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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

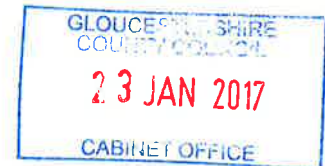
Direct Line: 01633 435957

Our Ref: DJ/ckb
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19th January 2017

PRIVATE AND CONFIDENTIAL

Cllr Mark Hawthorne MBE
Leader of Gloucestershire County Council
Gloucestershire County Council
Shire Hall
Westgate Street
Gloucester
GL1 2TG
17th January 2017



Dear Cllr Hawthorne

Ambulance Response Times

I write further to your letter dated 21st December 2016 requesting information on actions being undertaken by Aneurin Bevan University Health Board in relation to ambulance response times.

As you state you have written to other statutory bodies within NHS Wales including the Welsh Ambulance Services Trust (WAST) and thus this response specifically relates to the concerns raised at your Scrutiny meeting in September 2016 in relation to handover delays at the Royal Gwent Hospital.

I can assure you that ambulance handover delays are a key area of focus for Aneurin Bevan University Health Board. We report on the performance of handovers daily and in conjunction with the Welsh Ambulance Service Trust (WAST) have developed Local Escalation Action Plans (please see attached).

On a monthly basis at our urgent care board we invite attendance from WAST colleagues and discuss our strategic plans to improve the flow of patients through our urgent care pathways. Additionally our Chief Operating Officer

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

meets with WAST on a bi-weekly basis to ensure all plans and actions are clearly communicated in a timely manner.

It is well publicised that ambulance handovers delays are a symptom of whole system congestion. A significant factor which contributes to the congestion at the Royal Gwent site is the ability of the Health Board to appropriately discharge medically fit patients which is very often dependant on Social Services input and support. The Health Board experience significant delays in being able to discharge this cohort of patients who no longer require acute hospital care.

A pertinent example is one medically fit patient in Nevill Hall Hospital, Abergavenny who waited more than four months to be discharged due to delays in Gloucestershire to confirm safe discharge arrangements. Unfortunately there are many other examples of this kind relevant to the five Local Authorities within Aneurin Bevan University Health Board and its cross-border Local Authorities.

The Health Boards Clinical Futures Strategy is predicated on improving the flow throughout the whole health and social care system to ensure the right patients, are in the right place, at the right time. Whilst a significant amount of this work is within the Health Boards domain, a large element is dependent on partnership working with our Local Authorities to facilitate timely discharges for medically fit patients.

The Health Board's Integrated Medium Term Plan sets out detailed plans to improve the whole system flow for Aneurin Bevan residents, and if required I can arrange for an officer of the Health Board to meet with your officers to discuss how our organisations can work together to improve the system for our patients which will ultimately reduce ambulance delays and handover times.

I trust this response is satisfactory but in the meantime if you wish to discuss further please do not hesitate to contact my office.

Yours sincerely



David Jenkins
Chairman

**WELSH AMBULANCE SERVICES NHS TRUST
AND
ANEURIN BEVAN HEALTH BOARD
ROYAL GWENT HOSPITAL NEWPORT: ESCALATION PROCESS
MAY 2016**

ROYAL GWENT HOSPITAL SUPPORTING CONTACT DETAILS		WAST SUPPORTING CONTACT DETAILS	
Nurse in Charge	01633 2348835 or via Vocera	HALO	Mr Adrian Jones 07740634346
Senior Nurse	01633 238016	Clinical Team Leader	Via Clinical Contact Centre
Ops Support	Via Switchboard – Ask for Site Manager on Vocera	Locality Manager North	Andrea Evans 07725786969
		Clinical Contact Centre	Duty Manager 01633 293261

Level	ROYAL GWENT HOSPITAL EMERGENCY DEPARTMENT		WELSH AMBULANCE SERVICES NHS TRUST	
	Triggers	Actions	Triggers	Actions
1	Handover less than 15 mins <ul style="list-style-type: none"> Standard operations maintained Aim to keep corridor to maximum of 3 patients Ongoing communication with site manager regarding corridor capacity and inbounds crews Identify any patients who may be suitable to sit out from corridor Move all patients awaiting discharge home who are suitable for the discharge lounge to the discharge lounge Identify any patients on trollies awaiting ambulance transport who are not suitable for the discharge lounge. Escalate this to the duty manager 		Turnaround less than 30 mins	<ul style="list-style-type: none"> WAST keep awareness of in-bound activity.
2	Handover: 15 -30mins <ul style="list-style-type: none"> Identify reason for delay in handover Escalation to Nurse in Charge (NIC) and Site Manager Ongoing review of corridor and majors patients to identify opportunities to sit out or move to discharge lounge Ongoing review of patients delayed with crews to identify opportunities to release crews (i.e potential to sit out) Move all patients awaiting discharge home who are suitable for the discharge lounge to the discharge lounge Identify any patients on trollies awaiting ambulance transport who are not suitable for the discharge lounge. Escalate this to the duty manager 		Turnaround More than 30 mins	<ul style="list-style-type: none"> CCC to contact CTL on duty Deploy CTL CTL to liaise with Nurse in Charge CCC to review current Emergency Demand in CAD

ROYAL GWENT HOSPITAL EMERGENCY DEPARTMENT		WELSH AMBULANCE SERVICES NHS TRUST		
Level	Triggers	Actions	Triggers	Actions
3	Handover 30 - 60 mins	<ul style="list-style-type: none"> As above All patients delayed will be triaged and reviewed by a Senior ED Dr Utilise all available capacity in the department Utilise all Short Stay beds Utilise Day Surgery Unit for Surgical/TT&O patients Utilise ring fenced beds where able Pre-empt to definite discharges with Senior Nurse support Once all above implemented Full Capacity Protocol will be activated Ongoing communication with duty manager regarding plans Escalate any transport delays to duty manager 	Turnaround 45 – 60 mins	<ul style="list-style-type: none"> CTL to contact Locality Manager/DCM DCM to keep log of actions by ED and WAST LM/DCM liaise with Bed Manager/Site Manager
4	Handover: <i>greater than</i> 60 mins	<ul style="list-style-type: none"> Executive On Call made aware of delays and plans to de-escalate Discussion with Nevill Hall Hospital over ability to accept divert As above 	Turnaround Over 60 minutes	<ul style="list-style-type: none"> Consider actions outlined in levels 1-3 above. LM/Senior Manager to update Duty Manager DCM to keep action /decision log. LM/Senior Manager to update Head of Operations/Gold Staff Welfare Support Rest breaks to be facilitated

GLOSSARY OF TERMS

AMU/MAU	Acute Medical Unit / Medical Assessment Unit	HALO	Hospital Ambulance Liaison Officer
CAD	Computer Aided Despatch	MHGG	Medicine Health Group
BCU	BC University Health Board	NIC	Nurse in Charge
DOM	Duty Operational Manager	OOH	Out of Hours
DNM	Divisional Nurse Manager	OPs	Operations/Operational
DTA	Decision to Admit	SILVER	WAST Senior on call manager (regional)
ED	Emergency Department	WAST	Welsh Ambulance Services NHS Trust