

Local Review:

Welsh Ambulance Service Trust

Assessment of Patient Management Arrangements within Emergency Medical Service Clinical Contact Centres



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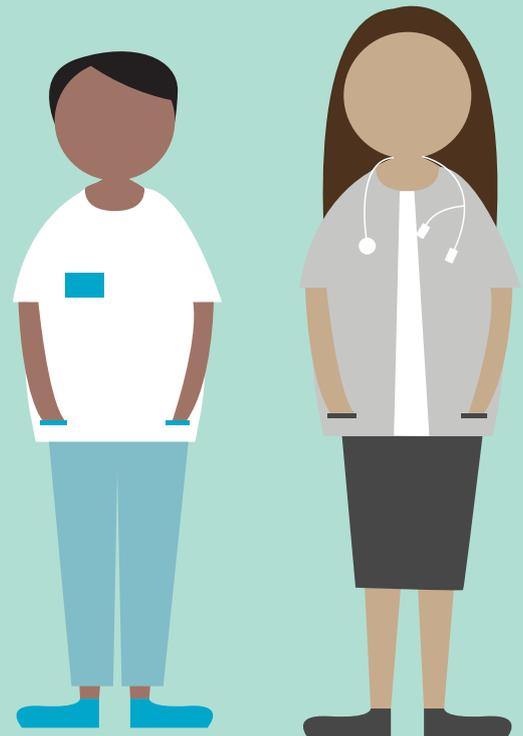
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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

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- Caring
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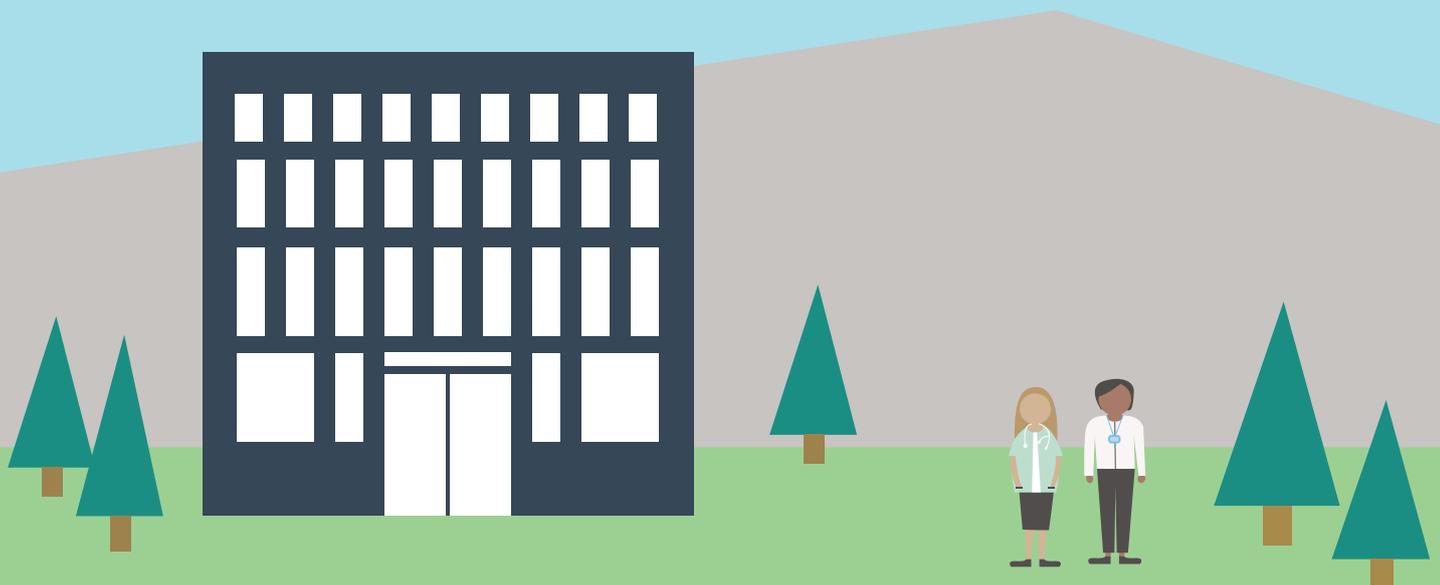
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Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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



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 (WAST), 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 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 Emergency Medical Service Clinical Contact Centres in Wales 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.



Summary

This report highlights the findings from our review of the patient management arrangements in place within the WAST Emergency Medical Service Clinical Contact Centres in Wales. 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 Emergency Medical Service Clinical Contact Centres in Wales (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.

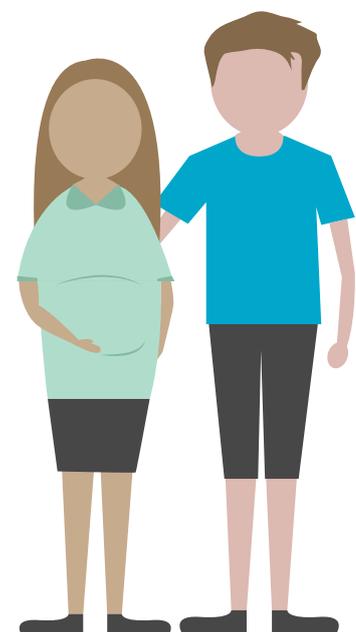
We found that the negative impact of the delays experienced with ambulance to hospital patient handovers, was consistently raised by staff throughout our fieldwork. Handover delay was a regular occurrence for the Trust and was having a significant effect on the service. This was affecting the ability 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.



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)¹, as well as hosting the 111² service, which consists of the NHS Direct Wales³ and clinical triage elements of the GP out-of-hours services⁴.

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)⁵. 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.

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.

¹ 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.

² 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.

³ 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.

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

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

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** – EMSCCC 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.

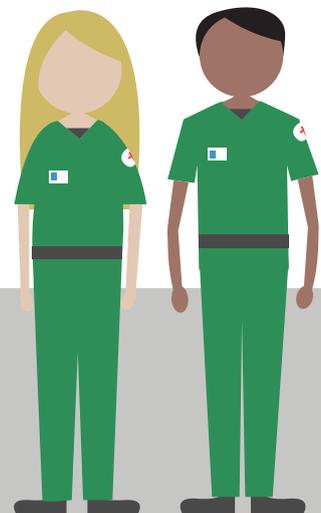
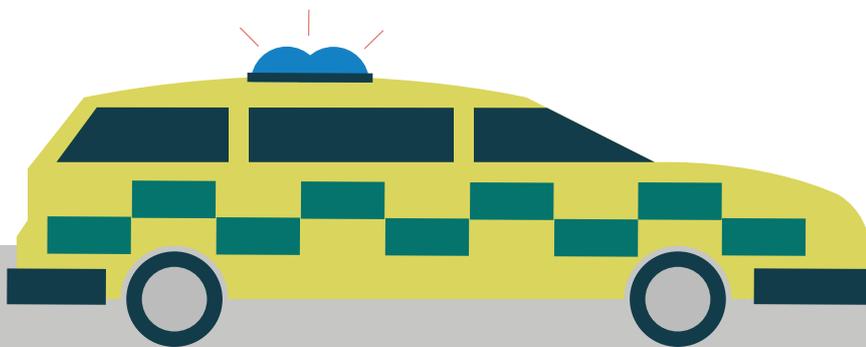
Our review set out to understand the arrangements in place within the EMSCCs, as well as the main issues and challenges which impact on the service.

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.



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.

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.

Response and Triage Process

All ambulance emergency calls in Wales are dealt with by one of the three EMSCCCs. 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 Accident⁶. '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.



⁶ Cerebrovascular Accident is the medical term for a stroke.

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 infarction⁷ (heart attack) should receive active treatment within two hours of onset of symptoms.

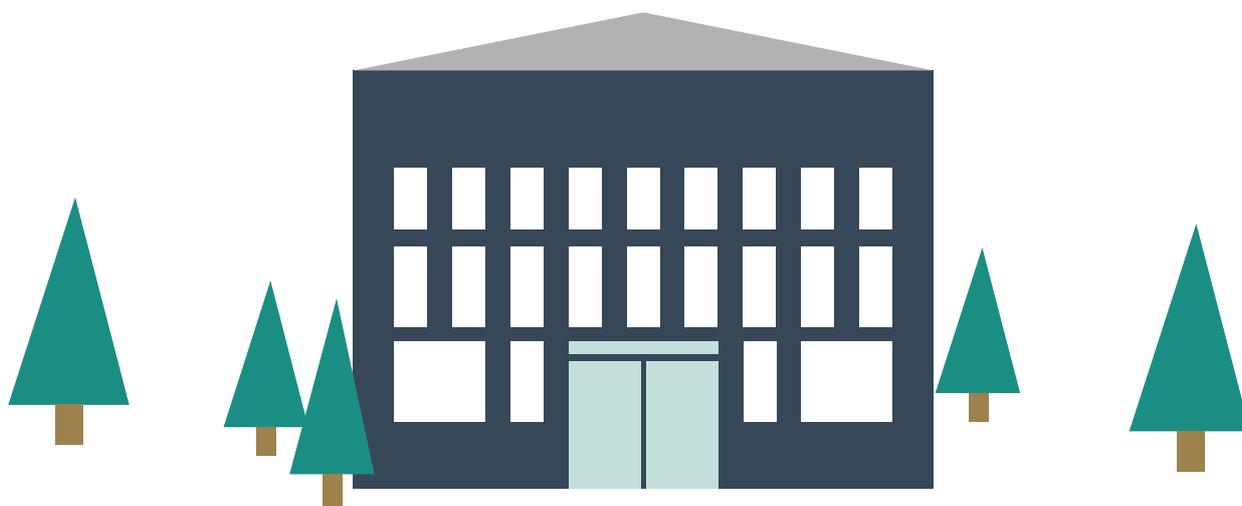
We found that WAST did not have a targeted response time for certain patients with relevant clinical windows, which require treatment within a specific time for conditions such as, Myocardial Infarction or Stroke. We were told that this issue had been subject to review through audit and previous internal 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 an 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

The Welsh Ambulance Service Trust should:

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



⁷ 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

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

The 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 EMSCCCs. 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.

Health services must ensure that there are enough staff with the right knowledge and skills in the right place, at the right time.

Staffing Structure and Roles

Each of the three EMSCCCs 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 EMSCCC 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 EMSCCC.

The DSM is responsible for monitoring the response performance indicators for the relevant EMSCCC, 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 is 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.

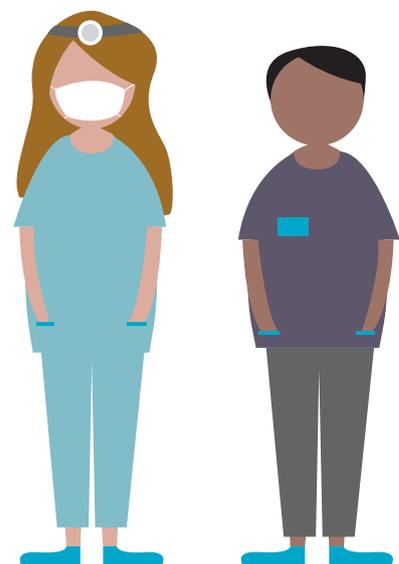
A number of staff we spoke with felt that due to the regular staff shortages, there was a heavy reliance on overtime to help cover any shortfall in numbers. As a result, there were reports of some staff working six days overtime a month, which equates to over 70 hours. However, despite the high amounts 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 Healthcare⁸, 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 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

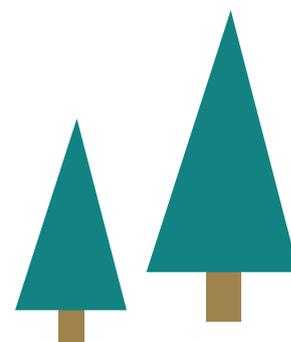
The Welsh Ambulance Service Trust should:

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.



⁸ Operational Research in Healthcare is a management consultancy that uses advance operational research techniques to support resource planning in the public sector.

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 StatsWales⁹ 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 2019 to December 2019.

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 inspections¹⁰ 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 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.



⁹ 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>

¹⁰ 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>

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
- Prevent¹¹
- County Lines¹²
- 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.

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 handing 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 2017¹³.

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.

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.

¹¹ '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.

¹² Child criminal exploitation training.

¹³ See: <https://hiw.org.uk/sites/default/files/2019-05/170531wastgovreviewen.pdf>

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 EMSCCCs.

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.

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.

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 EMSCCs. From reviewing the information detailed within the risk assessment, 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, 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 EMSCCs.

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.

Conclusion

The aim of our review was to assess the arrangements in place within the EMSCCCs, 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 EMSCCC. 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.



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

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
<p>Action 1.1 The Trust will consider a review of response time standards and methodology for therapeutic conditions with commissioners.</p>	Executive Medical Director	Q3 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

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
<p>Action 2.1 In line with the Trusts Integrated Medium Term Plan (IMTP) deliver the recommendations in the Trust's Clinical Review.</p>	<p>Director of Operations</p>	<p>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.

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.



Recommendation

3. Review SICAT to determine the benefits in rolling this service out across Wales into all EMSCCCs.

Action	Responsible Officer	Timescale
<p>Action 3.1 Continue to engage with Health Board stakeholders regarding availability and expansion of Physician Triage and Streaming (PTAS) opportunities.</p>	Ongoing	
<p>Progress:</p> <ul style="list-style-type: none"> 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. 		
<p>Action 3.2 Explore opportunities and funding for improved technical solutions to enable PTAS models to operate remote from the EMSCCC.</p>	Asst. Director of Operations (CCC)	Q3 2020-21

The EMSCCC currently operates a small number of PTAS models across Wales, one of which is the SICAT model in conjunction with Betsi Cadwaladr University 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 Health Board and Aneurin Bevan 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 27.08.20 - 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>Action 4.1</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>Action 4.2</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

Progress:

- Dialogue has taken place with London Ambulance Service and South Western Ambulance Services who are developing scripts for the same purpose based on the 90th percentile. Work is ongoing to establish how that learning can be implemented within WAST.



Recommendation

5. Undertake a review of the REAP and DMP escalation arrangements to ensure they are being applied consistently.

Action	Responsible Officer	Timescale
<p>Action 5.1</p> <p>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.</p>	Asst. Director of Operations (CCC)	Q3 2020-21
<p>Action 5.2</p> <p>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.</p>	Asst. Director of Operations (CCC)	Q3 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
<p>Action 6.1 We will review the current arrangements for managers attending the EMSCCC to ensure that this is taking place.</p>	Asst. Director of Operations (CCC)	Q3 2020-21
<p>Action 6.2 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.</p>	Asst. Director of Operations (CCC)	Q3 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

7. Continue discussions with Welsh Government to agree an appropriate Non-Send process, for low acuity patients during times of high demand on the service.

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>		<p>COMPLETE</p>



Recommendation

8. Consider how it can engage further with the public to provide additional education and awareness on the appropriate use of the emergency ambulance service.

Action	Responsible Officer	Timescale
<p>Action 8.1 Further develop, alongside Welsh government, a national campaign to influence behaviour change.</p>	Head of External Communications	Q3 2020-21
<p>Action 8.2 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 2020-21
<p>Action 8.3 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 2020-21
<p>Action 8.4 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 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

9. Work with EMSCCC staff to explore well-being initiatives which could provide on duty support to staff and processes to improve attendance at work.

Action	Responsible Officer	Timescale
<p>Action 9.1</p> <p>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 2020-21
<p>Action 9.2</p> <p>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 2020-21
<p>Action 9.3</p> <p>Provide an awareness film for EMSCCC colleagues on muscular-skeletal injuries and how best to prevent them in the workplace.</p>	Organisational Culture & Workplace Wellbeing Lead	Q3 2020-21

Progress:

- Engagement has commenced with the Trust's Occupational Health Lead on awareness material. Existing videos from external providers have been shared & deployed. Further engagement will be required to develop bespoke audio-visual products for CCC environments if they are not sufficient.

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:

- Provision of counselling during periods of high pressure.
- Trauma Risk Incident Management (TRIM) referrals following complex and / or traumatic incidents.
- 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.
- 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.
- 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.
- 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.

Recommendation

10. 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.

Action	Responsible Officer	Timescale
<p>Action 10.1</p> <p>A CCC workforce plan is to be developed and maintained to align the needs and priorities of the organisation with those of our workforce to ensure we can meet service and production requirements and organisational objectives.</p>	Asst. Director of Workforce	Q3 2020-21

Progress:

- 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.
- 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.

<p>Action 10.2</p> <p>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 2020-21
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Progress:

- 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.
- 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

11. 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
<p>Action 11.1 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.</p>	<p>Area Manager, EMSCCC</p>	<p>Q3 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.

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.

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.



Recommendation

12. Review current duties of EMSCCC staff to determine where responsibilities can be streamlined.

Action	Responsible Officer	Timescale
<p>Action 12.1 Continue with the work of the CAD Phase 3 project to realign workloads within the EMSCCC for more efficient operation.</p>	Asst. Director of Operations (CCC)	Q4 2020-21

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.

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.

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.

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.

Recommendation

13. Explore other options available for a sustainable process for welfare check calls.

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

14. 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.

Action	Responsible Officer	Timescale
<p>Action 14.1</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 & Governance / Asst. Director of Operations (CCC)</p>	<p>Q4 2020-21</p>

Recommendation

15. 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.

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>	<p>COMPLETE</p>	

Recommendation

16. 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.

Action	Responsible Officer	Timescale
<p>Action 16.1</p> <p>Continue to support local improvement initiatives such as the POD within Aneurin Bevan.</p>	Asst. Director of Operations (Ambulance Response)	Ongoing
<p>Action 16.2</p> <p>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>Action 16.3</p> <p>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

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.

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.

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
<p>Action 17.1</p> <p>Continue to pursue the formalisation of the two EMSCCC training roles to further deliver the Dispatcher and Allocator role training courses.</p>	EMSCCC Training Manager	Q4 2020-21
<p>Action 17.2</p> <p>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>	EMSCCC Training Manager	Q4 2020-21

Progress:

- The training course package has been completed and fully aligned to the role competencies.
- Next steps to schedule training for newly recruited

<p>Action 17.3</p> <p>Continue to engage with HEIW to develop an accredited programme of education focussed on clinical and non-clinical remote decision making.</p>	EMSCCC National Clinical Operations Manager	Q4 2020-21
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Progress:

- 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.

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.

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
<p>Action 18.1</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, EMSCCC	Q3 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
<p>Action 19.1 Develop and trial an EMSCCC specific appraisal process to ensure that staff receive the appropriate developmental discussion.</p>	Asst. Director of Operations (CCC) & Asst. Director of Workforce	Q4 2020-21
<p>Action 19.2 Workforce & Organisational Development team to assess the training needs of first line managers within EMSCCC to support their delivery of effective and meaningful PADRs.</p>	Asst. Director of Workforce	Q4 2020-21

Recommendation

20. 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 2years. 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> <p>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.</p>		COMPLETE

Recommendation

21. 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
<p>Action 21.1 Complete the North Wales EMSCCC estate strategy and identify opportunities for improvements.</p>	Asst. Director of Estates & Asst. Director of Operations (CCC)	Q4 2020-21
<p>Action 21.2 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.</p>	Asst. Director of Estates & Asst. Director of Operations (CCC)	Q2/3 2020-21
<p>Action 21.3 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>	Head of ICT & Asst. Director of Operations (CCC)	Q4 2020-21

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.

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.

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.

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).

Recommendation

22. 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

23. 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>Action 23.1</p> <p>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, EMSCCC	Q3 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

24. Ensure that engagement is improved between operational staff and the Trust senior management team working within the organisation.

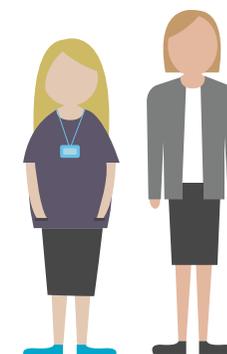
Action	Responsible Officer	Timescale
<p>Action 24.1 Communicate schedule of engagement events for the coming year and review opportunities to engage through digital formats in the Covid environment.</p>	Area Manager, EMSCCC	Q2 2020-21

Progress:

- PA to Area Manager for EMS CCC currently scheduling Open Forum events on a digital platform supported by the communications teams.
- Communications posters and posts will also include a generic pan-Wales EMSCCC Suggestion email address accessible by the EMSCCC SLT and administrators.

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
<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> <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>Action 25.1</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>	<p>Area Manager, EMSCCC</p>	<p>Q3 2020-21</p>



Recommendation

26. Ensure that clear guidance and training is provided to staff for reporting incidents.

Action	Responsible Officer	Timescale
<p>Action 26.1</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>	EMSCCC National Clinical Operations Manager	Q2 2020-21

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
<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

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