

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [rhyddhau cleifion o ysbytai ac effaith hynny ar y llif cleifion drwy ysbytai](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Hospital discharge and its impact on patient flow through hospitals](#)

HD 16

Ymateb gan: | Response from: Ymddiriedolaeth GIG Gwasanaethau  
Ambiwllans Cymru | Welsh Ambulance Services NHS Trust

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## **Health and Social Care Committee: Hospital discharge and its impact on patient flow through hospitals**

### **Evidence from the Welsh Ambulance Services NHS Trust**

1. The Welsh Ambulance Services NHS Trust welcomes the opportunity to provide evidence to the Health and Social Care Committee in its inquiry into hospital discharge and its impact on patient flow.
2. As an ambulance service, the issue of patient flow is one of critical importance given its impact on the front door of emergency units and, by extension, delays in handing over the care of patients from ambulance to hospital staff and thus the availability of ambulances to respond to emergencies in the community.
3. As a service, we recognise that the issues inherent in the flow of patients through hospitals are complex. The current pandemic has amplified and exacerbated the structural weaknesses already apparent in the health and care system prior to March 2020, which meant extended delays outside hospitals for ambulances were already a feature of the healthcare system, although not to the extent that they are currently.
4. These delays have an inevitable impact on the availability of ambulances in the community. During the first wave of the pandemic, there was considerable drop-off in what might be deemed “routine activity” which meant that ambulance availability was improved, as delays were far less prevalent.
5. As we have moved through the pandemic, and with the onset of elevated, rather than routine, levels of demand, the situation has deteriorated significantly across the health and care sector.
6. At the time of writing, the Omicron wave is moving towards its peak. The advent of Omicron has resulted in excessive strain placed upon the entire sector, with high levels of staff absences across the Welsh Ambulance Service, local health boards and in social care.
7. Couple this with high levels of demand and limited flow through hospitals, and this has seen ambulance performance levels continue to decay throughout the final weeks of 2021 and into 2022, resulting in extended waits for ambulances in the community, including for higher priority amber one calls, as well as, unfortunately, for life-threatening red calls, where performance continues to fall short of the 65% pan-Wales target.
8. The graphs in the data pack annexed to this document give an indication of the hours lost in recent months to handover delay. The stories data do not always tell are the incredibly poor experiences of patients waiting for hospital care and the frustration and moral injury to crews, many of whom regularly spend entire shifts caring for one patient outside hospitals, in the full knowledge that there are very many patients waiting in the community for whom no care is available and where risk is at its highest.

9. Similarly, the impact on performance and the concomitant impact on staff and patient experience is apparent.
10. Notwithstanding the emergence of the Omicron variant and its enhanced transmissibility, like the rest of the NHS in Wales, the Welsh Ambulance Service has extensive winter plans in place, as well as a long term plan for growth and the redefinition of the service, continuing its journey towards a service fundamentally rooted in clinical practice, rather than one providing a conveyance service.
11. The balance between managing the immediacy of the situation and planning for recovery and growth is a fine one, and one of which the Welsh Ambulance Service Board is acutely aware.
12. However, the current situation means that the WAST leadership team has expedited some longer term plans while exploring all possible means of support for the service now, including the third request for Military Aid to the Civilian Authorities (MACA), which will now run with increased number (251 frontline operatives) until the end of March 2022.
13. Much of this longer term investment and development is focused on treating as many patients at scene as possible, reducing unnecessary conveyance to hospital and thus reducing pressure on the wider health and care system through avoidable admission.
14. While there is a role for optimising advanced practice and more innovative ways of utilising clinical staff in achieving this, it is also fair to say that the success of this approach longer term will ultimately hinge on health boards, primary care and the social care sector working differently with the ambulance service, as one integrated system, to deliver care collaboratively for patients.
15. This means opening up existing or developing new pathways of care which are open to referral by ambulance service clinicians, as well as utilising clinical and social care staff differently and more appropriately to manage patients, as far and as safely as possible, in the community.
16. While acknowledging such changes often take time to effect, conversations are currently underway with a number of local authority partners to understand better how partnerships can be forged between WAST and social care to maintain more people at home.
17. Understanding the social care services that will add the most value to local people and working together, either to enable referral rights to them for ambulance staff, or developing them in partnership, possibly on a regional partnership board basis, is at the heart of these discussions.
18. Similarly, the options of digital and remote triage of calls will need to be developed much more extensively over the coming months and years to again reduce the need for the deployment of an ambulance, with the potential to refer patients to other elements of the health or social care system.

19. While work continues to properly articulate the steps and means by which this longer term ambition can be achieved, the Welsh Ambulance Service has been fortunate in receiving support from its commissioners, both to deal with the immediate pressures and to invest in the staff and models which will deliver that longer term ambition.
20. In real terms, this has included in recent months:
- (i) Employing a further 36 clinicians to work on our Clinical Support Desk, managing demand through clinical triage of lower acuity patients who can be provided with advice and guidance to avoid the deployment of an ambulance. CSD clinicians also provide support to crews on scenes with additional clinical opinion and advice, with a view to avoiding conveyance where clinically safe to do so.
  - (ii) Recruitment of an additional 32 FTE emergency medical dispatchers to help answer 999 calls
  - (iii) Establishing our “Winter Cell” to support coordination across the system during the season
  - (iv) Implementing our “Clinical Safety Plan” which allows us to target our resources in line with demand to safeguard the most clinically vulnerable
  - (v) Recruitment of additional 111 call handlers to manage elevated call volumes
  - (vi) Deployment of new menu options across 111 to flow callers more appropriately
  - (i) Working closely with health board partners to implement online physician triage and streaming
  - (ii) Recruitment of mental health clinicians to support our clinical support desk – deployment expected early in 2022
  - (iii) Corporate staff providing additional support to frontline colleagues
  - (iv) Additional capacity at Morriston and the Grange University Hospital to assist with handover
  - (v) St John Ambulance Cymru providing additional support
  - (vi) Additional NEPTS provision to increase capacity
  - (vii) Reinstating and re-profiling support from Mid and West Wales Fire and Rescue Service to include provision of a level one falls service. Training is underway and the service is expected to roll out from January
  - (viii) Enhancing a range of staff wellbeing initiatives, including hospital concessions, British Red Cross staff support, pool cars for end of shift, pet therapy etc.
21. In respect of discharge, the contribution of the ambulance service’s non-emergency patient transport service (NEPTS) should not be underestimated in facilitating the discharge of patients, either to their own place of residence or to “step-down” care facilities.
22. Earlier in 2021, NEPTS worked on modelling likely future demand for its discharge and transfer service over the winter months. That modelling was used to work with health boards and commissioners to identify additional funding for extra discharge and transfer resources to support additional flow in a timely manner. This capacity has been well used in recent months.

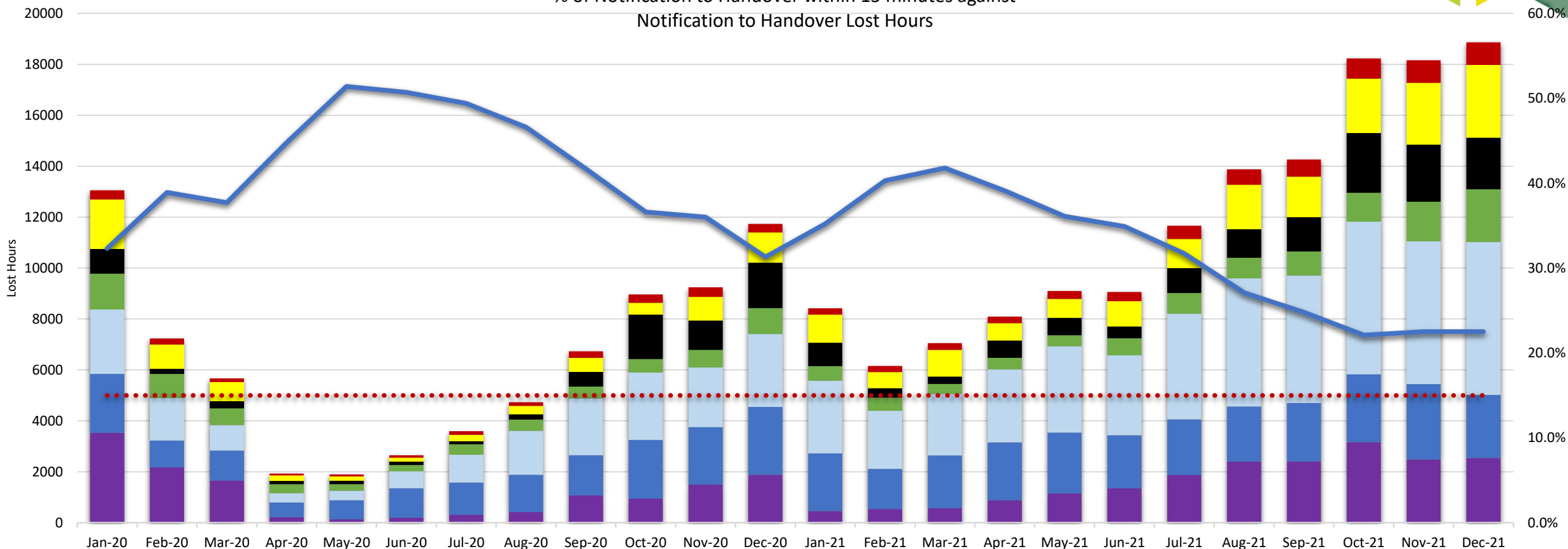
23. Whilst acknowledging the extensive work that is underway across the system, it is important that the many structural weaknesses across health and care services are addressed, rather than relying on reactive, short-term fixes to alleviate the pressures and improve the experience of patients, citizens and staff.
24. This must include creating an employment environment where there is parity of esteem and reward for social and healthcare staff, to facilitate improved recruitment to social care roles.
25. Similarly, while good work is underway across Regional Partnership Boards to consolidate and enhance relationships and services across the health and social care interface, there remains much to do in terms of overcoming professional and clinical barriers to provide meaningful services that genuinely address the needs of people in need.
26. None of these ambitions is simple to achieve. That said, our collective experiences of the pandemic hitherto suggests that we have the platform, the collective will and the ideas to move this agenda forward at pace, with the right level of support and focus, recognising the distraction which the latest Omicron phase of the pandemic has presented.

Ends/EVH/Jan22



# Notification to Handover

% of Notification to Handover within 15 minutes against Notification to Handover Lost Hours



SB Lost Hours  
C&V Lost Hours  
Powys Lost Hours

AB Lost Hours  
CTM Lost Hours

..... Target (Less than 150 hrs per day 95% of the year)

BCU Lost Hours  
HD Lost Hours

— % of not. to handover within 15 mins of arrival at hosp.

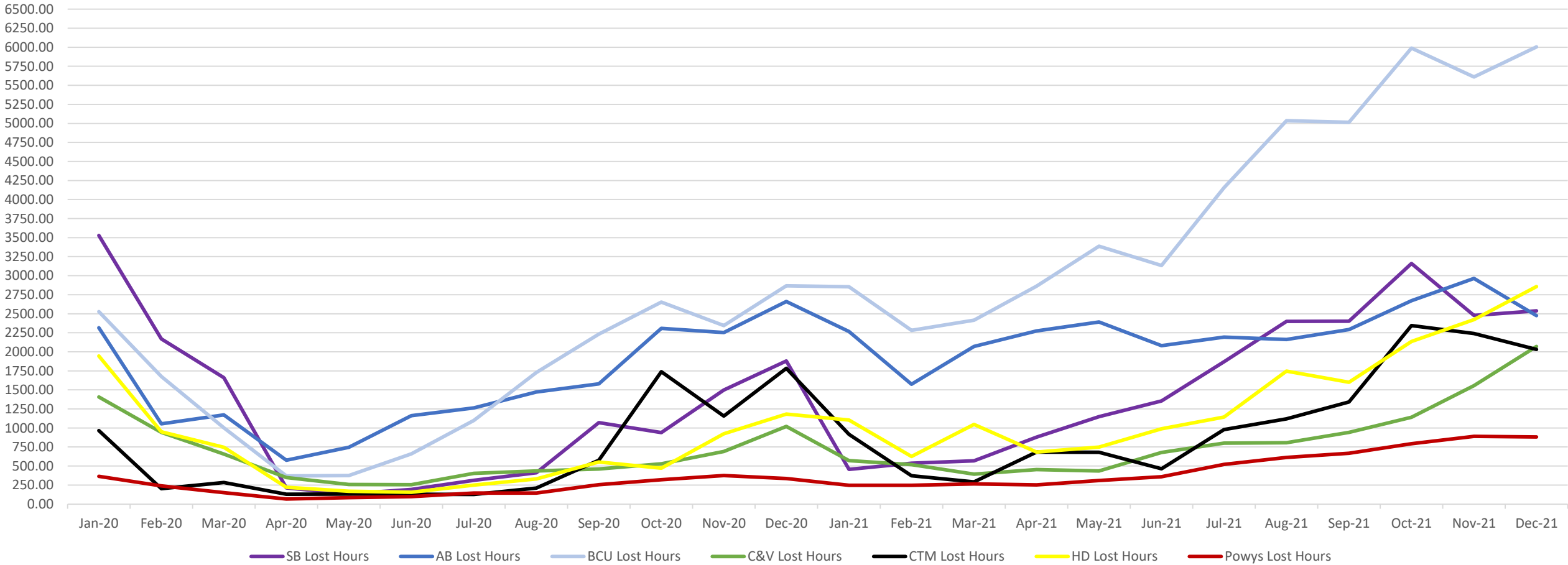




# Notification to Handover by Health Board



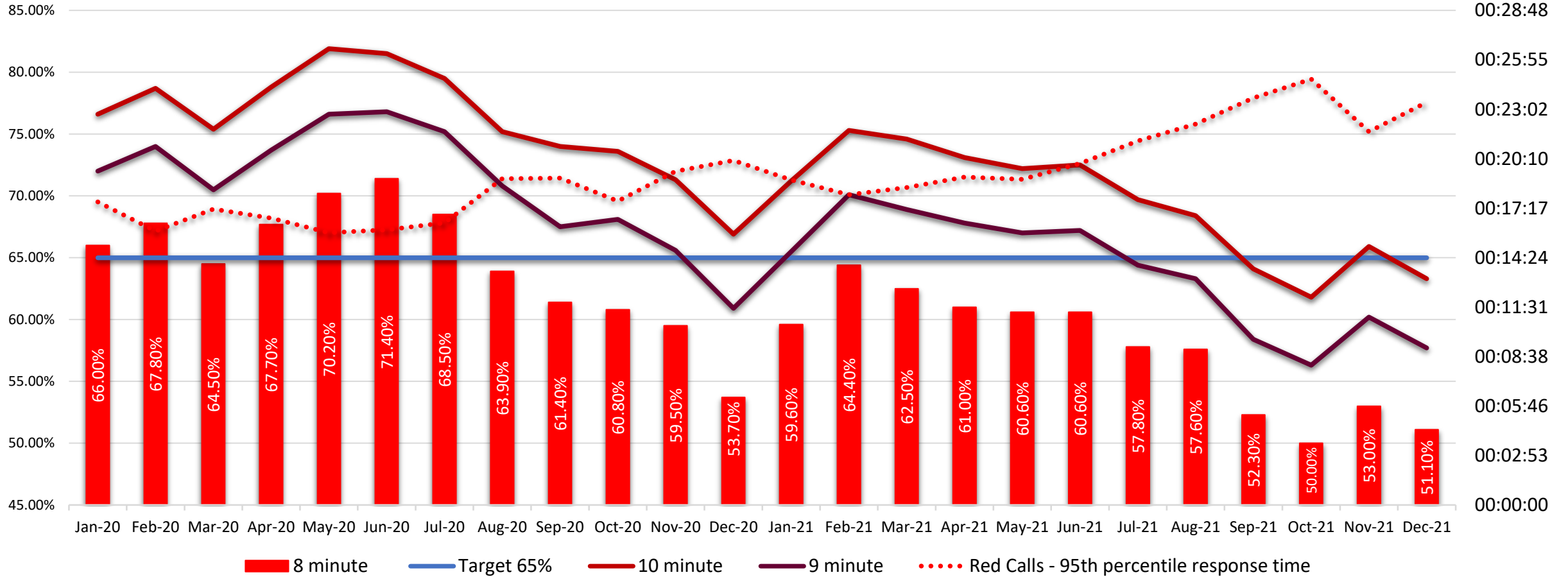
Notification to Handover Lost Hours by Health Board





# Red Performance

% Of Emergency Responses to Red Calls Arriving Within (up to and including) 8, 9 & 10 Minutes Against Red Calls 95th Percentile



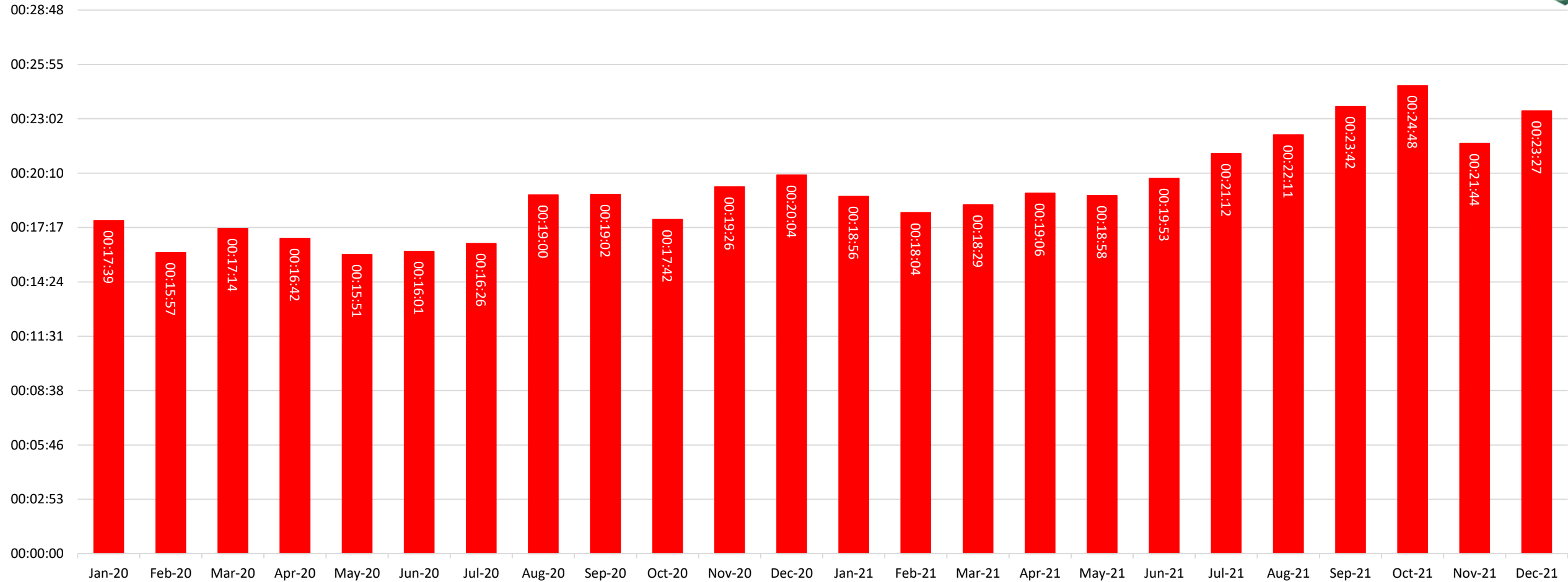




# Red 95<sup>th</sup> Percentile



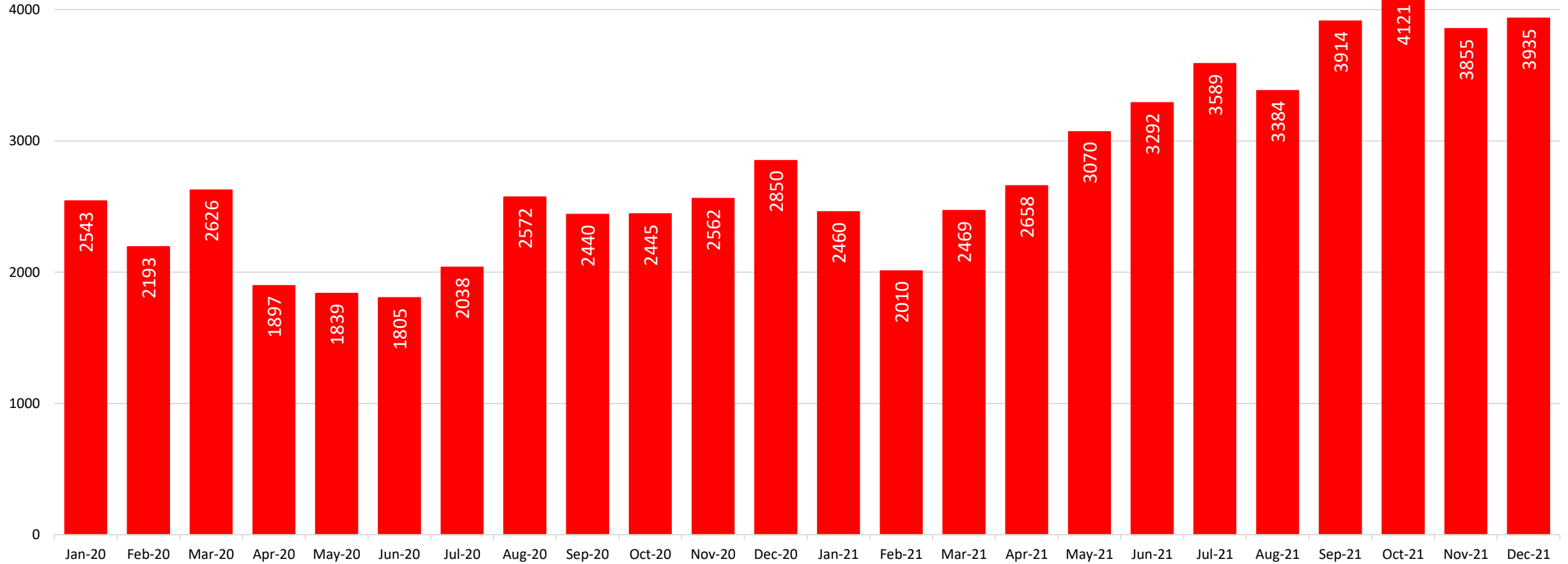
Red Calls - 95th percentile response time





# Red Demand Calls

Total Verified RED Demand Calls

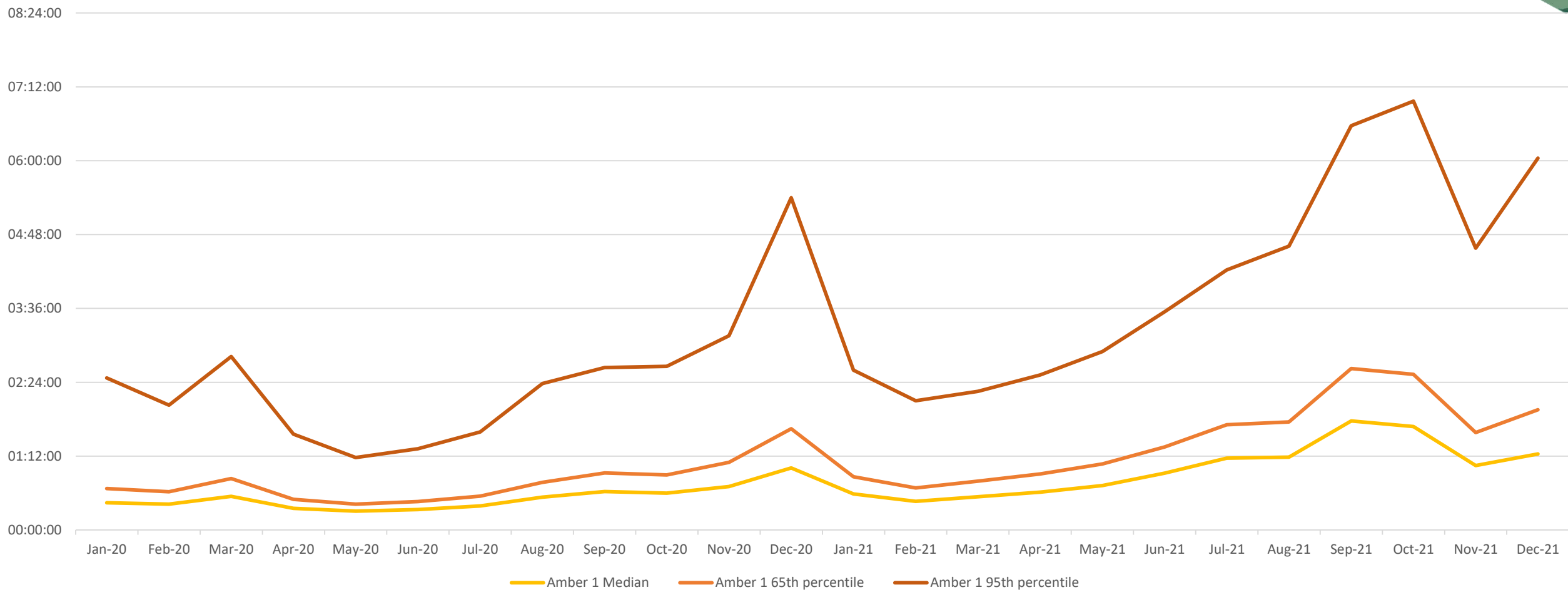




# Amber 1



Amber 1 Median, 65th and 95th Percentile

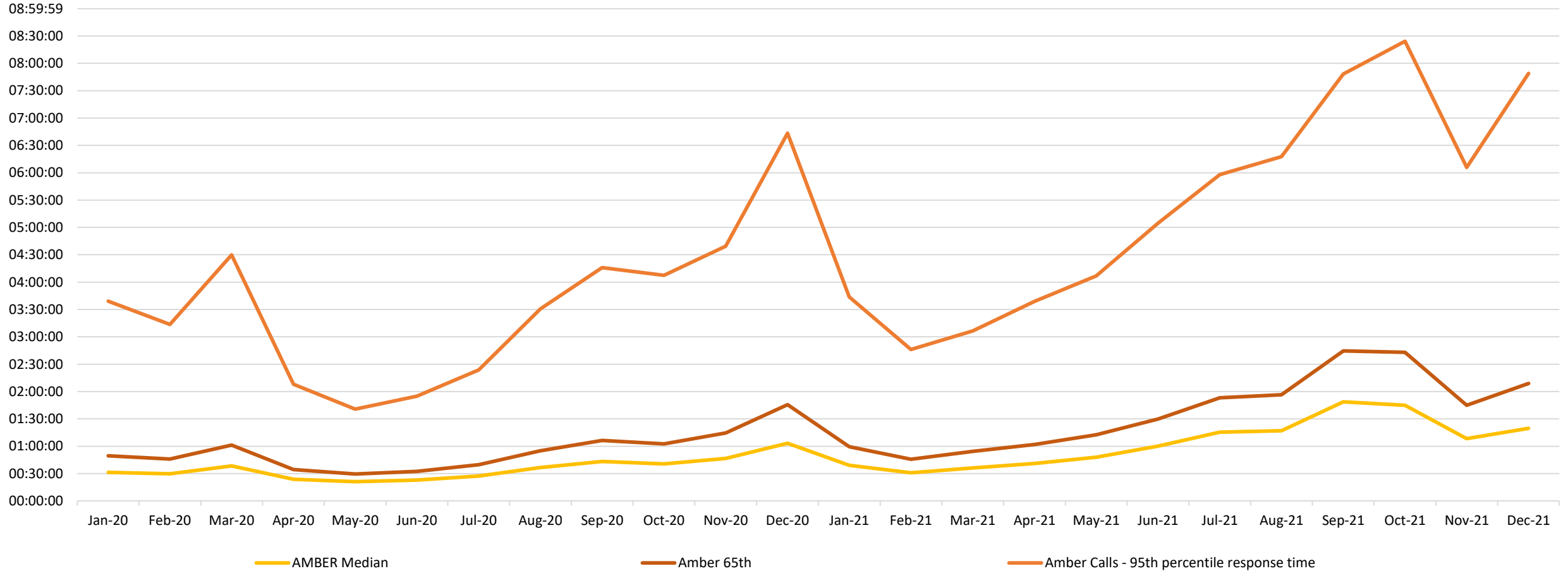




# Amber Median, 65<sup>th</sup> & 95<sup>th</sup>



Amber Median, 65th & 95th Percentile





# Amber Demand



Total Verified AMBER Demand

