Community Engagement 2015-16 - *Plan on a page*

Purpose and Objectives: To develop and execute a Community Engagement Strategy, encompassing patients/service users, stakeholders, partners and the wider public which builds shared understanding of the role and function of WAST, develops community capacity and resilience through the development of effective community partnerships e.g. CFRs and Co-Responders/third sector links; actively engages the public in issues of service/model changes, both internal to WAST and across the wider NHS Wales landscape and supports 999 demand reductions through an effective programme of public education and consistent and effective messaging.

Background:
- Raising WAST's visibility as part of an integrated unscheduled care system, improving understanding of its role and function, are central to a number of key tenets of WAST's IMTP, notably:
- Introduction of a new clinical model
- Ensuring appropriate use of 999 services
- Reconnecting the service with local communities, building shared understanding
- Developing community infrastructure and resilience Historically, WAST's community engagement work has not been integrated with corporate objectives; this workstream now addresses this deficiency

Required Resources with confirmed availability:
- Confirmed workstream lead
- Confirmed contribution from Partners in Healthcare and Communications Teams

Timescales, Milestones & Key Activities:
- Identify appropriate workstream membership and agree definition/ work programme: June 30, 2015
- Audit and review existing pan-organisational "engagement" activities to understand synergies and gaps: June 30, 2015
- Map stakeholder interfaces: June 30, 2015
- Interim plan to align existing work with emerging strategy to be implemented by Aug 31, 2015
- Develop and agree Community Engagement Strategy which reflects organisational need, identifies required resource and ensures alignment of new/existing engagement activities with organisational objectives/IMTP: Draft by 30/09/15 pending Board approval by 30/11/15
- Execute appropriate elements of plan in Q3 and Q4, with rolling programme of evaluation and refinement as appropriate: by March 31, 2016

Scope (in and out):
In scope
- Engagement linked to service change, internal to WAST or across NHS Wales
- Community engagement linked to corporate priorities
- Community partnerships/LHB interfaces

Out of scope
- Routine internal/external communication
- Routine patient experience activity
- Routine employee engagement activity
- Engagement with emergency services (but dependency with linked workstream)

Proposed Governance Structure:
- **Exec Lead:** Sara Jones
- **Workstream Lead:** Wendy Herbert
- **Project Team (if relevant):** TBC but to include representation from Comms, PiH, HoO and TUs
- **Reporting & Control Arrangements** IMTP Oversight Group monthly

Risks and Issues including any initial action taken:
- Capacity to support workstream given significance of work involved, Resources required to be identified and agreed by June 30, 2015.
- Longer term financial requirement to be identified as part of strategy dev. by 30/09/15
- Lack of corporate buy-in to engagement ethos
- Risk of overlap with other workstreams, mitigated by clear lines of accountability and oversight at IMTP OG level, recognising may be opportunities for further integration of workstreams/activities
- Risk of conflicting messaging with LHBs etc – integrated approach to be adopted where possible

Dependencies:
- Capacity & financial resource availability
- Consistency and integration with linked IMTP workstreams
- Planned refresh of Choose Well campaign by WG influencing messaging

Expected Outcomes:
- WAST reputationally repositioned as engaged service provider and partner, responsive to service user need, open and visible in the community
- WAST viewed as integral partner in USC system
- Improved public/stakeholder understanding of WAST's role, its model of care/delivery
- Clearly embedded understanding of revised clinical model
- Clearly articulated and constructive stakeholder and public relationships with clear "account management" arrangements

Expected Benefits & Measures of Success:
- Public/stakeholder voice more clearly articulated in WAST strategic and operational plans from 16/17 onward
- Clarity of stakeholder relationships, interfaces & partnerships
- More resilient community infrastructure with clear understanding of alternatives to 999 and improved reach of CFR/third sector networks
- Improved community, public and political reputation

Clinical Modernisation Programme: *Step 1, Help Me Choose*

Purpose and Objectives:
» To reduce call volume and deliver improved patient outcomes for the Emergency Ambulance Service, ensuring patients and public are aware of options for accessing help and appropriate clinical care for their need . Ensure there is appropriate review and monitoring in place for call and case mix and demand on WAST services.

Background:
» To match the response of the Trust to the clinical need of the patient
» Behavioural change needed to encourage public to self care by seeking advice and not calling 999
» Growing number of frequent 999 callers which are not having healthcare needs met by ambulance response or wider NHS. During 2014, the Top 10 callers in the 7 Health Boards contacted WAST over 3,937 times.
» High volume of police calls for assistance, 80% deemed low acuity. Current CRM dispatches EA to all police calls.
» To ensure the programme board is informed of changing call & case mix demand to aid project redesign.

Required Resources with confirmed availability:
» 1 X Band 7 to lead FC work pan Wales
» Link with Paramedic Pathfinder Structure (Step 4/5)
» Health Informatics, statistical analysis support.
» Clinical Audit / Medical input
» Partners in Healthcare support
» Communications support
» Quality support

Timescales & Key Activities:
» **Overall completion by:**	**31/3/16**
» Quality Impact Assessment	28/5/15
» Evaluation of Cwm Taf FC Model	31/7/15
» Agree WAST National FC Policy	31/7/15
» Top 10 Frequent callers in each HB	31/7/15
» Agree improvement plan with each LHB	30/11/15
» Embed in Health Economy by April 2016	31/3/16
» Identify dataset &template for monitoring	30/6/15
» Produce first draft report for call & case mix	30/9/15
» Finalise call & case mix monitoring report	31/12/15

Scope (in and out):
» Frequent Callers both individual and organisation
» Call & Case mix Monitoring to inform redesign
» Choose Well campaign*
» Police Calls*
» Public Health*
*within scope but not directly managed by CMPB

Proposed Governance Structure:
» **Exec Lead: Brendan Lloyd**
» **Workstream Lead: Wendy Herbert**
» **Project Team (if relevant):** Leanne Hawker, Robin Petterson, Bob Tooby, Grayham McLean, police rep, Rachael Edwards, Richard Lee, Nick Smith
» **Reporting Arrangements** Clinical Modernisation Programme Board (monthly)
» **Control processes:**
» *Choose Well already reporting direct to WG*

Risks and Issues inc any initial action taken:
» Inability to refer FC to most appropriate provider will prevent model from working
» LHBs do not recognise the need for investment and partnership working to address FC
» Accurate Clinical case mix data is difficult to establish as data is drawn from MPDS data rather than PCR clinical condition code data.
» Multiple systems in use across the Trust (MPDS, CAD, CAS, MTSTTA and Pathfinder)
» Difficult to establish reasons public call 999.

Dependencies:
» Public Health
» Influences from media
» LHB engagement and participation for Frequent Callers - GPs may not be aware, affects other agencies e.g. police
» 111
» Communication & Engagement Plan
» Health Informatics, Partners in Healthcare

Expected Outcomes:
» Choose Well / Clinical Model Public campaign
» Signposting FC to right part of NHS
» Early clinical resolution by referring FCs to the most appropriate healthcare provider or service.
» Clear suite of data that includes current call demand and clinical case mix.
» Understand predicted future demand based on historic increases and population changes

Expected Benefits & Measures of Success:
» Increased referrals to other services, statistical data available, experience data capture
» Early clinical resolution by referring FCs to the most appropriate healthcare provider or service.
» Reduction in 999 calls by same frequent caller
» Overall reduction in FC activity by LHB
» Collaborative working with LHB, reduced contact with other agencies (associated cost savings for wider HB)
» Ensure the impact of service redesign is accurately predicted.

Clinical Modernisation Programme: *Step 2 : Answer My Call*

Purpose and Objectives:
» To ensure that all calls taken within the CCC are correctly prioritised and that the appropriate response is identified and dispatched to achieve the optimum clinical outcome for the patient.

Background:
» Current dispatch process does not differentiate between life threatening and less serious calls as it activates the highest level of response to all calls before the priority is identified by MPDS (i.e. primary response is an advanced life support - Paramedic]
» High ratio of Category A calls with current response configuration. Deemed high risk area – 95% of 45 annual SAIs related to CCC.
» CCC is pivotal to all services delivered to emergency callers but to date has received little investment in its infrastructure and support structure
» CAD 'Alert 2000' not fit for purpose

Required Resources with confirmed availability:
» 4 work stream leads identified
» Identified trainers at each CCC site
» Release of staff for training

Timescales & Key Activities:
Awaiting Ministerial decision on new response and dispatch model before any detailed planning for implementation can be undertaken.

» **Overall completion by:**	**March 16**
» Quality Impact Assessment	**3/6/15**
» Review of MPDS code set	**June 15**
» Review of response configuration	**June 15**
» Revised process for management of Card 35 calls	**September 15**
» Training plan fully developed	**September 15**
» Governance arrangements confirmed	**October 15**
» Training rolled out to all staff *dependent on GovT approval*	**TBC**
» Alignment of CAD *dependent on GovT approval*	**TBC**
» Go live *dependent on GovT approval*	**TBC**

Scope (in and out):
» Review and implementation of a new response and dispatch model
» Changes to the management of Health Care Professional calls (Card 35)
» Alignment of current CAD

Out of scope (for year 2)
Procurement and replacement of CAD system
Application for IAEMD Centre of Excellence

Proposed Governance Structure:
» **Exec Lead: Brendan Lloyd**
» **Project Lead: Chris Powell**
» **Project Team:** Jon Whelan, CPAS Group, Grayham McLean, Vince Baglole, Karen Lockyear, Aled Williams, Caroline Miftari
» **Reporting Arrangements** Clinical Modernisation Programme Board (monthly)
» **Control processes:**
Risk register
Quality Impact Assessment

Risks and Issues inc any initial action taken:
» Delayed or no statement from WG approving response/dispatch model changes
» Staff not adequately engaged /prepared for changes to models
» Resistance from HCPs to changes in call management – GPC Wales engaged and supportive of changes

Dependencies:
» Step 3
» CCC Configuration Work - buildings, locations, staff, functions
» Development of Performance Framework in CCC
» Training and education plan, with lead educators and staff release time identified
» Staff / skill mix aligned to new response model & demand
» Implementation of the recommendations of ORH task 2&3
» Ministerial approval for response part of model

Expected Outcomes:
» MPDS codes appropriate for patients clinical needs , increased MPDS compliance
» The correct resources are always identified and dispatched to meet the patient's assessed clinical needs.
» Suite of up to date operational support procedures/documentation
» Develop ongoing training function in CCC

Expected Benefits & Measures of Success:
» Patients to receive right level of ambulance service / healthcare for their need and improved clinical outcomes
» Reduction in ratio of Red calls
» Improved 8 minute performance for Red calls
» Increase in compliance with HCP requests
» Reduction in SAIs and incidents relating to prioritisation and dispatch functions within CCC

Clinical Modernisation Programme: *Step 3, Come To See Me*

Purpose and Objectives:
» To provide the right level of clinical response that achieves the 3 aims of 'Prudent Healthcare', namely: to do no harm; carry out the minimum appropriate intervention; and, promote equity between professionals and patients.

Background:
» WAST utilises the internationally licensed 'Medical Priority Dispatch System (MPDS)' to dispatch appropriate aid to emergency calls, via standardised call handling protocols.
» Calls are categorised by 'Chief Complaint', & given a priority code (range from minor illness / injury to immediately life threatening)
» Users cannot alter the MPDS code, but must medically approve the correct level of clinical response.
» WAST's top 5 calls are: 1) Health Care Professional calls; 2)Falls; 3) Chest Pain; 4) Breathing Problems; 5) Sick Person.

Required Resources with confirmed availability:
» 9 Additional Call Handler Staff to provide a dedicated service for predicted HCP calls (wte Band 3 staff – refer to 'proposed investment plans' [2015 / 16 budget setting = £223 k])
» Additional 43 UCS staff to meet HCP demand during 08.00 – 20.00 hrs Monday to Friday (wte salary of £19,461 - *DRAFT estimate & requires further calculation*)

Timescales & Key Activities:
» **Overall completion by:**   **April 2016**
» Quality Impact Assessment   **11/6/15**
» DRAFT Response matrix (RED; AMBER; GREEN) – **June 2015 (RED matrix already completed)**
» Training Plan & Technical Plan (pending Welsh Government approval for new dispatch processes – **November 2015**
» Changes to Card 35 script / call handling - **September 2015**
» 'Roll Out' plan for Card 35 planned transport **July 2015 - April 2016**

Scope (in and out):
» AS 1 verified incidents (i.e. 999 calls) – total = 441,122 in 2014/15
» Health Care Professional (HCP) calls – total = 89,331 in 2014/15

Out of scope
» Major Incident Management / Escalation Plans

Proposed Governance Structure:
» **Exec Lead: Brendan Lloyd**
» **Workstream Lead: Jonathan Whelan / Grayham Mclean**
» **Project Team (if relevant):** CPAS Group for response matrix & Card 35; & a specific training group of: Grayham Mclean, Karen Lockyear, Gill Pleming, Vince Baglole, Lee Burton, Helen Rees, Michelle Perry, Sarah Davies
» **Reporting Arrangements** Clinical Modernisation Programme Board (monthly)
» **Control processes: CPAS meetings (monthly)**

Risks and Issues inc any initial action taken:
» No government approval for changes to the dispatch processes (i.e. clock start at point of code identity instead of address identity – a extra 2 minutes of time for call categorisation – except immediate life threatening calls).
» Staff not adequately engaged / prepared for changes to the dispatch processes - specific training group established (as above).
» Reputation with Primary Care re Card 35 changes – GPC Wales engaged & approve of proposals

Dependencies:
» Welsh Government approval for new dispatch process
» Step 2
» Communication & Engagement Plan
» Staffing capacity in CCC & UCS for a dedicated / specific service for the Card 35 planned admissions .
» HB & Primary Care integrated working on admission plans for Card 35 low acuity calls.
» Purchase & implementation of new CCC CAD

Expected Outcomes:
» Updated code set with new categories of: RED, AMBER & GREEN.
» Existing CAD (technology in CCC) updated with the response matrix & dispatch processes – note: limited to the capability of the current MIS 2000 system, whilst awaiting purchase of a new CAD
» All staff trained on new response matrix
» Admission process for all Card 35 low acuity calls – a scheduled / planned service.

Expected Benefits & Measures of Success:
» Improved 8 minute performance for the 'new' RED codes
» New' Amber code sets that are aligned to clinically focussed outcomes / bundles of care
» High compliance with meeting transportation timeframes set by HCPs via Card 35 call handling

Clinical Modernisation Project: *Step 4, Give Me Treatment*

Purpose and Objectives:
Implement robust structures and processes to support and demonstrate the safe, effective and sustainable face to face and hear & treat management of patients, through the use of PP, MTS TTA, digital pen technology and clinical indicators. This patient centred approach would provide safe and consistent identification of patients requiring emergency care or an alternative referral with the ability to monitor and measure quality of care delivered.

Background:
» PP training & roll out commenced (? January 2015)
» Limited availability of pathways for Amber & Blue outcomes.
» No structure exists to support development of CCPs, SCPs, or PSP with partners and stakeholders.
» Insufficient CA&E structure and processes to monitor the complete range of clinical performance in a timely, meaningful and robust manner.
» No structure exists to support the leadership, management, sustainability of PP model of practice.

Required Resources/confirmed availability:
» National S&T and H&T lead role
» Pathfinder Lead and MTS TTA Lead
» Pathfinder regional support managers
» Pathfinder Administration roles
» Receipt of patient pathway information role
» A Clinical Data Specialist, Clinical Auditor and two Data Input Clerks for the CA&ED

Timescales & Key Activities:
Overall completion by:

» Confirmation of key milestones	14/5/15
» Costing of PP and CA&ED structures	22/5/15
» Approval by executive team	29/5/15
» Revised digipen PCR completed	31/5/15
» Quality Impact Assessment	18/6/15
» Implementation of PP and CA&ED structures	06/7/15
» Roll out of digipen/ICT hardware	31/8/15
» Formalise Lead link with MTG & NAEUCG	31/8/15
» Clear backlog of paper PCRs	1/9/15
» Develop analysis and reporting processes for current CIs	1/9/15
» Full implementation of digipen	14/9/15
» Completion of PP training	28/9/15
» Commencement of all Wales clinical audits	1/10/15
» Develop a phased plan for additional CIs	1/11/15
» Development of user friendly reporting tools	31/12/15

IN Scope:
» Developing S&T and H&T Lead
» Costing of PP structure
» Developing/implementing PP and CA&ED structures
» PP training completed
» Developing/implementing Clinical Audit and CIs
» Implementation of digipen
» Formal link established with NAEUCG and MTG
» Development of wide range of CIs
» Development of user friendly reporting tools

OUT of Scope:
» Development of alternative pathways
» Automatic transfer of clinical data to hospitals

Proposed Governance Structure:
» **Exec Lead:** Brendan Lloyd
» **Work stream Lead:** Andrew Jenkins/Tim Jones
» **Project Team (if relevant):** Finance, OD, Clinical Effectiveness & Audit, CPAG
» **Reporting Arrangements** Clinical Modernisation Programme Board (monthly)

Risks and Issues inc. any initial action taken:
» Existing roles will need development, planning is in place for MTS TTA and PP facilitator training.
» Not all costs can be absorbed by remodelling existing role functions.
» A quality impact assessment is required to be undertaken for PP and MTA TTA.
» Status quo will increase clinical risk and inefficiencies - withdrawal process for PP in place if necessary.
» Gaps in alternative pathways not be identified thus compounding increased inappropriate referrals to ED.
» CA&ED structure not approved/implemented
» Roll out of ICT hardware not completed at stations and hospitals in time for digipen go live date

Dependencies:
» Absorbing cost of structure into exiting roles
» Suitability of individuals to undertake tasking
» Pathfinder training completion
» Clinical leadership and supervision processes (CPD, PADR, day-to-day feedback to individuals)
» Communication & Engagement Plan
» Pathfinder to all pathway developments as entry tool
» WG confirming CIs
» CA&ED structure in place
» Digipen implementation for additional, timely CIs
» ICT rollout for digipen implementation
» Staff acceptance of digipen

Expected Outcomes:
» Structures developed and costs determined
» Structures approved by executive team
» Implementation of S&T and H&T, CA&ED structures.
» Lead for MTG and NAEUCG groups established
» PP medical and Trauma tools updated
» Clinical Audits & CIs commenced
» Gap analysis of ≤amber ED arrivals undertaken
» Empowering clinicians to improve their own practice
» Development of user friendly reporting tools
» Reporting on a wide range of CIs

Expected Benefits & Measures of Success:
» Implementation of structures for S&T, H&T, CA&ED.
» Update PP & MTS TTA tools - current versions/ stds.
» PP audited, gaps in pathways identified for patient arriving at ≤amber outcomes.
» Face to face and Hear and treat triage will reflect safe, effective and best practice.
» Timely capture and reporting of robust clinical data.
» Development of wide range of CIs
» Reduced future requirement for HCS contractual arrangement to transport clinical forms

Clinical Modernisation Project: *Step 5, Take me to Hospital*

Purpose and Objectives:
Implement a safe, consistent and effective process for approving alternative pathways of care to support patient/presentation specific pathways, community care planning, self care pathways and H&T/S&T dispositions.

Background:
» Effectiveness of hear & treat/see & treat functions are predicated on availability of alternative pathways.
» Patient outcomes are influenced by the availability of specialist patient pathways.
» Intelligence on opportunities for alternative pathways exist and there is enthusiasm to develop alternatives.
» Approval for proposed patient pathways is currently achieved on an ad hoc basis.
» There is no formal advisory/approvals structure to ensure pathway necessity, evidence or audit arrangements have been considered.
» There is inconsistency in ensuring clinical/professional stakeholders/partners have been engaged and support the development and implementation of proposed patient pathways.

Required Resources with confirmed availability:
» Clinical Pathway Advisory and Approvals Group (CPAAG)
» Terms of Reference and outcome flows
» Realignment of resources to create PP delivery team
» Secretariat to support advisory and approval process

Timescales & Key Activities:
» **Overall completion by:**
» Confirmation of key milestones   15/5/15
» Formation of PP delivery team   end May 15
» Approval by executive team   29/5/15
» Implementation of CPAGG process   06/7/15
» Approval of TOR for CPAAG   11/6/15
» Quality Impact Assessment   25/6/15
» Review PP tools and TTA disposition matrix   31/8/15
» Review out of hospital mental health practice   28/9/15
» Review of APP practice model   01/10/15

IN Scope:
» Developing CPAAG process
» Implementing TOR and methods of working
» Implementing formal pathway proposal process
» Developing electronic pathway proposal system
» Implement electronic pathway proposal system
» Develop/implement reporting to project board
» Development of PP delivery team
OUT of Scope:
» Development of alternative pathways

Proposed Governance Structure:
» **Exec Lead:** Brendan Lloyd
» **Work stream Lead:** Andrew Jenkins/Tim Jones
» **Project Team (if relevant):** Service Modernisation
» **Reporting:** Programme Board (monthly)

Risks and Issues inc any initial action taken:
» Existing process presents significant clinical risk and inappropriate use of resources.
» Potential for restraining innovation and enthusiasm - Remedial action includes early advice on pathway development , all rejected or deferred proposals from CPAAG will embrace positive feedback mechanisms and shared learning approaches with a view to resubmission.
» Failure to implement will result in ineffective pathways, increased patient risk, inappropriate use of staff resources, failures in engagement and support from stakeholders and partners.

Dependencies:
» Development of electronic support tool
» Acceptance of TOR by CPAAG
» Timely appointment of CPAAG chair
» Frequency of meetings and attendance
» Sustainability and retention of PP and MTS TTA
» Roust positive feedback mechanisms
» Establishing specific leads for EoL etc
» Development team support
» Availability of professionals to support CPAAG

Expected Outcomes:
» Advisory and approval process for implementation of patient pathways.
» Timely reports on CPAAG activity
» Electronic advice process to support initial pathway development and CPAAG proposals.
» Pathway development supported by necessity (patient need), robust evidence and explicit audit and evaluation plans.
» Prehospital mental health provision reviewed.
» Advanced practice modelling reviewed.

Expected Benefits & Measures of Success:
» Robust advisory and approvals structure to support implementation of patient pathways.
» Clinical project board updated regularly on pathway approval/implementation
» Annual report on the work of CPAAG.
» Transparent processes on how to obtain approval for proposed patient pathways.
» Improved stakeholder confidence, organisational governance and patient safety.

Clinical Modernisation Programme: *Clinical Leadership*

Purpose and Objectives:

To identify and develop clinical leaders who will provide clinical leadership, innovation, challenge norms, and encourage practise at maximum potential.
- ✓ Develop an accepted definition of clinical leadership within WAST, and a set of clinical leadership behaviours
- ✓ Generate a map of clinical accountabilities and clarity of interactions and roles (particularly the APP role), clinical mentorship roles and network
- ✓ Develop a plan to communicate and embed scope of practice, ensuring consistency of application and interpretation
- ✓ Create a resource map of clinical leaders within the Trust – who are they ? Where are they ?
- ✓ Develop and implement a sustainable model of clinical supervision and appraisal

Background:

» Strengthening Clinical leadership across the trust is integral to success of the new Clinical Model, and to ensuring our patients receive the highest possible standard of safe care.
» Working Group established in 2014: 40 review actions needed to ensure Advanced Practice Framework is fully adopted in WAST. Recommendations not progressed at the time.

Scope (in and out):

» Clinical Staff / Leaders
» Not corporate leaders

Dependencies:

» Clear link across to the Leadership component of Project 2 (OD Strategy) Trust's WODI Programme.
» Requires development and agreement of Trust values and behaviours
» Robust appraisal processes and recording in place

Required Resources with confirmed availability:

» Project Management Lead - identified
» Staff side Representative Lead

Proposed Governance Structure:

» **Exec Lead: Brendan Lloyd**
» **Project Lead: Helen Rees / Andrew Jenkins/APP**
» **Project Team to be established.**
» **Internal 'reference group'** has been established to advise.
» **Reporting Arrangements:** direct to Clinical Modernisation Programme through to IMTP Portfolio Board. Progress also to be noted by WODI Programme Board.

Expected Outcomes:

» Clear understanding of who our clinical leaders are, and where they are and what we can expect of them.
» Eliminate inconsistencies in the application of the scope(s) of practice
» A sustainable model of clinical supervision
» A sustainable model of clinical appraisal
» A sustainable network of skilled clinical mentors – to support new staff and students

Timescales & Key Activities:

» Overall completion   **March 2016**
» Confirm Project Lead, Staff Rep Lead and Project Team and Project Team to meet and agree full action plan with timescales by   **30/6/15**
» Action Plan developed to embed scope of practice
                                                              30/6/15
» Definition of Clinical Leadership and behaviours **31/7/15**
» Map of Clinical Accountabilities   **30/9/15**
» Sustainable Model of Clinical Supervision and Appraisal
                                                              31/12/16

Risks and Issues inc any initial action taken:

» Potential disagreement over the scope of practice
» Capacity of project lead to drive forward this work.
» Release of staff for Project Team work
» Appropriate time to participate in supervision and appraisal activities

Expected Benefits & Measures of Success:

» Delivery of Trust aim to be a clinically led and driven EMS service that is focusing on clinical outcomes for patients – low levels of concerns and SAIs
» Increased capability for clinical leadership
» Higher levels of Innovation
» Students and newly qualified staff are supported and effective in their roles, high student satisfaction ratings.

Clinical Modernisation Programme: *Workforce*

Purpose and Objectives:
To develop a future strategic workforce plan 2016/17 onwards aligned to the clinical model.
- ✓ Understand the strategic and organisational context and demographic change, current workforce characteristics
- ✓ Identify opportunities for role redesign and modernisation – horizon scanning, and benchmarking with other Trusts
- ✓ Working Longer – review implications and opportunities and develop a plan to address these.
- ✓ Articulate the journey from current to future state, education and training implications, financial impact and affordability

Background:
» Workforce Planning workshops held with WEDDS support to review clinical model and begin this process.
» Skills and opportunities to work differently have been identified
» Next Phase requires exploration of potential for new roles and clear understanding of future skill mix required

Scope (in and out):
» Clinical frontline services to include PCS, UCS, EMS, Clinical Contact Centre

Dependencies:
» Development and implementation of new clinical model
» Development of Service, Workforce and Financial Plan / IMTP framework and timeline for 2016/17
» Future shape of corporate services and estate
» Availability of accurate data and skills to support modelling work

Required Resources with confirmed availability:
» Project Management Lead
» Staffside Representative Lead
» Support from WEDDS to set up and facilitate workshops
» Roll out of workforce planning for key managers

Proposed Governance Structure:
» **Exec Lead: Brendan Lloyd**
» **Project Lead: Claire Vaughan**
» **Project Team to be established.**
» **Reporting Arrangements:** direct to Clinical Modernisation Programme through to IMTP Portfolio Board. Progress also to be noted by WODI Programme Board.

Expected Outcomes:
» Clear view of the future workforce model, skills and skill mix required
» Identified opportunities to redesign or create new roles
» A fully costed workforce plan
» A workforce plan supported by refreshed education, training and organisational development plans to support the transition

Timescales & Key Activities:
Data collection and analysis – by **end July 2015**
Clinical Conference in **July 2015** – springboard to scenario planning workshops
August / September / October – scenario and service planning workshops
Consultation process – **November / December**
Training implications and costing – **January 2016**
Enabling plans (training etc) **by March 2016**
Completed Strategic Workforce Plan **by March 2016**

Risks and Issues inc any initial action taken:
» Failure to engage effectively with key stakeholders across the whole health economy / local government
» Traditional focus on one year planning versus future strategic planning
» Release of staff for Project Team work and scenario planning
» Support from LHBs to participate in scenario planning workshops
» Development / availability of workforce information / ESR

Expected Benefits & Measures of Success:
» A strategic future workforce plan that aligns with requirements of business and 3 year IMTP and identifies future workforce model and shift required.
» A sustainable, skilled and flexible workforce ready for future challenges
» Right people, right time, right behaviours and right skills doing the right thing and ensuring the highest quality of care to our patients
» Delivery of our Trust Vision

Workforce & OD Programme: *IMTP YEAR 1 PRIORITIES (Project 1)*

Purpose and Objectives:

To prioritise Workforce & OD activity to ensure delivery of key IMTP and operational priorities including:

- ✓ *Rosters that are safe, sustainable and aligned to demand, and identification of further workforce efficiency and productivity opportunities*
- ✓ *A reduction in sickness absence of 1% across the Trust by 31 March 2016 (and consequent reduction in variable pay expenditure)*
- ✓ *A streamlined recruitment process, reduced time to hire and forward plan that ensures all vacancies are filled in a safe and timely manner and staffing levels are safe and sustainable.*
- ✓ *Achievement of the Gold Corporate Health Standard, including opportunities to support the psychological and physical wellbeing of staff*
- ✓ *Robust and sustainable trade union partnership working relationships, and refreshed local partnership working infrastructure*

Background:

- » 2014/15 WODI Programme under STP delivered some important outputs including successful recruitment of additional 119 wte staff and implementation of key policies.
- » Go Together, Go Far Partnership Working workshops to kick start a change in mindset & behaviours
- » Silver CHS achieved and in house OH Service launched

Required Resources with confirmed availability:

- » Project Management Lead
- » Staffside Representative Lead
- » NWSSP engaged in recruitment workstream

- » Additional resource / support identified but not yet confirmed

Timescales & Key Activities:

Go Together, Go Far Action plan developed and agreed by mid June 2015

Further workforce efficiencies scoping workshop in June 2015

Completion of current rosters by August 2015

Sickness diagnostic workshops in June 2015 and refreshed action plan by July 2015

Recruitment Process Mapping Workshops in June/July 2015

Mock Assessment December 2015/ January 2016

Gold Corporate Health Standard by March 2016

Scope (in and out):

- » Will be confirmed as part of each individual workstream

Proposed Governance Structure:

- » **Exec Lead: Judith Hardisty (Claire Vaughan)**
- » **Project Lead: Phillippa Doble**
- » **Project Team to be established.**
- » **Workstream Projects established**
- » **Reporting Arrangements:** direct to Clinical Modernisation Programme through to IMTP Portfolio Board. Progress also to be noted by WODI Programme Board.

Risks and Issues inc any initial action taken:

- » Release of frontline staff to participate in workstream and project team meetings - investment requested to release 5 staff to support Project 1 and 2 delivery
- » Limited availability of workforce information and ESR functionality
- » Potential cost associated with NWSSP involvement in any bulk recruitment activity
- » Investment in wellbeing activities eg STAR project
- » Lack of capacity among senior WOD staff to lead work

Dependencies:

- » Development of workforce plan and confirmed vacancy position
- » Impact of agreed rosters on resource required
- » Updated ESR hierarchy and availability of workforce information

Expected Outcomes:

- » Fully established frontline workforce and effective recruitment pipeline to fill future vacancies.
- » Completed safe and sustainable rosters with resource implications clearly identified
- » Improved attendance at work, early intervention and support for staff
- » Greater support for psychological wellbeing
- » Improved partnership working relations

Expected Benefits & Measures of Success:

- » Delivery of high quality care for our patients.
- » Building a positive reputation as an employer of choice
- » Healthy workforce and greater self care behaviours
- » Lower stress and mental health issues
- » Lower levels of employee relations issues
- » Increased levels of staff satisfaction and engagament

Workforce & OD Programme: *DELIVERING SUSTAINABLE CULTURE CHANGE (Project 2)*

Purpose and Objectives:

To build on the foundations for sustainable behaviour and culture change and ensure the Trust achieves its aspiration to become a *high performing organisation*

- ✓ To deliver a refreshed and expanded OD Strategy
- ✓ To agree and communicate refreshed organisational values and behaviours, and a set of common principles that will articulate the 'WAST way' of doing things
- ✓ To empower and develop the leadership teams – a programme of development for the Executive Team, Senior Management Team and Head of Operations Team
- ✓ To identify the talent pipeline and aspiring leaders and managers – establish a Future Leaders Pathway
- ✓ To achieve the target of 95% compliance with PADR, ensuring quality discussions, opportunity to reinforce desired behaviours and accurate reporting
- ✓ To ensure the Clinical Team Leader role is effective, and supported by a clear development programme
- ✓ To make WAST a 'great place to work' through a programme of engagement and recognition activities
- ✓ To identify current skills and training levels, a review of CPD provision and gap analysis – and development of training plan to address any shortfall in skills
- ✓ A sustainable model for service improvement

Background:

- » 2014/15 agreed OD Strategy – Being our Best – with a key important focus on mindset & behavioural change
- » 2015/16 IMTP articulate aspiration to become a High Performing Organisation and move from Good to Great
- » 2015/16 WODI Programme moves into next phase and scoped by process of internal stakeholder discussion and organisational commitments building on achievements delivered as part of STP - coaching framework and clinical supervision framework

Required Resources with confirmed availability:

- » Project Management Lead
- » Staffside Representative Lead

Timescales & Key Activities:

- » Scope, draft and consult on revised OD Strategy by October 2015
- » Agree final refreshed values and behaviours by UHB Board at meeting in August 2015 – with communication plan.
- » Develop common principles by January 2015
- » Review of Clinical Team Leader role by September 2015
- » Leadership Development programmes by December 2015
- » Future Leaders Stories by Oct 2015, Pathway by March 2016
- » PADR target to be achieved by March 2016

Scope (in and out):

All staff

Proposed Governance Structure:

- » **Exec Lead: Judith Hardisty**
- » **Project Lead: James Moore**
- » **Project Team to be established.**
- » **Reporting Arrangements:** through WODI Programme Board to IMTP Portfolio Board..

Risks and Issues inc any initial action taken:

- » Finite resource within OD and failure to support investment requests for additional internal OD facilitators will affect ability to move with pace and deliver on key projects
- » ESR functionality is weak and needs to be addressed – additional investment requested
- » Release of frontline staff to participate in project work and support shaping of key interventions
- » Balancing pace of culture change versus expectations
- » Potential investment may be required to support further staff recognition activities

Dependencies:

- » Clinical Modernisation Programme and development of clinical leadership
- » Work to update ESR hierarchies and maximise roll out of ESR MSS (recording of appraisals)

Expected Outcomes:

- » Revised OD Strategy which underpins delivery of the Trust's vision and IMTP priorities
- » Improved connection of workforce with organisation's strategic agenda and leadership
- » Reduced level of turnover/more positive exit interview feedback
- » Authentic, empowering leadership across the Trust
- » Improved development/career progression opportunities for staff and easier to recruit hard-to-fill posts with internal talent
- » Improved external recruitment in terms of volume and quality of applicants for senior posts

Expected Benefits & Measures of Success:

- » WAST is a great place to work - increased employee engagement and satisfaction measured through surveys and turnover / exit data
- » WAST is High Performing Organisation – delivers again its vision and performance targets

Non-Emergency Patient Transport Service (NEPTS) – *"Plan on a Page"*

Objectives and targeted benefits:
- Production of a Business Case that considers options, and provides a recommendation in relation the most efficient and effective way in delivering NEPTS in Wales.
- Identify the total cost of NEPTS in Wales. (Contracted and Ad hoc), identify the efficiencies and improvements in end user experience that might be derived from collaboration and integration of publically funded/subsidised transport services in Wales.
- Agree an "All Wales" NEPTS service specification that recognises the clinical needs of some patient groups, and provides equity to all, regardless of where they live.
- Production of a Generic Development Plan that holds the actions that will help the WAST Patient Care Service (PCS) to drive efficiency and effectiveness

Background:
On the back of (McClelland/Griffiths') WAST, Health Boards, Renal Network and Velindre NHS Trust met (2013) and agreed that the future model of NEPTS in Wales was to be decided from three prescribed models. Uncertainty as to the future of PCS within WAST has resulted in a general lack of direction and investment, generating low morale within the PCS team together with performance concerns with some stakeholders.

IN Scope:
- Three prescribed NEPTS models of service delivery
- The costs attributed to the delivery of NEPTS in Wales.
- Existing service specifications/SLA's
- Current PCS structure and systems of work

OUT of Scope:
- Day to day management of PCS delivery

Cross Cutting Projects / Programmes:
- Resource Utilisation
- Workforce and Organisational Development

Products:
A NEPTS model for Wales
A sensible vision for WAST PCS
A nationally agreed NEPTS specification.
PCS Generic Development Plan

Stakeholders:
Health Boards -Renal Network -Local Authority -Welsh Government - Trade Union Representatives - WAST EMS Management –WAST PCS Staff - WAST Strategic Transformation Board - Patient User Groups – NEPTS Project Executive

Key Risks:
- Failure to gain buy-in and/or continued commitment from key stakeholders.
- Some commissioners unprepared to wait for the project to deliver.
- WAST operational management lose focus on day to day management of PCS

Workstreams / Projects:
1. Finance
2. Commissioner
3. Organisational

Key Activities: **Completion by**
Completion of NEPTS Service Specification   May 2015
Production of a Generic Development Plan   May 2015
Rollout of Generic Development Plan   May 2015
Agreement of preferred Commissioning Model   June 2015
Completion of Financial Impact Assessments   June2015
Production of Business Case   Sep 2015
Submission of Business Case to CEO Group   Oct 2015

Governance and Team:
Patsy Roseblade – Project Executive
Nick Smith – Project Manager
Martyn Evans – Finance Lead
Peter Llewellyn – Customer Lead
Steve Watt – Organisational Lead
Sara Jones – Director of Quality & Nursing
Colin Eaketts – Policy Lead Welsh Government
Stuart Ide – EMS Commissioner
Estelle Hitchon – Communications Lead
Nathan Holman – Senior Staff Representative

Measures of Success:
- Introduction of a new NEPTS model
- Implementation of a new NEPTS specification
- Achievement of the business objectives and Key Performance Indicators (KPI's) identified within the new specification
- Year on year improvements in:
1. Staff Surveys
2. User Surveys

Strategic Efficiency Programme: *Resource Utilisation*

Purpose and Objectives:
» To progress a CCC re-configuration, Points of Presence review and an administration review. These pieces of work will;
a) Ensure the organisation makes best use of its assets including its most important….its staff. To help them become even more effective.
b) Demonstrate value for money and maximum efficiency within existing financial envelope.
c) Enable some of themes expressed in the McClelland review to be realised.

Background:
» The Resource Utilisation Group has been a long standing group within the organisation. Much of the work captured here is a legacy of the Trusts previous STP.
» This project has adopted a four phased approach to work;
1. Baseline: What we have, What they do, How they do it (current working practices).
2. Future State: What we need.
3. Gap Analysis & Options: Is there a gap / Options regarding reconfiguration.
4. Implement (as required)

Out of scope:
» Points of Presence – Ambulance stations
» Those not fitting the agreed definition of administration staff- "*a role that provides vital support to a specific individual, team or department to deliver the business of the organisation but do not directly discharge organisational business themselves. Such roles include but not limited to secretaries, EA's, PA's, receptionists*".
» CCC- 111 governance arrangements

» Please see workstream level plans on a page for detailed scope agreements

Dependencies:
» The key dependency for completing current commitments is a timely decision re: 111 hosting arrangements

Expected Outcomes:
» Baseline reports detailing the current organisational administration resource at its disposal and its Points of presence and how they are currently deployed.
» An agreed CCC configuration with approved business case to proceed to implementation.

Timescales & Key Activities:
» Points of presence review has been commissioned to undertake phases 1&2 of the organiations estate (excluding ambulance stations). A report will be presented to the IMTP Portfolio Board **August 2015.**
» Administration baseline review has been commissioned to undertake phase 1. A report will be presented to the IMTP Portfolio Board **July 2015.**
» CCC re-configuration highly dependent on decision regarding 111 but has been commissioned to complete phases 1,2&3. Assuming timely decision on 111 in Q1 15/16 these phases will be completed **Q2/3/4** (much work has already been done).
» Upon completion of the commissioned phases there will be a 'pause, review and recalibrate' by the Portfolio Board / Executive Team to provide further direction on the way forward.

Proposed Governance Structure:
» **Exec Lead:** Patsy Roseblade
» **Workstream Leads:** Hannah Crowney / Debbie Bateman / Chris Powell
» **Reporting Arrangements:** to Resource Utilisation Group and into the Strategic Efficiency Programme Board

Required Resources with confirmed availability:

» This project is currently adequately resourced for the phases it has committed to (see timescales). Further investment may be required for latter phases.

Measures of Success:
» Fit for purpose reports which allows Executives to agree next steps.
» Approved business case re: CCC

Risks and Issues inc any initial action taken:

» Agreement regarding the definition of 'administration'
» The ambiguity of actually identifying 'administrative functions'
» Staff perceptions/concerns regarding their future roles / places of work
» Delayed decision regarding 111

Strategic Efficiency Programme: *Hosting of services of strategic alignment (111)*

Purpose and Objectives:
» To ensure that the Trust is fully prepared to discharge its responsibilities to host any service of strategic alignment (111) with no adverse impact on service delivery and to manage the transition of NHSDW into the 111 service

Background:
» The Health Minister has committed to the establishment of a '111' service to improve access to unscheduled care services in Wales
» The Trust is awaiting Welsh Government decision on its bid to host the new 111 service
» The NHSDW service will transfer into the new 111 service
» Initial Pathfinder project for ABMUHB to test model

Required Resources with confirmed availability:
» 1 part time project lead
» 6 work stream leads
» Increase in demand for corporate support services yet to be fully defined

Timescales & Key Activities:
Detailed timescales can be confirmed once hosting decision/ and Pathfinder project launch date are confirmed.

Overall completion by:

» Establish WAST project team	**May 15**
» Project team meeting schedule	**May 15**
» Confirm WAST Executive Lead	**May 15**
» 111 & WAST project team workshop	**TBC**
» Staff engagement events	**TBC**
» Transition of NHSDW staff	**TBC**
» External staff transfer	**TBC**
» **G**overnance arrangements and establishment of Governance/Assurance Committee	**TBC**
» Telephony platform fully developed & tested	**TBC**
» Completion and sign off of SLA	**TBC**
» Service launch	**TBC**

Scope (in):
» Clarification of the hosting arrangement
» Development of appropriate Governance arrangements
» Support the transition of NHSDW into 111
» Support the ICT requirements of the Pathfinder project

Out of scope:
» Development of host service structure/model
» Management of host service

Proposed Governance Structure:
» **Exec Lead: TBC**
» **Project Lead: TBC**
» **Work stream Leads:** Finance TBC, ICT/Telecoms Aled Williams, Clinical Lead Andrew Jenkins, W&OD Lead TBC, Corporate Governance Lead TBC, Operational Lead TBC
» **Reporting Arrangements**: IMTP Portfolio Board via Strategic Efficiency Programme Board (monthly)
» **Control processes:**
Risk register
Quality Impact Assessment

Risks and Issues inc any initial action taken:
» Destabilisation of service resulting in adverse impact on service delivery
» Hosting arrangement not clearly defined
» 111 service model, specification and structure not fully developed
» Funding for the hosted service not yet agreed
» Delay in hosting decision
» Occupiers/Employment Liability

Dependencies:
» Hosting decision
» Funding for 111 service
» ICT infrastructure
» Technical solution for call management

Expected Outcomes:
» Transition of NHSDW staff into 111 service with no adverse impact on staff /service delivery
» Robust governance arrangements are in place that support the Trust in fully discharging its responsibilities as a host organisation

Expected Benefits & Measures of Success:
» Launch of 111 Pathfinder project
» Service Level Agreement in place
» Clear lines of responsibility and assurance
» No adverse impact on workforce or financial position
» Continuity of service delivery

Strategic Efficiency Programme: *Capital Planning & Delivery*

Purpose and Objectives:
» To ensure the Trust has the appropriate infra-structure (strategies, groups / committees, reporting lines, clear understanding of roles and responsibilities etc.) to support the timely delivery of the organisations capitol plan. Ensuring the organisations IMTP Portfolio Board is suitably engaged in the capitol planning process.

Background:
» The Trust has both a discretionary capitol fund (circa £3.8M) and a capitol fund bid from WG to support strategic developments.
» Recent changes to organisation committee structures and reporting lines require the function to be reviewed to ensure its remains suitably aligned within the organisation.

Required Resources with confirmed availability:
» This review will be lead by the Head of Estates and Capitol planning which the Trust is currently in the process of recruiting.

In Scope:
» Review of current arrangements for managing capitol investment plans.

Out of Scope:
» Review of any processes regarding the "authorisation process"
» Involvement in the "shaping" of future capitol plans prioritise etc.

Proposed Governance Structure:
» **Exec Lead:** Patsy Roseblade
» **Work stream Lead:** Head of Estates and Capitol planning (when appointed)
» **Work stream Team:**
» This exercise shall form part of the Resource Utilisation Group.
» **Reporting:**
  Internal reporting into IMTP Portfolio Board.

Key Dependencies / Limiting Factors:
» None currently identified.

Expected Outcomes:
» A reviewed capitol planning process that is deemed 'fit for purpose' by the organisation
» A clearly documented "structure" of the capitol planning process.

Timescales & Key Activities:
» Awaiting appointment of the above post before a review of commence however subject to timely recruitment in Q2 15/16 the following actions will be undertaken in Q2/3/4
- Review current position
- Re-establish baseline requirements
- Develop action plan, timeline for any changes
- Where appropriate seek mandate to implement changes and/or initiate changes.

Risks and Issues inc any initial action taken:
» Timely appointment of a Head of Estates and Capitol planning

Expected Benefits & Measures of Success:
Benefits
» Improved capitol planning process that is able to make timely decisions and support the delivery of high quality capitol projects..
Measures of Success
» Trust approved "structure" of the capitol planning process.