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The role of the Scottish Ambulance Service is changing. Our Strategic Framework “Working Together for Better Patient Care 2010 - 2015” was published in January 2010. Our strategic direction takes into account extensive consultation and engagement with patients and their carers, the public and key stakeholders across the NHS, charities and the voluntary sector, as well as other emergency services. The Strategic Framework sets out a range of commitments for continuous development of our services, which are both aspirational and ambitious.

Our aim is to develop world class clinically-focused ambulance services which will:

- provide a national specialised unscheduled care service 24/7
- enhance our provision of pre-hospital care and treatment
- support patients and the wider NHS by treating more patients in their homes, better meeting those patients’ needs and preventing unnecessary trips to hospital
- focus ambulance patient transport resources on patients with a clinical or medical requirement to get to and from hospital appointments/discharges/transfers.

Above all else, the Scottish Ambulance Service will continue to build its capability for the consistent delivery of high quality evidence based care to our patients. This will be underpinned by robust clinical governance and an improved educational infrastructure which is embedding professionalism. This document describes the strategic clinical framework within which these ambitions and aspirations will be delivered.

Thank you to everyone who contributed to the development of this clinical strategy. I am confident that this will enable the Service to realise its vision to deliver the best care for people in Scotland, when they need us, where they need us.

George Crooks
Medical Director
Scotland is changing: many people are living longer healthier lives; while at the same time Scotland also has an increasingly elderly population, presenting a significant challenge for the NHS. Scotland’s population is projected to rise from 5.1 million in 2006 to a high of around 5.4 million in 2031.

The number of younger people in Scotland is projected to decline, whilst the number of older people is projected to rise by around 30% over the same time period. As a result of the increasing number of older people, demand on our Health Service is changing with a much higher incidence of chronic disease and long term conditions. At the same time, health technology and clinical practice is advancing enabling more patients to be treated faster and better and closer to home rather than in a hospital environment. The field of pre-hospital care is also growing, with the development of treatments and equipment tailored to the out of hospital environment, further improving the quality and effectiveness of care for critically ill or injured patients.

In 2007, Scottish Government published its “Better Health, Better Care: Action Plan” which articulated the vision for a Healthier Scotland, enabled by a programme of comprehensive and targeted action to accelerate progress on health improvement, reducing health inequalities and improving the quality of healthcare. “Better Health, Better Care” set the policy direction and a range of measures to improve the quality of our health service, and placed much greater emphasis on shifting the balance of care, extending anticipatory care approaches, developing early intervention programmes and in particular it committed to providing local care wherever possible, embedded in communities and tailored to individual need.

In January 2010 the Scottish Ambulance Service published “Working Together for Better Patient Care” our five year Strategic Framework, setting out our strategy to deliver the best care for people in Scotland, when they need us, where they need us and with three main goals to:

- improve patient access and referral to the most appropriate care
- deliver the best services for patients
- engage with all our partners and communities to deliver improved healthcare.

This clinical strategy sets out the clinical framework within which we will develop and deliver clinical excellence across all of our services. The strategy also aims to define the key purpose, vision and ambition of Scottish Ambulance Service to be the provider of choice in the provision of emergency and urgent care services within the pre-hospital environment. Our aspirations are to deliver 24/7 mobile healthcare services to people in Scotland, and in doing so ensure that we:

- are clinically focussed and responsive to patient need
- achieve improvement in both patient outcomes and patient satisfaction
- are innovative and drive continuous quality improvement by introducing new evidence based models of care supported by the application of new technology
- demonstrate high performance, attaining and exceeding international standards of excellence evidenced through benchmarking our service against world leaders in pre-hospital care.
In developing our strategic framework, we have ensured that our aspirations and ambitions are aligned with the vision and policy set out in “Better Health, Better Care” and the subsequent Healthcare Quality Strategy for NHS Scotland published in May 2010.

Our Services

The Scottish Ambulance Service is a Special Health Board. We provide services from 179 locations across Scotland which are currently delivered through five geographically based operational divisions. We cover the largest geographical area in the UK, responding to life threatening emergency calls, increasingly preventing unnecessary hospital attendances or admissions by treating or referring people at the scene and by taking people who have a clinical requirement to and from hospital as part of a planned episode of care. We respond to 600,000 emergency and urgent calls per annum, we undertake 1.5 million journeys supporting patients in need of ongoing scheduled care.

Our air wing provides an emergency response or essential hospital transfer service for the islands and remote and rural areas. The air ambulance deals with more than 4,000 incidents per year and we transport over 90,000 patients between hospitals by road and air annually.

We have three Emergency Medical Dispatch Centres based in Glasgow, Edinburgh and Inverness, which handle in excess of 800,000 calls for help each year, ranging from life threatening emergencies to planned care for patients with chronic long term conditions.

Our National Risk and Resilience Department (NRRD) provides an integrated system of management and governance for resilience, encompassing the disciplines of corporate risk management: including adverse incident reporting, business continuity management, emergency preparedness and also aspects of security. The Special Operations Response Teams provide a trained response to major incidents in addition to responding to over 8,000 calls each year.

3 Healthcare Quality Strategy for NHS Scotland
Our Clinical Strategy

Our Clinical Strategy aims to set out our aspirations for the clinical development of our service and our staff to meet the changing demands and expectations of both clinicians delivering care and patients as the recipients of that care. Our aspirations to enhance clinical skills and practice within the pre-hospital care environment are founded upon the principle that the care we provide to patients will be evidence based and supported by the continued professional development of our workforce within an organisational culture geared to support clinical excellence.

This document aims to articulate:

- our vision for the future clinical development of our service
- our priorities around patient safety, minimising clinical risk and improving clinical effectiveness
- our commitment to continuous quality improvement
- our aspirations for ongoing clinical development within our workforce
- the clinical standards and governance arrangements within which we operate
- our plans to enhance and support clinical decision making through better use of e-health and technology
- our priorities and commitments over the next three to five years.

Our clinical strategy also aims to support our corporate vision to put patients and the public firmly at the heart of everything we do and to ensure our models of care are leading edge, innovative and integrated within the wider NHS.

Putting patients at the heart of everything we do

Delivering a world class ambulance service requires a concerted and coordinated effort across all aspects of the organisation, taking account of evidence based good practice guidelines, through the application of clinical quality improvement methods, by increasing our research and development capability, and by enhancing opportunities for continued professional development and learning within a robust clinical governance framework.

The Clinical Strategy does not sit in isolation: it is supported and enabled by an organisational infrastructure designed to ensure an integrated approach to service development and improvement. Diagram 1 below demonstrates the infrastructure and key relationships within which this framework for clinical development sits, and the various elements of the integrated organisational infrastructure essential to deliver and achieve our ambitions.

WORKING TOGETHER

Diagram 1

The role of the Medical Directorate is key to the delivery of clinical excellence, in providing clinical leadership, focus and direction to clinical staff, constantly seeking out opportunities to improve patient safety and the clinical quality of services to patients and service users.
“Working Together for Better Patient Care” established our vision to deliver the best patient care for people in Scotland, when they need us, where they need us; and with these main goals:

- to improve patient access and referral to the most appropriate care
- to deliver the best service for patients
- to engage with all our partners and communities to deliver improved healthcare.

Our Clinical Strategy is intrinsically linked to the delivery of our Strategic Framework. We aim to optimise our unique position to be able to work across boundaries in primary, secondary and tertiary care through a range of national clinical networks. This will be increasingly important in the current financial climate as we support our wider NHS partners to maintain high quality and cost effective care. Emerging technologies and their adoption across the service will better allow us to assess, monitor and manage patients in the community without the necessity of hospital attendance. Advances in monitoring, decision support and other enabling technology solutions will better support our clinical workforce to manage patients with the aim of maximising clinical effectiveness, supporting improved patient safety and improving outcomes.
Our Aspirations for Clinical Excellence

The delivery of excellent patient care is central to our core values and to achieve this we are reliant on our greatest asset: our staff. We recognise that their ongoing commitment, dedication and passion are vital ingredients in the delivery of our objectives.

Our core values were developed in partnership with our staff and partners, following extensive consultation and engagement as follows:

- putting the patient at the heart of everything we do
- acting with integrity, openness and honesty
- treating each and everyone with respect
- encouraging learning, creativity, innovation and new ways of working
- challenging abuse, discrimination or harassment.

Our Clinical Strategy embraces these values and aims to strengthen the delivery of clinical care by promoting these through strong visible clinical leadership that ensures respect, integrity, clinical competence, equal contribution and teamwork are central to the way in which we deliver care to patients.

One Service

Our vision for the future is for One Ambulance Service, providing scheduled and unscheduled care, (Diagram 2) capable of providing the right response at the right time, first time, every time.

Developing the model for the future will ensure greater integration with the wider NHS, closer collaboration with unscheduled care providers and primary care to improve clinical triage and offer a range or alternative referral options to ensure patients get access to the most appropriate treatment.

Diagram 2
Our Key Aims

Over the next five years our key clinical aims are to systematically enhance the provision of pre-hospital care and referral pathways. In terms of our clinical strategy our priorities will be focussed on improving the patient journey and in particular:

- ensuring that our care is safe, effective and patient centred
- enhancing initial telephone triage and first clinical assessment, supported by the introduction of the Single Common Triage Tool
- getting the right response to patients first time, every time, extending and enhancing the alternatives to hospital attendance, for example, “hear and treat”, providing self care advice, referral to a member of the primary care team i.e. pharmacy, district nursing, health visiting, community psychiatric nursing teams etc
- working collaboratively with primary care to better manage patients with long term conditions
- sharing information with primary care, having access and input to anticipatory care plans to enable paramedic practitioners to effectively participate in the case management of high risk patients or frequent users of emergency services
- increasing the range of primary care we deliver in the pre-hospital environment by extending our current scope of practice and increasing see and treat protocols for minor illness and injuries in order to reduce avoidable and unnecessary attendance at hospital
- in conjunction with all providers, (primary and secondary and social care) agree consistent care pathways for a range of long term conditions that can effectively deal with exacerbations of the patient’s condition, for example, breathlessness, heart failure, falls, frailty in older people, drug and alcohol misuse and mental health
- enhancing specialist skills within our paramedic practitioner workforce to support:
  - the management of major trauma
  - the delivery of more bespoke and specialist care for paediatrics
  - the care of vulnerable adults
  - greater awareness of developments and best practice in child protection
  - the care and transfer of intensive care patients
  - the clinical skills required to improve the delivery of specialist retrieval services
- electronic transfer of our ePRF (electronic patient record form) to GPs and hospital clinicians to ensure patient follow up, continuity of care and better case management
- optimising the use of e-health and tele-health technology to provide remote diagnostic and clinical assessment support to paramedics, particularly in remote and rural communities where the transfer is often only undertaken for a routine diagnostic procedure
- enhancing diagnostic capability within the service, e.g. near patient testing, sonography etc.

Our Model of Care for the future is articulated in the following section (Table 1).
Our Model of Care

Table 1

Now

Initial telephone triage
- Ambulance specific
- Protocol driven
- Condition specific focus
- Limited referral/response options

Face to face assessment
- Rapid response
- Comprehensive assessment but limited diagnostic capability
- Limited diagnostic equipment
- Access to patient information limited
- Limited referral options – largely referral to A&E
- Limited range of see and treat protocols

Treatment
- Effective life saving interventions
- Increasing use of supporting technology
- Limited medications available
- Limited opportunities for review
- Limited communication with General Practice
- Limited transfer of pre-hospital information to receiving A&E unit
- Limited “See and Treat”

For our staff
- More chance to extend skills to advanced practitioner level and support diagnosis in pre-hospital environment
- Better access to clinical decision support through telephone, tele-health, mobile technology to support care at home

The future

Single common triage tool
- Integrated system wide context
- Flexible
- Person centred
- Response and referral options tailored to patient needs

Technology enabled
- Rapid response appropriate to clinical need
- Comprehensive assessment which can be supported by tele-medicine and e-health solutions enabling better diagnosis
- Improved medical equipment particularly to support diagnosis and assessment
- A menu of referral options and referral pathways and alternatives to hospital

Treatment
- Effective life saving interventions
- Additional medicines available for treatment on scene
- Ability to review patients left at home
- Transfer of all relevant pre-hospital records to A&E or alternative receiving unit
- All interventions communicated to GP and primary and social care team

For our patients
- Improved safety and quality
- A seamless service with consistency in terms of response from SAS or unscheduled care
- More care delivered locally at home
- Increased patient satisfaction
“The Healthcare Quality Strategy for NHS Scotland” was published by the Government in May 2010. The ultimate aim of the national quality strategy is to deliver the highest quality healthcare services to people in Scotland and in doing so to ensure the people of Scotland recognise the NHS as amongst the best in the World.

The consultation and engagement process to deliver our own Strategic Framework “Working Together for Better Patient Care” was carried out in parallel with the engagement around the national quality strategy and our quality ambitions and aspirations are well aligned. They build on the internationally recognised six dimensions of healthcare quality (Institute of Medicine – see Diagram 3) and represent a consistent view from people across Scotland in terms of their expectations around world class healthcare provision.

Diagram 3
The national quality ambitions focus on three key drivers, **safety, effectiveness, patient centeredness** and commit to:

- achieving mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making
- ensuring there will be no avoidable injury or harm to people from healthcare they receive and an appropriate clean and safe environment will be provided for the delivery of healthcare services at all times
- delivering the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit and wasteful or harmful variation will be eradicated.

The Scottish Ambulance Service Strategic Framework echoes these quality ambitions in the pursuit of continuous quality improvement and clinical excellence. Collectively, the national quality ambitions and the aspirations set out within our Strategic Framework will provide the focus for all of our quality improvement activity and will underpin all aspects of future clinical development.

Likewise, our Strategic Framework identifies three key drivers:
- to be patient centred
- clinically effective (and safe)
- a leading edge Service 24/7.

We recognise that measurement is an important tool for driving large scale improvement and have developed a suite of local key performance and quality indicators that support our vision and clinical models for the future and will enable us to measure improvement against our aspirations for world class service provision.

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**Defining World Class Services**

A comparative review of international ambulance service best practice was undertaken by the NHS office of Strategic Health Authorities in England in October 2009. The review concluded that ambulance service trusts within the UK are considered amongst the high-performing emergency medical services in the world. However, very little research was identified from which to directly compare services across the international stage and work is now ongoing to establish benchmarks through which different pre-hospital services can be compared. The review also concluded that there were no obvious lessons to be learnt and no real definition of best practice or best in class was identified. Multi-agency research was identified as an area for development.

Given therefore the distinct challenges, and differing demography and epidemiology facing services in different regions, it is difficult to precisely define the quantitative measures that can reliably or consistently describe “world class” service provision within an ambulance service or pre-hospital environment. With the development of robust benchmarking data within this environment being relatively immature, it is difficult to meaningfully compare performance between providers of service with the assurance that we are collecting and measuring performance in a consistent way.

However, recent research undertaken in 2009 by a management trainee attached to the Scottish Ambulance Service concluded that the traditional markers of quality in a world class ambulance service can broadly be placed under twelve main themes to formulate a generic model:

1. rapid response times
2. out of hospital cardiac arrest survival
3. highly developed trauma care
4. preparedness and meeting the needs of its population
5. leading research and development
6. high levels of training and appropriate human resourcing
7. quality assurance and clinical governance
8. equity of access
9. modern, well-equipped service with sophisticated dispatch
10. co-ordination with the wider health service and other emergency services
11. value for money
12. patient safety and satisfaction.

A world class ambulance service can, therefore, be defined as one that strives to achieve excellence in all of the above elements. Our continuous quality measurement framework will therefore recognise of these elements and appropriate emerging themes as a reasonable frame of reference for determining our quality indicators for the future.
Patient Safety – Our Challenge

On average the Scottish Ambulance Service engages with 5,500 people every day, responding to emergency calls, taking patients to and from hospital and other healthcare settings (often with complex care needs), providing an inter-hospital transfer service and supporting very specialist land and air retrieval services. In addition, we now deliver a significant proportion of care to patients at home avoiding the need for attendance and admission to hospital. All of this is delivered within a dynamic and increasingly complex healthcare system, supported by the very latest advances in healthcare technology. Amongst all this complex activity, things can sometimes go wrong. As a 24/7 mobile provider of pre-hospital emergency, urgent and planned healthcare there are some risks that are unique to our service. In addition, as patients move through the care continuum between our service, NHS 24 and primary and secondary care sectors, the potential for patient safety problems increases further.

Patient safety is therefore at the forefront of our clinical strategy. Our approach to patient safety takes note of national best practice and guidelines from the Scottish Patient Safety Programme, Manchester Patient Safety Framework (MaPSaF)\(^6\) - Ambulance and the National Patient Safety Agency.

We have and will continue to adopt the model for improvement recommended by the Scottish Patient Safety Programme, PDSA (Plan, Do, Study, Act). In addition, the Service will promote and spread good practice through the use of seven steps to patient safety, adapted from the National Patient Safety Programme Guide for Primary Care:

**Step 1 - build a safety culture** - a culture that is open and fair

**Step 2 - lead and support staff** - clear and strong focus on patient safety throughout the organisation

**Step 3 - integrate risk management activity** - systems and processes to manage risk and identify and assess things that could go wrong

**Step 4 - promote reporting** - ensuring staff can easily report incidents locally and nationally without fear of blame

**Step 5 - involve and communicate with patients and the public** - communicate openly with and listen to patients

**Step 6 - learn and share safety lessons** - use root cause analysis to learn how and why incidents happen

**Step 7 - implement solutions to prevent harm** - embed lessons through changes to practice, processes or systems.

The seven steps to patient safety in primary care provide a framework for us to work within and adapt to the environment in which we operate to deliver pre-hospital care. Our commitment over the course of 2011/12 is to put the patient safety agenda firmly at the heart of everything that we do and promote a safety culture which:

- demonstrates a real commitment to continuous quality improvement that is embedded within the organisation and is integral to decision making at all levels. We will build on this commitment to ensure clinical excellence in everything we do, continually assessing our performance in collaboration with patients the public and our stakeholders. The delivery of patient care will be evidence based and outcome focussed and our staff will be encouraged to be fully alert to patient safety risks

- ensures patient safety is high profile and staff are constantly assessing risk and looking for potential improvements, where responsibility for safety is part of everyone’s role and reflected in individual personal objectives and development plans

- ensures rigorous reporting of systems failures, patient safety incidents and adverse events. Staff fully understand their individual accountability and reporting becomes second nature with staff having confidence in the investigation process

- promotes investigations as learning opportunities with a clear focus on improvement

- views education as integral to the organisational culture around safety

- ensures patients play a key role in learning and contribute to any subsequent change processes or improvement programmes.
Patient Safety - Good Practice
Several patient safety initiatives have been successfully delivered over the past year or so:

- **Infection Control** - Healthcare Associated Infection (HAI) continues to be of major national importance and reducing the risk of HAI to both patients and staff is a high priority for the Service. Audit performance for compliance against the five moments for hand hygiene standard continues to demonstrate good practice across the service with a consistent overall result of 95%. The service continues to demonstrate an overall improvement against compliance with NHS Scotland National Cleaning Services Specification with performance against the standard exceeding the 90% target over the course of 2010/11.

- **Care bundles** - Our service has developed and implemented a care bundle for the insertion of peripheral vascular catheters (PVCs). The care bundle is aimed at ensuring that evidence based practice is applied and aligns to the PVC maintenance care bundles used in hospitals.

- **Early Warning Scoring** - The Service has introduced the Scottish Early Warning Scoring (SEWS) system which is a patient scoring system designed to assist in the early detection and initiation of treatment in severe illness. We currently achieve 96% of patients with a SEWS score greater than four being transported to hospital.

- **SBAR (Situation, Background, Assessment, Recommendations)** - The service has adopted and will continue to utilise the SBAR method of passing clinical information from clinician to clinician. This involves a uniform tool for communication between healthcare professionals and helps prevent potential error.

Our future aims for improving patient safety include:
In addition to the team based self reflection exercise around the safety culture within the organisation, the following priorities have already been identified for 2011/12:

- the development of an airway bundle to ensure we reduce the risk of infection and secondary infection to patients with compromised airways
- monitoring O2 therapy by recording SPO2 to achieve optimum oxygenation for all patients
- the implementation of modern capnography procedures to ensure that advanced airway care is as safe as possible
- implementing the Vehicle Equipment Checklist (VEC) following the delphi study and clinical evaluation undertaken in 2010/11. This study has received international recognition at the 2010 EMS Awards Ceremony
- improving on scene times for those patients requiring rapid transfer to hospital and by ensuring the appropriate assessments and interventions take place in the most appropriate care-setting to offer optimal benefit to patients
- implementing evidence based pathways of care to deliver better outcomes for patients for example, hyper-acute stroke, myocardial infarction (PCI), trauma
- reviewing our pathways and clinical protocols for children and vulnerable people
- use of critical incident reviews to proactively support learning for individuals, the team and organisation
- executive walk-abouts in EMDCs and stations across Scotland.
A multi-agency research team based at the University of Manchester produced the Manchester Patient Safety Framework – Ambulance as a helpful tool to support team based self-reflection and learning around safety. The framework was originally designed for use by general practice and primary care organisations and has now been adapted for use in other healthcare sectors including ambulance service care. The framework considers nine dimensions of patient safety which are:

- the commitment to continuous quality improvement
- the priority given to safety
- identification of “root cause”
- approach to investigations
- organisational learning following investigations
- communication
- staff and safety issues – the work environment
- staff and educational/training issues – how is education linked
- teamworking and safety issues.

The Medical Directorate aims to adapt this framework to undertake an evaluation of the current patient safety culture within the organisation and any potential priority areas for improvement. This will inform the development of our patient safety programme over the next three to five year period.

Clinically Excellent in Everything we do

Traditionally, the role of the Scottish Ambulance Service has been to take patients to hospital, whether for emergency, unscheduled or planned care. This role is changing as the healthcare needs of patients and the NHS in Scotland change. The Scottish Ambulance Service is committed to supporting the wider NHS to achieve a shift in the balance of care by extending the range of pre-hospital care, working in partnership with NHS Boards to agree and implement evidence based pathways of care that will see more patients being treated in their homes or local communities.

The model below (Diagram 4) defines the framework we will adopt to ensure that we continue to strive to deliver clinical excellence in close collaboration with our key partners. Our framework for clinical excellence aspires to improve effectiveness, the patient experience and is based on:

- effective partnerships and integrated service delivery to collectively achieve the right clinical decision to determine the right clinical response, first time every time
- a culture geared to deliver clinical excellence through learning and reflective practice
- safe systems and processes supported by robust clinical governance, evidence based practice and clinical guidelines.

Diagram 4

Working towards excellence

The Scottish Ambulance Service is committed to supporting the wider NHS to achieve a shift in the balance of care by extending the range of pre-hospital care.
Emergency and Urgent Care in the pre-hospital environment is changing. Patient expectations are increasing, “Better Health, Better Care” and the Quality Strategy continue to encourage a shift in the balance of care towards more care being delivered in local communities, and some of the challenges around sustainability of the more traditional medical models will require new ways of working. All of this requires greater collaboration across a range of multi-professional and multi-agency groups of staff. In recent years, we have developed a far greater range of emergency skills including the introduction of specialist practitioners working alongside NHS colleagues treating a range of conditions including minor illness and minor injury. We have extended these skills to enable our staff to deliver care for patients with some long term conditions for example, diabetes, thereby avoiding an unnecessary and inappropriate trip to hospital for the patient. This not only improves the patient experience but delivers greater financial and resource efficiencies for the whole NHS.

The Scottish Ambulance Service will continue to respond to these changing needs, ensuring that the development of our frontline services are clinically focused on delivering improved treatment and better outcomes for patients. Extending the range of skills, expertise and clinical practice necessary to enhance capacity and capability is a key priority within this clinical strategy.

Our commitment to clinical excellence is just as important in a non emergency situation. Within Scheduled Care Services our Patient Transport Service (PTS) is first and foremost a clinical service. One of our key aims is to continue to develop the patient transport service to best meet the need of those patients with a clinical and medical need for transport ensuring we are able to deliver the best possible care for those patients who require the skill and support of trained ambulance staff to get to and from hospital for planned care or treatment. We will work closely with our partners in health, the local authority sector and the voluntary sector to assist and signpost patients who do not require our clinical skills, expertise and specialist equipment to alternative transport solutions.

To achieve this we will work in partnership with our NHS colleagues to:

- develop integrated clinical services in partnership with the wider primary care and unscheduled care community
- focus our service development and delivery around the patient experience, clinical quality and efficiency
- break down current traditional boundaries, develop a culture based on collaboration and partnership working supported by systems and processes that enable the delivery of an innovative and leading edge 24/7 service
- seek recognition and agreement between emergency, unscheduled and planned services across SAS to get the most appropriate clinical response to meet the patient’s need
- use evidence based, best practice and improved clinical triage to route patients to the most appropriate referral pathways, for the most appropriate care.

We are continuing to develop the Patient Transport Service to best meet the need of those patients with a clinical and medical need for transport to and from hospital for planned care appointments.
Our strategy for learning document “Realising our Potential”\textsuperscript{8} was published in November 2009. It sets out our vision to create a learning culture supported by an improved educational infrastructure to embed professionalism at all levels and to deliver improved experience as an integral part of NHS Scotland. It provides a blueprint for both educational and professional development as well as leadership and management development.

In order to take educational and professional development forward a number of key actions are being progressed:

- developing a curriculum for service delivery
- developing and embedding a Career Framework
- a new educational infrastructure
- developing creative approaches to deliver educational support across Scotland in conjunction with partners
- developing opportunities for career progression within clinical service delivery that offer greater scope for extended clinical roles within the paramedic community.

\textsuperscript{8} Realising our Potential, a strategy for Learning 2009-2013
Our Career Framework

“Realising Our Potential, A strategy for Learning 2009-2013” incorporated reference to the National Career Framework designed to provide the basis for every member of staff to succeed and progress their personal and professional development and to provide a means of accessing information they may need to make decisions about their career. In this learning strategy we said that we would develop the Career Framework specifically to be more relevant and meaningful within the context of the Scottish ambulance Service. Our Career Framework is being designed to support both clinical and non-clinical staff to:

- define and understand their current role
- be clear about education and training programmes for each role including:
  - statutory / mandatory training
  - core programmes and
  - continuous professional development
- make clear how to access learning opportunities
- support staff to make decisions about their careers.

For the organisation it will support us in:

- strategically planning for the learning and development of all staff throughout their careers
- help us to identify where new roles are required to meet patient needs
- embed the KSF and streamline appraisal processes
- help us recognise and attract the skills that other professionals can bring to the Scottish Ambulance Service
- help us evaluate and continuously improve the programmes we provide
- provide a tool to support recruitment, retention and succession planning.

The Future Workforce

The Career Framework is designed for all staff but will be key in terms of providing clinical staff access to information and support regarding the educational opportunities and requirements to progress on their chosen clinical career path.

The requirement for new and perhaps more specialist clinical roles is likely to increase over the next three to five years as we respond to the changing face of the NHS and the national aim to invest in community led models of care that provide much more care closer to patients’ homes. In addition, as we continue to implement the ambitions and aspirations set out within our over-arching strategic framework, the shape of our clinical workforce will need to adapt.

A number of national reports have raised concerns about pre-hospital care for seriously ill and injured patients. The development of critical care paramedics is one example of specialist roles with enhanced clinical capabilities being designed to respond to this challenge. Scottish Ambulance Service aims to develop the educational framework to provide paramedics with a higher level knowledge base with a particular focus on advanced patient assessment, pharmacology, physiology and pathophysiology. The development and introduction of this role over the course of 2011/12 as a pathfinder for more advanced paramedic career progression will be a key and integral component of our career framework and will set the principles.

The education, learning and development specialists in partnership with senior clinicians from the Medical Directorate will work together to define the changing needs of the service and to ensure our career framework supports the clinical needs of the service as we move forward. Some of the other service changes and more specialist roles we may need to consider over the coming years include:

- more urgent and unscheduled care being delivered by paramedic practitioners in the community within protocol driven care pathways agreed within an integrated multi professional and multi agency healthcare environment
- greater numbers of emergency care paramedic practitioners trained in treating minor illness and minor injury in order to support the wider NHS to deliver more care closer to home, avoiding acute hospital attendance or admission
- an increased level of support for the delivery of primary care particularly in the out of hours period and closer integration with general practitioners and members of the primary care team through more formal arrangements for professional advice and clinical decision support
- more specialist paramedic practitioner support being required to respond to an ever changing configuration of clinical services with greater specialisation and potentially centralisation of specialist care, for example, in specialist retrieval, advanced trauma skills, paediatric and neonatal care.

The range of skills required to deliver a more triage, treatment and referral based clinical model may mean the workforce of the future will require a significant shift in the ratios of staff with a greater number of practitioners required at level six of the Career Framework and above.
Our current workforce model appears to impose somewhat of a glass ceiling in terms of clinical career progression. Over the course of 2011/12, the Medical Directorate will be working in partnership with partners across the wider NHS to define the scope, potential demand and clinical impact emerging from our work around the development of unscheduled care pathways and the introduction of the single common triage tool. These changes will be reflected in the Career Framework as they happen to keep everyone informed. During 2011/12, the focus of our clinical pathway work will be on:

- long term conditions such as breathlessness, including heart failure and COPD, and diabetes
- falls and frailty in older people
- alcohol and substance misuse
- mental health.

In addition we will review any clinical development required to increase the focus within our scheduled care service toward clinical and medical need.

All of this will inform the clinical workforce development plan over the course of 2011/12 with definitive plans being produced for implementation over the period 2012-2014. During 2011/12 we will undertake a detailed skill mix review in order to ensure we understand the workforce and clinical skill development to deliver the changes in clinical practice required to fully implement the vision set out within our strategic framework. We will use the Career Framework to support the development of an appropriate clinical workforce fit for purpose.

Continued Professional Development

The concept of continuing professional development (CPD) has become an increasing aspect of professional practice, as has the need for those professionals to be accountable for their practice. Change is an ever present factor in the modern NHS with clinical research having a continuous influence on the delivery of healthcare. In recent years the role of the paramedic has changed significantly including for example the introduction of laryngeal airways; the delivery of thrombolytics pre hospital and intra osseous infusion. There are also environmental factors that drive change in the pre-hospital care environment; the threat of terrorism; increasing patient expectations; geographical and demographic changes require a different type of response to meet individual patient needs. All these factors make it necessary for clinicians and practitioners to prepare for and to stay abreast of change through continued professional development.

The College of Paramedics, as the professional body for registered UK paramedics, supports the Health Professions Council in its requirement for paramedics to engage in CPD to ensure that practicing paramedics are able to inculcate change and embrace the continuous development of a world leading modern health care service.

Building on the strength of our Health Professionals Council approved programmes we have further developed the essential link between the learning environment and the clinical practice arena and the need for ongoing continued professional development.

Nationally, we now have a team of Practice Placement Educators ensuring we provide a supportive learning environment within clinical practice to support paramedics, technicians, ambulance assistants and also clinical support staff such as call handlers and dispatchers.
Supporting Staff

Our staff are key to our organisation’s success. To meet the challenges over the years ahead the delivery of a best in class education and professional development programme will be fundamental to our future success. To achieve this we moved to the new Scottish Ambulance Academy at Glasgow Caledonian University on 1st April 2011. This will ensure that our staff have access to the latest in simulation and learning facilities and that their development needs are delivered alongside fellow healthcare professionals. The Academy will also enable staff not only to deliver the latest evidence based care, but also to contribute and develop the evidence to influence care.

Equally, we recognise that learning does not end when our staff successfully graduate from the training programme, and our clinical staff within the Service have our commitment and support to continue with their personal and professional development within a culture geared towards life long learning.

Our corporate commitment to provide ongoing learning and development opportunities that best serve the needs of patients and the aspirations of all clinical staff is central to our aspiration to deliver leading edge world class services for people in Scotland.

As we continue to take forward the aspirations within “Working together for Better Patient Care” we will develop a career ladder for all clinicians within our organisation creating opportunities for ongoing further education, continued professional development and specialist training. Our aim in terms of strengthening the education and career framework is to support our clinical workforce attain a higher level of academic achievement and to underpin the creation of new and enhanced clinical roles.

In developing the clinical workforce and supporting learning network for the future we will:

- introduce new roles including the Educational Governance Manager and Professional Development Advisors, providing the opportunity for robust governance of the standards applied to education and further supporting staff with continued personal and professional development
- continue to monitor fitness to practice in accordance with guidance from the HPC, as part of our commitment to ensure the people of Scotland receive the professional level of care that they expect from the Scottish Ambulance Service and defining roles and responsibilities e.g. Team Leaders and Area Service Managers
- continue to support further and higher education for practitioners working in partnership with colleges and universities across Scotland and our partners within the wider NHS
- create an enhanced career structure within our clinical service through the development of new roles with extended clinical practice
- secure opportunities for staff to engage in clinical audit or research as part of their personal development programme.

Clinical Leadership and Development

The Scottish Ambulance Service is embarking on a journey to enhance clinical leadership across all aspects and within all levels of the service. During 2010, we held two Back2Basics events to engage with staff to assist us to develop a more systematic and strategic approach to clinical leadership. During the course of these two events participants defined clinical leadership as “motivating and developing staff in order to improve clinical excellence, this is achieved by influencing individual clinicians and management teams to deliver safe, effective and efficient patient care” (Back2Basics:2010)6.

The Medical Directorate has committed to:

- defining a clear way forward for the sustainable development of clinical leadership, professionalism and accountability in the Service which focuses on:
  - Clinicians ensuring that their professional practice is of a high standard and continuously improving
  - Clinicians supporting others to constantly improve the quality of their practice
  - Clinicians influencing the Service and profession
- sustaining a forum for ongoing dialogue around professional development, sharing good practice and supporting clinical leadership to develop and improve practice and influence the way in which the service works.

We believe clinical leadership is a key component of leadership and fundamental to clinical effectiveness. Clinical leadership can be seen as having a focus in driving service improvement and the effective management of teams to provide excellence in patient care. However, we recognise that clinical leadership does not take place in isolation of the broader organisational leadership agenda and as such see the development of our clinical leaders as an essential but integral element of our work to develop our overall leadership capacity and capability to deliver the objectives within our strategic framework.

6 Back2Basics:2010
Delivering Quality through Leadership, the NHS Scotland Leadership Development Strategy\(^\circ\), identifies opportunities to ensure leadership underpins the delivery agenda for Scotland. Our approach to clinical leadership development within the Service takes full account of the model for leadership development across the NHS in Scotland.

**Developing new Clinical Roles and Skills**

Over the past decade, the Scottish Ambulance Service has been building the necessary clinical skills, capability and capacity to make a far greater contribution to the delivery of emergency and unscheduled care. It has developed the role of the community paramedic, skilled in dealing with minor illness and minor injury and working in close collaboration with acute emergency departments to reduce attendance at and admission to hospital. Paramedics are now working alongside hospital specialists delivering the national Emergency Medical Retrieval Service supporting the care of critically ill patients during their transfers. In an NHS that is constantly changing and under pressure from increased demand from patients, workforce challenges particularly within the medical workforce as a result of the new consultant contract and the European working time directive, there is potentially much more that we could do. Our aspirations are to enhance the skills of our clinical workforce further over the next three to five years to enable us to work more closely with the wider NHS and become an integral provider of unscheduled care services.

**We will do this by:**

- reviewing the development needs and any specialist skills that may be required of our clinical teams to support and deliver a national specialist retrieval service, in particular the development of more advanced skills for critically ill patients within the trauma/critical care or specialist paediatric field to support any future changes to the configuration of specialist services across Scotland
- undertaking a comprehensive training needs and skills gap analysis in partnership with our clinical colleagues and partners within the wider NHS
- seek to develop a service delivery model that develops clinicians and creates opportunities for clinical career progression as general or specialist practitioner within the Service
- ensure the model can take an individual from an entry level student in paramedicine through to registration and beyond, allowing enhanced skills development, higher professional training opportunities and career progression up to paramedic consultant level
- work towards raising professional standards introducing a skill mix where the paramedic graduate model is more prominent.

We will:

- work with the wider NHS to provide and coordinate a broader range of mobile healthcare for patients who require urgent or unscheduled care
- become much more integrated with acute care teams in minor injury and illness centres with particular focus on supporting care within remote and rural areas with low emergency and urgent care demand
- collaborate with NHS 24 to deliver single common triage and more integrated hear and treat services for Category C emergency callers
- become more involved in partnerships with health and social care to provide an increasing range of primary care, diagnostic and health promotion/prevention services where appropriate to do so
- develop future roles for practitioners as part of an integrated healthcare response in the pre-hospital environment
- collaborate with both out of hours and in hours care providers to ensure continuity of care for patients, best value for the NHS and consistent appropriate models of care.
The Service has just completed the second review by NHS QIS against the National Standards for Clinical Governance and Risk Management where we achieved our best ever score. These standards are extensive and cover much of the clinical processes and guidelines that we use. The results provided an important focus for the Clinical Governance Committee in seeking assurance that requirements are being implemented across the Service.

The clinical governance structure provides assurance to the Scottish Ambulance Service Board for continuous improvement of quality patient care through clinical leadership and governance. Clinical governance is provided through an organisation wide structure reporting to the Clinical Governance Committee, a sub committee of the Board. The governance arrangements are set out below (Diagram 5).
Safeguarding Standards, Clinical Quality and Outcomes

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and the implementation of change. Our clinical audit programme provides assurance that our services are delivering evidence based care and operating within the appropriate clinical standards and guidelines.

We now have the most comprehensive pre-hospital clinical data system in the UK. Access to evidence of clinical effectiveness is greater now than ever before. At a strategic level, we aim to continue to develop this using our clinical information systems to support local clinical audit, enhance the learning from audit, and provide learning material from clinical case studies and adverse incidents in order to continually improve practice, patient safety, clinical standards and outcomes.

The following diagram (Diagram 6) outlines our clinical audit cycle:

Moving forward, the Medical Directorate will:
- take advantage of the opportunities provided to us by using our clinical data to drive improvements in patient care by:
  - integrating clinical audit into everyday use and learning from its results
  - promoting regular reports that identify variations in clinical practice
  - including patient condition data into clinical process reports.
- continuing to develop our systems to their optimum level by:
  - improving the quality of clinical record keeping
  - developing electronic links to other NHS systems
  - gaining outcome measurements from partner NHS organisations that span the patient journey
  - assessing clinical interventions against mortality and morbidity outcomes
  - reassessing clinical standards against actual evidence of direct improvement
  - improving the UK pre-hospital evidence base to help improve services to all UK patients.
- providing a stimulus and a means whereby clinicians can maximise the full benefits of audit
- enthusing and enabling clinicians to reflect on audit findings, inter-relate with patients and managers in devising methods for improving care
- taking a lead role in driving improvements and ensure repeat data collection to demonstrate change in order to improve patient care, provide assurance on clinical standards and enable clinicians to truly meet their professional aspirations.
Risk Management

The Service has robust Strategic Risk Management Systems and Policies in place supported by the national risk management system (Datix). Regular reports are presented to the Clinical Governance Committee and other key groups within the Service.

The Scottish Ambulance Service undertakes an annual review of risks at a corporate level and in a recent assessment we achieved level four (reviewing) for risk management against the Clinical Governance and Risk Management (CGRM) standards for 2009/2010.

We continue to support staff to report incidents and promote a fair and open culture through our Risk Management Strategy. We undertake comprehensive root cause analysis of all very high level incidents and any incident that merits such a level of investigation and ensure we learn from this process and share this learning through case study presentation and other methods across the Service and where necessary, beyond.

Our primary focus over the next three to five years in relation to minimising harm and reducing clinical risk will be around the following:

- improving clinical record keeping to evidence safe and effective care
- reducing on scene times for patients with immediately life-threatening illnesses or injuries
- professionalism
- improving triage and responsiveness
- extending evidence based see and treat protocols and care pathway development
- medicine management
- infection control.

Research and Development

Paramedics and technicians have traditionally been educated at under-graduate level. Research methods and methodologies, critical appraisal of published research etc were not integrated components of training and education, with the focus being primarily on developing an understanding of anatomy and physiology, disease pathophysiology and treatments in adherence to standard operating procedures.

Only within the last decade have national evidence based guidelines been introduced (JRCALC; 2001). However more recently education within the Scottish Ambulance Service has evolved with the development of the Foundation Paramedic. Such changes have afforded the opportunity to introduce research as a ‘topic’ or ‘module’ and taught at an appropriate level and as something which can be undertaken by all ambulance clinicians. We will continue to strengthen the research and development capacity and capability within the clinical workforce by:

- promoting a culture that supports and encourages research as part of routine practice
- building on the opportunities where appropriate to work closely with academic and community planning partners to increase the volume and quality of research
- promoting research within an appropriate governance framework and developing a research and development group to support implementation of the framework
- developing research knowledge and skills of staff
- working in partnership with the patients and the public across Scotland to ensure that research is patient centred
- working with established national and regional networks to identify mentors that will provide support for staff undertaking research
- concentrate on developing and supporting current partnerships and areas of strength, ie, partnerships with Nursing Midwifery and Allied Health Professionals Research Unit at Stirling University, and with Edinburgh University, Warwick University and Glasgow Caledonian University
  - Scottish Trauma Audit Group
  - LUCAS trial.
6 TECHNOLOGY TO SUPPORT CLINICAL DECISION MAKING

We are committed to the development of e-Health and Technology solutions to assist with the clinical decision making processes of ambulance clinicians within the pre-hospital care environment.

ECG telemetry has done much to improve the outcomes for cardiac patients and further new technology is being developed to improve the care of patients with stroke. We have developed and implemented award-winning solutions in mobile technology. The electronic patient record (ePacer) has now recorded over 2,000,000 events. The system provides clinicians with support and advice, and allows paperless clinical recording. The introduction and availability of the Emergency Care Summary to our clinicians will allow access to part of patient records that can contain vital information in an emergency.

In November 2009 the Board of the Scottish Ambulance service approved a new 3 year e-Health ICT Strategy\[1\], in support of our Strategic Framework, "Working Together for Better Patient Care". The development of our e-Health and ICT strategy has been significantly influenced by a number of other emerging policies and strategies, both within the service and the wider NHS in Scotland.

\[1\] e-Health ICT Strategy
Key areas have been identified within our Emergency, Unscheduled and Scheduled Care environments where the strategy will aim to deliver significant benefits, with specific focus being on the areas of:

- triage
- appropriate response
- treatment and or referral
- transport as appropriate.

In terms of our clinical service, the strategic aims of the eHealth and ICT Strategy are to:

- improve clinical triage processes for Emergency, Unscheduled and Scheduled Care Pathways
- improve greater integration between eHealthcare systems
- optimise the use of telemetry and telemedicine in the provision of our mobile 24/7 pre-hospital emergency care, enabling more patients to be treated locally without the need for transfer to or between hospital
- integrate best use of technology to support patient care
- explore opportunities for Near Patient Testing.

We will develop innovative technology solutions to support the clinical development of our scheduled care service including better integration of technology with other service providers and mobile data and tracking to improve service provision and hence patient satisfaction.

Within our unscheduled care programme we have a vast number of e-Health and technology developments designed to support clinicians with technology and information for clinical decision making for example:

- the development of a single common triage tool in partnership with NHS 24
- the electronic transmission of our electronic patient record
- access to the emergency care summary
- C3 Airwave Radio location interface
- C3 intelligent resourcing
- automated pre-alerting for clinicians for sepsis and stroke
- linking records with GPs, OOH and primary care.

The single common triage tool being developed between Scottish Ambulance Service and NHS 24 aims to ensure that patients are appropriately routed to the care they need when accessing emergency or unscheduled care services.

A new, single clinical decision support tool or single common triage tool would mean that regardless of which route is used to access emergency or out of hours healthcare, there will be an improvement in consistency in the triage of patients, with users of the system having the ability to route patients to a variety of healthcare pathways, dependent on the individual need. A shared system for assessing need would ensure the right response for patients, first time.

Diagram 7 below outlines the potential of the tool.
To remain at the forefront of mobile technology to support patient care we will:

- further develop ePacer and redesign it as a decision-support tool
- develop systems of electronic pre-advice, alerting receiving clinicians of conditions requiring special intervention on arrival. The first two conditions will be sepsis, and stroke
- further develop systems to electronically transmit full records to receiving clinicians (the SCI programme)
- link with existing systems to pre-alert our own clinicians prior to attendance on scene (ECS and ePCS programmes)
- link clinical hardware to streamline data collection (e.g. link ePacer to defibrillators) to develop ePacer as a clinical hub
- gain access to clinical websites (e.g. Toxbase) to further support clinicians on scene
- provide an electronic reporting platform for Patient Transport Services
- continue to play a leading role in the national development of the clinical portal network
- improve compliance with clinical reporting standards via empowerment of local staff
- enhance existing See and Treat procedures by developing systems to notify community services when patients receive ambulance attendance without resulting hospitalisation
- work with the Scottish Centre for Tele-health to determine what future supportive technologies could be deployed in support of frontline staff.
It is important to note that we are starting from a strong position. During 2010/11 we have already engaged and secured support from our staff and key stakeholders in setting the direction of travel for this strategy.

We will make these changes happen by developing the clinical focus of every ambulance clinician to ensure that continuous quality improvement and patients are at the heart of all clinical decision-making processes. We will ensure that staff are fully supported in their clinical activities by building clinical teams that are capable of providing guidance, clinical supervision and mentorship. Our aspirations to improve quality and performance will be supported at a personal, team and organisational level to ensure our services are patient centred, safe, effective and leading edge.

Our Commitments

This Clinical Strategy provides a range of commitments, which will be prioritised and implemented over the next three years. Our top five priorities for 2011/12 are:

- patient safety – to evaluate the current safety culture and develop a bespoke patient safety programme for Scottish Ambulance Service
- to work in partnership with the HR Directorate to review clinical roles as part of the Career Framework
- to reduce on scene times where transfer to an acute hospital facility is time critical:
  - STEMI
  - major trauma
  - paediatrics
  - cardiac arrest
- to develop an integrated Professional Standards Charter
- to improve patient record keeping and accelerate the pace of change to transfer our electronic patient record to both receiving and referring clinicians ensuring continuity of care for patients.

Appendix 2 outlines in detail the work plan over the three year period to support the delivery of this clinical framework. Progress against the work plan will be reported regularly through the National Clinical Governance Committee to the Board of the Scottish Ambulance Service.
In line with the NHS Quality Healthcare Strategy, the Scottish Ambulance Service is developing its own quality scorecard in 2011/12. The scorecard covers operational, clinical, partnership and organisational development measures and is designed to give a balanced overview of performance across the Service and will support delivery of this clinical strategy.

Key clinical outcome measures will be developed, including how effectively the Service is linking in with the wider NHS, for example, monitoring our treatment of STEMI patients linked to the national roll out of optimal reperfusion services, and similarly, our input to the effective management of hyper-acute stroke patients. The scorecard will support our clinical governance arrangements and be an interactive tool for local clinical leaders to quickly identify risk and take forward quality improvement.
<table>
<thead>
<tr>
<th>Commitments</th>
<th>SAFE</th>
<th>EFFECTIVE</th>
<th>PATIENT CENTRED</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/15</th>
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<tbody>
<tr>
<td>Evaluate the organisation’s safety culture and develop a bespoke Patient Safety Programme for SAS</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Evaluation of Safety Culture by Oct 2011</td>
<td>Implementation of Improvement Plan</td>
<td>Review and refresh implementation of Improvement Plan</td>
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<td>Minimise on scene times to improve patient safety for key conditions: - STEMI - Major Trauma - Paediatrics - Cardiac Arrest</td>
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<td>✔</td>
<td>✔</td>
<td>STEMI Major Trauma</td>
<td>Paediatrics Cardiac Arrest On going evaluation and implementation</td>
<td>Paediatrics Cardiac Arrest On going evaluation and implementation</td>
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<td>Develop an integrated Professional Standards Charter</td>
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<td>By September 2011</td>
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<tr>
<td><strong>Clinical Leadership</strong></td>
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<td>Throughout 2011</td>
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<tr>
<td>To work in partnership with the educational department to review clinical roles as part of the Career Framework</td>
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<tr>
<td>Undertake a comprehensive review of clinical skills with a needs analysis to inform the Clinical Workforce Development Plan for 2012/13</td>
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<td></td>
<td>By December 2011</td>
<td>Produce Clinical Workforce Development Plan</td>
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<tr>
<td>Introduce a Paramedic Mentoring Network</td>
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<td>Introduce a Paramedic Mentoring Network</td>
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<td>Explore the benefits of Pre-Hospital Therapeutic Hypothermia for Cardiac Arrest Stroke Trauma</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>Investigate</td>
<td>Trial</td>
<td>Implement</td>
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<tr>
<td>Develop clinical tasking and the role of the Paramedic in the EMDC</td>
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<td>✔</td>
<td>✔</td>
<td>Work with EMDC to support a Learn and Improve workstream in preparation for Single Common Triage Tool (SCTT)</td>
<td>Introduce SCTT</td>
<td>Continue to develop and evaluate SCCT</td>
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<td>Pre-Hospital Scanning of Stroke FAST test</td>
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<td>✔</td>
<td>✔</td>
<td>Investigate</td>
<td>Trial</td>
<td>Implement</td>
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<td>Explore the use of Pelvic Splintage for - Non Penetrating Pelvic Trauma - Major Trauma</td>
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<td>✔</td>
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<td>Investigate</td>
<td>Trial</td>
<td>Implement</td>
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<tr>
<td>Improving Quality of CPR using feedback from QCPR</td>
<td>✔</td>
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<td></td>
<td>Implement</td>
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<td>Commitments</td>
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<td>Develop and Implement the Pre-Hospital Airway Bundle</td>
<td>SAFE</td>
<td>EFFECTIVE</td>
<td>PATIENT CENTRED</td>
<td>By December 2011</td>
<td>Evaluate Bundle</td>
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<tr>
<td>Participate in national research projects</td>
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<td>Trial</td>
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<td>LUCAS Trial STAG</td>
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<td>Improve our Medicines Management with regard to controlled medicines</td>
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<td>Trial</td>
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<td>- Implement Swipe Card Access to Morphine Safe</td>
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<td>Trial</td>
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<td>- Undertake a Medicines Review</td>
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<td>Introduce Pre-Alert Tools for Sepsis - EWS</td>
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<td>Audit Clinical Performance Indicators in Quality Scorecard</td>
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<td>Develop</td>
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<tr>
<td>Further develop and enhance treatment of STEMI patients</td>
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<td>Investigate</td>
<td>Trial</td>
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<td>Develop and test Pre-Hospital Pathways for</td>
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<td>Develop</td>
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<td>- Alcohol</td>
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<td>Investigate the use of Intra Osseous Infusion in the Pre-Hospital Environment</td>
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<td>Trigger Tool SPSP</td>
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<td>Investigate/Trial</td>
<td>Implement</td>
<td>Evaluate</td>
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<td>- Patient Safety Incidents - Markers</td>
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<td>Ensure a programme of Executive Patient Safety Walk Arounrs is undertaken</td>
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<td>Devise and implement</td>
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<tr>
<td>Evaluate Anticipatory Care Pilots</td>
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<td>●</td>
<td>●</td>
<td>Complete by March 2012</td>
<td>Roll out pilot and action plan</td>
<td>Roll out pilot and action plan</td>
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<td>Ensure better access to Anticipatory Care Plans</td>
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<td>Increase availability of AEDs across the Service and in public places</td>
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<td>●</td>
<td>●</td>
<td>Investigate</td>
<td>Trial</td>
<td>Implement</td>
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</table>
The Scottish Ambulance Service firmly believes that all employees should be treated equally and fairly. The Board opposes all forms of discrimination on grounds of colour, race, nationality, ethnic origin, disability, marital status, sexual orientation, gender or age.

Information about the Service can be obtained from: Secretary to the Scottish Ambulance Board, National Headquarters, Tipperlinn Road, Edinburgh, EH10 5UU. Telephone: 0131 446 7000 email scotambcomments@scottishambulance.com or visit our website www.scottishambulance.com

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