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Foreword

We have come a long way since 2010, when I reported to the Minister the findings and recommendations arising from my review of non-emergency patient transport service in Wales.

I was very aware of the complexities involved in providing this service and acknowledged that improvements would need to be achieved within the current resources, in an already difficult financial climate. I was also aware that achieving successful outcomes would be immensely challenging and very much dependent upon the commitment and drive of participating organisations and individuals.

The recommendations demanded a fundamental change in approach to service delivery with patient need very much at the forefront of the criteria for delivering improvements. I am delighted that this approach has been enthusiastically applied and that consideration of the needs of service users is now embedded at every level of service provision.

I was also keen to see development of partnership working between the NHS, other public sector organisations and the Third Sector. The extent to which this has been achieved has exceeded my expectations. There is no doubt that integration of transport resources has become a firmly established feature of service delivery and that firm foundations have been laid for further integration opportunities to be explored.

The commitment of everyone involved has been outstanding and this has remained constant throughout the life of the programme. This was particularly demonstrated in how Health Board service leads and Welsh Ambulance Services colleagues responded with enthusiasm and pace when the programme was broadened to an all-Wales approach. While delivering against their own pilot objectives, the same colleagues worked jointly on national workstreams which have also brought benefits to the wider patient transport system. This has resulted in an impressive range of achievements which I have asked to be exhibited at the beginning of this report under Key Service Improvements.

I am immensely proud to have been involved in the programme, and give genuine thanks to everyone involved for achieving sustainable and patient-centred service improvements and setting the scene for further developments. It will now be essential for the teamwork displayed in implementing my review to be maintained so that future progress is assured.

Win Griffiths
Chair
GLOSSARY

ABMU  Abertawe Bro Morgannwg University Health Board
ACS  Ambulance Car Service
BCUHB  Betsi Cadwaladr University Health Board
Cleric  The software used by WAST to manage PCS (produced by Cleric Computer Services Limited)
CTA  Community Transport Association
CVUHB  Cardiff & Vale University Health Board
DWP  Department of Work and Pensions
ECR  Extra Contract Referral, activity not covered within SLA
EMS  Emergency Medical Service
KPI  Key Performance Indicator
LA  Local Authority
MSCC  Metastatic Spinal Cord Compression
NEPT  Non-Emergency Patient Transport
NET centres  WAST Non-emergency transport telephone booking centres
NHS  National Health Service
NPB  National Programme Board
NWIS  NHS Wales Informatics Service
PCS  Patient Care Services – WAST non-emergency patient transport service
PNA  Patient Needs Assessment
SLA  Service Level Agreement
TUO  Tell Us Once
WAST  Welsh Ambulance Service Trust
WKPA  Welsh Kidney Patients Association
WRCN  Welsh Renal Clinical Network
WHSSC  Welsh Health Specialised Services Committee
KEY SERVICE IMPROVEMENTS

CITIZEN FOCUS

- where on-line services have been introduced, front line staff now spend approximately 90% less time in arranging transport;
- 94% of discharged patients in Hywel Dda are picked up within 60 minutes against a standard of 70%;
- the average journey times of Cardiff and Vale patients have reduced significantly with 90% of patients now being transported within 1 hour;
- the average journey time of WAST NEPT patients has reduced from 47 minutes to 35 minutes;
- 97% of Cardiff and Vale service users rate the service as good or excellent; and
- the introduction of a dedicated transport service for patients requiring treatment for Metastatic Spinal Cord Compression (MSCC) has significantly improved the patient experience and reduced clinical risk.

EFFICIENCY GAINS

- the introduction of dedicated transport arrangements for mental health patients in Hywel Dda has led to a reduction in abortive journeys from 14% to 3%;
- abortive journeys across all categories in Hywel Dda have reduced from 18% to 12%;
- abortive journeys for discharges and transfers in Velindre Cancer Centre have reduced from 46% to 16%;
- Cardiff and Vale has achieved over £58k per annum cost saving as a result of changes in its service provider arrangements;
- Hywel Dda achieved cost savings of £208k between April 2011 and December 2012 through the introduction of a single point of contact for Extra Contractual Referrals (ECRs); and
- reorganised ambulance crew rotas in BestiCadwaladr has led to an improved response to varying levels of demand and a reduction of overtime levels.

PARTNERSHIP WORKING

- the use of Third Sector transport provision in Hywel Dda has increased from 5% to 28%;
- HywelDda and Abertawe Bro Morgannwg now use spare capacity of Local Authority social services vehicles to transport patients;
- Cardiff and Vale has entered into a partnership with St John Ambulance Cymru to provide a dedicated discharge and transfer service; and
- Powys and Hywel Dda have entered into a partnership arrangement to provide Ceredigion patients with a single point of contact for transport bookings.
EXECUTIVE SUMMARY

Background

In November 2007, the Minister for Health and Social Services, Edwina Hart AM OStJ MBE, commissioned a review of non-emergency patient transport (NEPT) in Wales to be led by Win Griffiths, then Chair Abertawe Bro Morgannwg University Health Board. The Griffiths’ Review report was published in April 2010 and concluded that the arrangements currently in place were fragmented and not sufficiently citizen focused.

In response to the report, the Minister announced that NEPT pilot studies would be established at four Health Boards and the Welsh Ambulance Services NHS Trust (WAST), to test new models of service delivery. Subsequently a successor Minister, Lesley Griffiths, asked that, in addition to the pilot studies, the programme broaden its approach to facilitate wider service improvements at an all Wales level. Following this, and as an extension to the scope of the work, three further health bodies, Velindre Cancer Centre and Powys teaching Health Board, and the Welsh Renal Clinical Network were added to the pilot programme.

The new models of service delivery tested by the pilots were tailored to the specific needs of the local area. The pilots and their focus areas were:

- Betsi Cadwaladr University Health Board - control room improvement with WAST;
- Cardiff and Vale University Health Board - social enterprise, not for profit model in partnership with St John Cymru;
- Cwm Taf University Health Board - integrated transport booking system;
- Hywel Dda University Health Board - rural service delivery and mixed economy transport provision;
- Velindre Cancer Centre - modernisation of transport services;
- Powys teaching Health Board - sustainable development of NEPT; and
- Welsh Renal Clinical Network - journey planning and reimbursement scheme for dialysis patients.

In order to meet the requirements of the Griffiths’ review, the pilots were required to improve and develop partnership working arrangements between Health Boards, WAST, the Third Sector and other transport service providers and to demonstrate robust patient engagement. It should also be recognised that at this time, WAST was engaged with Health Boards on the delivery of its Patient Care Services (PCS) Modernisation Plan.

A key part of the governance arrangements for the pilots and the wider WAST Modernisation Plan was the establishment of the Non-emergency Patient Transport National Programme Board (NPB), chaired by Win Griffiths. The NPB comprised representatives from the Welsh Government, all Health...
Boards, WAST, Welsh Renal Clinical Network, Community Health Councils, Trade Unions, Service Users, the Third Sector, and Public Health Wales.

**Pilots**

A summary of the pilot profiles is set out in Table 1.

**Table 1: Pilot profiles**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Focus of Service Provision</th>
<th>Key Objectives</th>
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| Betsi Cadwaladr University Health Board/WAST | Control room model for improvement | • to reduce abortive journeys and thereby reduce waste  
• to introduce online booking with the aim of supporting the application of eligibility criteria in secondary care  
• to improve the effectiveness of the discharge pathway  
• to strengthen management arrangements through the implementation of a control room performance management framework |
| Cardiff and Vale University Health Board   | An enhanced discharge service delivered through a social enterprise model in partnership with St. John Cymru | • to establish a flexible and responsive discharge service, with the aim of reducing delayed transfers of care  
• to improve the overall patient experience |
| Cwm Taf University Health Board           | An integrated transport booking service | • to integrate the IT systems in the Cwm Taf regional booking centre and WAST regional Net Centre  
• to improve efficiency by reducing the amount of existing duplicated work, reduce errors and improve data handling  
• to ensure that the eligibility criteria for transport are consistently applied |
| Hywel Dda University Health Board         | Integrated transport provision | • to improve the integration and co-ordination of transport services with the third sector, WAST and statutory organisations  
• to optimise the use of existing transport resources  
• to provide a robust whole-system procedure for patients who need or qualify for transport |
| Velindre Cancer Centre                    | Modernising patient transport services | • to provide a patient focused service  
• to improve efficiency and reduce waste  
• to improve joint working with service providers |
| Powys teaching Health Board               | Sustainable development of NEPT |  |
| Welsh Renal Clinical Network              | Journey planning and reimbursement scheme | • to establish optimal journey planning  
• to establish a reimbursement scheme for patients using their own transport  
• to provide a mop-up vehicle |
Evaluation of the pilots

Between October 2011 and February 2012 the Welsh Government carried out an interim evaluation of the progress made by the original four Health Board pilots and WAST. The evaluation concluded that all of the pilots had demonstrated good progress in achieving their specific objectives and in addressing the all-Wales issues arising from the Griffiths’ Review. The key pilot achievements identified by the interim evaluation were:

- **Betsi Cadwaladr** – there was a significant increase in the use of on-line booking which resulted in a 90% reduction in time spent by front line staff in arranging transport and enabled the application of the eligibility criteria in secondary care; significant reduction in waiting times for discharges and transfers; improved drop-off times; overachievement on renal targets; team based working and individual accountability;
- **Cardiff and Vale** – over 90% of patients transported within one hour; improved contracting arrangements; improved flexibility of transport provision; cost savings; improved patient experience;
- **Hywel Dda** – overall reduction in aborted journeys; the introduction of a shared social care vehicle resource; dedicated voluntary transport provision for the mental health unit reducing abortive journeys from 14% to 3%; overall improved performance; increasing mixed provision of transport; and
- **Cwm Taf** – elimination of duplication of tasks; established single point of contact for transport bookings; consistent application of the eligibility criteria; roll-out of the service to residents of Cardiff and Vale and Aneurin Bevan Health Boards; overall demonstrable improved patient experience.

In addition to the pilot specific issues, the achievements at an all-Wales level were:

- the introduction of seven standardised, simplified and signed-off Service Level Agreements (SLAs);
- the implementation of a regularly reviewed National Performance Framework;
- the development and application of the national eligibility criteria for patient transport;
- the establishment of an in-committee arrangement for WAST to discuss finance and performance issues directly and confidentially with Health Boards;
- the running of a mini Kafka Brigade to challenge the Griffiths’ Review commitment to improving the patient experience of NEPT;
- excellent and consistent engagement from all stakeholders; and
- the effective involvement of all Health Boards in the programme.

The pilot programme was scheduled to end in March 2013. However, based on the outcome of the interim evaluation and its associated recommendations, including the further development of high-level performance...
indicators and the provision of an evidence base for best practice and value for money, it was considered that an extension of one year would allow the programme to be concluded more effectively. On this basis a proposal to extend the pilots to March 2014 was made and was supported by Health Board Chief Executives.

Achievements and best practice
The Griffiths’ Review stated that pilot studies should investigate how services could be improved in the expectation that new models of service delivery models would:

- improve the quality of services to the citizen;
- achieve efficiencies; and
- embrace cross sector opportunities to optimise public sector fleets and Third Sector transport providers.

Results clearly demonstrate that the programme has delivered well beyond its initial brief. Some pilots have generated actual cost savings although the most notable feature of all the pilots is that better services are being provided on a budget of reducing value.

A summary of achievements against the above criteria based on performance activity and financial data and patient surveys gathered throughout the review is set out below.

Improved quality of services to the citizen
At a Health Board level, performance has improved in key areas of transport provision:

- the average waiting time for discharge and transfer transport in Cardiff and Vale has reduced from 31 minutes to 21 minutes;
- over 90% of Cardiff and Vale discharges and transfers are transported within one hour;
- patient satisfaction surveys undertaken in Cardiff and Vale shows that 97% of patients rate the service they receive as good or excellent. Where issues have been raised, the service has responded quickly to address them. Patients’ views are also taken into account in service planning;
- an increase in mixed economy of transport service provision from 5% to 28% in Hywel Dda has demonstrably improved access and quality of services for patients living in rural areas;
- improved transport service for dialysis patients through implementation of the Dialysis Transport Charter 30-30-30 journey standards; and
- 94% of patients in Hywel Dda are now discharged within 60 minutes.

In respect of WAST, key performance improvements have been made:

- Discharges and Transfers – performance target is for 70% of patient to have a waiting time of 60 minutes or less for transport:
  - the target has been exceeded in all but two Health Board areas;
  - whilst not achieving the target, performance in Cardiff and Vale improved by over 11% and Cwm Taf performance improved by 17% between February 2013 and January 2014.
• in Hywel Dda 95% of all patients waited less than 60 minutes

• Outward Journeys (excluding discharges and transfers) – performance target is for 70% of patients to have a waiting of 60 minutes or less for transport:
  
  o the target has been exceeded in all Health Board areas
  o an average of 84% of patients wait less than 60 minutes with 63% of patients waiting 30 minutes or less
  o Powys achieved the highest rate at 96.7%, and Aneurin Bevan the lowest rate at 77.1%

• Inward Journeys - performance target is for 70% of patients to arrive within +/- 30 minutes of appointment time;
  
  o the target has been exceeded in three Health Board areas.
  o Cardiff and Vale has the poorest performance although improvements have been made with 20% of patients arriving more than 60 minutes late in April 2013 reducing to 8% arriving late in January 2014;
  o 91% of patients transported by WAST PCS have a journey duration of less than 60 minutes;

Achieve efficiencies

All the pilots have generated efficiencies:

• improved utilisation of existing transport resources through improved journey planning in Betsi Cadwaladr and renal dialysis transport services;
• the introduction of dedicated Community Association mental health transport in Hywel Dda has reduced abortive journeys from 14% to 3%;
• discharge and transfer abortive journeys in Velindre Cancer Centre have reduced from 46% to 16%, from 13.5% to 10% in Betsi Cadwaladr and from 18% to 12% in Hywel Dda;
• 90% reduction in time front line staff spend on arranging transport where on-line services have been introduced;
• the introduction of a single point of contact for ECRs in Hywel Dda has released a significant amount of front line staff time and generated cost savings of £208k between April 2011 and December 2013;
• overall in Hywel Dda, the reduction in abortive journeys has resulted in increased capacity and improved vehicle utilisation; and
• partnership working with the Third Sector has generated considerable cost savings and increased the flexibility of service provision.

Embrace cross sector opportunities to optimise public sector fleets and Third Sector transport provision

This model of service improvement was piloted at Hywel Dda pilot and produces some impressive results:

• Social Service vehicles are now used in their downtime and the Health Board pays only for the hours used. The vehicles are utilised as dedicated discharge vehicles to support local hospitals in the region. This has greatly contributed toward a reduction in the number of WAST
journey refusals and provides hospitals with a flexible and responsive service;
- the shared vehicle resource model has been adopted by Abertawe Bro Morgannwg University Health Board; and
- Third Sector transport provision is now used extensively in Hywel Dda and there are plans to extend this further.

In addition to these achievements against the overarching Griffiths’ criteria, the pilots delivered a range of local improvements and best practice. These are summarised in Table 2:

**Table 2: pilot achievements**

<table>
<thead>
<tr>
<th>Achievement</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>Demand-led rota</td>
<td>• efficiencies in staff and transport utilisation</td>
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<td></td>
<td>• flexible in meeting demand flows</td>
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<td></td>
<td>• flexible, responsive and cost effective work force</td>
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<tr>
<td>On-line booking service</td>
<td>• reduction in time front-line hospital staff spend in arranging transport</td>
</tr>
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<td></td>
<td>• application of eligibility criteria in secondary care</td>
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<td></td>
<td>• reduction in waiting times for transport</td>
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<tr>
<td>Control Room Performance Management</td>
<td>• real-time performance management</td>
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<td>Framework</td>
<td>• improved journey planning</td>
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<td>• quality assurance checklist</td>
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<td>• releasing capacity of ambulance liaison staff</td>
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<tr>
<td>Dedicated discharge service</td>
<td>• extended operating hours</td>
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<td></td>
<td>• improved responsiveness and flexibility</td>
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<td></td>
<td>• improved performance</td>
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<td>• value for money</td>
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<td></td>
<td>• improved patient experience</td>
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<td></td>
<td>• responsive to clinical requirements</td>
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<td></td>
<td>• improved bed management</td>
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<tr>
<td>Dedicated discharge lounge</td>
<td>• safe waiting area for patients</td>
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<td></td>
<td>• timely release of beds</td>
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<tr>
<td></td>
<td>• application of eligibility criteria</td>
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<tr>
<td>Integrated transport booking system</td>
<td>• single point of contact</td>
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<td></td>
<td>• consistent application of eligibility criteria</td>
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<td></td>
<td>• staff time savings</td>
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<td>• reduction in missed appointments</td>
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<td>• value for money</td>
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<td></td>
<td>• reduction in booking errors and improved information</td>
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<tr>
<td>Dedicated transport for MH patients</td>
<td>• significant reduction in abortive journeys</td>
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<td></td>
<td>• improved patient experience</td>
</tr>
<tr>
<td>Mixed economy of transport</td>
<td>• improved responsiveness and flexibility</td>
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<td>• improved patient experience</td>
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<td>• value for money</td>
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<td>• cost savings</td>
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<td>Integrated transport provision</td>
<td>• improved efficiency in existing transport resource utilisation</td>
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<td>• increased mixed economy transport provision</td>
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<td>• value for money</td>
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<td>• improved performance</td>
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</table>
| **Single point of contact for ECRs** | • significant cost savings  
• improved patient experience  
• value for money  
• release of front line hospital staff time |
| **Dedicated transport service for MSCC** | • reduction in need to use emergency services  
• responsive to clinical requirements  
• improved patient experience  
• reduced clinical risk |
| **Extended operating hours** | • meets the needs of Health Boards  
• improved patient experience |
| **Activity mapping exercise** | • improved links between transport and health care commissioners  
• improved financial controls  
• informed commissioning decisions |
| **Reimbursement scheme for renal patients** | • improved utilisation of ambulance vehicles |
| **Optimum journey planning** | • addresses inconsistencies in journey planning for routine treatments |

The positive outcomes set out above have all been recognised and accepted as examples of best practice and in many cases have already been adopted by other Health Boards.

**Further work**

Following the pilots, it has been acknowledged that there are still some areas of work that are either currently in progress or where further development is needed. The completion of this work is considered essential to ensure that the progress made to date is sustained and that opportunities to deliver further efficiencies and improvements are realised. The further work comprises:

- **Eligibility Criteria and Patient Needs Assessment (PNA)**
  - The revised process for taking patient through a needs assessment (the script) is in the final stages of testing. A phased implementation is scheduled to take place between July 2014 and October 2014 and therefore will require continuing oversight to ensure delivery.
  - The application of the PNA for all transport requests and access to NEPT for patients in receipt of mobility allowance or who have access to motability cars are matters recommended for further consideration by Health Boards and WAST.

- **Tell us Once (TUO)**

This initiative is aimed at protecting the dignity of bereaved families by ensuring patient transport and hospital correspondence and appointments are cancelled appropriately. A timescale for delivery has not yet been set, but ongoing engagement is essential to ensure this initiative is fully implemented.
Recommendations

The work programme will formally end on 30th June 2014. However, as outlined above, there are opportunities to gain further benefits by ensuring that best practice is exploited to its full potential and that current work is completed effectively to maximise efficiencies, cost savings, and service improvement.

It is therefore imperative that appropriate arrangements are put in place to maintain and sustain improvements that have been made and to allow work to progress in areas that require further development.

The current Minister, Mark Drakeford, has requested that the recommendations arising from this review also take into account the organisational changes to WAST currently being considered by the Welsh Ambulance Service Reform Programme Team. As part of the reform arrangements, a new WAST PCS modernisation plan is being developed and the Minister has asked that recommendations for action relating to WAST are fully embedded within this plan.

The recommendations arising for the pilot programme are set out below. For ease of reference, recommendations relating to Health Boards include Velindre Cancer Services.

The recommendations arising from the pilot programme are:

1. Guaranteeing citizen focus

   Meeting the needs of the citizen is integral to achieving an effective NEPT service delivery and was the key recommendation of the Griffiths’ Review.

   While there has been some progress in this area, there is a need for Health Boards and WAST to ensure effective citizen engagement, for example, through the more standardised use of satisfaction surveys and citizen representation on NEPT forums.

   There is a strong view that oversight needs to be at a national level although there would be cost implications in establishing a national forum for NEPT service user engagement. However, there are opportunities to incorporate NEPT services within health organisations’ existing citizen forum arrangements or take a broader approach with Health Boards linking in with Local Authority transport user groups.

   The partnership arrangement in place between Hywel Dda Health Board, Local Authorities, Police and Fire services provides an example of a whole systems approach to robust citizen engagement. The service user forum consults with citizens on a wide range of issues, including NEPT. The views of the citizen help influence organisational approach to service delivery and the Health Board has used these
views to put in place services that provide the appropriate support and improve accessibility to services.

WAST has an established patient panel which could also provide an opportunity for ensuring citizen engagement on NEPT on an all Wales basis.

The options proposed for citizen engagement are:

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<tbody>
<tr>
<td>1.</td>
<td>National Citizen Panel</td>
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<tr>
<td>2.</td>
<td>Health Boards to adopt the Hywel Dda partnership model</td>
</tr>
<tr>
<td>3.</td>
<td>WAST Patient Panel</td>
</tr>
<tr>
<td>4.</td>
<td>Health Boards to link in with existing Local Authority transport user groups</td>
</tr>
</tbody>
</table>

It is recommended that Health Boards and WAST establish arrangements for guaranteeing citizen focus on NEPT.

2. The continuing development of partnership working between Health Boards and WAST regarding PCS commissioning and performance management arrangements

Partnership working between WAST and Health Boards has been a key enabler for improved WAST PCS performance and the implementation of a National SLA and Commissioning Framework for NEPT. National oversight for this work has been provided by the NPB which will cease to function on 30th June 2014.

The Health Boards have expressed the view that the NPB provided a valuable framework within which the partnership could function effectively, particularly in terms of providing national oversight for performance management of PCS and further development of the National SLA and the Commissioning Framework.

It is therefore recommended that a form of national oversight is maintained to provide appropriate support for this work to continue. This will enable collective engagement for the progression of WAST and Health Board NEPT initiatives on an all Wales basis and provide oversight to ensure the delivery of effective services for patients.

This would be best achieved through the establishment of a NEPT Partnership Commissioning and Performance Board (the Board). This proposal offers a solution for maintaining the performance management of PCS between Health Boards and WAST.

The Board would:

- further develop the National SLA and Commissioning Framework;
- ensure consistency of approach to commissioning and
It is recommended that a hosted arrangement would be the most effective platform for delivery. The options proposed for this are:

1. Nominated Health Board as the host organisation
2. Health Boards to host on a rotational basis
3. WAST to host
4. WHSSC to host

This will be particularly important once the managed transfer of Non Emergency Patient Transport services has given responsibility to the Health Boards.

3. Health Boards to incorporate agreed commitments for transfer of best practice within their three year plans

While there has been a substantial adoption of best practice across all Health Boards, there is a need to ensure this is embedded as normal practice as far as possible. This will be best achieved through the incorporation of the best practice commitments within each NHS organisations three year plan.

It is recommended that each Health Board and WAST incorporate the best practice transfers that they have identified in the best practice document into their three year plans for the 2015/16 financial year and that this is verified through the Welsh Government’s approvals process.

4. WAST to incorporate the recommendations arising from this review within its PCS Modernisation Plan

The Minister requested that the NEPT recommendations relating to WAST feed into the WAST PCS Modernisation Plan as it moves towards the staged implementation of the Ministerial decision to separate the Emergency and Non Emergency services. Oversight for the Modernisation Plan will be provided by the WAST Strategic Change Programme Board.

WAST has tested out a number of initiatives that have provided added value to PCS performance and service delivery. Health Boards have expressed a wish for these initiatives to be included within the plan to enable further development and roll-out where applicable.

The items identified for inclusion within the WAST PCS Modernisation Plan are:
application of the PNA for follow-up appointments
in partnership with Health Boards, review of eligibility for patients in receipt of mobility allowances or who have access to a motability vehicle;

further roll-out of demand-led rota, control room performance management framework, on-line services and single booking pathway;

provision of MSCC training where appropriate;

further development of the national performance management framework;

further work with Health Boards to agree and develop a contract currency;

implementation of a text/telephone reminder service;

implementation of the PNA script; and

provision of Ambulance Car Service performance data to Health Boards

A number of these items are falling just short of completion in order for there to be a national roll-out. It is imperative that they are seen through and implemented by March 2016.

It is recommended that these items are immediately embedded in the emerging WAST modernisation plan and are overseen by the Strategic Change Programme Board.

5. Welsh Government to continue oversight of the “Tell us Once” initiative

Currently the “Tell us Once” initiative is a cross organisational development that has been aligned to a Welsh Government programme that is developing new arrangements for death certification and the role of the medical examiner in Wales.

The initiative offers the opportunity to avoid distress caused to families of the deceased and is a practical solution for ensuring the NHS organisations receive timely information on deaths.

Wales is at the forefront in developing a standard for NHS organisations throughout the UK and it is therefore imperative that this programme of work is completed effectively.

It is recommended that this is seen through and that Welsh Government officials provided updates to the Minister until its completion.
Details of Health Board commitments for the transfer of best practice and items identified for inclusion in the WAST PCS modernisation plan are outlined in appendices 1a and 1b.
MAIN REPORT

1. Introduction

1.1 In November 2007, the Minister for Health and Social Services commissioned a review of non-emergency patient transport (NEPT) services in Wales. The findings of this review, led by Win Griffiths, concluded that the existing system was performing variably, had weak arrangements regarding Service Level Agreements (SLAs), and was not geared towards the needs of the citizen.

1.2 The review recommended the establishment of NEPT pilot studies to examine how services could be improved. The pilots would be based in four Health Boards and Welsh Ambulance Services Trust (WAST). The main objective of the pilots was to test out different models of transport service delivery with the aim of ensuring that services became more patient centred, developed stronger contract management arrangements, and improved the co-ordination between public sector transport providers and Third Sector (voluntary) organisations.

1.3 The programme of work commenced in April 2010 and was scheduled to run for 3 years, ending on 31st March 2013. Subsequently, the pilot programme was extended on Ministerial approval to include Powys teaching Health Board, Velindre Cancer Centre and the Welsh Renal Clinical Network.

1.4 On nearing the scheduled completion date, it was considered that a further year’s work would allow the programme to be concluded more effectively. As a result, in July 2013, Wales NHS Health Boards Chief Executives gave their support for an extension to 31st March 2014.

1.5 This report provides details of the pilot studies and the associated overarching workstreams that were established to support their progress. The report covers the following:

- what the pilots have achieved;
- service improvements arising from the pilots which have been embedded into mainstream services;
- the national workstreams which were established to support the programme;
- work currently in progress and opportunities for further improvements; and
- examples of good practice recommended for dissemination amongst all Health Boards.

1.6 The remainder of the report is structured as follows:

- Section 2 sets out the background to the NEPT programme including, the Griffiths’ Review, the National Programme Board (NPB) and the pilot studies;
• Section 3 provides further detail on the work of the pilots, including their achievements, current status and plans for best practice transfer;
• Section 4 outlines the national workstreams undertaken to underpin and support the pilot work and meet the recommendations for improvement outlined in the Griffiths’ Review; and
• Section 5 provides an evaluation summary, identifies work outstanding and recommendations for future action.

2. Background

2.1 Overview

2.1.1 Around 1.4 million NEPT journeys are undertaken in Wales every year. Approximately 88% of these journeys are for outpatient appointments and around 12% for discharges and transfers. The vast majority of journeys are undertaken by WAST although there is an increasing proportion of activity being carried out by the Third Sector and other transport providers.

2.1.2 As the main NEPT service provider, WAST works to Service Level Agreements (SLAs) with each Health Board. The total annual expenditure on NEPT is approximately £23m and accounts for around 0.42% of the total health care budget for Wales.

2.2 The Griffiths’ Review

2.2.1 The Griffiths’ Review, published in April 2010, found that the current NEPT system was fragmented, performed variably, had inadequate performance management arrangements in place and needed to be more citizen focused. The review commented on the need for a whole-system approach and recommended that opportunities for joined-up approaches with other statutory organisations and the Third Sector should be explored. The key review findings are set out in table 3.

Table 3–The Griffiths’ Review Key Findings

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The current NEPT system is serving citizens variably and needs to be more citizen focused;</td>
</tr>
<tr>
<td>2</td>
<td>The current non-emergency patient transport system is fragmented and needs to be managed as a whole system across all of the current provider;</td>
</tr>
<tr>
<td>3</td>
<td>The Patient Care Service (PCS) run by WAST, whilst showing encouraging signs of improvements, is performing variably according to the review’s findings and the limited data available;</td>
</tr>
<tr>
<td>4</td>
<td>The current PCS model operates under a number of variably managed SLAs and would benefit from better specification, management and coordination across organisational and provider boundaries. In particular, the new Health Boards would need to exercise budgetary control to ensure that their SLAs with WAST are strongly managed and agreed</td>
</tr>
</tbody>
</table>
5. Data to measure current PCS performance have been limited and WAST’s investment in improved systems should be used as a platform to improve this rapidly;

6. There are significant opportunities for joined-up public service (NHS, Local Government and Voluntary Sector) approaches to non-emergency patient transport;

7. The best way to manage the system and improve performance needs to be tested, hence it is suggested that pilot studies should be undertaken to investigate how the service can be improved. Pilot studies should be run with the expectation that any solution should improve the quality of services to the citizen; achieve efficiencies; and embrace cross sector opportunities to optimise public service fleets and workforce (hence pilot bids have been approved under the national ‘invest to save’ programme);

8. WAST should now produce a modernisation plan to deal with these issues with support and engagement from Welsh Government;

9. Welsh Government and WAST should commit to a citizen focused governance model where and independent board, populated with voluntary sector/citizen voice organisations would scrutinise WAST PCS performance on a quarterly basis; and

10. There are alternative structural models for discharging this service, but consideration of these should be deferred whilst the pilots focus on partnership are rolled out.

2.2.2 The Review proposed four pilot projects to trial different, more innovative models for delivering NEPT services. The original pilots were supported by the Welsh Government’s ‘Invest to Save’ Fund and overseen by a National Programme Board. Velindre Cancer Centre, Powys teaching Health Board subsequently joined the programme for support in taking forward plans for initiating service improvements in their own areas. The Welsh Renal Clinical Network also joined the programme although their pilot study at St Woolos Hospital was set up independently of the Griffiths’ Review.

2.2.3 In addition to the pilots’ project-specific objectives, the Griffiths Review recommended that pilots underpin their objectives with the following overarching service improvement criteria:

- increased patient focus on service delivery;
- improved performance in journey and waiting times;
- responsiveness to clinical requirements;
- improved partnership working;
- increased mixed economy of service provision with Third Sector organisations;
- demonstration of value for money;
- improved SLA arrangements;
- establishment of a more effective performance management framework; and
• established links to the Rural Health Plan and Health Boards’ sustainable travel plans.

2.3 Pilot studies

2.3.1 The pilots were established to trial distinct models of service delivery. Each pilot focused on improving a specific aspect of NEPT, and each pilot had its own set of aims and objectives. A description of the pilots is set out in Table 4.

Table 4: Pilot Objectives

<table>
<thead>
<tr>
<th>Pilot</th>
<th>Description</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betsi Cadwaladr University Health Board</td>
<td>A control room model for improvement Pilot site for the control room element of WAST’s revised PCS model, operated under the existing partnership arrangements</td>
<td>• to reduce abortive journeys and thereby reduce waste • to introduce online booking to support the application of eligibility criteria in secondary care • to improve the effectiveness of the discharge pathway • to strengthen management arrangements through the implementation of a control room performance management framework</td>
</tr>
<tr>
<td>Cardiff and Vale University Health Board</td>
<td>An enhanced discharge service delivered through a social enterprise model in partnership with St. John Cymru</td>
<td>• to establish a flexible and responsive discharge service, with the aim of reducing delayed transfers of care • to improve the overall patient experience</td>
</tr>
<tr>
<td>Cwm Taf University Health Board</td>
<td>An integrated transport booking service</td>
<td>• to integrate the IT systems of Cwm Taf regional booking centre and WAST regional Net Centre • to improve efficiency by reducing the amount of existing duplicated work, reduce errors and improve data handling • to ensure that the eligibility criteria for transport are consistently applied</td>
</tr>
<tr>
<td>Hywel Dda University Health Board</td>
<td>Integrated transport provision involving local government, WAST and the Third Sector</td>
<td>• to improve the integration and co-ordination of transport services with the Third Sector, WAST and statutory organisations • to optimise the use of existing transport resources • to provide a robust whole-system procedure for patients who need or qualify for transport</td>
</tr>
<tr>
<td>Velindre Cancer Centre</td>
<td>Modernising patient transport services</td>
<td>• provide a patient focused service • improve efficiency and reduce waste • improve joint working with service providers</td>
</tr>
<tr>
<td>Powys teaching Health Board</td>
<td>Sustainable development of NEPT services</td>
<td></td>
</tr>
<tr>
<td>Welsh Renal Clinical Network</td>
<td>Improve transport for renal patients</td>
<td>• to establish optimal journey planning • to establish a reimbursement scheme • to provide a mop-up vehicle</td>
</tr>
</tbody>
</table>
2.4 The National Programme Board

2.4.1 The National Programme Board (NPB) was established in May 2010 to provide overarching programme governance and to monitor the progress of the pilots and the wider WAST PCS Modernisation Plan. Membership of the Board comprises representatives from Health Boards, WAST, Third Sector organisations, service users, Public Health Wales, Welsh Renal Clinical Network, Community Health Council, Trade Unions and the Welsh Government. Each pilot reported to the NPB on progress against its pilot-specific objectives and also performance against an agreed set of Key Performance Indicators (KPIs).

2.4.2 The NPB also facilitated monthly workshops for stakeholders to address specific topics and operational issues, including the inter-relationship between NEPT and wider health service delivery.
3 Pilots

3.1 Betsi Cadwaladr University Health Board

<table>
<thead>
<tr>
<th>Focus</th>
<th>Control Room Model for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Objectives</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>To reduce abortive journeys and thereby reduce waste.</td>
</tr>
<tr>
<td>2.</td>
<td>To introduce online booking with the aim of supporting the application of eligibility criteria in secondary care</td>
</tr>
<tr>
<td>3</td>
<td>To improve the effectiveness of the discharge pathway</td>
</tr>
<tr>
<td>4</td>
<td>To strengthen management arrangements through the implementation of a control room performance management framework</td>
</tr>
</tbody>
</table>

Background

3.1.1 Betsi Cadwaladr University Health Board is geographically the largest Health Board in Wales, covering the counties of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham. It serves a population of around 676,000 people. The Health Board manages three district general hospitals (Ysbyty Gwynedd in Bangor, YsbytyGlan Clwyd in Bodelwyddan and Wrexham Maelor Hospital), 22 acute and community hospitals, a network of more than 90 health centres, clinics, community-healthteam locations and mental health units and co-ordinates the activities of 121 GP practices.

3.1.2 The Health Board provides approximately 182,000 patient transport journeys every year.

3.1.3 This pilot was established so that WAST could test out aspects of its Modernisation Plan relating to control room improvements. This would allow improvements to be made within Betsi Cadwaladr and also provide the basis for wider roll-out to all Health Boards.

3.1.4 The pilot received ‘Invest to Save’ funding to support implementation and has fully met the conditions for repayment.
Delivery against the objectives

**Objective 1: To reduce abortive journeys and thereby reduce waste**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roster changed to a demand-led rota</td>
<td>• improved availability of resources to meet varying levels of demand</td>
<td>• improved patient focus on service delivery</td>
</tr>
<tr>
<td></td>
<td>• reduction in ambulance staff overtime</td>
<td>• improved value for money through better resource management</td>
</tr>
<tr>
<td>Establishment of a planning checklist</td>
<td>• more efficient journey planning using the Cleric system.</td>
<td>• increase efficiencies</td>
</tr>
<tr>
<td></td>
<td>• checklist ensured standardised approach to journey planning</td>
<td>• partnership working</td>
</tr>
<tr>
<td>Improved communication between ward staff and WAST</td>
<td>• WAST informed of changes in transport requirements</td>
<td>• partnership working</td>
</tr>
<tr>
<td></td>
<td>• wards ensured all preparations for discharge complete before requesting transport</td>
<td>• improved efficiency</td>
</tr>
<tr>
<td>Trial implementation of a telephone reminder service</td>
<td>• a trial undertaken to provide patients with an automated telephone call reminder of booked transport</td>
<td>• patient focus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• increased efficiencies</td>
</tr>
</tbody>
</table>

**Objective 2: To introduce online booking with the aim of supporting the application of eligibility criteria in secondary care**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide the Health Board with Cleric web functionality to enable hospital staff to book ready and cancel transport for patients attending their clinics</td>
<td>• reduction in time hospital staff spend in arranging transport</td>
<td>• improved patient experience</td>
</tr>
<tr>
<td></td>
<td>• Improved quality of care by reducing staff time spent in arranging transport</td>
<td>• improved use of clinical staff time</td>
</tr>
<tr>
<td></td>
<td>• helps reduce the number of abortive calls</td>
<td>• value for money in terms of hospital staff time savings</td>
</tr>
<tr>
<td></td>
<td>• 400 Health Board staff trained in online services</td>
<td>• increased efficiencies</td>
</tr>
</tbody>
</table>

**Objective 3: To improve the effectiveness of the discharge pathway**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closer partnership working between Health Board and WAST staff</td>
<td>• improved patient experience</td>
<td>• improved patient focus on service delivery</td>
</tr>
<tr>
<td></td>
<td>• reduction in waiting times</td>
<td>• improved use of transport resources</td>
</tr>
</tbody>
</table>
Objective 4: To strengthen management arrangements through the implementation of a control room performance management framework

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established a control room performance management framework consisting of:</td>
<td>• created a transferrable working package that has been adapted for use in other Health Boards</td>
<td>• established local performance management framework</td>
</tr>
<tr>
<td>• key performance indicators</td>
<td>• improved demand management</td>
<td>• improved performance</td>
</tr>
<tr>
<td>• clear targets for all staff</td>
<td>• improved capacity management</td>
<td>• increased flexibility</td>
</tr>
<tr>
<td>• transparent method for monitoring against targets</td>
<td>• established local performance management framework</td>
<td></td>
</tr>
<tr>
<td>• daily conference calls to monitor performance and agree action plans</td>
<td>• improved performance management</td>
<td></td>
</tr>
<tr>
<td>• clear guidance on best practice for all staff</td>
<td>• increased flexibility</td>
<td></td>
</tr>
<tr>
<td>• maximising technology to support service delivery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.1.5 The actions outlined above, with the exception of the telephone reminder service, have now become embedded within mainstream service delivery in Betsi Cadwaladr.

3.1.6 The planned roll-out by WAST to other Health Boards referred to earlier has not yet been fully achieved and is considered to be work in progress.

**Pilot Highlights**

Abortive journeys have reduced from 13.5% in October 2010 to 10% in January 2014

Improved discharged process enables better utilisation of ambulance crews and vehicles and reduced waiting times for patients

Introduction of on-line services has enabled the application of eligibility criteria in secondary care and has significantly reduced the time front line hospital staff spend in arranging transport

Roster changes to a demand-led rota has resulted in better utilisation of ambulance crews and led to a reduction in overtime

Service and system changes have resulted in improved performance: In January 2014 42% of patients waited less than 30 minutes compared with 60% in August 2012; 70% of all patients waited less than an hour in 2014 compared with 63% in August 2012; average time on vehicles has reduced from 47 minutes in September 2012 to 35 minutes in January 2014

3.2 Cardiff and Vale University Health Board
### Focus

<table>
<thead>
<tr>
<th>Key Objectives</th>
<th>Discharge Service Social Enterprise Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To establish a flexible and responsive discharge service with the aim of reducing delayed transfers of care</td>
<td></td>
</tr>
<tr>
<td>2. To improve the overall patient experience</td>
<td></td>
</tr>
</tbody>
</table>

'Social Enterprise' is generally defined as a business with social goals, whose profits are reinvested back into its service, and which relies on business income rather than donations.

### Background

3.2.1 Cardiff and Vale University Health Board provides health services to a population of approximately 465,700 people living in Cardiff and the Vale of Glamorgan. It also serves a wider population across South and Mid Wales for specialties such as paediatric intensive care, renal services, cardiac services, neurology, bone marrow transplantation and medical genetics. Although the Health Board covers the smallest geographic area of all the pilots, its services are available to a much wider catchment area, including patients from England.

3.2.2 The Health Board manages nine hospitals: Barry Hospital, Cardiff Royal Infirmary (including West Wing), Children’s Hospital for Wales, University Hospital Llandough, Rookwood Hospital, St David’s Hospital, University Dental Hospital, University Hospital of Wales (UHW) and Whitchurch Hospital.

3.2.3 The Health Board provides approximately 138,000 patient transport journeys every year.

3.2.4 The pilot received ‘Invest to Save’ funding to support implementation and has fully met the conditions for repayment.

### Delivery against objectives

**Objective 1: To establish a flexible and responsive discharge service with the aim of reducing delayed transfers of care**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
</table>
| Tendered a contract for provision of NEPT for planned and unplanned discharges | • contract awarded to St John Cymru  
• increased operating hours – from 10am until midnight  
• service available in all main hospital sites  
• ECR transport included within the contract. This provision attracted an additional cost under previous contract arrangements with WAST  
• new contract arrangements | • increased patient focus on service delivery  
• improved waiting times  
• responsive to clinical requirements  
• value for money in terms of contract savings and improved efficiency  
• increased mixed economy of provision with Third Sector providers |
represent savings of £58k per annum
• improved performance – average waiting times for transport have reduced from 31 minutes under previous contract to 21 minutes
• established performance monitoring arrangements
• increased flexibility in service provision – hospital staff can book discharges on the day where previously 48 hours’ notice was required

Objective 2: To improve the overall patient experience

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
</table>
| Provision of a dedicated discharge lounge | • safe waiting area for patients  
• timely release of beds  
• improved responsiveness to clinical requirements  
• early intervention of discharge lounge staff has resulted in patients using alternative forms of transport rather than NHS funded transport | • improved patient experience  
• responsive to clinical requirements  
• improved efficiencies in bed management  
• increased efficiency in the use of NEPT transport resources |
| Patient satisfaction surveys undertaken | • over 97% of patients scored the service as good or excellent  
• the service is proactive in addressing issues raised by patients, e.g. some patients complained of feeling cold during the journey resulting in blankets now offered to all patients | • increased patient focus on service delivery  
• responsive to the needs of patients  
• improved patient experience |

3.2.5 The dedicated discharge service is now an integral part of mainstream service delivery. The pilot has achieved good outcomes in terms of value for money, saving at least £58,000 per annum compared to the previous contract value and also reducing the cost of ECRs which incurred an additional charge under the previous arrangements.

3.2.6 Citizen focus is at the heart of the pilot, and improved performance and patient experience is clearly evidenced by performance data and patient surveys. Improved bed efficiency is more difficult to quantify as data is not available, however anecdotal evidence from staff suggest the model has contributed to a more timely release of beds.

Pilot Highlights
90% of patients complete their journey within one hour

Average waiting time has reduced from 31 minutes to 21 minutes

97% of patients rated the service as good or excellent

New contract arrangements have resulted in cost savings of £58k per annum and reduced ECR spend by approximately £16k per annum

Overall improved flexibility and responsiveness of service

Overall improved bed management and responsiveness to clinical requirements
3.3 Cwm Taf University Health Board

<table>
<thead>
<tr>
<th>Focus</th>
<th>To establish an integrated transport booking service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Objectives</td>
<td>1. To integrate the IT systems of Cwm Taf regional booking centre and WAST regional Net Centre</td>
</tr>
<tr>
<td></td>
<td>2. To improve efficiency by reducing the amount of existing duplicated work, reduce errors and improve data handling</td>
</tr>
<tr>
<td></td>
<td>3. To ensure the eligibility criteria are consistently applied</td>
</tr>
</tbody>
</table>

Background

3.3.1 Cwm Taf University Health Board covers the four localities of Cynon Valley, Merthyr Tydfil, the Rhondda Valleys and Taf Ely, and serves a population of approximately 289,400 people. Services are also provided to residents of South Powys, North Rhymney, North Cardiff and other adjacent health community areas. Some specialist services are also provided to the wider catchment area in South Wales.

3.3.2 The Health Board provides approximately 69,000 patient transport journeys every year.

3.3.3 The pilot received ‘Invest to Save’ funding to support implementation and has fully met the conditions for repayment.

Delivery against objectives

Objective 1: To integrate the IT systems of Cwm Taf regional booking centre and WAST regional Net Centre

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
</table>
| Established an integrated communications centre | • successful transition from AdAstra booking system to the WAST Cleric system  
• single point of contact for all transport bookings  
• a joint communication system with Rhondda Cynon Taf Local Authority  
• service made available to residents of Aneurin Bevan and Cardiff and Vale Health Boards | • improved efficiency  
• improved service for patients |
Objective 2: To improve efficiency by reducing the amount of existing duplicated work, reduce errors and improve data handling

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established a streamlined process</td>
<td>• improved data handling&lt;br&gt;• eliminated duplication (3258 faxes per annum)&lt;br&gt;• value of staff time saved is approximately £70k per annum&lt;br&gt;• reduction in errors</td>
<td>• value for money&lt;br&gt;• improved efficiency</td>
</tr>
</tbody>
</table>

Objective 3: To ensure the eligibility criteria are consistently applied

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application of eligibility criteria using the Cleric system</td>
<td>• improved and consistent approach to application of the eligibility criteria&lt;br&gt;• the system enables call handlers to provide better information to WAST journey planners&lt;br&gt;• introduction of signposting for non-eligible patients</td>
<td>• patient focus on service delivery&lt;br&gt;• improved efficiency</td>
</tr>
</tbody>
</table>

3.3.4 The pilot fully achieved its objectives and the integrated booking service is now fully operational.

Performance Improvements

3.3.5 Following on from the success of meeting these objectives, Cwm Taf University Health Board in partnership with the Welsh Ambulance Service developed a further set of measures aimed at improving the overall delivery of PCS services.

3.3.6 These measures were:

- improve inward journey performance;
- increase performance of discharges and transfers;
- reduce the length of time spend on vehicles; and
- decrease abort rates.

3.3.7 The following improvement gains have been achieved against these measures and they continue to improve.
• the national target for inward journey performance is for 70% of patients to arrive +/- 30 minutes of their appointment time. The baseline performance in 2011 was 46% this has increased 6% to 52%;
• the national target for discharge and transfers is for 70% of patients to leave the hospital within 60 minutes of their booked ready time. The baseline performance in 2011 was 62% and has increased 10% to 72%;
• the national target for vehicle journey times is for 75% of journey times to be no longer than 40 minutes. The baseline performance in 2011 was 69% and has increased 3% to 72%; and
• the national target for abortive journeys is 7%. The baseline performance in 2011 was 19% and has reduced 4% to 15%.

Pilot Highlights

Duplicated work has been eliminated

Service extended to residents of Aneurin Bevan and Cardiff and Vale Health Board areas

Consistent application of eligibility criteria

Value of staff time saved in duplication of work is calculated at £70k per annum

Single point of contact for all transport bookings

10% increase in the number of patients arriving +/- 30 minutes of appointment time
3.4 Hywel Dda University Health Board

<table>
<thead>
<tr>
<th>Focus</th>
<th>Integrated transport provision involving local government, WAST and the Third Sector</th>
</tr>
</thead>
</table>
| Key Objectives | 1. To improve the integration and co-ordination of transport services with the Third Sector, WAST and statutory organisations  
  2. To optimise the use of all existing transport resources  
  3. To provide a robust whole system procedure for patient who need or qualify for transport |

Background

3.4.1 Hywel Dda University Health Board covers the local authority areas of Ceredigion, Carmarthenshire, and Pembrokeshire. The region is primarily rural with a total population of about 372,320 people. The area includes four general hospitals: Bronglais in Aberystwyth, Glangwilli in Carmarthen, Prince Phillip in Llanelli, and Withybush in Haverford West.

3.4.2 The Health Board provides approximately 50,000 patient transport journeys every year.

3.4.3 The pilot built on initial work carried out in 2008 by the Three Counties Transport Planning group. This work identified potential operational transport synergies that existed between agencies, as well as the need to develop an integrated non-emergency patient transport system.

3.4.4 The aim of the pilot is to develop an integrated transport service that will result in the more efficient use of transport resources. The pilot commenced in December 2010 and was branded ICARHS – Improving Customer Access to Rural Health Services.

3.4.5 The pilot received ‘Invest to Save’ funding to support implementation and has fully met the conditions for repayment.

Delivery against objectives

Objective 1: To improve the integration and co-ordination of transport services with the Third Sector, WAST and statutory organisations

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
</table>
| Transport Liaison Groups established in each county | • engagement with stakeholders  
  • understanding of current transport system  
  • identified where change is needed | • providing a patient focused service  
  • improved partnership working  
  • links with the Rural Health Plan |
- issues and concerns identified and quickly resolved

**Implementation of ‘Time to Deliver’ a joint commitment between Hywel Dda and WAST to improving patient transport**

- workstreams established to achieve objectives
- ambulance liaison officers access Myrddin system to cross check outpatient department and transport appointments
- established SLA performance management meetings

**Strategic Accessibility Study undertaken**

- improved information on NEPT: 4% patients attending hospital utilise NHS funded transport: many patients travel substantial distances for health care
- robust link to the Clinical Service Strategy development and the Hywel Dda Transport Accessibility Group
- informs health care service changes

**Established direct links to specific clinical service developments**

- links to service developments including Oncology, the Local Cancer Plan, Endoscopy services, and Orthopaedic clinics

**Objective 2: To optimise the use of all existing transport resources**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four District General Hospitals (DGH) and three community hospitals supported by Social Care transport which is utilised during their downtime periods</td>
<td>increased utilisation of existing transport resources</td>
<td>improved patient experience</td>
</tr>
<tr>
<td>Dedicated discharge vehicle provision by Third Sector</td>
<td>discharge waiting times reduced</td>
<td>responsive to clinical requirements</td>
</tr>
</tbody>
</table>

- on-the-day discharges now account for 75% of all discharges from District General Hospitals
- supports reduced lengths of stay
- number of journey refusals reduced
- financial savings

- improved performance
- reduced wastage

- enabled development of sustainable improvement of NEPT
- whole system approach

- responsive to clinical requirements
- patient focused service

- increased mixed economy of transport provision
- increased flexibility of service provision
- improved integrated working
- improved performance
- value for money
### Third sector dedicated transport to a Mental Health unit: two days per week

- Significant reduction in abortive journeys – from 14% to 3%
- Improved patient experience
- Reduced wastage

### Royal Voluntary Service in Ceredigion provides transport for 85% of patients attending the Renal Unit in Bronglais

- Improved performance
- Improved use of clinical resources
- Cost savings
- Patient focused service provision
- Responsive to clinical requirements

### A range of Third Sector transport providers supporting local hospitals and Falls’ clinics in various community settings

- Almost 28% of journeys now undertaken by alternative providers
- Specific provision of patient transport for Nurse-led clinics in rural areas, palliative care and Mental Health through alternative providers
- Financial savings
- Utilisation for Third Sector generating savings of £60k per annum
- Increased mixed economy of transport
- Patient focused transport provision
- Value for money
- Improved performance

### Curtailment of open-ended agreements for transport

- Abortive journeys in Physiotherapy reduced by 50%
- Reduced wastage
- Improved efficiencies

### Objective 3: To provide a robust whole system procedure or patients who need or qualify for transport

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established single point of contact and brokerage for all Extra Contractual Referrals (ECRs)</td>
<td>£208k savings between April 2011 and December 2013, repatriation process established to reclaim all transport costs from Clinical Commissioning Groups in England where appropriate, significant amount of front line hospital staff time saved, role extended to the booking and utilisation of private hire/taxi usage</td>
<td>Value for money, patient focused transport provision</td>
</tr>
<tr>
<td>Introduction of single booking pathway for Ceredigion patients at Powys Call Centre</td>
<td>Partnership working with Powys teaching Health Board, eligibility criteria applied to all outpatient bookings, clinical staff time in arranging transport reduced from 370 to less than 50 calls per month, similar arrangements being considered for</td>
<td>Patient focused service, improved patient experience, improved partnership working</td>
</tr>
</tbody>
</table>
3.4.6 The pilot has met its objectives and the model of service delivery is now part of mainstream transport services within the Health Board. The evidenced scale of improved performance and service delivery has resulted in plans to further extend Third Sector transport provision within the region.

Pilot Highlights

- Mixed economy of transport provision has increased from 5% to 28%
- Dedicated Mental Health transport has reduced abortive journeys from 14% to 3%
- Overall abortive journeys have reduced from 18% to 12%
- The use of Third Sector transport has generated savings of approximately £60k per annum
- 80% of patients are picked up within 30 minutes
- Single point of contact for ECRs has generated savings of £208k between April 2011 and December 2013; relieved burden on front line staff calculated to realise a potential annual saving of £22k
- Single booking pathway for Ceredigion residents now being considered for Carmarthenshire and Pembrokeshire residents
- Patient transport has robust alignment to clinical services
- 94% of patients have a discharge waiting time of 60 minutes or less against a standard of 70%
3.5 Velindre Cancer Centre

**Focus**

To modernise patient transport services

**Key Objectives**

1. To provide a more patient focused service
2. To improve efficiency and reduce waste
3. To improve joint working with service providers

**Background**

3.5.1 Velindre Cancer Centre provides specialist cancer services to over 1.5 million people in Mid and South East Wales and is one of the largest cancer centres in the UK. The service receives around 5,000 new referrals and sees 50,000 outpatients each year.

3.5.2 Patients receiving treatment for cancer automatically qualify for NHS funded transport and the centre provides approximately 32,000 patient transport journeys every year.

3.5.3 The pilot was established as a collaborative service improvement initiative in partnership with WAST and joined the programme in November 2011. The principal aim of the pilot was to make efficiency improvements within the current resource allocation. The pilot did not participate in the ‘Invest to Save’ programme.

**Delivery against objectives**

**Objective 1: To provide a patient focused service**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport is firmly on the agenda and is reported at Trust Board Level</td>
<td>• transport considered when planning service change</td>
<td>• patient focused service&lt;br&gt;• responsive to clinical requirements</td>
</tr>
</tbody>
</table>

**Objective 2: To improve efficiency and reduce waste**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction of on-line services</td>
<td>• improved efficiency – 91% reduction in average time taken for Radiotherapy staff to book a patient ready representing cost saving of £2,321 per annum&lt;br&gt;• releases staff time to patient facing tasks&lt;br&gt;• improved accuracy of performance data</td>
<td>• improved efficiencies in terms of staff time&lt;br&gt;• patient focused service provision&lt;br&gt;• improved performance management</td>
</tr>
</tbody>
</table>
| Transport Education and Communication to tackle root causes of inefficiencies – staff education and patient information | • improved quality of patient information  
• improved staff awareness: staff cancel transport when appointments are cancelled; analyse root causes of abortive journeys  
• improved internal processes | • improved efficiencies  
• patient focused service provision  
• improved utilisation of resources |
| --- | --- | --- |
| Transport co-ordinator pilot | • patients able to cancel appointment and transport with one telephone call  
• reduction in inappropriate transfer of queries  
• queries dealt with in timely manner  
• release of clinical staff time | • patient focused service provision  
• improved efficiencies |
| Dedicated discharge and transfer transport vehicle | • timely release of beds  
• reduction in abortive journeys from 46% to 16% | • reduced wastage  
• value for money  
• patient focused service provision  
• improved patient experience  
• improved efficiencies |
| Dedicated discharge crews trained in transportation of patients with Metastatic Spinal Cord Compression (MSCC) | • no delays in treatment  
• reduces clinical risk  
• improved bed management  
• reduced reliance on Emergency Services | • improved patient experience  
• improved performance  
• meets clinical requirements |

**Objective 3: To improve joint working with service providers**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths' criteria for improvement</th>
</tr>
</thead>
</table>
| Performance information | • staff have better data to make decisions  
• staff are empowered to proactively undertake initiatives to make improvements | • reduced wastage  
• whole system approach  
• responsive to clinical requirements |
| Partnership working with WAST | • improved level of trust between organisations  
• more consistent approach to transport bookings | • improved partnership working  
• improved service provision  
• improved patient experience |

3.5.4 The pilot benefited from the experience and learning arising from the original Health Board pilots and was able to make progress in a relatively short space of time.
3.5.5 Discharge vehicle crews underwent specific training in handling patients with MSCC. The condition is classed as an Oncological Emergency and treatment is time-critical to maintain neurological function and integrity. Patients need to be nursed flat to ensure spinal safety. Prior to crew training, transport was provided by the Emergency Ambulance Services (EMS).

3.5.6 The transport co-ordinator role was successful in providing a single point of contact for transfer queries and releasing clinical staff time. Despite its success, the role has not been sustained. Velindre Cancer Centre and WAST are currently looking to identify resources to restore the role.

3.5.7 The MSCC initiative has been submitted to the International Quality and Safety Forum as an exemplar service and will be presented to the forum in Paris in April 2014.

Pilot Highlights

- The on-line services has resulted in 91% reduction in time radiotherapy front line staff spend in making transport arrangements
- The dedicated discharge service is funded through savings made in underactivity on the WAST contract
- Discharge and transfer abortive journeys have reduced from 46% to 16%
- The MSCC service has significantly improved the patient experience, minimised clinical risk and reduced reliance on EMS
- Transport education has increased staff awareness and resulted in more considered use of transport resources
3.6 Powys teaching Health Board

<table>
<thead>
<tr>
<th>Focus</th>
<th>Sustainable development of NEPT</th>
</tr>
</thead>
</table>
| Key Objectives | 1. To provide a patient focused service  
2. To improve efficiency and reduce waste  
3. To improve joint working with service providers |

**Background**

3.6.1 Powys teaching Health Board (PtHB) serves the largest geographical county in Wales. The region is primarily rural with a total population of about 132,000 people with community hospitals in nine of its towns. The Health Board does not have any district general hospitals so is reliant on neighbouring Welsh and English counties for many of its general hospital healthcare requirements.

3.6.2 The Health Board provides around 27,000 patient transport journeys every year with the largest proportion going to destinations outside Powys to other hospitals in Wales and in England.

3.6.3 Powys runs its own Contact Centre in Newtown which handles both patient transport and hospital appointment bookings. Powys and Hywel Dda have a partnership arrangement where the Contact Centre provides transport booking services for all Ceredigion patients.

3.6.4 The pilot commenced in February 2012 and, like Velindre, the principal aim was to make efficiency improvements within the current resource allocation. The pilot did not participate in the ‘Invest to Save’ programme.

**Delivery against objectives**

**Objective 1: To provide a patient focused service**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
</table>
| Established a Powys Sustainable Development of NEPT Transport Group | • established links with key stakeholders namely, the Third Sector, WAST and the Community Health Council  
• strong patient representation  
• effective use of the Datix incident reporting system | • partnership working  
• patient focused services |

| Improved Contact Centre processes and procedures | • quality control of call handling  
• high standards of customer service | • improved efficiency  
• patient focused service |
### Objective 2: To improve efficiency and reduce waste

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
</table>
| Established performance management meetings | • improved understanding of service delivery  
• local focus on service performance | • improved performance |
| Table-top exercise to map out all NEPT activity | • robust engagement with commissioning and finance colleagues within the Health Board and WAST  
• clearly understood activity flow between other Health Boards and English Trusts  
• strengthened commissioning and financial controls with English providers  
• reduction in payment disputes | • improved contract managements  
• improved performance management |
| Partnership working between WAST Customer Service Manager and local hospital teams | • improving utilisation of transport resources  
• increased staff awareness of the need to use transport resources appropriately | • improved efficiency  
• improved patient experience |

### Objective 3: To improve joint working with service providers

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
</table>
| Joint venture between the Health Board and the Powys Association of Voluntary Organisations | • growing mixed economy of transport  
• improved and flexible service provision | • increased mixed economy of transport provision  
• patient focused service provision |
3.6.5 The pilot has been running for just over two years but has made considerable progress in establishing a robust network of collaborative working between the Third Sector, WAST and health care staff.

**Pilot Highlights**

- Development and implementation of call centre Standard Operating Procedures for call centres across Wales
- Increased partnership working with the Third Sector
- Strengthened commissioning arrangements with English Care Commissioning Groups
- Quality control procedure on call handling
- Partnership working with Hywel Dda Health Board for single point of contact transport booking provision for Ceredigion patients
- Implementation of on-line service has improved performance in collection times and has reduced abortive journeys

3.7 **Welsh Renal Clinical Network – St Woolos Pilot**
Focus: Improve transport for Renal patients

<table>
<thead>
<tr>
<th>Key Objectives</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Establish optimal journey planning</td>
<td>responsive to clinical needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>increased efficiency</td>
</tr>
<tr>
<td>2.</td>
<td>Establish reimbursement scheme</td>
<td>patient focus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>responsive to clinical requirements</td>
</tr>
<tr>
<td></td>
<td></td>
<td>improved efficiency</td>
</tr>
<tr>
<td>3.</td>
<td>Provide a mop-up vehicle</td>
<td>improved efficiency</td>
</tr>
</tbody>
</table>

**Background**

3.7.1 The Welsh Renal Clinical Network (WRCN) engaged with the Welsh Kidney Patients Association (WKPA) and WAST at the end of 2008 in response to a collaborative audit by the WKPA and WAST which confirmed comprehensive dissatisfaction and variability in patient experience and standard of service.

3.7.2 Transport is paramount to dialysis patients as they require Haemodialysis three times a week and as such are regular users of non-emergency transport.

3.7.3 The pilot was established to test out a model for transport improvements for patients receiving dialysis treatment. St Woolos Dialysis Unit was chosen for the pilot because all patients attending the unit were local and had a wide range of mobility requirements.

3.7.4 The pilot engaged extensively with service users to ensure patient needs were at the centre of service delivery.

**Delivery against the objectives**

**Objective 1: To establish optimal journey planning**

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A rota review of WAST PCS in the Gwent region</td>
<td>• rotas have been amended to match the dialysis unit treatment times</td>
<td>responsive to clinical needs</td>
</tr>
<tr>
<td></td>
<td>• avoidance of EMS usage outside normal PCS working hours</td>
<td>increased efficiency</td>
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<tr>
<td></td>
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<tr>
<td>Established optimum journeys plans (Masks) for individuals and patient</td>
<td>• compliance with national 30-30-30 standards</td>
<td></td>
</tr>
<tr>
<td>cohorts</td>
<td>• prompt action when issues arise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• efficient use of resources matched to the needs of service users</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• improved performance</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Established routine patient mobility assessments</td>
<td>• ensures resources are matched to the needs of the patient</td>
<td></td>
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<td></td>
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</table>

**Objective 2: Establish a reimbursement scheme**
### Objective 3: To provide a mop-up vehicle

<table>
<thead>
<tr>
<th>Actions</th>
<th>Outcomes</th>
<th>Alignment to the Griffiths’ criteria for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of a mop-up vehicle to provide a safety net for the reimbursement scheme and assist if Masked journeys experience a problem</td>
<td>• provides reassurance for patients utilising reimbursement&lt;br&gt;• provides assistance where problems arise in PCS&lt;br&gt;• by the end of the pilot the mop-up vehicle was not required by St WoolosDialysis Unit patients</td>
<td>• responsive to clinical need</td>
</tr>
</tbody>
</table>

3.7.5 Whilst initially successful, sustaining these improvements has proved challenging. The WRCN is continuing to work with Health Boards to enable the national roll out of reimbursements. Sadly, patient dissatisfaction remains high and the provision of transport for this group needs further consideration.

### Pilot Highlights

- Improved performance<br>  - pick up times within 30 minutes increased from 60% to 88%<br>  - journey duration within 45 minutes increased from 79% to 86%<br>  - arrival time within 30 minutes of appointment time increased from 55% to 68%
- Significant reduction in adverse incidents
- Prioritisation of renal journeys at key times
- Roster arrangements to match demand
- Implementation of patient mobility assessments to establish accurate mobility needs
3.8.1 The pilots and WAST have achieved an impressive range of service improvements within NEPT. Elements of good practice arising from this work have been identified and evaluated as initiatives which have generated real benefits in terms of value for money, improved performance and efficiencies in service delivery and improved patient experience.

3.8.2 There is now a need to ensure that Health Boards and WAST take full advantage of opportunities to realise further improvements by implementing best practice wherever possible.

3.8.3 The current Minister has asked that the recommendations arising from this review relating to WAST PCS be fully embedded within its new PCS modernisation plan which will be overseen by the WAST Strategic Change Programme Board, details of which are provided in the following section.

3.8.4 Details of Health Board commitments to the transfer of best practice are provided at appendix 1a at the end of this report.
4 NATIONAL WORKSTREAMS

4.1 Background
4.1.1 One of the important roles of the NPB was to establish, co-ordinate and support a series of work streams designed to improve and enhance the overall delivery of NEPT services.

4.1.2 Two workstream initiatives were instigated directly in response to the Griffiths’ Review recommendations. The other was undertaken through necessity in order to ensure improvements in services locally are properly supported by regional or nationally operated infrastructures. The following workstreams were established:

- SLA and performance management framework;
- Patient Needs Assessment; and
- Tell us Once.

4.2 SLA and Performance Management Framework
4.2.1 One of the key findings of the Griffiths’ Review was that the PCS model operated under a number of variably managed SLAs and would benefit from clearer and stronger service specification and performance management. The Review recommended that WAST and Health Boards should work together to generate more effective SLAs and performance management arrangements and improve the provision of performance data.

4.2.2 A strategy to establish improvements in this area was also included in the WAST PCS Modernisation Plan.

4.2.3 In response to the Review’s recommendations WAST and Health Board NEPT service leads have worked in partnership to develop and agree:

- a framework for a National SLA;
- a framework for individual Operational SLAs;
- a Commissioning and Performance Management Framework; and
- key performance indicators and performance reporting

National SLA
4.2.4 As part of its remit, the NPB approved a new National SLA in March 2012. The National SLA relates to items of NEPT service delivery that are common across all Health Boards, including duration of the contract, amendments, confidentiality, conflicts of interest, code of conduct and discipline and statutory requirements. It also specifies the strategic context arising from the Griffiths’ Review and includes the following key objectives for the service provider to achieve within the existing financial envelope:

- to improve equity of access through the consistent and appropriate application of the eligibility criteria, and to reduce inappropriate use of PCS;
• to improve value for money of the consolidated services commissioned through a PCS service delivery which is fit for purpose with lean and efficient operating processes;
• to improve the appropriateness of service provision given patient requirements through the creation of a PCS service designed to effectively fulfil the requirements of all patient groups;
• to improve service quality with appropriate and flexible transport with supporting clinical expertise to service planned and ad-hoc care and transport needs;
• to provide an easy, accessible and robust booking process for PCS;
• to improve transparency of the service and understanding of future market options through effective management of the contract; and
• to improve ability to performance manage the existing service provider through clear accountability for and scrutiny of PCS delivery based on effective reporting through the commissioning framework.

Operational SLAs
4.2.5 To underpin the National SLA, Operational SLA’s have been developed for each Health Board. The Operational SLA contains a more detailed service specification specific to each Health Board and includes details such as service inclusions and exclusions, catchment area, proposed activity for general and service specific areas, core operational operating hours, and performance and quality standards. The detail provided within the Operational SLA is an essential component of the performance management and contract monitoring function.

The Commissioning and Performance Management Framework
4.2.6 A commissioning and performance management framework has been discussed in detail and agreed as a model of good practice for managing performance and the National SLA. The implementation of the framework is a key enabler in developing the components of the National SLA referred to above. The framework provides commissioners and service managers with timely, regular and accurate reports which measures volumes and quality against agreed performance targets.

4.2.7 The Commissioning and Performance management framework is organised in three tiers:
• Tier 1, All Wales Strategic Commissioning Group – the group is chaired jointly by Lead Commissioners and includes a PCS Director and Finance and reports to the Chief Executives Forum;
• Tier 2, Health Board Commissioning Regional Group – the group is chaired jointly by WAST and Health Board representatives. It includes representation from Health Board Planning Managers, PCS Head of Service and PCS Finance Manager. This group reports to Tier 1; and
• Tier 3, Operational Groups – these groups report to Tier 2 and comprise PCS Customer Services Managers, Health Board Operational Managers and Health Board Service Improvement Managers.
**Key Performance Indicators (KPIs) and performance data**

4.2.8 The group has established and agreed a set of KPIs which have been embedded into the overarching performance management framework. As part of this arrangement, WAST has also developed a reporting suite for Health Boards which provides a range of data on activity and journey performance against the agreed set of KPIs. The reports detail journeys down to clinic and departmental level which enables managers to target those areas where performance issues have been identified.

4.2.9 Significant improvements have been made in performance management and the provision of performance data, however the following areas require further work to enable a more robust and comprehensive performance management approach:

- Ambulance Car Service (ACS) Performance Data - Performance data for the ACS is currently not available. The service is used extensively in North Wales where ACS service provision accounts for just over 64% of total activity. The proportion of ACS provision in other Health Board areas ranges between 22% and 10%; and
- development of a nationally agreed contract currency – for this to progress, agreement needs to be reached between Health Boards and WAST on whether contract currency should be based on residency or treatment centre.

**Progress to date**

4.2.10 The National SLA was implemented in 2012 and the implementation of Operational SLAs followed in 2013.

4.2.11 Formal performance reporting against KPIs was established in 2012, however the Commissioning and Performance Management Framework is not currently operating as intended. The Tier 3 group is fully operational but there are problems in establishing full engagement at Tiers 1 and 2. This is mainly due to difficulties around the availability and capacity of key stakeholders to fully participate in the way the framework intended.

4.2.12 While there is clear room for improvement going forward, commissioning and performance management arrangements are now completely embedded within normal working practice across all Health Boards and WAST. Importantly, contracts are now being managed proactively with a much improved focus on performance and patient experience.
4.3 Patient Needs Assessment

Background

4.3.1 Patient eligibility for NEPT is based primarily and fundamentally on an assessment of clinical need. The assessment is undertaken by call centre staff using an algorithmic tool referred to as the ‘script’. Exceptionally, a case could be made for transport provision based on social circumstances, such as the lack of available public transport.

4.3.2 A number of concerns were raised at the NPB regarding the consistency and variation in the application of the existing script across Wales. The key issues identified were:

- inconsistent application of the eligibility criteria for first and follow up appointments;
- indications are that a significant number of patients are using NEPT based on social need. This needs to be examined further so that more appropriate and cost effective arrangements can be put in place for this category of service user; and
- lack of guidance and system support for call-takers during the application process

4.3.3 To address the above issues, the working group considered the following:

- understanding of current call centre performance and capacity to implement a new script
- the design and application of the script;
- patient signposting;
- patient mobility; and
- access to a motability car or mobility allowance

Call centre performance

4.3.4 The call centre function is a core feature of the transport booking system and therefore it was vital to ensure this facility works well before making changes to any related part of the system.

4.3.5 In order to obtain a baseline understanding of the current level of need, accessibility, fairness and consistency of the application of the criteria for service users, an audit of four call centres across Wales was undertaken. The audit was carried out by NHS Mersey Internal Audit Agency.

4.3.6 The audit findings contained a number of issues that required attention including:

- different software systems are in use across Wales resulting in inconsistent application of the eligibility criteria;
• the lack of national oversight and monitoring of call centre performance;
• a significant number of unanswered calls;
• inconsistent and incomplete staff training records;
• the absence of voice recording facilities in some call centres;
• inconsistencies in signposting non-eligible patients to alternative transport providers;
• the number of patients who have access to motability cars but choosing not to use them; and
• eligibility criteria not being applied in secondary care.

4.3.7 The audit also found significant variances in call-taker performance. However, due to the absence of a national standard for performance evaluation it could not be established which of the NET centres was performing more or less efficiently if compared to the others.

4.3.8 Following the audit, significant improvements have subsequently been made. Cleric software is now used in all centres, a standard operating procedure has been developed and implemented across all call centres, performance monitoring and reporting takes place on a monthly basis, staff training records are in place and updated regularly, new telephony systems have vastly reduced the number of unanswered calls, voice recording facilities are now available, and all call centres have a signposting system in place.

4.3.9 Of the audit concerns identified, the issues regarding mobility allowance or access to motability cars and the application of the eligibility criteria in secondary care are matters for Health Boards to consider further.

Design and application of the script
4.3.10 The working group established that the existing script did not allow call-takers to apply a robust and consistent assessment of clinical need. A new script was therefore been developed to ensure full compliance with extant guidance as set out in Welsh Health Circular (2007) 005 and to allow call-takers to apply a fair and consistent method of assessment of clinical need.

4.3.11 The new script has been developed to ensure that:

• there is a robust assessment of clinical need;
• transport needs are appropriately identified; and
• transport accessed for social need is recorded.

4.3.12 The script has also been subject to clinically review and, to date, has undergone six phases of testing to assess its impact and to identify areas for further improvement. Guidance has also been developed to support call taker staff in the assessment process.

4.3.13 As part of this process, an analysis of the impact of the new script on call cycle times has undertaken. The findings show that, based on a seven week snapshot of call handling performance, there has been no significant detrimental impact on average call cycle times.
4.3.14 It should be noted however that inconsistencies in the application of eligibility criteria across Wales are still apparent. For example, with the exception of Powys, where the eligibility criteria are applied to all transport requests, an assessment of clinical need for NEPT is not undertaken for patients attending follow-up appointments. This situation has been addressed in areas where on-line services have been introduced but further work is needed to ensure a patient needs assessment is applied to all transport requests.

**Patient signposting**

4.3.15 Patients who do not meet the criteria for NHS funded transport are offered information on alternative transport provision. In this respect, Welsh Health Circular (2007) 005 recommends that transport should be considered based on social need in cases where patients have no other transport means available to them. However, currently no record is maintained of these cases.

4.3.16 To address this and to better inform transport planning, the group felt that it was important to identify the level of access to NEPT based on social need and this was introduced as part of the new script testing. This information would be an important element of future transport planning and could be used to identify more appropriate alternative provision for these patients.

4.3.17 The new monitoring arrangements identified a relatively small number of patients accessing the service in this way, however further work needs to be undertaken to establish the actual level of activity as the new script procedures become more established. This could result in a better utilisation of this relatively high cost service.

**Patient mobility**

4.3.18 The script is applied as an algorithmic assessment tool with predetermined mobility outcomes based on patient response to the questions. All eligible patients therefore have a suggested mobility category identified as the most appropriate, safe and effective resource response to the patient’s need.

4.3.19 Script testing data shows a distinct variance between the suggested mobility identified by the script and the actual transport resource assigned to the patient at the point of travel.

4.3.20 Whilst it is not easy to identify the origins of the mobility category amendment, a plausible reason could be attributed to the change being made during the planning stage where patients may be contacted and downgraded to a lower mobility category vehicle resource.

4.3.21 The current fleet resource profile is not easily adapted to convey an increased number of requiring the assistance of ambulance personnel. Historically, patients have been more frequently categorised as voluntary car suitable due to a lack of standardised process for applying the eligibility criteria and assigning the patient a mobility category.
4.3.22 Further exploratory work is required to fully understand the feasibility and safety of categorised patients that require ‘continued physical assistance to walk’ travelling in a car with a voluntary driver.

**Access to a motability car or mobility allowance**

4.3.23 All patients taken through the assessment are asked if they have access to a motability vehicle or are in receipt of a mobility allowance. The question allows for data capture only and does not currently influence eligibility for NEPT.

4.3.24 Recent call centre data shows that almost 30% of patients who access NEPT services are in receipt of mobility allowance or have access to a motability car.

4.3.25 There are a number of NHS organisations in England where patients in receipt of mobility allowance are deemed not to be eligible for NHS funded transport. This should be a matter for further consideration by Health Boards.

**Progress to date**

4.3.26 The programme will move in to a final live testing phase during March 2014 and May 2014:

- a final evaluation will be undertaken at the end of April 2014;
- the script will be submitted to WAST Board for final clearance in May 2014;
- a phased implementation is planned to take place between June and October 2014; and
- full national implementation will be achieved following the Cleric upgrade which is scheduled for November 2014.

4.3.27 The completion and implementation of the PNA work programme will continue beyond the lifespan of the NPB. It is imperative that arrangements are put in place to ensure the programme of work is completed effectively.
4.4 Tell us Once

Background

4.4.1 Currently in England and Wales there is no whole system in place that allows health bodies to be provided with timely information of a persons’ death. Yet a large number of the deceased will have been in receipt of health or social care and will have hospital appointments outstanding. This can result in ambulances, hospital letters and care services arriving at the home of the deceased, potentially causing distress to relatives at an already difficult time.

4.4.2 There are also many missed opportunities for reducing waste, such as non-cancelled hospital appointments and transport, appointment reminder letters, continued benefits, care on-call service and un-retrieved equipment.

4.4.3 These concerns were raised at the NPB and a working group was established to explore how this problem could be addressed. The group comprised NHS Wales Informatics Service (NWIS), NHS hospital managers and the Welsh Government. It also worked in partnership with the Department of Work and Pensions (DWP) in addressing the practical aspects of establishing cross-organisational data sharing.

4.4.4 The approach was defined in terms of:

- the need to obtain timely and robust information on deaths; and
- the ability to disseminate that information across all NHS organisations in Wales

Solution

4.4.5 The Tell Us Once (TUO) initiative is an existing cross-government programme where people can inform a range of public sector bodies including Councils, HM Customs and Revenue and DWP just once of a birth or death thus alleviating the need for separate notifications. The service is run by the DWP and is available to all 22 Local Authorities (LAs) in Wales.

4.4.6 Extending the reach of TUO into the NHS in Wales clearly offers a practical solution for ensuring that NHS organisations receive timely information on deaths, allowing them to take action to cancel appointments, transport and other relevant aspects of service provision.

Progress to date

4.4.7 Progress to date includes:

- a technical design sub-group has been established to map out an IT solution to establish connectivity between the TUO system and the Master Patient Index, the key NHS Wales database of patient information;
- the initiative has been closely aligned to a Welsh Government programme that is developing new arrangements for death certification and the role of the medical examiner in Wales; and
• confirmation that the National Health Services (Wales) Act provides the authority for the Registrar General (England and Wales) to pass information entered into any register kept under the Births and Deaths Registration Act 1953 to Welsh Ministers or Local Health Boards.

4.4.8 On completion of the technical study, a plan will be developed for a low cost pilot that would test business benefits and data structure. The TUO work programme will continue beyond the lifespan of the NPB. Wales is taking the lead in a development that will eventually be rolled out to the NHS in England. It is therefore imperative that arrangements are put in place to ensure the programme of work is completed effectively.
4.5 National Workstreams and WAST PCS Modernisation Plan

4.5.1 The NPB will formally come to an end in June 2014. There is therefore a need to ensure elements of work in progress and areas for development relating to WAST PCS are progressed effectively.

4.5.2 The Minister has requested that recommendations arising from this review also take into account the organisational changes to WAST currently being considered by the Welsh Ambulance Services Reform Programme Team. As part of the reform arrangements, a new WAST PCS modernisation plan is being developed and the Minister has asked that recommendations for action relating to WAST are fully embedded within this plan.

4.5.3 Health Boards have expressed the need for continued development and roll-out of service improvement initiatives and have identified items they wish to see progressed through the WAST PCS modernisation plan. These are:

- demand led rota
- control room performance management framework
- on-line services
- MSCC training for crews where appropriate
- single booking pathway
- text/telephone reminder service
- implementation of the PNS script
- provision of ACS performance data
- development of a contract currency

4.5.4 Details of the current status of WAST PCS initiatives and items identified for continued development and roll-out are provided at appendix 1b) at the end of this report.
5 CONCLUSIONS and RECOMMENDATIONS

5.1 Overall conclusion

5.1.1 The Griffiths’ Review stated that pilot studies should be undertaken to investigate how services could be improved with the expectation that service delivery models would:
   • improve the quality of services to the citizen;
   • achieve efficiencies; and
   • embrace cross sector opportunities to optimise public sector fleets and Third Sector transport providers.

5.1.2 Based on the work of the pilots, it is clear that the new models of service delivery have substantively delivered the improvements required, although it is acknowledged that further work is needed in several areas. In addition there is a need to ensure that the impetus for ongoing developments is maintained at a time of significant challenge within NHS Wales.

5.1.3 It should also be recognised that the achievements of the pilots have been made within a difficult financial climate and during a time of significant change within WAST, a key component of the NEPT system.

5.1.4 A notable feature of the work has been the outstanding commitment and dedication of all those involved. In particular, Health Board transport service managers and WAST colleagues, who consistently involved themselves in all aspects of the programme and delivered to very exacting standards.

5.2 Conclusions relating to the Griffiths’ criteria

Improved quality of services to the citizen

5.2.1 Performance data demonstrates improvements in all areas of transport provision:
   • outpatient performance trends show a steady decrease in the number of patients waiting over one hour to be picked up before and after appointments;
   • performance in discharges and transfers has greatly improved in areas where a dedicated discharge service has been implemented;
   • patient surveys that have been undertaken by the pilots show that most patients rate the service they receive as good or excellent. Where issues have been raised, the service has responded quickly to address them;
   • patients’ views are taken into account in service planning; and
   • the use mixed economy of transport has increased and has greatly improved access and performance for patients living in rural areas.
 Achieve efficiencies

5.2.2 All the pilot models have generated efficiencies. These range from improved utilisation of transport resources to targeting areas where there is a high level of abortive journeys:

- on-line services and the single point of contact for ECRs have released a significant amount of front line hospital staff time;
- the reduction in abortive journeys has increased capacity, improved vehicle utilisation and reduced costs for Health Boards; and
- partnership working with Third Sector transport providers has generated significant cost savings and increased flexibility of service provision.

Cross sector opportunities to optimise public sector fleets and Third Sector transport provision

5.2.3 The Hywel Dda pilot tested this model with some impressive results:

- Social Service vehicles are now used in their downtime and the Health Board pays only for the hours used;
- the vehicles are utilised as dedicated discharge vehicles to support local hospitals in the region;
- a reduction in the number of WAST journey refusals; and
- hospitals have been provided with a flexible and responsive service

5.3. Recommendations

5.3.1 It is clear that the NEPT pilot studies and the wider work undertaken to support the pilots has generated a wide range of service improvements at both local and national level.

5.3.2 It is therefore vital that the progress that has been made is sustained and firmly embedded within service provision. It is also important to ensure that opportunities to build on existing progress are not lost. Health Boards and WAST are particularly keen to ensure that the service improves further and that this is supported at an all-Wales level.

5.3.3 The following recommendations reflect the need to meet Ministerial and Welsh Government requirements to extend best practice wherever possible, ensure provision is made to support ongoing work, and embed WAST related initiatives within the new WAST PCS Modernisation Plan.
The recommendations arising for the pilot programme are set out below. For ease of reference, recommendations relating to Health Boards include Velindre Cancer Services.

The recommendations arising from the pilot programme are:

1. **Guaranteeing citizen focus**

   Meeting the needs of the citizen is integral to achieving an effective NEPT service delivery and was the key recommendation of the Griffiths’ Review.

   While there has been some progress in this area, there is a need for Health Boards and WAST to ensure effective citizen engagement, for example, through the more standardised use of satisfaction surveys and citizen representation on NEPT forums.

   There is a strong view that oversight needs to be at a national level although there would be cost implications in establishing a national forum for NEPT service user engagement. However, there are opportunities to incorporate NEPT services within health organisations’ existing citizen forum arrangements or take a broader approach with Health Boards linking in with Local Authority transport user groups.

   The partnership arrangement in place between Hywel Dda Health Board, Local Authorities, Police and Fire services provides an example of a whole systems approach to robust citizen engagement. The service user forum consults with citizens on a wide range of issues, including NEPT. The views of the citizen help influence organisational approach to service delivery and the Health Board has used these views to put in place services that provide the appropriate support and improve accessibility to services.

   WAST has an established patient panel which could also provide an opportunity for ensuring citizen engagement on NEPT on an all Wales basis.

   The options proposed for citizen engagement are:

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<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>National Citizen Panel</td>
</tr>
<tr>
<td>2.</td>
<td>Health Boards to adopt the Hywel Dda partnership model</td>
</tr>
<tr>
<td>3.</td>
<td>WAST Patient Panel</td>
</tr>
<tr>
<td>4.</td>
<td>Health Boards to link in with existing Local Authority transport user groups</td>
</tr>
</tbody>
</table>

   It is recommended that Health Boards and WAST establish arrangements for guaranteeing citizen focus on NEPT.
2. The continuing development of partnership working between Health Boards and WAST regarding PCS commissioning and performance management arrangements

Partnership working between WAST and Health Boards has been a key enabler for improved WAST PCS performance and the implementation of a National SLA and Commissioning Framework for NEPT. National oversight for this work has been provided by the NPB which will cease to function on 30th June 2014.

The Health Boards have expressed the view that the NPB provided a valuable framework within which the partnership could function effectively, particularly in terms of providing national oversight for performance management of PCS and further development of the National SLA and the Commissioning Framework.

It is therefore recommended that a form of national oversight is maintained to provide appropriate support for this work to continue. This will enable collective engagement for the progression of WAST and Health Board NEPT initiatives on an all Wales basis and provide oversight to ensure the delivery of effective services for patients.

This would be best achieved through the establishment of a NEPT Partnership Commissioning and Performance Board (the Board). This proposal offers a solution for maintaining the performance management of PCS between Health Boards and WAST.

The Board would:

- further develop the National SLA and Commissioning Framework;
- ensure consistency of approach to commissioning and performance issues;
- work across Health Boards and WAST to ensure ongoing performance management; and
- engage with WAST in the implementation of the PCS Modernisation Plan.

It is recommended that a hosted arrangement would be the most effective platform for delivery. The options proposed for this are:

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<tbody>
<tr>
<td>1.</td>
<td>Nominated Health Board as the host organisation</td>
</tr>
<tr>
<td>2.</td>
<td>Health Boards to host on a rotational basis</td>
</tr>
<tr>
<td>3.</td>
<td>WAST to host</td>
</tr>
<tr>
<td>4.</td>
<td>WHSSC to host</td>
</tr>
</tbody>
</table>

This will be particularly important once the managed transfer of Non Emergency Patient Transport services has given responsibility to the
Health Boards.

3. Health Boards to incorporate agreed commitments for transfer of best practice within their three year plans

While there has been a substantial adoption of best practice across all Health Boards, there is a need to ensure this is embedded as normal practice as far as possible. This will be best achieved through the incorporation of the best practice commitments within each NHS organisations three year plan.

It is recommended that each Health Board and WAST incorporate the best practice transfers that they have identified in the best practice document into their three year plans for the 2015/16 financial year and that this is verified through the Welsh Government’s approvals process.

4. WAST to incorporate the recommendations arising from this review within its PCS Modernisation Plan

The Minister requested that the NEPT recommendations relating to WAST feed into the WAST PCS Modernisation Plan as it moves towards the staged implementation of the Ministerial decision to separate the Emergency and Non Emergency services. Oversight for the Modernisation Plan will be provided by the WAST Strategic Change Programme Board.

WAST has tested out a number of initiatives that have provided added value to PCS performance and service delivery. Health Boards have expressed a wish for these initiatives to be included within the plan to enable further development and roll-out where applicable.

The items identified for inclusion within the WAST PCS Modernisation Plan are:

- application of the PNA for follow-up appointments
- in partnership with Health Boards, review of eligibility for patients in receipt of mobility allowances or who have access to a motability vehicle;
- further roll-out of demand-led rota, control room performance management framework, on-line services and single booking pathway;
- provision of MSCC training where appropriate;
- further development of the national performance management framework;
- further work with Health Boards to agree and develop a contract currency;
- implementation of a text/telephone reminder service;
- implementation of the PNA script; and
• provision of Ambulance Car Service performance data to Health Boards

A number of these items are falling just short of completion in order for there to be a national roll-out. It is imperative that they are seen through and implemented by March 2016.

**It is recommended that these items are immediately embedded in the emerging WAST modernisation plan and are overseen by the Strategic Change Programme Board.**

5. **Welsh Government to continue oversight of the “Tell us Once” initiative**

Currently the “Tell us Once” initiative is a cross organisational development that has been aligned to a Welsh Government programme that is developing new arrangements for death certification and the role of the medical examiner in Wales.

The initiative offers the opportunity to avoid distress caused to families of the deceased and is a practical solution for ensuring the NHS organisations receive timely information on deaths.

Wales is at the forefront in developing a standard for NHS organisations throughout the UK and it is therefore imperative that this programme of work is completed effectively.

**It is recommended that this is seen through and that Welsh Government officials provided updates to the Minister until its completion.**

Details of Health Board commitments for the transfer of best practice and items identified for inclusion in the WAST PCS modernisation plan are outlined in appendices 1a and 1b.
ACKNOWLEDGEMENTS

As Programme Strategic Director I gratefully acknowledge the unwavering commitment and support from Win Griffiths and the project team, in keeping the programme firmly on track and in enabling the production of this report.

Grateful thanks also to members of the National Programme Board, Public Health Wales and St John Cymru Wales for their continued support and guidance throughout the programme.

Finally, sincere thanks to the following Health Board and WAST colleagues for their contributions and outstanding dedication to this work:

Peter Llewellyn, Hywel Dda University Health Board;
Colin McMillan, Cardiff & Vale University Health Board;
Paul Clarke, Betsi Cadwaladr University Health Board;
Wayne Lewis, Cwm Taf University Health Board;
Ashley O’Callaghan, Velindre Cancer Centre;
Duncan Crawley, Powys teaching Health Board;
Joanne Jones; Abertawe Bro Morgannwg University Health Board;
Alan Dudley, Aneurin Bevan University Health Board;
Tony Chatfield, WAST;
Julie Winspear, WAST;
Jonathan Wilson, WAST;
Amanda Flegg, WAST;
James Houston, WAST;
Mike Cassidy, WAST;
Stephen Pilliner, Carmarthenshire County Council; and
Owen Roberts, Pembrokeshire County Council

John Palmer
<table>
<thead>
<tr>
<th>Best Practice</th>
<th>Benefits</th>
<th>Mainstreamed/Health Board commitments for transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dedicated discharge lounge</strong></td>
<td>• safe waiting area for patients patient experience</td>
<td>BCUHB: Mainstreamed April 2012 CVUHB: Mainstreamed 2010</td>
</tr>
<tr>
<td></td>
<td>• improved bed management</td>
<td>CTUHB: To be progressed HDUHB: Mainstreamed</td>
</tr>
<tr>
<td></td>
<td>• timely bed release</td>
<td>Velindre: No action PtHB: No action</td>
</tr>
</tbody>
</table>
|                                          | • responsive to clinical requirements                                    | ABMUHB: Partial
|                                          |                                                                         | ABUHB: Discharge lounge currently being piloted at the Princess of Wales Hospital Commenced April 2014 |
| **Dedicated discharge service**          | • responsive to clinical requirements                                    | BCUHB: Mainstreamed November 2012 CVUHB: Mainstreamed September 2011 |
|                                          | • improved bed management                                                | CTUHB: To be progressed HDUHB: Mainstreamed |
|                                          | • can generate cost savings                                              | Velindre: Mainstreamed PtHB: No action |
|                                          | • improved patient experience                                            | ABMUHB: Partial
<p>|                                          | • increased flexibility and responsiveness                                | ABUHB: – to be progressed Working with third sector partners to share WAST workload. This has a dedicated on the day transfer / discharge service to be established by WAST. |
| <strong>Single point of contact for ECRs</strong>     | • robust gatekeeping                                                     | BCUHB: Partial – to be progressed CVUHB: Single point of contact in each of the 3 main DGH localities. Work to centralise will form part of the movement |
|                                          | • reduction in time clinical staff spend in arranging transport          | CTUHB: Partial – to be progressed HDUHB: Mainstreamed |
|                                          | • financial savings                                                      | Velindre: Mainstreamed PtHB: No action |
|                                          |                                                                         | ABMUHB: Partial – no further action ECR’s are directed to a single point of contact Mon – Fri |
|                                          |                                                                         | ABUHB: – to be progressed Most ECR’s directed to a single point of contact Work ongoing to further streamline |
|                                          |                                                                         | Mainstreamed 2011 |
|                                          |                                                                         | Mainstreamed Substantive role from June 2014 |
|                                          |                                                                         | No action Due to small numbers of ECRs this is managed internally |
|                                          |                                                                         | To be progressed Planned for 2015. Included in HB’s 3 Year Plan |</p>
<table>
<thead>
<tr>
<th>Shared transport resources</th>
<th>of all bookings to NET centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>• efficient use of public sector vehicle resource</td>
<td>To be confirmed</td>
</tr>
<tr>
<td>• improved performance</td>
<td>To be progressed</td>
</tr>
<tr>
<td>• increased capacity</td>
<td>The Health Board is currently working through an integration agenda with Local Authorities and the Third Sector – planned completion 2015/16</td>
</tr>
<tr>
<td>• improved patient experience</td>
<td>Mainstreamed Formal Service Level Agreements in place with Social Care at three of the four main hospitals</td>
</tr>
<tr>
<td>To be progressed</td>
<td>Under consideration</td>
</tr>
<tr>
<td>This is picked up as part of the North Wales, Health Transport Forum. The group is chaired by the Health Board with membership from the 6 Local Authorities, WAST and community transport groups.</td>
<td>To be considered in the future as part of overall review of how transport is managed within the organisation</td>
</tr>
<tr>
<td>Partial – to be progressed</td>
<td>To be progressed</td>
</tr>
<tr>
<td>Further developments of this are being explored with City and County of Swansea.</td>
<td></td>
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<table>
<thead>
<tr>
<th>Mixed economy of transport provision</th>
<th>To be progressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• increased flexibility in service provision</td>
<td>Under consideration</td>
</tr>
<tr>
<td>• improved patient experience</td>
<td>To be taken forward as part of WAST service change arrangement for Powys.</td>
</tr>
<tr>
<td>• improved performance</td>
<td>Included in the HB’s 3 Year Plan</td>
</tr>
<tr>
<td>• reduced journey times</td>
<td>Partial</td>
</tr>
<tr>
<td>To be progressed</td>
<td>To be progressed</td>
</tr>
<tr>
<td>This is picked up as part of the North Wales, Health Transport Forum. The group is chaired by the</td>
<td>Mainstreamed</td>
</tr>
<tr>
<td>Partial</td>
<td>Formal Service Level Agreements in place with Social Care, Independent and Voluntary organisations</td>
</tr>
<tr>
<td>The discharge service is provided through a social enterprise model in partnership with St John Cymru Wales. There are no</td>
<td>Under consideration</td>
</tr>
<tr>
<td>To be progressed</td>
<td>To be considered in the future as part of overall review of how transport is managed within the organisation</td>
</tr>
<tr>
<td>The Health Board is currently working through an integration agenda with Local Authorities and the Third Sector – planned completion 2015/16</td>
<td>To be progressed</td>
</tr>
<tr>
<td>Mainstreamed. Third sector and Council (Social Services) vehicles are now used as part of a mixed economy of transport provision.</td>
<td>Under consideration</td>
</tr>
</tbody>
</table>

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| Health Board with membership from the 6 local authorities, WAST and community transport groups | current plans to further extend this further | organisation | HB’s 3 Year Plan |
### BEST PRACTICE ACTION PLAN – WAST PCS Modernisation Plan

#### Best Practice

<table>
<thead>
<tr>
<th>Best Practice</th>
<th>Benefits</th>
<th>Mainstreamed/Items Health Boards wish to be progressed through the WAST PCS Modernisation Plan</th>
</tr>
</thead>
</table>
| Demand led rota | • efficiencies in staff and transport utilisation  
• flexible in meeting demand flows  
• flexible, responsive and cost effective work force | BCUHB  
Completion scheduled for end June 2014  
CVUHB  
Completion scheduled for August 2014  
CTUHB  
To be progressed through the WAST PCS modernisation plan  
HDUHB  
To be progressed through the WAST PCS modernisation plan  
Velindre  
To be progressed through the WAST PCS modernisation plan  
PthB  
To be progressed through the WAST PCS modernisation plan  
ABMUHB  
To be progressed through the WAST PCS modernisation plan  
ABUHB  |
| Control room Performance Management Framework | • real time performance management  
• methodological journey planning  
• quality assurance checklist  
• releasing capacity of ambulance liaison staff | BCUHB  
Completion scheduled for end June 2014  
CVUHB  
To be progressed through the WAST PCS modernisation plan  
CTUHB  
To be progressed through the WAST PCS modernisation plan  
HDUHB  
To be progressed through the WAST PCS modernisation plan  
Velindre  
To be progressed through the WAST PCS modernisation plan  
PthB  
To be progressed through the WAST PCS modernisation plan  
ABMUHB  
To be progressed through the WAST PCS modernisation plan  
ABUHB  |
| On-line services | • reduction in time hospital front line staff spend in arranging transport  
• application of PNA in secondary care  
• reduction in waiting times for transport | BCUHB  
Mainstreamed  
CVUHB  
Partial Roll-out to be progressed through the WAST PCS modernisation plan  
CTUHB  
Partial Roll-out to be progressed through the WAST PCS modernisation plan  
HDUHB  
Partial Further roll-out dependent upon single booking pathway proposals and WAST PCS modernisation plan  
Velindre  
Mainstreamed April 2014  
PthB  
Partial Roll-out to be progressed through the WAST PCS modernisation plan  
ABMUHB  
To be progressed through the WAST PCS modernisation plan  
ABUHB  |
| MSCC training for NEPT crews | • improved patient experience  
• reduced clinical risk  
• timely access to treatment | N/A  
N/A  
N/A  
N/A  
Mainstreamed Aug 2013  
N/A  
ABMU would benefit from introducing this practice and would |
<table>
<thead>
<tr>
<th>Single Booking Pathway</th>
<th>• reduced reliance on EMS</th>
<th>• improved patient experience</th>
<th>• improved booking process</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To be progressed through the WAST PCS modernisation plan</td>
<td>Partial To be progressed in partnership with Cwm Taf HB and through the WAST PCS modernisation plan</td>
<td>Partial To be progressed by the HB. Included in the HB’s 3 Year Plan.</td>
</tr>
<tr>
<td></td>
<td>To be progressed through the WAST PCS modernisation plan</td>
<td>Partial To be progressed in partnership with AMBU HB</td>
<td>Partial The majority of bookings are made directly by Velindre staff. Further work is being undertaken to streamline further.</td>
</tr>
<tr>
<td>Text/telephone reminder service</td>
<td>• improved patient experience</td>
<td>• reduction in abortive journeys</td>
<td></td>
</tr>
<tr>
<td>Implementation of the PNA script</td>
<td>• consistent application in first and follow-up appointments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of ACS performance data</td>
<td>• enables full WAST PCS performance evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Currency</td>
<td>• improved contracting arrangements</td>
<td>• improved finance and cost management</td>
<td></td>
</tr>
</tbody>
</table>

The costs provided by WAST were prohibitive and ABM did not feel that the proposal was cost effective. May be suitable for an invest to save scheme.