

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)
[Inquiry into the performance of Ambulance Services in Wales / Ymchwiliad i berfformiad](#)
[Gwasanaethau Ambiwllans Cymru](#)

Evidence from Hywel Dda University Health Board - PAS(AI) 09 / Tystiolaeth gan Bwrdd
Iechyd Prifysgol Hywel Dda - PAS(AI) 09

Ein cyf/Our ref: CEO.116.0315
Gofynnwch am/Please ask for: Nicola Gillies, PA to Chief Executive
Rhif Ffôn /Telephone: [REDACTED]
Ffacs/Facsimile: [REDACTED]
E-bost/E-mail: [REDACTED]
Dyddiad/Date: 13 March 2015

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

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

Dear David

Thank you for your letter sent on 6th March 2015 enquiring about the performance of the ambulance services in Wales.

Specifically you have asked for the number of ambulances by hospital for February 2015, unfortunately we do not record which ambulance station conveyed the patient to hospital. Welsh Ambulance Service would be able to provide with this data.

During February 2015 these are the total number of ambulances that came to each hospital

Bronglais Hospital: 407
Glangwili Hospital: 1,025
Withybush Hospital: 712
Prince Philip Hospital: 416

You have also asked for the actions the Health Board is taking to reduce patient handover delays. I want to provide assurance that Hywel Dda takes ambulance delays as a high priority action area. To this effect ambulance performance and delays are discussed at Board level. I enclose a copy of the November Board report to give you further detail in this regard.

We have an ambulance offload procedure in place to ensure as many patients as possible are handed over within 15 minutes. Where this does not happen there is an escalation process in place which goes right through to the Chief Operating Officer. We recognise that often there are handover delays due to

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Cadeirydd / Chair
Mrs Bernardine Rees OBE

Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

patients waiting in A&E who require admission. Therefore we have taken a whole system approach to deliver in this area focussing on early morning discharge and monitoring those patients who are awaiting discharge but require community or social service support on discharge. There are twice daily Health Board wide conference calls raised to three times a day when under pressure to effectively manage capacity and demand across the Health Board.

We view patient handover delays and A&E performance standards as process of ongoing improvement in order that we deliver timely and quality care to all of our patients. This is overseen at the monthly Unscheduled Care Meeting which includes senior Hywel Dda managers, Community directors, Welsh Ambulance Service, CHC and Social Service colleagues.

I hope this answers your enquiry please do not hesitate to contact me should you require any further assurance or information

Yours sincerely

A handwritten signature in black ink that reads "Steve Moore". The signature is written in a cursive, flowing style.

Steve Moore
Chief Executive



**CYFARFOD BWRDD IECHYD
HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	20th November 2014
EITEM AR YR AGENDA: TITLE OF REPORT:	Ambulance Service Target Report
ARWEINYDD CYFARWYDDWR: EXECUTIVE LEAD:	Paul Hawkins, Chief Operating Office
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Skitt, Director Acute services

**Pwrpas yr Adroddiad (dilewch fel yn addas)
Purpose of the Report (delete as appropriate)**

Ar Gyfer Penderfyniad For Decision	Ar Gyfer Trafodaeth For Discussion	Er Gwybodaeth For Information
	✓	✓

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

To provide an update to the Board on Welsh Ambulance Service (WAST) performance against national standards and HDUB actions to support and improve ambulance response times across Hywel Dda.

Cefndir / Background

This report highlights the key areas of activity and performance with actions for improvement

Assesiad / Assessment

Overview

The ambulance service suffers reduced capacity due to the lost hours waiting at hospitals to offload patients. 300 lost hours equates to a reduction of 15% capacity. November 2014 is key to improving performance to achieve 60% compliance for category A calls responded to within 8 minutes.

Table 1 overleaf shows the Category A performance by hospital and Health Board. There was an improvement September 2014 to 61%.

October 2014 performance across Wales is 55.5% and 57.4% in Hywel Dda Health Board. HDUB monitors Category A performance and works with WAST to ensure a timely service is provide to all patients in the community.

Table 1: Category A Performance

Month	Target	Category A calls resulting in an emergency response arriving at the scene				Category A calls resulting in emergency response arriving at the scene within 8 minutes				Category A calls - % of emergency responses at scene within 8 minutes			
		BGH	GGH/PPH	WGH	Hywel Dda	BGH	GGH/PPH	WGH	Hywel Dda	BGH	GGH/PPH	WGH	Hywel Dda
Apr-14	65%	281	737	528	1,546	143	436	328	907	50.9%	59.2%	62.1%	58.7%
May-14	65%	304	786	565	1,655	162	408	287	857	53.3%	51.9%	50.8%	51.8%
Jun-14	65%	303	778	487	1,568	154	406	288	848	50.8%	52.2%	59.1%	54.1%
Jul-14	65%	285	822	528	1,635	139	470	332	941	48.8%	57.2%	62.9%	57.6%
Aug-14	65%	305	793	600	1,698	175	434	340	949	57.4%	54.7%	56.7%	55.9%
Sep-14	65%	307	742	543	1,592	184	440	347	971	59.9%	59.3%	63.9%	61.0%
2014/2015	65%	1,785	4,658	3,251	9,694	957	2,594	1,922	5,473	53.6%	55.7%	59.1%	56.5%

A key measure for the Health Board is to achieve ambulance handovers within 15 minutes of arrival. This is monitored at all hospital sites throughout the 24 hour period and offload delays of 30 minutes or longer are escalated through the management structure to the Chief Operating Officer this is also supported by e-mail alerts from WAST denoting the hospital and length of time the ambulance has been waiting.

Significant actions have been put in place to improve ambulance offload performance including a protocol detailing timelines, responsibility and escalation. Ambulance performance has moved from being an A&E performance standard to a hospital wide standard as the achievement is partly dependant on available bed capacity to ward patients in the Emergency Department.

Table 2: October 2014 Ambulance handover performance lost time

	Lost hours over 15 minutes	Volume of Ambulance arrivals	Average time lost over 15 minutes
Bronglais Hospital	27	452	3.58
Prince Philip Hospital	8.4	449	1.12
Glangwili Hospital	59.8	1102	3.25
Withybush Hospital	17.6	784	1.34
Total	112.8 hours	2787	2.42 minutes

Table 3: Ambulance handover % within 15 minutes

Month	Target	Total ambulance arrivals					Percentage of handovers within 15 minutes				
		BGH	GGH	PPH	WGH	Hywel Dda	BGH	GGH	PPH	WGH	Hywel Dda
Apr-14	100%	441	945	0	850	2,236	65.8%	72.9%	-	75.1%	72.3%
May-14	100%	450	978	0	891	2,319	66.9%	74.6%	-	87.4%	78.1%
Jun-14	100%	419	1,004	0	767	2,190	66.3%	74.3%	-	89.7%	78.2%
Jul-14	100%	460	972	0	842	2,274	67.0%	90.5%	-	95.6%	87.6%
Aug-14	100%	464	1,030	0	871	2,365	79.3%	82.6%	-	94.0%	86.2%
Sep-14	100%	432	963	378	775	2,548	78.0%	83.2%	91.0%	86.5%	84.5%
Oct-14	100%	452	1,102	449	784	2,787	74.1%	84.1%	89.8%	88.6%	84.7%

Ambulance performance is monitored at the bed meetings and any delays over an hour are reported with a subsequent breach report and analysis with appropriate actions. As a result of the ambulance activity and delays on the Glangwili site a review of the capacity in the department is being undertaken to be able to manage surges in demand.

GP Referrals and GP OOH's

There has been continued with GP's and out of hour's services where patients require hospital admission or assessment are conveyed by the most appropriate method of transport. GP's only request an immediate 999 ambulance if the patient's clinical condition warrants this. This has been a joint piece of work with GP's and WAST to reduce demand on emergency ambulance calls.

Table 4 overleaf shows the volume of category A and C calls. Category C calls are a larger volume that category is this resultant from ambulance call prioritisation and GP's requesting the appropriate level of response clinically required.

Table 4 : Category A and C calls

Month	Target	Category A calls (immediately life-threatening calls)				Category C calls (urgent and planned calls)			
		BGH	GGH/PPH	WGH	Hywel Dda	BGH	GGH/PPH	WGH	Hywel Dda
Apr-14	-	293	754	539	1,586	455	1,194	891	2,540
May-14	-	311	815	588	1,714	483	1,229	995	2,707
Jun-14	-	310	806	498	1,614	419	1,242	948	2,609
Jul-14	-	295	856	545	1,696	510	1,199	1,055	2,764
Aug-14	-	316	830	612	1,758	513	1,347	1,045	2,905
Sep-14	-	318	765	559	1,642	492	1,120	924	2,536

Frequent Users

Regular attendees to A&E are reviewed by the A&E consultants. The main reasons for multiple attenders are patients with mental health or chronic conditions. Where appropriate further discussions, case conferences and management plans are put in place. We have identified all of the nursing and residential homes in Hywel Dda and the information team are currently providing a report for all A&E attendances over the last year. This will enable HDUHB to work with community and social service colleagues to identify any homes with high usage and enable education and support to be provided.

Hospital Patient Flow

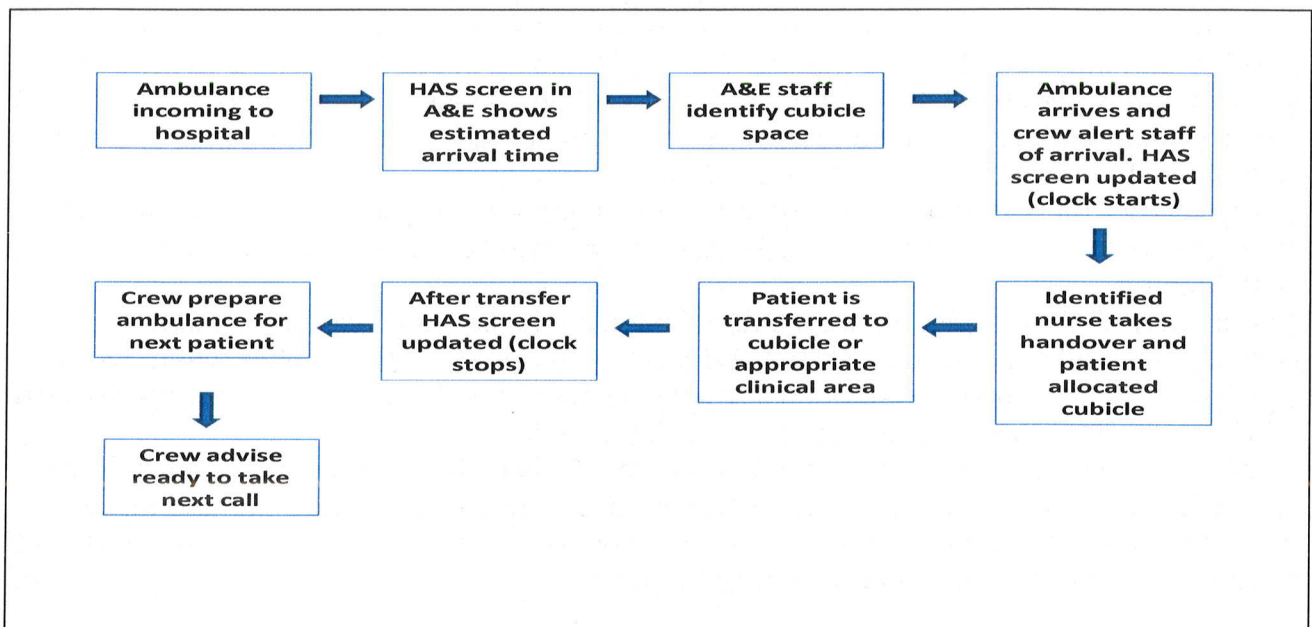
Patient flow within each hospital is pivotal in achieving Category A performance and turn around times, along with other Tier 1 Targets, for example 4 and 12 hour waits . Discharge performance by time of day is key to achieving this. Discharge lounges are in place in each hospital where wards transfer patients who will be going home that day. The discharge lounge staff have a list of patients who are due to be discharged that day so they can support the earlier transfer from the ward, with an aim to discharge 3 patients before 10am. At the bed meetings there is a detailed review of actual and potential discharges by each ward patients then needing hospital admission are admitted to the appropriate speciality bed. In

addition we identify patients requiring to be transferred back from tertiary hospitals to the appropriate speciality bed.

The bed manager is in regular contact with A&E to identify actual and potential admissions and creates the bed on the appropriate ward, enabling timely discharge of patients from A&E. All hospitals have a clinical decisions unit (CDU) wherever possible medical patients who have been referred by their GP are seen on CDU. The bed manager allocates patients on CDU to the appropriate speciality ward to support patient flow and enable rapid assessment and investigation of patients outside of the A&E department.

Ambulance Handover Process

The standard is that all ambulance handovers should take place within 15 minute of arrival which included the patient being transferred to the appropriate area of the A&E department.



If there are ambulance handover delays then there is an escalation process in place where support is given to free A&E cubicle space. If there are still delays then the patient is assessed by A&E staff in the ambulance also a WAST officer is alerted who will come to the hospital to support the process.

Key Meetings

There are 3 daily bed meetings which are attended by senior nurses, ward managers and managers to review current ambulance and A&E performance alongside current and predicted bed capacity with actions required to achieve performance standards.

There are twice daily Health Board wide conference calls to review current performance and actions that need to be taken to maintain patient flow across the Health Board. The afternoon conference call is attended by the on call managers to agree a plan to manage performance during the out of hours period. If there are significant delays or capacity issues a 3rd call is instigated. This is chaired by the General Managers (GM's) & Director of Acute Services.

The GM's/ Director of Acute Services attend the 11am all Wales conference call, on a rota basis, where performance is discussed across all Health Boards, WAST and Welsh Government are in attendance.

A weekly unscheduled care meeting chaired by the General Manager Unscheduled for Care reviews ambulance and A&E performance reviewing system and Health Board wide actions. Community Directors, Social Services and WAST attend in recognition that ambulance and A&E performance is wider than acute services.

Health Board Response to Ambulance Performance

Category A and ambulance handover times remain a priority within HDUHB which is led at Executive Director Lever. The COO has put system in place where he is notified of all potential delays over 45 minutes. Each hospital has had a senior review team comprising of the COO, Director of Acute Services, GM Unscheduled Care visit each hospital for a period of 2-3 days to review the patient flow and ambulance handover process. This involved meeting with the A&E staff and medical staff and bringing in the ward teams to facilitate Health Board wide ownership and understanding of timeliness of ambulance handover and Tier 1 standards. Followed by a revised structure and process for bed meetings and agreed ambulance handover process with escalation.

The Delivery Unit performed a review of the 4 hospital sites in July 2014 and have made recommendations with regard to unscheduled care improvements which is being implemented.

On the daily all Wales teleconference all Health Boards discuss their ambulance performance and capacity constraints and support is offered from hospitals where there is significant pressure on the other hospital sites. HDUHB prioritises taking repatriations from other Health Boards to support overall capacity issues.

Good practice is shared across Health Boards the Service Improvement Team jointly with WAST have reviewed ambulance performance and handovers on each site and made recommendations and an action plan for improvement which is supported by reviewing best practice from other Health Boards across Wales.

Significant improvements in practice have already taken place but it is recognised there is more to do and this has been achieved working jointly with WAST.

Argymhelliad / Recommendation

Members of the Board are asked to:-

- Note the current ambulance performance and actions in place and underway.
- Discuss the findings and recommendations

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Safon(au) Gofal Iechyd: Healthcare Standard(s):	Welsh Government Quality and Delivery Framework 2013/14
Amcanion Strategol y BI: HB Strategic Objectives:	Aligned to the HBs Performance Assurance Framework

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Information is sourced from relevant information Databases IRIS information website and WAST dataset
Rhestr Termiau: Glossary of Terms:	Contained within the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd: Parties / Committees consulted prior to Health Board Meeting:	Director Acute Services
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / VFM:	No impact
Risg / Cyfreithiol: Risk / Legal:	Risk to patients waiting in an emergency situation for paramedic support and transfer to an acute hospital Tier 1 Welsh Government Target
Answadd / Gofal Claf: Quality / Patient Care:	Ensuring the Board and its Sub-committees makes fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.
Gweithlu: Workforce:	Patient experience is directly related to staff experience
Cydraddoldeb: Equality:	All patient experience approaches are underpinned by principles of inclusivity to ensure a conscious focus on the needs of the whole population including children and young people, equality and diversity and the Welsh language.