South Central Ambulance Service NHS

NHS Foundation Trust

SCAS OPERATIONAL PLAN 2015-16

Executive summary

SCAS is much more than a traditional ambulance service. It is also a clinical assessment and sign-posting service for people who are ill, injured or concerned about their health.

We are continually striving to offer the right care, first time for each individual patient. This strategic goal is well aligned with both the new models of care in the NHS Five Year Forward View and the emerging service models in our local systems of care.

The key challenges facing SCAS are to improve the quality and effectiveness of patient care, and to support local systems in managing rising demand. These improvements must be achieved in the context of tightening finances, increased commercial competition and a scarce supply of staff.

This plan sets out how SCAS will rise to these challenges and progress towards our vision.

SCAS role	Focus for 2015-16
To enable you to identify and access the care you need	To develop our assessment, signposting and advice services To explore ways to share our infrastructure with partner agencies, to facilitate coordinated care across systems
To save lives and improve outcomes	To invest in new roles and career development, in order to secure a sustainable workforce and respond to local needs
To enable you to stay safely in your own home or community	To enhance our 24/7 mobile healthcare service To work with our partners to redesign local systems of care, building on the models proposed in the NHS Forward View
To ensure you can travel safely between home and care settings	To modernise our patient transport and logistics services To offer enhanced services to support people returning home
To support efficient and effective flow around systems of care	To transform our analytical capability and capacity To offer a 'helicopter view'
To secure our competitive position as provider of choice	To transform our cost base To ensure full compliance with all contractual and regulatory standards

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1 Establishing the strategic context

1.1 Service performance in 2014-15

1.1.1 Emergency 999 Service

We have achieved most contractual standards and maintained good performance against other indicators.

During the year, our focus has been on overcoming the challenges faced against emergency (red) response time targets. We achieved both the Red 1 and Red 19 targets for the year, and narrowly missed Red 2, which was impacted by demand surges and resource shortages. SCAS missed both red standards in quarter 3, due to demand surges during the winter. We recovered our emergency response times during quarter 4, and have entered 2015-16 with both Red 1 and Red 2 and Red 19 performance standards being met.

Next year, we are refining our approach to Red performance. We are refreshing our tools to forecast and position emergency resources, with the goal of ensuring resilient and sustainable performance throughout the year. As well as addressing gaps in our own performance, this approach also involves working with stakeholders to resolve challenges in the wider system.

1.1.2 NHS111 Service

SCAS's objective for for NHS111 services in 2014-15 was to maintain national and contractual standards, despite fluctuations in demand.

We have achieved contractual standards. Again, we struggled to flex our resources in time to accommodate the surges in demand over the winter. Performance over the year has been good.

We moved to a single telephony platform and introduced virtual working during 2014-15. This should help to ensure resilient and sustainable performance in the future.

1.1.3 Patient Transport Service

SCAS has a range of Patient Transport Service (PTS) contracts, with each contract having its own unique set of performance indicators. These are typically based around:

- The timeliness of collection and delivery of patients to and from their appointments for treatment.
- The length of time any individual patient spends on a vehicle, en route to and from their appointment.
- Specific metrics related to the treatment of certain patient groups, for example renal patients who are very regular users of the service, where the timeliness of collection and delivery to treatment centre is critical.
- Performance standards related to the operation of our coordination centres, which include the timeliness of call answering and the recontact timescales for those callers who leave voice-mail messages.

Performance across each of our PTS contracts is generally good, with local variations influencing our ability to meet specific measures from time to time. Drivers influencing variations included:

- Comprehensive and long term road works in some areas, which have made the planning and delivery of some services difficult without signifiacant additional resources.
- Contract activity volumes significanlty more than anticipated at any given time.
- Call centre volumes significantly higher than plan, where the options of online alternatives have not been utilised.

1.2 External environment

There have been no changes to the external environment which significantly change our strategic direction. Developments in the last year, both locally and nationally, have reiterated the need for SCAS to achieve its strategic goals.

However, it is now recognised that there is a national shortage of paramedics. Inevitably, this impacts on various areas such as recruitment and the operational model.

NHS Five Year Forward View [1]

The Forward View describes three models of care for local systems to design and implement to meet the needs of their communities. SCAS has a pivotal role in the successful delivery of any of these models. We are working with commissioners and partners to assess the most appropriate model and to agree next steps in each local system.

There are several themes running through the Forward View, all of which SCAS embrace and we will incorporate into our developments in the coming year.

New commissioning standards for NHS111 services

NHS England published new commissioning standards for NHS111 services in June 2014. These new standards will require us to make some adjustments for any new contracts, but the changes are in line with the SCAS's strategic direction of travel.

1.3 Local Commissioning

We are working closely with local commissioners and partners to understand the challenges facing each system:

- To manage the underlying growth and recent spikes in demand for unscheduled care
- To integrate services and pathways across health and social care boundaries
- To reduce hospital admissions and length of stay, for both patients and financial reasons
- To provide more 24/7 services, with a focus on improving the 'out of hours' provision

Our strategy is designed to support local systems of care in responding to these challenges. In line with our commissioners' thinking, we consider that SCAS has a pivotal role in:

- Enabling people to identify and access the care that they need first time
- Enabling more people to stay safely in their own home or community
- Ensuring people travel safely between home and care settings
- Supporting efficient and effective patient flow around systems of care

SCAS also faces the following specific issues:

- Tenders for Berkshire, Oxfordshire and Buckinghamshire PTS, with the risk of losing these to private competition, and potential exit costs from these businesses.
- Financial difficulties within local CCGs and Acute Trusts.
- Significant cost pressures from a tightening in the ambulance resource market, with other organisations attracting Paramedics to them for more pay and better working hours.
- Loss of non-recurring benefit relating to the NHSD successor body and property disposals.
- Re-procurement of NHS111 services.

[1] *NHS Five Year Forward View, published in October 2014*

1.4 Government and Regulatory Policy

As yet, there are no significant changes to government or regulatory policy which have a significant impact on SCAS strategic direction or operational plans for 2015-16.

Revised ambulance response standards

The NHS is piloting new ambulance response standards. SCAS is watching these pilots closely in order to understand the challenges, opportunities and implications if the changes are implemented nationally.

Care Quality Commission

SCAS was a pilot site for inspection against the new Care Quality Commission (CQC) regulation standards and ratings. Therefore, we have had the opportunity to work with the CQC in developing inspection processes going forward.

1.5 Strategic direction

The strategic context has evolved during 2014-15. The changes have reiterated, and if anything hastened, the need for SCAS to achieve its strategic vision. We have reviewed and refreshed our strategy informally throughout the year.

As part of the 2015 annual planning review, the Executive, Board and Governors have all reviewed the strategic context and recommitted to the strategic direction set in 2014.

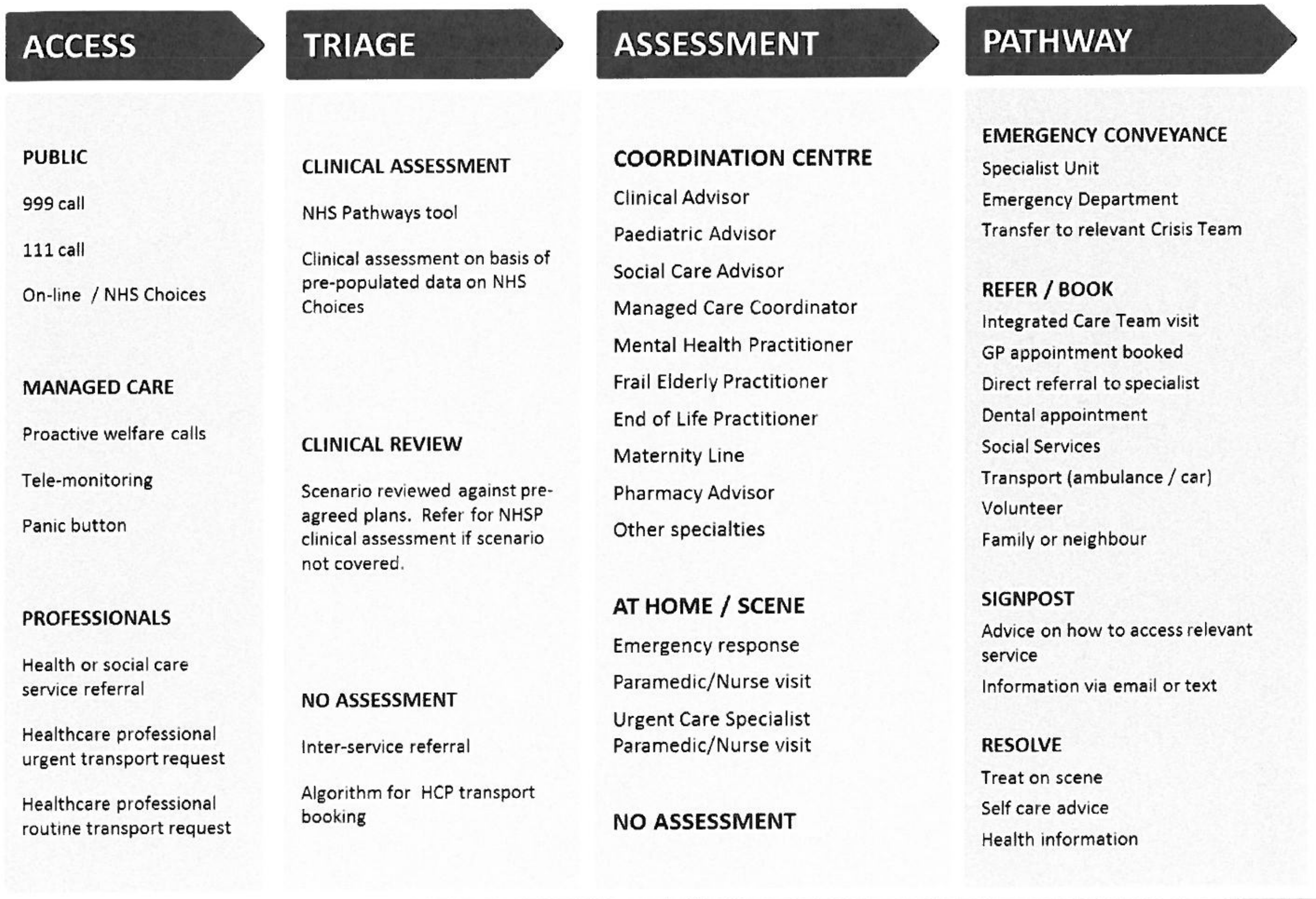
2 Progress in delivering the strategy

2.1 Response to the 'Five Year Forward View'

SCAS has a pivotal role in the successful delivery of each service model set out in the Forward View. We are working with commissioners and partners to assess the most appropriate model for each local system and to agree next steps.

- **Multi-speciality Community Provider**
  a group of GPs running community hospitals and employing a range of specialists in community, hospital, mental health and social care
- **Acute and Primary Care System**
  an integrated primary and secondary care provider, similar to the Accountable Care Organisation model that is developing in some other countries
- **Urgent and Emergency Care Network**
  other types of integration to support smaller hospitals, enable midwifery led services, improve the care of the frail elderly within their own homes

Our local systems are likely to adopt different models and, therefore, we have designed a future service model that will work with all of these concurrently.



There are also several themes running through the Forward View, all of which SCAS embraces, and we will incorporate into our developments in the coming year.

- **Health themes**
  We need to support work to address the challenges of rising obesity, smoking, alcohol, dementia, mental health, cancer and child health.
- **Prevention and support**
  We need to assist people in self-care and support carers.
- **Workforce**
  Our staff are health ambassadors, and we need to support their health and well-being.
- **Health technology**
  We need to collectively raise our game. In the next year, we will work to enable mobile clinicians to view both the Directory of Service and Summary Care Records.
- **Integration**
  We need to help break down the existing boundaries between health and social care, mental and physical health, generalist and specialist services, primary and secondary care, voluntary and statutory services.
- **Levers for change**
  The key levers for these changes are commissioning, Health and Well-being Boards, Better Care Funds and the development of personal budgets.
- **Research and innovation**

We need to support research and innovation, and our helicopter view strategy is key to this.

2.2 Translation of our strategy into goals

We have already achieved significant progress against our highly ambitious strategic plan. Here are notes on progress against some of the key goals in our transformation programme.

2.2.1 Coordination Centres

Enabling you to identify and access the care you need

Achieved so far

- Moved NHS111 and 999 onto a virtual telephony platform
- Implemented a common assessment tool (NHS Pathways) for 999 and NHS111
- Increased the proportion of calls resolved by telephone advice or referral
- Set up system for routinely collecting NHS numbers
- Enabled clinicians in NHS111 and 999 to view Summary Care Records

In progress

- Improving capacity planning and scheduling for NHS111 services
- Launching a coordination hub for community care (Cambridgeshire & Peterborough)
- Improving access to mental health advice and expertise through partnerships
- Upgrading our technical platform (including iCAD upgrade)
- Introducing health information advisors (pilot scheme)
- Piloting home-working as a way of securing access to a wider range of clinicians and flexible resource, using our virtual telephony platform

Plans for 2015-16

- To align the leadership of 999, NHS111 and other services in the coordination centres
- To address our current and future estates capacity requirements
- To redesign our NHS111 service to ensure full compliance with new specification, including consideration of infrastructure to increase connectivity across care systems
- To enable clinicians to view the care plan component of Summary Care Records
- To assess feasibility of other developments in strategy, including tele-monitoring, Skype, proactive calls, digital applications, access to social care services, etc.

2.2.2 Mobile healthcare

Saving lives – and enabling you to stay safely in your own community

Achieved so far

- Introduced electronic patient records (rolled out across 50% SCAS, remainder in 2015)
- Developed partnerships with GPs and community teams to facilitate timely assessment of people in their own homes
- Redesigned the service for urgent transport requests from health care professionals (implementation underway)
- Redesigned vehicle workshops and fleet processes

In progress

- Introducing Specialist Urgent Care Paramedics and Nurses
- Exploring use of senior clinicians in mobile teams to provide clinical advice to the coordination centres, using our virtual telephony platform
- Reviewing our fleet strategy
- Exploring partnership working with community providers

Plans for 2015-16

- To focus on improving the pathways, processes, practices and clinical leadership required to support more people in their own homes
- To enable mobile teams to view the Directory of Services and Summary Care Records
- To work with local systems to implement the service models in the NHS Forward View

- To assess the feasibility of mobile screening and diagnostics

2.2.3 Patient transport and logistics

Ensuring you can travel safely between home and care settings

Achieved so far

- Moved onto virtual telephony platform
- Implemented single technical platform across commercial services
- Mobilised new Hampshire PTS contract (phase 1)
- Developed new service offers (such as re-enablement after discharge)
- Increased role of volunteers in service offered by SCAS

In progress

- Mobilising new Milton Keynes PTS contract (with extended hours)
- Responding to areas of improvement identified by CQC
- Realising benefits of single technical platform (such as dynamic scheduling)

Plans for 2015-16

- To mobilise new Hampshire PTS contract (phase 2)
- To continue to bid for new business as opportunities arise

2.2.4 Helicopter view

Supporting efficient and effective flow around systems of care

Achieved so far

- Analysed internal and external data sources
- Designed global data model concept
- Installed and configured more resilient informatics infrastructure
- Assessed business reporting requirements
- Set up data links with electronic patient records
- Prioritised development of reports and analysis (ongoing process)

In progress

- Building data warehouse
- Creating datasets for services across SCAS
- Developing improved performance reports and analysis as per prioritisation

Plans for 2015-16

- To enhance analytical capability and capacity
- To improve data quality
- To improve and expand access of the reporting tool (QlikView)
- To introduce planning simulation tool

2.3 Managing successful delivery of change

SCAS has adopted a portfolio management approach to the design, prioritisation and delivery of the transformation programme required to deliver our strategy.

The Service Development Team operates as an internal consultancy, offering project, programme, improvement and redesign skills, and flexes in size, in order to deliver the change initiatives prioritised by the Executive Transformation Board to deliver our strategy.

Leaders of the various teams involved in change meet as a Project Advisory Board. This group reviews the business case, plans and resource requirements of each change. It also makes recommendations to the Transformation Board about inter-dependencies between change initiatives, project phasing and the prioritisation of specialist change resources.

Risks are managed and identified within each project. Major risks are escalated to the Transformation Board and, if appropriate, incorporated into the Corporate Risk Register.

We routinely review our change management against best practice models, to highlight areas for

improvement on this basis. Our focus for the next year will be to ensure more rigorous business cases and tighter management of benefits. We will also work to support the organisation to focus on continuous improvement and innovation, as well as bigger planned change programmes.

2.4 Summary of productivity, efficiency and cost improvement programmes

Transforming our cost base is a critical component of our five-year strategic plan, and the key initiatives to improve productivity, efficiency, cost and income in 2015-16 are outlined below.

2.4.1 Coordination Centres

- To realise the benefits of virtual working, so that capacity across both centres can be better matched with overall demand, especially during periods of peak demand
- To align the leadership and to create a cohort of staff working across both services, will enable SCAS to better accommodate peaks in demand
- To address the shortage of trainer and training room capacity, in order to support timely recruitment of staff as required

2.4.2 Mobile Healthcare

- To expand the recruitment and training facilities, so that more paramedics can be employed and reduce reliance on private providers (reducing cost and increasing resilience)
- To continue to expand the volunteer and co-responder schemes, in order to improve our responsiveness in an efficient and effective manner
- To enable mobile clinicians to view the Directory of Services whilst on scene, in order to support more appropriate see and treat (rather than defaulting to emergency conveyance)
- To reduce the cost of the urgent service in response to healthcare professional transport requests through lower staff skill set and lower vehicle specification.
- To improve sickness absence reporting and management, in order to reduce the reliance on private providers
- To improve management, and increase use, of bank staff
- To bring third-party fleet maintenance in house
- To improve consumables management through introduction of comprehensive stores management systems and procedures

2.4.3 Patient Transport

To realise the benefits of the new functionality and capabilities introduced in 2014-15:

- To leverage significant fuel savings from our new fleet (70/100 have already been delivered)
- To reduce fleet costs (in particular maintenance and excess lease payments associated with former ageing fleet)
- To equip the entire PTS fleet with the GPS tracking, and activate the Dynamic Dispatch functionality of the revised CAD system, in order to deliver operational efficiencies through the new real-time tracking and dispatch capability.
- To reduce private resources required to deliver the service, as a result of more efficient scheduling, driven by the new dynamic dispatch capability.
- To recruit an extended team of volunteers, who will provide portering services at hospital locations to allow SCAS staff to arrive and depart locations more expeditiously.
- To renegotiate private provider subcontract arrangements on more favourable terms, with a secure forward view of new contracts in Hampshire and Milton Keynes
- To use the extended hours in new contracts to improve the utilisation of vehicles

2.4.5 Workforce and scheduling

- To reduce attrition of front line and clinical co-ordination centre staff through staff development and the introduction of career pathways, thereby reducing recruitment costs and retaining experienced staff
- To revise rosters so that staffing levels are flexed in line with demand fluctuations
- To create a central capacity planning and staff scheduling function, in order to make further improvements to align resources with fluctuating demand
- To continue to introduce on-line processes (such as timesheets) so that manual processes can be eliminated and tighten management of overtime claims
- To introduce return to practice programmes, military conversion courses and overseas recruitment to reduce dependency on private provider staff.

3 Quality priorities

3.1 National and local commissioning priorities

The priorities for our various Clinical Commissioning Groups are broadly similar:

- To manage the underlying growth and recent spikes in demand for unscheduled care
- To integrate services and pathways across health and social care boundaries
- To reduce hospital admissions and length of stay, for both patients and financial reasons
- To provide more 24/7 services, with a focus on improving the 'out of hours' provision.

3.2 Quality goals

The proposed priorities for quality improvements in 2015-16 are outlined in the sections below.

These priorities will be confirmed and detailed in the Quality Accounts. They cover all of our services and reflect the national contract requirements: to create quality initiatives that are consistent, where measurement of outcomes can be detailed and changes implemented to ensure improved experience, safety and outcomes for patients.

Our quality priorities have been developed from the clinical risk themes emerging through the year. They have also been informed by the corporate risk register, integrated performance report, committees' upward reports, investigations and education programmes. A wide range of stakeholders have been engaged in reviewing these themes and identifying our quality priorities.

3.2.1 Patient safety

- To implement the pathway for sepsis care, and then to review its effectiveness and outcomes
- To ensure staff receive appropriate training in making safeguarding referrals across all services, in order to ensure the protection of vulnerable adults and children
- To ensure that staff receive appropriate training to gain the understanding and confidence to use the Mental Capacity Act.
- To scrutinise incidents involving medicine administration errors, in order to identify key themes and cascade aggregated learning outcomes on a Trust wide basis

3.2.2 Clinical effectiveness

- To report on the percentage of patients with stroke and heart attacks who receive an appropriate care bundle (this is a mandated indicator)
- To improve on the proportion of patients receiving an emergency ambulance response within 8 minutes and 19 minutes (again, this is a mandated indicator)
- To review the reasons for delays in patient transport which lead to service users missing appointments, and then to implement changes required to prevent future occurrences

3.2.3 Patient experience

- To analyse themes from incidents, claims, feedback, SIRI's, compliments and concerns, and to ensure aggregated learning is routinely and effectively cascaded throughout the organisation
- To increase awareness of dementia within the trust and to improve both the standards of care and the experience of patients and carers, by training for both road- and telephone-based staff
- To improve the process for handling healthcare profession feedback in the NHS111 service, in order to ensure learning and service improvements are identified and actioned.

3.2 Outline of existing quality concerns

The Care Quality Commission undertook a pilot inspection of SCAS in Autumn 2014 and reported its findings in January 2015.

As it was a pilot SCAS was not given a rating as part of this inspection but the report identified areas of outstanding and good practice. A number of improvements were detailed and an action plan has been agreed to address all areas of improvement that were identified. The key points that SCAS must address are:

- Statutory and mandatory training
- Staff understanding of the Mental Capacity Act 2005 in EOC[2] and PTS
- Safeguarding training and reporting arrangements
- Call answer and dispatch response times for emergency calls

A governance review of PTS was undertaken, aligned to the new service delivery model and a governance lead appointed. A transformation project is now underway to address training and quality schedule requirements.

3.3 Key quality risks

The key uncertainties are:	*Mitigations*
If SCAS cannot recruit, develop and retain enough clinicians, for either the Clinical Coordination Centres or the Mobile Teams, there is a risk that we cannot provide resilient and sustainable services or take forward our quality priorities.	Work is underway to design a new service model, create the associated workforce strategy, expand our recruitment and training functions, and to improve career progression opportunities. We already use community first responders for appropriate incidents, and we are exploring other ways for volunteers, military personnel and other emergency services to support our clinicians.
If there is not a sufficient range of 24/7 and accessible care pathways to meet patients' needs, this risks having a detrimental impact on SCAS's scope to direct patients to the most appropriate care, with the associated risk of increased conveyance rates to emergency departments.	SCAS is working closely with commissioners and partner agencies to ensure that there is a comprehensive and accessible range of pathways available in each local systems of care, helping to highlight any service gaps and identify solutions. SCAS is also working with commissioners to ensure that the local Directory of Services provides accurate and up-to-date information about the services that are already available.
If any reconfiguration of acute services results in long journeys to emergency departments or specialist units, this risks having a detrimental impact on clinical outcomes for patients with life-threatening conditions and associated reduction in SCAS outcome performance.	SCAS is working closely with commissioners and acute providers in any service redesign activities.
If GPs and other health providers develop multiple different systems to communicate electronically and share patient records, SCAS may struggle to implement an efficient and effective system.	SCAS is implementing electronic patient records, and engaging with local systems to gain access to summary care records. We are also working with partner agencies to understand any specific local issues.

[2] Emergency Operations Centres for 999 calls (EOC)

4 Operational plans

4.1 Workforce

We have staff who can assess patient needs, work autonomously and are willing to work across a 24/7 period. Such individuals are in scarce supply nationally and much sought-after locally, as they are extremely valuable to a wide range of providers.

Our workforce plans must ensure that individuals who have (or have the potential to develop) these skills apply to work for SCAS, and then choose to stay with us. We aim to be the employer of choice, enabling staff to develop professionally and maintain their health and well-being.

Our plans include the following new roles and development opportunities:

Enabling you to identify and access the care you need

- To introduce telephone access to Mental Health Practitioners, through partnership schemes
- To introduce Health Information Advisors
- To explore similar partnerships for specialist advice in mental health, paediatrics or social care
- To incorporate coordination roles for community services into our NHS111 teams

Saving lives

- To develop Specialist Critical Care Paramedic / Nurse roles, to assess and care for people who have suffered major trauma in the pre-hospital setting (this is an adaptation of ECP role)
- To expand our recruitment and training capacity, particularly to expand our Paramedic numbers and secure the workforce required to meet emergency demand.

Enabling you to stay safely in your own community

- To create Specialist Urgent Care Paramedics / Nurses will assess and treat people in their own homes or care homes
- To work in partnership with other local providers to create attractive rotational posts
- To develop partnerships with local GPs to ensure timely visits for people in their own homes

Ensuring you can travel safely between home and care settings

- To continue to implement a new service model for urgent transport requests from healthcare professionals, including the creation of dedicated dispatch and transport roles

Supporting effective patient flow around systems of care

- To engage voluntary and third sector partners to enhance our service offer, including portering for patients transported to hospital and support for vulnerable people after discharge

Offering a helicopter view

- To enhance our analytical capability and capacity, including the recruitment of extra analysts

4.2 Estates

We have commissioned a review of our Coordination Centres and Headquarters estates requirements. We will review options and agree any changes in 2015-16.

We need to expand our training capacity, both for our Mobile Healthcare Teams and Clinical Coordination Centres. This will also be taken forward in 2015-16.

4.3 Information Technology

We will continue to roll out electronic patient records and upgrade our vital signs monitoring equipment across the Trust.

We will discuss options with the national radio programme team and agree a way forward for SCAS

in relation to the requirements for a digital integrated control communications system.

We will upgrade our emergency computer aided dispatch system to iCAD version 9.3.

We will explore the potential for alternative systems (such as Adastra) to improve our connectivity with partner systems in order to facilitate more efficient booking and referral of patients.

We will also explore the requirements and potential of the Intelligent Patient Data system linked to NHS111 services.

In addition, we will explore options to analyse gaps in the Directory of Services identified when the optimal pathway is not available following clinical assessment, either on the telephone or at scene.

4.4 Key risks

The key uncertainties are:	*Mitigations*
If demand for unscheduled care grows above commissioner plans, there is a risk that there is insufficient capacity across systems of care. This could have a detrimental impact on SCAS operational performance if the public use 999 and 111 as an alternative option, especially if SCAS does not have sufficient resources in place or there is insufficient capacity in other services to respond to the excess demand.	A key aspect of SCAS's strategy is an increase in analytical capability and capacity, so that we can make use of the wealth of data that we have available regarding demand trends and service gaps. The intention is to use this analysis to gain a better understanding of our own performance and also to offer a 'helicopter view' of the local systems of care. SCAS will assess and signpost patients to the right care, first time to meet individual needs. This will help to prevent any increase in demand from having an onward impact on Emergency Departments unless appropriate. We will continue to engage with the public and undertake 'misuse campaigns' in attempt to encourage people not to use emergency services inappropriately, and therefore minimise the risk of any increase in inappropriate demand.
If competitive tendering results in the loss of services in some areas, SCAS would have reduced scope to make optimal use of the resources in that area or to take advantage of economies of scale. This is most likely to have a detrimental impact in rural drive zones, where there is already a single resource and utilisation rates are already low.	SCAS is actively working to build its bidding capability and capacity to increase the chance of winning and renewing contracts. The strategic plan is also to broaden the range of services offered, so that the risks associated with the loss of any single contract are minimised.
If SCAS cannot recruit, develop and retain enough clinicians, for either the Clinical Coordination Centres of the mobile healthcare teams, there is a risk that we cannot fulfil our operational commitments.	Work is underway to design a new service model, create the associated workforce strategy, expand our recruitment and training functions, and to improve career progression opportunities.
There is competition to recruit and retain skilled clinical staff, both in our Clinical Coordination Centres and for our mobile workforce. Without sufficient clinicians, SCAS is at risk of having to convey more patients to emergency departments instead of assessing clinical needs and directing	SCAS has a workforce strategy and development plan to ensure that we have the clinical workforce required.

them to the 'right care, first time'.

5 Financial context for 2015-16

Despite several years of austerity and large cost reduction programmes, the financial outlook is one of more of the same and no relaxation of the squeeze in government spending. There will therefore be a continuing tough stance on public sector pay, but with expectations of increases in private sector pay above the level of inflation, but with increasing pay expectations for ambulance staff.

The NHS environment is impacted by the election, with slight overall increases in Clinical Commissioning Group (CCG) budgets after the impact of the Better Care and Transformation Fund.

SCAS also faces the following specific issues:

- Significant cost pressures from a tightening in the ambulance resource market, with other organisations attracting paramedics to them for more pay and better working hours.
- Tenders for Oxfordshire and Bucks PTS, Berkshire PTS, with the risk of losing these to private competition, and potential exit costs from these businesses.
- Financial difficulties within local CCGs and Acute Trusts.
- Loss of non-recurring benefit relating to the NHS Direct successor body and property disposals.

The more straightforward cost improvements have now been completed within SCAS. Therefore, further improvements are increasingly challenging, and require both transformational change and continued good execution of projects.

Last year, the Board set out its strategy, and is continuing to develop the following five areas:

- Developing our telephone assessment and signposting role
- Enabling you to stay safe in your community
- Offering a helicopter view of local health systems
- Expanding our geographical footprint
- Transforming our cost base

As well as continuing to work towards the 2014-19 Strategic Plan, we must also:

- Focus on delivery of our revised cost saving plans, and transforming our cost base.
- A key area over recent years has been our ability to bid for additional non-recurrent funding relating to projects and winter. The focus on this will continue particularly in support of the transformation projects, aiming to access funds for workforce and IT transformation.
- Being perceived as an organisation willing to find and support solutions to problems for the NHS as a whole, and improving our margin as a result.

6 Board declarations for sustainability and resilience

6.1 Sustainability

Clinical

The organisation is clinically sustainable. Nevertheless, it has identified areas for improvement and development within its strategy. Actions to mitigate these risks were outlined in section 3.

Operational

The organisation is operationally sustainable. However, it has identified scope to offer more streamlined services to patients, help to address issues facing the wider care systems, and to be more efficient in terms of operational delivery. The strategy has been developed accordingly.

Financial

The Trust is financially sustainable. Whilst the financial pressures increase, and the surplus has reduced, it has a large cash balance which will provide a cushion in the event of adverse financial movements.

6.2 Resilience

Clinical

The organisation is clinically resilient. However, it has identified scope to improve our clinical resilience through a more resilient and sustainable workforce. Please see section 4.1.

Operational

SCAS has a track record of providing resilient operational services and has performed well against emergency response standards in the last year. Demand exceeded our predictions (and those of other organisations) during quarter 3, when we missed both emergency (red) response time standards.

Next year, we will reinforce our resilience in operational services. We are refreshing our tools to forecast and position emergency resources, with the goal of ensuring resilient and sustainable response times throughout the year. As well as addressing gaps in our own performance, this approach involves working with stakeholders to resolve challenges within the wider system.

Financial

The Trust has financial resilience, particularly as a result of its sound cash position and track record of delivery of cost savings.