

Health and Adult Care Scrutiny Committee

**South Western
Ambulance Service NHS
Foundation Trust
(SWAST)
Spotlight Review**



June 2022

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Preface



This report is primarily about South Western Ambulance Service and its place in the Urgent and Emergency Care system, and how this is delivered to residents and visitors across Devon when medical care is needed.

The Committee understands the pressure our local NHS and Social Care is under. Whilst we acknowledge and welcome all that providers have sought to do to address supply and demand issues across the system, the Committee is aware that for far too many years there has been a lack of fundamental capacity across the system to manage seasonal fluctuations or sudden increases in demand. We also recognise the hard work the front-line staff give to caring for those in crisis and wish to formally thank them for their contribution to our wellbeing.

The Committee congratulates the ambulance service on their high level of 'see and treat', a model which provides focussed clinical assessment at the patient's location. But for those requiring an acute hospital setting it is a waste of valuable resource having paramedics and ambulances unable to offload patients at the door within 15 minutes of their arrival. The lengthening of handover times has a disproportionate impact on response times and adds to the stress of patients expecting to receive prompt care.

We wish there was a straightforward answer to improving ambulance response times, but in preparing this report, speaking to representatives during the Spotlight Review members were drawn to the complexity of the problem. There isn't a single solution to overcome the barriers currently facing the Urgent and Emergency Care system. Improvements will only be achieved when all participants work together to support patients through in their hour of need.

As a result of our finding there is clearly an issue with the flow of patients through the hospital which impacts on SWAST handover times. The Committee would welcome the opportunity to do a joint piece of work with the Integrated Care System to look at improving bed utilisation and social care capacity to improve onward care in the community once their medical care has been resolved.

I am grateful to those who generously gave of their time, both officers and fellow members during the review, and I thank them for all their contribution. The Committee will continue to work with the Health and Care sector for the benefit of Devon's residents.

**Councillor Sara Randall Johnson, Chair, SWAST Spotlight Review,
Health and Adult Care Scrutiny Committee**

1. Recommendations

The Spotlight Review ask the Health and Adult Care Scrutiny Committee to consider this report and conclusion and make the following recommendations to the Health System. In recognition of the overlap on many of the following recommendations between the County Council, NHS Devon Clinical Commissioning Group (CCG) and South Western Ambulance Service NHS Foundation Trust (SWAST). The recommendations have been directed to a lead organisation, but it as much for the Integrated Care System for Devon to ensure these are effectively discharged. **The Committee ask for a report back on progress within 6 months.**

Recommendation 1

That the Committee calls for a system wide commitment to improve average ambulance response times urgently.

Recommendation 2

That an immediate priority for the Integrated Care System is to implement rapid improvement to reduce the current risk to patient safety delays in handover between ambulances and hospital emergency departments are causing.

Recommendation 3

That work is undertaken with Devon's four acute hospitals to reduce the disparities in provision and improve the consistency of offer relating to emergency care that will aide ambulance queue management, including the implementation of a triaging model similar to the Rapid Patient Assessment and Triage model adopted at the Royal Devon & Exeter Hospital.

Recommendation 4

- (a) That there is a more consistent Minor Injury Unit offer across the County as a priority, with regular service hours and a minimum standard for procedures carried out,
- (b) That there is a new campaign to educate people in Devon about how to access medical services. This should include an online interactive map about wait times so that residents can access information on services in real time to bring greater clarity to the public as to how they access both urgent and non-urgent medical support including mental health support.
- (c) That the system recognises the valuable role that Minor Injury Units have in managing demand and subsequently put greater effort into keeping Minor Injury Units open. All Minor Injury Units to have alternative staffing plans such as emergency staffing by paramedics and trained first aiders.

Recommendation 5

- (a) That there is better system wide working under the Integrated Care Partnership to develop improved career pathways and greater parity of pay, conditions and esteem for all those working in caring positions wherever in the system they are employed or commence their career in care.
- (b) That an investigation is undertaken of how Technology Enhanced Care Services and other alternative working practices may enable care to be delivered more efficiently and effectively to all who need it.

Recommendation 6

That the emerging Primary Care Strategy for Devon prioritises the GP role in social prescribing as a key factor in improving health outcomes, reducing pressure on SWAST and wider health systems.

Recommendation 7

That Devon's acute hospitals provide a separate space in close proximity to emergency departments for those people presenting with mental health issues.

2. Introduction

- 2.1 The Spotlight Review was undertaken by the following members of the Health and Adult Care Scrutiny Committee:
- Councillor Sara Randall Johnson (Chair)
 - Councillor Carol Whitton (Vice Chair)
 - Councillor Tracy Adams
 - Councillor Jess Bailey
 - Councillor David Cox
 - Councillor Linda Hellyer
 - Councillor Sarah Parker-Khan
 - Councillor Pru Maskell
 - Councillor Ron Peart
 - Councillor Martin Wrigley
- 2.2 Members would like to place on record their gratitude to the witnesses who contributed to the review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.
- 2.3 On 11 November 2021 Health and Adult Care Scrutiny resolved to set up a spotlight review to include reference to delays in transfers, response times, impact on patients and personnel, role of NHS 111; and work with key partners within the Devon Integrated Care System. The terms of reference for the review were:
1. To evaluate the current situation in Devon in terms of SWAST performance and impact on patient outcomes.
 2. To consider the factors impacting on ambulance wait times.
 3. To review measures to alleviate delays in ambulance wait times.
 4. To report back to the Health and Adult Care Scrutiny Committee with recommendations from the findings of the spotlight review.
- 2.4 The Task Group asks the Health and Adult Care Scrutiny Committee, Cabinet and NHS Devon CCG to endorse this report and consider the recommendations detailed above.

3. Background / Context

- 3.1 South Western Ambulance Service NHS Foundation Trust (SWAST) has responsibility for the provision of ambulance services across an area of 10,000 square miles which is 20% of mainland England. The Trust covers the counties of Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Wiltshire, Gloucestershire and the former Avon area (Bristol, Bath, North and North East Somerset and South Gloucestershire). The Trust serves a total population of over 5.5 million and is estimated to receive an influx of over 23 million visitors each year. The operational area is predominantly rural but also includes large urban centres including Bristol, Plymouth, Exeter, Bath, Swindon, Gloucester, Bournemouth and Poole.
- 3.2 On 30 May 2021 SWAST declared a "critical incident" due to "extreme pressures". [It tweeted](#) that "some patients may wait longer for an ambulance" after it got 3,200 calls on Saturday, a 2021 record. It advised patients "to access alternative services if their call is not life-threatening" and urged people to "make the right call". On 7 September 2021 SWAST declared a "major incident" due to "unprecedented, sustained demand". The major incident was declared by the emergency service after recording 3,511 incidents the previous day.
- 3.3 During September 2021 the Trust responded to 88,552 incidents across the South West – this was an average of 2,952 per day and 7,498 incidents more than the same period last year. The National Ambulance Quality Indicator data published by the NHSE/I for September showed that SWAST had the longest Category 1 (CAT 1) and Category 2 (CAT 2) mean response rates in the country at 11 minutes and 66 minutes respectively.
- 3.4 At Health & Adult Care Scrutiny Committee on 15 September 2021 members highlighted the demand issues faced by SWAST following declarations of critical incidents and measures at the acute hospital trusts to alleviate ambulance waiting times; and the need for further scrutiny.
- 3.5 At Committee on 11 November 2021 members considered a [report](#) from SWAST on recent performance using National Ambulance Quality Indicator data, factors impacting on performance and demand in Devon, abstraction rates, handover delays at acute hospitals, the Trust's response to the pandemic, work with fire and rescue services, and a community first responder update.

4. Ambulance Response Times and Delays

In 2017 NHS England implemented new ambulance standards across the country – the [Ambulance Response Programme](#). This was to ensure the sickest patients get the fastest response and that all patients get the right response first time. A set of pre-triage questions were introduced to identify those patients in need of the fastest response. There are four categories of call and the following animations explain a little about each:

| Category | Response | Response time to 90% of all incidents |
|------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Category 1 | An immediate response to a life threatening condition, such as cardiac or respiratory arrest | 15 minutes |
| Category 2 | A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport | 40 minutes |
| Category 3 | An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting | 2 hours |
| Category 4 | A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic | 3 hours |

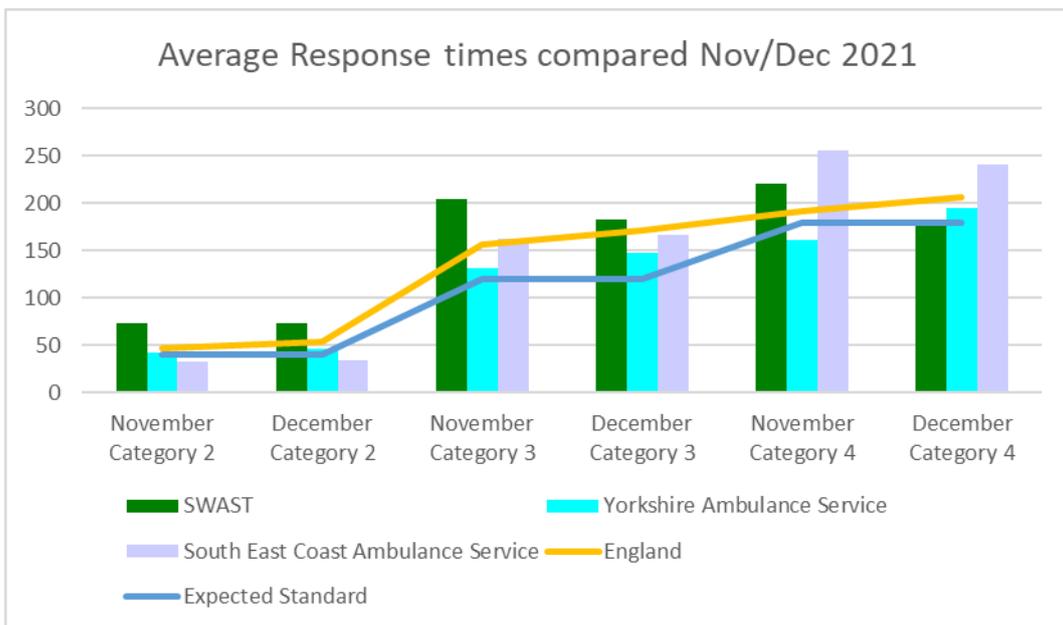
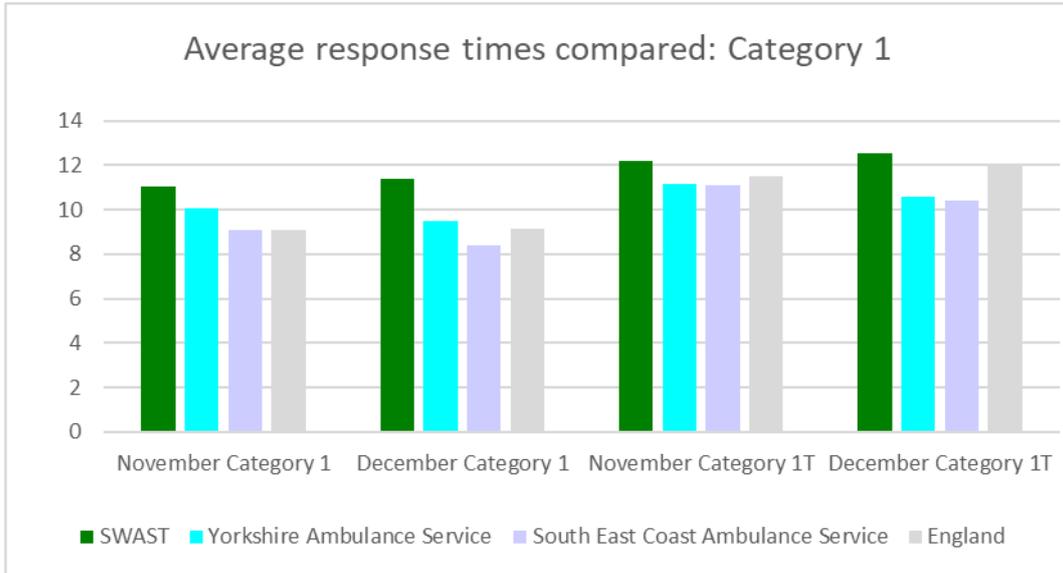
Mean Response Times

The following resources <https://healthierlives.phe.org.uk/topic/public-health-dashboard> (CIPFA nearest neighbours); and <https://niche-nearest-neighbours.herokuapp.com/> (CCG nearest neighbours using Public Health England Data) have been used to determine Devon's statistical neighbours; of those included in both lists, the following have been chosen to compare with SWAST figures:

| Area / CCG | Ambulance Service |
|-------------------------------------------|-------------------------------------------|
| North Yorkshire (NHS North Yorkshire CCG) | Yorkshire Ambulance Service ¹ |
| Lincolnshire (NHS Lincolnshire CCG) | East Midlands Ambulance Service NHS Trust |
| East Sussex (NHS East Sussex CCG) | South East Coast Ambulance Service |
| West Sussex (NHS West Sussex CCG) | South East Coast Ambulance Service |

NOTE: data regarding Ambulance Response Times focuses on the relevant ambulance service rather than Local Authority. This provides some problems with direct comparison as a particular ambulance service could cover a wide range of demographics (as SWAST does).

¹ North Yorkshire is served in part by Yorkshire Ambulance Service and in part by the North East Ambulance Service. The former covers areas that are demographically more similar to the South West not limited to North Yorkshire (although this is the most demographically similar). As such detailed metrics have been provided for YAS rather than the North East Ambulance Service (NEAS).



With the exception of Category 4 in December 2021, SWAST has been consistently performing poorly against its nearest neighbours, especially in the higher emergency categories. SWAST also has consistently longer wait times than the national average.

December 2021

| Category | SWAST | Yorkshire Ambulance Service | South East Coast Ambulance Service | England | Category best(s) |
|--------------------|--------------|--------------------------------------------|-------------------------------------------------------|----------------|-------------------------------------------------------|
| <i>Category 1</i> | 11:38 | 9:49 | 8:42 | 9:13 | London - 7:09 North East - 7:14 |
| <i>Category 1T</i> | 12:57 | 10:59 | 10:44 | 12:09 | North East – 8:08 |
| <i>Category 2</i> | 1:13:16 | 46:56 | 34:17 | 53:21 | Isle of Wight – 23:25 South Central – 32:49 |
| <i>Category 3</i> | 3:01:06 | 2:28:22 | 2:46:46 | 2:51:08 | Isle of Wight – 1:02:45 London – 2:07:23 |
| <i>Category 4</i> | 3:01:09 | 3:15:53 | 4:01:27 | 3:27:58 | Isle of Wight – 1:09:27 North East – 1:43:02 |

November 2021

| Category | SWAST | Yorkshire Ambulance Service | South East Coast Ambulance Service | England |
|--------------------|--------------|--------------------------------------------|-----------------------------------------------|----------------|
| <i>Category 1</i> | 11:02 | 10:09 | 9:11 | 9:10 |
| <i>Category 1T</i> | 12:18 | 11:16 | 11:09 | 11:50 |
| <i>Category 2</i> | 1:13:39 | 42:00 | 33:33 | 46:37 |
| <i>Category 3</i> | 3:25:44 | 2:12:27 | 2:42:44 | 2:37:08 |
| <i>Category 4</i> | 3:40:27 | 2:41:47 | 4:16:33 | 3:12:49 |

<https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/20211209-AQI-Statistical-Note.pdf> (england.nhs.uk); published 09 December 2021.

Ambulance Delays

The [NHS standard contract](#) states that all handovers of patients between ambulances and emergency departments must take place within 15 minutes, with none taking more than 30 minutes. Long delays to these handovers have been at a record high throughout the winter 2021/22 across England, with 17,778 over 30 minutes and 10,586 over 60 minutes in week ending 20 February 2022 alone. The volume of hours lost to handover delays over 60 minutes rose 938 per cent between February 2021 and January 2022. These can cause potential harm to patients, as shown by the Association of Ambulance Chief Executives report released in [November 2021](#). It found that more than eight in ten patients who were delayed beyond 60 minutes were assessed as potentially having experienced some level of harm, and that nearly one in ten experienced severe harm.

The chart below shows the percentage of ambulances delayed over 30 minutes from region to region, with the SWAST having 36 per cent of handovers delayed by 30 minutes or more in the week ending 20 February 2022. This is significantly more than other regions: in the south east this is 12 per cent and in London 14 per cent.

Percentage of ambulances delayed over 30 minutes
Week on week, by region (Winter 2021/22)



Source: [Urgent and Emergency Care Daily Situation Reports 2021-22](#)

5. Key Issues

Key issues arising from the witness interviews are presented here. The interview methodology was open ended, and conversations ranged over many topics. Hence as the issues were covered from different perspectives and reflect the interests of more than one interviewee no attributions are given.

System Pressure

South Western Ambulance Service NHS Foundation Trust (SWAST) ambulance response times continue to be impacted by the wider system issues. By far, the most significant impact on performance is the length of time it takes SWAST to hand over patients into hospitals, which is higher than ever previously experienced. In November 2021 SWAST were losing around 750 hours per day to handover delays at hospital emergency departments, compared to around 400 hours per week in 2019. This results in many ambulances queuing outside hospitals, and unable to respond to other emergency calls.²

There is a complex landscape in terms of health and adult social care in Devon, which appears to be a significant factor with SWAST's ambulance mean response rates for Category 1 and Category 2 being the longest in the country. As would be the case in all areas of the country, the Devon health system has been under huge pressure for the last two years through the Covid 19 pandemic. However, the model of care in Devon is very much set up for older people, with the County having an elder demographic 10 years in excess of the national average. The frailest older people are cared for in their own homes with wrap around support. With the onset of Covid 19, more people became severely unwell and therefore needed to access acute care, then with second and third waves people did not go to hospital and got sicker so when they did enter system they were more unwell. The needs of the demographic changed significantly with Covid 19 to a huge increase in the number of people in hospital for more than 10 days. In Torbay this went from circa 100 to 170.

There are also particular challenges for each of the acute hospitals in Devon, which ultimately impact on the issues effecting ambulance wait times. Officers highlighted the myriad challenges the pandemic brought and how adversely impacted acute hospitals in the County were in terms of staffing, with Derriford Hospital having particular issues. Covid 19 has been responsible for double the usual staff absence rates this winter.

Torbay Hospital also suffered with staffing issues and a fragility in Torbay's community services in terms of access to care homes, which meant keeping people longer in hospital than they needed to be. Hospital flow is crucial and a whole system issue. Wards affected by a Covid 19 outbreak take a considerable time to deep clean, and it has significantly limited bed capacity, which coupled with a lack of system flow due to the discharge issues have led to patients waiting for prolonged periods in ambulances outside emergency departments.

'It is demoralising for staff where you don't feel you are delivering optimum care. It takes its' toll when you must repeatedly say to families that their loved one's surgery has to be postponed again.'

Witness to the Review

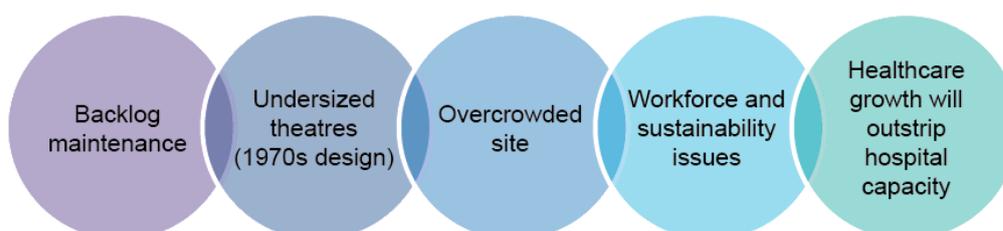
² [x \(devon.gov.uk\)](https://www.devon.gov.uk)

Devon has through the pandemic had large numbers of medically fit people in acute hospitals who should not be there but there has been nowhere for them to be moved to as the length of community hospital stays has also increased. With fewer staff in care homes, and fewer beds through infection prevention control, there have been significant delayed transfers of care (DTOCs). Devon has rolling average of around 200 DTOCs a day. At the time of the Spotlight Review taking place North Devon District Hospital (NDDH) had 55 patients medically fit and the Royal Devon and Exeter Hospital (RD&E) had 99 waiting to be released to an appropriate care home or domiciliary care provider. NDDH have at times had a third of bed base occupied with medically fit patients. As a result, ambulances at some of the acute hospitals are waiting for hours outside given the lack of bed space and ongoing flow through the system. Officers reported that without the DTOCs there would be the requisite hospital flow and bed capacity in the Devon health system.

The RD&E does not have the issue with ambulances waiting outside its emergency department. The RD&E have a Rapid Patient Assessment and Triage model which benefits from senior decision-making clinicians at the front door. This results in patients either being assessed as fit to sit or provided with a trolley until a bed is available in the hospital, rather than remain in an ambulance outside the hospital. Patients are brought into the emergency department for assessment as quickly as possible and seen in a dedicated space. Those who need treatment but are of a lower acuity and are safe to queue are then queued in the corridors whilst those who are a higher acuity start to receive treatment straight away. Previously patients would be seen in the emergency department and treatment started not dependent on acuity which resulted in patients queuing in the ambulance bay and in ambulances waiting to be seen in the emergency department where the senior clinicians did not know the acuity of those waiting. The Rapid Patient Assessment and Triage model is not deployed at the two Devon hospitals with the most significant ambulance queuing issues.

Devon's Acute Hospital Infrastructure

Devon's NHS estate is older than in many other areas. The structural issues relating to the Devon estate is a significant factor in terms of system pressure, with three of the County's acute hospitals on the New Hospital Programme: North Devon District Hospital, Torbay Hospital and Derriford Hospital. The graphic below illustrates the key issues effecting hospitals on these sites:



Source: Update on the NDHT-RD&E merger and New Hospitals Programme (Health and Adult Care Scrutiny, March 2022)

While there are specific infrastructure issues across the Devon system, officers reported particular problems with the emergency department at Derriford having too small a bed base. System wide there is a gap between capacity and demand in Devon's acute hospitals, and this is especially apparent in Plymouth, where the major trauma centre in the South West is at Derriford Hospital. Derriford is also the regional centre for brain surgery, kidney transplants and complex liver issues. Derriford not only has a wider complexity of patients but covers a huge geographical catchment area into Cornwall and across Devon where in many situations Derriford is the only option for the ambulance service. A rise in tourism to Plymouth was reported to members following the first pandemic lockdown as people sought to holiday in the UK, and this has continued ever since adding to the demand on Derriford, which had already been worsening year on year prior to Covid 19.

SWAST Performance

SWAST was reported to be a high performing provider prior to pandemic with low avoidable conveyance³ rates, and commissioners continue to view SWAST as a collaborative and well performing partner. Covid 19 has however significantly exacerbated the challenges that already existed for SWAST in terms of demand on the service. Prior to the pandemic there was some queuing of ambulances outside acute hospitals in Devon but as people have held off from attending medical settings during the pandemic, ill health has built up in communities, which coupled with the hospital flow issues has resulted in lengthy ambulance wait times.

SWAST detailed areas of focus from their new May 2022 Performance Improvement Plan, which included amongst other work the following:

| Elements of the PIP being monitored |
|-----------------------------------------------------------------------------------------|
| Secondments |
| Additional rest days |
| Unauthorised absence |
| Abstractions |
| Relief / Rota fill |
| Overtime |
| Consistent model across operations for HALO and County Coordination Cells |
| Oversee the Trust core resourcing position including implementation of the People Plans |
| Maximise contribution of private providers and productivity and efficiency |
| Training |
| Forecasting / capacity analysis oversight |
| Use of Incentives |
| Volunteers |
| Call answering |
| Clinical support for dispatch |

SWAST reported to members considerable activity to maximise their use of resources and take the pressure off the frontline service. The NHS's Long Term Plan places ambulance services at the heart of the Urgent and Emergency Care system trying to ensure timely responses so people can be treated by skilled paramedics at home, or in the most appropriate setting outside hospital whenever it is safe to do so. SWAST operate the Medical Priority Dispatch System which is an internationally recognised triage system. SWAST reported being broadly in line with other MPDS trusts nationally regarding triage and key indicators although were working to refine and improve.

'It is exhausting having to make excuses as to why your ambulance is stuck waiting outside an emergency department, and then seeing a patient's condition deteriorate.'

Witness to the Review

³ An avoidable conveyance happens when a patient, whose health and social care needs could be effectively and safely met in a community setting, within or close to their own home, is conveyed to hospital unnecessarily.

SWAST is in the process of changing its fleet model to a conveying capacity to help get the right response. SWAST has employed additional paramedics to help triage and respond to patients in the community. Patients are for instance asked where appropriate to make their own way or make other arrangements to get to hospital. SWAST are appointing more call advisors, with the intention of recruiting 250 call takers between 2 clinical hubs in Exeter and Bristol. Currently SWAST are on 190 and hoping by July 2022 to be on 250. This will aid with call answering and returning SWAST back to national standards. SWAST also has the largest volunteer community in the UK.

SWAST have been holding system meetings with all CCGs for assurance on alternatives to hospital admission. There are a number of actions with the acutes and community providers in Devon to ensure that information on pathways is correct for crews to support alternatives to admission or direct admission to specialty where needed. This includes opening up of same day emergency care pathways for SWAST at the acutes. Discussions around virtual wards are also on-going with systems though at an early stage within most systems building on from the Covid 19 virtual wards to support management of patients within the community. This is being monitored by NHS England and NHS Improvement to support the assurance of this and hold systems to account.

SWAST have limited options in terms of what they can do managing the queue of ambulances outside acute hospitals (as has been externally verified through a [recent assessment](#) by the Association of Ambulance Chief Executives). SWAST continue to staff and support the management of pre-emergency cohorting areas as requested and are supporting where managed in line with agreed policy the divert process. SWAST reported trying where possible to take a patient to a hospital where there is less of a queue but noted significant geographical challenges and a limit to what they can do without hospital flow.

Workforce Recruitment and Retention

The vacancy rate in health and social care was described as a limiting factor in Devon's ability to provide sufficient and high-quality services. Devon is faced with multifactorial workforce issues with an aging population and an above national average number of health care staff approaching retirement age. A lack of affordable housing is also an issue. The vacancy rate is higher now than before the pandemic with significant turnover. There is a 7% vacancy rate currently in social care in Devon with 2000 vacancies. At the time of the Spotlight Review, officers reported 250 care home and nursing-based vacancies in Torbay alone. The reality is that there are more vacancies than prospective staff. It is a competitive market with retail pay now often at a higher rate.

Careers in health and social have historically not been promoted as well as they might have been. There have been initiatives such as retention bonuses for staff to help to stimulate the market. There are though also issues to address in terms of shift work and staff being on call that put people off from working in the sector. Rotational working is one idea to try to give people more flexibility to their careers, allowing staff to do a range of different things. There is a need to recognise that graduates today do not always envisage a job for a whole career but more as part of a portfolio type approach; it is about recognising this change and taking a strength-based approach to the workforce. There is also a huge amount with digital technology that can be achieved in terms of connecting services, which can again utilise the skills base of those entering the sector. There is work underway to stimulate the local labour market in Devon, with the [Proud to Care](#) campaign and the LoveCare programme at the forefront of countywide initiatives.

'We are waiting in ambulances all night long and are not able to perform the role we thought we were signing up to. It's hard not to feel incredibly down.'

Witness to the Review

Staff Wellbeing

Health and social care system leaders have been dealing with an exceptional situation over the last two years through the Covid 19 pandemic, and staff have had much to contend with. Feedback to members was that staff across the Devon system were fatigued as they do not have time to decompress. The level of demand has yet to lessen off, rather it has actually increased as staff were now having to deliver a full suite of services again on top of the Covid 19 pressures. Staff were often struggling to get suitable breaks and consequently felt exhausted. Ambulance crews waiting outside acute hospitals were reported as regularly doing 12 hour shifts without a meal break. Staff were both physically and mentally drained, which has the inevitable consequence of an increase in absence, or some staff leaving their role in health and social care as they cannot see an end to the strain.

In addition to the detrimental impact on patients, hospital waits represent a significant challenge for SWAST staff and their morale. Ambulance crews are routinely spending an entire shift outside an emergency department. SWAST staff reported feeling happier attending the RD&E where they know they were unlikely to be faced with the wait times as at Torbay or in Plymouth. Staff may also feel less keen on doing overtime, where they know the likelihood was that they would be waiting outside an emergency department all night. This was also impacting on emergency department staff who feel the number of patients waiting, results in them not having any time between jobs as they used to.

It was reported to members that there were a raft of measures to support staff mental health and wellbeing. Trusts in Devon were trying to ensure staff could take their breaks and have access to psychological support where required. SWAST recognise the strain on the workforce that the pandemic has brought and were piloting a scheme whereby a mental health practitioner was in hubs working alongside staff, which hopefully can be rolled out across the Trust. SWAST were also holding series of listening events, having at least one in every County to ensure there is a connection between senior teams and staff on the ground.

The SWAST in house staff wellbeing service; the Staying Well Service (SWS), supports staff, volunteers and students with their mental, social and physical wellbeing. They offer a wide range of support from formal based therapies (counselling), coaching, physio, self-help to alternative therapies to support our people to be happy, healthy and fit. Alongside the SWS, SWAST have over 130 Peer Support Guardians who support their colleagues at ground level with any wellbeing concerns they may have.

SWAST are also supporting welfare trolleys in the clinical hubs to provide refreshment, anxiety reducing activities and food. SWAST have a 24/7 phonenumber with trained counsellors and a health and wellbeing app for online support and programme to target area of wellbeing improvement tailored to each individual's need. SWAST have re-launched an Invest In Yourself programme which is all about health promotion and giving opportunities to develop new ways to manage wellbeing concerns. SWAST reported significant investment in welfare cars in each County to support crews together with the growing support of the British Red Cross.

'On the worst night at Derriford Hospital we had 26 ambulances waiting outside the Emergency Department – that's 50 members of staff. By 2.00am no one moves until after 6.00am. It's not SWAST's fault they are being strangled.'

Witness to the Review

General Practice and NHS 111 System

Ambulance use needs to be the correct and appropriate response. Ambulances are still being called out where it is not the right intervention. It was also apparent that emergency departments were being accessed inappropriately. Healthwatch undertook some engagement on behalf of the NHS Devon CCG in 2021⁴, which identified the issue of patients accessing emergency departments as they could not see their GP. People were using NHS 111 and community pharmacies, but if they were not getting the answer they needed then they were going to emergency departments. Key findings of the survey included: most of the respondents at Torbay Hospital (82.47%), North Devon District Hospital (NDDH) (71.74%), and Royal Devon & Exeter Hospital (RD&E) (62.07%) did not come to the ED because they were unable to access another service. For respondents at Derriford Hospital, this figure was just under half (49.47%), meaning over half of respondents said they came to ED because they were unable to access another service. Torbay Hospital had the highest percentage of respondents who had sought treatment or advice from NHS 111 before coming to the ED (46.60%), followed by Derriford Hospital (33.33%), RD&E (28.0%), and NDDH (26.26%). RD&E had the highest percentage of respondents who sought advice or treatment from their GP (37.0%), followed by Derriford Hospital (32.35%), Torbay Hospital (24.27%), and NDDH (22.22%). The percentage of respondents who came to the ED because they were unable to access GP services was considerably lower at Torbay Hospital (5.15%) compared to NDDH (18.48%), RD&E (20.69%), and Derriford Hospital (29.47%).

The Local Medical (LMC) highlighted an issue with the 10 mile rule where GPs might have some capacity to reduce emergency department admissions. The LMC have asked NHS Devon CCG to relax the 10 mile rule so they can treat minor injuries locally. Tavistock was cited as an example of where an MIU was closed and patients were redirected to Derriford when they could have been treated at the local GP surgery.

Members were advised that Devon's new NHS 111 system will reduce some demand on urgent care system when from October 2022 Practice Plus Group Urgent Care will operate NHS 111, out-of-hours GP services and the Clinical Assessment Services. The group currently answers 1.5million calls a year to NHS 111, and runs out of hours services, urgent treatment centres, minor injuries units, hospitals and general practices nationwide. Its NHS 111 service in Bristol was the first to be rated "outstanding" by the Care Quality Commission. In Devon, it will also run the clinical assessment service, in which clinicians use their expertise to respond to callers, prioritising cases and directing people to the most appropriate services.

Falls

There are a number of falls and frailty services across Devon, ranging from acute falls response to falls prevention. To access these pathways, healthcare professionals can access 'Service Finder', which gives a fast way to access accurate, real-time information to help signpost patients to available services. This information includes non-public telephone numbers and instructions about who is eligible for services and how to refer a patient. SWAST also promote these pathways via their own clinical app.

Torbay and South Devon NHS Foundation Trust identify people who are at risk of falls or already falling in order to establish the risk factors and help to reduce those that are modifiable. The aim is to help older people understand the need to inform health and social care staff of their falls. The acute and community hospitals work closely with primary care and locality community teams (including intermediate care) to ensure that the fall(s) has been recorded and the person can be referred to a variety of services depending on their need for example Strength and Balance classes, Rapid Response, Intermediate Care and Urgent Community Response. A review of the fall's pathway and service in the wider context of frailty is one of the Torbay and South Devon Frailty and Healthy Ageing Partnership priorities.

⁴ The Healthwatch survey was conducted in September 2021 across Devon's four Acute Trusts, with 401 people responding. It is worth noting, this is a small sample, and does not include feedback from Acute Trust colleagues, that emergency department presentations are on the whole low acuity (primary care) in nature and that people who need ambulances are unlikely to be treated in primary care.

Significant investment has been targeted at falls lifting equipment in the acute and community hospitals, Urgent Community Response Teams and Care Homes.

The offer from Livewell Southwest is in place for the West Local Care Population which locality commissioners are enhancing with the addition of a Strength and Balance service which is anticipated to be live by the end of May 2022. An Ageing Well plan is being developed and will incorporate falls, but initial gap analysis has enabled some early improvement around strength and balance. Both North and East have had a long-standing Falls Prevention service well embedded within the localities and accessed by primary care or other agencies e.g. SWAST.

Through Technology Enhanced Care Services, Devon is offering and installing falls sensors in people's houses to alert system partners to falls as they happen. NHS Devon CCG is establishing an Urgent Community Response (UCR) taking and answering requests from 111, 999 and Pendant Alarm agencies to uninjured falls. This has a response within 2 hours and NHS Devon CCG has invested in specialist lifting equipment to support this response service. Once fully established it is expected that the UCR will work to reduce the burden on SWAST for non-injured fallers, as a paramedic's skills are much better focussed on the emergency unwell and not as a manual-handling solution.

Mental Health Patients

The Spotlight Review received anecdotal evidence reporting an increase in mental health patients being brought by SWAST to emergency departments in the County. This evidence was not supported by the evidence provided by the Devon Partnership Trust (DPT) / NHS Devon CCG although it was acknowledged that there has been an increase across the country in demand for mental health support as a result of the Covid 19 pandemic. All NHS organisations have a daily 11.00am call to discuss the operational situation and figures supplied by DPT suggest that there have never been more than 2 mental health patients presenting at the RD&E in one night and the total number of admissions from emergency departments to DPT averages around 8 people per month.

DPT also reported that on very rare occasions a patient with suspected mental health issues may stay slightly longer in an emergency department when DPT has no free beds or the patient requires a bed elsewhere. To give context, in line with national figures delays in emergency departments for mental health patients as reported by DPT and NHS Devon CCG are circa 3-4% of total delays.

Nevertheless, the Spotlight Review noted that that the ambulance service may be called by patients experiencing mental health issues because it is 24 hour, and that some of these patients may end up in emergency departments because there is nowhere else for them to go. The NHS has never had a mental health emergency service. Emergency departments are the only emergency provision.

Members also recognised that patients may present at emergency departments with less acute mental health issues who did not meet the criteria for admission to a DPT bed or provision and that such patients may be felt by busy staff in emergency departments to present a challenge in terms of managing their anxiety and behaviour. In other parts of the country a separate space is deployed in emergency departments for mental health patients. A calm, distinct room adjacent to emergency departments could be very helpful for this particular group of people.

DPT operate the following services within the community:

- a First Response Service to those people with mental health problems with a 24 hour helpline.
- crisis cafes in Barnstaple, Exeter and Torquay open from lunchtime until late at night. Crisis cafes can be self referral or through police, health, social care etc. DPT will look to expand opening times if needed and permanent funding provided
- there are currently about 120 people across the County being looked after at home in virtual wards by the Home Treatment Teams. There is also a crisis house in Exeter.

Devon has one of the lowest number of mental health beds per head of population and there are some geographical discrepancies in terms of mental health service provision in the

County. There are also issues also around how services are delivered where there are particular recruitment and retention difficulties. Concern was expressed to members about the wait times for mental health support both for adults and children within the community, and the impact of the pandemic on demand and provision especially amongst children and young people.

Best Practice

Members recognise that there remains scope in Devon for systems to be more effective to deal with demand. There is a need for a diverse set of services and a more creative approach to take pressure off SWAST and the wider health system. During the Spotlight Review a number of ideas were suggested to members to help alleviate some of the issues:

- An extended deployment of Community First Responders⁵ to avoid some of these hospital admissions. Following a fall, delayed time on ground means people become clinically unwell. It is often a simple fix of lifting them up but ambulance that are delayed in car parks cannot reach people and this results in patient needing hospitalisation.
- A communication plan to help the public know what services are available and how they should be accessed. Efforts need to be made to publicise better how people's health needs can be supported within their communities to reduce unnecessary, and also inappropriate, use of both the ambulance service and emergency departments around the County. [NHS Quicker](#) is already available for emergency department waiting times and there is [My Planned Care](#) for those people waiting for non-urgent treatment.
- Increased emphasis through primary care on social prescribing. There is great value in social prescribing in terms of helping people to stay fit and healthy and take pressure off the health system. It is a massive growth area to free up capacity linking in with community and voluntary sector where GPs do not necessarily have the time or always the local knowledge.
- Mental health support workers attached to every Primary Care Network in the County.
- The deployment of paramedic posts between SWAST and the acute hospitals.
- Mobile response units to attend personal alarm calls rather than it being a main SWAST team.

⁵ Community First Responders (CFR) provide a category 1 response to people in the community with initial assessments and also a chair lifting service initiative that prevents ambulances being called out. The Devon area is supported by two CFR teams – one in North and East Devon and the other in South and West Devon. There are approximately 90 CFR across Devon with another 35 waiting to go live following the recent recruitment.

6. Healthwatch Observations

Whilst Healthwatch reported receiving considerably less feedback through the pandemic, from the feedback that had been received about services (GP, hospital, community and social care) it was clear that the issues arising around access to services caused by the Covid 19 pandemic has produced significant pressures to the Health and Social Care system in relation to the following:

- Patient access to GP services have been inconsistent in some areas of the County
- Increased attendance to emergency departments
- Patient flow through the hospital
- Delays to discharge of patients who are medically fit but still need care support.

This in turn has seen:

- Longer waits for patients as ambulance support is prioritised to those with life threatening conditions
- Delays of transfer to hospital emergency department services leading to ambulance queues at the front door
- Increased pressure on hospital beds due to rising Covid 19 patients especially at the peak of Covid 19 infection within the community
- Increased staff sickness due to Covid 19 self-isolation requirement (especially evident during the Omicron wave)
- Isolated issues with GP support post discharge

7. Conclusion

- 7.1 Ambulance handover delays are the key to addressing SWAST performance. There are a range of measures that can be brought in, alongside a deployment of resources, to protect the frontline ambulance service such as expanding the use of Community First Responders for falls; SWAST is ultimately one part of a wider health and social care system, which has struggled to cope with the demand placed upon it through the Covid 19 pandemic. The situation in Devon has been exacerbated by a growing population which has an older profile than the England average, meaning demand for some elective procedures for instance, such as knee and hip replacements, is higher than in other areas with a younger profile. Devon's population has also seen an increase in long term conditions and health inequalities, as well as poor mental health and well-being. All of which have placed an increased pressure on services.
- 7.2 The development of a Long-Term Plan (LTP) for Devon is central to tackling the complex issues facing the health and care system such as hospital flow, which has so adversely impacted ambulance wait times. While work to progress the LTP slowed as the system focused on supporting patients and communities through the coronavirus pandemic, the challenges facing Devon remain the same and have been exacerbated because of Covid-19. Re-starting work on the LTP must be a central priority for the Health and Care system in Devon.
- 7.3 A key ambition is to reduce waiting times for operations through developing Protected Elective Capacity and improving productivity. Timely access to planned care will reduce demand on emergency departments, primary care and social care and cancellation rates will go down as the protected facilities will not be impacted by high and variable emergency demand. Another central focus for the LTP has to be on reducing pressure on emergency departments by making it easier for people to navigate their way through the urgent care system so that they are seen in the appropriate setting for their need. This includes ensuring effective provision and availability of services to support mental health, urgent and crisis response.
- 7.4 Work needs to continue to reduce the demand on statutory health services, instead building support within local communities. The exit block with older people and community services is a huge issue in terms of hospital flow. For the demographic that Devon has there needs to be more emphasis on stay-at-home services: mobilising and stabilising people within their own homes so they are not inappropriately placed in hospital. There is also a need for further work across all relevant agencies to facilitate more effective discharge planning.
- 7.5 As Devon moves to an Integrated Care Board and Integrated Care System, essential work is to understand the bed situation in the system. System leaders spoke with genuine optimism about the level of integrated working that now exists in the County which bodes well in terms of recovery. It is hoped that in the next 2 to 3 years there will be long term strategic planning together as a health system, moving away from a yearly planning cycle alongside future co-investment.
- 7.6 It is a concern to members that emergency departments are having significant numbers of people presenting with mental health needs. This is neither a safe nor appropriate setting for these people and the health system in Devon needs to find a better solution to this issue.
- 7.7 Absolutely central to health and social care in Devon is each and every one of its workers and volunteers. The impact on staff in terms of stress and wellbeing has for the past two years been unrelenting and people have reached breaking point. There were challenges already both in Devon and nationally in this regard prior to the pandemic and the situation has worsened. The Spotlight Review strongly believe that staff across the Devon system need to feel looked after and valued. The health and social care system must be reinvigorated to ensure it is a place where people want to be working.

Spotlight Review Activities

- A1.1 On **28 February 2022** the Spotlight Review took place virtually on Teams (the list of witnesses who attended the session are detailed below in Appendix 2).
- A1.2 On **28 April 2022** members met to discuss their draft findings and recommendations.
- A1.3 On **9 May 2022** members held a further evidence gathering session (the list of witnesses who attended the are detailed below in Appendix 2).

APPENDIX 2

Contributors / Representations to the Review

Witnesses to the review in the order that they appeared at the main spotlight review and any subsequent follow up sessions:

28 February 2022

| Witness | Position | Organisation |
|--------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Chris Turner | County Commander | SWAST |
| Jess Cunningham | Executive Director | SWAST |
| John Palmer | Chief Operating Officer | Royal Devon & Exeter NHS Foundation Trust / Northern Devon Healthcare Trust |
| Jo Beer | Chief Operating Officer | University Hospitals Plymouth NHS Trust |
| John Finn | Director in Hospital Commissioning | NHS Devon CCG |
| Tim Golby | Joint Associate Director of Commissioning, Devon County Council | Devon County Council / NHS Devon CCG |
| Adel Jones | Director of Transformation and Partnerships | Torbay and South Devon NHS Foundation Trust |
| Vicky Court | Deputy Chief Operating Officer | North East Ambulance Service NHS Foundation Trust |
| Jim Bainbridge | Associate Director of Operations | Devon Doctors |
| Tony Gravett MBE | Manager Healthwatch Plymouth / Communications, Systems & Intelligence Lead | Healthwatch Devon, Plymouth & Torbay |
| Maria Moloney-Lucy | Public Health Specialist (Intelligence) | Public Health, Devon County Council |
| Simon Moss | Operational Lead Paramedic | SWAST |
| Josh Newstead | Lead Paramedic | SWAST |
| Mark Dodwell | Operations Officer | SWAST |
| Barry Catton | Community First Responder | SWAST |
| Tori Riches | Clinical Matron | Royal Devon & Exeter NHS Foundation Trust |
| Margaret Willcox | Specialist Advisor to Health & Adult Care Scrutiny | Devon County Council |

9 May 2022

| Witness | Position | Organisation |
|------------------|----------------------------------------------------|-------------------------------|
| Wayne Darch | Deputy Director of Operations | SWAST |
| Dr Andrew Mercer | GP | Devon Local Medical Committee |
| Melanie Walker | Chief Executive | Devon Partnership Trust |
| Simon Tapley | Deputy Chief Executive | NHS Devon CCG |
| Tim Golby | Director of Integrated Adult Social Care (Interim) | Devon County Council |
| John Finn | Director in Hospital Commissioning | NHS Devon CCG |

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[Devon Joint Strategic Needs Assessment](#)

[Annual Report for Adult Social Care in Devon for 2021](#)

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[Delayed Hospital Handovers: Impact assessment of patient harm](#) (Association of Ambulance Chief Executives, 2021)

[What the latest data tells us about ambulance handover delays](#) (Plewes J. 2022)