	<ul style="list-style-type: none"> Destabilise financial position of the Trust Opportunity as a foundation trust to secure appropriate contracts and generate surpluses to reinvest into core services Opportunity to review historical payment terms and develop world class commissioning
Social		
Economic recession	<ul style="list-style-type: none"> Increases in depression, anxiety, stress and mental health related illnesses; Increases in health inequality and access to healthcare Social discontent Staff turnover potentially reduced 	<ul style="list-style-type: none"> Potential to increase pressure on core services and patient activity Opportunity to develop alternative patient pathways with integrated health and social care
Social Norms	<ul style="list-style-type: none"> Increase in the number of obese individuals High levels of alcohol consumption and drugs abuse 	<ul style="list-style-type: none"> Opportunity to develop the Trust public health strategy in line with QIPP and CQUIN

Factor	Risk/Opportunity	Impact for the Trust
Population	<ul style="list-style-type: none"> • Potential increase in numbers of people with long term conditions • Potential increase in number of falls • Changing needs in healthcare services required to meet needs • Migration levels continue to increase 	<ul style="list-style-type: none"> • Opportunity to integrate Trust care pathways supporting transforming communities
Technological		
Information security and quality	<ul style="list-style-type: none"> • Data quality • Increased security particularly around patient records • Asset tracking • Real time data analysis for quality monitoring 	<ul style="list-style-type: none"> • Opportunity to evidence robust governance arrangements regarding data quality and support the quality agenda • Potential risk to achievement of Information Governance Toolkit requirements and other regulatory targets
IT development	<ul style="list-style-type: none"> • Potential to increase mobile data coverage and access to mobile data • Improvements to geographical information systems and general advances in IT software, hardware and solutions • IT training requirements • Increased quality of new technology • Advances in remote screening facilities and triage facilities 	<ul style="list-style-type: none"> • Supports the Trust ability to manage growth and future activity • Presents opportunities to secure appropriate funding from commissioners for initiatives such as NHS Pathways and the Electronic Care System
IT supported care pathways	<ul style="list-style-type: none"> • NHS Pathways • Capacity Management systems • Connecting for Health • Ambulance Radio Programme • Electronic Patient Record • Summary care record, electronic patient record and advances in patient tracking • Increase mobility of new technology • Over reliance on IT systems • Lack of investment in Trust wide deployments of new technology 	<ul style="list-style-type: none"> • Opportunity to further exploit Information Management and Technology in support of more effective decision making and deliver consistent automated processes • Improved communications to more internal and external stakeholders • Future opportunities for convergence • Better service continuity
Legal		
Foundation Trust regime	<ul style="list-style-type: none"> • Monitor as the independent regulator • Legally binding contracts • Agenda for change and alternative pay deals • Joint ventures and partnerships • Trust constitution 	<ul style="list-style-type: none"> • Increased focus on governance arrangements • Trust becomes more publicly accountable with increased scrutiny on all areas of Trust activity and quality
Legal requirements	<ul style="list-style-type: none"> • Clinical Negligence Scheme for Trusts • Civil Contingencies Act • Freedom of Information and data protection • Employee and patient rights • Vehicle specifications • Training • Business continuity • NHS Constitution 	<ul style="list-style-type: none"> • Discount for the Trust based on the continued achievements of Clinical Negligence Scheme for Trusts standards • Presents an obligation for the Trust to deliver against statutory duties • Duty for Trust to embed legal requirements in daily practice and deliver against the NHS Constitution pledges to staff and patients
Legal Implications	<ul style="list-style-type: none"> • Corporate manslaughter cases • Liability and Indemnity of the Trust • Changes to current law e.g. assisted death • Litigation and employment tribunals 	<ul style="list-style-type: none"> • Potential for Board prosecution once an NHS Foundation Trust • A high level of employment tribunals could present a significant financial pressure for the Trust

Factor	Risk/Opportunity	Impact for the Trust
Environmental		
Sustainability agenda	<ul style="list-style-type: none"> Clinical waste Hygiene 	<ul style="list-style-type: none"> Continued commitment towards driving down Healthcare Acquired Infections Working across the health community to minimise risks across all service delivery lines Commitment from Trust to support best practice with staff and equip them with latest techniques and equipment to perform clinical tasks safely
Reduction in carbon footprint	<ul style="list-style-type: none"> Recycling and waste management responsibilities Fuel types and fuel management Estates and disposal of assets 	<ul style="list-style-type: none"> Requirement for Trust to evidence environmental strategy and activity against the sustainability agenda
Environmental factors	<ul style="list-style-type: none"> Weather extremes with climate change and global warming Pandemics and epidemics 	<ul style="list-style-type: none"> Increase in demand and pressure on Trust core services Adverse effect on performance against statutory targets Breach of regulatory targets and risk of fines

4.4. Our Customers

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

Strategic Health Authority NHS South West

Primary Care Trusts

- NHS Bournemouth and Poole
- NHS Cornwall and the Isles of Scilly
- NHS Devon
- NHS Dorset
- NHS Somerset
- NHS Plymouth
- Torbay Care Trust

Acute Trusts

- Dorset County Hospital NHS Foundation Trust
- Northern Devon Healthcare NHS Trust
- Plymouth Hospitals NHS Trust
- Poole Hospital NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
- South Devon Healthcare NHS Foundation Trust
- Taunton and Somerset NHS Foundation Trust
- Yeovil District Hospital NHS Foundation Trust

Partnership Trusts

- Cornwall Partnership NHS Foundation Trust
- Devon Partnership NHS Trust
- Dorset Healthcare NHS Foundation Trust
- Somerset Partnership NHS Foundation Trust

4.5. 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 the NHS Operating Framework 2010/11, the NHS South West Strategic Framework for Improving Health in the South West 2008/09 to 2010/11 and individual PCT, Acute and Mental Health Trust's strategic plans.

NHS Operating Framework 2010/11

The NHS Operating Framework 2010/11 makes significant changes to the payment system for quality and describes how system levers and enablers will ensure that the momentum from High Quality Care for All can be maintained, despite a tighter economic climate, through a process which focuses on Quality, Innovation, Productivity and Prevention (QIPP).

The Department of Health sets out the challenge of QIPP to the NHS in the implementation of the Next Stage Review in the current financial conditions. Achieving the QIPP commitments has become known as the quality and productivity challenge. This agenda is integral to the Operating Framework and focuses on ten key themes:

- Reducing procedures of limited clinical benefit;
- *Optimising urgent care pathways;
- *Adopting best-practice care pathways for local treatment centres;
- *Shifting settings of care;
- *Improving prescribing;
- Addressing variability in primary and community care;
- Improving mental health and learning difficulties;
- Reducing length of stay;
- *Supply chain optimisation and back office productivity;
- *Estates optimisation.

*Themes that are the most significant for the Trust.

A number of working groups have been established across the south west during 2009/10 to develop a coherent set of initiatives for each theme. These are to be piloted in a specific health community prior to full implementation across the South West Strategic Health Authority in 2010/11. The Trust has been invited to participate in a working group reviewing the shifting settings of care and optimising the urgent care pathway and outputs from this group will be fed into the Trust Cost Improvement Strategy and future service development plans.

Commissioning for Quality and Innovation (CQUIN)

CQUIN will also have a significant impact on the local health economy in relation to future priorities and potential provider income. The CQUIN framework continues as a national framework for locally agreed quality improvement schemes. Providers of ambulance services using national contracts now need a full CQUIN scheme to earn CQUIN funding. This scheme should reflect local priorities and priority areas set out in the NHS Operating Framework 2010/11. In addition commissioners must make 1.5% of contract value (or equivalent non-contract activity value) available for each provider's CQUIN scheme allocated as follows:

- 0.3% for national targets, patient experience and reducing death, disability and chronic ill health from Venous Thromboembolism, through risk assessment for all patients;
- 0.6% for regional targets to support the eight quality innovation and productivity themes;
- 0.6% for local targets to address inequalities.

Both CQUIN and QIPP represent significant opportunities for the Trust in supporting future service redesign and development.

The NHS South West Strategic Framework

The Strategic Framework sets out the future direction and priorities for action in the NHS South West, and is designed to ensure people living in the south west experience a world class service, leading to world class standards of health. To support this, and address some of the challenges the local health economy will face in future years, the Strategic Framework outlines a case for change against key clinical areas including emergency and urgent care:

- Opportunities to avoid the need for emergency admission through better prevention, such as for falls, respiratory disease and heart failure;
- The development of more convenient care closer to home, including telephone advice, local pharmacy, mental health and social services, treatment on the spot by ambulance paramedics, local minor injury units and rapid access to diagnostic tests and senior medical opinions without the need for hospital admission;
- The need for improvement in specialist emergency care such as for strokes, vascular emergencies and heart attacks. This would mean certain cases going direct to the most appropriate specialist centre;
- The opportunities of new technology such as telemedicine and digital imaging that enable, for example, an x-ray of a fracture to be taken locally and viewed by specialists in another location.

In developing its strategy the Trust has reviewed the Framework's ambitions and sought to align the future delivery of its services to support the objectives of the local health economy:

Trust Strategic Goal	NHS South West Strategic Framework Ambitions
<p>1: High quality, high performing To achieve national ambulance targets by Primary Care Trust (PCT) areas in a phased way over the period 2009/10 through to 2014/15</p>	<ul style="list-style-type: none"> • Ambition: Achieve emergency ambulance response times in the upper quartile nationally for all Primary Care Trust areas (by 31 March 2010). • Ambition: No ambulance handover times at emergency departments will be greater than 15 minutes by 31 March 2010. • Ambition: Reduce the current gap in life expectancy between the worst and best areas in the south west by one third by 2013.
<p>2: Right service right place right time To implement changing patient pathways in line with national strategies. These will be emergent based on extant policy with a current emphasis on stroke and primary angioplasty</p>	<ul style="list-style-type: none"> • Ambition: A year on year increase in the proportion of heart attack patients treated by primary angioplasty, meeting national standards for treatment within 150 minutes of calling for help by 31 March 2011. • Ambition: Full implementation of all Quality Markers of the National Stroke Strategy in all PCTs by 31 March 2011. • Ambition: Reduce mortality rates from heart disease and stroke and related diseases in people aged under 75 to 65 per 100,000 population by 2013. • Ambition: 95% of stroke patients will be assessed using standardised assessment tools by 31 March 2009.
<p>3: Reduce A&E attendance To continue to contribute to the target of 10% reduction per annum of A&E attendances at acute hospitals over five years</p>	<ul style="list-style-type: none"> • Ambition: To reduce emergency admissions as a result of a fall by 30% from the 2006/07 baseline by 31 March 2010 through effective falls prevention and bone health promotion programmes. • Ambition: Reduce A&E attendances at acute hospitals by 10% per annum over five years as people receive care in more appropriate local settings • Ambition: Halt the rise in hospital admissions for alcohol-related harm and achieve a downward trend by 2013. • Ambition: Providing support at home will lead to reduced unplanned admissions to hospital from nursing homes in the last 12 months of life by 10% per annum for each of the next three years. • Ambition: On the spot treatment for patients to reduce the 30% of ambulance journeys that do not need an ambulance.
<p>4: To be a credible competitor for Urgent Care Services To secure contracts for the delivery of Urgent Care Services over the period of the Integrated Business Plan, ensuring they are high quality, clinically safe, cost effective and fit for purpose. Where appropriate the Trust will seek and be supported by innovative business partnerships to expand and grow the income base</p>	<ul style="list-style-type: none"> • Ambition: Supporting long term conditions via clinical triage to speedily route patients to appropriate care and advice. • Ambition: Ensure that same-day urgent assessments for acute care are available to all children who need them, so as to halt the rise in emergency hospital admissions for children by 31 March 2010. • Ambition: Expand the use of telecare, telemedicine and assistive technology in three or more health communities by 31 March 2011. • Ambition: Consideration to be given to establishing a national three-digit telephone number for urgent care so that patients are channelled to the appropriate service in the first place – general practice, Minor Injuries Unit, walk-in centre, NHS Direct, ambulance or hospital depending on the nature of the problem, time of day and local geography.
<p>5: To be the obvious choice for Patient Transport Services To secure contracts for the delivery of Patient Transport Services over the period of the Integrated Business Plan; ensuring they are high quality, cost effective and fit for purpose</p>	<ul style="list-style-type: none"> • Ambition: Develop a new contract and service specification including new pricing mechanism and Key Performance Indicators. • Ambition: Deliver a high quality, cost effective service. • Ambition: Manage the private PTS market. • Ambition: Implement the regionally agreed medical eligibility criteria consistently across all counties.

4.6. Conclusions

Aligned to the NHS South West definition²² of quality the Trust consistently delivers a quality service:

- Patient safety: In February 2010 the National Patient Safety Agency awarded the Trust with the first ever national patient safety award for infection control;
- Patient experience: The Trust continues to rank as the lowest receiver of complaints in the NHS family within the south west and was pleased to report a year end position at 2008/09 of nil return to the Ombudsman;
- Clinical Effectiveness: A recent Care Quality Commission hygiene inspection rated the Trust as one of the highest performing Trusts in the country in relation to hygiene;
- Access: Consistently delivers on all national and regulatory targets across the Trust's operational area;
- Taxpayer Value: Delivers a value for money service in a rural setting as demonstrated by the recent reference cost index scores (pre market forces factor).

The challenge facing the Trust is to continue to improve in all these areas within a challenging financial environment. The Trust is positioned very strongly within the healthcare market but needs to respond to the demographic and change drivers set out here that have an obvious Trust and segmental impact.

For the A&E service the Trust needs to consider how to maintain its current high quality levels and standards whilst managing year on year growth within a sustainable and responsive service model. Within both PTS and UCS there are a number of competitive risks that could impact upon the Trust's ability to maintain and grow its market share in the future. Considered alongside a negative tariff, emerging agendas including the QIPP framework and an increased focus on CQUIN, the Trust recognises the need to create highly competitive services that deliver both quality and value for money.

In responding to the objectives of the local health economy, service developments need to focus and align to a number of key documents including the NHS Operating Framework; the NHS South West Strategic Framework and strategic plans of commissioners and the wider health community. Key ambitions include optimising patient pathways for urgent and emergency care ensuring they are both appropriate and equitable; sustained delivery against national and local targets, addressing existing inequalities in the delivery of and access to care and delivering even greater efficiencies than historically.

5. Service Development Plans

5.1. SWOT Analysis

Table 5 outlines the SWOT analysis for the Trust. Strengths and weaknesses have been outlined as those internal to the Trust, with external threats and opportunities then being considered. Each has been prioritised in terms of its positive or negative implications on the Trust, with those presenting the most significant impact rated first.

Table 5 – Trust SWOT Analysis

Strengths	Weaknesses
<ol style="list-style-type: none"> 1. High clinical quality 2. A&E performance against national targets 3. Enthusiastic, professional, skilled and motivated workforce 4. Current financial position including historical Cost improvement programme delivery 5. Synergy between service lines 6. Current contribution to reduced A&E attendances through non conveyance (A&E) 7. Identified patient pathways for all three service lines 8. Mitigated activity in A&E through triage in the clinical hubs 9. Large volunteer workforce 	<ol style="list-style-type: none"> 1. Currently not delivering three¹⁴ of the 13 Quality Requirements in UCS 2. Limited key quality indicators or benchmarking for PTS performance 3. Negative net current liabilities 4. Integration of service lines 5. PTS and UCS based on block contracts 6. Fleet replacement requirement for all three service lines 7. Inconsistency in delivery of patient pathways across all areas of operational delivery 8. Inflexibility and varied utilisation of workforce 9. Variable quality in A&E by PCT area 10. Workforce planning and training
Opportunities	Threats
<ol style="list-style-type: none"> 1. CQUIN, QIPP, Strategic Framework ambitions and commissioner intentions for future services 2. Technological advancements 3. Current high performing UCS providers in the Trust area 4. Identified groups that could benefit from alternative patient pathways 5. Involvement of staff, public, patients and stakeholders in service development 6. Foundation Trust freedoms and flexibilities 7. Growth opportunities in the Trust's operational area for UCS and PTS 8. Changing patient pathways e.g. stroke care, renal and oncology 9. Addressing health inequalities 10. Only strategic health authority area with more than one ambulance service 	<ol style="list-style-type: none"> 1. Ability of the local health economy to manage future activity growth 2. Geographical and funding variances across the four counties 3. Demographic trends and seasonality driving demand 4. Reliance on Cost Improvement Strategy as a source of funding in future years 5. Effect of national healthcare strategies 6. National and local tariff 7. Wider economic climate 8. Poor perception of, competition for and potential loss of UCS and PTS contracts 9. Impact of health inequalities on clinical demand 10. Future political ambitions

- **Significant Strengths** are the high clinical focus on quality improvement against national targets and its robust financial health;
- **Significant Weaknesses** are the current performance against the UCS and PTS Service Level Agreements. However, the NHS Operating Framework 2010/11 sets out the NHS as the preferred provider under the 'NHS First' approach therefore reducing the risk the Trust;
- **Significant Opportunities** are the increased emphasis on Commissioning for Quality and Innovation (CQUIN), the introduction of the quality, innovation, productivity and prevention framework (QIPP), improved patient pathways for non elective care, and the involvement of staff, public, patients and stakeholders in influencing service developments;
- **Significant Threats** are the ability of the local health economy to manage demand and the reliance on the Cost Improvement Strategy to drive a surplus.

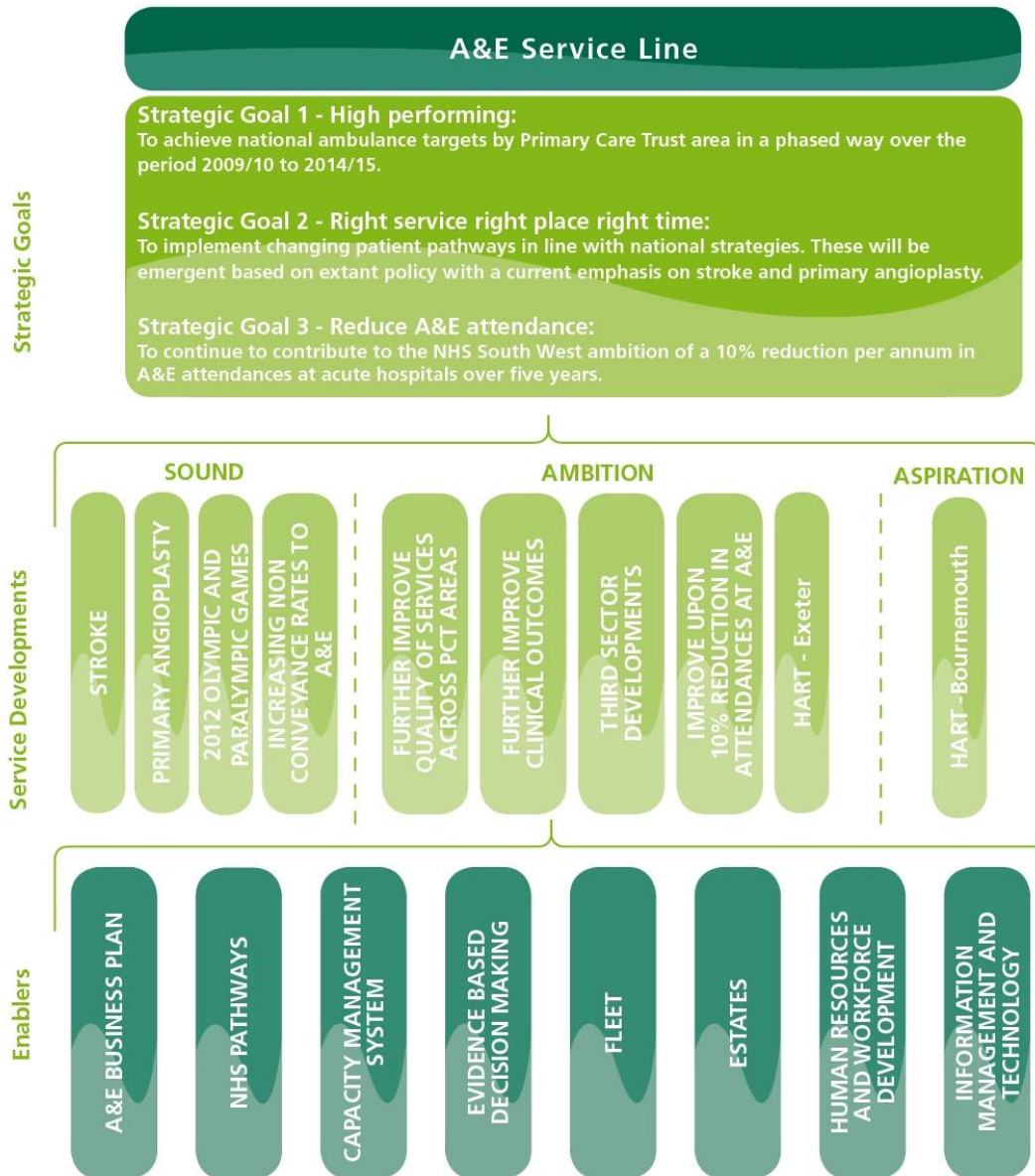
5.2. Summary of Future Initiatives

This section of the Integrated Business Plan sets out the key service developments for the Trust that have been formed in response to the issues and opportunities presented in previous chapters. Service developments have been articulated within the following sections under three key headings:

- **Sound Service Developments:** The Integrated Business Plan assumes that sound initiatives are funded and occur within the lifetime of this Integrated Business Plan;
- **Ambitions:** These are future ambitions of the Trust within the lifetime of this Integrated Business Plan but are subject to internal and external factors such as national policy, support for the Investment Strategy, commissioner intentions etc;
- **Aspirations:** These are developments that the Trust is considering but are outside the timeframe of the Integrated Business Plan or there is currently not enough information to describe the impact on its five year plans.

5.2.1. A&E Service Line

The Trust has identified four sound service developments within the A&E service line. These will be delivered within the lifetime of this Integrated Business Plan and contribute to the achievement of strategic goals one to three.



Service Development 1

Changing patient pathways in line with national strategies emergent with the National Stroke Strategy

Strategic Drivers

As outlined in chapter three stroke is the third leading cause of death, and the number one cause of disability in the developed world with over 110,000 people in the UK experiencing a stroke each year, and 60,000 deaths occurring annually¹⁹. A further 30,000 to 40,000 transient ischaemic attacks occur each year in the UK. The National Stroke Strategy (2006)²⁰ outlines a number of key quality markers and recommendations for the treatment of stroke and transient ischaemic attacks including a number that are directly related to the provision of urgent and emergency care.

The NHS South West Strategic Framework sets an ambition for the full implementation of all Quality Markers of the National Stroke Strategy, in all PCTs, by 31 March 2011.

Proposed Developments

The Trust is committed to delivering the appropriate recommendations of the National Stroke Strategy through additional investment in staff education and support commencing in 2009/10 and continuing through to March 2011. In delivering the strategy's recommendations the Trust will:

- Establish a team of local stroke leads, one for each acute Trust providing stroke services, to manage and coordinate the delivery of the course, local stroke developments and develop links with local stroke providers and commissioners, to drive forward service developments and public education;
- Support the introduction of hospital bypasses to achieve 24/7 thrombolysis, through the accurate identification of appropriate patients (supports Quality Marker 7);
- Ensure patients receive appropriate treatment and referral, with high risk patients being admitted (Quality Marker 5);
- Reduce avoidable admissions through the appropriate treatment and direct referral at the point of first contact of low risk patients (Quality Marker 5);
- Work with PCTs, Acute Trusts and voluntary sector organisations to promote public awareness of the risk factors and symptoms of a stroke, and what action to take;
- Provide transport to specialist stroke treatment centres where established, appropriate and feasible.

Following March 2011 the Trust will review further developments related to stroke in line with Department of Health guidance.

Benefits		
Trust Wide	NHS and Other Stakeholders	Public and Patients
<ul style="list-style-type: none"> • Enhanced ambulance clinician education and assessment • Improved identification of patients with more subtle focal neurological deficits, increasing the number fast-tracked to specialist stroke services; • Increased clinician confidence in the application of the ABCD² clinical risk assessment score, utilisation of local transient ischaemic attack direct referral pathways and the administration of aspirin; • The development of a more visible and accessible link with the Trust Stroke Lead. 	<ul style="list-style-type: none"> • Full implementation of the National Stroke Strategy⁸, Mending Hearts and Brains¹⁰ and High Quality Care for All¹¹ and fully meet the NHS South West Strategic Framework ambitions; • Reduction in use of NHS resources with increased use of more appropriate treatment; • Potential to reduce transient ischaemic attack hospital admissions, whilst ensuring the admission of high risk patients; 	<ul style="list-style-type: none"> • Reduced mortality and morbidity; • Rapid thrombolysis following stroke would transform patient lives; • Appropriate pathways in place to prevent delays in specialist treatment; • Reduced avoidable admissions through the appropriate treatment and direct referral of low risk cases patients; • Urgent preventative treatment reduces the number of strokes each year; • Raised public awareness of stroke and associated risk factors.

Service Development 2

Changing patient pathways in line with national strategies emergent with Primary Angioplasty

Strategic Drivers

In the UK 268,000 people experience a myocardial infarction (heart attack) every year. The outcome for those who survive is largely determined by the extent and severity of the residual damage after treatment, and is inversely related to the duration of the occlusion. Due to the limited availability of primary angioplasty across the south west, the Trust continues to deliver pre-hospital thrombolysis to the majority of patients experiencing a myocardial infarction.

The NHS South West Strategic Framework recommends that hospitals and ambulance services work together to ensure that residents across the region can access primary angioplasty services 24/7, in centres serving large enough populations to sustain safe and effective services. The Strategic Framework sets out an ambition to achieve a year on year increase in the proportion of heart attack patients treated by primary angioplasty, meeting national standards for treatment within 150 minutes of calling for help by 31 March 2011. The move towards 24/7 primary angioplasty is supported by High Quality Care for All, the National Infarct Angioplasty Project (NIAP) and Mending Hearts and Brains.

From national projections it is estimated that around 50 lives could be saved each year in the south west through Primary Angioplasty, and in addition 100 further heart attacks and 25 strokes avoided.

Proposed Developments

The transition from well established pre-hospital thrombolysis towards primary angioplasty at a small number of specialist centres will require the Trust to convey patients to the nearest cardiac intervention centre, which may be some distance away, as quickly as possible. The Trust is proposing to deliver the following to support the availability of 24/7 primary angioplasty across the south west:

- Institute formal commissioned bypass arrangements for patients presenting with ST elevation myocardial infarction and new onset left bundle branch block to be conveyed to cardiac intervention centres;
- Facilitate primary angioplasty where a call-to-balloon target of 150 minutes can be achieved;
- Continue to provide pre-hospital thrombolysis within 60 minutes in 68% of cases, where achievement of the 150 minute target primary angioplasty target is not possible;
- Maintain a robust pre-hospital thrombolysis provision for use during adverse weather conditions when bypassing may not be possible;
- To promote the adoption of evidence based cardiac care across the south west through partnership working, to ensure patients receive the best possible care;
- Maintain Trust wide operational quality.

Benefits		
Trust Wide	NHS and Other Stakeholders	Public and Patients
<ul style="list-style-type: none"> • Support robust and reliable 24/7 provision of primary angioplasty; • Fully address the recommendations of NIAP²³, Mending Hearts and Brains, High Quality Care for All, the European Society of Cardiology²⁴ and the American College of Cardiology and American Heart Association²⁵ guidelines. 	<ul style="list-style-type: none"> • Clinically and cost effective when delivered within 150 minutes; • Hospitals providing primary angioplasty would achieve sufficient patient activity to ensure maximal patient outcomes; • Contributes towards the QIPP Framework and CQUIN agenda. 	<ul style="list-style-type: none"> • Reduced mortality rates; • Provision of an equitable service with almost all patients in the south west receiving access to primary angioplasty.

Service Development 3 2012 Olympic and Paralympic Games

Strategic Drivers

Included with the assurances of the British bid for the 2012 Olympic and Paralympic Games, and supported by a guarantee from the Secretary of State for the Department of Health and the Chief Executive of the National Health Service, was the commitment (known as the NHS Promise) that:

‘By special arrangement with the NHS, members of the Olympic Family will be entitled to comprehensive, free health care, as needed, throughout their stay for the Games. For most other visitors, including people who are in the UK to watch the Games, emergency treatment is free from the NHS. In addition, visitors from countries in the European Economic Area (EEA) and citizens from non-EEA countries with which the UK has reciprocal agreements are entitled to free non-emergency treatment²⁶.’

It is therefore accepted that there is a requirement for the NHS commissioning and provider structures to arrange health care services in support of the 2012 Games. The location of the sailing events at Weymouth and Portland will have a considerable impact on local services, with athletes becoming resident in the area from 2010, major championship sailing competitions in each year preceding and including 2012, and a deliberate drive to facilitate an increase in the visiting population, with early models predicting a four-fold rise in 2012.

Proposed Developments

Working with key stakeholders the Trust will:

- Deliver high quality and accessible emergency and urgent medical support during Gamestime;
- Contribute to the health legacy in the south west by improving service provision in addition to encouraging the population (and particularly young people) to improve their health for life;
- Coordinate emergency and urgent care with community-based health services to ensure a seamless delivery of care;
- Provide a common command and coordination structure based within the Trust clinical hub, providing a single point of contact for all agencies, coordinate patient data and receive and dispatch routine and emergency medical calls;
- Provide additional units to supplement the available resources outside of the cordon, covering the increased resident and transient populations;
- Provide enhanced provision to supplement the normal provision of ambulance resources to the borough of Weymouth and Portland;
- Provide additional urgent care out of hours services to cover the potential increase in demand during the Gamestime period.

Benefits

Trust Wide	NHS and Other Stakeholders	Public and Patients
<ul style="list-style-type: none"> • High profile opportunity to enhance the excellent reputation of the organisation; • Provision of new care pathways; • Enhancement of local services; • Staff development and motivation. 	<ul style="list-style-type: none"> • Contributes to a range of Dorset Local Area Agreement targets; • Maximises opportunities to develop and maintain services, facilities, equipment and frameworks; • Creation of strong, new or improved partnerships for the future; • Development of pathways for hard-to-reach sectors of the community; • Development of Trust capabilities in maritime and flood response. 	<ul style="list-style-type: none"> • Enhanced service provision to ensure that a high quality medical service is provided for the population through Gamestime; • Increased protection through contingency arrangements in the event of an adverse resilience event; • Ensured rapid access to appropriate medical care through prepared arrangements.

Service Development 4

Increasing non conveyance rates to A&E departments by 10% over a five year period

Strategic Drivers

As set out in chapter 3 the present position in the south west is that:

- Attendances at emergency departments in the south west in 2006/07 were 355 per 1,000 population, with a rate of increase in attendances from 2001 to 2006 of 27.7% (an average annual increase of 7.5%);
- The rate of increase in admissions from emergency departments from 2001 to 2006 was 21%, above the national average of 17% with an average annual increase of 6.9%;
- During 2001 to 2006 calls for emergency ambulances have increased by 6.8%, well above the national average of 6%;
- The NHS South West Strategic Framework outlines an ambition to reduce A&E admissions by 10% per annum over five years.

The focus on reducing attendances at A&E departments is being driven by a need to deliver more localised care in more appropriate settings. Reduced attendance, and therefore admissions, will generate significant savings for commissioners and the wider health economy and contribute to the referral to treatment target by creating more capacity in secondary care. It will also contribute to improved patient experience, public and stakeholder confidence and the Quality, Innovation, Productivity and Prevention Framework (QIPP) being driven by the South West Strategic Health Authority.

Proposed Developments

In line with the Trust philosophy to keep patients at or closer to home when it is clinically and socially safe, the Trust is proposing to target a number of clinical and operational areas to reduce the number of conveyances to A&E departments in the south west.

Presented under three key themes; health promotion, triage and skills, each contribute to the overall 10% increase in non conveyance rates to A&E departments, based on a 2008/09 Trust baseline.

Within each theme a number of proposals have been identified that will deliver the percentage gains required whilst focusing on increasing the quality of clinical care, offered at the right place and the right time.

Overall this service development is supported by a number of service enablers including a Capacity Management System, NHS Pathways and an Evidence Based Decision Making tool. These are referenced in brief throughout this section, but set out in more detail in section 5.2.4.

Triage - Category C Calls

Category C calls are classified as non serious or life threatening conditions which are received via the 999 pathway or GP referral known as Healthcare Professional Calls. Category C calls totalled 146,657 during 2008/09, 35% of all calls received by the Trust. An internal audit during the summer of 2009 identified the top five Category C Advanced Medical Priority Dispatch System (AMPDS) codes as:

- Healthcare Professional Calls 45%;
- Falls 24%;
- Sick Person 10%;
- Abdominal Pain 6%;
- Traumatic Injuries 3%.

Due to the nature of Healthcare Professional Calls and the Trust requirements under contract there is no plan to actively reduce the number of Healthcare Professional calls. The Trust is proposing to focus on three key areas; auto stand down, NHS Direct technical interface and Clinical Supervisors and triage.

Auto Stand Down

The Trust has designed an innovative auto stand down tool as part of the existing A&E Computer Aided Dispatch System focused on Category C calls. Pre determined exceptions will identify when an immediate

response is still appropriate. For calls where a crew is stood down, the call will be placed in the current priority system for Category C calls and/or Healthcare Professional Calls waiting for the appropriate clinical response.

NHS Direct Technical Interface

The Trust has an established joint working arrangement with NHS Direct to enable the electronic transfer of agreed Category C patient's details and calls via the Ambulance Computer Aided Dispatch system, to the NHS Direct Clinical Assessment Software (CAS) for Nurse Advisors to triage patients. The Trust is proposing to further develop this relationship with NHS Direct and increase the utilisation of the existing technical interface. This would allow the Trust to refer a greater number of appropriate Category C calls to NHS Direct with pre agreed exceptions.

Clinical Supervisors and Triage

For those Category C calls not referred to NHS Direct the Trust proposes that all appropriate calls are managed and triaged by Clinical Supervisors within the clinical hub. The Trust will automate Information Management and Technology within the hub to ensure those Category C calls that have not been transferred to NHS Direct, are passed directly to the Clinical Supervisors and develop the role of Clinical Supervisors to further utilise patient care pathways.

Triage - Care Pathways for Fallers

Falls are one of the most common calls for the Trust. 17% of all calls in 2008/09 were falls and this is a target group that will provide the largest positive impact on the wider health economy. For code 17 (falls) in 2008/09²⁷ the Trust received:

- Category A Code 17: 2,347 incidents of which the Trust conveyed 73%;
- Category B Code 17: 33,838 incidents of which the Trust conveyed 62%;
- Category C Code 17: 28,934 incidents of which the Trust conveyed 32%.

'Social' falls are categorised as falls occurring in domestic addresses or care homes in those over 65 years of age. Trust statistics have shown that approximately 76% of falls occur at home and 15% in care homes (the remaining 9% occur in public places).

The Trust aim over the next five years is to provide an alternative response to calls related to 'social' falls specifically aimed at preventing inappropriate and unnecessary admissions with the aim to:

- Prevent unnecessary admission for older people who have fallen but present no clinically significant injury;
- Provide the ambulance crew called to a person who has fallen with an alternative pathway to take the person to hospital or leave them at home with follow up community support;
- Reduce the number of people who repeatedly call South Western Ambulance Service due to their falls;
- Ensure that people who have fallen have access to a full range of services that would best meet their needs.

Health Promotion – Capacity Management System Directory of Services

The Directory of Services forms a component part of the Capacity Management System; a web-based management tool designed to capture and share information about health and social services, their capabilities and real-time capacities. Within the Capacity Management System the Directory of Services is a comprehensive, searchable database which holds detailed service information about community teams: contact details, opening hours, the age group they can treat, from whom they accept referrals, the timeframes to which they operate, exactly which clinical conditions they treat, and their current and projected capacity.

The Trust will work with commissioners and the Strategic Health Authority to invest and develop the Directory of Services to identify all existing patient pathways supporting more appropriate referrals to other agencies. This Directory will support Clinical Supervisors in the clinical hubs, clinical staff in the community and local treatment centres.

Health Promotion - Mobile Treatment Centres

The Trust will introduce and extend mobile treatment centres targeting urban areas where the Trust receives the highest levels of activity from alcohol consumption and violence. In addition the Trust will work in partnership

with commissioners and key stakeholders to deliver social care in the community and invest in appropriately trained staff to support the maximum utilisation of mobile treatment centres.

Health Promotion - Emergency Care Practitioner Strategy

The Trust currently employs a number of Emergency Care Practitioners who support both the A&E service and Urgent Care Service. This role is an innovative development in the changing NHS workforce, the potential benefits of which are considerable. Utilising this role the Trust will establish a workforce focused on identifying alternative care pathways in delivering care in more appropriate settings. This would include responding to appropriately triage Category C calls, falls leads to develop the care pathways around fallers and supporting other developments as appropriate and allow the workload of these staff to be directed by Clinical Supervisors in the clinical hub.

In addition the Trust will look to deliver additional training such a Geriatric Education for Emergency Medical Services course, to target elderly patients and fallers under the care pathways for fallers work outlined previously.

Health Promotion - Frequent Callers

Frequent callers represent a significant problem to the whole health community and may indicate levels of unmet social or medical need, or inappropriate use of resources. The Trust will:

- Review the frequent caller system to implement a robust long term process of filtering and triage and re-categorise frequent callers within the Trust;
- Carry out an ongoing review of the type, frequency and nature of calls, information which can then be shared with commissioners and other healthcare providers to coordinate the approach to managing frequent callers;
- In partnership with health and social care agencies, work to identify individuals with complex health and social care needs and long term conditions who have the potential to become frequent callers. This will ensure that patients are directed to alternative care pathways where appropriate, and action is taken to curb the inappropriate use of emergency and urgent care resources;
- Continue to develop case conferences with the wider healthcare community in an effort to reduce future frequent calls;
- Expand the Directory of Services previously referenced to incorporate frequent caller pathways;
- Work with community matrons to provide targeted support to care homes identified as frequent callers.

Health Promotion - Community Paramedics

The Trust will invest in a trial introduction of Community Paramedics where appropriate. This initiative acts as an enabler in the delivery of non-conveyance benefits of each the above to be delivered locally with improved quality of care for patients closer to their homes.

The use of Community Paramedics will further enhance the relationships with local primary care providers such as GPs, Minor Injury Units and community hospitals.

Skills - Clinical Assessment Tools

To further support clinical staff within the clinical hubs and those delivering patient care the Trust will:

- Introduce and train appropriate staff on NHS Pathways, an evidence based clinical assessment tool that enables the rapid, effective assessment of calls to both urgent and emergency care within the clinical hubs allowing non clinical call handler triage;
- Following the development of an appropriate package, rollout NHS Pathways to the patient side equipping operational staff with the appropriate information to more effectively treat, refer or convey the patient;
- Ensure full integration of NHS Pathways with the Capacity Management System and its components. In particular linking details of the clinical assessment with the Directory of Services during the call to enable a direct match between the clinical skills required by the patient and their local availability. This would mean for those patients not needing an emergency response, a direct referral to a very appropriate local service would be possible on the first patient contact - regardless of where the call was received.

Skills - Increasing Assessment Skills

The Trust will develop a range of appropriate training packages to support:

- Invest in the new Advanced Technician role with the skills to manage appropriate conditions that would normally require an attendance at an emergency department. Targeted training and activity will focus on progressing the Trust role in relation to “Hear and Treat” and “See and Treat”;
- Introduce new medicines for paramedics and advanced technicians to reduce the need for patients to attend A&E departments as patients can be supported and cared for in their own home or on scene without the need for conveyance.

Benefits		
Trust Wide	NHS and Other Stakeholders	Public and Patients
<ul style="list-style-type: none"> • Protect and enhance the capacity of the ambulance service to provide rapid paramedic response and treatment to emergencies; • Support the delivery of efficiency savings in line with Department of Health requirements; • Support and sustain improvements in response times recorded in 2008/09; • Re-design of service provision to enable the best use of clinical skills. 	<ul style="list-style-type: none"> • An overall reduction in attendances at A&E departments will decrease the rate of admissions generating significant savings for commissioners and the wider health community; • Supports commissioners and acute Trusts to achieve the four hour A&E target by alleviating pressure at the front end; • Consistent and rigorous assessment of the ‘urgency’ of need at the point of access; • Contributes to health partners achievement of the healthcare acquired infection targets. 	<ul style="list-style-type: none"> • Transforms the service model to a more patient focused clinical model of pre-hospital care where the most clinically appropriate care options are provided for patients promptly, including emergency paramedic response, clinical treatment and ambulance transportation, where appropriate; • Supports patients to promote self-management and preventative care in high attendances and high cost specialties; • Further develops public information to support the above ensuring that each patient is treated in the right time, the right place by the right professional.

A&E Ambitions and Aspirations

In addition to the service developments detailed above the Trust has also identified a number of ambitions and aspirations:

Ambitions

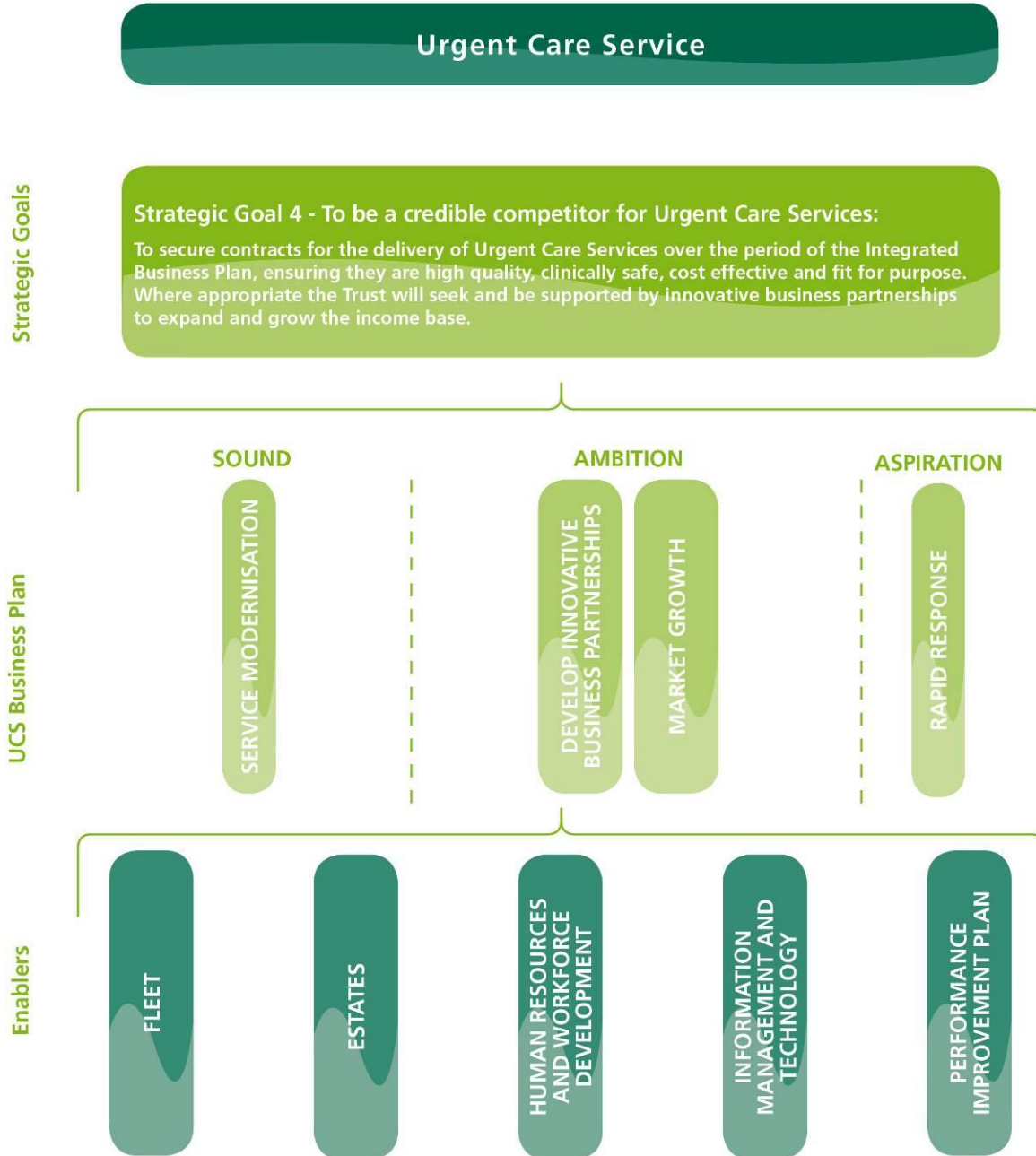
- To establish a Hazardous Area Response Team (HART) team in Exeter;
- To further improve the quality of services across all PCT areas building upon the intentions of strategic goal one;
- To further improve clinical outcomes for patients across the emergency, urgent care and patient transport pathways;
- To develop third sector partnerships with charitable and non profit organisations further supporting the delivery of care across the Trust area;
- To deliver savings greater than a 10% reduction in attendances at A&E departments over a five year period.

Aspiration

- Following the successful implementation of a HART in Exeter the Trust would aspire to establish a second team based in Bournemouth.

5.2.2. UCS Service Line

The Trust is proposing to undertake full service modernisation of the Urgent Care Service, underpinned by a programme of quality improvement.



Full Service Modernisation of the Urgent Care Service

Strategic Drivers

Responsibility for commissioning out of hours care currently rests with PCTs. Nationally there are significant concerns about the quality and safety of patient care and variability of services and training across the range of current providers. PCTs are increasingly focusing on improving the organisation of out of hours care and services, configuring care around the needs of patients, monitoring clinical standards and the promotion of stronger and increasingly integrated multidisciplinary teams.

The Trust currently delivers out of hours services in Dorset and Somerset through its Urgent Care Service (UCS). Discussions with commissioners have focused around improved quality in delivering the 13 Quality Requirements which are core to the UCS contract.

Proposed Developments

The Trust is proposing a full service modernisation programme to be implemented over the lifetime of the Integrated Business Plan. This is underpinned by an initial programme of work that commenced in 2009/10 focused on quality improvement to achieve all 13 Quality Requirements. The modernisation programme is a five year initiative and focuses on a number of key areas including:

- Clinical and non clinical skills remodelling;
- Management restructuring;
- Development of information management and technology;
- Increased focus on quality management.

Benefits

Trust Wide	NHS and Other Stakeholders	Public and Patients
<ul style="list-style-type: none"> • Retention of contracts and contribution to Trust income base; • Appropriate utilisation of Emergency Care Practitioners; • Reputation gains; • Better integration with other service lines resulting in better clinical care; • Strengthened resilience; • Better management of service delivery; • Increased staff satisfaction and motivation. 	<ul style="list-style-type: none"> • Increased cost efficiency; • Increased admissions avoidance; • Delivery on all quality standards leading to improved relations with primary care providers and commissioners; • Enhanced service provision; • Better alignment of the service to PCT areas. 	<ul style="list-style-type: none"> • Improved patient outcomes; • More care closer to home • Improved patient experience and access to care; • Greater public confidence; • Better public understanding of the appropriate use of the service.

UCS Ambitions and Aspirations

In addition to the proposals detailed above the Trust has also identified a number of ambitions and aspirations:

Ambitions

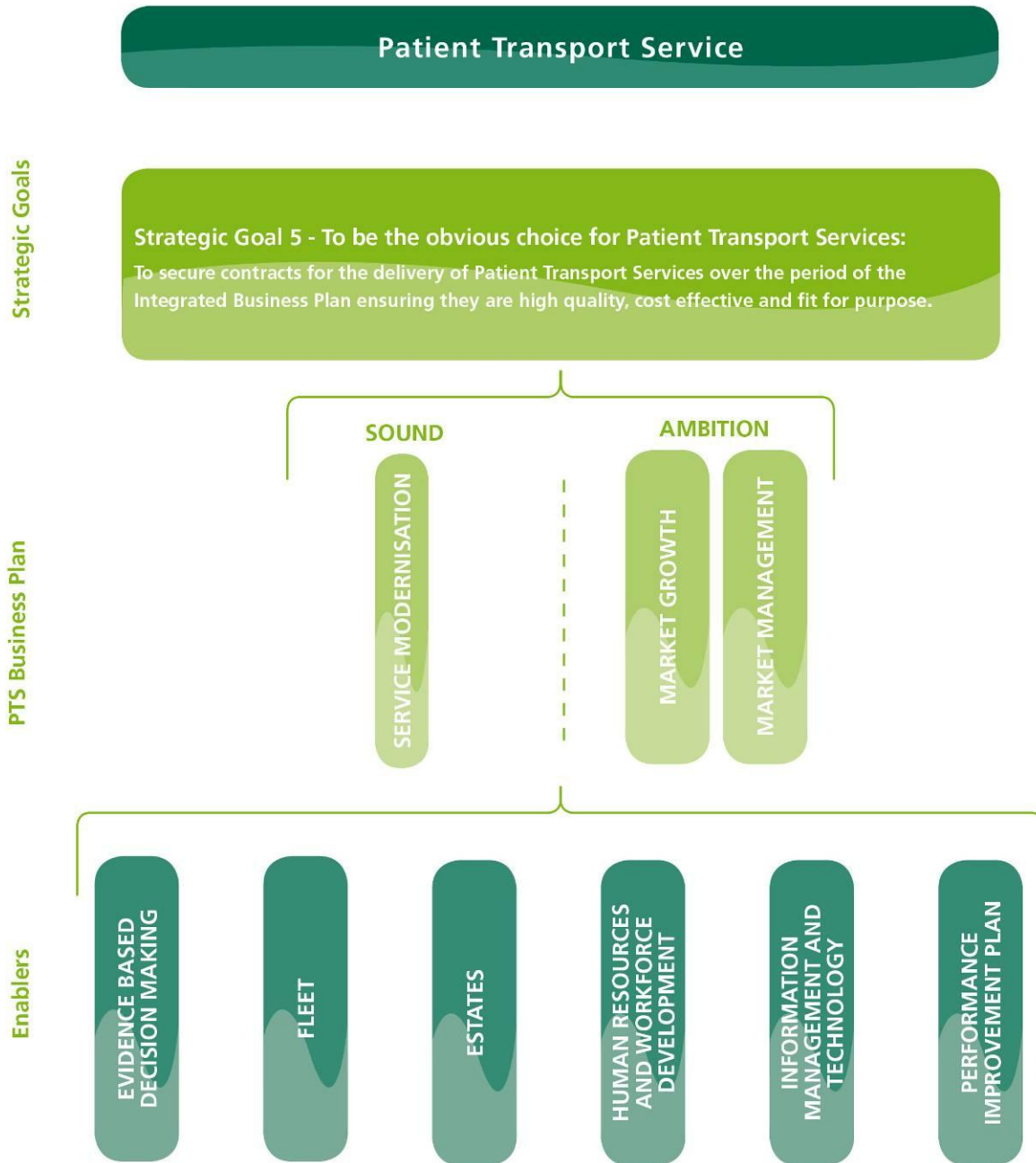
- To develop innovative business partnerships to strengthen service delivery and resilience; provide economies of scale; contribute to profit margins and strengthen further the probability of success in securing contracts when tendered;
- To grow the existing market share in out of hours provision by bidding for out of hours contracts as they arise over the lifetime of the Integrated Business Plan. This may be through an established business partnership or the Trust in isolation.

Aspiration

- To engage with current providers, or deliver a new service where current provision does not exist, to deliver a 'rapid response' service to facilitate patients remaining at home, and avoiding unnecessary admissions e.g. supporting the wider roll out of the Devon Supporting People model across the whole Trust area.

5.2.3. PTS Service Line

The Trust is proposing to undertake full service modernisation of the Patient Transport Service, underpinned by a programme of quality improvement that commenced in 2009/10.



Full Service Modernisation of the Patient Transport Service

Strategic Drivers

Internal business intelligence has identified a number of key drivers for change within the current PTS market and services operated by the Trust:

- There are various service integration and partnership opportunities to be identified and explored within the Trust region, maximising resources and available funding;
- Potential growth in existing market share and income generation has been identified which will soon be available to innovative providers of the service via a regional tendering exercise;
- Further non NHS patient transport activity needs to be identified and assessed for future service growth;
- Increasingly private providers are expanding their market share in patient transport, emergency and urgent care provision with a few demonstrating a significant threat to the Trust's core business.

Proposed Developments

The Trust is proposing a full service modernisation programme to be implemented over the lifetime of the Integrated Business Plan. This is underpinned by an initial programme of work that commenced in 2009/10 focused on quality improvement.

The modernisation of PTS is a five year programme aimed at positioning the Trust to be financially competitive, retain its existing market share and expand service provision where appropriate. It involves developing a lean service model, delivering the cost improvements and producing a comprehensive marketing strategy to sell and promote the benefits of the qualitative aspects of the service the Trust currently provides. The Trust will:

- Undertake a management restructure to support the delivery of PTS and the integration and efficiency of PTS with A&E ;
- Integrate PTS control workforce, skills mix and technology with A&E where appropriate to create efficiencies in patient triage and record management, increase productivity in delivering the proposed new service model and increase responsiveness;
- Continue to trial variations of PTS vehicles to meet evolving commissioner needs and service initiatives;
- Continue to effectively manage and forecast the PTS fleet replacement programme;
- Reconfigure PTS estate where appropriate on an opportunistic basis in line with the Estates Strategy and A&E/UCS business plan;
- Develop a hybrid technological solution between the existing A&E and PTS control systems.

Benefits

Trust Wide	NHS and Other Stakeholders	Public and Patients
<ul style="list-style-type: none"> • Increases Trust reputation and image as a provider for all medical transport; • Increases efficiency and cost effectiveness of service; • Ensures PTS contributes sufficiently to Trust overheads; • Provide consistency in service delivery. 	<ul style="list-style-type: none"> • Delivery of a consistent service across all PCT areas; • Delivers value for money; • Offers a responsive and efficient service; • Reduces private transport costs. 	<ul style="list-style-type: none"> • Receive more timely and responsive transport; • Increased public confidence in the service as a whole.

PTS Ambitions

In addition to the proposals detailed above the Trust has identified two ambitions:

- To grow the existing market share in PTS provision within the Trust operational area by bidding for contracts as they arise from April 2010 onwards;
- To develop the Trust role in managing the PTS market ensuring equity of access, choice and plurality, managing transport demand and efficiencies and expanding the current private provider accreditation scheme.

5.2.4. Service Development Enablers

Delivery of the four proposed service developments and the two service modernisation programmes is dependent upon a number of enablers. These are outlined in brief below.

Fleet Strategy

The Fleet Strategy sets out proposals for the next five years that will deliver a safe and well equipped fleet to support the delivery of the Integrated Business Plan and Department of Health guidelines. Through the strategy the Trust will continue to drive the transportation model and improvements needed in supporting healthcare provision. Developments will support the Trust's business continuity requirements for all core services with sustained investment to manage replacement and maintenance programmes. Finally, the need to ensure financial stability and realise cost improvement programme savings is recognised with the strategy ensuring value for money and efficiency are key to any future developments.

Estates and Facilities Strategy

The Estates and Facilities Strategy describes the Trust's existing estate and details the proposed changes to the Estate over the next five years. The strategy seeks to ensure that the existing estate is reviewed and updated, delivering change on an opportunistic basis with locally identified developments. In addition that new developments and refurbishment projects employ sustainable development methods and techniques, making use of low and renewable energy sources and improving the energy efficiency of the existing building stock where feasible and that estate provision offers the best value for money.

Human Resources Strategy

Delivering high quality patient care means the Trust must be an effective organisation, with strong leadership and clear strategies and business plans. The contribution of effective human resource management to creating and sustaining a successful organisation is vital. The Human Resources Strategy sets out a strategy to support and reinforce the Trust's overall objectives over the next five years. It is produced in response to the various national and local frameworks and strategies, together with the Trust's commitment to supporting staff to develop and improve their skills and potential so that the Trust can continue to be flexible, innovative and dynamic in providing excellent health care.

Information Management and Technology Strategy

The Trust is committed to the controlled implementation of information management and technology services as required to support the Trust's core service business plans, Integrated Business Plan, and appropriate Department of Health and NHS guidelines. The strategy seeks to provide high quality and highly available information management and technology services to support the Trust and manage change at a level sustainable by the Trust. In addition it sets out the ambition to assume an early adopter approach to delivery, and support joint pioneering work with other Ambulance Trusts as opportunities arise.

Capacity Management System (CMS)

The Trust envisages CMS as a key enabler for future service development providing an improved front end service for patients and staff. CMS is a web-based management tool designed to capture and share information about health and social services, their capabilities and real-time capacities. It enables managers, clinicians and patients to make informed choices in urgent care referrals, and provides commissioners with comprehensive reporting and gap analysis, giving an evidence base for community service redesign and future commissioning. CMS is made up of several components including:

- Directory of Services;
- Clinician referral module;
- Overall hospital activity module;
- Online capacity dashboard.

NHS Pathways

The Trust envisages NHS Pathways as a key enabler in the achievement of all three strategic goals listed under the A&E service line, and all service developments. NHS Pathways offers an evidence based assessment tool to improve the response made to calls to both emergency and out-of-hours care. In addition it establishes whether, for both types of call, the initial assessment could be safely and consistently delivered by a call handler using a

single clinical tool. This would enable the call to be directed to an appropriate service on the first telephone contact.

Evidence Based Decision Making

During 2009/10 the Trust procured a range of tools to embed Evidence Based Decision Making methodology and capabilities within the Trust. The objective of this is facilitating the modelling of resource implications on the A&E service delivery model. The process will model several high level scenarios and review the impact on a range of parameters including operational quality and capacity. Each of the proposed service developments will be fed into this process to review their feasibility and any associated activity and resource implications.

Electronic Care System

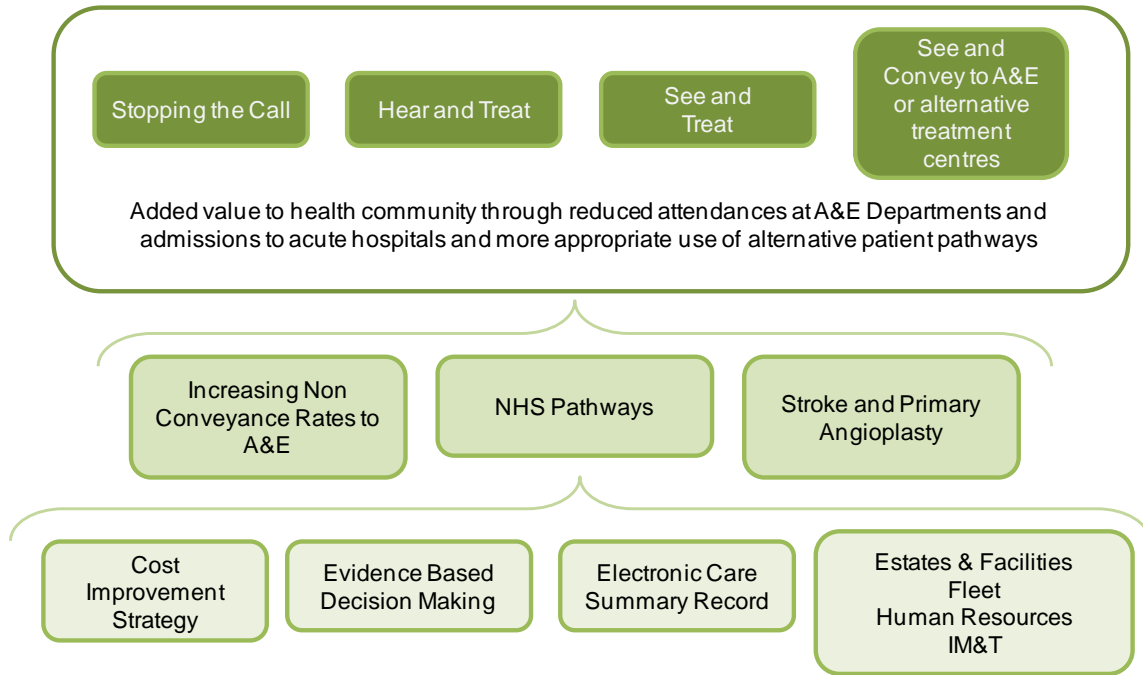
Although not a primary enabler for each of the service developments, an Electronic Care System would deliver significant benefits to the Trust in terms of productivity and efficiency across a number of areas. The Trust will therefore continue to deliver and develop an Emergency Care System that will provide a paramedic centric patient side support system. This will deliver the following main features in the form of an electronic clinical communications system:

- Access to Clinical Best Practice Information such as the National Institute for Health and Clinical Excellence and Joint Royal Colleges Service Liaison Committee guidelines, advice on treatments and medicines;
- Delivery of Patient Summary Care Record to Paramedics;
- Ability to access and update detailed care records real-time;
- Integration with ambulance, hospital and GP healthcare systems for patient data access and updates;
- Decision support capability for assurance and increased non-conveyance;
- Electronic Patient Report Forms (ePRF) enabling a secure process to manage confidential patient information and transfer patient information under agreed Caldicott guidelines. This allows continuity of care, timely transfer of clinical information, ability to flag any vulnerable safeguarding/risk issues which helps to reduce overall risks to patients.

Electronic records are key for clinicians to quickly document observations and clinical assessments and possible onward referrals. The need to share this information electronically for the next stage of care will greatly enhance patient care. The ability to electronically attach special patient notes and care plans which can be kept current greatly enhances continuity of care and consistency in treatments.

5.3. Impact and Added Value of A&E Service Developments

The ambulance service is one of the most vital gateways to the NHS. Through its day to day activities the Trust accesses and optimises a range 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 including a focused reduction on the number of patient conveyances, and therefore subsequent admissions to A&E departments. In order to demonstrate this added value the Trust will continuously assess the impact of service developments and enablers on the A&E model and the subsequent activity levels by patient pathway. These patient pathways are explained briefly below.



Stopping the Call before the Activation

This focuses on activities that identify alternative more appropriate care pathways for patients thereby reducing the number of 999 calls received by the Trust. Initiatives include reviewing the categorisation and management of frequent callers in partnership with other health and social care providers, meaning cases will be managed more appropriately by preventing the need for individuals to call 999.

Hear and Treat

Hear and treat covers those patient calls that are managed through telephone clinical triage in the hub or referral to more appropriate pathways such as NHS Direct. 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 or utilise developments such as the Capacity Management System 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 and enhanced clinician triage/support tools are rolled out to frontline staff.

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 to manage 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.

6. Leadership and Workforce

6.1. Overall Summary

In order to deliver high quality patient care the Trust must be an effective and efficient organisation, with strong leadership and clear direction. The contribution of effective workforce planning and leadership in creating and sustaining a successful organisation is vital and the Trust has established a Human Resources Strategy to affect the workforce and organisational developments required.

The Bradley Report "Taking Healthcare to the Patient: Transforming NHS Ambulance Services" identified four key areas of workforce and leadership developments, these areas have directly influenced and shaped the human resources and key workforce objectives of the Trust. These are:

- Clinical and managerial leadership must be reinforced and developed to create well managed organisations where all staff feel supported, valued, listened to, empowered and involved;
- Education, learning and development for all staff must be a priority to ensure they have the appropriate skills, behaviours and knowledge to meet the professional standards expected of them;
- Involving patients and the public in designing future services is essential if we are to successfully meet the needs of our diverse and multicultural society;
- Developing effective and enhanced partnerships and teamwork with other NHS organisations, social care providers and the independent sector is crucial to delivering radical improvements for patients.

This chapter outlines the management and leadership of the Trust and the key human resources and workforce information.

6.2. Management Arrangements

The Board structure is comprised of five Executive and six Non Executive Directors and is chaired by Mrs Heather Strawbridge. Board member profiles, including duration in post, qualifications and experience, are set out below.

6.2.1. Trust Board Member Profiles

Chairman

Mrs Heather Strawbridge

Heather has a wealth of experience and extensive understanding of large and complex organisations, particularly in the public sector. Prior to her appointment as Chairman of the Trust in 2006, her accomplishments include:

- Trustee and Director of NHS Confederation;
- Chairman for Westcountry Ambulance Services NHS Trust for two years;
- Chair of Connexions Somerset;
- Serving as a leading member of a County Council;
- Deputy Leader of a County Council;
- Finance and development portfolio holder of a County Council;
- Leader of a District Council.



Heather's experience and working knowledge has been strengthened through her involvement as a governor of Bridgwater College of Further Education, her time as a Director of Business Link Somerset Ltd and the National Association of Connexions Partnerships Ltd. Heather is currently the Chairman of the NHS Confederation Ambulance Services Network and this high profile position brings a national perspective to the Board. She is Board champion for equality and diversity and safeguarding. Heather has a BSc (Hons) in Economics and Mathematics (Open University).

Chief Executive

Mr Ken Wenman

Ken joined the NHS at age 21 years and has undertaken many senior roles within the Ambulance Service including operational management and training. Prior to his appointment to the Trust on 1 July 2006 his accomplishments include:



- Chief Executive of the Dorset Ambulance Service NHS Trust;
- Deputy Chief Executive and Director of Operations for the former Westcountry Ambulance Services NHS Trust;
- State registered Paramedic;
- First Chairman of the Council for Professions Supplementary to Medicine (the forerunner to the Health Professions Council);
- Instrumental in establishing the paramedic register;

Ken leads the ambulance sector nationally on urgent care and more recently has taken on lead responsibility for workforce development as Chairman of the National Human Resources Director Group. Ken has a Diploma and Masters in Management (Plymouth University). He is the nominated individual for the Care Quality Commission.

Non Executive Directors

Mr Robert Davies (Chair of Audit Committee)

Robert is an experienced chartered accountant who has held a variety of Board level appointments in the business and banking sectors. He was appointed as a Non Executive Director of the Trust on 1 November 2009 and is Chair of the Audit Committee. His career includes:



- Manager of Corporate Finance at British Leyland, where he also represented the Company on the Board of its Trade Investments;
- Finance Director of two regional banks, one of which he helped bring to a full Stock Exchange Listing;
- Director of Finance and Corporate Services at Devon and Cornwall Training and Enterprise Council from its inception, where he helped progress some inspiring local economic initiatives, such as the National Marine Aquarium, the Eden Project and the Tamar Science Park, of which he is a Non Executive Director;
- Mentoring small businesses;
- Counselling Institute of Chartered Accountants in England and Wales (ICAEW) members with business or ethical problems.

Robert is a Fellow of the Institute of Chartered Accountants (FCA) and a past president of the South Western Society of Chartered Accountants. He holds a Masters Degree in Business Administration (MBA) from Cranfield University.

Mr Hugh Hood - Non Executive Director

Hugh is a qualified Human Resources practitioner who has extensive business experience in both the public and private sectors where he has been instrumental in defining and delivering substantial change programmes. Hugh was appointed to the Trust on 1 January 2010. Key accomplishments include:



- Human Resources Director for British Telecom Wholesale (current);
- Group Human Resources Director for Transport for London and Director of the Pension Trustee Company;
- Member of the Chartered Institute of Personnel and Development;
- Head of Human Resource Service Operations Barclays Bank PLC;
- Programme Manager Avionics training design Royal Air Force.

Currently Hugh is a British Telecom Wholesale Executive Board member and is part of British Telecom Group's Human Resources leadership team with key input on British Telecoms strategy for the future. He holds an MSc in Digital Systems Engineering and BSc in Physics from the University of Manchester.

Mrs Charlotte Russell – Non Executive Director

Charlotte is a qualified journalist and has extensive project management experience. Charlotte was appointed to the Trust as a Non Executive Director on 1 July 2006. Her accomplishments include:



- Non Executive Director of the former Westcountry Ambulance Services NHS Trust;
- Successful organic farmer, managing 650 acres (current);
- Consultant in environmental issues, most recently with the Eden Project;
- Head of Publications for the Soil Association;
- Producer for Tyne Tees TV farming and environmental programmes.

Charlotte is Board champion for environment and sustainability. She holds a Master of Arts in Agricultural and Forest Science (Oxford University).

Mr Trevor Ware - Non Executive Director (Vice Chairman)

Trevor has a wealth of knowledge and expertise in sales, marketing and exporting business marketing products. Trevor was appointed to the Trust as a Non Executive Director on 1 July 2006. His accomplishments include:



- Non Executive Director for former Dorset Ambulance Service NHS Trust.
- Positions at Unilever, Nestle, Geest, and Baxters;
- Non Executive Director for Baxters Food Group (current);
- Non Executive Director for Southern Fruits Limited (current);
- Chairman of Bridport Arts Centre.

Trevor is Board champion for Health and Safety, Patient Transport Services and Electronic Staff Records. He holds three professional memberships and his qualifications include communications, advertising and marketing. He has an MA in Maritime History.

Professor Mary Watkins - Non Executive Director

Mary has worked extensively in senior healthcare posts in both University and NHS settings. Her particular expertise is in the field of mental health and she has a wealth of experience of working in partnership with Social Services and the voluntary sector. Mary was appointed to the Trust as a Non Executive Director on 1 July 2006. Her accomplishments include:



- Deputy Vice-Chancellor at the University of Plymouth (current);
- Served on a NICE Appraisal Committee as a Trustee for the Burdett Trust for Nursing;
- BUPA Foundation Board member (current);
- Registered Nurse.

Mary is Board champion for governance and patient safety has a keen interest in health economics. She has a Diploma in nursing, General and Mental Health Diploma in nursing, Masters in Nursing (distinction) and is a Doctor of Philosophy (Science).

Executive Directors

Mrs Jennie Kingston – Executive Director of Finance and Performance and Deputy Chief Executive

Jennie joined the NHS in 1990 as a graduate finance trainee and qualified as a Chartered Certified Accountant in 1993. Prior to her appointment to the Trust in November 2008, which followed a period of secondment commencing in January 2008, her accomplishments included:



- Director of Finance of a Primary Care Trust;
- Associate Director of Performance at the South West Strategic Health Authority leading one of the four national pilots to develop the Foundation Trust diagnostic;
- Fellow of the Association of Chartered Certified Accountants;

- Served an eight year short service commission in the Royal Air Force;
- Completed the Cass Business School, London, Strategic Financial Leadership Course 2008.

Jennie has a BSc Hons, (University of Birmingham) and recently graduated from the NHS South West Top Leaders Programme cohort one.

Mrs Norma Lane – Executive Director of Delivery and Quality

Norma specialised in Emergency Department Medicine in the early part of her nursing career and has been instrumental in pioneering triage and telephone assessments, urgent and emergency care, and the development of new integrated patient care pathways. She has thirty years experience in the NHS most of which has been spent working clinically in both Urgent and Emergency Care. Her accomplishments include:



- Director of Urgent Care and Clinical Services for the South Western Ambulance Service since July 2006 and the former Westcountry Ambulance Services since 2004;
- Director of Nursing for NHS Direct West Country;
- Lead Director in managing the GP out of hours and urgent care service across Dorset and Somerset;
- Lead Director for establishing the concept and successful implementation of Clinical Hubs (former 999 control rooms);
- Lead Director for negotiations with the Joint Commissioning Board;
- Lead Director for negotiations at Quality Monitoring Meetings;
- Lead Director for the Trust 2009 infection control initiative which won the first ever National Patient Safety award.

Norma is joint Board champion for quality and older people and safeguarding. She is a State Registered Nurse.

Dr Andy Smith – Executive Medical Director

Andy has been a GP in Devon for many years and has been actively involved in medical management. His interests have always included urgent care. He helped establish the 'out of hours' GP service in his area. Prior to his appointment to the role of Executive Medical Director in February 2010 Andy was the Associate Director of Primary Care Services for the Trust since April 2008. His accomplishments include:



- Board member of Devon Primary Care Trust Professional Executive Committee;
- Member of the Royal College of General Practitioners;
- Responds to 999 calls as an ambulance doctor.

Andy was appointed to the role of Medical Director on 1 February 2010 and is joint Board Champion for Public Health and is the Trust's Caldicott Guardian. He has a Bachelor of Science Hons Microbiology (University of Bristol), Bachelor of Medicine & Surgery MB Ch.B (University of Bristol), Post Graduate Diploma of the Royal College of Obstetricians and Gynaecologists, Diploma in Child Health.

Sue Steen – Acting Executive Director of Human Resources and Workforce Development

Sue has 20 years experience of working in human resources and workforce development working within a local government environment. She has worked in a large unitary council in a social services environment and smaller and unitary and district councils. She has a particular interest in organisational development and qualified in HR Management through the Chartered Institute of Personnel Development in 1992 at Coventry University. Sue joined the South Western Ambulance Service in November 2009 as the Associate Director Human Resources and Workforce Development and was promoted to Acting Executive from the 1 April 2010. Her previous accomplishments include:



- Head of Human Resources at Exeter City Council;
- South West Regional Chair for the Public Sector People Management Association (PPMA), the national association for local government human resources leaders;
- HR Manager at North Somerset Council;

- Local Government experience gained over 20 years in a number of local authorities starting her career as a trainee in Coventry City Council.

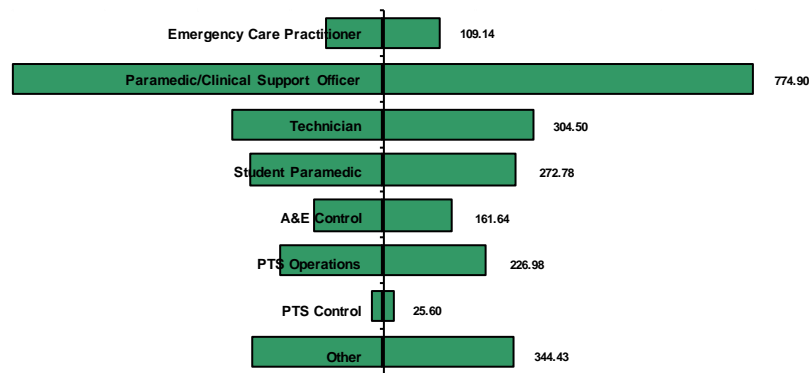
Sue has a Post Graduate Management Diploma gained from Nottingham Trent University, is qualified in delivering Psychometric Assessment accredited by the British Psychological Society and holds a Certificate in Counselling.

6.3. Workforce Key Performance Indicators

The Trust is a multi-disciplinary workforce and employee's are from a wide range of professional backgrounds both clinical and non-clinical together with support staff. A detailed workforce profile is contained in the Trust Human Resources Strategy which supports this plan. All workforce numbers stated here are aligned to the Long Term Financial Model and Cost Improvement Strategy.

The Trust supports workforce planning through innovation and the management of change, the workforce staffing projections for the next five years demonstrates an overall reduction and a shift in workforce profile. The service developments which support non conveyance and service improvements have shifted an emphasis on the development of the student paramedic role and the career pathways through from Emergency Care Assistants and Technicians to fully qualified Paramedics and potential advancement to Emergency Care Practitioners.

Actual Staff Establishment by Staff Group - Whole Time Equivalent (31 March 2010)



This high density distribution is expected given the nature of the organisational service delivery. However it highlights that where cost efficiencies and service delivery changes are introduced workforce pressures will need to be addressed.

There will be two key agendas. The Trust will develop the efficiencies and transformation agenda with the NHS South West Health Community. This work will include areas of transformation for quality management; developing a flexible workforce; support staff rationalisation; sickness and wellbeing and review of flexible pay and benefits.

In response to the pay and benefits agenda the Trust will utilise the flexibility of the Agenda for Change agreement to support service modernisation and new ways of working, in addition to promoting the range and quality of benefits that are available to the workforce.

8.3.2 Diversity Data

This data provides an overview of the staff ethnicity, age, disability and gender.

Ethnicity

Table 6 sets out the ethnicity breakdown in the County areas and in England as a total. The County and England data is from the Office of National Statistics Census data 2001. The Trust information is at 31 March 2010. The data shows that the overall representation of Black and Minority Ethnic individuals in the south west is on

average 2.5% of the total population. The percentage of Black and Minority Ethnic employees in the Trust is 2.5% which reflects a proportionate representation of the community.

Table 6 – Ethnicity for the Four Counties

Ethnic Group	Dorset and Somerset	Devon, Cornwall and Isles of Scilly	England Total	Trust Total	All Ambulance Services
White	94.5%	93.9%	91%	94.1%	89.5%
Black and Minority Ethnic	2.7%	2.3%	9%	2.5%	2.9%
Not stated	2.8%	3.8%	0%	3.4%	7.6%

Age

The following table outlines an analysis of the age profile of staff within the Trust as at 31 March 2010. This data is used to inform workforce planning in service delivery and can indicate where loss of key skills can be anticipated through normal retirement. It also enables strategies to be developed to introduce succession planning and career development routes.

Age Profile	Number of staff (Headcount)	Percentage of workforce
18-25	130	5.33
26-35	583	23.90
36-45	760	31.16
46-55	658	26.98
56+	308	12.63

The table shows that the concentration of staffing is aged between 26-55 (82%) which is expected. It also highlights that there are significantly less staff in age group 18-25 at only 5.33% of the total workforce.

Improvements for the employment of younger people will include greater emphasis on recruitment drives through schools and colleges, and further development of apprenticeship opportunities.

Disability

The following table indicates the number of staff employed who are declared as disabled under the category of the Disability Discrimination Act 1995; 'a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities'.

Disability	Number	%	All Ambulance Trusts
Yes	64	2.62	1.6%
No	1,811	74.25	30.2%
Undisclosed	564	23.13	68.2%

There are a number of employees who are not disclosed under the disability definition which could significantly affect the true representation. Further work will be done to encourage disclosure and assure staff that information is used to inform good practice and access opportunities.

Gender

The following table indicates the gender breakdown of employees in the Trust by headcount and occupational group. The breakdown shows that 62% of employees are male and 38% are female.

The total for all ambulance Trusts shows a breakdown of 57.9% of all employees are male and 42.1% are female which is broadly comparable.

Job Role	Male	Female
Emergency Care Practitioners	89	24
Paramedics (including Supervisors and Clinical Support Officers)	618	190
Technicians	207	112
Student Paramedics	159	120

Job Role	Male	Female
Ambulance Care Assistants	144	108
Clinical Hub	62	139
OOH	63	87
Managers, Administrators and Support Staff	169	148
Total	1,511	928

8.3.2 Sickness Absence

Sickness absence is a key organisational quality indicator, it not only relates directly to the costs of delivering services, it also affects the overall health and wellbeing of staff, increases costs of provision of Occupational Health and other health professional services; management time and resources; and disruption to meeting quality targets and providing key services.

From information taken from the Electronic Staff Record system for the NHS the following key facts were identified:

- The average sickness absence rate for the NHS in England was 4.1 per cent;
- Amongst types of organisation, Ambulance Trusts have the highest average sickness absence rate with an average of 5.2%;
- Strategic Health Authorities had the lowest average with a rate of 2.1%.

Year end sickness absence for 2009/10 was 5.70%. This is largely due to improvements in data since the implementation of a single sickness line and absence due to the flu pandemic. The increase is a high priority for the Trust and is being performance managed by Line Managers and is a key performance indicator reviewed and managed by the Corporate Performance Review process.

6.4. Agency Arrangements

The Trust makes use of external third party providers of temporary staff through employment agencies but seeks to use only those agencies registered under the Purchasing and Supply Agency Framework, which ensures that all legal and regulatory requirements are met. Guidance and requirements for the use of agency staff are included in the Trust's comprehensive Recruitment and Selection Policy, which will ensure that best practice is continued into Foundation Trust status.

The use of Agency workers is often in response to short term workforce skill need or unexpected peaks in workload which would not be efficient to be managed through ongoing core staffing. In order to ensure that agency costs are monitored and processes are robust the Trust has introduced internal monitoring and governance processes.

6.5. Recruitment, Future Workforce and Succession Planning

The Trust is aiming to be an Employer of Choice in response to documents such as A High Quality Workforce, NHS Next Stage Review²⁸ and A National Framework to Support Local Workforce Strategy Development²⁹.

There is evidence which shows that there is a substantial link between the way people are managed, employee attitude and service improvement. A good indicator of a high performing organisation is the model employment practices. These include recruitment and retention strategies where employers of choice will attract, recruit and retain the best staff with the best skills.

A number of areas where these practices will influence the skills of the workforce include:

- Effective recruitment and induction processes;
- Support for professional training and continuing professional development;
- Clear and accessible career structures and opportunities for people to develop and reach their full potential;
- Effective retention policies;
- Good benefits including reward structures;
- Effective appraisal systems and personal development planning.

The HR Strategy sets out a number of priorities for key staff groups within the Trust including:

Emergency Care Practitioners

The Strategy sets out the training opportunities that are available for paramedics to develop into Emergency Care Practitioner roles. Through part time study and attendance at Bournemouth and Plymouth Universities accreditation is gained in two years. The Trust supports the training at Bournemouth by releasing tutors for employment at the University to deliver clinical training. This development work will be used to deliver any workforce profile changes required.

Paramedics

The workforce plan for paramedics is linked to service development plans set out here and includes supporting the delivery of care during the 2012 Olympic and Paralympic Games. In addition it looks at the opportunities available for student paramedics to take up employment when fully qualified which continues to support the development route into the profession.

Advanced Technicians

The Trust no longer recruits to the role of Technician, the workforce profile has shifted towards development of the Advanced Technician role and increased clinical skills to enhance the front line delivery model and support the service development plan of decreased conveyance. The Trust has had its internal Institute of Healthcare Development (IHCD) route approved by the Health Professionals Council allowing vocational training from Technician to Paramedic.

Student Paramedics (Emergency Care Assistants)

Emergency Care Assistants are referred to as Student Paramedics in the context of the future workforce profile of the Trust. The Strategy sets out the aim to ensure that Emergency Care Assistants have a career path that will allow them to progress to student paramedics. This will enable Emergency Care Assistants to develop a flexible, transferable profile of training that will widen career opportunities for them.

A&E Clinical Hub Staff

The workforce plan reviews the support required for clinical hub staff and is aligned to the requirements of service developments and enablers such as NHS Pathways. It also describes how career planning activity will be developed to identify and deliver career pathways where appropriate.

Corporate Support

These posts include occupational groups associated with providing mainly administrative, management and support functions to the Trust. The turnover numbers and projected retirements of staff included in the corporate support services are the highest in the Trust. They are also, generally, the more flexible in terms of redeployment within the Trust, the wider health community and also the external sectors. Further plans for succession planning, redeployment and internal secondment opportunities will be developed to identify where skills can be transferred to enable the organisational change programme.

Community First Responders

Community First Responder schemes are initiatives in areas where it is difficult for an emergency ambulance to reach within effective targets. The schemes are made up of volunteers who, within the community in which they live or work, have been trained to attend designated emergency calls providing first aid until the ambulance or clinician arrives.

This voluntary unpaid scheme supplements the workforce profile and enables the Trust to improve its ability to respond to life threatening calls in a timely and safe way. Community Responders increase the quality of patient care and contribute to quality patient outcomes. The scheme is managed by the Community Engagement Manager and is continually growing and improving the services they provide to the core A&E contract.

6.6. Workforce and Organisational Development

The Human Resources and Workforce Development Directorate ensures that the organisation maintains a focus on the development of an appropriate culture to support our future service development strategy. Recent developments include the Leadership Development Programme, Human Resources specific programmes and

participation in the South West Peninsula Training Programme as well as the NHS South West Top Leaders Programme.

The Trust has delivered a range of internal development programmes and there will be a need to further develop and deliver structured management development plans to ensure that all staff with managerial responsibilities are confident and competent in their roles.

The Human Resources and Workforce Development Directorate continues to coach and support managers on a one-to-one basis, on employee cases relating to sickness and performance management, disciplinary issues and employee relations cases of all types.

In becoming an NHS Foundation Trust the aim is to modernise its workforce and fully use the opportunities available for staff involvement and influence. The Trust aims to continue improving its position in the employment market and continues to see union recognition as a valuable joint employment partnership arrangement. NHS Foundation Trust status will be a significant step forward with a clear expectation that Trusts will be more flexible, responsive and innovative. There will be a commitment to devolve authority within the Trust within a clear corporate framework. In response to organisational development the Trust will also:

- Encourage innovation in service delivery and design;
- Maximise the opportunities presented by the new financial flows to secure income against expenditure;
- Strengthen information systems to inform decision making such as the Electronic Staff Records (ESR);
- Encourage new ways of working and innovation in job design, increasing flexibility and synergy between roles and responsibilities;
- Encourage multi-professional learning and education that develops team-working and flexibility;
- Continue to invest in leadership development for those who already have management responsibility and to develop the leaders for the future.

6.7. Human Resources Strategy

The Human Resources Strategy for the Trust has been developed to support the Trust in achieving its five strategic goals which have been developed to turn the mission and vision into a reality.

Effective human resource management is a key component in leading and supporting change in the Trust. Issues, such as ensuring that we are able to recruit to meet the Trusts emerging skill needs, investing in the development of knowledge and skills and providing a climate and organisational culture which promotes and encourages innovation are the responsibilities of all managers, not just of Human Resources staff.

The Human Resources Strategy has been developed to support:

- The Trust vision and values sets out the Trust's commitment to the development of a competent, committed and skilled workforce which is flexible to meet the future demands of the service;
- The development of key human resource plans to deliver the corporate aims, and to demonstrate the connection between effective human resource management and the achievement of organisation outputs;
- Improved workforce design and planning;
- The Trust in becoming an employer of choice;
- Leadership development, change management skills and enhance career development;
- The commitment and duty to promote equality and diversity in the workforce and to mainstream through all employment policies and procedures.

The Trust aims to implement this Strategy to:

- Improve workforce design and planning by forecasting and managing future workforce requirements in line with development plans to enable innovation and change in service delivery;
- Provide assurance and commitment to invest in the workforce to deliver the aims and objectives of the Trust;
- Enable the link between effective human resources management and service delivery developments to maximise the quality of patient outcomes;

- To enable the planning process to improve staff flexibility and engagement with the organisational changes identified in the Integrated Business Plan;
- Highlight the workforce demographics and enable service development plans to identify key resource implications;
- To create new roles and enhance career development by using recruitment projections, development pathways, succession planning and talent management.

7. Governance Arrangements

7.1. Introduction

This chapter briefly describes the existing governance system with detailed illustrations of the proposed governance arrangements for NHS Foundation Trust status.

The Trust currently takes a systematic and integrated approach to all governance processes led by the Governance Committee that reports to the Board. Present governance arrangements are compliant with all regulatory and legislative requirements.

The Trust successfully registered without any compliance conditions with the Care Quality Commission on 1 April 2010 against its new regulatory requirements as part of the Periodic Review. This followed the Trust declaration of full compliance with the healthcare core standards (previously the Annual Health Check) at 31 March 2010, having successfully completed the action plan in place to address the one outstanding non compliance issue.

The Trust recognises its future governance arrangements must be specifically designed to reflect the greater independence of NHS Foundation Trusts and is aware that increased independence may bring increased risk. This has resulted in changes to the Director level leadership of the governance function with continuous reviews of Trust governance processes and procedures.

In July 2009 the Board agreed a new Governance Strategy which drew together the strands of all statutory and regulatory obligations; including the provisions set out in the NHS Foundation Trust Code of Governance, Monitor's Compliance Framework and the Integrated Governance Handbook.

The Strategy sets out the Trust aims and principles for governance during the application and post authorisation phases of becoming an NHS Foundation Trust. The Strategy retains the principles of integrated governance, developing them further to achieve the requirements of an NHS Foundation Trust. It highlights the composition of the governance function, and the current reporting process which will continue to be developed during the NHS Foundation Trust application phase.

The implementation of the Strategy and subsequent ongoing changes will ensure the Trust continues to be well governed and fully compliant with the law to meet all transitional requirements and the future terms of its license when authorised by Monitor to operate as an NHS Foundation Trust.

7.2. Stakeholder Interests

Constitution

The key document for the proposed governance arrangements and structure as an NHS Foundation Trust will be the Trust Constitution. During the formal consultation period, from September 2009 to December 2009, these arrangements were made available to patients, the public and stakeholders to allow them the opportunity to ensure their interests are represented. The proposed governance structure to operate as an NHS Foundation Trust has been informed by professional legal advice with the Trust Constitution derived from the Monitor Model Constitution.

Structure of the Board of Directors

The Board will be responsible for the day to day management, strategic development and implementation, all aspects of quality and exercising of all powers. The Trust Constitution proposes a Board of the:

- Chairman and up to six other Non Executive Directors (including a Senior Independent Director);
- Chief Executive plus up to six other Executive Directors (including a Deputy Chief Executive);

The Chairman and the Non Executive Directors will be appointed by the Council of Governors. A person may only be appointed as a Non Executive Director if he/she is a member of the public constituency.

The Chairman of the Board of Directors will also Chair the Council of Governors. The Chairman will have the casting vote at the Board and on the Council of Governors, if required. The Chairman's Deputy will be selected from the Non Executive Directors. A Senior Independent Director will be appointed by the Board of the Directors, in consultation with the Council of Governors, to act as a point of contact if Governors have concerns and normal channels of communication have not resolved any issues. A Lead Governor will be appointed by the Council of Governors.

Corporate Secretary or Designated Officer

The Chairman and Council of Governors will be supported by a Corporate Secretary or designated officer with support of a Membership Manager. This new important governance role will report to an Executive Director; as well as work closely with the Chief Executive and Chairman. The post holder will attend Board and Council of Governor meetings.

The Membership

The Trust has a Membership Strategy which describes the arrangements for ensuring it will secure, maintain and grow a representative membership which reflects the communities served. This includes a description of how the Trust membership will be exploited for the development of future service delivery. It describes how the Trust will minimise the risk of single issue group control.

The Trust will have two membership constituencies: one for staff; and one for members of the public. The staff constituency will be comprised of those meeting the employment eligibility criteria; and also those who provide voluntary services directly for the Trust. This constituency is comprised of five classes: A&E, UCS, PTS, Admin and Support Staff and Volunteers. Employed staff will need to opt out if they do not wish to be members; volunteers will need to opt in and choose to become members. Details of these processes are included within the Trust Membership Strategy.

Table 7 sets out a trajectory for membership growth for the next five years. The membership target is 2,001 staff members by authorisation, and 2,370 by 2014/15. This represents 65% of the total potential staff constituency rising to 77% by 2014/15. This is based on an assumption that there will be always be a percentage of staff who will not be eligible or who will chose not to become a member.

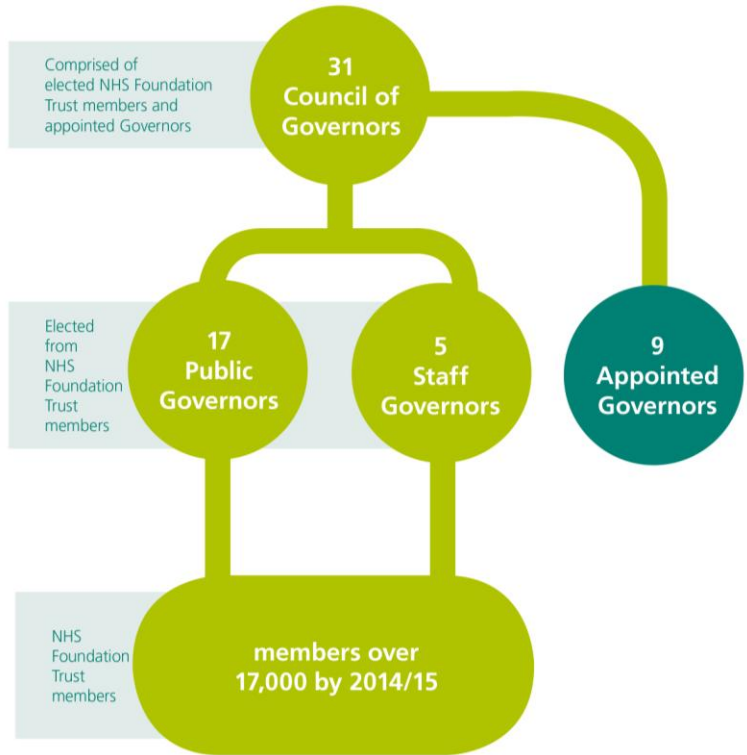
The public constituency will be comprised of the four counties within the Trust operational area; Cornwall; Devon; Dorset; and Somerset, and one seat for the five islands that comprise the Isles of Scilly. The public membership target is 8,736 public members by authorisation, and 14,561 by 2014. This represents 0.3% of the total population rising to 0.5% by 2014/15.

Table 7 - Membership Growth Targets 2010/11 to 2014/15

Target to grow membership over a five year period		Point of Authorisation ³⁰	2010/11	2011/12	2012/13	2013/14	2014/15	
PUBLIC	Target of 0.3% of total population by authorisation and then grow by 0.05% of total population year on year targeting hard to reach groups	Number	8,736	9,610	10,192	11,648	13,104	14,561
		%	0.30%	0.33%	0.35%	0.40%	0.45%	0.50%
STAFF	Target of 65% of total staff at authorisation growing by 3% of total staff year on year	Number	2,001	2062	2,093	2,186	2,278	2,370
		%	65%	67%	68%	71%	74%	77%
Total Target Membership Base			10,737	11,672	12,285	13,834	15,382	17,931

The Trust will be accountable to its local communities through its membership and the Council of Governors will form a pivotal role by discharging its statutory powers and duties. A key benefit to future membership is the member engagement opportunities that will exist in the development of future service delivery. This will be achieved by hosting planned membership days that will encourage as much participation as possible. Regular communications (including the member newsletter entitled Chairman's News, posters, leaflets, advertising and through following the Trust Twitter) will inform members of these events and activities.

Membership will benefit the development of future service provision by the use of carefully targeted research processes. For example, those who have opted for membership levels two and three, are likely to be willing to participate in qualitative and quantitative research such as focus groups and questionnaires. The findings will be utilised as a basis for decision making on developing ambulance services of the future.

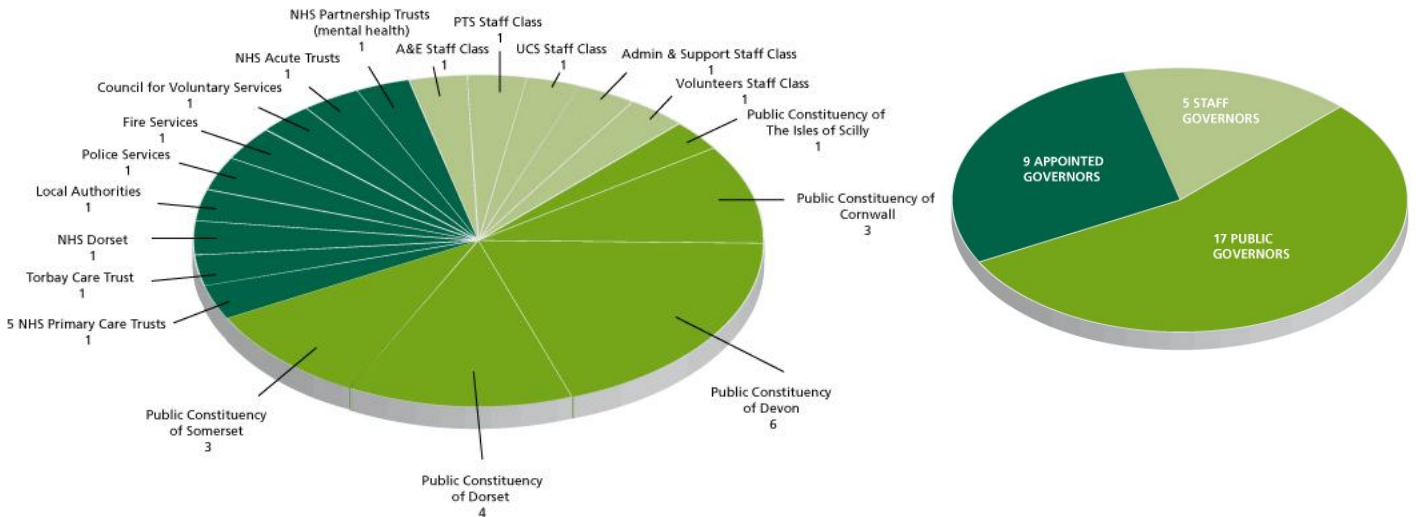


The Council of Governors

The potential model for the Council of Governors will comprise of 17 elected public governors; five elected staff governors; and nine appointed governors; four of which include the statutory partners from Local Authorities and Primary Care Trusts.

The Council of Governors will play an active part in building relationships with members and represent their views to the Board of Directors. They will not undertake operational management of the Trust but will be able to challenge the Board of Directors and collectively hold them to account for quality. They will be invited to comment upon and advise on future plans for the Trust.

The charts below illustrate the majority of governors are from the elected public constituency, fulfilling legislative requirements, and the proposed composition of the Council of Governors.



Governor Induction

The Trust will provide comprehensive support for the membership and governors which includes the role of a dedicated Membership Manager who will be responsible for:

- Ensuring the flow of information between members and governors;
- Coordinating the elections for the Council of Governors;
- Providing administrative support for governors to perform their duties;
- Maintaining the membership database and providing high level reports on membership;
- Coordinating the governor induction processes.

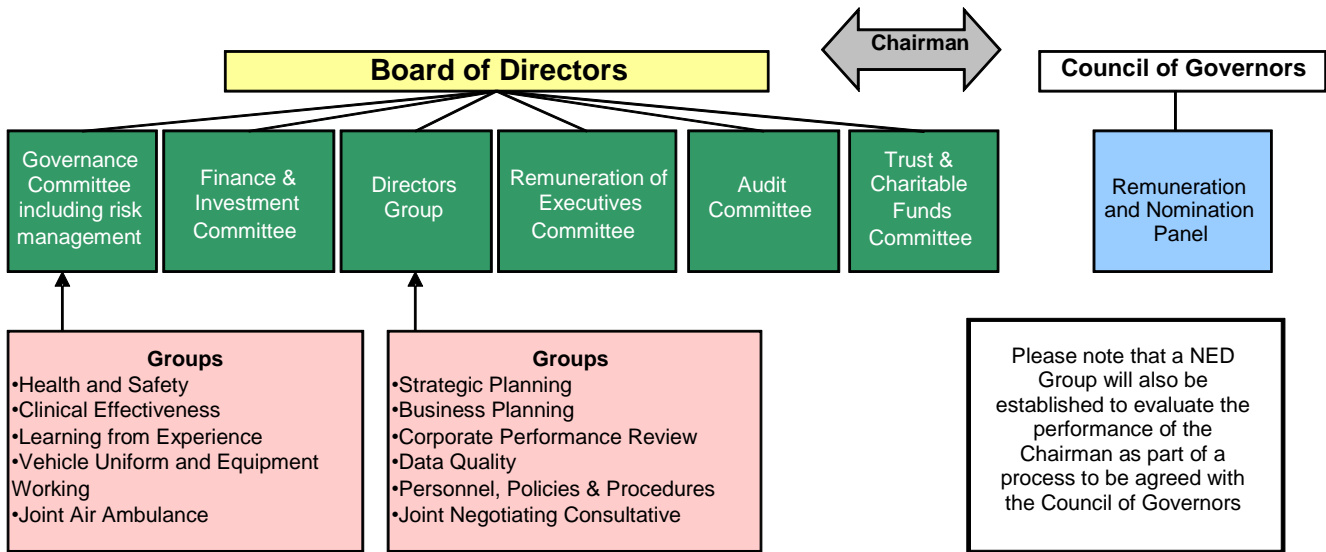
The Membership, Public Health and Corporate Communication Involvement strategies are supported by a range of policies and procedures. These encapsulate the Trust patient, staff and public involvement priorities for the Trust. These will provide the infrastructure from which governors will communicate with the public, staff and local communities.

7.3. Corporate Governance and Management

The following section describes the corporate governance and management arrangements of the Trust.

Committee Structure

The Board committee structure is set out below. The Council of Governors and Remuneration and Nomination Panel will be established post authorisation as an NHS Foundation Trust.



Board Committees

The Committees comprise of the Board Directors, staff, union, governors and patient representatives and will meet on a bi-monthly basis, with outline terms of reference set out below. Minutes are recorded for each meeting of the Committees and the Board and include debate and challenge by all members. Committee minutes will be presented to each meeting of the Board. An annual record is also maintained of business discussed at each meeting.

The Board operates as a unitary Board in that decisions on policy are reached by consensus. This process is continued for the new regime by the Trust draft Constitution supported by the additional level of scrutiny and representative intelligence provided by the Council of Governors.

The bi-weekly Director's Group meetings will provide assurance to the Board through exception reporting of all operational and quality matters.

Governance Framework and Proposed Changes

The Governance Strategy details in full proposed changes; ratified by the Board in July 2009. The key elements of the high level governance framework are summarised below.

High Level Governance Framework

Decision Making Processes: Accounts for the new arrangements for a Board of Directors plus Council of Governors. Constitution will be supported by Annexes and Appendices to include Standing Orders, Roles and Responsibilities, Codes of Conduct. The addition of the Finance & Investment Committee with strategic and annual business planning cycles and policy review, underpinned by sound risk management with downside scenario mitigation plans. Board meetings in 2009/10 changed focus to a more strategic emphasis in preparation for Foundation Trust status. Members received fewer reports, instead taking assurance from the work of committees reporting to them in accordance with guidance within The Intelligent Ambulance Board.

Responsibility and Accountability: Governance responsibilities are detailed within the overarching Constitution and Governance Strategy; including those applicable to the Board of Directors, Chief Executive, Chairman, Deputy Chairman, Corporate Secretary or designated officer, Non-Executive Directors, Council of Governors, Executive Directors, Independent Director, Director Group, Caldicott Guardian, Board Senior Information Risk Owner, Managers, employees, and specific governance and compliance roles.

Regulatory Framework (compliance): Detailed submissions for the South West Strategic Health Authority, Secretary of State and Monitor during the Foundation Trust application phase are set out within the Governance Strategy with a headline regulatory framework detailing key targets and regulations; including those applicable to the Monitor Compliance Framework.

Record keeping and Data Quality: Newly established cross directorate Data Quality group leading the review and strengthening of record keeping and data quality. Each committee will have an annual cycle of business and a record will be maintained of all business discussed, including any challenge or action arising. This record will inform assessment of the effectiveness of each forum and the cycle of business for the following year. Records are currently held for each year from 2006/07 onwards. The agenda for committees has been standardised to follow guidance in the Intelligent Board and the Integrated Governance Handbook and uses the headings: strategy; governance; performance; regulatory; information.

Audit: Sound mechanisms embedded for auditing compliance and areas of high risk; covers internal and external audit review, self audit, and clinical audit.

Assurance: Board Assurance Framework strengthened with continual review; dynamic document recording key evidence of compliance with objectives and supported by an assurance calendar and process to stress test the implementation of governance arrangements.

Quality: Quality underpins the Trust's governance arrangements and quality assurance is continually reviewed, with a Quality Strategy developed in 2009/10, supported by the Quality Account, Quality, Innovation, Productivity and Prevention (QIPP) programme and a CQUIN framework. Quality Impact Assessments will be undertaken for all strategic and service developments. The Board defines quality as: Clinical governance - the combination of the structures and arrangements in place at, and immediately below, the Board level to manage and monitor clinical performance, plan and manage continuous improvement, identify performance that may be below standard or out of line, investigate it and take management action; Quality - comprises the three components patient safety, patient experience and clinical effectiveness. Self certification against quality governance requirements will support the Trust Foundation Trust application and ongoing authorisation.

7.4. Risk Management

The Trust risk management process including responsibilities, escalation procedures, committees, reporting arrangements and management awareness is set out within this section.

The Trust has a Risk Management Strategy with systems and processes for managing risk based on the AS/NZS 4360:1999 Risk Management Standard, and the NHS Litigation Authority has assessed the Trust as level one compliant against the Risk Management Standards for Ambulance Trusts.

The Trust Risk Management Strategy promotes the philosophy of integrated governance and requires all risk management to be systematic, robust and evident. Risk management processes are applied to business planning at all levels and risk management issues are communicated to key stakeholders where necessary. The Strategy covers clinical, organisational and financial risk, and identifies the key management structures and processes defining objectives and responsibilities. It complies with best practice, NHS Litigation Authority and Department of Health requirements.

The Trust is committed to developing a responsible risk management culture to empower all staff to make sound judgments and decisions concerning risk and risk taking for promoting the safest possible environment for patients and staff. The challenge for all staff is to reduce the potential for incidents occurring by being proactive in the management of risk.

The Strategy for risk sets out a system which seeks to effectively identify, analyse and control risk, or to transfer it where it is unacceptable or unavoidable. The Trust Strategy is consistent with the requirements of the NHS Litigation Authority Risk Management Standard for the Provision of Pre Hospital Care in the Ambulance Service; Integrated Governance Handbook³¹; Standards for Better Health; A First Class Service. Quality in the New NHS³²; and the revised Turnbull guidance³³.

All risks identified arise from the Trust's:

- Actions;
- Proposed actions from plans and developments;
- Competitor actions;
- External operating environment.

Risks are proactively identified by the established internal triangulated processes and systems, with the results captured on the Trust's:

- Board Assurance Framework;
- Corporate Risk Register;
- Executive Director Risk Register;
- Directorate Risk Registers;
- Integrated Business Plan PESTLE (chapter four);
- Integrated Business Plan SWOT (chapter five).

The Trust risk management process is a contemporary approach that has generated an appropriate risk culture and appetite to become an NHS Foundation Trust. The SWOT and PESTLE identified external risks that form the basis of the sensitivity analysis and downside scenarios.

All Directors, managers, staff and volunteers are responsible for the management of risk within the extent of their roles and responsibilities. Those individuals with specific responsibility for risk management include the Chief Executive who is accountable for ensuring there is a comprehensive risk management system; the Director of Corporate Services who has delegated responsibility for managing the strategic development and implementation of risk management; the Head of Governance and the Risk Manager.

7.5. Performance Management Reporting Framework

The Trust has robust arrangements in place for its performance and quality management. These include established forums and existing and newly developed documentation to support the Trust in operating as an NHS Foundation Trust. The performance management framework is underpinning by the Performance Management Strategy and is implemented and embedded by the following groups and forums:

Corporate Performance Review Group

This group is chaired by the Director of Finance and Performance (Deputy Chief Executive) and meets on a monthly basis. The group oversees the delivery of the Trust Consolidated Action Plan, which covers operational performance for all three service lines, and is responsible for the performance management of key performance

indicators that support the delivery of national and local targets. This approach has supported the delivery of all key quality targets.

Directors Group

The bi monthly Group is attended by all Directors with attendance of senior managers if invited to present reports. The Chief Executive chairs the Group which oversees all Trust strategy and performance for the Trust in line with each Directorate Business Plan.

Trust Board

These Groups report to the Trust Board through incorporation into its annual cycle, and in the future through the Finance and Investment Committee which has been established to support the new organisational structure and financial governance reporting arrangements. All Board papers are published on the intranet and the Trust website.

The work of these forums is underpinned by the following key documents:

1. **Performance Management Framework and Strategy:** The primary purpose of which is to hold senior management and Directors accountable for the delivery of the Trust corporate objectives; managed by the Executive Director of Finance and Performance. The Trust introduced the Performance Framework in January 2008 and Performance Management Strategy in April 2009. The Framework includes NHS South West benchmarking of the Trust against other NHS Trusts;
2. **Corporate Performance Report:** Received by the Board (including a dashboard of key indicators and monitoring of all corporate action plans, with exception reports as required). The preparation for service line management and reporting and is presented to the Board each month to monitor. It supports the financial and non financial performance reports reviewed at each Board meeting, and provides assurance of compliance (or remedial action where necessary) with external clinical and other healthcare standards. It has been and continues to be dynamically developed;
3. **Corporate Objectives:** Reviewed and developed annually. These are based upon the key targets, objectives and risks identified by the Trust and are also monitored within the Trust assurance framework.

In addition to the above, these mechanisms are cascaded through the organisation supported by the following:

- Annual Directorate Business Plans with detailed activities and milestones: Each directorate has objectives developed from the corporate objectives, and including key quality indicators. Progress is measured using the Performance Management Strategy and Framework with individual accountability held by each Director;
- Individual Action Plans and Objectives: Developed with due cognisance given to directorate business plans, the Knowledge and Skills Frameworks, and Personal Development Plans;
- Annual Board Cycle: Follows the Intelligent Ambulance Board³⁴ guidance to provide a framework for Board documentation;
- Committee Cycles: Each Board committee has its own annual cycle following the Intelligent Ambulance Board guidance to provide a framework for committees to feed into the Board reporting cycle. These are managed as part of the Trust Governance Framework by the Head of Governance, and are supported by a record of business for each forum.

7.6. Financial Controls and Reporting

7.6.1. Financial Reporting

Financial reporting takes place through several clearly defined routes and includes the:

- Board which receives the monthly Corporate Performance Report and includes a financial review. The review covers the month, year to date and forecast financial position including sensitivity to risk;
- Audit Committee which meets bi-monthly and as part of its work programme reviews internal audit arrangements including financial controls;
- Finance and Investment Committee which meets quarterly to conduct an independent and objective review of activities relating to financial planning, cost improvements, investments and financial performance;

- Corporate Performance Review Group which meets monthly where senior managers are held to account for operational and financial performance;
- Coordinating commissioner and South West Strategic Health Authority which reviews Trust performance.

The Trust Board annually approves the Financial Standing Orders, Standing Financial Instructions and Scheme of Delegation that sets out controls over expenditure. Each of these documents is being revised to ensure they are fit for purpose once the Trust is operating as a NHS Foundation Trust.

7.6.2. Statement on Internal Control

No significant weaknesses were identified in the Trust internal controls for 2009/10, the action plan to achieve compliance against Standards for Better Health standard C4b having been successfully completed at 31 March 2010. This achievement was endorsed by an Internal Audit review in March 2010. The Head of Internal Audit Opinion recorded significant assurance provided by the Trust against its internal controls.

7.7. Audit

In June 2008 the Trust Audit Committee approved a three year service level agreement with the Devon and Cornwall Consortia for its internal audit arrangements. This was ratified by the Board and the agreement will be reviewed following authorisation of the Trust as an NHS Foundation Trust.

Each year, the Audit Committee approves an annual plan of internal audit review including agreed standards for better health, and areas of identified risk. Directors agree timescales to implement recommendations resulting from any reports, and the executive summaries of these reports are provided to the Audit Committee. In addition, the implementation of previously agreed management actions is monitored on a formal regular basis with the number of outstanding recommendations maintained at a minimum.

External Audit

The Audit Commission provides external audit services and gives the audit opinion on the Trust financial arrangements in the form of a management letter.

7.8. Information Management and Technology Systems

The Trust is committed to the implementation of Information Management and Technology services and has a five year Information Management and Technology strategy aligned to the Department of Health and NHS Connecting for Health Information Management and Technology guidelines. Nationally work is underway to automate and standardise core systems within clinical hubs, fleet, stations and other estate. These information management and technology service developments will support Trust business continuity requirements for all core patient and internal services.

Increased demand for ambulance services, enhanced and integrated healthcare pathways will require appropriate information management and technology systems and the implementation of triage and demand management tools. High priority initiatives include:

- Summary Care Record Integration to clinical hub systems;
- Emergency Care System;
- National common dataset for Patient Records by 1 April 2012;
- Capacity Management Systems capability;
- Electronic Directory of Services;
- Enhanced Triage capability with NHS Pathways;
- Review and selective implementation of Paramedic Decision Support and Tele-Health systems;
- Integration of Clinical Hub and other patient management systems;
- Strengthening of N3 networking and NHS Mail to partner agencies and ambulance stations;
- Reviews of the data quality framework, information governance and information security standards;
- Ambulance Radio Programme;
- Early Location and Notification;
- Consolidation of Command and Control systems;
- Automation of back-office processes through the greater use of shared services;
- Electronic procurement;

- Electronic Staff Records;
- Electronic Knowledge and Skills Framework;
- Service Pathway and process re-engineering through the use of Map of Medicine;
- A review of wider and integrated asset management forms part of the Information Management and Technology strategy;
- Exploit Information modelling tools within an Evidence Based Decision Making framework to optimise the use of resources.

Significant opportunities exist in the areas of Geographic Information Systems through the development of technologies and increased competition. These tools will support improvements to quality across all service functions and provide significant improvements in predictive modelling and decision support.

The Trust has strengthened its electronic staff record capability with the appointment of two dedicated personnel. An independent audit by the Devon and Cornwall Consortia identified actions for improvements which were completed in August 2009. National work by McKesson is being progressed to further improve the software system.

Significant productivity and quality improvements have been achieved within the A&E service line through the better use of information and the introduction of live reporting to operational management, these efforts will continue and extend to all service lines and where appropriate to partners external to the Trust in support of more integrated pathway management.

Glossary of Terms and Abbreviations

A&E	Accident and Emergency
ABCD²	Stands for Age, Blood Pressure, Clinical Features, Duration and Diabetes. A risk assessment scoring system using routine observations and basic history for patients presenting with transient ischaemic attack
Adastra	Clinical reporting tool used for out of hours urgent care services
Agenda for Change	Agenda for change is the new pay system implemented in 2004 for NHS staff. A summary of the new system is available at the Agenda for Change website
ALE	Auditors Local Evaluation
AMPDS	The Advanced Medical Priority Dispatch System (AMPDS) is a medically-approved, unified system used to dispatch appropriate aid to medical emergencies including systematised caller interrogation and pre-arrival instructions. The output gives a main response category - A (Immediately Life Threatening), B (Urgent Call), C (Routine Call). Each call is assigned a sub-category or code, Each category is also referred to by a number from 1 (abdominal pain) through 32 (unknown). Number 17 is falls. The system is linked to an NHS performance targeting system where calls must be responded to within a given time period e.g. 75% of Category A calls must receive a pre determined response within 8 minutes.
ARP	Ambulance Radio Project: A replacement of the analogue Voice and Mobile Data Radio Services with a digital service supporting all front-line communications
AVLS	Automatic Vehicle Location System
Board of Directors	The Board of Directors is the executive body responsible for the operational management and conduct of a particular NHS Trust
C3	An emergency computer aided dispatch system for command, control and communication operations
CAGR	Compound Annual Growth Rate is the year-over-year growth rate of an investment over a specified period of time
Category A19	Life threatening emergency calls, presenting conditions, which require a fully equipped ambulance vehicle to attend the incident, must have an ambulance vehicle arrive within 19 minutes in 95% of cases, unless the control room decides that an ambulance is not required
Category A8	Life threatening emergency calls, presenting conditions, which may be immediately life threatening and should receive an emergency response within 8 minutes irrespective of location in 75% of cases
Category B19	Non life threatening but serious calls, presenting conditions, which though serious are not immediately life threatening and must receive a response within 19 minutes in 95% of cases
CBRNE	Chemical, Biological, Nuclear, Radiological and Explosive training or preparedness:
CNST	Clinical Negligence Scheme for Trusts now changed to National Health Service Litigation Authority risk management standards
Co Responders	Trained and equipped community-based volunteers recruited by the Trust to respond to life-threatening emergencies and deliver appropriate care until the ambulance arrives
Commissioning	A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring
Constitution	An NHS Foundation Trust's constitution describes what type of body it is and its primary purpose, as well as defining its membership and its address. Key offices/staff groups may also be defined under the constitution. The constitution may also set out the internal governance arrangements
CQUIN	The aim of the Commissioning for Quality and Innovation (CQUIN) payment framework is to support a cultural shift by embedding quality improvement and innovation as part of the commissioner-provider discussion everywhere. The framework is intended to ensure contracts with providers include clear and agreed plans for achieving higher levels of quality by allowing Primary Care Trusts to link a specific modest proportion of providers' contract income to the achievement of locally agreed goals.
DATIX	National Software Programme for Risk Management
Executive Directors	The Executive Directors are senior employees of the NHS Foundation Trust who sit on the Board of Directors and will include the Chief Executive and Finance Director. Executive Directors have decision-making powers and a defined set of responsibilities thus playing a key role in the day to day running of the organisation
Governance	Governance arrangements are the 'rules' that govern the internal conduct of an organisation by defining the roles and responsibilities of key offices/groups and the relationship between them, as well as the process for due decision making and the internal accountability arrangements
GP	General Practitioner
Joint Venture	An undertaking in which an NHS Foundation Trust is a corporate member. Joint ventures may be commercial or non-commercial and may involve an NHS Foundation Trust becoming a member of a company alongside one or more other public/private sector organisations
KA34	KA34 is a reporting requirement for all ambulance trusts, with a template completed annually and submitted to the Department of Health. The information obtained from the KA34 is analysed by individual ambulance service providers to show volume of service and performance against required standards. This information is published each year by the Information Centre and the Department of Health
NHS	National Health Service
NHS Purchasing and	An executive agency of the Department of Health and is the lead procurement policy and strategy

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Supply Agency (PASA)	organisation for the English NHS
Non Executive Directors	Non-Executive Directors are members of the Board of Directors but do not form part of the executive management team
Out of Hours	Defined as Monday to Thursday 18:30-08:00, Friday 18:30 to Monday 08:00 and all bank holidays
Overview and Scrutiny Committees	Overview and Scrutiny Committees which have the power to scrutinise health services. This contributes to their wider role in health improvement and reducing health inequalities for their area and its inhabitants
PALS	Patient Advice and Liaison Service
PbR	Payment by Results is the new funding system for the NHS in England
PCT	Primary Care Trust
PESTLE Analysis	Examines the political, economic, social-cultural, technological, (physical) legal and environmental forces within which businesses operate and which act on them
PTS	Patient Transport Services
SMARTER	Specific, Measurable, Attainable, Relevant, Time-bound, Evaluate, Reevaluate. SMARTER is a mnemonic used in project management at the project objective setting stage. It is a way of evaluating the objectives or goals for an individual project. The term is also in common usage in performance management, whereby goals and targets set for employees must fulfill the criteria.
Standards for Better Health	A set of standards monitored by the Care Quality Commission as part of the Annual Health Check and Audit
SWOT Analysis	Is a methodology used to aid strategic planning. SWOT stands for Strengths, Weaknesses, Opportunities and Threats
System Status Plan	An aid for dispatching staff in the hubs to arrange geographical cover with vehicles based on historical and predicted demand. Standard Plans are updated every six months as a minimum. Status Plans are available for each operational despatch area within the Trust; nine status plans in total.
Tariff Uplift	Reflects the balance of financial pressure in the NHS financial system and takes into account a range of issues that affects both commissioners and providers
Thrombolysis /Thrombolytic therapy	Thrombolytic therapy is the use of drugs to break up or dissolve blood clots, which are the main cause of both heart attacks and stroke
Triage	A process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment
TUPE	TUPE is an acronym for Transfer of Undertakings (Protection of Employment) Regulations and is an important part of UK labour law, protecting employees whose business is being transferred to another business
UCS	Urgent Care Services
UK	United Kingdom
WTE	Whole Time Equivalent

References

- ¹ Total trips for the four counties sourced from The Value of Tourism to the South West Economy in 2007; Research Department South West Tourism, April 2009
- ² Source: Office for National Statistics
- ³ The NHS Constitution; Department of Health, January 2009
- ⁴ 2006/07 to 2008/09 performance figures sourced from trust Annual Reports. 2006/07 figures are from June 2006 to March 2007 due to trust merger
- ⁵ Call Connect Standards were introduced on 1 April 2008 changing the clock start position for measuring ambulance response times to 'T0' – the point at which the call is connected to the Clinical Hub
- ⁶ Draft figures pending release of KA34 for 2009/10 from the Department of Health and the MINAP report later in 2010
- ⁷ NHS Litigation Authority Standards revised for 2008/09 and all Ambulance Trusts were then assessed at level 1
- ⁸ Previously referred to as Use of Resources
- ⁹ Total trips for the four counties sourced from The Value of Tourism to the South West Economy in 2007; Research Department South West Tourism, April 2009
- ¹⁰ Source: Office for National Statistics
- ¹¹ ONS Mid 2008 Population Estimates (The Population of the South West and its Local Authorities, GOSW Regional Intelligence Team)
- ¹² 2006/07 to 2008/09 performance figures sourced from trust Annual Reports. 2006/07 figures are from June 2006 to March 2007 due to trust merger
- ¹³ Call Connect Standards were introduced on 1 April 2008 changing the clock start position for measuring ambulance response times to 'T0' – the point at which the call is connected to the Clinical Hub
- ¹⁴ Draft figures pending release of KA34 for 2009/10 from the Department of Health and the MINAP report later in 2010
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- ²⁵ 2007 focused update of the ACC/AHA 2004 Guidelines for the Management of Patients with ST-Elevation Myocardial Infarction. Antman E.M, Hand M. and Armstrong P.W. (2008) Journal of American Cardiology. 51. 210–247
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- ³³ Internal control. Revised guidance for directors on the combined code; Financial Reporting Council, October 2005
- ³⁴ Intelligent Ambulance Board; Dr Foster Intelligence, November 2006