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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust



Delivering Clinical Excellence in Wales

Clinical Strategy 2020 - 2025



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Our purpose

To be a caring and responsive ambulance service for people in Wales.

Ein pwrpas

I fod un wasanaeth ambiwlans gofalgwr ac ymatebol i bobl yng Nghymru.

Our vision

A leading ambulance service providing the best possible care through a skilled, professional and healthy workforce.

Ein gweledigaeth

gwasanaeth ambiwlans blaenllaw sy'n darparu'r gofal gorau posibl trwy weithlu medrus, proffesiynol ac iach.

Foreword



Jason Killens | Chief Executive

We recently published ‘Delivering Excellence, Our Vision for 2030’ which describes our goal of ‘providing the right care in the right place, wherever and whenever it is needed.’ Our focus on providing a quality service is a priority in designing our services and shaping them to meet the needs of our patients, particularly in improving patient outcomes, experience, safety and clinical effectiveness.

When established over 20 years ago, the Welsh Ambulance Services NHS Trust’s function was to manage ambulance and associated transport services. Historical arrangements for dispatching emergency ambulances to 999 calls followed the basic principle of ‘first come, first served,’ however in 2001 this changed when recommendations from a comprehensive UK wide review were introduced. Ambulance service responses were developed to be appropriate to the patients’ needs, in a new system to prioritise 999 calls into categories of immediately life-threatening, serious but not immediately life-threatening and neither serious nor life-threatening.

Our Clinical Response Model now retains timeliness of ambulance response as a measure for the most serious, life-threatening conditions whilst adding a new dimension of Ambulance Quality Indicators (AQIs) measured across the 5-Step Ambulance Care Pathway. Our service is no longer providing transport only. It now encompasses NHS 111 Wales, 999 telephone triage, clinical advice, non-emergency patient transport and emergency medical services. These services combined, are working towards avoiding unnecessary hospital admissions and providing care closer to home for our patients.

In our Clinical Strategy, in a post coronavirus environment, we bring forward a refreshed ambition for how we want to deliver the best services for our patients. This strategy acknowledges the challenge in ‘A Healthier Wales’, to make our health system fit for the future with a renewed focus on quality improvement and value in all that we do. We recognise our role as part of the broader unscheduled care system and will continue to develop our people and services so that we are able to influence a shift towards scheduled care as far as possible.

Our strategy highlights the important role that clinical leadership plays in our effectiveness and builds on the operational and clinical leadership structures

implemented from 2017/18. We have already taken steps to structure our organisation in a way that is fit for the future and allows us to further develop our twin ambitions of being a clinically-led and operationally effective service.

As an emergency service, we must ensure that we are operationally effective. Our performance in meeting our target for Red (immediately life-threatening) calls has been consistently good, however we recognise that our performance in the Amber category (serious but not immediately life-threatening) must improve. We have undertaken a comprehensive demand and capacity review where recommendations have now been agreed by our commissioners to ensure we improve. We must continue to work across our organisation and the wider unscheduled care system in order to improve the experience for our patients, some of whom currently wait longer than we would like.

Our Trust strategies are developed with the ethos of quality at the heart of everything we do. The quality of our service will support the Healthier Wales aim for everyone in Wales to have longer healthier and happier lives and be able to remain active and independent in their own homes for as long as possible. The Quality and Governance in Health and Care Bill, a Healthier Wales Strategy for Health and Social Care, the Health and Care Standards and Commissioning Requirements for Quality, set out clear expectations regarding our duty of Quality and Candour.

In support of this we have adopted the six domains of quality in healthcare to further strengthen and embed a quality driven culture throughout the organisation by applying quality planning, improvement and control. These will inform the decisions we make, how we learn and grow as an organisation, the care we provide and the outcomes and experiences of service users.

Introduction



Dr. Brendan Lloyd | Executive Medical Director

We are delighted to present 'Delivering Clinical Excellence', a document which sets out our vision for the future clinical direction in the Welsh Ambulance Services NHS Trust. This vision has been shaped by extensive engagement with our patients, staff and key stakeholders during development of our overarching Long Term Strategy.

Our Clinical Strategy recognises that we live in a world where the needs of our population are changing. People are living longer and care needs are becoming more complex, placing different demands on the ambulance service. We do not underestimate the challenge that this creates and recognise that this is not a challenge that we can meet on our own.

Technology is now a part of everyday life, transforming the way that we live in Wales. Our ambition is to create a culture of strong clinical leadership, strengthened partnerships and smarter ways of working that allow us to embrace technology and develop our clinical offering as the national ambulance service within NHS Wales.

Our clinically focused response model is based on Prudent Healthcare as a guiding philosophy. This will allow us to support NHS Wales to put the citizen at the heart of a whole system approach through a reduction in variation, waste and harm. In line with this philosophy, we will secure better data and undertake improved modelling of future needs as we move forward to meet our commitments within our clinical agenda.

We will take our strategy forward through the use of the **Quadruple Aim** within "A Healthier Wales":

- Improved population health and wellbeing
- Better quality and more accessible services
- Higher value health and social care
- A motivated and sustainable workforce

This strategy is now released at a time when the health service is facing unprecedented challenges from the Coronavirus pandemic. Tragically, we have seen health care workers across the NHS, including colleagues at WAST, lose their lives in this pandemic. We were fortunate that we entered this pandemic with an established clinical structure, including clinical leads at health board and regional levels. The close working relationship between our clinical leads and staff on the front line has meant that we have addressed the challenges of working in this new environment, particularly in terms of clinical procedures and protective equipment, in a way that has prioritised staff safety while continuing to provide the best possible service to the population we serve. All of this work has been supported by many teams across all directorates within the organisation and we will be embracing many of the lessons learned through this difficult time in our future service delivery.

Although the clinical structure has helped to lead the organisation through this difficult period, we absolutely recognise that we do not yet have the finished article. Through this strategy we aim to further develop Clinical Leaders at team level within the organisation, identifying and mentoring those who wish to progress their career in the clinical field. We recognise that the first steps into leadership roles will often be the most tentative and we will put together a structure to support our clinicians in these early stages, in the same way in which our senior clinical on-call rota now supports our staff delivering care to the people of Wales. The senior clinical leaders of the future are already within our service and, through this strategy, we will support and encourage our staff as they develop in these crucial roles.

The last five years has been the period of greatest change in terms of clinical care that our ambulance service has ever seen and this pace of change is all set to continue. The increasing status of paramedicine as a profession and the delivery of excellent care is now establishing WAST as leading organisation in terms of care in the community. Excellence in clinical leadership will be required to continue this momentum but we also need to recognise and thank our entire workforce for their enthusiasm and commitment to supporting advancement of clinical care; this strategy sets out how our clinical workforce will be supported to meet the challenges we will face together in the future.





Claire Roche | Executive Director of Quality & Nursing

I am delighted to support this Clinical Strategy for our clinicians in the Welsh Ambulance Services NHS Trust. In 2020, the International year of the Nurse and the Midwife, recognising the role of nursing in an Ambulance Service has never been more important. Our services are uniquely placed to support the aims of A Healthier Wales: Our Plan for Health and Social Care (Welsh Government 2019). We enable care to be provided closer to home, shifting the focus from secondary care to community services.

Our nursing workforce in NHS 111 Wales, Clinical Support Desk and our nurses in corporate support roles provide high quality clinical care and advice to the people of Wales, uniquely contributing to patient outcomes and experiences.

Recognising this, the Welsh Ambulance Services NHS Trust has its first Nursing Career Framework which has been approved by the Chief Nursing Officer for Wales. We have introduced observational placements for Student Nurses, where they experience the role of the Nurse in the Clinical Contact Centre, NHS 111 Wales and nursing roles in specific support functions, for example Safeguarding.

We have commenced some rotational roles in partnership with GP Out of Hours and in partnership with universities in Wales and Health Education Improvement Wales (HEIW) have commenced the development of bespoke nursing modules.

As 111 continues to roll out across NHS Wales, our nursing workforce in the Welsh Ambulance Services NHS Trust has and will continue to expand. Nurses clinical decision making and skills are essential for this service, putting patients, families and carers experience at the heart of what we do.

As our services continue to become ever more clinically focused, building on the Clinical Response Model, multi-professional working will support this. When I see paramedics and nurses working side by side on the Clinical Desk, I witness incredible respect for one another's profession and the combination of skills and experiences benefits those who use our service.

This Clinical Strategy supports all our clinicians in all roles within the Trust and in conjunction with our Paramedic and Nursing Career Frameworks, drives our very much valued multi-professional workforce.

The Paramedicine Perspective



Andy Swinburn | Associate Director of Paramedicine

I am pleased to be able to open this publication and offer my Paramedicine Perspective.

The profession and individual paramedics find themselves at a key junction. A number of internal and external factors are shaping the healthcare landscape and as paramedics working within a leading ambulance service, we need to play our part, not just by ensuring the effective delivery of high quality clinical care, each and every day, but also by shaping the profession as we grow and develop.

Recent years have seen the harnessing of these activities, with all of our paramedics undertaking study to develop and grow their practice, either as part of the band 5 to 6 competencies, or going further with academic awards at levels 6, 7 and even 8. Education and the pursuit of knowledge should always be a fundamental tenet of the profession and this will support our broadening out-of-hospital and paramedic practice portfolios.

In addition to these educational aspirations, we must also ensure these are founded in sound clinical practice, as knowledge is limited without the ability to apply it. This strategy paves the way for the next steps within our clinical practice journey. Recent years have seen the expansion of our Advanced Paramedic Practitioner's Programme, including rotational elements and harnessing the benefits of prescribing. This development is a vital first step in our organisations transformation and ensures we are setting the direction for paramedic practice.

As this practice becomes embedded into routine clinical care, we must also ensure that the wider aspects of clinical care receive the same degree of focus and leadership. Whether this be face to face or remote telephone triage and treatment, we will be reviewing practice for our Paramedics, Emergency Medical Technicians and Urgent Care Assistants, whilst also ensuring that our vitally important volunteers complement these practice developments and their contribution is maximised.

The next stage of our development needs to apply a keen attention and commitment to ensure effective clinical leadership is supportive across the organisation, more especially within frontline delivery. Numerous examples have illustrated how supportive clinical leadership can positively affect service delivery for both patients and clinicians.

I look forward to being part of this journey with you all and ensuring we serve the people of Wales, as I know the profession can.

Our Clinical Response Model

The Trust's Clinical Response Model has been in effect since 2015, when the Welsh Government endorsed a change to a more clinically focused model of ambulance care in Wales.

Emergency Call Categories	Performance Measures
<p>Immediately Life Threatening - RED These patients are very seriously ill or injured and in imminent life-threatening danger. As an example, the person may be experiencing a respiratory/cardiac arrest.</p>	<p>Immediate time critical response 8 minute response target</p>
<p>High Clinical Priority – AMBER 1 This category is for all other life threatening emergencies. As an example, the person may be experiencing cardiac chest pains or a stroke.</p>	<p>A range of clinical outcome indicators are in place to measure the quality, safety and timeliness of care being delivered alongside patient experience information.</p>
<p>Urgent Clinical Priority – AMBER 2 This category is for serious, but not immediately life threatening situations. As an example, the person may be experiencing diabetic problems.</p>	
<p>Non Urgent Clinical Priority – GREEN 2 This priority is for neither serious nor life threatening incidents. As an example, the person may have fainted and be recovered and alert.</p>	<p>A range of clinical outcome indicators are in place to measure the quality, safety and timeliness of care being delivered alongside patient experience information.</p>
<p>Suitable for Clinical Telephone Assessment – GREEN 3 This priority is for neither serious nor life threatening incidents. As an example, the person may be suspected to have been poisoned but is not showing any priority symptoms.</p>	

For the immediately life threatening **RED** calls, where every second counts, Emergency Ambulances (EAs) are dispatched immediately, this includes diverting EAs responding to lower priority calls. Any other Clinician or Community First Responder will also be sent to the **RED** calls, if they are closer to the incident, and it is a code that is appropriate for them to respond to.

All other calls (**AMBER** and **GREEN** codes), will whenever possible, have the right level of clinical response dispatched/responded, once Clinical Contact Centre staff have identified the priority of the call. The Trust is working towards increasing our ability to provide a range of options for safe and effective clinical care for these calls, which may

involve clinical telephone assessment and advice or referral to alternative more appropriate or specialist care pathways for the patient.





To support this new model, the Emergency Ambulance Services Committee (EASC) has developed a set of Ambulance Quality Indicators to monitor and improve performance across the 5 Step Ambulance Care Pathway.

The Ambulance Care Pathway is designed to ensure that ambulances are dispatched to calls where there is an immediate need to save life or provide treatment which requires an ambulance. For other less serious cases, alternative treatments such as referrals to other parts of the

NHS or telephone advice will be provided. The pathway is intended to ensure the ambulance service is providing the right response for a patient dependent on their clinical need.

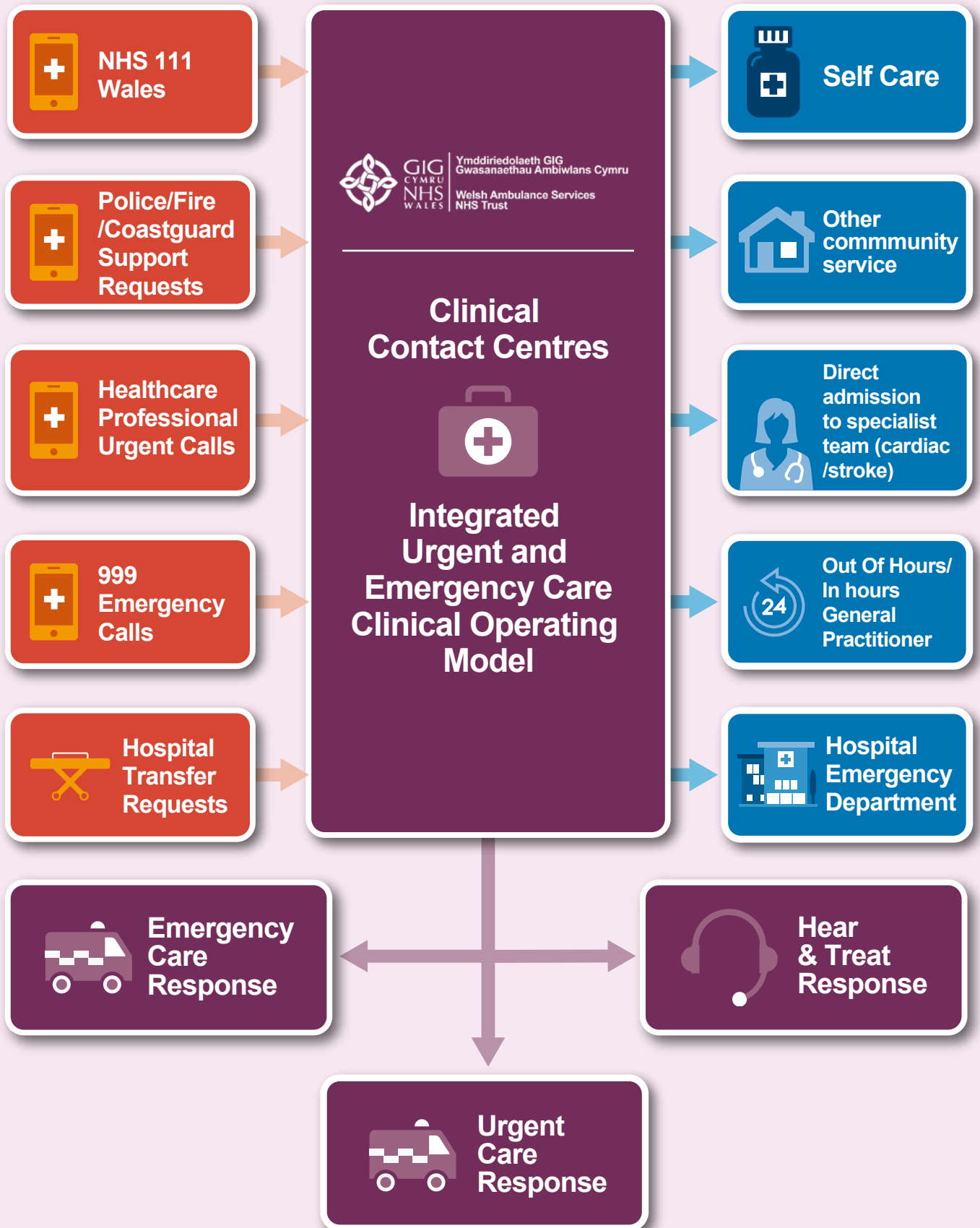
Our Ambulance Quality Indicators for Step 4 currently include a review of care and treatment for key conditions: stroke patients, older adults with suspected hip fractures, patients experiencing a heart attack, patients with suspected sepsis, children under 5 years old with suspected febrile convulsion and hypoglycaemic patients.



Designed with permission using the CAREMORE® 5 Steps. Copyright, 2017 WAST.



Our Clinical Operating Model



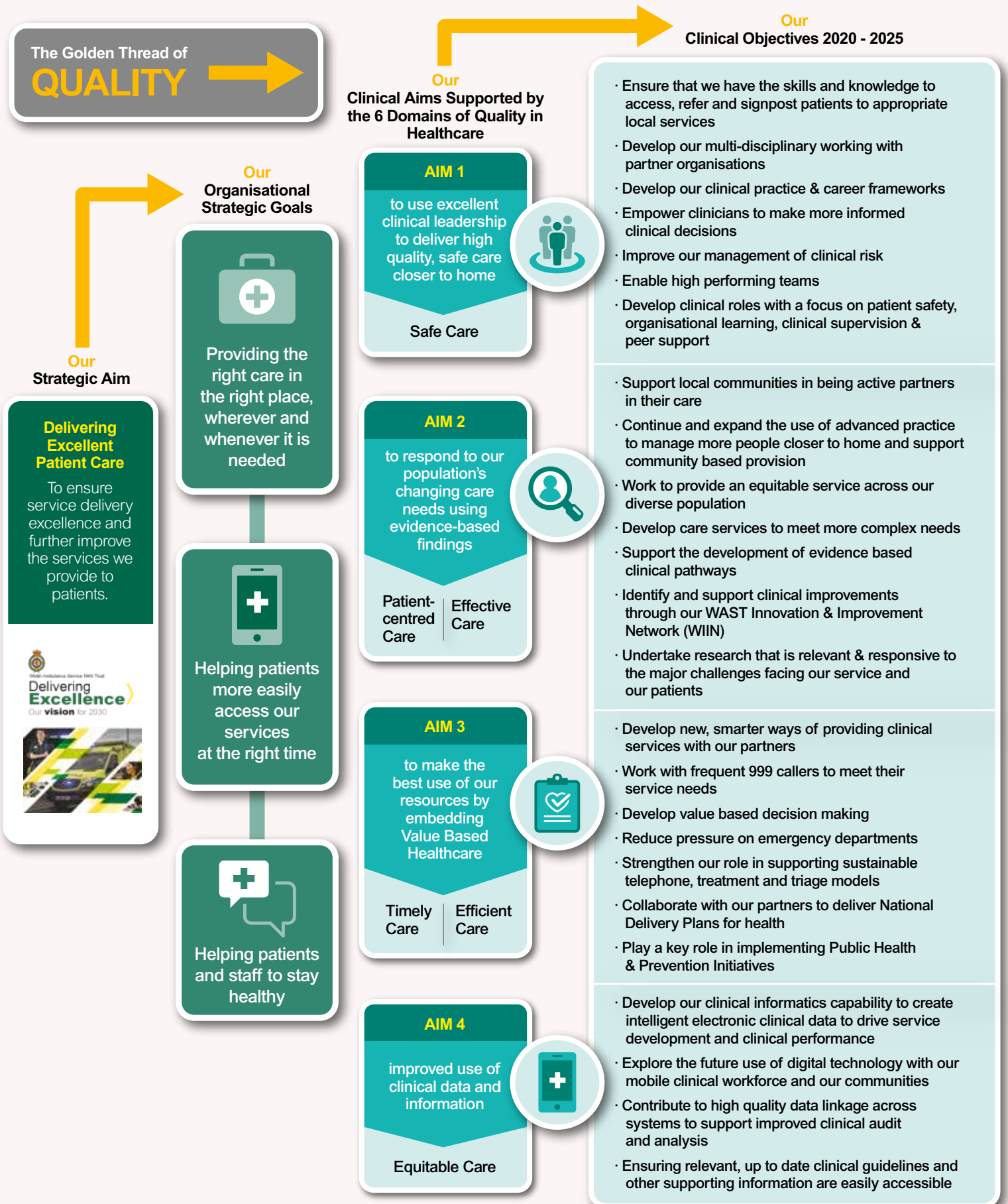
Our Vision

To provide an excellent quality clinical service to meet the needs of our patients with a focus on improving safety, clinical effectiveness and patient outcomes and experience.

Placing **quality** at the heart of everything we do.



Overview of Delivering Clinical Excellence in Wales



Quality in Care

SAFE CARE
TIMELY CARE
EFFICIENT CARE
EFFECTIVE CARE
EQUITABLE CARE
PATIENT-CENTRED CARE

Placing **quality** at the heart of every patient contact.





Aim 1: Excellent Clinical Leadership to deliver high quality, safe care, closer to home...

Our plan for clinical leadership provides the clear direction that enables our organisation to be prepared for the changes that it faces. Our clinical leaders will change the emphasis; with compassionate leadership, inspiring clinicians to deliver optimum care for all our patients, shaping future delivery and flexing to meet the challenges that the future health economy will undoubtedly present.

Clinical leadership is a process by which an individual influences others to set standards, accomplish objectives and directs the organisation to greater consistency. Leaders are identified by their key characteristics; knowledge, skills and attributes. With effective clinical leadership across the Trust, extending across all departments including non-registrants, we will encourage our people to inform strategy, improve and drive quality, service design and resource utilisation.

Clinical leadership will be used to design a framework to support the Welsh Ambulance Services NHS Trust as we move forward in the 21st Century. Good clinical leadership is vital for 'today', however, we must also ensure we look forward in the medium to longer term to engage with the workforce, develop succession plans and inspire talent to become future organisational leaders. This work will prove critical to all of our organisation as we work towards achieving our long term vision for clinical development.

There is a need to establish a tiered system of clinical leadership, throughout the organisation and to create an aspirational career pathway within all professions. Our Trust's People and Culture Strategy recognises that in the coming years we will see changes to our clinical workforce pipeline through the introduction of the degree requirement for newly qualified Paramedics from 2021,

further investment in advanced practitioners, an expanded role for nurses (e.g. rotational and see and treat roles) as we respond to the requirements of the Nurse Staffing Level (Wales) Act 2016, and developments in specialist services. This change will provide us with the opportunity for emphasis on lifelong learning and continued professional development to enable us to explore the potential for the Trust to attain University Status and increase opportunities for clinical academic careers.

High quality, flexible education and training forms an integral element of our long term strategic ambitions. Our 'Long Term Future of Work: People and Culture Ambitions' document articulates the importance of modernising and transforming our education and training provision in order to ensure that our workforce is sustainable, highly skilled and capable of working at the top of the relevant scope of practice, to maximise the impact we can have across the healthcare system to the benefit of our patients.

Clinical supervision forms a fundamental part of clinical leadership aspirations. These supportive interactions will be a key facilitator of service improvement, supporting our clinicians through these broadening opportunities, both to acknowledge high performance and to support the learning journey of all clinicians following untoward events and clinical errors. The importance of effective clinical leadership was evident throughout our response during Covid-19, where real support and clarity was essential during the most challenging of times. Reflecting on this further, we want to ensure that we have a network of clinical leaders who are able to translate and disseminate timely information when it is needed most. We will therefore work towards developing active, reactive and proactive clinical leadership and supervision.

Clinical Leadership & Supervision

Active Clinical Leadership & Supervision

This is something that may take place at scene, working with and alongside team members, reinforcing practice supporting decision making and reassuring clinicians of their actions.

Reactive Clinical Leadership & Supervision

This is something that would be undertaken following an incident at either a hot or cold debrief. Identifying issues, promoting learning and improving both clinician and patient safety.

Proactive Clinical Leadership & Supervision



Scheduled and planned delivery. Reflecting on practice and promoting learning. Building this into the appraisal process and ensuring all clinicians are engaged with organisational objectives and service delivery. This may also incorporate planned team briefings, opportunities for peer support and the coordination of specialist knowledge being offered to the team.

Clinical leadership will be a 'strategic enabler' and its effects and influence will be far reaching, linking with many other strategies and developments.

Clinical Leadership enabling Independent Prescribing...

The Trust has a leading role in the development of advanced practice. In 2019, we became the first ambulance service in the UK to educate and incorporate Independent Prescribing into frontline practice. We are now at the beginning of a journey to explore the benefits of incorporating this

enhanced skillset into ambulance service practice. This capability will benefit patients and enable us to adapt to serve our changing population needs by supporting the developments to future modelling of clinical services in the wider NHS.

<p>Patient Situation</p>	<p>No Independent Prescribing</p>	<p>With Independent Prescribing</p>	<p>Benefits</p>
 <p>Carol is 67 years old and is living with Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Whilst visiting family, she has been experiencing wheezing, coughing and a shortness of breath for two days.</p> <p>She has been using her daughter's inhaler (as her own has run out), and has a mild fever which she has been managing with paracetamol.</p>	<p>The local GP practice receive a call from Carol's family but they do not have any capacity to see her at short notice, her family are really worried so they call 999.</p> <p>An ambulance is dispatched. Following an assessment, the paramedics request the attendance of an Advanced Paramedic Practitioner (APP).</p> <p>The APP assesses Carol and supplies limited rescue medications to treat the exacerbation of COPD. The APP then rings the GP Practice and waits for an hour to discuss Carol's case to request further medications or a GP appointment.</p> <p>The APP explains to Carol and her family how to take the rescue medication appropriately. The APP then advises Carol to have a follow up appointment with her own GP when she goes home at the end of the week and provides advice to recall 999 if Carol/her family are worried about anything.</p> <p>A paper record of the event is left with Carol to hand to her GP.</p>	<p>The local GP practice receive a call from Carol's family and allocate the APP working with them to visit Carol at her family's home.</p> <p>The APP has a tablet device and access to Carol's GP summary record and current medications.</p> <p>The APP assesses Carol and sends an e-prescription for her medication for collection at the local pharmacy, explaining to Carol and her family how to take the medication appropriately.</p> <p>The electronic patient clinical record generates a request for the Cluster Respiratory Nurse to visit Carol within 24 hours.</p> <p>The APP is able to upload Carol's clinical record electronically in real time to Carol's own GP and requests a follow up appointment online, ready for when she goes home.</p> <p>Carol/her family are advised to recall the local GP practice if they are worried. They can do this via an online app which alerts the surgery to the home visit and priority review of the patient.</p>	 <ul style="list-style-type: none"> • Patient cared for in the community by a multidisciplinary team • Better patient experience • Emergency ambulance crew available for life threatening calls • Avoided hospital admission • Avoided the possibility of contracting a hospital acquired infection • No multiple points of clinical contact to receive early stepped up medication • Ambulance clinical records are sent to GP automatically • Follow up appointment arranged automatically • Continuity of care • Sound signposting and safety netting for patient care



Clinical Leadership: Our objectives

Our Objectives

What we are doing...

Ensure that we have the skills and knowledge to access, refer and signpost patients to appropriate local services

- Ensuring our current and future workforce have the skills to effectively manage the patients that we see.
- Supporting and developing our clinical leaders in being active participants in research and development.
- Providing our clinicians with access to the right information, the ability to communicate swiftly, and the peace of mind that all of this is secure and compliant with patient data protection regulations.

Develop our multi-disciplinary working with partner organisations

- Working with a range of partners from the public, third and private sector to deliver local healthcare solutions enabling people to live well at home for as long as possible. We will also work closely with our blue light partners to deliver improved services to the public we all serve.
- Working to identify opportunities in developing partnerships and not only initiating, but also sustaining those clinical relationships.
- We will maximise our clinical experience through further development of rotational posts in a range of different clinical environments.

Develop our clinical practice and career frameworks

- Developing and supporting our workforce, working with Health Education and Improvement Wales (HEIW) to commission the programmes to ensure our workforce has the skills and characteristics to empower them to manage the patients we see more effectively.
- To explore the effectiveness of independent prescribing in enhancing our clinical effectiveness.
- Developing Trust clinical career frameworks that align to the appropriate professional bodies and provide a flexible approach to career progression for our workforce.
- To pro-actively provide and strengthen effective leadership across our services to significantly reduce the likelihood of psychological harm to staff due to workplace factors.

Empower clinicians to make more informed clinical decisions

- Working to provide our clinicians with access to timely, intelligent clinical information and clinical equipment to support decision making.
- Working in partnership with patients, families and carers to ensure that people's preferences, needs and values guide clinical decisions that are respectful and responsive to the individual, keeping them closer to home where possible.

Improve our management of clinical risk

- Working to embed tools that support assessment, prioritisation, treatment and management of clinical risk e.g. the Paediatric Observation Priority Score (POPS) checklist system - this tool will support us to identify those children most at risk to ensure they get the most rapid access to treatment.

Enable high performing teams

- Developing the clinical support for our clinicians through appraisal of clinical indicators and personal development with a focus on clinical performance.

Develop clinical roles with a focus on patient safety, organisational learning, clinical supervision and peer support

- Increasing and improving the level of clinical support available to our front line staff by developing the clinical support functions in our Clinical Contact Centres, to create region wide single points of access in our role as the 'Call Handler of Choice'.
- Building a network of clinical leaders across the Trust, educated to academic levels 6, 7 & 8 who will provide a tiered network of clinical leadership to practitioners who are leading their own clinical teams.

Develop clinical leadership and supervision

- Develop our approach to Active, Reactive and Proactive clinical leadership and supervision.



Aim 2: Responding to our changing population’s care needs using evidence-based findings...

Our vision is to meet the more complex, health and care needs of our population. We will develop our services towards meeting these needs and providing an equitable service across our diverse population of Wales.

We serve a population of around 3 million people across Wales with a projected growth of approximately 4% per year. This creates an increasing ambulance incident demand each year. Our key challenges include:

INCREASING AMBULANCE INCIDENT DEMAND



projected to increase by **2-3%** per year
Source - ORH Demand & Capacity Report

INCREASING OLDER ADULT POPULATION



By 2030, the number of people aged 65+ is projected to increase by

158,000
(+24.9%)

This will mean more older adults needing our services

Source - Public Health Wales Statistics

GROWING POPULATION



The Population in Wales is set to grow by circa **4%** to **3.24 million** by 2030

Source - Public Health Wales Statistics

INCREASING NUMBER OF HOUSEHOLDS



by 2030, the number of households in Wales will increase by over **90,000**

Source - Public Health Wales statistics



MORE COMPLEX CONDITIONS

Currently, more than **40%** of people aged 75+ live with two or more longstanding illnesses

Source - Public Health Wales Statistics

HEALTH RISK FACTORS



62% of people aged 16+ are projected to be obese or overweight by 2030

Source - Public Health Wales Statistics

MENTAL HEALTH



In Wales, **1 in 4 people** will experience some kind of a mental health problem or illness within their lifetime.

Source - Office for National Statistics





Aim 2: Responding to our changing population's care needs using evidence-based findings...

We understand the opportunity, through the thousands of daily contacts we have with people, to improve their health and wellbeing. We also accept that our services need to constantly develop and evolve to meet the needs of our population, focusing on meeting their goals and preferences, supported by the best available evidence. We have a particular focus on the national clinical priorities agreed by the Association of Ambulance Chief Executives, the National Ambulance Service Medical Directors (NASMeD) and as part of our local commissioning intentions. These include Emergency Care, Urgent Care, Mental Health, the Frail Older People, End of Life Care, Public Health and Prevention.

The Trust has developed clinical indicators to measure the expected level of care for conditions such as sepsis, heart attacks, stroke, diabetic emergencies, older fallers who have fractured their femur (hip) and young children who suffer a febrile convulsion. This system allows the Trust to monitor clinical performance and recommend changes in practice where needed.

In 2019, we launched our Improvement and Innovation Network (WIIN), in order to empower colleagues with their ideas to make improvements and be innovative, by offering guidance, approval and support for change projects.

Our WIIN portal was developed from feedback during engagement with staff who had many good improvement ideas, but did not have a way to gain support to progress them previously.

We recognise that in order to improve outcomes for our patients, we must communicate the clinical decision making process more effectively with patients, families and local communities, whilst embracing digital technology to increase information flows to help us to do that. We will create an information-driven approach to decision-making and development of new models of care that meet the evolving needs of our population in a way that is financially sustainable and equitable across our diverse population. We will also actively contribute to high quality research that is responsive to our population's care needs and ultimately translate evidence-based findings into our models of care.

By developing appropriate care pathways, that are consistent across Wales, we can better meet the needs of particular cohorts of patients and ensure that patients are taken to the most appropriate treatment centre for their presenting condition. We have a significant role to play as part of multi-disciplinary teams in ensuring that patients are treated closer to home and are not conveyed to hospital unless it is absolutely necessary.

An example of reactive leadership being responsive to our changing population's care needs using evidence-based findings is illustrated to the right.

These guidelines, that were created during the Covid-19 pandemic, demonstrate how clinical leaders were able to quickly translate and communicate up to date, evidence-based findings to our clinicians in order to equip them during our response.

COVID-19 Cardiac Arrest PPE Guidance

IMPORTANT All staff involved in the clinical management of a patient in cardiac arrest **MUST** don COVID-19 level 3 PPE (this includes EMS/UCS/NEPTS and staff from any other organisation assisting in a frontline role during this pandemic)

Prepare Where possible donning of PPE must take place before arrival at the scene i.e. at station on receipt of the call or at a safe location if already mobile (accepting that the driver of the vehicle will have to apply gloves, eye protection and mask on arrival at scene)

Plan The tactical plan for resourcing includes prioritising emergency ambulances. If any FRV/WAPP response capable staff are allocated to a cardiac arrest call the same above process applies if they have an escort. If they are on their own then they must don COVID-19 level 3 PPE before entering the scene.

Priority In the unlikely event that NEPTS are conveying a patient who has a cardiac arrest the following will apply after priority call for assistance:

- Double crewed vehicle: first person applies the AED defibrillator pads and delivers a shock if advised. Second person to withdraw and don COVID-19 level 3 PPE before returning to start CPR (first person then withdraws to don PPE).
- Single crewed NEPTS staff to apply the AED defibrillator and shock if advised then withdraw to don level 3 COVID-19 PPE before starting CPR.

On Scene If on your arrival at scene the patient is unexpectedly in cardiac arrest or you witness a cardiac arrest:

- One person withdraws to don level 3 PPE whilst the second person applies the defibrillator pads and delivers up to a maximum of 3 consecutive shocks (if non-shockable then withdraw and don PPE before starting CPR).
- Solo responders apply defibrillator pads and deliver up to a maximum of 3 consecutive shocks then withdraw and don level 3 PPE before commencing CPR.

Equipment & Communication

- Consider what equipment you are taking into the scene and try to minimise as much as possible.
- Remember communication is challenging in PPE. Names and clinical grades on gowns and suits will help.
- Radios work through PPE, remove from the pouch to wear under PPE, and clean with alcohol wipes post incident.

Post-incident Pair off to support each other doffing.

CARE AND SUPPORT These are challenging and unfamiliar times, it is especially important to support one another. Further support is available at <https://medhelp@nhs.uk/>

Responding to changing needs: Our objectives

Our Objectives

What we are doing...

Support local communities in being active partners in their care

- We will focus on measuring outcomes that matter to our patients, in order to assess and meet their needs to understand their experience of care and develop our services accordingly.
- We will use our unique position and the thousands of daily contacts we have with people, to help inform their choices to support improvements to their health and wellbeing.
- We will involve patients in decision making which is supported by an evidence base.
- We will communicate more effectively with patients and embrace digital technology to support us in doing so.

Continue and expand the use of advanced practice to manage more people closer to home and support community based provision

- We will continue to expand the number of Advanced Paramedic Practitioners working within our Field Operations and Clinical Contact Centres.
- We will continue to review the practice of our Advanced Paramedic Practitioners to ensure they deliver maximum benefit to our patients.
- We will work with partners to expand the rotational model of advanced practice and ensure the benefits of this role can influence across the wider health economy.

Work to provide an equitable service across our diverse population

- We will ensure that quality does not vary due to characteristics such as gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.
- Engage and involve users with sensory loss to improve accessibility.
- Complete roll out of 111 service across Wales, formalising our role and providing access to local pathways through a directory of services.

Develop care services to meet more complex needs

- We will establish improvement lead roles for the development of key services such as falls services, older people's care, dementia care, end of life care and mental health support etc.
- We will create frameworks for multidisciplinary services that meet complex needs. An example is in the development of an Older Person's Framework which will also strengthen our role in supporting frailty, loneliness and isolation across Wales.
- We will establish multidisciplinary teams in our Clinical Contact Centres to support patients with complex needs.

Support the development of evidence based clinical pathways

- We will develop our clinical indicator reporting system to provide intelligent clinical information for specific conditions to use evidence-based patient outcome data to inform our clinical practice from national to individual level.

Identify and support clinical improvements through our WAST Improvement & Innovation Network

- We will further develop the WAST Improvement and Innovation Network (WIIN) to empower our staff to submit and gain support for the implementation of quality improvement ideas and initiatives, providing them with support to forge strong partnerships across Wales and a framework for delivery.
- We will use WIIN as an avenue for staff to share better ways to treat vulnerable and 'at risk' patients through service development initiatives.
- Explore opportunities for further work in partnership with the International Consortium for Health Outcome Measures (ICHOM), Improvement Cymru and the Bevan Commission.

Undertake research that is relevant & responsive to the major challenges facing our service and our patients

- Actively engage and participate in research, innovation and improvement networks that are related to the changing healthcare landscape that we are operating within.
- Enhance our research alliances with industry and other leading research stakeholders.
- Aligning research with future case mix and population health to ensure that the changing care we provide is clinically safe and in line with evidenced based practice as we develop our services.



Aim 3: Making the best use of our resources by embedding Value Based Healthcare...

Our vision is to utilise our unique position as a national service provider to identify services that are best able to meet demand, recognise where there is variation and where changes to service delivery will improve patient outcomes and the wider unscheduled care system.



We are operating in a changing environment in respect of healthcare provision, which is moving from numerous District General Hospitals to a model of consolidation and specialisation of services delivered in fewer hospitals. To support the wider healthcare system we need to align our own service to reflect this; this is particularly relevant for the proposed reconfiguration of paediatric services in Wales.

As part of this alignment, we are committed to developing and embedding a Value Based Healthcare (VBHC) approach. We understand the need to measure the outcomes that matter to our patients in order to assess their needs and to understand their experience of care, to improve our services accordingly. Utilising the VBHC approach enables us to focus on meeting the goals and preferences of our patients by involving them in decision making, which is supported by the best available evidence. The approach supports us in discarding practices of low value and reducing unwarranted variation in care and instead, reallocating our limited resources into higher value interventions in support of better outcomes.

Over 67% of incidents that we respond to currently result in conveyance to a hospital, the majority of these to an emergency department. While we recognise that there will always be differences between service providers, it is our intention to work with our partners across NHS Wales to support the development of an agreed set of minimum standards for appropriate care pathways across Wales which will support us to prevent unnecessary hospital admissions.

Working collaboratively with our partners across the Public Sector will:

- **Maximise the use of our collective resources** and will in turn improve patient outcomes (for example, through better multi-disciplinary team working)

- **Ensure a joint focus on clinical priorities** (for example, through the development of alternative care pathways).

We also understand where our Ambulance Service and our developing workforce needs to play a principal role in the Unscheduled Care System. There is a place for more of our existing experienced clinicians to undertake advanced roles in supporting the wider system to ensure greater system efficiency, productivity and more care being delivered within a community-based setting. The proposed rollout of the Advanced Paramedic Practitioner (APP) programme is fundamentally part of this theme. Widening our clinical offer in this area will make a material and positive contribution to both the health system in Wales and the outcomes which patients can expect from a modern ambulance service.

The Trust is also supporting a significant proportion of our paramedics along the education and practice continuum which builds upon the foundation development offered through pre-registration education and the band 5-6 journey, in creating a large cohort of 'expert' advanced clinicians, operating across the Unscheduled Care System. It is all these actions, when combined together, which will maximise the workforce transformation that is necessary to address the systems greatest pressures, which manifested themselves in excessively delayed responses to calls within the Amber category (serious but not immediately life threatening), significantly extended patient handovers and patients in the community waiting far too long for an ambulance resource to become available for dispatch.

In addition to the Public Health Plan, the Trust has put in place some initiatives to support areas of overlap with public health including the Flu Vaccination Campaign and Falls Strategy. Our WAST Improvement and Innovation Network also provides an avenue for staff to recognise and share better ways to treat vulnerable and 'at risk' patients through service improvement idea development.



As recognised by AACE, ambulance services are well positioned to 'make every contact count' in identifying risk factors to patients in their increasingly multidisciplinary approach to health care and we are committed to maximising our contribution to this agenda.

Best use of our resources: Our objectives

Our Objectives

What we are doing...

Develop new, smarter ways of providing clinical services with our partners

- Improving understanding of cost base and cost behaviour, including benchmarking based on outcomes as well as costs to make the best use of our resources to achieve the best outcomes for patients.
- Establishing multi-disciplinary clinical and non-clinical teams in our contact centres who have a range of skills to provide specialist advice, clinical triage and onward referral to appropriate continuing care. The team could include mental health practitioners, midwives and specialist nurses with a focus upon managing frailty and care for older adults.
- Supporting General Practitioner Services and Out of Hours Services by expanding our rotational model to provide additional Advanced Paramedic Practitioners in these settings.
- Exploring opportunities to embed further Value Based Health Care approaches into the Trust, working with NHS Wales partners, Welsh Government and the International Consortium for Health Outcome Measures (ICHOM).

Develop value based decision making

- Reducing practices of low value and unwarranted variation in care and instead, reallocate our resources to support higher value interventions in support of better patient outcomes.
- Developing a decision-making approach that is supported by evidential data to develop new models of care that meet the evolving needs of our population in a way that is equitable and also financially sustainable.

Work with frequent 999 callers to support their service needs

- A large proportion of our demand is from care homes, therefore we will continue to work collaboratively within this area to provide training and support to ensure appropriate access to our services. This will enable more efficient and effective use of our emergency resources.
- Continuing to work collaboratively with our partners in health and social care, to reduce 999 demand from individual frequent callers where an emergency response is not required, by working to direct them to the appropriate services and support to meet their needs.

Reduce pressure on emergency departments

- Working with our partners across NHS Wales to support the development of an agreed set of minimum standards for appropriate care pathways across Wales to better meet the needs of those patients who do not require services provided by emergency departments.
- Working with our commissioners, clinical leaders and clinicians, we can then stream patients away from emergency departments into appropriate community based care services closer to home.
- Delivering care in local healthcare facilities (e.g. GP surgeries) or as part of an out-of-hours clinical service where patients can access urgent care 24/7/365. This might be a mobile service, based in a community facility like a community centre, or even in a 24-hour store.

Strengthen our role supporting our sustainable telephone, treatment and triage models

- Exploring the opportunity for the ambulance service to become the 'call handler of choice', to provide an even better service and drive through greater value and efficiencies to the wider health and social care system and importantly the users of the NHS Wales services.
- Supporting people in getting the right information in their first and only call and maximise the chances of them staying and/or receiving care in their home.

Collaborate with our partners to deliver National Delivery Plans for health

- Focusing on the National Clinical Priorities agreed by the Association of Ambulance Chief Executives (AACE) and the National Ambulance Service Medical Directors (NASMeD) including: Emergency Care, Urgent Care, Mental Health, the Frail Older Population, End of Life Care and Public Health and Prevention.

Play a key role in the implementation of Public Health & Prevention Initiatives

- We will play a key role in implementing national health initiatives and programmes including areas such as self-care, healthy lifestyles, protecting against infection, reducing harm and saving lives.
- We will explore how we can make a more significant contribution to the 'making every contact count' agenda, engaging people in multidisciplinary conversations about improving health by addressing risk factors such as alcohol, diet, physical activity, smoking and mental wellbeing.
- We will support resilient communities through a programme of engagement and education.



Aim 4: Improved use of clinical data and information

Traditionally our clinicians have had to undertake a lot of detective work in order to treat our patients, with little to no prior information available for those patients. Our vision however is to ensure that our clinicians have the most up to date information on those patients that they are treating, supported by relevant and easily accessible clinical guidelines. We want to ensure that our clinicians are well informed and equipped and believe that this will help us to continually improve clinical performance.

We want to use digital technology as an enabler for our clinical service delivery by using monitoring technology and providing access to electronic information to our mobile workforce. Electronic patient records in a clinical setting can bring together clinical and administrative data regarding a patient for access by clinicians at the point of care. In comparison to traditional paper forms, the information is in a more usable electronic format, making it easier to share information between healthcare providers. This will help to improve improvements in care for our patients across the unscheduled care system.



We are working towards having patient records that are pre-populated with healthcare summary information and are automatically populated with monitoring technology data such as live electrocardiogram monitoring. This data will create a more complete picture, to support clinical decision making by enabling our mobile clinical workforce to be more informed about their patient at the point of care delivery. We will also be able to share this information with other healthcare providers receiving the patient.

Our clinical teams will have access to the latest, evidence based guidelines and equipment. This could include enhanced equipment with clinical diagnostic capabilities to support clinical decision making (for example, point of care testing or mobile scanning technology). In a life threatening emergency, our teams will be able to engage with specialist clinicians via our Clinical Contact Centres, hospitals or other locations to seek expert clinical advice. Digital communications will mean that we can speak in real time, share information and images to make more informed clinical decisions to provide the best care for the patient.

Collaborative working will facilitate the creation of a shared clinical record which will be utilised along the patient's care pathway to improve the quality of their care and their experience. Shared information will facilitate early navigation of a directory of services to find local pathways that mean patients will have access to the right services. Data will be used intelligently, to contribute to improved clinical audit and high quality research that is more inclusive of the patients experiences of care across the pathway.

Access to a mobile digital platform also provides other opportunities and benefits for our staff to access relevant information such as electronic clinical practice guidelines, medication alerts and guidance on clinical pathways for certain conditions.

We are committed to delivering a high quality service for our patients and as such, we understand that in addition to developing high quality clinical information, we must develop measures using feedback from patients and staff. This will enable us to embed value-based healthcare incorporating the way we measure what matters most to people, ensuring that improvement activity is focused on outcomes.

We will work with our healthcare partners wherever possible to ensure that the increased information we all collect is appropriate, secure and complete and is used to inform patient care and drive improvements across the unscheduled care system.

Improved use of clinical data and information: Our objectives

Our Objectives

What we are doing...

Develop our clinical informatics capability to create intelligent electronic clinical data to drive service development and clinical performance

- Working to link and use intelligent digital clinical data to understand our clinical demand to drive our future service development and clinical performance ambition.
- Working to use intelligent clinical information to identify, assess and manage clinical risk more effectively.

Explore the future use of digital technology with our mobile clinical workforce and our communities

- Moving to the forefront of research to drive forward innovations to support clinical practice and wider organisational delivery.
- Testing new agile technologies to measure their impact on NHS staff, patient experience and patient outcomes.
- Enhancing our clinical diagnostic capabilities for example, with artificial intelligence, point of care testing or mobile scanning equipment.
- Enhancing our clinical equipment and access to cutting edge technology.
- Exploring opportunities to utilise information collected by wearable applications to live stream quality data to support clinical decision making and remote monitoring.
- Expanding the use of the GoodSAM application and measure its impact on addressing responses to patients experiencing out of hospital cardiac arrests.
- Getting clinical records through WCP, Consultant Connect, video consultation, etc, to the frontline to support clinical decision making via our clinical devices.

Contribute to high quality data linkage across systems to support improved research, clinical audit and analysis

- Implementing a new Integrated Information System (IIS) for the 111 Service to provide the platform for telephone triage and assessment to link seamlessly with the 111 GP Out of Hours providers.
- Fully digitising our ambulance clinical data to enable links into the NHS Wales digital architecture to contribute towards the creation of the Individual Health Record.
- Working towards enabling timely access to patient summary records to support clinical decision making.
- Working to provide our electronic clinical data to contribute towards the creation of intelligent clinical information analysis within the wider health economy.
- Exploring the interfacing of our digital clinical information systems with other NHS organisations to enable us to provide information to the wider health economy to support public health strategy and improve patient outcomes.
- Working to produce patient level information for costing of future service developments.
- Working to facilitate high quality research and to support the synthesis of the best available evidence into practice.

Ensuring relevant, up to date clinical guidelines and other supporting information are easily accessible

- Moving towards individual issue digital devices for our staff that will support a range of clinical applications to ensure relevant information can be shared.

Quality at the heart of everything we do

The Golden Thread

Delivering Clinical Excellence

Our Vision

To provide an excellent quality clinical service to meet the needs of our patients with a focus on improving patient outcomes, experience, safety and clinical effectiveness.

Our Clinical Aims and Six Domains of Quality in Healthcare

To use **excellent clinical leadership** to deliver high quality, safe care closer to home

**Safe
Care**

To respond to our population's changing care needs using **evidence-based findings**

**Patient-centred
Care**

**Effective
Care**

To make the best use of our resources by **embedding Value Based Healthcare**

**Timely
Care**

**Efficient
Care**

To use **clinical data effectively** to provide more informed care

**Equitable
Care**

Quality embedded in all that we do

Safety Culture:
Our patients and our people

Compassionate and Innovative
Leadership

Citizen Voice:
Engagement and Partnership

Quality Governance:
Quality Management Cycle

**Intelligence
Led**

The enabling strategies that will support us in Delivering Clinical Excellence

Quality

**Leadership &
Management
Development**

**Education
& Training**

Wellbeing

Digital

Volunteering

References

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<http://www.wales.nhs.uk/easc/ambulance-quality-indicators>

**WAST Amber Review**

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**WAST Delivering Excellence**

<https://www.ambulance.wales.nhs.uk/Media/Documents/About%20Us/Delivering%20Excellence%20Our%20Vision%20for%202030.pdf>

**WAST Integrated Medium Term Plan 19/20 – 21/22**

<https://www.ambulance.wales.nhs.uk/Media/Documents/Publications/IMTP%202019-22%20FINAL.pdf>

**WAST Website**

www.ambulance.wales.nhs.uk

**Welsh Government A Healthier Wales**

<https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf>

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<http://www.wales.nhs.uk/governance-emanual/health-and-care-standards>

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**Welsh Government McClelland Review**

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**Welsh Government Parliamentary Review**

<https://gweddill.gov.wales/topics/health/nhswales/review/?lang=en>



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Delivering Clinical Excellence at the heart of tomorrow's health in Wales

