

National Assembly for Wales: Health, Social Services and Sport Committee
Inquiry into Winter Preparedness Summer 2018
Evidence Submission: Welsh Ambulance Services NHS Trust

Introduction

1. The Welsh Ambulance Service welcomes both the opportunity to contribute to Committee's inquiry into winter preparedness and also its commitment to supporting NHS Wales by instigating the inquiry in order that learning from the recent winter of 2017/18 can be captured and recommendations made.
2. It is universally acknowledged that the winter of 2017/18 was one of the most challenging experienced by NHS Wales. While the reasons for this are many, complex and various, it is important for the Welsh Ambulance Service that a system wide review of those reasons, and possible solutions, is undertaken.
3. As an ambulance service working within the wider NHS system in Wales, it is acknowledged that there is a need to deliver different solutions to respond to the sustained increases in operational pressures, many of which are prevalent throughout the year, but are more acutely felt during the winter season.
4. Such pressures are well documented; a combination of an ageing, increasingly frail and/or health-compromised population, coupled with the real likelihood of adverse weather, seasonally more prevalent illness, for example flu, and the threat posed by a generally more unstable world, mean that the need to develop sustainable and responsive services has never been more necessary.
5. In this evidence submission, the Welsh Ambulance Service will provide an organisational perspective on winter preparedness 2017/18, together with an indication of the work already underway to ensure the service is as resilient as it can be to cope with, and respond to, organisational or system pressures, regardless of their cause or their timing.

Background: Commissioning Arrangements

6. Emergency ambulance services are commissioned on a collaborative basis by the seven local health boards through the Emergency Ambulance Committee (EASC) and the Chief Ambulance Services Commissioner (CASC), acting on their behalf. The Commissioning & Quality Delivery Framework for emergency ambulance services is the document which sets out what is expected of the ambulance service.
7. In collaboration with commissioners, five-step pathways for both emergency and non-emergency (NEPTS) services have been developed, which focus on delivering real improvements for patients.

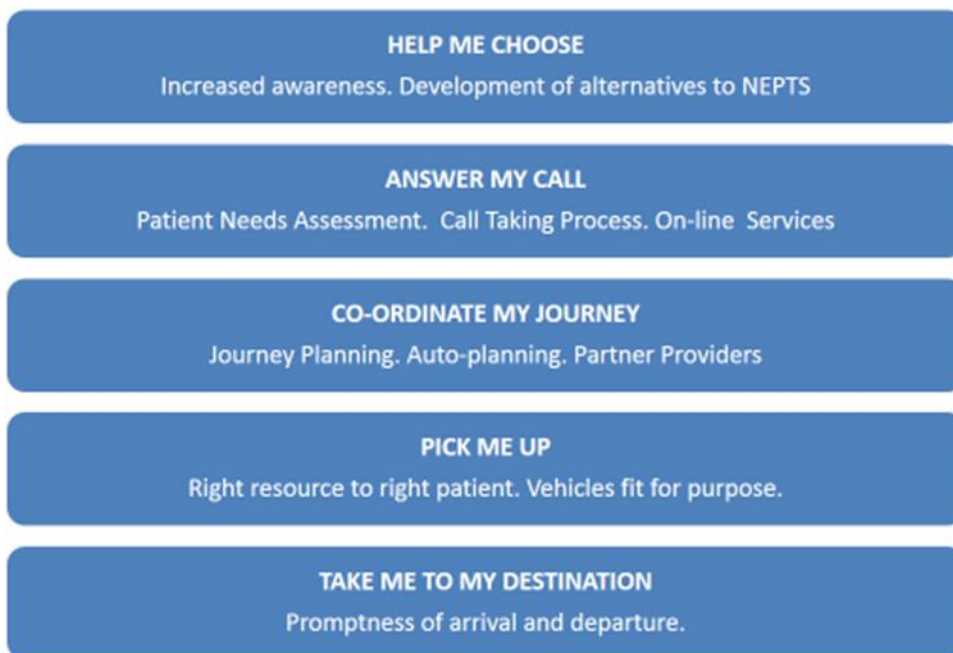
Figure 1: Five-Step Emergency Ambulance Care Pathway



Designed with permission using the CAREMORE® 5 steps. Copyright, 2017 WAST

8. The focus of the pathway is to ensure that patients are supported to make the right choice for them and receive the care most appropriate to their needs.
9. Step one supports patients to choose the service that most appropriately meets their immediate needs, which may not be an emergency ambulance, while step two focus on providing patients with the right advice when they call. Steps three and four focus on ensuring that more patients can be treated at scene or referred to other services if that would be more appropriate for them, while step five makes sure only those patients who absolutely need to be conveyed are taken to hospital.
10. The NEPTS Five-Step Model also shows what is expected of non-emergency transport services and became operational in shadow format from November 2017.

Figure 2: NEPTS Five Step Model



11. The organisation's clinical response model, which was confirmed as permanent in February 2017, provides the clinical basis on which calls are categorised.
12. The fundamental basis of the response model ensures that the care of the sickest patient is prioritised, as outlined in the paragraphs below.
13. The model has three types of call – red, amber and green.
14. Red calls are immediately life-threatening calls and are categorised as such when someone is in imminent danger of death, such as a cardiac arrest. In such cases, there is compelling clinical evidence to show an immediate emergency response will make a difference to a person's outcome. The eight-minute target has been retained for this group, with a target of 65% of calls receiving this level of response.
15. Amber calls refer to those patients with conditions that may need treatment and care at the scene and rapid transport to a healthcare facility, if appropriate. Patients are prioritised on the basis of clinical need and patients receive a fast, blue light response. There are no time-based target for amber calls; instead a range of clinical indicators (the Ambulance Quality Indicators) have been introduced to measure the quality, safety and timeliness of care being delivered, alongside patient experience information, which is published every quarter.
16. Green calls are non-serious calls, which can often be managed by other health services, including by providing healthcare advice or through self-care. This category also includes many calls from healthcare professionals.
17. The clinical response model and the ambulance care pathway, taken together, provide the basis of the Welsh Ambulance Service's operational approach in respect of emergency medical services.

Planning for Seasonal Pressures

18. The Welsh Ambulance Service, in line with other NHS organisations across Wales, makes detailed plans for seasonal pressure, using learning from previous experience and modelling to inform its approach.
19. The organisation takes the process of winter planning very seriously, recognising that having a well thought through and executed plan is key to maintaining high levels of care for patients at times of increased pressure across the health system, such as those which inevitably come with winter.
20. Similarly, plans are not developed in isolation from the wider system, and colleagues spend a considerable amount of time and effort in working with health board partners to ensure plans are aligned and that organisations are cognisant of each other's proposals.
21. The Board of the Welsh Ambulance Service takes an equally robust approach to planning for winter, with the Board having considered and approved the organisation's winter plan at its meeting in September 2017.

22. In addition to discrete initiatives (detailed below), the Trust also has a Resource Escalation Action Plan (REAP) plan, which outlines measures to be taken at differing levels of pressure in the system. This enables the service to respond more appropriately to demands across the wider NHS system, ensuring ambulance resources are preserved for those in most acute need of help, in line with the organisation's clinical response model.
23. It is indicative of the severity of the winter of 2017/18 that, in response to the challenges across NHS Wales, the Trust needed to respond with its highest level of escalation, Reap 4; the first time this has been deemed necessary.

Seasonal Interventions

24. As part of its planning for the anticipated increase in demand during the winter and, to an extent, in response to those subsequently experienced, the Welsh Ambulance Service introduced a number of initiatives within its gift of control as mitigation against those pressures. These included:
 - The piloting of the use of 10 Advanced Paramedic Practitioner (APPs – MSc-educated paramedics) working across two Rapid Response Vehicles (RRVs) and rotating into the Clinical Contact Centre, in the Betsi Cadwaladr University Health Board area. The APP within the CCC tasked the two responding RRV APPs to incidents where it was felt that there was an opportunity for patients to be appropriately managed and cared for in a way that did not necessitate conveyance or an admission to an Emergency Department (ED).

The impact of this initiative on conveyance and patient care has been significant, with the initial data analysis being based upon 636 patients attended.

The data illustrated an indicative rate of 69% ED avoidance, with 37% of cases being closed at scene without further referral, negating the requirement for additional pathways. This remained constant throughout the pilot. The re-contact rate within 48 hours was circa 5%. Of the patients that were conveyed to the ED, the majority (51%) were not conveyed by emergency ambulance.

- A "falls assistant" pilot in collaboration with St John Cymru began on 1 February 2018. This team provided cover between 0700 and 1900, seven days a week. The Falls Assistant was qualified to the level of a Welsh Ambulance Service Urgent Care Assistant and responded to non-injured fallers, or fallers who had sustained minor injuries. The team was based in Cardiff, but could be asked to support surrounding health board areas. Assistants were deployed to more than 200 incidents. Ways of securing such a service longer term are currently being explored.

Similarly, given the volume of calls to lift uninjured patients who have fallen, 20 "Mangar Camel" lifting devices were placed with Community First Responder (CFR) teams in South East Wales to provide a different resource to support patients, thus negating the need for an emergency ambulance and its skilled crew.

- Significant focus was placed on the use of social media as a sign posting and information sharing mechanism, in particular to position NHS Direct Wales' online "symptom checkers" as the first point of reference for people feeling unwell but unsure about the right NHS service to meet their needs. The aim was to alleviate demand and to provide advice and

guidance in an immediately accessible format, thus reducing unnecessary call volume, either to NHSDW's 0845 number or to 999.

Between October – December 2017, there was a total of 943,303 visits to the NHSDW website. Between January-March 2018, this figure rose to 1,787,884.

The impact of being able to communicate via social media during periods of adverse weather also proved to be important in providing information to patients and the wider public. The Welsh Ambulance Service's Communications Team provided digital and media support throughout the extended periods of adverse weather on a 24/7 basis during the winter of 2017/18, with senior leaders being visible through the media in discussing pressures and providing advice and support to the public.

- Our Non-Emergency Patient Transport Service (NEPTS) enhanced its role in the discharge of patients from hospitals across Wales, to support improved flow of patients through the acute hospital system and to ensure patients who were medically fit for discharge and required ambulance transport could return home in a timely manner.
 - Investment in the Trust's "hear and treat" provision to increase the capacity of the organisation's "clinical desk", which triages calls where clinical assessment and advice might negate the need for an ambulance and/or acts as a "safety net" for patients who have waited longer than anticipated for a face-to-face assessment.
25. These initiatives were implemented in part to anticipate, and to respond to the pressures being felt across the NHS Wales system during the winter of 2017/18, the detail of which is outlined below.

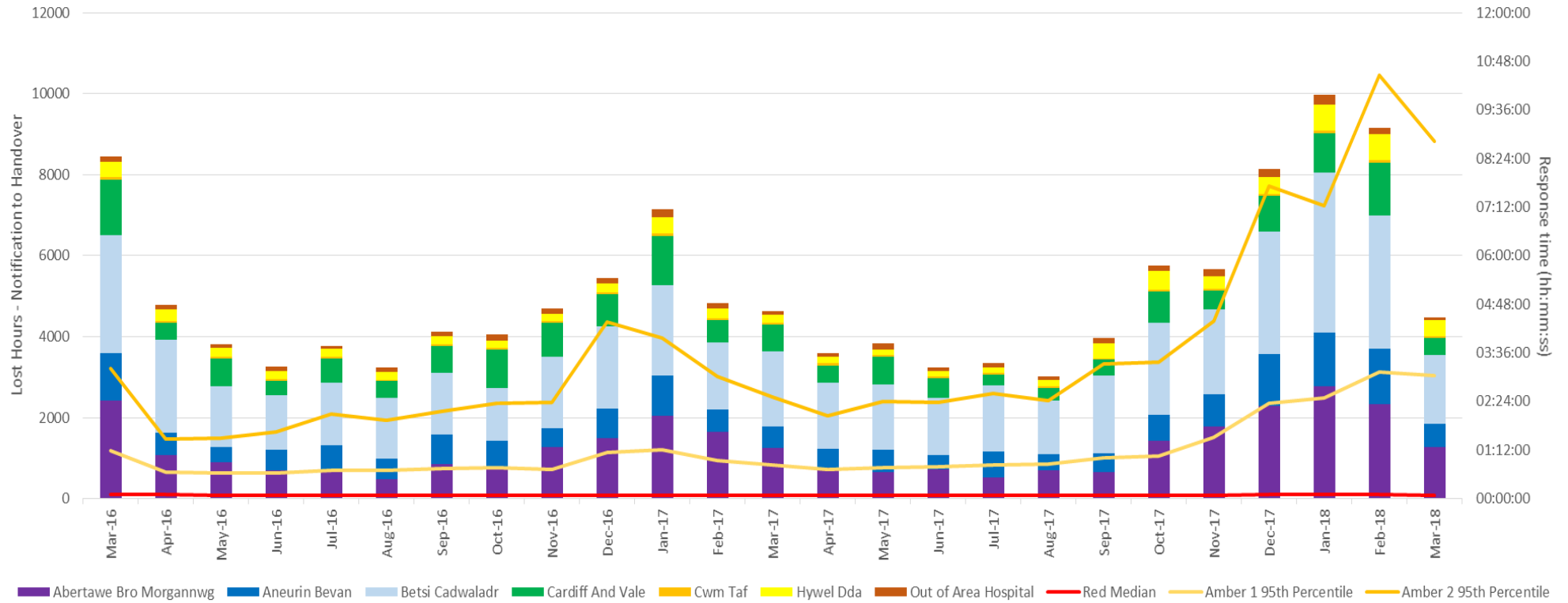
Winter 2017/18: A Brief Performance Analysis

26. While detailed planning for winter was undertaken as outlined above, highlighted below are some of the issues and impacts for the Welsh Ambulance Service related to sustained system-wide pressures, recognising that, despite these pressures, the Welsh Government and commissioning target of reaching 65% of red calls within eight minutes continued to be maintained.
27. The key points were as follows:
- 999 calls answered increased by 16.01% during the winter of 2017/18, compared to the previous winter
 - Verified demand increased by 5.86% in 2017/18, compared to the previous winter (October to March)
 - 999 calls ended as a result of hear & treat (calls reviewed by a nurse or paramedic via NHS Direct Wales or the Welsh Ambulance Service's Clinical Desk, where following triage and advice, no ambulance was deployed) increased by 29.57% during winter 2017/18, compared with winter 2016/17

- While Red performance was maintained above 65% (it was 69.7% in January, 69% in February and 69.6% in March) in 2017/18, this became increasingly challenging, with performance declining compared to winter 2016/17
 - Amber performance became particularly challenging during the winter period. While there is no delay built into the clinical model (amber calls receive a blue lights and siren response), pressures on the wider system, including resultant handover delays at hospitals, meant this was the category which saw the most obvious deterioration in performance, recognising that there are no formal response targets for the amber category. This meant that some patients waited significantly longer than would be desirable.
 - Amber response activity accounted for 84% of response activity and was comparable with previous years
 - Whilst there was clearly a significant challenge in terms of amber performance, (in some cases the 95th percentile performance for Amber exceeded five hours), the pan Wales amber median was in the range of 17 minutes – 34 minutes during the winter of 2017/18 and the 65th percentile was under one hour throughout the winter, in the range 25 minutes to 58 minutes)
 - Red response activity also increased to 7.52% of response demand during winter 2017/18, higher than the c.5% at the start of the Clinical Response Model in October 2015 and 2.51% higher than the winter of 2016/17
 - Green response activity accounted for 9% of response demand, with hear and treat capacity contributing to a reduction in this figure based on previous years
 - 9,494 (7.7%) fewer patients were conveyed to major A&Es during winter 2017/18 compared with the previous year (or 113,797 compared to 123,291). This is notable given the overall rise in demand and reflects the efforts made by the ambulance service to manage demand by using its hear and treat capacity effectively and by treating more patients at scene , thus avoiding unnecessary conveyance to hospital.
28. The impact of lost hours to handover has been a significant contributory factor to delayed responses, and there is a strong correlation between poor amber response time performance and lost hours.
29. The Trust notified to handover delays increased by 54% during winter 2017/18 compared with the previous year. This equated to 47,524 hours of lost production, 10% of the organisation's EMS conveying capacity or 3,960 shifts (an ambulance crewed for 12 hours) during the winter period. It should be noted that the Trust expects an ambulance to undertake around 7 incidents per 12 hours; this lost time equated to the chance to attend to circa 22,500 patients.

The following graph illustrates a strong correlation between amber performance and handover lost hours.

RED Median, AMBER1 & AMBER2 95th Percentile against Lost Hours - Notification to Handover Delays



Patient Safety and Experience

30. The impact and consequences of the extended winter system pressures on the ability of WAST to respond to patients in the community have been of concern.
31. The strong correlation between delayed responses to patients awaiting a response in the community and hospital delays is evident in the significant reduction in amber performance. This may result in poorer outcomes for patients.
32. An increase in reported serious adverse incidents (SAIs) and concerns from patients, their families and politicians, was observed during the winter of 2017/18

Serious Case Incident Forums (SCIF), Serious Adverse Incident (SAI) Reporting

33. In relation to the reporting of potentially adverse incidents, cases are considered by the Trust's Serious Case Incident Forum (SCIF) for assessment prior to any submission reported to Welsh Government. There were 168 incidents considered by the SCIFs held relating to incidents over the winter of 2017/18, of which 68 of were reported to Welsh Government as SAIs.

Complaints and Concerns

34. The number of concerns registered from December 2017 to April 2018 was 277, compared to 114 for the same period the previous year.
35. There has been a concomitant rise in the level of concerns raised by politicians on behalf of their constituents.

Impact on Staff

36. Periods of sustained and relentless pressure inevitably take their toll on ambulance staff. This has been true across all staff groups, but was of particular note among clinical contact centre staff, who were placed under considerable pressure in managing both an increased volume of calls and the impact of delays.
37. The Trust has a range of mechanisms to support the health and wellbeing of its staff, but also introduced some discrete interventions for those staff working within its clinical contact centres, which were universally welcomed by colleagues.

Winter 2018/19 and Beyond

38. As outlined at the outset of this evidence submission, the Welsh Ambulance Service can be viewed as a barometer for pressure across the entire unscheduled care system and does not operate in isolation from the rest of the NHS in Wales.
39. The use of ambulance imagery in media reports, print, online and broadcast, has become a metaphor for system pressure, something which the Trust has challenged as implying that the ambulance service bears a greater responsibility for those pressures. It does not. It is, however, perhaps the most visibly affected service when system pressures are at their most acute.
40. What is clear is that there needs to be change across the entire system if the winter of 2017/18 is not to be repeated. The demography of Wales is well documented, while additional potential

factors such as adverse weather, pandemic illness, such as flu, or other unforeseen events would place similar pressure on the NHS in Wales in future years.

41. With this in mind, and with a clear commitment to being at the forefront of the necessary change, the Welsh Ambulance Service is anxious that the learning from the winter of 2017/18 is captured and that new, collaborative and system-wide approaches are adopted.
42. To this end, the Executive Team, including the Interim Chief Executive, is already meeting pro-actively with individual health boards to share data, experience and ideas with a view to having more resilient and innovative solutions agreed and/or in place earlier in the winter planning cycle.
43. It is similarly working collaboratively through the Emergency Ambulance Services Committee (EASC) and the Chief Ambulance Services Commissioner (CASC) to deliver collaborative changes in the system.
44. In particular, the Trust has developed the following initiatives for 2018/19 designed to mitigate the impact of further system pressures:
 - A focus on reducing sickness absence and reviewing rosters to ensure staffing is optimised
 - Increasing the organisation's permanent establishment to provide greater resilience in areas where staffing is more fragile, to cover absences and to account (in advance) for the routine turnover of staff, lessening the impact of the latter and ensuring staffing levels are maintained. In part, this will be achieved by converting the current overtime budget (and other variable resource expenditure) to increase numbers of permanent emergency ambulance staff
 - Further development of the response logic for the Clinical Response Model, in particular, what an "ideal" response is and whether this response is from the Welsh Ambulance Service or from the wider unscheduled care system
 - Delivering further benefits of the new Computer Aided Dispatch system, in particular reduced time to allocation for red incidents
 - Increasing hear and treat volumes
 - Realising the benefits of the recent implementation of the Band 6 paramedic, which requires colleagues to have improved clinical skillsets
 - Reducing multiple arrivals on scene; and
 - Improving the "ideal" arrival on scene, where the resource is a WAST resource.

Concluding Observations

45. It is increasingly apparent that no part of the NHS Wales system operates in isolation from others – this is particularly the case for the Welsh Ambulance Service.
46. Following that logic, the need for collaborative solutions to increasing demand is obvious, else pressure is simply shifted from one organisation to another.

47. The need for primary and community care, including the pressure point of fragile GP out-of-hours services, secondary care and social services to work together has never been more acute. There is more to do to align and integrate the way in which these services operate, and the Welsh Government's recent health and care strategy "A Healthier Wales" is welcomed as a step forward in focusing on this important area.
48. However, the Welsh Ambulance Service would argue that the time for radical change in thinking is now and, as an NHS Wales system, we must grasp this nettle once and for all, in order that all organisations are better equipped to contend with the demands increasingly being placed upon them.
49. The Welsh Ambulance Service sees itself increasingly occupying different areas within the unscheduled care space.
50. Similarly, it recognises the need to work in tandem with all partners and patients on the prudent use of systems and services, in a bid to ensure patients understand, and use, the correct parts of the NHS system to meet their needs and develop individual and community resilience. This chimes with the organisation's commitments to the fundamental tenets of the Wellbeing of Future Generations Act.
51. The architecture for change and collaboration is in place across Wales, including through legislation. There can now be no further delay in realising the ambition of the Welsh Government outlined in its "A Healthier Wales" strategy.
52. The Welsh Ambulance Service will continue to be a committed and vocal contributor to driving change across the wider NHS system across Wales, recognising that it too will need to morph and change continuously to meet the evolving needs of the people and communities it serves.

Ends/EVH/July18