



North East Ambulance Service **NHS**
NHS Foundation Trust



Strategic Plan 2015-2020

Our vision for the future

Where our badge will take us.

Unmatched quality of care, every time we touch lives.

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Foreword

As an ambitious ambulance trust we are pleased to present our five year strategy which launches our promise, through our newly set mission, vision and values, to our workforce, to the users of our services, our patients and all of our partners.

We are committed to making North East Ambulance Service (NEAS) a better place to work and increase our pace of change and delivery.

As experts in the field of urgent and emergency care we have been instrumental in making a number of system and service changes over the last few years, including the development of a regional NHS 111 service and the introduction of leading edge clinical pathways for patients suffering from a heart attack, stroke and sepsis, in partnership with our local acute providers.

Ambulance trusts are now being recognised nationally for the role we can play in the overall transformation of urgent and emergency care and the impact we can have on reducing unnecessary journeys to Emergency Departments. It is a role we take seriously and we have already embarked on a transformational programme of work that will enable us to effectively participate in delivering the NHS England vision for urgent and emergency care provision. It is a programme of work that not only supports our own operational and financial sustainability; but a programme that will benefit the whole system providing better management of patients in care settings, which are more appropriate to their needs, therefore improving quality and clinical outcomes and reducing pressures on our hospitals.



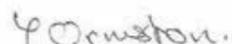
Ashley Winter, Chairman

It is important that it is recognised that our strategy requires whole system transformation and this strategy is built on a premise of effective partnership and collaboration.

In the North East we have high levels of deprivation with complex health needs within a mix of both rural and inner city areas. People are living longer and often have multiple complex conditions. We need to reshape our future workforce in order to effectively deliver the care our population deserves and in order to do that we are working hard to reduce the national paramedic shortages by increasing the number we train, working with universities to deliver the graduate programme and looking to skill mix our teams with nurses and other health care professionals such as mental health experts.

All in all this is an ambitious, challenging but also an exciting time for us. We need to see how we can redesign what we all do and effectively contribute to the NHS funding gap.

We will deliver patient focused, clinically effective and high quality services, whilst striking a balance with the financial challenge. Any changes we commit to will be evidence based, always ensuring the safety and effectiveness of our services.



Yvonne Ormston, Chief Executive



Introduction

Our strategy is ambitious, setting out to transform urgent and emergency care and it is one that is built on a premise of working collaboratively with our partners, patients and stakeholders.

What is a Trust strategy and why update it now?

The NHS is a complex operating environment and to ensure we continue to meet the needs of our patients, commissioners and our employees, every year we review our strategic direction and supporting delivery plans to ensure they are effectively aligned with both the local and national direction of travel.

The strategy we set in 2009 and subsequent plans have served us well, guiding our annual objectives and delivery plans.

We have now successfully delivered the key components of that strategy and with so many changes afoot both internally and externally, including the reforms for urgent and emergency care, it is an opportune time for us to refresh our mission, vision and values and set out a strategy that takes us to 2020 and beyond.

This strategy sets out an exciting and challenging vision for our future and explains what we want to achieve over the next five years. It will be supported by a revised set of enabling strategies and delivery plans to ensure we achieve what we set out to do.

Overview of the North East Ambulance Service NHS Foundation Trust (NEAS)

The North East Ambulance Service NHS Foundation Trust covers an area over 3,200 square miles and we employ just over 2,500 staff, serving the 2.7 million population of the North East. We are one of 10 ambulance trusts in England and currently one of five ambulance foundation trusts. Our partners include 10 Clinical Commissioning Groups (CCGs), two mental health foundation trusts, eight acute foundation trusts, NHS England, the North of England Commissioning Support Unit, our local Police and Fire services and 12 local authorities. We also work closely with the Great North Air Ambulance, St John Ambulance Service and the British Red Cross.

In 2014-15:



Type of care provided by the Trust

999 Emergency Care	We receive over 400,000 emergency calls every year leading to the prioritising and responding to approximately 380,000 incidents. These include; 8 minute responses to patients requiring life-saving treatment; up to four hour responses to patients who have a less serious condition that is not life threatening; transport of patients who require direct admission to hospital following a GP assessment and transport of patients who require a paramedic to ensure their safe transport to hospital for planned treatment.
HART	We operate a Hazardous Area Response Team (HART). This team is replicated nationally in all other ambulance services and it works alongside other emergency services at the centre (or 'hot zone') of serious accidents.
Emergency Planning	Our emergency planning function prepares and maintains plans for all major incident scenarios, including flooding or terrorism. We are required to provide this service under the Civil Contingencies Act 2004 and we work with our three local resilience forums to ensure the safety of our local populations.
MERIT	Our Medical Emergency Response Incident Team (MERIT) is a new service commissioned for 2015. It involves the dispatch of a team made up of a trauma doctor and paramedic.
Patient Transport Services	Patient Transport Services provides transport to patients requiring health care and treatment or discharge support from hospital. They undertake over 700,000 patient journeys every year.
NHS 111	We provide the NHS 111 service to the North East region which receives in excess of 2,000 calls every day.

In 2014-15:



Our story so far

The 2.7 million population of the North East is growing and, as a whole the population continues to have higher than average ill health caused through lifestyle choices, high levels of deprivation and an ageing population.

There are disparities in life expectancy between the sexes and depending on where people live. Early death from cancer, heart disease and stroke has fallen across the North East, but still remains substantially higher than the rest of the UK.

The health challenges the North East faces are evident in the growing demand and our service patterns are also changing:

- The patients we see have more complex conditions; our emergency (red rate) activity has increased by 10% over the last year, some of which was partially due to including more patient conditions in our red response category, so we are responding faster to more patients.
- We are seeing higher demand for NHS 111 services; receiving 2,005 calls per day, compared to 1,870, since the full service went live in 2013.
- We are dealing with significantly more urgent patients over the phone than ever before; and
- We also support the flow of patients through hospital by undertaking a lot more same day transport requests. This is putting our patient transport service under pressure; same day transport requests have increased by 20% in some areas.

The introduction of NHS 111 has positively impacted on our 999 call volume. As forecast, 999 call demand volume decreased. In 2013/14, there was a reduction in call volume by 10.7% compared to the previous year. This change in call profile has not impacted on 999 incidents in the same way, as we continue to experience a high conversion rate from 111 calls to 999 incidents.

Incident growth rate is however starting to level, which is exactly what we needed to happen to help alleviate pressures on the system, as we start to more effectively deal with patients in different ways.

As set out in our previous strategy we have started to equip our paramedic workforce with additional skills and equipment to enable them to deal with more conditions on scene. We now have a tier of Enhanced CArE (Care and Referral) trained paramedics and have more recently introduced an Advanced Practitioner role. This is enabling and equipping us to provide more care and treatment for our patients, either on scene or in their own home, avoiding the need to convey them to hospital.

Over a longer time period we have introduced new emergency care pathways for patients suffering from major trauma, heart attacks and stroke. We provide timely responses to get patients to such specialist services in designated centres within our region.

The Trust's emergency response performance has always been strong, however system pressures, and dealing with more complex patient illnesses and a staffing shortage have all contributed to deterioration in our performance against national targets. This is common amongst all ambulance trusts in the country. We are recovering our position but it remains a constant challenge.

Indicator	Target	2012/13	2013/14	2014/15	2015/16 Qtr 1
A8 (Red 1 and Red 2)	75%	76.41%	78.34%	73.76%	76.25%
Category A Red 1 (8 minutes)	75%	76.59%*	76.90%	70.00%	75.66%
Category A Red 2 (8 minutes)	75%	76.50%*	78.37%	73.95%	76.29%
Category A 19 minutes	95%	96.98%	96.93%	94.65%	95.48%

*June-12 saw changes to Red categorisation with the introduction of Red 1 and Red 2. The performance shown is for June-12 to March-13.

Winter of 2014/15 was particularly challenging with no ambulance trusts in the country other than the Isle of Wight achieving end of year targets.

We have welcomed the national response to the pressures. We believe the Urgent and Emergency Care Review and Five Year Forward View (5YFV) publication are pivotal in initiating a programme of reform and improvement of urgent and emergency 'whole systems' up and down the country.

We eagerly await the upcoming best practice guidance, 'Safer, Faster, Better' to ensure effective alignment of the work we have already started in the North East in responding to the nine High Impact Actions released for ambulance trusts.

During 2014/15 we embarked on a transformational programme of work. This aligned to the emerging findings of the national review and we have started to build on a number of small scale innovative pilots to support the reforms.

Over the last five years we have delivered a number of fundamental innovations that provide a solid platform to take forward our strategy for urgent care.

- Successfully implemented and embedded a new clinical decision making system; NHS Pathways.
- Created a single point of access, which was the catalyst for NHS 111, and is now evolving to becoming the 'front door' to an integrated urgent and emergency care service.
- Developed direct appointment bookings via our NHS 111 service as part of a pioneering initiative of a collaboration of GPs in County Durham opening their surgeries at weekends.
- Developed the proposal for the 'flight deck' which is now in operation in the North East with all acute partners sharing organisational capacity intelligence to inform crucial decisions to make best use of available resources.
- Taken significant learning from our electronic patient record system that we introduced in 2011 which will inform the next system we procure.

Our vision for the future

The next five years for NEAS are going to be exciting as we drive and lead major system reform. This period is also going to be challenging as the reforms are critical to our success and our financial sustainability.

Our mission

Why we wear our badge.

Safe, effective and responsive care for all.

The pride we place in delivering these services marks us out as second to none in terms of reliability, professionalism and compassion. People rely on us for the responsive services we provide all day, every day, throughout the areas we serve.

Our vision

Where our badge will take us.

Unmatched quality of care, every time we touch lives. Even in the most challenging situations we will strive to perform to the highest professional standards in a spirit of collaboration and team work. We will be acknowledged as the leading speciality care provider when looking after the patients in our care.

Our promise



Our badge stands for unmatched quality of care for every life we touch.

For Life

"This is a start of an exciting new journey for NEAS. The setting of a new mission and vision is a line in the sand, marking a time for change for the better."

Yvonne Ormston, CEO

Our values

Respect.

We work in challenging environments and situations. We will treat all our patients, colleagues and customers alike, with the same respect we'd expect to be shown ourselves. We will act as one team and will appreciate one another in facing the future together.

Take responsibility and be accountable.

We will make sure we do what we commit ourselves to, and take responsibility for our actions. In doing this, we will support each other in delivery; and react quickly to lessons learnt along the way. Be only critical of ourselves, not others.

Compassion.

To deliver our services effectively, care alone is not enough. We care for our patients and staff with compassion and empathy that marks us out as special. We listen intently to those whose lives we touch, so that our provision is considered to be above and beyond the call of duty.

Pride.

This is more than a job, and it's a privilege to serve the patients in our care. We've made a true commitment to our vocation as part of the overall NHS healthcare system. This will drive us with integrity at every turn to help others. In return, we will commit to the recognition, training and development of our team so that they can perform their duties to the best of their abilities.

Strive for excellence and innovation.

We will always do our very best. We will learn and constantly innovate wherever we can by embracing change to enhance our service. We will listen to, and collaborate with, our colleagues throughout the NHS, fellow emergency services and patients. This will enable us to remain at the forefront of specialist responsive care, as a dynamic, integrated and sustainable service.

Make a difference - day in day out.

We touch people's lives on a daily basis. How we do that can be life-saving or life changing. We will always aim to make a positive difference to those people's lives. And we will show the same respect to our colleagues as our patients.

Our strategic aims explained

Our strategic aims underpin our activities over the life of this strategic plan and summarise what we want to achieve.

Do what we do well

1. Achieve sustainable service delivery and ongoing improvements, whilst protecting best practice and quality standards through optimum use of all available resources.

Look after our employees

2. Nurture a consistent culture of compassion that values and supports employees to deliver exceptional care to patients.

Develop new ways of working

3. Drive and shape the future of urgent and emergency care services through effective integration and collaboration.

Strategic context

The NHS Five Year Forward View (5YFV) sets out a vision for the future, one which relies on change to effectively 'close the widening gaps in the health of the population, quality of care and the funding of services'.

There have been significant successes in patient outcomes over many years; increased life expectancies; shorter waiting times to treatment but still the quality of care can be variable and the needs of our patients continue to evolve. We are facing particular challenges in areas such as mental health, dementia, cancer and in supporting frail older patients.

The current state of healthcare is not affordable and an efficiency requirement of £22billion has been set to be delivered by 2020.

There is to be a national drive in prevention and public health. Patients will need to take much greater control of their own care and there will be a change in the way services are delivered, breaking down barriers between care organisations via the 'new models of care programme' which sets out to trial new models of service provision and contracting.

Through successful application to this programme, the north east region has achieved regional Urgent and Emergency Care 'Vanguard status', one of only two such regional Vanguards nationally, which will help us to redesign urgent and emergency care at pace.

The focus of redesign will be to integrate between Emergency departments, GP out of hours services, urgent care centres, NHS 111 and ambulance services, realising the following vision:

- For those people with urgent care needs, including people experiencing mental health crisis, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients and their families.

- For those people with more serious or life threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.

In the North East we continue to have a high use of inpatient beds and high expenditure levels on emergency admissions. The North East has high levels of deprivation and this, mixed with an aging population and rurality, provides a challenge for health and social care services. As a key player in a region under pressure we, together with our partners throughout the region, are embracing the opportunities to trial new models of contracting and organisational forms. We are linked into those developments to help shape and support them. They currently include a proposed Integrated Primary and Acute Care System (PACS) model and a Multispecialty Community Provider (MCP).

NEAS is well positioned to take a leading role in helping to drive forward the redesign of urgent and emergency care and we have already started a programme of work with Monitor to support payment reform to underpin the changes needed. The changes afoot for primary care and mental health are an integral part of the reforms that will enable us to enhance working relationships with these teams.

As a region we have already adopted a network approach to urgent care and as part of the Vanguard application the organisations making up the North East Urgent Care Network have adopted a regional vision:

"To reduce unwarranted variation and improve the quality, safety and equity of urgent and emergency care provision by bringing together system resilience groups (SRGs) and stakeholders to radically transform the system at scale and pace which could not be delivered by a single SRG alone." We are committed to working collaboratively as part of the regional Vanguard.

As we develop new models, we expect our activity volumes and profiles to change.

- We expect the calls made to NHS 111 to continue to grow. NHS 111 is an effective single point of access and is being developed and promoted to be the 'smart call to make', effectively signposting people to health and social care services. We anticipate answering close to one million calls per annum by 2020.

NEAS up to 2020

A new model of care - Integrated Care & Transport (ICaT)

We are re-configuring our resource base which currently includes our contact centre (and dispatch function), Patient Transport Services (PTS) and Emergency Care (EC).

PTS and EC currently operate as two relatively discrete services. We need to change our operating systems to facilitate access to a single service model with no access barriers to any type of resource, responding appropriately to both scheduled and unscheduled care 7 days a week.

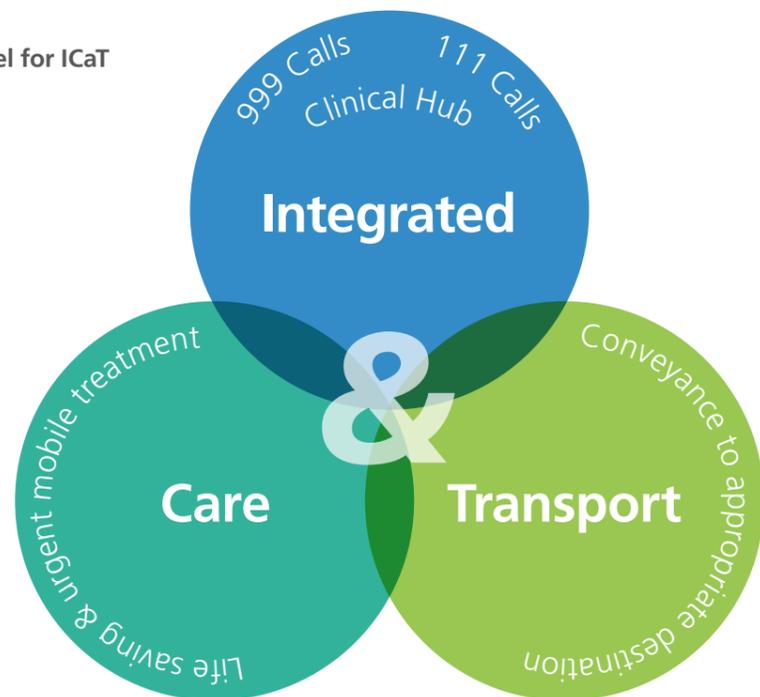
This development is to enhance our responsiveness and therefore patient safety, through more effectively matching the demand we are facing, in terms of acuity and need, with a more targeted clinical skill-set and wider range of vehicle resource type.

- A reducing growth rate in 999 incident activity (<1% per annum) as a result of effective joint demand management programmes.
- An ongoing shift in activity from conveyance to more 'see & treat' and 'hear & treat'.
- A reduction, then levelling of GP urgent bookings.
- A reduction in planned patient transports as more alternatives to hospital come on stream; more capacity in primary care, acute care in the community, use of technologies such as telehealth and e-consultations, and the application of eligibility criteria.
- Growth in same day transport bookings to respond to urgent transport requests that include End of Life Care, Mental Health and same day discharges to support hospital flow and 7 day working.

It includes the ongoing development to upskill our staff, grow the number of Advanced Practitioners and the redesigning of our dispatch function to improve clinical triage to ensure we optimise a range of alternative referral options for patients to access the most appropriate treatment.

We will be participating in a national response protocol improvement programme starting in October 2015. We currently dispatch a resource on obtaining a patient's address. The change we will trial will mean we will be given more time to establish the clinical need(s) of a patient (known as 'disposition') which will enable us to dispatch an appropriate resource first time. This could be groundbreaking to support intelligent dispatch and underpins our ICaT model of care as it will enable us to use our resources much more effectively at a time when efficient ways of working are critical to the sustainability of our service.

Figure 1
The single service model for ICaT



Outcomes

- A reduction in the number of attendances at emergency departments, through improved 'see and treat' approaches, and through increased use of alternative care destinations, clinically supported by Advanced Practitioner roles.
- A modernised planned transport service able to support system flow with same day transport requests.
- An intelligent dispatch function using a wider range of skills and clinical decision making to inform the most appropriate resource to be allocated to a patient.
- Improved response times for a range of activity, not just emergency care i.e. urgent transport such as End of Life.

Clinical Hub (Integrating NHS 111 and Out of Hours care)

The concept of a 'clinical hub' to support 999 and NHS 111 services has taken on different forms up and down the country. Our vision is to build on the work already undertaken here in the North East, not only to expand what we have in place, but develop a more wide ranging hub that eliminates the need for patients to access other provider services and enables patients to be fast tracked to an expert who can deal with their complaint there and then, or instantaneously be referred to a relevant service or central care co-ordination point.

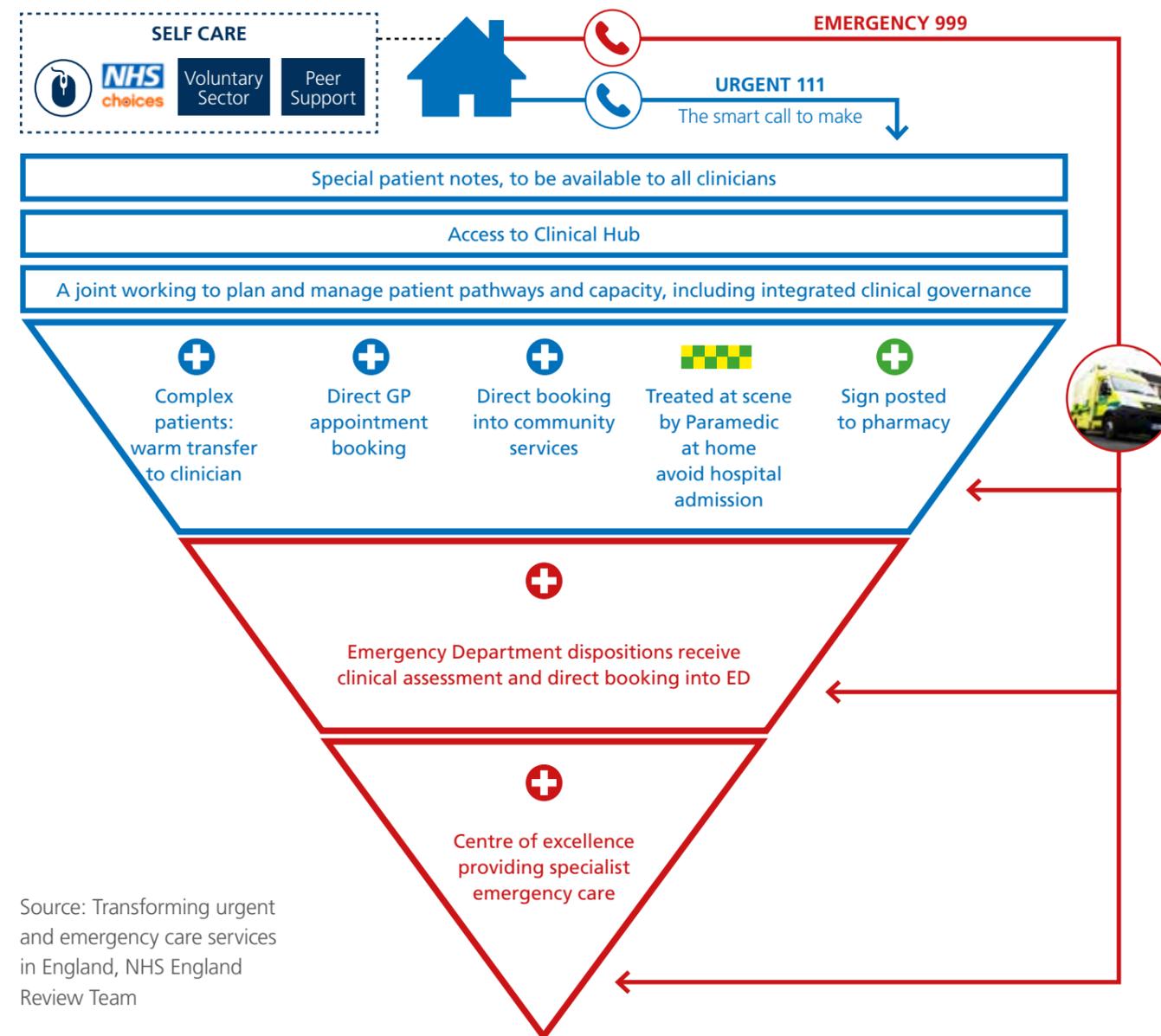
Our patients would still be safely screened through NHS Pathways for life threatening conditions or emergencies, although the holding of a comprehensive care plan could trigger an alternative and tailored response i.e. a mental health practitioner within the clinical hub would provide instant advice and reassurance and make a follow up referral appointment if it was required.

The clinical hub is designed to provide better support for people to self-care and to provide access to professionals and their advice and support; including Dental nurses, Mental Health nurses, GPs and Advanced Practitioners (upskilled Paramedic/Nurse providing mobile healthcare); a Social Work Service and an End of Life Care Co-ordinator.

Access to a rich mix of professionals is to be made available to other healthcare professionals, including front-line paramedics, to help them make decisions and fast-track patients in real time.

The hub will facilitate: the booking of appointments with relevant services, this could be a community visit by an Advanced Practitioner; signposting to self-care programmes; telehealth monitoring for patients discharged from hospital or those with long term conditions; support to patients in assisted living and those on a palliative care pathway; and provide the seamless booking and arrangement of transport where commissioned/needed.

Figure 2 The shape and structure of the future urgent and emergency care system



Source: Transforming urgent and emergency care services in England, NHS England Review Team

What will the new model mean for you?

As a patient/user

- A simplified system where NHS 111 is the single point of entry for all urgent care
- Fast tracking of calls to a relevant specialist e.g. Mental Health Nurse
- Direct booking of an appointment with relevant professional/service
- Appropriate and timely response in an emergency situation
- Timely responses and standards in place for less urgent cases
- Improved patient experiences – providing the right care, in the right place at the right time, first time
- Increased scope of clinical care and treatment able to be offered at the scene and increased management of conditions in the home or community environment
- Increased scope of service provision such as transport for patients who are at the end of their life
- No unnecessary trips to hospital

Overall, patient experience will be improved by our ability to offer enhanced up-front clinical care at the scene.

As a commissioner

- A reduction in the number of attendances at emergency departments and subsequent emergency admissions, through improved See & Treat approaches, and through increased use of alternative care destinations, clinically supported by Advanced Practice roles and multidisciplinary teams
- A modernised planned transport service able to support system flow with same day transport requests
- A value based payment system
- Improved response times for patients
- Enhanced quality of care

As an employee of NEAS

- Full access to the Summary Care Record to support clinical decision making, at point of call/triage and face to face assessment
- Response tailored to patient need - a wider range of options to achieve appropriate response
- Closer working relationships with staff across the three key operational functions
- Able to offer and directly book appointments in all community and primary care settings
- Always researching and implementing new and effective life-saving interventions
- Enhanced transfer of care through a new electronic patient care records system - facilitating seamless care transfer and access to clinical guidance
- Virtual consultations with ED Consultants and GPs
- Enhanced access to wide ranging professionals including mobile doctors
- Point of Care Testing to support diagnosis and treatment on scene
- Increased clinical leadership and guidance
- More time to care
- Improved utilisation of skills - matching resource, and therefore skill-level, to patient need
- Personal development and career progression opportunities
- A more effective, holistic way of working



Choosing technology enabled care

We are renowned for our technical expertise and have developed numerous innovative applications that have advanced how we respond in an emergency.

We understand the value technology can add to improving patient care and we have been closely following the '3millionlives' telehealth campaign since it was launched several years ago, and subsequent Technology Enabled Care Service (TECS) programme.

The findings support that technology enabled care and support can enhance people's independence and quality of life and this year we have taken the opportunity, working with our partner Inhealthcare, to set up two small remote monitoring pilots to support people with Chronic Obstructive Pulmonary Disease (COPD). COPD is the second most common cause of emergency admission to hospitals and the fifth largest cause of readmission, costing the NHS an estimated £491 million per year.

We want to widen the scope of our pilots and roll out remote monitoring to benefit many more people across a broader spectrum of conditions.

The service is being supported through our NHS 111 service and the NHS 111 Futures programme and has the potential to touch many more lives.

The Technology Enabled Care Services (TECS) Resource has been developed to help maximise the value of technology enabled care services for patients, carers, commissioners and the whole health economy.

Emergency services collaboration

We are committed to working jointly with our local emergency services. We have established links with our local fire and rescue, police services and mountain rescue, who support our approach to community first responding.

Fire and rescue services collaboration

We will be undertaking a co-responding trial with our local fire services during the latter part of 2015/16. We intend to work closely to support emergency calls, local falls referral activity, supporting the public health agenda around prevention, as well as explore other joint delivery models.

Recent research has proven there is scope for co-location of control rooms, creation of single back offices, better data sharing, shared accommodation, capital resource rationalisation, shared command structures, shared operational staff, joint training programmes, intra-service rationalisation, alignment of terms and conditions and integrated local and governance structures.

There may be even further potential for greater integration across public services as organisations take on new forms.

Mobile healthcare

We have already embarked on a successful programme to upskill our workforce as part of our previous 'Hear & Treat' strategy and over half of our paramedic workforce will be fully trained in Enhanced CARE by March 2016.

Development of the mobile healthcare concept will lead to further equipping our front-line workforce to undertake a skilled assessment, diagnosis and treatment on scene. Our practitioners will be supported by a range of other specialists within the clinical hub, so no decision about a patient needs to be taken in isolation.

We have already introduced Point of Care Testing (POCT) through our tier of Advanced Practitioners. POCT equipment enables our staff to carry out diagnosis at scene such as Urinalysis. This will be further rolled out as it is trialled, tested and approved.

We will work together with our partners to develop access to specialist palliative care services and other specialist teams such as crises intervention and rapid response who also work in the community, link with our primary care colleagues, and local GP Federations, social care and the third sector, providing a holistic mobile healthcare service.



Quality services and good governance

Providing services that are clinically effective, safe, well-led, responsive and offer a positive patient experience.

Our quality statement

Our priority is to deliver services that offer quality to our population whilst considering our patients needs and preferences – we will strive to be the safest organisation by providing services that are clinically effective, safe, well led, responsive and offer a positive patient experience.

We have a strong track record for delivering high quality, good value patient care and we intend to build on our success and harness and progress every opportunity to continue to improve patient outcomes and experiences. As healthcare providers, we never forget that patients are at the heart of everything we do.

We are committed to supporting the ambitions on quality set out in the Five Year Forward View; continually raising the bar and reducing variations in care, treatment and outcomes.

Quality governance

We use the term quality governance to refer to the values, behaviours, structures and processes that need to be in place to enable the board to discharge its responsibilities for quality. Our regulator, Monitor defines quality governance as: "...the combination of structures and processes at and below board level to lead on trust-wide quality performance including:

- ensuring required standards are achieved
- investigating and taking action on sub-standard performance
- planning and driving continuous improvement
- identifying, sharing and ensuring delivery of best practice
- identifying and managing risks to quality of care".

Everyone is responsible for the delivery of quality governance, working in partnership with the Clinical Care and Patient Safety Directorate to ensure delivery. We will put in place quality improvement strategies and will draw on the experiences of patients and employees.

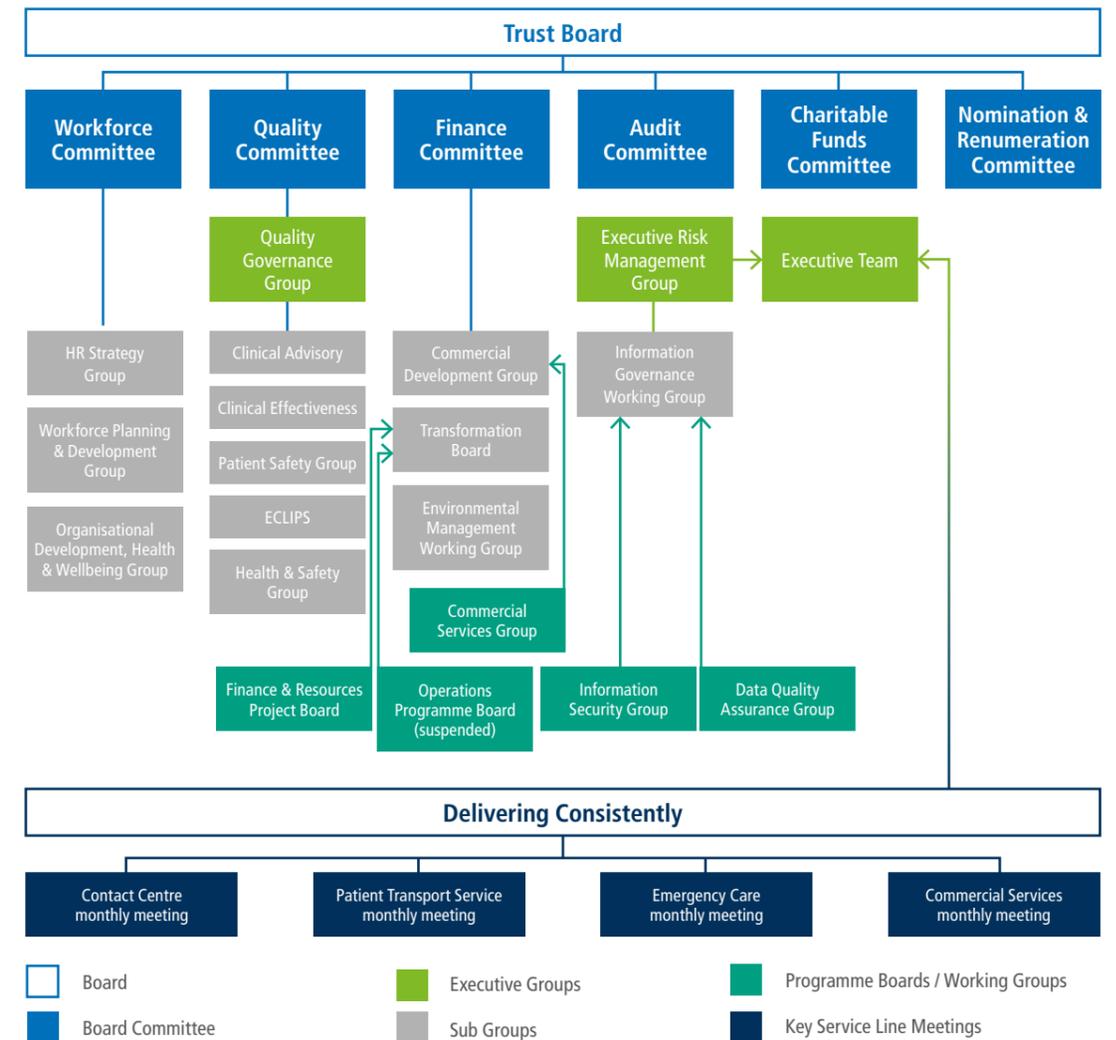
We will continue to develop a culture where quality is routinely measured and monitored and all employees feel enabled to:

- Access and use information to improve services.
- Effectively contribute to manage risk, and learn from incidents and complaints.
- Inform how clinical education, training, competency assessment and Continued Professional Development (CPD) should be progressed and developed.
- Contribute to the ongoing development of the Trust's clinical leadership strategy.
- Improve and evaluate quality data.
- Participate in quality improvement programmes including clinical audit and research studies (evidence-based practices).

This year has seen us further develop our arrangements for governing the way we work through our Quality Committee. The Committee will monitor the progress of our plans to deliver our quality strategy and seek assurance over all aspects of our quality governance, including clinical effectiveness, patient experience, patient safety and the management of key quality-related risks. The Committee fits within a recently revised structure as set out on the following page.

In October 2014, the Trust commissioned Deloitte to undertake an independent review of its governance arrangements against Monitor's Well-led Framework for Governance Reviews. The outcome report highlighted a number of areas where progress and improvements could be made to improve governance effectiveness.

Figure 4



As a result of the review we are strengthening the discipline of 'holding to account' and have streamlined and refined the Board Committee and sub-group structure in order to minimise duplication between forums, enhance the focus on seeking assurance, and to provide timely escalation of issues to the Board.

In order to achieve this, the roles, remit and priorities of each Board Committee and subgroup have been revised and have clear linkages to the Trust's strategic objectives and key risks.

In autumn 2014 we launched our Quality Strategy. It describes our responsibilities, approach, governance and systems to promote and enable delivery of quality across the Trust.

Our quality strategy

The Quality Strategy is, above everything, about people. It describes our approach to ensure that we provide everyone with the care and compassion they need, enabling their voice to be heard.

It also sets out how we will strengthen our shared understanding of quality and how we will ensure quality remains at the heart of everything we do.

We have defined key measurements for quality and have robust early warning mechanisms in place across the three dimensions of quality.

Patient Safety: Providing high quality care which is safe, prevents all avoidable harm and risks to the individual's safety; and having systems in place to protect patients.

Clinical Effectiveness: Providing high quality care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes. Making sure care and treatments achieve their intended outcome.

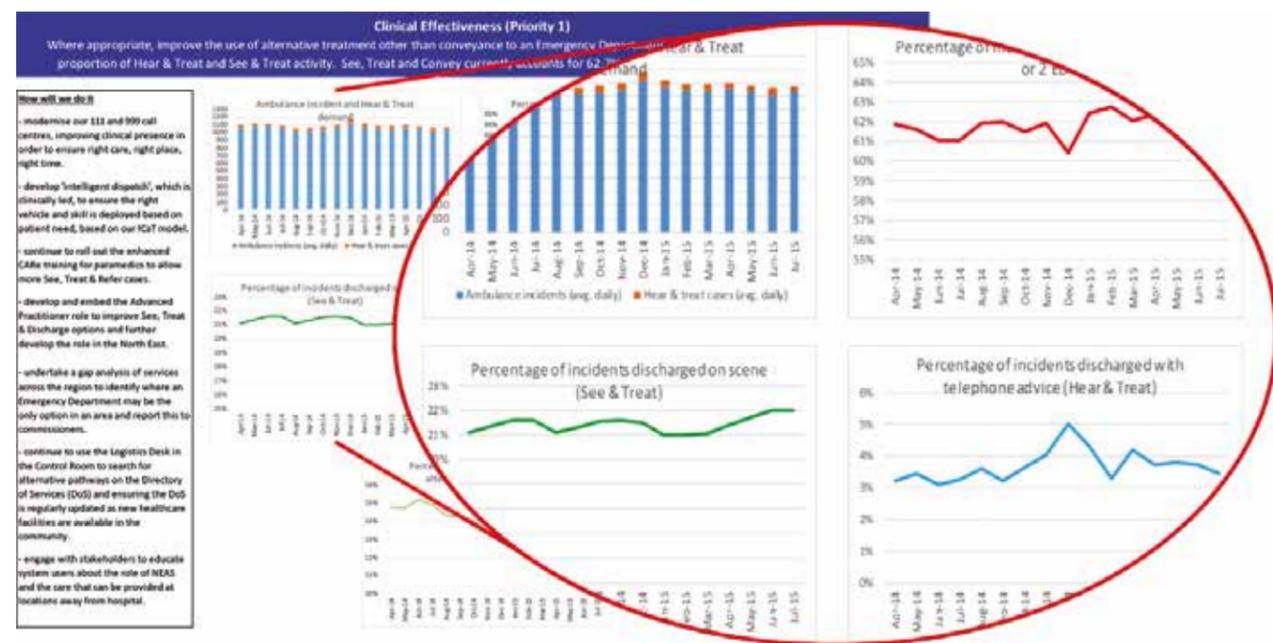
Patient Experience: Providing high quality care which gives the individual as positive an experience of receiving care as possible, including being treated according to what the individual wants or needs and with compassion, dignity and respect. It is about listening to the patient's own perception of their care.

As a developing, learning organisation, our plans will ensure that every employee understands their own role and contribution in delivering clinical quality, and is supported to do so in their every-day working practice. We will continue to place considerable emphasis on utilising our systems and information. This will enable us to enhance systems and develop richer intelligence and in turn challenge the status quo, and identify areas for change and potential improvement that we will trial and learn from.

Setting and measuring quality standards

Measurement is an important aspect for evidencing high quality care and for driving improvement. We have defined a suite of key surveillance metrics which will enable us to measure the safety of our services as well as improvement. They will also enable us to routinely evidence how we comply with the Fundamental Standards set out by the Care Quality Commission.

An example of quality surveillance



We are developing a quality assurance framework adopted from Sir Bruce Keogh's four stage methodology (Keogh 2013). We believe this methodology provides a transparent, comprehensive and systematic view of quality.

Stage 1: Quality Data Analysis

Stage 2: Triangulation

Stage 3: Multi-disciplinary Reviews

Stage 4: Support Improvement

The framework offers us a systematic way to:

- Obtain quality assurance of services quality;
- Monitor quality performance against agreed standards and outcomes; and
- Carry out quality surveillance of safety, effectiveness, leadership and culture, responsiveness and patient experience to build a comprehensive profile of our services.

We will launch our version of the 'The Productive Ward', building on the learning and success of the concept, to drive through further improvement and consistency at the front line and provide employees the opportunity to see how they are doing, incorporating an ambulance service version of the safety thermometer.

Building a safety culture

One measure of quality and patient safety is organisational 'culture'. This has been well researched, proving that inconsistencies in culture can and do impede the spread of good practice throughout an organisation and can make patient and employee experiences too variable.

The Trust has undertaken its first culture survey during 2015. The response has been the best the Trust has received, outperforming the annual staff survey uptake by far.

The areas that have emerged from the survey include the need to:

- Provide clarity on patient care and safety compliance.
- Remove obstacles for people to speak up and influence change.
- Encourage innovation and improvement - evidence listening and change as a result of staff feedback.
- Challenge poor behaviour.
- Build 'one service'.
- Strengthen communications.

It is exciting that there has been so much energy and enthusiasm with which it has been embraced and it puts us on a journey to be empowered to re-shape the experiences of our patient and employees and take prompt action. We now know where we need to target our efforts and will deliver the changes necessary to achieve a healthy and positive culture.

Patient safety

In 2015/16 the Trust invested in the expansion of the Risk and Regulatory Services Team which has responsibility for all things related to risk, health and safety, security, patient experience, CQC compliance, monitoring of themes and trends from incidents and complaints and sharing learning. There has been a renewed emphasis across the Trust to ensure that all employees are aware of their personal responsibilities and accountabilities in these areas and this is continuing.

It is a Trust priority to ensure that risks to employees and patients are managed and/or mitigated and that there is an enhanced focus on improving the approach and management of risk across the organisation.

As a result we are already in the process of refreshing our Risk Management Strategy and associated policy.

As a Trust we are actively encouraging openness and transparency and this has resulted in an improving reporting culture. This is being continually developed and we are working to be at the forefront of risk management using the latest tools and techniques.

We are in the process of renewing our processes for identifying, investigating and learning from serious incidents and ensuring we develop a 'no blame' culture and instead learn from not just serious incidents but all incidents and complaints to prevent re-occurrence and allow us to further develop our services. We are improving this through utilising Root Cause Analysis tools provided by the National Patient Safety Agency and we welcome the introduction of the Independent Patient Safety Investigation Service to enable wider learning from its experts and to make further safety improvements. We anticipate expert guidance to flow from the new group which we will use to further enhance our own processes.

To deliver safe and effective harm-free care we are:

- Introducing a cascade of a broader range of intelligence and surveillance, from teams down to individuals.
- Continuing to improve systematic review of adverse events and to share learning from them.
- Demonstrating that we are delivering evidenced based care.
- Introducing advanced technologies such as a new electronic patient care record (e-PCR), which will contribute how we 'release time to care', improve clinical record keeping and facilitate a smoother care transfer.
- Providing assurance that we are complying with the Duty of Candour.

Clinical effectiveness

Clinical practice is constantly evolving, offering new opportunities to improve quality of care and outcomes for patients.

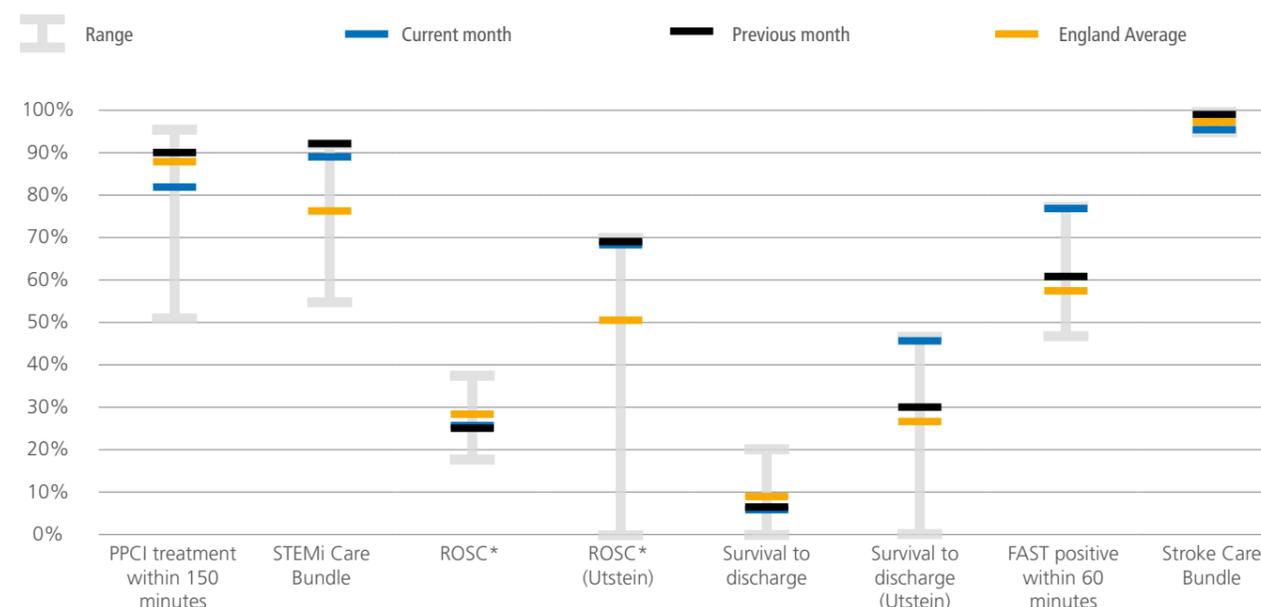
Setting and achieving clinical standards

We already routinely monitor a range of ambulance clinical quality indicators (ACQIs) and action improvement activity where required directly with our employees.

The ACQIs provide a good indication of how well we are currently delivering treatment to patients based on good practice standards.

We are the top performing trust across a number of indicators including Survival to Discharge (Utstein) and timely arrival at a stroke centre within 60 minutes of a FAST positive test.

Clinical Ambulance Quality Indicators - March 2015



*ROSC - Return of Spontaneous Circulation

We currently only measure one whole system metric: survival to discharge, where we are able to assess the impact of our intervention on the patient outcome following admission and further treatment at hospital. This is an area we will further develop as part of urgent and emergency care reform.

The development of the new e-PCR will enable us to measure and monitor a broader range of clinical activity. This set additional clinical standards that we will use to inform how we improve our own competency based frameworks and appraisal systems.

We will use our clinical standards to:

- Ensure that the essential standards of quality and safety (as determined by CQC's registration requirements) are being met by every service that the organisation delivers.
- Ensure that the organisation is striving for continuous quality improvement and outcomes in every service; and to
- Ensure that every employee that has contact with patients, or whose actions directly impact on patient care, is motivated and enabled to deliver effective, safe and person-centred care.

Clinical audit

We have an embedded effective clinical audit process that enables us to routinely evaluate clinical practice. Through audit we obtain assurances of the quality and effectiveness of clinical practice and we also take improvement actions where necessary.

The audit programme is reported to our clinical effectiveness group every month and we revise the audit programme annually, introducing new themes that may arise from review of clinical incidents and complaints.

Within our national audit programme we are working with others to develop a wider range of clinical indicators to monitor care and treatment for:

- A single limb fracture (below knee or below elbow)
- Asthma
- Febrile convulsion
- Elderly falls

Research and Development

We are always looking at ways to improve and fully embrace advancements in clinical practice.

We are very proud of our Research and Development team which is funded through our local Clinical Research Network. Their involvement in projects and research trials has placed us at the forefront of pre-hospital care innovation.

We have taken part in a number of key research trials including **PARAMEDIC** that received 'trial of the year 2014' and was the largest pre-hospital trial in the country. The **ATLANTIC** trial was the first pharmaceutical industry sponsored study in UK ambulance services and we were the top patient recruiter into the trial within the UK.

This recent work has strengthened the foundations of the team, made a positive contribution to clinical decision making and more importantly will improve the services that we and other parts of the health system can provide to our patients.

Involvement in future research will continue to inform clinical practice and the team is currently pursuing national studies related to pre-hospital stroke care; use of a newly designed brace to support patients with a suspected fractured neck of femur; use of adrenalin with cardiac patients; and new airway management techniques.

We currently support research initiated by others, and we are enhancing our own research function to develop our own research projects to further benefit patients.

Patient experience

We want our patients to have the best possible experience and their feedback is vital to help develop our services. To understand what our patients think of our services we use a variety of methods to enable patients to give feedback, including a Friends and Family test. We have well established links with local Healthwatch groups and liaise with Patient Advice and Liaison Services (PALS), commissioners and a range of other local community stakeholders to listen to people that use our services and their representatives.

We have embarked on a programme of work to improve our responses to patient feedback from complaints through to compliments and we proactively share compliments with our employees to celebrate success.

We have recently increased corporate support to our front line managers and this has enabled a more consistent approach in the resolution of complaints.

Patient feedback has led to several improvements and innovations:

- Introducing an appointment based Patient Transport Service.
- Decommissioning some vehicles due to comfort and ride issues.
- Introducing free phones in hospitals so patients can ring when ready for collection.
- Setting up a co-responder scheme in Durham Dales with Durham and Darlington Fire Service to improve response times.
- Reviewing and upgrading our falls processes.
- Implementing a more structured ring back process for emergency calls.
- Introducing head injury advice cards.

We listen carefully to the views of patients and their carers and are always looking to improve our services and the level of care we can provide.

Our focus moving forward is to:

- Have a systematic approach to seeking and responding to patient, family and carer views. This will include:
 - further developing our Friends and Family Test (introduced April 2015)
 - capturing real time patient feedback
 - annual patient surveys.
- Develop an evidence base to support change of practice that has been initiated through patient feedback.
- Demonstrate continuous improvement in patient surveys.
- Reduce the number of staff attitude related complaints.
- Continue to work with local community groups to seek feedback on our services.
- Demonstrate continual improvements in care as a consequence of learning from complaints and incidents.

PARAMEDIC

This trial evaluated manual CPR provided by a Paramedic versus the Lucas device (which provides machine controlled CPR). It was proven that manual CPR was just as effective as the device. Whilst there was no proven patient benefit in terms of outcome, we are rolling out use of the devices to support single responders as it provides 'an extra pair of hands'.

ATLANTIC

This trial tests the benefits of administering trial medication versus placebo in patients presenting with chest pain.



Developing our workforce

Our commitment to employees is to become a better employer and invest in our workforce, ensuring they remain at the heart of how we do things.

Our future workforce

We continue to develop our workforce to benefit the healthcare system. As described in the first stage report of the UEC Review, ambulance services have 'untapped potential' and we are formalising and enhancing our employee development framework to achieve:

- An emphasis on urgent care, with placements in primary care and mental health, and specific consideration of the frail and elderly, falls, dementia, end of life care, self-harm, mental health crises and febrile illness in children.
- Further strengthening of clinical supervision and appraisal.
- Increased use of simulation based training.
- Enhanced use of diagnostics and use of point of care testing to further facilitate assessment and treatment at scene to appropriately avoid conveyance.
- Joint training programmes e.g. mental health.
- Development of other specialist and generic roles.

We will further develop the new Care Certificate tailored for employee groups in the wider workforce.

We are developing the role of apprentices throughout our workforce as they have proven to be invaluable members of the team and many have gone on to secure permanent full time employment with us.

We are already undertaking a significant piece of work to establish whether we have the right skill mix and numbers of employees to deliver some of our ambitious plans tailored to meet the needs of our patients.

Nationally, we do face a shortage of qualified paramedics and in response we are working with our local universities to support us to put in place a range of new entry points to paramedic training and education. We will also offer graduates a number of free training opportunities to secure future employment with us. Graduates will play a key part in future annual recruitment plans.

Our volunteers also play an important role in our overall workforce, whether this is supporting people by transporting them to hospital, helping them find their way through the hospital to their clinic or ward, or delivering immediate life-saving treatment as a community first responder until a paramedic arrives on scene. During 2016 we will start a new conversation with our volunteers to develop an enhanced volunteer programme that continues to develop this invaluable role within our organisation.

Our members and governors also play important roles within the development and the governance of the organisation, helping to shape and influence our strategic direction. We will help develop and shape their roles to support the delivery of work-plans and this strategy.

Our clinical workforce

It is recognised that across the NHS, health care professionals face many challenges and changes in the coming years. The emphasis on partnership working, on care closer to home, the requirement for a graduate workforce and the need to increase patient choice and involvement, are all driving the change and challenge.

This is no exception to our own workforce and with the current economic climate, workload pressures, and the need to be more responsive and flexible, it is important we all follow the same vision and move forward together and support each other along the way.

Academic achievement is important and our employees need to be competent and have the ability to think critically and quickly however, the values of care and compassion are the attributes most valued by our patients and the public.

Our employees are our biggest asset, and we know from patient feedback and results of our patient surveys that the services provided by our employees are rated 'second to none'. Our patients regularly let us know care and compassion is provided in abundance. This provides a strong foundation to embark on the next stage of our journey.

Our ambition to improve career progression, improve skill mix, introduce advanced practice roles and introduce multidisciplinary teams is now in progress, and the work we need to do will continue over the next five years. We will make NEAS an even better place to work and be the employer of choice. As we shape our future workforce we will support employees with development plans to ensure they are professionally led and operate within a safe framework of supervision which maximises their potential. We want to continue to empower, build confidence and skill up our workforce to be always be responsive to the changing needs of our patients.

To achieve this we will have a range of programmes to:

- Deliver a compassionate and competent workforce in the right place at the right time.
- Ensure our skill mix and staffing establishment meets the needs of our patients.
- Systematically review and monitor staffing levels.
- Provide assurance to the public and our Board that staffing levels are regularly reviewed.
- Establish working practices to release 'time to care'.
- Regularly review clinical pathways where colleagues can actively contribute to improving the effectiveness and efficiency of care.
- Ensure colleagues are supported and have time for CPD.
- Demonstrate ongoing innovation and development of roles.
- Further develop and embed clinical supervision.
- Ensure our clinical colleagues feel supported, clinically, academically and emotionally.
- Continue to develop a skilled clinical workforce which can demonstrate their competence and ability to contribute to the education of others.

Strengthening the sense of belonging to NEAS

To secure commitment, compassionate values and positive attitudes of our future workforce we are committed to becoming a better employer and working through change together.

Not all of our employees feel part of the wider trust, and they have told us that they do not always feel valued or cared for.

It is important that we support the health and wellbeing of our employees; providing safe, inclusive and non-discriminatory opportunities; and supporting colleagues to raise concerns and ensuring managers quickly act on them. These are integral components of our strategy. We value employee engagement and want to actively seek contributions to improve the quality and consistency of services that we provide for patients. We equally want to provide more effective and responsive services to our employees.

It is well documented that a healthy, engaged and motivated workforce does lead to better quality of care for our patients and it is a top priority for NEAS.

In 2015, we are undertaking a full NHS staff survey to build on the work of our culture survey and to obtain much more information from our employees to continually inform the work that we do.

Making Human Resources the strategic partner

Our workforce is the golden thread to delivering excellent patient care, whether that it is our front-line teams or our back office support services.

Human Resources (HR) is undergoing modernisation to work in different and smarter ways to provide exceptional service delivery. Changes are being influenced through listening to employee concerns and developing a detailed understanding of customers' needs and wants.

- Some of the work involves; revisiting and rewriting policy; recruitment processes being updated to reduce lead-in times for new employees; producing guidelines, tools and techniques to support managers interpret and implement policy and professionally manage.
- As we review the needs of our workforce and recruitment pool we need to plan retention strategies and look at how we can support colleagues to work longer in the light of the rising retirement age.
- Better use of systems and automation is planned to help speed up processes and we will be trialling self-service within our ESR (Electronic Staff Record) system with the Contact Centre during 2015.

Our Organisational Development programme is positively impacting throughout the organisation:

- Supporting the development of our new Mission, Vision and Values.
- Developing a series of master classes and talent management programmes and essential training.

Our programme is currently under review and being designed using the latest Investors in People (IIP) framework. Through our IIP self-assessment we will develop and deliver a comprehensive work programme across the following areas.

Leading and inspiring people

Living the organisation's values and behaviours

Empowering and involving people

Managing performance

Recognising and rewarding high performance

Structuring work

Building capability

Delivering continuous improvement

Creating sustainable success

Career framework

There have been some new roles recently introduced to the Trust including a clinical leadership role, our Emergency Care Clinical Managers, and a new Advanced Practitioner role and we are in the early stages of redefining a career framework for all employee groups.

As the deliberations continue nationally regarding paramedic education we will develop our career framework alongside this work, planning for a number of routes into paramedic training and securing additional training posts for those wanting to enter advanced practice.

As more staff come through the higher education route, reflective practice and critical appraisal of care will become the norm. We will work with the College of Paramedics, Skills for Health and the Health Care Professions Council to define and develop scopes of practice and competency based career progression.

We have an established career framework for our apprentices within Patient Transport Services and we intend to roll this out into other parts of the business.

Supporting staff to develop

With the introduction of new roles we recognise that some progression pathways are not now sufficiently developed, attractive enough or accessible to all employees, so our new career framework will set out how we will support both clinical and non-clinical staff to:

- Make decisions about their careers.
- Ensure all mandatory and statutory training obligations are met.
- Access continued professional development.
- Know what education and training programmes are on offer.
- Prepare for progression.
- Recognise and celebrate success.
- Provide staff with wider skills, for example supporting them to become Certified Leaders in lean methodologies.

Continued professional development (CPD)

Through effective CPD, core training programmes and our organisational development plan we will support staff to:

- Strive for continuous quality improvement in everything they do, providing high quality, safe and accountable care.
- Deliver a patient-centred approach that includes treating patients courteously, involving them in decisions about their care and keeping them informed.
- Have a commitment to quality, which ensures that they are up to date in their practices and properly supervised where necessary.
- Prevent errors wherever possible operating in a fair 'no Blame' culture and also have a commitment to learn from mistakes and share that learning with others.
- Proactively report clinical and other incidents, including verbal complaints to enable learning and corrective action.
- Engage in and support improvement activity (e.g. taking part in clinical audit, making suggestions for improvement).
- Maintain all professional registration requirements.
- Meet the 'fit and proper' requirements.

We will provide support to all of our nurses who will be required to undertake the new nurse revalidation process developed by the Nursing and Midwifery Council (NMC), which is expected to come into effect from April 2016.

Through robust and meaningful appraisals, capture of personal development plans, feedback on our training programmes and other routes for learning, we commit to continually refining training and development to ensure the needs of all of our employees are met.

Clinical leadership and talent management

In the last year we have invested in a bespoke 'Management Essentials' training programme for all our managers and bespoke training for our Emergency Care Clinical Managers. We are preparing our leaders of the future and providing essential clinical leadership for our front-line workforce. The programmes have proven to be successful and we will continue to develop them year on year.

A series of master classes are in design phase and will be rolled out from 2016 starting with:

- Coaching and mentoring for performance
- Insights discovery
- Difficult conversations
- Performance management

We will continue to engage with the regional and national leadership programmes and strengthen leadership to provide good role models for our workforce.

Work health programmes

Employee welfare is a high priority. We already provide a range of welfare support to our employees but stress and anxiety related absence and musculoskeletal injury are still too high. We are committed to broadening and developing more targeted and bespoke support to help people remain at work and improve their wellbeing.

It is our ambition to significantly reduce the sickness absence rate to below 3%. To do this we will:

- Make greater use of the government backed Fit for Work scheme which started in 2015.
- Access financial support for vocational rehabilitation services
- Cut access to unhealthy products on NHS premises, implementing improved food standards, and providing healthy options for night staff.
- Measure staff health and wellbeing and introduce voluntary work-based weight watching and health schemes
- Continue to support and promote "active travel" schemes for staff and visitors.
- Promote the Workplace Wellbeing Charter, the Global Corporate Challenge and the TUC's Better Health and Work initiative,

- Ensure NICE guidance on promoting healthy workplaces is implemented, particularly for mental health.
- Review with the Faculty of Occupational Medicine to strengthen occupational health.
- Promote work life balance and improve our rostering systems.

Bespoke training has been developed for managers to spot the signs and symptoms of post-traumatic stress and all front-line managers have been trained in delivering timely debriefs to employees who might be affected by incidents they attend. These programmes will be continually refined. Employees are being supported to raise concerns. We will work closely with all Government programmes to eradicate bullying, intimidation and victimisation.

Centre of Excellence for Training

We have an established training function and a number of our other departments provide accredited training programmes. It is our intention to bring all disparate training functions together to build a high performing and resilient training team, developing a 'Centre of Excellence' for all training that we provide.

We currently provide a significant amount of in-house training to our student paramedics, existing staff and our volunteers, spread across a range of disciplines. We have established an effective placement model for our local student paramedics who have opted to study their BSc paramedic degree at Teesside University.

We will continue to support and engage in the Joint Emergency Services Interoperability Programme (JESIP) - 'Working Together, Saving Lives' - one of the largest and most ambitious joint training programme undertaken by the three emergency services.

We currently provide a commercial training prospectus covering a range of bespoke and accredited training programmes. It is our intention to grow our training function and commercial business.

Innovating through technology

Accelerating our efforts to make the right connections to improve healthcare.

Electronic Patient Care Record (e-PCR)

We have already successfully moved to a digital patient records system and when the current contract expires we intend to re-procure and implement a new bespoke system to be up and running during 2016.

The new system will enable us to be fully digital by 2017 and it will enable much wider integration with other technologies that we and our partners use to effectively share relevant patient information. The replacement software and hardware solution is being designed to enhance reporting functionality using the data held in the new system. This will provide invaluable intelligence to enhance a number of key business activities including clinical audit, setting of new clinical standards, performance management and demand planning.

Sharing information

Information governance barriers, where appropriate, are slowly being addressed at a national level recognising the drive for the integration of services and the need to share information across organisations.

We have a number of projects underway that will enable us to utilise information to benefit clinical decision making and therefore help to improve patient experience and outcomes, including a regional 'flightdesk' to help us understand real time capacity to support decision making during times of pressure.

Emergency and advanced care plans for our patients, or 'special patient notes' as they are more often referred to, can help us take prompt action at the point when we receive a call from a patient or their carer. Information is critical and it can mean that we can respect and follow a patient's wishes, for example for a patient to die at home we must be aware of a patient's Do Not Attempt Resuscitation (DNAR). In the absence of information in some scenarios patients may be taken to hospital against theirs and their families wishes.

We are working with the North East Urgent Care Network to develop a solution that enables timely updates of plans and special patient notes that support us to act, according to individual plans. We will be using the Patient Demographic Service directly when we achieve compliance in the last quarter of 2015/16 which will speed up access to the Summary Care Record (SCR). Further work needs to be undertaken to develop the SCR to meet our emergency and urgent information requirements.



A new medicines management solution for NEAS

We need to make it easier for our staff to have timely access to medicines and we are in the process of launching a new automated medicines ordering system. This is the first phase of automation.

As part of Phase 2, we are trialling an electronic dispensing solution. It involves the introduction of an electronic device that monitors and regulates the dispensing of controlled and non-controlled drugs. A trial is to commence this financial year at selected stations. The solution will empower employees to work more efficiently, keep medications secure and will support us in evidencing compliance with ever evolving regulations. The trial will run into 2016 when we will fully evaluate the solution with a view to undertaking a full procurement and roll out of a complete solution.

The agility challenge

Through our agile working programme we will deliver practical solutions that will help us meet the evolving needs of our workforce and create enhanced flexibilities to help employees achieve a working life balance. This will help to control operational costs and promote collaboration and innovation rather than adaption. This involves a review of our physical environments, our technology and our management practices.

An agile organisation can only be achieved if we work to tackle organisational barriers such as habit, lack of flexibility and diversity and short term thinking i.e. changing some of our cultures.

Improving communications

We are a key member of the Emergency Services Mobile Communication Programme (ESMCP). The primary objective of ESMCP is to deliver mobile voice and data communications for the three emergency services and potentially for other public sector bodies.

We are working closely with the Home Office to procure a new communication system for when our current Airwave Network contract expires. The Trust is scheduled to migrate to the new system during 2017.

Service development summary

We have a number of pivotal developments at the heart of our strategy.



The financial plan

Planning for a sustainable future through transformation, reform and collaboration.

National and local funding challenges

The NHS has been on a significant efficiency drive for many years.

We have always successfully delivered our annual cost improvement targets, saving just over £15 million in the last three years but we all now face an even greater challenge as the NHS is now facing a £30 billion funding gap and we need to find £22 billion efficiency savings. For NEAS, this means finding further savings amounting to £25million over the next five years.

Due to a national shortage in paramedics we are also experiencing a local pressure on our Emergency Care budget as we are utilising agency staff and overtime in order to fill gaps in our establishment. In time we will withdraw from agency use as more qualified paramedics become available to recruit and as we recruit more of our own student paramedics.

System pressure generally impacts on our finances. Crew availability can be significantly reduced if we are caught up in wider system pressures. An example of a mitigation that we have put in place is our clinical escalation desk, where, as a safety measure, we call patients back who are waiting for us to respond to reassess and re-prioritise them if necessary.

In addition, our cost base has historically been low in comparison to other ambulance trusts. This further restricts our ability to continually realise efficiencies year on year. We are therefore relying on whole system change and transformation to deliver the prescribed level of savings.

Financial position

The Trust's underlying financial position at the 2014/15 year-end was a strong cash balance of £12.5million, although we ended the financial year in a deficit position. This was a planned deficit and we are fortunate enough to be in a position where we can mitigate the level of deficit with our cash reserve. Further deficits are planned for 2015/16 and 2016/17 at which point we will have eroded our cash reserves and we need to be in a position where we have reduced our operating costs and increased our income levels through reform and transformation. Our five year capital programme enables us to ensure the appropriate replacement of assets in line with designated asset lives, including our vehicles, essential equipment, our technology and our estate. We are also drawing down capital investment to enable delivery of key transformation programmes.

Transformational plans

Transformation of NEAS and urgent and emergency care reform are key to our financial sustainability. This strategic plan is being supported financially through use of our cash reserves and non-recurrent funding streams; paying for developments we believe will make the difference.

- **ICaT** - the proof of concept is being funded through CQUIN and is critical in reforming urgent and emergency care, helping to reduce hospital demand, enabling us to operate an efficient model of delivery.
- **Agile working** - is set to bring about a range of benefits. Financial benefits include; a reduction in travel costs; productivity improvements; and potential estate savings.



We also have a number of efficiency programmes underway:

- **Lean budgeting** - reviewing all usage of equipment and devices, and the use of other non-pay items / assets.
- **Reduction of estates costs** - we have already relocated our training school and commercial training to make much needed efficiency savings. There will be further changes to our estate as we review building leases and opportunities to co-locate with partners.
- **Reducing waste in operations** - our managers are directly tackling areas where we have unacceptable levels of downtime (time when frontline staff are not available). This could be for a range of reasons, many of which will be eradicated or significantly reduced through improved working practices and technological developments.

These alone will not deliver all of the savings and we are working with our partners to reduce and manage demand in different ways through the reforms. We are putting additional energy behind our Service Improvement agenda, reinvigorating lean methodologies and supporting transformation via our Transformational Programme Office.

Future tariff development

This strategic plan underpins a shift to support a reduction in avoidable admissions and sets out a new operating model in order for us to do this successfully and safely. It is recognised nationally that we also need to fund changes to urgent and emergency care operating models, and to ensure this happens at pace to support our own financial sustainability, we have prioritised payment reform, working collaboratively with Monitor, Ernst & Young and other key partners.

We are currently supporting a three part payment reform proposal consisting of:

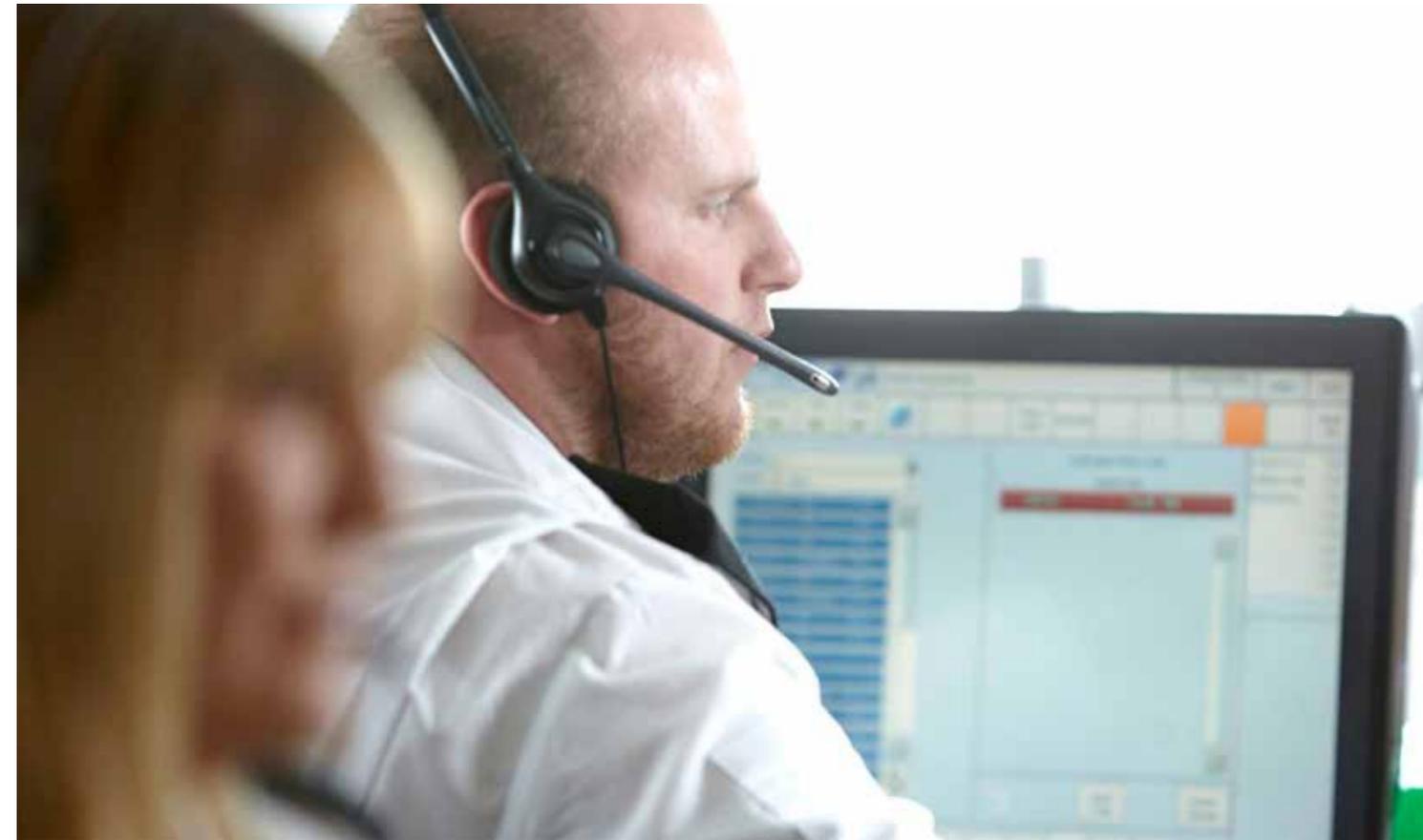
- a block payment to ensure core services are delivered
- a variable payment to cover escalations in activity
- an enhancement payment to encourage trusts to adopt behaviours and activities which enhance whole system improvements in efficiency.

Payment reform is critical to ensure that improved services are delivered for patients in a way that is affordable to the wider health economy. Urgent and emergency care reform financial 'shadow' reporting is planned for 2016/17, however we anticipate, and would welcome an increased pace since the announcement of our UEC Vanguard.

The 'new models of care programme' is also bringing new funding streams into our region to support reform and through effective collaboration and the appropriate re-direction of funding, this could present new income stream opportunities for NEAS.

"Successful payment reform and demand management is essential for us to achieve an improved financial position and to enable us to provide the assurances to our commissioners and public that we can continue to operate a safe service."

Roger French
Director of Finance
and Resources



Resilience and surge

In 2015/16, for the first time, we will be able to boost our resilience in readiness for winter. An additional £1.5million is coming into our baseline funding which will enable us to effectively plan and implement resilient schemes to protect us during surges in activity and winter. Historically, this money has been funded on a non-recurrent basis which has made it challenging to plan responsively and secure time limited resources.

It is our intention to implement previous schemes that have been successfully evaluated, including Hospital Advice and Liaison officers (HALOs) and Ambulance Resource Assistants.

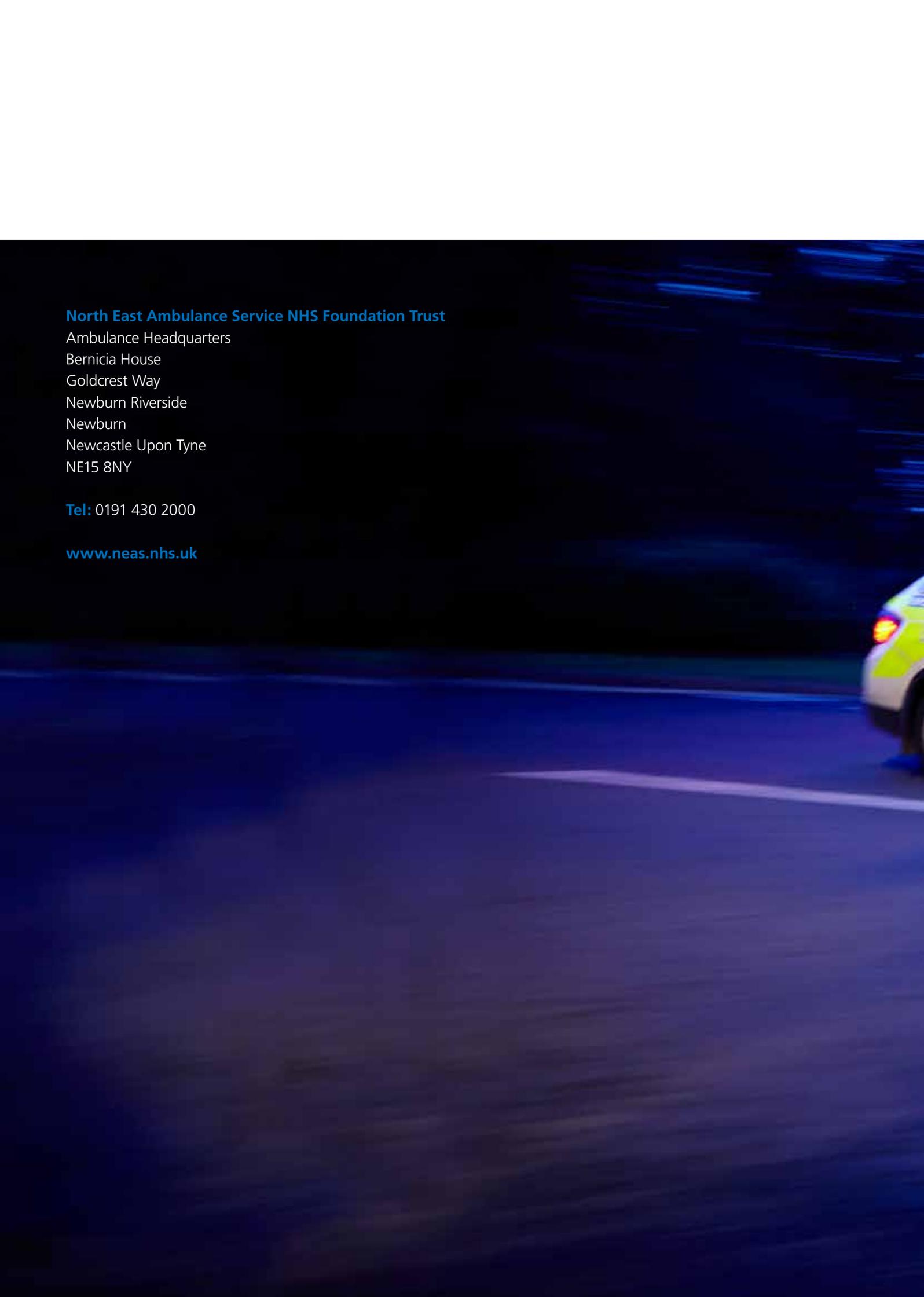
Commercial development

Our financial sustainability will be further supported by the ongoing growth in our commercial training activity. This is a source of income c£500,000 per annum which positively contributes to our financial plan. Over the next few years we are planning incremental growth in the percentage of additional contribution.

Glossary

Term	Definition
AP	Advanced Practitioner providing advanced primary care skills. May be a paramedic or a nurse.
Care Quality Commission (CQC)	The independent regulator of all health and social-care services in England. The commission makes sure that the care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets government standards of quality and safety.
CCG	Clinical Commissioning Groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
Contact centre	The first point of contact for 999, 111 and Patient Transport Services patients who need frontline medical care or transport.
End-of-life patients	Patients approaching the end of their life.
Enhanced CARE	Higher level care than a traditionally trained paramedic using additional skills, patient pathways and they will carry in excess of 30 additional drugs.
e-PCR or e-PRF	Electronic Patient Care Record or Report Form uses laptops to replace paper patient report forms. Ambulance staff attending calls can now download information on the way, access patients' medical histories, enter information in 'real time' and send information electronically to the emergency department they are taking the patient to and to the patient's GP practice.
Five Year Forward View (5YFV)	The NHS Five Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority.
Foundation trust boards	These make sure that trusts are effective, run efficiently and manage resources well and answer to the public.
HART	Hazardous Area Response Team has specially trained paramedics who deal with major incidents e.g. chemical site explosion and terrorist attacks.
Hear and treat	A triage system designed to assess patients over the phone and to provide other options in terms of care, where appropriate, for members of the public who call 999.
ICaT	Integrated Care and Transport model will create a single care and transport solution for the Trust which will ensure that the organisation can respond to the demand in a more flexible and appropriate manner.
JESIP	Joint Emergency Services Interoperability Service focuses on the operational response in the initial stages of a major or complex incident of Police, Fire and Rescue and Ambulance Services
Major trauma	Major trauma means multiple, serious injuries that could result in death or serious disability. These might include serious head injuries, severe gunshot wounds or road-traffic accidents.
MERIT	Medical Emergency Response Incident Team provides advanced medical care on scene at a range of emergency incidents, up to and including major and mass casualty incidents. This may include provision of advanced airway procedures, surgical interventions and critical care over and above current levels of ambulance clinical practice

Term	Definition
Monitor	The independent regulator of NHS foundation trusts
NHS 111	Telephone advice service to provide urgent medical help or advice when it is not a life-threatening situation.
Pathways	A system developed by the NHS which is used to identify the best service for a patient and how quickly the patient needs to be treated, based on their symptoms. This may mean the patient answering a few more questions than previously. All questions need to be answered as we use them to make sure patients are directed to the right service for their needs. Types of service may include an ambulance response, advice to contact the patient's own GP or the out-of-hours service, visit the local minor injury unit or walk-in centre or self-care at home.
Point of Care Testing	Point-of-care testing (POCT) is defined as medical testing at or near the site of patient care bringing the test conveniently and immediately to the patient. This increases the likelihood that the patient, physician, and care team will receive the results quicker, which allows for immediate clinical management decisions to be made.
PTS	Patient Transport Service provides pre-planned non-emergency transport for patients who have a medical condition that would prevent them from travelling to a treatment centre by any other means, or who require the skills of an ambulance care assistant during the journey.
Red 1 Call	Red 1 calls are the most time critical and cover cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction.
Red 2 Call	Red 2 calls are serious but less immediately time critical and cover conditions such as stroke and fits.
Summary Care Record (SCR)	Summary Care Record is a copy of key information from your GP record. It provides authorised healthcare staff with faster, secure access to essential information about you when you need unplanned care or when your GP practice is closed.
See and treat	A face-to-face assessment by a paramedic that results in a patient being given care somewhere other than an emergency department.
Telehealth	Telehealth is the remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring typically used to support patients with Long Term Conditions. Among other things it comprises of fixed or mobile home units to measure and monitor temperatures, blood pressure and other vital signs parameters (and the answering of targeted questions) for clinical review at a remote location using phone lines or wireless technology.
UEC Review	Urgent and Emergency Care Review resulted in the vision to transform urgent and emergency care services in England to make it easier for patients to get the right care, in the right place, first time.
Vanguard	Vanguard sites introduced as part of the Five Year Forward View. Each site will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.



North East Ambulance Service NHS Foundation Trust

Ambulance Headquarters

Bernicia House

Goldcrest Way

Newburn Riverside

Newburn

Newcastle Upon Tyne

NE15 8NY

Tel: 0191 430 2000

www.neas.nhs.uk