East Midlands Ambulance Service NHS Trust

# CLINICAL STRATEGY

## 2023 - 2028

Author: Nicole Atkinson, Medical Director

Date: 16/11/2023

**Version Control: V3**

**Document Location**

The source of the document will be found in

**Revision History**

| Revision date | Previous revision date | Summary of changes | Version |
|---|---|---|---|
| | | | |

**Approvals**

This document requires approval from the following:

| Name | Title | Distribution Y/N | Date of issue |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Summary

Our clinical strategy forms one of five enabling strategies through which our 2023-2028 trust strategy will be delivered. We are committed to delivering improved outcomes through implementing and embedding our new clinical operating model.

# Clinical Strategy 2023 to 2028

## Our commitment

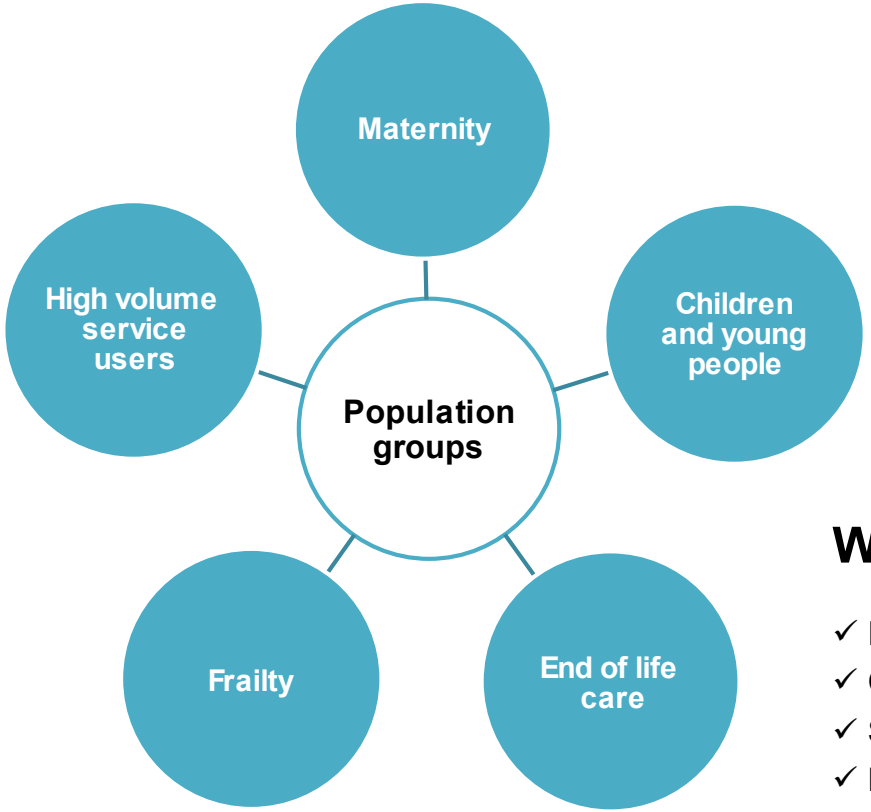
| | Major incidents | Emergency care | Urgent care | Non-emergency patient transport |
|---|---|---|---|---|
| **Our clinical aims** | Deliver critical clinical response in collaboration with urgent response partners | Deliver the best possible life chances for patients | Support patients with complex care needs, delivering a clinically appropriate and timely response in collaboration with local organisations | Meet patients needs in a safe, timely and compassionate manner |
| **Our clinical model** | • collaborate with other category 1 providers<br>• respond to the incident appropriately and with the resources required<br>• deliver the best possible outcomes for surviving patients | • rapidly assess critical health needs and use most appropriate resources to respond<br>• deliver rapid intervention<br>• make safe for transport to most appropriate location | • determine the most appropriate response<br>• signpost to/work in partnership with services<br>• support access to personalised care closer to home | • assess patient eligibility<br>• plan and book appropriate transport to ensure the needs of the patient are met<br>• transported in a timely manner |

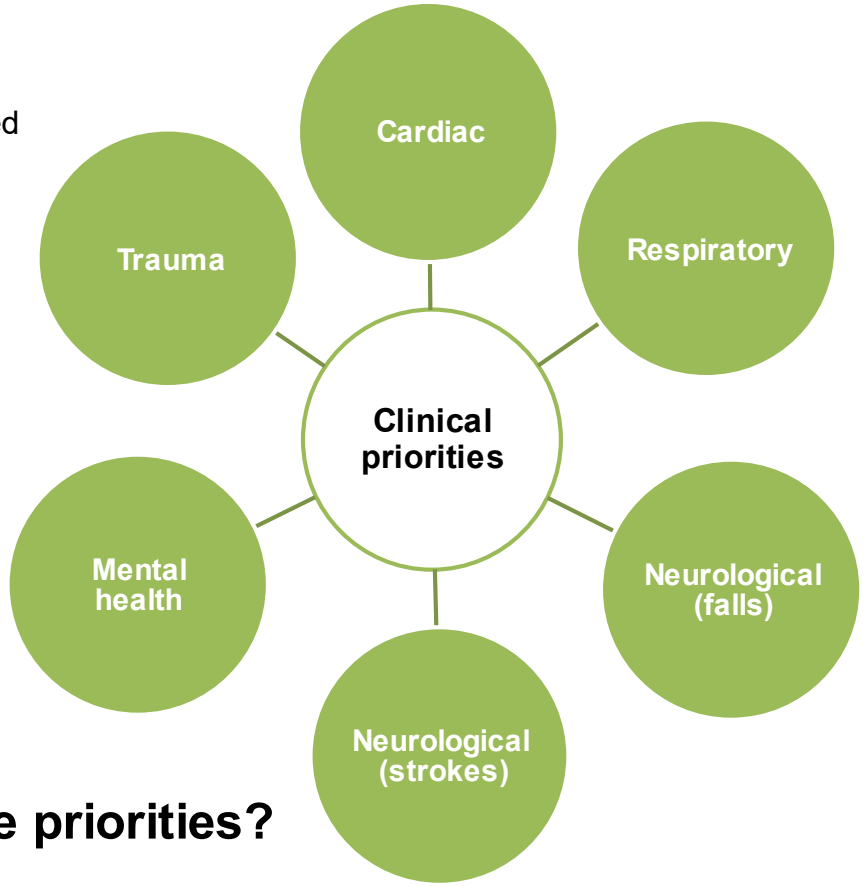
| **Fundamental principles** | Equity | Care closer to home | Joined up care | Consistent and Timely | Improved clinical outcomes | Safe and effective care | Reducing health inequalities | Personalised care |
|---|---|---|---|---|---|---|---|---|

# Our approach and how we will deliver this

To develop this strategy we built on the engagement feedback that informed our EMAS Strategy for 2023 -2028.

We also reviewed our clinical data and the current national and local context to inform our clinical and population group priorities.




## Why these priorities?

- ✓ Further improve patient outcomes and experience
- ✓ Conditions are high clinical risk
- ✓ Substantial amount of activity we undertake
- ✓ Partnership working opportunities

# Clinical priorities – our commitment

## Cardiac

- via 999 triage process, rapidly identify patients experiencing critical cardiac events
- dispatch appropriate clinical resources to provide swift expert care and transport
- pre-alert hospital to ensure timely treatment
- ensure the patient arrives at the right place first time
- give frontline staff 24/7 access to senior clinical advice to support decision making and manage risks
- ensure teams are trained to identify and treat range of cardiac conditions
- educate the public to perform cardio-pulmonary resuscitation and use automated external defibrillator

## Respiratory

- ensure our teams have necessary equipment, training and resources to undertake high-quality respiratory assessments
- remotely and/or in person triage and signpost patients to the most appropriate individualised care setting for them
- use effectively the clinical pathways available eg communitybased care, virtual respiratory wards or hospital at home, sharing self-care options, or emergency care
- streamline our handover and referral processes
- make every contact count (eg smoking cessation advice, flu support, improving patient inhaler techniques)

## Mental health

- ensure patients experiencing mental health crisis will be treated and appropriately referred to remain safe from harm
- develop care pathways to reduce avoidable hospital admissions
- give all frontline staff knowledge and skills to support provision of high-quality care
- use our data to build better understanding of NHS mental health outcomes to inform service developments

# Clinical priorities

## Trauma

- send most appropriately skilled resource to scene
- give staff 24/7 access to specialised trauma support and advice
- embed learning from incidents using data to support future responses
- work with regional trauma networks to support effective data sharing and develop more collaborative approach to joint training and education

## Neurological (Falls)

- where appropriate, proactively prevent fall related hospital admissions, focussing on reducing the time a person is on the floor
- where people have spent extended time on the floor, work with NHS partners to appropriately reduce hospital admissions
- utilise our Community First Responders for timely and appropriate falls responses
- patient referrals to falls prevention services to avoid future falls
- use data to identify care homes requiring support to reduce falls risk and reduce inappropriate 999 calls
- support the development of alternative pathways for hospital falls management


## Neurological (Strokes)

- develop our evidence-based response to strokes focusing on timely response
- improve our on-scene assessment and remote consultation capabilities
- enhance timely access to the right specialist care first time to improve patient stroke outcomes
- additional staff education and clinical supervision supporting rapid detection of suspected stroke
- reduce on scene times
- work with NHS partners to promote public awareness and education to identify early signs of stroke and associated preventative risk factors

# Population groups – our commitment

## Maternity

- develop maternity decision support tools for frontline staff
- buildin toour clinical operating model a remote clinical maternity support offer for crews to support clinical decision making and improve clinical outcomes
- appointment of consultant midwife to provide specialist clinical leadership and expertise to develop our maternity ambitions
- ensure patient need is supported by most appropriate clinical response
- reduce inequality and improve access to maternity services
- collaborate and share learning with maternity services, ensuring pathways are safe and effective

## End of life care

- deliver high quality compassionate care through the delivery of six national endof-life care framework ambitions
- reduce avoidable admissions, considering the personal needs and wishes of the patient and their families/carers
- collaborate with partners to increase completion and sharing of RESPECT forms (end of life care plans) to inform staff of the patient's wishes prior to ambulance arrival
- deliver specific education and training to staff to enable them to deliver person centred, compassionate care with confidence
- provide specialist equipment and medication to support dignified dying
- collaborate with health and care providers and hospices to improve delivery of coordinated patient care and shared learning

## Children and young people

- develop access to specialist clinical advice for assessment and decision making on scene, and increase hear and treat and see and treat responses where appropriate
- patients who require treatment will be taken to the most appropriate treatment facility, ensuring parents/carers accompany them to support a compassionate approach
- support work to improve health outcomes and reduce health inequalities
- use our data and collaborate with partners to develop services, promote wellbeing, and reduce avoidable harm (including physical and psychological)

# Population groups

## Frailty

- proactively assess patients for frailty risk factors to ensure early identification and intervention
- using the clinical frailty scale and additional staff training and education, support proactive, consistent, early identification of frailty, and effective prevention and management of frailty
- develop advanced practitioner roles to further support clinical and complex care decision making
- work with health and care partners on public frailty prevention and early identification campaigns
- where clinically appropriate, collaborate with partners to develop and enhance pathways to support and increase the number of patients with frailty (and their carers) to remain at home

## High volume service users

- work collaboratively with other health and care providers to support high volume service users to access appropriate services (general practice, community or mental health services) to support their needs
- develop a more effective joined up care plan approach across health and care organisations
- use data and intelligence to ensure proactive identification and ensure a more holistic joined up care approach for these patients
- appropriately increase our hear and treat response, reducing unnecessary and inappropriate deployment of emergency ambulances
- train and develop staff to manage on scene patients and to access support and advice through our enhanced clinical assessment

# Why are we proposing these changes in our clinical strategy?

The Clinical Strategy is aligned to these EMAS ambitions:


**The case for change:**

- Growing prevalence of long -term health conditions
- Impact of COVID -19 pandemic on mental health
- Pressure on acute hospital beds
- Longer ambulance response times nationally
- Elective care backlogs
- Concerns for staff wellbeing
- High staff vacancy rate
- Growing health inequalities gap
- Need for proactive and preventative support

# Our key measures – what our clinical strategy will deliver

↑ Safe, effective, and compassionate care

↑ Right care, right place, right person

↑ Co-ordinated care

↑ Patient outcomes

↑ Preventative healthcare

↓ Health inequalities

↓ Response times

↓ Inappropriate ambulance dispatch

## How is the Clinical Strategy different to our current provision?

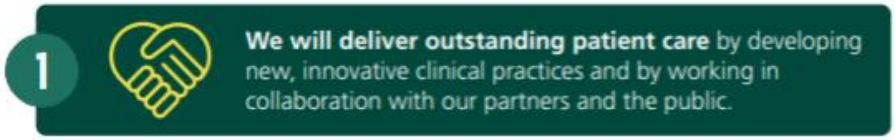
- increase our ‘hear and treat’ and ‘see and treat’ contacts, shifting away from always providing an ambulance and taking patients to hospital
- increase the skill mix of our workforce to achieve better patient outcomes for all clinical and population groups
- increased proactive, preventative approach to support the demand on the whole health and care system
- Increased focus on improving clinical outcomes

# Contents

## Purpose of our Clinical strategy

Our clinical strategy forms one of five enabling strategies, through which our 2023-2028 trust strategy will be delivered.

The clinical strategy aims to describe how we will **shift the balance towards delivering outstanding patient care by working in collaboration with system partners to support keeping patients safe and healthy at home.**




The Clinical Strategy is aligned to our trust ambition;

And associated strategic objectives;

1.1 We will ensure that patients are cared for in the most appropriate setting.

1.2 We will develop emergency and urgent/ non-emergency ambulance models ensuring we right size our capacity to enable delivery of the most appropriate response and meet ambulance response targets.

1.3 We will connect our services as seamlessly as possible with our partners and deliver our non-emergency ambulance offer in partnership with local systems maximising use of local pathways.

1.4 We will support effective system flow, recognising our role, working with partners, in supporting both admission avoidance and effective hospital discharge.

1.5 We will continually develop our emergency preparedness, resilience and response to major incident/ mass casualty events working in collaboration with national and local resilience partnerships and other national bodies to protect staff and public, minimising disruption to services and maintaining response to other emergencies.

And supports delivery of our ambitions;


And associated strategic objectives:

5.1 We will promote an organisational culture that champions reducing health Inequalities and preventative healthcare as core business.

5.2 We will work in partnership with our local health and care systems to better understand the needs of our communities through improved engagement, insight, and patient experience.

The clinical strategy describes our new clinical operating model and our strategy for responding to specific, high priority, clinical conditions, and patient groups, taking an

innovative and collaborative approach to ensuring the right care is delivered, by the right person, at the right time and in the right place.

## Developing our Clinical strategy

### Strategic Context

**The case for change**

- Whilst on average we now live for longer, many these additional years are not lived in good health. The growing prevalence of long-term health conditions, the impact of the COVID-19 pandemic on mental health and elective care backlogs for instance, places increasing strain on our current health and care services.
- The pressure on acute hospital beds remains persistently high and in 2022, 19 out of 20 beds across the NHS were occupied, impacting on the flow of patients within hospitals. This subsequently impacts on ambulance handovers and response times.
- 10.6 million calls were answered by ambulance services in England between April 2021 and March 2022. Around 7.9 million of these required a face-to face-response, which equates to around one per year for every seven people in England. With demand at times outstripping ambulance capacity this impacts on average wait (response) times for ambulances.
- In England, people are waiting longer than ever for ambulances to arrive. The number of the most serious ambulance callouts has at times been up by one third on pre-pandemic levels. Alongside increasing ambulance hospital handover delays, this has led to a marked deterioration in ambulance response times, impacting on patients' clinical outcomes.
- The impact of Covid-19 on NHS staff has been substantial and wide-ranging, with growing concerns regarding staff well-being, stress, and burnout. The number of vacancies in the ambulance sector almost doubled in 2021-22 along with increasing sickness absence rates. A fully staffed and healthy ambulance workforce, supported and enabled to do the job they are trained and want to provide is critical, and must remain a priority.
- A growing health inequalities gap in our East Midlands population, forecast to increase because of the recent cost-of-living crisis, is further widening the gap across local communities and impacting upon on-going health and care provision.
- Greater focus is needed on increasing proactive and preventative support to our communities to improve their overall health and well-being and enable them to live full and independent lives for as long as possible. This will not only have huge benefits for individuals, but it will also help to solve many of the demand and capacity problems the health and care sector is facing.

**The NHS Long Term Plan**

The Long-Term plan, published in 2019, set out the key ambitions for the health care system over the next 10 years. The plan focuses on delivering an NHS that is:

- More joined up and co-ordinated in its care.
- More proactive in the services it provides.
- More differentiated in its support offer to individuals.

Pertinent to the development of the EMAS clinical strategy is the focus to deliver a new NHS service model with the focus on 'out of hospital care' to allow patients to access more options, better support, and properly joined-up care at the right time in the optimal care setting.

It is this focus on 'out of hospital' care and providing services at the right time, in the right place and by the right person that underpins our new clinical operating model and overarching clinical strategy.

By achieving these ambitions, it will enable us to respond in a timelier fashion to those patients who clinically require a face-to-face ambulance response.

**Integrating care: Next steps to building strong and effective integrated care systems (ICS) Guidance** – NHSE November 2020

This national guidance focuses on the development of integrated care systems and sets out four core purposes of an ICS:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

As a healthcare organisation spanning and embedded within six ICS', we will consider in our clinical strategy the part EMAS is able to play in delivering on these aims and look to understand where working in collaboration and partnership with others will have most benefit for our patients, communities and workforce.

**2023/24 National Priorities and Operational Planning Guidance –** NHSE January 2023

As part of recovering services and productivity following the COVID-19 pandemic, this national guidance sets out the need to improve patient safety, outcomes and experience through improving ambulance waiting times, with a specific focus on improving category 2 response times. Actions to achieve this include, reducing ambulance hand over times and increasing the capacity in the ambulance service.

Our clinical strategy aims to support the delivery of these national ambitions.

**Delivery Plan for Recovering Urgent and Emergency Care Service's** – NHSE January 2023

The national delivery plan further details the actions urgent and emergency services need to take to support recovery following COVID-19. The direction of our EMAS clinical strategy is aligned to the intent set out within this plan, towards keeping more patients in the community where possible, better integration and partnership working with other services including 111, and a focus on our EMAS workforce and their health and wellbeing.

The delivery plan sets out the ambition to:

- Increase the clinical assessment of calls in Emergency Operation Centres (EOC), prioritising ambulances and increasing triage to other alternative services.
- Improve forecasting of demand and intelligent routing of 999 calls.
- Increase mental health expertise and provision within ambulance services.
- Provide access to clinical advice for paramedics through a single point of access.

In addition, the NHSE plan sets out five key areas of focus:

- **Increase capacity** – investing in more hospital beds and ambulances and making better use of existing capacity by improving patient flow.
- **Growing the workforce** – not just increasing the size but the ability of staff to work flexibly to support patients.
- **Improving discharge from hospital** – which should lead to an improvement in hospital ambulance handovers.
- **Expanding and better joining up of health and care outside hospital** –to enable people to be better supported at home for their physical and mental health needs.
- **Deliver the right care, in the right place, in a timely way**.

The expectation within this plan is for ambulance trusts to improve Category 2 response times to 30 mins on average over the 2023/24 period, and back to the 18-minute standard during 2024/25.

## Local Context

EMAS delivers clinical care to 4.8 million people, across 6,452 square miles and six integrated care systems.

We provide an extensive range of clinical services. From major incident, emergency, and urgent care, through to non-emergency patient transport services and emergency medical cover at events. We take nearly 3,500 calls a day and provide nearly 2,000 face-to-face ambulance responses daily.

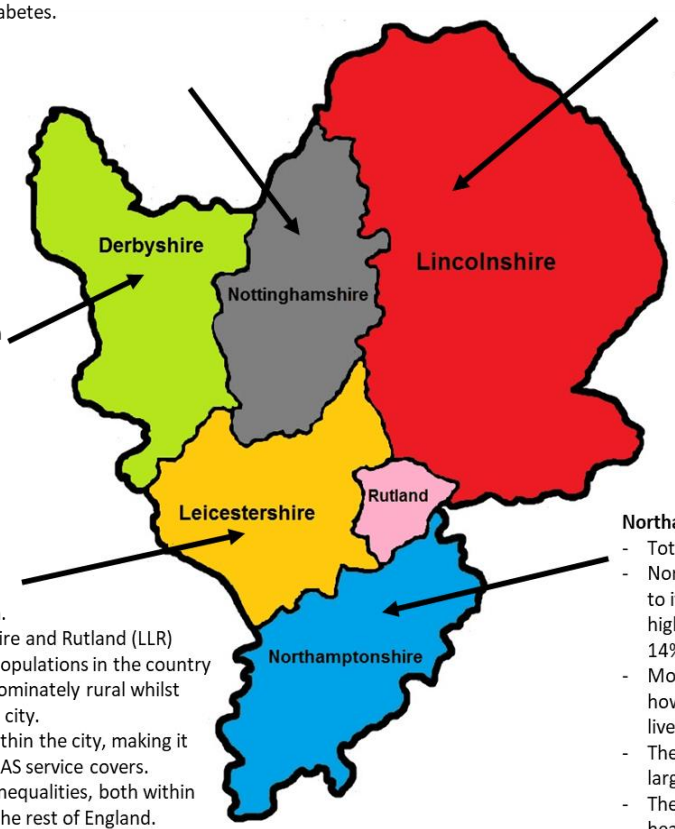
Delivering care across a vast geography is not without its challenges, especially when the different population health needs are considered, and there is variation in local infrastructures. To flex and adapt to local urgent and emergency care ambulance response requirements, EMAS operates out of five geographical divisions: Derbyshire, Leicestershire, Lincolnshire, Northamptonshire, and Nottinghamshire.

## Our Populations:

**Nottinghamshire**
- Total population of 823,126.
- Over the next 10 years, there is predicted to be a significant growth in the older population with a 38% increase in people over the age of 85
- The area is geographically diverse from a busy city centre, through to numerous rural ex- mining villages intersected by connecting roads and the M1 motorway.
- The area has large variations in levels of deprivation.
- As the older population grows, we can expect more people with moderate and severe frailty, heart failure, stroke, congestive heart disease, chronic obstructive pulmonary disease (COPD), cancer, hypertension and diabetes.

**Lincolnshire**
- Total population size is 768,364.
- Lincolnshire has an ageing population with 23% of residents over the age of 65
- Lincolnshire is the second largest county in England covering an area of 2,687 square miles.
- It is predominantly rural, with no motorways and little dual carriageway and 50 miles of coastline. Residents are dispersed across the city, market towns, rural and coastal areas
- Although the general pattern of deprivation in the county is in line with national levels, the towns and coastal strip have higher levels of deprivation than the rest of the county, with Skegness and Mablethorpe in the most deprived 10% neighbourhoods in the country.

**Derbyshire**
- Total population over 1 million people.
- By 2033, 27.5% of population will be over 65, number of over 75s will be more than 40% higher than today.
- Physical geography in Derbyshire can make providing ambulance care challenging with more limited access in rural areas
- There is high deprivation in Derby City and the Northeast which contrasts with the affluence of the Dales and South West
- The area faces challenges from an increasing ageing population and a growing number of the population requiring support for mental health needs.




**Leicestershire**
- Total population of LLR is 1.1 million.
- The people of Leicester, Leicestershire and Rutland (LLR) represent one of the most diverse populations in the country
- Leicestershire and Rutland are predominately rural whilst Leicester city is a densely populated city.
- High deprivation levels are found within the city, making it the most deprived area that our EMAS service covers.
- The area is marked by stark health inequalities, both within the area and when compared with the rest of England.
- Deprivation is considered one of the biggest health challenges for the ICB.

**Northamptonshire**
- Total population is 715,000.
- Northamptonshire has had a significant increase to its population over the past 10 years with the highest increase in England. A further increase of 14% is expected over the next 20 years
- Most of the population live in urban areas, however the majority of the over 65 population live in rural areas.
- The majority of poverty and income deprivation is largely concentrated around Northampton town.
- The diseases that are responsible for most ill health and early deaths in the area include: cancers, heart disease, chronic lung disease, musculoskeletal conditions, and poor mental health.

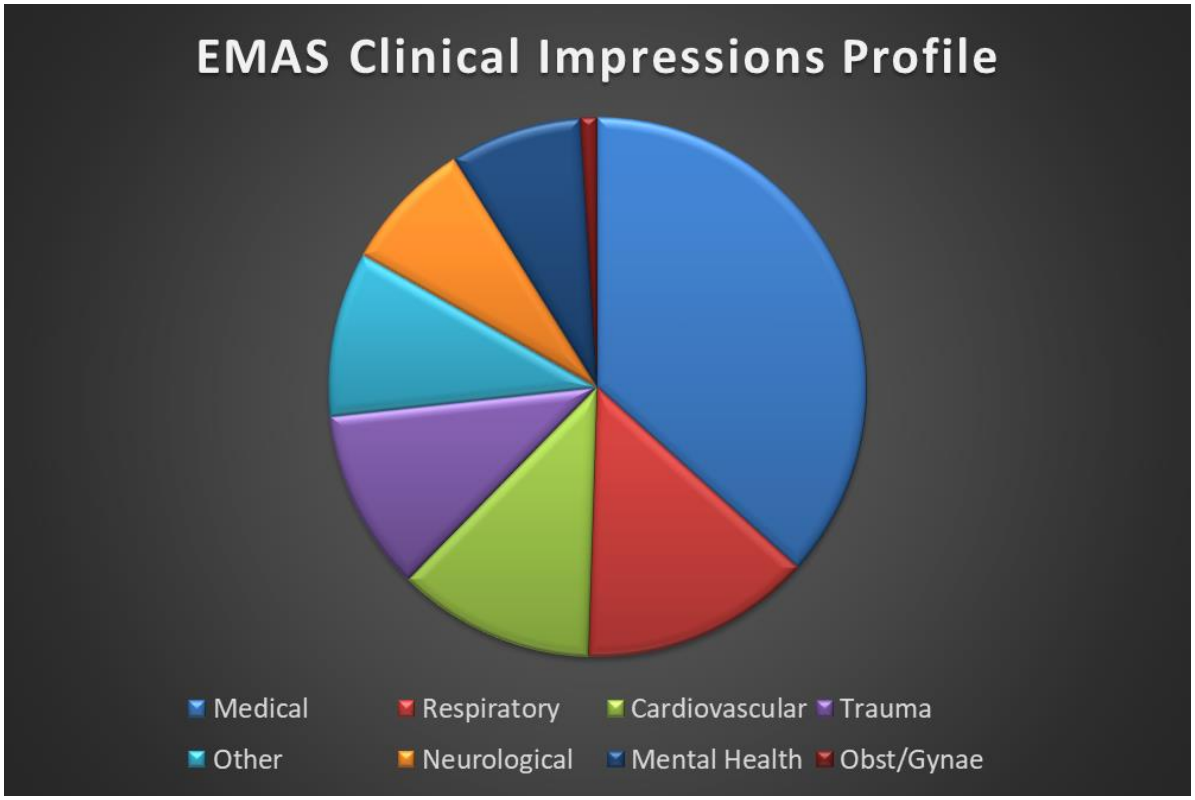
## Our Clinical Data

Despite the differences seen across our EMAS footprint, consistency remains in the clinical conditions our patients are experiencing, and to which our clinical workforce is therefore supporting or responding to.

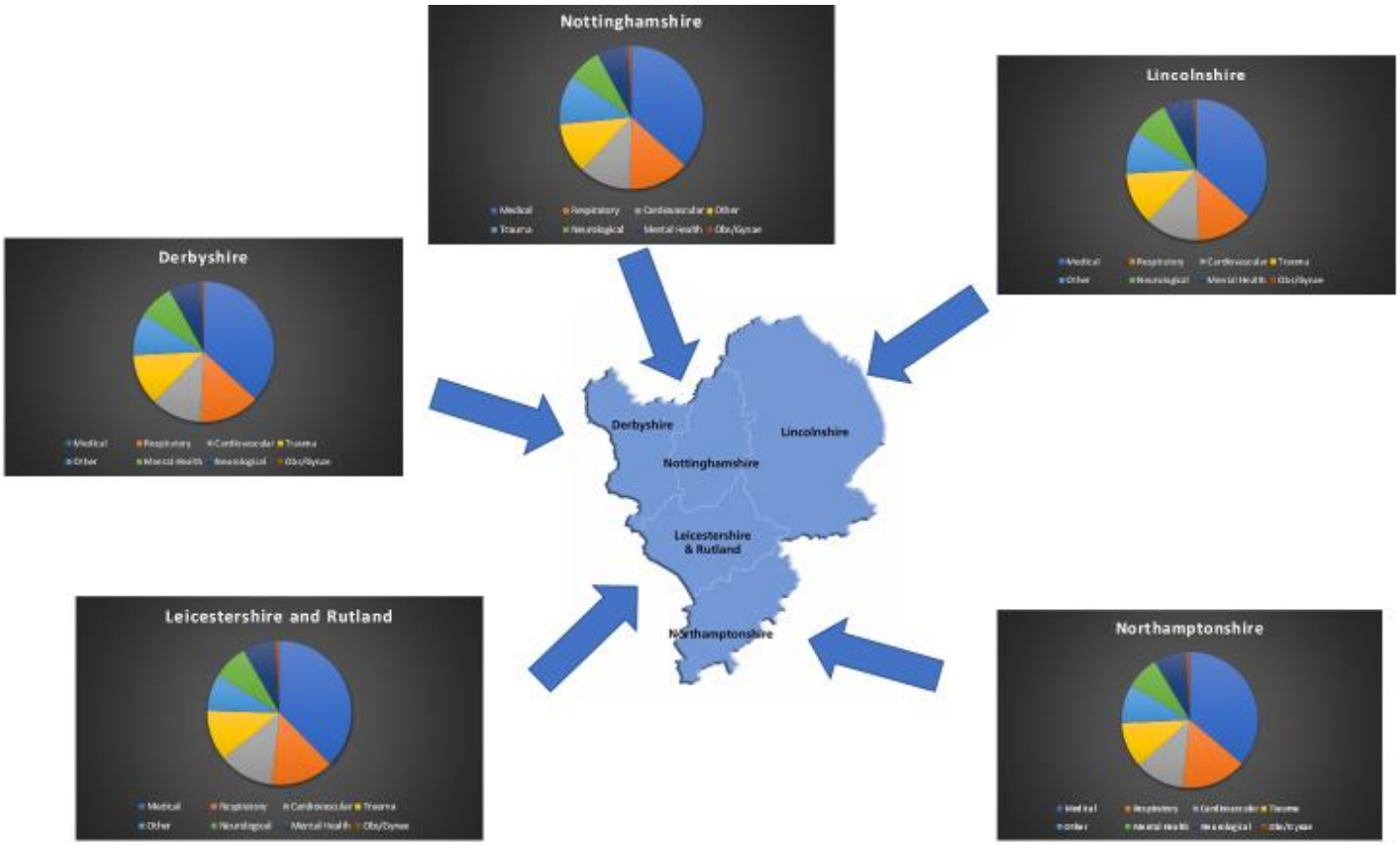
Analysing our 2022 EMAS clinical impressions data, the key clinical conditions can be categorised into eight clinical groups: medical, respiratory, cardiovascular, trauma, other, neurological (including strokes and falls), mental health and obstetrics and gynaecology conditions.

Despite the population variations seen across our five EMAS geographical delivery divisions, this top eight remains consistent, as seen below.

EMAS Top Eight Clinical Conditions Profile 2022:



2022 Clinical Conditions Data Broken Down to Local Divisional Footprints:




As part of our EMAS plan to support the national "Delivery Plan for Recovering Urgent and Emergency Care Service's" we are already focusing our energies on developing targeted improvements related to the "medical" group, identified by our data.

We have developed divisional data dashboards highlighting clinical areas where variation is evident. This analysis is being used to inform local clinical conversations and facilitate sharing of best practice across our divisions and within EMAS. We have already started to see positive impacts of these improvements on recent data, and plan to adopt this approach and methodology (data driven and clinically led) going forward to underpin and support our clinical strategy.

## The views of our people, public and partners

Our clinical strategy has been developed in collaboration with staff, system partners and patients to ensure that it reflects the needs and ambitions of the systems we operate in and the populations we serve.

### The views of our public

We engaged with the public on what matters most to them. The following themes were reported and have been considered in our clinical strategy development.

- Response times
- Compassionate care
- Investing in, developing, and supporting staff
- Using technology and digital opportunities
- Patient and public education and collaboration

### The views of our partners

We spoke to our partners across our integrated care systems to collect feedback and ensure that our strategy aligns with our wider health care system strategies.

Priority areas highlighted by our partners are detailed below and have helped to shape our strategy development.

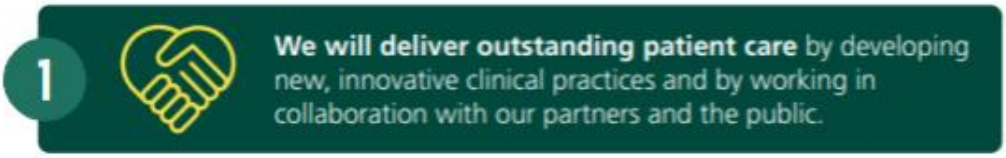
- A more patient centred, holistic approach with a key focus on reducing health inequalities.
- Supporting staff and the public to understand that not all patients need to be taken to hospital.
- Ambulance crews with the skills and confidence to support a patient to stay at home.
- Timely response, clinical assessment and transportation of those patients who do need to be taken to hospital.
- Rotational role opportunities, and joint training opportunities, with progression for staff within the health and care system, enabling better joined up care and sharing of best practice.
- Ongoing EMAS engagement in system working groups to ensure alignment with local priorities and better communication across the systems.
- Local alignment where appropriate, recognising the challenge EMAS faces in working across multiple integrated care systems.
- Shared patient records, better data sharing and collaborative data collection.
- Better integration between EMAS and other teams, including senior clinical decision making to support crews on scene.

## The views of our staff

We engaged with staff from across the trust to find out what challenges they face day-day, what areas of future improvement and development they think are the most important and what they think about the proposed clinical operating model and areas of focus.

## Our Clinical Strategy

The overarching ambition of the clinical strategy is:




The overarching objectives is:

**We will ensure that patients are cared for in the most appropriate setting for their needs** by *suitably trained staff and using an (evidence-based and/or effective) practice approach)*

### Principles

Our clinical strategy is underpinned by six guiding principles.

- Putting the **patient at the centre** of all we do, and ensuring we take a **holistic approach** to providing clinical care.
- Developing a **personalised care** approach by enabling patient choice, **shared decision making,** and **community-based support** approaches
- **Clinical collaboration** and **integration** by default
- To strive for **equity in all we do**, to **reduce health inequalities** and **improve clinical outcomes** for all.
- Design and **deliver clinical care as close to our local populations** & patients as is possible.
- A culture of **Trust, psychological safety, and civility,** to support patient care and colleague wellbeing.

## Clinical operating model

### Our vision

Our clinical operating model is designed to ensure that patients receive the right care, at the right time, from the right person in the most appropriate location for their clinical needs. This covers the full spectrum of our services from major incident, through to urgent and emergency and planned care (i.e., non-emergency patient transport services).

EMAS services can be accessed through a variety of mechanisms: 999 calls, referrals from 111 calls, digital access, or referrals from health care professionals. At the point of access, non-clinical and clinical assessment takes place, using a multi-disciplinary clinical assessment approach and the NHS pathways triage tool, supported by a directory of wider services.

This is to support clinically prioritising patients to ensure the most appropriate response for the patient is achieved, proportionate to their clinical needs. These principles of prioritisation will also underpin our planned care delivery model.

The model reverses the assumption that every patient needs an ambulance. Instead, it will support a wider range of responses, matched to the patient's needs, and ensure we utilise the most appropriate services for the patient from across our health and care systems (including the options of supporting patient self-care).

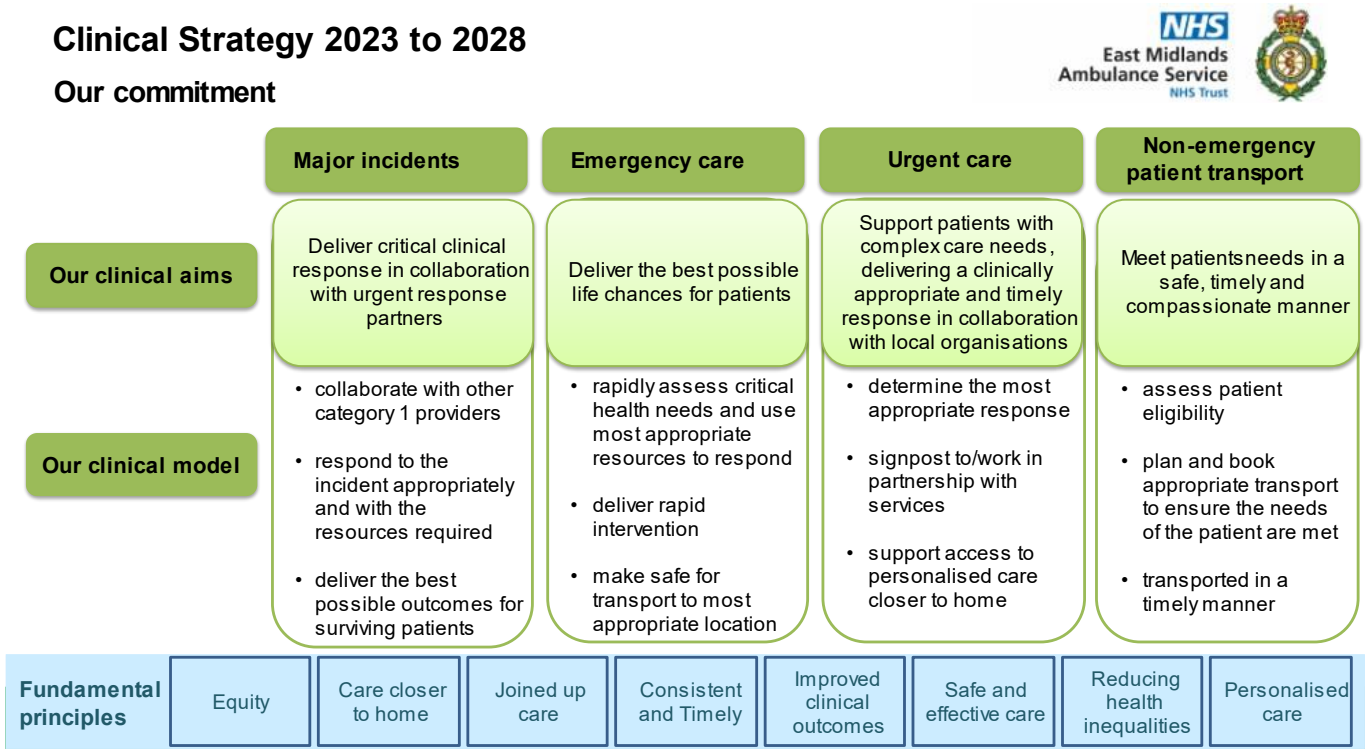
We will ensure a personalised response with appropriate assessment, response, and transport (if needed) dependant on the nature of the patients' clinical needs.

In **an emergency**, life threatening, time critical situation, patients will be rapidly assessed, and the most appropriate ambulance resource sent immediately. The responding clinical support will have the correct skill sets and training to respond to the critical health needs, deliver rapid intervention and make the patient safe for conveyance (transportation). We will ensure an efficient and effective conveyance of patients, to the most appropriate destination first time, and in a timely way to improve patients' clinical outcomes.

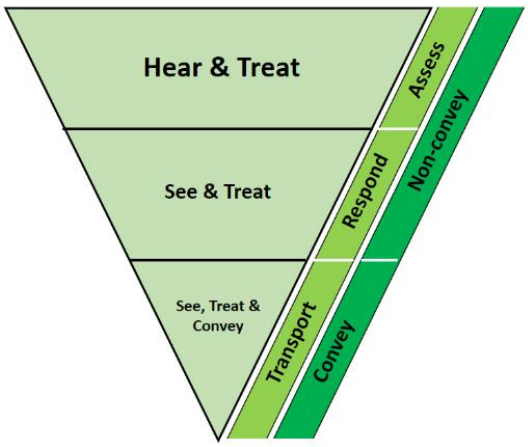
In **an urgent** situation, that requires an intervention from a health or social care professional, we will determine the most appropriate response through assessment. During assessment, calls will be clinically triaged, and an appropriate clinical response will be decided which may be in the form of onward signposting outside of EMAS (matched to the patient's clinical needs), self-care or further EMAS clinical involvement. The response will be appropriate, effective, and personalised, in or as close to the patients home as possible and in partnership with other community services. For these patients, we will minimise the need for ambulance conveyance (where clinically appropriate), focusing on improving outcomes outside of the hospital.

Where a **response is planned** for a known patient transport need, we will assess the eligibility of the patient and enable planning and booking of appropriate transport. The response will be personalised to the needs of the patient, ensuring they can be transported to

medical appointments, to a variety of care settings or home after discharge. Transportation will be within an agreed timeframe.




Our new model will aim to increase hear and treat (patients offered support, advice and onward referral or signposting to other services without need for an ambulance to attend) and improve our ability to match clinical need with the appropriate clinical response (including signposting and self-care). We will only send an ambulance response to those deemed to clinically need this (therefore improving our ambulance response times). This model can be considered as "inverting the pyramid", with fewer of our calls resulting in a see, treat and convey response (deployment of an ambulance).




To support a model that delivers more hear and treat and see and treat, we will operate a more comprehensive multi-disciplinary team (MDT) within the clinical assessment hub. This will increase our clinical assessment capabilities and ensure more effective utilisation of clinical triage as well as the MDT's currently operating within our ICS' (i.e., becoming a trusted referrer into ICS's Clinical Assessment Services). By using technology solutions this will enable us to view patient records and safely pass patients between services.

Our enhanced and expanded clinical assessment function will provide further clinical triage following the initial non-clinical NHS pathways triage. This MDT will be made up of a variety

of specialists, for example, pharmacists, advanced practitioners, mental health practitioners, social care professionals, and be able to offer specialist clinical advice over the phone and signpost callers to the most appropriate services. This team will also provide clinical support to crews on scene to help manage risk and support clinical decision making. This function will support the full spectrum of clinical conditions from critical and enhanced patient care issues (including trauma), through to less urgent clinical care needs, ensuring we can support physical and mental health needs in equal measures. We will explore the effectiveness of delivering this through a "hub and spoke" approach with more localised clinical teams, as well as the ability to deliver some of this function remotely and/or virtually.

To support our enhanced assessment, we will need to continue to work with key system partners to ensure we have optimised the interfaces between us, to ensure the right services are assessing the patients' needs first time (i.e., collaboration with NHS 111, ICS clinical assessment services, urgent community response services).

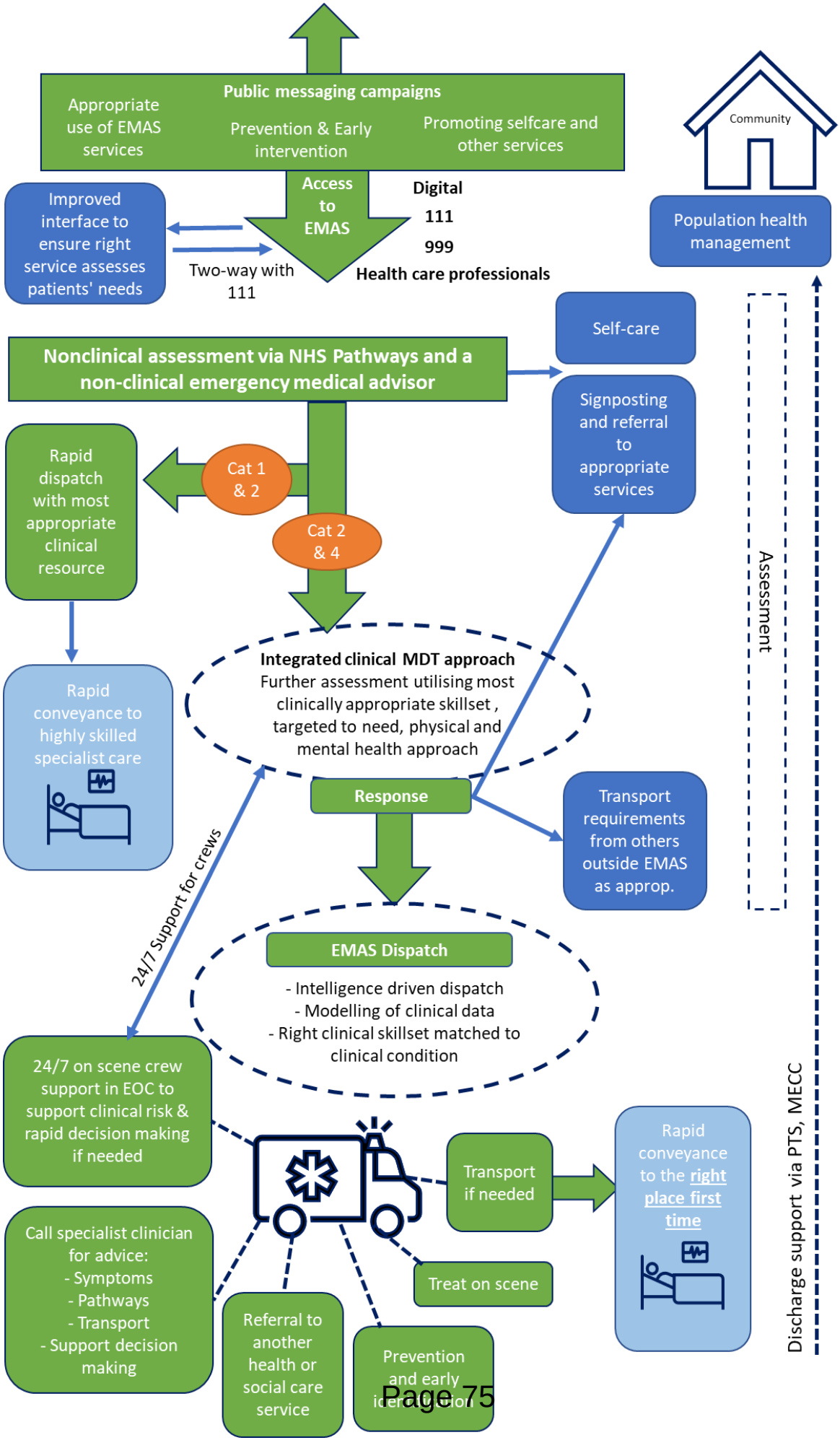
When an ambulance response is required due to a clinical need, ensuring the most effective and efficient ambulance dispatch process will be critical. We will explore the options around developing an intelligence driven despatch system to help support our ability to match and dispatch the right clinical skill set with the patient's clinical condition and needs. This will ensure clinical crews with the skills and confidence to support a patient with complex health conditions to stay at home are dispatched accordingly, as well as a timely response, and transportation of those patients who do need to be taken to hospital by alternative skill sets.

We will scope and develop, alongside our integrated care systems and staff, an offer to flex and more effectively integrate our emergency and urgent services with our planned care (NEPTS) offer considering areas such as patient discharge and the ability to support the urgent and emergency care system during periods of high demand.

We will support our planned care teams through wider education of certain clinical conditions (e.g., end of life care to support fast-track hospital patient discharges) to ensure they feel confident and enabled to support people's health and care needs and are supported to make every contact count.

For our clinical operating model to be successful we will need to continue to work alongside our public, our communities, our systems, and our staff to engage and communicate how we will adapt the way we work across EMAS to support and deliver urgent, emergency care and planned care in the future.

## Clinical operational model in practice:



## Clinical Operating Model Objectives

- We will ensure that patients are cared for in the most appropriate setting based on their health and care needs.
- We will implement a new decision support tool platform (NHS pathways) and integrated multidisciplinary clinical triage approach to enable effective triage of 999 calls and prioritising patient's needs based on clinical risk, using a population health management approach.
- We will embed signposting to the most appropriate setting (ensuring we support more effective and appropriate use of other resources within systems or supporting patient self-care)
- We will develop our education and communication offer to improve public awareness and understanding of 999 services and when to use them.
- We will identify and implement opportunities for better integration and collaboration between 999 and 111.
- We will explore and develop collaborative clinical assessment workforce models (e.g., rotational roles and joint training), enabling sharing of clinical workforce and best practice across providers and within systems.
- We will connect our services as seamlessly as possible with our partners and deliver our non-emergency ambulance offer in partnership with local systems maximising use of local pathways and resources.
- We will work with our ICS' urgent care hubs to ensure optimal utilisation of available resources to support patients' health and care needs and develop a more integrated MDT approach working across our divisions and local communities.
- We will work towards (when an ambulance response is required) ensuring the right clinical skill set is deployed to support the patient's health and care condition and needs.
- We will further develop and optimise our resource deployment model, including people, vehicles, and equipment, to reflect any shift from "acute" conveyance/transportation of patients, towards community based urgent care. As implementation of this model progresses, we will need to continue to calibrate the optimal clinical skill set, vehicles and equipment required to keep pace and reflect changing patient's needs.
- We will explore and consider the capabilities needed to develop and deliver an Intelligence driven dispatch function.
- We will develop a consistent 24/7 clinical on-scene support function for crews to utilise (across the spectrum of clinical conditions) within our EOCs to support clinical risk and on-scene decision making.

- We will work in partnership with other health and care providers to develop (where clinically appropriate) more specialized clinical support and expertise offers to support crews on scene with decision making.

## Clinical operating model in practice

### Joan's story

Joan is a 74-year-old lady who lives alone and has been feeling a bit wobbly on her legs for the last few weeks. On waking up and getting out of bed her legs give way and she ends up on the floor.

This is her second fall of the week. She feels shaky, disorientated and anxious, but fortunately has an alert pendant to hand. After pressing this, carers are unable to establish Joan's condition so call 999, as they feel she needs to be checked over and is at home alone.

Our call handlers ask a series of questions which identify that she has sustained a non-injury fall. Instead of sending an emergency ambulance, a Specialist Paramedic is sent who conducts a thorough and holistic assessment.

They find her blood pressure on standing is low which accounts for her symptoms and arrange for her blood pressure medications to be reviewed by her GP. They also arrange for the community urgent care response team to assess her case and they arrange to visit Joan that day. They also notice her walking is unsteady and arrange a follow up appointment through the falls team to provide ongoing physiotherapy support which improves Joan's mobility.

Following this Joan is no longer falling, having had her tablets changed and she feels much more confident to cope and manage at home.


29

## Major Incident Response (Emergency Preparedness, Resilience and Response (EPRR))

Major incident management is another critical element of our overall clinical operating model provision. This covers not only how we respond to a major incident, but how we manage an incident's impact on delivery of our other services. Because of the critical nature of this response and its priority within the Trust, we have set out several specific objectives for this element of our operating model to ensure continued focused improvements.

### Overarching ambition statement

***We will work collaboratively with other Category 1 responders to ensure an integrated response to Major Incidents, Mass Casualty events and Marauding Terrorist Attacks.***

During a major incident, our five key objectives are to,

1. Ascertain the medical treatment capacities required by those at scene and liaise with potential receiving hospitals to clarify their capability and capacity and potential expansion of the site facilities.
2. The identification, cohorting and repatriation of surviving patients.
3. To ensure safe systems of work are in place to maximise staff safety for responders at any EPRR related event or incident.
4. To coordinate deployable medical assets in the affected area and establish off-site treatment facilities.
5. To ensure effective command and control arrangements, co-ordination and communications are established.

To ensure we can respond effectively to a major incident, our priorities over the next five years are to:

- Embed learning and recommendations from the Manchester Arena Inquiry.
- Work collaboratively with other Category 1 responders to conduct regular training and exercising for all commanders, senior clinicians, specialist, and non-specialist resources.
- Conduct regular training for all staff.
- Implement the new Major Incident Triage Tool (MITT) and ten second triage tool.
- Ensure appropriate equipment on all front-line vehicles e.g., increased stretcher capacity and provision of triage packs.
- Develop our major incident response based on updated national guidance from NHS England (NHSE), National Ambulance Resilience Unit (NARU), Joint

Organisation Learning (JOL) and the joint decision model to support effective joint decision making between organisations (JESIP).

- Achieve full compliance status in relation to the NHSE EPRR Assurance standards.

To achieve our ambitions, we will work in collaboration with partners to ensure a co-ordinated response. This will include:

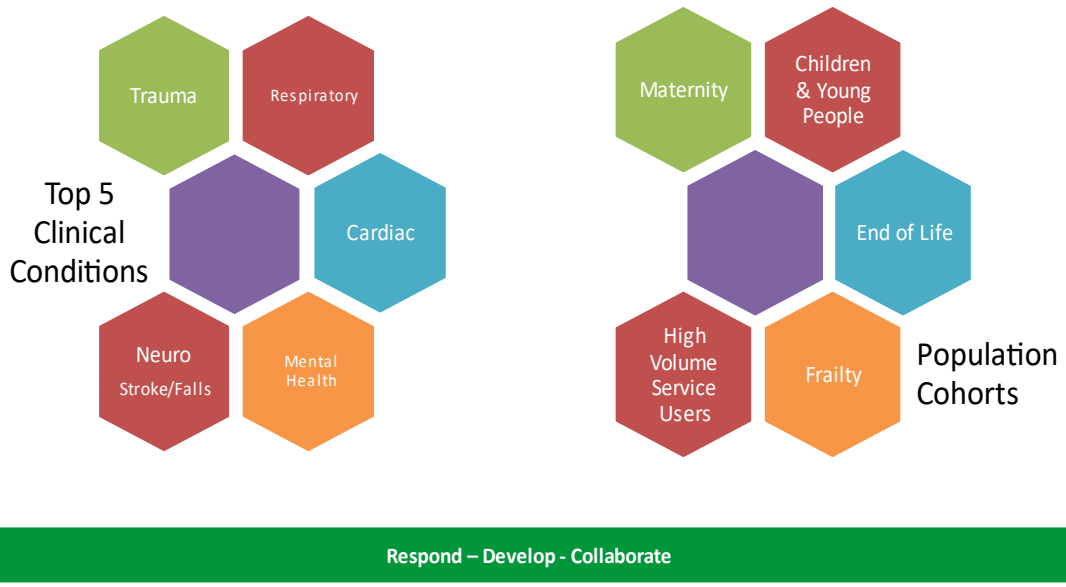
- Regular training and exercising with other Category 1 responders, including NHSE, ICB's, police, fire and the military.
- Participation at a senior level in all Local Resilience Forums and Local Heath Resilience Partnerships.
- Working closely with other partner organisations such as air ambulance services, voluntary groups, and specialist responders, which will include training and exercising.
- Engaging with National EPRR related Groups (and partners) to advance the National EPRR strategy.

## Clinical Conditions and Population Cohorts

Using our data and views from our people, patients, and partners we have identified five evidence based clinical conditions and five population cohorts on which we wish to focus our improvements over the next five years.

These have been chosen for the following reasons.

- They make up a high proportion of the activity we undertake.
- It is an area with high clinical risk potentially associated with it.
- There are partnership working opportunities to collectively improve pathways of care.
- There is an opportunity to further improve patient outcomes and experience.




### Overarching ambition statements for conditions and populations

For each area of focus we have defined a 5-year ambition statement to guide our decision making and direction through this clinical strategy.

## Clinical Conditions

**Trauma .** We will ensure our workforce are skilled and prepared to respond to trauma and have 24/7 access to specialised trauma support and advice. This will occur alongside a continued focus on working in partnership with local providers to improve patient outcomes.

**Cardiac-** We will rapidly identify patients experiencing time critical cardiac events via our 999 remote triage processes, and dispatch appropriate clinical resources without delay to

provide swift and expert care and transport utilising acute pathways with partner NHS Trusts to ensure the patient arrives at the right place first time.

**Respiratory -** We will triage, remotely and in person, and signpost patients experiencing respiratory symptoms to the most appropriate individualised care setting for them. Be that community-based care with partner agencies, patient self-care, or emergency care delivered by our skilled clinicians and partner acute trusts.

**Mental Health**- We will ensure that patients experiencing mental health crisis will be treated and referred appropriately, whilst ensuring that the least restrictive options are used.

**Neurological (Falls)** – We will proactively prevent fall related hospital admissions where appropriate, with a focus on trying to reduce the time a person is on the floor. Where people have spent extended time on the floor, we will work with system partners to reduce admissions where appropriate by supporting the development of alternative pathways to support and further assess out of hospital.

**Neurological (Strokes)** – We will develop our evidence-based response to strokes focusing on timely response, improving our on-scene assessment and remote consultation capabilities, and enhance timely access to the right specialist care first time to improve patient stroke outcomes.

## Population Cohorts

**Maternity -** We will deliver high quality compassionate care for individuals with maternity care needs, recognising the need to reduce inequality and improve access to maternity services.

**Children and young People** - We will work towards improving the health outcomes and reducing healthcare inequalities for service users who are Children and Young People. We will develop our services to meet the needs of patients and staff to reduce avoidable harm (including physical and psychological) and promote wellbeing.

**End of life care -** We will deliver high quality compassionate care for those individuals with end-of-life care needs through the delivery of the 6 national ambitions set out in the end-of-life care framework.

**Frailty -** We will support effective prevention, identification and management of frailty supporting appropriate clinical decision making on scene.

**High volume service users -** We will work collaboratively with systems and other health and care providers to support high volume service users to access appropriate services to support their needs, including patient signposting and developing a more effective joined up care plan approach across organisations.

## Trauma

***We will ensure our workforce are skilled and prepared to respond to trauma and have 24/7 access to specialised trauma support and advice. This will occur alongside a continued focus on working in partnership with local providers to improve patient outcomes***.

**Why?**

- Every year across England and Wales, c10,000 people die after injury (TARN 2000)
- Trauma is recognised as being a leading cause of severe disability and loss of independence thus the reduction of injury and appropriate management is paramount.

**Our Vision**

**Assessment** - We will promote the adoption of a harmonised Major Trauma Triage tool to align with other local ambulance services and ensure an evidence-based approach to assessment.

**Response** - We will introduce a 24/7 complex care remote clinical support team, providing support to crews, improving identification, clinical triage, and improving the deployment of an enhanced care team support. We will ensure that the most appropriately skilled resource is sent to the scene.

**Transport** - We will ensure that patients are transported to the most clinically appropriate location, first time, pre alerting the hospital.

**Enabling the work force** - We will deliver an enhanced package of training to enable staff to have the knowledge and confidence to manage trauma.

**Data -** We will embed learning from incidents across the organisation using data to support our future actions and support health promotion strategies.

**Partnership working** – We will continue to work through our regional trauma networks to support more effective data sharing and learning from incidents and develop a more collaborative approach to joint training and education.

**Case study example**

Dad Aamir phones 999 in a panic as his son, Ravi is unconscious after falling off a climbing frame in the park and looks to have sustained a nasty leg injury. A category One call is made and a Paramedic double crewed ambulance, Specialist Practitioner and Air ambulance is deployed, with the first ambulance at Aamir and Ravi's side in 6 minutes.

The Crew and Specialist Paramedic assess Ravi who is now awake and although has serious injuries is able to be managed without the requirement of the air ambulance. The air ambulance is subsequently cleared to be available for other critically ill patients and Ravi is now pain free having been prescribed enhanced medications by the Specialist Practitioner and subsequently taken to the most appropriate hospital. Dad Aamir travels with Ravi to hospital and is grateful that despite his son's broken leg he is now awake and receiving timely treatment in their local hospital and most importantly pain free.

**What does success look like?**

- All front-line staff will feel confident and well equipped to manage a major trauma.
- A consistent approach to triaging trauma patients across the region, driving out clinical variation and ensuring a standardised approach across providers
- Senior specialist clinical advice and decision making available within the Trust 24/7 to support front line crews' decision making and ensuring the most appropriate and timely clinical resources are sent to support
- Improved patient outcomes by working in partnership with key local providers of trauma care.

## Cardiac Conditions

***We will rapidly identify patients experiencing time critical cardiac events via our 999 remote triage processes, and dispatch appropriate clinical resources without delay to provide swift and expert care and transport utilising acute pathways with partner NHS Trusts to ensure the patient arrives at the right place first time.***

**Why?**

- Heart disease covers a range of conditions that affect the heart: including blood vessel disease, irregular heartbeats, congenital heart defects, disease of the heart muscle and/or valves and is one of the main causes of death and disability in the UK.
- Cardiac chest pain is the second most frequent clinical conditions responded to across EMAS.
- Sudden cardiac death remains a major cause of death and morbidity in the UK. The incidence of out-of-hospital cardiac arrest (OHCA) is approx. 55 per 100,000 people. 72% of these occur at home. Resuscitation is attempted in about 45% of cases, of which approximately 20% achieve a return of spontaneous circulation (ROSC) by the time they arrive at hospital, and around 5% survive to leave hospital (Survival to Discharge).
- Improving outcomes & survival for OHCA remains a top clinical priority for EMAS & our 2021-2026 EMAS Resuscitation strategy "Saving more lives from out of hospital cardiac arrests" actions need to continue be implemented. This specific strategy must remain a core component within our future clinical strategy.
- Treatment of cardiac conditions can be time dependant and requires rapid identification, intervention, and conveyance for further time critical treatment.
- Many types of heart disease can be prevented or treated with healthy lifestyle choices.

## Our Vision

**Assessment** - We will ensure rapid identification of critically ill cardiac patients and support improved coordination of the correct clinical skills and resources to scene, through the development of a complex care clinical support team.

**Response** – Educate the public to perform cardio-pulmonary resuscitation (CPR) and use an automated external defibrillator (AED) to support out-of-hospital cardiac arrests and ensure where appropriate community first responder volunteers are deployed to commence timely resuscitation, with front line crews and volunteers being supported by Cardiac Arrest Leader (CAL) trained clinical leads.

**Transport** - We will ensure the patient is transported to the most appropriate hospital setting, first time and use an early pre alert to ensure timely access to treatment on arrival.

**Enabling the work force** – We will ensure our teams are appropriately trained to identify, manage, and treat a range of cardiac conditions and ensure our front-line staff will have 24/7 access to senior clinical advice to support decision making and management of risk.

We will continue to increase, support, and adequately train our growing network of community first responders across our footprint to support out of hospital cardiac arrest outcomes.

We will continue to increase our Cardiac Arrest Leader (CAL) numbers.

**Data** - We will continue to work towards on-going improvements in our national ambulance clinical quality indicator (ACQI) cardiac outcomes measures and review the clinical outcome variations across of divisions. Where these occur, we will develop a specific local action plan to reduce cardiac outcome inequalities.

We will look to share our clinical data with systems where appropriate, to help with the identification of specific risk factors for heart disease (for example, blood pressure measurements)

**Partnership working -** We will work with partner organisations, the public, and our community first responder schemes to increase the numbers of people trained to provide effective CPR and use of AEDs to support out of hospital cardiac arrests.

We will work with local healthcare providers to ensure our front-line staff have access to appropriate and adequate cardiac pathways to ensure the patient is taken to the right place first time.

We will support public awareness campaigns highlighting the signs and symptoms of heart disease and its associated risk factors and healthy lifestyle choices.

**Maya's cardiac journey**

Maya called 999 when she felt pressure in her chest and pain in her left arm. Her call was answered by EMAS' emergency operations centre, where her symptoms are recognised as a potential heart attack. The nearest available ambulance is immediately dispatched.

On their arrival, the ambulance crew acts promptly, recognising that Maya's symptoms could indicate that she is having a heart attack. They record a heart trace reading, which confirms that Maya is indeed experiencing a heart attack. The heart trace reading is sent electronically to the specialist cardiac centre, whilst the paramedic initiates emergency drug treatment in her home.

Maya is transported in the ambulance with blue lights and sirens. When they arrive at the hospital, the specialist cardiac team are on standby, waiting to take Maya directly to the operating theatre where she will receive an operation to unblock the artery in her heart that is causing the heart attack. Less than 45 minutes ago Maya was calling 999, now she is in the right place, receiving treatment that will save her Life.

**What will success look like?**

- Increased rates and confidence by individuals to undertake bystander CPR and use public accessible defibrillators (AED) – prior to the arrival of our frontline crews.
- More rapid identification by EMAS of a working cardiac arrest / active resuscitation, ensuring rapid response by the right clinicians and resources to improve out-of-hospital cardiac outcomes, with staff feeling appropriately skilled and supported to ensure delivery of high-performance CPR.
- Reduction in cardiac inter-hospital transfers where patients have not been transported to the right place first time.
- On-going improvements in our EMAS metrics across our cardiac clinical and quality indicators, leading to better clinical outcomes and a reduction in outcome variations currently evident across our footprint.
- Patients with acute coronary syndrome and STEMI (a type of heart attack) will receive swift identification and rapid transportation to a specialised PPCI (primary percutaneous coronary intervention) facility for life-saving intervention.

## Respiratory Conditions

***We will triage, remotely and in person, and signpost patients experiencing respiratory symptoms to the most appropriate individualised care setting for them. Be that community-based care with partner agencies, patient self-care, or emergency care delivered by our skilled clinicians and partner acute trusts.***

**Why?**

- Respiratory disease affects one in five people and is the third biggest cause of death in England. Lung cancer, pneumonia and chronic obstructive pulmonary disease (COPD) are the biggest causes of death.
- Hospital admissions for respiratory disease have risen at three times the rate of all admissions in the last seven years.
- During winter, respiratory disease admissions double in number and are a major contributing factor in the winter pressures the NHS experiences every year.
- Incidence and mortality rates from lung conditions are higher in areas of deprivation and in disadvantaged groups, leading to worsening health inequalities and poorer outcomes. Our more deprived areas tend to have higher smoking rates and exposure to higher levels of air pollution, poorer housing conditions and greater exposure to occupational hazards.

**Our Vision**

**Assessment** - We will develop a patient centred triage and assessment approach to patient's experiencing respiratory conditions, supporting enhanced clinical prioritisation to determine the timeliness of intervention needed and helping to identify the right clinical skill set required to support, be that within EMAS or in the wider health and care services, or through self-management strategies.

**Response -** Our enhanced clinical assessment will support a wider range of responses, from deploying the most appropriate clinical resource within EMAS or the wider health and care setting, through to appropriate utilisation of virtual wards and patient self-care.

**Transport** - We will ensure those patients requiring further acute intervention are taken to the right place first time, streamlining our handover and referral processes to ensure patients receive prompt and efficient care.

**Enabling the work force** – We will ensure our workforce has the necessary equipment, training, and resources to undertake high-quality respiratory assessments, to not only support patients' emergency and urgent care requirements, but also provide appropriate prevention and future self-care management support.

**Data -** We will improve our data capture capabilities to be able to analyse and monitor wider aspects of respiratory care within EMAS to drive improved respiratory clinical outcomes.

**Partnership working -** We will work with partners to improve direct access to emergency and urgent respiratory pathways and specialist advice for our crews, so they are supported in clinical decision making, and we can ensure our patients arrive at the right setting to manage their care in a timely and effective manner.

We will work with systems to further develop our ability to support and effectively utilise virtual respiratory wards or hospital at home services, to support patients to stay at home where this is clinically appropriate.

We will work with systems to develop our respiratory prevention offer, utilising a making every contact count approach (e.g., smoking cessation advice, flu and covid vaccination support, improving patient's inhaler techniques)

**Matthew's Respiratory Journey**

Matthew's day took an alarming turn when he suddenly found himself struggling to breathe due to an exacerbation of his asthma. Panic set in as he gasped for air, and his concerned partner immediately dialled 999, recognising the urgency of the situation.

The call reached the emergency operations centre, where a clinician skilfully assessed the situation. Providing tailored advice, they worked to calm Matthew's partner while identifying that this call might be appropriately managed by a Specialist Practitioner. This decision was made in alignment with the goal of optimising patient care and resource allocation.

Swiftly, the Specialist Practitioner was dispatched to the scene, arriving promptly. With a thorough assessment, they confirmed that Matthew was indeed experiencing an acute episode of asthma. Their expertise came into play as they administered appropriate treatment on-site, including supplying essential medications to support Matthew's recovery.

The Specialist Practitioner also referred Matthew to the community respiratory team for follow-up, ensuring that his asthma management was comprehensive and sustainable, avoiding the need for hospital admission.

Thanks to the collective efforts of the healthcare staff, Matthew's asthma was managed comprehensively, and he could look forward to continued support towards better health.

**What does success look like?**

- Crews feeling more confident and educated to support patients who are clinically appropriate to stay at home, reducing unnecessary hospital admissions.
- Increased ability to directly access respiratory pathways and specialist advice.
- Increasing utilisation across systems of respiratory virtual wards, where appropriate to do so.
- Greater uptake of flu and covid vaccinations in our populations and reduction in smoking rates, with a greater focus on upstream prevention.
- Patients feeling more confident to appropriately manage their respiratory long-term conditions resulting in less need for emergency and urgent support, and in more control of their own health needs.

## Mental health

***We will ensure that patients experiencing mental health crisis will be treated and referred appropriately, whilst ensuring that the least restrictive options are used.***

**Why?**

- Every year, one in four of us experiences mental health problems. The covid-19 pandemic has impacted this further with more people than ever requiring mental health services and support.
- Mental health is now one of the top reasons for 999 calls, and our patient transport services facilitate conveyance of patients requiring movement between facilities.
- When experiencing a mental health problem, access to timely, effective support and treatment can change your life.
- The ambulance sector has a key role to play in ensuring patients, especially those in crisis, receive timely assessment and appropriate treatment or referral.

**Our Vision**

**Assessment** - We will provide 24/7 clinical support, access, and signposting to other pathways through Mental Health clinician capacity in our Emergency Operations Centre as part of expanding our mental health clinical capabilities. We will ensure there are strong links with our high-volume service user team for frequent 999-callers with mental health concerns, to provide a more comprehensive care planning approach.

**Response -** We will deliver the right care, right person model, working with partner organisations to ensure patients continue to receive the care and support they need to remain safe from harm.

In partnership we will identify and develop appropriate care pathways to reduce avoidable hospital admissions, with specific response pathways for priority groups including children and young people, dementia patients and patients with learning disabilities and autism.

**Transport -** We will mobilise mental health vehicles driven by suitably trained mental health clinical teams for patients in mental health crisis to enable triage and treatment at home where local vehicles have been procured via ICS partners.

**Enabling the workforce** - All front-line staff will have the knowledge and skills required to provide or support provision of high-quality care for patients presenting with a mental health condition or presentation.

**Data** - We will strengthen our capacity and capabilities to develop and monitor key mental health clinical metrics and outcomes within EMAS and work with systems to share this intelligence to build a better understanding of wider system mental health outcomes.

**Partnership working-** We will work with partners across our systems to deliver against the NHS long term plan (2019) ambitions.

**Leah's journey**

EMAS call handlers receive a 999 call from Ethan who says his partner, Leah is experiencing shortness of breath. An ambulance is sent to Leah's house. On arrival, the crew undertake a clinical assessment and examination and find Leah's physical observations are normal. However, Leah is highly anxious and admits to experiencing suicidal thoughts. Her shortness of breath symptoms have been a sign of her underlying anxiety and distress.

Because of the EMAS crews training they are able to support Leah to reduce her anxiety levels and undertake a mental health risk assessment, using skills learnt from the Mental Health training they have received.

The crew identify Leah does have some coping strategies and support networks currently in place, predominantly her partner, Ethan and her teenage son, Aiden. Ethan says that he feels he can support her in the immediate term to keep her safe, but that she does need some intense support more urgently to manage her suicidal thoughts.

The crew contact the local mental health crisis team, who agree that Leah is safe to be left at home with her partner with a plan for the Crisis Team to take over her care. This onward referral is made and the crew leave scene. Following the urgent referral the crisis team undertake a further phone call assessment with Leah that day and a subsequent visit the following morning to more fully assess her needs.

Leah is able to undertake her recovery journey at home with the expertise and support of her local mental health team. She understands the physical symptoms that she may experience as someone who suffers anxiety, and feels better able to cope with these and her on-going mental health needs moving forwards.

**What does success look like?**

- Patients can access appropriate clinical support via hear and treat and signposting.
- Staff members will be better equipped to respond to mental health crisis managing risk on scene and reducing conveyance.
- Patients will be able to access mental health support through the no wrong door approach and will only have to tell their story once.

## Falls

***We will proactively prevent fall related hospital admissions where appropriate, with a focus on trying to reduce the time a person is on the floor. Where people have spent extended time on the floor, we will work with system partners to reduce admissions where appropriate by supporting the development of alternative pathways to support and further assess out of hospital.***

**Why?**

- 40% of ambulance callouts to homes for people aged 65+ are falls related.
- In 2021, EMAS received 58,743 calls for falls, half of these patients were conveyed to hospital.
- Being in a hospital setting combined with inactivity can lead to deconditioning and increasing likelihood of recurrent falls in the future.
- To give people the best chance to stay mobile after a fall, hospital admissions should be avoided where safe to do so.

**Our vision**

**Assessment** - We will adopt and deliver a consistent clinical approach to telephone triage for patients who have fallen to ensure the most appropriate resources from within our health and care system is mobilised to support them, thereby reducing the time a person may be on the floor (long lies).

**Response** - Where appropriate, and other system services are not clinically indicated, we will utilise our Community First Responders to ensure a timely response and prevent patients lying on the floor for prolonged periods.

We will complete onward referrals to falls prevention services to prevent future fall occurrences.

We will develop point of care testing to rule out clinical complications because of people lying on the floor for prolonged periods.

**Transport** - We will utilise frailty virtual wards and other community pathways, enabling EMAS to safely transfer the care of the patient to another healthcare provider without the need for a hospital admission.

**Enabling the workforce** - We will utilise the Urgent Care Assistants teams to assist with simple falls pickups (where there is no additional clinical complexity), in the approach of ensuring the right resource is sent to support the right clinical condition.

**Data** - We will review and analyse data to identify care homes who may require additional support and advice proactively, who are calling 999 for non-injury falls.

**Partnership working** - We will support community initiatives such as iStumble in care homes, with the aim to reduce inappropriate 999 calls.

**Selina's journey**

Selina called 999 after she had a fall. She has rheumatoid arthritis and often her knees give way. She struggles to get up as they are painful and don't bend very easily.

The clinician in the Emergency Operations Centre assessed Selina over the telephone to determine who would be best to go and help her.

A local community first response service volunteered to go to assist Selina from the floor, they used a lifting cushion to help her up and she was able to walk some steps.

When chatting to Selina they discovered that she is falling at least once a month and has become nervous about going out and has stopped going into town on the bus.

They updated the clinician and discussed what services were available in the local area to help Selina. She was referred to a strength and balance class to improve her strength in her knees and give her more confidence to go to town and help prevent further falls.

**What does success look like?**

- A reduction in the number of patients who experience prolonged periods on the floor following a fall, leading to reduced clinical complications and need for hospital admission
- The number of 999 calls for non-injury falls will reduce, with community providers and further pathway developments providing support to prevent further falls.
- Fall risk factors will be identified early, and preventative measures put in place to reduce further incidents and support patients to remain independent and as mobile as possible in the future.

## Stroke

***We will develop our evidence-based response to strokes focusing on timely response, improving our on-scene assessment and remote consultation capabilities, and enhance timely access to the right specialist care first time to improve patient stroke outcomes.***

**Why?**

- Stroke is the 4th leading cause of death in the UK, and its prevalence is predicted to a rise by 59% between 2019 and 2025.
- In 2021, EMAS attended 2,332 people who were experiencing a stroke.
- There is variation in response times and clinical outcomes for stroke across geographical divisions in EMAS.
- Treatment for stroke is time critical, so improved response times, early identification by crews and ensuring patients are transported to the right place first time significantly improves longer-term patient outcomes.

**Our vision**

**Assessment** - We will improve rapid and early identification of stroke through implementing supporting tools for our emergency operations call handlers and on scene crews.

**Response** - Where stroke is suspected, we will ensure a timely clinical assessment is undertaken by suitably trained front-line clinical staff, with a focus on reducing on scene time to ensure patients are admitted to hospital as quickly as possible.

**Transport** - We will ensure the patient is transported to the appropriate hospital setting first time (to avoid subsequent inter-hospital transfers) and use an early pre alert to ensure timely access to treatment on arrival.

We will work with system partners to explore the development of an innovative mobile stroke unit to support assessment and treatment closer to the patient's home, with subsequent transport to the right hospital setting.

**Enabling the work force** - Our staff will have additional education and clinical supervision to support rapid detection of a suspected stroke and reduce on scene time.

We will work with local specialists to enable access to an on-call stroke consultant to aid with decision making and appropriate transport to hospital.

**Data** - We will ensure current stroke data continues to inform and shape on-going improvements in appropriate ambulance deployment, with effective and consistent completion of Electronic Patient Records to support with safe and high-quality hospital handovers.

**Partnership working** - We will work in partnership with systems to promote public awareness and education related to identifying early signs of a stroke and associated preventative risk factors.

We will work with systems to develop pathways to support our teams with onward referral for patients whose stroke symptoms have resolved (i.e. Transient ischaemic attacks).

**What does success look like?**

- Patients who are experiencing a stroke will receive a timely emergency ambulance response and will be conveyed rapidly to an appropriate facility to improve their outcomes.
- Staff will feel confident and supported when making decisions on scene.
- EMAS will play an active role in public education and awareness.

## Population Cohorts

### Maternity

***We will deliver high quality compassionate care for individuals with maternity care needs, recognising the need to reduce inequality and improve access to maternity services.***

**Why?**

- EMAS provides care to over 8,000 patients annually who present with maternity related healthcare issues.
- Little focus has been paid within national agendas to the care provided to woman and babies outside of planned maternity and obstetric care, but this is of equal importance to ensure high-quality care is provided at every point of contact with equitability in access to services for pregnant, postpartum, and neonatal patients being equally critical.
- A recent CQC report "key areas for improvement in maternity services" highlighted that every pregnant woman wants a positive birth experience and every staff member working in this area wants to provide safe, high-quality care. That said when things go wrong the consequences for mothers, babies, their families, and staff can de devasting.

**Our Vision**

**Assessment** - We will improve our maternity remote assessment, co-ordination, and support functions to improve recognition of maternity associated risks, develop a patient centred care approach to mothers, birthing persons, and their babies and ensure their needs are supported by the most appropriate clinical responses.

**Response** - We will develop maternity decision support tools for front line staff and build in a remote clinical maternity support offer for crews into our clinical operating model to support clinical decision making on scene and improved clinical outcomes.

We will strive to ensure we have appropriate equipment, medications and wider treatment options related to maternity care available to ensure our clinicians can deliver best practice evidenced base care.

**Transport** - We will develop direct and consistent access to specialist maternity teams and hospital pathways ensuring our mothers, birthing persons and babies go to the right place first time.

**Enabling the work force** – All front-line staff will have the knowledge and skills required to provide or support provision of high-quality care for patients requiring maternity care.

We will support our maternity improvement work through the appointment a Trust Consultant Midwife to provide specialised clinical leadership and expertise to deliver our maternity objectives.

For those clinical staff most likely to be involved in more complex maternity care cases we will consider and scope further maternity training requirements i.e., PROMPT programme.

**Data** - We will enhance our maternity data capture to support the development of a range of maternity clinical outcomes to help monitor and evaluate our on-going improvements.

**Partnership working** - We will work in collaboration with local maternity services to ensure our maternity pathways are safe and effective and with other ambulance trusts to ensure we continue to share best practice and learning across the sector.

**Emily's Journey**

Emily is 38 weeks pregnant when she experiences at sudden onset of labour symptoms at work and a colleague calls 999. During the call a senior clinician screens the call and identifies that Emily has a known breech (baby not lying with its head presenting first) presentation with risk factors and this is recorded in her patient held electronic notes. The senior clinician contacts the responding clinicians to highlight that there is a significant risk factor and ensures they are aware of the need to prioritise early transport, if safe to do so and also ensures that they are aware the senior clinician is available for guidance if needed. The clinical team arrive and rapidly assess Emily's needs and calmly explain their plan and ensure that her wishes are heard and met. The crew convey Emily to an obstetric unit with a clear pre-alert to ensure that they are aware of the incoming case and can prepare for her arrival.

The receiving team meet the crew on arrival and a structured handover is provided ensuring that key information is provided and also that Emily's wishes regarding birthing support are clearly stated and understood.

**What does success look like?**

- A reduction in the number of maternity related incidents on scene and during conveyance as staff feel confident and appropriately trained to manage maternity care.
- Appropriate conveyance of mothers, birthing persons, and babies to the right location, first time, ensuring if speed is of the essence that this is timely to improve clinical outcomes.
- Mothers, birthing persons and their families having an overall improved patient experience if they have required our help and support.

## Children And Young People

***We will work towards improving the health outcomes and reducing healthcare inequalities for service users who are Children and Young People. We will develop our services to meet the needs of patients and staff to reduce avoidable harm (including physical and psychological) and promote wellbeing.***

**Why?**

- Ambulance call outs to children and young people (CYP) are rising. In 2022/23 EMAS attended 103,281 calls to this group, up 15% more than in 2017/18
- Mental health presentations, stabbings and overdoses have risen significantly in this group following the COVID-19 pandemic.
- Ensuring children and young people have the best start to life in their health, development and education is a priority in many of the local health and care systems. Appropriate emergency and urgent care services to support children and young people will be important to help support this priority.

**Our Vision**

**Assessment** - We will look to develop access to specialist children and young people's clinical advice to support our clinical assessment function as well as to support our clinical decision making on scene.

Our assessment process will identify critically ill children and young people, and support and coordinate the most appropriate clinical resource and skillset to support their needs.

**Response** - We will look to improve our access to advanced and specialist children and young people practitioner expertise to increase hear and treat and see and treat and support crews with decision making and clinical risk on scene.

**Transport** - Where we need to transport, we will convey children and young people to the most appropriate facility for their needs ensuring inclusion of parents/ carers to accompany them to ensure a compassionate approach.

**Enabling the workforce -** We will work in collaboration with our partner organisations to offer enhanced children and young people's specific training and use feedback from incidents to inform learning and improve clinical outcomes.

**Data** - We will review and analyse our children and young people's data to identify if there are variations in clinical conditions and presentations across our footprint.

**Partnership working –** We will work in partnership with system partners to share our data and intelligence to help inform and tailor further development in services to support this patient group.

**Case study example**

Ola is 'generally unwell, with a lethargy and a high temperature'. Her mum calls 999 because she is worried about her not being her usual self. The Emergency Medical Advisor asks questions about Ola's symptoms and advises that a clinician will call her back within 2 hours to further assess her condition.

The EMAS Clinical Assessment Team within the ambulance emergency operations centre call Ola's mum to determine the most suitable course of action. The senior clinician completes a remote video triage assessment with them and discusses with mum, that they feel an ambulance is not necessary at this time due to the clinical nature of her condition and provides further reassurance and advice.

A referral is made to GP services locally where a GP assesses Ola and diagnoses her with a viral throat infection and provide mum with advice and support on how to manage this condition symptomatically.

**What does success look like?**

- All front-line staff will feel confident in clinically managing children and young people needs.
- Front-line staff being able to access specialist children and young people advice to support with decision-making.
- Better joined-up services and pathways across ICS' for children and young people to help us access the right support for them at the right time in the right place.

## End of life (EOL) care

***We will deliver high quality compassionate care for those individuals with end-of-life care needs through the delivery of the 6 national ambitions set out in the end-of-life care framework.***

- ***Each person is seen as an individual.***
- ***Each person gets fair access to care.***
- ***Maximising comfort and wellbeing***
- ***Care is co-ordinated.***
- ***All staff are prepared to care.***
- ***Each community is prepared to help.***

**Why?**

- It is nationally recognised, exacerbated by the Covid-19 Pandemic, that end of life (EOL) care must be a priority for action for health and care systems.
- The 2008 National strategy for EOL care in England provided 3 key insights: that people don't die in their place of choice, we need to prepare for larger number of people dying (due to our ageing population) and that not everyone at their end of life receives high-quality care.
- Focus should be placed on reducing avoidable admissions, considering the personal needs and wishes of people receiving end of life care and their families or carers.

**Our Vision**

**Assessment** - We will work with systems and community services to promote and increase completion and sharing of RESPECT (EOL care plans) forms to inform our staff of the patient's wishes for clinical assessment and prior to any ambulance crew arrival.

**Response** - Care will be person centred and individualised, taking the patient's needs and requests into consideration and working with other partners to ensure timely wrap round support is provided as needed to support the patient and any carers, for the person to remain at home (where this is their wish).

**Transport** - Our non-emergency patient transport service will respond to EOL journey requests in a timely manner to ensure patient's wishes are upheld and supported when they wish to receive end of their life support in their own home. In addition, we will support our NEPTS staff with further EOL training to ensure they feel enabled to support patients and their families and carers, in end-of-life situations.

**Enabling the work force** - We will deliver specific education and training to front line staff to enable them to deliver person centred, compassionate end of life care with confidence.

We will provide specialist equipment and medication to support dignified dying.

**Data** - We will support the system to improve data quality and information sharing so that patient's needs and desires are being recorded and communicated effectively with EMAS teams.

**Partnership working** - We will work in collaboration with local palliative care teams, providers, and hospices to improve delivery of co-ordinated care for our patients and shared learning and training opportunities.

**What does good look like?**

- Achieve the six national ambitions for EOL care.
- All front-line staff will be confident in delivering EOL care and will have access to appropriate support during and after.
- Systems and community services will work together to increase appropriate identification of people who would benefit from completing a proactive care plan and RESPECT form to ensure any future care can be delivered in line with their wishes

## Frailty

***We will support effective prevention, identification and management of frailty supporting the appropriate decision making on scene.***

**Why?**

- Frailty refers to a person's mental and physical resilience, or ability to bounce back and recover from events like illness and injury.
- Frailty (rather than age) helps us identify people at greater risk of future hospitalisation, care home admission or death.
- In the UK approximately 14% of people over the age of 60 may be frail, and about 65% of those aged over 65.
- Frail patients are likely to decondition through reduced movement whilst in hospital reducing their independence on discharge. For this reason the national ageing well programme focuses on preventing unplanned admissions for frail and elderly patients.

**Our Vision**

**Assessment** - We will proactively assess patients for risk factors for frailty to ensure early identification and intervention.

**Response** – We will support identification of frailty using the clinical frailty scale, additional frailty training and education for our staff and through more effective use of our EMAS clinical data.

We will implement a decision support framework for crews to support decision making and risk management.

We will support crews to access alternative pathways for frail patients where staying at home is clinically appropriate e.g., such as frailty virtual wards and urgent community response teams.

**Transport** - Where possible and clinically appropriate, we will aim to reduce conveyance to hospital to prevent inactivity related decline associated with hospital stays for frail patients.

**Enabling the work force** – we will ensure appropriate training of our workforce to support frailty.

We will develop advanced practitioner roles to further support management of frailty to support complex care decision making and management.

**Data -** We will use our data to help identify patients at risk of frailty associated illness and share this with systems and other health and care partners.

**Partnership working -** We will work with system partners on frailty prevention and early identification campaigns.

we will work with systems to enhance and develop further pathways to support patients (and their carers) with frailty to remain at home, where clinically appropriate.

**What does success look like?**

- All front-line staff will feel confident and well equipped to identify and provide person-centred care for those with frailty or at risk of frailty.
- A consistent approach to identifying and recording those with frailty across the region and ICS', supporting front-line staff to access accurate and up-to-date information on a person's risk of frailty.
- System partners supporting the development of specialist frailty advice and decision-making support tools to ensure the most appropriate support is provided in the most appropriate place for the person's needs.
- A reduction in clinically unnecessary hospital admissions for patients with frailty and an increase in the support available to patients to allow them to remain at home where possible.

## High Volume Service Users (HVSU)

***We will work collaboratively with systems and other health and care providers to support high volume service users to access appropriate services to support their needs, including patient signposting and developing a more effective joined up care plan approach across organisations.***

**Why?**

- As part of the 2019/20 operational planning and contracting guidance, all health systems in England must implement a High Intensity User Service.
- By supporting high volume service users to access the most appropriate services, we will enable these patients have their needs supported whilst reducing inappropriate use of ambulance service and wider health and care resources.

**Our Vision**

**Assessment** - We will take a holistic approach to assessing high volume service user needs, working in collaboration with the national frequent caller network and system partners.

**Response** - We will ensure high volume service users are supported and signposted to the most appropriate service for their on-going needs. This may involve supporting the patient to access wider provision such as a general practice, community, or mental health services.

**Transport -** We will work with system partners to better support these patients in a more proactive joined up way within the community.

**Enabling the work force –** Staff will have the skills and training for managing on scene patients identified as high-volume service users and be able to access wider clinical support and advice through our enhanced clinical assessment support function.

**Data** - We will work with systems to share data and intelligence on high volume service user patients to ensure effective proactive identification and ensure a more holistic joined up care approach is delivered to this group of people.

**Partnership working** - We will actively engage with system partners to collectively understand and address the issues and potential care gaps facing high volume service user patients and ensure we provide appropriate management in line with the national guidance[1]

[1] *Supporting High Frequency Users (HFU )through proactive personalised care, delivered by Social Prescribing Link Workers, Health and Wellbeing Coaches and Care Coordinators – October 2022*

**What does success look like?**

- High volume service users will be supported to access community services and resources.
- We will shift our response towards hear and treat, reducing unnecessary deployment.

## Proactive Care – Prevention, Personalisation & Supporting Health Inequalities.

***We will promote an organisational culture that champions reducing health inequalities and supporting preventative healthcare as core business.***

The East Midlands is home to a diverse population. Whilst the average deprivation levels seen across the east midlands is lower than the national average, this doesn't reflect the more localised health inequalities patterns experienced in certain parts of the region. An earlier section in the strategy illustrates the unique challenges faced by each of our EMAS Divisions and integrated care systems.

Prevention and health inequalities are part of everyone's role at EMAS.

As an ambulance service, our staff are uniquely placed to deliver effective primary prevention. By entering the homes of patients, our staff have the privileged opportunity of observing the day-day behaviours and living conditions of our patients that can impact their overall health and wellbeing. Where risk factors are observed, our staff need to be supported and enabled to respond to these issues and consider what maybe the most appropriate preventative measures that need to be put in place. As part of a newly developed association of ambulance chief executives (AACE) health inequalities self-assessment tool, we will be able to assess and benchmark ourselves as a trust in year one of this strategy.

**To enable us to realise our ambition to be an organisation that champions reducing health inequalities and supporting preventative healthcare, we will:**

1. Provide training to our staff to enable them where appropriate, to deliver preventative health care (including self-care support) and consider ways to address health inequalities confidently and proactively.
2. Look to "Make every contact count" by asking patients "what matters most" to them, identifying and responding to risk factors and delivering preventative health care interventions opportunistically.
3. Support broader public health campaigns and initiatives in collaboration with our local health and social care systems.
4. Improve our data collection and capture to improve our Trust understanding of how health inequalities and equity issues are experienced in our divisional populations.
5. Enhance our data sharing capabilities to help inform wider system health inequality and prevention approaches and priorities.

**What does success look like?**

- Staff will proactively promote preventative healthcare and champion reducing health inequalities, using their unique position to assess a patient's wider health and social care needs outside of the primary presenting issue. (e.g., this may look like encouraging those at higher risk to obtain a seasonal flu vaccine, complete a referral to the fall's prevention team where a risk has been identified or promote access to local social prescribing networks).
- Patients will receive a patient centred response from the ambulance service, where we will have considered and understood their individual needs and desires. These individual patient considerations will be communicated effectively at the point of referral / transfer of care, improving the patient experience and ensuring they only have to tell their story once.
- EMAS will look to enhance our ability to capture health inequalities and protected characteristic data, where appropriate. This intelligence will be shared with the integrated care system to further understand where there are care gaps and areas of unmet needs in communities and identify risk and vulnerability.

In the medium to long term, if this approach is effective and implemented successfully, we should see:

- Reduced demand on ambulance services and the wider NHS
- More equitable health outcomes across the East Midlands

## Enablers

Our clinical strategy is one of 5 supporting strategies to our overarching trust five-year strategy. It provides further detail on how our clinical delivery will support the realisation of the trust strategy vision and ambitions.

The clinical strategy underpins the other 4 supporting strategies as it describes the way in which we deliver our services. For the clinical strategy to be successful there are several critical enabling functions that will need to be considered, developed, or strengthened if we are serious about achieving our level of ambition as detailed in this strategy.

### Critical Enablers

- Data, Analytics, Information and Technology
- Workforce, including our volunteers
- Estates, fleet, equipment
- Optimising medicines
- Research & Innovation
- Culture for change, alongside the right capacity & capability to deliver this

## Clinical Workforce Development

Our people are our greatest asset, and our priority is to ensure we can deliver high quality care through our staff and volunteers (our people).

Our People Strategy details our overarching vision, which is to ensure that ***we can deliver safe, effective, compassionate care to our patients through our people.*** To do this we must: ensure the right number of people are in post within our organisation, with the right mix of skills, knowledge, and training to respond flexibly to meet patients' health and care need.

The modelling illustrated in the NHS Long Term Workforce Plan, (June 2023), illustrates that with no intervention, the workforce shortfall across all NHS organisations will be 260,000-360,000 full time equivalents by 2036/37. The biggest short falls expected across staffing groups includes paramedics.

To deliver on our Clinical Strategy, in alignment to our new people strategy, we will need to grow our current workforce, expand our clinical skill mix, and consider new clinical roles that will provide expertise, leadership, and enhanced care options to a range of clinical conditions. In addition, we will need to match our clinical roles more effectively to patients' clinical needs and define the skill set for each level in the context of our new clinical operating model and priority clinical conditions. Alongside this, we will need to ensure we create a culture of trust, psychological safety, and civility to support patient care and colleague wellbeing.

## Growing the workforce

We will strive to right size our clinical workforce capacity to build in sufficient people to support increasing demand for our services and calibrate future capacity needs in line with our new clinical operating model.

## Right care, right patient, right clinical skills

For our new clinical operating model to be successful, it will require us to more effectively match the right clinical skillset with the patients' needs, through our expanded clinical assessment function and ensuring the most appropriate clinical skill set is sent to the patient. Our strategy implementation plan, we will describe this future clinical workforce model in more detail.

We will develop a wider multi-disciplinary clinical workforce to deliver enhanced clinical support, including advanced clinical support for complex care, as well as access to specialist maternity, children and young people and mental health expertise.

We will increase our access to mental health clinical expertise within the Trust, either through increasing our own staff numbers or working in collaboration with local mental health providers.

We will continue to support our existing clinical roles which are crucial to providing the right level of patient care as part of our operating model and all our roles enable clinical skill progression, from non-patient emergency service roles and volunteers, through to paramedic technicians up to advanced practice.

## Creating new clinical roles & rotational posts

Working alongside our current clinical roles, we will develop Advanced practitioner roles to provide advanced clinical skills and expertise (e.g., non-medical prescribing) to support enhanced clinical assessment in our new clinical operating model. These roles can provide clinical leadership and support crews on scene with more complex clinical decision making and play a pivotal role in our integrated MDT function. These roles, while predominantly supporting assessment, will respond to specific clinical conditions and patient cohorts.

These roles will have the clinical skill set requirements to be able to rotate into posts within the wider health and care system. We will explore how collaborative clinical posts between EMAS and different part of our system benefit individuals, develop greater understanding of clinical care delivered in other settings and provide opportunities for learning to enhance care within EMAS.

## Our volunteers

Our volunteers are an invaluable part of our workforce, supporting patients with a range of conditions from falls to out-of-hospital cardiac arrests, as well as supporting our non-emergency patient transport offer.  As part of our clinical strategy, our aim is to enhance our Community First Response (CFR) 999 response model and introduce two new dedicated roles, in addition to our current model, with a focus on clinical quality:

The roles will be:

- Community Resilience Volunteer Trainer - to support the trust's out of hospital cardiac arrest and clinical quality strategy.
- Volunteer Operations Support Worker – to support A&E and PTS (Patient Transport Services) increased demand and capacity pressures across EMAS.

These roles will focus on optimising the use of volunteers in cardiac arrests and increasing bystander CPR rates. They will work with local communities to support CPR awareness and increase our support in the community through falls recovery services and challenging isolation.

## Developing and supporting our workforce

### Education and training

To support our staff to deliver safe, effective, and compassionate care, we will provide further training and education opportunities.

Our clinical strategy highlights five training and education areas which we will need priority in the next 5 years

- Clinical groups (Trauma, Cardiac, Respiratory, Mental health, Neurological)
- Population cohorts (Maternity, CYP, EOL, Frailty, HVSU)
- Major incident training and exercising
- Prevention, personalisation, and Health inequalities training
- Medicines optimisation and safety training

We will work with our systems and partner organisations to consider and build joint clinical training and education opportunities for our teams.

We will review our education and training digital platform offers to ensure an integrated and co-ordinated approach to providing a broad range of clinical education options, and an ability for individuals to maintain a portfolio training record.

### Clinical supervision and reflective practice

We will improve and develop our offer of clinical supervision to patient facing clinicians. Recognising that supervision can have different forms and functions (e.g., day to day support for issues arising in practice, regular support to promote high clinical standards, educational support etc)

We will look to offer a range of activities that create safe space for reflection, problem solving and learning that reflects what our workforce would find helpful. These in turn will be delivered, monitored, and evaluated by and with front line staff.

### Development

We need to ensure development and clinical career progression opportunities are available to all and provide greater clarity to people on how they can move up the clinical career skill set ladder in the context of our clinical operating model and new role developments.

Supporting clinical portfolio opportunities will help EMAS to retain more staff and bring wider knowledge and skills into existing teams.

## Clinical Outcomes

We are committed to continuing improvement in our clinical outcomes through the delivery of our Clinical Strategy, ensuring we also build our understanding of what happens to our patients post ambulance intervention. To enable this, we must improve our use and understanding of clinical data, as well as growing our capabilities and capacity to measure a wider range of clinical outcomes measures as a trust, and in collaboration with local health and care systems.

**Our current key clinical outcome measures are**:

Nationally identified ambulance quality Indicators:

- Return of spontaneous Circulation after cardiac arrest (ROSC) at hospital
- Survival at 30 days after a cardiac arrest
- Utstein Subcategories for ROSC and Survival
- Post ROSC care
- Outcome from segment elevation myocardial infarction (STEMI), a type of heart attack
- Outcome from stroke
- Falls

The following data is also helps us determine the impact of our response:

- Conveyance rates - numbers of patients transported to hospital and other settings vs the numbers we support to stay at home and access other care.
- Serious incidents - acts or omissions in care that result in unexpected or avoidable death, or Unexpected or avoidable injury resulting in serious harm.
- Response times - the time taken for us to arrive with the patient following their 999-call based on national standards defining response speed.

From these foundations, we are keen to expand and develop further EMAS clinical outcome measures so we can monitor and evaluate our clinical effectiveness and on-going improvements to ensure these truly improve patients' clinical outcomes. We will need to build and grow our analytical and intelligence capabilities and capacity to achieve our ambitions to go further than the current national NHS clinical quality indicators.

For this to be achievable we will need to:

- Improve and ensure consistency of approach to our clinical coding across EMAS and our third-party provider organisations.
- Enhance our analytical support and underpinning infrastructure to ensure we can make sense of the information we are capturing.
- Develop our future Electronic Patient Record system in line with these ambitions.

- Work in partnership with local health and care partners to enable data sharing between us for us to develop patient clinical outcome measures post-handover and greater system visibility across the full spectrum of a patient pathway.

## Research, Evaluation, and Innovation

Research is the cornerstone of developing an evidence-based medicine approach within the NHS.

The recent NHSE National Research Plan identified that 'Research is vital in providing the evidence we need to transform services and improve outcomes e.g., in developing new care models, redesigning urgent and emergency care". It noted that, 'By fully integrating research into our organisation we can outperform organisations that do not, leading to better quality care and improved use of resources.' Research and innovation are also an essential part of 'Next steps on the NHS five-year forward view'.

Within EMAS, we see research as not just an added extra, but as an essential component in developing an evidence-based approach to learning and future clinical development.

Our ambition is that EMAS will be at the forefront of pre-hospital care improvements and innovation by making "research everyone's business". Allowing healthcare professionals within the organisation access to the most recent clinical care evidence, whilst at the same time leading the way and working in collaboration with others to investigate and research areas which may benefit future patient care.

As a trust we will:

- Continue to develop our EMAS Clinical Audit and Research Unit, providing a supportive and professional environment to enable continued professional development through research and evaluation.
- Ensure the latest evidence is used to develop guidelines and pathways within EMAS and wider health and care partners to ensure "the patient gets the right care, at the right time, in the right place".
- Develop a model of "Research Champions" throughout the organisation, who will support dissemination of evidence-based learning internally and proactively support the development of research, innovation, and evaluation within the organisation.
- Continue to develop and enhance the Clinical Analytics function within the trust to provide timely data and intelligence to support wider decision making and evaluation within the trust and ensure this function is linked in with systems and other partners to enable us to share and learn more broadly.
- Embed a consistent evaluation approach towards any service changes or new innovations that are introduced within the trust and ensure learning is shared not just within EMAS but more widely across systems.

- Foster a culture of innovation and "curiosity" across the whole organisation, ensuring that everyone feels able to suggest improvements and new ideas.

## Clinical and Quality Governance

In the future, a fully integrated clinical and quality approach to our Trust Clinical Governance will allow for our clinical and quality improvement strategies to become intertwined and reliant on each other to succeed.

We need to ensure we have the right Quality assurance processes in place, allowing us to assess our services against a set of essential standards across the domains of quality. This will require robust governance arrangements and leadership commitment at all levels of the organisation to achieve. We plan to ensure our overarching clinical governance processes are fit for purpose, not duplicated, and will have an agreed "one version of the truth" approach to help us assess our success.

## The importance of medicines optimisation in clinical care

As medicine advances and health needs change, we are seeing more complex clinical care with the need to access the right medicines and skills at the point of care. It is important that we carry the right medicines to meet patient's urgent and emergency care needs whilst empowering patients and staff in the safe use of medicines. Reducing our medicines waste and the impact on our carbon footprint needs to remain a priority.

We need to consider future medical advances and digital solutions. This will help us to provide more joined up care as well as deliver treatments in a mobile setting. In parallel, we will need to ensure staff have the right knowledge and skills to support this. To achieve these ambitions, we will develop a medicines optimisation improvement plan to ensure this critical enabler to our overarching strategy is given the priority focus it requires.

## What will success look like?

Specific measures of success will be developed for each of the clinical strategy objectives aligned to the trust strategy measures and the integrated board report. These will include the measures shown below.

- ↑ Safe, effective, and compassionate care
- ↑ Right care, right place, right person
- ↑ Co-ordinated care
- ↑ Patient outcomes
- ↑ Preventative healthcare
- ↑ Patient experience
- ↑ CQC rating
- ↑ Ambulance Clinical and Quality Indicators

- ↓ Health inequalities
- ↓ Response times
- ↓ Inappropriate ambulance dispatch

**How is the Clinical Strategy different to our current provision?**

- increase our 'hear and treat' and 'see and treat' contacts, shifting away from always providing an ambulance and taking patients to hospital.
- increase the skill mix of our workforce to achieve better patient outcomes for all clinical and population groups.
- increased proactive, preventative approach to support the demand on the whole health and care system.
- Increased focus on improving clinical outcomes

## Delivering this strategy

The Clinical Strategy launch is a key deliverable in the 2023/2024 EMAS Business Plan under the ambitions of 'Delivering outstanding patient care' and 'Safe, effective, compassionate care'.

Beyond this, the Quality and Governance Committee will have oversight of Clinical Strategy delivery with quarterly reports based on the objectives outlined in the Clinical Strategy and associated action plans. Sub strategy delivery will also be included in the six-monthly strategy updates to the Board.

## Summary

We are delighted to have been able to work together developing our new clinical strategy. This has been a collaborative endeavour involving colleagues from across our organisation as well as input from patients and our wider health and care systems. This work has helped us define our strategic ambitions around three key areas, our future clinical operating model, our ten clinical and population group priorities and how these will impact on our clinical workforce. Our future ambition (supported by our new clinical operating model) will see a shift from a purely ambulance response approach to working with systems and partners to support patients to receive the right care, at the right time, by the right person in the right setting as defined by their clinical need.

Thank you to everyone who supported its development and shared their thoughts and ideas, whether that be from within our EMAS team or more broadly across our patients and our health and care partners.

We look forward to the next phase of this clinical strategy where we need to put these words into action. For this to be successful we will all need to continue working together to create and build the future we want to see.

We look forward to continuing this journey together and bringing this strategy to life.

**Nicole Atkinson, Medical Director** **Ben Holdaway, Director of Operations**

This page is intentionally left blank