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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Cadeirydd

Chair: [REDACTED]

Prif Weithredwr

Chief Executive: [REDACTED]

Swyddfa'r Prif Weithredwr a'r Cadeirydd

Chair and Chief Executive's Office

Our Ref: [REDACTED]

13 November 2020

Private & Confidential

Mr Colin Phillips BSc (Econ)
Acting Senior Coroner for Swansea
Coroner's Office
Civic Centre
Oystermouth Road
Swansea
SA1 3SN

Dear Mr Phillips

Inquest into the death of Andres Roberts

I write in response to the Regulation 28 Report that you issued on 23 September 2020, following the sad death of Mr Andres Roberts. In the report you raised your concerns in relation to three matters, namely:

Matters of concern noted in the Regulation 28 report:

1. The appropriateness of the grading of stroke patients falling in the amber category;
2. Whether a specific time target should be set;
3. Whether additional resources should be made available to the Trust to meet these targets.

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

www.ambulance.wales.nhs.uk

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Following receipt of the Regulation 28, and consideration of the facts within, I would sincerely appreciate the opportunity to discuss these with you, as the Trust does not propose, at this time, to take any action in relation to the three matters you have raised. The reasons for which I will explain below.

Each ambulance service has a response model that supports the categorisation given to each call (irrespective of which prioritisation system is used). That response model and the decisions made will reflect the demographics of the population and the geography being served by that individual ambulance service. In 2015 the Welsh Ambulance Services NHS Trust introduced its current Clinical Response Model (the Model), which removed timed targets for all but those patients with immediately life-threatening illnesses or injuries. The Model underwent a trial period before being approved by the Welsh Government and fully implemented by the Trust.

The Trust's Model is in line with England. In England ambulance services operate a national system of response prioritisation following the introduction of the Ambulance Response Program (ARP). More information regarding the Ambulance Response Program, which reflects the Clinical Response Model used here in Wales, can be found at <https://www.england.nhs.uk/urgent-emergency-care/arp/>.

It is therefore correct to say that England operates a universal, i.e. national system of response prioritisation and that, in line with the system operated here in Wales, only when stroke symptoms identify that a patient is unconscious and not breathing does it attract a red response category.

Stroke calls in the English response model are prioritised as either Category 2 (second highest priority, of five) or Category 3 (third highest priority). These categories are aligned to Amber-1 and Amber-2 priorities in Wales (which also represent the second and third highest priorities, respectively). The primary determinant of whether a call for a patient with suspected stroke is in the Amber-1 or amber-2 priority, is the time onset of symptoms, as more recent onset of symptoms are a higher priority, if the patient is still within the window of opportunity for thrombolysis.

The appropriateness of the priority given to each category of call is reviewed and changes are considered by the Trust's Clinical Priority Assessment Software (CPAS) Group. In all cases the group will consider the impact any change would have on the volume of Red calls received, the effect of increasing the Red calls and the impact on other codes. The CPAS group also sets an "ideal" response for each type of call, in an attempt to maximise efficient use of resources by avoiding "double dispatch" on calls. If a patient is suffering a stroke, the dispatch of a paramedic in a car (rapid response vehicle) does not aid the patient directly, as the key treatment (if stroke is suspected) is conveyance to hospital for brain scans and consideration for thrombolysis. Thus the paramedic in an RRV would only be able to confirm the likely diagnosis, and request a conveying ambulance to attend. The clinically important time is therefore not the time taken to respond to the 999 call, but the time taken from onset of symptoms until arrival at hospital.

I would respectfully like to advise you that not all patients displaying possible symptoms of a stroke are prioritised as an Amber call. Some patients will be prioritised as Red, some Amber and others Green, dependent on their symptoms. The Trust's model aims to attend patients dependent on the severity of their symptoms, with the correct vehicle, as soon as possible.

It would however, be right to offer balance in this respect, in that whilst over 50% of patients who attracted a response category of Amber 1 during 2019/20 received a response within 27 minutes there are clearly a number of patients who do regrettably wait longer that we would like.

In closing, I am of the view that the principle issue for us here is not one of categorisation as it is right to have a system of priority that assigns more rapidly to clinical severity.

In relation to whether additional resources should be made available to the Trust to meet these targets, the Trust has undertaken a Demand and Capacity review, which has identified the need for a number of additional Paramedics, EMT's and Urgent Care Staff across Wales. The majority of these additional staff will be introduced over the next 4 years to increase the relief capacity within the current rosters, allowing for increased ambulance provision to meet demand.

At the time of this specific incident there were significant delays in transferring the care of patients from ambulance to hospital staff. Specifically, there were 9 emergency ambulances awaiting to handover their care to hospital staff, with the longest wait in excess of 8hours.

When vehicles are delayed at hospital this effects our ability to respond to patient's in the community and causes significant pressures upon our services. Accordingly the Trust has developed a Demand Management Plan to manage actions across our services at times of escalated pressure.

Another action that is being taken forward is to offer support at challenging times include the Operational Delivery Unit (ODU). The ODU is a pilot model designed to provide 24/7 leadership in support of the Welsh Unscheduled Care system, and as a central hub to co-ordinate flow and mitigate potential risks to patient care. To date it delivers 16 hours a day operating between 08:00-midnight, which was reduced in August 2020 to 12 hours a day.

The ODU has a dual role in providing an independent leadership role to facilitate collaboration with Health Board partners in parallel to being aligned to the Welsh Ambulance Operations directorate supporting Emergency Medical Services operations.

It has been designed to monitor the daily situation and consider actions that may impact upon the delivery of care, utilising principles that seek to pre-empt, mitigate, and react to any issues that may arise. The National Delivery Manager is the senior on duty decision maker out of hours in support of on call teams and helps reduce the need to use on call staff that have been on duty in the day.

It has developed a close working relationship with site teams that are responsible for the flow of patients through the hospital which enables early dialogue when delays occur. The ODU will provide the sites with details of calls polling (waiting) in the community as an early predictive indicator of demand that is potentially going to need an Emergency Department admission. When delays start to occur the ODU will contact the site to establish a time line for transferring patients and will discuss any divert options if appropriate.

If there is a high volume of calls in any particular area the ODU will liaise with the Clinical Support Desk shift lead to discuss targeting proactive clinical support to help discuss alternative options for patients other than Emergency Departments.

It works closely with bed management teams to encourage early discharge transport arrangements so that delays for patients to be discharged home are minimised and Non-Emergency Patient Transport Service ambulances are appropriately utilised.

I can provide you with assurance that the Trust continues to work with all Health Boards across Wales to address the problems associated with our ambulances (be that Emergency, Urgent Care or Rapid Response Vehicles) being delayed at hospital. I personally wrote to the Chief Executive Officers of the Health Boards across Wales in August of this year to share my concerns regarding the pressures on our services when our resources are delayed at hospitals.

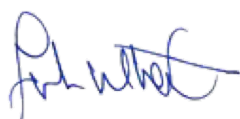
The Trust has various ongoing actions to help reduce the pressure on busy hospital departments, which will improve patient flow within the wider NHS system and maximise the availability of our emergency ambulances for our most critical patients.

- We have expanded our clinicians on the clinical desk in our 999 control room to support timely clinical assessment and to ensure we are sending the appropriate resource to the individual patient.
- We are working in collaboration with the Health Board to develop out of hospital pathways to safely reduce the need to convey patients to hospital.
- We also support the discharge and transfer of patients out of hours in order to release beds in hospitals, which in turn supports the improvement of patient flow in the emergency departments.
- Where safe to do so, the Trust aims to support people in the community and to reduce the number of unnecessary admissions to Emergency Departments.
- We continue to recruit and train Advanced Paramedic Practitioners who have a higher skill level and are trained to treat patients at their own homes, where possible.

I hope that I have been able to assure you that we remain focused to provide the best possible service for the people of Wales.

I would like to extend the offer to meet with you to discuss our response in more detail and to provide you with any further assurances you require regarding our commitment to continuous improvement.

Yours sincerely




Chief Executive

Encl: Action Plan