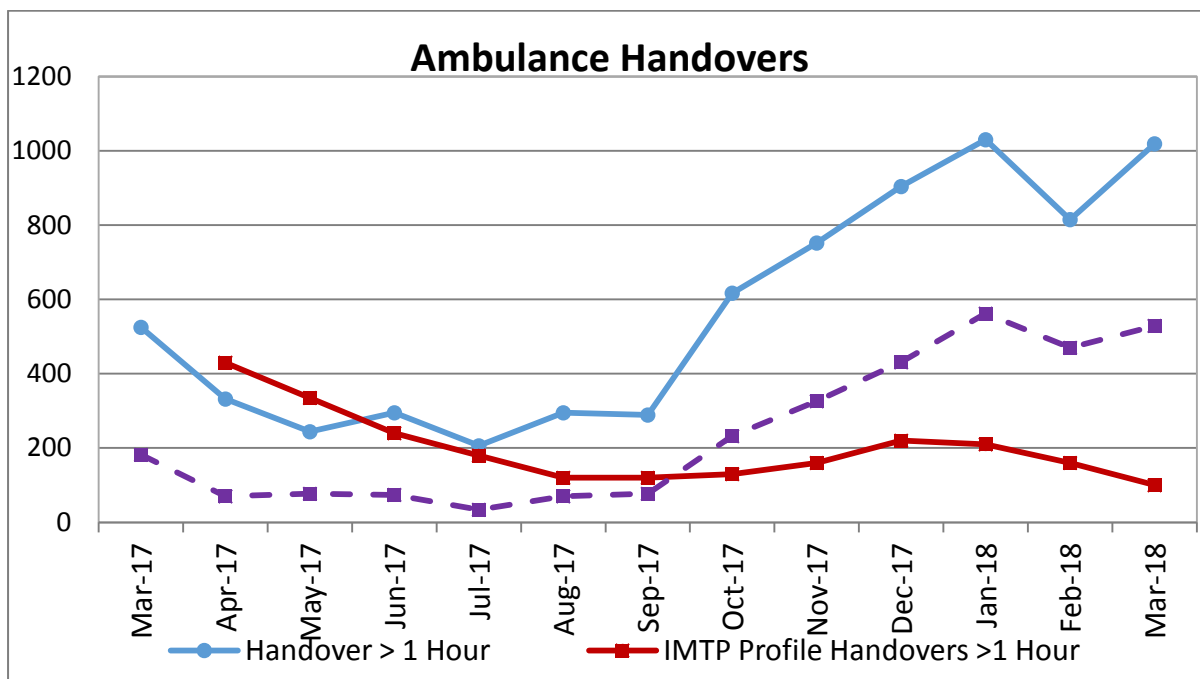


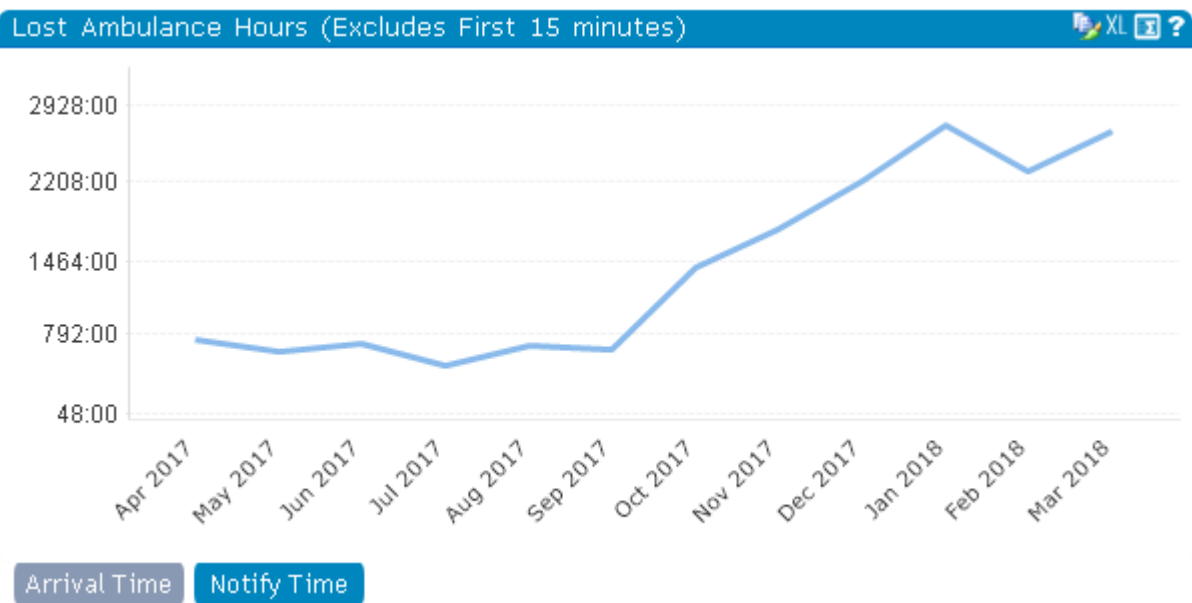
ABM University Health Board	
Date of Meeting: 27 th April 2018	
Name of Meeting: Performance & Finance Committee	
Agenda item: 2b	
Subject	AMBULANCE BRIEFING – ABMU HEALTH BOARD/WAST WORK PROGRAMME
Prepared by	Jan Thomas, Assistant Chief Operating Officer
Approved by	Chris White, Interim Chief Operating Officer
Presented by	Chris White, Interim Chief Operating Officer

1. Performance Overview 2017/ 2018

Following a positive improvement in ambulance handover performance in the early part of 2017/18, Quarters 3 and 4 in particular experienced a deteriorating and extremely challenging position across the unscheduled care system.

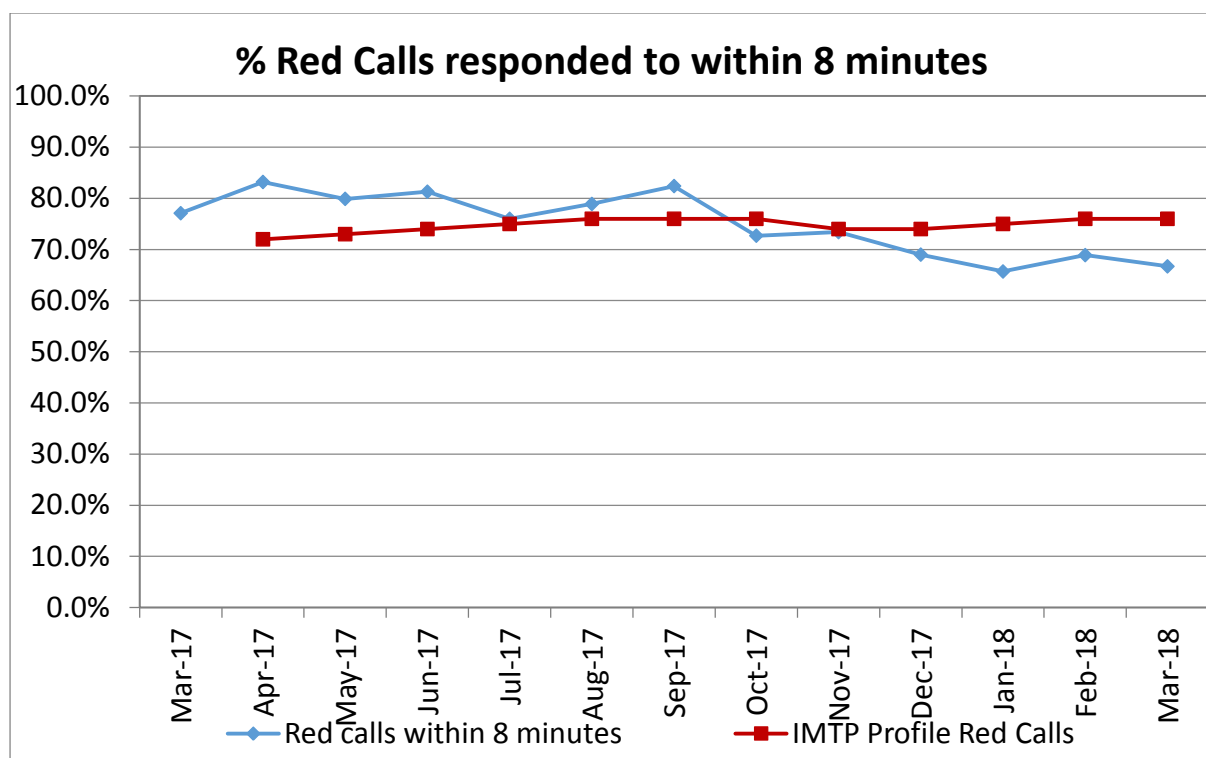
This resulted in significant increases in ambulance lost hours incurred as a result of delayed patient handover at hospital.





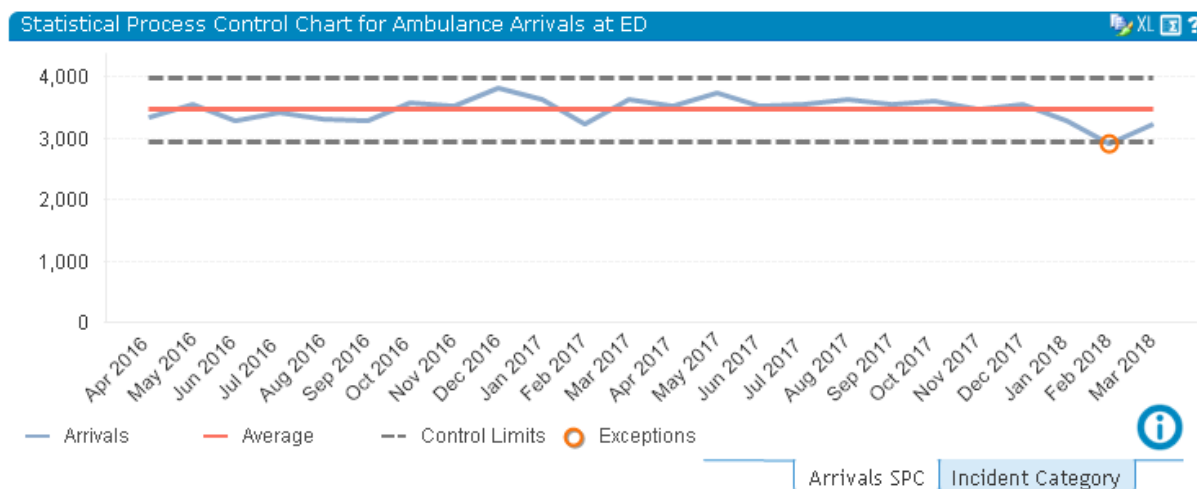
Category A response times (WG target of 65%)

The Category A performance (8 minute response time) within ABMU HB area was largely above or in line with the IMTP profile for the first 3 quarters of 2017/18. Performance fell below profile in the last quarter, although still remained above the WG response target of 65%.



2. Demand

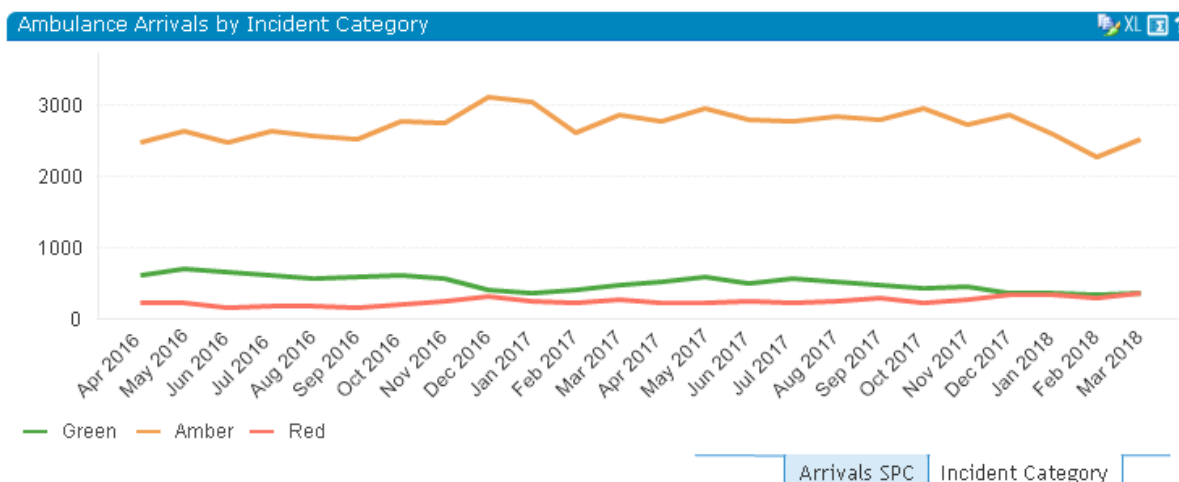
When compared with 2016/17, the overall number of ambulance conveyances to our hospitals in ABMU Health board in 2017/18 was almost identical.



However, there has been a changing and notable dynamic in relation to the category of patients conveyed. When compared with 2016/17, there has been a 17% reduction in green conveyances (lower acuity patients), a 1.3% increase in amber conveyances, and a 25% increase in red conveyances. During March 2018, red call demand almost mirrored the green call conveyance activity within the Health Board, and saw the highest ever recorded red demand conveyed to ABMU hospitals.

It should be noted that ABMU HB also provides a range of specialist emergency services for patients outside the Health Board who are conveyed by WAST from out of area into these services.

The joint programme of work implemented with WAST during 2017/18 has resulted in a reduction in lower acuity conveyances, and suggests that lower acuity calls are continuing to be redirected to alternative pathways and services, whilst the acuity and complexity of patients arriving at our hospital ED's is increasing.



WAST has been requested to provide a further breakdown of the amber call category which covers a broad range of clinical conditions and accounts for the highest number of conveyances to hospital, to understand this demand in more detail and to inform additional opportunities for pathway redesign.

The number and proportion of red call conveyances continues to increase.

WAST data also suggests that ABMU HB has the highest number and proportion of red calls in Wales for the population served, and the lowest proportion of green calls.

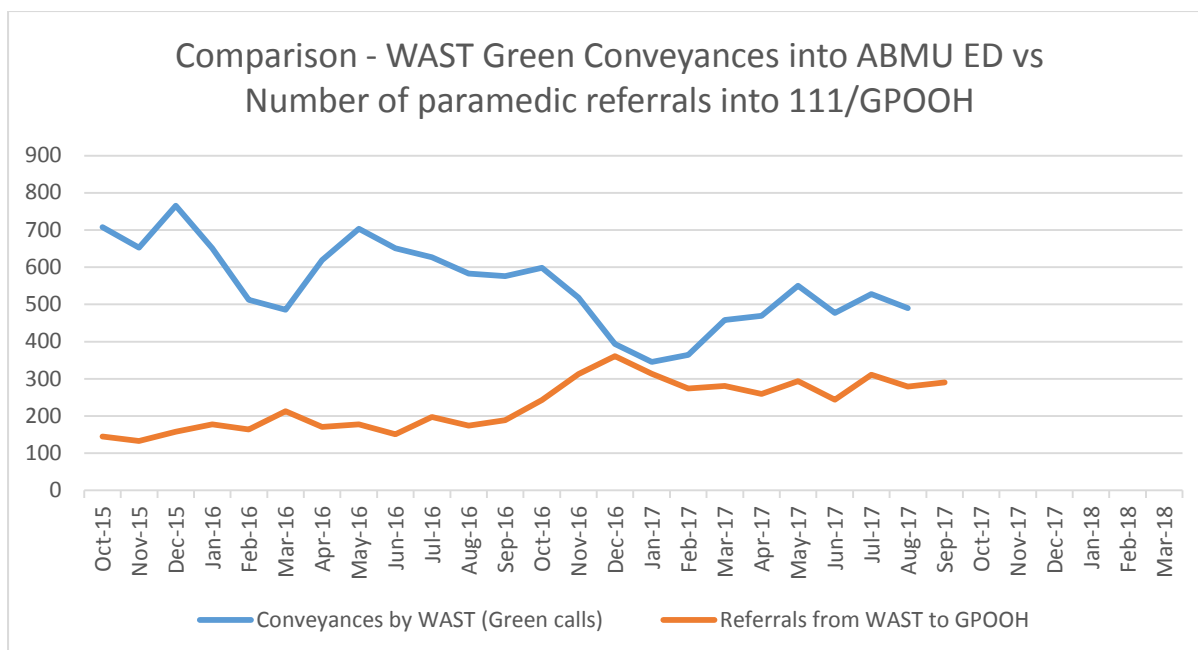
3. Improvement actions being jointly implemented with WAST to reduce emergency ambulance demand

The current programme of work being jointly progressed between WAST and the Health board is outlined below for information. This work programme is reviewed monthly between the Assistant Chief Operating Officer for ABMU Health Board and the ABMU Head of Operations for WAST. The Head of Operations for WAST is also a member of the Health Board's unscheduled care delivery board.

3.1 111 Service

The implementation of the 111 service model in October 2016 enabled paramedics to have direct access to the GP in the 111 service for support/advice to inform their decision making process in relation to specific patients out of hours.

As a result, there was a step change increase in the number of paramedic referrals made to the 111 service as outlined below:



When comparing Sept 2016, which was just prior to the launch of the 111 service in October, with Sept 2017, there was a 53% increase in paramedic referral activity, rising from 189 referrals in Sept 2016 to 290 in Sept 2017. This correlates with a reduction in Health Care Professional (green calls).

NB Sept – March data is currently unavailable owing to long term sickness of a member of staff in the Out of Hours service.

Building upon the success of this model the service has trialled having a paramedic in the 111 service to support face to face contacts in addition to providing telephone advice.

In light of the increasing challenges being faced in GP out of hours cover over the winter, the deployment of a paramedic to support the out of hours service was increasingly requested. This request was supported by WAST where possible, but is dependent on paramedic availability over and above their contracted hours.

3.2 Community paramedics

Cardiff and Vale and Cwm Taf Health Boards piloted the allocation of a paramedic to work within a Cluster setting. Evidence from Cardiff suggested that this model was successful in reducing the number of health care professional calls (lower acuity calls), building on a Pacesetter model.

A similar model has been running in the Bay Network in ABMU Health Board where a paramedic has been directly employed as part of the Cluster.

A 10 week CP trial within the Afan Network commenced on 23rd January 2018 and concluded at the end of March 2018. The results and evaluation of this trial took

place on 12th April to determine the need to permanently implement a similar community paramedic model in this area.

The CP model generally operates on a Monday to Friday basis within practice opening times.

A potential risk of developing this approach is that these posts are considered to be more attractive as the salaries being offered to paramedics to participate in the cluster, or to work in a particular practice, can be higher than the Band 5/6 grade within WAST and there is no out of hours/shift commitment.

The continued roll out of this model has the potential to destabilise paramedic capacity across the wider unscheduled care system – particularly out of hours - and therefore requires an integrated approach between WAST and the HB going forward.

3.3 Advanced Paramedic Practitioners

Advanced Paramedic Practitioners have enhanced clinical skills and operate at Band 7 level under A4C. These individuals are known to have a high disposition towards non conveyance of patients following a clinical assessment of patients at scene. These individuals have highly transferrable skills and a number of APP's who have previously worked in WAST within ABMU have left to take up posts in primary care.

ABMU Health board funds 3 APP posts, and there is currently available funding for 4 posts across ABMU. Following recent recruitment to vacant posts, there are now three advanced Paramedic Practitioners within ABMU who have a non-conveyance rate of circa 60%. The remaining fourth APP position will be filled at the end of the current academic year. The vacancy funding has however been utilised to support additional shifts by the 3 APP's to increase resilience and capacity in the interim.

The APPs operate between the hours of 06.30 and 03.00 – 7 days a week. Discussions have taken place between ABMU HB and WAST to move towards a different model of practice for APPs, replicating a successful trial in the BCU HB area.

3.4 Enhanced links between the Acute Clinical Teams and ambulance control

In the Autumn of 2017, a Bevan Commission Exemplar Award was awarded to NPT and Swansea acute care teams to respond to appropriate calls from the WAST ambulance stack. This initially commenced by the WAST Clinical Desk triaging emergency calls using the Manchester Triage System and then making contact with the appropriate acute care team to determine if they had the capacity to deal with the call. Following an evaluation after a month, it was evident that even though the call numbers were low because of Clinical Desk capacity, that the quality of call was very good and patients benefited from assessment and intervention by the team in the community, rather than admission to hospital.

The next step saw the NPT acute care team having direct access to the ambulance stack and monitoring it for potential appropriate calls to attend. This next phase proved far more successful with regards to patient numbers being supported in the

community, without losing the quality of the call. The majority of patients being managed through the trial of this pathway were frail elderly – with an average age of > 81 years, and there are therefore qualitative as well as quantitative benefits to this model of care through the prevention of un-necessary admission to hospital.

Access to the ambulance stack was provided to Swansea acute care team during March 2018.

A full evaluation of the trial will be undertaken in conjunction with Swansea University.

It is anticipated that further continuation and upscaling of this approach will require additional investment into the acute response teams to provide the capacity for earlier intervention and support at home – but that the longer term benefits in respect of admission avoidance/reduced risks of harm caused by deconditioning will be realised.

3.5 Pre Hospital Blood Pathways

Pathways are in place for paramedics to take bloods for patients who are suspected as having suffered a stroke or a fractured neck of femur in the community – as part of the patient work up prehospital. This also happens for patients for whom a cannula is in situ. This approach is considered to speed up the overall pathway for this group of patients following arrival at ED. Further discussion is taking place within WAST regarding the potential to widen this practice for appropriate patients who are conveyed to hospital via an ambulance.

3.6 Mental Health Pathway

The Health Board's mental health teams in conjunction with WAST operates a pre hospital mental health pathway. This pathway has resulted in a reduction of patients who have no physical injuries, and who are already known to the mental health teams, being conveyed to hospital by ambulance. Paramedics respond to a 999 call but on arrival and following assessment can access mental health team input to support patients through a community mental health assessment, referral to services in hours, or if necessary through direct conveyance to a mental health facility. The number of conveyances avoided is circa 10 per month. Whilst the number of patients using this pathway is not high, it is considered to result in a better patient experience and use of resources, by providing patients with better access to the most appropriate health care professionals, and through avoiding the un-necessary conveyance of patients to an emergency department environment.

It has also recently been agreed, following discussion between WAST and Mental Health Services in ABMU, to trial a Mental Health Response Car in the Swansea area. This will involve a paramedic and a Community Psychiatric Nurse responding to emergency calls of a mental health nature, to provide expert and direct intervention on scene and to manage patients safely within the community setting by signposting to appropriate pathways, and preventing unnecessary admissions to hospital. The aim is to implement early in the 2018/19 financial year following agreement of the standard operating procedure.

3.7 Frequent Callers

The Health Board participates in an expanded multi agency frequent services user strategy group which meets to review patients who have accessed WAST 5 or more times in one month, or 12 or more times in a 3 month period. Frequent callers may not necessarily be an individual but can also be an organisation or establishment – for example a care home or prison. Significant progress has been made to develop this work with partners from all aspects of health and social care, as more often than not a frequent caller to WAST is likely to be a frequent caller to another agency. Having an integrated response is key to better supporting both caller and the partner organisations.

This is an ongoing and systematic programme of work as once an agreed management plan is in place for one individual caller the work of the group moves on to review the next individual.

For the period Sept 16 – August 2017 131 frequent callers were managed through this process, which resulted in a 78.3% reduction in the number of calls made to the ambulance service alone. From an ambulance service perspective this equated to 797 ambulance hours or 69 emergency ambulance service shifts.

For the period October 2017 – March 2018 the focus of this work was on 67 Frequent Callers who rang WAST 547 times. Calls to these 67 patients reduced after intervention to 74 calls (some managed by WAST, some jointly by WAST and ABMU). Therefore calls reduced by 473 = 86%. The ambulance hours taken up by this group of frequent callers before intervention was 561, after intervention this reduced to 38.5 hours, a saving of 522.5 hours (93%) equivalent to 45 EA shifts.

3.8 Care Home Work

WAST has been working closely with care homes in relation to patients who fall but do not require a 999 conveyance to hospital. An “I stumble” post falls decision support tool was developed in ABMU HB for use by a non-clinician to determine if a 999 response was needed, or, if appropriate, to assist residents to get back up using the correct lifting aids. The original pilot from 2 care homes resulted in a 55% reduction in falls related 999 calls over a 6 month period, compared with the previous 6 months, along with a reduction in the risks associated with patients being on the floor for a long period of time whilst awaiting an ambulance response.

This “I Stumble” training has been provided to the three locality area local authority homes, and has also been extended to all private sector homes in ABMU.

The original iStumble tool was designed for non-injury fallers. In ABMU HB this is now being developed further to include moving the injured faller from the floor (if appropriate) whilst awaiting ambulance (or other), to reduce the complications associated with a prolonged long lie on the floor.

During Quarter 4 of 2017/18, a further joint teaching session (WAST, ED consultant and GP) was held for 20 homes to discuss iStumble and the future new istumble tool(version 2).

Additionally, and more recently, a group of homes within ABMU Health Board area, who were previously resistant to the use of istumble, and who were responsible for a high proportion of frequent calls to WAST are now happy to engage with the use of this tool. It has therefore been agreed for their 4 homes to be the pilot homes for istumble V2, later this month with support from WAST, the Health Board and an expert from Mangar lifting aids. Mangar will also assist with data capture data for the pilot, and subject to evaluation at the end of the pilot, the aim would be to roll this version out to other care homes.

3.9 HMP Parc Bridgend

WAST clinical support staff and operational staff within the Bridgend locality have been working with Parc Prison as in 2016, WAST saw 847 separate 999 calls generated, of which 82% did not require an ambulance conveyance to hospital.

Several areas for improved or collaborative work have been identified and recommended as a result. This includes improved communication and understanding by prison staff of when to call a code red or code blue response, and different ways of medication dispensing within the prison setting. This work is ongoing as HMP Parc continues to be a frequent caller for WAST.

3.10 D&V Pathway

In late 2016/17, a new D&V pathway was introduced to support the non-conveyance of patients to hospital. This pathway was re-circulated to all WAST crews as part of the winter preparedness arrangements. Good communication also takes place between the HB and WAST regarding notification of outbreaks in the community to support proactive management of patients.

3.11 New Pathways with Community Services

The 3 District Nursing teams within ABMU HB have recently met with WAST to improve communication links, and to develop new direct referral pathways for appropriate patients e.g. patients with a blocked catheter, thereby preventing unnecessary admission to hospital.

3.12 Falls

The following work is planned to reduce the number of patients who have fallen at home with no resulting injury, as this group represents a significant proportion of patients who are conveyed by ambulance to hospital within ABMU HB. This will include

- Exploring expanding the role and capacity of Acute Clinical Response Teams (ACTs) to respond to appropriate 999 Fall calls across ABMU.

- Reviewing the Falls Pathway across ABMU
- Collaboration between WAST and the Bridgend Telecare Service to signpost non-injured Falls to this service and avoid conveyance to ED.
- Introducing a dedicated Falls Vehicle across ABMU HB. The outcome of a bid within WAST for the provision of a falls vehicle is awaited. The Health Board has committed to support this model with the provision of an OT.

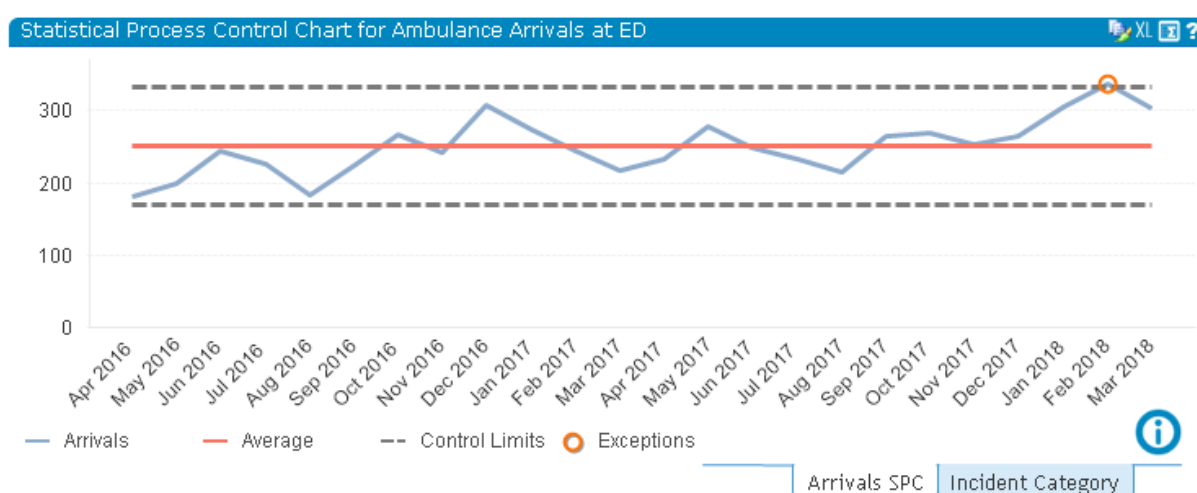
More recently WAST also trialled the provision of a St John's ambulance to support non injury falls patients during March 2018 through non recurrent winter pressure monies. For one month St Johns attended 86 calls with 28 (32%) of the individuals resulting in a conveyance to hospital. On the basis of this information, a more detailed cost benefit analysis is now required to determine the optimal model for ABMU HB/WAST.

3.13 Help Point plus

The Health Board continues to contribute towards the funding of the multi agency Help Point Plus service that is provided to support the night time economy in Swansea City, and special events in the city that have the potential to increase demand on our statutory emergency services.

3.14 Downgraded 999 pathway to Singleton hospital.

A revised downgraded 999 pathway for Singleton hospital has recently been agreed and will be used as the pathway going forward. Singleton hospital has a pivotal role in supporting the unscheduled care system for Swansea and Neath Port Talbot populations, and the graph below indicates the increasing numbers of patients who are being conveyed to this hospital, as opposed to Morriston.



3.15. Review of existing pathways

In addition to a review of the current falls pathway within the Health Board, it is intended to review the resolved epilepsy and resolved hypoglycaemic patient pathways as it is a number of years since these were originally developed and implemented.

4. All Wales Health Board/WAST discussions

In light of the sustained unscheduled care pressures and the impact on ambulance handover/ lost hours across Wales, an urgent All Wales conference call took place between all Health Boards Chief Operating Officers and WAST on 5th March 2018.

As part of this discussion, ABMU Health Board was able to demonstrate compliance with the following operational procedures:

- Ambulance red release protocol
- Fit to sit protocol (moving appropriate patients who have arrived by ambulance to the waiting room - NB this protocol was developed in ABMU Health Board and has been active for several years)
- Cohorting of patients who arrive by ambulance in the hospital to release ambulance crews at Morriston and Princess of Wales hospitals.
- Consistent use of the ambulance control stack by operational staff and senior teams within the Health Board to assess demand and where possible implement alternatives to conveyance e.g. ambulance border flex, triage by acute clinical response team, triage by GP out of hours.
- Use of Hospital Liaison officer to support hospital handover and patient flow. These roles were supported by WAST at Morriston and Princess of Wales hospitals through WAST non recurrent winter pressures funding – and will be evaluated in terms of their impact over this period.

Further work is required at a National basis on the sharing of risk and management of flow across Health Board boundaries, and with Local Authority colleagues.

In addition the interim Chief Operating Officer, and the Clinical lead for the GP out of hours service met with the Head of Operations and Planning lead for WAST at Morriston hospital on 6th March, to explore further opportunities for improvement.

Additionally the Medical Director for WAST attended Morriston hospital on Wednesday 7th March, and discussed areas of potential mutual support with the Associate Unit Medical Director for Morriston, and with the Unit Medical Director for Primary Care.

5. Summary

There is a comprehensive programme of work underway between the Health Board and WAST colleagues.

An Executive to Executive discussion is scheduled for 19th April to discuss the changing pattern of ambulance demand, the impact of our joint work programme,

and to discuss and review workforce models and opportunities going forward – particularly in relation to the Primary care and the community services interface.

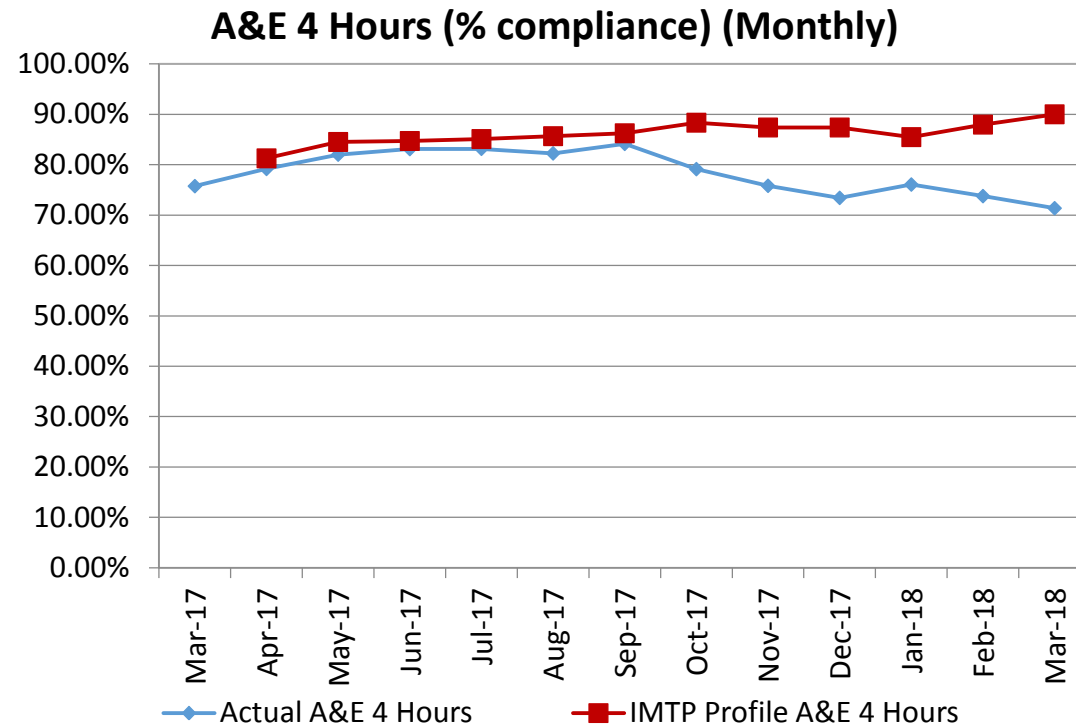
The ongoing aim of this joint work programme is to further support un-necessary conveyance of patients by an emergency ambulance through ensuring that patients are directed to alternative and appropriate pathways of care in line with the Caremore 5 step model, and to review demand and future models of care between the respective organisations .

Unscheduled Care Performance and Finance Meeting

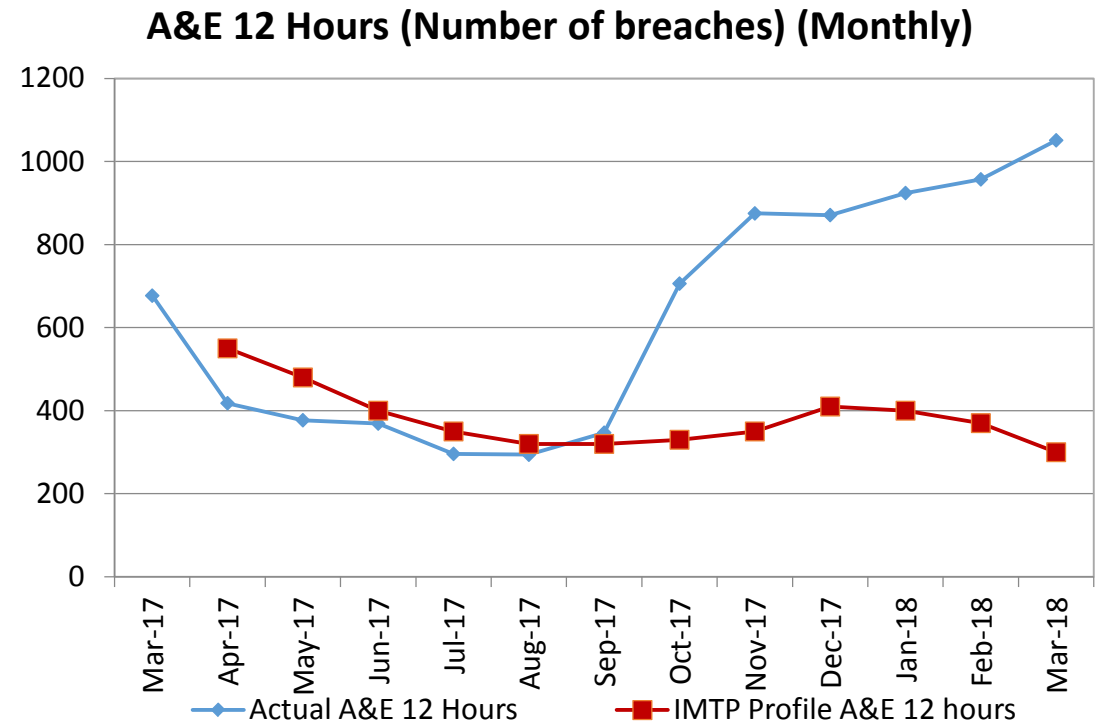
27th APRIL 2018.

End of year performance 2018/19

4 hour

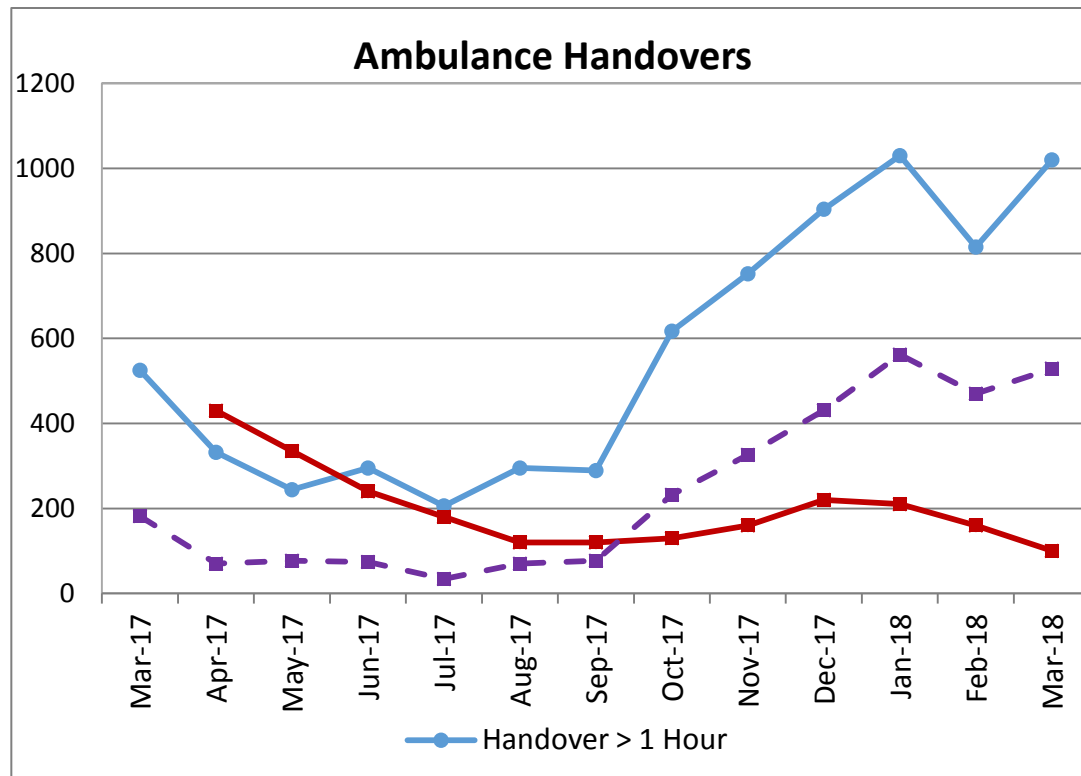


12 hour

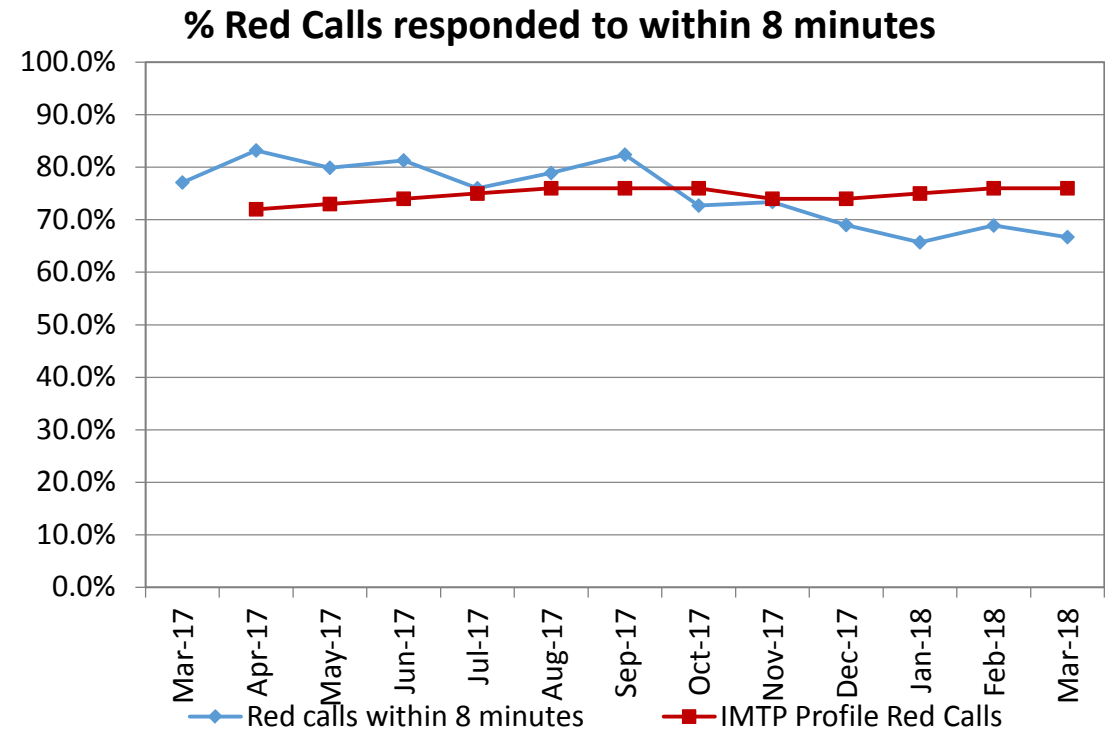


End of year performance

>1 hour ambulance handover performance

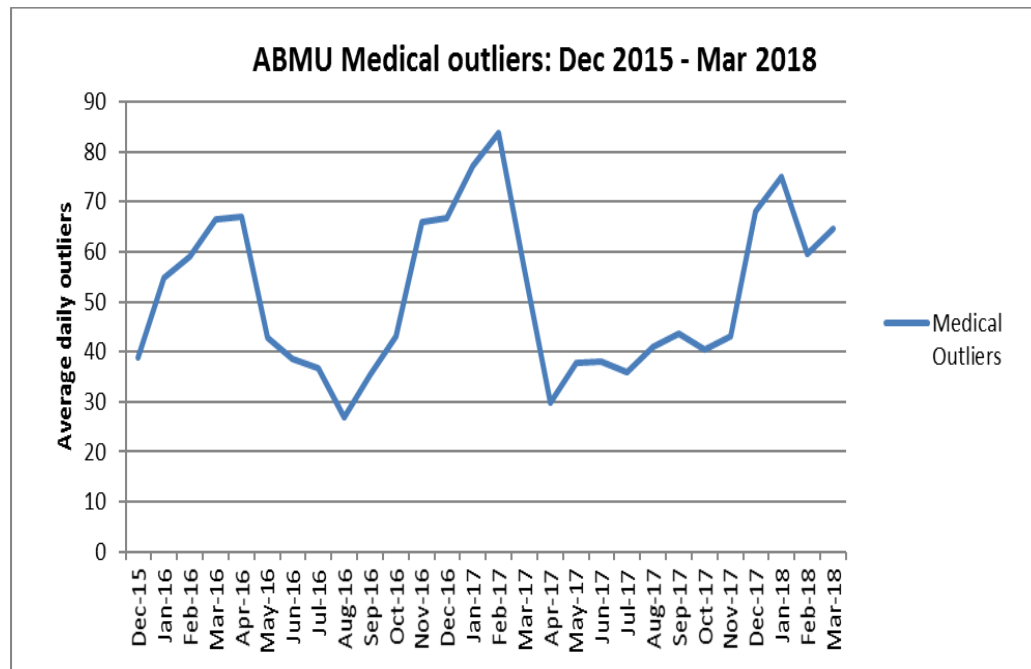


Category A ambulance performance (shared target)

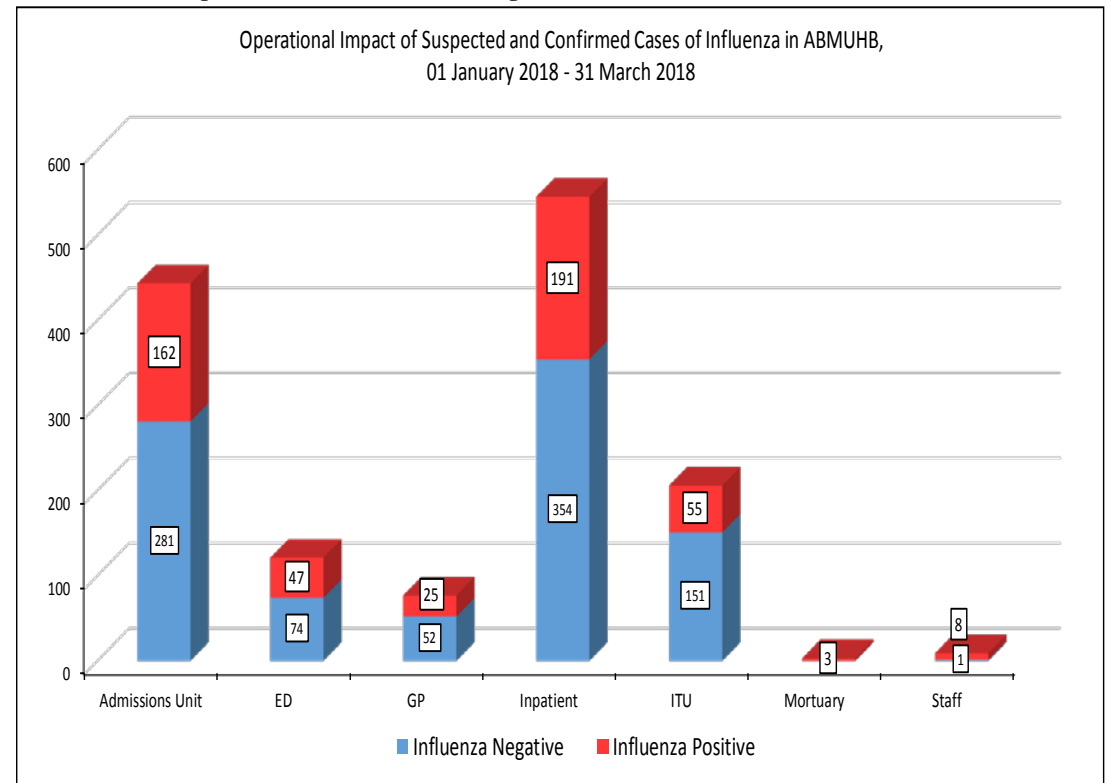


Other system wide indicators

Medical outliers



Flu impact January –March 2018



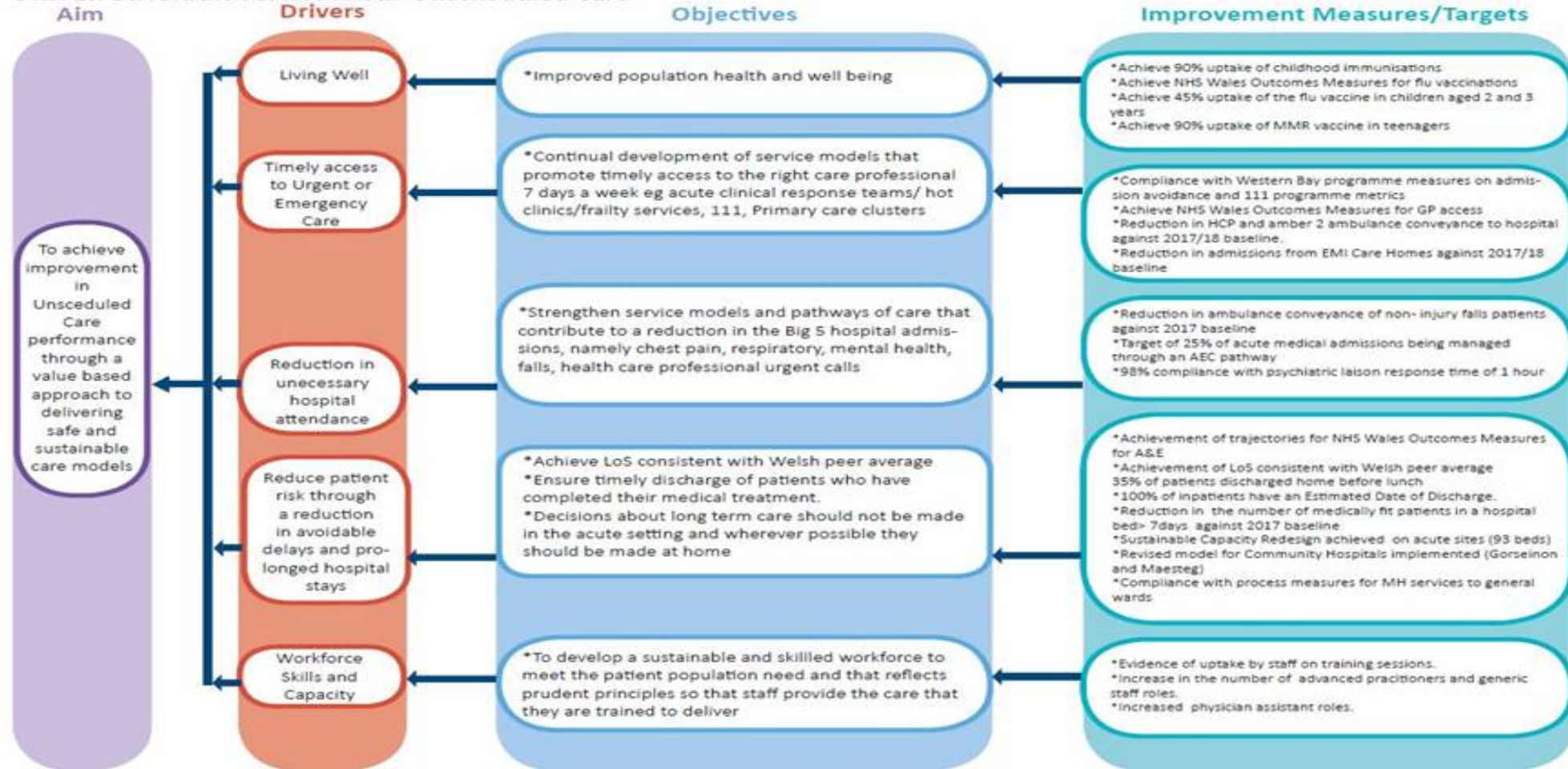
Headlines

- Good progress was made in the first six months of 2017/18 with improvement in performance as a result of changes in length of stay through new models of care, and implementation of the unscheduled care improvement programme
- However, performance in the 2nd half of 2017/18 deteriorated with significant challenges in relation to patient flow and capacity across both health and social care. This was compounded by a difficult winter with a sharp increase in flu prevalence and more latterly, the impact of a cold winter snap, which impacted further on performance in Q4 and into early April.
- The demand profile has shifted towards increased attendances through the main ED sites and a reduction in MIU attendances.
- Demand through the out of hours/111 service increased by 28% compared with 2016/17.
- Overall ambulance conveyance demand to hospital was stable compared with 2016/17; however this masks a shift in the categorisation of patients conveyed - with a 17% reduction in green conveyances compared with 2016/17, a 1.3% increase in amber conveyances and a **25%** increase in red conveyances. March 2018 saw the highest recorded red conveyance demand for ABMU Health Board.
- Emergency admissions for all specialities reduced by 2%, but with a **3%** increase in admissions in the >75 population. Emergency medical admissions in the >80 age group increased by 10.8% in February 2018 and by 8.6% in March 2018 when compared with the same months in 2017.
- Emergency length of stay reduced in the first half of 2017, with an increase in December and January, but has now reduced to 6.88 days at the end of March 18
- Cancellations for bed reasons reduced by **19%** between October and March compared to the same period in 2016/17, and there was a reduction of **9.5%** in the number of medical outliers in 2017/18 compared to 2016/17

Unscheduled care improvement Plans 2018/19

USC improvement framework

DRIVER DIAGRAM Service Area: Unscheduled Care



Quarter 1 Key Improvement Actions

WAST and Primary and Community care

- Building on the joint work programme with WAST in 2017/18 which has resulted in a reduction in green conveyances, planned work for Q1 includes piloting a mental health response car and the introduction of direct pathways between WAST and the 24 hour district nursing service within the Health Board.
- Review and analyse changes to amber and red ambulance demand in conjunction with WAST
- In light of the 28% increase in 111/ GP out of hours demand in 2017/18, review workforce models required to provide a sustainable and resilient service. In the short term, this includes extended pharmacy cover, support from paramedics on key shifts, increasing 111 nurse triage capacity, increased promotion of self care options, and encouraging more GP's to support shifts in the out of hours service/ improving access to technology for GP home working to undertake additional GP triage, advice and prescribing.
- Support and maintain GMS access
- Roll out minor ailments scheme

Princess of Wales

- Implement improvement plan with support from NHS ELECT from May 2018:
- 4 work-streams proposed:
 - Patient Flow
 - Discharge Flow and Planning
 - Ambulatory Care for Urgent and Emergency Patients
 - Development of an Urgent Care Dataset
- Implement 4 week trial of Surgical Ambulatory Unit - building on 2 week pilot in early March which resulted in 54% of patients assessed in the unit being discharged home. This will inform potential to implement this change/ model on a sustainable basis.
- Ongoing development of frailty model in line with the implementation plan

Morrison

- Improved clinical site escalation process – including testing the ‘safety huddle’ model with support of the Delivery Unit.
- Improved flow processes in ED and across the hospital - planned pilot of consultants at ‘front door’, minors workstream improvements, speciality pathways.
- Stabilise the ED workforce.
- Develop the frailty service model.

NPT

- Continue the work of the TOCAL's team to increase the number of patients that can safely be discharged from the Emergency departments/Assessment Units or the Acute Site wards
- Enhance the working relationships and efficiencies with the Psychiatric Liaison Service to improve standards of care and timeliness of review of patients with acute mental health issues in NPTH
- Implementation of a multi agency Discharge Hub to deliver improved length of stay, discharge to assess, the SAFER bundle principles, and better patient outcomes (enabling). This will encompass the work of an Accelerated Placement Team, which delivered a positive increase in patient discharge and supported increased transfers from acute sites during the pilot phase in February and March.

Singleton

- Mainstreaming the Frailty service pilot at Singleton hospital which increased the number of patients age 75 discharged home from SAU by 10% (38% of patients assessed were discharged directly from SAU).
- Ongoing work to improve compliance with SAFER bundle and patient flow processes, and planned roll out to non medical wards.
- Review and remodel the SAU at Singleton with the support of the service improvement team, to increase service resilience and improve quality and safety.
- Develop additional ambulatory care pathways including alcohol withdrawal and headaches pathways.

Mental health

- Tonna Hospital- maintain additional capacity until end of May 2018, when care arrangements will be in place for the remaining 6 patients.
- Psychiatric Liaison - Quicker turnaround times in ED / Ward assessments. One hour target for ED, Emergency ward referrals on same day, routine referrals with 24 hours.
- WAST CPN joint response car – Pilot agreed with WAST and will be implemented following approval of standard operating protocol/ confirmation of staff availability.

Other

- Conclude evaluation of winter plan with learning event in May 2018
- Develop plans to increase patients discharged under the 'discharge to assess' model
- Implementation of 'Breaking the Cycle' action plan
- Active promotion of, and participation in, the 70 day National #endpjp paralysis campaign from 17th April, to support the principles of improved patient flow, reduction in patient harm and deconditioning associated with prolonged hospital stays.
- Phased roll out of the electronic ward dashboard - this will reduce duplication/release staff time.
- Ensure provision of robust May bank holiday weekend plans.
- Reconstituted Unscheduled care board with enhanced membership.

Additional flow Measures by Unit for Q1.

- Discharges before midday – 35% target
- Estimated date of discharge – target compliance 100%
- Stranded patients with length of stay > 7 days
- Reduction in patients who are medically fit for discharge against 2017/18 baseline

Key Risks

- Medical Workforce capacity in key areas – ED Morriston, Gp out of hours, Primary care.
- Nurse staffing levels and impact of the Nurse staffing Act on patient flow and safety.
- Infection – ongoing pockets of flu and norovirus impacting on capacity and patient flow.
- Social care capacity - particularly in NPT and Swansea.