

Patient Experience of Ambulance Services in Powys

October 2022



Accessible formats

This report is also available in Welsh.

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About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Powys CHC represents the views of people living in Powys whether the NHS services they use are within or outside of Powys.

Background & Introduction

The ongoing impact of the pandemic, together with increasing demand for emergency care, is placing intense pressure on NHS services, and this is very visible in urgent and emergency care. Long waits for ambulances, long waits in hospital emergency departments and queues of ambulances outside hospitals have been reported daily for many months now.

There are a number of factors combining to create these pressures and there is particular concern about what is likely to be a difficult winter period. Welsh Government, Health Boards and Trusts and the Welsh Ambulance Services Trust are working hard to improve the situation.

Over the last few months, Powys CHC has been hearing examples of very long waits for an ambulance. We wanted to find out more about people's current experience of accessing emergency ambulance services in Powys. We put out a question through our social media channels to gather people's views.

Our report reflects the views and experiences we've heard from people. It does not reflect everyone's experience. We know that people's individual views and experiences are all different.

What We Did

We decided to set up a short, quick survey to gather Powys residents' experience of accessing emergency ambulance services in the last 12 months. We wanted to hear people's experience of getting through on the telephone, how calls were dealt with, waiting times for an ambulance and the care provided by ambulance staff.

We ran the survey through our social media channels and our website. It was available online from 7 October 2022 until 31 October 2022.

We received **83** responses via the survey and we noted **4** comments made on our Facebook posts.

Who We Heard From

Here is a snapshot of the people who shared their views and experiences of accessing ambulance services in Powys.

People do not always tell us everything about themselves when they come to share their experiences and views with us.

83 people completed the survey online

We received **1** response in Welsh

50 people completed some or all of the equality and diversity questions

64% were women and **28%** were men; **4%** were non-binary

80% identified as heterosexual; **10%** identified as bisexual

The average age of people sharing their views with us was **53**

The youngest person was **21** and the eldest was **73**

96% were White (Welsh, English, Scottish, Northern Irish, British)

38% of people stated Christianity as their religion and **50%** of people stated that they have No Religion

50% of respondents were carers

26% of people said they had a disability or long-term health condition

You can find out in our Equality Plan what we are doing to hear from different groups of people so that we can better represent the diversity of the communities we serve. You can find our Equality Plan on our website:

<https://powyschc.nhs.wales/about-us/our-governance/>

We asked people to provide their postcode area for where they live. We received responses from the following postcode areas:

Postcode Area	No. of Respondents
SY21	11
LD7	10
LD1	8
LD3	8
SA9	7
SY16	7
NP8	5
SY15	5
SY18	5
LD8	4
SA10	3
SY22	3
NP7	2
HR3	1
LD2	1
LD5	1
LD6	1
NP15	1
SY19	1

What We Heard From The Survey

9 people provided a wholly positive experience about their contact with the emergency ambulance service.

43 people provided information about more negative experience.

5 people gave a mixed response, with both positive and negative statements about their experience.

19 people provided information about a health condition which meant they needed to contact the ambulance service but they did not give any information about the experience.

11 people stated that they had not needed to call for an ambulance in the last 12 months

Where people provided information about their positive experiences, they referred to someone arriving more quickly than they had anticipated.

3 people spoke about the initial response being someone in a Rapid Response Vehicle.

People also gave examples of caring staff, such as a call handler staying on the call until a response arrived; able to provide a prescription so that a patient did not have to be taken to hospital; the crew explaining to the patient what monitoring they would be doing whilst waiting outside A&E.

Some examples of comments received follow:

I had a chest infection and was struggling to breathe. I got very scared and dialed 999. This is something I have never done before. A first responder arrived within about 20 minutes. The person who took my call stayed with me the whole time, which was wonderful and reassuring. checked my Sats which were at 92, administered Oxygen and a nebuliser. My Sats had gone up, which was very reassuring. I then got a prescription for antibiotics and also steroids. It was a very good experience.

We had been caring for our elderly mother in a remote village and she became ill on 4 separate occasions. Each time an ambulance was dispatched to help her. Each time the crew turned up way in advance of the predicted timescale given during the 999 call. They assessed her quickly and efficiently and took her off to hospital which was over an hour away. Once they had to wait a number of hours to get her admitted to the A&E dept but stayed with her explaining the whole time what monitoring they would be doing.

The ambulance and crew were wonderful

I needed to call an ambulance for my Father who is 89, who had had a cough which rapidly developed into breathing difficulties. I phoned an ambulance ... and a car arrived within ten minutes followed quickly by a full sized ambulance. The ambulance took Dad to [named] hospital where he was admitted for 12 days ... and has recovered.

Yes very satisfied too

Yes amazing service

I suffer from anxiety and had a bad panic attack and hyperventilating badly I was very well looked after, and they made sure my daughter was ok who called them

My Father had a serious nose bleed, he has serious heart failure and takes warfarin. On calling 999, I was advised the ambulance would arrive in about 30 mins and it arrived in 34, excellent service and the crew were amazing

Where people reported about experiences which were more negative, the top most common theme was about the length of time they waited for an ambulance (29 comments). Waits of between 2 and 16 hours were reported. Some people spoke about the patient being in a great deal of pain during these long waits. Some cases were chest pain, breathing difficulties or suspected heart attack and some cases were suspected stroke.

The next most common theme was about people either being advised by the ambulance control staff to take the patient to hospital or people giving up waiting and deciding for themselves to take the patient to hospital (14 comments).

5 people mentioned that they had to call the Ambulance Service more than once because they were concerned that the patient was deteriorating.

4 people spoke about a long wait in an ambulance outside hospital.

3 people commented that an ambulance did not arrive at all.

Some examples of comments received are:

My husband passed out and hit head on the concrete floor. I phoned the Welsh Ambulance service at 8:45pm. We waited until 12:50am for the ambulance to arrive even though I updated the ambulance service several times as my husband deteriorated.

Friend broke both bones in lower leg and ankle. Almost a compound fracture. Was left on the floor in the wet and cold for over 6 hours with no pain relief. One operator said to bring her in the car and when the ambulance arrived the person said it was lucky she wasn't moved as it could have been very dangerous

Neighbour had a fall. Waited 4 hours for ambulance. She had a broken leg and hip and was immobile and in pain.

A woman I care for fell and was stuck there for 13 hours while we waited for an ambulance

16 hour delay with ambulance eventually coming from 60 miles away !!!!

Twice I have called an ambulance once a 92 lady had a fall at 4pm ambulance still not arrived 9am next morning. Another lady had a stroke told 10 hr wait took 12 she was 86

In June 2022, I started suffering chest pains and rang for an ambulance. It was about 1pm. I was told there would be a wait but that I was a category 1 priority. I was told to take aspirin. No ambulance had arrived by 10pm and I was feeling calmer, so I rang ambulance control and told them I was going to bed. The next day I rang my GP and managed to get an appointment ... I am now better, thank goodness, but am deeply concerned that if I was having a heart attack it could have worsened and no ambulance would have come with the obvious consequences.

Waited 8 hours for ambulance after falling downstairs and breaking leg

My daughter had a very bad fall off a horse ... she had to lay on the cold damp floor for more than 4 hours in excruciating agony before a first response car came

When we called for an ambulance we was told that there wasn't one available and my wife who was pregnant had to drive me

elderly friend had a hip replacement and as she bent over the hip came out. this happened on a saturday lunch time and the ambulance was delayed until sunday breakfast time. she was in acute pain and unable to use simple things like a toilet. Extremely upsetting for the elderly lady

I telephoned 111 with severe chest pains at about 01.00. I was transferred to 999 who told me I needed to go to hospital. There was a six hour wait for an ambulance so could I get myself driven there either by taxi or a family member.

My son had a stroke ... he had been on floor all night and when his friends phoned 999 they said he would have to wait 2-5 hours for ambulance and it was 5 hours before they turned up, a disgrace, his life has changed forever.

Where people provided a mixture of good and poor experience, the themes varied. These included comments about good care and treatment provided by ambulance staff and some comments about a faster response than expected. The negative comments related to the length of time waiting, waiting in the ambulance outside A&E, advice to take a patient to hospital, concern about the navigation system directing the ambulance to the incorrect address and army personnel not knowing the area.

The crew were very professional during the whole process

They were excellent when they arrived

... told there was at least a 4 hour wait. With that there was a knock at the door it was the ambulance ... they took me in after an initial check. I spent 13 hours outside A&E in the ambulance

... We have to meet them as their system doesn't know our address but takes them to another farm which is 6mile by road but 150m away but not accessible by vehicle. She was rushed into hospital which they didn't think she would survive the journey which is over an hour by road if you are lucky!! If it was not for the ambulance service then the outcome would have been worse.

My husband had a stroke. I called the Ambulance and was advised to take him to our nearest A&E, which of course is 33 miles away. This I did, when I arrived I alerted a Shropshire Ambulance, they acted immediately and got my husband to Telford.

Summary

The information we have received through this survey mirrors what CHC members have been hearing in their localities and also what is reported in the media.

People often comment about the caring, compassionate and professional staff in the Ambulance Service.

We heard about long waits for an ambulance response.

Sometimes, people are in a lot of pain whilst they are waiting.

The long waits are extremely worrying for people who have what they consider to be a life threatening or life altering condition such as suspected heart attack or stroke.

People have concerns about having to transport someone to hospital themselves. This causes anxiety for the patient, their relatives and the person who is having to drive them. People are, understandably, very worried about the risks of moving and transporting someone to hospital when there is no clinical support for them. In a rural county like Powys, these journeys are often long and, in some instances, there may not be mobile coverage en-route if the patient deteriorates.

The CHC is aware that the delays in waiting times for an ambulance are not unique to Powys. We know that the whole NHS and Social Care system is under pressure and the ambulance waiting times are due to the wider system problems. Many patients are delayed in their discharge from hospital because the care they need at home, from social care services, is not available and there is a lack of care home and nursing home beds for people who need to be transferred to those services. This affects patient flow through the hospital, meaning that patients cannot be admitted to wards from the Emergency Department, leading to lengthy waits in the Emergency Department. This, in turn, means that ambulances are often

queueing outside the Emergency Department until the Department is able to accept the patients, and so the ambulances cannot be available in the community.

We know that the Welsh Ambulance Services Trust is working with Health Boards across Wales to try to find solutions that can ease the pressure. In Powys, we are aware that the Health Board and the Local Authority are also working together to address the challenges.

Recommendations

Whilst we recognise the hard work being done to try to address the system issues, we would urge Welsh Government and NHS organisations to take note and give consideration to patient experience.

We would request that, whilst longer term solutions are developed, something needs to be done to help people when they are experiencing lengthy waits at this current time.

Response from Welsh Ambulance Services NHS Trust

Thank you for sharing the Powys CHC's report titled 'Patient Experience of Ambulance Services in Powys' dated October 2022. I note that report is based on the findings of a CHC survey which ran through your social media channels and website. I also note that in total you received 83 responses and 4 comments made on your Facebook account.

While it is pleasing to read the positive comments from Powys residents, it is also concerning to read the circumstances where we have clearly not delivered the quality of service that we strive to do. As a Trust we have concerns that the public are not getting the level of service we want to provide.

We are working extremely hard with all partners and stakeholders to address the resounding concerns raised within your report, and to address areas which prevent us providing a robust and timely service.

I note that the survey comments cover a range of areas that are mostly as a result of the Covid pandemic and system wide pressures within the health and social care services as a whole. I have provided a detailed response below that covers the current system-wide pressures affecting WAST performance, and some of the measures being taken to mitigate these and also to improve our response generally:

Performance Pressures

1. There are several factors in combination which have led to the significant performance pressure under which the Welsh Ambulance Service now finds itself.
2. In broad terms, these pressures can be defined as:

- a. Increase in demand throughout the Trust area resulting in resources needing to respond to neighbouring areas
 - b. Higher acuity of patient calls
 - c. Growing levels of workforce vacancies
 - d. Excessive delays in the handing over of patients at hospital, a function both of increased demand across the system and of the paucity of social care provision (the reasons for which are many and various), resulting in a very large number of patients remaining in hospital beds across Wales when they are medically fit for discharge. This has led to chronic congestion within the hospital system and very poor patient flow.
3. Changes have been noted in demand patterns. There has been a notable increase in red demand, which shifts the overall acuity of the calls we receive and puts different pressures on resources. Importantly and generally, more resources per red incident are clinically required compared to other category of calls.
 4. In addition, implications of Covid have remained for staff and patient safety which have changed operational processes (for example the donning and doffing of personal protective equipment) which have impacted on response times and flow.
 5. As a Service, it is acknowledged that absence rates are unsustainably high though patterns of increase have had a strong correlation to the waves of the pandemic. The pre-existing Managing Attendance Policy for NHS Wales was appropriately adjusted to exclude Covid related absences from management action and these arrangements concluded on 30 June 2022. However, absence rates are starting to stabilise with Powys in a good position when compared to other Health Board areas.
 6. Significant investment has been made over recent years in the organisation's health and well-being offer for staff and has been complimented by trade union partners.

7. This notwithstanding, absence rates remain stubbornly high. As a result, an extensive attendance management improvement plan has been developed with a range of measures aimed at improving attendance and supporting people back to work.
8. With the entire health and care system under pressure and chronic congestion in hospitals, we continue to see excessive handover delays at hospital which render our crews unavailable to respond to calls and produce lengthy community waits (Emergency Ambulance and Urgent Care Ambulance able to transport a patient). North Powys crews, and indeed Powys crews generally, convey patients to hospitals in neighbouring Health Boards and across the border into England. All sites continue to experience lengthy handover delays with predictions of the situation deteriorating further throughout the winter period.
9. It is also recognised that there may be opportunities within some of the legacy operating practices for efficiency such as time lost by WAST's own crews (post-production lost hours), for example when they return to base for rest breaks. While we do not believe that we are necessarily an outlier here compared to other ambulance services, we recognise that there is more for us to do in respect of our own efficiencies.
10. The organisation has been working closely with its trade unions on this, and all the issues, to ensure solutions are identified and delivered in partnership.

Right-sizing the Organisation

1. Against that backdrop of a gradual erosion of performance, in 2019 a *Demand and Capacity Review* was commissioned.
2. The review, which was led by world leaders in ambulance forecasting and modelling, Operational Research in Health (ORH), and was undertaken collaboratively on behalf of the Emergency Ambulance Services Committee (EASC), was itself

an output of the Welsh Government's *Amber Review* published in 2018.

3. The Demand and Capacity Review was carried out through 2019 and its outcome was formally reported to EASC in January 2020.
4. 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 because of challenges relating to ambulance availability.
5. The 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 investment of 263 staff on a full time equivalent (FTE) basis across Wales. The Emergency Ambulance Services Committee (EASC) agreed to invest in WAST and close the "relief gap", while it was agreed re-rostering would help improve the alignment and mix of resources allied to patient demand.
7. Throughout the pandemic, work has continued to recruit the additional staff and progress with the roster review, as key planks in the organisation's response to the need to stabilise and improve performance long term. In Powys greater emphasis on 'targeted' recruitment is being undertaken to ensure we build a local workforce wanting to remain within the rural environment.
8. The Powys teaching Health Board area enjoyed an uplift in staff numbers in the 2020/21 and 2021/22 periods of 31 additional staff, with the final staff concluding their training and becoming operational in Q1 22/23.
9. In the same period, WAST agreed to take steps to reduce absences due to sickness absence, to increase 'hear and

treat' rates (where patients are triaged and given advice rather than deploying an ambulance) and to implement new rosters across Wales. The new rosters went live in South Powys on 10th October 2022, and North Powys on 17th October 2022. Also the Hear and Treat rate in Powys is currently sitting at 10%.

Patient Safety

1. It is a sad fact that the cumulative effect of the performance pressures outlined above is a detrimental impact on patient safety.
2. WAST is recognised by Health Inspectorate Wales as having a strong culture of reporting harm, with national reportable incidents (NRIs) being reviewed both via the organisation's Serious Case Incident Forum (SCIF) and being reported nationally to Welsh Government.
3. A significant proportion of NRIs are also shared by WAST with health boards for joint investigation, particularly where handover delays/long community waits are deemed to be a pertinent factor in the outcome for the patient and/or their poor experience.
4. Similarly, all health boards receive quarterly reports on quality and safety incidents as they relate to their areas and populations, for whom they have population health responsibility.
5. The issue of patient safety is very high on the Trust Board's agenda, and individual cases reviewed and discussed. The following Patient Safety Report was presented by WAST CEO.



ITEM 8 Trust Board
Patient Safety Report

6. It is the risk to patient safety which is WAST's key driver in redoubling its efforts with Welsh Government, commissioners, and other stakeholders to drive real improvements at pace.

Addressing the Issues

1. It is fully acknowledged that the issues confronting the health and care system are not easily resolved.
2. That said, the safety of patients is, at differing points, compromised because of system pressures and the Board of the Welsh Ambulance Service recognises that this is unacceptable.
3. As a result, several actions have been put into place to try and mitigate risks to patients, with variable levels of success.
4. Detailed below is a brief overview of the actions which have been taken, or proposed to commissioners, by WAST, in a bid to alleviate the current pressures.

Resource Escalation Action Plan

- The aim of this plan is to describe the arrangements in place to be considered by the Trust in response to a strategic or dynamic assessment of pressures affecting or likely to affect service delivery. The plan sets out a set of triggers based on various metrics that will identify pressure on service delivery and act as a guide to support decision-making. It outlines a categorisation of pressure on a scale of 1 to 4 with associated actions for consideration. This categorisation is considered and set weekly by a group of senior operations managers. Given many of the actions that can be taken within REAP take some days to take effect, this plan is designed to be a proactive forward looking tool to be used for short periods of additional pressure regardless of cause. It is not designed for sustained long term or permanent use at high levels of escalation.

Clinical Safety Plan

- The Clinical Safety Plan (CSP) provides a framework for WAST to respond to situations where the demand for services is greater than the available resources. It recognises that causes can be multifaceted impacting either demand for services, the capacity to respond to demand, or both.
- The CSP provides a set of tactical options that are flexible and immediate so that WAST can dynamically react to situations to ensure those patients with the most serious conditions or in greatest need according to their presentation remain prioritised to receive services.
- At its core, it achieves this by introducing a principle of 'can't send' so that available capacity when it is constrained can be targeted at those who need it the most, which results in some callers being advised that an ambulance is not available to respond. It also allows for control call handlers to provide realistic response times to patients based upon the live circumstances. This is why some of the survey responses related to this issue.
- The level of CSP is constantly monitored, and decisions to escalate to higher levels are made by the Strategic Commander and depending on the level is supported through clinical and executive consultation.

Seasonal planning including forecasting

- As well as utilising the services of ORH in longer term demand and capacity modelling, WAST also commissions services from Optima who use simulation models which can predict output performance based on a range of input assumptions.
- Through the pandemic period, WAST has worked hard to improve its shorter term forecasting and has produced quarterly reports which set out what performance is likely to be, given a series of assumptions around demand and available capacity. The accuracy of these reports has been good, and

they have been used within WAST and in discussions with commissioners, to develop appropriate mitigating action plans where performance is forecast to be below that required.

Roster review

- The roster review, as agreed as part of the Demand and Capacity Review, has been progressing well. The review is being supported by an external company, Working Time Solutions (WTS), who are experienced in these reviews across other ambulance services, other public sectors and industry. The work has progressed through a series of four working parties in each local area, attended by front line staff, managers, resource team and trade union partners.
- The four working parties have now concluded, and as previously mentioned the new rosters went live in South Powys on 10th October 2022, and North Powys on 17th October 2022.
- The roster review process was paused in 2021/22 whilst additional modelling was undertaken to understand the impact of the increases in red demand. The outcome of that modelling was that further single staffed car capacity was required, totalling 90 WTE additional staff, and this has now been built into the new rosters. Commissioners have agreed that the modelling is correct, but no additional resources are available for 2022/23, which means that the new rosters will initially operate with an inbuilt relief gap.

Escalation

WAST Operational Delivery Unit

- The Operational Delivery Unit (ODU) acts as a central hub providing coordination for the Welsh Unscheduled Care System with a link between WAST, Welsh Government, and all the Health Boards through a system-wide view.

- The purpose of the ODU is to keep the unscheduled care system in Wales flowing by supporting existing internal and external operational management arrangements. It provides a management overview of WAST and broader unscheduled care system delivery by monitoring and reacting to real time performance inhibitors that challenge timely and effective patient care.
- The ODU currently has four main areas of focus to achieve this purpose; to maintain pan-Wales situational awareness, to consider performance, limit post-production lost hours and plan for the upcoming 24 hours.
- Alongside the four areas of focus, the ODU has three main objectives to ensure system wide performance.
 - *Pre-empt:* Identify and analyse potential risks and issues over the next 24hours and current trends
 - *Mitigate:* With the aid of local teams, develop actions to mitigate or negate any identified risks/issues
 - *React:* Dynamically react to situations as they unfold and take decisions on whether to react

System and Peer Groups

- The leadership team of the Welsh Ambulance Service has taken every opportunity to escalate concerns across the system over a period of months.
- Professional leads, peer groups, and government have been apprised of the risks, harms and challenges, while commissioners have been presented with a Transition Plan (see below) to try and ameliorate the worst of the performance issues and attendant harms.
- The organisation also uses regular media and stakeholder briefings to explain the issues, both to encourage appropriate use of urgent and emergency healthcare by patients while ensuring stakeholders are sighted on the issues and what is being done to mitigate harms and improve performance.

- Similarly, partnership groups, including Regional Partnership Boards where WAST is a member, have been apprised of the issues and early conversations with local authorities are progressing (subject to capacity constraints on both sides) to identify collaborative opportunities to reduce conveyance and improve the experience of patients.

Transition Plan

- WAST is committed to doing all that it can to reduce clinical risk, improve patient care and outcomes, ensuring that patients get the right service, in the right place, every time. The data in support of this statement shows that there is much more to do, with some actions within WAST's control, and many which are outside of its control.
- As a result of concerns about clinical risk and patients coming to harm, WAST developed a Transition Plan, which was submitted to commissioners in December 2021. In essence, this plan was a bid for investment, as well as setting out the actions to be taken within WAST to continue to improve efficiency and to transform its delivery model.
- The case proposed additional investment to increase front line capacity across the Emergency Medical Service (EMS) which an additional 100 have been funded, and including advanced practice paramedics (APPs). The proposed investment, building on previous investment, together with the delivery of a series of changes and efficiency improvements commenced over the last two years.
- Further elements of the Transition Plan are being worked through with wider consultation and planning, to ensure we provide the service that is fit for the patient's needs and is safe.
- Significant pressures within the 999 service in the last 12 months have led to very poor patient experience and outcomes, with response times lengthening for all categories of

patients, and too many patients coming to serious harm as a result.

- The Trust has also had to deploy its Clinical Safety Plan more often than it would want, and at times, has been unable to send any ambulance response to patients in lower acuity categories, adding risk to patients and to other parts of the urgent and emergency care system.

Closing Observations

1. The pressure facing the Welsh Ambulance Service and the wider health and care system are not new. They are issues which have been evident for far too many years.
2. The recent pandemic and its impact has thrown into sharp relief the fragility of that system and, with competing priorities around urgent, unscheduled and planned care, health boards and government are having to manage multiple issues at a time when there is limited capacity, energy and resources to drive forward solutions in the quantum required to make a sufficiently significant impact.
3. All partners, whether in health or social care, recognise that something needs to be done differently, and all acknowledge that patients/clients are the net losers in the currently overheated system.
4. As an ambulance service, we recognise that there are issues within our gift to resolve (e.g. attendance, post-production lost hours) and there are tangible plans in place to address these.
5. All these actions, the quantum of which remain insufficient to offset system wide inefficiencies, at best demonstrate that the Trust has considered every possible way in which we can react to and mitigate the impact of these pressures, which are fundamentally outside of our control.

6. Taken together, the Trust Board believes the organisation has taken all possible steps to manage and mitigate the impact of acute system pressures in both rural and urban areas, including those which are beyond our control but impact on our ability to respond in a timely way or provide patients with the experience they have a right to expect.
7. However, there are no easy answers. The key issue will be the pace and urgency with which the system can respond to the matters at hand, recognising that, following repeated WAST escalation, this is now starting to gain traction.
8. While significant collaborative work continues to be undertaken on these issues, there is little that the ambulance service can fundamentally do to insist on discrete actions, beyond lobbying and highlighting the very significant patient safety concerns which arise, particularly from extended waits outside hospitals, which inevitably also result in excessive waits for those patients awaiting help in the community.
9. The Welsh Ambulance Service will continue to press for real systemic change at every opportunity and continues to do its very best to deliver a consistent service at a time of significant societal difficulty.

Again, thank you for sharing the Powys CHC's report titled 'Patient Experience of Ambulance Services in Powys' dated October 2022. I hope that this response offers the required explanation to the responses and comments raised. I also confirm that we are not providing the level of service we want to provide and also hope that this response provides reassurance that WAST is working extremely hard to overcome the current pressures and improve our response to patients.

Moving forward the Trust will continue to work with all health boards to mitigate the system wide pressures currently being experienced and to make improvements where possible.

We are very happy to continue to work with the CHC to serve the public as best we can for the future.

Response from Powys Teaching Health Board

The Health Board made the following response to the CHC report:

Thank you for sending the recent CHC report on patient experience of the ambulance service in Powys. We have noted the detail and provided some comments below.

The feedback suggests that WAST staff continue to provide a caring service but that unfortunately there are significant delays in response to some calls. Those who responded highlight that delays can be significant. The patient stories are powerful in describing times when there has been a poor patient experience, but also when it has been very good.

Powys Teaching Health Board recognises the impacts of wider system pressures on the capacity of WAST to be able to respond quickly to calls. Congestion in acute hospitals is a significant contributor to this.

PTHB is doing much to maximise its own capacity to relieve pressures on acute sites and to improve the availability of acute ambulances for Powys residents.

- There is a strong focus on reducing length of stay in our community hospital beds. We know that in addition to relieving pressure on the acute systems, reducing time patients spend in community hospitals and having a strong focus on getting people home, helps to maintain people's independence and improves their outcomes.

- Powys is working with other health boards to increase bed capacity in communities for those who need it.

- Our work towards the '6 goals for urgent and emergency care' is helping to ensure that we deliver as much urgent care as we safely can in Powys. As well as being more convenient for patients, this should help to reduce the numbers of patients needing to be taken to acute hospitals.
- PTHB is working with WAST on a joint initiative to improve the care of patients who fall.
- PTHB closely monitors ambulance response times and meets with WAST regularly to discuss safety issues. We are working collaboratively to ensure that Powys residents have the appropriate response when an ambulance is needed.
- WAST and PTHB are currently running a 'return to footprint initiative' which we hope will ensure that there is improved availability of ambulances in Powys when an urgent response is needed.
- Our focus remains on early intervention and chronic health management which should reduce the strain on urgent care.

We continue to work collaboratively with WAST and to strive to mitigate for some of the issues that have arisen as a result of very significant system pressures.

Executive Medical Director

Thanks

We thank everyone who took the time to share their views and experiences with us about the emergency ambulance service.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



Contact Details



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