

Agenda Supplement – Items 6 and 7**Health Overview and Scrutiny Committee**
Monday, 9 May 2022, 10.00 am,**Membership**

Worcestershire County Council Cllr Brandon Clayton (Chairman), Cllr Salman Akbar, Cllr David Chambers, Cllr Lynn Denham, Cllr Adrian Kriss, Cllr Natalie McVey, Cllr Jo Monk, Cllr Chris Rogers and Cllr Kit Taylor

District Councils Cllr Sue Baxter, Bromsgrove District Council
Cllr Mike Chalk, Redditch District Council
Cllr Calne Edginton-White, Wyre Forest District Council
Cllr John Gallagher, Malvern Hills District Council
Cllr Frances Smith, Wychavon District Council (Vice Chairman)

Agenda Supplement

Item No	Subject	Page No
6	Progress Update against Recommendations from the Scrutiny Task Group Report on Ambulance Hospital Handover Delays	1 - 12
7	Patient Flow	13 - 22

Agenda produced and published by the Assistant Director for Legal and Governance (Monitoring Officer) Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965,email: scrutiny@worcestershire.gov.uk

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE

9 MAY 2022

PROGRESS UPDATE AGAINST RECOMMENDATIONS FROM THE SCRUTINY TASK GROUP REPORT ON AMBULANCE HOSPITAL HANDOVER DELAYS

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested a progress report on the recommendations made in the Scrutiny Task Group Report on Ambulance Hospital Handover Delays.
2. Evidence was gathered in November 2021 by a Task Group of HOSC Members and 9 recommendations were made. At its 9 March 2022 meeting, the HOSC approved the Scrutiny Task Group Report and briefly heard from contributing health and social care organisations.
3. Representatives from Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG), West Midlands Ambulance Service University NHS Foundation Trust (WMAS), Worcestershire Acute Hospitals NHS Trust (WAHT), Herefordshire and Worcestershire Health and Care Trust (HWHCT) and Worcestershire County Council (the Council) have been invited to attend the meeting to update the HOSC on progress made since November 2021.

Update on Recommendations

4. Following the previous discussion at the 9 March meeting of the HOSC about the Report on Ambulance Hospital Handover Delays, and also the frequent assessments by regional and national leads related to urgent care and flow, the system has recently developed an Improvement Plan (Appendix 1).
5. The update below is a system response to the recommendations made by the Task Group.

Recommendation 1 – Discharge of Medically Fit Patients by 10am

6. The system continues to focus on earlier discharges and has recently taken a different tactic, with an incident approach and a rapid improvement methodology commencing on 25 April 2022. The focus is on identifying early / golden discharges (those patients who are discharged before 10am) from the previous day and learning / correcting at pace the blocks to early discharge.

Recommendation 2 – Extra Resources to Facilitate Patient Discharge

7. The system has identified a number of additional roles to support discharge.

Training these additional roles is in progress and an implementation date is being agreed for early June. These roles are predominately administrative roles aimed at improving the coordination of discharge activity.

Recommendation 3 – Signposting to appropriate Services from the Emergency Department Front Door

8. The following actions have been achieved so far:

- Paediatric, gynaecology, medical and Same Day Emergency Care (SDEC) all operate as a streaming model from Emergency Department, with medical and surgical operating a pull model, which entails relevant divisions pro-actively identifying patients for their speciality and pulling patients from the Emergency Department.
- Worcester SDEC is now up and running and are set to accept ambulatory trauma in May. Directory of Service (DoS) leads meet weekly with SDEC teams to develop direct pathways. NHS 111 direct pathways in medical SDEC have been piloted.
- Worcestershire Acute Hospitals NHS Trust is looking to implement the re-direction tool at both Emergency Departments to stream directly from the front door
- To avoid Emergency Department altogether, system partners are working to increase activity in Minor Injury Units (MIUs), Urgent Community Response (UCR), and SDEC through DoS reviews, stakeholder collaboration and service development meetings, as well as improved communication between providers and with patients about the services available.
- Workforce remains a challenge and the trust continue recruitment campaigns

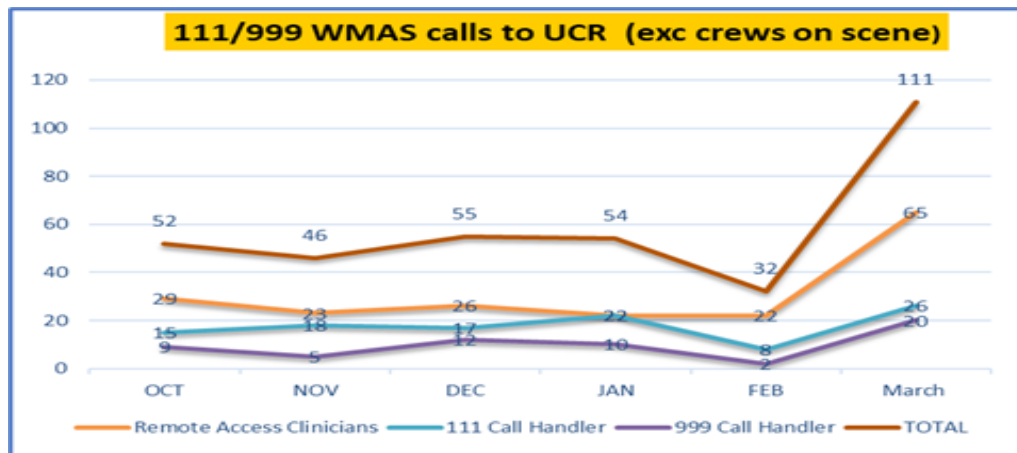
Recommendation 4 – Patient Assessments

9. The system has a well-established discharge-to-assess process which ensures all comprehensive assessments are undertaken outside of the hospital to determine ongoing needs. This is demonstrated by the positive length of stay metrics of Worcestershire Acute Hospitals NHS Trust.

Recommendation 5 – Monitoring the Impact of the 2 Hour Community Response Service on Ambulance Handovers

10. The following actions have been achieved so far:

- Urgent Community Response (UCR) activity in Worcestershire has increased significantly in recent months, particularly for West Midlands Ambulance Service referrals (which more than doubled in March to 111 in total). This is illustrated in the chart below.



- DoS leads continue to meet with the UCR teams weekly to discuss opportunities and rejections. There has been communications sent to West Midlands Ambulance Service colleagues around catheter and end of life care referrals to UCR.
- Progressing the implementation of e-referral system for NHS 111 call handlers is in place for West Midlands Ambulance Service to the Worcestershire UCR to increase efficiency of referrals
- Working towards an operating model for integrated frailty in Worcestershire including a focus on improving capacity and flow post-UCR response.
- Review and further development of the medical oversight within UCR (e.g. Virtual GP) to ensure effective use of the medical workforce thus reducing ED reliance.

Recommendation 6 – Monitoring the fragility of the Care Sector workforce

11. The fragility of the care sector workforce remains as a concern which HOSC has identified as a priority for Scrutiny at its June 2022 meeting. It is worth noting that there are limits as to what can be monitored regarding the external market as the employers are independent and as a total employ around 16,000 people however, when specific, local issues arise, actions plan are put into place to try and mitigate this.

12. In 2020, the Adult Care and Wellbeing Overview and Scrutiny Panel (the Adult Panel) carried out a Scrutiny to look at Care Work as a Career. Following this Scrutiny, regular updates on the progress against the recommendations from this work have been provided to the Adult Panel. The most recent update was in September 2021.

Recommendation 7 – Continuous learning from best practice and what is working elsewhere

13. The system has utilised the expertise of the Regional Urgent Care Improvement Team on frequent occasions with onsite visits and feedback reports which have influenced the local Improvement Plan. Visits to other areas have been undertaken but have been limited during the COVID-19 period

Recommendation 8 – Healthwatch Worcestershire work on Urgent Care and the ED

14. The following actions have been achieved so far:

- There is a comprehensive communications plan to ensure consistent and accurate information is available to the public for ED alternative services, particularly Minor Injury Units (MIUs)
- Tenbury MIU has re-opened
- The CCG is working with providers to ensure patient and referrer pathways are as efficient as possible to conserve resources across the system.

Recommendation 9 – Education awareness relating to the night-time economy

15. Communication leads from NHS, councils, public health and partners work closely together at both system and local county level. Public messaging about responsible use of drink continue to be key messages as part of local campaigns. It is being explored how best to amplify some messages with the Police and district councils through the West Mercia Local Resilience Forum (LRF) Communications Cell.

Purpose of the Meeting

16. The HOSC is asked to consider and comment on the information provided and agree:

- whether any further information or scrutiny is required at this time
- arrangements and frequency of future monitoring
- whether there are any comments to highlight to the relevant Health Partners or the Council's relevant Cabinet Member with Responsibility.

Supporting Information

Appendix 1 – Improvement Plan

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

Agenda and Minutes of the Health Overview and Scrutiny Committee on 9 March 2022, 18 October 2021, 27 June 2019, 14 March 2018 and 11 January 2017

[All agendas and minutes are available on the Council's website here.](#)

Worcestershire

Improvement Plan

**In response to Omicron and sustained
ambulance delays**

Approach

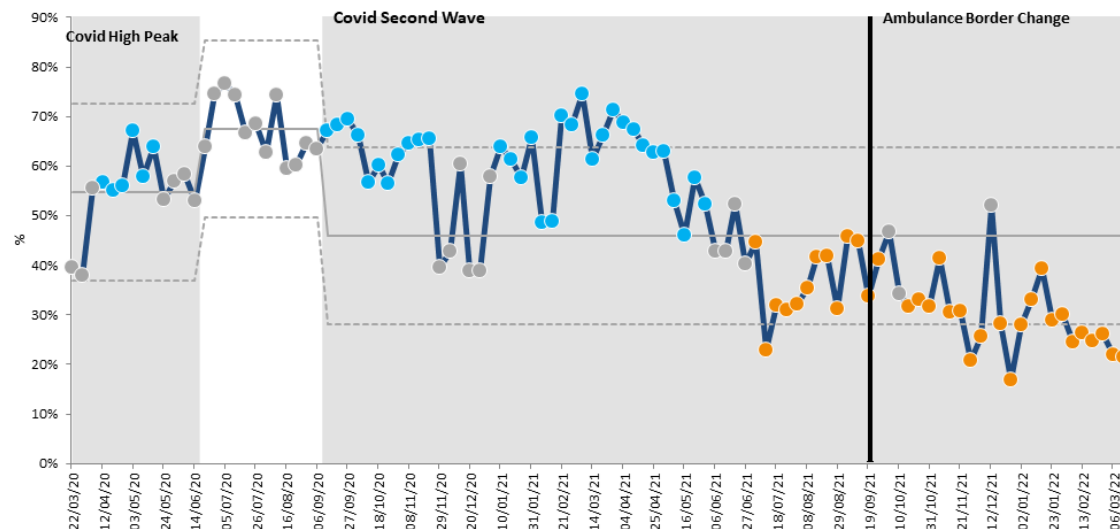
- A detailed SILVER plan is in place, managed daily across the system – led by Winter Executive
- Taken actions from all “home first” work streams plus further system risk based actions agreed with regulators aiming to deliver actions at pace/take corrective actions when required
- Assessed by region as an robust/appropriate plan
- Focusing on delivery
- Many actions delivered, largely related to increasing capacity in the pathways and to support COVID requirements
- Slides outline current focus on actions that require implementation/ require maturing

Action	Outcome to date
Further develop and mature discharge cells on both acute sites. <i>(Discharge Cells are meetings attended by senior health and social care colleagues with a focus on reducing delayed discharges)</i>	<ul style="list-style-type: none"> Impact seen on reduction in time between Medically fit and actual discharge, also emphasis on “home first”. Plans now to mature discharge cell to focus on early in the day discharge and criteria led discharge
System to identify up to 8 ward-based discharge support workers on WRH site only to enhance speed of actions required to further reduce time between MFFD and actual discharge and earlier in day discharge on acute medical and trauma wards	<ul style="list-style-type: none"> System partners asked to scope ability to support Training package requires development and resource requirements agreed 8-12 individuals expressed an interest – redirected from vaccination programme – funding being agreed with acute trust
Urgent assessment of acute bed capacity required on WRH site to determine if an increase in beds would reduce delays	<ul style="list-style-type: none"> Modelling undertaken, Current bed deficit ranges from 35 – 42. CCG / Acute colleagues to work through implications of this / solutions
Implement capacity for COVID/non-COVID virtual wards <i>(Virtual wards are when patients are discharged home or to usual place of residence, but patients remain under care of consultant for a period of time)</i>	<ul style="list-style-type: none"> Capacity in place and Standard Operating Policy agreed and rolled out. Currently No patients on ward. Clinical audit undertaken – awaiting results to come to SILVER
To reinforce front door streaming in place across Trust each day <i>(Front door streaming promotes a rapid assessment of patients attending Emergency Departments and onward direction to appropriate service and thereby reducing patient delays)</i>	<ul style="list-style-type: none"> Only able to undertake periodically due to staffing Positive impact noted when in place PDSA process undertaken, awaiting feedback to SILVER, initial feedback included findings re diversion to 2 hour response and acceptance by assessment units requiring improvement
Development of COHORT Area <i>(A cohort area means a safe place within the hospital for patients to be handover off from the Ambulance Service to the Acute Trust and thereby reducing handover delays)</i>	<ul style="list-style-type: none"> Clinical model and pathways being finalised. Implementation plan aiming for 27/3/22

Action	Outcome to date
Designated COVID care home beds	<ul style="list-style-type: none">Funding ceases at end of March – need to determine requirements in new financial year
Relocate Discharge Lounge	<ul style="list-style-type: none">Will progress in line with ambulance cohort development and when COVID numbers decrease.
Full Roll out of Criteria Led Discharges <i>(Criteria Led Discharge is when plans are formulated for when patients can be discharged – which are enacted by Nursing staff without the need for further consultant review – and thereby reducing discharge delays)</i>	<ul style="list-style-type: none">Process in place and reinforced regularly. Needs to be matured to see delivered in practice and achieve outcomes
Increase levels of pre midday discharge	<ul style="list-style-type: none">Aligned to action related to 8 support workers and implementation of criteria led discharge
Enhancing PW1 capacity & implementing PW1 wrap around care <i>(Pathway 1 and Pathway1 Wrap around both support the discharge home of patients with some in-home support provided)</i>	<ul style="list-style-type: none">In last 2 months significant improvement in pathway 1 flow across the system, Ongoing monitoring in place for sustainability and procurement of element of ongoing service managed through DRG.Wrap around care commenced 14/03
Opening of a further ward	<ul style="list-style-type: none">Harvington ward confirmed to be utilised to end of April (15 additional beds).

Ambulance Handovers % < 15 mins: w/e 3rd April 2022

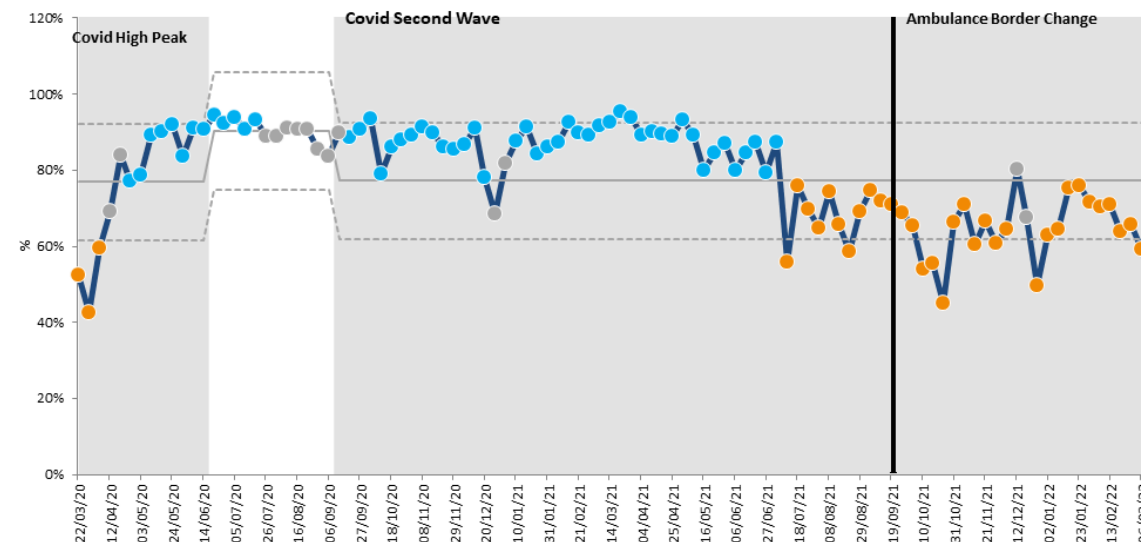
% of Ambulance Handovers < 15 minutes Worcestershire Royal Hospital



Special Cause Concern

Special Cause Concern

% of Ambulance Handovers < 15 minutes Alexandra Hospital

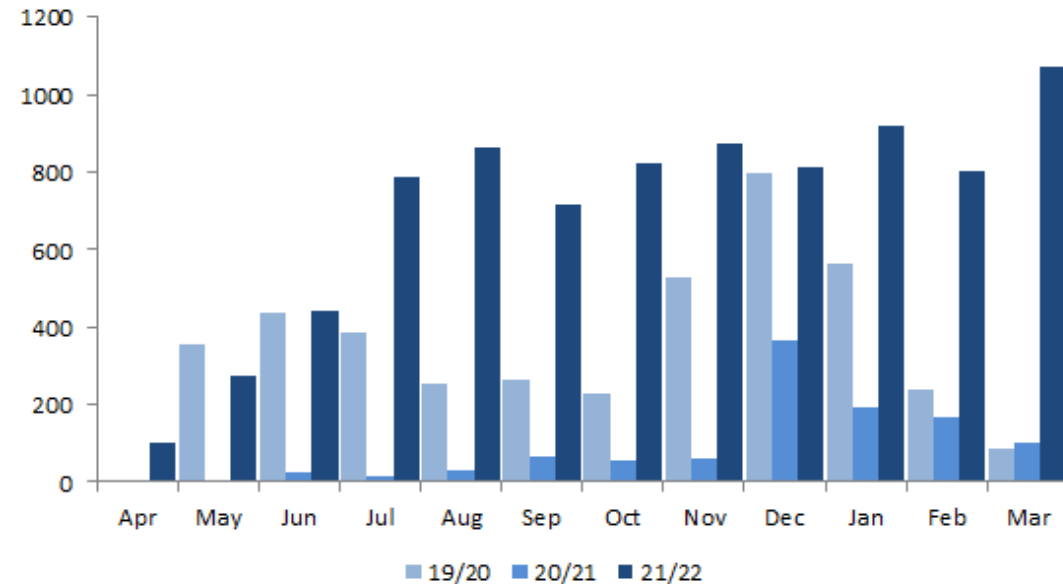


Data taken directly from WMAS Extranet site

Ambulance > 60 min Handovers : Latest data 6th April 2022

Over 1 hour breaches

Month	WRH	AGH	Total
Apr-19	0	0	0
May-19	225	129	354
Jun-19	314	124	438
Jul-19	257	129	386
Aug-19	168	84	252
Sep-19	197	67	264
Oct-19	115	113	228
Nov-19	415	113	528
Dec-19	513	284	797
Jan-20	449	117	566
Feb-20	190	49	239
Mar-20	73	15	88
Apr-20	2	0	2
May-20	3	0	3
Jun-20	25	0	25
Jul-20	12	1	13
Aug-20	27	1	28
Sep-20	66	1	67
Oct-20	52	6	58
Nov-20	60	3	63
Dec-20	352	13	365
Jan-21	158	34	192
Feb-21	167	3	170
Mar-21	96	4	100
Apr-21	99	2	101
May-21	255	18	273
Jun-21	406	38	444
Jul-21	692	97	789
Aug-21	718	144	862
Sep-21	603	112	715
Oct-21	658	165	823
Nov-21	691	181	872
Dec-21	706	105	811
Jan-22	791	130	921
Feb-22	753	51	804
Mar-22	876	198	1074
Apr-22	181	43	224



Data taken directly from WMAS
Extranet site

Ambulance Delays: WRH March 2022

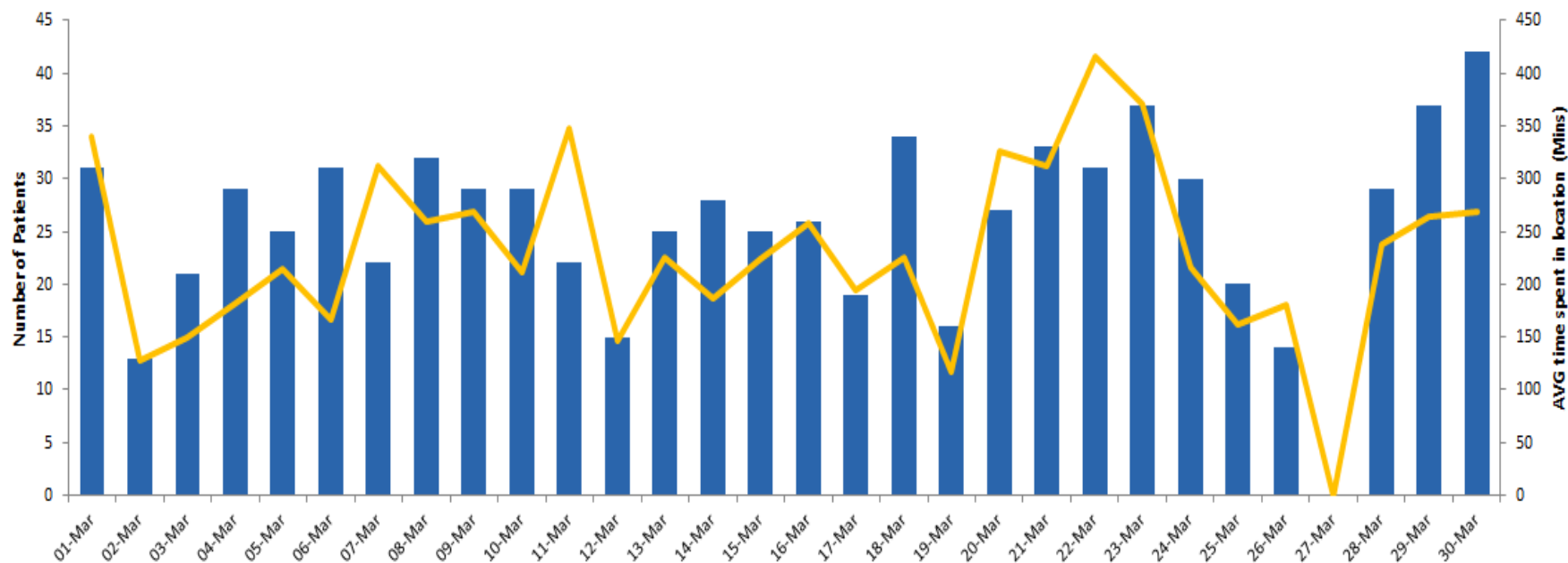
Ambulance delays can we tell how long ambulances have been outside the hospital with patients

The information below looks at how long patients at WRH are recorded in the Location *"At ED on WMAS vehicle"* showing the AVG time spent in this Location for **those patients that spent over 1 hour in the location**. The first table shows AVG time per month for this cohort while the graph shows March 2022 by day against the number of pts recorded in that location who spent over 1 hour in there.

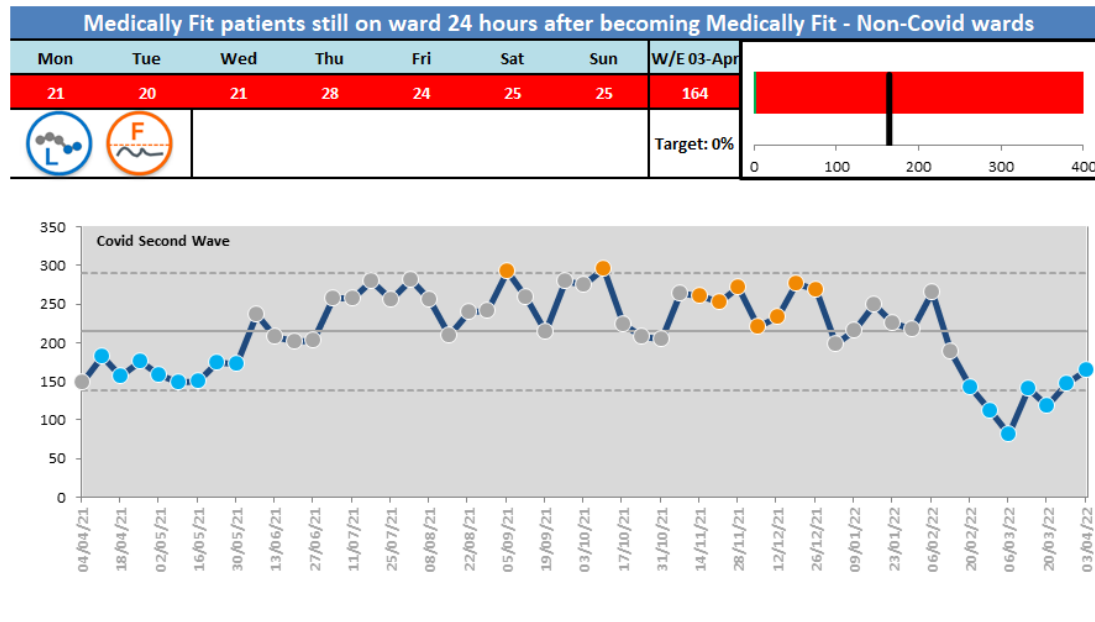
Not all ambulance arrivals will be recorded in this location.

Month	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
AVG time	74	73	98	104	99	142	132	113	121	121	103	114	153	170	149	164	183	212	222	200	250

Number of Patients recorded in location of at ED on WMAS vehicle vs the AVG time spent in that location :
March 2022

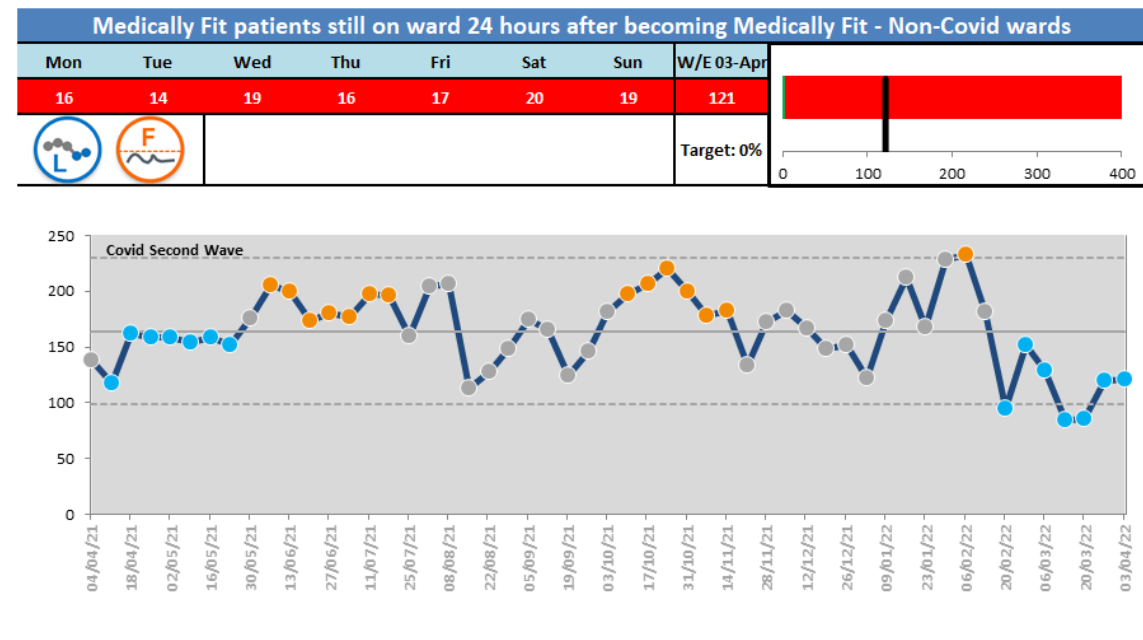


Still on Non COVID ward 24 hours after becoming Medically Fit - w/e 3rd April 2022



WRH Special Cause Improvement

AGH Special Cause Improvement



HEALTH OVERVIEW AND SCRUTINY COMMITTEE

9 MAY 2022

PATIENT FLOW

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested a Report on Patient Flow following the November 2021 Scrutiny Task Group on Ambulance Hospital Handover Delays. In particular, the Committee is keen to have more understanding around the current challenges in relation to patient flow and the actions being taken to address these.
2. In healthcare, patient flow is the movement of patients as well as information or equipment between departments, staff groups or organisations as part of their care.
3. A representative from NHS Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) has been invited to attend the meeting.

Challenges

4. The current challenges related to patient flow and the impact on ambulance handover delays remain. System partners are working together to reduce the risk and impact on the core services, but also to support patients in the community to access urgent care.

Patients who are Medically Fit for Discharge (MFD)

5. The main challenge relates to the number and profile of daily discharges across the two acute sites. This covers the range of simple discharges (where the patient can be discharged as soon as medically fit without any ongoing health or social care services), or via complex pathways (where health or social care services are required under discharge to assess principles).
6. Whilst the system performs very well in terms of 'length of stay' (currently the lowest in the region for length of stay in hospital over seven days), patient discharges are happening late in the day leading to pressure within the Emergency Departments and subsequently some ambulance delays.
7. The COVID-19 impact remains prevalent and impacts on the ability to easily discharge patients due to infection risks.
8. Capacity, in the form of beds and assessment spaces, requires enhancing on the Worcestershire Royal Hospital site, and a plan to develop a larger medical assessment unit and extra beds to support the Emergency Department will be in place in the next couple of months.

Same Day Emergency Care

9. Another significant challenge is the need to mature and develop the range of same day emergency care that diverts patients away from the Emergency Departments into assessment areas.

System approach

10. The system has recently reviewed its approach to the urgent care and patient flow system and has agreed to undertake a rapid improvement programme (called the Rapid Improvement Cell). Appendix 1 sets out the function and approach of the programme, which continues to develop and is being communicated across the entire system at all levels.

11. The impact on the workforce of the last few years has been significant and the Integrated Care System (ICS) People Board is taking a range of actions aiming to maintain the well-being of the workforce throughout this period.

Purpose of the Meeting

12. The HOSC is asked to consider and comment on the information provided and agree:

- whether any further information or scrutiny is required at this time
- whether there are any comments to highlight to the relevant Health Partners or the Council's relevant Cabinet Member with Responsibility.

Supporting Information

- Appendix 1 – Rapid Improvement Cell

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers Tel: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

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Worcestershire Royal Hospital (WRH) Incident Room

Function and approach

Function of incident room/what is the mandate?

- To outside agencies a single point of contact with one telephone access point for escalation and to drive action - 01905 733353
- To the system, a coordination function for rapid improvement of key Urgent and Emergency Care (UEC) improvement requirements over the next 8 weeks using a 'plan do study act' (PDSA) approach
- A mandate on a daily basis holding the system to account for elements of improvement already identified in the UEC system plan
- A single point of information and intelligence
 - data requirements – Patient First, Patient tracker, SHREWD and WREN, COHO bed availability and pathway 1 availability
- 7 days a week – 8am – 6pm until 17/6/22 - Out of Hours support is via normal on call arrangements

Function of incident room/what is the mandate?

- Incident room and WRH on site hub integration, adding capacity and one way of working to drive improvements across the system (daily rhythm aligned to first priority on slide 6)
- In addition to 6 visible core members in the IC room –the incident room approach requires a senior acute medical lead/senior operational lead/ acute divisional matron lead on a daily basis and out of hospital leads to support integrated working
- An executive lead will be available daily on a rota for escalation and oversight
- The incident room requires BI Analyst support to function and PDSA (plan, do study, act, improvement work
- Comms support/Comms plan will be developed by Worcestershire Acute Hospitals Trust on behalf of the system

Overall outcomes for the IC Room

- To increase discharges before 3pm
- Reduced ED delays, with a target of a reduction in 12-Hour waits to 0.
- Reduced ambulance handover delays
- Each Ward will understand their discharge performance
- Golden discharge planning is normalised
- Pull from the ED will achieve required targets per hour

IC Room Priorities

- Change the culture of flow and discharge planning to embed long term change
- Clarify roles and responsibilities of all staff across the Trust/system
- Rapid PDSA cycles “Themed weeks”:
 - Weeks 1: GOLDEN discharges
 - Week 2: moving to a PULL model from ED and bed management processes
 - Week 3&4: Discharge Production Board
 - Weeks 5&6: Criteria Led Discharge
 - Week 7&8: Evaluation and Learning
 - Following weeks to be focussed on streaming to alternate pathways direct or from ED

Suggested Daily Rhythm IC Room WRH site only from 25/4

- 8.30am – Bed meetings – confirmation of GOLDEN discharges going in next hour
 - 9.30-11.00am – Discharge cells – focussing on simple discharges/Golden discharges for tomorrow, pathway discharge planning and use of COVID virtual ward providing immediate information and due diligence to capacity hub to support flow/bed management
 - 12.30pm – Bed meeting
 - 13.00pm – Silver Call 1
 - 5.30pm – Bed meetings – confirmation of GOLDEN discharges for tomorrow by latest/ and challenge of why patient cant go today
 - 16.30pm - Bed meetings – confirmation all actions delivered for GOLDEN discharges
-
- Local Rhythm of the Day to be generated to include:
 - Am/pm Safety Huddle
 - Board Round
 - Ward Round

Golden Discharge Priority Actions from 25/4

General Expectations

- Each ward area will identify a minimum of ONE Golden Discharge patient each day
- The Divisional actions may be completed by Ops, Nursing, Medical or A&C staff, as deemed appropriate for the specific action
- Golden Discharge patients should be discharged by 10:00am
- Golden Discharge patients should be discharged, where appropriate, from the Discharge Lounge
- Daily process for GOLDEN discharges agreed on next slide from 25/4
- If not followed incident room will ensure escalation immediately

08:30	The DISCHARGE LOUNGE will pull the identified Golden Discharge patients by 08:30 each morning
08:30	The CAPACITY TEAM will allocate the ward bed by 08:30
08:30	The WARD TEAM will update the white board as soon as the patient leaves the ward and will PULL the identified new patient into the bed
08:30 to 10:30	The WARD ROUND will identify a confirmed Golden Discharge patient(s) who is suitable for discharge by 10:00am the following day
10:30	<p>The Golden Discharge patient will be advised that they are the Golden patient, and what this means to them and the actions the ward will be taking, i.e. patient will have an early wash, will be dressed and ready for discharge by 10:00am the following day.</p> <p>This will be a documented conversation in the NURSING notes. A GOLD STAR will be placed behind the back of the patients bed for visual awareness.</p>
10:30 to 13:00	The WARD TEAM will complete the EDS, TTO's and book any transport that is required. TTO's will be sent to pharmacy that day, as soon as complete.
12:00	<p>Each DIVISION will provide the name of the Golden Discharge patient to the capacity hub by 12:30 every day, seven days per week, ahead of the bed meeting.</p> <p>Best practice will be that the Divisional Rep. attends the Capacity Hub to write the patient name on the white board.</p>
12:30 to 15:30	<p>If no Golden Discharge name has been provided to the Capacity Hub by the 12:30 bed meeting, this will be identified by the OPS LEAD leading the bed meeting.</p> <p>There will be an ESCALATED ACTION that requires the DIVISION to go back to the wards to check and challenge the planned next day discharges. This needs to be a senior nursing (Band 7 and above) and medical conversation.</p> <p>The DIVISION will provide a Golden Discharge name prior to the 15:30 Bed Meeting and inform the OPS LEAD for the bed meeting if there is a clinical reason as to why a patient cannot be identified.</p>
16:00	Golden Discharge patient names and ward location will be provided by the CAPACITY HUB to the Discharge Lounge in advance of pulling the patients in the morning
00:00-05:30	WARD TEAM to take any bloods required to support a Golden Discharge patient are to be taken overnight to enable results to be reviewed at the morning Board Round as a QUICK action