

## **Welsh Ambulance Service NHS Trust Stakeholder Briefing: Winter 2023/24**

### **Introduction**

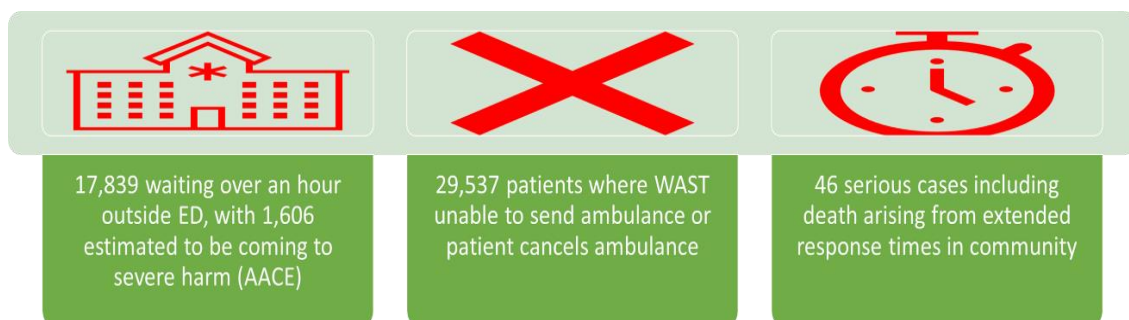
1. This briefing is being provided to key stakeholders of the Welsh Ambulance Services NHS Trust (WAST), giving an update on our approach to what will undoubtedly be another challenging winter for the service.
2. Given the sustained pressures which have become a year-round feature across NHS Wales, we have reviewed our plans moving into winter, to try as best we can to pre-empt and manage some of the inevitable impact of elevated demand and system wide congestion. This includes reflecting on what can be done to reduce levels of patient harm, introducing some trial approaches to improve patient experience and reduce risk.
3. This briefing also sets out some of our thinking as we seek to innovate and transform for the long-term, recognising that it is not sustainable to continue delivering care in the current model.
4. This means looking at the unique position which WAST holds across Wales as a national, 24/7 provider of urgent and emergency care.

### **Overview of the Year to Date**

5. The pressures which the health and social care sectors in Wales and beyond are facing are well documented. The Covid-19 pandemic threw into sharp relief the fragility of the system, as well as highlighting both the high levels of latent ill-health in Wales and the demographic disparities in health.
6. Since the pandemic, there has been very little let-up in the pressures on the Welsh Ambulance Service, and this year has been particularly challenging, with significantly extended waits for patients at Emergency Departments and, as a consequence, very delayed responses to patients waiting in the community. Both of these can, and have, resulted in harm to patients, including, sadly, death.



7. While it is acknowledged that the ambulance service is not the only part of the health and care system to be under such significant pressure, it is important in as much as any increase in pressure in urgent and unscheduled care has an inevitable impact on patient outcome and on scheduled care. In many ways, the ambulance service is the “canary in the mine” of pressures across health and social care.
8. We regularly report to the Trust Board on an estimate of patient harm resulting from these pressures. The visual below attempts to show the three areas of harm, updated with data for the last three months to the end of October 2023.



9. Clearly, with winter approaching, without a radical improvement in system flow, the impact of delays, coupled with inclement weather, higher levels of sickness in the population and potentially amongst our staff, means the numbers shown in the graphic above are likely to grow.
10. It is against this backdrop that the Welsh Ambulance Service is having to plan its approach to winter 2023/24.
11. This is also set against the significant financial constraint being felt across the NHS in Wales. While the Welsh Ambulance Service is forecasting a break-even position at the end of this financial year, and has not been asked by Welsh Government to make

additional savings, as a commissioned service, it is unlikely that there will be additional funds available from commissioners, the seven health boards in Wales, to support extra resources for WAST.

12. It is in this context that this briefing seeks to update you on:

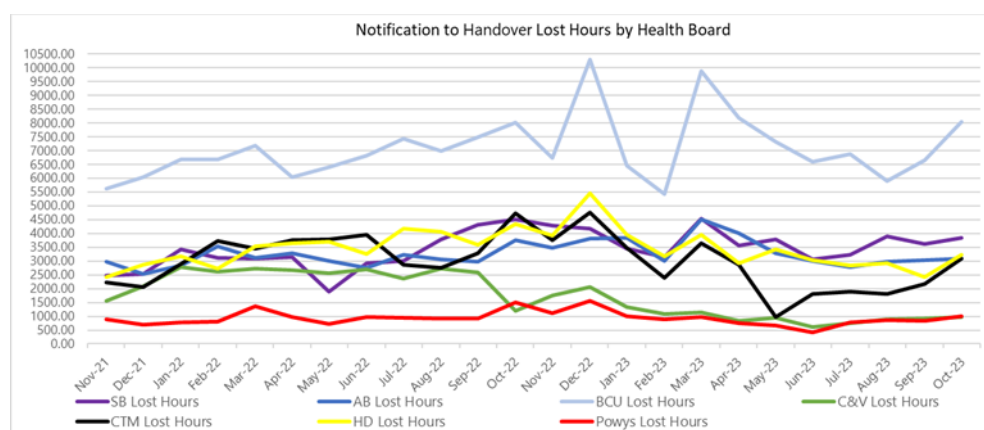
- The actions underway to mitigate harm
- The work underway to rethink our service model

## Managing Winter

13. The WAST Board has received regular papers on mitigating system pressures and avoidable harm since July 2022. As outlined above, the impact of winter will be overlaid on an already highly pressured system, with resources already stretched and performance and response times far from ideal.

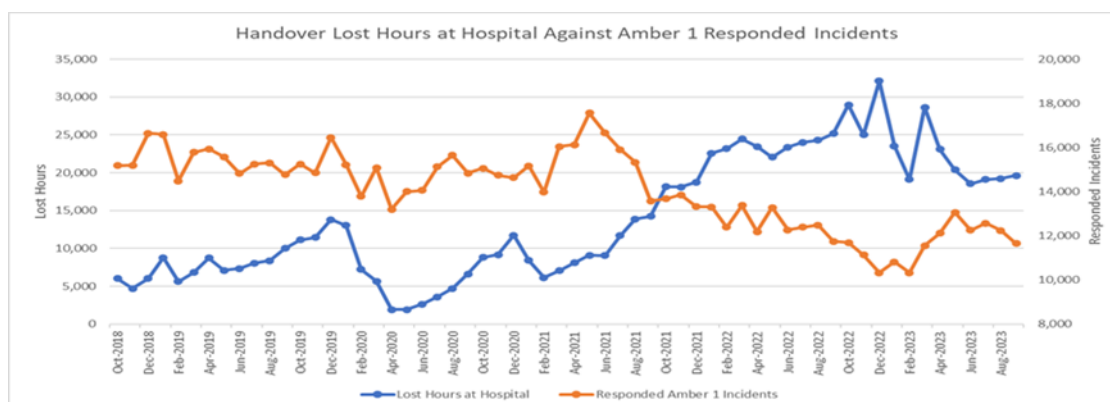
14. The single biggest factor affecting performance and, by extension, patient safety, outcome and experience, is the very extended delays handing over the care of patients at hospitals. In the last 12 months, losses of in excess of 30,000 hours a month of our capacity at any one time have not been uncommon, leading to around 30 per cent of our scheduled resources being unavailable every month.

15. The Emergency Ambulance Services Committee (EASC) set a target of 15,000 hours lost by the end of Q2 and 12,000 hours lost by the end of Q3. Handover lost hour levels have started to increase again following small reductions over the summer period, with 23,232 lost in October 2023, equivalent to losing 25% of the Trust's conveying capacity. The current rosters are predicated on 6,000 lost hours and are simply not designed to cope with the current losses. The chart below demonstrates the handover challenge by health board area:

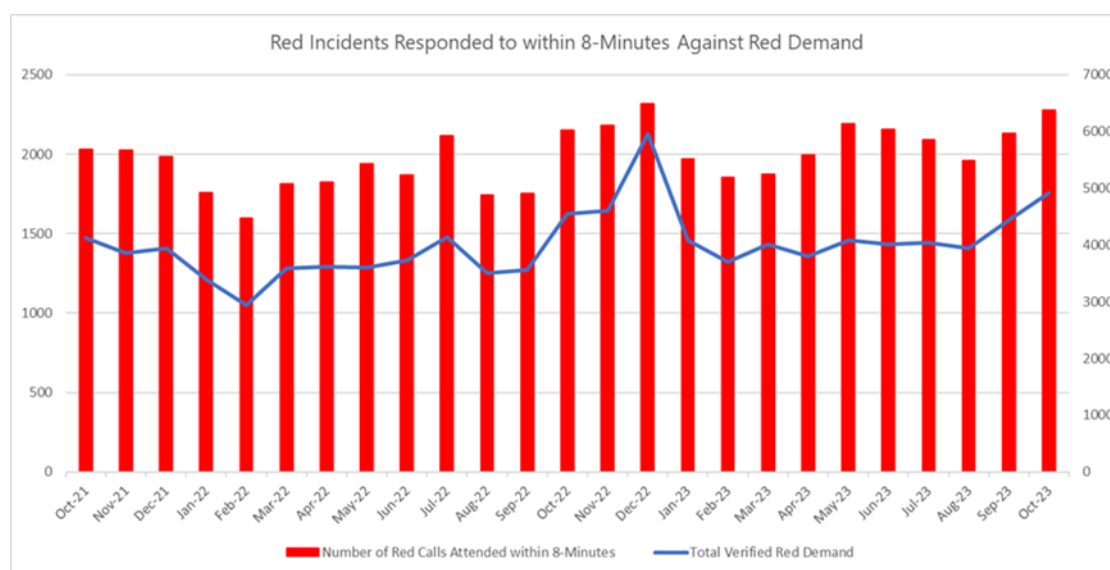


16. We know that most of that harm comes in the Amber category of call, rather than in Red, the most immediately life-threatening, category. However, patients in this category have suspected serious conditions like stroke, heart attack and significant fractures which, if not responded to promptly, can result in poor outcomes. This correlation is clearly outlined in the table below that shows the connection between

rising handover lost hours and concurrent reductions in the number of Amber calls to which we are able to respond.



17. Similarly, and despite our eight-minute Red performance falling well below target for many months, an uptick in Red calls means that our crews are, in fact, getting to more of these immediately life-threatened patients than ever.



18. In short, while published performance figures tell part of the story, the reality of what contributes to our performance is more complex and nuanced than might at first be apparent.
19. Despite continued discussions and highlighting of the issues in a range of senior decision-maker fora, the intervention of Welsh Government, and particularly good work happening in the Cardiff and Vale, and increasingly Cwm Taf Morgannwg University Health Board areas, there are residual issues in many parts of Wales which preclude any improvement in handover delays.

20. As a result, both in the immediate term, looking ahead to the winter, and longer term, the Welsh Ambulance Service is considering the options in terms of how to deliver its services differently, and the impact this will have on our people, patients, the wider community, and how we can avoid “sticking plaster” solutions which are not sustainable.
21. In terms of the immediate 2023/24 winter period and recognising the limitations of what can be achieved as a single organisation in a complex and interconnected system, we are focusing on what is in our gift to control, in a bid to ameliorate some of the likely challenges.
22. To inform our thinking, we have undertaken extensive forecasting and modelling, which looks at four periods across the winter and uses demand forecasts and other variables to consider best case, most likely scenario and a reasonable worst-case scenario for each period.
23. We are predicating our winter approach on:
- ensuring our public messaging is clear, helpful and points the public to the appropriate service to meet their needs. This will include 111 messaging, sharing health board and Welsh Government content and being clear about what is appropriate as an ambulance call. At times of high pressure, we will share clear messaging to ensure public expectation is managed. A suite of messaging and appropriate visuals is currently in development for use from early December onwards
  - ensuring use of our Clinical Support Desk is optimised, to manage more patients remotely where clinically safe to do so, based on a “consult and close” model, which means patients are managed with advice by telephone and no vehicle is deployed. It is anticipated that up to 17% of calls could be managed in this way over the winter, building on the mid-teens figures currently being achieved.
  - Introducing the RED LOGIC approach, which means that certain Red incidents will no longer receive unnecessary multiple responses, but will be handled with a single resource where it is clinically safe to do so
  - Increasing the availability of overtime within controlled levels to optimise the availability of resources at times of peak demand
  - Developing our skill mix to ensure that we are deploying the right resources to the right patients. This means changing the incidents that our Unscheduled Care Service (UCS) responds to, increasing our number of Cymru High Acuity Response Units (CHARU) and increasing our numbers of Advanced Paramedic Practitioners (APPs)
  - Supporting our staff to ensure that, as far as possible, they can finish their shifts on time, recognising that failure to finish on time on a persistent basis has an

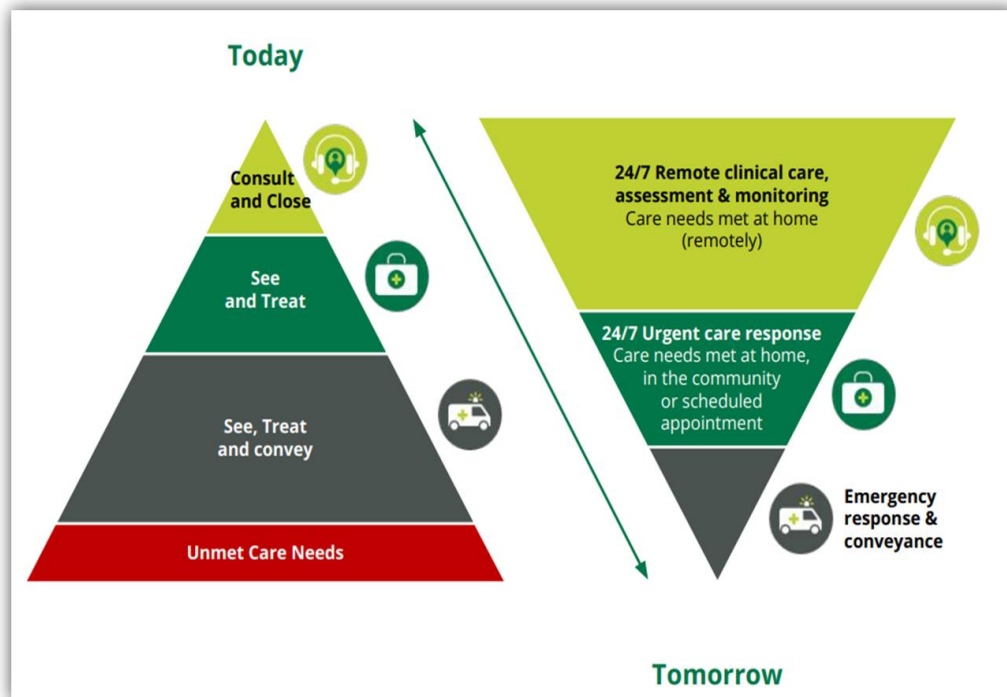
impact on staff wellbeing and attendance at work. Previously, crews only responded to RED incidents in last 30 minutes of their shift, but to all incidents that occurred prior to that last 30 minutes. This could mean staff conveying a patient to hospital and being held up significantly beyond their shift end time. Changes have been made to tighten restrictions on the types of incidents that can be responded to near the conclusion of the shift, with the main aspect being that only RED occurrences can be responded to during the last 45 minutes of a shift.

- Related to this, we have modelled performance over the winter based on a sickness absence rate of 6%, which is ambitious and, given the pressures staff are under, may not be achieved
24. We also recognise the critical importance of the 111 service to supporting people to make good choices when it comes to urgent care, both online and via the telephone service.
  25. While we continue to work with our commissioners and the Six Goals Programme on how best to invest further in our digital 111 presence, there have been significant improvements in delivery of the telephone service, with calls now being answered much more quickly and far fewer calls being abandoned.
  26. An improved 111 service helps defray demand for ambulance and emergency department services, and means people get the right advice and signposting, dependent on their healthcare need.
  27. The press 2 option for mental health support is also being well received, with more people with mental health concerns being supported appropriately.
  28. In terms of our non-emergency patient transport service (NEPTS), we recognise that it has a role to play in supporting the wider health system, particularly in relation to discharge.
  29. On that basis, we are working with individual health boards on the delivery of additional NEPTS discharge capacity, subject to available funding and need.
  30. However, it is important to note that, despite all these interventions, the modelling estimates that the Red eight-minute will not be achieved at any point through the winter, while Amber waits will continue to be too long.
  31. Notwithstanding our efforts to manage what is in our control, based on a modelling assumption of a loss of 28,000 hours in December, improving somewhat in quarter four, and with the interventions outlined, it is clear that the health and care system is stressed to a point where patients will not receive timely care and/or their outcome will be affected.

32. It is a continuing source of concern to our Board that, despite our best endeavours and our actions to mitigate harm, we cannot provide the optimum service to our patients.

### **An Alternative Model**

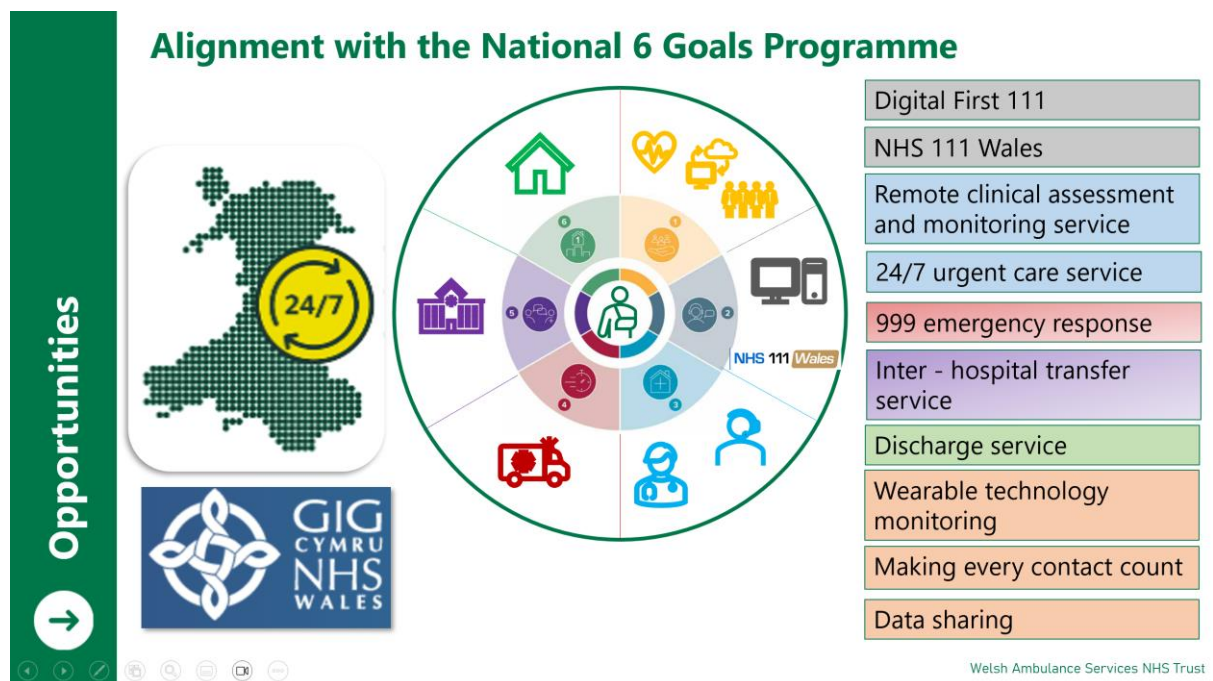
33. As a Trust, we have talked many times about the need for bold, courageous and systemic change if there are to be meaningful improvements in urgent and emergency care in Wales, including ambulance performance.
34. It is increasingly evident that, while any change as to how we operate must be done in conjunction with the rest of the system, we do need to do what we can do, and demonstrate the evidence, to encourage the system and our commissioners to move with us.
35. We have spent much of the last year working through our strategic ambition, testing it against some of the learning from the more innovative services and tests of change we have introduced, while placing that ambition against a backdrop of significant financial constraint, growing demand and the need to develop our people to meet the challenges of tomorrow.
36. We also recognise that, while the organisation has received significant investment over the last five years, most of that has been into what remains a fairly traditional model of ambulance service delivery, which is no longer sustainable.
37. We have a number of unique selling points as an ambulance service, including our pan-Wales reach, our skilled people working in their local communities, with strong recruitment and established critical infrastructure, our trusted brand and the ability to do more for patients on a “once for Wales” basis offering improved system-wide value, while responding to local variations, with the ability to apply innovative thinking to the way we care for patients in the future.
38. We believe that the way to design an ambulance service fit for the future is by up-ending the model of care we provide, with a much greater focus on maintaining more patients at home, where it is clinically safe to do so, and moving away more radically from a model predicated on conveyance of patients to hospital.
39. Some of this will require us, our staff, stakeholders, and the public to think differently about how they receive the care they need, something that will require a great deal of engagement, sensitive but robust conversation, and a deep appreciation of the needs of our communities across Wales.
40. The graphic below shows how we think that transformation of our clinical approach could look in the future.



41. We are already trying to move forward with more innovative services by testing our ideas through smaller, more controlled tests of change.
42. For example, we have been assessing the impact of “flooding” an area with Advanced Paramedic Practitioners (APPs), working closely with colleagues on our Clinical Support Desk to understand the impact on conveyance rates of having more skilled clinicians attend patients. This will help us provide evidence of the positive impact APPs can have both on conveyance rates (and hence demand on hospitals) as well as on patients, who can stay safely at home, with all the benefits that brings for them and their families and carers.
43. In North Wales, we are running a new Community Welfare Responder pilot, using existing Community First Responder volunteers to give eyes-on feedback to remote clinicians, including some clinical diagnostics. These volunteers, and the monitoring they can undertake, will provide our clinical support desk clinicians with valuable information about the condition of the patient and the need, or otherwise, for the deployment of an ambulance.
44. With initial support from the Chief Ambulance Services Commissioner and NHS Charities Together, the process of recruiting to a new Community Welfare Responder volunteer role is underway.
45. Our consultant midwife is supporting improvements to the way we manage maternity patients, with updated guidance that is influencing ambulance services across the world through the International Academies of Emergency Dispatch (IAED), which has developed and maintained advanced protocols for emergency call-taking since 1998.



46. Our Cymru High Acuity Response Unit (CHARU) service, which provides highly skilled clinical care to our most critically ill patients, is already seeing our ROSC (return of spontaneous circulation) rates improve, giving more patients a better chance of survival following an out of hospital cardiac arrest. ROSC rates rose to 23% in August – the highest in the last two years.
47. Many of these new approaches will need to be underpinned by digital solutions, for example with wearable technologies to support remote condition monitoring, together with engagement with the public about access to services, building community resilience and digital access and literacy. We are already in discussion with leading tech companies on these issues that will see pilots of their use take place across quarter four.
48. If we can accelerate these kinds of innovations to focus response on those who most need it, many of whom are frail and elderly, we can begin to build an urgent and emergency care system in Wales that really begins to work for patients, staff and communities, in a way that it is not currently doing.
49. We are aligning what we do with existing programmes of change, including Welsh Government's Six Goals for Urgent and Emergency Care, as well as other drivers, as outlined in the graphic below



50. While it is important that, as an ambulance service, we do everything within our gift to improve our services, we cannot divorce the pressures we are under from their impact on the wider urgent and emergency care system.
51. For all the reasons outlined above, pressures on the ambulance service and an inability to respond in the right way to patients, risk a potentially significant increase in patients self-presenting to emergency departments who may have been better

directed to other pathways, the acuity of patients increasing as a result of extended community waits, potentially increasing hospital admissions and lengths of stay, and fewer patients being able to remain at home, putting pressure both on hospital beds and social care services.

52. What is absolutely clear is that we cannot keep doing the same thing and expect different results. However, the alternatives will need funding, political and public support and a realisation that, while everyone wants to see a better NHS, remaining wedded to traditional models of care is not the way to achieve it.
53. We are working with the Citizens' Voice Body, Llais, to make sure that, as we move forward and develop our thinking, we are in the best position to hear from patients and the public about their views.

### **North Wales Clinical Contact Centre**

54. It has been a cause of concern for some time that our colleagues at our Bryn Tirion Clinical Contact Centre in Llanfairfechan have been based in sub-optimal accommodation which, when the building was first occupied by us in the mid-2000s, was designed only as an interim solution.
55. Almost two decades later, the building, which is owned by Betsi Cadwalader University Health Board and leased by us, is no longer fit for purpose. As a Trust, we have outgrown its physical capacity, while the background maintenance required to bring the building up to an acceptable standard is prohibitively expensive (circa £0.5m for the roof alone) and does not offer good value to the public sector.
56. This comes at a time of significant financial constraint and when there is clear impetus and direction from Welsh Government to ensure that the public sector is utilising its estate optimally and rationalising where estate is surplus to requirement.
57. We established a project board, including trade union partners, to develop options for Bryn Tirion, including investing in the existing building, as well as looking at a range of other options, including our existing St Asaph base, in which we have invested considerably, thanks to Welsh Government funding and where our north Wales 111 presence and a number of administrative functions are also based.
58. We also explored the Welsh Government building at Llandudno Junction. However, for a range of reasons, including 24/7 availability and access, this was not a viable option.
59. Following a rigorous appraisal process of all the options, it has been concluded that Ty Elwy remains the only viable option and work is now underway to plan the move and work closely with those staff who are impacted by the change.
60. We completely recognise that, for those approximately 50% of staff for whom St Asaph represents a greater distance to travel, this relocation will have an impact on

travel times. We have dedicated human resources colleagues working with the project team to support those individuals affected as part of a formal organisational change process, and all the protections that come with that. This is the standard “all - Wales” approach to any necessary business change impacting our people.

- 61. Everyone affected will have access to support, be able to discuss their options and will be reimbursed for their additional travel for a period of four years. However, we also acknowledge that the impact is not just financial and, therefore, we have committed to exploring opportunities for the small number of colleagues who live on Anglesey and other parts of the very west of Gwynedd, in terms both of home-working and potentially to work from our Snowdon House base in Bangor, which currently houses colleagues working in our 111 service.
- 62. This is currently being worked through and colleagues will be kept updated as part of their individual discussions as to the viability of this for those most affected by the proposed move to St Asaph.

### **Next Steps**

- 63. We know this winter will be challenging, possibly the most challenging yet, and we will do our best to meet those challenges head on, doing the best we can for the people of Wales.
- 64. Meanwhile, and running parallel, we continue to learn, evolve, think and develop, because we are committed to transforming what we do and not continuing a model of service delivery that is no longer able to respond effectively to the needs of our patients.
- 65. As a key stakeholder, you are critical to us in this journey, and we are keen to engage with as many as possible to share our thinking and hear your views.
- 66. It would also be extremely helpful if you could share this briefing with colleagues and partners, ensuring the messaging is widely communicated and that your networks and stakeholders are well briefed
- 67. In 2024, we will be taking a more systematic approach to this engagement, as we develop our ideas and have more evidence from the work we are doing to change things, and you can expect to hear more about this before Easter.
- 68. In the meantime, if you think an individual or group briefing would be helpful, please do reach out to Estelle Hitchon, our Director of Partnerships and Engagement at [estelle.hitchon2@wales.nhs.uk](mailto:estelle.hitchon2@wales.nhs.uk) and we will be happy to facilitate this.

Ends/EVH/Nov23