



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES



**Welsh Ambulance Services
University NHS Trust**



SHIFTING THE RESPONSE PARADIGM

THE AMBULANCE PERFORMANCE FRAMEWORK



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust



The Case for Change

WAST is changing its clinical model to make sure our patients get **the right care or advice**, in the **right place, every time**.

The 'traditional' ambulance model, which focused solely on time-based attendances for all emergencies, was **no longer fit for purpose** and fell short in meeting the increasing demands for a broader range of urgent care.

Outdated Ambulance Model

The existing system focused on speed rather than the most appropriate response, which can mean missed opportunities to provide better-suited care and longer waits for those who needed emergency transport the most

A Changing Wales

More people need tailored urgent care due to an aging population and more complex health needs

Harm & Patient Safety

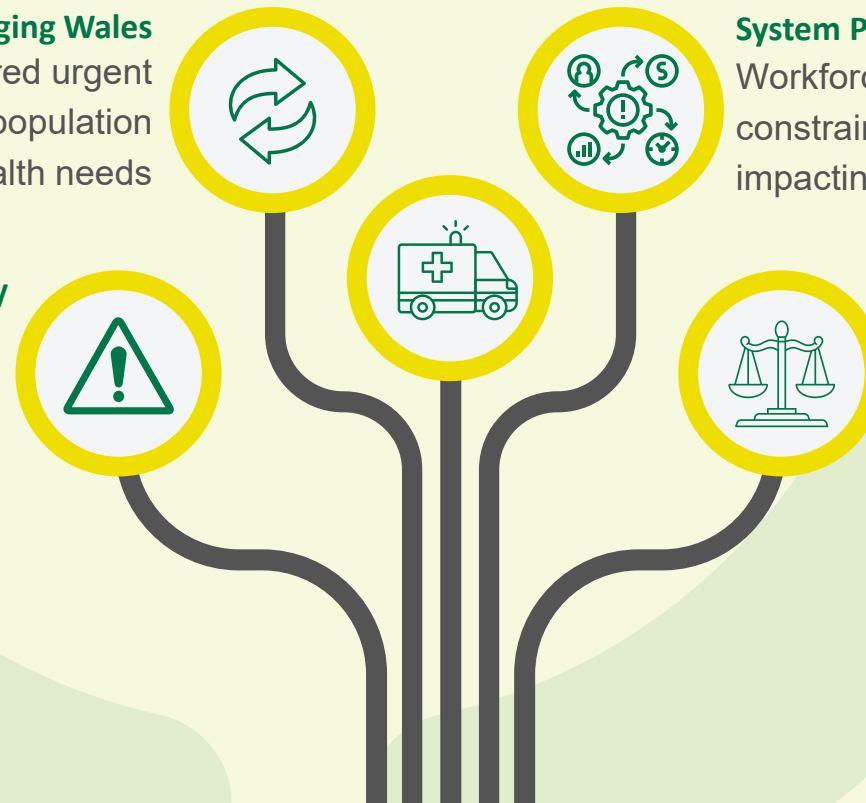
Patients are coming to avoidable harm

System Pressures

Workforce challenges, financial constraints, and slow patient flow are impacting service delivery

Legal Mandates

There are legal requirements to improve service quality and meet the changing needs of the population



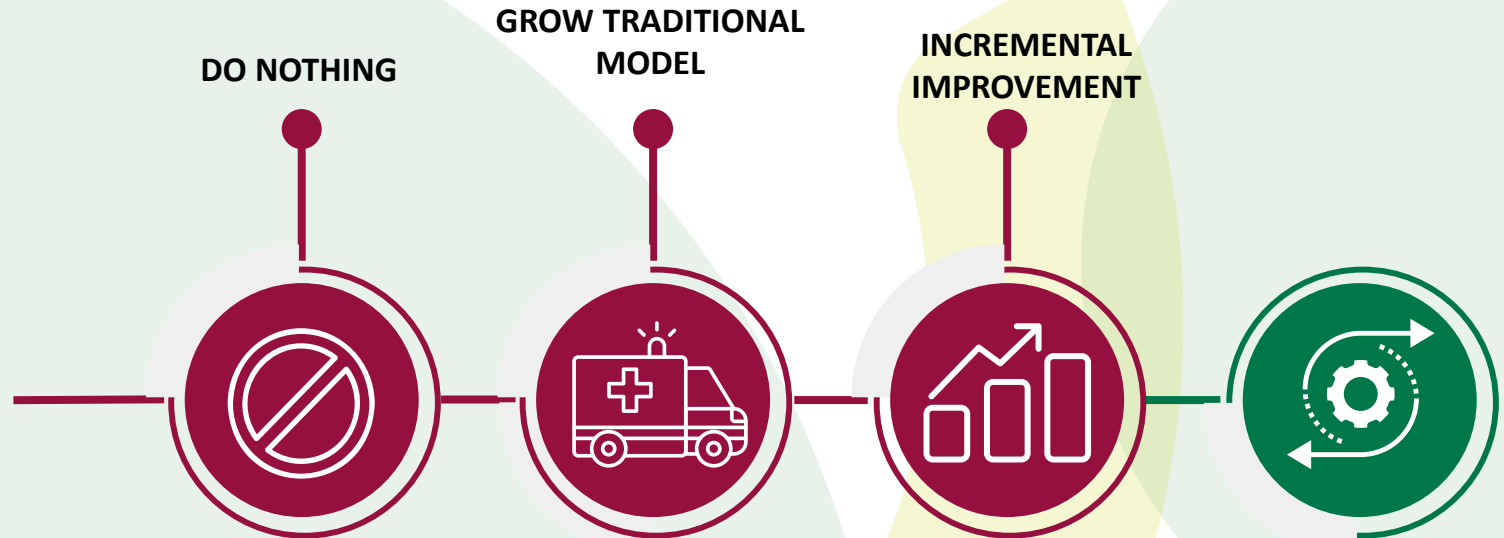


Clinical Model Evolution

WAST have looked at these options to improve our service:

- **DO NOTHING:** Making no changes and staying the same won't reduce harm or improve our situation.
- **GROW TRADITIONAL MODEL:** Putting more people into an outdated ambulance system is not practical and will not provide patients with the most appropriate care.
- **INCREMENTAL IMPROVEMENT:** Small changes won't be enough to make the progress needed.

These options were not enough. We, with the system, have taken this opportunity to **EVOLVE**.



CLINICAL MODEL EVOLUTION

This is the time for us to be **bold and brave** to **maximise the benefits** of moving to an **Integrated Clinical Services Model**.





What is the Integrated Clinical Services Model?

- The new model ensures WAST's three core services **link together** to provide a seamless clinical service, moving beyond the traditional ambulance model focused on hospital transport.
- The goal is to **create a clinically led, patient-centred model that connects systems and people** for a seamless healthcare experience.
- By enhancing collaboration among healthcare providers, the model seeks to streamline care pathways, reduce duplication, and **improve patient outcomes and experience.**

**Emergency
Medical Services**



NHS 111 Wales



Ambulance Care



Our **Evolving** Service Offer
Integrated Clinical Services Model





The Key Principles



CLINICALLY LED

More clinical input earlier and throughout the patient's journey, with clinicians making decisions



CONNECTIVITY

Better connections between systems, processes, and people to ensure patients get the right care, no matter their access point.



CARE PLANNING

Personalised care plans with strong clinical oversight until patient needs are met.



CHOICE

More options for face-to-face assessments, allowing safe home treatment and fewer Emergency Department visits.



COLLABORATION

Stronger partnerships with national and local health organisations to provide the right care pathways.





AMBULANCE PERFORMANCE FRAMEWORK

- Working with Welsh Government, we have amended how performance is measured.
- This will provide the foundation to making the required system changes to redefine what a 21st century ambulance service is
- The result is 5 new response categories and the introduction of bespoke Rapid Clinical Screening codes





Phase 1: Life Threatening Responses

- The 8-minute ambulance response time was set in 1974. Wales was the only UK nation still using it.
- A National Ambulance Target Review Group found that the category was too broad, leading to wasted resources and inefficiencies.
- To place greater emphasis on clinical outcomes over time, it was proposed that measuring performance could be centred around the 'cardiac chain of survival' for those in cardiac arrest. Introducing a new category would allow this focus.
- The following changes are being **piloted for 12 months as of 1st July 2025**.

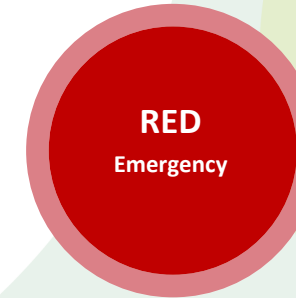
Performance Framework (before 1st July 2025)



Performance Framework (1st July 2025 onwards)



The **Purple Arrest** category includes all incidents where a person is in **cardiac or respiratory arrest**



The **Red Emergency** category includes incidents where a person is at **high risk of cardiac or respiratory arrest**



Additional RCS0 Category



RCS0 (Rapid Clinical Screening 0), has been introduced that includes the remaining conditions from the previous Red category. These calls will first undergo Rapid Clinical Screening where a clinician may listen live or review the call immediately after to decide whether a face-to-face response is required immediately, or if the patient is suitable for a more in-depth remote clinical assessment.





Phase 1: Life Threatening Responses

New Performance Framework

PURPLE Arrest

The **Purple Arrest** category refers to those identified as likely to be in cardiac or respiratory arrest. This category is exclusively for the management of this group of patients.

RED Emergency

The **Red Emergency** category refers to incidents where the individual is at *high risk* of cardiac or respiratory arrest (e.g. choking, anaphylaxis)..

New Outcome Measures

- ROSC rate
 - Median time to identify cardiac arrest
 - Median time to commence CPR instruction
 - Median time for defibrillator arrival
 - Median response (6-8 minutes)
 - 90th percentile (20 minutes)
-
- Median response (6-8 minutes)
 - 90th percentile (20 minutes)
 - Outcome measure (Pain, NEWS, SP02)





Phase 2: New response categories

New Performance Framework

New Outcome Measures

ORANGE
NOW

The **Orange Now** category refers to incidents where patients are likely to need timely diagnostics, treatment and/or transport to hospital or specialist care (e.g. Heart Attack or Stroke).

- Median and 90th percentile of response of most appropriate resource
- Stroke & STEMI care bundle including call to door median and % arrival at a specialist site
- Further measures to be developed over time

YELLOW
SOON

The **Yellow Soon** category refers to incidents where further clinical assessment to support clinician decision making (remote or face to face) is required for discharge at scene and/or an alternative pathway and/or planned transport to a treating facility.

- Median response of most appropriate resource
- 90th percentile
- % by disposition

GREEN
Planned

The **Green Planned** category refers to incidents where there is high potential for the ambulance service to manage the care episode in its entirety or in collaboration with a community service or planned care provider.

- Median response of most appropriate resource
- 90th percentile
- % by disposition





Phase 2: New Rapid Clinical Screening Codes

- From 2nd December 2025, a new group of RCS codes were introduced.
- Once the RCS category is created, it undergoes clinical contact points with Clinical Navigators, RICS, or both.
- If a physical response is required to the patient, the clinician will then transition the RCS code to a new 'response' category.

New Performance Codes

Description

RCS1
Rapid Clinical Screening 1

RCS1 – High Propensity for High-Risk Markers. Calls in this category are considered highly likely to involve serious or urgent health concerns.

RCS2
Rapid Clinical Screening 2

RCS2 – Medium Propensity for High-Risk Markers. These calls show some signs that may suggest a health risk, but not to the same degree as RCS1. They will be screened promptly to determine whether further clinical input is required.

RCS3
Rapid Clinical Screening 3

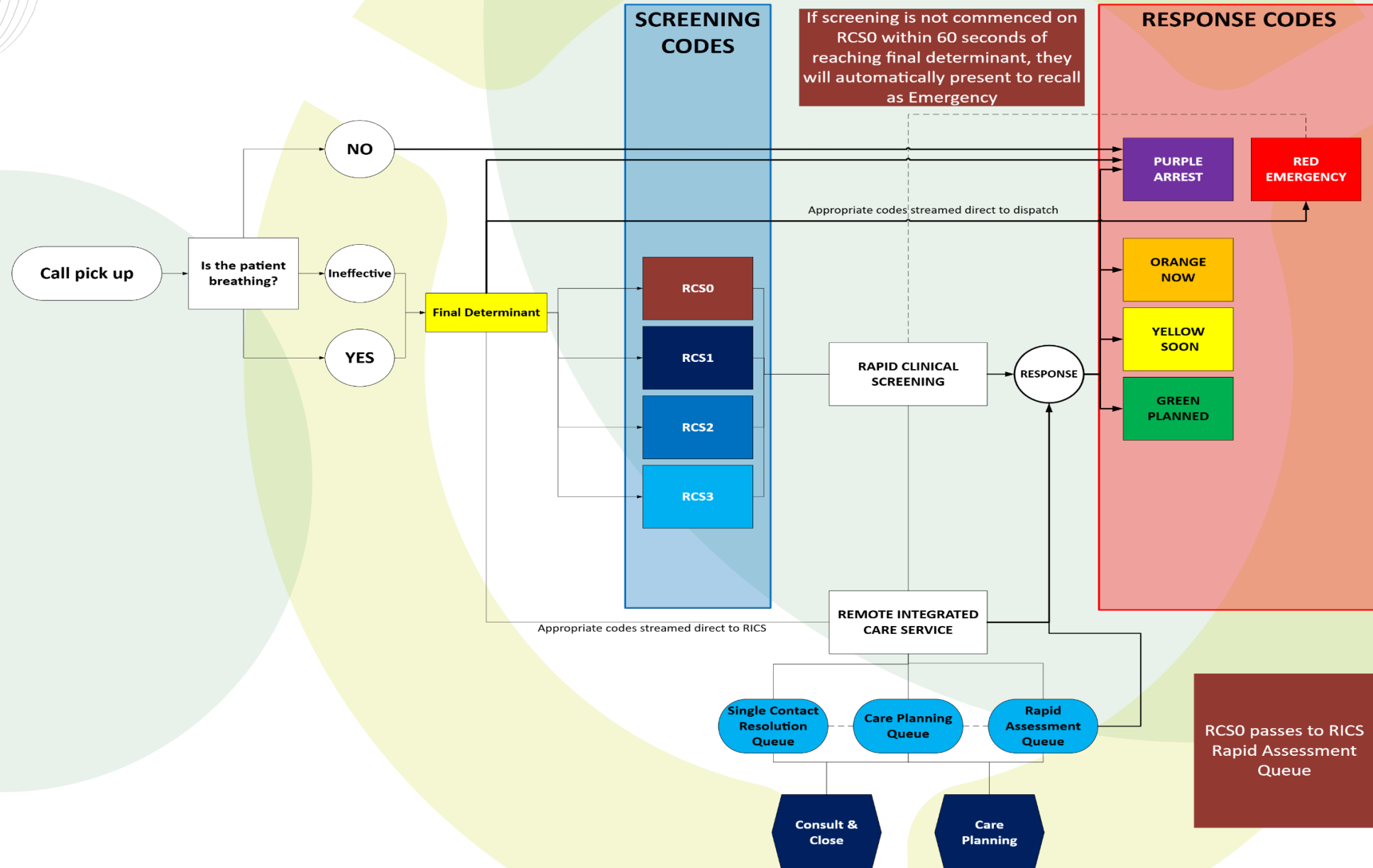
RCS3 – Low Propensity for High-Risk Markers. Calls in this category show few or no signs of serious health concerns.

Note: RCS codes reflect the MPDS outcome identified during the initial 999 call. They do not determine the final response category — which is assigned after screening by a clinician.





The Call Flow Process



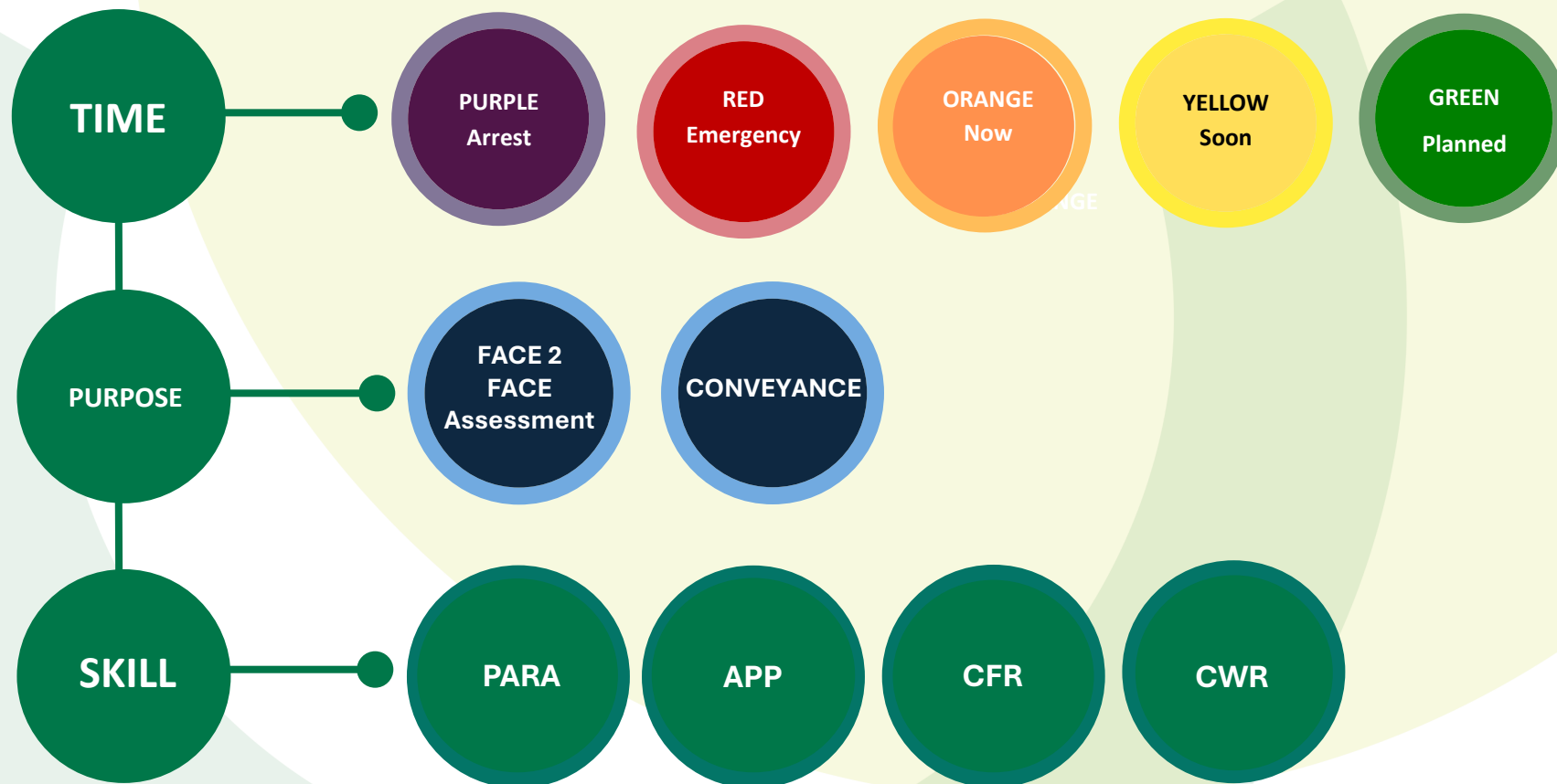


TIME-PURPOSE-SKILL

The five new categories introduced in Phase 1 and 2 are a key component of a new 'Time-Purpose-Skill' concept to prioritising calls internally.

This approach ensures patients receive the right response type, at the right time, from those with the correct skillset based on clinical need.

Clinicians in RCS and RICS will undertake this assessment for every incident passed through for a response.





What does this mean for patient flow?

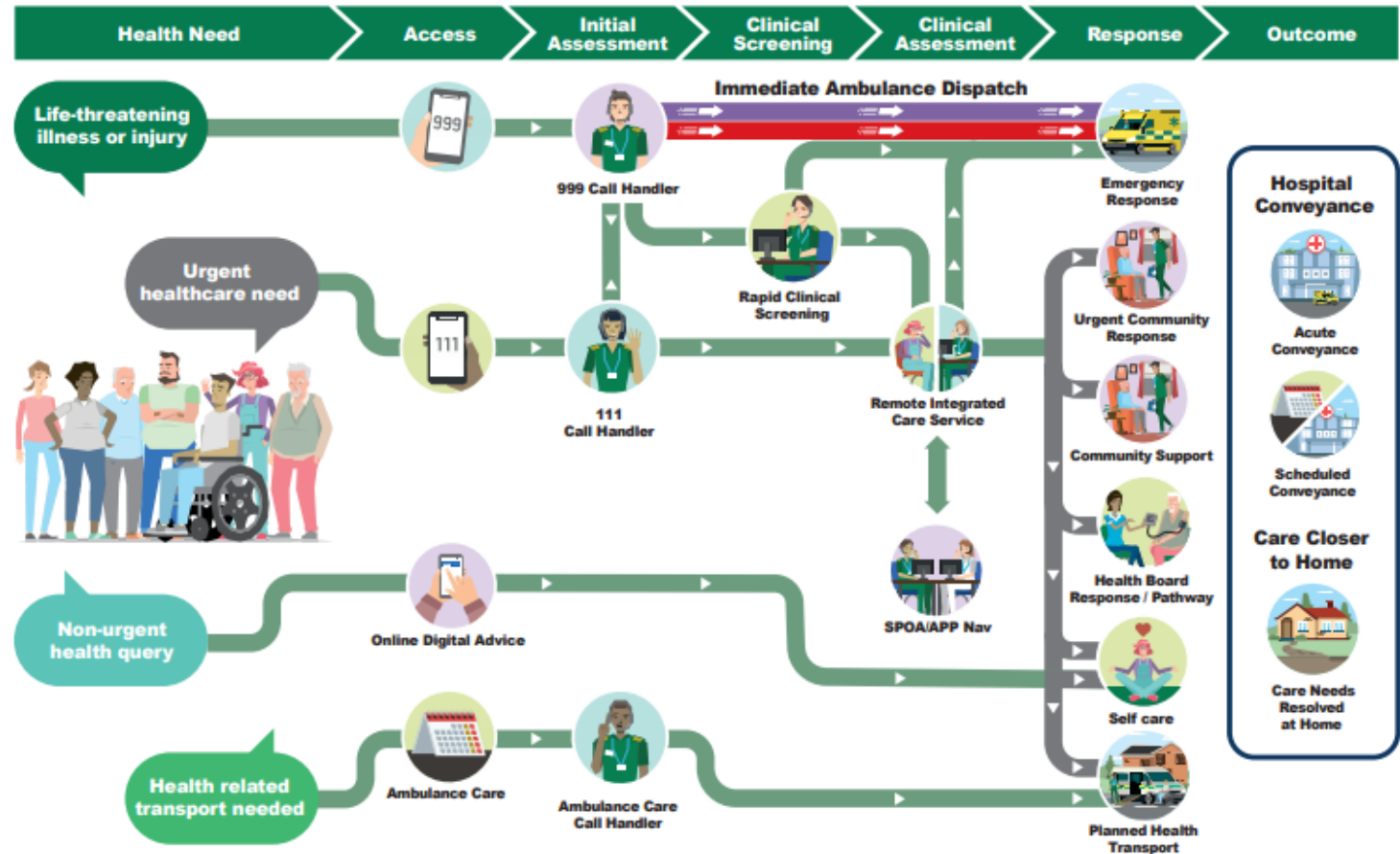
This visual shows how our patient will flow through the system, from point of entry to get the **right care or advice in the right place, every time.**

The **new and improved** features include:

- Online Digital Advice
- Rapid Clinical Screening
- Remote Integrated Care
- Urgent Community Response
- Planned Care & Health Transport

Our **Future Integrated Clinical Services Model**

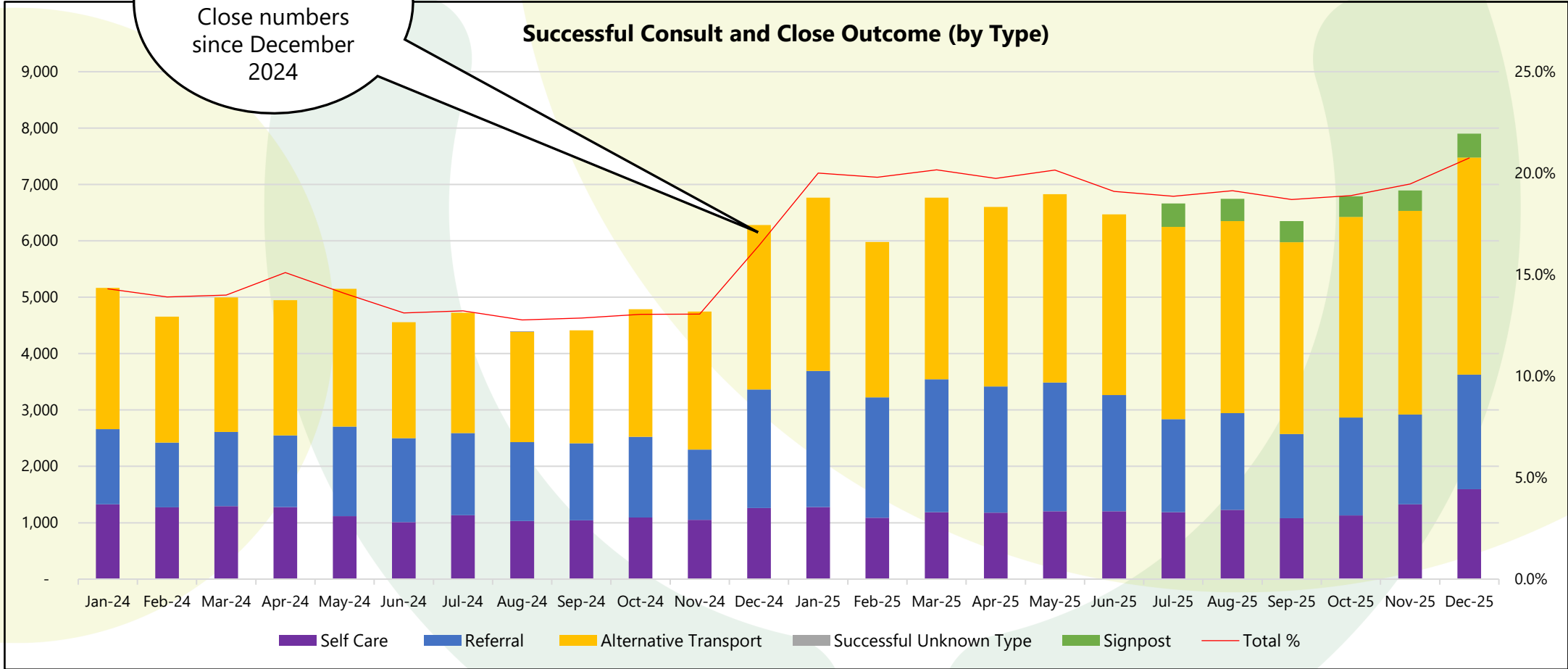
(Version for only patient activity - does not include HCP Calls)





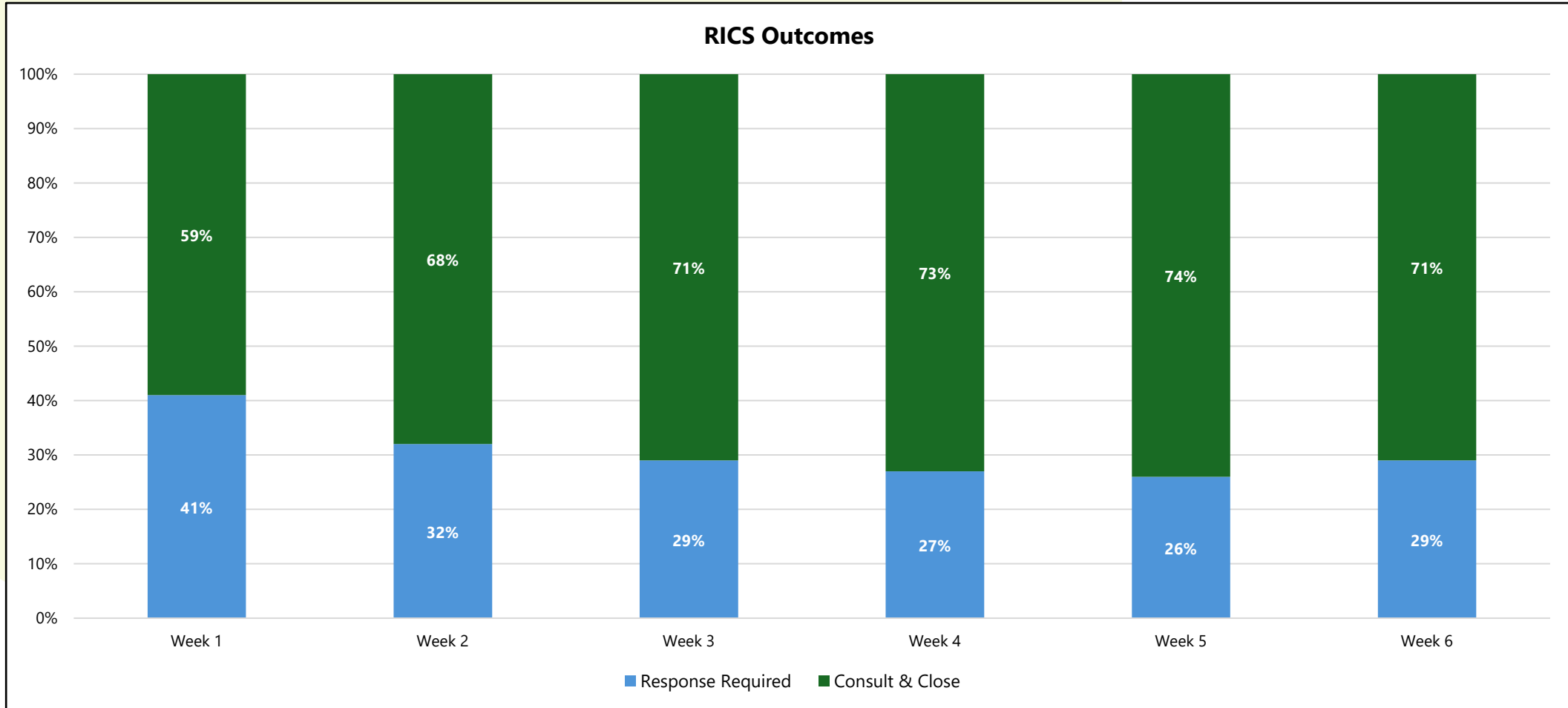
RCS Performance – Consult & Close

There has been a significant rise in Consult & Close numbers since December 2024



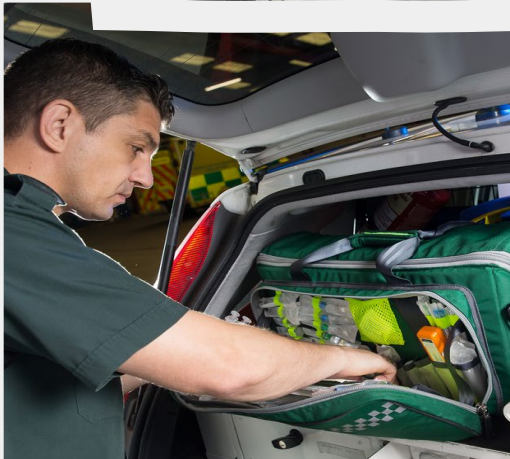


RICS Performance - Outcomes





How we are continuing to improve our services



Collaborative approach to implement our Integrated Clinical Services Model



DIGITAL FRONT-END

We are working with key partners including Digital Health Care Wales (DHCW) to maximise our digital capabilities to transform NHS 111 Wales into a state-of-the-art digital health service



REMOTE INTEGRATED CARE SERVICE

We are working closely with key partners as part of our plans to bring together our remote clinical teams in NHS 111 Wales and 999 into a single remote clinical function that operates across Wales 24/7



URGENT COMMUNITY RESPONSE

We want to maximise our community resources (e.g. Advanced Paramedic Practitioners) to undertake planned face-to-face clinical assessments to resolve more care needs closer to home



HEALTH TRANSPORT

We want to provide patients with known, routine care needs with timely access to a responsive, planned health transport service that connects seamlessly with the wider care system.





WHAT are the differences we expect you to see?

Patients



Improved survival rates

Reduced avoidable harm

Patients receive the right response faster

Improved experience and satisfaction

Our People



New roles and career pathways

Clinicians operating at the top of their scope of practice

Improved working day experience and job satisfaction

Improved staff wellbeing and reduced sickness absence

System



Fewer patients conveyed to ED

More care episodes resolved remotely or at home

More patients connected to the right care pathways

More patient care is planned in advance



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

Diolch yn fawr

For more information, you can email:

amb_WASTtransformation@wales.nhs.uk



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
University NHS Trust

