



South East Coast Ambulance Service **NHS**
NHS Foundation Trust

Operational Plan Document for 2015-16

South East Coast Ambulance Service NHS Foundation Trust

Strategic Context

As the Trust moves into 2015/16 it is looking to begin the next phase of its evolution into a mobile health care provider. There will be two work streams that will need to run concurrently during 2015/16; the delivery of high quality, high performing, productive services and transformational change which will see, amongst other things, a move to delivery of the 999 service through operational units, thereby creating greater local accountability for performance.

To ensure that the Trust remains resilient during 2015/16 the plan emphasises the need to recruit and retain clinical staff and to improve staff engagement to support the improvements in productivity required to deliver business as usual. Contractual arrangements with private providers will also need to be strengthened to ensure that the Trust has access to high quality, flexible resources to enable it to meet demand.

To ensure that the Trust's 999 service remains sustainable in the longer term there will be significant investment in infrastructure e.g. through the roll out of further Make Ready Centres (MRCs), the reconfiguration of the Emergency Operations Centres (EOCs) and the move of support staff to a single Headquarters. There will also be the implementation of an electronic patient care record (ePCR) The move from a centrally controlled 999 service to one that is delivered through local operating units is also key to sustainability as it will allow the Trust to deliver a more flexible service that is able to respond to the demands of the Clinical Commissioning Groups (CCGs).

The next five years will see significant change within the NHS and in ambulance service delivery. This plan is designed to put SECAMB at the forefront of this change.

1. The National Picture

The NHS is working with an increase in activity that is outstripping Providers' capacity to deliver and operating within health systems where many Clinical Commissioning Groups (CCGs) and Providers are forecasting significant deficits. The impact of the outcome of the May 2015 general election is not yet known and may well result in base line changes in how the NHS is funded and focussed. This is likely to impact on both the 999 and NHS 111 services; particularly the latter.

There are also a number of key operational pressures nationally that are impacting on ambulance trusts. Central to this is a national shortage of Paramedics. Exacerbating this situation is that the competition to recruit Paramedics is no longer limited to ambulance services. The market for Paramedics now extends right across the NHS and private health providers. Pay and conditions incentives are being used to tempt this sought after workforce away from its traditional employer, with notable success.

The ambulance service is in the middle of a transition from training paramedics to educating them through degree level education programmes. However, this is only the starting point with the need for advanced paramedics and consultant paramedics supporting change in the delivery of Urgent Care.

Adding to this is the public expectation and increasing requirement for immediate health care solutions. This is generating additional activity within the emergency, urgent and routine health care systems, which is causing significant pressure points as evidenced in Q3 and Q4 2014/15 by non-achievement of the four hour wait target by Accident and Emergency Departments and the failure of most ambulance trusts to meet national performance targets.

2. The Local Context

In the South East Coast (SEC) region the changing commissioning environment has seen CCGs deciding that a county based commissioning consortium will deliver better local ambulance services for their patients. This change will come into effect in 2015/16, although performance targets will continue to be delivered at SEC level. Whilst this will help to focus activities on local delivery, this is likely, in time, to see commissioning for local standards and local resources which may necessitate different operational models in the different areas. It is not yet clear whether county based commissioning will deliver better local ambulance services and without significant additional funding it will not be possible for SECamb to deliver both time based and clinical quality performance targets at a sub-regional level. This is a potential source of tension. For the CCGs this will challenge how the ambulance service has been funded within a shared risk pooling across the region.

As part of local commissioning discussions, CCGs are clearly setting out to reduce pressure on A&E departments and to provide alternative ways of delivering urgent care. SECamb's plans for a more localised service delivery model will allow the Trust to work with CCGs to better meet their needs and a more skilled ambulance workforce will allow the Trust to deliver more treatment to patients both within primary care settings and at home. However, investment will be needed to further develop the paramedic workforce and this requirement comes at a time when the financial position of the local health economy is poor.

There are significant problems within the health economy associated with patient flow. The increase in activity in 2014/15 has resulted in a significant increase in handover delays at Acute Trusts. These delays provide a poor experience for patients, reduce the productivity and efficiency of the ambulance service by tying up both skilled staff and vehicles and most importantly can mean that crews are not available to respond to calls from acutely unwell patients in the community. This represents a very significant risk to providing a safe service.

3. The Implications for SECamb:

In 2014/15, SECamb and its Lead Commissioner contracted a third party to carry out a detailed capacity review. The review demonstrated that SECamb was under commissioned. The outcome of the review was accepted by Commissioners but given the financial constraints within the NHS both local and nationally the Commissioners have not been able to address the shortfall in funding. This presents a considerable resource challenge to SECamb which is not addressed by the year on year contract negotiations.

Staffing in the 999 service is a key issue; SECamb plans to deploy resources to meet an expected increase in activity of 5.5% in 2015/16. To ensure that sufficient clinical staff are available SECamb will need to improve retention rates, a key issue for paramedics and specialist paramedics. Workforce development and the strengthening of staff engagement will be key to addressing this issue.

Additional recruitment will also be required at a time when there is considerable competition for paramedics. To address this, SECamb's plans for 2015/16 include the development of an associate practitioner role, with the aim of enabling the Trust to expand its clinical workforce to meet the demands of increased activity despite the national shortage of paramedics. The Trust will continue to offer its existing technicians and emergency care support workers opportunities to progress to paramedic status.

SECamb's strategy is to use its own workforce wherever possible. However, this requires an increase in clinical staffing at a time when there is considerable competition nationally for

paramedics. The Trust will need to augment its own staff through the use of private providers. Competition for resources from private providers between ambulance services is also considerable and this represents a risk to the Trust.

Increased activity and the pressure that this has put on the local health economy has meant that SECamb has faced challenges in meeting the national performance targets in 2014/15. The measures that SECamb put in place in 2014/15 will be extended to improve performance in 2015/16. These include increasing the ratio of single responder vehicles (SRVs) to double crewed ambulances (DCAs) so that, in appropriate cases, a clinician can make a quick, informed decision about whether or not the patient needs to be conveyed to hospital. There also needs to be an increase in the clinical support available in both NHS 111 and in the Emergency Operations Centres (EOCs) to increase hear and treat rates and to reduce unnecessary conveyances.

Service reconfigurations and new care pathways, which often result in more acutely ill patients being transported further, impact on SECamb's productivity because they result in longer job cycle times. SECamb supports changes that are to the benefit of patients but commissioners need to recognise that there is a cost in terms of performance unless additional funding is made available.

Although, the NHS 111 service provided by SECamb is now one of the best performing NHS 111 providers in the country, the terms of the contract between SECamb and the commissioners means that it receives one of the lowest payments per call of any of the NHS 111 providers. SECamb has invested a considerable amount of its own resources in order to ensure a high quality service. In 2014/15 the Trust made a loss of over £2.5m on this service and it anticipates making a loss in the region of £1.4m in 2015/16 – the final year of the current contract. This situation is not sustainable and, while delivery of the NHS111 service remains strategically important to SECamb, it will not be possible to extend the current contract or to tender for future contracts unless the service can be made financially viable.

A considerable amount of work has taken place in PTS in 2014/15 which has greatly improved both the operational and financial performance of the Surrey and Sussex contracts. Successful discussions have taken place with the Sussex PTS commissioners and the contract has been extended for a further year until 31 April 2016. Discussions are ongoing with the Surrey PTS commissioners about an extension to this contract when its initial term ends on 30 September 2015. During 2015/16 SECamb's Board will need to decide whether and how it wishes to tender for new PTS contracts in Surrey and Sussex and whether or not to tender for PTS services in Kent. This market remains very competitive with a number of high profile and well backed private ambulance services winning PTS contracts across the country.

Progress against delivery of the strategy

SECamb's Board is recommitting to its five year strategic objectives as set out below:

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

SECamb's strategic intention to become a mobile health care provider, is consistent with the national agenda as set out in the NHS England's 5 year forward view as well as with the CCGs

plans to reduce conveyances to hospital and deliver more care at home. The Trust has established a contract management team who work closely with commissioners in each of the three counties to ensure that SECAMB's strategy is clearly aligned with those of its commissioners.

Continued development of the strategic objectives will be achieved through two distinctive but interlinked work streams; business as usual, delivering sustained high quality patient care, and delivering the organisational change for enhancing local accountability and delivery. These two work streams also fit the overarching requirements of Monitor to deliver "resilience", i.e. delivering performance for patients and meeting capacity pressures with local health economy partners and "sustainability" which is creating an infrastructure and strategies to meet the required performance in the long term.

As well as continuing to deliver high quality services, SECAMB's plans are also centred on working with the local health system to provide innovative solutions to meet the needs of its patients locally. SECAMB has a sound track record in exploring new patient pathways for ambulance staff to deliver high quality patient care, and looks to further develop the skills of the workforce to continue this ambition. SECAMB's aim to become a mobile healthcare provider is key to addressing both the overarching challenges of the local health care economy and providing a more localised service.

Patient care is the central driver for transformational change, refocussing the operational service on local delivery in as an efficient and effective manner as possible. This will use the joint learning from a number of pilots that have been in place during 2014/15, such as the operating unit model in Thanet and Ashford, which will be rolled out across the organisation.

The main priorities that are key to delivering the Trust's strategy for 2015/16 are as follows:

- ***Maximising income by delivering services needed by the CCGs***

The Trust's plan for 2015/16 includes approximately £3.0m of income that is over and above that set out in the contract. Some of this additional income is expected to come from the System Resilience Groups for the support that SECAMB provides to the local health economy as a whole e.g. ensuring that conveyance rates are as low as possible to reduce pressure on the acute hospitals.

The other anticipated source of additional income is through the development of local schemes using paramedics and paramedic practitioners (PPs) to provide mobile urgent health care. The operational unit will allow services to be adapted to the needs of local CCGs e.g. the development of a community paramedic model, as currently being trialled in Kent, where SECAMB's PPs have a role in the provision of urgent primary care. There is also the possibility of integration with Out of Hours Providers and PPs undertaking home visits. While in 2015/16 these schemes are likely to be limited in scale it is hoped that, over time, they will become an important part of the Trust's development as a mobile healthcare provider.

The inclusion of additional income that is over and above that set out in the contract is a key risk to the delivery of the Trust's planned surplus for 2015/16. There are also opportunities for additional funding through the Prime Minister's Challenge Fund and the Five Year Forward View Vanguard Sites.

- **Improving efficiency and productivity across all three of the Trust's services; 999, NHS 111 and PTS**

In the face of significant financial challenges at both a national and local level the Trust will need to improve its productivity to ensure that it can achieve a surplus and continue to invest in the transformational change that is required to ensure long term sustainability. Achieving productivity improvements in the 999 and NHS 111 services has proved challenging in 2014/15 and will require significant focus in 2015/16, at a time when transformational change is also taking place.

In the 999 service, productivity improvements will require a significant improvement in the unit hour utilisation figure i.e. a reduction in the number of hours of front line staff time required per ambulance response. In order to achieve this, operational performance will need to be actively managed at a local level to reduce the number of "lost hours" e.g. to handover delays or vehicles out of service due to breakdown, cleaning/refuelling etc.

The roll out of the new operating units will strengthen local management and accountability and act as a lever for improving productivity through better deployment of resources. The enhanced local management structure which forms part of the operating unit model will be rolled out across the Trust; including those areas where MRC plans are not yet well developed. The new management structure will mean increased management visibility and improved supervision of clinical staff. Operating units will also have the flexibility to plan staffing rotas around local demand giving more flexibility to staff and ensuring that more staff are at work when demand is highest; generally in weekday evenings and on the weekends.

However, it is recognised that it will take time for the benefits of the new operating units to be realised and that productivity improvements will need to be driven hard in all areas in order to achieve the expected overall Trust surplus of £0.5m at the end of 2015/16.

Within the A&E service, external factors can have a significant impact on the Trust's ability to improve productivity. Handover delays at acute trusts, which improved in 2013/14, rose again in 2014/15 as did the number of divers and the use of ambulance staff to cohort patients within A&E departments. Reconfigurations also impact on job cycle time where patients are no longer transported to the nearest acute trust.

Productivity will also need to be driven centrally by a continued increase in the ratio of SRVs to Double Crewed Ambulances (DCAs). A clinician in an SRV can make an informed clinical decision as to whether or not the patient needs to be conveyed to hospital and deliver immediate clinical care. If conveyance is necessary back up can be arranged and, where clinically safe, the clinician can be freed up to respond to other 999 calls. However, if conveyance is not required, the clinician will have the option to treat at home, or access local care pathways within urgent, community or primary care.

The plan for 2015/16 includes strengthening the clinical skills available within the Trust's EOCs and NHS 111 call centre in Ashford. This will enable the Trust to safely reduce the number of NHS 111 calls referred to the 999 service and reduce the number of ambulances dispatched with an increased number of calls dealt with by Hear and Treat using clinicians in the EOCs.

While the Trust's NHS 111 service is now one of the top services nationally for operational and clinical performance, it continues to operate at a significant loss. The productivity of the service will be improved by increasing the balance of substantive to agency staff, changing rotas to provide shifts of different lengths to align staffing with demand and increasing engagement with staff as part of a coherent plan to improve staff retention. However, even with these

improvements the service is expected to continue to be loss making c£1.4m in 2015/16 and as stated earlier it will not be possible for the Trust to continue to deliver this service beyond the end of the current contract unless it can be made financially viable.

There will also need to be a continued focus on productivity in PTS. The Surrey and Sussex contracts are expected to achieve a £0.2m surplus in 2015/16. The possibility of an extension to the current Surrey PTS contract for twelve months from 1 October 2015 is still under negotiation.

- ***Enhancing SECamb's infrastructure***

A number of infrastructure enhancements will take place in 2015/16. From an estates perspective the move to MRCs, where vehicles are cleaned and equipped before each shift, will continue with the delivery of the Polegate and Crawley MRCs in 2015/16 and will be delivered in parallel with the new operational unit model.

During 2015/16 SECamb will also be developing its plans to move corporate staff to a new single HQ in Crawley and to move from three to two EOCs in 2016/17. Staff from the Banstead and Lewes EOCs are expected to move into the new HQ building in Crawley, which will also house the western EOC, in late 2016. Considerable project management expertise will be needed in 2015/16 and in the following year to oversee both this move and the introduction of the operating units. Work will also need to be undertaken to develop the Eastern EOC which is currently based at Coxheath in Kent.

From an IT perspective, infrastructure enhancements taking place in 2015/16 will include an upgrade to the Computer Aided Despatch system (CAD) to enhance dispatch protocols for all resources including Community First Responders and to improve information availability to manage local delivery. Further work will be undertaken to implement an electronic patient care record (ePCR) which will significantly improve the clinical information and clinical audit ability which will allow for further developments in evidence based patient care and provide the data to enable local management of clinical performance.

- ***Transformation***

The transformation programme consists of a number of different workstreams. The Executive Team has been restructured to support the development of a new management structure, which is key to the successful delivery of the local operating units for the 999 service.

Following the successful pilot of the operating unit model and associated local management structure in Thanet in 2014/15, plans are being developed to roll out 10 local operating units in total across SECamb. Where possible these will be linked to an existing or planned Make Ready Centre, e.g. Polegate and Crawley, but the new structure will also be introduced into those areas, such as Surrey, where plans for Make Ready Centres are not yet well advanced.

Support services will be reconfigured so that they reflect the more localised operational unit model. Effective and sustained staff engagement will be crucial to improving staff morale and ensuring the Trust can deliver business as usual as well as transformational change.

The Trust's staff are its most important resource and must also be part of the changes that are taking place in order for them to be effective.

Transformational change will also be supported by the development of key groups of staff. Enhancements to the scope of practice of SECamb's critical care paramedics (CCPs) and PPs and the development of specialist and advanced practitioner roles will strengthen further the

importance of extended paramedic skills in emergency and urgent care delivery. This is also part of the Trust's strategy to improve retention of clinical staff and to ensure that it remains an employer of choice for graduate paramedics. The contribution of SECAMB's Community First Responders (CFRs) will also be re-focussed, enhancing and improving the provision of care.

Both capital and revenue resources will be required to achieve transformational change and to deliver the planned infrastructure improvements. The Trust is expecting its capital expenditure to be in the order of £25M in 2015/16 to support the roll out of the ePCR, further Make Ready Centres and the start of work to move to single HQ and to reconfigure the Trust's EOCs from three to two. £1.7m is included within the 2015/16 plan to support transformational change as is £1m of contingency.

- ***Clinical Performance***

The Trust's plans in this area are detailed in the quality priorities section below.

Plan for short term resilience

Business as usual – “Resilience”

Whilst innovation and organisational transformation will shape how patient care will be delivered in the future it is essential that the day to day delivery of services continues to be provided at the high level that patients and commissioners expect and deserve.

Business as usual is clearly defined within the service contracts that the Trust has with its Commissioners. Each contract has a comprehensive set of key performance indicators (KPIs) that must be met. These are a mixture of national and locally agreed targets. Meeting these targets is the very essence of the care SECAMB delivers to patients and shapes public opinion of the organisation. Meeting these standards is also a basic requirement of Monitor. Each contract also has clear sanctions linked to its KPIs, which would find the Trust incurring financial penalties for non-performance. This has to be avoided to allow us to invest in both the service delivery and transformational changes that are outlined in this plan.

In order to mitigate the financial risk to SECAMB a penalty management process will be included in the contracts for all three counties. This will state that if the Trust fails to meet a national performance target at regional level, SECAMB and the Commissioners must take into account the impact of excessive patient handover times at hospitals and any activity growth above commissioned level and above “risk share” level. If financial sanctions are imposed by Commissioners for failure to reach the performance target then those funds will be reinvested in the SECAMB system to improve performance

SECAMB is also key to supporting whole system resilience, particularly during the winter months. Measures that SECAMB introduces at times when the local health economy is under stress, such as ambulance staff cohorting patients in A&E departments and emergency patients being diverted away from acute trusts in extreme difficulties, are key to ensuring the local health economy is as resilient as possible. However, they also impact on the Trust's resilience in terms of productivity and financial and operational performance.

The emphasis of this plan to move to local accountability and delivery is the mechanism for delivering business as usual on a sustainable basis, using the close relationship that SECAMB has with the local health economy.

Quality priorities

SECamb's Clinical Strategy covers the period 2014/19. The focus of the strategy is twofold;

- 1) to ensure that patients get the right treatment, in the right place at the right time; and
- 2) to ensure that the workforce has the appropriate skills to deliver this care.

SECamb will be working to ensure that patients receive the right treatment in their home or in a community setting, where clinically appropriate, benefiting the health economy as whole and individual patients. To do this SECamb plans to increase the number of paramedics in the workforce and to deploy PPs in ways which make the most use of their specialist clinical skills. This will enable the Trust to improve the service that it delivers while decreasing the number of patients transported to A&E departments.

SECamb's clinical priorities for the 999 service in 2015/16 are designed to support this strategy and are as follows:

- + Reviewing and increasing the scope of practice for 999 staff and CFRs
- + Reviewing clinical reporting to maximise opportunities for learning and development;
- + Introducing clinical hubs into the EOCs to increase access to clinicians to support decision making and improving hear and treat and see and treat rates;
- + Improve delivery of clinical quality indicators
- + Reduce variation across all services;
- + Support the national development programme for prescribing which will be linked with implementation of the Advanced Career Framework for Paramedics

In addition, the national CQUIN for 15/16 is focused on the need to reduce conveyance rates and SECamb's county based CQUINs also emphasise the need to treat patients in the community. The county based CQUINs include a project on pathway development and support for the development of frailty hubs.

The Trust will be integrating its services with primary care through the use of Community Paramedics to support Urgent Care needs outside of SECamb – this will enhance paramedics' skill sets, increase local working and further support integration with other services; all consistent with the Trust's aim to become a mobile healthcare provider.

The Trust already performs well against the majority of the national Clinical Performance Indicators (CPIs) for ambulance services. Two of the areas where CPI performance requires improvement are Return of Spontaneous Circulation (ROSC) survival to discharge (all) and ROSC survival to discharge (utstein). The Trust's performance against these indicators is directly affected by the performance of the acute hospitals in the region and the Trust will be developing its work with a number of acute hospitals to showcase best practice in ROSC care. Compliance with the stroke care bundle is below the national mean and targeted actions will be taken to improve performance in this area during 2015/16, by the Medical Directorate's Quality Improvement Working Group.

Clinical Innovation

A number of clinical innovations are being targeted in 2015/16; all with the aim of increasing the clinical effectiveness of the clinical workforce and reducing conveyance where this is clinically safe.

1. SECamb will be rolling out an electronic patient care record system (ePCR) which will allow staff to create more standardised and easily accessible care records which can be transmitted to other healthcare providers;
2. The development of point of care testing through the provision of a range of blood testing devices for PPs and CCPs;
3. Rapid Access to real time medical advice for critically ill patients, for paramedics and other staff, from consultant level physicians with expertise in trauma;
4. The Trust plans to train CCPs to deliver enhanced airway management, and
5. Provide training on intra and post ROSC Care for CCPs. As part of the extension of scope of practice for CCPs, key milestones have been identified to bring the initiation of intensive care for post-ROSC patients into the ambulance service.

NHS 111

SECamb's NHS 111 service is now meeting both its operational and clinical KPIs and aims to continue to do so during 2015/16. The clinical KPIs have been achieved through an increase in the number of clinical advisers within NHS 111 and changes made to the KPIs on a local basis. Clinical support will need to be maintained to ensure performance in this area does not slip. The NHS 111 service will also be working to improve its response to mental health patients as set out in the clinical priorities below.

PTS

Quality in the PTS service is monitored through the achievement of pick up and drop off targets which are set through the county based contracts for PTS services. Achievement of these targets is the focus of one of the quality measures for 2015/16 – see below.

Quality Account Measures for 2015/16

The Trust will be measuring its performance against the following quality measures in 2015/16. More details will be published in the Trust's Quality Account/Report for 2014/15

- Improve telephone triage response to 111/999 patients with mental health problems;
- Improve Paramedic Practitioner response times following referrals;
- Utilisation of care plans/clinical registers by operational clinicians;
- Improve PTS patient drop off/pick up times.

These measures were developed with stakeholders; including patients, staff and commissioners and support the development of the Trust's overall strategy.

Patient Experience

Patient feedback, through the Friends and Family Test and patient surveys as well as formal complaints, PALs and compliments, is key to improving the quality of the service. 2015/16 will

see further development of work to triangulate information provided through the incident reporting process and complaints to identify any themes and work to address them.

Operational requirements

In order to continue to deliver its strategy in 2015/16 SECamb will need to have access to adequate resources. Details of the Trust's manpower plans are given below but these also need to be matched to appropriate vehicles and equipment (for the 999 and PTS services) and to an appropriate infrastructure.

999 workforce

The aim of the workforce plan is to increase the clinical capability and capacity of frontline staff and staff within the EOCs and NHS 111 services. There is also an emphasis on strengthening clinical leadership and clinical capability within both senior and middle management; with new opportunities for progression for middle management within the management structure of the operational units.

It is essential that the Trust continues to deliver the national performance targets, CPIs and increase productivity in the 999 services, at a time when there will be significant transformational change within the Trust. To ensure the Trust remains resilient during this period a change management programme is being introduced to focus on the transformational elements of the Trust's plans for 2015/16 e.g. the roll out of the operational unit model and the preparation for the move to a single HQ/EOC reconfiguration so that resources are not diverted from business as usual.

In order to meet its operational requirements SECamb needs a further 550 whole time equivalent (wte) clinical staff in 2015/16. This figure includes assumptions on turnover i.e. the need to replace clinical staff who will leave the Trust during 2015/16 and abstraction, which covers staff absence for annual leave, sickness and training.

The Trust is planning to recruit an additional 350 staff during 2015/16 as follows:

- a minimum of 180 qualified paramedics;
- a minimum of 60 associate practitioners (APs) who will be externally recruited. APs will initially train and practice as Emergency Care Support Workers (ECSWs) and, once they have acquired a minimum of one year's front line operational experience they will be enrolled on to a university Paramedic Foundation Degree Course.
- A further 110 Emergency Care Support Workers.

The balance of 200 wtes will be covered through a combination of Private Ambulance Providers (PAPs), bank resources and overtime .

The Trust has confirmed funding for 90 education commissions for in-service provision in 2015/16. This is in addition to 180 commissions for BSc Degree Paramedic, 12 commissions for critical care paramedics; 62 for paramedic practitioners and funding for the development of 42 advanced paramedics over the period 2015/2017.

Expenditure on PAPs will increase if activity growth is higher than plan. PAPs are managed through a formal procurement framework, which is providing improved governance and cost

benefit. Through short term direct award contracts SECamb can be more certain of PAP provision whilst retaining flexibility with four to six- weeks' notice.

Provision has also been made for the development of eighteen Band 7 specialist practitioner paramedic roles that will support the clinical hubs in each EOCs. The workforce plan also include provision for a new Band 7 Community Paramedic role. Community Paramedics will assist with GP visits and reduce conveyance by enabling an increased number of patients to remain in their own homes. This post will be part-funded from current unit hours but will require additional income for GP activity.

The roll out of the new operational units will require a new managerial structure which will enable more focused, localised management of staff and improved supervision and performance management. The new managerial structure would see new managerial roles which would be funded from a reorganisation of existing posts.

NHS 111 workforce

Changes to the NHS 111 workforce are essential to improving productivity and reducing the level of financial loss. This will require an improvement in the ratio of permanent staff to agency staff, changes to shifts to ensure that staffing is aligned with demand, improved staff engagement and retention. There will be increased management focus on improving productivity. To achieve this there will need to be a strong management team within NHS 111. Significant steps have been taken in 2014/15 to strengthen senior management and this will need to be cascaded to supervisory management during 2015/16.

PTS workforce

There is not expected to be a radical change to the PTS workforce for the duration of the current Surrey and Sussex contracts. Significant productivity improvements have been made in both services during 2014/15, although challenges remain in Surrey, and it is expected that these will continue into 2015/16.

Recruitment and retention

Difficulties in recruiting paramedics and the high levels of turnover among paramedics, paramedic practitioners and health advisers in NHS 111 represent the Trust's highest risk to achievement of the 2015/16 plan. Without the right numbers of appropriately qualified/trained staff the Trust will not be able to deliver its operational or clinical performance targets. The development of Associate Practitioners is one of the ways that the Trust is seeking to address this issue.

The Trust's five year strategy to become a mobile healthcare provider will also be compromised if Paramedic Practitioners have to remain within standard 999 rotas in order to achieve performance targets. The Trust's plans for improvements in staff engagement, improved flexibility through changes to rotas and better local support and supervision are all key to improving retention rates. Continued innovation and development of the paramedic scope of practice is also expected to improve retention rates.

Vehicles

The Trust will be developing its fleet strategy in 2015/16 to ensure that vehicle planning is aligned to the changes in staff mix in 999 and the increasing deployment of single clinicians in SRVs backed up by DCAs if appropriate. 2015/16 will see capital investments focussed on replacing many of these rental vehicles with the next generation of SRV. In 2015/16 the Trust will commission 73 SRVs. at a cost of c.£3m. PTS vehicles are leased based on the length of the contract. The mix of vehicles required is determined by the service requirements specified by commissioners within the contract.

Financial forecasts

Productivity, efficiency and CIPs

The indicative Cost Improvement Programme (CIP) target is £9.9M for 2015/16. This is c.5% of operating expenditure. As in previous years the CIP schemes are clearly differentiated between those CIPs which are incremental and efficiency driven. These are termed 'Traditional CIPs' and those which are transformational in nature and involve new ways of working. These are categorised as 'Transformational CIPs'.

Significant transformational CIPs for 2015/16 are:

- continuing to implement changes to the way in which resources are used in the 999 service resulting in an improved unit hour utilisation rate, increased use of intermediate tier vehicles to convey green (less urgent) calls where necessary and introducing new operational staffing structures;
- other transformational change programmes which drive efficiency and productivity through a decentralised approach
- implement plans to revise staffing rotas in the NHS 111 service in line with demand;
- continuation of savings related to the move from the traditional ambulance station model to Make Ready Centres complemented by Ambulance Community Response Posts; and
- the introduction of black box and speed limiters on vehicles reducing fuel and maintenance costs.

More traditional CIPs relate to further moves towards productivity improvements in clinical operations, internal restructures, abstraction management, reduced levels of sickness and the continued introduction of video conferencing to reduce travel expenditure. A number of the CIPs also assist the Trust in delivering its carbon reduction targets, particularly from reduction in fuel spend and overheads.

The capacity review at the start of the 2014/15 financial year highlighted a number of areas where productivity can be improved, such as reducing the allocation time for Red 1 and Red 2 calls and closer management of job cycle time. These have been included where appropriate in the productivity programme for 2015/16.

Financial Plan

The projected surplus for 2015/16 is £0.5m. This is compared to a projected surplus of £2.3m when the 2014/16 plan was submitted in April 2014 based on an assumption of 6% growth in 2014/15 and 2015/16. There are a number of reasons for the reduction in projected surplus:

- Substantial continued losses in NHS 111;
- Additional costs to deliver transformational change.

The financial plan is based on the assumptions set by Monitor in its guidance issued in December 2014. The strategy for the operating plan is to commit resources to sustain operational performance and patient care as part of a robust plan that will allow SECAmb to maintain to profitability during 2015/16.

Following Monitor's review of SECAmb's draft financial plan, two queries were raised which are addressed below.

- The movement in non-recurrent income from £3.4M in 2014/15 to £1.1M in the 2015/16 plan reflects the removal of non-recurrent winter funding received in 2014/15 and the addition of income generation schemes in 2015/16.
- The movement in non-recurrent expenditure from £1.3M in 2014/15 to nil in 2015/16 is due to the removal of the resources associated with providing specific elements of winter resilience funded by the income referred to above.

The outlook for 2015/16 is set out below.

Service Line	Surplus in 2014/15 -	Turnover 2015/16	Surplus in 2015/16 - APR
A&E	£3.2M	£183.5M	£3.4M
PTS	(£0.3M)	£17.3M	£0.2M
111	(£2.8M)	£5.1M	(£1.4M)
Transformation		£0.0M	(£1.7M)
Total	£0.1M	£205.9	£0.5M

There is a significant productivity challenge in A&E and NHS 111, which is being addressed via the following targeted actions:

- i) 999 Service.

Despite volume growth of 6.8% in 2014/15 the commissioned contract growth for 2015/16 is 3.6%. The gap has been mitigated by risk share options which cover the majority of costs up to 4.8% activity growth above 2014/15 outturn levels and growth above this is paid at a marginal rate of 65%. The contract for 2015/16 includes mechanisms to mitigate risks of penalties for missed performance should the local health economy be unable to operate at an agreed baseline position.

SECAmb continues to be faced with handover delays at hospitals and therefore increased job cycle times and this is a significant risk to patient care and financial stability. As such, Commissioners and SECAmb have agreed that system support via HALOs, diverts and cohorting of patients is outside of the contract and will be funded as and when required via an agreed pricing structure.

The introduction of Community paramedics and the utilisation of senior clinicians to support primary care and ultimately reduce conveyance to A&E will also generate future income opportunities outside of the core A&E contract whilst improving patient care.

ii) Patient Transport Service

SECamb is working to provide the best possible service with the limited resources available during the remainder of the current contracts. The initial term of the Sussex PTS contract has been extended until 31 March 2016 and the plan assumes it will deliver a small surplus. The current Surrey PTS contract expires on 30 September 2015. A twelve month extension is being negotiated with commissioners. The plan assumes that the Surrey PTS contract will break even over the year.

SECamb has notified commissioners of its view that the PTS service required by the Acute Trusts differs significantly from the specification set out in the contract. As a result SECamb does not wish to extend the current contracts in their existing form beyond the 12 month extension. However SECamb does believe it remains a credible and cost effective provider of PTS services and will be planning to submit bids for the next generation of contracts.

iii) NHS 111 Service

NHS 111 is currently evolving and SECamb is working with its partner, Care UK to improve the financial performance while maintaining staffing levels. The Trust is also negotiating a possible contract revision with the commissioners to adjust the income under the contract to reflect the full cost of meeting the actual demand presented to the NHS 111 service. The APR assumes that the Trust will be able to meet commissioners' requirements with the current levels of clinical staffing or that there will be additional funding. The increase in clinicians in response to commissioner requests and the impact of changes in NHS pathways on referral rates has been a significant cause of cost overrun in 2014/15.

2015/16 will continue to see additional revenue investment in volunteers and the Trust's CFR programme to support operational performance, increased investment in training, support for the development of the Make Ready Centres and vehicle equipment. Plans include substantial investment in clinical areas including clinical support in the EOCs and the roll out of the EPCR. The additional recruitment in the 999 service is also being supported by significant additional investment.

Organisational development

The 2015/16 plan includes £1.7M of investment in a transformational change programme which will deliver a new way of working and help the Trust to deliver a sustainable and resilient service. The investment will cover, reorganisation costs, training and development for managers and staff and will provide a structure under which change will be managed and controlled.

2015/16 will also see continued significant capital investment with MRCs being delivered in Crawley and Polegate. Further work will also be done to progress future MRCs in Chichester/Worthing and Brighton. Preparatory work has begun with Surrey County Council and Surrey Fire and Rescue Service to develop the new HQ and reconfigured EOC. The total capital expenditure in the period is expected to be £25M. It is recognised that this may put a strain on available cash and alternative sources of funding, particularly for fleet investments, to cushion the impact of this investment have been secured. SECamb expects cash balances will fall no lower than £10M in the year 2015/16, without recourse to additional funding.

SECamb's workforce plans are the largest element of the Trust's financial spend. Patient facing staff, including those in the NHS 111 and 999 contact centres account for more than 85% of the total workforce. The key aspect of planning the expenditure for the coming years is to understand the demand that will be put on that workforce and the potential recruitment and training options that exist to develop the existing workforce clinically and to increase overall front line staff numbers. The plan recognises that the Trust will require an additional 40,000 field staff unit hours over that provided in 2014/15 as well as additional investment in the Emergency Operations Centres to further increase the effectiveness of clinical support for callers (Hear and Treat).

SECamb expects to maintain a Continuity of Services Rating of 4 throughout 2015/16.

Risk section

SECamb faces a number of key risks to achievement of its plans for 2015/16:

- The Trust may be unable deliver business as usual, i.e. provide a good clinical performance, meet national performance targets and produce a small surplus at the year end, as well as delivering the transformation programme. To mitigate this risk the Director of Workforce Transformation will oversee the transformational aspects of this plan; separating the management of these from the delivery of business as usual.
- There is also a risk that the Trust does not have the management capability and capacity to deliver change on this scale. This will be addressed through management development programmes and changes to the management structure at all levels within the organisation.
- Recruitment and retention of staff remains a key risk to the delivery of the Trust's strategy for the 999 service. There is significant competition from both within and outside the ambulance service for paramedics, paramedic practitioners and critical care paramedics at a time when the Trust needs to recruit and retain as many skilled staff as possible. A national review of paramedic education is being undertaken by Health Education England. The outcome of this is not yet known and could impact on the Trust in terms of the number of externally funded commissioned places the Trust receives and the proposed establishment of a Band 6 paramedic grade is not assumed in the new clinical and managerial structure being put in place in the Operation Units. The cost of training so many new recruits will put considerable pressure on the Trust's finances. The Trust may also need to consider diversifying its workforce into other professions e.g. nursing. SECamb is looking at alternative ways of growing its skilled workforce e.g. through the development of Associate Practitioners.
- An increase in activity that is significantly above contracted levels is a very significant risk to the Trust in terms of its operational, clinical and financial performance and would impact greatly on the resilience of the Trust. This has been emphasised to commissioners during the 2015/16 contract negotiations.
- The key financial risks in 2015/16 relate to the uncertainty on the A&E contract, non-achievement of CIPS, cost of living increases (if not funded through the contract), the unknown consequences of recent central pay negotiations' including the impact of any move to Section 2 of Agenda for Change for the ambulance sector. NHS 111 also remains a key financial risk, which must be addressed in order to ensure the Trust is able to generate a surplus to invest in the substantial changes need to ensure that the Trust is sustainable in the long term.

- There is also a risk that delivery of SECAMB's annual plan will be threatened by issues in the wider health economy e.g. SECAMB having to provide additional support to an acute hospital in the region in special measures, or to another ambulance service or acute hospital at a time of high demand.

Sustainability

To ensure a sustainable future the Trust needs to influence both the national agenda and the local health economy. The future model of provision of the 999 service, how it is commissioned, its workforce and its integration with other emergency service will be decided at a national level. The Trust also needs to influence decisions about the clinical performance indicators used to assess the quality of ambulance services.

At a local level there is a tension between CCGs who wish to develop more localised commissioning arrangements versus a lack of funding to deliver performance targets at a sub-regional level. SECAMB continues to increase its engagement with commissioners to ensure that the Trust is working with commissioners to provide services in the community that they do require and to provide opportunities for development of staff and to extend SECAMB's provision of mobile healthcare services. The scope of practice developments and new clinical management structure outlined in this paper will also provide opportunities for career progression into specialist clinical roles that should help to retain existing staff.

In the longer term they may also be the opportunity to look for greater synergies between the services provided by SECAMB e.g. the provision of immediate tier (low acuity) transport to hospital by PTS staff and further integration of the NHS 111 and 999 call centres. However, this will depend on the service required by the commissioners and on the financial viability of these services in the future.

The transformation programme as outlined in this plan, together with meeting our recruitment targets, improving retention rates for our existing clinical staff, and achieving our CIPs are the basis for the Board's declaration that the Trust will be financially, operationally and clinically sustainable according to the current regulatory standards, in two years' time. While there are risks in relation to staffing and uncertainties in respect of future PTS and NHS 111 contracts, the Trust has a good track record and a strong balance sheet.

An ambulance service providing a high performing 999 service and also meeting commissioners requirements for the provision of non-urgent care is fully in line with NHS England's 5 year forward view.

Board declarations on sustainability and resilience

- Sustainability:

The Board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to the current regulatory standards in two years' time.

- Resilience.

The Board declares that:

After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for in the period of 24 months referred to in this certificate.