Welcome to our Quality Strategy 2016/19. This is the Trust’s first Quality Strategy and is a key part of our journey to moving us forward to be the best we can be.

Feedback we have received indicates that the majority of our patients and service users are satisfied with the services we provide, but we do not always get it right and we need to be continuously looking for improvements in the quality of care we provide.

We are going through a period of significant organisational change, including modernising our Clinical Model (Emergency Services), our Non Emergency Patient Transport Service and hosting the 111 Service in the future. We have defined our purpose, vision and behaviours with a strong focus on people and culture as the key drivers of us becoming a high performing, clinically led and quality driven organisation.

This means being responsive to the needs of our communities and making a positive difference to the outcomes and wellbeing of our patients applying the principles of Prudent Healthcare.

Our staff, service users and communities are pivotal to informing our services and we would be very grateful for your feedback on our services and areas for improvement.

Please email any comments to PPI.TEAM@wales.nhs.uk with the subject heading "Quality Strategy “ or call us on 01792 311773.
<table>
<thead>
<tr>
<th>Quality Themes</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance, Leadership &amp; Accountability</td>
<td>15</td>
</tr>
<tr>
<td>1. Staying Healthy</td>
<td>16</td>
</tr>
<tr>
<td>2. Safe Care</td>
<td>17</td>
</tr>
<tr>
<td>3. Effective Care</td>
<td>20</td>
</tr>
<tr>
<td>4. Dignified Care</td>
<td>23</td>
</tr>
<tr>
<td>5. Timely Care</td>
<td>25</td>
</tr>
<tr>
<td>6. Individual Care</td>
<td>27</td>
</tr>
<tr>
<td>7. Staff &amp; Resources</td>
<td>29</td>
</tr>
<tr>
<td>Service user experience &amp; our Partners in Healthcare Team</td>
<td>31</td>
</tr>
<tr>
<td>Listening &amp; learning</td>
<td>32</td>
</tr>
<tr>
<td>Improving quality together</td>
<td>33</td>
</tr>
<tr>
<td>Making it happen: - Delivering the Strategy</td>
<td>34</td>
</tr>
<tr>
<td>What will success look like?</td>
<td>35</td>
</tr>
<tr>
<td>Key references</td>
<td>36</td>
</tr>
<tr>
<td>Appendix 1. NHS Wales Quality Assurance System</td>
<td>37</td>
</tr>
<tr>
<td>Appendix 2. Organisational Structure</td>
<td>38</td>
</tr>
<tr>
<td>Appendix 3. Key drivers &amp; influences: National &amp; local</td>
<td>39</td>
</tr>
<tr>
<td>Our contact details &amp; information links</td>
<td>40</td>
</tr>
</tbody>
</table>
Our purpose

The aim of the Quality Strategy is to support the delivery of our vision to be:

‘A leading Ambulance Service providing the best possible care through a skilled, professional and healthy workforce’

The purpose of the Welsh Ambulance Service NHS Trust (WAST) is to be a caring and responsive Ambulance Service for the people of Wales which delivers high quality and patient led clinical care - emergency, urgent, scheduled - wherever and whenever it is needed. Please refer to Appendix 1 for the NHS Wales Quality Assurance System and how we form part of this.

We have worked with the organisation to agree a set of behaviours that compliment our purpose, vision, aims and priorities. The behaviours have been collaboratively developed in partnership with staff and provide us with a set of shared behaviours which are lived by, which will help ensure that the Trust and its workforce do the right thing in the right way, to secure the best possible patient outcomes.

<table>
<thead>
<tr>
<th>Our Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ I will ask and listen</td>
</tr>
<tr>
<td>✓ I will be honest and open with myself and others</td>
</tr>
<tr>
<td>✓ I will be kind, compassionate and caring</td>
</tr>
<tr>
<td>✓ I will be my best, together we will be better</td>
</tr>
<tr>
<td>✓ I will own my decisions</td>
</tr>
</tbody>
</table>
Our part in the National Unscheduled Care Programme

The National Unscheduled Care Programme gets its mandate following the oral statement of the Minister for Health and Social Services in 2013. It describes how a ‘Framework for Unscheduled Health and Care Services for Wales’ will be established to add value and focus to the quality and efficiency of local unscheduled care delivery. It has recently been re-established and re-framed, following the methodology and systemised approach started with the 5 step ambulance model.

The Trust welcome this approach and the adoption of a whole system approach to the management of unscheduled care. The figure below outlines steps 0 - 10 of the model and is intended to reflect the non-linear nature of the unscheduled care pathway.

The Trust is changing the focus of its service to establish it as a clinically led, quality driven Emergency Medical Service, Non Urgent Patient Care Service and a 24 hour health care and advice service that focuses on delivering the best clinical outcomes for patients.

The Trust is an integral part of the ‘front line’ of the seven healthcare systems in Wales with emergency and urgent care services a fundamental part of the national unscheduled care system. The Trust works closely with Public Health Wales in our public health messaging and understanding the changing health demographics that impact on the unscheduled care system. Being a national service provides both opportunities and challenges in meeting the needs of a diverse population whilst addressing inequalities.
**Our Strategic Aims**

Our 6 strategic aims will support us in realising our vision organisation wide, across all of our services. Our 6 strategic aims provide a clear framework for our plan and clearly link to the Prudent Healthcare Principles, the Health and Care Standards (2015) and the Commissioning Quality and Delivery Framework.

To deliver the **best possible patient outcomes and experience** through transforming our models of care across all of our services, using technology, innovation and research and becoming truly quality driven.

To have an **engaged and skilled workforce** operating within an organisational culture and framework that enables them to work to the top of their skill set to deliver high quality care.

To effectively **manage capacity to meet demand**, through aligning resources more effectively, taking more care to the patients and accessing alternative care pathways.

To **reduce unnecessary variation** in our services and processes and tackle inequalities.

To have **strong partnerships** with our patients, staff, NHS Wales organisations and public sector partners, where their voice is heard and together we improve and shape our services.

To be a **highly effective organisation** with effective leadership embedded across all levels, robust governance arrangements, financial sustainability and a value for money provider.
Background

The Trust’s 3 primary service lines are:

1. **Emergency Medical Services (EMS) and Urgent Care Services (UCS)** underpinned by our 5 Step Clinical Response Model below:

   - **Step 1: Help me to Choose** is designed to reduce pressure/demand on Welsh Ambulance Services; reduce call volumes, deliver improved patient outcomes ensuring patients and public are aware of options for accessing help and appropriate clinical care for their need.

   - **Step 2: Answer My Call** ensures that all calls taken within the Clinical Contact Centre are correctly prioritised and that the appropriate response is identified and dispatched to achieve the optimum clinical outcome for the patient.

   - **Step 3: Come and See Me** is to provide the right level of clinical response that achieves the aims of ‘Prudent Healthcare’, namely: to do no harm; carry out the minimum appropriate intervention; and, promote equity between professionals and patients.

   - **Steps 4: Give Me Treatment** is to ensure safe, effective and sustainable face to face and hear & treat management of patients, through the use of Paramedic Pathfinder, Manchester Triage System, digital pen technology and clinical indicators. This patient centred approach will provide safe and consistent identification of patients requiring emergency care or an alternative referral with the ability to monitor and measure the quality of care delivered.

   - **Step 5: Take Me to Hospital** implements a safe, consistent and effective process for approving alternative pathways of care to support patient/presentation specific pathways, community care planning, self care pathways and hear and treat/see and treat dispositions.
The Trust employs approximately 2,858 members of staff. The majority of these staff are employed within our Operations Directorate, which includes our Clinical Contact Centres, Emergency Medical Service (EMS), Urgent Care Staff (UCS) and Non Emergency Patient Care Services (PCS) staff. Our frontline teams are supported by colleagues working within our Corporate/Executive functions and teams. Please refer to Appendix 2 for our organisational chart.

The Trust also provides and supports a range of specialist services including:
- Hazardous Area Response Team (HART);
- Special Organisation Response Team (SORT);
- Cymru inter-Hospital Acute Neo-natal Transfer Service (CHANT);
- Volunteer Car Service;
- Volunteer Community First Responders (CFRs);
- Cycle Responder Unit;
- Co-responder Service (in partnership with fire and police services staff);
- Training in first aid; and
- Supporting Emergency Medical Retrieval and Transfer Service (EMRTS).
Year one of this Strategy will focus on determining our position, strengthening our foundations and developing and improving our indicators and measures, aligning to the requirements of our Commissioners. Years two and three will be implementing, monitoring and reviewing, whilst making appropriate changes informed by patients, service users and staff feedback.

Patient, service user and staff engagement and wide ranging feedback mechanisms form the backbone of this Strategy, to enable the Trust to drive quality improvement in the areas which matter the most. Please refer to Appendix 3 for our detailed local and national drivers.

To ensure we consider all of these domains of quality as we plan our services the Trust has adopted the Health & Care Standards (2015) and NHS Outcomes Framework as a framework to operate in, whilst ensuring current and future services meet all of the four Prudent Healthcare Principles. A breakdown of our proposed improvements for each Quality Theme can be found from page 15.

<table>
<thead>
<tr>
<th>Health &amp; Care Standards Quality Theme</th>
<th>NHS Wales Outcomes Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staying Healthy</td>
<td>People in Wales are well informed to manage their own physical and mental health</td>
</tr>
<tr>
<td>Safe Care</td>
<td>People in Wales are safe and protected from harm and protect themselves from known harm</td>
</tr>
<tr>
<td>Dignified Care</td>
<td>People in Wales are treated with dignity and respect and treat others the same</td>
</tr>
<tr>
<td>Effective Care</td>
<td>People in Wales receive the right care and support as locally as possible and are enabled to contribute to making that care successful</td>
</tr>
<tr>
<td>Timely Care</td>
<td>People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care</td>
</tr>
<tr>
<td>Individual Care</td>
<td>People in Wales are treated as individuals with their own needs and responsibilities</td>
</tr>
<tr>
<td>Our Staff &amp; Resources</td>
<td>People in Wales can find information about how their NHS is resourced and make careful use of them</td>
</tr>
</tbody>
</table>

**Person-centred, Governance, Leadership & Accountability**
Applying the Prudent Healthcare Principles

Prudent Healthcare invites every member of staff to stop and think about the value of what they are doing. It is about working differently.

Our Clinical Modernisation Programme is underpinned by the Prudent Healthcare principles:

**Step 1**: People to understand the nature of the emergency service, to avoid calling 999 inappropriately. Working in co-production supporting the public to know what healthcare services are available to them locally. To make better choices for us to safely manage the demand coming in to the service e.g. Frequent callers being referred to the right part of the NHS quickly.

**Step 2**: Taking a little more time on the phone to find out what the patient need is before dispatching a valuable resource.

**Step 3**: Referring to the right resource/service once we know what’s wrong.

**Step 4**: Sending the right resource/crew/vehicle for the patient’s need and implementing Paramedic Pathfinder an evidence based triage model to support at scene decision-making to determine those patients who can be safely referred to alternative care pathways rather than hospital care.

**Step 5**: Conveying to hospital only when it’s necessary to do so (i.e. for all red calls), conveying to the right healthcare facility for the patient’s need.

Our Non – Emergency Patient Transport services are undergoing modernisation working with service users, staff, all Health Boards, Trusts and the Renal Clinical Network. Patients in greatest need of timely transport e.g. following renal dialysis will receive a priority service. Evidence of actual patient need is now collected via a questionnaire before transport is provided allowing improved planning of services.

Additional areas include working with nursing and care homes, investing in volunteer Community First Responder initiatives, working in co-production with local communities to improve community resilience.
This Strategy is about shaping the future of the quality of our services. This means adopting a continual cycle of learning lessons and adapting to new opportunities with strong engagement from service users, staff and stakeholders.

Underpinned by:

- Clear vision, purpose, aims & priorities
- High quality information
- Integrated planning tools
- Relevant skills / experience
- Assurance / realism
- Appropriate challenge
What do patients and service users say about our services?

We would like to thank our service users, public, staff and partners for their contribution in developing our Quality Strategy. Feedback was received from a number of sources including our staff, patients, service users, health boards, community groups, Community Health Councils, voluntary and third sector organisations, Healthcare Inspectorate Wales and Welsh Government.

Our patients and service users have defined ‘Quality’ as:

- To arrive in good time, administer appropriate treatment
- Help when you need it and the ability to make a patient feel safe when they are at their most vulnerable i.e. when they are ill
- Confidence to receive a prompt response
- Meeting the patients needs
- Being informed every step of the way, treated with courtesy and professional expertise
- Being able to get medical help as soon as possible and not wait
- Providing a prompt response appropriate to the needs of the patient
- Assurance that treatment/help will not be compromised
- Good communication with patient/family

Feedback through our patient engagement work will consider and continually shape the improvements in this Strategy. Common themes in our quarterly Patient Highlight Reports are:

**What was good?**
- Professionalism and caring staff
- Excellent service
- Kindness of staff
- Treated with respect and politeness
- Knowledgeable staff
- Helpful and reassuring

**What could be improved?**
- Longer than expected wait for ambulance
- Hospital handover delays
- Long journeys & anxiety for patients waiting to be picked up for appointments
- Too many asked & repetitive questions on the phone
- Long wait for a call back

Feedback from our patients & service users will influence how we modernise our services.

Page 15 onwards describes in detail how we will make improvements in response to this feedback and how we will report & share improvements.
Our staff engagement & feedback

We have multidisciplinary teams delivering our services including paramedics, emergency medical technicians, unscheduled care assistants, patient care service teams, doctors, nurses, call handlers and voluntary staff.

**Our staff and volunteers are our greatest resource and engaging, supporting and developing them is crucial to quality improvement and sustainable change.**

Feedback from staff from walkarounds, workshops, staff surveys, engagement events and other discussions identified the following areas to focus our quality improvement work on:

1. handover delays at Emergency Departments and the impact on the quality of care patients receive including delays in treatment, pain relief, continence needs, pressure area care, hydration, and warmth and comfort;
2. Infection Prevention & Control practices with pressures to turn vehicles around quickly;
3. involvement in shaping the clinical audit programme locally;
4. time for training and continued professional development including clinical notices, alerts, and new guidance;
5. improving organisational learning and sharing improvements;
6. reducing waiting times in Patient Care Services and improve patient experience;
7. improve and simplify the complaints process;
8. our clinical team leaders who need time to undertake appraisals and support their staff;
9. focusing more on the outcomes of the care they deliver, not just time related measures; and
10. addressing fleet issues.

We have more work to do to obtain continuous feedback from our staff and this will continually shape our improvements. Page 15 onwards describes what we plan to do to make improvements in response to this feedback.
These systems will provide a cohesive framework to enable improvements to happen:

**Leadership & Governance**
- Purpose, vision & behaviours
- Integrated Medium Term Plan 2016/19 & Local Delivery Plans
- Culture of openness & transparency
- Good governance & assurance frameworks
- Outstanding leadership support
- Staff, Service User & Community Engagement

**Drivers & Initiatives**
- Applying the Prudent Healthcare Principles
  - 1000 Lives Projects
  - Clinical Modernisation ‘Five Steps’ Model
  - Transforming the Non Emergency Patient Services
  - Hosting the 111 Service
  - Developing our clinical and quality indicators/measures

**Measurement**
- Implement digital records technology
- Triangulating our information to improve the quality of care
- Use of run and statistical process charts to measure our improvements
- Introduction of mortality reviews

**Workforce Capability**
- Culture of continuous quality improvement
- Continual Professional Development
- Appraisals & supervision
- Workforce & Organisational Development Strategy & workstreams

**Quality Management & Assurance System**
Our improvements for Governance, Leadership & Accountability include:
- implementing and monitoring a revised committee structure;
- reviewing our corporate governance framework;
- developing and implementing our Risk Management Strategy & Framework 2016/19;
- strengthening our document management systems;
- clearly aligning our internal audit programmes to our quality assurance requirements;
- continued leadership development programmes;
- introduction of quality champions to health board areas;
- membership and inputs into the NHS Wales Quality & Safety Forum;
- networking locally & nationally;
- using our information collectively to provide wider assurances in relation to quality;
- moving our position forward with the national Health and Care Standards (2015);
- plugging into health board and trust plans to develop alternate pathways & services; and
- wider service user, community, third sector, partner and staff engagement.

Outcome: The right quality assured information is reported in a timely manner in a format that allows the Board and Executive Management Team to make informed decisions about the quality of the services we provide.
1. Staying Healthy 2016/19
Outcomes: People in Wales are well informed to manage their own physical and mental health

What are we trying to achieve?
- further development of the NHS Direct Wales website in response to feedback from our communities;
- closer working with partner organisations to support the Choose Well message and using WAST wisely;
- continued development of information through various media sources; and
- providing additional symptom checkers to enable people to manage their health and be well informed to choose appropriate services.

Why is this important?
- over 4.5 million people visit the NHS Direct Wales website per year and feedback supports that this is a valuable resource to our communities;
- the provision of quality health information is an integral part of engaging service users. Capturing and learning from their experiences is also an important aspect of quality improvement;
- providing health information and engaging users effectively fosters better experiences and is more likely to enable them to make informed decisions about their health;
- engaging with our communities to identify the barriers to choosing well and health inequalities will help to shape future services; and
- this supports Step 1 of our Clinical Response Model ‘Help me to Choose’.

How will we know we are making progress?
✓ over time there will be behaviour change in the type of services accessed and these will be appropriate to clinical needs;
✓ there will continue to be increased visit numbers to the NHS Direct Wales website;
✓ development of new care pathways and alternative services; and
✓ continued positive feedback from service users, wider communities and stakeholders.

Key areas for 2016/17 include:
- engagement with Public Health Wales & Directors of Public Health in Health Board areas to promote ‘Choosing Well’ locally & nationally;
- progress with ‘My Health on Line Programme’;
- expand the number of symptom checkers from 27 to 30; and
- engaging with communities to identify barriers to ‘Choosing Well’ and using this information to shape services across care systems including pathways and frequent caller analysis.

Reporting & monitoring:
- reporting feedback at least quarterly to the Executive Management Team, Clinical Response Model Board, QuESt and the Emergency Ambulance Services Committee (EASC).
What are we trying to achieve?

- implementation of our Infection, Prevention & Control Code of Practice & operational plan;
- using our information from incidents, complaints, mortality reviews, coroners reports, service and staff feedback and external & internal reviews more intelligently to improve the quality of care;
- learning from external reviews, inspections & inquiries UK wide.
- strengthen our organisational learning, ensuring sustainable improvements through education, development and delivery plans;
- no avoidable harm and no avoidable death in our care;
- develop early warning systems to detect risks to the quality of care across all our services;
- undertake a safety culture survey Trust wide;
- further strengthen our Safeguarding systems for vulnerable adults & children and PREVENT training requirements;
- review our systems to ensure we provide appropriate services for service users with mental health problems;
- ensure we have safe and appropriate staffing levels;
- build strong connections and information flows from Board to clinical teams to Board.

Why is this important?

- our service users safety is paramount and first we must only do what is needed and do no harm. Healthcare can be complex and high risk and we know from national NHS reports that sometimes despite best intentions we cause avoidable harm. We must have systems in place to learn across the organisation and make sustainable changes; and
- our systems need to support our staff with ever increasing demand and complexity and we must remove any barriers and make it as easy as possible for staff to do their very best for patients and eliminate avoidable harm.
How will we know we are making progress?

- We will review our planned and actual staffing levels at local health board level on a monthly basis and action accordingly;
- We will improve sustained learning across the Trust and monitor lessons learnt through clinical audit and staff & service user feedback;
- We will encourage incident reporting and aim to have an increase in reporting and a decrease in the severity of incidents, and monitor our harm footprint;
- We will develop a new quality report to monitor our plans and quality indicators and see demonstrable improvements;
- We will have established programmes of walk-arounds which inform our improvements;
- We will hold our Quality, Experience and Safety Committee (QuEst) in public;
- We will report our achievements and future areas for improvement in our Annual Quality Statement.

Key areas for 2016/17 include:

Infection, Prevention & Control (IPC):
- Local implementation of the operational plan through health board local delivery plans;
- IPC Audits including peripheral vascular cannulation rates; and a task & finish group to address station cleaning Trust wide.

Reporting & monitoring:
- Monthly performance report – IPC Audits to Executive Management Team and QuEst; and
- At least quarterly reporting to Executive Management Team and assurances to QuEst regarding progress with station cleaning plans.

Developing quality measures & a quarterly quality assurance report:
- To commence from April 2016 triangulating intelligence (qualitative and quantitative) to make sustainable improvements at corporate level 2016/17 including our own locally determined quality measures in addition to national mandatory targets and measures;
- Our information system Datix will be developed. We will include both percentages and ‘real’ numbers to bring the data to ‘life’, in addition to patient & staff stories; and
- We will develop heat maps and early warning systems.

Reporting & monitoring:
- Quarterly reporting to Executive Management Team & QuEst with assurances to EASC through the commissioning framework.
### 2. Safe Care 2016/19

**Outcome:** We will only do what is needed and our service users are protected from harm and protect themselves from known harm

**Key areas for 2016/17 include:**

<table>
<thead>
<tr>
<th><strong>Safeguarding adults, children, domestic abuse &amp; PREVENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a training plan to meet legislative requirements including PREVENT.</td>
</tr>
<tr>
<td><strong>Reporting &amp; monitoring:</strong></td>
</tr>
<tr>
<td>Monthly performance report with training compliance &amp; quarterly quality assurance report to Executive Management Team &amp; QuESSt.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mental health pathways development</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Included as part of the Clinical Response Model Programme.</td>
</tr>
<tr>
<td><strong>Reporting &amp; monitoring:</strong></td>
</tr>
<tr>
<td>Monthly reporting to the Clinical Response Model Programme Board &amp; EASC.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Board to floor to Board</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme for walk-arounds and feedback mechanisms to be developed.</td>
</tr>
<tr>
<td><strong>Reporting &amp; monitoring:</strong></td>
</tr>
<tr>
<td>quarterly quality assurance report to Executive Management Team &amp; QuESSt.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Board to floor to Board</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme for walk-arounds and feedback mechanisms to be developed.</td>
</tr>
<tr>
<td><strong>Reporting &amp; monitoring:</strong></td>
</tr>
<tr>
<td>quarterly quality assurance report to Executive Management Team &amp; QuESSt.</td>
</tr>
</tbody>
</table>
3. Effective Care 2016/19

Outcome: Our service users receive the right care and support as locally as possible and are enabled to contribute to making that care successful. We will reduce inappropriate variation through evidence based care.

What are we trying to achieve?

- a fit for purpose Clinical Response Model including increasing the number of patients using our hear and treat services;
- increasing the number of patients we see and treat in the community avoiding attendance at emergency departments. Implementation of the Paramedic Pathfinder will support this as a safe decision support tool.
- a fit for purpose Non Emergency Patient Transport Service;
- further develop our clinical & quality indicators with our Commissioners;
- embed the Clinical Pathway Approvals Group (CPAG) to govern any new or revised pathways applying the principles of Prudent Healthcare;
- introduce & embed mortality reviews;
- strengthen how we review and implement external guidance, including alerts, national reports & enquiries;
- ensure the implementation of the All Wales Handover Guidance at Emergency Departments (Health Service Circular); and
- implement our new Research & Innovation Strategy;

Why is this important?

- an effective Clinical Response Model means patients receive the right care at the right time with positive outcomes and a good experience;
- staff and patients feedback highlight concerns regarding delays in ambulances including patient’s hydration, nutritional, pressure area care and continence needs;
- the non emergency patient transport service needs to meet the needs of service users and respond to the feedback received;
- monitoring the effectiveness of the care we provide is key to assuring we follow evidenced practice consistently and address any inappropriate variances; and
- we need to continue to develop a culture where research and innovation is a core Trust activity which promotes better quality of care for our patients now and in the future.
3. Effective Care 2016/19
Outcome: Our service users receive the right care and support as locally as possible and are enabled to contribute to making that care successful. We will reduce inappropriate variation through evidence based care.

How will we know we are making progress?

✓ we will report on the effectiveness of the changes to our Clinical Response Model and undertake evaluations to inform continuous improvement;
✓ we will evaluate and continuously review the changes to our Non Emergency Patient Transport Services to inform continuous improvements;
✓ we will continue to report clinical and quality indicators through our performance reports seeing demonstrable improvements;
✓ we will develop a quarterly quality assurance report to monitor our plans and quality indicators with baselines established and identify areas for improvement;
✓ we will review and monitor our audit programmes and ensure they are linked to our plans identifying any risks to quality and action accordingly;
✓ we will monitor compliance with Paramedic Pathfinder and outcomes for patients making identified improvements; and
✓ we will monitor the implementation of the NHS Wales Handover Policy and see a reduction in waiting times and improvement in the quality of care patients receive.

Key areas for 2016/17 include:

Clinical Response Model

- embedding the Clinical Response Model, Paramedic Pathfinder and alternative pathways (including mental health) through the CPAG;
- development of clinical indicators and outcomes measures with Commissioners;
- evaluation process of the Clinical Response Model Matrix; and
- improve out of hospital cardiac arrest survival.

Reporting & monitoring:

- monthly performance reporting to the Executive Management Team, Clinical Response Model Programme Board with assurances to QuESt & EASC.

Non Emergency Patient Transport Services (NEPTS)

- implementation of the new management structure;
- monitoring of new quality indicators during 2016/17; and
- develop appropriate performance measures and monitor during 2016/17.

Reporting & monitoring:

- monthly performance and quality reports to NEPTS Programme Board, Executive Management Team and assurances to QuESt.
Key areas for 2016/17 continued:

Implementation of Handover of Care Guidance at Emergency Departments
- local delivery plans in health board areas include local implementation of the guidance / circular;
- working with health board colleagues in challenging areas and inputs at the Unscheduled Care Board; and
- monitoring of concerns information.

Reporting & monitoring:
- monthly performance reporting to the Executive Management Team, Clinical Response Model Programme Board with assurances to QuEST & EASC.

Mortality reviews
- embed process and data analysis from Digipen technology; and
- triangulate findings through the quarterly quality assurance report from April 2016.

Reporting & monitoring:
- Quarterly to the Executive Management Team and assurances to QuEST & EASC.

Research & Innovation Strategy
- implement delivery plan;
- submit joint and Trust led funding to bodies such as the NIHR & WGfPPB; and
- continue PARAMEDIC-2 Adrenaline Study.

Reporting & monitoring:
- Quarterly to the Executive Management Team and assurances to QuEST & EASC.
4. Dignified Care 2016/19

Outcome: Our service users are treated with dignity and respect and treat others the same

What are we trying to achieve?

- continue to listen and engage with service users and obtain feedback on their care and make changes accordingly;
- ensure timely and responsive handling of complaints & concerns and implement the findings of our internal review;
- review our training & resources to ensure that patients with dementia receive appropriate care; and
- improve the quality of care for patients on the end of life care pathway.

Why is this important?

- compassionate care is a pre requisite for delivering dignified care. Organisational culture, policies and processes can impact on the experiences of patients; and
- staff attitudes, behaviours and beliefs can also shape patients perceptions and experiences of the Trust.

How will we know we are making progress?

✓ support Dignity Champions across the Trust to take forward work;
✓ care of patients with dementia training will be delivered to all clinical staff – Treat me fairly package;
✓ ‘This is me’ toolkit will be incorporated as part of engagement with patients;
✓ ‘Hello my name is’ campaign will be demonstrated through patient experience surveys and audit; and
✓ improved satisfaction with our concerns process and we will continually meet national requirements.

Key areas for 2016/17:

Concerns

- implementation of the 100 day plan and associated outputs with improvement trajectory to reach Tier 1 targets as a minimum; and
- identification and implementation of sustainable organisational learning.

Reporting & monitoring:

- monthly performance reporting to the Executive Management Team and quarterly quality assurance report to QuEST from April 2016.
4. Dignified Care 2016/19
Outcome: Our service users are treated with dignity and respect and treat others the same

Key areas for 2016/17:

Caring for patients on the end of life care pathway
- review local & national pathways and WAST inputs working with health board colleagues and national organisations e.g. Macmillan; and
- identify staff training needs for continued professional development programmes.

Reporting & monitoring:
- quarterly to the Executive Management Team and assurances to QuEST & EASC.

Dementia Friendly organisation
- implementation of accreditation plan; and
- engagement with organisations & service users experiencing barriers.

Reporting & monitoring:
- quarterly to the Executive Management Team and assurances to QuEST & EASC.
5. Timely Care 2016/19

Outcome: Our service users have timely access to services and we will care for those with the greatest health need first. Our service users are actively involved in decisions about their care.

What are we trying to achieve?

- transforming our Clinical Response Model to ensure our service users have timely access to services based on the greatest health need first, in line with the 5 Step Clinical Response Model;
- improve the quality of care through listening to patients who have used our Non-Emergency Patient Transport Services; and
- commission ‘deep dives’ into quality of care issues and use peer review as appropriate to provide assurances regarding our services.

Why is this important?

- timely access to clinical care based on clinical need is key to the delivery of a quality service. To ensure we respond rapidly to service users with time critical conditions we need to review the appropriateness of our whole clinical model and implement changes accordingly; and
- insight from Non-Emergency Patient Transport Services users is invaluable in our quest to continually improve efficiency, effectiveness and overall patient experience.

How will we know we are making progress?

- we will continue to monitor our response times 24/7;
- response times and patient outcomes are formally reported in our performance reports on a monthly basis and we will see incremental improvements in timeliness and outcomes;
- we will encourage feedback from Non-Emergency Patient Transport Service users through regular patient satisfaction surveys from which we will be able to learn and monitor progress;
- outputs of the evaluation work undertaken in relation to the new Clinical Response Model; and
- we will develop a quarterly quality report to monitor our plans and quality indicators focusing on outcomes in addition to targets and timescales.
5. Timely Care 2016/19
Outcome: Our service users have timely access to services and we will care for those with the greatest health need first. Our service users are actively involved in decisions about their care.

Key areas for 2016/17:

Improving response times based on clinical needs
- strengthen performance management framework & data analysis;
- local delivery plans addressing and working in health board areas;
- evaluation of the Clinical Response Model Matrix;
- implementation plans for a new Computer Aided Dispatch system; and
- working with health board colleagues to address delays at Emergency Departments.

Reporting & monitoring:
- monthly performance reporting to the Clinical Model Programme Board, Executive Management Team, Finance & Resources Committee, quarterly quality assurance report to QuEST from April 2016 and reports to EASC & WG; and
- monthly reporting to the NEPTs Programme Board, Executive Management Team, Finance & Resources Committee and quarterly quality assurance report to QuEST from April 2016.
6. Individual Care 2016/19

Outcome: Our service users are treated as individuals with their own needs and responsibilities and we will work in co-production with service users, partners and stakeholders.

What are we trying to achieve?

- continued work in line with the National Service User Framework;
- closer working between the Partners in Healthcare Team (PIH) & Putting Things Right (PTR) team to enhance organisational learning capability;
- implementation of the Bevan Commission Framework & identify advocates across communities to influence the Trusts services and plans; and
- build on capturing ‘real time’ reporting working with partners including transformation programmes, projects and plans.

Why is this important?

- we want people to experience personal care. Information provision will be tailored to the individual. We will see the person and not just the reported condition;
- engaging with patients on an equal basis and ensure the service fits the needs of patients in line with Prudent Healthcare; and
- people will be treated with dignity, their privacy will be maintained, they will be respected.

How will we know we are making progress?

- we will develop and monitor the implementation our Community Engagement Strategy and map our engagement activity pan Wales;
- we will achieve Bevan Advocate status by August 2016 and Exemplar Status by August 2018;
- experience reporting will demonstrate positive outcomes and individual experiences of using Trust services; and
- higher levels of patient engagement and experience measures as part of the delivery of care.
6. Individual Care 2016/19

Outcome: Our service users are treated as individuals with their own needs and responsibilities and we will work in co-production with service users, partners and stakeholders

Key areas for 2016/17:

- cross reference to 100 day plan for concerns;
- A project led by Mid & West Wales Fire and Rescue Service as one of four organisations (the others are Police, HB and WAST) involved will implement an equal approach to engaging service users who are regularly accessing services due to falls; engagement will be based on well being and fear of crime assessments that will contribute towards community cohesion;
- review team structures following guidance from Welsh Government post the outputs of the Evans Review;
- work more closely with third sector organisations; and
- identify measures to support groups with protected characteristics.

Reporting & monitoring:

- monthly reporting to the Executive Management Team (Concerns) and quarterly quality assurance report to QuESt from April 2016.
What are we trying to achieve?

- our staff will be equipped with tools to improve quality through the continued implementation of Improving Quality Together (IQT) training;
- development of a senior management quality improvement team equipped with Silver IQT training;
- continued staff & volunteer engagement programmes through our organisational development programme;
- all staff have personal appraisal development reviews;
- workforce planning will ensure we have the right number of staff including volunteers equipped with the right skills to deliver our services;
- the study leave policy / process is embedded;
- continued delivery of the leadership development programmes;
- Using information technology (IT) to improve quality of care; and
- ensure our fleet and clinical equipment are fit for purpose now and in the future.

Why is this important?

- staff & volunteer education, training and development underpins our strategic plans, alongside workforce planning which focuses on having the right staff with the right skills at the right time;
- our staff and volunteers are our greatest resource and engaging, supporting and developing them is crucial to quality improvement and sustainable change: and
- as a mobile workforce our fleet, information technology and clinical equipment must be fit for purpose.

How will we know we are making progress?

- we will log and monitor all quality improvement projects and review the effectiveness and opportunities for wider implementation;
- workforce plans, staff development and personal appraisal development reviews be monitored through our Finance and Resources Committee and engagement with the Partnership Team / Trade Unions; and
- we will have programmes in place to obtain staff feedback to continually inform this Strategy.
7. Our Staff & Resources

Outcome: People in Wales can find out information about how our services are resourced and make careful use of them

What are we trying to achieve?

Workforce & organisational development:
- Implementation of our Community First Responder Strategy, competency framework and associated quality and performance indicators;
- Implementation of three workforce & organisational development projects including education & development, recruitment, sickness management, leadership, culture change and partnership working.
- Implementation & monitoring of the Community First Responder Strategy.

Fleet, IT & equipment includes:
- A Manual Handling and Clinical Equipment Group to be established.
- Implementation of phase 2 of the Digi-Pen technology (Health records) and a new computer aided dispatch (CAD) system providing greater efficiencies.

Reporting & monitoring:
The work undertaken by the Partners in Healthcare team (PIH) is of significant benefit as it proactively seeks out what people think of our service.

Its work supports the Trusts quality, clinical excellence and patient safety agendas. As well as engaging with and sharing messages with the general public, active engagement with a variety of different groups, organisations and communities is undertaken.

Through the Equality Act, our engagement work will include those who belong to the following protected characteristic groups:

- Age;
- Disability;
- Marriage or civil partnership (only in respect of eliminating unlawful discrimination);
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sex;
- Sexual orientation and;
- Gender identity and gender reassignment.

Other groups include:

- 3rd sector;
- Voluntary sector
- Health Boards and Trusts;
- Local authorities;
- Community Health Councils;
- Patient groups;
- Carers and;
- Homeless. 

(This list is not exhaustive)

Our vision is to capture and enhance service user experience through the following:

- giving service users a greater voice in driving quality;
- enabling communities to become involved in the planning, design and delivery of services;
- involve and engage with people learning from their experiences and opinions;
- improve patient experience and outcomes;
- improve people’s health and well-being through local partnership working;
- provide evidence on the influence our work and people’s views have had on decisions and developments within the service;
- foster increased understanding, confidence and trust with the public around sound principles and good practice demonstrated within the service;
- be transparent, open and honest about our work; and
- measure our work using patient reported data.

Embedding Bevan Commission Advocates
To enable services users to further influence the organisation design & delivery by providing suggestions & feedback we will identify patient groups & communities to work with.
Listening & learning

Listening to patients and learning from their experiences has been an important part of our work. Experiences of patients have been captured in various ways for example:

- compliments;
- complaints;
- adverse incidents;
- experience questionnaires and feedback; and
- patients have also shared their own personal stories at our Trust Board and committee meetings. Listening to patient’s voices is driving our model of delivering improved patient centred services.

We have built a strong foundation in our Service-user Experience Network that offers a menu of activities and opportunities for people to get involved in influencing the future direction of the service.

The National Principles for Public Engagement in Wales were launched by Participation Cymru in March 2011. The principles, which we have fully signed up to, offer all Public Service organisations a consistent approach and best practice guidance for undertaking public engagement activities across Wales.

As part of our engagement activities we include and promote public health messages in line with ‘Our Healthy Futures’ and the ‘Annual Quality Framework’.
Quality is everyone's business and requires collaboration at every level across the NHS in Wales. The 1000 Lives Improvement Service (Part of Public Health Wales), health boards and NHS trusts in Wales have agreed a set of national priorities for improvement in their integrated plans:

- improving patient flow;
- reducing inequalities (long-term condition management and end-of-life care); and
- Improving Quality Together – Model for Improvement.

Quality improvement draws on a number of approaches and tools and fundamentally means reducing or removing waste and variation in the system. This includes reducing delays and waiting times and ensuring care is equitable across Wales. In order to implement sustainable quality improvements firm foundations must be in place including good governance with robust reporting systems and a culture of openness and transparency.

The Trust has adopted the Model for Improvement and is working with colleagues in 1000 Lives Improvement Service to implement a senior quality improvement team with Silver Improving Quality Together accreditation.

Additionally, the Trust is committed to participating in 1000 Lives + projects nationally. We will develop quality indicators / measures that inform both our processes, providing firm foundations for our services and outcome indicators / measures to ensure we are delivering and improving the quality of our care.
Our Local Delivery Plans & Assurance Framework
The Trust Board has overall accountability for the quality of services provided by the organisation. The Quality, Experience and Safety Committee (QuEst) as a sub-committee of the Trust Board has delegated responsibility for all matters relating to the quality of care we provide.

Providing assurances to the public, Commissioners and the Trust Board is a fundamental element of this Strategy. In order to deliver this we have local delivery plans supporting our Integrated Medium Term Plan 2016/19 which will be monitored through our performance management framework with assurances to the Quality, Experience and Safety Committee (QuEst) on quarterly basis. Following each meeting of QuEst an update will be provided by the Chair to the Trust Board. QuEst has a number of sub groups supporting our quality agenda.

Quality Governance
Quality governance is the combination of structures and processes at and below board level to lead on trust-wide quality performance which includes:

- Ensuring required standards are achieved;
- Investigating and taking action on sub-standard performance;
- Planning and driving continuous improvement;
- Identifying, sharing and ensuring delivery of best practice; and
- Identifying and managing risks to quality of care.

We will feedback our progress through our Annual Quality Statement and public meetings

- **Quality Strategy 2016/19**
  sets out our quality priorities and commitment to quality improvement

- **Risk Management Strategy & Framework 2016/19**
  focuses on managing the risk associated with providing our services

- **Assurance**
  providing confidence the organisation is delivering the aims and priorities

- **Quality led organisation with foundations for delivering quality**
  Together they put quality at the heart of the Board’s work
We have identified 10 overall themes in relation to what success will look like and more detailed outcomes are included within the individual Quality Themes included from page 15 and in our Integrated Medium Term Plan 2016/19.

<table>
<thead>
<tr>
<th>What will success look like?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
</tr>
<tr>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
<tr>
<td><strong>4</strong></td>
</tr>
<tr>
<td><strong>5</strong></td>
</tr>
<tr>
<td><strong>6</strong></td>
</tr>
<tr>
<td><strong>7</strong></td>
</tr>
<tr>
<td><strong>8</strong></td>
</tr>
<tr>
<td><strong>9</strong></td>
</tr>
<tr>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>
National key documents

Andrews & Butler (2014) *Trusted to Care*. Dementia Services Development Centre & The People Organisation.


Welsh Government (2013) *Delivering Safe Care, Compassionate Care*. Wales: WG.


Appendix 1
NHS Wales
Quality Assurance System

Our quality assurance is adapted from the NHS Wales Safe Care, Compassionate Care: A National Governance Framework to enable high quality care in NHS Wales (2013).
Appendix 2
Organisational chart

Trust Board

Chief Executive

Corporate Secretary

Director of Workforce & Organisational Development
Medical Director
Director of Quality, Safety & Patient Experience
Director of Operations
Director of Finance & IT
Director of Strategy, Planning & Performance
Director of Engagement & Partnerships

Health Board areas:
Betsi Cadwaldr
Abertawe Bro
Morgannwg
Powys
Hywel Dda
Cardiff & Vale
Cwm Taf
Aneurin Bevan
and
Clinical Contact Centres
Resilience
Resources
Appendix 3
Key drivers & influences
National & local

Our Quality Strategy, incorporates the learning and responding from national reports including the Francis Report (2013) reviewing the care delivered at Mid Staffordshire NHS Foundation Trust. The Francis Report identified five key themes, underpinned by the requirement of a fundamental quality improvement culture and the adoption of common values across organisations focusing on:

- fundamental standards; openness, transparency and candour;
- compassionate, caring and committed staff;
- strong, patient-centred healthcare leadership; and
- accurate, useful and relevant information.

### National Drivers

- Delivering Safe Care, Compassionate Care (2013)
- Hard Truths – The road to putting patients first (2014)
- Welsh Government frameworks and plans
- Health & Care Standards (2015)
- The Social Services and Well Being (Wales) Act 2014
- Healthcare Inspectorate Wales
- National Service-user Framework
- Prudent Healthcare Principles
- National guidance, reports, alerts, reviews and enquiries including ‘Trusted to Care’ and ‘Gift of Complaints’
- National staff, patient and service user surveys
- NHS Wales – Handover of Care (HSC)
- Annual Quality Statement guidance
- All Wales Prudent Workforce Strategy

### Local Drivers

- Service user, community & staff engagement and feedback
- Emergency Ambulance Services Committee: Commissioning Quality & Delivery Framework
- Integrated Medium Term Plan 2016/19
- Local delivery plans spanning the local Health Board areas
- Workforce & organisation development projects and workstreams
- Outputs from the Health & Care Standards (2015) assessments
- Clinical, internal and external audit reports
- Research & Innovation Strategy 2016/19
- Risk Management Strategy & Framework 2016/19
- Partnership working
Contacts and information

**Personal Experiences/Stories**
To share your experiences/stories of using any of the Welsh Ambulance Services you can contact our Partners in Healthcare Team

- **Phone:** 01792 311773
- **Email:** PPI.team@wales.nhs.uk

**Compliment/Concern**
If you wish to raise a compliment or a concern please contact the Putting Things Right Team

- **Phone:** 0300 321 3211
- **Email:** Amb_PuttingThingsRight@wales.nhs.uk

**Websites**
- www.ambulance.wales.nhs.uk
- www.NHSDirect.Wales.nhs.uk
- Follow us on Twitter @WelshAmbulance @WelshAmbPIH @NHSDirectWales
- ‘Like’ us on Facebook www.facebook/welshambulanceservice www.facebook/NHSDirectWales