**Q9 PTS are under significant pressure and have been since March as activity has increased at a drastic rate, and we don't feel or see any support from a senior level. There is no recognition to the extreme difficulties we are facing as we have returned to 'business as usual' but are still having to adhere to social distancing, we are providing an awful service to our patients and this escalation has now been pushed back to our CCG's. What level of care to wellbeing is this demonstrating to the high pressured environments that PTS managers and PTS staff are facing. In addition to this when we ask for support from UTV crews those staff are reluctant to work for PTS as they feel 'downgraded' working for PTS and I strongly feel that there is a lack of recognition and importance seen from above and therefore lack of understanding in the service PTS provides. The current PTS structure does not work and leaves the Service Delivery Managers feeling incredibly alone with very little support or lack of guidance as to who to go to for guidance, is this structure likely to be addressed in the future?**

Look number 1, PTS is really challenged, and we’ve acknowledged that from a Trust exec level. I’ve been in contact with the management team as well and working out actually how we put more resource in as well. So some of that is absolutely about where do we get the resource from, what are our options and opportunities. The reason for having a conversation with CCGs, isn’t pushing it back saying he’s an escalation. What we’re asking for them to do is for assistance and really to help us problem solve. So part of that is, reviewing IPC and social distancing on you must travel alone. The other bit is around resourcing and can we support resourcing and increasing that. The other bit is also around actually we can’t do those so an honest conversation with our patients because I’m conscious of expectations and support of our patients can be very different and difficult if we don’t manage that. Do we move to a central services like we did in COVID? Actually, what are we able to do within the resourcing rather than set a false promise.

I think the Urgent Tier Vehicle comment is interesting and probably a conversation actually that would be really good to have at the station on the basis of culture. If we look after patients, we look after patients and that for me is one of those things that we need to consider and we really need to look at. Because whether they are in PTS, whether they are in A&E, whether in ECAT being dealt with, these are our patients. We’re here to give a good service, it’s important that the patient on dialysis is able to have dialysis in a reasonable time. One would argue that, chronically they are sick than some of the patients that we triage through 999. So when you look at it and look at it in a balance that becomes really really important for us to consider.

In terms of support, more than happy if you want to contact me directly to have a conversation about that as well. For me, PTS is an integral element of where we are and what we’re doing this moment in time and that becomes really important for us to say we want people to be supported within that, I want people to fell supported in there as well. That talks about recruitment, the opportunity is for getting more staff in as well and about the guidance that people need. Nicky Irons is there, Clarissa is there, but actually I’m more than happy to have a conversation so please contact me directly.

Will we be looking at restructures? Anyone who’s been in this organisation a long time, knows that restructures tend to have been go to position because that seems to solve everything. I think the reality is that the conversation we’ve had today shows culturally that that’s not the answer. It’s about really understanding what we need to do. One of the areas we say from an exec team is capability and capacity. This does not been people are incapable, what it can mean is because of capacity challenges we are not able to fulfil are capability because we might be firefighting all the time. It might be doing things that we think are other people’s jobs. The other bit is, it might be in some areas, we are lean, we know in support services, the capacity of doing something different may be more challenged. We know in certain areas, it’s have we got the structure right but actually what we shouldn’t do is use that as a default position, we really need to understand a, PTS what’s our long term approach in terms of contracts and the other side then is how do we ensure the conversation we’re having are different conversations particularly around strategic approach to things like estates – it’s very clear that we’ve not done a joined up conversation about estates, particularly around the balance of A&E occupying a hub versus PTS who were historically there and they may not have been thought about. It’s something that I’ve recognised so we need to bring in that strategic plan related to the area of us as an organisation starting to really get under the skin of, if it’s an essential part of the service we want to provide to the community, that we balance that out absolutely within our infrastructure as well.