

## Welsh Ambulance Services NHS Trust: Stakeholder Briefing

### All-Wales Review of Rosters: March 2022

#### Background

1. The Welsh Ambulance Service is undertaking a review of its emergency ambulance service rosters. This process has been ongoing since April 2021 and is part of a wider set of improvement actions in response to the Service's 2019 [Demand and Capacity Review](#).
2. The 2019 [Demand and Capacity Review](#) was led by world leaders in ambulance forecasting and modelling, Operational Research in Health (ORH), and was undertaken collaboratively with the Emergency Ambulance Services Committee (EASC). The review was undertaken in response to the 2018 Amber Review commissioned by Welsh Government.
3. One of the main findings of the Amber Review was that many patients in the amber category of serious but not immediately life-threatening calls were waiting too long for a response, and that we needed to understand the ambulance capacity required to ensure ambulances are available when patients need them.
4. Supported by a collaborative steering group, including WAST senior management, Trade Union Partners and the EASC commissioning team, the Demand and Capacity Review was carried out through 2019 and its outcome was formally reported to EASC in January 2020.
5. The **Demand and Capacity Review identified that the Welsh Ambulance Service had a gap between the number of full time equivalent (FTE) staff budgeted to fill its response rosters** and the number of FTEs required to fill those rosters. This is referred to as the "relief gap".
6. ORH concluded that bridging the gap would require an **increase in budgeted staff of 263 staff on a full time equivalent (FTE) basis across Wales**. The Emergency Ambulance Services Committee (EASC) agreed to provide the additional investment required for WAST to recruit and close the "relief gap".
7. ORH also identified that there is a mismatch between the demand presenting to the ambulance service and the capacity available to respond, and they recommended reviewing the rosters to address this gap. They calculated that **re-rostering could deliver an efficiency gain of 72 full time equivalent (FTE) members of staff**, making an overall improved staffing position of 335 FTEs.
8. As a result, the Welsh Ambulance Service and EASC are committed to delivering this recommendation in order to improve service delivery.
9. To support this, **EASC has set an explicit commissioning intention for the Welsh Ambulance Service to deliver reviewed rosters that match capacity to demand**. Progress has been regularly reported to the EASC Management Group and the EASC Committee. Unfortunately, the pandemic response has resulted in some delays to the re-rostering progress.

## Progress on Review Recommendations

10. With the funding provided by EASC, the Welsh Ambulance Service delivered an **uplift in staff numbers in 2020/21 of 136 FTEs and is on target for a further uplift of 127 FTEs in 2021/22**, which will close the “relief gap”. The recruitment and training of these additional colleagues has been achieved despite the pandemic. Further data is shown in the table below.

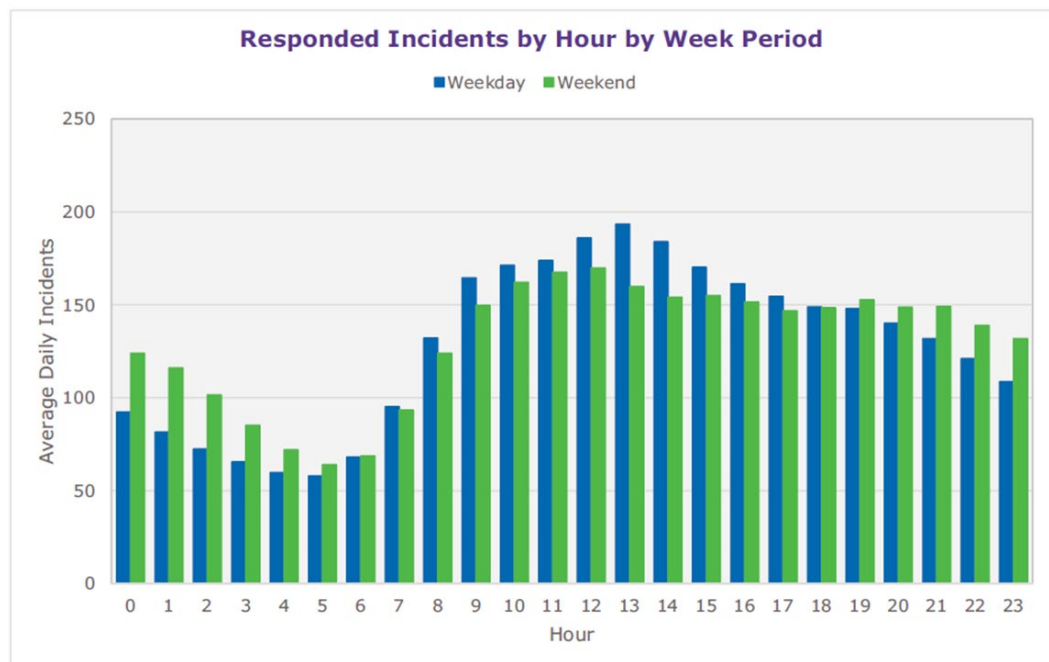
**Figure 1**

**Table G: Difference in Budgeted Staffing and Staff in Post 2021 Position (Table B - Table E)**

Staff Grade	BCU	ABM	HD	CT	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
<b>Total</b>	<b>73.43</b>	<b>35.37</b>	<b>32.5</b>	<b>14.05</b>	<b>23.28</b>	<b>53.58</b>	<b>30.86</b>	<b>263.07</b>

11. The Demand and Capacity Review identified a range of efficiencies for the ambulance service and the wider health system, including reducing handover delays, resolving more incidents over the telephone and re-rostering ambulance resources in line with the daily pattern of patient demand.
12. The review **recommended that the ambulance service needed to bring forward its peak ambulance production (i.e. when it has most ambulances on duty) to align with the daily demand peak (1300) and change the mix of ambulance resource**, significantly reducing Rapid Response Vehicles (RRVs), which do not convey patients, and increasing emergency ambulances (EAs)

**Figure 2**



13. This shift from RRVs to EAs is a natural step forward as part of the clinical response model that was introduced in 2015, where the evidence shows that sending the right response, and early provision of definitive care, takes precedence over speed of response for the vast majority of incidents.
14. RRVs are less productive than EAs, they carry less equipment, the pool of incidents that they attend is smaller than EAs, they often require back-up support from EAs to transport patients to hospital and, within the clinical model in operation in Wales, they do not provide a significant response time gain over EAs.
15. As well as bringing expert clinicians to the scene, EAs carry more equipment and, crucially, can transport patients to the definitive care they need.
16. **Improving patient safety is a key driver of this change**, given that the bulk of patient safety incidents occur where an EA is required and largely in the amber category of calls (70% of calls). We know that having more ambulances available to respond and convey patients is a safer and more effective way of delivering care for patients.
17. The **roster review has been conducted by an external roster company with expertise in delivering effective rosters for ambulance services**, together with senior WAST managers and in partnership with staff and trade union colleagues. Following a tried and tested process of four engagement workshops spread over a number of months for review and adjustment, this process is now reaching its conclusion.
18. The **roster review has been supported by a sophisticated forecasting and ambulance simulation system to model the impact of proposed changes to rosters, taking into consideration levels of demand across localities and the resources needed to meet that demand**. The model also takes account of a number of other operational assumptions such as incident cycle time; emergency department handover delays and calls resolved by way of hear and treat/consult and close.
19. The aim is to deliver rosters which match capacity to demand. The combination of investment in additional staff, re-rostering and the delivery of improvements for ambulance handover and lost hours during a shift will strengthen the ambulance service's ability to deliver the Welsh Government target of reaching the most critically ill or injured patients (RED calls) within eight minutes across Wales in 65% of cases and improve the outcomes of acutely ill patients, as well as ensure there are sufficient ambulances available to meet the needs of Amber patients.

### **Implementing Revised Rosters**

20. Following extensive modelling and simulation using actual data, as well as testing with staff and trade union colleagues across Wales, the overall outcome of the roster review will result in some **34.5 more emergency ambulances at times of peak patient demand operating across Wales**.
21. **Every area of Wales benefits from increased resources**. These are largely emergency ambulances rather than RRVs (which will be much reduced for the reasons outlined above), and may operate at different times and from different ambulance stations than currently.

22. In addition to the demand data, a **rural impact assessment has been undertaken, which demonstrates that all counties designated as rural by Welsh Government (Anglesey, Carmarthenshire, Ceredigion, Conwy, Denbighshire, Gwynedd, Monmouthshire, Pembrokeshire and Powys) receive investment i.e. an increase in staff numbers.**
23. **Within a modern ambulance service, the base station of a vehicle is less important than in the past.** Our dispatch teams use sophisticated technology to ensure the closest or most appropriate ambulance is sent to an incident, regardless of its base station.
24. As part of the modernisation of our estate and improving the working lives of our staff, we are increasingly transitioning to a hub and spoke model of larger regional ambulance stations that provide all the facilities that a modern ambulance station needs, including make ready facilities, team training facilities, gyms and rest areas.
25. It is important to recognise that the roster review is not being undertaken in isolation and is part of a wider package of improvement actions, all of which impact significantly on the service provided to patients. These include:
  - Increased investment
  - Improved internal processes
  - Reduced handover delays
  - Increased clinical pathways

### **Next Steps**

26. As the roster review comes to fruition, it is likely that stakeholders may receive queries or concerns, especially given the complexity of the issues under review
27. While any material changes are unlikely to be made until later in 2022/23, there has already been media coverage of local concerns about the impact of the roster review. Where specific concerns have been raised, there is a clear commitment from the leadership of the Welsh Ambulance Service to engage in dialogue with partners and stakeholders, ensuring there is a shared understanding of what is being proposed and, critically, why.
28. Roster reviews are complex and emotive for both our people and local communities. There are occasions where **specific stations see a reduction in their planned resource, set within the context of an enhanced position across an entire locality, health board and region.** In this context, it is important to remember that this **national roster review seeks to reset emergency ambulance cover that will reduce responses to calls “out of area” and improve overall availability.**
29. As part of our commitment to delivering safe and effective services, we expect to regularly assess the effectiveness of rosters moving forward and to update and adjust them in response to changing patterns of demand, changes to our clinical and operating model, our modernisation of the ambulance estate, patient needs and staff welfare.

30. **Every health board area is seeing a substantial increase in the number of frontline staff**, making it easier for the ambulance service to fill the rosters it has in place.
31. For the majority of areas, this will see an **increase in the number of emergency ambulances on duty at peak times, and a reduction in rapid response vehicles**, which often rely on back-up from ambulances to take patients to hospital.
32. It is appreciated that the details are complex and, on that basis, face-to-face briefings will be made available where there are any significant local concerns.
33. Please see the covering letter to this briefing, which outlines how to find out more about the roster review and its findings.

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