Welsh Ambulance Services NHS Trust

TIME TO MAKE A DIFFERENCE
Transforming Ambulance Services in Wales

A MODERNISATION PLAN FOR AMBULANCE SERVICES AND NHS DIRECT WALES

January 2007

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Time to Make a Difference: Transforming Ambulance Services in Wales

Chief Executive’s Foreword

The Ambulance Service* is not a job you can be indifferent about. In my experience, whether you are in the front-line or the back office, the emergency medical service (EMS), NHS Direct Wales (NHSDW) or the patient care service (PCS), an employee or a volunteer, you are likely to be motivated by the “buzz” of providing an essential patient-centred service to your community and doing it well.

Doing it well means different things in EMS and PCS, front-line or back office.

Delivering an effective ambulance service starts with finance and human resources. The workforce plan needs to be supported by sound budgeting and it must:

- Recruit to fill expected vacancies;
- Have the flexibility to deal with unexpected vacancies;
- Bring trained staff on line as they are needed;
- Maintain an appropriate level of relief.

Resource levels have to be based on accurate demand analysis and must match demand ‘around the clock’. Firstly, this means having the right numbers of well-trained people and roadworthy, well-equipped ambulances. Secondly, it means having good processes that ensure we produce the resources we plan. But these resources also need to be in the right places. Ask any EMS crew two questions, and you get to the heart of the issue:

What is the busiest time of day?
What is the busiest part of your area?

Every EMS crew and control allocator can answer these questions. So, although we can’t predict emergency demand with pinpoint accuracy, we can use our operational databases to identify patterns of activity. This is the foundation of Patient-Centred Deployment: a powerful strategy for bringing emergency responders closer to the patient before the 999 call comes in. After the phone rings it is essential that we use those responders efficiently. Call takers have to get the incident location quickly so the allocators can identify the closest responders and alert them in seconds. Community first responders and emergency service co-responders must be

* From April 2007 the Ambulance Service will be working in partnership with NHS Direct Wales

NHS WALES VISIONS AND AIMS
The Welsh Ambulance Services NHS Trust is fully committed to the vision set out in Designed for Life, which aims to:

- improve health and reduce, and where possible eliminate, inequalities in health
- support the role of citizens in promoting their health, individually and collectively
- develop the role of local communities in creating and sustaining health
- promote independence, service-user involvement and clinical and professional leadership
- re-cast the roles of all elements of health and social care so that the citizen will be seen and treated by high quality staff at home or locally - or passed quickly to excellent specialist care, where this is needed
- provide quality assured clinical treatment and care appropriate to need, and based on evidence
- strengthen accountability, developing a more corporate approach in NHS Wales so that organisations work together rather than separately
- ensure full public health service engagement at both local and national levels.
activated without delay if they are needed. The responders need to start moving immediately, (seconds lost on mobilisation can never be recovered), and must drive progressively and safely to the patient’s side. Few seriously ill or injured patients benefit from extended care at the scene, so it is important that this time be kept to a minimum.

Hospital handover times have to be managed so the responders become available for the next call. This is also vital if the service is to give front-line staff their rest breaks.

“Does all of the above apply to all emergencies?” “Of course not”. A large percentage of our 999 emergencies are not serious or life-threatening. Many do not even need an ambulance response. Most of these callers are not abusing the service. They need care, but are unsure of what’s available. So, for them, ‘effectiveness’ means something else: helping them to identify their real needs and giving them access to advice, information or appropriate care.

When NHS Direct Wales (NHSDW) joins the Trust in April 2007, we will extend our remit to include a wider range of access points.

In PCS, there are three sets of customers: the patients, the clinics we serve and the Trusts who pay our bills. For the patients, ‘effectiveness’ means reliability, punctuality, reasonable journey times, safe, comfortable vehicles and the support and care of friendly crews or volunteers. For clinic staff, the emphasis is also on punctuality, flexibility to meet changing needs and ease of booking. For the Trusts, effectiveness is about meeting our contracted standards.

As you will have heard me say many times, I did my homework very carefully before applying for this job. Since my arrival on 7th August, I have been conducting a review of the Trust’s resources, activity, performance and costs. The results have confirmed my initial conclusions in more detail.

A detailed demand-analysis has shown that we are more than adequately staffed – at least ‘on the road’ – to deal with our emergency and urgent activity. This takes full account of the extraordinarily long job cycle times in areas like Powys and Gwynedd as well as seasonal variation in popular holiday destinations such as Pembrokeshire. Our resourcing problems are caused by failure to produce the levels of people, vehicles and equipment in our plan. Indeed, even if we improved this aspect of our performance, our production plan is severely mismatched with our activity, both ‘around the clock’ and ‘across the map’.

Our 999 job cycle processes – from call receipt to availability for the next job – are poorly designed and managed. As a result, it takes us too long to get the 999 call to the responders, leaving little time for a clinically effective response. It may be that call taker and allocator numbers are poorly matched to activity and we are investigating this. Drive times to the scene are much too long for either patient or crew safety.

Patient Care Services systems are so poor that we cannot be certain even of our levels of activity, let alone our performance.

“While standards are important – there is a demonstrable relationship between fast response and good outcome in life threatening and serious emergencies – you have my assurance that this will be a patient care led strategy.”

CEO Statement Ref: Page 4
However, since we know that some of our PCS commissioners are considering competitive tendering, it is safe to assume that we have to improve value for money. We are under-using and undervaluing the Ambulance Car Service, and probably overlooking opportunities to use single crewed PCS ambulances. Our challenge here is to keep our PCS contracts by giving a better deal to the three sets of customers.

There are solutions to all of these problems if we work together to produce a strategic direction to which we can all sign up, develop our people and redesign and manage our processes. We need to work with communities to ensure that they share ‘ownership’ of these changes. Of course, we need considerable investment in our infrastructure: information and communications technology which supports our clinical and operational improvement and a younger and better specified fleet, among other things. But we would be fooling ourselves if we didn’t acknowledge that we can deliver significant improvement before this investment is made.

Arising from this review, my summary recommendations are that we:

1. Use the first year to get our basic provision right;
2. Match our capacity to activity and develop our people and processes;
3. Develop our information and communications technology infrastructure in ways which are compatible with other healthcare partners;
4. Develop new care programmes in two phases:
   1. Using the remainder of 2006 to identify—
      - parts of Wales where traditional EMS delivery models do not offer effective care or value for money;
      - opportunities for joint developments with Local Health Boards, NHS Trusts and other partners;
   2. Beginning in 2007, implement joint unscheduled care programmes which:
      - provide assessment and treatment for patients in or close to their own homes;
      - separate assessment and treatment from transportation, where safe and appropriate, for patients who do need care at other locations.

The nearest I can come to supplying a picture of the ‘end product’ is by putting it into the following short statements:

- Leadership and governance arrangements that match accountability with authority to deliver;
- Strong regional service delivery focus;
- Resources that match demand around the clock;
- Good workforce, fleet and logistics plans that deliver those resources;
- Effective production of planned unit hours;
- Distribution:
  - to match demand in urban areas;
  - to cover the geography in rural and sparsely populated areas;
- Efficient processes in Control and on the road;
- Reintroduction of Category C (as defined in the glossary) with more appropriate management arrangements;
- A PCS that is-fit-for purpose and meets the customers’ needs;
- Clarity about what is expected at all levels of the Trust;
A Trust-wide performance management framework;

Cross-organisation working, involving all Trusts, LHBs and Healthcare providers, who play a part in the continuum in the patient care pathway, is essential to the delivery of best care.

“Can we do this alone?” Again the answer is of course “no” and so a critical success factor in facilitating the process of modernisation is working in partnership with health communities, unitary authorities and other partners throughout Wales. This means positioning ourselves at the centre of health communities locally as the ‘emergency arm of health’ rather than the third ‘blue light’ service.

NHS Direct Wales (NHSDW) is a well-regarded service that achieves high levels of user satisfaction. The transfer of this service to the Welsh Ambulance Services NHS Trust will give us a significant opportunity to improve access to unscheduled care services. In doing so, we will need to improve the effectiveness and efficiency of commissioning arrangements.

Finally, our Modernisation Plan should deliver a culture where we can communicate with each other as adults and with respect; where people’s ideas are listened to and valued.

While standards are important – there is a demonstrable relationship between fast response and good outcome in life threatening and serious emergencies – you have my assurance that this will be a patient care led strategy. Our top level goals are to provide:

- safe clinically effective responses to life-threatening and serious emergencies;
- access to appropriate information, advice and care for—
  - people who dial 999 and do not need an emergency ambulance response;
  - users of the range of services provided by NHS Direct Wales;
  - people who access unscheduled care services;
- reliable, punctual and cost effective services for patients with routine healthcare transport needs.

There are also staff related goals:

- By improving the use of our resources, we will increase the probability that ambulance staff will get their scheduled rest breaks;
- Putting responders closer to the next incident using patient centred deployment will reduce the risks associated with long emergency response times;
- Finding alternatives for Category C and other suitable callers will further manage risk by removing unnecessary emergency responses from our caseload;

The new roles planned in this strategy will open up new career and personal development opportunities for interested staff. For example, the use of community paramedics already in place within the service will be expanded. Techniques such as treat and leave will be formalised and PCS staff will be eligible to apply for posts in the High-Dependency Service.
Whether you are in the front-line or the back office, the Emergency Medical Service or the Patient Care Service, an employee or a volunteer, this plan should tell you where the Trust is going over the next five years and beyond. The next step is to develop a programme plan for its delivery. It is on that delivery that we – everyone in the Trust – must judge our success in the future. To support the delivery process, we will be delivering a web-based education programme to all Trust staff. I would urge you to access this programme, so we can all share a common understanding of where we are going and how we propose to get there.

Alan Murray
Chief Executive
Time to Make a Difference: Transforming Ambulance Services in Wales

Introduction

In 2005 the Welsh Ambulance Services NHS Trust (WAST) published its Strategic Plan 2005-2009 setting out a framework to deliver ‘the Highest Quality Ambulance Services for People in Wales’. In May 2005, the Welsh Assembly Government published ‘Designed for Life’ which sets out the strategic direction for NHS Wales for the next decade. This is underpinned by substantial investment, and places a duty on all Trusts to develop plans that reflect this strategy.

In response the Welsh Ambulance Services NHS Trust is taking the opportunity to update its own strategy by means of a modernisation plan. This takes full account of the NHS strategy whilst ensuring it complements and supports our partners in the rest of the Welsh health economy. We have ‘benchmarked’ our strategy against the approach being adopted by English ambulance services as set out in ‘Taking Healthcare to the Patient’, the conclusions of which are equally relevant to Wales. The work commissioned by the Trust from external consultants earlier this year has also provided some useful analysis of the critical issues to be addressed.

This modernisation plan will build on the Trust’s achievements since it was established in 1998. These include streamlined working practices, reduced bureaucracy and new ways of delivering patient care to the people of Wales.

The plan focuses on two key elements, inextricably linked to each other:

- building confidence in the Service’s ability to deliver as a traditional ambulance service in the short-term;
- undergoing, simultaneously, a more fundamental process of change over a longer period.
Both elements will be integrated with a Capital Investment Strategy designed to underpin the process of modernisation. This is detailed as the Trust’s Strategic Outline Programme, which should be read in conjunction with this document.

The first element is about ‘Getting the Basics Right’, with a programme of activity aimed at aligning strategy, people, processes and systems to deliver:

- safe, clinically-effective and cost efficient emergency and urgent ambulance services;
- safe, reliable, punctual and cost-efficient non-urgent ambulance services.

The second, longer term element is about ‘Delivering Patient Care Differently’, ensuring that the Trust provides more appropriate care to the people of Wales. In delivering this element of the modernisation plan, the Trust will play its part in an integrated approach to unscheduled care in Wales, as set out in the recently published Welsh Assembly report ‘Delivering Emergency Care’.

The transfer of NHSDW to WAST is a significant step towards providing the most appropriate care to patients.

Alongside the combination of both of the above elements in the Modernisation Plan, we will adopt a programme management approach. This will be a key function of the Executive Team.

The Welsh Ambulance Services NHS Trust is committed to using robust evidence to support all of its practices.

All service delivery to patients and professionals will be evaluated and, when appropriate, research incorporated into core planning.
The modernisation plan, **Time to Make a Difference**, will help the Trust create a world class ambulance service.

The strategy has been devised in partnership with staff, trade unions and other NHS and local authority partners.

The guiding principle of the modernisation plan is patient care although achieving national standards will be very important because getting to the scene of an emergency more quickly can and does save lives.

The plan has two key, integrated elements. Firstly, the Trust will concentrate on “Getting the Basics Right” in terms of the strategy, people, processes and systems. Secondly, in the longer term, there will be a fundamental process of change aimed at reducing bureaucracy and developing new ways of delivering patient care to the people of Wales.

Underpinning the modernisation programme will be a Capital Investment Strategy to upgrade Information and Communications Technology leading to an improvement in performance.

The Welsh Assembly Government has already committed £16 million towards the purchase of 119 new ambulances and 67 non-emergency vehicles.

The modernisation plan has been devised in such a way that it dovetails with the Welsh Assembly Government’s vision for developing health care services in Wales.

In this context, the Trust is committed to providing a service that ensures patients receive appropriate care at the most appropriate time. The priority will be to design services from a patient’s perspective.

In addition, the transfer of NHS Direct Wales to the Trust will give us a significant opportunity to improve access to unscheduled care services.

We are adequately staffed ‘on the road’ to deal with emergency and urgent calls. The plan addresses the need to improve 999 job cycles and the deployment of our resources so that the service matches the demands placed upon it ‘around the clock’.

In sparsely-populated rural areas, it is necessary to maintain levels of cover that could not otherwise be justified. In between emergency incidents, paramedics could contribute to the delivery of home assessment and care, primary care and diagnostics. Transport could be provided separately when patients do not need advanced life support en route to hospital.
Strategic Themes

The modernisation plan has seven strategic themes:
- Clinically-Effective Emergency Medical Services
- Improving Appropriateness and Adding Value.
- Reliable, Competitive Patient Care Services.
- Financial Management
- Organisational and Staff Development.
- Infrastructure and Environment
- Emergency Preparedness and Business Continuity.

Implementation

The modernisation plan will be implemented using a formal, Government-approved programme for delivering benefits while managing change.

It will be important to involve patients, the public and other stakeholders in the design and delivery of the key strategic themes.

As part of this process, the Trust will develop an effective communications programme to give people the information they need so that the modernisation programme can be implemented in a climate of trust and support.

The scale of the modernisation plan will present challenges in terms of capacity, capability and acceptability while the commitment of staff and trade unions is critical.

Major elements of the Improvement Programme will depend on securing additional capital funding and creating organisational efficiencies. Failure to deliver operational improvements might affect future funding.

The Trust will have to be flexible enough to respond to any changes in national policies that might affect the Programme.

Our vision is to improve the health of our patients by working in partnership to deliver a range of effective and appropriate health care services.

The beliefs underpinning Time to Make a Difference are that patients come first, partnerships are critical, people are valued and public accountability is essential.

Strategic Outline Programme (SOP)

The Strategic Outline Programme, which forms part of the Department of Health and Social Services planning process, sets out the capital investment that will be required and the rationale behind it. It brings together in a single document an outline of the Trust’s likely requirements and a profile of spending that matches the change process.
Time to Make a Difference: Transforming Ambulance Services in Wales

Chapter 1

CONTEXT, VISION AND PRINCIPLES

1.1 Trust Profile

Wales covers an area of over 8,000 square miles, largely rural but with significant urban populations dispersed throughout the country, and has a population of over 2.95 million people.

The Welsh Ambulance Services NHS Trust employs more than 2,500 staff and provides two main services to the residents of Wales:

- The Emergency Medical Service, which responds to the medical needs of our population including 999 calls and urgent requests for hospital admissions by GPs and other health professionals;
- The Patient Care Service, which transports non-emergency patients to hospitals and other treatment centres.

We provide these services across three regions, from both fixed and variable points, with more than 1800 front-line workers, using some 300 ambulances and other vehicles. We also have a number of specialist teams that support our two frontline services:

- Control Rooms
- Fleet Management - our vehicle maintenance department;
- Training and Development Service - which makes sure all our staff are appropriately trained and educated;
- Clinical Services - clinical audit and effectiveness, which underpins the clinical effectiveness of our current services and supports the development of both our future services and our health care professionals;
- Corporate Services - such as Human Resources, Communications and Corporate Affairs, Estates, Information Management and Communications Technology, Finance and Patient and Public Involvement, Risk Management, and Health and Safety.

From April 2007, NHS Direct Wales will be transferring to the Welsh Ambulance Services NHS Trust. More information on this is available in Appendix B.

We receive the majority of our funding through Health Commission Wales and the 13 NHS Trusts and are performance managed by the North Wales Regional Office of the Welsh Assembly Government.

SOME USEFUL FACTS AND FIGURES

- In Wales we have the highest percentage of the population in the UK who are aged 65 and over.
- Life expectancy at birth in Wales was 75.8 years for males and 80.3 years for females in 2002-2004.
- The unitary authority with the lowest life expectancy at birth is Merthyr Tydfil for males and females. Monmouthshire has the highest life expectancy at birth for males, whilst Ceredigion had the highest for females.
- Life expectancy at birth in Wales is lower than England and Northern Ireland, but higher than Scotland.
- The major causes of death in Wales are Heart Disease and Cancer.
1.2 Policy Context

The policy context for the modernisation of health services has been set out in ‘Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century’. It sets out a 10-year modernisation programme for health and social care:

- improving and reducing inequalities in health;
- supporting citizens in promoting their health, individually and collectively;
- developing the role of local communities in creating and sustaining health;
- promoting independence, user involvement and clinical and professional leadership;
- re-casting the role of health and social care so that the citizen will be seen and treated by high quality staff at home or locally - or passed quickly to excellent specialist care, where this is needed;
- providing evidence based clinical treatment and care appropriate to need;
- strengthening accountability, developing a more corporate approach so that organisations work together rather than separately;
- ensuring full public health service engagement at both local and national levels.

Designed for Life mentions the Ambulance Service specifically in respect of our response time targets. This is, of course, important because of the demonstrable relationship between fast response and good outcome in life-threatening and serious emergencies.

There are, however, many other areas of the Designed for Life programme in which the Trust can make a significant contribution. A significant area of interest for the Trust is

The recently produced 'Delivering Emergency Care Strategy (DECS): An integrated approach to unscheduled care in Wales' is significant for the Ambulance Services. The principal aim of the strategy is:

To provide a service that ensures patients, no matter how or when they contact any of the emergency or unscheduled care services, are assessed and then seen by the most appropriate health care professional at the most appropriate time.

The Welsh Ambulance Services NHS Trust plans to contribute in the following areas:

- Linking unscheduled care services, so that patients receive a consistent response, using telephone and face-to-face communication, from whichever agency or service to which they present;
- Improving integration with NHS Direct Wales and the Ambulance service to provide economies of scale and improved joint working;
- Making sure there is clarity about which hospitals can provide particular specialised services and how they can be accessed;
- Having clear plans for emergency and unscheduled care services within the different health communities in Wales.
The Trust is also working with the other emergency services within the framework of "Making the Connections", to ensure there is effective co-ordination of activities where this can result in benefits for all three services.

The Trust will use the Green Dragon Standard to assess its environmental management status and as part of our programme plan for delivering **Time to Make a Difference**, we will follow a stepped approach to implementing sound environmental management.

The Trust’s Policy Framework will also take account of Assembly programmes such as the Wales Spatial Plan, Sustainability Assessments and the current consultation on Local Authority planning for Health Impact Assessments.
Some other key examples are set out below (from *Designed for Life*), alongside their implications for the Ambulance Service.

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Programme Area</th>
<th>Implication for WAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>DFL 3.5.2</td>
<td>Services to people at home or in the local community</td>
<td>Future roles for practitioners as part of an integrated response, both in people’s homes and Primary Care Resource Centres</td>
</tr>
<tr>
<td>DFL 3.5.2</td>
<td>The provision of level 2 services</td>
<td>As above</td>
</tr>
<tr>
<td>DFL 3.5.3</td>
<td>Health services in Wales will in the coming years be more explicitly organised around three regional networks.</td>
<td>Strengthened regional service delivery structures, with leadership authority to match their accountability.</td>
</tr>
<tr>
<td>DFL 3.5.3</td>
<td>Services will be designed so that patients’/clients’ problems will be resolved as early in the pathway as possible</td>
<td>Collaboration with NHS Direct Wales and local primary care providers to introduce a “hear and treat” service for Category C emergency callers.</td>
</tr>
<tr>
<td>DFL 3.5.7</td>
<td>Local Acute Services – level 2 services - will provide easy access to the services that people use most frequently, that are currently provided by district general hospitals and community hospitals. These will include a local injury service and medical and surgical services.</td>
<td>Becoming part of the local acute care team, for example in minor injuries units, with particular emphasis on sparsely populated areas with low emergency and urgent demand.</td>
</tr>
<tr>
<td>DFL 3.6</td>
<td>Assessment and investigations will be conducted locally and results stored electronically so that they do not need to be repeated.</td>
<td>Working with the wider NHS to provide and coordinate a wider range of mobile healthcare for patients who need urgent care.</td>
</tr>
<tr>
<td>DFL 3.6</td>
<td>The extended primary care team, working with the voluntary sector and carers, will be central to the delivery of chronic disease management. Admission to a hospital will occur only as part of an agreed “care pathway”. In the future, where possible, the aim will be to provide all services in or close to the individual’s home.</td>
<td>Becoming more involved in partnerships with health and social care to provide an increasing range of primary care, diagnostics and health promotion services.</td>
</tr>
<tr>
<td>DFL 3.6</td>
<td>People needing emergency treatment or rapid access to social care</td>
<td>Core to ambulance service activity. Future integration with both ‘out of hours’ and ‘in hours’ to ensure best value and appropriate levels of care</td>
</tr>
</tbody>
</table>
Designed for Life requires all health and social care organisations to seek and develop new ways of working. Increasingly, we will be working across organisational boundaries to design services from the patient’s perspective. The Trust will therefore need to share this strategy with its NHS and local authority partners and seek their support and engagement in its delivery.

A significant proportion of the work done by the ambulance service is also related to social, rather than health care. We will therefore ensure we contribute to the development of the recently published consultation document ‘A Strategy for Social Services in Wales over the Next Decade’. We will collaborate closely with colleagues in social services to ensure that the modernisation of the ambulance service integrates effectively wherever possible.

The Trust is being encouraged by Welsh Assembly policy and strategy to develop alternative responses for patients who do not need to be taken to hospital immediately. There is a need to underpin the Modernisation Programme with robust scientific research and evaluation.
1.3 Governance Context

In his review of ambulance services in Wales, the Auditor General found evidence of historical weakness in internal governance within the Trust and made the following recommendation:

“The Trust Board should review the roles and responsibilities of Board members to ensure that non-executives are much more actively involved in the Trust, for example through regional non-executive roles. There should also be more robust performance management arrangements for non-executive members of the Board. The Trust Board should also clarify which decisions the Board should take and to communicate more clearly with staff the decisions taken at each Board meeting.”

Although the Health Inspectorate Wales review of clinical governance was not available at the time that this plan was being prepared, the Trust expects a similar finding of weakness in its clinical governance regime.

Every effort has been made in framing the goals and objectives in this plan to address the known and anticipated recommendations of these two external reviews. However, the Trust commits itself to working with the Wales Audit Office and Health Inspectorate Wales to identify and address any governance weaknesses, whether corporate or clinical, which have not already been covered by this plan.
1.4 Operational Context

The Trust delivers the vast majority of ambulance services in Wales, for both emergency and non-emergency patients. These services are delivered through the Trust’s Emergency Medical Service (EMS), which provides emergency, urgent and unplanned services, and the Patient Care Service (PCS), which provides non-emergency patient transport to and from centres of health care provision.

In 2005/2006 the Trust’s EMS received a total of 316,855 emergency calls, responded to 269,108 incidents and transported 211,909 patients to hospital, whilst our PCS undertook 1.4 million patient journeys on behalf of 13 NHS Trusts. EMS also transported 63,251 urgent patients, mainly for general practitioners. Our emergency medical services are commissioned by Health Commission Wales. Our patient care services are commissioned locally by NHS Trusts.

From April 2005, the Welsh Assembly Government introduced two new Service and Financial Framework (SaFF) targets in respect of “Category A” responses (see definition of terms below). The rationale is to reduce mortality by ensuring that patients receive a prompt and appropriate first response from the emergency service. Target 6 of the “Annual National Targets for 2007/2008” document states that the Trust is to attain and maintain an All-Wales monthly performance as shown in Table 1.

<table>
<thead>
<tr>
<th>Category*</th>
<th>Time</th>
<th>@ Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: immediately life-threatening</td>
<td>&lt; 8 minutes</td>
<td>60th percentile</td>
</tr>
<tr>
<td>A: immediately life-threatening</td>
<td>&lt; 9 minutes</td>
<td>70th percentile</td>
</tr>
<tr>
<td>A: immediately life-threatening</td>
<td>&lt; 10 minutes</td>
<td>75th percentile</td>
</tr>
<tr>
<td>A: immediately life-threatening</td>
<td>&lt; 14, 18, 21 minutes</td>
<td>95th percentile</td>
</tr>
<tr>
<td>B*: all other emergency calls</td>
<td>&lt; 14, 18, 21 minutes</td>
<td>95th percentile</td>
</tr>
<tr>
<td>Urgent Journey</td>
<td>&lt; 15 minutes of agreed time</td>
<td>95th percentile</td>
</tr>
</tbody>
</table>

Table 1: EMS response time SaFF targets

* Current arrangements include category B. In future this will be subdivided to include other categories of calls including Category C calls.
Definition of SaFF response time targets

<table>
<thead>
<tr>
<th>AS1 Emergency</th>
<th>A notification of the perceived need for transport of a person or persons who are injured or taken ill suddenly. All emergency calls are classified using a Medical Priority Despatch System as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category A (Red)</strong></td>
<td>Immediately life-threatening</td>
</tr>
<tr>
<td><strong>Category B/C (Amber/Green)</strong></td>
<td>All other emergency calls</td>
</tr>
<tr>
<td>AS2 Doctors Urgent</td>
<td>An incident where a clinician imposes a definite time limit for transport (e.g. Doctors request arrival within one hour)</td>
</tr>
<tr>
<td>Density Target</td>
<td>Urban area 14 minutes; Rural 18 minutes; Sparsely populated 21 minutes; Classified as follows: Urban = &gt; 7 persons per hectare; &gt; 3 persons per acre Rural = 1 - 7 persons per hectare; 0.5 - 3 persons per acre Sparse = &lt; 1 person per hectare; &lt; 0.5 person per acre</td>
</tr>
<tr>
<td>AS3 Routine</td>
<td>Discharges/Transfers where an Emergency Vehicle is required to transport a patient</td>
</tr>
</tbody>
</table>

The Trust’s Patient Care Service undertook more than 1.4 million patient journeys in 2005/06 to more than 300 treatment centres across Great Britain. However, because of system deficiencies, it is not possible to measure our performance against any of a range of best practice quality indicators such as arrival time in relation to appointment time, collection time in relation to time ready, total journey time and appropriateness of mode to patient need. Neither is it possible to measure efficiency in terms of patient loading factor, productivity and weighted cost per patient journey.

Additional SaFF targets that WAST are to comply with include:

SaFF Target 18: 70% of patients with myocardial infarction suitable for Thrombolysis will have a ‘call to needle’ (CTN) time of less than 60 minutes.

*For the avoidance of doubt, please note that all references to SaFF targets in this document are from SaFF Annual National Targets 2007/2008 Rationales Consultation Document which is due to be published early next year and will replace the 2006/07 version of this document.*
1.5 Financial Context

The Trust has developed a Strategic Change and Efficiency Programme (SCEP) for 2006/07 to repay an anticipated financial deficit of £6.6m. There is a clear imperative therefore for the Trust to generate substantial efficiencies so that it can live within its means in future years whilst delivering expected savings to its commissioners. All actions contained in the strategic themes within this document must be viewed within this financial context.

In terms of capital investment the philosophy set out in ‘Designed for Life’ is underpinned by a Capital Investment Programme for the Health and Social Care Department of the Welsh Assembly Government, stretching over the next 10 years. Accordingly this modernisation plan takes account of the WAG requirement to have a clear long term strategy for capital investment.

Ambulance Services Modernisation in the Context of Business Planning within NHS Wales

- **Strategic Framework** (*Designed for Life*)
  - Corporate and Regional Plans (E.g. Ambulance Modernisation Plan/DECS/CANCER)
  - Strategic Outline Programme (Trust wide Capital Investment Programme/Revenue Implications)
  - Individual Schemes (E.g. vehicle/CAD upgrades)

This plan is shaped and influenced by a range of key national and local policy frameworks. It aims to bring together the national, local and organisational issues for ambulance services in Wales.
1.6 Why We Need To Change

In common with all Ambulance Trusts in the UK and across the world, demand for the Welsh Ambulance Services NHS Trust’s 999 services is increasing year on year and with it public expectation. Demand in Wales is growing faster than the UK average. Figure 1 shows the indexed growth in emergency arrivals at scene, between 2001/02 and 2005/06, for Wales and England. This analysis demonstrates that the Trust experienced an increase in demand of 31% compared to 26% in England over the same period.

There is no evidence of this trend changing. However, research indicates that as few as 10%\(^1\) of all calls are truly life-threatening. To address this issue, the traditional approach of dispatching a front line ambulance to every call on a ‘next call next ambulance’ basis, needs to be reviewed, in its place we need to develop a new concept of ‘appropriate response’.

In sparsely populated areas such as Powys, Ceredigion and Gwynedd, EMS activity is low, but because of the size of the territory, it is necessary to maintain levels of cover which could not otherwise be justified. Emergency journeys are often very long, taking essential resources out of the area for hours. Meanwhile, the Welsh Assembly Government is pursuing a whole-system modernisation agenda, as set out in Designed for Life and Delivering Emergency Care, which creates opportunities for different delivery models that satisfy both sets of needs.

It does not make sense, either economically or professionally, to have highly motivated healthcare professionals sitting idle for long periods between emergency incidents. With carefully targeted additional development,

\(^1\)London Ambulance Service NHS Trust AandE Workload Project 1995, as cited by audit commission, a life in the fast lane, value for money in emergency ambulance services, audit commission/HMSO 1998
1.7 Our Vision

We will improve the health of our patients by working in partnership to deliver a range of effective and appropriate healthcare services. This complements and updates our vision set in 2005 to ‘deliver the Highest Quality Ambulance Services for the People of Wales’

An example of how a patient might be treated now:

The Caller rings NHSDW with difficulty breathing, an exacerbation of Chronic Obstructive Pulmonary Disease. Following triage the caller is passed on, along with verbal details of the assessment, to Ambulance Control. The caller is re-triaged through AMPDS and an emergency vehicle is dispatched. The Caller is transported to Accident and Emergency department facing potential delays in handover. During this process the patient will have been asked for personal and medical details on 3 separate occasions.

An example of how the same patient might be treated in the future:

The Caller rings NHSDW with an exacerbation of Chronic Obstructive Pulmonary Disease and presents with difficulty breathing. Following triage NHSDW sends an electronic copy of the patient’s record to Ambulance Control and an Emergency Practitioner is dispatched. The patient is “seen and treated” on scene and NHSDW receives an updated electronic record of care which is sent to the GP Out of Hours service for management of the patient within the Primary Care Disease Management process. Hospital admission can be avoided and the patient receives the right care at the right time by the right professional. All episodes of unscheduled care are available within a single patient record.

1.8 Our Values

- Cooperative
  - We work together in partnerships, involving staff, patients, volunteers, the NHS and other partners to design and deliver our services

- Accountable
  - We are accountable to our communities and each other for the effective and efficient delivery of our services

- Responsive
  - We are responsive in developing our services according to the needs of our communities and partners

- Ethical
  - We do the right things, behaving with dignity and respect and treating others as we wish to be treated ourselves

- Supportive
  - We support one another, ensuring our patients benefit from an effective and appropriate level of service

1.9 Our Beliefs

Our beliefs underpin everything we do. We believe that the following shape and guide everything we seek to achieve:

- Patients come first
- Partnerships are critical
- People are valued
- Public accountability is essential
1.10 Strategic Intent

Our strategic direction is determined and influenced by a range of key national and local policy frameworks, outlining core and developmental standards for today as well as the future.

In this way we aim at ensuring continuous improvement so that our patients receive the most effective and appropriate level of care according to their individual needs. We will do this by:

- Providing and co-ordinating an appropriate range of healthcare services for patients who need care delivered in an alternative setting;
- Striving to create a work environment that people want to be a part of;
- Matching the needs of patients with the right standards of clinical care by working in partnership with other agencies;
- Continually improving our services, providing responsive, effective and appropriate care centred on the ever-changing needs of our patients.

In support of our vision and the delivery of our strategic intent, we are committed to providing services that are:

- Safe
- Clinically Appropriate and Effective
- Effectively Governed
- Patient Focused
- Accessible and Responsive
- Delivered In The Right Environment
- Focused On Protecting and Improving Public Health

To give practical effect to our vision of a patient-led service, we have identified seven strategic themes, each of which encompasses a range of goals and objectives.

The themes are as follows:

1. Clinically Effective Emergency Medical Services
2. Improving Appropriateness and Adding Value
3. Reliable, Competitive Patient Care Services
4. Financial Management
5. Organisational and Staff Development
6. Infrastructure and Working Environment
Chapter 2

STRATEGIC THEMES, GOALS AND OBJECTIVES

The Trust’s seven strategic themes are described in the following sections. They will form the basis for the detailed project plans which will underpin the Modernisation Programme.

2.1 Clinically Effective Emergency Medical Services

This theme focuses on the way in which appropriate care, based on the best scientific evidence available, is provided to patients in time to make a difference. It also focuses on ensuring our staff are appropriately and adequately trained to deal with the full range of medical conditions likely to be encountered. The term ‘Clinical Effectiveness’ describes the process whereby the best evidence based care is delivered to patients.

Clinical Audit is the process that both measures how clinically effective patient care is delivered and, if conducted rigorously, should constantly improve patient care. This should be applied at all levels throughout the organisation: national, regional and local.

Research is a crucial element in the delivery of best evidence based care and, where ever possible, should be used to support the introduction of new clinical procedures and interventions. It is therefore important that service design is sufficiently flexible to accommodate changes in practice as new evidence becomes available.

Operational efficiency also contributes to clinical effectiveness by ensuring faster arrival of skilled care to patients with life threatening and serious conditions.

The overall objective is to deliver the right care to patients in time to make a difference and improve clinical outcomes.

The new Director of Unscheduled Care (see 2.2) will have board level responsibility for clinical governance.

2.1.1 Goal

To establish a clinical governance framework that safeguards high standards of clinical care for patients and creates an environment in which clinical excellence will flourish.

Objectives

1. Appoint a clinical governance team reporting to the Director of Unscheduled Care, covering all clinical aspects of the Trust’s business, including NHS Direct Wales, by April 2007.

2. Realign regional clinical leads to the regional directorate teams, with professional accountability to the relevant member of the National Clinical Governance Team, by April 2007.

2.1.2 Goal
To ensure that clinical audit and effectiveness is an integral part of the overall approach to managing and improving the quality of patient care across the organisation.

Objectives
1. Further develop the audit and effectiveness strategy to ensure that it:
   • encompasses national, regional and clinical team objectives;
   • promotes continuous improvement in patient care;
   • is fully integrated with all the other technical components of clinical governance, by December 2007.

2. Review the capability and capacity of the Trust to manage clinical audit and effectiveness and appoint and develop regional clinical audit/effectiveness facilitators by September 2007.

3. Procure and implement a clinical information system, incorporating the appropriate clinical informatics, which:
   • collects clinical data as a by-product of normal operational activity;
   • supports continuity and compatibility of patient information with other healthcare providers;
   • permits integration of Advanced Medical Priority Dispatch System (AMPDS), Computer Aided Dispatch (CAD), NHSDW clinical support system and other clinical database systems; by March 2008.

4. Develop a clinical audit/effectiveness programme by December 2007, which:
   • considers the whole “patient care pathway” across organisational boundaries which include the inclusion of “patient outcome” information;
   • includes all operational care providers (PCS, community first responders and emergency service co-responders);
   • develops a comprehensive set of clinical performance indicators (CPIs) to facilitate clinical performance management;
   • includes development of national, regional, and clinical team “snap shot” clinical audits;
   • is multidisciplinary when appropriate and includes all stakeholders;
   • utilises the existing research and development (RandD) capability of staff within the Trust, and further encourages all staff to develop their RandD awareness and skills;
   • uses national initiatives such as National Service Frameworks (NSF) and National Institute for Clinical Excellence (NICE) guidance as drivers for establishing areas for ongoing clinical audit/effectiveness projects;
   • identifies the need for benchmarking of performance.

5. Develop and implement a system to support the communication of audit/effectiveness results which integrates with the enterprise-wide SPC-based performance analysis system (see 2.5.5), by December 2007.

6. Develop and implement a process which ensures that required changes to clinical practice are implemented, supported through the Trust’s training and education infrastructure, regional and clinical teams, by December 2007.

7. As new evidence becomes available, review and update guidelines and pathways in a timely manner (these reviews will adhere to robust critical appraisal and guideline development processes); commencing no later than December 2007.
2.1.3 Goal

To create an environment where the operational workforce are provided with the knowledge and skills required to perform their role to the appropriate clinical standards, as determined by evidence based practice (e.g. Joint Royal Colleges Ambulance Liaison Committee (JRCALC), NICE, NSFs etc). This is to be undertaken in conjunction with a system of clinical support and leadership.

Objective

To ensure the operational workforce is appropriately and adequately trained to deliver a clinically effective service. The training must be fully compliant with the Knowledge and Skills Framework (KSF). It is implicit that these arrangements apply to the entire EMS workforce and the workforce within NHS Direct Wales when they join the Trust in April 2007 — paramedics, technicians, control, high dependency unit (HDU), nurses, health information/dental advisors, call handlers and support staff. This will include:

- Introducing a system for continuous professional development (CPD), including a formal personal development plan (PDP) ensuring it is compliant with the requirements of the Health Professions Council (HPC), by March 2008.
- Developing an educational curriculum to support the CPD process by December 2007.
- Reviewing the current training and education resources and structures and ensuring that they are adequate to achieve the stated goals, by July 2007.
- Engaging with universities to support the delivery of a higher education curriculum, by May 2007.
- Working towards achievement of faculty status in Welsh Universities for the delivery of paramedic higher education training by May 2007.
- Establishing clinical leadership to support the PDP and CPD processes. This will be achieved by implementing a Wales-wide clinical management structure to establish clinical teams and team leaders, by August 2007.
2.1.4 Goal
Restructure the delivery of our services, taking account of work life balance, flexibility and equality issues, to ensure a match between demand and resources that delivers time-critical performance standards and clinically effective interventions.

Our strategic objectives will focus on Resources and Production, Distribution and Utilisation.

Resources and Production Objectives
1. Establish a single point of management accountability for Unit Hour Production (UHP) (people, fleet and logistics) in each region, with national strategic leadership by April 2007:
   ● establishing a resource centre in each region, comprising a single number access point for staff booking sick, returning from sick leave, casual leave and other leave requests and which also acts as a co-ordination point for training schedules, by July 2007;
   ● supporting the work of these centres by implementing well managed UHP processes that are widely understood, by November 2007.
   ● procuring and implementing a rostering system to support these centres by August 2007;
   ● implementing relevant procedures for managing short notice resource issues and deficiencies during out of hour periods, identifying key posts for managing such eventualities, by April 2007.
2. Establish key responsibilities and functions within each Control Centre for managing resource issues in the out-of-hours periods (including sickness reporting, fleet and logistics) to ensure unit hour production targets are not compromised, by June 2007;
3. Establish unit hour requirements by activity centre to match and manage average peak demand, by April 2007;
4. Agree EMS cover requirements and the rules to govern rota development, and work jointly with the affected staff to design and implement interim\(^2\) EMS shift rotas across Wales by April 2007;
5. Produce and implement unit hour production Key Performance Indicators (KPIs), for managing and monitoring scheduled and unscheduled absences, and all unit hour issues, by April 2007;
6. Implement an initial production standard of at least 95% of planned unit hours, by type\(^3\) measured weekly, by June 2007, rising to 97% of planned unit hours, by type, measured weekly by November 2007.
7. Establish and agree production processes and targets with each department, to sustain unit hour production norms, by April 2007.

\(^2\) Until the demand matching process is well advanced, it will not be possible to develop a final set of shift rotas to match activity.

\(^3\) That is, it will not be acceptable to substitute RRV unit hours for EMS crew unit hours.
8. Establish an emergency fleet equivalent in size to 150% of peak load staffing, with at least 88% of vehicles less than 5 years old, by October 2008.

9. Implement service level agreements with fleet and supplies managers to provide an agreed number of roadworthy and equipped ambulances on a shift by shift basis, with a target standard of more than 97% of planned fleet unit hours, measured weekly, by July 2007;

10. Develop a reporting mechanism to ensure that information is provided on a daily basis about lost unit hours (by number and cause). Identify the frequency and prevalence of all unscheduled absence and improve attendance management processes, by July 2007;

11. Implement an intermediate High Dependency Service, tailored to the EMS demand analysis, focusing primarily on the safe and timely admission of urgent patients to hospital, between April 2007 and April 2009.

**Distribution Objectives**

1. Procure and implement Status Plan Management on all CAD systems by August 2007;

2. Train all relevant Control staff in the use of Status Plan Management, vehicle movement tactics, dynamic deployment policies and contingency management by August 2007;

3. Implement the full Patient Centred Deployment plan in each region, supported by monthly, staff-led, plan reviews, by August 2007;

4. Ensure, where demand and activity allow, that this plan is maintained in a compliant state, at least to level 2 postings, for 95% of each activity period, by August 2008;

5. Develop and implement a performance process for monitoring and managing continuous improvement, by August 2007;
**Utilisation Objectives**

1. Procure and implement modern information and communications technology systems, including upgraded CAD systems, automatic vehicle location, satellite navigation and caller line identification, by August 2008;

2. Achieve maximum resource utilisation by effective call management and efficient vehicle deployment techniques, by July 2007;

3. Implement a job cycle process review, working towards compliance with job cycle best practice standards at the 80th percentile and 95th percentile in an incremental approach, by April 2007;

4. Ensure ‘system advised’ dispatch priority is being complied with to achieve a consistent deployment strategy, by July 2007;

5. Where High Dependency crews have been rostered and are deployed to support the EMS, planners and dispatchers will consistently achieve a unit hour utilisation ratio of more than 0.6 measured weekly, by April 2007;

6. Develop a strategic approach to the development and deployment of solo responders, community responders and emergency service co-responders which results, by September 2007, in:
   - 80% of category A responses by first and co-responders within 8 minutes;
   - a 5% contribution by community and co-responders to the 8 minute standard.

7. Evaluate the call types that are appropriate for alternative emergency responders to achieve the optimal deployment from both the responder’s and the patient’s prospective.

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4Refers to Community First Responders and Emergency Service Co Responders.
2.1.6 Goal
To ensure the optimal deployment and utilisation of Rapid Response Vehicles (RRVs).

Objectives
1. Agree and implement leadership and governance arrangements for the utilisation of RRVs, by March 2007.
2. Implement well designed and managed deployment processes, supported by an auto-paging system, to ensure rapid mobilisation and response of RRVs, by May 2007.
3. Develop a strategic approach to the development and deployment of RRVs which results in:
   - 85% of category A responses by solo responders within 8 minutes;
   - a 45% contribution by solo responders to the 8 minute standard; By February 2007.
2.2 Improving Appropriateness and Adding Value

Strategic Theme two is about ensuring the Trust constantly seeks to evolve and adapt to the environment in which it operates, to ensure that patients always receive the best and most effective level of service. This will be undertaken in a manner that reflects their individual needs and enables the Trust to maximise all of its resources to deliver this across all operational areas. The three key areas within this theme can be described as follows:

Access  Brokerage  Care

‘Unscheduled care’ is any single episode of unplanned clinical care which is managed outside the remit of the 999 or the urgent service. It may be provided by GPs, community-based Nurses, Emergency Care Practitioners or any other Healthcare Professional allied to Medicine.

We will provide active support to public health and prevention programmes by:

- using our operational databases to identify risks to health and well-being;
- working in partnership with other agencies to prevent illness and injury where possible and improve its management in other circumstances.

In goal 2.2.2. below, we commit ourselves to integrating clinical service development with research and evaluation. The Trust considers this to be vital in the light of the relative lack of an evidence base for either current emergency medical services intervention or the proposed new range of unscheduled care activities.

Although it is difficult to commit ourselves to an exact timetable in this plan, we acknowledge the need for formal review of the effectiveness of the Trust’s triage systems (both WAST and NHSDW) and the clinical and cost effectiveness of service delivery models, including those delivered across provider boundaries.

2.2.1 Goal

Recognising that, while most patients who dial 999 need urgent assistance, not all need a full emergency response, the Trust will develop a system that will assess the needs of (with) the patient, and broker their access to appropriate urgent clinical care.

Objectives

1. Reintroduce Category C, for measurement purposes only, by March 2007.
2. Review the training needed by call takers to ensure consistency of approach and improve the safety and specificity of call categorisation by March 2007.
3. Complete an audit of the specificity and safety of call categorisation in each Control Centre, with consideration given to the Department of Health (DH) data set by March 2007.
4. Subject to the results of the audit, measure the specificity and safety of call categorisation C, following implementation of lessons learned from the audit.
5. Reintroduce the 60 minute, 95th percentile response time standard for category C calls by March 2007.

An example of how category C can be used to relieve pressure on the 999 Ambulance Service in the future:

A Caller dials 999 services with toothache. Ambulance control categorises the call as neither life threatening nor serious (Category C) and transfers the caller to NHS Direct Wales. Following a verbal assessment by a Dental Nurse, the caller is given an appointment to attend an emergency dental session.
6. Integrate with NHS Direct Wales to provide direct and timely access to urgent care. This will be done through the provision of a telephone-based assessment and signposting service for callers categorised as Category C, with further triage support and with clinical advice for EMS crews. To begin in September 2008.

7. Extend this service to callers categorised as Category B, drawing on the lessons learned in the earlier phases, by September 2008.

8. Implement a consistent set of criteria for allocation of caseload to the High Dependency Service, to facilitate a 0.6 Unit Hour Utilisation ratio, supported by management processes and performance management, by October 2007.

9. Develop and implement clear guidelines to support paramedics in the decisions they are currently making to offer 999 patients options other than conveyance to the accident and emergency department, by April 2007.

10. Provide training for all paramedics in the application of the above guidelines, between April 2007 and April 2009.

11. Reduce avoidable admission to Accident and Emergency Departments by establishing a range of services including, ‘Hear and Treat’, ‘See and Treat’, and ‘Treat and Refer’. This will be done through the development of a package of clinical assessment algorithms and alternative care pathways.
2.2.2 Goal

In partnership with Local Health Boards, plan and implement an integrated unscheduled care strategy, with particular emphasis on rural and sparsely populated areas, taking cognisance of the recommendations of the Welsh Assembly Government report ‘Delivering Emergency Care Services’ (DECS)

Objectives

1. With the support of the DECS Project Board, identify suitable partners for early implementation, by January 2007.
2. Develop joint early implementation project plans including: (by February 2007)
   - focus on outcome for patients;
   - new roles and personal development plans to ensure necessary education and training for paramedics/nurses;
   - robust clinical audit and resource evaluation to inform planning.
3. Map out and review all current unscheduled care pilots in progress (in WAST and NHSDW) and evaluate findings by January 2007.
5. Develop medium to long term project plans by region, taking account of differing local requirements, by July 2007.
6. Work with the Thematic Research network for emergency Unscheduled Treatment (TRUST) to integrate clinical and service development with research and evaluation.
7. Appoint a Director of Unscheduled Care with a brief to develop and market the Trust’s portfolio of enhanced healthcare services, within a partnership-based strategic framework, by April 2007.

2.2.3 Goal

The Welsh Ambulance Services NHS Trust and NHS Direct Wales will work with Local Health Boards, NHS Trusts, Primary Care Providers, Local Authorities and partners in other sectors, to develop simplified and efficient access to emergency and unscheduled care services.

Objectives

1. Work with the partners identified above to develop 24 hour, one-call telephone access to primary unscheduled and emergency care services by December 2007.
2. Develop safe and reliable signposting services for existing patient care pathways by December 2007.
3. Work with the partners identified above to create and resource an enhanced range of primary unscheduled and emergency care pathways, by August 2008.
2.3 Reliable, Competitive Patient Care Services

The third strategic theme is about modernising our Patient Care Service (PCS) to further develop its reliability, punctuality and competitiveness whilst exploring opportunities to support the EMS provision where appropriate. The following paragraphs explain the principals of the Trust’s strategy for transporting planned patients who do not require an EMS or High Dependency crew.

The Ambulance Car Service (ACS) is usually the most cost-effective, comfortable and, punctual way of transporting patients to routine appointments. The Trust’s strategy will be to use ACS as the service of choice for those patients who fit the criteria unless either the patient is not able to travel by car or the use of a single crewed PCS ambulance is more cost-effective.

All patients who cannot travel by car will be transported by single crewed PCS ambulance unless the requesting person indicates the need for care en route or access or handling problems have been identified which require the assistance of a second crew member.

All other patients should be transported by a double crewed PCS ambulance. Within the double crewed tier of PCS, the number of stretcher carrying ambulances should be kept to a minimum, in line with stretcher activity, to maximise wheelchair carrying capacity.

The exception to this specialised delivery model will be sparsely populated areas where a more flexible model will be required.

PCS staff and patients will be involved in the development of the specifications in future procurement of new PCS vehicles. This will ensure that the vehicles meet the needs of both patients and staff.

To deliver the benefits of this modernisation programme, the PCS needs significant investment in a modern, web-enabled, planning system, with associated communications. This will also lay foundations for accurate costing of PCS delivery.

Following expressions of interest from other sectors, including Local Authorities and the voluntary sector, it is our intention to explore the possibility of improving efficiency and effectiveness through joint transport services in the context of “Making Connections”.

2.3.1 Goal
To develop reliable, punctual and cost-effective Patient Care Services that will provide access to planned healthcare based on nationally agreed eligibility criteria

Objectives
1. Develop the Ambulance Car Service as the service of choice for all suitable patients:
   - nominate lead managers for ACS in each region by January 2007;
   - develop and implement an ACS recruitment strategy, with clear targets, linked to objective 1, by April 2007;
   - review ACS remuneration and set mileage rates which reflect local markets and support the Trust’s service delivery strategy by April 2007;
   - develop an ACS marketing and delivery strategy that reflects the value and importance WAST place on this service by July 2007;

2. Develop a specialised, economically competitive PCS delivery model:
   - review PCS provision and develop a migration plan to maximise the use of single crewed, wheelchair-capable, PCS ambulances and achieve a balanced reduction in double crews and stretcher capacity, in suitable areas, by April 2007;
   - develop and implement planning and day control processes to support this model by May 2007;
   - seek partners in other sectors for joint transport pilots.

3. Procure and implement a new, web-enabled, PCS CAD system and replace the five existing systems by April 2008.

4. Procure and implement a PCS data transmission/reception system which interfaces with the CAD, transmitting plans and on-the-day changes and collecting activity, productivity and quality monitoring data as a by-product of normal operational activity, by May 2008.
5. Jointly with our commissioners and users, review all of our PCS service level agreements to reflect actual service provision and incorporate realistic activity and quality standards, pricing and monitoring/reporting arrangements. To complete implementation by March 2008.

6. Jointly with our commissioners and users, develop a set of standard reports which measure our activity, quality, efficiency and economy and feed the enterprise-wide, SPC-based performance improvement system (see 2.5.4) by September 2007.

7. Design and implement a customer service centre based leadership model for day control, homeward planning and the line management of PCS crews, by September 2008.


9. Jointly with our commissioners and users, develop and implement regional medical call centres, with single number access:
   - for the application of all Wales patient eligibility criteria directly for GP patients;
   - with a feedback process for PCS staff to request reassessment of patient eligibility by hospital departments where this is required by March 2008.

10. Identify and engage with key partners in local health economies to plan and deliver effective responses to the relevant aspects of the National Service Frameworks for renal, cancer, mental health and older people, by March 2008.
2.3.2 Health Courier Services

The Health Courier Service (HCS) provides a non-patient transport service to NHS Trusts and other non-NHS stakeholders across Wales.

The HCS provides an essential service to Local Health Boards, Hospitals, medical centres, GP surgeries and dentists, transporting medical items, equipment, medical records, pharmacy, Central Sterile Service (Department), clinical waste and internal mail.

**Goal:** To further develop, improve and deliver a range of responsive and cost-effective non-patient transport through partnership working

**Objectives**

1. Develop the contract negotiation and delivery competencies of the HCS management team:
   - developing a service delivery strategy which meets the expressed needs of our customers, by July 2007;
   - developing the managers to deliver the agreed strategy, by October 2007;
   - developing a marketing strategy for HCS, by September 2007;

2. Jointly with our commissioners and users, review all HCS service level agreements to reflect actual service provision and incorporate realistic activity and quality standards, pricing and monitoring/reporting arrangements. To complete implementation by March 2008.

3. Jointly with our commissioners and users, develop a set of standard reports which measure our activity, quality, efficiency and economy and feed the enterprise-wide, SPC-based performance improvement system (see 2.5.4), by September 2007;

4. Improve service delivery and reporting by implementing mobile data technology by March 2008;

5. Establish key commissioning leads within all HCS contracts to further improve customer management.

6. Establish a proactive approach to training within HCS that will comply with future requirements and changes in legislation by October 2007;
2.4 Financial Management

The fourth strategic theme centres on effective financial management*. It will ensure that:

- the Trust delivers services that provide the best possible outcome for its patients within budgeted levels;
- manages all aspects of its finances effectively;
- has robust commissioning arrangements in place;
- is open and transparent in all its financial transactions.

To ensure a clear link between service delivery and financial accountability, the delegated budget management arrangements, (previously approved by the Trust Board in 2005), will be further developed to ensure that budgets and authority for financial decisions are delegated to the lowest practicable level of management.

Financial management will then form part of these managers’ objectives. Financial training will be made available where appropriate. Our vision in this area is to deliver the highest quality financial leadership, stewardship and strategy.

The Trust will respond as required to any changes in structure for commissioning arrangements across Wales.

To achieve our financial vision we have identified a number of high-level goals, which are outlined below.

2.4.1 Goal

Achieve demonstrable efficiency in all activities.

Objectives

1. Develop a formalised value-for-money review programme cycle with identified value-for-money criteria by April 2007.

2. Ensure all areas of the Trust’s activities have been reviewed and benchmarked against the value-for-money programme within a three-year recurring review cycle, by the end of the 2009/10 Financial Year.

3. Ensure all the Trust’s services are appropriately costed, by November 2007.

4. Ensure an effective transfer of the relevant elements of finance and procurement work to the North Wales Business Services Partnership (BSP) by January 2007, including the transfer of staff and resources as appropriate and the agreement of suitably robust Service Level Agreements with the BSP to safeguard the maintenance of high performance standards.

5. Further improve decision making and option appraisal through review of internal business case processes and the provision of additional training by, March 2007.

* The Trust’s Capital Plan is presented in detail in the Strategic Outline Plan (SOP) which should be read in conjunction with this document. All of the projects outlined in the SOP are subject to agreement by the Welsh Assembly Government in the standard authorisation process.
2.4.2 Goal
Achieve all financial obligations without the need for external support, by 2008-09

Objectives
1. Secure outline agreement with the Trust’s main commissioners, Health Commission Wales (HCW), for our Strategic Change and Efficiency Programme (SCEP), by end of January 2007.
2. Develop robust and detailed implementation plans for all cost-reduction activities by April 2007. Ensure that the cost-reduction programme is embedded within all Trust programme management activities.
3. Maintain an overall Strategic Financial master plan linking the Trust’s annual revenue and capital projections over several years and incorporating the impact of modernisation and strategic change by November 2006

2.4.3 Goal
Ensure that Managers have the appropriate financial skills and support in order to discharge their financial obligations effectively

1. Review the structure of the Finance Department by 31st December 2006, to ensure it is fit-for-purpose to deliver more robust support to operational and corporate departments and the implementation of the modernisation plan.
2. Update the Trust’s programme of financial management training to all managers by April 2007 and introduce formal budget holder accreditation linked to the Knowledge and Skills Framework.
3. Ensure managers are accountable for defined budgets and have relevant authority with appropriate training provided where necessary, by April 2007.
4. Liaise closely with HR and operational colleagues to ensure that changes to working practice and employee terms and conditions under Agenda for Change (AFC) and the Knowledge and Skills Framework (KSF) are implemented efficiently and cost-effectively.
2.4.4 Goal

Work with our commissioners to develop commissioning arrangements that provide the resources needed for service delivery.

Objectives

1. Ensure that our main commissioners, Health Commission Wales, approve our service improvement plan and its resource requirements, by December 2006

2. Produce strategic outline plans and provide financial input into any business cases as and when necessary, to access external funding from NHS commissioners.

3. To complete a detailed review of all PCS SLAs by November 2007 which will inform the 2008/09 commissioning process, whilst engaging with commissioners to ensure contract income appropriately reflects the cost of services provided to each Trust.

4. Develop an internal commissioning strategy for agreement by February 2007, to inform commissioning arrangements for 2007/08. This will include a review of management arrangements and responsibilities regarding commissioning activity and relationship management.

5. Ensure that all future additional services are provided at a price which reflects the full cost of the service.
2.5 Organisational and Staff Development

Our fifth Strategic Theme concentrates on ensuring that there are effective and robust governance and management structures and processes in place that support staff to deliver the best level of service for all patients. The purpose of this theme is to create an organisation that works, behaves and looks differently, acting as ‘the enabler’, which overarches the full range of improvement goals. There will be teams that will focus on the delivery of the appropriate goals which, in the case of the EMS strategy, for example, will be clinical teams.

2.5.1 Goal

**Ensure that the Trust Board functions with maximum effectiveness and benchmarks its performance against the best practice, based on models currently being developed (e.g. “The Intelligent Ambulance Board”)**

Objectives

1. Agree a revision of Standing Orders, Standard Financial Instructions and Scheme of Delegation by January 2007;
2. Make immediate improvements to the conduct of Board business including agenda setting, standardisation and quality of Board papers/minutes and monitoring of agreed action to completion;
3. Rebalance the Board agenda during 2007 to ensure that a greater proportion of time is spent on strategic issues;
4. Agree an annual cycle of Board business founded in planning, scrutiny and decision making;
5. Review the committee structure of the Trust in the light of objectives 3 and 4 above.
6. Formalise an agreed mechanism for reporting and investigating adverse incidents to ensure that lessons are learnt and acted upon and are used to improve care/service delivery.

2.5.2 Goal

_Establish and maintain a culture where employees in all Departments and disciplines feel involved and empowered to deliver better patient care solutions and improve service delivery._

Objectives

1. Ensure individuals demonstrate commitment to effective and appropriate patient care, which will include:
   a. Improving the effectiveness and responsiveness of staff consultation by March 2008, resulting in:
      - a 25% reduction in formal grievances lodged,
      - the avoidance of collective disputes,
      - improved responses in biennial Staff Attitude Surveys.
   d. Achieve the Gold Standard of the Corporate Health Standard during organisational change/modernisation by December 2008.
   e. Ensure that all staff are treated with dignity and respect and that the Trust promotes equality of opportunity for all staff and service users. This will be measured by the HR Committee using questionnaires and the implementation of the six strands of equality.
2.5.3 Goal

Organisational structures will be designed with clear responsibilities and measured to meet demanding patient service delivery targets within financial constraints.

Objectives

1. Identify proposed management structures and carry out full consultation process with all necessary communications with staff.

2. Ensure that roles and responsibilities, lines of management and accountability are clearly defined within job descriptions and objectives.

3. Implement revised operational management structures, incorporating 24/7 management arrangements, by June 2007.

4. Ensure Team Leaders are able to display the six core competencies\(^5\) by October 2007 and ensure that all receive one-to-one feedback by October 2007.

5. Review and monitor the Race Equality Scheme of the Trust, incorporating realistic diversity targets and ensuring all policies and procedures are legally compliant, by April 2007.

6. Implement NHS national electronic recruitment processes in order to replace paper-based recruitment administration, and participate in development of shared transactional recruitment services by May 2007.

7. Deliver the Agenda for Change assimilation target of 95% of all staff by April 2007.

8. Realise and report to the HR Committee and Trust Board meetings all benefits associated with Agenda for Change and performance improvement during implementation of Modernisation Plan, and monitor progress against success criteria in the Agenda for Change Handbook.

9. Re-profile clinical skills and education standards of clinical staff with the implementation of a range of training and development packages, designed to meet new models of healthcare service delivery.

\(^5\)Six core competencies are communication, personal and people development, service improvement, health and safety and security, quality and equality and diversity.
2.5.4 Goal

**Develop the capacity of the Trust’s workforce to deliver the Modernisation Plan.**

**Objectives**

1. Deliver a joint Ambulance Service and NHS Direct Wales Workforce Development Plan which supports the Modernisation Plan and meets our operating establishment needs via the following operational targets (see link with para 2.1.2 above):
   a. Recruiting – in advance, where possible – to fill expected vacancies, including predicting and commissioning Higher Education Institution places.
   b. Reviewing the plan on a monthly basis, conforming to financial control, against budgeted levels.
   c. Matching qualifications to operational and departmental needs, against agreed skill targets.
   d. Bringing trained staff ‘on-stream’ as needed.
   e. Implementing and then maintaining an appropriate relief factor for both EMS and Control staff, by April 2007.
   f. Ensuring that our PCS and Fleet relief capacity is identified and built into core establishment by July 2007.
   g. Providing line managers and Team Leaders with appropriate training in managing absence and attendance, performance management, appraisal and conflict resolution by April 2007.
   h. Providing managers with relevant information from Electronic Staff Record system to help identify future staffing and skill needs by December 2007.
   i. Introducing a Higher Education curriculum in partnership with universities across Wales by September 2007.
2. Reduce absence to 6%, by improved local management processes supported by tailored management information, including web-enabled services, with effect from September 2007.
3. Reduce injury-related lost working time by 5% by September 2007.
4. Continue to deliver our moving and handling programme identified with our action plan response to the Health and Safety Executive by September 2006.
5. Ensure all core risks have been identified and fully evaluated by October 2006 and reviewed by the Trust’s National Joint Committee for Health, Safety and Welfare during December 2006.
7. Ensure that our leadership development programme continues with the emphasis on the team concept, performance management, business specific issues and preparing business cases in order to improve our ability to meet the service delivery targets, by July 2007.
8. Identify Personal Development Review processes for operational staff in line with the new management structures and unit hour objectives by 30th June 2007.
9. Ensure every member of staff, both operational and support will have a Knowledge and Skills Framework Personal Development Review (PDR) and Personal Development Plan (PDP) within 12 months of assimilation to A4C.
10. Collate training needs identified by PDR’s across the Trust and decide the best methods of meeting PDP requirements within three months of completion of all PDR’s.
11. Identify costs and seek relevant funding for implementation of the Agenda for Change Knowledge and Skills Framework by March 2007.
12. Identify new roles, carry out job evaluation for grade and pay allocation, recruit and provide relevant training for jobholders in new skills required.
2.5.5 Goal
To develop an improvement culture that underpins and drives continuous service improvement through the timely delivery of appropriate and effective performance management information.

Objectives
1. Agree and implement a performance management framework operating at team, locality and regional levels, which:
   - configures and implements appropriate levels of review;
   - connects these levels of review effectively;
   - specifies the content of appropriate review meetings;
   - adapts roles of key managers in this context;
   - explains how the organisation can best be mobilised to adopt a rigorous performance planning and management framework; by October 2007.
3. Develop an organisational performance reporting framework that delivers effective and timely internal and mandatory reporting to managers to drive appropriate decision-making and improve performance by February 2007.
4. Maximise the use of relevant management information from the CAD, the ESR system, the clinical governance system and other sources.
5. Develop and implement appropriate training programme for line managers and supervisory staff in principles and application of performance management system.
6. Develop and implement a training programme for all employees to raise awareness of performance management system.
7. Link the performance management system to the Knowledge and Skills Framework performance development review meetings, incremental progression and staff development at team and individual PDR levels.
2.5.6 Goal
Ensure that the Trust promotes equality and values diversity both internally with staff and externally with patients and public to create a culture of openness and fairness.

Objectives
1. Review and update the Dignity at Work Policy, taking into account national developments.
2. Reduce the number of Dignity at Work grievances by 10% by April 2007.
3. Introduce mandatory training for appropriate groups and as a minimum all staff will achieve A4C Core Dimension, Equality and Diversity Level 2 via induction programmes and web based interactive programme by March 2008.
5. Actively seek to increase the number of staff from under-represented groups, to be reviewed annually.
6. Introduce and monitor appropriate schemes and action plans that are in place to ensure they comply with relevant regulations and legislation commenced October 2006, to be reviewed October 2007.
7. Review and monitor the Race Equality Scheme for the Trust, achieving realistic targets and ensuring all policies and procedures are legally compliant. To be reviewed April 2007.
2.6 Infrastructure and Environment

Within the sixth strategic theme, the Trust is focused on ensuring that there are the right supporting mechanisms in place to effectively deliver the operational aspects of our services. Our vision is to ensure the Trust has the most appropriate infrastructure, equipment and logistical support to ensure effective service delivery.

In pursuit of these goals, the Trust will give full consideration to collaboration on infrastructure and environmental issues within public sector partnerships, including emergency services, local authorities and other NHS organisations.

In support of this a number of key goals have been identified and are underpinned by a number of strategic objectives.

2.6.1 Goal

*Implement a robust, effective and appropriate Information and Communications Technology (ICT) infrastructure that supports service delivery objectives and delivers value for money.*

**Objectives**

1. Review, update and develop the Trust’s ICT strategy to reflect the vision of the service improvement plan by April 2007, with ‘sign-off’ achieved by May 2007.
2. Develop an information strategy to support the service improvement plan by April 2007, with ‘sign-off’ achieved by May 2007.
3. Develop a programme to continue the progress in achieving the Information Security Standard in accordance with Informing Healthcare Readiness Programme requirements by 2012 and review arrangements for the sustained retention of the standard by 2012.
4. Implement the national Ambulance Radio Re-procurement Project (ARRP) within agreed timescales and to agreed quality standards, with completion during 2008.
5. Review existing contracts and Service Level Agreements ensuring that they are fit for purpose and reflect value for money, by April 2007.
6. Develop and implement plans to ensure that security and confidentiality are addressed by the Trust, by April 2007 (dependent upon staffing).

2.6.2 Goal

*To develop an Estates infrastructure that is fit-for-purpose, supports our service delivery objectives and provides value for money.*

**Objectives**

1. Undertake a fundamental review of the estate in the context of the overall modernisation agenda to ensure that the estate held by the Trust –
   - is necessary and appropriately located to support our operations in the future
   - supports our corporate goals and objectives
   - is fit for purpose by September 2007.
2. Implement a programme of improvement works across the estate to raise the condition of all existing property to at least the minimum statutory requirements.
3. Develop an Estates Strategy which supports:
   - corporate goals and objectives;
   - the recommendations of the fundamental review;
   - the Welsh Assembly Government’s document “Making the Connections” and other collaborative/partnering arrangements; by June 2007.
5. Undertake a review of the immediate issues arising from Mamhilad and Church Village Control Centres, make recommendations for alternative arrangements and implement solutions June 2007.
2.6.3 Goal

*Introduce logistics arrangements that are fit-for-purpose, and able to support service delivery objectives and provide value-for-money.*

Objectives

1. Undertake a review of our logistics arrangements, which should be complete by October 2008, and develop a strategy to implement any accepted recommendations to improve support to service delivery and remove any unwarranted disparities across Wales by November 2008.
2. Complete the implementation of the logistics review by November 2008.

2.6.4 Goal

*Develop a fleet infrastructure that is fit for purpose, able to support our service delivery objectives and provide value for money.*

Objectives

2. Develop a Fleet care maintenance service level agreement by June 2007.
3. Undertake a review of fleet maintenance and make recommendations by December 2007 and ensure recommendations are implemented in full by March 2008.
2.6.5 Goal
Develop systems and infrastructure to maintain a modern and reliable ambulance fleet, which is fit-for-purpose and well supported by a dependable and relevant supplies function.

Objectives
1. Undertake a complete review of the fleet and maintenance workshop systems by June 2007.
2. Develop a business case to replace all vehicles with an age profile of greater than five years, by June 2007.
4. Review the existing supplies and distribution function supporting the fleet by August 2007.
5. Prepare a business case for the implementation of a make ready, stocking and washing system for all emergency vehicles by October 2007.
2.7 Emergency Preparedness and Business Continuity

Our final Strategic Theme seven is about a single framework for civil protection capable of meeting the challenges of the twenty-first century. The Civil Contingencies Act, and accompanying non-legislative measures, place several duties allied to emergency preparedness and business continuity upon the Trust, which is defined as a “Category 1 Responder”. As such, the full regulations and statutory guidance define clear sets of roles and responsibilities that are core components during the response to a major emergency.

The following five ‘Goals’ set out the basis by which the Trust’s strategy intends to deliver these core capabilities.

2.7.1 Goal
To ensure preparedness for an effective response to any major disruptive challenge or emergency situation

Objectives
1. To assess the risk of emergencies occurring which underpin and inform the development of contingency plans by March 2007.
2. To assess those contingency plans against a framework that tests adequacy of capabilities to meet identified risks, by May 2007.
3. To maintain plans which describe how the Trust will meet the three key components of the Emergency Planning duty, identified as preventing an emergency occurring; reducing, controlling or mitigating the effects; and to develop plans which can provide alternative actions by March 2007.

2.7.2 Goal
To ensure an ability to deliver the activities of the Trust through sound and resilient business continuity planning

Objective
2. Develop and promote a business continuity culture within the Trust that is underpinned by a robust plan, by March 2007.
3. Develop a plan that is capable of delivering an emergency response during major disruptive challenges as well as delivering, where practicable, the normal function of the service, by March 2007.
2.7.3 Goal
To provide an effective emergency planning structure that facilitates and supports the co-operation with other responders engaged in providing local civil protection duties.

Objectives
1. Ensure that the emergency planning management structure is sufficiently robust and capable of delivering the best level of cooperation integrated with the local, regional and national resilience structures, by August 2007.
2. Provide an effective emergency planning structure which facilitates and supports the sharing of information among organisations involved in the delivery of a civil protection duty as well as other interested bodies where a legitimate reason for the sharing of information exists, by September 2007.

2.7.4 Goal
To ensure a capacity to inform the public on civil protection issues.

Objectives
1. Ensure a capability able to raise public awareness of the risks of emergencies' occurring and how the Service is prepared to respond to such emergencies by November 2007.
2. Deliver a capability to inform and advise the public at the time of an emergency by November 2007.

2.7.5 Goal
Establish and maintain the highest quality of responder from across all elements of the Trust.

Objective
To develop an imbedded culture where civil protection and business continuity becomes part of normal day-to-day activity of the Trust. Supported by appropriate awareness of risk, as well as training specific to the individual's role within the organisation, underpinned by a sound practical experience through exercising, by November 2007.
3.1 Programme Management

This plan is a working document; a blueprint for the improvement and modernisation of the Welsh Ambulance Services NHS Trust.

It will be implemented using a formal programme management process based on Managing Successful Programmes® (MSP), an Office of Government Commerce product. The Trust Board will, of course, provide oversight of, and measure the progress of, the programme. A Modernisation Committee has been set up to provide additional assurance. It is being chaired by a non-executive director and has membership including staff-side representatives, managers, staff and volunteers.

The Chief Executive will run the Trust as a change programme, constituting the Executive Team as the Programme Sponsoring Group. Each director will be responsible for delivery of defined projects and will delegate delivery to senior managers in a formally documented way. Personal objectives will be programme based and each Executive Team member will have a monthly one-to-one meeting with the Chief Executive to review their progress against these objectives, identify and resolve any issues and agree next steps. This process will be supported by the Programme Management Department which will oversee and track the delivery of the individual projects within the modernisation programme.

Implicit in this structure is the need to work in partnership with all stakeholders both internally and externally.

3.2 Involving the Public

The involvement of our patients and the public will underpin the development and delivery of all our key strategic themes. We will aim at ensuring that we involve all our key stakeholders in the design and delivery of our services. This is to ensure that everything we deliver is appropriate to individual need and is integrated with all parts of the health and social care environment in which we operate.

We will increase patient and public involvement at all levels within the organisation (including committee representation and service redesign) by reviewing our Patient and Public Involvement Strategy with our patients and key stakeholders by July 2007. In doing so, we will ensure that we are taking account of changes relating to patient forums and representation.

We will measure our success using a performance assessment framework, which identifies progress in improving the patient experience and engaging patients and the public.

- By January 2007, establish a programme office to support, develop and monitor the delivery of the programme plan and its associated projects.
- By February 2007, develop a framework that monitors and tracks programme performance improvement against time, which is accessible to all key stakeholders.
- By June 2007, train a number of our key staff in project and programme management skills following best practice shown in Managing Successful Programmes.

*MSP is an approach for managing change and delivering benefits from a set of related projects. Programme management is the coordination, direction and implementation of a set of projects and activities that together achieve outcomes and realise benefits that are of strategic importance.
3.3 Communications

It will be vital for people who work at the Trust and for those who work with us or receive our services to understand exactly what we are seeking to achieve and the role they must play. Therefore, we will develop a robust communications programme that supports the delivery of this strategic framework.

3.3.1 Communications Vision

Our intention is to create an environment in which people feel informed, support our values and understand the part they play in, or with, the organisation.

We will do this by giving people the information they need to do their job, developing effective communications channels, building a climate of trust and openness and involving people in the communications process. Communication has to be an integral part of all mainstream work. Therefore all our communications efforts will be delivered and guided by a set of clear principles.

3.3.2 Communications Principles

<table>
<thead>
<tr>
<th>Open</th>
<th>Reasons for decisions made available and decision makers accessible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate</td>
<td>Reflect a consistent view of the Trust</td>
</tr>
<tr>
<td>Two-Way</td>
<td>Encourage consultation: people to give and receive feedback and contribute ideas and opinions</td>
</tr>
<tr>
<td>Timely</td>
<td>Released at time of need, relevant and interpreted in correct context</td>
</tr>
<tr>
<td>Clear</td>
<td>Delivered in plain English and Welsh externally.</td>
</tr>
<tr>
<td>Targeted</td>
<td>Messages given to the right people, in the right format, at the right time</td>
</tr>
<tr>
<td>Planned</td>
<td>Proactively planned, appropriate, timely and regular</td>
</tr>
<tr>
<td>Consistent</td>
<td>Co-ordinated with no contradictions</td>
</tr>
<tr>
<td>Integrated</td>
<td>Consistent and mutually supportive</td>
</tr>
</tbody>
</table>
3.3.3 Communications Strategy

A challenge for the Welsh Ambulance Services NHS Trust is to raise awareness and help create a climate of support among staff and the public to take forward the necessary changes that will ensure the organisation is fit for the future. Our strategy will be to maintain a dialogue with staff as they go through the modernisation plan so they feel engaged in the process. It will build understanding of where the Trust wants to be, how each person fits in and the role they can play to ensure they are able, and want, to make the Trust better, (making a difference) for patients.

In this way the communications programme will:

- Clearly explain the journey, roles and responsibilities;
- Communicate with staff across the organisation and at all levels, national regional and local in a timely, consistent and accurate way.
- Ensure it is a two-way process by encouraging feedback and granting a response
- Encourage empowerment and ownership of the modernisation agenda
- Ensure stakeholders and the public are kept informed
- Develop and maintain effective communication systems
- Identify barriers to communication and any associated risks
- Ensure that communication objectives are aligned to business objectives and strategic vision
- Be supported by KPIs with measurements in place to ensure consistency and compliance.

The following communication tools will be used:

- Regular, accurate and timely information updates delivered by staff newsletters, the in-house magazines, Trust internet, intranet and extranet facilities and e-bulletins
- Staff workshops and regular face-to-face meetings with managers
- Questions and answers e-facility
- Web-based education programme. By the end of December 2006, all staff will have the opportunity to access the Time to Make a Difference e-learning
3.3.4 Communications Objectives

1. Set out the Trust's strategy for sustaining and improving services and explain the part to be played by each staff group as a continuous rolling programme of activity, by January 2008.


3. Increase awareness and create a climate of support externally by engaging stakeholders and the public in the modernisation agenda through a series of presentations by mid November 2006.

4. To work proactively with the media and develop a planned programme to gain balanced, accurate and timely coverage of the plan.

5. Identify simple messages about the plan which can be tailored to specific audiences.

6. Develop appropriate communication evaluation tools.
4.1 Risk Management

Consideration has been given to the risks associated with delivering the Modernisation Programme. These fall into the following six areas:

4.1.1 Clinical Risk Management

**Patient Safety** will be at the forefront of all the Trust’s activities in relation to the development of alternative care services.

**Development Stage**

- We will identify competencies that describe what needs to happen in the workplace – the right treatments/care for our patients. The content of education and training programmes will be based on good and safe practice.

- We will take the views of patients, their carers, relatives and the public into account in the design, planning delivery, review and improvement of services.

- We will develop key performance indicators that provide assurance that services are effective, appropriate to patient need and cost-efficient.

- In conjunction with partner Trusts, we will undertake, review and implement the lessons of proactive risk assessments on all proposed service developments.

**Post-Implementation Stage**

- We will implement safe assessment processes to ensure that patients with emergency health needs are able to access appropriate care within Welsh Assembly Government response time standards.

- We will identify and share best practice by benchmarking with other Ambulance Trusts that are currently providing alternative care pathways.

- We will use our research and development facility at the Prehospital Emergency Research Unit to ensure that new care options are evidence-based.

- As the new services develop, we will put appropriate clinical leadership systems in place to support and guide our care
Review Stage

- We will implement robust clinical audit systems that provide accurate, validated, and timely information which can be used to improve clinical effectiveness and performance.

- We will set up processes to seek feedback from patients on their experiences and the quality of the services they have received.

- Adverse Incidents and Complaints are used positively to learn lessons, identify weaknesses in our systems, and introduce measures to prevent any similar recurrences.
4.1.2 Management Capacity, Capability and Acceptability

The Modernisation Programme represents a considerable piece of work and will have a major impact on the organisation’s capacity to manage the scale of change. It will be necessary to:

- Monitor closely any changes to the Programme to ensure capacity and capability are adequate
- Invest in management development and try to provide external experience
- Plan how management capacity will be deployed
- Be prepared to import capacity and capability as required
- Be realistic about the Programme and willing to review/amend it according to availability of management capacity and capability
- Learn from other organisations and from our own past. Review and act on good practice from the learning process
- Share consistent messages when communicating

4.1.3 Staff Acceptance/Industrial Relations

The commitment of staff and the recommended trade unions is critical to the success of the Improvement Programme and managers will have a key role in gaining this commitment.

- Ensure that the programme is an integral part of formal and informal dealings with Trade Union Pursue openness re: Programme, process, intentions and progress from the outset
- Manage expectations
- Communicate effectively
- Focus on all middle management with specific messages
- Ensure staff involvement and thus staff influence over the programme
- Establish and reinforce the connection between funding and performance.
4.1.4 Capital and Revenue Funding

Major elements of the Improvement Programme will be reliant upon additional capital and our ability to maximise revenue funding opportunities through organisational efficiencies. Failure to deliver improvements in operational performance in the early part of the programme may influence future funding by our Commissioners.

- Plan for different degrees of funding and prioritise
- Reserve funding for the most important aspects of the Programme
- Continue to petition purchasers to secure funding and take every opportunity to spread the message.
- Persuade purchasers and stakeholders to ‘buy into’ the Programme
- Take an inward look to see what potential exists to release funds from existing activity.
- Consider further income generation
- Base performance forecasts on the programme and a better understanding of the relationship between performance and resources combined with projections of external influences e.g. traffic, workload
- Sustain stepped improvement in performance.

4.1.5 Physical Estates Capacity

Redesigning how the Trust delivers healthcare will have major implications for the estate which have already been reflected in an Estate Strategy. In the short-term there may be difficulty in accommodating vehicles and staff in the locations where they are required. This will impact further on the quality of the staff’s working environment: Considerations may include:

- Sharing facilities with other NHS users
- Sharing facilities with other organisations
- Introducing standby-type facilities
- Identifying temporary accommodation
- Matching the estate to resource/demand projections

4.1.6 External Policy Framework Changes

There are a number of external factors capable of influencing and having an impact on the Programme. Overarching all these is ‘Designed for Life’ and it is essential that the Trust closely follows developments as they emerge across Wales (e.g. DECS). The Modernisation Board will monitor these and in so doing try to:

- Ensure that the Trust becomes a flexible organisation, able to respond to external changes through Programme amendments
- Predict potential changes and anticipate consequent impacts on the Programme.
- Foster relations with key bodies to influence change in policy thus protecting the Programme or having advance notice of outcomes thereby allowing more time for adjustment.

The above sections refer to differing elements of high level risks only. A detailed risk assessment is being undertaken, which will inform the programme of work streams that will be developed as part of this modernisation plan.
## APPENDIX A
GLOSSARY OF TERMS USED WITHIN THIS DOCUMENT

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ACS</td>
<td>Ambulance Car Service</td>
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</table>
| Activity currencies:  
  Calls received | 999 calls received by Control, including duplicates |
<p>| Calls activated | Incidents on which at least one responder was mobilised |
| Responses | Incidents where a responder arrived at the scene |
| Patient journeys | Patients transported to hospital |
| Advanced Medical Priority Dispatch System (AMPDS) | A technology based expert system used to prioritise emergency calls according to, and within, the national priority categories. AQUA is the associated audit/quality assurance programme. |
| AFC | Agenda For Change |
| ARRP | Ambulance Radio Re-procurement Project |
| Automatic vehicle location (AVL) | A technology system which locates ambulance responders and communicates their position to the computer-aided dispatch system |
| Average peak demand | A statistical technique for matching demand to the resources needed to service it within clinically effective response times |
| BSP | Business Services Partnership |
| Computer Aided Dispatch (CAD) | A technology system that assists in the allocation of resources to an incident. |
| Clinical Assessment System (CAS) | This is an electronic triage system currently used by NHS Direct Wales. |
| Community first responder | A life support trained community volunteer who responds to emergencies locally – always followed up by an ambulance |
| Co-responder | A life support trained Fire or Police responder – always followed up by an ambulance |
| Corporate Health Standard | The Corporate Standard is the quality mark for workplace health promotion in Wales. |
| CPD | Continuing Professional Development |
| CPI | Clinical Performance Indicators |
| CSSD | Central Sterile Service Department |
| CTN | Call To Needle Time |
| Emergency | An incident requiring an immediate life support response |
| Category A | Immediately life threatening emergency |
| Category B | Serious emergency |
| Category C | Emergency which is neither life threatening nor serious |
| Emergency job cycle | From 999 call receipt to completion of patient handover at hospital |
| Emergency Care Practitioner (ECP) | A paramedic or nurse trained to manage and find alternative care options for a wide range of conditions outside hospital |
| EMS | Emergency Medical Service |
| ESR | Electronic Staff Record |
| HCS | Health Courier Service |
| Hear and Treat | An assessment of the patient by telephone |</p>
<table>
<thead>
<tr>
<th>Emergency Category A</th>
<th>An incident requiring an immediate life support response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category B</td>
<td>Immediately life threatening emergency</td>
</tr>
<tr>
<td>Category C</td>
<td>Serious emergency</td>
</tr>
<tr>
<td>Emergency job cycle</td>
<td>Emergency which is neither life threatening nor serious</td>
</tr>
<tr>
<td>Emergency Care Practitioner (ECP)</td>
<td>From 999 call receipt to completion of patient handover at hospital</td>
</tr>
<tr>
<td>EMS</td>
<td>A paramedic or nurse trained to manage and find alternative care options for a wide range of conditions outside hospital</td>
</tr>
<tr>
<td>ESR</td>
<td>Emergency Medical Service</td>
</tr>
<tr>
<td>HCS</td>
<td>Electronic Staff Record</td>
</tr>
<tr>
<td>Hear and Treat</td>
<td>Health Courier Service</td>
</tr>
<tr>
<td>HEI</td>
<td>Higher Education Institution</td>
</tr>
<tr>
<td>High Dependency Crew</td>
<td>A non-emergency crew that is trained and equipped to care for and transport urgent and non-urgent patients who require basic nursing care en route to the hospital.</td>
</tr>
<tr>
<td>HPC</td>
<td>Health Professions Council - the regulatory body for registration and standards of NHS Professions, such as Paramedics.</td>
</tr>
<tr>
<td>ICT</td>
<td>Information and communications technology</td>
</tr>
<tr>
<td>IHC</td>
<td>Informing Healthcare is a National Programme to develop new methods, tools and information technologies to transform health services for the people of Wales.</td>
</tr>
<tr>
<td>IWL</td>
<td>The Improving Working Lives Standard (IWL) is a blueprint by which NHS employers and staff can measure the management of human resources</td>
</tr>
<tr>
<td>JRCALC</td>
<td>Joint Royal Colleges Ambulance Liaison Committee: a national consensus body on clinical practice issues</td>
</tr>
<tr>
<td>HCW</td>
<td>Health Commission Wales</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicator.</td>
</tr>
<tr>
<td>Knowledge and Skills Framework (KSF)</td>
<td>Defines and describes the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services</td>
</tr>
<tr>
<td>National Service Framework (NSF)</td>
<td>Provide a systematic approach on which to tackle the agenda of improving standards and quality across health care sectors</td>
</tr>
<tr>
<td>National Institute for Clinical Excellence (NICE)</td>
<td>NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.</td>
</tr>
<tr>
<td>Patient Centred Deployment</td>
<td>The practice of deploying ambulance responders based on emergency demand patterns and geography</td>
</tr>
<tr>
<td>Patient Care Service (PCS)</td>
<td>Non-emergency service used to transport patients to routine appointments, etc</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PDP</td>
<td>Personal Development Plan</td>
</tr>
<tr>
<td>PDR</td>
<td>Personal Development Review</td>
</tr>
<tr>
<td>Peak Load Staffing</td>
<td>The highest staffing point in the rota</td>
</tr>
<tr>
<td>Rapid Response Vehicle (RRV)</td>
<td>A paramedic in a car used to respond to emergencies and, in some cases, transport patients to hospital</td>
</tr>
<tr>
<td>Relief staff</td>
<td>Supernumerary staff provision used to cover authorised and unauthorised absences</td>
</tr>
<tr>
<td>R and D</td>
<td>Research and Development</td>
</tr>
<tr>
<td>See and Treat</td>
<td>Assess and treat the patient in situ</td>
</tr>
<tr>
<td>Skill Levels</td>
<td></td>
</tr>
<tr>
<td>Paramedic</td>
<td>Emergency ambulance person with advanced life support qualification and state registration via the Health Professions Council.</td>
</tr>
<tr>
<td>Technician</td>
<td>Emergency ambulance person</td>
</tr>
<tr>
<td>Treat and Refer</td>
<td>Treat the patient in situ and refer them onwards to another Healthcare provider</td>
</tr>
<tr>
<td>SCEP</td>
<td>Strategic Change Efficiency Plan</td>
</tr>
<tr>
<td>SLA</td>
<td>Service Level Agreement</td>
</tr>
<tr>
<td>Statistical Process Control (SPC) Charts</td>
<td>Take measurable data from any process and arrange it in a manner that determines if the process is behaving as expected</td>
</tr>
<tr>
<td>Status Plan Management</td>
<td>A software system used to manage deployment plans</td>
</tr>
<tr>
<td>Thrombolysis</td>
<td>Administration of a drug which breaks up clots and restores circulation of blood to heart muscle following coronary thrombosis</td>
</tr>
<tr>
<td>Treat and Leave</td>
<td>A term used for situations when patients are treated at the scene and do not require transport to hospital.</td>
</tr>
<tr>
<td>Unit Hour</td>
<td>A fully equipped, roadworthy ambulance with a suitably qualified crew, available to Control for one hour</td>
</tr>
<tr>
<td>Unit Hour Distribution</td>
<td>See Patient Centred Deployment</td>
</tr>
<tr>
<td>Unit Hour Production (UHP)</td>
<td>The set of tasks involved in producing the planned levels of fleet, equipment and staffing</td>
</tr>
<tr>
<td>Unit Hour Utilisation</td>
<td>The set of tasks involved in managing resources efficiently to meet the service’s clinical and operational objectives</td>
</tr>
<tr>
<td>Unit Hour Utilisation Ratio</td>
<td>Activity divided by unit hours: a productivity measure</td>
</tr>
<tr>
<td>Urgent</td>
<td>A service request requiring hospital admission within a time limit set by the requesting clinician</td>
</tr>
<tr>
<td>WAG</td>
<td>Welsh Assembly Government</td>
</tr>
<tr>
<td>WTE</td>
<td>A Whole Time Equivalent number of staff</td>
</tr>
</tbody>
</table>
Appendix B
NHS Direct Wales

Background to NHS Direct Wales

NHS Direct Wales was commissioned by the Welsh Assembly Government in February 1999 to provide a 24 hour health advice and information service, signposting the people of Wales to the most appropriate level of healthcare for their needs. The service received its first call to 0845 46 47 on 14th June 2000 and has since developed to meet growing demand and become an integral part of the health landscape of Wales.

NHS Direct Wales has now received over 2 million caller/patient contacts. In the last year the service received over 600,000 contacts via multi media channels. Currently 94% of calls are answered within 60 seconds and the service has a 1.6% abandonment rate.

The service offers a variety of access channels including telephone and web based services, plus the new online enquiry service available on the NHS Direct Wales website at www.nhsdirect.wales.nhs.uk. NHS Direct Wales also handles and triages the telephone calls for GP Out of Hours Services for three Local Health Boards, offers call handling and triage services for four AandE departments and provides a dedicated Dental Helpline Service supporting a number of Local Health Boards across Wales.

NHS Direct Wales is available in over 120 languages via a telephone translation service, with information in 28 different languages available on the website and a text phone service operating on 0845 606 4647 for people who are deaf or hard of hearing.
APPENDIX C
REFERENCE DOCUMENTS

Welsh Ambulance Services NHS Trust “Strategic Plan 2005-09”
“Delivering Emergency Care Services” (DECS) Welsh Assembly Government July 2006
“Designed for Life”, Welsh Assembly Government May 2005
A strategy for Social Services in Wales over the next decade
“Taking Healthcare to the Patient”, Department of Health 2005
“Improving Working Lives”, Department of Health 2004
“Making the Connections”, Welsh Assembly Government vision for public services, October 2004
“SaFF Annual National Targets, 2007/2008 Rationales, Consultation Document”

Other Agencies:
IHC - Informing Healthcare
NLIAH – National Leadership and Innovation Agency for Healthcare
APPENDIX D
CONSULTATION AND LIST OF CONTRIBUTORS*

External Consultation
AandE Consultants Forum
All bordering NHS Trusts in England
All Community Health Councils in Wales
All Local Health Boards in Wales
All Members of the Joint Emergency Services Group
All NHS Trusts in Wales
All Wales Chief Executive Officers Meeting Group
All Welsh Partnership Forum Members
Members of Parliament
Welsh Assembly Government Members
Daily Post, South Wales Argos/Echo/Western Mail
Health Commission Wales
Informing Healthcare, Bridgend
LHB Non-Executives Meeting
Local Medical Councils (LMCs)
Mid Wales Partnership for Transport and Health Group
Mountain Rescue Services
National Leadership and Innovation Agency for Healthcare (NLIAH)
National Public Health Service for Wales
NHS Direct Wales
Other Emergency Services (Police, Fire, Rescue)
Pre-hospital Emergency Resource Unit (PERU), Cardiff
Royal National Hospital for Rheumatic Diseases
Royal National Lifeboat Institution (RNLI)
Social Services
St. John Ambulance
WAG Workshop held at WAST Headquarters
Wales Air Ambulance workshop
Welsh Health Authorities

Internal Consultation
Graduates Meetings
Locality Ambulance Officers Modernisation Workshop
Members of the Leadership Programme
Modernisation consultation meetings held for all individual ambulance stations
NHS Direct Wales Workshop
Paramedic courses x 6 consultations
Regional Ambulance Officers and Managers Workshop
Risk/Benefits Workshop
Senior Management Workshop
Staff Bulletin circulated to all Wales stations
Recognised Trade Unions
Staff Workshop at Coleg Powys
Staff Workshop at Llandrindod Wells
Time to Make a Difference E-Learning CD (issued to every member of staff)
WAST Trust Board Members

* This list is not comprehensive; it provides an overview of the Modernisation Plan consultation that has been held between August and December 2006 by Welsh Ambulance Services NHS Trust and our stakeholders.