

## Bundle Trust Board (Open Session) 1 October 2020

### Agenda attachments

Agenda\_Trust\_Board\_(Open\_Session)\_1\_October\_2020 (6).docx

- 1.1 11:45 - Welcome and Apologies for Absence  
*To welcome those in attendance and to note any apologies for absence.*
- 1.2 11:48 - Declarations of Interest  
*Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.*  
*The board noted the standing declarations of interest in respect of: **\*\* (If in attendance) \*\****  
  
*Mr Emrys Davies, Retired Member of UNITE*  
*Professor Kevin Davies, Trustee of St John Wales*  
*Nathan Holman, Councillor on the Llannon Community Council*  
*Chantal Patel as a Member of Swansea Bay University and Chair of Swansea Bay University Health Board Clinical Ethics Committee.*
- 1.3 11:50 - Chairman Introduction and Update  
*To receive an update from the Trust Board Chairman.*
- 1.4 11:55 - Chief Executive Update  
*To receive an update from the Chief Executive*  

ITEM 1.4 CEO REPORT TO TRUST BOARD OCTOBER 2020 FINAL.docx
- 2 STRATEGIC AND FORWARD LOOK BUSINESS
- 2.1 12:05 - Environment Strategy 2020 - 2025 (CT)  
*For Approval*  

ITEM 2.1 SBAR- Environment Strategy 20-25 - TB.docx

ITEM 2.1a Environment Strategy Aug 2020.pdf
- 2.2 12:20 - Evaluation of the Mental Health Desk (SC) PRESENTATION  

ITEM 2.2 200917 MH Desk Board Presentation.pptx
- 2.3 12:40 - Nurse in a Car Evaluation(CR)  
*To update Trust Board of the evaluation of the pilot and subsequent Executive Management Team discussions*  

ITEM 2.3 SBAR Nurse in a Car Evaluation.rtf

ITEM 2.3a SBAR Nurse in a Car Evaluation Annex 1.pptx
- 3 PERFORMANCE, GOVERNANCE AND ASSURANCE
- 3.1 13:00 - Patient Safety Highlight Report (CR)  
*To provide assurance to the Board on patient safety related topics, focussing on monitoring and learning*  

ITEM 3.1 SBAR Patient Safety Highlight Report Jul-Aug20-21.docx
- 3.1.a 13:15 - LUNCH BREAK
- 3.2 13:35 - Monthly Integrated Quality and Performance Report (RM)  
*To note and discuss the Trust's performance and improvement actions*  

ITEM 3.2 SBAR IPR August 2020 FINAL (002) rm.docx

ITEM 3.2a Annex 1 - MIQPR Headline Report August 2020 FINAL rm.pptx

ITEM 3.2b Annex 2 - IPR Dashboard August 2020.xlsx

ITEM 3.2c Annex 3 - MIQPR Graph Pack August 2020 TB.pptx
- 3.3.a 13:50 - HIW Annual Report Update (JW)  

HIW - Annual Report Update - WAST Board - 1st October 2020.pptx
- 3.3.b Health Inspectorate Wales (HIW) – EMSCCC Patient Safety Review (LB)  

Item 3.3b SBAR HIW Review Trust Board.docx
- 3.3.bi Appendix 1

- 3.4 14:05 - Clinical Contact Centre – Clinical Review (LB)  
ITEM 3.4 SBAR Clinical Review - Oct Board.pdf  
ITEM 3.4a Appendix 1 - CCC Clinical Review.pdf  
ITEM 3.4b Appendix 1a - Summary CCC Clinical Review.pdf  
ITEM 3.4c Appendix 2 - EMT Paper.docx  
ITEM 3.4d Appendix 3 - SOT Paper.docx  
ITEM 3.4e CR Slide Deck.ppt
- 3.5 14:30 - Financial Performance Month 5, 2020/21 (CT)  
*To provide the Board with an update on the financial performance of the Trust for Month 5 of the 2020/21 Financial year.*  
ITEM 3.5 Finance Report MTH5 FINAL.docx  
ITEM 3.5a.pdf  
ITEM 3.5b.pdf
- 3.6 14:40 - Board Assurance Framework (KC)  
*To set out the quarterly BAF report for review and comment.*  
*Note: BAF circulated separately via e mail*  
ITEM 3.6 BAF Report SBAR for TB 011020.docx
- 3.7 14:50 - Brexit Update (EH)  
*To update Board on steps being taken by the Welsh Ambulance Service to prepare for the impact of the end of the United Kingdom's period of transition in its withdrawal from the European Union, which ends on 31 December 2020.*  
ITEM 3.7 BoardBREXITUpdateSept20.docx
- 3.8 14:55 - Information Governance Annual Report (AH)  
*To receive the IG annual report*  
ITEM 3.8 SBAR\_IG\_Annual\_Report\_201920\_v1.0 Trust Board.docx  
ITEM 3.8a IG Annual Report 201920 final v1.1\_AHBLNM.pdf
- 4 CONSENT ITEMS
- 4.1 15:00 - Procedural Matters  
*To confirm as a correct record the Minutes of the Board and other procedural matters as required.*  
ITEM 4.1 Procedural Matters.docx  
ITEM 4.1a Trust Board Minutes Open 30 July 2020.docx  
ITEM 4.1ai Trust Board CLOSED Minutes 30 JULY 2020.docx  
ITEM 4.1b Action Log.docx  
ITEM 4.1c Minutes of Chairs Action Meeting 9th September 2020.docx
- 4.2 15:05 - Update from Committees  
*a. Quest*  
*b. Audit*  
*c. Finance and Performance*  
*d. Charitable Funds*  
QuEst Board Brief - 8 September 2020.docx  
QuEst update SBAR to Board.docx  
ITEM 4.2b Audit Board Brief 011020.docx  
ITEM 4.2c F&P update SBAR to Board.docx  
ITEM 4.2d cfc update SBAR to Board.docx
- 4.3 15:10 - Minutes of Committees  
*To formally receive the Minutes of Committees*  
ITEM 4.3 Minutes of Committees.docx  
ITEM 4.3a Audit Committee OPEN Minutes 18 June 2020 V3.doc  
ITEM 4.3ai Audit Minutes CLOSED Minutes 18 June 2020 v2.doc  
ITEM 4.3b QUEST OPEN MINUTES 12 May 2020.doc  
ITEM 4.3c OPEN F and P Minutes 16 July 2020 v2.doc

ITEM 4.3ci CLOSED F and P Minutes 16 July 2020.doc

ITEM 4.3d OPEN P and C mins 14 July 2020.docx

ITEM 4.3di CLOSED P and C mins 14 July 2020.docx

ITEM 4.3e 11 August 2020 Redacted (Board Approval) Minutes of RemCom.docx

ITEM 4.3f FINAL CF MINUTES JUNE 2020.docx

4.3.1

EASC Minutes

*<https://easc.nhs.wales/the-committee/meetings-and-papers/>*

5

ANY OTHER BUSINESS

*To consider any other business to the agenda items listed above.*

6

DATE OF NEXT MEETING

*The next meeting of Trust Board will be on 26 November 2020*

## Agenda Trust Board (Open Session)

**Date** 01/10/2020  
**Time** 11:45 – 15:15  
**Location** Zoom  
**Chair** Martin Woodford  
**Description**

### **1.1 Welcome and Apologies for Absence**

11:45 To welcome those in attendance and to note any apologies for absence.

### **1.2 Declarations of Interest**

11:48 Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.  
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Professor Kevin Davies, Trustee of St John Wales  
Nathan Holman, Councillor on the Llannon Community Council  
Chantal Patel as a Member of Swansea Bay University and Chair of Swansea Bay University Health Board Clinical Ethics Committee.

### **1.3 Chairman Introduction and Update**

11:50 To receive an update from the Trust Board Chairman.

### **1.4 Chief Executive Update**

11:55 To receive an update from the Chief Executive

## **2 STRATEGIC AND FORWARD LOOK BUSINESS**

### **2.1 Environment Strategy 2020 – 2025 (CT)**

12:05 For Approval



- 2.2 Evaluation of the Mental Health Desk (SC) PRESENTATION**  
12:20
- 2.3 Nurse in a Car Evaluation(CR)**  
12:40 To update Trust Board of the evaluation of the pilot and subsequent Executive Management Team discussions
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- 3.1 Patient Safety Highlight Report (CR)**  
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- 3.1.a LUNCH BREAK**  
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14:30 To provide the Board with an update on the financial performance of the Trust for Month 5 of the 2020/21 Financial year.
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- Note: BAF circulated separately via e mail
- 3.7 Brexit Update (EH)**  
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- 3.8 Information Governance Annual Report (AH)**  
14:55 To receive the IG annual report
- 4 CONSENT ITEMS**

**4.1 Procedural Matters**

15:00 To confirm as a correct record the Minutes of the Board and other procedural matters as required.

**4.2 Update from Committees**

15:05 a. Quest  
b. Audit  
c. Finance and Performance  
d. Charitable Funds

**4.3 Minutes of Committees**

15:10 To formally receive the Minutes of Committees

**4.3.1 EASC Minutes**

<https://easc.nhs.wales/the-committee/meetings-and-papers/>

**5 ANY OTHER BUSINESS**

To consider any other business to the agenda items listed above.

**6 DATE OF NEXT MEETING**

The next meeting of Trust Board will be on 26 November 2020



|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>1.4</b>  |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> |             |

## CHIEF EXECUTIVE REPORT: 1 OCTOBER 2020

|                        |                                                   |
|------------------------|---------------------------------------------------|
| <b>MEETING</b>         | <b>TRUST BOARD</b>                                |
| <b>DATE</b>            | <b>1 October 2020</b>                             |
| <b>EXECUTIVE</b>       | <b>Chief Executive</b>                            |
| <b>AUTHOR</b>          | <b>Chief Executive</b>                            |
| <b>CONTACT DETAILS</b> | <b>Jason Killens – Jason.Killens@wales.nhs.uk</b> |

|                                            |                                     |
|--------------------------------------------|-------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 |                                     |
| <b>CORPORATE RISK (Ref if appropriate)</b> |                                     |
| <b>QUALITY THEME</b>                       | <b>All</b>                          |
| <b>HEALTH &amp; CARE STANDARD</b>          | <b>Health and Care Standard 7.1</b> |

|                             |                                                                                                      |
|-----------------------------|------------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | <b>To provide an overview of progress made in key work streams and forward look of future events</b> |
| <b>CLOSED MATTER REASON</b> |                                                                                                      |

## REPORT APPROVAL ROUTE

|                    |                       |                        |
|--------------------|-----------------------|------------------------|
| <b>WHERE</b>       | <b>WHEN</b>           | <b>WHY</b>             |
| <b>TRUST BOARD</b> | <b>1 October 2020</b> | <b>FOR INFORMATION</b> |

## **SITUATION**

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report.

## **BACKGROUND**

2. This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

## **ASSESSMENT**

### **CHIEF EXECUTIVE**

3. Since the last Trust Board meeting, examples of items of note include:

- Attending frequent meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, the Minister for Health Social Care and Sport, AACE and EASC.
- The Executive Pandemic Team continues to meet on a weekly basis. Likewise, the various Cells established to manage the Trust's pandemic response have continued to met, although the frequency has largely reduced. That said, the EMT has agreed to change the Trust's pandemic response position from 'Recovery' to 'Monitor'. The current increase of community COVID transmission will be monitored carefully and if necessary the Trust could return to a 'Response' position within a matter of weeks as what is being reported as the second wave of the pandemic gathers pace.
- WAST Live events have continued in August and September to engage directly with our people. They are available as live on Facebook and Zoom and are available on YouTube for staff to watch at their leisure. They are proving popular with staff as an effective way of providing staff with an update of issues facing the Trust and an opportunity for our people to ask questions directly to me and the wider Executive management Team.
- The Trust has been asked to develop an all Wales call handling and clinical 'Phone First' service to commence in late November. Health Boards will be invited to direct patients with non-life threatening and non-serious conditions to access clear, professional advice on which service is best suited to meet their needs, namely; to self-care, signpost to an appropriate service in their local community or book an appointment in an Emergency Department if they need further assessment and treatment. This is a new national service which will provide additional unscheduled care system support as we move toward a difficult winter period.
- I was delighted to congratulate two of our EMS staff; Kevin and Cath O'Connor arriving at Conwy Castle last week following the completion of their heroic Cambrian Way walking challenge – a 291 mile hike over the mountains of Wales. At the time of writing they had raised an incredible £7,374 for TASC, well in excess of their ambitious £5,000 target. It was an amazing achievement and I was proud to welcome them across the finishing line.
- In response to significant external pressures the Trust implemented DMP level 5 for the first time. This is the highest level of escalation which lasted for just over 3 hours between the 15th and 16<sup>th</sup> September. There was significant unmet demand on the stack and excessive hospital handover delays were being experienced in Aneurin Bevan. Moving to DMP level 5 results in the implementation of a 'no send' policy for green calls, allowed the CSD Clinicians to screen existing Amber 2 calls and communicate with those who had waited several hours for a response. Dr Lloyd has written to ABUHB's Medical Director to highlight the patient safety risks associated with the handover delays experienced at the Royal Gwent Hospital. A review of the impact of the no send policy is being undertaken and the results will be reported to QUEST.

- Following concerns raised by Trade Union partners on behalf of our Clinical Team Leader's (CTL's) after an indicative vote amongst the workgroup I have, alongside our Executive Director of Workforce and OD, been engaged in a series of meetings with Trade Union Full Time Officers to identify potential options to resolve the outstanding restructure of the CTL role that has been pending for in excess of three years. I am pleased to be able to report to Trust Board today that dialogue has been both constructive and fruitful in that we have heads of terms outlined that could potentially lead to a collective agreement negotiation to close the matter.

## **FINANCE AND CORPORATE RESOURCES**

### **Finance**

4. The financial management team have been working across the Trust to support the financial implications of the EMS and NEPTS Demand and Capacity Reviews, Grange University Hospital, Mobile Testing Units and Phone First and are embedded in programme and project structures. Finance teams also continue to support the Logistics and Business Continuity and Recovery Cells.
5. Re-alignment of the Capital programme continues to ensure maximisation of asset purchases within the reduced Capital Expenditure Limit. The objectives within the 2020/21 Finance Local Delivery Plan that were delayed due to the impact of COVID19 have now been re-assessed and new delivery timelines identified.
6. WAST Charitable Funds accounts for 2019/20 have progressed through the Charitable Funds Committee and are currently with Audit Wales for a detailed independent review.

### **Capital & Estates**

7. Work continues on responding to Welsh Government's scrutiny grid queries for the SE Fleet Workshop which includes developing an Estates Annex document to support the Outline Business Case.
8. Work is now progressing on reviewing and refreshing the Estates SOP with a particular focus on the potential impact of the EMS Demand and Capacity Review and Grange University Hospital development, along with other refreshed operational priorities. The NEPTS Demand and Capacity Review will also be considered as part of the review process.
9. The demolition phase of the Cardiff MRD site is progressing at a rapid rate by John Weaver Construction Ltd and all feedback at the site meetings is positive. The internal Project Board meetings coincide with the monthly construction meetings and regular communications (including photographs) are published on the dedicated intranet site for all staff to view. Key milestones will also be updated on Siren and social media in the future.
10. Following the decision made on the 29th July 2020 by the Executive Management Team it has been agreed to relocate the remaining staff at Cefn Coed to Matrix House by:
  - Leasing half of the ground floor at Matrix House and relocate the Training Team at a reduced scope but within the previously Board approved budget of £530k; and
  - Reconfiguring Matrix One to accommodate NEPTS who will relocate from Cefn Coed and establish an agile working across both sites.

11. All Heads of Departments at Matrix One have been consulted regarding agile working; taking into consideration departmental requirements and individuals' needs. Consideration has been given to storage requirements, meeting rooms, break-out areas and distant learning area requirements to enable departments to function effectively.

12. Requirements for Matrix One and Matrix House are currently with the architect and draft plans were presented on the 11th September 2020 when the first Project Board meeting took place.

## **Fleet**

13. The remaining elements of the 2019/20 vehicle replacement program has picked up momentum with the Hazardous Area Response Team (HART) Personnel Carrier being commissioned into service and the 46 Emergency Ambulances being delivered to the dealership before going to the commissioning centre in Caerphilly. The 21 Rapid Response Vehicles from the 2020/21 vehicle replacement programme have all been through the commissioning centre and are in the process of being rolled out into operational service.

14. The Fleet Management Team have continued working with the project leads to support the fleet implications of both the EMS Demand and Capacity Review and the Grange University Hospital (GUH) and are embedded in programme and project structures.

15. The GUH vehicle numbers and specifications have been agreed and the 13 Renault Master chassis are at the nominated convertor ready for the work to commence as per the build schedule, and previously approved via a Chair's Action following confirmation of additional Welsh Government funding.

## **STRATEGY, PLANNING AND PERFORMANCE DIRECTORATE**

### **Planning**

16. The Planning Team has continued to lead on WAST's plans for recovery. The prioritisation of IMTP deliverables has been completed and agreed through the Strategic Transformation Board. Whilst it is difficult to reduce the number of work programmes required to recover progress, this has provided focus on those areas that require further support, based on urgency and available resources.

17. Work is ongoing through ADLT, led by Planning, to identify resource gaps in key areas. One of the top priorities for the team going into quarter 3 is to conclude the inter site transfer and discharge service for the Grange University Hospital. Huge progress has been made to develop the service collaboratively with Aneurin Bevan University Health Board. A number of risks highlighted through both Finance and Performance Committee and the Board are now being resolved and mitigated, including the recruitment of transfer crews, fleet procurement and progress on both temporary and longer term estate requirements.

18. The Planning and Performance Business Partners continue to monitor other Health Board service changes, both as a result of COVID-19 and the restart of strategic service change initiatives across Wales and its borders. The impact of these changes will be assessed along with other priorities and an update on changes will be given to the closed Board session. The Team is also leading on the planning of emerging national developments including Phone First, Community Respiratory Pathways and elements of the Tactical Seasonal Plan, as we prepare to commence drafting of the Quarter 3/4 Operational Plan (pending Welsh Government framework).

## **Transformation Support Unit**

19. Strategic Transformation Board has been stood back up and is monitoring the progress of prioritised IMTP deliverables, having agreed those priorities at its last meeting in August. The team continues to provide programme and project management support to some of the highest profile programmes of work within the Trust including the EMS Demand and Capacity Review implementation programme and its underpinning projects, the Mobile Testing Unit programme and the Grange University Hospital project. The team is currently closing down the internal Major Trauma Network project, handing over to “business as usual” following the successful launch of the network on 14th September 2020. The team is also preparing for number of key emerging programmes linked to both the Tactical Seasonal Plan and the National Programme of Unscheduled Care 6 Goals which includes: Phone First and Community Respiratory Pathways, the proposals for which are being prepared for agreement by the Director of NPUC and Welsh Government through the necessary governance steps.

## **Commissioning & Performance**

20. The Commissioning & Performance Team has continued to support the development of the tactical seasonal plan, using weekly forecasting and modelling data based on the current national and local modelling assumptions. A separate paper on the tactical seasonal plan has been included on the agenda. The plan will drive key actions within the Trust’s Quarter 3/4 Operational Plan which is due to be submitted to Welsh Government mid October 2020.

21. With recent changes to flows in Aneurin Bevan University Health Board and the continued work to develop services ahead of the opening of the Grange University Hospital, the team has been modelling the impact of patient flows across Gwent and South Powys, working closely with Cwm Taf Morgannwg Health Board to consider impacts on Prince Charles Hospital in Merthyr Tydfil. The team continues to lead on the EMS Demand & Capacity Programme, and agreement has been given by the Commissioner to complete recruitment of the additional 136WTE in this financial year. The NEPTS Demand & Capacity Review is progressing and is due to report in November 2020. The Trust’s estate has been identified as the highest risk to the EMS Demand & Capacity Programme going forward. The detailed review of our estate capacity and future requirement is reaching its conclusion for consideration by the Programme Board.

## **MEDICAL AND CLINICAL SERVICES DIRECTORATE**

22. The Welsh Ambulance Services NHS Trust is the only ambulance service in the UK to hold the ISO1400 environmental management accreditation which was recognised by the Advancing Healthcare Awards for Green Action with the presentation of a Highly Commended award. The directorate has put in place a radical new environmental model where sound environmental principles are embedded within the clinical team culture. The fleet of ambulances use a considerable amount of fuel and therefore the use of electric vehicles to prevent pollution and reduce potential environmental impact is being piloted.

23. The National Institute of Health Research and Health and Care Research Wales are prioritising COVID-19 urgent public health research to gather the necessary clinical and epidemiological evidence that will inform national policy and enable new diagnostic tests, treatments and vaccines to be developed and tested for COVID-19. The Trust is collaborating on two of these studies, which are being delivered by Dr Mike Brady and Chris Powell, who are respectively leading Paramedic and Nursing and Principal Investigators. It is a major step forward for the Nursing and paramedic profession and research in Wales.

24. Platform Randomised trial of Interventions against COVID-19 in older people (PRINCIPLE) is led by Oxford University and being delivered in WAST by Chris Powell, Area Manager NHSDW/111, where potential participants will be identified and enrolled into the study. The overall goal of this trial is to find treatments suitable for widespread use in the community that will help affected people recover sooner and prevent hospital admissions. This is a platform trial, which will be flexible and allow further treatments to be added into the trial while the trial is already in progress, should such suitable treatments become available.

25. The Medical and Clinical Services Directorate last year, embarked on a new project to modernise and improve its management of Controlled Drugs. The Project Team have successfully rolled out the Abloy Protec 2 Project during the current COVID-19 situation as it will increase vehicle availability and enhance arrangements to provide a more robust level of security that is reliable and fully auditable for controlled drugs.

26. Over 1,000 users have now been issued with their Abloy key together with a leather belt loop for ease of wearing. Ninety ambulance stations across 7 Health Boards now have the system installed. The team are currently in the evaluation stage of the project but early feedback indicates that about 90% of users found the system easier to use.

27. A dedicated Intranet page has been set up for users to familiarise themselves with the changes together with a standard operating procedure, dedicated user mailbox and a frequently asked questions document. A Podcast has also been compiled which is available on the Trust's Podcast Channel.

## **QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE**

### **Safeguarding**

28. The Safeguarding Team continues to experience a high level of demand as articulated in my last report to Trust Board. Therefore, the team are in the process of recruiting to an additional role to support demand.

### **Patient Experience & Community Involvement**

29. The team continue to capture experiences/feedback through a range of surveys and online engagement activities including:

- Carers Survey - this is the second year the survey has been conducted. The results of the survey will be used as a measure of how/if the quality and patient experience for carers is improving.
- Work is being undertaken with the NEPTS Regional Customer Service Managers in undertaking a patient experience survey of NEPTs users across Wales.
- Users of the NHS 111 Wales website are currently being canvassed for their views and experiences of using the website, helping us to better understand areas that could be improved.

30. The Team have also currently actively involved with:

- An All Wales Patient Information Leaflet working with patient experience colleagues from Health Boards and Trust's across Wales. A new standard information leaflet is being produced that will be sent alongside appointment letters.
- Working with CCC Operational Managers and other colleagues across the Trust to deliver against certain recommendations contained in the Health Inspectorate Wales Clinical Contact Centre (CCC) review.



- The Annual Quality Statement (AQS) has been written and progressed through the audit process.
- The 'Keeping You Safe' learning disability event is being organised which will be the first large scale online event being undertaken in partnership with All Wales People First. Focus will be on Personal Protective Equipment that staff wear and the 7 important checks.
- The team continue to develop plans to launch the 'iN-Network'. It will be the Trust's citizen network to enable full public participation in service improvement activities.

### Putting Things Right (PTR)

31. Through Quarter 1 of 2020/2021, the Putting Things Right Department has continued to witness a reduction in the volume of formal concerns received in comparison to the same period for 2019/2020. There has been a slight increase in the volume of formal concerns received in June and July 2020, compared to Quarter 1 of 2020/2021 however, not to the same volumes compared to 2019/2020.

32. The total number of open concerns as of 7 September 2020 is 60, which excludes cases within Complex Case. Of those 60, only 16 are in backlog (exceeded the 30 day target), with 11 of those having completed investigations and in the process of being quality assured.

33. For the first 2 months of Quarter 2 the 2 day acknowledgment performance has improved from an average of 90% for Quarter 1 to 98%. In numerical terms it relates to 1 concern moving over the 2 day deadline.

34. The 30 day response has also seen an improvement from an average of 68% in Quarter 1 to 73% for the first 2 months in Quarter 2.

| <b>Formal concerns Performance (by due date)</b> |        |       |        |        |        |
|--------------------------------------------------|--------|-------|--------|--------|--------|
|                                                  | Apr-20 | May20 | Jun-20 | Jul-20 | Aug-20 |
| Total Received                                   | 40     | 24    | 40     | 47     | 48     |
| Total Closed                                     | 95     | 60    | 50     | 61     | 35     |
| 2 Day Acknowledgment % for                       | 93%    | 94%   | 83%    | 96%    | 100%   |
| 30 Day Response due % for                        | 68%    | 74%   | 62%    | 76%    | 69%    |
|                                                  | Apr-19 | May19 | Jun-19 | Jul-19 | Aug-19 |
| Total Received                                   | 75     | 98    | 70     | 100    | 65     |

### Health & Safety

35. A Health & Safety Risk Assessment template was developed to help staff implement appropriate control measures in Welsh Ambulance Services NHS Trust premises. Subsequently inspections have been completed for all corporate buildings and the majority of ambulance stations. Quality inspection spot checks are also being undertaken in partnership with Trade Union Partners to ensure control measures identified are being implemented.

36. A new RIDDOR reporting process has commenced following dialogue with the Health and Safety Executive with final reports being completed by the Health and Safety Team. Other changes include:

- Weekly DATIX meetings held to identify potential RIDDORS.
- Processes changed to encourage thorough investigations are delivered within timescale.
- A RIDDOR Investigation Tool has been developed to aid COVID related investigations.

37. All corporate staff have been asked to complete 'Home Working' and 'Corona Virus Awareness' training packages.

38. The Trust's Pandemic Health and Safety & Wellbeing Cell continues to meet twice a week to resolve COVID related issues arising and advise on health and safety matters.

## **PARTNERSHIPS AND ENGAGEMENT DIRECTORATE**

39. The directorate's work has continued to focus on the engagement of stakeholders and the management of public expectation, while ensuring staff are kept up to speed with developments.

40. The Communications Team published a series of news stories to manage demand and public expectations including about the service's busiest day since New Year's Day and a Bank Holiday appeal to the public which in turn led to a handful of national TV interviews.

41. In August, the annual report was published following sign off by Audit Wales. The report provides a look back and celebration of 2019-20 and the story of the organisation's constant change and evolution.

42. Planning has also been undertaken for the first digital Annual General Meeting on 1 October.

43. Across social media, support was given to the recruitment of more than 60 operatives and supervisors for the COVID19 Mobile Testing Units in Cardiff and Swansea.

44. In September, the second in the series of Behind the Headlines was published, the new monthly stakeholder update which gives readers a glimpse into WAST's media & PR activity and performance.

45. It was also the month the long-awaited new Intranet on the SharePoint platform was launched, which was another step to providing improved content and flexible access to information for everyone in the organisation.

46. Events supported included Organ Donation Week, National Air Ambulance Week, Pride Cymru, Emergency Services Day and World Suicide Prevention Day, with social media content developed for all.

47. There has been representation at both the Gwent Adult Services Partnership and North Wales RPB, and a number of briefing meetings with Members of the Senedd.

## **OPERATIONS DIRECTORATE**

### **Operational Delivery Unit (ODU)**

48. The ODU continues to operate seven days a week but has reduced its hours of operation to 08:00-20:00 as staff who had been seconded to the ODU have now returned to their pre-COVID roles. The Regional Escalation Protocol has been reviewed and amended pending sign off from the Chief Operating Officers of each Health Board. The Business Case was approved by the Trust's Executive Management Team and was submitted for approval by the Emergency Ambulance Services Commissioner/Welsh Government. It is however with regret that I advise Trust Board today that with effect from 5 October 2020 the ODU will close on a permanent basis as we have been unable to secure recurrent funding to operate the national co-ordination service on behalf of the wider system,

## **Community First Responders (CFRs)**

49. During COVID-19 our volunteer Community First Responders (CFRs) were temporarily stepped down from response to red calls in order to ensure their safety. As the Trust moved into Recovery Phase plans were designed to bring the CFRs back online initially in Hywel Dda, followed by Powys with roll out to other areas planned. Progress is being made to train and equip CFRs in Level 3 Personal Protective Equipment (PPE) and we look forward to welcoming back all our volunteers to Team WAST.

## **Major Trauma Desk Mobilisation**

50. The South Wales and South Powys Major Trauma Network went live on Monday 14 September 2020. The Welsh Ambulance Services NHS Trust (WAST) is a vital stakeholder in ensuring the overall success of the Network. Following a 'pause' of the commencement of the network during the COVID-19 response the EMSCCC has launched the new Major Trauma Desk (MTD) which is staffed by an appropriately trained clinician. The MTD is located within close proximity to the Emergency Medical Retrieval and Transport Service (EMRTS) Air Support Desk (ASD) who they will be working in cooperation with.

## **Health Inspectorate Wales (HIW) Review**

51. Following concerns raised regarding the potential impacts of extended and deteriorating handover times at emergency departments across Wales, a review by Health Inspectorate Wales (HIW) was scheduled for Q3-4 of 2019/20.

52. The principle objective of the review was to assess how patients are managed by the EMS Clinical Contact Centres (EMSCCC) encompassing the period from the time the call is received through to an operational response arriving with the patient. As a secondary objective the review considered how staff working within EMSCCC are resourced and supported.

53. HIW conducted the field work between November 2019 and January 2020 using a mixed methods approach including staff surveys, document reviews and semi-structured interviews. Due to the COVID-19 pandemic the final report was shared with the Trust in September 2020 and expected to be published soon. The Trust has developed an action plan to respond to the findings of the report and the recommendations made.

## **111 Receptionist Model**

54. The Receptionist model is a COVID related response to increased call volumes into the 111/0845 Clinical Contact Centre (111CCC) which were of a non-clinical, information only nature. These are calls which can be handled by non-clinical call handlers trained in customer services.

55. The role was subject of a PDSA trial both in-hours and out of hours. Initial results have shown that approximately 10% of calls can be resolved during normal operations in the daytime period on weekdays.

56. Callers are diverted to other sources of information where they are applicable (websites, helplines), provided with quick pieces of information (e.g. fit note availability, interpretation of a straightforward rule (e.g. number of days to self-isolate) or straight to WASTs Health Information team. All of these bypass the Call Handler ensuring they are available for more complex calls. These

types of calls are likely to be received when public information changes as the public turns to 111/0845 for advice.

## **NEPTS Demand and Capacity Review**

57. The NEPTS Demand and Capacity Review is on target for the final report to be presented to the Steering Group in early November, with a target to report recommendations for agreement to EMT, Trust Board and EASC by end of January 2021.

58. The review has completed the data collection, analysis and benchmarking phase and has reviewed initial future demand forecasts. One of the key risks in the review was the obtainment of NEPTS control data, which has now been resolved allowing analysis to be undertaken.

59. There are still some outstanding queries and time has been allocated to resolve these. In order to progress the next stage of the review, Operational and Control Scenario Modelling, a Performance Parameters workshop took place on 7th September with the Chief Ambulance Services Commissioner (CASC), Director of Ops, NEPTS Senior Management, Commissioning and Performance, QSPE and clinical representation in attendance. The purpose of the workshop was to agree the performance measures for ORH to base the initial scenario modelling on.

## **NEPTS Performance**

60. During June, July and August NEPTS performance has remained consistent, in particular for discharge and transfer requests across Wales. Over this period 86.6% of journeys were conveyed within 60 mins of being booked.

## **Patient Needs Assessment (PNA)**

61. We have introduced changes to react to the COVID-19 environment within NEPTS over the past few months including updates to the PNA in March & May 2020 to help us identify potential COVID patients. Through collaboration with NEPTS Delivery Assurance Group (DAG) and a vast amount of internal and external engagement improvements have been made to the PNA to ensure the booking process is streamlined and as simple as it can be for patients. This includes updating terminology, removing duplicate questions and asking the eligibility questions to all callers including health care professionals. This new version of the PNA went live on 16<sup>th</sup> September 2020.

## **Renal Hub Improvements**

62. The Renal hub is an integral part of the coordination process providing an advocacy role for renal patients and working closely with WAST and the dialysis units to coordinate renal transport. Recent work has been carried out to explore and develop the future role of the Renal hub.

63. In order to gain an accurate reflection of how the renal hub operates, a series of virtual workshops have been carried out to allow these discussions to take place; involving a wide selection of staff from across different services.

64. The workshops incorporated discussions surrounding what works well, what could work differently and a detailed review of the current processes in place. The feedback from these workshops will inform further sessions centred around how the renal hub should work in the future; with the information already gathered helping us to learn, improve and implement change.

## **COVID-19 Pandemic Response**

65. After the response phase of the COVID-19 pandemic, the Resilience Team co-ordinated a debrief. Following this a review and refresh of the Trust's 'Plan for the Management of a Pandemic Influenza Outbreak' has been undertaken to ensure any lessons identified from the debrief process are reflected. The Resilience Team continue to support the internal COVID Command Cell (C3) structure and also the Local Resilience Forum Recovery Coordination Groups (RCGs).

66. A COVID-19 Major Incident Plan has been developed by the Resilience Team to outline our approach to dealing with a mass casualty incident where COVID still needs to be considered. Awareness sessions for Operational Commanders were provided via Microsoft Teams and was well attended (7 in North, 14 in CW, and 26 in SE). Positive feedback was received about these sessions.

### **Resource Escalation Action Plan (REAP)**

67. The annual review of the Trust's Resource Escalation Action Plan (REAP) is underway. Due to the volume of additional information which needs to be included post COVID-19, the plan is being rewritten to reflect these significant changes. The aim is to move the content of this to the Trust's plan template.

### **Administration of Ketamine**

68. With the support of the Medical and Clinical Directorate, Ketamine training has been provided to the Hazardous Area Response Team (HART) Paramedics who are the first operational team in the Trust to undertake this training. HART will now support further roll-out to Operations clinical staff.

### **Major Incident**

69. The Hazardous Area Response Team (HART) was part of the multi-agency response to the train derailment in Carmarthen and were there for 3 days to support multi agency efforts at the scene.

## **CORPORATE GOVERNANCE**

70. Board members will be aware that the Trust has engaged Ashridge Business School to help with our Board Development Programme. Following assessment of the survey and 1:1 interviews, it's planned to hold a board development session on 21 October (moved from 22 October due to availability of consultants). It is hoped that this will be held in person but this will of course depend on the COVID-19 position at the time as well as individual circumstances of Board members.

71. The Corporate Governance Team continues to focus on switching back on those governance and support functions which have been on hold over the last few months. The number of Freedom of Information requests received in the last month continues to increase and are back to near pre-pandemic numbers.

72. A lot of work has continued on ensuring the Audit Tracker is updated and that outstanding audit recommendations are again being addressed. Focus will of course be on the older items. The observations and learning from the recent Internal Audit and Wales Audit reports on COVID-19 governance will also be added to the tracker so that management can ensure these are taken on board, this is particularly important if there is going to be a second wave of the pandemic.

73. The Charitable Funds Bid Panel has also been busy considering applications for a variety of requests. The Panel very recently approved bids to help support this year's flu campaign and also to commission some artwork acknowledging the tremendous efforts of staff during the pandemic.

74. Work in respect of introducing the Welsh language standards has also been progressing, particularly around finalising details with the Welsh Language Commissioner. An Annual Report mapping the Trust's progress in this respect will be issued shortly.

## **WORKFORCE AND ORGANISATIONAL DEVELOPMENT DIRECTORATE**

### **Attendance**

75. Sickness continues on a downward trajectory and was at its lowest point for several years in July 2020 at 5.56% (cumulative 6.98%) a decrease of 0.10% from the previous month and a decrease of 1.35% compared to July 2019. The rolling 12-month figure decreased by 0.1% from June and is a decrease of 0.12% compared to July 2019. Perhaps unsurprisingly the top reason for absence continues to be mental health related absence accounting for 28.9% of all absences. At the time of reporting, COVID related absence continues to improve from its peak in April 2020, accounting for 39.77% of all sickness to 9.03% of all absence in July 2020.

76. The Workforce & OD Team continue to review the data and information available to further understand the reasons underpinning the reduction, which are multiple and difficult to attribute a single individual factor. Those factors believed to be having an impact include small changes in behaviours such as improved hand hygiene and IPC compliance through the pandemic; remote working arrangements limiting the spread of germs within the workplace; children being home from school; staff shielding; increased available resource to respond to calls and low levels of hospital waits; and an (perceived) increased sense of camaraderie and pride among staff in response to COVID.

77. The Trust has also been supporting a number of employees with longer term health conditions who have been shielding throughout the Pandemic. Now that shielding has been paused, staff have been asked to undertake the All Wales Risk Assessment to determine their risk factors and then with support from Occupational Health and Trade Union Partners meet with their manager to agree a plan for their return to work, either back to their substantive post or to an alternative role, which is COVID secure.

### **Health and Wellbeing**

78. The HR, Occupational Health and Wellbeing Service (OHWBS) and Trade Union Partners continue to work collaboratively to ensure staff and line managers are supported. An open dialogue has been maintained throughout the pandemic to ensure that staff and managers have been given the right information, support and guidance to manage staff who were absent due to sickness absence or through shielding. The Occupational Health department has a new leadership team in the Occupational Health Manager and Workplace Wellbeing Lead / Consultant Psychologist, who continue to strengthen the team, the resources and wellbeing support available and are introducing new requirements for enhanced health surveillance of staff.

79. Most recently, the OHWBS has commenced a weekly support group for staff returning from shielding, which has been positively received. Written, unsolicited, feedback from one of the first attendees stated how helpful it was to be able to share thoughts and experiences with others who understood. One unexpected and positive aspect of the pandemic has been the redeployment of

staff skilled to provide counselling skills within wellbeing and the feedback has highlighted the value of in house support as an option, in addition to external providers.

80. The Occupational Health (OH) Team has provided additional support to managers regarding the management referral process and streamlined their administrative processes to provide regular consistent clinics across the Trust. Representatives from OHWBS, including the TRiM lead have also participated in the recent EMT training programme to increase awareness of OH Services and wellbeing provision throughout the Trust.

81. Workforce and OD Directorate continues to forge cross directorate links and our Workplace Wellbeing Lead was featured in the Clinical Directorate's podcast series to discuss breaking bad news, the idea for which came from a member of staff's comments about not feeling confident when in this position.

## **Equality, Diversity and Inclusion**

82. The reverse mentoring project, one of the action points set out in objective one of the Strategic Equality Objectives 2020 -2024 has now recruited its first group of mentors and several members of the executive team have expressed an interest in becoming mentees. This pilot is due to begin in October and the mentees have already attended an initial training workshop to learn and practice coaching skills in addition to an introductory discussion about the project.

83. The Trust's Diversity and Inclusion Steering Group has met again, after a hiatus in meetings, and agreement was made to strengthen the existing networks in addition to seeking to set up new networks, including disability and Black, Asian and Minority Ethnic. This request has been publicised throughout the Trust, alongside a request for examples and stories of discrimination and racism experienced by individuals, demonstrating a further commitment to AACE Stamp out Racism campaign. The Trust continues to support the work of the AACE and the National Ambulance Diversity Forum with the Chief Executive once again chairing the recent AACE Equity of Care webinar and our Workplace Wellbeing Lead being on hand to offer emotional support to any participants distressed by the content during the webcast. As before this webinar can be viewed on the AACE website.

## **Recruitment**

84. Despite the restrictions created by the COVID-19 pandemic, the Trust has continued to protect and prioritise its recruitment and on-boarding activity. This has included recruitment of the temporary COVID-19 workforce, recruitment to fill frontline vacant posts and recruitment as part of the commitment to grow our EMS establishment in line with commissioned requirements. In addition, the Trust has recently mobilised its resources, at pace, to successfully deliver the recruitment and on-boarding requirements of the new Mobile Testing Surge Capacity Units, with plans being developed to deliver anticipate growth required in the 111 Service as part of winter planning.

## **EMS Demand and Capacity Review – Year 1 Recruitment**

85. The Trust is on track to recruit up to 136 extra staff to our EMS establishment by March 2021 as a result of new investment into our service in line with the recommendations from the EMS Demand and Capacity Review. So far, around 60 new and additional colleagues have been recruited, with the remainder to reach the 136 FTE growth coming on line in the coming months. This will mean we will enter this winter with many more colleagues in EMS that we had last winter.

86. The Trust welcomed approximately 144 colleagues as Urgent Care Assistants between 27/01/2020 and 20/07/2020 with the majority of them being operational 5 weeks from their start date. A further 38 UCAs are in training will be operational on the 24/09/2020. A further two cohorts will commence training on the 23/11/2020, and will become operational on 20.12.2020. The advert for these colleagues is currently live.

87. As a result of the agreement reached on our Urgent Care Service staff, we have seen 148 existing UCAs put themselves forward for promotion to EMT in the various recruitment exercises carried out this year and at the latter part of 2019. To date, 57 Trainee EMTs have concluded their training, with a further 56 Trainee EMTs currently undertaking their training with the National Ambulance Training College. This cohort will be operational as of 28/09/2020. On that same date, the NATC welcomes the remaining WAST UCA to EMT promotions as 31. The Trust will also be going to advert very soon to look for the next intake of EMTs which will create opportunities for staff across the Trust as well as those external candidates.

88. Earlier this year, the Trust offered 75 contracts to Newly Qualified Paramedics and they have started to arrive with us for their training. Unfortunately, a small number of these NQPs failed to complete their studies and so we expect to have 67 or 68 of the 75 join us. The first 16 are in training now and will be operational on 12.10.2020. A further cohort of 30 commenced their training in recent weeks and will be operational on 26/10/2020. The remaining group of NQPs commence training on the 26/10/2020 and will operational on the 07/12/2020. In addition to these NQPs we have welcomed 24 former EMTs in to their new Paramedic role alongside 11 fully qualified Paramedics who have been with us since the start of this year.

### **COVID-19 Mobile Testing Units**

89. Since the start of August 2020 the Trust has recruited and trained 60 staff to provide 3 mobile COVID19 testing units to increase testing capacity across Wales. Further recruitment is underway to provide resilience in South Wales and to add a fourth unit in North Wales. The South Wales teams have been successfully deployed and have received positive feedback by Health Board colleagues on their professional approach and commitment to making the experience the best possible one for the people being tested.

### **Education, Learning and Development**

90. The commitment and dedication of the Education and Training Team (NATC) over the past several months towards mobilising resources and delivering the education, development and training, both clinical and driving, to deliver the Trust's requirements, whether temporary COVID-19 related (FRS staff, volunteers, military), filling turnover and vacant posts and / or the recurrent growth of the Emergency Medical Service (Demand & Capacity), UCS, the Grange development, and mobile testing unit requirements has been tremendous.

91. To ensure the Team is not seen as a constraint to delivery, and in order to meet the substantially increased demands upon the Team, we have invested in training and developing eight clinical and twelve driving instructors who can be called upon as needed. Having re-started our Driving Instructor development programme back in the summer, the first 6 Instructors are now on placement for a period of mentored practice before they are able to take on the full driving instructor role and a cohort of students themselves. Over the last eight months we have selected and commenced the educational development of eight Clinical Instructors coming from all parts of Wales. Going forward this will further support our ambition to deliver education to colleagues in local learning communities.



92. As a result of the COVID-19 pandemic, the Trust made a decision to suspend all EMS Continuing Professional Development (CPD) activity and support to the Paramedic Band 6 competency development. CPD hours have been gradually re-introduced, encouraging and enabling staff to use their hours to support their clinical development. As yet, the Trust's formal Statutory & Mandatory Clinical CPD programme has yet to recommence, and this is currently being reviewed with Operational and Clinical Directorate colleagues. However, a decision has now been made to suspend activity and requirements to complete the third and final year of the Band 6 competencies and to review again in early 2021 with a view to recommencing sometime in 2021. As it stands compliance against Year 2 Band 6 competencies (excluding those on maternity leave, long term sickness, NQPs and others with agreed extension periods etc) stands at 99%, and there are also positive signs that a number of paramedic staff have self-directed this year to start their year 3 competencies notwithstanding the Trust position.

93. In collaboration with Swansea University, we are pleased to report that the first (3 year) degree programme for Paramedics commenced this month (September 2020) with 75 students on the course. Additionally, we have commenced our last emergency medical technician (EMT) to paramedic conversion programme with 40 existing WAST EMT colleagues being selected, the programme has been designed to have minimum disruption to operational delivery in WAST. We also continue to develop a replacement Degree level conversion programme (EMT to Paramedic) in preparation for September 2021.

### **Leadership and Organisation Development**

94. An action plan, developed in response to the COVID-19 Colleague Survey, has been developed and received by the Business Continuity and Recovery Cell (BCRC), and supported by Executive Pandemic Team (EPT). The Action Plan was developed following a series of engagement workshops exploring themes of wellbeing, team working, health, safety and remote working, estates, resources and communications. Going forward, delivery against the plan will be monitored by the Trust's Strategic Transformation Board as part of the quarterly updates on delivery of the operational plan.

95. The Trust's lead for Leadership and Management Development is delighted to be working closely with colleagues from Health Education and Improvement Wales (HEIW) on their recently launched Gwella Leadership portal and resources, which we will be regularly promoted across the Trust, and also the national succession planning work #Talentbury.

### **Urgent Care Service (UCS)**

96. Having recently concluded, in partnership with Trade Unions, negotiations that had been outstanding for some time relating to the job description for the Urgent Care workforce, the Trust is progressing the implementation of the deal and the pay elements of the agreement have now been processed, and approx. 148 UCA colleagues are on course to progress to the EMT role as agreed. A new job description for those remaining at a Band 3 has been developed in partnership with final details in the process of being addressed. Once these matters are resolved, discussions will then progress to the other elements under consideration; namely the review of the EMT job description and opening the EMT 3 role and a review of CPD hours.

### **DIGITAL DIRECTORATE**

97. Since the previous meeting, the Digital Directorate has completed the rollout of iPads to front line staff, whilst going to procurement for devices for additional staff. The devices are being used extensively for productivity and communication, using Office 365 and other key corporate

applications such as GRS and JRCALC. In parallel, the Directorate has also supported conclusion of the tendering process for our future Electronic Patient Care Record (EPCR). A number of additional staff have joined the Directorate to begin to improve support arrangements for the extensive increase in the Digital footprint of the Trust.

98. The Operational Communications Programme continues to be actively engaged with both the Ambulance Radio Programme and the Joint Emergency Services Group in Wales as part of our preparedness for the deployment of the Emergency Services Network. We are in the process of responding to the Full UK Programme Business Case as a partner with the Joint Emergency Services Group and developing our Mobile Data Vehicle Solution case in preparedness for subsequent delivery of the system change. Whilst the control room solution upgrade has been delayed we are seeking assurance from the Ambulance Radio Programme that the Trust will transition to the new technology in mid 2021.

99. Additionally pilot activity is now underway with the National Data Resource Team to explore new technology to stream data in real time for key activity such as hospital admissions and appointment cancellations. Data Protection and Information Governance Teams have also completed extensive work to support the national Test, Trace and Protect programme and WAST's role as provider of surge Mobile COVID-19 Testing Units. Significant work is also ongoing across all digital teams to support the preparatory work for the 'contact / phone first' unscheduled care model.

## **RECOMMENDATION**

100. That Trust Board note the contents of this report.

|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>2.1</b>  |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>1</b>    |



Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

## Environment Strategy 2020-2025

|                        |                                                                |
|------------------------|----------------------------------------------------------------|
| <b>MEETING</b>         | <b>Trust Board</b>                                             |
| <b>DATE</b>            | <b>1<sup>st</sup> October 2020</b>                             |
| <b>EXECUTIVE</b>       | <b>Executive Director of Finance &amp; Corporate Resources</b> |
| <b>AUTHOR</b>          | Nicola Stephens- Estates Officer                               |
| <b>CONTACT DETAILS</b> | Nicola.Stephens@wales.nhs.uk                                   |

|                                            |                                                  |
|--------------------------------------------|--------------------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | <b>IMTP priorities</b>                           |
| <b>CORPORATE RISK (Ref if appropriate)</b> |                                                  |
| <b>QUALITY THEME</b>                       | <b>Governance, leadership and accountability</b> |
| <b>HEALTH &amp; CARE STANDARD</b>          | <b>1.1, 2.1, 2.4, 2.9</b>                        |

## REPORT APPROVAL ROUTE

| <b>WHERE</b>       | <b>WHEN</b>                           | <b>WHY</b>                         |
|--------------------|---------------------------------------|------------------------------------|
| <b>ADLT</b>        | <b>Feb / Mar 2020</b>                 | <b>To endorse</b>                  |
| <b>TU Cell</b>     | <b>8<sup>th</sup> September 2020</b>  | <b>For info and comment</b>        |
| <b>EMT</b>         | <b>9<sup>th</sup> September 2020</b>  | <b>For info and comment</b>        |
| <b>FPC</b>         | <b>15<sup>th</sup> September 2020</b> | <b>To recommend Board approval</b> |
| <b>Trust Board</b> | <b>1<sup>st</sup> October 2020</b>    | <b>To approve</b>                  |

# **WELSH AMBULANCE SERVICES NHS TRUST**

## **TRUST BOARD**

### **ENVIRONMENT STRATEGY 2020-25**

#### **SITUATION**

1. The attached final draft of a Trust Environment Strategy is being presented to Trust Board for approval, having been recommended that the Board does so by the Finance & Performance Committee on 15<sup>th</sup> September 2020.
2. The Strategy identifies areas for environmental improvement throughout the Trust, along with associated key deliverables covering the next 5 years, however these will also support our longer term environmental plan and our ambition to be a carbon neutral organisation by 2030.
3. This overarching Strategy bridges all sections of the organisation with individual departmental plans such as Fleet and Estates which further identify detailed strategic plans to support the ambitions of this Strategy.
4. There are also some key linkages between this Strategy and others in development or in the process of being refreshed, including our Estates Strategic Outline Programme and the Trust's Wellbeing Strategy.

#### **BACKGROUND**

5. The Welsh Ambulance Services NHS Trust (WAST) recognises the importance of Sustainable Development and the crucial role our environmental performance (in particular reducing our carbon emissions) has to play in achieving the goal of being an Environmentally Sustainable Organisation as well as sharing the Welsh Governments ambition for the Trust to be Carbon Neutral by 2030.
6. Alongside this, in order to comply with stringent environmental legislation, as well as the Trust's continuing ISO14001 accreditation, the Trust must identify, monitor and record its carbon emissions.
7. The Trust has been working for a number of years to identify its environmental impact and put measures in place to reduce its emissions, in 2015 we became the only Ambulance Service in the UK to achieve ISO14001 accreditation.
8. This has now culminated with the Trust being able to publish its first formal Environment Strategy for the next 4 to 5 years and is seen as an important step and statement in terms of our continuing commitment to our environmental performance. The ambition to do so was also a key deliverable in our 2020-23 IMTP.

#### **ASSESSMENT**

9. The need to protect, promote and improve the quality of our environment has become increasingly important in recent years. Many of the natural resources that we rely upon (clean air, water and food) are under threat from pollution, overuse and

poor management. We often take these resources for granted. Additionally the threat from climate change requires that we take action now.

10. Our Environmental Governance System highlights our environmental objectives as well as any risks and opportunities, for this reason we have developed this Environmental Strategy to help achieve our reduction targets.
11. We know that there are significant environmental issues that require specific support that is why it is important to understand that this overarching Strategy bridges all parts of the organisation, everyone has a key role in delivery on the ambitions within the Strategy.
12. This attached document is therefore the Trust's strategy for the environment for the next 4 to 5 years. The key deliverables detailed within the strategy will also support our longer term environmental plan, including our ambition and support of the WG aim to be carbon neutral by 2030.
13. The strategy outlines the main areas of focus for the environment and sustainability, the goals and objectives required to achieve the identified targets. In order to deliver our environmental aspirations we will need to implement our multi step environmental strategy. The document therefore contains details of the aims, objectives, key performance indicators and implementation mechanisms to achieve these goals, and the ways in which we will be able to measure our performance in doing so.
14. This strategy is underpinned by the Trust's Environmental Governance System (EGS) and the Trusts Environment Policy Statement.
15. The Trust is committed to making a positive impact on the environment for Wales and globally through outstanding environmental sustainability performance, and is therefore committed to reducing its carbon emissions and to delivering the vision set out in this Strategy.
16. It is noted and accepted that some of the key deliverables within this Strategy will be subject to prioritisation, set against a range of other priorities in the short term, especially as the organisation continues to face the challenges of the COVID-19 pandemic. This may mean that some delivery will be later in the 5 year period covered by the Strategy than would have initially been hoped, however the Trust is committed to delivering this Strategy in full by 2025. Details of the timeline against each of the key objectives will be provided through a detailed action plan, following approval to this Strategy.
17. This Strategy was presented to the Finance & Performance Committee on 15<sup>th</sup> September 2020, where it was endorsed and recommended for final approval by the Trust Board. It should be noted that the style and presentation of the final published version of this Strategy may be further updated following Board approval, however this will have no impact on any of the content within the attached final draft.
18. Following this, it is also then planned to have some time at a future Board Development Day to again focus on environmental matters, including the formation of the detailed action plan to deliver the key objectives articulated within this Strategy.

## RECOMMENDATION:

19. Board members are asked to **approve** the Trust's Environment Strategy 2020-25, as endorsed and recommended to do so by the Finance & Performance Committee on 15<sup>th</sup> September 2020.



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

## ***Environment Strategy 2020-2025***





# FOREWORD

## Welcome to our Environment Strategy 2020-2025 .

The Welsh Ambulance Services NHS Trust (WAST) recognises the importance of Sustainable Development and the crucial role our environmental performance (in particular reducing our carbon emissions) has to play in achieving the goal of being an Environmentally Sustainable Organisation as well as sharing the Welsh Governments ambition for the Trust to be Carbon Neutral by 2030.

The Trust has been working for a number of years to identify its environmental impact and put measures in place to reduce it emissions, in 2015 we became the only Ambulance Service in the UK to achieve ISO14001 accreditation.

Our Environmental Governance System highlights our Environmental objectives as well as any risks and opportunities, for this reason we have developed this Environmental Strategy to help achieve our reduction targets.

We know that there are significant environmental issues that require specific support that's why it's important to understand that this Strategy bridges all sections of the organisation with individual strategies such as Fleet and Estates which identify strategic plans to support the ambitions of this Strategy.

The Trust is committed to reducing its Carbon emissions and we are committed to delivering the vision set out in this strategy.



***Chris Turley***

Executive Director of Finance  
and Corporate Resources



***Richard Davies***

Assistant Director of Capital  
and Estates



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- 2.0 ISO14001
- 3.0 Energy & Carbon Management
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- 7.0 Sustainable Procurement
- 8.0 Sustainable Travel
- 9.0 Partnership & Engagement
- 10.0 Next Steps



## 1.0 Introduction

This document is the Welsh Ambulance Services NHS Trust (WAST) strategy for the Environment for the next 5 years. The key deliverables detailed within the strategy will also support our longer term environmental plan, our ambition to be carbon neutral by 2030.

The strategy outlines the main areas of focus for Environment and sustainability, the goals and objectives required to achieve the identified targets.

In order to deliver our environmental aspirations we will need to implement our multi step environmental strategy. This document contains details of the aims, objectives key performance indicators and implementation mechanisms to achieve our goals

This strategy is underpinned by the Trust's Environmental Governance System (EGS) and the Trusts Environment Policy Statement. [Click here](#) as well as being an enabling strategy of the Trust's umbrella 2030 Long term plan.

WAST is committed to making a positive impact on the environment for Wales and globally through outstanding environmental sustainability performance.

### 1.1 Well- Being of Future Generations Act

The Well-being of Future Generations Act places a statutory duty on Public Service Boards and certain named public bodies to improve the social, economic, environmental and cultural wellbeing of Wales in accordance with the sustainable development principles.

Whilst the Welsh Ambulance Service is not a “named organisation” who are subjected to the new duties, we have chosen work within the spirit of the legislation and work with partners across the public sector in Wales to support delivery of the Well Being Goals.

There are Seven Well-Being Goals, of these goals the following include Environmental and Sustainable requirements

**A Prosperous Wales** - An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change), and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work

**A Resilient Wales**- A nation which maintains and enhances a bio diverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change)

**Globally Responsible Wales** - A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being

Along with the seven Well-being goals the acts Sustainable Development Principle is defined as seeking to meet the needs of the present without compromising the ability of future generations to meet their own needs.

There are 5 Ways of Working that the public bodies listed in the Act must demonstrate in order to show that they have applied this principle:

- Thinking for the long-term – thinking about long-term needs and demands as well as current ones.
- Prevention – acting to prevent problems getting worse or from starting in the first place.
- Integration – considering how actions in one area may impact on other areas.
- Collaboration – Working with others – including third sector bodies and communities - to help achieve goals that have been decided together
- Involvement – involving the people that services or activities are going to benefit or affect from as early a stage as possible.

## 2.0 ISO14001

The Welsh Government issued a directive to all Health Boards and Trusts in Wales to achieve certification to the internationally recognised BS EN ISO14001:2004 Environmental Management System (EMS) for their sites, including the Welsh Ambulance Services NHS Trust, by December 2014.

The Trust achieved full accreditation in August 2016.

Key benefits of the ISO 14001 standard include:

- Better environmental management reduces waste and energy use & cost.
- Improve efficiency
- Demonstrate compliance & meet legal obligations
- Help to conserve energy and also prevent air, water and noise pollution, which in turn reduces our impact on the health of the Nation.

In June 2017 WAST transitioned from the old ISO14001:2004 standard to the new ISO14001:2015 standard

The Welsh Ambulance Services NHS Trust is the only ambulance service in the UK to have achieved ISO14001 certification for all of its activities.



### 3.0 Energy and Carbon Management

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#### Trust Goal –

*To reduce carbon emissions whilst delivering a world class emergency and non emergency service to the people of Wales.*

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#### Objective

To aim for the Welsh Government ambition for all Public Bodies to be Carbon Neutral by 2030

#### Key performance Indicators

- Carbon Emissions from energy use (CO<sub>2</sub>e)
- Carbon Emissions from Fuel Use (CO<sub>2</sub>e)
- Fleet fuel consumption (litres)
- Related Energy Consumption (KwH)
- Financial Indicators – Official Business Staff Travel
- Monthly Energy KwH usage per building/m<sup>2</sup>



#### Key implementation Mechanisms

- Implement energy efficiency and carbon reduction projects with existing estates, such as LED /PIR controls, energy effect heating controls & programmes, fabric insulation
- Investigate opportunities for strategic estate wide renewable energy strategies
- Implement a maximum temperature setting for buildings.
- Monitor and Analyse energy and carbon data and provide relevant information to building managers to improve accountability.
- Develop access to services online and through internet applications with live chat and video applications
- Develop video or drone technology to access incidents before deployment of vehicles
- Vehicle replacement programme to ensure vehicles with euro 6 engines
- Trial the use of electric powered vehicles for patient transport
- Working with our communications department to provide relevant information to all trust staff in order to encourage reduced use in energy usage and to encourage use of V.C equipment or telecom meetings rather than unnecessary travel.
- Produce a Sustainable Travel Plan.



### 4.0 Waste Management

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#### Trust Goal –

*To minimise and actively manage waste by following the waste hierarchy of Prevent Minimise, Reduce, Recycle.*

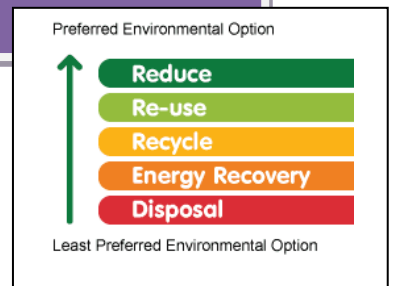
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#### Objective

To reduce waste going to landfill. To increase recycling to 70% of all Trust domestic waste by 2025 and 0% by 2050 in line with the Welsh Government 'Zero Towards Waste' waste strategy.

#### Key performance Indicators

- Waste sent to Landfill (tonne)
- Waste sent for recycling (tonne)
- Waste sent for energy recovery (tonne)
- Waste Electrical & Electronic Equipment sent for recycling/Reuse (Tonne)
- Financial Indicators – Cost Landfill Waste/Cost of Recycling of Waste.



#### Key implementation Mechanisms

- Provision of appropriate recycling infrastructure
- Instruct and tender a National Waste project
- Inclusion of disposal instruction information in all relevant policies, discretionary capital business cases or tenders.
- Monitor and Analyse waste collection data and provide relevant information to building managers
- Provide training and support to all staff , especially those who are struggling to meet recycling targets



### 5.0 Water Management

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#### *Trust Goal –*

*To conserve water through efficient use and management.*

---

#### Objective

To reduce water consumption and to manage waste water in line with Environmental consents



#### Key performance Indicators

- Total water consumption annually (m3)
- Total water consumption annually per staff member (FTE/m3)
- Number of sites meeting consent to discharge conditions (No)
- Number of sites with vehicle wash reclaim facilities (No)

#### Key implementation Mechanisms

- Ongoing monitoring of water consumption data to assist with identifying areas of potential savings
- Implement a series of water efficiently programmes
- Develop a schedule of works relating to waste water drainage destination , including introduction of waste water interceptors and more current /complete drainage plans



### 6.0 Sustainable Construction and Refurbishment.

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#### Trust Goal –

*To reduce the environmental impacts of our construction and refurbishment projects*

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#### Objective

To Establish and implement a standard for sustainable construction

#### Key performance Indicators

- All new builds to achieve a BREEAM excellent rating
- All major refurbishments to be certified to BREEAM Very good
- Co location with other Health or Emergency Services
- A target of zero construction waste to landfill
- To utilise sustainable materials where feasible
- Renewable energy initiatives.



#### Key implementation Mechanisms

- A strategic approach to the use of the existing estate through more efficient use of space and increasing the use of shared facilities
- Review of the Trusts approach to sustainable construction with a revised approach covering refurbished buildings fit out.
- Sustainable design to be considered including reclaim vehicle wash water systems





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## Environment Strategy 2020-2025

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### 7.0 Sustainable Procurement

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#### Trust Goal –

*To positively influence the sustainability performance of suppliers and the products we purchase*

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#### Objective

To work in conjunction with Procurement partners to ensure sustainability and waste management forms part of any purchase of consumables or services

#### Key performance Indicators

- Collaborative procurement. Opportunities for Service/term contracts
- All tender documents to include sustainability questions within a scored matrix
- Discretionary Capital Business Cases to include sustainable information to be scored by Internal Capital Planning Group
- Use of Take Back schemes for ICT equipment
- Community benefits



#### Key implementation Mechanisms

- Working in conjunction with NWSSP Procurement by following their Sustainable Procurement Policy.
- Providing appropriate information to staff that have involvement with purchasing decisions.
- Amending Trust Business Cases for Discretionary Capital to include section on sustainable procurement including Lifecycle Perspectives.
- Use of SME's
- Use of appropriate frameworks





### 8.0 Sustainable Travel

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#### Trust Goal –

*To positively influence the sustainability travel requirements of essential work travel and to encourage car sharing for commuting and alternative arrangements*

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#### Objective

To work with staff to provide an exceptional non emergency patient care service that is also aware of sustainable travel requirements. Reduction of staff vehicle miles for meetings.



#### Key performance Indicators

- Reduction of Business Miles (£)
- Better planned NEPTS passenger miles
- Take up of the Cycle to work schemes
- Pool Car/Hire car use – through national frameworks.
- Health and Wellbeing of Staff.

#### Key implementation Mechanisms

- Produce a Sustainable Travel Plan
- Updating of NEPTS planning software in order to increase efficiency and reduced wasted miles
- Replacement vehicle programme to vehicles with euro 6 engines
- Trial the use of electric vehicles for patient transport
- Implementation of Teams
- Increase use of V.C and telecom systems for meetings between North and South Wales.
- Encourage use of public transport and car sharing
- Provision of cycle shelters



### 9.0 Partnership & Engagement

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#### Trust Goal –

*To facilitate opportunities where staff can develop and share their knowledge, skills and experience to engage with and contribute effectively to achieving the trusts environmental sustainability aspirations.*

*To inform stakeholders of our environmental objectives and to work with other to achieve*



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#### Key performance Indicators

- Number of Environmental Coordinators
- Number of Environmental Auditors
- Communications plan
- Energy and waste reporting

#### Key implementation Mechanisms

- Facilitate active network of Environmental Champions , to support and encourage colleagues with regards to environmental awareness
- Provide training both general and role specific to effectively contribute to the Trusts sustainable aspirations
- Deliver regular engagement events and regular environmental information via Siren
- Actively consult with staff on the developments of new procedures , plans or practices
- Develop and Environmental Working Group to meet on a quarterly basis with representatives from a wide range of departments
- Actively seek formal and informal partnerships and opportunities for collaboration with other organisations

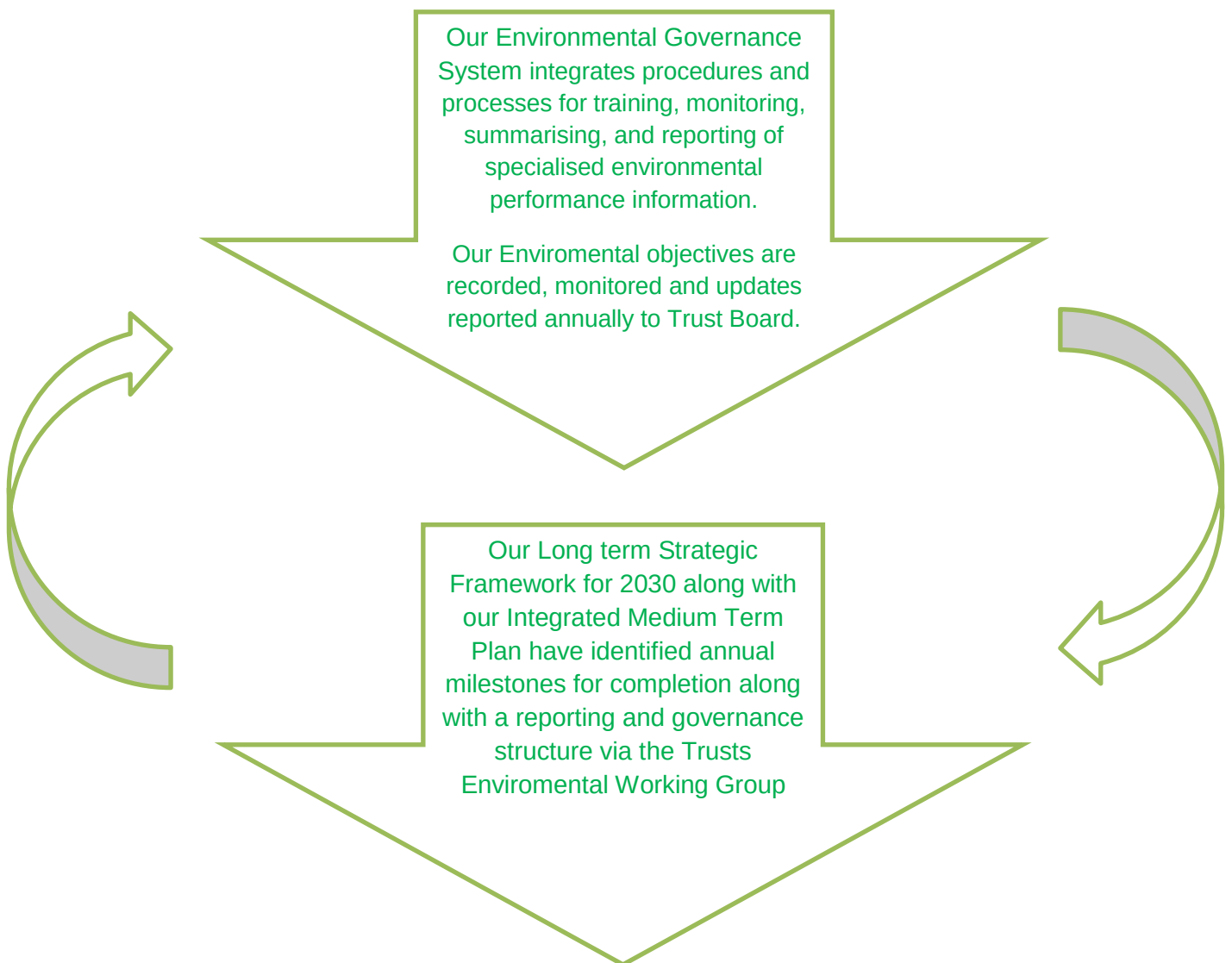


### 10.0 Next Steps

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#### How we Implement this Strategy

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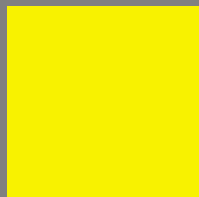




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**Steve Clarke**  
Head of Mental Health &  
Dementia

# EVALUATION REPORT

## MENTAL HEALTH PROFESSIONALS WORKING ON THE CLINICAL SUPPORT DESK

**Trust Board Presentation**  
**1 October 2020**





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# CONTEXT

## Broader context

- Self harm is one of the top five causes of medical admission in the UK
- Demand for mental health services outstrips supply, crisis care pathways are unclear
- By volume, WAST provides more care to people in mental health crisis care than any other organisation in Wales

## Pandemic context – mental health services

- Rates of depression doubled during the pandemic, referrals to MH services dropped significantly
- Service availability reduced, pathways were disrupted, issues with access to crisis care were exacerbated

## Pandemic context - WAST demand

- Reduced overall into 999 between March and June 2020, smaller reduction in psychiatric calls, increase in overdose calls

## Public Health Wales – post-pandemic predictions

- Mental disorders are likely to increase significantly in the next 3 years
- Predicting large increases in suicide, self harm and related medical admissions

# OUR PILOT AND EVALUATION

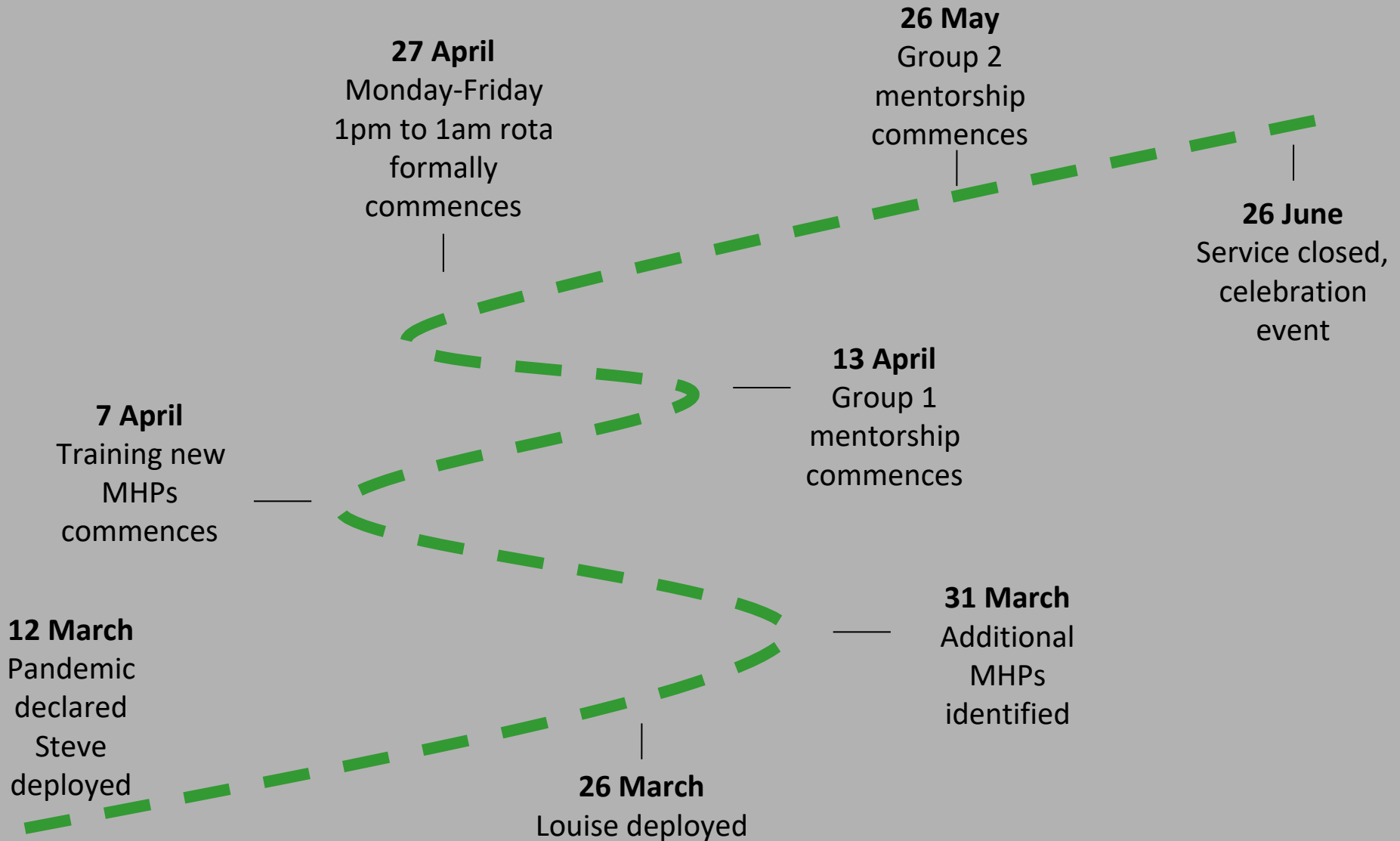


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# PROJECT TIMELINE







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# OUR EVALUATION APPROACH

MATCHED  
COHORT

FOCUS  
GROUP

SEMI-  
STRUCTURED  
INTERVIEWS

Pilot cases matched  
to similar cases from  
2019 by geography,  
time of day, day of  
week, code

With mental health  
team : strengths and  
barriers to service,  
areas for  
improvement

With wider CSD  
team: understanding  
impact, any variation  
in outcomes,  
improvement



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# Summary – Psychiatric Calls

- Challenging context – disrupted pathways, people not seeking help early. MHPs had limited training and mobilisation time. Despite this some considerable achievements
- More hear, treat and discharge/refer (+10%), more psychiatric assessment and primary care referrals (+10%), fewer upgrades (-11%), more response appropriate (+21%), fewer aborted triages (-33%)

## Scaled over one year

**1216 fewer  
ambulances  
dispatched**

**£258,500 in efficiencies**

**183 more uses of  
alterative transport  
with further costs  
saved**

**Improved quality with  
2007 fewer triages  
aborted**

**More patient centred,  
timely and effective  
care**

**Improved efficiency  
with 699 fewer  
upgrades**



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# Summary – Overdose Calls

- Again challenging context, fewer alternative options given the risks involved
- Combined hear and treat rate was higher for MHPs (+11%), MHPs were more likely to set 'response appropriate' (+16%), less likely to upgrade a call and (-12%), less likely to abort triage (-14.5%)

## Scaled over one year

**124 fewer ambulances  
dispatched**

**£32,500 in efficiencies**

**Further efficiencies  
from 297 fewer  
upgrades, and  
improved quality with  
fewer triages aborted**

**More patient centred,  
timely and effective  
care**



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# OVERALL

Scaled over a year, having MHPs in place could **free up 1340 ambulances** (and lead to **efficiencies** to the tune of **£291,000**), add other **substantial efficiency gains** (eg fewer upgraded calls), **release time for CSD clinicians** to manage other call types and, above all, **improve the quality of the service** to the public

- There have been no issues identified by Datix, no patient safety alerts and no concerns from public
- All likely suicide coronial cases for this period reviewed – no involvement in index call from MHPs
- A deeper dive into overdose call performance from MHPs and generalists may be required eg to look at safety (MHPs) and aborted triages (generalists)
- We are speaking with PECl about a user survey to capture experience data



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# QUALITATIVE DATA

- Understanding why the approach and outcome from MHPs is different – could we simply train CSD clinicians to build on the outcomes they achieve?
- Mental health calls take longer to resolve and MHPs feel that they can take the time that they need to achieve a good outcome
- MHPs were explicitly oriented towards expert assessment, consultation and best care from the outset, rather than triage alone
- Decades of experience have led to greater confidence in handling mental health calls
- Perceptions of, and thresholds for risk, vary considerably between the two groups
- Training alone is highly unlikely to significantly improve hear and treat rates

## **CONCUSIONS AND NEXT STEPS**



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# CONCLUSIONS

1. WAST mental health demand is a significant and challenging part of our work, and the demand is likely to increase post-pandemic
2. Mental health calls require a different approach and a different skillset
3. MHPs can be effective and safe in their triage and assessment of psychiatric calls in particular. They can make a difference to patient outcome and experience
4. MHPs can improve resource availability, efficiency for EMS
5. Training generalist clinicians remains important, but training is unlikely to yield significantly improved mental health outcomes for patients, or greater efficiencies



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# ENGLISH AMBULANCE SERVICES

- Starting this year, NHS England/NHS Improvement is investing in ambulance-based mental health services
- Majority of services have mental health triage in place, mostly in pilot form
- Majority have pilots of mental health vehicles in place
- Significant investment in training is also funded
- NHSE/I funding will establish many of these services permanently





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# NEXT STEPS

- Mental Health Crisis Care Access and Conveyance Review due to report next month
- Recommendations will included within the report on how and where to manage unscheduled mental health demand
- Our evaluation provides further evidence of where the demand is, how this demand can be managed differently (and better) and where investment is required
- Internal work on how to handle totality of mental health demand (across 999 and 111)
- Discussions with commissioners about our mental health demand is ongoing, including short-term measures during winter 2020-21
- Training continues – suicide first aid, e-learning modules/seminars

# Thank you!

## **MHPs**

Thanks to Louise Poley,  
Yvette Davies, Martyn  
French, Rob Thomas,  
Aine Loughran

## **Generalist Clinicians**

Special thanks to Mark  
Craven (training), Pippa  
Lee, Martin O'Connor,  
Gordon Powell (support)  
and the whole CSD team

## **Leaders**

Shane Mills and Adrian  
Clarke (NCCU), Mike  
Brady, Wendy Herbert,  
Claire Roche, Steph  
Tynan (WAST)

## **This report**

Jess Hooper (interviews,  
focus group, feedback)  
Adam Thomas, Kayleigh  
Malson and the whole HI  
team for data requests



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|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>2.3</b>  |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>1</b>    |

| <b>NURSE IN A CAR EVALUATION</b>           |                                                                                                                         |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>                             | Trust Board                                                                                                             |
| <b>DATE</b>                                | 1 October 2020                                                                                                          |
| <b>EXECUTIVE</b>                           | Director of Quality & Nursing                                                                                           |
| <b>AUTHORS</b>                             | Interim Head of Education, Professional and Clinical Practice (Nursing)                                                 |
| <b>CONTACT DETAILS</b>                     | Deborah Armstrong<br>07392 135829<br><a href="mailto:Deborah.armstrong@wales.nhs.uk">Deborah.armstrong@wales.nhs.uk</a> |
| <b>STRATEGIC OUTCOME</b>                   | Whole system partnership and engagement/Widening our offer                                                              |
| <b>CORPORATE RISK (Ref if appropriate)</b> | Not Applicable                                                                                                          |
| <b>QUALITY THEME</b>                       | Effective Care, Staff and Resources                                                                                     |
| <b>HEALTH &amp; CARE STANDARD</b>          | 3.1, 7.1                                                                                                                |
| <b>REPORT PURPOSE</b>                      | To update Trust Board of the evaluation of the pilot and subsequent Executive Management Team discussions               |
| <b>CLOSED MATTER REASON</b>                | Not Applicable                                                                                                          |

## **REPORT APPROVAL ROUTE**

| <b>WHERE</b>              | <b>WHEN</b> | <b>WHY</b>                                                         |
|---------------------------|-------------|--------------------------------------------------------------------|
| Executive Management Team | 29.7.2020   | Noting, discussion, identify opportunities for future improvements |
| Trust Board               | 1.10.2020   | Information                                                        |

### **SITUATION**

- 1 From January 2018 through to May 2019, NHS Wales experienced substantial pressures across the whole healthcare system. In particular, the winter period of 2018 caused a significant period of escalation, resulting in delayed responses to patients. This had the effect of delaying their clinical assessment in the communities by the Welsh Ambulance Services NHS Trust (WAST).

- 2 The *Amber Review Implementation Programme (2019)* requires that WAST reduces long waits for less urgent calls within the community to improve quality of care delivery, including patient safety. A commitment was made to Welsh Government (WG) that a small scale pilot of a 'nurse in a car' response would be undertaken.
- 3 This test of concept aimed to utilise the skills and competencies of our current nursing workforce to address the outstanding, unmet needs of lower acuity patients awaiting an ambulance response. This also provided an opportunity to explore the concept of a rotational role for Trust nurses between the 'hear and treat' and 'see and treat' clinical environments.
- 4 This paper provides an overview of the pilot including learning points and suggested recommendations. A more detailed breakdown of the pilot and evaluation can be seen at **Annex 1**.

## BACKGROUND

- 5 A Focus Group was set up and an introductory SBAR, Standing Operating Procedure (SOP) and Project Implementation Document (PID) were completed prior to the pilot with approval gained from the Executive Management Team (EMT) to undertake this test of concept.
- 6 It was agreed that this would be a very small scale pilot using only one nurse and would be over an initial two days, evaluated and then a further two days.
- 7 The nurse selected for the pilot is a Senior Clinician on the Clinical Support Desk (CSD) at Vantage Point House (VPH) and is also a qualified Emergency Medical Technician. It was agreed that this would be the best selection for the pilot for a number of reasons and after working through the PID with the Project Working Group. This included (but is not exhaustive of):
  - Occupational Health requirements for face to face practice already in place;
  - familiarity with use of radio and radio procedures;
  - has had appropriate training on the documentation standards for the Patient Clinical Record (PCR) and is familiar with the integrated assessment scoring systems;
  - ability to drive a Trust vehicle;
  - would be able to utilise the Emergency Medical Technician scope of practice and skills should the situation arise;
  - skilled in the use of lifting equipment;
  - has experience in attending patients in the community; and
  - has undertaken the relevant statutory and mandatory training
- 8 The Focus Group determined that the training required to prepare any other nurse from either 111 Wales or CSD would have significantly delayed the pilot.

## ASSESSMENT

- 9 The first two days of the pilot were held in December 2019 with a total of 9 cases responded to within the categories of:

|                    |   |
|--------------------|---|
| Falls              | 3 |
| Psychiatric        | 2 |
| Sick person        | 2 |
| Breathing problems | 1 |
| Haemorrhage        | 1 |

Out of the 9 cases, only one required an ambulance response.

- 10 A Patient Experience Questionnaire was left with each patient. Three responses were returned with the feedback from the respondents overwhelmingly positive (**Annex 1**).
- 11 The first two days were evaluated as part of the PDSA cycle. Learning was identified including a lack of specific equipment that was rectified by the time of the next part of the pilot e.g. Mangar Camel cushion for lifting.
- 12 The second part of the pilot was held during January/February 2020 and cases included falls, breathing problems and a cardiac case. The cardiac case was an anomaly and shouldn't have been part of the case mix (allocators were briefed on the role of the nurse in the pilot). This was a red call that was allocated to the nurse by control without the knowledge of the pilot lead. The nurse was the nearest resource to a cardiac arrest and responded to assist the subsequent Emergency Medical Service (EMS) response.
- 13 Two in-hours shifts were extremely quiet so a further shift was undertaken to cover an out of hour's period. The number of cases responded to during the second part of the pilot remained low for a variety of reasons including:
- very quiet shifts with cases that did not match the nurse scope of practice;
  - very difficult to identify a pure nurse scope of practice versus an Emergency Medical Technician scope in relation to some of the possible jobs available. Need also to be cognisant of the Nursing and Midwifery Code of Practice;
  - pre-arranged clinician support from the clinical support desk was unavailable (unforeseen sickness) to support allocation of jobs;
  - two days coincided with a consultant physician and an Advance Paramedic Practitioner (APP) working on the stack so a clash of looking at similar jobs; and
  - selection of calls: variance in individual nurse knowledge, skills, experience and scope and the impact on what is felt to be a 'suitable' job

#### 14 **Learning points and areas of consideration**

- (i) There is a lack of access to the CSD stack by the nurse on the road with no ability for remote access from the car due to lack of ICT kit (tablet) or other means. Access via other means e.g. laptop was felt by our ICT Department to be too much of a security risk therefore, the nurse is reliant on either coming back to base to self-review the stack or to liaise by phone with a clinician in the Clinical Call Centre (CCC). The car used was not fitted with a radio.
- (ii) A dedicated clinical resource is required to support from the CCC. The process of selecting and allocating calls is reliant on availability of an appropriately trained clinician (CSD staff member) in the CCC and contact by telephone to discuss the suitability of a particular case with the attending nurse, allocate appropriate jobs and act as a clinical contact point for the nurse. Further points to consider include:
  - Information available to the allocating clinician: Is there enough to make a decision based on the Medical Priority Dispatch System (MPDS) protocol, call reason and any notepad documentation?
  - The allocating clinician needs to be absolutely clear about the responding nurse's scope of practice;
  - Should this pilot be scaled up, there is a requirement for a robust SOP with associated guidance to support the nurse on the road and those involved in allocating to them. This would include clear information to other CCC staff groups about the remit of the nurse in this role.
- (iii) Case selection: The nurse felt comfortable with the selection of jobs however, 2 of the cases were not as expected from the initial notes, with 1 patient very much more unwell than the original notes would suggest and deteriorated on scene and, another with a large group of people, drinking alcohol and a potentially vulnerable situation for the nurse. This highlights some of the complexities of allocating from sometimes minimal MPDS information and staying within the nurse's particular scope of practice.
- (iv) The data from this very small scale pilot demonstrates some benefits of a nurse attending a selection of 999 cases and this includes:
  - freeing up emergency crews;
  - getting to the patient in a timely manner;
  - treating at scene and closing the case;
  - referring on or empowering the patient to contact General Practitioner or other agencies; and
  - opportunity for nurses to use hands on nursing skills

#### 15 **How does this differ from an Advanced Paramedic Practitioner response? What is the unique contribution of the nurse?**

- (i) The nurse in the pilot was a qualified Emergency Medical Technician which had enormous benefits e.g. driving, radio skills, already trained with lifting equipment, completing PCRs, previous experience of attending patients in

their own home etc. However, it was hard to clearly define the 'nurse' scope of practice when selecting the cases. Nurses in WAST come from diverse and varied backgrounds. **Constructing a clear and 'fit for all' SOP with acceptable and recommended case types would be essential but may pose a challenge.**

- (ii) There are clear training, education and continuing development/supervision requirements to prepare and support any nurse for this type of role. **Consider by whom/how the training would be constructed and delivered and line management/clinical supervision requirements and potential cost.**
- (iii) A hire car was the preferred option for the nurse to use during the pilot however, after discussing the possibility of having to utilise the Emergency Medical Technician scope of practice, we had to consider equipment such as oxygen and how that could be safely carried. Therefore, a WAST marked vehicle was used. **What type of vehicle would a nurse be expected to drive? What basic equipment would be carried? Would it be a marked car? What are the implications for driving and carrying equipment?**

## 16 Conclusion

- The request was to scope out and pilot a 'nurse in a car' model and this was achieved. However, this very small scale pilot has potentially raised more questions than provided answers. Scaling up of this model would require time and investment to develop a robust and effective framework with appropriate levels of governance.
- The unique contribution of a nurse attending 999 calls has not been fully established in this pilot.
- The final part of the pilot coincided with the escalation of the COVID-19 pandemic. There was an immediate impact on telehealth services with an unprecedented call volume being directed to 111 Wales. This has highlighted how vital it is to have clinicians with the expertise, skills and confidence to safely and appropriately advise and signpost our service users via remote services.
- The evaluation was presented to the EMT on 29 July 2020 and generated a discussion and consideration of next steps.
- EMT recognise that there are additional resourcing, training and project management requirements to scale up this work.
- The next step to progress and develop the contribution of a nurse to support See and Treat needs to be targeted at specific demand. In particular, the areas of mental health and frailty are currently considered to be suitable and relevant.

**RECOMMENDED: That Trust Board notes and receives the evaluation of the initial pilot and is informed of potential next steps for consideration**



## EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment has been completed for this report.

### REPORT CHECKLIST

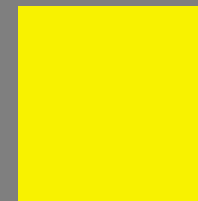
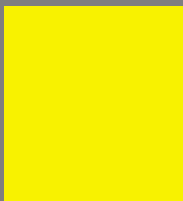
| Issues to be covered         | Paragraph Number (s) or “Not Applicable” |
|------------------------------|------------------------------------------|
| Equality Impact Assessment   | Not Applicable                           |
| Environmental/Sustainability | Not Applicable                           |
| Estate                       | Not Applicable                           |
| Health Improvement           | Not Applicable                           |
| Health and Safety            | 7                                        |
| Financial Implications       | Recommendations                          |
| Legal Implications           | 13                                       |
| Patient Safety/Safeguarding  | 13, 14                                   |
| Risks                        | 14                                       |
| Reputational                 | All                                      |
| Staff Side Consultation      | Yes                                      |



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NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services  
NHS Trust



# ‘Nurse in a Car’ Pilot

# Project Plan and Overview

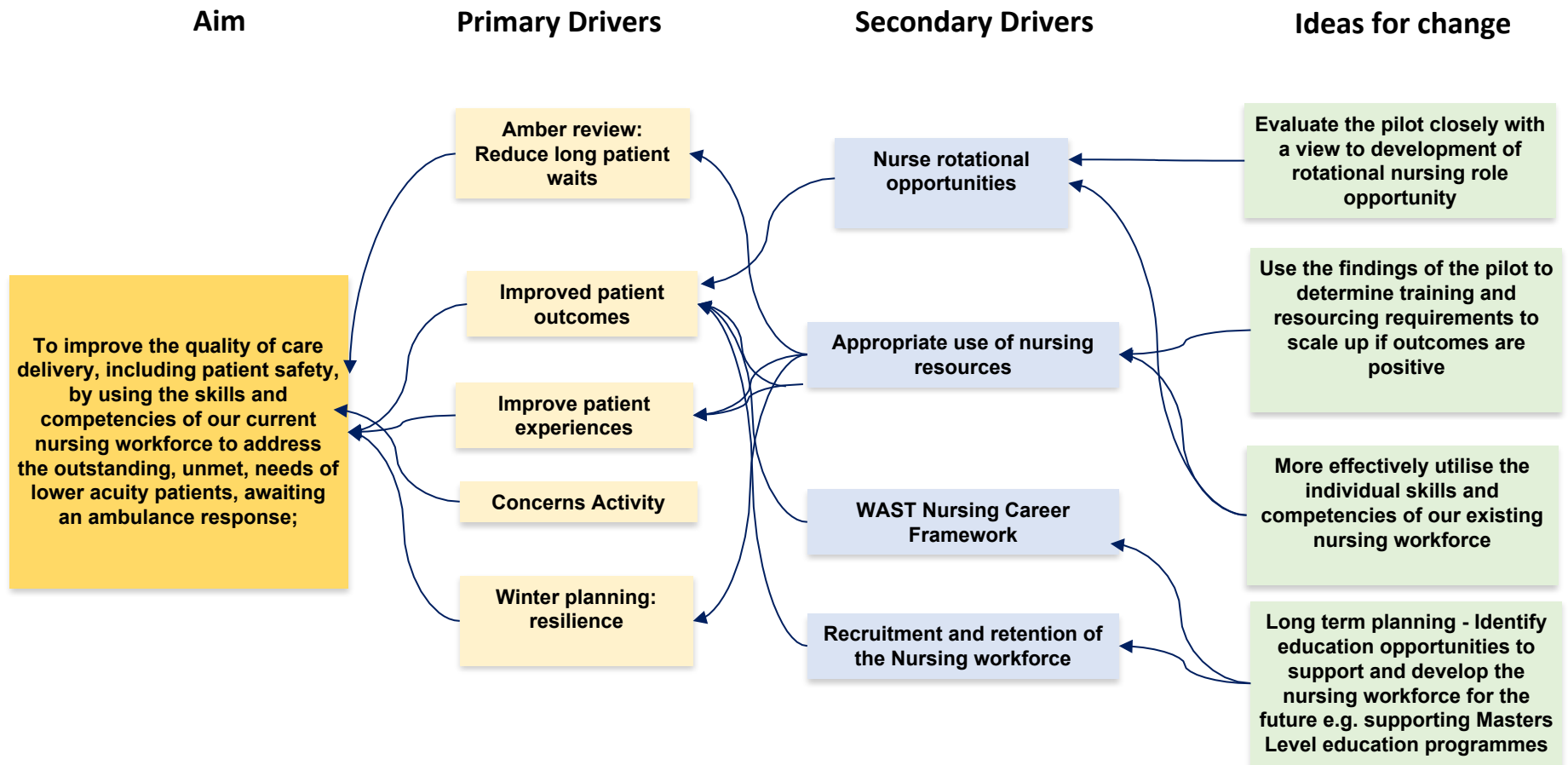
## Project Aims

- To improve the quality of care delivery, including patient safety, by using the skills and competencies of our current nursing workforce to address the outstanding, unmet, needs of lower acuity patients, awaiting an ambulance response;
- To undertake a project focused upon the introduction of a rotational role for Trust nurses between the 'hear and treat' and 'see and treat' clinical environments

## Why?

- The *Amber Review Implementation Programme (2019)* requires that the Trust reduces the long waits for less urgent calls within the community;
- From a winter pressures perspective, a rotational model of employment, creates additional road-based operational capacity at times of peak demand;
- This project seeks to strive towards the expected outcome of rotational employment opportunities for the WAST nurse workforce in line with the WAST Career Framework for Nurses

# DRIVER DIAGRAM FOR AMBULANCE RESPONSE NURSES





# PLAN



In line with winter planning 2019/20 and a driver from Welsh Government: a working group established Summer 2019 to scope out the feasibility of a nurse responding in a car to suitable 999 calls. The targeted patient group would include longer wait patients, Initial plan to include hear & treat nurses from NHSDW/111 and Clinical Support Desk.

- Initial scoping identified potential barriers to using our general nursing workforce because of training requirements/timescales
- Support sought from Executive Management Team colleagues and decision made to carry out a very small scale pilot with one nurse only
- Identified nurse 'ready to go' as also a qualified Emergency Medical Technician (EMT). This mitigates risk and also improves the project delivery pace

## **Planning stage included:**

- Identification of the nurse cohort for the pilot
- Training requirements
- Proposed dates of the pilot
- Clinical leadership and supervisory provision
- Required equipment
- Risk assessment
- Overarching standard operating procedures
- Project implementation document
- Occupational Health requirements
- Health and Safety requirements
- Methods of communication and documentation
- Metrics
- Evaluation
- Scaling up



# DO



## WHAT WAS DONE?

- One Nurse from the CSD at VPH (dual qualified EMT)
- x2 12 hour shifts undertaken: 16<sup>th</sup> and 17<sup>th</sup> December 2019

- Nurse self-selection of calls
- CSD staff assistance in selection of calls once the nurse was out on the road

- Car: Rapid Response Vehicle
- Radio and mobile phone communication
- Patient Clinical Records (PCR's) completed for each job

- Clinical support and point of communication provided by QSPE Education/Professional Nursing team
- Basic equipment available in the car

- 9 jobs completed in total
- Day 1 – attended 5 jobs
- Day 2 – attended 4 jobs



# STUDY



## Categories of Job/Symptoms – 9 Cases

- Falls (17) = 3
- Psychiatric (25) = 2
- Sick Person (26) = 2
- Breathing Problems = 1
- Haemorrhage = 1

## Referral Pathways/Outcomes

- No further action = 3
- GP referral/Patient self refer to GP = 4
- ED (Patient own transport) = 1
- Ambulance Conveyance = 1

## Patient Waiting Times

Longest Patient Wait = 13hr 30min

Shortest Patient Wait = 10 min

Mean Patient Wait = 5hr 15 min

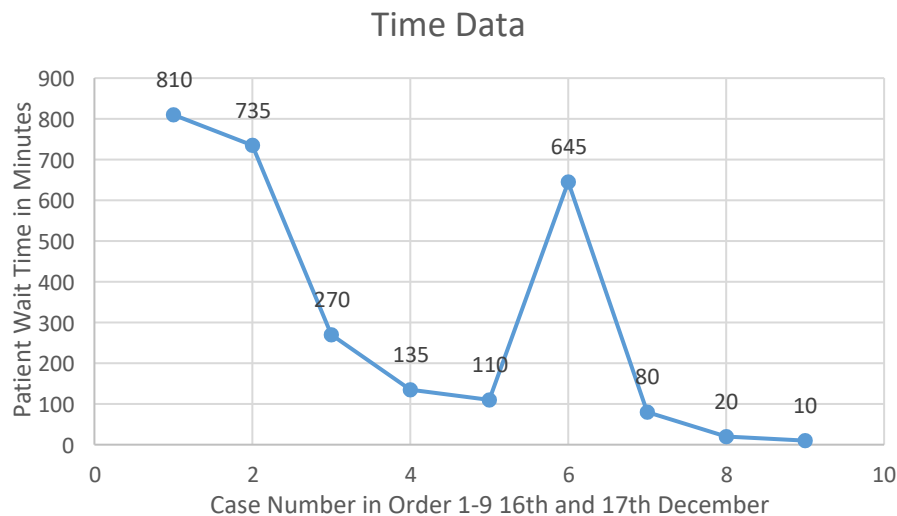
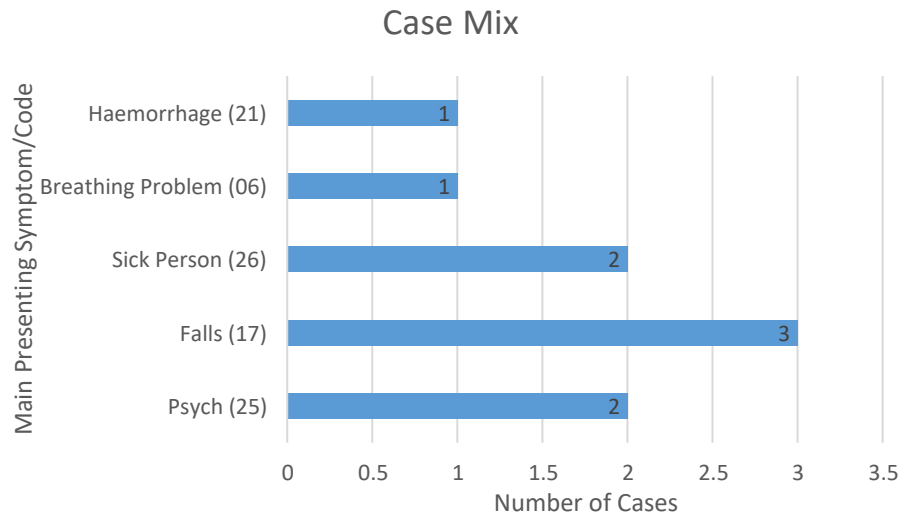
## Patient Experience

- Questionnaires left with every patient
- 3 responses returned by post
- Overall positive response

## Nurse Scope and Training Requirements

- Abdominal examination x2 (Advanced Nurse) – this would require extended Nurse scope/additional training for most
- Falls assistance (EMT) - Nurse would require appropriate training
- Minor injuries – wound care
- Oxygen and nebuliser therapy (Not Nurse Scope)
- Documentation
- Terminology and scoring (GCS, NEWS etc)
- Use of kit e.g. Mangar camel, radio, C3

**Note: Numbers are low due to small scale pilot**



## Patient Experience



## What was good?

‘Everything’. ‘Nurse was calm and professional.’ ‘Very satisfied with the service.’ ‘Nurse is a credit to WAST.’ ‘Nurse was fantastic.’ ‘Very thorough check of my dad.’ ‘Very impressed with the care.’ ‘My parents were worried about being taken into hospital but this professional care in the home was just amazing.’ ‘I know this is a pilot but it is an excellent service.’

## What could have been improved?

'Extend the pilot.' 'Improve the time waited.' 'Nothing'

- Score the service you received 0-10 = **Average of 9.7**
- Did the visit meet the needs of the problem? = **100%**
- Were you appropriately signposted? = **100%**





# Learning Points



## Learning Points

- Lack of access to the stack by the nurse on the road: **currently no ability for remote access from the car due to lack of IT kit (tablet) or other means. Access via other means e.g. laptop is too much of a security risk**
- Clinical resource is required to support from the CCC:
  - **To act as a clinical contact point for the nurse – assist with allocating appropriate jobs**
  - **Appropriate CAD/C3 training for the link clinician in CCC if not from the CSD – this would help to free up a CSD clinician**
- Call selection limited by lack of kit for initial 2 days e.g. Mangar Camel for lifting
- Documentation and abbreviations e.g. NEWS scoring: **'Pilot' nurse able to confidently complete PCR documentation and has resources e.g. access to apps to enable accurate risk scoring (APVU, GCS, NEWS). Most other nurses would need training on all/some aspects of this**
- Consideration of the base level of education/training required for the nurses
- Verbal feedback from patients/carers on scene was generally positive on the day
- Nurse felt comfortable with the selection of jobs however, 2 of the cases were not as expected from the initial notes – **One patient was very much more unwell than the original notes would suggest and deteriorated on scene. One patient was with a large group of people, drinking alcohol (since the day before) and was a potentially vulnerable situation for the nurse**



# ACT



## What next?

- Further 2 days in planned for January/February 2020 with the same nurse
- Able to act on some of the identified learning where possible to do so e.g.
  - **Mangar Camel has been procured**
  - **Clinical resource has been identified to assist with clinical allocation of the calls**
  - **Unfortunately there is no solution for remote access to the stack for the nurse for the next part of the pilot. This is something to be considered if this is scaled up**

# STUDY (after Part 2 of Pilot)

Original findings in Black (9 Cases) Jan/Feb findings in Red (5 Cases)

## Categories of Job/Symptoms – 9+5 Cases = 14

- Falls = 3+3 = 6
- Psychiatric = 2
- Sick Person = 2
- Breathing Problems = 1+1 = 2
- Haemorrhage = 1
- Cardiac = 1

## Patient Waiting Times

Longest Patient Wait = 13hr 30min (3hrs 11mins)

Shortest Patient Wait = 10 min (24mins)

Mean Patient Wait = 5hr 15 min (1.69 hours)

## Referral Pathways/Outcomes

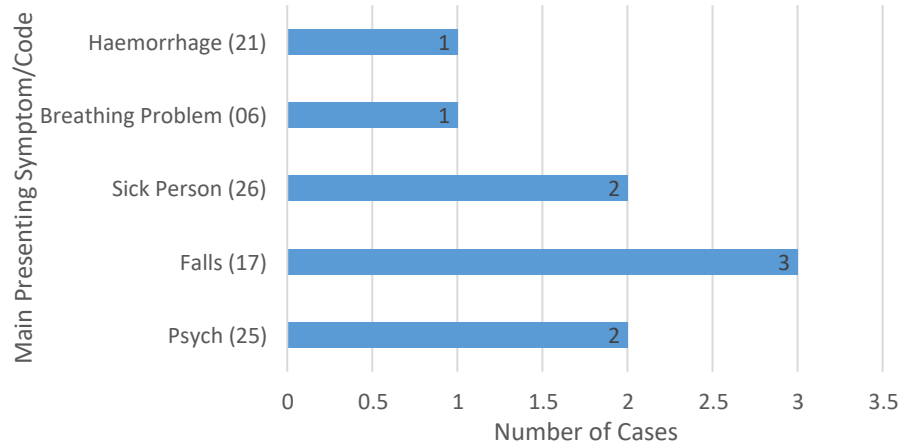
- No further action = 3
- GP referral/Patient self refer to GP = 4+3=7
- ED (Patient own transport) = 1
- Ambulance Conveyance = 1+1 = 2
- Death = 1

## Patient Experience

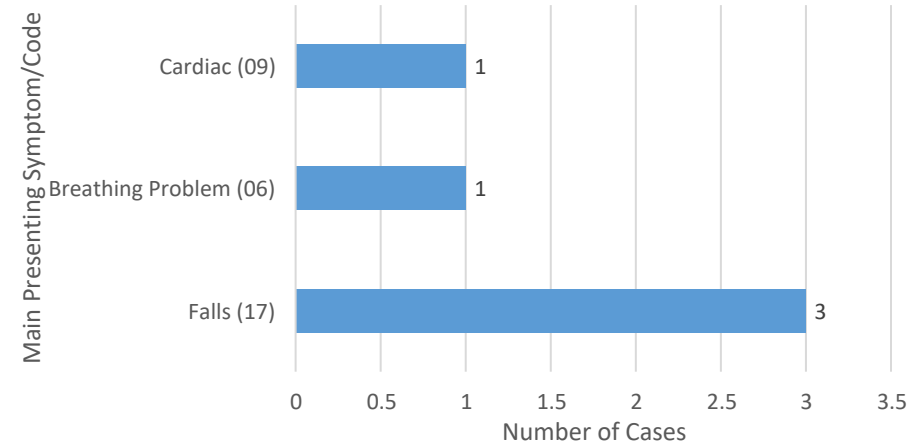
- Questionnaires left with every patient
- No further returns following the Jan/Feb dates

# Measurements and Data Capture – 2<sup>nd</sup> Phase of Pilot

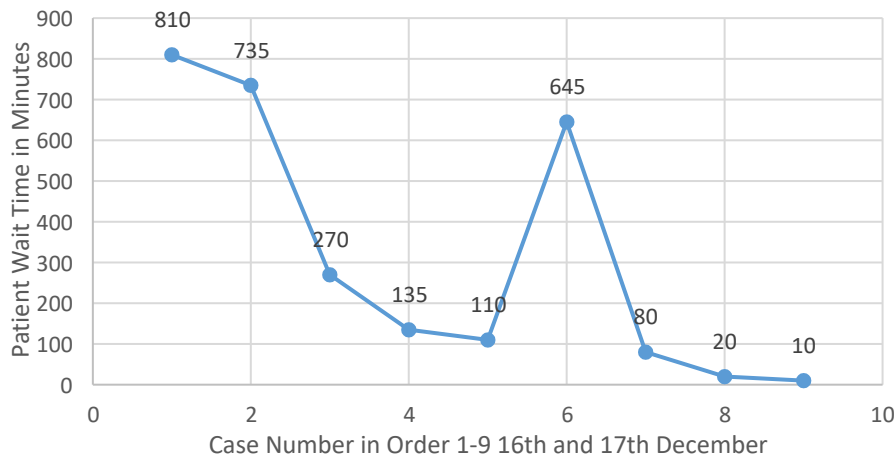
## Case Mix (Pilot Part 1)



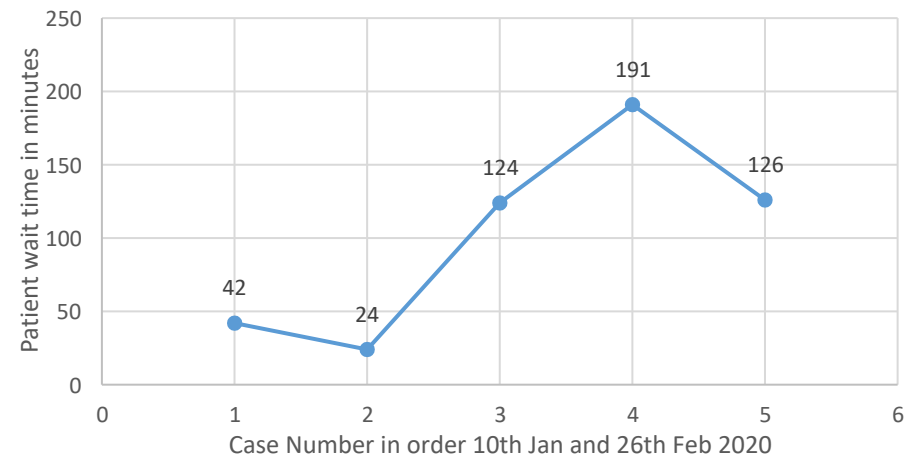
## Case Mix (Pilot Part 2)



## Time Data (Pilot Part 1)



## Time Data (Pilot Part 2)



# Thoughts, Questions, Next Steps?

- The data from this very small scale pilot shows benefits of a nurse attending some 999 cases and this includes:
  - Freeing up emergency crews
  - Getting to the patient in a timely manner
  - Treating at scene and closing the case
  - Referring on or empowering the patient to contact GP or other agencies

**Question: how does this differ from an Advanced Paramedic Practitioner response? What is the unique contribution of the nurse?**

- The nurse in the pilot was a qualified Emergency Medical Technician which had enormous benefits e.g. driving, radio skills, already trained with lifting equipment, completing PCR's, previous experience of attending patients in their own home etc however it was hard to clearly define the 'nurse' scope of practice when selecting the cases
- There are clear training, education and ongoing development/supervision requirements to prepare and support any nurse for this type of role
- Engagement with 'road' colleagues and TU partners is essential for the success of this role
- The latter days of the pilot were particularly quiet days and also lacked the clinician support from the clinical support desk (unforeseen sickness) to support allocation of jobs. The pilot lead assisted in selecting the jobs for the nurse and this quickly highlighted how the variance in individual nurses knowledge, skills, experience and scope can impact on what is felt to be a 'suitable' job

## **Next steps**

- SBAR with overall findings and recommendations to go to appropriate internal groups



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|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>3.1</b>  |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> |             |

## EXECUTIVE DIRECTOR OF QUALITY AND NURSING PATIENT SAFETY HIGHLIGHT REPORT

|                        |                                                                                                               |
|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Trust Board                                                                                                   |
| <b>DATE</b>            | 1 October 2020                                                                                                |
| <b>EXECUTIVE</b>       | Executive Director of Quality & Nursing                                                                       |
| <b>AUTHOR</b>          | Head of Patient Safety, Concerns and Learning                                                                 |
| <b>CONTACT DETAILS</b> | Darryl Collins<br>07825541506<br><a href="mailto:Darryl.collins@wales.nhs.uk">Darryl.collins@wales.nhs.uk</a> |

|                                            |                                                 |
|--------------------------------------------|-------------------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | Delivery of excellent patient care              |
| <b>CORPORATE RISK (Ref if appropriate)</b> | CRR 31                                          |
| <b>QUALITY THEME</b>                       | Individual Care, Effective Care; Dignified Care |
| <b>HEALTH &amp; CARE STANDARD</b>          | 3.1, 3.2, 3.3, 4.1, 4.2, 6.2, 6.3               |

|                       |                                                                                                          |
|-----------------------|----------------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b> | To provide assurance to the Board on patient safety related topics, focussing on monitoring and learning |
|-----------------------|----------------------------------------------------------------------------------------------------------|

### REPORT APPROVAL ROUTE

| <b>WHERE</b>              | <b>WHEN</b>       | <b>WHY</b>                             |
|---------------------------|-------------------|----------------------------------------|
| Executive Management Team | 23 September 2020 | For information, discussion and noting |
| Trust Board               | 01 October 2020   | For information, discussion and noting |

| <b>PUTTINGS THINGS RIGHT</b>                                                 |            |            |
|------------------------------------------------------------------------------|------------|------------|
| <b>Formal concerns</b>                                                       |            |            |
|                                                                              | July -2020 | Aug - 2020 |
| Total Received                                                               | 46         | 47         |
| Total Closed                                                                 | 61         | 36         |
| 2 Day Acknowledgment %                                                       | 96%        | 100%       |
| 30 Day Response due %                                                        | 76%        | 69%        |
| <b>Ombudsman</b>                                                             |            |            |
| Cases Received                                                               | 4          | 3          |
| Cases Closed                                                                 | 2          | 3          |
| Reports Received                                                             | 0          | 1          |
| <b>Coroners</b>                                                              |            |            |
| Information request                                                          | 52         | 62         |
| Identified as Interested Party                                               | 15         | 16         |
| Staff attended                                                               | 2          | 1          |
| Regulation 28 issued                                                         | 2          | 2          |
| Response to Regulation 28 in 56 working days                                 | 2          | 2          |
| Response to Regulation 28 outside 56 working days                            | 0          | 0          |
| <b>Serious Adverse Incidents (SAIs) to Welsh Government (reporting date)</b> |            |            |
| Serious Case Incident Forums held                                            | 4          | 4          |
| Serious Case Incident Forums Cases                                           | 12         | 27         |
| WAST SAIs reportable to Welsh Government                                     | 3          | 6          |
| SAIs reported on the Joint Investigation Framework                           | 0          | 4          |
| SAI Closures Submitted - Total                                               | 0          | 6          |
| SAIs Closed (by WG) - Total                                                  | 2          | 5          |
| <b>Patient Safety Incidents</b>                                              |            |            |
| Patient Safety Incidents - Received                                          | 165        | 211        |
| Patient Safety Incidents - Closed                                            | 184        | 203        |
| <b>Claims</b>                                                                |            |            |
| Personal Injury - Received                                                   | 3          | 1          |
| Personal Injury - Closed                                                     | 0          | 0          |
| Clinical Negligence - Received                                               | 1          | 2          |
| Clinical Negligence - Closed                                                 | 0          | 0          |
| Road Traffic Collision & Damage to Property - Received                       | 24         | 24         |
| Road Traffic Collision & Damage to Property - Closed                         | 31         | 24         |

## SETTING THE CONTEXT FOR THE QUARTER

1. During this first 2 months of Q2 2020/21, the Trust's verified incidents were 79,967, compared to 83,249 for the same period last year. For the same periods, 111 call volumes were 90,364 and 65,547 respectively.
2. From the total of verified incidents above, the following can be extrapolated:
  - Red – 4,639 compared to 4,615;
  - Amber – 55,110 compared to 56,674;
  - Green – 18,417 compared to 19,802.
3. Overall total verified incident demand saw a 3.9% reduction in July and August 2020 compared to the same period the previous year.
4. The Trust lost a total of 8,341 hours to notify to handover delays across July and August. It should be noted this is a significant increase on Q1 2020/21 and levels are further increasing into September with the first week close to levels of September 2019.
5. Red performance was above the 65% target for July 2020 at 68.5% however, did not meet the target in August 2020 at 63.9%. This performance percentage was lower than the same periods in 2019, 69.3% and 69.0% respectively. However, during July 2020 the number of patients we attended in the Red category was 4,578, compared with 4,580 in 2019. The month of August saw the largest variation with 2,538 red responses in 2020, compared to 2,276 in 2019. An increase of 11.5%. We therefore attended to more patients in the Red category during 2020.
6. Amber median performance in this quarter was 27 minutes (29 minutes) and 36 minutes (29 minutes) respectively. The 95<sup>th</sup> percentile was 2 hours 23 minutes (3 hours 5 minutes) and 3 hour and 30 minutes (3 hours 26 minutes) respectively. The figures in brackets are for the same period in 2019.

## SITUATION

7. This Patient Safety Highlight Report covers the period of 1 July – 31 August 2020 and also provides a retrospective analysis of data for the same period last year in key areas.
8. This Report will specifically focus on key issues surrounding patient safety and concerns, providing assurance to the Board on monitoring arrangements and learning.
9. Please note that the data contained within this Report is accurate at the time of reporting. Data may be subject to change as incident case types may be regraded during the investigation process.



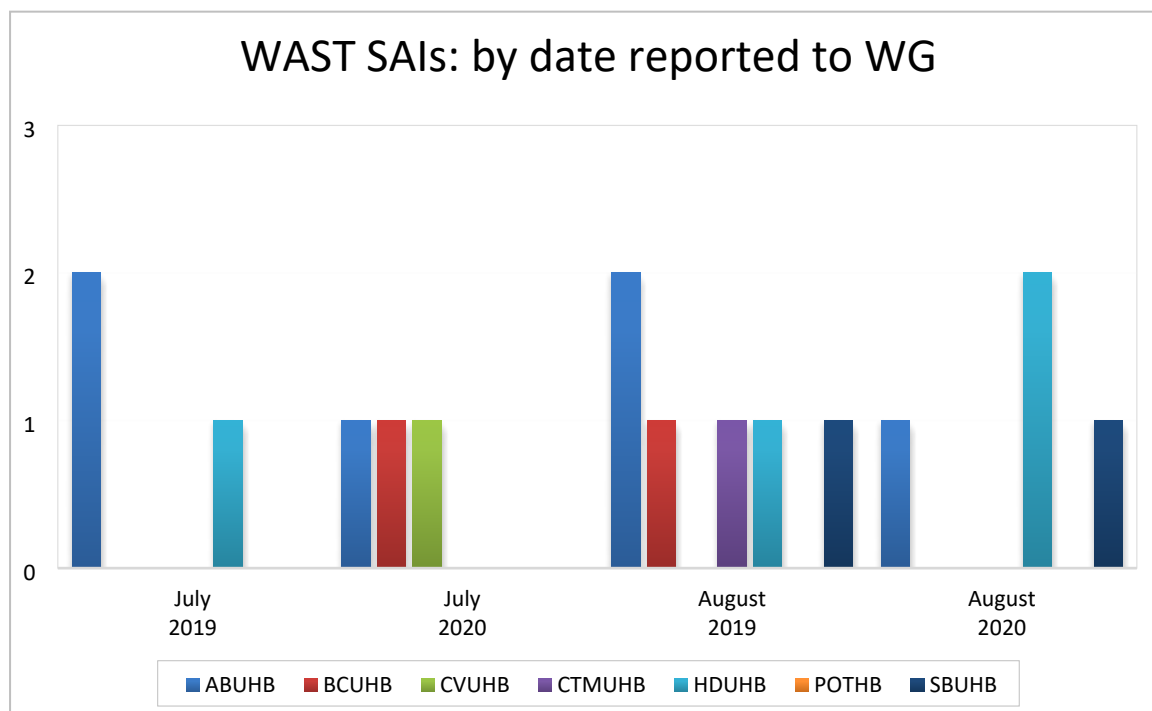
## BACKGROUND

10. The purpose of this Patient Safety Highlight Report is to provide an update to the Trust Board (Board) on the key information in relation to Putting Things Right (PTR) and Patient Safety. The Report provides information to the Board on Concerns (including political and ombudsman), Serious Adverse Incidents (SAIs), Patient Safety Incidents, Claims and Coroner's activity. It identifies the themes and trends emerging from our concerns portfolio, providing assurance to the Board on the progress and implementation of corrective action plans against these.
11. The Trust's quarterly Quality Assurance Report is presented to the Quality, Patient Experience and Safety Committee (QuEst) to monitor and measure the emergent trends from quality data and information in relation to the Health & Care Standards and Commissioning Core Requirements.

## ASSESSMENT

### Serious Case Incident Forum (SCIF) and Serious Incidents (SAIs)

12. During this reporting period 8 SCIFs were convened, with 39 new cases being discussed, of which, 9 were reported to Welsh Government (WG) as SAIs. In addition 4 cases were shared with respective Health Boards under the Joint Investigation Framework (Appendix B).
13. The table below provides a comparison between the same reporting months of the same period 2019/20 Vs 2020/21:



14. Each of the 9 cases reported by WAST as a SAI to WG were reviewed to identify the overarching high-level themes and trends, which were:

- NHSDW call-handling process (3);
- Call categorisation (1);
- Clinical (1);
- Delayed response (1);
- Missed allocation (1);
- Conveyance / Non-conveyance issue (1);
- Access issue (1).

### **Early Resolution (ER), Local Resolution (LR) and Formal Concerns**

15. Key Definitions:

- Early Resolution - 2 day Key Performance Indicator (KPI) (previously an On the Spot concern);
- Local Resolution - Although dealt with under the Regulations they do not require a formal Regulation 24 letter of response. Local resolution can be achieved by telephone, email or a face to face meeting. The spirit of the Regulations must be followed and the complainant must be satisfied with the response;
- Formal - This requires a formal Regulation 24 letter of response, as required under the Regulations. These are currently signed off by the Chief Executive Officer, following Quality Assurance of the investigation and letter. The KPI is 75%, which requires the closure of the response letter.

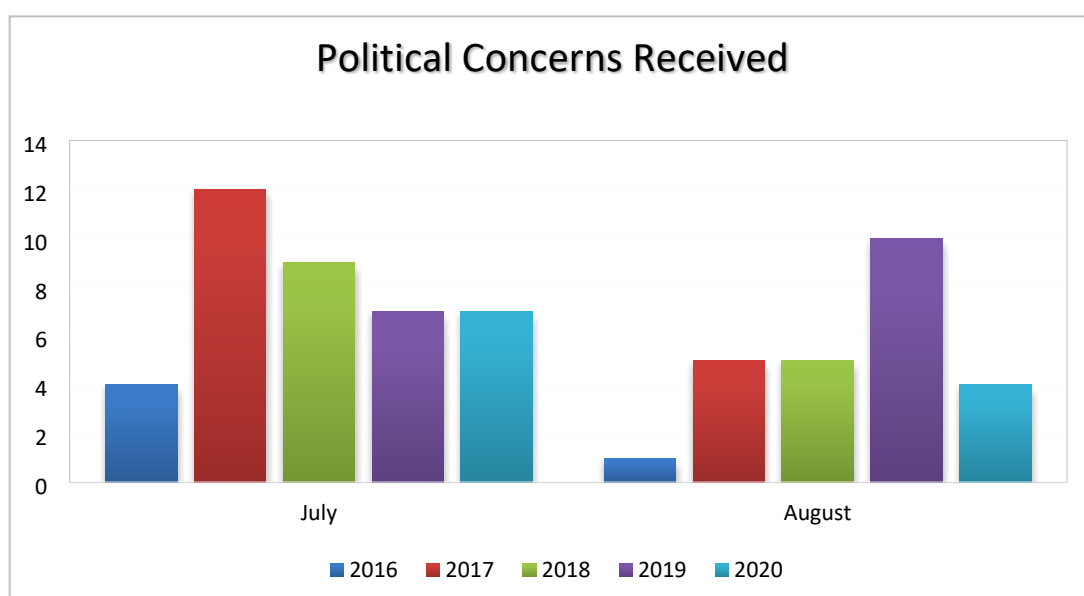
### **Concerns**

16. Through Quarter 1 2020/2021, the Putting Things Right Department has continued to witness a reduction in the volume of formal concerns received in comparison to the same period for 2019/2020. There has been a slight increase in the volume compared to Quarter 4 2019/20 however, not to the same volume received in 2019/2020.
17. The total number of open concerns as of 7 September 2020 is 60, which excludes cases within Complex Case. Of those 60, 16 are in backlog (exceeded the 30 day target), with 11 of those having completed investigations and in the process of being quality assured.
18. For the first 2 months of Q2 the 2-day acknowledgment performance has improved from an average of 90% for Q1 to 98%. In numerical terms it relates to 1 concern moving over the 2-day deadline.
19. The 30 day response has also seen an improvement from an average of 68% in Q1 to 73% for the first 2 months in Q2.

| Formal concerns Performance (by due date) |        |        |        |        |        |
|-------------------------------------------|--------|--------|--------|--------|--------|
|                                           | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 |
| Total Received                            | 40     | 24     | 40     | 46     | 47     |
| Total Closed                              | 95     | 60     | 50     | 61     | 36     |
| 2 Day Acknowledgment % for                | 93%    | 94%    | 83%    | 96%    | 100%   |
| 30 Day Response due % for                 | 68%    | 74%    | 62%    | 76%    | 69%    |
|                                           | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 |
| Total Received                            | 75     | 98     | 70     | 100    | 65     |

### **Political and Ombudsman Investigations**

20. The table below illustrates the volume of political concerns received comparing the same periods over the past 5 years:



21. At the start of the COVID-19 Pandemic there was a decrease in the number of concerns being received from elected members. In July 2020 7 cases were received, dropping to 4 in August.
22. At the end of August 2020 there were 6 political concerns (excluding ongoing Complex Case Panel cases) being investigated, which were awaiting a response by an elected member.
23. The 4 Complex Case political cases currently open have been responded to and are being addressed in line with the Redress Regulations, with settlements being offered or experts being instructed.
24. During the reporting period the subject matter of the political concerns being received were in relation to delays in ambulances arriving with patients.
25. There are currently 13 open Ombudsman cases, with all information having been shared with the Ombudsman.

26. During the reporting period 1 final report was received from the Ombudsman, recommending that the Trust provides the complainant with an apology in relation to errors in the handling of the concerns raised, specifically around the sharing of records held by the Trust. The Trust has agreed to provide the complainant with details of what is required in order to access records that relate to the patient, additionally, the Trust is now in a position to offer an apology to the family of the patient.

#### Coroner's activity

27. The Legal Services Department (LSD) is finding that the number of requests from Coroner's Officers for statements pan-Wales is returning to closer to normal following the initial restrictions imposed by COVID-19. At the same time, previously postponed hearings are being re-listed and new hearings also listed.
28. While Coroners are trying to deal with witness evidence on a documentary basis as much as possible, there may be requests for operational staff to be stood down to attend inquests. While a recent request for witness evidence has specifically related to Personal Protective Equipment (PPE) issues, an increase in requests due to COVID-19 issues cannot be ruled out over the next quarter.
29. The LSD is currently working with ICT and Estates to ensure there are facilities in place to provide evidence via VC, if and when required.
30. A comparison with corresponding data from July and August 2019 indicates a raised number of Information requests in 2020 (14 and 15 respectively in 2019) while 2 Interested Party (IP) inquests were opened in August 2019 – none were opened in July-August 2020 probably due to COVID-19. The coroner's courts appear to be prioritising statement and disclosure requests.

#### Legal Claims

31. The Legal Services Department continues to proactively investigate clinical negligence claims in-house at the pre and post-litigation stages.
32. The position in respect of Clinical Negligence (CN) claims received during July/August is a total of 3 claims, which are currently being investigated and relevant documentation is in the process of being gathered for disclosure and investigation. There are now a total of 70 open CN claims against WAST (July and August 2020).
33. Challenges are to maintain response to disclosure requests and court timetables and generally continue investigations during a period when claimant's legal firms are returning to closer to normal output or clearing their backlog following COVID-19 lockdown. Also, the new Welsh Risk Pool Services (WRPS) Reimbursement system continues to maintain the increased workload for preparing learning reports. Most claims department team members continue to work from home which has its logistical challenges in that hard copy files are not always immediately to hand. It is being considered that the possibility of obtaining

dedicated case management software which can link into datix should be explored.

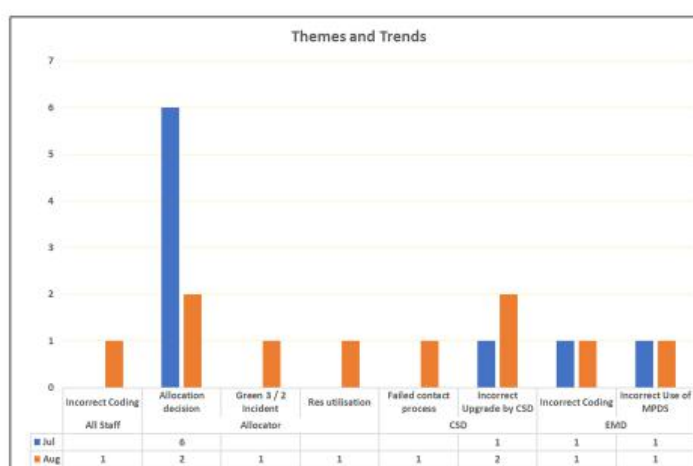
## **Key achievements and learning**

### **Patient Safety Highlight report CCC Quality and learning**

34. The Clinical Contact Centre (CCC) concerns team has begun to look at a more concise way of collecting data, identifying themes and trends from concerns, Serious Adverse incidents and other investigations. This is still being progressed, and new templates are being developed, which include action plans for errors that impacted on the specific incident and also action plans for incidental learning in relation to issues identified that did not have an impact on the specific incident.

IO Report Themes / Trends

| Themes                   | Jul | Aug |
|--------------------------|-----|-----|
| All Staff                |     | 1   |
| Incorrect Coding         |     | 1   |
| Allocator                | 6   | 4   |
| Allocation decision      | 6   | 2   |
| Green 3 / 2 Incident     |     | 1   |
| Res utilisation          |     | 1   |
| CSD                      | 1   | 3   |
| Failed contact process   |     | 1   |
| Incorrect Upgrade by CSD | 1   | 2   |
| EMD                      | 2   | 2   |
| Incorrect Coding         | 1   | 1   |
| Incorrect Use of MPDS    | 1   | 1   |
| Grand Total              | 9   | 10  |



### **Lessons Learnt from Serious Adverse Incidents, Concerns, Claims and Coroner cases.**

35. **Ineffective Breathing** – It has been identified on an organisational level within the Trust and globally by Medical Priority Dispatch System (MPDS), that the recognition of ineffective/agonal breathing can be challenging for a Call Handler within the telephone environment. This is mainly because agonal/ineffective breathing can present itself in many different ways (i.e. noisy breathing, very slight breathing, gasps for air, long lingering breaths etc.) and can also present itself very differently depending on the age of the patient. Therefore, there has been continual work by the International Academy of Emergency Dispatch (IAED) to improve the critical recognition which has been evidenced on the software updates and through training materials provided on the IAED portal for Call Handlers.
36. To support Call Handlers on the recognition of 'ineffective/agonal breathing', a recent virtual training programme 'Identifying Ineffective Breathing in the Telephony Environment' has been introduced for all Call Handling staff. Once

the Call Handlers have completed their training, each Call Handler will complete an exam and competencies. To date (9 September 2020), 179 out of 186 call-handlers have completed the training.

37. In response to the above, several other CCC coaching bulletins for the month of July and August were released relating to:

- **What3Words;**
- **When to disconnect;**
- **High Velocity Impact Calls;**
- **Shift Key Function;**
- **Staggered Overdose;**
- **Cauda Equina;**
- **Serious;**
- **Meningitis;**
- **Allocation Errors;**
- **A Dispatch Training Package;**
- **NEPTS: Use of own wheelchairs.**

**RECOMMENDED that:**

**(1) The Board receives this Report for information, discussion and noting.**

## EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment is not required for this report.

## REPORT CHECKLIST

| Issues to be covered         | Paragraph Number (s) or “Not Applicable” |
|------------------------------|------------------------------------------|
| Equality Impact Assessment   | Not Applicable                           |
| Environmental/Sustainability | Yes                                      |
| Estate                       | Yes                                      |
| Health Improvement           | Not Applicable                           |
| Health and Safety            | Yes                                      |
| Financial Implications       | Yes                                      |
| Legal Implications           | Yes                                      |
| Patient Safety/Safeguarding  | All                                      |
| Risks                        | All                                      |
| Reputational                 | All                                      |
| Staff Side Consultation      | None                                     |



|                               |      |
|-------------------------------|------|
| <b>AGENDA ITEM No</b>         | 3.2  |
| <b>OPEN or CLOSED</b>         | OPEN |
| <b>No of ANNEXES ATTACHED</b> | 3    |

## MONTHLY INTEGRATED QUALITY and PERFORMANCE REPORT– August 2020

|                        |                                                                                                                                                                  |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Trust Board                                                                                                                                                      |
| <b>DATE</b>            | 1 October 2020                                                                                                                                                   |
| <b>EXECUTIVE</b>       | Rachel Marsh – Director of Strategy, Planning and Performance                                                                                                    |
| <b>AUTHOR</b>          | Kerri Hitchings – Commissioning and Performance Manager / Nicola Quiller – Commissioning & Performance Officer                                                   |
| <b>CONTACT DETAILS</b> | <a href="mailto:kerri.hitchings3@wales.nhs.uk">kerri.hitchings3@wales.nhs.uk</a><br><a href="mailto:nicola.quiller@wales.nhs.uk">nicola.quiller@wales.nhs.uk</a> |

|                                            |                               |
|--------------------------------------------|-------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | IMTP priority objective (ALL) |
| <b>CORPORATE RISK (Ref if appropriate)</b> | ALL Risks                     |
| <b>QUALITY THEME</b>                       | ALL                           |
| <b>HEALTH &amp; CARE STANDARD</b>          | ALL                           |

|                             |                                                                     |
|-----------------------------|---------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To note and discuss the Trust's performance and improvement actions |
| <b>CLOSED MATTER REASON</b> | Not applicable.                                                     |

## REPORT APPROVAL ROUTE

| WHERE                      | WHEN                       | WHY                        |
|----------------------------|----------------------------|----------------------------|
| EMT                        | 21 <sup>st</sup> Sept 2020 | Consideration and Approval |
| Trust Board                | 01 <sup>st</sup> Oct 2020  | Consideration              |
| People & Culture Committee | 13 <sup>th</sup> Oct 2020  | Consideration              |



## SITUATION

1. The purpose of this report is to provide a single report which details the Trust's performance against key quality and performance indicators for August 2020.
2. Please note, this version of the report does not include updates for Clinical and NEPTS due to the non-requirement for a formal publication of these indicators during the current COVID-19 pandemic period. Additionally, narrative updates for all indicators have been fully reviewed and updated to reflect current improvement actions for the Trust and an Acronyms Glossary has been included to aid readers in interpreting the report.

## BACKGROUND

3. The Emergency Ambulance Services Committee (EASC) commissioning intentions (based on the Ambulance Quality Indicators (AQIs)) and the Welsh Government Delivery and Outcomes Framework (which in turn informs the Welsh Government Balanced scorecard) form the basis of the Trust's performance indicators. The Framework and the commissioning intentions represent what the Trust is held publicly to account on in terms of our quality and performance metrics and form the basis of the metrics used in this report.
4. The Emergency Medical Services (EMS) AQIs are published quarterly by the Emergency Ambulance Services Committee (EASC) on their website; <http://www.wales.nhs.uk/easc/ambulance-quality-indicators>. The latest quarter (Oct 2019 – Dec 2019) was published on 30 January 2020. Monthly information is published by Welsh Government on Red and Amber performance. <http://gov.wales/statistics-and-research/ambulance-services/?lang=en>. The publication of the AQIs (and WG release) are currently on hold due to the focus on the COVID-19 pandemic.
5. The main body of this report is included as **Annex One**, which includes a dashboard of the indicators that the Board have previously agreed as priorities and subsequent pages dedicated to each indicator with analysis. **Annex Two** contains a supplementary scorecard structured in line with our Long Term Strategic Framework, that includes the remaining indicators covering all Welsh Government targets that the Board/Committee are held to account on; additional measures from the Commissioning Intentions and has also been updated to reflect the 2020/21 IMTP outcome measures. Further updates are planned once work on the IMTP can resume. A separate PowerPoint pack of graphs is included as **Annex Three**.

## ASSESSMENT

6. This section contains a highlight of the main areas of interest and concern.

### 111 and NHSDW

7. At the front end of the Trust's services, it appears that **111 call demand is once again increasing** with 43,855 calls in August-20 compared to 36,195 in July. The continued

increase in call volumes are likely attributed to the ongoing CoVID-19 pandemic and the rise in daily cases reported in Wales.

8. In line with increasing demand, the **percentage of 111 Offered Calls Abandoned after 60 Seconds** increased significantly in August to 12%. As Board will recall, at the peak of 111 demand back in March 2020, the proportion of abandoned calls stood at 43%, but it had subsequently improved to around 3% in June. The abandoned call rate relates directly to call demand outstripping capacity, and this is therefore a concern as COVID demand is predicted to increase in a second wave over the traditionally busier winter months.
9. Action is being taken, with additional capacity having been agreed both in terms of the new 'receptionist' role and the call taker role, and these roles are now being recruited. It will be important that demand and capacity is brought in line before new services such as Phone First are introduced.

### **Response Times - Red and Amber Performance**

10. The percentage of emergency responses to **red incidents within 8 minutes** was 63.9% in August, meaning that the target of 65% was not achieved. In parallel, the 95<sup>th</sup> percentile times also increased to 19 minutes in August, rising from 16 minutes in June and July. However, the total number of calls reached within 8 minutes actually increased over the same period last year.
11. **Amber response times also disappointingly declined** across the percentiles in August, following a period of significant improvements, particularly in May 2020 which recorded the best response times for over two years. The Amber median percentile in August 2020 was 36 minutes compared to 30 minutes in August 2019.
12. The overall increases in response times also meant that there was an increase in patients having to wait the very longest times, with 148 patients having to wait over 12 hours for an ambulance to arrive, an increase from 23 the previous month. Longer response times also impact on patient safety and outcomes with 4 SAls in August referred across to Health Boards via our agreed framework. These were the first SAls passed across to Health Boards since May 2020.
13. For both red and amber calls, there remains a wide variation in response times across Health Boards in Wales. In particular, red response times have remained worse in Powys and Hywel Dda.
14. Response times to both red and amber calls are affected by a number of key issues which are set out below.

### **Demand**

15. Red demand increased in August to 2,465 calls from 2,067 in July. Overall, year on year, there has been an 11% increase in red demand, which, as previously reported, is largely attributable to a change in application of the MPDS which has increased the number of

breathing difficulties calls being categorised as Red incidents. Amber demand has also increased again to pre-COVID levels, having decreased during the height of the pandemic. The overall number of verified incidents in August was higher than in August last year.

### **Hours Produced / Capacity**

16. The total number of EMS hours produced in August fell slightly to 109,466 compared to 115,884 in July and from a pandemic peak of 119,942 in May 2020. Hours are consistent with August 2019. Emergency Ambulance Unit Hours Production (UHP) specifically recorded 89% in August 2020 compared to 95% in July 2020. As the Trust has moved into a recovery phase, many of the hours of support from external partners secured during the height of the pandemic have decreased. A total of 3,027 hours were provided by the Fire Service and students in August, compared with over 3,000 per week by military and students during May 2020.
17. Monthly abstractions from the rosters have a big impact on hours produced. In August, total abstractions stood at 37.81% (EMS Demand & Capacity Review benchmark is 29.91%) compared to 33.85% in Jul-20 and 32.70% in Jun-20. The highest proportion was annual leave at 17.60%, which is consistent with seasonal trends.
18. Sickness abstractions remained low in Aug-20 with an in-month sickness level of 5.87%. This is broadly in line with low sickness levels in June and July.
19. There was a mixed picture across the other abstraction areas, such as training and the additional COVID-19 abstraction (ex. Sickness) as some staff are required to self-isolate, accounting for 2.59% of abstractions in August 2020.
20. During the pandemic, the types of vehicle hours produced changed, with EA production prioritised over RRV production, resulting in lower levels of RRV resources than would normally be the case. This along with no contribution from CFRs and UFRs affected our ability to respond to Red calls, particularly in some of our more rural health boards i.e. Hywel Dda and Powys.
21. Actions being taken to increase capacity include:
  - Continuation of recruitment into the 136 WTE additional front line posts funded by commissioners in response to the D&C Review. The first increases will be seen in September 2020;
  - Training of all CFRs in PPE procedures to allow them to restart responses to red calls;
  - Plans to extend use of FRS and St John staff to support the response, subject to approval of funding.

### **Hours Lost from Notification to Handover**

22. Lost hours from notification to handover delays rose to 4,742 hours in August compared with 3,596 hours in July. Levels currently remain lower than last year, with 8,408 recorded

in Aug-19. A small number of EDs are contributing to the increasing trend. The Trust is paying close attention to the level of handover lost hours, as they are a key determinant of the Trust's Red and Amber performance. The links to patient safety and outcome are particularly important, and have been shared with CEO, COO, MD and DON peer groups to ensure that action is taken.

- 23.** The Trust is working with Health Boards across Wales to introduce a 'phone first' system, which will encourage patients with non-life threatening conditions to phone before attending ED. The aim will be to schedule ED appointments and as well as supporting social distancing requirements, this may also assist EDs in managing flow and reducing ambulance delays.

### **Hear & Treat**

- 24.** **Hear & Treat performance improved in Aug-20**, compared with performance in recent months, and the total volume of calls taken through this route has increased significantly. The Clinical Service Desk (CSD) and NHSDW (Hear & Treat) achieved a combined rate of 9.9% in Aug-20 and 9.3% performance in Jul-20.

- 25.** 4,004 ambulances were stopped in Aug-20, compared to 3,321 in Aug-19. The revised performance parameter identified in the EMS Demand & Capacity Review is 10.2%. The CCC is currently developing an action plan to consistently deliver 10% combined Hear & Treat. A review is being undertaken of how hear & treat figures are generated in relation to denominator figures associated with HCP planned admission requested.

### **Conveyance**

- 26.** **Conveyance to Major EDs increased in Aug-20 compared to the same period last year.** The Trust conveyed 19,191 patients to hospital in August 2020, of these 17,687 were to major emergency department (EDs) in Aug-20, compared to 18,447 in the same period last year. In Aug-20 conveyance to Major EDs as a proportion of total verified incidents decreased; Aug-20 was 43.54% compared to 46.77% in Aug-19. Over the last 12 months, the average rate was 44.74%, compared to 47.84% the 12 months prior. This indicator (it is not a formal measure at this time) captures the impact of all "shift left" activity, for example hear & treat, see & treat, pathways and conveyance to non-major EDs. The target for this indicator is a reduction trend.

- 27.** The number of incidents treated at scene and referred to alternate providers declined again in Aug-20 when compared to the period March-June 2020. The number of patients that were not conveyed to ED's and were referred to alternative providers peaked during the pandemic as robust clinical arrangements were stepped up to support whilst the Incident Coordination Centre (ICC) was in operation; in addition there were a number of additional pathways put in place during the pandemic, however now that these measures have ceased we are now seeing levels return to those seen before the current CoVID-19 pandemic.

- 28.** The Trust is currently developing plans to implement new **respiratory pathways** across Wales which would reduce the number conveyed to hospital and increase those treated

closer to home. This is subject to funding being available for clinical leadership and project management support.

### **Performance Improvement Plans**

29. Welsh Government have written to the Trust and to the Commissioner about red performance in particular and have requested that an action plan be developed to improve response times where possible. This is in the process of being drafted. In addition, work is being done to develop specific plans for Hywel Dda and Powys.

### **Concerns Response Time**

30. The **response to concerns within 30 days** declined to 69% in August, missing the 75% target, compared to 76% in July and 62% in June 2020. This measure is closely linked to handover and response times as most concerns are related to timeliness to respond across the whole system, therefore collaboration with health boards is essential going forward. As response times and handover delays decline into winter, there will be a time lag in the response to concerns and therefore likely that future responses to concerns will decline further.

31. There were 4 Serious Case Incident Forums (SCIF) held in Aug-20, during which 27 cases were discussed, **6 of these cases were reported to WG as Serious Adverse Incidents (SAIs)** and 4 were passed to Health Boards as Serious Incident Framework 'Appendix B' incident referrals.

### **Finance & Performance Committee Scrutiny**

32. A full performance report was submitted to the Finance and Performance Committee in September, which included the July performance data. The Committee discussed the style and content of the report and noted that meetings had been held between the three Non-Executive chairs of the Board's sub committees to take this forward. Committee members discussed the report, highlighting concerns around handover delays and the impact of PPE on response times, which would be further reviewed. The committee agreed that a deep dive would be undertaken for the next report, with the final details to be agreed by the Chair.

### **Conclusion and Forward Look**

32. As we move further through the COVID-19 pandemic's initial response and into the "new normal" we have experienced further impacts on all areas of the Trust's performance, as normal core demand begins to increase in line with lockdown measures being relaxed. As a result of the relaxed measures in place, COVID-19 cases have now begun to increase in certain areas of Wales. Current data suggests that we are heading into a second wave and will therefore move into the second response phase imminently.

33. A Collaborative Forecasting & Modelling Group was created in response to the pandemic which is continuing to co-ordinate, plan and deliver forecasts and modelling in response to CoVID-19 and the emerging second wave. The Group is likely to remain in place post CoVID-19.

**34.** The Group has developed a scenario of a second peak for COVID-19 incidents in conjunction with our current total “core” demand forecast to model what this means for our frontline resourcing requirements, which is described in more detail in the seasonal planning paper to be considered elsewhere on the Board agenda. All of the scenarios however demonstrate that maintaining high levels of performance will be difficult, and a range of mitigating actions are set out in the same paper.

## **RECOMMENDATION**

The Board is asked to: -

- **Note and approve** the performance outlined in the August Monthly Integrated Quality and Performance Report.



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CYMRU  
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Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlans Cymru  
Welsh Ambulance Services  
NHS Trust

# Monthly Integrated Quality and Performance Report

August 2020

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)



@welshambulance



welshambulance



# SECTION 1 - MONTHLY INDICATORS

## TOP INDICATORS DASHBOARD

| Top Monthly Indicators                                                                                                 |                                                                                                  | Lead Director | Reporting Frequency | Target 2020/21    | Baseline Position (2019/20) | Sep-19   | Oct-19   | Nov-19   | Dec-19   | Jan-20   | Feb-20   | Mar-20    | Apr-20   | May-20   | Jun-20   | Jul-20   | Aug-20   | 2 Year Trend | RAG | IMTP Theme 2020/21                                                                                            |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------|---------------------|-------------------|-----------------------------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|--------------|-----|---------------------------------------------------------------------------------------------------------------|
| EMS Step 1 - Help me to Choose                                                                                         |                                                                                                  |               |                     |                   |                             |          |          |          |          |          |          |           |          |          |          |          |          |              |     |                                                                                                               |
| 1                                                                                                                      | Number of hits to the NHS24 website                                                              | DQSPE         | Monthly             | Improvement trend | 502,092                     | 421,774  | 442,937  | 417,566  | 420,251  | 476,887  | 422,566  | 1,630,239 | 805,402  | 419,866  | 279,347  | 207,597  | 255,646  |              | R   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
| EMS Step 2 - Answer My Call                                                                                            |                                                                                                  |               |                     |                   |                             |          |          |          |          |          |          |           |          |          |          |          |          |              |     |                                                                                                               |
| 2                                                                                                                      | % of NHS24 calls answered within 90 seconds of the welcome message                               | DoO           | Monthly             | Improvement Trend | 60.3%                       | 61.0%    | 66.1%    | 61.4%    | 46.6%    | 75.6%    | 58.2%    | 13.5%     | 35.4%    | 71.6%    | 92.1%    | 92.4%    | 84.4%    |              | G   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
|                                                                                                                        | % 111 calls answered within 60 seconds of the end of the message                                 | DoO           | Monthly             | Improvement Trend | 49.8%                       | 47.8%    | 53.9%    | 46.3%    | 29.7%    | 67.0%    | 51.2%    | 9.9%      | 42.6%    | 56.5%    | 83.0%    | 78.4%    | 60.9%    |              | G   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
| 3                                                                                                                      | Median 999 Call answer times                                                                     | DoO           | Monthly             | Improvement Trend | 00:02                       | 00:02    | 00:02    | 00:02    | 00:02    | 00:02    | 00:02    | 00:02     | 00:02    | 00:02    | 00:02    | 00:02    | 00:02    |              | G   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
|                                                                                                                        | 65th Percentile 999 Call answer times                                                            | DoO           | Monthly             | Improvement Trend | 00:02                       | 00:03    | 00:03    | 00:03    | 00:03    | 00:02    | 00:02    | 00:02     | 00:02    | 00:02    | 00:02    | 00:02    | 00:02    |              | G   |                                                                                                               |
|                                                                                                                        | 95th Percentile 999 Call answer times                                                            | DoO           | Monthly             | Improvement Trend | 00:03                       | 01:22    | 01:20    | 01:10    | 00:45    | 00:03    | 00:03    | 00:12     | 00:03    | 00:03    | 00:03    | 00:03    | 00:03    |              | G   |                                                                                                               |
| 4                                                                                                                      | % of calls ended following WAST telephone assessment (hear & treat)                              | DoO           | Monthly             | 10.20%            | 8.6%                        | 8.6%     | 8.8%     | 9.0%     | 10.4%    | 9.3%     | 8.2%     | 6.5%      | 8.5%     | 8.9%     | 9.2%     | 9.3%     | 9.9%     |              | G   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
| EMS Step 3 - Come To See Me                                                                                            |                                                                                                  |               |                     |                   |                             |          |          |          |          |          |          |           |          |          |          |          |          |              |     |                                                                                                               |
| 5                                                                                                                      | % of emergency response to red incidents arriving within 8 minutes                               | DoO           | Monthly             | 70%               | 67.3%                       | 68.4%    | 66.3%    | 61.4%    | 62.0%    | 66.0%    | 67.8%    | 64.5%     | 67.7%    | 70.2%    | 71.4%    | 68.5%    | 63.9%    |              | A   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
|                                                                                                                        | Number of LHBs not achieving the Red incidents target                                            | DoO           | Monthly             | 0                 | 6 per annum                 | 1        | 3        | 6        | 6        | 3        | 1        | 4         | 2        | 2        | 2        | 2        | 5        |              | R   |                                                                                                               |
|                                                                                                                        | Red 95th percentile                                                                              | DoO           | Monthly             | Reduction Trend   | 00:17:03                    | 00:16:57 | 00:17:17 | 00:18:06 | 00:19:12 | 00:17:39 | 00:15:57 | 00:17:14  | 00:16:42 | 00:15:51 | 00:16:01 | 00:16:25 | 00:19:00 |              | R   |                                                                                                               |
| 6                                                                                                                      | Red 95th percentile - SB                                                                         | DoO           | Monthly             | Reduction Trend   |                             | 00:16:01 | 00:16:09 | 00:17:23 | 00:18:47 | 00:16:04 | 00:15:33 | 00:14:50  | 00:13:58 | 00:11:59 | 00:13:37 | 00:12:38 | 00:13:37 |              | A   |                                                                                                               |
|                                                                                                                        | Amber 1 Median                                                                                   | DoO           | Monthly             | 18 Minutes        | 00:27:38                    | 00:26:08 | 00:28:20 | 00:31:03 | 00:41:37 | 00:26:40 | 00:25:16 | 00:32:45  | 00:21:09 | 00:18:21 | 00:20:03 | 00:23:28 | 00:32:03 |              | A   |                                                                                                               |
|                                                                                                                        | Amber 1 65th percentile                                                                          | DoO           | Monthly             | Reduction Trend   | 00:41:45                    | 00:38:37 | 00:43:10 | 00:48:30 | 01:05:21 | 00:40:29 | 00:37:13 | 00:50:12  | 00:29:58 | 00:25:08 | 00:27:50 | 00:32:55 | 00:46:30 |              | A   |                                                                                                               |
|                                                                                                                        | Amber 1 95th percentile                                                                          | DoO           | Monthly             | Reduction Trend   | 02:24:43                    | 02:18:43 | 02:34:36 | 02:51:42 | 03:48:16 | 02:28:14 | 02:01:47 | 02:49:11  | 01:33:24 | 01:10:43 | 01:19:18 | 01:35:34 | 02:22:43 |              | A   |                                                                                                               |
|                                                                                                                        | Amber 2 Median                                                                                   | DoO           | Monthly             | Reduction Trend   | 00:53:06                    | 00:51:13 | 00:53:29 | 01:02:03 | 01:25:41 | 00:49:50 | 00:47:24 | 01:03:07  | 00:30:51 | 00:28:45 | 00:31:42 | 00:39:55 | 00:56:27 |              | G   |                                                                                                               |
|                                                                                                                        | Amber 2 65th percentile                                                                          | DoO           | Monthly             | Reduction Trend   | 01:29:54                    | 01:25:03 | 01:31:13 | 01:47:27 | 02:35:43 | 01:22:53 | 01:17:47 | 01:52:22  | 00:45:56 | 00:42:06 | 00:47:46 | 01:02:48 | 01:30:53 |              | A   |                                                                                                               |
|                                                                                                                        | Amber 2 95th percentile                                                                          | DoO           | Monthly             | Reduction Trend   | 06:22:46                    | 05:47:19 | 07:03:41 | 08:06:47 | 10:24:56 | 06:41:54 | 05:29:10 | 08:03:32  | 03:24:08 | 02:35:13 | 03:04:02 | 04:02:05 | 06:07:48 |              | A   |                                                                                                               |
| EMS Step 4 - Give me Treatment                                                                                         |                                                                                                  |               |                     |                   |                             |          |          |          |          |          |          |           |          |          |          |          |          |              |     |                                                                                                               |
| 7                                                                                                                      | Number of incidents which received a response on scene and were referred to alternative provider | MD            | Monthly             | Improvement Trend | 2071.0%                     | 2022     | 2187     | 2317     | 2431     | 2372     | 2128     | 3007      | 3100     | 2753     | 2391     | 2342     | 2340     |              | A   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
| EMS Step 5 - Take Me To Hospital                                                                                       |                                                                                                  |               |                     |                   |                             |          |          |          |          |          |          |           |          |          |          |          |          |              |     |                                                                                                               |
| 8                                                                                                                      | % of verified incidents that were conveyed to major EDs                                          | MD            | Monthly             | Reduction Trend   | 46.18%                      | 46.25%   | 45.76%   | 44.50%   | 40.87%   | 45.65%   | 47.14%   | 41.15%    | 41.17%   | 46.01%   | 47.82%   | 47.67%   | 43.54%   |              | A   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
| 9                                                                                                                      | Number of lost hours following notification to handover over 15 minutes                          | DoO           | Monthly             | Reduction Trend   | 9,339                       | 10,025   | 11,132   | 11,474   | 13,821   | 13,057   | 7,233    | 5,673     | 1,929    | 1,900    | 2,649    | 3,596    | 4,742    |              | G   |                                                                                                               |
| Core Requirements (1.Governance, 2.Patient Experience & Satisfaction, 3.Equity, 4.Clinical Care, 5.Staffing, 6.Safety) |                                                                                                  |               |                     |                   |                             |          |          |          |          |          |          |           |          |          |          |          |          |              |     |                                                                                                               |
| 10                                                                                                                     | % of concerns that received a final (reg 24) within 30 days on being received                    | DQSPE         | Monthly             | 75%               | 58%                         | 66%      | 91%      | 71%      | 61%      | 61%      | 62%      | 54%       | 68%      | 74%      | 62%      | 76%      | 69%      |              | A   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
| 11                                                                                                                     | Number of SCIF cases reported as Serious Adverse Incident (SAI). By Date reported to WG by WAST  | MD            | Monthly             | 0                 | 2                           | 3        | 3        | 1        | 8        | 6        | 4        | 2         | 3        | 2        | 3        | 3        | 6        |              | R   | Foundations of our Services: Enable Our People to be the Best They Can Be                                     |
| 12                                                                                                                     | % sickness absence for staff (all staff)                                                         | DWOD          | Monthly             | 6.00%             | 6.94%                       | 7.37%    | 7.60%    | 7.25%    | 7.57%    | 7.18%    | 6.50%    | 7.48%     | 7.58%    | 6.29%    | 5.66%    | 5.56%    | 5.87%    |              | G   |                                                                                                               |
| 13                                                                                                                     | Emergency Ambulance unit hours production - Compliance with planned rosters                      | DoO           | Monthly             | 95%               | 91.0%                       | 88%      | 90%      | 92%      | 91%      | 98%      | 92%      | 90%       | 100%     | 103%     | 99%      | 95%      | 89%      |              | A   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
|                                                                                                                        | Total EMS Actual Hours Produced                                                                  | DoO           | Monthly             | Improvement Trend | 111023                      | 109,105  | 113,730  | 112,454  | 112,394  | 118,806  | 105,493  | 110,131   | 112,066  | 119,942  | 114,633  | 115,883  | 109,466  |              | A   |                                                                                                               |

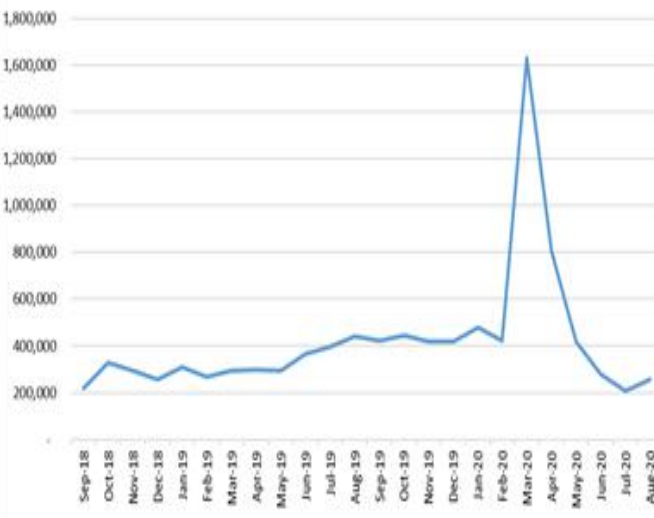




## INDICATOR 1 - Number of Hits to NHSDW Website 2020/21 Target – Improvement Trend

R

Number of NHS Direct Wales unique website visits



### Improvement Actions

| Key Improvement Actions                                                                                    | Completion Date | Performance Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RAG   |
|------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Strengthen the resilience of the website and focus work on 111 website enhancing patient enabling features | 2020/21         | Work is continuing, led by the Director of Digital, Executive Director of Quality & Nursing and Director of Partnerships & Engagement to develop the NHS 111 Wales website and strengthen the clinical input of symptom checkers and discussion is ongoing to achieve further resilience where it has been identified. The launch of the new Digital Strategy is scheduled for launch in November.                                                                                                    | AMBER |
| Communication to the public – signposting to relevant services e.g. hear & treat                           | Continuous      | Work continues with elements linked closely to the new Quality Strategy which is being developed by Claire Roche and in line with the Quality (Engagement) Act, particular attention is being paid to the 'Citizens Voice' Aspect. The PEI team are launching an 'in-Network' in January 2021 that will enable the wider public to become involved in Trust quality improvement activities. We are also working closely with regional operational teams to drive local communication with the public. | GREEN |
| Utilise intelligence/data to monitor patient behaviour and use of the website                              | Continuous      | Work using Google Analytics and other data sets to be reported alongside WAST operational response data along with work to utilise intelligence data to respond to people's needs continues and links closely with Communication work.                                                                                                                                                                                                                                                                | GREEN |
| Undertake engagement exercise with stakeholders to develop and approve the Digital Strategy                | Ongoing         | This is an ongoing priority which has been rescored. It has been identified that there is a large engagement piece to do around the emerging digital strategy and the resources to support this will be identified through the prioritisation exercise with support of the Planning Team. Resources to manage engagement need to be identified in order to move forward. This is linked with the wider work around website under the three Directors and their respective departments.                | AMBER |

### Analysis

There were 255,646 NHSDW unique website visits in August 2020 compared to 207,597 in July and 279,347 in June 2020. There was a small increase in the number of visits during August, perhaps due to media coverage of the ongoing pandemic and local CoVID-19 numbers fluctuating; however the number of visits remain significantly lower than the same period last year when there were 441,412 visits; it is likely this is attributed to a number of factors, the first being the change to the website name following a re-brand to NHS 111 Wales; the second being changes in the way website statistics are reported and the final aspect, Google ranking factors. The web team continue to work on ensuring the NHS 111 Wales website is ranked higher when Google searches are conducted. A Coronavirus Symptom Checker was launched promptly in March in reaction to the current pandemic and the initial Government advice for anyone with COVID-19 symptoms to access the symptom checker via the NHSDW website for further advice continues to be the website page viewed most often. In August 2020, the most viewed pages were: Coronavirus Symptom Checker (138,492 visits); Homepage (26,995); Generally Unwell Symptom Checker (19,954); Stomach Pain Symptom Checker (16,425); Ovulation Calculator (12,130); Rash Symptom Checker (11,663); Self-Assessment Homepage (10,287); Local Services Dental (9,126); Back Pain Symptom Checker (8,940) and Chest & Upper Back Pain Symptom Checker (8,380). We are unable to report specific visitor demographics for August 2020 with regards to gender and age range proportions due to changes to Google Analytics and GDPR rules.

Visits to the website for the last quarter, (Jun-20 to Aug-20) recorded were 742,590 compared to 1,203,197 visits in the same period last year, a decrease of 460,607 which equates to 38.28%. The target is an improvement trend.

It is recognised that development is required to improve the ways of measuring the impact of this service. This was reviewed in 2019/20 and the outcome was an action to explore the establishment of a new indicator to report monthly on the top symptom checks used, how many visits to the page, the number of completed assessments and of those not completed, the % of the symptom check that was completed to enable trends to be built. Due to high demand on the website work to implement this has been undertaken for CoVID-19 symptom checkers, this enables the web team to collate and review data to establish how many times the CoVID-19 symptom checkers were used; how many visits were to the CoVID-19 page and the number of completed and un-completed assessments. This will be reviewed in 2020/21 when services return to normal in order to review all the symptom checkers.

**\*\*NB:** Changes to website visit measures implemented in March 2020 has resulted in a change to data collation. 'Unique page views' is now the reporting parameter rather than 'pages viewed'. This method will continue to be used to measure monthly statistics.

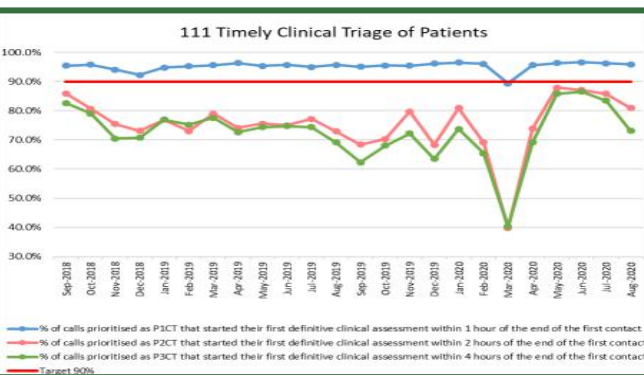
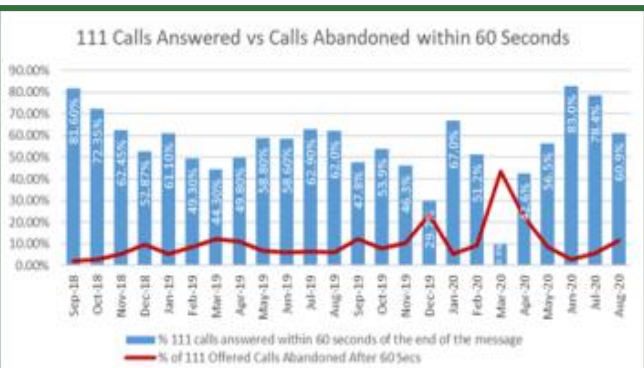
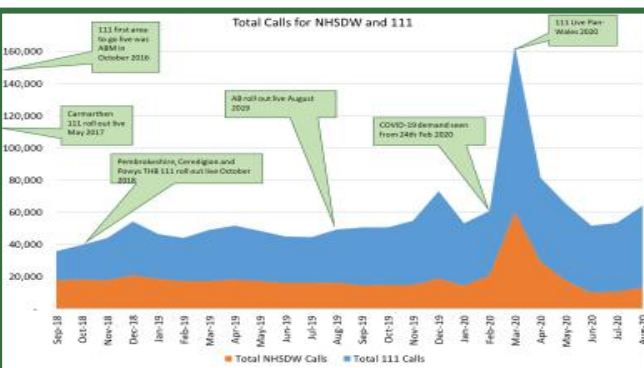


# Emergency Medical Services – Step 2: Answer My Call

Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed

## INDICATOR 2 - Call Volumes to NHS Direct Wales (NHSDW) and 111 as a combined total to increase 2020/21 Target – Combined Improvement Trend

G



### Analysis

111 call demand continued to increase in August 2020 to 45,855 compared to 36,196 in July and 35,282 in June. Current volumes are likely attributed to the current COVID-19 pandemic and the rise in daily cases reported in Wales. Despite continuing advice to use the NHSD 111 website Coronavirus Symptom Checker; demand continues to remain high for the time of year, in August 2019 the 111 service recorded 33,079 calls. Call volumes for NHSDW also increased in August 2020 to 13,410 from 10,740 in July 2020. NHSDW call volumes in August 2019 recorded 16,391.

111 was rolled out Pan-Wales as the main contact number for CoVID-19 callers only. Plans to complete the full roll-out across Wales have been re-assessed through the Quarter 2 CoVID-19 Operational Plan in light of the current pandemic to roll out services to CTMHB. In October 2020.

The most significant final outcome for 111 calls is consistently **Referral to a General Practitioner (GP) (handover of care) at 51.3%**. The next three top outcomes in August 2020 were calls advised to attend ED/MIU accounting for 16.3%, dental, accounting for 10.5% and administration, which are calls ended non-clinically, such as caller not wishing to proceed, call aborted, call duplicated, etc. accounting for 11.7% of calls. The remaining outcomes in order of volume accounted for: referred to 999 (8.1%) and advised to contact GP (7.4%); assessment and advice (5.5%); health information / quick call (5.1%), and referred to another Health Professional (2.1%).

The percentage of 111 calls answered within 60 seconds of the end of the message declined to 60.9% in August 2020, compared to 78.4% in July 2020 and 83.0% in June 2020. 111 call abandonment saw a year on year increase of 6.7% for the period September 2018 to August 2020. The increases in the last 12 months are driven by very poor performance in Dec-19 (winter pressures) and Mar-20 (pandemic). August 2020 saw a further increase in abandonment rates to 11.6% compared to 5.6% in July 2020. August 2020 sees the service again fall outside the normal expected rate for 111 services of c.2% following an achievement of 2.9% in June 2020 for the first time since October 2018. The high abandonment rate is caused by lack of capacity to meet increasing demand due to the ongoing CoVID-19 pandemic.

The **highest priority calls, P1CT, continue to provide a timely response**, starting their definitive clinical assessment within 1 hour of the end of first contact, which with the exception of March 2020 continuously achieves the 90% target, in August 2020 it achieved 95.9%. The lower priority calls, P2CT and P3CT, whilst continuing to be below the 90% target for providing a response within 2 hours and 4 hours respectively, saw their best performance in May 20, which represents a much improved service to patients, and relates to the fact that additional clinicians have been utilised as part of pandemic actions, however performance declined further in August 2020 to 80.9% and 73.1% respectively as demand for services begins to increase.

### Improvement Actions

| Key Improvement Actions                                            | Completion Date | Progress Update                                                                                                                                                                                                                                                                                                                                                                                                     | RAG   |
|--------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Complete rollout of 111 service across Wales                       | 2020/21         | The 111 number remains available across Wales for CoVID-19 related calls. Work continues to progress to support the roll out of 111 into CTM Health Board which is now scheduled for 13 <sup>th</sup> October 2020 following a request by CTMUHB for a revised date.                                                                                                                                                | AMBER |
| Recruitment Plans for Paramedics and Band 5 nurses to NHSDW        | Ongoing         | Paramedic recruitment into 111 is routinely undertaken. Further work in collaboration with the Quality, Patient Safety & Experience (QPSE) team continues to be required to enable the recruitment of Band 5 clinicians.                                                                                                                                                                                            | GREEN |
| Focus work on NHSD 111 website enhancing patient enabling features | 2020/21         | In progress, further work required. Web team continue to maintain and update the NHSD 111 website following rebrand during the pandemic, with the added functionality of a chatbot and the CoVID-19 symptom checker. Further work is required to determine the full potential of 111 within the digital strategy and wider WAST Long Term Strategy and development will be subject to ongoing funding availability. | GREEN |





# Emergency Medical Services – Step 2: Answer My Call

Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed

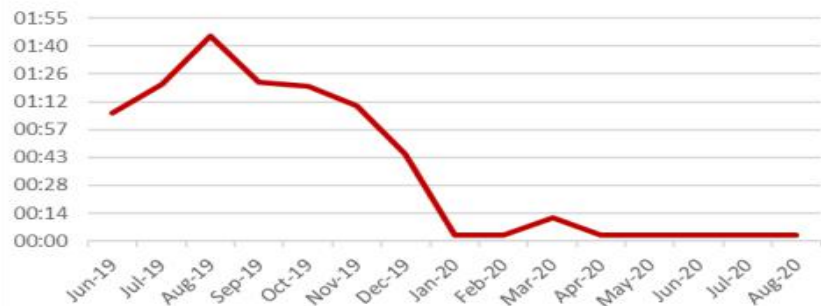
CI

FPC

G

## INDICATOR 3 – Median, 65<sup>th</sup> and 95<sup>th</sup> Percentile 999 Call Answer Times 2020/21 Target – Combined Improvement Trend

95<sup>th</sup> Percentile 999 Call answer times

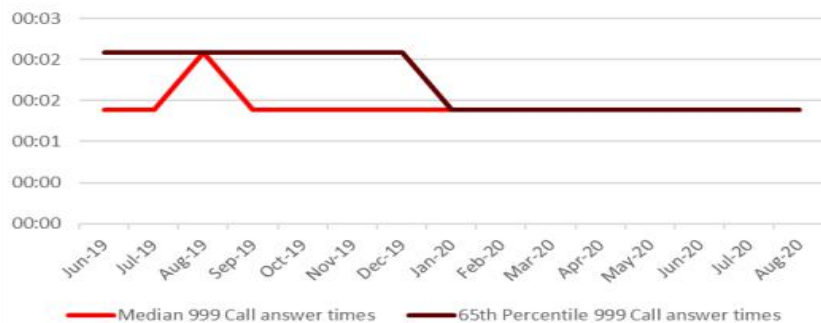


### Analysis

The Trust received 44,698 emergency 999 calls during August 2020, an increase when compared to July 2020 when 37,961 calls were received; this is also an increase when compared to August 2019 when 43,015 calls were recorded but lower than August 2018 at 45,569. The increase is likely due to the ongoing pandemic and the large number of people staying and taking their holidays in Wales as opposed to leaving the country, in addition to and the rise in CoVID-19 cases.

The median call answer times for 999 services remains consistently at 2 seconds. 65<sup>th</sup> percentile call times also averages at 2 seconds falling from 3 seconds in December 2019. 95<sup>th</sup> percentile call answer times have seen more variation, but with the exception of March 2020 (00:00:12) the average has now settled at 3 seconds.

Median & 65<sup>th</sup> Percentile 999 Call Answer Times



999 Call Volumes



### Improvement Actions

| Key Imp. Actions                                      | Completion Date | Progress Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RAG   |
|-------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Ensuring availability of flexible Call Taker Capacity | Continuous      | <p>999 Call demand is reviewed on a weekly basis by the Forecasting &amp; Modelling Group, including reviewing the level of COVID-19 calls. The group is currently forecasting potential levels of a second peak of COVID-19. These forecasts are used in an Erlang C toolkit to determine the level of call takers required and the subsequent predicted call answering performance if a second peak was to occur. If this was to occur CCC have a pool of temporary trained staff to call upon at short notice to increase call taking capacity.</p> <p>In response to the CoVID-19 pandemic a cadre of Bank call taking staff were recruited through the 'Calls to Arms' process. A number of these have since returned to their substantive employment and others have been recruited into substantive positions as part of the workforce plan. A second recruitment exercise for Bank and substantive staff is underway to ensure the Trust retains a flexible call taking capability. This will be complete by November 2020.</p> | GREEN |







GIG  
CYMRU  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

# Emergency Medical Services – Step 2: Answer My Call

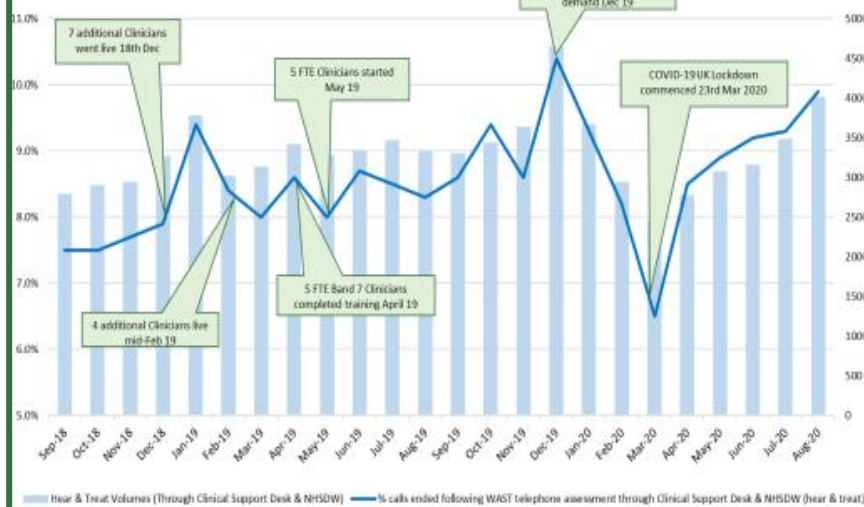
Our Goals: Provide the Right Care, In the Right Place, Wherever and Whenever it is Needed

FPC

## INDICATOR 4 – % of calls ended following WAST telephone assessment (HEAR & TREAT) 2019/20 Internal Target – 12% Commissioning Intention – increasing volumes

G

Hear & Treat



### Improvement Actions

| Key Imp. Actions                             | Completion Date | Progress Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RAG   |
|----------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Delivery of combined 10% Hear & Treat        | 2020/2021       | The CCC is currently developing an action plan to consistently deliver 10% combined Hear & Treat. A review is being undertaken of how hear & treat figures are generated in relation to denominator figures associated with HCP planned admission requested.                                                                                                                                                                                                                                                                                                                                                                                                     | GREEN |
| Implementation of an Integrated Clinical Hub | 2020/2021       | CoVID has driven work to temporarily scale up the capacity and remote working capability within the Clinical Service Desk. The work to implement the findings of the CCC Clinical Review had not fully commenced prior to the Trust invoking its Pandemic plan and therefore limited progress had been made on achieving the recommendations to date. The learning from the COVID19 response has been considered and factored into the implementation of the review's recommendations. In September 2020, the Strategic Transformation Board approved the commencement of a programme to deliver the recommendations and a Senior Responsible Officer appointed. | AMBER |

### Analysis

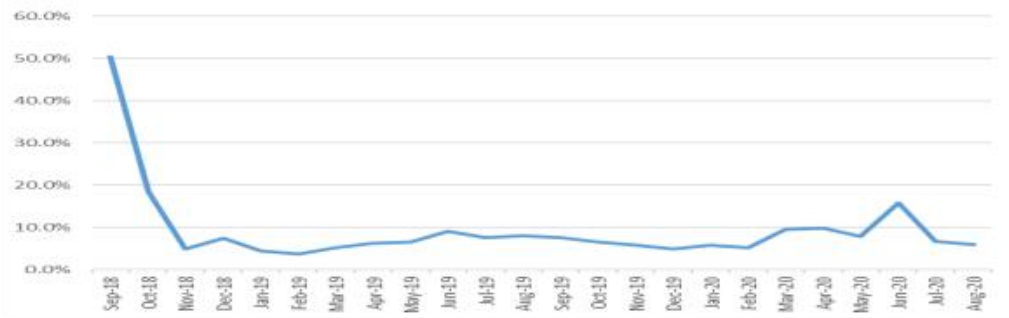
The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 9.9% performance in August, compared to 8.3% in August 2019 and 7.4% August 2018. 4,004 ambulances were stopped in August 2020, an increase when compared to 3,321 in August 2019.

The improved performance to 9.9% in August is a significant achievement as call volumes begin to increase due to the continuing Covid-19 pandemic and increasing pressure on the Trust. 6.2% of hear & treat volumes were achieved by the CSD in August 2020. In comparison, 3.6% of hear & treat was by NHSDW/111, this falls within the historic rate of c. 3.5% - 4.0%, and is a continued improvement since the pandemic peak period.

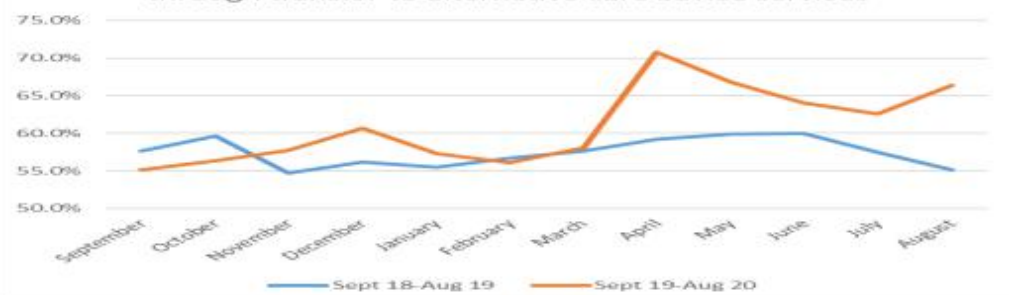
The percentage of re-contacts within 24 hours of telephone hear and treat has fluctuated considerably over the last two years, the peak in September 2018 at 50.4% was a result of one frequent caller who was taken through our frequent caller process, resulting in the re-contact rates to return to normal levels. Levels have declined further in August to 5.9% compared to re-contact rates of 6.6% in July and 15.7% in June 2020.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services has been on an increasing trend, seeing a rise in August to 66.4% compared to 62.6% in July 2020.

Re-Contact % within 24hrs of Telephone Triage (Hear and Treat)



% Calls triaged by a Nurse Advisor, which were ended through transfer to alternative care advice services





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NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambwlwans Cymru  
Welsh Ambulance Services  
NHS Trust

# Emergency Medical Services – Step 3: Come To See Me

Foundations of our Services: Continue to Provide the Best Possible Care, Outcome & Experiences to our Patients

FPC

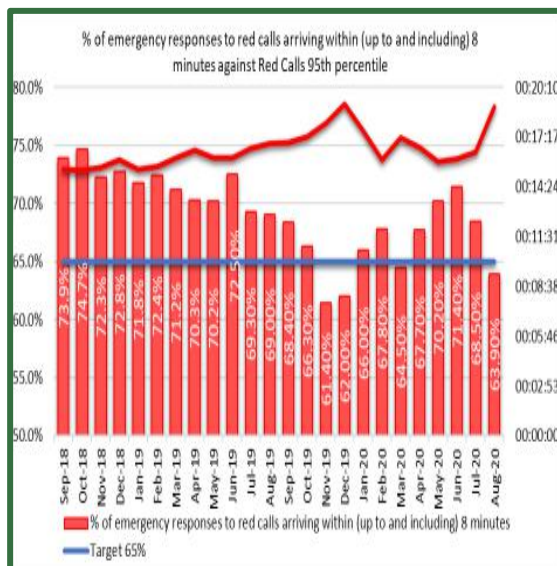
CI

## INDICATOR 5 – RED % of Emergency Responses to Red Calls Arriving within 8 minutes to Improve and Red 95<sup>th</sup> Percentile 2020/21 Target – 65% and Red 95<sup>th</sup> Percentile reduction trend

65%

R

95<sup>th</sup>



### Improvement Actions

| Key Improvement Actions                                   | Completion Date | Progress Update                                                                                                                                                                                                                                                                                                                                                       | RAG    |
|-----------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Weekly Ops Performance Demand and Capacity Review meeting | Weekly ongoing  | The weekly meeting of the Senior Operations Team is used to review performance and demand forecasts to inform decision making around resources. A performance improvement group, which is chaired by the Area Operations Manager (AOM) has been set up which is meeting in Powys which meets monthly in order to manage an action plan put in place.                  | GREEN  |
| CFR Reactivation                                          | Ongoing         | The approach to Pan-Wales reactivation has now been approved by the Executive Pandemic Team (EPT) and is underway. Hywel Dda reactivation has completed, CFR's in Powys and AB are the current priority and are currently undertaking training and issue of appropriate PPE. CFR managers are working with the Ops team to produce a progress summary of the rollout. | AMBER  |
| Red Improvement Plan                                      | Ongoing         | An improvement plan has been requested by Welsh Government and the CASC which is currently being developed. This will consider any impacts specifically as a result of actions taken during the pandemic,                                                                                                                                                             | YELLOW |

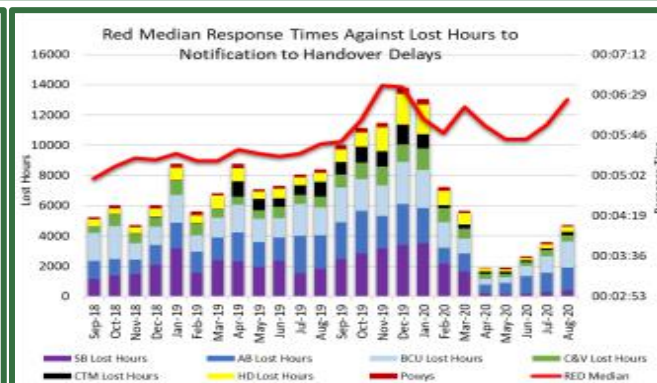
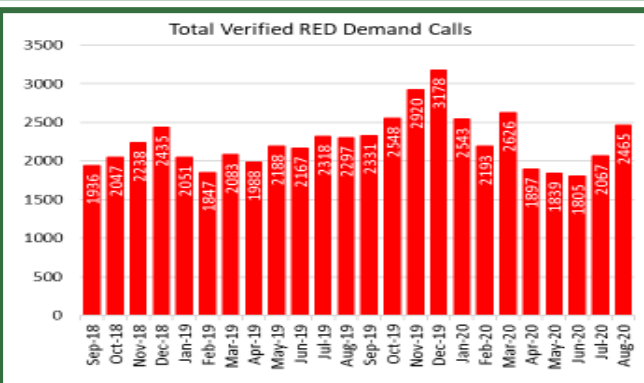
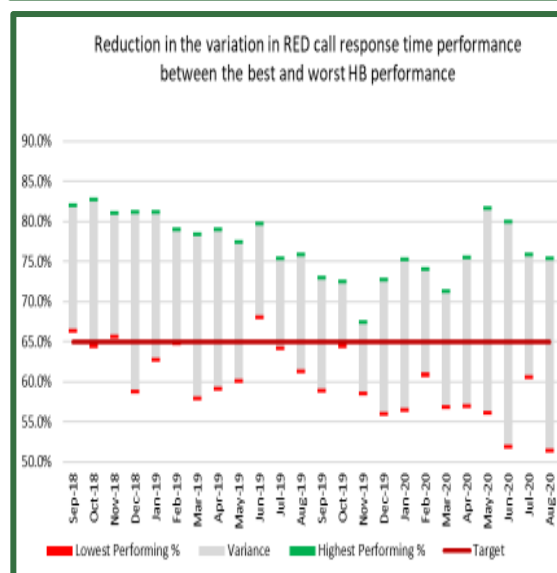
### Analysis

Red performance declined further in August 2020 and did not achieve the 65% target at an all Wales. In August 2020 63.9% of Red calls arrived within 8 minutes. However the total number of calls responded to within 8 minutes was in fact higher than in August 2019.

The three main determinants of Red performance are Red demand, unit hours produced and handover lost hours; however, during this unprecedented time of the COVID-19 pandemic there have been other factors that have also affected Red performance. The focus on resourcing has been on EA production over RRV production, resulting in lower levels of RRV resources that would normally be the resource available to quickly respond to Red calls. This along with no contribution from CFR and UFR's has affected the ability to respond to Red calls, this is particularly an issue for the more rural areas, in particular Powys and Hywel Dda which have both seen poor Red performance again in August 2020.

Red demand has increased by 11.01% overall year on year, over the 12 month period (18-19 and 19-20). The total normal demand decreased since the start of the pandemic period in March 2020, however in July and August red demand levels are returning to levels comparable with 2019.

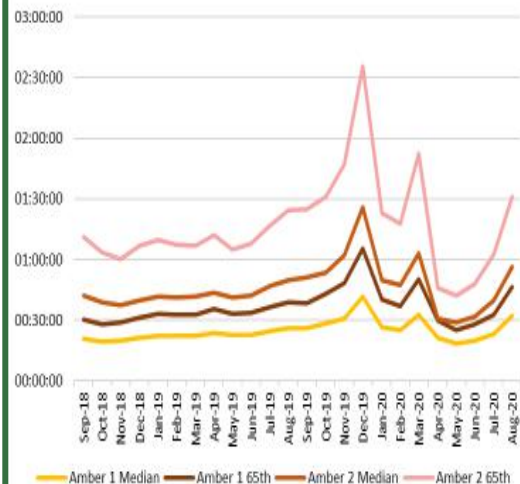
The 65% target was not achieved by 5 Health Boards in August 2020, Aneurin Bevan Achieved 60.7%, Betsi Cadwaladr achieved 60.9%, Cwm Taf Morgannwg achieved 61.8%, Hywel Dda achieved 54.5% and Powys achieved 51.1%. The variation between best and worst performing health boards increased in August 2020 as performance Pan-Wales continues to deteriorate. Red 95th percentile has been on a gradual worsening trend over the two years displayed, however there have been improvements in recent months in line with the 65% 8 minute performance.



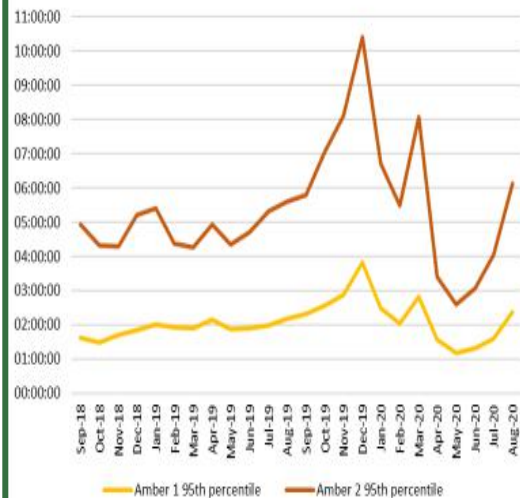
## INDICATOR 6 – Amber MEDIAN, 65<sup>th</sup> Percentile and 95<sup>th</sup> Percentile to Reduce across all Health Board Areas 2020/21 Target – Reduction Trend

A

Amber 1 & 2 - Median and 65th Percentile



Amber 1 & 2 - 95th Percentile



### Analysis

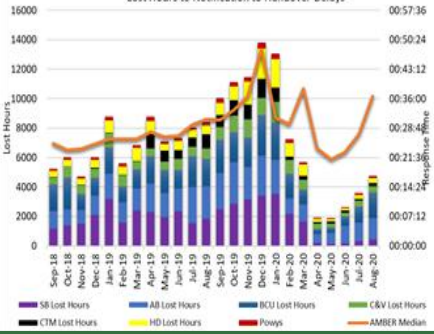
Amber performance declined further in August 2020 as demand continues to increase, throughout April and May significant improvements were seen and Amber 65<sup>th</sup> and 95<sup>th</sup> percentile response times saw the best performance in May 2020 we have seen for over two years, with Amber Median also at similar levels. The target is a reduction trend. Verified Amber demand increased to 28,400 in August following a significant decrease during the unprecedented pandemic period. 85% of COVID-19 incidents being categorised as Amber.

In August, Amber median saw performance times of 36 minutes 37 seconds; Amber 65<sup>th</sup> performance recorded response times of 55 minutes and 01 seconds and Amber 95<sup>th</sup> performance declined to 3 hours, 30 minutes and 44 seconds.

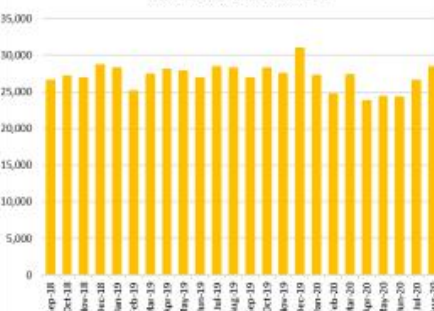
In August 2020, there were 148 patients waiting over 12 hours, a significant increase when compared to 23 in July a key indicator that demand on the service is continuing to increase.

There is significant correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the middle graph on this page. The number of hours lost to notification to handover delays in August 2020 increased to 4,742 as demand for A&E during the pandemic has also significantly decreased. This compares to 8,408 hours in the same period last year. Further information on handover delays can be found on slide 10.

Amber Median Response Times against  
Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



### Improvement Actions

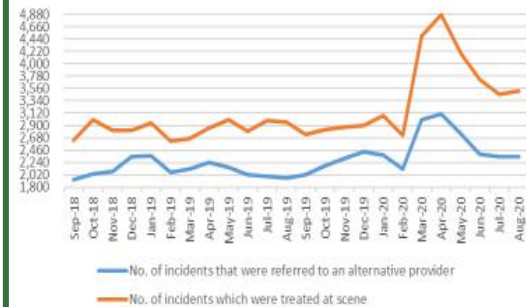
| Other Key Improvement Actions | Completion Date | Progress Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | RAG   |
|-------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Demand and Capacity Review    | Nov-19          | An internal programme board has been established, which meets every three weeks and delivery is tracked externally by the Emergency Ambulance Services Committee (EASC). 85% of the recruitment and training plan has been recruited/in-training/delivered and 88% of the "additionality" i.e. of the 136 FTEs additional FTEs funded by EASC for 20/21 has been recruited/training/delivered (these figures do not include the impact of the opening of the Grange University Hospital or any other major service changes). The funding for "additionality" has been confirmed by EASC. Whilst excellent progress has been made on the recruitment elements, other workstreams were paused due to CoVID-19, but are now restarting. A revised critical path has been submitted to NCCU. EMT has agreed to re-roster Pan-Wales in 2020/21, a key efficiency in the programme. STB has agreed to make progress with the CCC Clinical Review (Aligned to Hear and Treat rates – Key Efficiency in the programme). The Q2 CoVID-19 Operational Plan highlighted the importance of continuing the EMS D&C Programme with focus on recruitment and plans to re-start other work streams. Estate Capacity to accommodate all the additional staff is a risk. | GREEN |
| Tactical Seasonal Planning    | Ongoing         | Whilst there is no formal WG requirement to produce a winter plan for 2020/21, WAST has decided to produce a tactical seasonal plan based around 6 USC goals which will be a key part of the Q3 and Q4 organisational plans and contribute to the national Winter Protection Plan. A range of winter initiatives have been identified and reported to EMT. A report on winter planning will come to 01 Oct-20 Board.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GREEN |



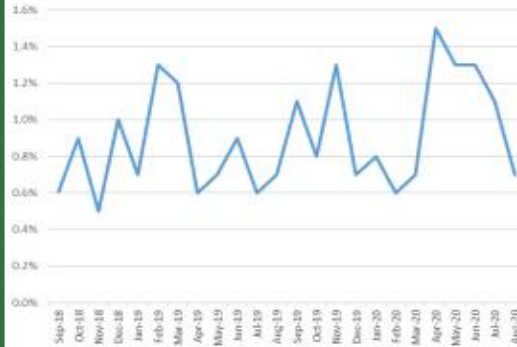
## INDICATOR 7 – Number of Incidents Referred to Alternative Providers 2020/21 Target – Improvement Trend

A

Incidents Treated at Scene and Incidents Referred to Alternative Providers



Recontact % within 24 hours of See & Treat



### Analysis

The number of incidents treated at scene and referred to alternate providers declined again in August 2020 when compared to the period March-May 2020. The number of patients that were not conveyed to ED's and were referred to alternative providers peaked during the pandemic as robust clinical arrangements were stepped up to support whilst the Incident Coordination Centre (ICC) was in operation, in addition there were a number of additional pathways put in place during the pandemic, however now that these measures have ceased we are now seeing levels return to those seen before the current CoVID-19 pandemic.

2,340 incidents were referred to alternative providers in August 2020 compared to 1,961 in August 2019 and 1,894 in August 2018.

3,516 incidents were treated at scene in August 2020 compared to 2,958 in August 2019 and 2,902 in August 2018.

The percentage of See & Treat incidents that re-contact the service within 24 hours remains low; decreasing in August 2020 to 0.7% compared to 1.1% in July. In August 2019 re-contact rates were the same at 0.7%.

### Improvement Actions

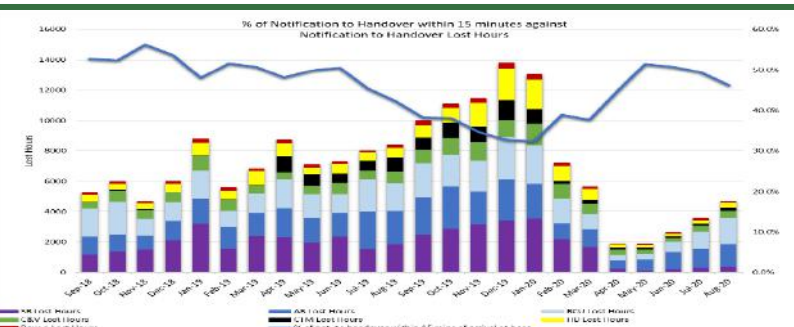
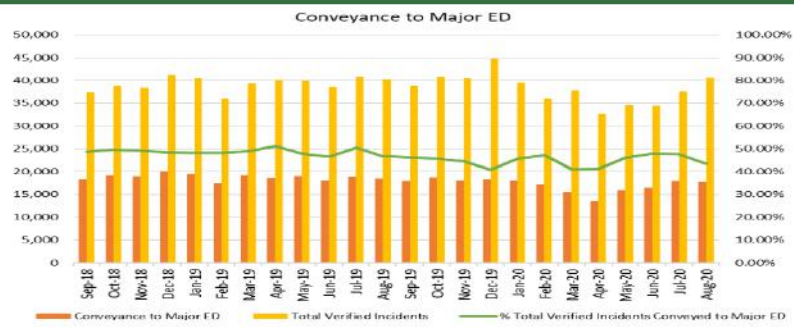
| Other Key Improvement Actions                                     | Completion Date | Progress Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RAG   |
|-------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Develop new pathways with Health Boards                           | 2020/21         | A clinical pathway development workshop with Health Board stakeholders held in December 2019, initially identified and prioritised three pathways. A COPD pathway trialled for 6 weeks (Jan-Mar-20) in Aneurin Bevan until it was cut short due to the CoVID-19 Pandemic. A high level evaluation completed identified initial positive outcomes for patients and future opportunities to increase numbers of patients accessing the pathway for future development. It has been agreed that the Pathways Development Group will be re-established following it being closed down due to the CoVID-19 Pandemic. The scope of the group is to be reviewed to focus more broadly across the 'out of hospital care' setting. The initial priority of the group is to lead the 'National Respiratory Pathway' workstream (noted below) with the medium term aspiration to also oversee wider associated projects including APP development and Non-Medical Prescribing. In parallel to this work, the Trust has rolled Consultant Connect application which is an enabling tool for frontline clinicians to 'access' available alternative care pathways. This is reliant on pathways being available and also a long term funding commitment.                         | GREEN |
| WAST to lead national Respiratory Pathways work                   |                 | As part of the actions being led by the National Programme for Unscheduled Care (NPUC), WAST have been asked to lead on the development of a National Respiratory workstream. This workstream is being led by the revised 'Pathways Development Group'. The first meeting of this group took place on 16 <sup>th</sup> Sept-20 to work through the approach, project plan, resource requirements and reporting arrangements. This workstream is based on the following four phased approach and a detailed proposal has been developed and is being considered by the CASC in discussion with the national respiratory lead and NPUC programme leads.<br>Phase 1 – Undertake a health board readiness assessment to roll out the COPD pathway piloted in AB across Wales and proceed with implementation (Winter 2020).<br>Phase 2 – Deploy an additional 20 APPs (subject to funding & recruitment) to support and work with community based respiratory teams across all Health Boards to manage more respiratory patients in the community (Year 1)<br>Phase 3 – Increase the number of Non-Medical prescribers (1-2 years)<br>Phase 4 – Explore digital innovation solution (wearable technology/remote monitoring) (2-3 years)                                | GREEN |
| Complete testing and national roll out of Consultant Connect (CC) | March 2021      | Phase 1: Complete<br>Phase 2: In progress: Photo feature facility continues via email with IG Guidance, work is ongoing to scope UHW as the first ED to receive clinical photos - work is in progress to finalise a data sharing agreement.<br>Phase 3: In progress, safeguarding lines have been set up on CC, data agreement in progress for sensitive information sharing via CC. New Palliative Care numbers are undergoing a quality review prior to loading on to CC and exploration of a 'wish list' including respiratory referral solutions are being explored.<br>IT solution of SMART phones (CC cannot be used on WAST iPad) is underway and the tender process is now complete with a preferred provider having been identified. A business case and finance options for next steps is being drawn up for consideration of data enabled devices.<br>An interim evaluation of the Consultant Connect App is currently underway and an ongoing data enquiry of WAST referral pathway numbers pre CC is being carried out to identify the impact of the introduction of CC.<br>At the end of August 2020 69% of EMS staff have downloaded the app and 28% of staff have used it, furthermore, 2,611 CC calls have been made with an 87% connection rate. | GREEN |



**INDICATOR 8 – % of verified incidents that were conveyed to Major ED 2020/21 Target – Reduction Trend**  
**INDICATOR 9 – Number of Lost Hours following Notification to Handover within 15 Minutes 2020/21 Target – Improvement Trend**

Verified Inc. Not. To Hand

A A



## Analysis

The Trust conveyed 19,191 patients to hospital in August 2020, of these 17,687 were to major emergency department (EDs) in August 2020, compared to 18,447 in the same period last year. The graph above demonstrates that numbers and proportions conveyed reduced significantly in February through to May 2020 as conveyance to hospital reduced during the current COVID-19 pandemic before beginning to increase again from June onwards, conveyance numbers in August 2020 was lower than August 2018 and 2019.

Overall the average rate year on year has improved for the last 12 months, Sept-19 to Aug-20 the average rate is 44.74%, compared to the same period the previous year which had a rate of 47.84%.

**Handover to clear delays were unchanged in August 2020.** In the last 12 months, period Sept-19 to Aug-20 **4,271 hours were lost**, compared to 10,116 hours in the same period last year. In August, a total of 380 hours were lost to handover to clear delays. An increase when compared to the previous year where there were 283 lost hours in August 2019.

The **percentage of handover to clear within 15 minutes** of transfer of patients to hospital staff was 84.7% in August 2020, compared to 88.8% in August 2019. The target is a reduction trend.

**87,215 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 82,890 in same period two years ago (Sept-18 to Aug-19).** 4,733 hours were lost in August 2020, a 61.05% decrease compared to 8,408 in August 2019. The worst hospitals during August 2020 were the Royal Gwent Hospital Newport (AB) with 1,303 lost hours and Glan Clwyd Hospital Bodelwyddan (BCU) at 1,255 lost hours.

## Improvement Actions

| IMTP Deliverable                                                                              | Completion Date | Performance Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | IMTP  |
|-----------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Continue expansion of APP role (If funded and agreed with Commissioner)                       | Dec-24          | The EMS Demand & Capacity Review identified an expansion of APPs through to Dec-24. Currently more specific modelling is being done, in particular, the level of APP hours (and their impact) that could be produced in winter 2020/21. 23 APP's have completed their fulltime training and are now working operationally supporting frontline.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GREEN |
| Hospital Handover Delays                                                                      | Ongoing         | Whilst delays have significantly improved, there remains a concern that these may rise again and this will therefore remain a priority. Long delays continue to be escalated to health boards through the ODU, up to CEOs if required. Representations continue across the system and with commissioners to highlight that long delays are unacceptable and flow and capacity needs to be sufficient to handle arrivals by both ambulances and walk ins. The effect on patient safety and outcomes has been presented to a meeting of all CEOs in Wales and will be taken to MDs, COOs and DONs. The Trust is in the process of presenting an approach to more joined up and harder public message through a sustained campaign to government about the appropriate use of ED, ambulance and unscheduled care. Some system re-design is being proposed post CoVID that will allow for a much greater emphasis on utilising online and telephone access to care perhaps leading to ED appointments for non life threatening cases (not ambulance arrivals), linked to Phone First action below. This would be a significant additional work programme for the Trust and for the wider unscheduled care system.                                                                                                                                                                     | GREEN |
| Operational Delivery Unit (ODU)                                                               |                 | The ODU has been in place since Q1 to provide senior leadership and proactive management support to mitigate issues across the Unscheduled Care (USC) pathway in Wales.<br>The ODU offers significant system wide benefits across a regional and national footprint, supporting escalation across the country from its national viewpoint to equalise significant risk and ensure patients receive timely access to 999 and secondary care services in Wales.<br>A detailed business case has been finalised and the CASC has agreed to non recurrent funding. However, without permanent funding, the service cannot continue and will close on the 5 <sup>th</sup> October 2020.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | GREEN |
| Develop an offer to lead the work on Phone First across Wales and develop a programme of work | End of Q2       | As part of the National Programme of Unscheduled Care plans to provide resilience ahead of winter, WAST has been asked to work closely with WG / 111 programme team to lead work on how the 111 service could support a national "phone first" concept, to manage unscheduled care demand by arranging appointments for urgent and emergency care.<br>A proposal is being developed in collaboration with key partners in 111 and linked to the National Phone First Model with respect of the front-end model via 111. Activity and capacity analysis is underway to identify the workforce solution and wider estate implications to support the expansion of the service.<br>Health Board level preparatory work has commenced with ABUHB & CTMUHB initially. Wider discussions are beginning with SBUHB and other Health Boards as their plans begin to emerge. The service is live in C&V.<br>The aspiration is to enable roll out during winter 2020. The scale and feasibility of Pan-Wales roll out within the anticipated timescales will be subject to the application of a detailed hone First Maturity Matrix and readiness Assessment which covers WAST/111 & Health Board readiness to safely and successfully implement the service.<br>An internal WAST/111 Phone First Programme Board is being established with the first meeting to commence in Mid-September. | GREEN |



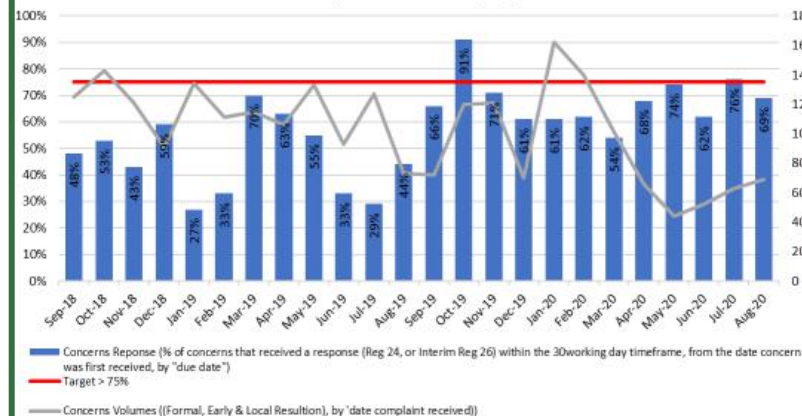




## INDICATOR 10 & 11 – % of concerns that received a final response under regulation 24 within 30 days; and % of serious incidents assured within agreed timescales

R

% of concerns with a response within 30 days against concerns volumes



### Analysis

The **percentage of responses to concerns** decreased in August 2020 to 69% compared to 76% in July; however this is an increase when compared to 62% in June. Performance in August has not achieved the 75% target, despite improvements being put in place to increase in compliance and staff returning from redeployment. The number of total concerns has increased in August (69) when compared to July (63) and June (52).

There were 4 SCIF forums held in August 2020, during which 27 cases were discussed, 6 of these cases were reported to WG and 4 were passed to Health Boards as Serious Incident Framework 'Appendix B' incident referrals.

There were 6 SAI's reported to WG within this reporting period, this is an increase in the number reported in the previous month (Jul-20) and is also an increase when compared to the same reporting period of the previous year (Aug-19).

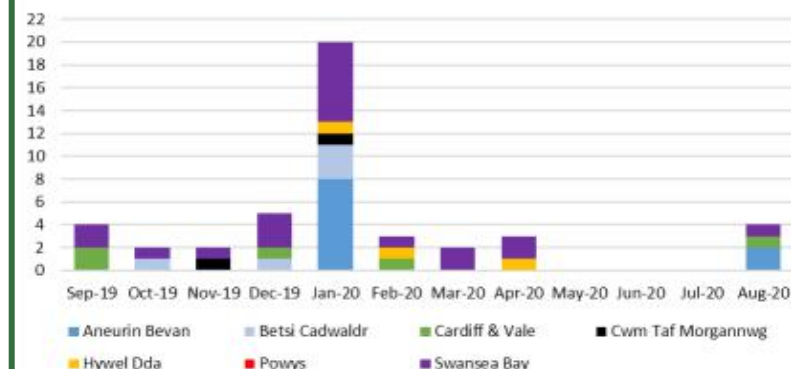
Year on year the overall volumes of SAI's are on an increasing trend. The sharp increase in December 2019/January 2020 and again in August is concerning and has been linked to the significant delays across the system, the decrease in February supports this as handover delays came down and response times begin to improve. However, as handover delays begin to increase again so are the number of serious incidents.

A theme and trend in relation to our concerns and SAI portfolio is the application of the ineffective breathing and agonal breathing tool in the telephony environment. Its application is not only a WAST issue, but also stretches across the United Kingdom as a contributor to human errors in its application.

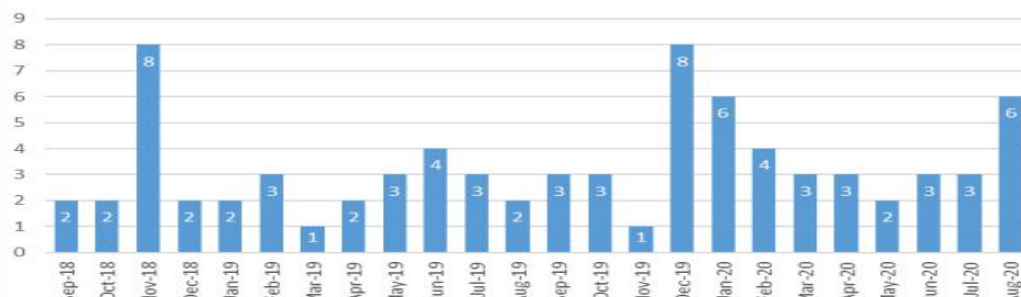
Internally, a training package has been developed for our Emergency Medical Dispatchers (EMDs), where these staff will view a presentation, which is coupled with links to videos which assists them in the recognition of ineffective and agonal breathing.

In addition, the EMDs will undertake a test, in which the results can be viewed by the individual and the training team live. Lastly, the staff will be asked to electronically sign a competency sheet which will be entered onto ESR as a record of completion.

Number of Serious Incident cases agreed to refer to Health Board reported as Serious Incident Framework 'Appendix B' HB referrals



Number of SCIF cases reported as Serious Adverse Incidents (SAI) By Date Reported to WG by WAST



### Improvement Actions

| Key Improvement Actions | Completion Date | Progress Update                                                                                                                                                                                                                   | RAG |
|-------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Winter Planning 2019/20 | Sep-19          | Due to CoVID-19 there has been no formal evaluation of winter 19/20. However a workshop held in July 20 reviewed the quality and performance and agreed to undertake a 'quick and dirty' evaluation of various 19/20 initiatives. | C.  |

## INDICATOR 12 – % Sickness Absence for All Staff 2020/21 Target – 6.3%

WAST Sickness Absence September 2018 - August 2020



### Analysis

The rolling 12-month figure decreased by 0.15% from July and is a decrease of 0.29% compared to August 2019. The in-month figure for August 2020 was 5.87%, an increase of 0.31% from last month and a decrease of 1.83% compared to August 2019. In-month Long-term sickness decreased by 0.03% compared to June, a reduction of 1.93% compared to the same time last year. The average length of all cases closed in August was 83.69 days, a decrease of 3.6 days compared to the refreshed July figure and 18.52 days higher than the August 2019 average.

*N.B. the Monthly LTS (long term and short term) Cases Opening/Closing graph is reported one month behind.*

Average working days lost per FTE

15.57 days

Rolling 12 month Absence %

6.83%

Long Term

4.85%

Mental Health  
(S10 Stress/Anxiety)

2.00%

Short Term

1.98%

Other MSK  
(excluding Back)

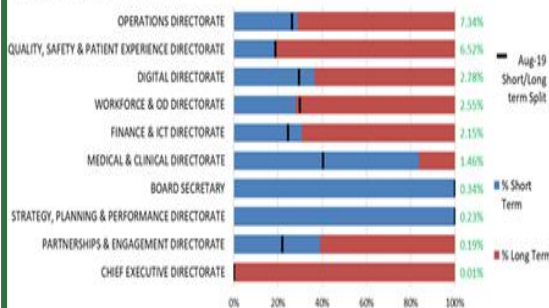
0.82%

Monthly LTS Cases Opening/Closing



12 months Sickness Absence - Short / Long Term by Directorate

(August 19 - August 20 Comparison)



### Improvement Actions

| Key Improvement Actions                                                                                              | Completion Date                | Performance Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RAG   |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Development of Health and Wellbeing strategy                                                                         | 2020/21                        | Covid19 Colleague Health and Wellbeing Strategy first draft released in April 2020 and regularly reviewed. Development of a wellbeing strategy will be completed during Quarter 2 as outlined in the Trusts CoVID-19 Operational Plan.                                                                                                                                                                                                                                                                                                | GREEN |
| Occupational Health and Employee Wellbeing Services                                                                  | Continuous – Business as Usual | Regular reminders of how to contact wellbeing services & provision. Reminders of free aps & helplines. All Workforce and OD are aware of support available with regular meetings with WOD and OH and Wellbeing taking place with Siren and Facebook being utilised.                                                                                                                                                                                                                                                                   | GREEN |
| Additional therapy support                                                                                           | Sept 2020                      | Begin to mobilise additional therapy support ready for the recovery phase. Recruitment of additional psychology input and a Trainee Clinical Psychologist in the final year of their Doctorate is due to commence a year long placement in October 2020.                                                                                                                                                                                                                                                                              | GREEN |
| Wellbeing Workshops                                                                                                  | Continuous – Business as Usual | Wellbeing team are running three drop in sessions each week. One workshop each week. Post CoVID specific workshops including return to work and shielding.                                                                                                                                                                                                                                                                                                                                                                            | GREEN |
| Analyse staff survey to inform recovery planning, and agree plan to address areas of concern                         | Sept 2020                      | Survey analysis is complete and fed back to staff via CEO live zoom session on 8th July 2020. Follow up virtual workshops were also completed in August 2020 with staff from across the Trust and the action plan is due for publication by the end of September 2020 in response to feedback received.                                                                                                                                                                                                                               | GREEN |
| Complete risk assessments at each site and take any action necessary to ensure they are COVID secure, where possible | 2020                           | Risk Assessments have been completed but as a dynamic process there are outstanding queries to be addressed for individual premises. A booking system to allow Occupational Health & Wellbeing staff to work at office bases on an adhoc basis has now launched and is available via Teams for all staff to utilise. This will be further supported by a Trust wide system available for all staff, however this is currently being refined. In addition appropriate PPE has been made available for staff to use whilst on premises. | GREEN |

## INDICATOR 13 – Emergency Ambulance Unit Hours Production 2020/21 Target – 95%

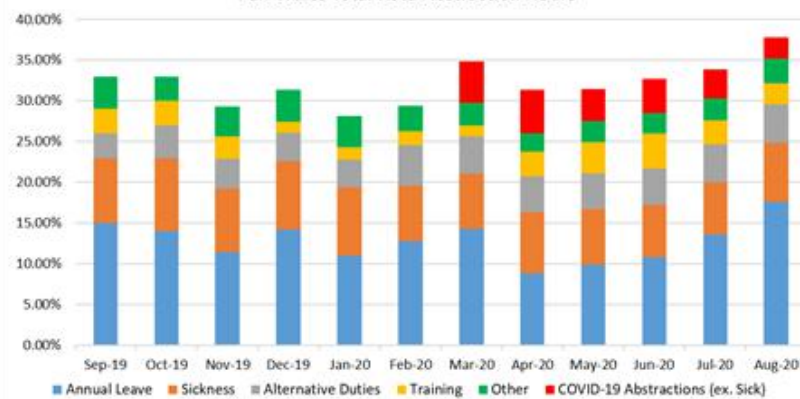
### Analysis

Emergency Ambulance Unit Hours Production (UHP) decreased further in August 2020 to 89% from 95% in July 2020, largely attributed to an increase in abstractions due to Annual leave and sickness. Overtime hours also increased in August 2020 to 25,396 from 25,035 in July 2020. However, this is an improved position compared to the same period last year at 86% UHP and is a result of prioritisation of EA production over RRV production in response to the current COVID-19 pandemic. However the result is again a significant decrease in RRV production in July. The actual emergency ambulance hours available over the last two years is at a stable level overall despite in month fluctuations. Linked to this are the actual hours available of UCS and RRV crews.

It has been agreed with the NCCU that a 95% target for RRV and EA UHP would be acceptable as an interim measure; however, this was identified as a stretching target by the Demand & Capacity Review without the relief gap closed.

Monthly abstractions from the rosters have a big impact on UHP. These are included in the graph at the top right. In August, total abstractions increased to 37.81% compared to 33.85% in July and 32.70% in June 2020. The highest proportion was annual leave at 17.60%, which is comparable to the same time last year (18.00%). A slight decrease was seen to abstractions for training (2.53%). COVID-19 abstraction (ex. Sickness) also decreased to its lowest level since March, accounting for 2.59% of abstractions in August, however this is expected to rise as the R rate has now increased above 1 and increasing numbers of staff become symptomatic. The abstractions and vacancies were covered by a mix of relief (18.18%) and overtime (9.56%). The remaining gap explains the shortfall in UHP across all vehicles. In addition, 3,027 hours were provided by the Fire Service and Students. As we move into September 2020 and through Quarter 2 of the Trust's Pandemic Plan and potentially move from the Monitoring phase to a Response phase these numbers may increase if the 3 Military Aid to the Civil Authority support plans are again stepped up. A WG traffic light system for redeployment has been drafted and a provisional approach to monitoring 'colours' has been proposed as a weekly view of the operational and national demand triggers. Further work is required to develop flexible workforce guidance in support of this system to ensure staff are fully informed and supportive of further surge requirements.

### Pan Wales Total Rota Abstraction Hours



### Improvement Actions

| Other key Improvement Actions                                                                                                                               | Completion Date | Progress Update                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | RAG   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Review recruitment and training approach and processes to amplify the advantages of 'big bang virtual recruitment' including online interviews and training | Annually        | <p>The design of the Recruitment &amp; Training Approach will be heavily influenced by an integrated Workforce Plan which will identify the need for any immediate vacancies, future vacancies and to analyse data to understand what skills are needed as part of the Trusts Long Term Strategies. Following the success of recent virtual recruitment (NQPs, EMTs, UCAs), it has been agreed that online interviews would continue, with next steps introducing and further developing appropriate assessments as part of the selection process: Clinical Assessments, Fitness Testing and Driving Assessments.</p> <p>As a result of positive feedback received following the delivery of the EMT Courses online, the Education &amp; Training Team will continue to develop the delivery of "Hybrid" training courses (theory delivered online and the practical element on WAST premises) as well as developing Subject Matter Experts for all training courses.</p> <p>In addition, we are looking to develop relationships with external partners including Military, Careers Wales, DWP to support recruitment from a wider pool.</p> | GREEN |





## SECTION 2 - ACTIVITY DASHBOARD

### SECTION 4: WAST Activity Dashboard

| Description                                                                                               | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20  | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | 2 Year Trend |
|-----------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|--------------|
| NHSDW Total Call Volumes                                                                                  | 14,586 | 14,983 | 14,908 | 19,067 | 14,500 | 20,883 | 60,444  | 29,229 | 17,447 | 10,062 | 10,740 | 13,410 |              |
| 111 Total Call Volumes                                                                                    | 36,089 | 36,439 | 40,009 | 54,245 | 38,903 | 40,079 | 101,252 | 46,770 | 45,450 | 35,282 | 36,196 | 45,855 |              |
| Frequent Caller Call Volumes                                                                              | 2,712  | 2,707  | 2,481  | 2,828  | 2,605  | 2,390  | 2,357   | 2,477  | 2,536  | 2,249  | 2,403  | 2,369  |              |
| 999 Call Volumes (From 1st Apr 0845 numbers removed)                                                      | 41,839 | 44,678 | 44,846 | 51,816 | 42,104 | 38,049 | 43,474  | 33,145 | 33,365 | 33,898 | 37,961 | 44,698 |              |
| HCP Call Volumes                                                                                          | 6,573  | 6,902  | 6,809  | 7,398  | 6,711  | 6,025  | 5,247   | 4,351  | 5,196  | 5,433  | 5,980  | 6,389  |              |
| Hear & Treat Volumes (calls assessed and closed by the clinical desk)                                     | 3,295  | 3,438  | 3,630  | 4,645  | 3,656  | 2,936  | 2,447   | 2,766  | 3,068  | 3,154  | 3,478  | 4,004  |              |
| Total Verified Incidents                                                                                  | 38,776 | 40,786 | 40,481 | 44,812 | 39,543 | 36,115 | 37,726  | 32,655 | 34,570 | 34,452 | 37,542 | 40,624 |              |
| Total Verified Incidents: RED                                                                             | 2,325  | 2,532  | 2,892  | 3,140  | 2,517  | 2,191  | 2,626   | 1,897  | 1,824  | 1,805  | 2,038  | 2,572  |              |
| Total Verified Incidents: AMBER                                                                           | 26,814 | 28,265 | 27,319 | 30,814 | 27,149 | 24,612 | 27,192  | 23,753 | 24,207 | 24,290 | 26,498 | 28,506 |              |
| Total Verified Incidents: GREEN                                                                           | 9,502  | 9,973  | 10,081 | 10,660 | 9,724  | 9,184  | 7,756   | 7,005  | 8,356  | 8,357  | 8,864  | 9,546  |              |
| Number of incidents which were treated at scene                                                           | 2,740  | 2,822  | 2,871  | 2,907  | 3,072  | 2,729  | 4,500   | 4,867  | 4,188  | 3,715  | 3,456  | 3,516  |              |
| Conveyance Volumes                                                                                        | 14,831 | 15,718 | 15,202 | 15,717 | 16,851 | 15,935 | 15,008  | 12,839 | 14,929 | 15,381 | 16,827 | 16,726 |              |
| Conveyance to Major ED                                                                                    | 17,934 | 18,661 | 18,018 | 18,318 | 18,053 | 17,023 | 13,444  | 13,444 | 15,905 | 16,474 | 19,405 | 19,191 |              |
| NEPTS Patient Journeys                                                                                    | 55,382 | 60,743 | 56,470 | 51,977 | 59,203 | 54,741 | 45,164  | 25,552 | 27,037 | 32,078 | 37,283 | 35,957 |              |
| Number of Core Patient Journeys - Discharge & Transfer (NEPTS)                                            | 4,149  | 4,587  | 4,609  | 4,707  | -      | -      | -       | -      | -      | -      | -      | -      |              |
| Number of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)                             | 30,471 | 34,108 | 30,781 | 25,406 | -      | -      | -       | -      | -      | -      | -      | -      |              |
| Number of Enhanced Patient Journeys - Enhanced Renal Journeys (NEPTS)                                     | 16,670 | 17,753 | 17,119 | 17,699 | 17,637 | 16,793 | 16,217  | 12,742 | 13,343 | 14,688 | 17,117 | 16,715 |              |
| Number of Enhanced Patient Journeys - Enhanced Oncology Journeys (NEPTS)                                  | 4,051  | 4,249  | 3,912  | 4,102  | 4,501  | 4,079  | 3,933   | 2,517  | 2,115  | 2,597  | 2,789  | 3,018  |              |
| Concerns Volumes (Formal, Early & Local Resolution - By date Complaint Received)                          | 72     | 120    | 121    | 70     | 162    | 140    | 101     | 66     | 44     | 52     | 63     | 69     |              |
| Patient Safety Incidents, Near Misses and Hazards closed on Datix within Reporting Month - No Harm/Hazard | 104    | 135    | 158    | 189    | 163    | 122    | 101     | 99     | 134    | 139    | 136    | 174    |              |

\*\*NB Change to NEPTS Patient Journeys; QlikSense dashboard being used rather than Report Manager, historical data amended for consistency and accuracy



# Acronyms Glossary

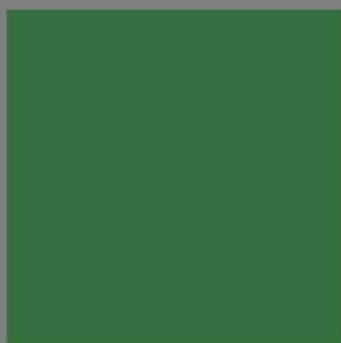
| Term        | Definition                                                | Term      | Definition                                  |
|-------------|-----------------------------------------------------------|-----------|---------------------------------------------|
| AB / ABHB   | Aneurin Bevan / Aneurin Bevan Health Board                | KPI       | Key Performance Indicator                   |
| AOM         | Area Operations Manager                                   | LTS       | Long Term Strategy                          |
| APP         | Advanced Paramedic Practitioner                           | MACA      | Military Aid to the Civil Authority         |
| BCU / BCUHB | Betsi Cadwaladr / Betsi Cadwaladr university Health Board | MPDS      | Medical Priority Dispatch System            |
| CASC        | Chief Ambulance Services Commissioner                     | NCCU      | National Collaborative Commissioning Unit   |
| CC          | Consultant Connect                                        | NEPTS     | Non-Emergency Patient Transport Services    |
| CCC         | Clinical Contact Centre                                   | NHS       | National Health Service                     |
| CEO         | Chief Executive Officer                                   | NHSDW     | National Health Service Direct Wales        |
| CFR         | Community First Responder                                 | NPUC      | National Programme for Unscheduled Care     |
| COOs        | Chief Operating Officers                                  | NQPs      | Newly Qualified Paramedic                   |
| COPD        | Chronic Obstructive Pulmonary Disease                     | OD        | Organisational Development                  |
| CSD         | Clinical Service Desk                                     | ODU       | Operational Delivery Unit                   |
| CTM / CTMHB | Cwm Taf Morgannwg Health Board                            | OH        | Powys / Powys Health Board                  |
| C&V / C&VHB | Cardiff & Vale / Cardiff & Vale Health Board              | P / PHB   | Powys / Powys Health Board                  |
| DWP         | Department of Work and Pensions                           | PECI      | Patient Engagement & community Involvement  |
| EA          | Emergency Ambulance                                       | POD       | Patient Offload department                  |
| EASC        | Emergency Ambulance Service Committee                     | QPSE      | Quality, Patient Safety & Experience        |
| ED          | Emergency Department                                      | ROSC      | Return Of Spontaneous Circulation           |
| EMS         | Emergency Medical services                                | RRV       | Rapid Response Vehicle                      |
| EMT         | Executive Management Team                                 | SAI       | Serious Adverse Incident                    |
| EPT         | Executive Pandemic Team                                   | SB / SBHB | Swansea Bay / Swansea Bay Health Board      |
| FTE         | Full Time Equivalent                                      | SCIF      | Serious Concerns Incident Forum             |
| GPOOH       | General Practitioner Out of Hours                         | STEMI     | ST segment Evaluation Myocardial Infarction |
| HB          | Health Board                                              | TPT       | Tactical Pandemic Team                      |
| HCP         | Health Care Professional                                  | UCA       | Unscheduled Care Assistant                  |
| HD / HDHB   | Hywel Dda / Hywel Dda Health Board                        | UCS       | Unscheduled Care System                     |
| HI          | Health Informatics                                        | UFH       | Uniformed First Responder                   |
| H&W         | Health & Wellbeing                                        | UHP       | Unit Hours Production                       |
| IG          | Information Governance                                    | WAST      | Welsh Ambulance Services NHS Trust          |
| IMTP        | Integrated Medium Term Plan                               | WG        | Welsh Government                            |
| IPR         | Integrated Performance Report                             | WIIN      | WAST Improvement & Innovation Network       |



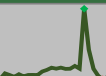
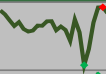
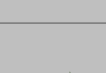
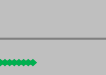
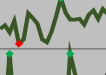
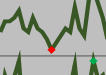


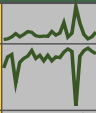
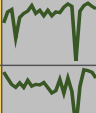
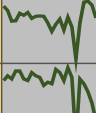
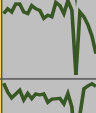
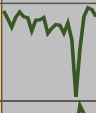
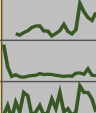
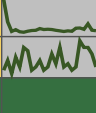
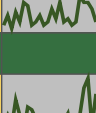
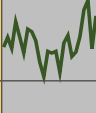
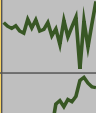
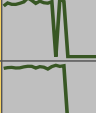
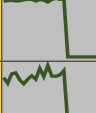
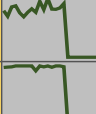
GIG  
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Ymddiriedolaeth GIG  
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Welsh Ambulance Services  
NHS Trust



Welsh Ambulance Services NHS Trust  
Integrated Performance Report  
2020/21

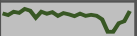
| Top Monthly Indicators                                                                                                 |                                                                                                  | Lead Director | Reporting Frequency | Target 2020/21    | Baseline Position (2019/20) | Sep-19  | Oct-19  | Nov-19  | Dec-19   | Jan-20  | Feb-20  | Mar-20    | Apr-20  | May-20  | Jun-20  | Jul-20  | Aug-20  | 2 Year Trend                                                                          | RAG | IMTP Theme 2020/21                                                                                            |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------|---------------------|-------------------|-----------------------------|---------|---------|---------|----------|---------|---------|-----------|---------|---------|---------|---------|---------|---------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------|
| EMS Step 1 - Help me to Choose                                                                                         |                                                                                                  |               |                     |                   |                             |         |         |         |          |         |         |           |         |         |         |         |         |                                                                                       |     |                                                                                                               |
| 1                                                                                                                      | Number of hits to the NHSDW website                                                              | DQSPE         | Monthly             | Improvement trend | 502,092                     | 421,774 | 442,937 | 417,566 | 420,251  | 476,887 | 422,566 | 1,630,239 | 805,402 | 419,866 | 279,347 | 207,597 | 255,646 |    | R   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
| EMS Step 2 - Answer My Call                                                                                            |                                                                                                  |               |                     |                   |                             |         |         |         |          |         |         |           |         |         |         |         |         |                                                                                       |     |                                                                                                               |
| 2                                                                                                                      | % of NHSDW calls answered within 90 seconds of the welcome message                               | DoO           | Monthly             | Improvement Trend | 60.3%                       | 61.0%   | 66.1%   | 61.4%   | 46.6%    | 75.6%   | 58.2%   | 13.5%     | 35.4%   | 71.6%   | 92.1%   | 92.4%   | 84.4%   |    | G   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
|                                                                                                                        | % 111 calls answered within 60 seconds of the end of the message                                 | DoO           | Monthly             | Improvement Trend | 49.8%                       | 47.8%   | 53.9%   | 46.3%   | 29.7%    | 67.0%   | 51.2%   | 9.9%      | 42.6%   | 56.5%   | 83.0%   | 78.4%   | 60.9%   |    | G   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
| 3                                                                                                                      | Median 999 Call answer times                                                                     | DoO           | Monthly             | Improvement Trend | 0:02                        | 0:02    | 0:02    | 0:02    | 0:02     | 0:02    | 0:02    | 0:02      | 0:02    | 0:02    | 0:02    | 0:02    | 0:02    |    | G   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
|                                                                                                                        | 65th Percentile 999 Call answer times                                                            | DoO           | Monthly             | Improvement Trend | 0:02                        | 0:03    | 0:03    | 0:03    | 0:03     | 0:02    | 0:02    | 0:02      | 0:02    | 0:02    | 0:02    | 0:02    | 0:02    |    | G   |                                                                                                               |
|                                                                                                                        | 95th Percentile 999 Call answer times                                                            | DoO           | Monthly             | Improvement Trend | 0:03                        | 1:22    | 1:20    | 1:10    | 0:45     | 0:03    | 0:03    | 0:12      | 0:03    | 0:03    | 0:03    | 0:03    | 0:03    |    | G   |                                                                                                               |
| 4                                                                                                                      | % of calls ended following WAST telephone assessment (hear & treat)                              | DoO           | Monthly             | 10.20%            | 8.6%                        | 8.6%    | 8.8%    | 9.0%    | 10.4%    | 9.3%    | 8.2%    | 6.5%      | 8.5%    | 8.9%    | 9.2%    | 9.3%    | 9.9%    |    | G   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
| EMS Step 3 - Come To See Me                                                                                            |                                                                                                  |               |                     |                   |                             |         |         |         |          |         |         |           |         |         |         |         |         |                                                                                       |     |                                                                                                               |
| 5                                                                                                                      | % of emergency response to red incidents arriving within 8 minutes                               | DoO           | Monthly             | 70%               | 67.3%                       | 68.4%   | 66.3%   | 61.4%   | 62.0%    | 66.0%   | 67.8%   | 64.5%     | 67.7%   | 70.2%   | 71.4%   | 68.5%   | 63.9%   |    | A   |                                                                                                               |
|                                                                                                                        | Number of LHBs not achieving the Red incidents target                                            | DoO           | Monthly             | 0                 | 6 per annum                 | 1       | 3       | 6       | 6        | 3       | 1       | 4         | 2       | 2       | 2       | 2       | 5       |    | R   |                                                                                                               |
|                                                                                                                        | Red 95th percentile                                                                              | DoO           | Monthly             | Reduction Trend   | 0:17:03                     | 0:16:57 | 0:17:17 | 0:18:06 | 0:19:12  | 0:17:39 | 0:15:57 | 0:17:14   | 0:16:42 | 0:15:51 | 0:16:01 | 0:16:25 | 0:19:00 |   | R   |                                                                                                               |
|                                                                                                                        | Red 95th percentile - SB                                                                         | DoO           | Monthly             | Reduction Trend   |                             | 0:16:01 | 0:16:09 | 0:17:23 | 0:18:47  | 0:16:04 | 0:15:33 | 0:14:50   | 0:13:58 | 0:11:59 | 0:13:37 | 0:12:38 | 0:13:37 |  | A   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
| 6                                                                                                                      | Amber 1 Median                                                                                   | DoO           | Monthly             | 18 Minutes        | 0:27:38                     | 0:26:08 | 0:28:20 | 0:31:03 | 0:41:37  | 0:26:40 | 0:25:16 | 0:32:45   | 0:21:09 | 0:18:21 | 0:20:03 | 0:23:28 | 0:32:03 |  | A   |                                                                                                               |
|                                                                                                                        | Amber 1 65th percentile                                                                          | DoO           | Monthly             | Reduction Trend   | 0:41:45                     | 0:38:37 | 0:43:10 | 0:48:30 | 1:05:21  | 0:40:29 | 0:37:13 | 0:50:12   | 0:29:58 | 0:25:08 | 0:27:50 | 0:32:55 | 0:46:30 |  | A   |                                                                                                               |
|                                                                                                                        | Amber 1 95th percentile                                                                          | DoO           | Monthly             | Reduction Trend   | 2:24:43                     | 2:18:43 | 2:34:36 | 2:51:42 | 3:48:16  | 2:28:14 | 2:01:47 | 2:49:11   | 1:33:24 | 1:10:43 | 1:19:18 | 1:35:34 | 2:22:43 |  | A   |                                                                                                               |
|                                                                                                                        | Amber 2 Median                                                                                   | DoO           | Monthly             | Reduction Trend   | 0:53:06                     | 0:51:13 | 0:53:29 | 1:02:03 | 1:25:41  | 0:49:50 | 0:47:24 | 1:03:07   | 0:30:51 | 0:28:45 | 0:31:42 | 0:39:55 | 0:56:27 |  | G   |                                                                                                               |
|                                                                                                                        | Amber 2 65th percentile                                                                          | DoO           | Monthly             | Reduction Trend   | 1:29:54                     | 1:25:03 | 1:31:13 | 1:47:27 | 2:35:43  | 1:22:53 | 1:17:47 | 1:52:22   | 0:45:56 | 0:42:06 | 0:47:46 | 1:02:48 | 1:30:53 |  | A   |                                                                                                               |
|                                                                                                                        | Amber 2 95th percentile                                                                          | DoO           | Monthly             | Reduction Trend   | 6:22:46                     | 5:47:19 | 7:03:41 | 8:06:47 | 10:24:56 | 6:41:54 | 5:29:10 | 8:03:32   | 3:24:08 | 2:35:13 | 3:04:02 | 4:02:05 | 6:07:48 |  | A   |                                                                                                               |
| EMS Step 4 - Give me Treatment                                                                                         |                                                                                                  |               |                     |                   |                             |         |         |         |          |         |         |           |         |         |         |         |         |                                                                                       |     |                                                                                                               |
| 7                                                                                                                      | Number of incidents which received a response on scene and were referred to alternative provider | MD            | Monthly             | Improvement Trend | 2071.0%                     | 2022    | 2187    | 2317    | 2431     | 2372    | 2128    | 3007      | 3100    | 2753    | 2391    | 2342    | 2340    |  | A   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
| EMS Step 5 - Take Me To Hospital                                                                                       |                                                                                                  |               |                     |                   |                             |         |         |         |          |         |         |           |         |         |         |         |         |                                                                                       |     |                                                                                                               |
| 8                                                                                                                      | % of verified incidents that were conveyed to major EDs                                          | MD            | Monthly             | Reduction Trend   | 46.18%                      | 46.25%  | 45.76%  | 44.50%  | 40.87%   | 45.65%  | 47.14%  | 41.15%    | 41.17%  | 46.01%  | 47.82%  | 47.67%  | 43.54%  |  | A   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed                        |
| 9                                                                                                                      | Number of lost hours following notification to handover over 15 minutes                          | DoO           | Monthly             | Reduction Trend   | 9,339                       | 10,025  | 11,132  | 11,474  | 13,821   | 13,057  | 7,233   | 5,673     | 1,929   | 1,900   | 2,649   | 3,596   | 4,742   |  | G   |                                                                                                               |
| Core Requirements (1.Governance, 2.Patient Experience & Satisfaction, 3.Equity, 4.Clinical Care, 5.Staffing, 6.Saftey) |                                                                                                  |               |                     |                   |                             |         |         |         |          |         |         |           |         |         |         |         |         |                                                                                       |     |                                                                                                               |
| 10                                                                                                                     | % of concerns that received a final (reg 24) within 30 days on being received                    | DQSPE         | Monthly             | 75%               | 58%                         | 66%     | 91%     | 71%     | 61%      | 61%     | 62%     | 54%       | 68%     | 74%     | 62%     | 76%     | 69%     |  | A   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
| 11                                                                                                                     | Number of SCIF cases reported as Serious Adverse Incident (SAI). By Date reported to WG by WAST  | MD            | Monthly             | 0                 | 2                           | 3       | 3       | 1       | 8        | 6       | 4       | 2         | 3       | 2       | 3       | 3       | 6       |  | R   |                                                                                                               |
| 12                                                                                                                     | % sickness absence for staff (all staff)                                                         | DWOD          | Monthly             | 6.00%             | 6.94%                       | 7.37%   | 7.60%   | 7.25%   | 7.57%    | 7.18%   | 6.50%   | 7.48%     | 7.58%   | 6.29%   | 5.66%   | 5.56%   | 5.87%   |  | G   | Foundations of our Services: Enable Our People to be the Best They Can Be                                     |
| 13                                                                                                                     | Emergency Ambulance unit hours production - Compliance with planned rosters                      | DoO           | Monthly             | 95%               | 91.0%                       | 88%     | 90%     | 92%     | 91%      | 98%     | 92%     | 90%       | 100%    | 103%    | 99%     | 95%     | 89%     |  | A   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients |
|                                                                                                                        | Total EMS Actual Hours Produced                                                                  | DoO           | Monthly             | Improvement Trend | 111023                      | 109,105 | 113,730 | 112,454 | 112,394  | 118,806 | 105,493 | 110,131   | 112,066 | 119,942 | 114,633 | 115,883 | 109,466 |  | A   |                                                                                                               |

| Monthly Indicators                                                                                                                          | Lead Director | Reporting Frequency | Target            | Baseline Position (2019/20) | Sep-19  | Oct-19  | Nov-19  | Dec-19  | Jan-20  | Feb-20  | Mar-20  | Apr-20  | May-20  | Jun-20  | Jul-20  | Aug-20  | 2 Year Trend                                                                          | RAG | IMTP Theme 2020/21                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-------------------|-----------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------|
| EMS Step 1 - Help me to Choose                                                                                                              |               |                     |                   |                             |         |         |         |         |         |         |         |         |         |         |         |         |                                                                                       |     |                                                                                                                 |
| Indicators under development                                                                                                                |               |                     |                   |                             |         |         |         |         |         |         |         |         |         |         |         |         |                                                                                       | TBD |                                                                                                                 |
| EMS Step 2 - Answer my Call                                                                                                                 |               |                     |                   |                             |         |         |         |         |         |         |         |         |         |         |         |         |                                                                                       |     |                                                                                                                 |
| % of 111 Offered Calls Abandoned after 60 Seconds                                                                                           | DoO           | Monthly             | < 5%              | 12.40%                      | 12.3%   | 7.7%    | 10.3%   | 23.5%   | 5.2%    | 10.1%   | 43.5%   | 22.6%   | 8.5%    | 2.9%    | 5.6%    | 11.6%   |    | A   | Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients. |
| % of 111 Calls Prioritised as P1CT that started their first definitive clinical assessment within1 hour of the end of the first contact     | DoO           | Monthly             | 90%               | 95.20%                      | 95.0%   | 95.5%   | 95.4%   | 96.1%   | 96.5%   | 96.2%   | 89.3%   | 95.6%   | 96.3%   | 96.6%   | 96.2%   | 95.9%   |    | G   |                                                                                                                 |
| % of 111 Calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact   | DoO           | Monthly             | 90%               | 71.00%                      | 68.4%   | 70.3%   | 79.7%   | 68.3%   | 80.9%   | 69.6%   | 39.7%   | 73.9%   | 87.9%   | 87.1%   | 85.8%   | 80.9%   |    | A   |                                                                                                                 |
| % of 111 Calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact   | DoO           | Monthly             | 90%               | 67.60%                      | 62.3%   | 68.0%   | 72.2%   | 63.5%   | 73.7%   | 65.9%   | 40.4%   | 69.1%   | 85.8%   | 86.5%   | 83.4%   | 73.1%   |    | A   |                                                                                                                 |
| % of NHSDW Calls prioritised as P1CT that started their first definitive clinical assessment within 1 hour of the end of first contact      | DoO           | Monthly             | 90%               | 97.10%                      | 97.0%   | 97.9%   | 97.7%   | 97.2%   | 98.0%   | 97.4%   | 93.4%   | 97.3%   | 97.0%   | 96.5%   | 95.8%   | 94.7%   |    | G   |                                                                                                                 |
| % of NHSDW Calls prioritised as P2CT that started their first definitive clinical assessment within 2 hours of the end of the first contact | DoO           | Monthly             | 90%               | 79.50%                      | 82.3%   | 82.5%   | 82.8%   | 79.2%   | 85.9%   | 77.2%   | 45.3%   | 72.2%   | 89.1%   | 90.9%   | 92.3%   | 90.5%   |    | G   |                                                                                                                 |
| % of NHSDW Calls prioritised as P3CT that started their first definitive clinical assessment within 4 hours of the end of the first contact | DoO           | Monthly             | 90%               | 80.20%                      | 82.7%   | 84.8%   | 84.4%   | 79.9%   | 85.6%   | 76.1%   | 44.4%   | 71.1%   | 89.2%   | 94.2%   | 93.1%   | 89.2%   |    | G   |                                                                                                                 |
| % of Calls ended through transfer to alternative care advice services                                                                       |               | Monthly             | Improvement Trend | 58.0%                       | 55.1%   | 56.3%   | 57.7%   | 60.7%   | 57.3%   | 56.1%   | 58.1%   | 70.8%   | 66.8%   | 64.0%   | 62.6%   | 66.4%   |    | G   | Our Goals: Provide the right care in the right place, wherever and whenever it is needed.                       |
| Recontact % within 24 hours of telephone triage (hear & treat)                                                                              | DoO           | Monthly             | Reduction Trend   | 6.90%                       | 7.6%    | 6.5%    | 5.7%    | 4.8%    | 5.7%    | 5.1%    | 9.5%    | 9.8%    | 7.9%    | 15.7%   | 6.6%    | 5.9%    |    | A   |                                                                                                                 |
| Recontact % within 24 hours of see & treat                                                                                                  | DoO           | Monthly             | Reduction Trend   | 0.80%                       | 1.1%    | 0.8%    | 1.3%    | 0.7%    | 0.8%    | 0.6%    | 0.7%    | 1.5%    | 1.3%    | 1.3%    | 1.1%    | 0.7%    |   | A   |                                                                                                                 |
| EMS Step 3 - Come to See Me                                                                                                                 |               |                     |                   |                             |         |         |         |         |         |         |         |         |         |         |         |         |                                                                                       |     |                                                                                                                 |
| Reduction in variation in Red response times performance between the best and worst LHB performance                                         | DoO           | Monthly             | Reduction Trend   | 13.90%                      | 13.6%   | 14.1%   | 8.5%    | 16.3%   | 18.3%   | 12.7%   | 13.9%   | 18.0%   | 25.1%   | 27.6%   | 14.8%   | 23.5%   |  | R   | Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients. |
| Amber Median                                                                                                                                | DoO           | Monthly             | Reduction Trend   | 0:32:31                     | 0:30:50 | 0:33:10 | 0:36:36 | 0:48:03 | 0:31:20 | 0:29:47 | 0:38:28 | 0:23:50 | 0:21:05 | 0:22:56 | 0:27:16 | 0:36:37 |                                                                                       | A   |                                                                                                                 |
| Amber 65th percentile                                                                                                                       | DoO           | Monthly             | Reduction Trend   | 0:50:57                     | 0:48:26 | 0:52:36 | 0:59:13 | 1:17:17 | 0:49:34 | 0:45:51 | 1:01:14 | 0:34:30 | 0:29:29 | 0:32:28 | 0:39:41 | 0:55:01 |                                                                                       | A   |                                                                                                                 |
| Amber 95th percentile                                                                                                                       | DoO           | Monthly             | Reduction Trend   | 3:41:54                     | 3:28:25 | 4:03:30 | 4:27:59 | 5:48:22 | 3:39:00 | 3:13:35 | 4:29:50 | 2:08:01 | 1:40:43 | 1:54:57 | 2:23:40 | 3:30:44 |                                                                                       | A   |                                                                                                                 |
| Reduction in the variation in Amber call 95th percentile response times between the longest and shortest LHB performance                    | DoO           | Monthly             | Reduction Trend   | 4:27:03 AM                  | #####   | #####   | #####   | #####   | #####   | #####   | #####   | #####   | #####   | #####   | #####   | #####   | #####                                                                                 | A   |                                                                                                                 |
| % of incidents where 2 or more vehicles arrived on scene                                                                                    | DoO           | Monthly             | Improvement Trend | 19.1%                       | 21.7%   | 20.8%   | 22.1%   | 23.7%   | 18.7%   | 17.8%   | 16.3%   | 11.3%   | 12.6%   | 13.9%   | 15.2%   | 15.9%   |  | A   | Our Goals: Provide the right care in the right place, wherever & whenever it is needed.                         |
| % of CFRs where they were the first response arriving at scene                                                                              | DoO           | Monthly             | Improvement Trend | 86.00%                      | 85.0%   | 86.3%   | 83.4%   | 87.9%   | 84.8%   | 86.7%   | 88.5%   | 78.8%   | 87.8%   | 82.9%   | 87.3%   | 91.5%   |  | A   | Foundations of our Services: Enable our people to be the best they can be.                                      |
| Compliance with HCP time requests to improve across each LHB                                                                                | DoO           | Monthly             | Improvement Trend | 85%                         | 83.7%   | 90.0%   | 90.9%   | 89.3%   | 91.2%   | 90.6%   | 92.0%   | 96.2%   | 97.0%   | 95.5%   | 94.5%   | 94.3%   |  | G   | Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients. |
| EMS Step 4 - Give me Treatment                                                                                                              |               |                     |                   |                             |         |         |         |         |         |         |         |         |         |         |         |         |                                                                                       |     |                                                                                                                 |
| % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door                                             | MD            | Quarterly           | Improvement Trend | 15.00%                      | 11.3%   | 11.2%   | 9.6%    | 10.0%   | -       | -       | -       | -       | -       | -       | -       | -       |  | A   | Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients. |
| % of stroke patients documented as receiving the appropriate stroke bundle of care                                                          | MD            | Quarterly           | 95%               | 97.00%                      | 96.6%   | 98.1%   | 97.5%   | 96.2%   | -       | -       | -       | -       | -       | -       | -       | -       |  | G   |                                                                                                                 |
| % older people with suspected hip fracture documented as receiving appropriate care bundle                                                  | MD            | Quarterly           | 95%               | 78%                         | 83.2%   | 84.1%   | 88.3%   | 83.7%   | -       | -       | -       | -       | -       | -       | -       | -       |  | R   |                                                                                                                 |
| % of patients with a fractured hip/femur who are documented as receiving analgesia                                                          | MD            | Quarterly           | 95%               | 91.00%                      | 93.8%   | 95.9%   | 94.1%   | 95.2%   | -       | -       | -       | -       | -       | -       | -       | -       |  | A   |                                                                                                                 |
| % of acute coronary syndrome patients who are documented as receiving appropriate STEMI care bundle                                         | MD            | Quarterly           | 95%               | 73.00%                      | 71.4%   | 71.1%   | 73.1%   | 79.7%   | -       | -       | -       | -       | -       | -       | -       | -       |  | R   |                                                                                                                 |
| % suspected sepsis patients who had a documented NEWS score                                                                                 | MD            | Quarterly           | 95%               | 99.00%                      | 97.7%   | 100.0%  | 100.0%  | 98.6%   | -       | -       | -       | -       | -       | -       | -       | -       |  | G   |                                                                                                                 |



|                                                                                                                                    |       |             |                             |         |        |        |        |        |        |        |        |        |        |        |        |        |                                                                                       |     |                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------|-------|-------------|-----------------------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------|
| % patients with suspect febrile convulsion documented as receiving appropriate care bundle                                         | MD    | Quarterly   | 95%                         | 100.00% | 100.0% | 100.0% | 100.0% | 100.0% |        | -      | -      | -      | -      | -      | -      | -      |    | G   |                                                                                                                      |
| % of hypoglycaemic patients documented as receiving appropriate care bundle                                                        | MD    | Quarterly   | 95%                         | 89.00%  | 89.8%  | 83.7%  | 89.7%  | 86.4%  | -      | -      | -      | -      | -      | -      | -      | -      |    | R   |                                                                                                                      |
| % of Amber incidents where Ideal resource first on scene (note: Amber 1 used here)                                                 | DoO   | Monthly     | Improvement Trend           | 45.80%  | 66.2%  | 22.2%  | 23.3%  | 23.9%  | 27.4%  | 25.6%  | 21.0%  | 8.7%   | 9.9%   | 11.2%  | 13.7%  | 15.4%  |    | R   |                                                                                                                      |
| EMS Step 5 - Take me to Hospital                                                                                                   |       |             |                             |         |        |        |        |        |        |        |        |        |        |        |        |        |                                                                                       |     |                                                                                                                      |
| % of patients conveyed to hospital following a face to face assessment                                                             | DoO   | Monthly     | Improvement Trend           | 65.60%  | 67.1%  | 67.4%  | 66.0%  | 65.2%  | 65.2%  | 66.2%  | 57.3%  | 52.9%  | 58.6%  | 61.7%  | 63.4%  | 62.6%  |    | A   | Our Goals: Provide the right care in the right place, wherever and whenever it is needed.                            |
| Proportion of conveyance to other locations other than major ED's (Tier 2 - MIU, Tier 3 and Other e.g. Maternity or MH Units)      | DoO   | Monthly     | Improvement Trend           | 8.4     | 8.4%   | 7.99%  | 7.51%  | 8.22%  | 8.14%  | 8.35%  | 8.22%  | 8.49%  | 8.30%  | 7.97%  | 8.43%  | 7.84%  |    | A   |                                                                                                                      |
| % of notification to handover within 15 minutes of arrival at hospital                                                             | DoO   | Monthly     | Improvement Trend           | 40.7%   | 38.2%  | 38.1%  | 34.7%  | 32.7%  | 32.3%  | 38.9%  | 37.8%  | 44.8%  | 51.4%  | 50.7%  | 49.4%  | 46.6%  |    | A   |                                                                                                                      |
| % of handover to clear within 15 minutes of transfer of patient care to hospital staff                                             | DoO   | Monthly     | Improvement Trend           | 85.20%  | 88.5%  | 89.3%  | 88.2%  | 88.2%  | 87.3%  | 86.2%  | 85.0%  | 84.3%  | 84.2%  | 83.7%  | 83.1%  | 84.7%  |    | A   |                                                                                                                      |
| Number of lost hours following handover to clear over 15 minutes                                                                   | DoO   | Monthly     | Reduction trend             | 1,062   |        |        |        |        |        |        |        |        |        |        |        |        |    | A   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients        |
| Core Requirements - 2. Patient Experience & Satisfaction                                                                           |       |             |                             |         |        |        |        |        |        |        |        |        |        |        |        |        |                                                                                       |     |                                                                                                                      |
| Number of Health and Care research Wales clinical research portfolio studies                                                       | MD    | Half yearly | 10% Annual Improvement      | 2       | 3      | 3      |        |        |        |        |        | -      |        |        |        |        | -                                                                                     | A   | Foundations of our Services: Ensure the Design and Infrastructure are at the Forefront of Technology and Innovation. |
| Number of patients recruited in Health and Care research Wales clinical research portfolio studies                                 | MD    | Half yearly | 10% Annual Improvement      | 15      | 114    | 238    |        |        |        |        |        | -      |        |        |        |        | -                                                                                     | G   |                                                                                                                      |
| Number of Health and Care research Wales commercially sponsored studies                                                            | MD    | Half yearly | 10% Annual Improvement      | 0       | 0      | 0      |        |        |        |        |        | -      |        |        |        |        | -                                                                                     | R   |                                                                                                                      |
| Number of patients recruited into Health and Care research Wales commercially sponsored studies                                    | MD    | Half Yearly | 10% Annual Improvement      | 0       | 0      | 0      |        |        |        |        |        | -      |        |        |        |        | -                                                                                     | G   |                                                                                                                      |
| Core Requirements - 5.Staffing                                                                                                     |       |             |                             |         |        |        |        |        |        |        |        |        |        |        |        |        |                                                                                       |     |                                                                                                                      |
| % of staff that would be happy with the standards of care provided by their organisation if a friend of relative needed treatment  | DWOD  |             |                             |         | -      | -      | -      | -      | -      | -      | -      | -      | -      | -      | -      | -      |   | TBD | Foundations of our Services: Enable our people to be the best they can be.                                           |
| % of headcount who have had a PADR/medical appraisal in the previous 12 months                                                     | DWOD  | Monthly     | >85%                        | 75%     | 76.69% | 75.74% | 76.31% | 76.64% | 75.10% | 74.98% | 68.91% | 62.28% | 58.03% | 55.82% | 53.52% | 52.50% |  | R   |                                                                                                                      |
| % of staff who undertook a performance appraisal who agreed it helped them improve how they did their job                          | DWOD  | Annual      | Improvement Between Surveys | 51%     | -      | -      | -      | -      | -      | -      | -      | -      | -      | -      | -      | -      | -                                                                                     | G   |                                                                                                                      |
| Reduction in % of staff that has experienced harassment, bullying or abuse at work from managers/line                              | DWOD  | Bi-Annual   | Improvement Between Surveys | 26%     |        |        |        |        |        |        |        |        |        |        |        |        | -                                                                                     | A   |                                                                                                                      |
| Overall staff engagement score                                                                                                     | DWOD  | Annual      | Improvement Between Surveys | 3.65    |        |        |        |        |        |        |        |        |        |        |        |        | -                                                                                     | G   |                                                                                                                      |
| % of employed NHS staff completing dementia training at an informed level (Level 1)                                                | DWOD  | Half yearly | >85%                        | 75%     | 79.5%  | 87.8%  | 78.7%  | 78.8%  | 79.5%  | 80.0%  | 80.0%  | 79.1%  | 79.8%  | 79.5%  | 81.4%  | 80.7%  |  | R   | Our Goals: Provide the Right Care in the Right Place, Wherever and Whenever it is Needed                             |
| % compliance for each completed level 1 competency within the core skills & training framework                                     | DWOD  | Monthly     | >85%                        | 85%     | 88.04% | 89.44% | 90.50% | 91.85% | 92.72% | 93.33% | 93.39% | 90.64% | 88.52% | 84.97% | 85.42% | 84.18% |  | G   |                                                                                                                      |
| % compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills & Training Framework      | DWOD  | Monthly     | >85%                        | 75%     | 89.88% | 89.38% | 89.38% | 88.72% | 81.47% | 89.83% | 89.76% | 85.90% | 81.20% | 76.23% | 74.76% | 72.45% |  | R   |                                                                                                                      |
| Delivery of band 6 competency requirements - 11 competences for 2019/20 (Current Position minus NQP Staff, LTS & Maternity) Year 1 | DWOD  | Quarterly   | 100%                        | 90%     | 93.31% | 92.27% | 93.06% | 94.07% | 94.16% | 94.47% | 94.47% | 94.07% | 94.15% | 93.78% | 93.30% | 92.23% |  | A   |                                                                                                                      |
| Delivery of band 6 competency requirements - 11 competences for 2020/21 (Current Position minus NQP Staff, LTS & Maternity) Year 2 | DWOD  | Quarterly   | 100%                        | 90%     | 13.85% | 16.61% | 20.39% | 28.49% | 36.92% | 60.94% | 76.15% | 81.41% | 83.48% | 84.87% | 86.99% | 99.14% |  | A   |                                                                                                                      |
| % uptake of the influenza vaccination amongst healthcare workers who have direct patient contact                                   | DQSPE | Annual      | 60%                         | 36.40%  | -      | 16.66% | 23.97% | 38.25% | 39.75% | 41.30% | -      | -      | -      | -      | -      | -      |  | R   | Foundations of our Services: Enable our people to be the best they can be.                                           |
| % uptake of the influenza vaccination - Total WAST                                                                                 | DQSPE |             |                             |         | -      | -      | -      | -      | -      | 42.20% | -      | -      | -      | -      | -      | -      |  |     |                                                                                                                      |
| % of Total Monthly Abstraction Hours                                                                                               |       | Monthly     | Targeted Rate (TBC)         | 31.00%  | 33%    | 33%    | 29%    | 31%    | 28%    | 29%    | 35%    | 31%    | 32%    | 33%    | 34%    | 38%    |  | R   | Foundations of our Services: Continue to Provide the best Possible Care, Outcome & Experience to our Patients        |
| Total Monthly Abstraction Hours                                                                                                    |       | Monthly     | Targeted Rate (TBC)         | 79812   | 83999  | 61380  | 76139  | 81372  | 73098  | 76194  | 90376  | 84407  | 84653  | 77437  | 90969  | 101649 |  | R   |                                                                                                                      |
| Concerns and Patient Safety                                                                                                        |       |             |                             |         |        |        |        |        |        |        |        |        |        |        |        |        |                                                                                       |     |                                                                                                                      |
| Number of patient falls reported as SAls.                                                                                          | DQSPE | Monthly     | Reduction Trend             | 12      | 0      | 0      | 0      | 0      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 0      |  | G   | Our Golden Threads: Quality at the Heart of everything we Do.                                                        |
| Number of never events                                                                                                             | DQSPE | Monthly     | 0                           | 0       | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      |  | G   |                                                                                                                      |
| Patient safety notices not assured within agreed timescales                                                                        | DQSPE | Quarterly   | 0                           | 0       | 0      | 1      |        |        | 0      |        |        | 0      |        |        | -      |        |                                                                                       | A   |                                                                                                                      |
| Number of administration, dispensing or prescribing medication errors reported as SAls                                             | MD    | Quarterly   | Reduction Trend             | 0       | 0      | 0      |        |        | 0      |        |        | 0      |        |        | -      |        |  | G   |                                                                                                                      |

|                                                                                                                                   |       |           |                   |         |                      |                     |        |        |                      |        |        |                      |        |        |        |        |                                                                                       |     |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------|-------|-----------|-------------------|---------|----------------------|---------------------|--------|--------|----------------------|--------|--------|----------------------|--------|--------|--------|--------|---------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------------------------------------------------|
| Number of SCIF cases reported as Serious Incident Framework 'Appendix B' referrals to HB incident referrals                       | MD    | Monthly   |                   |         | 4                    | 2                   | 2      | 5      | 21                   | 3      | 2      | 3                    | 0      | 0      | 0      | 4      |    | A   |                                                                                                                 |
| Finance                                                                                                                           |       |           |                   |         |                      |                     |        |        |                      |        |        |                      |        |        |        |        |                                                                                       |     |                                                                                                                 |
| Overtime use to reduce.                                                                                                           | DFICT | Quarterly | Reduction Trend   | £6.5m   | Increase of £161,000 | Increase of £24,000 |        |        | Increase of £261,000 |        |        | Increase of £375,000 |        |        | -      | -      | -                                                                                     | R   | Foundations of our Services: Enable our people to be the best they can be.                                      |
| Reduction in carbon footprint                                                                                                     |       | Annual    | Improvement Trend | TBD     | -                    | -                   | -      | -      | -                    | -      | -      | -                    | -      | -      | -      | -      | TBD                                                                                   |     |                                                                                                                 |
| Improvement in estate utilisation                                                                                                 |       | Annual    | Improvement Trend | TBD     | 95.8%                |                     |        |        |                      |        | -      |                      |        | -      | TBD    |        |                                                                                       |     |                                                                                                                 |
| Reduction in estate backlog maintenance                                                                                           |       | Annual    | Improvement Trend | TBD     | £12,200,000.00       |                     |        |        |                      |        | -      |                      |        | -      | TBD    |        |                                                                                       |     |                                                                                                                 |
| Financial balance - annual expenditure YTD as % of budget expenditure YTD                                                         | DoF   | Monthly   | 100%              | 100%    | 100.0%               | 100.0%              | 100.0% | 100.0% | 100.0%               | 100.0% | 100.0% | 100.0%               | 100.0% | 100.0% | 100.0% | 100.0% |    | G   | Our Golden Threads: Quality at the Heart of everything we Do.                                                   |
| NEPTS - Step 1: Help Me Choose                                                                                                    |       |           |                   |         |                      |                     |        |        |                      |        |        |                      |        |        |        |        |                                                                                       |     |                                                                                                                 |
| Number of non-eligible patients signposted to alternative providers (NEPTS)                                                       | DoO   | Quarterly | Improvement Trend | 311.00% | 5                    | 7                   | 5      | 7      | -                    | -      | -      | -                    | -      | -      | -      | -      |    | R   | Foundations of our Services: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients. |
| NEPTS - Step 2: Answer My Request                                                                                                 |       |           |                   |         |                      |                     |        |        |                      |        |        |                      |        |        |        |        |                                                                                       |     |                                                                                                                 |
| % of calls answered within 60 seconds (NEPTS)                                                                                     | DoO   | Quarterly | Improvement Trend | 57.90%  | 70.6%                | 59.7%               | 55.8%  | 82.7%  | -                    | -      | -      | -                    | -      | -      | -      | -      |    | G   | Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients   |
| % of calls abandoned before being answered (NEPTS)                                                                                | DoO   | Quarterly | Reduction Trend   | 13.20%  | 9.6%                 | 13.8%               | 11.4%  | 1.4%   | -                    | -      | -      | -                    | -      | -      | -      | -      |    | G   |                                                                                                                 |
| NEPTS - Step 3: Coordinate My Journey                                                                                             |       |           |                   |         |                      |                     |        |        |                      |        |        |                      |        |        |        |        |                                                                                       |     |                                                                                                                 |
| % of Journeys booked by fax/post/hand (NEPTS)                                                                                     | DoO   | Quarterly | Reduction Trend   | 25.80%  | 21.1%                | 22.4%               | 23.6%  | 24.7%  | -                    | -      | -      | -                    | -      | -      | -      | -      |    | G   | Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients   |
| % of Journeys booked after 12 noon the day before travel (NEPTS)                                                                  | DoO   | Quarterly | Reduction Trend   | 12.00%  | 11.7%                | 14.8%               | 15.3%  | 18.0%  | -                    | -      | -      | -                    | -      | -      | -      | -      |    | A   |                                                                                                                 |
| Reduce the number of on the day discharge & bookings                                                                              | DoO   |           |                   |         | -                    | -                   | -      | -      | -                    | -      | -      | -                    | -      | -      | -      | -      |    | TBD |                                                                                                                 |
| Proportion of journeys undertaken for eligible patients (NEPTS)                                                                   | DoO   | Quarterly | Improvement Trend | 97.60%  | 97.4%                | 97.4%               | 97.3%  | 97.6%  | -                    | -      | -      | -                    | -      | -      | -      | -      |    | A   |                                                                                                                 |
| Reduction in the number of cancelled journeys (NEPTS)                                                                             | DoO   | Quarterly | Improvement Trend | 11.40%  | 10.5%                | 10.4%               | 10.3%  | 17.9%  | -                    | -      | -      | -                    | -      | -      | -      | -      |    | A   |                                                                                                                 |
| NEPTS - Step 4: Pick Me Up                                                                                                        |       |           |                   |         |                      |                     |        |        |                      |        |        |                      |        |        |        |        |                                                                                       |     |                                                                                                                 |
| % of core journeys arriving more than 45 minutes prior to their appointment time (NEPTS)                                          | DoO   | Quarterly | Improvement Trend | 26.83%  | 26.1%                | 12.7%               | 12.8%  | 13.5%  | -                    | -      | -      | -                    | -      | -      | -      | -      |    | A   | Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients   |
| % of core journeys arriving within 30 minutes of their appointment time (+/-) (NEPTS)                                             | DoO   | Quarterly | Improvement trend | 59%     | 57.42%               | 58.32%              | 58.37% | 57.19% | -                    | -      | -      | -                    | -      | -      | -      | -      |    | A   |                                                                                                                 |
| % of core journeys arriving more than 15 mins after their appointment time (NEPTS)                                                | DoO   | Quarterly | Reduction Trend   | 14.86%  | 16.5%                | 26.4%               | 24.5%  | 25.5%  | -                    | -      | -      | -                    | -      | -      | -      | -      |   | A   |                                                                                                                 |
| % of enhanced renal journeys arriving within 30 minutes prior of their appointment time (NEPTS)                                   | DoO   | Quarterly | Improvement trend | 61%     | 58.84%               | 58.78%              | 58.92% | 58.69% | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |
| % of enhanced renal journeys arriving after their appointment time (NEPTS)                                                        | DoO   | Quarterly | Reduction Trend   | 16.34%  | 17.6%                | 18.3%               | 17.7%  | 17.9%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |
| % of enhanced oncology journeys arriving within 30 minutes prior to their appointment time (NEPTS)                                | DoO   | Quarterly | Improvement trend | 37%     | 37.3%                | 39.2%               | 36.2%  | 33.7%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |
| % of enhanced oncology journeys arriving after their appointment time (NEPTS)                                                     | DoO   | Quarterly | Reduction Trend   | 33.27%  | 35.8%                | 33.9%               | 40.0%  | 38.9%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |
| % of journeys aborted (NEPTS)                                                                                                     | DoO   | Quarterly | Reduction Trend   | 0       | 12.7%                | 12.7%               | 12.8%  | 13.5%  | 12.5%                | 12.2%  | 14.5%  | 10.7%                | 8.1%   | 8.3%   | 8.7%   | 8.6%   |  | G   |                                                                                                                 |
| NEPTS - Step 5: Take Me To My Destination                                                                                         |       |           |                   |         |                      |                     |        |        |                      |        |        |                      |        |        |        |        |                                                                                       |     |                                                                                                                 |
| % of core journeys - other (Outpatients, Day Case, etc.) - collected less than 60 minutes after their booked ready time - (NEPTS) | DoO   | Quarterly | Improvement Trend | 79.12%  | 76.2%                | 76.9%               | 76.3%  | 77.4%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   | Foundations of our Service: Continue to Provide the Best Possible Care, Outcomes & Experience to our Patients   |
| % of core journeys - other (Outpatients, Day Case, etc.) - collected more than 60 minutes after their booked ready time (NEPTS)   | DoO   | Quarterly | Reduction Trend   | 20.87%  | 23.8%                | 23.1%               | 23.7%  | 22.6%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |
| % of enhanced renal journeys - collected less than 30 minutes after their booked ready time (NEPTS)                               | DoO   | Quarterly | Improvement Trend | 70.26%  | 67.3%                | 67.1%               | 69.5%  | 70.4%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |
| % of enhanced renal journeys - collected more than 30 minutes after their booked ready time (NEPTS)                               | DoO   | Quarterly | Reduction Trend   | 29.73%  | 32.7%                | 32.9%               | 30.5%  | 29.6%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |
| % of enhanced oncology journeys - collected less than 30 minutes after their booked ready time (NEPTS)                            | DoO   | Quarterly | Improvement Trend | 52.50%  | 51.2%                | 51.8%               | 55.8%  | 53.1%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |
| % of enhanced oncology journeys - collected more than 30 minutes after their booked ready time (NEPTS)                            | DoO   | Quarterly | Reduction Trend   | 47.49%  | 48.8%                | 48.2%               | 46.9%  | 44.2%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |
| % of discharge & transfer journeys - collected less than 60 minutes after their booked ready time (NEPTS)                         | DoO   | Quarterly | Improvement Trend | 60.72%  | 74.4%                | 73.4%               | 75.3%  | 79.0%  | -                    | -      | -      | -                    | -      | -      | -      | -      |  | A   |                                                                                                                 |

| SECTION 4: WAST Activity Dashboard                                                                        |        |        |        |        |        |        |         |        |        |        |        |        |                                                                                       |
|-----------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------|---------------------------------------------------------------------------------------|
| Description                                                                                               | Sep-19 | Oct-19 | Nov-19 | Dec-19 | Jan-20 | Feb-20 | Mar-20  | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | 2 Year Trend                                                                          |
| NHSDW Total Call Volumes                                                                                  | 14,586 | 14,983 | 14,908 | 19,067 | 14,500 | 20,883 | 60,444  | 29,229 | 17,447 | 10,062 | 10,740 | 13,410 |    |
| 111 Total Call Volumes                                                                                    | 36,089 | 36,439 | 40,009 | 54,245 | 38,903 | 40,079 | 101,252 | 46,770 | 45,450 | 35,282 | 36,196 | 45,855 |    |
| Frequent Caller Call Volumes                                                                              | 2,712  | 2,707  | 2,481  | 2,828  | 2,605  | 2,390  | 2,357   | 2,477  | 2,536  | 2,249  | 2,403  | 2,369  |    |
| 999 Call Volumes (From 1st Apr 0845 numbers removed)                                                      | 41,839 | 44,678 | 44,846 | 51,816 | 42,104 | 38,049 | 43,474  | 33,145 | 33,365 | 33,898 | 37,961 | 44,698 |    |
| HCP Call Volumes                                                                                          | 6,573  | 6,902  | 6,809  | 7,398  | 6,711  | 6,025  | 5,247   | 4,351  | 5,196  | 5,433  | 5,980  | 6,389  |    |
| Hear & Treat Volumes (calls assessed and closed by the clinical desk)                                     | 3,295  | 3,438  | 3,630  | 4,645  | 3,656  | 2,936  | 2,447   | 2,766  | 3,068  | 3,154  | 3,478  | 4,004  |    |
| Total Verified Incidents                                                                                  | 38,776 | 40,786 | 40,481 | 44,812 | 39,543 | 36,115 | 37,726  | 32,655 | 34,570 | 34,452 | 37,542 | 40,624 |    |
| Total Verified Incidents: RED                                                                             | 2,325  | 2,532  | 2,892  | 3,140  | 2,517  | 2,191  | 2,626   | 1,897  | 1,824  | 1,805  | 2,038  | 2,572  |    |
| Total Verified Incidents: AMBER                                                                           | 26,814 | 28,265 | 27,319 | 30,814 | 27,149 | 24,612 | 27,192  | 23,753 | 24,207 | 24,290 | 26,498 | 28,506 |    |
| Total Verified Incidents: GREEN                                                                           | 9,502  | 9,973  | 10,081 | 10,660 | 9,724  | 9,184  | 7,756   | 7,005  | 8,356  | 8,357  | 8,864  | 9,546  |    |
| Number of incidents which were treated at scene                                                           | 2,740  | 2,822  | 2,871  | 2,907  | 3,072  | 2,729  | 4,500   | 4,867  | 4,188  | 3,715  | 3,456  | 3,516  |    |
| Conveyance Volumes                                                                                        | 14,831 | 15,718 | 15,202 | 15,717 | 16,851 | 15,935 | 15,008  | 12,839 | 14,929 | 15,381 | 16,827 | 16,726 |    |
| Conveyance to Major ED                                                                                    | 17,934 | 18,661 | 18,018 | 18,318 | 18,053 | 17,023 | 13,444  | 13,444 | 15,905 | 16,474 | 19,405 | 19,191 |    |
| NEPTS Patient Journeys                                                                                    | 55,382 | 60,743 | 56,470 | 51,977 | 59,203 | 54,741 | 45,164  | 25,552 | 27,037 | 32,078 | 37,283 | 35,957 |    |
| Number of Core Patient Journeys - Discharge & Transfer (NEPTS)                                            | 4,149  | 4,587  | 4,609  | 4,707  | -      | -      | -       | -      | -      | -      | -      | -      |    |
| Number of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)                             | 30,471 | 34,108 | 30,781 | 25,406 | -      | -      | -       | -      | -      | -      | -      | -      |    |
| Number of Enhanced Patient Journeys - Enhanced Renal Journeys (NEPTS)                                     | 16,670 | 17,753 | 17,119 | 17,699 | 17,637 | 16,793 | 16,217  | 12,742 | 13,343 | 14,688 | 17,117 | 16,715 |    |
| Number of Enhanced Patient Journeys - Enhanced Oncology Journeys (NEPTS)                                  | 4,051  | 4,249  | 3,912  | 4,102  | 4,501  | 4,079  | 3,933   | 2,517  | 2,115  | 2,597  | 2,789  | 3,018  |    |
| Concerns Volumes (Formal, Early & Local Resolution - By date Complaint Received)                          | 72     | 120    | 121    | 70     | 162    | 140    | 101     | 66     | 44     | 52     | 63     | 69     |   |
| Patient Safety Incidents, Near Misses and Hazards closed on Datix within Reporting Month - No Harm/Hazard | 104    | 135    | 158    | 189    | 163    | 122    | 101     | 99     | 134    | 139    | 136    | 174    |  |

16964  
14.3%

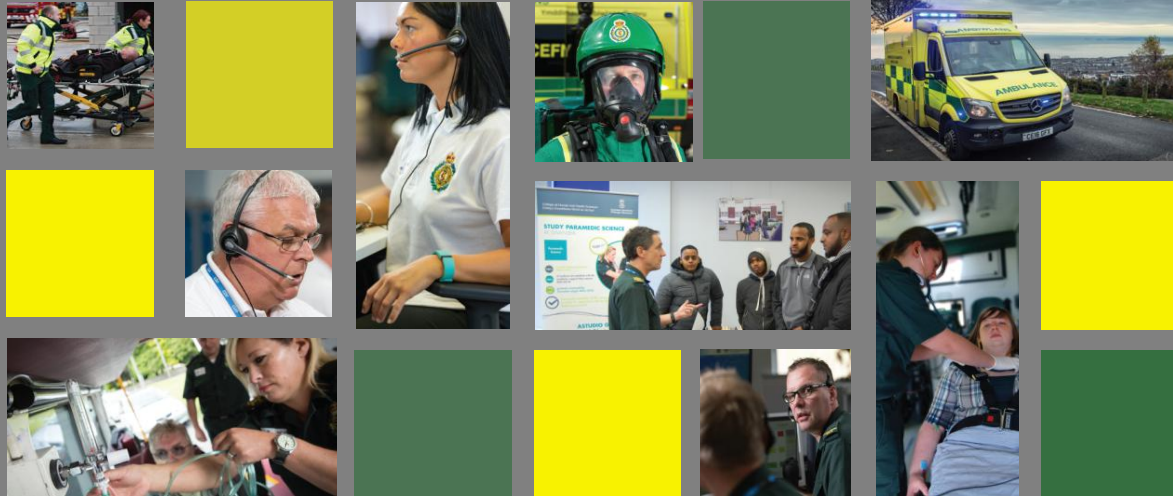


GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services  
NHS Trust

## Annex 3



# Integrated Quality and Performance Report Welsh Ambulance Services NHS Trust August 2020

[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)



[welshambulanceservice](https://www.facebook.com/welshambulanceservice)

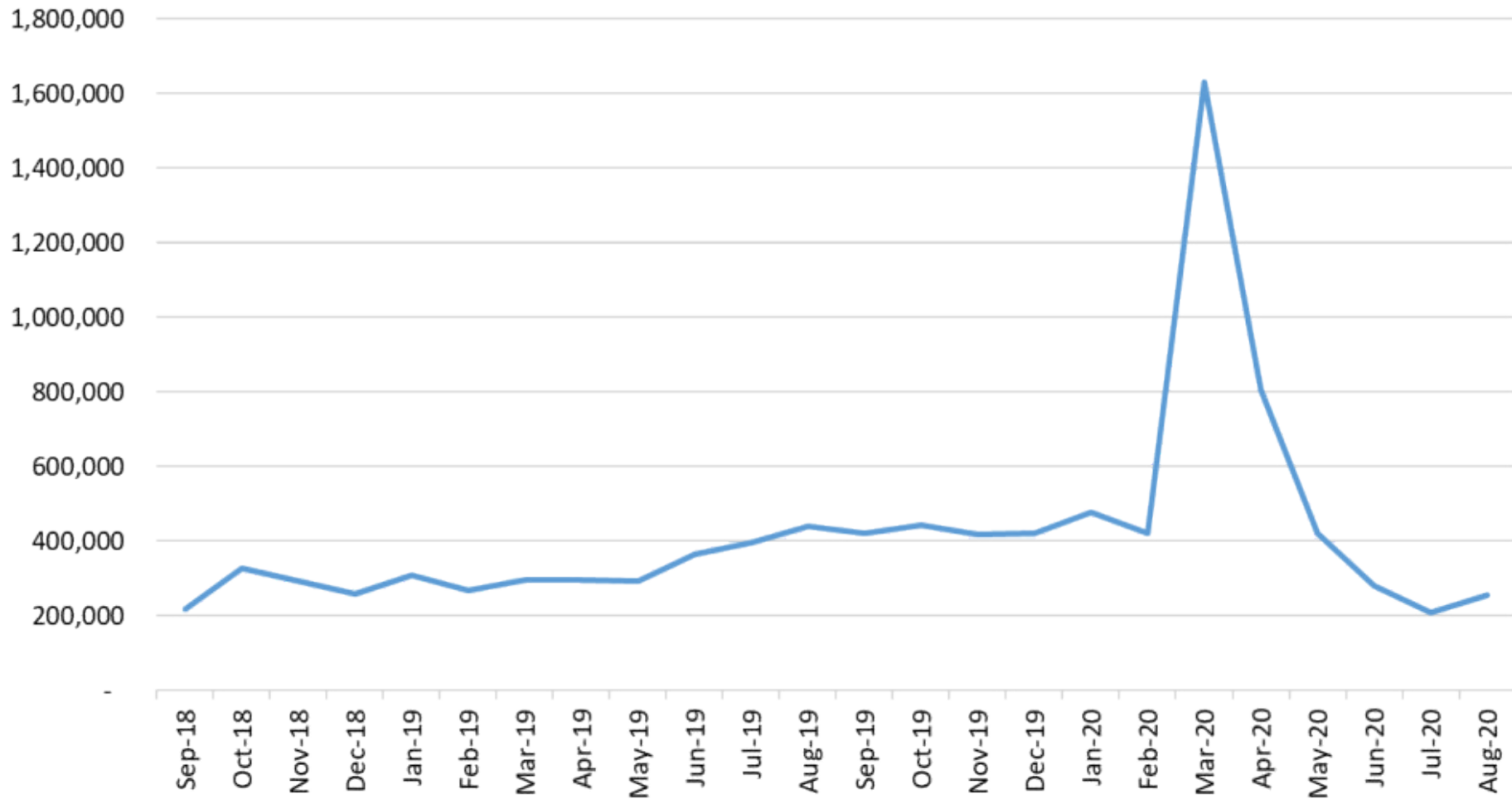


[@welshambulance](https://twitter.com/welshambulance)

## Emergency Medical Services– Step 1: Help Me to Choose

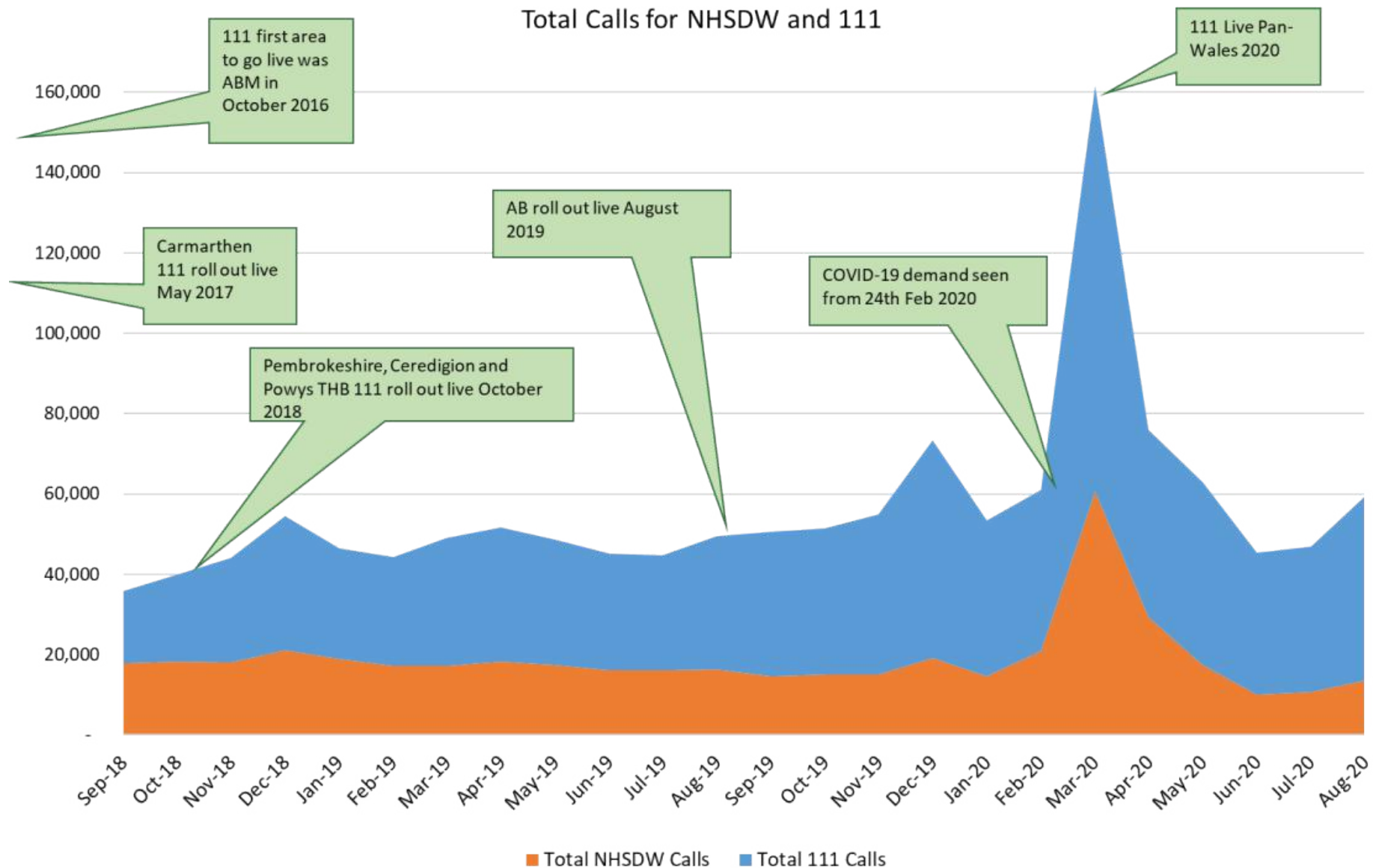
**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

Number of NHS Direct Wales unique website visits



## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

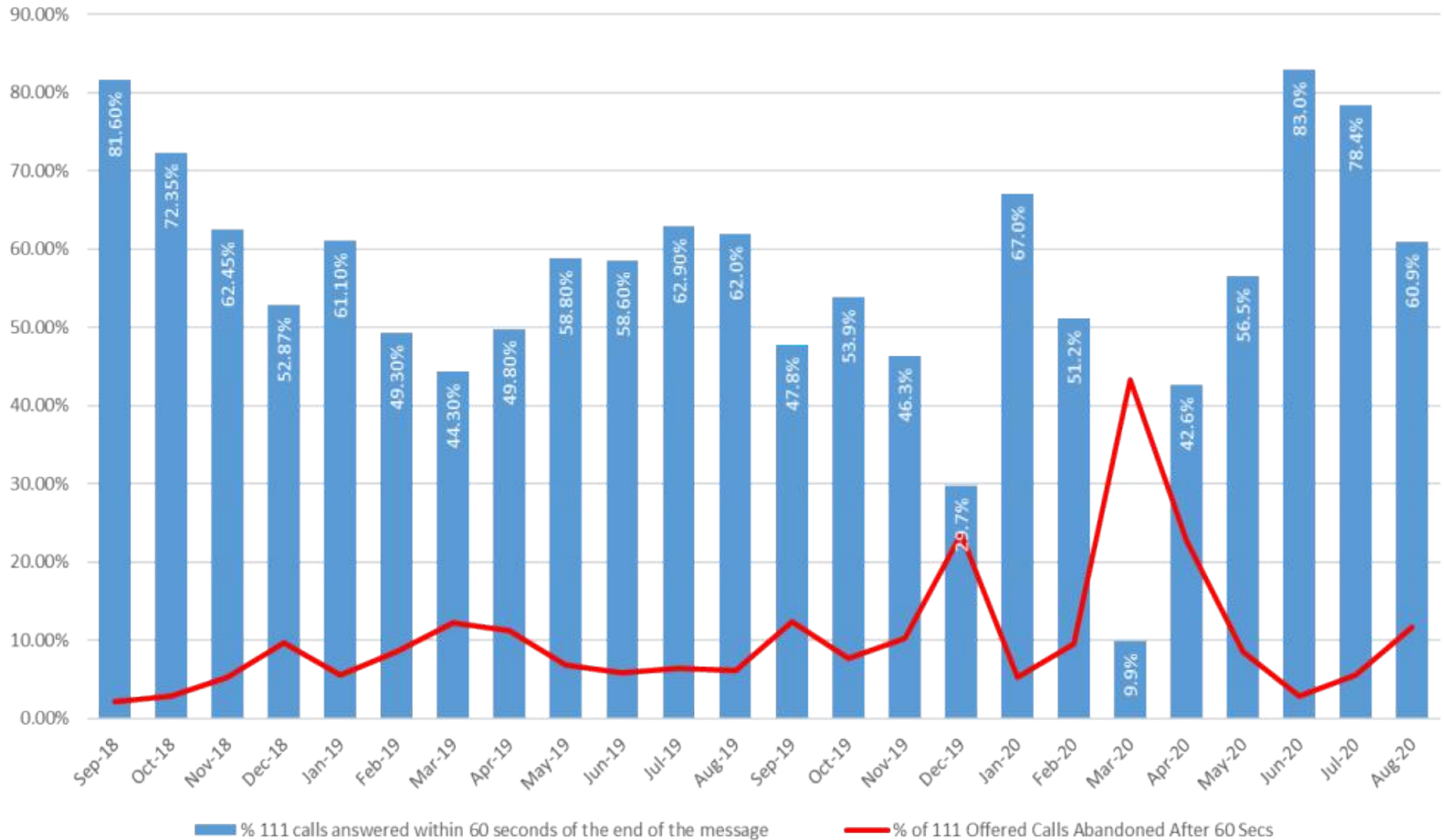




## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

111 Calls Answered vs Calls Abandoned within 60 Seconds

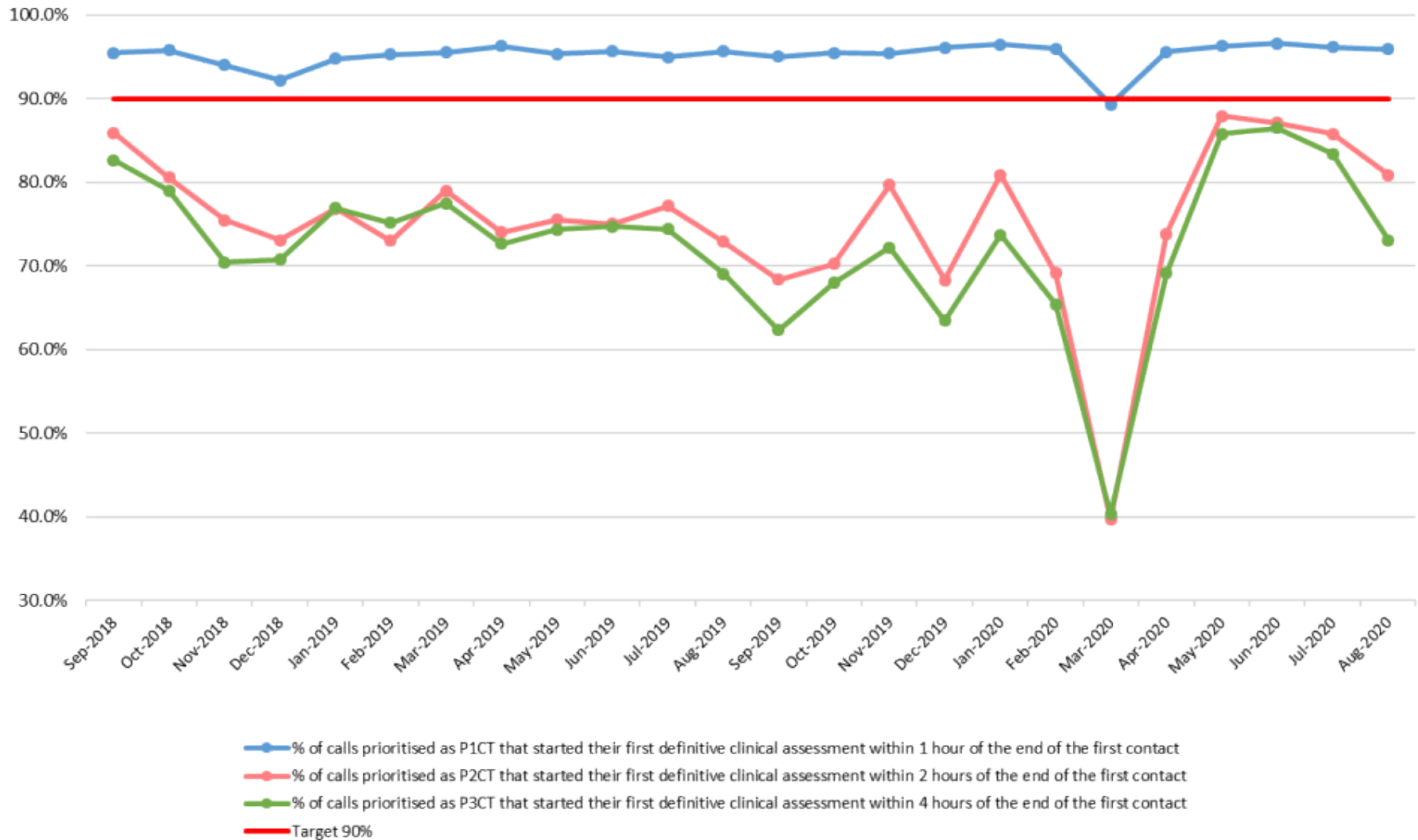




## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

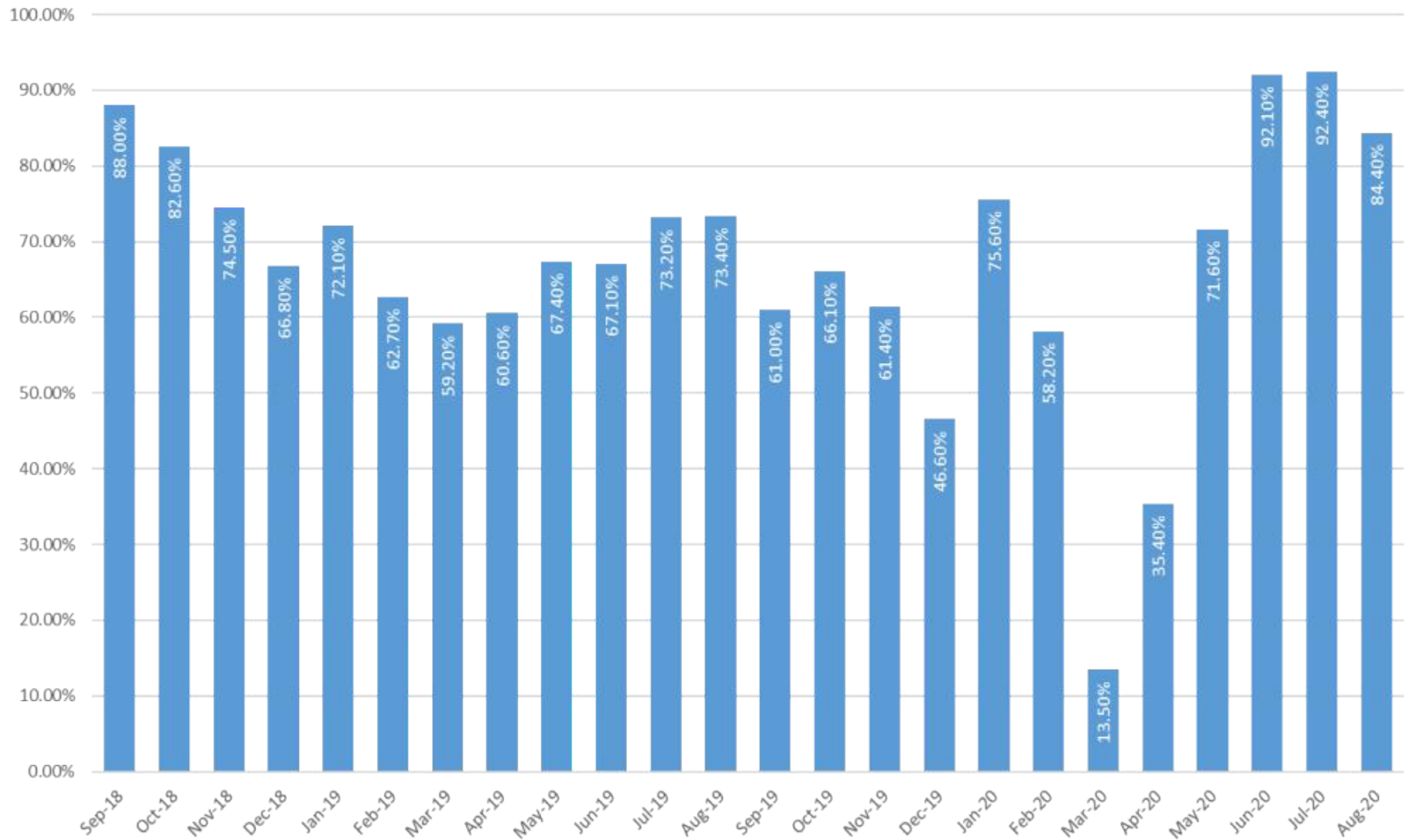
111 Timely Clinical Triage of Patients



## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

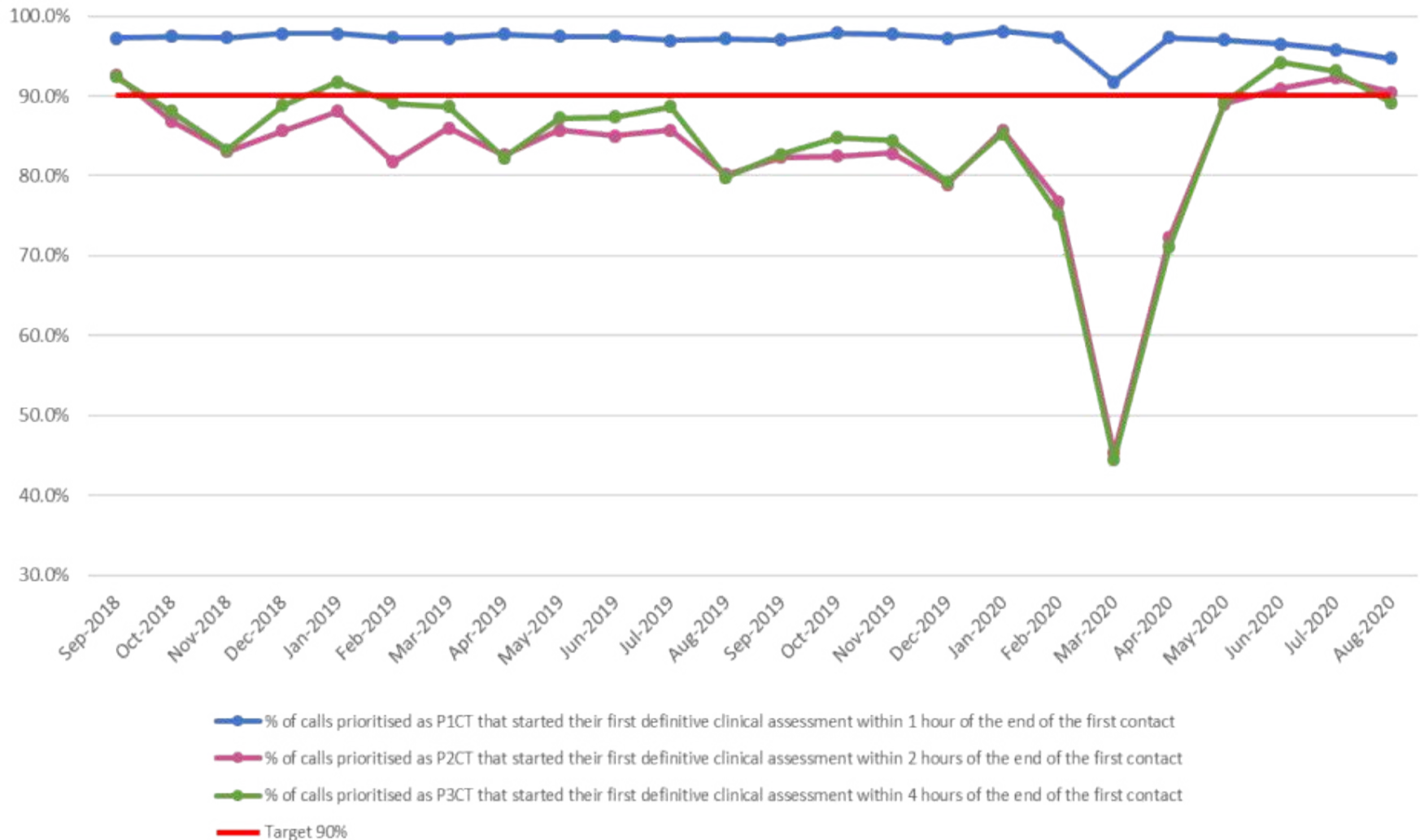
% of NHSDW calls answered within 90 seconds of the welcome message



## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

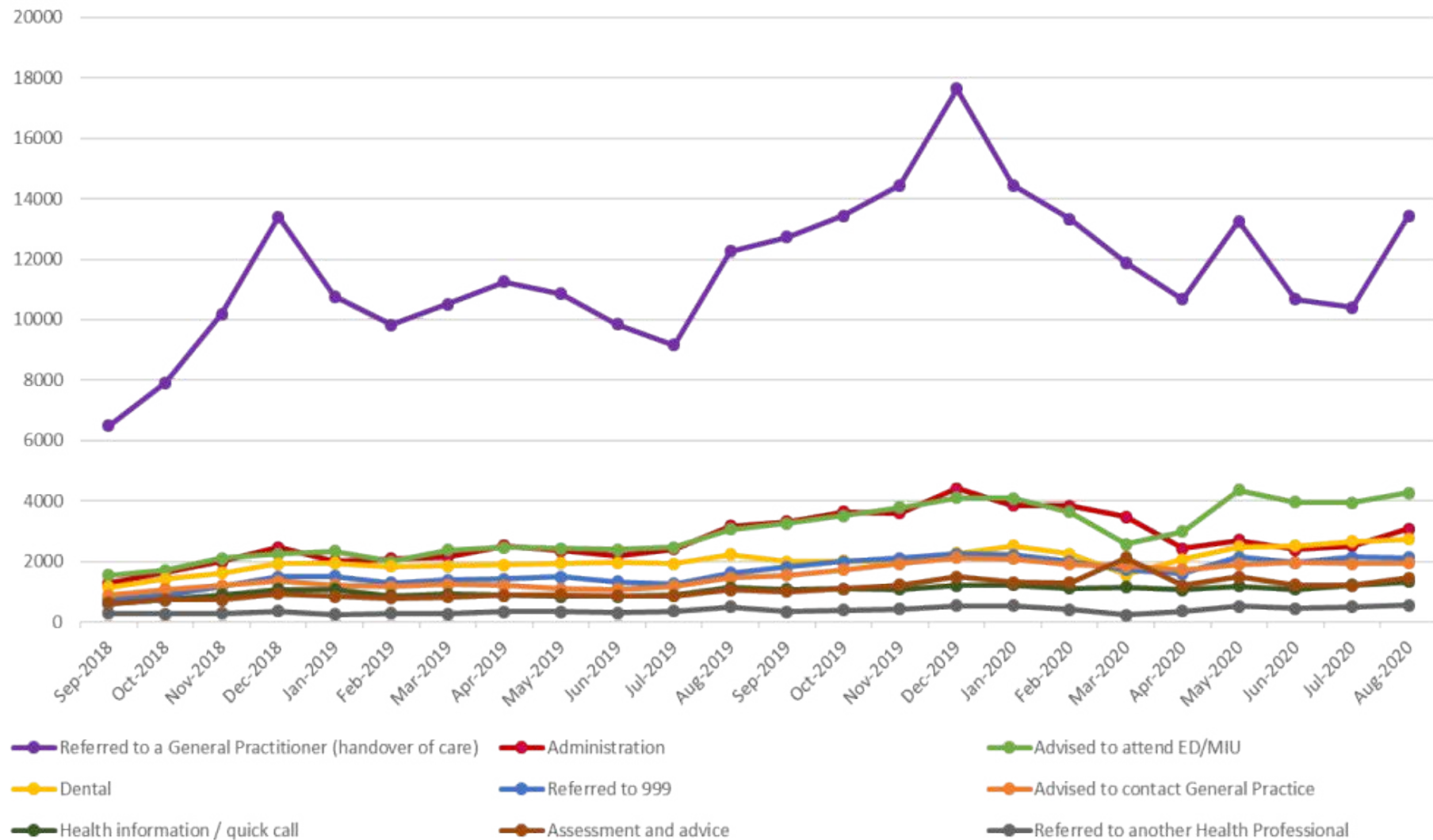
NHS Direct Wales Timely Clinical Triage of Patients



## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

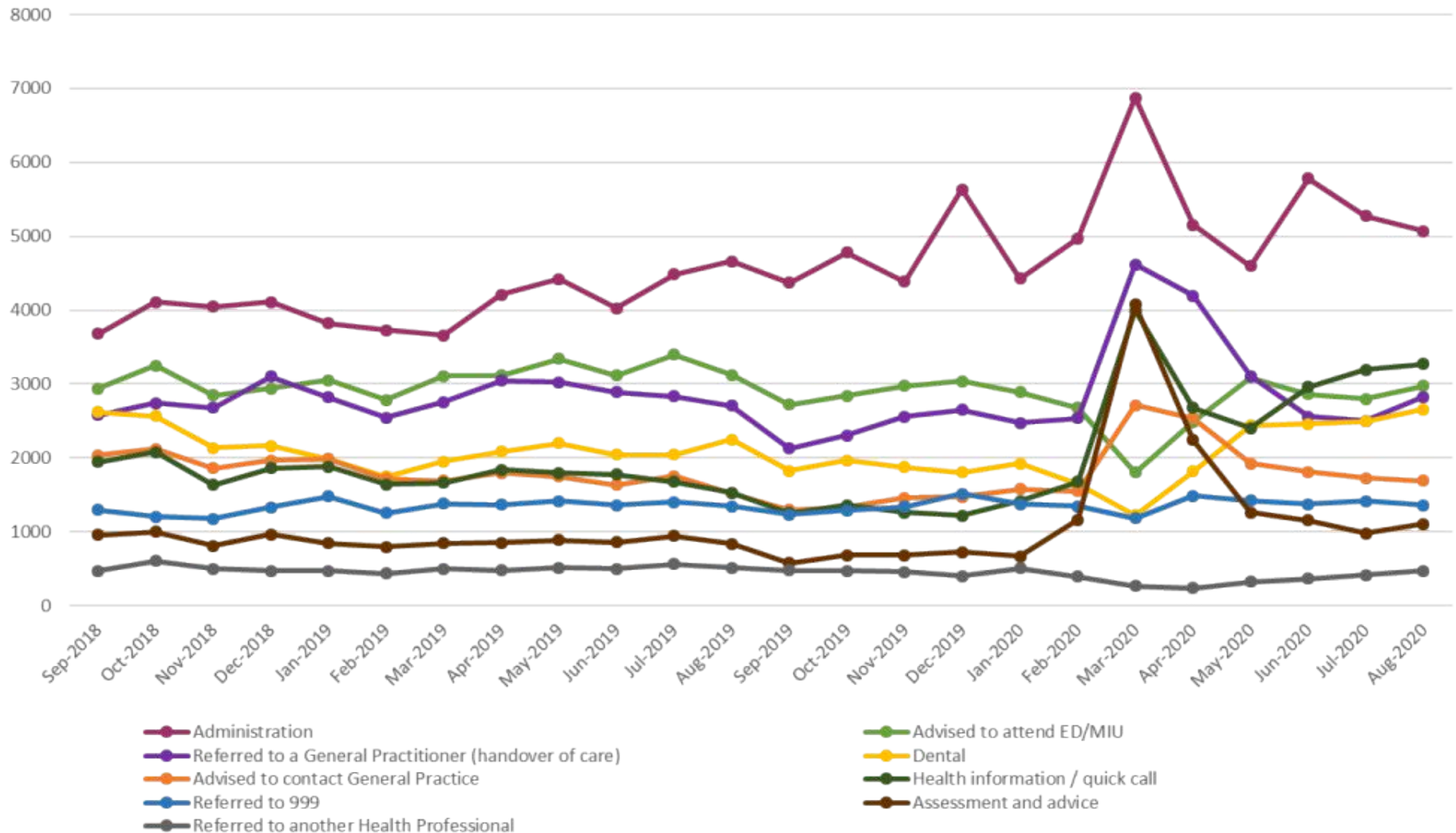
111 Calls By Final outcome



## Emergency Medical Services – Step 2: Answer My Call

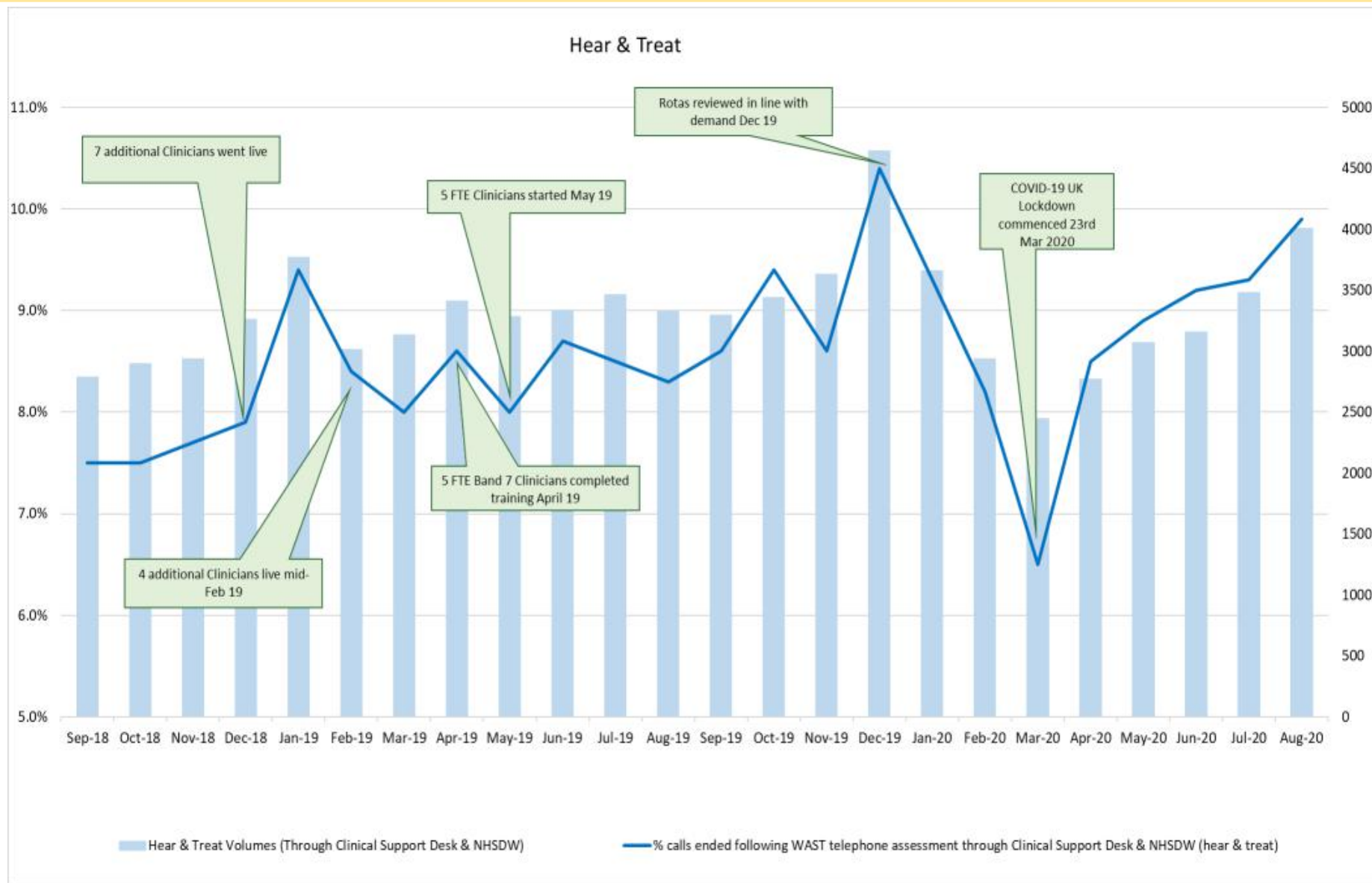
**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

NHSD Calls by Final Outcome



## Emergency Medical Services – Step 2: Answer My Call

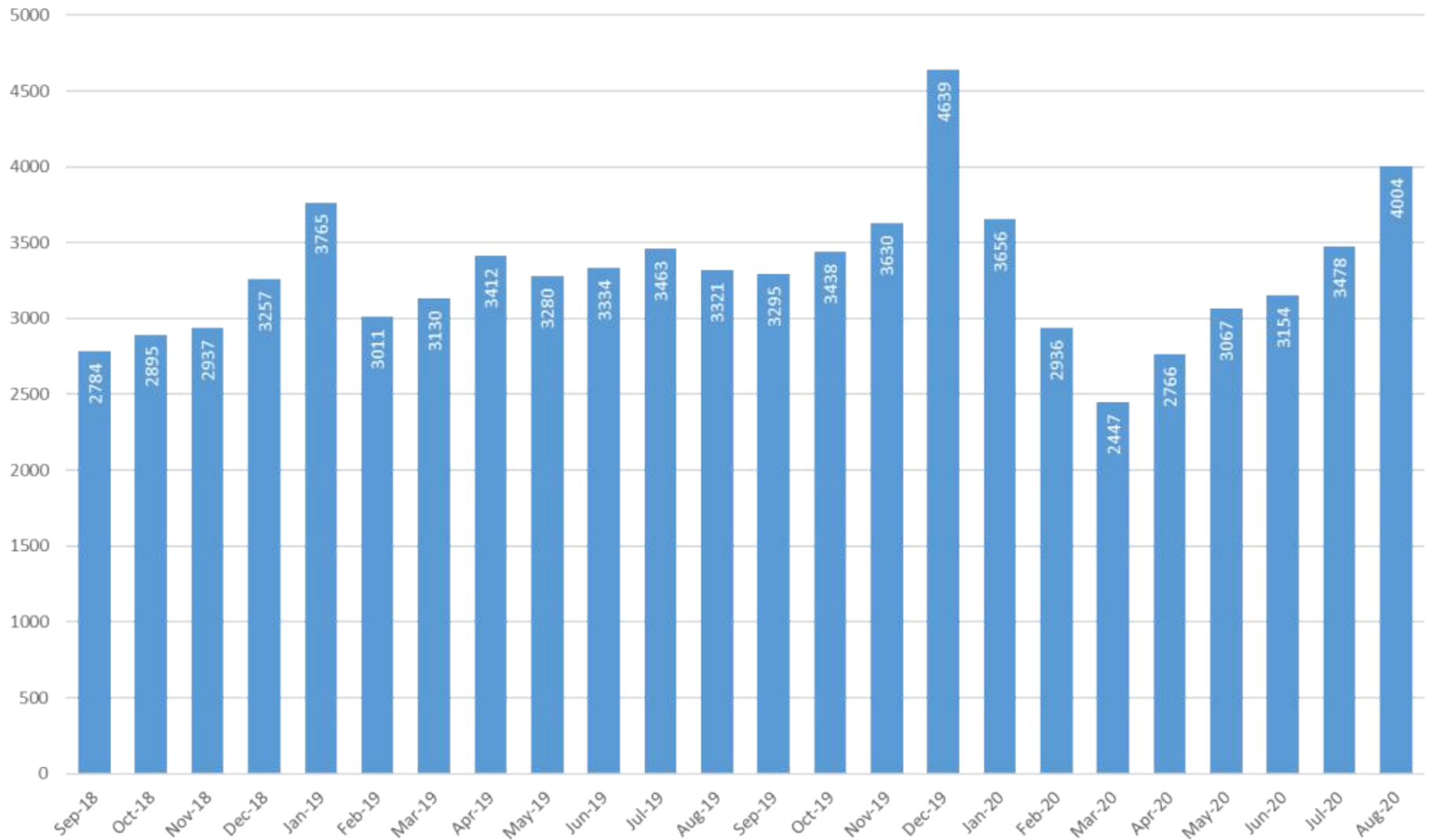
**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**



## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

Hear & Treat

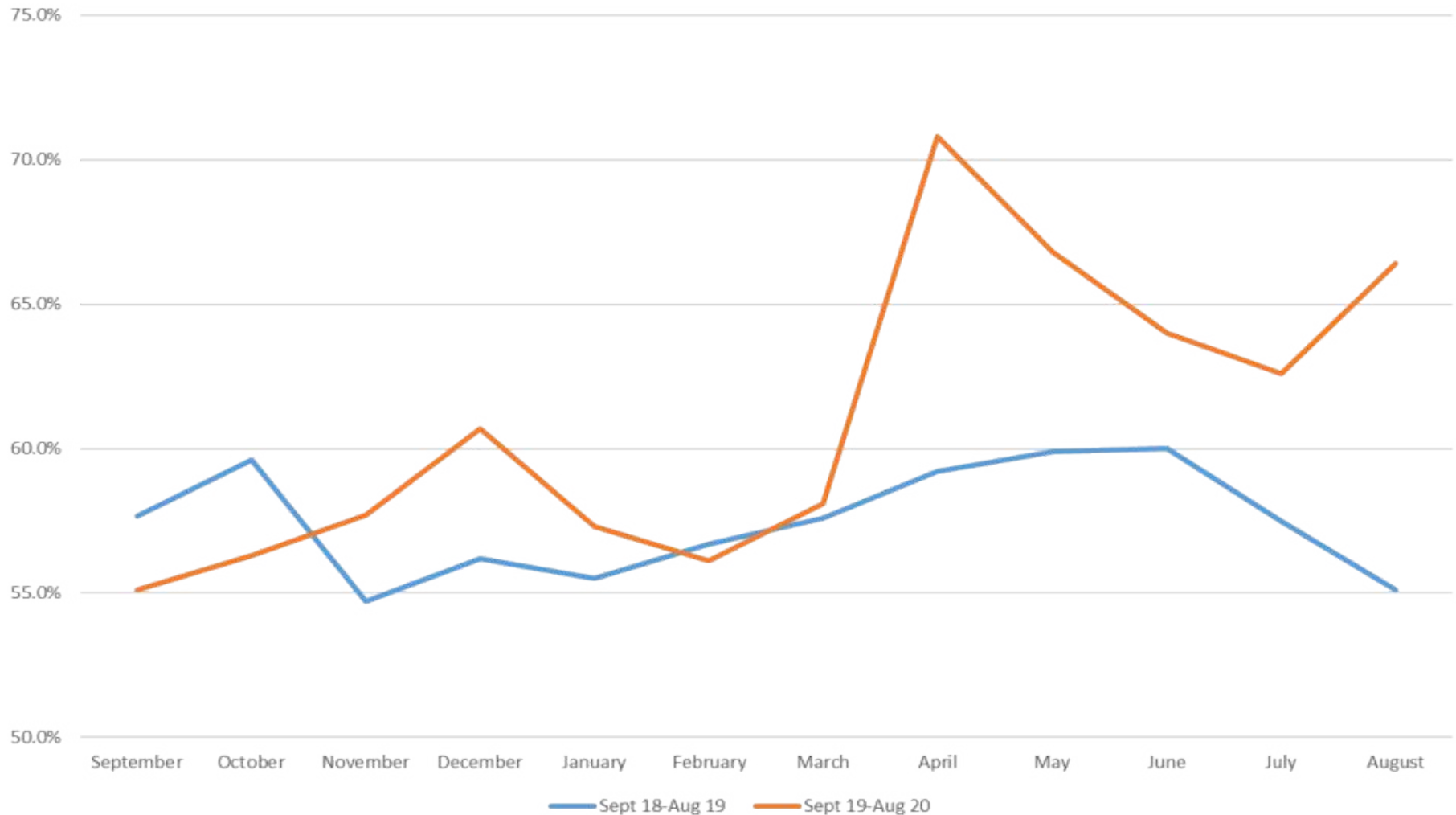




## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

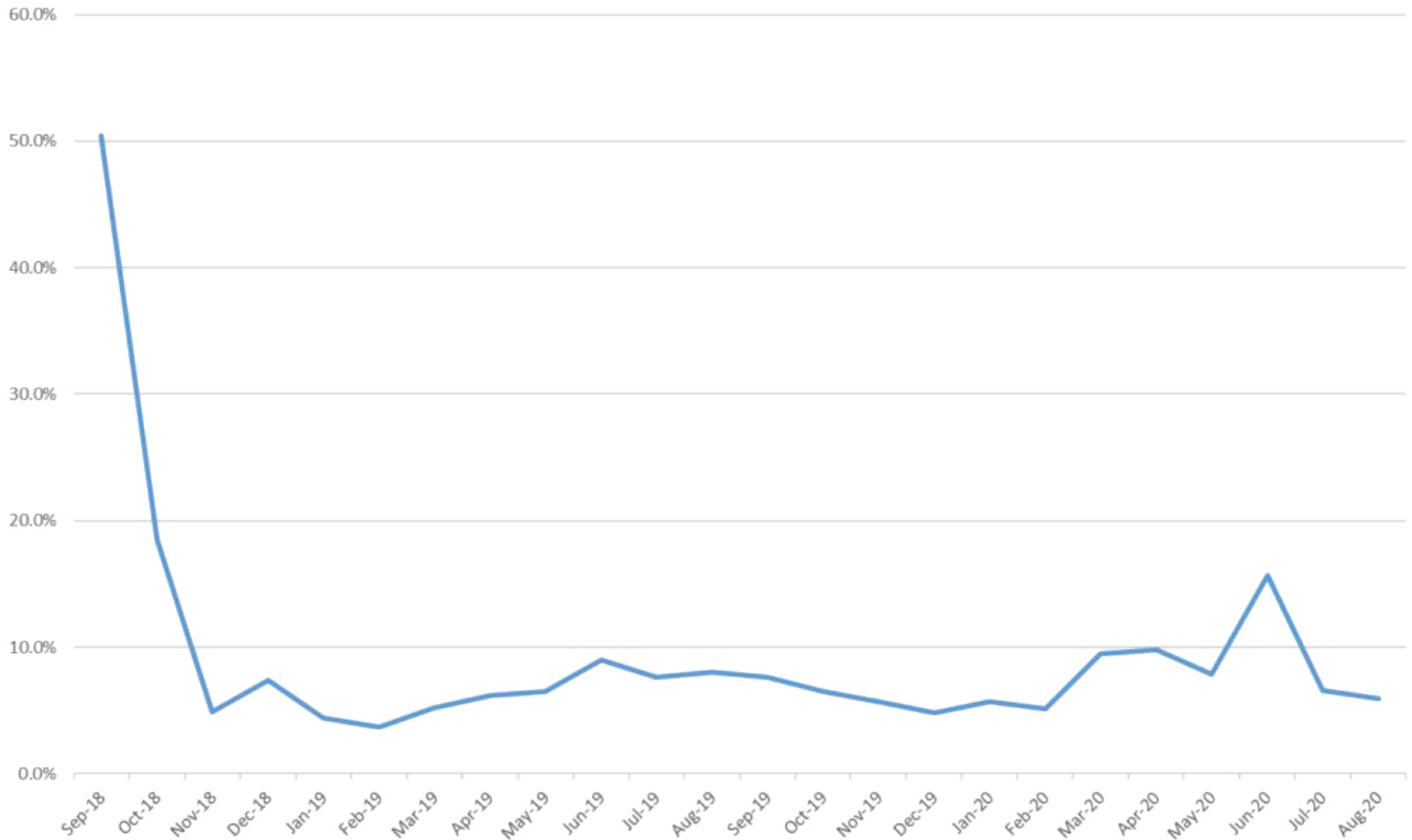
% Calls triaged by a Nurse Advisor, which were ended through transfer to alternative care advice services



## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

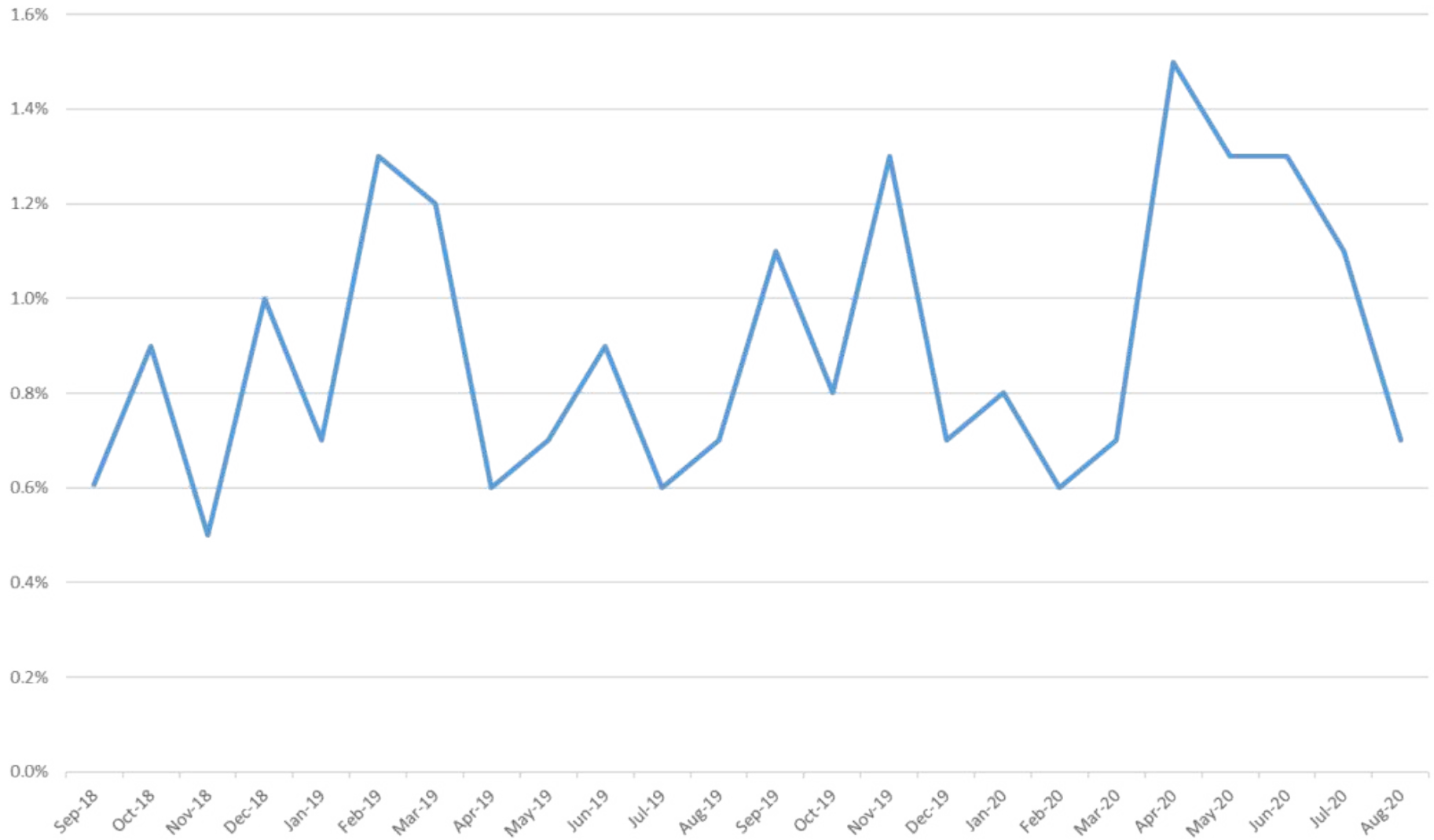
Re-Contact % within 24hrs of Telephone Triage (Hear and Treat)



## Emergency Medical Services – Step 2: Answer My Call

**OUR GOALS: PROVIDE THE RIGHT CARE. IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

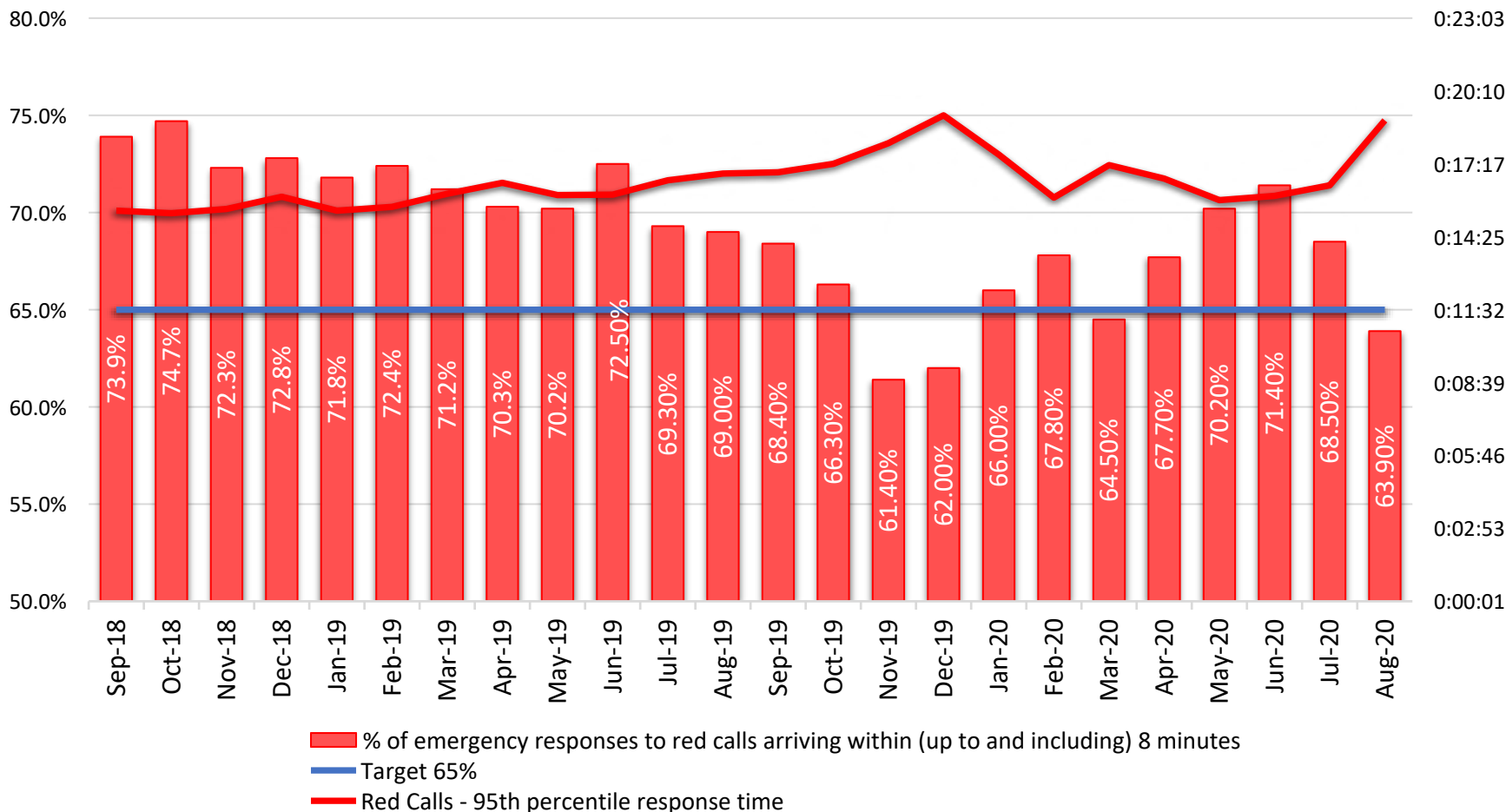
Recontact % within 24 hours of See & Treat



## Emergency Medical Services – Step 3: Come To See Me

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

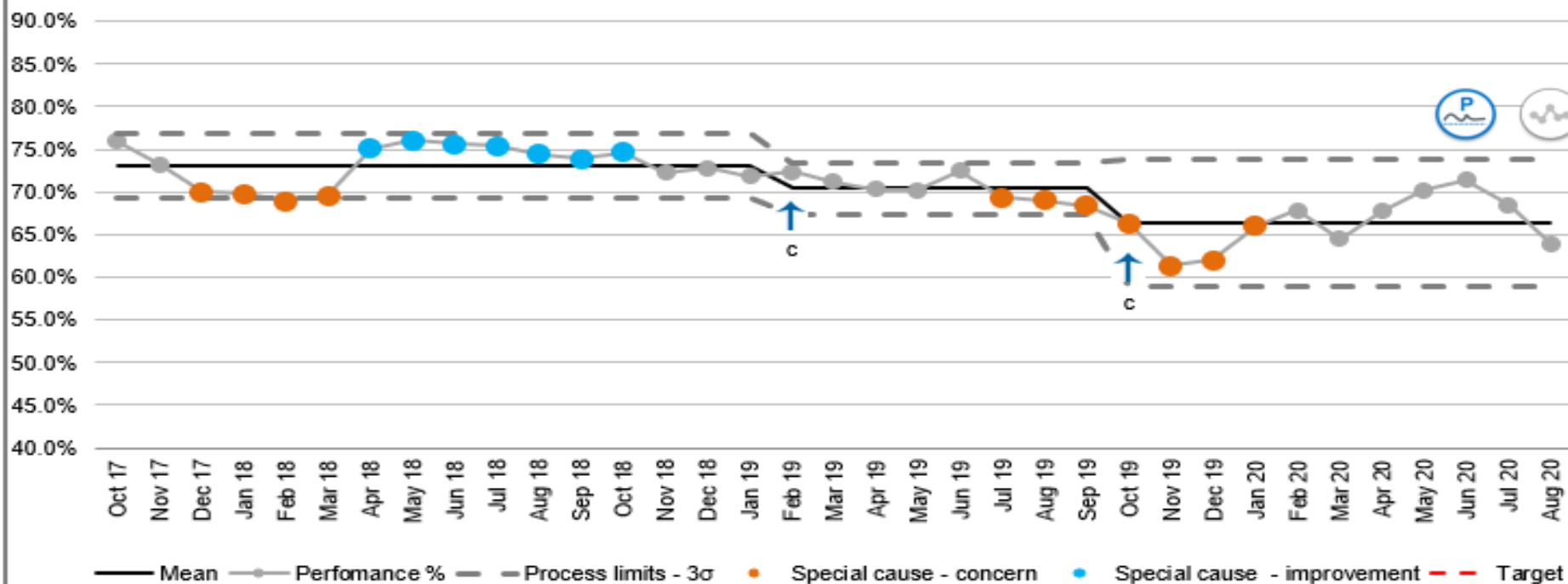
% of emergency responses to red calls arriving within (up to and including) 8 minutes  
against Red Calls 95th percentile



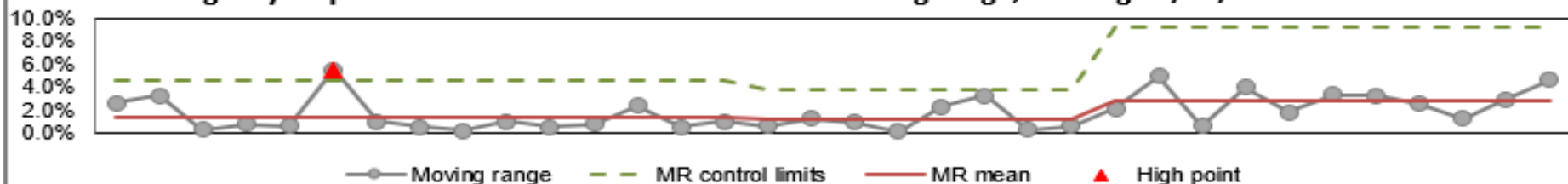
## Emergency Medical Services – Step 3: Come To See Me

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

% of emergency responses to red calls within 8 minutes- starting 01/10/17

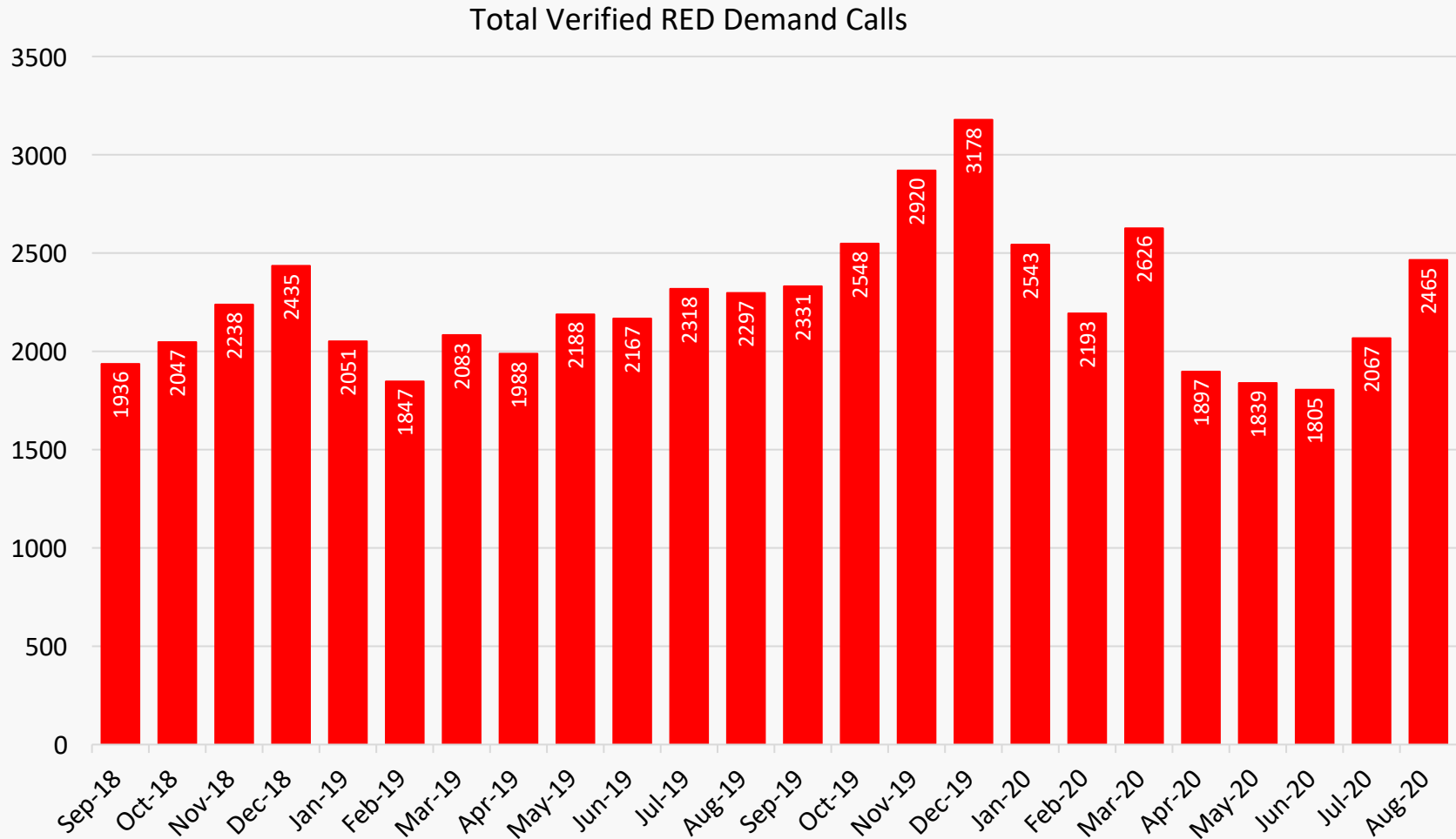


% of emergency responses to red calls within 8 minutes- Moving range, starting 01/10/17



## Emergency Medical Services – Step 3: Come To See Me

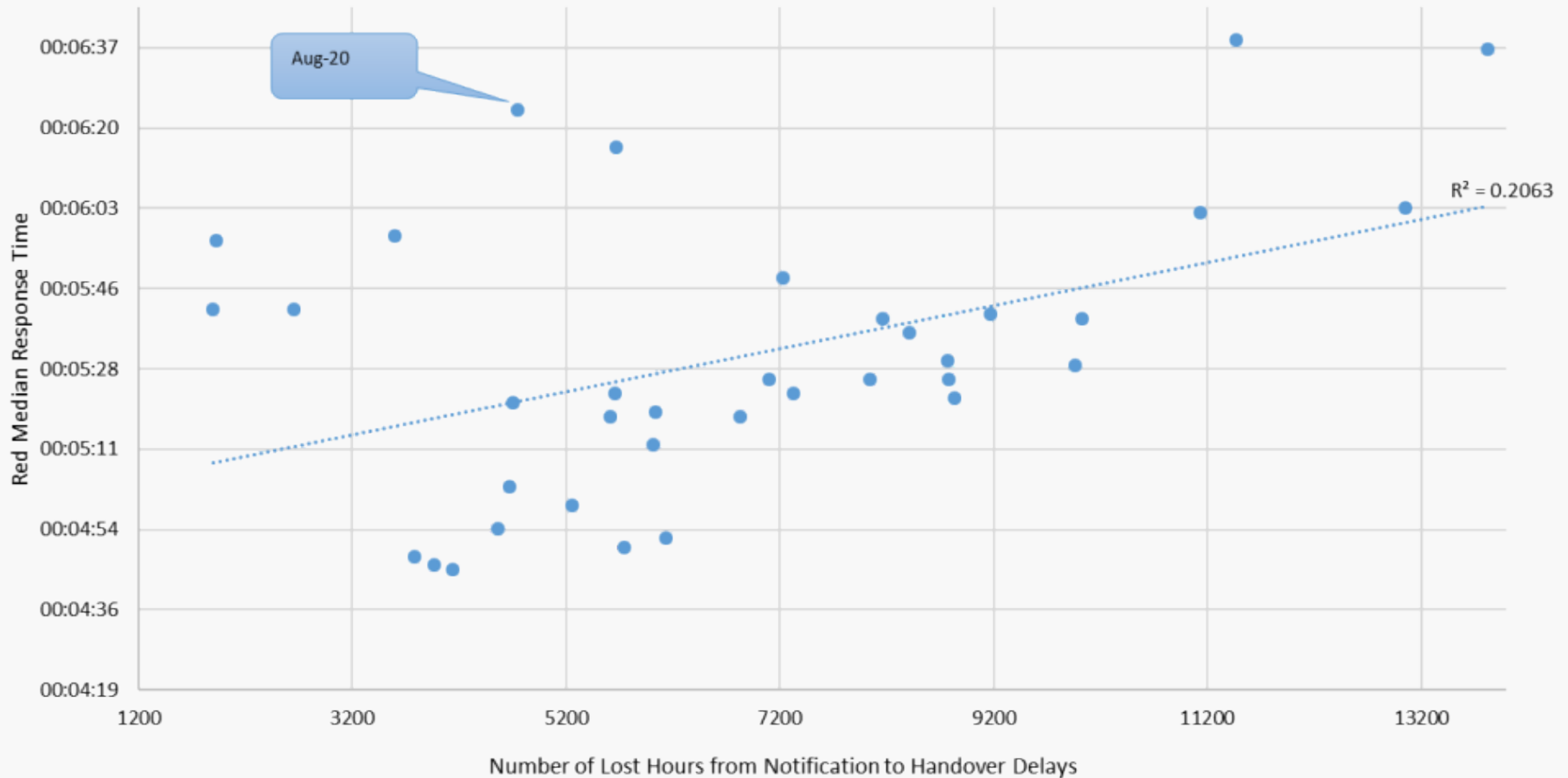
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**



## Emergency Medical Services – Step 3: Come To See Me

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

Red Median Correlated with  
Notification to Handover Lost Hours Sept-17 to Aug-20

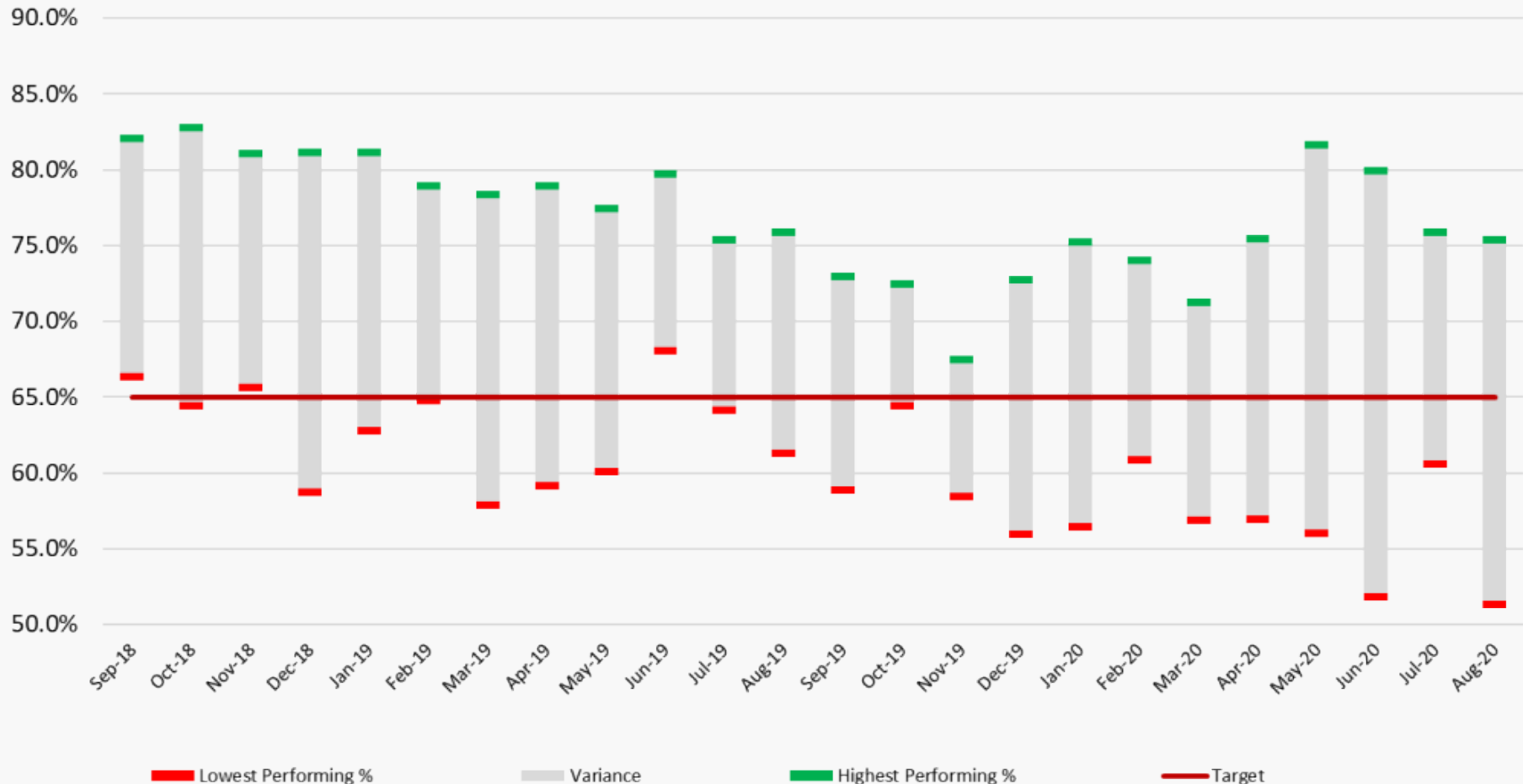




## Emergency Medical Services – Step 3: Come To See Me

**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**

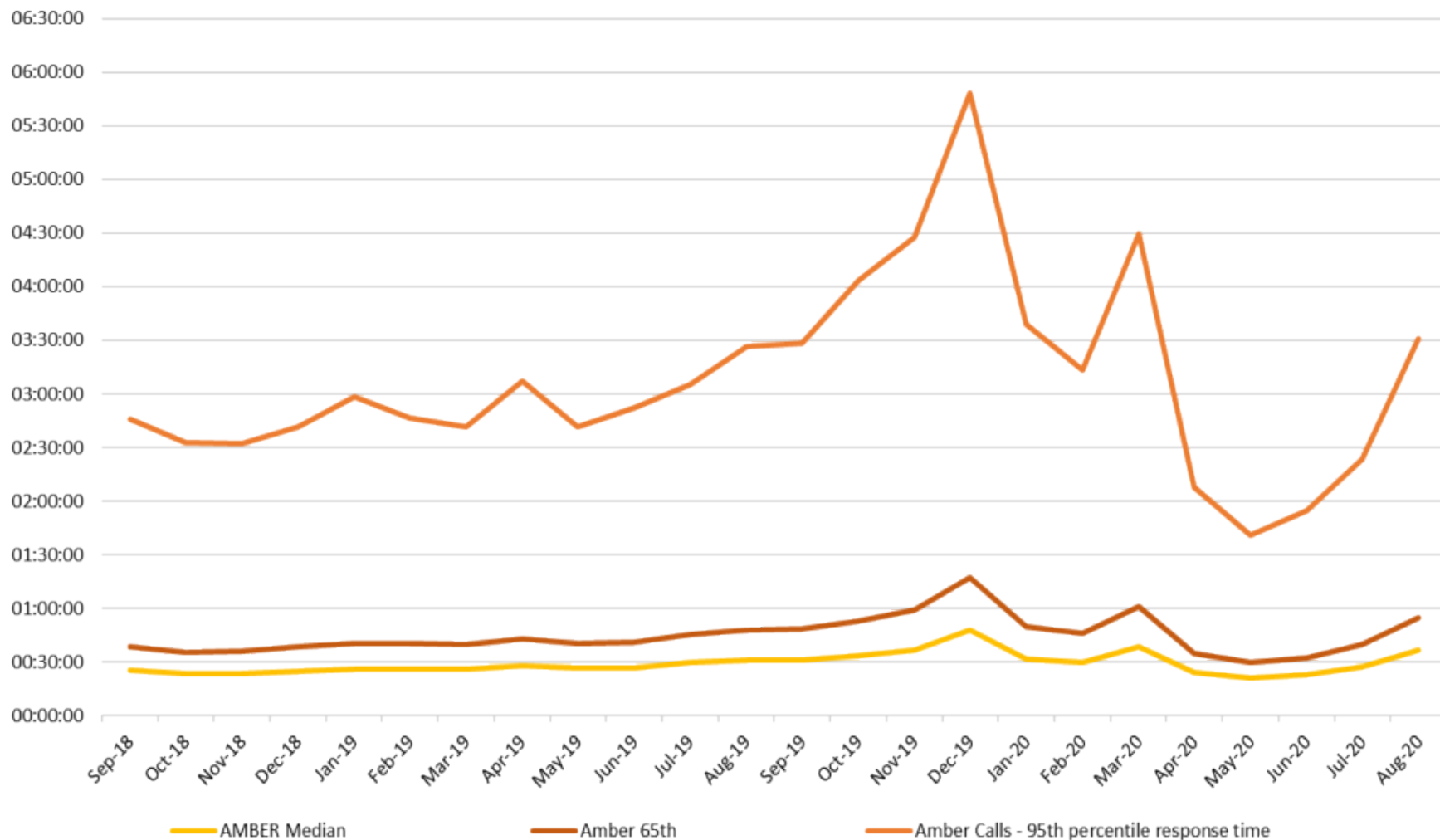
Reduction in the variation in RED call response time performance between the best and worst HB performance



## Emergency Medical Services – Step 3: Come To See Me

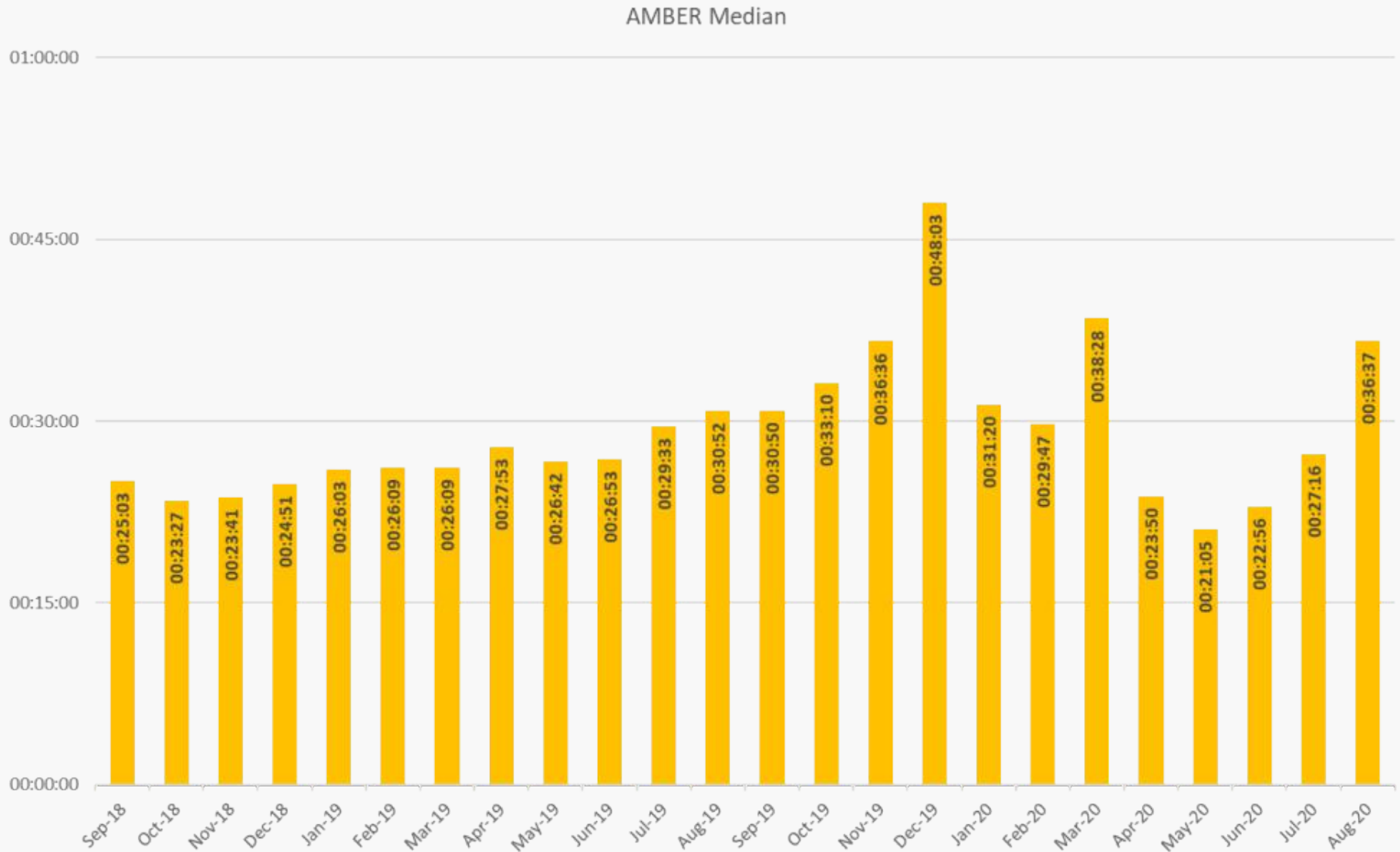
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

Amber Median, 65th & 95th Percentile



## Emergency Medical Services – Step 3: Come To See Me

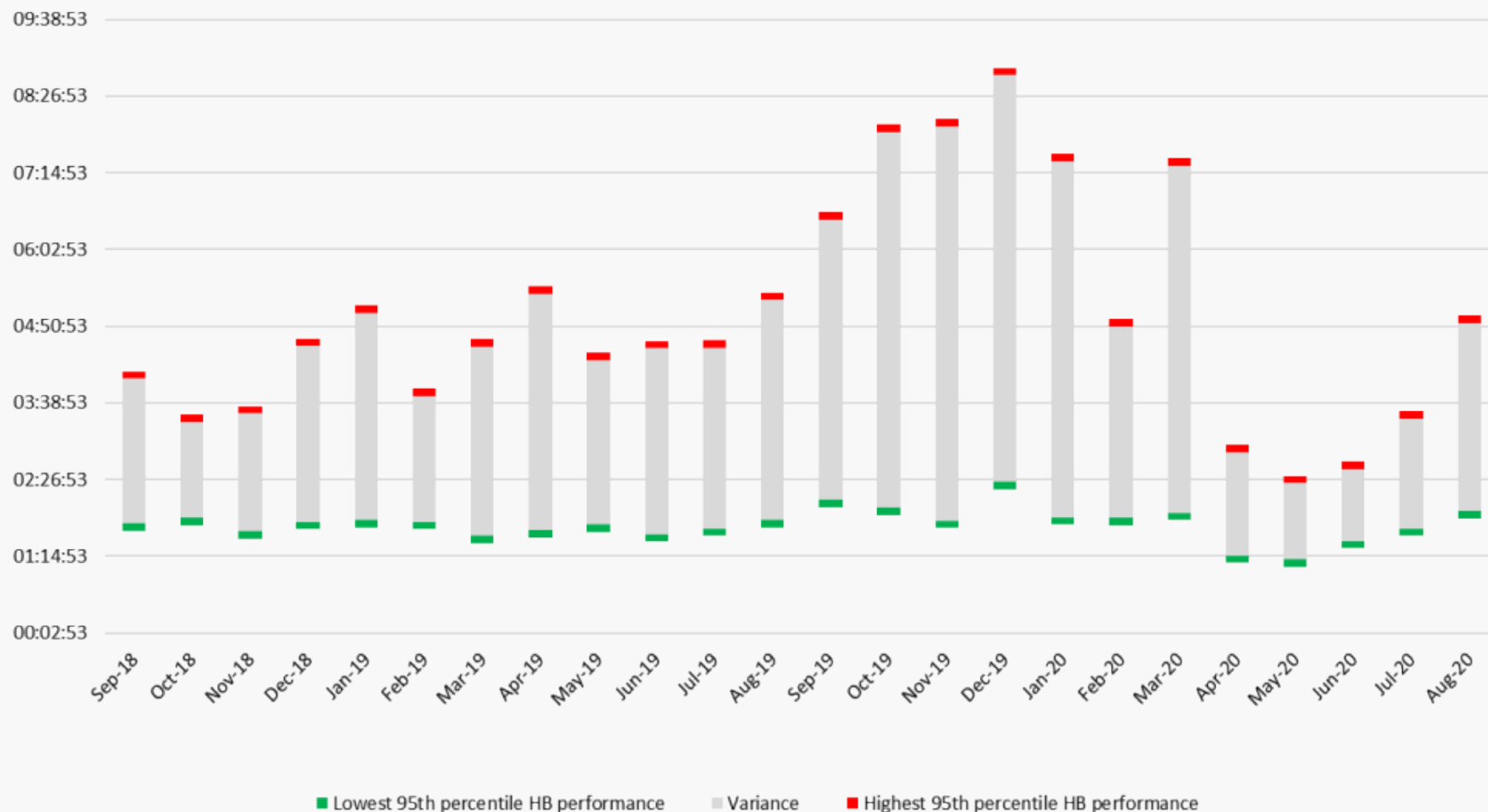
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**



## Emergency Medical Services – Step 3: Come To See Me

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

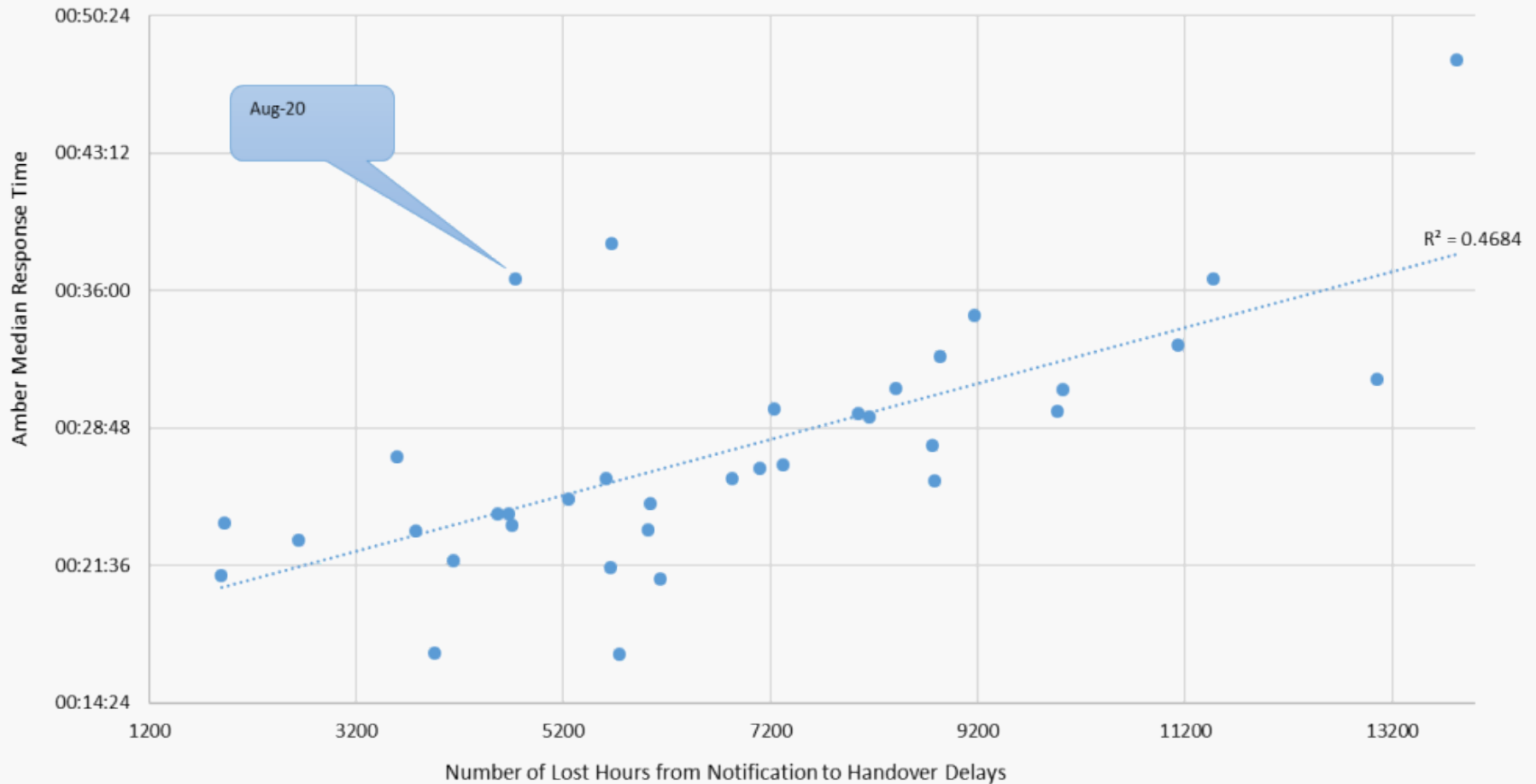
Reduction in the variation in AMBER call 95th percentile response times between the longest and shortest Health Board performance



## Emergency Medical Services – Step 3: Come To See Me

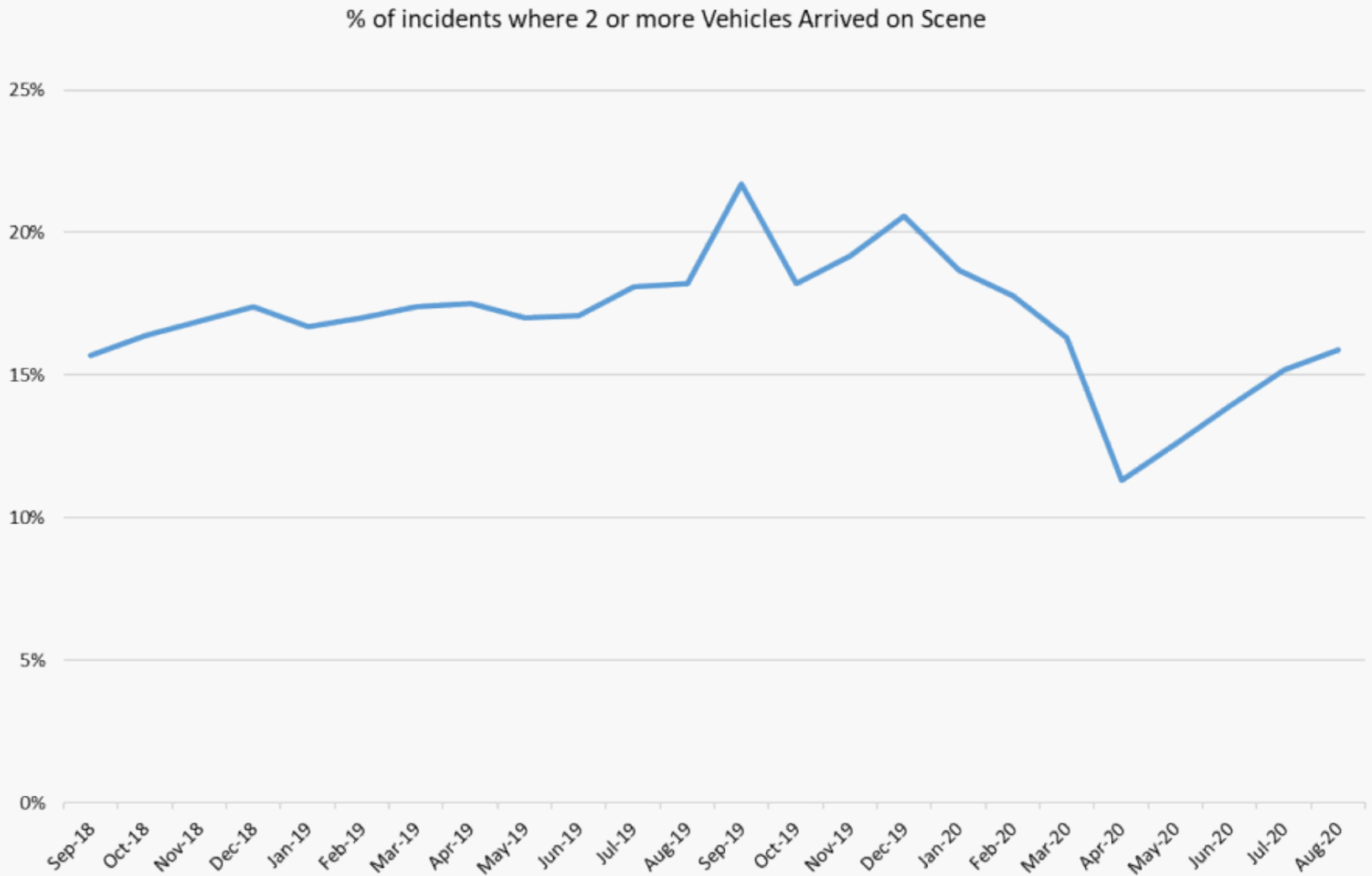
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

Amber Median Correlated with  
Notification to Handover Lost Hours Sept-17 to Aug-20



## Emergency Medical Services – Step 3: Come To See Me

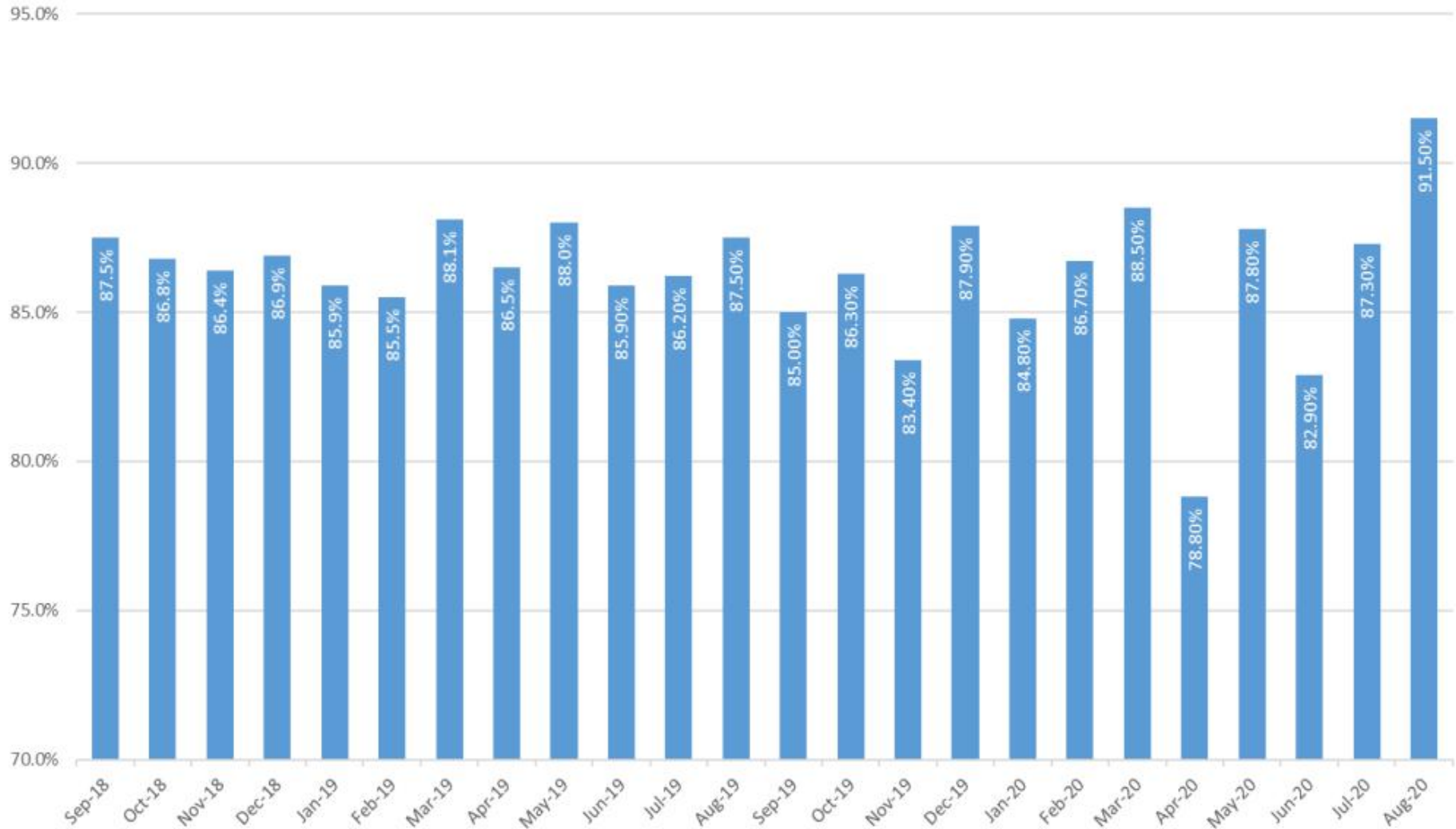
**OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**



## Emergency Medical Services – Step 3: Come To See Me

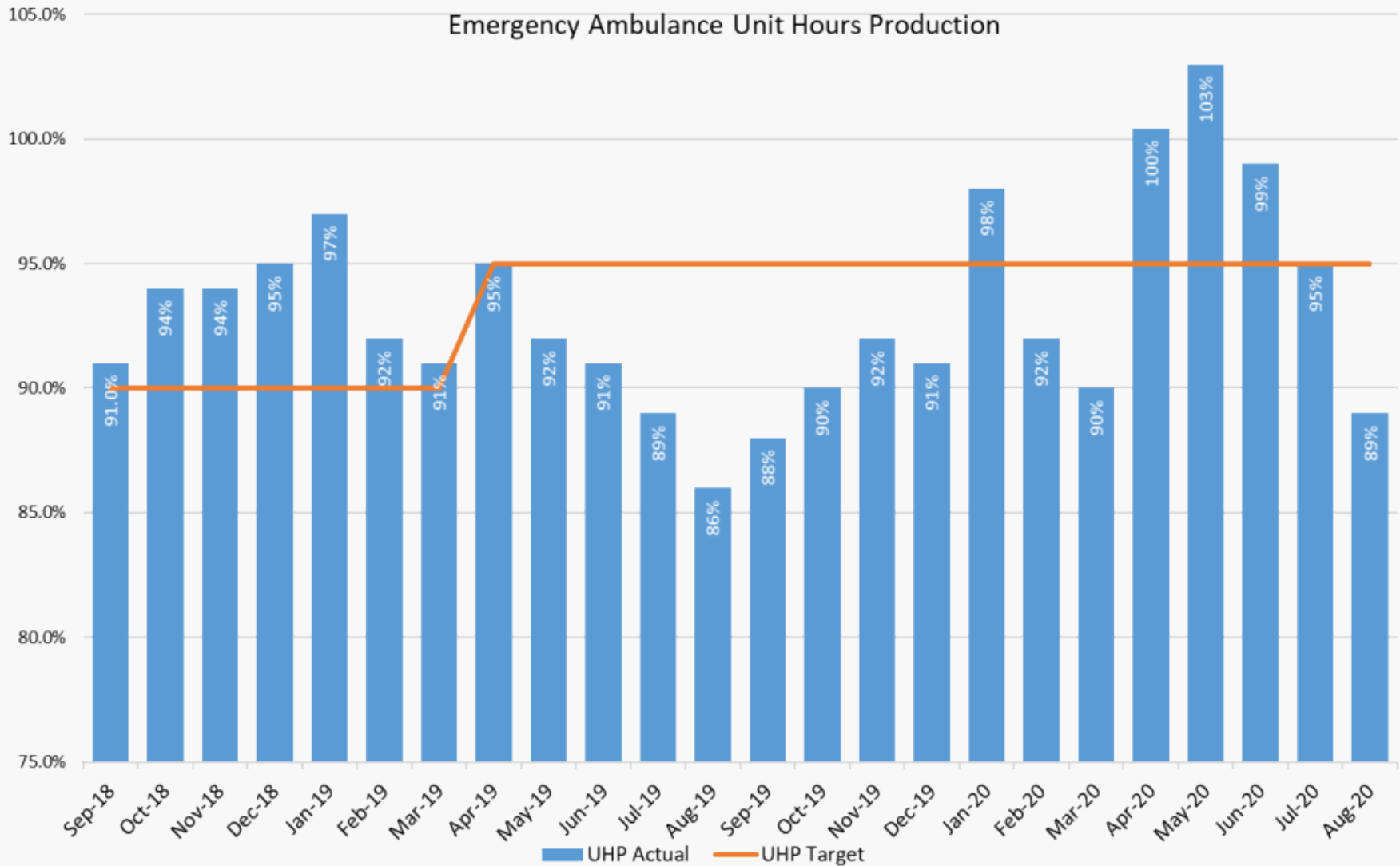
**OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

% Community First Responders attendances where they were the first response arriving at the scene



## Emergency Medical Services – Step 3: Come To See Me

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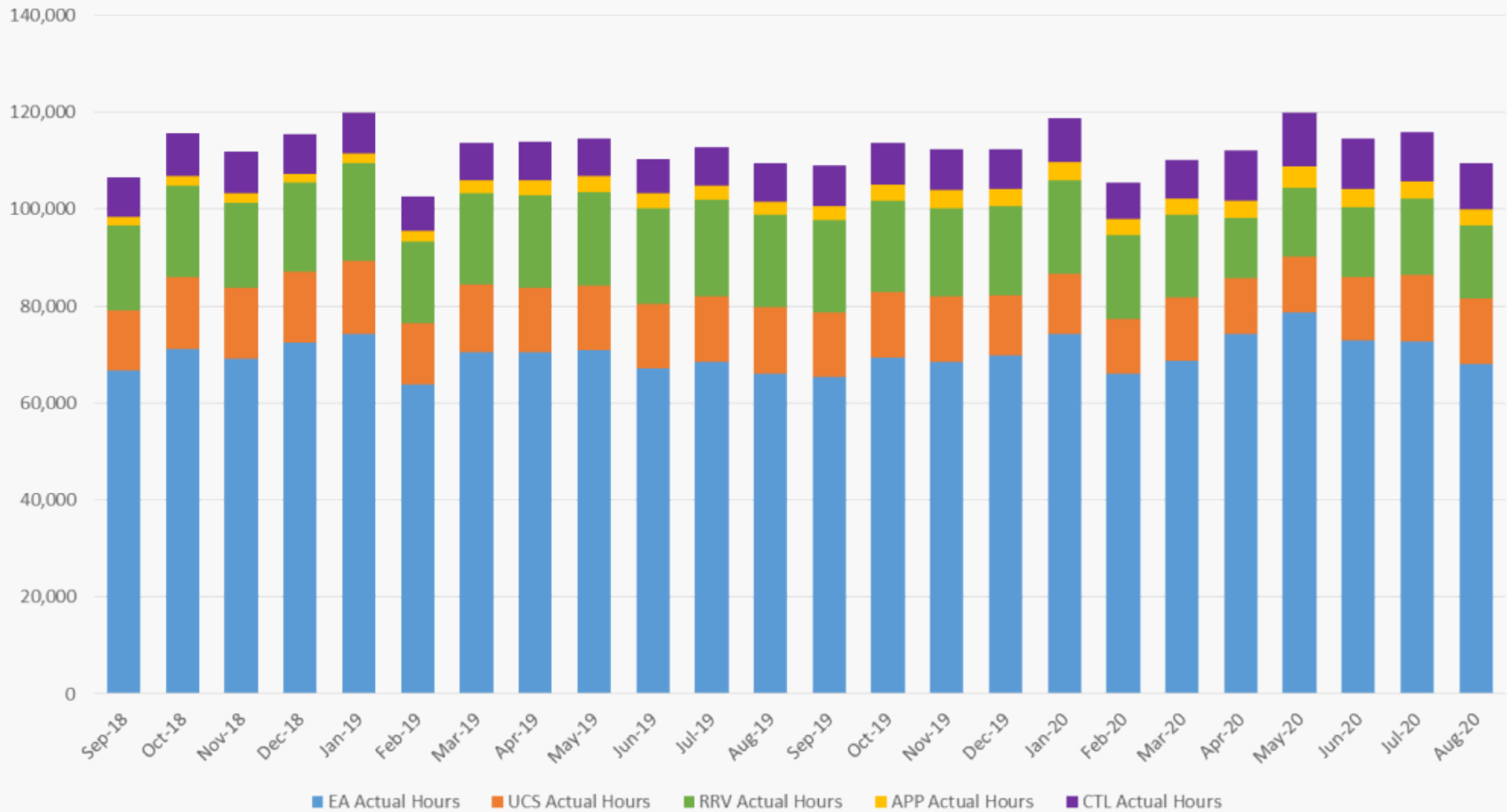




## Emergency Medical Services – Step 3: Come To See Me

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

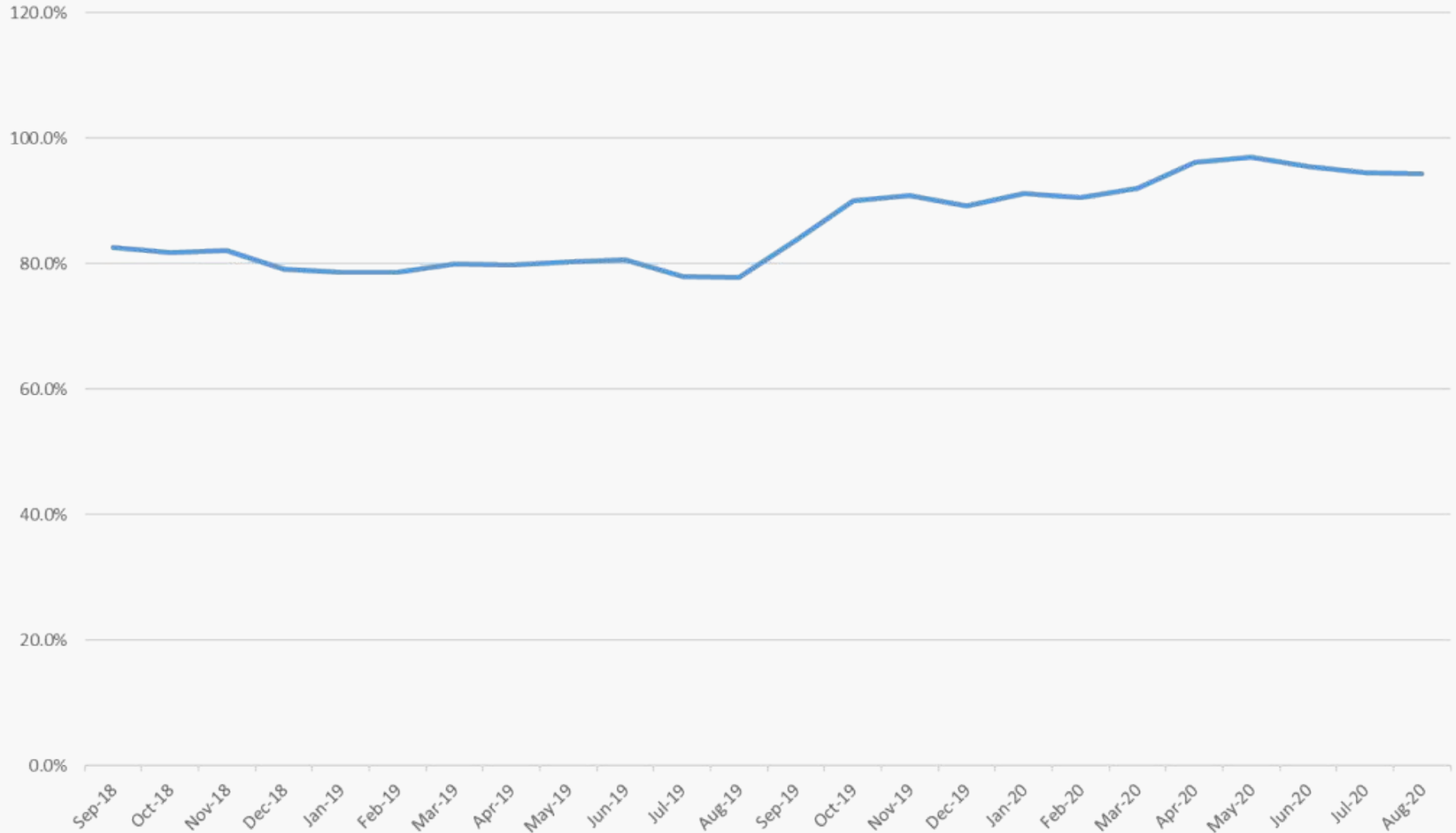
### Total EMS Actual Hours Produced



## Emergency Medical Services – Step 3: Come To See Me

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

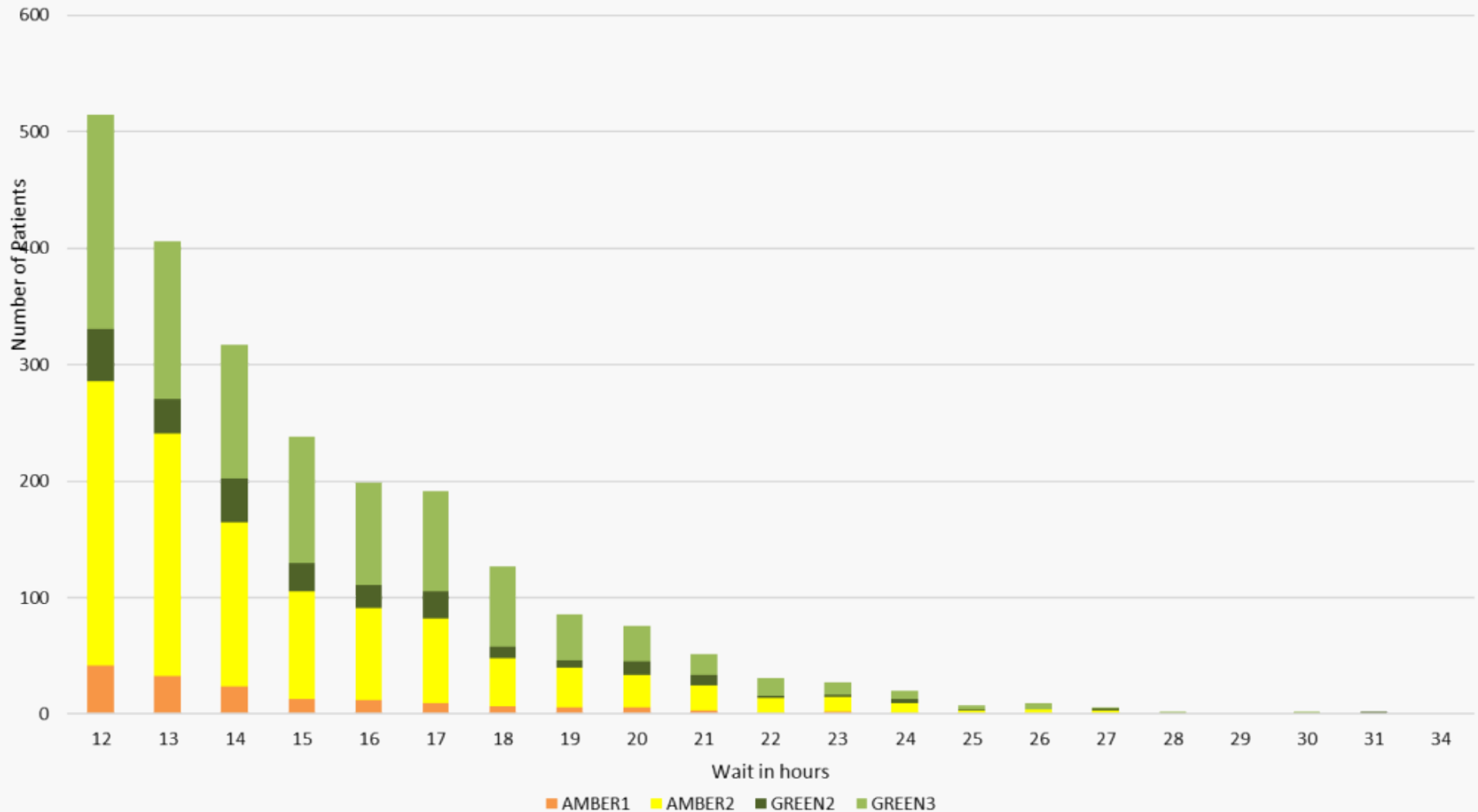
Compliance with HCP time requests to improve across each LHB



## Emergency Medical Services – Step 3: Come To See Me

**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**

Number of Patient Waits over 12 hours by Priority Type  
Cumulative Position over last 12 months (Sept-19 to Aug-20)



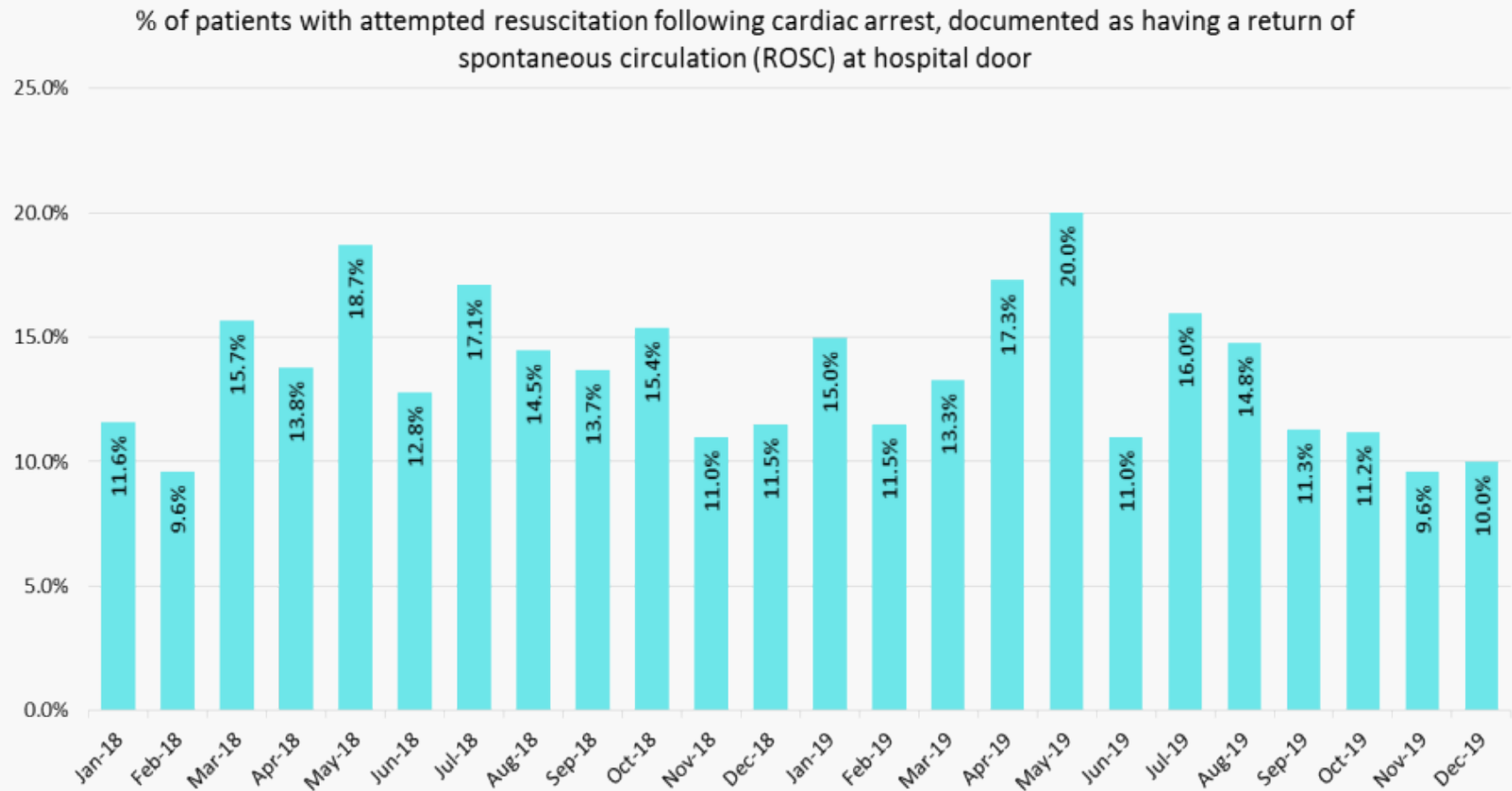
## Emergency Medical Services – Step 3: Come To See Me

**CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE**

| Patient Waits in Hours over 12 Hours |            |            |            |            |            |            |            |           |           |           |           |           |           |          |          |          |          |          |          |          |          |             |
|--------------------------------------|------------|------------|------------|------------|------------|------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------|
| Month                                | 12         | 13         | 14         | 15         | 16         | 17         | 18         | 19        | 20        | 21        | 22        | 23        | 24        | 25       | 26       | 27       | 28       | 29       | 30       | 31       | 34       | Grand Total |
| Sep-19                               | 44         | 24         | 24         | 14         | 18         | 12         | 5          | 5         | 3         | 3         | 2         | 1         |           | 1        |          | 1        |          |          |          |          | 1        | 158         |
| Oct-19                               | 67         | 50         | 31         | 26         | 28         | 25         | 19         | 14        | 18        | 9         | 5         | 1         | 1         | 1        |          |          |          |          | 1        |          |          | 296         |
| Nov-19                               | 62         | 64         | 45         | 41         | 25         | 19         | 15         | 12        | 11        | 10        | 6         | 7         | 3         | 1        |          | 3        |          | 1        |          |          |          | 325         |
| Dec-19                               | 103        | 79         | 68         | 47         | 48         | 51         | 39         | 23        | 25        | 17        | 8         | 14        | 8         | 3        | 2        | 1        | 1        |          | 1        | 2        |          | 540         |
| Jan-20                               | 50         | 44         | 40         | 36         | 34         | 32         | 16         | 15        | 8         | 7         | 7         |           | 2         |          | 4        |          |          |          |          |          |          | 295         |
| Feb-20                               | 39         | 23         | 20         | 10         | 10         | 9          | 7          | 1         | 1         |           | 2         | 1         | 1         | 1        |          |          |          |          |          |          |          | 125         |
| Mar-20                               | 52         | 49         | 43         | 23         | 15         | 15         | 11         | 9         | 2         | 2         | 1         | 1         | 3         |          | 1        |          |          |          |          |          |          | 227         |
| Apr-20                               | 6          | 1          | 1          | 2          | 2          | 2          | 3          |           |           |           |           |           |           |          |          |          |          |          |          |          |          | 17          |
| May-20                               | 2          | 1          |            |            |            |            |            |           |           |           |           |           |           |          |          |          |          |          |          |          |          | 3           |
| Jun-20                               | 2          |            | 1          | 2          |            |            |            |           |           |           |           |           |           |          |          |          |          |          |          |          |          | 5           |
| Jul-20                               | 7          | 6          | 5          | 1          | 1          |            |            | 2         |           | 1         |           |           |           |          |          |          |          |          |          |          |          | 23          |
| Aug-20                               | 30         | 25         | 30         | 22         | 9          | 10         | 13         | 2         | 1         | 3         | 1         | 2         |           |          |          |          |          |          |          |          |          | 148         |
| <b>Grand Total</b>                   | <b>464</b> | <b>366</b> | <b>308</b> | <b>224</b> | <b>190</b> | <b>175</b> | <b>128</b> | <b>83</b> | <b>69</b> | <b>52</b> | <b>32</b> | <b>27</b> | <b>18</b> | <b>7</b> | <b>7</b> | <b>5</b> | <b>1</b> | <b>1</b> | <b>2</b> | <b>2</b> | <b>1</b> | <b>2162</b> |

## Emergency Medical Services – Step 4: Give Me Treatment

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS**

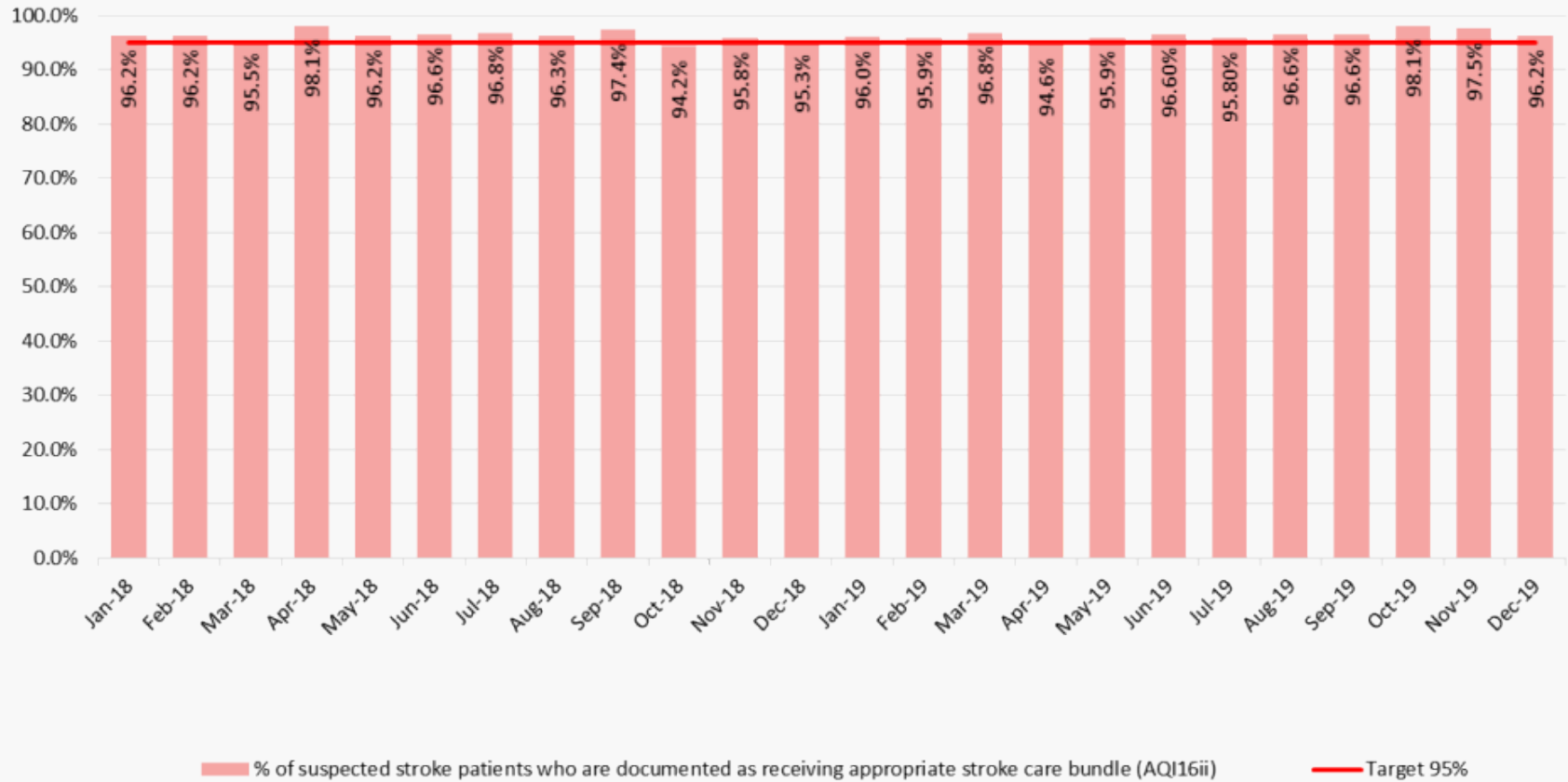


*N.B. December 2019 data available only*

## Emergency Medical Services – Step 4: Give Me Treatment

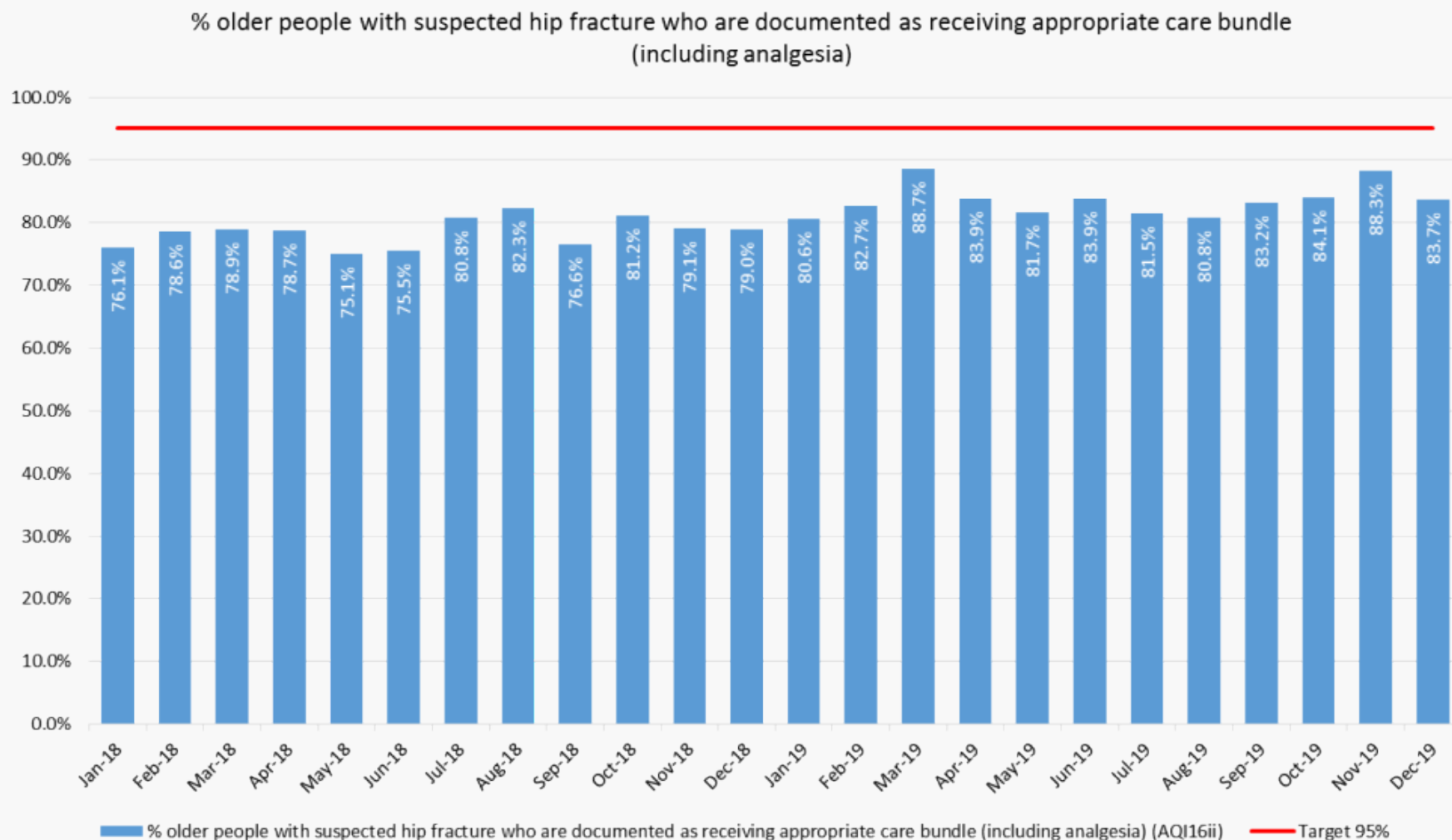
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS**

% of suspected stroke patients who are documented as receiving appropriate stroke care bundle



## Emergency Medical Services – Step 4: Give Me Treatment

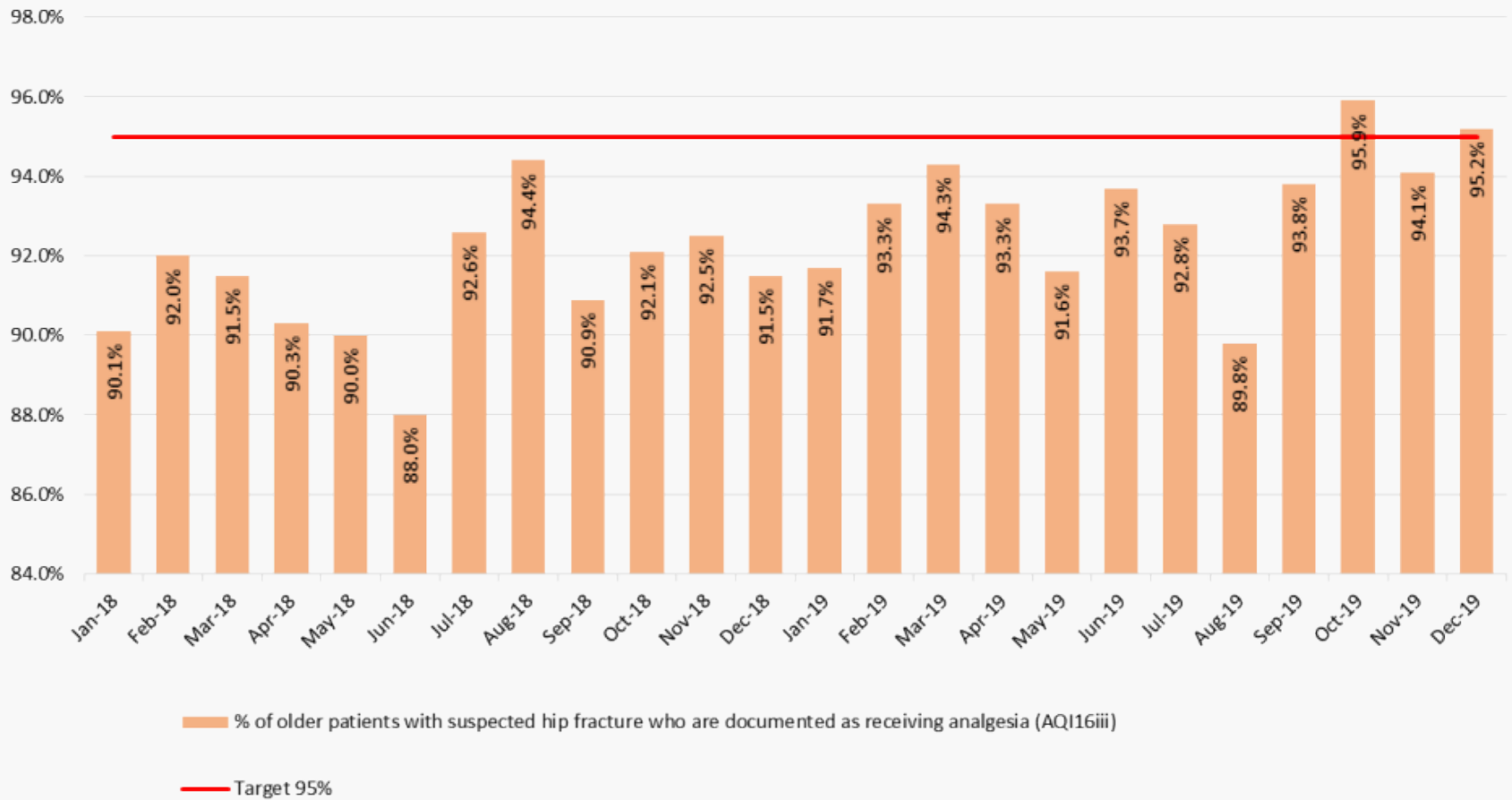
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS**



## Emergency Medical Services – Step 4: Give Me Treatment

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS**

% of older patients with suspected hip fracture who are documented as receiving analgesia

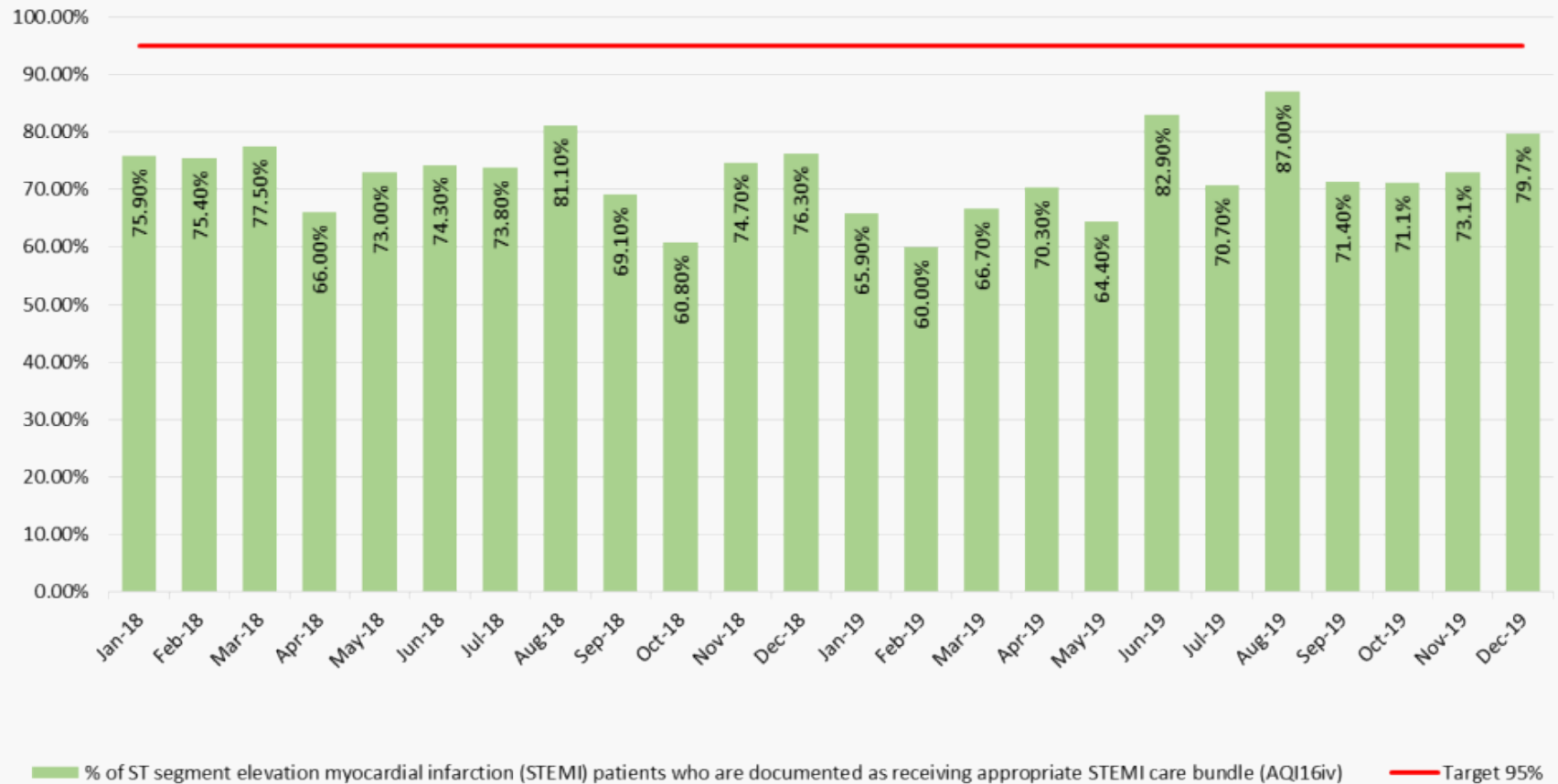




## Emergency Medical Services – Step 4: Give Me Treatment

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS**

% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle



## Emergency Medical Services – Step 4: Give Me Treatment

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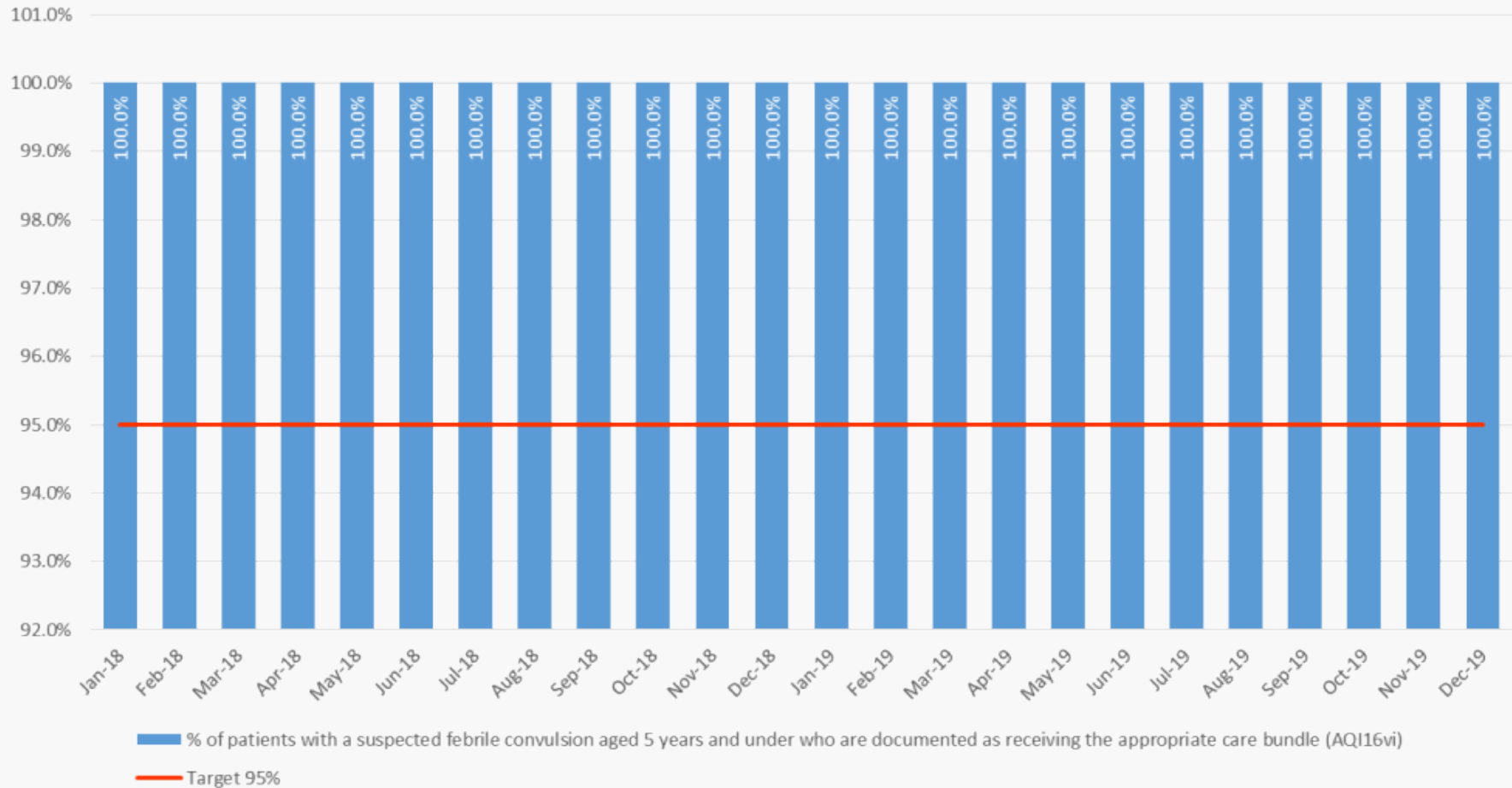
% of suspected sepsis patients who have had a documented NEWS score



## Emergency Medical Services – Step 4: Give Me Treatment

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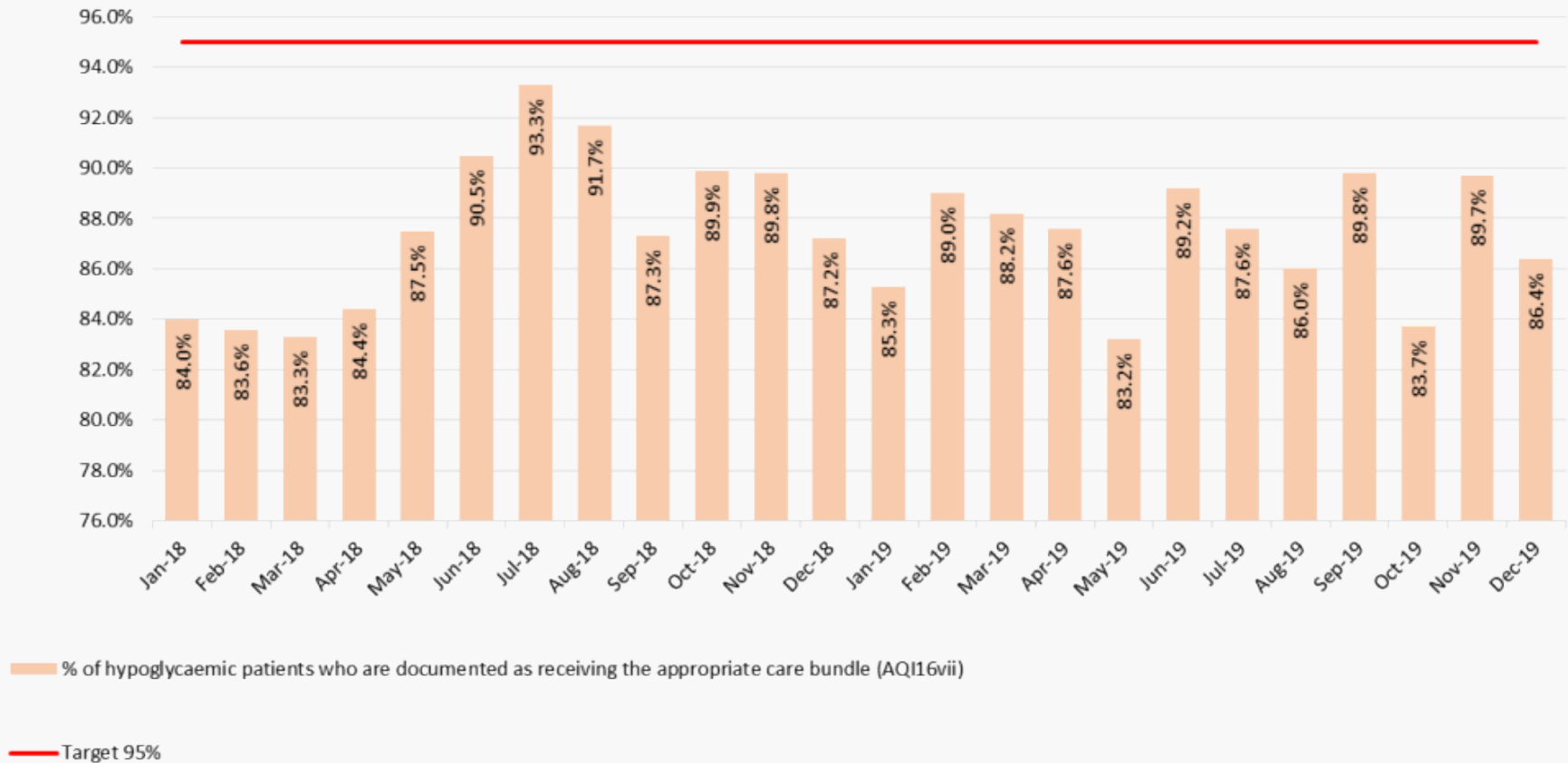
% of Patients with a suspected febrile convulsion aged 5 years and under who are documented as receiving the appropriate care bundle



## Emergency Medical Services – Step 4: Give Me Treatment

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS**

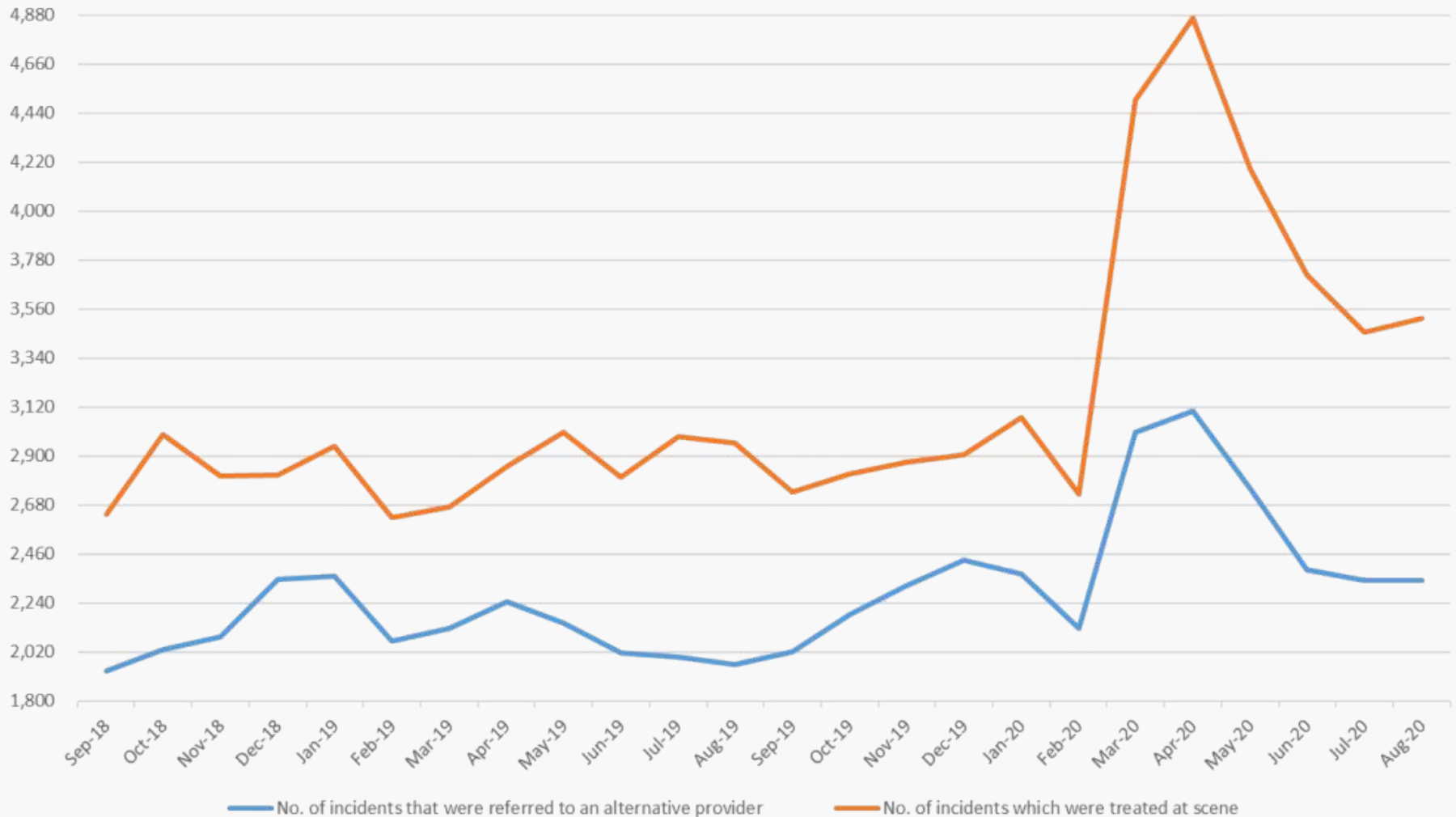
% of hypoglycaemic patients who are documented as receiving the appropriate care bundle



## Emergency Medical Services – Step 4: Give Me Treatment

**OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

Incidents Treated at Scene VS Incidents Referred to Alternative Providers



## Emergency Medical Services – Step 4: Give Me Treatment

**OUR GOALS: PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

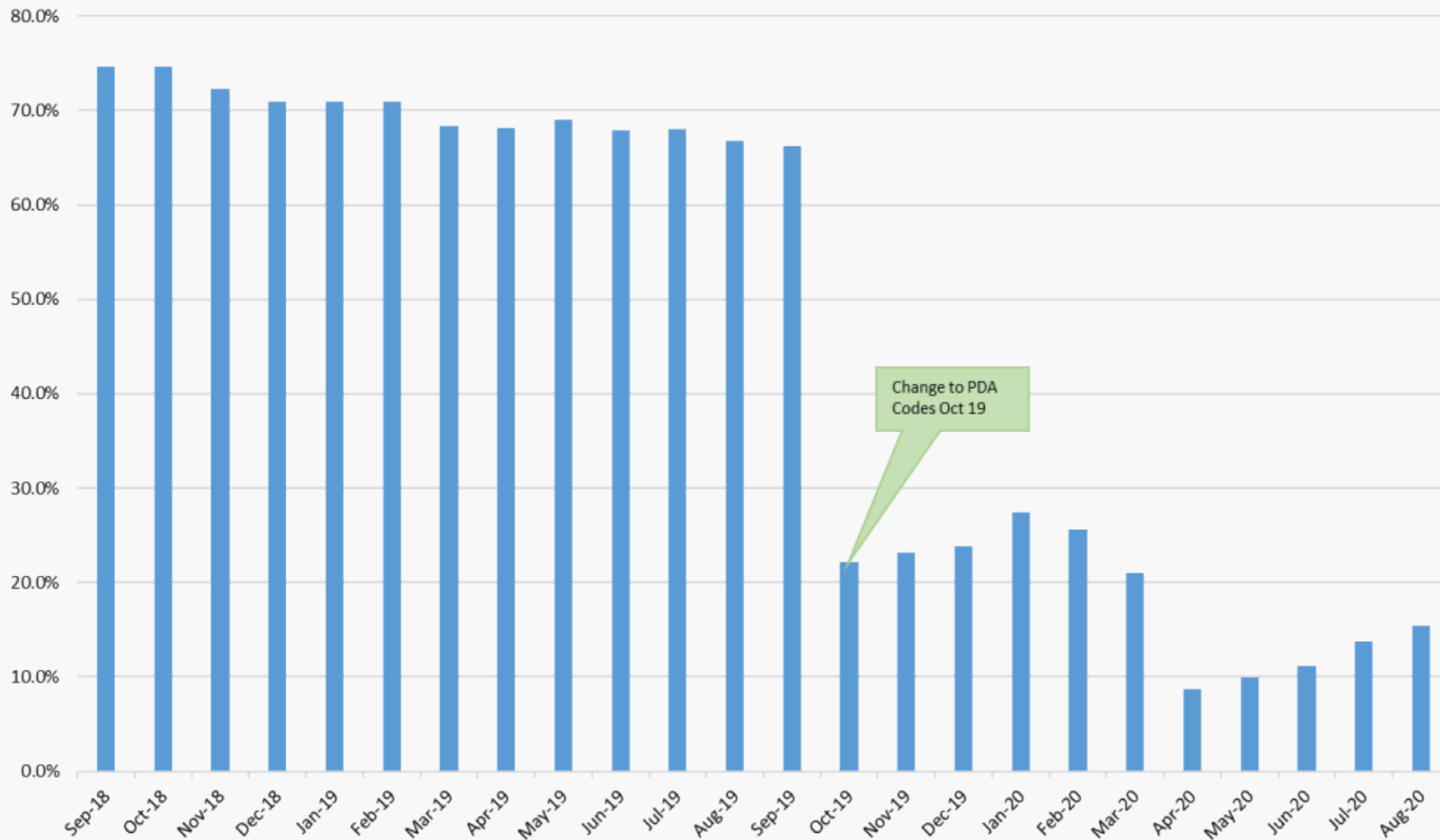
Percentage of Verified Incidents Which Resulted in Non-Conveyance to Hospital and were Referred to Alternate Provider



## Emergency Medical Services – Step 4: Give Me Treatment

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS**

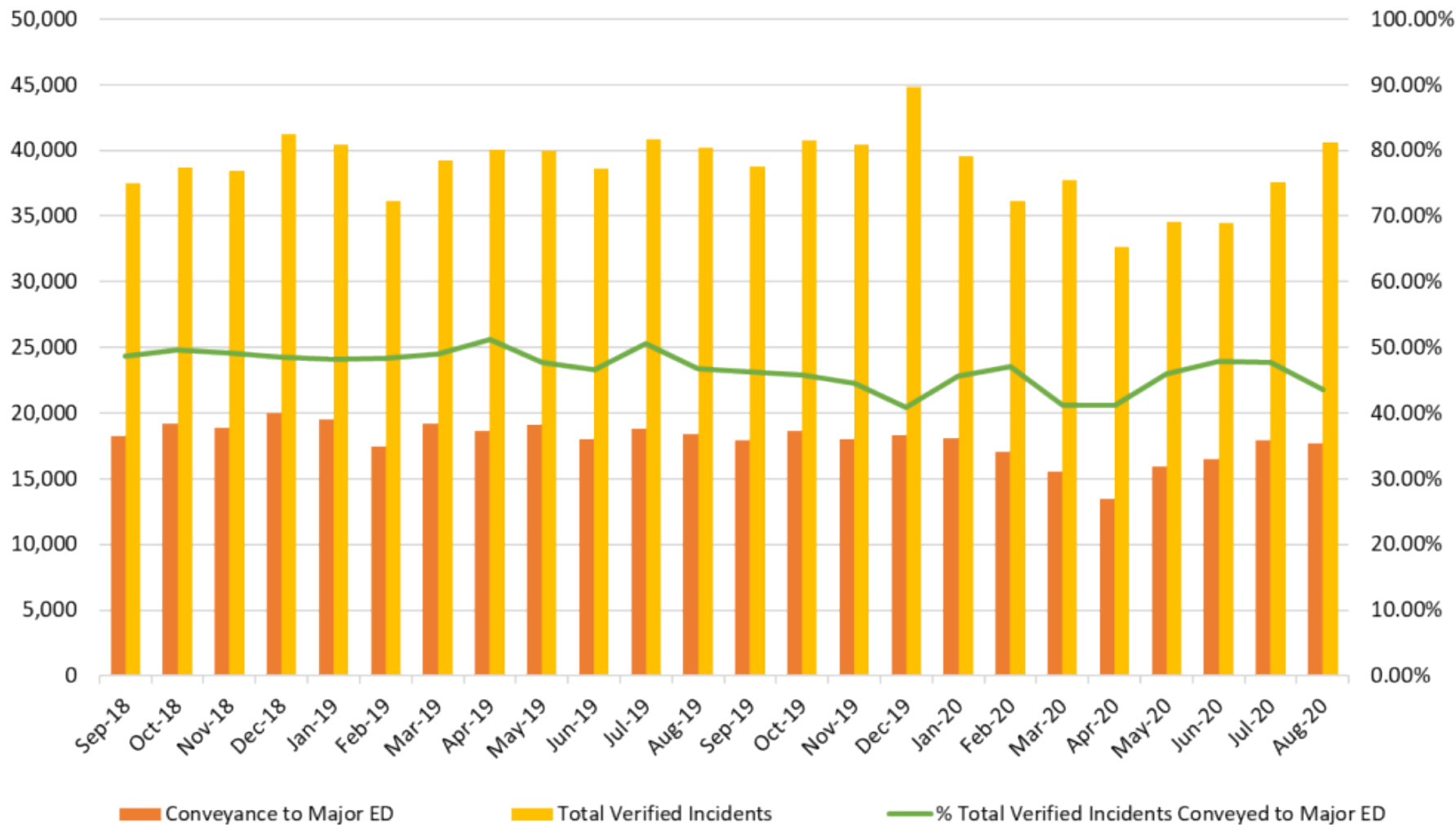
% Amber incidents where Ideal Resource first on scene



## Emergency Medical Services – Step 5: Take Me To Hospital

**OUR GOALS: PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

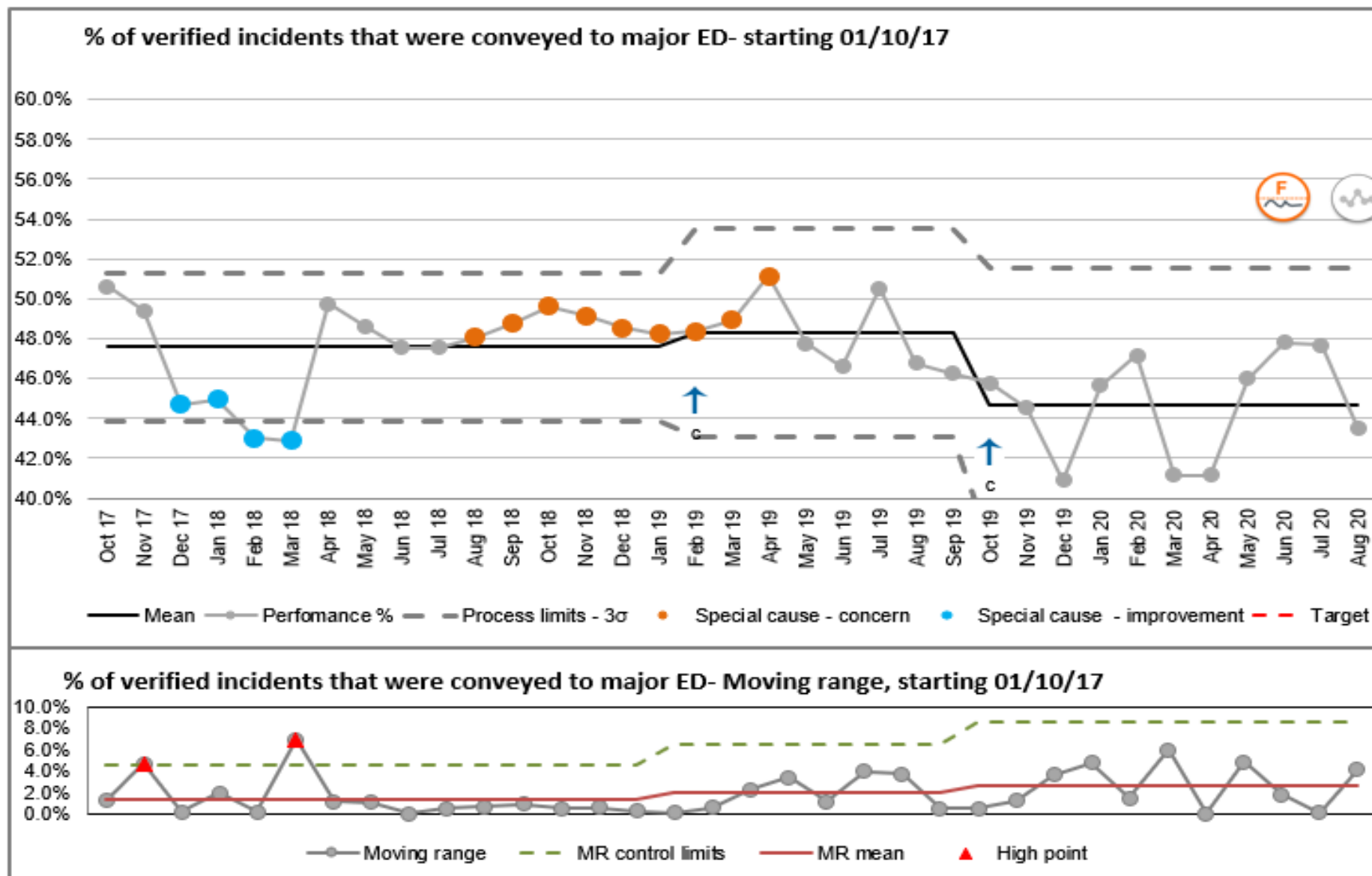
Conveyance to Major ED





## Emergency Medical Services – Step 5: Take Me To Hospital

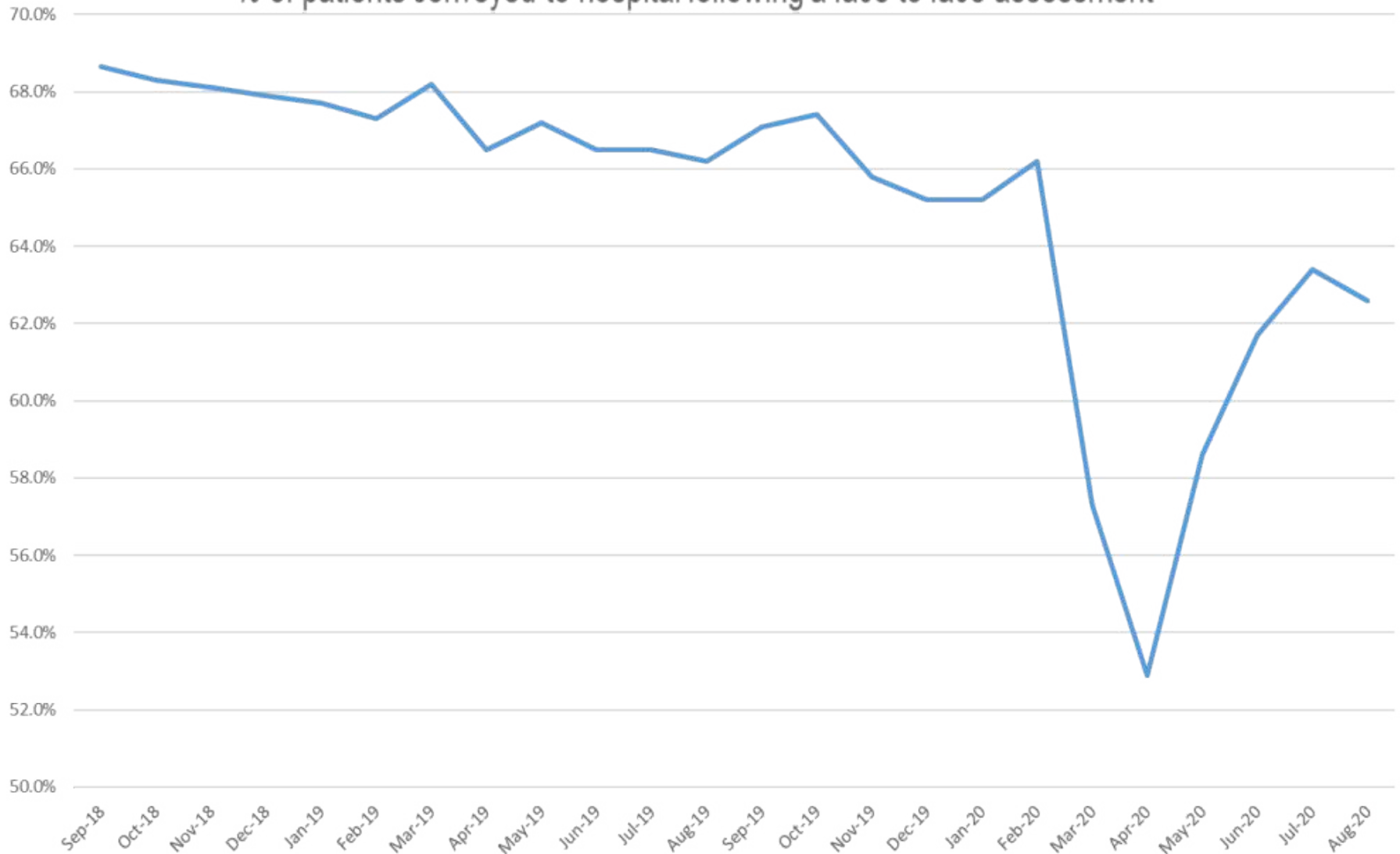
**OUR GOALS: PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**



## Emergency Medical Services – Step 5: Take Me To Hospital

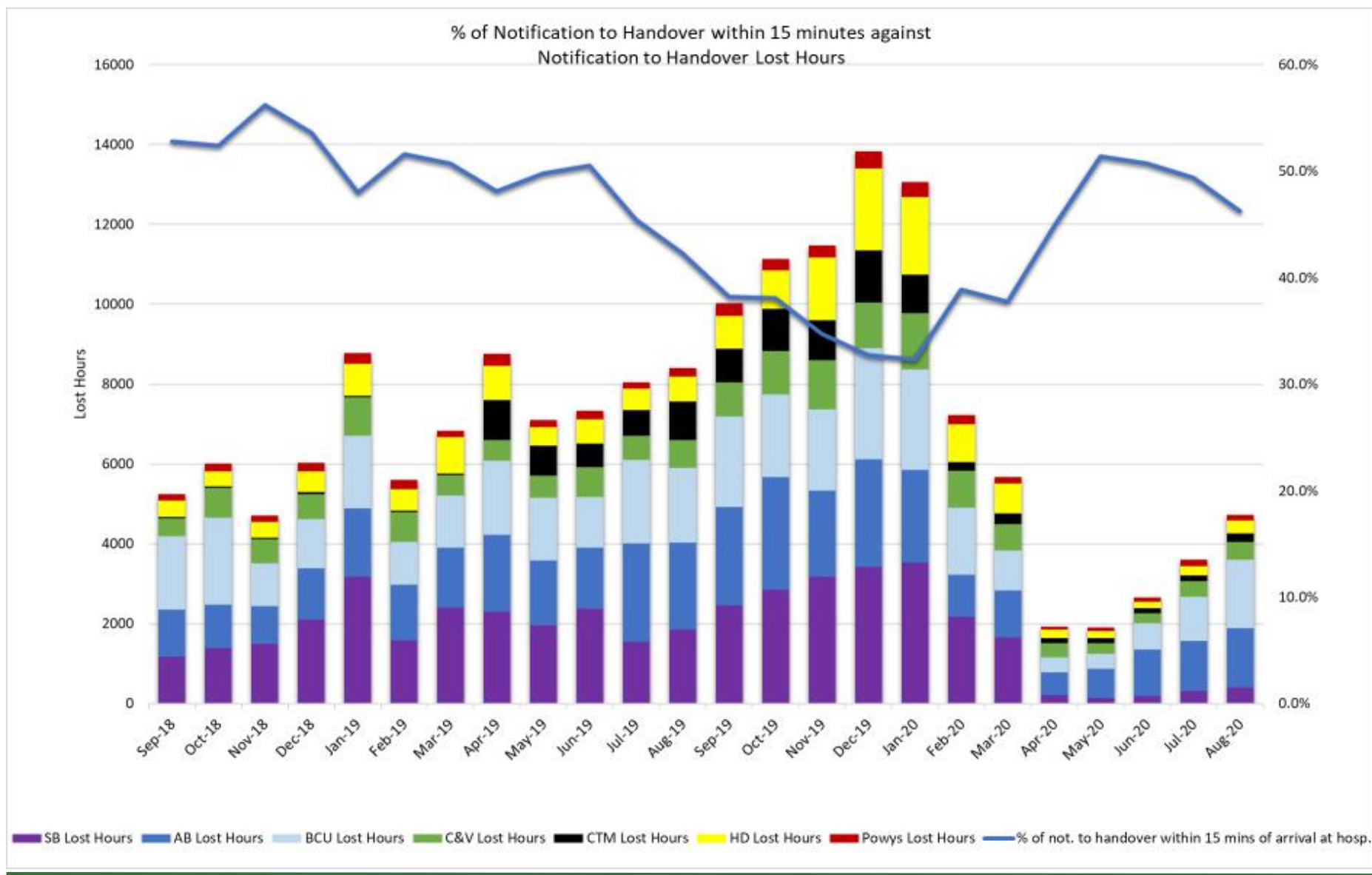
**OUR GOALS: PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

% of patients conveyed to hospital following a face to face assessment



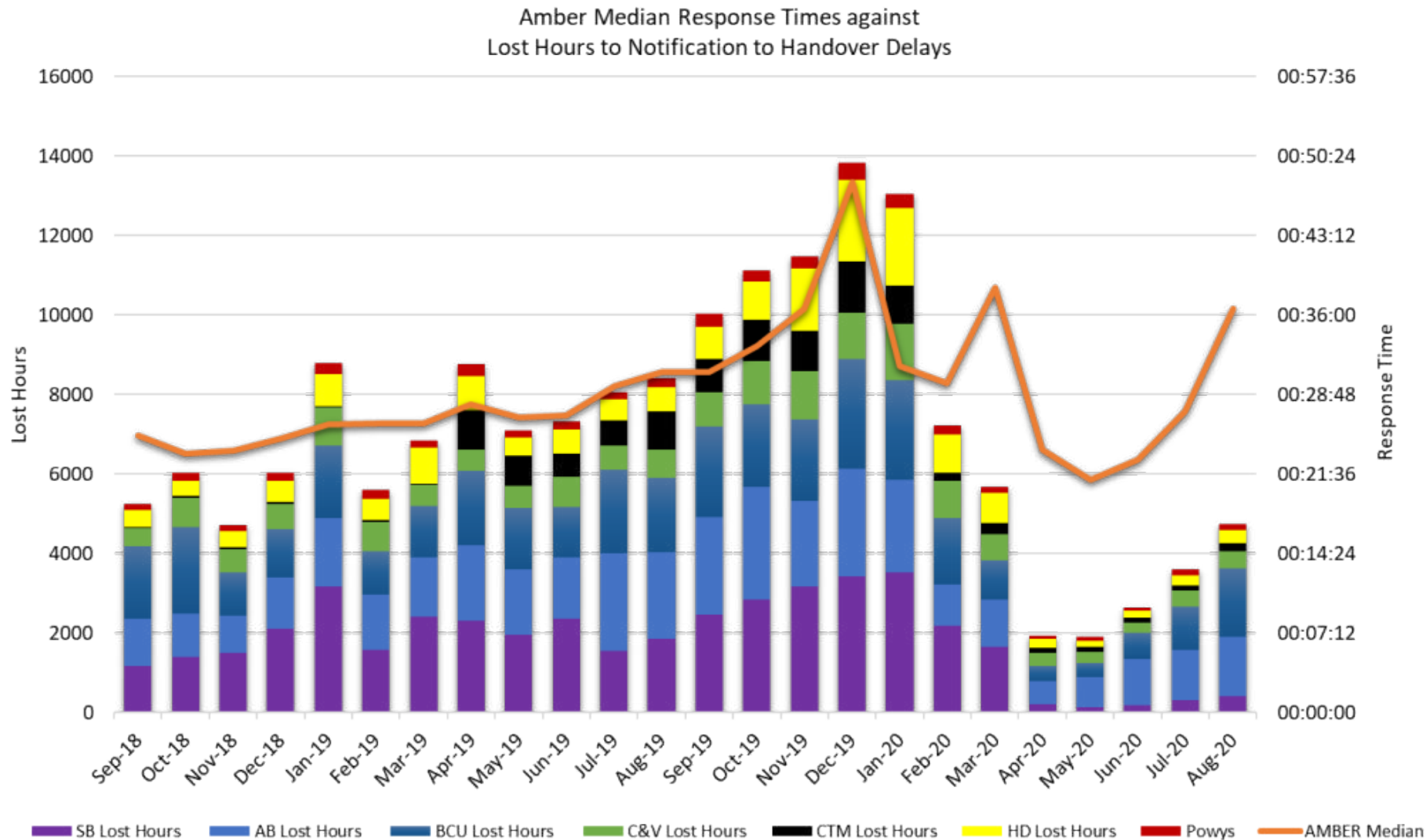
## Emergency Medical Services – Step 5: Take Me To Hospital

**OUR GOALS: PROVIDE THE RIGHT CARE, IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**



## Emergency Medical Services – Step 5: Take Me To Hospital

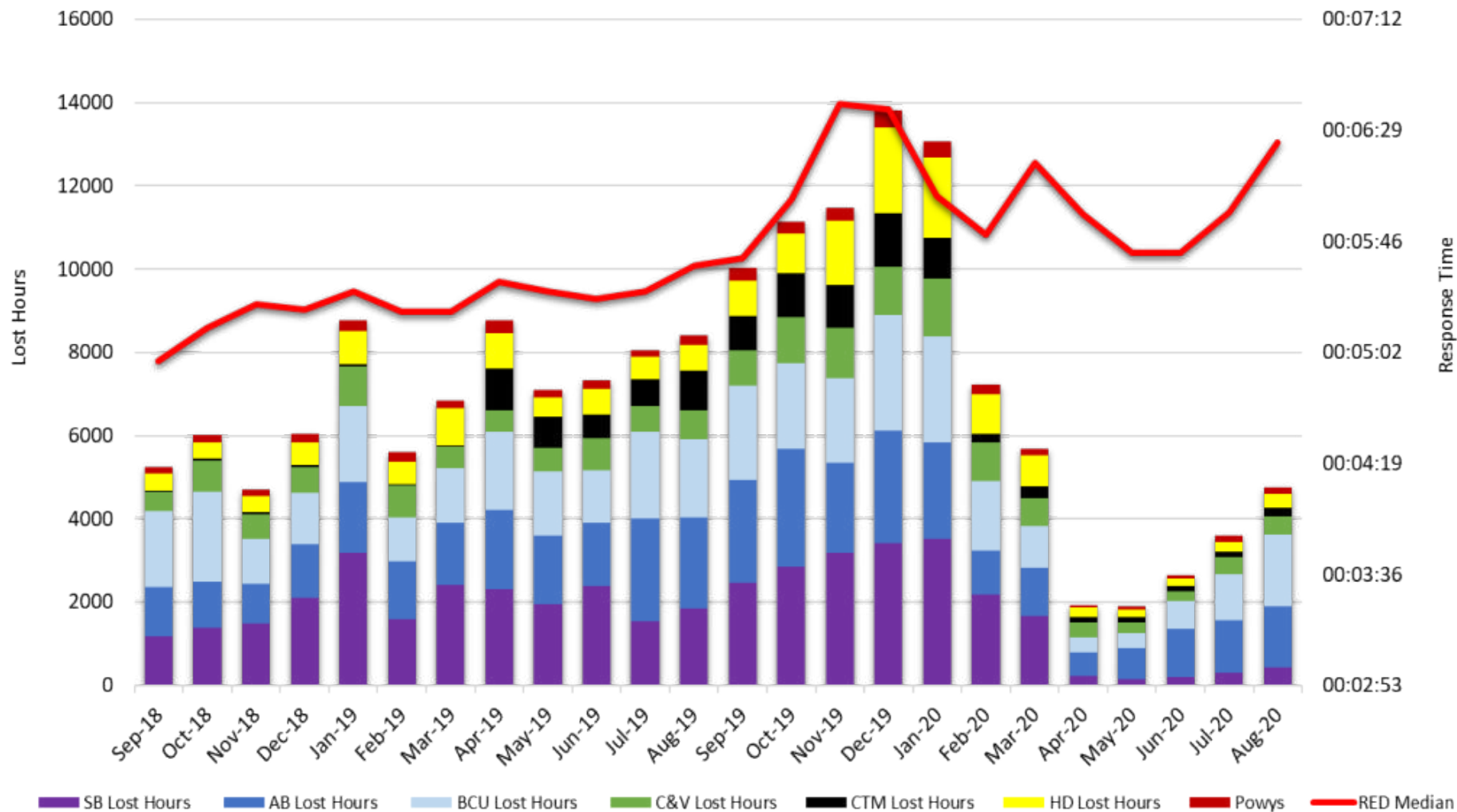
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**



## Emergency Medical Services – Step 5: Take Me To Hospital

**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

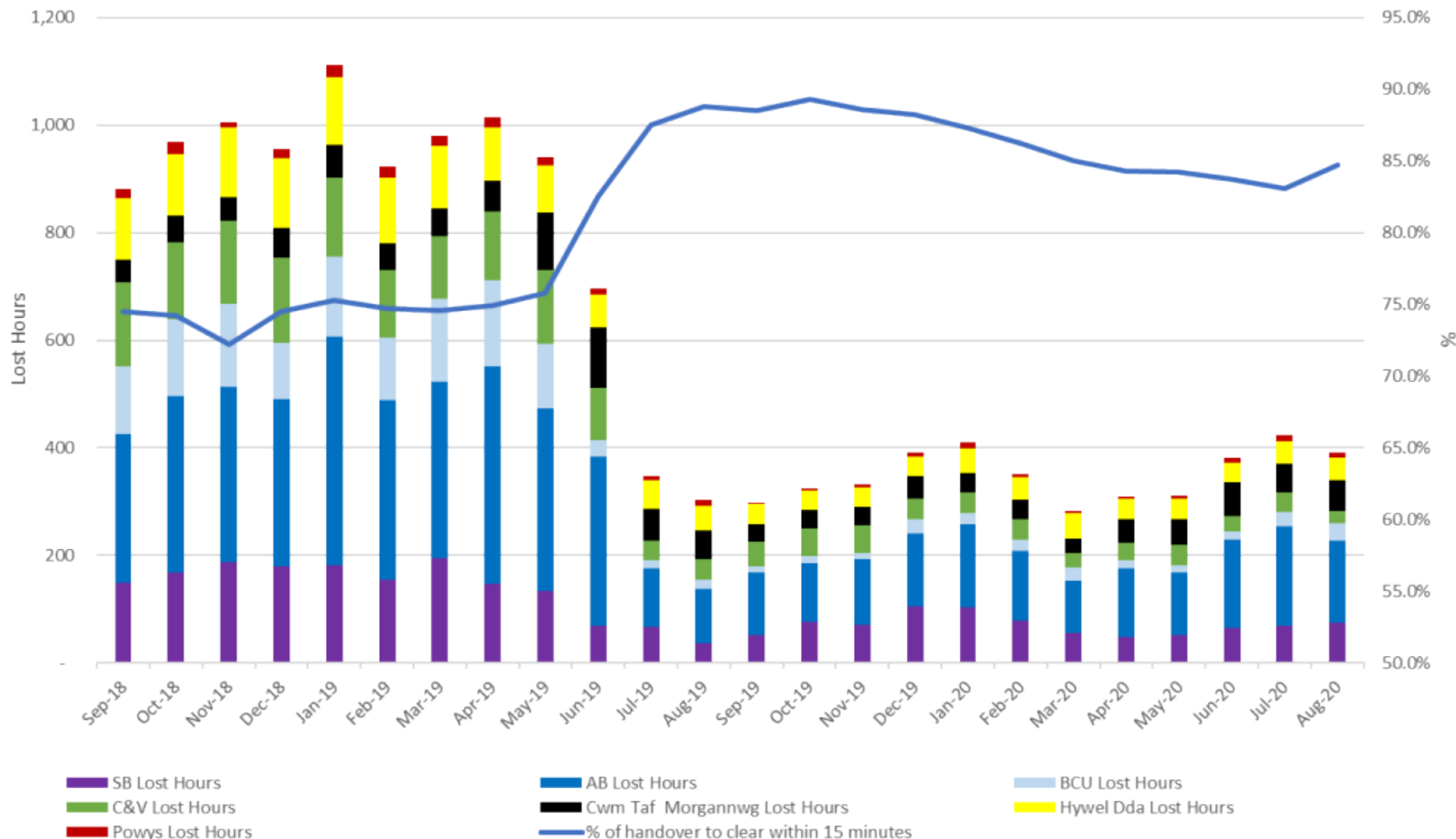
Red Median Response Times Against Lost Hours to Notification to Handover Delays



## Emergency Medical Services – Step 5: Take Me To Hospital

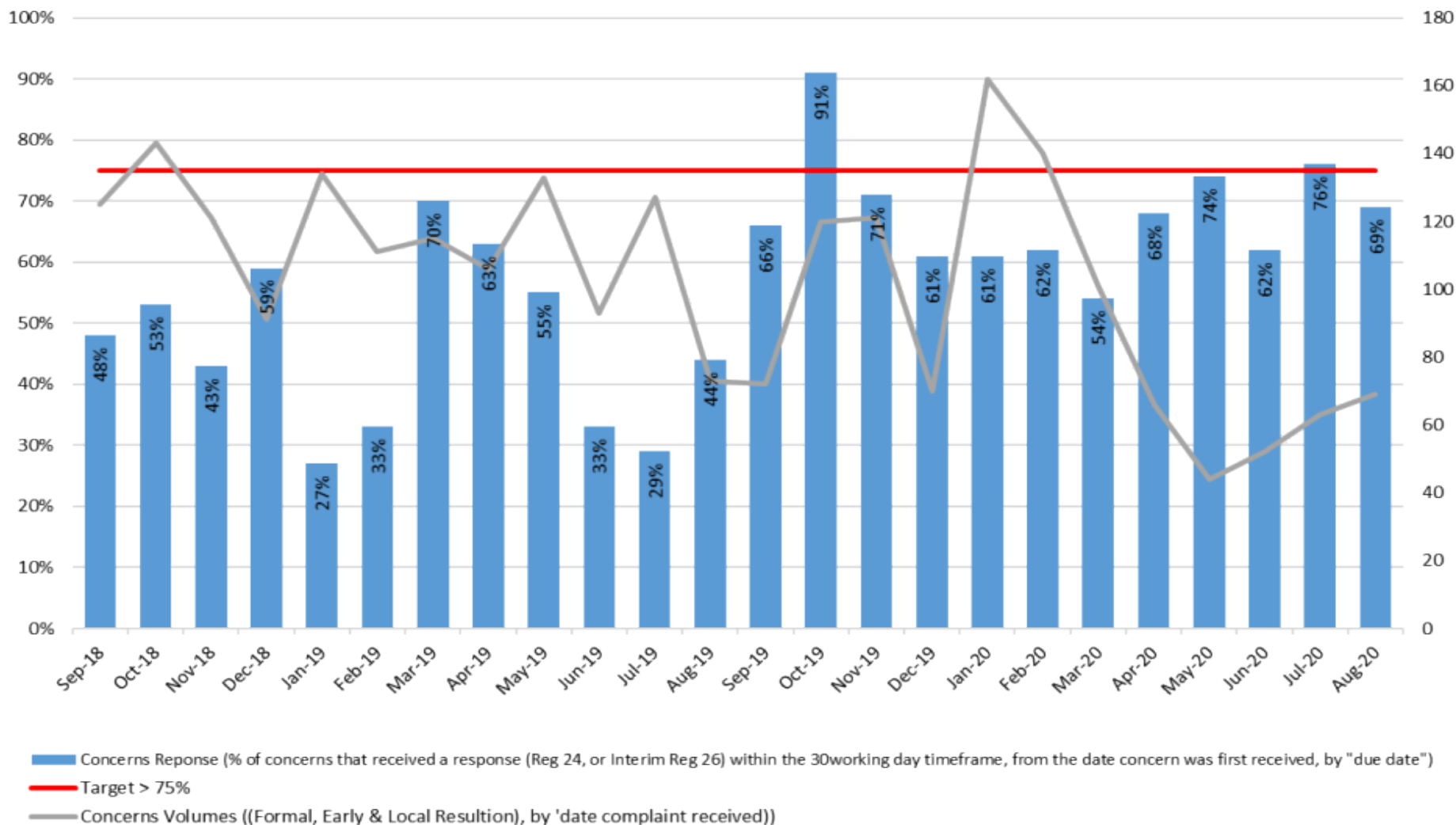
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

% of Handover to Clear within 15 Minutes against Lost Hours to Handover to Clear



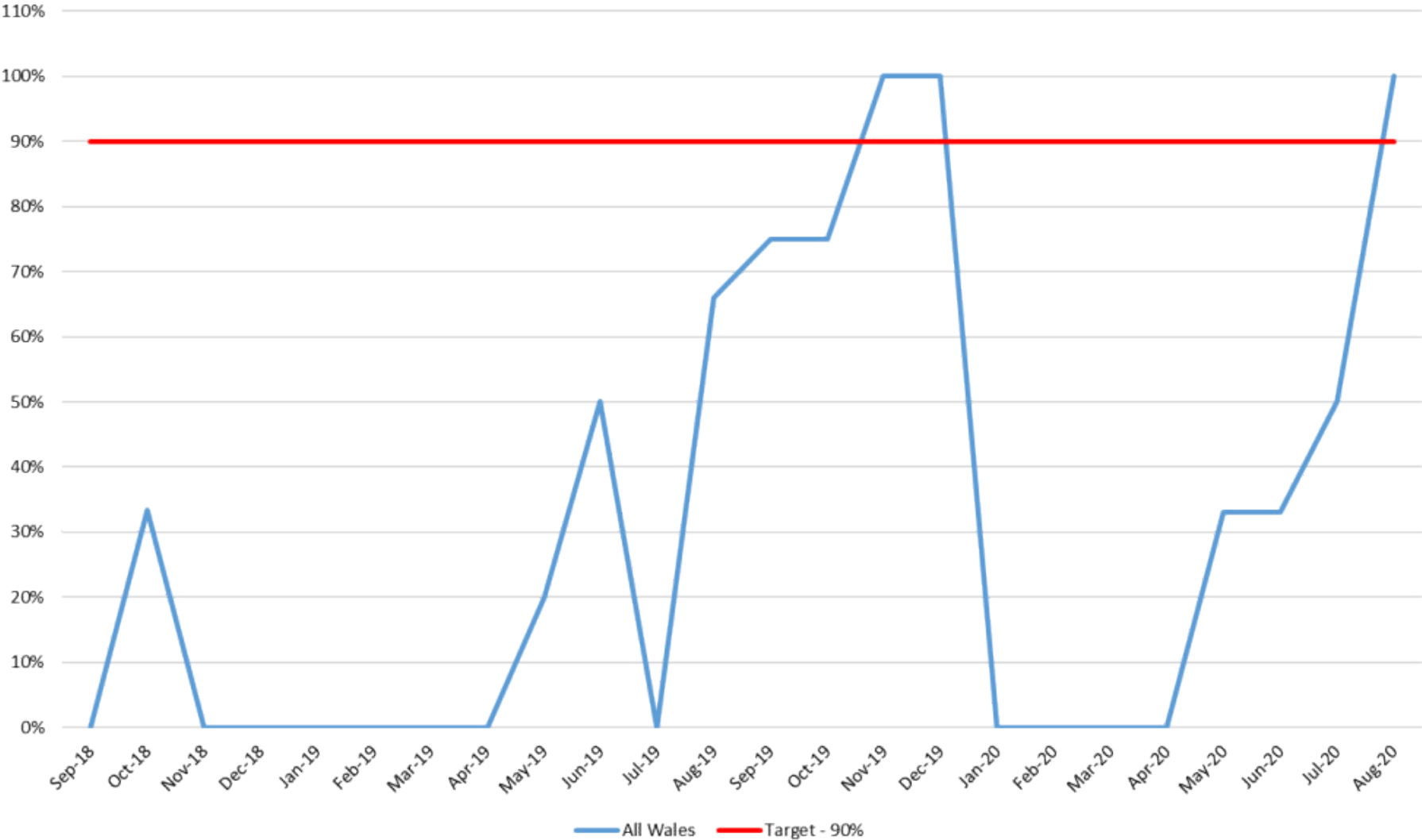
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

% of concerns with a response within 30 days against concerns volumes



FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

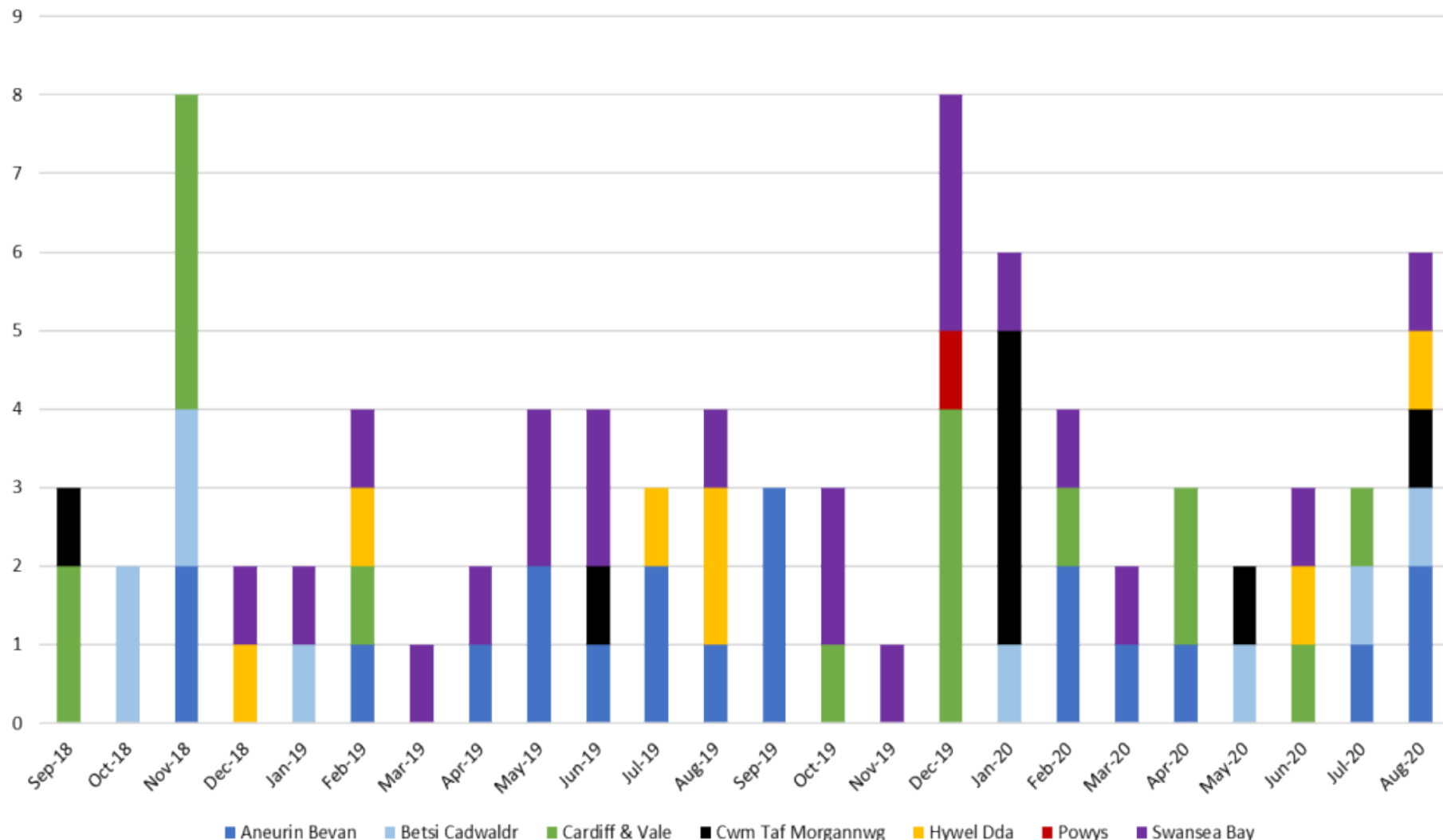
% Of Serious Adverse Incidents Assured within the Agreed WG Timeframe



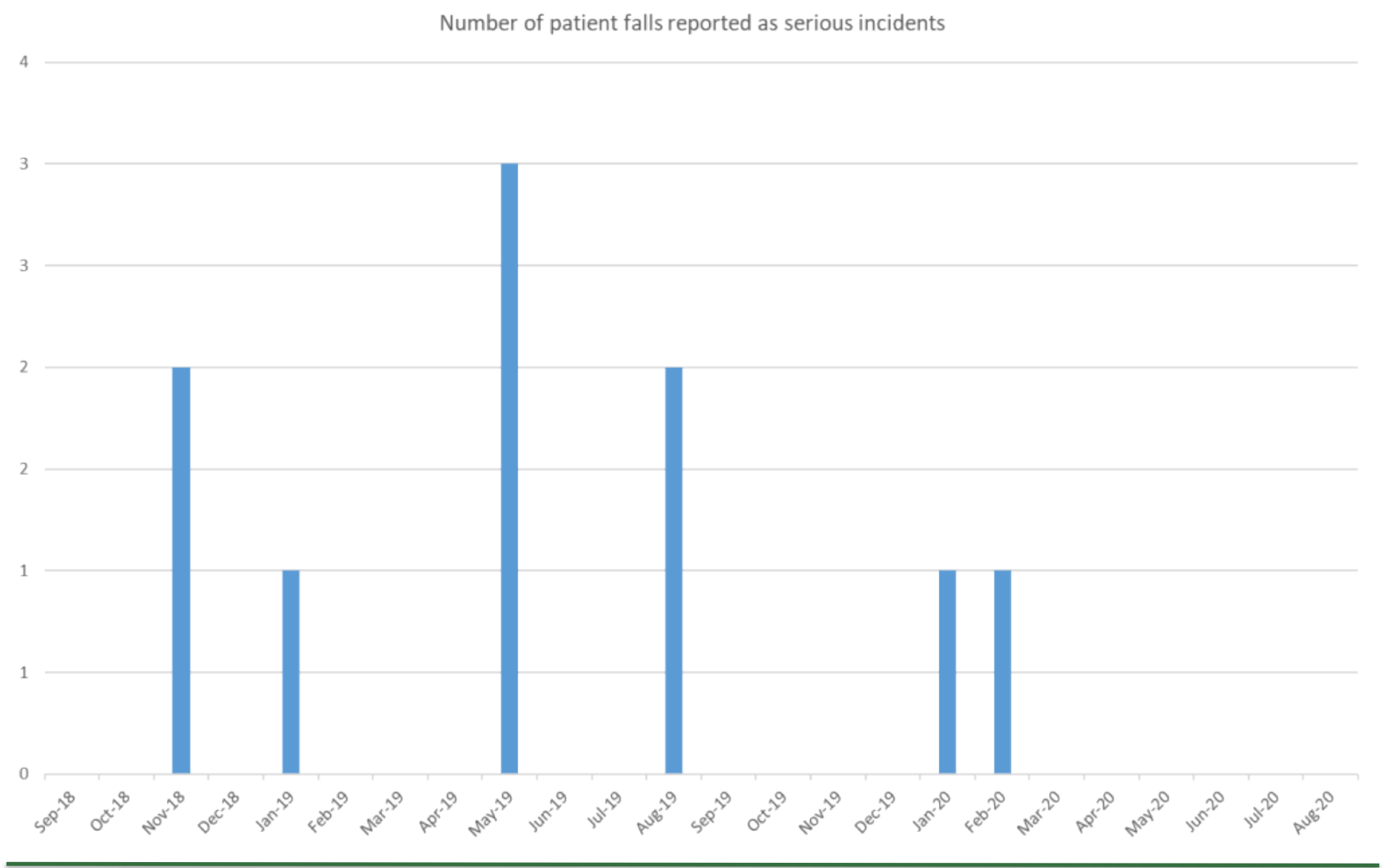


FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

SAIs by date reported to Welsh Government by Health Board



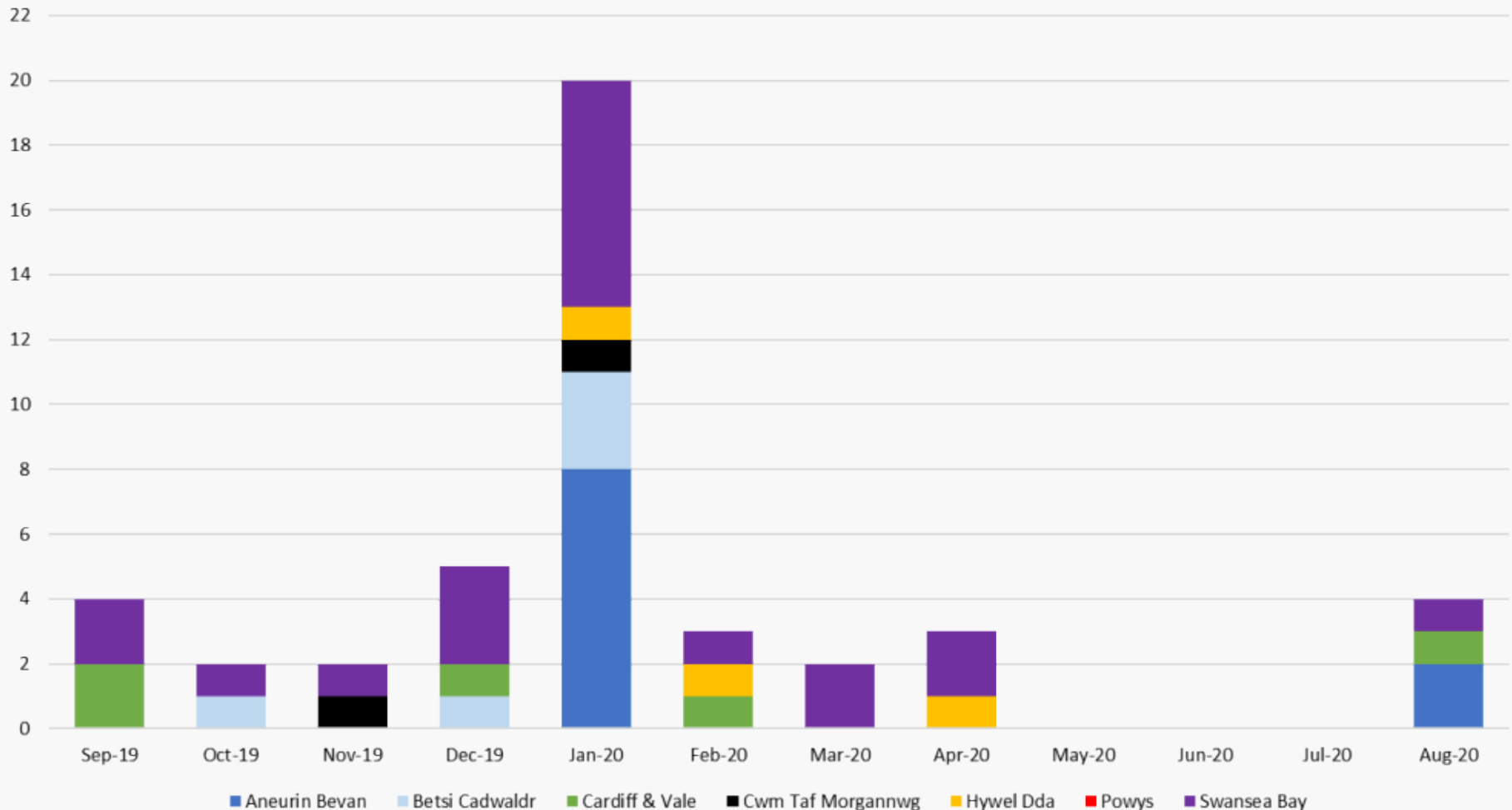
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS



## OUR STRATEGIC ENABLERS

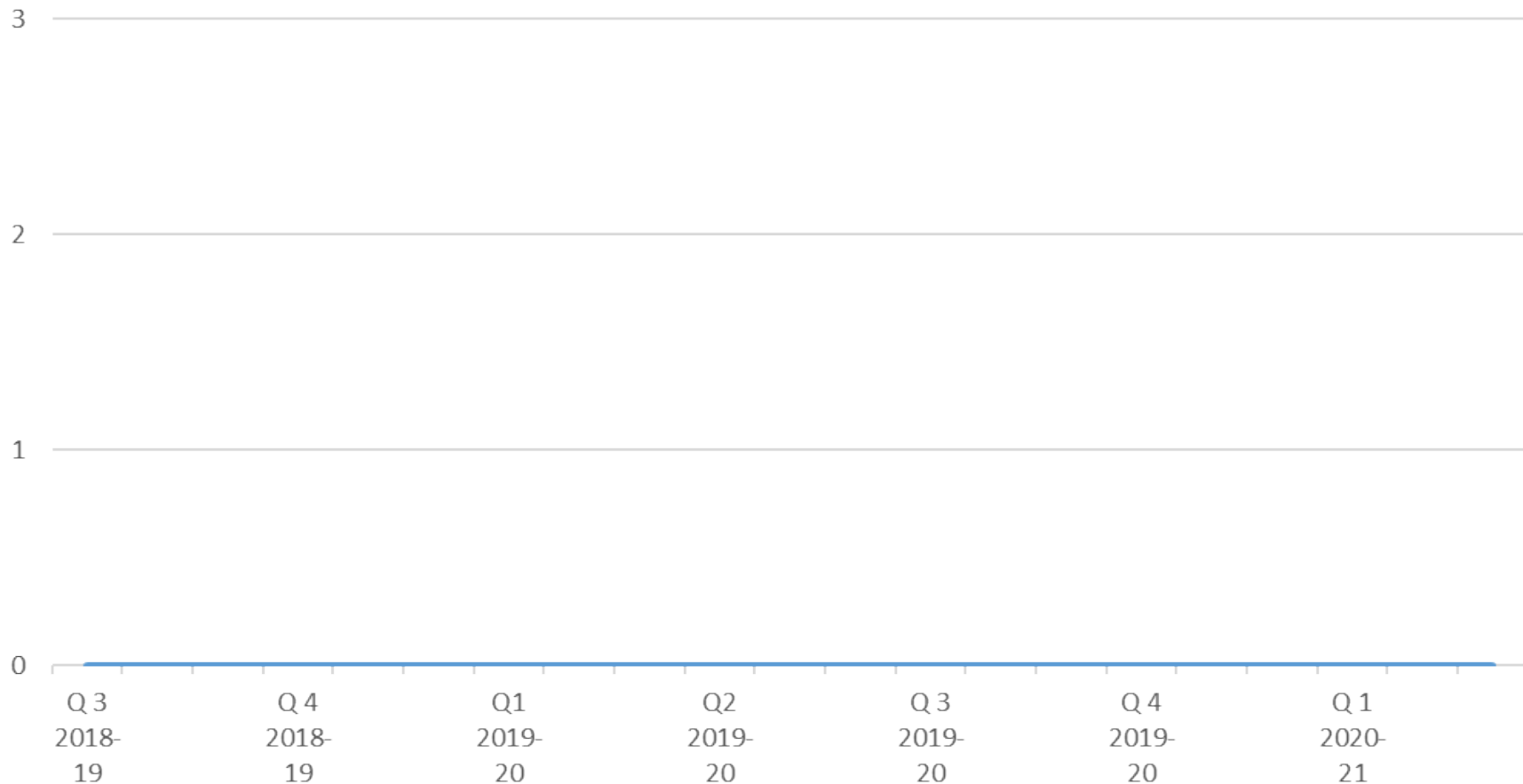
CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES & EXPERIENCES TO OUR PATIENTS IN OUR CORE SERVICE

Number of Serious Incident cases agreed to refer to Health Board reported as Serious Incident Framework 'Appendix B' HB referrals



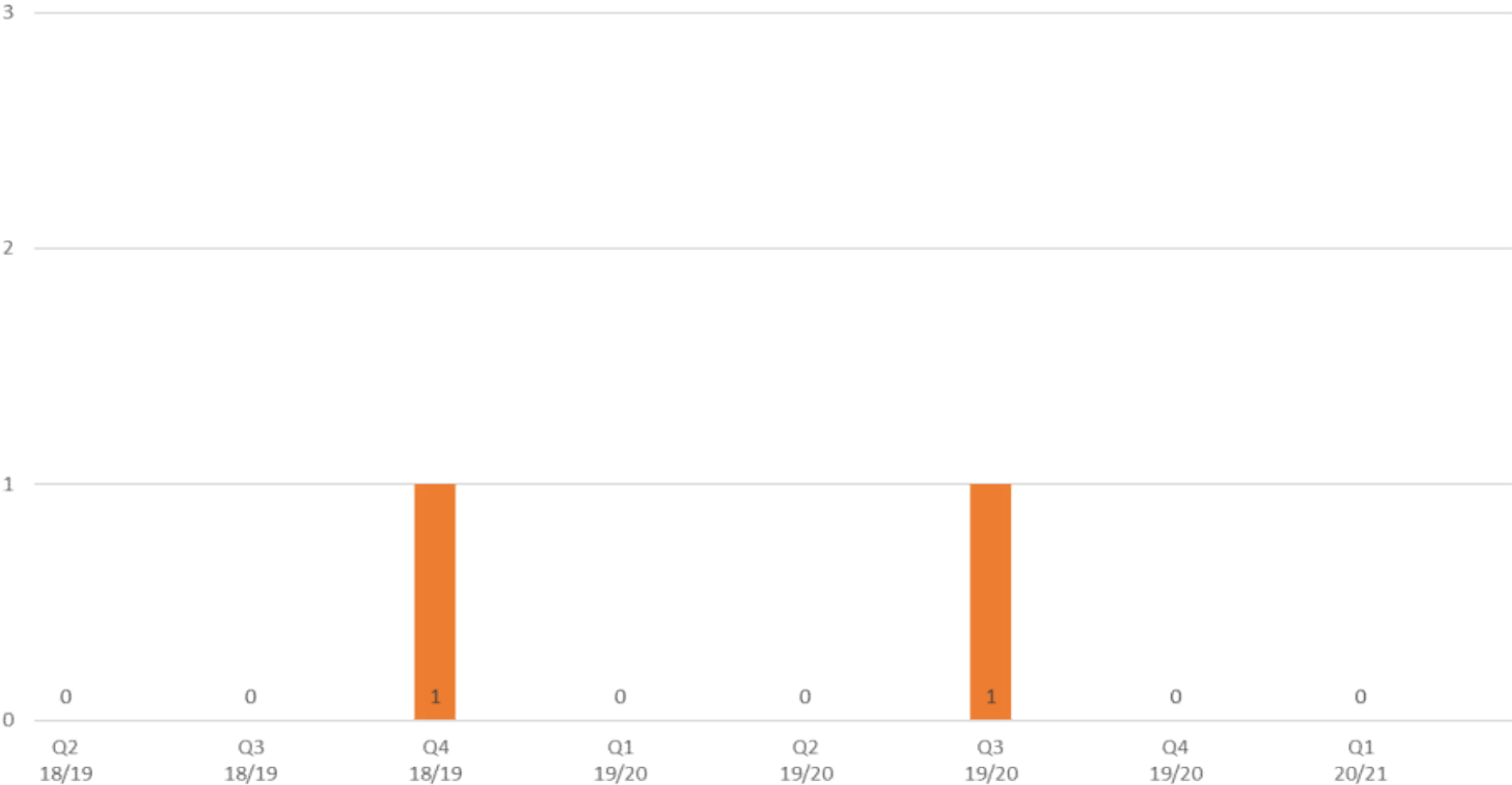
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

Number of administration, dispensing, and prescribing medication errors reported as serious incidents



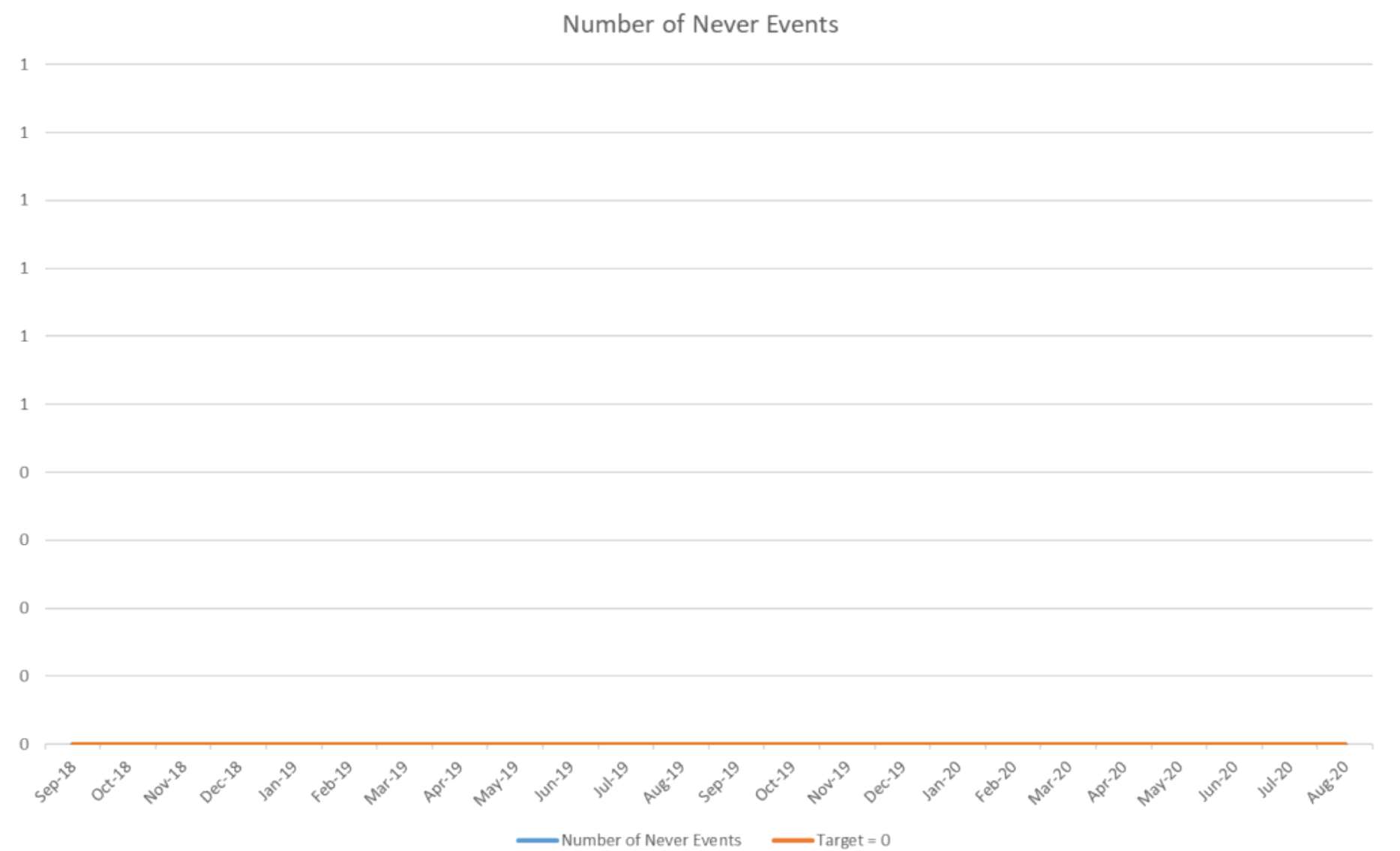
FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS

Number of Patient Safety solutions Wales Alerts and Notices that were not assured within agreed timescales



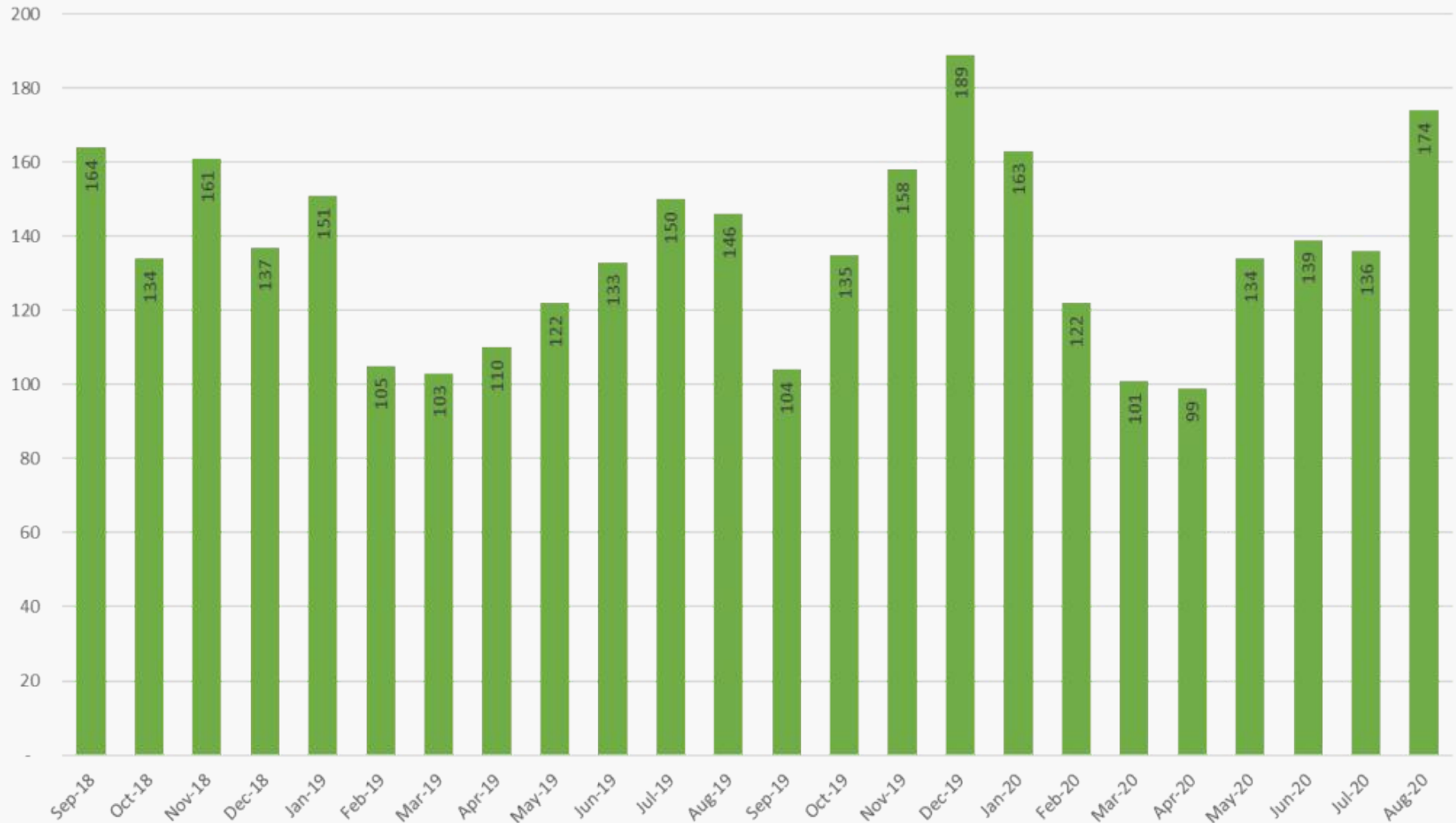
\*Due for reporting end September 2020

FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS



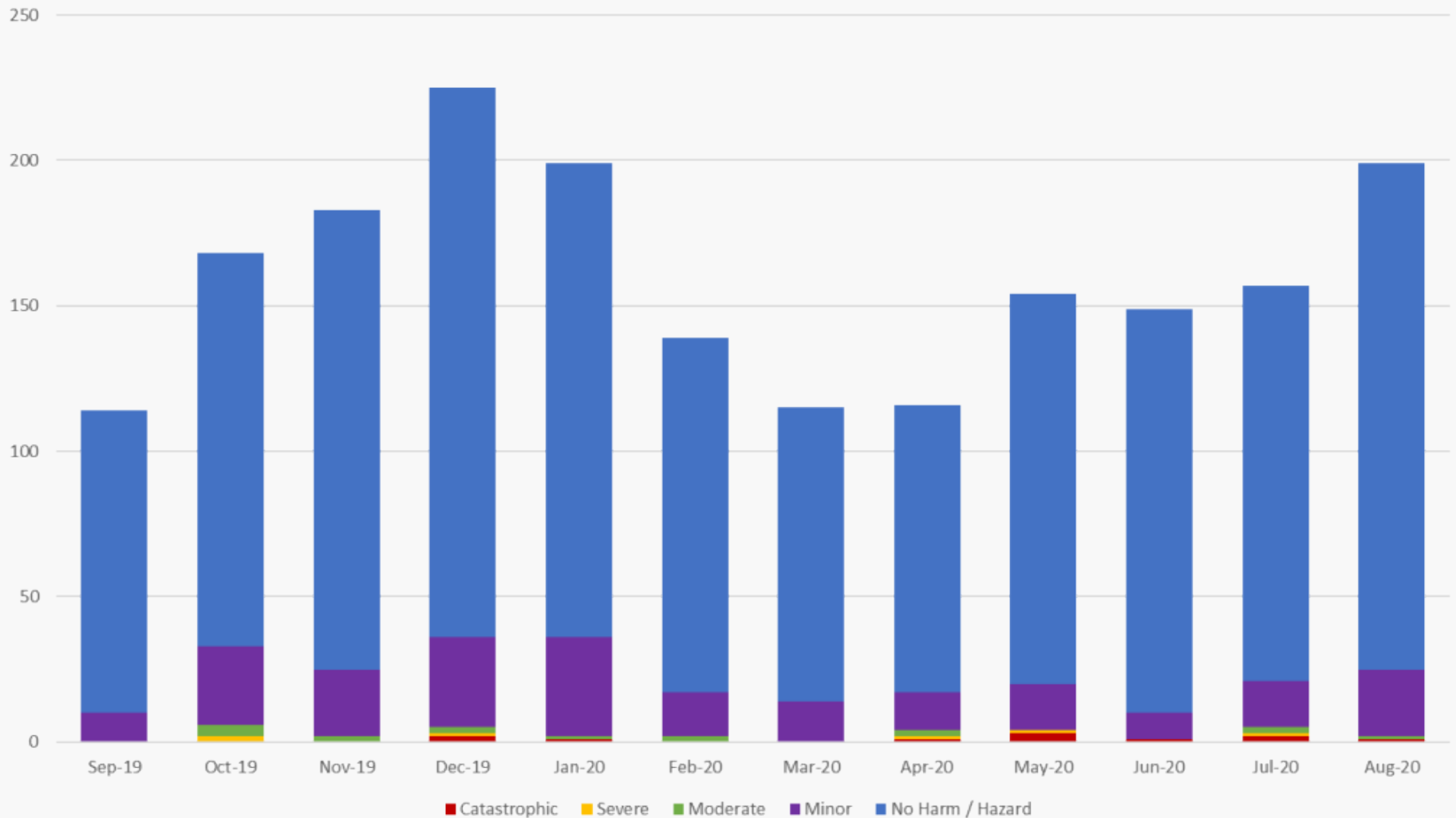
## ACTIVITY

Number of Patient Safety Adverse Incidents submitted via Datix within the reporting month, by harm grading No Harm / Hazard



# ACTIVITY

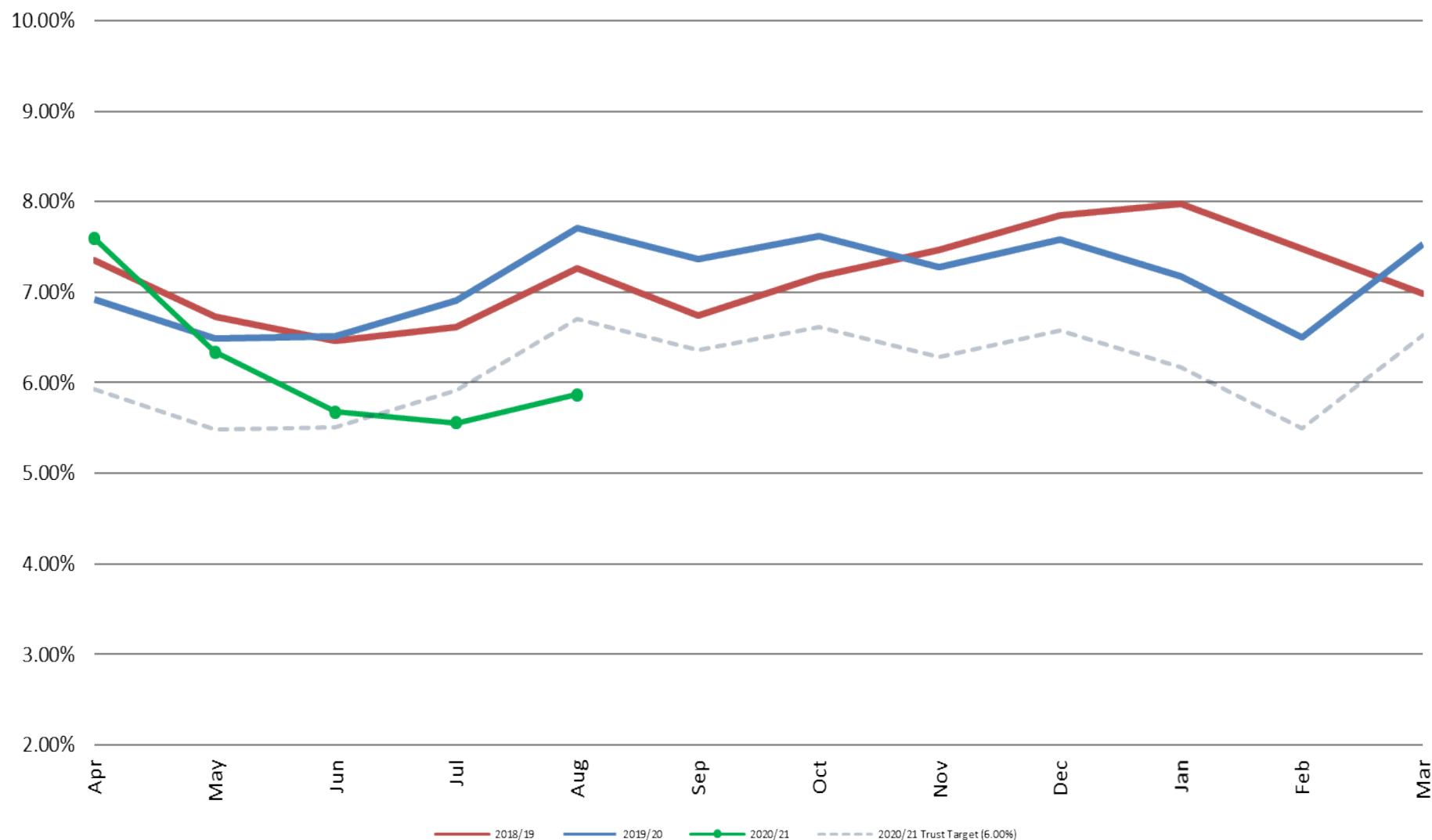
Number of Patient Safety Adverse Incidents closed on Datix system within the reporting month, by harm grading (Volumes Received)





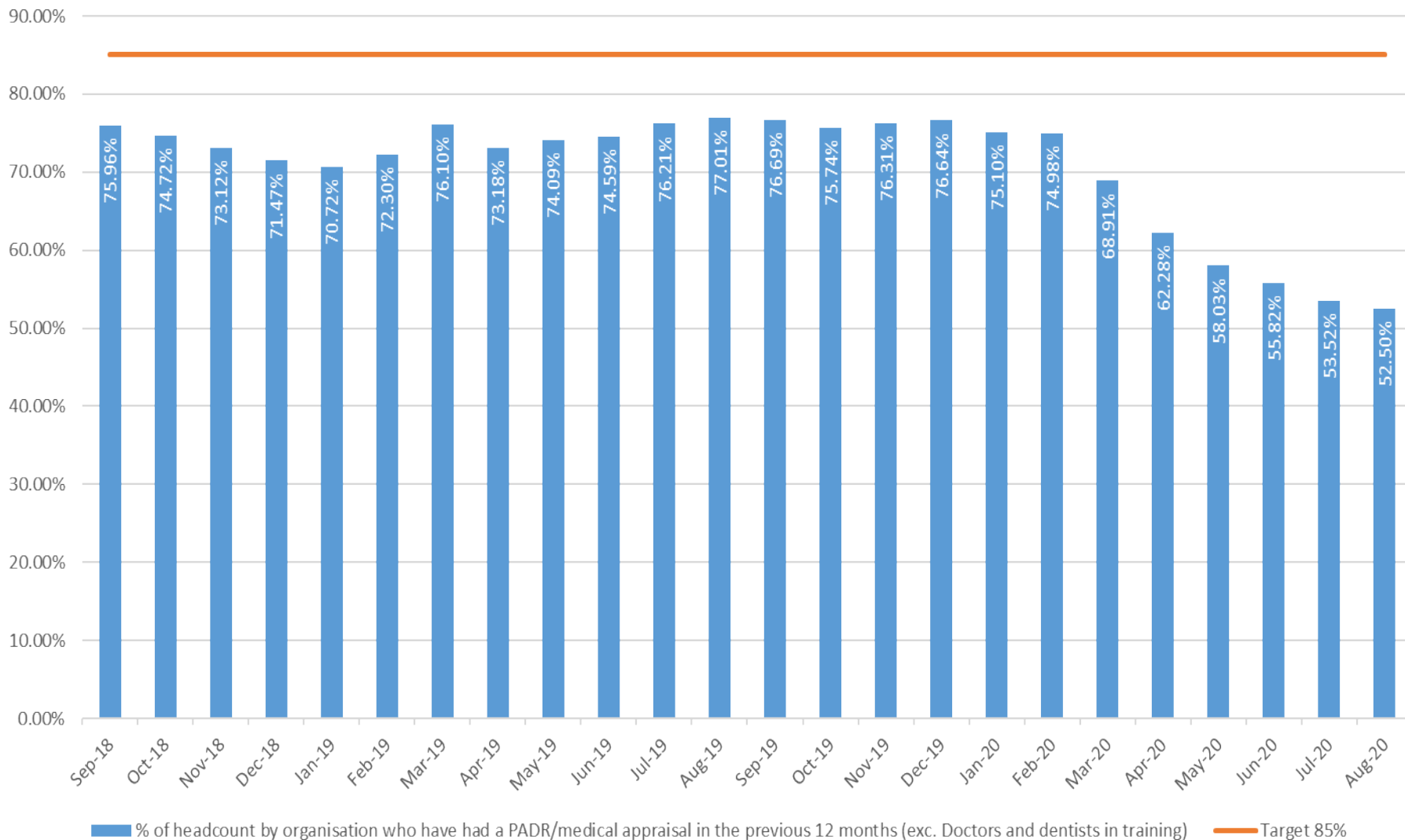
SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE

WAST Sickness Absence September 2018 - August 2020



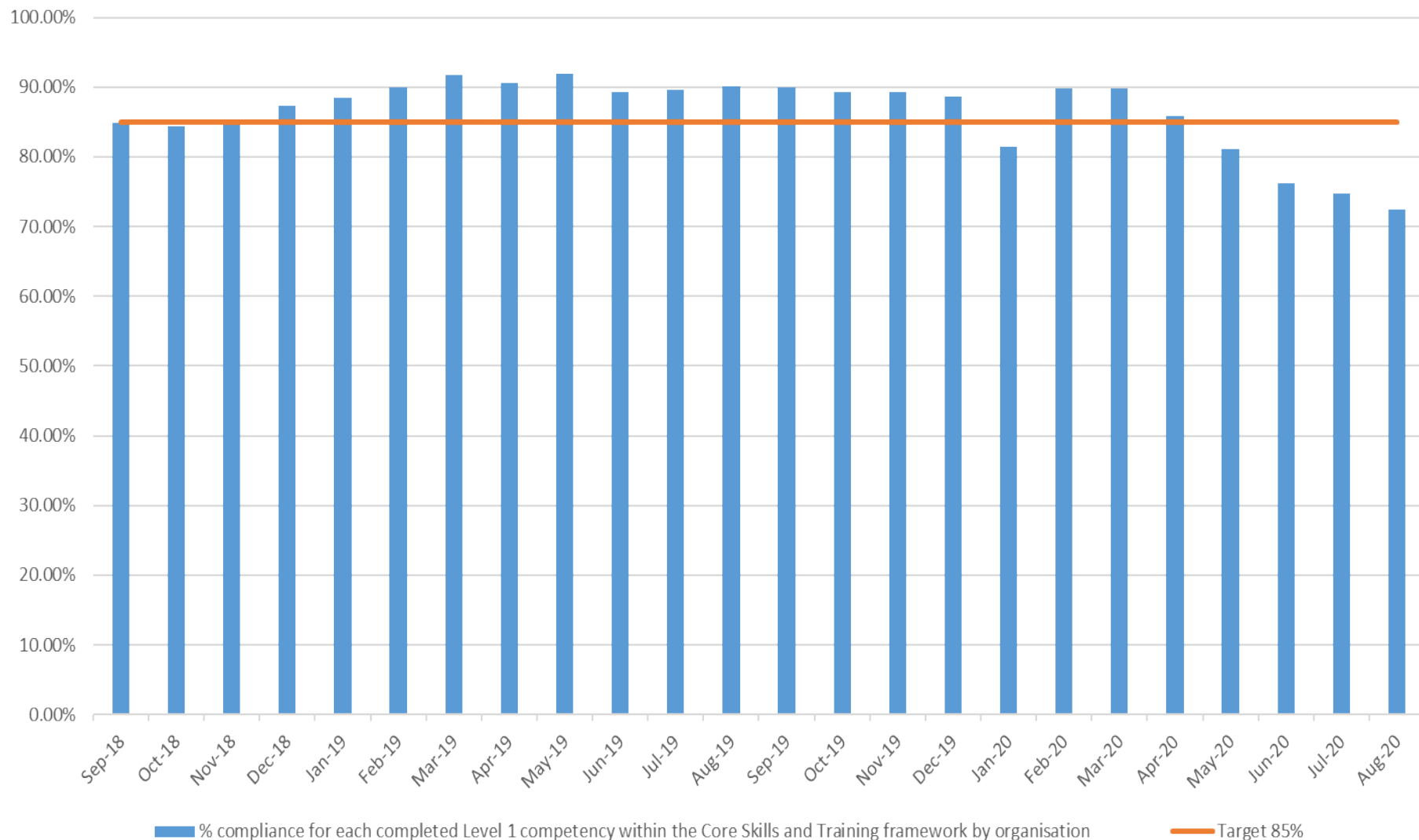
**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

% of headcount by organisation who have had a PADR/medical appraisal in previous 12 months



**FOUNDATIONS OF OUR SERVICES: CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOMES AND EXPERIENCE TO OUR PATIENTS**

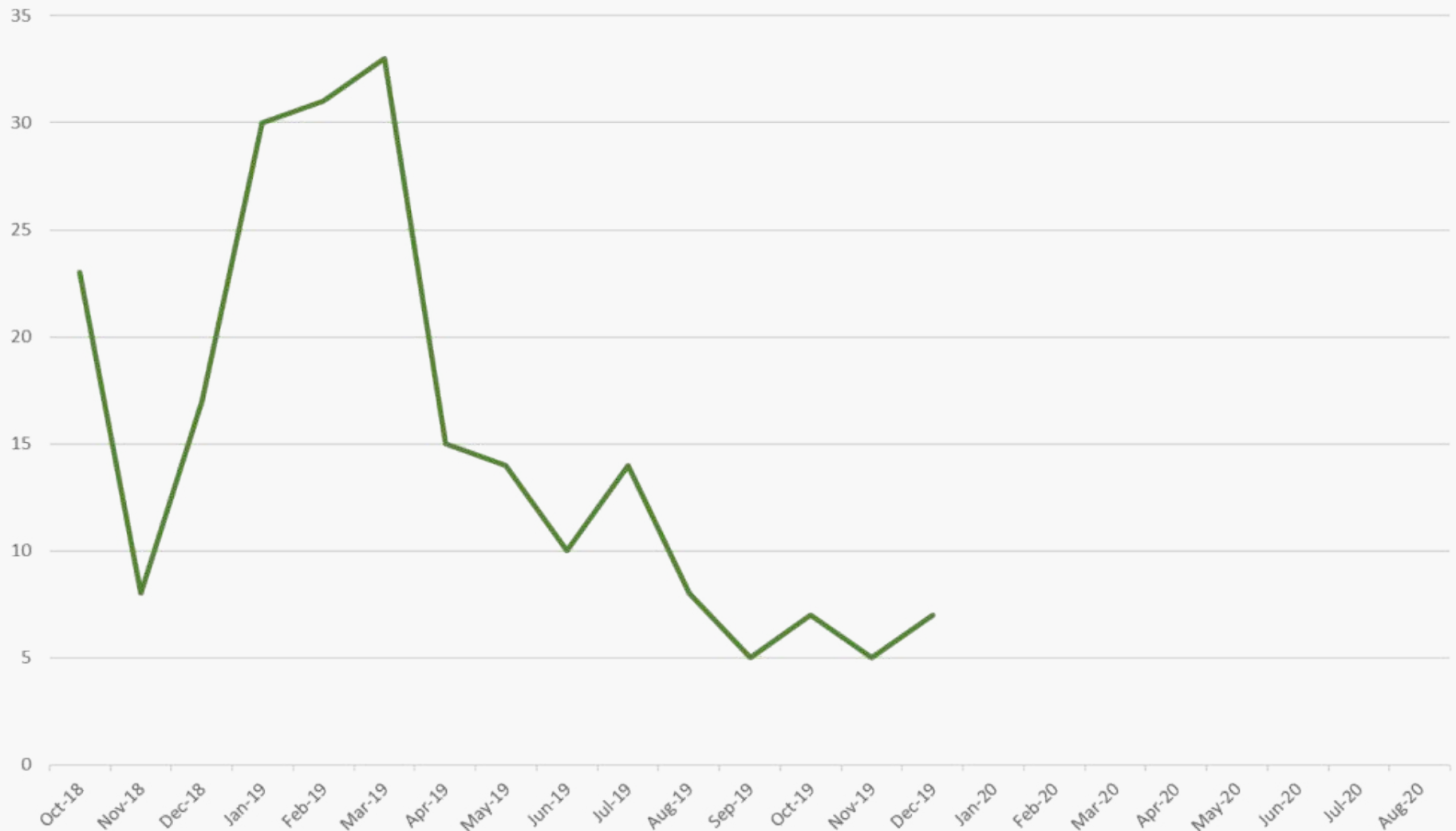
% compliance for each completed Level 1 competency within Core Skills & Training framework



## Non-Emergency Patient Transport Services – Step 1: Help Me To Choose

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

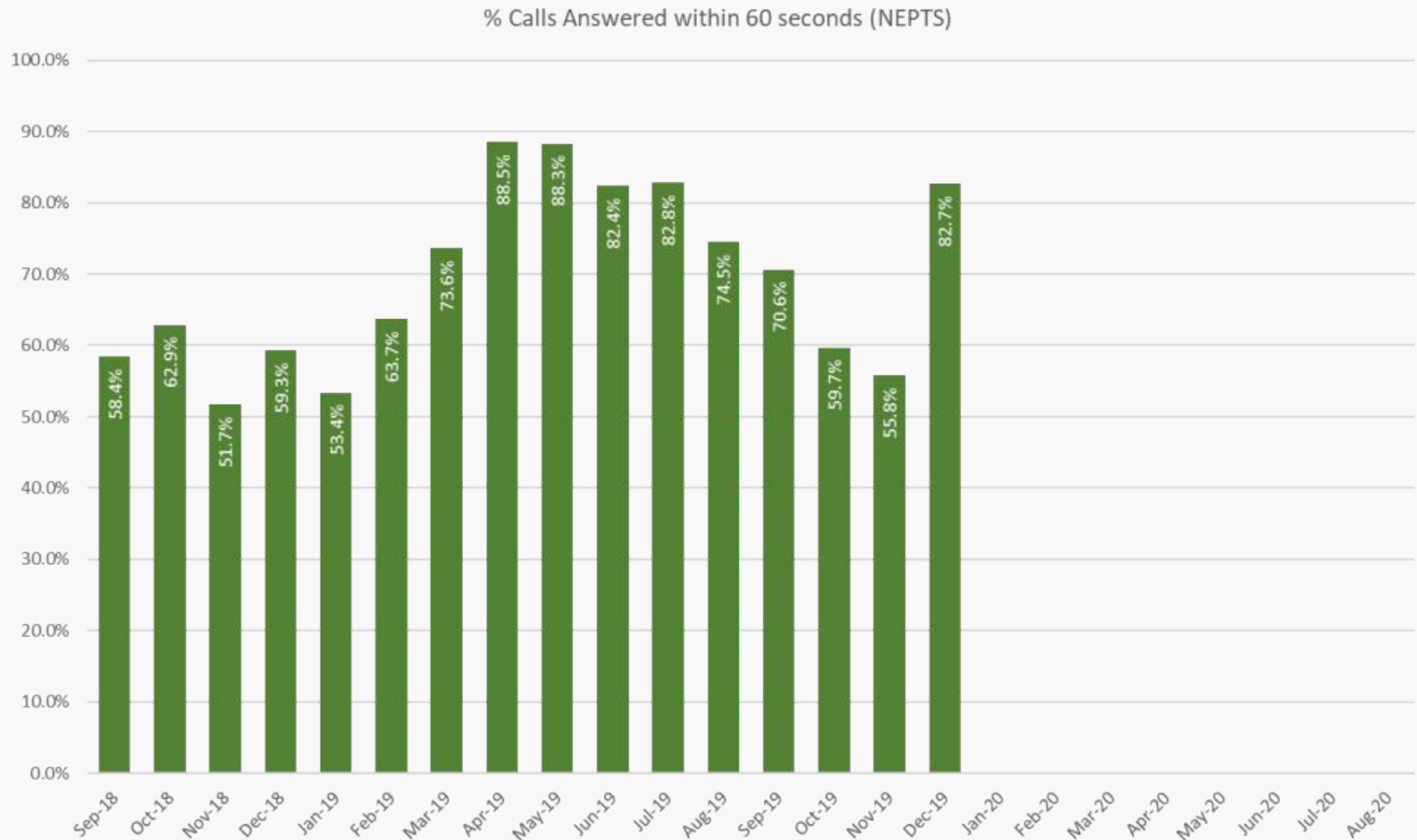
Number of Non-Eligible Patients Signposted to Alternative Providers (NEPTS)



*N.B. Data only available from October 2018 / December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 2: Answer My Request

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

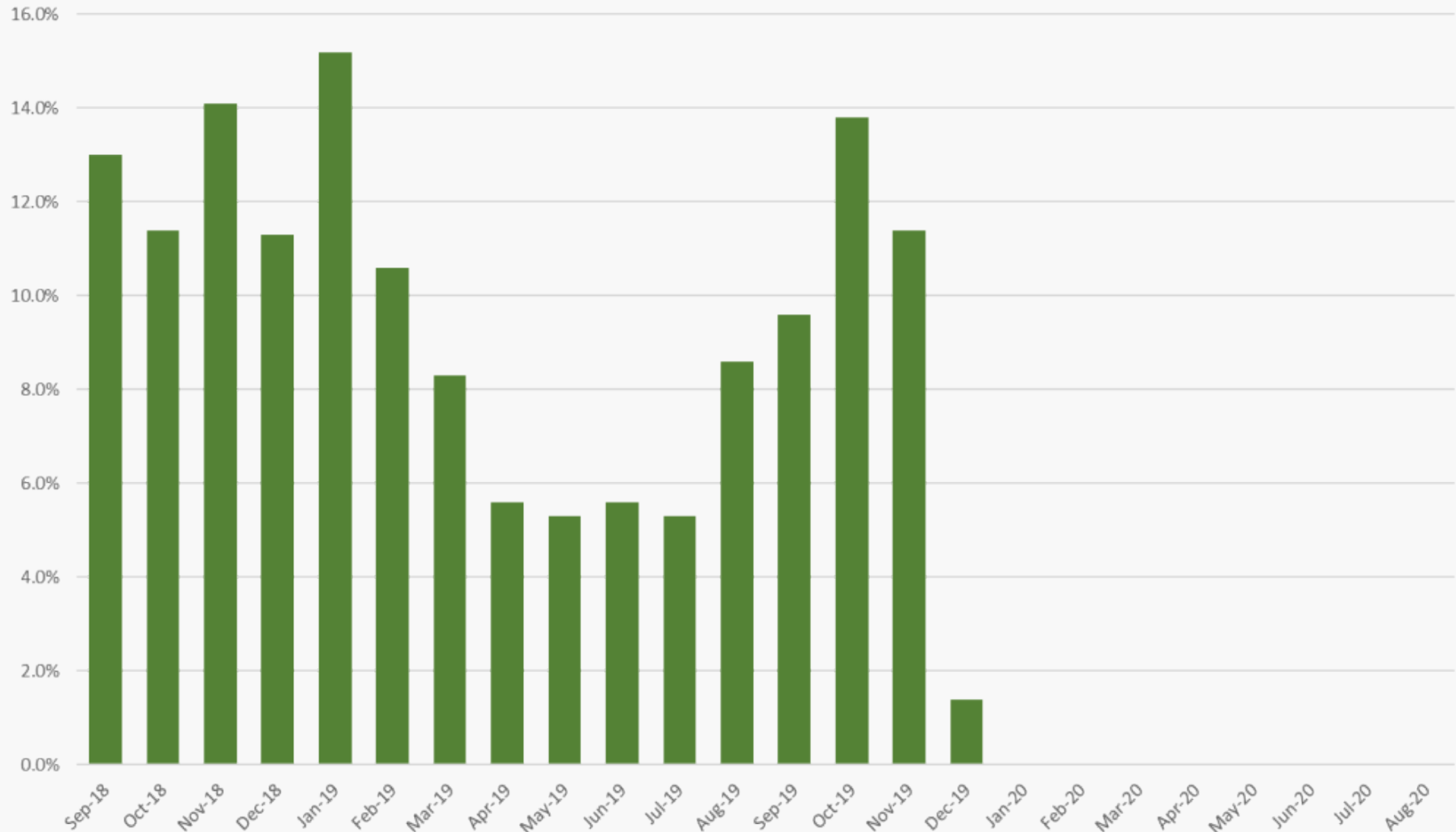


*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 2: Answer My Request

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

% of Calls Abandoned before being answered (NEPTS)



*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 3: Coordinate My Journey

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

% of Bookings made after 12 noon the day before travel (NEPTS)



*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 3: Coordinate My Journey

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

% Bookings made by fax/hand/post (NEPTS)



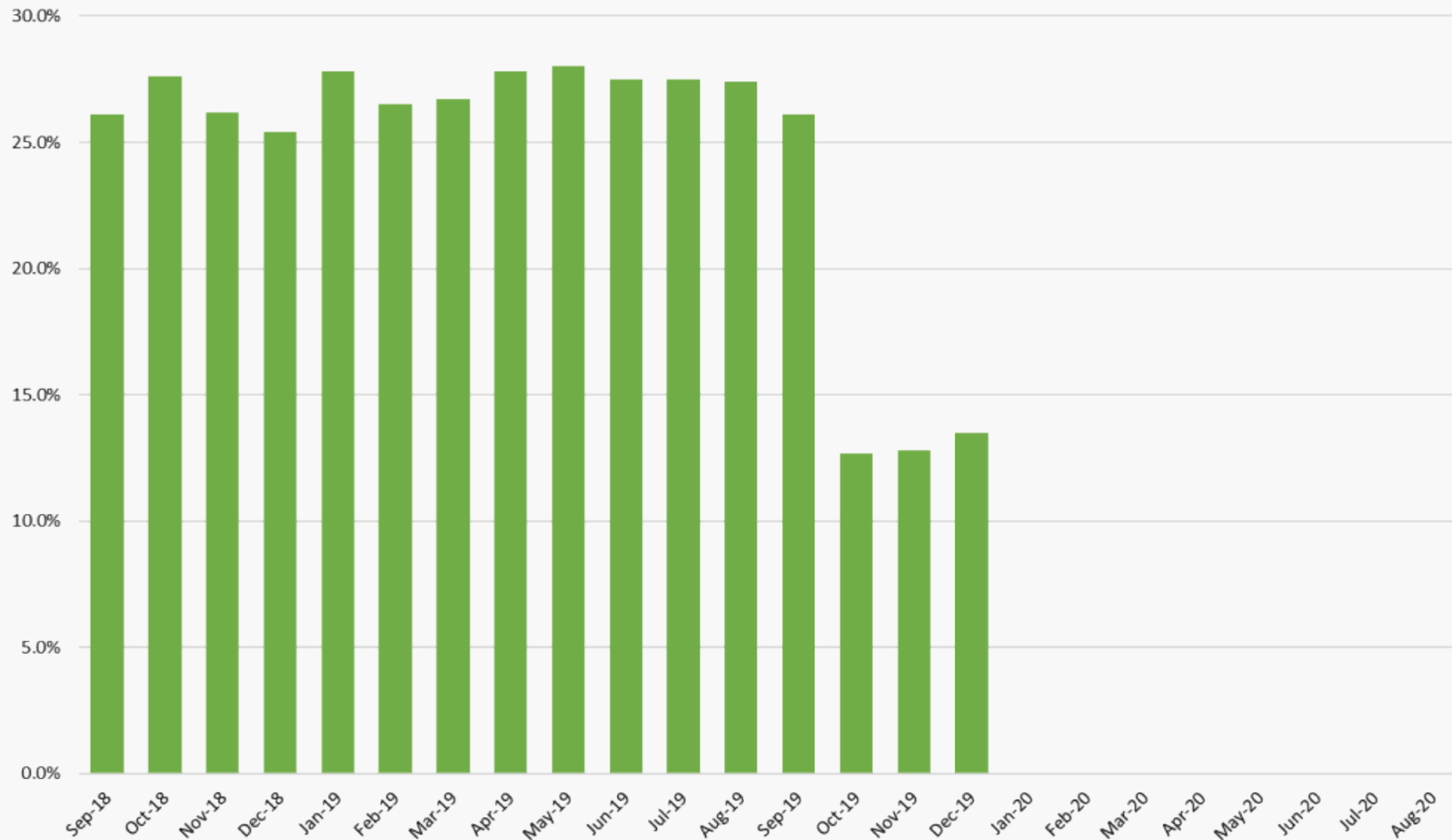
*N.B. December 2019 data available only*



## Non-Emergency Patient Transport Services – Step 4: Pick Me Up

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

% of core journeys arriving more than 45 minutes prior to their appointment time (NEPTS)

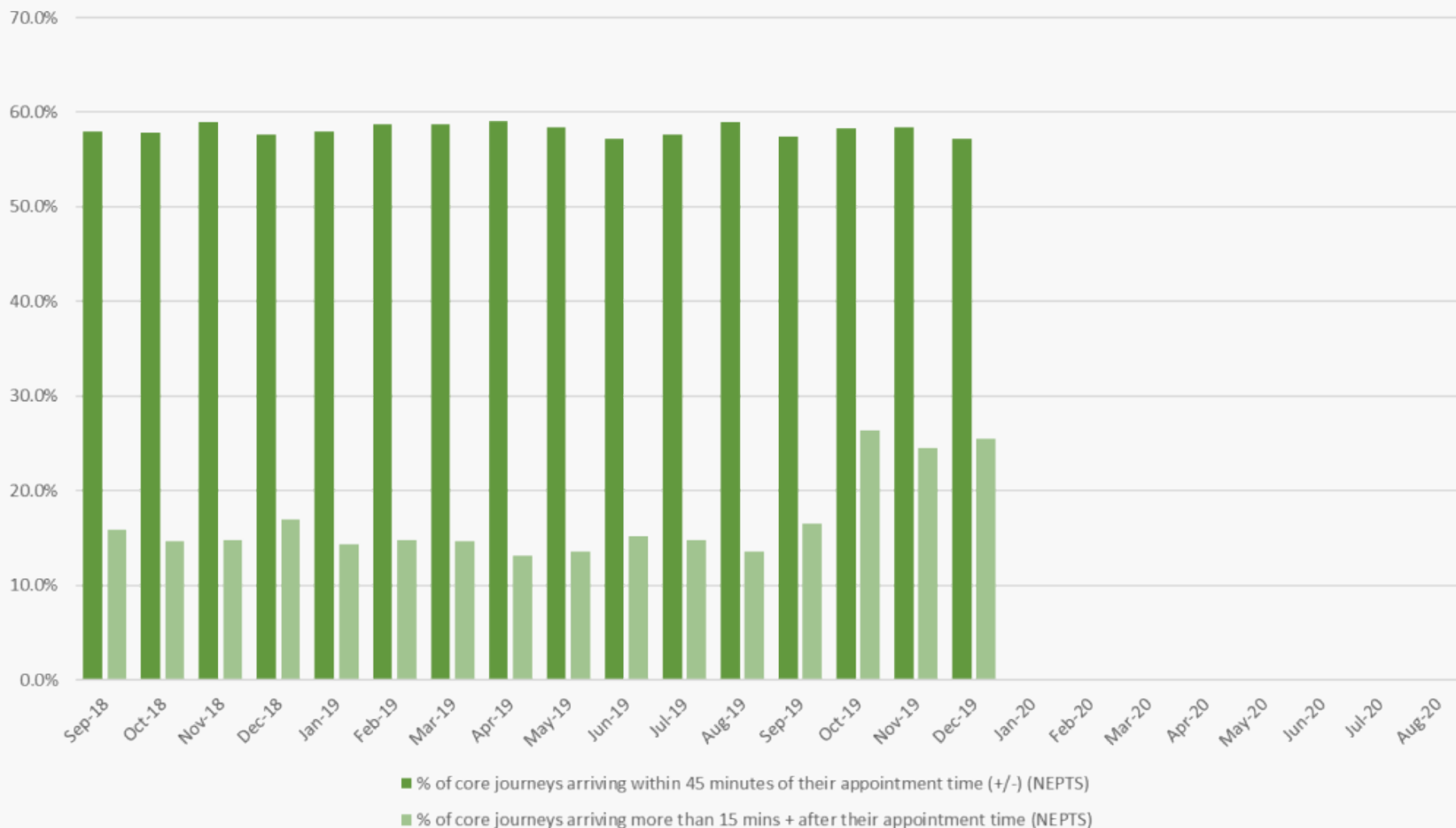


*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 4: Pick Me Up

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

% Core Journeys Arriving (NEPTS)

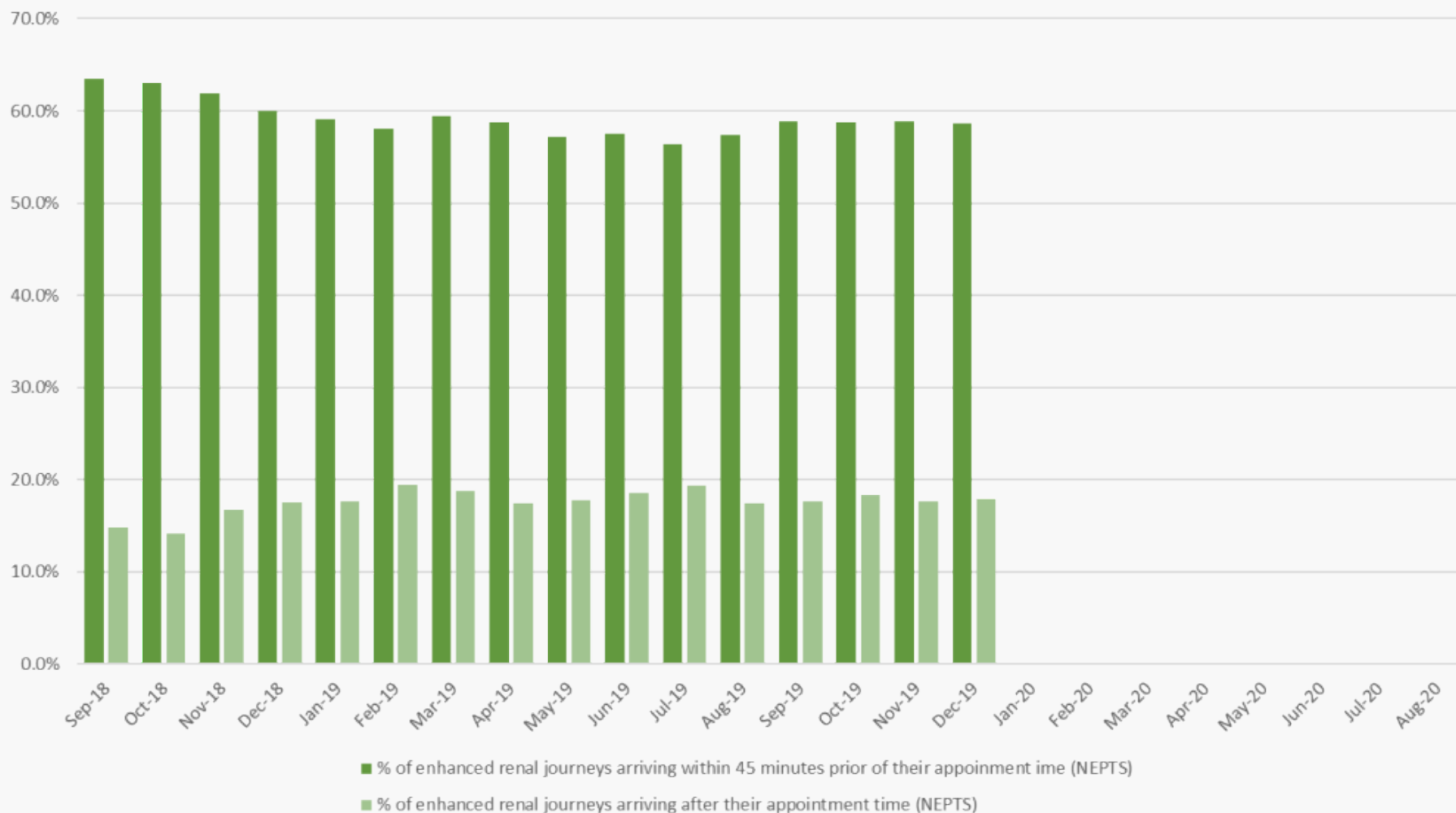


*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 4: Pick Me Up

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

% Of Enhanced Renal Journeys - Arrival Times (NEPTS)

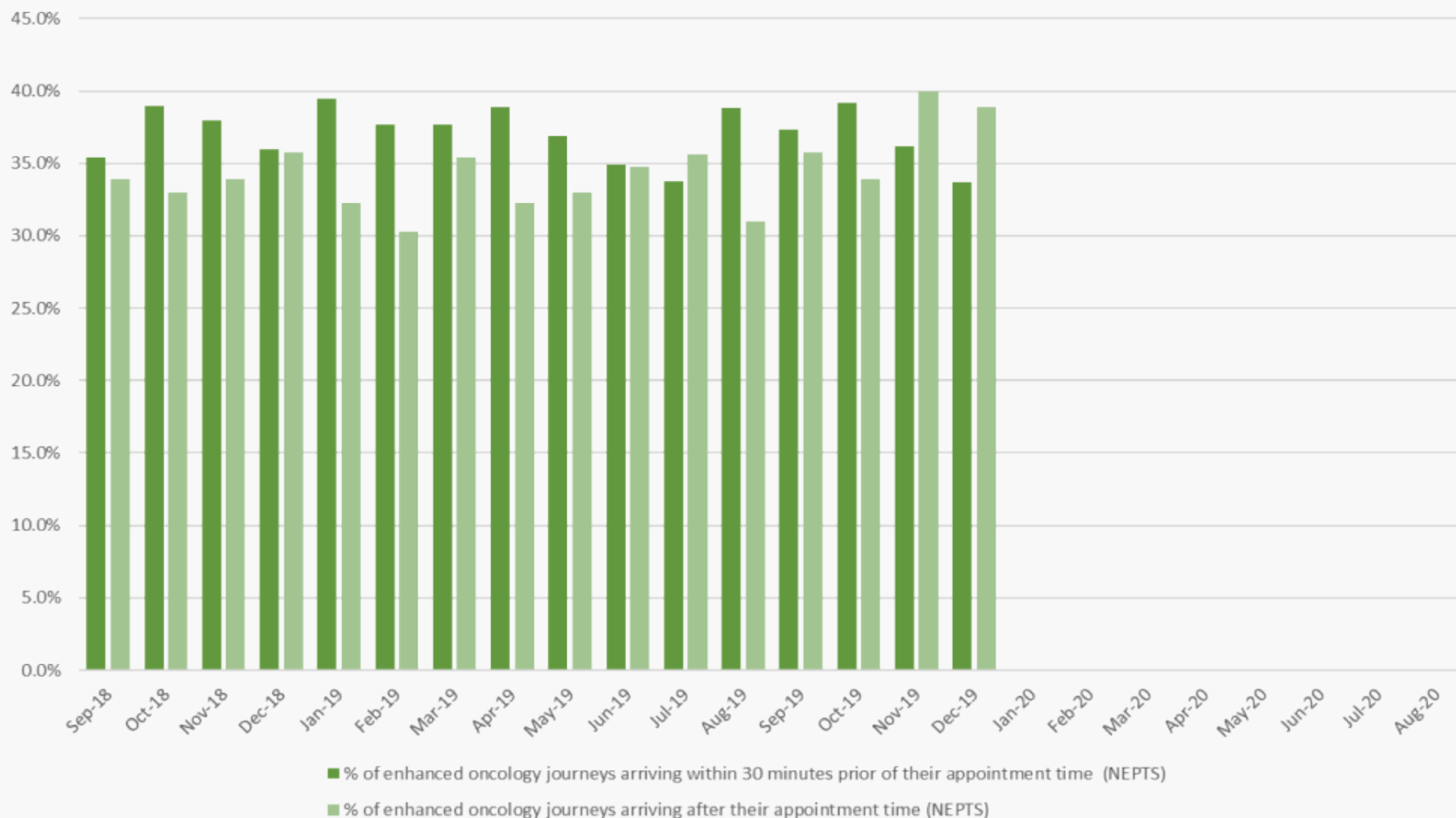


*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 4: Pick Me Up

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

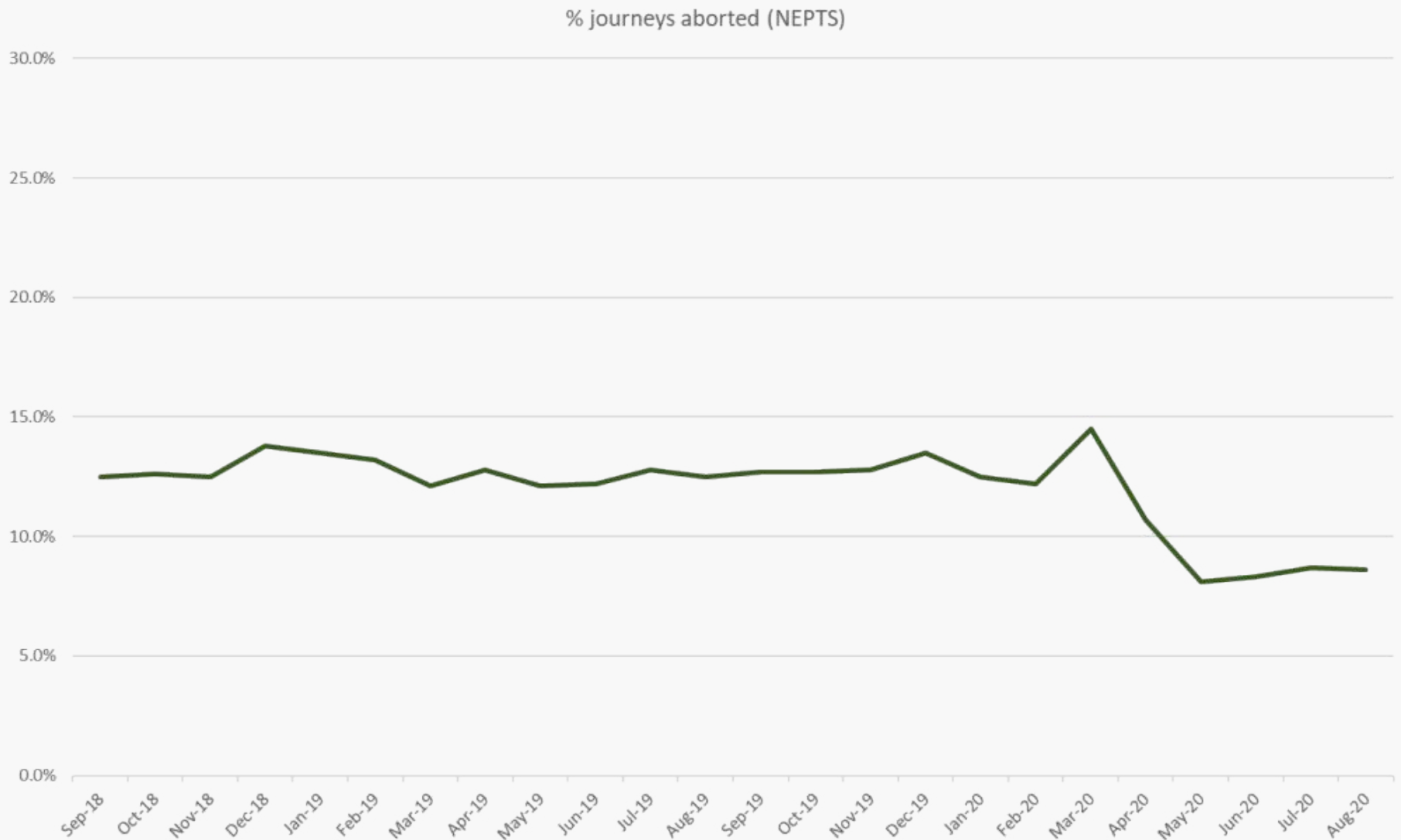
% Of Enhanced Oncology Journeys - Arrival Times (NEPTS)



*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 4: Pick Me Up

**FOUNDATIONS OF OUR SERVICES – CONTINUE TO PROVIDE THE BEST POSSIBLE CARE, OUTCOME & EXPERIENCE TO OUR PATIENTS**

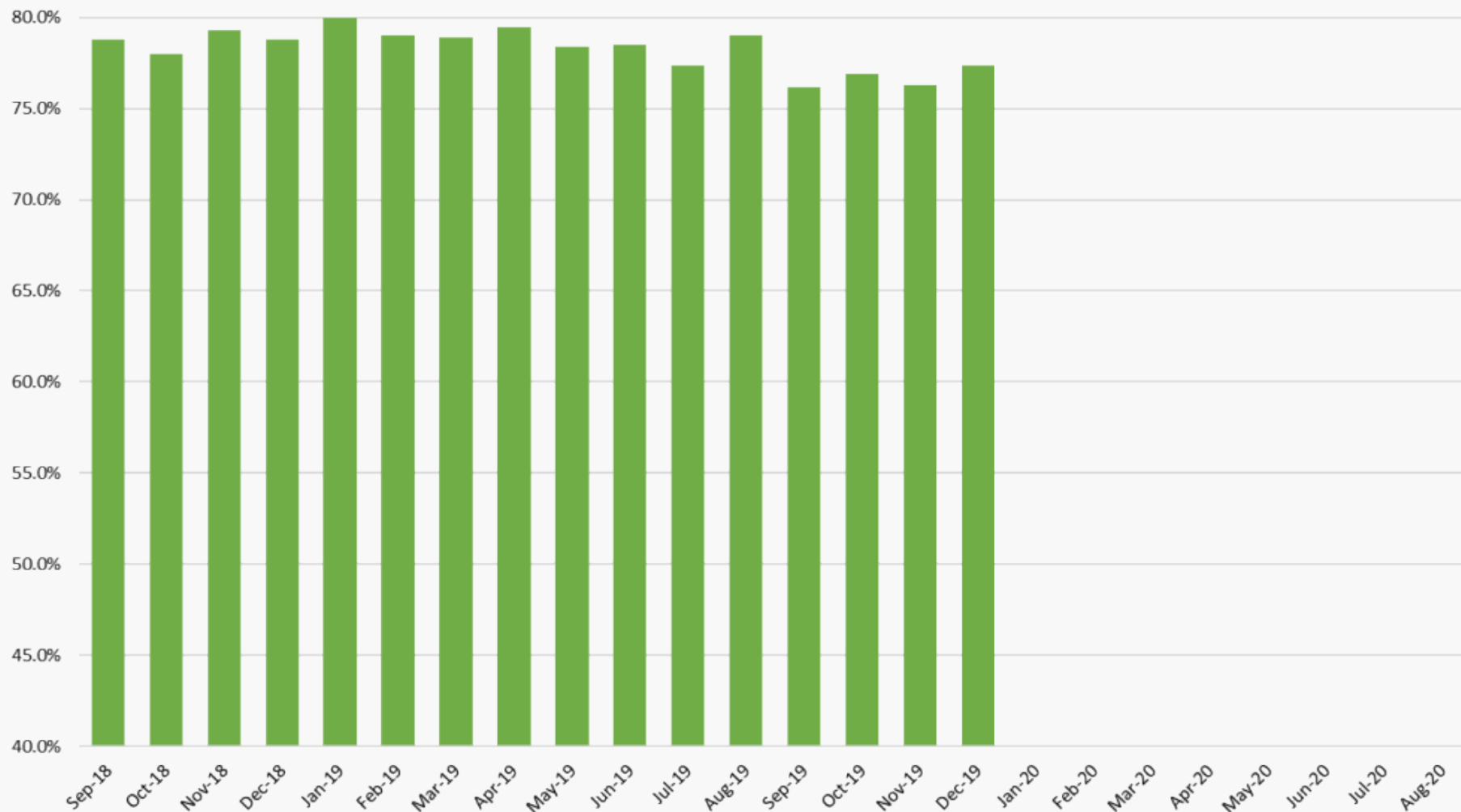


*N.B. Data Jan-Aug 2020 extracted from QlikSense*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

% of core journeys - other (Outpatients, Day Case, etc.) - collected less than 60 minutes of their booked ready time - (NEPTS)

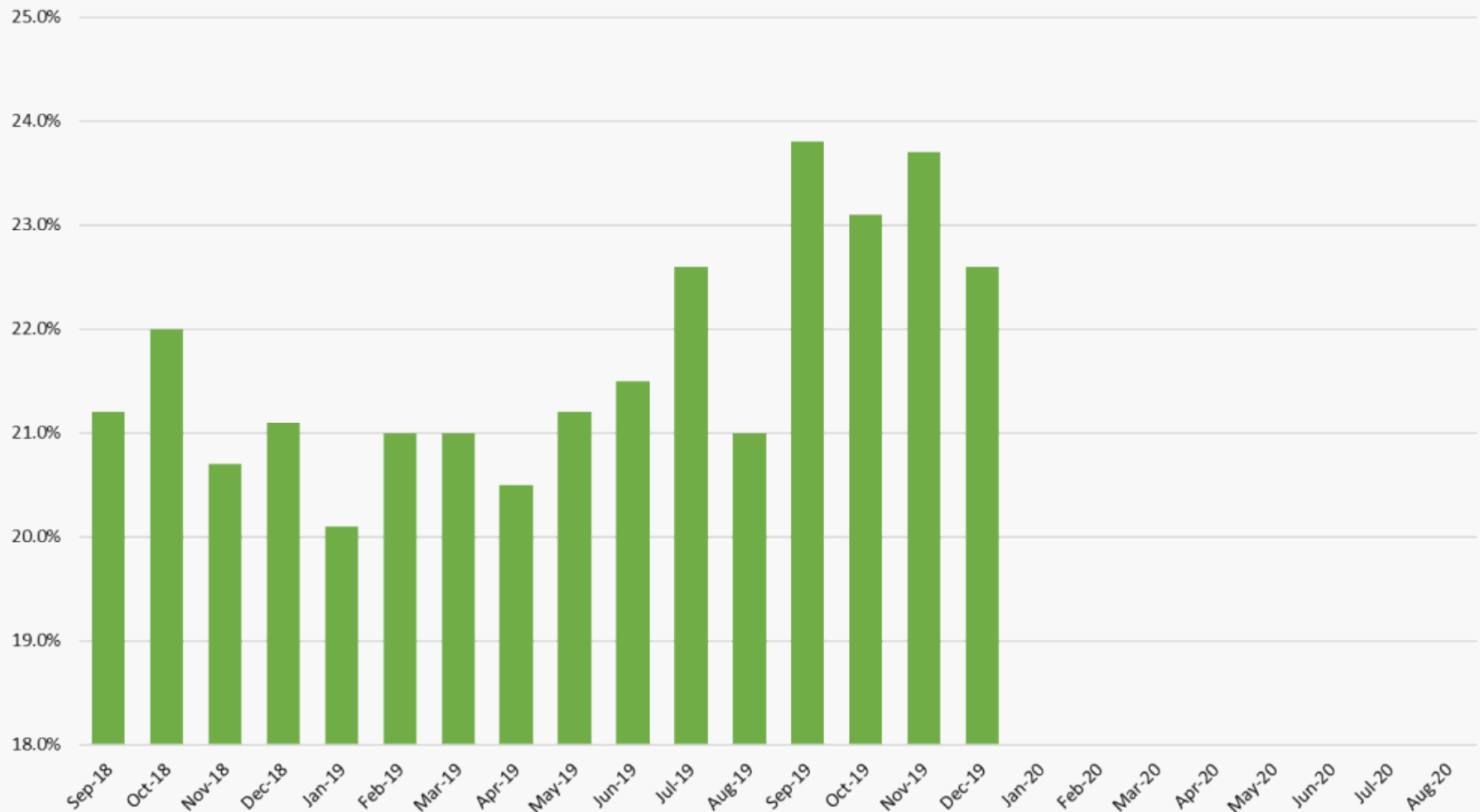


*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

% of core journeys - other (Outpatients, Day Case, etc.) - collected more than 60 minutes after their booked ready time (NEPTS)

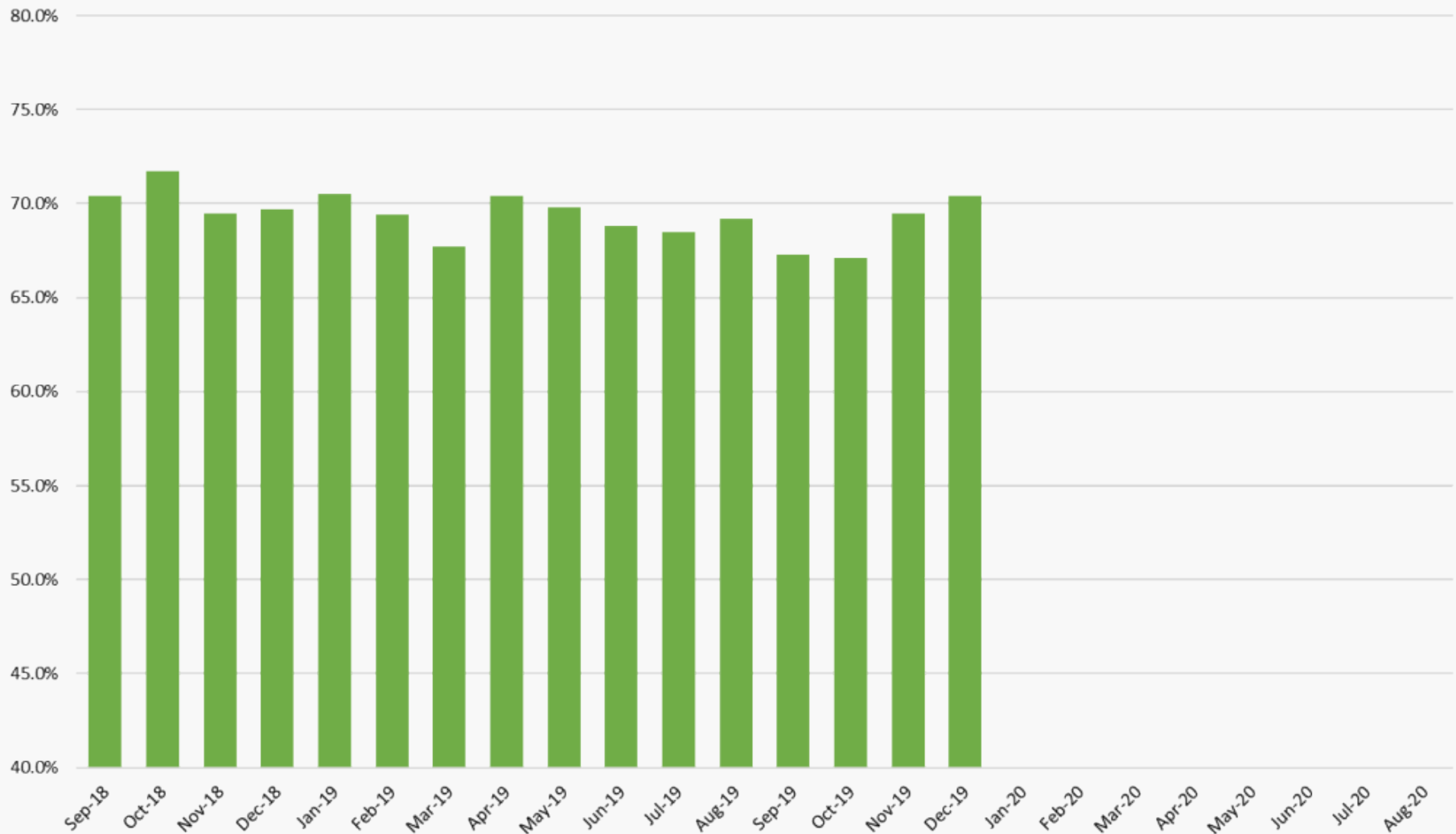


*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

% of enhanced renal journeys - collected less than 30 minutes after their booked ready time (NEPTS)



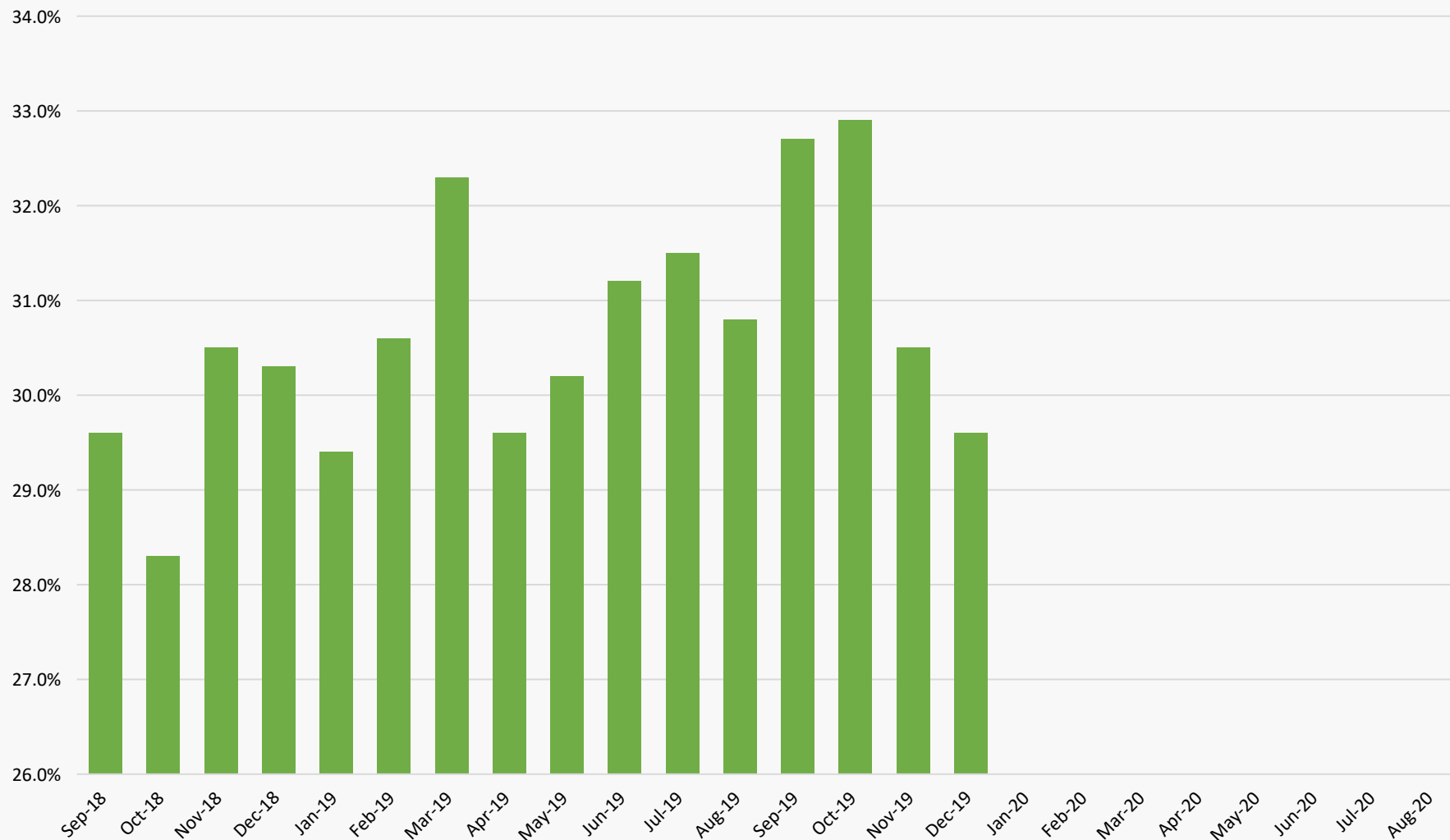
*N.B. December 2019 data available only*



## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

% of enhanced renal journeys - collected more than 30 minutes after their booked ready time (NEPTS)

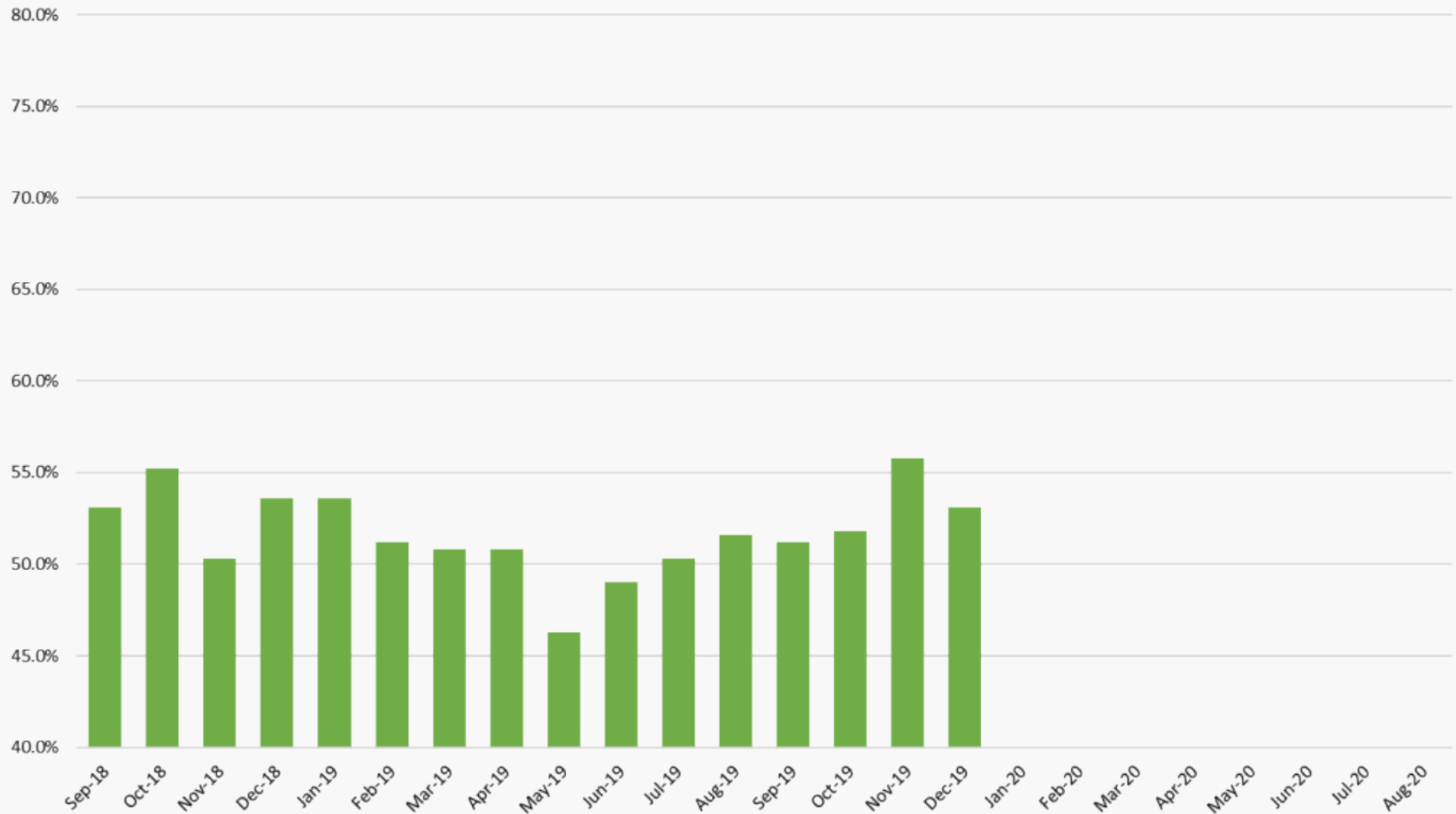


*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

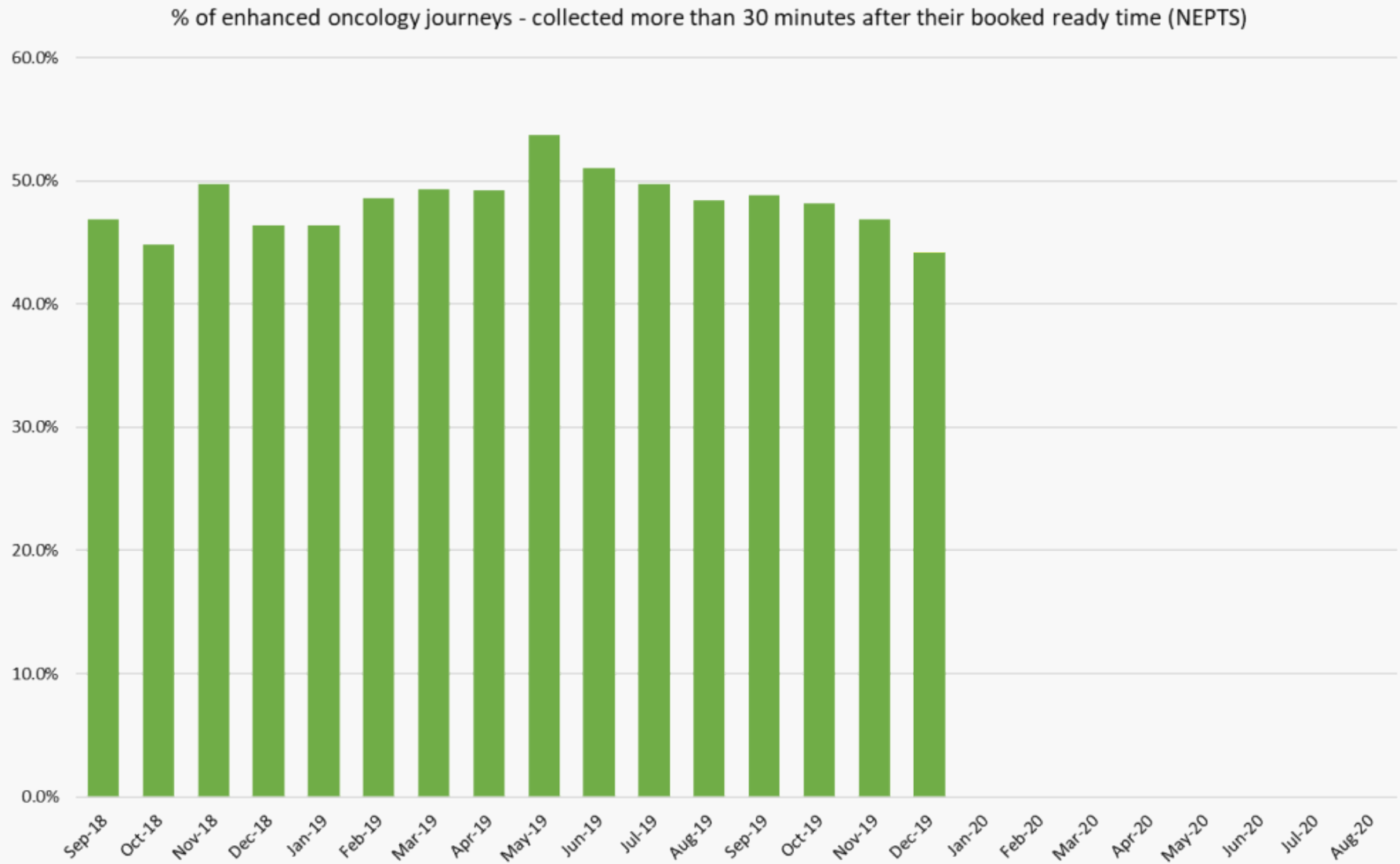
% of enhanced oncology journeys - collected less than 30 minutes after their booked ready time (NEPTS)



*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

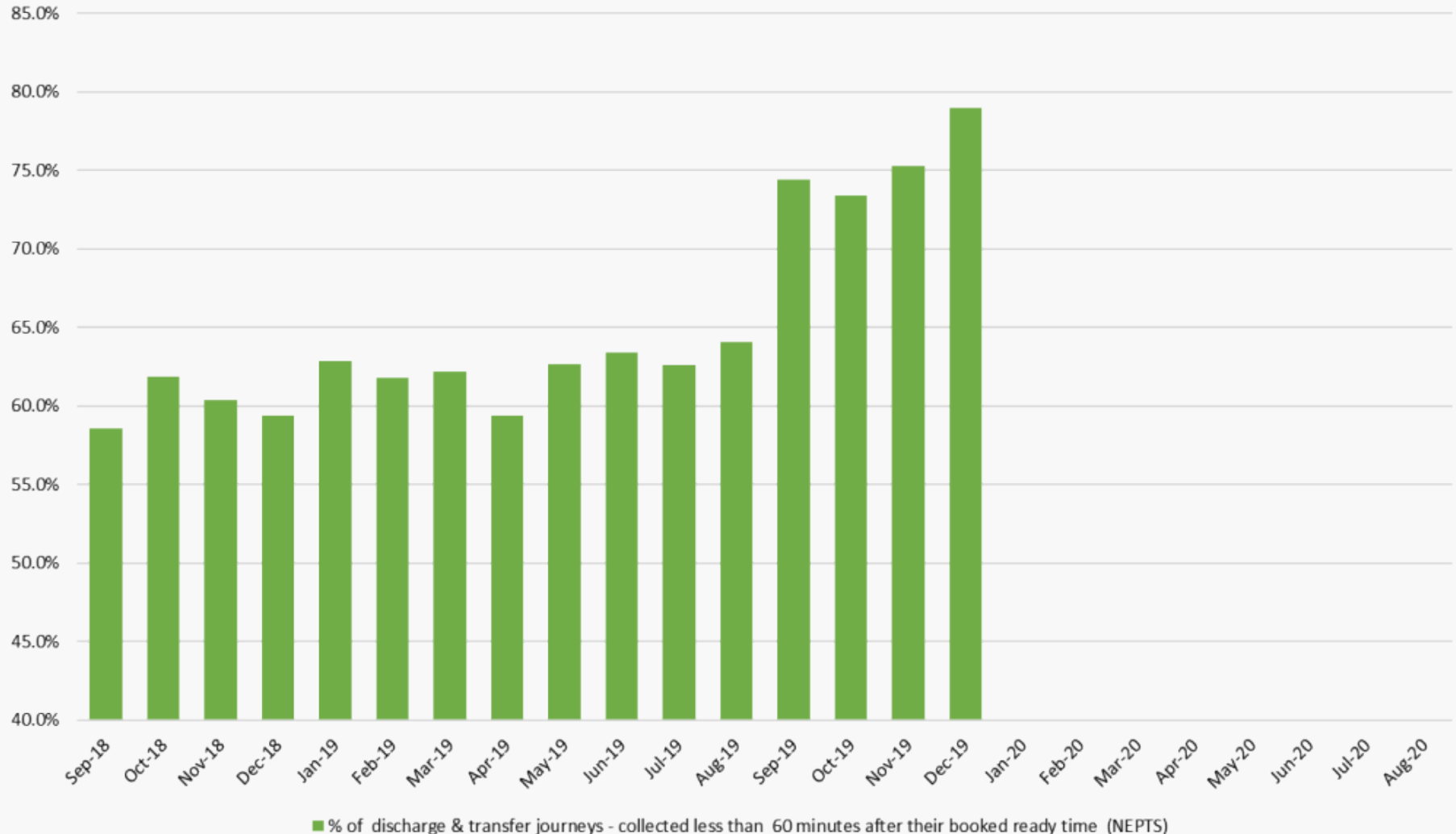


*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

% of discharge & transfer journeys - collected less than 60 minutes after their booked ready time (NEPTS)

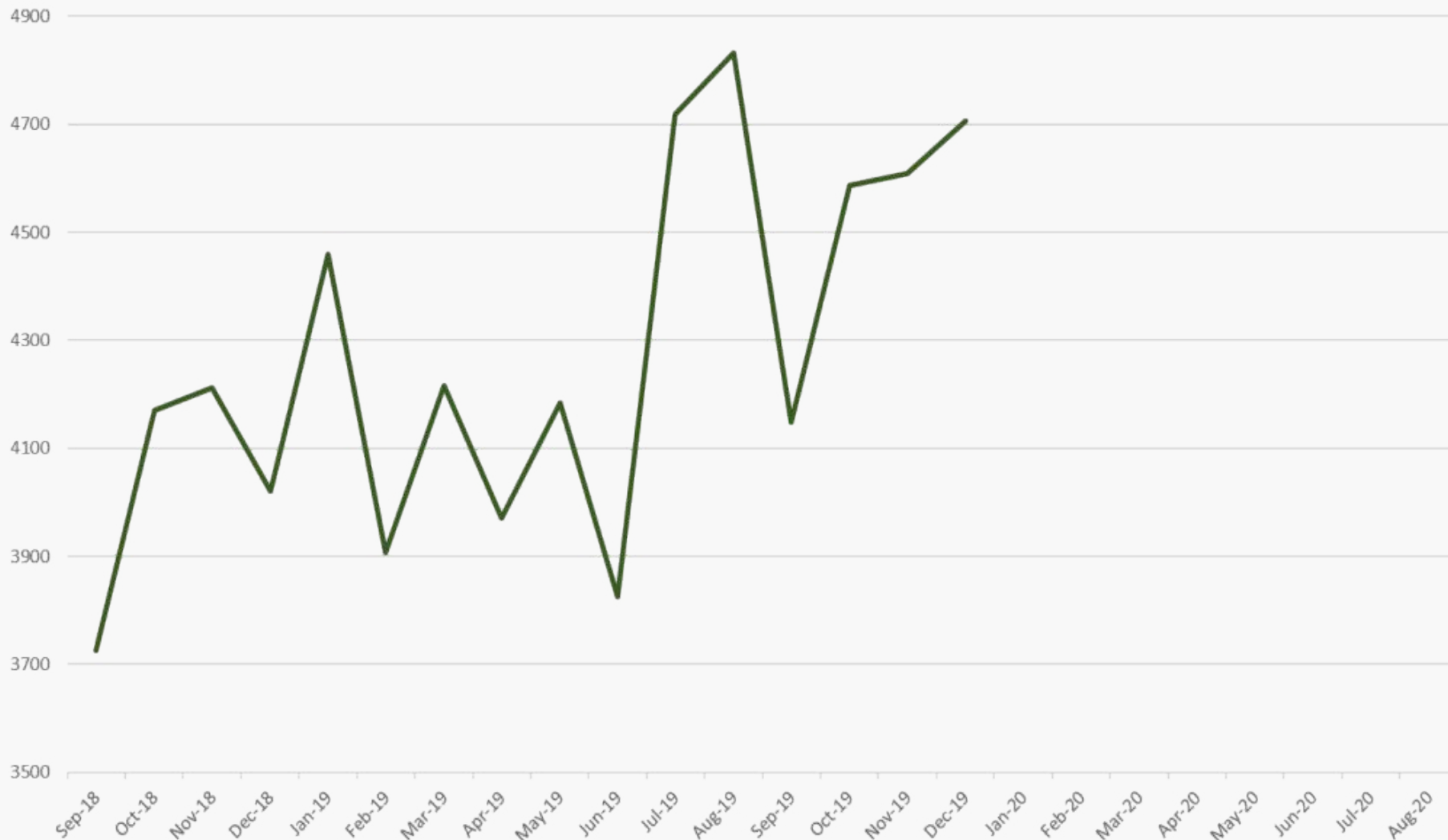


*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

Number of Core Patient Journeys - Discharge & Transfer (NEPTS)



*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

No. of Core Patient Journeys - Other (Outpatients, Day Case, etc.) (NEPTS)



*N.B. December 2019 data available only*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

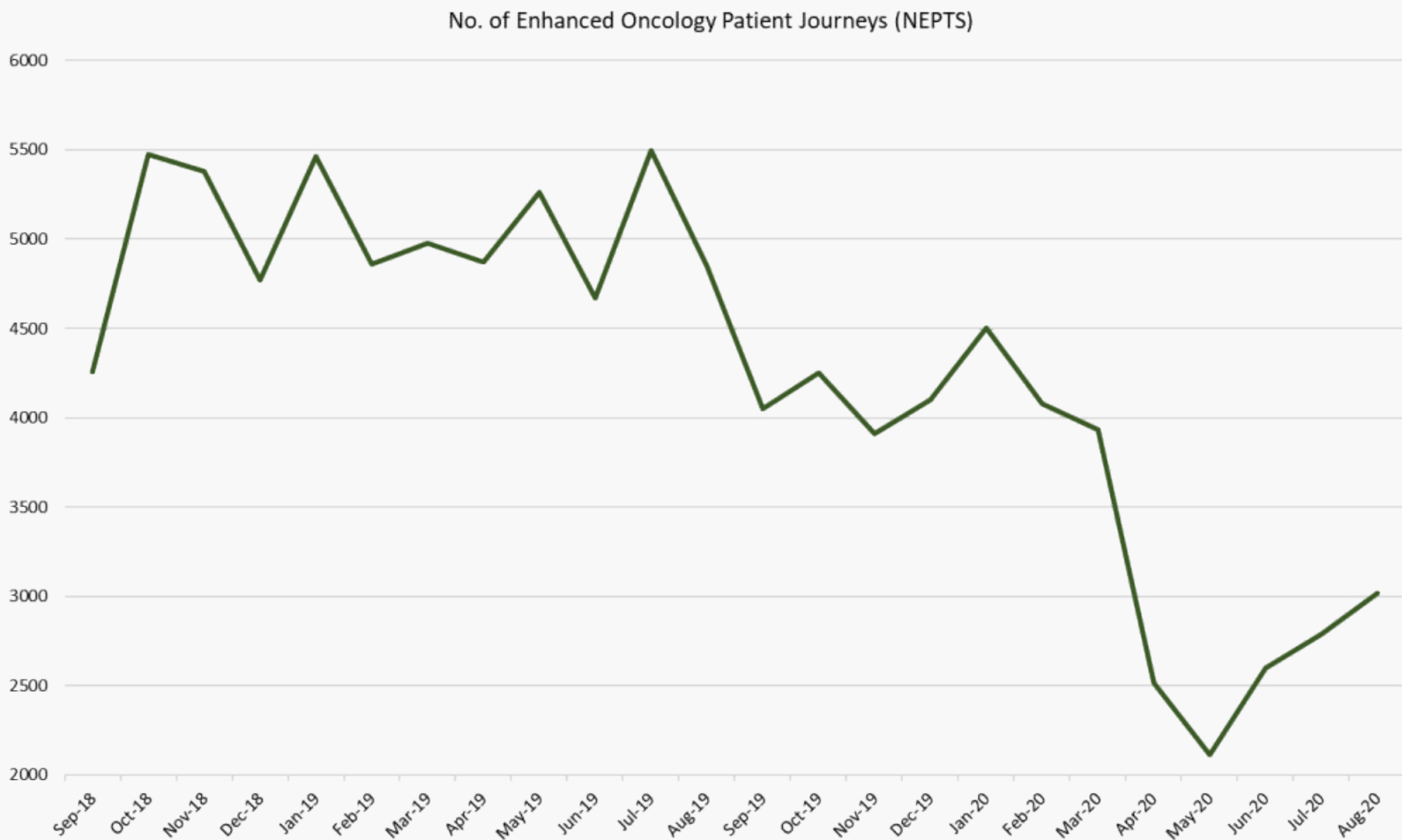
No. of Enhanced Renal Patient Journeys (NEPTS)



*N.B. Data Jan-Aug 2020 extracted from QlikSense*

## Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination

**OUR GOALS – PROVIDE THE RIGHT CARE IN THE RIGHT PLACE, WHEREVER AND WHENEVER IT IS NEEDED**

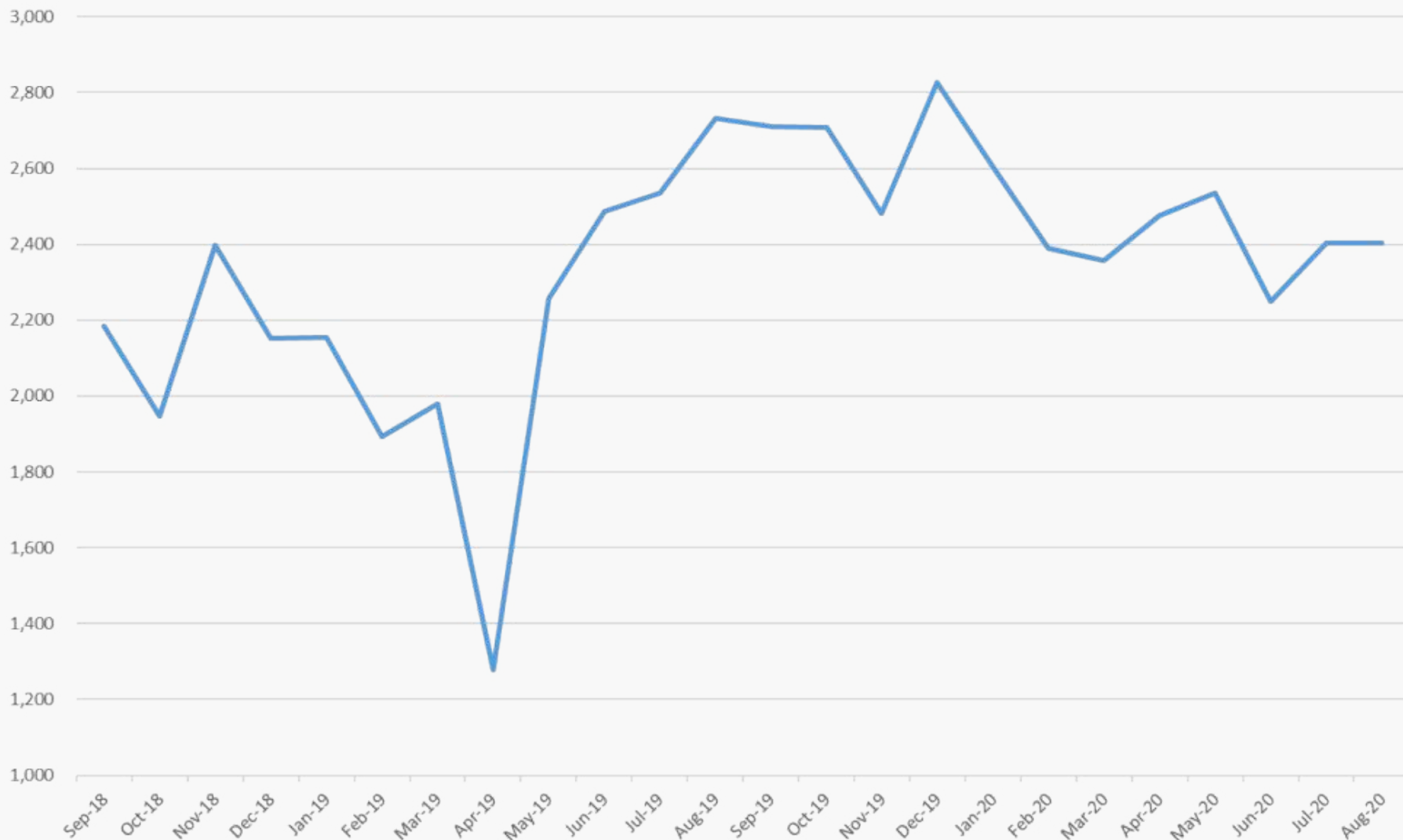


*N.B. Data Jan-Aug 2020 extracted from QlikSense*



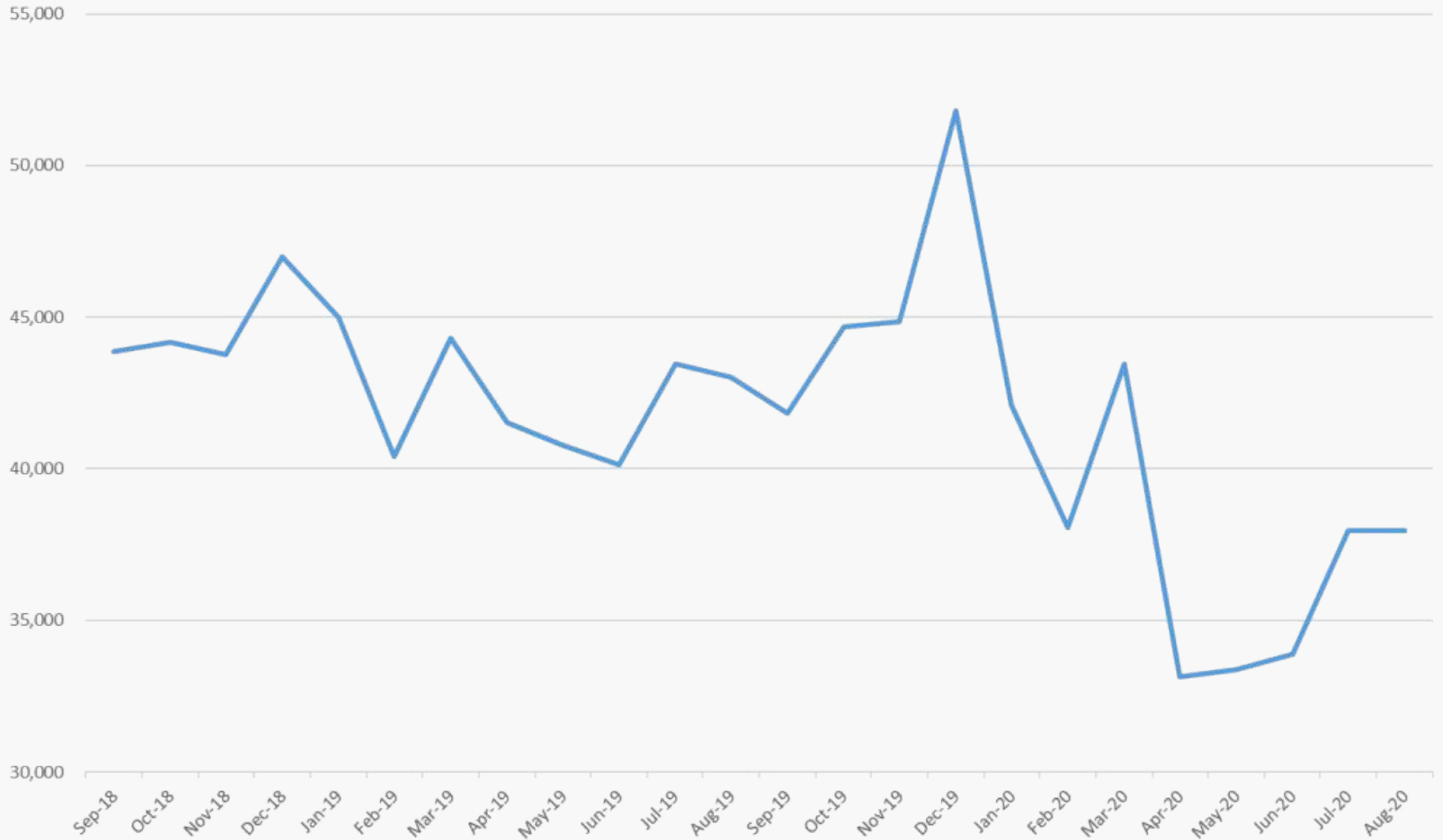
## ACTIVITY – Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

Frequent Caller Call Volumes



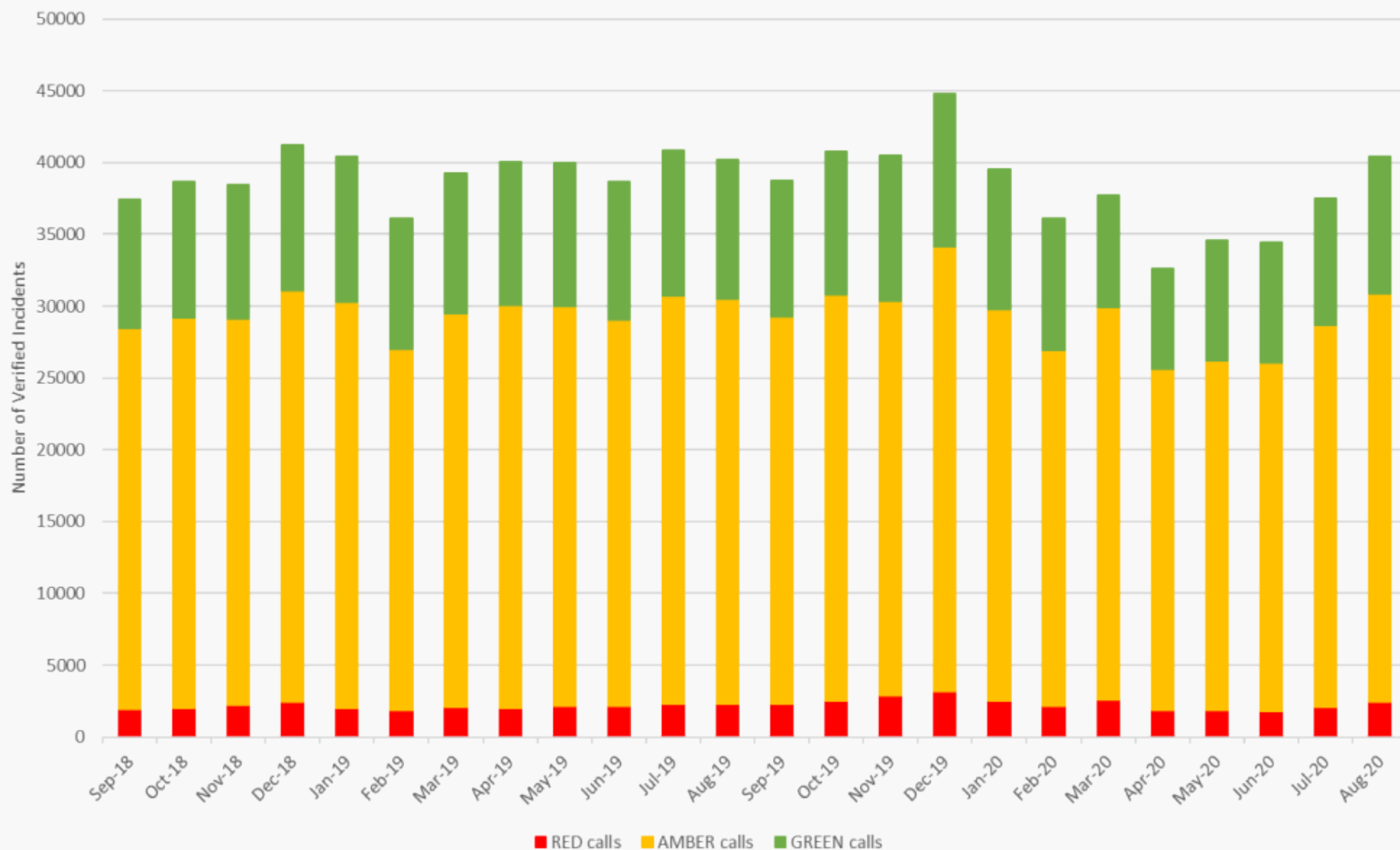
# ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

999 Call Volumes



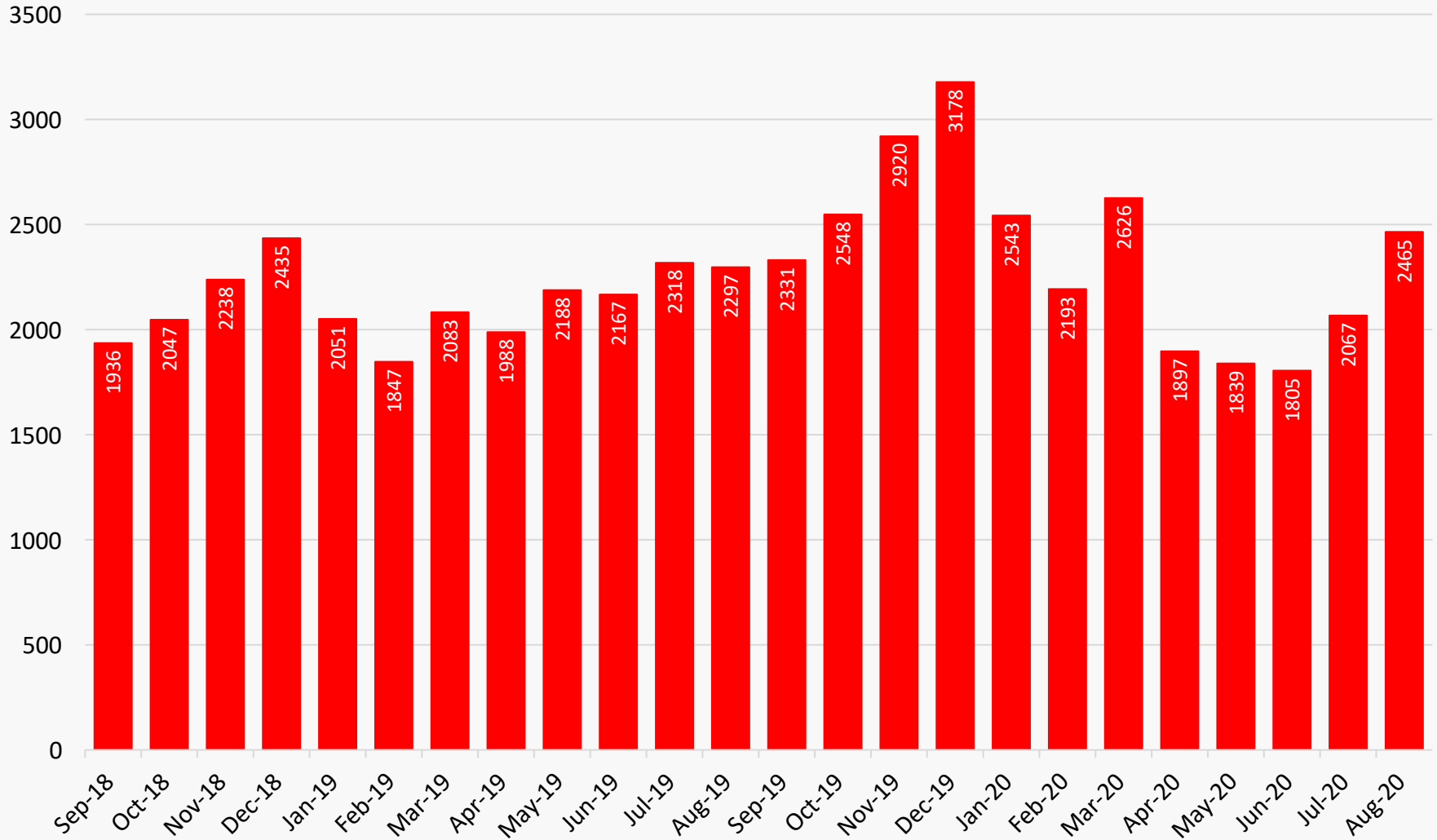
# ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

Total Verified Demand split by RED, AMBER, GREEN

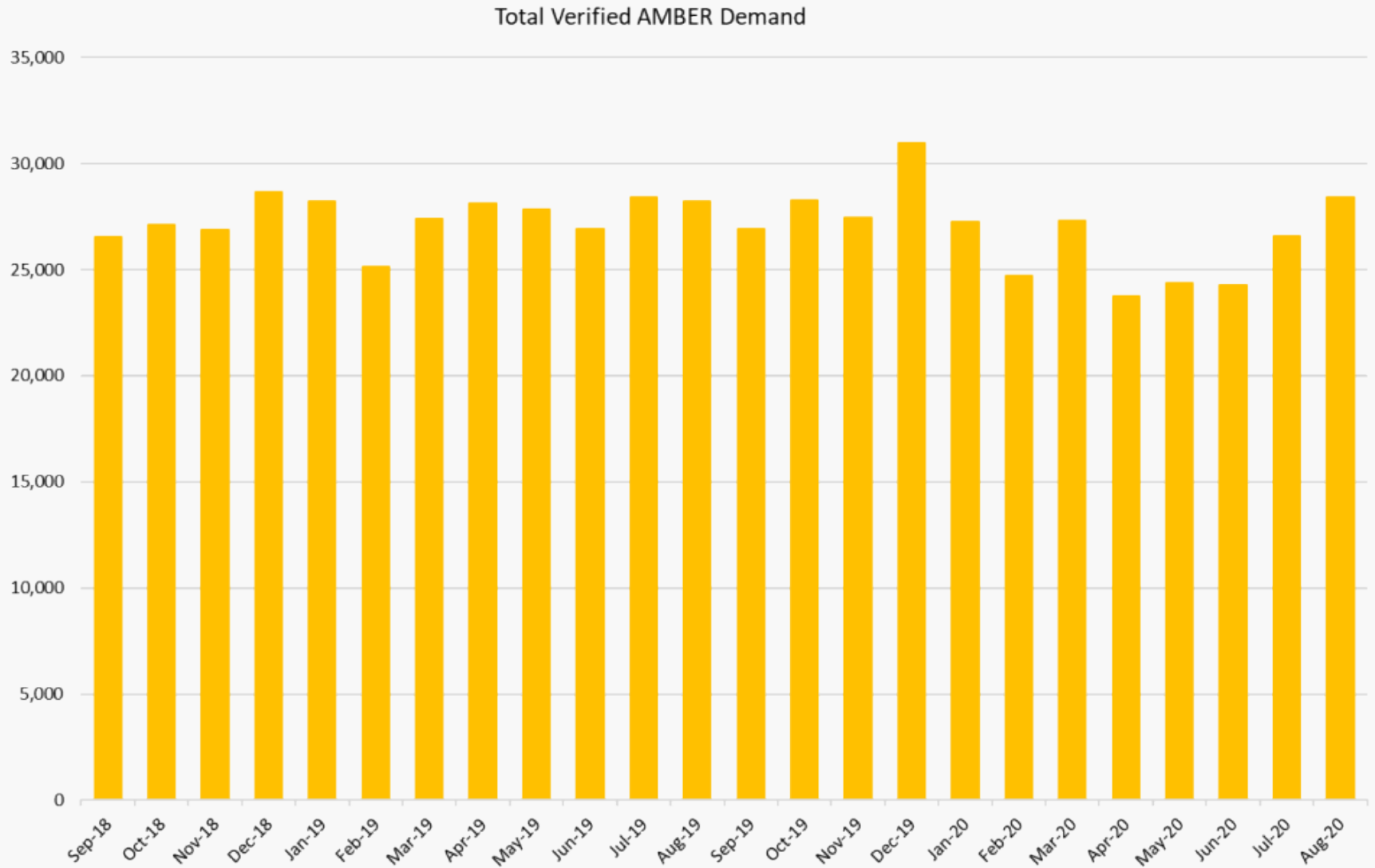


## ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

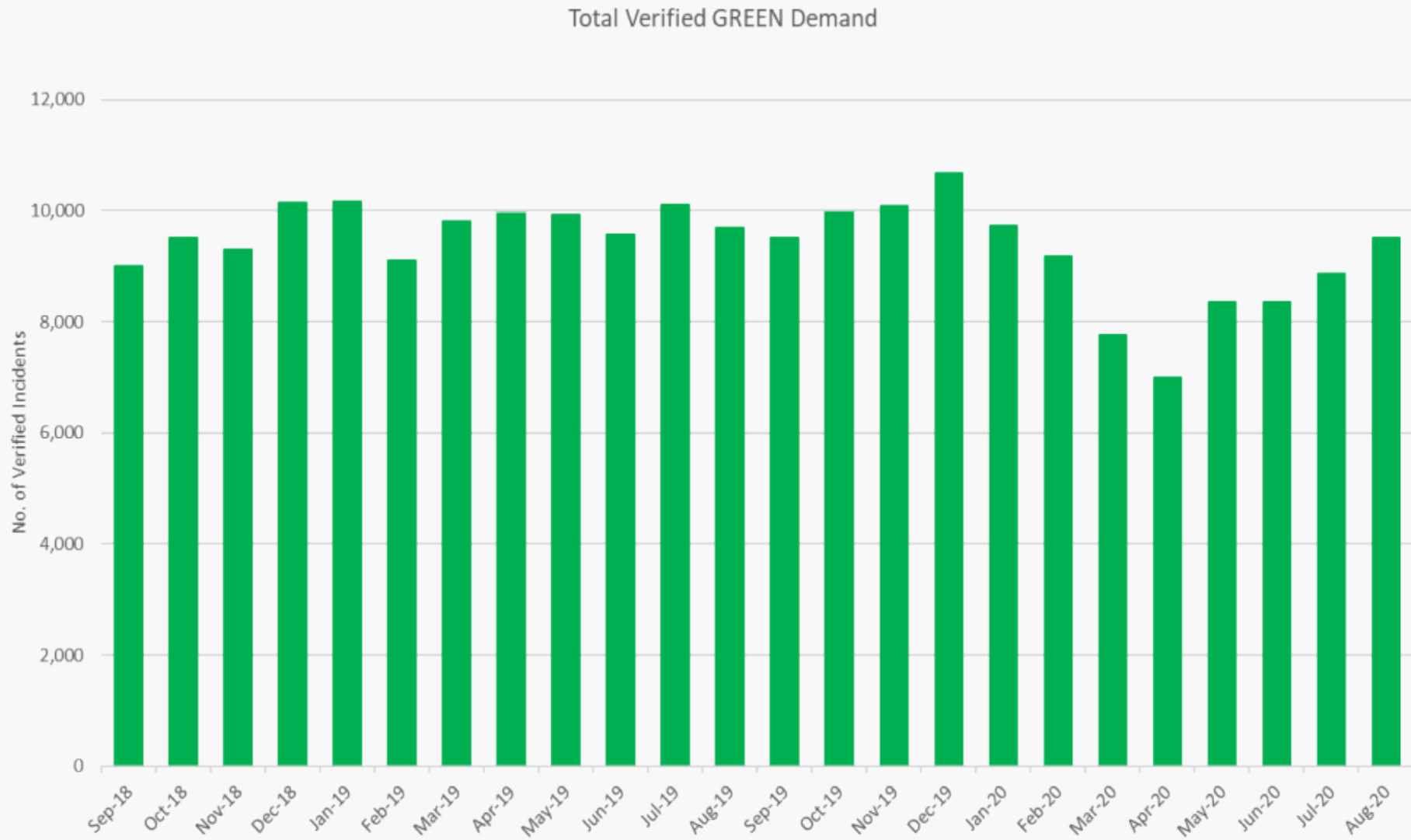
Total Verified RED Demand Calls



## ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

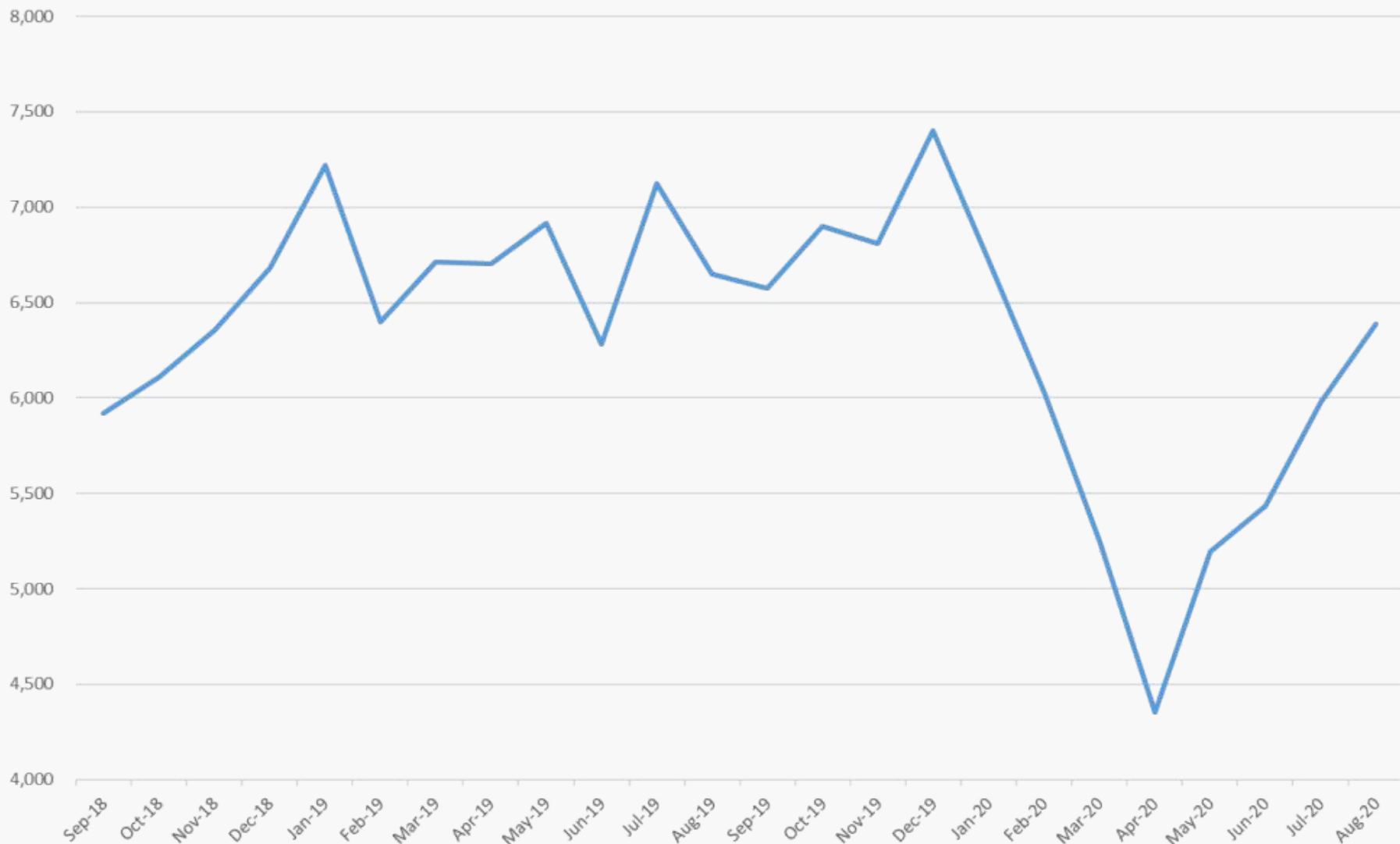


## ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

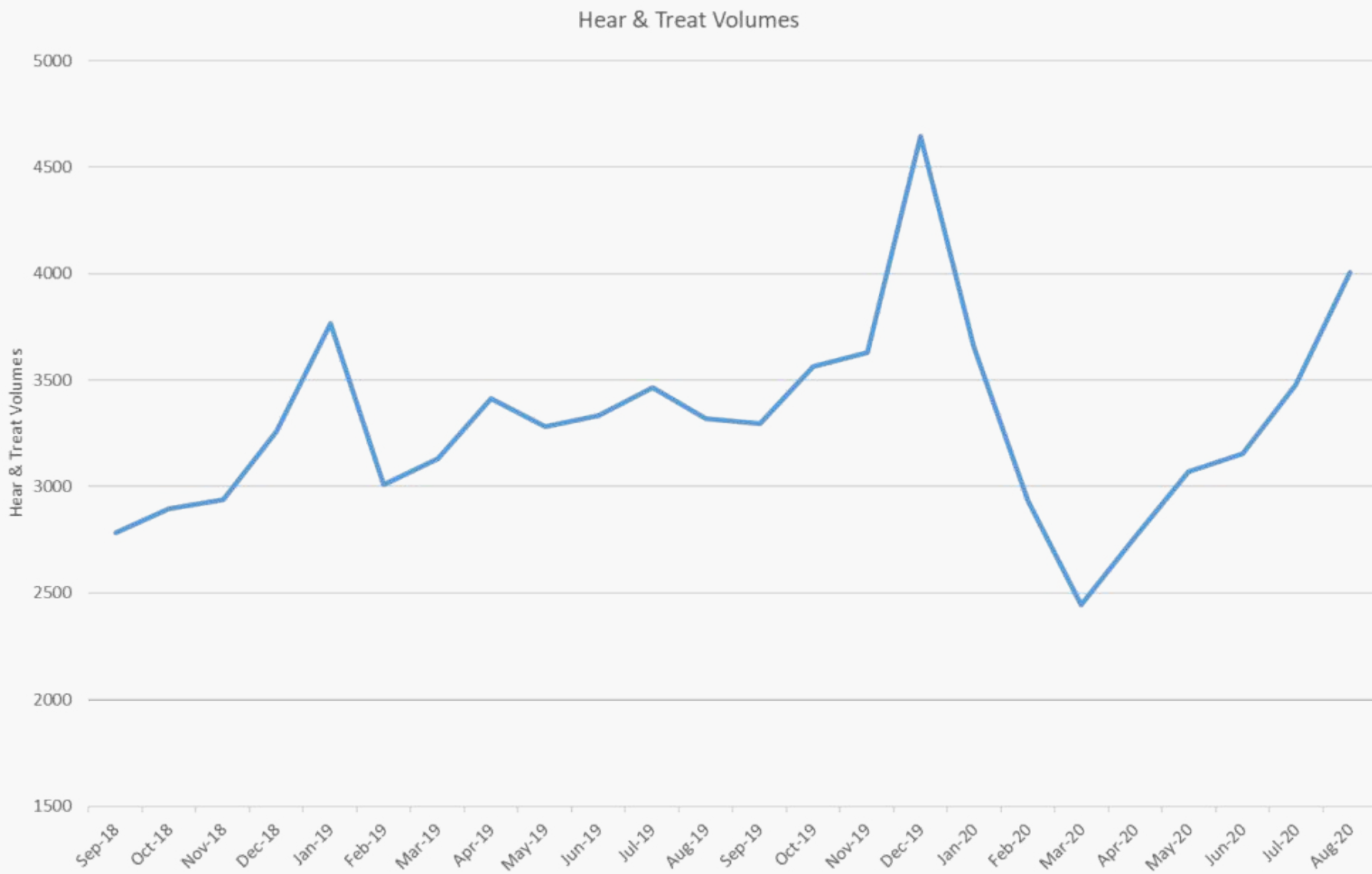


# ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

HCP Call Volumes

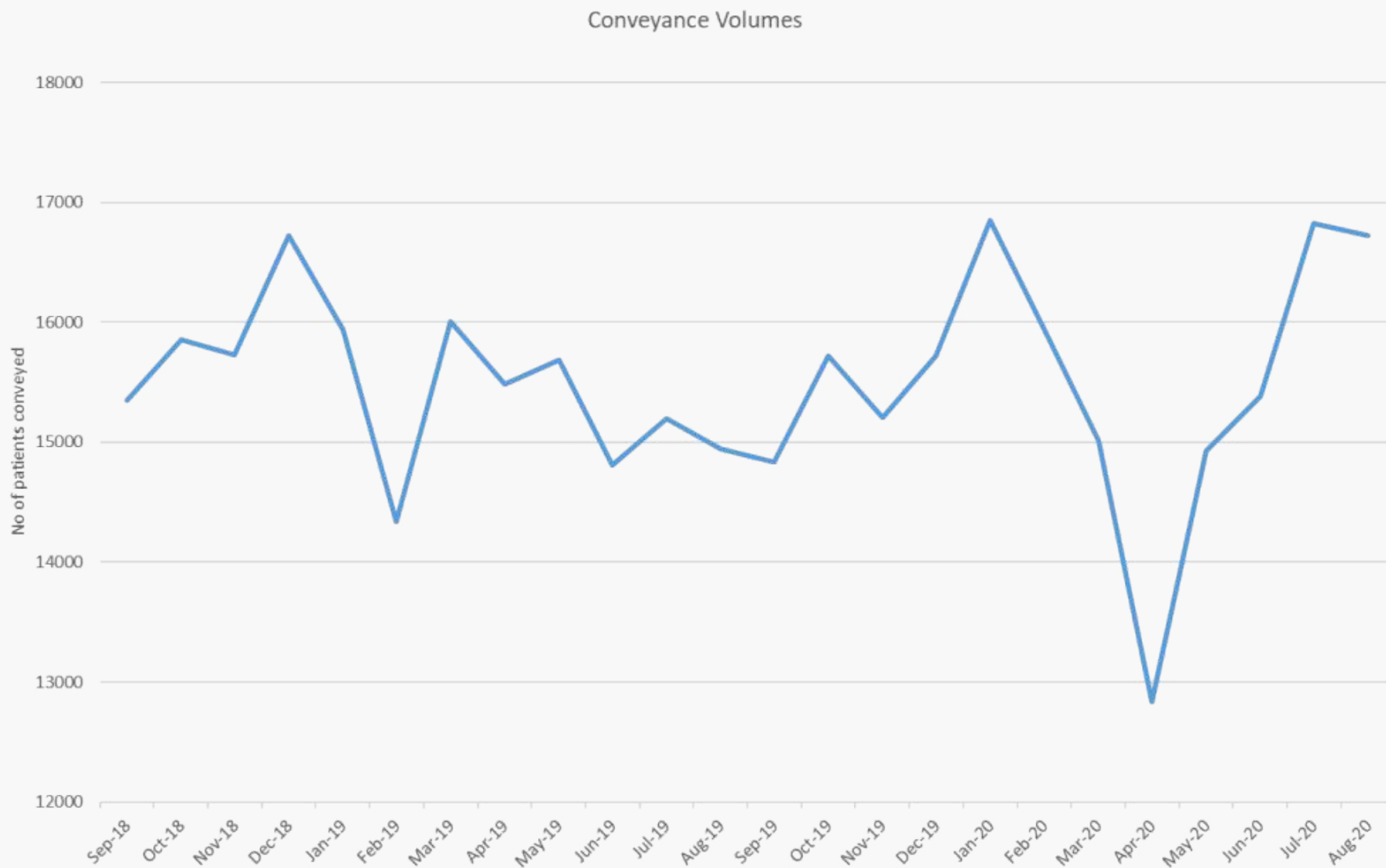


# ACTIVITY - Emergency Medical Service and Urgent Care Services: Step 2 Answer My Call

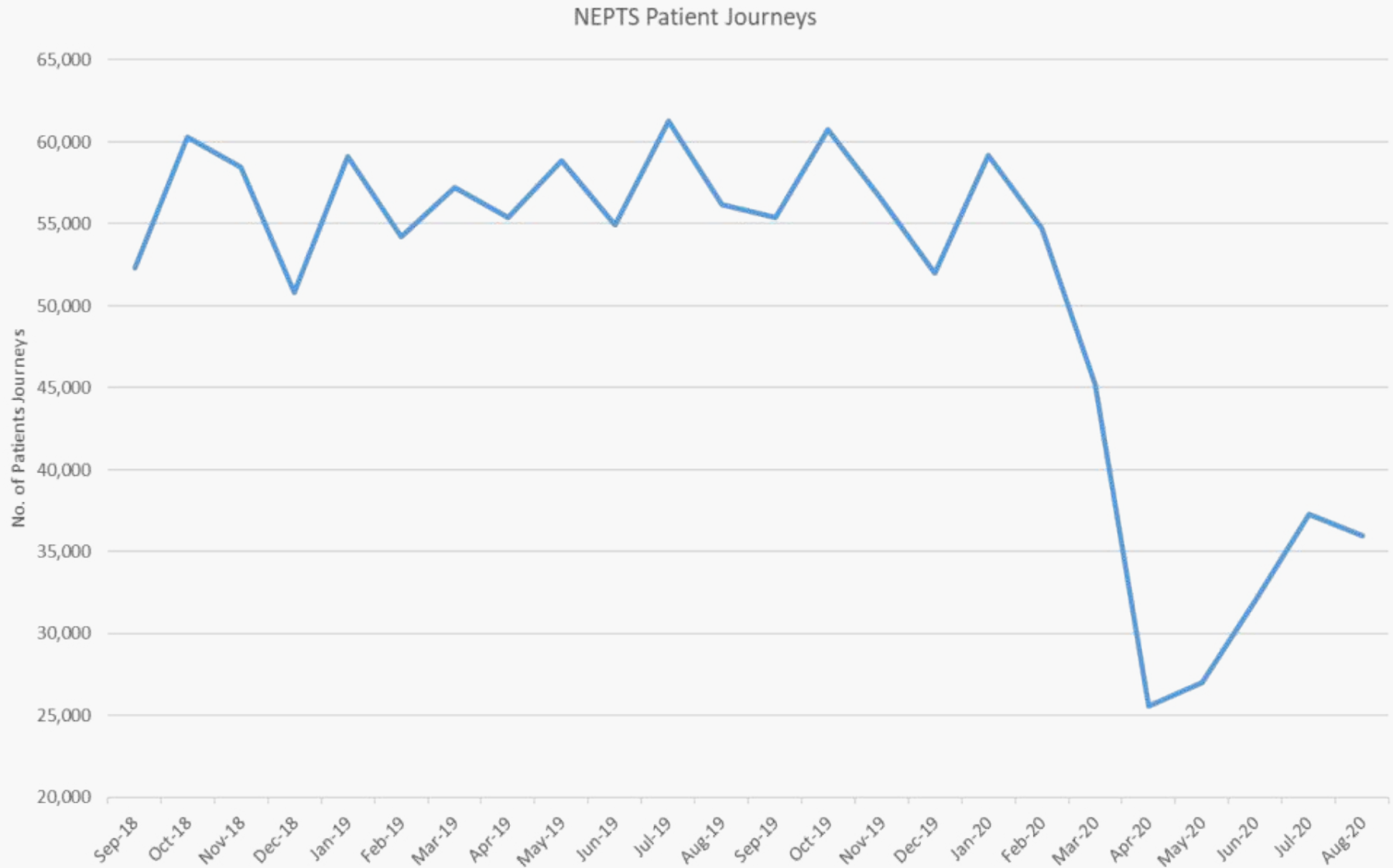




## ACTIVITY - Emergency Medical Service and Urgent Care Services Step 5: Take Me to Hospital



## ACTIVITY - Non-Emergency Patient Transport Services – Step 5 Take Me To My Destination



# HIW Annual Report 19/20 Update



**Joseph Wilton**

**Head of Partnerships, Intelligence and Methodology –  
WAST Relationship Manager**

1<sup>st</sup> October 2020

aglc  
hiw

Arolygiaeth Gofal Iechyd Cymru  
Healthcare Inspectorate Wales

# HIW Organisational Update

- HIW has been undergoing internal developments since April
- Introduced new remote inspections and a tiered approach
- Developed a new format to reporting
- New methodology for different service areas
- Appointed interim Chief Executive
- New approach to assurance in the health boards and Trusts – direct contact and plan review



# HIW Annual Report 2019/20

- Originally scheduled for publication in May 2020
- Drafting and publication delayed due to COVID 19
- Work resumed on drafting in August 2020
- Plan is to publish 21<sup>st</sup> October
- Report will focus on activity undertaken in 2019/20, so will not include COVID 19 impacts.



# Findings during 2019/20

- Throughout 2019/20, main issues were handover delays and community waiting times.
- These were starting to become a serious public safety concern. During the first months of winter, performance against response times were some of the worst ever recorded. partially due to:
  - an increasing number of red, high priority, calls
  - wait times for ambulances outside emergency departments
- While it is a whole system issue, WAST have some ability to take this forward.
- Welsh Government is aware of this issue, and trying to work more closely with the poorest performing hospitals and health boards to resolve these issues.
- Temporary emergency measures were put in place in different sites across Wales, with some accepting patients into corridors and other establishing temporary buildings on hospital sites.
- This did seem to be having some impact, with performance starting to rise again through the end of the winter.

# WAST Local Review

## Review focus

We reviewed how patients' health, safety and well-being were managed by the WAST EMSCCs, when they were waiting for an ambulance.

- Patient management arrangements
- Workforce
- Governance arrangements

## Scope

Arrangements in place to monitor and safeguard patients from the moment a call is received, to the point the ambulance arrives at the scene.

Level of training, development and support available to staff, to enable them to carry out their relevant roles.



# Methodology

**In total, 38 interviews were undertaken as part of the review fieldwork. This included:**

- Those responding to the initial emergency calls,
- Those coordinating the emergency response,
- Managerial staff overseeing the operation of the service
- Senior managers from within the Trust

**Staff we spoke with were asked to provide their views and experiences working within the service, including the main challenges faced.**

**Additionally, an online survey was produced to obtain further feedback from staff. There were 87 responses received through the survey.**

**As well as the engagement outlined above, a review of relevant documentation, service data and statistics also formed part of the fieldwork.**



# Patient Management Arrangements

Processes were in place which aimed to provide a safe and effective service to patients. However, concerns were identified around the issues and challenges experienced by staff, which were impacting on the ability for the service to respond to the demand.

Throughout our fieldwork, staff suggestions were highlighted to us, which could have a beneficial impact on staff competency and the resilience of the patient management arrangements in place.

- Staff struggle during times of high delays, limited resources and long wait times.
- Staff concerns over maintaining welfare checks with limited resources, ease of access to clinical support and consistency of REAP and DMP escalation process.
- Staff complimentary about SICAT in North Wales
- High number of non-emergency calls being received. Places unnecessary demand on the service.
- Unrealistic expectations from the public.

# Workforce

There was a very strong team working ethos amongst staff working within the EMSCCs. Staff were striving to deliver services to patients in very challenging circumstances, often exacerbated by issues with workforce availability and resource constraints.

Whilst attempts have been made by the Trust to improve the workforce, feedback from staff highlighted that staff shortages was a regular issue, which impacted on the ability of the service, as well as the morale and well-being of staff.

Further focus is required by the Trust in ensuring that staff are provided with the appropriate level of training, development and support to effectively enable them to undertake their relevant roles.

- Most staff did not think there were currently sufficient staffing levels, despite increasing demand on the service
- Sickness absence was still a high risk to the service
- Low staff morale, as a result of high pressure.
- High turnover of staff and concerns were consistently raised around the resilience of the service and a reliance on overtime to help cover any shortfall in numbers

# Workforce - Continued

## Staff suggestions

- During periods of high demand, welfare calls often do not take place when required and they can be extremely stressful and frustrating to complete.
- Frustrations from staff about tasks such as dealing with vehicle breakdowns and arranging taxis for lower risk patients to go to hospitals.

## Recruitment

- At time of the fieldwork, there was a recruitment for call handlers on a six month fixed term basis.
- Staff felt the short term recruitment was due to winter pressures, rather than the ongoing service resource and structure review
- Staff expressed frustration and anxieties over the review and perceived limited opportunities to feed their views

## Resources

- Handover delays and lost hours ongoing challenge for the service
- Immediate release requests only succeeding in ¼ of cases

# Workforce - Continued

## Training and Development

- Occasional cancellations of training due to demands and/or staff shortages
- Staff felt there should be more mental health and role related training
- Concern from some staff in relation to induction training. No evidence new staff were being trained to an inadequate level.

## Performance Review and Monitoring

- Staff said their appraisal discussions focused on performance, rather than skills, performance and development.

## Well-being and Support

- Staff overall happy with the level of support but more could be done to improve staff well-being
- Staff felt the working environment was unsuitable due to a lack of space, temperature, ventilation and noise levels
- Staff were left feeling unsupported, isolated and under increased pressure during out-f-hours shifts

# Governance Arrangements

We found there were generally clear lines of accountability across the service, and overall staff praised the leadership and support at operational level. However, concerns were highlighted by operational staff in relation to the lack of communication and engagement from senior managers from within the Trust.

Systems were in place to record ongoing service and organisation risks, however, we identified concerns with the risk assessments for EMSCCC staff training.

Concerns were also identified with the consistency of incident reporting and should be addressed to ensure the organisation is fully aware of the incidents, issues and risks presented at an operational level.

- Staff happy with the level of support from managers and supervisors based within the EMSCCC and good working relationships between the operational managers and staff
- Concerns were raised around the visibility, support and engagement from senior management and concerns and issues were not heard, acknowledged or adequately dealt with
- We were not assured that the Trust has fully considered how the impact of inadequate training opportunities could affect all aspects of its service provision
- Uncertainty amongst staff over what should constitute a Datix incident and due to the demands and pressures, there was limited time to complete incidents during their shift
- Staff who told us that they did not see the benefit in completing incident forms, as they had no confidence that anything would change as a result.

## Next Steps

- Welsh Ambulance Service Trust consider the findings and our recommendations.
- The Trust is required to submit an action plan in response to the recommendations highlighted within our report.
- HIW will undertake follow-up activity on recommendations made.
- During our review we identified significant issues that would therefore benefit from further review.



# Questions and Comments



**Joseph Wilton**

**Head of Partnerships, Intelligence and Methodology –  
WAST Relationship Manager**

1<sup>st</sup> October 2020

**aglc  
hiw**

Arolygiaeth Gofal Iechyd Cymru  
Healthcare Inspectorate Wales



Ymddiriedolaeth GIG  
Gwasanaethau Ambwlwans Cymru  
Welsh Ambulance Services  
NHS Trust

|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>3</b>    |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> |             |

## Health Inspectorate Wales (HIW) – EMSCCC Patient Safety Review

|                        |                                                                                                                                      |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Trust Board                                                                                                                          |
| <b>DATE</b>            | <b>1 October 2020</b>                                                                                                                |
| <b>EXECUTIVE</b>       | Lee Brooks, Director of Operations.                                                                                                  |
| <b>AUTHOR</b>          | Stephen Clinton, Assistant Director of Operations (CCC).<br>Peter Brown, CCC Business Manager<br>Kate Blackmore, Area Manager EMS CC |
| <b>CONTACT DETAILS</b> | <a href="mailto:Stephen.clinton@wales.nhs.uk">Stephen.clinton@wales.nhs.uk</a><br>Work Mobile No. 07392100185                        |

|                                            |                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 |                                                                                                                                                                                                                                                                                                                                                                  |
| <b>CORPORATE RISK (Ref if appropriate)</b> | <b>CRR1</b> - Operational Performance variance across HB areas (Datix ID: 220)<br><b>CRR57</b> - Patients delayed on ambulances outside A&E Depts (Datix ID: 224)<br><b>CRR3</b> - Escalation system in Trust in increased operational pressure (Datix ID: 221)<br><b>CRR58</b> - Unable to attend patients in community who require See & Treat (Datix ID: 223) |
| <b>QUALITY THEME</b>                       | 2. Safe Care<br>3. Dignified Care<br>4. Effective Care<br>5. Timely Care<br>6. Individual Care<br>7. Our Staff and Resources                                                                                                                                                                                                                                     |
| <b>HEALTH &amp; CARE STANDARD</b>          | 2.1 - Managing Risk and Promoting Health and Safety<br>3.1 - Safe and Clinically Effective Care<br>3.3 - Quality Improvement, Research and Innovation<br>3.4 - Information Governance and Communications Technology<br>4.1 - Dignified Care<br>5.1 - Timely Access (to care)<br>6.3 - Listening and Learning from Feedback<br>7.1 - Workforce                    |



|                             |                                                                                                                                                                                                                      |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | <p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> <li>• Summarise the key themes and findings of the report, and</li> <li>• Update on progress against the actions made to date.</li> </ul> |
| <b>CLOSED MATTER REASON</b> |                                                                                                                                                                                                                      |

## REPORT APPROVAL ROUTE

| WHERE       | WHEN             | WHY                                |
|-------------|------------------|------------------------------------|
| EMT         | 26 August 2020   | Approval                           |
| QUEST       | 8 September 2020 | Information and ongoing monitoring |
| Trust Board | 1 October        | For Information                    |

### SITUATION:

- 1 Following concerns regarding potential impacts of extended and deteriorating handover times at emergency departments across Wales, a review by Health Inspectorate Wales (HIW) was scheduled for Q3-4 of 2019/20.
- 2 The principle objective of the review was to assess how patients are managed by the Emergency Medical Services Clinical Contact Centres (EMSCCC) encompassing the period from the time the call is received through to an operational response arriving with the patient.
- 3 As a secondary objective the review considered how staff working within EMSCCC are resourced and supported.
- 4 The Executive Management Team (EMT) and Trust Board approved the Trust's factual accuracy comments and draft action plan in July 2020.
- 5 Following completion of the field work and the factual accuracy process, HIW published the final report including our action plan on 30 September 2020.
- 6 The purpose of this paper is to summarise key themes and findings of the report.

- 7 The action plan was presented to Executive Management Team (EMT) on the 26<sup>th</sup> July, Quality Experience and Safety Committee (QUEST) on 8<sup>th</sup> September 2020.

## **BACKGROUND:**

- 8 HIW conducted the field work between November 2019 and January 2020 using a mixed methods approach including staff surveys, document reviews and semi-structured interviews.
- 9 Delayed due to the COVID-19 pandemic the draft report was shared with the Trust in July 2020. The Trust participated in the factual accuracy process and developed our action plan in response to recommendations which has been agreed by both the EMT and Trust Board in closed sessions.
- 10 It has been agreed that QuEST be the nominated Committee to monitor the progress of the action plan and actions have been entered on to the Trust audit tracker.
- 11 Since the Trust Board last saw the action plan (in closed session), and as a result of HIW's consideration of our factual accuracy return, recommendations 4, 14, 21 and 25 have been altered. The remainder of the action plan is unchanged.

## **ASSESSMENT:**

- 12 The key findings of the review are:
  - i. The review found a strong team ethos throughout the EMSCCC despite often having to work in challenging circumstances relating to limited resources.
  - ii. Pressures arising from lost hours at hospitals as a consequence of delayed handovers of care at Emergency Departments was a consistent and significant theme impacting our staff and patient experience.
  - iii. Management, leadership and accountability structures are clear however the review found that more could be done to increase the visibility of this leadership.
  - iv. The review found that sound risk management processes were in place although opportunities for improvement were identified.

- v. Further organisational focus is required to ensure that EMSCCC have the correct resources, training and development.
- 13 The action plan contains 27 recommendations from the report, 8 of which are complete either through actions since the review or through factual accuracy comments.
- 14 There are 44 actions in total with 8 complete and 36 remaining. 18 are predominantly for the EMSCCC but also include support / lead from other areas namely, Workforce and Organisational Development and Medical Directorate. Highlights of all actions include
- i. Improving information awareness for decision making and improved audit of processes.
  - ii. Public education campaigns on using of the Ambulance Service
  - iii. Strengthening the delivery of EMSCCC training
  - iv. Actions to support the reduction of Hospital Handover Delays across the Trust and communicating the actions and discussions to staff

## **RECOMMENDATION**

- 15 It is recommended that the Trust Board receive this paper, **NOTE** publication of the final HIW report, **NOTE** the development of our action plan and progress to date.

## **APPENDICES**

Appendix One – HIW Final Report



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## **Welsh Ambulance Service Trust - Local Review**

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### **Assessment of Patient Management Arrangements within Emergency Medical Service Clinical Contact Centre's**

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163

**Email:** [hiw@gov.wales](mailto:hiw@gov.wales)

**Fax:** 0300 062 8387

**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

**To check that people in Wales receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

## **Our priorities**

**Through our work we aim to:**

**Provide assurance:**

**Provide an independent view on the quality of care**

**Promote improvement:**

**Encourage improvement through reporting and sharing of good practice**

**Influence policy and standards:**

**Use what we find to influence policy, standards and practice**

# 1 Foreword

As the independent Inspectorate and regulator of healthcare in Wales, Healthcare Inspectorate Wales (HIW) has a responsibility to provide the public with independent and objective assurance of the quality, safety and effectiveness of healthcare services in Wales. Following our review and inspection activity, we make judgements and issue recommendations to healthcare organisations to promote improvements. In our role, it is important that we maintain an overview of each of the NHS Health Boards and Trusts in Wales.

As part of the HIW local review programme for 2019/20, we devised a local review of the Welsh Ambulance Service Trust, as a result of ongoing concerns across Wales in regards to ambulance waiting times. It was established that this review should explore how the risks to patients' health, safety and well-being are being managed, whilst they are waiting for an ambulance.

The review set out to specifically assess how patients are being managed by the Emergency Medical Service Clinical Contact Centres (EMSCCCs) in Wales, once a request for an ambulance is received, to the point where the ambulance arrives at the scene. The review also considered how staff working within the EMSCCC's are resourced and supported to undertake their relevant roles.

This report aims to highlight key themes, good practice and recommendations for improvement, in relation to the patient management arrangements being used by the service. We would like to express our thanks to all of the staff from WAST who facilitated and participated in this review.

The fieldwork for our review was undertaken between November 2019 and January 2020, prior to impact of the COVID-19 pandemic. Therefore, it should be noted that the systems and issues described within the report, were accurate at the time of our fieldwork.



## 2 Summary

This report highlights the findings from our review of the patient management arrangements in place within the WAST EMSCCs. The key findings highlighted during our review are outlined below.

We found processes in place which aimed to provide patients with safe and effective care. However, concerns were highlighted by staff working within the service around the challenges and issues they regularly encounter, which were impacting on the ability of the service to respond to demand.

We found that overall, there was a very strong team working ethos amongst staff within the EMSCCs, although our findings recognised it was a stressful and demanding environment to work in. Staff were striving to deliver services to patients in very challenging circumstances, often exacerbated by issues with workforce capacity and resource constraints.

The Trust had made attempts to improve capacity within the workforce, however staff still felt that there were insufficient staffing levels within EMSCCs. This subsequently impacts on the service delivery and also impacts on morale and well-being of staff.

Our review highlighted that further focus was required by the Trust to ensure that staff are provided with adequate training, development and support to enable them to undertake their relevant roles. Throughout our fieldwork, suggestions were made by staff that could help improve staffs' learning, knowledge and development of skills, as well as the patient management arrangements in place.

We found that the negative impact of the delays experienced with ambulance to hospital patient handovers, was consistently raised by staff throughout our fieldwork. Handover delay was a regular occurrence for the Trust and was having a significant effect on the service. This was affecting the ability of the Trust to adequately respond to service demands, due to limited availability of ambulance resource. We feel that this issue requires a holistic review, which should involve all relevant stakeholders, to identify, develop and implement the relevant improvements required.

There was a clear organisational structure in place, which depicted the lines of reporting and accountability. However, concerns were highlighted to us by operational staff in relation to the lack of communication and engagement from senior managers across the Trust.

Systems were in place to record and monitor ongoing service and organisational risks. However, we identified some concerns with the risk assessment for EMSCC staff training. In light of the concerns highlighted by staff during our fieldwork, and reviewing

the risk assessment, we recommend that the Trust should reassess this risk, to ensure that the initial risk score is aligned to the current establishments and work environments, and that appropriate action is implemented to mitigate the risks to service provision, as well as staff well-being.

Concerns were also highlighted around the consistency of incident reporting within the service. This therefore, should be addressed to ensure that the organisation is fully aware of the issues and risks presented at an operational level.

## 3 Background

The Welsh Ambulance Service Trust (WAST) is the primary frontline service delivery for ambulance transport in Wales. The Trust was formed in 1998, and serves a population of approximately three million people across the seven health boards in Wales.

The Trust provides emergency medical services, advice and appropriate signposting to other healthcare services. In addition to emergency transport, WAST also provides Non-Emergency Patient Transport Service (NEPTS)<sup>1</sup>, as well as hosting the 111<sup>2</sup> service, which consists of the NHS Direct Wales<sup>3</sup> and clinical triage elements of the GP out-of-hours services<sup>4</sup>.

As previously highlighted, the purpose of this review was to assess how the EMSCCs in Wales assess and manage patients following requests for an ambulance. There are three EMSCCs in Wales, with each covering a designated region of the country. The contact centres are located in Cwmbran (South East), Carmarthen (Central and West) and Conwy (North). They are the central hub where all emergency calls in Wales are dealt with.

Within each of the EMSCCs, there is a team of operational staff who are responsible for triaging calls received and coordinating the required response. A triage process is undertaken for each call and is completed through the Medical Priority Dispatch System (MPDS)<sup>5</sup>. The MPDS is used internationally to triage calls, including half of the UK ambulance Trusts. The responses provided by the caller allow the system to generate a priority code. These codes are matched to the WAST Clinical Response Model categories, in order to determine the clinical response required.

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<sup>1</sup> Non-Emergency Patient Transport Services are provided to get patients, who are unable to transport themselves due to medical reasons, to and from hospital and clinic appointments.

<sup>2</sup> The 111 service is an online or free telephone number available 24 hours a day, providing health information, advice and access to urgent out-of-hours primary care.

<sup>3</sup> NHS Direct Wales is a health advice and information service available 24 hours a day. It has operated across Wales for many years and forms the backbone of the 111 service which is currently operating in four of the seven health board areas in Wales and will, over time, be replaced by 111 entirely.

<sup>4</sup> The GP out of hours service is for people who need urgent medical treatment but cannot wait until their doctor's practice is open.

<sup>5</sup> MPDS is a unified system used to dispatch appropriate aid to medical emergencies including systematized caller interrogation and pre-arrival instructions.

This model prioritises the most urgent patients and focusses on the quality of care provided as opposed to the response time taken to reach patients.

### **WAST Clinical Response Model**

|       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RED   | Immediately life threatening calls, such as cardiac arrest or choking. These calls will be subject to both clinical indicators, such as Return of Spontaneous Circulation (ROSC) rates and a time based standard requiring a minimum attendance at 65% of these calls within eight minutes.                                                                                                                                                                                                                                            |
| AMBER | Serious but not immediately life threatening. These calls will include most medical and trauma cases, such as chest pain and fractures. Amber calls will receive an emergency response. A response profile has been created to ensure that the most suitable clinical resource is dispatched to each amber call. This will include management via "Hear & Treat" services over the telephone.                                                                                                                                          |
| GREEN | 999 calls received and categorised as green are neither serious or life threatening. Conditions, such as ear ache or minor injuries are coded as green calls. Green calls are ideally suited to management via secondary telephone triage. Health Care Professionals (HCP) such as doctors, midwives or community hospitals often require an urgent transfer of a patient from low acuity care to a higher acuity facility. These transfers are coded as green calls and undertaken within a timeframe agreed with the requesting HCP. |

## 3 What we did

### Focus of review

We reviewed how patients' health, safety and well-being were managed by the WAST EMSCCs, when they were waiting for an ambulance. To achieve this, we explored the following three main themes:

- Patient management arrangements – to assess the processes in place to triage and respond to requests for an ambulance, as well as the escalation arrangements during periods of high demands
- Workforce – including the structure of the EMSCCs, resources available, training, development and support arrangements for staff
- Governance arrangements – EMSCC governance structure and leadership, as well as risk management and incident reporting.

### Scope

We considered the arrangements in place within the EMSCCs, to monitor and safeguard patients from the moment a call is received, to the point the ambulance arrives at the scene. The review also set out to assess the level of training, development and support available to staff, to enable them to carry out their relevant roles.

Our review set out to understand the arrangements in place within the EMSCCs, as well as the main issues and challenges which impact on the service.

### Methodology

To review the areas detailed above, interviews were held with a selection of operational staff working at each of the three EMSCCs in Wales. This included those responding to the initial emergency calls, those coordinating the emergency response, and the managerial staff overseeing the operation of the service. Staff we spoke with were asked to provide their views and experiences working within the service, including the main challenges faced.

As part of our fieldwork, discussions were also held with senior managers from within the Trust, including staff from the WAST Executive Team. In total, 38 interviews were undertaken as part of the review fieldwork. Additionally, an online survey was produced to obtain further feedback from staff. There were 87 responses received through the survey.

As well as the engagement outlined above, a review of relevant documentation, service data and statistics also formed part of the fieldwork.

## 5 What we found

### Patient Management Arrangements

Processes were in place which aimed to provide a safe and effective service to patients. However, concerns were identified around the issues and challenges experienced by staff, which were impacting on the ability for the service to respond to the demand.

Throughout our fieldwork, staff suggestions were highlighted to us, which could have a beneficial impact on staff competency and the resilience of the patient management arrangements in place.

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**Care, treatment and decision making should reflect best practice based on evidence, to ensure that people receive the right care and support to meet their individual needs.**

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### Response and Triage Process

All ambulance emergency calls in Wales are dealt with by one of the three EMSCCs. When calls are received by the service, they are initially answered by a call handler, who asks a series of questions. The responses to these questions are used to determine relevant details for the emergency and allocate the priority response category for the patient. This triage process is undertaken via the MPDS. The responses provided by the caller are inputted into the system by the call handler, which then allows the system to generate a priority code. These codes have been matched to the WAST Clinical Response Model categories, in order to determine the clinical response required for the patient.

The highest priority response code is 'Red', which indicates that the patient has an immediate threat to life, such as cardiac arrest, unconsciousness with ineffective breathing or major haemorrhage. The MPDS will aim to ascertain whether there is an immediate threat to life within the first few questions. On the occasions a patient is identified as 'Red', there is an auto-dispatch system in place to ensure that a response is initiated as soon as possible. The target response time for 'Red' patients is for a vehicle response to arrive on scene within eight minutes, for 65 percent of all 'Red' calls received.

The next priority category is Amber, within which there are two codes. The first is 'Amber 1', which relates to serious but not immediately life threatening symptoms. Patient issues can include, but are not limited to, chest pain and symptoms of

Cerebrovascular Accident<sup>6</sup>. 'Amber 2' patients will include most other medical and trauma cases, which do not pose immediate threat to life. The next and lowest priority category is 'Green'. Patients within this category will usually report with other conditions or minor injuries, with no immediate threat to life. There are currently no target response times for Amber or Green category patients.

Once calls have been triaged and assigned a category they are added on to a priority call waiting queue, to await an available resource. It is then the responsibility of the EMSCCC allocator staff, who work closely with the dispatchers, to ensure the effective and efficient deployment of vehicle resources to the listed calls. These staff will review all current ambulance activity and any available resources, and will communicate directly with ambulance crews to dispatch the most appropriate resource to the scene. Staff will remain in regular communication with the crew, until they have either left the scene, or handed the patient over to the hospital.

## Response and Triage Concerns

Throughout our fieldwork, concerns were consistently raised by staff around the ability of the service to effectively respond to the level of calls being received. Whilst the clinical response model utilised by the service was set out to ensure that higher risk patients were being seen as quickly as possible, the demands and challenges faced by the service has subsequently meant that limited ambulance resource is a regular issue for the Trust. This meant that patients can often be waiting significant periods of time for an ambulance to arrive.

Staff explained that it can be frustrating and stressful when trying to coordinate a response to patients with limited resources available, as a patient's condition can deteriorate quickly. This can be an extremely distressing experience for the patient and/or caller, as well as the staff attempting to coordinate the response.

Concerns were raised to us in relation to Amber calls, which is the most common call category. From October 2018 to September 2019, there were 411,474 Amber calls received by the service. During the same period there were 27,090 Red calls and 143,487 Green calls.

As previously highlighted, Amber 1 patients may include people who are having a stroke. A number of staff we spoke with felt that there should be targeted response times implemented for such patients, as there is a relevant therapeutic target response to treatment times. For example, a patient having a stroke should receive thrombolytic therapy within four hours of onset of symptoms. Equally, a patient suffering with an acute myocardial infarction<sup>7</sup> (heart attack) should receive active treatment within two hours of onset of symptoms.

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<sup>6</sup> Cerebrovascular Accident is the medical term for a stroke.

<sup>7</sup> An acute myocardial infarction is a medical emergency where the blood vessels that supply oxygen to the cardiac muscle become blocked causing serious illness and even death

We found that WAST did not have a targeted response time for certain patients with relevant clinical windows, which require treatment within a specific time for conditions such as, Myocardial Infarction or Stroke. We were told that this issue had been subject to review through audit and previous internal discussions. However, it has been determined by the Trust following these reviews, that the key factor in responding to such patients is the availability of ambulances, which are frequently delayed by the fundamental issue with hospital handover delays.

Throughout our fieldwork, concerns were consistently raised by staff around the detrimental effects a delayed hospital handover could have on the patient management and their outcome. We were told that hospital handover delay is the root cause for limited vehicle resource and the subsequent increased waiting times for emergency vehicle responses to patients. Further detail around our findings relating to handover delays and ambulance resources are included in the Workforce section of this report.

#### Recommendations

Welsh Ambulance Service Trust should:

- Consider how the service can maximise the opportunity to respond to patients who have specific therapeutic window timescales.

### Monitoring Arrangements

Following the initial emergency call, the patient is categorised and will be placed on to the call waiting queue awaiting an ambulance. However, a patient's condition can often deteriorate quickly and subsequently may warrant a more urgent response than initially determined. Therefore, arrangements are in place to monitor a patient's status whilst they are awaiting a resource to arrive at the scene. Firstly, the caller is asked to immediately contact the service again should there be any change in their or the patient's condition. On the occasions when this happens, the caller will be taken through the MPDS triage process again, to determine whether the patient needs to be re-prioritised.

The EMSCCC service also operates another process which aims to proactively monitor patients listed on the call waiting queue. This involves non-clinical welfare check phone calls, which are undertaken by staff to get an update on the clinical status of the patient. Again, should there be any change in the patient's condition, another triage assessment will be completed via MPDS. The process sets out that an initial welfare check call should be completed for most patients 20 minutes following the log of the initial call, and then additional calls are completed every hour, until the ambulance arrives at the scene. However, for patients categorised as lower risk green



on initial triage calls, a welfare check would not be completed until the one to four hour response target has been breached.

On the occasions where staff are unable to get a response when attempting to complete a welfare check, there is a Non Response procedure to follow. This involves escalating the patient to the Clinical Support Desk (CSD) within the EMSCCC service, for the clinical staff to respond to the situation.

Concerns were raised by staff about maintaining a viable service of welfare check calls. This was due to limited staff availability, particularly during periods of high demand for the service. This issue and more detail around the suggestions provided by staff are highlighted within the workforce section.

## Clinical Support

Within the EMSCCC service, the CSD is managed by clinically trained professionals with an emergency nursing or paramedic background. The CSD represents an integral component of WAST's Clinical Response Model, by aiming to ensure patients receive the most appropriate response, and to reduce the amount of unnecessary ambulance dispatches, as well as emergency department attendances.

The CSD clinicians will regularly review the calls waiting, to assess whether a patient may be suitable for an alternative response, rather than an ambulance. For example, there are falls assistants available who can attend patients who have fallen, to assist and undertake an assessment of their injuries, before reporting back to the clinicians.

Clinicians also provide a Hear and Treat service which involves providing clinical advice and support to patients, to ensure they access the most suitable care or treatment to support their needs. This can reduce the need for a vehicle response.

Clinicians also provide further clinical triage, support and advice to staff working in each of the three EMSCCCs. However, the clinical staff may not be based in the same location as the staff, therefore, this advice will often be provided virtually.

On occasions, staff may have concerns for a patient's condition and possibly the priority code determined for them through the MPDS. In this situation, the call handler can request advice and input from one of the CSD clinicians. The only method to increase the patient's response code, other than going through the MPDS triage process, is through clinician authorisation.

Concerns were raised by staff about the accessibility of CSD clinicians. Some staff reported they occasionally have to wait extended periods of time to speak to a clinician for clinical advice and support, due to the limited clinical resources available. This presents a risk that some patients may deteriorate whilst on the call waiting queue. In addition, patients may be unnecessarily listed awaiting a vehicle resource, when an alternative solution may be highlighted.

Feedback was received from a number of staff who felt it would be beneficial to improve access to the clinical team, by increasing the clinical support resource within the service.

Due to the recognised demand on the CSD staff, there have been a number of clinical assessment and triage pilot schemes initiated. The aim of the schemes are to increase the amount of clinical input, advice and support available within the service. In addition, this would enable the Trust and relevant health boards to work more collaboratively, and to reduce the amount of unnecessary and inappropriate hospital admissions. This could provide alternative treatment options and signpost patients to more appropriate pathways of care.

One pilot scheme that had been introduced in the North Wales EMSCCC, funded by Betsi Cadwaladr University Health Board (BCUHB), known as the Single Integrated Clinical Assessment and Triage (SICAT). In November 2018, SICAT went live, and involves a General Practitioner (GP) and an Advanced Paramedic Practitioner (APP), reviewing the call waiting queue, to identify and assess patients who can be signposted to an alternative care pathway, thus negating the need for an ambulance to attend the scene.

Staff we spoke with were complimentary about the benefits this initiative has had on the service in North Wales. Information provided to us indicated that in the first six months, over 1300 patients were dealt with without requiring attendance at an emergency department within BCUHB, as a result of SICAT. However, despite the positive impact on the service, we were informed that issues, which include GP resource, have restricted the expansion of the scheme across Wales. Given the concerns relating to timely access of clinical advice within service, the Trust should continue to explore the options available to improve the availability of clinical input and support within the service.

In addition, other similar initiatives have been piloted in other areas in Wales, to increase the level of clinical input within the service and to help address the number of patients in the call waiting queue. These include a GP in the Swansea Bay area remotely reviewing patients on the call waiting list, to identify those who could be signposted to other care pathways.

#### Recommendations

Welsh Ambulance Service Trust should:

- Review and consider other viable options for managing patients on the call waiting queue in each of the three EMSCCCs
- Review SICAT to determine the benefits in rolling this service out across Wales into all EMSCCCs.

## Escalation Arrangements

During periods of high pressure on the service, where demand is greater than the available resource, ambulance waiting times will inevitably increase. On such occasions, the service utilises the Demand Management Plan (DMP) framework. The DMP is used to deal with real time acute operational issues, which are not likely to have any long term service impact.

There are four DMP levels (DMP-1 to DMP-4) which are reflective of the scale of demand experienced by the service. Each level has an associated script which provides staff with information that must be communicated to callers in relation to the expected response time, based on the acuity of the patient. The purpose of the DMP is to ensure that callers have realistic expectations of the service, as well as reduce any unnecessary duplicate calls.

The DMP aims to reduce demand and increase capacity of the service, which requires decisions at operational, tactical and strategic command level, in-line with the DMP level. The actions required at each DMP level include:

- DMP Level 1 – would include CSD staff reviewing the waiting calls to identify patients suitable for alternative transfers.
- DMP Level 2 – would escalate to prioritising welfare check calls to the more vulnerable patients and CSD to continue to risk assess and prioritise calls to identify clinically appropriate Amber 2 patients to be moved to the NHS Direct Service.
- DMP Level 3 – requires WAST Locality Managers to attend the EMSCCC to support the operational response, as well as a review of all available resources to support responses required. Additionally, ambulance resources are reserved for Red and Amber 1 calls only and other emergency services are informed of the significant pressures and the possible delays in ambulance attendance.
- DMP Level 4 – ambulance resources reserved for Red calls only and mutual aid requested from neighbouring ambulance services.

Despite the DMP process, concerns were raised by staff about the limited flexibility around DMP scripts. A number of staff we spoke with felt the service could be more realistic about the potential waiting times a caller may be faced with. It was felt that this would have a positive impact on the service, as well as patient experience. For example, a caller or patient may choose to find an alternative route to hospital themselves, if they knew they had to wait for a long period of time.

At a strategic level, WAST also utilises the Resource Escalation Action Plan (REAP). The REAP aims to provide a consistent and coordinated approach across the Trust and health boards, in relation to the management of its response. This would be used

in situations where service demand or other significant factors within the service increase, subsequently causing a challenge to the available resources, such as the ability to respond to higher risk patients.

The REAP is an organisational action plan which is supported by the DMP scripts used during periods of higher demand on the service. As with the DMP levels, there are four escalation levels to REAP which are:

- REAP Level 1 – Green – Steady State
- REAP Level 2 – Amber - Moderate Pressure
- REAP Level 3 – Red – Severe Pressure
- REAP Level 4 – Black – Extreme Pressure

The principle of REAP is that ambulance services will operate at level one, when the service is under normal parameters. The additional three levels reflect an increasing pressure on the organisation at advancing stages, up to level four, where there is the potential of service failure. The REAP level is reviewed at least weekly by the Trust.

Concerns were highlighted by staff around the REAP and DMP escalation arrangements, where it was felt that they were not being applied consistently by the Trust. A number of staff stated they were unclear of the rationale for escalation and de-escalation of the levels. Staff felt that the lack of clarity often leads to confusion and frustration on how the levels are determined. Examples were relayed to us by staff of occasions where they felt that due to the increased service demands, the escalation levels should have been increased, however, they had remained the same.

Despite responsibilities at all levels, the plan is heavily reliant on the EMSCCC duty leadership structure. Staff informed us that it was rare, particularly out of hours, for more senior managers to attend the EMSCCCs as directed in the plan. This included the commander on call. Whilst the plan can reduce demand, staff report that being able to increase capacity of responding resources, is limited and is not often achievable.

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Consider including more realistic expected waiting times to DMP scripts, to allow patients to make informed decisions about their wait.
- Undertake a review of the REAP and DMP escalation arrangements to ensure they are being applied consistently.
- Ensure Senior Management Staff routinely attend EMSCCCs as directed within the DMP escalation process where required.

## Public Awareness and Expectations

Concerns were consistently raised by staff in relation to the amount of non-emergency calls which are regularly received by the emergency service. Any call received by the service requires the call handler to progress through the MPDS triage process, which can be time consuming. In addition, the patient may subsequently be placed onto the call waiting queue awaiting an ambulance, which can unnecessarily increase the pressure on the service.

It was clear from the experiences highlighted to us by staff, that further focus is required in educating the general public about the appropriate use of the emergency ambulance service, along with other services which are available to address health care needs, as opposed to contacting the emergency services.

Alongside awareness, we were informed that there were increasingly unrealistic expectations on the service from the public, which means the service regularly received repeat calls, despite the patient's condition remaining the same. It was also disappointing to learn, that staff often receive verbal abuse from callers, unhappy with the delays they are experiencing. Again, staff felt that more information should be made available to the public outlining the issues experienced as a result of the limited resources available and the demands on the service, in order to better manage public expectations.

We were told by senior staff that there are discussions ongoing, which may allow staff the ability to refuse to send an ambulance resource to specific patients with low risk and minor issues, during periods of high demand. We were informed that the Welsh Government have previously been reluctant to introduce a 'No Send' policy, however, given the increasing pressures on the service resources, discussions were now underway.

### Recommendations

The Welsh Ambulance Service Trust should:

- Continue discussions with Welsh Government to agree an appropriate Non-Send process, for low acuity patients during times of high demand on the service.
- Consider how it can engage further with the public to provide additional education and awareness on the appropriate use of the emergency ambulance service.

## Workforce

There was a very strong team working ethos amongst staff working within the EMSCCs. Staff were striving to deliver services to patients in very challenging circumstances, often exacerbated by issues with workforce availability and resource constraints.

Whilst attempts have been made by the Trust to improve the workforce, feedback from staff highlighted that staff shortages was a regular issue, which impacted on the ability of the service, as well as the morale and well-being of staff.

Further focus is required by the Trust in ensuring that staff are provided with the appropriate level of training, development and support to effectively enable them to undertake their relevant roles.

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**Health services must ensure that there are enough staff with the right knowledge and skills in the right place, at the right time.**

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## Staffing Structure and Roles

Each of the three EMSCCs in Wales has a designated manager, who has overall responsibility for the management of the service. This role involves monitoring staffing levels and overall performance, as well as dealing with any ongoing issues which are affecting the staff and/or service.

The workforce within each EMSCC consists of a number of core operational staff, who are responsible for the management of all emergency calls that are received. The Duty Control Manager (DCM) has responsibility to ensure that incoming calls are appropriately dealt with. This means they are responsible for monitoring how calls are being responded to, and ensuring that patients waiting for an ambulance are being routinely monitored. As part of the role, the DCM is responsible for providing advice and support to staff, as and when required.

During periods of high demand where ambulance resources are limited, the DCM may also be required to liaise with management staff from within the Trust, as well as the relevant health board, as part of the escalation process. Alongside the DCM, there is also a Day Support Manager (DSM), whose role also involves offering support to staff working within EMSCC.

The DSM is responsible for monitoring the response performance indicators for the relevant EMSCC, as well as reviewing calls which have been waiting for long periods of time. On the occasions that higher risk patients have been waiting for a vehicle

resource for significant periods (two hours), they are escalated to the DSM. The DSM will then review the action that has already been taken by the service, to ensure that all options have been considered in responding to the patient as quickly as possible. If it is determined that no additional action can be taken, and the time elapsed reaches four hours, the call is escalated to the EMSCCC Manager.

Within the service, a Call Handler Supervisor role has been introduced to offer additional support for the call handler staff. These supervisors are responsible for providing day to day line management and assistance to call handlers. The call handler staff we spoke with, were very pleased about the benefits that this role has brought and the service they provide. However, during discussions with senior management staff, we were informed that this role was not permanent and was currently being funded at risk by the Trust. This issue was listed as a high risk on the service risk register.

Emergency calls are first received by a call handler. The initial call handling element of the service operates on a virtual basis. This means that should one of the EMSCCCs not have a call handler available to answer the incoming call within their region, it's automatically referred to an available call handler at one of the other sites in Wales.

Once patients have been triaged and logged on the call waiting queue, it is the responsibility of the allocators and dispatchers within the relevant EMSCCC, to manage the deployment of the required resource in response to the emergency. These roles involve regular liaison with ambulance crews in coordinating responses to calls, and can also involve liaising with nurses in charge of Emergency Departments to request release of resources, during busier periods where resources are limited.

## Staffing Levels

Within our staff survey, 63 percent of respondents did not think there were currently sufficient staffing levels within the EMSCCC service, to support providing safe and effective care. This was consistent with the majority of staff we spoke with as part of our fieldwork. Feedback received from staff outlined that whilst it was felt there had been some improvements, there were still capacity issues being experienced that were having a detrimental impact on the service, as well as the staff.

During discussions with staff, we were informed that the demand on the service had increased, and where as previously the pressures on the service would fluctuate throughout the year, this pressure is now felt constantly. Whilst evidence indicates that call figures over the fieldwork period had increased from the previous year, it was felt that the increased pressure on the services was predominantly as a result of the impact of hospital handover delays. This subsequently results in a reduction in ambulance resources. This issue is covered further within the ambulance resources section.



As a result of the demand and pressures on staff working within the service, sickness absences is an ongoing challenge. Whilst figures provided by WAST indicated that the overall sickness levels had slightly reduced over the last year, at the time of our fieldwork it was still the highest level of average sickness amongst all health boards and Trusts in Wales. Senior Managers acknowledged that sickness absence was still a high risk to the service. At the time of our fieldwork, the overall sickness levels for the EMSCCC service was around 10 percent, which equates to over 35 full time members of staff being off work.

Within our staff survey 59 percent of respondents were not satisfied with the quality of service they were able to provide. Furthermore, the regular pressure felt by staff is a contributing factor in the issue of low staff morale.

The high turnover of staff is another ongoing issue for the service to manage. Information provided to us for a 12 month period up until October 2019, indicated that whilst the annual turnover percentage remained consistent, there were fluctuations in number of leavers each month. Recruitment figures indicate that over the course of the 12 months there were 72 new starters, however, over the same time period nearly 40 full time equivalent staff left the service.

The issues relating to sickness and staff turnover are having a detrimental effect on the service, and subsequently adding to the demands on staff. During our staff discussions, concerns were consistently raised around the resilience of the service. We did not see evidence of any plans to address or mitigate against shortfalls in staffing. As a result, EMSCCC staff, in particular management staff reported that they regularly undertake multiple roles in addition to their own, to compensate for the shortfall in staff numbers.

During discussions with some EMSCCC management staff, concerns were raised around their ability to carry out the full requirements of their roles.

A number of staff we spoke with felt that due to the regular staff shortages, there was a heavy reliance on overtime to help cover any shortfall in numbers. As a result, there were reports of some staff working six days overtime a month, which equates to over 70 hours. However, despite the high amounts of staff overtime, we were informed that under resourced shifts were still an ongoing issue. This was an issue particularly during weekends and night shifts.

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Work with EMSCCC staff to explore well-being initiatives which could provide on duty support to staff and processes to improve attendance at work.
- Ensure robust workforce planning arrangements are in place which set out to mitigate against under resourced shifts, as well as to reduce the reliance on overtime.



## Staffing Workforce Suggestions

Throughout our staff discussions, it was clear that the EMSCCC staff were very passionate and demonstrated a real desire to provide a safe and effective service to patients. However, there were clear frustrations around the challenges they faced on a regular basis. A number of suggestions were highlighted during our discussions, regarding how the roles and responsibilities for EMSCCC staff could be streamlined to help improve the service, as well as reduce the pressures on the workforce.

One of the areas that was consistently mentioned as an issue by staff, was the timeliness of the patient welfare check process. We were informed that in most instances, it is the dispatch staff who are responsible for undertaking these calls in addition to their own role however, this can vary depending on staffing levels and demand on the service.

Staff we spoke with said it was extremely challenging to maintain the level of welfare check calls required, especially during the busier periods. They also said that during the periods of high demand, welfare calls often do not take place when required.

Staff also told us that, due to the required frequency of these calls, they can be extremely stressful and frustrating to complete, particularly if they are unable to provide any information in regards to the estimated time of arrival for the ambulance. We were informed that some patients and/or callers can get particularly frustrated, and occasionally are verbally abusive during these calls.

During discussions with WAST Senior Managers, we were informed that the welfare checks were not currently a funded activity for the service. There was previously a review completed by Operational Research in Healthcare<sup>8</sup>, where it was suggested that an additional 40 staff would be required to sufficiently undertake the welfare checks required.

Given the concerns and issues being experienced with the welfare check process, a number of staff spoken with felt it would be beneficial to implement a designated resource that would be responsible for undertaking these calls. This would aim to ensure that the arrangements set out to monitor and safeguard waiting patients would not be affected by demands on the service. During discussions with Senior Managers, it was confirmed that the current welfare check process was being reviewed, as it was

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<sup>8</sup> Operational Research in Healthcare is a management consultancy that uses advance operational research techniques to support resource planning in the public sector.

recognised that the process needed refining, to ease the burden on staff, as well as to ensure that the resource was available to deal with the higher risk patients.

Feedback received from staff also highlighted frustrations around other tasks, which absorb their time during shifts. This included dealing with vehicle breakdowns and arranging taxis for lower risk patients to go to hospitals. Numerous staff felt that this should be resourced from elsewhere and not be the responsibility of core EMSCCC staff.

In view of the frustrations being experienced by staff working within the service, as well as the numerous suggestions put forward throughout our review, the Trust should review the effectiveness of current processes in place for staff to provide feedback and suggestions for service operation and working practices. The process review must ensure that such processes provide routine consideration of staff feedback and communicates the outcome of any decisions made as a result.

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Complete its review of the welfare call process and consider how funding can be made available to increase staffing to support this.
- Review current duties of EMSCCC staff to determine where responsibilities can be streamlined.
- Explore other options available for a sustainable process for welfare check calls.
- Review the processes in place to allow staff to submit views and suggestions relating to the service. The processes should consider and acknowledge suggestions received by providing feedback to staff.

## **Workforce Review and Recruitment**

As part of our fieldwork, we were informed that a recruitment exercise commenced around October 2019, with the aim of appointing more call handlers to help improve the resilience and delivery of the service. However, during further discussions with EMSCCC staff, it was highlighted that the newly appointed call handlers were being recruited on a six month fixed term basis. Some staff we spoke with believed that new staff had been recruited primarily to cover the winter period.

As previously highlighted, staff feedback within the EMSCCC, suggested that pressures and demands on the service was now a constant challenge, as opposed to being seasonal. Therefore, the need for additional staff was year round and not just during the winter. However, we were subsequently informed by senior managers that the decision to recruit new staff on a six month fixed term basis, was driven by the

ongoing service resource and structure review and not specifically linked to the winter period. The Trust should consider highlighting this to all staff within the EMSCCC, for clarity.

The service resource and structure review was being led by the WAST Assistant Director of Operations. The review had resulted in a number of the EMSCCC staff we spoke with being appointed into their current roles on a temporary basis. Several of these staff had been working in these roles for significant periods. A number of staff expressed their frustration and anxieties over the review, as they were unaware of the progress or the implications for the service and themselves, once completed. Some staff also expressed frustrations around what they perceived to be limited opportunities available to allow them to feed their views into the review.

Given the issues highlighted around the staffing levels within the EMSCCCs, it was very positive to find that a review of the structure and resources was underway. As a result of staff feedback, we suggest the Trust engages with staff in this process, to ensure that their views and concerns are considered within any subsequent changes to the service.

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Ensure that staff are provided with the opportunity to contribute their opinions into the ongoing structure and resource review, and that these reviews are considered.

## **Ambulance Resources**

The Welsh Government has set a target for ambulance to hospital patient handover within 15 minutes. Throughout our fieldwork staff consistently raised their concerns and shared experiences in relation to hospital handover delays. This was a regular issue, with the delays experienced having a negative impact on the ability of the service to respond to the demand. Data published by Welsh Government on the StatsWales<sup>9</sup> website of the recorded number of lost hours as a result of hospital handover delays correlates with the concerns raised, with an average of nearly 9000 hours per month shown as being lost over the period of January to December 2019.

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<sup>9</sup> Ambulance Quality Indicators - Number of lost hours following notification to handover over 15 minutes (AQI21a)

<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/Ambulance-Services/ambulancequalityindicators-by-lhb-month>

Staff told us that it is a regular occurrence for multiple ambulances to be waiting outside hospitals, for long periods of time, waiting to handover and offload their patient. This has often affected the service to the extent that no ambulance resources have been available to respond to new emergencies on the call waiting queue. This has been consistent with some of our findings when carrying out Emergency Department inspections<sup>10</sup> in some health boards across Wales.

As a result of these issues, a process was implemented in attempt to mitigate the negative impact on the service. During busy periods where resources are limited, the process allows for the EMSCCC service, to request immediate release of an ambulance crew waiting to offload their patient.

When requests for a vehicle release is received by the relevant hospital, a risk assessment is undertaken by Emergency Department managers, to determine whether the patient can be taken into the hospital from the ambulance. The risk assessment would consider specific patient safety issues, available capacity within the department, the staffing levels and the risks associated with patients awaiting an emergency ambulance.

Despite the implementation of this process, handover delays were still an ongoing challenge for the service. Evidence in relation to immediate vehicle release requests indicated that from January to December 2019, there were 8,205 requests made by the EMSCCC service to release resources. However, only 2,445 of those requests were granted by the relevant health boards.

Further, data also indicates that the hours being lost continues to increase. In December 2019, 13,821 hours of ambulance crew resource was lost due to the delays experienced during the hospital handover process. This is the equivalent to 1,200 ambulance shifts (based on an 11.5 hour shift duration).

The data available supports the overwhelming consensus of the feedback received from staff during our fieldwork, which identified this issue as the causal factor for the backlogs, and the significant delays which were experienced across Wales. These delays have serious implications on the abilities of the service to provide timely responses to patients requiring urgent and life threatening care.

During discussions with staff, it was acknowledged that the hospital handover delays was not solely a WAST or health board issue, but also includes other services, such as social care, and the ability to discharge patients from hospital. A holistic review with

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<sup>10</sup> HIW Emergency Unit and Assessment Unit Inspection, University Hospital of Wales, Cardiff and Vale UHB - <https://hiw.org.uk/sites/default/files/2019-06/190628uhwen.pdf>

HIW Emergency Unit and Acute Medical Admission Unit, Morriston Hospital, Swansea Bay University Health Board  
<https://hiw.org.uk/sites/default/files/2020-08/200806MorristonEDAMUen.pdf>

all relevant stakeholders should be considered, to help address and plan to resolve the patient flow issues through NHS healthcare systems and social care services.

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Consider a holistic review with stakeholder engagement, of the current handover arrangements in place, which should include current escalation arrangements during periods of high demand.

## **Staff Training and Development**

Staff are allocated training days every six or twelve weeks depending on their EMSCCC role and location. Feedback received via our survey indicated that 80 percent of staff felt they were able to complete the mandatory training required as part of their roles. However, issues were raised by some staff around the occasional cancellations of scheduled training due to demands on the service and/ or staff shortages.

During our fieldwork, we reviewed compliance with mandatory training for EMSCCC staff, which included:

- Basic Life Support & Defibrillator
- Infection Prevention & Control
- Prevent<sup>11</sup>
- County Lines<sup>12</sup>
- Safeguarding Adults & Children

The most recent year end mandatory training compliance figures at the time of our fieldwork for each EMSCCC is listed below:

- South East – 89%
- Central and West – 81%
- North – 94%

It was felt by staff that there should be more role related training, to assist them in developing the core knowledge and skills. Only 54 percent of staff who completed our survey felt they had received the required level of training to allow them to undertake their role effectively.

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<sup>11</sup> 'PREVENT' is about safeguarding people and communities from the threat of terrorism. Prevent is one of the four elements of CONTEST, the Government's counter-terrorism strategy. It aims to stop people becoming terrorists or supporting terrorism.

<sup>12</sup> Child criminal exploitation training.

The only formal role specific training available was for the call handler staff on their induction to the service. No formal training was provided for staff appointed to the dispatch, allocator or management roles within the EMSCCC. Staff also told us that the skills and knowledge they had developed, had been learnt 'on the job'. These concerns were highlighted to us by staff across a variety of roles within the service.

In relation to induction training for the new call handler staff, previously, individuals recruited into these roles completed a six week training programme, which included two weeks training on MPDS and time working alongside a mentor within the EMSCCC. However, during our fieldwork we were informed that a decision had been taken to reduce the induction training period from six weeks to four weeks.

We noted concern from some EMSCCC staff in relation to the reduction in induction training for the new call handlers. We were subsequently informed by Trust senior management that the induction training period had been realigned to a four week initial training period to allow the service to recruit more efficiently and to allow staff to be deployed to call handling duties during key periods. We were also informed that there was no evidence to suggest that this decision has meant that new staff were being trained to an inadequate level.

However, given the concerns raised by staff as well as the concerns highlighted in our survey, the Trust should ensure that a review is undertaken of the suitability of the current level of training being provided to new staff.

Staff also raised concerns to us about the lack of available training for dealing with mental health concerns from callers or patients. Communicating with patients suffering with mental health conditions, including suicidal callers, was a common requirement. However, staff felt that training in this area was not adequate for the number of calls and severity of some mental health concerns. This concern was also highlighted previously, as part of the HIW WAST Governance Review which was published in 2017<sup>13</sup>.

It is evident through the concerns highlighted to us, that there should be a more formalised training strategy implemented by the Trust, which considers both the demands on staff, their specific roles and the service. The strategy should ensure that the specific development needs of staff are being met, to enable them to undertake the full requirements of their roles.

It was acknowledged by senior managers that more formalised and role specific training was required for EMSCCC staff. A Training Manager had recently been appointed on a secondment basis, and we were informed that it would be the responsibility of this individual to develop training and development programmes, specific to the relevant staff roles.

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<sup>13</sup> See: <https://hiw.org.uk/sites/default/files/2019-05/170531wastgovreviewen.pdf>

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Implement a training strategy which ensures that staff are provided with the appropriate training and development, to enable them to undertake their relevant roles effectively. Progress against the strategy should also receive Trust Board oversight.

### **Staff Performance Review and Monitoring**

The responses received through our staff survey indicated that 78 percent of staff had received an appraisal or performance development review within the last 12 months. However, whilst they had an appraisal with their line manager, some staff informed us that their appraisal discussions had focused on call time performance, as opposed to the individuals' personal skills, performance and development.

The EMSCCC Management staff we spoke with informed us that it can be difficult to complete staff appraisals due to limited time available, as a result of the demands on the service. Managers also reported that there had been limited reviewer training provided for completing appraisals for their staff.

Audit arrangements were in place to monitor the quality of the call handler's communication. Audits were also completed for calls related to concerns and incident investigations. In addition the CSD clinicians undertake clinical audits of patient management through the CSD process.

The call handler audit aims to review the quality and overall compliance with the MPDS process. Some staff informed us that on the occasions issues had been highlighted through the audits, they receive feedback and advice on how they can improve in their role. However, frustrations highlighted to us from some staff who stated that feedback was usually only provided if there were concerns identified, and there was minimal feedback on any positive performance. Given the pressures staff are working under, some staff told us that the limited feedback on their efforts and performance was having a detrimental impact on staff morale.

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Ensure sufficient time is permitted to allow for appraisal discussions between managers and their staff to take place.
- Ensure training is provided to relevant staff in regards to the annual appraisal process.
- Consider benchmarking with the International Academy of Emergency Dispatch, to identify best practice for supporting and monitoring EMSCCC staff to explore options of improving the existing arrangements.



## Staff Well-being and Support

During our discussions with staff, we were told that overall they were happy with the level of support provided to them from colleagues and managers working within the EMSCCC. Staff were particularly complimentary about the level of support provided by the DCM staff. Additionally, feedback received via our survey indicated that 71 percent of staff felt that their immediate line manager took a positive interest in their health and well-being.

The Trust had previously undertaken its own staff survey in November 2019, in attempt to obtain operational staff views on well-being. Similar to the findings in our review, the WAST survey highlighted concerns around the overwhelming pressures experienced by staff as a result of hospital handover delays and the amount of patients listed on the call waiting queue.

As part of a number of well-being measures in place as a result of feedback from staff, the Trust has introduced a staff Mental Health Risk Assessment, to help understand their mental well-being. The assessment supports line managers in signposting staff to a variety of support systems, which start with self-help options and advice on how to look after their general mental well-being. Face to face and professional support is also available if required. This proactive approach to supporting mental well-being in staff is an area of noteworthy practice, and WAST should consider sharing this with other emergency service partners and UK ambulance trusts.

The majority of staff we spoke with had an awareness of the additional support available to them outside of work, which included counselling services. However, comments were received from some staff, who felt that more could be done by the Trust to support and improve staff well-being overall, given the pressures they work under.

Staff working within the EMSCCCs are entitled to two breaks during their 12 hour shift; one 30 minutes and one 20 minutes. Given the demands on the service, staff informed us it can be difficult to take breaks, although staff reported that they were regularly encouraged to take breaks during each shift by their manager, particularly on the occasions where they have dealt with an upsetting or stressful call.

The suitability of the EMSCCC workplace was another issue that was highlighted by a number of staff. Some said they felt the environment was unsuitable due to a lack of space, temperature, ventilation and noise levels, which were impacting on their ability to work effectively and also affected staff morale and well-being. Additionally, concerns were highlighted around the IT equipment available to EMSCCC staff to enable them to carry out their roles, some staff reported that equipment was unreliable and slow.

We discussed these concerns with senior managers and were told that the issues that had been highlighted by staff were recognised. They said that whilst there had been



some remedial work completed, they acknowledged that further action was required. Senior managers told us that the WAST Estates Team were assessing the possible options for the three sites.

Concerns around the lack of support and visibility of senior managers was raised as an issue with us by staff, particularly out of hours, during night shifts and weekends and via the on-call arrangements. Staff were left feeling unsupported, extremely isolated and under increased pressure. Discussions revealed that work was ongoing within the senior leadership team to implement 24 hour leadership cover, which would include senior presence on-duty. It is hoped that by doing so, it would provide the required level of support for staff working within the EMSCCC's.

We were concerned to find that 15 staff who completed our survey said that they had personally experienced harassment, bullying or abuse at work from managers or other colleagues within the last 12 months. The Trust must ensure that processes are in place to allow any member of staff to report any issues of concern internally, as well as to ensure that any concerns raised are appropriately investigated and responded to.

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Consider how the EMSCCC working environments and IT equipment available can be improved to assist staff in carrying out their relevant roles as well as to improve staff well-being.
- Ensure that consideration is given to improving senior management availability and presence within the EMSCCC 24 hours a day.
- Ensure adequate arrangements are in place to encourage staff where required to speak up regarding their personal concerns, particularly in relation to bullying, harassment or abuse.

## Governance Arrangements which support Quality and Patient Safety

We found there were generally clear lines of accountability across the service, and overall staff praised the leadership and support at operational level. However, concerns were highlighted by operational staff in relation to the lack of communication and engagement from senior managers from within the Trust.

Systems were in place to record ongoing service and organisation risks, however, we identified concerns with the risk assessments for EMSCCC staff training.

Concerns were also identified with the consistency of incident reporting and should be addressed to ensure the organisation is fully aware of the incidents, issues and risks presented at an operational level.

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**Effective governance arrangements are important in ensuring the quality and effectiveness of services, and to identify any emerging issues and trends which need to be acted upon.**

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## Structure and Leadership

There was an Operations Organisational Structure in place. This detailed the staffing structure and lines of accountability for each EMSCCC, the clinical support desk and patient safety department of the service which covered training, incident, concerns and performance monitoring.

As previously outlined, the DCM has responsibility for the operational staff and elements of the service. Each EMSCCC has an overall manager who each report to the EMSCCC Area Manager. The Area Manager reports to the WAST Assistant Director of Operations.

Within the structure above, the operational side of the service has a leadership team. This team is responsible for the senior operational management of the ambulance service in Wales and is led by the WAST Director of Operations.

Feedback received from staff indicated that they were happy with the level of support provided by the managers and supervisors based within the EMSCCC. It was also clear from discussions with staff that overall, there were good working relationships between the operational managers and staff working within the EMSCCC. However, concerns were raised around the visibility, support and engagement from senior management from within the Trust

Responses received via our survey indicated that 70 percent of EMSCCC staff felt that communication between the Trust senior management team and operational staff was ineffective. This was echoed during our discussions with staff which highlighted further that the communication was poor. Staff felt their concerns and issues were not heard, acknowledged or adequately dealt with. As a result, they said this leaves staff feeling demoralised and devalued.

During discussions with senior managers it was acknowledged that improvements were required with staff engagement.

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Ensure that engagement is improved between operational staff and the Trust senior management team working within the organisation.

## **Risk Management and Incident Reporting**

There was a Trust corporate risk register and a local risk register in place. The key risks mirrored many of our findings of our review, which included, hospital handover delays, service resources, staff sickness and well-being and estates constraints.

Specific risk assessments are maintained which outline additional detail around the relevant risks including current controls and mitigations. These assessments are used to monitor the risks as well as to inform the overall corporate and local risk registers in place.

We identified concerns with the risk assessment for staff training within the EMSCCCs. From reviewing the information detailed within the risk assessment, we were not assured that the Trust has fully considered the impact of inadequate training opportunities could affect all aspects of its service provision, including patient safety and patient experience. The initial risk score was assessed as 'Low', and the assessment does not consider all relevant aspects of the service, and patient safety and experience.

Given the concerns consistently highlighted to us from staff throughout the review, the Trust should re-evaluate the current training situation within each EMSCCC, and reassess the current risk assessment, to ensure that adequate actions and mitigations have been considered and implemented as appropriate. The Trust may wish to consider a peer review of the current risks within the register, which relate to the EMSCCCs.

Overall, 85 percent of respondents in our staff survey indicated that they know how to report errors, near misses or incidents. The Trust's Serious Case Incident Forum

(SCIF), meets twice weekly and reviews the reported incidents, to establish any actions, lessons learnt and themes or trends. Where required, information related to serious incidents is shared with the Welsh Government.

Due to the frequent issues experienced with delayed hospital handovers, the serious incident reporting process has recently been updated. When hospital handover delays are the causal factor for a serious incident, the relevant health board must also review and provide a response.

Staff we spoke with informed us that they could also report any abusive callers as incidents through the electronic incident reporting system, called Datix. However, there was uncertainty and inconsistency around what other issues would constitute as a reportable incident. For example, we were informed that on the occasions where there was a significantly long wait for an ambulance for high risk patient, it would not necessarily be reported as an incident via Datix, unless the patient died.

Whilst it was acknowledged by the Trust that not all long waits would be reported via Datix, we were informed that these issues would also be reported through other processes and subject to monthly analysis. We were informed that relevant information is shared internally and with the commissioner.

More generally there was uncertainty amongst staff we spoke with over what should constitute a Datix incident. Staff also told us that due to the demands of their roles and pressures on the service, there was limited time for them to complete incidents during their shift. In addition, some staff said they had received no feedback following completion of a Datix incident previously.

We received several comments from staff who told us that they did not see the benefit in completing incident forms, as they had no confidence that anything would change as a result. However, we were informed that a number of changes had been implemented within the service, as a result of reported incidents, such as the welfare check process. The Trust should consider reviewing how feedback of any action taken is being shared with staff following reported incidents. This would hopefully reassure staff of the benefits of incident reporting.

The Trust should also ensure clear guidance and set criteria is readily available to staff, highlighting the incidents that should be reported via Datix. If incidents are not consistently being reported by staff, there is a risk that the Trust will not be fully aware of the extent of the organisational and patient safety risks. Senior managers recognised these concerns and felt that it was important that EMSCCC staff were not becoming complacent to the issues that were being experienced by the service, and as a result not reporting incidents.

Alongside staff awareness, the Trust should also ensure that there is a suitable process in place to allow staff to report incidents internally when required. This process

should not deter staff from reporting incidents as a result of the detrimental impact on their ability to carry out their day to day roles within the service.

### **Recommendations**

The Welsh Ambulance Service Trust should:

- Reassess current risk assessment documentation in relation to EMSCCC staff training, to ensure sufficient actions and mitigations have been implemented.
- Ensure that clear guidance and training is provided to staff for reporting incidents.
- Ensure that there is a suitable process in place to enable consistent incident reporting which includes feedback to staff.

## 6 Conclusion

The aim of our review was to assess the arrangements in place within the EMSCCs, to manage patient's waiting for ambulances. Whilst we found that systems and process had been implemented within the service which set out to provide a safe and effective care to patients, our review identified that there are issues which impact on the service's ability to respond to the demand effectively.

Throughout our review, we identified issues which impacted on the service's ability to effectively respond to the level of calls being received in the EMSCC. Whilst the clinical response model aimed to ensure that higher risk patients were seen as quickly as possible, the demands and challenges with limited ambulance resource is a regular issue for the Trust. Therefore, patients can often be waiting significant periods of time for a response to arrive, with an increased risk to their health and safety.

The Welsh Government's target for ambulance to hospital patient handover is within 15 minutes of arrival. However, our review highlighted that delays in the handover process was having a significant impact on the service. Staff feedback identified this issue as the causal factor for the call waiting queue backlogs experienced across Wales. However, handover delays are not solely a WAST or health board issue and also includes other services, such as social care and the ability to discharge patients from hospital.

Staff turnover and sickness absences is an ongoing challenge for the Trust and due to the pressures and challenges of the service. Our survey results indicated that over 50 percent of staff were not satisfied with the quality of service they were able to provide. The workforce issues are having a detrimental effect on the service and on the well-being and morale of staff.

Just over half the staff who completed our survey felt they had received the required level of training to undertake their role effectively. Further focus is required from the Trust to ensure that staff are being provided with the required level of training, development and support, to fully enable them to undertake their relevant roles within the service. Progress against training and development strategies should be monitored by the Trust Board.

Risk management arrangements were in place, however, in light of the concerns highlighted in our report, the Trust should consider reviewing current risks within relevant documentation. Additionally, concerns were identified around the consistency of incident reporting within the service, along with staff knowledge and understanding with this. The Trust must ensure clear guidance, training and a suitable process is implemented to enable appropriate incident reporting.

## 7 What next?

We expect the Welsh Ambulance Service Trust to carefully consider the findings from this review and our recommendations set out in Appendix A. We hope that this information will be used to further improve the service being provided by the Trust, and to inform further work and investigation across Wales, as highlighted within the report.

The Trust will be required to submit an action plan in response to the recommendations highlighted within our report. HIW will undertake follow-up activity on recommendations made. This is to ensure that the Trust is being vigilant in addressing the matters raised and taking all necessary action to improve the issues highlighted in our review.

During our review we identified significant issues with the delays in the hospital handover process, workforce resource, recruitment and retention, and staff training and support within the EMSCCCs. These areas would therefore benefit from further review.

## Appendix A – Management response action plan

As a result of the findings from this review, we have identified the following recommendations in the table below. A section is included to show what actions will be taken by Welsh Ambulance Service Trust to address each of the recommendations.

| Patient Management Arrangements                                                                                                                                                                                                                                                                                  |                            |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------|
| Recommendation                                                                                                                                                                                                                                                                                                   |                            |               |
| 1. Consider how the service can maximise the opportunity to respond to patients who have specific therapeutic window timescales.                                                                                                                                                                                 |                            |               |
| Action                                                                                                                                                                                                                                                                                                           | Responsible Officer        | Timescale     |
| <b>Action 1.1</b><br>The Trust will consider a review of response time standards and methodology for therapeutic conditions with commissioners.                                                                                                                                                                  | Executive Medical Director | Q3<br>2020-21 |
| Response time standards of this nature are subject to NHS Wales and Commissioner's guidance as the Trust is a commissioned service. The Trust can consider timelines and response standards for various therapeutic windows which are outside of current response time standards in Wales with our Commissioner. |                            |               |



| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |            |
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| 2. Review and consider other viable options for managing patients on the call waiting queue in each of the three EMSCCs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |            |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Responsible Officer    | Timescale  |
| <b>Action 2.1</b><br>In line with the Trusts Integrated Medium Term Plan (IMTP) deliver the recommendations in the Trust's Clinical Review.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Director of Operations | Q2 2021-22 |
| <p>The Trust has undertaken a clinically led, operationally supported review of the clinical functions within the EMS Clinical Contact Centre. The review explores the utilisation of clinicians and how they can be used to best effect. The review makes a number of recommendations for change and development which will significantly contribute to the delivery of this recommendation including reviewing the other functions of the Clinical Support Desk (CSD) to ensure they are required and to assess if they could be delivered in a different way to support patient care.</p> <p>The Demand Management Plan (DMP) has been revised and re-published since the completion of the HIW review. This plan sets out additional measures that are to be taken for patients with long waits including clinical case reviews, enhanced cross-border resource utilisation and engagement with ambulance response leadership teams to consider alternative operational solutions. We believe this will provide clarity of actions and realignment of roles to support increasing demand and patient safety management.</p> |                        |            |

| Recommendation                                                                                                                                                                                                                                          |                                    |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|
| 3. Review SICAT to determine the benefits in rolling this service out across Wales into all EMSCCCs.                                                                                                                                                    |                                    |               |
| Action                                                                                                                                                                                                                                                  | Responsible Officer                | Timescale     |
| <b>Action 3.1</b><br>Continue to engage with Health Board stakeholders regarding availability and expansion of Physician Triage and Streaming (PTAS) opportunities.                                                                                     | Ongoing                            |               |
| <b>Progress:</b> A meeting has been scheduled for the 26.08.20 with the EMSCCC Technical Lead and Health Informatics to develop PTaS reporting so it is reflected as an additional indicator. This follows a PTaS 'stop code' being added into the CAD. |                                    |               |
| <b>Action 3.2</b><br>Explore opportunities and funding for improved technical solutions to enable PTAS models to operate remote from the EMSCCC.                                                                                                        | Asst. Director of Operations (CCC) | Q3<br>2020-21 |

The EMSCCC currently operates a small number of Physician Triage and Streaming (PTAS) models across Wales, one of which is the SICAT model in conjunction with Betsi Cadwallader University (BCU) Health Board.

The Trust has worked alongside other Health Boards to explore the PTAS opportunities reflecting the patient and staff benefits derived from these schemes including Swansea Bay (SB) Health Board and Aneurin Bevan (AB) Health Board who have both trialled or put in place similar schemes.

The CCC Clinical Review project has a work stream which is actively evaluating the current models and exploring additional opportunities with other Health Boards and this will continue as part of the review work.

To overcome the challenges of co-locating the Trust is reviewing a version of the Computer Aided Dispatch (CAD) system which allows remote Health Board physicians to review the ongoing 999 calls for opportunities for intervention to avoid the need for a patient to attend the hospital. This will allow for more opportunities for PTAS across all Health Boards.

***Progress:***

- *Discussions have taken place between the Asst. Dir Operations (CCC) and the Director of Digital to further develop a collective approach to funding and implementation. This has been followed up by the Area Manager (EMSCCC) to progress.*
- *An engagement session has been scheduled for 27.08.2- with Aneurin Bevan Health Board regarding the Grange Hospital project and the use of PTaS within this care model.*

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------|
| 4. Consider including more realistic expected waiting times to DMP scripts, to allow patients to make informed decisions about their wait.                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |            |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Responsible Officer                | Timescale  |
| <p><b>Action 4.1</b></p> <p>Expected waiting times are currently included within the Demand Management Plan (DMP). These are provided in time bands which represent the time the caller can reasonably expect to wait for a response to arrive at their location, given the current volume of 999 and urgent responses being managed by the service.</p> <p>Consideration has been given to the presentation of actual or more precise expected waiting times but this is not possible due to the complexity and dynamic nature of the operational environment.</p> | COMPLETE                           |            |
| <p><b>Action 4.2</b></p> <p>In order to further improve patient experience and to enable patient's to make informed decisions regarding their care the Trust will review the existing approach with a view to providing more realistic waiting times.</p>                                                                                                                                                                                                                                                                                                           | Asst. Director of Operations (CCC) | Q1 2021-22 |
| <p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>Dialogue has taken place with London Ambulance Service and South Western Ambulance Services who are developing scripts for the same purpose based on the 90<sup>th</sup> percentile. Work is ongoing to establish how that learning can be implemented within WAST.</li> </ul>                                                                                                                                                                                                                       |                                    |            |

| Recommendation                                                                                                                                                                                                                                                |                                    |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|
| 5. Undertake a review of the REAP and DMP escalation arrangements to ensure they are being applied consistently.                                                                                                                                              |                                    |               |
| Action                                                                                                                                                                                                                                                        | Responsible Officer                | Timescale     |
| <b>Action 5.1</b><br>We will pursue with our Health Informatics (HI) colleagues an improved Ambulance Dispatch Operations Log (ADOL) report so that actions taken as a result of REAP and DMP levels are more visible and able to be reported on more easily. | Asst. Director of Operations (CCC) | Q3<br>2020-21 |
| <b>Action 5.2</b><br>The Trust will review the process of increasing DMP levels by the Duty Control Manager (DCM) to ensure the process is being followed and will review the findings to see if improvements can be made.                                    | Asst. Director of Operations (CCC) | Q3<br>2020-21 |

The Resource Escalation and Action Plan (REAP) arrangements are reviewed annually by the Trust and will be reviewed again in August 2020. They are consistent with the Association of Ambulance Chief Executives (AACE) guidance and are especially geared towards activity in Wales.

A REAP level assessment is undertaken at weekly performance meetings by the Director of Operations. Decision making is documented and held on record. This takes a current and future view of staffing levels, expected demand and other external factors such as events in the community or external pressures such as seasonal increases (winter) or pandemics. This process is consistent with other UK Ambulance Services.

At the end of each session the REAP level is communicated to Trust staff through the usual communication routes and out to Health Boards through regular daily meetings. The REAP level is recorded in the Computer Aided Dispatch system to ensure that the level is known at all times.

Each REAP level has certain actions associated with it and when these actions are carried out by commanders, managers and staff they are recorded in the Ambulance Dispatch Operations Log (ADOL) by the respective individuals. Reporting for this system is a manual process and quite complex and would benefit from improvement so that the entries in the log can more easily be reported to ensure compliance to the plans.

Since the review took place the Demand Management Plan (DMP) has been updated and now includes more narrative and improved action cards for 999 Call Handlers, Dispatchers and Allocators and Clinicians working in the CSD. There are more distinct levels of DMP; DMP levels are managed through triggers by the Duty Control Manager (DCM) up to Level 3 and any level above by the Strategic Commander on duty. Higher levels require the information / approval of the Chief Executive Officer. Strategic Commanders, EMSCCC staff and CSD Clinicians were provided with familiarisation sessions on the new DMP.

Call Supervisors at each centre communicate the levels to the centre staff and to the other EMSCCCs and record the levels in the Ambulance Daily Occurrence Log (ADOL) for reference. The level is also recorded in a new web based system (this was not in place at the time of the review) so that it is available in real time for others to see the levels in each Centre (e.g. the Operational Delivery Unit) and so that it can be more easily reported and reviewed for past incidents.

Similarly to REAP the DMP levels have actions associated with them and when these actions are carried out they should be recorded in the ADOL. Reporting for this system is a manual process and quite complex and would benefit from improvement so that the entries in the log can more easily be reported to ensure compliance to the plans.

*Progress:*

- *Call Handling Supervisors are currently supporting this activity in consultation with the Duty Control Manager to ensure regular reviews are undertaken and reported.*
- *A dashboard has been developed and deployed which is being monitored by the Operational Delivery Unit (ODU).*
- *Evidence of changing DMP levels can now be reported via a new dashboard report.*

| Recommendation                                                                                                                                                                          |                                    |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------|
| 6. Ensure Senior Management Staff routinely attend EMSCCCs as directed within the DMP escalation process where required.                                                                |                                    |               |
| Action                                                                                                                                                                                  | Responsible Officer                | Timescale     |
| <b>Action 6.1</b><br>We will review the current arrangements for managers attending the EMSCCC to ensure that this is taking place.                                                     | Asst. Director of Operations (CCC) | Q3<br>2020-21 |
| <b>Action 6.2</b><br>We will work with the ODU on support for EMSCCC and service delivery and review a need to adjust the requirement for operational managers to report to the EMSCCC. | Asst. Director of Operations (CCC) | Q3<br>2020-21 |



Occasionally the Locality Managers or on-call Tactical Commander (Silver) are requested to attend the EMSCCC to support the Duty Control Manager (DCM) in and out of hours. The EMSCCC Managers routinely attend the EMSCCC during significant escalation periods when they are on duty in hours. Out of hours the on call senior managers for EMSCCC and Ambulance Response are not mandated to attend the EMSCCC. They remain on-call and available 24/7 for support and intervention where necessary.

On the extremely rare occasions that any of these managers do not respond in or out of hours, there is a command structure available at all times within the Trust for escalation to the next more senior commander. Any absence of a response is reported to the relevant member of the Senior Operations Team who will follow up with the individual involved.

Since the review took place the pilot of the Operational Delivery Unit (ODU) commenced which provides extended hours of support for service delivery within the Trust and across the broader health system. It has been able to support the EMSCCC in some of the activities which previously needed a Tactical Commander to enable. This reduced the reliance on in and out of hours commanders.

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |           |
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| <p><b>7</b> Continue discussions with Welsh Government to agree an appropriate Non-Send process, for low acuity patients during times of high demand on the service.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |           |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Responsible Officer | Timescale |
| <p>Since the review took place, and as part of our preparations for the Covid-19 response, a revised Demand Management Plan (DMP) was introduced to include a non-send process. The plan has been extended from 4 to 8 levels with a scale of non-send commensurate with the demand and capacity presenting. It commences with a non-send process for the lowest of acuity, extending through to a process where ambulances might be reserved for only confirmed life threatening cases. Whilst a patient might not receive an ambulance response if non-send was invoked, we would signpost a caller according to their presentation. This was approved by Trust Board and was shared with Welsh Government.</p> <p>A key enabler for non-send are alternative patient focussed pathways. The Trust will continue to work with Health Boards to mobilise such pathways and pathway opportunities, for example through the recent release of the Consultant Connect technology.</p> |                     | COMPLETE  |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------|
| <p><b>8</b> Consider how it can engage further with the public to provide additional education and awareness on the appropriate use of the emergency ambulance service.</p>                                                                                                                                                                                                                                      |                                                    |               |
| Action                                                                                                                                                                                                                                                                                                                                                                                                           | Responsible Officer                                | Timescale     |
| <p><b>Action 8.1</b><br/>Further develop, alongside Welsh government, a national campaign to influence behaviour change.</p>                                                                                                                                                                                                                                                                                     | Head of External Communications                    | Q3<br>2020-21 |
| <p><b>Action 8.2</b><br/>Deliver further online events with the public which describe how we operate and appropriate use of the EMS service. Encouraging use of other services which can support people, including NHS 111 Wales, its website and online symptom checkers.</p>                                                                                                                                   | Head of Patient Experience & Community Involvement | Q3<br>2020-21 |
| <p><b>Action 8.3</b><br/>Launch a community participation network which will receive and disseminate information on key information and updates from the service. This network will receive and disseminate information on key information and updates from the service, as well as allowing members of the public to have their voices heard and be involved in shaping future service design and delivery.</p> | Head of Patient Experience & Community Involvement | Q3<br>2020-21 |
| <p><b>Action 8.4</b><br/>Develop and disseminate an educational video aimed at a younger audience regarding the EMS service and appropriate use of it.</p>                                                                                                                                                                                                                                                       | Head of Patient Experience & Community Involvement | Q4<br>2020-21 |

Educating the public about the appropriate use of the ambulance service is a year-round objective for the Communications Team and Patient Experience and Community Involvement Team. A concerted effort to engage with the public on this subject is made over the busy winter months, and the Trust is working with Welsh Government to influence and develop a new, national campaign to effect behaviour change in this area.

| Workforce                                                                                                                                                                                                         |                                                   |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------|
| Recommendation                                                                                                                                                                                                    |                                                   |               |
| <p><b>9</b> Work with EMSCCC staff to explore well-being initiatives which could provide on duty support to staff and processes to improve attendance at work.</p>                                                |                                                   |               |
| Action                                                                                                                                                                                                            | Responsible Officer                               | Timescale     |
| <p><b>Action 9.1</b><br/>Wellbeing workshops are to be arranged for EMSCCC teams. These will focus on developing resilience in terms of sound foundations of good mental health.</p>                              | Organisational Culture & Workplace Wellbeing Lead | Q4<br>2020-21 |
| <p><b>Action 9.2</b><br/>The Health and Wellbeing Strategy is currently in consultation phase and an EMSCCC specific focus group will be convened to further develop the EMSCCC contribution to that strategy</p> | Organisational Culture & Workplace Wellbeing Lead | Q3<br>2020-21 |
| <p><b>Action 9.3</b></p>                                                                                                                                                                                          | Organisational Culture & Workplace Wellbeing Lead | Q3<br>2020-21 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Provide an awareness film for EMSCCC colleagues on muscular-skeletal injuries and how best to prevent them in the workplace.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <p><b>Progress:</b></p> <ul style="list-style-type: none"> <li><i>Engagement has commenced with the Trust's Occupational Health Lead on awareness material. Existing videos from external providers have been shared &amp; deployed. Further engagement will be required to develop bespoke audio-visual products for CCC environments if they are not sufficient.</i></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <p>The Trust places a significant emphasis on the well-being of our colleagues. The following initiatives and actions are already in place and will continue:</p> <ul style="list-style-type: none"> <li>Provision of counselling during periods of high pressure.</li> <li>Trauma Risk Incident Management (TRIM) referrals following complex and / or traumatic incidents.</li> <li>Virtual and face-to-face drop in sessions to offer sign posting and awareness of the full organisational wellbeing offer. When and/or if it becomes possible to conduct face to face drop in sessions then the plan is that this will be provided on site.</li> <li>Mental health awareness training has been made available across the organisation and further training is planned in line with the strategy proposals and this will be included at induction for new members of staff following a review of the induction period.</li> <li>In relation to physical wellbeing then health surveillance has commenced with skin surveillance and will expand to other areas including hearing checks in the near future.</li> <li>The Trust have two physiotherapy providers and can fast track physiotherapy appointments and advice. Video guides for stretch and movement breaks to reduce MSK tensions and stresses are also available and wellbeing are able to signpost to these.</li> </ul> |  |  |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |               |
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| <p><b>10</b> Ensure robust workforce planning arrangements are in place which set out to mitigate against under resourced shifts, as well as to reduce the reliance on overtime.</p>                                                                                                                                                                                                                                                        |                            |               |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                      | Responsible Officer        | Timescale     |
| <p><b>Action 10.1</b><br/> <b>A CCC workforce plan is to be developed and maintained to align the needs and priorities of the organisation with those of our workforce</b> to ensure we can meet service and production requirements and organisational objectives.</p>                                                                                                                                                                     | Asst Director of Workforce | Q3<br>2020-21 |
| <p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• A workforce plan for EMDs and CSD has been developed to meet the COVID-19 surge demand needs. This is now being further expanded to support of EMSCCC roles.</li> <li>• A meeting has been scheduled with the EMSCCC senior leadership team for a review of the establishment at regular intervals. This features as part of the EMSCCC business meeting suite.</li> </ul> |                            |               |
| <p><b>Action 10.2</b><br/> We will ensure that there are sufficient plans in place for recruitment of staff to meet expected attrition and to ensure that the staffing levels do not drop to those which were being experienced during the review period.</p>                                                                                                                                                                               | Area Manager, EMSCCC       | Q2<br>2020-21 |
| <p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• A workforce plan for EMDs and CSD has been developed to meet the COVID-19 surge demand needs. This is now being further expanded to support of EMSCCC roles.</li> </ul>                                                                                                                                                                                                    |                            |               |

- *Recruitment processes currently in place in preparation for Winter 2020/21 attrition with resilience processes built in for surge capacity to support modelled demand associated with COVID-19.*
- *The South East CCC is currently shortlisting and realigning the workforce to meet the needs of the services including launch of new functions aligned to the Grange Hospital.*
- *Central and West and North CCC's are realigning bank EMD and fixed term capacity into the establishment to ensure all gaps are filled.*

Since the review took place the Trust has completed a recruitment process which has provided sufficient staff to meet establishment levels. This has removed the vacancies which were impacting on the positions noted and reduced much of the reliance on overtime.

As part of regular weekly operations the Area Manager, EMSCCC conducts twice weekly reviews of planned staffing levels in each of the EMSCCCs with the EMSCCC Centre Managers in order to optimise staffing levels for each role and ensure as far as possible each position is covered by regular or relief staff.

Since the pandemic has required additional resource to meet the surge in demand a large number of bank staff are more readily available to meet any further temporary decreases in staffing levels for 999 Call Handlers. The organisation's approach (agreed in partnership with our trade unions) to covering vacant shifts however supports overtime being used before bank staff so this will not reduce the reliance on overtime.

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |               |
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| <b>11</b> Complete its review of the welfare call process and consider how funding can be made available to increase staffing to support this.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |               |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Responsible Officer     | Timescale     |
| <b>Action 11.1</b><br>Work with Health Informatics (HI) colleagues to refresh analysis around welfare call demand based on new guidelines and utilise data to inform future workforce planning considerations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Area Manager,<br>EMSCCC | Q3<br>2020-21 |
| <p>Since the review took place the requirement for welfare calls was reviewed by the Trust and updated to adjust the frequency of calls in line with the acuity of the patient. As such the requirement for the number of staff to complete welfare calls has reduced since it was earlier evaluated.</p> <p>Dispatchers and 999 Call Handlers (both staff are qualified as Emergency Medical Dispatchers, which is the qualification required to handle 999 calls and therefore carry out welfare checks) both perform welfare checks, though the Call Supervisors now monitor the waiting queue and allocate welfare calls to Call Handlers whenever available reducing the demand on Dispatchers to undertake this role.</p> <p>As part of the CAD Phase 3 project, which also supports the outcomes of the broader Emergency Medical Service Demand and Capacity Review, we are looking at the roles of all staff and we will calculate the amount of time required to perform welfare checks and at which times they are required (as they fluctuate increasing during period of longer patient waiting times) in order to be better prepared to request funding for the welfare check calls to be carried out in line with the recommendation.</p> |                         |               |



| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |            |
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| <b>12</b> Review current duties of EMSCCC staff to determine where responsibilities can be streamlined.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |            |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Responsible Officer                | Timescale  |
| <b>Action 12.1</b><br>Continue with the work of the CAD Phase 3 project to realign workloads within the EMSCCC for more efficient operation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asst. Director of Operations (CCC) | Q4 2020-21 |
| <p>In 2019 the Trust commenced a project called CAD Phase 3 to review the EMSCCC structure and operating model. Originally, this was to take advantage of the efficiencies the new Computer Aided Dispatch (CAD) system provided to realign roles in the EMSCCC, and now extends to support the outcomes of the Emergency Medical Service Demand and Capacity Review. Work has progressed in this area since the time of the HIW review. The CAD Phase 3 project conducted a number of ‘time and motion’ studies in order to map the activities and duties being undertaken by EMSCCC staff beyond those in existing role descriptions.</p> <p>An improvement project was commenced and supported by the Trust’s Quality Improvement Team and the WAST Improvement and Innovation (WIIN) steering group. Whilst CAD Phase 3 was paused in March 2020 due to the COVID-19 Pandemic this project has already resulted in a number of tasks being removed from the EMSCCC environment including absence reporting, hospital pre-alerts and safeguarding referrals.</p> <p>The pilot of the Operational Delivery Unit (ODU) has commenced internal discussions on which responsibilities may move to the ODU remit and away from the EMSCCC, however its continuation is subject to business case approval and financial resources.</p> <p>A trial has been conducted of a fleet and logistics desk within the EMSCCC environment to manage vehicle movements, breakdowns and other general logistics which is currently being evaluated for its effectiveness.</p> |                                    |            |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |           |
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| <p><b>13</b> Explore other options available for a sustainable process for welfare check calls.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |           |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Responsible Officer | Timescale |
| <p>As the welfare check call may require a re-triage of the patient, only qualified Emergency Medical Dispatchers (EMD) licensed to use the MPDS triage system can make the calls (999 Call Handlers and most Dispatchers are qualified). Call Handling Supervisors now monitor the waiting queue and allocate welfare calls to call handlers whenever available reducing the demand on Dispatchers to undertake this role.</p> <p>Reducing patient waiting times has the most significant impact on the requirement to make welfare calls and the Trust continues to work with Health Boards to examine ways in which delays handing over patients at hospital can be reduced which frees up resources to respond in a timely manner. See other action items.</p> |                     | COMPLETE  |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                   |
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| <p><b>14</b> Review the process in place to allow staff to submit views and suggestions relating to the service. The process should consider and acknowledge suggestions received by providing feedback to staff.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                   |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Responsible Officer                                                                  | Timescale         |
| <p><b>Action 14.1</b></p> <p>The Trust has a mature and developed approach to enabling colleagues to share suggestions and views. Local measures in place include a dedicated email address for suggestions and quarterly open forums with senior managers.</p> <p>Additionally the EMSCCC actively utilises and supports the WAST Improvement and Innovation Network (WIIN). This is a cross-directorate network, with a Trust-wide membership supported by a steering group whose remit includes, but is not limited to, improvement and innovation, change management, service improvement and quality improvement. The purpose of the WIIN is to support colleagues with their ideas to make improvements and be innovative, offering guidance and support with Clinical Audit, Research, Quality Improvement and projects that require a more 'formal' approach which sit within the Project and Programme Management Framework.</p> <p>The existing process will be reviewed on a cross-Directorate basis to ensure that that the arrangements give due consideration to all suggestions and provide staff feedback.</p> | <p>Asst Director of Quality &amp; Governance / Asst Director of Operations (CCC)</p> | <p>Q4 2020/21</p> |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |           |
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| <p><b>15</b> Ensure that staff are provided with the opportunity to contribute their opinions into the ongoing structure and resource review, and that these reviews are considered.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |           |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Responsible Officer | Timescale |
| <p>The engagement and co-design phase of the structure and resource review (part of CAD Phase 3) concluded in December 2019. This phase of the project involved 9 virtual engagement sessions and 18 face-to-face roadshows and workshop sessions. This was supplemented by a dedicated Facebook group, letters to individual staff members, dedicated noticeboards and video messages.</p> <p>The dedicated email group and Facebook site continue to be available for staff to contribute views, opinions and ideas. This is of course supplemented by engagement and dialogue locally through management teams.</p> <p>The Organisational Change Policy shall be applied at the necessary times requiring consultation with staff about structural change.</p> |                     | COMPLETE  |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   |            |
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| <p><b>16</b> Consider a holistic review with stakeholder engagement, of the current handover arrangements in place, which should include current escalation arrangements during periods of high demand.</p>                                                                                                                                                                                                                                                                   |                                                   |            |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Responsible Officer                               | Timescale  |
| <p><b>Action 16.1</b><br/>Continue to support local improvement initiatives such as the POD within Aneurin Bevan.</p>                                                                                                                                                                                                                                                                                                                                                         | Asst. Director of Operations (Ambulance Response) | Ongoing    |
| <p><b>Action 16.2</b><br/>Continue to develop the Operational Delivery Unit business case to ensure support from the Commissioner and Welsh Government to address the flow concerns on a 24/7/365 basis.</p>                                                                                                                                                                                                                                                                  | Asst. Director of Operations (Support)            | Q3 2020-21 |
| <p><b>Action 16.3</b><br/>Develop a communications plan to share with staff what actions are being undertaken to address the issue.</p>                                                                                                                                                                                                                                                                                                                                       | Asst. Director of Operations (Ambulance Response) | Q3 2020-21 |
| <p>The Trust continues to work with Health Boards and other stakeholders to address the concerning number of resource hours lost to delayed handovers at emergency departments in a collaborative fashion recognising this issue as a system wide concern.</p> <p>Specific actions include regular engagement at the most senior levels and the Emergency Ambulance Service Commissioner to discuss the impact of delays and a collaborative approach to their reduction.</p> |                                                   |            |

The Trust continues to work locally with Health Boards on unique approaches to resolve flow concerns at Emergency Departments (ED) for instance with Aneurin Bevan in staffing a patient care department (the POD) outside the ED.

The Trust continues to pursue the funding for the Operational Delivery Unit (ODU), a hosted, all systems approach to ensuring flow of patients to and through emergency departments. In March 2020, WAST commenced a pilot of the Operational Delivery Unit (ODU) with two clear operating functions:

- To provide senior leadership capacity to effectively manage and mitigate the pressure and risk across the Unscheduled Care System; and
- To provide robust senior operational management support to mitigate on the day performance or service delivery challenges (including hospital handover issues).

The pilot has been achieved through a hybrid of seconded and redeployed staff, neither of which is unfortunately sustainable beyond August 2020. A business case has been prepared to fund the ODU on a permanent basis.

## Recommendation

**17** Implement a training strategy which ensures that staff are provided with the appropriate training and development, to enable them to undertake their relevant roles effectively. Progress against the strategy should also receive Trust Board oversight.

| Action                                                                                                                                                             | Responsible Officer     | Timescale  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------|
| <b>Action 17.1</b><br>Continue to pursue the formalisation of the two EMSCCC training roles to further deliver the Dispatcher and Allocator role training courses. | EMSCCC Training Manager | Q4 2020-21 |

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| <p><b>Action 17.2</b><br/>Introduce the training course for all new appointments into dispatch and allocation roles and schedule any update training for all dispatchers and allocators currently in post.</p>                                                                                                                                              | <p>EMSCCC Training Manager</p>                     | <p>Q4<br/>2020-21</p> |
| <p><b>Progress:</b></p> <ul style="list-style-type: none"> <li><i>The training course package has been completed and fully aligned to the role competencies.</i></li> <li><i>Next steps to schedule training for newly recruited dispatch staff and to competency assess existing post holders to develop remedial action plans if required.</i></li> </ul> |                                                    |                       |
| <p><b>Action 17.3</b><br/>Continue to engage with HEIW to develop an accredited programme of education focussed on clinical and non-clinical remote decision making.</p>                                                                                                                                                                                    | <p>EMSCCC National Clinical Operations Manager</p> | <p>Q4<br/>2020-21</p> |
| <p><b>Progress:</b></p> <ul style="list-style-type: none"> <li><i>Engagement remains ongoing and are fully integrated between 111 and EMS CCC led by QSPE and supported by EMS CCC management team. Once fully established this will be subsumed into the CCC Clinical Review Project.</i></li> </ul>                                                       |                                                    |                       |
| <p>Initial induction and training for entry into EMSCCC forms part of an existing and established scheme of work with signed off competencies and assessment in line with corporate induction, mandatory training and International Academy of Emergency Dispatch (IAED) requirements in 999 Call Handling.</p>                                             |                                                    |                       |

Prior to the HIW review being undertaken a member of the EMSCCC team was seconded into the role of Training Manager and over the subsequent months (finalised after the review) has created a formal Dispatcher and Allocator training programme with a record of competencies. The classroom based course has been created and piloted and includes live exposure with a mentor with sign off to agreed competencies and assessment.

Internal funding has been previously realigned to provide 2 FTE positions to deliver training courses, specifically dispatching and allocating. EMSCCC is progressing the job descriptions through internal evaluation and consistency checking processes and once complete intends to recruit into these positions to support the delivery of the standard dispatcher and allocator training course.

Each of the Duty Control Managers (DCM) has been enrolled on an Institute of Leadership and Management (ILM) training course and we will continue to provide this opportunity to all future staff in this role.

Finally across the CCC environment (EMS and 111), in conjunction with Health Education and Improvement Wales (HEIW), CCC has explored opportunities for education and accreditation against competencies, specifically focussed on remote clinical decision making and telephone triage for clinical and non-clinical roles.

## Recommendation

**18** Ensure sufficient time is permitted to allow for appraisal discussions between managers and their staff to take place.

| Action                                                                                                                                                                                                                                      | Responsible Officer     | Timescale     |
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| <p><b>Action 18.1</b></p> <p>We will work with DCMs to ensure existing time for protected appraisal discussions is utilised effectively and scheduled in advance or look for a more appropriate way that appraisals can be carried out.</p> | Area Manager,<br>EMSCCC | Q3<br>2020-21 |



**Progress:**

- This action has been allocated to the EMSCCC leadership team. Whilst it is acknowledged that the action is aligned to DCMs this is also pertinent for Senior Clinicians and department heads with support from supervisory roles such as Call Handling Supervisors.*

Duty Control Managers (DCMs) and their teams share the same regular training day and on this day the appraisal discussions take place. There are sufficient days to provide time to do the appraisals across the year, alongside other training. It is recognised that the training days are sometimes missed and that training is prioritised over appraisals and this has been fed back by the DCMs and staff so we will rectify this situation to ensure appraisals are carried out effectively.

**Recommendation**

**19** Ensure training is provided to relevant staff in regards to the annual appraisal process.

| Action                                                                                                                                              | Responsible Officer                                                     | Timescale     |
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| <b>Action 19.1</b><br>Develop and trial an EMSCCC specific appraisal process to ensure that staff receive the appropriate developmental discussion. | Asst Director of<br>Operations (CCC) &<br>Asst Director of<br>Workforce | Q4<br>2020-21 |

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| <b>Action 19.2</b><br>Workforce & Organisational Development team to assess the training needs of first line managers within EMSCCC to support their delivery of effective and meaningful PADRs. | Asst Director of Workforce | Q4 2020-21 |
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| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |           |
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| <b>20</b> Consider benchmarking with the International Academy of Emergency Dispatch, to identify best practice for supporting and monitoring EMSCCC staff to explore options of improving the existing arrangements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |           |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Responsible Officer | Timescale |
| <p>In line with the IAED requirements to maintain Accredited Centre of Excellence (ACE) status in 999 call handling and triage, which the Trust holds nationally across all three EMS Clinical Contact Centres, a percentage of all 999 calls are audited routinely. To attain accreditation as an ACE centre the Trust must provide evidence of compliance scores monthly and provide 6 months of audits for quality assurance by the IAED to recertify every 2 years. Both the quantity and quality arrangements are set down by the IAED.</p> <p>In addition to the routine audits, additional calls associated with patient care concerns or areas of focused improvement for call handlers are also audited. All EMDs receive a minimum of 5 call audits a month and receive feedback on all those audits in various media with feedback documents being provided by email. Where evidence of required learning is identified feedback is provided face to face as are any audits related to concerns investigations. Our auditors undergo regular exercises supported by IAED to ensure consistency and best practice in audit.</p> | COMPLETE            |           |

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| EMSCCC has an embedded and established process of recognition for high compliance to protocol standards as well as great customer service for 999 call handlers. In addition we monitor exemplary performance for nomination to national and international award ceremonies and have recognised several finalists for IAEDs 999 Ambulance Call Handler of the Year. |  |
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| Recommendation                                                                                                                                                                                  |                                                                 |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------|
| <b>21</b> Consider how the EMSCCC working environments and IT equipment available can be improved to assist staff in carrying out their relevant roles as well as to improve staff well-being.  |                                                                 |                 |
| Action                                                                                                                                                                                          | Responsible Officer                                             | Timescale       |
| <b>Action 21.1</b><br>Complete the North Wales EMSCCC estate strategy and identify opportunities for improvements.                                                                              | Asst Director of Estates<br>& Asst Director of Operations (CCC) | Q4<br>2020-21   |
| <b>Action 21.2</b><br>Complete the return to the workplace review to ensure the maximum space is still provided in the medium term for clinicians to work remotely from the EMSCCC main spaces. | Asst Director of Estates<br>& Asst Director of Operations (CCC) | Q2/3<br>2020-21 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |                       |
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| <p><b>Action 21.3</b></p> <p>Undertake a review of opportunities to enhance the ICT equipment available to EMSCCC staff in order to assist colleagues to discharge their roles with greater efficacy and to enhance their wellbeing.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Head of ICT &amp; Asst<br/>Director of Operations<br/>(CCC)</p> | <p>Q4<br/>2020-21</p> |
| <p>The EMSCCC estate has seen some improvements since the review took place including new staff rest and kitchen areas being provided in the North Wales EMSCCC. Additionally, motivated by the response to the pandemic the Trust has provided a significant number of laptops to enable CSD clinicians to work remotely including at home and in other areas of the Trust estate, including North Headquarters building. This has created space within all three EMSCCCs.</p> <p>In response to the pandemic a new area in the Vantage Point House (VPH) building has been created for call taking capacity which allows all 999 and 111 Call Handlers to work away from the main joint CCC. This has created a significant amount of space in the main CCC. The team are currently reviewing the essential and non-essential activity that takes place in the main CCC to enable a more efficient layout which provides 2m distancing between each desk.</p> <p>Central and West EMSCCC has also acquired additional space in the building and desks have been removed from the main floor with 999 call handling staff working out of the room. This has created capacity and shortly the remaining desks will be moved to a new layout to facilitate 2m distancing. All changes to layout are intended to be permanent.</p> <p>In the longer term the Trust is reviewing an ongoing Estates Strategy which relates to the provision of a long term approach to housing current and future needs of the CCCs (EMS and 111).</p> |                                                                    |                       |

| Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |           |
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| <b>22</b> Ensure that consideration is given to improving senior management availability and presence within the EMSCCC 24 hours a day.                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |           |
| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Responsible Officer | Timescale |
| <p>EMSCCC operate a CCC Tactical Advisor on-call to provide senior leadership support and guidance to EMSCCC remotely outside of normal operational hours. EMSCCC managers are situated on site during the in hours period.</p> <p>The Trust continues to pursue the funding for the Operational Delivery Unit, a hosted all systems approach to ensuring flow of patients to and through emergency departments with the ultimate aim of ensuring ambulance availability for calls in the community. (This action is included in another section of this response).</p> | COMPLETE            |           |

| Recommendation                                                                                                                                                                                                                                           |                         |               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------|
| <b>23</b> Ensure adequate arrangements are in place to encourage staff where required to speak up regarding their personal concerns, particularly in relation to bullying, harassment or abuse.                                                          |                         |               |
| Action                                                                                                                                                                                                                                                   | Responsible Officer     | Timescale     |
| <p><b>Action 23.1</b><br/>Develop, in collaboration with Corporate Secretary, Workforce and Organisational Development (WOD) and Trade Union Partners a campaign promoting the All Wales Raising a Concern policy to further reinforce the position.</p> | Area Manager,<br>EMSCCC | Q3<br>2020-21 |

**Progress:**

- *Initial engagement has commenced with the communications team, WOD, TUP and Corporate Secretary regarding development of a poster campaign to inform EMS CCC staff of available policies and how these can be actioned.*
- *The EMSCCC code of conduct has been updated to include specific elements regarding Dignity at Work and the definitions of Bullying and Harassment and issued.*

EMSCCC senior managers are committed to a programme of work to establish an open culture of dignity and respect within the CCC environment. Annual HSE stress risk assessments allow staff to identify any issues through anonymous surveys and access to senior managers. During 2019 a programme of engagement was completed with support from WOD experts and an external clinical psychologist to allow staff to identify issues around these factors and other stressors in the workplace environment.

The Trust utilises the All Wales Raising a Concern Policy for reporting of issues of concerns including bullying and supports anonymous reporting 'whistleblowing' through this policy and this was recently promoted within the Trust. Staff have already been provided with a refreshed copy of the EMSCCC Code of Conduct including specific reference to Dignity at Work and descriptors of bullying and harassment as indicated in the All Wales policy.

| Governance Arrangements which support Quality and Patient Safety                                                                                                                                                                                                                                                                                                                                |                                 |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------|
| Recommendation                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                       |
| <p><b>24</b> Ensure that engagement is improved between operational staff and the Trust senior management team working within the organisation.</p>                                                                                                                                                                                                                                             |                                 |                       |
| Action                                                                                                                                                                                                                                                                                                                                                                                          | Responsible Officer             | Timescale             |
| <p><b>Action 24.1</b><br/>Communicate schedule of engagement events for the coming year and review opportunities to engage through digital formats in the Covid environment.</p>                                                                                                                                                                                                                | <p>Area Manager,<br/>EMSCCC</p> | <p>Q2<br/>2020-21</p> |
| <p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• <i>PA to Area Manager for EMS CCC currently scheduling Open Forum events on a digital platform supported by the communications teams.</i></li> <li>• <i>Communications posters and posts will also include a generic pan-Wales EMSCCC Suggestion email address accessible by the EMSCCC SLT and administrators.</i></li> </ul> |                                 |                       |

EMSCCC have an action plan of engagement with staff to improve visibility including a programme of workshops specifically designed to maximise exposure across the pan-Wales staff group with the senior management team. The first of these engagement sessions was completed in October 2019 and the second, which was due to take place in April 2020, was postponed due to the pandemic.

The Area Manager for EMSCCC completes quarterly open forums for staff to engage directly about issues and concerns and to allow an opportunity to communicate current strategies for development within EMSCCC. The action plan also includes actions for the EMSCCC management team to schedule operational duties within EMSCCC to allow informal engagement and access to the management team. In addition the Trust operates a closed Facebook group where staff can share information with managers and raise questions and concerns, as well as opportunities to engage with the executive team via Facebook Live/Zoom engagement events chaired by the Chief Executive.

## Recommendation

**25** Reassess current risk assessment documentation in relation to EMSCCC staff training, to ensure sufficient actions and mitigations have been implemented.

| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Responsible Officer     | Timescale     |
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| <p>EMSCCC utilises the Datix system in the Trust for reporting, reviewing and escalating risks at a departmental, directorate and organisational level. The EMSCCC leadership team undertake a review of any new or emerging risks as well as the highest rated risks during monthly business meetings and the senior leadership team undertake a review with the Assistant Director of Operations (CCC) as part of regular business meetings.</p> <p>The Assistant Director Leadership Team (ADLT) review organisational risks and recommend inclusion on the corporate risk register prior to approval by the Executive Management Team.</p> | Area Manager,<br>EMSCCC | Q3<br>2020-21 |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <p>The risk register in place contains a detailed description of the risks identified, an assessment of the risk and an initial risk rating as well as considering the level of assurance of internal controls related to the risk and monitoring arrangements. In order to provide a high level summary EMSCCC also have a dashboard to graphically represent the status of current risks and the register (corporate, directorate or local) in which they sit.</p> <p><b>Action 25.1</b></p> <p>A review of the risk relating to staff training (E-risk ID 119) will be undertaken to ensure the mitigating actions are sufficient and are progressed.</p> |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

| Recommendation                                                                                                                                                                                                              |                                                    |                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------|
| <p><b>26</b> Ensure that clear guidance and training is provided to staff for reporting incidents.</p>                                                                                                                      |                                                    |                       |
| Action                                                                                                                                                                                                                      | Responsible Officer                                | Timescale             |
| <p><b>Action 26.1</b></p> <p>Develop and issue guidance specifically focussed at EMSCCC staff about what, when and how to report an adverse incident including guidance for managers on ensuring feedback is completed.</p> | <p>EMSCCC National Clinical Operations Manager</p> | <p>Q2<br/>2020-21</p> |
| Progress                                                                                                                                                                                                                    |                                                    |                       |

- *The National Clinical Operations Manager and Head of Patient Safety, Concerns and Learning are co-designing a first draft for review by the wider CCC Leadership team.*

Staff within the EMSCCC complete Datix incident reports regularly on a wide variety of topics however there are some instances where it has been identified that there may not be enough clarity on when to submit a Datix report. We will review the process and documentation to ensure there is more clarity. In particular we will expand that guidance to the management team to ensure feedback is provided to individual staff members.

## Recommendation

**27** Ensure that there is a suitable process in place to enable consistent incident reporting which includes feedback to staff.

| Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Responsible Officer | Timescale |
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| <p>The Trust currently utilises the Datix system for reporting, investigating and cascading feedback regarding adverse incidents. The reporting system is available through an application portal available on the Trust intranet site which includes access to information on how to log a new incident, frequently asked questions and access to the Datix administration team for support.</p> <p>The current iteration of the Datix adverse incident reporting used in the Trust includes a clear action point for the investigator to feedback to the reporter who will have access to the information when they log into Datix. In addition it is possible to communicate feedback through the communications portal within Datix which will send an email response to the reporter. Increased feedback has been noted as a result of this change.</p> |                     | COMPLETE  |



GIG  
CYMRU  
NHS  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

|                               |      |
|-------------------------------|------|
| <b>AGENDA ITEM No</b>         |      |
| <b>OPEN or CLOSED</b>         | OPEN |
| <b>No of ANNEXES ATTACHED</b> |      |

## Clinical Contact Centre (CCC) Clinical Review

|                        |                                                                                                                                                                                                                                      |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Trust Board                                                                                                                                                                                                                          |
| <b>DATE</b>            | 1 <sup>st</sup> October 2020                                                                                                                                                                                                         |
| <b>EXECUTIVE</b>       | Lee Brooks, Operations Director.                                                                                                                                                                                                     |
| <b>AUTHOR</b>          | Dr Mike Brady, Clinical Support Desk Manager<br>Peter Brown, Business Support Manager (CCC)<br>Steph Tynan, Project Manager                                                                                                          |
| <b>CONTACT DETAILS</b> | <a href="mailto:mike.brady@wales.nhs.uk">mike.brady@wales.nhs.uk</a> /<br><a href="mailto:peter.brown@wales.nhs.uk">peter.brown@wales.nhs.uk</a> /<br><a href="mailto:Stephanie.tynan@wales.nhs.uk">Stephanie.tynan@wales.nhs.uk</a> |

|                                            |                                                                      |
|--------------------------------------------|----------------------------------------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | Delivering excellent patient care<br>Value, innovation & efficiency. |
| <b>CORPORATE RISK (Ref if appropriate)</b> |                                                                      |
| <b>QUALITY THEME</b>                       | Timely Care<br>Effective Care                                        |
| <b>HEALTH &amp; CARE STANDARD</b>          |                                                                      |

|                             |                                                                                                                                |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | <b>The purpose of this report is to ask the Board to note the update of progress made against the Clinical Review to date.</b> |
| <b>CLOSED MATTER REASON</b> | N/A                                                                                                                            |

## REPORT APPROVAL ROUTE

| <b>WHERE</b> | <b>WHEN</b>  | <b>WHY</b>      |
|--------------|--------------|-----------------|
| Trust Board  | 1 October 20 | For Information |

## Situation

1. The CCC Clinical Review (Appendix One) was commissioned to review clinical functions within and across the Emergency Medical Service Clinical Contact Centre (EMSCCC) and explore what opportunities there are for improvement, reform and change. Its recommendations will facilitate WAST's transition from providing disparate and often independent clinical functions, to that of a co-ordinated integrated clinical service which meets the needs of the patients; irrespective of their point of access to our service.
2. For the purpose of this paper, the 25 recommendations made within the review have been aligned to 5 broad categories: Change & project management resource, governance, education, people, and technology & estates.
3. The review, recommendations and supporting SBAR was received and approved at the Executive Management Team (EMT) in November 2019 and subsequently received at Trust Board in January 2020. A copy of the relevant SBAR can be found in appendix two.
4. The purpose of this paper is to ask the Trust Board members to **note** the progress made and future direction for the Clinical Review since the meeting in January 2020.

## Background

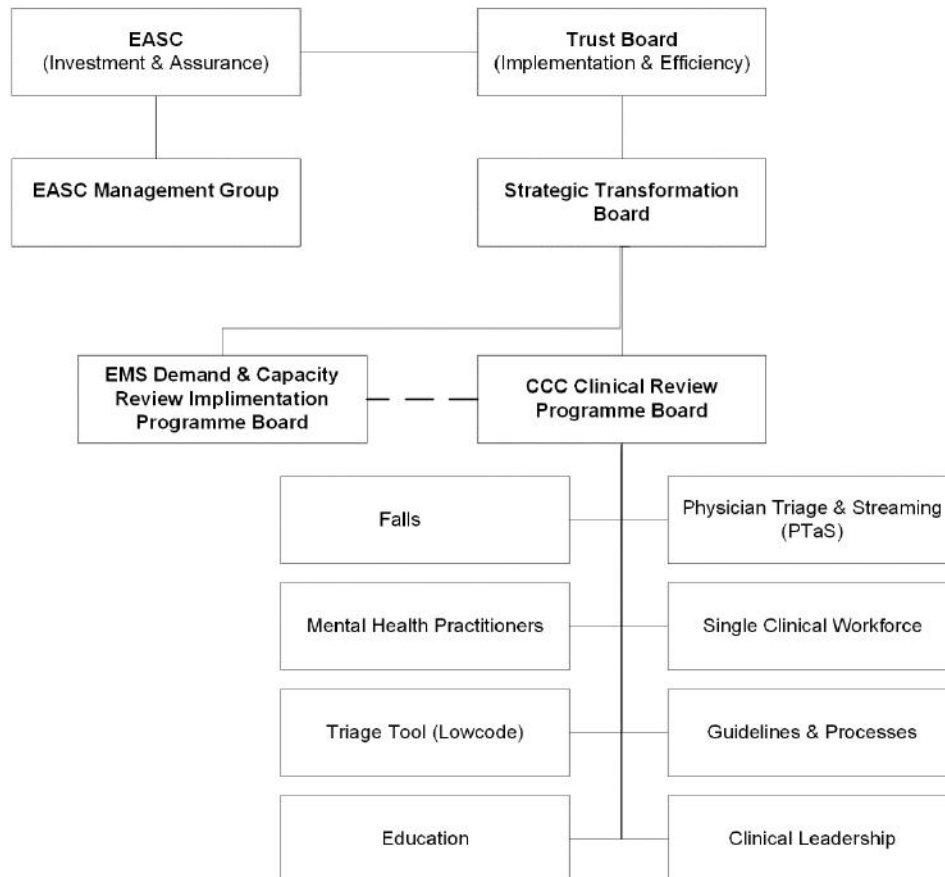
5. Having been approved by Executive Management Team (EMT) and the Trust Board, progression of the review and its recommendations was included within the Trust's 2020/21 Integrated Medium Term Plan. This work was aligned to the work previously under the banner of 'Call Handler of Choice'.
6. The review can be found in appendix one with a summary version in appendix one (a).
7. Work on the CCC Clinical Review was paused in March 2020 following the invocation of the Trust's Pandemic arrangements in response to the spread of COVID-19.
8. Despite no progress being formally made within a programme during this period significant steps were taken by the EMSCCC team to further the Trust's CCC clinical capability and capacity in readiness for the expected demand.
9. A detailed review of the learning from the response phase of the pandemic in relation to the Clinical Review was undertaken and this can be found in Appendix 3.

## Assessment

10. Given the breadth and significance of the recommendations it is fully anticipated that contributions will be required from all Trust Directorates however the contributions required by the Operations, QSPE and the Medical Directorates will be particularly significant.
11. As the Trust entered a period of monitoring and subsequently recovery the Strategic Transformation Board received a paper in September. It agreed to commence a

programme and appointed Stephen Clinton, Asst. Director of Operations (CCC) as the Senior Responsible Officer

12. The governance and structural map below sets out at a high level the construct of the project and its reporting lines.



13. It's anticipated that in order to deliver the 25 recommendations there are a variety of projects and objectives which will exist across the lifespan of the project.
14. The recommendations and projects required have all been assessed against an impact and effort matrix. The projects and objectives described in the governance map are a selection of those considered 'high impact' but are by no means exhaustive.
15. With the potential for the Trust to move back into a response position of the COVID-19 pandemic early focus will be on those actions which will benefit the Trust's resilience to the current disruptive challenge. A detailed description of the areas of focus beneficial to the COVID-19 response can be found in Appendix 3, paragraph 20.
16. Further consideration will also be given to those recommendations that could directly support the development of the Phone/Contact First activity, or that could be delivered alongside this development.
17. In summary, the areas of proposed focus are:
  - Clinical leadership and the alignment of the Trust's response across telephone triage functions (111/EMS/Advanced Paramedic Practitioners)

- Review of technical developments such as computer decision support software and video conferencing to support the most effective response possible.
- Further development of the Integrated Clinical Hub, in particular the further development of our falls monitoring and response, mental health and pharmacology provisions.

## RECOMMENDATIONS

The Board to **note** the update of progress made against the CCC Clinical Review to date.

## APPENDICES

|             |                                               |
|-------------|-----------------------------------------------|
| Appendix 1  | CCC Clinical Review, November 2019            |
| Appendix 1a | Summary of CCC Clinical Review, November 2019 |
| Appendix 2  | EMT Paper, November 2019                      |
| Appendix 3  | Update/review paper, August 2020              |



Welsh Ambulance Services NHS Trust

# Clinical Contact Centre **Clinical Review**

November 2019



# Foreword

In 2015 we led the way for UK ambulance services with our new Clinical Response Model. Critically, the removal of some clinically inappropriate time-based targets has enabled us to focus on sending the best response to the patient, rather than a less appropriate response to stop the clock.

Our Clinical Contact Centres are at the core of our service delivery model. As the place that receives, triages and coordinates requests for urgent and emergency help they are a vital component of providing safe and effective services across the whole of Wales. We anticipate that this review will enable us to move to the next level and maximise the potential of our fantastic staff in these centres.

As demands upon the health and social care systems in Wales increase and shift, we must prepare ourselves to deliver services in a smarter way. The benefits of remote clinical decision making are clearer now than ever before, and we have been engaged in this model of care for a number of years already. As the provider of NHS Direct Wales, 111 Wales and emergency 999 services, we have an opportunity to integrate our clinical services further so that no matter what route a patient might use, we can identify and respond to their clinical need in a seamless way. This is also the mechanism through which we make clear our intention to develop our remote clinical decision making capability so the whole unscheduled healthcare system can benefit.

The joint commissioning of this review demonstrates the importance of the relationship and dependency between the Operations and Clinical Directorates. It is absolutely crucial that we continue with the close working and integration, which makes our service unrecognisable to where we were just a handful of years ago. This integration needs to encompass the entire spectrum of our work and this review will be a key enabler in challenge ourselves to do more together, for our patients and our staff.



**Lee Brooks**  
Director of Operations



**Dr Brendan Lloyd**  
Executive Medical Director



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# Executive Summary

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Welsh Ambulance Services NHS Trust (WAST) currently provide and host clinical services within the Clinical Contact Centre (CCC) with a variety of aims connected to a number of the steps within the Clinical Response Model. This includes services aimed at H&T, some aimed at higher acuity patients and clinical safety netting and support of those who need a face-to-face response.

As the demands on healthcare services in Wales grow and pressure builds across the urgent and emergency care system there is an ever increasing desire to maximise the opportunities to 'shift left' by providing the best possible clinical care to patients without sending an operational response.

This report was commissioned to review those clinical functions and explore what opportunities there are for improvement, reform and change.

This chapter provides a summary of all the recommendations for change. Context, detail and background to each recommendation can be found in the relevant chapters. Additional recommendations for further work and signalling of areas which may prove worthwhile are also included through the report.

As described in chapter eleven the findings, conclusions and associated recommendations can be broadly distilled into the following four points.

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There is an opportunity to increase the efficiency with which the various clinical components within the CCC operate together to reduce duplication and develop clearer role clarity through a clinical hub model.

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In an environment that is hugely complex, pressured and diverse the Trust has a huge number of staff working incredibly hard, with great passion to deliver clinically effective services to patients and improve the patient experience. The organisation does however have an opportunity to further define how clinical leadership is provided in the CCC environment.

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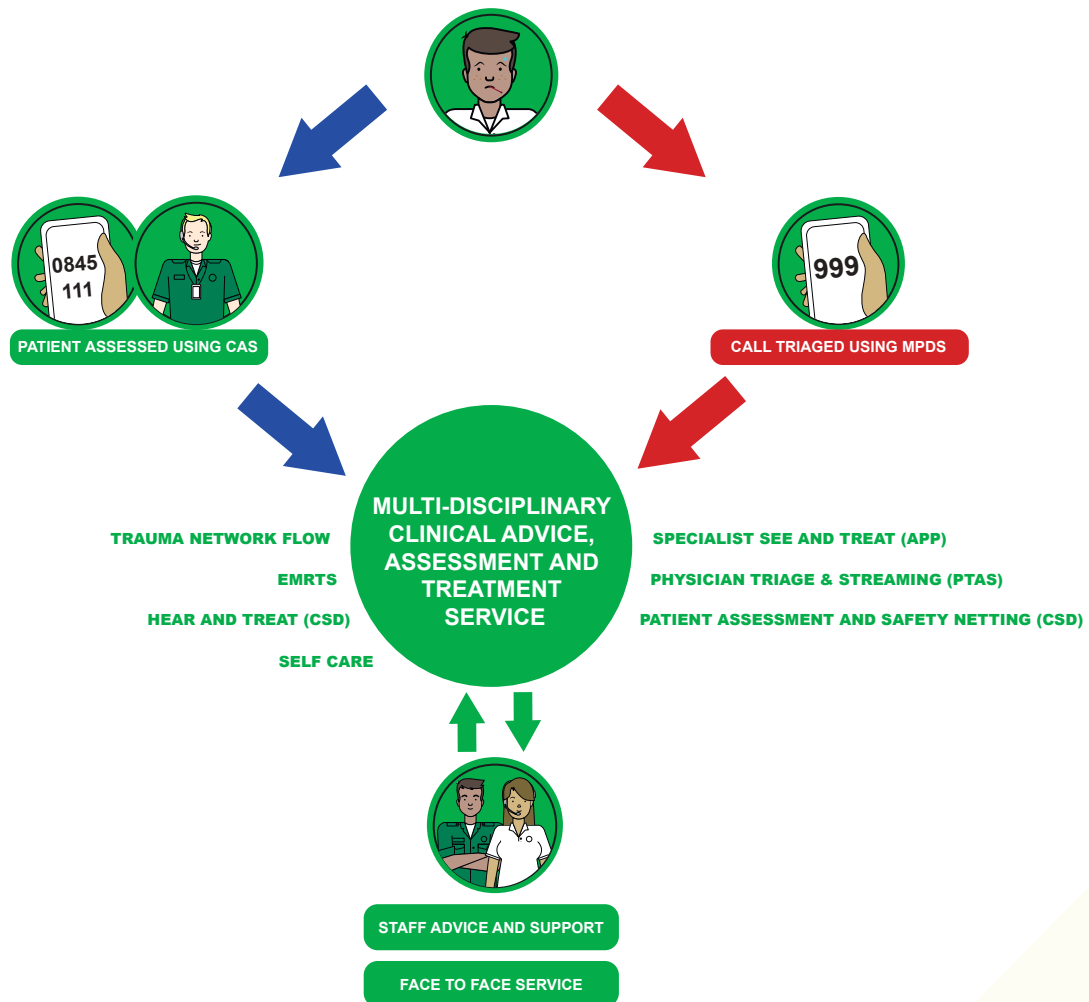
The Clinical Support Desk (CSD) has grown over a number of years to a point where it now has 13 principle functions at the great risk that it has lost the role clarity that is required to deliver a consistent and effective service.

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Going forwards there are opportunities to further support our staff to achieve even more through improving clinical leadership, performance management arrangements, governance, procedures and the recognition of the very specialist nature of their clinical practice.

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Underpinning those four themes is the concept of creating a Clinical Hub. Moving WAST on from the disparate and, often independent clinical functions the Clinical Hub is characterised by co-ordination and integration to seamlessly move the patient to the clinical service best able to meet their urgent or emergency healthcare needs irrespective of the number used to contact the service as shown in the schematic on the right.



## Change Recommendations

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### Recommendation One

Develop greater consistency in operating practices to address the lack of coordination that is particularly evident within the two separate models of H&T (NHS Direct Wales (NHSDW) and CSD).

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### Recommendation Two

A Senior Clinical presence for each of the organisation's CCCs should be established (within the existing roles) to lead the 'Clinical Hub' This role would provide clinical oversight; support day to day clinical H&T practice; optimise co-produced resources and ensure collaborative approaches to patient care.

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### Recommendation Three

Provide clarity relating to clinical support and leadership. Each model offers significant opportunity to provide senior / specialist clinical advice, however, there appears to be insufficient clarity and supporting arrangements in place to provide a clear mechanism for CCC staff and Emergency Medical Service (EMS) staff to consistently seek the right level of clinical support and advice from the right place.

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### Recommendation Four

Move the various clinical functions within the CCC into one collective 'Clinical Hub' model. Such a structure / system of working will prevent each model operating in isolation and reduce the lack of synchronicity between the component functions.

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### Recommendation Five

In order to retain an organisational focus on delivering H&T services the other functions of the CSD should be reviewed to ensure they are both required and to assess if they could be delivered in a different way

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### Recommendation Six

Develop a methodology for ensuring that the clinical functions have resources which match the roles they are required to undertake.

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### Recommendation Seven

Create an evaluation framework for the improvement work that is tested (e.g. joint working in Police Control Rooms, Falls services), linking this work to the newly formed WAST Improvement and Innovation Network (WIIN) principles.

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### Recommendation Eight

Quality and Patient experience needs to be a standard agenda item as part of the operational business meeting to ensure it exists as a 'golden thread' through the CCC environment.

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### **Recommendation Nine**

A model of continuous patient engagement within the CCC/CSD setting should be developed. Initially this could be through capturing patient experience and patient outcomes through using a validated core questions.

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### **Recommendation Ten**

The Standard Operating Procedures (SOP) for the CSD need to be detailed and kept updated with all changes to the functions of the CSD. This includes having all the information located within one document and any amendments or changes added to one document instead of having multiple Policies, Procedures and SOP's.

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### **Recommendation Eleven**

WAST should develop an accredited 'H&T 'role specific' post registration module for the continued professional development of those clinicians wishing to enter H&T practice. This should be undertaken in conjunction with Higher Education (HE) providers.

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### **Recommendation Twelve**

For those advanced practice clinicians undertaking remote telephone consultations in primary care or out of hours practice, any H&T development for these groups should have synergy with current, and or, emerging core capability/competency frameworks.

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### **Recommendation Thirteen**

Further review is required in partnership with relevant stakeholders to explore the opportunities for developing a generic core H&T vocational training and Higher Education (HE) module to include any cost benefits and workforce planning opportunities. The latter should be facilitated in line with the registrant's professional body's guidelines on post registration development along with exploring any accreditation opportunities through Higher Education and Health Education Improvement Wales (HEIW).

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### **Recommendation Fourteen**

As a minimum, clinicians wishing to enter H&T practice in the organisation will have completed an appropriate period of post registration practice consolidation and will be able to provide portfolio evidence of relevant practice knowledge, skills and experience.

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### **Recommendation Fifteen**

The role of Consultant lead for H&T practice should be explored aimed at being strategically responsible for the clinical oversight of all H&T practice in the organisation.

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### **Recommendation Sixteen**

Accreditation of in – house H&T training is revisited with a view to ensuring all training delivered by the organisation is accredited. Further, to explore bespoke accreditation opportunities through the respective clinician's Professional Body, Higher Education (HE) and Health Education Improvement Wales (HEIW).

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### **Recommendation Seventeen**

Provide a specific education programme for the newly created Band 7 Clinician role that includes: clinical leadership; CCC operating systems; and performance management.

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### **Recommendation Eighteen**

Review CSD function priorities within the current Demand Management Plan (DMP) maximising the H&T assessment / function.

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### **Recommendation Nineteen**

In order to determine productivity and calls per hour the following is recommended for further consideration:

- Average call time for a H&T assessment to be agreed as a reportable standard / target.
  - Activity agent code sets to be agreed within Cisco Agent telephone system, similar to that within NHSDW/ 111.
  - Active real time management of CSD activity aided by the Cisco Agent system by a delivery lead.
  - Real time agent Cisco dashboard development.
  - A CSD Clinician Performance Framework supporting appropriate productivity outputs.
  - Productivity captured within PADR/ 121 and training.
  - Leadership input into developing a conducive culture for the rationale for this change.
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### **Recommendation Twenty**

Undertake a review of the relative success rates of other Medical Priority Dispatch System (MPDS) codes, especially focus on certain amber 1 and 2 outcomes and the pre-determined codes for NHSDW/111.

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### **Recommendation Twenty One**

The Trust should develop a call review database that can be reported upon. Additionally it should have the ability to be searchable on key entries and able to export key performance metrics (similar to 111 / NSHDW).

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### **Recommendation Twenty Two**

Regular levelling call review exercises should be introduced to ensure consistency and correct application of marking within the call review tool. Completed call reviews should feature on the CSD performance dashboard.

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### **Recommendation Twenty Three**

Review the current sickness and attendance management arrangements, in doing so ensure there is sufficient supporting management and HR resource available to implement said arrangements.

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### **Recommendation Twenty Four**

Explore amending the target for ring backs for Green 3 patients triaged as Green 3 (pre-determined coded call). The review recommends this can be safely moved from the current 20 minutes to 45 or 60 minutes.

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### **Recommendation Twenty Five**

It is recommended that the approach to rostering is reviewed to ensure that as far as practicable that resourcing matches demand.

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# 1 Introduction & Purpose

- 1.1 In September 2019 the Director of Operations and Medical Director jointly commissioned a clinically led and operationally supported review of the CCC's.
- 1.2 The terms of reference for the review can be found in appendix one.
- 1.3 This review paper will describe current clinical service provision delivered within the CCC environment, review its efficiency, quality and safety. In delivering the review the team focussed on the experience and quality of care received by patients who access WAST through the 999 system and those patients identified by NHSDW and 111 as needing an EMS response.
- 1.4 In undertaking the review the following functions were considered 'in scope'
  - Clinical Support Desk (CSD)
  - Advanced Paramedic Practitioner desk (APP)<sup>1</sup>
  - Trauma Desk<sup>2</sup>
  - Emergency Medical Retrieval and Transfer Service desk (EMRTS)<sup>3</sup>
  - NHSDW / 111 Wales<sup>4</sup>
- 1.5 This paper will identify recommendations for change and signal where the work to date would indicate that further exploration is warranted
- 1.6 With the magnitude of change which has taken place through the expansion of CSD, introduction of new services (inc SICAT & APP Desks), launch of 111 services and the imminent mobilisation of the trauma desk the review takes place against a backdrop of improvement activity already within CCC. This report builds on that work and enhances the activity already commissioned within the Operations Directorate.
- 1.7 The review was undertaken by the following core team:
  - Andy Swinburn, Assistant Director Paramedicine (Clinical Lead)
  - Pete Brown, CCC Business Support Manager (Support/Coordination Lead)
  - Grayham Mclean, Unscheduled Care Lead
  - Gillian Pleming, Utilisation Manager, CCC
  - Iwan Griffiths, Clinical Manager
  - Wendy Herbert, Assistant Director Quality & Nursing
  - Donna Dibble, Senior HR Business Partner
- 1.8 Additional contributions were sought for specific aspects of the work and these were provided by:
  - Sue Tuckett, National Clinical Operations Manager
  - Duncan Robertson, Health Board Clinical Lead
  - Hugh Bennett, Assistant Director of Performance
  - Kayleigh Malson, Senior Information Analyst
  - Vince Bagole, Clinical Service Improvement Support Officer
  - Melanie Cadwaleder, CSD Senior Clinician.
  - Sarah Wood, CSD Clinician.
  - Andeep Chohan, Service Improvement Officer
  - James Evans, CCC Staff Officer
  - Steve Bird, CCC Project Manager

<sup>1</sup> The wider APP operational model was considered to be out of scope of this review.

<sup>2</sup> It should be noted that the Trauma Desk has not yet been mobilised as will not be operational until April 2020.

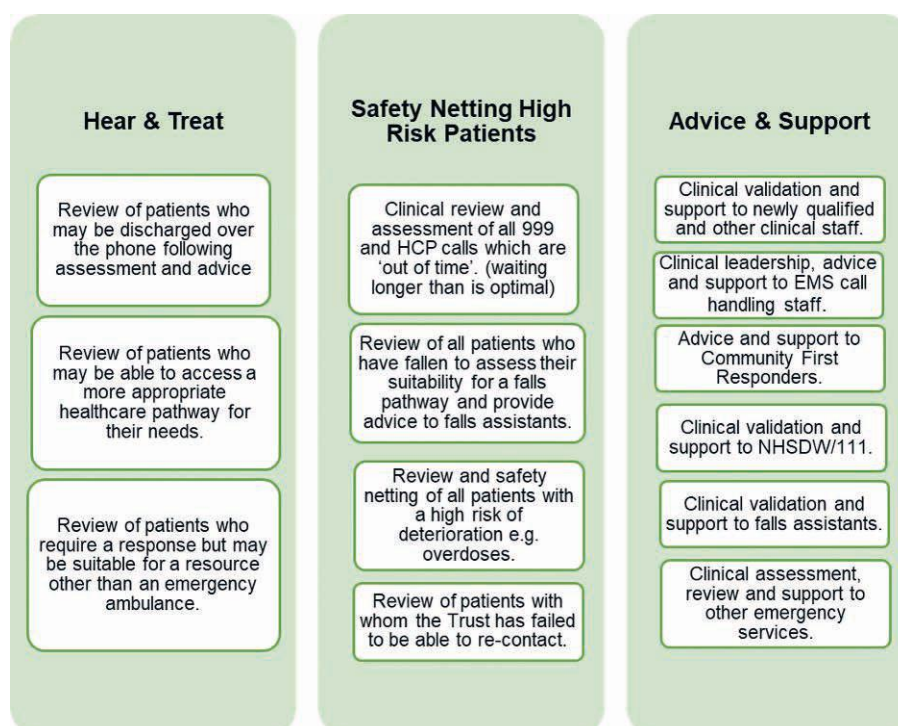
<sup>3</sup> EMRTS was only considered in the context of patient flow of EMS patients within the CCC.

<sup>4</sup> The scope of the involvement of NHS Direct and 111 Wales was limited to the interfaces with the EMS CCC in order to understand the flow of patients across the two domains.

## 2 Background

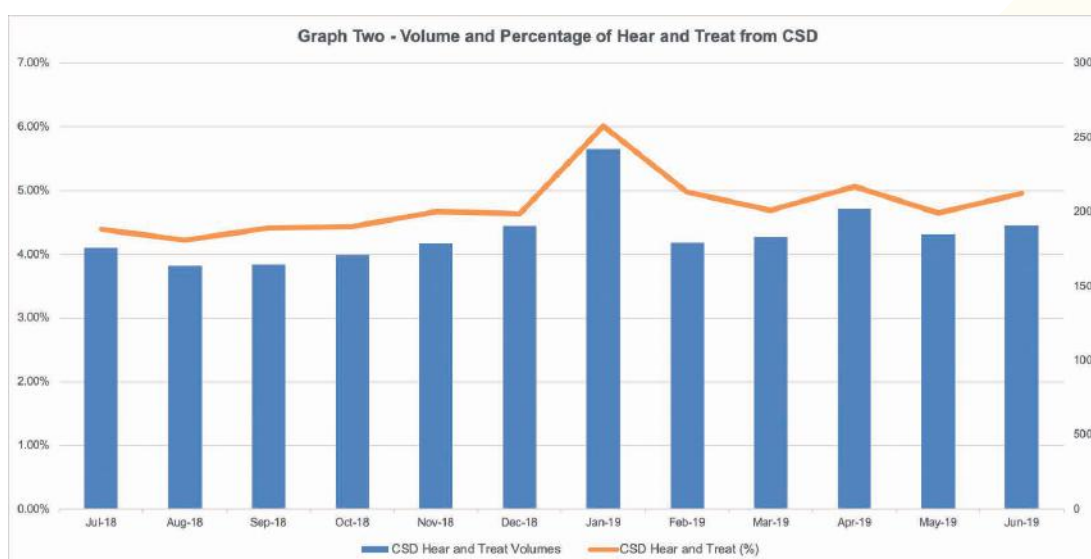
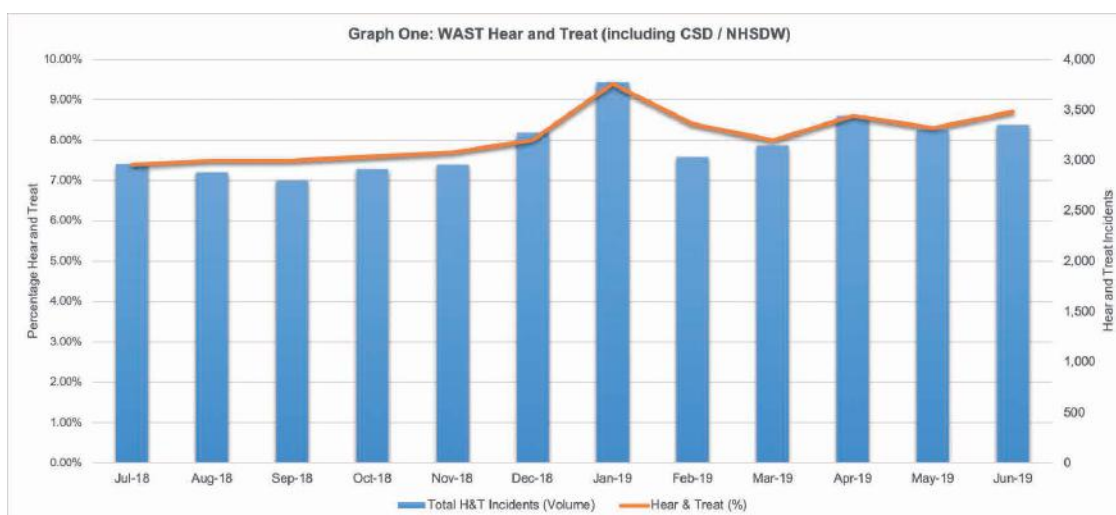
### 2.1 Clinical Support Desk

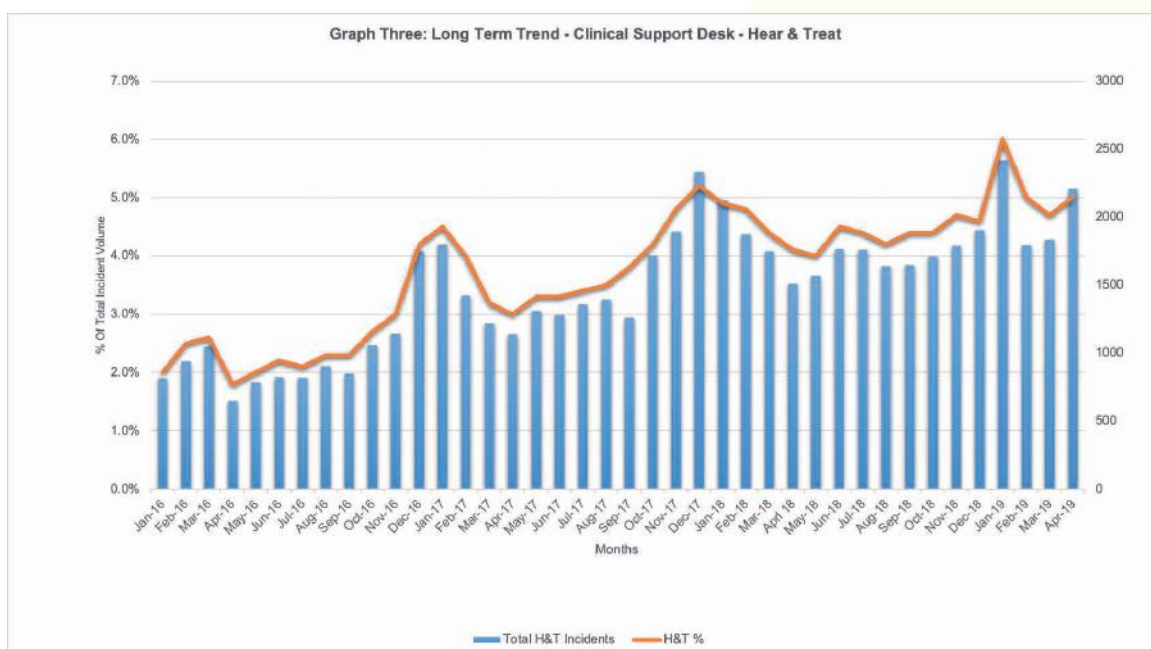
- 2.1.2** The CSD operates as a function within the Trust's CCC as a pan-Wales capability. The CSD represents an integral component of WAST's Clinical Response Model (CRM) by moving care earlier in the pathway to reduce ambulance dispatches and emergency department attendances.
- 2.1.3** The espoused principal role of the CSD Clinicians is to provide additional clinical triage, advice and support to patients to ensure that they are able to access the most clinically appropriate care for their urgent and emergency healthcare needs, commonly known as Hear and Treat (H&T).
- 2.1.4** In addition to this principal role the CSD also undertake a range of other clinical functions in pursuance of maximising patient safety for those awaiting an emergency ambulance and provide support to other staff groups such as falls assistants. In total the CSD undertake 13 functions. These are described below:



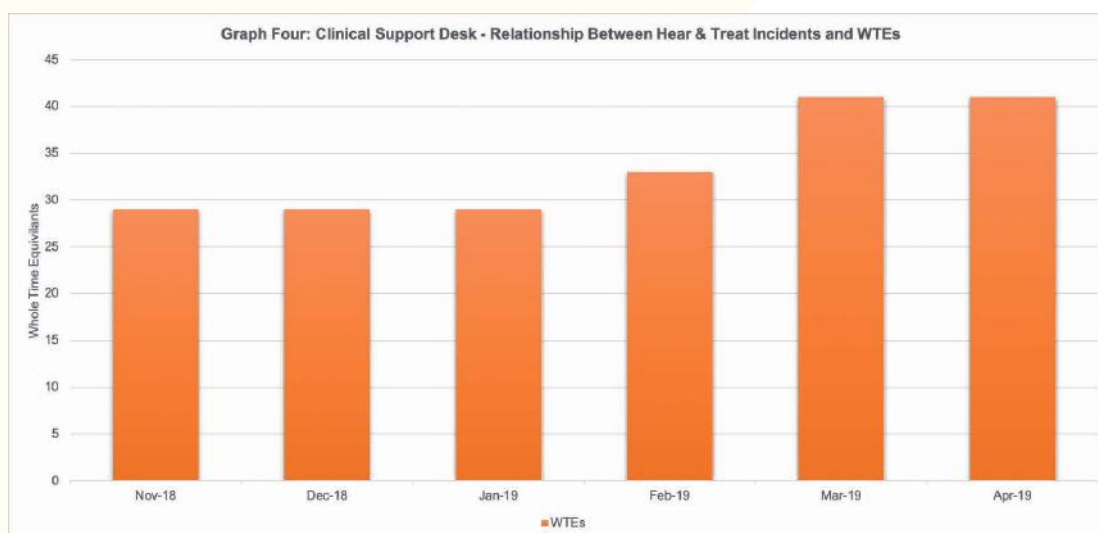
- 2.1.5** While all these activities are carried out by the CSD Clinicians, only the Primary H&T activity which results in an outcome where the patient no longer needs an ambulance response is recorded and reported in performance statistics. These are the WAST H&T percentages when reported in conjunction with calls passed to NHSDW which are similarly treated.
- 2.1.6** The CSD has the potential to secure operational efficiencies, patient care benefits and reductions of pressure within the urgent and emergency care system. (Kings Fund.2018, Bishop & Edwards, 2018). This was reflected in the findings of the Amber Review, published in 2018.
- 2.1.7** Additionally the CSD improves patient experience due to two factors, namely:
- Those who need a face-to-face assessment but have a longer than desirable wait for an ambulance response are better supported by Clinicians on the telephone while they wait.
  - Those patients whose healthcare needs can be met over the telephone but have called for an ambulance, are having their needs met in the most appropriate way (by telephone) thereby reducing unnecessary waits for face-to-face assessments or journeys to healthcare settings.
- 2.1.8** Akin to improvements in patient experience, staff experience is also supported through two factors:
- Fewer patients who could be treated or managed over the phone are requiring Emergency Ambulance attendance
  - Newly qualified Paramedics are better supported by more experienced Clinicians being more readily available on the CSD.
- 2.1.9** Ahead of winter 2018/19, funding was provided for the provision of additional and relief capacity within the CSD and the enhancement of the supervisory function. This investment was in order to secure the following benefits:
- Increased numbers of patients discharged from care over the phone thus reducing the numbers of Emergency Ambulance (EA) dispatches and presentations to Emergency Departments (ED).
  - Increased numbers of patients referred to alternative care pathways thus reducing the pressure on EA resources and pressure within the wider healthcare system.
  - Increased numbers of patients discharged from Ambulance care but providing their own mode of transport to the ED thus reducing the numbers of EA dispatches, freeing up resources for other callers.
- 2.1.10** The additional winter funding and subsequent ongoing revenue funding enabled the expansion of the establishment of Paramedics and Nurses working on the CSD from 30 to 41 whole time equivalents (WTE). Additionally the funding provided for 5 WTE Senior Clinicians (Supervisors).
- 2.1.11** In line with the business case, whilst recruitment commenced in November 2018, many of the additional Clinicians did not commence in post until January 2019. Once they commenced in post they then entered into a period of training and mentorship. Many of these Clinicians did not operate independent of training or mentorship support until February and March 2019, in the latter stages of the winter period.
- 2.1.12** The recruitment of the Senior Clinicians was drawn largely, but not exclusively, from within the existing pool of CSD Clinicians. As a consequence, those positions required back fill, and then training and mentoring.
- 2.1.13** In order to support new Clinicians, those senior Clinicians within the existing establishment were required to mentor and support the new staff joining the CSD establishment. As a consequence, less senior clinician time was available to deliver patient facing activities.

- 2.1.14** As a consequence of the lag time between the expansion being commissioned and becoming fully operational, an equivalent lag was experienced in realising the expected benefits of the establishment expansion.
- 2.1.15** Additionally a normal level of turnover was experienced within the workforce which continues through Q1, as a consequence recruitment for the vacancies that has created has continued through this period.
- 2.1.16** Prior to the expansion through winter 18/19 the CSD had a skill mix of 71.1% Nurses and 29.9% Paramedics. The additional staff recruited comprised of 83% Nurses and 17% Paramedics.
- 2.1.17** Winter 2018/19 and the investment in CSD correlated with a long term trend of increasing H&T outcomes both in terms of the total volumes and as a percentage of the total number of incidents at both a Trust and CSD level. It's worth reflecting at this juncture that Trust level H&T includes both CSD and NHS Direct / 111. This improvement trend has continued into Q1 of 2019/20 and is shown in graph one to three.

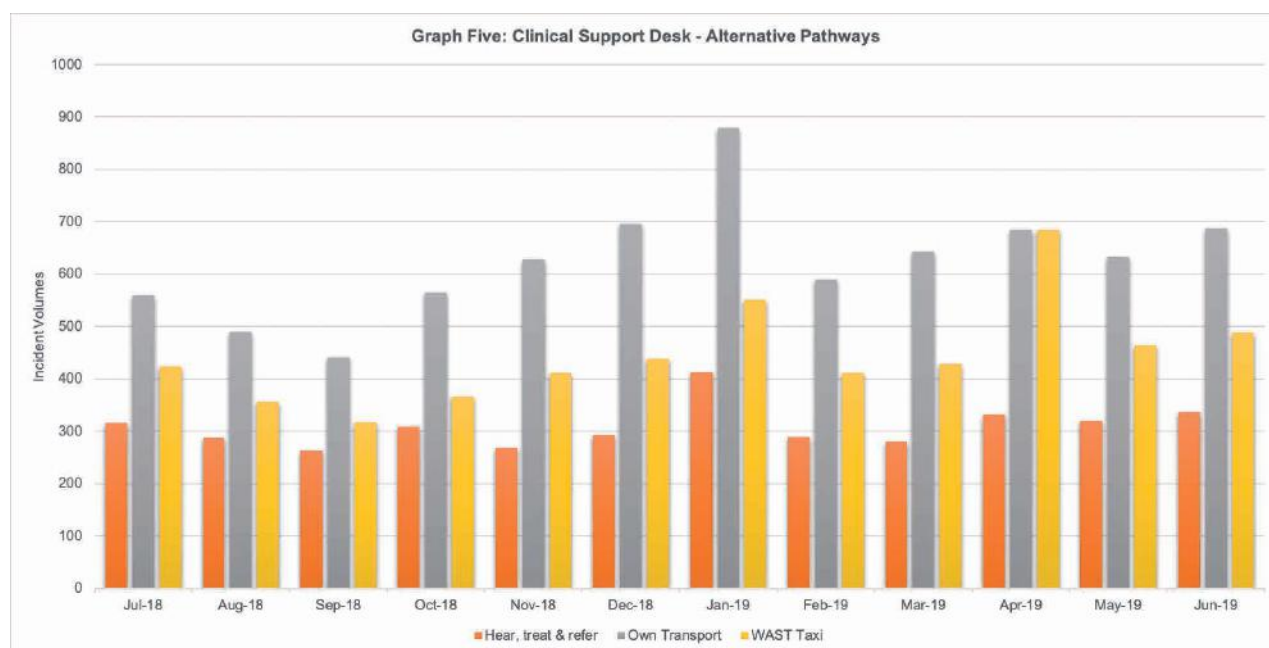




**2.1.18** Graph 4 (below) demonstrates the timing of the when the additional WTE Clinicians came into post. However as noted above, the new recruits were not all able to work independently immediately.

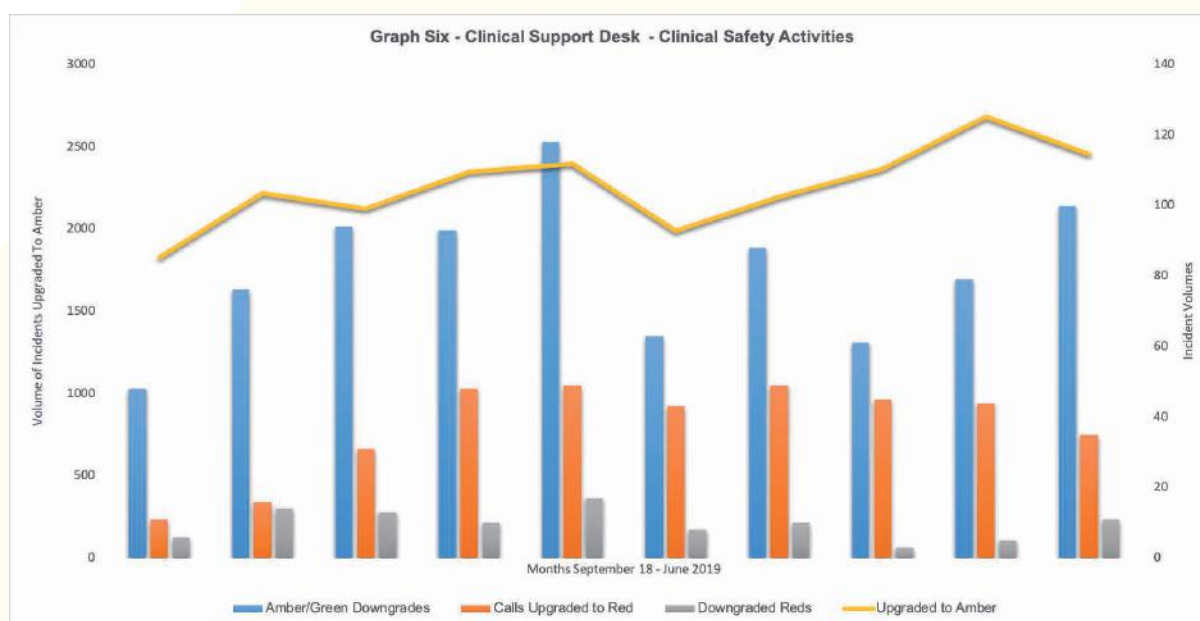


- 2.1.19** It should be noted that all of these H&T outcomes necessarily avoid attendance at scene by an EA, freeing up this high cost resource to attend other calls.
- 2.1.20** In addition to determining that a face-to-face assessment is appropriate the CSD have a number of options for alternative pathways, transport and referral routes which may be more clinically appropriate for patients.
- 2.1.21** Hear, treat and **discharge** outcomes will often be reached when a patient is provided self-care or first aid advice without a referral to another part of the healthcare system.
- 2.1.22** Hear, treat and **refer** outcomes will be reached when the Clinician refers a patient to another healthcare provider such as a GP or minor injuries unit.
- 2.1.23** Those patients who require attendance at an ED but for whom it is clinically more appropriate or safe to attend without an Emergency Ambulance attending may either be sent a taxi or attend in their own vehicle.
- 2.1.24** Graph Five provides a breakdown of the volume of patients managed through hear, treat and refer and the various outcomes available to the CSD for the journey to ED; own way, Taxi.





- 2.1.25** During winter 2018/19, in addition to supporting patients through H&T, the CSD delivered other activities in pursuance of securing patient safety. At times of high demand, the CSD undertakes calling back high acuity calls and undertakes a risk/benefit assessment of conveying by alternative transport or providing additional clinical advice whilst the patient is waiting.
- 2.1.26** This activity, whilst difficult to quantify, becomes a greater focus during periods of increased pressure which are more frequent and longer in duration through winter. One indicator of the level of work undertaken in pursuance of patient safety can be seen in Graph Six which sets out the number of upgrades and downgrades through the winter period initiated by the CSD following the clinical review of patients.



- 2.1.27** This explains why H&T increases in the winter months as the increase in time waiting for a response means conveying by other means (e.g. Taxi) becomes preferable to a longer wait for an ambulance despite this often being clinically suboptimal. It also explains why, when there are long handover delays at hospital, H&T increases as there are less resources available to deploy.
- 2.1.28** In addition to upgrades, the CSD also reviews, assesses and manages those patients who have fallen. The number of these patients managed through CSD rose by 2,233 incidents (60%) against the same period in the previous year. As a consequence, a reduction trend in the number of SAls relating to patients who have fallen was secured through winter 18/19.

## 2.2 Advanced Paramedic Practitioner (APP)

### 2.2.1 APP in CCC – Current Position

- 2.2.1.1** APPs have worked in WAST CCC environments in previous years, as advanced clinical practice has a long history in the organisation. For the purposes of this report, we will concentrate on the work undertaken as part of the Betsi Cadwaladr University Health Board (BCUHB) pilot and subsequent work-streams.
- 2.2.1.2** In 2017 the rotational model of APP practice in WAST was developed and deployed as a test of change within the BCUHB area.
- 2.2.1.3** The initiation documents described a three part rotation with an external element in primary care. The scope of the pilot was narrowed to evaluate the effectiveness of the internal parts of the rotation, which included work in the CCC and on a responding vehicle.
- 2.2.1.4** The pilot went live in November 2017, with APPs supported by the CCC team to learn the systems necessary to do their work.
- 2.2.1.5** This model was designed enabling the APP in CCC to review the stack prior to the start of the operational shifts to line up the first cases and continue to review the stack to identify further cases for their vehicle-based colleagues.
- 2.2.1.6** In addition, the CCC APP was also available for crew advice, for example to support alternative dispositions and to assist with clinical decision-making for their APP colleagues (who now include a trainee APP in North Wales).
- 2.2.1.7** Stack monitoring was initially framed against a known code set where the disposition was most likely to result in the patient receiving safe care closer to home and avoiding an ED attendance. As the project evolved, the APPs were encouraged to explore whether alternative codes could be deployed on.
- 2.2.1.8** The data from the pilot supported this as a model, with a reported non-conveyance rate of 70% for the APPs versus 70% conveyance for conventional resources when mapped against the same code-sets.
- 2.2.1.9** Following completion of the pilot, the evaluation also reported on survey feedback from staff within the CCC, including the APP and call allocators. The report highlighted that more work was required to embed the APP team in this new environment, to flatten perceived hierarchies and demonstrate the value of the APP to the wider CCC team.
- 2.2.1.10** The resulting small-scale quality improvement project included the APPs and CCC allocators from a specific team. This had the benefit of reducing the hierarchy and embedding the APPs within the team with a closer understanding of each other's roles, strengths and limitations.
- 2.2.1.11** Six of the APPs received training (29th and 30th October 2018) in the Manchester Telephone Triage System (MTS) as a result of their CCC feedback. MTS enables the APP to safely ring patients back, triage and then ask specific questions to help provide the correct response, which may include or exclude an APP response (for example an older person who has fallen and sustained a head injury would be managed differently depending on their anti-coagulation status). The package also means that APPs are less reliant on the CSD to either upgrade or downgrade incidents as required.



## **2.2.2 North APPs and Single Integrated Clinical Assessment and Triage service (SICAT)**

- 2.2.2.1** Concurrent with the MTS training, which was an internal winter plan, the WAST team in North Wales was working with BCUHB as part of their winter planning to deploy a GP led desk in the CCC supported by the APP team. The SICAT desk, is populated by GPs and went live on the 12th November 2018.
- 2.2.2.2** Technological limitations at start-up meant that the SICAT GP operates using Adastra with no access to the WAST Computer Aided Dispatch (CAD) system. Without further resources, the decision was taken to utilise the APPs to review the stack for SICAT suitable incidents and pass them over to the GP. Data indicates that with this system in place, the APP can pass up to 40 incidents per shift to the SICAT GP. This is in addition to the APP allocating colleagues and being available for crew advice calls.
- 2.2.2.3** As the SICAT work-load increased, the APPs have not had the opportunity to embed their own telephone triage competencies and a recovery plan is being drawn up as there is now additional capacity with MTS trainers in the North region.
- 2.2.2.4** The benefits of the APP working with SICAT are the clinical exposure to a senior clinician for the APP to discuss incidents and learn from, the GPs report a good working relationship with the CCC team and are reliant in the current operating model on the APP being able to identify suitable incidents. The GPs, who predominantly work in out of hours (OOH), have a better insight to how WAST works and WAST resourcing, which they are able to share with their OOH and primary care colleagues.

## **2.2.3 Expansion to other CCCs**

- 2.2.3.1** APPs currently operate from each of the CCC sites. Their primary function in these environments is to review the stack across health boards to deploy their respective APP resources. They are also available for crew advice calls and to provide clinical advice within the CCC and CSD teams. MTS training is not consistent across all the CCC's and the APP teams.
- 2.2.3.2** South East are reviewing the SICAT model with provisional support from both Aneurin Bevan University Health Board (ABUHB) and Cardiff and the Vale University Health Board (C&VUHB).
- 2.2.3.3** The relative work-loads that the CCC APPs experience will differ according to CCC and depend on the maturity of the particular system.
- 2.2.3.4** SICAT systems do not operate in any of the other WAST CCCs, so the dynamic is different depending on the additional investment in the APPs. For example, APPs in Central and West have received their MTS training and are in the process of completing their initial supervised call assessments.

## **2.2.4 Future Evaluation and Occasions**

- 2.2.4.1** The introduction of the APP into CCC is different in each CCC site. This is driven by physical space and maturity of the APP system.
- 2.2.4.2** Benefits to the APPs include a clearer understanding of the evolving pressures in the stack on a daily basis, the need to effectively utilise resources to fit demand, to be flexible whilst supporting the effective utilisation of operational APPs.
- 2.2.4.3** Benefits to crews seeking advice from the CCC APP – a credible resource who is also operational and most likely to understand the question being posed and have access to systems to enable them to make an effective, timely and patient focussed decision.
- 2.2.4.4** Benefits to CCC team – opportunity to provide clarity about clinical presentations, to support the Duty Centre Manager (DCM) in making allocation decisions and review stack for emerging risks such as embedding actions within the DMP.

- 2.2.4.5** Health Care Professionals are increasingly requesting to speak to a clinician regarding the prioritisation of their call. Currently these are referred to the CSD, and quite often there are delays in speaking to the CSD clinicians. The APP as a senior clinician could facilitate the function of speaking to the Healthcare Professional (HCP).
- 2.2.4.6** Review the inter-hospital transfer requests on the stack. These requests often come without clear rationale for requesting a paramedic which in turn results in a delayed response for transfer waiting for a paramedic resource to become available. The All Wales Guidance stipulates that inter-hospital transfers will be completed using a UCS grade crew, and if a higher grade clinician is required then the hospital has to provide a suitably qualified escort. The APP could be the clinical contact with the booking hospital to enquire about the requirements of the patient. This action was undertaken by the Incident Command Centre (ICC), which was set up during a recent high escalation period. The conversation between APP and hospital resulted in a number of transfers appropriately accommodated by the Urgent Care Service (UCS), when a paramedic was initially requested.
- 2.2.4.7** Where they have time and opportunity, the APP could provide surge capacity for the CSD and concentrate on local stack resolution through the use of MTS or to help co-ordinate local actions.
- 2.2.4.8** APPs can identify clinical risk in the stack and need to be empowered to mitigate the risk using available resources. Now that APPs are a more visible presence in all of the CCCs, the opportunity exists to review the role in full to determine the best use of their skills.
- 2.2.4.9** The rotational nature of their work profile means that they are exposed to a wider range of clinical contexts than any other WAST clinicians and they are key in bringing these elements together in such a way that complements the strategic running of the CCC. APP roles could be mapped to DMP actions and escalating Resource Escalation Action Plan (REAP) levels.
- 2.2.4.10** As an operational paramedic, the CCC APP may be best placed to provide remote clinical support to the growing number of newly qualified paramedics. Currently, advice is sought through the CSD but in times of high demand, this function has been known to struggle to deal with significant call volumes.

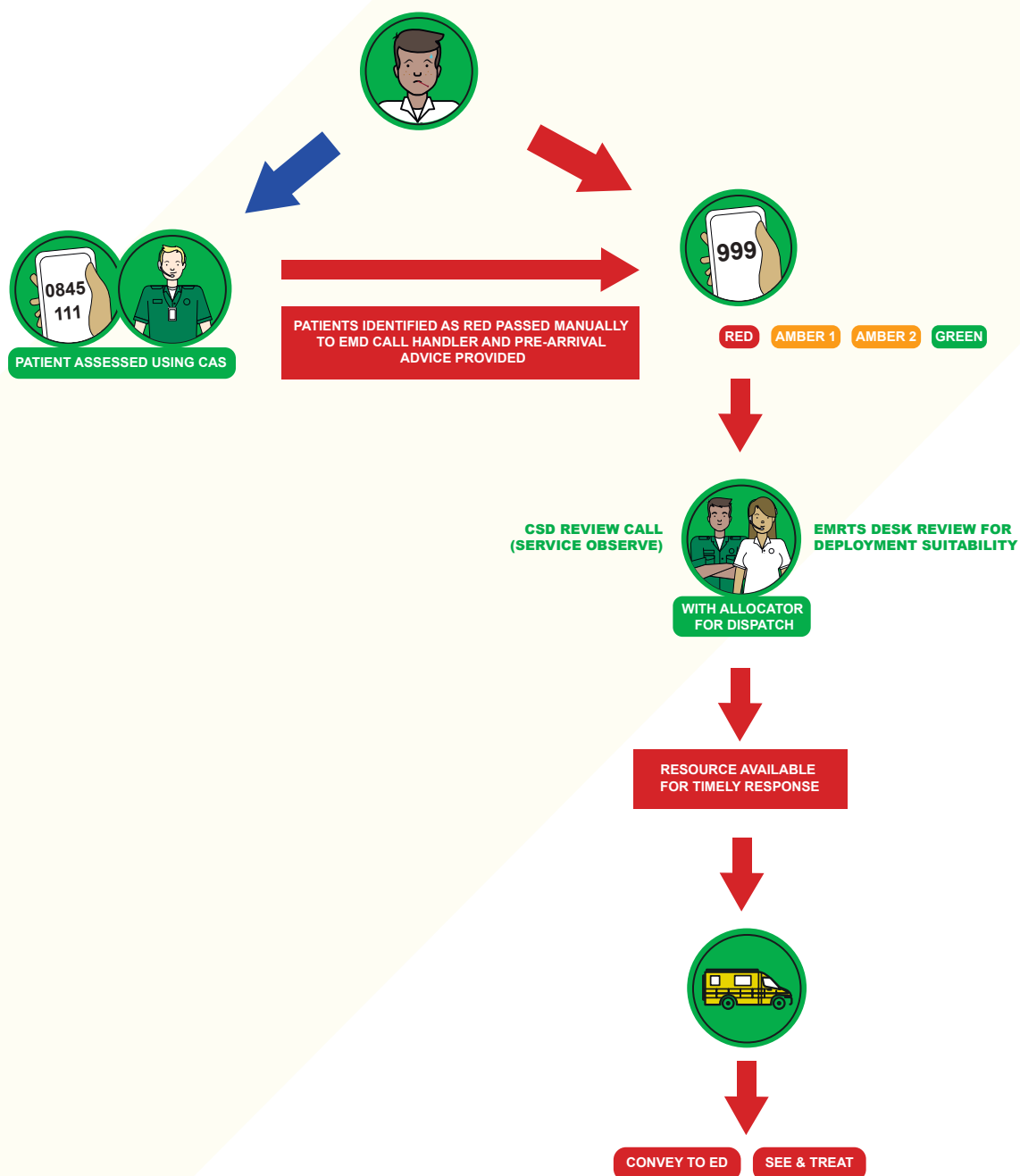
## 2.3 Trauma Desk

- 2.3.1** Whilst not due to be fully mobilised until Q1 of 2020/21 the trauma desk will play a vital role in supporting the trauma network, from patient distribution through to support of crews and mobilisation of EMRTS critical care resources.
- 2.3.2** The desk will be staffed by appropriately trained and experienced senior clinicians which will give expansive depth and breadth of function. This will include;
- Scrutiny of calls on the CAD to target appropriate resources to likely major trauma and critically ill patients. This will require very close cooperation with the EMRTS clinicians to optimise appropriate resources to scene;
  - Carrying out call backs on calls that may identify major trauma patients to gain additional information that may improve triage of appropriate resources, again in conjunction with EMRTS;
  - Play a vital role in supporting WAST crews in decision making around destination hospital and clinical advice to support the possible distance transfer and be the final arbiters in the decision to transfer patients to the Major Trauma Centre (MTC) or other facility;
  - Assist in pre-alert and notification of major trauma cases to MTC or Major Trauma Unit (MTU);
  - Support delayed primary transfer for those patients who have had to pit-stop at an MTU due to instability. This will also be in conjunction with EMRTS support for critical care transfer.

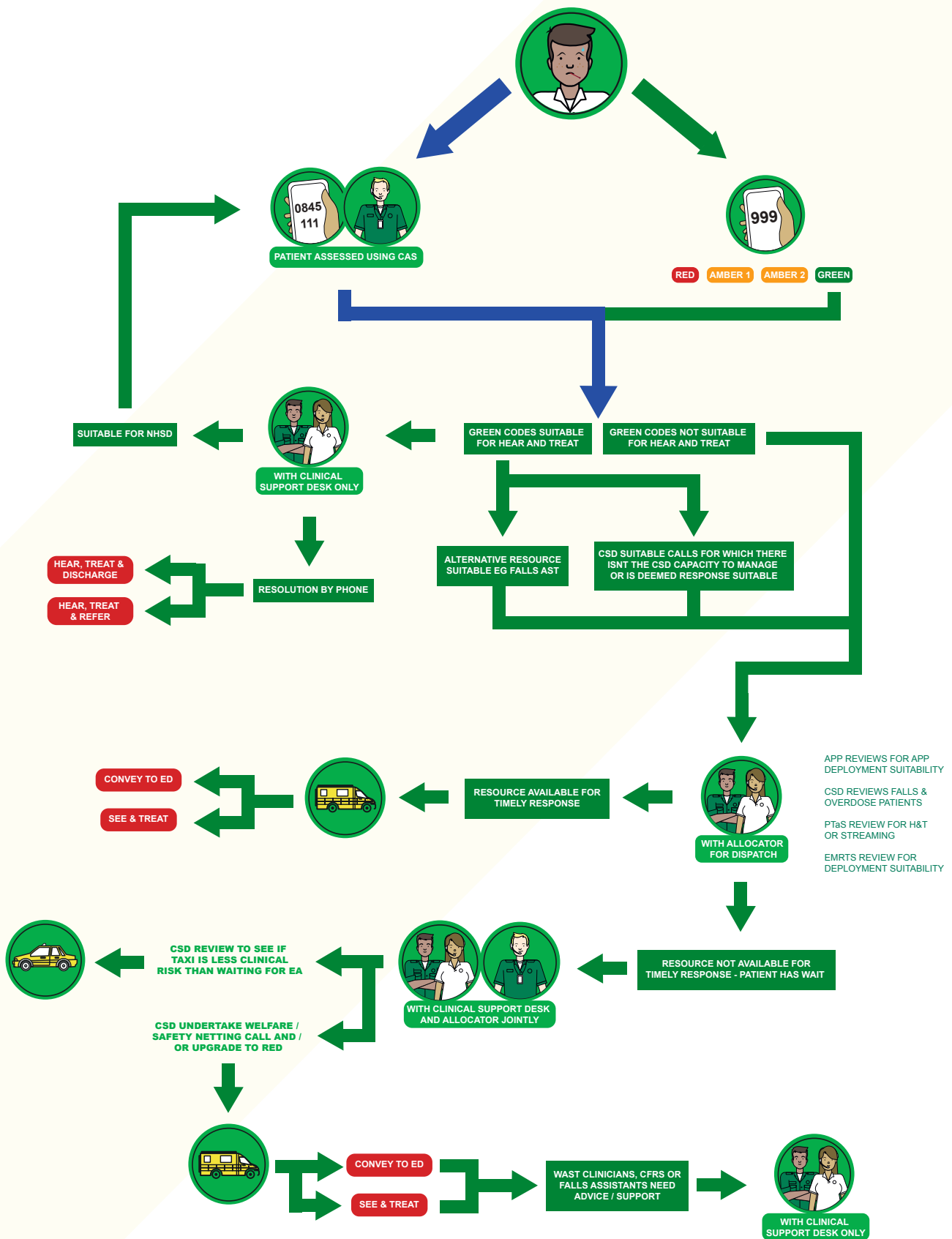
## 2.4 Clinical Interfaces

2.4.1 The schematics on the following pages provide a high level view on how the CSD and other clinical functions interface with patients and incidents.

### Red Calls







## 3 Methodology

- 3.1 Weekly Project Group meetings were established to co-ordinate the required work, facilitate discussion and agree on a common approach. The group are meeting virtually in order to facilitate and support contribution from across Wales.
- 3.2 In operating virtually the team have adopted many of the principles aligned to basic 'SCRUM' and agile methodology. This includes the use of Trello as a virtualised space for managing tasks, sharing updates and document development.
- 3.3 An analysis of the work already underway in support of similar aims as the clinical review and inter-connecting work streams was undertaken to ensure cognisance is taken of that work and ensure the focus of the review team is on those areas not currently being explored. This activity map can be found in Appendix Two.
- 3.4 The review team have split the Terms of Reference into six themes which are:
  - I. Patient flow;
  - II. Clinical operating model (functions / skill sets / staffing & functional enablers);
  - III. Patient outcomes and experience;
  - IV. Policy, procedures and SOPs;
  - V. Clinical supervision and clinical career framework;
  - VI. Performance & productivity.
- 3.5 An outline of each theme's purpose has been included below:

### Theme One – Patient Flow

Theme one will undertake to develop & map the flows and interactions for patients across the various clinical functions within CCC.

This work will underpin a number of the other themes as well as surfacing areas which are worthy of further review to enhance the effectiveness and quality of the clinical services offered.

Theme leads: **Gillian Fleming & Grayham Mclean**

### Theme Two – Clinical Operating Model

The clinical operating model for the CCC comprises of:

- Functions (e.g. CSD, EMRTS, APP etc.)
- Skill sets (Nurse / paramedics)
- Staffing (Numbers of which types of Clinicians)
- Functional enablers (e.g. IT Systems)

Theme two will examine each of these aspects to determine if changes to the operating model would drive improved patient experience, clinical outcomes or productivity benefits.

Theme leads: **Gillian Fleming & Grayham Mclean**

### Theme Three – Patient Outcomes & Experience

Clinical outcomes and patient experience represent two of the ‘golden threads’ which run through the other themes in this review and begin to encapsulate the concept of quality.

Theme three will explore these aspects through:

- Thematic analysis of PEGI feedback
- Trend analysis form patient experiences managed by PTR
- Qualitative research from a months’ worth of patients.
- A study of the relationship between triage codes and NEWS scores.

These aspects will be set against the study of the available quantitative data being undertaken by Cardiff University.

Theme leads: **Andy Swinburn & Wendy Herbert**

### Theme Four – Policies, Procedures & SOPs

The Trust has a plethora of policies, procedures, SOPs and other documents which direct, guide and inform the work of the CCC and the activities of the Trust’s Clinicians.

Theme four will undertake to collate and review the relevant documentation. From there the review team will record its observations and make associated recommendations for change and improvement.

Theme lead: **Pete Brown & James Evans**

### Theme Five – Clinical Supervision & Career Framework

As the organisation moves to increase the interaction of clinicians within the CCC, it is incumbent upon this review to ensure that sufficient understanding is gained around the development of clinical career frameworks and the accompanying supervision of the various professions. Principally, given the existing clinical backgrounds, focus will need to be given to the Nursing and Paramedic professions. However, as these structures develop in maturity, this should be considered for other professions, during any further expansion. In addition to the career framework and supervisory considerations, attention will also be given to nomenclature and baseline education requirements.

Theme leads: **Andy Swinburn & Wendy Herbert**

## Theme Six – Productivity & Performance

Theme six will explore the resultant productivity and performance arising from the clinical functions in the CCC's.

The review team will explore outcome and activity trends by professional group (Nurses & Paramedics). Where development is required the team will further develop a suite of outcome & performance metrics to measure individual and collective performance moving forwards.

In pursuance of these improved performance and productivity measures the team will work with HI to identify and design the required measures, reports and intelligence infrastructure.

Theme leads: **Iwan Griffiths & Gillian Fleming**

- 3.6 Methodology specific to each theme is included in sections six to eleven.
- 3.7 All data arising from the interviews was anonymised once collected however before contributing all participants were invited to provide consent.
- 3.8 Crotty (1998) describes the fundamental facets of the design of studies such as this as the ontology, epistemology and methodology. Together these devise the research paradigm, which is defined by Bassey (1990) as:

**“a network of coherent ideas about the nature of the world and the functions of researchers which, adhered to by a group of researchers, conditions their thinking and underpins their research actions.”**

- 3.9 The selection of a research paradigm is considered the most crucial factor in determining the research methods used in any study, and this remains true for this study (Howell) (Maxwell.2005). However, due to the number of authors conducting enquiry and research separately no one research paradigm was established for this review and that represents a limitation of this study in academic terms.



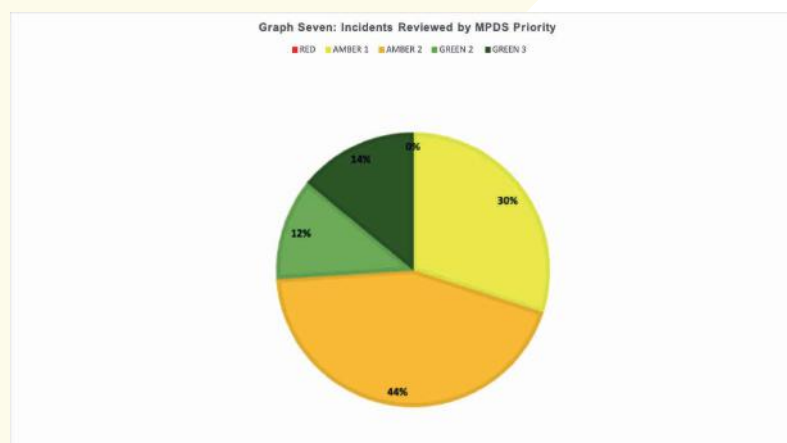
## 4 Quantitative Analysis (CSD)

- 4.1 The Trust engaged Cardiff University to undertake an analysis of the CSD. This section summarises the key findings and limitations of that research. The full research dissertation by Ma (2019) can be found in Appendix three.
- 4.2 Ma (2019) was asked three principle research questions, these were:
- How much time is spent on each (type of) activity by the CSD?
  - How productive is each activity as defined by the 3 types of H&T outcomes?
  - What is the maximum possible level of 'H&T' which may be obtained by WAST?
- 4.3 In consultation with Cardiff University and the Trust Health Informatics department it was determined that it wasn't possible to answer question iii with the available data.
- 4.4 The Trust was only able to provide one months' worth of data with May 2019 as the sample month. As a consequence there are limitations with the research and the conclusions which may be drawn from it. Cardiff University are able to re-run the models with a wider data set in the future should the Trust be in a position to supply 12 months' data. This would also support greater analysis of trends and changes over the life span of the CSD.

### Area of further work:

The Trust should undertake further work with Cardiff University with data which covers a greater time period allowing changes and trends to be better understood.

- 4.5 The first data to highlight is in graph seven. This sets out the percentage of activity the CSD review by MPDS priority type. This analysis is based on the patients assessed in May 2019 and is made up of 7597 patients. Graph seven shows that a significant proportion of the patients assessed by the CSD are in the amber category (74%).



| Graph Seven: Supporting Data |            |             |
|------------------------------|------------|-------------|
|                              | Percentage | Volume      |
| Red                          | <1%        | 1           |
| Amber 1                      | 30%        | 2279        |
| Amber 2                      | 44%        | 3342        |
| Green 2                      | 12%        | 912         |
| Green 3                      | 14%        | 1063        |
| <b>Total</b>                 |            | <b>7597</b> |

- 4.6 Graph Eight sets out the percentage of incidents reviewed by the CSD by call source. As the graph depicts a significant percentage of the calls arise from the public (999) however HCP calls represent the second highest.

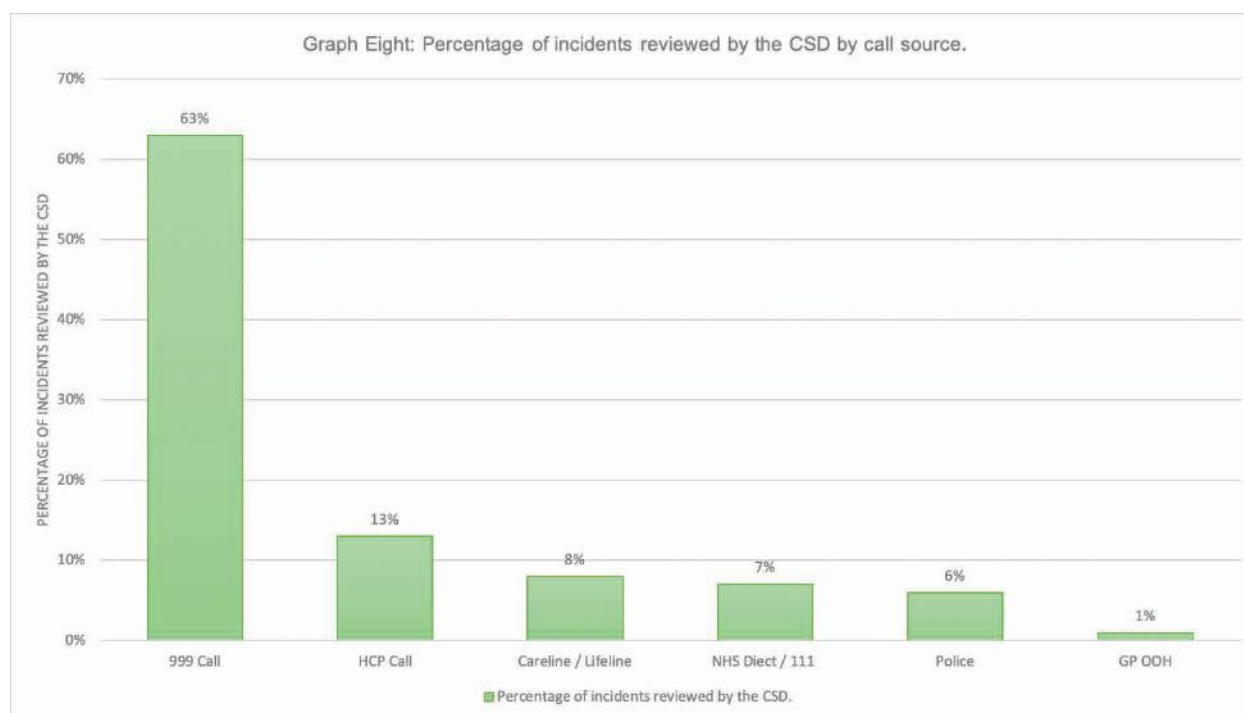


**Table One: Supporting Data**

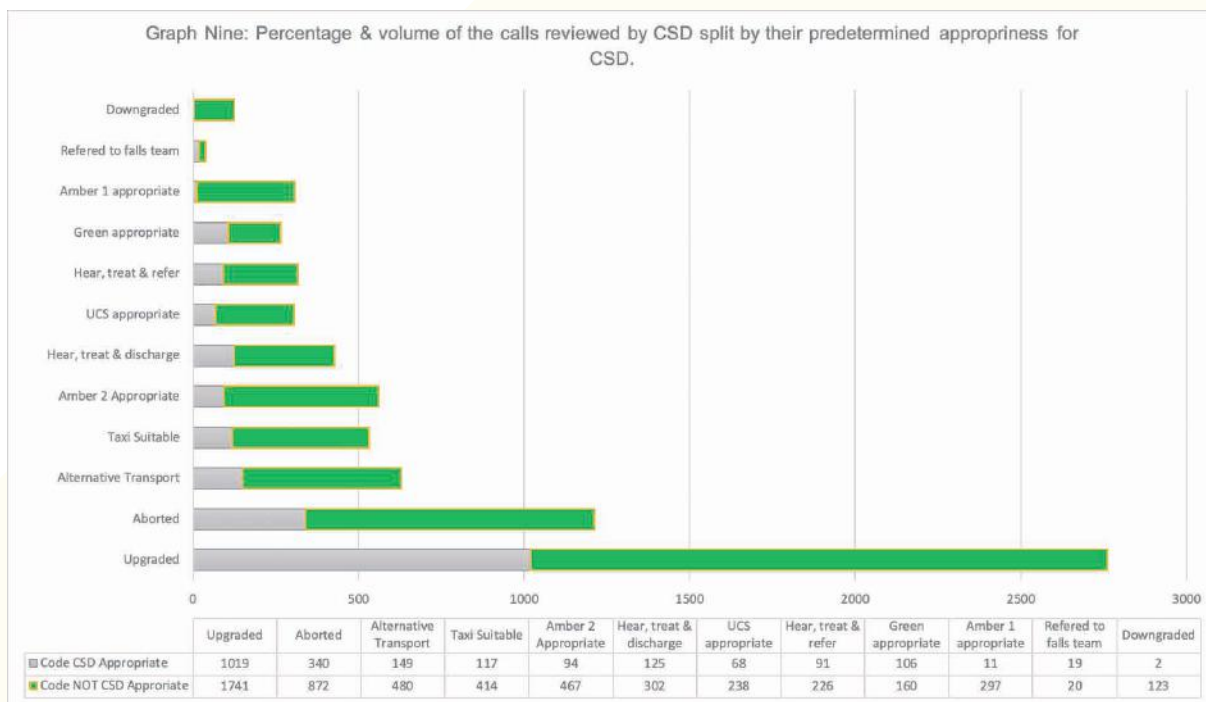
|                     | Percentage | Volume      |
|---------------------|------------|-------------|
| 999 Call            | 63%        | 4786        |
| HCP Call            | 13%        | 988         |
| Careline / Lifeline | 8%         | 608         |
| NHS Direct / 111    | 7%         | 532         |
| Police              | 6%         | 456         |
| GPOOOH              | 1%         | 76          |
| <b>Total</b>        |            | <b>7446</b> |

- 4.7 The research identifies that of those incidents reviewed by the CSD 74% received a face-to-face response and 49% of all patients were conveyed. The suggestion that CSD are therefore spending a high proportion of their time on calls which are not ideal for H&T and are reviewing them for another reason is reflected in Table One below.

**Table Two**

|                                                               | Percentage |
|---------------------------------------------------------------|------------|
| Incidents with a code which are deemed CSD suitable.          | 29%        |
| Incidents with a code which is deemed to not be CSD suitable. | 71%        |

- 4.8 Graph Nine (overleaf) sets out the outcomes of incidents which have been reviewed by the CSD and are split against the appropriateness of the code for CSD. This demonstrates that a significant proportion (42%) were upgraded whilst only 10% of patients were referred or discharged by the CSD clinician.



## 5 Patient Flow (Theme One)

### 5.1 Introduction & Methodology

- 5.1.1 In order to enable a good and detailed understanding of patient flow through WAST's CCC systems / models of call handling and care, it was determined that a Process Mapping exercise was required
- 5.1.2 The rationale for utilising this methodology is that a **Process Map** is a recognised and widely adopted planning and management tool. It is used by Continuous Improvement teams to visually describe the flow of work, and to identify any opportunities for future efficiencies. Its key advantage is to help users fully understand the Process prior to attempting any improvement methodology.
- 5.1.3 The objective of the Process Mapping exercise was to provide a detailed analysis of the **current state Clinical Operating Model** business / operational processes within WAST's CCC, from the **starting point of a patient calling 999**. Specifically, the exercise aimed to identify:
- all activities involved in defining the business entities of CCC;
  - who is responsible for each part of the business Process ; and,
  - The outcome of each part of the CCC procedures / functions to ultimately illustrate the entire patient flow.

### 5.2 Findings

- 5.2.1 The CCC Review Core Team and representative colleagues from the various clinical functions within CCC completed a Process Mapping exercise. The result of this detailed work is a Process Map shown in **Appendix Four**.
- 5.2.2 This Process Map diagram visually shows the core activities, and identifies the key steps / details of the overall patient flow within the CCC.
- 5.2.3 Importantly, this Process Map forms the basis and foundation to inform all the other themes being examined / analysed within this report.

### 5.3 Conclusions

- 5.3.1 Mapping the CCC Processes was a very empowering tool, as it was undertaken by the staff who work in the various clinical models – the people who really know how things work.
- 5.3.2 This approach prompted good ideas and exposed some potential opportunities for improvement / efficiencies. It is possible to help identify where to start making improvements that will have the biggest impact for patients and staff, by utilising the NHS Improvement framework for Quality Improvement (QI) / redesigning services.
- 5.3.3 **Table Two** (Overleaf), utilises the factors within this framework, and identifies the findings of the Process Mapping exercise undertaken by key stakeholders

**Table Two: Process Map Findings**

| QI Framework                                               | Findings / Conclusions reached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inefficiency, such as duplication effort:</b>           | <ul style="list-style-type: none"> <li>There are two different models of clinical telephone triage, which are both primarily aimed at the similar cohort of low acuity 999 calls (GREEN). Namely an NHSDW model and a CSD model.</li> </ul> <p><b>Note:</b> that for the majority of the operating period, the CSD function actually focuses on managing escalation actions, and therefore, does not follow their standard operating procedures (SOPs) of handling Green calls.</p>                                                                                                                     |
| <b>Things that don't add value to the patient journey:</b> | <ul style="list-style-type: none"> <li>During escalation, the CSD are triaging AMBER calls, however, due to the lack of a consistent set of codes with evidence of positive patient outcomes (i.e. call closed), there are a large number of these calls that are subsequently placed back on the main RC stack for an upgraded response.</li> </ul>                                                                                                                                                                                                                                                    |
| <b>Unhelpful variation in clinical practice:</b>           | <ul style="list-style-type: none"> <li>There are five potential interventions that can disrupt / support the EMS dispatch of an emergency ambulance (EA), of rapid response vehicle (RRV), to an incident. These are Paramedic Practitioner (APP) intervention; CAD / CAS link to NHSDW; Trauma Desk; EMRTS; and, CSD intervention.</li> <li>There are 2 different clinical telephone triage and decision support software being used for WAST's 'Hear and Treat' model. Namely, by the CSD (Manchester Telephone Triage System – MTTS); and, by NHSDW (Clinical Assessment Software – CAS).</li> </ul> |
| <b>Bottlenecks and constraints:</b>                        | It is clear that a number of clinical models have evolved to support WAST's overall Clinical Response Model (CRM). This is illustrated throughout the three swim lanes of the Process Map. There is, however, one notable constraint; no overall clinical supervision / care coordination / risk management of the patient's path through the CCC is evident, which ensures that all the clinical models are working in synchronicity.                                                                                                                                                                  |

## 5.4 Recommendations For Change

- 5.4.1** Based upon the findings of the information matrix, thematic analysis, and the conclusions of the above gap analysis (section 3 of this report), the following summary points aim to signpost towards potential efficiency gains in terms of patient experience, clinical outcomes and productivity:

### Recommendation One

Develop greater consistency in operating practices to address the lack of coordination that is particularly evident within the two separate models of H&T (NHSDW and CSD).

### Recommendation Two

A Senior 'Advanced' Clinical presence for each of the organisation's CCCs should be established (within the existing roles) to lead the 'Clinical Hub' This role would provide clinical oversight; support day to day clinical H&T practice; optimise co-produced resources and ensure collaborative approaches to patient care.

*The 'Advanced' role profile is characterised by high levels of clinical skill, competence and autonomous decision-making, and reflects a particular benchmark on the career development ladder as exemplified in the Career Framework for Health (level 7 MSc education).*

## 5.5 Recommendations For Future Work

### Area for further work

The Gap Analysis has been an effective tool to describe the current Clinical Operating Model, and to identify specific improvement areas. These findings now need to be linked to the recommendations within Theme One of this CCC review. It is recommended, therefore, that the Gap Analysis is joined with the Process Map (from Theme One) to complete an 'Impact Effort & Safety Matrix'.

*As identified in Theme One of this report, the completion of an Impact Effort Matrix (combining the findings of Theme One and Theme Two) will enable WAST to determine solutions, and prioritise the delivery of these. This could potentially be through the development of a CCC strategic vision / programme of work / projects.*

### Area for further work

Scope out a rotational model of working, to enable clinicians to work in the various models within CCC, and build joint understandings of the entire patient flow through the CCC systems and proposed clinical hub.

### Area for further work

Review the H&T model – including the revision of the CSD function (to focus on risk management/ capacity management / clinical support); and, capacity modelling to determine if NHSDW could provide services for all CTA codes.

### Area for further work

Explore the ability of NHSDW to pass calls direct to General Practitioners (GPs) / APPs working within CCC to avoid duplication of efforts, and improve patient experience.

### Area for further work

Consider if there is an opportunity to improve risk management and patient safety management by introducing an escalation process, which enables the clinicians of the various models to conduct multidisciplinary conference calls.

### Area of further work

Review the current procedure of transferring predetermined MPDS codes / calls into the CSD Agency Stack.

### Area of further work

Consider links between the findings of this Theme Two and other WAST strategies, for example: Estates for the opportunity of co-locating services in the future; and, Digital for the development of single / interoperability triage platforms, as well as electronic links between existing operating systems (i.e. CAS / CAD return links; and, MTS and C3 Wylie).

### Area of further work

Explore options to reduce the duplication of effort and the current practices which result in the various clinical models currently reviewing the main RC Stack independently and unilaterally.

## 6 Clinical Operating Model (Theme Two)

### 6.1 Introduction & Methodology

- 6.1.1 To enable an examination and assessment of the WAST's current Clinical Operating Model to be undertaken, it was determined that a 'Gap Analysis' was a useful tool to use.
- 6.1.2 The review team and representative colleagues from the various clinical functions have completed an exercise to identify the current clinical operating model.

### 6.2 Findings

- 6.2.1 **Table Three**, illustrates the result of this analysis within a matrix, which has specifically focussed upon identifying the: functions; skill sets (Nurses / Paramedics); staffing levels (numbers of which type of clinicians); and functional enablers (e.g. information technology – IT systems). To correlate findings between the process map produced within Theme One, and this analysis matrix of Theme Two, the same swim lanes colour coding has been used. Namely: NHSDW colour coded in blue; CSD colour coded in yellow; and EMS dispatch in green.

**Table Three: Clinical Operating Model Analysis**

| Table 3A: Clinical Operating Model: NHSDW/111                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Functions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>Responsible for the shift management of 111 and NHSDW.</li> <li>Application and monitoring of the shift management of the Clinical Response Model within NHSDW.</li> <li>Continuously review &amp; refresh encounter initiation (EI) queue to review 999 calls transferred (CAD/CAS)</li> <li>Monitor the CMI Manager to ensure all calls are dealt with in line with SOP and clinical risk.</li> <li>Report CMI Manager Failure when required</li> </ul> | <ul style="list-style-type: none"> <li>Undertake telephone triage assessments</li> <li>Implement/advise the most appropriate intervention using best clinical practice</li> <li>Pass back calls which require 999 or other timed Ambulance response</li> </ul> |
| <b>Pre-requisite</b><br>Band 7 Senior<br>Nurse / Paramedic Advisor                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Pre-requisite</b><br>Nurse Band 6<br>Paramedic Band 6                                                                                                                                                                                                       |
| Skill Sets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>Registrant with the NMC as RGN or RGSCN or on the HCPC register if Paramedic.</li> <li>Extensive experience in Clinical Telephone assessment</li> <li>Management experience preferable</li> <li>Clinical leadership</li> <li>Clinical coordination</li> <li>Clinical risk assessment</li> <li>Previous experience in telephone consultation</li> <li>Computer Aided Software (CAS) Training (completed during induction)</li> </ul>                       | <ul style="list-style-type: none"> <li>Registrant with the NMC as RGN or RGSCN or on the HPC register if Paramedic.</li> <li>Post registration experience</li> <li>Assess, minimise and manage risks</li> </ul>                                                |
| <b>Staffing Levels</b><br>Senior Nurse/Paramedic Advisor Band 7:<br>Funded:12.4 WTE, Actual: 12.6 WTE                                                                                                                                                                                                                                                                                                                                                                                            | <b>Staffing Levels</b><br>Nurse/Paramedic Band 6:<br>Funded:102 WTE, Actual: 80 WTE                                                                                                                                                                            |



Table 3B: Clinical Operating Model: CSD

**Functions**

- Provide clinical supervision
- Review EMS stack and allocate tasks to CSD clinicians
- Undertake capacity management actions during busy periods (e.g. welfare calls, hear and treat higher acuity codes – AMBER)

**Pre-requisite**

Senior Clinician Band 7

- Review Stack
- Undertake telephone clinical assessments
- triage and prioritise calls
- Hear, treat and discharge
- Hear, treat & request response
- Hear, treat & refer
- High acuity call review
- HCP escalation support
- EMD support
- Frequent call day to day management
- Local plan management
- Care plan management
- Falls desk
- Risk management of polling calls
- Welfare calls/failed contact
- Overdose calls
- Crew support/CR/NGP/Clinicians in cars
- Police calls and support
- Red call reviews
- At escalation transfer additional calls to NHSD
- Triage requests APPs/CFRs/Falls assistants/ EMRTS
- Access to MTTS (INC access to clinical portal.

**Pre-requisite**

Nurses Band 6

Paramedic Band 6

**Skill Sets**

- Registrant with the NMC as RGN or RGSCN or on the HCPC register if Paramedic.
- Extensive experience in Clinical Telephone assessment
- Management experience preferable
- Clinical leadership
- Clinical coordination
- Clinical risk assessment
- Manchester Telephone Triage System (MTTS) Training (completed during Induction)

**Staffing Levels**

Senior Clinician Band 7

Funded: 7 WTE

Actual: 7.39 WTE

- Registered HCP
- 3 years' post-registration experience
- Assess, minimise and manage risks

**Staffing Levels**

Clinician Band 6

Funded: 42 WTE

Actual: 38 WTE



**Table 3C: Clinical Operating Model: APP rotational model (CCC element)**

| Functions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Skill Sets                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>● Review stack</li> <li>● Allocate fellow app's</li> <li>● Field advice</li> <li>● Clinical advise from CCC</li> <li>● Access to MTTS (INC access to clinical portal)</li> <li>● Review stack undertake initial triage and pass to GP's via SICAT</li> </ul> <p><b>Pre-requisite</b></p> <ul style="list-style-type: none"> <li>● Trainee APP (undertaking MSC) Band 6</li> <li>● Completed post graduate diploma (Yr 1&amp;2) Band 6</li> <li>● Full MSC Band 7</li> </ul> | <ul style="list-style-type: none"> <li>● Operate CAD, radio systems &amp; software</li> <li>● Trained to use MTTS</li> <li>● Clinical triage</li> <li>● Clinical coordination</li> <li>● Clinical risk assessment</li> <li>● Clinical leadership</li> </ul> <p><b>Staffing Levels</b></p> <p>Funded: 51 WTE</p> <p>APPs Band 7 Actual: 28 WTE</p> <p>Trainee APPs Band 6: 8 WTE</p> |

**Table 3D: Clinical Operating Model: EMRTS**

| Functions                                                                                                                                                                                                                                                                                                                                                                             | Skill Sets                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>● Review stack</li> <li>● Allocate jobs to EMRTS</li> <li>● Top Cover Consultant</li> <li>● Advice</li> <li>● CCP Advice to Ops crews</li> </ul> <p><b>Pre-requisite</b></p> <ul style="list-style-type: none"> <li>● Critical Care Practitioners Band 7</li> <li>● Critical Care Practitioners Band 6</li> <li>● Allocators Band 5</li> </ul> | <ul style="list-style-type: none"> <li>● Registered HCP</li> <li>● Operate CAD, radio systems and software,</li> </ul> <p><b>Staffing Levels</b></p> <ul style="list-style-type: none"> <li>● Critical Care Practitioner:<br/>Actual: 14 WTE</li> <li>● Dispatch Staff:<br/>Actual: 7 WTE</li> <li>● Dispatch Supervisor:<br/>Actual: 1 WTE</li> </ul> |

**Function Enablers**

- Decision support software
- Technology
- Team work
- Integration
- Clinical Leadership / governance structure
- Bespoke training package for CAD
- Escalation model
- Standard operating procedures
- Joint training

## 6.3 Conclusions

- 6.3.1** The analysis matrix shown in **Table Three**, has served to signpost towards potential improvements and rectification of inefficiencies within WAST's current clinical operating model within CCC.
- 6.3.2** At this point of this report, it must be highlighted that there is a direct connection with the findings of Theme One (namely, the process mapping exercise). The following gap analysis, therefore, has arisen as a result of key stakeholders reviewing the process map in conjunction with analysis matrix completed as part of this Theme Two report.
- 6.3.3** **Table Four**, (Overleaf) provides the Gap Analysis that illustrates the main summary conclusions:

**Table Four: Gap Analysis**

| Current State (What we potentially need to change / improve)                                                                                                                                                                                                                                                                              | Desired State                                                                                                                                                                                                                                                                                                                                                                                        | Gaps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Hear &amp; Treat Model:</b> <ul style="list-style-type: none"> <li>● NHSDW handling Green calls.</li> <li>● CSD handling Green calls.</li> <li>● NHSDW using CAS.</li> <li>● CSD using MTS.</li> </ul>                                                                                                                                 | One clinically robust operating procedure and clinical governance structure for WAST's Hear & Treat function.                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>● Need for one SOP that integrates / coordinates the two separate models that constitute WAST's Hear &amp; Treat model. This SOP to include clear escalation actions that are aligned to WAST's overall management of high demand.</li> <li>● Provide a single performance framework for Hear and Treat model.</li> <li>● Variance in core skills and decision support software by Hear and Treat model.</li> <li>● Consider developing a single coordination point (i.e. Clinical Hub model) for integrated working</li> <li>● Need for integrated technology.</li> <li>● Variance in JDs and Person Specs</li> <li>● Develop a singular governance process for the various clinical models to review the main EMS stack, or to offer clinical support (this results in duplication of work)</li> <li>● No clear record or audit trail of any interventions by the various clinicians, as a result of reviewing the main EMS RC stack / offering clinical support.</li> </ul> |
| <b>Escalation - CSD actions:</b> <ul style="list-style-type: none"> <li>● Review RC Stack</li> <li>● undertaking the assessment of appropriately identified calls using MTTS</li> <li>● Capacity management</li> <li>● Welfare calls</li> <li>● Clinical support</li> </ul>                                                               | Revision of the primary function of the CSD. Consideration towards developing a Clinical Hub model, which will involve: <ul style="list-style-type: none"> <li>● Capacity and risk management</li> <li>● Clinical support for EMS crews</li> <li>● Clinical support for CCC</li> <li>● Welfare calls</li> <li>● Clinician to clinician contact</li> <li>● Multi-disciplinary team working</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Advanced Paramedic Practitioner (APP) CCC rotation:</b> <ul style="list-style-type: none"> <li>● Review RC Stack</li> <li>● undertaking the assessment of appropriately identified calls using MTTS</li> <li>● Capacity management</li> <li>● Welfare calls</li> <li>● Clinical support</li> <li>● Initial triage for SICAT</li> </ul> | APPs provide an enhanced clinical support function, as part of a Clinical Hub function – as part of the revision of the CSD (above). This will include: <ul style="list-style-type: none"> <li>● Complex clinical case management</li> <li>● Being the main point of contact for Primary Care Clinicians</li> </ul>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>EMRTS:</b> <ul style="list-style-type: none"> <li>● Review RC Stack</li> <li>● Allocate EMRTS resources</li> <li>● CCP advice to EMS crews</li> <li>● Consultant Top Cover</li> </ul>                                                                                                                                                  | Formalise the method by which EMRTS review the EMS RC stack – include a process for clinical support / communication and record of decisions / actions.                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Trauma Desk:</b> <ul style="list-style-type: none"> <li>● Review RC Stack</li> <li>● Clinical advice for EMS crews on Trauma Management</li> </ul>                                                                                                                                                                                     | Formalise the method by which the Trauma Desk review the EMS RC stack – include a process for clinical support / communication and record of decisions / actions.                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## 6.4 Recommendations For Change

- 6.4.1 Based upon the conclusions of the above **Gap Analysis**, the following summary points aim to signpost towards potential efficiency gains in terms of patient experience, clinical outcomes and productivity:

### Recommendation Three

Provide clarity relating to clinical support and leadership. Each model offers significant opportunity to provide senior / specialist clinical advice, however, there appears to be insufficient clarity and supporting arrangements in place to provide a clear mechanism for CCC staff and Emergency Medical Service (EMS) staff to consistently seek the right level of clinical support and advice from the right place.

### Recommendation Four

Move the various clinical functions within the CCC into one collective 'Clinical Hub' model. Such a structure / system of working will prevent each model operating in isolation and reduce the lack of synchronicity between the component functions.

### Recommendation Five

In order to retain an organisational focus on delivering H&T services the other functions of the CSD should be reviewed to ensure they are both required and to assess if they could be delivered in a different way.

### Recommendation Six

Develop a methodology for ensuring that the clinical functions have resources which match the roles they are required to undertake.

### Recommendation Seven

Create an evaluation framework for the improvement work that is tested (e.g. joint working in Police Control Rooms, Falls services), linking this work to the newly formed WAST Improvement and Innovation Network (WIIN) principles.

## 6.5 Recommendations For Future Work

### Area for further work

The gap analysis has been an effective tool to describe the current clinical operating model, and to identify specific improvement areas. These findings now need to be linked to the recommendations within Theme One of this CCC review. It is recommended, therefore, that the gap analysis is joined with the process map (from Theme One) to complete an '**Impact Effort & Safety Matrix**'.

### Area for further work

As identified in Theme one of this report, the completion of an Impact, Effort & Safety Matrix (combining the findings of Theme One and Theme Two) will enable WAST to determine solutions, and prioritise the delivery of these – via a project plan and programme of work.

## 7 Patient Outcomes & Experience (Theme Three)



### 7.1 Introduction & Methodology

- 7.1.1. The objective was to identify if there is a continuous patient engagement model in place for clinicians on the CSD using any of the four quadrants identified in the National Framework for Assuring Service User Experience;
- i. Real time – using short surveys
  - ii. Retrospective – can also be surveys
  - iii. Proactive/reactive
  - iv. Balancing – patient stories
- 7.1.2 As a result of patient experience and feedback was there any evidence of organisational learning and changes in practice as a result?
- 7.1.3 The methodology applied a general information gathering exercise which was specifically targeted at reviewing;
- i. Quality reports for the CCC business meeting
  - ii. Any information and data held by the Patient Experience and Community Involvement team (PECI)
  - iii. Any data and information, including themes and trends from all areas of Putting Things Right (PTR) including information from concerns, adverse incidents and serious adverse incidents.

### 7.2 Findings

- 7.2.1 There is some really good evidence of learning within the CCC and CSD that changes have been made to practice as a result of patient feedback, particularly from a Putting Things Right (PTR) perspective. Examples of this include;
- i. As a result of some poor experiences that people with dementia had within the CCC environment, they were invited into CCC and spent some time with clinicians and call takers, also further education and training packages were developed and delivered in relation to dementia.
  - ii. Patients experiencing mental distress or mental health crisis shared some poor experiences, this resulted in further education and training, particularly around suicide.
  - iii. A number of patient's stories have been shared at Quality Committee and or Trust Board which has resulted in a public facing education film re what happens when you call 999.
  - iv. From a Concern/Serious Adverse Incident (SAI) perspective the themes and trends reported include;
    - No welfare calls in some incidences
    - Timeliness of welfare calls
    - Calls on the clinical stack that can't be seen on the Resource Incident (RI) stack

- Calls that are being closed as duplicates and the whole incident being closed
- Clinicians having to make critical decisions when they know that there is no alternative suitable resource to send (taxi).
- A result of significant pressures in the system human errors are made.

### 7.3 Conclusions

- 7.3.1 There is some really good evidence of changes made as a result of patient feedback which will improve outcomes and experience. However this tends to be reactive as a result of an incident or a complaint. There isn't a continuous model of engagement in use.

### 7.4 Recommendations For Change

#### Recommendation Eight

Quality and Patient experience needs to be a standard agenda item as part of the operational business meeting to ensure it exists as a 'golden thread' through the CCC environment.

#### Recommendation Nine

A model of continuous patient engagement within the CCC/CSD setting should be developed. Initially this could be through capturing patient experience and patient outcomes through using a validated core questions.

### 7.5 Recommendations For Future Work

#### Area for further work

The PECEI team will continue to support the CCC and CSD management team to have a continuous patient experience framework.

#### Area for further work

Robust governance arrangements are considered regarding information sharing, patient identifiable information etc.

#### Area for further work

Further work is required to enhance the use of patient records to enable the patient journey and outcomes to be better understood and monitored.

## 8 Policies, Procedures & SOPs (Theme Four)



### 8.1 Introduction & Methodology

8.1.1 The fourth theme in this review relates to current Policies, Procedures & SOP's relating to the CSD and to compare them with the current practices and processes being carried out by the CSD. By completing this comparison we have been able to identify 3 key emergent improvement & development themes, these are:

- Work being carried out by the CSD that is not supported by any current Policy, Procedure or SOP.
- Work that should be carried out according to the Policies, Procedures & SOP's but is not currently being completed.
- Contradictions between Policies, Procedures & SOP's in the way that parts of the role should be undertaken.

8.1.2. There are a number of documents that currently form the current CSD Policies, Procedures & SOP's. The documents that were reviewed as part of this theme are:

- Clinical Support Desk – Standard Operating Procedure.
- Warm Transfer – Standard Operating Procedure.
- Alternative Transport (Taxi Initiative) – CCC Bulletin.
- Escalation of HCP Call – CCC Bulletin.
- CSD Queue Management – CCC Bulletin.
- Clinicians Managing Overdose – CCC Bulletin.
- Health Care Profession Calls to Ambulance – CSD Process.
- Managing Red Calls – CSD Process.
- Converting a 999 call into a Card 35 Incident – CSD Process.
- CCC Clinician Audit Review Process – CSD Process.
- Newly Qualified Paramedic Deviation Document – CSD Process

8.1.3 The CSD functions are divided into areas each with individual functions as listed below:

#### Primary Hear and Treat

- Review of patients who may be discharged over the phone following assessment and advice.
- Review of patients who may be able to access a more appropriate healthcare pathway for their healthcare needs.
- Review of patients who require a response but may be suitable for a resource other than an emergency ambulance.

## Secondary Assessment and Support

- Clinical validation and support to falls assistants.
- Clinical validation and support to NHSDW/111.
- Advice and support to Community First Responders.
- Clinical leadership, advice and support to EMS call handling staff.
- Clinical validation and support to newly qualified and other clinical staff.
- Review of all patients who have fallen to assess their suitability for a falls pathway / falls assistant.
- Review of patients with whom the Trust has failed to be able to reconnect.
- Review and safety netting of all patients with a high risk of deterioration e.g. overdoses.
- Clinical review and assessment of all 999 and HCP calls which are 'out of time'.
- Clinical assessment, review and support to other emergency services.

**8.1.4** As part of Theme 4, the current CSD Policies, Procedures and SOP's have been reviewed for each of these functions to check if there is a Policy, Procedure or SOP in place and to look for any deviations or contradictions in what the CSD is currently doing. By completing this review it will also allow for recommendations to be made to maximise the potential of the CSD and to ensure that all functions being carried out by the CSD will have a Policy, Procedure or SOP in place to support it.

## 8.2 Findings – Primary H&T

**8.2.0.1** The Primary H&T function of the CSD consists of three actions which are all aimed at reviewing patients and either discharging, referring to a more appropriate healthcare pathway or assessing the need to be assessed and/or conveyed by an emergency ambulance when another alternative may be appropriate.

**8.2.1** Review of patients who may be discharged over the phone following assessment and advice

**8.2.1.1** The reviewing of patients who may be discharged over the phone following a clinical assessment and advice fits into more than one of the CSD Policies, Procedures or SOPs. The situation will decide which Policy, Procedure or SOP it will fit under. The primary document is the Standard Operating Procedure for the CSD which covers situations where patients may be discharged following a clinical assessment these include people who have fallen, police calls and frequent callers. The SOP refers to discharges being able to be carried out by the CSD Clinicians within several of its functions but does not provide any processes or guidance on how the discharge is processed.

**8.2.2** Review of patients who may be able to access a more appropriate healthcare pathway for their healthcare needs

**8.2.2.1** The reviewing of patients with the intention to possibly offer access to a more appropriate healthcare pathway for their needs is also covered by more than one Policy, Procedure and SOP. The CSD SOP only lists examples where referrals can take place such as falls and frequent callers but doesn't list any processes or detail into what exactly are the options for the various types of referrals and how they should be carried out. The SOP doesn't provide a process that the CSD Clinicians need to follow but instead provides more of an overview of what they can do.

**8.2.3** Review of patients who require a response but may be suitable for a resource other than an emergency ambulance.



- 8.2.3.1** Patients who require a response but may be suitable for alternative resources other than an emergency ambulance is not directly referred to in any of the Policies, Procedures or SOP's. However the CSD SOP does refer to the CSD Clinician suggesting other types of resources following either a secondary triage of the patient or following a conversation with the referring Health Care Professional (HCP). There is also guidance for the CSD Clinicians when dealing with HCP Calls who have requested an ambulance. The guidance provides a process for a Clinician to follow in managing the type of call and advises the Clinician should use MTS to structure conversations and check for appropriate outcomes. The Policies, Procedures and SOP's do not provide any detailed processes or specifics around alternative resources that are available, how they would be utilised and if there is any exceptions.

## 8.3 Findings – Secondary Assessment & Support

- 8.3.0.1** The Secondary Assessment and Support aspect of the CSD is split into a further 8 functions. The CSD Shift Lead is responsible for developing a plan to determine the priorities of each of the functions depending on capacity and the demand on the service. These procedures are listed within the CSD SOP.
- 8.3.1** Clinical validation and Support to falls assistants
- 8.3.1.1** Support to falls assistants and clinical validation is covered within the CSD SOP which provides guidance on giving support to falls assistants and members of the public. The SOP states what the CSD Clinician is to do when a falls assistant or member of the public is with a patient and a call back is being carried out by the CSD Clinician to complete a secondary triage. The SOP also sets out further guidance on discharges and referrals dependant on the patient's situation and the clinical assessment that has been carried out.
- 8.3.2** Clinical validation and support to NHSDW/111
- 8.3.2.1** Support to NHSDW/111 and clinical validation is not listed in the CSD SOP's, Policies or Procedures. The DMP provides instructions on the CSD Shift Lead passing calls to NHSDW in consultation with their NHS Direct Wales Supervisor but does not provide any specific criteria or guidance around what is expected to be transferred. Overall there is no guidance on providing support to the NHS Direct or 111 teams in the CSD Policies, Procedures and SOP's.
- 8.3.3** Advice and support to Community First Responders
- 8.3.3.1** Providing advice and support to Community First Responders (CFR) is one of the 13 functions that the CSD is responsible for. The current Policies, Procedures and SOP's don't contain any guidance on providing advice and support to CFR's. Therefore no actions, exceptions or processes are listed either. However some of this support will link in with the support provided to the falls assistants as many of the CFR's carry falls equipment and are deployed to falls to assist with lifts.
- 8.3.4** Clinical Leadership, advice and support to EMS call handling staff
- 8.3.4.1** The advice and support that is provided to the EMS Call Handling Staff at present by the CSD Clinicians is not supported by any guidance from the Policies, Procedures or SOPs that the CSD follow. However there are instructions provided in various CCC bulletins that apply to various grades including EMS Call Handlers, CSD Clinicians and Allocators and it lists specific actions. Examples of this are the Overdose Bulletin and the escalation of HCP Calls. Other SOP's that are involved with this is the Warm Transfer SOP that provides actions and guidance on EMD's transferring calls to the CSD Clinician for a secondary triage and further assessment. However this process is more about the call being transferred for a further assessment than supporting the EMD during the call.



- 8.3.4.2** Call Taker Supervisor's (CTS) provide first line support to the EMD's when a query or concern is raised relating to a call. The CTS will look to answer the query raised by the EMD, however when the query is clinical in nature the CTS or EMD may raise their concern to the CSD Clinician for clinical guidance on how to handle the situation.
- 8.3.5** Clinical validation and support to newly qualified and other clinical staff
- 8.3.5.1** Providing clinical validation and support to newly qualified and other paramedics is part of the secondary assessment and support offered by the CSD. There is a document called "Newly Qualified Paramedic Deviation Document" that contains information about what functions the CSD can support with for a Newly Qualified Paramedic (NQP), what actions need to be taken by the NQP and what information the CSD will require to provide support. This document has been produced for the NQP rather than the CSD so the actions contained within the documentation are for the NQP and has no actions for the CSD Clinician.
- 8.3.6** Review of all patients who have fallen to assess their suitability for a falls pathway and provide clinical advice to falls assistants
- 8.3.6.1** The Standard Operating Procedures for the CSD contains guidance on reviewing patients who have fallen. Section 2.1.2 is split into two sections, the first deals with the reviewing of patients by the CSD to undertake a secondary triage. This can lead to the Clinician being able to advise the member of public to help the patient up, provide guidance around analgesia, food, position and fluids. The SOP provides basic guidance on what the Clinician will do and what needs to be documented however does not go into detail.
- 8.3.7** Review of patients with whom the Trust has failed to be able to reconnect
- 8.3.7.1** When contact fails to be established between the Trust and the patient the CSD SOP provides clear guidance on the responsibilities on all parties. The SOP provides guidance on what is expected of the CSD Clinician to do in such circumstances and who they need to work with to ensure an appropriate outcome is provided. This SOP covers failed contact between the Clinician and the Patient and also the Allocator and the Patient when welfare checks are being carried out.
- 8.3.8** Review and safety netting of all patients with a high risk of deterioration e.g. overdoses
- 8.3.8.1** The reviewing of patients with a high risk of deterioration is covered by the CSD SOP and also by CCC Bulletins for specific situations such as Overdoses. Within the CSD SOP it provides guidance on monitoring the stack for Queue Safety and identifying calls at potential risk and performing a secondary triage to assess the patient's condition. Whereas the specific bulletins provides guidance to the CSD Desk Clinician on what they to do for those specific instructions.
- 8.3.9** Clinical review and assessment of all 999 and HCP calls which are 'out of time'
- 8.3.9.1** Within the current CSD Policies, Procedures and SOP's there is no specific guidelines for dealing with 999 and HCP calls which are currently out of time. The CSD SOP provides some guidance about reviewing Red Calls, Amber Calls and HCP Calls, however only within the guidance for Amber Calls does it mention prolonged waits.
- 8.3.10** Clinical assessment, review and support to other emergency services
- 8.3.10.1** The CSD SOP provides guidance on clinical assessment, review and support but only for Police Calls. The SOP refers to the CSD Clinicians based within Police Control Rooms who can assist and triage calls that Police are currently attending. However this SOP does not provide any guidance around other emergency services and is very specific around the management of police calls into the CCC.

## 8.4 Findings – Other Areas

**8.4.0.1** After reviewing the Policies, Procedures and SOP's for the CSD there are a number of functions listed which don't fit into any of the 13 functions of the CSD that have been listed. These functions are described in the following sections.

**8.4.1** Red Review / Managing Red Calls

**8.4.1.1** In the CSD SOP and also as a CSD Process Document the CSD has a function where it reviews and manages red calls. When comparing the SOP and the CSD Process Document there are differences in the two processes. The CSD SOP for red reviews has any call that is coded red and a timely response will not be achieved can be reviewed by a CSD Clinician and if appropriate the CSD Clinician can request the call is warm transferred to them for secondary triage. At this stage the CSD Clinician will determine if the 8 minute response is appropriate and if necessary the call can be downgraded. The CSD Process Document for Managing Red Calls contradicts this by stating the CSD Shift Lead will review all incoming red calls and will service observe or ring scene when possible. The CSD Shift Lead will assess and document and if necessary downgrade the call. This process doesn't mention anything about a warm transfer from the EMS Call Taker it just shows that the CSD Clinician can override the EMS Call Takers disposition code. The function of red review is listed within the CSD SOP however does not form 1 of the 13 functions listed by the CSD.

**8.4.2** Frequent Callers

**8.4.2.1** The review of frequent callers is also a function covered by the CSD according to CSD SOP. The SOP provides guidance on what is expected for when a frequent caller has been identified and what function the CSD provides as part of this process including secondary triage and access to further information on the individuals. However this function is not currently listed within the Primary or Secondary functions but is contained with the CSD SOP.

**8.4.2.2** Further discussion on frequent callers and the definition of a frequent caller can be found in 9.4.5

## 8.5 Conclusions

**8.5.1** A review of the current Policies, Procedures and SOP's and mapping them against the current process map and the list of functions of the CSD it is clear that there are three key emergent improvement & development themes.

- Some of the activity being carried out by the CSD is not fully supported by any current Policy, Procedure or SOP.
- Work that should be carried out according to the Policies, Procedures & SOP's but is not currently being completed.
- Contradictions between Policies, Procedures & SOP's in the way that parts of the role should be undertaken.

**8.5.2** The CSD has many different Policies, Procedures and SOP's and due to the fact that the CSD works with so many functions of the CCC it is often found in other departments Policies, Procedures and SOP's. The CSD has also grown and developed since its implementation and along with it has come more functions and responsibilities within the CCC. A standardized approach has not taken place when these functions have been added leading to a mixture of different Policies, Procedures and SOP's.

## 8.6 Recommendations For Change

### Recommendation Ten

The SOP's for the CSD need to be detailed and kept updated with all changes to the functions of the CSD. This includes having all the information located within one document and any amendments or changes added to one document instead of having multiple Policies, Procedures and SOP's.

## 8.7 Recommendations For Future Work

### Area of further work

The CSD carries out many of its functions in conjunction with other areas of the Operations and CCC team including:

- Community First Responders
- Uniform First Responders
- Other Emergency Services
- NHSDW / 111

As the CSD works with these departments closely in it is recommended that a review of their policies to see if they match what is expected in the within the CSD Functions.

The CSD is also not the only desk within the CCC that has Clinicians as part of its function. As part of future work the Clinical review could be expanded to ensure that all the functions with the 'Clinical Hub' are supported with appropriate SOPs & Policies.

Finally a reoccurring review of the Policies, Procedures and SOP's to ensure they are up to date and whenever a new function or amendment to the CSD is development the Policies, Procedure and SOP is amended to suit.

## 9 Clinical Supervision & Career Framework (Theme Five)



### 9.1 Introduction & Methodology

- 9.1.1 The development of H&T practice in the organisation's CCC's has negotiated several significant developmental landmarks since its introduction in 2010.
- 9.1.2 These milestones include introduction of a multi-disciplinary team (MDT) approach in 2011/12, CCC paramedics in 2012/13, and more recently in 2014 the implementation of a Clinical Desk staffed by paramedics and nurses who provide telephone triage and advice services (TTA).
- 9.1.3 The benefits associated with MDTs for delivering clinical services is acknowledged as being able to improved health outcomes; enhance patient satisfaction; provide efficient use of NHS resources and enhance job satisfaction for clinicians working in the MDT.
- 9.1.4 It is essential therefore that the organisation continues to explore the MDT approach to H&T practice, including, for example, Midwifery and Mental Health, as part of consistent approach to H&T service delivery.
- 9.1.5 The scope of this analysis has been to draw on what is already known about H&T practice; review current, and or, emerging evidence and take cognisance of stakeholder feedback to inform the content of this paper.

### 9.2 H&T – The Emergency Care Landscape

- 9.2.1 Patients calling 999 and categorised by the Trust's MPDS system as having a life threatening presentation or time dependent care need are prioritised for an appropriate emergency dispatch or mobile health care intervention.
- 9.2.2 In the early phases of 999 call categorisation, TTA clinicians had a limited role, they may however provide clinical advice on dispatch configurations to ensure ambulance resources are correctly matched to patient care needs.
- 9.2.3 Following face to face assessment and early treatment, TTA clinicians may also re-triage patients, provide clinical advice to field clinicians, and or, arrange alternative patient dispositions other than transfer to hospital e.g. referral to services that are closer to the patients home.

### 9.3 H&T – The Urgent Care Landscape

- 9.3.1 In those cases where ambulance 999 callers are categorised as either low to middle acuity, CSD clinicians aim to undertake secondary telephone triage to determine the most appropriate pathway of care to meet their needs. In this context TTA clinicians consult with a wide range of patients presenting with a mix of acute medical presentations, exacerbations of chronic long term conditions and other psychosocial problems including mental health disorders.
- 9.3.2 Following telephone triage and consultation, CSD clinicians work closely with health and social care providers. These include Primary, Social and Community care services along with mental health so that patients are directed to the most appropriate point of care for their current and ongoing needs. They also have an emerging role in providing health promotion and health prevention advice to callers.

- 9.3.3.** Recent integration of NHSDW and GP OOH services into a new 111 service, also provides an essential H&T service for unscheduled non-urgent callers. These services include remote telephone assessment and directing callers on how to access the most appropriate urgent care services to meet their need. It also provides health care information and advice to callers through its team of clinical advisors and clinicians.
- 9.3.4** In addition, advanced practice roles employed by the organisation now means that clinicians undertake remote telephone consultations with patients in primary care and out of our general practice as part of MDT working.

## 9.4 Complexity in H&T practice

- 9.4.1** It is recognised in international literature that the wide variation in caller age groups, gender and the increasing number of callers presenting with less acute, more chronic comorbid conditions associated with the aging population, provides for significantly complex H&T practice setting.
- 9.4.2** Further, the nuances associated with face to face practice such as the loss of visual cues, absence of physical vital signs, no near patient testing and no outcomes from focused physical examinations, means that telephone consultations are profoundly dependent on the individual's underpinning knowledge; experience; and those behaviours essential for effective H&T practice i.e. communication; rapport; active listening; negotiating and critical thinking.
- 9.4.3** Adding to this amalgam there are a mixture of legal, ethical and professional issues which can arise during telephone consultations which H&T clinicians must have enhanced knowledge and understanding of i.e. duty of care; consent; mental capacity; patients use of social media; confidentiality; provision of Information; Duty of Candour; safeguarding; equality/diversity and discrimination.
- 9.4.4** There are also numerous presentations that would be regarded as requiring special consideration during telephone consultations and decision making. These include cases that relate to children; elderly and frail caller's; frequent callers; mental health patients; patient's receiving Palliated or End of Life Care; Obstetrics and Gynaecology patients, and those with learning disabilities, and or, sensory deficits.
- 9.4.5** The national definition of a frequent caller across all UK ambulance services is defined by FreCaNN (Frequent Caller National Network), as
- Someone who calls the 999 service on a regular basis, i.e. more than five calls per month or 12 calls in three months.*
- 9.4.6** Given these wide variations in age, gender, comorbidities and multi-faceted presentations that present to H&T clinicians, this role should be regarded as a specialist component of core registrant practice. H&T practice places a greater spectrum of autonomy; clinical understanding, critical thinking and higher thresholds to risk taking and therefore this role is more specialist when compared to core face to face practice. (Hanlon. 1999)
- 9.4.7** Given the significant variables associated with H&T practice, it would be unwise to assume that proficient clinicians, from whichever clinical background, currently practising in the face to face field setting, automatically possess the necessary knowledge, skills and attributes to safely and effectively probe a callers presenting complaint and decide on their disposition during a telephone consultation.

## 9.5 H&T Clinician Development

- 9.5.1 The dichotomy that exists between face to face and H&T clinical practice is well recognised in that H&T clinicians rely more heavily on a far broader and deeper clinical knowledge base and a range of 'specialist' skills to remotely assess the caller's clinical history, their perspectives, and their social or cultural context as part of a telephone consultation.
- 9.5.2 A recent qualitative study by Radcliffe & Heath (2017) investigating the delivery of telephone advice in three UK ambulance services shows a wide variation in knowledge and skills of H&T clinicians that relate to their initial and subsequent training and education. These differences have also been connected with limitations on the individual H&T clinician's scope of practice and a lowered tolerance to clinical risk .
- 9.5.3 Telephone consultations are often narrowly focused on the caller's presenting symptoms and can result in the patient not being comprehensively assessed. A recent systematic review shows that a lack of training in telephone consultation skills can lead to unwanted variation in telephone practice. Sentinel adverse events relating to ambulance telephone triage practice, has shown that inadequate standards of training and education in telephone triage were a causative factors in a patient's death. (Van Galen. 2018) (Newton. 2013)
- 9.5.4 Therefore, it is pivotal that all clinicians in the organisation who undertake remote telephone triage/consultation of undifferentiated patients are specifically developed in relation to both core training and continued education to carry out this 'complex' role.
- 9.5.5 It is judicious therefore that the organisation has a standardised programme for not only core vocational/technical skills required for H&T practice, but importantly the core education and continued professional development that build underpinning knowledge, synthesis and critical thinking to deliver consistent and effective H&T practice.
- 9.5.6 Considerable progress has been made in the organisation to develop the technical skills of current CCC clinicians so that they understand the functionality of the CAD system and can safely use selected Clinical Decision Support Software (CDSS) to undertake telephone triage practice.
- 9.5.7 The technical competence to use CAD and CDSS is an expected baseline for H&T practice. It is important however to also to attend to the non – technical skills and education required by H&T clinicians to reduce any variation in knowledge, skills and behaviors.
- 9.5.8 It is anticipated that embracing an educational development approach to augment current vocational (technical) training will help ensure consistency in the scope of H&T practice and enhance both organisational and individual attitudes to clinical risk for resolving appropriate patients by telephone. In those cases where ambulance 999 callers are categorised by as either low to middle acuity, TTA CSD clinicians aim to undertake secondary telephone triage to determine the most appropriate pathway of care to meet their needs. In this context TTA clinicians consult with a wide range of patients presenting with a mix of acute medical presentations, exacerbations of chronic long term conditions and other psychosocial problems including mental health disorders.



## 9.6 Clinical Supervision (CS)

- 9.6.1 The organisation has previously recognised the importance of CS for its clinicians working with advanced scopes of face to face practice. Engagement on CS with face to face clinicians has resulted in the development and implementation of a functional model for CS that contains a managerial, developmental and restorative (support) function and has a preferred delivery mode of 1:1 CS for less experienced clinicians and group CS for more experienced groups/teams of advanced practitioners.
- 9.6.3 However, acknowledging the diversity and complexities of H&T practice, it is essential that any approach to CS is specifically tailored for H&T clinicians and their practice. This approach is centric to both supporting and investing in these clinicians and delivering safe and effective practice.
- 9.6.4 It is essential that any proposed approach to CS for H&T practice which is supported by the organisation acknowledges the necessity for appropriate resources in terms of leadership; training and resource planning. This will ensure a robust and sustainable system of CS is implemented; there is resilience in terms of adequate numbers of trained clinical supervisors, and H&T clinicians have protected time to undertake CS.

## 9.7 Senior Clinical leadership

- 9.7.1 Delivering safe and effective H&T practice requires a robust and consistent approach to providing senior clinical leadership at both strategic and tactical levels. Recent organisational change to facilitate appropriate levels of senior clinical leadership for face to face practice has seen the introduction of a strategic and tactical clinical leadership framework that is both functional and supports clinical practice i.e. Regional Clinical Leads (Consultants) and Health Board Clinical Leads.
- 9.7.2 It is prudent therefore that aligning a senior clinical leadership structure for H&T to one that is already established within the organisation would be a pragmatic approach. At an expert practice level of clinical leadership through Consultancy (strategic) can provide the essential clinical oversight, monitoring and forward planning for all H&T practice required in the organisation.
- 9.7.3 Key to this role would be to provide robust governance on all H&T practice which will include leading the development and implementation of robust system of Clinical Supervision (CS) to support both developing and established clinicians in practice.
- 9.7.4 Senior clinical leadership at the practice interface (tactical), would support this strategic approach by offering the opportunity for a high level of clinical skills, competence and fully autonomous decision making providing day to day oversight, clinical support and guidance for practising H&T clinicians and NHS managers.
- 9.7.5 Those providing senior clinical leadership at a tactical level would also be expected to ensure safe and effective patient referrals; optimise the use of wider NHS - MDT resources; facilitate CS; monitor and improve H&T practice performance and cultivating new areas for research and development in H&T practice.
- 9.7.6 In order to obtain the maximum impact at a tactical level from current employed senior clinical resources, it is anticipated that Advanced Practitioners would effectively be deployed in these senior roles during their clinical rotations and as part of the organisations advanced practice service delivery model.
- 9.7.7 The 'Advanced' role profile is characterised by high levels of clinical skill, competence and autonomous decision-making, and reflects a particular benchmark on the career development ladder as exemplified in the Career Framework for Health (level 7 MSc education).

## 9.8 Minimum Entry Criteria for H&T Practice

- 9.8.1 As a minimum, Paramedics, Nurses and other AHPs must have completed an appropriate period of post registration practice consolidation and be able to evidence relevant practice knowledge, skills and experience before being entering H&T practice roles within the organisation.

## 9.9 Accreditation of H&T Induction and Vocational Training

- 9.9.1 Loss of accreditation through Agored Cymru for organisational H&T in - house training means vocational learning programmes for H&T clinicians are not accredited by any awarding body.
- 9.9.2 In order to assure both internal and external assurance and governance of any H&T training delivered in the organisation, there are clear benefits for patients and clinicians along with positive aspects for the organisation's reputation by ensuring accreditation for any in house courses that are delivered for H&T staff.

## 9.10 Role specific H&T education

- 9.10.1 In addition to any accredited in-house H&T induction training and role specific vocational training, it will be important that an education module is developed in conjunction with Higher Education (HE) as a vital component for the continued professional development of all clinicians wishing to enter H&T practice roles.
- 9.10.2 This module must have synergy with any current or emerging core capability, and or, competency frameworks designed for those Paramedics, Nurses and other HCP's who undertake remote telephone consultations as part of their clinical practice in emergency, urgent or out of hours care.

## 9.11 Career framework for H&T practice

- 9.11.1 For those clinicians employed to undertake H&T practice, and in addition to any accredited induction or vocational training required for the H&T role, clinicians must achieve a core Continued Professional Development (CPD) module focused on H&T practice accredited through HE. Areas of study that have previously been utilised in accredited H&T modules in HE are shown below:
- Policy and organisational drivers for delivering H&T services
  - Risks associated with patient telephone triage and consultation.
  - Clinical assessment and effective management of H&T patients.
  - Advantages and disadvantages of telephone based consultation.
  - Professional, legal and accountability issues associated with H&T practice
  - Reflective practice and Clinical supervision
  - Systematic and structured models of medical history enquiry
  - Researching and using emerging or current evidence
  - Critical thinking and decision making
  - Negotiation and Communication skills
  - Barriers to effective communication
  - Evidence based health promotion and health prevention advice



- 9.11.2** This baseline CPD module must be congruent with any guidance on post registration professional development set by the individual clinicians Professional, and or, Registrant body. Similarly, it should have synergy with the Credit and Qualification Framework for Wales (CQFW) learning and progression routes. There is also scope for this module to become a generic course for all H&T roles deployed by NHS Wales in remote telephone practice i.e. 'Once for Wales'.
- 9.11.3** It is acknowledged that outside of core development, attempting to deliver continued professional development of established H&T clinicians using individual HE modules would be a slow and somewhat cumbersome methodology.
- 9.11.4** As such, there is an urgent need to undertake a review on how post registration H&T clinical education, on how this would engage with a demonstrable H&T career development framework in the organisation and wider delivery of H&T practice in NHS Wales.
- 9.11.5** Similarly, in order to facilitate any practice development for Paramedics, Nurses and other AHPs employed in the organisation, it will also be necessary to review face to face practice delivery modelling so that individuals undertaking development have equitable access to suitable clinical placements and practice mentorship.
- 9.11.6** The latter is pivotal not only to attracting and retaining the best clinicians in H&T roles, particularly important as MDT specialisms continue to develop, but also to provide equity of access to post graduate clinical education funding and improving resilience in the NHS H&T workforce in Wales i.e. CSD and 111 hubs.

## 9.12 Recommendations For Change

### Recommendation Eleven

Welsh Ambulance Service Trust (WAST) should develop an accredited 'H&T 'role specific' post registration module for the continued professional development of those clinicians wishing to enter H&T practice. This should be undertaken in conjunction with Higher Education (HE) providers.

### Recommendation Twelve

For those advanced practice clinicians undertaking remote telephone consultations in primary care or out of hours practice, any H&T development for these groups should have synergy with current, and or, emerging core capability/competency frameworks.

### Recommendation Thirteen

Further review is required in partnership with relevant stakeholders to explore the opportunities for developing a generic core H&T vocational training and Higher Education (HE) module to include any cost benefits and workforce planning opportunities. The latter should be facilitated in line with the registrant's professional body's guidelines on post registration development along with exploring any accreditation opportunities through Higher Education and Health Education Improvement Wales (HEIW).

### Recommendation Fourteen

As a minimum, clinicians wishing to enter H&T practice in the organisation will have completed an appropriate period of post registration practice consolidation and will be able to provide portfolio evidence of relevant practice knowledge, skills and experience.

**Recommendation Fifteen**

The role of Consultant lead for H&T practice should be explored aimed at being strategically responsible for the clinical oversight of all H&T practice in the organisation.

**Recommendation Sixteen**

Accreditation of in – house H&T training is revisited with a view to ensuring all training delivered by the organisation is accredited. Further, to explore bespoke accreditation opportunities through the respective clinician's Professional Body, Higher Education (HE) and Health Education Improvement Wales (HEIW).

**9.13 Recommendations For Future Work****Area of further work**

Undertake a further comprehensive review on clinical post-graduate development frameworks to ensure H&T clinicians have equitable access to funding; clinical mentoring and practice placement opportunities.

# 10 Performance & Productivity (Theme Six)



## 10.1 Introduction & Methodology

- 10.1.1 Within the current Clinical review of the CCC function there are 6 main themes. Theme 6 will review the measurable outputs generated by the clinical functions within the WAST CCC. The focus will be on historical as well as current performance & productivity levels. This brief outlines the aims, including the methodology, recommendations and possible future plans.
- 10.1.2 Theme 6 will not directly review or focus on Quality standards or clinical safety in relation to Performance & Productivity, however reference to these issues may be pertinent and included in some areas during the review. Additionally if there is relevant information offered following the staff interviews that may not be applicable to this work stream but would be to other work streams then these will be shared accordingly.
- 10.1.3 The main focus of the review will be on the CSD function within the EMS CCC.
- 10.1.4 EMRTS have a dispatch criteria of deployment of the air/ land assets with no defined or agreed KPI / Targets. EMRTS will not be further reviewed in this report.
- 10.1.5 There are no defined targets relating to APP in the CCC. APP will not be further reviewed in this section but is covered in greater detail in section 2.2.
- 10.1.6 The full function and service of 111 / NHS Direct Wales (i.e. GP out of hours, 0845 calls etc.) will be excluded within this review however the interaction and process with EMS CCC will be included (i.e. Green call transfers / DMP support).
- 10.1.7 Due to time constraints the productivity / performance of the CSD within the Police Force Control rooms have not been evaluated and further evaluation may be required in this area.
- 10.1.8 This review will be undertaken in a critical, honest and open manner with a firm focus on service improvement. The Trust Staff behaviours will be embedded into all aspects of the review. The following activity methods will be used-
- Data gathering process
  - Data analysis and review process
  - Interviews / engagement sessions with CSD staff
- 10.1.9 The main focus of this review is concentrated on the CSD Function. The narrative within the interview discussions will assist with the review of the performance targets.
- 10.1.10 A total of 9 clinicians were interviewed (one via e mail feedback) and the questionnaire below was utilised. All 3 regions were involved with a balance of band 6 and band 7 clinician's. The questions used for the semi structured interviews can be found in Appendix Five.

**10.1.11** The outcomes identified for this theme are:

- To identify all current Key Performance Indicators KPI / Targets
  - To evaluate performance against all current KPI / Targets
  - Undertake an evaluation of current reporting process in relation to Performance & Productivity
  - Identify the challenges in relation to Performance & Productivity.
  - Produce recommendations / actions in relation to –
- I. Data production and gathering
  - II. Dashboard or Balance score card development
  - III. Reporting Process (up & down)
  - IV. Recommendations in respect of Performance Management & Leadership
  - V. Identify any areas of improvements and investment

**10.2 Findings – Current Key Performance Indicators (KPI)s / Targets****10.2.1** Clinical Support Desk**10.2.1.1** Exclusive to the CSD function there are 3 identified agreed KPI / targets.

- 4 Calls (H&T) per hour per clinician.
- 25 % of the calls triaged under the H&T process would not require any ambulance intervention/response. These may include HCP referral, taxi transport or self-care.
- Currently there is a target of 3 call reviews (used to be 5) per month per clinician. These are completed by the band 7 Team Leaders. Following initial training its 5 call reviews per week for the first 4 weeks.

**10.2.2. 111 / NHSDW Support****10.2.2.1** In relation to EMS calls transferred the following are **agreed targets** –

- i. A target of 20 minutes to pick up a call from the CAS EIQ and place on the First Advice. However if not done within the time frame it will be automatically be sent back to EMS RI stack as a failed contact.(automated safety net)
- ii. Failed Contact - The nurse must make 3 attempts to contact the caller within a 25 minute period. If however, the call has been waiting on the First Advice Queue (FAQ) for 20 minutes without an attempted call back; the nurse will make 3 consecutive ring backs (i.e. 3 separate call back attempts, one immediately after the other).
- iii. Following transfer of the call to a nurse for triage, a record will be created in the Clinical Assessment System (CAS) and the patient will be contacted by a nurse **within a 20 minute** time frame target.

*EMS CALL TAKER STATES:" From the information you have given, the patient/you require/s a more detailed assessment by a nurse. An ambulance will not be sent at this time as I have arranged for the nurse to call you back within 20 minutes. State "If you do not receive a call back within 20 minutes or your/the patient's condition worsens, YOU MUST call back on 999 and tell the ambulance call taker what has happened.*

- iv. DMP- During escalation, calls that are not coded to be routinely passed can be passed over to NHSDW/111. These would include Amber calls as well as Green 2 or 3. Agreement between clinician to clinician would ensure clinical suitability of transfers. Typically these would be passed over verbally not over the CAD / CAS link.

- v. There is no set target agreed on the Green 3 calls sent back from NHSDW to EMS for an ambulance response.
- vi. However reviewing the performance of NHSDW on the Green 3 that are not passed back for ambulance response it has remained relatively constant between 55% and 60 % over the last few years. The last 6 months average has been 58.2% (n- 9283) which following assessment have not required further ambulance intervention. A detailed report can be found in Appendix Six.

#### 10.2.3 General Trust Targets Relevant To CSD

- PADR compliance 85% or above
- Sickness rates should be below the glide target (August 2019) of 6.3%
- Mandatory learning compliance target is 85 %

### 10.3 Findings – Current Performance Reporting Process

- 10.3.1 Within the CSD function there is currently no “one stop” Performance Dashboard or Balance Score card reporting against agreed targets. There are 5 main reports that can be accessed via report manager as detailed below.

| Title of Report                                                                                                                                            | Descriptor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Example (Sept 2109)             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| <ul style="list-style-type: none"> <li>-</li> <li>-</li> <li>- <a href="#">Clinical Service Desk Dispatch Code Review</a></li> <li>-</li> <li>-</li> </ul> | <p>Report Parameters:<br/>Date range between 30/09/19 and 06/10/19<br/>When the dispatch code has been removed due to escalation, the previous dispatch code has been substituted, if it was known.<br/>* incidents with the clinical desk outcome of 'Triage aborted' or 'Unable to complete triage'<br/>** incidents where a response appropriate flag has been applied (e.g. RRV Appropriate)<br/>*** incidents that have been escalated (e.g. Upgrade to Amber1, Downgrade to HCP)</p> | <a href="#">Appendix Seven</a>  |
| Title of Report                                                                                                                                            | Descriptor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Example (Sept 2019)             |
| Hear and Treat Report                                                                                                                                      | The following report summarises Hear & Treat for NHSDW and CSD                                                                                                                                                                                                                                                                                                                                                                                                                             | <a href="#">Appendix Eight</a>  |
| <a href="#">Clinical Support Desk Report</a>                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <a href="#">Appendix Nine</a>   |
| <a href="#">Clinical Support Desk Detailed Data</a>                                                                                                        | Detailed CSD Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <a href="#">Appendix Ten</a>    |
| <a href="#">EMS Telephony Agent Activity</a>                                                                                                               | Cisco Agent telephone data                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <a href="#">Appendix Eleven</a> |

## 10.4 Findings – Current Performance Delivery (CSD Calls Per Hour)

- .....
- 10.4.1** The initial intention of setting this target would have been to ensure a measurable productivity level within CSD that would ensure an effective balance between demand and capacity.
- 10.4.2** Additionally this target would help identify any individualised performance support or training that is required. During the interviews there were comments in relation to productivity issues and how these are managed or dealt with currently.
- 10.4.3** There are no automated process / report to determine calls per hour, with the only way to obtain accurate metrics would be to do a manual calculation, which is time consuming. This target is explicit to a H&T clinician assessment using the Manchester Triage System (MTS) and not for any other function within CSD.
- 10.4.4** Following CSD staff interviews it's fair to say that most clinicians knew about this 4 calls per hour target however no formal framework or plan has been developed to manage this performance target. The staff reported that due to all the other supportive work within CSD typically do on a shift, this target is rather arbitrary and not achievable. However they noted that if this they just focused on the H&T then this would be more than achievable to achieve.
- 10.4.5** Currently there are no agreed call time's targets within CSD. In order to determine calls per hour a prerequisite would be to review and agree a target / average call time explicitly on the H&T assessment only. It's a given that some call type will be quicker than others to assess and some may be much longer however averaging these calls over a longer period of time would give a more accurate average measurement. Determining the calls per hour and productivity at present is very difficult due to the other additional work areas CSD are involved with.

### Recommendation Seventeen

In order to determine productivity and calls per hour the following is recommended for further consideration:

- Average call time for an H&T assessment to be agreed as a reportable standard / target.
  - Activity agent code sets to be agreed within Cisco Agent telephone system, similar to that within NHSDW/ 111.
  - Active real time management of CSD activity aided by the Cisco Agent system.
  - Real time agent Cisco dashboard development.
  - A CSD Clinician Performance Framework supporting appropriate productivity outputs.
  - Productivity captured within PADR/ 121 and training.
  - Leadership input into developing a conducive culture for the rationale for this change.
- .....



## 10.5 Findings – Current Performance Delivery (H&T)

- 10.5.1 Currently pre-determined MPDS codes / calls are transferred over from the EMS call taker to the CSD Agency stack. When these calls are on the CSD stack they are not visible to the allocators and would typically would not be dispatched on.
- 10.5.2 The Trust typically receives 1200 to 1500 999 calls per day with CSD reviewing approximately 16 -20 % of these.
- 10.5.3 When the CSD was initially developed the intention was for the clinicians to take calls from this stack and preform the H&T assessment and then pass calls back if required for an ambulance response.
- 10.5.4 However, the process has changed to move all calls from this stack to the main stack before any assessment by a clinician. The clinicians will then review the main Recall Stack for appropriate calls to perform the H&T assessments.
- 10.5.5 Generalised comments during the interviews indicate some issues with the code set on some of the calls that are sent over to the CSD stack. Often these are not clinically appropriate for the H&T function and have a lower success rate in not requiring an ambulance response following assessment.
- 10.5.6 Conversely comments captured would indicate that what is working well currently is the ability of clinicians to review and self-select calls from the main stack for appropriateness for the H&T assessments. The shift lead would allocate the workload between the team on a shift basis. Feedback included a greater success (i.e. not requiring ambulance response) in the Amber category followed by the Green 3 and then the Green 2 calls.
- 10.5.7 Green 2 / 3 outcomes would typically have a high rate of elderly fallers that CSD staff reported in the interviews to be challenging in regards to time to assess with a high outcome that an ambulance or falls team response would be required anyway. Compared with the amber codes where a higher success rate of non-conveyance is possible in less time. CSD staff suggested expansion of falls desk/s.
- 10.5.8 These comments were supported in a recent report which can be found in Appendix Twelve which indicate a review of MPDS codes was required, however as yet this review has not be concluded.
- 10.5.9 The attainment of the 25 % target has been consistently achieved (see last 6 months data below) and a stretch target of 30 or 35 % should be considered.

## 10.6 Findings – Management of Upgrades & Downgrades.

- 10.6.1 In regards to upgrades or downgrades of outcome codes there are currently no defined targets set. These outcomes are upgraded due to clinical risk at the time. It's not in the scope of this review to comment in detail on this issue however further work and analysis would be required on this matter. A recent month's data in Appendix Fifteen shows the upgrade / outcome positions for the CSD.

## 10.7 Findings – Call Reviews

- 10.7.1 The purpose of call reviews is foremost to ensure patient safety whilst supporting a good patient care experience with appropriate and timely care outcomes. The current agreed process is for a Senior Clinician to review a minimum of 3 calls per month (used to be 5) on all clinicians in their team. These reviews are undertaken following a MTS assessment. There are two audit tools which are currently in use can be found in **Appendix Sixteen** and **Appendix Seventeen**.
- 10.7.2 It is good practice for the reviewer to feedback on the review to the clinician to comment on good / exemplar practice as well as on any learning issues identified. MTS suggest a minimum of 3 call reviews per month. For new staff during the first 4 weeks there is a target of 5 calls per week with weekly 121 meetings for feedback. There is a general agreement that peer reviews should be completed between the bands 7 Senior Clinicians.
- 10.7.3 Currently there is no reportable database to capture these call reviews. The Senior Clinicians save the completed reviews on a shared drive. To obtain performance data for this activity would involve a manual calculation from each team leader. Comments from the Team leaders suggest that is very challenging to review all their team and feedback every month.
- 10.7.4 A common theme identified is that on average around 7-8 hours of time is allocated per team leader each week to complete all other non-shift operational duties e.g. call reviews, 121/ PADR, HR staffing issues. Peer reviews are quoted as seldom completed. Additionally suggestions around utilising the band 6 to shift lead was a common theme in order to release time for the band 7 to complete performance and staffing issues.
- 10.7.5 Comments received included a requirement for the Senior Clinicians to review calls following complaints and adverse incidences which can be challenging within their current workload.



## 10.8 Findings – NHSDW / 111

- 10.8.1 Currently NHSDW/ 111 will accept by electronic CAD to CAS transfers on pre-determined MPDS codes Green 3 calls from EMS CCC. There are exclusions associated with these transfers that the EMS call taker will consider before transferring them over. On average these will be circa 80- 100 calls per day.
- 10.8.2 Additional Green or Amber calls may be verbally accepted between clinician to clinician during raised Escalation levels or as part of the DMP actions.
- 10.8.3 The number of calls transferring over to NHSDW on the pre-determined codes is relatively steady at 80-100 per day. The performance away from ambulance remains between 55-60 % on most days, averaging 58.2% over the last 6 months. This has a positive impacting supporting the CSD and the EMS ambulance allocations.
- 10.8.4 A significant amount of returns requiring ambulance responses are the falls patients as they inevitably require some form of definitive care by an attending crew. The falls calls due to the nature take more time to deal with.
- 10.8.5 Further work is required in reviewing the current pre-determined codes for suitability for NHSDW transfer and whether new codes should be included or not. Conversely the codes with a higher rate of needing ambulance responses may need to be removed.
- 10.8.6 NHSDW/ 111 currently has a 20 minute target for calling green 3 calls back for an assessment. At best this target is difficult to attain due to increase in capacity and demand due to the current rollout of new Health boards within Wales onto the 111 service.
- 10.8.7 Callers are informed by the EMS call taker of this target time at the end of the call, however by the time the record has been finalised, sent over, accepted and placed on the queue it has already been some minutes by then. If the caller has not had a ring back within this tight time frame then this will increase the amount of calls back in to 999 which increases workload. As these calls may need to wait some time on the stack anyway for a response it may be worth considering increasing this 20 minute target to a realistic 45 or 60 minute one.
- 10.8.8 Further integration, joint working and training initiatives between CSD and NHSDW/111 clinicians may prove positive and would be worth exploring. Recognising each other's challenges, abilities and model of care would be a potential ambition of this greater integration.

## 10.9 Findings – Staff Performance (PADRs & 1-2-1)

- 10.9.1** Currently NHSDW/ 111 will accept by electronic CAD to CAS transfers on pre-determined MPDS codes Green 3 calls from EMS CCC. There are exclusions associated with these transfers that the EMS call taker will consider before transferring them over. On average these will be circa 80- 100 calls per day.
- 10.9.2** The Welsh Ambulance service is dedicated to support staff development in the workplace. An annual PADR supported by regular 121 meetings is a requisite. The introduction and growth of the Senior Clinician role has supported this requirement however the band 6 team size has also increased significantly this year. The PADR compliance should be >85%. 121 meetings with line managers is not a set target but a general consensus amongst the CSD clinicians was it would be a monthly activity.
- 10.9.3** At the end of the last financial year the PADR compliance was 91.67% which above 85% target (an end of year analysis of PADR performed is completed). There has been significant challenges in regards to workload, abstracting CSD clinicians off line to undertake this activity over the last few years. Additionally the ratio of Managers to clinicians has been challenging. However over the summer there has been significant additional recruitment of senior clinician's into the CSD. Overall the improvement in this area has seen a dramatic improvement over the last 2 years.
- 10.9.4** CPD Compliance data can be found in **Appendix Eighteen**.

### April 16 to March 17

| Org L9                  | Assignment Count | Reviews Completed | Reviews Completed % |
|-------------------------|------------------|-------------------|---------------------|
| 020 Clinical Hub (E811) | 28               | 8                 | 28.57               |
| <b>Grand Total</b>      | <b>28</b>        | <b>8</b>          | <b>28.57</b>        |

### April 17 to Mar 18

| Org L9                  | Assignment Count | Reviews Completed | Reviews Completed % |
|-------------------------|------------------|-------------------|---------------------|
| 020 Clinical Hub (E811) | 33               | 26                | 78.79               |
| <b>Grand Total</b>      | <b>33</b>        | <b>26</b>         | <b>78.79</b>        |

### April 18 to Mar 19

| Org L9                  | Assignment Count | Reviews Completed | Reviews Completed % |
|-------------------------|------------------|-------------------|---------------------|
| 020 Clinical Hub (E811) | 48               | 44                | 91.67               |
| <b>Grand Total</b>      | <b>48</b>        | <b>44</b>         | <b>91.67</b>        |

- 10.9.5** At the end of the last financial year the PADR compliance was 91.67% which above 85% target (an end of year analysis of PADR performed is completed). There has been significant challenges.
- 10.9.6** Generally the CSD clinicians felt supported by their direct managers stating that since the recent increase in the numbers of Senior Clinicians things have improved. However there were opinions in relation to excessive workload, competing & conflicting priorities that led to expressions of a low morale and low engagement from within the team.

## 10.10 Findings – Managing Attendance

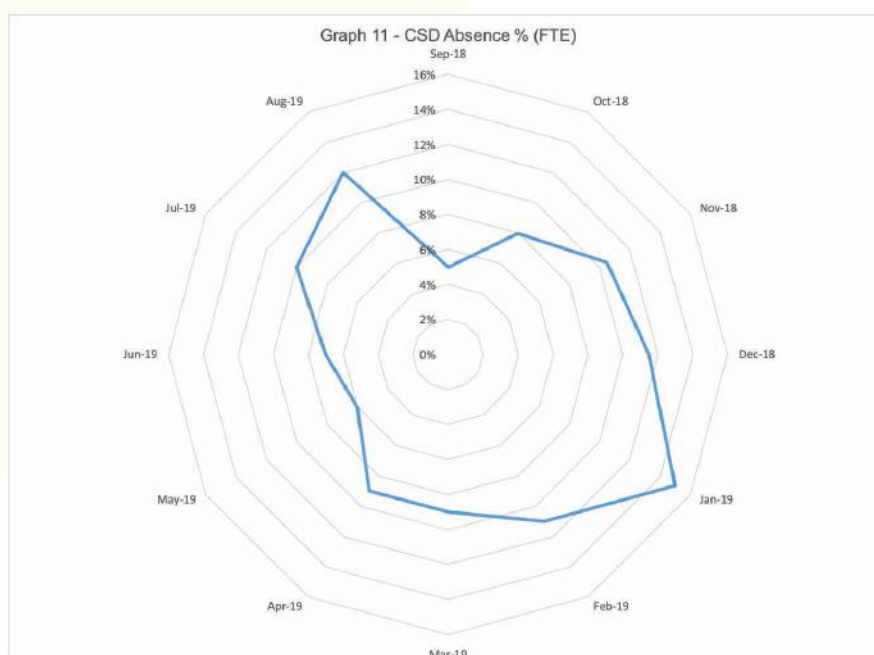
- 10.10.1** Currently the Welsh Ambulance Service has increased sickness levels across most areas which is above the NHS national average, there are numerous improvement initiatives concurrent in order to support staff at work and obviously improve attendance. There are seasonal variance noted in sickness levels in the Trust that peaks over the winter months. Currently the Trust cumulative average this year is at 7.2% sickness, see graph below. The glide target for September is 5.89% (6.3% annual/ average target).

**Graph Ten – WAST Absence Glide path**



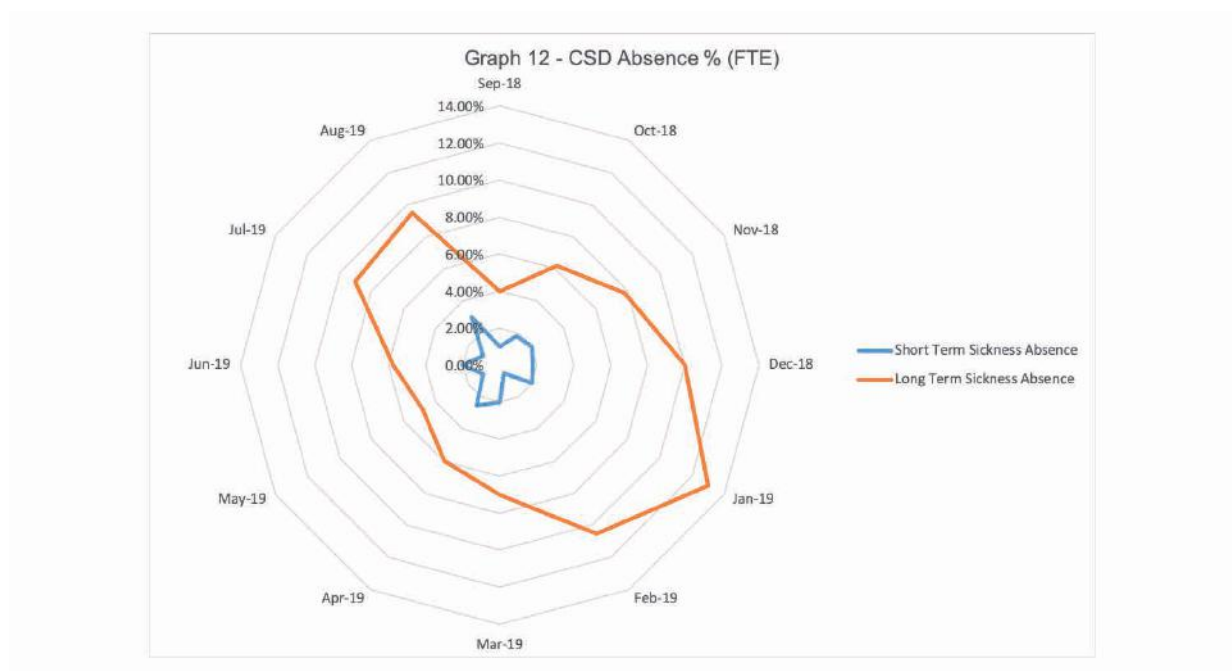
- 10.10.2** Graph Thirteen shows the sickness levels for the CSD over the last 12 months. Currently it's at 12 % sickness which is above target, there is on an upward trend since May 2019. Taking account of the typical seasonal variance this may further increase this rate. CSD is a relatively small team (n=48) and typically at greater risk of a disproportionate spikes / troughs in sickness percentages compared to a much larger team.

**Graph Eleven – CSD Sickness Absence**



- 10.10.3** References were made during interviews about sickness and attendance management. These included comments relating to the sickness policy not being adhered to, return to work interviews not being completed in a timely manner, no contact from managers when on LTS and not all staff progression through policy correctly. As these are comments / opinions captured at interviews they may need further clarification or review for factual accuracy.
- 10.10.4** Graph Fourteen distinguishes short term and long term sickness with in the CSD team. The LTS is higher than the STS.

**Graph Twelve – CSD STS vs LTS**



- 10.10.5** When reviewing sickness absence within the CSD it is vital to consider the significant changes to the establishment set out earlier in this report.

## 10.11 Findings – Approach to resourcing

- 10.11.1 The CSD currently has a blended mix of rosters in place including permanent rosters and self-rostering.
- 10.11.2 CSD, akin to many parts of the Trust have staff with flexible working arrangements in place however it is evident that many of these have not been reviewed in line with Trust policy.
- 10.11.3 With a variety of different styles of rostering and flexible working patterns means that cover is often not matched to demand with times of over resourcing and other periods of significantly reduced cover.
- 10.11.4 Concern was raised in interviews that cover could be more actively managed within the Resourcing team and often this is undertaken more informally within the CSD team.

## 10.12 Semi-Structured Interview Findings

- 10.12.1 During the interviews the CSD Clinicians and Senior Clinicians were asked if they would suggest any changes or recommendations within the CSD function which is captured below. Most of these suggestions may not be directly associated with this work stream however it is essential that they are all captured and passed to the main review for consideration.
  - i. To set up a clinical hub within the CCC. (EMRTS, Clinical Desk, APP's and NHSDW clinicians).
  - ii. Improved training both in terms of volume, quality and sharing across functions.
  - iii. Dedicated Auditors for CSD.
  - iv. Review all flexible working and reasonable adjustments in CSD.
  - v. Demand analysis to be redone – rotas to meet the demand.
  - vi. Originally NHSDW dealt with majority of the lower acuity green calls. However, when the Clinical Desk was introduced most of these calls were then directed to this group of clinicians. There should therefore be a review of the DCR Table with the majority of the Green calls should be sent to NHSDW and allow the clinical desk clinicians to concentrate on the Amber 2's and lower end Amber 1's
  - vii. Test the model above on all of these Amber 2 and lower Amber 1 calls being presented on the clinical desk stack, withholding any ambulance response until patient has been clinically assessed. The Ambulance response stack would then only automatically allocate on red and high amber 1's
  - viii. MTSTTA link with C3/Wylie to be explored and costed.
  - ix. CAD to CAS link to be explored and costed. This is available for any calls that required to be passed back by our NHSDW colleagues.
  - x. Further scoping of Triage Systems available on the market for WAST Clinicians to utilise and use a single platform across clinical functions.
  - xi. Identifying themes and trends on adverse incidents, and addressing these on training days/ learning events.
  - xii. Clinicians have to close the call for it to be returned to the response stack, this needs to be looked at by MIS.

- xiii.** Scope out a full rotational model of all the clinicians. This would build resilience and relationships as well as understanding each other's roles. This meets the need for more interaction and collaboration and would also support REAP / DMP / surge capacity.
- xiv.** Explore automation of codes (DCR table) when in certain levels of REAP. As we progress through more codes to our NHSDW colleagues, there is clear evidence in 2012 up to the period until the Clinical Desk was commenced that our nursing colleagues could deal with this and avoid ambulance responses.
- xv.** Productivity of clinicians working in the Police Force Control Room needs to be evaluated for effective and efficient use of resources. Need monthly report on a shift by shift basis. We need to know that this is adding value and reducing demand. However withdrawing them could cause reputational issues with WAST.
- xvi.** Ensure access and training to all Band 7 on ACCR Call Vision Performance Boards so they can manage activity of the Band 6 on duty, also reports on report manager.
- xvii.** Activity codes to be introduced and implemented for use by the clinicians to support the above.
- xviii.** None of the Band 7 managers have access to EIS to run team performance. This is absolutely crucial to the role, and to run an effective, efficient, service.
- xix.** Falls Desk worked really well. We should scope out funding for this to become permanent so that it doesn't impact on the regular clinicians undertaking H and T.
- xx.** Consider further the role/ function of the CSD during a Major Incident.
- xxi.** There was clear desire for the clinicians to be part of a huddle when patients were waiting on the stack, some sort of MDT. They felt they could add so much value.
- xxii.** HCP Clinician. If adequately resourced this could be proved beneficial through Clinician to clinician conversations.
- xxiii.** Electronic passing of safeguarding information to external stakeholders needs to be scoped out.
- xxiv.** Lack of space. Sometimes too many clinicians on duty in one centre with not enough seating / work desk capacity, estates review on CSD required.
- xxv.** 12 hours shifts possibly unsafe and not conducive to wellbeing. A review of the rosters is required.
- xxvi.** Clinical leadership at higher level required.
- xxvii.** Role clarity required.
- xxviii.** Introduction of clinical supervision required.



## 10.13 Conclusions

- 10.13.1 Currently there are 4 main services that provide clinical support to EMS CCC. These include EMRTS, CSD, NHSDW and APP's. All provide similar functions surrounding appropriateness of responses or alternative care to received 999 and HCP calls.
- 10.13.2 Focusing mainly on the CSD function, this desk was initially developed to maximise the H&T function. However over the last few years it has taken on many more functions and responsibilities. This has placed additional demand on the CSD which has then led to challenges in providing requisite services in all these areas.
- 10.13.3 During the interviews the CSD staff have shown professionalism and a firm desire to further improve the service through an open and honest approach. There are key areas of improvement required as well as building and celebrating the success so far the CSD has provided.
- 10.13.4 In regards to improving performance and productivity there are clear possible quick wins as well as medium or longer term solutions and actions possible. Due to the time frame of the report it was not possible to review in depth the full functions of the CSD and additional work in the near future may be required.
- 10.13.5 The authors thank the CSD staff for their cooperation and their engagement.

## 10.14 Recommendations For Change

### Recommendation Eighteen

Review CSD function priorities within the current Demand Management plan maximising the H&T assessment / function.

### Recommendation Nineteen

In order to determine productivity and calls per hour the following is recommended for further consideration:

- Average call time for a H&T assessment to be agreed as a reportable standard / target.
- Activity agent code sets to be agreed within Cisco Agent telephone system, similar to that within NHSDW/ 111.
- Active real time management of CSD activity aided by the Cisco Agent system by the Band 7 or delegated band 6 Shift lead CSD clinician.
- Real time agent Cisco dashboard development.
- A CSD Clinician Performance Framework supporting appropriate productivity outputs.
- Productivity captured within PADR/ 121 and training.
- Leadership input into developing a conducive culture for the rationale for this change.

**Recommendation Twenty**

Undertake a review of the relative success rates of other MPDS codes, especially focus on certain amber 1 & 2 outcomes and the pre-determined codes for NHSDW/111.

**Recommendation Twenty One**

The Trust should develop a call review database that can be reported upon. Additionally it should have the ability to be searchable on key entries and able to export key performance metrics (similar to 111 / NSHDW).

**Recommendation Twenty Two**

Regular levelling call review exercises should be introduced to ensure consistency and correct application of marking within the call review tool. Completed call reviews should feature on the CSD performance dashboard

**Recommendation Twenty Three**

Review the current sickness and attendance management arrangements, in doing so ensure there is sufficient supporting management and HR resource available to implement said arrangements.

**Recommendation Twenty Four**

Explore amending the target for ring backs for Green 3 patients triaged as Green 3 (pre-determined coded call). The review recommends this can be safely moved from the current 20 minutes to 45 or 60 minutes.

**Recommendation Twenty Five**

It is recommended that the approach to rostering is reviewed to ensure that as far as practicable that resourcing matches demand.

**10.15 Recommendations For Future Work****Area of further work**

Undertake a detailed review and analysis of appropriateness of upgrades & downgrades by CSD. This performance metric to be a key target on the CSD performance dashboard

**Area of further work**

The Trust should complete the evaluation of the dedicated National Falls Desk trial and consider the relative merits of such a provision.

**Area of further work**

Consideration the business benefits / costs of setting up an audit team to review calls.

**Area of further work**

Further work is required to understand the potential benefits which may arise from CSD / NHSDW 111 future integration.



# 11 Conclusions, Recommendations & Next Steps



## 11.1 Conclusions

**11.1.1** This paper is the product of a clinically led, operationally supported review of the clinical functions within the CCC. Guided by a Terms of Reference provided by the Director of Operations and Medical Director, the review team utilised a quality improvement approach to the services provided to the staff in WAST and the patients across Wales who use our services.

**11.1.2** The review team explored the evolution of the clinical functions from early origins as a purely H&T function to a much more diverse range of clinical functions managing patient safety, see and treat functions, critical care & trauma as well as the H&T from which the CSD takes its roots.

**11.1.3** Through the six this paper and its constituent themes there were a number of findings which produced the twenty nine recommendations which feature at the commencement of this report and through each section. These opportunities for further improvement can be broadly summarised as:

- There is an opportunity to increase the efficiency with which the various clinical components within the CCC operate together to reduce duplication and develop clearer role clarity.
- In an environment that is hugely complex, pressured and diverse the Trust has a huge number of staff working incredibly hard, with great passion to deliver clinically effective services to patients and improve the patient experience. The organisation does however have an opportunity to further define how clinical leadership is provided in the CCC environment.
- The CSD has grown over a number of years to a point where it now has 13 principle functions at the great risk that it has lost the role clarity that is required to deliver a consistent and effective service.
- Going forwards there are opportunities to further support our staff to achieve even more through improving clinical leadership, performance management arrangements, governance, procedures and the recognition of the very specialist nature of their clinical practice.

## 11.2 Next Steps & Future Work

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- 11.2.1** Alongside specific recommendations for change this report signals through its chapters where further work and review may prove beneficial. It is suggested that consideration is given to how these areas may be progressed either through a 'phase two' of the clinical review or via another means.
- 11.2.2** Many of the suggestions for future work are, in many respects quite tactical within the scope the existing operational model and organisational strategy. Directors may wish to consider some of the signalling in this report to more strategic opportunities and questions such as:
- Consideration should be given to creating further improvements by undertaking a re-design of the component aspects of the CCC clinical model such as integrating clinicians across service lines into a single clinical hub.
  - Creating definition on the purpose and role of the various clinical functions. This review has focussed to date on improving the services within their current scope. If an organisational appetite existed to 'shift left' to a greater extent then further opportunities may present themselves e.g. video consultations, wider clinical skill sets etc.
  - Defining our approach to clinical risk. To what extent do we wish to balance providing the quickest possible response versus trying to maximise the numbers of patients who can be treated by tele-care and alternative pathways.

# 12 Appendices, References & Bibliography



**Appendix One – Terms of Reference**

**Appendix Two – Interrelated Activity Map**

**Appendix Three – Research Dissertation**

**Appendix Four – CSD Process Map**

**Appendix Five – Engagement Questions**

**Appendix Six – Detailed Green 3 Report**

**Appendix Seven – Clinical Service Dispatch Code Report**

**Appendix Eight – Example H&T Report**

**Appendix Nine – Example Clinical Support Desk Report**

**Appendix Ten – Example Detailed CSD Activity Report**

**Appendix Eleven – Example EMS Telephony Agent Report**

**Appendix Twelve – CSD Dispatch Code Review**

**Appendix Thirteen – CSD Report (August 19).**

**Appendix Fourteen– 2019/20 Q1-Q3 Data**

**Appendix Fifteen – Upgrade & Downgrade Report**

**Appendix Sixteen – Audit Tool**

**Appendix Seventeen– Retrospective Audit Tool**

**Appendix Eighteen – CCC CPD Compliance**

If you wish to view any of the documents listed throughout this plan please contact the Clinical Contact Centre Team on  
**AMB\_CCC.SLT@wales.nhs.uk**

## References

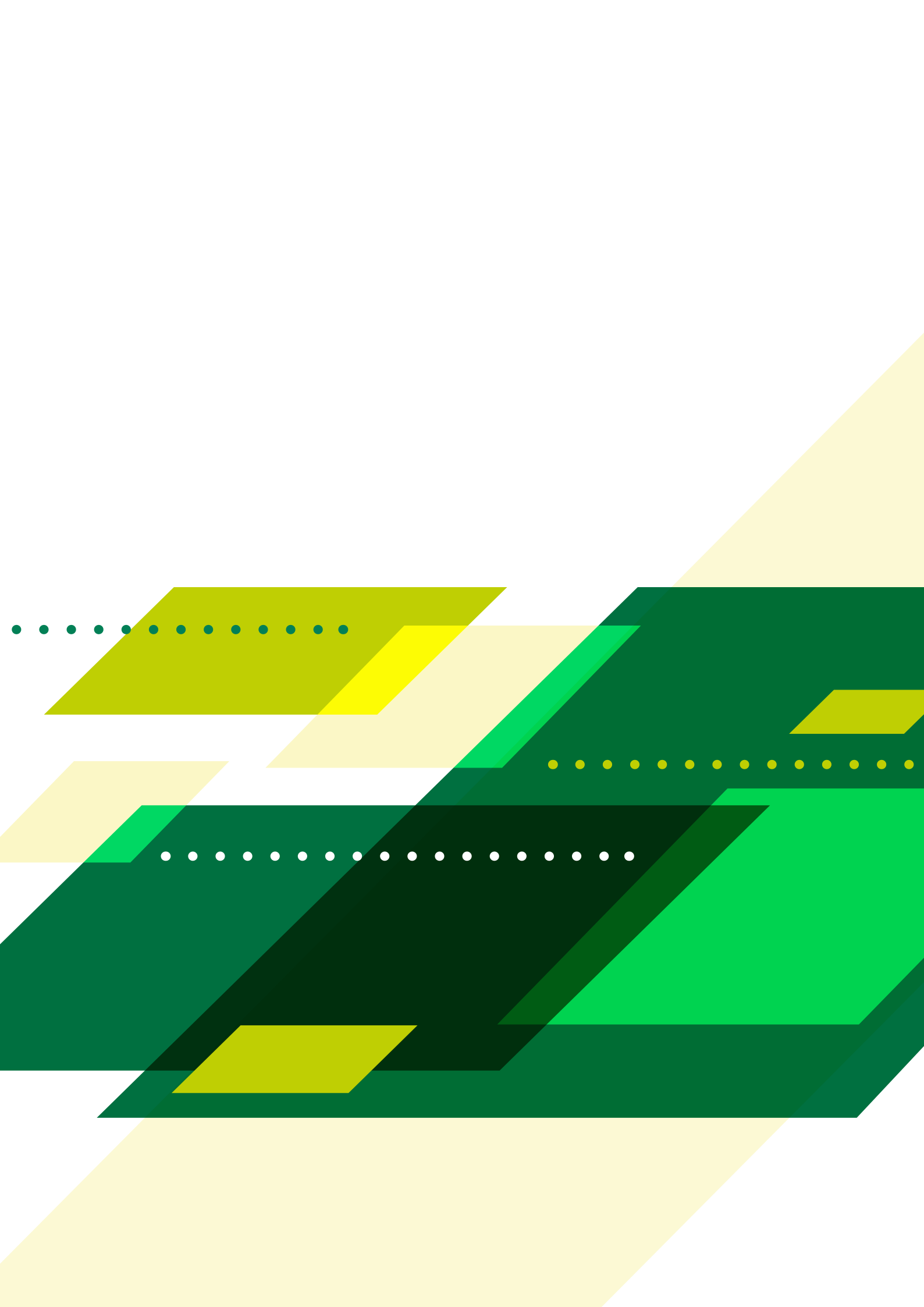
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Welsh Ambulance Services NHS Trust

# Clinical Contact Centre **Clinical Review**

Summary

November 2019







# Foreword



In 2015 we led the way for UK ambulance services with our new Clinical Response Model. Critically, the removal of some clinically inappropriate time-based targets has enabled us to focus on sending the best response to the patient, rather than a less appropriate response to stop the clock.

Our Clinical Contact Centres are at the core of our service delivery model. As the place that receives, triages and coordinates requests for urgent and emergency help they are a vital component of providing safe and effective services across the whole of Wales. We anticipate that this review will enable us to move to the next level and maximise the potential of our fantastic staff in these centres.

As demands upon the health and social care systems in Wales increase and shift, we must prepare ourselves to deliver services in a smarter way. The benefits of remote clinical decision making are clearer now than ever before, and we have been engaged in this model of care for a number of years already. As the provider of NHS Direct Wales, 111 Wales and emergency 999 services, we have an opportunity to integrate our clinical services further so that no matter what route a patient might use, we can identify and respond to their clinical need in a seamless way. This is also the mechanism through which we make clear our intention to develop our remote clinical decision making capability so the whole unscheduled healthcare system can benefit.

The joint commissioning of this review demonstrates the importance of the relationship and dependency between the Operations and Clinical Directorates. It is absolutely crucial that we continue with the close working and integration, which makes our service unrecognisable to where we were just a handful of years ago. This integration needs to encompass the entire spectrum of our work and this review will be a key enabler in challenge ourselves to do more together, for our patients and our staff.



**Lee Brooks**  
Director of Operations



**Dr Brendan Lloyd**  
Executive Medical Director

# Executive Summary

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Welsh Ambulance Services NHS Trust (WAST) currently provide and host clinical services within the Clinical Contact Centre (CCC) with a variety of aims connected to a number of the steps within the Clinical Response Model. This includes services aimed at H&T, some aimed at higher acuity patients and clinical safety netting and support of those who need a face-to-face response.

As the demands on healthcare services in Wales grow and pressure builds across the urgent and emergency care system there is an ever increasing desire to maximise the opportunities to 'shift left' by providing the best possible clinical care to patients without sending an operational response.

This report was commissioned to review those clinical functions and explore what opportunities there are for improvement, reform and change.

This chapter provides a summary of all the recommendations for change. Context, detail and background to each recommendation can be found in the relevant chapters. Additional recommendations for further work and signalling of areas which may prove worthwhile are also included through the report.

As described in chapter eleven the findings, conclusions and associated recommendations can be broadly distilled into the following four points.

There is an opportunity to increase the efficiency with which the various clinical components within the CCC operate together to reduce duplication and develop clearer role clarity through a clinical hub model.

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In an environment that is hugely complex, pressured and diverse the Trust has a huge number of staff working incredibly hard, with great passion to deliver clinically effective services to patients and improve the patient experience. The organisation does however have an opportunity to further define how clinical leadership is provided in the CCC environment.

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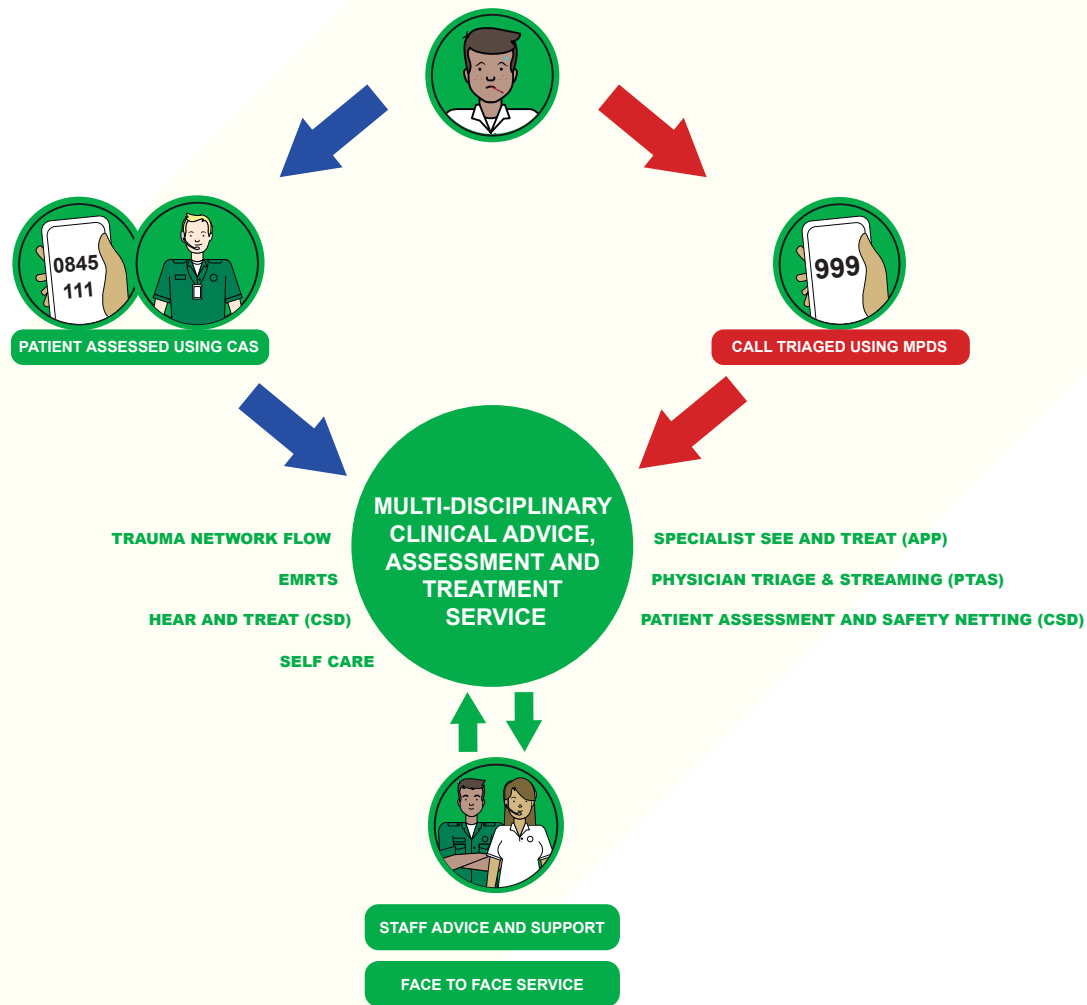
The Clinical Support Desk (CSD) has grown over a number of years to a point where it now has 13 principle functions at the great risk that it has lost the role clarity that is required to deliver a consistent and effective service.

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Going forwards there are opportunities to further support our staff to achieve even more through improving clinical leadership, performance management arrangements, governance, procedures and the recognition of the very specialist nature of their clinical practice.

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Underpinning those four themes is the concept of creating a Clinical Hub. Moving WAST on from the disparate and, often independent clinical functions the Clinical Hub is characterised by co-ordination and integration to seamlessly move the patient to the clinical service best able to meet their urgent or emergency healthcare needs irrespective of the number used to contact the service as shown in the schematic on the right.



# 1 Introduction & Purpose

- 1.1 In September 2019 the Director of Operations and Medical Director jointly commissioned a clinically led and operationally supported review of the CCC's.
- 1.2 The terms of reference for the review can be found in appendix one.
- 1.3 This review paper will describe current clinical service provision delivered within the CCC environment, review its efficiency, quality and safety. In delivering the review the team focussed on the experience and quality of care received by patients who access WAST through the 999 system and those patients identified by NHSDW and 111 as needing an EMS response.
- 1.4 In undertaking the review the following functions were considered 'in scope'
- Clinical Support Desk (CSD)
  - Advanced Paramedic Practitioner desk (APP)<sup>1</sup>
  - Trauma Desk<sup>2</sup>
  - Emergency Medical Retrieval and Transfer Service desk (EMRTS)<sup>3</sup>
  - NHSDW / 111 Wales<sup>4</sup>
- 1.5 This paper will identify recommendations for change and signal where the work to date would indicate that further exploration is warranted
- 1.6 With the magnitude of change which has taken place through the expansion of CSD, introduction of new services (inc SICAT & APP Desks), launch of 111 services and the imminent mobilisation of the trauma desk the review takes place against a backdrop of improvement activity already within CCC. This report builds on that work and enhances the activity already commissioned within the Operations Directorate.
- 1.7 The review was undertaken by the following core team:
- Andy Swinburn, Assistant Director Paramedicine (Clinical Lead)
  - Pete Brown, CCC Business Support Manager (Support/Coordination Lead)
  - Grayham Mclean, Unscheduled Care Lead
  - Gillian Fleming, Utilisation Manager, CCC
  - Iwan Griffiths, Clinical Manager
  - Wendy Herbert, Assistant Director Quality & Nursing
  - Donna Dibble, Senior HR Business Partner

1.8 Additional contributions were sought for specific aspects of the work and these were provided by:

- Sue Tuckett, National Clinical Operations Manager
- Duncan Robertson, Health Board Clinical Lead
- Hugh Bennett, Assistant Director of Performance
- Kayleigh Malson, Senior Information Analyst
- Vince Bagole, Clinical Service Improvement Support Officer
- Melanie Cadwaleder, CSD Senior Clinician.
- Sarah Wood, CSD Clinician.
- Andeep Chohan, Service Improvement Officer
- James Evans, CCC Staff Officer
- Steve Bird, CCC Project Manager

1 The wider APP operational model was considered to be out of scope of this review.

2 It should be noted that the Trauma Desk has not yet been mobilised as will not be operational until April 2020.

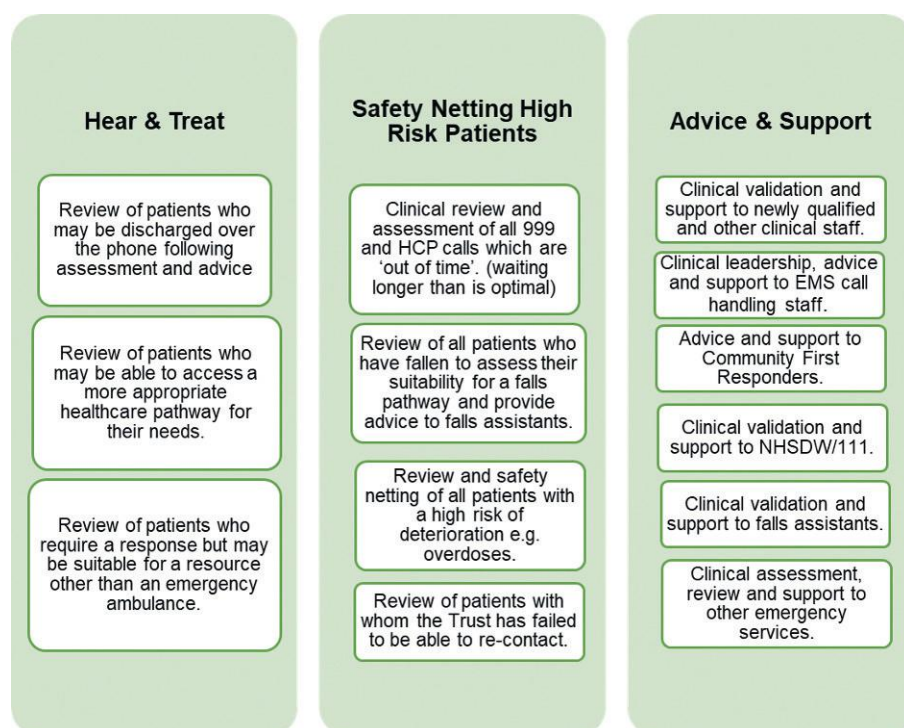
3 EMRTS was only considered in the context of patient flow of EMS patients within the CCC.

4 The scope of the involvement of NHS Direct and 111 Wales was limited to the interfaces with the EMS CCC in order to understand the flow of patients across the two domains.

## 2 Background

### 2.1 Clinical Support Desk

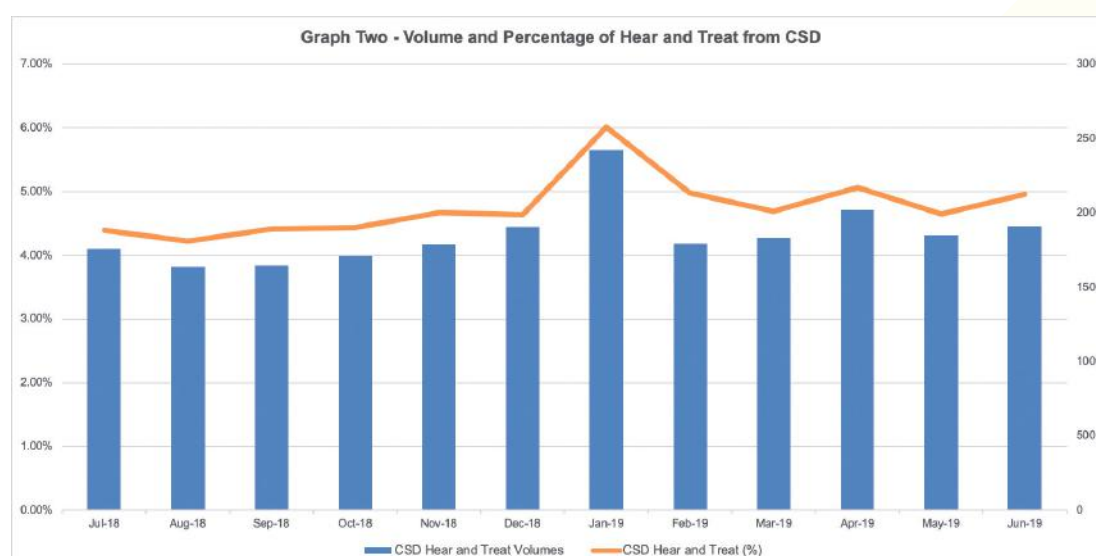
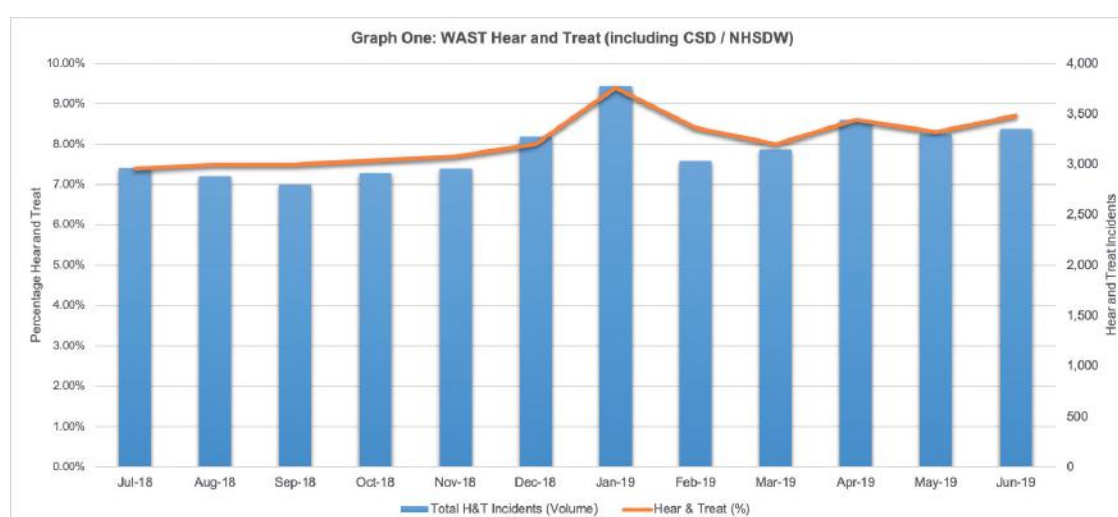
- 2.1.2** The CSD operates as a function within the Trust's CCC as a pan-Wales capability. The CSD represents an integral component of WAST's Clinical Response Model (CRM) by moving care earlier in the pathway to reduce ambulance dispatches and emergency department attendances.
- 2.1.3** The espoused principal role of the CSD Clinicians is to provide additional clinical triage, advice and support to patients to ensure that they are able to access the most clinically appropriate care for their urgent and emergency healthcare needs, commonly known as Hear and Treat (H&T).
- 2.1.4** In addition to this principal role the CSD also undertake a range of other clinical functions in pursuance of maximising patient safety for those awaiting an emergency ambulance and provide support to other staff groups such as falls assistants. In total the CSD undertake 13 functions. These are described below:



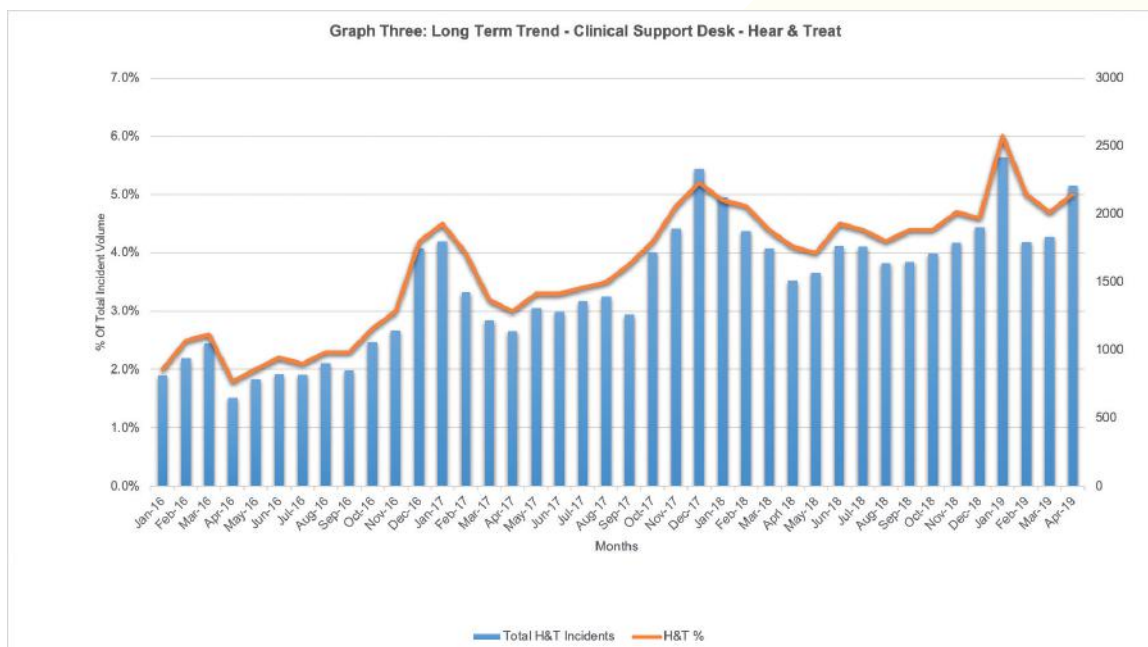
- 2.1.5** While all these activities are carried out by the CSD Clinicians, only the Primary H&T activity which results in an outcome where the patient no longer needs an ambulance response is recorded and reported in performance statistics. These are the WAST H&T percentages when reported in conjunction with calls passed to NHSDW which are similarly treated.
- 2.1.6** The CSD has the potential to secure operational efficiencies, patient care benefits and reductions of pressure within the urgent and emergency care system. (Kings Fund.2018, Bishop & Edwards, 2018). This was reflected in the findings of the Amber Review, published in 2018.
- 2.1.7** Additionally the CSD improves patient experience due to two factors, namely:
- Those who need a face-to-face assessment but have a longer than desirable wait for an ambulance response are better supported by Clinicians on the telephone while they wait.
  - Those patients whose healthcare needs can be met over the telephone but have called for an ambulance, are having their needs met in the most appropriate way (by telephone) thereby reducing unnecessary waits for face-to-face assessments or journeys to healthcare settings.
- 2.1.8** Akin to improvements in patient experience, staff experience is also supported through two factors:
- Fewer patients who could be treated or managed over the phone are requiring Emergency Ambulance attendance
  - Newly qualified Paramedics are better supported by more experienced Clinicians being more readily available on the CSD.
- 2.1.9** Ahead of winter 2018/19, funding was provided for the provision of additional and relief capacity within the CSD and the enhancement of the supervisory function. This investment was in order to secure the following benefits:
- Increased numbers of patients discharged from care over the phone thus reducing the numbers of Emergency Ambulance (EA) dispatches and presentations to Emergency Departments (ED).
  - Increased numbers of patients referred to alternative care pathways thus reducing the pressure on EA resources and pressure within the wider healthcare system.
  - Increased numbers of patients discharged from Ambulance care but providing their own mode of transport to the ED thus reducing the numbers of EA dispatches, freeing up resources for other callers.
- 2.1.10** The additional winter funding and subsequent ongoing revenue funding enabled the expansion of the establishment of Paramedics and Nurses working on the CSD from 30 to 41 whole time equivalents (WTE). Additionally the funding provided for 5 WTE Senior Clinicians (Supervisors).
- 2.1.11** In line with the business case, whilst recruitment commenced in November 2018, many of the additional Clinicians did not commence in post until January 2019. Once they commenced in post they then entered into a period of training and mentorship. Many of these Clinicians did not operate independent of training or mentorship support until February and March 2019, in the latter stages of the winter period.
- 2.1.12** The recruitment of the Senior Clinicians was drawn largely, but not exclusively, from within the existing pool of CSD Clinicians. As a consequence, those positions required back fill, and then training and mentoring.
- 2.1.13** In order to support new Clinicians, those senior Clinicians within the existing establishment were required to mentor and support the new staff joining the CSD establishment. As a consequence, less senior clinician time was available to deliver patient facing activities.



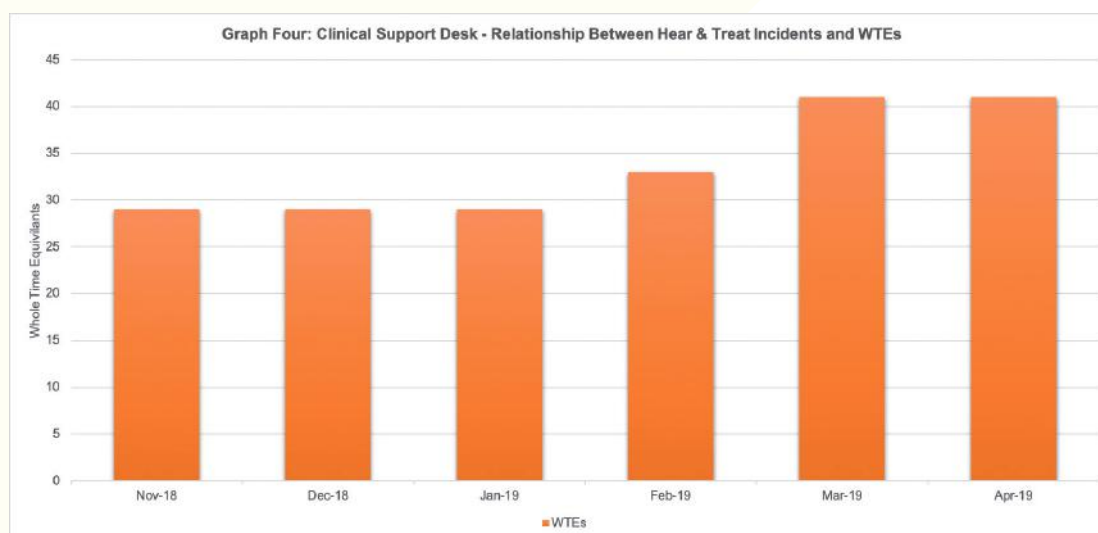
- 2.1.14** As a consequence of the lag time between the expansion being commissioned and becoming fully operational, an equivalent lag was experienced in realising the expected benefits of the establishment expansion.
- 2.1.15** Additionally a normal level of turnover was experienced within the workforce which continues through Q1, as a consequence recruitment for the vacancies that has created has continued through this period.
- 2.1.16** Prior to the expansion through winter 18/19 the CSD had a skill mix of 71.1% Nurses and 29.9% Paramedics. The additional staff recruited comprised of 83% Nurses and 17% Paramedics.
- 2.1.17** Winter 2018/19 and the investment in CSD correlated with a long term trend of increasing H&T outcomes both in terms of the total volumes and as a percentage of the total number of incidents at both a Trust and CSD level. It's worth reflecting at this juncture that Trust level H&T includes both CSD and NHS Direct / 111. This improvement trend has continued into Q1 of 2019/20 and is shown in graph one to three.



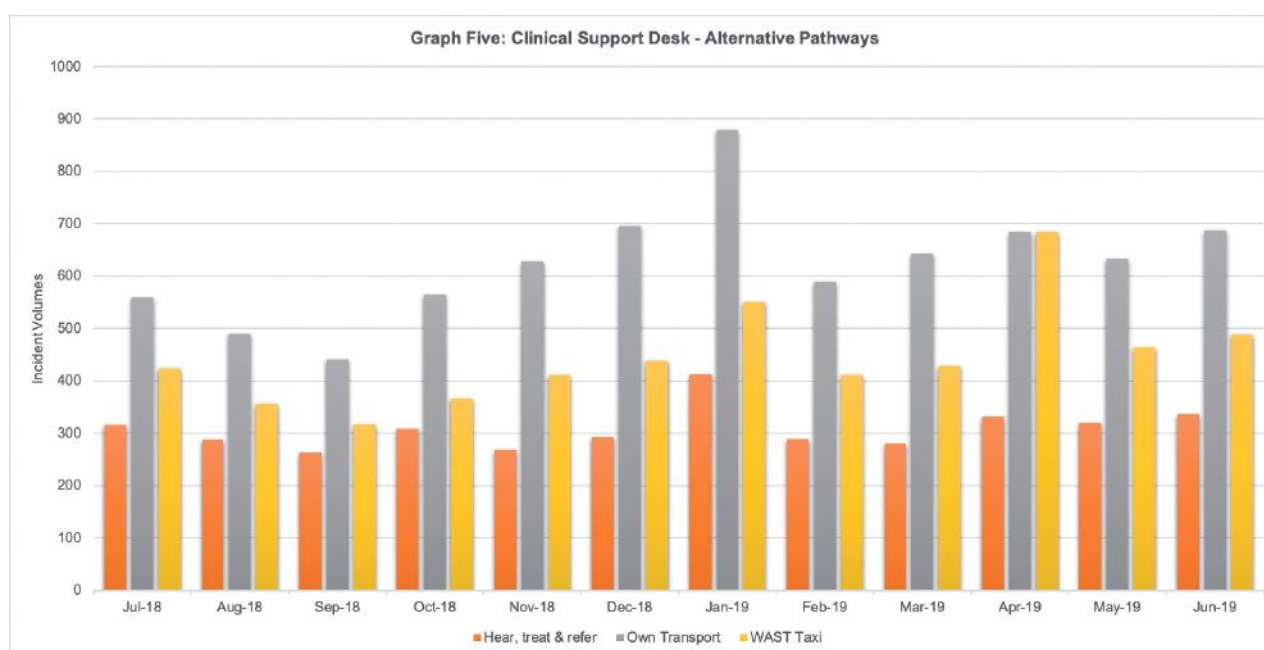




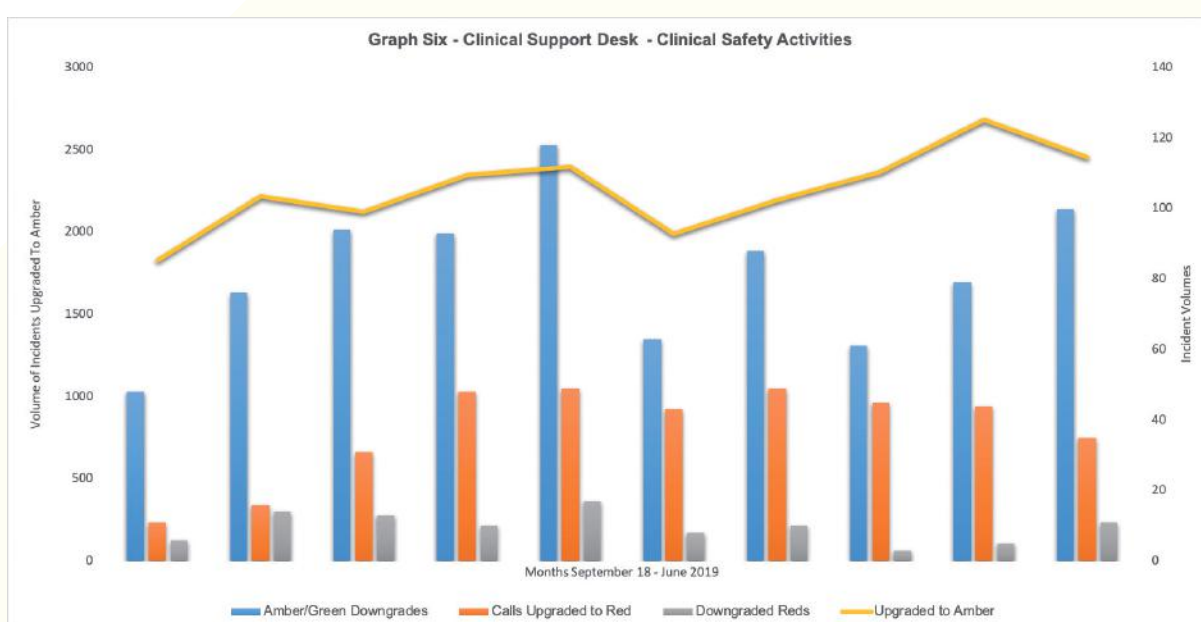
**2.1.18** Graph 4 (below) demonstrates the timing of the when the additional WTE Clinicians came into post. However as noted above, the new recruits were not all able to work independently immediately.



- 2.1.19** It should be noted that all of these H&T outcomes necessarily avoid attendance at scene by an EA, freeing up this high cost resource to attend other calls.
- 2.1.20** In addition to determining that a face-to-face assessment is appropriate the CSD have a number of options for alternative pathways, transport and referral routes which may be more clinically appropriate for patients.
- 2.1.21** Hear, treat and **discharge** outcomes will often be reached when a patient is provided self-care or first aid advice without a referral to another part of the healthcare system.
- 2.1.22** Hear, treat and **refer** outcomes will be reached when the Clinician refers a patient to another healthcare provider such as a GP or minor injuries unit.
- 2.1.23** Those patients who require attendance at an ED but for whom it is clinically more appropriate or safe to attend without an Emergency Ambulance attending may either be sent a taxi or attend in their own vehicle.
- 2.1.24** Graph Five provides a breakdown of the volume of patients managed through hear, treat and refer and the various outcomes available to the CSD for the journey to ED; own way, Taxi.



- 2.1.25** During winter 2018/19, in addition to supporting patients through H&T, the CSD delivered other activities in pursuance of securing patient safety. At times of high demand, the CSD undertakes calling back high acuity calls and undertakes a risk/benefit assessment of conveying by alternative transport or providing additional clinical advice whilst the patient is waiting.
- 2.1.26** This activity, whilst difficult to quantify, becomes a greater focus during periods of increased pressure which are more frequent and longer in duration through winter. One indicator of the level of work undertaken in pursuance of patient safety can be seen in Graph Six which sets out the number of upgrades and downgrades through the winter period initiated by the CSD following the clinical review of patients.



- 2.1.27** This explains why H&T increases in the winter months as the increase in time waiting for a response means conveying by other means (e.g. Taxi) becomes preferable to a longer wait for an ambulance despite this often being clinically suboptimal. It also explains why, when there are long handover delays at hospital, H&T increases as there are less resources available to deploy.
- 2.1.28** In addition to upgrades, the CSD also reviews, assesses and manages those patients who have fallen. The number of these patients managed through CSD rose by 2,233 incidents (60%) against the same period in the previous year. As a consequence, a reduction trend in the number of SAIs relating to patients who have fallen was secured through winter 18/19.

## 2.2 Advanced Paramedic Practitioner (APP)

### 2.2.1 APP in CCC – Current Position

- 2.2.1.1** APPs have worked in WAST CCC environments in previous years, as advanced clinical practice has a long history in the organisation. For the purposes of this report, we will concentrate on the work undertaken as part of the Betsi Cadwaladr University Health Board (BCUHB) pilot and subsequent work-streams.
- 2.2.1.2** In 2017 the rotational model of APP practice in WAST was developed and deployed as a test of change within the BCUHB area.
- 2.2.1.3** The initiation documents described a three part rotation with an external element in primary care. The scope of the pilot was narrowed to evaluate the effectiveness of the internal parts of the rotation, which included work in the CCC and on a responding vehicle.
- 2.2.1.4** The pilot went live in November 2017, with APPs supported by the CCC team to learn the systems necessary to do their work.
- 2.2.1.5** This model was designed enabling the APP in CCC to review the stack prior to the start of the operational shifts to line up the first cases and continue to review the stack to identify further cases for their vehicle-based colleagues.
- 2.2.1.6** In addition, the CCC APP was also available for crew advice, for example to support alternative dispositions and to assist with clinical decision-making for their APP colleagues (who now include a trainee APP in North Wales).
- 2.2.1.7** Stack monitoring was initially framed against a known code set where the disposition was most likely to result in the patient receiving safe care closer to home and avoiding an ED attendance. As the project evolved, the APPs were encouraged to explore whether alternative codes could be deployed on.
- 2.2.1.8** The data from the pilot supported this as a model, with a reported non-conveyance rate of 70% for the APPs versus 70% conveyance for conventional resources when mapped against the same code-sets.
- 2.2.1.9** Following completion of the pilot, the evaluation also reported on survey feedback from staff within the CCC, including the APP and call allocators. The report highlighted that more work was required to embed the APP team in this new environment, to flatten perceived hierarchies and demonstrate the value of the APP to the wider CCC team.
- 2.2.1.10** The resulting small-scale quality improvement project included the APPs and CCC allocators from a specific team. This had the benefit of reducing the hierarchy and embedding the APPs within the team with a closer understanding of each other's roles, strengths and limitations.
- 2.2.1.11** Six of the APPs received training (29th and 30th October 2018) in the Manchester Telephone Triage System (MTS) as a result of their CCC feedback. MTS enables the APP to safely ring patients back, triage and then ask specific questions to help provide the correct response, which may include or exclude an APP response (for example an older person who has fallen and sustained a head injury would be managed differently depending on their anti-coagulation status). The package also means that APPs are less reliant on the CSD to either upgrade or downgrade incidents as required.

## 2.2.2 North APPs and Single Integrated Clinical Assessment and Triage service (SICAT)

- 2.2.2.1** Concurrent with the MTS training, which was an internal winter plan, the WAST team in North Wales was working with BCUHB as part of their winter planning to deploy a GP led desk in the CCC supported by the APP team. The SICAT desk, is populated by GPs and went live on the 12th November 2018.
- 2.2.2.2** Technological limitations at start-up meant that the SICAT GP operates using Adastra with no access to the WAST Computer Aided Dispatch (CAD) system. Without further resources, the decision was taken to utilise the APPs to review the stack for SICAT suitable incidents and pass them over to the GP. Data indicates that with this system in place, the APP can pass up to 40 incidents per shift to the SICAT GP. This is in addition to the APP allocating colleagues and being available for crew advice calls.
- 2.2.2.3** As the SICAT work-load increased, the APPs have not had the opportunity to embed their own telephone triage competencies and a recovery plan is being drawn up as there is now additional capacity with MTS trainers in the North region.
- 2.2.2.4** The benefits of the APP working with SICAT are the clinical exposure to a senior clinician for the APP to discuss incidents and learn from, the GPs report a good working relationship with the CCC team and are reliant in the current operating model on the APP being able to identify suitable incidents. The GPs, who predominantly work in out of hours (OOH), have a better insight to how WAST works and WAST resourcing, which they are able to share with their OOH and primary care colleagues.

## 2.2.3 Expansion to other CCCs

- 2.2.3.1** APPs currently operate from each of the CCC sites. Their primary function in these environments is to review the stack across health boards to deploy their respective APP resources. They are also available for crew advice calls and to provide clinical advice within the CCC and CSD teams. MTS training is not consistent across all the CCC's and the APP teams.
- 2.2.3.2** South East are reviewing the SICAT model with provisional support from both Aneurin Bevan University Health Board (ABUHB) and Cardiff and the Vale University Health Board (C&VUHB).
- 2.2.3.3** The relative work-loads that the CCC APPs experience will differ according to CCC and depend on the maturity of the particular system.
- 2.2.3.4** SICAT systems do not operate in any of the other WAST CCCs, so the dynamic is different depending on the additional investment in the APPs. For example, APPs in Central and West have received their MTS training and are in the process of completing their initial supervised call assessments.

## 2.2.4 Future Evaluation and Occasions

- 2.2.4.1** The introduction of the APP into CCC is different in each CCC site. This is driven by physical space and maturity of the APP system.
- 2.2.4.2** Benefits to the APPs include a clearer understanding of the evolving pressures in the stack on a daily basis, the need to effectively utilise resources to fit demand, to be flexible whilst supporting the effective utilisation of operational APPs.
- 2.2.4.3** Benefits to crews seeking advice from the CCC APP – a credible resource who is also operational and most likely to understand the question being posed and have access to systems to enable them to make an effective, timely and patient focussed decision.
- 2.2.4.4** Benefits to CCC team – opportunity to provide clarity about clinical presentations, to support the Duty Centre Manager (DCM) in making allocation decisions and review stack for emerging risks such as embedding actions within the DMP.

- 2.2.4.5** Health Care Professionals are increasingly requesting to speak to a clinician regarding the prioritisation of their call. Currently these are referred to the CSD, and quite often there are delays in speaking to the CSD clinicians. The APP as a senior clinician could facilitate the function of speaking to the Healthcare Professional (HCP).
- 2.2.4.6** Review the inter-hospital transfer requests on the stack. These requests often come without clear rationale for requesting a paramedic which in turn result in a delayed response for transfer waiting for a paramedic resource to become available. The All Wales Guidance stipulates that inter-hospital transfers will be completed using a UCS grade crew, and if a higher grade clinician is required then the hospital has to provide a suitably qualified escort. The APP could be the clinical contact with the booking hospital to enquire about the requirements of the patient. This action was undertaken by the Incident Command Centre (ICC), which was set up during a recent high escalation period. The conversation between APP and hospital resulted in a number of transfers appropriately accommodated by the Urgent Care Service (UCS), when a paramedic was initially requested.
- 2.2.4.7** Where they have time and opportunity, the APP could provide surge capacity for the CSD and concentrate on local stack resolution through the use of MTS or to help co-ordinate local actions.
- 2.2.4.8** APPs can identify clinical risk in the stack and need to be empowered to mitigate the risk using available resources. Now that APPs are a more visible presence in all of the CCCs, the opportunity exists to review the role in full to determine the best use of their skills.
- 2.2.4.9** The rotational nature of their work profile means that they are exposed to a wider range of clinical contexts than any other WAST clinicians and they are key in bringing these elements together in such a way that complements the strategic running of the CCC. APP roles could be mapped to DMP actions and escalating Resource Escalation Action Plan (REAP) levels.
- 2.2.4.10** As an operational paramedic, the CCC APP may be best placed to provide remote clinical support to the growing number of newly qualified paramedics. Currently, advice is sought through the CSD but in times of high demand, this function has been known to struggle to deal with significant call volumes.

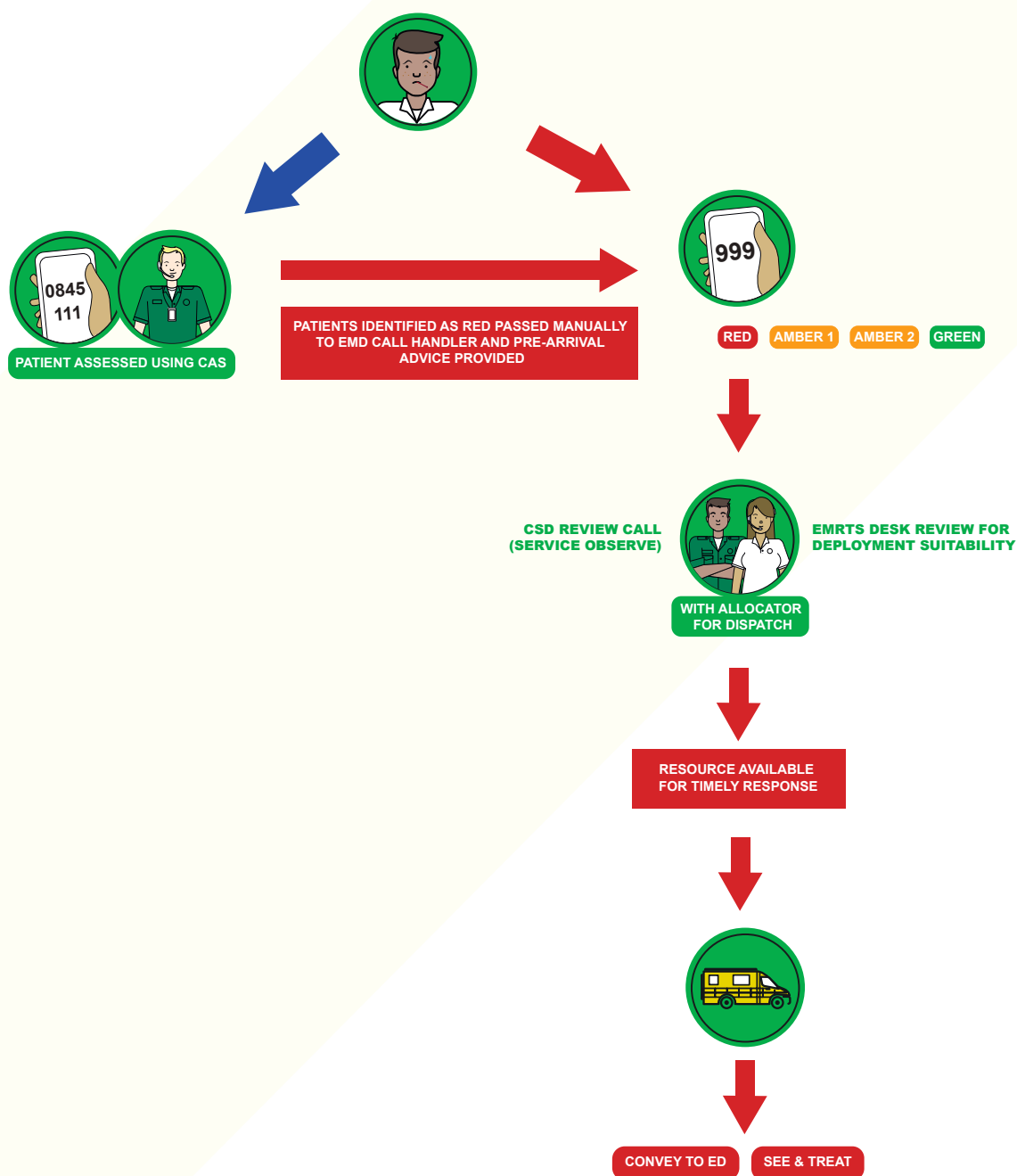
## 2.3 Trauma Desk

- 2.3.1** Whilst not due to be fully mobilised until Q1 of 2020/21 the trauma desk will play a vital role in supporting the trauma network, from patient distribution through to support of crews and mobilisation of EMRTS critical care resources.
- 2.3.2** The desk will be staffed by appropriately trained and experienced senior clinicians which will give expansive depth and breadth of function. This will include;
- Scrutiny of calls on the CAD to target appropriate resources to likely major trauma and critically ill patients. This will require very close cooperation with the EMRTS clinicians to optimise appropriate resources to scene;
  - Carrying out call backs on calls that may identify major trauma patients to gain additional information that may improve triage of appropriate resources, again in conjunction with EMRTS;
  - Play a vital role in supporting WAST crews in decision making around destination hospital and clinical advice to support the possible distance transfer and be the final arbiters in the decision to transfer patients to the Major Trauma Centre (MTC) or other facility;
  - Assist in pre-alert and notification of major trauma cases to MTC or Major Trauma Unit (MTU);
  - Support delayed primary transfer for those patients who have had to pit-stop at an MTU due to instability. This will also be in conjunction with EMRTS support for critical care transfer.

## 2.4 Clinical Interfaces

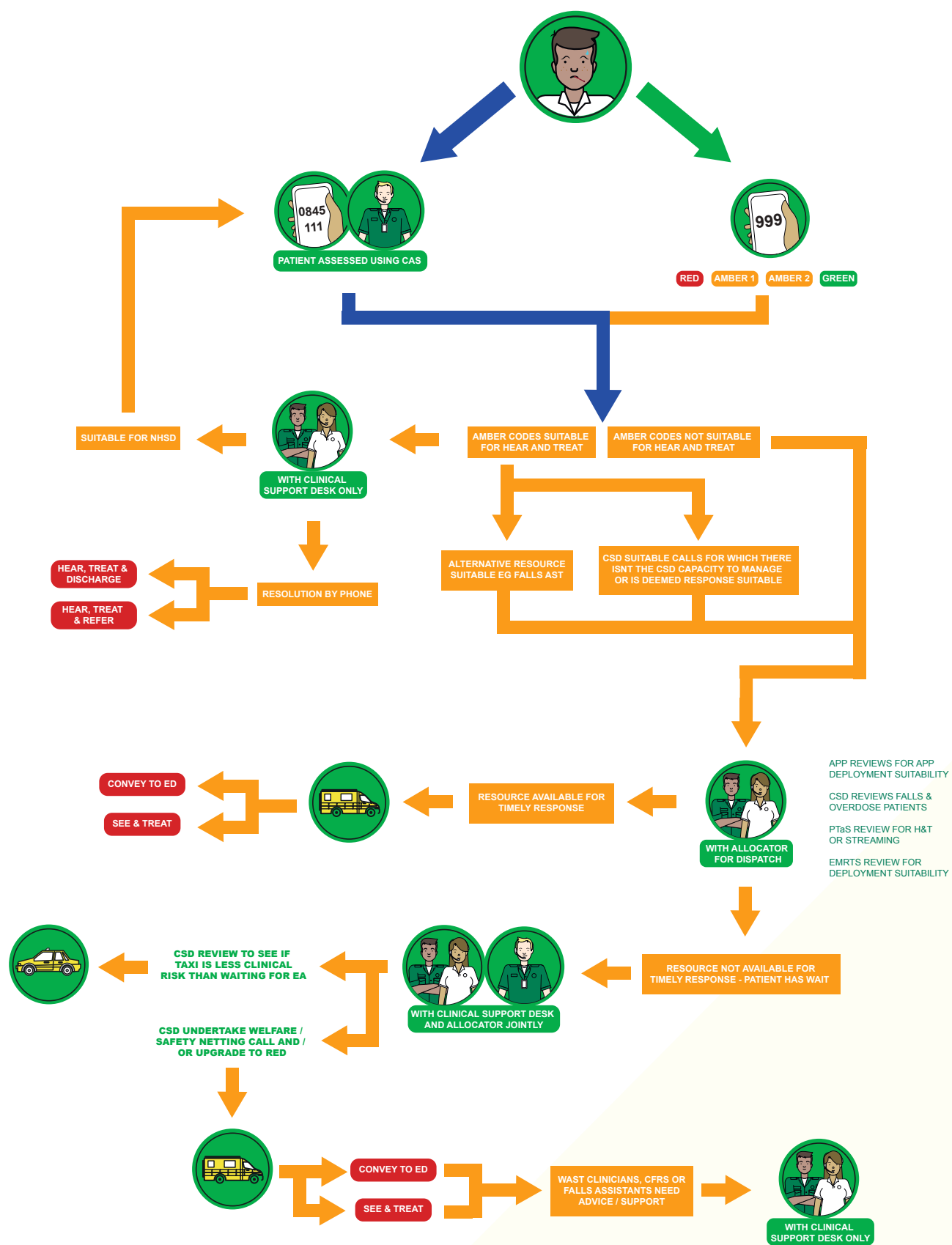
2.4.1 The schematics on the following pages provide a high level view on how the CSD and other clinical functions interface with patients and incidents.

### Red Calls

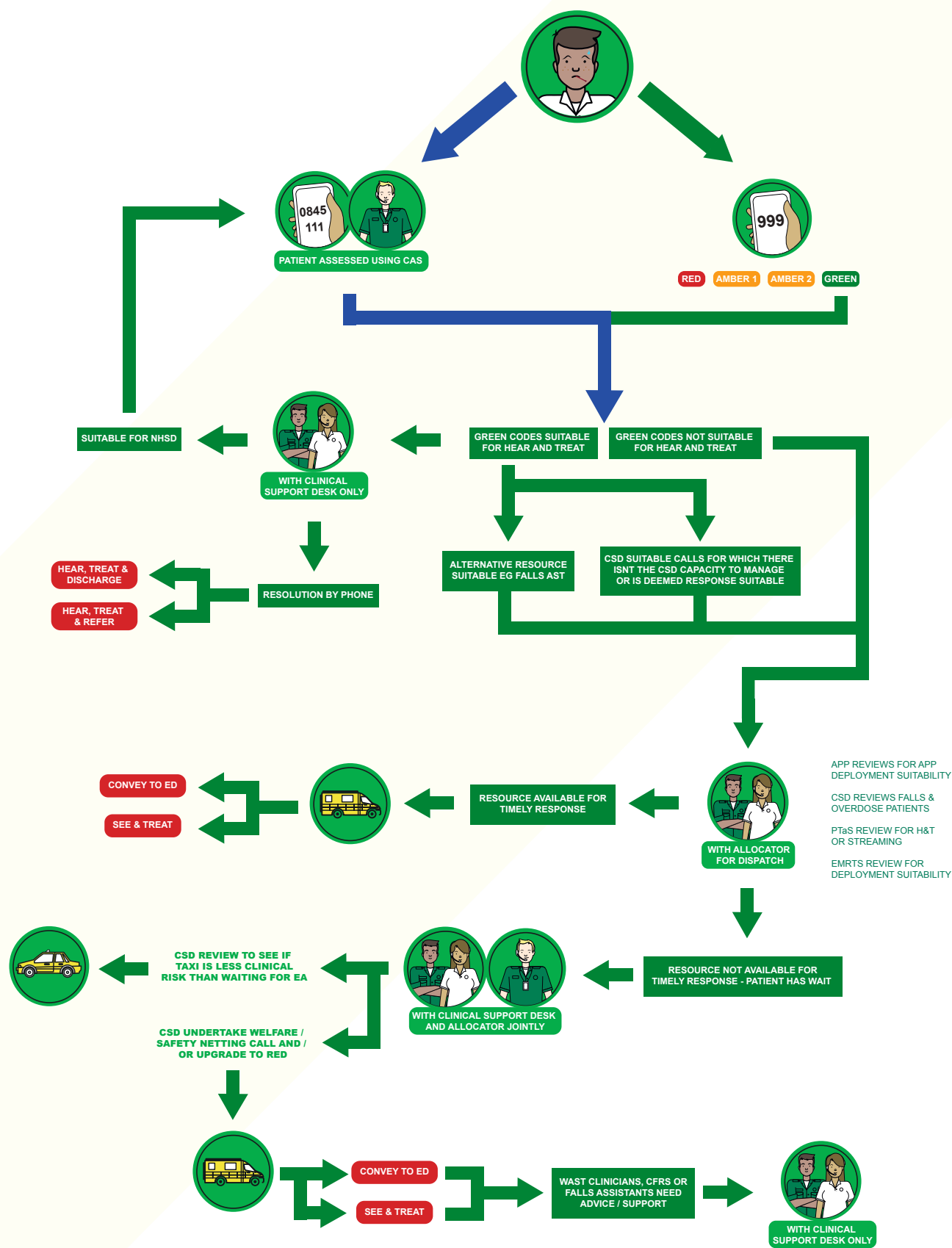




## Amber Calls







## Change Recommendations

### Recommendation One

Develop greater consistency in operating practices to address the lack of coordination that is particularly evident within the two separate models of H&T (NHS Direct Wales (NHSDW) and CSD).

### Recommendation Two

A Senior Clinical presence for each of the organisation's CCCs should be established (within the existing roles) to lead the 'Clinical Hub' This role would provide clinical oversight; support day to day clinical H&T practice; optimise co-produced resources and ensure collaborative approaches to patient care.

### Recommendation Three

Provide clarity relating to clinical support and leadership. Each model offers significant opportunity to provide senior / specialist clinical advice, however, there appears to be insufficient clarity and supporting arrangements in place to provide a clear mechanism for CCC staff and Emergency Medical Service (EMS) staff to consistently seek the right level of clinical support and advice from the right place.

### Recommendation Four

Move the various clinical functions within the CCC into one collective 'Clinical Hub' model. Such a structure / system of working will prevent each model operating in isolation and reduce the lack of synchronicity between the component functions.

### Recommendation Five

In order to retain an organisational focus on delivering H&T services the other functions of the CSD should be reviewed to ensure they are both required and to assess if they could be delivered in a different way

### Recommendation Six

Develop a methodology for ensuring that the clinical functions have resources which match the roles they are required to undertake.

### Recommendation Seven

Create an evaluation framework for the improvement work that is tested (e.g. joint working in Police Control Rooms, Falls services), linking this work to the newly formed WAST Improvement and Innovation Network (WIIN) principles.

### Recommendation Eight

Quality and Patient experience needs to be a standard agenda item as part of the operational business meeting to ensure it exists as a 'golden thread' through the CCC environment.

**Recommendation Nine**

A model of continuous patient engagement within the CCC/CSD setting should be developed. Initially this could be through capturing patient experience and patient outcomes through using a validated core questions.

**Recommendation Ten**

The Standard Operating Procedures (SOP) for the CSD need to be detailed and kept updated with all changes to the functions of the CSD. This includes having all the information located within one document and any amendments or changes added to one document instead of having multiple Policies, Procedures and SOP's.

**Recommendation Eleven**

WAST should develop an accredited 'H&T 'role specific' post registration module for the continued professional development of those clinicians wishing to enter H&T practice. This should be undertaken in conjunction with Higher Education (HE) providers.

**Recommendation Twelve**

For those advanced practice clinicians undertaking remote telephone consultations in primary care or out of hours practice, any H&T development for these groups should have synergy with current, and or, emerging core capability/competency frameworks.

**Recommendation Thirteen**

Further review is required in partnership with relevant stakeholders to explore the opportunities for developing a generic core H&T vocational training and Higher Education (HE) module to include any cost benefits and workforce planning opportunities. The latter should be facilitated in line with the registrant's professional body's guidelines on post registration development along with exploring any accreditation opportunities through Higher Education and Health Education Improvement Wales (HEIW).

**Recommendation Fourteen**

As a minimum, clinicians wishing to enter H&T practice in the organisation will have completed an appropriate period of post registration practice consolidation and will be able to provide portfolio evidence of relevant practice knowledge, skills and experience.

**Recommendation Fifteen**

The role of Consultant lead for H&T practice should be explored aimed at being strategically responsible for the clinical oversight of all H&T practice in the organisation.

**Recommendation Sixteen**

Accreditation of in – house H&T training is revisited with a view to ensuring all training delivered by the organisation is accredited. Further, to explore bespoke accreditation opportunities through the respective clinician's Professional Body, Higher Education (HE) and Health Education Improvement Wales (HEIW).

**Recommendation Seventeen**

Provide a specific education programme for the newly created Band 7 Clinician role that includes: clinical leadership; CCC operating systems; and performance management.

**Recommendation Eighteen**

Review CSD function priorities within the current Demand Management Plan (DMP) maximising the H&T assessment / function.

**Recommendation Nineteen**

In order to determine productivity and calls per hour the following is recommended for further consideration:

- Average call time for a H&T assessment to be agreed as a reportable standard / target.
- Activity agent code sets to be agreed within Cisco Agent telephone system, similar to that within NHSDW/ 111.
- Active real time management of CSD activity aided by the Cisco Agent system by a delivery lead.
- Real time agent Cisco dashboard development.
- A CSD Clinician Performance Framework supporting appropriate productivity outputs.
- Productivity captured within PADR/ 121 and training.
- Leadership input into developing a conducive culture for the rationale for this change.

**Recommendation Twenty**

Undertake a review of the relative success rates of other Medical Priority Dispatch System (MPDS) codes, especially focus on certain amber 1 and 2 outcomes and the pre-determined codes for NHSDW/111.

**Recommendation Twenty One**

The Trust should develop a call review database that can be reported upon. Additionally it should have the ability to be searchable on key entries and able to export key performance metrics (similar to 111 / NSHDW).

**Recommendation Twenty Two**

Regular levelling call review exercises should be introduced to ensure consistency and correct application of marking within the call review tool. Completed call reviews should feature on the CSD performance dashboard.

**Recommendation Twenty Three**

Review the current sickness and attendance management arrangements, in doing so ensure there is sufficient supporting management and HR resource available to implement said arrangements.

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**Recommendation Twenty Four**

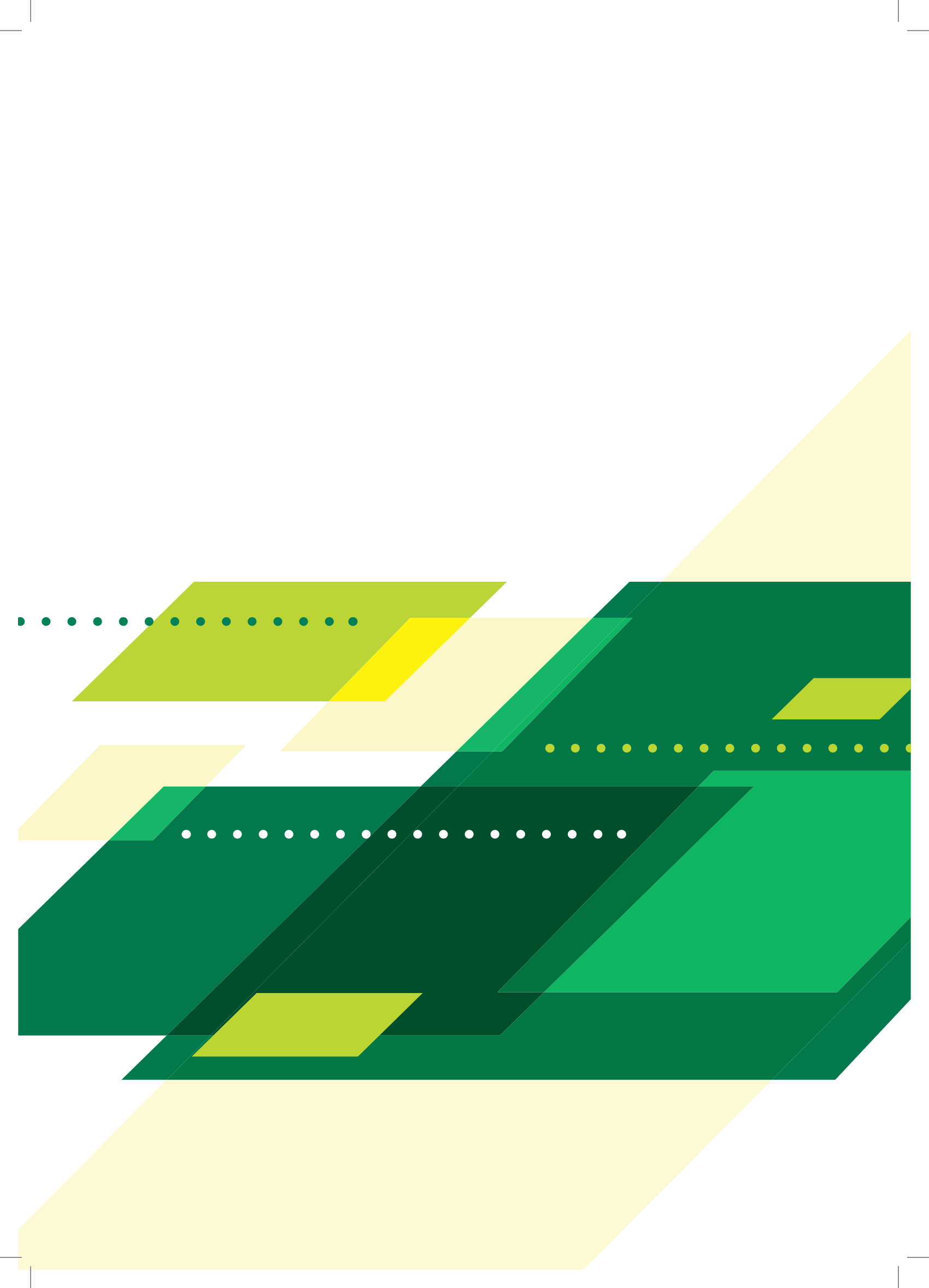
Explore amending the target for ring backs for Green 3 patients triaged as Green 3 (pre-determined coded call). The review recommends this can be safely moved from the current 20 minutes to 45 or 60 minutes.

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**Recommendation Twenty Five**

It is recommended that the approach to rostering is reviewed to ensure that as far as practicable that resourcing matches demand.

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GIG  
CYMRU  
NHS  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

|                               |      |
|-------------------------------|------|
| <b>AGENDA ITEM No</b>         |      |
| <b>OPEN or CLOSED</b>         | OPEN |
| <b>No of ANNEXES ATTACHED</b> |      |

## Clinical Contact Centre (CCC) Clinical Review

|                        |                                                                                             |
|------------------------|---------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Executive Management Team                                                                   |
| <b>DATE</b>            | 28.11.2019                                                                                  |
| <b>EXECUTIVE</b>       | Lee Brooks, Operations Director.                                                            |
| <b>AUTHOR</b>          | Dr Mike Brady, Clinical Support Desk Manager<br>Peter Brown, Business Support Manager (CCC) |
| <b>CONTACT DETAILS</b> | Email: <a href="mailto:mike.brady@wales.nhs.uk">mike.brady@wales.nhs.uk</a>                 |

|                                            |                                                                      |
|--------------------------------------------|----------------------------------------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | Delivering excellent patient care<br>Value, innovation & efficiency. |
| <b>CORPORATE RISK (Ref if appropriate)</b> |                                                                      |
| <b>QUALITY THEME</b>                       | Timely Care<br>Effective Care                                        |
| <b>HEALTH &amp; CARE STANDARD</b>          |                                                                      |

|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | <b>The purpose of this report is to ask EMT to:</b><br><br>(1) Receive the recommendations for current and future works as part of the CCC Clinical Review and approve these changes based on these indicative costs;<br>(2) Approve the required project management resources to progress the recommendations as part of the clinical review and to develop business cases for each component part of the review recommendations; and<br>(3) Approve the recommendations of further work to be taken forward by the project group and is subject to the application of individual business cases. |
| <b>CLOSED MATTER REASON</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## REPORT APPROVAL ROUTE

| <b>WHERE</b>              | <b>WHEN</b> | <b>WHY</b> |
|---------------------------|-------------|------------|
| Executive Management Team |             |            |

## Situation

1. This paper follows the presentation to the informal meeting of the Executive Management Team (EMT) of the Clinical Contact Centre (CCC) Clinical Review on the 13<sup>th</sup> of November 2019 where more information was requested to determine the type of investment required and indicative timescales to deliver such change.
2. The CCC Clinical Review and the supporting slide deck can be found appended to this paper.
3. For the purpose of this paper, the 25 recommendations made within the review have been aligned to 5 broad categories: Change & project management resource, governance, education, people, and technology & estates.
4. This paper sets out in broad terms the resource implications required to deliver the recommended change and the associated indicative costings.
5. Chiefly however, this paper sets out to ask the EMT to formally accept the recommendations of current change and future work which have the potential to maximise the seamless, integrated delivery of remote urgent and emergency care.
6. The costs within this paper can be summarised as:

|                                                                                                                                    |                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Change resource                                                                                                                    | Investment from transformation team & reallocation of call handler of choice project management staffing & £32,476 |
| Governance                                                                                                                         | £105,222                                                                                                           |
| Education                                                                                                                          | £362,836                                                                                                           |
| People                                                                                                                             | £34,223 + 20% if contracted consultants are used.                                                                  |
| Technology & Estates                                                                                                               | £32,446+ 20% if contracted consultants are used.                                                                   |
| <b>Total Indicative: £567,203 excluding re-allocation of existing capacity from call handler of choice and project management.</b> |                                                                                                                    |

## Background

7. The benefits of remote clinical decision making (RCDM) are evident from the clinical review, and WAST have provided and hosted a range of such services within the CCCs for a number of years already with a variety of aims; including Hear and Treat (H&T).
8. This provision of remote care and support has grown organically over the past years however the Clinical Support Desk (CSD) now has now 13 principle functions at the great risk that it has lost the role clarity that is required to deliver a consistent and effective service.
9. The Clinical Review was commissioned to review those functions and explore what opportunities there are for improvement, reform and change. Its recommendations, if accepted, will facilitate WASTs transition from providing disparate and often independent clinical functions, with questionable efficacy, to that of a co-ordinated integrated clinical service which meets the needs of the patients; irrespective of the number used to contact the service.



10. Following a request from the Chief Ambulance Service Commissioner (CASC) and subsequent inclusion in the Operations Local Delivery Plan (LDP), work has commenced within the current financial year on the call handler of choice project (CHOC) supported by a Project Manager within the Transformation Team.

## **Assessment**

### Delivery timescales

11. The estimated delivery timescales for the overall programme of recommendations (including planning) is twenty four months. This would however be further refined in a more detailed project plan if approval is given by the EMT.

### Relationship with CHOC

12. There is a natural synergy between the work proposed by the CCC Clinical Review and that suggested in CHOC. Securing improvements in the way in which patients / calls are clinically managed through the CCC environment and the proposed move to an Integrated Clinical Hub will naturally lend itself to broadening the numbers and types of calls the CCC could co-ordinate on behalf of the wider urgent and emergency care system.
13. If the CHOC and Clinical Review work were to be aligned and dovetailed it would enable the resources within the Transformation Team to be re-aligned to the wider programme of improvement and design.

### Indicative costs

14. The recommendations have been costed in broad groupings of Change resource, governance, education, people, and technology and estates.
15. At this stage the costings are indicative and will require further refining with each stage of the project. It is anticipated that each aspect may require suitable business cases for investment however costs are provided to give EMT members an indication of the investment which may be required over the lifetime of the project.
16. For the purposes of this paper any posts or costs associated with staffing have been costed at mid-point in the respective band.

## 17. Change & project management resource

In order to facilitate the programme of recommended changes efficiently and effectively, project management and change agent investment will be required. While this investment will be required for the full duration of the programme, it will be especially so for the initial scheme of work planning and business case application progress.

| Clinical Review finding                                                  | Requirement                                                                                                                                      | Indicative cost                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clinical Review planning, business case progression, and implementation. | A need for an experienced project manager to oversee the various elements of this estimated 2 year process along with a project support officer. | Investment from transformation team & reallocation of call handler of choice project management staffing to deliver the Project Manager resource.<br><br>Project Support Officer (Band 5) 2 years fixed term: £36,066 per annum. |

## 18. Governance

In order to build more robust clinical governance as outlined within the reviews recommendations the following change resources are required and indicative costs set out:

| Clinical Review finding                                                                                                           | Requirement                                                                                                                                                         | Indicative cost                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Lack of standard operating procedures & telephone triage specific clinical guidelines and CSD Specific demand management actions. | Clinician / senior clinician with experience of RCDM to research, write, progress, and evaluate SOPs / Guidelines / action cards.                                   | Band 7 – 1 x WTE fixed term 6 months: £24,250<br><br><i>May be able to reallocate a band 7 senior CCC clinician or second to current vacancy</i> |
| Lack of continuous patient experience (PE) of CCC / CSD gathered.                                                                 | CCC patient experience officer / coordinator experienced in design methodology to implement a continuous CCC PE program (face to face & digital +telephony option). | Band 5 – 1 x WTE recurring (to link with current CCC concerns team also) £32,446                                                                 |
| Lack of consistent CSD clinical audits, levelling exercises, and responsive / proactive learning development reviews.             | Telephone triage specific learning development and audit coordinator (strong history in RCDM, audit, & Computer decision support software).                         | Band 7 – 1 x WTE recurring £48,526.<br><br>Addition workplace educational resource funding may be required.                                      |
|                                                                                                                                   |                                                                                                                                                                     | Indicative governance cost:<br>Fixed term: £24,250<br>Recurring: £80,972<br><br>Total: £105,222                                                  |

## 19. Education

In order to build upon RCDM as a speciality and to ensure WAST have the most suitably qualified and educated clinicians and leaders working within the specialist clinical hubs; the following changes are required.

| Clinical Review finding                                                               | Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Indicative cost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inconsistency and lack of speciality training and higher education for RCDM.          | <p><b>Options include:</b><br/>Higher education liaison officer (with HE &amp; RCDM experience) to develop an accredited RCDM role specific, post registration HE module / CPD Module (with chosen university).</p> <p>Utilise pre-existing HE accredited RCDM module delivered by UWE and rolled out to NIAS and SWAST in addition to NHS 111, and OOH services.</p> <p>Develop a professionally accredited vocational education package for H&amp;T (continual &amp; on staff induction). Telephone triage specific education, Professional and Clinical Practice).</p> | <p>Band 6 - 1 x WTE fixed term 1 year £40,528</p> <p><i>Other costs associated include IP copyright, lecture delivery, accreditation, benchmarking, handbook delivery, code of practice. + Circa £10,000</i></p> <p>20 credit L6 -7 CPD Module<br/>£950 per person accredited<br/>£710 un-accredited<br/>X 50 = £47,500.<br/>Staff do receive 52 hours CPD a year. This course is 200 hours: 152 independent learning and 48 hour classroom based.</p> <p>Backfill for classroom time = £30 per hour overtime at band 6 x 48 x 50 staff (including seniors) = <b>£72,000</b></p> <p>Band 6 – 1 x WTE fixed term 1 year £40,528</p> |
| Lack of consultant lead for H&T (consider team of future consultant RCDM clinicians). | Need to identify staff with strong H&T history <b><u>alongside the other pillars of consultant practice in this area</u></b> . Development of MSC pathway similar to operational consultant model in place in medical directorate.                                                                                                                                                                                                                                                                                                                                        | <p>MSC advanced clinical practice model<br/>£7,500 per person.</p> <p>Consider team of 2 to begin.<br/>£15,000 course costs</p> <p>Part time backfill costs for 2 band 7s for 1 day a week for 3 academic years (3 x 39 weeks), depending on existing post graduate qualifications =</p>                                                                                                                                                                                                                                                                                                                                           |

|                                                                                                                                |                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                |                                                                                                                                                                                                   | £35 per hour overtime at band 7 x 8 hours x 39 weeks x 2 people = £21,840                                                                                                                                                                                                                                                                 |
| Lack of specific education programme for the newly created Band 7 Clinician role (with a view to move to consultant practice). | Investment in vocational award in leadership & management that incorporates operational systems (demand management, major incident, commander training). MSC level clinical leadership education. | <p>MSc/PGDip/PGcert healthcare leadership £7000 x 7 senior clinicians. £49,000 course costs.</p> <p>Part time backfill costs for 7 band 7s for 1 day a week for 3 academic years (3 x 39 weeks), depending on existing post graduate qualifications =</p> <p>35 per hour overtime at band 7 x 8 hours x 39 weeks x 7 people = £76,440</p> |
|                                                                                                                                |                                                                                                                                                                                                   | <p>Indicative education cost depend on option chosen:</p> <p><b>Combined fixed term: 81,056</b></p> <p><b>Combined one off: £281,780</b></p> <p><b>Recurring: £CPD Modules</b></p> <p><b>Total: £362,836</b></p>                                                                                                                          |

## 20. People

The following change resources will be required to ensure more robust CSD resourcing and to ensure clear focus on hear and treat.

| Clinical Review finding                                                                                                                           | Requirement                                                                                                                            | Indicative cost                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| A need to review CSD & senior clinician function priorities, regain focus on H&T, and review what can be delivered by other trust areas or staff. | Create a CCC RCDM project partnership between senior clinician and human resource business partner to reallocate functions.            | Band 6 – 1 x WTE fixed term 3 months clinician<br>£10,000 estimate + 20% if consultants are contracted from outside the trust       |
| Lack of senior clinical oversight for CCCs and EMS as a point of contact.                                                                         | Review current senior clinician on call rota / requirement and review current clinical acumen of senior clinicians to provide service. | Band 5 - 1 x WTE fixed term 3 months HRBP.<br>£8,000 estimate + 20% if consultants are contracted from outside the trust.           |
| Lack of robust CSD rota compared to demand profile. Lack of visible 24/7 operational senior clinical leadership.                                  | A review of CSD and senior clinician role and thus rota (including considering 8, 10, 12 hour mixed shift patterns) and a              | Band 5 – 1 x fixed term resourcing officer 6 months<br>£16,223 estimate + 20% if consultants are contracted from outside the trust. |

|  |                                           |                                                                                                                                                                                  |
|--|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | post rota implementation sickness review. |                                                                                                                                                                                  |
|  |                                           | <p>Indicative pay and resource cost:<br/> <b>Fixed term: £34,223</b></p> <p><b>Recurring: £ Cost of new rota would require to fit within the current financial envelope.</b></p> |

## 21. Technology

Future technological changes within the CCCs will be likely. However the following investment is required to ensure adequate reporting capabilities and to build the clinical hub model within the current CCCs.

| Clinical Review finding                                                                                                                                                                                                                                                     | Requirement                                                                                                                                                                                                                                                                                         | Indicative cost                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <p>Lack of sufficient performance reporting for H&amp;T and H&amp;T related projects.</p> <p>A lack of review of H&amp;T success rates compared against Medical Priority Dispatch System (MPDS) codes or ability to review call data for reporting performance reasons.</p> | <p>Development of a technological solution to provide consistent reporting reviewing Cisco phone, HI Reporting, real time management (<b>automated</b> &amp; outward facing).</p>                                                                                                                   | <p>Band 5 x 1 WTE fixed term 1 year<br/> £32,446 estimate + 20% if consultants are contracted from outside the trust.</p> |
| <p>Disparate clinical functions spread across multiple areas of CCC estates.</p>                                                                                                                                                                                            | <p>To have a clinical hub model within CCCs requires a move of C3 Plids, NHS 111 Cas software, Adastra, trauma desk / EMRTS video audio equipment into one central location in each CCCs. In addition to telephony changes to ensure staff are directed to the correct senior clinical advisor.</p> | <p>Temporary reallocation of resources from estates and IT services to support transition.</p>                            |
|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                     | <p><b>Indicative technology cost:</b><br/> <b>Fixed term: 32,446</b></p>                                                  |

22. Full indicative investment (excluding investment from transformation team, reallocation of call handler of choice resource, & estates & IT investment): £567,203

## **RECOMMENDATIONS**

**It is recommended that the Executive Management Team:**

- (1) Receive the recommendations for current and future works as part of the CCC Clinical Review and approve these changes based on these indicative costs.
- (2) Approve the required project management resources to progress the recommendations as part of the clinical review and to develop business cases for each component part of the review recommendations.
- (3) Recommendations of further work should still be taken forward by the project group and is subject to the application of individual business cases.



GIG  
CYMRU  
NHS  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambwlans Cymru  
Welsh Ambulance Services  
NHS Trust

|                               |      |
|-------------------------------|------|
| <b>AGENDA ITEM No</b>         |      |
| <b>OPEN or CLOSED</b>         | OPEN |
| <b>No of ANNEXES ATTACHED</b> |      |

## Clinical Contact Centre (CCC) Clinical Review

|                        |                                                                                                 |
|------------------------|-------------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Senior Operations Team (SOT)                                                                    |
| <b>DATE</b>            | 24 August 2020                                                                                  |
| <b>EXECUTIVE</b>       | Lee Brooks, Director of Operations                                                              |
| <b>AUTHOR</b>          | Dr Mike Brady, Clinical Support Desk Manager<br>Stephanie Tynan, Project Manager-Transformation |
| <b>CONTACT DETAILS</b> | Email:                                                                                          |

|                                            |                                                                      |
|--------------------------------------------|----------------------------------------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | Delivering excellent patient care<br>Value, innovation & efficiency. |
| <b>CORPORATE RISK (Ref if appropriate)</b> | TBC                                                                  |
| <b>QUALITY THEME</b>                       | Timely Care<br>Effective Care                                        |
| <b>HEALTH &amp; CARE STANDARD</b>          |                                                                      |

|                             |                                                                                                                                                                                                                                                       |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | The purpose of this paper is to present the review of recommendations made by CCC Clinical Review (Nov-2019) in light of lessons learnt through experience gained from plans put in place to overcome the challenges of the ongoing COVID-19 Pandemic |
| <b>CLOSED MATTER REASON</b> |                                                                                                                                                                                                                                                       |

## REPORT APPROVAL ROUTE

|              |             |            |
|--------------|-------------|------------|
| <b>WHERE</b> | <b>WHEN</b> | <b>WHY</b> |
| TBC          | TBC         | Approval   |

## Situation

1. The purpose of this paper is to present the review of recommendations made by CCC Clinical Review (Nov-2019) in light of lessons learnt through experience gained from plans put in place to overcome the challenges of the ongoing COVID-19 Pandemic.

## Background

### CCC Clinical Review

2. The Clinical Review was commissioned to review the clinical functions within EMS CCC and the interfaces with other functions such as NHS Direct Wales. It was tasked to explore what opportunities there are for improvement, reform and change.
3. The review's recommendations, if accepted, will facilitate WASTs transition from providing disparate and often independent clinical functions, with questionable efficacy, to that of a co-ordinated integrated clinical hub which meets the needs of the patients; irrespective of the number used to contact the service.
4. The CCC Clinical Review was completed in November 2019 with 25 recommendations under six themes with underlying principles of improving patient experience, process efficiency, clarity of clinical desk role and clinical leadership.
5. The implementation project for taking the recommendations forward has not been commenced or commissioned. The work to implement the findings of the CCC Clinical Review had not commenced before the Trust invoking its Pandemic plan. Therefore limited progress had been made on achieving the recommendations to date. Work in some areas has progressed in line with normal local delivery plans, but which can be further built upon through the clinical review.
6. A paper was submitted to Executive Management Team (EMT) on 28th November 2019 (**Attached Appendix 1**) presenting the recommendations of the review and outlining indicative timescales (24 Months), the project management resource required and the indicative cost of implementing the change as per recommendations (summarised below). In addition to this, a recurring revenue cost of £0.800m is anticipated as a result of delivering the changes.

| Change resource                                                                                                                   | Investment from transformation team & reallocation of call handler of choice project management staffing & <b>£32,476</b> |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Governance                                                                                                                        | £105,222                                                                                                                  |
| Education                                                                                                                         | £362,836                                                                                                                  |
| People                                                                                                                            | £34,223 + 20% if contracted consultants are used.                                                                         |
| Technology & Estates                                                                                                              | £32,446+ 20% if contracted consultants are used.                                                                          |
| <b>Total Indicative: £567,203 excluding reallocation of existing capacity from call handler of choice and project management.</b> |                                                                                                                           |

7. The recommendations of the CCC Clinical review were approved in full and Indicative costings were agreed in principle subject to individual business cases to be developed and approved in project implementation.
8. Further discussion, direction and decisions are required on the resource, process and governance to progress the recommendations of the review into an action plan and subsequent delivery project. The learning from the COVID-19 response phase will need to be considered and factored into the implementation of the review's recommendations.



## **COVID-19 Response**

9. Response to the COVID-19 outbreak and in preparedness to meet the demand and maintain service levels, the Clinical Contact Centre (CCC) Team reviewed various approaches. These include options to reduce demand on the service as well as plans to increase capacity to meet the remaining demand reduction.
10. CSD has used many approaches in order to secure the uplift in clinicians, drawing out support from Ambulance Response Staff, Major Trauma Staff, recalling redeployed CSD trained staff, staff from other directorates with CCC experience, and implementing additional Mental Health Support.
11. All new CSD staff have been trained in the Clinical Telephone Assessment (CTA) techniques using the Manchester Triage System (MTS) procedures. Following a successful training course, the staff have then began a phase of mentorship with a dedicated senior CSD clinician in their base. This course was condensed and mainly delivered online, before mentorship.
12. Organisation is considering and planning to restart various priority projects and programmes that were put on hold to direct resources to support the pandemic plan. CCC Clinical review is listed as one of these priorities in Organisations Q1/Q2 operational plan.
13. It was agreed with Director of Operations to complete a reflection and lessons learnt exercise before starting any work on implementation of the recommendations. The purpose of this exercise was to capture and include learnings and experience from the COVID-19 response action plan in the original recommendations of the review and also to reflect on viability of the original recommendations.

## **Assessment**

### **Review of recommendations**

14. The clinical review recommendations are in line with the organisations increasing desire to maximise the opportunities to 'shift left' in its provision of telephone triage and clinical support within CCC's by providing the best possible clinical care to patients without sending an operational response. This hugely complex, pressured and diverse environment has changed dramatically in light of COVID-19, and various lessons have been learned which inform the original findings of the review. What is now even more apparent is that the organisation has an opportunity to increase the efficiency with which the various clinical components within the CCC operate together, to reduce duplication develop clearer role clarity through a clinical hub model, and ultimately provide more responsive cost-effective patient care. There are real opportunities to further this ambitious aim through improving clinical leadership, performance management arrangements, governance procedures, education, training, technology, and specialist clinicians; all of which the COVID-19 response has informed.
15. A summary of findings is presented in a **tabular format in section 18**. Key points are discussed in **Section 14, 15, 16 and 17**. These only cover the relevant recommendations considered here. The final CCC Clinical Review report is attached in **Appendix 2** for information and reference.

## **Leadership**

16. The provision of telephone triage to date has been a disparate one, often with independent clinical functions providing different services, with questionable efficacy. This mirrors the clinical leadership of this function also, which appears to be disparate across the organisation involving many people /directorates with varying responsibilities. It was already clear that such is the speciality of telephone triage and remote consultation that it requires a consultant clinical lead to oversee this complex multidisciplinary and growing practice across the trust portfolios as seen in some other services. COVID-19 has further emphasised this need. The need for a cohesive strategically led clinical response to a speciality that is becoming the primary method of patient contact in many areas. Underpinning this clinical oversight is the need for consistent well-educated clinical leaders in telephone triage. COVID-19 has reinforced the need to ensure that the operational, clinical leaders in NHS 111 and CSDs role be aligned so that they are offering the same service to triage clinicians and the wider organisation; something that can only be achieved by fundamentally reviewing organisational structures, and aligning and investing in other roles shared between NHSDW/111 and CSD (including education and operational management).

## **Technology**

17. Telephone triage/consultation is best augmented with robust, fit for purpose, responsive, technology, which includes, computer decision support software, video conferencing, audit capabilities, and telehealth technology. COVID-19 reinforced the need for the CSD to review its current decision support software and to continue to explore the implementation of technology such as Lowcode triage tool. This tool; which WAST have previously attempted to procure integrates with C3, Adatastra, ePCR (among other systems), and provides robust data-gathering opportunities. It is responsive to pandemic needs, support the clinicians far more, allows significant audit and learning capabilities, and integrates well with telehealth and video conferences options also. Such technology, Lowcode being only one such like tool, , offers benefits for clinical governance, education, training, research, and the overall patient experience, and can mitigate some of the COVID-19 challenges. Such technology can work as part of home working packages also, which itself has seen a proliferation in response to COVID-19. The proof of concept testing moved rapidly into business as normal home working, in response to various challenges and safeguarded WASTs hear and treat delivery. This model should be fully explored to ensure the best is being gained from the use of this remote dispatch, telephony, and triage technology.

## **Education**

18. Triage is a clinical speciality and requires specialist education to underpin the practice of those clinicians undertaking it and to support the clinical skills framework also. Despite this, however, there remains a lack of formalised accredited education underpinning its use; which differs significantly from other speciality practices (diabetes, cancer, asthma, sexual health). Work should be continued and expanded upon with HEIW to provide accredited education in remote clinical decision making at the induction and advanced level that effectively underpins clinical practice. This education should complement the required investment in generalist professional development in leadership, and advanced clinical practice which helps build a well-rounded, educated, and responsive workforce. The provision of this education needs to be responsive also. COVID-19 saw almost all of the CSD education/training moving to online platforms through the use of MS teams. More work is needed to explore what educational technology is available to support this further. Fundamentally, however, the organisational structure and provision of education and training between NHSDW/111 and CSD should be reviewed, and reliance on band seven

senior clinicians to provide all education and training should be ceased. Educational roles need to be aligned to ensure that there is greater consistency, value for money, and importantly expertise in the delivery of internal training, practice coaching, and mentorship; which will provide more robust clinical leadership responses in further waves of a pandemic.

### **Integrated Clinical hub Model**

19. Telephone triage clinicians are historically very skilled and experienced generalist nurses, paramedics, and GPs; increasingly, other health professions are also undertaking this specialist skill, and include pharmacists, physician associates, and dentists. This emerging model recognises the overarching principles of telephone triage, but also the importance of connecting patients with a subject expert that has the skills and experience in meeting their very specific needs; and the benefits that this can bring to the wider health economy. COVID-19 saw mental health nurses deployed to CSD and trained to undertake telephone consultation with those patients calling 999 for mental health and overdose reasons. This model (currently being evaluated) ensured that the patients' needs were met by those specifically qualified and experienced to meet them best (as seen nationally in cardiology, stroke care, major trauma); and feed up generalist clinicians to focus on general medical patients. Learning from this model can be adapted and taken forwards to other clinical specialities within telephone triage; such as falls/frailty, pharmacology. By exploring having clinical specialities (under the CSD umbrella) such as Falls / Frailty, major trauma, mental health, pharmacy, generalist clinician, we can not only better meet patient's needs, but often also do so without sending a vehicular response. We will build up relationships with specialist resources in health boards and pan wales services and begin to emphasise the need to accept referrals from telephone triage clinicians (specialists) in a post COVID-19 world. Moreover, the use of consultant connect can mean that crews may be able to access these specialities within the CCCs for advice and support, and C3 technology can also be used to augment the challenging of specialist calls to specialist advisors. If achieved, WAST could celebrate the success of a genuinely multidisciplinary clinical support desk and the benefits that brings to patients.

20. The table below presents and summarises the review of recommendations in light of learning from COVID-19 response plan.

| S.no | Theme        | Recommendation                                                                                                                                                                                | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.   | Patient Flow | Develop greater consistency in operating practices to address the lack of coordination that is particularly evident within the two separate models of H&T (NHS Direct Wales (NHSDW) and CSD). | <ul style="list-style-type: none"> <li>Some work was undertaken in the COVID-19 environment to attempt to ensure the information being released was the same to each service. There are opportunities to build upon this work.</li> <li>Review of green three transfers between CSD and 111 was undertaken, and amendments made to increase the efficiency of patient management.</li> <li>The COVID-19 response has reinforced the learning from the Clinical Review.</li> <li>Difference between the 111 and CSD triage software platforms highlighted the needs to explore alternative CSD software. As an example, MTS, which is currently used on CSD, was unable to launch specific COVID-19 / Pandemic algorithms (as seen in other tools).</li> <li>COVID-19 reinforced the need for consistency required in telephone triage specific guidelines across 111 and CSD. This would be a particular enabler of the integrated clinical hub model).</li> </ul> | <ul style="list-style-type: none"> <li>A Consultant level clinical lead for telephone triage to lead this as a cohesive portfolio / clinical speciality is required; similar to other specialities in the Trust.</li> <li>Review the operational/ clinical/ educational structure of remote telephone triage functions across EMS and 1111 and align and gain parity.</li> <li>Create a suite of telephone triage specific guidelines; use JRCALC+ technology.</li> <li>Review and align the Senior Nurse Advisor (111 Role) &amp; Senior Clinician (CSD Role) Job Description, Role, and Rota.</li> </ul> |

| S.no | Theme        | Recommendation                                                                                                                                                                                                                                                                                                                   | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |              |                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Further consistency is required across the clinical hub model (NHS111, mental health, falls, major trauma).</li> <li>• There was variation in the H&amp;T rate of green three calls for each service during COVID-19 response.</li> <li>• CSD Senior Clinicians had to undertake their role in addition to recruitment, training, mentorship, coaching, and capability plans. 111 have teams for these processes and were, therefore, able to increase staffing without removing frontline capacity; and provide more robust operational clinical leadership.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2.   | Patient Flow | <b>A Senior Clinical presence for each of the organisation's CCCs should be established (within the existing roles) to lead the 'Clinical Hub' This role would provide clinical oversight; support day to day clinical H&amp;T practice; optimise co-produced resources and ensure collaborative approaches to patient care.</b> | <ul style="list-style-type: none"> <li>• 2 x band seven senior clinicians (existing role) appointed (within the exiting funded establishment) in Feb 2020</li> <li>• The findings of the CCC Clinical Review were largely reinforced through the COVID-19 response.</li> <li>• CSD Senior Clinicians had to undertake their role in addition to recruitment, training, mentorship, coaching, capability plans, sickness, timesheets. This took CSD senior clinicians away from providing patient-facing time, and clinical leadership, which contributed to the challenges</li> </ul>                             | <ul style="list-style-type: none"> <li>• Align the Senior Nurse Advisor &amp; Senior Clinician Job Description and Role.</li> <li>• Consider using the existing 0.5 band seven vacancy for operations manager (9-17 role), similar to 111, or aligning roles between 111 and CSD.</li> <li>• Review how the APPs currently work and better integrate them into the CSD and the wider 'integrated clinical hub' model.</li> <li>• Create and have a team to deliver a specific education programme for Band 7 Clinician role that includes:</li> </ul> |

| S.no | Theme                           | Recommendation                                                                                                                                                                                                                                                                                                                                                                                                           | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>facing CSD in maximising the H&amp;T rate. Conversely, the 111 service has dedicated teams for these processes. As the service draws closer together, it would be advantageous to understand what the optimum model looks like; and which provides parity across services.</p> <ul style="list-style-type: none"> <li>• Opportunity to improve coordination in SICAT and Pre-Hospital Triage and Streaming (PTaS) with an integrated clinical hub</li> </ul>                                                                                                                                                                                                    | <p>clinical leadership; CCC operating systems; and performance management.</p> <ul style="list-style-type: none"> <li>• Review the educational structure of both services and align and gain parity.</li> <li>• Review how services such as SICAT / PTAS operate and what technology can be used to enhance this work.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                        |
| 3.   | <b>Clinical Operating Model</b> | <b>Provide clarity relating to clinical support and leadership. Each model offers significant opportunity to provide senior/specialist clinical advice. There appears to be insufficient clarity and supporting arrangements in place to provide a clear mechanism for CCC staff and Emergency Medical Service (EMS) staff to consistently seek the right level of clinical support and advice from the right place.</b> | <ul style="list-style-type: none"> <li>• CSD capacity to provide advice and support in addition to their other roles became unmanageable in early COVID-19 response phases with increased call volumes.</li> <li>• Health board clinical leads taking on some of these tasks went really well. Their role included crew advice, support and NQP validation.</li> <li>• With EMDs working in different areas of the CCCs, the EMD supervisors took on a more supportive role, answering more questions, and providing more MPDS support; which was done so safely, and showed the need not to rely on a clinician as much for systems based issues. This</li> </ul> | <ul style="list-style-type: none"> <li>• Explore and better understand how operational staff access clinical advice/leadership. Make this process more robust – link with CTL review.</li> <li>• Role of dedicated falls team can be explored in the clinical hub model similar, to the mental health team, which worked very well during COVID-19. This is to triage the falls/frailty patients; but importantly manage the CFR, UCS, St John call-back/advice calls – as they link to falls.</li> <li>• CTL's and Health Board clinical leads role can be embedded into the process via SOP's and use of MS Teams on iPad with staff. This can be for NQP validation &amp; clinical advice.</li> </ul> |

| S.no | Theme                    | Recommendation                                                                                                                                                                                                                                       | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                          |                                                                                                                                                                                                                                                      | <p>represents a positive step for the role of the Call Taking Supervisor's position and has developed their confidence to retain this approach to support and leadership.</p> <ul style="list-style-type: none"> <li>Major Trauma desk was suspended, so trauma-specific support was not sought from this group of specialist clinicians.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Review the need for a CCC CTL (as seen in other services) to bring in operational crew management to CCCs / or review ODU responsibility for field operational issues.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4.   | Clinical Operating Model | Move the various clinical functions within the CCC into one collective 'Clinical Hub' model. Such a structure/system of working will prevent each model operating in isolation and reduce the lack of synchronicity between the component functions. | <ul style="list-style-type: none"> <li>WAST mental health staff had already started being trained in MTS with the view to use them in times of escalation.</li> <li>WAST had employed a major trauma desk (4 paramedics). All of these staff were redeployed during COVID-19.</li> <li>WAST mental health team and mental health staff seconded from the commissioners were deployed to CCCs to triage card 25s and 23s. A demand-led rota was drawn up, and training took place. This worked very well and allowed patients to have their specialist needs met by a specialist clinician – under the leadership of CSD senior clinician (similar to 111).</li> <li>This model freed up the capacity of generalist clinicians to focus on other calls and allowed crews to</li> </ul> | <ul style="list-style-type: none"> <li>Review the mental health desk evaluation – see what lessons can be learned for similar models, such as falls desk.</li> <li>Explore external funding options for a specialist multidisciplinary team (MTD) falls desk (physio, frailty nurse, paramedic, nurse) model.</li> <li>Explore external funding options for a specialist team of mental health practitioners (evaluation pending).</li> <li>Explore the management of all these staff. Band 7s are visible clinical leaders. Explore the possibility of a band seven operations manager to oversee the management of these spokes – Major Trauma, Mental Health desk, Falls Desk, CSD, PTAs, APPs. Similar role already exists within 111.</li> <li>Review the model within NHS111, where there are SNAs, operational</li> </ul> |

| S.no | Theme                    | Recommendation                                                                                                                                                                                              | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                        |
|------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                          |                                                                                                                                                                                                             | <p>access mental health support and advice regularly.</p> <ul style="list-style-type: none"> <li>• APPs redeployed to CSD worked well. Their skills and knowledge brought a multidisciplinary feel to the CSD and allowed a consultation based approach as opposed to a triage based approach. This supports the notion that the CCC APP could make a more significant contribution within an integrated clinical hub model.</li> <li>• APPs that sit within CCC as part of the rotational model have not all been trained in MTS and telephone triage. This leads to an advanced clinical practitioner resource being used as a dispatch function and a lack of resilience to redeploy them to CSD; without compromising their existing dispatch function.</li> </ul> | <p>managers, then nurses, paramedic, GP OOHs, Pharmacist, dental nurses. Find the optimum organisational model.</p> <ul style="list-style-type: none"> <li>• A review needs to be conducted of the rotational model of APPs within the CCC and to review their current dispatch arrangements. Review if 1 APP can dispatch all wales (not insurmountable) and other APPs rotate through CSD; to gain the most from this advanced clinical resource.</li> </ul> |
| 5.   | Clinical Operating Model | To retain an organisational focus on delivering H&T services the other functions of the CSD should be reviewed to ensure they are both required and to assess if they could be delivered in a different way | <ul style="list-style-type: none"> <li>• 111 have taken the Welsh clinical portal / Toxbase calls from previous CSD work</li> <li>• Health board clinical leads took on some of this role, really well. Crew advice/support / NQP validation; so CSD could focus on hear and treat activities. Similarly, the mental health team focused on calls which CSD have historically not closed as many of.</li> </ul>                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• Explore external funding options for a specialist multidisciplinary team (MTD) falls desk (physio, frailty nurse, paramedic, nurse) and specialist mental health practitioners.</li> <li>• Such roles provide positive patient care and also free up generalist clinician capacity to triage calls to a hear and treat disposition. Also, a falls model would see the falls desk</li> </ul>                           |



| S.no | Theme | Recommendation | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------|-------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |       |                | <ul style="list-style-type: none"> <li>• During COVID-19 patients with low acuity conditions did not appear to call 999 as much, as such, many calls were high acuity and in need of a vehicular response. Reducing hear and treat.</li> <li>• Reduced call volume meant that CSD were often in competition with the patient facing resources, which were dispatched and on the scene before CSD being able to triage them. These calls may have resulted in hear and treat. The low call volume often reduced the long waits that allow increased clinical triage and more successful hear and treat outcome; such as own transport, or waitful watching.</li> <li>• The use of the CSD queue and its visibility meant that CSD were adverse from looking at the Active stack with vehicles on route because the allocator may have lost visibility; possibly reducing hear and treat.</li> <li>• When exploring the use of non AMPDS process for health care professional calls (AS2) to free up EMD capacity in response to COVID-19, it became apparent that HCP calls (Card 35s) are included within the denominator used to measure hear and treat.</li> </ul> | <ul style="list-style-type: none"> <li>review CFR, UCS, falls assistants call-backs far quicker, thus releasing them earlier, and reducing lost hours.</li> <li>• Continue processes which see additional work, such as NQPV move away from CSD; to realign focus.</li> <li>• Consider seeing how future HCP desks can work in cohesion with CSD to free up capacity to review cat 1, 2, 3,4, and 5 but not HCP.</li> <li>• More intelligently use the C3 queues capability. To stream the calls on the queue to the CSD queue, the physician queue, mental health queue, the frailty falls queue; regaining focus on where staff should be working and what they should be achieving, but also staying visible to areas dispatchers should they need to allocate.</li> <li>• The use of Taxis in 111 needs to be reviewed also and safely aligned to the same operating procedure as CSD.</li> <li>• More work is needed to review how H&amp;T is measure and to review the validity of removing Card 35 HCP calls from the denominator measurement; given that CSD have little involvement in these cases. This would more accurately and fairly report CSD H&amp;T from</li> </ul> |

| S.no | Theme                    | Recommendation                                                                                                                      | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                          |                                                                                                                                     | This has been confirmed by HI; and leads to a reduced hear and treat percentage on a group of calls CSD do not historically re-triage or close; given their nature.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | approximately 8% to a consistent 10% and sometime higher. Accurately reflecting the work carried out.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 6.   | Clinical Operating Model | Develop a methodology for ensuring that the clinical functions have resources which match the roles they are required to undertake. | <ul style="list-style-type: none"> <li>Some work had already been undertaken with the DOS, Toxbase, and with JRCAL + APP.</li> <li>Some work had also been started on the use of remote working clinicians; albeit based from stations.</li> <li>Some exploration into remote worker C3 module had started.</li> <li>There are significant limitations of the use of the Manchester triage tool; emphasised through COVID-19 response:</li> <li>The CSD were unable to launch a pandemic algorithm.</li> <li>No digital audit capability (which made new starter/bank/redeployment/agency staff audit + capability processes time-consuming in comparison with other systems at a time where time was scarce)</li> <li>No data available (such as algorithms used, what care dispositions reached, which could have informed our clinical guidance to COVID-19).</li> </ul> | <ul style="list-style-type: none"> <li>Need to expand on the use of the current JRCALC + App to keep telephone triage guidelines in one place; be accessed alongside normal clinical guidelines for CSD and 111.</li> <li>Continue to explore and make progress with the possible implementation of Lowcode triage tool (CAD Phase 2) which mitigates all of the MTS limitations, and look to apply for dual ACE accreditation. Education investment needed if success in gaining Lowcode is achieved.</li> <li>Need to undertake work with ICT / Telephony to understand the improvements required for home working triage solutions to ensure less lost hours due to failure. Explore what a new triage tool would look like remotely.</li> <li>The flexible home working solution should be explored for business as normal, especially if combined with work on a suitable triage tool and performance management framework.</li> </ul> |

| S.no | Theme | Recommendation | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|      |       |                | <ul style="list-style-type: none"> <li>Does not integrate with C3 / EPCR (which would have better allowed smooth process and Card 36 management and better management of Green 3 calls for CSD)</li> <li>Unable to incorporate video conferencing and clinical notes seamlessly.</li> <li>Far less supporting of the clinician than other systems available (which meant that some clinicians had to be turned away from the CSD in favour of 111 to mitigate some of their lack of experience).</li> <li>Rapid adaptation to remote working to a home working solution. This assisted with social distancing guidelines, freed up estates' capacity, allowed CSD to be more responsive to overtime and surge demand, and also dramatically reduced anticipated lost hours due to COVID-19-19 related sickness/isolation.</li> <li>Need for the Remote worker module C3 module. This would have allowed better, more controlled, remote access of C3 live to external partners, such as GPs, SCIAT, Swansea Bay, AB, etc; in BAU but especially in relation to COVID-19.</li> </ul> | <ul style="list-style-type: none"> <li>A lesson learned exercise is needed with ICT involvement to review how we can learn from and improve home working capabilities, the technology, and the telephony.</li> <li>More robustly explore video triage (clinical photography SOP, Video consultation guidelines) (but only with suitable CDSS) and not during time of COVID-19.</li> <li>Explore the requisition of Remote worker C3 module for external partners.</li> <li>Explore adding specific contact routing from consultant connect to specific services (senior clinical advice, for example). Explore the telephonic option of having one dedicated phone number and the senior clinical advisors (for example) log on and off.</li> </ul> |

| S.no | Theme                           | Recommendation                                                                                                                                                                                                                        | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                  | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                        |
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|      |                                 |                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>As tasks changed owners quickly (such as crew referrals for clinical advice) the communication around who needs to contact who, was cumbersome and not responsive to rapid change.</li> </ul>                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                |
| 7.   | Clinical Operating Model        | Create an evaluation framework for the improvement work that is tested (e.g. joint working in Police Control Rooms, Falls services), linking this work to the newly formed WAST Improvement and Innovation Network (WIIN) principles. | <ul style="list-style-type: none"> <li>None</li> </ul>                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>None</li> </ul>                                                                                                                                                                                                                                                                                                                         |
| 8.   | Patient Outcomes and Experience | Quality and Patient experience needs to be a standard agenda item as part of the operational business meeting to ensure it exists as a 'golden thread' through the CCC environment.                                                   | <ul style="list-style-type: none"> <li>Quality and patient experience is already a standard agenda item in the business meeting (monthly)</li> <li>Methods of continuous patient experience feedback would have allowed monitoring of themes and trends in patient experience to assess the impact of reduced training that was designed for (suitably qualified/experienced) redeployed, agency, and bank staff</li> </ul> | <ul style="list-style-type: none"> <li>Review what can be learned (in terms of process, data and experience).</li> <li>Consideration should be given to introducing a continuous patient experience survey of telephone triaged patients, using CAD data to identify patients, and CSD outcomes to review causal factors.</li> </ul>                                           |
| 9.   | Patient Outcomes and Experience | A model of continuous patient engagement within the CCC/CSD setting should be developed. Initially, this could be through capturing patient experience and patient outcomes by using validated core questions.                        | <ul style="list-style-type: none"> <li>The benefits of interventions such as specific mental health practitioners could have been more readily evaluated from a patient experience perspective, had this already been in place.</li> <li>We have an opportunity to undertake a specific survey of patients using CSD during COVID-19 times, with QSPE</li> </ul>                                                            | <ul style="list-style-type: none"> <li>Use continuous patient assessment survey/research intelligently to inform public relations strategy around the use of 999 / CSD.</li> <li>Consider removing the Quality and patient experience agenda item from the business meeting and hold a dedicated quality assurance/patient experience meeting (with 111/ EMS/ CSD).</li> </ul> |

| S.no | Theme                                            | Recommendation                                                                                                                                                                                                                                                                                                                   | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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|      |                                                  |                                                                                                                                                                                                                                                                                                                                  | support. This will be presented to QUEST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 10.  | <b>Policies, Procedures and SOP's</b>            | <b>The Standard Operating Procures (SOP) for the CSD needs to be detailed and kept updated with all changes to the functions of the CSD. This includes having all the information located within one document and any amendments or changes added to one document instead of having multiple Policies, Procedures and SOP's.</b> | <ul style="list-style-type: none"> <li>• Some work had already started on reviewing and reworking the CSD SOP and quality assurance framework</li> <li>• Findings reinforced related to a lack of SOPs within the CSD environment.</li> <li>• New work required to include and integrate mental health SOP, MTD SOP, possible falls frailty if pursued.</li> <li>• Differences in CSD and NHSDW/111 became more apparent, highlighting the need for more consistency and the need for a single strategic clinical leadership.</li> </ul> | <ul style="list-style-type: none"> <li>• Complete updated (interim) CSD SOP</li> <li>• Complete MTD SOP</li> <li>• Review major trauma network surge plan for future pandemic waves.</li> <li>• Complete Mental health SOP</li> <li>• Complete PTAs SOP</li> <li>• Integrate all of the above with NHS 111 SOPs. Dual review process – working group.</li> </ul>                                                                                                                                                            |
| 11.  | <b>Clinical Supervision and Career Framework</b> | <b>WAST should develop an accredited 'H&amp;T 'role-specific' post-registration module for the continued professional development of those clinicians wishing to enter H&amp;T practice. This should be undertaken in conjunction with Higher Education (HE) providers.</b>                                                      | <ul style="list-style-type: none"> <li>• The COVID-19 environment reinforced the findings of the CCC Clinical Review.</li> <li>• It has been recognised widely how important telephone / remote triage became in response to COVID-19.</li> <li>• This work should be split between induction training (accredited) and further advanced education (accredited) to allow for consolidation of practice and knowledge.</li> </ul>                                                                                                         | <ul style="list-style-type: none"> <li>• Continue work with educational providers and subject matter experts towards accredited training and education for induction courses and advancing telephone triage practice. HEIW and health-boards have recently approached experts in NHSDW/111 and CSD to restart this process. HEIW taking the lead on this and WAST have a T&amp;F group currently.</li> <li>• Review the operational/ clinical/ educational structure of both services and align and gain parity;</li> </ul> |

| S.no | Theme                                            | Recommendation                                                                                                                                                                                                                                                        | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                              | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|      |                                                  |                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Consideration needs to be given to resource available (Educators, Trainers, Practice coaches, auditors) to deliver the training once developed, which all fell to senior clinicians during COVID-19.</li> <li>This reinforces the specialist nature of the role of telephone triage (much like asthma nurse specialist, diabetes nurse specialist, Urgent care paramedics, critical care paramedic).</li> </ul>  | to ensure the education provided to anyone working in telephone triage is standardised across portfolios, (Major Trauma, Mental Health, Falls, CSD).                                                                                                                                                                                                                                                                                                                                                |
| 12.  | <b>Clinical Supervision and Career Framework</b> | <b>For those advanced practice clinicians undertaking remote telephone consultations in primary care or out of hours practice, any H&amp;T development for these groups should have synergy with current, and or, emerging core capability/competency frameworks.</b> | <ul style="list-style-type: none"> <li>It has become increasingly recognised that telephone triage is a specialist practice, which should be underpinned by advancing clinical practice.</li> <li>Positive examples of using the skills of APPs in remote triage during COVID-19 were seen; and positive examples of providing advanced clinical education to clinicians has been seen, as they felt more able and willing to work remotely.</li> </ul> | <ul style="list-style-type: none"> <li>Combine the expertise of current telephone triage clinicians with the provision of MSC in advanced clinical practice.</li> <li>Support and plan the development of advanced clinical practitioners working in the speciality of telephone triage. Look for secure funding for MSC programmes.</li> <li>Support 2 senior clinicians to begin their MSC this year, so they can lead from the front and support the knowledge build within the team.</li> </ul> |
| 13.  | <b>Clinical Supervision and Career Framework</b> | <b>Further review is required in partnership with relevant stakeholders to explore the opportunities for developing a generic core H&amp;T vocational training and Higher Education (HE) module to include any cost benefits and workforce planning</b>               | <ul style="list-style-type: none"> <li>A risk assessment undertaken stipulated criteria of a minimum of 5 years period of post-registration experience for available bank and agency staff to undertake the</li> </ul>                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>Recognising that telephone triage is a clinical speciality, should be conducted with Workforce &amp; Development to ensure such</li> </ul>                                                                                                                                                                                                                                                                                                                   |

| S.no | Theme                                     | Recommendation                                                                                                                                                                                                                                                             | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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|      |                                           | opportunities. The latter should be facilitated in line with the registrant's professional body's guidelines on post-registration development along with exploring any accreditation opportunities through Higher Education and Health Education Improvement Wales (HEIW). | <p>reduced training for telephone triage.</p> <ul style="list-style-type: none"> <li>Out of the redeployed, agency, and bank staff, only three were lost to capability concerns (out of around 20 staff). This was largely due to a strict selection criterion (&lt; 5 years post reg experience, experience in a range of clinical settings, evidence of increased clinical acumen (mentor / additional study)).</li> </ul>                                                                                                                                                                                                                                                    | <p>prerequisites are written into job descriptions and adverts.</p> <ul style="list-style-type: none"> <li>Criteria of minimum period of post-registration should be included in job descriptions.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 14.  | Clinical Supervision and Career Framework | As a minimum, clinicians wishing to enter H&T practice in the organisation will have completed an appropriate period of post-registration practice consolidation. They will be able to provide portfolio evidence of relevant practice knowledge, skills and experience.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 15.  | Clinical Supervision and Career Framework | The role of Consultant lead for H&T practice should be explored aimed at being strategically responsible for the clinical oversight of all H&T practice in the organisation.                                                                                               | <ul style="list-style-type: none"> <li>The need for strategic consultant clinical leadership for telephone triage became even more apparent in response to COVID-19 briefings (Zoom and MS Teams trust updates). Mixed messaging sometimes incorrect information being announced by those who had not been updated or where not involved in telephone triage.</li> <li>Similarly, to above, there were times throughout the response where responsibility and expertise became greyed between various stakeholders in relation to the delivery of clinical practice, recruitment of clinical staff, education, training, and changes to guidelines and algorithms in</li> </ul> | <ul style="list-style-type: none"> <li>A review is needed of the current structure within WAST existing consultant clinical leadership to understand the need for this post. Who owns what specialities?</li> <li>A review is needed of other ambulance services and their consultant clinicians in telephone triage / EOCs (such as NWAS)</li> <li>A review is needed to better understand what affect this role would have on existing operational and clinical roles and portfolios within WAST &amp; within whose directorate this roles sits (There are arguments for both Medical &amp; Operations, given its speciality). In addition to the recurring cost of this role (indicative B8C level).</li> </ul> |

| S.no | Theme | Recommendation | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|      |       |                | <p>response to COVID-19; and how WAST works with other agencies. The stakeholders involved included:</p> <ul style="list-style-type: none"> <li>– Clinical Support Desk Manager (CCC Operations)</li> <li>– Education team (QSPE NHSDW)</li> <li>– Clinical staff within the NHS111 rollout team</li> <li>– COVID-19 Clinical cell</li> <li>– Clinical Priority Assessment Software Group</li> </ul> <ul style="list-style-type: none"> <li>• The above challenges are still present in business as normal practice, and there remains a confused understanding over who has clinical oversight of this speciality areas of practice, seen within the current medical directorate model. The NHS 111 rollout plan does not include a post rollout strategic clinical leadership post for telephone triage, and decisions appear to be operationally led.</li> <li>• Medicine, nursing, and paramedicine are distinct professional practices, however, the application of these practice within a telephone triage and consultation context, is a distinct speciality area which informs</li> </ul> | <ul style="list-style-type: none"> <li>• An evaluation should also be undertaken of the benefits this role may bring to other areas of trust objectives such as research, innovation in CCCs, and what this role contributes to the wider QSPE agenda.</li> <li>• It should be considered if this role should be created temporarily to mitigate COVID-19 resurgence reflections, but also existing work such as 111 roll out, as-well as the Clinical Review Project board.</li> </ul> |



| S.no | Theme                                     | Recommendation                                                                                                                                                                                                                                                                                                            | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                      |
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|      |                                           |                                                                                                                                                                                                                                                                                                                           | remote working, video consultation, physician assessment, and many other areas that adapted to COVID-19 working. This knowledge was applied to mental health working during COVID-19 for example.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 16.  | Clinical Supervision and Career Framework | Accreditation of in – house H&T training is revisited with a view to ensuing all training delivered by the organisation is accredited. Further, to explore bespoke accreditation opportunities through the respective clinician's Professional Body, Higher Education (HE) and Health Education Improvement Wales (HEIW). | <ul style="list-style-type: none"> <li>Refer to recommendations 11, 13 &amp; 14</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 17.  | Performance and Productivity              | Provide a specific education programme for the newly created Band 7 Clinician role that includes: clinical leadership; CCC operating systems; and performance management.                                                                                                                                                 | <ul style="list-style-type: none"> <li>A senior clinician workbook was written and updated in December 2019 which all senior clinicians are working through.</li> <li>The senior clinicians have a key role in the visible clinical leadership of this specialist practice; especially to the clinical hub model. This was undermined somewhat because they also had to be recruiters, trainers, auditors, mentors, practice coaches. This role, as a BAU, needs to be underpinned by formal education.</li> </ul> | <ul style="list-style-type: none"> <li>Review what courses are available externally that would incorporate what it is we are asking of our senior clinicians. Examples include:</li> <li>MSc advanced clinical practice.</li> <li>MSc in healthcare leadership</li> <li>Review what courses are offered currently (such as ILM) which may be able to meet some of these needs; given the possible investment over staff turnover.</li> </ul> |
| 18.  | Performance and Productivity              | Review CSD function priorities within the current Demand Management Plan (DMP) maximising the H&T assessment / function.                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>DMP has been updated in response to COVID-19. More work is needed to evaluate and</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>Clinical hub model needs to be worked into later versions of DMPs to ensure that demand is funnelled to the appropriate clinical</li> </ul>                                                                                                                                                                                                                                                           |

| S.no | Theme                        | Recommendation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|      |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <p>practice its implementation in practice.</p> <ul style="list-style-type: none"> <li>The clinical hub model (in terms of mental health) benefited time of increase demand. It allowed CSD to focus capacity on generalist calls. This learning could be applied to major trauma, falls / frailty, PTAs, and CSD.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <p>specialist; which may help reduce demand.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 19.  | Performance and Productivity | <p><b>In order to determine productivity and calls per hour the following is recommended for further consideration:</b></p> <ul style="list-style-type: none"> <li>Average call time for a H&amp;T assessment to be agreed as a reportable standard / target.</li> <li>Activity agent code sets to be agreed within Cisco Agent telephone system, similar to that within NHSDW/ 111.</li> <li>Active real time management of CSD activity aided by the Cisco Agent system by a delivery lead.</li> <li>Real-time agent Cisco dashboard development.</li> <li>A CSD Clinician Performance Framework supporting appropriate productivity outputs.</li> <li>Productivity captured within PADR/ 121 and training.</li> </ul> | <ul style="list-style-type: none"> <li>The movement of staff from working within CCCs to home working brought with it challenges of managing challenging performance and productivity; that could otherwise be managed by face-to-face observation and discussions with staff on site. No central reporting system, arduous and time intensive methods of reviewing staff productivity means that evidencing this to staff is poor; thus is our ability to escalate it through the process.</li> <li>The need to broach poor performance with staff, as a result of remote working, has also identified that senior clinicians need further training investment in having challenging conversations.</li> <li>COVID-19 has seen people work really very hard. Celebrating this has been challenging because the reporting is not there to</li> </ul> | <ul style="list-style-type: none"> <li>A suite of telephone triage clinical indicators should be designed, and retrospective audits (raw data) may be review to assess compliance.</li> <li>A review of what performance tools are used in NHSDW/111 should be undertaken to review what reporting already exists and can be applied.</li> <li>A suite of performance metrics should be designed (in partnership) with staff and a method of continuous collection should be explored with HI. Furthermore, an outward facing performance dashboard should be available to staff and supervisors so staff can proactively monitor their performance and improvements.</li> <li>Continue to explore and make progress with the possible implementation of Lowcode triage tool (CAD Phase 2) which does provide some of core performance metrics which are collected</li> </ul> |

| S.no | Theme                        | Recommendation                                                                                                                                                                                                                        | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                         | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|      |                              | <ul style="list-style-type: none"> <li>Leadership input into developing a conducive culture for the rationale for this change.</li> </ul>                                                                                             | <p>evidence and celebrate really positive work.</p> <ul style="list-style-type: none"> <li>MTS TTA triage tool does not give or collect any form of reporting at all. No data. This compounds the above limitations, as, during COVID-19, there could have been a specific COVID-19 reporting matrix for CSD clinicians.</li> </ul>                                | <p>continuously – seen similarly with MPDS currently (Length of call, calls per hour, hands to chest).</p>                                                                                                                                                                                                                                                                                                                                                                                                            |
| 20.  | Performance and Productivity | <p><b>Undertake a review of the relative success rates of other Medical Priority Dispatch System (MPDS) codes, especially focus on certain amber 1 and 2 outcomes and the pre-determined codes for NHSDW/111.</b></p>                 | <ul style="list-style-type: none"> <li>This has been done, in part, prior to COVID-19. This informed, in part, the work carried out in recommendation 24 (in response to COVID-19).</li> </ul>                                                                                                                                                                     | <ul style="list-style-type: none"> <li>This needs to be a continuous piece of quality assurance work, to ensure clinical quality and value for money across both services.</li> <li>A review should be done also (in line with existing work) to better understand the 'enhanced hear and treat' work undertaken by other UK ambulance trusts and the category 5 workload (under ARP) in other UK services; to ensure that we review the national evidence around the best method of managing these calls.</li> </ul> |
| 21.  | Performance and Productivity | <p><b>The Trust should develop a call review database that can be reported upon. Additionally it should have the ability to be searchable on key entries and able to export key performance metrics (similar to 111 / NSHDW).</b></p> | <ul style="list-style-type: none"> <li>Currently MTS TTA offers no such reporting capability. This type of reporting would have meant a more robust and easily delivered method of mentorship for new COVID-19 starters, but also a better process for managing COVID-19 capability issues. This might have worked virtually as well; which is positive</li> </ul> | <ul style="list-style-type: none"> <li>Continue to explore and make progress with the possible implementation of Lowcode triage tool (CAD Phase 2). Lowcode uses the audit tool AQUA (currently being used by MPDS team. This tool allow for the call review process to be undertaken, and allows searchable information based on patient type and</li> </ul>                                                                                                                                                         |

| S.no | Theme                        | Recommendation                                                                                                                                                                                                                    | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                             | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|      |                              |                                                                                                                                                                                                                                   | for new training, which is now virtual.                                                                                                                                                                                                                                                                                                                                                | algorithm use. Lowcode itself also offers this function as part of a front end clinician user. Search previous patient for example.                                                                                                                                                                                                                                                                                                                                                                            |
| 22.  | Performance and Productivity | <b>Regular levelling call review exercises should be introduced to ensure consistency and correct application of marking within the call review tool. Completed call reviews should feature on the CSD performance dashboard.</b> | <ul style="list-style-type: none"> <li>Audit was suspended as part of COVID-19 response. This is understandable given how time consuming, non-data driven, and arduous the current process was. Had another system been in place at the time of COVID-19, it may have been possible to continue this important clinical governance exercise; at least for newer clinicians.</li> </ul> | <ul style="list-style-type: none"> <li>Continue to explore and make progress with the possible implementation of Lowcode triage tool (CAD Phase 2). Lowcode uses the audit tool AQUA (currently being used by MPDS team. This tool allow for the call audits level sessions and as part of pursuit of ACE for Lowcode the IAED also undertake levelling sessions.</li> </ul>                                                                                                                                   |
| 23.  | Performance and Productivity | <b>Review the current sickness and attendance management arrangements, in doing so ensure there is sufficient supporting management and HR resource available to implement said arrangements.</b>                                 | <ul style="list-style-type: none"> <li>During COVID-19 CSD Senior Clinicians had to undertake their role in addition to recruitment, training, mentorship, coaching, and capability plans. 111 currently have teams for these processes; freeing up the capacity of their senior nurse advisors.</li> </ul>                                                                            | <ul style="list-style-type: none"> <li>Review the operational / structure of both services and align and gain parity. In addition to SNAs NHSDW/111 also have operational managers which manage sickness matter, utilising this role as a combined / shared function may assist in this freeing up senior clinician capacity.</li> <li>A review of the rota is also required to determine a demand led approach to UHP. Poor rotas for the workforce CSD has may be causing some sickness elements.</li> </ul> |
| 24.  | Performance and Productivity | <b>Explore amending the target for ring backs for Green 3 patients triaged as Green 3 (pre-determined coded call). The review recommends this can be</b>                                                                          | <ul style="list-style-type: none"> <li>In the early stages of COVID-19 response, CSD took over the management of Green 3 calls normally referred to NHSDW/111 for clinical triage. This meant that</li> </ul>                                                                                                                                                                          | <ul style="list-style-type: none"> <li>Another review should be undertaken of the ideal code set. This should happen when any new clinical hub C3 queue is introduced</li> </ul>                                                                                                                                                                                                                                                                                                                               |

| S.no | Theme                               | Recommendation                                                                                                                           | Reflection/ Lessons from COVID-19 response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | What needs to be done to achieve the recommended change                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                                     | <b>safely moved from the current 20 minutes to 45 or 60 minutes.</b>                                                                     | <p>they were unable to focus on triage of other calls during this high demand.</p> <ul style="list-style-type: none"> <li>In response to COVID-19 Green 3 calls normally transferred to NHSDW/111 were altered from a 20 minutes indicative call-back time to a 2 hour call-back time; this brought these calls in line with the English ARP 2.3 (which is actually 3 hours) and allowed NHSDW/111 increased capacity to manage their COVID-19 demand.</li> </ul> <p>Data suggests that CSD had an increased hear and treat success of these calls as opposed to NHSDW/111</p> | <p>(for example mental health, major trauma).</p> <ul style="list-style-type: none"> <li>A review of the hear and treat success of green threes should be undertaken to learn more about any differences in hear and treat during the time CSD was managing them as opposed to NHSDW and what this means for future working.</li> <li>A review should be done also (in line with existing work) to better understand the 'enhanced hear and treat' work undertaken by other UK ambulance trusts and the category 5 workload (under ARP) in other UK services; to ensure that we review the national evidence around the best method of managing these calls.</li> </ul> |
| 25.  | <b>Performance and Productivity</b> | <b>It is recommended that the approach to rostering is reviewed to ensure that as far as practicable that resourcing matches demand.</b> | <ul style="list-style-type: none"> <li>The lack of demand led focus on CSD rota made the approach to surge demand planning challenging. The uplift to 140% was difficult to plan given the 18 flexible working applications and poorly designed rota.</li> <li>The senior clinician rota is similarly poorly designed and created challenges in realigning their work during COVID-19 in terms of planning.</li> <li>CSD staff had audit / office hours cancelled during COVID-19. What these days were designed for pre</li> </ul>                                            | <ul style="list-style-type: none"> <li>Role clarity should be sought for the senior clinician role. Review and align to NHSDW/111 SNA role.</li> <li>Review the operational / clinical / educational structure of both services and align and gain parity. This will ensure a robust approach to audit, which will reduce the need for band 6 audit/office days in a rota which is clinical.</li> <li>Undertake a full rota review, looking to explore the use of 8, 10, 12 hour shifts to meet demand and provide flexibility for staff.</li> </ul>                                                                                                                    |

| S.no | Theme | Recommendation | Reflection/ Lessons from COVID-19 response                                                 | What needs to be done to achieve the recommended change                                                                                                                    |
|------|-------|----------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |       |                | COVID-19 is unclear but these will not be reinstated without further thought and planning. | <ul style="list-style-type: none"> <li>Ensure that any hub and spoke model is demand led, like the mental health team were, and the major trauma team are also.</li> </ul> |

### **Area of Further Work**

21. Whilst making all the recommendations CCC Clinical review also included “Area of Further Work” under each recommendation. It is expected that project implementation team will consider these in line with the implementation plan.

### **Impact & Effort Assessment**

22. An Impact and Effort assessment was completed for the recommendations and underlying actions. It is anticipated this will assist with the planning of implementation project. **(Appendix 3)**

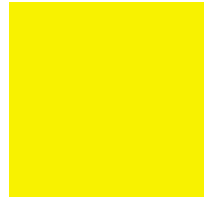
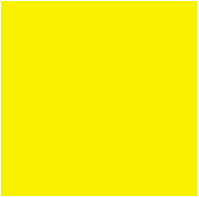
## **RECOMMENDATIONS**

**It is recommended that the (TBC-Meeting/Members):**

- (1) **Review of the Recommendations:** Note the content of the paper.
- (2) **Implementation and Project Governance:** Nominate a Senior Responsible Officer (SRO) and Project Lead with authorisation to set up an implementation project to take forward the recommendations of the CCC Clinical review including the lessons learnt and reflection covered in this paper.







# Clinical Contact Centre (CCC) Clinical Review – Update & Next Steps



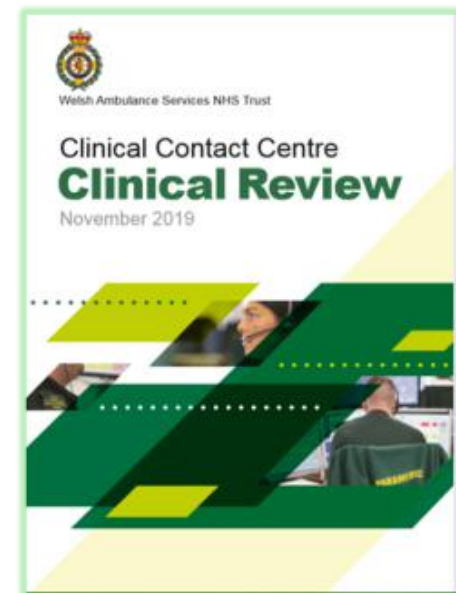
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NHS  
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# Looking Back

- Commissioned by the Operations and Medical Directors' in August 19.
- *Clinically led & operationally supported.* A cross directorate working group was established to undertake the review. A range of others drawn in at specific points.
- The review focussed on the opportunities for improvement in the current service model and how the model may change to enable “channel shift” to the left.



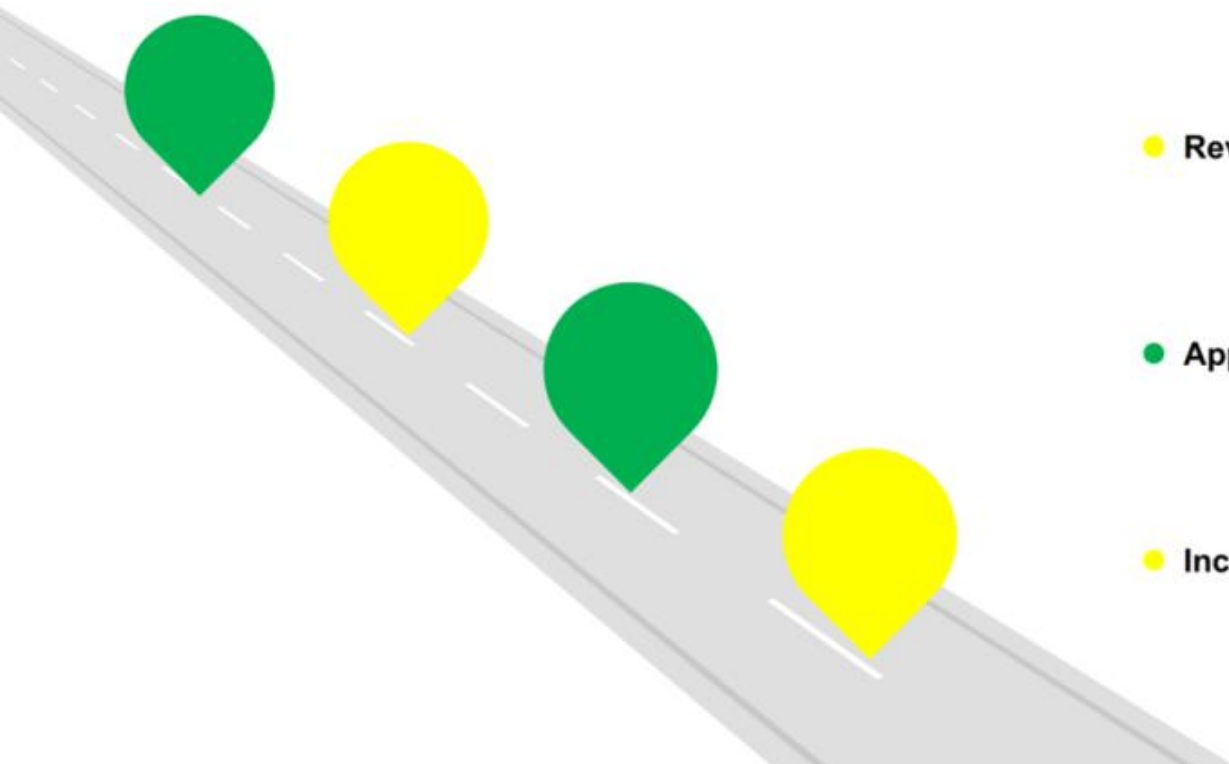


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# Looking Back



● Review Commissioned August 2019

● Review completed – November 2019

● Approved by EMT – December 2019

● Included in 2020 / 21 IMTP – February 2020



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# Looking Back

EMERTS  
(Hosted Only)

Clinical  
Support Desk  
(CSD)

Advanced  
Paramedic  
Practitioner  
(APP)

Trauma Desk

NHSD /111

Ad Hoc  
Initiatives  
(Such as  
falls)





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# Findings

- The current clinical architecture has changed significantly in the last 18 to 24 months with new functions being established and others expanded.
- Opportunities have been highlighted to increase integration and alignment to further reduce duplication, operational inefficiency and a poorer patient experience
- CSD's role has evolved rapidly from its origins as a 'hear and treat' function to one focussed for the majority of time on safety netting patients in 'the stack'.



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# Recommendations

- The report has 25 recommendations for change. These can be broadly distilled into two kinds of recommendations. The first is those which relate to improving our current model and the second is the recommendations relating to service evolution and change.
- Within the report areas for further work and exploration are also signalled.



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# Recommendations

- Underpinning many of the recommendations is the concept of creating an integrated clinical hub for WAST.
- Moving WAST on from the disparate and, often independent clinical functions the Clinical Hub is characterised by co-ordinated and integrated services which seamlessly stream the patient to the clinical function best able to meet their urgent or emergency healthcare needs, irrespective of the number used to access care,

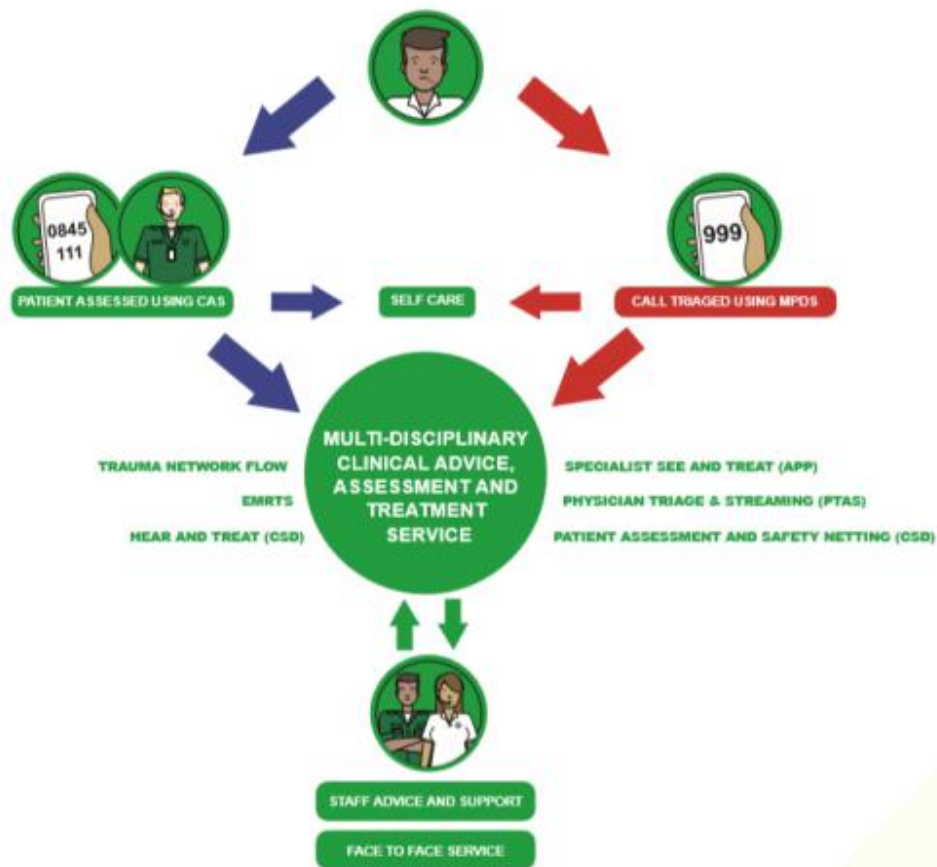


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# Recommendations







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# Next Steps



- No formal progress on programme implementation during COVID-19 but significant service development and improvement, much of which is allied to the review recommendations.
- Post COVID-19 response phase review – what did we learn?



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# Next Steps



- STB approved creation of a programme but clear indications of imminent second wave.
- Focus through Q3 and Q4 on change & improvement which can support patient safety and operational resilience during COVID-19.



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# Next Steps



- Clinical leadership and alignment.
- Technological enhancements
- Integrated Clinical Hub (Falls, Mental Health & Pharmacology)



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# Any Questions?

Pete Brown, CCC Business Manager ([Peter.brown@wales.nhs.uk](mailto:Peter.brown@wales.nhs.uk))

Dr Mike Brady, CSD Manager ([Mike.Brady@wales.nhs.uk](mailto:Mike.Brady@wales.nhs.uk))



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|                                                |             |
|------------------------------------------------|-------------|
| <b>AGENDA ITEM No</b>                          | <b>3.5</b>  |
| <b>OPEN or CLOSED</b>                          | <b>OPEN</b> |
| <b>No of APPENDICES<br/>(ANNEXES) ATTACHED</b> | <b>1(5)</b> |

## FINANCIAL PERFORMANCE AS AT MONTH 05 2020/21

|                        |                                                             |
|------------------------|-------------------------------------------------------------|
| <b>MEETING</b>         | Trust Board                                                 |
| <b>DATE</b>            | 1 <sup>st</sup> October 2020                                |
| <b>EXECUTIVE</b>       | Director of Finance & Corporate Resources                   |
| <b>AUTHORS</b>         | Jason Collins / Ed Roberts                                  |
| <b>CONTACT DETAILS</b> | Chris Turley Tel 01633 626201<br>Chris.Turley2@wales.nhs.uk |

|                                            |                                           |
|--------------------------------------------|-------------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | IMTP priorities                           |
| <b>CORPORATE RISK (Ref if appropriate)</b> | CRR42, CRR45 & CRR46                      |
| <b>QUALITY THEME</b>                       |                                           |
| <b>HEALTH &amp; CARE STANDARD</b>          | Governance, leadership and accountability |

|                             |                                                                                                                          |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To provide the Board with an update on the financial performance of the Trust for Month 5 of the 2020/21 Financial year. |
| <b>CLOSED MATTER REASON</b> | N/A                                                                                                                      |

## REPORT APPROVAL ROUTE

| <b>WHERE</b> | <b>WHEN</b>                  | <b>WHY</b>                                         |
|--------------|------------------------------|----------------------------------------------------|
| EMT          | 9 <sup>th</sup> Sept 2020    | Verbal update on M05 financial performance         |
| FPC          | 15 <sup>th</sup> Sept 2020   | Detailed presentation on M05 financial performance |
| Trust Board  | 1 <sup>st</sup> October 2020 | To note                                            |

**WELSH AMBULANCE SERVICES NHS TRUST  
TRUST BOARD  
FINANCIAL PERFORMANCE AS AT MONTH 5 2020/21**

## **SITUATION**

1. This summarised report provides the Board with an update on the financial performance of the Trust as at 31<sup>st</sup> August 2020 (Month 5), with a more detailed report attached as **Appendix 1**. The Month 5 financial performance was also presented in detail and discussed at the Finance & Performance Committee on 15<sup>th</sup> September 2020.

## **BACKGROUND**

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for the 2020/21 year to date** (1<sup>st</sup> April 2020 – 31<sup>st</sup> August 2020) are that:
  - The cumulative revenue financial position reported is a small **underspend against budget of £0.015m, assuming funding for the additional costs incurred as a result of COVID-19**. The forecast for 2020/21 assumes at present a balanced position, however this is the assumed position against a set of risks discussed later on in this paper;
  - In line with the financial plans that support the **approved IMTP** gross savings of £1.939m have been achieved against a year to date target of £2.113m, thus an **under achievement against plan, this however relates to impacts of COVID-19** - without this the net savings delivery is in line with plans, in fact is a slight overachievement year to date;
  - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 97.0% for the number, and 98.1% of the value** of non NHS invoices paid within 30 days.
3. The main financial risks remain the outcome of the current appeal against the ruling in relation to the payment of holiday pay on voluntary overtime, non-delivery of saving targets, winter pressure costs and of course the continuing assumptions in relation to the costs being incurred as a result of the COVID-19 pandemic.

## **ASSESSMENT**

### **Revenue financial position**

4. Due to the COVID-19 pandemic, the Trust has recorded additional spend in the Month 5 position totalling £6.608m, £2.875m of pay costs, £3.921m of non-pay, £0.271m of unachieved savings targets. This has been offset somewhat by reduced expenditure of £0.459m. It is assumed in the financial position that this net additional cost will be fully funded by income via WG.
5. The Trust has invoiced WG on their request for the additional costs incurred for COVID-19 Pay costs for Months 1 to 3, totalling £2.143m

## **Income**

6. Reported Income against the initial budget set to Month 5 shows a surplus of £0.061m. The surplus is because of a VAT recovery in excess of budget this however has been offset by the

net financial recording of the COVID-19 pandemic and no recoveries for coverage of sporting events.

### **Pay costs**

7. Overall, the total pay variance at Month 5 is a small over-spend of £0.016m.

### **Non-pay Costs**

8. The non-pay position at Month 5 is a overspend of £0.030m, this was due to a number of factors including overspend on Fleet Maintenance, staff uniforms, medical supplies and services, losses and special payments and some un-achievement on saving schemes. This was offset slightly by underspend, on Taxi, Fuel and Ambulance car services.

### **Savings**

9. Our financial plan identifies that a minimum of £4.300m of savings and cost containment measures will be required to achieve financial balance in 2020/21. £1.939m of savings have been delivered between 1<sup>st</sup> April and 31<sup>st</sup> August 2020 against a target of £2.113m, however as mentioned above this underachievement is attributable to COVID-19 and the position currently assumes this shortfall will be funded from WG.

### **Capital**

10. At Month 5 the Trust's current approved Capital Expenditure Limit (CEL) for 2020/21 is £14.029m. To date there has been £2.493m of Capital expenditure incurred which is in line with our plans at this stage of the year.
11. Included within the £2.493m are £0.682m worth of Capital cost as a result of the COVID-19 pandemic, whilst the Trust has received funding for £0.340m of these costs, and £0.180m of funding in which no expenditure has been incurred to date, it is assumed that the remaining incurred and forecast capital COVID-19 costs will also be fully funded.
12. Below is the current capital position, the detail of which can be seen in annex 2.

|                                                                 | Actual<br>£'000 | Plan<br>£'000 |
|-----------------------------------------------------------------|-----------------|---------------|
| <b>All Wales Capital Programme:</b>                             |                 |               |
| <b>Schemes:</b>                                                 |                 |               |
| ESMCP - Control Room Solution                                   | 0               | 149           |
| 111 Integrated Information Solution                             | 139             | 1,900         |
| COVID-19 Digital Devices                                        | 160             | 160           |
| COVID-19 DPIF                                                   | 0               | 180           |
| WAST Cardiff MRD                                                | 149             | 4,528         |
| Provision of Mobile Clinical Solution Unit                      | 0               | 537           |
| EMS Comms 19-20                                                 | 35              | 138           |
| RRV Conversion 19-20                                            | 126             | 126           |
| RRV Comms 19-20                                                 | 105             | 101           |
| NEPTS Large Renault Master (stretcher) Conversion 19-20         | 0               | 89            |
| NEPTS Large Renault Master (Double Wheelchair) Conversion 19-20 | 78              | 44            |
| NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20      | 5               | 6             |
| Specialist (HART) Personnel Carrier Conversion 19-20            | 14              | 14            |
| Specialist (HART) Personnel Carrier COMMS 19-20                 | 0               | 17            |
| <b>Sub Total</b>                                                | <b>811</b>      | <b>7,988</b>  |
| <b>Discretionary:</b>                                           |                 |               |
| I.T.                                                            | 556             | 632           |
| Equipment                                                       | 719             | 3,018         |
| Statutory Compliance                                            | 0               | 0             |
| Estates                                                         | 323             | 1,284         |
| Other                                                           | 85              | 280           |
| Unallocated Discretionary Capital                               | 0               | 827           |
| <b>Sub Total</b>                                                | <b>1,682</b>    | <b>6,041</b>  |
| <b>Total</b>                                                    | <b>2,493</b>    | <b>14,029</b> |
| Less NBV reinvested                                             | 0               | 0             |
| <b>Total Funding from WG</b>                                    | <b>2,493</b>    | <b>14,029</b> |

## Public Sector Payment Policy (PSPP)

13. Public Sector Payment Policy (PSPP) compliance up to Month 5 was 97.0% against the 95% WG target set for non-NHS invoices by number and 98.1% by value.

## RECOMMENDED That the Board:

- Note the Month 5 revenue and capital financial position and performance of the Trust as at 31<sup>st</sup> August 2020;
- Note the Month 4 and 5 Welsh Government monitoring return submissions included with Appendix 1 below (as required by WG).



**WELSH AMBULANCE SERVICES NHS TRUST  
TRUST BOARD  
FINANCIAL PERFORMANCE AS AT MONTH 5 2020/21**

## INTRODUCTION

1. This paper provides the Board with a detailed update on the financial performance of the Trust as at 31<sup>st</sup> August 2020 (Month 5).
2. The Month 5 revenue financial position has a small **underspend against budget of £0.015m, after assuming funding for the revenue costs associated with the COVID-19 pandemic**. The forecast for 2020/21 remains a balanced position; however this is the assumed position against a set of risks discussed later in this paper.

## FINANCIAL PERFORMANCE YEAR TO DATE

### Revenue position

3. The table below presents an overview of the financial position for the period 1<sup>st</sup> April to 31<sup>st</sup> August 2020.

| Revenue Financial Position for the period 1st April - 31st August |               |              |         |          |
|-------------------------------------------------------------------|---------------|--------------|---------|----------|
|                                                                   | Annual Budget | Year to date |         |          |
|                                                                   |               | Budget       | Actual  | Variance |
|                                                                   | £000          | £000         | £000    | £000     |
| Income                                                            | -221,934      | -92,705      | -92,766 | -61      |
| Expenditure                                                       |               |              |         |          |
| Pay                                                               | 156,793       | 65,264       | 65,280  | 16       |
| Non-pay                                                           | 48,059        | 19,939       | 19,932  | -7       |
| Total pay & non-pay expenditure                                   | 204,852       | 85,203       | 85,212  | 9        |
| Depreciation & Impairments / interest payable & receivable        | 17,082        | 7,502        | 7,539   | 37       |
| Total                                                             | 0             | 0            | -15     | -15      |

## Summary of Key areas of variance

### Revenue position

4. Due to the COVID-19 pandemic, the Trust has recorded additional spend in the cumulative Month 5 position totalling £6.608m, £2.875m of pay costs, £3.921m of non-pay, £0.271m of unachieved savings targets. This has been offset somewhat by reduced expenditure of £0.459m. It is assumed in the financial position that this net additional cost will be fully funded by income via WG.
5. The Trust has invoiced WG on their request the Pay costs for Months 1 to 3, totalling £2.143m

## **Income**

6. Reported Income against the initial budget set to Month 5 shows a surplus of £0.061m. The surplus is because of a VAT recovery in excess of budget this however has been offset by the net financial recording of the COVID-19 pandemic and no recoveries for coverage of sporting events.

## **Pay costs**

7. Overall, the total pay variance at Month 5 is a small net over-spend of £0.016m due to continued vacancies in corporate functions offset by some pressures in the reserves budget.
8. COVID related pay costs incurred and accrued amounted to £2.875m and are as follows:
  - Overtime - £1.299m and this included initiatives relating to payment for attendance allowance to operational staff, hours in excess of normal averaged overtime, overtime to Band 8 staff and payment of overtime to those in corporate functions who worked excess hours supporting COVID activities;
  - Students / Returners - £0.512m who worked on bank contracts;
  - Salary recharge costs for training Fire and Rescue staff estimated at £0.102m;
  - Additional staff utilised to support 111 and 999 costs (Call Handlers, Clinicians etc) £0.668m;
  - Staff who increased contracted hours on a temporary basis and those who had temporary increases in grading and supported pandemic cells and agency costs £0.294m.

## **Non-pay Costs**

9. The non-pay position at Month 5 is an overspend of £0.030m, this was due to a number of factors including overspend on Fleet Maintenance, staff uniforms, medical supplies and services and some un-achievement on saving schemes. This was offset slightly by underspend, on Taxi, Fuel and Ambulance car services.
10. COVID related additional non pay expenditure incurred and accrued for Month 5 totalled £3.921m. Areas of additional spend included:
  - Transport - £1.243m and included procuring private providers to support NEPTS and field and surge sites and also extended use of St Johns provision to support EMS;
  - PPE, IPC and Clinical Supplies - £1.514m;
  - Project Management and Consultancy support - £0.142m;
  - Telephony Costs - £0.112m from additional costs of 111 call volume;
  - Rent & Utilities - £0.096m from extended 111 and 999 areas;
  - Estimated costs for MACA arrangements of £0.300m;
  - Other areas included general equipment, cleaning and uniforms.

## **Savings**

11. Our financial plan identifies that a minimum of £4.300m of savings and cost containment measures will be required to achieve financial balance in 2020/21. £1.939m of savings have been delivered between 1st April and 31<sup>st</sup> August 2020 against a target of £2.113m.

12. As detailed above part of the shortfall £0.271m is attributable to the impact of COVID-19 pandemic, this is partly offset by overachievement on some schemes resulting in the net shortfall of £0.174m. In order for the Trust to breakeven as forecasted it has assumed this will be covered by additional funding from WG as part of coverage for the net cost impact of the COVID-19 outbreak; however as this is yet to be confirmed this is currently reported as a shortfall from plan. Those schemes under recovering are as follows

- Fleet efficiencies has realised £0.130m savings have been achieved against the plan of £0.139m;
- Unallocated savings schemes are underachieved by £0.246m.

## Financial Performance by Directorate

13. Whilst there is a small surplus reported at Month 5 there are a few variances between directorates as shown in the table below.

14. It should also be noted that the report now reflects the re-alignment of the Directorates, with Fleet now moving from the Operational Directorate into the Finance and Corporate Resources Directorate along with Estates moving from Planning and Performance. ICT and Health Informatics have moved from Finance into the Digital Directorate.

| Directorate                                        | Financial position by Directorate @ 31st August |              |            |            |
|----------------------------------------------------|-------------------------------------------------|--------------|------------|------------|
|                                                    | Annual                                          | Year to date |            |            |
|                                                    | Budget                                          | Budget       | Actual     | Variance   |
|                                                    | £000                                            | £000         | £000       | £000       |
| Operations Directorate                             | 112,329                                         | 45,714       | 45,265     | -449       |
| Chief Executive Directorate                        | 1,738                                           | 717          | 700        | -17        |
| Board Secretary                                    | 307                                             | 128          | 125        | -3         |
| Partnerships & Engagement Directorate              | 641                                             | 252          | 241        | -11        |
| Finance and Corporate Resources Directorate        | 13,334                                          | 5,573        | 5,684      | 111        |
| Planning and Performance Directorate               | 689                                             | 287          | 281        | -6         |
| Quality, Safety and Patient Experience Directorate | 3,756                                           | 1,525        | 1,488      | -37        |
| Digital Directorate                                | 10,053                                          | 3,537        | 3,493      | -44        |
| Workforce and OD Directorate                       | 3,770                                           | 1,522        | 1,468      | -55        |
| Medical & Clinical Services Directorate            | 2,529                                           | 964          | 1,008      | 44         |
| Trust Reserves                                     | 24,327                                          | 8,003        | 8,402      | 399        |
| Trust Income ( mainly WHSSC)                       | -173,473                                        | -68,221      | -68,169    | 52         |
| <b>Overall Trust Position</b>                      | <b>0</b>                                        | <b>-0</b>    | <b>-15</b> | <b>-15</b> |

15. There are variances within each of the Directorates. These are considered in the tables and narrative below.

## Operations

| Breakdown of Financial position for Operations @ 31st August |                       |                |                |                  |
|--------------------------------------------------------------|-----------------------|----------------|----------------|------------------|
|                                                              | Annual Budget<br>£000 | Year to date   |                |                  |
|                                                              |                       | Budget<br>£000 | Actual<br>£000 | Variance<br>£000 |
|                                                              |                       |                |                |                  |
| Income                                                       | -37,631               | -15,928        | -16,019        | -91              |
| Pay                                                          | 129,824               | 54,300         | 54,180         | -120             |
| Non Pay                                                      | 20,135                | 7,342          | 7,105          | -238             |
| <b>Total</b>                                                 | <b>112,329</b>        | <b>45,714</b>  | <b>45,265</b>  | <b>-449</b>      |

16. Pay variances relate to vacancies including managerial, and administrative. Operational pay savings are partly offset by expenditure in non-pay for services provided by voluntary services and external suppliers.

17. Non-Pay variances includes fuel costs which was due to reduced forecourt prices and free fuel provided for the first two months. Associated savings due to reduced COVID activities in NEPTS and travel.

18. The table below provides detail of how this translates against individual budget areas.

| Breakdown of Financial position for Operations @ 31st August |                       |                |                |                  |
|--------------------------------------------------------------|-----------------------|----------------|----------------|------------------|
|                                                              | Annual Budget<br>£000 | Year to date   |                |                  |
|                                                              |                       | Budget<br>£000 | Actual<br>£000 | Variance<br>£000 |
| <b>Operational Budgets</b>                                   |                       |                |                |                  |
| Operational Directorate Management and Support               | 2,328                 | 979            | 886            | -93              |
| Operations Directorate - Resilience/Business Continuity      | 692                   | 32             | -7             | -40              |
| Operations Directorate - Ambulance Response                  | 85,633                | 35,940         | 35,804         | -136             |
| Operations Directorate - CCC                                 | 20,984                | 8,516          | 8,505          | -11              |
| Deputy Director of NEPTS                                     | 2,692                 | 246            | 78             | -168             |
| <b>Total Operations budgets</b>                              | <b>112,329</b>        | <b>45,714</b>  | <b>45,265</b>  | <b>-449</b>      |

## Corporate budgets

| Breakdown of Financial position for Corporate @ 31st August |                       |                |                |                  |
|-------------------------------------------------------------|-----------------------|----------------|----------------|------------------|
|                                                             | Annual Budget<br>£000 | Year to date   |                |                  |
|                                                             |                       | Budget<br>£000 | Actual<br>£000 | Variance<br>£000 |
|                                                             |                       |                |                |                  |
| Income                                                      | -1,956                | -1,109         | -1,227         | -118             |
| Pay                                                         | 19,945                | 8,038          | 7,880          | -158             |
| Non Pay                                                     | 19,102                | 7,576          | 7,834          | 258              |
| <b>Total</b>                                                | <b>37,091</b>         | <b>14,504</b>  | <b>14,487</b>  | <b>-18</b>       |

19. The directorate level table presented in paragraph 14 provides the detail in relation to the financial position of each of the corporate directorates. As mentioned above this is mainly in non-pay and relates to overspend associated with fleet maintenance and underachievement of savings schemes.

### Trust Reserves / Depreciation and Other

|              | Breakdown of Financial position for Reserves, Depreciation & Other I & E @ 31st August |              |              |            |
|--------------|----------------------------------------------------------------------------------------|--------------|--------------|------------|
|              | Annual Budget                                                                          | Year to date |              |            |
|              |                                                                                        | Budget       | Actual       | Variance   |
|              | £000                                                                                   | £000         | £000         | £000       |
|              |                                                                                        |              |              |            |
| Income       | -8,600                                                                                 | -7,446       | -7,351       | 96         |
| Pay          | 7,024                                                                                  | 2,926        | 3,220        | 294        |
| Non Pay      | 25,903                                                                                 | 12,523       | 12,533       | 9          |
|              |                                                                                        |              |              |            |
| <b>Total</b> | <b>24,327</b>                                                                          | <b>8,003</b> | <b>8,402</b> | <b>399</b> |

20. Reserves section includes the net impact of COVID 19 activities and hence the opposite impact of non-pay savings recorded in directorate financial positions and the under achievement of savings plan targets.

### Treatment of COVID-19 spend

21. The summary of the COVID-19 revenue costs reported in the Month 5 financial position are as per the table below:

|                                | Month 5<br>(August 20)<br>£000 |
|--------------------------------|--------------------------------|
| <b>Total Pay</b>               | <b>2,875</b>                   |
| <b>Total Non-Pay</b>           | <b>3,921</b>                   |
| <b>Non Delivery of Savings</b> | <b>271</b>                     |
| <b>Expenditure Reductions</b>  | <b>-459</b>                    |
| <b>Overall</b>                 | <b>6,608</b>                   |

22. As previously noted the Month 5 position assumes that these costs will be fully funded and hence income will be provided to offset as this additionality is over and above that included in the initial 2020/21 financial plan and Board approved budget.

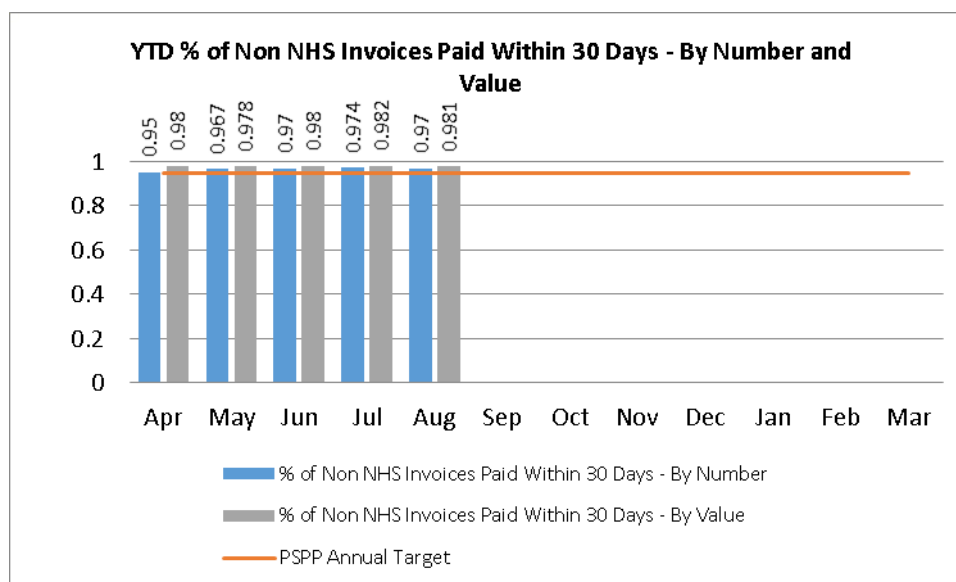
23. Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £8.210m. As we are aware the future response to this pandemic is unknown, forecast costs will be reviewed monthly but are clearly sensitive to the changing impact of the Trust's required response to the pandemic going forward. Given the latest developments in terms of a likely imminent 2<sup>nd</sup> wave, it is very likely that costs will further increase in the coming weeks

and months. We are keeping both our Commissioners and WG fully sighted on any significant movement to the above current estimate of full year costs.

24. To note there is one main exclusions from all the costs included in the position for the PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to all Welsh NHS organisations. This is consistent with all NHS Wales organisations.

### Public Sector Payment Policy (PSPP)

25. Public Sector Payment Policy (PSPP) compliance up to Month 5 was 97.0% against the 95% WG target set for non-NHS invoices by number and 98.1% by value.



### Capital

26. At Month 5 the Trust's current approved Capital Expenditure Limit (CEL) for 2020/21 is £14.029m. To date there has been £2.493m of Capital expenditure incurred which is in line with our plans at this stage of the year.
27. Included within the £2.493m are £0.682m worth of Capital cost as a result of the COVID-19 pandemic, whilst the Trust has received funding for £0.340m of these costs, and £0.180m of funding in which no expenditure has been incurred to date, it is assumed that the remaining incurred and forecast capital COVID-19 costs will also be fully funded.
28. Below is the current capital position, the detail of which can be seen in annex 2.

|                                                                 | Actual<br>£'000 | Plan<br>£'000 |
|-----------------------------------------------------------------|-----------------|---------------|
| <b>All Wales Capital Programme:</b>                             |                 |               |
| <b>Schemes:</b>                                                 |                 |               |
| ESMCP - Control Room Solution                                   | 0               | 149           |
| 111 Integrated Information Solution                             | 139             | 1,900         |
| COVID-19 Digital Devices                                        | 160             | 160           |
| COVID-19 DPIF                                                   | 0               | 180           |
| WAST Cardiff MRD                                                | 149             | 4,528         |
| Provision of Mobile Clinical Solution Unit                      | 0               | 537           |
| EMS Comms 19-20                                                 | 35              | 138           |
| RRV Conversion 19-20                                            | 126             | 126           |
| RRV Comms 19-20                                                 | 105             | 101           |
| NEPTS Large Renault Master (stretcher) Conversion 19-20         | 0               | 89            |
| NEPTS Large Renault Master (Double Wheelchair) Conversion 19-20 | 78              | 44            |
| NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20      | 5               | 6             |
| Specialist (HART) Personnel Carrier Conversion 19-20            | 14              | 14            |
| Specialist (HART) Personnel Carrier COMMS 19-20                 | 0               | 17            |
| <b>Sub Total</b>                                                | <b>811</b>      | <b>7,988</b>  |
| <b>Discretionary:</b>                                           |                 |               |
| I.T.                                                            | 556             | 632           |
| Equipment                                                       | 719             | 3,018         |
| Statutory Compliance                                            | 0               | 0             |
| Estates                                                         | 323             | 1,284         |
| Other                                                           | 85              | 280           |
| Unallocated Discretionary Capital                               | 0               | 827           |
| <b>Sub Total</b>                                                | <b>1,682</b>    | <b>6,041</b>  |
| <b>Total</b>                                                    | <b>2,493</b>    | <b>14,029</b> |
| Less NBV reinvested                                             | 0               | 0             |
| <b>Total Funding from WG</b>                                    | <b>2,493</b>    | <b>14,029</b> |

## Risks and assumptions

29. The financial risks continue to be assessed monthly, and as we move through the financial year, we will be further reviewing these to ensure that the level of likelihood is assessed along with the financial value. These are also then quantified as part of our monthly submissions to WG.
30. Non delivery of Saving Plans/CIP's has been included as a risk and this is included due to the inability to proceed with some schemes as the organisation has been responding and focusing on COVID 19 activities, however as at month 5 this has been reduced to £1.000m.
31. The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.653m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2020. A Court of Appeal date is still awaited in connection with this issue. No accruals are included within the 2020/21 position at present but we have included a medium rated risk of £1.000m in connection with this.
32. Given the pressures the Trust felt last winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a medium risk.
33. The Trust has now removed a previous risk in relation to an increase in the Trust's share of the Welsh Risk Pool risk share values, this is based on guidance received from WG.

34. The total quantum of funding for addressing COVID-19 across Wales remains fluid and, in some cases, uncertain. There is a risk that the Trust's total operational cost of addressing the pandemic cannot be contained within available funding resulting in a potential overspend against the planned and forecast outturn for 2020/21. Along with other organisations in NHS Wales, examples of mitigating actions to manage this risk include:

- Grip and control
- Financial modelling and forecasting is co-ordinated on a regular basis;
- Financial reporting to Welsh Government (and CASC) on local costs incurred as a result of COVID-19 to inform central and local scrutiny, feedback and decision-making;
- Oversight arrangements in place at Board level and through the Committee structures

Exploring alternative funding sources

- Trust funding arrangements, including confirmed additional support from Welsh Government and Commissioners;
- Potential to explore funding arrangements through the Regional Partnership Board and Local Authority partners.

### **Welsh Government Monthly monitoring returns**

35. As is required by Welsh Government, **Annexes 3, 4, 5 and 6** provide the Board with copies of the Monthly Monitoring Return narrative and tables for Month's 4 and 5.



## Annex 2

|                                                                 | 2020-21 Planned<br>Expenditure | 2020-21 Expenditure<br>To Date | 2020-21 Expected<br>Final Cost |
|-----------------------------------------------------------------|--------------------------------|--------------------------------|--------------------------------|
|                                                                 | £'000                          | £'000                          | £'000                          |
| <b>Non-Discretionary Capital 20/21</b>                          |                                |                                |                                |
| <b>ICT AWCP</b>                                                 |                                |                                |                                |
| ESMCP - Control Room Solution                                   | 149                            | -                              | 149                            |
| 111 Integrated Information Solution                             | 1,900                          | 140                            | 1,900                          |
| COVID-19 Digital Devices                                        | 160                            | 160                            | 160                            |
| COVID-19 DPIF                                                   | 180                            | -                              | 180                            |
| <b>Total ICT AWCP</b>                                           | <b>2,389</b>                   | <b>300</b>                     | <b>2,389</b>                   |
| <b>Estates 20/21</b>                                            |                                |                                |                                |
| WAST Cardiff MRD                                                | 4,528                          | 149                            | 4,528                          |
| <b>TOTAL Estates 20/21</b>                                      | <b>4,528</b>                   | <b>149</b>                     | <b>4,528</b>                   |
| <b>Equipment 20/21</b>                                          |                                |                                |                                |
| Provision of Mobile Clinical Solution Unit                      | 537                            | -                              | 537                            |
| <b>TOTAL Equipment 20/21</b>                                    | <b>537</b>                     | <b>-</b>                       | <b>537</b>                     |
| <b>Fleet 20/21 BJC</b>                                          |                                |                                |                                |
| EMS Comms 19-20                                                 | 138                            | 35                             | 138                            |
| RRV Conversion 19-20                                            | 126                            | 126                            | 126                            |
| RRV Comms 19-20                                                 | 101                            | 105                            | 101                            |
| NEPTS Large Renault Master (stretcher) Conversion 19-20         | 89                             | -                              | 89                             |
| NEPTS Large Renault Master (Double Wheelchair) Conversion 19-20 | 44                             | 78                             | 44                             |
| NEPTS Large Renault Master (Double Wheelchair) COMMS 19-20      | 6                              | 5                              | 6                              |
| Specialist (HART) Personnel Carrier Conversion 19-20            | 14                             | 14                             | 14                             |
| Specialist (HART) Personnel Carrier COMMS 19-20                 | 17                             | -                              | 17                             |
| <b>TOTAL Fleet 20/21</b>                                        | <b>534</b>                     | <b>362</b>                     | <b>534</b>                     |
| <b>Non-Discretionary Capital TOTAL</b>                          | <b>7,988</b>                   | <b>811</b>                     | <b>7,988</b>                   |

|                                                                      |              |            |              |
|----------------------------------------------------------------------|--------------|------------|--------------|
| <b>Funded from Discretionary Capital 2019/20</b>                     |              |            |              |
| <b>Fleet Other 2020/21 - 8810</b>                                    |              |            | <b>0</b>     |
| Bangor workshop van                                                  | 6            | 6          | 6            |
| NEPTS 4x4 (replacement of lease NEPTS)                               | 1            | 1          | 1            |
| Make Ready Vehicle Conversion 18-19                                  | 5            | 5          | 5            |
| <b>Fleet Other 2019/20 - 8810</b>                                    |              |            |              |
| Fleet Safety Costs - repairs to vehicles                             | 150          | 6          | 150          |
| Asset De-recognition - engine replacement for 515's                  | 150          | 76         | 150          |
| <b>Fleet Other 8810 - TOTAL</b>                                      | <b>312</b>   | <b>94</b>  | <b>312</b>   |
| <b>Fleet 2020/2021</b>                                               |              |            |              |
| RRV Conversion 20-21                                                 | 378          | 380        | 378          |
| RRV Comms 20-21                                                      | 297          | 21         | 297          |
| RRV Equipment 20-21                                                  | -            | 81         | -            |
| EA Conversion 20-21                                                  | 206          | -          | 206          |
| NEPTS Chassis 20-21                                                  | 103          | 0          | 103          |
| <b>Fleet 2019/2020 BJC</b>                                           |              |            |              |
| Project Cost 19-20                                                   | -            | 42         | -            |
| EMS Conversion 19-20                                                 | 1,002        | 0          | 1,002        |
| EMS Comms 19-20                                                      | 16           | -          | 16           |
| RRV Chassis 19-20                                                    | -            | 38         | -            |
| NEPTS Large Renault Master (stretcher) Chassis 19-20                 | -            | 3          | -            |
| NEPTS Large Renault Master (Double Wheel Chair) Chassis 19-20        | -            | 2          | -            |
| Specialist (Paramedic) Conversion 19-20                              | 146          | -          | 146          |
| Specialist (HART) Secondary Equipment Carriers Chassis 19-20         | -            | 4          | -            |
| Specialist (HART) Secondary Equipment Carriers Conversion 19-20      | 137          | -          | 137          |
| Specialist (HART) Secondary Equipment Carriers COMMS 19-20           | -            | 16         | -            |
| Specialist (HART) Personnel Carrier Chassis 19-20                    | -            | 5          | -            |
| Specialist (HART) Personnel Carrier EQUIP 19-20                      | -            | 5          | -            |
| Specialist (HART) Staff Welfare Vehicle Conversion 19-20             | 59           | -          | 59           |
| Brexit contingency                                                   | 322          | -          | 322          |
| <b>Fleet 2018/19 BJC</b>                                             |              |            |              |
| Specialist (Driver Training ) Conversion 18-19                       | -            | 2          | -            |
| <b>Total FLEET</b>                                                   | <b>2,666</b> | <b>599</b> | <b>2,666</b> |
| <b>ICT Projects - 8830</b>                                           |              |            |              |
| <b>2020-21 Projects</b>                                              |              |            |              |
| General replacement and new hardware                                 | 175          | 44         | 175          |
| ICT COVID-19 costs                                                   | -            | 361        | -            |
| Clinical Audit                                                       | 1            | 3          | 1            |
| QlikSense Delivery Support                                           | 2            | 2          | 2            |
| Patient Level Information Costing System (PLICS) (Software included) | 17           | 16         | 17           |
| RFID Tagging                                                         | 154          | 0          | 154          |
| WIFI replacement                                                     | 117          | 117        | 117          |
| Additional Staff Devices (iPads)                                     | 166          | -          | 166          |
| <b>2019-20 Projects</b>                                              |              |            |              |
| CRS - ESMCP                                                          | -            | 12         | -            |
| <b>ICT Projects - 8830 TOTAL</b>                                     | <b>632</b>   | <b>556</b> | <b>632</b>   |

|                                                                         |               |              |               |
|-------------------------------------------------------------------------|---------------|--------------|---------------|
| <b>Estates Projects - 8840</b>                                          |               |              |               |
| <b>2020-21 Projects</b>                                                 |               |              |               |
| Estates topslice:                                                       | 376           | -            | 376           |
| CFR Reconfig reprographics room                                         | 6             | -            | 6             |
| Aberconwy - Replacing Heating                                           | 18            | -            | 18            |
| Lampeter - Replacement Garage Doors                                     | 20            | 15           | 20            |
| Drainage surveys and remedial drainage work                             | 105           | -            | 105           |
| Cardiff Make Ready Depot FBC Fees                                       | 34            | 42           | 34            |
| Matrix House Swansea                                                    | 560           | 10           | 560           |
| MRD Dobshill – Refurbishment                                            | 2             | 1            | 2             |
| Corwen Reroof                                                           | 36            | 1            | 36            |
| Improvements and Refurbishments at Llanwrst Ambulance Station           | 19            | 2            | 19            |
| Welshpool- Sluice Room and stores upgrade                               | 25            | 5            | 25            |
| Tumble - welfare improvements and drainage & tarmac works               | 2             | -            | 2             |
| ABLOY Estates Installation                                              | 3             | 6            | 3             |
| Wellness Suites                                                         | 4             | 0            | 4             |
| Snowdon House - heating, mechanical ventilation & works in Control Room | 74            | 2            | 74            |
| Wrexham ARC (retention)                                                 | -             | 4            | -             |
| Estates COVID-19                                                        | -             | 160          | -             |
| <b>2019-20 Projects</b>                                                 |               |              |               |
| Estates top slice:                                                      |               |              |               |
| Bryn Tirion– Repairs and Improvements                                   | -             | 3            | -             |
| Install Door Access systems and Staff ID cards – Pilot                  | -             | 5            | -             |
| Design fees                                                             | -             | 45           | -             |
| Relocation of Cowbridge AS to Cowbridge Fire Station                    | -             | 17           | -             |
| Abergavenny - renew roof and upgrade WC area                            | -             | 0            | -             |
| <b>2018-19 Projects</b>                                                 |               |              |               |
| Colwyn Bay Amb Station - Replacement Boiler, Distribution and Controls  | -             | 2            | -             |
| Snowdon House - Replacement mechanical servicers                        | -             | 1            | -             |
| <b>Estates Projects - 8840 TOTAL</b>                                    | <b>1,284</b>  | <b>323</b>   | <b>1,284</b>  |
| <b>Equipment - 8820</b>                                                 |               |              |               |
| <b>2020-21 Projects</b>                                                 |               |              |               |
| Cycle Medical Response expanded into ABHB area                          | 20            | 20           | 20            |
| EPI Shuttles                                                            | 20            | 14           | 20            |
| <b>2019-20 Projects</b>                                                 |               |              |               |
| OHCA Improvement Plan                                                   | -             | 10           | -             |
| Belt loops for security of ABLOY system keys                            | -             | 1            | -             |
| <b>Equipment - 8820 TOTAL</b>                                           | <b>40</b>     | <b>25</b>    | <b>40</b>     |
| <b>Project Support Costs - salary paid from capital</b>                 | <b>280</b>    | <b>85</b>    | <b>280</b>    |
| <b>Discretionary Capital 2019/20 TOTAL</b>                              | <b>5,214</b>  | <b>1,682</b> | <b>5,214</b>  |
| <b>Non-Discretionary Capital Total</b>                                  | <b>7,988</b>  | <b>811</b>   | <b>7,988</b>  |
| <b>Discretionary &amp; Non-Discretionary TOTAL</b>                      | <b>13,202</b> | <b>2,493</b> | <b>13,202</b> |
| <b>Unallocated Discretionary Capital (incl NBV proceeds)</b>            | <b>827</b>    | <b>0</b>     | <b>827</b>    |
| <b>Unapproved/Overspend Schemes</b>                                     | <b>-</b>      | <b>0</b>     | <b>0</b>      |
| <b>CAD underspend</b>                                                   | <b>-</b>      | <b>0</b>     | <b>0</b>      |
| <b>TOTAL CAPITAL PROGRAMME</b>                                          | <b>14,029</b> | <b>2,493</b> | <b>14,029</b> |

### Annex 3



Monitoring Return  
WAST month 04 202

### Annex 4



Month 04 - Welsh  
Ambulance Services

## **Annex 5**



Monitoring Return  
WAST month 05 202

## **Annex 6**



Month 05 - Welsh  
Ambulance Services



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

Pencadlys Rhanbarthol Ambiwylans a Chanolfan Cyfathrebu Clinigol  
Regional Ambulance Headquarters and Clinical Contact Centre  
Tŷ Vantage Point / Vantage Point House, Tŷ Coch Way, Cwmbran NP44 7HF  
Tel/Ffôn 01633 626262 Fax/Ffacs 01633 626299  
[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

**Executive Director of Finance**

Mrs AJ Hughes  
Head of NHS Financial Management  
Welsh Government  
North Wales NHS Financial Management  
Sarn Mynach  
Llandudno Junction  
LL31 9RZ

13<sup>th</sup> August 2020

Your ref: WAST\m03\ajh\al-w

Dear Andrea

**Re: JULY 2020 (MONTH 4 2020/21) MONITORING RETURN**

Please find attached the Monitoring Returns for July 2020.

All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our approved IMTP, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and agreed with our Commissioners and approved by the Trust Board in March 2020.

The Trust's performance against financial targets for Month 4 2020/21 is as follows:-

**1. Actual Year to Date 20/21 (Tables A, B & B2)**

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the budget setting approach. The key funding assumptions for 2020/21 being that the 2019/20 funding is fully recurrent, and the 2020/21 funding will include:-

- 2% uplift for core cost growth, which includes funding to meet the first 1% of the 2020/21 pay award costs.
- Funding to support the final year of A4C 3 year pay award
- Impact of Previously Agreed Developments/other adjustments including income support to implement the EMS Demand & Capacity Review, in line with support by Commissioners in the IMTP.

Cadeirydd Dros Dro/Chair: Martin Woodford  
Prif Weithredwr/Chief Executive: Jason Killens  
Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg  
The Trust welcomes correspondence in Welsh or English



Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

Month 4 also includes an income assumption to offset the significant net additional revenue costs incurred by WAST in its planning and response to COVID-19. The year to date value is £6.120m, as shown in Table B3. Welsh Government has advised WAST to now invoice them for the pay costs only incurred in Months 1 to 3 and this value totals £2.143m.

The reported performance at Month 4 as per Table B is a small year to date under-spend against budget of £0.011m, after allowing for the above COVID-19 funding assumption.

The reported total pay variance against plan as at Month 4 is a small overspend of £0.041m. As per Table B3 the COVID-19 pay related costs to Month 4 totalled £2.586m and are included in Table B.

The non-pay position at Month 4 is a reported overspend of £0.008m this was due to overspends on fleet maintenance costs, staff uniforms, medical supplies and services and increases in provision for losses and special payments, this was offset slightly by underspends on Taxi, Fuel and Ambulance car services.

Income at Month 4 shows a surplus of £0.060m due to VAT reclaim in excess of budget, this has offset somewhat the deduction in income from Sporting events cover.

## **2. Movement (Table A)**

The Movement table has been completed in accordance with the new guidance, incorporating the approved IMTP data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs. Included within this table and the COVID-19 sheet is the Non-planned Savings due to COVID-19, this has been shown on Month 1 planned savings – Forecast (Underachievement) / Overachievement (line 14) of the movement tab, and has been offset by the Additional funding line (line 22).

Table A now includes the profit on disposal of £0.250m on line 19 this is the difference between the £0.550m currently forecasted and the £0.300m included within our based line position (this wasn't included within the IMTP as this was originally planned to be disposed of during 2019-20). As requested the Trust has now included this within new cost pressures of £0.300m to offset the £0.300m now shown on line 8. **(Action Point 3.2)**

Table A also now incorporates the revised WRP pressure of c£0.319m; offset in part by the forecasted additional non-recurring profit on sale **(Action Point 3.6)**.

Following the inclusion of the savings tables, the profiling in relation to Identified saving plans and Planned Net income generation are different to the profiles per the IMTP, however as these saving schemes are reported internal to our board the Trust has amended these figures to match those reported internal. This doesn't change the bottom line as the totals remain the same it is just the profiles have been amended to agree back. **(Action Point 3.1)**

The Trust has now also had to include additional saving scheme variance previously not identified within the table on line 28 to offset the now declared underachievement which was previously included within the total on line 40 but now identified on line 15.

### **3. Risk (Table A2)**

The risks reported in Table A2 continue to be fully assessed, however at present there are no high likelihood risks that the Trust is aware of and as we move through the next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.

Non delivery of Saving Plans/CIP's has been included as a low risk and this is included due to the inability to proceed with some schemes as the organisation has been responding and focusing on COVID-19 activities, this was reduced for month 3 and will be continued to be monitored as the year progresses.

The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.653m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2020. A Court of Appeal decision is still awaited in connection with this issue. No accruals are included within the 2020/21 position at present but we have included a medium rated risk of £1.0m in connection with this.

Given the pressures the Trust felt last winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a medium risk.

The Trust had included a risk as at month 3 around the balance of funding for COVID-19 costs (excluding pay costs for Month 1 to 3 as reference previously) as we are yet to receive any formal confirmation of the residual funding, this however has been deemed low risk at present. However, confirmation of the proposed route of recovering the funding for these costs would now be helpful.

As requested the Trust has now included the WRP element as a within the Risk table as requested **(Action Point 3.6)**

### **4. Monthly Profiles (Table B)**

This table has now been completed in full, included forecast **(Action Point 3.3)**

### **5. Ring Fenced Funding (Table B)**

For Month 4 DEL depreciation incorporates the information included within the latest submission submitted to WG.

### **6. Pay and Agency/Locum (premium) Expenditure (Table B2)**

Agency costs for Month 4 totalled £0.052m. The current percentage of agency costs against the total pay figure is 0.4%, this is to cover vacancies and to provide additional cover in relation to COVID-19. The Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table will be monitored and updated on a monthly basis.

### **7. COVID-19 (Table B3)**

Summary of the COVID-19 costs displayed in Table B3 and cumulatively reported in the Month 4 financial position are summarised below:

|                                |                                       |
|--------------------------------|---------------------------------------|
|                                | <b>Month 4<br/>(July 20)<br/>£000</b> |
| <b>Total Pay</b>               | <b>2,586</b>                          |
| <b>Total Non-Pay</b>           | <b>3,770</b>                          |
| <b>Non Delivery of Savings</b> | <b>223</b>                            |
| <b>Expenditure Reductions</b>  | <b>-459</b>                           |
| <b>Overall</b>                 | <b>6,120</b>                          |

As previously noted the Month 4 position assumes that these costs will be fully funded and hence income will be provided to offset as this additionality is over and above that included in the initial 2020/21 financial plan and Board approved budget.

Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £8.576m which is a reduction from £8.884m reported at Month 3. As we are aware the future response to this pandemic is unknown, forecast costs will be reviewed on a monthly basis but currently these should be reasonably but are clearly sensitive to the changing impact of the Trust's required response to the pandemic going forward.

To note there is still **one main exclusion** from the costs in Table B3 and these are PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to NHS Wales organisations. Estimated costs in relation to support provided by the Military under MACA (Military Aid to Civil Authorities) arrangements were included in Month 2 and 3 but are now been identified separately in Table B3 as requested. To note no invoices have been received to date and WAST continue to pursue this.

#### **8. Saving Plans (Table C, C1, C2 & C3)**

For Month 4 the Trust is reporting planned savings of £1.776m and actual savings of £1.553m, thus an underachievement of plan. The Trust is forecasting to achieve savings of £3.970m against the plan of £4.300m during the financial year, the shortfall relates to the savings missed due to the COVID-19 pandemic and as previously mentioned the Trust is assuming funding for this shortfall as detailed within Table A.

#### **9. Income/Expenditure Assumptions (Tables D and E)**

These are set out in Tables D and E.

Non EASC income assumptions are in line with additional services provided by WAST, however as these are yet to be signed off, these are included on line 2, in the anticipated section however at present there is no known risks to say these services will not be provided to the level currently budgeted.

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance

As above, WHSSC / EASC values are consistent with that agreed and supported within the IMTP. The cash received from WHSSC in month 4 was less than that expected within the agreed IMTP. WHSSC, EASC and WAST have a detailed reconciliation of the variance and hold regular meetings to review this. WHSSC have allocated current flows to WAST but await funding flows to themselves prior to release to WAST for the following



- ESMCP in year increases of £0.756m for Control Room Solution (£0.5m) and Project Resources (£0.256m) which will flow from WG. This assumes total funding of £1.6m for Control Room Solutions and £0.595m for project resources for 20/21.
- Release of Major Trauma Business Cases funding of £0.935m from WG (to be actioned in M5)
- Release of Airwave Extension Cost of £1.003m from WG

Further income discussions continue with EASC in relation to the residual balance required to fulfil the full recruitment identified in the Demand and Capacity review.

#### **(Action Point 3.4)**

### **10. Healthcare agreements and Major Contracts**

Invoices for WAST's LTA/SLA with other NHS Wales organisations have been raised and to date no major issues have been received. As above, discussion will continue with EASC via our commissioning arrangements. There are some outstanding invoices with Welsh Health Boards and Trusts but these are not SLA issues but purely processing issues due to delays in the raising of purchase orders and physical authorisation of invoices.

### **11. Aged Welsh NHS Debtors (Table M)**

The Trust can confirm at Month 4 that there are 7 invoices over 11 weeks outstanding, 4 now paid. However, the remaining 3 invoices have now been resolved after discussion with a Health Board and payments date provided of no later than 17<sup>th</sup> August 2020.

### **12. Cash flow (Table G)**

The cash flow will be completed for Month 6 per the revised tables

### **13. Public Sector Payment Compliance (Table I)**

This was completed for Quarter 1. Work continues internally to improve the NHS payment performance during 2020/21. The forecast was based on the latest data available at that time this will be reviewed in more detail for Quarter 2 **(Action Point 3.5)**

### **14. Capital (Tables I and K)**

The capital tables have been completed in accordance with the guidance, the Trust was in the process of confirming budgets for 2020/21 discretionary schemes and progressing the previously approved AWCP schemes. Due to recent developments, and the likelihood of no further in year capital funding, the Trust has had to reassess its major priorities and set forward a plan to deliver this within the current envelope.

Given the pressures from COVID-19 some schemes are not progressing as quickly as previously planned, there are no major concerns at present that these schemes have slipped, however the Trust is now in the process of gaining confirmation and as always the Trust will ensure we keep the WG capital team updated with any such developments. The Trust's capital team are currently processing and assessing the detail received from the cost advisor on the Cardiff MRD to ascertain the current impact of the pandemic on timelines, once this is completed this will be communicated with WG through the normal channels.

Included within the 2020/21 spend are a number of schemes which have previously been reported to WG which have arisen purely as a result of the COVID-19 outbreak, these are recorded separately and the Trust assumes that separate funding will be made available where possible to fund these schemes.

The latest forecast of the COVID-19 capital costs are £0.911m of which funding to date of £0.340m has been received, the Trust in light of recent developments is still assuming funding for this will be forthcoming from WG.

#### **15. Committee to receive Financial Monitoring Return**

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its Committees.

The Month 4 Financial Monitoring Return is scheduled to be presented to the Finance and Performance Committee meeting due to be held on 15<sup>th</sup> September 2020.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and another Executive Director. Signatures on this return contain Chris Turley, Director of Finance & Corporate Resources and Brendan Lloyd, Medical Director and Deputy Chief Executive.

#### **16. Other Issues**

There are no other matters of major significance to draw to your attention at this stage.

If you would like to discuss any matter included in this monitoring return letter or attached tables please do not hesitate to contact me.

Yours sincerely



Chris Turley  
Executive Director of Finance & Corporate Resources



Brendan Lloyd  
Medical Director and Deputy Chief Executive

Enc

cc:

Mr M Woodford, Chairman  
Non-Executive Directors Executive Directors



GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

Pencadlys Rhanbarthol Ambiwylans a Chanolfan Cyfathrebu Clinigol  
Regional Ambulance Headquarters and Clinical Contact Centre  
Tŷ Vantage Point / Vantage Point House, Tŷ Coch Way, Cwmbran NP44 7HF  
Tel/Ffôn 01633 626262 Fax/Ffacs 01633 626299  
[www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)

**Executive Director of Finance**

Mrs AJ Hughes  
Head of NHS Financial Management  
Welsh Government  
North Wales NHS Financial Management  
Sarn Mynach  
Llandudno Junction  
LL31 9RZ

11<sup>th</sup> September 2020

Your ref: WAST\m04\ajh\al-w

Dear Andrea

**Re: AUGUST 2020 (MONTH 5 2020/21) MONITORING RETURN**

Please find attached the Monitoring Returns for August 2020.

All automatic validation rules incorporated in the reporting template have been successfully passed.

In line with our approved IMTP, our opening budgets and financial plan for the year reflect the level of funding, expenditure plans and savings requirement included and agreed with our Commissioners and approved by the Trust Board in March 2020.

The Trust's performance against financial targets for Month 5 2020/21 is as follows:-

**1. Actual Year to Date 20/21 (Tables A, B & B2)**

Income assumptions reflect those agreed within the IMTP and are used to support cost pressures identified in the budget setting approach. The key funding assumptions for 2020/21 being that the 2019/20 funding is fully recurrent, and the 2020/21 funding will include:-

- 2% uplift for core cost growth, which includes funding to meet the first 1% of the 2020/21 pay award costs.
- Funding to support the final year of A4C 3 year pay award
- Impact of Previously Agreed Developments/other adjustments including income support to implement the EMS Demand & Capacity Review, in line with support by Commissioners in the IMTP.

Cadeirydd Dros Dro/Chair: Martin Woodford  
Prif Weithredwr/Chief Executive: Jason Killens  
Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg  
The Trust welcomes correspondence in Welsh or English



Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

Month 5 also includes an income assumption to offset the significant net additional revenue costs incurred by WAST in its planning and response to COVID-19. The year to date value is £6.608m, as shown in Table B3. Welsh Government advised WAST to invoice them for the pay costs only incurred in Months 1 to 3 and this value was £2.143m.

The reported performance at Month 5 as per Table B is a small year to date under-spend against budget of £0.015m, after allowing for the above COVID-19 funding assumption.

The reported total pay variance against plan as at Month 5 is a small overspend of £0.016m. As per Table B3 the COVID-19 pay related costs to Month 5 totalled £2.875m and are included in Table B.

The non-pay position at Month 5 is a reported overspend of £0.030m this was due to overspends on fleet maintenance costs, staff uniforms, medical supplies and services and increases in provision for losses and special payments, this was offset slightly by underspends on Taxi, Fuel and Ambulance car services.

Income at Month 5 shows a surplus of £0.061m due to VAT reclaim in excess of budget, this has offset somewhat the deduction in income from Sporting events cover.

## **2. Movement (Table A)**

The Movement table has been completed in accordance with the new guidance, incorporating the approved IMTP data. Included within the Movement table is the additional income and expenditure assumed in association with the COVID-19 costs. Included within this table and the COVID-19 sheet is the Non-planned Savings due to COVID-19, this has been shown on Month 1 planned savings – Forecast (Underachievement) / Overachievement (line 14) of the movement tab, and has been offset by the Additional funding line (line 22).

Table A now includes the profit on disposal of £0.100m on line 19 this is the difference between the £0.400m currently forecasted and the £0.300m included within our base line position (this wasn't included within the IMTP as this was originally planned to be disposed of during 2019-20).

Table A also now incorporates the revised WRP pressure of c£0.319m; offset in part by the forecasted additional non-recurring profit on sale along with additional saving

Following the inclusion of the savings tables, the profiling in relation to Identified saving plans and Planned Net income generation are different to the profiles per the IMTP, however as these saving schemes are reported internal to our board the Trust has amended these figures to match those reported internal. This doesn't change the bottom line as the totals remain the same it is just the profiles have been amended to agree back.

The Trust has now also had to include additional saving scheme variance previously not identified within the table on line 28 to offset the now declared underachievement which was previously included within the total on line 40 but now identified on line 15.

## **3. Risk (Table A2)**

The risks reported in Table A2 are still being fully assessed, however at present there are no high likelihood risks that the Trust is aware of and as we move through the next few months we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value.

Non delivery of Saving Plans/CIP's has been included as a low risk and this is included due to the inability to proceed with some schemes as the organisation has been responding and focusing on

COVID-19 activities, this was reduced for month 3 and again this month, this will continued to be monitored as the year progresses.

The re-based accrual funded by the Welsh Government in respect of the impact of voluntary overtime on holiday pay now totals £1.653m and this continues to be held on the balance sheet. This related to an estimate made on the impact for the two years ended 31 March 2020. A Court of Appeal decision is still awaited in connection with this issue. No accruals are included within the 2020/21 position at present but we have included a medium rated risk of £1.0m in connection with this.

Given the pressures the Trust felt last winter, the Trust has included a figure of £0.500m to cover any unfunded winter pressures; this has been deemed as a medium risk.

The Trust had included a risk as at month 3 around the balance of funding for COVID-19 costs (excluding pay costs for Month 1 to 3 as reference previously) as we are yet to receive any formal confirmation of the residual funding, this however has been deemed low risk at present.

As requested the Trust has now removed the WRP element as a within the Risk table as requested **(Action Point 4.1)**

#### **4. Monthly Profiles (Table B)**

This table has now been completed in full, included forecast, it should be noted that following a review of the planned disposals given the Trusts requirement to hold on to decommissioned vehicles to assist with any demand issues in relation to a future COVID-19 spikes, the plan profits will not be realised this financial year.

#### **5. Ring Fenced Funding (Table B)**

For Month 5 DEL depreciation incorporates the information included within the latest submission submitted to WG, this is now correctly shown on the baseline row 35 **(Action Point 4.4)**

#### **6. Pay and Agency/Locum (premium) Expenditure (Table B2)**

Agency costs for Month 5 totalled £0.089m. The current percentage of agency costs against the total pay figure is 0.7%, this is to cover vacancies and to provide additional cover in relation to COVID-19. The Trust is always attempting to reduce agency costs by recruiting into permanent positions, and this table will be monitored and updated on a monthly basis.

#### **7. COVID-19 (Table B3)**

Summary of the COVID-19 costs displayed in Table B3 and cumulatively reported in the Month 5 financial position are summarised below:

|                                | Month 5<br>(August 20)<br>£000 | Funding<br>received to<br>date<br>£000 |
|--------------------------------|--------------------------------|----------------------------------------|
| <b>Total Pay</b>               | <b>2,875</b>                   | <b>2,143</b>                           |
| <b>Total Non-Pay</b>           | <b>3,921</b>                   |                                        |
| <b>Non Delivery of Savings</b> | <b>271</b>                     |                                        |
| <b>Expenditure Reductions</b>  | <b>-459</b>                    |                                        |
| <b>Overall</b>                 | <b>6,608</b>                   | <b>2,143</b>                           |

At Month 5 there is still a funding requirement of £4.465m based on incurred costs and £6.067m based on forecasted costs (**Action Point 4.3**)

As previously noted the Month 5 position assumes that these costs will be fully funded and hence income will be provided to offset as this additionality is over and above that included in the initial 2020/21 financial plan and Board approved budget.

Current COVID-19 revenue cost projections for the financial year 2020/21 are now estimated at £8.210m which is a reduction from £8.576m reported at Month 4. As we are aware the future response to this pandemic is unknown, forecast costs will be reviewed on a monthly basis but are clearly sensitive to the changing impact of the Trust's required response to the pandemic going forward.

To note there is still **one main exclusion** from the costs in Table B3 and these are PPE stock released from UK and Welsh Pandemic stock which are currently issued without cost recharge to NHS Wales organisations. Estimated costs in relation to support provided by the Military under MACA (Military Aid to Civil Authorities) arrangements were included in Month 2 and 3 but are now been identified separately in Table B3 as requested. To note no invoices have been received to date and WAST continue to pursue this.

## 8. Saving Plans (Table C, C1, C2 & C3)

For Month 5 the Trust is reporting planned savings of £2.113m and actual savings of £1.939m, thus an underachievement of plan. The Trust is forecasting to achieve savings of £4.241m against the plan of £4.300m during the financial year, an element of this shortfall relates to the savings missed due to the COVID-19 pandemic. The Trust is currently forecasting to overachieve on other saving lines and as previously mentioned and is assuming funding for the COVID-19 shortfall as detailed within Table A, in order to breakeven as forecasted.

## 9. Income/Expenditure Assumptions (Tables D and E)

These are set out in Tables D and E.

Non EASC income assumptions are in line with additional services provided by WAST, however as these are yet to be signed off, these are included on line 2, in the anticipated section however at present there is no known risks to say these services will not be provided to the level currently budgeted.

The Trust has been engaging with colleagues across NHS Wales to eliminate any variance (**Action Point 4.2**)

As above, WHSSC / EASC values are consistent with that agreed and supported within the IMTP. The cash received from WHSSC in month 5 was less than that expected within the agreed IMTP. WHSSC,

EASC and WAST have a detailed reconciliation of the variance and hold regular meetings to review this. WHSSC have allocated current flows to WAST but await funding flows to themselves prior to release to WAST for the following, some of these are timing issues and main variances are below

- ESMCP in year increases of £0.756m that includes Control Room Solution (£0.5m) and Project Resources (£0.256m) which will flow from WG. This assumes total funding of £1.6m for Control Room Solutions and £0.595m for project resources for 20/21. WAST have agreed with WG that a full year revised forecast for both of these areas will be provided by Mid-September.
- Release of Major Trauma Business Cases funding of £0.935m from WG (to be actioned in M5). Funding for this has flowed to Health Boards and WHSSC are in the process of recovering the WAST element for this to flow
- Release of Airwave Extension Cost of £1.003m from WG. WG have released this funding and WHSSC are in the process of recovering the WAST element from Health Boards

Further income discussions continue with EASC in relation to the residual balance required to fulfil the full recruitment identified in the Demand and Capacity review.

#### **10. Healthcare agreements and Major Contracts**

Invoices for WAST's LTA/SLA with other NHS Wales organisations have been raised and to date no major issues have been received. As above, discussion will continue with EASC via our commissioning arrangements.

#### **11. Aged Welsh NHS Debtors (Table M)**

The Trust can confirm at Month 5 that there are 4 invoices over 11 weeks two of which are over 17 weeks, these are actively being chased, to ensure resolution before the arbitration date.

#### **12. Cash flow (Table G)**

The cash flow will be completed for Month 6 per the revised tables.

#### **13. Public Sector Payment Compliance (Table I)**

This was completed for Quarter 1. Work continues internally to improve the NHS payment performance during 2020/21. The forecast was based on the latest data available at that time this will be reviewed in more detail for Quarter 2

#### **14. Capital (Tables I and K)**

The capital tables have been completed in accordance with the guidance, the Trust was in the process of confirming budgets for 2020/21 discretionary schemes and progressing the previously approved AWCP schemes. Due to recent developments, and the likelihood of no further in year capital funding, the Trust has had to reassess its major priorities and set forward a plan to deliver this within the current envelope.

Given the pressures from COVID-19 some schemes are not progressing as quickly as previously planned. Following discussion with the WG Capital team, it has been agreed and signed off by the Minister that this slippage can be utilised to fund the GUH additional vehicles circa £1m in this financial year with a further £1m being provided next financial year. The 20-21 funding is to replace the chassis and equipment previously purchased by the Trust for the 20-21 builds. It has also been confirmed that the £1m utilised from this year's slippage will be re-provided to the Trust to complete the All Wales capital projects.

Included within the 2020/21 spend are a number of schemes which have previously been reported to WG which have arisen purely as a result of the COVID-19 outbreak, these are recorded separately and the Trust assumes that separate funding will be made available where possible to fund these schemes. The latest forecast of the COVID-19 capital costs are £0.911m of which funding to date of £0.340m has been received, the Trust in light of recent developments is still assuming funding for this will be forthcoming from WG.

#### **15. Committee to receive Financial Monitoring Return**

The Trust confirms that financial information reported in the monitoring return is entirely consistent with financial details reported internally, including details within Trust Board papers and that of its Committees.

The Month 5 Financial Monitoring Return will be presented to the next Finance and Performance Committee or Trust Board.

Governance arrangements for formal sign off of the monitoring return narrative in the absence of the Director of Finance or Chief Executive will be delegated to their Deputies but in exceptional circumstances could be signed by a Senior Finance Manager and an Executive Director. Signatures on this return contain Chris Turley, Director of Finance & Corporate Resources and Jason Killens, Chief Executive

#### **16. Other Issues**

There are no other matters of major significance to draw to your attention at this stage.

If you would like to discuss any matter included in this monitoring return letter or attached tables please do not hesitate to contact me.

Yours sincerely



Chris Turley  
Executive Director of Finance & Corporate Resources



Jason Killens  
Chief Executive

Enc

cc:

Mr M Woodford, Chairman

Non-Executive Directors Executive Directors





GIG  
CYMRU  
NHS  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

|                               |            |
|-------------------------------|------------|
| <b>AGENDA ITEM No</b>         | <b>3.4</b> |
| <b>OPEN or CLOSED</b>         | OPEN       |
| <b>No of ANNEXES ATTACHED</b> | 1          |

## BOARD ASSURANCE FRAMEWORK REPORT

|                        |                                                                                                      |
|------------------------|------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Trust Board                                                                                          |
| <b>DATE</b>            | 1 <sup>st</sup> October 2020                                                                         |
| <b>EXECUTIVE</b>       | Keith Cox, Board Secretary                                                                           |
| <b>AUTHOR</b>          | Julie Boalch, Corporate Governance Manager                                                           |
| <b>CONTACT DETAILS</b> | Tel: 01633 626251<br>Email: <a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a> |

|                                            |     |
|--------------------------------------------|-----|
| <b>CORPORATE OBJECTIVE</b>                 | All |
| <b>CORPORATE RISK (Ref if appropriate)</b> | N/A |
| <b>QUALITY THEME</b>                       | All |
| <b>HEALTH &amp; CARE STANDARD</b>          | All |

|                             |                                                             |
|-----------------------------|-------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To set out the quarterly BAF report for review and comment. |
| <b>CLOSED MATTER REASON</b> | Not Applicable                                              |

## REPORT APPROVAL ROUTE

| <b>WHERE</b>    | <b>WHEN</b>                     | <b>WHY</b>         |
|-----------------|---------------------------------|--------------------|
| ADLT            | 14 <sup>th</sup> September 2020 | Review and comment |
| EMT             | 16 <sup>th</sup> September 2020 | Review and comment |
| Audit Committee | 17 <sup>th</sup> September 2020 | Review and comment |
| Trust Board     | 1 <sup>st</sup> October 2020    | Review and comment |

## **SITUATION**

1. The purpose of this paper is to set out the quarterly Board Assurance Framework (BAF) report for review and comment.
2. The BAF report has been designed to collate information relating to the Trust's strategic themes which have been aligned to the associated principal risks from the Corporate Risk Register. Furthermore, it describes the key internal and external controls, what the gaps are and where and how management and the Board receive its assurances.

## **BACKGROUND**

3. A consequence of key staff being redeployed due to the CoVID-19 pandemic this has meant that there was no activity in respect of the BAF report during the period 5th March 2020 to 30<sup>th</sup> July 2020.
4. This was expected given that demands from COVID-19 resulted in the suspension of most the Trust's strategic actions including those within the Trust's Integrated Medium-Term Plan (IMTP).
5. During this period the Board regularly received the Corporate Risk Register, which is a key element of the Board Assurance Framework, at a time when reporting on progress towards meeting the strategic aims would have detracted from the reports on handling the emergency pandemic.
6. Key strategic risks and issues were considered by Committees during this period with the People and Culture Committee considering a Committee Assurance Framework at its July 2020 meeting.
7. In line with the pandemic the Trust developed responsive operational plans that met Welsh Government requirements as part of the NHS Wales COVID-19 Operating Framework. This included detailed recovery plans which build in a review of deliverables from the Trust's 2020-23 IMTP to ascertain which actions remain a priority.
8. The BAF Report is regularly fine-tuned to ensure it remains a sound mechanism by which the Board gain assurance on how well the Trust is meeting its strategic themes and risks and controls; however, this will not be the only document that the Board will receive. It is also a source of assurance for auditors and external regulators.

## **ASSESSMENT**

9. The BAF report is most effective if reviewed electronically as it has been specifically designed to provide quick and easy access via hyperlinks to the sources of local, corporate and external assurances provided against each of the strategic themes.

10. The BAF report is separated into seven tabs; these contain the seven strategic themes and reference the key deliverables as set out in the Trust's IMTP for 2020-23, particularly those which have been deemed a priority during the recovery phase and actions described in the Trust's operating plans.

### Our Goal – Delivering Excellence

Tab number one describes what delivering excellence means for the Trust and is aligned to three core objectives:

- 1a) Help Patients and Staff to Stay Healthy
- 1b) Help Patients More Easily Access our Services at the Right Time
- 1c) Provide the right care in the right place, wherever and whenever it is needed

### Our Strategic Enablers

The next four tabs on the BAF describe the key enablers that underpin the strategic framework:

- Continue to provide best possible care, outcomes and experience to our patients in our core service
- Whole system partnership and engagement
- Support our people to be the best they can be
- Ensure the design and infrastructure of the organisation are at the forefront of innovation and technology

### Our Golden Threads

The following two tabs on the BAF describe the golden threads which are:

- Quality at the heart of everything we do
- Value and Efficiency in everything we do

11. The Governance Team continues to work together with teams across the Trust to regularly update and obtain sources of assurance at each level.

### Risks

12. The Trust's corporate risks have been closely aligned to each of the strategic themes and the BAF incorporates the Trust's Corporate Risks as at 2<sup>nd</sup> September 2020; these have been extracted from the Datix E-Risk module.
13. Three new risks have been assessed and included on the Corporate Risk Register. Risk ID 245, 311 and 182. A summary of these risks is described in the table below.

| RISK ID      | RISK                                                                                                                            | RISK CATEGORY    | DIRECTORATE              | CURRENT RISK SCORE | COMMITTEE               |
|--------------|---------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|--------------------|-------------------------|
| 245<br>(NEW) | Inability to maintain safe & effective services during a disruptive challenge due to insufficient capacity in EMS CCCs.         | Service Delivery | Operations Directorate   | 15<br>(5x3)        | People and Culture      |
| 311<br>(NEW) | Failure to manage the cumulative impact on estate of the EMS Demand & Capacity Review, the NEPTS Review and GUH                 | Service Delivery | Operations Directorate   | 16<br>(4x4)        | Finance and Performance |
| 182<br>(NEW) | Significant risk to planning for the transfer service for Aneurin Bevan due to opening earlier impacting on recruitment & fleet | Service Delivery | Planning and Performance | 16<br>(4x4)        | Finance and Performance |

14. Two risks have de-escalated from the Corporate Risk Register:

- Risk 78; Tier 1 Compliance to formal concerns,
- Risk 166; Staff are not able to access vaccines for preventable diseases in a timely manner.

15. Two risks have increased in score as described below as a result of increasing pressure in the Unscheduled Care System and the emergence of long handover delays at Hospital Emergency Departments. These are described below:

| RISK ID | RISK                                                                   | RISK CATEGORY      | DIRECTORATE            | RISK RATING INITIAL | RISK RATING CURRENT (Q4) | RISK RATING Q2 20/21 | RISK RATING TARGET |
|---------|------------------------------------------------------------------------|--------------------|------------------------|---------------------|--------------------------|----------------------|--------------------|
| 223     | Unable to attend patients in community who require See & Treat (CRR58) | Service Delivery   | Operations Directorate | 20<br>(4x5)         | 10<br>(2x5)              | 20<br>(4x5)          | 10<br>(2x5)        |
| 224     | Patients delayed on ambulances outside A&E Depts (CRR57)               | Quality and Safety | Operations Directorate | 20<br>(4x5)         | 10<br>(2x5)              | 20<br>(4x5)          | 10<br>(2x5)        |

16. The ADLT continue to undertake risk assessments on all new risks in line with the revised Risk Management Process in addition to reviewing existing risks and mitigating actions. This process will contribute to the Trust's overall risk maturity as risks are considered holistically rather than simply based on their overall score. Entry of a risk onto the Corporate Risk Register is not determined by its score alone.

### Future Planned Developments

17. Whilst planned developments are essential if the BAF Report is to continually improve and adapt to meet organisational requirements, these do not detract from the operation of the current report and will ultimately enhance its functionality.
18. The Governance Team is working with other directorates to develop Committee Assurance Frameworks (CAF) to roll out during 2020-21, which are distinguished from the higher level strategic BAF, to not only support the BAF, but will enable and support Members to focus on the strategic risks within their remit.
19. Committee Assurance Frameworks also have the potential for driving Committee Agenda setting as well as providing assurance on a range of other areas; for example, oversight of audit recommendations, compliance with Legislation, delivery against Trust Strategies and monitoring against Commissioning Intentions; this list is not exhaustive.

### **RECOMMENDED: That**

- (1) **Members of the Trust Board receive and comment on the BAF report.**



GIG  
CYMRU  
NHS  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

|                               |            |
|-------------------------------|------------|
| <b>AGENDA ITEM No</b>         | <b>3.7</b> |
| <b>OPEN or CLOSED</b>         |            |
| <b>No of ANNEXES ATTACHED</b> |            |

## United Kingdom's Exit from the European Union: An Update

|                        |                                                                        |
|------------------------|------------------------------------------------------------------------|
| <b>MEETING</b>         | Board                                                                  |
| <b>DATE</b>            | 01 October 2020                                                        |
| <b>EXECUTIVE</b>       | Director of Partnerships and Engagement                                |
| <b>AUTHOR</b>          | Director of Partnerships and Engagement                                |
| <b>CONTACT DETAILS</b> | Estelle Hitchon<br>M: 07990 085055<br>E: estelle.hitchon2@wales.nhs.uk |

|                                            |                                                                                    |
|--------------------------------------------|------------------------------------------------------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | IMTP Objectives                                                                    |
| <b>CORPORATE RISK (Ref if appropriate)</b> | CRR 34: Trust Reputation<br>CRR: 229: Impact of Withdrawal from the European Union |
| <b>QUALITY THEME</b>                       | 7 Staff and Resources                                                              |
| <b>HEALTH &amp; CARE STANDARD</b>          | 3.2 Communicating Effectively                                                      |

|                             |                                                                                                                                                                                                                                  |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To update Board on steps being taken by the Welsh Ambulance Service to prepare for the impact of the end of the United Kingdom's period of transition in its withdrawal from the European Union, which ends on 31 December 2020. |
| <b>CLOSED MATTER REASON</b> |                                                                                                                                                                                                                                  |

## REPORT APPROVAL ROUTE

| <b>WHERE</b> | <b>WHEN</b>     | <b>WHY</b>      |
|--------------|-----------------|-----------------|
| Board        | 01 October 2020 | For information |
|              |                 |                 |

## **SITUATION**

The United Kingdom's withdrawal from the European Union took effect at 2300 on 31 January 2020 and, at the same time, the Withdrawal Agreement entered into force.

The Withdrawal Agreement provides for a transition period until 31 December 2020, during which time the UK remains in the single market, in order to ensure frictionless trade until a long-term relationship can be agreed. However, the latter remains subject to ongoing negotiations. If no such agreement is reached by the end of December, a no-deal Brexit would be the default outcome on 1 January 2021.

## **BACKGROUND**

Board members have considered a number of papers over the last two years in respect of the United Kingdom's exit from the European Union and its likely impact in terms of the Welsh Ambulance Service.

As this process now enters its conclusion, the Board will wish to know that NHS Wales has reinstated its planning structures to ensure that, regardless of the outcome of trade negotiations, a smooth and orderly process of full exit can be effected.

Given that any impact is likely to be predominantly on supply chain, and to a lesser extent in the case of the Welsh Ambulance Service, workforce, it is important that the organisation remains engaged in the planning process.

In providing the Board with assurance, it is important to note that the Chief Executive, the Director of Partnerships and Engagement as lead Executive and the Head of Resilience are engaged in a number of planning and peer group fora which are actively planning for the impact of the end of the current transition period, including any attendant risk.

This is particularly important given the current Covid-19 pandemic.

## **ASSESSMENT**

At the time of writing, planning structures have only recently been reinstated both at national and organisational level. The Head of Resilience is leading a piece of work on behalf of the organisation to revisit the existing risk assessment to ascertain whether there has been any movement in those risks.

Clearly, any review of the existing risk assessment will be affected by the outcome of trade negotiations, something which is unlikely to be known before mid-October.

It is anticipated that any revised risk assessment will be brought back to the Board for review and discussion at its November meeting, recognising that mitigating actions will need to be taken sooner if the outcome of the review of the risk assessment so dictates, following review by the Executive Team.

## **RECOMMENDED: That**

- 1) the Board notes the work underway to re-assess and address any risks inherent in the ending on 31 December 2020 of the United Kingdom's "Brexit" transition period.**
- 2) the outcome of the revised risk assessment is presented to the November 2020 meeting for review, recognising that, if appropriate, mitigating action will need to be taken sooner following review by the Executive Team.**

## **EQUALITY IMPACT ASSESSMENT**

Undertaken to ensure the rights of protected characteristic groups are respected and that there is no adverse impact.

## **REPORT CHECKLIST**

| <b>Issues to be covered</b>  | <b>Paragraph Number (s) or "Not Applicable"</b>                      |
|------------------------------|----------------------------------------------------------------------|
| Equality Impact Assessment   | ALL                                                                  |
| Environmental/Sustainability | Not applicable                                                       |
| Estate                       | Not applicable                                                       |
| Health Improvement           | ALL                                                                  |
| Health and Safety            | Not applicable                                                       |
| Financial Implications       | To be determined following outcome of revised risk assessment        |
| Legal Implications           | ALL                                                                  |
| Patient Safety/Safeguarding  | Not applicable                                                       |
| Risks                        | To be determined following outcome of revised risk assessment        |
| Reputational                 | ALL                                                                  |
| Staff Side Consultation      | Revised risk assessment to be shared and discussed with TU partners, |





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|                               |      |
|-------------------------------|------|
| <b>AGENDA ITEM No</b>         |      |
| <b>OPEN or CLOSED</b>         | OPEN |
| <b>No of ANNEXES ATTACHED</b> | 1    |

## Information Governance Annual Report 2019-20

|                        |                                                                                                                                                    |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Trust Board                                                                                                                                        |
| <b>DATE</b>            | 01 October 2020                                                                                                                                    |
| <b>EXECUTIVE</b>       | Andy Haywood, Director of Digital<br>Senior Information Risk Owner (SIRO)                                                                          |
| <b>AUTHOR/S</b>        | Nicki Maher – Head of Health Informatics and<br>Data Protection Officer (DPO)                                                                      |
| <b>CONTACT DETAILS</b> | <a href="mailto:Andy.Haywood@wales.nhs.uk">Andy.Haywood@wales.nhs.uk</a><br><a href="mailto:Nicki.maher@wales.nhs.uk">Nicki.maher@wales.nhs.uk</a> |

|                                            |                                                                                |
|--------------------------------------------|--------------------------------------------------------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | Quality at the heart of everything we do;<br>Value, Innovation and Efficiency; |
| <b>CORPORATE RISK (Ref if appropriate)</b> | e-Datix ref 214 (GDPR)                                                         |
| <b>QUALITY THEME</b>                       | Effective Care, Staff & Resources                                              |
| <b>HEALTH &amp; CARE STANDARD</b>          | 3.4, 3.5, 7.1                                                                  |

|                             |                                                                                                  |
|-----------------------------|--------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To endorse the Information Governance Annual Report preceding the submission to the Trust Board. |
| <b>CLOSED MATTER REASON</b> | N/A                                                                                              |

## REPORT APPROVAL ROUTE

| <b>WHERE</b>                                  | <b>WHEN</b>       | <b>WHY</b>      |
|-----------------------------------------------|-------------------|-----------------|
| Information Governance Steering Group members | 01 September 2020 | For endorsement |
| QuEST Committee                               | 08 September 2020 | For endorsement |
| Trust Board                                   | 01 October 2020   | For receiving   |

## SITUATION

1. The Trust's Digital Directorate leadership and management team, working with colleagues across the Trust, ensures the data security and information governance framework is delivered and associated risk is appropriately managed and mitigated in accordance with relevant information governance legislation.
2. This paper provides a supporting statement for the Information Governance (IG) Annual Report for the 2019/2020 financial year attached as Annex 1. The main aims of the IG Annual Report are to:
  - ❖ Inform stakeholders about compliance with legislation and performance standards;
  - ❖ Present a summary of activities and achievements in relation to Information Governance work streams occurring throughout the Trust;
  - ❖ Provide assurance that Information Governance risk is being managed appropriately.

## BACKGROUND

3. The previous year's Information Governance Annual Report (2018/19) reported a historic period for data privacy law, with the introduction of the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018.
4. In 2019, after two sequential Internal Audit returns of 'substantial assurance' for compliance with the General Data Protection Regulation (GDPR) and the Caldicott Principles Into Practice (CPIP) Assessment, the following risk on the Trust's corporate risk register was de-escalated to the Digital Directorate's risk register:

*'Risk of a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data causing failure to adhere to the General Data Protection Regulation and Data Protection Act 2018 due to human and/or technical causes leading to reputational damage and or financial loss as a result of a monetary penalty'*

e-datix risk ref 214

The residual risk score is at a 'very low' risk level and accordingly is being monitored and managed at the directorate level.

## ASSESSMENT

5. There has been progress in a number of key areas since the last IG Annual Report, key headlines include;
  - ✓ Strengthened capacity and capability with **two Data Protection Compliance Manager** appointments;
  - ✓ Completed **29 Data Protection Impact Assessments** (DPIAs) under the GDPR;
  - ✓ Progressed **3 IG related policy and procedure** documents to publication;

- ✓ **89.76% Mandatory Training** compliance for IG modules across the Trust;
- ✓ Increased the NHS Wales IG toolkit (C-PIP) performance to **96.4%**;
- ✓ Handled an **additional 27.81% subject access requests** from the previous year and achieved 100% compliance within 30 days;
- ✓ **Zero concerns** raised with the Information Commissioner's Office (ICO);
- ✓ **Zero Serious Adverse Incidents** in relation to Information Governance.

**RECOMMENDED: That members;**

- Receive and note the progress made in key areas outlined within this cover paper and within the IG Annual Report;

**EQUALITY IMPACT ASSESSMENT**

6. An EqlA has been completed for the paper and is associated with that document.

**REPORT CHECKLIST**

| Issues to be covered         | Paragraph Number (s) or "Not Applicable" |
|------------------------------|------------------------------------------|
| Equality Impact Assessment   | n/a                                      |
| Environmental/Sustainability | n/a                                      |
| Estate                       | n/a                                      |
| Health Improvement           | n/a                                      |
| Health and Safety            | n/a                                      |
| Financial Implications       | n/a                                      |
| Legal Implications           | 1-5                                      |
| Patient Safety/Safeguarding  | n/a                                      |
| Risks                        | 1-5                                      |
| Reputational                 | n/a                                      |
| Staff Side Consultation      | n/a                                      |



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NHS  
WALES

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Welsh Ambulance Services  
NHS Trust

# INFORMATION GOVERNANCE

## ANNUAL REPORT

### 2019/2020



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# Foreword

We are proud to share with you the 2019/20 Annual Information Governance (IG) report of the Welsh Ambulance Services NHS Trust. We have a responsibility to ensure that robust information governance systems and processes are in place to manage the personal and sensitive information of staff, patients and service users in a confidential and secure manner. In the health context, good information governance supports the provision of high-quality care by ensuring high quality data and information is available to the right people, when and where it is needed. The scope of work for information governance in this report comes under six broad themes:

1. Information Governance Management.
2. Confidentiality and Data Protection.
3. Health Care Records Management.
4. Freedom of Information and Corporate Records Management.
5. Data and Information Quality Assurance.
6. Information Security.

The 2019/20 year was a challenging but successful year for the organisation in respect of Information Governance, despite the disruption of the pandemic late in the financial year. Key achievements in this annual report are;

- ✓ Completed **29 Data Protection Impact Assessments (DPIAs)** under the GDPR;
- ✓ Progressed **3 IG related policy and procedure** documents to publication;
- ✓ **89.76% Mandatory Training** compliance for IG modules across the Trust;
- ✓ Increased the NHS Wales IG toolkit (C-PIP) performance to **96.4%**;
- ✓ Handled an **additional 27.81% subject access requests** from the previous year and achieved 100% compliance within 30 days;
- ✓ **Zero concerns** raised with the Information Commissioner's Office (ICO);
- ✓ **Zero Serious Adverse Incidents** in relation to Information Governance.

We hope you will find this report both informative and interesting and that it will give you a greater understanding of the Information Governance work undertaken within our organisation.



Nicki Maher,  
Head of Health Informatics  
**Data Protection Officer (DPO)**



Andy Haywood  
Director of Digital Services  
**Senior Information Risk Owner (SIRO)**



Dr Brendan Lloyd  
Executive Medical Director  
**Caldicott Guardian**

# Section 1: Information Governance Management

Information Governance Management ensures that there is an adequate management framework in place to support the current and evolving governance, data protection and confidentiality agenda, ensuring that the risk of threats and vulnerabilities that can arise if data is not protected can be managed, minimised or accepted. It includes having the right policies and procedures, technical measures, appropriately skilled and trained people and robust contractual arrangements with partners.

The NHS Wales oversight and delivery structure for Information Governance related matters covering the reporting period is displayed in Figure 1 below.

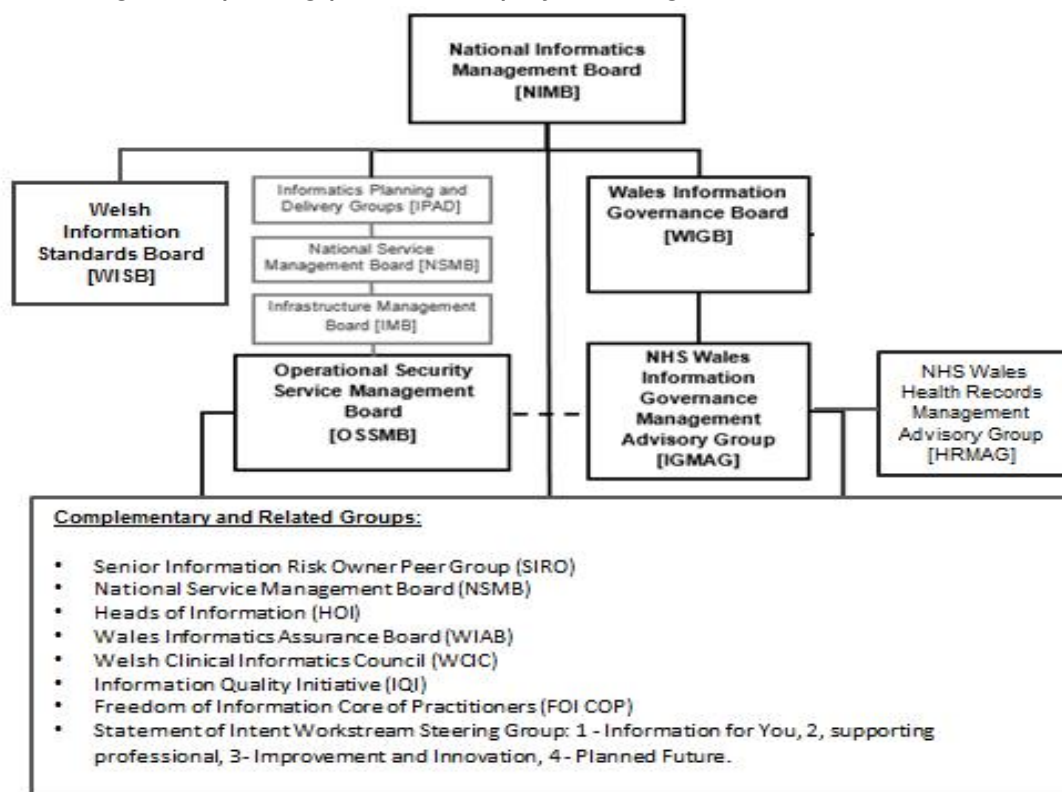


Figure 1: 2019 NHS Wales Information Governance Management Structure

The Trust's IG management framework is organised to compliment the national flow of information governance business. The Trust's Information Governance Steering Group (IGSG) is a main conduit for IG business through the Trust's Governance Structure, as shown in Figure 2 below.

The strategic management of Information Governance became part of the new Digital Directorate in February 2020 under the leadership of the Director of Digital Services, who holds the position of Senior Information Risk Owner (SIRO).



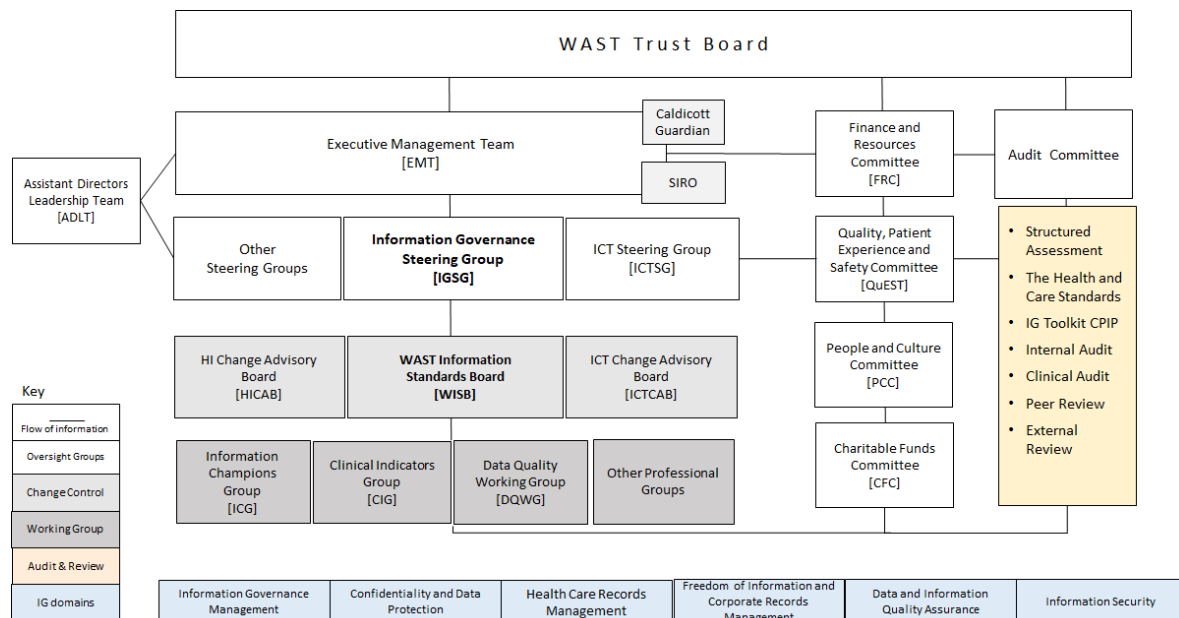


Figure 2: WAST IG Management Framework 2019/20

A review of the IG management framework will take place in 2020/21 along with a realignment of relevant forums to meet the needs of the Trust's Board Assurance Framework and the Welsh Government's review of the National governance structure which now includes a new Welsh NHS central delivery office and a Digital Delivery Leadership Group.



During the year, the IGSG held a number of meetings and covered a range of important topics, features and data protection stories that are used as organisational learning opportunities.

The Information Governance Steering Group oversees the Information Governance and Security strategy, policies, systems, processes and practice across the Trust and provides assurance that

the organisation is compliant with and managing any risk to that compliance.

The Chair of the Group, the Head of Health Informatics and Data Protection Officer, welcomes all contributions to make the agenda both interesting and stimulating.

## Information Governance Risk

All risk is managed in accordance with the Trust's risk framework. After two sequential Internal Audit returns of 'substantial assurance' for compliance with the General Data Protection Regulation (GDPR) and the Caldicott Principles Into Practice (CPIP) Assessment, the following risk on the Trust's corporate risk register was de-escalated to the Digital Directorate's risk register:



*'Risk of a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data causing failure to adhere to the General Data Protection Regulation and Data Protection Act 2018 due to human and/or technical causes leading to reputational damage and or financial loss as a result of a monetary penalty'*  
e-datix risk ref 214

The residual risk score is at a 'very low' risk level and accordingly is being monitored and managed at the directorate level.

## **Quality Assurance Reporting**

The NHS Wales governance e-manual incorporates three Health and Care Standards that are relevant for the Information Governance annual report.

- *Standard 3.4:* Information Governance and Communications Technology;
- *Standard 3.5:* Record Keeping;
- *Standard 7.1:* Workforce (Mandatory Training Programme for Information Governance)

These standards are routinely reported to the Quality, Patient Experience and Safety Committee through to the Trust Board. The Information Governance team contribute to the Quality Assurance Reporting framework through the metrics in Table 1 below, which shows the financial year end position.

| Health & Care Standard                                    | Quality Metric                                                           | 2019/20 position          | Best Practice                                                                                   | Commentary                    |
|-----------------------------------------------------------|--------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------|-------------------------------|
| 3.4:<br>Information Governance & Communication Technology | Annual C-PIP Assessment score                                            | 96.4 %<br>(5* Rating)     | 5* Rating                                                                                       | ✓ Meets best practice         |
|                                                           | No. of serious breaches of the Data Protection Act 1998/2018             | Zero serious breaches.    | Zero serious breaches                                                                           | ✓ Meets best practice         |
|                                                           | No. data breaches reported to the ICO under the GDPR 72-hour requirement | Zero reportable breaches. | Zero reportable breaches                                                                        | ✓ Meets best practice         |
|                                                           | No. of FOI Requests; 90% responded to within 20 working days             | 84%                       | Information Commissioner's target of 90% within 20 working days                                 | ➤ Below standard by 6% (n=33) |
| 3.5: Record Keeping                                       | No. of Subject Access Requests completed within one calendar month       | 100%                      | Adherence to the Data Protection Act (DPA) 2018 Part 3 (Chapter 3) and the GDPR Article 6(1)(d) | ✓ Meets standard              |
|                                                           | No. of Police Requests received                                          | 688                       | Adherence to Schedule 2 Part 1 Paragraph 2 of the Data Protection Act 2018 and GDPR Article     | ✓ Meets best practice         |

|                                       |                                                                                        |        |                                                                                                               |                       |
|---------------------------------------|----------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------|-----------------------|
|                                       |                                                                                        |        | 6(1)(d)                                                                                                       |                       |
| 7.1 Information Governance e-learning | No. of staff who have undergone information Governance training = 85% NHS Wales Target | 89.76% | 85 % of staff have undertaken the information governance e-learning module as per induction/renewal schedule. | ✓ Meets best practice |

Table 1: Information Governance Quality Standards 2019/20

## Audit

Information Governance is a regular subject matter as part of the Trust's internal audit calendar. During 2019/20, 2 audits of IG matters were assessed via the internal audit mechanism.

- ✓ Confidentiality (C-PIP) - received 'Substantial' Assurance;
- ✓ Information Systems Security – Appropriate Access to System (Leavers) Follow Up Audit: Received 'Reasonable' Assurance.

## Looking forward

The Trust's Corporate Audit Tracker is monitored via the Assistant Director's Leadership Team on a regular basis to ensure fulfilment of all internal and external audit recommendations and actions. The IG Team will support relevant internal audits arising from the 2020/21 Annual Audit Plan.

## IG Policies and procedures

The Information Governance policy framework is shown as Figure 3 below.

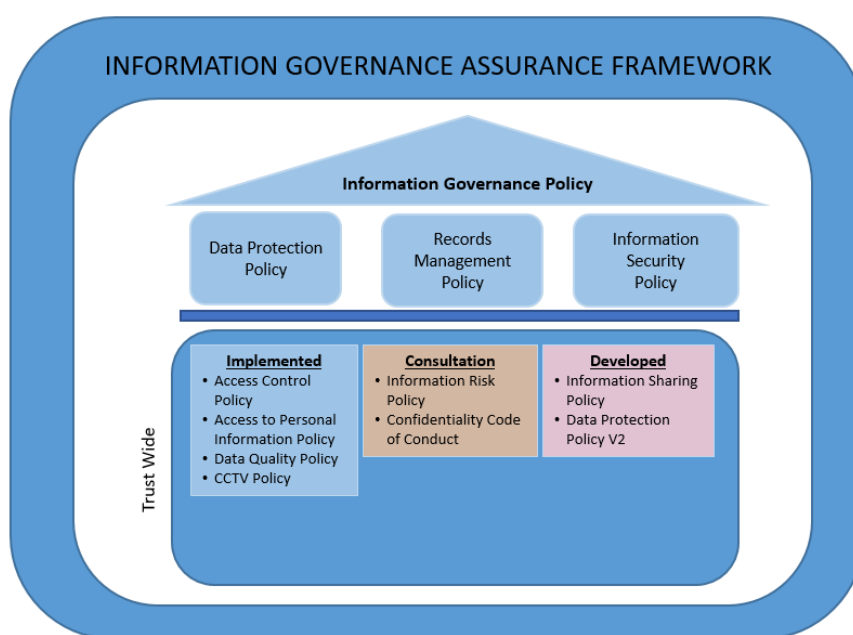


Figure 3: IG Policy Framework 2017-2020

The Trust's IG policy framework has made good progress in the second year of its inception, albeit with some internal delays in the policy ratification process. The status of each control document is shown in Table 2 below.

| Policy Document                 | Status (at 31/03/20) |
|---------------------------------|----------------------|
| Information Governance Policy   | Implemented          |
| Data Protection Policy          | Implemented          |
| Records Management Policy       | Implemented          |
| Information Security Policy     | Implemented          |
| Access Control Policy           | Implemented          |
| Access to Personal Information  | Implemented          |
| Data Quality Policy             | Implemented          |
| CCTV Policy                     | Implemented          |
| Information Risk Policy         | Consultation         |
| Confidentiality Code of Conduct | Consultation         |
| Information Sharing Policy      | Developed            |
| Data Protection Policy V2       | Developed            |

Table 2: IG Policy Position March 2020

## Looking forward

The IG policy framework for 2020 onwards will be reviewed in line with Legislation and the Digital Directorate Strategic requirements.

## Training and Awareness

### Information Governance Training

The mandatory IG training compliance provided by the central training department and shown in Table 3 below, is **89.76%** at the end of the financial year. Whilst there was improvement throughout the year, mainly due to a concerted effort by the central training team to increase statutory and mandatory training compliance, the ambition to attain **95%** completion of IG modules for all staff was not quite fulfilled although compliance with the NHS Wales Target of **85%** is maintained throughout the period.

|        | Assignment Count | Achieved | NHS Wales Compliance % | Difference |
|--------|------------------|----------|------------------------|------------|
| Apr-19 | 3432             | 3158     | 92.02%                 | 0.62%      |
| May-19 | 3436             | 3158     | 91.91%                 | -0.11%     |
| Jun-19 | 3442             | 3072     | 89.25%                 | -2.66%     |
| Jul-19 | 3455             | 3099     | 89.70%                 | 0.45%      |
| Aug-19 | 3462             | 3115     | 89.98%                 | 0.28%      |
| Sep-19 | 3469             | 3118     | 89.88%                 | -0.10%     |
| Oct-19 | 3530             | 3156     | 89.41%                 | -0.48%     |
| Nov-19 | 3528             | 3124     | 88.55%                 | -0.86%     |
| Dec-19 | 3569             | 3168     | 88.70%                 | -0.15%     |
| Jan-20 | 3530             | 3156     | 89.41%                 | 0.71%      |
| Feb-20 | 3571             | 3208     | 89.83%                 | 0.42%      |
| Mar-20 | 3603             | 3234     | 89.76%                 | -0.07%     |

Table 3: Statutory and Mandatory IG Training Compliance

## Information Governance Awareness

The IG communications plan ensures that regular messages are distributed via the Trust's online newspaper, 'Siren', social media outlets such as Facebook and Twitter.



Figure 4: IG Intranet Hub

The updated IG Hub on the Intranet is a wealth of information for all staff which is supported by notices on message boards in Trust premises and email.

### Looking forward

The 2020/21 training and awareness plan will build on the good standards of compliance with mandatory training reported in this annual report and increase awareness through formal and informal channels of communication and materials.

## Section 2: Confidentiality and Data Protection

### GDPR – Establishing a Data Protection Compliance team

In May 2018, the UK's revised Data Protection Act (DPA) and European Union's (EU) General Data Protection Regulation 2016 (GDPR) came into force, with the aim of unifying and strengthening data protection laws for data subjects across the EU.

In December 2019, following a year's internal evaluation of the GDPR and a review of the organisation's aim to continue a successful monitoring programme of data protection compliance, a new Data Protection Compliance function was established to support the Data Protection Officer (DPO) in their role to enhance data security leadership across the Trust.

The new function comprises of the Trusts' Head of Health Informatics and DPO, Nicki Maher, and also welcomes the appointments of two new Data Protection Compliance Managers, Karina Galli and Kelly Holding.

### **Successes to date**

Since the formation of the Data Protection Compliance function in December 2019, the following headline successes have been achieved;

- ✓ The creation of a New Data Processing Log;
- ✓ New Audit Procedure and template documents;
- ✓ New security incident investigation forms;
- ✓ Internal corrective and improvement actions tracker;
- ✓ Set up of a formal 'advisory function' to answer day-to-day data protection queries;
- ✓ Completion of an internal 'Leavers' Audit;
- ✓ Data Protection Advice and Assessment for the implementation of Office 365 at a National (NHS Wales) level;
- ✓ Advice and on data protection issues related to the Covid-19 pandemic, including the publishing of an additional supplementary Privacy Notice, and remote working guide; and
- ✓ Ongoing leadership, advice and involvement with Welsh Government, Public Health Wales (PHW) and other partners for the Test, Trace, Protect strategy in Wales.

### **Data Protection Impact Assessments**

One of the requirements of the Data Protection Act and GDPR is to ensure a Data Protection Impact Assessment (DPIA) is carried out whenever there is a change that is likely to result in a high risk to individuals, such as where it involves a new use or significantly changes the way in which personal data is handled. For example, a redesign of an existing process or service, or where a new process or information asset being is introduced.

Data protection legislation makes completion of a DPIA a mandatory legal requirement where certain conditions have been met. Failure to carry out a DPIA sufficiently or when required could leave WAST open to enforcement action by the ICO.

The purpose of the DPIA is to assess any data protection or privacy risks to individuals in the collection, use and disclosure of personal information. It should be completed at an early stage of the change or project to enable privacy requirements to be embedded into the design stage of the project. Failure to properly embed appropriate data and privacy protection measures may result in a breach of data protection law.

Since April 2019 the following DPIA's have been completed:

- |                              |                                   |
|------------------------------|-----------------------------------|
| 1. RED Cross frequent calls; | 3. South East Wales Collaboration |
| 2. ORH WAST D&C Review;      | Agreement (111);                  |
|                              | 4. NEPTS Cancellations;           |

- |                                        |                                                              |
|----------------------------------------|--------------------------------------------------------------|
| 5. Post Room at Ty Elwy;               | 19. Office 365 Part 2 Teams;                                 |
| 6. NWIS Data Link;                     | 20. SAIL;                                                    |
| 7. Immediate Vehicle Release;          | 21. Covid-19 Flagged Addresses;                              |
| 8. BHF - National Defib Network (NBN); | 22. NHSDW/111 Covid-19 Website Chatbot;                      |
| 9. JESG adverse incidents (DATIX);     | 23. Covid-19 Volunteer Application DPIA;                     |
| 10. PADLET;                            | 24. Covid-19 Volunteer Roles DPIA;                           |
| 11. Pacesetter;                        | 25. Zoom;                                                    |
| 12. Staff for Winter Planning;         | 26. Consultant Connect;                                      |
| 13. DATIX;                             | 27. Email Referrals to Pembrokeshire Intermediate Care Team; |
| 14. CCTV – Fleet;                      | 28. ATP Swabbing;                                            |
| 15. Swansea Bay - 111 Data Share;      | 29. Everbridge: Phase 1.                                     |
| 16. Stay Well at Home (SW@H2);         |                                                              |
| 17. PHW violent crime data;            |                                                              |
| 18. Office 365 Part 1 Data Migration;  |                                                              |

### **Data Protection Advisory Function**

In accordance with Article 39 of the GDPR, the Compliance function also operates in an advisory role to inform and advise the organisation and employees on data protection. Colleagues across all departments are actively encouraged to seek advice and guidance on compliance matters and are further encouraged to provide feedback on the advice and guidance they receive from the Compliance function.

All advice is provided in writing along with the justifications and references to relevant areas of law or regulatory guidance. This is to educate the all colleagues across the Trust on why a decision has been made. It will also provide an opportunity to have further discussion if the advice is contested.

It is recognised that advice given can have a ripple effect and will have an impact on future processes or decisions made and therefore the Compliance function will aim to be as transparent and accountable as possible with any advice provided.

Advice has already been provided on a range of data protection matters across the Trust from areas such as data disclosure requests to project feasibility assessments. We look forward to continuing to provide this function to the Trust.

### **Data Protection Implications during the Covid-19 Response**

The coronavirus pandemic brought unprecedented change and challenge to organisations and individuals on a global scale. The pandemic also presented challenges to data protection and data privacy in not just data sharing needs, but also in managing security risks through the rapid introduction of new ways of working. It is often during challenging and demanding times when data breaches are more likely to occur.

The Data Protection function worked to actively manage the requirements to ensure that WAST continued to comply with privacy laws and sufficiently protect data. This

included publishing a Covid-19 supplementary privacy notice, numerous DP risk assessments as part of the introduction of new applications to enable more remote or efficient working, participating in the Information Governance Management Advisory Group meetings at increased intervals to aid the response across NHS Wales, and responding quickly and diligently to the governance requirements relating to data sharing requests in the interests of public health.

The Data Protection function will continue to monitor and manage work areas required as part of the Covid-19 response as it now moves to contributing to the National Test, Trace and Protect Programme.

## **Looking forward**

### **Compliance Programme**

In February 2020, work began on drafting a formalised Compliance Programme. The Compliance Programme will document the management system covering the objectives and key processes for managing data protection compliance across the organisation.

The Compliance Programme will include the implementation and adherence to the ISO 27001 standard. This is to help ensure compliance with Article 32 of the GDPR, and covers a total of 35 technical and organisational controls for the protection of data and information security. A summary of the areas that form the Compliance Programme include as follows;

- GDPR 12 steps to Implementation – revisit and refresh;
- Embedding data protection awareness;
- Data Protection advisory function;
- The DPIA framework which links to existing risk management and project management processes;
- Internal Data Protection audit schedule;
- Implementation of ISO 27001 standards (35 controls); *and*
- Security Incident Management.

A separate programme of work has been established, in line with communications and guidance from the Welsh Government and the UK's Information Commissioner, for the impact of data protection at the end of the transition period for the UK leaving the European Union.

## **Data and Information Sharing**

During 2019/20, an internal review of all existing data sharing arrangements was undertaken and an action plan to refresh the approach to sharing data through a 'Once for Wales' approach. This review resulted in the following actions;

- Ensuring all existing data sharing agreements are meeting GDPR requirements, particularly that the **legal basis for sharing** is documented;



- Strengthened **communication links** with the Trust's Research and Development department resulting in the IG team routinely receiving a copy of the database of Research initiatives to enable any IG/data sharing requirements to be known and supported in a timely manner;
- Developed a **better internal process** for data sharing, providing clarity on roles and responsibilities and streamlining processes;
- Working on **new data sharing agreements** with emergency services partners to share information more efficiently within agreed purposes;
- Proactively engaged with the NHS Wales Informatics Service (NWIS) to ensure that the Trust is fully involved in the **data sharing requirements of the National Data Resource (NDR)** programme.

There were 4 new data sharing/processing agreements established for the period;

1. Stay Well at Home 2;
2. All Wales Routine Violence Surveillance;
3. Paramedic Post Box;
4. NWIS/ WAST Processing Framework Agreement including;
  - Covid-19: GPOOH Data Flow (Live 111 sites);
  - Covid-19: CAS Data Set;
  - Covid-19: Cisco 999 Telephony data set;
  - WAST CAD PCR call activity.

### **Looking forward**

The 2019/20 period will involve changes to the ways and means of sharing data with health partners. Rather than the WAST providing a multitude of datasets for individual Health Boards, the Trust will look to utilise the NHS Wales Informatics Service as a broker for WAST data that can be shared once and distributed numerously.

### **Caldicott Principles into Practice (C-PIP) Assessment**

In 2019, an NHS Wales IG Toolkit was developed and piloted, to replace the C-PIP Assessment. However, due to Covid-19 constraints, the full adoption of the new toolkit has been put on hold until 2020-21, so the C-PIP has been undertaken for 2019.

It is assuring that the Trust has increased the C-PIP compliance score from 95.7% to **96.4%**. Figure 5 below shows the trajectory of the C-PIP compliance over time from 2009 to 2019.





Figure 5: Caldicott Principles into Practice Compliance 2009 - 2019

### **Looking forward**

The Trust's Data Protection Compliance team will monitor the progress of the C-PIP as part of their compliance role and undertake independent scrutiny and audit.

As NHS Wales organisations transition to the new NHS Wales IG Toolkit in 2020-21, the 8 areas of focus for the new IG assessment will be:-

- Health Board/Trust Information.
- Business Responsibilities.
- Business Management.
- Individual's Right and Obligations.
- Managing and Securing Records.
- Technical, Physical and organisational Measures.
- Cyber Security.
- Information Governance Incident Management.

Further information about the new NHS Wales IG toolkit will be provided as National direction emerges.

## **Section 3: Health Care Records Management**

### **Activity and performance**

During the period April 2019 to March 2020, the Records Services and Archives Team processed the following:

- ✓ **796** requests for personal information as a subject access request, an increase of 24.54% from the previous year (n=622) – see table 4 below;

- ✓ **688** Requests for personal information from the Police, a small increase from the previous year (n=682);
- ✓ Compliance for Subject Access Requestor's receiving a satisfactory response within 30 calendar days was **100%**.

The Trust has achieved this level of regulatory and legislative compliance through the recruitment of two additional agency staff. The breakdown of subject access requests by requestor type is shown in Table 4 below.

| 2019 - 2020               |     |     |     |     |     |     |     |     |     |     |     |     |       |  |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|--|
| Request Source            | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |  |
| Comms Request             | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 1   | 1   | 0   | 0   | 0   | 4     |  |
| Concerns/PTR              | 2   | 0   | 0   | 0   | 2   | 1   | 0   | 1   | 1   | 0   | 1   | 2   | 10    |  |
| Coroner Request           | 2   | 4   | 0   | 1   | 15  | 29  | 30  | 24  | 9   | 7   | 1   | 9   | 131   |  |
| Council Request           | 0   | 0   | 1   | 1   | 2   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 5     |  |
| Court Order               | 2   | 1   | 0   | 0   | 2   | 1   | 1   | 1   | 2   | 3   | 5   | 5   | 23    |  |
| Disclosure & Barring Svce | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1     |  |
| DVLA                      | 0   | 0   | 1   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 3     |  |
| EMRTS                     | 0   | 0   | 0   | 1   | 1   | 1   | 1   | 2   | 1   | 0   | 3   | 0   | 10    |  |
| HCPC                      | 1   | 0   | 1   | 0   | 1   | 0   | 0   | 0   | 0   | 3   | 0   | 0   | 6     |  |
| Health Care Professional  | 1   | 5   | 7   | 8   | 5   | 1   | 2   | 2   | 2   | 4   | 5   | 2   | 44    |  |
| HR                        | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0     |  |
| HSE                       | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0     |  |
| Internal Request          | 6   | 1   | 3   | 2   | 1   | 1   | 3   | 3   | 0   | 2   | 1   | 3   | 26    |  |
| Ombudsman                 | 0   | 0   | 2   | 1   | 0   | 1   | 5   | 2   | 2   | 0   | 3   | 2   | 18    |  |
| MAIB                      | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 1     |  |
| NHS Counter Fraud Svce    | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 1     |  |
| NMC                       | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 2     |  |
| Personal Request          | 4   | 8   | 8   | 10  | 7   | 14  | 15  | 12  | 6   | 14  | 4   | 11  | 113   |  |
| IOPC                      | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 1   | 0   | 1   | 0   | 3     |  |
| Safeguarding              | 0   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 0   | 0   | 0   | 1     |  |
| Solicitor                 | 30  | 23  | 32  | 35  | 25  | 20  | 31  | 38  | 17  | 34  | 34  | 27  | 346   |  |
| TARN                      | 0   | 1   | 0   | 2   | 5   | 0   | 0   | 0   | 1   | 2   | 0   | 1   | 12    |  |
| Trust Solicitor           | 1   | 7   | 1   | 4   | 5   | 4   | 1   | 4   | 4   | 0   | 0   | 5   | 36    |  |
| WAG                       | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0     |  |
|                           | 49  | 50  | 57  | 65  | 74  | 73  | 93  | 92  | 48  | 69  | 59  | 67  | 796   |  |

Table 4 - Request for Personal Information Breakdown

## Looking forward

The risk to maintaining regulatory compliance due to the balance of meeting demand with current resources has been raised with the executive team. Discussions are ongoing to secure permanent support for the IG and Records Services teams going forward.

## Section 4: Freedom of Information

Freedom of Information requests are managed through the corporate team and activity and performance is regularly reported via the quarterly quality assurance report and other forums such as the Information Governance Steering Group.

The Trust received 210 requests, of which 177 were dealt with within the 20 day target providing an 84% compliance rate for the period against the ICO standard of 90%. A chart of compliance has been included as Figure 6 below.

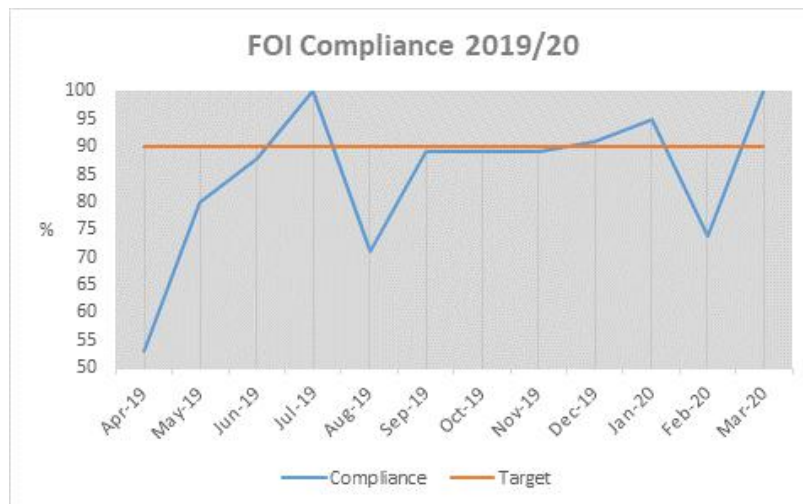


Figure 6- FOI Compliance for 2019/20

## Section 5: Data Quality Assurance

### Data Quality framework

Work continues within Health Informatics to reinforce a Data Quality Framework and good practice across the Trust. The Data Quality leads have now been in post for two years and have been involved and led projects which required improvement plans to reinforce the need for increased assurance on the Trust's data.

The Data quality team are members on a number of key internal and external groups:

- Clinical prioritisation Assessment Software (CPAS);
- Information Quality Improvement Group (IQI);
- Welsh Information Standards Board (WISB).

These groups focus on providing assurance of data quality through ensuring modifications to processes or implementation of new projects do not have a direct impact on the quality of data the Trust reports on. WISB focuses on defining standards against data sets to establish a common language for definitions which will provide data integrity, accuracy and consistency, clarify ambiguous meanings, minimize redundant data, and document business rules nationally.

The emergence of the Covid-19 pandemic shifted the focus on ensuring the Trust was capturing accurate and reliable disease surveillance data. In doing this, data quality supports Health Care professionals with accurate and timely intelligence to enable them to make informed decisions on the rate of infection and the total amount of cases coming through 999 and 111/Out of Hours GP.

Below are some of the projects where the Data Quality team have played a fundamental role by investigating issues, providing assessments and recommendations, ensuring the data infrastructure changes are adequately tested and released:

- **Official Statistics Reporting Procedures** - Amend the incident lockdown period time on CAD from 7 days to 5 days to provide HI staff the required time to carry out all the quality checks and manipulation of the data to populate into the Official Statistics report by the deadline date set by Welsh Government. The work carried out to implement the change has had a tremendous effect on the Trust meeting WG deadlines for Official Statistics reporting;
- **Transparency for data definitions** – glossary and definitions for all pages/links on the external web portal for the Integrated Unscheduled Care dashboard as a common language on the data compiled on the report to improve better interpretation of the reports;
- **Lightfoot Solutions project** – supporting the development of the NHS Wales National signalsfromnoise predictive data analytics. This involved providing assurance of the data being matched was accurate. This work also consisted of validating the multiple data dashboards presented on their dashboard to ensure definitions and the data presented is valid.

## Section 6: Information Security

### Cyber Security

#### Policy

In terms of Cyber Security from April 2019 to March 2020 the Trust has adopted the revised Information Security Policy and are actively replacing legacy systems for example upgrading Windows 7 machines to Windows 10.

#### Security Software

The Trust have upgraded their Antivirus software to a machine learning based security system that will protect us against more advanced threats. The Trust has also on boarded onto an NHS Wales national Security Information and Event Management system (SIEM) which provides greater security benefits for the organisation.

#### Secure File Sharing Portal

To reinforce information security arrangements, the IG team actively promote the use of the NHS Wales Secure File Sharing Portal provided by the NHS Wales Informatics Service (NWIS) to transfer personal/sensitive information to and from external organisations such as the NHS bodies across the UK, Local Authorities, regulatory bodies such as the NHS Medical Council and the Police.

Uptake of the system has increased considerably with teams such as Safeguarding, Clinical Audit and Research building use of the portal into their working practices and standard operating procedures, use of the system is up to around 60 emails per day which is another significant increase compared to the last financial year (45-50 per day).

## Integrated Intelligent Audit Solution (NIAS)

In 2016, NHS Wales launched a National Integrated Intelligent Audit Solution (NIAS) for key information systems such as the Welsh Demographics Service, Welsh Clinical Portal and the Cancer system, CANISC. The system enables organisations to monitor access to personal records using standard audit criteria such as same surname and/or same address. Members of the IG team are actively supporting developments to the service through membership of the NIIAS Management Board.

## IG Adverse Incidents / Breaches

Reported IG incidents and near misses are part of the Trust's adverse incident and reporting policy and procedure. During 2019/20, further improvements to Datix now mean that from July 2018 there has been more intelligent information available through a dedicated dashboard tailored to meet the requirements of the IG Team.

During 2019/20 financial year the Trust had **132** reported entries on the Datix system for incidents or near misses these were reported at the time as having potential information governance implications by the person reporting them. Of the reported entries there were **0** (zero) breaches which met the threshold for reporting to the ICO.

All incidents raised are assessed and if appropriate scored in respect of the threshold for reporting to the Information Commissioner's Office (ICO). During the period, there were **0 (zero)** such reportable data breaches.

### Complaints/Concerns and Outcomes

There were **0 (zero)** concerns raised with the UK regulatory authority, the Information Commissioner's Office (ICO), in respect of the way that the Trust handles personal information.

### Serious Adverse Incidents (SAIs)

There were **0 (zero)** serious adverse incidents (SAI) in relation to information governance during the reporting period that required reporting to the ICO and the Welsh Government.

## Further Information

Follow the links below to find out more about the work of the Welsh Ambulance Service's Information Governance network.

[Information Commissioners Office](#)

[NHS Wales Informatics Service \(NWIS\)](#)

[WAST Staff Privacy Notice \(NHSWales staff only\)](#)

[WAST Information Governance hub \(NHSWales staff only\)](#)



**GIG**  
CYMRU  
**NHS**  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlaens Cymru  
Welsh Ambulance Services  
NHS Trust

|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>4.1</b>  |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>3</b>    |

## PROCEDURAL MATTERS

|                        |                                                                                                       |
|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Trust Board                                                                                           |
| <b>DATE</b>            | 1 October 2020                                                                                        |
| <b>EXECUTIVE</b>       | Board Secretary                                                                                       |
| <b>AUTHOR</b>          | Corporate Governance Officer                                                                          |
| <b>CONTACT DETAILS</b> | Steve Owen, 01745 532994,<br><a href="mailto:steven.owen2@wales.nhs.uk">steven.owen2@wales.nhs.uk</a> |

|                                            |     |
|--------------------------------------------|-----|
| <b>CORPORATE OBJECTIVE</b>                 | N/A |
| <b>CORPORATE RISK (Ref if appropriate)</b> | N/A |
| <b>QUALITY THEME</b>                       | N/A |
| <b>HEALTH &amp; CARE STANDARD</b>          | N/A |

|                             |                                                                                                   |
|-----------------------------|---------------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To confirm as a correct record the Minutes of the Board and other procedural matters as required. |
| <b>CLOSED MATTER REASON</b> | N/A                                                                                               |

## REPORT APPROVAL ROUTE

| <b>WHERE</b> | <b>WHEN</b> | <b>WHY</b> |
|--------------|-------------|------------|
|              |             |            |
|              |             |            |
|              |             |            |
|              |             |            |

## **Minutes**

- 1 To confirm as a correct record the minutes of the open and closed sessions of the meeting of the Board held on 30 July 2020.

## **Matters arising**

- 2 To deal with any matters arising from those minutes not dealt with elsewhere on this agenda. In addition, the Trust Board Action Log is attached for consideration.

## **Use of the Trust Seal**

3. Since the last Trust Board meeting, the Trust seal was used as follows:

Number: 0215 – The renewal of the existing lease of Unit 1, the Courtyard, D'Arcy Business Park, Llandarcy, Neath.

## **Chair's Action: Grange University Hospital (GUH) Fleet Requirements**

4. A Chair's action dated 9 September 2020 approved the amended use, conversion, commissioning and subsequent replacement of 14 vehicles to provide the transport solution for GUH, at a total cost of £1.948m, fully funded by Welsh Government. Minutes of the Chair's Action are attached.

## **RECOMMENDED: That**

- (1) **the minutes of the meeting of open and closed sessions of the Board held on 30 July 2020 be confirmed as a correct record and consideration be given to any matters arising, together with the actions set out in the action log;**
- (2) **the use of the Trust seal as described was noted; and**
- (3) **the Chair's Action as described above was noted.**



**UNCONFIRMED MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE  
SERVICES NHS TRUST BOARD, HELD on THURSDAY 30 JULY 2020  
Meeting Conducted via Zoom**

**PRESENT:**

|                        |                                             |
|------------------------|---------------------------------------------|
| Martin Woodford        | Chair of the Board                          |
| Jason Killens          | Chief Executive                             |
| Lee Brooks             | Director of Operations                      |
| Craig Brown            | Trade Union Partner                         |
| Keith Cox              | Board Secretary                             |
| Emrys Davies           | Non Executive Director                      |
| Professor Kevin Davies | Non Executive Director                      |
| Bethan Evans           | Non Executive Director                      |
| Pam Hall               | Non Executive Director                      |
| Andy Haywood           | Director of Digital Services                |
| Estelle Hitchon        | Director of Partnerships and Engagement     |
| Nathan Holman          | Trade Union Partner                         |
| Paul Hollard           | Non Executive Director                      |
| Dr Brendan Lloyd       | Medical Director                            |
| Rachel Marsh           | Director of Planning and Performance        |
| Chantal Patel          | University Representative                   |
| Claire Roche           | Executive Director of Quality and Nursing   |
| Joga Singh             | Non Executive Director                      |
| Andy Swinburn          | Associate Director of Paramedicine          |
| Chris Turley           | Director of Finance and Corporate Resources |
| Martin Turner          | Non Executive Director                      |
| Claire Vaughan         | Director of Workforce & OD                  |

**IN ATTENDANCE**

|                 |                                                               |
|-----------------|---------------------------------------------------------------|
| Mike Armstrong  | Assistant Board Secretary                                     |
| Stephen Clinton | Assistant Director of Operations for Clinical Contact Centres |
| Lois Hough      | Head of External Communications                               |
| Trefor Jones    | Trust Staff                                                   |
| Isobel Jones    | Partners in Healthcare Engagement Coordinator                 |
| Paula Jeffrey   | Consultant Paramedic Central and West Regional Clinical Lead  |
| Mike Jenkins    | Consultant Paramedic South East Regional Clinical Lead        |
| Alison Kelly    | Business and Quality Manager                                  |
| Malcolm Latham  | Community Health Council                                      |
| Naomi Machin    | Communications Officer                                        |
| Steve Owen      | Corporate Governance Officer                                  |
| Rachael Powell  | Assistant Director for Research and Innovation                |
| Jeff Prescott   | Corporate Support Officer                                     |



Duncan Robertson  
Janine Roderick  
Simon Rogers  
Rachel Watling  
Kevin Webb  
Jonathan Whelan  
Vera Rowland- Wilson

Consultant Paramedic North Regional Clinical Lead  
Presented Staff Story  
Trust Staff  
Head of Internal Communications  
Head of Clinical Audit and Effectiveness  
Deputy Medical Director

## **APOLOGIES**

Damon Turner

Trade Union Partner

### **74/20 WELCOME AND APOLOGIES FOR ABSENCE**

#### **Welcome and apologies**

The Chair welcomed all to the meeting and advised that it was an open session of the Board; it was being conducted through the medium of Zoom and broadcasted on Facebook. He further advised that it was a meeting in public, not a public meeting, however members of the public had been invited to submit questions in advance and these appeared later on the agenda.

#### **Apologies**

Apologies were recorded in respect of Damon Turner, Trade Union Partner

#### **Declarations of interest**

The standing declarations of interest were formally recorded in respect of:

Professor Kevin Davies, Independent Trustee of St John Cymru, Emrys Davies, retired member of Unite, Nathan Holman, Councillor of Llannon Community Council and Chantal Patel as a Member of Swansea Bay University and Chair of Swansea Bay University Health Board Clinical Ethics Committee.

**RESOLVED: That the standing declarations and apologies as described above were formally recorded.**

### **75/20 CHAIR INTRODUCTION AND UPDATE**

The Chair drew attention to the contents of the agenda and gave a very brief overview on the order and content of it; he also advised the Board of some administrative points to be observed to during the meeting. He commented that usually the Board would be advised on his work activities he had been involved in during the past few weeks. However it was felt more appropriate for these to be referred to as applicable during the agenda

**RESOLVED: That the update was noted.**

### **76/20 CHIEF EXECUTIVE UPDATE**

The Chief Executive in providing his update drew Board's attention to the following areas:

1. Advancing Healthcare Awards – The Trust had received external recognition for its work on making health and social care greener through its clinical team culture
2. Emergency Medical Technician attainment ceremony – this had been the first of its kind to be held virtually.
3. Black Lives Matter – Both he and the Chair had taken part in the National Diversity Forum which considered diversity across all areas. He added that the Trust continues to enhance representation within the workforce
4. Electronic Patient Clinical record – procurement had since closed and it was expected that the Full Business Case would be ready by August
5. Personal issue iPads – Currently 1,800 iPads had been issued to staff; positive feedback had been received from staff who were in receipt of the iPads
6. Initial response from the pandemic thus far – the 500 staff who had completed the recent experience survey were thanked for their contribution and it was noted the learning from this had activated an action plan going forward
7. Defence personnel – a specific virtual event had been held intended for forces personnel who were contemplating leaving the forces and to advise them on opportunities within the Trust
8. Cardiff Make Ready Depot – work had commenced to complete this project towards the end of 2021

#### **Comments:**

1. It was encouraging to see how widely Consultant Connect (an app that provides specialist advice to paramedics, GPs and other healthcare professionals) was being used; was the Trust able to monitor the impact on the patients' outcome? Andy Swinburn explained that this was being rolled out on a phased health board basis and had seen a gradual uptake. The Consultant Connect application would give Trust the ability to identify the patients' outcome but it was still at its developmental stage
2. Advanced Paramedic Practitioner pilot at St Woolos hospital in Newport; what were the plans following this pilot? The Board were advised by Andy Swinburn that this was a concept the Trust tested under winter pressures last year. Whilst the Trust would have expected more patients through this treatment centre, it did prove sufficient for the Trust to consider that this model could be used at specific times
3. In terms of the Black Lives Matter campaign, Paul Hollard, Chair of the People and Culture Committee assured the Board that it had discussed, identified and addressed the issues facing staff. Martin Woodford added that the Board was cognisant of the challenges with providing services to the BAME communities and the consequent difficulties of recruitment from them. Going forward, the Trust would focus on these two areas.

4. What have been the key themes and concerns emerging during the pandemic in respect of safeguarding? Jason Killens informed the Board that an area of concern had been an inability for those subjected to domestic violence to be able to report it and seek help. Another area of concern was in relation to children and young adults safeguarding. The Trust was working with the police to raise awareness of these two very real concerns. It was noted that the police had acknowledged a shortfall in the reporting of safeguarding issues in both these areas. Claire Roche added that the Trust's head of safeguarding linked in with counterparts across the health sector to share learning
5. Relocation of staff from Cefn Coed to Matrix One, was there an update as to when this would be completed. Jason Killens advised that an agreed approach had been reached in terms of securing accommodation at Matrix One and it would be within months. Chris Turley added that a further revised plan had been agreed and the relocation would progress at pace

**RESOLVED: That the update was noted.**

## **77/20 STAFF STORY**

Claire Roche introduced Janine Roderick who had joined the Trust in April as a result of the 'call to arms' for volunteers to help with covid-19 response. She was a registered clinician who was currently working as a clinical nurse adviser at Vantage Point House on the 111 programme.

Janine informed the Trust that she had qualified as a registered nurse in 1994 and worked across multi-agency roles including the Trust in various projects and in Welsh Government. She left the NHS in January 2020 after 28 years, the last role was as Head of Public Health & Policing with Public Health Wales.

She gave her account of working within the CCC on the 111 programme during the pandemic. She paid tribute to the trainers on the 111 programme who were extremely professional and knowledgeable. The experience proved to be very grounding and was extremely different to what people may have imagined. The types of calls varied significantly and ranged from minor ailments to severe, life threatening incidents.

Janine strongly believed that the 111 service played an integral part in the early intervention and prevention of the need for patients to be transferred to hospital; adding that the prompt diagnosis and treatment of patients played a very important role within the system and in supporting the Welsh Government's strategy for a healthier Wales.

Following her presentation, Janine raised the following questions.

1. How could the value and expertise, with nursing in particular, be utilised more effectively in the Trust? Claire Roche explained the nurses within the Trust were employed on a multi professional basis and played an integral part. Lee Brooks added that nurses were now part of the clinical support desk which going forward provided for a more stronger base for patient support
2. How can the value and benefits of 111 be acknowledged and ensure they were seen by the wider system? Lee Brooks commented that the pandemic had given the Trust the ability to open up more telephone options

3. What was the vision for 111 going forward? Jason Killens referred to the Trust's 10 year strategy and vision which illustrated 111 as being the call handler of choice across Wales; this included simplifying access for patients.

Comments:

1. In terms of mental health and the likelihood of an increase of cases throughout the community what role could the Trust play in supporting people with these issues? Janine had observed that there was an increase in callers with anxiety and the Trust could learn from this and how to manage these types of calls.
2. How could the Trust recruit and attract more people to the 111 role? Janine suggested that one way would be to illustrate the real stories through media platforms and to market it in such a way that the role was an exciting one

The Board thanked Janine for her story and the contribution she continued to provide to the Trust.

**RESOLVED: That the story was noted.**

## **78/20 DELIVERING CLINICAL EXCELLENCE IN WALES, CLINICAL STRATEGY 2020-2025**

Dr Brendan Lloyd introduced the Board to the various members of the clinical team who would be providing further information in their field of expertise.

Andy Swinburn - Associate Director of Paramedicine  
Paula Jeffrey - Regional Clinical Lead  
Mike Jenkins - Regional Clinical Lead  
Rachael Powel - Assistant Director for Research and Innovation  
Duncan Robertson - Regional Clinical Lead  
Jonathan Whelan - Deputy Medical Director

He added that the strategy, which had been monitored at Committee level had since been subject to several iterations following the pandemic. It was an all-encompassing strategy which brought together all the clinical areas working within the Trust; it detailed the direction of travel for clinical operations including both paramedicine and nursing, which was underpinned by the Quality Strategy.

The Board were given a presentation which drew their attention to the following points:

1. Paramedicine perspective and the future of clinical provision. By changing the healthcare landscape, the Trust would have a more educated and skilled workforce, leading to an increased clinical ability. The change would have other benefits including workforce development and skill retention
2. Clinical aims and objectives: there were several aims and objectives the Trust would undertake and deliver in order to ensure to provide the best possible care for the patient

3. Clinical Leadership: the areas under this section illustrated how the Trust would be aware of the clinical excellence it was aiming to achieve through both reactive and proactive clinical leadership and supervision. Examples of how these would achieve a safe clinical environment were given, with reference being made to the learning from the Mid Staffordshire NHS Foundation Trust enquiry.
4. Responding to changing healthcare needs: There was a focus on the older population of Wales. Data was collected and monitored which would facilitate the Trust to have a greater understanding of the needs of this group and therefore enable it to shift the clinical delivery. The Trust was in the process of enabling its clinicians to make more complex decisions going forward; both through the Advance Paramedic Practitioner process and integrating the knowledge with other clinical staff's scope of practice and the wider NHS.
5. Independent Prescribing: This enhanced the Trust's clinical offer to patients by enabling early access to medication and reduces the need for multiple contact with healthcare professionals. It was envisaged that going forward some patients would be directed away from the 999 system.
6. Cardiac Arrest Strategy: Going forward, Artificial Intelligence (AI) would play a significant part in the early identification of cardiac arrest. Details including the use of smart phones and drones as a means of dealing with out of hospital cardiac arrest were given. Essentially, the use of AI could support the workforce in the delivery of effective cardiac arrest management
7. Better Information, Better Outcomes: The introduction of the ePCR and the capturing of key patient information at the point of care will be key enablers to ensure a more outcome focused strategy. There will also be an improvement in the auditing and reporting functionality which will ameliorate opportunities to undertake service improvement. This new intelligence will enable the Trust to adapt and improve service accordingly

Dr Brendan Lloyd added that this was a key time for the Trust noting there were huge opportunities available through clinical and educational development.

#### Comments:

1. What was the view of the impact of the change for the patients? Dr Brendan Lloyd commented there was a real need for whole system changes before all of the benefits that were potentially within the strategy could be realised
2. Jason Killens advised this strategy was part of the Trust's overarching strategy and would remain responsive to the ever changing needs of patients and the changing environment. He added that the Trust would continue to expand the workforce's

potential as this would ultimately have the effect of providing a better service to the community and avoid the need of taking patients to hospital

3. The Chair of the Quest Committee Emrys Davies assured the Board that the strategy had been discussed in detail at its last meeting and was content to support the direction of travel
4. Was the Trust confident in its ability to exchange intelligence with health boards? Dr Brendan Lloyd explained that the sharing of information with health boards had improved significantly. Some of this sharing had already demonstrated noticeable benefits to patients; this included the work on APP's and Out of Hours in the Hywel Dda area
5. How would the strategy be disseminated to staff and to partners outside the Trust? Dr Brendan Lloyd advised that staff had been fully engaged with the development of the strategy and would be able to access it electronically. In terms of wider distribution, it would be shared at the appropriate level

The Board thanked Dr Brendan Lloyd and his team in producing the strategy and fully supported it going forward.

**RESOLVED: That the Delivering Clinical Excellence, as the Trust's collective Clinical Strategy was approved.**

## **79/20 DATA PROTECTION AND INFORMATION GOVERNANCE ARRANGEMENTS FOR THE TEST, TRACE, PROTECT PROGRAMME**

Andy Haywood gave an overview of the report and drew the Board's attention to the following points:

1. Arrangements for the data sharing for contact tracing as mandated by Welsh Government
2. Legal basis for the processing of personal data sensitive data
3. The Non Executive Directors had held a briefing prior to the Board to consider the report in great detail
4. The work undertaken by the Information Governance and Data Protection team in ensuring that the Trust was able to discharge its responsibility safely, effectively and legally was acknowledged

Comments:

Dr Brendan Lloyd gave an anecdotal real life example of this programme in which it was proven that the process in place was robust allowing for the treating teams to undertake their work; potentially reducing the spread of the virus

**RESOLVED: That the Data Protection and Information Governance arrangements in place for the Test, Trace and Protect Programme was noted.**

**80/20 ESTABLISHMENT OF NEW BOARD COMMITTEE – ACADEMIC PARTNERSHIP COMMITTEE**

Keith Cox presented the report which was to seek Board approval to establish a new Board level Committee, to be known as the Academic Partnership Committee, with the attached terms of reference and operating arrangements.

The Board had agreed in July 2019 that the Trust should finalise and submit an application for University Status to the Welsh Government as part of its strategic commitments.

The Committee would be responsible for developing and strengthening partnership working with higher and further education and wider education providers across and beyond Wales.

It was felt the proposed Committee would not necessarily be carrying out the same level of scrutiny as other Board level Committees and therefore it was proposed that initially it was established with three NED members rather than the usual four.

Comments:

1. Terms of Reference; it was agreed these would be reviewed immediately on establishment of the Committee; with a revised set being presented to Board at a future date. An initial amendment was to replace the term staff side with Trade Union partners in paragraph 4.2
2. Professor Kevin Davies commented that the Committee's strategy involved the whole workforce's career development noting that a significant amount of work was already being undertaken in its expansion going forward.
3. Estelle Hitchon stressed the importance of the link between the Trust and academic partnerships. She added there was still further work required to fine tune the Committee's remit
4. Were there any ambulance services in England that had similar initiatives which the Trust could liaise with? Jason Killens informed the Board there was one ambulance service in England which had acquired university status

Following further discussion the Board fully supported the proposals and initiatives as described

**RESOLVED: That**

- (1) the establishment, with immediate effect, of a new Board Committee with responsibility for developing and overseeing academic partnership and benefits realisation in such areas as research and development, education and training and innovation was approved;**
- (2) the Terms of Reference, recognising that these represented a starting**

point for the Committee who would look to refine and develop these further over the next 12 months were approved, subject to an early review; and

- (3) the proposal to end the current arrangements of inviting a university representative after 1 October 2020 to attend Board meetings and transfer this responsibility to the Committee was approved.

## **81/20 PATIENT SAFETY HIGHLIGHT REPORT**

Claire Roche presented the report which covered the period April – June 2020. Highlights from the report included:

1. Putting Things Right (PTR) compliance – During this reporting period, in terms of the two day acknowledgement in respect of replying to concerns, this had been consistently above 80%. As of July the compliance was up to 98%. In relation to the 30 day responses to concerns this was above 62% and latest figures show this was now at 75% compliance
2. Serious Adverse Incidents (SAI) – During this period there were 12 Serious Incident Case Forums which had been convened to review a variety of incidents, in all 52 cases were discussed and this resulted in eight SAls being reported to Welsh Government
3. SAls themes and trends – These included call categorisation and issues with despatch.
4. Review of card 36 (a protocol within the Medical Priority Despatch System) – this protocol was used when a pandemic is declared. A detailed analysis on the use of this was undertaken and it was revealed there were no incidents resulting in patient harm

### **Comments:**

1. In terms of the trends identified, how was the Trust progressing with the actions identified? Claire Roche referred to the Patient Safety Monitoring and Learning group which identified the learning from these trends which would be presented to the Quest Committee in due course
2. It would be useful to know the total number of concerns were received and how many were outstanding. Claire Roche advised this detail would be included in future reports. Currently there were 49 formal concerns still open and a backlog of 11; work was ongoing to clear the backlog
3. Following a query in terms of reporting the comparison of themes with different reporting periods, Claire Roche agreed to include more consistency in future reports
4. Ambulance attendance in overdose situations – what was the Trust's thinking on this particular issue particularly in regards to mental health? Claire Roche commented that the Trust's focus on mental health had been significant and gave details of initiatives to focus and develop in response to mental health. Dr Brendan Lloyd



expressed concern there could be more cases. He added that the calls should be handled in a sympathetic manner and were very often a cry for help.

**RESOLVED: That the report was noted and discussed.**

**82/20 2020/21 IMTP AND Q2 OPERATIONAL PLAN PROGRESS AND PRIORITISATION EXERCISE**

Rachel Marsh presented the report reminding the Board that the IMTP previously submitted in January had not yet been approved. Nevertheless the “deliverable” as set out within it were being prioritised.

The Board’s attention was drawn to the following points:

1. A further review of the Trust’s IMTP priorities had been undertaken in preparing the Quarter 1 and Quarter 2 Operational Plans for Welsh Government. The Trust’s IMTP priorities also took account of the work required to continue to respond to the pandemic, including the need to ensure the ongoing health, safety and wellbeing of colleagues across the Trust
2. Reference was made to the RAG (Red, Amber, Green) status in relation to the programme of work being undertaken against the deliverables and was based on the original timescales. The Board noted that these timescales were being revised
3. An initial prioritisation exercise had taken place to monitor progress on the Trust’s deliverables in which the preliminary indications have highlighted there was still further to do to reach a satisfactory conclusion. Once this was completed a full set of priorities will be reported to the EMT and the Board. Furthermore the Strategic Transformation Board, which monitors the delivery of the plans has been re-established to meet on a monthly basis

Comments:

1. Jason Killens added that there were a number of additional forward looking actions which would need prioritisation and this included the future of 111. He added that good progress was being made and thanked Rachel Marsh and her team for the large volume of work carried out; this was endorsed by the Board
2. Was this now an opportunity to conduct a deep dive into the estates Strategic Outline Plan as the pandemic has highlighted the need to rationalise and work differently? Chris Turley advised that it would be prudent to conduct the analysis at this time due to clarification with funding in terms of capital. However going forward the Trust will be considering how the corporate and administrative functions would be used and what occupancy levels would be required
3. What was the level of preparation needed in terms of the roll out of 111 in the Cwm Taf area? Rachel Marsh explained the preparation was consistent with previous roll outs in other Health Boards and was confident it would be achieved by September. Chris Turley gave further details on the checkpoints and Key Performance Indicators that required implementation prior to roll out

**RESOLVED: That**

- (1) the update on progress of the IMTP and Quarter 2 plan was noted; and
- (2) the outcome of the initial prioritisation exercise and next steps were noted.

**83/20 OPENING OF THE GRANGE UNIVERSITY HOSPITAL (ANEURIN BEVAN UNIVERSITY HEALTH BOARD)**

Rachel Marsh explained that the purpose of this report was to update the Board on the progress that had been made with Aneurin Bevan University Health Board (ABUHB) with regards to the opening of The Grange University Hospital.(GUH)

The opening of GUH would fundamentally change the system and model of secondary care across the Health Board area as part of the implementation of their Clinical Futures Strategy. The hospital was originally scheduled to be opened in March 2021.

Initial analysis had indicated that during the first year of opening there would be an additional 72 inter hospital transfers. In March the Trust submitted a proposal as to how it intended to deliver on these 72 additional transfers. To that end it was estimated that another 84 front line staff would be required to meet this additional work load obligation. Recruitment was underway to ensure these staff would be available by the end of November. In terms of the additional 11 vehicles required this was still being worked through.

As a result of the significant work undertaken to ready the site, it was agreed on 30 June 2020 that GUH would open ahead of schedule in November 2020, subject to Welsh Government approval. Its Board then approved on 15 July 2020 that ABUHB could enter into a formal commissioning arrangement with the Trust based on its proposal in March 2020.

In terms of key risks to the delivery of the new model by mid-November, the Board were assured that these have been mitigated and were being monitored on the project risk register. Some of the key risks included; handover delays, blue light transfers and capital funding for fleet.

**Comments:**

1. Members expressed concern regarding the 12 month contract for such a strategic change expecting it to be at least two years. Rachel Marsh explained she was confident the relevant documentation giving the appropriate opportunity to review was sufficiently robust
2. Claire Vaughan advised the Board that the response to recruitment of the 84 front line staff had been exceptional. The Board acknowledged the assistance of Shared Services in the recruitment process
3. Jason Killens drew attention to the potential risks and gave further assurance and mitigation in respect of each one in more detail; employment, financial and activity. He stated that the plans in place were robust enough should there be any changes going forward

**RESOLVED: That the Board noted the update.**

## **83/20 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT – JUNE 2020**

The Board were advised that this version of the report had been updated to align with the five Steps and IMTP outcome measures. The report did not include updates for Clinical and NEPTS due to the non-requirement for a formal publication of these indicators during the current COVID-19 pandemic period. Furthermore there was a minor amendment to the SBAR which was brought to the Board's attention

The report was presented as read and Rachel Marsh drew attention to the following areas:

1. The data for Non Emergency Patient Transfer Service, has only been reported on up to December 2019; this was due to the Ambulance Quality Indicators not being reviewed as a result of the pandemic
2. Demand and hospital handover delays had decreased which in turn had seen response times both in call handling and ambulance response improve immeasurably.

Comments:

1. Martin Turner gave an overview of the details that had been discussed in relation to performance at the last Finance and Performance Committee (F and P). He assured the Board that the F and P Committee would continue to scrutinise the detail within the report and discuss which relevant information was reported at Board meetings
2. Concern was expressed that handover delays were on the increase in particular in the Betsi Cadwaldr Health Board area; how was the Trust engaging with health boards to monitor these increases? Lee Brooks commented that whilst the overall general position in terms of handover delays was lower than historic levels; there were two areas which were seeing a spike, dialogue with the relevant health boards continued in order to address the issues. Furthermore he added that the operational delivery unit presented an opportunity for system leadership with potential flexibility of movement of ambulances had recently been implemented, though ongoing the unit was subject to a business case.
3. The Chair added that he and the Chief Executive were in regular discussions with their relevant counterparts in each of the health boards on issues such as handover delays

**RESOLVED: That the performance outlined in the June Monthly Integrated Quality and Performance Report was noted and discussed.**

## **84/20 FINANCIAL PERFORMANCE MONTH 3, 2020/21**

Chris Turley presented the report as read and drew attention to the following points:

1. The cumulative revenue financial position was a small underspend against budget of £0.010m, assuming funding for the additional costs incurred due to the pandemic

2. In line with the financial plans that support the approved IMTP gross savings of £1.193m had been achieved against a year to date target of £1.390m
3. The Public Sector Payment Policy was on track with performance, against a target of 95%, of 97.0% for the number, and 98.0% of the value of non NHS invoices paid within 30 days
4. The Executive Finance Group (EFG) had recently convened in which the treatment of any remaining savings requirement and any residual budget setting matters was agreed. Details of that agreed will be brought back through EFG / EMT in September with an update provided to the next Finance and Performance Committee meeting. The EFG was also starting to financially plan for 2021/22 onwards

Comment:

Martin Turner made reference to the discussion at the last Finance and Performance Committee meeting in which capital was discussed with a focus on the fleet replacement programme.

**RESOLVED: That**

2. **the Month 3 revenue and capital financial position and performance of the Trust as at 30 June 2020 was noted; and**
3. **the Month 3 Welsh Government monitoring return submissions included within Appendix 1 below (as required by WG) were noted.**

#### **85/20 WELSH AMBULANCE SERVICES NHS TRUST ANNUAL REPORT 2019/20**

Estelle Hitchon explained that the report had been drafted in line with Welsh Government guidance contained in the Manual for Accounts 2019/20. Subject to Board approval, the document would be reviewed by the Chair, Chief Executive and Wales Audit Office.

At the time of writing, guidance was still awaited from Welsh Government as to the requirement for an Annual General Meeting (AGM) this year. It was anticipated that any AGM would be digital in nature and was likely to take place in early September.

Estelle added that any comments should be forwarded to her as soon as possible in order to meet the reporting deadline of 31 August 2020.

Approval was sought for the delegation of final sign off to the Chair and Chief Executive prior to publication and submission to Welsh Government to avoid a further Board meeting in late August becoming necessary

The Chair added that the document was a pre-publication draft and once fully completed would be presented at the AGM.

**RESOLVED: That**

- (1) the Board considered the initial draft of the Annual Report 2019/20; and
- (2) the delegation of final sign off to the Chair and Chief Executive further to WAO review and prior to submission to Welsh Government and publication on 31 August 2020 was approved.

## **86/20 QUESTIONS FROM MEMBERS OF THE PUBLIC**

Estelle Hitchon drew the Board's attention to the following comments/questions raised:

1. Would future Board meetings consider the possibility of broadcasting meetings which could facilitate the British Sign Language community? Estelle advised the Board this would be considered going forward
2. Positive feedback had been received following the excellent care and treatment provided by a crew in the Caerphilly area; this feedback would be passed on to them
3. A question had been received from a lady called Vera who had been a member of this Board when it was first constituted in 1998. Had the pandemic had an adverse impact on families and carers where a loved one had been admitted to hospital? Claire Roche explained how the Patient Experience Community Involvement team had been helping the community during the pandemic noting it was particularly challenging for carers. There was also a difficulty in families communicating with patients whilst they were in hospital which caused anxiety. In some cases, ambulance crews had kept in contact with family members keeping them updated on any progress.

From an operational perspective Lee Brooks added that crews had reported an increase in anxiety levels from patients and their families. Ambulance crews had constantly kept patients and their families updated with the relevant guidelines as the pandemic progressed. There were also other issues which caused patients and their families to feel anxious; for example if crews were wearing PPE. The Board should also recognise that staff faced extra pressures during the pandemic

Estelle Hitchon advised the Board that a survey would be conducted to receive feedback from members of the public in respect of the virtual Board meetings

### **RESOLVED: That**

- (1) the update was noted; and
- (2) Estelle Hitchon would provide feedback to Vera on the comments she made.

## **87/20 PROCEDURAL MATTERS**

The following procedural matters were brought to the Board's attention:

### **Procedural Statement - Temporary Amendment to Standing Orders**

1. Keith Cox reminded the Board that In March 2020, in response to the Covid-19 pandemic the Welsh Government agreed to delay the date by which NHS bodies were required to hold their Annual General Meetings (AGMs) from before the end of

July to before 30 November 2020. As a consequence of this decision, and in accordance with Welsh Health Circular 2020/011, the Board are asked to approve the following temporary change to Paragraph 7.2.5 of Standing Orders.

“7.2.5 The Trust must hold an AGM in public no later than 30 November 2020.”

This temporary amendment will cease to have effect on 31 March 2021. At that point in time, the Trust’s Standing Orders will revert back to the current wording that the Trust must hold an AGM in public no later than the 31 July each year

## **Minutes**

2. The minutes of the open and closed sessions of the meeting of the Board held on 25 June 2020 and closed session of 2 July 2020 were approved; subject to the following minor amendments: Closed session of 25 June 2020, Minute 51/20, remove the first sentence from paragraph two, on page four paragraph two remove the first sentence and in the resolution on page four remove all wording between “Wales” and “was approved.”

## **Action Log**

3. The Trust Board Action Log was considered:

Action Numbers: 29 and 30: University status updates – Actions closed following update by Keith Cox

Action Number 31: RAG status in IPR, update was given by Rachel Marsh, Action was closed

Action Number 32: Amber review recommendations, to remain on the log

Action Number 34: HEIW inclusion in standing orders, awaiting response from WG, to remain on the log

Action Number 35: Violence and Aggression strategy, to remain on the log. Claire Vaughan advised this action was being given due diligence at the People and Culture Committee. Once this was finalised a report would be coming to the Board.

Action Number 36: Nurse pilot initiative, to remain on the log

## **Delegation of approval of the Annual Quality Statement to the Quality, Patient Experience and Safety Committee (Quest)**

Following an update by Keith Cox, Members noted the revised approval deadlines in respect of the Annual Quality Statement, and agreed to delegate approval of it to the Quest Committee.

## **RESOLVED: That**

- (1) the temporary change to Paragraph 7.2.5 of Standing Orders was approved;
- (2) the minutes of the meeting of open and closed sessions of the Board held on 25 June 2020 and the closed session of 2 July 2020 were confirmed as a

correct record subject to the amendments as described and consideration was given to the action log; and

- (3) the Board delegated approval of the Annual Quality Statement to the Quest Committee.

## **88/20 COMMITTEE UPDATES**

Updates were given by the Chairs of both the People and Culture Committee and the Finance and Performance Committee on the following items:

People and Culture Committee

1. Improvements in occupational health
2. Draft wellbeing strategy
3. Welsh language standards
4. Development of a death in service policy
5. Risks relevant to the Committee

Finance and Performance Committee

1. Reference was made to the points listed in the report with the Chair of F and P noting that most of the points had been covered already during today's meeting

**RESOLVED: That the updates were received.**

## **89/20 MINUTES OF COMMITTEES**

The Minutes of the Finance and Performance Committee meeting held on 21 May 2020 and the People and Culture Committee meeting held on 2 June 2020 were received and endorsed.

**RESOLVED: That the above meetings were received and endorsed.**

**Date of next meeting: 1 October 2020**

**UNCONFIRMED MINUTES OF THE CLOSED MEETING OF THE WELSH  
 AMBULANCE SERVICES NHS TRUST BOARD on THURSDAY 30 JULY 2020, HELD  
 REMOTELY VIA MICROSOFT TEAMS**

**PRESENT:**

|                        |                                             |
|------------------------|---------------------------------------------|
| Martin Woodford        | Chair of the Board                          |
| Jason Killens          | Chief Executive                             |
| Keith Cox              | Board Secretary                             |
| Lee Brooks             | Director of Operations                      |
| Emrys Davies           | Non Executive Director                      |
| Professor Kevin Davies | Non Executive Director                      |
| Bethan Evans           | Non Executive Director                      |
| Andy Haywood           | Director of Digital Services                |
| Pam Hall               | Non Executive Director                      |
| Estelle Hitchon        | Director of Partnerships and Engagement     |
| Paul Hollard           | Non Executive Director                      |
| Nathan Holman          | Trade Union Partner                         |
| Dr Brendan Lloyd       | Medical Director                            |
| Rachel Marsh           | Director of Planning and Performance        |
| Claire Roche           | Director of Quality, Governance & Assurance |
| Joga Singh             | Non Executive Director                      |
| Craig Brown            | Trade Union Partner                         |
| Chris Turley           | Director of Finance and Corporate Resources |
| Martin Turner          | Non Executive Director                      |
| Claire Vaughan         | Director of Workforce & OD                  |
| Chantal Patel          | University Representative                   |

**IN ATTENDANCE**

|               |                              |
|---------------|------------------------------|
| Jeff Prescott | Corporate Support Officer    |
| Steve Owen    | Corporate Governance Officer |

**APOLOGIES**

|               |                                    |
|---------------|------------------------------------|
| Andy Swinburn | Associate Director of Paramedicine |
| Damon Turner  | Trade Union Partner                |



## **56/20 RESOLUTION TO MEET IN CLOSED SESSION**

Representatives of the press and other members of the public were excluded from the meeting having regard to the confidential nature of the business to be transacted in accordance with the requirements of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960.

## **57/20 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and informed Members that the meeting was being audio recorded.

The declarations of Mr Emrys Davies as a former member of UNITE, Nathan Holman, Councillor on Llannon Community Council, Professor Kevin Davies as an Independent Trustee of St John Cymru and Chantal Patel as a member of Swansea University and Chair of Swansea Bay University Clinical Ethics Committee were noted by the Board.

**RESOLVED: That the standing declarations as described above were NOTED.**

## **58/20 HIW REVIEW OF CCC**

Lee Brooks updated Members on the review by Health Inspectorate Wales (HIW) which assessed the Trust's effectiveness of managing patients while they were waiting for an ambulance response. In addition, the review also considered how staff working within the Clinical Contact Centres were supported along with the effectiveness of resourcing at those centres.

Lee Brooks explained that the HIW report was due for publication imminently and that the Trust had responded to the report by providing a 'factual accuracy return'. Following this, an action plan had been developed and submitted to the Executive Management Team where it had been supported. The action plan was presented to the Board for final approval prior to it being given to HIW. Following this, the Trust would then await the HIW response to see whether the details provided in the factual accuracy return, along with the work identified in the action plan would be taken into account before any final recommendations from HIW were published.

Members received the update and commented that a number of the recommendations within the HIW report may be subject to review following the Trust's submission of the factual accuracy return along with the action plan. In addition, it was noted that the Trust was already in compliance with a number of the recommendations as much of this work had already taken place in the preparations for dealing with the Covid-19 pandemic.

Members observed that although it was not specifically mentioned within the HIW report, an internal audit review of handover delays had already taken place and while this did not necessarily focus upon the Clinical Contact Centres, the internal audit report showed that the Trust was already proactively addressing issues relating to performance.

**RESOLVED: That the contents of the report were NOTED and submittal of the Action Plan to Health Inspectorate Wales was APPROVED.**

#### **59/20 SINGLETON HOSPITAL – MAKE READY SITE**

Lee Brooks introduced the business case relating to a permanent Make Ready facility at Singleton Hospital and sought Board support of the case along with endorsement of the costs involved. The business case proposed that the existing temporary Make Ready facility for decontamination of vehicles at Singleton Hospital be retained and staffed by the Trust to enable its continuation after the Covid-19 pandemic had receded. Vehicle decontamination at this site had previously been undertaken by military personnel under the Military Assistance for Civilian Authorities arrangements which had been invoked to assist the Trust in activities such as driving ambulances and decontamination of vehicles. However, this arrangement was due to end shortly.

Lee Brooks explained that the Make Ready facility had proven to be very positive and beneficial to the Trust as prior to this, ambulance crews were required to travel from the Central/West area to the nearest Make Ready facility located at Tredegar ambulance station. The Singleton site would cut down on travel time and allow for greater capacity within the service to respond to incidents as decontaminated vehicles would be available to respond more rapidly than had previously been possible.

Members received the business case and sought clarification over the long term sustainability of the site. Lee Brooks noted that additional work may be required with Singleton Estates around the long term commitments before a final business case was submitted.

**RESOLVED: That the Board SUPPORTED the business case and ENDORSED the additional funding being sought to establish a permanent make ready facility at Singleton Hospital.**

#### **60/20 NATIONAL MOBILE TESTING UNIT**

Jason Killens gave a verbal update on the potential for the Trust to begin operating Mobile Testing Units across Wales. This followed from discussions between Public Health Wales and Local Health Boards where the Welsh Ambulance Service had offered to operate the mobile testing units on behalf of the authorities. At present, there were fifteen units deployed across Wales with three additional unit held back in reserve to deal with any localised outbreaks or surge sites for Covid-19.

Following these discussions, the Trust had been commissioned to operate the three mobile testing units which were to be used at surge sites in the event of localised outbreaks. Operation of the remaining fifteen mobile testing units would be retained within the private sector and would be reviewed in due course in line with contractual obligations.

Members received the update and supported the proposal for the Trust to begin operating mobile testing units. However, Members noted that this should be subject to robust risk assessments prior to undertaking this role. In addition, Members felt that it was important for the Trust to be clear about this new role in order for people to better understand why the Ambulance service would be involved in the operation of the mobile testing units.

**RESOLVED: That the verbal update was NOTED.**

## **61/20 ANY OTHER BUSINESS**

Jason Killens made Members aware that the Trust had received written correspondence from the Health and Safety Executive (HSE). This related to alleged breaches of Health and Safety legislation which the Trust was now investigating. Jason Killens confirmed that the Trust had written back to the HSE to provide additional information in relation to the alleged breaches and that the Trust would continue to work with the HSE to address any concerns.

Brendan Lloyd informed Members that work around the Flu jab campaign would be stepped up in order to encourage as many staff as possible to take part and receive the vaccination this year.

Estelle Hitchon informed Members that positive discussions had been held with Stakeholders regarding the Winter campaign and while this was not yet formally agreed, additional funding may be made available to help promote the Trust's message to the public this year.

**Date of next meeting: 1<sup>st</sup> October 2020**

**WELSH AMBULANCE SERVICES NHS TRUST**  
**TRUST BOARD ACTION LOG FOLLOWING MEETING ON 30 July 2020**

**CURRENT ITEMS**

| <b>No:</b> | <b>Minute Ref</b>       | <b>Date Raised</b>                | <b>Subject</b>                   | <b>Agreed Action</b>                                                                                                                                          | <b>Lead</b>                        | <b>Status</b>                                                                                                                                                                       |
|------------|-------------------------|-----------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 32         | 87/19                   | 21 Nov 2019<br>And<br>28 May 2020 | IMTP 2019/20<br>Quarterly update | Amber review - Within the narrative, list the actions that other organisations were responsible for and a separate list for the Trust's actions.              | Rachel Marsh                       | This will be included once normal reporting measures are re-established                                                                                                             |
| 34         | 93/19                   | 21 Nov 2019<br>And<br>28 May 2020 | Revised Standing Orders          | Query why HEIW not included                                                                                                                                   | Keith Cox                          | Response still awaited from Welsh Government                                                                                                                                        |
| 35         | CLOSED SESSION<br>39/19 | 21 Nov 2019<br>And<br>28 May 2020 | Staff Story                      | Safeguarding Group to link in with the People and Culture Committee to develop the Trust's thinking, next steps and strategies around violence and aggression | Claire Roche<br><br>Claire Vaughan | Action completed; now being monitored by the People and Culture Committee                                                                                                           |
| 36         | 28/20                   | 26 Mar 2020<br>And<br>28 May 2020 | Pilot Nurses initiative          | How was this progressing?<br>A further and more comprehensive update would be provided at the next Board meeting.                                             | Claire Roche                       | The pilot and the evaluation were interrupted as a result of the Covid-19 pandemic. This evaluation is going to EMT on the 29th July and will be presented at TB on the 1st October |
| 37         | 81/20                   | 30 July 2020                      | Patient Safety Highlight report  | Future reports to include the number of concerns and the number outstanding                                                                                   | Claire Roche                       |                                                                                                                                                                                     |

| <b>No:</b> | <b>Minute Ref</b> | <b>Date Raised</b>  | <b>Subject</b>                              | <b>Agreed Action</b>                                                                                       | <b>Lead</b>            | <b>Status</b> |
|------------|-------------------|---------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------|---------------|
| <b>38</b>  | <b>81/20</b>      | <b>30 July 2020</b> | <b>Patient Safety Highlight report</b>      | <b>Future reports to illustrate consistency in reporting, i.e. comparing information to the same years</b> | <b>Claire Roche</b>    |               |
| <b>39</b>  | <b>86/20</b>      | <b>30 July 2020</b> | <b>Questions from Members of the public</b> | <b>To conduct survey from the public in respect of virtual Board meetings</b>                              | <b>Estelle Hitchon</b> |               |

## **Minutes of Chairs Action Meeting**

**Wednesday 9<sup>th</sup> September 2020**

**Via Teams**

|          |                      |                                              |
|----------|----------------------|----------------------------------------------|
| Present: | Martin Woodford (MW) | Chairman                                     |
|          | Jason Killens (JK)   | Chief Executive                              |
|          | Keith Cox (KC)       | Board Secretary                              |
|          | Rachel Marsh (RM)    | Director of Strategy, Planning & Performance |
|          | Chris Turley (CT)    | Director of Finance & Corporate Resources    |
|          | Emrys Davies (ED)    | Non-Executive Director                       |
|          | Martin Turner (MT)   | Non-Executive Director                       |

### **Grange University Hospital Fleet Requirements\***

1. The matter required approval ahead of the next scheduled Trust Board meeting and, therefore, a Chair's Action meeting was required. This was to seek approval for the proposed fleet solution to support the upcoming opening of the Grange University Hospital (GUH).
2. The Chairman opened the meeting and Rachel Marsh and Chris Turley provided an overview of the background to the proposal and details of the financial elements respectively, as outlined in the supporting paper.
3. 14 vehicles are required to service the GUH and the proposal was to utilise 13 vehicle chassis' which had already purchased and repurpose them, in addition to utilising 1 Emergency Ambulance (EA).
4. It was noted that the 13 chassis are slightly different to that of the EA in that these are van conversions and the EA is a cab conversion.
5. A joint capital funding bid between Welsh Ambulance NHS Services Trust and Aneurin Bevan University Health Board had been approved by Welsh Government and a letter had been received by the Trust confirming that the capital funding, up to the value of £2m, will be made available during 2021/22.
6. The total cost of replacing the 13 chassis along with the purchase and conversion of 1 emergency ambulance during 2020/21 is £1.948m.
7. Martin Turner said that he was supportive of the proposals, without further comment, and Emrys Davies said that he was supportive subject to clarification as to the difference between the types of vehicle being noted in the minutes.
8. Martin Woodford queried the length of the 1 year contract which Rachel Marsh advised there may be a potential revenue tail; however, it was confirmed that from a capital perspective there are no financial or service risks given all 14 vehicles can be integrated into the main Trust's fleet and can be deployed elsewhere.

## **Recommendation**

9. All members present were content to approve the recommendations as stated in the paper, and as described below:
- To approve the amended use, conversion, commissioning and subsequent replacement of 14 vehicles to provide the transport solution for GUH, at a total cost of £1.948m, fully funded by Welsh Government.

\* This paper is available to view on IBABS under Chair's Action, 9<sup>th</sup> April 2020

**Name of Executive Director requesting Chair's Action:**

**Signature of Executive Director:**.....

**Names of two Non Executive Directors who have been consulted\*\***

1) Name: Emrys Davies (NED) I approve/do not approve\* the proposed action outlined above.

Comments if any:

Signed..... Date: .....

2) Name: Martin Turner (NED) I approve /do not approve\* the proposed action outlined above.

Comments if any:

Signed..... Date: .....

### **Chairman's Signature**

I approve/do not approve\* the proposed action outlined above

Signed..... Date:.....

Martin Woodford

Comments if any:

### **Chief Executive's Signature**

I approve /do not approve\* the proposed action outlined above

Signed..... Date: .....

Jason Killens

Comments if any:



# Quality, Patient Experience & Safety Committee Briefing

8 September 2020

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Patient Experience &amp; Community Involvement (PECI) Highlight Report</b> | <p>Leanne Hawker provided an overview of the PECI Highlight Report detailing the significant work undertaken. Highlights included:</p> <ul style="list-style-type: none"><li>• Rebranding of the NHS Direct Wales website to NHS 111 Wales;</li><li>• Substantial increase in website visits; mainly due to the demand with the COVID-19 symptom checker;</li><li>• Considerable increase in online engagement events, particularly with vulnerable groups. Feedback from these events has highlighted several concerns including raised levels of anxiety, feeling lonely and isolated.</li></ul> <p>The Committee recognised the exceptional work undertaken by the PECI Team under the current circumstances.</p> | <b>Quarterly Quality Assurance Report</b>    | <p>An overview of the report was presented in a themed approach against 4 key priority areas. Attention was drawn to:</p> <ul style="list-style-type: none"><li>- the significant challenges with Fit testing of FFP3 masks;</li><li>- the development of an Infection, Prevention &amp; Control education and training course;</li><li>- a series of rapid ambulance sanitisation trials;</li><li>- a new process for reporting of Injuries, Diseases and Dangerous Occurrences Regulations reporting (RIDDOR) to ensure effective management; and</li><li>- a revised Display Screen Equipment Module to ensure safety and identify requirements</li></ul>                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Road Traffic Collisions (RTCs) - Themes &amp; Trends</b>                   | <p>The Committee received a report focussed on the financial implications as a result of Road Traffic Collisions. This report supports the Losses and Special Payments Report presented at Audit Committee.</p> <p>The majority of incidents involved Emergency Medical services vehicles (75%). Attention was drawn to higher value claims and how they were being defended and minimised. Discussion related to organisational learning and implementing improvements in this area.</p>                                                                                                                                                                                                                            | <b>Operations Current/ Forward Look</b>      | <p>An overview of the challenging quarter was presented including:</p> <ul style="list-style-type: none"><li>• the use of Military support, which has now concluded;</li><li>• the deployment and continuation (reduced hours) of the Operational Delivery Unit, seeking to provide system wide improvement and patient safety; and</li><li>• all the Local Pandemic Teams have now concluded and have been stood down. The Tactical Pandemic Team concluded at the end of August, and was replaced by the Business Continuity and Recovery Cell.</li></ul> <p>The Committee were updated that work was continuing for the opening of the Grange University Hospital, and were advised that red performance for the month (September) to date was currently at 60%; this was being closely monitored. The Committee were also advised of the rising trend of hospital handover delays during August and early September.</p> |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Annual Quality Statement (AQS)</b>                                         | <p>Approval to publish the 2019/20 AQS by 30 September 2020 was delegated from Trust Board to the Committee.</p> <p>Recommendations from Audit and Assurance Services were minimal, which was a reflection on the excellent report and the exceptional provision of evidence from nominated Leads from each Directorate.</p> <p>The Committee recorded their appreciation to Leanne Hawker and her team in the production of the report.</p>                                                                                                                                                                                                                                                                         | <b>Monthly Integrated Performance Report</b> | <p>An overview of Trust performance was provided including staff sickness rates were at their lowest (5.5%) for three years.</p> <p>It was expressed that the system was gradually returning to normal albeit with Covid measures still in place. There were some underlying performance issues Hywel Dda and Powys health boards which the Trust was addressing through re-modelling based on the information received from Welsh Government.</p> <p>Winter plans were being developed which would include an updated Resource Escalation Action Plan including a range of winter initiatives and exercise scenarios.</p>                                                                                                                                                                                                                                                                                                   | <b>Healthcare Inspectorate Wales (HIW)</b> | <p>Joseph Wilton (HIW) updated the Committee with a presentation and highlighted the following areas:</p> <ul style="list-style-type: none"><li>- Throughout 2019/20, the main issues were hospital handover delays and community waiting times</li><li>- A review of the Clinical Contact Centres had been undertaken in February 2020 of which the findings would be published separately to the Annual Report; this was expected by the end of September.</li></ul> |
| <b>Infection, Prevention &amp; Control Policy</b>                             | <p>The Committee accepted the revisions and approved the Infection Prevention &amp; Control Policy, Elimination of Healthcare Associated Infections in line with recent Helath &amp; Safety Executive recommendations.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Information Governance Report</b>         | <p>The Committee received and noted the progress achieved in key areas outlined within the paper and within the Annual Report and provided endorsement for presentation at Trust Board. The Committee thanked Nicki Maher and her team.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |





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NHS Trust

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|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         |             |
| <b>OPEN or CLOSED</b>         | <b>Open</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>0</b>    |

## **Committee Report to Board Quality, Patient Experience and Safety Committee (QuEST)**

|                        |                        |
|------------------------|------------------------|
| <b>MEETING</b>         | Board Meeting          |
| <b>DATE</b>            | 01 October 2020        |
| <b>EXECUTIVE</b>       | Board Secretary        |
| <b>AUTHOR</b>          | Board Secretary        |
| <b>CONTACT DETAILS</b> | keith.cox@wales.nhs.uk |

|                                            |  |
|--------------------------------------------|--|
| <b>CORPORATE OBJECTIVE</b>                 |  |
| <b>CORPORATE RISK (Ref if appropriate)</b> |  |
| <b>QUALITY THEME</b>                       |  |
| <b>HEALTH &amp; CARE STANDARD</b>          |  |

|                             |                                                                              |
|-----------------------------|------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To update the Board on the QuEST Committee meeting held on 8 September 2020. |
| <b>CLOSED MATTER REASON</b> |                                                                              |

## **REPORT APPROVAL ROUTE**

| <b>WHERE</b> | <b>WHEN</b> | <b>WHY</b> |
|--------------|-------------|------------|
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## SITUATION

Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update from the QuEST Committee meeting held on 8 September 2020.

## SUMMARY FROM COMMITTEE

The Committee, which meets four times a year covered a range of topics. This included:

- **Patient Experience & Community Involvement (PECI) Highlight Report.**

Leanne Hawker provided an overview of the PECI Highlight Report detailing the significant work undertaken. Highlights included:

- Rebranding of the NHS Direct Wales website to NHS 111 Wales;
- Substantial increase in website visits; mainly due to the demand with the COVID-19 symptom checker;
- Considerable increase in online engagement events, particularly with vulnerable groups. Feedback from these events has highlighted several concerns including raised levels of anxiety, feeling lonely and isolated.

The Committee recognised the exceptional work undertaken by the PECI Team under the current circumstances.

- **Road Traffic Collisions (RTCs) -Themes & Trends**

The Committee received a report focussed on the financial implications as a result of Road Traffic Collisions. This report supports the Losses and Special Payments Report presented at Audit Committee.

The majority of incidents involved Emergency Medical services vehicles (75%). Attention was drawn to higher value claims and how they were being defended and minimised. Discussion related to organisational learning and implementing improvements in this area.

- **Annual Quality Statement (AQS)**

Approval to publish the 2019/20 AQS by 30 September 2020 was delegated from Trust Board to the Committee.

Recommendations from Audit and Assurance Services were minimal, which was a reflection on the excellent report and the exceptional provision of evidence from nominated leads from each Directorate.

The Committee recorded their appreciation to Leanne Hawker and her team.

- **Infection, Prevention & Control Policy**

The Committee accepted the revisions and approved the Infection Prevention & Control Policy, Elimination of Healthcare Associated Infections in line with recent Health & Safety Executive recommendations.

- **Quarterly Quality Assurance Report**

An overview of the report was presented in a themed approach against four key priority areas. Attention was drawn to:

- the significant challenges with Fit testing of FFP3 masks;
- the development of an Infection, Prevention & Control education and training course;

- a series of rapid ambulance sanitisation trials;
- a new process for reporting of Injuries, Diseases and Dangerous Occurrences Regulations reporting (RIDDOR) to ensure effective management; and
- a revised Display Screen Equipment Module to ensure safety and identify requirements.

- **Operations Current/Forward Look**

An overview of the challenging quarter was presented including:

- the use of military support, which has now concluded;
- the deployment and continuation (reduced hours) of the Operational Delivery Unit, seeking to provide system wide improvement and patient safety; and
- all the Local Pandemic Teams have now concluded and have been stood down. The Tactical Pandemic Team concluded at the end of August, and was replaced by the Business Continuity and Recovery Cell.

The Committee were updated that work was continuing for the opening of the Grange University Hospital, and were advised that red performance for the month (September) to date was currently at 60%; this was being closely monitored. The Committee were also advised of the rising trend of hospital handover delays during August and early September.

- **Monthly Integrated Performance Report**

An overview of Trust performance was provided including staff sickness rates were at their lowest (5.5%) for three years.

It was expressed that the system was gradually returning to normal albeit with Covid measures still in place. There were some underlying performance issues Hywel Dda and Powys health boards which the Trust was addressing through re-modelling based on the information received from Welsh Government.

Winter plans were being developed which would include an updated Resource Escalation Action Plan including a range of winter initiatives and exercise scenarios.

- **Healthcare Inspectorate Wales (HIW)**

Joseph Wilton (HIW) updated the Committee with a presentation and highlighted the following areas:

- Throughout 2019/20, the main issues were hospital handover delays and community waiting times
- A review of the Clinical Contact Centres had been undertaken in February 2020 of which the findings would be published separately to the Annual Report; this was expected by the end of September.

- **Information Governance Report**

The Committee received and noted the progress achieved in key areas outlined within the paper and within the Annual Report and provided endorsement for presentation at Trust Board. The Committee thanked Nicki Maher and her team.

Full minutes from this Committee meeting will be presented to the Board in due course. The next meeting of the QuEST Committee will be held on 1 December 2020.

## **RECOMMENDATION**

That the report from the QuEST Committee meeting on 6 September 2020 be noted.



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| <b>AGENDA ITEM No</b>         |             |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> |             |

## Committee Report to Board Audit Committee

|                        |                                                                                               |
|------------------------|-----------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | Trust Board                                                                                   |
| <b>DATE</b>            | 1st October 2020                                                                              |
| <b>EXECUTIVE</b>       | Keith Cox, Board Secretary                                                                    |
| <b>AUTHOR</b>          | Julie Boalch, Corporate Governance Manager                                                    |
| <b>CONTACT DETAILS</b> | Tel: 01633 626251<br><a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a> |

|                                            |                              |
|--------------------------------------------|------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 | All                          |
| <b>CORPORATE RISK (Ref if appropriate)</b> | N/A                          |
| <b>QUALITY THEME</b>                       | All                          |
| <b>HEALTH &amp; CARE STANDARD</b>          | Health and Care Standard 7.1 |

|                             |                                                                                              |
|-----------------------------|----------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To provide an update the Board from the Audit Committee meeting held on 17th September 2020. |
| <b>CLOSED MATTER REASON</b> |                                                                                              |

## REPORT APPROVAL ROUTE

| <b>WHERE</b> | <b>WHEN</b> | <b>WHY</b> |
|--------------|-------------|------------|
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## **SITUATION**

1. Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to the Board on the activities of the Committee. This paper, therefore, provides an update from the Audit Committee meeting held on the 17th September 2020.

## **SUMMARY FROM AUDIT COMMITTEE**

2. The Audit Committee, which meets quarterly, covered a range of topics. This included:

### **Governance Arrangements during the Covid-19 Pandemic – Advisory report**

3. This review had been requested by the All Wales Finance Directors Group to consider and assess the Trust's governance arrangements during the pandemic. It was acknowledged that this was a positive report overall notwithstanding there was still some learning to be done. It was agreed that the suggested learning would be monitored and reviewed as part of the Trust's audit tracker.

### **2020/21 Internal Audit Plan**

4. The Deputy Head of Internal Audit provided an overview of 2 Internal Audit reports from the 2020/21 plan as follows:
  - Annual Quality Statement – Not Rated
  - Environmental Sustainability Report – Not Rated

### **Audit Wales Reports**

5. Members received the Audit Wales update report and the 2020 Structured Assessment report which was described as a positive report overall and noted that the Trust maintained effective arrangements whilst responding to the ongoing challenges presented by the CoVID-19 pandemic. No new recommendations were made; however, improvement opportunities were noted throughout the report.

### **Counter Fraud Effectiveness report**

6. The Auditor General and the national report required NHS bodies to ensure that their counter fraud arrangements met the required standards and criteria. The report was described as positive and three proposals for improvement within it had been discussed and agreed with management.

### **Board Assurance Framework (BAF)**

7. Members received the quarterly BAF report noting that work had been paused due to the CoVID-19 pandemic and that consequently there had had been no activity in respect of the report during the period 5th March to 30th July 2020.
8. During this period, however, it was noted that the Board regularly received the Corporate Risk Register, which was a key element of the BAF, at a time when

reporting on progress towards meeting the strategic aims would have detracted from the reports on handling the emergency pandemic. An overview of the Corporate Risk activity was included in the report.

### **Audit Recommendation Tracker**

9. The Committee received a position statement in relation to the outstanding recommendations on the audit tracker and noted the management's approach to address these following suspension of all activity during the 1st quarter of the year. Members noted the progress to date and the Trust's proposals to address high priority and overdue recommendations in accordance with the revised completion dates.

### **Audit Recommendation Analysis**

10. The Governance Team presented the results of an analysis describing comparative data from on the total number of completed recommendations from the 2017/18 and 2018/19 financial years. The Committee noted that realistic timeframes for completion of recommendations were observed in the most part and acknowledged the significant improvement on addressing recommendations year on year.

### **Risk Management Report**

11. An overview of the Corporate Risk Register was presented to Members who acknowledged the transition to more dynamic reporting arrangements utilising the live electronic Risk Register alongside a supplementary report.

### **Losses and Special Payments**

12. The total net Losses and Special Payments made during the period 1st April 2020 to 31st August 2020 amounted to -£0.001 million, after receipt of refunds for spend incurred via the Welsh Risk Pool. Members welcomed a new style report which provided further details to support some of the key areas, themes and any trends and lessons learnt in such payments.

### **Closed Session of Audit Committee**

13. The Committee met under a closed session to discuss updates relating to the Counter Fraud Progress Report covering the period 1 June 2020 – 31 August 2020 alongside a tender update report and single tender waiver requests.
14. Full minutes from this Committee meeting will be presented to the Board in due course. The next meeting of the Audit Committee will be held on the 3<sup>rd</sup> December 2020.

### **RECOMMENDATION**

15. That the report from the Audit Committee meeting on the 17th September 2020 be noted.



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| <b>AGENDA ITEM No</b>         |             |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> |             |

## Committee Report to Board Finance & Performance Committee

|                        |                                                                    |
|------------------------|--------------------------------------------------------------------|
| <b>MEETING</b>         | Board Meeting                                                      |
| <b>DATE</b>            | 01 October 2020                                                    |
| <b>EXECUTIVE</b>       | Board Secretary                                                    |
| <b>AUTHOR</b>          | Board Secretary                                                    |
| <b>CONTACT DETAILS</b> | <a href="mailto:keith.cox@wales.nhs.uk">keith.cox@wales.nhs.uk</a> |

|                                            |                              |
|--------------------------------------------|------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 |                              |
| <b>CORPORATE RISK (Ref if appropriate)</b> |                              |
| <b>QUALITY THEME</b>                       | All                          |
| <b>HEALTH &amp; CARE STANDARD</b>          | Health and Care Standard 7.1 |

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|-----------------------------|-----------------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To update the Board on the Finance & Performance Committee meeting held on 15 September 2020. |
| <b>CLOSED MATTER REASON</b> |                                                                                               |

## REPORT APPROVAL ROUTE

| <b>WHERE</b> | <b>WHEN</b> | <b>WHY</b> |
|--------------|-------------|------------|
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## SITUATION

Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update from the Finance and Performance Committee meeting held on 15 September 2020.

## SUMMARY FROM COMMITTEE

The Committee, which meets 6 times a year, covered a range of topics. This included:

- **Finance Position Month 5.** The Committee was briefed on the latest available financial data. The Trust was showing a small cumulative revenue underspend which was based on the assumption that all covid-19 costs would be covered from WG central funds. The Trust continues to meet its overall savings targets and there had been little movement on capital except that some funding had been approved for additional fleet to support the new Grange Hospital.
- **Update on IMTP.** The Committee was reminded that, despite positive feedback, the Trust's IMTP submitted in January 2020 had not been formally approved by WG due to the national response to the pandemic; WG was now placing reliance on Board approved quarterly plans. A review of the Trust's IMTP priorities was undertaken in preparing the Quarter 1 and Quarter 2 Operational Plans for WG. The latest Quarter 2 Operational Plan was approved by the Trust Board and submitted to Welsh Government on 3 July 2020. Key points that the Committee noted were; final funding for the 136 FTEs had been approved as was funding for vehicles for the Grange Hospital, the major trauma network has gone live and the all-Wales Winter Protection Plan will be issued shortly by WG.
- **Monthly Integrated Quarterly Performance Report.** The Committee noted key performance figures which included; the number of calls to 111 increased in July, Hear & Treat performance continued to improve; red performance was 68.50% in July, down from 71.40% in June; conveyance to Emergency Departments increased in July as did lost hours as a result of handover delays; staff absences due to sickness was 5.56% in July and responding to concerns within 30 days improved to 76% compared to 62% the previous month.
- **Operational Delivery Unit (ODU).** The ODU pilot, which began in March 2020 to manage the pressures on the unscheduled care system, has now been completed and a business case has been prepared to secure further funding for the ODU to continue to operate in its current state. The recurring revenue cost to continue to maintain the salary costs of the senior staff within the ODU was in the region of £1m. The Committee was asked to note the submission of the business case to the Commissioner.
- **Corporate Risk Relevant to the Committee.** The Corporate Risks currently assigned to the Committee include recording of digital records, continuing availability of digital pens and Health & Safety. Two new risks have been added during the period; the cumulative pressure of the existing estate as a result of service demands and changes and the planning of transfer services in the Aneurin Bevan Health Board area. The Committee noted the continuing development of the Committee Assurance Framework.

- **Internal Audit Actions Referred from the Tracker.** It was reported that 61 recommendations had been assigned to the Committee for oversight, five were overdue, 16 had been completed and 40 were not yet due. Limited activity due to Covid-19 between March and end of June 2020 resulted in EMT adding at least six months to the originally agreed deadlines. The Committee was given more details and sought additional assurance on the five overdue recommendations.
- **NHS Direct Wales/ 111 Peer Review.** The Committee were updated on the progress of the peer review action plan. Progress on the action plan had been delayed due to the pandemic but traction was now being made. More information on this will nevertheless be provided in the up and coming Board Development Day.
- **Environmental Strategy 2020 - 2025.** The Trust recognises the importance of sustainability and has been working for a number of years to fully understand the impact the Trust has on the Environment and to then put measures in place to address this. It shares the Welsh Government's ambition of being carbon neutral by 2030. In 2015 the Trust received ISO14001 accreditation, the only UK ambulance service to do so. This Strategy is seen as an important step for the next 4-5 years to achieving that goal. The Committee agreed that the strategy should go forward to the Board for approval.

Full minutes from this Committee meeting will be presented to the Board in due course. The next meeting of the Finance and Performance Committee will be held on 12 November 2021.

## **RECOMMENDATION**

That the report from the Finance & Performance Committee meeting on 15 September 2020 be noted.



|                               |             |
|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         |             |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> |             |

## Committee Report to Board Charitable Funds Committee

|                        |                        |
|------------------------|------------------------|
| <b>MEETING</b>         | Board Meeting          |
| <b>DATE</b>            | 01 October 2020        |
| <b>EXECUTIVE</b>       | Board Secretary        |
| <b>AUTHOR</b>          | Board Secretary        |
| <b>CONTACT DETAILS</b> | keith.cox@wales.nhs.uk |

|                                            |                              |
|--------------------------------------------|------------------------------|
| <b>CORPORATE OBJECTIVE</b>                 |                              |
| <b>CORPORATE RISK (Ref if appropriate)</b> |                              |
| <b>QUALITY THEME</b>                       | All                          |
| <b>HEALTH &amp; CARE STANDARD</b>          | Health and Care Standard 7.1 |

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|-----------------------------|-----------------------------------------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | To update the Board on the Charitable Funds Committee meeting held on 3 September 2020. |
| <b>CLOSED MATTER REASON</b> |                                                                                         |

## REPORT APPROVAL ROUTE

| <b>WHERE</b> | <b>WHEN</b> | <b>WHY</b> |
|--------------|-------------|------------|
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## SITUATION

Standing Orders and Committee Terms of Reference require that Board Committees regularly report and provide an update to Board on the activities of the Committee. This paper therefore provides an update from the Charitable Funds Committee meeting held on 3 September 2020.

## SUMMARY FROM COMMITTEE

The Committee, which meets 3 times a year covered a range of topics. This included:

- **A summary of Income & Expenditure.** The Committee learnt that during the period 1 April 2020 and 31 July 2020, the Trust's Charitable Fund had net receipts of just under £100k. This was much higher than normal and consisted mostly of receipts in respect of the 'Captain Tom' donations.
- **Draft Charitable Funds Annual Accounts.** The Committee considered the draft 2019/20 Annual Accounts which, as at 31 March 2020, showed a balance on the Charitable Fund of £363k. The Committee discussed the need to carry out a full audit of these accounts as they have only been subject to a lesser independent review. The Committee agreed that a full audit should be undertaken for the 2020/21 accounts. The Committee also noted that there had been a loss on investments during the year and the investment policy should be reviewed in light of this. The Annual Accounts will be presented to the Board on 26<sup>th</sup> November 2020 for approval.
- **Charitable Fundraiser Staffing Proposal.** It was confirmed that a job description for the new role was being prepared. The Committee supported the proposal that the post will be self-financing and initially for a fixed period. A further update report will be provided to the next Committee meeting.
- **Bursary Scheme.** The Bursary Scheme had received 29 applications earlier in the year. Unfortunately, the response to Covid-19 delayed the processing of these which will now take place at the beginning of October.
- **Bids Panel.** The Committee learned that, again, the Trust's response to Covid-19 had led to Bids Panel meetings being postponed. However, the Bids Panel did meet on 27 July 2020 and considered 16 applications. This led to awards of £2,400 being granted from the Fund. The Committee heard that the learning from considering bids over the last 12 months has led to the need to update guidance.
- **CFR Fundraising.** The Committee received an update on the progress of the review of the governance arrangements around volunteer fundraising. Progress, again, had been hampered by the Covid-19 response but recommendations will be brought to the next Committee meetings.

Full minutes from this Committee meeting will be presented to the Board in due course. The next meeting of the Charitable Funds Committee will be held on 11 February 2021.

## RECOMMENDATION

That the report from the Charitable Fund Committee meeting on 3 September 2020 be noted.



**GIG**  
CYMRU  
**NHS**  
WALES  
Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

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|-------------------------------|-------------|
| <b>AGENDA ITEM No</b>         | <b>5.3</b>  |
| <b>OPEN or CLOSED</b>         | <b>OPEN</b> |
| <b>No of ANNEXES ATTACHED</b> | <b>3</b>    |

## MINUTES OF COMMITTEES

|                        |                                                                                                          |
|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>MEETING</b>         | <b>TRUST BOARD</b>                                                                                       |
| <b>DATE</b>            | <b>1 October 2020</b>                                                                                    |
| <b>PRESENTED BY</b>    | <b>Trust Board Chairman</b>                                                                              |
| <b>AUTHOR</b>          | <b>Board Secretary</b>                                                                                   |
| <b>CONTACT DETAILS</b> | <b>Keith Cox, 01633 626221,<br/><a href="mailto:Keith.Cox2@wales.nhs.uk">Keith.Cox2@wales.nhs.uk</a></b> |

|                                            |            |
|--------------------------------------------|------------|
| <b>CORPORATE OBJECTIVE</b>                 | <b>N/A</b> |
| <b>CORPORATE RISK (Ref if appropriate)</b> | <b>N/A</b> |
| <b>QUALITY THEME</b>                       | <b>N/A</b> |
| <b>HEALTH &amp; CARE STANDARD</b>          | <b>N/A</b> |

|                             |                                                      |
|-----------------------------|------------------------------------------------------|
| <b>REPORT PURPOSE</b>       | <b>To formally receive the Minutes of Committees</b> |
| <b>CLOSED MATTER REASON</b> | <b>N/A</b>                                           |

## REPORT APPROVAL ROUTE

| <b>WHERE</b> | <b>WHEN</b> | <b>WHY</b> |
|--------------|-------------|------------|
|              |             |            |
|              |             |            |
|              |             |            |
|              |             |            |

## MINUTES OF COMMITTEES

1. The Trust's Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance and following the review of structures undertaken by the Board in March 2015, the following bodies were established:

- Audit Committee
- Charitable Funds Committee
- *Finance and Resources Committee (Now disbanded)*
- Quality, Patient Experience and Safety Committee
- Remuneration Committee
- Welsh Ambulance Services Partnership Team

Following the disbandment of the Finance and Resources Committee in January 2019, two new Committees were formed:

- Finance and Performance Committee
- People and Culture Committee

2. The purpose of this report is to provide an update on the work of these bodies, the detail for which is listed below and appended are the relevant Minutes. The Board is asked to receive this report and to formally adopt the Minutes of the Committees. The Board are reminded that the Chairman at its meeting on 4 June 2015 proposed that only confirmed Minutes of Committees should be presented to the Board. This was formally accepted by the Board. As a result of this a number of actions and or recommendations outlined in the Minutes of these Committees have already been progressed.
3. The following Committee Minutes which have been approved by the relevant Committee are included in the supporting papers for adoption and noting by the Board:

### AUDIT COMMITTEE

The Minutes of the Audit Committee meeting held on 18 June 2020 are attached. The Chair of the Committee, Pam Hall wishes to reassure the Board that:

- (i) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (ii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

### 4. QUALITY, PATIENT SAFETY AND EXPERIENCE COMMITTEE

The Minutes of the Quest Committee meeting held on 12 May 2020 are attached. The Chair of the Committee, Emrys Davies wishes to reassure the Board that:

- (iii) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and

- (iv) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

## **5. FINANCE AND PERFORMANCE COMMITTEE**

The Minutes of the Finance and Performance Committee meeting held on 16 July 2020 are attached. The Chair of the Committee, Martin Turner wishes to reassure the Board that:

- (v) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (vi) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

## **6. PEOPLE AND CULTURE COMMITTEE**

The Minutes of the People and Culture Committee meeting held on 14 July 2020 are attached. The Chair of the Committee, Paul Hollard wishes to reassure the Board that:

- (vii) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (viii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

## **7. REMUNERATION COMMITTEE**

The Minutes of the People and Culture Committee meeting held on 11 August 2020 are attached. The Chair of the Committee, Martin Woodford wishes to reassure the Board that:

- (ix) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (x) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

## **8. CHARITABLE FUNDS COMMITTEE**

The Minutes of the Charitable Funds Committee meeting held on 2 June 2020 are attached. The Chair of the Committee, Professor Kevin Davies wishes to reassure the Board that:

- (xi) all of the business which the Committee has dealt with during the period has been properly and appropriately scrutinised and debated; and
- (xii) the strategies, policies and documents which are being presented for ratification or sign off by the Board have been considered with due diligence and are now fit for purpose.

**RECOMMENDED: That the Board endorse the above minutes.**



## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 18 JUNE 2020 VIA TEAMS**

#### **PRESENT :**

|               |                                  |
|---------------|----------------------------------|
| Pam Hall      | Non Executive Director and Chair |
| Emrys Davies  | Non Executive Director           |
| Paul Hollard  | Non Executive Director           |
| Joga Singh    | Non Executive Director           |
| Martin Turner | Non Executive Director           |

#### **IN ATTENDANCE :**

|                  |                                              |
|------------------|----------------------------------------------|
| Julie Boalch     | Corporate Governance Manager                 |
| Keith Cox        | Board Secretary                              |
| Helen Higgs      | Head of Internal Audit NWSSP                 |
| Estelle Hitchon  | Director of Partnerships and Engagement      |
| Fflur Jones      | Performance Audit Lead (Health), Audit Wales |
| Osian Lloyd      | Deputy Head of Internal Audit NWSSP          |
| Steve Owen       | Corporate Governance Officer                 |
| Jessica Price    | Capital Systems Accountant                   |
| Michelle Phoenix | Audit Wales                                  |
| Claire Roche     | Director of Quality and Nursing              |
| Paul Seppman     | Trade Union Partner                          |
| Chris Turley     | Director of Finance and Corporate Resources  |
| Damon Turner     | Trade Union Partner (Part)                   |
| Claire Vaughan   | Director of Workforce and OD (Part)          |
| Anthony Veale    | Audit Wales                                  |
| Carl Window      | Counter Fraud Manager                        |

#### **APOLOGIES:**

|              |                                         |
|--------------|-----------------------------------------|
| Lee Brooks   | Director of Operations                  |
| Judith Bryce | Head of Operational Support, Operations |
| Jill Gill    | Financial Accountant                    |

#### **10/20 PROCEDURAL MATTERS**

The Chair welcomed all to the meeting and advised that it was being audio recorded.

#### **Declarations of Interest**

The standing declaration of interest of Mr Emrys Davies as a former member of UNITE was recorded.

## **Minutes**

The Minutes of the open and closed sessions of the Audit Committee meeting held on 5 March 2020 were confirmed as a correct record subject to a minor correction to the year on resolution three on page seven of the open session.

## **Action Log**

The Committee considered the action log:

Action Number 52: Year-end assessment on management actions, deferred to 17 September 2020 meeting. Remain on action log

Action Number 53: Update on tracker to identify governance of external reports, due 17 September 2020. Remain on action log

Action Number 54: Losses and Special payments report – trends and themes, an update was given by Chris Turley who advised the Committee that the normal report would be enhanced and introduced from September 2020. Remain on action log.

Action Number 55: Trade Union (TU) partners attendance at Board Development days, Claire Vaughan explained that following discussion with the Chair of the Board and the CEO, TU Board representatives will be included in some of the sessions planned as part of Board Development but that it would not be appropriate to include them in all as some of the modules would not be relevant to them. Action completed.

Action Number 56: Clarification on employment contract, was 52 hours a stated requirement? Claire Vaughan explained that CPD hours as part of paid contracted hours was not an express term of the employment contract (which was an all Wales) but was implied into the contracts of eligible staff as part of a collective agreement reached with Trade Union Partners back in 2014 during reviews of rostering arrangements. It had not explicitly been discussed at the People and Culture Committee as yet, but they would consider progress against the actions in the Internal Audit (IA) plan as they relate to the CPD Audit at its next meeting. Remain on action log.

Action Number 57: New column to be added to audit tracker which would provide assurance of mitigating actions when a longer completion date has been agreed. Action completed.

Action Number 58: Additional filter to be added to Tracker to signify relevant Committee for IA reviews. Action completed.

Action Number 59: Final and agreed IA plan for 2020/21 be circulated to AC Members. Item on agenda. Action completed.

Action Number 60: WHSSC thematic review to be circulated to Committee, a comprehensive update was provided by Fflur Joes. Action completed.

Action Number 61: Include additional narrative in the audit tracker report describing overdue recommendations. Action completed.

Action Number 62: Risk Register Development guide and Risk Management Strategy. To contain details of new Digital Directorate and details of how project risks were managed. Claire Roche updated the Committee on progress and advised that a full update would be provided at the September Audit Committee. Remain on Action log.

Action Number 63: National Fraud Initiative report to be circulated to Members, Item was on the agenda. Action completed

Action Number 64: Finance and Performance Committee to conduct case study on tenders in which the costs differed substantially. Remain on action log, due 17 September 2020.

**RESOLVED: That**

- (1) the Minutes of the Audit Committee's open and closed sessions held on 5 March 2020 were confirmed as a correct record subject to the minor amendment as described;**
- (2) the standing declaration of interest in respect of Mr Emrys Davies as a retired member of UNITE was recorded; and**
- (3) the actions referred to in the action log were considered and actioned as necessary.**

**11/20 ANNUAL ACCOUNTS AND ACCOUNTABILITY REPORTS**

**Draft Annual Accounts 2019/20**

Chris Turley presented the Committee with the accounts noting that there had been revised deadlines in light of the pandemic. He added that they had been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by the Welsh Ambulance Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

He drew attention to the following areas:

1. There was a retained surplus for the year of £45k; effectively a break even position. Income was just under £212m, which was predominantly for patient care activities. A detailed breakdown of where the income came from was referred to. The income had increased by £20m from the previous year; details of the increase were provided
2. A notional value had been added to all NHS Wales accounts for the increase in employers pension contributions by 6.3% from 1 April 2019

3. The impact of COVID-19, an extra note had been added to the accounts to identify the revenue and capital costs. Additional income from Welsh Government to fund this for year 2019/20 was not required. The Trust was able to adjust in other areas to offset the costs. This would not be the case going forward, where additional funding would be required to offset COVID-19 costs in 2020/21.
4. The capital expenditure was delivered in line with the Welsh Government capital expenditure limit
5. Tangible fixed assets, the net book value at the end of the financial year was carried forward at £88m
6. Debtors – this had increased by £2m which mainly related to the Welsh risk pool

The final approved and audited annual accounts were due to be submitted to Welsh Government by 30 June 2020 in line with the agreed timetable.

#### **Comments:**

1. Following a query regarding expenditure, Chris Turley advised that for the presentation to the Trust Board, there would be clarity on the net expenditure, after the requirement to deliver on savings, within the funding available to the Trust, in order for it to breakeven.
2. In terms of the recommendation for approval as described in the SBAR the Committee noted that if changes needed to be made to the accounts, it was expected these would be very minor and would be actioned over the next 24 hours. Any changes would then be highlighted to the Board next week. Any recommendation to approve the accounts would therefore be on this basis.

#### **Draft Accountability Report 2019/20**

Keith Cox provided an overview of the report explaining that It was in the same format as in the previous three years and was a Welsh Government requirement.

The report comprised of three parts: a Corporate Governance Report (which included the Annual Governance Statement that historically was produced as a standalone document), a Remuneration and Staff Report and a Parliamentary Accountability and Audit report. An explanation was given both on the content and the importance of each report. It should be noted that details of any COVID-19 issues which had impacted on governance procedures, were included within the report

Members noted that the Accountability report was due to be presented to Trust Board for their approval on 25 June 2020.

The final approved Accountability report was due to be submitted to Welsh Government by 30 June 2020 in line with the agreed timetable.

A note of thanks was recorded for Mike Armstrong in producing the document.

#### **Comments:**

1. Attendance at committees, this doesn't always show the attendance of Executive Directors, it would be helpful to illustrate this when they had attended. Keith Cox added that the relevant narrative could include ' the Audit Committee was regularly supplemented by Executive Directors depending on the item under review'
2. The new date for the Audit Committee meeting was not mentioned, Keith Cox confirmed the revised date would be included

**RESOLVED: That**

- (1) the Trust's Annual Accounts for 2019/20 were recommended for formal approval by the Trust Board as submitted to Audit Committee, with the Board being highlighted of any changes ahead of approval; and**
- (2) the Accountability report for 2019/20 was recommended for approval by the Trust Board**

**12/20 AUDIT OF FINANCIAL STATEMENTS REPORT 2019/20, INTERNATIONAL STANDARDS ON AUDITING (ISA) 260 - AUDIT WALES (AW)**

Anthony Veale, in presenting the draft report commented that the overriding conclusion was that AW would be issuing an unqualified audit opinion on the financial statements.

He outlined the main findings in respect of the Audit.

1. There were still some areas of work which required completion. It was proposed that following this meeting there will be a final version for the Board meeting. He added that the Committee should recommend the accounts to the Board subject to the final ISA 260 being released in the next couple of days. The final report will be circulated prior to the Board meeting
2. Reference was made to the unusual circumstances in which the production and audit of the accounts was conducted and thanks were recorded for the Director of Finance and Corporate Resources and his team for their efforts
3. Two significant issues were currently highlighted as being raised within the ISA 260; a. Contingent liability arising from the Ministerial direction relating to the senior NHS staff's pension tax liabilities; likely impact on the Trust was low, and was being included in all NHS Wales organisation's accounts. There was no impact on the final audit opinion. b. Assets under construction; it was noted there were £3.5m of assets under construction that were reported as such at the outset of the financial year. A reasonable explanation has been received as to why those assets remained non-operational. Once the final report was issued it was anticipated this paragraph will be removed from the exhibit but will include some narrative in a subsequent paragraph as an explanation.
4. Following the report to Board the Auditor General will issue his opinion on 2 July 2020 which will be preceded by a letter of representation

5. As part of the audit there had been a number of adjustments which have been made and included in the financial statement and had no impact on the financial outturn. Furthermore there had been no unadjusted misstatements

Comments:

1. Exhibit 2. (significant issues) Will there now only be one entry in the final version for the Board? Anthony Veale confirmed there would only be one entry (Contingent liability arising from the Ministerial direction relating to the senior NHS staff's pension tax liabilities) which would be consistent with other NHS bodies across Wales.
2. Following a detailed discussion on amendments and suggestions for inclusion to the report, it was agreed that Chris Turley would include in his presentation to the Board details of any changes to the accounts between Audit Committee and Trust Board.

## **13/20 EXTERNAL AUDIT REPORTS - UPDATE ON AGW PROGRAMME OF NHS PERFORMANCE AUDIT WORK AND LETTER TO CHIEF EXECUTIVES**

Fflur Jones gave an overview of the reports which outlined the repositioning of AW work due to the pandemic going forward.

The main piece of work was the COVID-19 learning log which was across the public sector in Wales and would aim to highlight any new innovations and learning practices

Comments:

1. Unscheduled care work, how would the second phase work be prioritised and would the Trust have an opportunity to contribute to developing the objectives from it? Fflur explained that the second phase would look at the existing data from phase one and use that to consider the way forward
2. Was social care included in the scope of the review? Fflur advised that the whole range of social care issues would be part of the work going forward

**RESOLVED: That the reports were received and noted.**

## **14/20 INTERNAL AUDIT REPORTS**

### **Head of Internal Audit Opinion**

Helen Higgs explained that the Annual report provided a summary of the outcomes across the eight key assurance domains based on individual assignment reports presented to the Committee throughout the year. However due to COVID-19 it was not possible to rate the operational service domain.

During the year there had been 26 reviews, each one given a ratings assurance; six had been rated as limited, 16 as reasonable, two as substantial, with 2 not requiring a rating. In terms of the key domains, six were rated as reasonable; the workforce management domain resulted in a limited assurance for the third year in a row. The overall assurance

opinion was rated as reasonable.

The Committee should note that the assurance ratings on the eight domains that determined the overall opinion were based on an agreed programme of risk based work.

Comments:

1. It was suggested that the relevant Board Committee should consider the issues raised in the report as applicable to them; particularly those with limited assurance. Keith Cox advised that the audit tracker now contained details of those reports which were attributed to the relevant Committee
2. Claire Vaughan made reference specifically to the workforce management limited assurance. This had been unsurprising for many reasons, nevertheless the Trust had made several improvements, identified the gaps and mapped out the areas to resolve the issues identified. In terms of management compliance, predominantly with team leader roles which were exceptionally busy, Claire advised this was under review particularly regarding local record keeping. The challenge of maintaining precise record keeping was aggravated by the multiple software systems in place which were not compatible with each other. This had resulted in time consuming manually intensive processes in order to collect data which consequently affected team leaders' ability to carry out their substantive role effectively. Members noted the issue and suggested it would be prudent to invest in a system that provided a consistent means of reporting across all Wales. Claire Vaughan added that work was ongoing until a straightforward solution could be found
3. Were draft audit reports considered by the Executive Management Team or just the relevant Director? Claire Vaughan explained that they were not viewed by EMT as a collective when in draft form, however there was a cross directorate approach in addressing the recommendations within the reports. Keith Cox advised that EMT had sight of any limited assurance reports; adding that the audit tracker was regularly viewed at EMT
4. Claire Roche informed the Committee that a sub structure had been established which sat underneath the Quest Committee; it provided the opportunity to address many of the actions and recommendations as a result of the Internal Audit reports.
5. Members recognised that it was important to not only address the recommendations, but also to understand what the actual problem was and how that could be solved going forward
6. The Committee noted that work was ongoing to ensure that Audit reports related to other organisations would be made available going forward

Helen Higgs commented that it was unrealistic to identify all the issues within an audit review; key risks were given high priority. In terms of the process whereby the tracker was split between committees this was an excellent example of good governance. Helen added that in several other organisations audited by Internal Audit, reports were received by EMT

## Internal Audit Reports

The following reports were presented by Osian Lloyd:

- a. **Trade Union Release Time Follow Up review update paper** – This was an update report related to a need to undertake a follow up review to the limited assurance report from the previous year to assess whether the Trust had implemented the recommendations. Progress had not been made for a variety of reasons and it had been agreed to defer the full review for inclusion into the 2020/21 plan. Claire Vaughan recognised that whilst some progress had been made, clearly there were some areas of concern which were being addressed and would be monitored through the People and Culture Committee. Paul Seppman gave an overview of the issues that had been raised and commented that the TU Partners were committed to resolve them going forward
- b. **Drivers' Medicals – Limited Assurance** - The overall objective of this review was to ensure that Trust personnel and volunteers were fit to drive. The review looked at the relevant policies and procedures in place. A limited assurance opinion was issued which had been based on one high and three medium priority findings. Highlights for the review included:
  - i) Lack of oversight and collation of records with a disjointed approach between departments
  - ii) Unable to give assurance that all staff were fit to drive
  - iii) Not able to provide assurance that all drivers had a valid driving licence

Management had accepted the findings and the response given has shown that the issues raised were being addressed

Claire Vaughan in response added that due to COVID-19 there were some issues which could not be rectified immediately. She gave the Committee an update on the actions being taken to improve the system and made reference to new software which would improve the overall checking and record keeping process. The Committee were given assurance that all new starters had been assessed appropriately in terms of their driver training and license.

- c. **Welsh Risk Pool Claims Management – Substantial Assurance** - This was an annual review which sought to provide assurance in terms of the accuracy of reported costs and the process of managing clinical negligence and personal injury claims in line with the Welsh risk pool reimbursement scheme

The substantial assurance was based on one low priority finding; this concerned the fact that reports containing an overview of claims were not regularly presented at EMT and Board. The Trust had been able to demonstrate that all financial payments had been signed off in accordance with the scheme of delegation
- d. **Risk Management and Board Assurance – Reasonable Assurance**

This review considered the effectiveness of the Trust's assurance systems and



the progress being made in embedding these into business operations.

The finding of reasonable assurance had been based on one high, five medium and two low priority ratings. It was noted that the risk management strategy and framework had been updated and also that all the risks had now been migrated to the DATIX system with risks being managed at either corporate, directorate or local level. Corporate risks were being monitored on a quarterly basis by the Assistant Director Leadership Team (ADLT) with further scrutiny by EMT. It was also noted that good progress had been made with the Board Assurance Framework (BAF) with all corporate risks being aligned to the Trust's strategic themes

The high and medium findings were as follows:

- i. The high priority finding concerned the effectiveness of the ADLT meeting
- ii. The five medium findings were: lack of a documented risk appetite and tolerances, timeliness of risk register reporting, some risks had missing data and there was still further development of the BAF required

Claire Roche acknowledged that the Trust did need to revisit, as a matter of priority, its risk appetite. She added that this would be discussed at a future Board Development day

The Committee recognised the progress being made in terms of the monitoring, recording and scrutiny of risk has been significant; there was however still further work to ensure the Trust was risk enabled

**RESOLVED: That**

- (1) the Head of Internal Audit Opinion report was received; and**
- (2) the individual audit reports were noted;**

**15/20 INTERNAL AUDIT PLAN 2020/21**

Helen Higgs gave an overview of the plan which contained some revised timings and adjustments from the original plan. There was an additional piece of work which was an all Wales governance arrangements during COVID-19 review and will be undertaken pan Wales.

Comments:

1. Chris Turley advised that the additional piece of work as described would also include the financial arrangements and decisions
2. Anthony Veale added that it would be a real time piece of work with the focus being on innovations and good practice

**RESOLVED: That the plan was approved but recognised that changes may be required as a result of COVID-19**

## **16/20 AUDIT RECOMMENDATION TRACKER**

Julie Boalch presented the report as read and drew attention to the following areas:

1. Currently there were 111 internal audit recommendations on the tracker; 86 were overdue and 25 not due
2. Of the 86 overdue, 46 became due during the period 6 March to date with 38 being added as a result of the audit reports from the March Audit Committee meeting
3. Due to the pandemic there have been only a few updates made to the tracker; however EMT have been reviewing the tracker paying particular attention to the overdue recommendations. They have agreed to a pragmatic approach to bringing the Trust in line with the tracker and therefore six months has been added to the agreed deadlines in the report. There were a small number of cases where this was not practical and the necessary adjustments have been made

The Committee sought a more comprehensive update as opposed to just adding on six months as a stop gap. Julie Boalch explained the purpose of adding on the six months was to establish a baseline position, and advised that a comprehensive review of each recommendation was underway and a full update would be available at the next meeting

There were currently seven recommendations which were from the Audit Wales 2018/19 and 2019/20 structured assessments all of which were overdue.

To address agreed actions from the March 2020 Committee there have been some enhancements to the tracker; each recommendation has been allocated to the relevant committee for additional oversight. An additional column has been added which allows colleagues to describe the barriers to implementing the recommendations. Also, a further column has been added to give additional assurance in terms of how the risk identified was being mitigated pending implementation of the recommendation. These enhancements were expected to be populated by the September Committee.

### **RESOLVED: That**

- (1) the Committee noted the contents of the report; and**
- (2) the Trust's proposals to address the high priority and overdue recommendations with the inclusion of revised completion dates was considered.**

## **17/20 LOSSES AND SPECIAL PAYMENTS – PAYMENTS FOR THE PERIOD 1 APRIL 2019 TO 31 MARCH 2020**

Chris Turley gave an outline of the report noting that future reports would contain more narrative surrounding the cause of the costs and any trends and themes would be highlighted

Comments:

1. Martin Turner was concerned that the report did not illustrate details of the full costs involved of the claims being made. Chris Turley explained the detail of the values of the claims were included in the report. It was agreed that Chris Turley would discuss this offline with Martin Turner. It was noted that the Quest Committee would see details of the report going forward – Emrys Davies added that People and Culture Committee should also have sight of these reports and through the endeavours of all three Committees a way of reducing costs could be found.
2. Claire Roche added that learning, particularly in respect of personal injury claims, was now presented at the Health and Safety Committee.

**RESOLVED: That the losses and special payments report for the period 1 April 2019 to 31 March 2020 was received.**

## **18/20 RISK MANAGEMENT REPORT**

Claire Roche provided the Committee with an overview of the report which essentially was setting the scene for the next steps in the Trust's risk maturity journey.

The risk maturity of the Trust was reviewed in October 2019 by the Trust Board and the Trade Union Partners. It was agreed that the Trust would aim to be Risk Managed by 2019/2020, moving towards Risk Enabled during 2020/21.

The Trust has now set up the DATIX Electronic Risk Management Module with all risks being recorded in one central electronic repository. Moving from a quarterly Corporate Risk Register that reported risks retrospectively to a report that provided assurance to the Committee that risks were being managed pro-actively would enable it to be a Risk Enabled organisation.

Claire Roche gave the Committee a PowerPoint presentation which showed details of the DATIX register and explained the type of reports that would be presented to the Committee at future meetings. This would include the risks with the highest priority and the mitigations being taken to reduce them; this would be conducted by looking at the live DATIX register. This register would contain all the necessary information the Committee would require for their scrutiny and assurance.

Comments:

1. Can directorate risks be mixed? Claire Roche advised this was possible commenting that the risks were categorised and it should be possible to create a dashboard relevant to a particular Committee
2. Was data being input in a consistent manner? Claire Roche made reference to the risk management development group in which, at this stage, there were varying degrees of capability, however through further training this will improve

**RESOLVED: That the proposed transition to receiving a risk Management Report as opposed to a quarterly Corporate Risk Register Report, supported by a real time electronic risk register, was received and noted.**

## **RESOLUTION TO MEET IN CLOSED SESSION**

*Representatives of the press and other members of the public were excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted in accordance with the requirements of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960.*

**Reports relating to the items of business in these minutes can be found on the Trust's website, [www.ambulance.wales.nhs.uk](http://www.ambulance.wales.nhs.uk)**

**Date of Next Meeting: 17 September 2020**

## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE CLOSED MEETING OF THE AUDIT COMMITTEE OF THE WELSH AMBULANCE SERVICES NHS TRUST HELD ON THURSDAY 18 JUNE 2020 VIA TEAMS**

#### **PRESENT :**

|               |                                  |
|---------------|----------------------------------|
| Pam Hall      | Non Executive Director and Chair |
| Emrys Davies  | Non Executive Director           |
| Paul Hollard  | Non Executive Director           |
| Joga Singh    | Non Executive Director           |
| Martin Turner | Non Executive Director           |

#### **IN ATTENDANCE:**

|                 |                                             |
|-----------------|---------------------------------------------|
| Keith Cox       | Board Secretary                             |
| Estelle Hitchon | Director of Partnerships and Engagement     |
| Ossian Lloyd    | Internal Audit                              |
| Steve Owen      | Corporate Governance Officer                |
| Jessica Price   | Capital Systems Accountant                  |
| Chris Turley    | Director of Finance and Corporate Resources |
| Carl Window     | Counter Fraud Manager                       |

#### **APOLOGIES:**

|              |                             |
|--------------|-----------------------------|
| Lee Brooks   | Director of Operations      |
| Judith Bryce | Head of Operational Support |
| Paul Seppman | Trade Union Partner         |
| Damon Turner | Trade Union Partner         |

#### **05/20 PROCEDURAL MATTERS**

The Chairman welcomed all to the meeting and advised that it was being audio recorded. The standing declaration of interest in respect of Mr Emrys Davies being a retired member of UNITE was noted

**RESOLVED: That the declaration of interest as described was recorded.**

#### **06/20 COUNTER FRAUD PROGRESS REPORT JUNE 2020, COUNTER FRAUD ANNUAL REPORT 2019 / 20, COUNTER FRAUD WORK PLAN 2020 / 21, WAST NATIONAL FRAUD INITIATIVES (NFI) ACTIVITY OUTCOMES SUMMARY and COVID 19 FRAUD RISKS ASSESSMENT SUMMARY**

Carl Window provided the Committee with an overview of the update reports and drew attention to the following areas:

## **Counter Fraud Progress Report**

The Counter Fraud Progress Report for the period 1 March 2020 – 31 May 2020 summarised the work conducted to date by the Local Counter Fraud Specialist (LCFS) in accordance with Welsh Government directions. The Committee noted that counter fraud training, via Teams, was still being conducted during the current pandemic. This was proving to be successful and would continue going forward.

During the pandemic work has been more of a proactive and preventative nature; and it was of note that the investigative work had more than halved during this period.

## **Counter Fraud Annual Report**

The Counter Fraud Annual Report for the period 2019 / 2020 summarised the work conducted over the annual period by the LCFS in accordance with Welsh Government directions.

The most reported concern still continued to be staff working whilst sick; this has been the same pattern for the past two years

## **Counter Fraud Work Plan**

The Counter Fraud Work plan considered risks and emerging trends galvanised from the annual report and was a catalyst in enabling the work activities for the year ahead.

## **National Fraud Initiative (NFI) activity summary**

The NFI activity report summary was presented for information to the committee and demonstrated how the Trust has supported the initiative in its completion of Fraud related matches.

Data for the NFI was provided by around 1,200 participating organisations from across the public and private sectors to prevent and detect fraud.

## **COVID Fraud Risk Summary**

The COVID Fraud Risk summary document was presented for the committee to highlight the key fraud risk areas known to Counter Fraud during this report period, specifically related to the current pandemic. Unfortunately, the COVID -19 virus, has given rise to specific national fraud opportunities, for which the LCFS has remained proactive and vigilant in sharing relevant risks with the appropriate links and leads for review and implementation if needed.

A fraud risk assessment newsletter has since been issued on a Trust wide basis to educate and encourage vigilance about the types of fraud currently being committed.

Comments:

1. Chris Turley advised the Committee that there may be areas within the report that could be discussed within the Open session going forward. He confirmed that the annual plan would be presented into the open session going forward. Carl Window advised that a modified version of the update report, which would highlight any

themes and trends, could be developed for the open session

2. Members welcomed the use of technology in disseminating the counter fraud message
3. National benchmarking dashboard, the Committee would welcome a presentation on this going forward
4. Members asked that in the annual report, the initials WIIN be shown in full for clarity
5. Clarification was sought on the number of cases ongoing; Carl Window explained this could have been an overlap on the figures and would rectify the issue
6. In terms of the NFI work, the Committee acknowledged that the Trust's internal procedures had already identified one of the items

**RESOLVED: That**

- (1) the Counter Fraud progress report, NFI activity summary, Covid - 19 Fraud risk summary was acknowledged and accepted by the committee; and**
- (2) the Counter Fraud Annual Report was approved, subject to validating the figures in appendix 3; and**
- (3) the Counter Fraud Work plan 2020/21 was approved.**

**07/20 TENDER UPDATE REPORT AND SINGLE TENDER WAIVE REQUESTS**

Chris Turley provided an update on tenders issued and awarded during the period together with a summary of Single Tender Waivers approved during the period

**Tenders**

There had been three tenders issued during the period 1 February to 30 April 2020. Two had been completed and one was still ongoing. It was noted that due to the pandemic normal business in terms of tenders and single tender waiver requests had been slower than usual.

The Committee were also informed that there were three single tender waivers that had been approved during this period.

He gave an overview of why there were waivers for annual tenders, and the Committee noted that work was ongoing to look at delivering on a three year cycle at the very least.

**Comments**

1. In terms of the tenders awarded the Committee queried why there had been a significant difference between the budget and the actual cost with regard to maintenance of air conditioning units. Chris Turley explained that it was an indicative cost and gave the potential reasons for the difference.
2. Members expressed concern that costs for the maintenance and repair of accident

damage costs of vehicles appeared to be quite high; Chris Turley explained that this this would be reviewed and be illustrated within the Losses and Special payments report

3. The Committee suggested it would be useful to have more details in respect of the tendering process; Chris Turley agreed to consider an appropriate tender which would be of value to the Committee.
4. Members asked whether any money in terms of the JRCALC license moving to a three year cycle would be saved. Chris Turley advised the saving would be minimal

**RESOLVED: That members of the Committee were invited to comment on the information provided and noted the contents of the report: and**

- (1) It was noted that 3 new tenders were issued during this period and that a total of 6 tenders were awarded during this time; and**
- (2) It was noted that 3 requests to waive SFIs were approved during the period, noting others were issued which were still being progressed as at 30 April 2020.**

**Date of next meeting: 17 September 2020**



## **WELSH AMBULANCE SERVICES NHS TRUST**

### **CONFIRMED MINUTES OF THE OPEN SESSION OF THE MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 12 MAY 2020 VIA SKYPE**

#### **PRESENT:**

|                        |                                  |
|------------------------|----------------------------------|
| Emrys Davies           | Non Executive Director and Chair |
| Bethan Evans           | Non Executive Director           |
| Professor Kevin Davies | Non Executive Director           |
| Paul Hollard           | Non Executive Director           |

#### **IN ATTENDANCE:**

|                        |                                                               |
|------------------------|---------------------------------------------------------------|
| Lee Brooks             | Director of Operations (Part)                                 |
| Craig Brown            | Trade Union Partner                                           |
| Darryl Collins         | Head of Patient Safety and Concerns                           |
| Keith Cox              | Board Secretary                                               |
| Leanne Hawker          | Head of Patient Experience and Community Involvement          |
| Wendy Herbert          | Assistant Director of Quality, Nursing and Patient Experience |
| Dr Brendan Lloyd       | Medical Director                                              |
| Nick Morgan            | Trade Union Partner                                           |
| Steve Owen             | Corporate Governance Officer                                  |
| Chantal Patel          | University Representative (Part)                              |
| Claire Roche           | Director of Quality and Nursing                               |
| Jonathan Turnbull-Ross | Assistant Director of Quality Governance (Part)               |

#### **OBSERVERS**

|               |                           |
|---------------|---------------------------|
| Osian Lloyd   | Internal Audit            |
| Joseph Wilton | Health Inspectorate Wales |

#### **APOLOGIES**

|              |                              |
|--------------|------------------------------|
| Alison Kelly | Business and Quality Manager |
|--------------|------------------------------|

#### **19/20 PROCEDURAL MATTERS**

The Chair welcomed everyone to the meeting and advised that the meeting was being audio recorded. He referred the Committee to his standing declaration as a retired member of UNITE, Professor Kevin Davies as a Trustee of St John Wales and Chantal Patel as a Member of Swansea University and Chair of Swansea Bay University Clinical Ethics Committee.

#### **Minutes**

The Minutes of the Open meeting held on 25 February 2020 were confirmed as a correct

record.

### **Matters Arising**

Members drew attention to clarification of the number of failed attempts to look at the service directory; it was noted this was on the Action Log and was deferred to the next meeting.

Claire Roche updated the Committee on submission of the Annual Quality Statement which will now be in September.

### **Action Log**

Deferred to next meeting.

### **RESOLVED: That**

- (1) the Minutes of the Open meeting held on 25 February 2020 were confirmed as a correct record; and**
- (2) the standing declaration of the Chair, Mr Emrys Davies as a retired member of UNITE, Professor Kevin Davies as a Trustee of St John Wales and Chantal Patel as a member of Swansea University and Chair of Swansea Bay University Clinical Ethics Committee was noted.**

### **20/20 PATIENT EXPERIENCE, PUBLIC AND STAKEHOLDER ENGAGEMENT (JANUARY – MARCH 2020)**

Leanne Hawker explained that following the outbreak of the pandemic, the normal function of the PEGI team ceased. The new focus looked at the information which was accessible to the public through the website in relation to Covid-19. The key areas were as follows:

1. Service users in accessing online information has increased significantly from the last quarterly reporting period
2. The Trust had been working with Public Health Wales to provide government information in an easy read format and accessible
3. A Covid-19 self-assessment symptom checker was launched on 6 March 2020 and was constantly being revised. Visits to this site had been over 1 million
4. Corporate Communications have produced a lot of information, with messages around informing the public included the improvement of accessibility for deaf people
5. The Trust was promoting the COVID symptom tracker application
6. The Re branding of NHS DW website to address confusion surrounding 111 went live on 2 May

Members recognised that the PEGI team had been actively engaged to ensure that people across all communities were able to access information

Comments

Claire Roche explained that whilst this pandemic had been extremely challenging, the Executive Management Team was still very mindful of the vulnerable groups in the community. Going forward, the Trust must consider how to improve even more the way it communicates to all the people of Wales through digital means

Members welcomed the clarity within the document and asked whether there had been any external feedback? Leanne Hawker advised that feedback had been well received from public health colleagues regarding the easy read information. In addition written feedback had been received from vulnerable groups. Furthermore the Trust had identified that individuals who did not have access to the internet, for example people with learning disabilities had started to consider ways to improve communication with those groups of people

Was it possible to disseminate this easy read information to the media? Leanne Hawker commented that she had been liaising with Public Health Wales (PHW) to take this forward.

Claire Roche added that she had spoken with the Nurse Director at PHW and would be seeking engagement to learn from this experience and explore far more joined up working going forward.

Following a question in terms of the Black, Asian and minority ethnic (BAME) community regarding availability of information, Leanne Hawker explained that bespoke information was being made available to the BAME community which supplemented the information already available

The Committee thanked Leanne Hawker and her team for the critical work being undertaken during this pandemic. They recognised that this team should be focused on more and strengthened going forward.

**RESOLVED: That**

**(1) the update was noted; and**

**(2) the actions being taken forward were supported.**

**21/20 PATIENT SAFETY, CONCERNS AND LEARNING DURING COVID - 19**

Darryl Collins drew the Committee's attention, after the pandemic was declared, to the following areas :

1. A number of core functions within the directorate had ceased which allowed staff to be redeployed to support the Trust's six core priority areas
2. Coroner activity, all inquests had been suspended until early July, however reports and statements were still being processed
3. The complex case panel continued to meet to ensure investigations were still ongoing
4. There had been a reduction in the number of concerns being received especially those regarding delays at A and E
5. Early resolution of cases was at 80% and formal concerns for April was 67%
6. The number of concerns due in May was 35 with 15 of those already closed off

7. In terms of performance, the two day acknowledgement percentage to concerns had reduced and was due to a number of reasons
8. The closure of early resolution cases was 100%
9. The 30 day performance for January, February and March was 61%, 61% & 62% respectively
10. Serious Adverse Incidents – During the reporting period 19 cases were open, however since then a further three have been closed
11. Cases being seen at the Serious Case Incident Forum have reduced significantly

**Comments:**

Internal and External incidents, what was the difference? Darryl Collins explained that internal were submitted by staff, external were submitted by health boards. A query arose in terms of the number of external incidents raised in the Powys area; Darryl Collins explained there were occasions when there was a duplication of reported incidents and agreed to conduct further analysis.

In Powys, why was Tier one PTR performance for April only at 17%? Darryl Collins explained that there was a very low volume of concerns in Powys and should one or two miss the target this would be reflected on the low percentage.

Claire Roche acknowledged there was still work required regarding tier one compliance however it should be borne in mind that Covid-19 greatly impaired the Trust's ability to meet the target.

Members expressed unease in terms of the poor performance with regards to the two day acknowledgement response. Darryl Collins appreciated there was room for improvement and explained the current method of processing the two day acknowledgement which the Committee suggested should be given more clarity going forward

Members noted that even under to current circumstances the Trust was still continuing to resolve some cases.

**RESOLVED: That the content was noted and considered**

**22/20 PATIENT PATHWAY DURING COVID-19**

Claire Roche in presenting the report commented that it was very relevant to patient experience, outcomes and vulnerabilities in the groups previously discussed.

Furthermore it was in line with correspondence from the Trust Chair whether the Trust following his conversation at WG level, should establish an ethics committee going forward.

Dr Brendan Lloyd referred to correspondence from WG which focussed on end of life and an ethics committee. The Trust had engaged in a lot of work with regard to end of life pathways and did not see the need at this stage for an ethics committee to be established by the Trust and gave several reasons for this. This included the fact that the Trust was not in the same position as health boards in terms of making decisions regarding patients on life support. He suggested there might be some aspects of the Trust's work which may require a view from an expert on ethics.

Members considered the need to set up an ethics Committee and discussed several points:

1. It was suggested that any ethical issues could be linked to one of the Board Committees where the particular issues could be discussed and formally recorded
2. Chantal Patel explained that she was Chair of the Swansea Bay clinical ethics committee and gave an overview of its terms of reference and the discussions it had in terms of the decisions it made
3. The Trust should consider ethical considerations in the wider healthcare perspective for example around staff and PPE. There should be more focus on ethical decisions making going forward
4. Dr Brendan Lloyd agreed that the most difficult decision at this time was around the wearing of PPE by staff particularly on cardiac arrest attendance. He gave further details of the decisions made by the Trust. It was also noted that the No send policy was challenging
5. It was suggested that as part of the SBAR checklist, ethical consideration could be part of the check list
6. Members would like to understand what other ambulance services were doing and it was agreed that a benchmarking exercise would be undertaken by the Chair, Claire Roche, Dr Brendan Lloyd and Keith Cox. This would include guidance on Terms and Reference with a report coming back to the next meeting

Following the discussion Members were of the opinion that an ethics committee was not required at this stage and would await the results of the benchmarking report to make a decision.

**RESOLVED: That**

**(1) the report was noted; and**

**(2) it was agreed to await further information following the benchmarking exercise whether the Trust should set up an ethics committee.**

**23/20 QUALITY GOVERNANCE SPECIAL REPORT**

In providing an update report to the Committee, Jonathan Turnbull-Ross drew attention to the following areas:

1. The main focus has been on the Core functions to protect ambulance response ranging from Fleet to the supply chain of resources
2. Aerosol Generating Procedure and the CPR cardiac arrest management; the robust clinical structure in the pandemic plan had enabled the leadership discussions to take place
3. Health and Safety aspects and risk assessments; these were continuing at pace
4. IPC guidance including training and education on PPE changed on a regular basis in line with the national guidance

5. In terms of Datix resilience and ability to function, incoming incidents were being monitored regularly with a robust method of auditing
6. Innovation – for example, alternative ways of cleaning ambulances had come to light making it much more efficient and effective. Furthermore Processes within the CCC have improved and staff on the frontline were using 3D printing to enhance their work
7. Communication to staff – This has improved greatly across the Trust, examples include the regular zoom meetings; noting that liaison with Trade Union partners has been enhanced
8. A lot of transformational activity has taken place since the start of the pandemic, a great deal of learning has been captured. The pandemic plan had galvanised the Trust's already robust structure for good governance.

Claire Roche stressed now the opportunity for the Trust to learn from this experience and to capture the new processes and innovations going forward. She referred to the scale up of the Clinical Contact Centre which was achieved through the collaboration of several directorates and their focus on completing the task.

Comments:

This was an excellent report which outlined the significant work being undertaken; it was extremely comprehensive and should be made available for wider publication.

**RESOLVED: That the report was noted and accepted**

## **24/20 TACTICAL PANDEMIC TEAM UPDATE**

Lee Brooks gave the Committee a PowerPoint presentation and drew attention to the following areas:

1. Details of the Command and Control structure were given and how each Team/Cell reported through that structure which was constantly evolving; part of the structure was the Tactical Pandemic Team (TPT)
2. The TPT was established on 9 March 2020, meets on a regular basis and part of the role includes monitoring of the Resource Escalation Action Plan (REAP) which had been at level three since 17 March 2020
3. A multi-agency incident co-ordination centre had been set up and within that were members from St John ambulance Cymru and the military
4. Work had been undertaken with the Operational Research in Health (ORH) consultancy firm to understand the potential resource requirements going forward. Specific aspects regarding vehicle requirements were given in more detail
5. Details of other methods in order to increase resources were provided such as; using military and fire service, utilisation of student paramedics and use of the HART training team to support front line staff
6. Staff testing – at this stage, a total of 627 staff had been submitted for testing
7. Staff welfare – several initiatives had been set up to improve front line staff wellbeing and having a 2<sup>nd</sup> operative on an RRV to support with PPE donning and doffing

8. Clinical Contact Centres – 111 had been made available pan-Wales for Covid-19 enquiries. 38 additional 111 clinicians and 24 call handlers had been recruited. An increased remote working capacity has been made available through the use of laptops
9. Implementation of Protocol 36 - All patients with breathing problems, chest pain, or flu like illness (sick person) were assessed under this protocol. A key operational benefit of implementing Protocol 36 was the reduction in the requirement for an immediate response for some presentations in this cohort of patients; this was further reduced through escalating levels of triage.
10. Community First Responders; they were not being sent to any red calls and any Covid related calls. CFR's were being utilised as second operatives on RRV's
11. NEPTS: There was now an enhanced booking process with Covid related questions. Furthermore, up to 65 vehicle bulkheads had been fitted with a Perspex screen
12. Working with Stakeholders; In addition to St John and military, the Trust was working closely with Local Health Boards and collaborating on surge site projects
13. Communications; daily operational updates were being sent out, Covid guidance had been made available to staff and regular virtual meetings were taking place on staff health and wellbeing

#### Comments:

1. Members discussed in further detail how Paramedic students were being employed during this time; Lee Brooks explained that they were part of the plan to create surge capacity.
2. Following a query in terms of PPE, Lee Brooks advised that a new version of the Infection Prevention Control (IPC) was being produced giving clarity on the overall use of PPE; staff could view this through various mediums.
3. Was there a plan in terms of transporting patients to hospitals once the peak of the virus was on the downturn and hospitals were starting to return to as normal as possible? Lee Brooks advised that the Trust was liaising with Health Boards on a regular basis, however, in reality it was unknown as to what would happen.
4. In terms of non-Covid related activity, Lee Brooks informed the Committee that work was underway to look at themes and trends that had been reduced
5. How had the Trust adapted to the challenges and complexity in terms of the temporary facilities that had been set up. Lee Brooks informed the Committee that the resilience and clinical teams were in place to support any immediate clinical decision making. In terms of models of care within health boards, these had varied in consistency

The Chair noted it would be useful to understand the A and E attendance figures and what could be learned from this.

The Committee thanked Lee Brooks and his team for their work and enabling the Committee to understand that work in more detail through the excellent reporting

**RESOLVED: That the update was noted.**

## **25/20 SAFEGUARDING SUMMARY REPORT**

Wendy Herbert advised the committee that the purpose of the report was to assure the Committee that the Trust was maintaining adequate safeguards for the public during the pandemic. In terms of highlights from the report:

1. There had been an increase in domestic abuse; the Trust was monitoring, from a child and adolescent perspective, the impact on mental health and well being
2. Concerns had been raised by staff regarding the poor practice in some care homes across Wales

Comments:

1. How would the Trust be able to influence the ability to provide the appropriate nursing care in care homes? Wendy Herbert advised that from a Health Boards perspective they (health boards) had the responsibility to ensure adequate nursing care and skills were delivered. Claire Roche commented that the issue of care homes was discussed regularly at Nurse Director NHS Wales level. Any concerns raised by staff were escalated to the relevant health inspectorates through the safeguarding referral process. Wendy Herbert assured the Committee that any incidents referred directly to Care Inspectorate Wales were appropriately monitored.
2. Following a comment regarding the level of care between Care Homes and Nursing Homes. Bethan Evans explained that both have clear regulations, within the 'Law'. and equal responsibilities in respect of delivering care - the only difference being related to direct nursing provision/or not.
3. Was there any indication of when the Child and Adolescent Mental Health Service and other services may come back online? Wendy Herbert advised there was no update at present, however there were a number of clinicians able to respond directly to children and adolescents going through a mental health or wellbeing crisis. Members noted that a national safeguarding network was planned for Thursday; more details may be known then.

**RESOLVED: That the update was noted**

## **26/20 INFECTION PREVENTION CONTROL - SUMMARY REPORT**

Claire Roche referred to the Quality Governance Special Report as previously presented which contained details on IPC.

Claire Roche added that the IPC team had recently undergone several resource changes; notwithstanding this, work was ongoing to continue with the effective management of IPC across the Trust, in particular building on the IPC improvement plan.

Comment:

Was there any potential to add IPC expertise to the Military Aid to the Civil Authorities request; Claire Roche advised this would be considered.

**RESOLVED: That the report was noted.**



**27/20 CORPORATE RISK REGISTER (CRR) EXTRAORDINARY QUARTERLY REPORT  
QUARTER 4, 2019/20 (COVID-19)**

Claire Roche explained that under normal circumstances the Committee would only receive a shortened report which highlighted the risks it had oversight on and not the full CRR. It was however felt that on this occasion it was appropriate for the Committee to have sight of the full CRR in the absence of not having any other Committee to present it to. It was intended that the Board receive a full report at its next meeting.

Under normal circumstances the risks would be assessed by the Assistant Director Leadership Team (ADLT) with a report forwarded to EMT. However during the pandemic the ADLT had not met and the report went directly to EMT for their consideration.

There were two risks which were brought to the direct attention of the EMT:

1. A new risk, Risk 303 'delayed initiation of chest compressions (resuscitation)' relating to patient safety and reaching patients in a timely manner; this will be subject to frequent assessment going forward
2. Risk 69 'Lack of preparedness for infectious diseases' this had undergone a full and thorough assessment and related to non-compliance of Fit testing. Subsequently the issues involving Fit testing had been resolved

The Committee has oversight of six risks which now need to be reassessed.

Comments:

1. Risk 166 – 'Staff are currently not being able to access Vaccines for Preventable diseases in a timely manner', was there an update? Claire Roche explained this was currently being re assessed, particularly in terms of the ongoing work with hepatitis B vaccines and CFR's; an update will be given to Trust Board
2. There was no reference in terms of the ability to provide social distancing specifically within the CCC. Wendy Herbert stated that all CCC's had undertaken their own risk assessment and this risk would be on the Local Pandemic Team risk register. In terms of the risk specifically relating to social distancing, this was still being assessed and assured it would be further discussed at the business continuity cell
3. Why wasn't there a record of the risk of staff contracting Covid-19 whilst on duty? Claire Roche acknowledged this and confirmed it would be escalated.
4. Following a comment regarding Risk 69 'Lack of preparedness for infectious diseases' and the wearing of PPE, Dr Brendan Lloyd commented it would be very difficult to be clear when and where staff would have picked up the virus; notwithstanding that the wearing of PPE lowered the risk. He added that the appropriate guidance in terms of PPE had been provided to staff. Claire Roche advised that this particular risk would be subject to a re-word and reframing

**RESOLVED: That**

- (1) the Committee received and noted the Corporate Risk Register; and
- (2) It was agreed that Claire Roche would re-word risk 69.

**28/20 ANY OTHER BUSINESS**

## **INTEGRATED MEDIUM TERM PLAN**

The Chair commented that now was the appropriate time for the Committee to consider its priority areas regarding the IMTP and what could be achieved and consider how it could receive assurance.

Following a discussion it was agreed that Claire Roche reviewed and circulated the Committee's position via e mail of the current situation in terms of IMTP.

**RESOLVED: That the Director of Quality and Nursing review the priority areas from the Committee's perspective in terms of the IMTP and circulate to Members prior to the next meeting.**

**Date of Next meeting: 8 September 2020**

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 16 JULY 2020 VIA TEAMS**

**Chair: Martin Turner**

### **PRESENT :**

|               |                        |
|---------------|------------------------|
| Martin Turner | Non Executive Director |
| Bethan Evans  | Non Executive Director |
| Emrys Davies  | Non Executive Director |
| Joga Singh    | Non Executive Director |

### **IN ATTENDANCE:**

|               |                                               |
|---------------|-----------------------------------------------|
| Lee Brooks    | Director of Operations (part)                 |
| Nathan Holman | Trade Union Partner                           |
| Rachel Marsh  | Director of Strategy Planning and Performance |
| Steve Owen    | Corporate Governance Officer                  |
| Chris Turley  | Director of Finance and Corporate Resources   |
| Helen Watkins | Assistant Director of Workforce               |

### **OBSERVERS**

|              |             |
|--------------|-------------|
| David Poland | Audit Wales |
|--------------|-------------|

## **23/20 PROCEDURAL MATTERS**

The meeting was initially chaired by Emrys Davies as Martin Turner was experiencing some technical issues, who welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Mr Nathan Holman, Member of the Llannon Community Council was noted. Chris Turley added that David Poland from Audit Wales was in attendance.

The Committee noted that due to the Director of Operations only being available for a short period of time, the agenda order was changed.

### **Minutes**

The minutes of the meeting held on 21 May 2020 were considered by the Committee and agreed as a correct record.

### **Action Log**

Action Number 54: Job vacancies savings process. Chris Turley updated the Committee on the process noting that further detail would be provided in the financial update report. He added that in terms of savings requirement and delivery to date, the Trust was broadly

on target notwithstanding the impact of the pandemic. It was noted therefore that a current “lighter touch” review of vacancies was undertaken weekly, if a more robust process is required later in the financial year, this will be further considered. Action Closed.

**RESOLVED: That**

- (1) the Minutes of the open meeting held on 21 May 2020 and the closed meeting held on 19 June 2020 were confirmed as a correct record; and**
- (2) the declarations of interest as stated were noted.**

**24/20 OPERATIONS – QUARTERLY UPDATE REPORT**

The report was presented as read.

The Committee acknowledged the work of the operations directorate during the pandemic and recorded a note of thanks for their continued efforts.

**RESOLVED: That the update was noted.**

**25/20 BUSINESS CONTINUITY AUDIT – BC PLAN TESTING ARRANGEMENTS**

Lee Brooks gave the Committee an overview of the report highlighting the following points:

1. An improvement in the attendance of the Business Continuity group was requested going forward
2. Progress continued and this was particularly noted in the appointment of two new resilience officers.

The Committee welcomed the progress from last year which was clearly evident.

**RESOLVED: That**

- (1) the annual report was noted: and**
- (2) the additional information contained in the SBAR demonstrating further progress in this area was noted.**

**26/20 HIGH RISK RECORD POLICY**

Chris Turley introduced the policy advising the Committee of the process undertaken prior to its presentation at Committee.

Lee Brooks added that considerable work had been undertaken in order to align the NEPTS systems with the current approach. He also referred to a recent complaint from a member of the public under the pre-existing process within the policy. Following the result of the investigation some points were revealed that would require further screening against this version of the policy.

The Committee approved this version of the policy noting that there may be future adjustments following the learning from this recent incident and that potentially, a revision of the policy would be forthcoming.

**RESOLVED:** That the policy was recommended for approval recognising there may be an adjustment to the policy following the result of the investigation.

***Martin Turner Chairs the meeting from this point forward***

## **27/20 FINANCIAL PERFORMANCE AS AT MONTH 3 2020/21**

### **Revenue position**

In introducing the update, Chris Turley highlighted the following points by way of a Power Point presentation:

1. The cumulative revenue financial position year to date was an underspend of £10k; the Committee were provided with further details in respect of each directorate
2. It was still forecast to be a balanced position by the end of the financial year
3. The savings delivery plan was still broadly on track to deliver, despite impacts as a result of the pandemic
4. COVID - 19 revenue spend; this was now at £5.127m; funding was starting to be issued by Welsh Government (WG). It was noted that WG were accessing money from the EU to fund some of the pay costs. The Trust's reported financial position was clear though in that it assumed the full net additional costs of the pandemic would be funded
5. The current estimated projection for 2020/21 was £8.884m
6. Key risks; possible non delivery of savings, further in year cost pressures and other additional costs, for example overtime and holiday pay (if this ends up more than that current accrued on the Trust's balance sheet). The Committee noted that the Executive Finance Group were due to meet on 29 July to further discuss the savings plan.

### **Capital Funding**

Chris Turley advised the Committee that the current position had not changed from the previous update provided to Board on 25<sup>th</sup> June, noting that currently a total capital funding of £13.7m had been agreed from WG. However, as Committee members had previously been briefed, this is still significantly less than had been anticipated for this financial year.

Chris Turley updated the Committee in terms of the position regarding the Fleet replacement programme. Members noted that the programme was still a high priority for WG who recognised the Trust's issues and concerns

In discussing both reports, the following comments were made:

1. What was the level of confidence in terms of managing the risks? Chris Turley acknowledged that the Trust's spend on COVID-19 was not guaranteed to be refunded by WG; however, subject to this he remained reasonably confident that the Trust would reach a balanced position by the end of the financial year.
2. Was there any deadline on whether the funding regarding COVID-19 would be met? Chris Turley explained that a date had not been set, and that feedback from WG and

the Commissioner (CASC) had suggested there should be no issue with the Trust's financial assumptions

3. A query arose in terms of what the EU funding was for. Chris Turley explained that this was specifically for the staffing element, initially for student paramedics and nurses but had now been widened to include all staff – but was something WG was accessing direct, and not the Trust.

**RESOLVED: That**

- (1) the Month 3 revenue and capital financial position of the Trust as at 30 June 2020 was noted.**

## **28/20 UPDATE ON IMTP – 2020/21 RECOVERY PRINCIPLES**

A report setting out the recovery principles on the IMTP for 202/21 was received.

In introducing the report, Rachel Marsh highlighted and updated the Committee on the following points:

1. Aneurin Bevan University Health Board (ABUHB) had approved the opening of the Grange University Hospital (GUH) in November 2020 (ahead of scheduled opening), subject to Welsh Government approval. There was a requirement for 84 front line staff to be recruited and also additional call centre staff to support the dedicated inter-site transfer and discharge service. Furthermore there was a requirement for an additional 15 vehicles
2. A full set of the recovery principles and the rationale for each one was summarised and made reference to within the report. The Committee was also informed of the mechanisms in place to manage this and other emerging workloads going forward
3. The Trust was still awaiting guidance from WG in terms of how to progress the IMTP

Following review of the report the following comments were made

1. Going forward the Trust should be aware, not only to the current risks, but to be alert to any evolving risks
2. In terms of PPE, what was the situation regarding availability. Chris Turley gave the Committee detailed information regarding the challenges originally faced at the start of the pandemic and advised that the Trust was in a robust position regarding the supply chain and availability. , It was also noted that WG were considering increasing the manufacture of PPE at a more local level to further look to offset supply chain issues going forward.
3. What was the lead time regarding the recruitment of the 84 staff? Rachel Marsh was confident that formal sign off for the staff was due at the next ABUHB Board meeting.
4. What were the risks associated with the GUH programme? Rachel Marsh advised there were several risks associated with the programme; these included recruiting and training, space to house the additional staff and the securing of the additional vehicles. Members recognised that a risk register and programme Board had been established which regularly monitored progress of the whole operation. Chris Turley added that some of these risks could have a financial impact on the Trust and any costs were expected to be met by ABUHB

5. Following a question regarding Community Health Council (CHC) involvement, Rachel Marsh was certain that as part of the Clinical Futures Strategy, ABUHB would have consulted with the CHC

**RESOLVED: That**

- (1) **the progress of the deliverables within the IMTP that were currently prioritised in the Trust's quarterly operational plan was noted;**
- (2) **the approach to tracking the operational plan and prioritising work through the Strategic Transformation Board over the next quarter was noted;**
- (3) **the risks to delivery were noted; and**
- (4) **a report on the Grange University Hospital was being presented to the Board on 30 July 2020.**

**29/20 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT MAY 2020 (WITH JUN-20 SUPPLEMENTARY)**

The monthly performance report was received being the identical report that had been presented at the last Trust Board meeting; To that end Rachel Marsh drew the Committee's attention to the data within the CASC assurance meeting that had taken place recently:

1. Non COVID-19 Demand – overall in April this had reduced but was steadily increasing to near normal levels
2. Red performance in June – this was continuing to be above 70%
3. Health Boards – there were variations in performance, particularly in the Hywell Dda Health Board area but this was now recovering to normal levels. The poor performance position of Hywell Dda in May was due to the loss of Community First Responders and Rapid Response Vehicles. The Committee were advised that WAST was constantly reviewing the situation to identify the large swings in performance
4. Amber response times – there had been a slight increase in performance in June across all Health Boards
5. Handover delays – In June these were the best performance figures for the past two years, however delays were starting to increase. Chris Turley added that the EMT had been reviewing the escalation process in terms of hospital handover delays and would continue to coordinate with Health Boards regarding this issue
6. Sickness absence levels were improving and were in fact the best they had been for the past three years
7. Serious Adverse Incidents, it was noted these had reduced significantly and also the longest waits for patients were reducing

**Comments:**

1. Lee Brooks asked the Committee to note the continuing and clear correlations between response performance for Red and Amber and hospital handover delays. Unfortunately there had been a deterioration of hospital handover times at The

Royal Gwent Hospital in recent weeks. The Trust was in discussion with stakeholders to develop a revised notification and escalation protocol for the internal alerting of handover delays.

2. The Trust should ensure that the demand and capacity review has sight of the hospital delay information. Following on from this, the Committee discussed in further detail the notion of patients making appointments at A and E Departments and the implications this would have on the Trust. Chris Turley explained that both topics were being reviewed and monitored by EMT
3. In terms of sickness absence was there any link relating to COVID-19, for example staff suffering with anxiety and stress. Helen Watkins confirmed that the Trust was mindful and conscious that COVID-19 had created anxiety in a number of different ways and was constantly monitoring the impact. Members recognised that the details were being reviewed at the People and Culture Committee

**RESOLVED: That the performance outlined in the May Monthly Integrated Quality and Performance Report was noted and discussed.**

### **30/20 PATIENT LEVEL INFORMATION COSTING SYSTEM (PLICS) UPDATE**

Chris Turley provided the Committee with a summary of the project.

PLICS was a software package which collated both financial and activity data, to produce a cost for individual patient or incidents, which allowed the user to be able to compare incidents, based on any data recorded within the system such as age, location, vehicle dispatched, base of vehicle etc. It would allow the Trust to use this information to understand the full costs of the day-to-day processes, and provide better intelligence when comparing different techniques or process.

The project had been paused since the start of the pandemic; it was anticipated that the testing stage would be completed by December 2020.

**RESOLVED: That the progress of the project was noted.**

### **31/20 CORPORATE RISKS RELEVANT TO FPC / DEVELOPMENT OF A COMMITTEE ASSURANCE FRAMEWORK FOR FPC – VERBAL UPDATE**

Chris Turley advised the Committee that a more comprehensive report outlining details of the Committee Assurance Framework (CAF) would be presented at the next meeting. This would include details of the risks relevant to the Committee.

**RESOLVED: That the update was noted**

### **32/20 IA ACTIONS REFERRED FROM AC / TRACKER**

The Committee were updated by Chris Turley in terms of the plans in place to deliver on the recommendations within the Tracker noting that a fuller report would be provided at the next meeting. The Committee recognised that progress on some of the recommendations had been delayed as a result of COVID-19

**RESOLVED: That the update was noted.**

### **33/20 ISO14001 UPDATE – ANNUAL SUSTAINABILITY REPORT**



Chris Turley briefed the Committee on the report emphasising that it was still in draft and was currently being audited by Internal Audit. Initial feedback has indicated that there were some areas in the report which required some minor review.

Members recognised that the report would be included as part of the Trust's annual report which will be presented to the Board on 30 July 2020.

Comment:

The Committee noted that the Trust's carbon emissions were going to increase as a result of the growth in the number of vehicles going forward. Chris Turley added that the Trust was committed to offset this potential increase in carbon emissions and gave several examples of how that would be achieved.

**RESOLVED: That**

- (1) the contents of the report was reviewed noting that it was still in draft and subject to the internal audit currently underway. This would be completed ahead of the reports inclusion into the Annual report being submitted to Board in July and onwards to Welsh Government at the end of August;**
- (2) It was also noted that the Welsh Government had an ambition of all public bodies to be carbon neutral by 2030; and**
- (3) a note of thanks was recorded in respect of Nicki Stephens for her work in producing the report.**

**34/20 KEY MESSAGES TO BOARD**

The Chair and Chris Turley agreed to discuss the details of this after the meeting.

**Date of Next Meeting: 15 September 2020**

## **CONFIRMED MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (CLOSED SESSION) HELD ON 16 JULY 2020 VIA TEAMS**

**Chair: Martin Turner**

### **PRESENT :**

|               |                        |
|---------------|------------------------|
| Martin Turner | Non Executive Director |
| Bethan Evans  | Non Executive Director |
| Emrys Davies  | Non Executive Director |
| Joga Singh    | Non Executive Director |

### **IN ATTENDANCE:**

|                |                                                     |
|----------------|-----------------------------------------------------|
| Nathan Holman  | Trade Union Partner                                 |
| Rachel Marsh   | Director of Strategy Planning and Performance       |
| Steve Owen     | Corporate Governance Officer                        |
| Rachael Powell | Assistant Director of Audit and Service Improvement |
| Chris Turley   | Director of Finance and Corporate Resources         |
| Helen Watkins  | Assistant Director of Workforce                     |

### **36/20 PROCEDURAL MATTERS**

The Chairman welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. The declaration of interest in respect of Mr Emrys Davies as a retired member of Unite and Mr Nathan Holman, Chair of the Llannon Community Council was noted.

**RESOLVED: That the declarations as described above were noted.**

### **37/20 CASE STUDY ON TENDERS - VERBAL**

Chris Turley explained that this had been referred from the Audit Committee who had specifically requested that the F and P Committee conduct a case study to consider two particular tenders. This had been raised as there was a slight variation between the indicative cost and the actual cost on two of the tenders; the Audit Committee were keen to see the reasons for this.

Chris Turley gave the Committee further details of the tenders in which the estates department would conduct an analysis into the reasons for the variation and report their findings back to the September Committee meeting.

**RESOLVED: That**

**(1) the update was noted; and**

**(2) the results of the analysis would be reported to the September Committee**

meeting.

## **38/20 ELECTRONIC PATIENT CLINICAL RECORD (ePCR) PROGRESS UPDATE**

Rachael Powell explained to the Committee that the update was intended to seek endorsement on the proposed route in terms of developing the ePCR Full Business Case.

It was proposed that the Full Business Case (FBC), following completion of the procurement exercise by the end of July, be approved by the ePCR Project Board for final Trust Board approval and onward transmission to Welsh Government for endorsement.

Members acknowledged the progress to date and noted that an appropriate level of scrutiny had been undertaken. Chris Turley explained that under normal circumstances, formal scrutiny would be undertaken at the Outline Business Case stage.

Chris Turley also gave the Committee an overview of the costs involved and details of the funding from Welsh Government.

Following further discussion it was agreed that the FBC would be presented to the Committee on 15 September for detailed scrutiny prior to the Board meeting on 1 October 2020.

### **RESOLVED: That**

- (1) the work being undertaken to develop the ePCR FBC was acknowledged;**
- (2) the approach for the FBC to be approved by ePCR Project Board and Trust Board to enable submission to the WG as early as possible following its completion was endorsed; and**
- (3) it was agreed that Non Executive Directors Pam Hall and Paul Hollard be invited to the next meeting for their input on the ePCR Full Business case.**

**Date of Next Meeting: 15 September 2020**

## **CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 14 JULY 2020**

**Chairman: Paul Hollard**

### **PRESENT:**

|                        |                                                   |
|------------------------|---------------------------------------------------|
| Paul Hollard           | Non Executive Director and Chair                  |
| Keith Cox              | Board Secretary                                   |
| Alexander Crawford     | Assistant Director of Planning                    |
| Chris Turley           | Director of Finance and Corporate Resources       |
| Claire Roche           | Director of Quality and Nursing                   |
| Professor Kevin Davies | Non Executive Director                            |
| Bethan Evans           | Non Executive Director                            |
| Joga Singh             | Non Executive Director                            |
| Angela Roberts         | Trade Union Partner                               |
| Craig Brown            | Trade Union Partner                               |
| Estelle Hitchon        | Director of Partnerships and Engagement           |
| Fatehullah Tahir       | OD Project Manager                                |
| Dr Catherine Goodwin   | Organisational Culture & Workplace Wellbeing Lead |
| Andrew Challenger      | Senior Education and Development Lead             |
| Sharon Thorpe          | Trade Union Partner                               |
| Sarah Davies           | Workforce and OD Business Manager                 |
| Nikki Harvey           | Head of Safeguarding                              |
| Lee Brooks             | Director of Operations                            |
| Paul Seppman           | Trade Union Partner                               |
| Claire Vaughan         | Director of Workforce and OD                      |
| Helen Watkins          | Deputy Director of Workforce and OD               |
| Sara Williams          | Workforce and OD Business Partner                 |
| Fflur Jones            | Audit Wales                                       |
| Chantal Patel          | University Representative                         |
| Jeff Prescott          | Corporate Support Officer                         |

### **APOLOGIES:**

|               |                                    |
|---------------|------------------------------------|
| Andy Swinburn | Assistant Director of Paramedicine |
| Pam Hall      | Non Executive Director             |

**30/20**

### **WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Pam Hall and Andy Swinburn

## **31/20 DECLARATIONS OF INTEREST**

The standing declarations of Professor Kevin Davies as Independent Trustee of St John Cymru and Chantal Patel as a Member of Swansea Bay University and Chair of Swansea Bay University Health Board Clinical Ethics Committee were recorded.

**RESOLVED: That the declarations as described above was RECORDED.**

## **32/20 MINUTES/ACTION LOG**

The Minutes of the Open meeting held on 02 June 2020 were considered and agreed as a correct record. No new Actions from previous meeting.

**RESOLVED: That the Minutes of the meetings held on 02 June 2020 were AGREED.**

## **33/20 DIRECTOR OF WORKFORCE AND OD UPDATE**

Claire Vaughan gave an update on some of the main developments and highlights which had occurred since the previous Committee meeting. These included the recognition of the Trust's commitment to supporting serving Military Personnel and Reservists into employment. Accordingly, the Trust had hosted the organisations' first Virtual Careers Event as part of Armed Forces Week which gave interested parties a greater understanding of the typical entry level routes into the Trust and provided guidance around the selection process and the recruitment cycle.

Claire Vaughan also noted the Trust's ongoing commitments in regard to equality and in particular, the Trust's stance on all forms of discrimination. The Trust had joined with other NHS colleagues to celebrate NHS Virtual Pride on the 26th June with a social media takeover where people shared their Pride experiences and discussed what Pride meant to them. In addition, the Trust had been linking in with the National Ambulance BME Forum to share statements on the Black Lives Matter movement in order to help tackle racial discrimination. However, it was recognised that there is more work which can be done to support BAME colleagues and to increase diversity within the organisation.

Other highlights included UCA progression and Paramedic Band 6 compliance. Competencies up to May for Band 6 compliance were 94.15% for Year 1 and 83.48% for Year 2. In regard to UCA progression, following successful conclusion of UCA role discussions, 58 existing UCAs commenced EMT training in July, with a further 33 UCA colleagues scheduled to commence EMT training in September.

Members received the update and asked what additional work the Trust could undertake in order to help tackle any forms of inequality, racial discrimination or prejudice?

Claire Vaughan stated that some challenging conversations had taken place with members of staff to hear their experiences and to understand what the Black Lives

Matter movement meant to them. Dr Catherine Goodwin also noted that the Treating People Fairly - Equality, Diversity and Inclusion steering group would be meeting shortly to begin implementing some of the learning and to begin the process of Reverse Mentoring at Board level, with executive management and across the Trust as a whole. Other work was ongoing in the community and with faith leaders to help develop the Trusts approach to tackling discrimination in order to become the most inclusive organisation possible.

**RESOLVED: That**

**34/20**

## **WORKFORCE PERFORMANCE SCORECARD**

Helen Watkins provided an overview of the May 2020 key trends and improvement actions as identified in the Workforce and OD performance reporting dashboard. The Committee were asked to note the key trends and headlines which included:

- Ambulance response vacancies had decreased by 34.06wte since April to 0.87 (0.05%) reflecting the impact of the successful recruitment to deliver an additional 136wte.
- CTL vacancies continued to be held open pending the outcome of the CTL review, which was due to recommence in July. The existing CTL job description was currently waiting to progress through the job evaluation process, which had been restarted.
- Integrated workforce planning was taking place, with a recent review undertaken of commissioned Paramedic education places against anticipated demand. Workforce planning, education and recruitment would form the focus of the next Committee meeting.
- Sickness absence reporting showed a significant improvement with an in-month reduction of 1.4% for May 2020.
- Of the 6.29% sickness reported for May 2020, 1.82% was attributable to COVID-19 related symptoms, with a low figure of 4.47% sickness attributable to non COVID-19 related symptoms.
- Overall Statutory & Mandatory Training rates had continued to be above the 85% target all year. The rate however, showed a decrease in compliance of 2.12% from April to 88.52%.

Members received the update and asked for further information around timeframes for completion of the CTL review. Helen Watkins confirmed that Lee Brooks along with the CTL advisory group were working on the review and discussions were ongoing. Claire Vaughan informed the Committee that Jason Killens had contacted CTL's to begin work on mapping out the process in order to establish a timeline for completion although at present, it was not possible to give an accurate date.

Members also queried whether any modelling had been done to determine the impact of contact tracing upon the workforce if staff were required to isolate

following contact with confirmed Covid-19 cases. Helen Watkins and Claire Vaughn stated that modelling around the effects of contact tracing was one of the elements which had been included in recent modelling to factor in the potential impact of a second wave of Covid-19 infections.

**RESOLVED: That the report was NOTED.**

## **35/20 OCCUPATIONAL HEALTH UPDATE**

Dr Catherin Goodwin gave an overview of the developments and actions taken in the Occupational Health department to address risk and audit concerns, particularly regarding driver medicals and health surveillance. Dr Goodwin informed the Committee that the recent recruitment of a highly experienced Occupational Health Nurse, Mrs Ceri Bryant, had enabled the department to build upon the progress made by the previous Head of Occupational Health and to realise the full potential of the department and deliver a comprehensive service.

Several areas were identified as concerning on the directorate risk register and work was now well underway to address these. This included access for immunisations, undertaking health surveillance for risk assessed roles, timely health screen pre-employment completion and access to Occupational health and Wellbeing services for all staff.

Dr Goodwin further explained that previously, Occupational Health records had included a mix of paper and electronic files. However, the transfer of all paper records to electronic forms was due to be completed over the coming months, providing a more efficient and streamlined system.

Face to face pre-employment medicals were reinstated from 1 July 2020 and all staff who'd had a soft touch medical during the past 3 months would now be called for face to face medicals as restrictions on these had also been lifted. In addition, immunisations were also able to take place.

**RESOLVED: That the update was NOTED.**

## **36/20 WELSH LANGUAGE UPDATE**

Keith Cox gave a verbal update on the Welsh Language standards and informed Members that in terms of timescales and required actions, the Trust was now close to reaching a final position with the Welsh language commissioner on the implementation of the standards. However, one outstanding issue around the implementation of the Standards for NHS Direct Wales was still to be resolved with some of the finer details still to be ironed out.

Keith Cox then informed the Committee that the Trust had been subject to a 'secret shopper' style exercise where the service had received emails and telephone calls

in Welsh as well as having checks done on publications such as pamphlets and articles on the Trust Website. Overall, the Trust had performed well with very encouraging results albeit with some minor improvements still to be made. Thanks were placed on record for the Trust's Welsh Language Officer, Melfyn Hughes for his efforts in liaising and implementing the standards with the Commissioner.

Members received the updated and noted the importance of being able to offer services, support and training bilingually to those members of staff who were more comfortable conversing in Welsh. Members also noted the availability of simultaneous translation through Microsoft Teams for presentations and training purposes.

**RESOLVED: That update was NOTED.**

**37/20**

### **RESOURCE AVAILABILITY PROGRAMME UPDATE**

Lee Brooks updated the Committee on the progress against the resource availability programme. During the Pandemic, the programme had remained on pause. However, now that the Trust was in the Monitoring phase, work on this programme had recommenced. Consequently, progress had been limited although Members were still able to be updated on the status of each project and workstream linked under the programme. These included:

- Improving attendance
- Improving recruitment timescales
- Modernising bank arrangements
- Resource Policy and Practice
- Trade Union Release Time
- Electronic Timesheet Implementation
- Reducing lost hours

Members were updated on the RAG status of each of the workstreams with a collective status of Amber being achieved overall. Lee Brooks then elaborated further on the work around improving attendance and reflected on the learning ascertained from last year's visit to the West Midlands Ambulance Service where a number of aspects had been identified for further exploration by the Trust. It was recognised that further work was required to quantify some aspects of the existing project work streams with this would be prioritised over the next quarter.

Members received the update and recognised the importance of correctly managing and recording sickness absence. Claire Vaughan commented that it was pleasing to see that work on this had now commenced and was gathering pace. Collaborative working between departments and Trade Union partners would also be important in achieving the desired improvements.

**RESOLVED: That the update was NOTED.**



**OPERATIONS QUARTERLY REPORT**

The Operations Quarterly report was presented as read with Lee Brooks inviting any comments or questions from Committee members. Members commented on the success of the Operational Delivery Unit which was essentially a central hub and support network providing leadership for the Welsh Unscheduled Care System, providing a link between the Trust, Welsh Government, and all Health Boards. This had proven to be very beneficial and Members noted that discussions were now being held with Commissioners and Welsh Government to provide sustained funding for the unit.

Members also commented on the volunteering aspect of the report and noted the recent Q&A session to address any questions or concerns they may have had. This had proven to be very popular with Trust Volunteers and on the back of the interest and level of questions submitted in the initial session, work was now underway to see if these sessions could be held more regularly, perhaps every two months or so to ensure the best possible engagement with volunteers.

Finally, Members discussed the ongoing The NEPTS Demand and Capacity Review which had been temporarily suspended due to Covid-19 although work on this had now recommenced. Lee Brooks explained that whilst the review had been suspended from an organisational perspective, the supplier had been able to continue their efforts working with Trust data and consequently, the timeline was not expected to be significantly impacted as a result.

**RESOLVED: That the update was NOTED.**

**UPDATE ON DEVELOPMENT OF TRUST WELLBEING STRATEGY**

Dr Catherine Goodwin gave a presentation on the development of the Trust's Wellbeing Strategy and explained that the strategy had a broad remit, promoting physical health, emotional wellbeing and mental health, as well as financial and social wellbeing. The strategy considered these components across the timeline of a career within the Welsh Ambulance Service, recognising different support at different stages.

Dr Goodwin stated that there should be a clear link between Trust behaviours and the strategy. Therefore, a model adapted from the Good Practice Framework for Mental Health and Wellbeing in First Responder Organisations was being proposed as it linked these aspects together. In order to achieve this, five key objectives had been identified. These were:

- Assess and understand the health and wellbeing of Trust employees.
- Proactively promote protective health and wellbeing at all levels within the Trust for employees and their families and ensure they are available to all.

- Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their career path.
- Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations.
- Strengthen health and wellbeing partnerships within the organisation and the communities the Trust serves.

The strategy outlined how these would be implemented with Members being invited to review these and provide comments and recommendations for its development.

Members received the presentation and queried whether the Trust could look into the possibility of using Charitable Funds to establish a Welsh Ambulance Service 'Association' whereby those people who have worked for the Trust could continue to be involved even after retirement as this is something which has been done previously in the military and proved beneficial. Chris Turley confirmed that this would be an appropriate use of Charitable Funds should the Trust decide to explore this further.

Members noted the detailed and comprehensive nature of the report along with the important changes being proposed. Members commented that further refinement with the aid of Trade Union partners may be helpful in further refining the strategy to optimise the benefits to staff. Dr Goodwin stated that further input from staff would be sought through the Staff Survey as well as seeking feedback from Trade Union partners. This was important in refining the strategy and the more people offering feedback, the greater the final outcome would be.

Claire Vaughan commented that the strategy was still in development and more time would be needed before a finalised version would be available. Accepting that this may delay the final version being submitted for Board approval, members agreed that it would be better to take the additional time to reflect upon feedback and recommendations in order to produce a complete and comprehensive document. Therefore, Members suggested that work continues on the strategy with a view of submitting a finalised version ready for Board approval in November 2020.

**RESOLVED: That the update was discussed and NOTED.**

**40/20**

## **WAST RESPONSE TO EAST SERIOUS INCIDENT INVESTIGATION REPORT AND RECOMMENDATIONS**

Dr Catherine Goodwin discussed the Trust's current position in relation to a serious incident report released by the East of England Ambulance service following the unexpected deaths of three members of their staff in November 2019. The report contained recommendations for the management of death in service incidents and it was therefore prudent for the Trust to undertake a review of its

practices and ensure the service already does or could meet the recommendations.

Prior to being presented to Committee Members, the response had been discussed by the Executive Management Team where it had been well received. Following this, it had been decided that the response should be discussed by the People and Culture Committee for noting and assurance.

The Welsh Ambulance Service had sadly experienced colleague deaths during the last three months, one of which had been an unexpected death. Although clear procedures were effectively followed, the Trust understood that for some issues such as mental health and harassment, there was a need to ensure a proactive approach to providing support.

The Trust already met the majority of the recommendations as outlined in the report. However, areas of continued development included incorporating a formal wellbeing risk assessment into the disciplinary policy, implementing a robust rolling training programme for managers in relation to emotional and physical wellbeing and introduction of wellness action plans for all staff. In addition, it was felt that consideration should also be given on whether to formalise the Death in Service guidance into a policy document.

Members received the response to the serious incident report released by the East of England Ambulance service and following discussions, believed that the Trust should formalise the Death in Service guidance into a policy document. However, the formalised policy should make it clear that it is inclusive of all staff from frontline through to Corporate and Administrative roles.

**RESOLVED: That the response to the serious incident report released by the East of England Ambulance service was discussed and NOTED.**

## 41/20

### LEADERSHIP AND MANAGEMENT DEVELOPMENT STRATEGY UPDATE

Helen Watkins gave a brief overview of the learning and progress made so far on the Leadership and Management Development Strategy. The update noted that the strategy is an evolving document being shaped by the 'direction' and 'priorities' of the Trust, NHS Wales and wider Public Service, Welsh Government and Cultural Awareness i.e. the development of a just culture and what that might mean in the organisations leadership and management approach. Other key aspects included:

- The importance of challenging current approaches to succession planning and talent management and exploring different approaches going forward.
- Recognising that there is a real appetite and openness for approaching the development of Leaders and Managers using different and less traditional approaches. This would include being prepared to take risks when trying different and new approaches.
- Ensuring those for whom the development opportunities were being provided were involved in the development and evaluation.

- Ensuring all learning styles, methods and technologies are part of the delivery plan. Embracing the use of existing technologies such as Zoom, Microsoft Teams and virtual learning platforms. This would enable a wider reach in the organisation allowing the Trust to achieve the maximum spread of ideas utilising the technology now available to us.

Members received the update and queried the Trust's position in regard to the Band 7 OD Manager vacancy which the Trust had since July 2019. Helen Watkins explained that this vacancy had been subject to a review of the OD Teams requirements and budget. However, this had now been completed and the Trust would be advertising the vacancy shortly.

**RESOLVED: That the progress and plans outlined in the report were NOTED.**

**42/20**

## **SUPPORTING THE SURVIVORS**

Claire Vaughan explained that at the Trust Board meeting held on 21st November 2019, a member of staff who had been the subject of violence, aggression and abuse spoke to the Board and explained the immense impact that this had on their work and home life. Following this, the Board agreed an action for a 'deep dive' through the Safeguarding Group and People and Culture Committee looking specifically into domestic violence. Following this, Nikki Harvey gave a presentation on the work which had since been undertaken by the Trust to support victims of domestic violence and abuse.

This work complimented the existing Policies which had been put in place by the Trust following the enactment of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act, which came into force in 2016. Nikki Harvey explained how the Trust had gained a greater understanding of the effects and impact of domestic abuse, violence and aggression since the member of staff had given their account. In particular, it was noted that even when a victim leaves their abuser it does not mean that the abuse and attempts at controlling behaviour would stop. Research had shown that in most instances, leaving was only the first step on a long journey.

Therefore, the Trust had worked with charities such as Womens Aid to provide pathways for staff to get the support they needed and had also worked to ensure that this support was ongoing and not just there in the initial stages. In addition to this, members of staff who had experienced abuse and who now felt able to provide support to other member of staff could be offered the opportunity to receive training in order to achieve this.

Nikki Harvey informed the Committee that as the Trust had become more effective at recognising domestic abuse and providing support, more staff who had been the subject of abuse felt able to come forward and talk with managers about their experiences. It was noted that although the majority of abuse victims were women, some of those members of staff seeking support were men involved in abusive relationships.

Following the presentation, Members discussed the importance of staff feeling supported within the organisation and having the belief and confidence that they were able to openly discuss such difficult issues like domestic abuse with managers. Members also felt that it was important that staff were aware of the support that was available from the organisation as previous experiences had shown that many victims of domestic abuse were not aware that their employer was able to offer support. Members noted that the issue of domestic abuse, violence and aggression was not solely within the remit of Safeguarding and recognised that this impacted upon many departments within the Trust including Mental Health, Wellbeing and Occupational Health.

Members also queried whether the Trust's training could be improved upon to enable staff to feel confident when discussing violence and abuse with other staff members? Nikki Harvey informed the Committee that following discussions with Welsh Government, a tailored 'Ask and Act' training programme had been adopted by the service. This offered the most appropriate and suitable training for enabling staff to better cope with and confront signs of domestic abuse.

**RESOLVED: That the presentation was NOTED.**

**43/20**

## **COVID STAFF SURVEY – TO RECEIVE THE FEEDBACK**

Dr Catherine Goodwin and Fatehullah Tahir updated members on the results of the Covid-19 Staff survey. The Covid-19: Have Your Say survey was developed in partnership as a vehicle to obtain rich and timely feedback. Dr Goodwin explained that survey was circulated on 1st June 2020 to all Trust employees as they were best placed to provide feedback during pandemic period. The survey was designed in partnership to enable information to be gathered and then analysed over a number of categories reflecting the roles and activity in the organisation. This included staff returning to the workplace following a period of working from home, being redeployed, shielding and those who had continued to provide a service in their existing roles with different pressures.

In total 584 responses were received with the results being considered along with intelligence being gathered and received across the organisation, including the Public Survey, Clinical Audit and dovetailing with the Resilience-led Interim Evaluation process. Therefore, it was vital to join up the information and thinking gathered from the Survey to ensure colleagues had confidence that the Trust was listening and making changes as unfortunately, there was a strength of feeling from those completing the survey that nothing would change.

Members received the update on feedback from the staff survey and commented on how the information which had been provided by staff represented an opportunity for the Trust to really move forward in certain areas and was very positive for everyone involved. Furthermore, a number of engagement programs were scheduled to take place and it was important to ensure that staff continue to be involved and engaged in the development of Trust practices. However, it was recognised that staff participation in the survey was not as high as the organisation would have liked and more work may need to be done to understand how the return rates could be improved.

**RESOLVED: That the update was NOTED.**

#### **44/20 COMMITTEE ASSURANCE FRAMEWORK**

Claire Vaughan highlighted the key aspects of the developing People and Culture Committee Assurance Framework for the Committee's attention. These included:

DBS Checks - Having been identified as a risk, the Trust continued to process retrospective DBS checks on staff and to date only 85 staff remained who require a DBS check and do not have an appropriate check on file. Of these, 23 were currently being processed by the DBS, leaving 62 to be completed.

Sickness Absence - While sickness absence continued to be a risk for the Trust, current levels of Non Covid sickness were reported at the lowest levels since May 2018. However, the monitoring of sickness absence levels and cases would continue, ensuring appropriate management while recognising the impact of Covid-19 on the Trust's ability to progress some cases.

**RESOLVED: That Committee Members received the report and its contents were NOTED.**

#### **45/20 AUDIT TRACKER AND RECOMMENDATIONS**

Claire Vaughan introduced a report on the Audit Tracker recommendations which provided an overview of Internal Audit reports and associated recommendations with relevance to the People and Culture Committee. This enabled Members to be sighted on the recommendations and be aware of the current status of the agreed actions. The report also outlined the impact of Covid-19 on the delivery of the agreed action plans and the impact on timescales for delivery.

The Internal Audit report recommendations highlighted areas including Continuous Professional Development, Drivers Medicals, Personal Safety, Violence and Aggression, Staff Engagement and Communication and Trade Union Release Time. The report set out current progress towards these objectives with work ongoing to ensure that the recommendations were implemented.

The Chair asked to be kept updated in regards to progress against the Audit recommendations as the next meeting of the Audit Committee fell before the next meeting of the People and Culture Committee where the Chair intended to attend and update the Audit Committee on the progress against the recommendations. For the purposes of good governance, information and updates would be shared between Committee Members prior to the Chair addressing the Audit Committee.

**RESOLVED: That members RECEIVED and NOTED the report.**

**46/20 DRIVERS MEDICALS AUDIT REPORT**

The Drivers Medicals Audit report presented as read for Committee Members to review. The paper set out the main areas of concern highlighted in the report and provided an update on progress already made to address any gaps in assurance. Committee Members were asked to note the concerns identified through the Audit Report and the actions being taken to ensure a robust process was in place to ensure all staff who were required to drive Trust vehicles were medically fit and appropriately trained to do so.

**RESOLVED: That the report was NOTED.**

**47/20 CASE MANAGEMENT REPORT 2019/20**

Claire Vaughan provided a brief overview of the first Case Management report the Welsh Ambulance Service Trust had produced for the NHS Wales Anti Violence Collaborative. The document set out the process for dealing with incidents of Violence and Aggression against National Health Service staff in Wales. The report detailed what the Trust had been doing in terms of improving and encouraging staff to report all incidents of patient violence and also promoted the Obligatory Responses to Violence in Healthcare within the organisation.

**RESOLVED: That the report was NOTED.**

**48/20 PARTNERSHIP ANNUAL REPORT**

Helen Watkins gave an update which highlighted the key areas of activity which had been undertaken and reported through the Welsh Ambulance Services NHS Trust Partnership team (WASPT) during the period 2019/20. The report showed that the Trust was committed to partnership working and emphasised the key areas of activity on which Trade Union Partners and Trust managers had been engaged over the past 12 months.

The report had been shared with Trade Union Partners for their input and comment and affirmed that the Trust was committed to continued working in partnership over the forthcoming 12 month period. The Committee was asked to note the contents

of the report and recognise the continued success of Partnership Working within the Trust.

Members received the report and commented on the importance of continued partnership working with Trade Union Partners as this had proven to be a success and was of real benefit to staff, the Trust and the service as a whole. Members also noted the scale and breadth of the work which had been undertaken so far and the commitment to continue this moving forward. Finally, Members expressed their desire that the report is made as visible as possible to Trust staff in order for them to be aware of the work being done and to assure them of the continued commitment to partnership working.

**RESOLVED: That the report was NOTED.**

#### **49/20      REVISED RESERVE FORCES - TRAINING AND MOBILISATION POLICY**

Helen Watkins introduced the Reserve Forces – Training and Mobilisation policy to the Committee and explained that the policy was a revised version of its predecessor which had already been in use with the Trust. The Policy was being presented to the Committee with formal adoption being sought.

The policy had been reviewed in partnership, and the revised version, with minimal changes, was agreed by the Welsh Partnership Forum on 5 March 2020 and issued on 26 June by the NHS Wales Employers on behalf of the Joint Chairs of the Welsh Partnership Forum and had now become the standard policy for the training and mobilisation of reservists within the NHS in Wales.

Members approved the formal adoption of the Reserve Forces – Training and Mobilisation Policy and noted that the usual approval route through the Welsh Ambulance Services Partnership Team had not been possible on this occasion. Members agreed that the Policy would be retrospectively presented to the Trade Union Partnership Cell after its adoption.

**RESOLVED: That the adoption of the Reserve Forces – Training and Mobilisation Policy was APPROVED.**

#### **50/20      LESSONS LEARNT FROM TRIBUNALS**

Helen Watkins updated the Committee on the lessons learned from a recent Employment Tribunal case and explained that the Trust was keen to understand the opportunities from the case which would enable Trust managers to improve the management of Employee Relations cases and reduce the risk of financial costs and potential reputational damage in the future.

A number of areas were identified where key lessons could be learnt including delays to the investigation stage of the disciplinary process, the recording of Minutes at hearings and differences between wording in the All Wales Disciplinary Policy and



wording in the Trust's Code of Conduct. As a result, the following next steps were identified for implementation:

- Provide feedback to the wider operational HR Team.
- Explore what further support the Trust can offer internal Investigating Officers who agree to investigate incidents on behalf of the service.
- Explore an appropriate way to Minute hearings going forward.
- Consider policy wording changes.

Members received the update and queried what more could be done to address the length of investigations and to speed up the investigation process. Helen Watkins accepted that the length of time taken to complete investigations could be detrimental to all those concerned, including Investigating Officers, witnesses and the person who was the subject of the investigation. However, there was no simple answer to this although work would continue to try and streamline the process without compromising the quality or integrity of the investigation.

**RESOLVED: That the contents of the report were NOTED.**

## **51/20 ISSUES TO BE RAISED AT BOARD**

The Chair identified a number of areas which would require further discussion with the Board. These included the Wellbeing Strategy, Reservist Policy, Safeguarding and Policy approval. Further discussions would take place with Claire Vaughan around these areas prior to them being raised.

**RESOLVED That the issues noted above would be raised for discussion at Board level.**

## **52/20 MINUTES OF SUB-GROUPS**

Sub Groups had been unable to meet as a result of Covid-19. Accordingly, no Minutes were available.

**RESOLVED That as none of the sub groups had held meetings and therefore, no Minutes were available.**

**Date of Next Meeting: Tuesday 13 October 2020.**

**CONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING  
(CLOSED SESSION) HELD VIRTUALLY VIA MICROSOFT TEAMS ON 14 JULY  
2020**

**Chairman: Paul Hollard**

**PRESENT:**

|                        |                                                   |
|------------------------|---------------------------------------------------|
| Paul Hollard           | Non Executive Director and Chair                  |
| Keith Cox              | Board Secretary                                   |
| Alexander Crawford     | Assistant Director of Planning                    |
| Chris Turley           | Director of Finance and Corporate Resources       |
| Claire Roche           | Director of Quality and Nursing                   |
| Professor Kevin Davies | Non Executive Director                            |
| Bethan Evans           | Non Executive Director                            |
| Joga Singh             | Non Executive Director                            |
| Angela Roberts         | Trade Union Partner                               |
| Craig Brown            | Trade Union Partner                               |
| Estelle Hitchon        | Director of Partnerships and Engagement           |
| Dr Catherine Goodwin   | Organisational Culture & Workplace Wellbeing Lead |
| Andrew Challenger      | Senior Education and Development Lead             |
| Sharon Thorpe          | Trade Union Partner                               |
| Sarah Davies           | Workforce and OD Business Manager                 |
| Nikki Harvey           | Head of Safeguarding                              |
| Lee Brooks             | Director of Operations                            |
| Paul Seppman           | Trade Union Partner                               |
| Claire Vaughan         | Director of Workforce and OD                      |
| Helen Watkins          | Deputy Director of Workforce and OD               |
| Sara Williams          | Workforce and OD Business Partner                 |
| Fflur Jones            | Audit Wales                                       |
| Chantal Patel          | University Representative                         |
| Jeff Prescott          | Corporate Support Officer                         |

**APOLOGIES:**

|               |                                    |
|---------------|------------------------------------|
| Andy Swinburn | Assistant Director of Paramedicine |
| Pam Hall      | Non Executive Director             |

**06/20 WELCOME AND APOLOGIES FOR ABSENCE**

The Chairman welcomed all to the meeting of the People and Culture Committee and advised that the meeting was closed to members of the public and was being audio recorded.

**07/20 DECLARATIONS OF INTEREST**

The standing declaration of Professor Kevin Davies as Independent Member of St John Cymru and Chantal Patel as a Member of Swansea Bay University and Chair of Swansea Bay University Health Board Clinical Ethics Committee were recorded.

**RESOLVED: That the declaration as described above was RECORDED.**

**08/20 SUSPENSIONS UPDATE**

Helen Watkins provided the committee with a brief overview on the number of suspensions in the Trust which were over 4 months in duration. The report also included a short summary of cases which had been lodged with the Employment Tribunal. The report showed that there were currently four employees who have been on suspension for over four months under the Disciplinary policy within the Trust. In addition, two cases had been lodged with an Employment Tribunal against the Trust.

**RESOLVED: That the update was NOTED.**

**09/20 ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting: Tuesday 13 October 2020**

# DRAFT

## MINUTES OF THE CLOSED SESSION OF REMUNERATION COMMITTEE HELD ON 11 AUGUST 2020 VIA TEAMS

### PRESENT:

**Members:** Martin Woodford (MW), Trust Board and Remuneration Committee Chair  
Emrys Davies (ED), Non Executive Director  
Joga Singh (JS), Non Executive Director  
Martin Turner (MT), Non Executive Director

**In attendance:** Julie Boalch (JB), Corporate Governance Manager  
Nathan Holman (NH), Trade Union Partner  
Jason Killens (JK), Chief Executive  
Chris Turley (CT), Director of Finance and Corporate Resources  
Claire Vaughan (CV), Director of Workforce and OD

### 13/20 Welcome, Apologies for Absence and Declarations of Interest

13.01 **MW** welcomed everyone to the meeting

13.02 Apologies for absence were noted for Keith Cox, Pam Hall, and Damon Turner.

13.03 The declarations of interest in respect of Emrys Davies as a former member of UNITE and Nathan Holman as Chair of Llannon Community Council were noted.

### 14/20 Minutes and Action Log

14.01 The Minutes of the Remuneration Committee meetings held on 13 April 2020 and 5 June 2020 were confirmed as correct records. **KC** was requested to review the Trust's Standing Orders and also the Committee's terms of reference with regards to how Members access the full Minutes of meetings in cases where only redacted Minutes have been presented to the Committee.

14.02 The Action Log was reviewed and updated as stated in Minutes 14.03 and 14.04 below.

14.03 The Committee noted that alternative options were now being considered with regards to the outstanding action regarding the proposed trial of the payment of primary rest breaks when crews are delayed at Morriston Hospital and therefore agreed that the matter be closed. In doing so, Members were

informed by **CV** that unless there were specific payment implications, such as incentives arising from any revised approach, that the matter would not be referred back to this Committee. Members supported this approach for this issue but requested **KC** to examine options for the forward planning of issues for the Committee's attention.

- 14.04 **JK** informed the Committee that the remit of Deputy Chief Executive would remain with the Medical Director through to 31 December 2020 and that he was currently undertaking a review of the responsibilities of the Medical Director post and that this would be presented to Trust Board in due course. Members agreed to close the outstanding action arising at the 31 March 2020 meeting.

#### **15/20 2019/20 Senior Manager Remuneration Tables – Procedural Statement**

- 15.01 **MW** explained the process the Trust had followed in signing off the 2019/20 senior manager remuneration tables ahead of their submission to Audit Wales and Welsh Government.

#### **RESOLVED: That**

- (1) the process undertaken for gaining sign off to the 2019/20 senior manager remuneration tables ahead of their submission to Audit Wales and Welsh Government be **NOTED**.

#### **16/20 Exit Settlement for a Former Executive Director of the Trust**

- 16.01 The Committee considered a proposed settlement agreement for a former Executive Director of the Trust designed to deliver an amicable and mutually agreeable end. Members were informed that any payment made as part of the terms of the settlement would require Welsh Government approval before the Trust was able to make a formal offer.

#### **RESOLVED: That**

- (1) the preferred option of settlement at a value of [REDACTED] for [REDACTED] [REDACTED] to leave the Trust with effect from 31 August 2020 subject to agreeing terms of a qualifying settlement agreement and subject to Members receiving details of the calculation be **SUPPORTED**
- (2) approval from Welsh Government for the settlement payment as required by Chapter 6 (Losses and Special Payments) IFRS NHS Wales Accounts Manual prior to confirming any offer to [REDACTED] be **SOUGHT**

#### **17/20 Voluntary Early Release Severance (VERS) Application**

- 17.01 **CV** explained that a request for Voluntary Severance, utilising the framework of the Voluntary Early Release Scheme (VERS), had been received. The voluntary request was supported by the responsible Executive Director, Executive Medical Director, the Executive Director of Workforce and Organisational Development, the Executive Director of Finance and Corporate Services and the applicant's line manager.

17.02 Members were informed that the applicant met all five criterion for VERS and that assurances had been provided that the work currently undertaken by the applicant could be absorbed by other team colleagues within their current duties and that the post would not be filled. **CV** explained that as the cost of the application was less than £50k, this matter did not require Welsh Government approval.

**RESOLVED: That**

- (1) **the offer of a voluntary settlement, under the framework of VER, for [REDACTED] be SUPPORTED.**

**18/20 Any Other Business**

18.01 There were no other items of business

**19/20 Date of Next Meeting**

19.01 The next scheduled meeting of the Remuneration Committee was confirmed as 22 September 2020.

## **CONFIRMED MINUTES OF THE MEETING OF THE CHARITABLE FUNDS COMMITTEE HELD ON 2 JUNE 2020 VIA TEAMS**

### **PRESENT:**

|                |                                             |
|----------------|---------------------------------------------|
| Kevin Davies   | Chairman & Non Executive Director           |
| Bethan Evans   | Non Executive Director                      |
| Paul Hollard   | Non Executive Director                      |
| Chris Turley   | Director of Finance and Corporate Resources |
| Claire Vaughan | Director of Workforce and OD                |
| Keith Cox      | Board Secretary                             |
| Jill Gill      | Financial Accountant                        |
| Gareth Price   | Trade Union Partner                         |

### **APOLOGIES**

|                 |                                         |
|-----------------|-----------------------------------------|
| Estelle Hitchon | Director of Partnerships and Engagement |
| Damon Turner    | Trade Union Partner                     |

### **09/20 DECLARATIONS OF INTEREST**

The standing declaration of Professor Kevin Davies being an independent Trustee of St John Ambulance was noted.

**RESOLVED: That the standing declaration as described above was NOTED.**

### **10/20 MINUTES OF PREVIOUS MEETING**

The Minutes of 13 February 2020 were confirmed as a correct record.

### **11/20 ACTION LOG**

**Action 1:** The Director of Workforce and OD and Director of Finance and Corporate Resources confirmed that they had not yet met regarding the volunteer strategy. The Director of Finance and Corporate Resources mentioned that his fundraising presentation under item 3 would make reference to this as part of the wider approach.

**Action 2:** Members agreed that whilst a Board Development session had been attended recently, this did not specifically address charities such as PONT. The matter would be picked up as part of the discussion at agenda item 3.

**Action 3:** The Director of Workforce and OD apologised that due to recent events an update paper was not available on the benevolent fund. However she confirmed that an update would be provided at the next meeting. Currently staff were directed to TASC for help and support. Members were reminded that consideration needed to be given as to whether an independent benevolent fund should be established. It gave rise to the broader proliferation of charities, and it was noted that clear agreement was needed.

**Action 5:** The Director of Workforce and OD updated members on the MOUs for WAST staff to utilise co-location gym equipment and confirmed that the issue is being progressed by members of her team. An update will be provided at the next meeting.

**RESOLVED:** That the Director of Workforce provide an update on both the benevolent fund and MOU issues at the next meeting.

## **12/20 INCOME AND EXPENDITURE FOR THE PERIOD 1 FEBRUARY 2020 – 31 MARCH 2020**

The Director of Finance and Corporate Resources informed members that the papers presented were a summary of all recent transactions. The full set of annual accounts would be collated and presented to the next committee meeting.

A query was raised on the expenditure of badges, which the Board Secretary believed to be the enamel year of the nurse badges, approved by the Bids Panel. The Financial Accountant was asked to look into this and confirm if that was the correct.

The Committee was pleased to note the work of the Bids Panel which has resulted in funds now being spent.

**RESOLVED:** That the income and expenditure as presented be noted.

## **13/20 WAST REGISTRATION WITH NHS CHARITIES AND DONATION PLATFORMS**

The Director of Finance and Corporate Resources shared, by way of a presentation, the outcome of discussions at Executive Team on the future direction of Charitable Funds. The Trust had been able to reflect on the increased profile of the charitable fund within the organisation together with the public generosity towards the NHS. The Executives concluded that we need to be more proactive at fundraising as opposed to solely relying on donations. By not being on digital platforms, we were missing opportunities of raising funds.

Encouraging staff also to raise funds for the Trust may impact on other charities the Trust was affiliated to. The view of Executive Team was to build a WAST



brand of charity. It was felt that this element could not be added onto the role of an existing employee and suggested that there was a need for a full time dedicated fundraising post, proposing it could be funded from the Charitable Fund. It was expected to be a self-financing post, but members were made aware that an exit strategy may be required, should this not be the case

The Committee discussed digital platforms and the Director stated that an evaluation and decision would be required on which platform (s) would be most suitable to use. A fuller more detailed proposal would be brought to the Committee at later date.

Members discussed the need for a dedicated resource and were supportive of the post, observing the need for additional detail as to where the job may be pitched, recognising the need for the post to be both strategic and a hands on approach. It was felt that there were lots of positives to focus on with the reach being all Wales and the possibility of building on a brand rather than the creation of a new one, with the involvement of the PECCI Team.

It was confirmed that WAST was able to register for a share of the money that Sir Captain Tom raised for the NHS, and was able to benefit from a £60k share of this money. The fund, albeit a restricted fund, was essentially to help our staff and volunteers as a result of the pandemic. The Trust must be descriptive on how and on what it has been spent. It was suggested a small sub group be set up specifically in relation to this fund. Members remarked on the good news.

**RESOLVED: That the employment of a member of staff supported by the Charitable fund be agreed and the detail progressed.**

#### **14/20 BENEVOLENT FUND**

The Director of Workforce and OD confirmed that recent events had prevented any progress being presented to the Committee. The Director of Finance and Corporate Resources suggested the Committee could link this to earlier item that this could essentially come within the boundaries and could be considered as an arm of the Charitable Fund.

#### **15/20 MEMORIALS FOR LOST COLLEAGUES**

Members were provided with background information and discussed the need to recognise colleagues, both on a national and local level, who had sadly died in service, regardless of the cause. This had been recently highlighted more so during the pandemic.

The idea of a memorial board was supported by both the Executive Team and TU Partners, to be replicated and located at each of the three main Trust sites.

Members debated the need to include those staff that had passed away since the creation of the Welsh Ambulance Services NHS Trust and not just those from April 2020, recognising the sensitivity around approaching the families for permission to add these names. The upkeep of a more enhanced digital service was considered to be time consuming and costly

It was agreed that stations could apply for Charitable Funds to commemorate a member of staff on a personal more local level by way of a bench etc.

The issue of floral contributions was raised. The Director of Workforce and OD confirmed this was contained within an existing process, which set out the steps that needed to be taken.

**RESOLVED: That**

- 1) the proposal for memorial boards in each of the three main Trust sites be supported and developed; and**
- 2) plans for suitable local memorials be developed and shared.**

**15/20 BIDS PANEL UPDATE**

The Board Secretary confirmed that due to the ongoing pandemic, the Bids Panel had cancelled its meeting in April. Throughout this time there had been one emergency purchase of a television for a station in the North.

It was felt that the Bids Panel could now meet again and would arrange a meeting prior to the next meeting of the Committee.

**Resolved: That a Bids Panel meeting would be held prior to the next meeting of Charitable Funds Committee.**

**Date of next meeting: 3 September 2020.**