

## **Health Overview and Scrutiny Committee**

### **Monday, 17 October 2022, 10.00 am, County Hall, Worcester**

#### **Membership**

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

**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)  
Cllr Richard Udall, Worcester City Council

#### **Agenda Supplement**

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Agenda produced and published by the Democratic Governance and Scrutiny Manager, 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](mailto:scrutiny@worcestershire.gov.uk)

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[websitehttp://www.worcestershire.gov.uk/info/20013/councillors\\_and\\_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

Date of Issue: Friday, 7 October 2022

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

### **17 OCTOBER 2022**

## **UPDATE ON IMPROVING PATIENT FLOW AND WINTER PLANNING**

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### **Summary**

1. The Health Overview and Scrutiny Committee (HOSC) has requested a progress report on patient flow and winter planning, including how this will impact on ambulance hospital handover delays.
2. Representatives from NHS Herefordshire and Worcestershire Integrated Care Board (ICB) (which from 1 July 2022 replaced NHS Herefordshire and Worcestershire Clinical Commissioning Group), 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.

### **Background**

3. A Scrutiny Task Group looking at Ambulance hospital handover delays was carried out in November 2021 and since that time the Committee has monitored patient flow and the impact on ambulance hospital handover delays.
4. The Committee remains concerned about the situation in Worcestershire and has requested regular updates. Attached at Appendix 1 is up to date urgent and emergency care data reported previously to the Committee.

### **Introduction**

5. Every year the NHS prepares for winter pressures in urgent and emergency care, by forecasting what the likely demand will be, developing schemes to mitigate that demand and improving on its coordination of escalation during high peak periods.
6. This year, drafting of the Winter Plan is entering its final stages, bringing together the demand and capacity analysis, the national urgent and emergency care assurance requirements, and ambulance handover improvement plan (Worcestershire). The plan covers the Herefordshire and Worcestershire Integrated Care System (ICS), referencing specific local issues as appropriate.

### **Capacity and Resilience**

7. A national briefing outlined collective core objectives and actions to form part of the Winter Planning:

- Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme
- Increase capacity outside Acute Hospital Trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter
- Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999
- Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged Trusts
- Reduce crowding in Emergency Departments (ED) and target the longest waits, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services
- Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway
- Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'
- Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

8. The briefing is explicit on the role for NHS Integrated Care Boards (ICBs) as accountable for ensuring that their system providers and other partners deliver their agreed role in their local plans and work together effectively for the benefit of the populations they serve.

9. Alongside the briefing, a new NHS England assurance framework has been published, requiring monthly updates by the ICB on progress to mobilise winter plan schemes and to continue with the urgent and emergency care improvements. This will be overseen by the ICS Urgent and Emergency Care and Community Services Programme Board, starting from this month.

### **Ambulance Handover Plan**

10. As one of the most challenged systems nationally for ambulance handover delays over 60 minutes, partners across Worcestershire have engaged in the development of a plan to eradicate the delays. In line with the NHS England assurance framework, this plan has been reviewed and developed further to cover September 2022 to March 2023, with all its agreed actions embedded into the overall Winter Plan.

### **Demand and Capacity 2022/23**

11. The demand and capacity analysis considers demographic growth, seasonal conditions, e.g. flu and operational pathway information, e.g. ring-fencing of elective care beds.

12. For Worcestershire, the analysis shows that before the winter schemes and best practice urgent care improvements are implemented there is a shortfall of 45 beds

required to effectively manage urgent care pressures. Work is almost finalised to analyse the impact of the winter schemes and improvement programmes to determine the capacity status for winter.

13. The full analysis and any mitigation will be considered by the ICS Urgent and Emergency Care and Community Services Programme Board.

## Winter Schemes

14. Resources for the winter schemes have been announced. For the Herefordshire and Worcestershire system, a winter plan allocation has been identified. The total resource is divided into three ring-fenced elements (virtual wards, extra capacity and ambulance handover improvement). ICS partners have identified schemes likely to address winter pressures with immediate mobilisation, rather than urgent and emergency care transformation schemes that may require longer lead-in time before benefit realisation, again with the aim of addressing the bed deficits evident to date over the winter.

15. The process has commenced to implement the schemes that support the ring-fenced elements, with the ICB overseeing delivery and achievement of the outcomes in line with the seven schemes identified below:

Scheme	Lead	Start	Detail
Accelerated flow and discharge	WAHT	1/11	Additional pharmacy capacity, Emergency Department transfer teams, discharge coordinators, Stroke Rapid Artificial Intelligence; Long Length of Stay Matron, Intravenous (IV) Therapy at home additional capacity
Additional Capacity	WAHT	Live	New AMU Open, Post ED Ready to Proceed Unit Open, New Pathway Discharge Unit Open (options appraisal underway to determine best use of capacity)
Handover Delays	WAHT	1/10	Adoption of North Bristol Push Model, cohort area, front door streaming
Out of Hospital Alternatives	HWHCT	1/11	Extended hours at MIUs and Urgent Community Response in-reach, extra surge capacity open during the winter in community hospitals
Escalation beds	Wye Valley Trust	1/9	Additional acute bedded capacity to support ambulance diverts to Hereford (Herefordshire)
Virtual wards	WVT/ HWHCT	1/11	Delivery of care at home, using remote care

## North Bristol / 'Push Model' implementation

16. This way of working, originally developed at the North Bristol NHS Trust and since used in a number of other hospitals, was implemented in September by the Acute Trust. The model was initially introduced on the Worcestershire Royal site only, to support the wider work going on to reduce ambulance handover delays, ease pressure on the Emergency Department (ED) and improve patient flow.

17. The model requires a minimum number of transfers of patients in each 24-hour period from the ED to the hospital's medical and surgical assessment units and from those assessment units to the hospital's base wards. These ward transfers need to be balanced by at least an equivalent number of discharges - either simple (Pathway 0) discharges or discharges on a defined pathway of care, with all transfers and discharges managed in the safest, most timely way possible.

18. While the model has delivered some improvements, further work is being done by WAHT and system partners to ensure that it is fully embedded at Worcestershire Royal, with plans also being discussed on how to introduce it at the Alexandra Hospital as well.

## **Risk**

19. Ambulance handover delays, long waits in Emergency Departments while waiting to be admitted and challenging discharge performance is impacting on the system. Recognising that winter pressures is likely to compound this further results in a high-risk winter plan with significant challenges to improve patient experience and patient outcomes, enhance hospital flow and improve working conditions for staff.

20. The high-level risks are:

- Workforce – Ability to attract additional roles required for the schemes and the current workforce position and resilience
- Market availability – care home responsiveness to the demand for additional nursing beds
- Integration – incorporation of the schemes into the existing urgent and emergency care service model requires staff awareness of the available schemes.

21. Due to the significance of the risk across the system, partners in Worcestershire are undertaking a risk-based, integrated assessment that will identify the risk sharing required and align to the mitigation in the winter plan.

## **Governance**

22. The winter plan is expected to go to the ICS Urgent and Emergency Programme Board for system-wide agreement. During October, the plan will then be presented at Worcestershire Executive Committee and to ICB Strategic Commissioning Committee for sign-off. A winter plan key performance metrics dashboard has been developed to support the monitoring of the impact of the plan. Each partner has been asked to ensure that operational policies and escalation protocols have been reviewed and updated.

## **Purpose of the Meeting**

23. The HOSC is asked to:

- Consider and comment on the information provided
- Determine future scrutiny needs.

## **Supporting Information**

Appendix 1 – Urgent and Emergency Care data pack

### **Contact Points**

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Email: [scrutiny@worcestershire.gov.uk](mailto:scrutiny@worcestershire.gov.uk)

Chris Cashmore, Urgent Care Lead (NHS Herefordshire and Worcestershire)  
Email: [christopher.cashmore@nhs.net](mailto:christopher.cashmore@nhs.net)

### **Background Papers**

In the opinion of the Proper Officer (in this case, the Democratic Governance and Scrutiny Manager) 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 8 July, 9 May and 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.](#)

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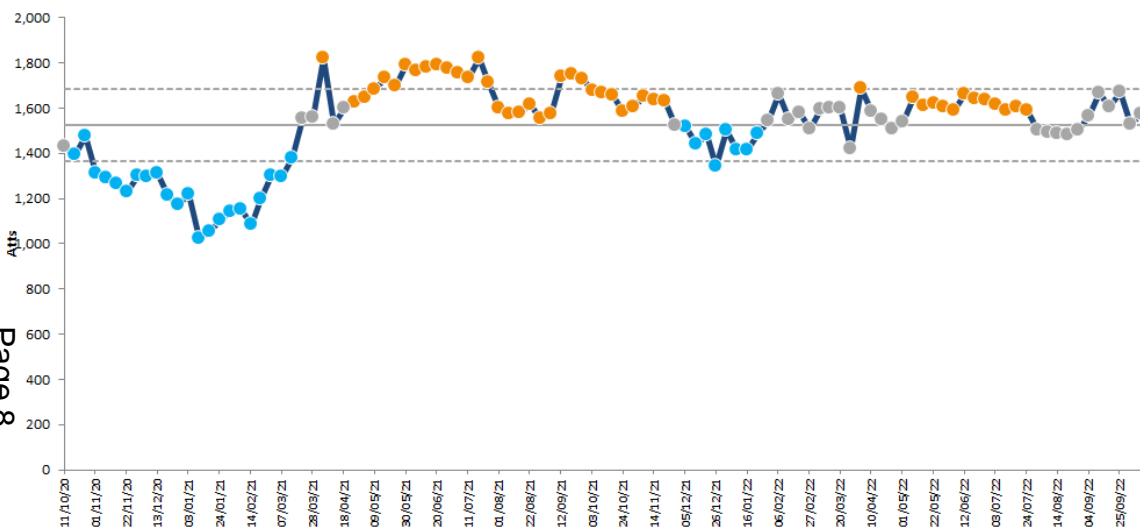


# **Worcestershire Health Overview and Scrutiny Committee**

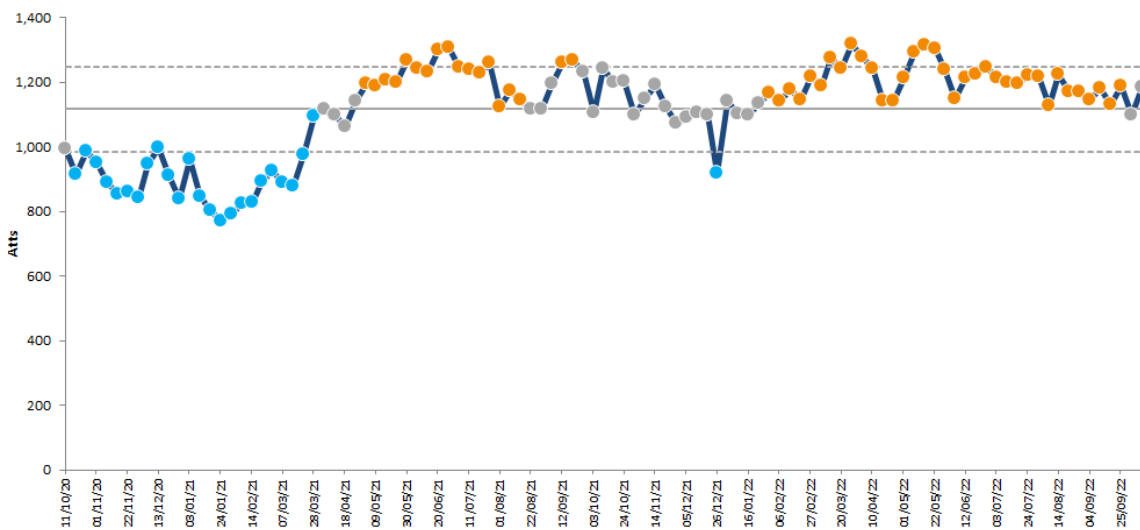
17 October 2022

# All A&E Atts by site: w/e 9<sup>th</sup> October 2022

A&E Attendances Worcestershire Royal Hospital

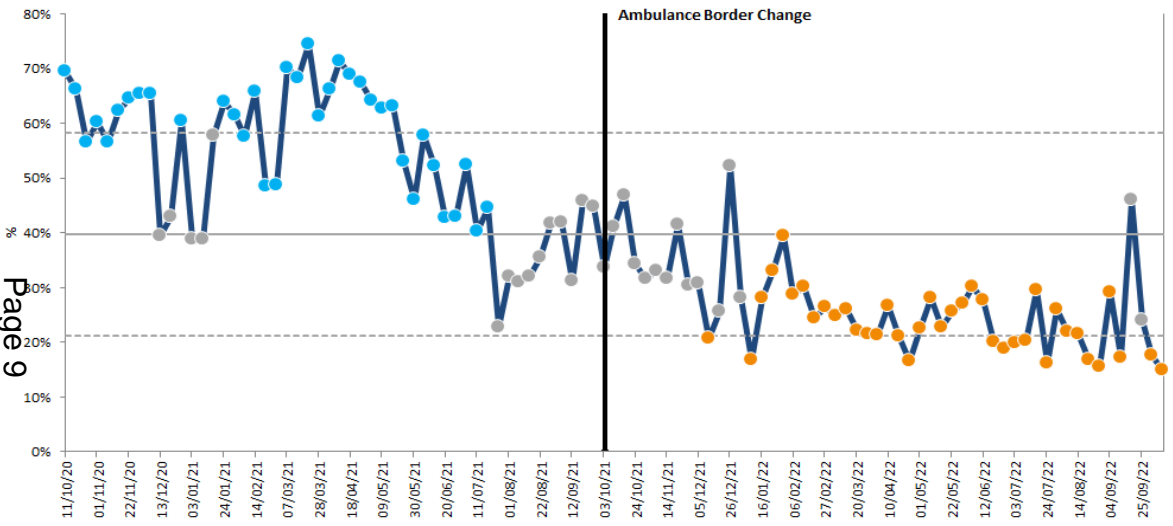


A&E Attendances Alexandra Hospital

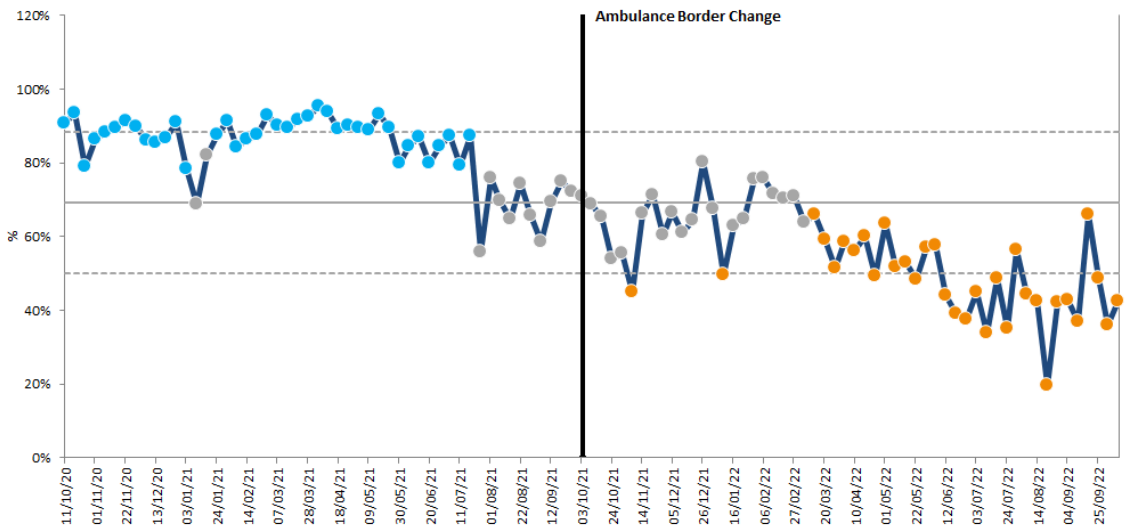


# Ambulance Handovers % <15 mins: w/e 9<sup>th</sup> October 2022

% of Ambulance Handovers < 15 minutes Worcestershire Royal Hospital

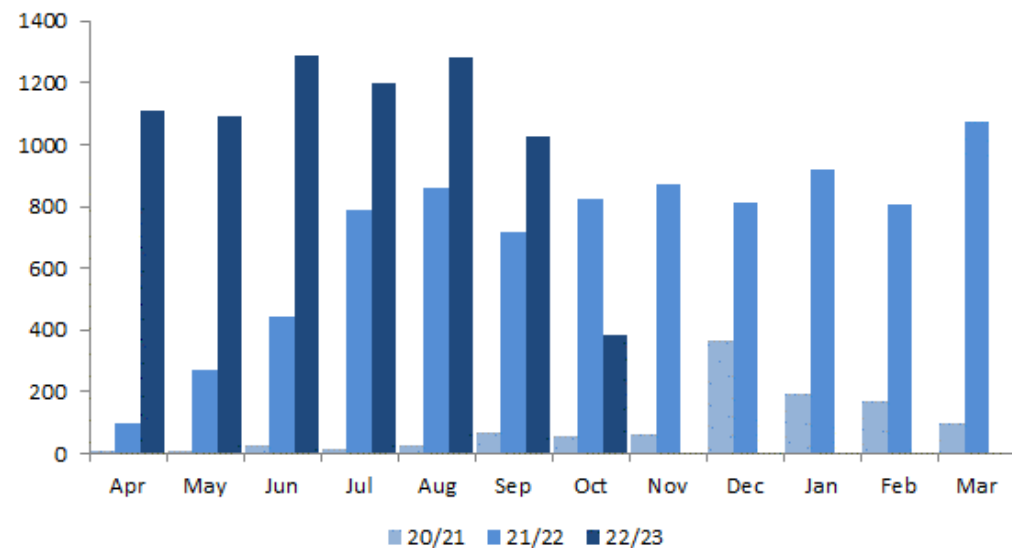


% of Ambulance Handovers < 15 minutes Alexandra Hospital



# Ambulance > 60 min Handovers: latest data 9<sup>th</sup> October 2022

Month	WRH	AGH	Total
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	904	204	1108
May-22	854	240	1094
Jun-22	928	360	1288
Jul-22	903	299	1202
Aug-22	930	351	1281
Sep-22	760	265	1025
Oct-22	283	98	381



# Ambulance Delays: WRH September 2022

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

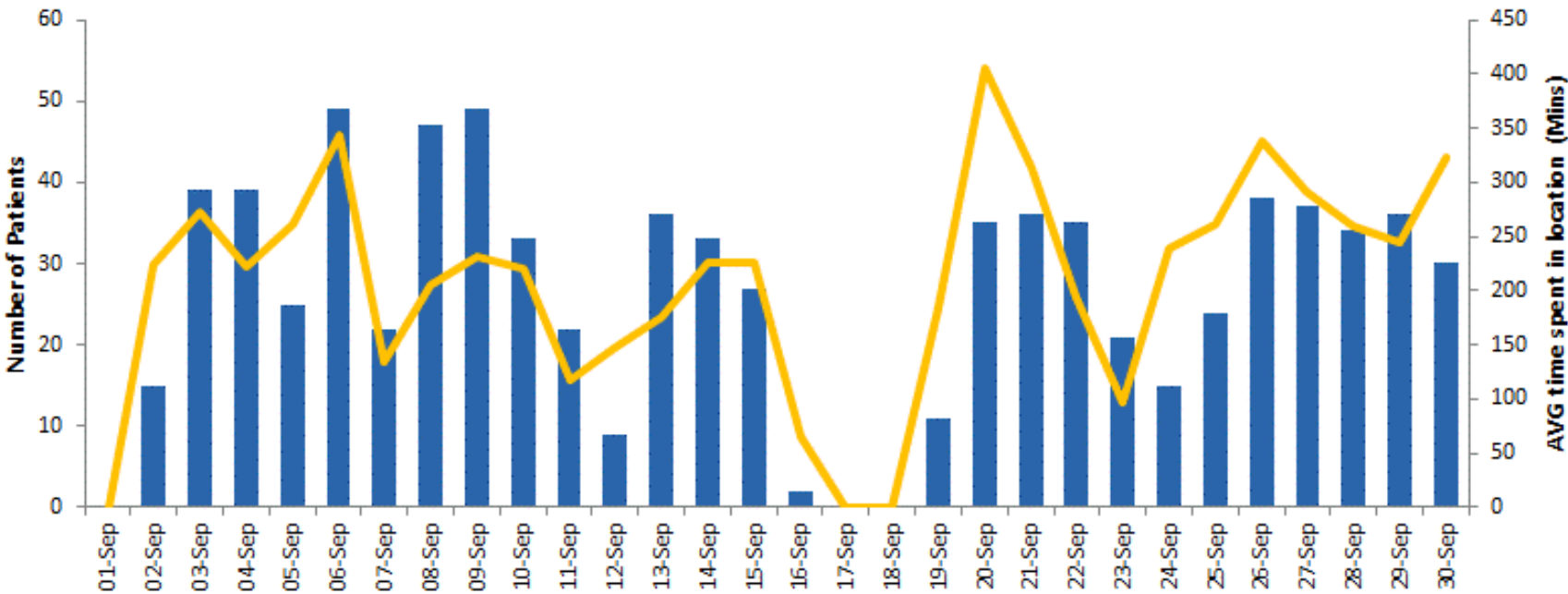
The information below looks at how long patients at WRH are recorded in the Location "At ED on WMAS vehicle" showing the AVG time spent in this Location for those patients that spent over 1 hour in the location. The first table shows AVG time per month for this cohort while the graph shows May 2022 by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

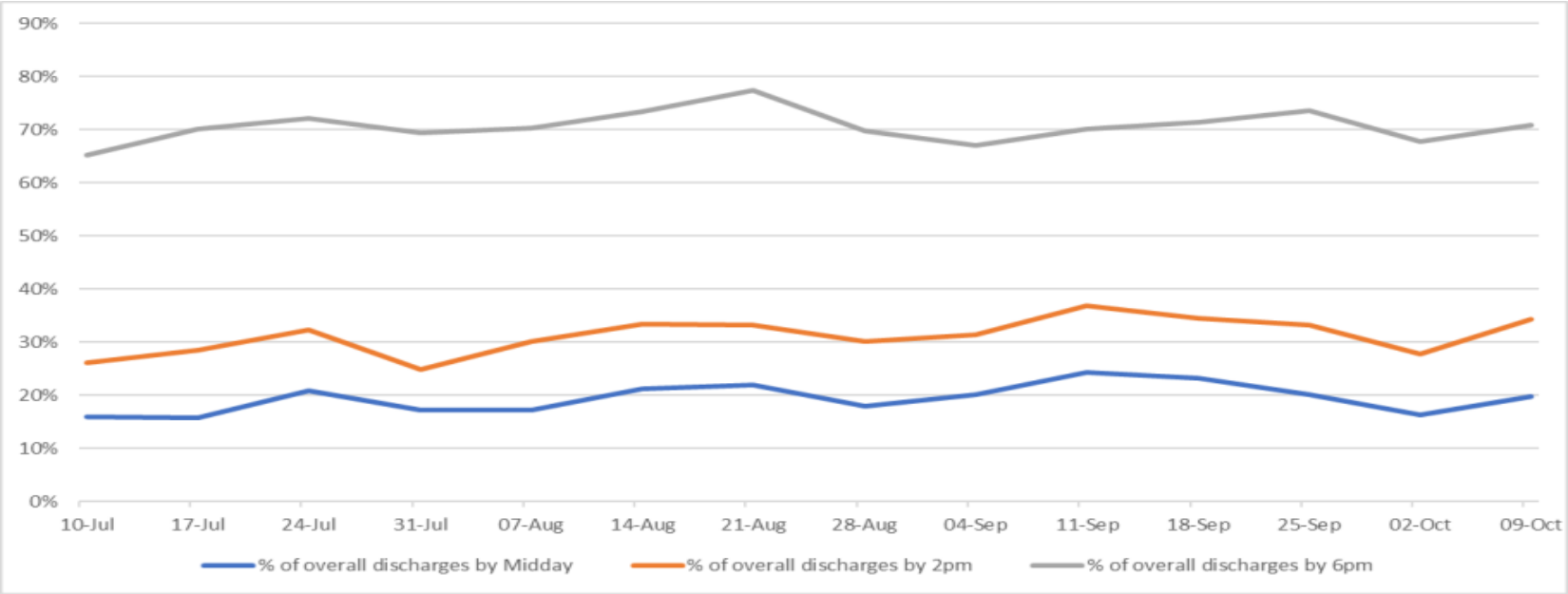
Month	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
AVG time	114	153	170	149	164	183	212	222	200	250	276	268	285	271	253	248

Number of Patients recorded in location of at ED on WMAS vehicle > 60 mins vs the  
AVG time spent in that location:

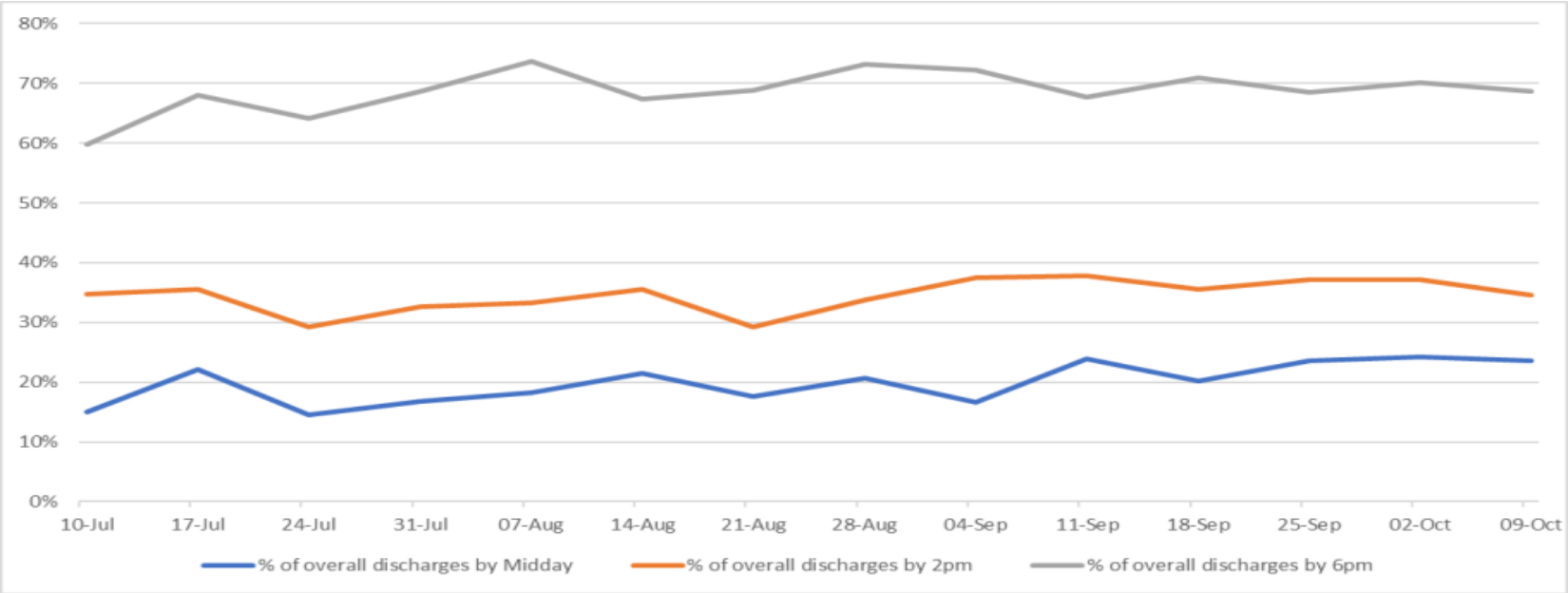
Sep 2022



**Time of Day  
Discharge (%)  
WRH Site**

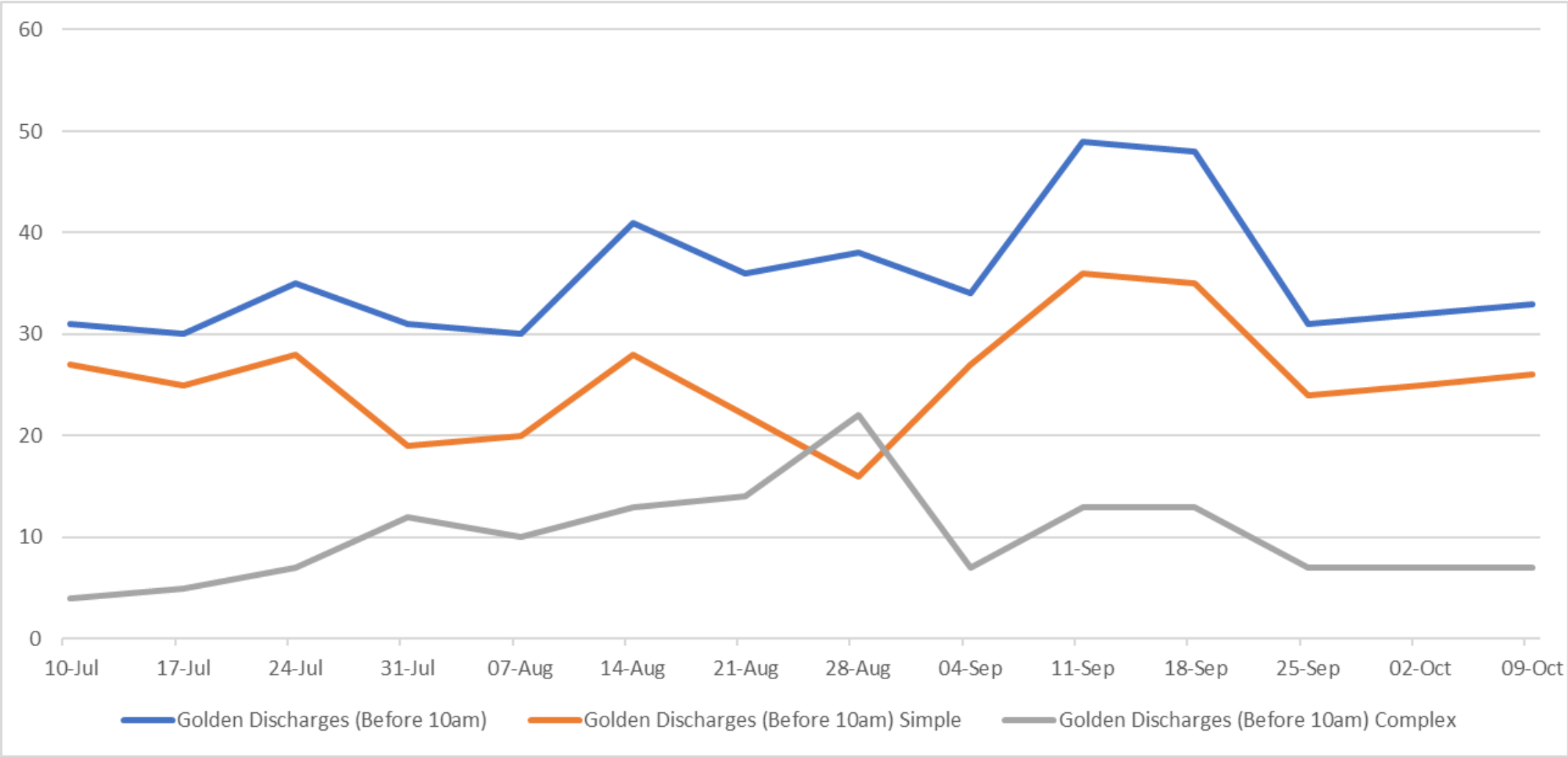


**Time of Day  
Discharge (%)  
Royal Alexandra**

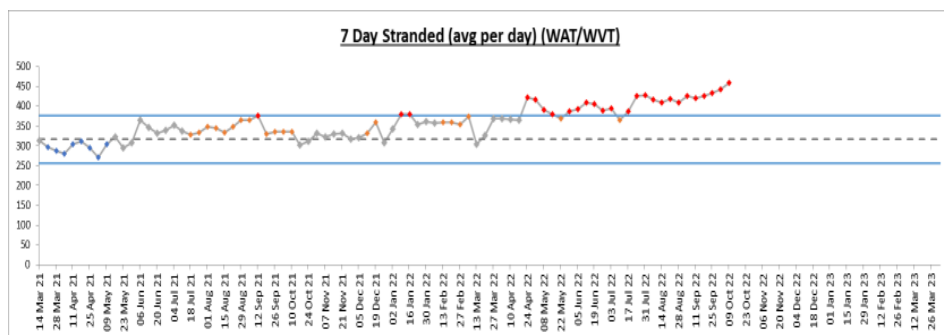
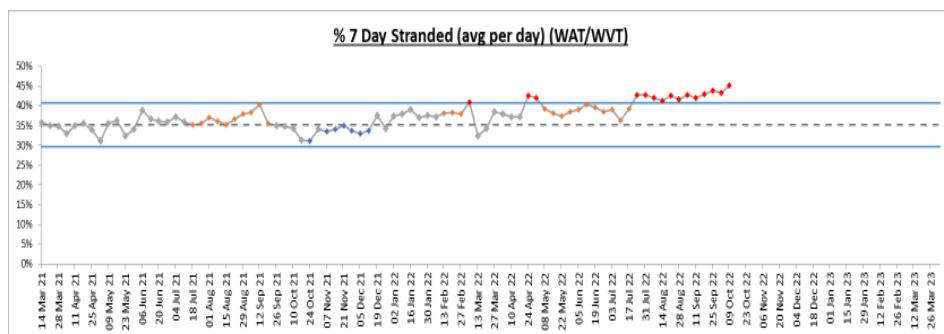


# Golden discharges – WRH site

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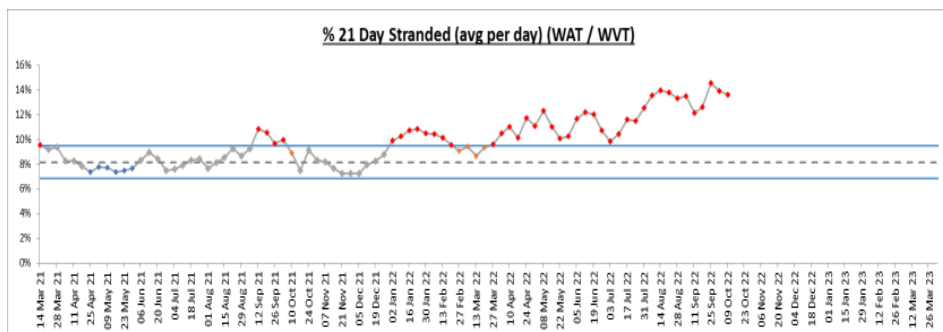
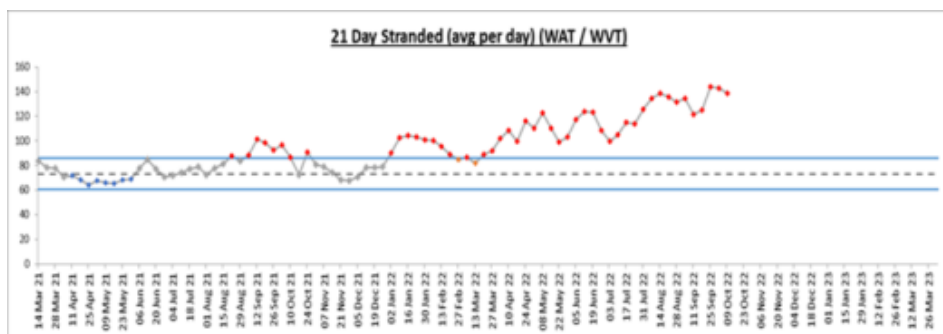
# Acute Trusts – daily stranded patients 7 days



Trust Name	7+ LoS occupancy %
South Warwickshire NHS Foundation Trust	35.94%
University Hospitals of Derby and Burton NHS Foundation Trust	43.16%
University Hospitals of Leicester NHS Trust	43.60%
Worcestershire Acute Hospitals NHS Trust	43.89%
The Royal Wolverhampton NHS Trust	46.77%
United Lincolnshire Hospitals NHS Trust	46.97%
University Hospitals Coventry and Warwickshire NHS Trust	47.34%
Walsall Healthcare NHS Trust	47.42%
Kettering General Hospital NHS Foundation Trust	48.42%
Wye Valley NHS Trust	48.56%
The Shrewsbury and Telford Hospital NHS Trust	49.26%
The Dudley Group NHS Foundation Trust	50.25%
Chesterfield Royal Hospital NHS Foundation Trust	50.52%
University Hospitals of North Midlands NHS Trust	51.89%
University Hospitals Birmingham NHS Foundation Trust	51.95%
Nottingham University Hospitals NHS Trust	51.97%
Sherwood Forest Hospitals NHS Foundation Trust	54.28%
Northampton General Hospital NHS Trust	62.20%
Sandwell and West Birmingham Hospitals NHS Trust	63.77%
George Eliot Hospital NHS Trust	67.94%
Midlands	48.99%



# Acute Trust – daily stranded patients 21 days



Trust Name	21+ LoS occupancy %
South Warwickshire NHS Foundation Trust	10.95%
Worcestershire Acute Hospitals NHS Trust	12.15%
University Hospitals of Leicester NHS Trust	13.70%
University Hospitals of Derby and Burton NHS Foundation Trust	14.95%
The Shrewsbury and Telford Hospital NHS Trust	15.13%
United Lincolnshire Hospitals NHS Trust	15.47%
The Royal Wolverhampton NHS Trust	16.07%
Walsall Healthcare NHS Trust	16.43%
Chesterfield Royal Hospital NHS Foundation Trust	17.02%
Wye Valley NHS Trust	17.41%
University Hospitals Coventry and Warwickshire NHS Trust	17.92%
The Dudley Group NHS Foundation Trust	18.25%
University Hospitals of North Midlands NHS Trust	18.28%
Kettering General Hospital NHS Foundation Trust	18.55%
University Hospitals Birmingham NHS Foundation Trust	18.69%
Sherwood Forest Hospitals NHS Foundation Trust	21.77%
Nottingham University Hospitals NHS Trust	22.26%
Sandwell and West Birmingham Hospitals NHS Trust	23.33%
George Eliot Hospital NHS Trust	25.75%
Northampton General Hospital NHS Trust	31.34%
Midlands	17.77%

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