

70
YEARS
OF THE NHS
1948 - 2018

PROJECT **A**

Improving NHS ambulance services

Launch event London,
28th June 2018



The purpose of this report:

What we are trying to achieve:

- Collecting inputs and outputs from the day
- Making a record of what happened on the day and the energy in the room
- Documenting the wealth of information and experience that the attendees bring

We are not trying to do:

- Making verbatim notes
- Analysing or prioritising ideas
- Developing a decision document or action plan

UNLEASH
the collective brilliance of people
who work in ambulance services
(with the help of a few critical friends)

COMFORMITY ZONE?



HUH...

UNLEASH YOUR
SUPER POWER



AH...

Report compiled by Rosie Redstone
and Leigh Kendall, NHS Horizons



Starting the day as we meant to continue – with creativity and innovation!

Participants made their own name badges.



Welcome and Introduction by Helen Bevan, NHS Horizons' Chief Transformation Officer

We're going to work hard today, unleash our collective brilliance and wisdom.



Acknowledging the critical friends in the room: people who don't work in ambulance services, but are here to help us see different perspectives

We will identify local changes that if we all implement will make a difference across the whole country.



Ethos for the day

- Have faith in the process
- Take collective responsibility for completing the task on time
- Be fully present for yourself and for others
- Collaborate, support and constructively challenge others
- Put yourself in other people's shoes
- Bring and voice your own perspective – that is why you are here!

This is not your usual conference or workshop, it is a specially designed process which enables a depth and quality of output that would usually be unachievable in such a short timeframe...



Poll: who is in the room?

slido

Who is in the room? Select from the list the one that you align to.

132 👤

Patient representative

2 %

Clinician/clinical support - on the road

40 %

Clinician/clinical support - control room

5 %

Control room - other

13 %

Communications

7 %

Student

6 %

Ambulance - other

23 %

Non ambulance

8 %



What will make today successful for you?

What will make today successful for you? 109

Being supported to make change happen! Inspiring change soon

To see the changes Ideas about successful integration of emergency, urgent and community care

Developing the service More coffee !

Re triage 111 calls Better mental health pathways

@secamb_tom mobile number!

Better collaboration

Cup holders as standard

Shared learning

Ground rules – agreed by all

1. We are all equal (no hierarchy)
2. Everyone participates and listens, equally
3. What is said here stays here
4. No idea is stupid
5. No topics are off the table



Simon Stevens, Chief Executive of NHS England

The purpose of today is to tap into the wisdom and energy of those in the ambulance service. I want to hear about the things you see which would make a great change. I want you to do something amazing through hearing the voices and ideas of frontline colleagues.



Hilary Pillin
@HilaryPillin

Following

.@AACE_org #ALF2018event Simon Stevens @NHSEngland - "I will fund a 12 month programme within @horizonsnhs led by @helenbevan, to allow a cross section of frontline staff to share their experiences and gather a reflection of insights into the way #UEC is working on a daily basis

1:28 PM - 21 Mar 2018



Getting to know each other



Using dice to answer questions about our roles and experiences



- On your tables are some “Ambulance service introductions dice”
- Each person should introduce themselves to others on the table, roll the dice and answer the question they get from the dice
- If you don't work in ambulance services, interpret the question you get for your own situation



Tapping into the powerful tacit knowledge in our system

Found in Standard Operating Procedures (SOPs), policies, toolkits, quality standards
Essential for quality, safety, compliance and transfer of knowledge

Codified knowledge

Explicit knowledge

Most valuable kind of knowledge for innovation and improvement

Untaught knowledge and know-how

Tacit knowledge

Most likely to lead to breakthroughs

Rooted in local settings, experience, practice and values
Hard to communicate

Tacit knowledge is often most valuable kind - but it can be hard to communicate. We're going to be working with the tacit knowledge as we think this is most likely to lead to breakthroughs.

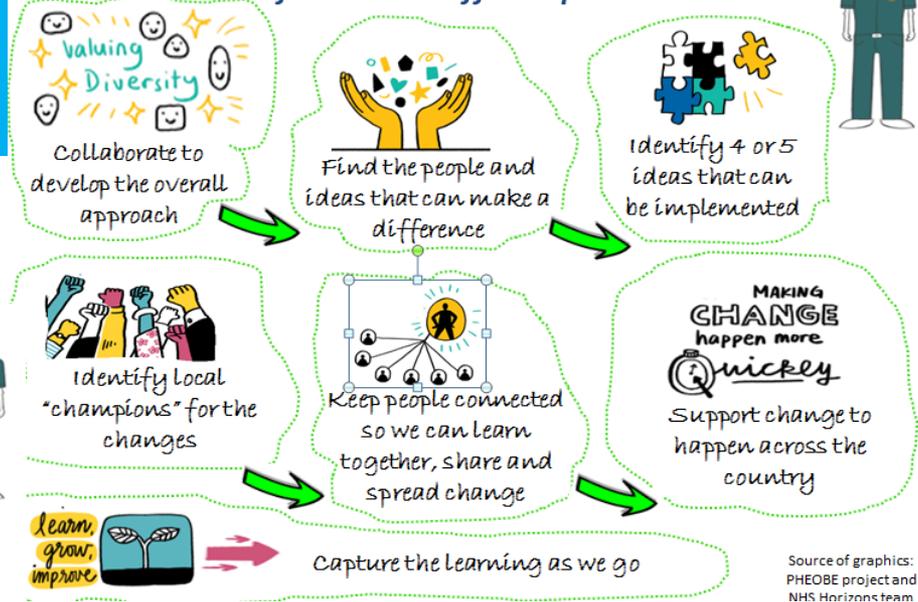
Helen Bevan

WHAT we are going to do over the next 12 months

PROJECT A Improving ambulance services with frontline staff and patients



PROJECT A Improving ambulance services with frontline staff and patients



WHEN we are going to be doing it

KEY POINTS:

- An online ideas channel so that anyone in the country can add their ideas and have conversations.
- We want to ensure that everyone can connect with others.

Leading innovation is not about getting people to follow you into the future, it is about getting people to co-create it with you

Linda A. Hill

This means that we can do things better for our patients and our colleagues. It's not about getting people to follow you, it's about getting people to co-create with you.



Activity: Now and in the Future



THE TASK: Pick a picture from a magazine which symbolises how ambulance services are now, and one about how you would like them to be in the future.

THE TASK...CONTINUED:
Create a collage showing where the ambulance service is now, and where we want to be in the future.



The finished results!

Table Name: 1 Team members: GRACE / JONAS / STEVE / DANIA / SARAH / JANE / HANCOCK / CATHERINE / CAMERON

From NOW **To FUTURE**

Now: A GREAT START, Chaos, Tunnel Vision, insular, CRUNCH TIME, only just hanging in there, Scrambling against the flow, 'out dated', services co-located, Steps to improvement.

Future: Sustainable, TAKE CONTROL, pushing through the barriers, A LITTLE OF WHAT YOU WANT, ON-BOARD, fit for purpose, made to measure, Custom made 7 gold standard, Tacit Knowledge, pt focused.

Table Name: 2 Team members: Sarah Brandon, Theresa, Hayley, Rich, Sacha, Mark

From **To**

From: Drawing, WHAT NOW?, Abuse, Lost in translation?, Lottery!, SEE WE'VE GOT LUCKY, Roll of the dice, Another year is over, start your transformation, CO-EXISTENCE, Less abuse!, Family, The tipping point in a crisis, Respect.

To: The world's leading UK based health, PRACTICE, Helping you live better. The matter where you live, Practical, start your transformation, CO-EXISTENCE, Less abuse!, Family, The tipping point in a crisis, Respect.

Table Name: 3 Team members:

From **To**

From: Breaking Rules, More rules to break, DARK MAGIC, Lots of talent, Unacknowledged at times, talent, International Workforce, Too many rules to follow, Roadmap to success.

To: CREATE BEAUTIFUL LANDSCAPES, FABULOUS, An EXPLORE, CLARKE'S CLARK, Functional Organised, New roles/roles, Co-responsibility, Paces, Disrupting The Front Line, Spaces, Roadmap to success.

Table Name: YORKSHIRE PUDDINGS Team members: YAS, ROD, SPENCER, JOHN 1 + JOHN 2, DALE, HELEN 1 + 2, MARIANNE, SARAH

From A **To B**

From: DEFLATED, challenge, I Have a Problem, FEEL GOOD, Ready to rock!, smiles, ELITE, Efficiency, STEVEN.

To: mindful, WITHOUT COMPROMISE, Special, YES YOU CAN, well-being, Supporting you, ELITE, Efficiency, STEVEN.

The finished results!

Table Name: 13

Team members: DAN, MARY, SALMAN, HELEN, EMMA, Gemma, GARY, Steve

From: *Need to know*, *Tired of being Tired?*, *UNCERTAIN FATIGUE INEFFICIENT*, *PRUNING MONTH*, *CHANGE Patient-Centred*, *WHAT TO DO NOW*

To: *Recognised*, *AACE*, *EOE*, *LAS*, *WAS*, *Orb'd*

Table Name: 14

Team members: Alex, Mark, Mary, Shane, Liz, Ben, Joanne, Chris, Luke, Laura

From: *STP*, *A GREAT START*, *Going Places*, *TIME TO UPGRADE*, *UNLIKE ANY OTHER PLACE*, *BLACK CARD*, *A LITTLE CHAOS*

To: *SIMPLIFIED*, *Let us transform the quality of your NHS*, *OUT OF THE SHADOWS*, *A ROSE FUTURE*, *THE SECRET TO LONGEVITY: YOU*, *Who's Looking Out for you?*, *A LITTLE OF WHAT YOU FANCY*, *Fix a Fragile System*, *tiger*

Table Name: (15)

Team members: JULIE, BRIGID, MARK, CARL, MICHELLE, BRIAN, JAMES, ROGER, IAN

From: *BLINKERED*, *ARRIVATION*, *OMG*, *DEFLATED*

To: *ORGANISED*, *SUCCESS*, *OUTCOME*, *HAV*

Table Name: 16

Team members: Thomas, Phil, Elaine, Brian, Brian, Thomas, Phil, Sharon, Mark, Evelyn, Corinna, Hilson, Julie, Cusane, Har, Angie, Patton

From: *ISOLATED, FRUSTRATED, PRESSURE, REDUNDANT*, *SPECTRE*, *Local choice of destination queries*, *Reactive response*, *Reactive thinking*

To: *INTEGRATED, EMPOWERED, EXPANSIVE*, *KEY ENABLER*, *EXPANSIVE THINKING*, *AMBULANCE SERVICE MOVING INTO INTEGRATED URBAN CARE*, *all NHS services are specialized*, *different aspects all come together to produce the 'bigger picture'*, *Recognition of ambulance staff's skills & the potential to work in other areas of the ED*, *Working together in Unions*, *RESULTS*

The finished results!

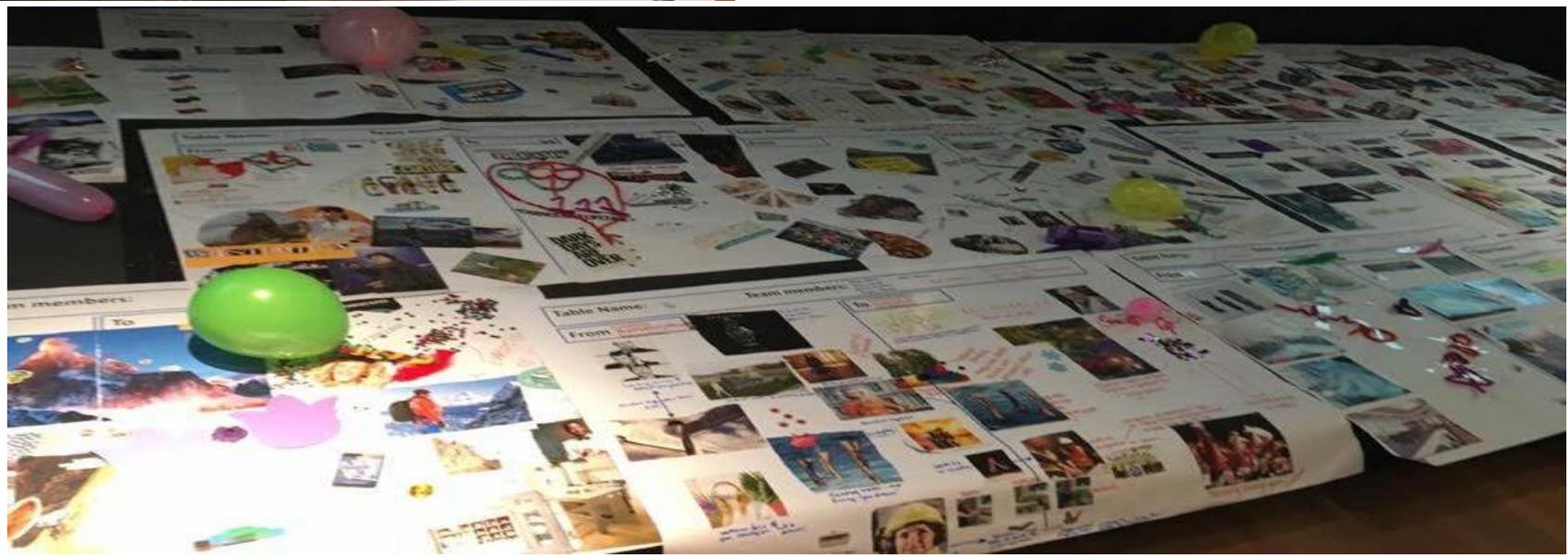
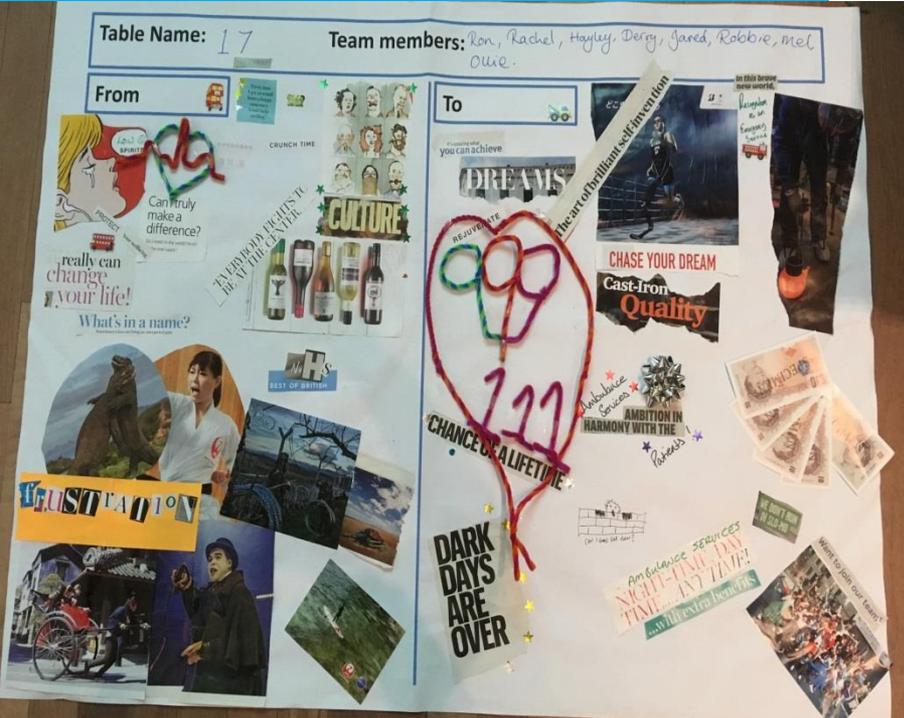


Table activity: key themes, topics and opportunities

Using the collages as a basis, as a table agree three words that sum up the present, and three words that sum up the future.

To think about

- redesigning care for a particular group of patients who use ambulance services frequently (e.g, people who fall in care homes or people with urinary tract infections)
- anticipating needs (e.g, winter respiratory concerns)
- transforming response and follow up processes
- improving the wellbeing of ambulance staff
- changing the patterns or flow of work to get better outcomes
- challenging “rules” that get in the way of delivering great care for every patient



The words that each table agreed (some chose more or less than three):

Now:

- Isolated, pressured and reductive
- Target, struggling and changing
- Isolated, fighter-fighting and balancing
- Frustrated, challenged and hopeful for the future
- Overwhelmed, deflated and unhelpfully
- Consistent, assessable and family
- Reactive, dated and intimidated
- Talented, uncoordinated and tired
- Frustration, protective and drive
- Time, drowning and undervalued
- Positivity, modernised and adaptive
- Time for change
- Targets, restricted and inappropriate
- Good, change and exhausted
- Burdened, intelligent and collaboration
- Uncertain, fatigue winging it and in the shadows blinked, attrition, deflated and tenacious

Future:

- Integrated, empowered and expansive
- Techno-empowered, direction and welfare
- Sustainable, inclusive and coordinated
- Vibrant, supportive and cohesive
- Aligned, ambitious and leading
- Proactive, innovative and with a positive culture
- Integrated, digital and innovation
- Brave ambition, appreciated and self innovation
- Empowered inclusive and achieving
- Lifting the vision
- Care and integration
- Wellbeing, world class training and collaboration
- Development, potential and confident
- Recognised, patient centred and supported
- Sorted, innovative and clear
- Successful, outcomes and organised



The responses were collated in to word clouds to enable the most common themes to emerge:

Now



Some of the words aren't surprising – they're the reason we're here. It's heartening to see positive words amongst the negative in the 'now' words.

Future



There is a sense of togetherness, passion and connection.

What are the key themes that we should focus on during the afternoon?

More than 500 ideas were submitted!

These 500 ideas were collated into 16 themes, which created the basis for the afternoon's activities...



Go to the table with the topic you most want to work on



Table	Topic
1	Public health and prevention
2	Falls
3	End of life and frail people
4	Integrated urgent care and system relationships
5	Public education
6	Nuggets of wisdom in operational practice
7	Mental health pathways
8	Digitally enabled work

Table	Topic
9	Closing the loop and feedback (clinical decision making and patient outcomes)
10	Staff support and career progression
11	Staff mental health
12	Education, training and professionalisation
13	Ambulance sector culture
14	Specific pathways for high volume users e.g UTI, respiratory
15	Drugs and alcohol
16	GP & HCP interface and triage

Each of the 16 teams started with their afternoon project – making a 90 second film!

Before starting to shoot, the teams discussed all their many ideas and agreed on one big idea that their film would focus on. The ideas need to be ACE:

A
C
E

ACTIONABLE: The idea is designed to make you do something and it is relatively easy to do.

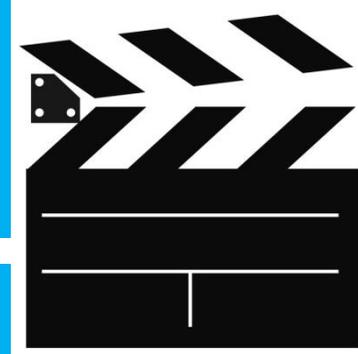
CONNECTED: The idea promotes a closer connection with colleagues, people you know or share values with. It makes you feel part of a community and the network effect creates further spread

EXTENSIBLE: The idea can be easily customised, remixed, reshaped by people in different parts of the country. It's got a common stem that encourages local teams to alter and extend it

Jeremy Heimens, Henry Timms [New Power: How it's changing the 21st Century and why you need to know](#) (2018)



Film making workshop



Each of the 16 teams nominated two members to receive a 20 minute training session on how to make a short film using a smartphone, and how to upload it to YouTube.





Film making in action!



The 16 Big Ideas

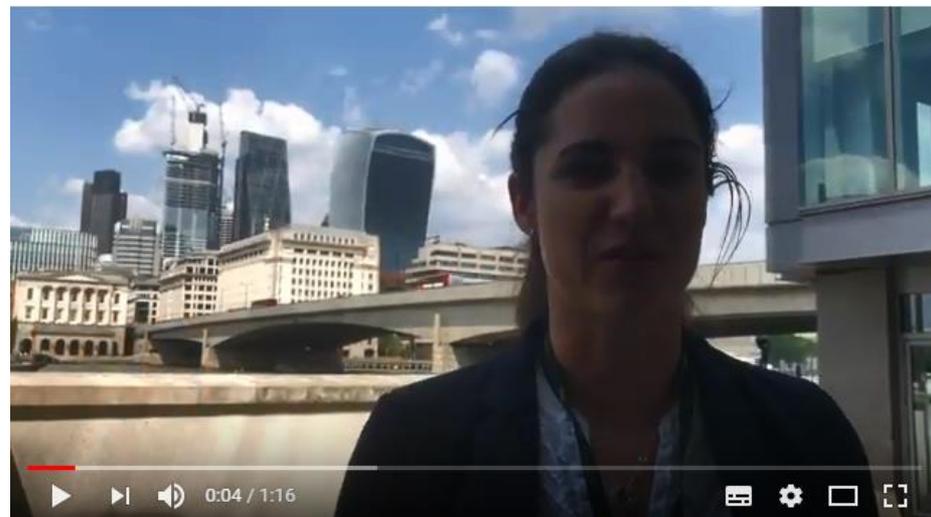
TABLE	THEME	ONE BIG IDEA
1	Public Health and Prevention	Project P - Encourage Better Hydration
2	Falls	Lifeline Triage, #RightAssessmentRightResponse
3	End of Life, Frailty	MECC, use of frailty scorecard, referral to GP for EOL care conversation.
4	Integrated Urgent Care	Regional coordination of all unscheduled care by ambulance service.
5	Public Education	National Campaign - Urgent vis a vis Emergency Care #TheRightCare
6	Nuggets of Wisdom and Operational Practice	Standardise procurement (national procurement group) and HALO
7	Mental Health Pathways	Avoid ED admissions through a dedicated Mental Health Car
8	Digitally Enabled Workforce	Connect people quickly and share ideas, #myAMBfam
9	Closing the Loop and Feedback	Social Movement #whathappenednext
10	Staff Support and Career Progression	Career Passport for development and supporting CPD
11	Staff Mental Health	Resilience Training Programme
12	Education, Training & Professionalism	National Ambulance Education Framework, 60 Hours protected CPD
13	Culture	Removal of epaulets to remove hierarchy based culture
14	Specific Pathways for High Volume users	Prevention of Admission Response Pathway (Integrated rapid response)
15	Drugs and Alcohol Treatment	ICE Bus or ICE House
16	GP & HPC Referrals	Promote use of own transport or other forms of transport as alternative to blue light.

The 16 Big Ideas – the 90 second videos

Education, training, and professionalism



Prevention of admission



End of life and frailty



Integrated Urgent Care



The 16 Big Ideas – the 90 second videos

#RightAssessmentRightResponse



Falls #RightAssessmentRightResponse

GP and HCP referrals

Procurement HALO



Culture



The 16 Big Ideas – the 90 second videos

Digital Enabled Work



Digital Enabled Work

Public Education



Public Education

Drugs and Alcohol



Drug & Alcohol

Patient Feedback



Patient Feedback

The 16 Big Ideas – the 90 second videos

Staff retention training and progression



Staff Retention, Training & Progression

Staff Mental Health



Staff Mental Health

ProjectP



Project P

Mental Health Car



Mental Health Car

The big vote for the winning idea!



Congratulations to all 16 teams for some brilliant videos created in a short space of time. A special well done to the winning team Mental Health Car, and runners up Public Education.



Congratulations to all the participants for their amazing ideas and quickly-learnt film making skills. We will take every single idea into the next stage and nothing will be lost. Helen stressed the importance of building on the things developed today.

The ideas and thought processes behind the films:

Our topic *Staff Training & Retention* PROGRESSION

Team members

4. What if our one big idea?
CAREER PASSPORT.
 A Passport designed to Collate all Professional development and opportunities to all staff, regardless of grade with potential for a National database.
 C A measurable set of achievements and skills measured bench marks across trusts, supporting CPD enhanced with reflective practice. Allows networking for all. Management can identify opportunities.
 E Customisable, easy to use, easily recognisable across trusts. Synchronised with College Career programme. Possibly developed into a Smart app.

1. WHY is this important?
 FOUNDATION OF PATIENT CARE IS SUFFERING STAFF
 Motivation
 Engagement
 Knowledge
 Higher Quality of Work
 To keep staff within the Ambulance Service
 CONTRASTIVE
 Less stress on existing staff
 If retain staff stop spending time on making staff to making leave.
 Length of service has reduced trajectory/time bands
 Better Patient Care - Experience
 Morale ✓

2. WHAT are the opportunities?
 STAFF TRAINING
 SECONDMENTS
 FUNDED CPD
 ROTATIONAL WORKING/JOB SWAP
 SHADDOING
 MAK

3. HOW will we make the change?
 MAKE IT A CAREER
 OUR IMAGE AS AN ORGANISATION HIGHLIGHT OPPORTUNITIES
 AMBULANCE TRUSTS CREATING OPPORTUNITIES
 FOCUS AMBULANCES ON THE COMMUNITY OF THEIR CAREER, HIGHLIGHT OPTIONS AVAILABLE TO THEM.
 BUILDING TO OPPORTUNITIES INTO AMBULANCE STRATEGY
 CHARITABLE FUNDS USED TO CREATE LEARNING OPPORTUNITIES AND SUBWAYS Investment recaps rewards
 National Strategy for Operational Staff / paramedic qualification/training

Our topic *DRUGS + ALCOHOL*

Team members
 Jon - EMAS
 Mel - EMAS
 Elaine - YAS
 Keena - WMAS
 Steve - SWAST
 Chris - EEAS

What if our one big idea?
ICE Bus / ICE House (Community Building) (In case of Emergency)
 Standardisation of many services already in existence
 Joint initiatives:
 Medical support / Police support / Advice / Mental Health Support / Referrals / Seratarget / referrals
 Funded by a night-time economy tax on (Pubs/Bars pay local authority a fee)
 Roster staff to work on ICE bus (can't rely on staff to volunteer) hours
 Standardise hours eg Fri Sat nights 1800 - 0600

1. WHY is this important?
 Place of safety to divert from ED attendance
 Joined up service - more cost effective
 Safety of other people in ED
 Release of beds / Reduce pressure on ED
 Reduction in call cycle
 Reduce pressure on resources
 Education/support readily available on ICE bus/home

2. WHAT are the opportunities?
 Flow-based care
 Utilising student paramedics / CFRs / community support officers + Red Cross and St John
 Improved efficiency for wider NHS
 Targeting License Applications to fund the initiative
 Pick up minor injuries etc.
 Target multiple attendances

3. HOW will we make the change?
 look above

The ideas and thought processes behind the films:

Our topic Falls

Team members

4. What if our one big idea?

- Better / Improved telephone / helpline triage for Care homes / Care Homes
- What has happened?
- Injuries / Serious Bleeding
- Move Arms & legs? (Hip)
- Hip - ? C2 Category

1. WHY is this important?

- High Demand. 13% - 27% Activity
- Longest Wait
- Biggest Patient Harm long hies
- Care Homes - No lift Policy
- Ageing Population
- Wide hies - ? Teaching Respected city.

2. WHAT are the opportunities?

- Education - Senior Cross - wide hies
- Specification - upskill NHS 11
- ? Joint Health Response Model.
- Screening / Referral / Priorities
- Holistic, Patient Centred & Proactive
- Cognitive / Dementia / Screening
- Potentially fallers.
- Not Returns

3. HOW will we make the change?

→ Our Facility / Model / Strategy

- Integrate triage Model
- Right Assessment
 - Douse Pre-Referral Care hies triage elsewhere
 - Flagging System Regular falls
 - Care Home triage Protocol
- Right Response.
 - Equipment - ex
 - ? CPR's - 92% Patient
 - ? One Source Response

Our topic SPECIFIC PATHWAYS FOR HIGH VOLUME USERS of UTT/Respiratory

Team members CATHERINE WILSON (LAs), BEN SHEPHERD (EMAS), MARTIN HAMMONS (WHATS), OLLIE EVANS (NEWS), GRAY WILKS (NEWS), CRAIG TURNER (SEAS), ROBBIE AYERS (HOSPITAL)

4. What if our one big idea?

STANDARDISED PATHWAYS ACROSS A WIDE AREA
to reduce unwarranted variation

BUILD RELATIONSHIPS THROUGH INCENTIVISED SHADOWING SCHEME

1. WHY is this important?

- * Right patient to right pathway / Team - first time
- + Best use of capacity & resources
- * Standardisation of pathways + criteria
- * Strong working relationships
- * Empower Staff
- * Appropriate care for patients closer to home.
- * Financially sustainable.
- * Collaborative
- * Admission avoidance

2. WHAT are the opportunities?

- ① More patients being treated out of hospital safely & appropriately
∴ better patient flow in EDs & hospitals & reduced handover delays.
- ② Staff development - opportunities to learn about other teams CPDs
- ③ Saves money which can be reinvested addresses increasing demand in more sustainable way

5. HOW will we make the change?

- ① Standardise pathways across an area to prevent confusion for clients eg 5 diff CCGs in NW, & diff rapid response teams. All now signed up to same inclusion criteria
- ② Building relationships with the community teams to increase referrals
- ③ Reviewing the pathway & learning from the challenges of understanding failed referrals.

The ideas and thought processes behind the films:

Our topic CULTURE

Team members MARK, STEVE, WENDY, NEIL, PETER, RON
ALAN, HELEN, JOANNE, JULIE, MIY, MATOUDO

<p>4. What if our one big idea?</p> <p>NEW WAY → NEW WAY OF RECOGNISING PERSONS NAME, ROLE, SKILL SET</p> <ul style="list-style-type: none"> → CONSISTENT ACROSS SERVICES - CLINICAL RECOGNITION - FOCUS ON PERSON NOT RANK - RECOGNISE OTHER ROLES - HELP BREAK DOWN ^{Perceived} HIERARCHIES 	<p>1. WHY is this important?</p> <p>HIERARCHY / CULTURE IN AMBULANCE SERVICES CAN STIFLE INNOVATION & IMPROVEMENT</p> <p>WE ARE OFTEN REACTIVE NOT PROACTIVE</p> <p>OFTEN AN OPERATIONAL CULTURE VERSUS A 'MANAGEMENT' CULTURE</p>
<p>3. HOW will we make the change?</p> <p>SPREADSHEET</p> <p>BUY INTO MANAGEMENT STAFF</p> <p>WHAT TRYING TO ACHIEVE</p> <ul style="list-style-type: none"> → MORE INCLUSIVE → IMPROVED WORKING RELATIONSHIPS BETWEEN STAFF (PATIENT HANDOVER) <p>TRIAL IN AN AREA</p>	<p>2. WHAT are the opportunities?</p> <p>REMOVE RED TAPE</p> <p>SIMPLER DECISION MAKING ON NEW IDEAS</p> <p>NO BLAME CULTURE</p> <p>LEARNING CULTURE</p> <p>SUPPORT STAFF TO EARN TRUST BACK</p> <p>SAME ROLE NAMES OR SAME ROLES</p> <p>CONSISTENCY IN ROLES, TRANSPARENCY BETWEEN AMBULANCE SERVICES</p>

Our topic DIGITALLY ENABLED WORK

Team members

<p>4. What if our one big idea?</p> <p>#myAmbFam</p> <p>Decision Making Support</p> <p>The NHS in cars... use the NHS number, site data, patient CPs</p> <p>INTELLIGENT DISPATCH</p> <p>SCORE / CARE TIME</p> <p>TechnoCare</p>	<p>1. WHY is this important?</p> <p>Connects people</p> <p>Patient safety</p> <p>Makes a difference patient care</p> <p>Efficiency</p> <p>Environment</p> <p>Reputation</p> <p>Competative</p>
<p>3. HOW will we make the change?</p> <p>Universal On scale Communication</p> <p>Sharing knowledge & experience</p>	<p>2. WHAT are the opportunities?</p> <p>Remote working Feedback</p> <p>↑ H&T</p> <p>Collaborative working</p> <p>Improved treatment</p> <p>Empowering patients</p> <p>Better decisions → better care & outcomes</p> <p>Education</p>

The ideas and thought processes behind the films:

Our topic MENTAL HEALTH

Team members HELEN, MARK, LUKE, TRISHA GRACE, SACHA, RICH, HARRY, ANDY, HELEN.

4. What if our one big idea?
 M/H CAR MANNED BY HCP'S (AMBULANCE + M/H NURSE)
 SELF ACTIVATION VIA CAD/EOC BUT STILL AVAILABLE TO RESPOND TO CONFIRMED RI/CARDIAC ARREST IF NEAREST RESOURCE.
 REALLOCATION OF DEFUNCT CAR RESOURCES TO MAN M/H ROTA.

1. WHY is this important?
 HIGH PREVALENCE.
 LONG J.C.T
 INAPPROPRIATE E.D. ADMISSION
 FAILING PATIENTS

3. HOW will we make the change?
 DEAF PROPOSAL TO "CHIEFS" AT ACE.
 ↳ MIND
 ↳ PRINCE HARRY
 ↳ CCG'S
 ↳ SUPPORT FROM THE NHS AMBULANCE TRUSTS
 ↳ COMMUNICATE NATIONWIDE (CBR 999)
 ↳ GET LOCAL/REGIONAL BUSINESS TO SPONSOR THE CAR.
 ROTATION OF M/H NURSES FROM ACUTE HOSP TRUSTS

2. WHAT are the opportunities?
 NATIONAL TRAINING FOR ANY AMBULANCE SERVICE STAFF WHO ENGAGE WITH PATIENTS
 EVERY TRUST TO HAVE M/H NURSE IN EOC
 LOCAL M/H CHAMPION
 M/H SPECIALIST PARAMEDIC.
 SPECIALIST RESTRAINTS (DIGIATED/SAFER)
 M/H CAR (AMBULANCE PERSON, AMMP)
 UNLIVERIED CARS

Stickers:
 - "Mental Health Team"
 - "Improved mental health training for all staff"
 - "Mental Health Police - Ambulance now a M/H vehicle to attend M/H patients"
 - "Life line NO response"

Our topic PUBLIC EDUCATION

Team members VIKKI, BABS, JULIE, PHIL, GRAHAM, CHLOE, FASIAN, DAVID, CALUM, RICH, ELLIOT, DERRA, RACHEL, MARC, MARK

4. What if our one big idea?
 Advertising - SAME CAMPAIGN TO ALL NATIONAL PAPERS, NEWS (INCLUDING LOCAL) NHE ENGLAND (HOSPITALS, M/GP'S) ALL SERVICES DOING THE SAME

1. WHY is this important?
 ASSAULT - staff safety
 DEMAND - (inappropriate calls, knowing where to go and why, educating at local levels - schools, care homes, teaching FA nationally, GP roles, A&E procedure, alternative care pathways, demographic area, country of origin, expectations 'impacts on outcomes', standards national)

IN YEARS - FA TO ALL CHILDREN, THEN EDUCATE THOSE IN FUTURE & HOW DEMAND IS EFFECTED
 COMMUNITY ENGAGEMENT

Diagram:
 First aid: Out finger, RTC minor, walk in centre
 Core home pickup: Fall, Staff and ambulance, Staff assault

Facebook, Instagram, Twitter

3. HOW will we make the change?
 National Ambulance Comms group
 Focus group for face to face engagement
 Public Health Funding
 Legislation LEGISLATION (FOR ASSAULT ON AMBULANCE STAFF)

2. WHAT are the opportunities?
 National Campaign - adverts
 Face to face engagement
 Patient group focus
 Rebranding (emergency medical services)

The ideas and thought processes behind the films:

Our topic GP & HCP interaction

Team members JONNY HOLMES, RICHARD LEE, NATASHA GREEN, SARAH WEST *Acquid*

<p>4. What if our one big idea? <u>"LIBERLANCE"</u></p> <p>HCP admissions using appropriate transport mechanisms "own taxi, bus, family" reserving ambulance for continued monitoring or ongoing treatment only</p> <p>Better rationale for 999 response from HCP (F2F assessment prior) - Clinician to clinician handovers</p>	<p>1. WHY is this important?</p> <p>Reduction in: - call volume - ED handover delays - delayed access to treatment</p> <p>Encouraging patients to take responsibility for own healthcare</p> <p>Enabling 999 to better respond to those in need</p>
<p>3. HOW will we make the change?</p> <p>Single Points of Access to healthcare services</p> <p>Better education to GPs / HCP, of functionality of 999 / PTS services, scope and ramifications of inappropriate use of ambulances for transport to hospital only</p> <p>Standardised triage tools for HCP admissions / calls</p> <p>Clinician conversations</p>	<p>2. WHAT are the opportunities?</p>

Our topic Project "P" ^{the} ~~the~~ name - Better hydration is the game!

Team members

<p>4. What if our one big idea?</p> <p>Poor hydration is a problem for the ambulance service</p> <ul style="list-style-type: none"> - falls - falls ^{rel} rel comes with BP - inc. fainting + tachycardia - constipation ^{constipation} <p>We propose a ^{wholly cost-neutral} national campaign to tackle this public health problem.</p> <ul style="list-style-type: none"> - includes water on ambulances. - social media campaign inc. "What's your pee?" - downloadable material 	<p>1. WHY is this important?</p> <ul style="list-style-type: none"> • Prevention and promoting holistic care • Dehydration <u>Big</u> issues in particularly elderly • prevent UTIs and Falls etc • Improving Dental care • What colour is your pee/urine? <p>"drink more water + feel healthier".</p> <p>"What's your pee?"</p>
<p>3. HOW will we make the change?</p> <ul style="list-style-type: none"> • National Drive and enforcement • Social media and local publicity • Education i.e. Tool kit for communities (including: School, Football/sports localities, Church). • Staff welfare • Publicities targeting (i.e. young, old etc) 	<p>2. WHAT are the opportunities?</p> <ul style="list-style-type: none"> • give out bottle water face to face • Encourage tap water • Partner with commercial companies for eco bottle systems. • Social Media campaigns • Public transport and engaging

The ideas and thought processes behind the films:

Our topic **INTEGRATED URGENT CARE**

Team members

<p>4. What if our one big idea?</p> <p>AMBULANCE TRUSTS TAKE ON REGIONAL COORDINATION OF ALL UNSCHEDULED CARE.</p> <p>AN END TO 999/111 'CENTRAL BANG'</p> <p>A MOVE TO COORDINATION CENTRES</p>	<p>1. WHY is this important?</p> <p>→ Providing every patient with the most appropriate care in the right place, at the right time, every time.</p> <p>→ Improved patient outcomes through utilising primary care / IUC services.</p> <p>→ Improved efficiencies across the sector</p> <p>→ Providing an improved source for first/urgent care</p> <p>→ Safe care close to home → better for patient & family</p> <p>→ Cost savings both locally & nationally</p>
<p>3. HOW will we make the change?</p> <p>ALL TRUSTS SHARE CURRENT PRACTICE AND FUTURE PLANS.</p> <p>COMMS KEY IN PUBLIC + NICE UNDERSTANDING OF ANY CHANGE</p> <p>ACCESS TO PATIENT RECORDS AT THE EARLIEST STAGE OF THE PATIENT JOURNEY</p> <p>NATIONAL STANDARDS OF APPROACH</p>	<p>2. WHAT are the opportunities?</p> <p>BE BETTER MEET THE NEEDS OF OUR PATIENTS</p> <p>IMPROVED UTILISATION OF RESOURCES</p> <p>CLINICAL INPUT INTO DISPATCH DECISIONS</p> <p>POSITIVE IMPACT ON STAFF MORALE AS THEY USE THE SYSTEM WORKING BETTER</p> <p>TIMELY ACCESS TO SPECIALIST ADVICE THROUGH AN M.D.T. APPROACH TO OUR GOING FORWARD.</p>

Our topic **STAFF MENTAL HEALTH**

Team members
Michelle, John, Terry, Julia, Emma, Liz, John, Ben, Andrew, Angela, Rachel

<p>4. What if our one big idea?</p> <p>→ PROACTIVE APPROACH TO MH - NOT REACTIVE</p> <p>→ WE COULD ALLEVIATE STRESS LEVELS</p> <p>→ WE COULD INCREASE OUR RESILIENCE</p> <p>→ REDUCE STAFF TURN OVER</p> <p>→ REDUCE SICKNESS PRESENCES</p>	<p>1. WHY is this important?</p> <p>→ HEALTH & WELLBEING OF STAFF</p> <p>→ COST IMPLICATIONS (REDUCTION/AVOID)</p> <p>→ IMPROVES PATIENT CARE</p> <p>→ IMPROVES MORALE</p> <p>→ EXPERIENCED HUMANOS</p> <p>→ REDUCING STRESS OF MH</p> <p>→ BETTER UNDERSTANDING OF MH</p> <p>→ WILL IMPACT WITH DEPT WITH UNMANAGED</p> <p>#OURRESILIENCEMATTERS</p>
<p>3. HOW will we make the change?</p> <p>→ SHARE BEST PRACTICE ACROSS TRUSTS</p> <p>→ MANAGING RESILIENCE PROGRAM</p> <p>→ ONE INDIVIDUAL FOR THINGS TO DEAL WITH MH</p> <p>→ GET 'BUT W' FROM STAFF</p> <p>→ MAKE BUILD IT INTO OUR CULTURE</p> <p>→ GET THE RIGHT COMMUNICATION AND 'FEEDBACK'</p> <p>→ SUSTAINABILITY</p> <p>→ EVIDENCE TO ENFORCE + WORK WITH TRUSTS TO UNDERSTAND IMPACT</p>	<p>2. WHAT are the opportunities?</p> <p>→ NATIONAL STANDARDS FOR MH RESILIENCE</p> <p>→ INCREASED HEALTH & WELLBEING OF STAFF</p> <p>→ MORE SUPPORTIVE (BUILT IN)</p> <p>→ BETTER STAFF</p> <p>→ SHARE BEST PRACTICE</p>

The ideas and thought processes behind the films:

Our topic EDUCATION, TRAINING & PROFESSIONISM.

Team members IAN, MEGAN, OLIVER, BEC, GREGG, ROB, HANNAH, JARED SHANE

<p>4. What if our one big idea?</p> <p>A NATIONAL AMBULANCE EDUCATION FRAMEWORK</p> <p>SUPPORTED BY *60* HOURS CPD A YEAR (PROTECTED).</p> <p>Subject to Skill Level.</p>	<p>1. WHY is this important?</p> <ul style="list-style-type: none"> - UNDERPINNS PROFESSIONALISM. - NATIONAL STANDARD OF PATIENT CARE (JOB TITLES & POSITIONS) - INFLUENCES OUTCOMES. - CARE CONSISTENCY - USING EDUCATION TO REDUCE NHS COSTS TO REDUCE ADMISSIONS & TRANSFERS. - INCREASES MORALE. - RIGHT CARE - RIGHT TIME - EDUCATION TO INTEGRATE AND EMPOWER NHS AMBULANCE INTO OTHER NHS FACILITIES
<p>5. HOW will we make the change?</p> <ul style="list-style-type: none"> - BRING IN NATIONAL EDUCATION FRAMEWORK. - 60 hours CPD FOR DEVELOPMENT - SKILL COMPETENCY 	<p>2. WHAT are the opportunities?</p> <ul style="list-style-type: none"> - ISOLATION OF SKILLS ENSURING HIGHER QUALITY OF CARE BY ALLOWING STAFF TO CONSOLIDATE SKILL AND KNOWLEDGE - A NATIONAL CLINICAL STAFF TRAINING STANDARD FOR ONT'S PARAMEDICS & SPECIALISTS - STANDARD EDC TRIMGE SYSTEM AND GIVE CLINICAL SKILLS. - ENHANCED CPD. TIME

Our topic Nuggets of Wisdom: Tips & Tricks: Quick & Easy

Team members CARL, FBI, ANDY ROGER, MATT, BRIAN

<p>4. What if our one big idea?</p> <table border="1"> <tr> <th>PROCUREMENT</th> <th>HALO</th> </tr> <tr> <td>££ ++</td> <td>CLARITY OF ROLE</td> </tr> <tr> <td>RE-INVEST</td> <td>CAREER SECURITY</td> </tr> <tr> <td>PATIENT SAFETY</td> <td></td> </tr> <tr> <td>SERVICE IMPROVEMENT</td> <td></td> </tr> </table>	PROCUREMENT	HALO	££ ++	CLARITY OF ROLE	RE-INVEST	CAREER SECURITY	PATIENT SAFETY		SERVICE IMPROVEMENT		<p>1. WHY is this important?</p> <table border="1"> <tr> <th>PROCUREMENT</th> <th>HALO</th> </tr> <tr> <td>STANDARDISATION TRAINING COSTS (£)</td> <td>STANDARDISATION TRAINING</td> </tr> <tr> <td>PATIENT EXPERIENCE</td> <td>PATIENT SAFETY EXPERIENCE</td> </tr> <tr> <td>RESILIENCE</td> <td></td> </tr> <tr> <td>STAFF TRANSFERABILITY</td> <td>CAREER/STRUCTURE</td> </tr> <tr> <td></td> <td>STAFF UNDERSTANDING</td> </tr> </table>	PROCUREMENT	HALO	STANDARDISATION TRAINING COSTS (£)	STANDARDISATION TRAINING	PATIENT EXPERIENCE	PATIENT SAFETY EXPERIENCE	RESILIENCE		STAFF TRANSFERABILITY	CAREER/STRUCTURE		STAFF UNDERSTANDING
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The ideas and thought processes behind the films:

Our topic END OF LIFE CARE & FRAILTY

Team members ANGLIE, BROGAN, BRANDON, LAURA, DALE, MATT, EMMA, HELEN, KAT, PAUL, SARAH

4. What if our one big idea?

1. WHY is this important?

There is an existing framework
Dignified - "Good" Death

MAKE EVERY CONTACT COUNT.

CLINICAL FRAILTY SCALE
can Rockwood define

Start = Beginning, the end = ?

3. HOW will we make the change?

KNOW how to identify frailty
There are tools that exist
Family Consideration
GPs need to have "the conversation"
Evidence already exists that
clinicians/nurses/families are seeking
this in the community info
FAMILIES HAVE A PLACE IN THIS
MAKE EVERY CONTACT COUNT.
AT THE DISCRETION AND WISDOM (Anxiety)
GPs want they to be honest
and aware of the frailty tools

2. WHAT are the opportunities?

GIVING INFORMATION
IN A WAY THAT CAN BE
UNDERSTOOD FOR THE
PERSON TO MAKE AN
INFORMED DECISION

CLOSING THE LOOP = FEEDBACK

Our topic CLINICAL DECISION MAKING & PATIENT OUTCOMES

Team members SE, R, PENELOPE, PAPA, M, GEMMA, I, WES, S, JAMES, F, ANTONIA, C, DAN, R, LAURENCE, C.

4. What if our one big idea?

1. WHY is this important?

- Clinician/staff learning
- Reviewing patient safety
- Learning from experience
- Being responsible
Staff well-being
- ? How do we know we made the right decision?
- ? Did the patient survive?
- ? Did they call again?
- We don't know

Developing the Patient →
Clinical feedback →
Using social media →
Encouraging adoption and to
utilising as a tool for
improvement

3. HOW will we make the change?

- LEGAL UNDERSTANDING (LAW CHANGE) (HOW DO WE STAND)
- Patient = Clinician (LAW ONLY)
- SOCIAL MOVEMENT & AWARENESS
- CLINICIAN FEEDBACK TO CLINICIAN
- CLINICIAN DISCUSSION WITH PATIENT
- CLINICIAN DEVELOPMENT LANGUAGE
- PERMISSION FORMS
- PRESENT MESSAGE ON SOCIAL MEDIA
- GO DIRECT TO THE PATIENT WITH GP DISCUSS SUMMARY
- LINE IS #CLINICIAN #NURSES

2. WHAT are the opportunities?

- PROMOT PRACTICE (Self & Learning)
- SELF AWARENESS/CRITICAL AWARENESS
- Learning and feedback will increase clinician confidence
- Feedback will increase patient safety in the long term.
- Currently there is an appetite for sharing learning
- People / clinicians want feedback

What's the problem?

Inappropriate use of 999 services for general admissions & IFTs where alternative transport mechanisms suitable due to no requirement for ongoing intervention/treatment/assessment.

Why is it a problem?

- Risk averse behaviour
- Delayed access to care for patients
- Inappropriate use of 999
- Not enough Primary Care capacity

What needs to change?

- Promote alternative transport mechanisms
- Educate GP/HCP on scope of 999 services (not just transport)
- Promote clinician-to-clinician conversations when requesting 999
- Promote need for face to face assessment prior to requesting 999 & identify specific clinical need



We're going to be recruiting local #ProjectA champions to help spread the word locally, and encourage other people to get involved.

We'll assess the ideas and at events during September we'll be looking at which ones we take forward – and how.

An online ideas channel will be live during July and August - people can add their ideas, as well as comment and vote on other people's ideas. The 16 'big ideas' from the films created during the day will be the first 16 ideas on the channel.

Snowstorm: write down an insight that you have had from the day – screw up the piece of paper. On the signal throw it in the air. Pick up a random snowball and read out what it says.



Key themes from the snowstorm

- Helping teams become more resilient
- Change needs to happen
- Sharing ideas is key
- Similar problems / ideas across all services
- We are all in the same boat
- Staff want positive change
- Getting together brings out good ideas
- We should collaborate more and more integrated working
- Same goals and challenges across trusts

Twitter activity

The #ProjectA Influencers

Top 10 by Mentions

 @horizonsnhs 568
 @AACE_org 468
 @Lekkiez 349
 @helenbevan 307
 @NHSEngland 196
 @AMStudioTH 162
 @HilaryPillin 145
 @NEAmbulance 101
 @lizharrisFCPara 97
 @ParamedicsUK 92

 Tweet

Top 10 by Tweets

 @horizonsnhs 76
 @HilaryPillin 61
 @AACE_org 58
 @djmtrees 57
 @SASCONSULTPARA 45
 @NIAS999 42
 @kathlavery 34
 @__DanR__ 27
 @BevMatthews_ 23
 @lizharrisFCPara 22

 Tweet

Top 10 by Impressions

 @horizonsnhs 989.3K
 @AACE_org 456.4K
 @sukhmeetpanesar 347.5K
 @NIAS999 321.1K
 @NHSEngland 224.6K
 @NEAmbulance 195.8K
 @helenbevan 186.3K
 @SASCONSULTPARA 150.0K
 @EMASNHSTrust 149.4K
 @ParamedicsUK 102.2K

 Tweet

The Numbers

4.258M Impressions

1,724 Tweets

778 Participants

18 Avg Tweets/Hour

2 Avg Tweets/Participant

 Tweet

 Like

Twitter data from the #ProjectA hashtag from Mon, June 25th 2018, 10:35AM to Fri, June 29th 2018, 10:35AM (Europe/London).

● ● ●
symplur

Top tweets sent during the day

Katherine Holland and 1 other Retweeted

Helen Bevan @helenbevan · Jun 29

Outstanding day yesterday with 150 NHS ambulance staff, 500+ ideas for change, culminating in 16 films of big ideas (made by teams who'd never made films before). See the films here: bit.ly/projectambulan... ... Online ideas channel live on 12 July. See what happened at [#ProjectA](#)

UNLEASH
the collective brilliance of people
who work in ambulance services
(with the help of a few critical friends)

COMFORMITY ZONE? HUH...
UNLEASH YOUR SUPER POWER AH...

3 32 72 W

Tom Pullen @SECAmb_Tom · Jun 28

Green family from all corners of the country putting their creative brains together to collaboratively shape the future of NHS ambulance services [#ProjectA](#)

Leading innovation is not about getting people to follow you into the future, it is about getting people to co-create it with you
Linda A. Hill

3 9 34 W

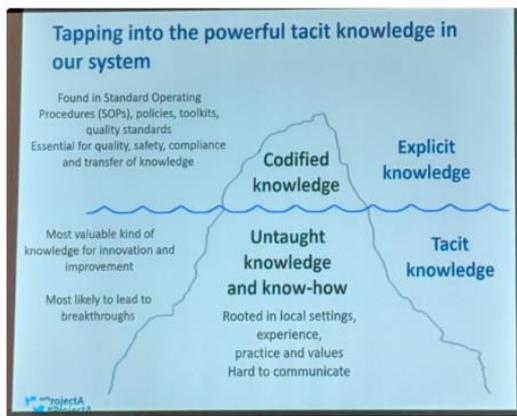
Ian Baines @ihbaines · Jun 28

Really getting into the day now, ambulance services imagining how they want their future to be. [#ProjectA](#) [#horizonsnhs](#)

2 3 W

Will Legge @EMAS_WillL · Jun 28

This is what today is all about... Harnessing the untaught knowledge from our front line to advance our ambulance services. [#ProjectA](#) @EMASNHSTrust #letsmakeitbetter #nhs70 @NHSEngland



The AACE @AACE_org · Jun 28

. @helenbevan amid a sea of [#ProjectA](#) creativity from our brilliant [#ambulance](#) services. It's been an effective, focused, fun and productive morning - see you after lunch.



Yvonne Ormston and 2 others liked

Suzanne Rastrick @SuzanneRastrick · Jun 28

An outline of [#ProjectA](#) [#horizonsnhs](#) given by @helenbevan. @AACE_org @ParamedicsUK @WeAHPs #Paramedics #AHPsintoAction

