Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

Cadeirydd
Chair: Colin Dennis

Prif Weithredwr
Chief Executive: Jason Killens

Swyddfa'r Prif Weithredwr a'r Cadeirydd

Chair and Chief Executive's Office

Our Ref: JK18/et

23 March 2023

Sent via Email

Stephen Harrhy
Chief Ambulance Service Commissioner
Headquarters
Ynysmeurig House
Unit 3 Navigation Park
Cwm Taf University Health Board
Abercynon
Rhondda Cynon Taf
CF45 4SN

Dear Stephen

Improving Response Times

I am writing further to discussions we have been having over the last few weeks in relation to response times. As handover lost hours fell slightly in January and February, we have seen a related, welcome reduction in amber response times, which is where we know much of the patient harm occurs. However, we are not yet seeing an improvement in performance against the red 8 minute response target. We have to acknowledge, however, that as red demand has increased considerably, we are, in fact, responding to more red calls within 8 minutes than ever before – 1,853 red calls reached in 8 minutes in February 2023 compared to 1,287 in February 2021.

That said, we have both agreed that we need to identify further actions that might improve red performance, taking care to balance that with ongoing action to improve response times in all categories. This letter therefore sets out those actions which we believe will make a difference and which we are now actively planning to implement, subject to your agreement.

Full implementation of CHARU rosters

As you are aware, as part of our discussions last year on the use of the additional 100 FTE front line staff, we agreed that we would use some of this additionality to partially roll out the new CHARU service. At present around half of the CHARU roster lines are live, with some vacancies noted. We believe that it would be beneficial to fully roll out this response type, partly because it is designed to provide better outcomes for our most critically ill patients, but also because it has been previously modelled to improve red response times. With no additional resource available to fill these rosters, we will need to redistribute our existing resource, and reduce the number of Emergency Ambulances (EAs). Given the high numbers of EAs now deployed daily, this is unlikely to significantly impact on amber. Recruitment is underway, but there are insufficient internal applicants to fill the rosters, with some external recruitment likely to be required. This proposal will therefore not be fully completed until around the end of Q2 in next financial year.

Reviewing the response ratio for red calls

The default response to red calls at present is to dispatch multiple resources, and this multiple attendance is clinically appropriate for many red codes. However, red demand has increased significantly, from 7% of verified demand in December 2020 to 15% in December 2022. A review is therefore underway to determine which codes continue to require higher multiple attendance, and which codes may require a reduced number of attendances based on clinical need**.** This has the potential to release capacity to respond to other calls at no detriment to timeliness of response or to patient outcomes. All red calls will still require a response within 8 minutes. The programme of work should be completed in the next few weeks for implementation in April 2023.

Clinical review of Protocol 6 MPDS codes (breathing problems)

A recent clinical review of red protocol 6 calls (breathing problems) showed that up to half those incidents do not require a red response. However, the MPDS system is not able to distinguish between these patients. We are therefore currently exploring the potential for the 'hot transfer' of these patients to a clinician within the CSD for immediate clinical review to assess the prioritisation and to amend if required. This new process would see an auto dispatch of resource at the same time as the transfer to the clinician for review, avoiding any loss of response time if a red response is confirmed.

In exploring this option, consideration is being given to the resource implications within CSD. At present, one clinician is already deployed in reviewing red calls, when UHP within the service is high. This impacts to an extent on our ability to grow our consult and close rates. Adding the review of 'hot transferred' protocol 6 calls will increase workload further within the department and will either impact on the review of all red calls or on consult and close rates. To undertake all these roles appropriately, additional resource is likely to be required. It would be useful to understand the commissioning priorities and to consider whether there are any avenues for additional revenue that could be explored, either recurrently or non recurrently. Given these considerations and further discussions required, we do not have an agreed timescale for this proposed change as yet but would welcome a discussion with you about how it's implementation can be supported.

The impact of all of these proposed changes are currently being modelled by Optima and we will provide you with the output of this modelling once it has been finalised.

There will continue to be further actions that we take over the coming months which will have an impact on response times, both for red and amber calls. This will include the review of amber 1

calls to determine whether calls can be stratified, based on rich ePCR data collected over the last 12 months, with more appropriate responses determined and agreed as a result. In addition, we will be undertaking some ‘tests of change’ in Q1 in specific health board areas, for example, testing out the impact of flooding an area with APPs on see and treat and conveyance rates. These are set out in more detail in our IMTP.

I would be grateful if you could confirm that you are happy for us to continue to progress the 3 proposals as set out, and let us know whether we will need to take any of this through either EASC Management Group or EASC Committee in due course. I will keep you updated on progress in each of these areas, and if there is any further information or detail that you need, please let me know.

I look forward to hearing from you in due course.

Yours sincerely

Jason Killens
Chief Executive

cc: Nick Wood, Deputy CEO, NHS Wales
Rachel Marsh, Executive Director of Strategy, Planning & Performance