

Our ref: Direct Line:

20 April 2017

Mr Andrew Barkley H M Senior Coroner Rock Grounds First Floor Aberdare CF44 7AE

Dear Mr Barkley

Re: Ceriann Richards (Deceased)

I write further to the receipt of the Regulation 28 Report in respect of the Inquest heard into the death of the above named person.

The ability to release ambulance crews in order to respond to community calls is of paramount importance to the Health Board. We have taken a number of steps to address these issues and have ongoing work at present, 'Breaking the Cycle', which is focussing resources on processes to support the patient journey.

As a Health Board we have implemented and reviewed a number of key processes.

- An Urgent Care Board (UCB) has been established, and is the main driver for our urgent and emergency care services pathway. The UCB is chaired by an Executive Director and includes multi-disciplinary representation from across the Health Board and partner organisation representatives. The Urgent Care Board is dynamic, it agrees, sets and monitors shared clinical and management action across the care system, providing governance and assurance to the Board.
- A Standard Operating Procedure has been implemented which supports bed management and site management teams in utilising all bed capacity across both Nevill Hall Hospital (NHH) and Royal Gwent Hospital (RGH) when ambulances are in danger of being held outside of our Emergency Departments (ED). This protocol was adopted by the Health Board's Urgent Care Board and is part of the Health Board Escalation Process, which was reviewed and re written in preparation for winter 2016/2017.

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- The Health Board has identified escalation protocols which are used to guide ED staff in the operational procedures for receiving and off-loading ambulances. These include a preparatory escalation when more than three crews are on site and limited capacity exists to off load further ambulances, predicted to arrive. This escalation is to the bed management teams who are required to move patients from ED to the available bed capacity with immediate effect.
- The Health Board has a Red Release Protocol for response to Welsh Ambulance Services NHS Trust (WAST) when a crew is required to attend a 'Red' call in the community. This protocol has been worked through with WAST colleagues who meet with Health Board Operational Managers each fortnight to discuss operational issues and address any concerns.
- The Health Board has a Winter Resilience Plan which is designed to manage the peaks of demand and capacity through the winter period when services are under significant pressure. This plan is shared with all local stakeholders and partners to ensure the actions and initiatives described within the plan are shared and agreed prior to implementation. The Health Board has continually reviewed the plan on a month by month basis at its Urgent Care Board. This has led to a number of actions being reinforced since the implementation of the plan to ensure a more robust response to ambulance handover pressures.

The following data clearly illustrates the impact that the escalation processes and protocols have had on reducing ambulance hand over times and delays >1hr at the Health Board this winter.

	NOV-DEC	JAN - MAR
AMBULANCE HOURS		
LOST		
2016/17	1178	2014
2015/16	1183	3002
% CHANGE	-1%	-33%
AMBULANCE DELAYED		
> 1HR		
2016/17	412	739
2015/16	443	1133
% CHANGE	-7%	-35%

Since 23 March 2017, Aneurin Bevan University Health Board has been introducing 'Breaking the Cycle', an initiative which is looking at processes to support flow within the acute hospitals, ie timely discharge, appropriate placement and timely transfer of patients from the ED and MAU.

This has seen the implementation of two transfer teams, one transferring out of the wards and one transferring out of ED. Discharge facilitators have also been introduced on each of the wards at RGH. There is work is commencing to implement this model in NHH. Breaking the Cycle has led to improved patient flow within the hospital, reduced congestion in our EDs and has led to a consistent approach over seven days a week.

The actions implemented by the Health Board have been captured in the attached action plan. Please be assured that these actions and their impact on ambulance handover performance are monitored by the Health Board.

I do hope that this information and the action plan attached (developed in partnership with WAST) give the assurance that we, as a Health Board, are focussed on the patient flow and are actively working, in partnership, to reduce ambulance delays in our Emergency Departments and Assessment Units, to ensure that our citizens receive a timely appropriate response in the community.

Yours sincerely

Judith Paget

Prif Weithredwr/Chief Executive