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1. EXECUTIVE SUMMARY

The Ambulance Trust, through its provision of emergency and urgent ambulance services, NHS Direct Wales and Patient Care Services, is an integral and important component of the Unscheduled Care system. The Delivering Emergency Care (DECS) strategy is designed to provide the most appropriate care at the right time for patients and ease the pressure on vital parts of the unscheduled care system. The Ambulance Trust therefore anticipates working collaboratively with health and social care partners in the delivery of key elements of the DECS strategy through:

- Co-locating & using ambulance clinician capacity to work with the new Urgent Care Centres to provide care for patients who currently access A&E with non-life-threatening conditions;
- Using new technology such as telemetry to link with major Acute trusts and support clinicians in order to provide better, safer clinical decision-making;
- More care & support provided closer to people’s homes where it is appropriate through the utilisation of specialist practitioners and telemedicine allow patients to self-manage long-term conditions;
- Staff practising differently to ensure that patients are seen by the right health professional at the right time through improved integrated care pathways. This will require staff to work in innovative ways across traditional boundaries, fully utilising their skills in order to maximise their contribution to the delivery of unscheduled care services;
- Establishing partnership agreements and SLA’s between providers;
- Better sharing of information to allow a more seamless transition of care across the unscheduled care system to prevent patients having to repeat information to different providers, and to improve the risk; and
- Continued stakeholder management and engagement with all health & social care partners, our patients and the wider public.

The most effective way to address these issues is to focus upon making the current system work more efficient and effective by providing the right care for patients at the right time and in the right place. To address the points above the Ambulance Service have designed the LDP to achieve the following strategic aims:

- Improve access and timeliness of response for patients in line with national targets;
- Improve the quality of patient care in line with Healthcare Standards for Wales;
- Minimise emergency admission to hospitals;
- Improve integration of care for patients throughout the unscheduled care system;
- Build sustainable unscheduled care service models that can respond to future changes in workforce, standards and demand;
- Evolve the culture to become more strategically focused, where leadership innovation, management excellence, staff development and cross organizational working is customary.

By achieving all of the above actions it is envisaged that the overall patient experience will be improved in accordance with the ultimate objective of the ambulance services and our health care partners. Additional details of how this will be tracked is outlined in Section 6: Benefits.
2. DOCUMENT OVERVIEW

The Local Delivery Plan (LDP) for Unscheduled Care has been developed in a collaborative approach with health care partners via the Local Health Board Unscheduled Care Project Boards. Participation in these Project Boards has ensured that the Ambulance Trust’s plans are fully integrated with the wider provision of unscheduled care services in each of the health economies. To ensure that the audience of this document understands the holistic approach across the whole health economy it is recommended that this LDP should be read in conjunction with the plans agreed and submitted by the Local Health Boards.

The key aims of the LDP, as required by the Welsh Assembly Government are:

- Address the delivery of the national targets for 2009/2010 and the wider policy requirements to improve unscheduled services;
- Provide a comprehensive and clear vision of how the Ambulance Trust’s contribution to unscheduled care services will be improved during the two-year period;
- Be aligned to the High Level Aims for unscheduled care set out in the Delivering Emergency Care Services (DECS) strategy and the Annual Operating Framework 2009/2010 which are:
  - Managing Demand more effectively;
  - Improving Ambulance Response & Handover times;
  - Improve A&E waiting times; and
  - Improve patient flow and discharge planning.
- Be comprehensive and community based, with all organisations being responsible for the delivery of one plan as opposed to several singular plans;
- Demonstrate consideration of the workforce required to deliver the planned services in line with WHC (2008) 050; and
- Enable the organisation to tangibly demonstrate service improvement.

To address the above aims in a logical and concise manner this document has been structured in the following way:

- Executive Summary providing a clear vision of the Ambulance Service’s place in the Unscheduled Care Community (Section 2);
- Defining the Current State in the Ambulance Trust (Section 3);
- Identify the key drivers for change (Section 4);
- Set out strategic vision of the Ambulance Trust (Section 5);
- Establish target benefits (Section 6);
- Determine priorities (Section 7); and
- It is advised that this document in read in conjunction with the LDP Short & Medium to Long Term Action Plan.
3. WELSH AMBULANCE SERVICE CURRENT STATE

3.1. CURRENT DEMAND

The Trust provides three services to citizens in Wales: the Emergency Medical Service, the Patient Care Service and NHS Direct Wales. In 2007/08, we dealt with 360,000 emergency and urgent incidents, 1.3 million planned patient journeys and 685,000 NHS Direct telephone or web contacts. We deliver these services across a country with a challenging range of urban, rural and sparse populations, in Welsh and in English.

The Trust’s activity in each of its main services is summarised in the table below:

<table>
<thead>
<tr>
<th></th>
<th>2007/08 actual</th>
<th>2008/09 estimated</th>
<th>2009/10 forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>999 incidents</td>
<td>302,664</td>
<td>312,460</td>
<td>321,811</td>
</tr>
<tr>
<td>999 responses</td>
<td>215,443</td>
<td>221,521</td>
<td>209,177</td>
</tr>
<tr>
<td>GP urgent admission</td>
<td>57,236</td>
<td>52,381</td>
<td>53,952</td>
</tr>
<tr>
<td>NHSDW calls</td>
<td>356,755</td>
<td>343,146</td>
<td>360,303</td>
</tr>
<tr>
<td>NHSDW Web hits</td>
<td>328,332</td>
<td>445,806</td>
<td>468,096</td>
</tr>
<tr>
<td>PCS pat. journeys</td>
<td>1,293,047</td>
<td>1,300,000</td>
<td>1,400,000</td>
</tr>
</tbody>
</table>

3.2. THE TRUSTS UNSCHEDULED CARE SERVICE PORTFOLIO

3.2.1. EMERGENCY CARE SERVICES

EMS PRACTITIONERS

PARAMEDICS
Paramedics are the ambulance service healthcare professionals at an accident or a medical emergency, and they generally work either on their own in Rapid Response Vehicles or with a Technician staffing an ambulance. Paramedics are trained to undertake more complex interventions than Technicians, and are qualified to administer drugs and perform more advanced life saving & invasive techniques.

TECHNICIANS
Ambulance Technicians support Paramedics working closely with them to assess, diagnose and treat patients at the scene and during the journey to hospital. Technicians are not state registered, but hold a basic proficiency qualification in Ambulance Aid.

ADVANCED PARAMEDIC PRACTITIONERS & SPECIALIST PRACTITIONERS
These roles are performed by experienced Paramedics who have undertaken additional training and educational courses often at degree or diploma level, and who are qualified to undertake additional techniques and operate with a wider clinical scope that reflects the changing demand placed upon
the Unscheduled Care Network (e.g. the management of less acute conditions including minor injury and illness outside secondary care settings. In future WAST intends to increase greatly the number of these posts, and to allow them to treat and refer patients to alternative care pathways as an alternative to hospital admissions. These will include referrals to services offered by partner healthcare organisations & treatment and potentially have the authority for direct admission into acute settings.

HIGH DEPENDENCY SERVICE (HDS)

It has been acknowledged for some time that the ambulance service is not just about responding to a 999 call with an emergency ambulance crew. There is also a requirement for a team of people who provide vital back-up facilitating and assisting the role of the Paramedics specifically to manage patients whose condition is stable and to offer transport to hospital.

High Dependency Service ambulances are staffed by two personnel trained in basic ambulance techniques. The staff can administer oxygen but are not trained to carry out invasive techniques or administer drugs of any sort. The vehicles have the capacity to convey one or more patients on stretcher or in a sitting position. The crew also have available to them the same array of lifting and handling equipment as the emergency ambulances.

Generally, the patients most suitable to be transported by HDS, are those whose clinical condition is stable, but they require transport to definitive care in a timely manner, as agreed by a clinician. This would be over and above the standard that Patient Care Services would provide. These patient groups are not in a critical or unstable clinical condition, and are unlikely to deteriorate during transportation, therefore HDS ambulances can be assigned and deemed appropriate by the following Health Care Professionals:

- The General Practitioner requesting urgent or same day admission transportation;
- A clinical adviser (The nurse staffing the clinical desk in control);
- A paramedic attending a 999 call; and
- A health care professional (ward sister or similar requesting inter hospital transfer).

ALTERNATIVE RESPONDERS

ALTERNATIVE EMERGENCY RESPONDERS

Alternative Emergency Responders are volunteers who have been passed the First Person On Scene (FPOS) Qualification and are trained to provide Basic Life Support and first aid prior to the Emergency Ambulance arriving. The main responsibilities of an Alternative Emergency Responder are:

- To attend emergency calls in their local community at the direction of the Regional Control Communication Centre;
- To provide a local community based response appropriate treatment to patients prior to the arrival of an ambulance;
- To document, record and inform attending ambulance crews of the history and treatment given; and
To remain at the scene of an incident until relieved by an ambulance crew or appropriate clinician.

All Alternative Emergency Responder are required to complete a 30 hour training programme run by the Ambulance Service consisting of theoretical and practical assessments. In addition to this to maintain the high level of clinical care for our patients the Ambulance Trust also mandates that all Alternative Emergency Responders are required to undertake six monthly refresher courses which also include theoretical and practical assessments.

All Alternative Emergency Responder are supported by a trainers and dedicated team manager who are permanent employees of the Ambulance Service.

CO- RESPONDERS
A Co-Responder team is a team consisting of individuals from other emergency services such as police, fire and coast guard. Their scope of practice is identical to that of the Alternative Emergency Responders (outlined above), with the exception that they are able to provide a blue light response if they are appropriately trained and provided with an emergency vehicle by their employer.

MEDICAL RESPONSE TEAMS - MEDSERVE
Medserv Wales is an organisation in South Wales which provides volunteer doctors who are specially trained to work with the Ambulance and Fire Services in all conditions. The remit of the Medserve service to provide 24/7 cover to attend road accidents and other incidents where the presence of a doctor at scene could make a vital difference to the morbidity and mortality of trauma patients. This is particularly beneficial in locations and incidents where it is not possible to transport the patient(s) swiftly to hospital or where the patient is trapped with life threatening injuries.

3.2.2. NHS DIRECT WALES SERVICES

NHS DIRECT WALES (0845 NUMBER)
NHS Direct Wales is a bilingual health advice and information service available 24 hours a day, every day signposting the people of Wales to the most appropriate level of healthcare for their needs.

NHS Direct Wales also provides call handling and telephone triage for GP Out of Hours Services for three Local Health Boards, Emergency Dental Help lines for 13 Local Health Boards, supports the National Public Health Service in the management of health alerts in response to health scares and National Health Promotion campaigns as well as providing the All Wales Health Information Consumer website on health information, local services and an A-Z bilingual health encyclopaedia.

NHS Direct Wales offers multi-channel access to information on health and local services via the NHS Direct Wales website; SMS Text messaging; Online Enquiry Service for general health information enquiries and Information prescriptions for those with long term chronic conditions.

CLINICAL TRIAGE IN AMBULANCE CONTROL
The purpose of the clinical triage within the Ambulance Service control is to ensure our patients receive the most appropriate care for the symptoms that they present with when calling our 999 service.
Category ‘C’ ambulance 999 calls are considered to be neither immediately life threatening, nor serious, therefore it is the Ambulance Service’s intention to routinely manage these through the provision of clinical triage. This will ensure that where appropriate the patient will be signposted to the most appropriate care pathway to address their individual needs which may avoid and ambulance response and A&E attendance.

Benefits to this approach are:

- Patient experience will be enhanced by being directed to the most appropriate pathway at the beginning of their journey, thus avoiding any unnecessary waits or travel;
- Emergency medical service resource capacity will be enhanced through the appropriate diversion of low acuity calls to other pathways. By doing so additional capacity will be available to address immediate life threatening calls;
- Reduction in the number of inappropriate A&E attendances; and
- Any Category C call that could be serious will be picked up by the clinical triage process and a more appropriate ambulance response can be sent, thus improving patient safety.

The ongoing sustainability of the clinical triage functions in Ambulance Controls is reliant upon the recognition that funding will need to be redistributed away from secondary care to pay for the development and maintenance of alternative pathways.

### 3.2.3. PATIENT CARE SERVICE

The Ambulance Trust Patient Care Service (PCS) is one of the largest non-emergency Ambulance operations in the UK. This service alone employs in excess of 700 staff and transports over 1.3 million patients annually in 234 bespoke Patient Care Service vehicles that have been developed to meet the needs of a broad range of patient types and needs.

PCS is responsible for the care of patients while being conveyed to and from their treatment centres and is one of the main functions that facilitate the access to health care, especially in rural areas. The Ambulance Trust also recognises that PCS is a core component in the effectiveness of the patient flow and discharge planning in the wider health community.
3.3. SIGNIFICANT ACCOMPLISHMENTS DELIVERED SINCE TIME TO MAKE A DIFFERENCE PROGRAMME INITIATION

Since the inception of Time to Make a Difference in 2007 the Ambulance Trust has implemented number of initiatives that have resulted in a variety of benefits to our patients, our staff and the wider health community. A list of these initiative and their benefits is detailed in the Table below.

In summary these changes have led to the following benefits being experienced by patients:

- Improved timeliness of response to Category A calls
- 27,000 less patients inappropriately taken to hospital
- £17million has been made available for re-investment in other parts of the Health Care System

<table>
<thead>
<tr>
<th>Achievement</th>
<th>Date Completed</th>
<th>Benefit</th>
<th>Primary Beneficiary</th>
</tr>
</thead>
</table>
| Completion of a new clinical contact centre in South East Wales (Vantage    | Nov 2008       | ▶ Integrated working between EMS PCS & NHSDW  
▶ Merging of 2 separate control rooms into 1, creating greater flexibility and adaptability when managing the control rooms resources to match patient requirements  
▶ Implemented one common working practice ensuring that all patients receive a consistent level of service no matter where they live in the South East  
▶ Co-location of control room and South East headquarters facilitates more effective business change and management capability.  
▶ Collaborative working efficiencies  
▶ Improving appropriateness by providing a range of alternative care pathways  
▶ Improved working environment                                                                 | Public & Patients, Health Care Partners, Staff |
| Point House) which combines EMS, PCS, NHSDW and Gwent Out Of Hours         |                |                                                                                                                                           |                                      |
| Introduction of Hospital Arrival Screens in A&E departments                 | Oct 2008       | ▶ Increased visibility of problems around patient handovers aiding their resolution  
▶ Improved patient control arrangements and information for staff  
▶ Provided accurate data to more effectively manage turn-around times       | Public & Patients, Health Care Partners                                                                 |
<table>
<thead>
<tr>
<th>Project</th>
<th>Date</th>
<th>Benefits</th>
<th>Recipients</th>
</tr>
</thead>
</table>
| Interim Tracking Solution (AVL)              | Feb 2009 | - Enhanced vehicle location system improving response times and thus performance  
                                          |          |    - Enhanced vehicle and crew safety                                                      | Public & Patients             |
|                                              |          |                                              | Staff                         |                               |
| Interim Terrafix solution for RRV’s          | Feb 2009 | - Sat-Nav support eases and speeds direction finding, thus improving the speed of response  
                                          |          |    - Staff have a clearer and quicker system to receive and acknowledge emergency calls    | Public & Patients             |
|                                              |          |                                              | Staff                         |                               |
| Clinical Triage in Ambulance Control         | Jan 2009 | - Patient experience will be enhanced by being directed to the most appropriate pathway at the beginning of their journey, thus avoiding any unnecessary waits or travel  
                                          |          |    - Emergency medical service resource capacity will be enhanced through the appropriate diversion of low acuity calls to other pathways. By doing so additional capacity will be available to address immediate life threatening calls.  
                                          |          |    - Reduction in the number of inappropriate A&E attendances                             | Public & Patients             |
|                                              |          |                                              | Health Care Partners         |                               |
|                                              |          |                                              | Staff                         |                               |
| Procurement of vehicles                      | May 2008 | - Appropriate vehicles and equipment that supports staff with optimum management of emergency situations  
                                          |          |    - Reduce breakdowns, thus increasing the amount of vehicle availability  
                                          |                               |                               |
|                                              |          |    - Safer manual handling resulting in less staff injuries                                | Public & Patients             |
|                                              |          |                                              | Staff                         |                               |
| Implemented Performance Management System    | Jan 2008 | - Simplified electronic performance data system with reduced administrative overheads  
                                          |          |    - Much improved overview of daily performance via KPI’s, allowing operational managers to identify improvement areas and better focus remedial action | Public & Patients             |
|                                              |          |                                              | Staff                         |                               |
| Implement Higher Education Model for Paramedic Training | Dec 2008 | - Meets Health Professions Council requirements for improved educational levels for Paramedic role  
                                          |          |    - Provides staff with enhanced knowledge to provide better care and treatment to patients  
<p>| | |
|                               |                               |
|                                              |          |    - Implements a progression and professional improvement framework for staff          | Staff                         | Public &amp; Patients             |</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>Benefits</th>
<th>Impact Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement a single CAD (Cleric) system across all three PCS regions (North</td>
<td>Ongoing</td>
<td>✅ Improved patient experience through reduction in delays and booking errors</td>
<td>Public &amp; Patients</td>
</tr>
<tr>
<td>implemented Sept 2008, Central &amp; West due April 2009 and South East due June</td>
<td></td>
<td>✅ Better quality demand analysis leading to improved cost efficiency through better vehicle utilisation</td>
<td>Health Care Partners</td>
</tr>
<tr>
<td>2009)</td>
<td></td>
<td>✅ Full audit trail via the system facilitates better and faster investigation of complaints</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ More accurate recording of journeys</td>
<td></td>
</tr>
<tr>
<td>Implementation of North and Central &amp; West PCS Net Centres</td>
<td>May 2008</td>
<td>✅ Consistent and user friendly access point for all non emergency transport users</td>
<td>Public &amp; Patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ Alignment of the most appropriate and cost effective transport solution for patients</td>
<td>Health Care Partners</td>
</tr>
<tr>
<td>Introduction of Knowledge &amp; Skills Framework (KSF) profile along with Personal</td>
<td>Nov 2008</td>
<td>✅ More appropriate matching of staff to roles</td>
<td>Staff</td>
</tr>
<tr>
<td>Development Reviews, objectives and personal development plans</td>
<td></td>
<td>✅ Identification of development and training opportunities to enhance staff skill sets and knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ Alignment of personal targets and objectives to business goals and demands</td>
<td></td>
</tr>
<tr>
<td>Management Skill &amp; Learning Programme (MSLP) launched</td>
<td>Feb 2008</td>
<td>✅ Improved knowledge and confidence of managers in dealing with day to day staff issues</td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ Reduction in absence levels and grievance cases due to the correct application of Trust policies and procedures</td>
<td></td>
</tr>
<tr>
<td>Creation of Regional Resource Centres and the implementation of a new rostering system, ProMis</td>
<td>April 2008</td>
<td>✅ Improved productivity and resource utilisation due to matching resource levels to the daily demand profile</td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✅ Simplified system for managing staff absences, overtime and holidays, reducing management overheads</td>
<td>Public &amp; Patients</td>
</tr>
<tr>
<td>Launched new Ambulance Service Website</td>
<td>June 2008</td>
<td>✅ Improve website presents a user friendly and professional site to the public</td>
<td>Public &amp; Patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Health Care Partners</td>
</tr>
</tbody>
</table>
| Introduced a Programme Management Department | Dec 2007 | - Professional programme and project expertise leading to better delivery of major change
- Increased strategic vision on Trust goals and increased co-ordination of resources and initiatives | Staff
Public & Patients
Health Care Partners |
| Introduced a Public & Patient Involvement (PPI) team and an integrated PPI strategy | June 2008 | - Clear focus on introducing PPI concept to all areas of the Trust’s operations, leading to improvements to the benefit of patients
- New access and feedback opportunities for the public and patients to comment on the Trust’s performance | Public & Patients
Health Care Partners |
| Corporate Governance | June 2008 | - Introduction of the Standard Operating procedures has improved the financial and legislative security of the Trust | Staff |
| Clinical Governance policies | Dec 2008 | - Refreshed policies across the Clinical Governance arena leading to improved clinical practise and benefit to patients | Public & Patients
Staff
Health Care Partners |
| Introduced Call Line Identity (EISEC) | 2007 | - Provides telephone number even if the caller blocks the number. This number is then used to search the EISEC data base which provides name and address of caller.
- Automatically provides name and address of caller which gives fast access to critical location information for all call handlers and speeds up response times | Public & Patients
Staff |
| Introduced Rest Break Manager | 2008 | - The Rest Period Screen on Alert notifies the Allocator when a crew is due a break, logs the fact they’ve had a break and highlights when a crew is on a stand down as they’ve worked too long without a break.
- Without the RPS function this all has to be done manually on paper, obviously very time consuming to complete the paperwork when they should be busy monitoring the CAD. If the system is utilised fully it can also be used by personnel to calculate spoilt meal break payments and report on Allocators compliance to the rest break procedure. | Staff |
3.4. KEY CHALLENGES

The key challenges facing the Ambulance Trust and wider health community in developing and implementing the Local Delivery Plan include the following:

- Working across organisational boundaries to develop streamlined and integrated services for all areas of Wales, including the 7 Local Health Communities;
- Addressing the increasing aging population with multiple and complex needs requiring different service responses and a new philosophy of care;
- Navigating complexity and fragmentation of community based services;
- Changing working practices to reflect the needs of today’s patients and the requirement for this to be reflected and supported in workforce planning, training and development, recruitment and operational processes;
- Managing competing priorities within the Health Service and wider political arena;
- NHS re-organisation and potential impact on current partnership arrangements;
- Improving the handover of patients between different parts of the service (e.g. A&E handovers);
- Evolving the current culture in the Ambulance Service; and
- Enhancing service provision with limited investment capability.

3.5. CONSTRAINTS AND ASSUMPTIONS

3.5.1. CONSTRAINTS

The following are the principal constraints that the Ambulance Trust must work within alongside the delivery of the LDP:

- Capacity constraints within the Ambulance Service to deliver the wide ranging modernisation activities outlined in the Short and Medium to Long Term Action Plans;
- No additional resources – Annual Operating Framework assumption that “improved efficiency will create the resources required to secure the levels of service improvements expected by the Welsh Assembly Government” and the need to secure optimum value from previous investment;
- Financial Constraints – 3% cash releasing efficiency saving requiring significant cost reduction in a number of areas;
- Limited resource pool from which to recruit additional clinical staff (e.g. nurses and paramedics);
- Availability of existing care pathways in the short term (to be addressed by this LDP over the longer term);
- Legislative requirements must be met (e.g. Freedom of Information, Data Protection, Health and Safety);
The geographic nature of the Trust’s remit; and
- Management capacity to support on-going engagement

### 3.5.2. ASSUMPTIONS

The key assumptions are as follows:

- That ambulance turn-around times at A&Es will be eliminated through the development and implementation of robust mitigating plans;
- The results of the Efficiency Review jointly commissioned with HCW will confirm the appropriate level of staffing to delivery the target response times;
- The outcome of the Efficiency Review jointly commissioned with Health Commission Wales will be resolved and implemented in a timely manner;
- The activity forecasts are not significantly exceeded;
- Local Health Boards will work with the Ambulance Service to develop the necessary care pathways in a timely manner;
- The North Wales Secondary Care review will not adversely impact the provision of Unscheduled Care Services;
- The Ambulance Service will continue to provide the Patient Care Service;
- Location of acute Trusts and journey time to service remain relatively constant; and
- Investment in the educational development of existing staff is forthcoming to include backfill costs.
4. DRIVERS FOR CHANGE IN THE AMBULANCE TRUST

4.1. TARGETS

The Primary targets that the Ambulance Service will be aiming for are those that have be specified through the Annual Operating Framework which are:

- To achieve a monthly all-Wales average performance of 65% of first responses to Category A calls (immediately life threatening calls) arriving within 8 minutes;
- To achieve a monthly minimum performance of 60% of first responses to Category A calls (immediately life threatening calls) arriving within 8 minutes in each new Local Health Board area;
- To achieve a monthly all-Wales average performance of 70% of first responses to Category A calls (immediately life threatening calls) arriving within 9 minutes; and
- To achieve a monthly all-Wales average performance of 75% of first responses to Category A calls (immediately life threatening calls) arriving within 10 minutes.

In addition to this the Ambulance Service is also striving to achieve the following:

- Achieve the statutory financial target of a break even between income and expenditure.

4.2. NATIONAL STRATEGIES

Across Wales there are significant number of strategies and initiatives to address the changing health and social needs of NHS Wales’ patients. A summary of the core strategies & initiatives are listed below:

4.2.1. NHS WALES RE-CONFIGURATION

The re-configuration of NHS Wales into the 7 health economy LHBs in October 2009 will have a significant impact on how the Ambulance Trust interacts with other health and social care providers. It is anticipated that this will facilitate better cross-organisational working but it will also significantly increase the requirement for staff at all levels in the organisation to spend time engaging with colleagues within other organisations. It will also have a significant impact on the planning and commissioning of the Trust’s services with the LHBs being responsible for this activity in the future. This means that new and stronger partnership working is critical to the successful delivery of the LDP.

4.2.2. DELIVERING EMERGENCY CARE SERVICES (DECS)

The delivery of the DECS Strategy is one of the fundamental strategies taken into consideration in the development of the Ambulance Service Vision detailed in Section 5. To enable the Ambulance Service to effectively work with our health care partners to deliver this vision an agreement has been
reached on how the Ambulance Service aims are integrated in to the Local Health Communities LDPs.

To assist the process of integration, the Ambulance Service has identified 7 key USC priorities that it wishes to include in each health community LDP. As an all-Wales service, it was agreed that by identifying a consistent set of USC priorities, the Ambulance Service would engage with all health communities in an equitable way. The 7 key USC priorities that the Ambulance Service has proposed to each health community are set out in the following table:

<table>
<thead>
<tr>
<th>Unscheduled Care Aim</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To refer directly to GP, community services, primary and social care.</td>
<td>- Admission avoidance to emergency unit&lt;br&gt;- Patients receiving timely access to definitive care&lt;br&gt;- Avoidance of unnecessary transport journeys to hospital, and potentially unnecessary admissions.&lt;br&gt;- Patient receiving care locally</td>
</tr>
<tr>
<td>2. To deliver patients directly to specialist units</td>
<td>- Admission avoidance to emergency unit&lt;br&gt;- Patients receiving timely access to definitive care&lt;br&gt;- Avoid excessive delays outside emergency unit&lt;br&gt;- Support National Service Frameworks (NSFs) such as Stroke and Coronary Care.</td>
</tr>
<tr>
<td>3. To develop a single point of access.</td>
<td>- Care Coordination to help navigate a complex healthcare system for both patients and staff.&lt;br&gt;- Delivery of comprehensive integrated care pathways/ care packages&lt;br&gt;- Swift access to appropriate services&lt;br&gt;- More patients managed locally – reduction in hospital costs</td>
</tr>
<tr>
<td>4. To develop a directory of services</td>
<td>- Delivery of comprehensive integrated care pathways/ care packages&lt;br&gt;- Swift access to appropriate services&lt;br&gt;- More patients managed locally – reduction in hospital costs&lt;br&gt;- Maximising referral options</td>
</tr>
<tr>
<td>5. Move to 7/7* working model&lt;br&gt;*A 7 day per week working model</td>
<td>- Reduction in length of hospital stay&lt;br&gt;- Consistent and predictable services (e.g. access to Falls teams, mental health, alcohol services etc..)&lt;br&gt;- Improve admission &amp; discharge processes&lt;br&gt;- Improved Patient satisfaction</td>
</tr>
<tr>
<td>6. Develop care pathways for common USC conditions, including involvement with Chronic Conditions Management developments and end of life pathways.</td>
<td>- Improving the management of people with chronic conditions in primary &amp; community settings;&lt;br&gt;- Facilitation of self management&lt;br&gt;- Prevention of unnecessary hospital admissions&lt;br&gt;- Appropriate safe &amp; effective care</td>
</tr>
</tbody>
</table>
### 4.2.3. MAKING THE CONNECTIONS

In line with the WAG ‘Making the Connections’ strategy and the Welsh JESG vision, it is planned that in future all Welsh Emergency Services will have a common and cohesive approach to handling both emergency and non emergency calls within integrated control rooms, supported by secure data sharing networks that also link in with local authorities and other emergency response organisations. The Trust has been involved in the initial scoping and planning work in support of delivering this vision and will continue to play a leading role going forward.

### 4.2.4. ONE WALES STRATEGY

The One Wales Strategy provides the context for the Trust to take its place as a public sector employer in Wales. As part of the strategic planning process, the Trust will ensure that the requirements of this strategy are fully reflected.

### 4.2.5. DESIGN FOR COMPETENCE STRATEGY

The work arising from the Designed For Competence project in North Wales will need to be built upon in partnership with other health and social care partners. This will mean detailed development of services in line with patient needs which will then drive the required competencies for the new cross boundary roles.

### 4.3. THE WORKFORCE MIX

A key component of becoming a core contributor to a modern unscheduled care services is the development of an integrated multi-professional workforce that can navigate across organisational boundaries. To achieve this, the national workforce planning process is currently being facilitated by the Workforce Development and Contracting Unit in the National Leadership and Innovation Agency for Healthcare (NLIAH). The Ambulance Trust has committed to working with NLIAH and our health care partners to ensure that workforce planning delivers a workforce with the skills and competencies designed around patients, care pathways and unscheduled care service needs.

The Ambulance Service recognises that addressing these cultural issues is a critical success factor in delivering world class unscheduled care services. The service is therefore committed to evolving its current culture into a strategically focused & dynamically adaptive one, where leadership innovation, management excellence and cross organizational working is customary.

Fundamental areas to bring about this cultural shift will be implemented in parallel with the delivery of the LDP. These areas are:

- Further developing partnership working with Staff Side colleagues;
Establishing a “grass roots” change culture;
Enhancing established management development frameworks for all levels of staff;
Implement cross organisational mentoring frameworks;
Establishing an environment where leadership innovation is encouraged;
Extending networking capabilities for staff at all levels;
Migrating from a training culture into a learning culture;
Embedding the Trusts Visions and Values into personal objectives; and
Working with professionals to link roles and education programs to establish professionally accredited competency frameworks.

4.4. PATIENT DEMOGRAPHICS AND CASE MIX

4.4.1. WALES’S POPULATION - A DEMOGRAPHIC OVERVIEW

Comparatively to England, Wales does not have a significantly high population density; however the issue for the Ambulance Service is the geographical spread of that population as defined in the table below:

<table>
<thead>
<tr>
<th>Region</th>
<th>Unitary Authority</th>
<th>Population</th>
<th>Area km²</th>
<th>Population per km²</th>
<th>%Area of Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>SE</td>
<td>Cardiff</td>
<td>308858</td>
<td>139</td>
<td>2,222</td>
<td>1%</td>
</tr>
<tr>
<td>SE</td>
<td>RCT</td>
<td>231080</td>
<td>424</td>
<td>545</td>
<td>2%</td>
</tr>
<tr>
<td>CW</td>
<td>Swans</td>
<td>223398</td>
<td>378</td>
<td>591</td>
<td>2%</td>
</tr>
<tr>
<td>CW</td>
<td>Caer</td>
<td>174762</td>
<td>2394</td>
<td>73</td>
<td>12%</td>
</tr>
<tr>
<td>SE</td>
<td>Caer</td>
<td>170414</td>
<td>278</td>
<td>613</td>
<td>1%</td>
</tr>
<tr>
<td>N</td>
<td>Flints</td>
<td>149358</td>
<td>438</td>
<td>341</td>
<td>2%</td>
</tr>
<tr>
<td>SE</td>
<td>Newpt</td>
<td>138510</td>
<td>190</td>
<td>729</td>
<td>1%</td>
</tr>
<tr>
<td>CW</td>
<td>NeathPT</td>
<td>134505</td>
<td>441</td>
<td>305</td>
<td>2%</td>
</tr>
<tr>
<td>N</td>
<td>Wxham</td>
<td>129528</td>
<td>504</td>
<td>257</td>
<td>2%</td>
</tr>
<tr>
<td>SE</td>
<td>Powys</td>
<td>129525</td>
<td>5181</td>
<td>25</td>
<td>25%</td>
</tr>
<tr>
<td>SE</td>
<td>Bridg</td>
<td>129014</td>
<td>251</td>
<td>514</td>
<td>1%</td>
</tr>
<tr>
<td>SE</td>
<td>Vale</td>
<td>120153</td>
<td>331</td>
<td>363</td>
<td>2%</td>
</tr>
<tr>
<td>N</td>
<td>Gwyn</td>
<td>116610</td>
<td>2535</td>
<td>46</td>
<td>12%</td>
</tr>
<tr>
<td>CW</td>
<td>Pembs</td>
<td>114408</td>
<td>1589</td>
<td>72</td>
<td>8%</td>
</tr>
<tr>
<td>N</td>
<td>Conwy</td>
<td>110348</td>
<td>1126</td>
<td>98</td>
<td>5%</td>
</tr>
<tr>
<td>N</td>
<td>Denbs</td>
<td>94581</td>
<td>837</td>
<td>113</td>
<td>4%</td>
</tr>
<tr>
<td>SE</td>
<td>Torf</td>
<td>91098</td>
<td>126</td>
<td>723</td>
<td>1%</td>
</tr>
<tr>
<td>SE</td>
<td>Monmth</td>
<td>84900</td>
<td>849</td>
<td>100</td>
<td>4%</td>
</tr>
<tr>
<td>CW</td>
<td>Cered</td>
<td>77056</td>
<td>1792</td>
<td>43</td>
<td>9%</td>
</tr>
<tr>
<td>SE</td>
<td>BLGw</td>
<td>69542</td>
<td>109</td>
<td>638</td>
<td>1%</td>
</tr>
<tr>
<td>N</td>
<td>Isle</td>
<td>67545</td>
<td>711</td>
<td>95</td>
<td>3%</td>
</tr>
<tr>
<td>SE</td>
<td>Merth</td>
<td>55944</td>
<td>111</td>
<td>504</td>
<td>1%</td>
</tr>
</tbody>
</table>
However it is forecasted that Wales continues to show a growth in population, most noticeably in recent years due to net inward migration from England. However, some local authorities within Wales have declining population levels due to low birth rates and the outward migration of young people. Population projections for Wales suggest an ageing population, which has many implications, including for service planning and provision. The most recent census (2001) reports that a total of 2,9 million people lived in Wales at that time.

**Population, by age, 2006**

<table>
<thead>
<tr>
<th>Under</th>
<th>20</th>
<th>20 -39</th>
<th>40 -59</th>
<th>60 and over</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wales</td>
<td>723</td>
<td>732</td>
<td>809</td>
<td>702</td>
<td>2,966</td>
</tr>
</tbody>
</table>

Source: Mid-year Estimates, Office for National Statistics

Life expectancy for all ages has increased since the period 1991-93, but remains slightly lower than the average for the UK as a whole. Death rates have decreased for all age groups since 1996. In general, the proportion of people being treated for a range of illnesses increased with age in 2005/06 (but not for mental illness).

Again in 2005/06, looking at health-related lifestyles, people aged between 16 and 39 were the most likely to drink more alcohol than the recommended limit (including binge-drinking) as well as smoke, but this decreased with age. The proportion of people who reported being overweight or obese increased with age, peaking between the ages of 60 and 69, and then decreasing for the 70-79 and 80+ age groups. In 2006-07, the majority of cases of people misusing substances involved those between the ages of 20 and 49. Where people were aged between 20 and 29 cases were more often drug-related, but for all other age groups the majority were alcohol-related.

In 2006 the total number of births was 33,800, representing a 4 per cent decrease from 1996. The number of women having children later in life (40 and over) has increased by nearly two-thirds compared with 1996.

Excluding disabled children/young people, the likelihood of having a disability increases with age. Around 7 out of 10 people aged 75 and over were classified as disabled in 2006, compared with 1 in 10 of those aged 16 to 24.

Source - wales.gov.uk/docs/statistics

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4.4.2. THE AMBULANCE TRUST’S CASE MIX

Accident and Emergency attendances and the number of ambulance journeys are increasing, but evidence suggests that many of these cases could, and arguably should, have been treated in another part of the system or at home. The chart on the following page highlights the chief complaints that are addressed by the Ambulance Service and give an indication of where unscheduled care pathways development (form the Ambulance Services perspective needs to be targeted)
Therefore a key strand of this LDP is to provide care closer to, or in, people’s homes where it is appropriate. People do not want to go into hospital unless they have to and many of these admissions could have been avoided if better care was provided closer to, or in, a patient’s home. For example, instead of an ambulance taking a patient to hospital for treatment, care may be better provided on the spot, or rather than a patient suffering a myocardial infarction victim being taken to Accident & Emergency, they may be taken direct to a cardiac unit.
1.2a. Total number of verified incidents with response: AS1 ^ Chief Complaint ^ Region: (Dec-2008)-(By Month(Jan))
4.5. TECHNOLOGICAL ADVANCES

The Trust has seen significant improvements in its technology infrastructure over the last two years. These include:

- Replacement of multiple PCS Computer Aided Dispatch (CAD) systems with one system, Cleric. This has improved patient experience through reduction in delays and booking errors and led to better quality demand analysis in turn leading to improved cost efficiency through better vehicle utilisation;

- Implementation of a new workforce system, ProMis, to manage frontline EMS rosters which has improved productivity and resource utilisation due to matching resource levels to the daily demand profile while simplifying the management of staff absences, overtime and holidays, reducing management overheads. Plans are in place to extend this to Control and PCS staff;

- Installation of EISEC which automatically identifies the address details of a caller derived from their telephone number and populates this directly in to the CAD; and

- The implementation of the Airwave digital radio infrastructure in readiness for the full Radio Replacement (see below) has allowed the Trust to implement two interim solutions prior to the full implementation of AVLS and MDT (see below):
  - An interim tracking system that sends a GPS signal from each vehicle to the control room informing the allocators of the precise location of each vehicle in their region improving deployment times and thus performance. In addition IRIS2 software has been installed that runs sophisticated background mapping processes in real time, and to road rules. This ensures that the allocator is presented with an up to date list of options of which resources to send, how far away from the incident they are, and what would be their expected arrival time. IRIS2 also identifies improved responses and notifies the allocator that a nearer resource has become available; and
  - Some first responders and Rapid Response Vehicle Drivers have been supplied with a mini mobile data terminal hosted on a XDA.

Further advances will continue to be made over the next three years to improve our patient experience and to assist in the achievement of the targets. These include:

- Already partially implemented, the Airwave Radio Replacement Project (ARRP) will see the current unreliable analogue radio system, which suffers from poor reception and even no reception in large parts of Wales, replaced by a secure radio system. This will ensure that radio coverage moves from 46% to 99%;

- Automatic Vehicle Location System (AVLS) which will let control room staff know where the vehicles are located enabling them to mobilise the most appropriate vehicle to an incident. It will also enable them to dynamically deploy vehicles to the most appropriate standby points in accordance with SSP;

- Mobile Data Terminals (MDTs) which will enable call data to be transferred to a terminal in the ambulance without the reliance on communication via radio or pager. In this way crews
will be able to respond faster with clear data on the incident they are attending which in 
turn will improve the patient experience. Additionally the MDTs will have state of the art 
Satellite Navigation that will automatically route the ambulance crew without the need to 
manually input address details which will also improve response times;

- Upgrade or replacement of the current EMS CAD to allow system to be used virtually across 
Wales and for integration with NHSDW systems and other Emergency Ambulance incident 
tranches. Also explore possibilities of electronic transfer of real time data between 
providers who may be involved in a patient’s journey, including NHSDW;

- The implementation of the network and systems to achieve a Virtual Control Room 
infrastructure in Wales will result in the patient getting the same level of services and across 
the whole of Wales while adding resilience to the wider Operational IT infrastructure;

- The Trust is working with IHC to produce a single Electronic Patient Record (EPR) that can 
been accessed by all health professionals and institutions in Wales. The implementation of 
the EPR in the Ambulance Service will be split into 2 distinct phases. In the first phase the 
Ambulance Service’s EPR will be an electronic record of all patient data held within an 
Ambulance Service data warehouses. There will be the requirement for this EPR to 
to interface with any existing summery care records/demographic service available within 
Wales. In the second phase the Ambulance Service, in conjunction with Informing 
Healthcare in Wales will be striving to implement and fully integrated Clinical Information 
System, where a single electronic patient record can be accessed by any NHS trust that has a 
legitimate relationship with that patient.

The use of an Electronic Patient Reporting system (EPR) has many potential benefits over the 
conventional paper-based Patient Record Form. These include:

- Ability to access the Individual Health Record (IHR) via the Welsh Clinical Portal
- Potential for more complete and accurate data collection (e.g. automated data collection)
- More legible data collection, where free text is entered.
- Support for more timely and accurate clinical audit and reporting though the 
capture of structured data in an electronic format, including the ability to monitor 
progress against National Service Frameworks (NSF) targets
- The ability to communicate patient data from the ambulance to the receiving 
healthcare facility (e.g. A&E)
- The ability, via Bluetooth, to retrieve data from electronic diagnostic machines (e.g. 
12 lead ECG)
- The ability to integrate patient data with other healthcare systems (e.g. Hospital 
PAS’s, GP Records etc.)
- Improved confidentiality of patient data, facilitated through secure storage of 
encrypted data
- Support for clinical education and training activities
Pre population of patient demographic details from the ambulance Computer Aided Dispatch (CAD) System

The introduction of telemetry using digital infrastructure would provide a number of benefits. The need for early reperfusion in the presence of ST elevation myocardial infarction is paramount to achieving good clinical outcomes for patients. Currently the main option available for Welsh residents is the use of thrombolytic drugs which can be administered either in hospital or pre-hospital by paramedic ambulance crew who have specific training. Additionally, research has demonstrated that early reperfusion with Primary percutaneous coronary intervention (PPCI) would be the preferred option but requires the patient to be identified very early and transported to an interventional cardiac catheter laboratory within specific time frames. The proposal is to provide all paramedic crewed ambulances with equipment that can send 12 lead ECG to receiving centre so they can receive support from specialist clinicians when making decisions on the most appropriate action to take with patients (e.g. thrombolyse or transfer to PCI centre). This may be the nearest DGH with regards to PHT or interventional centre in the case of PPCI.

As part of these we will explore any opportunities to electronically transfer real time data or securely share data between providers who may be involved in a patient’s health journey.

The Ambulance Service is proactively improving the patient facing technologies of phone, web and email. It is expected that web visits and electronic bookings will continue to rise with the increase in users of computer technology and the internet and this will be taken into consideration when developing the directory of services and single points of access with other LHBS.

When people contact services by telephone, as far as possible they should only need to make one call and should not have to repeat basic clinical and demographic information about themselves to different providers nor should people be uncertain about what number to ring. The NHS Next Stage Review interim report announced that we would explore the introduction of a single three-digit number in addition to the emergency services number 999.

In June 2008 the Trust launched a new user friendly and professional Ambulance Service web site alongside the NHSDW web site. Both sites give users the ability to give feedback on the sites, which is then used to make changes to match the need of the citizens of Wales.
5. THE AMBULANCE TRUST’S VISION

5.1. OUR VISION

‘We will improve the health of our patients by working in partnership to deliver a range of effective and appropriate healthcare services’.

5.2. WHERE WE ARE NOW

- Too many confusing choices;
- The citizen often has to make more than one call;
- Providers are often restricted in their offering; and
- The citizen gets what is on offer rather than what they really need.

5.3. WHERE WE AIM TO BE

Patient is at the heart of our service
To be the lynchpin for out health community partners in the access and co-ordination of unscheduled care services;
- Empowering the patient through access to effective health information that ensures they receive advice or care that is most appropriate to their need;
- Assessment of need at point of contact and point of delivery; and
- Comprehensive directory of local services.

5.4. THE AMBULANCE SERVICE FUTURE STATE

The main driver for the modernisation Programme within WAST is the development of Unscheduled Care Services across the health care communities. To support this WAST will be moving towards the following Service Delivery Model over the next 6 years:

5.4.1. CLINICAL CONTROL CENTRES

Establish a maximum of 3 Clinical Control Centres designed to triage all unscheduled care calls within Wales. Key elements to these Clinical Control Centres are:

- Emergency Medical Services, Patient Care Services and NHS Direct Wales will be co-located in same clinical contact centre;
- GP Out of Hours, Social Services and Capacity management services integrated with Clinical Contact Centres either by co-location or virtual connections (N.B. This is dependant upon other stakeholders);
- If it is not possible to physically co-locate staff together then IT infrastructure will enable all systems to transfer information/data in real time;
- Co-located with other emergency services where possible;
- Greater integration with GP Out of Hours Services (dependant on other stakeholder);
- Generic Call takers for Emergency Medical Services, Patient Care Services and NHS Direct Wales;
- Ability to handle multi channelled access. E.g. Web & phone;
- Utilising a single system to assess patient care needs Emergency Medical Services, Patient Care Services and NHS Direct Wales;
- Clinical Contact Centre will provide clinical support to clinicians in the field (e.g. access to Directory of Service & Toxicology database); and
- Access to Individual Health Record will be provided to Clinical Triage in Ambulance Control & NHS Direct Wales in the Clinical Contact Centre.
5.4.2. DELIVERY OF THE AMBULANCE SERVICES’ UNSCHEDULED PATIENT INTERVENTION & TRANSPORTATION.

Strive towards greater integration with Primary and Secondary Care services in the delivery of the Ambulance Service unscheduled patient intervention and transportation. Key elements of this are:

- Front line services provided by WAST will consist of clinically staffed resources including:
  - Rapid Response (RRV) (single staffed);
  - Two crewed ambulances (Emergency Medical services & transport);
  - High Dependency Service (HDS);
  - Alternative Emergency Responders (Community First Responders, PAD Sites & Co-corresponders);
  - St John & Red Cross (non emergency responses);
  - Air Ambulance;
  - Mountain Bikes;
  - Triage Vehicles and
  - Specialist Practitioners (which could be paramedics, nurses or another staff group).

- Front line service provision would be based on the principles of being Appropriate, Safe and Timely;
- Response assessment & disposition – Also known as “See and Treat” and involves the triage of patients at scene with a view to identifying alternative pathways rather than direct transport to A&E;
- Transportation of patient when required to most appropriate location (e.g. PCI centres, CCU, etc.);
- Access to Individual Health Record & ability to capture electronic patient records in the frontline; and
- The Ambulance Service intends to integrate more with the wider health community in proving more proactive health care rather than reactive, however significant stakeholder engagement need to be completed to progress this.
- Future service provision will see ambulance clinicians operating from locations with colleagues from health and social care such as urgent care centres, minor injury units and GP surgeries so that capacity if fully utilised to the patients benefit.

5.4.3. PATIENT CARE SERVICES

Key elements of this service will include:

Mode of Transport
Welsh Ambulance Services NHS Trust; Emergency Care in Wales; November 2008

- Voluntary car drivers will be the transport mode of choice for all patients except where the patient condition does not allow this.
- All other patients will be transported by a single crewed patient care vehicle, unless the patient condition or the home environment do not allow this.
- A double crewed patient care vehicle will be used for all other patients.

ICT
- The most up to date technology to plan and control the patients’ transport (currently this has been assessed as the Cleric PTS CAD system)
- Web booking

EMS Support
- Vehicle movements for EMS.
- Supporting major incidents.
- Transport of triaged 999 patients

Other potential community services
- ECG monitoring
- BP monitoring
- Diabetic testing
- Telemetry retrieval
- Mobile X-ray
- Anti-coagulant diagnosis

Clinical
- Regular clinical training for all staff.
6. THE BENEFITS

One of the core objectives set by the Welsh Assembly Government, which are outlined in Section 2 of this document, is to “enable the organisation to tangibly demonstrate service improvement”.

As the Ambulance Service is fully committed to the delivery of value for money for our patients, staff and the wider health community all actions outlined in the short and medium to long term action plans are clearly aligned to tangible benefits which can ultimately be tracked back to one of the 4 aims of the Delivering Emergency Care Services Strategy which are:

- Managing Demand more effectively;
- Improving Ambulance Response & Handover times;
- Improve A&E waiting times; and
- Improve patient flow and discharge planning.

This is visually represented in The Ambulance Services Benefits Map on the following page.

To ensure that the needs of our patients, staff and health community partners are always predominant in our actions these are the three main recipient groups of the benefits we realise through the delivery of the LDP. If an action does not have a linear relationship between these groups and does not explicitly contribute to improving the patient experience then the Ambulance Service will review if it is a core priority.

Readers of this document and the associated actions plans need to be aware that the delivery timescales of the actions in the action plan are not the timescales in which the benefits will be realised. As part of the formal benefits realisation process is to define the following:

- Timescales in which the benefit will be realised;
- Who will be the recipient of the benefit;
- How the benefits will be measured; and
- Who the owner of the benefits will be.
7. PRIORITIES

As with all health care trusts the Ambulance Service has a significant number of initiatives to deliver with a limited pool of resources and finances to support them. To address these issues the Ambulance Services has formulated a way for prioritising these activities based on the improvements to patients and the wider health community; this is visually represented in the quadrant below.

**Number** | **Deliverable**
---|---
1 | Computer Aided Dispatch – Upgrade to existing system (EMS)
2 | Computer Aided Dispatch – market appraisal of new products for a potential new system
3 | System Status Planning & Deployment
4 | Implement Mobile Data terminals
5 | Resource Demand Management
6 | Card 35, Immediate dispatch or Pathways introduced
7 | Integration of NHSDW advisers to Triage Cat B/C
8 | NHSDW Technical link into Ambulance CAD
9 | Automatic Vehicle Location System
10 | Implement 3 digit number
11 | Structural modernisation
12 | Workforce modernisation
13 | Improve handover from ambulance to hospital clinician
14 | Integrated Governance Framework
15 | RRV’s more effectively used
The Ambulance Services will be focusing first and foremost on any deliverables that falls within the top right hand side of the quadrant as these are what have been determined as “quick wins”.

Many of these “quick win” initiatives are focused on improving the Ambulance Services’ capability and are deemed as critical foundations on which to become a core contributor to become the lynchpin for our health community partners in the access and co-ordination of unscheduled care services. Once these are in place and the Ambulance Service has consistently demonstrated the stability and sustainability of our core service then the service will start delivering some of the initiatives in the lower right hand side quadrant many of which have a broad reaching scope across the whole community.

Currently there are no initiatives shown on the left hand side of the quadrant as these would deliver limited patient benefits and as described in the Benefits section of this document if an action and does not explicitly contribute to improving the patient experience then the Ambulance Service will question if it is a core priority.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Improved utilisation of minor Injuries Units</td>
</tr>
<tr>
<td>17</td>
<td>Collaborative working with MIU’s, Urgent Care Centre and health and social services</td>
</tr>
<tr>
<td>18</td>
<td>High Dependency Service</td>
</tr>
<tr>
<td>19</td>
<td>Air Ambulance – improved contribution</td>
</tr>
<tr>
<td>20</td>
<td>Revised Performance Frameworks</td>
</tr>
<tr>
<td>21</td>
<td>Reduction in levels of patients transported to A&amp;E</td>
</tr>
<tr>
<td>22</td>
<td>Telemetry</td>
</tr>
<tr>
<td>23</td>
<td>Implement National Service Frameworks</td>
</tr>
<tr>
<td>24</td>
<td>Telemedicine</td>
</tr>
<tr>
<td>25</td>
<td>Electronic Patient Records</td>
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## Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AMPDS</td>
<td>Advance Medical Priority Based Dispatch</td>
</tr>
<tr>
<td>ARRP</td>
<td>Ambulance Radio Reprocurement Project</td>
</tr>
<tr>
<td>AVLS</td>
<td>Automatic Vehicle Location System</td>
</tr>
<tr>
<td>CAD</td>
<td>Computer Aided Dispatch</td>
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| Categorisation OF CALLS | A – Immediately life threatening  
|                     | B – Serious but not immediately life threatening  
<p>|                     | C – Neither life threatening or serious                                     |
|                     | GP Urgent – GP request for urgent transport of patient, not emergency call |
| CCM                 | Chronic Condition Management                                              |
| CCU                 | Critical Care Unit                                                        |
| CPD                 | Continuous Professional Development                                       |
| DECS                | Delivering Emergency Care Services                                         |
| DGH                 | District General Hospital                                                  |
| EISEC               | Enhanced information service for emergency calls                          |
| EMS                 | Emergency Medical Services                                                 |
| HCW                 | Health commission Wales                                                   |
| HDS                 | High Dependency Service                                                   |
| JESG                | Joint Emergency Services Group                                            |
| KPI                 | Key Performance Indicator                                                 |</p>
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
</tr>
<tr>
<td>LDP</td>
<td>Local Delivery Plan</td>
</tr>
<tr>
<td>MDT</td>
<td>Mobile Data Terminal</td>
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<tr>
<td>NLIAH</td>
<td>National Leadership and Innovation Agency for Healthcare</td>
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<tr>
<td>NHS DW</td>
<td>NHS Direct Wales</td>
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<tr>
<td>NSF</td>
<td>National Service Framework</td>
</tr>
<tr>
<td>OOH</td>
<td>Out of Hours</td>
</tr>
<tr>
<td>PAD site</td>
<td>Public Access Deliberator Site</td>
</tr>
<tr>
<td>PCS</td>
<td>Patient Care Services</td>
</tr>
<tr>
<td>PPCI/PCI</td>
<td>Primary percutaneous coronary intervention</td>
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<tr>
<td>PPI</td>
<td>Public &amp; Patient Involvement</td>
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<tr>
<td>RPS</td>
<td>Rest Period Screen</td>
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<tr>
<td>RRV</td>
<td>Rapid Response Vehicle</td>
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<tr>
<td>TTMD</td>
<td>Time To Make A Difference</td>
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<tr>
<td>USC</td>
<td>Unscheduled Care</td>
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<tr>
<td>WAG</td>
<td>Welsh Assembly Government</td>
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<tr>
<td>WHC</td>
<td>Welsh Health Commissioning</td>
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