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WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	9
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

**MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –
January/February 2024**

MEETING	Trust Board
DATE	28 March 2024
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett - Assistant Director, Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O'Connor - Commissioning & Performance Officer
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EXECUTIVE SUMMARY

The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **January/February 2024**.

Our response times to 999 callers remains of concern with red 8-minute performance at 49.9% in February 2024 and Amber 1 median at 1 hour and 27 minutes, which the Trust knows leads to avoidable patient harm. The Trust continues to work on actions within its control to mitigate this risk including, for example, maintaining high levels of EA production and fully rolling out the CHARU service. Work continues on an action plan to increase the consult and close rates to the target 17%, as this is modelled to have a significant impact on response times. The Trust lost nearly 24,000 hours to handover in February 2024, and this level of lost capacity is difficult to compensate for, despite all of the actions being taken. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours.

111 performance is broadly stabilised, but patient demand was 17% higher in February 2024, compared to February 2023, with a commissioned 4% reduction in call handlers in 2024/25. The service is in a more resilient place, but if demand continues to remain at these levels future performance may become a concern. The immediate focus for 111 is the delivery of the new 111CAS by 30 April 2024, which is on target at this time.

Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology remaining above target and renal performance achieving its target. Both the NET Centre and NEPTS transport are due to be re-rostered, a key efficiency.

The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People & Culture Plan. Sickness absence was 8.89% in January 2024 compared to 9.54% in December 2023. The 23/24 IMTP ambition is to reach 6%, but it is unlikely that this will be achieved. The Trust will continue its focus on sickness absence. It is of note that the EMS abstractions have hit the 30% benchmark in January and February respectively.

The Trust continues with its programme of transformation as detailed in its 2024-27 IMTP, which is required in order to ensure that patients receive the right care in the right place every time.

RECOMMENDATION

Trust Board is asked to: -

- **Consider** the January/February 2024 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **January/February 2024**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
 - Our Patients (Quality, Safety and Patient Experience);
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution
3. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (IMTP) and strategies. A revised set were agreed for 2023/24. All the updates for the revised set have now been completed, with the exception of: a metric on the duty of candour where we will need to determine our own metric whilst national reporting is agreed; completed symptom checkers; and value indicators for 111/CSD – it is likely that this one will be difficult to determine.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

4. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
5. **999** call answering times have declined to 15 seconds in February 2024 from 3 seconds in January 2024, not achieving the 6 second target. The 65th percentile and median performance remain very good.
6. **111 call answering performance remains broadly stable**, although the call abandonment performance at 6.2% in February was slightly off target. The Trust has almost recruited up to the 198 FTE call handler commissioning control total for 2023/24 with very good levels of production. It should be noted that the Trust is anticipating a reduction in the commissioned level of call handler FTEs next year (-4%). Demand in February 2024 was 17% higher than February 2023. If this level of demand is sustained, alongside a reduction in capacity, then future call abandonment performance could start to be a concern. In the short term, there

will also be a planned short term dip in staffing numbers linked to the imminent 111 CAS go live and the need to re-programme training capacity away from new recruits and towards the existing workforce on the new system. This will have some short term impact on performance.

7. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 95.8%. Unfortunately, response times for lower priority calls deteriorated and are some way below target. This drop in performance has been affected by a rise in call demand, but also high clinician sickness absence. Clinician sickness has seen a material improvement in February, falling to 11.3% compared to 15.6% in January. As with call handling performance, there is likely to be some further deterioration linked to staff abstracted to undertake training for the new system.
8. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for February 2024 was 49.9% remaining below the 65% target. However, as total red demand has increased, so has the actual number of red incidents attended within 8-minutes. The Amber 1 median in February was 1 hour 27 minutes and the Amber 1 95th percentile was 6 hours 51 minutes. These long response times have a direct impact on outcomes for many patients.
9. Factors which affect response times together with actions being taken are set out in the paragraphs below.

Capacity:

- Recruitment: The Trust currently has 95% of commissioned front-line posts in place. This very small vacancy factor compares very favourably with other health care organisations. Recruitment of another cohort of EMTs has been undertaken in Feb-24.
- Some additional funding was made available to pilot the new Connected Support Cymru service in partnership with St John Cymru (SJA). The Trust is also continuing with this project through the volunteer Community Welfare Responders, which is producing some positive early results.

Efficiency (rosters, abstractions/sickness absence and post-production lost hours)

- The Managing Attendance Programme continues, delivered through this year's ten-point plan. There was a reduction in overall sickness levels during the middle part of 2023, and although increases have been seen over the past few months, further work is still on-going to reduce to 6% during 2023/24 (January's performance was 8.80%). The Chief Ambulance Services Commissioner has asked for a formal update on the programme at the next EASC Management Group meeting in April 2024.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close numbers over the past 12 months, with 4,657 successful consult and close outcomes achieved during February 2024. However, the actual percentage achieved during February 2024 was 13.9%, below the Trust's 2023/24 ambition of 17%. A corrective action plan is in place including a focus on recruitment and abstractions, but also a new telephony system (interim solution in place), which enables individual clinician activity and performance data. Further capacity will be added to the team in the first two quarters of 2023/24.

Red Improvement Actions

- For Cymru High Acuity Response Units (CHARUs) the aim is to fully populate the CHARU roster keys (153 full time equivalents), with the current estimated gap (live and recruited, not yet live) is -18%. Recruitment into the more rural parts of Wales is proving challenging, but the gap 153 is gradually being achieved.
 - Red review. This rapid review of all red calls by a clinician in the CSD is being undertaken within additional resource, when possible, but ideally, as previously identified, would require additional capacity. The 2024/25 budget includes an uplift in the CSD establishment of 23 FTEs, which will enable the CSD to fully fund red review.
 - A more efficient response logic, which went live on 19 June 2023, is reducing the number of multiple attendances to certain categories of red call, releasing resource to respond to other calls.
 - CHARU utilisation rates, with a focus on aspects of post-production lost hours and data analysis of utilisation and missed reds. Currently CHARUs are undertaking 1.86 jobs per shift.
- 10.** One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 23,896 hours were lost during February 2024. These levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Performance into March has remained very challenging with days where over 1,000 hours are lost.
- 11. Ambulance Care (Patient Experience):** Oncology performance in February 2024 was 71.28%, hitting the 70% target. Renal performance also remains above target at 73.69%. Advanced discharge & transfer journey booked in advance performance increased compared to the previous month to 85%; however, remains below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of

efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance. Subject to final approval, the Trust is anticipating re-rostering NEPTS transport in 2024/25 which will better align capacity with demand patterns.

- 12. National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported five NRI's to the NHS Executive in February 2024, a slight increase from the three reported in January 2024; and 14 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In February 2024 complaint response times decreased to 35%, down significantly on the 53% recorded in January 2024, and remaining below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust is currently recruiting to a new structure for the Putting Things Right (PTR) team, which will increase capacity and leadership, including a new Head of Service, appointed and arriving shortly.
- 13. Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 73.5% in February 2024, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate increased to 14.7% in February 2024 compared to 13.9% in January 2024.
- 14.** The Trust is now able to report on call to door times for Stroke and STEMI patients. For February 2024 these highlight call to hospital door times of two hours and 19 minutes for stroke patients and two hours and seventeen minutes for STEMI. Clearly these times are too long and are representative of the longer response times for all calls as a result of the pressures and issues outlined in this report.
- 15.** In February 2024, 8,623 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 460 callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be popping up elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.
- 16.** A formal programme to take forward the transformation of our service model continues. The Trust has proceeded with growing the numbers of APPs this year with the 2023/24 establishment now at 89 FTEs. A further 32 APPs are planned for 2024/25. The current focus is on developing a strategic case for change, which will be supported by the 2023 EMS Demand & Capacity Review. The review will be formally reported internally and to external stakeholders in Q1.

Our People (workforce resourcing, experience, and safety)

- 17. Hours Produced:** The Trust produced 118,349 Ambulance Response unit hours in February 2024 and delivered an emergency ambulance unit hours production (UHP) of 95%, achieving the 95% target. Key to the number of hours produced are roster abstractions.
- 18. Response Abstractions:** EMS abstraction levels increased to 30.26% in February 2024, returning just above the 30% benchmark figure. EMS Response sickness abstractions stood at 8.13% (benchmark 5.99%).
- 19. Trust sickness absence:** the Trust's overall sickness percentage was 8.89% in January 2024, a slight decrease on the 9.54% recorded in December 2023. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The CASC has requested an update on the programme to the next EASC Management Group (April 2024).
- 20. Staff training and PADRs:** PADR rates did not achieve the 85% target in February 2024, but have been steadily improving (79.25%). Compliance for Statutory and Mandatory training increased slightly to 77.73%.
- 21. People & Culture Plan:** The Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a pan-Wales round of CEO Roadshows in November 2023. Feedback from attendees identifies workloads as the main cause of stress and pressure. The next round of CEO Roadshows is in April 2024.

Finance and Value

- 22. Financial Balance:** The reported outturn performance at Month 11 is a surplus of £108,000, with a forecast to the year-end of breakeven.

Summary

- 23.** The indicators used at this high-level highlight that the 111, EMS and Ambulance Care performance are stable; however, 111 and EMS performance are not where the Trust would want them to be.
- 24.** 111 has seen a clear improvement in performance over the past 12 months and the service is undoubtedly more resilient, however, the current high levels of demand plus a commissioned reduction in call handlers and clinicians may mean that the improved performance comes under pressure in 2024/25. The Trust and

commissioners will need to keep the level of demand under review and determine whether a reduction in capacity will affect performance into next year.

25. EMS performance has been recognised as challenging for a long time. Transformation of our service offer is a necessity (not an option) for reducing handover lost hours along with handover reduction by health boards. The Trust also needs to continue its focus on core activities like abstractions, production and utilisation.

RECOMMENDATIONS

TB is asked to: -

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 - a) The report provides sufficient assurance.
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REPORT APPROVAL ROUTE	
Date	Meeting
25 th March 2024	Executive Director Strategy, Planning & Performance
28 th March 2024	Trust Board

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x