



Strategic Direction 2007 - 2012

More information about
South Western Ambulance Service NHS Trust
can be found at: www.swast.nhs.uk.

CONTENTS

Section	Title	Page
1	Introduction	3
2	Context	5
3	Strategic Statement	11
4	Purpose	12
5	Aims	13
6	Culture	14
7	High-Level Strategic Goals	15
8	Corporate Objectives	17
9	Delivery	37
10	Governance	38
11	Annual Review	40
12	Key Documents	41

The Trust provides the following core services:

Emergency Ambulance Service

Emergency response to 999 Category A, B or C injuries or illnesses which are likely to require treatment and immediate transport to a hospital or other facility

Urgent Care Service

A range of non-emergency responses provided to people who require – or perceive the need for - urgent (but not emergency) advice, care, treatment or diagnosis. This includes the Out of Hours service

Patient Transport Service

Ambulance non-emergency medical patient transport services such as to and from out- patient appointments

Staff Consultation took place from 26 January to 26 February 2007


INTRODUCTION

- 1.1 South Western Ambulance Service NHS Trust (SWAST) was formed on 1 July 2006 following the Department of Health's consultation process: '*Configuration of NHS Ambulance Trusts in England*'. The Trust was formed from a merger of the former Westcountry Ambulance Services NHS Trust and the Dorset Ambulance NHS Trust. The successful merger reflects the national move to larger Ambulance Trusts to ensure that they have the infrastructure, capacity and capability to deliver and sustain new improved models of service provision.
- 1.2 As a new NHS organisation, the Trust intends to harness and exploit every opportunity to improve patient outcome and experience by building on best practice and implementing the recommendations of '*Taking Healthcare to the Patient: Transforming NHS Ambulance Services*', and '*Commissioning a Patient Led NHS 2005*' both published by the Department for Health in 2005, and the Government's White Paper, '*Our Health, Our Care, Our Say: A New Direction For Community Services*', and '*A Stronger Local Voice*' which set out the Government's plan to create a stronger voice for local people in influencing health and social care services.
- 1.3 The first priority for the Trust will always be its patients. However, within the Trust the first priority is its staff and the Trust is fully committed to involving all staff in shaping and developing the future of the new organisation. Staff across the whole organisation have already demonstrated a strong commitment to ensuring the provision of high quality care and a desire to continually improve the way in which services are provided. In turn, it is acknowledged that the involvement, welfare and personal development of all staff is of paramount importance in taking work forward, and the Trust Board has pledged its assurance that future policy and processes will be designed to ensure that staff at all levels feel valued, supported and developed.
- 1.4 This is the Trust's Strategic Direction Document outlining the direction of travel, high-level strategic goals and corporate objectives for the next five years.

- 1.5 It describes how the Trust intends to become increasingly responsive to local people and become even more efficient in the way resources are deployed and utilised, making the most of medical and technological advances to deliver better and more convenient patient care.
- 1.6 The Trust intends to align its strategic direction with the guidance contained within '*The Intelligent Ambulance Board*', published by the Department of Health in November 2006.
- 1.7 The Trust intends to shape services around the needs of local communities and to continue embedding reform, building a self-improving system driven by priorities. This can only be achieved by further developing the relationships which have been built with healthcare partners and by working more closely with local authorities to improve health and well-being of both patients and staff, reduce inequalities, and achieve a shift towards prevention.
- 1.8 This initial document is intended as a starting point for further local discussion and consultation with staff and stakeholders. It will be revised in the light of their feedback, for final approval by the SWAST Trust Board in April 2007.

CONTEXT

Overview

- 2.1.1 SWAST is increasingly becoming a complex organisation dealing with a wide range of healthcare needs and services. It has a duty to ensure the continuous improvement of all services for which it is responsible.
- 2.1.2 The Trust has an income of £103 million per annum and employs a total workforce of 2094 whole time equivalents for the year 2006/07. The Trust receives 280,500 emergency 999 calls each year, 60,000 urgent requests from health professionals to transport a patient to hospital, 643,800 non-urgent medical transport journeys, and 201,929 calls from out of hours urgent care patients (including advice/assessment, dental services, and home visits).
- 2.1.3 The Trust serves a resident population of almost 3 million people living in a mainly dispersed rural area throughout Dorset, Somerset, Devon, Cornwall and the Isles of Scilly. However, it also caters for a large influx of holidaymakers and other visitors estimated to be in the order of 16.5 million people each year. Cover is provided for an area of 18,000 square kilometres including 32,000 kilometres of road and 1300 kilometres of coastline.
- 
- 2.1.4 The Trust faces a considerable challenge in terms of health inequalities in its operational area. *Geographic variations in health*, a report from the Office for National Statistics (ONS) (geographic variations in Health www.statistics.gov.uk) has shown evidence of significant health inequalities by social class in the South West. In addition, the South West has the highest incidence of malignant melanoma in England; death rates from suicide and undetermined injury are rising in young males; drug misuse is on the increase; and teenage pregnancy rates are very high.

2.1.5 The South West has the oldest age structure of all English regions. In 2004, 38% were aged 50 or over and it is forecast that the number of residents aged over 50 will rise by 300,000 over the next ten years, raising its share of the total population to 41%.

2.1.6 These factors will require the Trust, in partnership with health and social care providers and local authorities, to focus increasingly on the promotion of good health, well-being and independence.

Services

2.2.1 The quality of service that patients of the Trust currently experience has been achieved only through the commitment, skills and knowledge of frontline ambulance staff supported by dedicated administrators and managers, and it will be their continued efforts which will turn this strategy into a reality.

2.2.2 The Trust views the following activities as the core of its service provision to patients:

- Emergency ambulance services
- Urgent care services
- Ambulance non-emergency medical patient transport services

2.2.3 The Trust does not however consider the provision of *non-medical* transport as core business and will seek to divest itself of these activities over the next two years.

2.2.4 The Trust provides a range of emergency, urgent care and other services including: 999 ambulance response, treatment and transport, air ambulance services (4 air ambulance helicopters) in collaboration with 3 charities, non-emergency medical patient transport services, volunteer community first responders, urgent care out-of-hours services from 22 local treatment centres across Dorset and Somerset and commercial training services in life support and first aid. The Trust also collaborates closely with colleagues from the Devon Doctors On-Call Co-operative as well as the private sector out of hours provider, Serco, in Cornwall.

2.2.5 In 2007, the Trust will open a new Communications Centre at St Leonards which will provide both increased resilience to support the Exeter Communications Centre, and also the capacity to meet the growing demand for urgent care services.

Future Direction

2.3.1 The Trust's future strategic direction will be built upon the core principles and values of a national health service that is free at the point of delivery and which provides world class patient care.

2.3.2 To achieve this vision, and that set out in '*Taking Healthcare to the Patient*' the Trust will need to embrace four key challenges to ensure that it becomes an ambulance service that looks, feels, delivers and behaves differently in the future:

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

2.3.3 The formation of a new larger Ambulance Trust presents significant opportunities for greater efficiency and flexibility in the deployment of operational resources and management capacity. The merger coincides with the exciting opportunities presented in '*Taking Healthcare to the Patient*', and also in '*Emergency Access – Clinical Case for Change*' (a report by Sir George Alberti, National Director for Emergency Access). Both of these

documents promote a key role for Ambulance Services in supporting a more integrated NHS service for patients.

2.3.4 This in turn complements the government's national strategy toward more community and home based service provision as outlined in the White Paper '*Our Health, Our Care, Our Say*'.

2.3.5 This strategy sets out the strategic direction for the Trust's future delivery of healthcare, reforming and improving patient services with a greater focus on delivering services in more local settings which are flexible, integrated and responsive to people's needs and wishes.

Increasingly, the focus will be on the way in which the Trust



responds to its patients and how productivity can be improved to tackle variations in care, leading to improved patient outcomes.

2.3.6 In accordance with '*The NHS in England: Operating Framework for 2007-08*', designed to help local NHS staff shape services around the needs of their local communities, the Trust now intends to establish a further decisive shift towards building a self-improving system in which change is led and driven by clinicians and other staff and managers at a local level, responding to the needs of their patients and the public.

2.3.7 The Trust intends to engage fully with patients, clinicians, staff, and the wider public to communicate and explain the need for change and the potential for local reform to improve services and people's lives. The Trust is well positioned to make the most of these opportunities to improve both clinical outcomes and patient experience of NHS care.

2.3.8 The current and future challenge is to roll out this approach to provide a 24/7 integrated healthcare service. The integration of

medical, nursing and ambulance clinicians within local treatment centres is already a reality in many parts of the Trust's operational area. The further development of central hi-tech communication centres (formerly known as Ambulance Controls) will enable improved public access to appropriate information, advice and response capability from a comprehensive range of healthcare services, acting as a further catalyst for change.

- 2.3.9 There are also potential constraints to the Trust's future strategic direction including: financial resources, the future availability of suitably skilled ambulance clinicians, the roll-out of new technology, conflicting interests of service providers, the receptiveness of patients to new models of care and public expectations.
- 2.3.10 Relationships and partnerships will play an increasingly important role in the modernisation of local healthcare provision. To this end, the Trust will continue to work collaboratively and strengthen relationships with staff, commissioners, the South West Strategic Health Authority, the Overview and Scrutiny Committees, Patient and Public Involvement Forums [due to become Local Involvement Networks (LINKs)], and other statutory and voluntary partner organisations.
- 2.3.11 The Trust Board is committed to a future assessment of the requirements of the Foundation Trust programme and its benefits or otherwise and, through the application of the diagnostic process, to becoming an NHS foundation trust at the earliest available opportunity if that is appropriate to local and national requirements. It is hoped that, if successful, foundation trust status could lead to the devolution of decision-making responsibilities and to a greater responsiveness to the needs of the local population.
- 2.3.12 Information management and technology is central to the delivery of the organisation's modernisation and reform programme, helping to deliver better, safer care. The Trust remains committed to the vision of a modern IT-enabled NHS as set out in the Department of Health's *Delivering 21st Century IT Support for the NHS*. To this end, the Trust will develop its project plans for the future introduction of the Electronic Patient Record, and the Ambulance Radio Programme. The Mobimed communication

devices currently used on frontline vehicles throughout Cornwall, Devon and Somerset will be rolled out to all Dorset vehicles to ensure consistency and efficiency in the transfer of patient data. The Trust is also committed to encouraging and promoting the use of electronic rather than paper administrative communication with all staff as soon as this is practicable.

- 2.3.13 Every effort will be made to encourage a widespread consideration of the impact of all Trust operations upon the environment with the promotion of 'green' policies such as recycling, conservation, and energy saving.

STRATEGIC STATEMENT

3.1 As a newly formed NHS Trust, the SWAST Board has carefully considered the type of organisation it wishes to develop and the ways in which it should operate. This is encapsulated in the statement below, and the following declarations of Purpose, Aims and Culture:

- Provide more choice and voice for patients, giving them real power, supported by strong commissioning
- Empower staff and managers and give them the freedom to innovate and improve services with increased emphasis on quality
- Secure financial incentives to improve care and promote sound financial management and best value
- Achieve national standards and regulation to ensure quality, safety and equity
- Achieve a sustained focus on information management and technology to underpin the reforms and deliver better, safer patient care



PURPOSE

- 4.1 To ensure the right response, first time and in time in order to achieve the best possible outcome for patients in need of emergency and urgent care or specialist patient transport.

AIMS

5.1 South Western Ambulance Service NHS Trust will:

- Treat all patients and staff with respect, dignity and empathy
- Provide the best possible care to patients, at the right time, in the most appropriate setting
- Provide the best possible value for money in the provision of services
- Provide a workplace for staff that is safe and environmentally friendly
- Ensure the Trust's workforce is representative of the diversity of its patients or in possession of sufficient knowledge and experience to understand those needs.



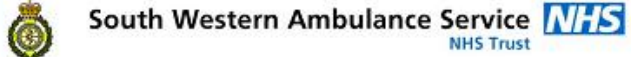
CULTURE

- 6.1 The Trust will have a total orientation towards the needs of people, therefore patients and staff will be treated with respect, equity, dignity and empathy.
- 6.2 The Trust will value and support all staff with an approach that will be consistently fair, understanding and reasonable.
- 6.3 There will be high levels of patient and clinical focus, delivering the right treatment, in the right place, at the right time, within the financial envelope.
- 6.4 The Trust will provide patient services that provide value for money, and are of consistent quality.
- 6.5 The Trust will be a dynamic organisation, open and responsive to new ideas with a willingness to take considered risks.

HIGH-LEVEL STRATEGIC GOALS

- 7.1 To translate its ambitions into meaningful action the Trust aspires to achieve the following high-level goals:
- 7.1.1 **Emergency Care:** The primary purpose will continue to be the effective assessment of immediately life-threatening conditions and to respond rapidly and appropriately to ensure the best possible clinical outcome for the patient.
 - 7.1.2 **Clinical Effectiveness:** Service development will be driven by evidence-based best practice which demonstrably improves clinical outcomes and patient experience.
 - 7.1.3 **Added-Value Services:** Effective and efficient assessment, advice, diagnosis, treatment and patient transport services will be provided in situations where the technical, professional and specialist capability of the Trust offers optimum service solutions.
 - 7.1.4 **Urgent Care:** Patients in need of urgent unscheduled care will receive the most appropriate response first time and in time. This will be achieved through providing and co-ordinating access to a range of urgent health and social care services as the area's information and communications hub.
 - 7.1.5 **Optimum Utilisation of Available Resources:** Optimum utilisation of human and other resources, information technology, capital assets and funding will be achieved to enable the provision of an integrated healthcare service.
 - 7.1.6 **Organisational Development:** The culture and working practices of the Trust will be transformed into a dynamic and responsive organisation that promotes innovation and adapts itself flexibly to change.
 - 7.1.7 **Social Enterprise:** Innovative partnership working arrangements will be developed which are complementary to core service provision and contribute positively to local healthcare, the wider community or to the resourcing of the Trust.

7.1.8 Patient and Public Involvement: The Trust will ensure patients, carers and stakeholders, especially those who are seldom heard, have a much stronger voice and more involvement, to ensure their needs and preferences are central to the planning, development and delivery of all ambulance services. The invaluable foundation work of the Patient and Public Involvement Forum (to be replaced by Local Involvement Networks (LINKs) in December 2007), the nine Overview and Scrutiny Committees and the numerous community and voluntary groups across the four counties will be further developed to maximise patient led services.



South Western Ambulance Service NHS Trust

Patient and Public Involvement (PPI) User Groups Feedback Form

Individual Contact Name:

Organisation:

Address:

Postcode:

Telephone No:

Email Address:

1 Do you wish to be included on our database?
 Yes No (If no, please disregard next question)

2 Would you be happy for the Trust to contact you periodically with:

a) Updates only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Invites to attend PPI events	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) invitations to join time limited working groups to consider service improvements	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) surveys or questionnaires to gather patient and public views	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) details of Trust publications e.g. newsletters, leaflets, fact sheets	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) views or feedback on Trust website (www.swast.nhs.uk)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The following information will help us to identify appropriate involvement issues to contact you with:

3 What are your organisations' primary concerns?

4 What geographical area do you cover?

CORPORATE OBJECTIVES

8.1 Summary

8.1.1 The following objectives represent key short to medium term success areas for the Trust which when achieved will ensure good progress toward delivering the Trust's high-level strategic goals:

8.1.1.1 **Performance Improvement:** To improve performance across the Trust as a whole in order to consistently meet national and local performance requirements.

8.1.1.2 **Reduced A & E Attendances:** To reduce the proportion of 999 calls resulting in unnecessary attendance at hospital A & E departments.

8.1.1.3 **Service Improvement:** To ensure patients get the right response, first time and in time in order to provide the most appropriate care and achieve the best clinical outcome.

8.1.1.4 **Service Quality:** To continually review services and apply best practice to improve both patient experience and clinical outcome from interventions.

8.1.1.5 **Equality and Diversity:** To ensure that the diverse needs of the patient population are met and to work towards employing a workforce that is representative of the diversity of those patients and/or in possession of sufficient knowledge and experience to understand those needs



- 8.1.1.6 **Stakeholders:** To engage with and involve all those with a legitimate interest in the provision of emergency and urgent care services in order to ensure that services are appropriate to local needs, accessible, responsive, represent good value and are of required quality.
- 8.1.1.7 **Human Resources:** To ensure a motivated, adaptable and involved workforce with sufficient numbers of appropriately skilled staff to deliver modern models of healthcare.
- 8.1.1.8 **IM&T:** To invest in new and improved technology to support and enable new models of integrated service delivery.
- 8.1.1.9 **9 Capital Assets:** To manage the Trust's capital asset base to achieve the most cost effective and appropriate provision of facilities and equipment necessary for the performance of its services.
- 8.1.1.10 **Environment:** To deliver services in accordance with principles and policies focusing on protection of the environment and sustainability of the earth's resources.
- 8.1.1.11 **Finance:** To make intelligent use of available financial and other resources in order to continuously improve services, provide value for money, and meet statutory duties.
- 8.1.1.12 **Business Development:** To review the success of existing developments and proactively develop opportunities for new ventures/forms of income generation whilst giving due consideration to all the potential financial implications and the need for a robust business case.

Detailed Objectives

- 8.2.1 **Performance Improvement: To improve performance across the Trust as a whole in order to consistently meet national and local performance requirements.** (Key Strategic Goals 1, 2 and 4)
 - 8.2.1.1 The Trust's key response performance targets for 999 calls are currently:

Category A: Immediately life threatening conditions to receive a response within 8 minutes for 75% of all cases. Presenting conditions which require a fully equipped ambulance vehicle to attend the incident must have an ambulance vehicle arrive within 19 minutes of the request for transport in 95% of cases, unless Communications Centre staff decide that an ambulance is not required

Category B: Serious, but not life threatening conditions response within 19 minutes for 95% of cases.

Category C: Non-life threatening or serious conditions. Local performance standards have been agreed across the Trust area.

Urgents: Requests from health professionals to transport a patient to hospital. Target is for crews to be at scene within 15 minutes of time agreed with the health professional in 95% of cases.

All eligible patients receive Thrombolysis* treatment within 60 minutes of 999 calls.

***Thrombolysis** – approximately 275,000 people in the United Kingdom suffer a heart attack each year. A person has a heart attack (or acute myocardial infarction) when the flow of blood through their arteries is reduced to such an extent that part of the heart muscle dies. Between a third and two thirds of heart attack deaths take place outside hospital, many within the first few minutes of the onset of symptoms. Helping people avoid a heart attack altogether is the prime aim. But for those who do have a heart attack, prompt access to the right treatment can mean the difference between living and dying. Thrombolysis, or treatment with thrombolytic drugs, describes the use of clot dissolving drugs in people suffering from heart attacks.

8.2.1.2 The Trust as a whole has a good record of achieving these performance targets. However, as recommended in '*Taking Healthcare to the Patient*', the new definition (Call Connect) of when the clock should start will change to when the call is connected to the communications centre. The implementation date for this has been set for April 2008 by the Department of Health to allow Ambulance Trusts sufficient time for the necessary technical and operational changes. This represents

a major challenge for the Trust as the call connect deficit is currently in the order of 12%. To achieve the new standard, the Trust will require additional resources in conjunction with our plans for improved call handling and other operational efficiencies. Service efficiency initiatives are outlined throughout this document.

A Local Performance Improvement Plan has been prepared for Commissioners detailing the resources needed to achieve the Call Connect performance target by September 2007, ahead of the national requirement.

8.2.1.3 National performance standards for Category B response times are expected to be replaced over the next few years by clinical and outcome indicators. This process complements the Trust’s strategic intention to focus on those patients with the most pressing emergency care needs and to increasingly gear service development towards improving the quality of care and the clinical outcome achieved.

8.2.1.4 More generally, the Trust is developing a robust Performance Management Framework to underpin the delivery of its Strategic Direction, Business Plan and Individual Performance objectives. This will cover financial, operational and quality aspects of performance and where practical incorporate trend analysis and benchmarking of performance against peers.

8.2.1.5 The Trust’s Assurance Framework is already integrated with the Department of Health’s Standards for Better Health. The Board will ensure continued compliance with these standards and aim to achieve the best possible annual health check performance.

Lead Director				
Date/Milestones For Achievement				
Outcome Measure of Success				
Resource Implication	Funded		Yet To Be Identified	

8.2.2 Reduced A & E Attendances: To reduce the proportion of 999 calls resulting in unnecessary attendance at hospital A & E departments.
(Key Strategic Goals 1 and 4)

8.2.2.1 The Trust aims to deploy appropriately skilled clinical staff to meet the health need of the patient and to reduce inappropriate



transportation to hospital. For immediately life threatening conditions the rapid availability of highly skilled clinicians is essential. Trust plans to support a wider range of urgent care services will not be allowed to compromise this core emergency care function. However, around 85% of calls to Communication Centres are for non-life threatening and often relatively minor injuries or ailments. The aim therefore is to reduce the percentage of 999 emergency calls resulting in A&E attendance to less than 50%. It is planned to achieve this with safe, consistent and reliable assessment and triage systems, making greater use of retained clinical staff, and the further development of the network of community based lay responders for the more inaccessible rural areas.

8.2.2.2 At the other end of the spectrum, ambulance clinicians are increasingly taking decisions on direct referral to specialist facilities rather than via A&E Departments for initial assessment. The rapid referral of patients to specialist facilities has been proven to improve clinical outcomes for life threatening conditions such as stroke, heart attack and major trauma and this will continue to be developed over future years.

- 8.2.2.3 The Trust will continue to provide and develop its arrangements for emergency inter-hospital transfers to ensure that this group of, often critically ill patients, receives the specialist care required.

Lead Director				
Date/Milestones For Achievement				
Outcome Measure of Success				
Resource Implication	Funded		Yet To Be Identified	

- 8.2.3 **Service Improvement: To ensure patients get the right response, first time and in time in order to provide the most appropriate care and achieve the best clinical outcome.**
(Key Strategic Goals 2, 3 and 4)

- 8.2.3.1 Improvements in the speed and quality of call handling. This is central to achievement of the Trust's strategic goals. The development of the new Communications Centre in St.Leonards, Dorset (due to open in 2007) will greatly facilitate efficient and effective call handling and appropriate clinical decision making and service response across Dorset and Somerset. The Trust will transfer the deployment of its resources in Somerset from the Exeter Communications Centre to St Leonards by 2009 following the implementation of the National Ambulance Radio Project (ARP).

In the new Communications Centre in St Leonards the Trust will utilise skilled call-handling staff supported by doctor and nurse triage to provide a safe and consistent single assessment process. The centre will accommodate 999 Ambulance Control, Urgent Care Out of Hours services, NHS Direct and Patient Transport Services. Uniquely, the Centre will also bring together in one location, information relating to availability of emergency dental services, mental health services, pharmacists and social services.

- 8.2.3.2 Trust call handlers work to agreed protocols using modern Advanced Medical Priority Despatch System (AMPDS)

- 8.2.3.3 Decision support software in order to stream calls appropriately to A&E ambulance response, a local treatment centre, to arrange a home visit or, in many cases, to provide GP or ECP/Nurse telephone consultation.

In the Exeter Communications Centre six new Clinical Supervisors will be utilised, from either a paramedic or nursing background, to provide clinical triage and to prioritise calls.

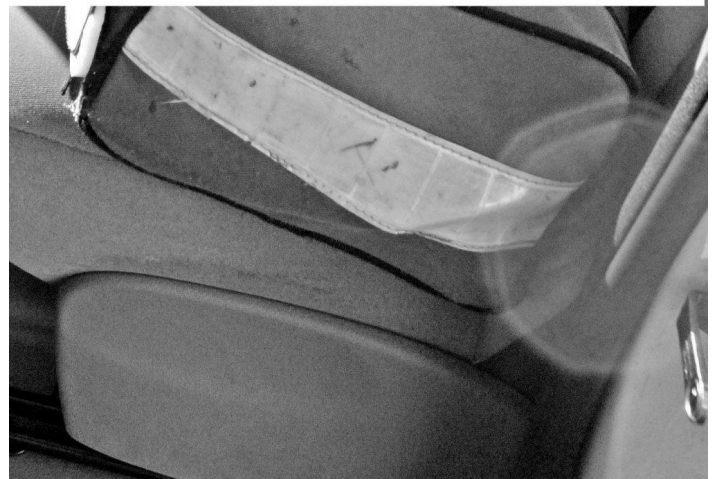
- 8.2.3.4 Effective utilisation of ambulance clinician capacity for urgent and unscheduled care will be further developed. The Trust serves a predominantly dispersed rural population. In order to meet national 999 response targets this requires the deployment of a level of clinical resource which inevitably results in considerable down-time for highly trained clinical staff. Wherever possible it is intended to deploy staff adjacent to A&E departments, in Community Hospital Minor Injury Units, local Treatment Centres or GP surgeries. In this way ambulance clinicians can play an important role in supporting medical and nursing colleagues in hospital and primary care teams with the provision of a more integrated and seamless healthcare service for patients. The strategic aim is to reduce clinicians' down-time from as much as 80% in some extreme examples to approaching 20% overall, as currently achieved in the best developed areas. Not only does this mean better utilisation of scarce resources, it also improves the motivation and retention of skilled ambulance professionals.

The Trust currently has Emergency Care Practitioners based in Minor Injuries Units in Cornwall, Devon, Somerset and Dorset and also has clinical placements in a number of GP Surgeries. In some cases the Trust also employs the local Nurse Practitioners. For example, on Portland the Trust manages the Hospital's Minor Injuries Unit and has two Community Emergency Care Practitioners working with Community Matrons. Nurse and Paramedic staff are increasingly sharing patient information for people with long term conditions and for those with out-of-hours care requirements such as palliative care. Paramedics also carry out scheduled home visits and respond to appropriate requests from local GPs.

8.2.3.5 The Trust plans to increasingly utilise ambulance clinicians to undertake assessment, monitoring and treatment of patients in their homes as an integrated member of the Primary Care Team, and to undertake home visits on behalf of local GPs both in and out of hours. Increasingly ambulance clinicians (including a developed Ambulance Care Assistant role) will undertake more diagnostic procedures such as blood tests and urine samples, non-medical prescribing and ECP led referrals and admissions, as shared patient pathways are developed with other NHS organisations.



8.2.3.6 During the course of these calls or visits to patients' homes Trust staff are in a good position to offer information and advice on a range of issues including health promotion, self-care and prevention of future emergencies. They are also able to call upon other services such as falls teams, occupational therapy, physiotherapy, mental health professionals and social services. These types of interventions can



help reduce the potential for future emergency episodes and generally improve the well-being of patients.

8.2.3.7 The Trust will seek to continue to develop partnership working arrangements with Devon Doctors On-Call Co-operative and Serco, the private sector out of hours service provider in Cornwall. This collaboration can result in greater flexibility and utilisation across the respective services.

8.2.3.8 The Trust will seek to take a lead role in ensuring an integrated health service response in accordance with its responsibilities under The Civil Contingencies Act. It is vital that the Trust continues to maintain and develop its services, facilities and equipment so that an effective response to major incidents and potential terrorist threats can be achieved. The Trust will, through participation in the Local and Regional Resilience Forum, continue to develop strategic partnerships and working arrangements with the other emergency services, local authorities and other category two responders.

The Trust's Public Relations and Communication team have worked with the Devon Fire & Rescue Service Strategic Communication team and produced the first multi agency Communication Strategy in the South West. This document has been formally agreed and adopted by the Devon and Cornwall Local Resilience Forum (LRF) who intend to share the Strategy nationally as best practice.

8.2.3.9 The Trust's strategic aim concerning non-emergency medical patient transport is to provide services which add value and are best provided by specialist ambulance service staff. Therefore, it is not the intention to provide Patient Transport Services (PTS) for purely social reasons but to continue to develop PTS for patients requiring support and assistance on clinical grounds e.g. where special lifting or transportation skills are required. The aim will be to further develop PTS services around the needs of patients and to accommodate the requirements of NHS partner organisations, such as evening and weekend working to facilitate early discharge from hospital.

8.2.3.10 Ambulance Care Assistants will increasingly become involved in clinical activities such as diagnostic assessment, including, for example, taking blood tests and urine samples and providing out of hospital services for patients with long term or chronic conditions. This will prove an effective use of Trust resources, developing this group of staff and providing them with new skills, as well as being in accordance with the recommendations within Taking Healthcare to the Patient.

Lead Director			
Date/Milestones For Achievement			
Outcome Measure of Success			
Resource Implication	Funded		Yet To Be Identified

8.2.4 Service Quality: To continually review services and apply best practice to improve both patient experience and clinical outcome from interventions. (This relates to Strategic Goal 2)

8.2.4.1 Alongside quantitative improvements in the timeliness of responses, the Trust wishes to drive service change through qualitative improvement in clinical effectiveness.

8.2.4.2 Work will be undertaken collaboratively with commissioners to further develop meaningful measures of clinical outcome and patient experience in order to assess the quality of care provided and to increasingly promote evidence-based practice. These clinical performance measures will be linked to National Service Frameworks, National Institute for Clinical Excellence guidance, the Joint Royal Colleges Ambulance Liaison Committee clinical practice guidelines, National Patient Safety Agency and Medicines and Healthcare Products Regulatory Agency alerts, National Quality Requirements in the Delivery of Out of Hours Services and other national or local guidance, research or audit outcomes.

Clinical audit and analysis have shown that the CHD NSF standard of treating patients thought to be suffering a heart attack within 60 minutes of calling for help may be better achieved through training paramedics to administer thrombolytic drugs. In Dorset and Somerset, good progress has been made on reducing the time to treatment and the target (to increase the proportion of people treated within 60 minutes by 10% points per annum) has been exceeded.

8.2.4.3 It will take time to develop a comprehensive range of clinical standards at national and local level. However, the Trust will be increasingly focusing on clinical performance indicators and benchmarking with other organisations to monitor effectiveness and drive further improvement.

8.2.4.4 Clinical protocols will be developed and patient pathways reviewed to limit wherever possible any unnecessary transfer of patients between clinicians and/or between different service providers.

The Trust has been selected as one of eight case studies in the UK to work with Southampton University to participate in a research project that is focused on the impact of changing workforce patterns in Emergency and Urgent Care on patient experience, staff practice and health system performance.

8.2.4.5 The Trust will maintain clear governance arrangements and clear lines of accountability both organisationally and individually. The Trust's assurance framework is integrated with Standards for Better Health, the Department of Health's quality improvement framework, which includes standards for clinical effectiveness and safety. The Trust will continue to ensure compliance with these standards and endeavour to achieve the best annual health check performance.

Lead Director			
Date/Milestones For Achievement			
Outcome Measure of Success			
Resource Implication	Funded		Yet To Be Identified

8.2.5 Equality and Diversity: To ensure that the Trust meets the diverse needs of its patient population and to endeavour to have a workforce that is representative of the diversity of its patients. (This relates to Strategic Goals 2 and 6)

8.2.5.1 The Trust has developed an Equality and Diversity Strategy to support and align with the core values of the Trust. Through this Strategy the Trust will ensure that practices and processes take account of the very diverse needs of the public and Trust staff. It is appreciated that exclusion and discrimination can compound inequity and therefore take a holistic approach to equality and diversity encompassing people's needs in relation to race, disability, gender, age, sexual orientation, religion and belief. The Trust will take a systematic approach to carrying out impact assessments on its strategies, policies, procedures and plans as a means of ensuring there is no adverse impact on our services and employment relations



8.2.5.2 Two issues requiring particular attention in the Trust's operational area are access for the 'hard to reach groups' such as the small number of people belonging to minority ethnic groups or those living in remote low income communities for example; and the diverse ethnic backgrounds of holidaymakers visiting any of the four counties. Further work will be required with health and social care partners and other agencies to address these issues.

Lead Director	Steve Pryor		
Date/Milestones For Achievement			
Outcome Measure of Success			
Resource Implication	Funded		Yet To Be Identified

8.2.6 Stakeholders: To engage with and involve all those with a legitimate interest in the provision of emergency and urgent care services in order to ensure that services are appropriate to local needs, accessible, represent good value and are of required quality. (Key Strategic Goals 2 and 6)

8.2.6.1 Key stakeholders include staff, patients, Patient and Public Involvement Forums (due to become LINKs from December 2007), Commissioners (PCTs and GP Practices), the South West Strategic Health Authority, all three tiers of local government, especially the nine Overview and Scrutiny Committees in the four counties served by the Trust, and the plethora of voluntary and community groups across the area. The Trust will ensure that excellent relationships are maintained with healthcare partners in primary and secondary care, with social services, with the local media and with local politicians.

The Trust was actively involved in a multi agency consultation event in Dorset with the Police and Fire Services. Over eighty special interest groups and seldom heard groups e.g. learning disabled, attended a whole day event to harness local opinion and views on services. Feedback on Trust literature resulted in a new in-house design and production of fact sheets and leaflets designed around the needs of these groups.

DORSET SOCIAL CARE AND HEALTH LOCAL OFFICES

<p>Christchurch Telephone: 01202 474 106 Minicom: 01202 495 568 Email: christchurchsocialcare@dorsetcc.gov.uk</p>	<p>North Dorset Telephone: 01258 472 652 Minicom: 01258 474 091 Email: northdorsetsocialcare@dorsetcc.gov.uk</p>
<p>Bridport Telephone: 01308 422 234 Minicom: 01308 426 062 Email: bridportsocialcare@dorsetcc.gov.uk</p>	<p>Purbeck Telephone: 01929 553 456 Minicom: 01929 557 071 Email: purbecksocialcare@dorsetcc.gov.uk</p>
<p>Dorchester Telephone: 01305 251 414 Minicom: 01305 251 596 Email: dorchestersocialcare@dorsetcc.gov.uk</p>	<p>Sherborne Telephone: 01935 814 104 Minicom: 01935 811 216 Email: sherbornesocialcare@dorsetcc.gov.uk</p>
<p>Ferndown Telephone: 01202 877 445 Minicom: 01202 868 262 Email: ferndownsocialcare@dorsetcc.gov.uk</p>	<p>Weymouth and Portland Telephone: 01305 760 139 Minicom: 01305 208 010 Email: weymouthsocialcare@dorsetcc.gov.uk</p>
<p>Out of Hours Telephone: 01202 668 123</p>	<p>Portland Telephone: 01305 827 000</p>

If you require this leaflet in another language or you would like an audio cassette version please contact the PALS Officer on 01202 851 857.

South Western Ambulance Service NHS Trust
East Divisional Headquarters, Acom Building, Ringwood Road,
St Leonards, Nr Ringwood, Dorset, BH24 2RR
pals@swast.nhs.uk www.swast.nhs.uk

Ref: L037.05.02.0771 authorized by the Communications Team, Chief Executive Directorate
Page 8

South Western Ambulance Service NHS Trust

Who to Contact About Your Health in Dorset



- NHS Direct
- GP Surgery
- Out of Hours Doctor
- District / Practice Nurse
- Minor Injury Unit
- NHS Walk in Centre
- A&E Department
- Ambulance
- Emergency Dentist
- Patient Advice and Liaison Service
- Social Services



The advice you receive is based on current symptoms, if your condition worsens please do not hesitate to call back.

8.2.6.2 The user and carer experience of the service will be regularly audited and feedback acted upon. This will include public reporting of issues raised and actions taken to address these, for example 'Discovery Interviews' will be published.

8.2.6.3 All policies and functions will have been impact assessed to ensure that patients' experience of the service is appropriate to their needs.

The Trust will continue to utilise a dedicated Safeguarding Manager to champion high quality and effective care for the more vulnerable and hard to reach groups. This includes areas such as child protection, vulnerable adults and mental health.

8.2.6.4 The Trust will make every effort to work with health partners to ensure that all health organisations are represented at the appropriate partnership forums.

Lead Director				
Date/Milestones For Achievement				
Outcome Measure of Success				
Resource Implication	Funded		Yet To Be Identified	

8.2.7 Human Resources: To ensure a motivated, adaptable and involved workforce with sufficient numbers of appropriately skilled staff to deliver modern models of healthcare. (Key Strategic Goal 6)

8.2.7.1 The Trust will develop an organisational structure, culture and style which will facilitate the delivery of modern models of care. An organisational development strategy will be designed and implemented to promote a culture of continuous innovation and improvement, cross-functional team working, personal and corporate responsibility, and patient-centred attitudes. The development of clinical and managerial leadership will be integral to achieving strategic goals and continuing professional development will be the foundation for improving patient care, as well as ambulance clinician job satisfaction and retention.

- 8.2.7.2 Improving Working Lives (IWL) principles and standards will reflect the Trust's commitment to involving staff more in the running of the organisation.



The Trust's aim is to implement the standards contained within IWL Practice Plus for the whole of the new Trust – in readiness for achievement of the next IWL stage - recognizing that no formal Practice Plus accreditation is now available.

- 8.2.7.3 The Trust will maintain and develop modern and effective HR Policies and Systems in line with its statutory and organisational imperatives.
- 8.2.7.4 The Trust's Workforce Development Plan currently reflects the healthcare community's strategy to develop an integrated model of urgent/unscheduled care, making greater use of Emergency Care Practitioners to safely and appropriately reduce the historical reliance on GPs.

Trust staff have been at the forefront of this remodelling of service provision since 2004. The current Workforce Development Plan covers 2006/7 and 2007/8 with projections for 2008/9. The Plan will be updated annually in line with future developments.

- 8.2.7.5 Ambulance clinicians need to be appropriately trained for the new case mix with which they are now dealing. Traditional paramedic training is heavily focused on resuscitation and trauma management. However, to deliver the new models of mobile urgent care clinicians will need to be equipped with a greater range of competencies to enable them to assess, treat, refer or discharge patients. To facilitate this the Trust plans to integrate the training of clinicians and call handlers more widely with other providers. This will include more clinical placements in A&E and in primary care in order to develop and maintain clinical skills and experience. The Trust will also further develop the role of Ambulance Care Assistant to provide an additional

diagnostic resource. The Trust will also seek to strengthen links and collaborative working with the other emergency response services.

- 8.2.7.6 From October 2007 it is planned to move away from current In-House Training for Higher Education to a 2 year Foundation Degree in Paramedic Science, and an extended 3 year BSc Degree in Paramedics, in partnership with local universities. Funding for post-registration training and education as well as student paramedic placements is a major issue. This will need early resolution with commissioners to facilitate the delivery of new models of provision in the future.
- 8.2.7.7 Over time the Trust, as well as developing the role of the Ambulance Care Assistant, will be phasing out the Ambulance Technician grade and replacing this with Emergency Care Assistants to Paramedics on twin crewed ambulances. As new models of care are rolled out there will be an increasing proportion of the clinical workforce employed in nurse or paramedic Emergency Care Practitioner roles driving single crewed vehicles.

Lead Director	Julie Liggett			
Date/Milestones For Achievement				
Outcome Measure of Success				
Resource Implication	Funded		Yet To Be Identified	

8.2.8 IM&T: To invest in new and improved technology which supports and enables new models of integrated service delivery. (Key Strategic Goals 4 and 5)

8.2.8.1 The Trust intends to implement the Ambulance Radio Programme for equipment and systems in Dorset by July 2007 and in Cornwall, Devon and Somerset in 2009.

8.2.8.2 The aim of the Project is to provide ambulance services in England, Scotland and Wales with a new digital network. The Project was initially led by the NHS Information Authority, working in conjunction with the various Ambulance Service

trusts, the Ambulance Service Association, and the Department of Health. A key aim of the Project is to provide better data communications to help ambulance services improve patient care and meet efficiency and response targets. Already some 80% of ambulance communications traffic is data, running across an old analogue infrastructure not designed for the task.

8.2.8.3 Increasingly the Trust will work toward integrating its information systems with other NHS organisations through Connecting for Health. This will enable ambulance clinicians to have remote access to electronic patient records and give control centres access to other NHS organisations scheduling systems, with real time information to ensure the most appropriate response is given to meet patient need.



The South West Strategic Health Authority is leading the implementation of an Electronic Single Assessment Process, due to be introduced in Spring 2007. This will ultimately integrate with the Electronic Patient Record expected during 2008.

8.2.8.4 The Trust will use the best available decision support software in its Communication Centres to facilitate call handling, initial assessment, advice and triage.

Lead Director	Simon Davie		
Date/Milestones For Achievement			
Outcome Measure of Success			
Resource Implication	Funded		Yet To Be Identified

8.2.9 **Capital Assets: To manage the Trust’s capital asset base to achieve the most cost effective and appropriate provision of facilities and equipment necessary for the performance of its services. (Key Strategic Goals 5 and 7)**

- 8.2.9.1 The Trust will develop a Value for Money strategy and promote a culture of securing the best use of resources. This will include a comprehensive review of vehicle replacement plans and existing estate. Opportunities for improved utilisation or rationalisation of current facilities will be actively pursued.
- 8.2.9.2 The Trust will explore other opportunities to reduce financial risks, increase available funding through income generation or investment, and finance capital asset replacement programmes through appropriate PFI, leasing or Social Enterprise Schemes.
- 8.2.9.3 Ambulance stations will no longer be the primary focus for locating staff or resources for the delivery of patient centred services. The Trust will seek to, where appropriate and effective, locate staff and resources with other primary and secondary care providers.
- 8.2.9.4 The Trust will engage in national procurement initiatives with strategic partners to ensure value for money and economies of scale are achieved.

Lead Director	Simon Davies			
Date/Milestones For Achievement				
Outcome Measure of Success				
Resource Implication	Funded		Yet To Be Identified	

8.2.10 Environment: To deliver our services in accordance with principles of protection of the environment and sustainability of the earth’s resources. (Key Strategic Goals 5 and 7)

- 8.2.10.1 The Trust will align itself with the Department of Health’s Strategy on Sustainable Development and the Environment and recognises that environmental considerations, at work and in the community can impact significantly on people’s health and can often also result in financial benefits e.g. through reduction in energy usage and waste.

8.2.10.2 The Trust’s aim will be to adopt best practice in making improvements across the key priorities of energy, waste, water, transport and procurement, taking expert advice on the most appropriate environmental strategies to employ.

8.2.10.3 In particular, the intention is to co-operate with our Local Authority partners in support of their sustainable development strategies and Healthy Transport Plans.

8.2.10.4 Effective implementation of these strategies will also have a beneficial environmental impact through reduction in unnecessary ambulance journeys and application of sustainable procurement principles in the Trust’s fleet, facilities, and other asset management replacement schemes.

Lead Director	Simon Davies		
Date/Milestones For Achievement			
Outcome Measure of Success			
Resource Implication	Funded		Yet To Be Identified

8.2.11 **Finance: To make optimal use of available financial and other resources in order to ensure the provision of value for money services.** (Key Strategic Goals 5 and 7)



- 8.2.11.1 The Trust is committed to maintaining financial viability and sustainability and aims to consistently meet its statutory financial duties.
- 8.2.11.2 A 5 year rolling Financial Plan will be developed to accompany our strategic direction document. This will outline the financial and resource implications of achieving the stated goals and identify the financial risks and assumptions underlying the plan.
- 8.2.11.3 The Trust will work collaboratively with commissioners to deliver service contracts and explore more appropriate tariffs and pricing methodologies which provide incentives for new models of service provision. Commissioner agreement is essential to develop and sustain the provision of new and more cost effective models of care, to ease activity pressures on other NHS organisations and to achieve more integrated NHS service provision. It is envisaged that Payment By Results may provide an opportunity for commissioners to provide appropriate incentives to encourage these new ways of working.
- 8.2.11.4 The Trust will explore opportunities for new Social Enterprise Schemes to either increase the income and investment available to the Trust or to utilise resources more effectively for the benefit of the wider community.
- 8.2.11.5 Appropriate opportunities for income generation and diversification, including training provision, will continue to be pursued. The Trust has already been successful in securing contracts and providing out-of-hours care to Ministry of Defence services and HM Prisons. Income from such contracts makes an important contribution to core service provision.
- 8.2.11.6 The Trust will regularly test for value for money in the provision of its services and will routinely benchmark financial and service performance against other Ambulance Trusts of a similar scale and rurality.
- 8.2.11.7 In due course, the Department of Health may allow applications for NHS Foundation Trust status from Ambulance Trusts. The Trust's commitment to strong financial management is a precursor to demonstrating that it has the financial rigour and

discipline to achieve Foundation Trust status, and benefit from the associated financial freedoms and flexibility.

Lead Director	Simon Davies		
Date/Milestones For Achievement			
Outcome Measure of Success			
Resource Implication	Funded		Yet To Be Identified

8.2.12 Business Development: To review the success of existing developments, proactively seeking opportunities for new ventures/forms of income generation whilst giving due consideration to all the potential financial implications and strategic goals.

8.2.12.1 The Trust will identify opportunities for service development and drive and develop change within the organisation.

8.2.12.2 A clear set of criteria for the consideration of all new service developments will be created to ensure that opportunities can be easily identified, assessed and exploited where they are beneficial to the Trust and its community.

8.2.12.3 Effort will be made to position and keep the Trust at the forefront of service innovation nationally through the use of pilot studies and identification of best practice.

DELIVERY

- 9.1 The Trust aims to develop the service in line with the high-level strategic goals set out in this document. This will ensure that the service provision is increasingly responsive to local people's needs and that the Trust achieves the most efficient and effective utilisation of healthcare resources.
- 9.2 To achieve these goals the Trust has to make progress in achieving a number of key corporate objectives. In turn, these objectives will be the foundation for the Business Plan and Individual Objectives.
- 9.3 A robust Performance Management Framework will be in place to measure and monitor progress. The Performance Framework will ensure that the high-level strategic goals set by the Trust are translated through to specific and measurable Individual and Team Objectives and Key Performance Indicators. It will also clarify accountability arrangements and be explicit about individual responsibility for delivering outcomes.
- 9.4 The Performance Management Framework will become an integral part of the Trust's Assurance Framework.



GOVERNANCE

10.1 The Trust Board will exercise all the powers of the organisation on its behalf and its roles and responsibilities will include:

- maintaining the strategic direction of the Trust within the overall policies and priorities of the Government and the NHS, defining its annual and longer term objectives and agreeing plans to achieve them;
- overseeing the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary;
- ensuring effective financial stewardship through value for money, financial control and financial planning and strategy;
- ensuring that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation;
- appointing, appraising and remunerating senior executives;
- ensuring that there is effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to patients' and communities' needs.

10.2 The eight elements of Integrated Governance which constitute the High Level Governance Framework and will ensure the Trust Board is adequately supported in discharging its duties are:

10.2.1 **Resources** – be financially sustainable (probity, regularity, balance at year end), sufficient human resources, estate fit for purpose, appropriate information technology

10.2.2 **Efficiency and Economy, Effectiveness and Efficacy (4Es)** – the organisation can be run effectively, efficiently, economically and challenged – why are we doing this activity, could someone else do it and do it better?

- 10.2.3 **Compliance with authorisations** – will be compliant at all times with its authorisation to operate (Monitor, Health & Safety, Drug and Research management)
 - 10.2.4 **Compliance with Standards for Better Health and national targets** – meet and exceed core standards and demonstrate progress with the developmental standards
 - 10.2.5 **The duty of quality as reflected in clinical governance** – continue to improve services for patients and be governed in accordance with current best practice
 - 10.2.6 **The duty of partnership** – cooperate with local healthcare economies
 - 10.2.7 **The duty of patient and public involvement (Section 18 of the NHS Act)** – have a growing and representative membership to which it is responsive and accountable, in particular in the planning of services
 - 10.2.8 **The ongoing development** of the Board.
- 10.3 Integrated Governance is defined as the systems, processes and behaviours by which trusts lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations. Quality is at the heart of integrated governance, and the Trust will ensure that the integrated governance approach is utilised to promote clinical governance throughout all facets of the organisation in order that the best possible patient care can be delivered.
- 10.4 Managerial and clinical leadership and accountability are critical success factors for the Trust. During the course of the next five years, work will be undertaken to develop the organisation's culture, systems and working practices to ensure that probity, quality assurance, quality improvement and patient safety continue to be at the heart of our strategy and operations.

ANNUAL REVIEW

- 11.1 Successful organisations are those which are dynamic, responsive and adaptable. Inevitably the Strategic Direction envisaged by the Trust today will be subject to modification and change over time. This may be the result of learning from early pilots, refining of service models in the light of experience, patient feedback or choice, resource factors, unforeseen changes in healthcare policy, or other technological or environmental factors.
- 11.2 The Board will therefore review and if appropriate update the Trust's Strategic Direction, and associated service strategies, on an annual basis in April of each year. This will ensure that the Trust's Strategic Direction remains relevant and current.

KEY DOCUMENTS

- Configuration of NHS Ambulance Trusts in England
- Taking Healthcare to the Patient: Transforming NHS Ambulance Services
- Our health, Our Care, Our Say: a new direction for community services
- The Intelligent Ambulance Board
- Emergency Access – Clinical Case for Change
- The NHS in England: Operating Framework for 2007-08
- Delivering 21 Century IT Support for the NHS
- Direction of Travel: Urgent Care
- A Stronger Local Voice
- Commissioning a Patient Led NHS 2005