

## **EMS Roster Review**

- Stakeholder Briefing
- BCU (including Flintshire)

# 30 November 2022

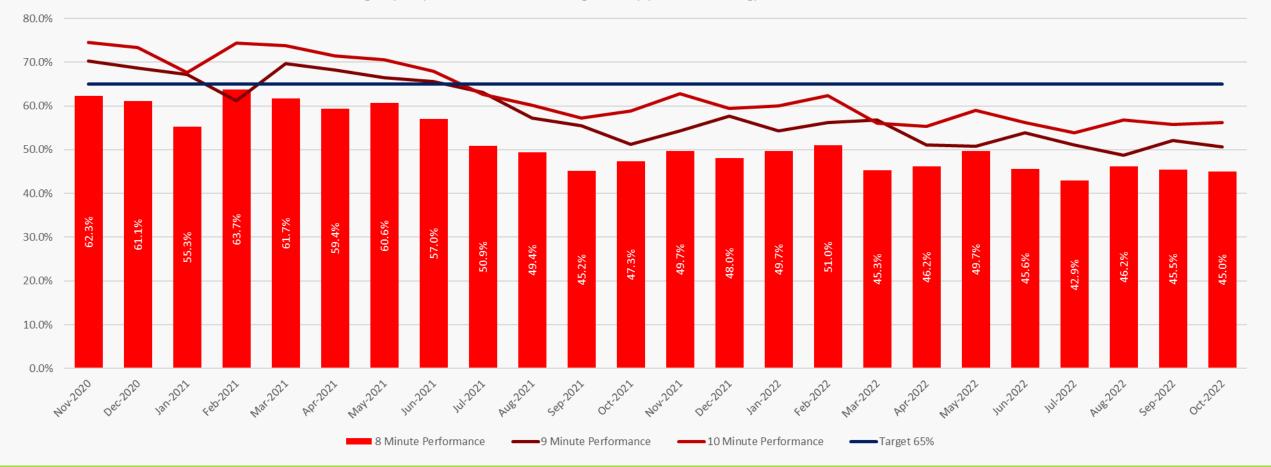






### Emergency Medical Services – BCU Red Performance

% Of Emergency Responses to Red Calls Arriving Within (up to and including) 8, 9 & 10 Minutes - Betsi Cadwaladr

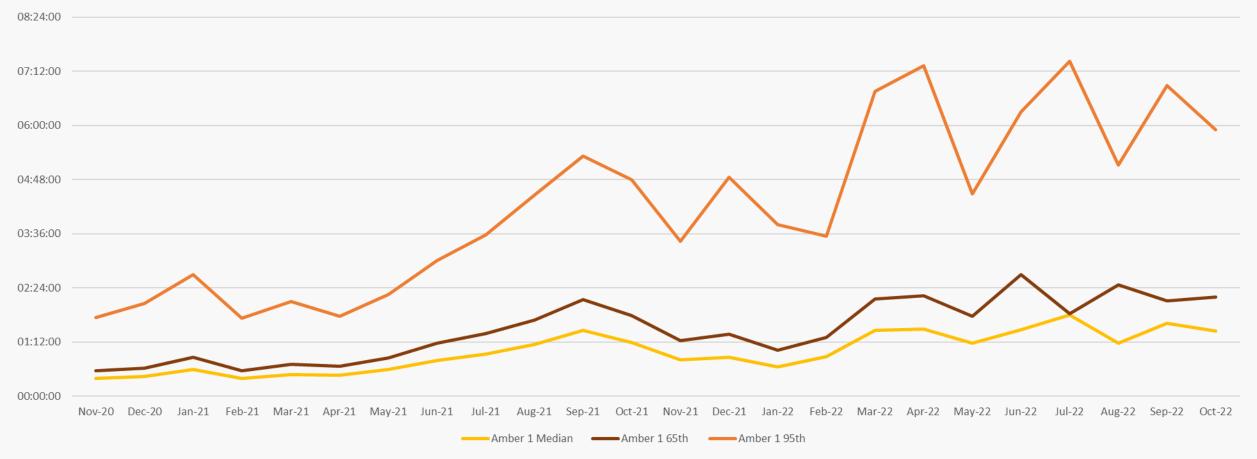






## Emergency Medical Services – BCU Amber 1

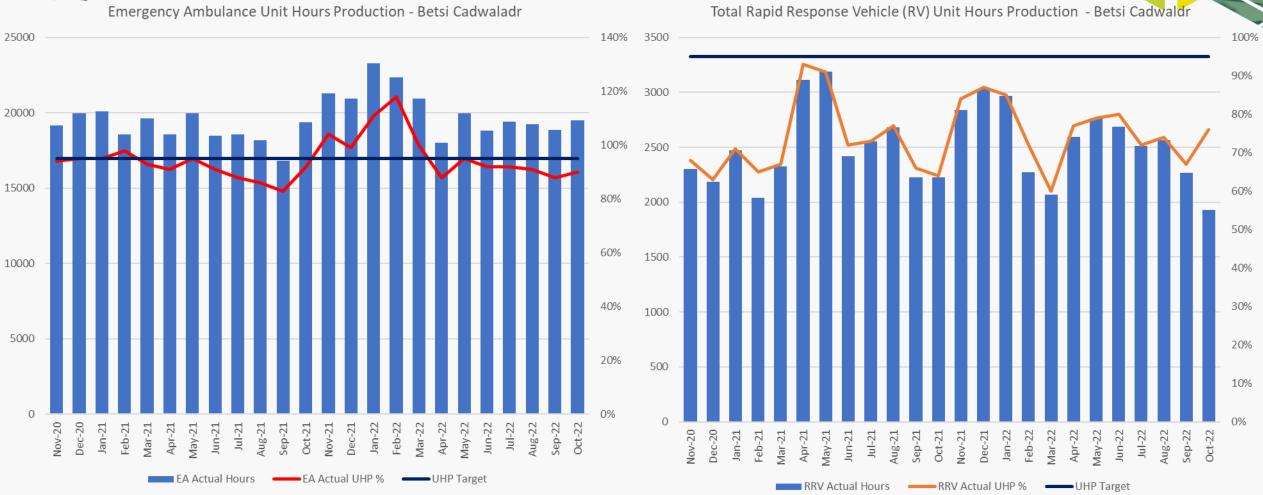
Amber 1 Median, 65th & 95th Percentile - Betsi Cadwaladr







### **Emergency Medical Services – BCU Production**

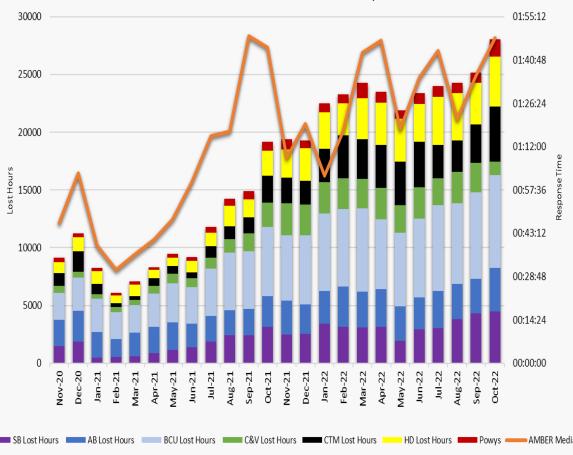






#### Patient Safety

Amber Median Response Times against Lost Hours to Notification to Handover Delays



The collaborative independent demand & capacity review had its origins in the Amber Review and **patient safety** concerns in the Amber tail.

The demand & capacity review was predicated on a level of **hospital handover** lost hours of **6,038** (December 2018), considered high at the time.

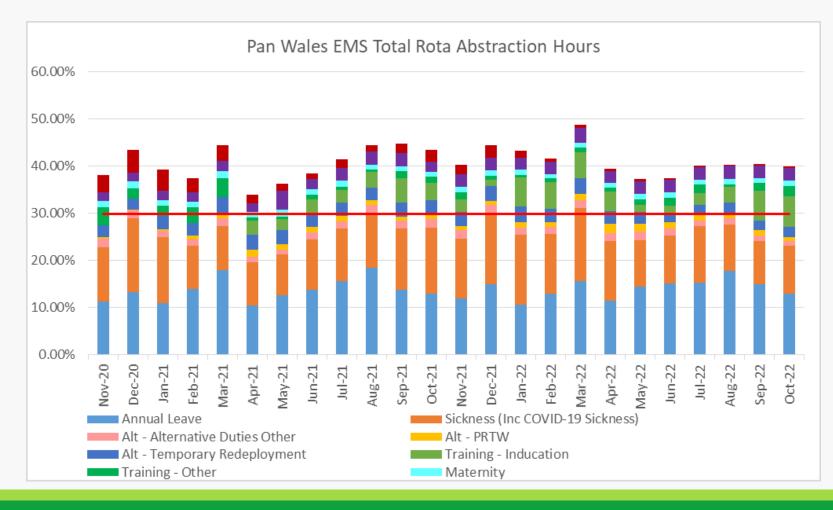
In October 2022 the Trust lost **28,937** hours to hospital handover or **36% of its capacity** or 65 shifts a day. This situation is likely to significantly worsen in the winter.

The concern about patient demand data is NOT the fundamental issue with regard to patient safety; the fundamental issue is CAPACITY, in particular, the extreme level of hours lost at hospitals (and to a lesser extent sickness absence).





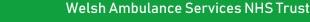
## **Emergency Medical Services - Abstractions**



Roster abstractions e.g. sickness absence, CoVID-19, annual leave, training etc. were 40% in October-22. The roster review uses a benchmark of 30%.

Pre-CoVID-19 WAST has started to deliver the 30% benchmark.

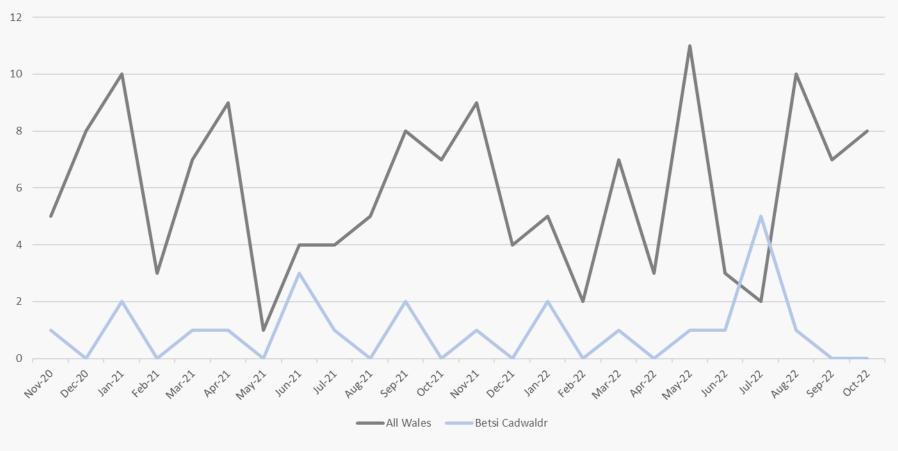
Sickness absence is coming down. Training is high currently due to internal movements linked to recruitment.





### Patient Safety – National Reportable Incidents

NRIs BY Date reported to the Delivery Unit



The graph shows NRIs (avoidable deaths/avoidable serious harm reported by WAST.

WAST is considered a "high reporting" organisation. This is good because it means there is a culture of openness and transparency, an important aspect of a patient safety culture.

WAST refers patient safety incidents to health boards where the primary cause is considered to be hospital handover lost hours. It is a health board responsibility to review and report these incidents, where appropriate, as NRIs.





## Emergency Medical Services – Demand & Capacity Review -

- **Collaborative independent strategic review** undertaken by Operational Research in Health (UK company, world leaders in ambulance forecasting and modelling).
- Review undertaken **on behalf of the Emergency Ambulance Services Committee (EASC).** EASC is made up of the seven health boards, who have a responsibility for commissioning ambulances.
- Review undertaken in 2019 and formally reported to EASC on 20 Jan-20:http://www.wales.nhs.uk/easc/january2020
- The origins of the Review was the Amber Review commissioned by Welsh Government, and undertaken by EASC:- <u>NHS-Amber-Report-ENG-LR.PDF (wales.nhs.uk)</u>
- Amber patient incidents (serious, but not immediately life threatening) is the largest patient incident category accounting for 70% of patient incidents, compared to Red (immediately life threatening) which accounts for 10% of patient incidents. **Amber waiting times were too long** and there was a system concern about the number of serious adverse incidents for patients (SAIs) in the Amber category.





# Review Findings (and actions arising)

- The Review identified that the Welsh Ambulance Service NHS Trust (WAST) had a gap between the number of full time equivalent (FTE) staff budgeted to fill its Response rosters and the FTEs required to fill the rosters of 263 FTEs, what is referred to as the "relief gap". EASC has agreed to invest in WAST and close the "relief gap".
- WAST delivered an uplift in FTEs of 136 FTEs in 2020/21 and is on target for a further uplift of 127 FTEs in 2021/22, which will close the "relief gap". This has been achieved despite the pandemic.

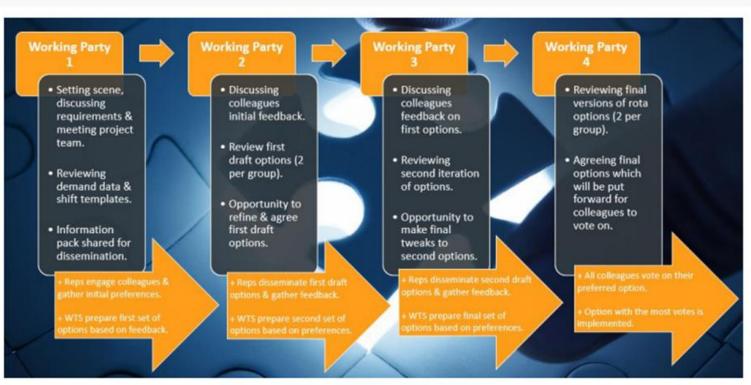
Table G: Difference in Budgeted Staffing and Staff in Post 2021 Position (Table B - Table E)										
Staff Grade	BCU	ABM	HD	СТ	CV	AB	Powys	Total		
Para (inc. EMT3)	15.33	-12.18	-15.36	-3.69	-16.8	-3.6	15.31	-20.99		
Tech	61.08	48.15	36.62	31.14	20.4	44.4	26.62	268.41		
UCA	-2.98	-0.6	11.24	-13.4	19.68	12.78	-11.07	15.65		
Total	73.43	35.37	32.5	14.05	23.28	53.58	30.86	263.07		

- And a further 25.2 FTEs, subject to agreement of funding, is required for CHARUs.
- This will give a total uplift of FTEs into BCU of 98.63 FTEs or a 27% uplift.

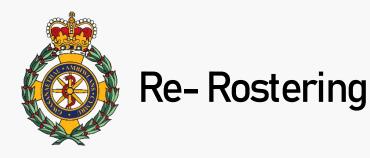


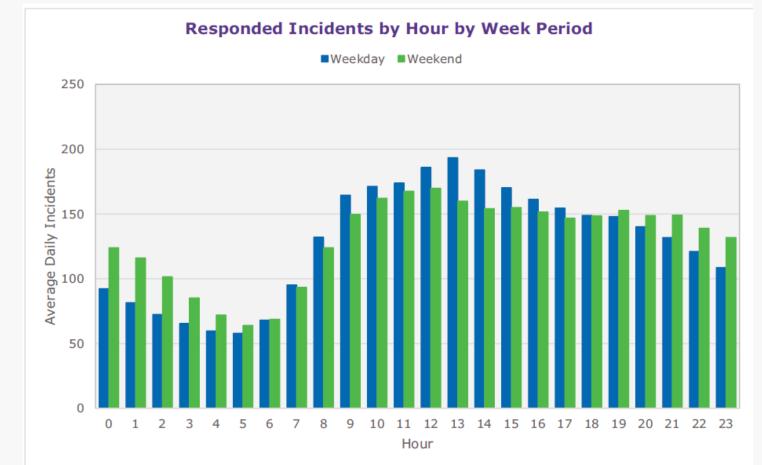


### **EMS Response Roster Review Project**



- The EMS Response Roster Review has the twin objectives of 1) improving patient safety (by delivering rosters aligned to patient demand) and 2) improving staff well-being (by delivering good workable shift patterns).
- **TU Partners** are on the project
  board and the four stage working
  party process (now complete) –
  there was a high level of
  engagement and positive feedback
  on the approach.
- A formal **lessons learnt** and **evaluation** will be undertaken.





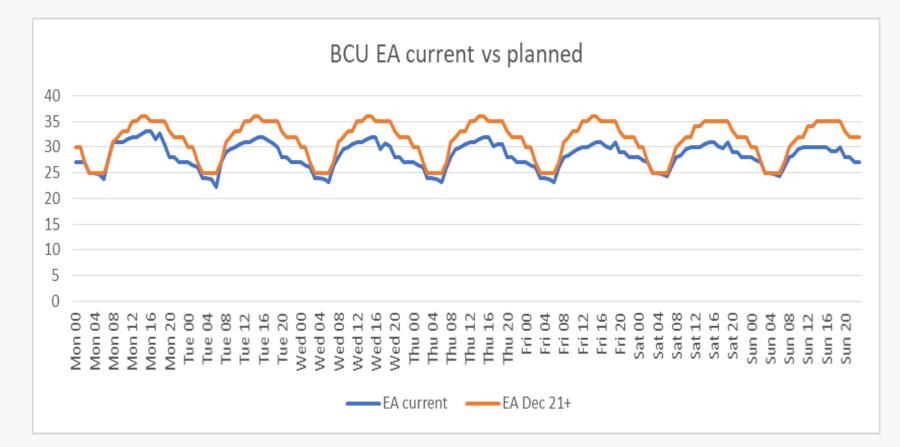


- The Review identified a range of efficiencies for WAST, in particular, rerostering ambulance resource around the daily patient demand pattern.
- Re-rostering will see the introduction of
  CHARUs and more emergency ambulances.
- CHARUs will have a particular focus on resuscitation (clinical outcomes) and emergency ambulances on the Amber 1 tail (patient safety).
- Re-rostering is complex and emotive.
- Rosters are **going live now.**





# BCU – Proposed EA Coverage

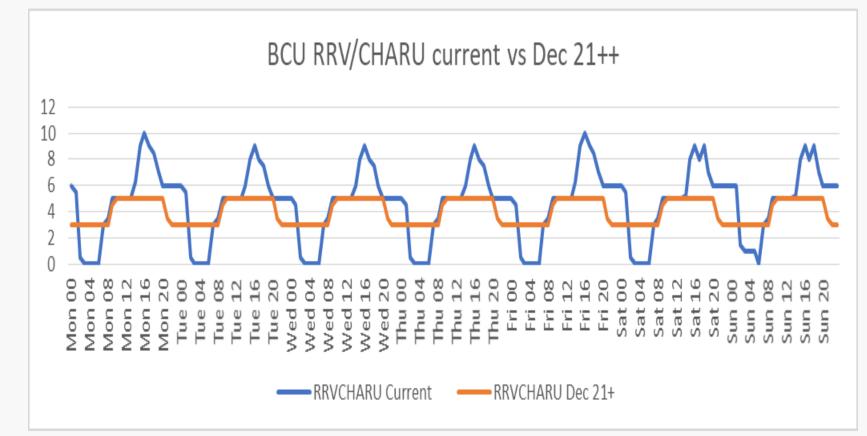


BCU will see more emergency ambulances. Incidents requiring an emergency ambulance (Amber 1) are where the bulk of our patient safety incidents are.





# BCU – Proposed CHARU Coverage



eplacing the RRV

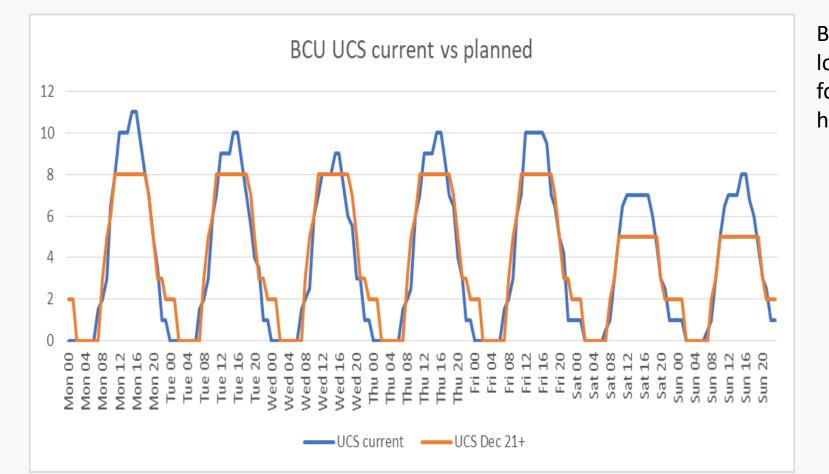
The CHARU is replacing the RRV as WAST's rapid response vehicle. CHARU will give increased clinical skills and leadership at very high acuity calls.

BCU will see less rapid response resource planned, as the Trust increases the number of emergency ambulances.





# BCU – Proposed UCS Coverage



BCU will see a reduction in this lower acuity resource, based on forecast demand and a focus on higher acuity.





### BCU Central & Eastern Analysis of Hours



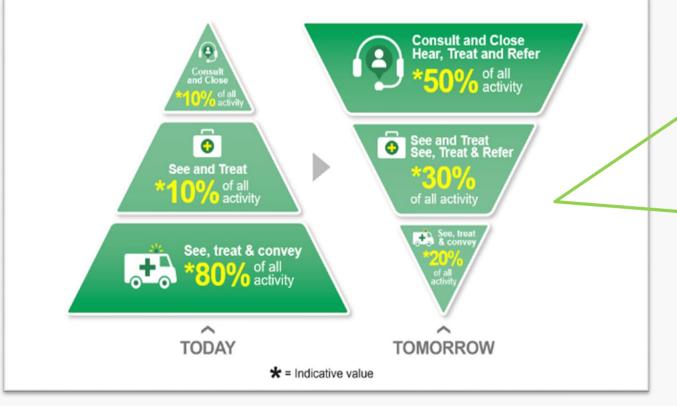
Station	НВ	l Locality	Current Operational Hours per week by Skill			NEW Operational Hours per week by Skill			Difference in Operational Hours per week by Skill		
			EA	RRVICHARU	UCA	EA	RRVICHARU	UCA	EA	RRVICHARU	UCA
Aberconwy	Betsi Cadwalder University HB	BCU Central	168	0	138	16	8 0	196	0	0	58
Colwyn Bay	Betsi Cadwalder University HB	BCU Central	243	0	0	37	8 168	0	135	168	0
Corwen	Betsi Cadwalder University HB	BCU Central	168	0	0	16	8 0	0	0	0	0
Denbigh	Betsi Cadwalder University HB	BCU Central	234	0	0	25	2 0	0	18	0	0
Llandudno	Betsi Cadwalder University HB	BCU Central	168	0	0	16	8 0	0	0	0	0
Llanrwst	Betsi Cadwalder University HB	BCU Central	168	0	0	16	8 0	0	0	0	0
Rhyl	Betsi Cadwalder University HB	BCU Central	336	161	0	40	6 0	0	70	-161	0
TOTAL BCU Central			1485	161	138	170	8 168	196	223	7	58
Dobshill	Betsi Cadwalder University HB	BCU Eastern	712	140	99	71	2 252	0	0	112	-99
Wrexham	Betsi Cadwalder University HB	BCU Eastern	541	157	200	63	0 0	266	89	-157	67
TOTAL BCU Eastern			1253	297	299	134	2 252	266	89	-45	-32

Based on roster keys being used, but not fully funded at this time.





### Looking to the Future



**Continuing to** develop, agree and implement the EMS transformation 'Inverting the **Triangles'** With further modelling for years 2-3 Specific programme to be developed







# Thank you for listening

Any questions?

