



South East Coast Ambulance Service



NHS Foundation Trust

# Five Year Strategic Plan 2017-2022

Aspiring to be

**Better Today and**

**Even Better Tomorrow**

for our people and our patients

## About us

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) was formed in 2006 from the merger of Kent, Surrey and Sussex ambulance services and in 2011 became a Foundation Trust.

We receive and respond to 999 calls from the public, urgent calls from healthcare professionals and receive and respond to calls to NHS 111 as well as providing the regional Hazardous Area Response Team (HART).

We are led by a Unitary Trust Board composed of Chair, Non-Executive Directors, Chief Executive and Executive Directors. We are held to account by our Council of Governors composed of publically-elected, staff elected and appointed governors.

Our 3,499 staff, 85% of whom are patient facing, provide services to 4.7 million people over the 9,400 square kilometres of Kent, Medway, Surrey, Sussex and North East Hampshire.



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# Foreword

The last few years have been a time of significant change for South East Coast Ambulance Service (SECAmb), many of our partners and the context in which we operate. Demand, driven by an aging and growing population, is increasing faster than funding. This requires a new approach to continue to balance patient safety, outcomes and experience, staff satisfaction and financial sustainability.

It is therefore timely to set out our strategic direction for the next five years and our objectives for the next two years. It is important, in doing this to recognise the pace of external change, in particular the challenging financial context, the growing role of Sustainability and Transformation Plans, the implementation of the Ambulance Response Programme and the progress of our recovery plan over the last year in response to requirements from the Care Quality Commission and NHS Improvement. This strategy therefore recognises the need to be dynamic in response to internal and external change over the coming years and sets out a process for delivery and monitoring as well as criteria for further review or refresh of the strategy to respond to changes.

Our focus remains on delivering care to our patients, but recognises that this is dependent upon retaining the best staff through the support and development provided to them. This strategy recognises the work still needed to further develop our culture to provide support and development

for our people (staff and volunteers), to allow them to provide the best possible care to our patients. This strategy recognises the further improvement and consolidation needed over the next two years. In recognising the work still to do, this strategy has a simple mission, relevant to all areas of our work in the coming months but also as we move our focus from our current recovery to a future of continuous improvement:

*'Aspiring to be better today and even better tomorrow for our people and our patients'*

This mission aims to recognise the excellent care provided to patients on a daily basis whilst recognising there is always more to do to improve safety, quality and experience for our people and our patients. The entire board, our governors, our staff and our volunteers are committed to working with our partners across the health and social care system to achieve this aim through a process of continuous learning and improvement.



**Daren Mochrie QAM,**  
Chief Executive Officer



**Richard Foster CBE,**  
Chair

# Introduction

SECAmb worked closely with its staff, patient representatives and partners during 2016-17 to develop its Unified Recovery Plan, which set out the recovery trajectory for the Trust following the outcome of our May 2016 Care Quality Commission inspection and subsequent inadequate rating.

This approach was built around eight objectives focussed on service delivery and improvement:

1. **Governance**
2. **Culture**
3. **999 and 111 Performance Improvement**
4. **Clinical Outcomes**
5. **Financial Sustainability**
6. **Operational Restructure**
7. **Electronic Patient Care Record**
8. **New Headquarters and Emergency Operations Centre**

This strategic plan, developed after several months of consultation, builds on this work, recognising the areas in which further improvement and consolidation is necessary to ensure sustainable change. It recognises that there is on-going work across the organisation in developing plans for our future and that further work is needed to revise the Trust values and to set out further detail of our clinical model and enablers. Recognising these gaps, and setting out plans to address these within the delivery plan over the next two years, this documents sets out

our vision and goals for the next five years and our objectives for the next two years.

As an organisation we must continue to learn from feedback from our staff, our volunteers and our patients and embed organisation wide change as a result of this learning. Our simple mission embodies this approach. To achieve this mission, the strategic plan for the next five years is focussed on delivery of our four strategic themes:

- + **Our people** – supporting and developing our staff and volunteers
- + **Our patients** – ensuring timely quality care, in the right place by the right people
- + **Our enablers** – fit for purpose technology, fleet and estates, underpinned by sustainable financial performance
- + **Our partners** – working with health, blue light and education partners

Recognising our current position, the significant pace of change in the wider health system and the impact of demographic growth, coupled with constrained public spending, this plan will be reviewed at least annually and revised to take account of significant external and internal changes.

This strategic plan demonstrates how the Trust will ensure the provision of safe, quality care to its communities, acknowledging that it is in the process of improvement and consolidation to get back to consistent provision of quality care whilst delivering financial balance. This will require continuation of a journey that moves through the stages of recovery, improvement and consolidation, using agreed improvement methodologies. We will strive to deliver sustainable services, secure the best possible outcomes for our patients and meet fundamental standards, whilst achieving best value for taxpayers' money.

We acknowledge that to do this we need to work in increasing partnership with other agencies across health, social care, blue light, third sector, and local communities, including our regulators. We must also, to standardise care and deliver more efficiently, do things 'once for the region' where possible. We will work with our commissioners and partners to explore areas in which greater standardisation can be achieved.

# 2 Our Vision, Goals and Objectives

The Trust recognises that there is significant work needed to improve quality for patients, deliver improved performance against targets, meet financial targets and in doing this support and develop our staff.

This balancing of priorities must be delivered in a fast changing economic and health policy context. Recognising these challenges, the focus of the strategy is on delivery of improvement and consolidation in the first two years with a view to the longer term strategic goals. The strategy aims to set our long-term aspiration

whilst focussing on clear two year objectives that deliver improvement and support our progress towards these goals. It will be reviewed at least annually, as part of a new annual business planning cycle and revised where key external or internal triggers are met, as set out in section 8.

Figure 1 – Strategic Focus



## 2.1 Vision

SECAMB delivers the majority of its services in the heart of the communities it serves. Our vision supports our plan to build upon our expertise in call centre management and urgent and emergency care over the next five years in order that we can:

*'Support our staff to provide a caring, high quality and efficient urgent and emergency care service to our communities'*

This is underpinned by our mission, which focusses on a continuous improvement approach to reaching our vision:

*'To deliver our aspiration of being better today and even better tomorrow for our people and our patients'*

## 2.2 Strategy Overview

The Trust places supporting people and delivering care for our patients care at the heart of its plans, recognising that delivery of high quality care is reliant upon skilled, motivated and engaged staff.

**Table 1 – Vision, Mission, Themes, Goals and Objectives**

Our Vision	Support our staff to provide a caring, high quality and efficient urgent and emergency care service to our communities			
Our Mission	To deliver our aspiration of being better today and even better tomorrow for our people and our patients			
Our five year goals	We will respect, listen to and work with our staff and volunteers to provide development and support that enables them to provide consistent, quality care to our patients	We will develop and deliver an integrated clinical model that meets the needs of our communities whilst ensuring we provide consistent care which achieves our quality and performance standards	We will develop and deliver an efficient and sustainable service underpinning by fit for purpose technology, fleet and estate	We will work with our partners in STPs and blue light services to ensure that our patients receive the best possible care, in the right place, delivered by the right people
Our two year objectives	With the support and engagement of staff and volunteers, refresh the Trust values and behaviours	Develop and deliver a clinically led process to prioritise patient need at the point of call, increasing referral to alternative services where clinically appropriate	Ensure our services are efficient and sustainable and that they are supported by appropriate levels of funding	Work with STPs to achieve the best care for our patients through emerging local out of hospital care systems
	Develop effective leadership and management at all levels, through our new selection, assessment and development processes	Further integrate and share best practice between NHS 111 and 999 services, striving for Integrated Urgent Care service where this is considered viable	Develop and deliver a digital plan which supports integration with the health system and enables the clinical model and our approach to continuous improvement	Work with STPs to design and deliver generalist and specialist care pathways for patients requiring an acute hospital attendance
	Ensure all staff and volunteers have clear objectives, and a plan for their development, set through regular appraisal	Further improve and embed governance and quality systems across the organisation, building capacity and capability for continuous improvement	Ensure that our fleet is fit for purpose and supports the clinical model	Work with education and STP partners to develop career pathways that support our staff to make effective clinical decision making
	Improve staff and volunteer health and wellbeing	Improve clinical outcomes and operational performance, with a particular focus on life threatening emergencies	Ensure that our estate is fit for purpose and supports the clinical model	Work with blue light partners to ensure collaboration supports patient outcomes and efficient service delivery

# 3 Context

This section provides a brief summary of the key internal and external context which has been taken into account in developing the strategy, more detailed context and analysis including our SWOT, PESTLE, benchmarking and market assessment is maintained internally by the strategy team.

## 3.1 Governance

As an NHS Foundation Trust SECamb has a Unitary board formed of the Chair, Non-Executive Directors, Chief Executive and Executive Directors as well as a Council of Governors who help to ensure we are accountable to the public we serve, our staff and all stakeholders. The Council has two core statutory duties:

- + To hold the Non-Executive Directors individually and collectively to account for the performance of the Board; and
- + To represent the interests of members and the wider public.

The Council recruits, appoints and appraises the Chair and other NEDs to ensure they are providing the support and scrutiny necessary to the Executive part of the Board. The Council also participates in staff and public engagement groups and feeds insight from these groups, and from their own interactions with staff, patients and the public, to the Board. The Council has participated actively in the development of this strategy.

## 3.2 Risk Management

The Trust has a risk management strategy, refreshed in 2017 in recognition that the existing policy, system and controls for risk management were not robust. As a result, risk management is variable across the Trust at the time of publication. Embedding this process will be a core part of our quality and governance improvement work.

Our Board Assurance Framework sets out the principle strategic risks to the delivery of our strategy and describes the mitigating controls and assurances.

## 3.3 The Local Population

SECamb provides services across Kent, Medway, Surrey, Sussex and a part of North East Hampshire, serving a combined population of over 4.7million people. With such a large population and a geographical area of 9,400 square kilometres the population and their needs are extremely diverse. The following issues are key to SECamb planning:

**Table 2 – Local Population**

Deprivation	The areas are generally affluent, with some key areas of significant deprivation including Thanet and Hastings
Age profile	Is mainly above the England average for over those aged over 65 and 85 years. Only Medway, Brighton and Crawley have younger populations
Life expectancy	Is generally above the England average, but varies widely being lowest in areas of deprivation.
Health needs	Are on a par with England averages with deprived areas generally having more lifestyle issues
Population growth	All areas are growing rapidly, with differing levels of growth within counties including the creation of new towns in Kent
Ethnicity	All areas have a lower ethnic diversity than the England and South East (SE) average excepting North West Surrey and Crawley

### 3.4 Strategic Policy Context

The NHS in England has set a five-year strategy, the Five Year Forward View, underpinned by specific work on Urgent and Emergency Care, including the Ambulance Response Programme.

#### 3.4.1 Delivering the Five Year Forward View

Delivering the Forward View: NHS planning guidance 2016/17-2020/21 set out nine must do actions for the NHS including the development of 7 day services. Those of most relevance to an ambulance trust are the requirements to:

- + Get back on track to achieve targets for A&E and Ambulance waits
- + Develop a Quality Improvement plan and publish avoidable mortality rates
- + Working with the Sustainability and Transformation Plans (STPs) to return system to aggregate financial balance

This also moved all NHS providers to two year contracts, supporting a longer planning horizon, our strategy mirrors this in setting objectives for a two-year period until March 2019.

In March 2017 the Five Year Forward View – Next Steps was published. The document provided a summary of the challenges and paradoxes facing the NHS in 2017, identifying the need to face three improvement opportunities health, quality and financial sustainability. It builds on the Five Year Forward View (5YFV), specifically resetting priorities recognising that there have to be trade-offs as there is finite amount of resource.

In April 2017 this was followed by the Urgent and Emergency Care (UEC) Delivery plan of the

Five Year Forward View: Next Steps. It provides detail on the offer, specification, delivery plan, expected costs and benefits of seven UEC priorities to deliver transformation care. STPs are expected to deliver this through UEC networks. The seven priorities in summary are:

- + Innovative new service models
- + Develop NHS 111
- + Access to evening and weekend GP appointments
- + Standardisation of Urgent Treatment Centres
- + Improved Ambulance Response
- + New approaches in Emergency Departments including improving ambulance handover
- + Speed up assessment and flow in hospitals

In January 2015 NHS England established the Ambulance Response Programme (ARP) which aims to improve response times to critically ill patients and improve outcomes for all patients who contact the ambulance service. It will also increase the operational efficiency of ambulance services whilst maintaining a clear focus on the clinical need of patients. There has been significant input from Ambulance Trusts, Commissioners, professional bodies and patient groups.

The programme was approved in July 2017 and the Trust will be working to roll these changes out as part of our new clinical model and performance improvement in the coming months as details and national timelines are finalised.

## 3. Context

### 3.4.2 Emergency Preparedness, Resilience and Response (EPRR)

As a category one responder under the Civil Contingencies Act we work closely with our partners to prepare for and respond to major incidents. SECAmb operational services are structured to respond to major incidents of all kinds accordingly, and clear plans and policies are in place for Major Incidents and Business Continuity. Our plans include staff awareness of PREVENT as part of the UK counter terrorism programme.

### 3.5 Commissioning Intentions

SECAmb works with 22 Clinical Commissioning Groups (CCGs) across the region, through lead commissioner arrangements. In addition to national policy, the CCG strategies and commissioning intentions as well as our two year contract with CCGs, have informed the development of our strategy. The items identified are summarised as follows:

- + In all areas reduce A&E and acute demand, increase care at home or close to home, through a reduction in conveyance to hospital and an increases in Hear and Treat and See and Treat outcomes. Includes working with partners to develop alternative pathways.
- + Ensure delivery of quality and staff satisfaction improvement
- + Improve delivery against performance targets
- + Work with partners to reduce handover and turnaround times
- + Local urgent and emergency care development and involvement in networks
- + Support work to develop system wide digital solutions
- + Alignment with relevant STP plans, including local integrated care models, and sustainable service delivery plans

# 4 Our People

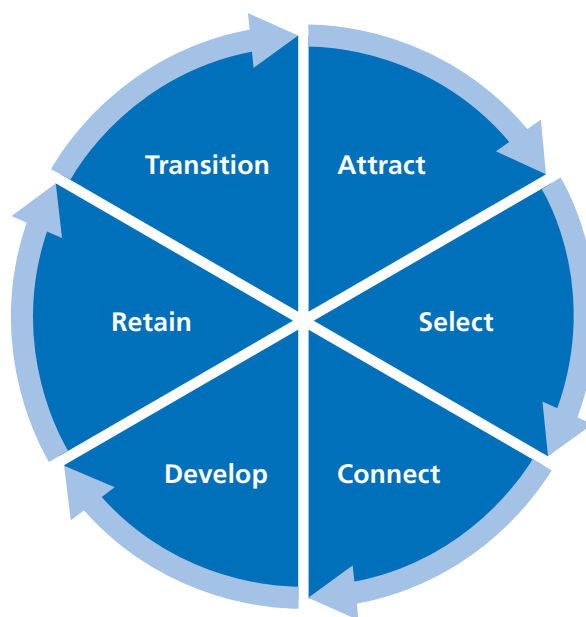
*'We will respect listen to and work with our staff and volunteers to provide development and support that enables them to provide consistent quality care to our patients'*

SECAMB values its workforce and recognises that our people are the central and integral element of delivering services for our patients. The Trust therefore aspires to develop an organisation where every person feels supported, engaged, well managed, healthy and happy at work. We believe that this will create an organisation that is a great place to work and that this improvement for staff will lead to a better patient experience. We recognise that this is not how staff have viewed the Trust in recent years and the Trust leadership pledges to engage with staff to develop values and behaviours to ensure that SECAMB is the best it can be for our people and for our patients.

The Trust operates within a range of challenged health economies where challenges with workforce recruitment are a common factor, however SECAMB has significantly improved its ability to attract and recruit staff over the last year. In improving our recruitment, the Trust continues to embrace changing workforce and operational models. It has established Operating Units as our model to deliver a mobile healthcare service that will improve clinical response times, reduce A&E attendances, improve staff skills and integrate work with new workforce initiatives with partner organisations as part of our commitment to support the STP, and other joint workforce programmes. The HR and OD functions, along with other corporate and support services, are aligning themselves to the new Operating Unit structure to ensure that staff and managers are fully supported.

We recognise that in developing workforce plans we need to consider a range of aspects. Our approach is based on the employee lifecycle model and our strategic priority focuses on the areas in which we need to make the most improvement.

**Figure 2 – Employee Lifecycle**



## 4.1 Organisational Values and Staff Engagement

Success for any organisation depends upon a motivated and satisfied workforce. Staff engagement is key to this and it is recognised that this has been limited historically. In order to improve engagement a team of engagement champions linking across the organisation will facilitate communication to ensure contribution to the future direction and development of our organisation.

Our organisational values should underpin value based recruitment, appraisal and behaviours. The Trust has a set of published values however during the summer of 2016 some qualitative research was undertaken to test the place of these in the hearts and minds of our staff. Although staff largely agreed with the values the view was that they were not introduced or developed with staff and therefore are not meaningful to all or universally supported. Engagement of staff in creating our new values is key to developing our culture.

# 4. Our People

Therefore, in the first six months of our strategic work there will be a work programme to redefine and launch these with staff, and thereafter work to embed them within the organisation.

## 4.1.1 Equality and Diversity

SECAmb believes in fairness and equity, and values diversity in its role as both a provider of services and as an employer. This is reflected in the Trust document "Our Commitment to equality, diversity and inclusion". This identifies that SECAmb aims to provide accessible services that respect the needs of individuals and exclude no one. The Trust is committed to eliminating discrimination on the basis of the Equality Act 2016, and to doing so for all protected characteristics as shown in the following table:

**Table 3 – Protected Characteristics**

Age	Religion and Belief	Sex
Disability	Gender reassignment	Marriage and Civil Partnership
Race	Sexual Orientation	Pregnancy and Maternity

The commitment is reinforced in the Inclusion Strategy 2016-19, which includes the development and support of an Inclusion Hub Advisory Group. This brings together Trust members including staff, patients, public and stakeholders; including those we work with who have protected characteristics.

## 4.2 Developing Leadership

Our Learning and Organisational Development (OD) approach aims to develop effective leadership at all levels from team leader to board, and ensure a sustainable talent pipeline.

The Trust is developing its work using the NHS Academy healthcare leadership model. This is made of nine leadership dimensions which provide competencies to underpin leadership effectiveness. These will be embedded through three key areas of activity:

- + **Selection** – choosing the right person for the job, using competency and values based assessment processes.
- + **Assessment** – measuring and managing performance, including induction, objective setting, identifying and managing talent, learning and development needs, succession planning, and appraisal.
- + **Development** – Active, future planning including formal management development programmes, developing business skills, and offering coaching, mentoring, secondment opportunities, and acting up opportunities.

The executive leadership team are key in this by committing to and modelling their own development, and inclusive compassionate leadership. Also by championing, promoting

and offering learning and development opportunities including mentoring and recognising and rewarding staff committed to learning and development. The OD programme will support organisational, team and individual development at all levels of the organisation.

#### **4.2.1 Operating Unit Model**

For our operational staff, the new Operating Unit Model provides accessible team leadership for all staff, ensuring that team leaders have sufficient time to support and develop their team members. Work continues to develop our operational managers and operating unit managers.

#### **4.2.2 Trust Board**

The Trust Board is led by the Chair and Chief Executive. They are supported by a team of eight non-executive directors, including the Chair and seven executive directors including the Chief Executive. With many recent changes to board appointments a development programme for the board will be implemented.

#### **4.2.3 Executive Management Team**

The Executive Management Board (EMB) is made up of the seven Executive Directors, and is supported by the Company Secretary and the Head of Communications. The EMB meet weekly to support their key functions and this team will be developed through both the board development programme and through joint work with the Senior Management Team.

#### **4.2.4 Senior Management Team**

The Trust has established a Senior Management Team (SMT) of senior managers at the level below and reporting to the EMB. Recent appointments at this level have used the new selection and assessment process and a joint development plan for SMT and EMB is being developed.

#### **4.2.5 Support for Governors**

SECamb has 25 Governors on its Council: 14 Public Governors, four Staff Governors and seven Appointed Governors. Governors serve three year terms of office and are able to stand for election to three consecutive terms.

The Trust utilises the Governor training programme provided by NHS Providers. For example, two new members of the Nominations Committee attended NHS Providers training on NED recruitment this year prior to taking their positions on the committee. Governor workshops are held following formal Council meetings to provide opportunities for in-depth discussion with NEDs in relation to key issues for the Trust.

The Trust holds a programme of public events each year to enable Governors to meet and recruit members of the wider public.

## 4. Our People

### 4.3 Supporting and Developing Staff through Appraisal

The introduction of the new Actus online appraisal system will enable recording of all staff/manager interactions including formal appraisal, development needs and tracking of progress against objectives for all staff. This will be rolled out over the coming months to all staff, in parallel with the new Operational Team Leader structure for operational staff.

#### 4.3.1 Volunteers

SECAMB proudly works with over 650 Community First Responders (CFRs) from the local community who form a vital part of the ambulance response. CFRs are trained to respond to emergency calls in conjunction with SECAMB. They respond in the local areas where they live and work, and are able to attend the scene of an emergency within a few minutes, and often before Trust clinicians arrive. They are able to offer life-saving first aid further increasing the patient's chances of survival.

To support our staff SECAMB also has a recognised ambulance chaplaincy. There are 40 volunteer chaplains with cover for every Trust location. The Chaplaincy service is offered on a non-denominational basis, but staff and volunteers accessing the service do have the option to seek support from someone of their own faith as well. Chaplains have a very visible presence within the Trust.

In parallel with the new Operating Unit Model we are aligning our volunteers to local teams to provide them the best possible opportunities for engagement, support and development alongside the teams they support.

### 4.4 Health and Wellbeing

SECAMB recognises that the health and wellbeing of staff is vital, and that the staff survey identified that our staff need better care and support. As a result, the Health and Well Being strategy was developed and launched in March 2017. It is focused on creating a healthy workplace where everyone feels their health and wellbeing is supported.

It aims to:

- + Create an environment where we all take responsibility for our own wellbeing.
- + Support each other so we can provide the best possible care for our patients
- + Deliver on our responsibilities as an employer to prioritise everyone's wellbeing

It is focused on delivery of eight objectives summarised as follows:



The priorities are:

- + Mental health promotion and illness reduction
- + Injury prevention and faster treatment
- + Access to Trauma Risk Management (TriM)
- + Better Sleep
- + Nutrition and exercise

In addition, the staff survey identified significant issues regarding Bullying and Harassment, and an independent review is underway which will further shape our plans to address this.

#### 4.5 Clinical Education

Our approach to clinical education and development is aligned with our partners and is set out in the 'Our Partners' section, below.

# 5 Our Patients

*'We will develop and deliver an integrated clinical model that meets local needs whilst ensuring we provide consistent care which achieves our quality and performance standards'*

## 5.1 Ensuring Patients Get the Right Care

The ambulance service is an integral part of the healthcare system, providing the first point of contact for people in distress whether for an injury, sudden illness or an exacerbation of an existing condition. The ambulance service also acts as the provider of last resort for some patients when other services are not immediately available. It is essential that the ambulance service focusses on providing the care that cannot be delivered by other parts of the NHS and limit duplication of service provision to provide both best care and to contribute to an efficient and sustainable system.

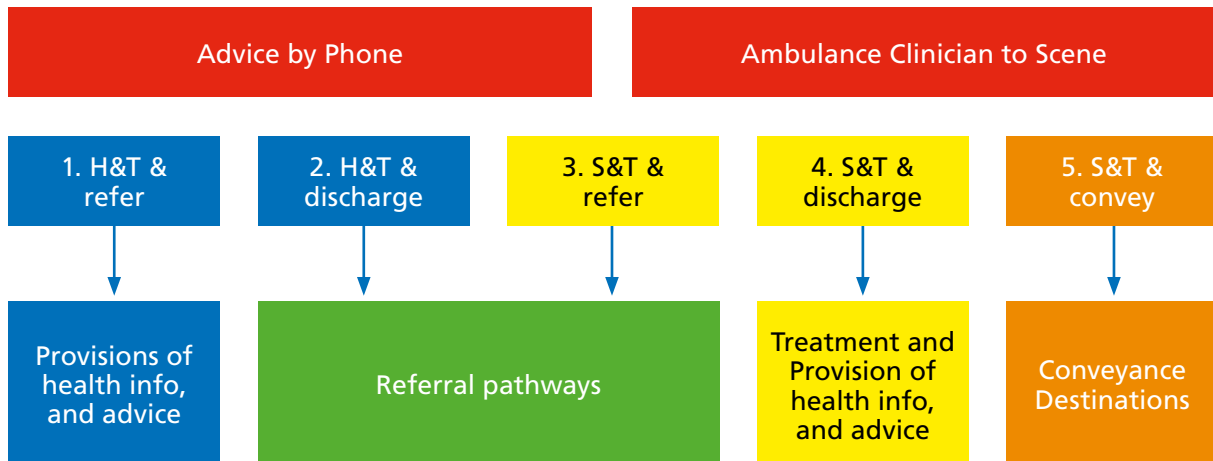
Demand for our services continues to increase, however, we recognise the role we have to play in ensuring that patients receive the right care, at the right place in a clinically appropriate timeframe. We must also recognise that patients access 999 and NHS 111 as these recognisable numbers provide a consistent service, with no exclusion criteria and are accessible 24/7. Though a patient has accessed the NHS via 999 or NHS 111 their need

may not be best met by the ambulance service and referral to another service or provider may provide more appropriate care for a patient.

The vast majority of patients who contact the ambulance service receive a referral to another service including those who are transported to hospital for their on-going care. It is therefore essential, in ensuring coordinated person centred care, that the service utilises existing care plans to provide continuity of care and builds the technological capability to electronically refer patients and share ambulance care records with other providers, as set out in section 6.

Our clinical model, builds upon our current approach to telephone advice (Hear and Treat), responding to a patient and managing their care needs through treatment or referral (See and Treat) or taking them to hospital for further care (See and Convey). Increasing emphasis will be placed on developing and improving referral pathways, ensuring that patients are cared for by the most appropriate part of the NHS or social care system as set out below.

**Figure 3 – Clinical Model**



### **5.1.1 The 999 Emergency Operations Centre (EOC) and NHS 111 Contact Centre**

Ensuring the right care, at the right place in the right time begins at the point of the 999 or NHS 111 call. Triage of the patient appropriately at this stage ensures that the most appropriate response is provided. It is essential that as a part of the wider healthcare system we ensure that every contact counts and that patients are directed to the most appropriate service to meet their needs, whether this need is met by the ambulance service or another part of the health and social care system.

We will be building our Hear and Treat capacity and capability through recruitment of additional clinical staff as well as the development of an incident command hub to provide advice and management of more complex incidents. A new Computer Aided Dispatch (CAD) system in the control room and our new Electronic Patient Clinical Record (EPCR) will provide the foundations for future technical developments including sharing of care plans and care records and electronic referrals to other services for our staff whether assessing a patient by phone or face to face.

In parallel with formalising referrals to other providers we will define the skills required within our inter-disciplinary clinical hub, preferring where possible to refer to other providers or develop ways of sharing skills and workforce across providers. Successful delivery will require increased responsiveness from partners and the emerging local clinical models in meeting the needs of these patients. The development of the technology and skills to support call answering and triage will drive an increase in Hear and Treat as well as referrals to more appropriate care for patients who do not require an urgent or emergency response from the ambulance service.

### **5.1.2 Responding to Patients**

Historically ambulance services have focussed on providing emergency care, against a time based target. Whilst this remains important for those

patients with life-threatening conditions these patients make up around 8% of our workload. It is important to ensure balance between a timely response and the most appropriate response for all patients. The introduction of the Ambulance Response Programme has helped to prioritise care for those with immediately life-threatening conditions and the implementation of the next phase will support more clinically focussed prioritisation for those needing emergency and urgent responses. This is a substantial change and a demand and capacity review, based on the new Ambulance Response Programme rule will help shape the detail of our future clinical model.

### **5.1.3 Emergency Care**

Responding to the needs of patients with life-threatening conditions remains our first priority. Timely responses to patients with life-threatening condition, and those in cardiac arrest in particular, requires the quickest possible intervention and we will continue to build on the work done by our Community First Responders and fire service co-responders in support of our staff to ensure that these patients receive timely basic life support in addition to advanced intervention.

We will work with STP partners to highlight the system and whole pathway response required to improve outcomes for those who experience out of hospital cardiac arrest building on the pioneering work in places such as Seattle and Edinburgh. We will continue to develop our clinical workforce and utilise our critical care paramedics to ensure that we have the right skills to deliver effective, evidence based care to those patients with a life threatening condition.

Increasingly hospital services are being reorganised to provide specialist care for patients with life-threatening conditions. This has already happened for heart attacks and major trauma and is occurring for stroke. Section 7 sets out how we will work closely with STPs to ensure alignment of care through these pathways to improve clinical outcomes.

## 5. Our Patients

### 5.1.4 Urgent Care

SECAmb has increased care provided at home or out of hospital through both its ambulance and NHS 111 services over recent years. SECAmb transports or refers some of the lowest proportions of patients calling 999 and NHS 111 to hospital when compared to other English services.

Delivering the right care, in the right place at the right time requires an approach focussed on shared decision making with specialist clinicians both within SECAmb, based in our EOC, and in the wider healthcare system. Speed of access and a willingness to proactively support these conversations and accept referrals is crucial to limiting the numbers of patients who end up in hospital as the place of last resort rather than as the right place for their care. We will work with STPs and education partners, as set out in section 7, to ensure that we are developing the right referral pathways and clinical skills, including skills for specialist and advanced paramedic roles, to support appropriate triage, treatment and referral for these patients.

Despite the low proportion of patients which SECAmb transports to hospital, when compared to the national position, the emerging Sustainability and Transformation Plans (STPs) across the region recognise that patients are still unnecessarily referred or transported to the acute hospital setting due to gaps in responsiveness or provision out of hospital services. Plans to address this, through local care models, are emerging in each STP area and SECAmb will continue to work closely with each STP to develop alignment with these emerging models as set out in section 7. This

requires a balance between regional consistency and local integration which will require support from STPs as they design their models of local care. With this support we believe that further reduction in the number of patients that need to be taken to hospital to have their care needs met is achievable.

### 5.2 Integration of 999 and NHS 111

SECAmb delivers the 999 service for the whole region and NHS 111 service for much of the region. As well as the direct referrals made from NHS 111 to 999 there are a number of interdependencies and synergies between the two services. We intend to capitalise on these synergies, sharing best practice between the two services and where feasible beginning to integrate and share functions between the two services. An integrated region wide approach provides clearer pathways for patients, reduced handovers between providers and a more efficient and resilient service. We will therefore explore opportunities to engage in delivery of new Integrated Urgent Care Services and align these with the 999 clinical hub as these opportunities emerge.

### 5.3 Governance and Quality Systems

Quality and Patient Safety is key to the development and implementation of our strategy. A key part of this is the attainment of fundamental standards to improve patient care and to ensure we meet our regulatory standards.

#### 5.3.1 Defining Quality

These three elements in the following diagram are key to us continually improving the quality of the services.

**Figure 4 – Quality Elements**



### 5.3.2 SECAMB Quality Priorities

There are several components to the SECAMB quality programme. These are covered by the quality component of the URP, the Quality

Account components, and the clinical outcomes. In all cases SECAMB is working to improve and consolidate quality, and ensuring a continued cycle of improvement and SECAMB wide learning.

**Table 4 – Quality Priorities**

Quality Programme	
Medicines Management	Consolidating and continued improvements to the secure storage and safe administration of medicines. This will be measured by audits of compliance, incident type and deep dives into any specific issues arising.
Safeguarding	Consolidating and continuing to improve safeguarding capability, response and processes.
Serious Incident investigation and subsequent learning and action	To improve the handling, recording, investigation of and learning from all incidents based on a human factors approach. Continued improvement will be measured via achievement of an effective reporting trajectory, levels of response satisfaction and audits reported to the Quality Working Group and Quality and Patient Safety Committee.
Health Records	The safe and secure handling of patient records - both paper and electronic has been identified as an area requiring improvement. In summary the areas of focus are as follow: <ul style="list-style-type: none"> <li>+ Improvement of safe and secure storage</li> <li>+ Reduction of loss records between completion and scanning by the records department</li> <li>+ Improvement in the consistency of records completion and quality of clinical entries</li> <li>+ Clear audit and compliance plan</li> </ul> Development and move to electronic patient records
Clinical Audit	The Trust had an approved three year Clinical Audit plan, which due to other changes requires revision. This is being reviewed and refreshed.
Other Quality Initiatives	
Information Governance	The Trust has met the national standard level 2 (satisfactory) of the Information Governance Toolkit for 2016-17. Our digital ambitions for the next two years will require development Information Asset Owners and a Trust wide approach to Information Governance through the new Information Governance Working Group
Patient Experience	During 2017 the Trust will continue to work in partnership with Health Watch and wider stakeholders to develop our approach to patient experience. Patients and carers will be directly involved in this. The focus will be on ongoing co-design, involvement and collaboration in future work. Work will also be focused on increasing the quality, focus and range of patient and carer feedback.

### 5.4 Clinical Outcomes and Operational Performance

The Trust is committed to equality and diversity as per section 4.1.1. This includes ensuring our services are accessible to all of our population, and that they take account of specific needs across protected characteristics as well as vulnerability, language and cultural needs.

We recognise that for many patients a timely response is also important for their care. We will continue to work with commissioners and partners to monitor and improve the timeliness of our response.

Whilst the Trust performs well on stroke, heart attack and some cardiac arrest outcome measures there is

more to do to ensure that we have timely accurate data to support further improvement in these measures and can begin the process of measuring clinical outcomes for other conditions such as sepsis.

Our new Electronic Patient Records (EPCR) will support the development of more timely and accurate data collection and analysis through the clinical audit plan. This will allow not only more timely reporting but will allow us to begin some reporting at a more granular level so that in future we can support our operating units, teams and staff to better understand their performance against these clinical outcomes.

# 6 Our Enablers

*'We will develop and deliver an efficient and sustainable service underpinning by fit for purpose technology, fleet and estate'*

## 6.1 Financial Sustainability

The Trust has been set a national target to deliver services in 2017-18 with a deficit of no more than £1m. This follows a deficit of £7.1m in 2016-17 as a result of a gap in funding and investment required to address concerns raised by the CQC. Following the contract settlement for 2017-19 an independent review was commissioned and delivered by Deloitte which confirmed that even with significant internal efficiencies and savings it was not possible to meet operational performance targets within the current funding.

The Trust has committed to make significant savings and efficiencies over the coming years, £15m in 2017-18 alone, to contribute to closing this gap and conversations are on-going with regulators and commissioners to agree the level of operational performance improvement to be commissioned from the Trust, recognising that there is a ceiling below 75% operational performance that can be achieved within current funding.

Once the clinical model and resulting preferred fleet and staff mix are finalised then a detailed Long Term Financial Model will be developed to support this. The capital plan may need to be reprioritised to support digital, fleet and estates in a different way to deliver this plan within our financial means. The Trust aims to repay its working capital facility within 2017/18, and will start to generate small surpluses from 2019. This means that any new investment decisions (which are not replacement of existing assets), will need to be funded by disposals or loans.

## 6.2 Digital

SECamb will develop and deliver a digital plan which covers both IT and Business Intelligence. This will support integration with the wider health system through sharing of information and will enable the clinical model supporting more effective patient referral. Developing our management of business information and clinical information will underpin our approach to delivering continuous improvement in both clinical outcomes and operational effectiveness.

This work will build upon our existing network of systems and system owners, defining our key reference systems for specific information. For example, consolidating staff lists and hierarchies held in numerous systems, into a single 'point of truth' on staff information from our ESR system. This will be enabled by timelier update of information through self-service portals, reducing delays and administrative duplication.

We are currently implementing a new Computer Aided Dispatch System (CAD) in our 999 control room. This will provide the foundation, alongside a new clinical decision support system, for improved collection of patient data using NHS number, access to care plans and easier referral to other services where this is most appropriate for patients. This will support more integrated and seamless care for patients and aid our staff in their decision making.

Our new Electronic Patient Care Record (EPCR) provides a foundation for the collection

of patient information at the scene of an incident electronically and allows us to develop future approaches that reduce duplicate information entry, enable access to care plans and support sharing of information with hospitals and other care providers as appropriate to the needs of our patients.

This new approach to data collection will be supported by the development of an enhanced business intelligence function and tools to support local managers and corporate functions with more timely access to actionable information and intelligence. This will support both performance management and continuous improvement.

### **6.3 Fleet**

SECAmb have a draft fleet strategy that will be completed in the light of this overarching strategy and the demand and capacity review following announcement of the ambulance response programme. It will describe the vehicle mix required to deliver our clinical model, as well as the organisations approach to fleet replacement and maintenance

### **6.4 Estates**

SECAmb have an estates strategy that will be revised in the light of this overarching strategy. It will describe the organisations approach to estates development, modernisation, optimisation and carbon reduction. This will ensure that our estate is fit for purpose now and into the future.

# 7

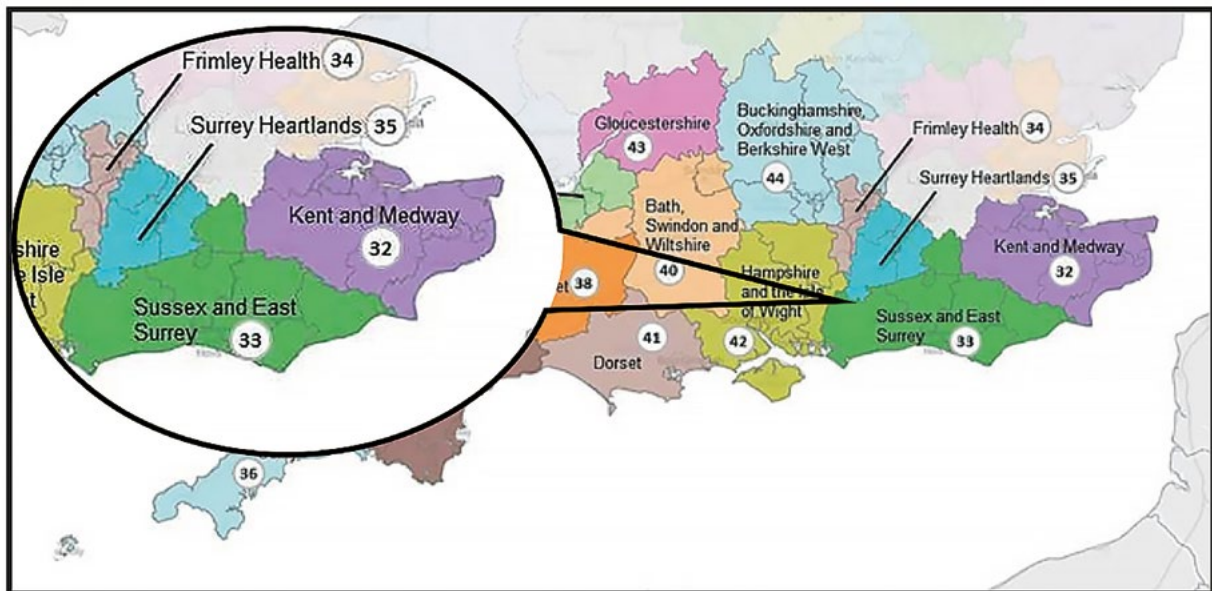
# Our Partners

*'We will work with our partners in STPs and blue light services to ensure that our patients receive the best possible care, in the right place, delivered by the right people'*

STPs are now the core-planning vehicle to develop place based plans that aim to take forward a sustainable care system across all NHS and social care organisations. Local areas are expected to

work together, which requires some changes to organisational sovereignty. Of the 44 national STP areas, four align with the SECAMB area, as follows:

**Figure 5 – Sustainability and Transformation Plan Footprints**



Each areas plans are developing at differing paces with Surrey Heartlands having recently been supported to take a devolution approach. SECAMB is working with all STPs to support and influence plans ensuring alignment with our strategy.

As a regional provider we are able to provide consistent clinical care across a wide geographical area. In working with STPs we need to take into account what can be realistically delivered locally as determined by communities of practice, and what needs to be delivered at a regional or STP level to deliver consistent and efficient care.

## 7.1 Local Care

Working with local communities of practice – geographical clusters of out of hospital services such as primary and community care – we will seek to develop improved referral pathways for use both at the point of call to 999 or NHS 111 or following a face to face assessment by an ambulance clinician. These improved referral pathways and associated improvements in information sharing, both care plans shared with the ambulance service and referral information shared by the ambulance service, will support the drive to keep patients out of hospital unless hospital is the most appropriate place for care.

This will require support from STPs to standardise information sharing, digital systems, available services and referral criteria, whilst recognising the need for local variation to meet the needs of different populations. The Trust will work with STPs to support them in developing consistent approaches to support regional approaches, to ensure the most appropriate care is available or patients and that this care is timely and not delayed by navigating numerous referral options.

## 7.2 Acute Care

Increasingly patients with complex clinical need following incidents such as a heart attack or major trauma are taken to specialist centres where they can receive the best possible care. This move away from closest place of care to most appropriate place of care is shown to improve clinical outcomes and similar work is underway for stroke care across the region. SECamb will work to support these pathways but must ensure that sufficient resource and the right skills are available to safely manage these longer journeys to specialist centres.

For those patients who need an investigation or assessment in hospital but may not require admission we will work with providers to make direct referrals to ambulatory care, or other alternatives to A&E departments to support timely care for these patients.

## 7.3 Blue Light Collaboration

The Policing and Crime Bill (2016) places a statutory duty on Police, Fire and Ambulance services to work in collaboration. At the present time this is the extent of the duty, it is not known at present if this will be extended.

SECamb works closely with local Fire and Rescue and Police services across the area to optimise joint working and shared resourcing opportunities. Most notably for SECamb, all of our Fire Services are now working with us to provide a first response to life threatening calls. We will continue to work closely with blue light partners to seek opportunities for collaboration and efficiency.

## 7.4 Clinical Education

As the needs of patients get more complex and the role of the ambulance service continues to evolve, particularly in light of the recently announced Ambulance Response Programme, we need to ensure that our staff have the appropriate skills and education to effectively support patient needs. We will work with Health Education England, Higher Education and STP partners to evaluate our educational pathways for all clinical grades. In particular we will work to introduce apprenticeship routes for our band 3 and 4 clinical staff and review opportunities to support clinicians working in a telephone triage role.

# 8

# Annual Business Planning and Delivery

Alongside our strategy we have published a two year operating plan (2017-2019) in line with NHS guidance and the new two year contract round, this sets out the details the high level financial, workforce and quality plans based on our previous strategic direction but not a clear plan for delivery of the new strategy. To ensure that planning remains current we will develop a delivery plan to monitor delivery of the first two years of the strategy.

We will operate an annual business planning cycle within the Trust to constantly review our strategy and ensure continued alignment with national policy, and local priorities. This will ensure that we focus our resources and ensure alignment between our strategic plan and other annual deliverables such as the workforce plan, finance plan, quality account and contractual relationships.

## 8.1 Delivery Approach

Delivery has to take account of what can be appropriately delivered SECAmb wide, STP wide, county wide and at a more local level. Where possible to optimise resources and delivery consistency our approach will be SECAmb wide. This will vary to smaller footprints where determined by local or

specific population based needs.

SECAmb has a Programme Management structure and approach to delivering our core strategic programmes. The Trust has implemented a standard system of project documentation and an agreed procedure for the approval of proposed improvement schemes. This approach and the programme governance structures employed in delivering the Unified Recovery Plan will be revised to support delivery of the strategy. The Trust has implemented a standard Quality Impact Assessment (QIA) which staff proposing and delivering improvement schemes must complete with support from the programme team.

### 8.1.1 Quality Impact Assessment

The Quality Impact Assessment (QIA) is used to assess any potential impact of changes or developments on patient safety, clinical effectiveness, and patient experience. This includes ensuring appropriate mitigations are put in place for any risks, and agreed mechanisms to provide measurement and assurance of any impacts.

Following approval, the scheme can proceed to implementation, with regular ongoing review of quality impact as the project progresses.

We have developed an integrated performance report that now reports on and triangulates key metrics of quality, performance, finance, and workforce. This is a process we are continuing to refine and develop. The QIA process also provides this triangulation. Additional scrutiny of triangulation takes place at the audit committee.

### 8.1.2 Measuring Performance and Delivery

SECAmb reports on all performance monthly to the executive and the Board via the Integrated Performance Report and on progress against strategic programmes. This will be revised in the first half of 2017 to improve the priority for measurement and to include strategy and delivery plan objectives.

## 8.2 Triggers for Review or Refresh

In line with NHS Improvement guidance on strategy development we will review our strategic direction at least annually, as part of the business planning cycle. To enable an annual review that aligns with other annual processes and requirements this cycle will begin in September with any revisions published annually by the following March.

We will use the triggers below to review whether consideration of changes

to the strategy are required:

### 8.2.1 Internal Triggers

- + Changes in Trust performance considering all metrics (Scorecard, dashboard, CQC rating, staff survey.) May be one significant change or a combination of them
- + Workforce – unable to safely staff a service component, or all services, or any new development
- + Significant variation in achievement of the strategic goals and implementation of the strategy or enabling strategies
- + Significant/ serious incident or significant issues found following an incident or complaint investigation
- + Adverse findings from a governance review
- + Losing business
- + Unexpected or unintended impact on delivery of a significant strategic change or plan

### 8.2.2 External Triggers

- + Significant change to commissioner plans
- + Changes in commissioning landscape and structure
- + Significant change to national or local policy
- + Significant changes in regulatory / governance policy
- + Significant changes in national targets
- + External financial instability, including the move into special measures of CCGs and partner providers

## **For more information**

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