

Motorcycle Parking

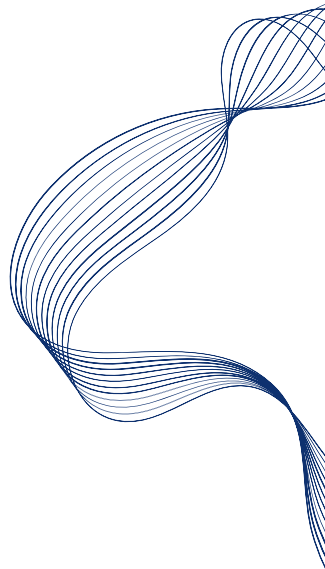
Emergency Department

Renal Unit

Medical Care Complex

Centers

All Wales Ambulance Handover Improvement Plan



CONTENTS

Background	3
Chronology	7
Governance and Performance	8
Six Goals for Urgent and Emergency Care:	8
Goal 4 rapid response in a physical or Mental Health Crisis	
Interdependencies	8
Underpinning Plans	8
Winter Planning	8
IMTP Development	9
Goal 4: Six Goals for Urgent and Emergency Care	9
Wider Six Goals Portfolio	9
EASC	9
Data/Insights and Analysis	9
Enabling collaboration Health Board and Welsh Ambulance Services NHS Trust working together	10
Health Board Specific Ambulance Handover Improvement Actions	11
Aneurin Bevan UHB	12
Betsi Cadwaladr UHB	17
Cardiff and Vale UHB	19
Cwm Taf Morgannwg UHB	22
Hywel Dda UHB	26
Powys THB	29
Swansea Bay UHB	33
Welsh Ambulance Services NHS Trust	36
Common themes for action plans	36
Focus areas for further improving ambulance handover	37
Risk and Issues	38





BACKGROUND

The level of ambulance handover delays in Wales are at unsustainable levels and are resulting in an inability to deliver safe and effective ambulance responses for the population of Wales.

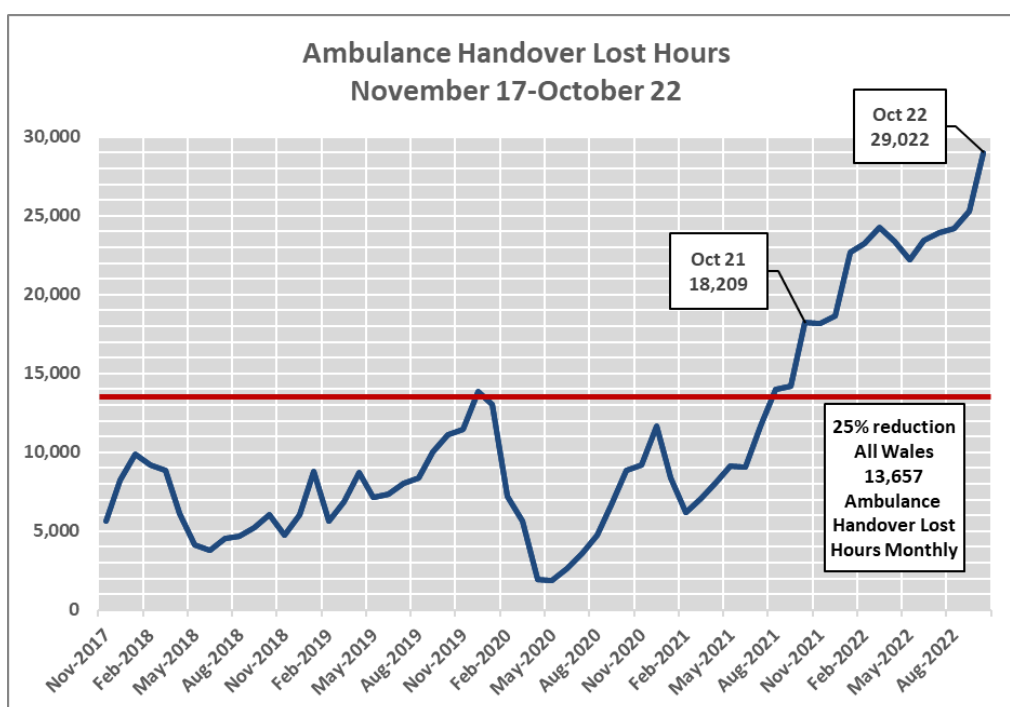
Whilst there have been numerous months where handover delays have spiked, the system has witnessed a consistent growth trend since February 2021 with the average lost minutes per arrival growing alongside the total number of hours lost to ambulance handover.

It is widely recognised that handover delays are a sign of wider system pressures; and EASC jointly committed to delivering a maximum of a 150 hours lost a day, or circa 5,000 hours a month in November 2021. The wider pressures across the system inhibited delivery of the original ambition so the Committee collectively agreed to introduce “red lines” as the start point of efforts to reducing ambulance handover delays:

- No ambulance handover will take more than 4 hours
- Reducing the average lost time per arrival by 25% from the October 2021 level at each site (from 72 minute to 54 minutes at an all-Wales level).

The current system pressures within NHS Wales continue to impact on Welsh Ambulance Services NHS Trust (WAST) ability to respond to calls in keeping with the prioritisation level dependent on clinical need and in line with the WAST clinical safety plan and escalation framework.

Whilst the impact is predominantly seen in WAST’s ability to respond to calls within the community setting, it also applies to other WAST routine work such as urgent patient hospital transfers.



Delivery of improvements towards these “red lines” has been difficult, and the current handover position is significantly above the levels seen in November 2021.

To support the work required to deliver against the red lines, tripartite meetings (WAST, LHBs and EASC) have been initiated. This collaborative approach has been designed to identify innovative approaches, new ways of working/mobilising existing resources to improve ambulance handover delays in line with agreed trajectories.

The approach utilised by the NCCU in the development of this work has been commissioning focused and led involving advice, guidance, and support. The approach and the development of plans and associated operational commitment to deliver actions outlines the added value of adopting this approach. It further highlights how commissioning enables innovation and provides quality assurance and improvement to service delivery with a mechanism to review and evaluate impact of actions on outcomes for patients.

The approach provides alignment in the following areas:

- **Governance:** *Alignment across federated governance arrangements*
- **Discovery & Analysis:** *Understanding or assessing the demand/need/issue evidence across defined populations or service areas. Reviewing service provision. Learning and sharing good practice*
- **Shaping & Providing:** *Deciding priorities. Clarity of outcomes. Procurement or contracting to meet the need. Encouraging innovation. Shaping structure of delivery through engagement. Identification of added value of commissioning approach*

- **Assurance & Evaluation:** *Review through patient voice. Systematic data collection. Setting and monitoring outcomes. Academic or service evaluation. Revising, reviewing and recommissioning /decommissioning services.*

Ambulance Handover Delay Improvement Products	Governance	Discovery and Analysis	Shaping and Providing	Assurance and Evaluation
Goal 4 Delivery Plan	EASC, Goal 4 Delivery Group, Six Goals Integration Group & Board	Clinical engagement, National commissioning structures, COO engagement, LHB/WAST operational engagement	EDQDF, Optimising Conveyance, Optimised Response, All Wales Escalations Framework, Improvement trajectories	Goal 4 Measures Goal 4 Deep Dives Ambulance AQIs Ministerial Measures, EASC trajectories
LHB Handover Improvement Plans	LHB Boards & Six Goal Boards, EASC, Goal 4 Delivery Group, Six Goals Integration Group & Board	WAST/AQI data, tripartite meetings, Clinical, COO, LHB/WAST operational engagement	Focus on operational delivery, Reducing conveyance, Admission avoidance, Alternatives to ED, Front door flow and ED capacity, Internal capacity and flow, Community and Social Care	Reporting through Six Goal Boards, Winter & IMTP reporting structures

Ambulance Handover Delay Improvement Products	Governance	Discovery and Analysis	Shaping and Providing	Assurance and Evaluation
Dashboards	EASC	WAST/AQI data	Weekly/monthly data to monitor performance and impact against agreed trajectories	Providing one version of the truth against agreed red line trajectories
All Wales Handover Improvement Plan	EASC, NHSLB, Goal 4 Delivery Group, Six Goals Integration Group & Board, LHB IMTP/Winter Planning	Clinical, COO, LHB/WAST operational engagement	Alignment across federated governance, System response requiring input from all Goals, New models of care/operational arrangements, Data driven insights supporting decision making	Providing a centralised All Wales picture of ambulance handover improvement against agreed trajectories.
Integrated Commissioning Action Plans	EASC, EASC Management Group	National/local commissioning structures	LHBs in control of deciding commissioning priorities in each locality	Providing local commissioning plans for EMS and commissioning advice, guidance, and support

FRAMEWORK OVERVIEW

Aligned to this work the NHS Wales Delivery Unit Quality and Safety Team have led on a review of the Appendix B forms submitted following identification of a serious incident as defined in NHS Wales Framework for the investigation of Patient Safety Serious Incidents (SIs), July 2019, V2.2[1].

The analysis focused on identifying any trends or themes of potential patient harm caused by WAST's inability to respond to calls due to NHS Wales system pressures. Cross analysis of the Appendix B's, with nationally reported patient safety incidents, indicates the high likelihood that incidents of avoidable patient safety harm and death are not being adequately investigated and reported nationally, and in keeping with either the previous WG national policy and guidance regarding patient safety incidents, or the updated policy since 14 June 2021.

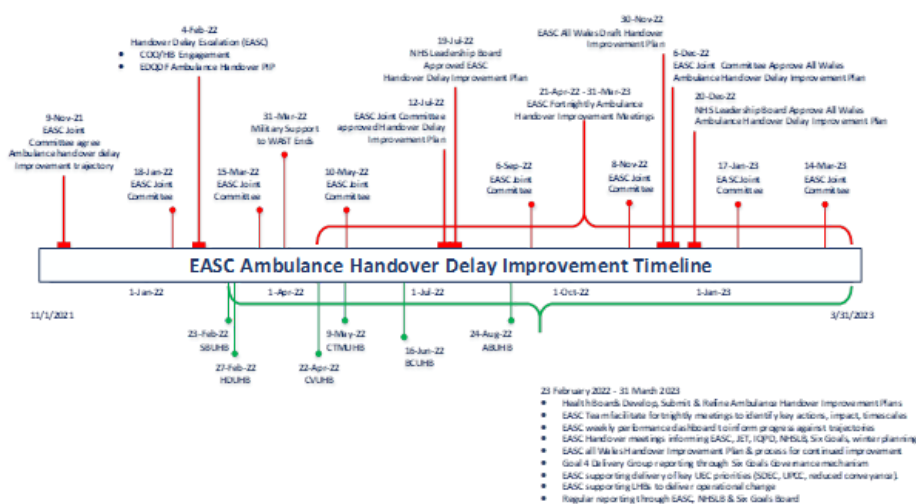
The work led by EASC, identified by health boards, and supported by NHS Wales Delivery Unit serves to provide the infrastructure and assurance to the Minister that there are plans in place and actions are being delivered to actively meet the agreed red lines.

[1] NHS Wales Framework for the investigation of Patient Safety Serious Incidents (SIs), July 2019,

CHRONOLOGY

In response to the worsening position on handover the system has instigated a response coordinated by the EASC team. This collaborative approach has seen health boards and WAST identify opportunities, develop plans and instigate actions at operational level to improve performance. The EASC team have supported the process through the production of a weekly dashboard that enables health boards and WAST to monitor progress against trajectories.

Where progress is not following trajectories, targeted interventions have identified innovative solutions that will support progress and can be implemented whilst taking account of the local context, working practices and organisational arrangements.



GOVERNANCE AND PERFORMANCE

Ambulance handover improvement has federated governance arrangements. The primary route for governance is through EASC where the EASC action plan has been developed, agreed and progress reported. Monthly progress is also reported directly to the Minister and via IQPD, JET, NHSLB and LHB Boards & Six Goals Boards.

The Goal 4 Delivery Group also report progress into the Six Goals for Urgent & Emergency Care governance mechanism. The ambulance handover improvement work is a key deliverable under Goal 4. Its success is dependent on the ambition and improvement actions being delivered within other Goals.

The weekly dashboard and ED site trajectory data deliver one version of the truth on ambulance handover to be reported system wide through:

- EASC and its subgroups
- Health Board COO meetings and Six Goal Board structures
- Welsh Government IQPD process and JET meetings
- NHS Leadership Board

SIX GOALS FOR URGENT & EMERGENCY CARE: GOAL 4 RAPID RESPONSE IN A PHYSICAL OR MENTAL HEALTH CRISIS

Ambulance handover delays sits within Goal 4 of the Six Goals policy framework. Goal 4 is led by the National Collaborative Commissioning Unit (NCCU).

The Goal 4 Delivery Group has made a focus on action at operational level the priority, linking national actions by EASC, the ministerially commissioned the Emergency Department Quality & Delivery Framework programme and a policy on escalation into local health board actions through their Six Goals Boards in support of Goal 4.

Goal 4 has sought to develop momentum operationally around resolving handover delays and link together national work on EDQDF and consistent escalation within health boards. Collaborative tripartite meetings have built the platform to address system issues and link up work taking place within and across the other Goals.

Through the Goal 4 Delivery Group work is being initiated to map the impact of deliverables from across the other Six Goals and ascertain timescales for health boards to realise impact on their Goal 4 actions.

INTERDEPENDENCIES

UNDERPINNING PLANS

The delivery of improvement in ambulance handover performance requires a coordinated system response involving National Programmes, Health Boards, Welsh Ambulance Service and National Supporting Organisations.

WINTER PLANNING

The ambulance handover improvement plans and associated actions committed to by each LHB will form the winter plan for this part of the system.

IMTP DEVELOPMENT

The fortnightly tripartite ambulance handover meetings will transition into LHB EMS Commissioning meetings. Integrated Commissioning Action Plans (iCAP) will be developed by each LHB/WAST. The iCAP will contain all of EASC related content for inclusion in 2023/24 IMTPs. The EMS commissioning meetings will ensure LHB

GOAL 4: SIX GOALS FOR URGENT & EMERGENCY CARE

The ambulance handover improvement workstream within Goal 4 has interdependencies with the other workstreams within this Goal and the EASC action plan. Reducing conveyance, development of direct access paramedic pathways into alternatives, the EDQDF ambulance handover and triage project as well as LHBs utilising the principles and detail within the revised escalation framework to reduce variation.

WIDER SIX GOALS PORTFOLIO

Health board initiatives span the Six Goals and include better utilisation of 111, developing alternatives to ED e.g. urgent primary care and same day emergency care, community capacity. Consistent escalation processes to support better flow and the identification of community capacity to support more effective discharge.

EASC

The EASC team will work to support the forecasting of delivery of planned WAST improvements including additionality, roster reform and improvement in red and amber response times. The EASC team are also evolving the ambulance handover meetings working with Health Boards and WAST to develop Integrated Commissioning Action Plans (ICAPS) commencing November 22.

The ICAP for each Health Board will contain the commissioning intentions, priorities and performance improvements and the operational plan to support delivery. These will be reported through the EASC Management Group and Joint Committee.

DATA/INSIGHTS & ANALYTICS

The data to support Ambulance handover improvement decisions must be based on actual data rather than intuition or observation alone. Data used by EASC to inform decisions comes from the Welsh Ambulance Services NHS Trust (WAST) which provides all emergency ambulance services for the people and Wales and is the only commissioned provider.

WAST data ensures EASC has an accurate data set which includes both manual (via the crew) and automated (via the vehicle) data points to record the following as an example:

- Allocation of resources
- Attendance at Scene
- Attendance at Hospital
- Hospital Patient Handover

This allows EASC to accurately record and present data to enable:

- Single version of the truth shared with partners
- Data-driven local decision making
- Enabling collaborative conversations
- Wider system data & insight – patterns around alternatives and usage across UEC

ENABLING COLLABORATION
HEALTH BOARDS & WELSH
AMBULANCE SERVICE WORKING
TOGETHER

- Planning & Commissioning EMS ambulance services locally
- Integrated commissioning action plans (iCAPS)
- HO meetings involving LHB commissioning teams



Health Board Specific Ambulance Handover Improvement Actions

ANEURIN BEVAN UHB

Aneurin Bevan UHB have had an ambulance handover improvement plan since August 22. The ambulance handover improvement work sits within Goal 4 of the LHB structured Six Goals programme of activity. The programme is established and gaining in maturity with executive oversight and sponsorship with regards improving ambulance handover delays. The wider Six Goals programme within the Health Board has good governance, a well-defined reporting structure, robust plans and IMTP focus.

Descriptions / Lead	Timescale	Actions	Impact
Admission Avoidance Schemes Divisional Director of Urgent Care General Manager – Operations Clinical Director Emergency Medicine Head of Transformational Change	By March 2023	Same Day Emergency Care (SDEC) <ul style="list-style-type: none"> Implement SDEC at the GUH in a phased approach from Flow centre referrals in the first phase, followed by ED Streaming (General Surgery / Acute Medicine) Develop the service to include multiple specialities where Same day patients are appropriate Ensure continued service of the Respiratory Ambulatory Care unit (RACU) Acute Oncology Services are utilising the SDEC Unit to support identified patients Protocol developed for patients who present at ED and, at the point of triage, if assessed as requiring 'same day' general surgery input, they can be signposted directly to the SDEC Unit 	Alternatives to ED

Descriptions / Lead	Timescale	Actions	Impact
Admission Avoidance Schemes Divisional Director of Urgent Care General Manager – Operations Clinical Director Emergency Medicine Head of Transformational Change	By March 2023	Flow Centre APP <ul style="list-style-type: none"> • Scope/cost model operating 9am-9pm, seven days a week aligned to the demand, 66% of WAST referrals via Flow Centre are between 9am and 9pm, with 33% occurring overnight 9pm - 9am • Standard operating procedure/memorandum of understanding developed & awaiting sign off 	60% reduction in conveyance Improving patient flow Test and strengthen the workforce model, senior decision-making function and provide additional advanced clinical assessment skills.
	By Decembr 2022	Physician Response Unit <ul style="list-style-type: none"> • Business case to ensure PRU Service continuation Shared strategy between WAST & ABUHB 	Conveyance reduction
	By June 2023	Over 65 Pathways <ul style="list-style-type: none"> • Older person pathway to improve the flow of older patients through our system via the Flow Centre. 	Streaming patients who meet the clinical criteria to an eLGH site for initial assessment, improving flow and optimising patient outcomes
	By March 23	Scheduling of Urgent Care – Medical Assessment Unit <ul style="list-style-type: none"> • Five scheduled urgent care slots per day have been introduced in the Acute Medical Unit (AMU) at the Royal Gwent Hospital (RGH) for GP referred patients via the Flow Centre. 	Improve patient flow Realign workforce with demand Reduce length of stay primarily by avoiding overnight admissions of lower acuity patients

Descriptions / Lead	Timescale	Actions	Impact
Handover Delays - Front door specific Associate Director of Operational Delivery General Manager – Operations Service manager – Urgent Care	By December 2023	Refresh of the Full Capacity Protocol <ul style="list-style-type: none"> • Focus on specific actions to improve ambulance handover: • Pre-emptive transfers/boarding across the system • Executive led System escalation workshop, scheduled for 27/10/22 	
	By March 2023	Review Patient Flow Coordinator role in ED <ul style="list-style-type: none"> • Review of the role of the Patient flow coordinator to: • Determine cover across the year and value for money • Service delivery options and alternatives which would positively impact on ambulance handover and patient experience 	Increased ambulance handover performance

Descriptions / Lead	Timescale	Actions	Impact
Improving Flow Schemes Assistant Director Primary Care, Community and Mental Health Divisional Nurse	By December 2022	Discharge Pathways <ul style="list-style-type: none"> Refreshed communication of available ABUHB pathways. Define clear Roles and responsibilities in relation to the discharge process and with contributors to the process Review existing and determine any additional training requirements that could directly improve the discharge process 	Increased knowledge and utilisation of pathways
	By December 2022	Safer principles <ul style="list-style-type: none"> Improve consistency and reduce variation in use of the SAFER principles across the UHB Relaunch and embed the principles of SAFER, including the importance of daily senior review, setting the EDD/MFDD at early stage and to plan discharge from admission Optimising discharge planning across the eLGH sites Setting meaningful estimated discharge dates Daily board rounds Timely discharges as early in the day as possible. Linked to the national work the SAFER principles have been reviewed, amended & relaunched 	Increased ambulance handover performance

Descriptions / Lead	Timescale	Actions	Impact
<p>Improving Flow Schemes</p> <p>Assistant Director Primary Care, Community and Mental Health</p> <p>Divisional Nurse</p>	By June 2023	<p>Consistent MDT Board Rounds</p> <ul style="list-style-type: none"> • Embed the MDT approach to Board Rounds • Ensure times are staggered to ensure maximum attendance and drive consistency supported by peer reviews • Ensure care is coordinated by the whole team, with the aim to reduce 'waits' for each input to happen. 	Promote earlier discharge and flow through the system
<p>Additional Capacity</p> <p>Clinical Director of Therapy Services</p> <p>General manager - Primary Care and Community Division</p>	By December 2022	<p>1000 community beds pan Wales</p> <ul style="list-style-type: none"> • Develop a centralised model of support & alternative bedded capacity • Additional domiciliary care in Caerphilly confirmed • Home first: Strengthen the provision across three hospital sites (GUH, RGH & NHH). • Home First funding agreed, awaiting information relating to additionality and service model. 	Strengthening Home First approach

BETSI CADWALADR UHB

Betsi Cadwaladr UHB have had an ambulance handover improvement plan since June 22. The development journey that the LHB have undertaken has sought to challenge existing culture and behaviour and centralise and standardise operational practice with a pan-Betsi Cadwalladr approach. The finalised ambulance handover plan focuses on a small number of key actions utilising a data driven collaborative approach to improve handover lost hours and reduce waits over 4 hours.

Descriptions / Lead	Timescale	Actions	Impact
Data Validation Associate Director for Emergency Care	By 23/11/22	<ul style="list-style-type: none"> Review of dual pin compliance pan BCU for 12 months Immediate release reviews Weekly IHC Accountability USC reviews - DU support PTAS access for bleep holder clinicians and appropriate training to support direct access 	Conveyance reduction Baseline development Performance improvement
Removal of Intelligent Conveyance Associate Director for Emergency Care	By 9/12/22	<ul style="list-style-type: none"> Removal of Intelligent conveyance as routine action Ensuring all sites have access to ODU mapping to support WAST Demand analysis Implementation of Health board process for surge escalation 	Improved ambulance availability Improved efficiency
Development of Progress chasers	By 19/12/22	<ul style="list-style-type: none"> Review of progress chasers role and responsibilities within BCUHB to support forecasting. EPCR access for all progress chasers 	Improving patient flow

Descriptions / Lead	Timescale	Actions	Impact
<p>Hospital full protocols/Reverse boarding protocols</p> <p>Acute Director of Operations</p>	By 12/12/22	<ul style="list-style-type: none"> • Confirmation of hospital full protocols in place. • Confirmation reverse boarding in protocol in place. • Confirmation ED full protocol in place. 	Improving patient flow
<p>System review</p> <p>Associate Director for Emergency Care</p>	By 21/11/22	<ul style="list-style-type: none"> • Review and feedback of WAST IR Process. • Review and feedback of WAST CSP planning. • Review of WAST triggers for system change • Discharge lounge - 7 day • Embedding SDEC 	<p>Alignment with partners</p> <p>Additional capacity Alternatives to ED</p>

CARDIFF AND VALE UHB

Cardiff and Vale UHB (CAVUHB) have had an Ambulance Handover action plan in place since 22nd April 22. The plan recognised that a system wide approach was necessary and was divided in to four themes:

- Reducing conveyances
- Front door flow and ED capacity
- Internal capacity and flow
- Community and Social Care

CVUHB, the Chief Ambulance Services Commissioner and Welsh Ambulance Services NHS Trust have been meeting regularly and monitoring performance against the agreed trajectories. A number of reasons why the ambulance handover delay trajectories have not been delivered have been identified. These include:

- Significant increase in the volume of medically fit for discharge patients
- Consequential impacts on system wide flow, particularly within the emergency department
- Turnover in executive and clinical board leadership

CVUHB has refreshed its action plan in response to the significant and sustained pressure within the system, and a number of immediate priorities have been identified and agreed by the Chief Operating Officer.

Fundamental to this approach is a commitment to a zero tolerance to 4-Hour waits and clear communication that ambulance handover waits are a critical priority for all clinical and operational teams. Specific actions include:

Descriptions / Lead	Timescale	Actions	Impact
Ring Fence A1 General Manager Emergency and Acute Medicine	By 26/09/22	<ul style="list-style-type: none"> • Ensure all complex patients are transferred from ward A1 thereby ensuring it can deliver its function as a short stay ward 	Facilitates flow from ED / AU

Descriptions / Lead	Timescale	Actions	Impact
Additional Trolley Capacity Lead Nurse in Emergency and Acute Medicine	By 26/09/22	<ul style="list-style-type: none"> Facilitate the addition of 4 trolleys in the EU 	Increase the number of flat spaces which can support ambulance handover
Revised escalation policy Head of Patient Flow	By 11/10/22	<ul style="list-style-type: none"> Revise the in and out of hours escalation policy to escalate 2-hour ambulance handover delays that don't have a clear and deliverable plan 	Extension of the onboarding policy and full capacity protocol to ensure that ambulance handover delays are prioritised
Forensic Medically Fit for Discharge Review All	By 11/10/22	<ul style="list-style-type: none"> Detailed clinically led review of all medically fit for discharge patients in conjunction with therapies and integrated discharge teams 	Expedite and drive discharges
Medical SDEC – Hot Clinics Clinical Director and General Manager – Acute Medicine	By October 2022	<ul style="list-style-type: none"> Commencement of planned hot clinics in Medical SDEC (MSDEC) 	Provide alternative capacity for reviewing urgent patients with the aim of preventing admission
Implementation of Winter Plan Managing Director of Acute Services	By October 2022	<ul style="list-style-type: none"> Commencement of the enhance frailty pathway 	Deliver additional capacity to frailty patients to support admission avoidance, discharge planning and reduced length of stay

Descriptions / Lead	Timescale	Actions	Impact
Implementation of Winter Plan Managing Director of Acute Services	TBC	<ul style="list-style-type: none">• Deliver the key priorities outlined within the winter plan	

CWM TAF MORGANNWG UHB

Cwm Taf Morgannwg UHB have had an ambulance handover improvement plan in place since May 22. The health board have had to deliver a number of organisational structural changes that have resulted in slower progress than expected with some objectives for their Six Goals task & finish groups. A focus on improving clinical leadership and decision making as well as executive level oversight or targeted action is now in place.

Descriptions / Lead	Timescale	Actions	Impact
Admission Avoidance Schemes Deputy COO Director of Primary, Community & Mental Health	By Jan/Feb 23	Pre-hospital <ul style="list-style-type: none"> • Utilisation of OOH/PTAS operating model • Process mapping of available pathways that support avoidance of admissions in community • Consultant Connect – for alternative pathways in community • virtual advice from Intermediate Care Practitioners or Primary Care (GPs) • WAST paramedic referral from scene • Up to date, assured and continuously validated Directory of Services 	Conveyance reduction Management of patients in the community

Descriptions / Lead	Timescale	Actions	Impact
Admission Avoidance Schemes Deputy COO Director of Primary, Community & Mental Health	Jan/Feb 23	111/Primary Care <ul style="list-style-type: none"> ED: triage and redirect primary care ailments to patient's own GP practice Offer alternative pathway for primary care presentations at ED/ 111 service 	Improved access to Virtual Urgent Primary Care Centre
	Jan/Feb 23	Same Day Emergency Care <ul style="list-style-type: none"> SDEC services for frail adults to cover extended hours and or weekend working (including intermediate care crisis response, 'wrap around care' for SDEC and fast track palliative care). Direct access SDEC pathways for paramedics 	Conveyance reduction Conversion reduction
	TBC	Falls response <ul style="list-style-type: none"> Deployment of trained staff to support paramedics with falls 	Conveyance reduction
Front Door Flow and ED Overcrowding Deputy COO	By 05/12/22	Frail elderly <ul style="list-style-type: none"> Advice, liaison, assessment at front door & SDEC frailty services across CTM ED sites Extend & enhance frail elderly service to 7/12 Clinical Decisions Unit Multi-disciplinary team pull elderly frail patients from acute sites Commissioning of services to support 'turnaround at the front door' of frail adults 	Targeted assessments to increase turnaround Optimise admission avoidance for frail adults Reduce risk of Length of Stay > 72 hour Release acute hospital capacity, reduce long lengths of stay and unnecessary transfers to community hospitals - improving 'back door' flow

Descriptions / Lead	Timescale	Actions	Impact
Front Door Flow and ED Overcrowding Deputy COO	By 05/12/22	<ul style="list-style-type: none"> Direct admissions to Community Hospitals from ED / SDEC where appropriate 	Optimise D2A pathway
Handover Delay – Front door/ED specific Deputy COO Deputy Executive Nurse Director Assistant Director OSS (Facilities)	By 05/12/22	Assurance <ul style="list-style-type: none"> Executive oversight of ED performance & actions Robust escalation plans in place for each CTM ED site including immediate release protocols Standard operating procedure in place in Princess of Wales. Rollo out pan CTM Monthly meetings with WAST locality officers to review delays and implement specific actions to improve performance 	Consistent escalation across CTM footprint both in hours and out of hours Maintain collaboration at times of system escalation Develop learning culture with partners
	05/12/22	Performance <ul style="list-style-type: none"> Ambulance handover performance data daily via QlikSense accessible to ED staff 	Increased awareness and time to create space
	Jan/Feb23	<ul style="list-style-type: none"> All new staff to receive training and education in wider impact of handover delays 	
	Jan/Feb 23	<ul style="list-style-type: none"> WAST ambulance arrival screen visible to all ED staff 	

Descriptions / Lead	Timescale	Actions	Impact
Handover Delay – Front door/ED specific Deputy COO Deputy Executive Nurse Director Assistant Director OSS (Facilities)	Jan/Feb 23	Workforce <ul style="list-style-type: none"> • ED Nursing establishment & shift patterns • Additional porters in evenings • Increase domestic support at mealtimes • Assess ENP cover by shift 	Align staffing to demand in line with RCEM and RCN standards Increase minors patients seen by ENPs in a timely manner
	Jan/Feb 23	Capacity <ul style="list-style-type: none"> • Ensure ED patients triaged on arrival and receive timely investigation • Ensure speciality teams accept patients on referral • Ring fence 'see and treat' rooms (x2) in ED to ensure clinical assessment for all patients • Discharge & transfer Service business case to EASC team 	Facilitates flow from ED

HYWEL DDA UHB

Our Transforming Urgent & Emergency Care 6 Goals Approach aims to reduce conversion through:

- Providing Safe Alternatives to Hospital Admission
- Enhanced management of complexity by adoption of Homefirst principles.
- Increasing 'front door' turnaround of > 75s within 12 hours through appropriate use of SDEC and D2RA pathway 1.
- 'Inreach' and identify patients who are 'ready to go' and pending care availability to expedite their discharge with Homefirst 'bridging' capacity

Specifically Hywel Dda will reduce length of stay for our > 75s by 1 day and increase our rate of discharge by 10% by the end of October 2022.

Achieving this should provide us with a bed efficiency of 80 and clear our surge and unplaced capacity in our ED to reduce handover delays.

Descriptions / Lead	Timescale	Actions	Impact
Mental Health 'single points of contact' and assessment	April 2022	Cover all Health Board areas and provide rapid 24/7 triage	Conveyance reduction Management of patients in the community

Descriptions / Lead	Timescale	Actions	Impact
<p>APP Navigator and 'Urgent Primary Care Streaming Hub'</p> <p>Integrated System Director Carmarthenshire</p>	13/06/22 commenced	<ul style="list-style-type: none"> PTAS operating profile complete. First stage implementation of the HB UPC virtual 'flow hub' - Consists of GP referrals for Home First GP led intermediate care service and PTAS Commencement of 24/7 Care Home clinical consultation access January 2023 Alternative pathways to 'Fit to Sit' - links to development of Clinical Streaming Hub Develop TIA and non-injury long lie pathways with 24/7 processes in place Jan 23 APP Navigator/UPC streaming hub evaluation and test to change pilot being develop between WAST/HDUHB 	<p>Conveyance Reduction from 70-35% across HDUHB</p> <p>Conversion Reduction and Complexity Management</p>
<p>Handover Delays - Front door specific</p> <p>General Manager Unscheduled Care</p>	In place by 30/09/22	<ul style="list-style-type: none"> Safety huddles in place A&E/AMAU Senior manager of the day in place for escalation of delays Nurse Manager for flow x 7 day/week Daily meeting in ED/SDEC front door plan Reviewing medical take from ED to SDEC/Ambulatory care Red release process in plac Review of ED Care Standards and ED Benchmarking data Apr 23 	<p>Conveyance Reduction from 70-35% across HDUHB</p> <p>Conversion Reduction and Complexity Management</p>

Descriptions / Lead	Timescale	Actions	Impact
<p>Step Down Unit for 'Ready to Go' Patients</p> <p>Head of Nursing</p>	In place by 30/09/22	<ul style="list-style-type: none"> Cohorting medically optimised patients requiring focused or coordinated discharge planning to Cadog and Dewi Wards 	<p>Conveyance Reduction from 70-35% across HDUHB</p> <p>Conversion Reduction and Complexity Management</p>
<p>Gwenllian ward Acute Response Team</p> <p>Physiotherapy</p>	In place by 30/09/22	<ul style="list-style-type: none"> Discharge planning /home first focus to Gwenllian ward 	Complexity Management

POWYS THB

Recognising that Powys Teaching Health Board does not operate any acute hospital services, our strength is in delivering effective, integrated community services, which draw from Primary care, community services and the 3rd sector. Ensuring effective delivery across these pathways will deliver improved outcomes for Powys residents directly, and support increased capacity for our partner health services, including Welsh Ambulance Service and neighbouring Acute Trusts.

Our commitment to improved operational delivery and system transformation programmes will ensure safe alternatives to hospital admission, reduced harms to patients and earlier supported discharge to home.

This work is underpinned by a range of targeted programmes including:

- Transforming Urgent & Emergency Care 6 Goals
- 1000 beds
- North Powys Transformation programme
- Urgent & Emergency, Frailty & Community Programme Board
- End of Life strategy Group

Descriptions / Lead	Timescale	Actions	Impact
Admission avoidance & early supported discharge	November 22	<div>Interrogating data</div> <ul style="list-style-type: none">• Over 70's conveyances• Care home attendance & conveyances	Conveyance reduction

Descriptions / Lead	Timescale	Actions	Impact
Admission avoidance & early supported discharge	November 22 - March 23	Exploring alternative provision <ul style="list-style-type: none"> Community diagnostics & urgent care Optimising Virtual Ward MIU capacity & capability Direct admission to community sites (over conveyance out of county to acute hospitals) 	Conveyance reduction
	December 22 - March 23	North Powys Cluster AAP pilot <ul style="list-style-type: none"> 2x APPs identified to work with North Powys Cluster Standard operating procedures with WAST in place 	
	November 22 - March 23	UPC/SDEC <ul style="list-style-type: none"> Urgent primary care and same day emergency care programme plan developed in conjunction with Clusters 	Conversion reduction
	November 22 - March 23	Falls response <ul style="list-style-type: none"> Multifactorial risk assessment has been reviewed App in development to increase utilisation of risk assessment Patient plans to reduce risk of falls and improve information sharing amongst the MDT WAST/PTHB/Powys county council new ways of working to manage residential and nursing home 999 falls related calls 	Conveyance reduction Improved information sharing Higher percentage of PTHB patients with a falls plan Improved patient outcomes

Descriptions / Lead	Timescale	Actions	Impact
Admission avoidance & early supported discharge	Ongoing schemes	<ul style="list-style-type: none"> • Community Connectors • Red Cross Home from Hospital • Care & Repair in Powys • Age Cymru Powys • Bwlth Community Support • Rhayader Home Support • Powys Urgent Response Service at Home - PURSH via Hafal Crossroads 	Effective partnership with 3rd sector support across Powys
Improving internal flow	September 22 – March 23	Workforce <ul style="list-style-type: none"> • Standardising medical cover to community hospitals • Nurse staffing 	Improved admission capacity including repatriation
	October 2022	Confirming bedded footprint <ul style="list-style-type: none"> • Escalation plans & surge capacity 	Improved admission capacity including repatriation
	November 22 - December 22	Improving operational processes <ul style="list-style-type: none"> • Focus on flow/length of stay/Stranded 	LoS reduction

Descriptions / Lead	Timescale	Actions	Impact
Maximising Capacity	By December 22	Frailty <ul style="list-style-type: none"> Evidence based overarching clinical model for frailty developed by MDT Medical workforce & model for frailty Dedicated Frailty Service: Llanfyllin, Welshpool & Llanfair Caereinion 	
	March 2023	Return to footprint <ul style="list-style-type: none"> Pilot programme WAST/PTHB to ensure equity of provision for EA's travelling outside of PTHB footprint 	Maximising ambulance availability Improved red & amber response times
	March 2023	Community capacity <ul style="list-style-type: none"> 1000 beds D2RA capacity Assessment capacity 	Improved admission capacity including repatriation
	November 22 - March 23	<ul style="list-style-type: none"> Integrating existing care provision <ul style="list-style-type: none"> Reablement/Home first/ Bridging team 	LoS reduction
	September 22 – March 23	<ul style="list-style-type: none"> Streamlining integrated commission between PCC and Health Board 	LoS reduction

SWANSEA BAY UHB

Swansea Bay has had an ambulance handover plan in place since February 2022. The plan and associated actions sit within a wider transformational context within the LHB.

The Acute Medical Services Redesign (AMSR) Programme is a key foundation of the Health Board's "Changing for the Future" plans, particularly focusing on the evolution of Morriston, Singleton and Neath Port Talbot hospitals to become individual "centres of excellence".

The goal is to improve Management of Acute Medical Patients and relieve pressure on the Emergency Department.

The LHB aims to do this by centralising acute medical admissions at Morriston Hospital by the creation of a dedicated Acute Medical Hub with expanded SDEC services to support admission avoidance and alternatives to admission. Extending services to provide a 7-day clinical model to ensure patients receive care at the right time, at the right place by the right clinician with no delays. Investing in out-of-hospital services to provide alternatives to admission and reduce delay in discharge.

The ambition is to improve performance against Emergency Department targets and occupancy as well as reduce the number of beds supporting medical patients by:

- Reducing length of stay acute medical patients
- Increasing number of avoided admissions
- Reducing number of clinically optimised patients
- Reducing risk to cancellation of elective/tertiary services and DTOCs from ICU

Descriptions / Lead	Timescale	Actions	Impact
Admission Avoidance Schemes Clinical Lead SDEC Clinical Lead Older People	31/01/22 20/06/22 Complete	WAST Stack Review <ul style="list-style-type: none"> • GP Triage of WAST stack review 06:00-03:00 7 days a week. • WAST APPs stack review • Directory of Services 	Admission Avoidance Conveyance reduction Identification of admission alternatives WAST Stack Review Feb-Sept 22 <ul style="list-style-type: none"> • Total patient interventions 390 • Total no. cancelled ambulance – 202 (51%) • Total directed from ED Morriston – 97 (25%)

Descriptions / Lead	Timescale	Actions	Impact
Admission Avoidance Schemes Clinical Lead SDEC Clinical Lead Older People	In place In place 24/7	<ul style="list-style-type: none"> Consultant Connect community in reach WAST paramedic referral from scene Home Visiting Scheme 	Conversion reduction Rapid assessment of patients in the home environment Identification of admission alternatives
	In place 07:00-19:00 5/7/22	Older Persons Assessment Service <ul style="list-style-type: none"> In-reach into ED and direct referrals from the WAST/community to support same day comprehensive geriatric assessment 	Maximising ambulance availability Improved red & amber response times
	In place	Virtual Wards <ul style="list-style-type: none"> Improved coordination and accuracy of discharges One stop discharge pathway – reduced confusion Reduced LOS – increased patient cohort suitable for discharge Continuous presence/engagement at front door will lead to meaningful clinical conversations and change of practice 	11% admission avoidance in target group Beds saved to date: 27 (Dec 21 to August 22) Positive patient feedback/stories In-reach pilot successful
Same Day Emergency Care Clinical Lead SDEC	In place	<ul style="list-style-type: none"> SDEC Collaborative SDEC Nurse navigator Contact First Triaging 111/WAST ED outcome calls to direct from ED 	Improved Management of Acute Medical Patients – relieve pressure on the Emergency Department Contact First 34% are discharged from the reviews to date

Descriptions / Lead	Timescale	Actions	Impact
Handover Delays Front door specific Associate Service Group Director Associate Service Director Medicine ED Clinical Leads	In place	<ul style="list-style-type: none"> Ambulance co-ordinator role x2 10:00-22:00 6 days a week 	Reduction in handover delays
	In place	<ul style="list-style-type: none"> Internal ambulance handover escalation and red release framework 	Reducing handover delays and ensuring red release ability
	In place	<ul style="list-style-type: none"> Acute medical team in ED 	Improved patient safety.
	In place	<ul style="list-style-type: none"> Primary care redirection at front door 	Alternatives to ED
	In place	<ul style="list-style-type: none"> Fit to Sit operating procedure 	Support improved offloading & more effective use of available capacity
Acute Medical Unit (AMU)	Dec 22	AMU Triage/Assessment <ul style="list-style-type: none"> 6 trolleys to support primary triage assessment with flexibility up to 15 trolleys depending on demand 	Timely access to diagnosis, assessment and improved patient safety
	Dec 22	Short Stay Unit <ul style="list-style-type: none"> Focused care for patients requiring only a short inpatient stay 	Promote early and safe discharges Reduce delays in patient care Improve flow for Acute Medicine patients Maintain & increase capacity in AMU Reduce length of stay of acute conditions that do not need specialty input
	Dec 22	Enhanced Care Unit <ul style="list-style-type: none"> 6 bed unit for patients requiring higher levels of nursing and medical care 	

WELSH AMBULANCE SERVICES NHS TRUST

Welsh Ambulance Service are committed to delivering against the agreed EASC commissioning intentions. They have played an active role in the ambulance handover improvement process with the WAST specific actions being picked up through the EASC commissioning mechanism.

COMMON THEMES FROM ACTION PLANS

6 Goals for Urgent & Emergency Care	Common themes of handover improvement actions
Goal 1	<ul style="list-style-type: none"> • Community falls response • In-reach services for vulnerable populations
Goal 2	<ul style="list-style-type: none"> • Development of alternate community & direct access pathways via 111
Goal 3	<ul style="list-style-type: none"> • PTAS/Navigator/Streaming UPC options to alternate services/pathways (e.g. SDEC, Medical SDEC, Frailty, Intermediate Care)
Goal 4	<ul style="list-style-type: none"> • Operational focus on delivering actions • Ringfenced beds/short stay assessment capacity to support flow • Improving or reducing variation escalation • Managing frailty & complexity • Consistent immediate release/zero tolerance to waits over 4 hours • Collaborative working WAST/LHBs/EASC • Rollout of e-Triage (following pilot & evaluation)
Goal 5	<ul style="list-style-type: none"> • Improving hospital flow (Including Transfer & Discharge)
Goal 6	<ul style="list-style-type: none"> • Identify additional care capacity within the community

FOCUS AREAS FOR FURTHER IMPROVING AMBULANCE HANDOVERS

The work has also highlighted options for areas of focus for the Six Goals programme. Utilising the system wide approach the Six Goals policy framework enables to track where the impact of new capability and capacity in one area of the urgent and emergency care system affects another part of the system.

6 Goals for Urgent & Emergency Care	Common themes of handover improvement actions
Goal 1	<ul style="list-style-type: none"> • High intensity service user focus
Goal 2	<ul style="list-style-type: none"> • Commissioning framework for 111 • Development of Directory of services & pathways that can be accessed by 111/navigation hubs
Goal 3	<ul style="list-style-type: none"> • Extension & expansion of SDEC services to 12/7 & other specialties • Shared learning from PTAS/Streaming/Navigation hub implementation across health board boundaries
Goal 4	<ul style="list-style-type: none"> • Ensure consistent health board ED workforce capacity • Effective patient flow management at the front door and within ED • Robust escalation process in relation to handover delays • EDQDF care standards implemented
Goal 5	<ul style="list-style-type: none"> • Improvement in transfer & discharge response, included ED discharges
Goal 6	<ul style="list-style-type: none"> • Further development of social care capacity

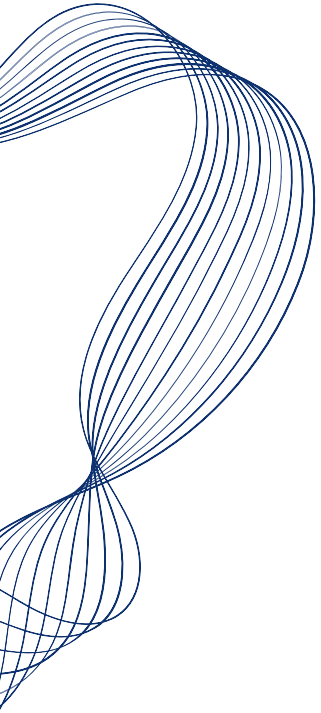
RISK AND ISSUE SUMMARY

There remain risks and issues to delivery and therefore organisational ability to responded to agreed improvement trajectories.

The process has also highlighted variation in approaches to improving performance. Development of a whole programme of activity or targeted schemes to deliver and then build from.

There is a requirement for all parties involved to continue the collaboration to consolidated gains made and support system functioning into Winter.

Gains made in introducing pre hospital, admission avoidance and front door/ambulance handover schemes may have limited impact if hospital flow is not fully enabled through more effective working between health and Local Authority.



Motorcycle Parking

Emergency Department

Renal Unit

Medical Care Complex

Centers

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