

## **Response to the report of the National Assembly Audit Committee's report on the Follow up Review of Ambulance Services in Wales:**

### **Committee Report (3)-08-R10**

We welcome the findings and offer the following response to the ten recommendations in the report.

- 1 Recommendation:** One of the most fundamental challenges facing the Trust is addressing the low staff morale. The workforce remains the Trust's greatest asset and improving their engagement with the improvement agenda and pride in the organisation will have wide-ranging benefits for the organisation.

**We recommend that the Trust develops an action plan specifically designed to improve staff morale which includes actions to:**

- a) **improve communication between the Trust and its operational staff. The Trust must proactively reach out to its staff to convey its messages about the way ahead, and to capture staff views on how the Trust can improve. In achieving this improved communication the Trust must strike an appropriate balance between face-to-face contact from managers and reliance on the intranet.**
- b) **bolster workforce confidence and understanding in the Trust's modernisation plan, *Time to Make a Difference*. Having decided to refocus its modernisation plan, the Trust should now ensure that the revised vision is understood, each member of staff should be sent a leaflet summarising only the key actions and objectives. The leaflet should be clear about what is being done and crucially, why it is being done;**
- c) **set specific personal objectives for the Trust's executive directors, Clinical Team Leaders and Locality Ambulance Officers to contribute to improved morale, supported by objectives for each member of staff to support modernisation;**
- d) **address perceptions of bullying and harassment by issuing a clear memorandum to all staff acknowledging the perception of bullying and harassment and stating the Trust's intention to eradicate unacceptable behaviour. The Trust should make clear to staff what behaviour is expected of them and their colleagues. Staff should receive clear guidance on what action they should take if they experience or witness bullying and harassment and the Trust should reiterate the various external welfare support available to its staff;**
- e) **demonstrate that the organisation values its staff and the vital work they do. Where staff members' views are used to improve the Trust, these staff should be given full credit, and the Trust should set up systems to reward staff who demonstrate particularly positive behaviours, through**

**the implementation of staff appraisal but also the by recognising and publicising the good work being carried out by its staff; and**

**f) involve staff more fully in discussions about demand analysis and rotas so that the statistical information is augmented by detailed local knowledge.**

**Accepted:** a) WAST has created and continued to develop a Staff Survey Improvement Plan in partnership with staff side colleagues. This has been an evidence-based approach to address the key issues of morale that were identified in the Employee Engagement Survey undertaken by the whole of NHS Wales in Oct 2007. The Plan was submitted to WAG for review in July 2008. Specifically, there are four key themes: investing in Line Managers development (e.g. Management Skills Learning Programme (MSLP)); ensuring that structures are in place (e.g. Personal Development Plans (PDR)/Key Skills Framework (KSF)); providing clarity on how to communicate effectively; involving as many colleagues as possible (localised plans).

All elements of the plan are well underway and progress is reported to the Executive Management group and Trust Board at every Board meeting.

WAG is working closely with the Welsh NHS Confederation to produce best practice guidance for Communications, particularly with a view to the introduction of a Welsh model for Team Briefings. This guidance is expected to be published in Spring 2009.

The Trust has ensured that every manager is aware of the importance of regular face-to-face contact with individual members of staff and reported at Executive Management meetings, Trust Board, MSLP programme. This is also placed on the Trust intranet. All managers are expected to ensure that they meet their staff regularly, with updates being monitored through the Regional Directors.

Of particular note, the Trust is about to launch some guidance for staff about good communication practice which has been developed with the Centre for Equality and Human Rights (CEHR) and in partnership with Staff Side representatives. A number of Trusts have stated that they would be keen to use the work that has been done in their area.

b) WAST has produced a leaflet to be published in their staff magazine, Siren, asking for their support for the Modernisation Plan. The magazine is available to all members of staff both paper based and electronically by early December 2009.

c) The Trust has committed to ensure that every member of staff has a PDP in place by the 31<sup>st</sup> December 2008. In order to get to this point, every manager is being set objectives in line with the Trust and Directorate objectives.

At the trust board on the 25<sup>th</sup> November 2008, each director will be required to give an update.

Support for the Modernisation Plan will be included in the Clinical Team Leaders (CTL) job descriptions.

**Timescale: 31 December 2008**

d) NHS Wales has an All Wales Dignity at Work Policy which clearly indicates that there should be an eradication of inappropriate behaviour.

WAST has created a specific workstream as part of the Staff Survey Improvement Plan, in partnership with Staff Side colleagues and the NHS Wales Centre for Equality and Human Rights (CEHR), to tackle the high levels of perceived bullying and harassment reported in the Survey.

This work includes creating and implementing a new policy, setting up an Equality and Human Rights Committee, providing appropriate learning to managers and staff. These, and the other actions, are being pulled together in a co-ordinated campaign to ensure that all staff are aware of the behaviour that is expected. CEHR have analysed the Trust's staff survey report and the resultant recommendations were approved by the Board in September and will be progressed by the Equality and Human Rights Committee. The bulk of the actions will be completed by July 2009.

e) A Staff Recognition Scheme has been created and implemented.

Additionally, one of the key messages is the importance of appreciation of, and from, colleagues (especially managers towards their staff). This is being emphasised in specific written material for every member of staff and within the MSLP sessions with managers.

f) WAST managers have set up forums to try to help improve employee involvement in their ways of working through local action plans. WAG lead to attend WAST JNCC in full on 2<sup>nd</sup> December to outline the introduction of Improving Working Lives (Wales) HR standard in Summer 2009. Staff are involved in the development of deployment plans and rotas and complementary work under the workforce planning action plan (see 6 below).

- 2 Recommendation:** The ongoing difficulties in recruiting a full-time HR director have affected the Trust's progress in appointing Clinical Team Leaders and implementing staff appraisals.

**After the appointment of the new tier of Clinical Team Leaders, we recommend that the Trust:**

**a) empower the team leaders and ensure that they invest time to gain the trust and confidence of operational staff; the Trust needs to provide them with sufficient training and time to be able to make a**

**difference in the new role; and**

**b) introduce staff appraisals quickly even if the system requires further development over time. And since many staff will be unfamiliar with appraisal processes and they should be given clear guidance on what is expected of them and what the process aims to achieve.**

**Accepted:** Full time HR Director has now been appointed and took up post on 1 November 2008.

a. All Band 6 Paramedic Supervisor posts in WAST will be consolidated to the Clinical Team Leader (CTL) role.. WAST has chosen to establish team leaders as previously the paramedic supervisors had an ill defined role which led to difficulties, including poor communication and remote line management. WAST see the new team leader roles as critical as the new role will have very clear line management responsibilities, will be more local, managing small groups of a dozen or so staff ( as opposed to a remote manager managing in excess of 50 paramedics).

The team leader will have responsibility for the development and assessment of the clinical practise of the paramedics within their team. The role will also improve communication which has been a long standing problem for the Trust. The team leaders will undertake clinical work but will also be given dedicated time to fulfil their team leader responsibilities to take forward the development of the clinical practise of their team.

The implementation plan for the introduction of CTLs incorporates a detailed development programme which includes a Personal Development Review (PDR) within the first two months of commencement of the role. This will result in a PDP for each CTL. Some regions have appointed CTL's (30 in total)and to ensure consistency across the Trust the remaining Paramedic Supervisors will be slotted in to CTL posts over the next 2-3 months and afforded appropriate support and development.

At the end of October, over 90% of staff had agreed post outline assigned to them. By the end of November, all WAST will have approved and assigned KSF outlines.

**To be completed by 31st January 2009.**

Protected time for the leadership elements has been built into the job profile.

b. WAST Regional Directors are undertaking personal appraisals which include clear expectations about the delivery of appraisals and the volume, quality and number to be undertaken by given milestones. It is anticipated that all non operational staff will have an agreed Personal Development Plan following a

PDR meeting by the 31st December 2008. 50% of operational staff will be completed by 31st March 2009. Control Staff will be completed by 31st March 2009. Regional Directors to be completed by 30th November 2008.

- 3 Recommendation:** There is a lack of adequate technology which could support improvements in the speed with which the Trust's ambulances can respond to emergencies. Control room staff do not have access to technology that tells them the precise location of ambulances. The Trust has requested funding from the Assembly Government for an automatic vehicle location system (AVLS) and for improved technology for sending information about an incident from the control room to mobile data terminals onboard ambulances.

**We are concerned about the slow progress in putting AVLS in place and the fact that this issue has not been progressed since we last took evidence on ambulance services. Therefore we strongly recommend that the Assembly Government consider and decide upon the Trust's business case for these technologies as a matter of urgency.**

**Accepted:** The Business Case was submitted in April 2008 and has gone through the required scrutiny process. However, to date the issue of the unfunded recurring revenue consequences of £961k has not been resolved, preventing the Business Case from progressing. In addition the Trust are seeking additional capital charges of £640k per annum.

Officials have met with WAST and HCW and have asked them to agree how the revenue costs of the system will be funded. The funding issues will be resolved shortly.

HCW's position has been that whilst they support the business case in principle the associated revenue consequences are unaffordable. Meetings have been taking place between HCW and WAST to resolve this issue. On 5<sup>th</sup> November HCW wrote to WAST with a proposal. This is currently being considered by WAST and further discussions are taking place with HCW.

- 4 Recommendation:** The Trust has improved its estates function by creating three regional estates manager positions and by introducing an executive director with specific responsibilities for estates and ICT. However, the Trust still has no detailed estates strategy beyond a Strategic Outline Case which is being reviewed, pending approval, by the Assembly Government.

**We recommend that:**

- a) the Assembly Government ensure that there are no unnecessary delays in its consideration of the Trust's Strategic Outline Case (SOC) so that the Trust can quickly develop its detailed estates strategy;**
- b) the Trust develop a detailed estates strategy that addresses the**

**backlog of maintenance within the current estate and ensures the Trust develops an appropriate mix of ambulance stations and social deployment points. The strategy should also give full consideration to the way it might share facilities with other emergency services; and c) The Trust proactively involve its staff in the development of its estates strategy because this is likely to involve changes to ambulance station locations and deployment points.**

**Accepted:** a.) – b.) The Assembly Government has received a SOC in respect of Phase 1 of the Trust's Estate Strategy. This is with the Minister for approval.

This SOC sets the overall strategic direction for the estate and identifies a preferred way forward. The SOC seeks approval to proceed to the development of detailed business cases for important developments, including Wrexham and Cardiff.

WAST proposes to build Ambulance Resource Centres at Cardiff and Wrexham the latter scheme being in collaboration with the North Wales Fire and Rescue Service. An Ambulance Resource Centre is a bespoke building designed to accommodate a number of functions including, garaging for vehicles, facilities for staff training, make ready and fleet maintenance.

It should also be noted that the Assembly Government has also requested WAST to produce an overarching strategic document that describes the inter-relationships between the various capital business cases, i.e. the Estates SOC, the mobile data system business case and the business case received for vehicle replacement. This is in development. WAST has also been requested to produce a vehicle strategy to support their annual request for funds to replace vehicles. Discussion on this is ongoing

c.) The Trust has confirmed that Steering Groups had been formed, including an 'Estates & Fleet Steering Group' to which staff-side representatives attended.

- 5** **Recommended:** There is a need for ambulance services to be more fully considered within the updated Wales Spatial Plan. The plan will help shape the future of the road network in Wales and this could have significant impacts on the Trust's ability to respond to emergencies.

**We recommend that the Assembly Government include the ambulance service more fully in the spatial planning process. Representatives of the Trust should become involved in each of the six area strategy groups that have been established.**

**Accepted:** The Spatial Plan team will make contact to ensure the ambulance service is fully briefed on the development of the spatial planning system. The NHS is represented in each of the spatial plan areas through a nominated chief

executive representative. They will be asked to share papers and reports with the ambulance service and arrange regular liaison meetings to ensure that it is aware of issues being discussed.

The Trust will discuss with the Welsh Assembly Government how it can become fully involved in the spatial planning process.

**6 Recommended:** The Assembly Government's *Delivering Emergency Care Services* strategy presents wide-ranging opportunities to reshape the current system of unscheduled care and to improve outcomes for patients. The Trust is a key player in the delivery of these services and needs to play a major role in developing the new care pathways that will result from the new strategy and which will depend on an effective understanding of demand for unscheduled care services. **We recommend that:**

**a) through its involvement in the ambulance modernisation workstream within DECS the Trust work with its partners to develop a more robust understanding of the volume and nature of demand for unscheduled care services;**

**b) the Trust and its partner organisations use the improved knowledge of volume and demand to redesign new types of services and care pathways that provide fast, effective care for patients whilst minimising the pressure on key parts of the unscheduled care system; and**

**c) to prepare the Trust's staff for delivering new types of services the Trust produce a comprehensive workforce development plan which should include relevant training and education programmes to ensure staff are appropriately skilled to provide an enhanced range of clinical services that would allow them to treat and refer an increasing number of patients without transporting them to hospital.**

**Accepted:** a. WAST has been working with health and social care partners with the principal aim of identifying duplication and gaps in health services; defining the future of unscheduled care (USC) by determining the right service model; and developing a plan to implement changes. This has been approached in a number of ways:

- WAST membership on the USC in fall Partnership Boards – to ensure that the Trust integrates with the plans being developed by the Welsh Health Communities;
- A workshop for all NHS Wales USC/DECS leads, hosted by WAST. The workshop was supported by the National Leadership and Innovation Agency for Healthcare (NLIAH).
- Participation in the Wales Audit Office (WAO) USC in full study.

The Trust does not routinely gather data on unscheduled care via ambulance response, although there is a recognition that a great deal of 999 calls (rough estimate of 60%) would be more appropriately measured via clinical targets (e.g. not purely time based, but based on minimum time to definitive care / right level of care). To better understand the demand and measurement of this

data WAST will be participating in the 'intelligent target' setting work, which is going to be led by WAG. Specifically to work with the core group for unscheduled care that will report to the steering group for health improvement measures.

b. The Annual Operating Framework (AoF) for 2009-10 will require health communities to develop 2-year Local Delivery Plans (LDP's) for unscheduled care services. The LDP's will require WAST / communities to clearly identify levels of demand on unscheduled care services, how the demand is currently met, and identify how the demand and service profile will change in the future. The LDP will be required to set out the plan for delivering the improvements in the system. The LDP template will be issued in December 2008, with responses due by March 2009.

WAG is currently developing Phase 2 of DECS which will set out a number of operational standards for unscheduled care which WAST / health communities will be required to work towards, demonstrated within the LDP.

WAST and health communities have completed an NLIAH facilitated baseline assessment of their unscheduled care systems (October 2008) which will provide much of the information required to develop the LDP plan for December. The Trust is working in partnership with the health communities to ensure these plans are integrated and robust.

**Timescale: December 2008 / March 2009**

c. WAST has a workforce action plan in place which incorporates the development of appropriate planning structures internally and externally. WAST Regional Directors are members of the relevant health community planning forums and the Trust has set up a Workforce Planning Steering Group to implement and develop the action plan. This action plan will facilitate working closely with NLIAH and the integrated NHS Wales workforce planning processes. The work has already started to show progress in embedding workforce planning into operational decision making. Coupled with the action to implement the KSF and PDR process, this will enable the Trust to finalise a robust training and development plan by the end of the financial year.

**Timescale: 31 March 2009**

- 7 Recommended:** It is unacceptable that excessive handover and turnaround times at hospital accident and emergency departments affect the patient experience and ambulance crew capacity. These excessive handover and turnaround times are a serious problem for patients in accident and emergency, in the care of paramedics outside the accident and emergency department, and for those waiting for an ambulance.

**We recommend that:**

**a) the Assembly Government use its monitoring of performance against**

**the new 15 minute handover target to identify and address the root causes of excessive handover times;**  
**b) NHS trusts carry out regular, frequent analysis of the reasons for excessive handover times and should dedicate significant effort to reducing the extent and impact of this problem; and**  
**c) working with its partners in acute trusts, the Trust use the data emanating from the 15 minute handover target to understand and address the root cause of excessive patient handover and ambulance turnaround times.**

**Accepted:** WAG has worked with the NHS to implement the electronic solution, which has been in place from 1<sup>st</sup> October 2008. This system is improving the accuracy of the data regarding handover times.

WAG has also increased the performance management focus on this issue through Regional Offices and the Delivery and Support Unit (DSU). The DSU is working with various organisations to improve A& E processes, throughput and discharge planning, which should assist in reducing patient handover times.

Regional Offices are ensuring that escalation interventions are applied as necessary. Particular areas of concern are the Royal Gwent and University of Wales Hospitals. The handover times at these two Trusts result in considerable lost man hours for WAST, resulting in a detrimental effect on their ability to achieve the Category A targets in the South East and therefore nationally.

- The Director of Service Delivery and Performance Management has convened monthly meetings with a number of Trusts and WAST to determine what the issues are and to identify and implement solutions.
- The key barriers to achievement of the handover target have largely been identified in each community and action plans are in place, jointly agreed between WAST and Trusts, to improve performance in areas where it is unacceptable.
- The action plans are managed by Regional Offices and DSU and progress is discussed regularly with the Director of Service Delivery and Performance Management to ensure a high focus is maintained.

The Wales Audit Office are in the process of reviewing hospital turnaround times as part of its value-for-money study of the unscheduled care system. This is ongoing.

The WAST has developed a draft framework for agreement with NHS partners, to ensure the timely handover of patient care from the ambulance to emergency departments and other hospital wards. This framework is to be shared with Chief Executive Officers at the next National meeting, seeking their support and agreement.

The Framework identifies the process for regular, frequent analysis of the

reasons for excessive handover times and suggests best practice to reduce the extent and impact of this problem.

The internal ambulance handover delay escalation plan has been revised and re-launched.

An ambulance standard operational procedure dealing specifically with ambulance delays is being agreed through engaging staff. The procedure will assist in minimising the time spent at hospital.

- 8 Recommendation:** Despite the Trust's general improvement in performance, considerable problems remain in certain areas and there is unacceptable variation between localities and from day-to-day.

**We recommend that:**

- a) the Trust's South East region implement a new leadership structure as soon as possible. Effective leadership will be critical to addressing the current problems in the South East including very low morale and frequent, excessive hospital turnaround times; and**  
**b) the Trust reduce non-standard variations in its response time performance through the effective introduction of its performance management framework at the lowest, operational level to ensure more robust day-to-day analysis and improvement of performance.**

**Accepted:** a) A Regional Director was appointed to the South East Region on 1<sup>st</sup> May 2008.

The key area of attention for the new Regional Director is turnaround and handover times (See point 7).

The Ambulance Trust is reviewing its leadership structure in the South East Region, prior to the potential implementation of a pilot scheme for evaluation. There are proposals to move to three Heads of Service; Mid Glamorgan, South Glamorgan and Gwent.

The Trust is undertaking a review of its management structure. This is supported by a plan to identify and improve management capability to ensure that managers are appropriately skilled to undertake their roles.

- b) A number of actions are being undertaken to address the problems of variations in response time performance. These include:
- Setting of response time targets at LHB level to focus on equity of provision;
  - Development of a target to measure handover times at major A&E's and focus attention on releasing ambulances to respond to life threatening calls.
  - Development of regional improvement plans to address performance in LHB areas below 60%;

- Review of staff rotas and the use of overtime arrangements;
- Short-term appointment of a logistics expert to review arrangements in WAST for the deployment of vehicles and staff resources;
- Regular Unscheduled Care meetings chaired by the DHSS Director of Service Delivery & Performance Management which enable issues of joint concern to be addressed and action agreed.

**9 Recommendation:** Increasingly demanding requirements to make efficiency savings, rising fuel prices and the costs of meeting the new equity targets are contributing factors in the Trust's difficult financial situation.

**We recommend that:**

**a) Health Commission Wales and the Welsh Assembly Government discuss with the Trust how to fund its new equity targets on the basis of a detailed analysis of those costs from the Trust; and**  
**b) to seek reductions in its fuel costs, the Trust study the self-assessment tools and good practice examples of fleet management on the Wales Audit Office's Good Practice Exchange website.**

**The Trust has recently had both external and internal audit look at this area and any recommendations are being implemented.**

**Accepted:** The Trust has provided detailed analysis of its additional funding requirements to achieve the performance targets, amounting to full year costs of £9.3m. The Trust is required to achieve SCEP savings of £17.05m. In addition, in year pressures have resulted in the Trust being required to produce two further savings plans in 2008/09, to eliminate reported deficits. These amount to £2.3m at month 3 and £2.468m at month 5. At month 6, the Trust is forecasting financial balance for 2008/09.

A series of meetings have been held between WAST, Health Commission Wales (HCW) and the Director of Service Delivery & Performance Management with the purpose of identifying solution(s) which assist WAST in delivering the national response targets.

At a meeting held on the 5<sup>th</sup> November 2008, the DHSS Director of Service Delivery & Performance Management outlined a number of requirements for the organisations. HCW and WAST have been tasked to work together to produce a plan agreeing the improvements that can be achieved within existing resources. This will require WAST to identify efficiencies from improved sickness management, the impact of reduced fuel prices and the impact of improving ambulance turnaround times, together with any further options which the Trust is confident that it can deliver. This has still yet to be signed off by both parties as final agreement is yet to be reached.

WAST are currently undertaking a number of initiatives to reduce fuel costs, including negotiating fuel cards to ensure best prices are achieved and have introduced detailed monitoring arrangements to ensure that purchases are

made from the lowest price garages in geographical areas.

A further meeting has been arranged for 28<sup>th</sup> November 2008 when the Director of Service Delivery & Performance Management will meet with both organisations again to discuss the plan.

The Trust has already taken a number of actions to reduce its fleet expenditure. These include tendering for a different fuel card, monitoring which garages are used ensuring the interval tyres are replaced, changing the service intervals for PCS vehicles and tendering for maintenance suppliers in the Central and West Region. Internal audit have just completed their review and the Trust will agree any further changes with them as appropriate. The Trust has been hindered in its progress in this field by not being able to replace older vehicles in this financial year.

- 10 Recommendation:** There is a balance to be struck between short-term action to address public expectations for ambulance services, and longer-term action to transform the trust so that it is in a position to sustain such improvements. **We recommend that the Assembly Government consider carefully the balance between appropriate pressure to deliver necessary improvements and the need to provide time and space for the Trust to deliver the remaining three years of its modernisation plan. To this end, we also recommend that the Trust produce and agree with the Assembly Government a series of six monthly milestones in terms of actions and performance improvements in the delivery of its plan.**

**Accepted:** The Auditor General for Wales published his original report, *Ambulance Services in Wales*, in December 2006. "Time to Make a Difference" was published in January 2007 by WAST. The Audit Committee Report was published in March 2007 and HIW Report in January 2007.

The purpose of "Time to Make a Difference (TTMD)" is to modernise and refocus the Ambulance Service as a leader on unscheduled care in Wales and to deliver improved response times for Category A calls.

WAG has given the Trust time to implement "Time to Make a Difference" but the Trust has recognised that a major refresh of the implementation of TTMD is required in light of emerging issues such as DECAs, and developments in chronic conditions management.

WAG has also supported the Trust with its vehicle replacement programme, its estates programme and has encouraged the Trust to strengthen its Senior Team at National and Regional level. Despite this and strong performance management, Category A response times remain very disappointing.

WAST has broken the TTMD programme into tranches of work within each financial year and can use this schedule to show 6 month deliverables: this also fits in with the end of tranche and mid-term tranche reports that are produced in April and October. WAST will work with WAG to ensure that the 6

month milestones are detailed and reported with clear benefits that will include performance improvements.

TTMD has been recognised by the Trust to require a refresh, and the Trust has been working to rationalise the programmes within the Strategy. This is being led by an Executive Director with a full time TTMD Project Manager. WAST has put in motion a procedure to break down the milestones into 6 monthly timescales. This will be signed off at the Trust's Risk Management and Quality Assurance Group on 16<sup>th</sup> December 2008.

The revised TTMD programme will then be presented to the Regional Office, from which a performance management framework will be established to monitor implementation.