

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 44

Ymateb gan: | Response from: Plismona yng Nghymru | Policing in Wales





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yng Nghymru
Policing in Wales



COMISIYNYDD
HEDDLU A THROSEDDU
DYFED-POWYS
POLICE AND CRIME
COMMISSIONER



Welsh Government
Yn Ffwrdd Gwent
Office of Police and
Crime Commissioner



SWYDDFA COMISIYNYDD HEDDLU
A THROSEDDU Gogledd Cymru
OFFICE OF THE POLICE & CRIME
COMMISSIONER NORTH WALES



South Wales
Police and Crime Commissioner
Comisiynydd yr Heddlu a Throseddau
De Cymru



Russell George MS

Chair, Senedd Health Committee

Dear Mr. George

We write on behalf of Policing in Wales to inform and support the Senedd Health Committee's ongoing inquiry into hospital discharge and patient flow through hospitals and scrutiny of the Welsh Government's Health and Social Care Winter Plan 2021 to 2022.

The acute pressures faced by the NHS in Wales and the Welsh Ambulance Service Trust (WAST) were a major concern for Policing in Wales and were actively debated at the Joint Emergency Services Group (JESG). The issues were also raised in scheduled meetings between the Chair of Policing in Wales and the Minister for Social Justice, prior to being escalated to the Policing Partnership Board for Wales. Discussions with Welsh Government officials led to the establishment of a Winter Operations Task Group looking at practical short term solutions to the challenges faced, Policing in Wales being a key partner in this group.

Our purpose in writing to you and your committee is to highlight the significant impact that the pressures within the NHS had on our staff and on resourcing across the four forces in Wales. Furthermore, it is worth noting that senior leaders from the four police forces in Wales acted as Chairs of their respective Strategic Co-ordination Groups (SCGs) and as such were at the heart of the response to the pandemic. The pressures on NHS and Social Care became so significant that Chief Constables commissioned a specific piece of demand analysis to clearly quantify the impacts, whilst providing some narrative examples of impacts on our front line officers to bring this analysis to life. We will refer directly to that analysis in this letter.

There are a number of separate points that we would like to draw to the attention of your committee. Many of these are clearly connected, but we feel it important to set these out clearly and articulate the real and ongoing concerns of Chief Constables and Police and Crime Commissioners.

1. Although pressures were more acute than ever this year given the pressures of the pandemic and more notably the emergence of the Omicron variant, the issue of patient flow impacting on ambulance availability has direct implications on our officers and organisational resourcing every winter. Time spent by our staff dealing with medical emergencies has a real and direct impact on our ability to respond to emergency calls and keep communities across Wales safe. We would urge the committee to recognise that this is an ongoing cross-sectoral issue for Welsh public services and that planning for the Autumn/Winter period 2022/23 should start urgently.
2. As noted previously, demand analysis was undertaken focusing on this critical issue with data collection being undertaken between midnight on October 29th and midnight on October 31st 2021. During that period, 110 incidents were recorded, the bulk of these in the Gwent, North Wales and South Wales Police areas, which revealed:
 - In 14% of incidents officers conveyed a patient to hospital



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- In 15% of incidents, officers spent an unnecessary amount of time waiting for WAST, involving 50 officers at an estimated total time of 45 hours
- In 25% of incidents, supporting WAST prevented the police from undertaking traditional policing activity
- In 27% of incidents, police analysis considered the request for police attendance to be inappropriate

It is important to provide some narrative to support this data, so one case study example from each force area is provided for the committee's information.

Dyfed Powys

A female had cut her wrist to the bone and was bleeding heavily. Armed Response Vehicles attended and applied a tourniquet. The estimated time of arrival for the ambulance was 7 hours. Officers at the scene contacted WAST but the call did not get upgraded, therefore it was decided that officers should convey the patient to hospital.

Gwent

08:44 a 999 call to Gwent Police from a female caller stating that she wanted to kill herself and everyone else and saying that she was hearing voices telling her to hurt herself. Subject stated that she had called the Ambulance Service for help and that she had been waiting 12 hours for them. Caller said that she had no one who she could ask to take her to A&E. The patient is in supported living and is bed bound with care staff on scene.

Approved Mental Health Professionals (AMHP) reviewed and stated that the caller should be advised to phone the crisis team and that this was a Health and not a Police matter. Force Control Room (FCR) then provided her with contact numbers for the Crisis Team, Child and Adolescent Mental Health Service (CAMHS) and the Out Of Hours GP service.

Ambulance Control contacted and they confirmed that they had received a call from the subject. Graded Amber 2 and 10th in the stack. CAMHS then contacted by the AMHP and disclosed a history of contact with the subject. They then stated they would contact the subject via telephone and attempt to resolve with her. They would only call back to the FCR if any policing issues, and to Ambulance if any medical issues. The log was then closed at 09.35hrs.

North Wales

Call at 22:41 to a sudden death, WAST not in attendance due to demand. Expected death of male in end of life care. Contact with WAST throughout the night placing demand on Communications Centre; ambulance Rapid Response Vehicle attends at 07:30.

South Wales

Officers notified of person having suspected heart attack as members of public not able to get through to ambulance. Officers attended and eventually managed to contact WAST. Graded as Amber 1, 6-8 hours delay, police conveyed as a result.



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These are just a snapshot of the many occasions that officers are called upon to deal with medical emergencies where there is currently no alternative other than for policing to step in.

3. For our officers, there are further, extremely serious implications that can flow from their involvement with people who are extremely unwell or seriously injured. Where the individual tended to tragically dies, there is a requirement to refer the matter to the Independent Office for Police Conduct (IOPC) as a death following police contact. Inquiries of this nature can be extremely complex and prolonged, having real impacts on the welfare of officers who have been doing their best by coming to the aid of someone in distress. At another level, this can have further impacts on force resources and for the support that must be given to officers placed in this position. There is evidence from at least one Welsh force, that police medics have sought not to continue in this voluntary role given the increasing frequency with which they are being asked to attend incidents and the associated risks that accompany their attendance. We are sure your committee will appreciate the consequent issues that this this presents from a policing perspective

The Committee will undoubtedly recognise the enormous strain that our health service is under and a situation where more than 25%¹ of its capability is sat idle will massively undermine the ability to respond to major or critical incidents. Having a quarter of ambulance capacity sat outside our hospitals at any one time is clearly a cause for concern. Major and critical incidents will happen from time to time and if Welsh public services were to be faced with a scenario like this, the combined civil contingency response would be greatly undermined by these existing pressures.

Furthermore, there are early signs that we are emerging from the latest wave of the Covid pandemic and yet delays in getting patients to hospital and to receive the care that they need remain. The military support to civil authorities in this context will soon end with further challenges to be faced in the months ahead. Clearly the system is not working and urgent steps must be taken well in advance of the autumn and winter period in 2022/23.

We hope that we have been able to set out some of the real and ongoing issues that pressures within the health sector have on other public services and in this case policing. Policing in Wales recognises the immense pressures that both WAST and the NHS have been under for the last two years and we are committed to working in partnership to resolve the issues that they face. We consider it vital, however, that your committee understands the wider implications of inefficient patient flow and year on year winter pressures to the work of Policing in Wales.

Yours Sincerely

Jeremy Vaughan

Chief Constable, South Wales Police

Chair, Welsh Chief Officers Group

Dafydd Llywelyn

Police and Crime Commissioner for Dyfed Powys

Chair, Policing in Wales

¹ Welsh Ambulance Service NHS Trust Data