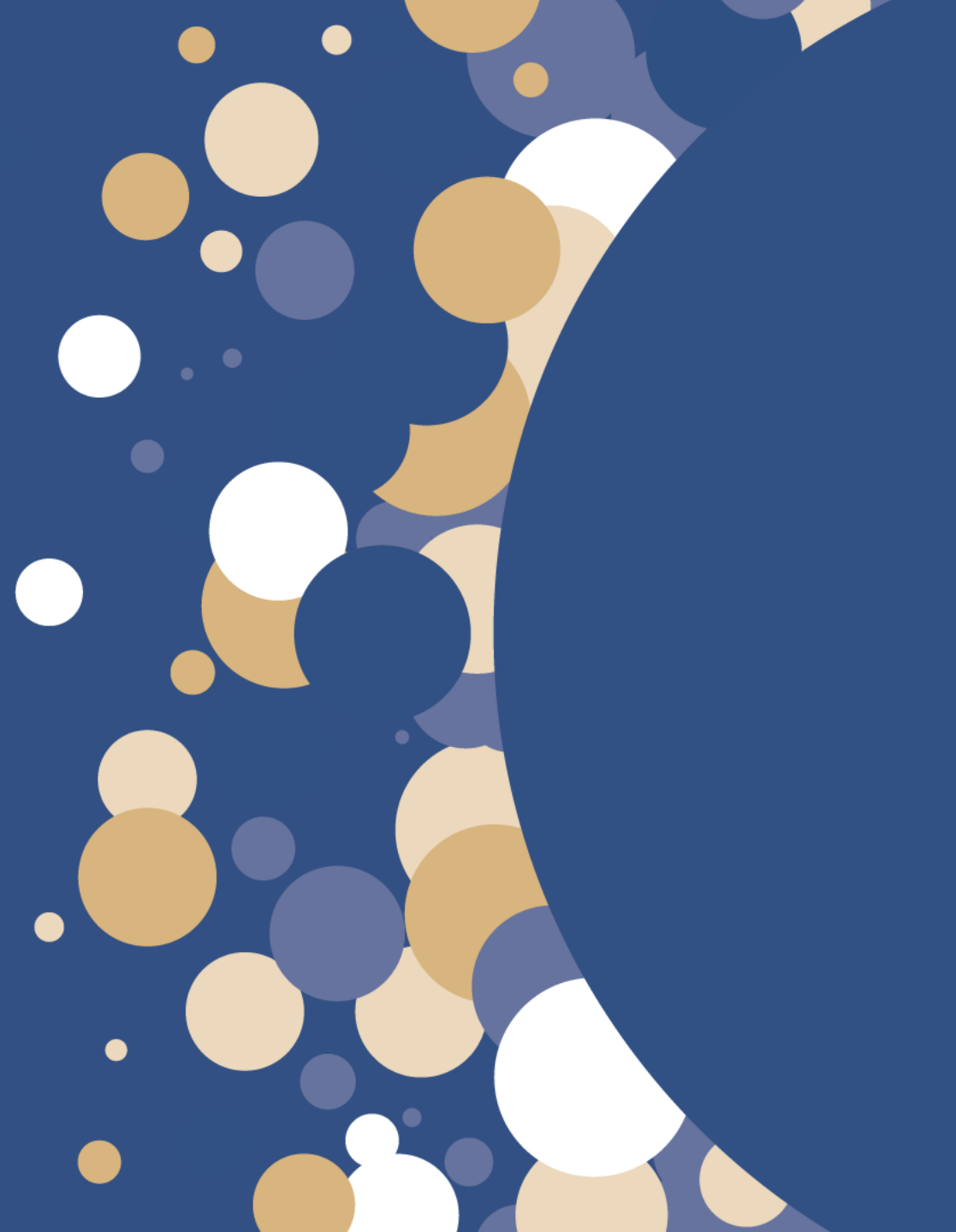


Emergency Ambulance Services Committee

**Swansea Bay
University Health Board**



Content

- Role of EASC
- Chairs Objectives
- Collaborative Commissioning
- Where are we now?
- Ambulance Quality Indicators
- Key Issues and Opportunities for Cwm Taf Morgannwg University Health Board

Emergency Ambulance Services Committee

- **What is EASC?** Joint committee composed of each LHB in Wales, represented by the Chief Executive, the Chief Ambulance Services Commissioner (CASC), an independent Chair and attended by the Welsh Ambulance Services NHS Trust (WAST) CEO and other NHS Trust Chief Executives. Meets every two months.
- **What is EASC's remit?** Works collaboratively to exercise functions relating to the planning and securing (commissioning) of emergency ambulance and non-emergency patient transport services.
- **Leadership:** The Chief Ambulance Services Commissioner (CASC) leads the commissioning function and is supported by the EASC Team based at the National Collaborative Commissioning Unit (NCCU).
- **Key functions:** Has commissioning responsibility for services provided by Welsh Ambulance Services NHS Trust (WAST), the Non-Emergency Patient Transfer Service (NEPTS) and
The Emergency Medical Retrieval and Transfer Service (EMRTS) – a partnership with Wales Air Ambulance and others..

Emergency Ambulance Services Committee

The Support Structure: The EASC support structure was recently revised (streamlined) and now comprises:

EASC Management Group (all Health Boards and WAST represented)

NEPTS Delivery Advisory Group (DAG)

EMRTS Delivery Advisory Group (DAG)

The Approach: The favoured approach is through 'Collaborative Commissioning' – endorses the national 'once for Wales' approach to share and develop ideas in a non-competitive environment

Key Obligation: To help to define and support the roles, responsibilities and outcomes from the emergency ambulance services and their multiple partners.

Chair's Objectives as set by the Minister

- Oversee “Amber Review” actions and system implementation.
- Support for WAST Integrated Medium Term Plan (IMTP) and delivery plan for 2020-2021 (to 2021-22).
- Undertake demand and capacity assessment of WAST for system discussion and actions
- Ensure **collaborative governance** in place and key **collective** decisions made.
- Review and agree further EASC actions to underpin winter planning 2019-20.
- Facilitate more WAST options beyond 999 response, for example by enabling the WAST role in community services and identifying alternatives to hospital.
- Align EASC with broader work on unscheduled care actions.
- Personal objective – to provide a patient perspective on our discussions/decisions

Collaborative Commissioning

EMERGENCY AMBULANCE SERVICES



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NON- EMERGENCY PATIENT TRANSPORT SERVICES



EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE



Current Position

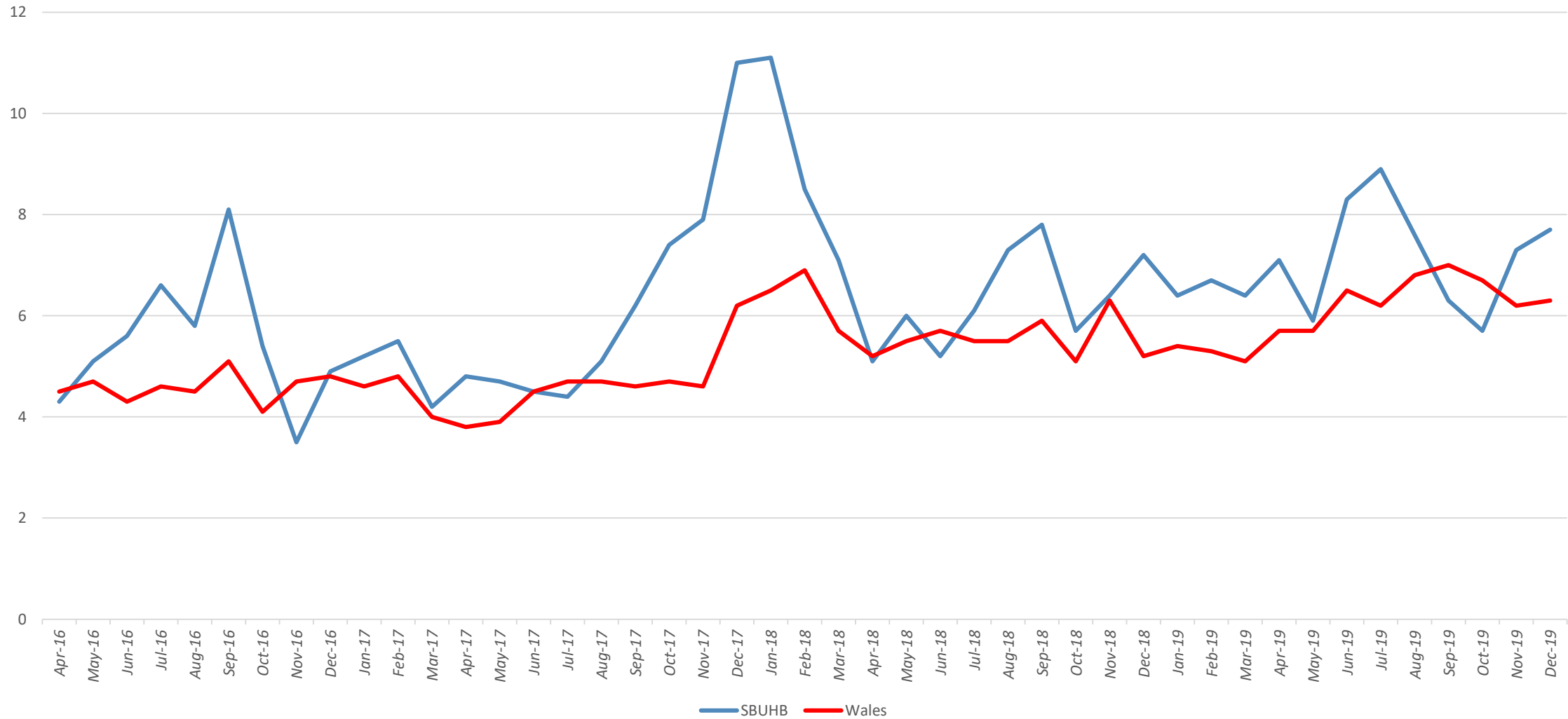
- EASC role is developing and maturing
- Approved 3 year IMTP 2019/20
- Funding of key initiatives
- Allocation of EASC Healthier Wales Allocation
- EMRTS 24/7 Expansion
- 4/7 Health Boards Transferred to NEPTS
- Amber review implementation programme
 - Demand and Capacity
 - Reference Document
- Performance pressures and challenges - Ministerial Ambulance Availability Taskforce

Ambulance Quality Indicators

- Published Quarterly
- Available on the EASC Website or Stats Wales
- Provided detail to a Health Board level
- Opportunities to engage with EASC team to develop Health Board specific reports recently presented at the EASC Committee.

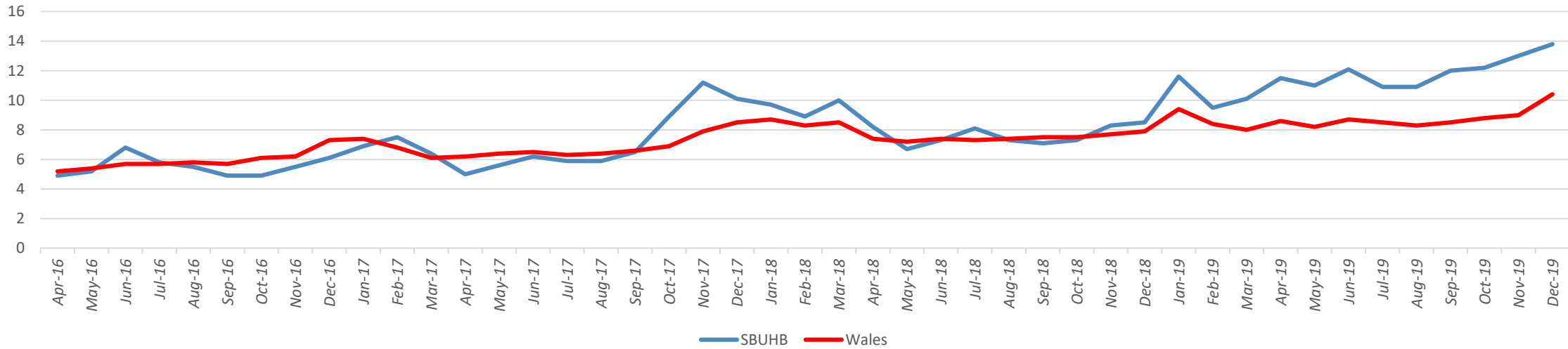
Step 1

Percentage of Frequent Caller Incidents against overall number of incidents

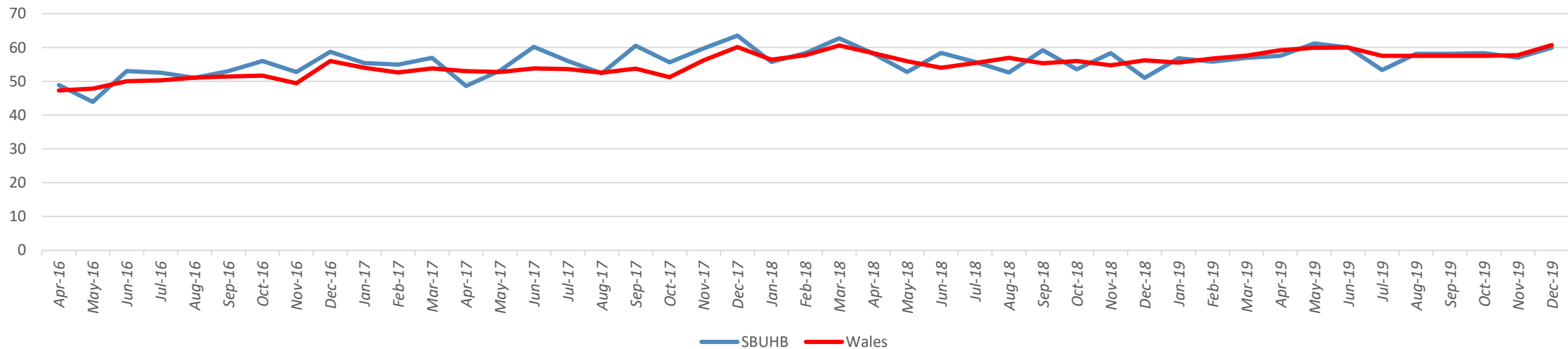


Step 2

Percentage of calls ended following WAST Telephone Assessment



Percentage of calls ended through transfer to alternative care advice services



Step 1: Help Me Choose



Year and Month Date Selection

2019

1

2

3

4

5

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12

NOTES:

AQI 2 has been retired and will no longer show in this or future documents.

COMMUNITY ENGAGEMENT

Over the selected reporting period the Welsh Ambulance Services NHS Trust (WAST) has organised **32** community engagement events

AQI 1

To compliment this WAST also attended **5** key stakeholder events

AQI 3

FREQUENT CALLERS

A frequent caller to the ambulance service is defined nationally by the Ambulance Frequent Caller National Network as an adult (18 years +) who makes five or more emergency calls in a month, or 12 or more emergency calls in three months from a private dwelling.

Over the selected reporting period WAST generated **4,290** incidents from **486** frequent callers accounting for **7.0%** of all incidents (**61,444**).

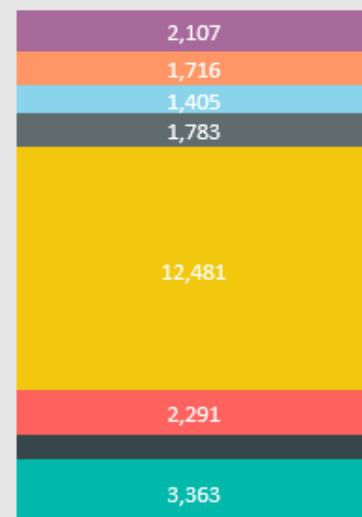
AQI 5

NHS DIRECT WALES - WEBSITE

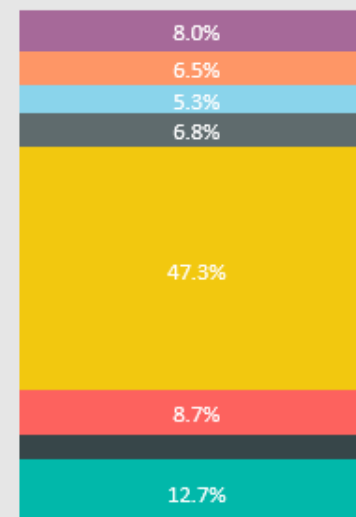
Unfortunately NHS Direct Website details cannot be broken down by Local Health Board areas.

AQI 4i

NHS DIRECT WALES - 0845 46 47 - TOP CALLS



- Abdominal
- Back Pain
- Chest Pain
- Dental
- Fever
- Other
- Rash
- Sore Throat



- Abdominal
- Back Pain
- Chest Pain
- Dental
- Fever
- Other
- Rash
- Sore Throat

AQI 4ii

Step 2: Answer My Call: Emergency Calls



Year and Month Date Selection

2019

1

2

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12

TOTAL NUMBER OF CALLS

HCP Calls

81,679

AQI 6

999 Calls

129,693

AQI 7

999 Calls

392,112

AQI 7i

Unfortunately call types cannot be broken down by Local Health Board areas

999 CALL - TIME TO ANSWER (APRIL 2019 ONWARDS)

Median

00:00:02

65th %ile

00:00:03

95th %ile

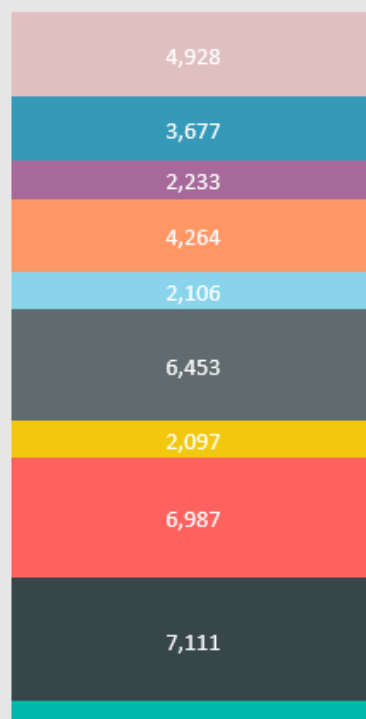
00:01:12

AQI 7ii

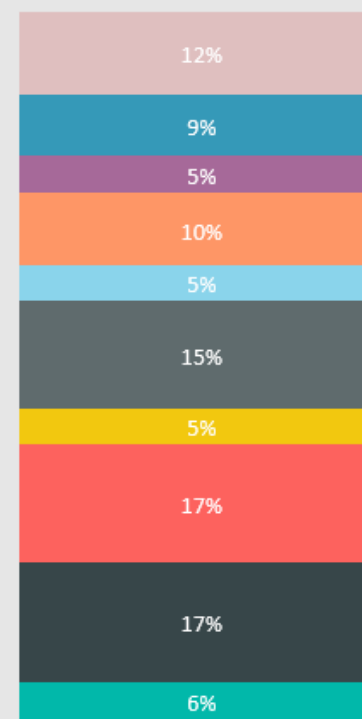
Unfortunately time to answer cannot be broken down by Local Health Board areas

NHS DIRECT WALES - 0845 46 47 - TOP CALL REASONS

Over the selected reporting period the Welsh Ambulance Services NHS Trust Clinical Contact Centres processed **61,444** through the MPDS triage system with the remaining calls traiged using service and system protocols.



- User Left Call
- Breathing Problems
- Chest Pain
- Convulsions
- Falls
- Haemorrhage
- Sick Person
- Stroke
- Unconscious
- HCP Admission



- User Left Call
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- Chest Pain
- Convulsions
- Falls
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- Sick Person
- Stroke
- Unconscious
- HCP Admission

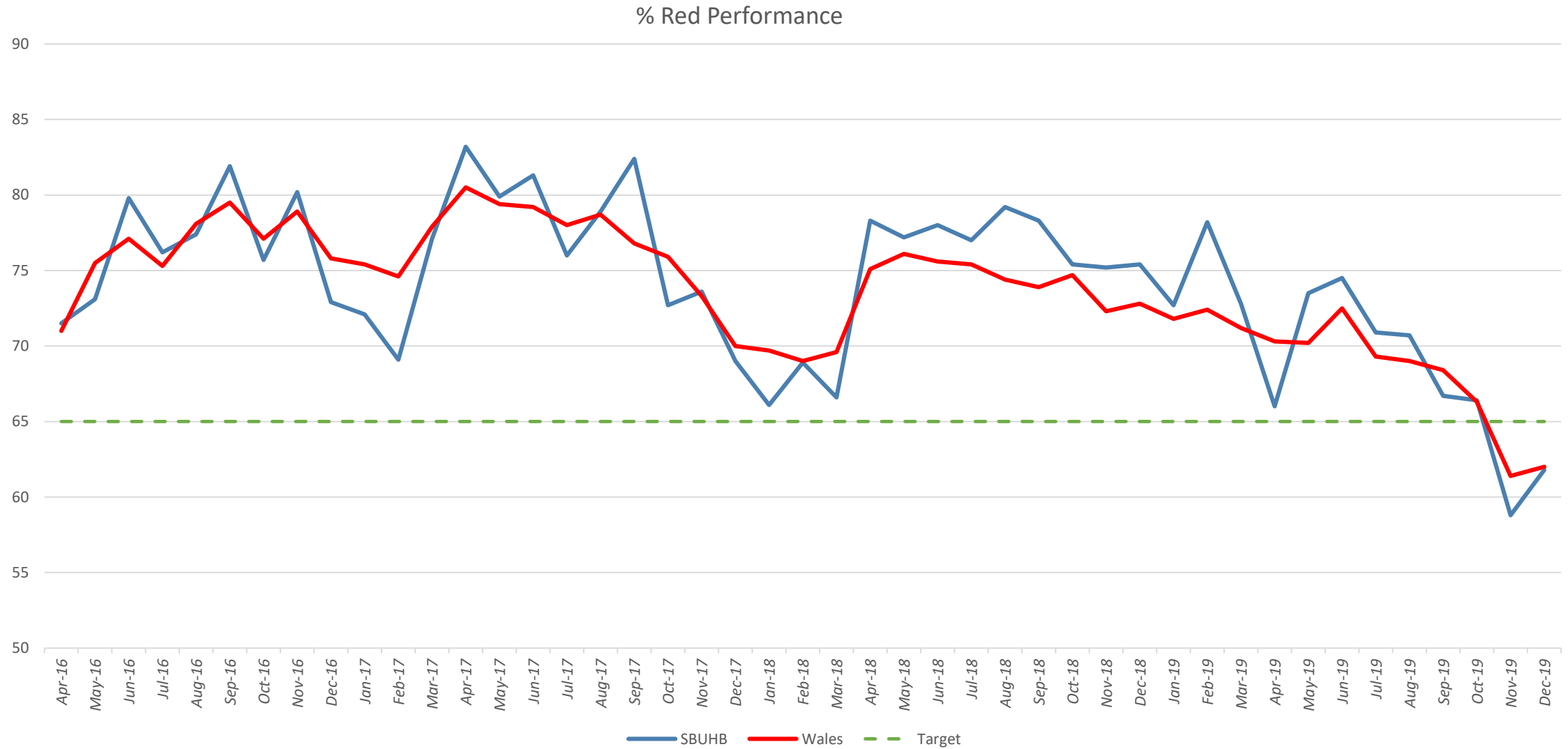
NOTES:

AQI 6, 7 and 7ii can only be displayed as Wales only. AQI 7 represents all 999 calls taken and AQI 7i is from April 2019 onwards.

The Median, 65th and 95th percentiles (AQI 7ii) represents AQI 7i data only as prior to this it was not routinely collected.

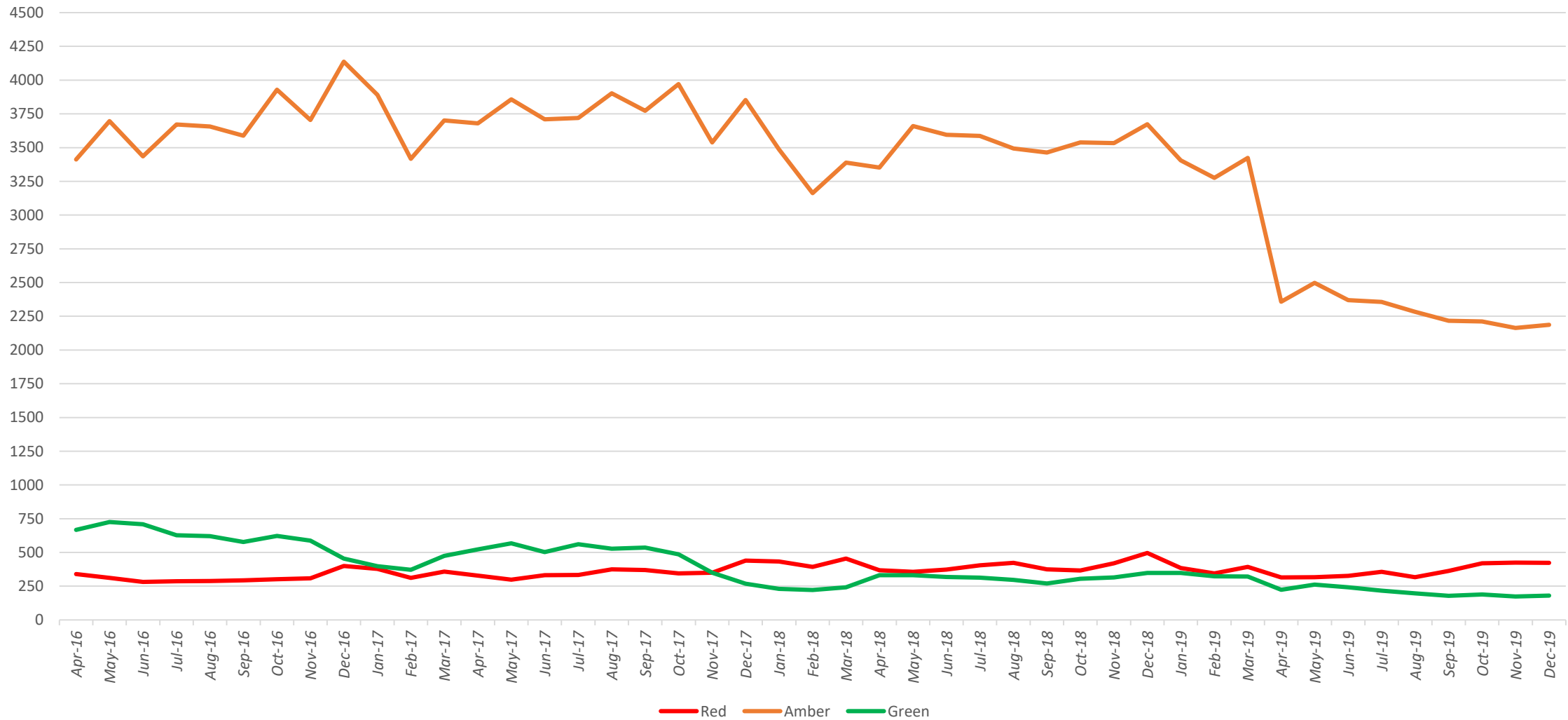
AQI 8

Step 3



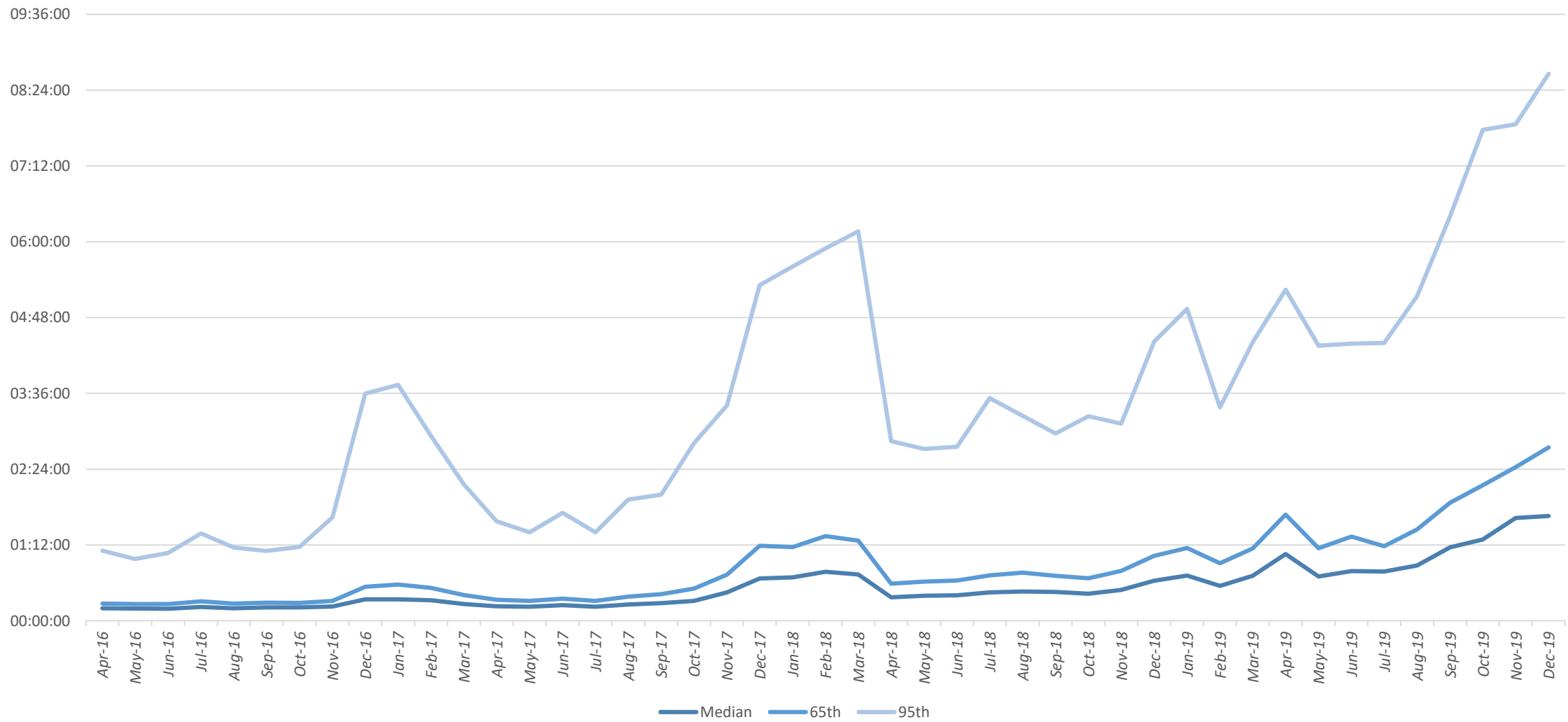
Step 3

Red, Amber Green Activity



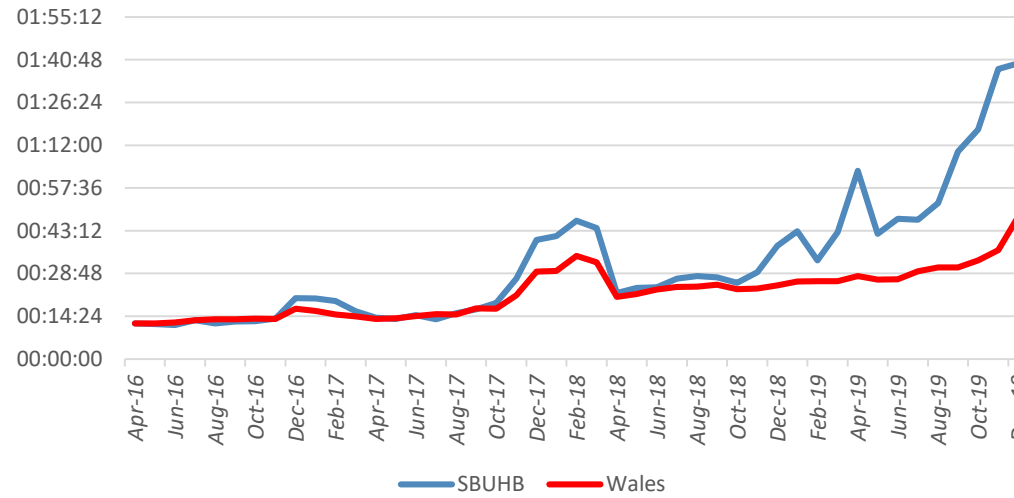
Step 3

Amber Response

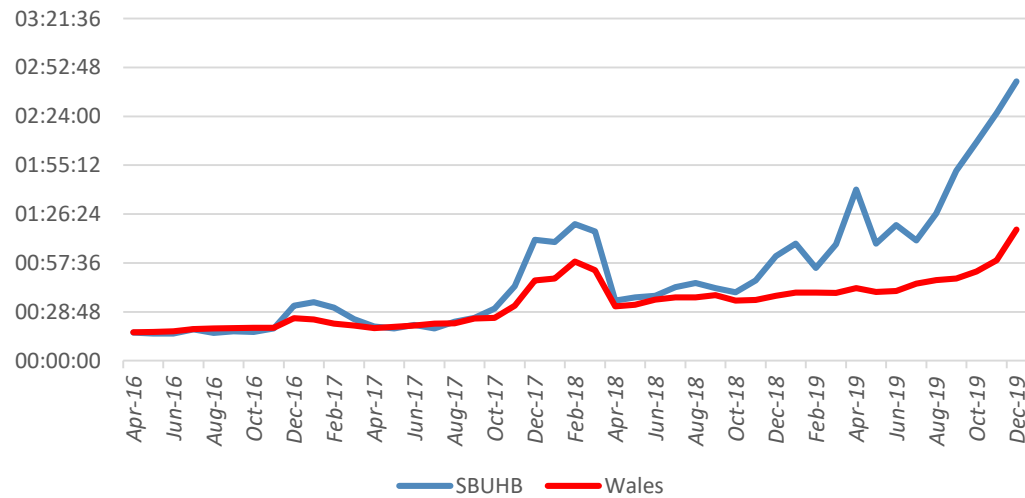


Step 3

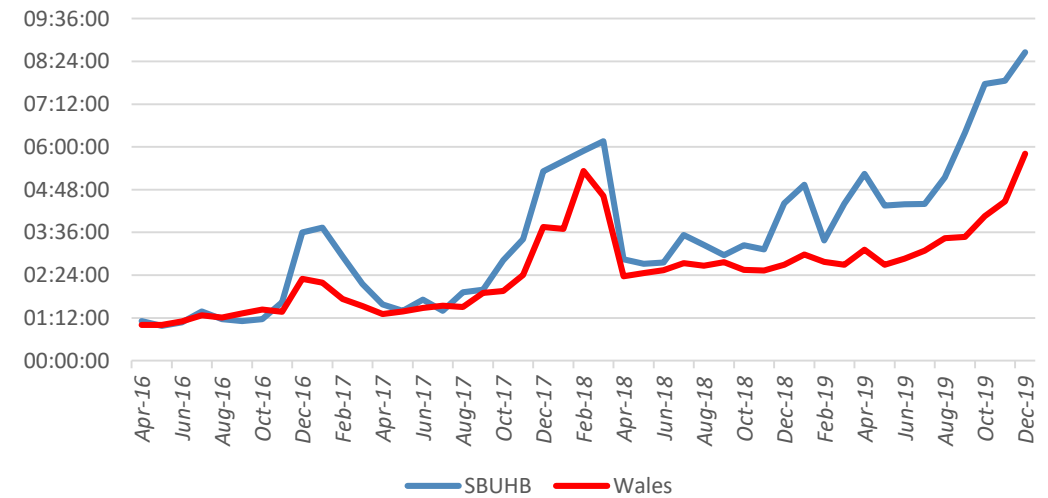
Amber - Median response



Amber - 65th Percentile response



Amber - 95th Percentile response



Step 3: Come To See Me



Year and Month Date Selection

2019

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Vehicles Arrive At Scene

1+ Vehicles

4,383

1 Vehicle

77.1%

2 Vehicles

20.1%

3 Vehicles

15.5%

4+ Vehicles

0.5%

AQI 14

RED Performance

RED Calls # 8 Mins

4,383 3,027

% 8 Mins

69.4% AQI 11



RED: Response

RED Calls

4,383

Median

00:05:51

65th %ile

00:07:27

95th %ile

00:15:37

AQI 11

AMBER: Response

AMBER Calls

30,747

Median

00:59:38

65th %ile

01:35:56

95th %ile

05:34:42

AQI 12

GREEN: Response

GREEN Calls

2,854

Median

01:00:20

65th %ile

01:36:15

95th %ile

08:17:30

AQI 13

COMMUNITY RESPONDER: Response



CFR Attendance

1,548

RED Calls

345

AMBER Calls

1,181

GREEN Calls

22

FIRST at Scene

1,364

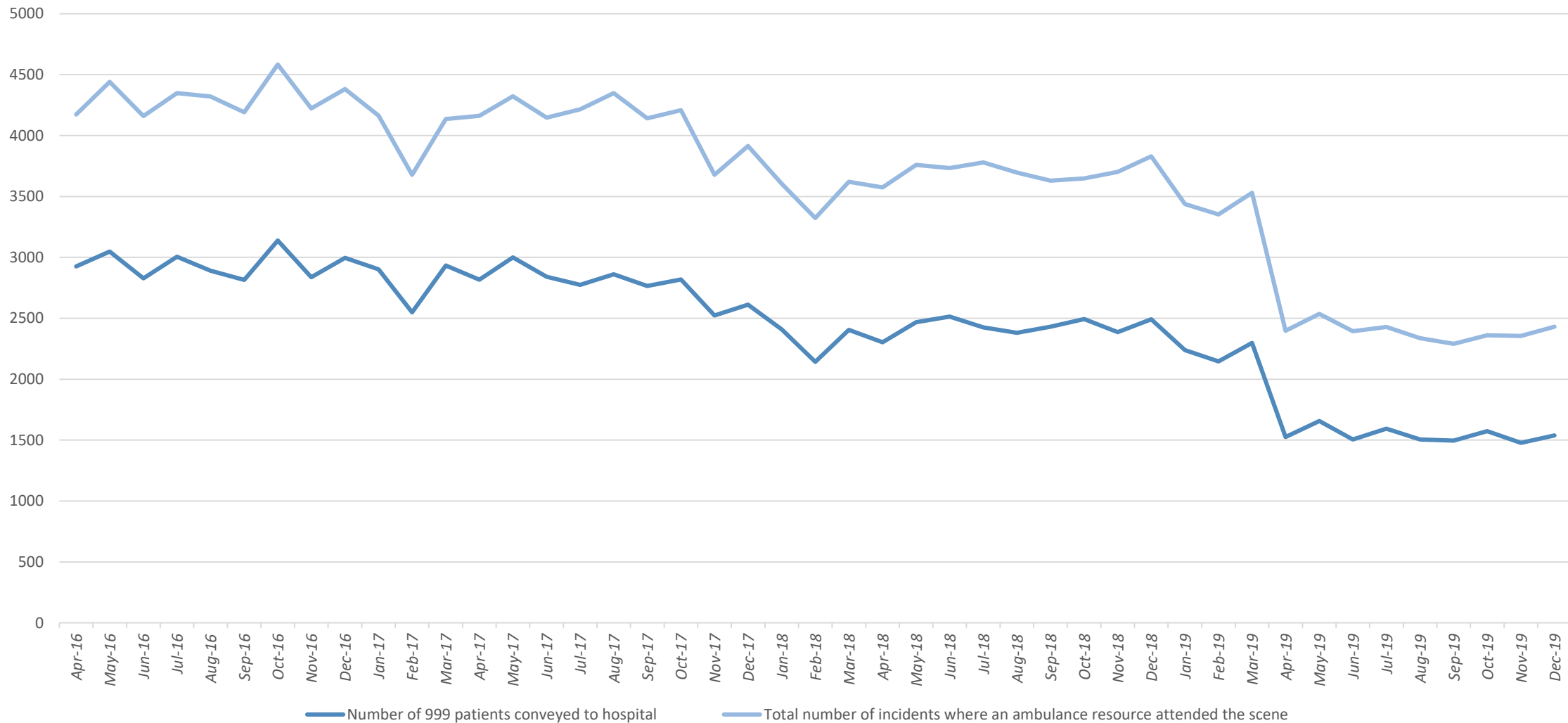
% at Scene

88.0%

AQI 15

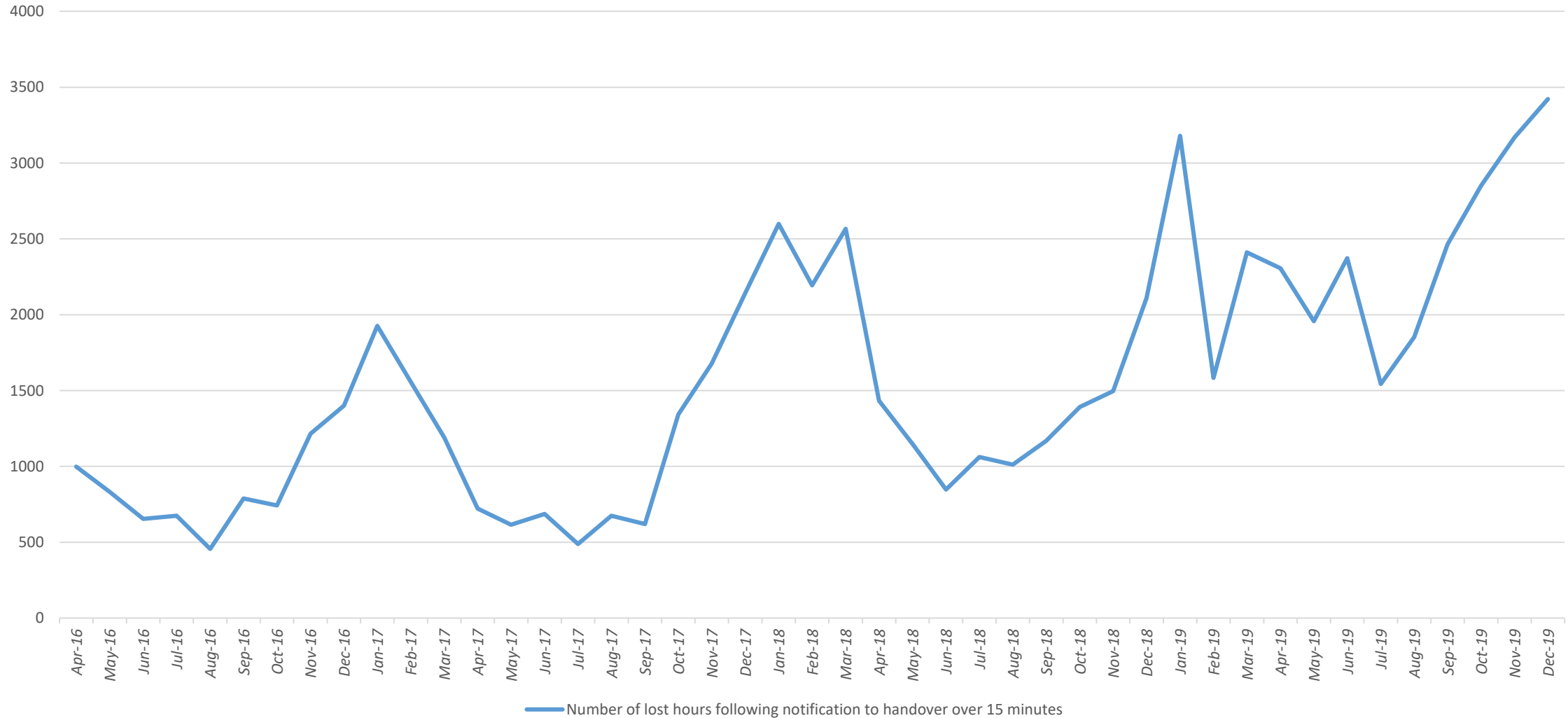
Step 4

Attendance vs Conveyance



Step 5

Number of lost hours following notification to handover over 15 minutes



5 Step Pathway Sankey Flow Map



Year and Month Date Selection

2019

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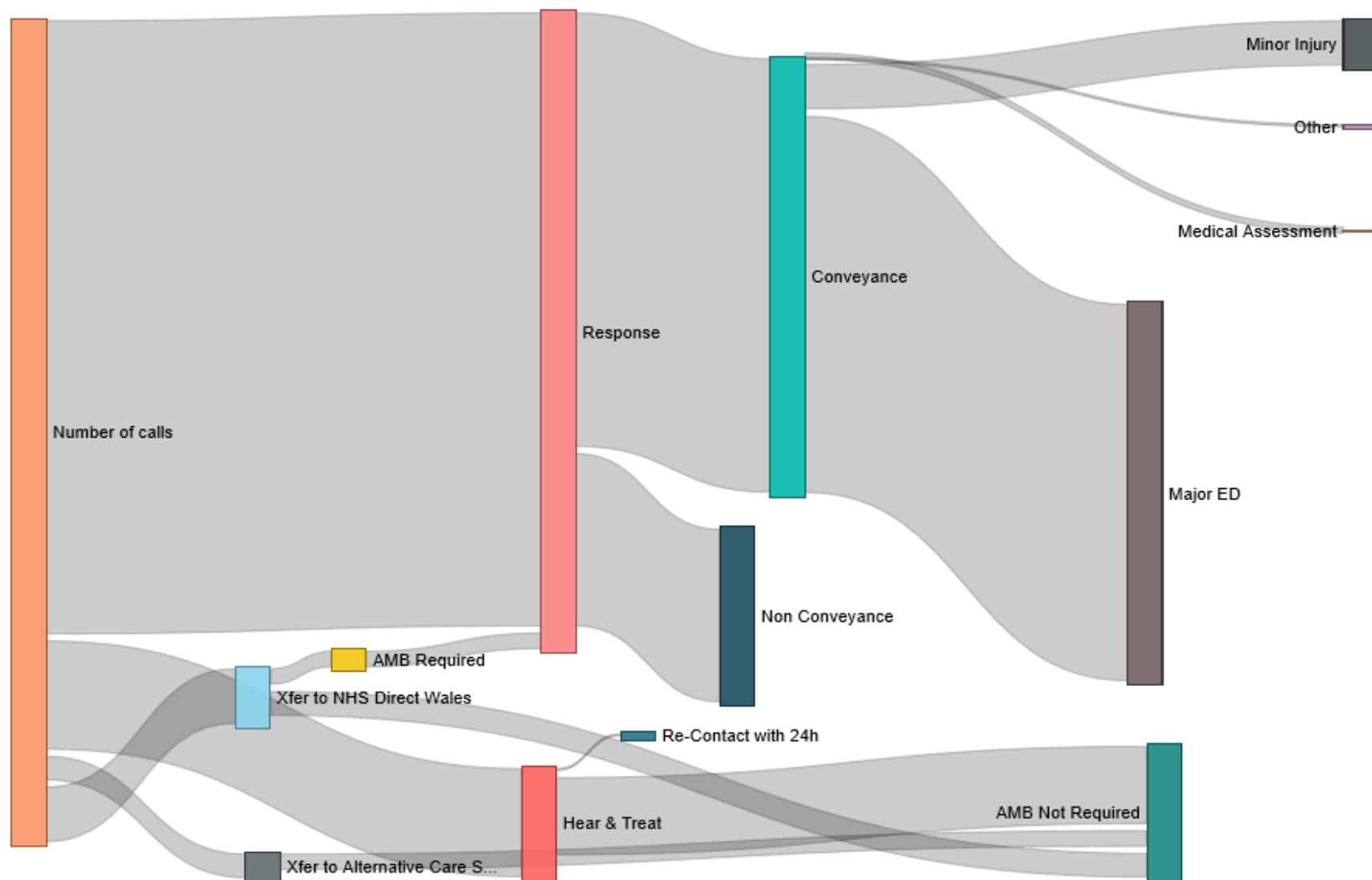
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Key Issues and Opportunities

- **Ambulance Activity (incidents, attendances, conveyances)**
 - Consistency of Frequent Caller Management
 - Maximize the impact of the pilot AGPU Model
 - Alternatives pathways access (e.g. Ambulatory care)
- **Increasing Handover Lost Hours and Impact on surrounding HBs**
 - Emergency Department Quality and Delivery Framework (EDQDF)
 - Lessons from other sites - Opportunities for safe cohorting
 - Flexible borders
- **Tertiary Services**
 - Major Trauma
 - Transfer and Discharge Services
 - Repatriations