

06 April 2016

To whom it may concern,

Thank you for requesting comments regarding the 111 Wales Pathfinder Proposed Interim Standards. The document clearly will form part of the governance arrangements put in place to help ensure the service provided is safe, effective and timely in terms of meeting patients' needs. It also provides the opportunity to set out the enabler's staff can expect in terms of supporting them to provide a quality service, at whichever juncture this is required. Please find my comments below:

In relation to the covering paper:

- The title of the document seems to be referred to in a number of different ways throughout the covering paper and the main document. It may be useful to identify the document as being part of an overall governance framework, therefore using the title that includes governance and quality in it, then sub titling it as 'interim standards'. This helps identify its status. It would also be useful to either version or number it in some way as the expectation is that is likely to change. This would help minimise the risk to staff and patients of a document related to patient safety being used when it is out of date.
- The 'proposed approach' section identifies that prioritisation categories P0 and P1 both have a target time of 20 minutes for the start of the assessment. Earlier in the document P0 is identified as having a target time of 10 minutes. The paper identifies the need for reasonable target response times based on experience from other areas, and although there is mention at the very end of the paper that this change will be considered by the Emergency Ambulances Services Committee there is no narrative in the paper that alludes to rationale

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for this particular change, given that it is currently given the highest priority status. This may be a useful inclusion.

- The application of a similar approach to dental care is welcomed, given the link between social deprivation, poverty and poor access to dental care i.e. the Inverse Care Law. This measure would be especially important in relation to caring for the more vulnerable in society.

In relation to the standards themselves, the following are worth considering:

- In 'timely and safe care' stage 111: although there is mention of the Welsh language under dignified care, there may be worth in including reference to the Welsh Language Act here given its legislative nature and the expectations of the NHS in terms of applying it.
- In 'timely and safe care' stage all (patients are able to access the right service at the right time': consideration should be given to including reference to the standard in place to ensure staff are able to undertake safe delegation, work within agreed staffing levels and ratios that protect patient safety, have clear lines of escalation and reporting, have access to mentorship, clinical supervision and learning opportunities to enable them to maintain and enhance their knowledge and skills, as well as meet the regulatory requirements.
- In 'individual care' stage 'all': should consideration be given to including a standard that relates to recognising vulnerability and safeguarding issues? This is of particular relevance for children and young people, people with learning disability and older people who may be vulnerable and/or already known to services. It may be worth engaging Public Health Wales if this has not already been addressed within the consultation process; for example, what systems will be in place to enable information sharing? Will there be a link to safeguarding services, and what will be the interface with the MASH in Cwm Taf and comparable services in other areas.

Kind regards

Yours sincerely

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