

Health and Social Care Committee

Meeting Venue:

Committee Room 3 – Senedd

Meeting date:

25 March 2015

Meeting time:

09.15

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

Llinos Madeley

Committee Clerk

0300 200 6565

SeneddHealth@Assembly.Wales

Agenda – Supplementary Documents

Inquiry into the performance of Ambulance Services in Wales: additional information

Please note the documents below are in addition to those published in the main Agenda and Reports pack for this Meeting

7 Inquiry into the performance of Ambulance Services in Wales: consideration of draft letter (11.30 – 11.45) (Pages 1 – 107)

Mr David Rees AM
Chair, Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CARDIFF, CF99 1NA

Dear Mr Rees

Re: Information request following Health and Social Care Committee on Thursday 5 March

In response to your letter dated 6th March 2015, please find enclosed the data relating to the number of ambulances that arrived at the accident and emergency departments in the Royal Glamorgan Hospital and Prince Charles Hospital during February 2015. I am unfortunately not able to provide the station in which these ambulances are based

Hospital Name	Incident Date	Totals	Hospital Name	Incident Date	Totals
Prince Charles Hosp Merthyr	01-Feb-15	31	Royal Glamorgan Hosp Pontyclun	01-Feb-15	42
Prince Charles Hosp Merthyr	02-Feb-15	37	Royal Glamorgan Hosp Pontyclun	02-Feb-15	41
Prince Charles Hosp Merthyr	03-Feb-15	37	Royal Glamorgan Hosp Pontyclun	03-Feb-15	44
Prince Charles Hosp Merthyr	04-Feb-15	29	Royal Glamorgan Hosp Pontyclun	04-Feb-15	35
Prince Charles Hosp Merthyr	05-Feb-15	39	Royal Glamorgan Hosp Pontyclun	05-Feb-15	55
Prince Charles Hosp Merthyr	06-Feb-15	34	Royal Glamorgan Hosp Pontyclun	06-Feb-15	33
Prince Charles Hosp Merthyr	07-Feb-15	46	Royal Glamorgan Hosp Pontyclun	07-Feb-15	43
Prince Charles Hosp Merthyr	08-Feb-15	34	Royal Glamorgan Hosp Pontyclun	08-Feb-15	45
Prince Charles Hosp Merthyr	09-Feb-15	44	Royal Glamorgan Hosp Pontyclun	09-Feb-15	52
Prince Charles Hosp Merthyr	10-Feb-15	40	Royal Glamorgan Hosp Pontyclun	10-Feb-15	33
Prince Charles Hosp Merthyr	11-Feb-15	40	Royal Glamorgan Hosp Pontyclun	11-Feb-15	40
Prince Charles Hosp Merthyr	12-Feb-15	36	Royal Glamorgan Hosp Pontyclun	12-Feb-15	40
Prince Charles Hosp Merthyr	13-Feb-15	39	Royal Glamorgan Hosp Pontyclun	13-Feb-15	42
Prince Charles Hosp Merthyr	14-Feb-15	38	Royal Glamorgan Hosp Pontyclun	14-Feb-15	27

Merthyr	15		Pontyclun		
Prince Charles Hosp Merthyr	15-Feb-15	39	Royal Glamorgan Hosp Pontyclun	15-Feb-15	40
Prince Charles Hosp Merthyr	16-Feb-15	43	Royal Glamorgan Hosp Pontyclun	16-Feb-15	39
Prince Charles Hosp Merthyr	17-Feb-15	49	Royal Glamorgan Hosp Pontyclun	17-Feb-15	28
Prince Charles Hosp Merthyr	18-Feb-15	43	Royal Glamorgan Hosp Pontyclun	18-Feb-15	39
Prince Charles Hosp Merthyr	19-Feb-15	41	Royal Glamorgan Hosp Pontyclun	19-Feb-15	40
Prince Charles Hosp Merthyr	20-Feb-15	29	Royal Glamorgan Hosp Pontyclun	20-Feb-15	36
Prince Charles Hosp Merthyr	21-Feb-15	43	Royal Glamorgan Hosp Pontyclun	21-Feb-15	36
Prince Charles Hosp Merthyr	22-Feb-15	35	Royal Glamorgan Hosp Pontyclun	22-Feb-15	51
Prince Charles Hosp Merthyr	23-Feb-15	36	Royal Glamorgan Hosp Pontyclun	23-Feb-15	44
Prince Charles Hosp Merthyr	24-Feb-15	42	Royal Glamorgan Hosp Pontyclun	24-Feb-15	36
Prince Charles Hosp Merthyr	25-Feb-15	41	Royal Glamorgan Hosp Pontyclun	25-Feb-15	46
Prince Charles Hosp Merthyr	26-Feb-15	38	Royal Glamorgan Hosp Pontyclun	26-Feb-15	39
Prince Charles Hosp Merthyr	27-Feb-15	29	Royal Glamorgan Hosp Pontyclun	27-Feb-15	35
Prince Charles Hosp Merthyr	28-Feb-15	36	Royal Glamorgan Hosp Pontyclun	28-Feb-15	35
PCH TOTALS		1068	RGH TOTALS		1116

Within Cwm Taf University Health Board there have been a number of actions taken to achieve this improvement in patient handover performance these actions have included:

- System wide “focus on flow” project, which has concentrated on reducing delays in discharge across all inpatient bed settings.
- Review and implementation of an organisational escalation policy that is responsive to pressures in any aspect of the service.
- Acute hospital wide ownership of pressures at the front door.
- Zero tolerance approach to delay in ambulance handover.
- Close working relationship with WAST colleagues to develop and implement pathways to avoid hospital transfers.
- Senior clinical decision maker at the front door to avoid delays and facilitate early discharge.

The Health Board continues to develop further initiatives in conjunction with WAST to build on this success; two of these key initiatives are described below:

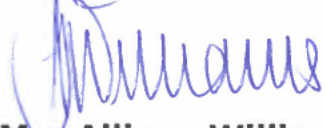
- Ring fencing of Cwm Taf WAST resource, preventing travel across boundaries other than in emergency situations – it is hoped that this pilot will improve the category A response times in the Cwm Taf area. This pilot is being tested during March and will be in place for a 6 week period from 30th March 2015.
- Use of alternative vehicles to transfer General Practitioner admissions – it is envisaged that this will improve the timeliness of these admissions and will facilitate further improvement in the category A response times. This pilot will commence on 16th March 2015.

The continued work to improve patient flow within the organisation complimented by the above joint working initiatives is anticipated to maintain and further improve our ambulance handover rates within the next three months so that we can achieve the 95% target.

I hope the enclosed information provides reassurance that we are committed to working in close partnership with WAST to continually reduce any delays experienced within the hospital setting, and also improve the overall ambulance response times.

If you require any further information, please do not hesitate to contact me.

Yours sincerely



Mrs Allison Williams
Chief Executive/Prif Weithredydd

Return Address:



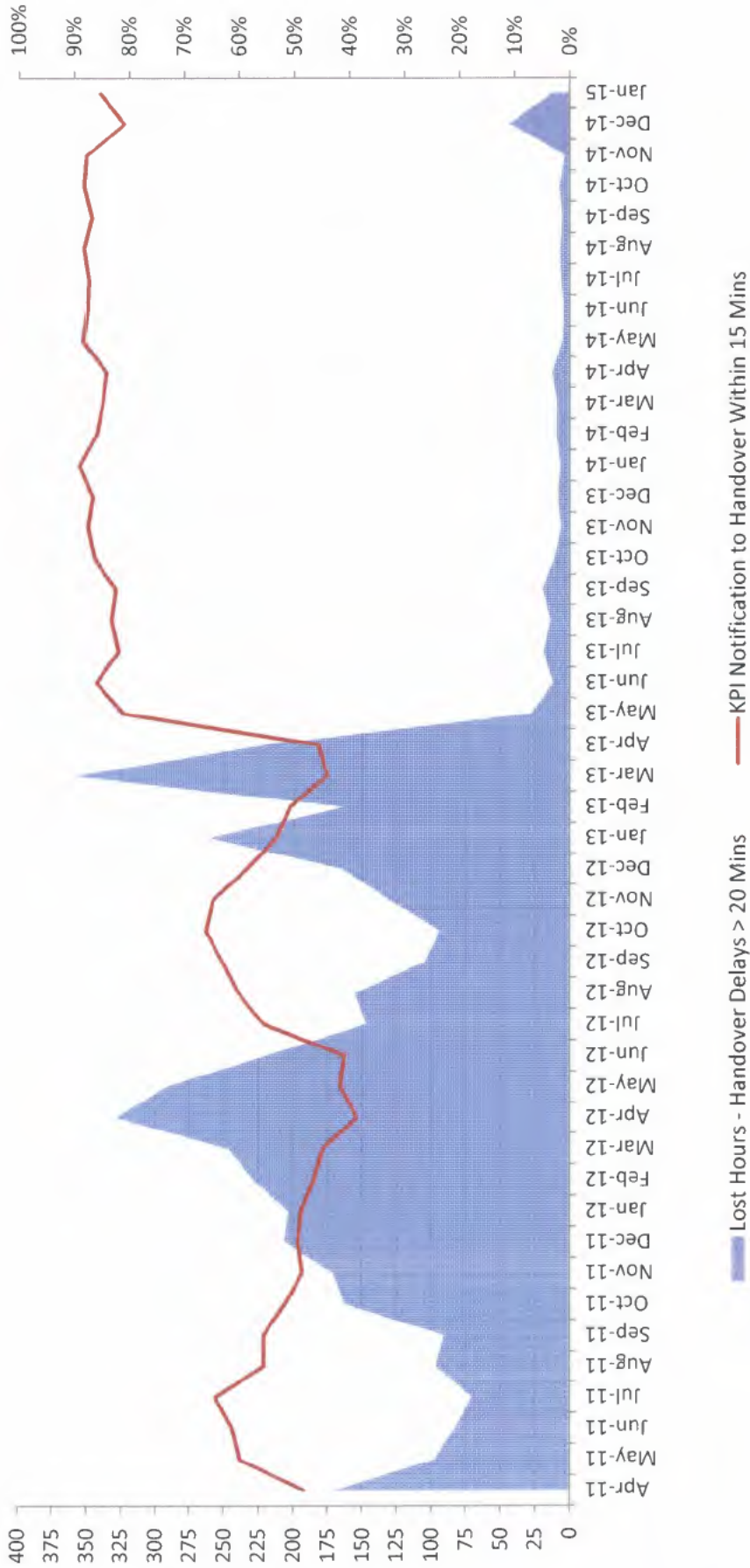
Chair / Cadeirydd; Dr C D V Jones CBE
Williams

Pack Page 4

Chief Executive / Prif Weithredydd: Mrs A

Appendix A

**Cwm Taf Health Board -
Lost Hours (Handover >20 Mins) & 15 Min Handover Performance**



Cwm Taf	Lost Hours - Handover Delays > 20 Mins	KPI Notification to Handover Within 15 Mins
Apr-11	170.66	48.0%
May-11	97.36	59.6%
Jun-11	83.09	61.0%
Jul-11	70.43	64.0%
Aug-11	96.64	55.3%
Sep-11	90.59	55.3%
Oct-11	163.15	51.5%
Nov-11	171.56	48.3%
Dec-11	206.49	49.1%
Jan-12	203.78	48.4%
Feb-12	228.71	46.2%
Mar-12	247.00	44.7%
Apr-12	329.01	38.4%
May-12	292.18	41.6%
Jun-12	219.78	40.8%
Jul-12	147.05	55.4%
Aug-12	155.51	59.8%
Sep-12	105.19	62.7%
Oct-12	93.87	65.8%
Nov-12	130.07	64.5%
Dec-12	165.17	58.3%
Jan-13	260.74	53.0%
Feb-13	163.63	50.6%
Mar-13	358.71	43.8%
Apr-13	220.27	45.5%
May-13	27.76	80.9%
Jun-13	11.65	85.8%
Jul-13	19.26	81.7%
Aug-13	13.50	83.0%
Sep-13	19.97	82.3%
Oct-13	10.73	86.1%
Nov-13	6.16	87.3%
Dec-13	8.60	86.5%
Jan-14	6.60	88.8%
Feb-14	9.54	85.8%
Mar-14	8.90	84.7%
Apr-14	12.45	83.9%
May-14	5.28	88.3%
Jun-14	4.12	87.5%
Jul-14	6.32	87.3%
Aug-14	6.85	88.2%
Sep-14	5.36	86.8%
Oct-14	7.41	88.2%
Nov-14	3.51	87.8%
Dec-14	43.82	80.9%
Jan-15	12.54	85.3%



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

Your ref/eich
cyf:
Our ref/ein
cyf:
Date/dyddiad: 18 March 2015
Tel/ffôn:
Fax/ffacs:
Email/ebost:

David Rees AM
Chair of Health and Social Services Committee
National Assembly Wales

cc Stephen HARRY, CASC

Dear David

Thank you for your letter of 6 March 2015 and for inviting Stephen and myself to give evidence to the short inquiry into the performance of the ambulance services in Wales.

I am attaching as requested a copy of the Interim Agreement between EASC and WAST for 2014/15.

The Commissioning Quality and Delivery Framework 2015/16 was agreed at the EASC meeting of 17 March. It now needs to be considered by the WAST Board on 19 March with an intention to sign it by the end of the month. There may be some refinements to be made and we would provide the final document as soon as possible after it has been signed by the end of April at the latest.

If there are anything else we can help with please do let us know.

With kind regards

Yours sincerely

Professor Siobhan McClelland
Chair, EASC

INTERIM COLLABORATIVE COMMISSIONING AGREEMENT 2014/15

**EASC – Emergency Ambulance Services Committee
("Commissioning Collaborative")
and
WAST - Welsh Ambulance Services NHS Trust
("Provider")**

This Interim Collaborative Commissioning Agreement is entered on this day of _____ 2014 by and between:

1. **Emergency Ambulance Services Committee** ("Commissioning Collaborative"); and
2. **Welsh Ambulance Services NHS Trust** ("Provider").

Scope

The scope of services covered by this document are as follows:

- responses to emergency calls via 999;
- urgent hospital admission requests from general practitioners;
- high dependency and inter-hospital transfers;
- major incident response and urgent patient triage by telephone.

[As per the EASC (Wales) Directions 10 March 2014]

Purpose

This document is an agreement on key areas of service between NHS Wales Health Boards and WAST through the transitional year (2014/15) before full implementation of a new Commissioning & Clinical Quality Delivery Framework.

A separate Project Initiation Document (PID) has been *agreed* by EASJC for the production of a Commissioning & Clinical Quality Delivery Framework and it is expected that WAST will participate in its production during 2014/15 for implementation in 2015/16.

Principles

The Commissioning & Clinical Quality Delivery Framework will enable the philosophy of Prudent Healthcare and its associated principles to be applied.

An operational principle during 2014/15 is that any collaborative opportunities which may improve the efficiency and effectiveness of any parties to the agreement will be exploited.

Underpinning principles for this agreement is that all parties shall promote effective and efficient collaboration by acting in accordance with the principles of:

- Consistency;
- Reasonableness;
- Fairness;
- Transparency.

Background & Introduction

Prior to the production of this Interim Collaborative Commissioning Agreement for 2014/15 there has been limited formal processes in place to enable the production of a commissioning framework and any subsequent contractual type agreement between Health Boards and WAST.

The production of the Commissioning & Clinical Quality Delivery Framework for 2015/16, has been requested by the EASC and is being developed in collaboration with WAST.

Commissioning collaboratively aims to create the sense of operating within a non-competitive environment, behaving in a national (once for Wales) way to progress, share and develop ideas.

The objectives for each Section of the framework have been outlined within this document together with the interim arrangements for 2014/15 as a transitional year.

Part 1 – Care standards

Care standards must:

- be consistent with Prudent Healthcare;
- give assurance around quality and safety of service delivery;
- be evidence/best practice based;
- be aligned to an intelligent suite of clinically focussed outcome measures for the benefit of the public and patients;
- be understandable, realistic and achievable;
- be able to be performance measured / have clear metrics for measurement;
- be transparent.

For 2014/15 as a transitional year the standards will be those where existing performance measures apply and are as shown in the table within Appendix One (i).

- standards that apply across the key stages of an Ambulance Service Care Pathway (ASCP): ie the pathway of care for a “999” or “Urgent” call;
- standards which are under development for the future Commissioning & Clinical Quality Delivery Framework;
- standards for consideration during the development of the new framework.

Appendix One (ii) shows standards which are under development that relate to giving assurance that the correct infrastructure is in place to deliver effective and efficient services.

Part 2 – Activity

Activity requirements must:

- be consistent with Prudent Healthcare;
- be relevant to improving performance and outcomes;
- be measurable;
- be recorded, with information sources identifiable;
- provide clarity around demand and capacity;
- be able to be benchmarked between Health Boards – whenever comparable;
- be able to be benchmarked with other Ambulance services – whenever comparable.

For 2014/15 as a transitional year the Activity will be related to:

- services within the scope of the responsibility of the EASJC;
- existing performance measures;
- new indicators announced by the Health Minister for the key treatment areas of cardiac arrest, strokes and fractured Neck of Femur (NoF).

The indicative types of activity forming the baseline for 2014/15 and to be considered for reporting in 2014/15 is as shown in Appendix Two, these will be finalised during **Quarter 1 (April to June) 2014/15** and will replace Appendix Two within this Heads of Agreement.

Part 3 – Resource Envelope

The Resource Envelope should include the direct or complementary services which impact upon the effective and efficient delivery of emergency ambulance services, by the identification of all opportunities from:

- the application of Prudent Healthcare principles;
- whole system resource regardless of resource-holder eg primary, community, secondary and ambulance;
- areas of perceived waste;
- areas of perceived variation;
- capital investment;
- alternative sources of funding to support innovative work to deliver transformational change, for example, Integrated Care Fund, Inverse Care Programme, Invest to Save, Social Enterprise funds.

For 2014/15 as a transitional year the Resource Envelope will be related to the annual income value to WAST from Health Boards for 2014/15 [including the £7.5m allocated by Health Boards during 2013/14]; and in particular the utilisation of WAST's staffing resources.

In relation to the WAST's utilisation of staffing resources health boards will require information in a form to be determined but to include inter alia:-

- a) maximisation of Frontline Operational staff resources, that is, the substitution of overtime for permanent staff as indicated within WAST's draft Integrated Business Plan (IBP V11 – 28/3/14);

- b) the recruitment plan for permanent Frontline Operational staff which has the right skill mix to deliver an effective and efficient clinical model of delivery;
- c) the outcomes from a) above in relation to, for example:
 - o sickness absence impact from recruitment and deployment of Frontline Operational staff resources;
 - o overtime impact from recruitment and deployment of Frontline Operational staff resources;
- d) the rota changes as a consequence of recruitment of Frontline Operational staff resources;
- e) investment in the Clinical Contact Centre as also indicated within WAST's Integrated Business Plan (IBP V11 – 28/3/14).

WAST will produce for agreement of the EASJC a performance improvement plan which should be reflective and consistent with WAST's internal delivery plan and will include any new initiatives to be implemented as a consequence of the £7.5m investment, for example, the "batching" project. It should also explain how the £7.5m will unlock the potential for spending the £110m differently which will improve WAST capacity and capability to improve performance.

Specifically this plan will align with the content of WAST's Annual Delivery Plan (ADP) 2014/15 and be known as the WAST Performance Improvement Plan (PIP) 2014/15 for emergency ambulance services and is required to show for each quarter of 2014/15 the specific actions planned by WAST – for example the appointment and deployment of Urgent Care staff – plus, any new Models of Care, together with the associated improvement in performance – Category A and Handover – across Health Board areas. In addition, any enablers or dependencies by Health Boards to support its effective delivery need to be identified.

The PIP is to be produced by WAST before the end of **Quarter 1 2014/15**.

Part 4 – Models of care

Models of care:

- will be consistent with Prudent Healthcare;
- must be able:
 - o to meet the clinical standards;
 - o to meet the Evaluation criteria for the impact of the framework which is proposed as improving patient outcomes, improving patient experience and demonstrating Value for Money;
 - o to support the delivery of new models of hospital care from NHS Wales Regional Reconfiguration Programmes;
 - o to complement and support new developments in clinical practice;
 - o to balance national expectations / standards with local responsiveness and need;
- must be joined up across the health system and link with other public services eg local authority, police;

- are underpinned by an acceptance that there may be different models of delivery across Health Boards dependent upon epidemiological, demographic or geographical factors.

For 2014/15 as a transitional year the Models of care – which are not at present defined – will be those which will be outlined within the ADP and detailed within the PIP required by the end of **Quarter 1 2014/15** for approval of the EASJC as identified in Section 3.

Part 5 – Operational arrangements

Operational arrangements must:

- be consistent with Prudent Healthcare;
- include who is accountable and responsible for what;
- provide clarity around who does what across all parts of health care system (operational working practices / protocols);
- clarify performance management arrangements to improve quality;
- identify how the *"money will flow from Health Boards as purchasers to the delivery organisation"* (Minister's statement July 2013).

For 2014/15 as a transitional year the Operational arrangements will be limited to:

- **Accountabilities & Responsibilities:** to be defined by the EASJC as part of formalising their own governance structure and clarifying accountabilities and responsibilities for Emergency Ambulance Services with for example Welsh Government, Welsh Audit Office and Health Inspectorate Wales.
- **Operational Working Practices:** any opportunities to improve operational performance from the identification of exemplar working practices, to be considered for early adoption across NHS Wales by the Task & Finish Collaborative Commissioning Project Delivery Group and recommended for approval to the EASJC.
- **Performance Management:** as outlined in Part 6.
- **Finance:** The basis of the financial agreement for WAST in 2014/15 is on a "block basis". The agreed financial value for 2014/15 payable to WAST from Health Boards and the detailed components of the financial agreement are shown in the Finance Schedule included as Appendix Three. Exclusions to this sum will be:
 - extant developments by individual Health Boards;
 - any Major Incident event(s) which will be subject to a separate pricing mechanism that will reflect actual additional costs incurred and an "open book" approach to verifying costs by the Commissioning Collaborative before payment is made.

Any existing initiatives currently funded individually, or collectively, by Health Boards which are in excess of the sum detailed in the Finance Schedule. To be identified by Health Boards during **Quarter 1 2014/15** and highlighted within an updated Finance Schedule.

Any existing initiatives which are currently under discussion by Health Boards either individually or collectively with WAST regarding service change are to be identified and collated by the Collaborative Commissioning Project Delivery Group during **Quarter 1 2014/15**.

Part 6 – Reviewing performance

The reviewing of performance needs to:

- be consistent with Prudent Healthcare;
- apply across all parts of the healthcare system;
- include measurements which cover infrastructure measures, process measures and outcome measures and enable trend analysis;
- ensure any improvement measures have an agreed action plan including timeframe for delivery.

There will be a collaborative (joint Health Board & WAST) quality and performance approach during 2014/15, which will enable:-

- a) regular performance reporting to the EASJC;
- b) regular performance reporting across all Health Boards and WAST;
- c) opportunities for preventive action and/or adoption of exemplar practices to be identified;
- d) a review and revision if necessary to the current WAST Balanced Scorecard as shown in Appendix Four.

In advance of the review and revision referenced in d) above, WAST will provide on the **15th day of each month** the Balanced Scorecard and the supporting data used to calculate the performance measures therein, to the Head of Performance & Information (Welsh Health Specialist Services Committee) who will be responsible for collating and distributing the information.

To support delivery of both the production of the commissioning framework and the new performance management arrangements, WAST will identify by **16th May** and make available from the **1st June**, the Clinical Leadership of 1 WTE of a dedicated senior paramedic who can perform an “intelligent customer function”.

The Collaborative Commissioning Project Delivery Group will determine during **Quarter 1 2014/15** the performance reporting and monitoring arrangements for 2014/15 which they will recommend to the EASJC. These will be reflective of interim arrangements for 2014/15 as a transitional year before the establishment of the new commissioning framework for 2015/16. It will need to consider ad-hoc / day to day requests and issues; regular reporting and developmental requirements.

In addition, during the year there will be an expectation to develop specific emergency ambulance services performance information which fit with any development of integrated data sets to support system wide improvements.

Part 7 – Evaluation

The Evaluation of the impact from the commissioning model must:

- meet Prudent Healthcare expectations;
- be based upon:
 - outcome measurements which are readily available with the current baseline position identifiable;
 - criteria which should also be used when assessing proposed Models of care;
- evidence of improvement in for example service delivery and patient outcomes, which are: transparent; robust; used to show trends and promote continuous improvement; able to give assurance around quality and safety.

For 2014/15 as a transitional year, the Evaluation work to be conducted will inform the new commissioning framework and will be focussed upon the following:-

1. The outcomes and potential benefits of the new indicators for Cardiac, Stroke and Fractured NoF.
2. The outcomes of WAST initiatives to be detailed within their PIP (Performance Improvement Plan) as referenced in Parts 3 and 4.
3. The production of the new commissioning framework including for example processes; relationships and developmental needs.

During **Quarter 1 2014/15** the Collaborative Commissioning Project Delivery Group will identify potential collaborators such as Public Health Wales and academic and improvement organisations for supporting the development of the criteria, methodology and responsibility for conducting these evaluations.

Signed on behalf of the Commissioning Collaborative

.....
[Mr Bob Hudson Lead CEO]

Date

.....

Signed on behalf of the Provider

.....
[Mr Elwyn Price-Morris, CEO WAST]

Date

.....

Care standards – Presented across Ambulance Service Care Pathway (ASCP)

Standards in **bold** are applicable for 2014/15
Standards in *italics* are under development for the new commissioning framework

Ref.	Standard	Performance Measures*	Opportunities for consideration
Area A- Supporting the appropriate use of 999 / urgent ambulance services			
1	<i>WAST must maximise the use of LHBs available existing alternative pathways to minimise the use of the ambulance service as a first response</i>		
2	<i>WAST must provide the public with appropriate access to high quality advice, support and care</i>		
Area B- Ensuring appropriate access			
3	WAST must answer all 999 calls promptly	<ul style="list-style-type: none"> 95% of 999 calls answered within 6 seconds 	<ul style="list-style-type: none"> Should we agree a standard for answering urgent calls which may reflect an "whole system approach"?
Area C- Ensuring appropriate response to call			
4	<i>WAST must ensure procedure in place to identify life threatening conditions with minimum delay</i>		
5	WAST must ensure an emergency response is dispatched with minimum delay to immediate life threatening calls	<ul style="list-style-type: none"> a minimum of 65% of responses arrive within 8 minutes 	<ul style="list-style-type: none"> Should we have parity & consistency with the reporting of the 75% NHS England target? Should Wales have a national requirement for "truly life threatening conditions" eg Cardiac Arrest, CPR in progress 4 minutes?
6	WAST must ensure an appropriate response is dispatched with minimum delay to serious, non-life threatening calls	<ul style="list-style-type: none"> 95% of Face to Face assessments in 30 minutes 	<ul style="list-style-type: none"> Could existing LHB services respond to some calls?
7	<i>WAST must ensure an appropriate response to non serious, non-life threatening calls – "signposting" to the correct care option within NHS Wales ("hear & direct")</i>		<ul style="list-style-type: none"> Enhanced role for ambulance service to enable correct care option for citizen?
8	WAST should ensure all appropriate non-life threatening calls are diverted to "hear and treat"	<ul style="list-style-type: none"> 95% of immediate telephone assessments are transferred within 10 minutes call back of 95% of callers requiring clinical triage in 10 minutes 	

9	WAST must ensure there is in-vehicle technology and systems to ensure the ambulance response arrives at the correct location of the incident by the most appropriate route		
10	<i>WAST must ensure that where dispatch is required, the correct type of ambulance vehicle (ie correctly staffed) to provide patient care is deployed</i>		Development of ambulance service workforce to reflect patient need eg an Urgent Care Service?
Area D - Provision of treatment or intervention by the right person, in the right place at the right time			
11	WAST must ensure via telephone assessment, "hear & treat" is the first choice intervention whenever clinically safe and appropriate	<ul style="list-style-type: none"> • call back of 95% of callers requiring clinical triage in 10 minutes • immediate telephone triage calls to be closed with no transport required 	
12	<i>WAST must ensure see, treat & referral is the second choice intervention whenever clinically safe and appropriate</i>	<ul style="list-style-type: none"> • <i>Face to Face triage to be closed with no transport required</i> 	<ul style="list-style-type: none"> • Should link to Standard 1 and 7 above?
13	<i>WAST must only convey patients to hospital where no alternative eg community-care or other care-professional is safe or available to meet the care needs of the patient</i>		<ul style="list-style-type: none"> • Should link to Standard 1 above?
14	<i>WAST must undertake clinical interventions at scene within the scope of practice of the attending clinician</i>		<ul style="list-style-type: none"> • Should link to Standard 10?
15	WAST must ensure all interventions adhere to best practice eg JRCALC	<ul style="list-style-type: none"> • % of Acute Coronary Syndrome patients who are documented as receiving appropriate STEMI care bundle • % of patients who receive pre hospital thrombolysis within 60 minutes • % of stroke patients who are documented as receiving appropriate care bundle • % of older people who have fallen and have suspected fracture of hip / femur who are documented as received analgesia 	<ul style="list-style-type: none"> • Should offer numerous opportunities for focus on clinical quality, safety and patient outcomes rather than time-based process targets?

Area E- Ensuring safe and effective care transition			
16	<i>WAST must ensure conveyance by EMS is only undertaken when the patient condition requires ALS intervention/monitoring on route to hospital</i>		<ul style="list-style-type: none"> • Should link to Standard 10? • May require ALS first responder and BLS transport?
17	<i>WAST must ensure that all patient information is passed to the receiving clinician in an appropriate format</i>		<ul style="list-style-type: none"> • Should there be electronic data transfer? • Should ambulance service have access to LHB patient records as per Out of Hours services?
18	<i>WAST must ensure that all vehicles are replenished and disinfected after handover of care with the minimum delay</i>		<ul style="list-style-type: none"> • Should correlate with Infrastructure Standards?
19	<i>WAST must ensure there is clear and accessible information available to patients where they are discharged at scene eg a head injury advice card</i>		<ul style="list-style-type: none"> • Should improve safety of decision making at scene?
20	<i>WAST must ensure that they promote and protect the welfare and safety of Patients at all times</i>		

***Current Performance Measures**

**Care standards – Key Infrastructure Requirements
(Under development for the new commissioning framework)**

Governance

- *WAST must meet all regulatory requirements eg Health & Safety, COSHH*
- *WAST must ensure Patients needs in respect of race, sex, sexual orientation, disability, age, religion or belief, gender reassignment are identified and addressed*
- *WAST must ensure the promotion of equality and diversity is part of the staff induction programme and mandatory training programme*
- *WAST must ensure there are effective internal systems and processes in place to assure patients, commissioners and other stakeholders, that they are providing patient focussed high quality, evidence based care and treatment*
- *WAST must ensure the views of service users and patients are sought and actively used to inform service improvement and development*

Safeguarding

- *WAST must ensure they promote and protect the welfare and safety of patients at all times*
- *WAST must ensure there is clear and accessible information available to patients and staff detailing how they can raise concerns about abuse/potential/perceived abuse*

Workforce

- *WAST must ensure employees are appropriately recruited, trained, qualified and competent for the work they undertake*
- *WAST must ensure its clinical staff are led, supervised and supported by an effective model of clinical leadership*

Resources

- *WAST must ensure they service, maintain and store all medical and diagnostic equipment in line with manufactures recommendations and legal requirements*
- *WAST must ensure its vehicle fleet is modern, reliable, safe and effectively configured to deliver the Ambulance Service Care Pathway (ASCP)*
- *WAST must ensure its estate is effectively configured to support staff in their role of delivering the*
- *Ambulance Service Care Pathway (ASCP)*

Activity Schedule (Indicative)

[To be completed & replaced by Health Boards & WAST via Collaborative Commissioning Project Delivery Group during 1st Quarter 2014/15]

Activity in relation to services within the scope of the responsibility of the EASC, to include by Health Board area the 2013/14 outturn for:

- responses to emergency calls via 999
- urgent hospital admission requests from general practitioners
- high dependency and inter-hospital transfers
- urgent patient triage by telephone

Relevant activity to calculate existing performance measures ie numerator & denominator if applicable, by Health Board area the outturn for 2013/14 for the measures, as follows:

- 95% of 999 calls answered within 6 seconds
- a minimum of 65% of responses arrive within 8 minutes
- 95% of Face to Face assessments in 30 minutes
- 95% of immediate telephone assessments are transferred within 10 minutes
- call back of 95% of callers requiring clinical triage in 10 minutes
- immediate telephone triage calls to be closed with no transport required

Relevant activity ie numerator & denominator if applicable to enable new indicators for the key treatment areas of cardiac arrest, strokes and fractured Neck of Femur (NoF) to be calculated as follows:

- % of Acute Coronary Syndrome patients who are documented as receiving appropriate STEMI care bundle
- % of patients who receive pre hospital thrombolysis within 60 minutes
- % of stroke patients who are documented as receiving appropriate care bundle
- % of older people who have fallen and have suspected fracture of hip / femur who are documented as received analgesia

Plus, other activity considerations which may be supportive of new indicators as follows:

- **Cardiac**
 - Chest pain calls
 - Calls requiring ALS response
 - Diagnosis of STEMI calls
 - 12 lead ECG
 - STEMI care bundle used
 - Conveyances to Cath lab
 - Conveyances to ED
 - Thrombolysis numbers
 - Number of Primary Coronary Interventions (PCIs)
 - Number of rescue PCI
 - Conveyances to nearest available facility with reason
 - Conveyances to most appropriate facility
- **Stroke**
 - Suspected stroke calls
 - Use of FAST via telephone advice pre-arrival
 - FAST assessment Face to face
 - Positive FAST tests
 - Negative FAST tests
- **Fractured NoF**
 - Face to face assessments
 - Suspected #NOFs
 - Immobilisations
 - Analgesia – basic to advanced
 - Destination ED
 - Destination Orthopaedic Ward
 - Source of admissions eg home, care home, etc
 - Conveyance rates to Orthopaedic dept

Finance Schedule

Payments

Payments against this agreement will be made on the first working day of each month and will be for one twelfth of the annual sum via Welsh Health Specialised Services Committee on behalf of the EASC.

Adjustments to payments to account for changes in the agreement or performance variation will be subject to individual agreement. The default position will be:

- In year variation – agreed variations will be adjusted to the monthly payments over the remaining months of the financial year.
- Performance variation – performance variation payments will normally be made in month 1 or month 2 of the following financial year depending on receipt of financial performance information for the year.

Contract Sum Payable – 2014/15 Financial Year

The initial contract sum is set out in the table below and will be amended following any subsequent in year agreement.

<u>Core Baseline</u>	£'000
Revenue	86,123
Capital Charges	12,264
<u>Welsh Government Pass Through Allocations</u>	
Air Ambulance	597
ARRP	2,770
<u>In Year Adjustments</u>	
VERS (adjustments to be agreed in year)	-
Re-basing to Flat Cash	1,250
Agreed Transformation Plan	7,500
Neo-natal transport baseline	199
TOTAL CONTRACT SUM 2014/15	110,703

Location Variation

Any additional local variations from individual health boards will be notified as in year variations.

Current [2013/14] WAST Balanced Scorecard

KPI Monitoring Scorecard - All Wales

Monthly Executive Key Performance Scorecard 2013/2014

Section	Ref	Description	Target
Outcomes	O03	% of patients who received pre-hospital thrombolysis within 60 minutes	70.0%
	O04	% of Acute Coronary Syndrome patients who are documented as receiving appropriate STEMI care bundle	100.0%
	O06	% of stroke patients who are documented as receiving appropriate stroke care bundle	-
	O07	% of older people who have fallen and have suspected fracture of hip / femur who are documented as receiving analgesia	100.0%
	O08	% of older people who have fallen and have suspected fracture of hip / femur admitted to an appropriate hospital within 60 minutes	100.0%
	O10	Number of EMS complaints	-
	O11	Number of PCS complaints	-
	O13	Number of adverse incidents (EMS & PCS)	-
	O14	Number of safeguarding children referrals	-
	O15	% of written safeguarding children referrals submitted within the standard of 2 working days	100.0%
	O16	Number of POVA referrals	-
	O17	% of written POVA referrals submitted within the standard of 2 working days	100.0%
	Process	P02	EMS call abandonment rate (primary line only)
P03		% of 999 calls answered within 6 seconds	95.0%
P04		% of 999 calls where pickup time to location verification was within 30 seconds	75.0%
P05		% of Incidents where chief complaint identified within 30 seconds of location verification	50.0%
P06		% Calls categorised as Category A	30.0%
P10		% Response rate to Category C calls planned clinical telephone assessment within 10 minutes	90.0%
P11		% of 999 calls where the time from location verification to allocation was within 30 seconds	65.0%
P13		% of Cardiac arrest calls provided with a defibrillator response within 4 minutes	52.0%
P14		% of Responses to Category A calls within 8 minutes	70.0%
P15		% CFR contribution to Category A performance	5.0%
P16		% Incidents treated at scene with no transport required	20.0%
P17		% Patients referred to alternative provider	8.0%
P18		% Conveyance rate to A&E department	60.0%
P19		% Notification to handover within 15 minutes	95.0%
P21		% Handover to clear within 15 minutes	100.0%
P22		% of PCS patients arriving within 30 mins either side of their appointment time	70.0%
P23		% of PCS discharge / transfer patients picked up within 60 minutes of ready time	70.0%
P24		% of PCS outpatients picked up within 60 minutes of ready time	70.0%
P26		% of Requested transporting vehicles arriving within 19 minutes of request for backup	95.0%
P27		% of Category C planned face to face assessment responses within 30 minutes	95.0%
P28	% of Card 35 incidents (pre-planned admission requests from HCPs) where response was within the pre-arranged time	95.0%	
Learning and Improvement and Support Services	L02	% of planned training delivered	90.0%
	L03	% sickness absence	5.6%
	L04	% overtime (EMS)	5.0%
	L05	% of EMS relief capacity	-
	L07	Number of violence and aggression incidents reported by staff	-
	L08	Number of injuries reported by staff	-
	L09	Number of grievances	-
Value for Money	V01	Actual expenditure YTD as % of budget expenditure YTD	-
	V02	Actual Trust surplus/deficit YTD - £000	-
	V03	Actual savings YTD as % of planned savings YTD	-
	V04	YTD % of non-NHS creditor invoices paid within 30 days of receipt of invoice	-
Meets Defined Target	Just Below Defined Target	Not Meeting Defined Target	Data Not Currently Available



Eich cyf/Your ref:
Ein cyf/Our ref: AC-ns-03-4609
Welsh Health Telephone Network:
Direct Line/Llinell uniongychol:

Professor Adam Cairns
Chief Executive

18 March 2015

David Rees AM
Chair, Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Rees

I am writing in response to your letter dated 6 March 2015 and following my attendance at the Health and Social Care Committee on Thursday 5 March 2015 regarding performance of the ambulance service in Wales. This letter details the additional information I agreed to provide.

Number of ambulances and patients experiencing delays

The following table summarises the numbers of ambulances that arrived at each accident and emergency department and also the number of patient handovers delayed over 15 minutes for the month of February 2015.

Hospital	February 2015	
	No of ambulance arrivals	No of handover delays > 15 mins
University Hospital of Wales	2,285	1,160
Llandough Hospital	488	320
Total Cardiff & Vale UHB	2,773	1,480

With regards to the ambulance arrivals, you also requested information on the ambulance station at which each of those ambulances was based. The Information Reporting and Standards Team at Welsh Ambulance Services NHS Trust (WAST) have been able to provide a report of all vehicle types that attended the accident and emergency departments (attachment 1) at each hospital. As the report provided is a total of all WAST vehicles that arrived at each hospital by ambulance station base, i.e. is a total of the number of vehicles that both conveyed patients and also the vehicles that did not convey patients but provided back up, the total numbers differ to the number of ambulance arrivals above. However, it should provide you with a good indication of the ambulance station bases.



Actions the Health Board is taking to reduce patient handover delays

The Health Board recognises that Ambulance handover and Emergency Department performance is a barometer for the Unscheduled Care system as a whole. For this reason the Health Board has initiated improvement measures in the pre-hospital, emergency department, inpatient flow and discharge elements of the Unscheduled Care pathway.

Upstream Measures (Pre-hospital)

The focus here is around managing Ambulance conveyance demand. Cardiff and Vale UHB works closely with WAST colleagues on a range of initiatives aimed at avoiding conveyance to hospital. To examples include the development of alternate pathways and the introduction of a non-emergency taxi service. In terms of pathways, alternatives for a number of conditions have now been introduced. They include a falls pathway, a post epileptic fit pathway and a post hypo-glycaemic (diabetic patient) pathway. In addition the Health Board has put arrangements in place to avoid the conveyance of some patients with mental health needs to the department; instead these are now conveyed directly to a service provided at Whitchurch Hospital. The second area of conveyance avoidance has been implemented by WAST colleagues and involves the implementation of protocols which stand down the need for an Ambulance conveyance to a taxi for defined and clinically appropriate patients.

Emergency Department

A number of initiatives are being put in place to improve handover processes at the emergency department. In addition to the traditional 'majors', 'minors' and 'paediatrics' Emergency Unit streams, we have now developed a 'minor illness' stream to accommodate the increasing numbers of ambulatory care sensitive presentations. This has freed up some of our majors trolley capacity to help off-load ambulances. In addition we have initiated procedures to protect Ambulance response capacity through our escalation process (zero code red) which will release Ambulance when capacity to respond is limited. In addition we have now provided an experienced nurse to act a Majors Assessment Nurse at the front ambulance entrance of the Emergency Unit. The role of this nurse includes expediting offloading processes.

Inpatient Flow

It is recognised that patient flow out of the Emergency Unit into hospital inpatient beds is a key driver for off-ambulance handover performance. It is also recognised that the increased volume of elderly complex discharges is a constrictive factor. The Health Board has now developed a complex discharge process to manage and expedite complex discharge needs. In addition, we have recently strengthened our patient access and Standard Operating Procedure for inpatient flow.

Discharge

To complement the improved complex discharge management process, the Health Board has been deploying new models for convalescent care. Over the winter months we have initiated a 'discharge to assess' model for patients with complex discharge needs, as opposed to the tradition of assessing patients completely before they leave hospital. Our Primary, Community and Intermediate Care Clinical Board is actively pursuing discharge improvement initiatives through investing in Community Resource Teams and other virtual bed capacity such as End of Life care support. For many of these initiatives we are working closely with our Local Authority partners. We have already developed a joint contact centre with the Vale Local Authority and we are in discussions with Cardiff Local Authority to join this approach through a single contact centre.

I hope committee members will find this information helpful. You will note that the Health Board is working collaboratively to pursue integrated improvement initiatives extending throughout the Unscheduled Care pathway. If you would like any further information please do not hesitate to contact me.

Yours sincerely

Professor Adam Cairns
Chief Executive

Enc

Cardiff & Vale UHB - Ambulance arrivals (all vehicles) by station and hospital site

February 2015

Station Name	Cardiff And Vale		
	Llandough Hospital	University Hospital Of Wales	TOTAL
BLACKWEIR STATION	169	972	1,141
SWANSEA AMBULANCE STATION	-	4	4
BARRY STATION	156	353	509
BASSALEG STATION	3	49	52
HAWTHORN STATION	15	51	66
CARDIFF EAST STATION	60	407	467
ABERDARE STATION	1	13	14
NEWPORT STATION	13	41	54
BRYNCETHIN AMBULANCE STN	2	7	9
GELLI STATION	3	18	21
MERTHYR STATION	2	15	17
CARMARTHEN AMBULANCE STATION	-	1	1
BARGOED STATION	-	12	12
PEMBROKE DOCK AMB STN	-	1	1
COWBRIDGE STATION	46	211	257
CWMBRAN STATION	1	13	14
ABERBEEG STATION	-	4	4
FERNDALE STATION	1	10	11
CAERPHILLY STATION	2	58	60
CHEPSTOW STATION	-	7	7
ABERGAVENNY STATION	1	8	9
TREDEGAR AMBULANCE STATION	-	6	6
PONTYCLUN STATION	-	25	25
NELSON STATION	-	7	7
PONTYPOOL STATION	-	7	7
WHITLAND AMBULANCE STATION	-	1	1
BLACKWOOD STATION	1	9	10
MAESTEG AMBULANCE STATION	-	3	3
SKETTY AMBULANCE STATION	-	1	1
MORRISTON AMBULANCE STATION	-	1	1
PORTHCAWL AMBULANCE STATION	-	1	1
CYMMER AMBULANCE STATION	-	3	3
MONMOUTH STATION	-	6	6
FISHGUARD AMBULANCE STATION	-	1	1
MILFORD HAVEN AMB STN	-	1	1
BRECON AMBULANCE STATION	-	1	1
SOUTH EAST REGIONAL H.Q.	2	32	34
ST JOHNS BASE CARDIFF	15	28	43
HENSOL STATION	12	9	21
ELY FIRE STATION STANDBY	2	23	25
ST JOHNS BASE NEWPORT	-	4	4
SOUTH EAST HCP	1	3	4
WORKSHOP BLACKWEIR	-	4	4
ST DAVIDS HOSP STANDBY POINT	1	1	2
TOTAL	509	2,432	2,941

Source: WAST Information Reporting and Standards Team

Vivienne Harwood, Cadeirydd / Chair

Ffon / Phone: [REDACTED]
E-bost / Email: [REDACTED]



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Carol Shilabeer, Y Prif Weithredwr Dros Dro /
Interim Chief Executive

Ffon / Phone: [REDACTED]
E-bost / Email: [REDACTED]

Ref: CS/sj

18th March 2015

David Rees AM
Chair – Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Chair

Re: Enquiry into Ambulance Services in Wales

Further to your letter of 6th march 2015 I provide below an outline of the Powys teaching Health Board position. As you will be aware we do not have any Accident and Emergency Departments within Powys, although we do have a number of Minor Injury Units/services which provide a positive role as part of the unscheduled care network. The teaching Health Board is working collectively with other commissioners and with providers of services to improve access to and the experience of unscheduled care services for our population, whether within Powys or in our related District General Hospitals. I understand that the information asked of other Health Boards will include ambulances where a Powys resident has been taken to the A & E department.

In relation to your second specific request, I can confirm that Powys teaching Health is taking an active role in reducing the demand for ambulances where clinically appropriate and offering alternative service solutions. This includes our Minor Injury Units and Minor Injury Services of which there are several across Powys, and more recently over the last 2 years further developments in primary care including the introduction of virtual wards to some areas.

Through these efforts, we anticipate reducing the numbers of people who could attend an A & E and thus contribute to the effective flow of patients through the A & E and hospital system. Furthermore, as part of our



commissioning arrangements active discussions take place with providers of A & E services in relation to the effectiveness of unscheduled care systems that Powys residents utilise.

I recognise that the direct provision services of Powys teaching Health Board differ to other Health Boards, nonetheless I hope this information is helpful to you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'C Shillabeer', followed by a period.

Carol Shillabeer
Interim Chief Executive



Pencadlys Rhanbarthol Ambiwylans a Chanolfan Cyfathrebu Clinigol
Regional Ambulance Headquarters and Clinical Contact Centre

Tel/Ffôn

Fax/Ffacs

Our Ref: TM/dmy/DR180315

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

March 18, 2015

Dear David,

Health and Social Care Committee Short Inquiry into Ambulance Service Performance

Many thanks for the opportunity to appear before Committee and discuss the many challenges and opportunities we face as an ambulance service.

This letter addresses the issues about which Committee Members indicated they would like more information, and which were outlined in your letter of March 6. For ease of reference, your points are addressed in the order in which they are raised.

Details of Pilot Schemes Across Wales to Improve Ambulance Services

Committee members were aware of the many improvement actions and initiatives we have underway to improve performance across Wales.

We are working with the Chief Ambulance Services Commissioner and his team to ensure the impact of such initiatives is known and that those delivering benefits are progressed.

I detail below, by Health Board area, the improvement initiatives which are currently in place, all of which are focused on improving the quality and efficiency of care we provide to patients.

Aneurin Bevan Health Board (ABHB)

Falls area Response Service (FaRS): a three-month "Plan, Do, Study, Act" (PDSA) trial (Jan – Mar 2015) to test the impact of introducing a dedicated falls response

team. A suitably equipped (WAST) vehicle is targeting 'falls' patients, with a view to providing alternatives to hospital admission, including access to appropriate alternative routes for treatment, e.g. a falls pathway.

Physician Response Unit (PRU): funded by the Health Board, the Physician Response Unit (PRU) is a trial in the Newport area that commenced in December 2014. Emergency Department Consultants are deployed alongside a Paramedic in a Rapid Response Vehicle to respond to low acuity calls, with a view to providing appropriate care at scene and avoiding the need for an admission to the Emergency Department. The team also attends acute and trauma cases if required.

Specialist Paramedic Hub: funded by the Health Board, the Specialist Paramedic Trial commenced in December 2014. Data analysis for the first month of operation indicates that conveyance rates in ABHB have reduced by circa 10 per cent. Upward of 50 per cent of patients are not conveyed, with patients being referred to alternatives (Assessment Units, Minor Injuries Units, GP or discharged at home) as opposed to going to the Emergency Department.

Betsi Cadwaladr University Health Board

GP / Trainee Advanced Paramedic Practitioner trial: with the exception of the first month, this initiative has been funded by the Health Board and involves Ambulance Service Trainee Advanced Paramedic Practitioners (TAPPs) working with the GP Out-of-Hours service in the North East area of Wales (Wrexham/Flintshire) during the weekends to manage and co-ordinate patient care. The trial commenced in January and has been extended until May.

Emergency Department Consultant based in North Wales Clinical Contact Centre at Llanfairfechan: funded by the Health Board, an ED consultant works on an ad hoc basis in our Clinical Contact Centre in Llanfairfechan to provide 'hear and treat' advice to crews and, in discussion with other Health Care Professionals, to seek alternative care pathways for patients.

Cardiff and Vale University Health Board

Rapid Response Resuscitation Unit (3RU): this involves the British Heart Foundation funding a dedicated vehicle to respond to confirmed and suspected cardiac arrests in the Cardiff and Vale University Health Board area.

Cwm Taf University Health Board

An Improvement Group, with representation from both the Health Board and the Ambulance Service, and with support from both Executive Teams, has been established to implement a range of improvement initiatives to drive forward immediate service improvements.

Activities include a "wayfinder" exercise to ringfence Cwm Taf resources within the area, ensuring rapid "return to footprint" on those occasions where local ambulances are unavoidably working outside their 'home' area, for example, conveying a patient to a clinical centre of excellence.



Alternative Care Pathways

In addition, we are working with our Health Board colleagues across Wales to develop a range of Alternative Care Pathways and Care Bundles designed to improve clinical outcomes and patient flow. By way of example, these include:

- (i) Community Integrated Assessment Service (CIAS) pathway
- (ii) Ambulatory Care pathway
- (iii) Mental health pathway
- (iv) Social Services pathway

The Number of Category A Emergency Calls and Related Incidents etc

You will see that I have included this data at Appendix 1 (under separate cover). In the interests of completeness, I have provided the generic data requested by Committee Members, as well as a breakdown by Health Board area since 2012.

These figures show the clear rise in demand for our services, reflecting the comments made at Committee.

The data provided does not include any 2015 data as, barring January, this data is not yet in the public domain. Should members require the data for the final quarter of 2014/15 (i.e. first three months of the 2015 calendar year), then this will be available at the end of April and I will be very happy to provide this under separate cover.

Maternity Care at Glan Clwyd Hospital

Members will recall the question about whether the Welsh Ambulance Services NHS Trust had been consulted, or involved in, the decision made to suspend consultant-led maternity care at Glan Clwyd Hospital.

I can confirm that I discussed the issue with Dr Matthew Makin, Medical Director of Betsi Cadwalader University Health Board (BCU), on Monday, February 9, 2015 by telephone, following efforts made by Dr Makin to make contact with me the previous week.

This discussion occurred before the pertinent meeting of the Betsi Cadwalader Board. Dr Makin and I agreed that, pending the deliberations of the BCU Board on the matter, the Trust would work with colleagues from BCU to assess the implications from an ambulance service perspective and agree how the Trust could support Health Board colleagues to deliver a safe service.

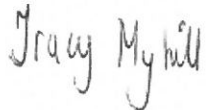
Following the Health Board's decision to suspend consultant-led maternity care at Ysbyty Glan Clwyd, senior representatives from our North Wales team are now actively involved in the Health Board's service change working group related to transport matters. This group is working through the transport implications of the change and developing an appropriate plan to address them, with a focus on maintaining patient safety and providing timely pre-hospital care.

Trust Improvement Plan

Our plan is currently being updated as part of our three-year Integrated Medium Term Plan (IMTP). The IMTP has not yet been approved by our commissioners or the Trust Board and will follow in due course.

I trust this information is helpful to Committee Members. In the interim, should you require any additional information, please do not hesitate to contact me.

Best Regards

A handwritten signature in cursive script that reads "Tracy Myhill".

Tracy Myhill
Chief Executive (Interim)

cc: Mick Giannasi, Chair



APPENDIX 1



GIG
NHS

Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust

Health Informatics Reference: 8041

Data Period: 1st January 2012 - 31st December 2014 (Inclusive)

Data Source: Emergency Medical Service Cube

Selection Criteria: Categorisation: Category A Calls
Valid Calls
Verified Incidents
KPI A8 Denominator
KPI A8 Numerator
KPI A8 Percentage
WAST Operation Area (Operational Area)
Incident Location (LHB)
Calendar (All Wales)

Caveat:

The data does not include any 2015 data, which is the result of some figures not having yet been officially released in accordance with the UK Statistics Authority Code of Practice.

Verified Incident

A Valid call is all 999 calls answered by Control, excluding calls made in error, test calls, calls to other ambulance control rooms, Information and duplicate calls.

Question

The number of Category A emergency calls made in 2012,2013 and 2014;
The number of incidents to which those calls relate
The number which resulted in an emergency response arriving at the scene and
The number which is resulted in an emergency response arriving at the scene within eight minutes



	Total Category A Emergency Calls	Total Category A Verified Incidents	# Category A Resulting in an Arrival At Scene	# Resulting Category A in an Arrival At Scene within 8 Minutes	Category A Percentage
2012	186,481	166,426	161,199	102,393	63.5%
2013	201,147	169,903	164,585	99,506	60.5%
2014	217,326	172,210	166,130	90,102	54.2%
Grand Total	604,954	508,539	491,914	292,001	59.4%



	Total Category A Emergency Calls	Total Category A Verified Incidents	# Category A Resulting in an Arrival At Scene	# Resulting Category A in an Arrival At Scene within 8 Minutes	Category A Percentage
2012	186,481	166,426	161,199	102,393	63.5%
Abertawe Bro Morgannwg	33,142	28,186	27,305	17,694	64.8%
Aneurin Bevan	34,768	31,396	30,686	18,708	61.0%
Betsi Cadwaladr	40,463	38,337	37,963	24,899	65.6%
Cardiff and Vale	27,481	24,692	24,028	16,349	68.0%
Cwm Taf	18,542	16,429	16,006	8,935	55.8%
Hywel Dda	21,725	19,431	18,969	12,072	63.6%
Out of Area	2,923	1,565	0	0	0.0%
Powys	7,437	6,390	6,242	3,736	59.9%
2013	201,147	169,903	164,585	99,506	60.5%
Abertawe Bro Morgannwg	35,712	28,263	27,369	17,120	62.6%
Aneurin Bevan	37,244	32,012	31,321	17,875	57.1%
Betsi Cadwaladr	42,497	39,043	38,581	24,888	64.5%
Cardiff and Vale	30,481	25,937	25,160	15,485	61.5%
Cwm Taf	20,051	16,691	16,291	8,570	52.6%
Hywel Dda	24,170	20,113	19,589	11,923	60.9%
Out of Area	3,044	1,427	0	0	0.0%
Powys	7,948	6,417	6,274	3,645	58.1%
2014	217,326	172,210	166,130	90,102	54.2%
Abertawe Bro Morgannwg	37,935	28,136	27,117	16,340	60.3%
Aneurin Bevan	40,168	32,537	31,552	15,193	48.2%
Betsi Cadwaladr	47,245	40,518	39,821	23,570	59.2%
Cardiff and Vale	33,328	26,615	25,614	13,560	52.9%
Cwm Taf	21,305	16,834	16,379	7,283	44.5%
Hywel Dda	25,597	19,837	19,273	10,633	55.2%
Out of Area	3,155	1,214	0	0	0.0%
Powys	8,593	6,519	6,374	3,523	55.3%
Grand Total	604,954	508,539	491,914	292,001	59.4%



	Total Category A Emergency Calls	Total Category A Verified Incidents	# Category A Resulting in an Arrival At Scene	# Resulting Category A in an Arrival At Scene within 8 Minutes	Category A Percentage
2012	186,481	166,426	161199	102393	63.5%
Abertawe Bro Morgannwg	33,142	28,186	27305	17694	64.8%
Bridgend	8,958	6,777	6566	3846	58.6%
Neath Port Talbot	8,835	7,823	7616	4657	61.1%
Swansea	15,349	13,586	13123	9191	70.0%
Aneurin Bevan	34,768	31,396	30686	18708	61.0%
Blaenau Gwent	4,777	4,235	4143	2443	59.0%
Caerphilly	10,730	9,819	9638	5731	59.5%
Monmouth	4,738	4,064	3964	2401	60.6%
Newport	9,104	8,318	8073	5410	67.0%
Torfaen	5,419	4,960	4868	2723	55.9%
Betsi Cadwaladr	40,463	38,337	37963	24899	65.6%
Conwy & Denbighshire	14,362	13,640	13528	9634	71.2%
Flintshire & Wrexham	15,033	14,292	14152	9197	65.0%
Gwynedd & Isle of Anglesey	11,068	10,405	10283	6068	59.0%
Cardiff And Vale	27,481	24,692	24028	16349	68.0%
Cardiff	20,523	18,551	18004	12481	69.3%
Vale of Glamorgan	6,958	6,141	6024	3868	64.2%
Cwm Taf	18,542	16,429	16006	8935	55.8%
Merthyr Tydfil	3,783	3,378	3266	1987	60.8%
Rhondda Cynon Taff	14,759	13,051	12740	6948	54.5%
Hywel Dda	21,725	19,431	18969	12072	63.6%
Carmarthen	10,535	9,383	9121	5732	62.8%
Ceredigion	3,921	3,505	3426	2090	61.0%
Pembrokeshire	7,269	6,543	6422	4250	66.2%
Out of Area	2,923	1,565	0	0	0.0%
Out of Area	2,923	1,565	0	0	0.0%
Powys	7,437	6,390	6242	3736	59.9%
North Powys	3,512	3,017	2950	1769	60.0%
South Powys	3,925	3,373	3292	1967	59.8%
2013	201,147	169,903	164585	99506	60.5%
Abertawe Bro Morgannwg	35,712	28,263	27369	17120	62.6%
Bridgend	9,760	7,001	6765	4009	59.3%
Neath Port Talbot	9,764	8,006	7778	4675	60.1%
Swansea	16,188	13,256	12826	8436	65.8%
Aneurin Bevan	37,244	32,012	31321	17875	57.1%
Blaenau Gwent	5,091	4,251	4159	2297	55.2%
Caerphilly	11,485	10,038	9862	5342	54.2%
Monmouth	5,420	4,413	4300	2388	55.5%
Newport	9,427	8,208	7981	5217	65.4%
Torfaen	5,821	5,102	5019	2631	52.4%
Betsi Cadwaladr	42,497	39,043	38581	24888	64.5%
Conwy & Denbighshire	15,117	13,921	13756	9701	70.5%
Flintshire & Wrexham	15,757	14,545	14383	9125	63.4%
Gwynedd & Isle of Anglesey	11,623	10,577	10442	6062	58.1%
Cardiff And Vale	30,481	25,937	25160	15485	61.5%
Cardiff	22,412	19,298	18716	11742	62.7%
Vale of Glamorgan	8,069	6,639	6444	3743	58.1%
Cwm Taf	20,051	16,691	16291	8570	52.6%
Merthyr Tydfil	4,041	3,389	3293	1831	55.6%
Rhondda Cynon Taff	16,010	13,302	12998	6739	51.8%
Hywel Dda	24,170	20,113	19589	11923	60.9%
Carmarthen	11,650	9,682	9421	5582	59.3%
Ceredigion	4,423	3,681	3574	2108	59.0%
Pembrokeshire	8,097	6,750	6594	4233	64.2%
Out of Area	3,044	1,427	0	0	0.0%
Out of Area	3,044	1,427	0	0	0.0%
Powys	7,948	6,417	6274	3645	58.1%
North Powys	3,572	2,920	2853	1656	58.0%
South Powys	4,376	3,497	3421	1989	58.1%
2014	217,326	172,210	166130	90102	54.2%
Abertawe Bro Morgannwg	37,935	28,136	27117	16340	60.3%
Bridgend	10,518	6,997	6662	3918	58.8%
Neath Port Talbot	9,995	7,685	7476	4405	58.9%
Swansea	17,422	13,454	12979	8017	61.8%
Aneurin Bevan	40,168	32,537	31552	15193	48.2%
Blaenau Gwent	5,527	4,287	4175	1884	45.1%
Caerphilly	11,996	10,026	9763	4350	44.6%
Monmouth	5,871	4,403	4274	1967	46.0%
Newport	10,497	8,635	8293	4761	57.4%
Torfaen	6,277	5,186	5047	2231	44.2%
Betsi Cadwaladr	47,245	40,518	39821	23570	59.2%
Conwy & Denbighshire	16,695	14,454	14225	9162	64.4%
Flintshire & Wrexham	17,942	15,402	15135	8638	57.1%
Gwynedd & Isle of Anglesey	12,608	10,662	10461	5770	55.2%
Cardiff And Vale	33,328	26,615	25614	13560	52.9%
Cardiff	24,538	19,861	19049	10140	53.2%
Vale of Glamorgan	8,790	6,754	6565	3420	52.1%
Cwm Taf	21,305	16,834	16379	7283	44.5%
Merthyr Tydfil	4,298	3,401	3287	1659	50.5%

Year Hyperlinks		
2012	2013	2014

Rhondda Cynon Taff	17,007	13,433	13092	5624	43.0%
Hywel Dda	25,597	19,837	19273	10633	55.2%
Carmarthen	12,509	9,666	9366	5002	53.4%
Ceredigion	4,601	3,562	3459	1874	54.2%
Pembrokeshire	8,487	6,609	6448	3757	58.3%
Out of Area	3,155	1,214	0	0	0.0%
Out of Area	3,155	1,214	0	0	0.0%
Powys	8,593	6,519	6374	3523	55.3%
North Powys	3,925	2,984	2918	1625	55.7%
South Powys	4,668	3,535	3456	1898	54.9%
Grand Total	604,954	508,539	491,914	292,001	59.4%

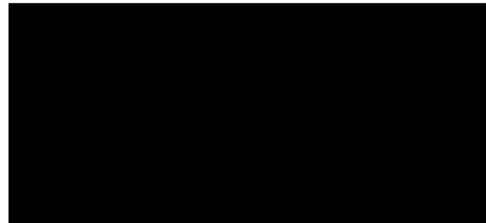


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Our Ref: PR/AH/JT

Date: 17th March 2015



WHTN: 1787 3302

Mr David Rees
Chair,
Health and Social Care Committee
Cardiff Bay
Cardiff
CF99 1NA

Dear David,

I am writing in response to your letter dated 6th March requesting additional information to inform the short enquiry into the performance of the ambulance service in Wales. This information is outlined as follows:

Ambulance attendances

The summary of ambulances attending emergency departments within ABMU Health Board during the month of February was as follows:

Morrison Hospital	2,122
Princess of Wales Hospital	996
Singleton Hospital	143
Total	3,261

The breakdown of these attendances by ambulance station is attached in Appendix 1 for information.

-
- Chairman/Cadeirydd: **Professor Andrew Davies**
 - Chief Executive/ Prif Weithredydd: **Mr Paul Roberts**

Bwrdd Iechyd ABMU yw enw gwethredu Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg
ABM University Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board
www.abm.wales.nhs.uk

Improvement actions

We are working very closely with WAST, and whilst we recognise that the main reason for our more recent deterioration in ambulance performance has been exit block from the Emergency Department, caused by the volume of patients being admitted to hospital beds, there are various initiatives that we have either put in place or are currently planning to better manage ambulance demand and improve performance. This includes compliance with the new National Ambulance Handover Guidance. **These initiatives are outlined in Appendix 2 at the end of this letter for your information.**

If you require any further information before the next Committee meeting on 25th March 2015, please do not hesitate to contact me

Yours sincerely

Alexandra Howell

PR: **PAUL ROBERTS**
CHIEF EXECUTIVE

Encls.

-
- Chairman/Cadeirydd: **Professor Andrew Davies**
 - Chief Executive/ Prif Weithredydd: **Mr Paul Roberts**



Ambulance Attendances at Accident & Emergency

February 2015

Station Name	Abertawe Bro Morgannwg			
	Morrison Hospital Swansea	Princess Of Wales Bridgend	Singleton Hospital Swansea	TOTAL
BLACKWEIR STATION	-	23	-	23
WREXHAM AMB STATION	-	-	-	-
DOBSHILL MAKE READY DEPOT	-	-	-	-
SWANSEA AMBULANCE STATION	602	9	31	642
BARRY STATION	-	21	-	21
BASSALEG STATION	2	-	-	2
HAWTHORN STATION	-	8	1	9
CARDIFF EAST STATION	-	6	-	6
RHYL AMBULANCE STATION	-	-	-	-
ABERDARE STATION	-	-	-	-
NEWPORT STATION	1	-	-	1
BRYNCETHIN AMBULANCE STN	32	376	4	412
GELLI STATION	1	1	-	2
MERTHYR STATION	-	-	-	-
LLANELLI AMBULANCE STATION	107	2	9	118
CARMARTHEN AMBULANCE STATION	37	-	4	41
ABERCONWY AMBULANCE STATION	-	-	-	-
BARGOED STATION	-	-	-	-
NEATH AMBULANCE STATION	256	65	11	332
PEMBROKE DOCK AMB STN	5	-	-	5
COWBRIDGE STATION	1	33	-	34
CWMBRAN STATION	-	-	-	-
ABERBEEG STATION	-	-	-	-
FERNDALE STATION	-	1	-	1
CAERPHILLY STATION	-	1	-	1
CHEPSTOW STATION	-	-	-	-
ABERGAVENNY STATION	-	-	-	-
TREDEGAR AMBULANCE STATION	-	-	-	-
PONTYCLUN STATION	-	3	-	3
COLWYN BAY AMBULANCE STATION	-	-	-	-
NELSON STATION	-	-	-	-
PONTYPOOL STATION	-	-	-	-
WHITLAND AMBULANCE STATION	19	-	-	19
PORT TALBOT AMBULANCE STATION	104	57	13	174
BLACKWOOD STATION	-	-	-	-
ABERYSTWYTH AMBULANCE STATION	4	-	2	6

MAESTEG AMBULANCE STATION	25	142	2	169
GORSEINON AMBULANCE STATION	150	1	8	159
CAERNARFON AMB STATION	-	-	-	-
SKETTY AMBULANCE STATION	145	2	18	165
CHIRK AMBULANCE STATION	-	-	-	-
HAVERFORDWEST AMBULANCE STN	3	-	-	3
DENBIGH AMBULANCE STATION	-	-	-	-
MORRISTON AMBULANCE STATION	134	8	11	153
AMMANFORD AMBULANCE STATION	24	-	2	26
TUMBLE AMBLULANCE STATION	29	-	5	34
LLANDUDNO AMB STATION	-	-	-	-
LAMPETER AMBULANCE STATION	2	-	-	2
BANGOR AMBULANCE STATION	-	-	-	-
GLYNNEATH AMBULANCE STATION	115	12	8	135
PORTHCAWL AMBULANCE STATION	17	112	2	131
LLANRWST AMB STATION	-	-	-	-
CARDIGAN AMBULANCE STATION	1	-	-	1
LLANGFNI AMB STATION	-	-	-	-
CYMMER AMBULANCE STATION	38	75	4	117
YSTRADGYNLAIS AMB STATION	99	6	1	106
FAENOL STANDBY POINT	-	-	-	-
MONMOUTH STATION	-	-	-	-
PORTHMADOG AMB STATION	-	-	-	-
FISHGUARD AMBULANCE STATION	2	-	-	2
PONTARDAWE AMBULANCE STATION	91	6	6	103
HOLYHEAD AMBULANCE STATION	-	-	-	-
MILFORD HAVEN AMB STN	3	-	-	3
BRECON AMBULANCE STATION	20	2	-	22
PWLLHELI AMB STATION	-	-	-	-
TENBY AMBULANCE STATION	-	-	-	-
CRICKHOWELL AMBULANCE STATION	1	1	1	3
BALA AMBULANCE STATION	-	-	-	-
LLANDEILO AMBULANCE STATION	9	-	-	9
AMLWCH AMBULANCE STATION	-	-	-	-
NEW QUAY AMBULANCE STATION	1	-	-	1
SOUTH EAST REGIONAL H.Q.	-	1	-	1
BARMOUTH AMB STATION	-	-	-	-
CORWEN AMBULANCE STATION	-	-	-	-
DOLGELLAU AMBULANCE STATION	-	-	-	-
ST JOHNS BASE CARDIFF	-	2	-	2
LLANDOVERY AMBULANCE STATION	6	-	-	6
MACHYNLLETH AMBULANCE STATION	-	-	-	-
RHUTHIN AMBULANCE STATION	-	-	-	-
LLANDRINDOD WELLS AMB STN	-	-	-	-
BLAENAU FFESTINIOG AMB STN	-	-	-	-
TYWYN AMBULANCE STATION	-	-	-	-
MERSEYSIDE AMBULANCE SERVICE	-	-	-	-
HENSOL STATION	-	-	-	-
BRONLLYS AMBULANCE STATION	5	-	-	5
EWLOE STANDBY POINT	-	-	-	-

ELY FIRE STATION STANDBY	-	-	-	-
LLANIDLOES AMBULANCE STATION	-	-	-	-
QUEENSFERRY AMB STATION	-	-	-	-
BRYN TIRION CONTROL	-	-	-	-
SINGLETON HOSPITAL	16	2	-	18
AMBULANCE CONTROL CARMARTHEN	9	6	-	15
NEWTOWN AMBULANCE STATION	-	-	-	-
MOLD AMBULANCE STATION	-	-	-	-
VALLEY STANDBY POINT	-	-	-	-
MOLD FIRE STATION	-	-	-	-
ST JOHNS BASE NEWPORT	-	-	-	-
AMBULANCE HQ ST ASAPH	-	-	-	-
FLINT FIRE STATION	-	-	-	-
WITHYBUSH HOSP HAVERFORDWEST	-	-	-	-
WELSHPOOL AMBULANCE STATION	-	-	-	-
SOUTH EAST HCP	-	-	-	-
LLANFYLLIN AMBULANCE STATION	-	-	-	-
OUT OF AREA (NOT IN WALES)	-	-	-	-
PRINCESS OF WALES BRIDGEND	1	4	-	5
HART BASE	-	5	-	5
WORKSHOP BLACKWOOD	-	-	-	-
WORKSHOP BLACKWEIR	-	-	-	-
YSBYTY GWYNEDD BANGOR	-	-	-	-
MORRISTON HOSPITAL SWANSEA	3	-	-	3
KNIGHTON AMBULANCE STATION	-	-	-	-
ST DAVIDS HOSP STANDBY POINT	-	1	-	1
ABERGELE STANDBY POINT	-	-	-	-
TY GNOLL NEWYDD STAND BY POINT	2	-	-	2
OSWESTRY AMBULANCE STATION	-	-	-	-
RHAYADER FIRST RESPONDER	-	-	-	-
MAESTEG FIREST RESPONDERS	-	1	-	1
NORTH WALES HELIMED BASE	-	-	-	-
GLAN CLWYD HOSP BODELWYDDAN	-	-	-	-
FLINT AMBULANCE STATION	-	-	-	-
CARMARTHEN COMMUNITY CFR	-	-	-	-
PRESTATYN STANDBY POINT	-	-	-	-
RAF VALLEY AIR BASE	-	-	-	-
MEDSERVE DOCTORS RESPONSE	-	1	-	1
PONTYBEREM FIRST RESPONDERS	-	-	-	-
CAERNARFON CFR	-	-	-	-
HOLYWELL AMB STATION	-	-	-	-
NARBERTH FIRST RESPONDERS	-	-	-	-
TOTAL	2,122	996	143	3,261

Cyfrinachol GIG - NHS Confidential

The Information contained within this report forms part of the Trust's Official Figures for Welsh

Appendix 2

ABMU/WAST INITIATIVES TO REDUCE HANDOVER DELAYS

A number of local initiatives are being progressed between the Health Board and WAST to drive and support improvements in the delivery and performance of local ambulance/pre hospital services within ABMU Health Board.

These initiatives fall into 3 main categories:

- Choose Well/Communication – signposting patients to the right service at the right time – evidence that regular communication during January impacted on redirection of patients with minor injuries and illnesses.
- Continually reinforcing and strengthening current operating protocols, patient handover arrangements and existing patient pathways eg downgraded 999's to Singleton constantly being reinforced with control and crews, and ensuring we comply with the National Handover protocol.
- The development of new models of care/pathways/ways of working. Examples of these are:
 - The use of taxis to convey appropriate patients to hospital as opposed to an ambulance vehicle - In place from mid January with a positive uptake.
 - Multi agency Help point plus service (Swansea) to support admission avoidance from the city centre at weekends/bank holidays. In place since the Autumn.
 - Tele-health pilot being progressed between WAST, 15 Care homes and the GP out of hours service to provide additional support to care home staff to maintain residents within the care home, with the aim of reducing conveyances to hospital- go live date April 15.
 - WAST jointly working with Primary care and care homes to pilot the provision of Manga Elks (lifting equipment) into the highest user nursing homes, top 5 in each locality. WAST will provide training for the staff in the use of this equipment for patients who have fallen, to reduce conveyances to hospital - end of March.
 - Clinical triage of patients on the ambulance stack by the GP out of hours team to direct patients to the most appropriate service – in place.
 - Multi disciplinary/agency meetings to agree management plans for frequent attenders, with evidence of reduced attendances – in place.
 - The development of new pathways between WAST and community resource teams to maintain patients at home eg patients with chronic pain.
 - Revised rostering arrangements for WAST staff to better align demand and capacity (April 15).

• Chairman/Cadeirydd: [Professor Andrew Davies](#)
• Chief Executive/ Prif Weithredydd: [Mr Paul Roberts](#)

Bwrdd Iechyd ABM yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg
ABM University Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board
www.abm.wales.nhs.uk

- Consideration of the pilot of an enhanced/dedicated falls service with WAST – to reduce the conveyance rate for this group of patients who account for a significant proportion of our demand – pilot proposal being developed and awaiting feedback from the early pilot in Gwent).
- Advice line available for paramedic crews to speak to ED consultants to support clinical decision making.
- WAST colleagues participating in the patient flow programme to understand constraints in services and to work with HB colleagues to redesign pathways.
- British Red Cross working in our Emergency Departments – with a particular focus on supporting elderly patients, providing discharge transport and a hospital to home service.
- Introduction of Paramedic Pathfinder – over 80% of WAST staff now trained within ABMU.



Our Ref: JP/JM/LA



16 March 2015

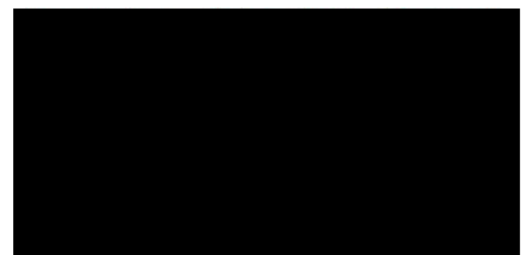
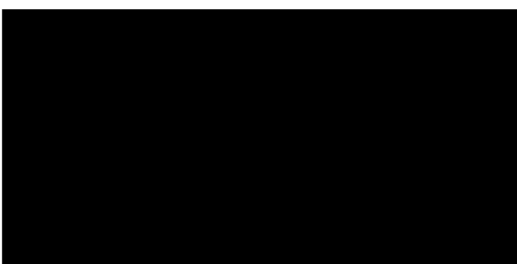
David Rees AM
Chair, Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CARDIFF
CF99 1NA

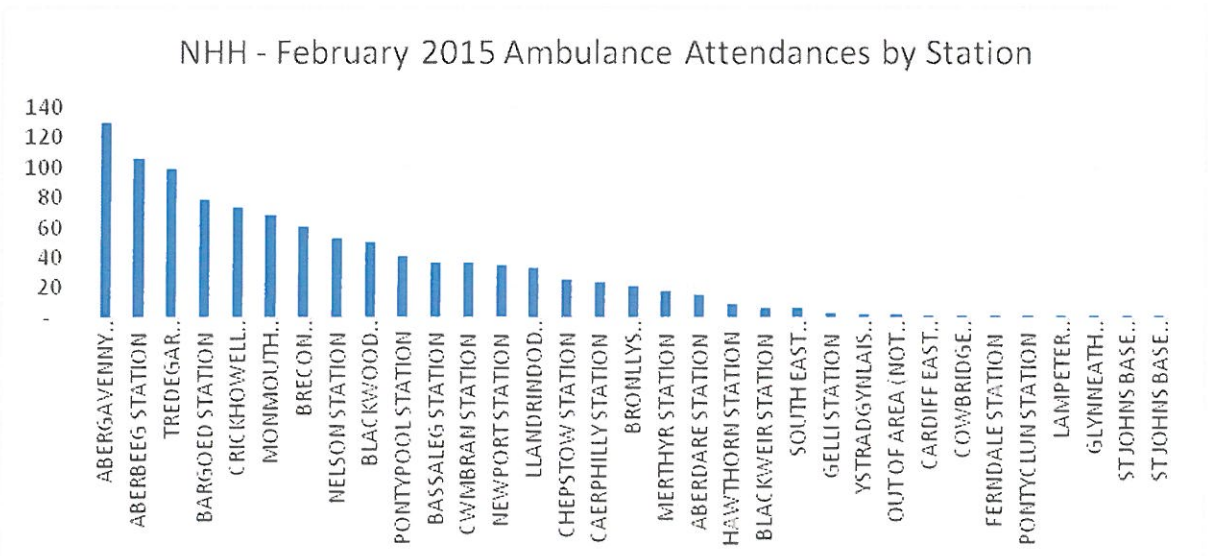
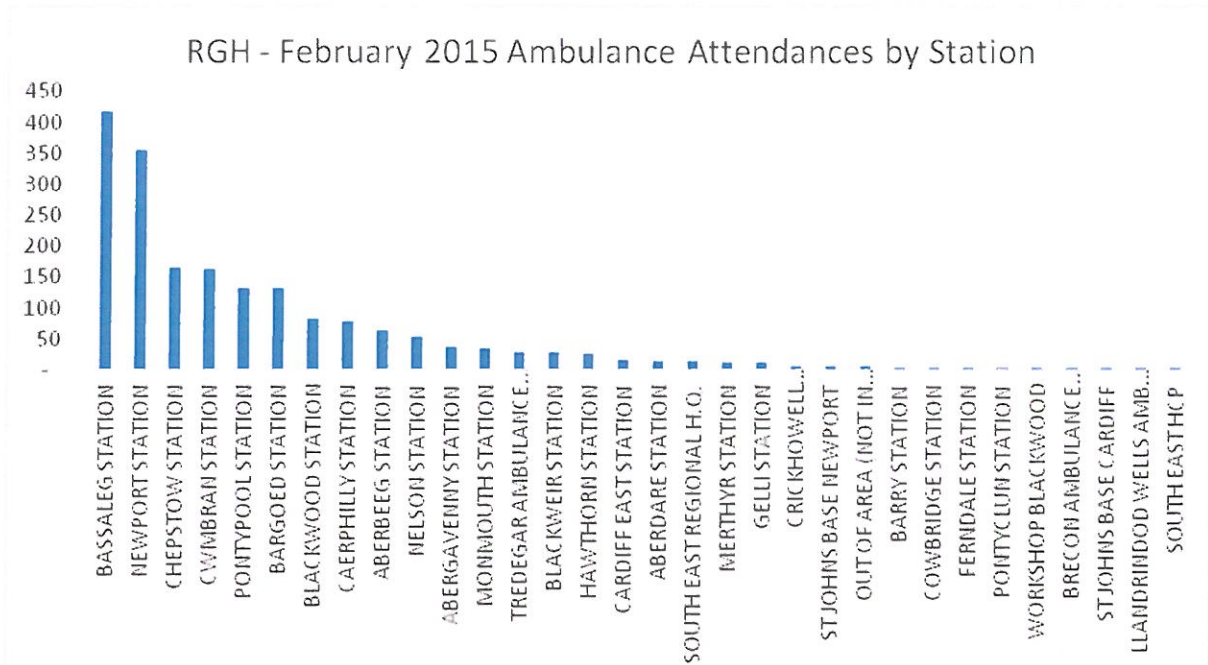
Dear Mr Rees

Inquiry into the Performance of Ambulance Services in Wales

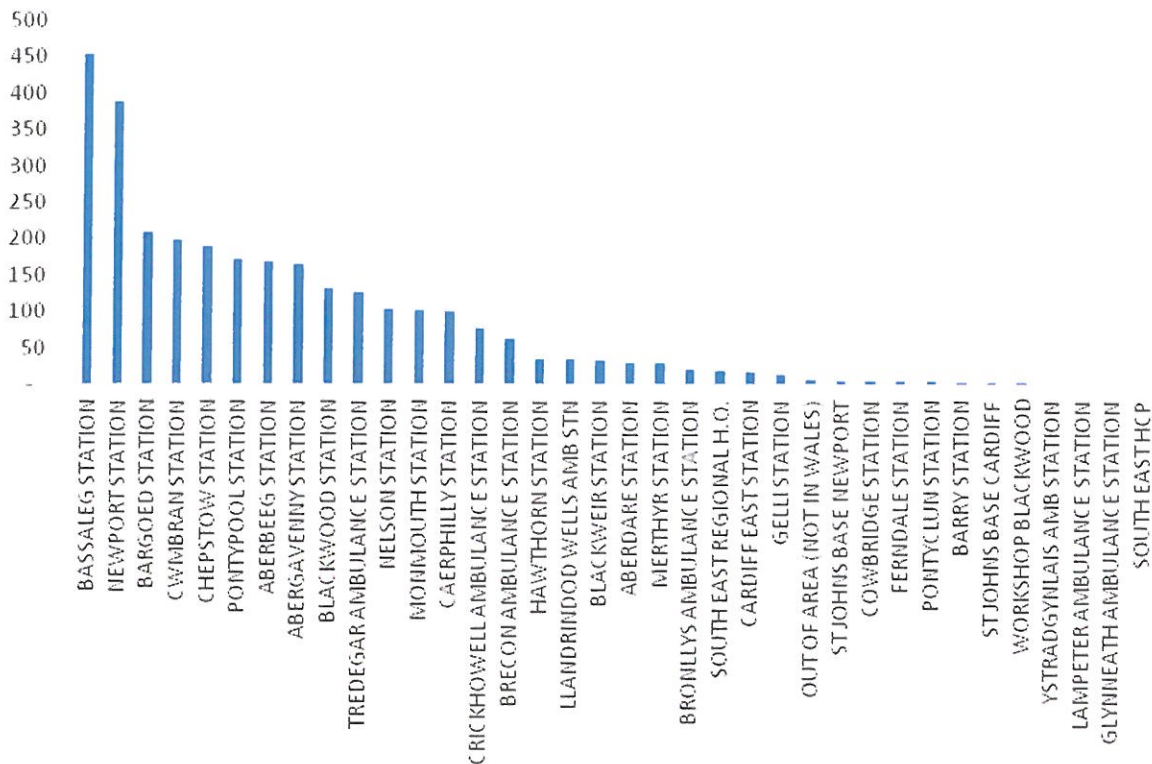
Thank you for the opportunity to provide information in relation to the above inquiry being undertaken by the Health and Social Care Committee on the performance of ambulance services in the Aneurin Bevan University Health Board's area. Please find below the information requested in your letter of 6 March 2015.

The graphs provide detail on the number of ambulances which arrived at the Royal Gwent Hospital (RGH) and Nevill Hall Hospital (NHH) Emergency Departments (EDs) in February and the station at which these were ambulances based. A graph combining both sites is also provided. The data on stations from which the ambulance was conveyed is not available to our organisation routinely and thus the chart has been provided by the Welsh Ambulance Services NHS Trust (WAST).





ABUHB February 2015 - Ambulance Attendances by Station



The Health Board has been taking a number of actions to improve our performance and reduce patient handover delays.

Patient ambulance handover delays are often seen as the responsibility of the ED but delays are often associated with overcrowding caused by a delay commonly referred to as an "exit block". This happens when a decision has been made to admit a patient to a hospital bed but at that time a bed is not readily available. This can lead to patients having their care initiated and carried out in ED for long periods rather than in the speciality area required. The number of patients presenting by ambulance is increasing together with the percentage of elderly patients. Our actions are being targeted at improving the experience and flow for this group of patients based on best practice and evidence from other departments.

Understand demand

We have concentrated on using the data available to predict demand and put measures in place to respond. These have been in place for years and were introduced by Welsh Government.

Our site management room as well as the ED themselves has access to the WAST LaunchPad access screen to review the "stack", which is a list of incidents in the community that are waiting for an ambulance response, and also to show crews in bound and on site across all hospital sites in the region. This gives a good indication of pressure and elicits internal hospital responses in escalation to that demand as required. It also identifies any clusters of ambulance arrivals that will cause handover problems.

Reduce demand

We have worked closely with our local WAST colleagues to try and reduce the conveyance rate to acute hospitals and some examples of this work in progress are listed below:

- Introduction of a WAST falls team to respond to non injured falls. The care of these patients are then passed onto Community Frailty Teams, if required.
- Working with nursing homes to encourage end of life anticipatory care plans.
- Identify and develop care plans for frequent callers which often involves a number of services.
- Physicians Response Unit (PRU) where Emergency Department Consultants and a paramedic are deployed in the community to respond to sick patients but also to patients that can complete the care they need in their own home and not be conveyed to the Emergency Department.
- Paramedic practitioners minor procedure training (e.g. applying glue to wounds in patients that had falls in their own home).
- The use of Alcohol Treatment Centres in periods of known high demand e.g. New Year's Eve.
- Booking transport for patients being directed to hospital for assessment/admission by GPs to try and reduce the number of 'red calls' whereby GPs ask for an immediate response.

ABUHB operates a very active communication strategy in terms of promoting positive choices for patients around the Be Winter Wise agenda, as well as our local Dr Olivia video. These communications are aimed at reminding the public of the options that exist and the team also respond at times of particular demand to alert the public to very busy emergency departments in an attempt to lessen demand at peak times.

Emergency Department (ED) actions

Within ED we have invested in improving the leadership and departmental management structure and skills. We have invested in the “nurse in charge” model and developing their skills to deliver the key target areas of anticipating and accepting patients, deploying staff effectively, ensuring patients move out of the department in a timely manner (this may mean escalating to others). Making good use of their own capacity and escalating issues to senior manager acting as escalator on sites.

- Making best use of rapid assessment and triage area.
- Deploy the agreed “fit to sit” ethos and protocol.
- Ensure patient’s allocated beds are moved in a timely way, escalating any delays to flow team.
- Early assessment by a senior doctor- ED consultant or Acute Care Physician.
- Make good use of ED short stay beds for appropriate patients.
- Improved communication with wards (use Vocera telephone system).
- Use fast track pathways effectively e.g. fractured neck of femur and stroke.

The Ambulance Liaison Officer (ALO) role is now embedded in both acute hospital EDs. They receive patients from arriving crews and look after them for a defined time period in the department corridor if needed. They also manage the handover process and double up crews if necessary and ED to organise discharge or transfer transport.

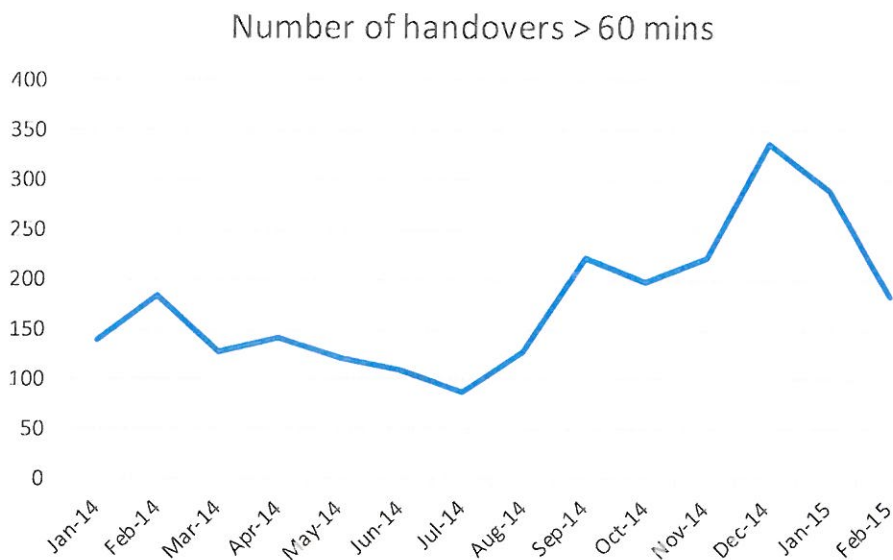
Flow

One of the main reasons for ED congestion is flow out of the department into the hospital; this may be into other assessment areas or beds. Our National Patient Flow programme team has been concentrating on understanding the exit blocks in ED as well as the delays in flow across the hospital sites. ED and the Medical Assessment Unit (MAU) at the Royal Gwent site have been mapped and the waste in the processes identified. A number of small tests of change have been undertaken and if found to be effective have been introduced, examples of these are:

- Our processes for documenting patient admissions can become repetitive and lead to duplication and delay. To that end a single clerking document shared between ED and medicine has been introduced at the RGH.
- Electronic process for Radiology referrals to prevent hand delivery of referrals and obvious time delays.
- Vocera introduced to improve communication between ED, wards and flow teams.
- Senior Managers and Senior Nurses perform daily deep dives on all medical wards at the Royal Gwent Hospital. Interventions are made to move patients through their pathway and reduce delays.
- Daily 8.30 am ward rounds are held on medical wards between junior doctor and ward sister to identify sick patients and discharges for the day and ensure that discharge needs are co-ordinated.
- Medical wards at the RGH have been 'right sized' to meet speciality needs and a consultant of the week model introduced to ensure senior review occurs daily. Right sizing matches the demand for a particular sub-specialty beds (for example Respiratory) to allow patients to be housed in the same ward(s) and their medical and nursing care to be managed in a patient centred and efficient manner. This has been shown to reduce length of stay in other areas. The NHH consultant body agreed his approach in their most recent directorate and a plan is being developed to achieve this over the next few weeks.
- The organisational Escalation Policy is being reviewed.

As you can see from the above the organisation is undertaking a large volume of actions and interventions to improve the patient experience of our emergency pathway and this indicates the complexity of the solution to achieve a sustained reduction in delays.

In recent months we have reduced the hours lost during handover and would expect this improvement to continue. This is indicated in the following graphs/charts:



I hope this information is helpful to you. Should you require any additional information, please do not hesitate contact me.

Yours sincerely

Judith Paget
Prif Weithredwr/Chief Executive



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

David Rees AM
Chair, Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Ein cyf / Our ref: TP/3697/TL

Eich cyf / Your ref:

☎: [REDACTED]

Gofynnwch am / Ask for: Linda Hughes

E-bost / Email: [REDACTED]

Dyddiad / Date: 18th March 2015

Dear David,

Thank you for your letter dated 6th March 2015 regarding the Health and Social Care Committee inquiry into the performance of the ambulance services in Wales.

The details for February 2015 of the number of ambulances which arrived at each accident and emergency department across North Wales and the ambulance station at which each of those ambulances is based is provided in appendix 1.

The Health Board manages its ambulance handover delays in conjunction with the Welsh Ambulance Service Trust. Each District General Hospital has a process to safely manage patients delayed in ambulances and awaiting admission to an emergency department.

The Health Board is working in partnership with the Welsh Ambulance Service Trust to address the current long waiting times for patients in ambulances at Ysbyty Maelor Wrexham. There are a number of programmes currently being progressed which will improve the present situation which includes:

- The Health Board has recently implemented a revised escalation protocol which includes new guidelines for safe management of patients during ambulance handover.



OP01 - Protocol for
escalation Approved

- BCUHB and WAST hold a joint monthly operational meeting to discuss and manage all operational issues.
- BCUHB and WAST hold joint monthly ambulance commissioning meetings to review the performance of ambulance services, commission safe and effective ambulance services across North Wales, discuss and agree service Developments, improve communications and share Information.



ToR 1 Sept 2014.doc

- The Health Board has utilised escalation beds at the three District General Hospitals to cope with the increased demand for beds during the winter period.
- The Health Board is implementing additional daily board rounds on all wards in both acute and community hospitals which focus on discharge plans which will improve the availability of beds on wards and reduce delays in the emergency departments.
- The Hospital Management Teams have all reviewed staffing levels in the emergency departments and on all wards to ensure the right numbers and skill mix of staff to provide safe care for patients.
- The Health Board has increased its senior management and nursing teams in May 2014 and a further Senior manager at Ysbyty Maelor Wrexham in January 2015 to ensure safe and timely delivery of services.
- The Health Board is engaged in the National Patient Flow Collaborative which is a Welsh Government 3 year programme to improve flow utilising sustainable quality improvement methodology. The teams at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Maelor Wrexham are focussing on the improvement of Emergency Department and ward processes for both admission and discharge which will reduce delays for patients waiting in ambulances at the Emergency Department.
- There has been a significant level of additional work in partnership with Local Authorities and the Welsh Ambulance Service to develop and implement the winter plan across the Health Board. To provide additional capacity, alternative models of care and increased support for the care of patients during the winter months.



North Wales
Seasonal Plan 2014-1

- In response to several Delivery Unit reports the Health Board has a draft strategic action plan for the delivery of unscheduled care services which will drive the improvement of unscheduled care across North Wales.



Unscheduled Care
Strategic Plan 2014-1

- BCUHB, 6 North Wales Local Authorities, WAST and the 3rd sector are working in collaboration on the three year programme to introduce a single point of access (SPOA) in each County. The SPOAs in Denbighshire, Conwy and Anglesey are established with SPOAs in Wrexham, Flintshire and Gwynedd going live in 2015.
- There are a number of patients who are very frequent attenders at ED and high users of WAST. All three areas are undertaking work to reduce the attendances and



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

to ensure there are clear management plans for these patients. The Assistant Director of Unscheduled Care has also been invited to work with WAST and North Wales Police to reduce these numbers across North Wales.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Trevor Purt', written over a vertical line.

**Prof Trevor Purt
Chief Executive**

APPENDIX 1

Ambulance Attendances at Accident & Emergency

February 2015

Station Name	Betsi Cadwaladr			
	Glan Clwyd Hosp Bodelwyddan	Maelor General Hosp Wrecsam	Ysbyty Gwynedd Hosp Bangor	TOTAL
WREXHAM AMB STATION	46	637	-	683
DOBSHILL MAKE READY DEPOT	160	408	-	568
RHYL AMBULANCE STATION	422	26	8	456
ABERCONWY AMBULANCE STATION	268	3	73	344
COLWYN BAY AMBULANCE STATION	159	3	22	184
ABERYSTWYTH AMBULANCE STATION	-	1	-	1
CAERNARFON AMB STATION	10	-	161	171
CHIRK AMBULANCE STATION	2	163	-	165
DENBIGH AMBULANCE STATION	135	19	-	154
LLANDUDNO AMB STATION	119	-	27	146
BANGOR AMBULANCE STATION	11	1	127	139
LLANRWST AMB STATION	108	3	25	136
LLANGFNI AMB STATION	3	-	129	132
FAENOL STANDBY POINT	10	-	104	114
PORTHMADOG AMB STATION	2	3	105	110
HOLYHEAD AMBULANCE STATION	2	-	107	109
PWLLHELI AMB STATION	-	-	92	92
BALA AMBULANCE STATION	10	25	36	71
AMLWCH AMBULANCE STATION	1	1	75	77
CORWEN AMBULANCE STATION	32	20	3	55
DOLGELLAU AMBULANCE STATION	3	16	26	45
RHUTHIN AMBULANCE STATION	41	8	-	49
BLAENAU FFESTINIOG AMB STN	4	2	32	38
TYWYN AMBULANCE STATION	-	5	6	11
MERSEYSIDE AMBULANCE SERVICE	-	5	-	5
EWLOE STANDBY POINT	6	7	-	13
LLANIDLOES AMBULANCE STATION	-	2	-	2



QUEENSFERRY AMB STATION	4	10	-	14
BRYN TIRION CONTROL	6	5	7	18
NEWTOWN AMBULANCE STATION	-	1	-	1
MOLD AMBULANCE STATION	6	6	-	12
VALLEY STANDBY POINT	-	-	13	13
MOLD FIRE STATION	1	9	-	10
AMBULANCE HQ ST ASAPH	10	1	-	11
FLINT FIRE STATION	1	7	-	8
WELSHPOOL AMBULANCE STATION	-	5	-	5
LLANFYLLIN AMBULANCE STATION	-	5	-	5
YSBYTY GWYNEDD BANGOR	1	-	3	4
ABERGELE STANDBY POINT	2	-	-	2
OSWESTRY AMBULANCE STATION	-	1	-	1
RHAYADER FIRST RESPONDER	-	1	-	1
GLAN CLWYD HOSP BODELWYDDAN	1	-	-	1
FLINT AMBULANCE STATION	1	-	-	1
PRESTATYN STANDBY POINT	1	-	-	1
RAF VALLEY AIR BASE	-	-	1	1
CAERNARFON CFR	-	-	1	1
HOLYWELL AMB STATION	-	1	-	1
TOTAL	1,588	1,410	1,183	4,181

Version:
0.1



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

OP01

Protocol for the management of emergency pressures and escalation.

Date to be reviewed:	October 2015	No of pages:	34
Author(s):	Heather Piggott, Craig Barton, Daniel Menzies, Judith Rees	Author(s) title:	[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
Responsible dept / director:	Chief Operating Officer		
Approved by:	Chief Operating Officer		
Date approved:	13 th November 2014		
Date activated (live):	13 th November 2014		

Date EQIA completed:	July 2014
Documents to be read alongside this policy:	Achieving Excellence: The Quality Delivery Plan for the NHS in Wales (WG 2012 – 2016); Transforming Care and 1000 Lives + initiatives; National Escalation Policy BCUHB Protocol for the safe management of patients during ambulance handover
Purpose of Issue/Description of current changes: This protocol outlines the local response to emergency pressures and escalation actions required to maintain safe and effective patient flow.	

First operational:	13 th November 2014				
Previously reviewed:	date	date	date	date	date
Changes made yes/no:	Yes/no	Yes/no	Yes/no	Yes/no	Yes/no

PROPRIETARY INFORMATION

This document contains proprietary information belonging to the Betsi Cadwaladr University Health Board. Do not produce all or any part of this document without written permission from the BCUHB.

Contents

1. Introduction.....	3
2. Purpose	3
The protocol aims to maintain high standards of patient safety, patient experience and performance against key waiting time and quality standards of care.....	3
3. Scope.....	3
4. Key Principles	4
5. Levels of Escalation	4
6. Escalation Triggers and Actions.....	6
7. Betsi Cadwaladr University Health Board Principles for the safe management of patients delayed in Ambulances.....	10
8. Ambulance Arrival at ED	11
9. Safe Management of Ambulance Delays.....	13
10. Procedure for the immediate release of at least one emergency ambulance from any ED in BCUHB to respond to a life threatening 999 call in the community	14
11. Monitoring arrangements	15
12. Local Action Cards	16
13. Flipbooks for wards.....	26
14. Working group and consultation arrangements.....	30
Appendix 1- Audit tool.....	31
Appendix 2 – Operational Flowchart for temporarily increasing Capacity to improve Patient Flow.....	33
Appendix 3 – Protocol for Instigate Ambulance Diverts between Emergency Departments in North Wales	34

1. Introduction

The BCUHB escalation protocol is designed to provide clear operational guidance for escalation within BCUHB and to connect seamlessly with capacity and resource policies in partner organisations. This protocol aims to ensure that patients remain the centre of care by accessing safe clinical services and to assist BCUHB in the management of healthcare capacity and the effective implementation of escalation procedures when the whole system or one constituent part of the system is unable to manage the presented demand being placed on it.

This escalation protocol is separate to the major incident policy which deals with exceptional, immediately presented demand for emergency care. The underlying supposition of this policy is that sufficient capacity has been created to enable the Health Board under planned levels of activity to provide for emergency care services and planned elective activity in accordance with agreed targets.

The escalation protocol is the mechanism for sharing capacity pressures at times of difficulty and has been developed to ensure appropriate care for elective and emergency patients remains paramount. Activity/capacity imbalance, whether through a surfeit of emergency admissions, or planned attrition of the acute base, undermines the Health Board's ability to deliver to its operational standards, and to care safely for individual patients. Acute and community capacity is seen as a continuum, with a constant flow of patients between care settings according to need.

2. Purpose

The establishment of an effective escalation protocol will contribute toward the following:

1. Early identification of capacity problems
2. Proactive rather than reactive response
3. Concise and clear actions
4. Defined responsibilities

The escalation protocol enables the Health Board to deal effectively with fluctuations in demand and capacity so that it can manage associated clinical risk within acceptable limits. The protocol is designed to mitigate the risk of further escalation and ensures an appropriate response from key staff members to contribute to a reduction in escalation status.

The protocol aims to maintain high standards of patient safety, patient experience and performance against key waiting time and quality standards of care.

3. Scope

This protocol is BCU-wide and will apply to all individuals within the Health Board who are involved in providing services to patients and in any aspect of managing emergency pressures or escalation.

4. Key Principles

The Escalation protocol should identify the corporate strategy for operational management when normal patient management is predicted to fall short of adequate capacity. Sets of principles underpin this policy and are set out below.

- Capacity is managed as a co-ordinated system across and within our own and partnership organizations.
- No action will be taken by one part of the system without prior discussion with BCU departments and external partner organizations to ensure full communication and ability to recognise potential impacts on other services.
- The clinical priority of the patient across all care groups is the key determinant of when & where patients are treated and cared for.
- Managing patients at the time of increased escalation will require accepting and managing additional risks across the organization.
- The escalation protocol will support staff to recognise early pressure on the hospital system and where possible prevent pressure by supporting activity in primary and community services.
- The escalation protocol will define the processes by which BCUHB capacity will be managed when patient demand approaches the critical level.
- The escalation protocol will ensure patients requiring assessment/admission are seen in the most appropriate area by the most appropriate clinical resource to treat the patient's presenting condition and within a clinically appropriate timeframe.

5. Levels of Escalation

Table 1 below defines the main four escalation status levels for Health Boards and WAST. These levels and the triggers which support them will be used to determine the appropriate response to escalating emergency pressures, the actions necessary to protect core services in order to supply the best possible level of service with the resources available.

Table 1: Escalation status levels:

Level 1	Steady State	Ensure all standard operating processes are functioning as efficiently as possible in order to maintain flow.
----------------	---------------------	---

Level 2 Amber Low	Moderate Pressure	Respond quickly to manage and resolve emerging pressures that have the potential to inhibit flow. Initiate contingencies. De-escalate when applicable.
Level 3 Amber High	Severe Pressure	Prioritise available capacity in order to meet immediate pressures. Put contingencies into action to bring pressures back within organisational control. De-escalate when applicable.
Level 4	Extreme Pressure	Ensure all contingencies are fully operational to recover the situation. Executive command and control of the situation. De-escalate when applicable.

Table 2 below defines the additional two escalation status levels that are relevant only to WAST. They are based on the Resource Escalatory Action Policy (REAP) levels recognised by all UK ambulance services.

Table 2: REAP escalation levels (WAST)

Level 5	Critical (Major Incident or Business Continuity Incident)	Escalate when applicable. Take immediate action to limit risk and prioritise resources. Implement business continuity plans or major incident plan. De-escalate when applicable.
Level 6	Potential Service Failure (Enduring or sustained business continuity incident or pandemic)	Prioritise risk mitigation. Implement business continuity plans or major incident plan. De-escalate when applicable.

6. Escalation Triggers and Actions

LEVEL 1 – STEADY STATE	
Triggers	Actions
<ul style="list-style-type: none"> • Emergency admissions are within predicted levels and match available capacity • Emergency Access performance 95% being maintained • > 3 available resuscitation and trolleys in ED • Ambulance patients – transfer of care within 15 minutes • > 3 beds available in Medical and Surgical assessment units • Predicted and known capacity to accommodate emergency and elective admissions (including community beds) • Available CCU & ITU capacity >2 • No additional beds opened • Elective lists proceeding as scheduled • No assistance being provided to other sites/health boards • No known external factors to impact upon capacity • Consider 24 and 48 hour weather forecasts (hot and cold) 	<ul style="list-style-type: none"> • Clinical Site Manager to ensure admission for patients on elective waiting list as scheduled. • Operational Site Manager to ensure Bed meetings must be held three times a day with clear actions and outcomes • Identification of potential suitable outliers • Matrons, Ward Sisters and Discharge Nurses to expedite discharges through links with pharmacy, social services, WAST and community teams. When booking ambulance transport ensure mobility requested is accurate in order to prevent delays • Daily review of Patients by Matrons • Daily Ward rounds by a Consultant or Senior Clinician • Ward Sisters to ensure daily board rounds on all wards. • Consultants to ensure Predicted Date of Discharge allocated to all patients within 24 hours of admission. • Intermediate Care/Enhanced Care teams working alongside ward teams to transfer patients through to their services in a timely manner • Matrons to ensure outliers are identified by 12 noon each day. • Ward Sisters to prioritise Patients for transfer to the Discharge Lounge prior to discharge. • Ward Sisters and Clinical Site Managers to ensure patients in ED or in any assessment unit who are allocated a bed must move within 30 minutes. • Ward Sisters and Clinical Site Managers to ensure timely transfer of patients to Community Hospitals • Daily Nurse staffing review by Matrons • Daily Medical staffing review by Area Operational Managers • Ward Sisters and Discharge Nurses to highlight any delays for packages of care/LA funding • Surgical Area Operational Manager to identify elective admissions for next 24 hrs

LEVEL 2 – AMBER LOW: MODERATE PRESSURE

Triggers	Actions
<ul style="list-style-type: none"> • Emergency admissions are likely to exceed predicted levels and available capacity • >4 hour breaches have occurred (excluding clinical exceptions) • Ambulance patients – transfer of care >15 minutes but less than 30 minutes • Patients waiting more than 1hour for first contact with assessing clinician (majors & minors) • Ability to provide resuscitation capacity only in ED • No acute beds available within the next 30 minutes • CCU & ITU delayed transfers of care identified • Patients being admitted or transferred to an outlying speciality • Unplanned bed closures i.e. infection outbreak • Routine electives under review 	<ul style="list-style-type: none"> • Site Operational Manager to confirm all actions have been completed at level 1 • Clinical Site Manager to ensure bed capacity has been accurately reviewed • Site Operational Manager to have an early discussion of issues and agree a plan with WAST including the provision of additional transport to be provided for discharges if available. • Surgical Area Operational Manager Review elective admissions and prioritise potential cancellations • Pre-emptive transfers to wards where there are confirmed discharges. • ED Consultant, AMU On Take Physician/On call Physician and General Surgeon and Orthopaedic Surgeons in hours and out of hours to be advised <u>verbally</u> of the hospital status • Verbal contact to be made with each medical and surgical team to undertake additional reviews of ward patients to facilitate discharge or transfer to community hospital and specialities staff to assist in ED • Verbal contact to be made with GPOOHs and Contact with Primary care and core support departments to support rapid decision making and discharge/transfer of patients: Radiology, Pathology, Pharmacy, Therapies AND • Verbal contact to be made with Social Workers and DLN to provide additional support for discharge/transfer of patients • Review list of patients listed for community hospital transfer of care against availability of community hospital beds – transfer patients to ensure full use of all community hospital beds. • Review potential to admit patients to beds out of specialty across Medicine and Surgery. • The Matron working with the senior sister of the ED when the Department is at level 2 will be taking action to mitigate clinical risks with active discussions about

	<p>providing support and capacity to meet care needs. Actions taken to mitigate risks to patient care will be evidenced on an adapted proforma and provide evidence for the Department.</p>
--	---

LEVEL 3 – AMBER HIGH: SEVERE PRESSURE	
Triggers	Actions
<ul style="list-style-type: none"> • Emergency admissions are exceeding predicted levels and available capacity • >8hour breaches have occurred • Unable to provide resuscitation facility in ED • Ambulance patients – transfers of care > 30 minutes but less than 60 minutes • Patients waiting more than 2 hours for first contact with assessing clinician (majors & minors) • Limited ability to create additional CCU and ITU capacity (refer to Critical Care Escalation protocol) • Discharges and transfers less than predicted and will impact significantly on capacity • All available staffed adult bed capacity in use, including ring fenced beds • All planned commissioned additional capacity in use • Routine electives cancelled • Divert within health board in place 	<ul style="list-style-type: none"> • Site Operational Manager to confirm all actions have been completed at level 1& 2 • Executive Lead to be informed of situation • Communications Team to be kept informed by Site Operational Manager • CEO briefed by COO • COO to contact LA Executives to seek support for expediting discharges/transfers/packages of care • Communications to primary care and GPs through locality management team • Matrons to ensure there is an ongoing staffing plan in place • Site Operational Manager to request WAST officer to mobilise to hospital site • Site Operational Manager to review use of all 'ring fenced' beds. • Clinical Site Manager to identify suitable patients for these beds, agreeing exit plan within 12 hour period (includes Cardiology, Surgery, Stroke and Orthopaedics) • Area Operational Manager for Surgery to review all planned routine elective activity cancel routine work • Site Operational Nurse to increase bed availability on wards where this is physically possible, this including acute and community wards. Safe staffing must be maintained. • Following the operational flowchart for temporarily increasing capacity to improve patient flow and allow ambulances to offload to ED (Appendix 2) the Site Operational Manager will increase the Holding Area to full capacity for ED and non

	<p>ED patients (medical and surgical admissions waiting for access to a ward bed) and use CDU/RAU/other appropriate area to accommodate patients from ED.</p> <ul style="list-style-type: none"> • Site Operational Nurse to flex wards by using non clinical space to accommodate one additional patient. • The Site Operational Nurse will have been notified and will require the outcome of the Quality assurance undertaken at the level 2 escalation point and agreed actions proposed and taken. They will review care provision alongside the Matron and Sister/Lead clinician and record the clinical risks resulting from untimely care, omissions in observations etc. In agreement with Department managers additional actions must be agreed at this stage to manage the clinical risks being presented, which will include bringing in additional medical capacity to undertake medical reviews and prioritise care management. • The Site Operational Nurse will notify the Assistant Nurse Director and Assistant Medical Director of the outcome of that review and provide positive or negative assurance alongside recommendations for action. Assistant Nurse Directors and Assistant Medical Directors will then be deployed on each site at this level 3 if required to support care and will escalate staffing and other actions to mitigate risk. • Out of hours, on call Consultants will be asked to attend site • Instigate North Wales teleconference to discuss options for Divert following the Divert Procedure (Appendix 3)
--	---

LEVEL 4 – RED: EXTREME PRESSURE

Triggers	Actions
<ul style="list-style-type: none"> • Emergency admissions have significantly exceeded predicted levels and • available capacity • >12hour breaches have occurred • A&E capacity unable to meet further demand • Ambulance patients – transfer of care > 60 minutes 	<ul style="list-style-type: none"> • Site Operational Manager to confirm all actions have been completed at level, 2 & 3. • Chief Operating Officer has been informed of level 4 status and is managing the situation. • Welsh Government advised of level 4 status • Medical Director to engage with

<ul style="list-style-type: none"> • Patients waiting more than 4 hours for first contact with assessing clinician • (majors & minors) • No transfers or discharges taking place • No CCU or ITU capacity available • All planned admissions have been cancelled • Unplanned and uncommissioned additional capacity in use 	<p>Clinicians to ensure Discharges maximized.</p> <ul style="list-style-type: none"> • Any admitted elective patients awaiting surgery to be discharged home. • Cancel elective activity for the next 24 hours. • The Assistant Nurse Director and Assistant Medical Director will then provide a brief to the Nurse and Medical Director who will directly review care at level 4 where no assurances are adequately provided about the safety of the Department as well as providing a physical support to the teams and assuring themselves directly about the standard of care being provided. • Set up an onsite situation control group to take tactical control.
--	---

Out of hours and weekends

During out of hours and weekend periods the same actions must be completed with the on call management team leading the response to escalation:

Clinical Site Manager leading the response at level 1

Bronze on call manager leading the response at level 2

Silver on call leading the response at level 3

Gold on call leading the response at level 4.

Check list questions

- Have all actions been completed at each stage prior to escalation to the next stage?
- Has there been appropriate communication regarding change in status level and necessary actions to key staff?
- Does the change in the status level meet the criteria?

7. Betsi Cadwaladr University Health Board Principles for the safe management of patients delayed in Ambulances

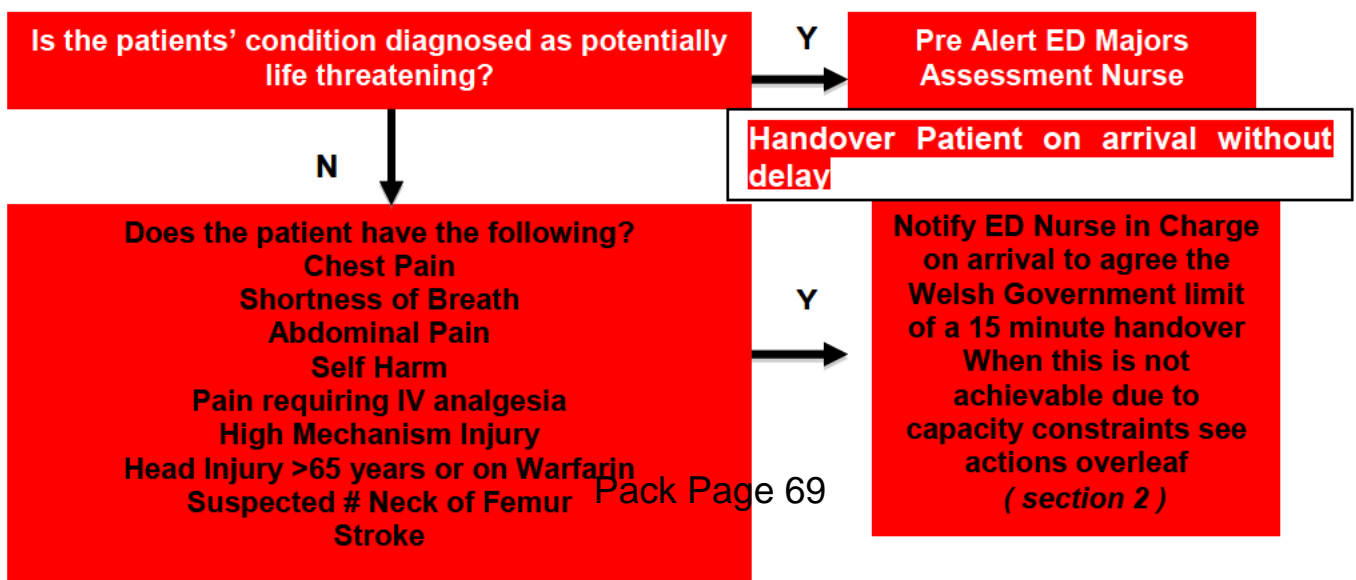
- Patients will not be held outside in Ambulances unless there is no safe space to offload inside the Emergency Department.

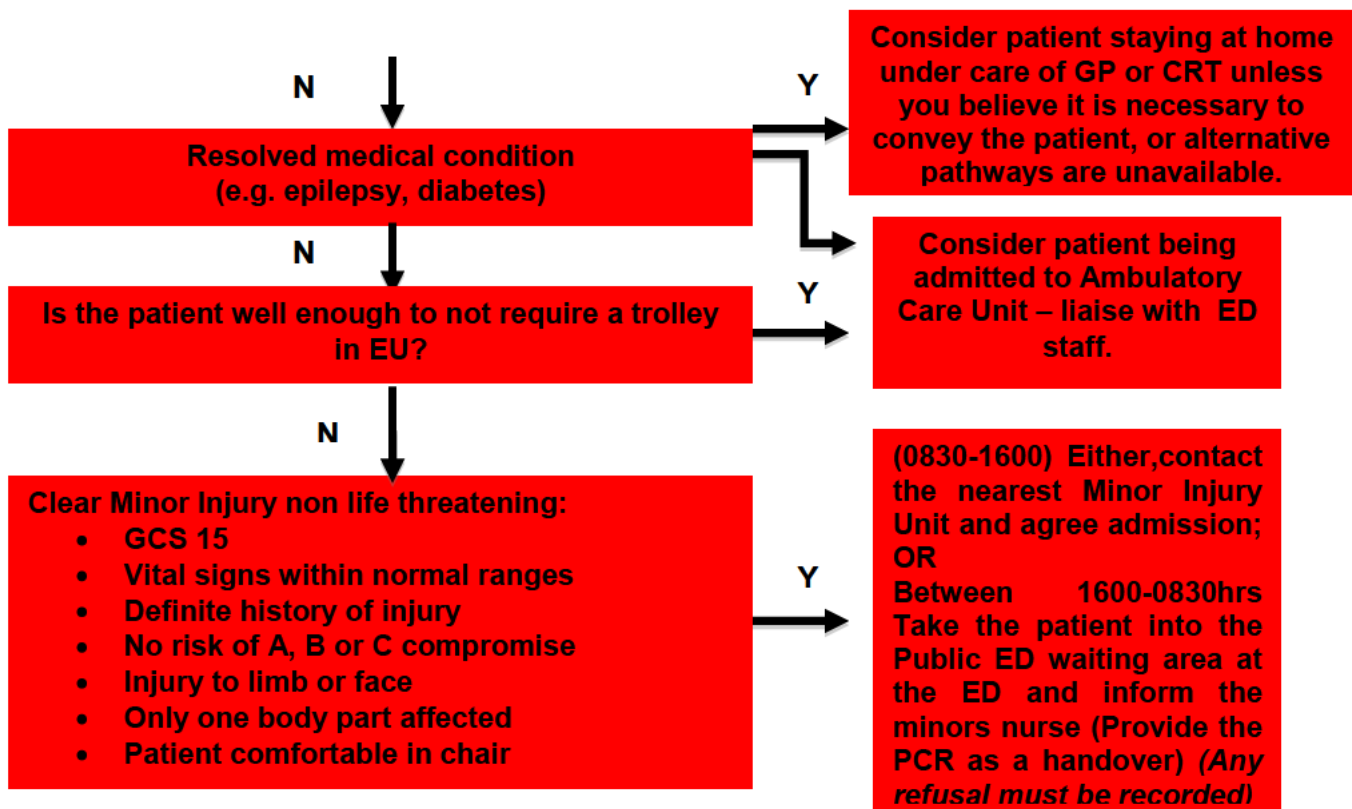
- Ambulance crews will report patient observations and NEWS Score to Nurse in Charge on notification of arrival.
- Observations chart will be commenced by Nurse in Charge and 15 min Observations and NEWS Score requested by Nurse in Charge as appropriate.
- Ambulance Crew report continuous observations and NEWS Score as above and Observations chart is updated by Nurse in Charge.
- Specialty Drs will be advised if GP admission is held outside to consider assessing patient in Ambulance in line with other patients.
- If Ambulance Crew/ Nurse in Charge /Senior Dr has evidence that the patient is deteriorating, consideration must be given to bringing the patient into the resuscitation room within ED.
- A Senior clinician will continuously monitor patients to assess priority to release Ambulances and create capacity. If the Senior Clinician feels appropriate in the light of the whole dept safety they may need to go out to assess patients in Ambulances.

8. Ambulance Arrival at ED

Upon arrival at the Emergency Department across BCUHB, ambulance staff MUST 'Notify' their arrival on the Hospital Arrival Screen (HAS) and hand the completed PCR into the reception without delay, in order to book the patient in, and to provide a clear clinical audit trail.

The ambulance crew will then transfer the care of their patient to the ED by following this flowchart.





- If there is any concern about the delay, or the condition of the patient worsens WAST crews must alert the ED Nurse in Charge. Any decision not to admit a patient after 15 minutes rests with BCUHB.
- Where a patient is felt by the ambulance crew to be suitable for treatment in the ambulatory care unit this should be highlighted to the ED Nurse in Charge after booking the patient in.

9. Safe Management of Ambulance Delays

- BCUHB has a duty of care for ambulance patients as soon as they arrive outside an ED.
- All patients should be seen by ED staff in order of clinical priority, even if they are still on board an ambulance.
- BCUHB will ensure that a senior ED Nurse is responsible for the co-ordination of safe and appropriate care of patients delayed in an ambulance following an initial assessment using the Manchester Triage tool.
- One resuscitation bay will be kept free at all times. In extreme circumstances this could be used for a stable Majors patient who could be moved should it be necessary.

Ambulances are delayed at an ED.

Actions by
ED staff

Actions by
WAST

1. ED triage nurse to assess patients who cannot be offloaded from ambulance, and allocate Manchester Triage category.
2. ED ("cas") card to be generated as normal and placed in the main "waiting to be seen" tray in order of clinical priority, as usual. Marker card to be used if card is removed for any reason.

Triage nurse,
ED nurse in
charge or ED
senior doctor
to action.

1. WAST crew must notify their arrival at ED using the Hospital Arrivals Screen (HAS).
2. WAST crew must alert the ED Nurse in Charge of arrival at ED.
3. WAST will assign an ambulance officer to attend (or designate a paramedic to liaise with ED nurse in charge) if 1 or more ambulances are queueing.
4. Crews waiting to offload should perform patients' observations and the NEWS score every 15 minutes and inform ED nurse in charge if any deterioration post-triage. Observations should be documented on both the WAST patient care record and the BCUHB ED Card.

1. Can any patients waiting on ambulances reasonably be **offloaded into the waiting room**?

2. Can any patients waiting on ambulances or already in the ED be **diverted to another unit** eg. Minor Injuries Unit, Paediatrics, GP OOH, or Emergency Gynae Unit?

3. Can any **immediate treatment** be started whilst patient is still in care of WAST crew?

4. Are there any patients who will obviously be referred to a specialty team, for example, medics, surgeons or the stroke team?

5. **Only after discussion with ED Consultant:** are there any patients who may meet the criteria for admission to EDOU/CDU and could bypass ED to be assessed/managed on EDOU/CDU from the outset? Eg. Paracetamol OD requiring Parvolex, post-ictal, resolved anaphylaxis.

Examples: The Sepsis Six, STEMi thrombolysis and ACS treatment can be delivered on ambulances.

- NB: Paramedics are not allowed to administer drugs not in their formulary: ED staff will need to set up infusions etc.

10. Procedure for the immediate release of at least one emergency ambulance from any ED in BCUHB to respond to a life threatening 999 call in the community

- **RED 1** (Life threatening calls requiring a defibrillator)
- **RED 2** (Immediate Life threatening calls)

At peak times the level of emergency pressures across the region can mean that North Wales Ambulance resources are either engaged on calls or waiting to offload at an ED in BCUHB . This may limit WAST from providing a response to life threatening 999 Red calls within the community.

This protocol will seek to ensure that where no ambulances are available in the Betsi Cadwaladr University Health Board area, an escalation process is implemented without delay to support the immediate release of one of the queuing ambulances. This will be secured in order that public safety is not compromised thereby avoiding, lives being put at risk.

As such, if there are no ambulance available on stand-by to attend a Red emergency call within North Wales, the WAST Duty Control Manager / Clinical Team Leader will immediately contact the Senior Controller or Site Operational Manager (Clinical Site Manager out of hours) to implement the appropriate escalation. **The risk of not complying with this request must be recognised as HIGH.**

The ED will have two patients identified at all times who are appropriate to transfer to wards (in and out of hours), and an identified destination ward. Should this situation occur – this will happen with immediate effect under the direction of the Senior Controller or Site Operational Manager (Clinical Site Manager out of hours). It should be noted that the identification of patients to transfer should have already taken place within BCUHB as part of the Escalation protocol. Patients waiting with crews, either on the ambulances outside the ED, or inside any ED will be immediately assessed following a discussion with WAST Senior Controller or ED Nurse in Charge and the most suitable patient will be immediately handed over to the hospital, thereby releasing one ambulance crew. This offload /release will occur 'within 5 minutes' of the request from the Duty Control Manager or Clinical Team Leader.

11. Monitoring arrangements

To provide assurance that patients are risk assessed, managed safely and that the quality of care provided to them is not compromised an audit of a representative sample of patients who are delayed in ambulances during the period of handover will be conducted monthly. The audit will be reported to the local unscheduled care delivery group for the area, to the Medical Director, Quality Assurance Executive and to the Hospital Management Team.

A copy of the audit can be found in appendix 1.

12. Local Action Cards

Consultant on Call/ Medical POW Escalation Actions	Lead Nurse Escalation Actions
<p>1 Normal working.</p>	<p>1 Normal working.</p>
<p>AS ABOVE PLUS: Ward rounds to identify discharges/review patients. Escalate blockages/delays to CPG management. Attend Emergency Department to review admissions. Ensure all patients have a management plan in place.</p> <p>2</p> <p>Amber</p>	<p>AS ABOVE PLUS: Plan for staffing of additional capacity if required. Identify blockages/delays and support patient flow.</p> <p>2</p> <p>Amber</p>
<p>AS ABOVE PLUS: Identify patients who may be admitted direct to wards other than admission wards from the Emergency Department.</p> <p>3</p> <p>Red</p>	<p>AS ABOVE PLUS: Open additional capacity. Redeploy staff where necessary. Attend ED following red escalation call and liaise with Matron/ nurse in charge</p> <p>3</p> <p>Red</p>
<p>AS ABOVE PLUS: Cancel all non-clinical activities and report to wards to facilitate patient discharge.</p> <p>4</p> <p>Major</p>	<p>AS ABOVE PLUS: Utilise all additional capacity. Consider Major Incident.</p> <p>4</p> <p>Major</p>

Junior Doctor Escalation Actions	
1	Normal working.
<hr/>	
AS ABOVE PLUS:	
2	Ensure medically fit patients identified for discharge/transfer. Escalate any delays to Nurse in Charge of ward/department and Consultant
Amber	
<hr/>	
AS ABOVE PLUS:	
3	Review management plan for all ward patients and those waiting in the Emergency Department. Support senior clinical review of patients. Assist in the identification of patients waiting in the Emergency Department who may be discharged or admitted to wards other than admissions wards.
Red	
<hr/>	
AS ABOVE PLUS:	
4	Cancel all non clinical activities and report to ward/Consultant.
Major	

Matron Escalation Actions	
1	Normal working.
<hr/>	
AS ABOVE PLUS:	
2	Ensure board rounds complete. Ensure patients have been reviewed on Consultant ward rounds and that management/discharge plans are in place. Escalate any blockages/delays to CPG management.
Amber	
<hr/>	
AS ABOVE PLUS:	
3	Facilitate the opening of additional capacity. Consider redeployment of staff. Attend additional bed meetings.
Red	
<hr/>	
AS ABOVE PLUS:	
4	Ensure that all specialist nurses report to wards. Cancel all training/non clinical activities.
Major	

Ward Sister/Charge Nurse Escalation Actions	
1	Normal working.
<hr/>	
AS ABOVE PLUS:	
2	Escalate any delays or absence of ward round to Matron. Assist with board rounds. Identify blockages and report to Matron. Review patient handover/transfer delays.
Amber	
<hr/>	
AS ABOVE PLUS:	
3	Expedite transfers/discharges to prepare for admissions. Consider utilising temporary additional capacity.
Red	
<hr/>	
AS ABOVE PLUS:	
4	Cancel any non clinical activities for staff; instruct them to report to ward.
Major	

Senior Clinical Site Manager Escalation Actions	
1	Normal working
<hr/>	
AS ABOVE PLUS:	
2	Liase with medical teams if appropriate. Liase with GP/community. Liase with Matrons re: board rounds. Liase with discharge teams. Escalate flow delays to Matrons.
Amber	
<hr/>	
AS ABOVE PLUS:	
3	Call additional bed meetings as appropriate. Escalate flow delays to Lead Nurse. Consider cancelling non urgent electives.
Red	
<hr/>	
AS ABOVE PLUS:	
4	Inform CEO of situation. Consider declaring a Major Incident.
Major	

Area Operational Manager Escalation Actions	
1	Normal working
<p>Inform appropriate non bleep holders of escalation.</p> <p>AS ABOVE PLUS: Attend Emergency Department and liaise with nurse in charge, ED matron and CSM. Attend bed meetings. Assist with action planning to avoid red escalation. Assist with identification of blockages and help resolve delays/patient flow issues.</p>	
2	Amber
<p>AS ABOVE PLUS: Support ED nurse in charge/matron. Liaise with Senior CSM, Lead Nurses and Matrons to create capacity and ease patient flow.</p>	
3	Red
<p>AS ABOVE PLUS:</p>	
4	Consider Major Incident.
4	Major

Bronze On Call Manager Escalation Actions	
1	Normal working
<p>AS ABOVE PLUS: Bronze on call manager to review action plans and support CSM to resolve escalation issues. Liaise with Ambulance control and GP out of hours service. Bronze should report to Silver manager on call if amber escalation unresolved</p>	
2	Amber
<p>AS ABOVE PLUS: Bronze on call manager to attend the Emergency department if appropriate to support the nurse in charge and CSM. Inform Ambulance control and Silver on call manager of red escalation. Plan conference call with other BCUHB sites. If red escalation unresolved, discuss divert with Silver manager on call.</p>	
3	Red
<p>AS ABOVE PLUS:</p>	
4	Discuss with both Silver and Gold manager on call. Discuss declaring Major Incident.
4	Major

Clinical Site Manager Escalation Actions

1 Normal working.

AS ABOVE PLUS:

2 Escalate absence board/ward round and any other delays to Senior CSM, Matrons, Lead Nurse and Area Operational Manager.
Out of hours inform Ambulance control, GP OOH service and Bronze manager on call.
Amber

AS ABOVE PLUS:

3 Escalate need to open additional capacity to Senior CSM, Lead Nurse and Bronze manager on call if out of hours.
Discuss calling Silver on call manager with Bronze.
Participate in conference calls.
Follow divert protocol if agreed.
Red

AS ABOVE PLUS:

4 Discuss contacting Gold manager on call with Bronze and Silver.
Facilitate cancellation of non urgent electives.
Consider Major Incident.
Major

Switchboard Operator Escalation Actions

1 Normal working.

AS ABOVE PLUS:

2 Bleep hospital escalation status at 10am, 2pm and when advised by CSM. Place 'Amber Escalation' bleeps via the 2222 system when requested by the Emergency Department.
Amber

AS ABOVE PLUS:

3 Bleep hospital escalation status following additional bed meetings. Place 'Red Escalation' bleeps via the 2222 system when requested by the Emergency Department.
Red

AS ABOVE PLUS:

4 Follow Major Incident protocol if instructed.
Major

X-Ray Department Escalation Actions

1 Normal working.

AS ABOVE PLUS:

2 Emergency Department under pressure. If able prioritise ED patients and escalate requests from wards to support discharges.

Amber

AS ABOVE PLUS:

3 Emergency Department capacity reached. Prioritise ED patients until further notice and, if able, collect patients to avoid delays. Mobilise CT porters.

Red

AS ABOVE PLUS:

4 Follow Major Incident protocol if notified.

Major

Speciality Registrar Escalation Actions

1 Normal working.

AS ABOVE PLUS:

2 Identify patients for transfer/discharge and discuss with consultant. Attend ED to review admissions. Ensure all patients have a management plan.

Amber

AS ABOVE PLUS:

3 Assist with identification of patients suitable for admission direct to wards other than admissions wards. Create action plan with consultant re: capacity.

Red

AS ABOVE PLUS:

4 Cancel all non clinical activities and report to wards to facilitate patient discharge.

Major

Emergency Department Escalation Cards

Other employees within the Emergency Department will have escalation action cards issued in addition to the ED Matron. These will include:

- Nurse in charge
- Band 6/7 minor injuries.
- Ward clerk.
- ED Practice Development Nurse

These will be used during ED Amber/Red escalation.

The escalation actions will aim to identify blockages, ease flow and keep patients safe.

Generic ED Amber Escalation Action Card

Generic cards will be issued to those on escalation calls who may be able to help the Emergency Department during periods of escalation.

Amber escalation cards will be issued to:

- Senior Porter
- Discharge Support Nurse


**Emergency Department
Amber Escalation Actions**

2

The Emergency Department is in 'Amber Escalation' and has reached 80% capacity.

Risk assess your own workload to establish if help may be given.

If help can be given contact the Nurse in Charge of the Emergency Department for further instructions on extension 5909.

 **GIG**
GIG
NHS
WALLES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Generic ED Red Escalation Action Card

To be issued to:

- Senior Porter
- Paediatric bleep holder
- Discharge support nurse
- ECG technicians
- Medical assistants
- Transfer assistant
- Chest pain assessment nurse
- Theatre bleep holder
- Acute intervention team

Critical Patients in the ED

When the Emergency Department has more critical patients than nursing allocation can safely allow a call will be made to switchboard.

Critical patient action cards will be issued to:

- Resuscitation Services Manager
- Paediatric bleep holder
- Theatre bleep holder
- Chest Pain Assessment Nurse
- PDN Critical Care
- Acute Intervention Team

13. Flipbooks for wards

- Displays escalation status of hospital to staff.
- To be displayed in all clinical areas.
- Updated by ward clerks/receptionists three times per day.
- Global emails to be sent out to all mailboxes seven days a week. Also to GP surgeries.
- Escalation information in emails will allow flip books to be updated.



**LOW
RISK**

- **Normal working.**



MODERATE RISK

- **Escalate any delays or absence of ward rounds to Matron.**
- **Assist with board rounds.**
- **Identify blockages and report to Matron.**
- **Review patient handover/transfer delays.**



HIGH

RISK

- **Expedite transfers/discharges to prepare for admissions.**
- **Consider using temporary additional capacity.**



**MAJOR
RISK**

- **Cancel all non clinical activity and instruct staff to return to the ward.**

14. Working group and consultation arrangements

Members of the Working Group:

Name	Title
Heather Piggott	[REDACTED]
Craig Barton	[REDACTED]
Daniel Menzies,	[REDACTED]
Judith Rees	[REDACTED]

Engagement has taken place with:

Name	Title	Date Consulted
Morag Olsen	[REDACTED]	October 2014
Tim Lynch	[REDACTED]	October 2014
Matt Makin	[REDACTED]	4 th - 25 th September 2014 and October 2014
Olwen Williams	[REDACTED]	4 th - 25 th September 2014 and October 2014
Daniel Menzies	[REDACTED]	4 th - 25 th September 2014 and October 2014
Lynda Dykes	[REDACTED]	4 th - 25 th September 2014
Mark Anderton	[REDACTED]	4 th - 25 th September 2014
Hywel Hughes	[REDACTED]	4 th - 25 th September 2014
Jon Falcus	[REDACTED]	4 th - 25 th September 2014 and October 2014
Craig Barton	[REDACTED]	4 th - 25 th September 2014 and October 2014
Stephen Stanaway	[REDACTED]	4 th - 25 th September 2014
Mick Kumwenda	[REDACTED]	4 th - 25 th September 2014
Salah Elgenzai	[REDACTED]	4 th - 25 th September 2014
Eleri Roberts	[REDACTED]	4 th - 25 th September 2014
Mark Andrews	[REDACTED]	4 th - 25 th September 2014
Judith Rees	[REDACTED]	4 th - 25 th September 2014
John Jones	[REDACTED]	4 th - 25 th September 2014
Marie Bowler	[REDACTED]	4 th - 25 th September 2014
Keith Jones	[REDACTED]	4 th - 25 th September 2014
Sonia Thompson	[REDACTED]	4 th - 25 th September 2014 and October 2014

Appendix 1- Audit tool



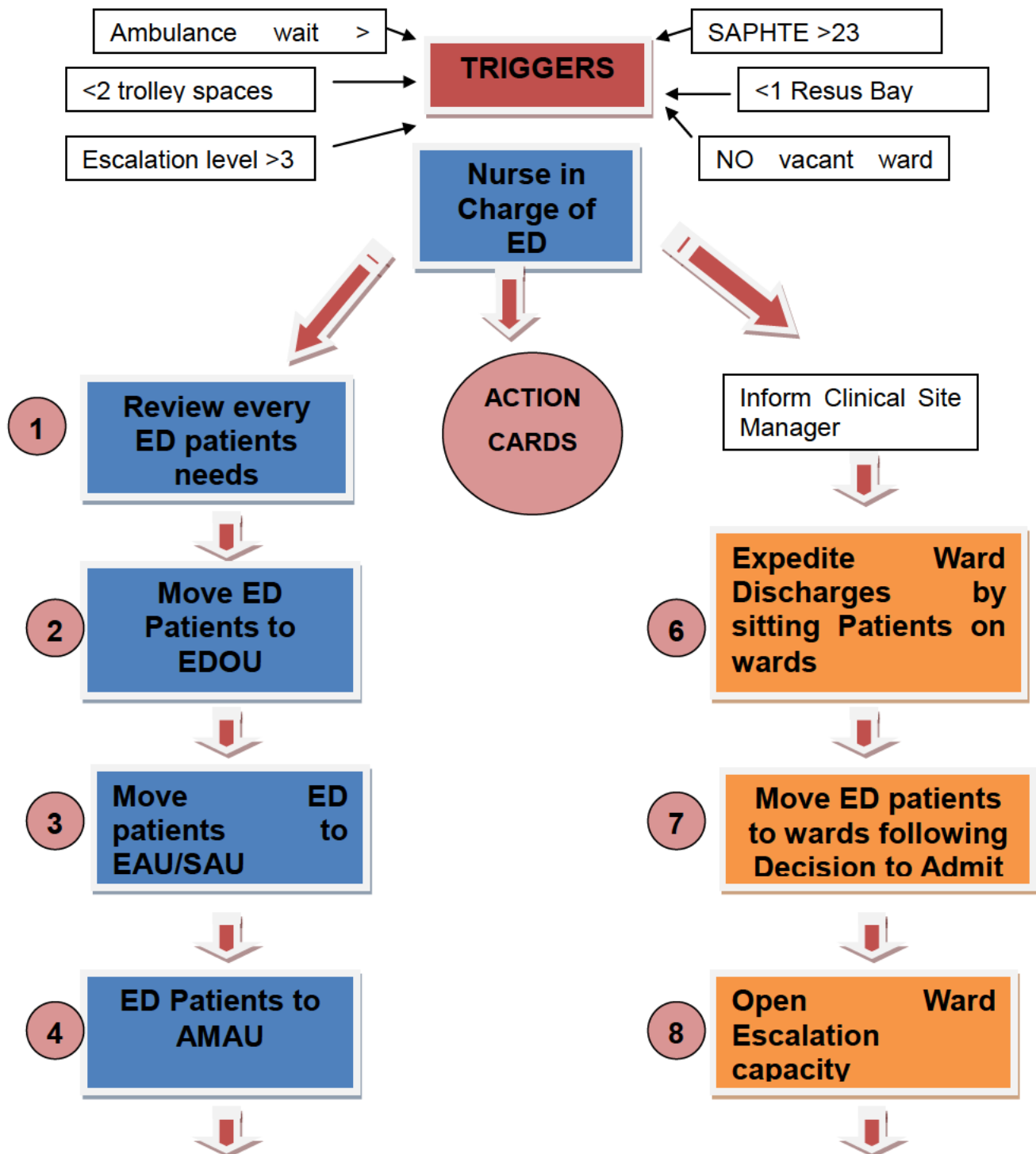
Proj



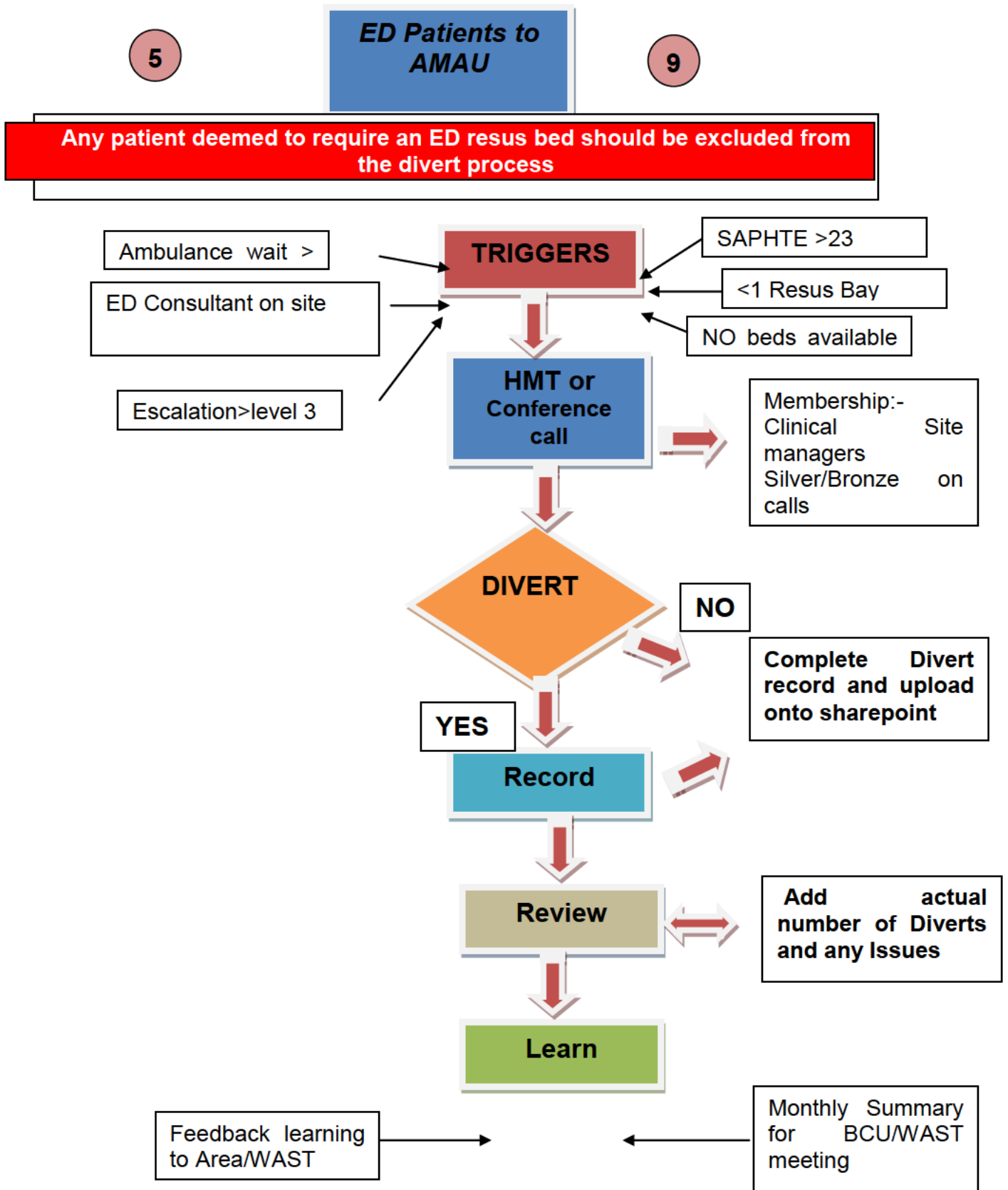
Proj

Appendix 2 – Operational Flowchart for temporarily increasing Capacity to improve Patient Flow

Operational flowchart for temporarily increasing capacity to improve patient flow and allow Ambulances to offload to ED.



Appendix 3 – Protocol for Instigate Ambulance Diverts between Emergency Departments in North Wales



BCU/WAST Commissioning group Terms of Reference

1. Accountability	The BCU/WAST Commissioning group will be accountable to the Governing Body of its constituent members for the quality and effectiveness of the services it commissions. The minutes of the BCU/WAST Commissioning group will be formally received by the North Wales Unscheduled Care Programme Board and the governing bodies of the two organisations.
2. Remit	The group will have the following remit: <ul style="list-style-type: none"> a. Commissioning safe and effective ambulance services across North Wales. b. Service Developments c. Communications d. Information Sharing a.
3. Chair	<ul style="list-style-type: none"> • Chief Operating Officer BCUHB
4. Lead Directors	<ul style="list-style-type: none"> • Chief Operating Officer BCUHB and WAST Head of Service for BCUHB area
5. Membership	The membership is specified as follows, but the Chair retains the right to co-opt other members as they see fit. <ul style="list-style-type: none"> • Chief Operating Officer BCUHB • WAST Head of Service for BCUHB area <ul style="list-style-type: none"> • Assistant Director of Unscheduled Care BCUHB • Assistant Director of Finance BCUHB • Assistant Director of Planning BCUHB • Regional Finance Manager WAST
6. Frequency	<ul style="list-style-type: none"> • No less frequently than once per calendar Month
7. Authority	<ul style="list-style-type: none"> • The BCU/WAST commissioning group derives its authority from the North Wales Unscheduled Care Programme Board and organisational governing bodies. • It is authorised to seek any additional information it requires and all employees are directed to co-operate with any request made.
8. Conduct of meetings	<ul style="list-style-type: none"> • Meetings will be minuted, with names attached to allocated actions. • Minutes will be approved at the next meeting. • It is expected all members make every reasonable effort to attend and should this not be possible give formal apology and provide a nominated Deputy to attend in His / Her place.

9. Quorum	<ul style="list-style-type: none"> • The BCU/WAST commissioning group shall be deemed quorate provided 50% are present. • Any actions agreed and taken, must be reported to the next available meeting of the North Wales Unscheduled Care Programme Board
10. Responsibilities & Functions will include	<ul style="list-style-type: none"> • Monitoring Ambulance performance through provision of agreed activity & performance statistical data. • Ensure collation and supply of information for the monitoring of activity at clinic level is seen as a key task of the group. The use of this data will be used to inform the decision making process and recognising the value of data as a significant conduit in ensuring decisions around patients are reflective of positive patient experience and improved patient performance. • Identifying, sharing, recommending, adapting and promoting best practice. • Ensuring that systems are in place to review and monitor the ongoing service delivery and implement a system for escalation and resolution of activity issues • Establishing standardisation of working practices and available services across North Wales. • Work with all stakeholders to ensure the provision of safe , effective, efficient, equitable, timely and patient centred ambulance services • Support the devolution of decision making and accountability to the most appropriate level of the organisation;
11. Reporting	The minutes of the meeting shall be reported to the North Wales Unscheduled Care Programme Board.
12. Key Relationships	North Wales Unscheduled Care Programme Board Hospital Management Teams Local Authorities and Social Care Staff and Patient Stakeholder Groups. <i>This list is not exhaustive</i>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Unscheduled Care Strategic Action Plan

2014-16

DEMAND

Item	Issue	Outcome	Risk Assessment	Mitigating actions	Responsible Officer	Accountable Lead	Timescale and Milestones	Residual Risk	Progress update
1.	Public understanding of accessing unscheduled care services appropriately	Information about illnesses and self-care to be provided to citizens via easily available media such as internet, i-phone/ android apps, facebook, twitter etc. to support decision making and reduce inappropriate attendances at EDs.	12	Improve take up of alternatives to ED- Choose Well Campaign.	Heather Piggott – ██████████ ██████ ██████ ██████████	Chief Operating Officer	March 2015	6	
				Evaluate 2013/14 Choose well Winter Project and use lessons to plan for 2014/15 Campaign	██████████ ██████		Annual review		
2	High Use of USC services by a small number of patients	All frequent callers have a clear management plan.	12	Proactive management of frequent callers and/or attenders Identification of	Olwen Williams ██████ ██████████ ██████████	Medical Director	2015	6	

Pack Page 96

Pack Page 97		All patients across North Wales are stratified by risk and plans in place for safe management.		<p>frequent callers and/or attenders, with multi-agency proactive case management, e.g. use of the GP/Urgent Care dash board</p> <p>Risk stratification of patients and the development of joint health and social care management plans for patients in the highest categories of risk.</p>	<p>██████████</p> <p>██████████</p>				
3	No clinical triage of patients in ambulance control	<p>Calls triaged by clinicians.</p> <p>Alternatives to conveyance and admission discussed with</p>	15	<p>Establish a system of clinical triage within ambulance control.</p> <p>Clinicians to provide a clinical desk in Ambulance control to ensure appropriate clinical support for WAST in the triage and management of patients.</p>	<p>Tim Lynch,</p> <p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p> <p>and Gordon Roberts,</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>	Chief Operating Officer	Date TBC	6	

<p>4</p>	<p>Conveyance of patients to an ED when they could be safely managed in a different environment.</p>	<p>Alternative care pathways for falls, resolved hypoglycaemia and resolved epilepsy fully implemented and further community pathways developed and implemented to provide paramedics with alternatives to conveyance to an ED.</p> <p>Paramedic Pathfinder pilot evaluated and successfully rolled out across North Wales.</p> <p>Number of Taxi conveyances</p> <p>Reduction in Ambulance conveyance and delays</p>	<p>12</p>	<p>Development of new clinical pathways for alternative conveyance.</p> <p>Complete implementation of WAST alternative care pathways for falls, resolved hypoglycaemia and resolved epilepsy.</p> <p>Develop and implement new clinical pathways.</p> <p>Roll out of the Paramedic Pathfinder project in Conwy and Denbighshire in September.</p> <p>Taxi Conveyance of</p>	<p>Tim Lynch, ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████ ██████████</p> <p>and Gordon Roberts, ██████████ ██████████ ██████████ ██████████</p>	<p>Chief Operating Officer</p>	<p>Further pathways in 2015</p> <p>Completed</p> <p>3 monthly review</p> <p>Paramedic Pathfinder Autumn 2014 with rollout in 2015</p> <p>Quarterly</p>	<p>4</p>	
----------	--	---	-----------	---	--	--------------------------------	--	----------	--

				card 35 HCP patients	Chris Stockport		review	WAST	
5	Inconsistent Access to MIUs across North Wales	Increased use of MIUs Reduced attendances at ED	15	Consistent opening times 8am-8pm. Consistency in terms of services offered across North Wales.	Site Lead Nurses and ACOSN PCSM	Chief Operating Officer	February 2015	6	
6	Patients in the end stages of life are admitted to hospital.	A reduction in the number of patients in the end stages of life who are admitted to hospital.	15	Appropriate symptom control for patients in all settings in line with BCU protocols. Improved support for and communication with relatives and carers to prevent admission to hospital in the end stages of life wherever possible.	COS and ACOSN Cancer CPG	Medical Director	Date TBC	8	

Pack Page 99

7	Chronic Disease Management	<p>Patients with long term conditions will be managed successfully in a community setting.</p> <p>Reduction in the number of patients with long term conditions who are admitted to hospital.</p>	15	<ul style="list-style-type: none"> To agree and implement an integrated LTC model for heart failure, respiratory, and diabetes care based on hierarchy of needs. To reduce unscheduled care activity with early intervention for high risk groups 	COS and ACOSN PCSM.	Chief Operating Officer	Date TBC	6	
8	Regional Single Point of Access (SPOA) and Communications Hub	<p>The six counties in North Wales will each have a SPOA by March 2016. The programme will include six local SPOA, a Communications Hub, a directory of services, development of IT systems and partnership arrangements in relation to workforce.</p>	12	<p>Development of a SPOA in each county in North Wales.</p> <p>Evaluate the pilot outcomes, and if successful roll out across the Health Board</p> <p>Map health and social care services by county working with statutory, voluntary and independent sector</p>	<p>Heather Piggott,</p> <p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p> <p>and Alwyn Rhys Jones</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>	<p>Chief Operating Officer BCUHB.</p> <p>Director of Adult Social Services Flintshire Local Authority</p>	March 2016	4	

Pack Page 100

--	--	--	--	--	--	--	--	--	--

FLOW

Item	Issue	Outcome	Risk Assessment	Mitigating actions	Responsible Officer	Accountable lead	Timescale and Milestones	Residual Risk	Progress update
1 Pack Page 101	Lack of focus on discharge planning	Reduced ALOS Improved Patient Flow Improved discharge planning Improved Communication	16	Board Rounds being introduced to all wards across BCUHB to improve patient flow and with a focus on early discharge planning.	Heather Piggott, ██████████ ██████████ ██████████ Debbie Murphy, ██████████ ██████████ ██████████ ██████████		31 st March 2015	6	
2	Discharge planning is reactive and not proactive.	Understanding of current practice which will inform new model. Consistent approach.	16	Review of current practices in relation to Predicted Date of Discharge. Agree a robust and	Heather Piggott, ██████████ ██████████ ██████████ ██████████		31 st October 2014 December 2014	6	

		<p>Reduction in ALOS</p> <p>Improved discharge planning practice</p> <p>Shared Learning</p> <p>Partnership working with local authorities</p>		<p>consistent model for PDD across BCUHB</p> <p>Implementation of the model.</p> <p>Evaluation</p>	<p>Debbie Murphy,</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>	<p>By 31st January 2015</p> <p>By 31st March 2015</p> <p>By 30th September 2015</p>		
3	Pack Page 102	<p>Inconsistent or inadequate management of information to support the daily management of USC</p> <p>Up to date intelligence to support the improved management of demand, flow and capacity across North Wales</p> <p>Up to date bed management information to support USC and patient flow</p>	15	<p>Development of an intelligence Hub/Bed Bureau in partnership with WAST</p> <p>Pilot the Aura bed management system in YGC and provide full evaluation of the system with a view to further roll out across BCUHB</p>	<p>Chief Operating Officer</p> <p>Dylan Williams</p>	<p>2015</p> <p>2015</p>	4	
4		<p>The safe management of patient during diverts as a result of escalation</p> <p>Clear process for managing diverts which maintains patient safety at all times.</p> <p>Early decision</p>	20	<p>Review and amend current process for managing diverts across North Wales in partnership with WAST.</p>	<p>Heather Piggott,</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>	<p>Completed</p>	8	

	during periods of extreme pressure.	<p>making in partnership with WAST.</p> <p>Robust governance arrangements.</p> <p>Improved Communication.</p> <p>Ongoing evaluation and shared learning.</p>						
5 Pack Page 103	Effective Patient Flow and reduction in non elective average length of stay	<p>Non –elective ALOS PMO established with seven workstreams:</p> <ul style="list-style-type: none"> • Frailty programme • National Patient Flow Collaborative • Community Hospitals programme • Enhanced 	16	<p>Establish non – elective ALOS PMO.</p> <p>Participation in the National Patient Flow Collaborative.</p> <p>Roll out to YG in January 2015.</p> <p>Weekly Big Room meetings at all DGH sites with comprehensive utilisation of Improvement methodology to provide sustainable improvements to</p>	<p>Heather Piggott,</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Olwen Williams,</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>Debbie Murphy and Yvonne Williams,</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	Complete	6	<p>Ongoing until 2016</p> <p>January 2015</p> <p>January 2015</p>

		<p>Care review of model of care</p> <ul style="list-style-type: none"> • Predicted Date of Discharge • Single Point of Access • Surgical Specialties Workstream. <p>Deployment of the frailty scale to assess patients. Multidisciplinary team approach to supporting patients in the community, preventing admission and providing early supportive discharge from hospitals.</p> <p>Assurance that</p>		<p>patient flow.</p> <p>Frailty Programme to be rolled out across BCUHB.</p> <p>Review, amend and implement Community Hospital model of care.</p> <p>Review, amend and implement Community Hospital referral process.</p> <p>Review after three months.</p> <p>Reduction in >40 day LOS in</p>			<p>March 2015</p> <p>September 2015</p> <p>Completed</p> <p>March 2015</p> <p>September</p>		
--	--	---	--	---	--	--	---	--	--

		<p>the current Community Hospital model is fit for purpose and if not revise and implement amended model</p> <p>Implement amended Community Hospitals model.</p> <p>A single BCU wide referral process for all community hospitals.</p> <p>50% reduction in ALOS in Community Hospitals</p>		Community Hospital project			2015		
--	--	---	--	----------------------------	--	--	------	--	--

CAPACITY

Item	Issue	Outcome	Risk Assessment	Mitigating actions	Responsible Officer	Accountable lead	Timescale and Milestones	Residual Risk	Progress update
1 Pack Page 106	Need for capacity planning across Health and Social Care	Full understanding of current provision and future need for health and social care services.	16	To work with Partners to undertake a full capacity planning analysis for health and social care.	Chief Operating Officer BCU and Directors of Adult Social Services		31 st March 2015	6	
2	Seasonal/Summer Plan	A robust plan with clear actions to mitigate the impact of Seasonal pressures over the winter.	20	Annual development and implementation of a seasonal plan based on capacity planning and forecasts and learning from the evaluation of previous plans.	Chief Operating Officer		Annually	8	
3	ED in YG is not fit for purpose	ED at YG will be reprovided.	20	Maintain dialogue with WG on progressing updated SOC in relation to	Chief Operating Officer		Date TBC	6	

				YG ED rebuild				
4	Internal Professional standards/ Promised based medicine	Internal professional standards with measurable targets for achievement. Robust monitoring and evaluation by USC groups.	12	Develop and implement the BCUHB Internal Professional Standards	Heather Piggott, ■■■■■ ■■■■■ ■■■■■ ■■■■■		December 2014	4