National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Follow-up inquiry into the performance of Ambulance Services in Wales / Ymchwiliad dilynol i berfformiad Gwasanaethau Ambiwlans Cymru
Evidence from Welsh Ambulance Services NHS Trust – PAS(F)06 / Tystiolaeth gan Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru – PAS(F)06

Welsh Ambulance Services NHS Trust: Submission to National Assembly for Wales Health and Social Care Committee: Follow-Up Inquiry into Ambulance Services, December 3, 2015

Introduction

1. The Welsh Ambulance Services NHS Trust welcomes the opportunity to submit evidence to the National Assembly for Wales' Health and Social Care Committee in support of its follow-up inquiry into ambulance services in Wales.

2. In the nine months since the original inquiry, the Welsh Ambulance Service has made significant progress in redefining its purpose as a clinical service at the forefront of pre-hospital emergency care and clinical transport.

3. The piloting of a new clinical response model from October 1, 2015, which places the quality and clinical appropriateness of care above an often arbitrary time target, except in the most urgent of cases, represents a significant opportunity for the ambulance service.

4. The new model ensures that high quality, clinical care is the focus of its work, and that the anomalies, and sometimes perverse consequences of chasing a time target are resolved.

5. In setting out the Trust's evidence for Committee, we are mindful of addressing the conclusions of the initial Inquiry in March 2015, while also being keen to ensure that Committee members have a sense of the significant progress made by the Welsh Ambulance Service since that time.

6. Similarly, it is hoped that the commitment of the Trust Board in supporting an ambitious programme of change, which will deliver long term and sustainable improvement to ambulances services in Wales, is recognised.

7. The support of WAST's partners has been important in the organisation's improvement journey, including staff and trade unions, health boards, the Emergency Ambulance Services Committee (EASC), the Chief Ambulance Services Commissioner and Welsh Government.

8. Detailed below is the Trust's response to the recommendations of Committee's initial inquiry. Additional information has been included which it is hoped will be of interest to Members and will enable Committee to understand fully the significant improvement journey underway at the Welsh Ambulance Service as it establishes itself as a critical component in the unscheduled and scheduled care systems across Wales.

Strategic Context

9. The strategic context within which the Welsh Ambulance Service operates has changed considerably in recent years.

10. Rising demand for services, a function both of an ageing population and increasing numbers of people living with long term conditions and/or multiple co-morbidities, coupled with increased public expectation, have presented the Welsh Ambulance Service with a number of performance challenges.

11. In addition, pressures on the wider unscheduled care system across Wales have had an inevitable contributory effect on the performance and efficiency of the ambulance service.

12. The role of the ambulance service has moved on considerably in recent years. The focus is now very firmly on the delivery of a clinical service, at the front line of pre-hospital emergency care, through to the delivery of appropriate care to the chronically and terminally ill who use the Trust's Patient Care Service to attend outpatient services.

13. This is a significant departure from the traditional model of the ambulance service as simply a transport provider and has necessitated significant investment in staff training and development to upskill staff (it is likely that paramedicine will become a degree-entry based profession in the future), as well as investment in clinical equipment and fleet.

14. Arguably more significant has been the need for the organisation itself to adapt to this changing role by developing a more professional, patient-focused culture where the needs of the patient are paramount and the ability and confidence of staff to undertake more clinically autonomous roles are recognised and supported.

15. The progress which has been made so far in 2015/16 in sharpening the Welsh Ambulance Service's clinical credentials reflects this redefinition process. These include:

    - the introduction of the Digi-Pen across WAST to record patient records digitally and in real time, allowing for better recording and interrogation of data in support of WAST's clinical indicator work
    - the introduction of the Clinical Desk (see paragraph 83)
    - the development of alternative care pathways in conjunction with health boards
    - the introduction of Paramedic Pathfinder as a clinical decision-making support tool (see paragraph 90)
    - the new clinical response model, which reflects clinical evidence

16. In a similar vein, it has been important to foster better and more constructive relationships with other elements of the healthcare system, for example GPs and health boards, in order to work collaboratively as a single team particularly in terms

of the wider unscheduled care system, and in developing alternatives to hospital admission, which are better for patients and make best use of the available clinical expertise.

17. Significantly, ambulance service performance in Wales improved incrementally across Wales during the first half of 2015 and, in September 2015, stood at 58.3%, up from 42.6% in December 2014 (see Conclusion 1 below).

18. The piloting of a new Clinical Response Model (CRM) by the Welsh Ambulance Service from October 1, 2015 recognises the importance of clinical indicators as a measure of quality, rather than exclusively time-based targets.

19. The contribution of the Health and Social Care Committee, following its initial inquiry into the performance of ambulance services, in creating an environment which facilitated change, together with the support and courage of Welsh Government in responding to clinical evidence, have been important factors in enabling the CRM pilot.

20. For those conditions where time is a significant factor, for example cardiac or respiratory arrest, the new model allows for a rapid response by an appropriately skilled clinician. In these circumstances, which the majority of people would recognise as being life-threatening, speed of response and clinical indicators are both used to measure performance.

21. Where the condition of the patient is such that their life is not in immediate danger, the new model allows for an appropriate clinical response which may or may not result in conveyance to hospital, dependent on the condition of the patient. Performance in these cases will be measured not in the speed of response, but in the appropriateness of the care provided linked to relevant clinical indicators.

22. Indeed, with improved clinical training, enhanced clinical decision-support tools (for example Paramedic Pathfinder – see paragraph 90) and the development of more community-based care pathways, for example in mental health, it is anticipated that, as the new model matures, and the associated care pathways are secured across Wales, the core role of the ambulance service, and the way it responds to demand, will alter considerably, creating a more sustainable and clinically appropriate platform for the future.

23. Similarly, as the clinical role of the ambulance service becomes more widely acknowledged, and the skills of its staff better recognised, it is to be hoped that the way in which the service is viewed and used will also shift, resulting in better use of resources and, importantly, better outcomes for patients.

24. The piloting of the new model is something which is garnering global interest. There is a real sense in the feedback WAST is receiving from ambulance services and their staff across the world, particularly via social media, that the ambulance community

is willing the Welsh Ambulance Service to be successful in its implementation, reflecting, as it does, both clinical evidence and patient need.

25. The formation of the Emergency Ambulance Services Committee (EASC), and the creation of the post of Chief Ambulance Services Commissioner (CASC) in response to the 2013 McClelland Review, have assisted considerably in supporting the Trust's development, improving the system and creating clearer lines of accountability.

26. While it is fair to say that the commissioning arrangements continue to mature, there has been considerable progress since March in forging effective and collaborative relationships with the Commissioner and, through EASC, WAST's health board partners. The development of the CAREMORE commissioning framework has provided clear structure, standards and accountabilities for the Welsh Ambulance Service, but recognises the roles of all elements of the unscheduled care system in supporting performance improvement and better experience for patients.

Findings of Initial Inquiry into Performance of the Welsh Ambulance Service

27. Detailed below is the Welsh Ambulance Service's response to Committee's request for an update on progress against each of the conclusions of the initial inquiry into ambulance performance. This response is intended to inform Members and to provide a basis for discussion at Committee on December 3.

Conclusion 1:
The Emergency Ambulance Services Committee, the Welsh Ambulance Services NHS Trust and local health boards must work together urgently to improve emergency ambulance response times and optimise patient outcomes. Performance measures must be clinically appropriate and take sufficient account of patient outcomes. Therefore the work announced by the Minister for Health and Social Services to review ambulance response measures should be rapid, clinically-led, informed by best practice and designed to enable benchmarking across the UK where possible.

28. The subject of emergency ambulance response times has been contentious for some time. While it is fully acknowledged that, for a relatively small cohort of patients, time is of the absolute essence, for example those patients in cardiac or respiratory arrest, for the majority of patients, evidence suggests that a time-based response based around the eight minute model does not deliver any clinical benefit.

29. During the course of the 2015 calendar year, performance by the Welsh Ambulance Service improved steadily to July 2015, with slight dips in performance in August and September, illustrated in the following graph (Figure 1) and accompanying data chart (Figure 2).

Figure 1: All Wales A8% Performance May 2014 – September 2015: Performance Graph

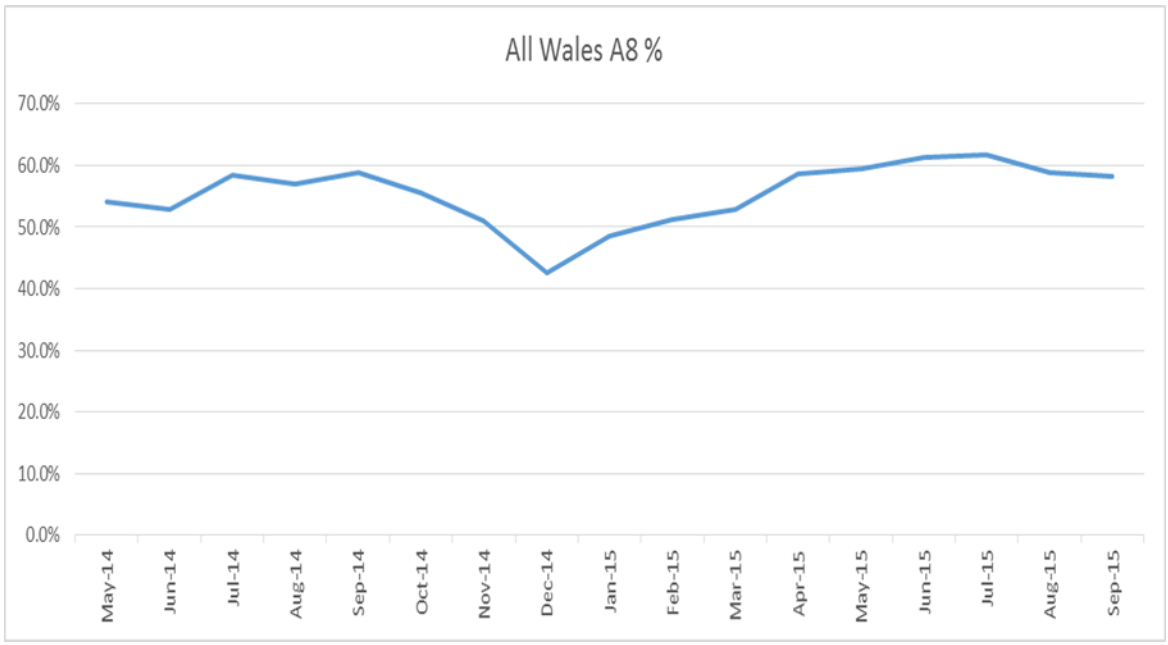


Figure 2: A8% Performance May 2014 - September 2015

Month Year	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
A8 %	54.1%	53.0%	58.3%	56.9%	58.9%	55.5%	51.0%	42.6%	48.5%	51.2%	52.9%	58.7%	59.4%	61.4%	61.7%	58.8%	58.3%

30. The piloting of a new clinical response model for 12 months from October 1, 2015 reflects clinical advice and evidence that the use of an out-dated, time-based target is not a good measure of performance, clinical care or patient outcome.

31. The development of the new response model has been undertaken very much on a collaborative basis between the ambulance service, health boards and the Commissioner, working together to develop the new “Five Step Model”.

32. This places much more emphasis on the early part of the patient pathway by helping people to “choose well” and ensuring that, if patients do call 999, their call is triaged appropriately to ensure they receive the right clinical response, which may not always result in an ambulance being deployed but could, for example, mean a referral to NHS Direct Wales, GP out-of-hours services or another community-based service.

Figure 3: Five-Step Model

33. Under this new model of care, there are three categories of calls: Red, Amber, and Green. The Red calls are still measured as an eight minute response, as these are calls where there is a potentially imminent danger of death (e.g. cardiac arrest), and there is compelling evidence to support a rapid response to such critically ill / injured patients.

34. The Amber calls still require a blue light response, but the emphasis is more on ensuring that patients receive appropriate, evidence-based clinical care once the ambulance crews arrive at their side. Clinical indicators for the Amber calls include compliance with the pre-hospital care bundles for stroke, fractured neck of femur and myocardial infarction.

35. The Green calls are the least serious category and, although ambulance crews still respond to some of these calls, patients within this category can often be treated or cared for by other health providers. A good example of this alternative care is where NHS Direct Wales receives direct referrals of Green calls and provides expert nurse advisor telephony advice and assessment.

36. Health boards continue to have a significant role in supporting effective delivery of the new clinical response model. This includes minimising handover delays, thus releasing emergency vehicles promptly; working with WAST to develop, or facilitate access to, alternative care pathways for patients who would be more appropriately cared for by a community-based service and in supporting effective communication with staff, patients and the public, increasing understanding and helping to reduce inappropriate demand on ambulance resources.

37. Wales' relatively small size, and its integrated healthcare system, provides the Welsh Ambulance Service with a powerful opportunity to link data across the unscheduled care system as part of its approach to benchmarking within the new response model pilot. Work is underway with Welsh Government on the potential sharing of data across the system which would give a wider view of individual patient indicators and outcomes, for example, ambulance response, time in A&E, length of stay in hospital, procedures and outcome.

38. In addition, the Trust is currently reviewing its Integrated Performance Report (which is considered by the Trust Board at its public meetings and published on the Trust's website) to ensure its contents reflect the clinically-led basis of the response model.

Conclusion 2

To maintain momentum and work towards a whole system approach to unscheduled care, all health boards must be fully engaged with the work of the Welsh Ambulance Services NHS Trust through the work of the Emergency Ambulance Services Committee on a national level, and directly with the Trust on a local level.

Health boards must take due account of the impact on the Welsh Ambulance Services NHS Trust when developing new services or considering making changes to existing services. Health boards must also ensure that the Welsh Ambulance Services NHS Trust is involved in discussions at a sufficiently early stage to enable it to give proper consideration to the impact on its services.

39. From a Welsh Ambulance Service perspective, the maturing commissioning arrangements with EASC, the positive relationship with the Chief Ambulance Services Commissioner and good working relationships between health board and WAST staff across Wales, at both managerial and operational levels, represent a positive step forward.

40. This change is recognised by healthcare partners and commissioners, which has resulted in a more collaborative approach to commissioning and an improving relationship between WAST and other partners in the unscheduled care system, including in primary care.

41. The Welsh Ambulance Service expects to play a full part in the wider NHS service change agenda and is working closely with health boards to develop and understand the impacts of service change proposals in Wales.

42. The Trust's plan for 2016-17 is being developed through a frontline engagement exercise within the organisation and the development of Local Delivery Plans. A key requirement for LDP development is that, wherever appropriate, they are developed and agreed with health board partners. Examples of this include where pathways are being developed at an LHB level or where service changes are proposed.

43. Directors of Planning across NHS Wales are leading strategic discussion to ensure alignment of plans at a number of key stages in the planning process.

44. WAST is engaged in a number of strategic change programmes that will have an impact on its services. Examples include the major trauma network development as part of the NHS Wales Collaborative and, more recently, the maternity change consultation in north Wales. The impact on WAST services of the various options under consideration will be picked up as part of the appraisal exercise, with WAST in its role as a key partner in the process.

45. The demand and capacity modelling tool Optima Predict, referred to under Conclusion 8, will further support the strategic planning agenda in WAST and support scenario testing options for service change across NHS Wales

46. WAST is also working closely with the Mid Wales Healthcare Collaborative and is providing strategic leadership to two elements of the Collaborative's work, namely, transport and access and communications and engagement, as well as being represented at the Collaborative Board by the Chair and Chief Executive.

Conclusion 3:
Agreement must be reached between the Welsh Ambulance Services NHS Trust, trades unions and staff at the earliest opportunity on revised staff rosters in those parts of Wales for which revised arrangements are not yet in place. The Welsh Ambulance Services NHS Trust must, working in partnership with trades unions and staff, put in place arrangements to review staff rosters at appropriate intervals to avoid future mismatches between staffing and anticipated demand.

47. The workforce agenda is of critical significance for the Welsh Ambulance Service and one on which the organisation has made substantial progress in the last 12 months. Relationships with Trades Unions have improved considerably and there is more visible and effective partnership working across the organisation, recognising that there remains some way to go to ensure that this partnership approach is embedded uniformly across the Trust.

48. Clearly, the effective planning and staffing of rosters is critical to ensuring that the ambulance service is able to meet demand. It is equally important that those rosters are reviewed regularly to ensure that they remain fit for purpose and keep pace with changes in demand and/or staffing levels.

49. The approach adopted by WAST to reviewing EMS rosters has been developed in partnership and can be used for ongoing roster planning. The majority of rosters across Wales have been reviewed and implemented with, at the time of writing, five out of seven health board areas having implemented revised rosters.

50. As a result of the new roster arrangements, hours have been released to support staff CPD activity. In turn, this supports the ambulance service's drive to develop its staff and ensure they have the appropriate skills to care for patients appropriately and safely.

51. Rosters in the Aneurin Bevan University Health Board area have been prepared and are awaiting internal approval by the relevant Project Board. Subject to such approval, it is anticipated that those rosters will be implemented by the end of March 2016.

52. Currently, any further review of rosters in the Cwm Taf University Health Board area is in abeyance pending the outcome of the Cwm Taf Explorer project and further discussion with the LHB and Commissioners. This will be reviewed in 2016.

53. In terms of future reviews of rosters, WAST is committed to exploring how best to optimise its performance and will continue to identify further options through workshops and benchmarking with other ambulance services.

54. Notably, the Clinical Response Model pilot presents an opportunity to generate data and intelligence to inform future staffing requirements and this is being considered as part of the overall evaluation of the model and its impacts.

55. Similarly, WAST is developing a comprehensive and integrated workforce plan which will bring together workforce and financial modelling to set out the likely shape of the future workforce, which will assist in planning, recruitment and rostering.

56. As outlined in Conclusion 8, WAST has procured a system called Optima Predict, which will also support the determination of future workforce needs.

Conclusion 4:
The Welsh Ambulance Services NHS Trust must prioritise emergency ambulance services provision. Work is required to identify appropriate mechanisms for the provision of non-emergency patient transport services, and to disaggregate those services from the Trust in accordance with recommendation 2 of the McClelland Review. The Trust must establish a clear plan for the disaggregation, with identified timescales and costs. The Committee expects to receive an update on this plan before it follows up its inquiry later this year.

57. Significant work has been undertaken over the last year, working with a range of statutory and non-statutory partners, including Health Boards (commissioners of services), local government representatives, clinical networks, patients and the Community Transport Association (CTA) on developing a business case that sets outs a preferred option for the future provision of Non-Emergency Patient Transport Services (NEPTS) in Wales in the future.

58. In October, that business case was approved by the NEPTS Project Board, the Chief Ambulance Services Commissioner and Chief Executives of Health Boards and Trusts across Wales and, as a result, was submitted to Welsh Government.

59. The business case recommends that Non-Emergency Patient Transport Services remain managed by the Welsh Ambulance Service (WAST) but that WAST uses multiple providers to deliver the service. Specifically, it is proposed that local authorities and third sector organisations are used, in conjunction with WAST, as service providers.

60. The NEPT service will be completely disaggregated from the provision of the emergency ambulance service within WAST, with an entirely separate management structure. Following a full and detailed options appraisal which considered alternative models of delivery, including devolving the service to local health boards, all stakeholders, including the Chief Executives of all health boards, WAST, Velindre NHS Trust and the Renal Clinical Network agreed that the preferred option represented the best solution and would secure improved patient experience.

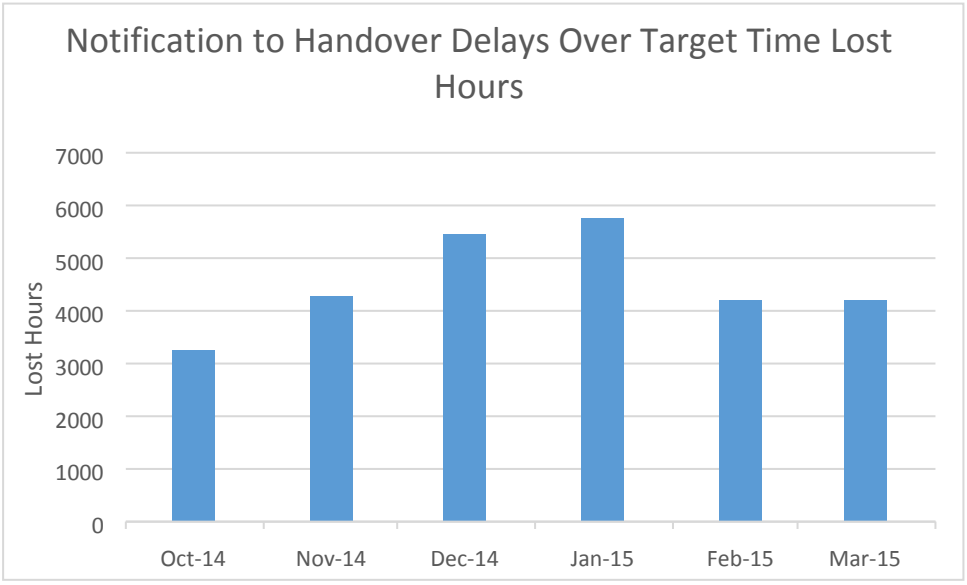
61. A new service specification has been developed by the health community commissioners which includes costing and timeframes for implementation. This new service specification also includes enhanced services for renal, end of life and oncology patients.

62. At the time of writing, WAST and its partners are awaiting approval of the business case from Welsh Government.

Conclusion 5:
The Emergency Ambulance Services Committee, the Welsh Ambulance Services NHS Trust and local health boards must work together to reduce the number of hours lost as a result of patient handover delays. The new handover policy must be implemented consistently across Wales, and any issues identified in the follow up visits made by the chief executive-lead on unscheduled care must be resolved swiftly.

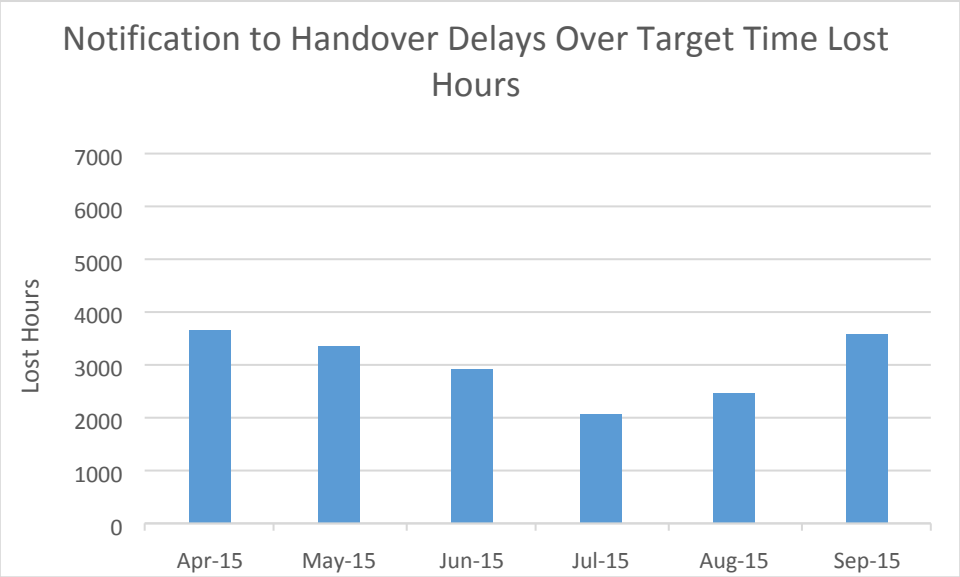
63. Committee will recall that, at the time of its original inquiry, handover guidance had very recently (February 2015) been issued to the NHS in Wales by Welsh Government in a bid to support efficient and safe handover of patients from ambulance crews to receiving hospital staff. This came in the wake of some significant handover delays during the winter of 2014/15. A total of 27,136.71 hours were lost between October 2014 and March 2015.

Figure 4: Notification to Handover Delays Over Target Time: October 2014 – March 2015



64. The Welsh Ambulance Service has been working closely with health boards and Welsh Government to ensure handover delays are kept to a minimum and, during the spring and summer period this year, there was a discernible improvement in ambulance handover. A total of 18,033.99 hours were lost between April 2015 and September 2015, a 33.5% reduction on the previous six months.

Figure 5: Notification to Handover Delays Over Target Time: April 2015 – September 2015



65. It is fair to say that there has been some variation in the implementation of, and adherence to the handover policy across Wales. Challenges in handover times have re-emerged in recent months and this is now placing additional strain on the Welsh Ambulance Service.

66. Given the importance of prompt handover, both for patients, crews and the wider ambulance service, a system of daily dialogue and conference calls between WAST and health boards has been instituted at all levels of management, including at Director level, to manage situations and resolve issues.

67. In addition, WAST is providing dedicated discharge vehicles through its Patient Care Services arm and, in some areas, is supporting HALOs (Hospital Ambulance Liaison Officers) to ease the flow of patients through the system.

68. Despite these efforts, problems are more persistent in some health board areas, for example Abertawe Bro Morgannwg UHB and Betsi Cadwaladr UHB, and concerted effort is going into resolving these challenges, including support from the Welsh Government's Delivery Unit, prior to the onset of winter proper when, historically, demand for services is at its peak.

69. It is important to note that, as a rough guide, losing 1000 hours equates to around 100 shifts of 10 hours in duration being lost to the Welsh Ambulance Service.

Conclusion 6:
The Chief Ambulance Services Commissioner, the Emergency Ambulance Services Committee and the Welsh Ambulance Services NHS Trust should urgently address the issue of ambulances being 'pulled away' from their areas. In doing so, they should seek to identify and learn from best practice across the UK.
The 'return to footprint' pilot should be explored and evaluated on a wider basis as a priority.

70. The Cwm Taf Explorer was introduced in March 2015 to trial a new way of working that “ring fences” ambulance resources to their own area. This does not mean that ambulances do not leave their home area; for example, they may need to convey a patient to a centre of clinical excellence outside Cwm Taf. However, what is important is that those resources then return to Cwm Taf to serve local patients, rather than being called to incidents outside the area, resulting in depleted ambulance resources in the local community.

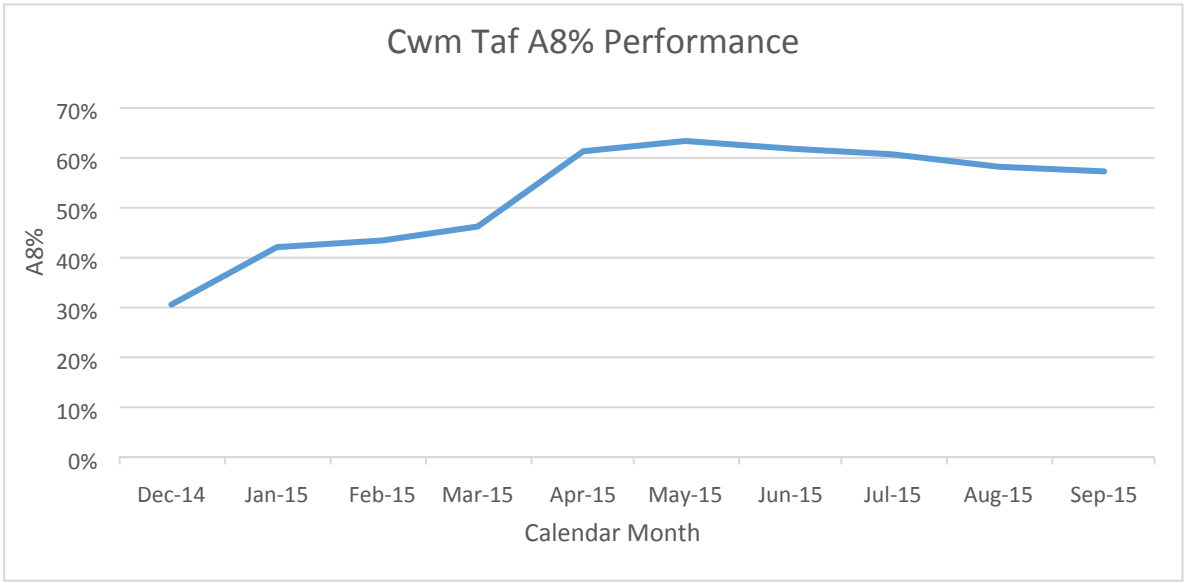
71. It is important to note that, in the case of Red calls (in the new model since October 1; previously Red 1 calls), where there is an immediate threat to life, ambulances from Cwm Taf can be sent outside their area where they represent the nearest available resource.

72. In addition, the introduction of the Cwm Taf Explorer has resulted in calls categorised as “Green 3” healthcare professional (HCP) calls, i.e. calls from a clinical professional (e.g. a GP) requesting conveyance for a patient, being managed separately, with discrete resources allocated to them in order to reduce pressure on the emergency ambulance service.

73. The Explorer project has also encompassed, in conjunction with Cwm Taf University Health Board, a shared programme of public education and communication to develop understanding of the project and appropriate use of both the ambulance service and the wider unscheduled care system.

74. Significant non recurrent investment has been made in the Cwm Taf Explorer and performance has seen considerable improvement. In December 2014, performance in Cwm Taf stood at 30.6%. By September, this had risen to 57.3%, an increase of 26.7%.

Figure 6: A8% Performance in the Cwm Taf UHB Area: December 2014 – September 2015



75. While ring-fencing appears, on the face of it, to be an attractive option for wider implementation, the dynamics are complex and there are consequences elsewhere in the system which need to be balanced. It is by no means a "one size fits all" solution to performance improvement.

76. The ring-fencing experience in Cwm Taf is providing some interesting learning for the organisation and, where appropriate, we are transferring good practice to other parts of Wales, for example, rolling out a similar approach to the management of HCP (healthcare professional) calls to the Aneurin Bevan and Abertawe Bro Morgannwg University Health Board areas.

77. The Cwm Taf Explorer approach will continue to be reviewed through the Clinical Response Model pilot.

78. In terms of learning from experience across the UK, ambulance trusts elsewhere in the country do not routinely ring fence resources to particular areas, although they do have procedures in place to allow for areas being left without any cover.

79. All ambulance trusts recognise the importance of returning resources to their localities as promptly as possible when they have cause to travel out-of-area. The key to doing this lies more in the efficiency of the home organisation and the wider unscheduled care system than it does in a ring-fencing approach.

80. The priority of the Welsh Ambulance Service is to deliver a clinically safe and effective service to all areas of Wales. The ring fencing of resources has to be viewed in the broader context of our continued improvements in performance, the new clinical model, increased recruitment and improved productivity and efficiency.

Conclusion 7:
In providing unscheduled care, health boards and the Welsh Ambulance Services NHS Trust must take account of the patient's individual needs. Health boards and the Welsh Ambulance Services NHS Trust must ensure that assessment, care and treatment are provided in ways which meet the patient's individual needs, and help them achieve their optimum outcome. This should include appropriate use of assessment, care and treatment provided in the community, as well as hospital-based provision.

81. The new clinical response model, which is being piloted from October 1, is predicated on the importance of sending the most appropriate resource and clinical professional to meet patient need, based on accurate triage of the call received.

82. Call handlers now have up to 120 seconds to triage a call to ensure the nature of the patient's condition is fully understood prior to dispatch (the "dispatch on disposition"), which allows for more accurate categorisation of calls and thus dispatch (or not) of the most appropriate resource.

83. In some low acuity cases, or where further clinical triage is required, calls can be passed either to NHS Direct Wales for advice from a nurse advisor (in the case of the former), or passed to the Welsh Ambulance Service's "clinical desk" for further advice.

84. Hear and Treat is a method of determining patient need following initial telephone contact with the ambulance service. WAST's Hear & Treat Telephone Triage and Advice (TTA) model is based on the Manchester Triage System (MTS) tools and is called MTS TTA. The aim of the model is to ensure patients are directed toward the most appropriate point of care for their health and social care needs and to provide telephone advice and support to patients, carers and relatives, along with other health and social care professionals who have contacted the ambulance service.

85. Nurses and paramedics are able to provide a pan Wales, holistic approach to patient care and early intervention to improve the patient experience in line with the principles of Prudent Healthcare. They also provide clinical support and leadership to the non-clinicians who perform a wide variety of roles and functions within the Clinical Contact Centre.

86. The outcomes of our clinical desk to-date show a steady increase in the number of patients being advised to make alternative arrangements to access an appropriate place of care, an increase in the number of patients being advised to see an alternative primary care provider rather than go to Emergency Departments and an increase in the number of patients to whom self-care advice is provided. This allows the clinician to identify higher priority calls more efficiently and ensure the right resource is sent in the right timeframe.

87. In September 2015, WAST's Clinical Desk triaged 2088 calls. This involved providing clinical advice to patients and making decisions around upgrading and downgrading of the ambulance service response, dependent on the clinical need of the patients.

88. In 439 cases, no emergency ambulance resource was sent to the patient, with the patients either being discharged/referred, advised to make their own way to hospital or having a taxi provided via a clinician on the desk.

89. In September the percentage of calls resolved by hear and treat was 4.32% (of more than 38,000 calls). While the numbers are steadily increasing, WAST is currently looking at ways of improving the streaming of calls direct to the desk to optimise its impact.

90. In order to support paramedics in determining which unscheduled care patients require transfer to Emergency Department care, and those who can safely be cared for in the community or at home, the Welsh Ambulance Service has implemented a new face to face triage model called Paramedic Pathfinder for all paramedics across Wales.

91. The Paramedic Pathfinder triage model is suitable for all categories of medical and traumatic emergencies, but excludes patients with immediately life threatening problems, those on End of Life Pathways and patients with acute mental health needs.

92. Specifically designed to support paramedic decision-making, Paramedic Pathfinder places patients into one of four triage outcome categories, all of which aim to ensure patients are directed to the most appropriate point of care. These triage outcomes include emergency care, primary care, community care pathways and self-care pathways for resolved conditions i.e. resolved hypoglycaemia and epilepsy.

93. Paramedics are developed to administer the pathfinder tools through a self-directed, open learning module which utilises a case study based approach. This is then followed by a period of consolidation training facilitated by an approved Paramedic Pathfinder trainer/facilitator.

94. The efficacy of the Paramedic Pathfinder is predicated on the availability of alternative pathways being available for paramedics to utilise. The initial implementation of the Paramedic Pathfinder provides the foundations for the Trust to undertake future work with health and social care to develop community care pathways to assist paramedics in deciding the most appropriate care for patients who frequently present, and/or are already known to the system.

95. In addition, WAST is working closely with health boards on either the provision of, or access to existing, alternative care pathways, which allow paramedics to refer patients to other community-based services that can deal more appropriately with their healthcare need or by-pass the need for patients to be admitted directly to Emergency Departments, for example the direct admission of patients with an acute mental health need to mental health facilities in Cardiff.

Conclusion 8:
Ambulance services in the medium and longer term must be high performing, and aligned to demand. Therefore health boards, the Emergency Ambulance Services Committee and the Welsh Ambulance Services NHS Trust should undertake robust and effective forward planning which takes anticipated demographic changes into account.

96. WAST is working with EASC to develop collaboratively an approach to demand and capacity modelling. WAST has also procured a system called Optima Predict which is currently being implemented. Optima Predict is an interactive strategic planning solution for emergency services that provides a platform that enables effective planning and the simulation of resource requirements.

97. Optima will enable WAST to evaluate the impact of demand growth on performance, for example, the impact of housing developments; changes to response targets; changes to healthcare systems e.g. a hospital no longer accepting cardiac patients, a

new hospital, a hospital closure ; how changes to the resource mix impact on performance etc.

98. Optima will be particularly useful for modelling the impact of changes resulting from the South Wales Programme and other service change programmes across Wales, but it clearly has a wider use for WAST in terms of modelling changes in demand and supply and their impact on performance.

Closing Observations

99. While the Trust recognises that the Welsh Ambulance Service has a significant way to go on its improvement journey, there is no doubt that it is in a fundamentally different place from 12 months ago.

100. Its industrial relations have improved, its reputation with the public, stakeholders and, importantly, its staff, is on an upward trajectory and there is a renewed sense of optimism and "can-do" within the organisation.

101. There has been significant performance improvement since December 2014, but WAST recognises that this is fragile and showing signs of inconsistency. The Trust is committed to addressing this robustly, working closely with EASC, the Chief Ambulance Services Commissioner and partners across the healthcare community.

102. What is important now is that confidence in the organisation's ability to improve further is maintained and supported, and that the efforts of its employees in securing such improvements for people in Wales are acknowledged and welcomed.

Ends/November 2015