



South Western Ambulance Service **NHS**

NHS Foundation Trust

**Forward Plan Strategy
Document
for
South Western Ambulance
Service
NHS Foundation Trust**

Plan for year ending 31 March 2012 (and 2013, 2014)

Section 1: Strategy

The Trust's current position and vision are summarised as:

The Trust mission is **'To respond quickly and safely to save lives, reduce anxiety, pain and suffering.'**

This mission is effected through delivering and exceeding on challenging quality targets whilst maintaining clinical focus and sustaining financial health.

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

This vision defines an explicit commitment to enhancing the patient experience whilst focusing on the requirements of contemporary corporate business rules as set out in the Trust constitution. It reflects the determination of the Trust to sustain high quality services and performance standards whilst ensuring all corporate and social responsibilities are met.

The Trust is immensely proud of its successful track record in serving patients and saving more and more lives in the south west region. During 2010/11 the Trust was one of only two Trusts nationally to achieve all three ambulance response time targets.

The Trust delivered 78.86% emergency responses within 8 minutes for life threatening calls against a target of 75% (Category A8), 96.11% of responses within 19 minutes against a target of 95% (Category A19) and 95.58% of urgent responses within 19 minutes against a target of 95% (Category B19).

The Urgent Care Service (UCS) has 13 challenging quality requirements which in 2010/11 the Trust successfully met 10 out of 13. The modernisation programme in place is designed to ensure that all quality requirements are met in the future.

National targets do not exist for the Patient Transport Service (PTS). However the Trust has set local targets with the Lead Commissioner which were successfully met in 2010/11. The results were; 87% of calls received answered within 25 seconds (target 80%), less than 3% of calls into PTS control abandoned (target less than 4%) and 100% of contracted activity levels delivered.

Financially the Trust delivered an annual surplus of £0.977m compared to plan of £0.910m, delivered a Financial Risk Rating of 3 in line with plan and delivered the Cost Improvement Plan in full of £3.932m equivalent to 3.5% of NHS income.

Other examples of key successes during 2010/11 include:

- Care Quality Commission (CQC) registration without conditions
- CQC clean bill of health from a medicines management inspection
- Top score for NHS Litigation Authority risk management standards level one
- Patients consistently reported over 90% of patient satisfaction levels for the Urgent Care Service

The Trust's public membership increased by 4,876 during 2010/11 whilst the staff membership increased by 77. Allowing for members lost during the year, this resulted in an overall membership total of 11,645 as of 31 March 2011. Whilst membership for both the public and staff constituencies exceeded target, there was an under-representation within the staff constituency in the Volunteer staff class. The Trust's public membership was largely representative of the area in which it operates in terms of ethnicity, age, and social classification. However, there were some specific areas of under-representation, these being females, those between the age of 22 and 40 and those of the Social Grade E classification.

The Trust was authorised as an NHS Foundation Trust on the 1 March 2011 with a Financial Risk Rating of 3 and a Governance Risk Rating of Green. The Trust has developed this Annual Plan to ensure it remains compliant with Monitors Regulatory Framework and maintains and delivers against its financial and service development plans as set out in the Trust Integrated Business Plan.

The Trust's strategy over the next three years is to:

The strategy is focused on the continued modernisation of its three core services; A&E, UCS and PTS. This will ensure delivery of all standards, quality requirements and provide health community benefits. The Trust will ensure its core business remains centred on clinical leadership, quality, safety and productivity and aligned to Primary Care Trust commissioning plans.

The Trust strategy aims to deliver the optimum patient experience whilst striving to secure a safe working environment for staff that operate around the clock health care services 365 days a year.

To deliver this strategy the Trust has formulated five Strategic Goals that cover the period of the Annual Plan. These signal the priorities for the Trust over the next three years:

Strategic Goal 1: High quality, high performing

To achieve national ambulance targets by Primary Care Trust area in a phased way through to 2014/15.

Strategic Goal 2: Right service right place right time

To implement changing patient pathways in line with national strategies. These will be emergent based on extant policy.

Strategic Goal 3: Reduce A&E attendance

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

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

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

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

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

These Strategic Goals are underpinned by four Corporate Objectives as set out in the next section. These are refreshed each year to reflect changing milestones and outcomes as driven by national strategy, legislation, the NHS Operating Framework and NHS reform. Within these objectives are a number of priorities moving forward including; implementing and delivering against the new Clinical Quality Indicators, achieving ambulance response time targets, maintaining financial health and delivering the Trust's plans to increase non conveyance rates to A&E Departments.

During 2010/11 the Trust established many of the foundations for delivering these Strategic Goals. Many schemes underpinning the three core modernisation programmes (A&E, UCS and PTS) have been fully or partially implemented including the introduction of NHS Pathways for A&E, the establishment of pathways support vehicles and management and skills restructuring within each of the service lines. The Trust also focused on delivering stroke and primary angioplasty goals in line with national strategy. Through the implementation of two key service developments the Trust ensured that 100% of appropriate patients received intervention through the newly established specialist care pathways.

Key priorities for the Trust which must be achieved in the three years of the annual plan to underpin the delivery of the Trust's strategy, with milestones of delivery of each over the period of the plan:

Key Priorities & Timescales	How this Priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
Deliver and improve upon the national and local clinical quality indicators. Includes delivering: <ul style="list-style-type: none"> Ambulance clinical quality indicators 	This priority is reflected within Corporate Objective 1 for the Trust. Supports the delivery of Strategic Goals	<ul style="list-style-type: none"> CQIs embedded into Trust reporting and performance management processes Data quality improvements across the clinical quality indicators 	<ul style="list-style-type: none"> Local quality indicators agreed and incorporated into contracts Sustained performance and continuous improvement demonstrated 	<ul style="list-style-type: none"> Sustained performance and continuous improvement demonstrated across the CQIs Clinical outcome priorities reviewed based on first two

Key Priorities & Timescales	How this Priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
<p>(CQIs)</p> <ul style="list-style-type: none"> Increased non conveyance rates to A&E Departments Quality Account priorities for the Trust 	<p>1 to 3.</p> <p>Detailed milestones for each CQI and the Quality Account priorities are set out within the clinical plans section of this document.</p>	<ul style="list-style-type: none"> Delivery against year one of the increasing non conveyance rates trajectory Delivery of quality account priorities, aligned to Commissioning for Quality and Innovation (CQUIN) targets, as set out the in 2011/12 quality account 	<p>across the CQIs</p> <ul style="list-style-type: none"> Non conveyance trajectory reviewed and agreed with commissioners identifying measurable targets for the year Non conveyance trajectory delivered to plan Quality account priorities established for the year in line with NHS Operating Framework requirements and national strategy 	<p>years of CQI delivery</p> <ul style="list-style-type: none"> Non conveyance trajectory reviewed and agreed with commissioners identifying measurable targets for the year Non conveyance trajectory delivered to plan Quality account priorities established for the year in line with NHS Operating Framework requirements and national strategy
<p>Deliver and improve upon the national and local commitments.</p> <p>Includes delivering the:</p> <ul style="list-style-type: none"> Ambulance response time targets (Category A8 and A19) Financial plan 13 out of hours quality requirements Commissioning for Quality and Innovation goals (CQUIN) 	<p>This priority is reflected within Corporate Objective 2 for the Trust.</p> <p>Supports the delivery of Strategic Goals 1, 2 and 4</p>	<ul style="list-style-type: none"> Delivery of internal performance trajectories Category A8 and A19 response time targets achieved Audit carried out to assess the effectiveness of NHS Pathways in its first year of utilisation Action plans and change processes established to address any areas for improvement following implementation of NHS Pathways Trust management processes reviewed to ensure any risks to delivery of financial plan identified early and appropriate controls are in place Financial plan achieved Trust demonstrates continuous improvement against the 13 out of hours quality requirements Delivery of in year targets and CQUIN goals as agreed with commissioners 	<ul style="list-style-type: none"> Delivery of internal performance trajectories Category A8 and A19 response time targets achieved Financial plan achieved Trust demonstrates continuous improvement against the 13 out of hours quality requirements Delivery of in year targets and CQUIN goals as agreed with commissioners Delivery of in year implementation plans for each enabling strategy (HR, Estates, Information Management and Technology and Fleet) Commence implementation of longer term cost improvement strategy schemes (CIS) to support delivery of financial plan Review future planning assumptions in light of changing commissioning environment and agree locally with 	<ul style="list-style-type: none"> Delivery of internal performance trajectories Category A8 and A19 response time targets achieved Financial plan achieved Trust demonstrates continuous improvement against the 13 out of hours quality requirements Delivery of in year targets and CQUIN goals as agreed with commissioners Delivery of in year implementation plans for each enabling strategy (HR, Estates, Information Management and Technology and Fleet) Review future planning assumptions in light of changing commissioning environment and agree locally with commissioners Review the Trust quality account and CQUIN priorities for the year in line with NHS Operating Framework requirements

Key Priorities & Timescales	How this Priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
			<p>commissioners</p> <ul style="list-style-type: none"> Review the Trust quality account and CQUIN priorities for the year in line with NHS Operating Framework requirements 	<ul style="list-style-type: none"> Review effectiveness of delivered CIS schemes and continue implementation of longer term cost improvement strategy schemes
<p>Work towards sustainable services through the delivery of the three service line business plans (A&E, Urgent Care Services and Patient Transport Services)</p> <p>Includes delivering the in year milestones set out within each service line Business Plan.</p>	<p>This priority is reflected within Corporate Objective 3 for the Trust.</p> <p>Supports the delivery of all five Strategic Goals</p>	<ul style="list-style-type: none"> Further develop the Directory of Services Refine the Electronic Care System solution and support its central procurement and subsequent rollout Review the effectiveness of the Pathways Support Vehicles Evaluate the Emergency Care Practitioners role in the community Improve GP management and communication Develop a Single Point of Access Tender and procure an alternative PTS Computer Aided Dispatch (CAD) system Develop and deliver a new PTS contract currency 	<ul style="list-style-type: none"> Deliver high quality accessible health care during the 2012 Olympic and Paralympic Games Continue to embed the Electronic Care System and review its effectiveness across the Trust Continue work focused on clinical and non clinical skills remodelling to deliver the most effective services Re-profile resources aligned to demand Reconfigure estate on an opportunistic basis Review technological solutions to support further integration between service lines Update service line business plans to reflect a rolling five year period to continually forecast changes to activity, commissioning, service delivery and key risks 	<ul style="list-style-type: none"> Reconfigure estate on an opportunistic basis Deliver in year Cost Improvement Plan targets Update service line business plans to reflect a rolling five year period to continually forecast changes to activity, commissioning, service delivery and key risks
<p>Demonstrate the Trust commitment to its social and organisational responsibilities.</p> <p>Includes delivering:</p> <ul style="list-style-type: none"> Environmental work programmes Care Quality Commission (CQC) registration requirements Commitments of the NHS 	<p>This priority is reflected within Corporate Objective 4 for the Trust.</p> <p>Supports the delivery of all five Strategic Goals</p>	<ul style="list-style-type: none"> Ensure ongoing CQC registration without compliance conditions Maintain Level 1 NHSLA rating Maintain Level 2 Information Governance Toolkit rating against key requirements Deliver 100% of the NHS Constitution Action Plan Implementation in full of appropriate NICE 	<ul style="list-style-type: none"> Ensuring ongoing CQC registration without compliance conditions Implement work programme to achieve a Level 2 NHSLA rating Maintain a level 2 Information Governance Toolkit rating against key requirements Conduct staff/patient experience surveys and develop action 	<ul style="list-style-type: none"> Ensuring ongoing CQC registration without compliance conditions Implement work programme to achieve a Level 3 NHSLA rating Maintain a level 2 Information Governance Toolkit rating against key requirements Implement staff/patient experience action

Key Priorities & Timescales	How this Priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
Constitution <ul style="list-style-type: none"> • Information Governance • High quality staff and patient experiences • National Institute for Health and Clinical Excellence (NICE) guidelines 		guidelines <ul style="list-style-type: none"> • Conduct a cultural/engagement survey with Trust staff • Develop staff survey action plan focused on key areas for development highlighted in national survey results • 50% of Trust staff to complete 2011 National Staff Survey 	plan <ul style="list-style-type: none"> • Implementation in full of appropriate NICE guidelines 	plan <ul style="list-style-type: none"> • Implementation in full of appropriate NICE guidelines

Section 2: External environment

The table below reflects the significant external impacts on the Trust's plans:

Key External Impact	Risk to/impact on the strategy	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
Changes to funding priorities and commissioning structures as a result of NHS reform	<ul style="list-style-type: none"> • Uncertainty around future commissioning structure and arrangements for core services • Loss of vital commissioning knowledge and understanding of the Trust's business could impact on future contract negotiations • GP consortia's may not honour previously agreed principles of commissioner convergence • Potential for multiple contracts with multiple consortia's with differing contractual arrangements 	<ul style="list-style-type: none"> • Enshrine commissioner convergence agreements in contracts • Directors team to meet with Lead Commissioners on a regular basis • Engage with consortia pathfinders to establish relationships with the Trust early on in reform 	<ul style="list-style-type: none"> • Commissioner convergence principles secured for the lifetime of this plan • Commissioning relationships well established with GP Consortia with a good level of understanding of the Trust and its core business 	<ul style="list-style-type: none"> • Regular performance and contract monitoring meetings with commissioners and Trust • National Chief Executive Group meetings • Outcomes of GP Pathfinders • Implementation the Trust Service Development Strategy with delivery performance managed through the Transformation Programme Steering Group
Increased competition for tendered services (See key income risks and internal service development plans for more detail)	Potential for loss of contracts when tendered resulting in: <ul style="list-style-type: none"> • Loss of income • Loss of synergy between service lines and patient pathways • Strengthened position of competitors • Increased exposure to competition from existing markets for other service lines 	<ul style="list-style-type: none"> • Modernise to secure services for the longer term • Exploit synergies between emergency 999 and other core services • Investigate and establish partnership arrangements to bid for and deliver contracts • Develop business intelligence to inform future strategy and tendering exercises 	<ul style="list-style-type: none"> • Retention of contracts when tendered • Expansion of core business through competitive tendering and partnership arrangements • Protect market share and strengthen Trust position • Income secured 	<ul style="list-style-type: none"> • Income secured for core services • Growth in market share • Retention of UCS and PTS contracts when tendered

Key External Impact	Risk to/impact on the strategy	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
Demographic trends and seasonality driving demand (See increasing non conveyance rates service development and cost improvement schemes for more detail)	<ul style="list-style-type: none"> • Activity for all three service lines predicted to grow year on year • Increases in demand and complexity making it difficult to match resources to demand • Increased palliative care requirements • Increase in proportion of long term conditions 	<ul style="list-style-type: none"> • Demand modelling and resource profiling using evidenced based decision making methodology • Cost improvement and modernisation programmes focused on increased productivity • Robust contract negotiations to ensure increases in activity are funded • Joint working with other healthcare providers in the Trust operational area 	<ul style="list-style-type: none"> • Modernisation and skills remodelling enabling Trust to better respond to changing patient needs • Increases in demand offset by increases in efficiency and productivity 	<ul style="list-style-type: none"> • Performance maintained against all national and local targets • Mandatory services delivered in full • Performance and Contract meetings with commissioners
Environmental factors such as weather extremes and Pandemics and epidemics	<ul style="list-style-type: none"> • Increase in demand and pressure on Trust core services • Adverse effect on performance against statutory targets • Breach of regulatory targets and risk of fines • Impact on resilience within the Trust 	<ul style="list-style-type: none"> • Major incident plans and performance management framework in place to manage risk • Resource Escalatory Action Plan in place • Lead Manager on Business Continuity established to manage preparatory work and alerts • Business Continuity team established and working directly with Clinical teams to produce a gold standard approach to clinical information and updates during major incidents • Trust is a member of the Local, Regional and National Resilience Forums 	<ul style="list-style-type: none"> • Reduced risk of breaches despite additional demand • Number of serious incidents and / or complaints shows no material increase 	<ul style="list-style-type: none"> • All national performance targets met within set parameters • Numbers of serious incidents, complaints, plaudits etc • Sickness rates within the Trust
Terrorist activity (See Hazardous Area Response Team Service Development and workforce priorities)	<ul style="list-style-type: none"> • Terrorist activity could affect delivery of Trust services and impact on its business continuity • Potential for Trust resources to be utilised for terrorist activities 	<ul style="list-style-type: none"> • Chemical, Biological, Radioactive and Nuclear (CBRN) training provided to relevant staff • Hazardous Area Response Team (HART) to be established within the Trust during 2011/12 • Implement actions arising from Resilience Audit • Implement actions arising from Exercise Short Sermon • Further training for Incident Commanders and Major Incident Medical Management and Support (MIMMs) 	<ul style="list-style-type: none"> • Trust is able to respond to a terrorist threat while maintaining core service delivery • Appropriately trained staff and equipment available for response • Partnerships established with other emergency services • Command and control capabilities strengthened 	<ul style="list-style-type: none"> • Implementation of standard operating procedures • Major incident plan followed without breach • Longer term medical implications reduced for patients rescued from inner cordon • Better management of the holistic health response to hazardous incidents

Key External Impact	Risk to/impact on the strategy	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
<p>Interventions against Cost Improvement Strategy initiatives</p> <p>(See Cost Improvement Plans section for more detail on all schemes and risks to delivery)</p>	<ul style="list-style-type: none"> • Staffside/Public intervention against major initiatives could result in failure to deliver annual Cost Improvement Plan by 0.5% of 4% target • Lack of commissioner support to implement changes 	<ul style="list-style-type: none"> • Schedule Joint Negotiating Consultative Committee meetings with Chief Executive and Director of Finance • Trust published the 'Re-investing in Care' booklet detailing cost improvement initiatives for 2011/12 and 2012/13 • External and internal communications plans in development 	<ul style="list-style-type: none"> • All cost improvement strategy schemes delivered in full or alternative suitable schemes identified • Staff support and buy in for schemes as a result of extensive communications 	<ul style="list-style-type: none"> • Achievement of annual cost improvement plan targets • Performance monitored through the Trust Transformation Programme Steering Group • Monthly reporting through the Corporate Performance Report and Finance and Investment Committee Finance paper
<p>Economic recession and the impact on public health</p> <p>(See Service Development plans, Cost Improvement schemes and workforce priorities for more detail)</p>	<ul style="list-style-type: none"> • Increases in depression, anxiety, stress and mental health related illnesses • Increases in health inequality and access to healthcare • Social discontent • Potential to increase pressure on core services and patient activity 	<ul style="list-style-type: none"> • Work with commissioners on developing the Directory of Services • Review service model and skills profile against changing needs • Continue to support national health promotion campaigns i.e. know your blood pressure events • Review stress management policy and support available for Trust staff 	<ul style="list-style-type: none"> • Appropriate resources available to meet changing demands • People are supported in their choice of care with more patients being treated at home where appropriate 	<ul style="list-style-type: none"> • Patient experience surveys demonstrate patients are happy with the care they are receiving • Levels of complaints • Clinical quality outcome measures
<p>Public Sector Financial Deficit</p> <p>(See Trust cost improvement schemes, capital programme and income plans for more detail)</p>	<ul style="list-style-type: none"> • Ability of Trust to manage demand within a negative tariff environment • Developing accurate future planning assumptions • Instability of market forces • Increases pressure and potentially destabilises wider health community • Increasing cost improvement programme targets • Inflation and cost of living increases 	<ul style="list-style-type: none"> • Opportunity for the Trust to deliver against QIPP and contribute to Strategic Health Authority ambitions • Review of non pay expenditure as part of the CIS • Deliver against financial plans including capital expenditure • Profile resources against demand and deliver productivity savings through modernisation programmes to reinvest back into the three core services 	<ul style="list-style-type: none"> • Securing value for money through existing and new contracts • Delivery in full of Cost Improvement Strategy • Increased productivity across the three service lines 	<ul style="list-style-type: none"> • Monthly performance reports to Finance and Investment Committee • Monthly high level reports to the Board through the Corporate Performance Report • Delivery of Business Plans measured through the Transformation Programme Steering Group
<p>Volatility in fuel prices</p> <p>(See Fleet schemes as part of Cost Improvement Plans)</p>	<ul style="list-style-type: none"> • The financial implications of any fuel price increase are costly to the Trust 	<ul style="list-style-type: none"> • Continuous monitoring of fuel prices as part of finance horizon scanning • The Trust already has fuel bunkers and fuel cards that allow it to achieve a small 	<ul style="list-style-type: none"> • Fuel action plan to review fuel usage • Continued use of discount fuel 	<ul style="list-style-type: none"> • Fuel usage and expenditure to be monitored and kept in line with plan

Key External Impact	Risk to/impact on the strategy	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
		discount <ul style="list-style-type: none"> • Monthly Corporate Performance Report to include sensitivity analysis • Action plan developed to review and reduce fuel consumption • Escalation process in place for expenditure overspend 		
Pay and non pay inflation not in line with planning assumptions	<ul style="list-style-type: none"> • Impact on Finance Strategy and ability to deliver strategic goals 	<ul style="list-style-type: none"> • Regular review of inflationary forecasts • Horizon scanning for future pressures • Continuous review of non pay expenditure/ procurement • Regular review of cost improvement programme delivery and performance • Cost pressures reviewed through budget setting 	<ul style="list-style-type: none"> • Planning assumptions align to pay and non pay inflation 	<ul style="list-style-type: none"> • Non pay expenditure to be monitored and kept in line with plan

Section 4: Trust plans

Financial plans: Income

The plans below are consistent with, and present no material variance from, the Long Term Financial Model developed as part of the Trust application to become an NHS Foundation Trust.

Commissioner Convergence

As part of the Trust's application the Trust was able to secure commissioner convergence with its seven commissioning PCTs on the following principles in relation to future income:

1. Negative tariff adjustment of on NHS contracts to be refunded for all three core services by commissioners;
2. Savings generated by the Trust Service Development Strategy to be repatriated at the rate of 1.15% of the A&E contract value recurrently each year;
3. CQUIN of 1.5% non recurrently each year to support qualitative improvements consistent with the Service Development Strategy;
4. Establishment of an appropriate level of marginal rate which would apply for A&E activity in excess of agreed block amount.

A&E Contract

The contract for 2011/12 has been agreed and signed and reflects the following principles:

- The Trust is assuming gross activation growth of 4% year on year for the next five years based on the 4 year rolling average;
- 1.5% negative tariff retained to offset this 4% growth for 2011/12;
- Additional added value investment of 1.15% applied to contract;
- CQUIN of 1.5% applied non recurrently and for 2011/12 to include £0.5m for the achievement of the agreed non conveyance trajectory;
- The contract for 2011/12 operates the new Ambulance currencies in shadow form.

UCS Contract

- Management of activity within a flat cash block contract;
- The retention of the negative tariff reflects this risk.

PTS Contract

- The core PTS Contract is based on a block nature contract based on historical activity and rates;
- Additional income earned from activity in excess of contract levels at a marginal price;
- In 2011/12 the PTS Contract is to move to a new shadow currency that better reflects the nature of the work.

Other Income:

The main sources of income outside of the three core services are listed below:

- HART: In quarter four of 2010/11 the Trust signed a Memorandum of Understanding with the Department of Health to secure revenue funding for the HART team due to be established in 2011/12. For 2012/13 this funding is to be passed to the Trust lead commissioner Torbay Care Trust and the Trust has signed correspondence with Torbay to confirm this funding based on the Department of Health guidance of £2.828m;
- Olympics: The Trust has submitted a business case to the Department of Health to secure funding for 2011/12 and 2012/13;
- Air Ambulance recharges: The Trust continues to process the payments between the Somerset and Dorset Air Ambulance and the company that supplies the helicopter flying hours. This is forecast to terminate at the end of 2011/12;
- Voluntary Ambulance Care Service (VACS): The Trust continues to provide this service on an annual basis for a limited number of commissioning agents. This has been agreed for 2011/12;
- The Trust secures income from various other sources relating to projects, compensation for the utilisation of resources and commercial training (see the 'Other Priorities' section of this Plan).

Key income risk	Amounts and timing (2011/12, 2012/13, 2013/14)	Mitigating actions and delivery risk
A&E Added Value Investment	<ul style="list-style-type: none"> • 2011/12: £1.068m recurrent • 2012/13: £1.080m recurrent • 2013/14: £1.092m recurrent 	<ul style="list-style-type: none"> • Added value investment is based on the delivery of the non conveyance service development. This has been agreed for 2011/12 • The risk from 2012/13 is linked to performance against the non conveyance trajectory in 2011/12 • Mitigation will be delivery of the trajectory in 2011/12 combined with demonstrating further the benefits for 2012/13 and 2013/14 • The Trust has developed a Mitigation Escalatory Action Plan (MEAP), which sets out more detail on proactively and reactively mitigating this risk, in the event that the A&E added value income is not secured
A&E activity funding to offset negative tariff	<ul style="list-style-type: none"> • 2011/12: £1.393m recurrent • 2012/13: £1.409m recurrent • 2013/14: £1.425m recurrent 	<ul style="list-style-type: none"> • This recognises the increased costs associated with growth in activity • The risk to this funding is that activity does not increase in line with assumptions • The Trust has developed a Mitigation Escalatory Action Plan (MEAP), which sets out more detail on proactively and reactively mitigating this risk
A&E Commissioning for Quality and Innovation funding (CQUIN)	<ul style="list-style-type: none"> • 2011/12: £1.409m non recurrent • 2012/13: £1.425m non recurrent • 2013/14: £1.441m non recurrent 	<ul style="list-style-type: none"> • CQUIN sub group ensures appropriate schemes are applied and that workplans are managed to ensure achievement of scheme requirements • 2011/12 contains £0.500m linked to the achievement of the non conveyance trajectory • The Trust has developed a Mitigation Escalatory Action Plan (MEAP) which sets out more detail on proactively and reactively mitigating this risk
UCS contract funding – Commissioners withdraw the repayment of the negative tariff	<ul style="list-style-type: none"> • 2011/12 - £0.190m recurrent • 2012/13 - £0.190m recurrent • 2013/14 - £0.190m recurrent 	<ul style="list-style-type: none"> • UCS operates on a block contract. Trust has negotiated retention of negative tariff to be reinvested year on year to support activity growth • The Trust has developed a Mitigation Escalatory Action Plan (MEAP) which sets out more detail on proactively and reactively mitigating this risk
PTS contract funding - Commissioners withdraw the repayment of the negative tariff	<ul style="list-style-type: none"> • 2011/12: £0.095m recurrent • 2012/13: £0.095m recurrent • 2013/14: £0.095m recurrent 	<ul style="list-style-type: none"> • PTS operates on a block contract. Trust has negotiated retention of negative tariff to be reinvested year on year to support activity growth • The Trust has developed a Mitigation Escalatory Action Plan (MEAP) which sets out more detail on proactively and reactively mitigating this risk
Olympics	<ul style="list-style-type: none"> • 2012/13: £1.500m non recurrent 	<ul style="list-style-type: none"> • Business case submitted to the Department of Health to receive funding • Trust working with commissioners to secure funding • The Trust has developed a Mitigation Escalatory Action Plan (MEAP), which sets out more detail on proactively and reactively mitigating this risk, in the event that partial or no funding is received
HART	<ul style="list-style-type: none"> • 2011/12: £2.926m • 2012/13: £2.828m recurrent 	<ul style="list-style-type: none"> • Memorandum of Understanding signed with Department of Health to secure funding for 2011/12 • Funding for 2012/13 to be passed to lead commissioner from the Department of Health • A disinvestment strategy has been developed in the event that future funding is not received through commissioning framework

Financial plans: Service developments

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress (2011/12, 2012/13, 2013/14)
Organic / innovation:				
<p>A&E Added Value: Increasing non conveyance rates to A&E departments by 10% (from the 2008/09 baseline) over a five year period to 2014/15</p> <p>In line with the Trust philosophy to keep patients at or closer to home when it is clinically and socially safe, the Trust is proposing to target a number of clinical and operational areas to reduce the number of conveyances to A&E departments in the south west</p> <p>(See workforce priorities for more detail on specific roles)</p>	<p>Contributes directly to Corporate Objectives 1, 2 and 3 and Strategic Goals 1, 2 and 3.</p> <p>The focus on reducing attendances at A&E departments is being driven by a need to deliver more localised care in more appropriate settings. Reduced attendance, and therefore admissions, will generate significant savings for commissioners and the wider health economy and contribute to the referral to treatment target by creating more capacity in secondary care. It will also contribute to improved patient experience, public and stakeholder confidence and the Quality Innovation Productivity and Prevention (QIPP) framework.</p>	<ul style="list-style-type: none"> • Review skills mix and profiling of operational job roles and match to patient pathways and demand • Review Clinical Supervisor role in relation to triage in clinical hub • Review effectiveness of Pathways Support Vehicles in their first year of utilisation • Invest in skills to manage appropriate conditions that would normally require an attendance at A&E • Provide targeted training and activity linked to triage • Increase utilisation of Emergency Care Practitioners (ECPs) through implementation of the ECP Strategy • Implement the key enablers of NHS Pathways, Capacity Management System and Electronic Care System in full <p>Delivery Risks:</p> <ul style="list-style-type: none"> • Changes to service model impacting on performance against key measures • Rotas and resources profiled incorrectly • Impacts of changes on resilience • Alternative care pathways not available • QIPP and reduction in budgets may result in community services being withdrawn across the Trust area 	<ul style="list-style-type: none"> • Appropriate skill mix, training and profiling of operational staff including ECPs, Paramedics, Advanced Technicians, Clinical Supervisors, each with a targeted utilisation plan • Resources to support the further implementation and review of NHS Pathways • Resources to support the implementation of the Electronic Care System, Capacity Management System and further develop the Directory of Services • Board leadership and control • Reinvestment of existing resources and gains from productivity saving schemes • Added value income based on achievement against the non conveyance trajectory 	<ul style="list-style-type: none"> • Delivery against the non conveyance trajectory agreed with commissioners for 2011/12 • A year on year cumulative reduction in conveyance to A&E Departments based on 2008/09 total activity: <ul style="list-style-type: none"> • (1% delivered in year 2010/11) • 2011/12: 4% (3% in year) • 2012/13: 6% (2% in year) • 2013/14: 8% (2% in year) • 2014/15: 10% (2% in year) • Increased utilisation rates of key operational roles e.g. ECPs
<p>Modernisation of the Urgent Care Service:</p> <p>The modernisation programme is a five year initiative and focuses on a number of key areas including:</p> <ul style="list-style-type: none"> • Clinical and non clinical skills 	<p>Contributes directly to Corporate Objectives 2 and 3 and Strategic Goal 4</p>	<ul style="list-style-type: none"> • Remodel existing management and delivery structure to more closely align resource with demand • Introduce real time performance management • Develop local partnerships and responding to local health community developments • Review all clinical rotas and skill mix to produce 	<ul style="list-style-type: none"> • General Practitioners, Nurse Practitioners, Clinical Hub staff etc to deliver the service model • Programme management support • Cross directorate 	<ul style="list-style-type: none"> • Implementation of rota changes within new service model • Procurement and implementation of performance management software • Successful delivery of pilots in partnership with other

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress (2011/12, 2012/13, 2013/14)
remodelling <ul style="list-style-type: none"> • Management restructuring • Development of information management and technology • Increased focus on quality management 		savings in accordance with the Cost Improvement Strategy <ul style="list-style-type: none"> • Develop business case for implementation of NHS Pathways within out of hours Delivery Risks: <ul style="list-style-type: none"> • Impact of changes to service model on performance against targets • Position of healthcare partners in establishing and delivering pilots • Compatibility of alternative software 	working to ensure alignment of plans <ul style="list-style-type: none"> • Investment in technology and software e.g. NHS Pathways for out of hours, GP management systems, scheduling systems • Governance support to establish new processes 	healthcare providers <ul style="list-style-type: none"> • Business case developed for NHS Pathways • Cost benefit analysis completed for proposed changes in service model • Achievement against the 13 National out of hours quality requirements • Existing UCS contracts secured when tendered
Modernisation of Patient Transport Services The modernisation programme is a five year initiative and focuses on a number of key areas including: <ul style="list-style-type: none"> • Improving productivity to improve quality and to deliver the required efficiency savings • Achieving integrated senior management of PTS and A&E Controls; • Achieving virtualisation of PTS Controls and improvements to effective communication via technology advancements • Improving the flexibility and responsiveness of the fleet • Investigating further integration and joint working with A&E operations 	Contributes directly to Corporate Objective 3 and Strategic Goal 5	<ul style="list-style-type: none"> • Integrate PTS control workforce, skills mix and technology with A&E where appropriate to create efficiencies in patient triage and record management • Re-profile the PTS resource and skills mix to closer align with future public and private demand • Reconfigure PTS estate where appropriate on an opportunistic basis in line with the Estates Strategy and A&E/UCS business plan • Review and develop a technological solution between the existing A&E and PTS control systems • Refine suite of PTS KPIs • Review the contract currency for PTS and tender for new business Delivery Risks: <ul style="list-style-type: none"> • Project dependencies could mean changes are at risk if there is any slippage in delivery • Establishing alternative IM&T platforms/systems that are suitable • Resourcing constraints within the Trust to deliver each element of the modernisation programme 	<ul style="list-style-type: none"> • Programme Management support • Cross directorate working to ensure alignment of plans • Investment in technology and software 	<ul style="list-style-type: none"> • Existing PTS contracts secured when tendered • Contract requirements delivered within budget • Cost improvement strategy targets met in full

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress (2011/12, 2012/13, 2013/14)
Acquisition etc.:				
<p>2012 Olympic and Paralympic Games (Weymouth and Portland Events)</p> <p>To provide emergency and urgent care services at the 2012 Olympic sailing venue and the London Organising Committee of the Olympic Games (LOCOG) ticketed events. To also provide emergency and urgent care services for increased visitor numbers to the West Dorset area and maintain core emergency and urgent care provision across the Trust area.</p>	<p>Contributes to Corporate Objectives 2 and 3 and Strategic Goals 1, 2 and 3.</p> <p>The strategic aims are to:</p> <ul style="list-style-type: none"> To deliver high quality emergency ambulance response in Games time Minimise impact on provision of NHS services to the surrounding area No detrimental impact on local and national targets 	<ul style="list-style-type: none"> Continued development of operations plan for, during and after Games time period Participate in 2011 events to support pre event preparation and planning Deliver gold, silver and bronze command training for appropriate staff Finalise workforce plan including relief, backfill and temporary; Continue modelling the impact for A&E and out of hours services Secure appropriate accommodation, fleet and additional resources to support the Games period <p>Delivery Risks:</p> <ul style="list-style-type: none"> Failure to secure funding for 2012 programme Impact on normal service provision Need for resilience planning in consideration of risks such as terrorism, public disorder, organised crime Failure to engage in multi-agency preparations and delivery to 2012 Games 	<ul style="list-style-type: none"> Business case for £1.5m submitted to Department of Health to secure appropriate funding for staff, non pay costs, vehicles and other costs Gold, silver and bronze command and control functions Mobile command units Pre-event Preparation and Planning Dedicated Accident and Emergency Cover and resources Out of Hours Service HART Deployment Air ambulance provision Staff accommodation 	<ul style="list-style-type: none"> Provision of high quality services to the population, both resident and Games related Successful participation in the London 2012 Games Safety and Security Strategy managed by the Home Office Provide appropriate contingency for health resilience in compliance with the Department of Health and Home Office guidance Meet the bid commitments applicable to the NHS in the Trust area Preservation of the excellent reputation of the organisation Trust performance maintained during the Games time period
<p>Establishing a Hazardous Area Response Team (HART) based in Exeter from 2011/12 as part of the Department of Health HART programme.</p>	<p>Contributes to Strategic Goals 1 and 2</p> <p>The aim of HART is to ensure an effective, high quality response from the Trust, even in the most challenging of circumstances.</p>	<ul style="list-style-type: none"> Recruit HART team in accordance with the workforce plan Establish the HIG (HART Implementation Group) Establish and organise training requirements Investigate options for procuring estate and fleet to meet national requirements Deliver revenue requirements within budget Establish governance arrangements <p>Delivery Risks:</p> <ul style="list-style-type: none"> HART has the potential to attract the Trust's most experienced operational staff, losing them from front line provision. This risk will be minimised through a recruitment mitigation plan Implications for protected 	<ul style="list-style-type: none"> Business case for £2.926m revenue and £4m capital submitted to Department of Health to secure appropriate funding for staff, non pay costs, vehicles, estates and other costs HART Project management team Training and protective equipment Specialist vehicles Investment in HART estate to meet the recommended specification 	<ul style="list-style-type: none"> Preferred option for estate identified Recruitment to operational posts completed Training requirements met for all staff Rollout deadline of December 2011 met

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress (2011/12, 2012/13, 2013/14)
		assets once Monitor have defined the parameters <ul style="list-style-type: none"> No legally binding contract in place for ongoing delivery and future funding Continued revenue is devolved and forms part of the commissioning framework		
Transferred / discontinued activity:				
Devon Supporting People: Devon County Council have not continued the funding for provision in 2011/12	N/A	All actions were completed by 1 April 2011. No delivery risks remain.	Workforce has been absorbed by Trust and vehicle leases have been cancelled	N/A
Weymouth Minor Injury Unit / Portland Minor Treatment Units: The Trust disinvested in both from 1 October 2010	N/A	All activities to support this disinvestment were carried out during 2010/11.	N/A	N/A

Financial plans: Activity and Costs, Cost Improvement Plans (CIPs) Table A:

Key operating efficiency programmes	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
1.Fleet: <ul style="list-style-type: none"> Vehicle rationalisation through improved logistics and scheduling Reduced fleet maintenance costs Reduced fleet purchase price using national procurement models 	£0.274m in 2011/12 £0.138m in 2012/13 £0.138m in 2013/14	Contributes to Corporate Objectives 1 and 2 and all five Strategic Goals. By reducing fleet replacement and maintenance costs and reprofiling resources it allows the Trust to reinvest efficiency gains back into the three core services	Key actions: <ul style="list-style-type: none"> Local agreements in place on vehicle mix and numbers Reduce the size of the vehicle buffer Reduce average age of the fleet thereby reducing maintenance costs Decrease price per unit costs through replacement programmes and national procurement Improve IT solutions to benchmark and monitor vehicle unit costs, availability, downtime etc Delivery risks: <ul style="list-style-type: none"> Quality of data input to scheduling software Ability to fund increase in capital requirement Change in service delivery model requires different vehicle mix Reliance on co-operation from 	<ul style="list-style-type: none"> Management and Heads of Operations hours to undertake modelling In house vehicle workshops to deliver maintenance and servicing programmes Systems development to support benchmarking, monitoring and profiling 	<ul style="list-style-type: none"> In 2011/12 reduction in the number of front line vehicles by 5% Fleet age profile reduced reflecting replacement programme Annual fleet maintenance costs reduced Achievement of savings on a recurrent basis

Key operating efficiency programmes	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
			other Ambulance Trusts		
<p>2. Support Services and Non Pay Expenditure:</p> <ul style="list-style-type: none"> Review of equipment required following delivery of Ambulance Radio Project (ARP) Support staff review to streamline functions Develop collaborative working with external organisations to provide efficiencies Review of non pay expenditure to ensure the best contracts and deals are received Introduce new lease car policy Review of estates to ensure it remains fit for purpose and cost effective Implement fuel cost action plan 	<p>£0.510m in 2011/12</p> <p>£0.921m in 2012/13</p> <p>£0.340m in 2013/14</p>	<p>Contributes to Corporate Objective 2 and all five Strategic Goals.</p> <p>Reducing non pay expenditure costs through effective collaboration and procurement</p>	<p>Key actions:</p> <ul style="list-style-type: none"> Reduce the number of lease cars and increase pool cars to reduce non operational fleet costs Reduce non pay expenditure costs through contract negotiations with suppliers Implement revised lease car policy and review lease car users on an annual basis Implement in year delivery plans of Estates Strategy to provide efficiencies and reduce utility costs where appropriate Develop collaborative partnerships with external organisations to generate further efficiencies in transactional services Implement the fuel cost action plan to reduce mileage and fuel consumption <p>Delivery Risks:</p> <ul style="list-style-type: none"> Cultural change and resistance required from staff Availability of further positions and/or functions that are appropriate to be removed Re-banding of positions as a result Ability to negotiate better prices on contracts and potential impact on quality of services from reduced costs Ability to dispose of estate due to public opinion Local ownership required for utility usage Capital funding required for new sites 	<ul style="list-style-type: none"> Adequate number of pool cars Revised Duty Officer rotas Driver awareness training IM&T monitoring solutions Control and operational staff management 	<ul style="list-style-type: none"> Review of communication in line with the introduction of ARP Review of structure and support functions Review of contracts and usage Reduction in fuel consumption evidenced through monthly reporting Reduction in mileages by vehicle type
<p>3. A&E Skill Mix and Use of Resources:</p> <ul style="list-style-type: none"> Review of training and skills mix following reduction in in-house Paramedic training and increase in Higher education 	<p>£0.872m in 2011/12</p> <p>£1.260m in 2012/13</p> <p>£0.611m in 2013/14</p>	<p>Contributes to Corporate Objectives 1 to 3 and Strategic Goals 1 to 3.</p> <p>The review of A&E skills mix and use of resources forms a component part of the A&E</p>	<p>Key actions:</p> <ul style="list-style-type: none"> Tutors back on the road to support on-the-job training Reduction in house courses with establishment of Open University (OU) and Higher Education (HE) routes Workforce plan in place incorporating all service developments and drivers for change Initiate recruitment for new posts and liaise with universities regarding use of Student Paramedics to cover 	<ul style="list-style-type: none"> Workforce and training plans Training places on OU and HE courses Student paramedics shifts Sufficient tutors to deliver on the job training Significant HR and Training 	<ul style="list-style-type: none"> Implementation of alternative resource plans Reorganisation of resources to better match demand Turnover in line within forecasts

Key operating efficiency programmes	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
student paramedics <ul style="list-style-type: none"> Operational and support staff turnover savings within Agenda for Change bandings Implement and review Pathways Support Vehicles Review of responder initiatives Re-profiling A&E resources following rota reviews 		Modernisation programme	shifts during placement periods <ul style="list-style-type: none"> Quarterly review of forecast and actual turnover rates to monitor workforce plan and movements Model resources against activity profiles and establish plans to ensure improved utilisation Delivery Risks: <ul style="list-style-type: none"> Ability to provide training support on the road Assumption of turnover in current economic climate Availability of volunteer responders Risks to performance Loss of good will from other services Public perception of changes to provision Clinical risk to be considered in re-profiling resources and skill mix 	and Education support to deliver schemes <ul style="list-style-type: none"> Rota changes and resource profiling to ensure adequate operational cover at all times 	
4.Strategic Redesign: Consolidation of services within the clinical hubs to provide seamless integration across the Trust's core businesses (A&E, PTS and UCS).	£0.775m in 2013/14	Contributes to Corporate Objective 3 and Strategic Goals 1,2, 4 and 5	Key actions: <ul style="list-style-type: none"> Conduct a high level feasibility analysis of consolidation options and develop an outline business case Identify all strategic and operational options for consideration Understand the implications of any changes to structure and prepare full business case outlining all available options Confirm ability of IT systems to deliver specified requirements Confirm costings and future models of delivery Investigate options for external partnerships, dark sites and resilience plans Delivery Risks: <ul style="list-style-type: none"> Different IT platforms and their integration Resistance from staff and public perception Potential loss of skilled staff Potential loss of performance on work transfer Maintaining appropriate levels of resilience at each stage of integration 	<ul style="list-style-type: none"> Project management and planning support In depth financial analysis of options HR and Union support to work through staffing implications for each option Health Overview and Scrutiny and key stakeholder consultation and support 	<ul style="list-style-type: none"> Improved control management and admin across service lines Facilitates closer coordination across service lines Improved management reporting Retention of existing skilled staff Maintained performance Resilience needs met Reduction of estates and support service costs

Key operating efficiency programmes	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
<p>5. A&E Productivity:</p> <p>Productivity gains identified across four key areas:</p> <ul style="list-style-type: none"> • Changes in patient pathways • Job cycle improvement • Rotas and resources • Status plan improvement 	<p>£2.200m in 2011/12</p> <p>£2.200m in 2012/13</p> <p>£2.200m in 2013/14</p>	<p>Contributes to Corporate Objectives 1 to 3 and Strategic Goals 1 to 3</p>	<p>Key actions:</p> <ul style="list-style-type: none"> • Increase in calls handled through hear and treat and see and treat with the introduction and further development of NHS Pathways, Directory of Services and the Capacity Management System • Work in partnership with healthcare providers to further reduce handover delays and therefore reduce turnaround and handover to clear times • Decrease overall levels of dual deployment • Undertake advanced statistical modelling and linear programming to understand the demand profile <p>Delivery Risks:</p> <ul style="list-style-type: none"> • Capability of modelling and scheduling software and its outputs • Lack of management capacity to implement all changes 	<ul style="list-style-type: none"> • Evidence based decision making modelling software • Operational support to implement changes required • Commissioner and stakeholder support and time to develop the Directory of Services and Capacity Management System 	<ul style="list-style-type: none"> • Increase in hear and treat, see and treat and see and convey to alternative treatment centres (non A&E) • Reduction in dual responses and time on scene for conveyed patients • Reduced A&E Attendances • Reduced mileage
<p>6. UCS Modernisation:</p> <ul style="list-style-type: none"> • Review UCS expenditure and delivery model to remain within funding levels • Review of rotas, skill mix and service model to provide efficiencies • Review of non pay expenditure • Improved benchmarking and resource profiling 	<p>£0.497m in 2011/12</p> <p>£0.497m in 2012/13</p> <p>£0.497m in 2013/14</p>	<p>Contributes to Corporate Objectives 2 and 3 and Strategic Goal 4</p>	<p>Key actions:</p> <p>2011/12</p> <ul style="list-style-type: none"> • Review of drugs used in urgent care and improve medicines management and sourcing • Reduce vehicle maintenance with the introduction of newer vehicles through the fleet replacement programme • Freeze GP Pay • Rota and skills mix changes for clinical shifts to ensure a better multi-professional mix <p>2012/13 onwards</p> <ul style="list-style-type: none"> • Further pay freezes • Replace some GP triage with nurse practitioners / Emergency Care Practitioners • Undertake skill mix review aligned to the introduction and embedded use of NHS Pathways <p>Delivery Risks:</p> <ul style="list-style-type: none"> • Failure to achieve the 13 quality requirements • Replacement of GP triage with nurse triage • Loss of GPs due to pay freeze and changing service model 	<ul style="list-style-type: none"> • New software and IT upgrades • Commissioner support and agreement for key service changes • Consultation with staff groups • Training plan • Equipment and vehicles to support service delivery 	<ul style="list-style-type: none"> • Financial balance • Benchmarking of individual clinical performance • Improved outcomes from triage as per Corporate Objectives and defined key performance indicators • Improvement against 13 quality standards

Key operating efficiency programmes	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
7. PTS Modernisation: <ul style="list-style-type: none"> Integrate PTS control workforce, skills mix and technology with A&E where appropriate to create efficiencies in patient triage and record management Increase productivity in delivering the proposed new service model Continue to trial variations of PTS vehicles 	£0.211m in 2011/12 £0.211m in 2012/13 £0.211m in 2013/14	Contributes to Corporate Objective 3 and Strategic Goal 5	Key actions: <ul style="list-style-type: none"> Undertake a management restructure to support the integration and efficiency of PTS with A&E Introduction of a shadow currency for PTS Further development of live dispatching of vehicles Introduction of improved information flows to investigate job cycle elements Develop profiling models to map the PTS call cycle to enable demand analysis and the re-profiling of resources Delivery Risks: <ul style="list-style-type: none"> Managing factors outside of the Trust's immediate influence that impact on operational delivery e.g. weather, demand spikes, turnaround delays Remodelling impact on activity and resources Ability to terminate existing IT contracts if required under wider integration programme 	<ul style="list-style-type: none"> New software and IT upgrades Commissioner support and agreement for key service changes Consultation with staff groups Training plan Equipment and vehicles to support service delivery 	<ul style="list-style-type: none"> Reduction in funded establishment through use of single PTS Vehicles Increased vehicle utilisation Improved call taking performance Renewed PTS contracts following tender in March 2013

Financial plans: Workforce

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Hazardous Area Response Team (HART) requirements	Contributes to Corporate Objectives 2 and 3 and Strategic Goal 2. Forms a key workforce priority to support the HART service development	Key Actions: <ul style="list-style-type: none"> Establish a workforce plan in order to deliver the objectives of the team Establish a recruitment and selection process and assessment centre based on national HART requirements and Trust process and procedures Action plan and lead identified for taking forward the HART programme and to ensure appropriate training, equipment and facilities are available. Delivery Risks: <ul style="list-style-type: none"> Associated with securing appropriate funding and commitment to future funding. Recruitment of suitably experienced and skilled clinical staff which is an additional 	<ul style="list-style-type: none"> 42 operational personnel for the HART Unit, plus a coordinator/manager, trainer and administrator Training plans and external training partnerships Appropriate equipment, fleet etc (see HART service Development for more information) 	<ul style="list-style-type: none"> Recruitment of HART Manager Recruitment of HART operational staff commenced May 2011 Recruitment of HART administrator by June 2011 HART operational team fully established by October 2011 Recert training programme externally delivered throughout 2012/13 and 2013/14. Training programme to be established with external providers

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
		<p>pressure to the workforce model and requires 42 additional clinical staff</p> <ul style="list-style-type: none"> Impact on residual A&E services in terms of backfill and operational performance and resilience 		<ul style="list-style-type: none"> HART deployment to support 2012 Olympics and Paralympics
<p>Integration of trainers into operations</p> <ul style="list-style-type: none"> Forms a component part of the A&E service modernisation programme Key scheme within the 'A&E skills mix and use of resources' efficiency programme 	<p>Contributes to Corporate Objective 3 Strategic Goals 1 to 3.</p> <ul style="list-style-type: none"> Supports the increasing non conveyance service development Supports the delivery of training and operations for the 2012 Olympics and Paralympics 	<p>Key Actions:</p> <ul style="list-style-type: none"> Training Officers to be allocated rota or relief lines in operational areas to devolve clinical training and development to "on the job" assessment Reduce the number and frequency of "classroom" type training to ensure that skills are applied directly in the workplace and increase the quality of clinical care <p>Delivery Risks:</p> <ul style="list-style-type: none"> Slippage of milestones in transferring staff to front line rota lines Change management issues e.g. morale and employee relations issues relating to change in working practices and locations Trainer abstractions 	<ul style="list-style-type: none"> Management time to conduct one to one meetings and determine employment changes and review job descriptions / role outlines Annual training plans HR advice and support 	<ul style="list-style-type: none"> Creation of operational plan E-learning documents completed Preparation for Olympic event and pre-event training Recruitment of tutors through May and June 2011 Tutors begin training on the road
<p>Utilisation of Emergency Care Practitioners (ECPs)</p>	<p>Contributes Corporate Objective 3 and to Strategic Goals 2, 3 and 4</p>	<p>Key Actions:</p> <ul style="list-style-type: none"> Finalise and approve ECP strategy Agree and implement pilots to triangulate evidence for wider rollout programme Model the impact of utilisation proposals to determine benefits and constraints Audit of patients being conveyed to A&E <p>Delivery Risks:</p> <ul style="list-style-type: none"> Impact on service performance in changing service model Raising capability of the ECP clinical skill base Delays in enablers such as the Directory of Services could impact on utilisation rates 	<ul style="list-style-type: none"> Directors approval of ECP strategy Implementation of change programme through ECP sub group ECP Clinical Support Officer groups Training the clinical hub staff in the role of the ECP 	<ul style="list-style-type: none"> Increased utilisation rates of ECPs across the Trust Increase uptake of Category C calls by ECPs Increased ECP involvement in UCS systems Monitor clinical incidents and targets against CQUIN, CPR and other relevant performance criteria Assurance reports provided to the Quality and Governance Committee
<p>Workforce model changed to phase out Advanced Technician role to improve clinical skills profile</p>	<p>Contributes to Corporate Objective 3 and Strategic Goals 2 and 3</p>	<p>Key Actions:</p> <ul style="list-style-type: none"> Annual review of workforce plans which model retirement and natural turnover figures Proposal for Technician to Paramedic (self funded) course to be made available to further enhance career development <p>Delivery Risks:</p> <ul style="list-style-type: none"> The removal of the statutory 	<ul style="list-style-type: none"> Workforce plans Technician to Paramedic training costed and delivered 	<ul style="list-style-type: none"> Workforce plans monitored at Maintaining Workforce Establishment Group Assessment of implementation of HR Strategy Natural attrition rates measured

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
		<p>default retirement age may reduce the number of retirements at 65</p> <ul style="list-style-type: none"> The slow down generally in the economy and the health service of opportunities may impact on the natural wastage numbers Hutton Review of Public Sector Pensions may impact on retirement choices 		<p>annually</p> <ul style="list-style-type: none"> Review of workforce numbers on a monthly basis
2012 Olympics and Paralympics	Contributes to Corporate Objectives 2 and 3 and Strategic Goals 1 and 2	<p>Key Actions:</p> <ul style="list-style-type: none"> Establish manager cover for Gold, Silver and Bronze command and prepare rotas Establish tactical advisor cover and prepare rotas Establish tactical advisor cover and prepare rotas Review core operational cover requirements and ensure rotas, backfill and leave requirements incorporated Deliver emergency A&E and Out of Hours services during Gametime Manage the increase in demand planned by increased activity and high profile event Manage resources to ensure core cover including relocating staff from across the Trust and restricting leave and increasing bank and overtime availability <p>Delivery Risks:</p> <ul style="list-style-type: none"> Funding restrictions may create cost pressure to cover services Sickness and other absence creating difficulty covering care rotas Workforce profile changes during short period of time will create difficulties covering other Trust areas not covered by Olympics 	<ul style="list-style-type: none"> Business case submitted to the Department of Health identifying costs of £1.500m Clinical and associated staffing for the full Olympic period covered by temporary methods e.g. fixed term contracts, bank contracts or overtime Operational Manager planning Core cover review against predicted activity Security checking and HART consideration 	<ul style="list-style-type: none"> Pre event preparation and planning exercises delivered in 2011/12 Preparatory training delivered according to training plan High quality emergency ambulance responses delivered during Gametime Minimal impact on provision of NHS services to the surrounding area Performance against local and national targets maintained during Gametime Value for money achieved for funding received from the Department of Health (funding yet to be confirmed)
Workforce model changed to phase out Emergency Care Assistants role to improve clinical skills profile	Contributes to Corporate Objective 3 and Strategic Goals 2 and 3	<p>Key Actions:</p> <ul style="list-style-type: none"> Annual review of workforce plans which model retirement and natural turnover figures Develop the open university programme to offer career opportunities to develop to Paramedic <p>Delivery Risks:</p> <ul style="list-style-type: none"> The removal of the statutory default retirement age may reduce the number of retirements at 65 The slow down generally in the economy and the health service 	<ul style="list-style-type: none"> Workforce plans Management time Annual training plans HR advice and support OU training places and courses 	<ul style="list-style-type: none"> Workforce plans monitored at Maintaining Workforce Establishment Group Assessment of implementation of HR Strategy Natural attrition rates measured annually Review of workforce numbers on a monthly basis

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
		<p>of opportunities may impact on the natural wastage numbers</p> <ul style="list-style-type: none"> Hutton Review of Public Sector Pensions may impact on retirement choices 		
Implementing of the Electronic Care System and workforce implications	<p>Contributes to Corporate Objectives 1 and 3 and Strategic Goals 1 to 3</p> <p>Specifically decision support will ensure greater consistency of assessment and treatment practices, supports front line decisions and will lead to higher quality and safer patient care</p>	<ul style="list-style-type: none"> Secure Treasury approval to proceed Local business case to be approved by Trust Board (April 2011) Joint procurement by southern cluster or IT solution Commence implementation during 2011/12 Train staff on new system once solution identified Review of current working practices and delivery of integration to Acute, GP and other Health Care Record systems <p>Delivery Risks:</p> <ul style="list-style-type: none"> Ambulance Trusts are mandated to support Minimum National Dataset within solution from 1 April 2012 be it within or without Electronic solution Integration with Acute Trust and other electronic systems and support solutions to suit all Trusts Funding support is likely to diminish over time due to the wider difficulties within the NPfIT programme Training impact will vary dependent on choice of solution 	<ul style="list-style-type: none"> Project Management and Integration Resources Training resources Collaborative partnerships with IT providers and other healthcare providers to support delivery and training requirements 	<ul style="list-style-type: none"> Procurement (July 2011) Review and Development of Business Processes (April-Sept 2011) Staff Training (Sept 2011-Mar 2012) Support of level 2 triage and decision support (April 2012)

Financial plans: Capital programmes (including estates strategy)

Key capital expenditure priorities	Amounts and timing	Contribution to the strategy (incl. service delivery)	Key actions and delivery risk (inc. finance risks)
Development:			
<p>HART – Vehicles</p> <p>Purchase of vehicles associated with establishment of HART. Procurement coordinated through the Department of Health</p>	<p>2011/12 £1.900m</p>	<p>Contributes to Corporate Objectives 3 strategic goals 1 and 2</p> <p>HART forms a key service development in the Trust's Strategy and will ensure the Trust can provide an enhanced response the event of major incident</p>	<p>Undertake joint procurement with the Department of Health Supply communications equipment for installation during vehicle build process Failure to meet agreed deadlines could result in Trust being liable for certain costs</p>
Maintenance:			
N/A			

Key capital expenditure priorities	Amounts and timing	Contribution to the strategy (incl. service delivery)	Key actions and delivery risk (inc. finance risks)
Other capital expenditure:			
Fleet Largest element of capital expenditure is fleet vehicle replacement. Based on the purchase of vehicle batches for the three main vehicle types, Front Line, Rapid Response and Patient Transport Service vehicles Vehicles are purchased in two stages firstly the purchase of the chassis and then conversion	2011/12 £4.505m 2012/13 £4.833m 2013/14 £4.441m	Contributes to Corporate Objectives 2 and 3 and strategic goals 2,4 and 5 Replacement of vehicles ensures vehicles are fit for purpose and contributes towards cost improvement saving on the maintenance of newer vehicles	Vehicles purchased in batches alongside other Ambulance Trusts. Risk to Trust can be delay in batch production. Delay in production impacts on the timing of CAPEX expenditure and depreciation charges.
IM&T Capital expenditure is aligned to technology refresh and developments to support the Trust Service Developments	2011/12 £0.535m 2012/13 £0.600m 2013/14 £1.230m	Contributes to Corporate Objectives 2 and 3 and strategic goals 1,4 and 5 Technology refresh required to maintain efficiency and effectiveness. Improvements in Technology will be an enabler for service developments	Procurement of equipment in line with strategy. Risk to Trust can be delay in procurement.
Contingency Allows the Trust flexibility to facilitate any new developments identified in year If new developments are not recognised it can be used to support accelerated fleet purchases	2011/12 £0.463m 2012/13 £0.417m 2013/14 £0.562m	Contributes to Corporate Objective 2 to ensure the financial plan is delivered	
Other estates strategy			
Estate capital expenditure is aligned to the maintenance of the Trust estate alongside the £0.250m revenue budget Any estate developments are considered on a case by case basis on an opportunistic basis	2011/12 £0.997m 2012/13 £0.650m 2013/14 £0.267m	Contributes to Corporate Objectives 2 and 3 and Strategic Goals 2 to 5 Supports the Estates Enabling Strategy for the utilisation of Trust resources	Procurement of maintenance as required. Risk to Trust can be delay in procurement.

Clinical plans

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures
Patient experience and improving patient satisfaction: The Trust will establish a systematic approach to gather patient satisfaction and experience feedback for reporting	Contributes to Corporate Objective 4 and Strategic Goals 1, 4 and 5 Forms a CQUIN target for the Trust in 2011/12 Represents Priority 3 (Patient Experience) in the Trust 2011/12 Quality Account	<ul style="list-style-type: none"> Review the results of patient surveys carried out in 2010/11 and identify actions for improvement Review survey analysis with Commissioners and Council of Governors to agree action plan for implementation in 2011/12 Implementation of action plan and review of outcomes Develop a Trust policy/strategy for the collection of patient experience information 	This formed priority 3 of the 2010/11 Quality Account. The Trust focused on conducting patient experience surveys for each of the Trust core service lines	<ul style="list-style-type: none"> Action plans to be developed by service line with short, medium and long term objectives Quality and Governance reviews of performance against action plan Assurance reports provided to the Council of Governors on

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures
and improvement action planning	Will provide evidence for the new Ambulance Clinical Quality indicator based on service experience	Delivery Risks: <ul style="list-style-type: none"> • Failure to deliver elements of the action plan could result in non payment of CQUIN • Ability of Trust to respond to all issues identified and the resources required to implement change 		action plan implementation and key outcomes <ul style="list-style-type: none"> • Quality priorities for subsequent years established with stakeholders based on outcomes
Continuously improve patient safety - Fallers To explore the impact of patients who fall in the community and who are not transported to hospital, to devise, implement and monitor an enhanced falls referral system.	Contributes to Corporate Objectives 1 to 3 and Strategic Goals 1 to 3 Forms a CQUIN target for the Trust in 2011/12 Represents Priority 1 (Patient Safety) in the Trust 2011/12 Quality Account	<ul style="list-style-type: none"> • Establish a coherent system in the 999 control rooms (Clinical Hubs) to identify fallers and agree reporting mechanisms and data formats with Commissioners • Produce a falls review with recommendations • Agree with Commissioners a standard patient falls pathways across all four counties • Monitor the frequency of falls at care, nursing and residential homes, in order to target support • Provide information to clinical staff to increase their knowledge and understanding around the potential of fragility fractures following a fall • Provide patients with better information when they are referred to a falls service • Audit falls and falls alerts • Consider the introduction of revised pathways to enhance the care of patients experiencing a fractured neck of femur Delivery Risks: <ul style="list-style-type: none"> • Failure to achieve universal support from PCTs • Inability to obtain evidence of the impact of the revised fractured neck of femur pathway • Failure to deliver elements of the action plan could result in non payment of CQUIN 	Patient safety formed priority 1 of the 2010/11 Quality Account where the Trust focused on: Infection Control Continuing the roll out of the 'Cleaner Care' initiative to adhere to robust infection control measures with a particular focus on fleet cleanliness standards. Medication administration, prescription, supply errors Identifying the number of reported medication errors directly affecting patients as a percentage of patient contacts.	<ul style="list-style-type: none"> • Achieve best practice in all PCT areas Ensure alignment with the Strategic Health Authority falls and fractures objective to reduce emergency admissions as a result of a fall • Support objective three of the four key objectives of the systematic approach to falls and fractures prevention 'early intervention to restore independence through falls care pathways linking acute and urgent care services to secondary falls prevention'
Analysis of Healthcare Professional Calls (HPC) following the recategorisation of calls The majority of Healthcare Professional Calls are	Contributes to Corporate Objective 1 and Strategic Goals 2 and 3 Forms a CQUIN target for the Trust in 2011/12 Forms part of Priority 2 (Clinical	<ul style="list-style-type: none"> • Explore the number and demand profile of HPC calls received from each GP practice across the Trust area • Analyse the ratio of HPC calls, during the in and out-of-hours period, to the number of patients registered at each practice • Work jointly with each PCT to explore the level of HPC calls by practice, in order to 	Clinical Effectiveness formed priority 2 of the Trust 2010/11 Quality Account where the Trust focused on: <ul style="list-style-type: none"> • Implementing a pain assessment system for 	<ul style="list-style-type: none"> • 2011/12: Identification of outliers for all HPC calls and engage with PCTs to review levels of GP referrals • 2012/12 onwards: continue to work with PCTs/ GP consortia to ensure consistency of

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures
received from GPs. The Trust aims to explore the number and demand profile of HPCs received from each practice across Cornwall and the Isles of Silly, Devon, Somerset and Dorset	Effectiveness) in the Trust 2011/12 Quality Account	<p>manage local variations</p> <ul style="list-style-type: none"> • Link with GP Consortia leads to explore unscheduled admissions • Publish guidance to healthcare professionals on booking an appropriate ambulance response • Agree on-going monitoring of HPC calls with commissioners <p>Delivery Risks:</p> <ul style="list-style-type: none"> • Failure to achieve C3 changes required to enable data collection • Risk of failing to achieve full engagement from primary care and commissioners • Failure to deliver elements of the action plan could result in non payment of CQUIN 	<p>vulnerable patients</p> <ul style="list-style-type: none"> • Improving care for patients with cardiovascular disease (heart attack and stroke) • Auditing Category C calls (non life threatening) to inform care pathway developments e.g. fallers • Participating in a national study of head injury in children • Implementing a smart mattress to assist with patient assessment and clinical observations 	practice across the Trust operating area
<p>Emergency Care Practitioner (ECP) Performance Measurement Tool and Development Plan</p> <p>To explore the current clinical performance of ECPs across the Trust, to identify examples of best practice and to determine new opportunities and models of service provision, so that consistently high quality care can be delivered Trust-wide</p>	<p>Contributes to Corporate Objectives 2 and 3 and Strategic Goals 2, 3 and 4</p> <p>Forms a CQUIN target for the Trust in 2011/12</p> <p>Forms part of Priority 2 (Clinical Effectiveness) in the Trust 2011/12 Quality Account</p>	<ul style="list-style-type: none"> • Develop and rollout tool to measure ECP performance • Pilot different models of service provision to establish the most clinically effective and productive use of ECPs • Audit ECP skills and competencies in conjunction with the introduction of the ECP skills passport • Establish minimum skills set for ECP 'cells' • Incorporate ECP cells into the Directory of Services • Schedule meetings with new GP Consortia and agree plans for effective use of ECPs in the primary care setting • Optimise ECP contributions to achieving the non conveyance trajectory <p>Delivery Risks:</p> <ul style="list-style-type: none"> • Failure to develop effective measurement tool • Potential performance impact of any change in ECP model • Failure to deliver elements of the action plan could result in non payment of CQUIN 	As above	<ul style="list-style-type: none"> • Corporate Tool developed and rolled out for measurement of ECP clinical practice and performance • ECP strategy implementation plan accomplished in year • Scoping report of ECPs to report variations and influence future skill sets and corporate training plan • Increased utilisation of ECP 'cells' across the Trust <ul style="list-style-type: none"> ▪ Annual review of the disposition and calls responded to by ECPs • Standardised ECP skills set across 'cells'
<p>Clinical Research</p> <p>High quality clinical research</p>	Contributes to Corporate Objective 1 and Strategic Goal 1	<ul style="list-style-type: none"> • Increase participation in clinical research contributing to the knowledge base for pre-hospital care • Increase engagement with 	Trust contributed to two research projects forming part of the UK CRN portfolio:	<ul style="list-style-type: none"> • Portfolio of research activity developed • Regular reports presented to the

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures
evidence is vital to assess the effectiveness of clinical services. It underpins the development of robust clinical policies to support service developments that optimise clinical outcomes for patients.	Forms a CQUIN target for the Trust in 2011/12 Forms part of Priority 2 (Clinical Effectiveness) in the Trust 2011/12 Quality Account	studies on the UK Clinical Research Network (UK CRN) portfolio <ul style="list-style-type: none"> Continue to raise awareness of the importance of clinical research Embed clinical research within the Trust culture by ensuring all relevant staff have completed the Good Clinical Practice training Identify alternative funding sources to facilitate further research Delivery Risks: <ul style="list-style-type: none"> Alternative funding streams not identified to support Facilitator post Failure to deliver elements of the action plan could result in non payment of CQUIN 	1. Aimed to gain understanding of how ambulance services can achieve effective engagement from ambulance clinicians to facilitate quality improvements in pre hospital care 2. Study assessing organisational and behavioural change in the NHS following the publication of the White Paper 'High Quality Care for All'	Quality and Governance Committee for assurance
Ambulance Clinical Quality - Call Abandonment Rate	Contributes to Corporate Objective 1 and Strategic Goal 1	<ul style="list-style-type: none"> Checks required to ensure compliance with calculation as set out in the NHS Operating Framework 2011/12 Technical Guidance Monitoring reports to be established on a monthly basis Delivery Risk: <ul style="list-style-type: none"> Retrospective reporting, if required, would mean recategorising historical data and could present challenges in reporting 	This is a new national indicator to be measured from 1 April 2011. No previous comparable data available.	<ul style="list-style-type: none"> The percentage of calls abandoned before answered 2012/13 onwards standards of performance against the CQIs will be negotiated locally
Ambulance Clinical Quality - Re-Contact Rate Following Discharge of Care. Unplanned re-contact with the ambulance service within 24 hours of discharge of care (discharge by clinical telephone advice, or following treatment at the scene)	Contributes to Corporate Objective 1 and 3 and Strategic Goals 3 to 5	<ul style="list-style-type: none"> Obtain national clarification and definition on 'frequent caller' Revise Trust policies and procedures on frequent callers accordingly Identify constraints with current data collection through the Computer Aided Dispatch system and source solutions where possible Establish monthly reporting for performance Delivery Risk: <ul style="list-style-type: none"> Difficulty in identify a re-contact for patients treated in public locations Identifying patients individually as oppose to incident 	This is a new national indicator to be measured from 1 April 2011. No previous comparable data available.	<ul style="list-style-type: none"> Re-contact rate following discharge of care by telephone Re-contact, following discharge of care from treatment at the scene Proportion of calls from patients for whom a locally agreed frequent caller procedure is in place 2012/13 onwards standards of performance against the CQIs will be negotiated locally
Ambulance Clinical Quality- Outcome from Cardiac Arrest –	Contributes to Corporate Objective 1 and Strategic Goal 1	<ul style="list-style-type: none"> Trust to establish data set requirements at a national level Appropriate data quality 	There are no national targets for clinical outcomes. The	<ul style="list-style-type: none"> ROSC at time of arrival at hospital (Overall) ROSC at time of

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures
Return of Spontaneous Circulation. Outcome from cardiac arrest, measured by return of spontaneous circulation (ROSC) at point of handover of the patient to hospital		<p>measures to be developed and implemented within the Trust</p> <ul style="list-style-type: none"> Establish additional resource requirements with increase in volume of data collection and manual input from patient record forms ahead of electronic care summary record being implemented Deliver annual recert training on clinical quality outcome requirements <p>Delivery Risks:</p> <ul style="list-style-type: none"> Ensuring adequate resources are in place to carry out required number of audits Resource Escalatory Action Plan levels increasing and impacting on delivery of training plan 	<p>Trust monitors performance against previous data cycles</p> <p>Cycle 5 (May to September 2010) ROSC 17.74%</p> <p>Cycle 6 (October to April 2011) ROSC 19.18%</p>	<p>arrival at hospital (Utstein Comparator Group)</p> <ul style="list-style-type: none"> Benchmarks established by Operational Locality Manager area 2012/13 onwards standards of performance against the CQIs will be negotiated locally
Ambulance Clinical Quality- Outcome from acute ST-elevation myocardial infarction (STEMI)	Contributes to Corporate Objective 1 and Strategic Goals 1 to 3	<ul style="list-style-type: none"> Develop capacity and internal systems to measure and report on indicator Establish level of data that can be supplied by the Trust identify areas outside of the Trust control e.g. Acute Trust data uploads Review data quality assurance measures that need to be established and implement accordingly Establish additional resources and processes required to meet increases in volume of data collection Deliver annual recert training on clinical quality outcome requirements <p>Delivery Risks:</p> <ul style="list-style-type: none"> Trust is reliant on Acute Trust data to report against this indicator in full. Trust has no control over frequency of data input and data quality assurances Significant increase in volume of data collection with manual input of data from patient record forms pre electronic patient records Availability of 24/7 specialist treatment centres 	<p>Thrombolysis performance reported as a national clinical performance indicator. National target: 68% of patients thrombolysed within 60 minutes of call. Trust/whole health community performance for each quarter:</p> <p>Q1: 89.36% Q2: 92.11% Q3: 74.07% Q4: 91.67%</p> <p>Outcome measures for STEMI were different in 2010/11. Full performance can be found in the Trust Corporate Performance Reports</p>	<ul style="list-style-type: none"> The percentage of patients suffering a STEMI receiving thrombolysis within 60 minutes of a call The percentage of patients suffering a STEMI and who, following direct transfer to a PPCI centre, primary angioplasty commences within 150 minutes of call
Ambulance Clinical Quality- Outcome from stroke for ambulance patients	Contributes to Corporate Objective 1 and Strategic Goals 1 to 3	<ul style="list-style-type: none"> Develop capacity and internal systems to measure and report on indicator Link computer aided dispatch system data to enable 'call to door' reporting 	There are no national targets for clinical outcomes. The Trust monitors performance	<ul style="list-style-type: none"> The percentage of Face Arm Speech Test (FAST) positive stroke patients potentially eligible for stroke

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures
		<ul style="list-style-type: none"> • Deliver annual recert training on clinical quality outcome requirements • Revise patient record forms to enable recording of full FAST test results <p>Delivery Risks:</p> <ul style="list-style-type: none"> • Significant increase in volume of data collection • Manual input of data from patient record forms pre electronic patient records 	<p>against previous data cycles</p> <p>Cycle 5 (May to September 2010) FAST 98.92%</p> <p>Cycle 6 (October to April 2011) FAST 91.50%</p> <p>Percentage of blood glucose and blood pressure rates recorded reported in the Trust Corporate Performance Reports</p>	<p>thrombolysis, who arrive at a hyper acute stroke centre within 60 minutes of call</p> <ul style="list-style-type: none"> • The percentage of suspected stroke patients who receive an appropriate care bundle • From 2012/13 onwards standards of performance against the CQIs will be negotiated locally
Ambulance Clinical Quality- Outcome from cardiac arrest – survival to discharge	Contributes to Corporate Objective 1 and Strategic Goals 1 to 3	<ul style="list-style-type: none"> • Develop capacity and internal systems to measure and report on indicator • Develop data sharing protocols with Acute Trusts, to enable sharing of information regarding return of spontaneous circulation • Introduce enhanced data quality measures • Establish links with Acute Trusts to verify data from the Care Records Service <p>Delivery risks:</p> <ul style="list-style-type: none"> • Trust is heavily reliant upon Acute Trust data to be able to report against this measure • Currently there is no system in place for recording survival to discharge 	This is a new national indicator to be measured from 1 April 2011. No previous comparable data available.	<ul style="list-style-type: none"> • Survival to discharge – Overall survival rate • Survival to discharge – Utstein Comparator Group survival rate • From 2012/13 onwards standards of performance against the CQIs will be negotiated locally
Ambulance Clinical Quality- Time to Answer Call	Contributes to Corporate Objective 1 and Strategic Goals 1 to 3	<ul style="list-style-type: none"> • Confirm inclusions and exclusions for data set and measurement and refine reporting processes accordingly • Identify resources versus demand using modelling techniques to establish required resource profile • Restructure rotas to meet anticipated demand and deliver agreed performance measures • Undertake an annual review of rotas and demand patterns <p>Delivery risks:</p> <ul style="list-style-type: none"> • Delays in confirmation of call categorisation and inclusions/exclusions of dispositions • Retrospective reporting, if 	2010/11 performance was 82.5% against a 95% target	<p>Time to call answering, measured by:</p> <ul style="list-style-type: none"> • Median time spent between Call Connect and call answer • 95th percentile of times from Call Connect and call answer • 99th percentile of times from Call Connect and call answer • 2012/13 onwards standards of performance against CQIs will be negotiated locally

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures
		required, would mean recategorising historical data and could present challenges in reporting		
Ambulance Clinical Quality- Time to Treatment. Time to arrival of ambulance-dispatched health professional, for immediately life-threatening (Category A) calls	Contributes to Corporate Objective 1 and Strategic Goals 1 to 3	<ul style="list-style-type: none"> • Confirm nationally categorisation of calls and dispositions under KA34 • Baseline Trust performance • Update Computer Aided Dispatch (CAD) system to enable accurate reporting and measurement <p>Delivery Risks:</p> <ul style="list-style-type: none"> • Delays in confirmation of call categorisation and inclusions/exclusions of dispositions • Retrospective reporting, if required, would mean recategorising historical data and could present challenges in reporting 	This is a new national indicator to be measured from 1 April 2011. No previous comparable data available.	Time to arrival of a qualified health professional, measured by: <ul style="list-style-type: none"> • Median time spent to arrival of a qualified health professional • 95th percentile of times to arrival of a qualified health professional • 99th percentile of times to arrival of a qualified health professional • From 2012/13 onwards standards of performance against the CQIs will be negotiated locally
Ambulance Clinical Quality- Ambulance calls closed with telephone advice or managed without transport to A&E (where clinically appropriate)	Contributes to Corporate Objective 1 and Strategic Goals 1 to 3	<ul style="list-style-type: none"> • Confirm reporting requirements, exceptions, inclusions etc in line with the technical guidance • Baseline existing Trust performance • Implement delivery plan and performance management strategy to ensure delivery within the national data set • Review and audit Clinical Supervisor calls • Explore current delivery of effective safety netting arrangements, and develop further approaches to enhance patient safety <p>Delivery Risks:</p> <ul style="list-style-type: none"> • Potential risks surrounding patient safety and the quality of care with an increased focus on care in the community 	This is a new national indicator to be measured from 1 April 2011. No previous comparable data available.	<ul style="list-style-type: none"> • Call closed with telephone advice • Incidents managed without the need for transport to A&E • DATIX reports and incidents • From 2012/13 onwards standards of performance against the CQIs will be negotiated locally

Indicate below any underlying information and commentary regarding how the Board has prepared its clinical plans, including:

1. How the Board has gained assurance regarding the implementation of Monitor's new Quality Governance arrangements and how these will be developed across the plan period
2. How the Board will be made aware of, and take appropriate action regarding, serious and reputational related complaints (and suis).
3. How the Board will ensure that clinical quality improvements will be monitored over the period

1. Board statements and self certifications are set as an indicator on the Trust's Board Assurance Framework which is updated and reviewed at each Board meeting. A Quality Governance Board Memorandum was approved and issued to Monitor in January 2011 and an assurance report was provided to the April 2011 Trust Board meeting updating the position to support confirmation of the self certifications in the Annual Plan. An assurance report is on the agenda of the May 2011 Quality and Governance Committee providing assurance by exception against the Quality Governance Framework and the Code of Governance. This will be provided to each meeting thereafter.
2. The Trust's Medical Director takes the lead for Serious Incidents; with the Director of HR & Governance responsible for complaints. Serious Incidents are confirmed by agreement of two or more clinical directors with each Serious Incident being reviewed by a panel chaired by a Director. Serious Incidents are identified from complaints, employee relations cases, incidents, audit of clinical records, and by other healthcare professionals. The Directors' Group signs off actions identified at panel with the register of actions reviewed at the same group monthly. A quarterly and annual report is provided to full Board meetings and all Non Executive Directors are invited to attend panels. The Medical Director or Chief Executive (a registered clinician) review and sign all complaint responses. During 2010/11 a quarterly and then annual report was presented to Board, setting out performance, trends, and lessons learnt from complaints, claims and incidents.
3. The Trust produces a Quality Dashboard on a monthly basis which forms a component part of the Trust Corporate Performance Report. It sets out performance against the Quality Account priorities, clinical performance indicators, clinical quality outcomes and other quality measures and is presented to the Board. A sub group of the Corporate Performance Review Group has been established to develop, implement and monitor performance of the new clinical quality indicators and will report to the Board by exception. The Trust will review and benchmark performance by Operational Locality Manager area and managing performance through the Heads of Operation. The Trust has in post two Clinical Development Managers who provide high profile, effective leadership for all clinical staff and professional advice to colleagues and staff regarding clinical issues. They also design, implement and monitor new clinical pathways to meet the Trusts objectives and research and develop new concepts in clinical care, undertaking projects related to clinical service development and patient safety. The Trust's Learning from Experience Group monitors trends in claims, complaints etc and reviews lessons learned and areas for change.

Other priorities

Priority	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Additional contracts e.g. Single Point of Access Dorset, Community Nursing	Delivering additional contracts contributes to Corporate Objective 3 and all five Strategic Goals. This priority supports the Trust's commitment towards delivering sustainable services.	<ul style="list-style-type: none"> • Develop business cases for approval identifying the quality, financial and non financial benefits to the Trust • Develop financial plans ensuring adequate contribution to overheads • Ensure an exit strategy is developed for each new contract to mitigate against key risks <p>Delivery risks:</p> <ul style="list-style-type: none"> • Pilots/contracts terminated prior to agreed end dates resulting in residual costs 	<ul style="list-style-type: none"> • Dependent upon the requirements of each contract. These will be fully scoped and costed within a business case which is subject to review under the Trust's Business Planning Policy 	<ul style="list-style-type: none"> • Existing agreements successfully delivered

Priority	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
<p>111</p> <p>The Trust has submitted an expression of interest to run a pilot 111</p>	<p>The 111 pilot contributes to Corporate Objectives 1 to 3 and all five Strategic Goals.</p> <p>The pilot will focus on developing a single pathway for non emergency healthcare services on a 24/7 basis</p>	<ul style="list-style-type: none"> • Appoint a Project Manager (May 2011) • Develop the technical and clinical specifications • Draw up a business case for delivery (July 2011) <p>Delivery risks:</p> <ul style="list-style-type: none"> • Commitment from other stakeholders • Resources and funding to support wider rollout post pilot phase 	<ul style="list-style-type: none"> • Project Management • Pilot funding • Other resources requirements to be identified as part of development of technical and clinical specifications 	<ul style="list-style-type: none"> • Board approve business case for delivery • Technical and clinical specifications finalised • Clinical governance arrangements for 111 signed off by stakeholders January 2012 • Go live date of January 2012 met
Commercial Training Development	Contributes to Corporate Objective 1 and Strategic Goals 1 to 3.	<ul style="list-style-type: none"> • Fully establish the new Driving Faculty to deliver in house blue light training • Sell places on existing in house training courses <p>Delivery risk:</p> <ul style="list-style-type: none"> • Availability of tutors to deliver training due to sickness, annual leave commitments etc 	<ul style="list-style-type: none"> • Resource requirements in terms of trainers, materials etc already in place 	<ul style="list-style-type: none"> • Numbers successfully blue light trained through the driving faculty
<p>Review of Membership Strategy and Membership Recruitment Plan</p> <p>The Trust is planning to grow its public membership from 9,034 to 10,377 by 31 March 2012 in line with growth trajectories.</p> <p>The Trust has a published target of achieving a staff membership of 68% of total staff by 2011/12. This target, which equates to 2,388 staff members, has already been exceeded. However, during the next year, the Trust will be actively seeking to recruit staff members within the Volunteer Staff Class as this is the only staff class which is under-represented</p>	<p>Contributes to Corporate Objective 2.</p> <p>The Trust aims to ensure that the membership base is widely representative of the local population, large enough to be credible and engaged with the Trust.</p>	<ul style="list-style-type: none"> • Establishment of a Council of Governors Sub- Group to lead on membership issues • Undertake review of the Membership Strategy including an analysis of the current membership composition • Review Membership Recruitment Plan in light of Governor review • Membership Sub-Group to review membership recruitment against Membership Recruitment Plan on a quarterly basis <p>Delivery Risks</p> <ul style="list-style-type: none"> • Resources to produce membership materials, newsletters etc • Increased costs • Challenges to find alternative methods of communication as membership base grows 	<ul style="list-style-type: none"> • Membership Manager with support of Council of Governors. • Financial and personnel resources to enable postal and face to face recruitment. 	<ul style="list-style-type: none"> • Membership Strategy and Membership Recruitment Plan reviewed and updated: September 2011 • Membership Target met: 31 March 2012 • Membership Target met: 31 March 2013 • Membership Target met – 31 March 2014 • Quarterly Membership Reports to the Council of Governors and to the Quality & Governance Committee

Section 5: Regulatory requirements

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures
Failure to achieve service performance	Failure to achieve annual national ambulance response time targets (Category A8 and A19) on a quarterly basis could lead to escalatory action with Monitor	<ul style="list-style-type: none"> • Implementation of the Trust performance management strategy underpinned by a suite of key performance indicators (KPIs) • Develop and implement performance trajectories and stretch targets to manage performance • Trust Corporate Performance Review Group to manage performance metrics by service line • Implement quarter end forecasting and report performance on a quarterly basis through the Trust Corporate Performance Report 	<ul style="list-style-type: none"> • Daily, month end, year to date and quarter end forecast and actual performance as reported through a number of routes including: • Monthly commissioners reports • Daily sitreps (situation reports) • Monthly performance within the Corporate Performance report • KPI dashboards
Breach against Monitor's Compliance Framework – Financial Performance	Failure to achieve financial plan in year impacting upon the Financial Risk Rating for the Trust	<ul style="list-style-type: none"> • Corporate Performance Review Group meet monthly to review operational and financial performance • Annual Audit Committee work programme to include review of internal audit arrangements including financial controls • Finance and Investment Committee to conduct an independent and objective review of activities relating to financial planning, cost improvements, investments and financial performance • Continue to embed CIS Governance framework to ensure delivery of cost improvement programmes 	<ul style="list-style-type: none"> • Monthly Corporate Performance Report to the Board that include a financial review covering month, year to date and forecast financial position including sensitivity to risk • Monthly financial performance paper presented to the Finance and Investment Committee • Delivery against Audit Committee work programme • Outcomes from Internal Audit reviews • Monthly Management Accountants meet with budget holders each month to discuss the financial position
Ongoing Care Quality Commission (CQC) registration without compliance conditions	Ombudsmen referral upheld, high profile claim lodged against the Trust or serious incident (SI) outcome triggering a responsive review by the CQC	<ul style="list-style-type: none"> • Proactive communications plan established with the CQC to highlight any potential risks • Trends and numbers of complaints and serious incidents analysed through Trust's Learning from Experience Group • Quarterly assurance reports to Board 	<ul style="list-style-type: none"> • Trust review of anomalies in Quality Risk Profile on a monthly basis • Commissioning internal audit reviews focused on serious incidents, complaints and CQC outcome evidence • Quarterly assurance reports provided to Board and Quality and Governance Committee on PALS, MECS, complaints SIs etc
Health and Social Care Act (2008) amended Code of Practice on the Prevention and Control of Infections and Related Guidance (2010)	Failure to evidence continued compliance with all applicable components of the Code of Practice (2010)	<ul style="list-style-type: none"> • Monthly station audit assurance process, monitored through CPR • Multidisciplinary, multi-directorate Infection Prevention and Control Group monitors compliance with internal standards and the Code • Vehicle deep cleaning program • Annual infection prevention and control plan • Comprehensive policy and range of online resources 	<ul style="list-style-type: none"> • Introduce online station audit assurance process • Introduce ATP monitoring

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures
Department of Health Information Governance (IG) Toolkit	Failure to maintain a minimum of level 2 against key requirements resulting in breach in compliance with Monitor's regulatory regime	<ul style="list-style-type: none"> IG toolkit action plan in place monitored through the Quality and Governance Committee and Directors Group Annual return to Information Commissioner to evidence compliance Annual review of policy and process related to IG 	<ul style="list-style-type: none"> Commissioning internal audit reviews focused on compliance against toolkit elements Potential review by Information Commissioner on Trust position
Health and Safety	Improvement notice issued to the Trust for breach of legislation	<ul style="list-style-type: none"> Minimum of four Health Safety and Security Group meetings held per year to review compliance against legislative requirements Sub groups established as required to focus on key areas Engage with staff side representatives through the Trust Health Safety and Security Group 	<ul style="list-style-type: none"> Reduction in the number of injuries to staff Reduction in the number of security incidents (including physical/verbal assaults, theft/damage) Annual internal audit reviews

Section 6: Leadership and governance

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones (2011/12, 2012/13, 2013/14)
Succession planning and governance structures	<ul style="list-style-type: none"> Non Executive Directors (NEDs) approaching end of term Loss of key skills and knowledge at Board level Appropriate appraisal system to be established 	<ul style="list-style-type: none"> Board to revisit skills gap analysis to ensure the future balance of Board skills is assessed against the strategic aims of the Trust Objective setting and appraisal system to be reviewed for all Board members Recruitment and selection process for NEDs to be considered by Council of Governors Remuneration and Recommendations Panel 	<ul style="list-style-type: none"> New/refined appraisal system in place by 31 March 2012 NED recruitment process to be defined by end of 2011
Rollout Service line management across the Trust (Already established within Urgent Care Services)	<ul style="list-style-type: none"> Service continuity during a period of structural change Achieving the balance between integration providing economies of scale versus separation providing clear lines of accountability Implementation within existing financial envelope 	<ul style="list-style-type: none"> Pace of change Robust performance management with contingency plans in place Board leadership Robust change control processes 	<ul style="list-style-type: none"> PTS in by 31 March 2012 A&E in by 31 March 2013
Dedicated project implementation support and resources	<ul style="list-style-type: none"> The Trust is implementing a number of large scale multidisciplinary projects and programmes over the next three years Operating as a lean organisation, delivery to key milestones within these projects could be at risk without dedicated programme management support and resource 	<ul style="list-style-type: none"> Business Planning, Commissioning and Programme Management to work closely together ensuring appropriate structures in place to allow effective project startup Monthly Director reporting and review of project governance structures Appoint Senior Project Managers to support programme delivery (subject to funding and planned projects) 	<ul style="list-style-type: none"> Virtual Project Management team established Core responsibilities established for project team Project milestones delivered to plan

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones (2011/12, 2012/13, 2013/14)
Higher Education Student Paramedic recruitment	<ul style="list-style-type: none"> Delays in recruitment may lead to insufficient qualified paramedic resources to provide reactive 999 emergency service Student paramedics not fully operational and able to cover rota line until passed blue light driving test Trust driving faculty will provide blue light driving training in return for commitment to repay fees 	<ul style="list-style-type: none"> Workforce planning will identify annual qualified paramedic resource needs Proactive campaign to engage, attract, recruit and select good quality student paramedics in advance of other ambulance services Training Agreement integrated into recruitment process to repay driving fees Student Paramedics recruited to Trust Bank 	<ul style="list-style-type: none"> Recruitment and selection by May 2011 Commence implementation of plan August /September 2011 Student Paramedics and scheme fully operational by January 2012
Council of Governors	<ul style="list-style-type: none"> Governors unable to fulfil statutory duties 	<ul style="list-style-type: none"> 1:1 interviews to be conducted with all Governors to identify training requirements 	<ul style="list-style-type: none"> Interviews completed October 2011 Training opportunities identified to address gaps

In preparing the trust's "forward plan", the board of directors must have regard to the views of the board of governors. In that respect, please set out below how the board of governors have been engaged (including any material feedback received) in relation to the production and finalisation of this plan.

The Trust was authorised as an NHS Foundation Trust on the 1 March 2011. The Council of Governors were fully elected on the 25 January 2011, a Council induction and welcome event was held on the 14 February and a shadow Council meeting on the 24 February 2011 just prior to authorisation.

Given the short time frame that the Council has been established, but recognising and supporting them to carry out their statutory duties the Trust has carried out a number of activities to engage its members and the Council throughout the development of the strategy. Examples include:

- A formal public consultation was held from September to December 2009 on the key principles of the Trust Strategy and its future plans;
- During the application and assessment process the Trust drafted and published (July 2010) an Integrated Business Plan (IBP) identifying the strategy and priorities of the Trust for the next five years;
- This publication was announced to all staff, members and key stakeholders inviting comment;
- The Trust held a number of Strategic Away Days with Trust staff to canvass their views and inform the detail of the strategy and its proposals;
- The Trust hosted three pre-election workshops for potential governors and presented core information about the Trust and its future plans.

Since the elections and the establishment of the Council the Trust carried out a number of activities to ensure the Council were aware of the Trust's plans and were provided with an opportunity to seek members' views and comment. These include:

- Providing each governor with an induction pack at their Welcome Event on the 14 February 2011. This pack included copies of the Integrated Business Plan, the Trust's Strategic Goals, the Quality Account, last annual report and guidance on their statutory duties and responsibilities;
- Presenting and discussing the Trust's newly approved Corporate Objectives for 2011/12 at a Governor Development Workshop on the 4 April 2011. This was followed by a discussion on the statutory duties linked to the Annual Plan, the Trust timetable for its development and the role of Governors over April and May 2011;
- The draft annual plan was presented in full to the Council of Governors at its meeting on the 5 May 2011.

No material comments have been received from the Council by the Board on the content of the Annual Plan. Overall the Council have fed back that the Plan appears robust and is clear and well set out, and have acknowledged that the Annual Plan is largely based upon the Integrated Business Plan submitted as part of the Trust's Foundation Trust application. The Council have requested further details on elements of the Plan in their development workshops to aid their understanding and comprehension of Trust plans going forward.