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

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

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Swyddfa'r Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services Office

Our Ref: JK35/et

28 May 2024

Dear Committee Members

Health and Social Care Committee May 15, 2024: Supplementary Information from the Welsh Ambulance Services University NHS Trust

Further to the appearance at the above committee by Colin Dennis, Chair, Andy Swinburn, Executive Director of Paramedicine and myself, I am pleased to be able to provide additional information in respect of our non-emergency transport service (NEPTS) and our work on culture, as requested by committee members.

NEPTS

Members expressed an interest in the performance of our non-emergency transport service (NEPTS), including in respect of renal and oncology patients.

Detailed below is some further information relating both to key measures for renal and oncology transport, as well as performance against those measures, which I hope members will find helpful.

Key measures for renal and oncology transport

For both categories we have key performance indicators (KPIs) that measure timeliness for arrival before treatment and pick up after treatment. Our main focus is on the primary KPIs (measures with a "1" after them e.g. renal inbound 1) as our core goal is ensuring patients arrive for their treatment on time.

The secondary KPIs (with a "2" after them) are a new measure introduced in April 2023 as we wanted to make sure that we were focused on minimising patients arriving later than 15 minutes beyond their scheduled time. For context, 15 minutes is the time beyond which it has been determined that treatment could be impacted, i.e. if a patient arrives less than 15 minutes late, their treatment plan should hopefully be unaffected. While this is only a guide, we felt we needed a backstop measure to minimise the potential for all late patients being treated the same; clearly arriving 1 min late and 60 mins late are very different experiences and outcomes.

<u>Current Performance</u>

All data below is for April 23 – Mar 24 inclusive
Renal – this measures performance for patient journeys to attend unit-based haemodialysis only.

Performance for the main and secondary KPIs are detailed below. The first set is for inbound (patients travelling to dialysis), the second chart is for outbound (patients returning home).

Renal Inbound 1   Renal Inbound 2

RENAL - Arrive prior to appointment within 30 mins   RENAL - Arrive no more than 15 mins late - TARGET
- TARGET 70%   95%

Renal Inbound 1	Renal Inbound 2
74.4%	**95.6%**

Renal Outbound 1   Renal Outbound 2

RENAL - Collected within 30 mins - TARGET 70%   RENAL - Collected within 60 mins - TARGET 95%

Renal Out 30 mins	Renal Out 60 mins
74.1%	**95.8%**

We are meeting both the primary and secondary targets for renal service delivery. However, there are some key points for renal in addition to the consistently solid performance.

We survey our renal patients annually. We contact them on their birthday to wish them a happy birthday and also ask them some questions, which includes a small survey on their transport experience. Last year we scored more than 4 out of 5.

Since 2020 we have offered a reimbursement scheme that provides a mileage allowance to patients who wish to use their own transport to travel for treatment. This has increased choice for patients and allows all patients who wish to self-convey to do so without needing to worry about fuel costs. We were the first country in the UK to introduce this nationally, followed by Scotland earlier this year.

<u>Oncology – this measures performance for patient journeys to attend oncology treatment (mostly chemotherapy or radiotherapy) only</u>

Performance for the main and secondary oncology KPIs is detailed below. The first set is for inbound (patients travelling to treatment), the second chart for outbound (patients returning home).

Oncology Inbound

ONCOLOGY - Arrive within 45 mins and up to 15 mins late - TARGET 70%

Oncology Inbound 1
70.4%

Oncology Outbound

ONCOLOGY - Collected within 60 mins - TARGET 70%

Oncology Out 60 mins
77.3%

Oncology Inbound 2

ONCOLOGY - Arrive no more than 15 mins late - TARGET 95%

Oncology Inbound 2
80.9%

These KPIs are slightly different from renal in that we only have a primary KPI for outbound performance. For oncology, we are hitting the primary KPIs. The secondary inward KPI is more challenged as the numbers are so small and journey distances often long. However, we have actions in place to address this (see below).

Oncology performance: plans to improve

In addition to weekly scrutiny of the service performance through our performance management structures, we are also working on the following improvements:
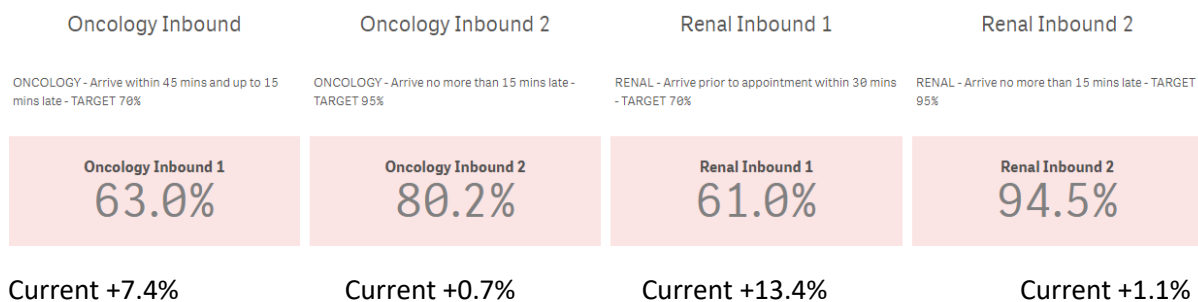
- We have invested in additional dedicated oncology transport provision to improve patient experience and timeliness.

- We are developing a national oncology transport hub to oversee and manage oncology journeys. The hub's primary role will be to review and coordinate patient journeys and ensure they are optimised. It will also provide a point of contact for oncology patients and cancer centres to raise issues connected with transport and be a fulcrum for system improvement. The hub will go live in the second half of 2024.

- As many of our cancer patients have relatively good mobility and can travel in a car, we have recruited a dedicated person to focus on recruitment of additional volunteer drivers to support oncology patient transport. This group of volunteers will primarily convey oncology patients and be matched with a suitable local patient who they will convey routinely through their treatment cycle. Patients have told us that a regular friendly face when they are travelling to and from their treatment is important to them.
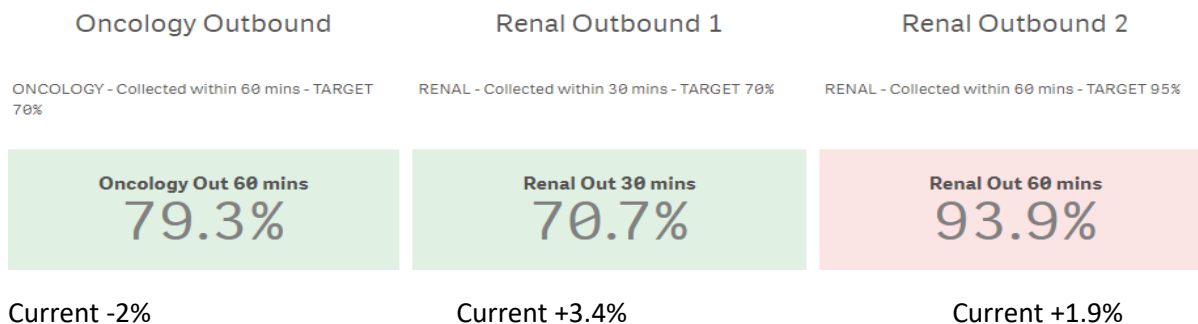
Comparison with past performance

Comparatively, this was the performance for the same measures in the two years prior to the pandemic. Pandemic era data does not provide a like-for-like comparison as our activity and volumes completely shifted during that period.

We have improved performance (significantly so in some cases) on all bar one measure when compared to this period (comparison below). Inwards performance in particular is much improved.

Inwards

Oncology Inbound	Oncology Inbound 2	Renal Inbound 1	Renal Inbound 2
ONCOLOGY - Arrive within 45 mins and up to 15 mins late - TARGET 70%	ONCOLOGY - Arrive no more than 15 mins late - TARGET 95%	RENAL - Arrive prior to appointment within 30 mins - TARGET 70%	RENAL - Arrive no more than 15 mins late - TARGET 95%
Oncology Inbound 1 63.0%	**Oncology Inbound 2** 80.2%	**Renal Inbound 1** 61.0%	**Renal Inbound 2** 94.5%
Current +7.4%	Current +0.7%	Current +13.4%	Current +1.1%

Outwards

Oncology Outbound	Renal Outbound 1	Renal Outbound 2
ONCOLOGY - Collected within 60 mins - TARGET 70%	RENAL - Collected within 30 mins - TARGET 70%	RENAL - Collected within 60 mins - TARGET 95%
Oncology Out 60 mins 79.3%	**Renal Out 30 mins** 70.7%	**Renal Out 60 mins** 93.9%
Current -2%	Current +3.4%	Current +1.9%

Culture

The Welsh Ambulance Service has for some time acknowledged that there is work to be done to ensure its culture is as inclusive, welcoming, tolerant and safe as possible.

In 2021/22, we commissioned a cultural audit, which led us to conduct the first sexual safety survey in any UK ambulance service. Both exercises resulted in the organisation having to confront some uncomfortable truths about the experiences of some of our staff.

Our response has not been to take a more traditional "disciplinary approach" (although there are staff who have been, and continue to be, disciplined and/or dismissed for unacceptable behaviour), but rather one of using the voices of our staff to guide our actions via our Voices Network, which allows staff across the organisation to connect and share their experiences.

Similarly, we have focused on greater staff engagement, building a culture of trust, ensuring colleagues feel able to speak about their experiences, and ensuring managers receive the right training and support to work with all their staff to effect change. This approach cascades from the Board and Executive Leadership Team across the organisation.

Given the extensive and varied working underway on culture, I am appending to this letter both a summary of our activities in this area, as well as providing a [link to evidence](#) which was submitted by us to the Equalities and Social Justice Committee in March 2024, with a subsequent [evidence session](#) on March 18.

I trust this information is helpful to committee members. Please do not hesitate to contact Estelle Hitchon, Director of Partnerships and Engagement at ████████████████████ in the event that any further information is required.

Your sincerely

Professor Jason Killens KAM
CHIEF EXECUTIVE

Enc.

Cc: Colin Dennis, Chair, Welsh Ambulance Services University NHS Trust

        Andy Swinburn QAM, Executive Director of Paramedicine,
        Welsh Ambulance Services NHS Trust

Staff Survey Working with colleagues across the organisation to understand staff survey results and develop meaningful, local action plans in response to findings

Internal Comms & Engagement Working with Communications Team to develop a robust approach to internal communications and engagement and to develop a robust plan for implementation

Culture Toolkit Developing a collaborative approach to change management and culture change through the development and pilot of the 'Manager's Team Culture Toolkit', designed to provide practical resources and guidance for managers so that they are empowered to improve culture at a local level

Culture Reviews 'Team Cultural Review Projects' are underway in areas that are critical in supporting service delivery transformation. At the heart of this, is a commitment to creating a work environment where team members can flourish, contribute their best, and feel a sense of belonging. The reviews are an opportunity for colleagues to have their voices heard, to talk about their experiences, put ideas forward to help shape the future

Freedom to Speak Up Implementation of our Freedom to Speak Up process, designed to support individuals in speaking up safely and confidently; introduction of a full time, dedicated Guardian role aligned with this framework

Colleague Networks The continued development and growth of the Culture Champions Network helps to build capacity for culture change and to further embed values and behaviours.

Continuing to build our Voices Network to enable us to engage across the organisation and amplify colleagues voices, using insights and ideas to inform our plans and decisions

Retention 2 year temporary post introduced (Retention Lead) to help us understand trends and themes impacting on retention and developing strategies to address these

HIVE Pulse Survey Platform The introduction of the digital engagement survey platform has provided a robust mechanism for capturing invaluable insights and feedback from our employees, enabling us to continuously refine our practices and policies in response to feedback

Leadership & Manager Behaviours Through targeted training and development, equipping managers with the necessary tools and resources to navigate complex employee relations scenarios with compassion and fairness, and prioritising the development of change management expertise, recognising the critical role managers play in supporting people through change. A Leadership symposium is held twice a year, enabling our senior leaders to come together to share learning and experiences. Recent focus has been on broadening understanding of culture and leadership including themes such as styles, impact, behaviours and critical cultural issues e.g. sexual safety.
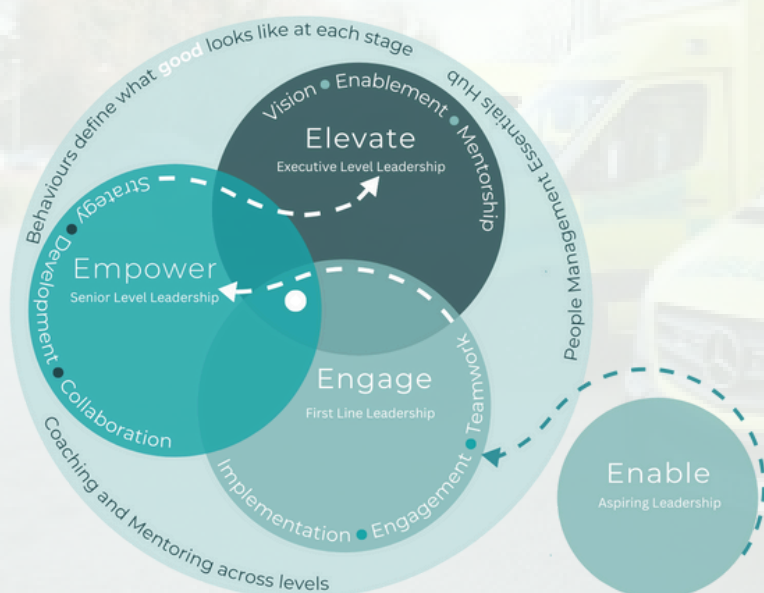
Leadership & Manager Behaviours The development of a Leadership Behaviours Framework and an aligned Development Framework (OUR WAST WAY). This project represents a major step forward in establishing a comprehensive framework that enables targeted leadership development for leaders and managers at various stages of their careers. By integrating coaching and mentoring opportunities along with succession pathways, the aim is to embed an inclusive, compassionate, and collaborative leadership culture

Compassionate Practices Continuing to expand the implementation of our compassionate practices approach for all our people focused activities and the way we lead and manage

Health and Wellbeing Plan 2025-29 Refreshing our Health and Wellbeing Plan, targeting our initiatives, workplace practices and interventions to the specific needs of all our colleagues, wherever they work in the organisation

Flexible Working Improving our flexible working offering to new and existing colleagues that enables them to be the best they can be, by developing and providing comprehensive guidance, training and resources to enable managers to support short, medium and long term flexible working plans with colleagues

Change Community Establishing a dedicated Change Community within WAST, comprising colleagues who have undertaken accredited Change Management training. Building a network which enables colleagues to practically apply learning, share resources, reflect and continuously develop. These colleagues will also support with delivery of our change management approach through direct support to projects and programmes as well as local support and guidance to managers and own teams


Change Management Approach Developed a change management approach for WAST which centres around the Prosci Change Triangle model (representing the critical aspects of successful change and how they relate to and promote project health), using the ADKAR model to deliver the Change Management aspect of this

Change Management Toolkit Developing a set of tools and resources to enable and empower managers and leaders to guide and support colleagues through change

Executive Leadership Team 360 Degree Feedback A 360-degree review was carried out as part of the commitment to ensuring that the Executive Leadership Team (ELT) role model and encourage a leadership culture in line with WAST's vision, values and behaviours. Internal and external stakeholders were invited to take part in the process and provide feedback on Executive Team behaviours and effectiveness. The findings have provided insight into perceived strengths and areas for development and have formed part of a wider action plan to enhance ELT effectiveness and that of the organisation
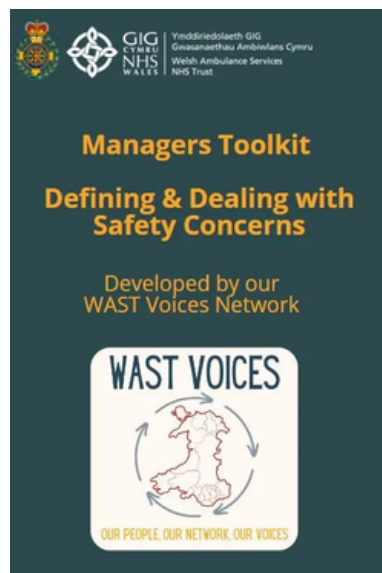
Sexual Safety Continuing our sector-leading work to reduce misogyny and increase levels of sexual safety across the organisation, aiming for a workplace where sexual safety is not just a policy but a shared value. Key progress to date includes developing our Sexual Safety Guiding Principles and A Manager's Toolkit, working with NHSE in developing the Ambulance Sector Consensus statement. We are actively exploring partnerships with external organisations, seeking innovative solutions, and evolving our approach based on ongoing feedback from our WAST Voices Network. All our people and culture teams are engaged in the People Professions Development Programme 2024 (Sexual Safety) specifically written for Ambulance Services.