



# **WAST Relief Gap for Emergency Ambulance Services Reference Document**

**August 2019**

## Purpose

This reference document has been put together as a response to the request directly to Welsh Government from the Welsh Ambulance Service NHS Trust (WAST) on the stated relief gap within the provision for Emergency Ambulance Services.

## Introduction

This reference document is framed within the timescales 2009/10 – 2019-20. The primary focus and available data relates to the formation of EASC 2014/15 and the enactment of the EMS Collaborative Commissioning Quality & Delivery Framework 2015/16.

This reference document presents factual information from a number of sources; namely:

- WAST IMTP 2019/22.
- EASC IMTP 2019/22.
- EMS Collaborative Commissioning Quality & Delivery Framework.
  - Quarterly WAST resource Returns.
  - EMS 2019/20 Commissioning Intentions.
- WAST Governance Committees.
- Lightfoot (2009) and OHR Demand and Capacity Reviews 2017 and 2019 (in progress).
- WAO Structured Assessments (2016, 2017, 2018).

A visual timeline is included from 2009/10 – 2019/20 showing investments through EASC, WAST expenditure; and a corresponding chronology events pertinent to this response. (Figure 1).

## Strategic context

### A Strategic Review of Welsh Ambulance Services

The Strategic Review of Welsh Ambulance Services 2013 found:

*“Generally it was felt that the Trust receives sufficient funding to deliver effective unscheduled care services”*

With regards to the period prior to the 2013 Strategic Review of Welsh Ambulance Services the review reported:

*It has also been difficult to establish the extent to which the recommendations from previous reviews have been fully enacted and is, therefore, imperative that the cycle of review upon review is broken to allow the future model for the delivery of ambulance services to mature.*

*Ultimately, any future recommendations need to be accompanied by a clearly measurable work programme.*

For the purposes of this reference document in line with the findings of the Strategic Review of Welsh Ambulance Services we are focused on enactment of actions directly relating to EASC Investment and the recommendations of external reviews post the establishment of EASC.

## Emergency Ambulance Services Committee (EASC)

It is not the role of EASC or the CASC through the commissioning arrangements to direct internal financial resource within WAST. EASC provide an annual resource envelope for the delivery of commissioned services across Wales in line with IMTP's. EASC do not recognise funded and unfunded positions as detailed in the request. As a statutory body the WAST board have freedom to allocate resource internally within the agreed resource envelope.

## IMTP & Commissioning Intentions

WAST 2019/22 IMTP was approved by WAST Board, EASC and Welsh Government.

The WAST 2019/22 IMTP included a commitment to deliver the 2019/20 Commissioning Intentions as well as the recommendations detailed in the Amber Review.

Commissioning Intentions are issued on an annual basis in line with the Welsh Government Planning Framework to support the development of IMTP's

The 2019/20 Commissioning Intentions for EMS were issued in December 2018. These were accepted by WAST and were included in the approved WAST & EASC IMTP's 2019/22.

EASC's ambition is to move towards a smaller number of strategic Commissioning Intentions through the development of strategic commissioning plan. However; a number of the 2018/19 and 2019/20 Commissioning Intentions were rolled from 2018/19 due to lack of progress.

For ease of reference the Commissioning Intentions related to this issue have been listed below:

### Resource Envelope

- Existing WAST resources to be fully utilised and evidenced as providing value for money.
- Proportion of spend will shift from Steps 5 & 4 to Steps 3 & 2.
- Reduced spend on operating expenses.
- Sickness rates reduced for all direct staff across each of the steps.
- Overtime use to reduce.
- Rosters aligned to demand (across days and time of day) for direct staff across each step.

### Review of Performance

- Red performance to be maintained and the 95th percentile to reduce.
- Amber 95th percentile times to reduce across each health board area.

There were no additional financial assumptions included within WAST or EASC IMTP for the delivery of these Commissioning Intentions.

### Amber Review

The Amber Review (completed November 2018) made a number of recommendations as a result of its findings. The recommendations related to this issue are listed below:

- There must be sufficient numbers of clinicians in the contact centers to ensure patients receive the most appropriate level of care.
- The ambulance service must ensure that planned resources are sufficient to meet expected demand.
- The ambulance service must deliver against its planned resource.

## Demand & Capacity Review Chronology

In the time period quoted a number of reviews have been undertaken, these are documented below:

### Lightfoot 2009

This review took place long before the establishment of the current commissioning arrangements but highlighted a potential gap of up to 344 WTE (99 WTE vacancies, 163 WTE to reduce overtime use, 82 WTE to increase relief to 35%). It is not clear what specific actions were taken to address this.

### OHR Review of Control 2012

Referenced within the McClelland review; Documented as being supported in the minutes of the closed session of the former Strategic Planning Committee sub-group of the WAST board in February 2013. We could find no further detail on the implementation of the review.

### OHR Operational Capacity Review 2012.

Referenced within the McClelland review; Documented as being supported in the minutes of the closed session of the former Strategic Planning Committee sub-group of the WAST board in February 2013. We could find no further detail on the implementation of the review.

### ORH Demand and Capacity 2017

The ORH 2017 demand and capacity review was commissioned in isolation by WAST, it focused solely on response resource and did not consider the CCC element of WAST. The review indicated a shortfall of 299.5 WTE (205.5 WTE to fill current rosters, 76.6 WTE for Red performance ambitions, 17.5 WTE for Amber 1 performance improvement). The report was not received by EASC.

### ORH Demand and Capacity 2019

The 2019 review has been commissioned jointly (EASC/WAST) It is in the early stages and so only initial observations have been produced.

### WAO structured Assessment

Each year from 2016/17 to present WAO have provided structured assessment. WAST have given assurance that they are drawing on the findings from the OHR reviews and addressing the gap in their resources internally. WAST have also provided assurance to their Finance & Resources Committee with regards to this issue.

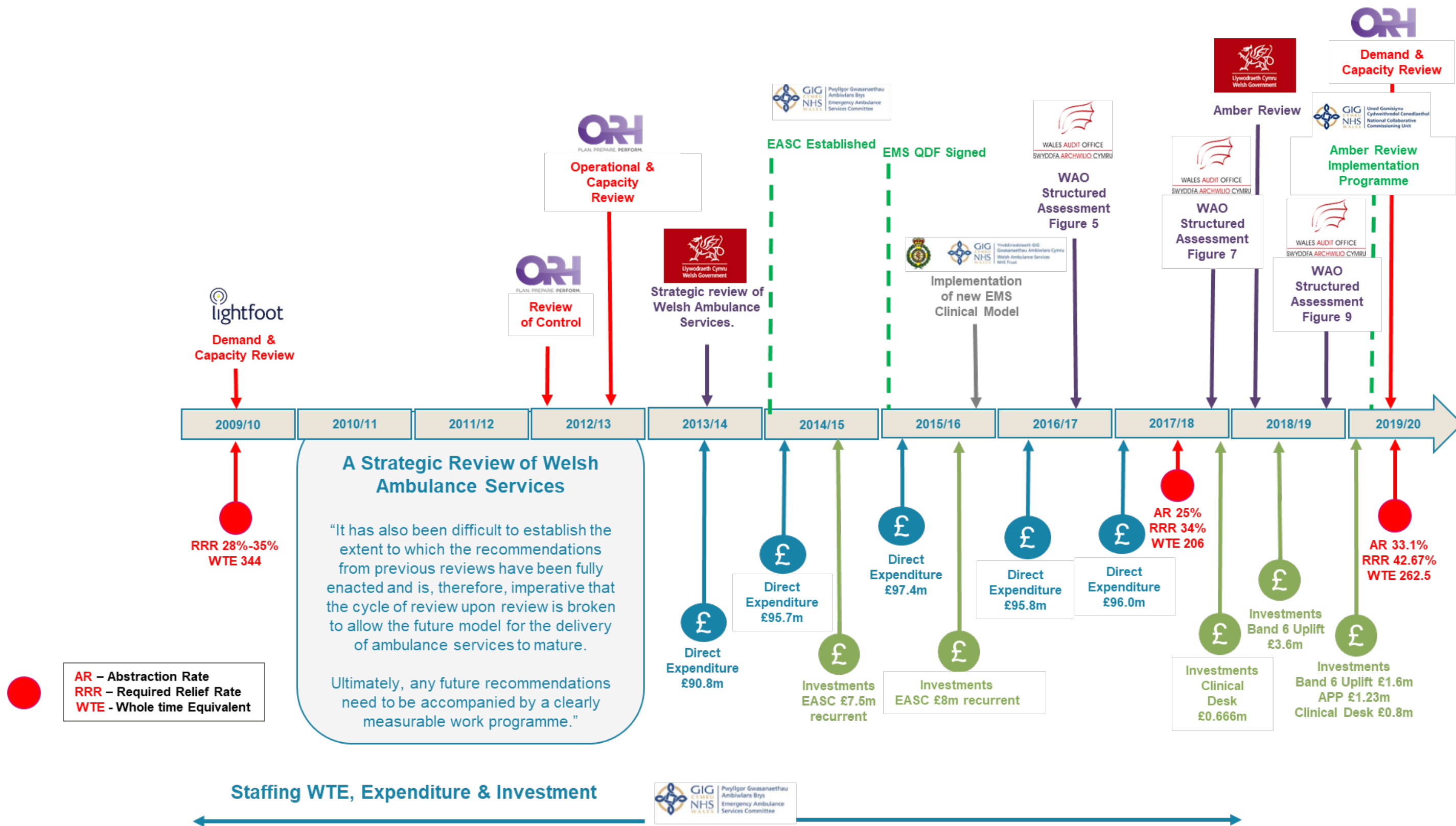


Figure 1: Strategic Context (Interventions, Staffing WTE, Expenditure & EASC Investment)

## Analysis

The following sections provide analysis on the facts and data as a reference point in relation to the request by the Welsh Ambulance Service.

## EASC Investments

### EASC Investments 2014/15

Upon the establishment of EASC in 2014/15 a recurrent £7.5m was made available to WAST for the recruitment of additional front line staff.

A collaborative commissioning methodology was adopted allowing WAST the freedom to utilise their total available financial resource as required to deliver the requirements of the commissioning framework

### EASC Investments 2015/16

In 2015/16 EASC committed a further £8m recurrent to be focused on the following areas:

- Improving A8 (tier 1) performance (£4.1m);
- Delivery of the New Clinical Model (£1.0m);
- Delivery of service change initiatives across the 5 Step Ambulance Care Pathway ;
- Transformation of the CCC's) (£0.8m);
- Improving the corporate infrastructure in line with the Commissioning; Quality and Delivery Framework (CQDF) Core requirements (£1.4m).

### EASC investments 2017-2019

In addition EASC have provided targeted funding to enhance front line service delivery in response to developments within WAST:

	<b>17/18 (£000)</b>	<b>18/19 (£000)</b>	<b>19/20 (£000)</b>
<b>Clinical Desk</b>	666	-44	
<b>Band 6 Uplift</b>		3,577	1,573
<b>APP</b>			1,163
<b>Clinical Desk Enhancement</b>			824

*Table 1: 2017-2019 EASC specific funding*

## Finance and Resource Utilisation

The submission of quarterly resource returns is a requirement under the EMS Collaborative Commissioning Quality & Delivery Framework. The following graphs have been drawn from these returns.

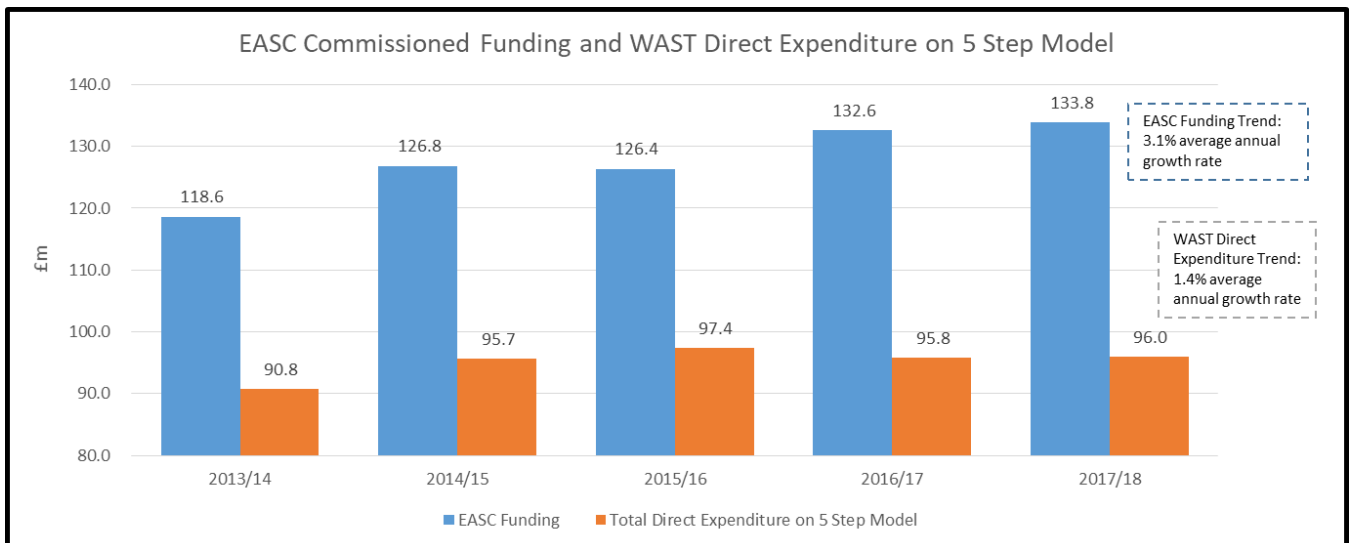
The EMS Collaborative Commissioning Quality & Delivery Framework focuses on WAST delivery across the 5 step model. As such assurance can be given to direct expenditure across the steps.

WAST have committed through their 2019/22 IMTP to deliver the 2019/20 Commissioning Intentions including a reduction in spend on operating expenses.

Assurance has also been given to WAO and the WAST Finance & Resources Committee that the recommendations of reviews are being implemented.

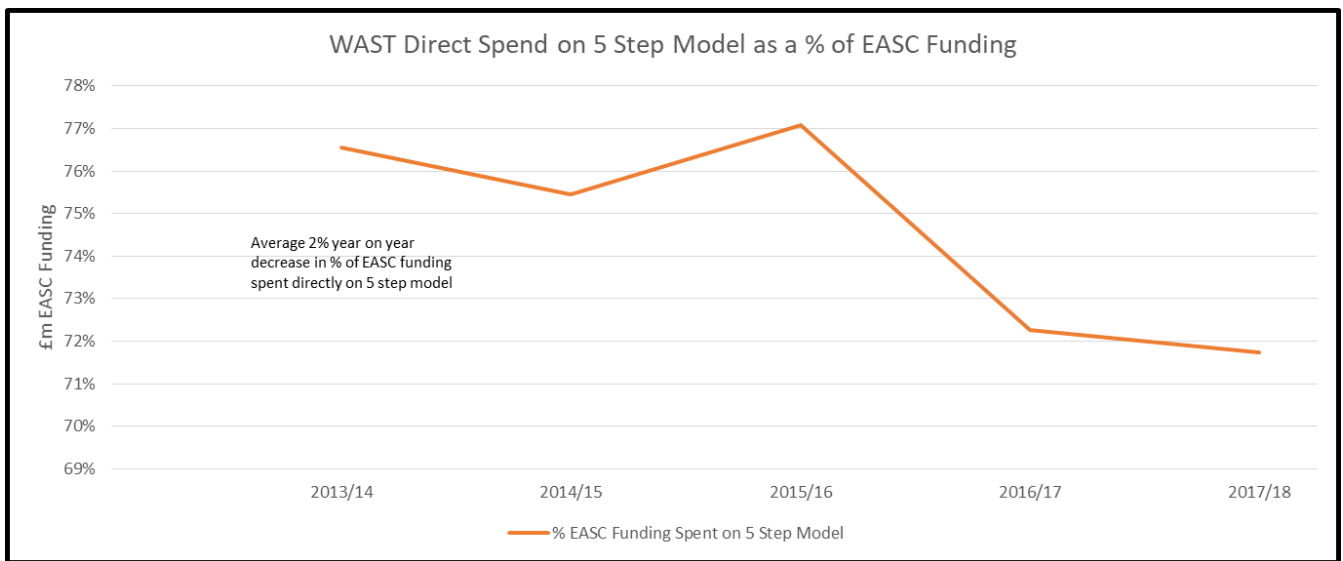
### EASC Funding & Direct spend on 5 Step Model

EASC funding for WAST has increased by 4.3% on average annually from 2013/14 to present. WAST direct expenditure across the 5 step model on frontline services has increased by 1.4% average over the same period. However, it should be noted that the average for this period masks the fact that in actual terms the direct spend was less in both financial years 2016/17 and 2017/18 than in 2015/16.



Graph 1: EASC Commissioned Funding and WAST Direct Expenditure on 5 Step Model

Note: Adjustments have been made to ensure like for like comparisons across financial years. The direct expenditure excludes investments for specific initiatives e.g. paramedic re-banding, clinicians in control.  
Source of data



Graph 2: WAST Direct Spend on 5 Step Model as a % of EASC Funding

There has been a decrease spend on average of 2% per year across the 5 step model as a % of EASC funding over the same period.

### Aligning Capacity to meet demand

WAST as a statutory organisation have the autonomy through their Board to address gaps and prioritise expenditure in line with demand.

The table below provides a comparison of the abstraction rate, required relief rate & WTE required for reviews conducted between 2009 – 2019. (Information from the 2012 reviews was not available.)

	2009 Lightfoot	2017 OHR	2019 OHR
<b>Abstraction Rate</b>	N/A	25%	33.1%
<b>Required Relief Rate</b>	28-35%	34%	42.67%
<b>WTE Required</b>	344	299.5	262.5

Table 2: Comparison OHR 2017 & 2019 reports.

### Governance chronology

The following section provides relevant extracts from WAO assessments and minutes of WAST sub-committees.

#### 2016

WAST commitment through a WAO Structured Assessment to implement the details of the demand & capacity review.

Figure 1: WAO Structured Assessment 2016

**Wales Audit Office -Structured Assessment 2016  
Welsh Ambulance Service NHS Trust**

"A demand and capacity review commissioned by the Trust has also been completed in 2016. This work, which examined use of the organisations' resources (workforce, estates and assets), population trends and service demands, is being used by the Trust to inform and strengthen its future planning and delivery of services."

"Going forward, the demand and capacity review and full implementation of the clinical response model will help support more detailed and improved financial planning."

"A demand and capacity review has been undertaken by external consultants, the findings of which are currently being considered by the Trust. The review will assist the Trust in developing strategic resource plans for its workforce and fleet to support the new clinical response model. Financial planning is expected to develop further through application of this work and the implementation of zero based budgeting."

"The introduction of a business partner model will provide more planning support for operational and corporate teams and the 2017 iteration of the Trust's IMTP will also be informed by the recent demand and capacity review."

"The Trust is currently reviewing its training, incorporating learning from the demand and capacity review and identification of the skills needed to face future service demands."

## 2017

The 2017 OHR demand and capacity review highlighted a known gap of 299.5 WTE.

WAST Executive have reported to WAST Finance committee a commitment to align their resource with demand.

“ Last rota review had been conducted in 2013/14 and had looked at rostering staff to the best fit for demand and capacity. The new demand analysis allowed the Trust to look at more detail and therefore the ability to plot for the best demand requirements “

**Meeting of the WAST Finance & Resource Committee, 26<sup>th</sup> October 2017**

Figure 2: WAST Minutes Finance & Resources Committee Oct 17.

This following excerpt is from WAO Structured Assessment 2017:

**Wales Audit Office -Structured Assessment 2017  
Welsh Ambulance Service NHS Trust**

“The Trust has increased its focus on amber performance during 2017 and agreed a plan to improve amber performance through a number of actions, including:

- realigning resource deployment as per the demand and capacity review;
- increasing the consistency of relief cover into staff rotas; and
- increasing the deployment of emergency ambulances and reducing Rapid Response Vehicles (RRV's) to improve efficiency.”

Figure 3: WAO Structured Assessment 2017

WAST Executive have reported progress to its Finance & Resources Committee in May 2018. We have been unable to find any follow up of this in any subsequent WAST Finance & Resource Committee published notes or minutes.

**CONFIRMED MINUTES OF THE CLOSED SESSION OF THE MEETING OF THE FINANCE AND RESOURCES COMMITTEE HELD ON 10 MAY 2018**

**WORKFORCE PLANNING – BRIDGING THE RELIEF CAPACITY GAP**

The Director of Workforce and OD CV, outlined several proposals being implemented by the Executive Management Team in order to close the relief capacity gap which had been identified following an independent report regarding the existing funded EMS establishment and the requirement needed to run at 34% relief capacity.

The Committee were informed by CV of the next steps being undertaken in order to implement the proposals going forward.

Members discussed the proposals in further detail recognising the challenges and the risks involved; and notwithstanding these, supported the Executive Management Team in taking them forward.

RESOLVED: That

- (1) the work undertaken to identify opportunities to bridge the relief capacity gap internally, from within existing resources was noted; and
- (2) the recommendations of the Executive Management Team were support

Figure 4: WAST Minutes Finance & Resources Committee May 18.

2018

The WAO Structured Assessment 2018 noted:

**Wales Audit Office -Structured Assessment 2018 – Welsh Ambulance Service NHS Trust**

“The Trust continues to draw upon the findings of the demand and capacity review undertaken in 2017.18 The review examined the use of the Trust’s resources (workforce, estates and assets), population trends and service demands. The review identified several future challenges for the Trust in relation to operational capacity, demand projection, performance and the impact of system wide pressures. According to the IMTP 2018-21, during 2017-18 the Trust further refined the Operational Research in Health (ORH) projections and used them to inform its workforce planning. The Trust has plans to keep its data up-to-date by developing an in-house demand and capacity modelling capability through software called Optima Predict”

“During 2018, the Trust continued to engage prospective staff by holding Big Bang recruitment events. A Big Bang event held in Swansea during summer 2018 led to the offer of Newly Qualified Paramedic posts at locations across the Trust to 84 candidates. As of August 2018, the Trust had 15 FTE paramedic vacancies, with a total of 53 FTE vacancies across its Emergency Medical Service (EMS) service. Successful paramedic recruitment has enabled the Trust to over-recruit and negate the impact of recruitment and turnover curves in advance of the 2018 seasonal pressures. The Trust is also investing in future paramedics by commissioning between 50 and 55 three-year paramedic courses. In addition to its recruitment success, the Trust is beginning to use data from the demand and capacity review to improve rosters and address the relief gap in its EMS. These steps should further support the Trust in matching its resource to demand. “

Figure 5: WAO Structured Assessment 2018

2019

**EASC Position March 2019**

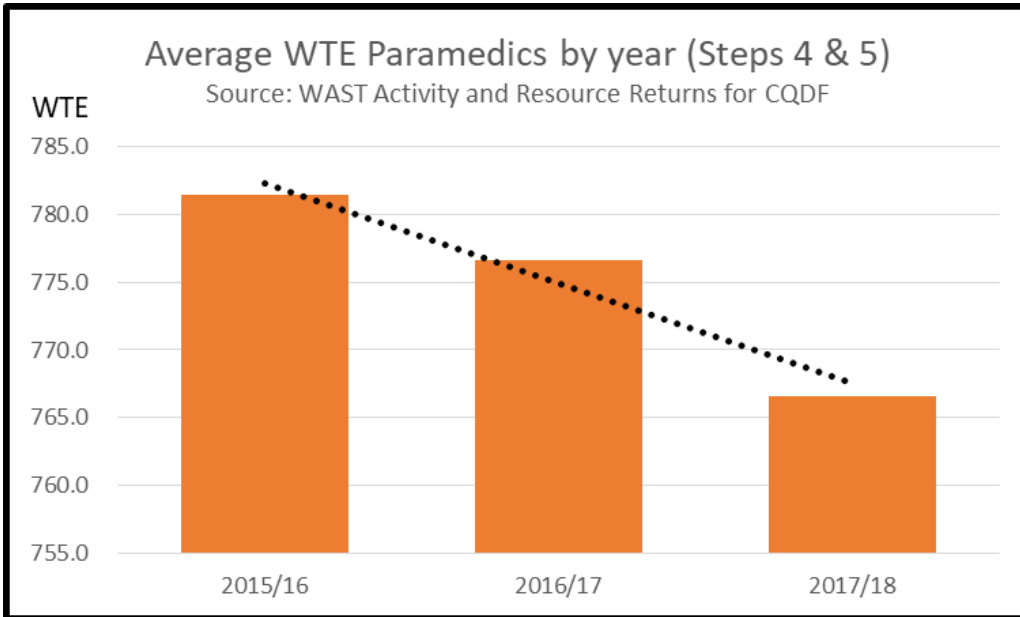
In the March 2019 EASC meeting the committee encouraged WAST to present a proposal at a future meeting on the numbers of Paramedics that they would be able to over-recruit early in 2019/20 with a view to not only cover its internal turnover, but also to provide additionality to support the wider unscheduled care system this winter. The committee gave assurance that they would underwrite any financial risk associated with this regardless of the number recruited.

**WAST Response to EASC May 2019**

At the May 19 EASC meeting WAST presented their preferred option to recruit an additional 31 WTE core paramedic staff, who would provide the backfill to allow for 36 staff to commence Advanced Paramedic Practitioner (APP) training (also filling 5 existing vacancies). This was supported by EASC.

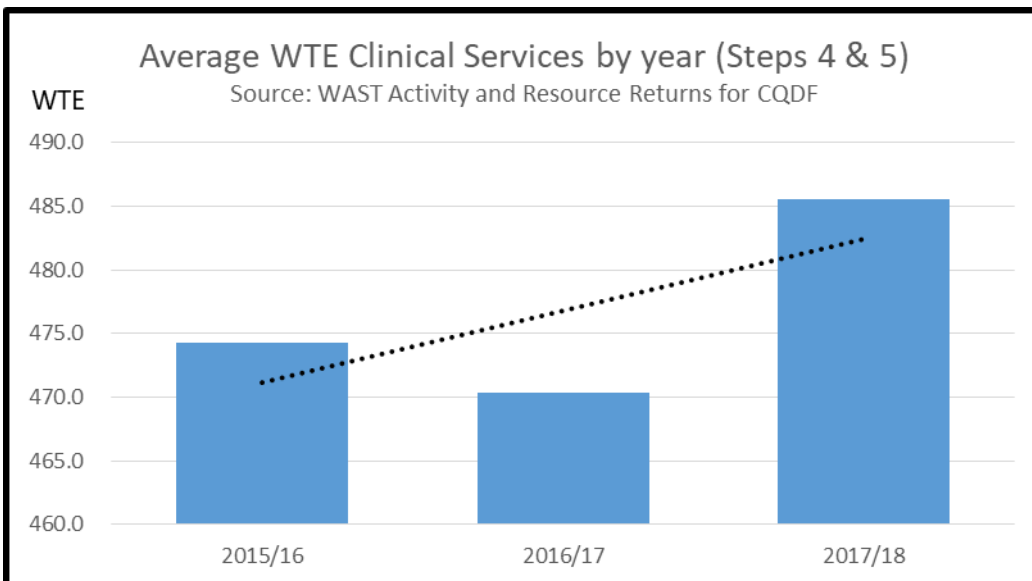
## Resource Utilisation

Given the assurances made to WAO and the WAST Finance & Resources Committee, rising demand as well as the Commissioning Intentions committed to in the IMTP there has been a consistent decline in WTE paramedics across steps 4&5.



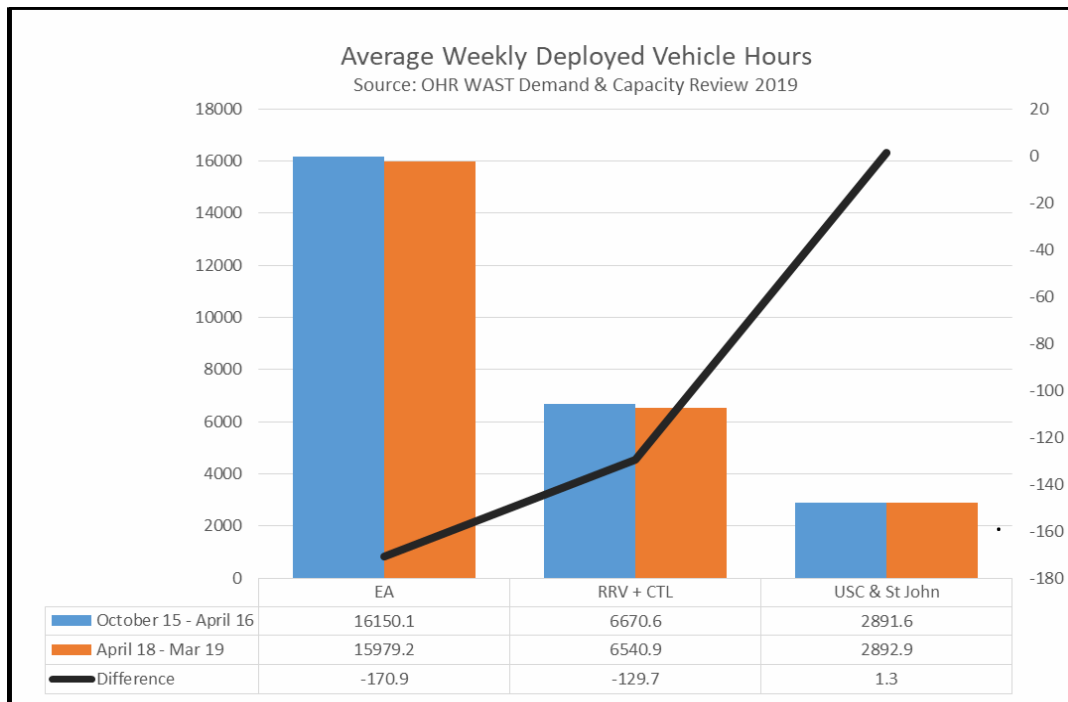
Graph 3: Average WTE Paramedics by year (Steps 4 & %)

There has been a corresponding increase in WTE Clinical Services across steps 4&5. Clinical services resource is in addition to WTE paramedic resource. Clinical Services are defined as:



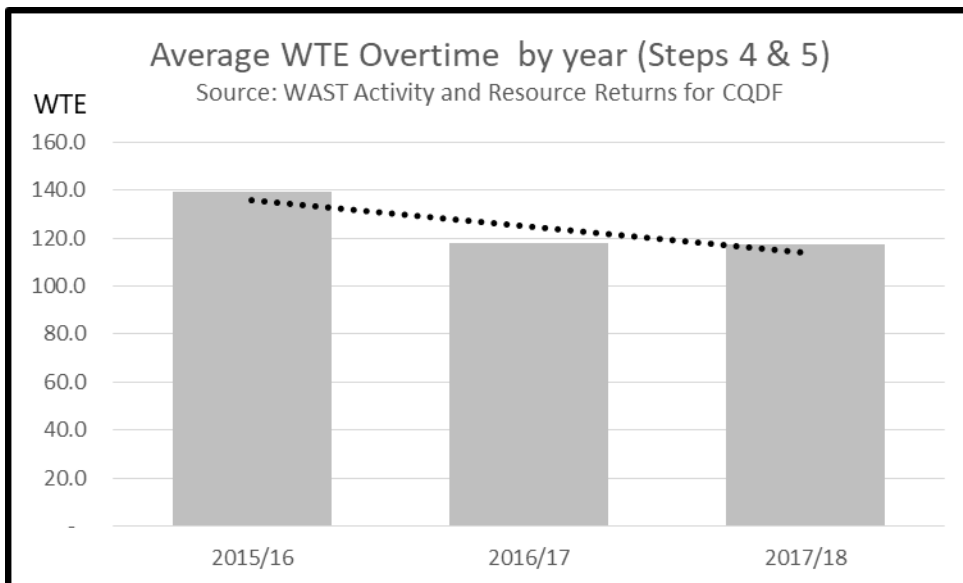
Graph 4: Average WTE Clinical Services by year (steps 4 & 5)

Early findings from the 2019 OHR Demand & Capacity review also indicate a reduction in the available average weekly deployed vehicle hours for EA, RRV & CTL between the periods Oct-15-Apr16 and Apr 18-Mar19.



Graph 5: Average weekly deployed vehicle hours comparison (OHR 2019)

WAST have successfully delivered the commissioning intention to reduce overtime spend. Delivering a downward trend consistently between 2015/16 and 2017/18.



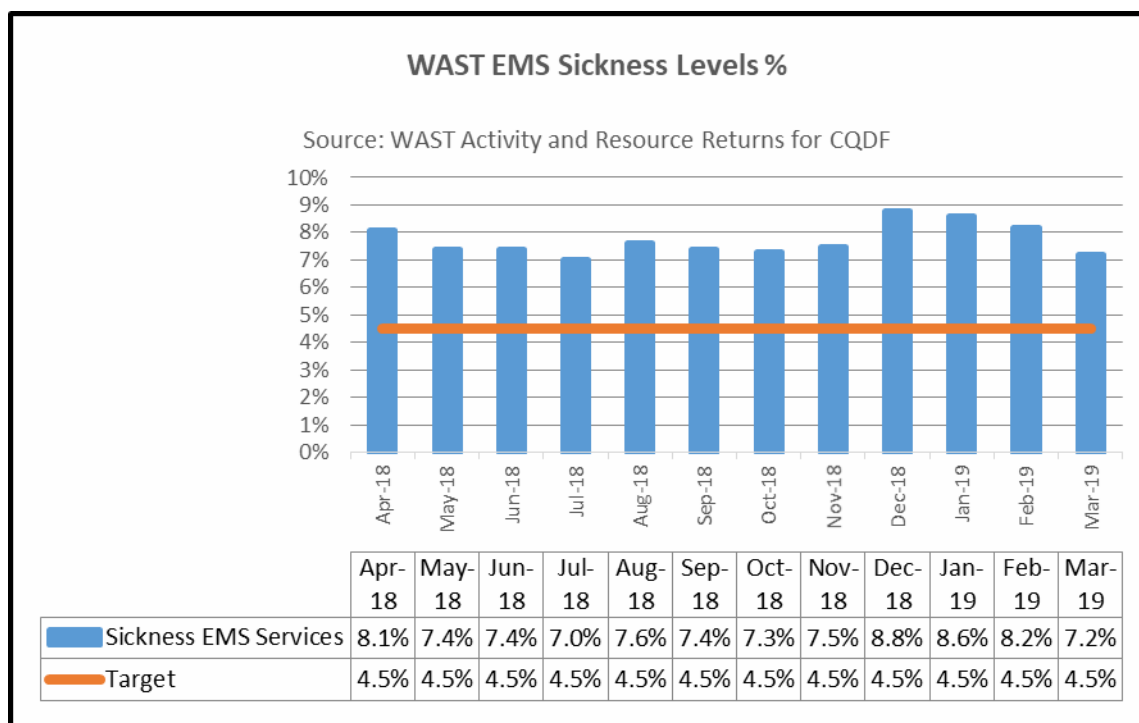
Graph 6: Average WTE Overtime by year (Steps 4&5)

## Addressing Sickness Absence

The Amber Review 2018 highlighted that WAST had the highest sickness rates of any NHS Wales organisation. Within the parameters of the review (Apr 16 – Mar 18); 88,095 hours were lost to frontline sickness.

WAST have committed within their 2019/22 IMTP to improve the levels of sickness absence.

Analysis of the returns provided quarterly by WAST in Figure 5 has shown that sickness for EMS remains consistently above target and an outlier within NHS Wales.



Graph 7: WAST EMS Sickness levels Apr18-Mar 19

This table shows a comparison of sickness rates by health board areas for EMS Services between April 18 – Mar 19.

Sickness - EMS Services												
	%	%	%	%	%	%	%	%	%	%	%	%
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
ABUHB	8.89	8.17	7.83	7.29	7.70	7.38	8.49	8.20	9.47	9.58	8.70	6.15
CTMUHB	9.55	8.42	7.06	5.9	6.40	8.07	6.08	7.50	10.83	9.76	8.73	8.81
HDUHB	6.21	7.19	9.25	8.27	6.11	5.1	6.65	6.35	7.83	8.68	7.75	6.18
SBUHB	9.39	7.32	7.08	7.55	9.66	8.96	6.84	6.79	6.69	6.54	8.71	8.40
BCUHB	8.73	7.50	7.13	6.58	8.27	6.79	6.63	6.88	7.30	7.85	8.08	7.25
CVUHB	9.37	9.00	8.28	7.77	8.22	8.58	8.25	7.56	9.24	8.57	10.55	8.41
PTHB	4.40	4.06	5.35	5.93	6.73	6.81	8.00	8.93	10.47	9.43	5.19	5.05
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Average Sickness	8.1%	7.4%	7.4%	7.0%	7.6%	7.4%	7.3%	7.5%	8.8%	8.6%	8.2%	7.2%
Target	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%	4.5%

Table 3: Comparison of sickness rates by health board areas