Our Ref: JP/JM/LA ☎ [redacted] 16 March 2015

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

Dear Mr Rees

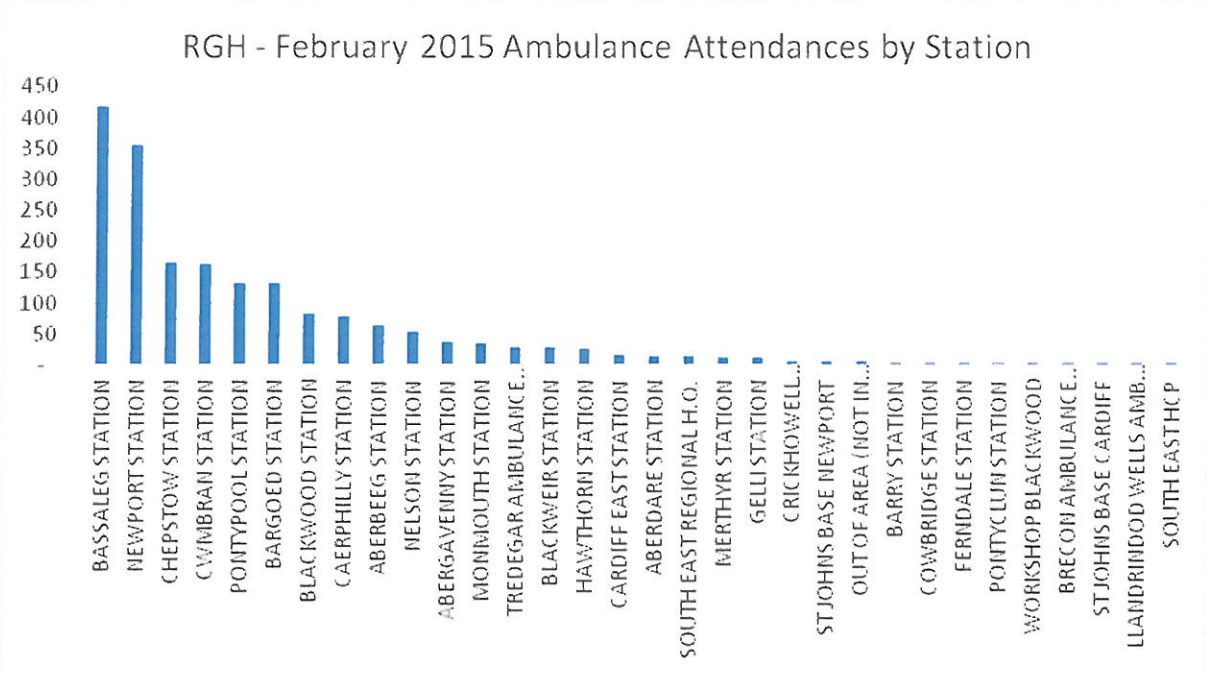
Inquiry into the Performance of Ambulance Services in Wales

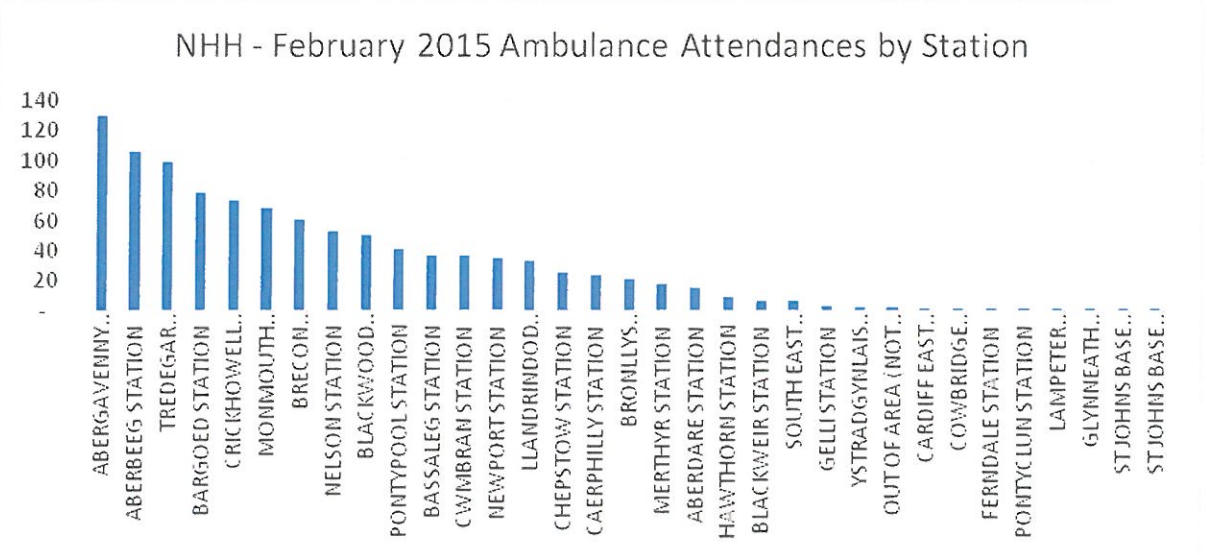
Thank you for the opportunity to provide information in relation to the above inquiry being undertaken by the Health and Social Care Committee on the performance of ambulance services in the Aneurin Bevan University Health Board's area. Please find below the information requested in your letter of 6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

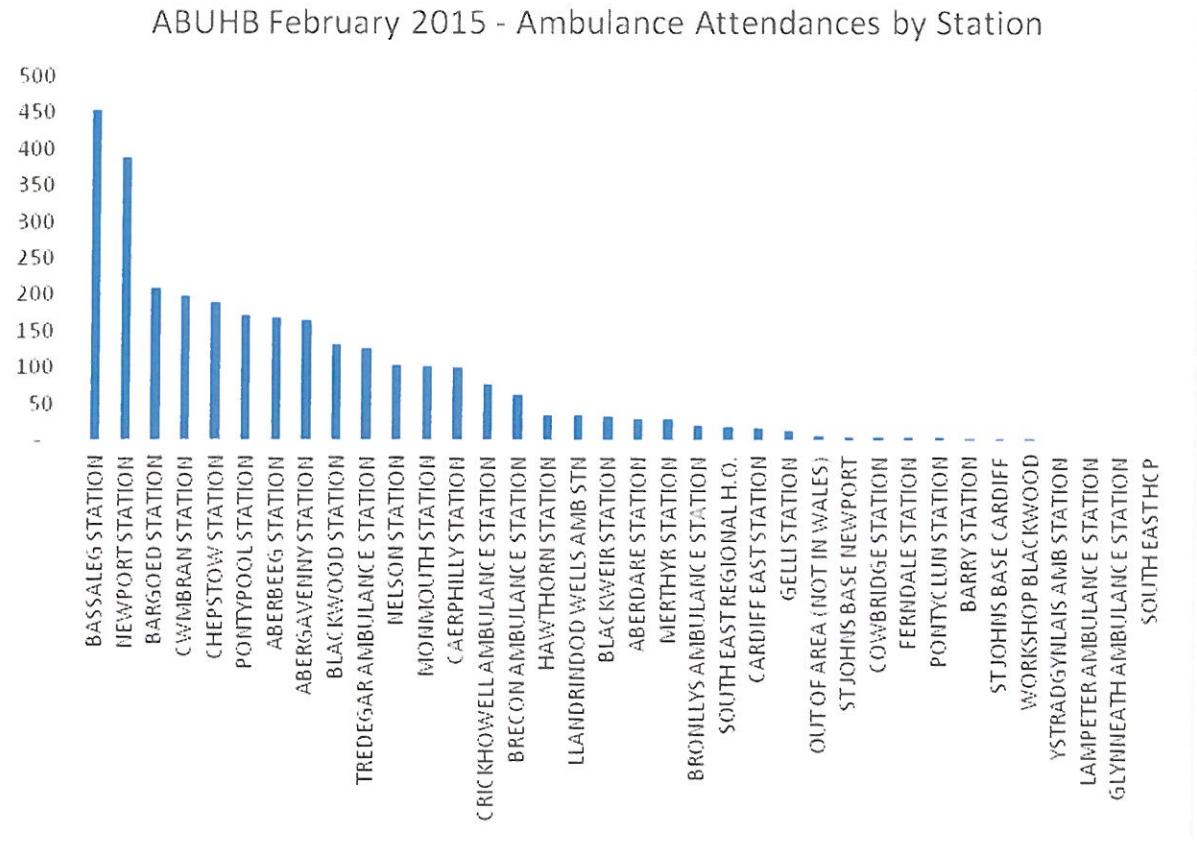
The graphs provide detail on the number of ambulances which arrived at the Royal Gwent Hospital (RGH) and Nevill Hall Hospital (NHH) Emergency Departments (EDs) in February and the station at which these were ambulances based. A graph combining both sites is also provided. The data on stations from which 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).

[redacted]

[redacted]


RGH - February 2015 Ambulance Attendances by Station
450
400
350
300
250
200
150
100
50
-
BASSALEG STATION
NEWPORT STATION
CHEPSTOW STATION
CWMBRAN STATION
PONTYPOOL STATION
BARGOED STATION
BLACKWOOD STATION
CAERPHILLY STATION
ABERBEEG STATION
NELSON STATION
ABERGAVENNY STATION
MONMOUTH STATION
TREDEGAR AMBULANCE...
BLACKWEIR STATION
HAWTHORN STATION
CARDIFF EAST STATION
ABERDARE STATION
SOUTH EAST REGIONAL H.Q.
MERTHYR STATION
GELLI STATION
CRICKHOWELL...
ST JOHNS BASE NEWPORT
OUT OF AREA (NOT IN...
BARRY STATION
COWBRIDGE STATION
FERNDALE STATION
PONTYCLUN STATION
WORKSHOP BLACKWOOD
BRECON AMBULANCE...
ST JOHNS BASE CARDIFF
LLANDRINDOD WELLS AMB...
SOUTH EAST HQ P


NHH - February 2015 Ambulance Attendances by Station
140
120
100
80
60
40
20
-
ABERGAVENNY...
ABERBEEG STATION
TREDEGAR...
BARGOED STATION
CRICKHOWELL...
MONMOUTH...
BRECON...
NELSON STATION
BLACKWOOD...
PONTYPOOL STATION
BASSALEG STATION
CWMBRAN STATION
NEWPORT STATION
LLANDRINDOD...
CHEPSTOW STATION
CAERPHILLY STATION
BRONLLYS...
MERTHYR STATION
ABERDARE STATION
HAWTHORN STATION
BLACKWEIR STATION
SOUTH EAST...
GELLI STATION
YSTRADGYNLAIS...
OUT OF AREA (NOT...
CARDIFF EAST...
COWBRIDGE...
FERNDALE STATION
PONTYCLUN STATION
LAMPETER...
GLYNNEATH...
ST JOHNS BASE...
ST JOHNS BASE...



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.

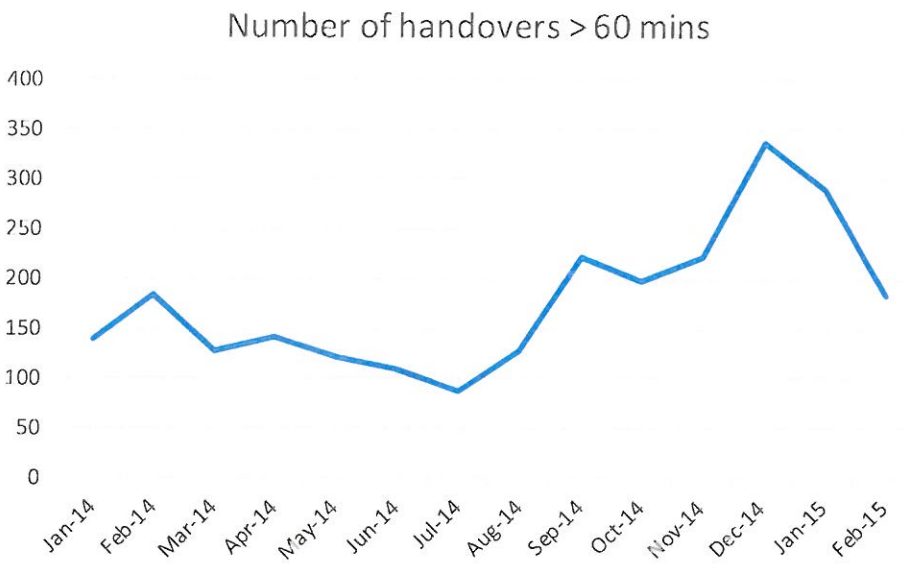
- Daily 8.30 am ward rounds are held on medical wards between junior doctor and ward sister to identify sick patients and discharges for the day and ensure that discharge needs are co-ordinated.

- 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

Judith Paget
Prif Weithredwr/Chief Executive