

**Health Overview and Scrutiny Committee**  
**Thursday, 1 December 2022, 10.00 am, Worcestershire Royal**  
**Hospital (Charles Hastings Education Centre), Charles**  
**Hastings Way, Worcester WR5 1DD**

**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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Date of Issue: Friday, 25 November 2022

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## **HEALTH OVERVIEW AND SCRUTINY COMMITTEE 1 DECEMBER 2022**

### **UPDATE ON IMPROVING PATIENT FLOW**

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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 the 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 this meeting.

#### **Background**

3. A Scrutiny Task Group looking at Ambulance 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. Appendix 1 provides an update on 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. To re-cap, 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 4,800 for the 111 service and 2,500 for the 999 service.
  - 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.
  - Ensure processes exist to prevent any ambulance having to wait longer than three hours to handover.
  - 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 need.
8. The national 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 / Urgent and Emergency Care (UEC) Urgent Actions**

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 to March 2023, with all its agreed actions embedded into the overall Winter Plan.

11. In November 2022, the Worcestershire system agreed specific urgent actions within UEC to increase the speed of recovery and to realise the benefits of significant investment over the previous 12 months.

12. These areas of focus are:

a) **New capacity** – Successfully mobilise and open the first floor of the new Emergency Department (ED) building. This will maintain the extra Medical Assessment Unit (MAU) bed capacity and triples the capacity of Same Day Emergency Care (SDEC). As part of opening this new facility the current empty space will be turned into a minimum 29 bedded multi-speciality surgical assessment area. The first floor of the ED building will open by the end of December 2022, with the new ED opening in May 2023.

**Current Position** – The ICB Winter Director is supporting colleagues with the production of robust implementation plans covering set out above. NHS England has also offered to support the opening and transition arrangements, ensuring it is in line with best practice and the benefits are fully realised. There is a Workshop arranged for staff for the 1 December to agree and plan the Implementation Strategy.

b) **Front door streaming** – To finalise and implement a new front door streaming model and Standard Operating Procedure (SOP). This needs to include streaming to the new expanded assessment areas and direct admission rights for the ED consultants to these areas. Alongside this the SOP needs to include direct GP referral access through a single point of access to the new assessment units and to SDEC. WMAS also needs the ability to directly access SDEC. This will remove approximately 30% from the daily ED activity.

**Current Position:** As set out above, there is currently 8 hours per day cover for consultant lead front door streaming, with the aim of increasing cover subject to workforce challenges. There will be further refinement following the SDEC workshop on 1 December.

c) **Discharge** – Establish a command-and-control approach for discharge activity, with oversight by the ICB Urgent and Emergency Care Lead but owned by the Worcestershire Acute Hospitals NHS Trust and supported by system colleagues. The vast majority of this action will deliver much improved levels and consistency of simple discharges and early in the day discharge. Also to conclude the review of the Onward Care Team and the steps in the process for referring to complex discharge pathways to make it as lean and as quick as possible.

**Current Position** – The Discharge Command Hub was operational from 28 November.

d) **North Bristol Trust Model**– Undertake a review of the consistent implementation of the bed management processes in the hospital and the push from ED to Wards. This needs to be consistent across 7 days a week and be supported by improved focus on bed management across the Trust.

**Current Position:** Implementation has been reviewed. Challenges exist due to 1) boarding of patients 2) lack of assessment area space/utilisation. Linked to review of new capacity and SDEC / Front

Door streaming. Improvements in these areas will benefit the ability to successfully deliver against the NBT Model.

13. In October 2022, the Worcestershire system experienced 1,429 ambulance handover delays longer than one-hour, this is a 32% increase on the previous month, this deterioration in performance is a key driver for strengthening oversight and governance in the areas mentioned above.

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

14. 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.
15. For Worcestershire, the initial analysis (subject to further discussions during week commencing 28 November shows that subject to successful implementation of the Winter Schemes there is a balanced bed position. It is important however to quantify this against daily challenges within UEC. Some of these challenges can be overcome through delivery against the 'UEC urgent actions' as described above.
16. The full analysis and any mitigation will be considered by the ICS Urgent and Emergency Care and Community Services Programme Board.

### **Winter schemes**

17. 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.
18. 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:

<b>Scheme</b>	<b>Lead</b>	<b>Start</b>	<b>Detail</b>
Accelerated flow and discharge	WAHT	Live	Additional pharmacy capacity, Emergency Department transfer teams, discharge coordinators, Stroke Rapid Artificial Intelligence; Long Length of Stay (LLOS) Matron, Intravenous (IV) Therapy at home additional capacity  <b>November 22 Update:</b>

			<ul style="list-style-type: none"> <li>• LLOS Matron's recruited. Discharge Coordinators in place.</li> <li>• Additional pharmacy hours in situ.</li> <li>• Other posts in recruitment phase.</li> </ul> <p><b>The impact of all posts associated with improving flow will be monitored via the Discharge Command Hub.</b></p>
Additional Capacity	WAHT	Live	<p>New AMU Open, New Pathway Discharge Unit Open</p> <p><b>November 22 Update:</b></p> <ul style="list-style-type: none"> <li>• New SDEC floor opening during December. Impact and monitoring will be via the outcomes of the SDEC workshop on 1/12</li> </ul>
Handover Delays	WAHT	Live	<p>Adoption of North Bristol Trust (NBT) Push Model, cohort area, front door streaming</p> <p><b>November 22 Update:</b></p> <ul style="list-style-type: none"> <li>• NBT model in place</li> <li>• Front Door Streaming in place</li> </ul> <p><b>Additional UEC urgent actions designed to ensure best practice delivered across all above initiatives</b></p>
Out of Hospital Alternatives	HWHCT	Live	<p>Extended hours at Minor Injury Units (MIUs) and Urgent Community Response in-reach, extra surge capacity open during the winter in community hospitals</p> <p><b>November 22 Update:</b></p> <ul style="list-style-type: none"> <li>• MIU additional hours extended until March 23</li> <li>• Additional 6 community beds open, taking total to 251</li> <li>• Daily in-reach into outstanding ambulance calls via the UCR in place. Currently reducing ambulance demand by circa 7 cases per day</li> </ul>
Escalation beds	Wye Valley Trust (WVT)	Live	<p>Additional acute bedded capacity to support ambulance diverts to Hereford (Herefordshire)</p> <p><b>November 22 Update:</b></p>

			<ul style="list-style-type: none"> <li>Operational for Winter 22/23</li> </ul>
Virtual wards	WVT/HW HCT	1/11	<p>Delivery of care at home, using remote care</p> <p><b>November 22 Update:</b></p> <ul style="list-style-type: none"> <li>Plans being formalised to ensure operational for Winter 22/23</li> </ul>

19. In addition to usual winter pressures, cost of living pressures this winter may cause even more people to experience a deterioration in their health, with forecasts suggesting more people needing health and care services and support. A system-wide response is needed to this, and Worcestershire County Council is taking the following preventive actions to help people keep well this winter, including:

- a) Preventive activities to delay the impact of ongoing needs to improve quality of life, reduce the impact of needs at the earliest possible stage, and prevent needs and issues before they happen. Resources such as the 'Reablement Team', 'Here2Help' and 'Neighbourhood teams' are actively working to this delay, reduce and prevent model.
- b) Continued support to facilitate complex discharges from hospital through effective use of the intermediate care service and the onward care team.
- c) Here2Help community support service will deliver e.g., food parcels to individuals needing support as well as those who are socially isolated being linked with local resources. This is part of a broader preventative offer that forms part of the front door into adult social care, which is being developed into a long-term service to support residents with early support, advice, and information, using a variety of methods, to promote independence.

20. Worcestershire Here2Help website also provides a repository of different resources to help people through this winter:  
<https://www.worcestershire.gov.uk/here2help>. Help and advice is available for issues such as food and supplies, money worries, keeping warm and warm spaces.

### North Bristol / 'Push Model' Post implementation

21. While the model has delivered some improvements, further work is being done by the Trust 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.
22. The UEC urgent actions are designed to ensure this model is operating in-line with best practice. The additional SDEC capacity will be a further aide to improving effectiveness of this model.



## **Governance**

23. The winter plan is expected to go to the ICS Urgent and Emergency Programme Board for system-wide agreement. During November/December, the plan will then be presented at Worcestershire Executive Committee and to ICB Strategic Commissioning Committee for sign-off.
24. 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**

25. The HOSC is asked to:

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

## **Supporting Papers**

Appendix 1 - Urgent and Emergency Care Data Pack

## **Contact Point**

Chris Cashmore, Urgent Care Lead (NHS Herefordshire and Worcestershire),  
[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 17 October, 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**

November 2022

# Home First Aims: Reduce Over 60 Minute Handovers

## Latest Month (October 2022)

- ❖ Worcestershire Royal Hospital (WRH): **958 Over 60 minute** handovers in October 2022. An increase of **+198** from the previous month
- ❖ The Alex: **422 Over 60 minute** Handovers in October 2022. An increase of **+157** from the previous month

Chart 1: Weekly >60 min Handovers: WRH

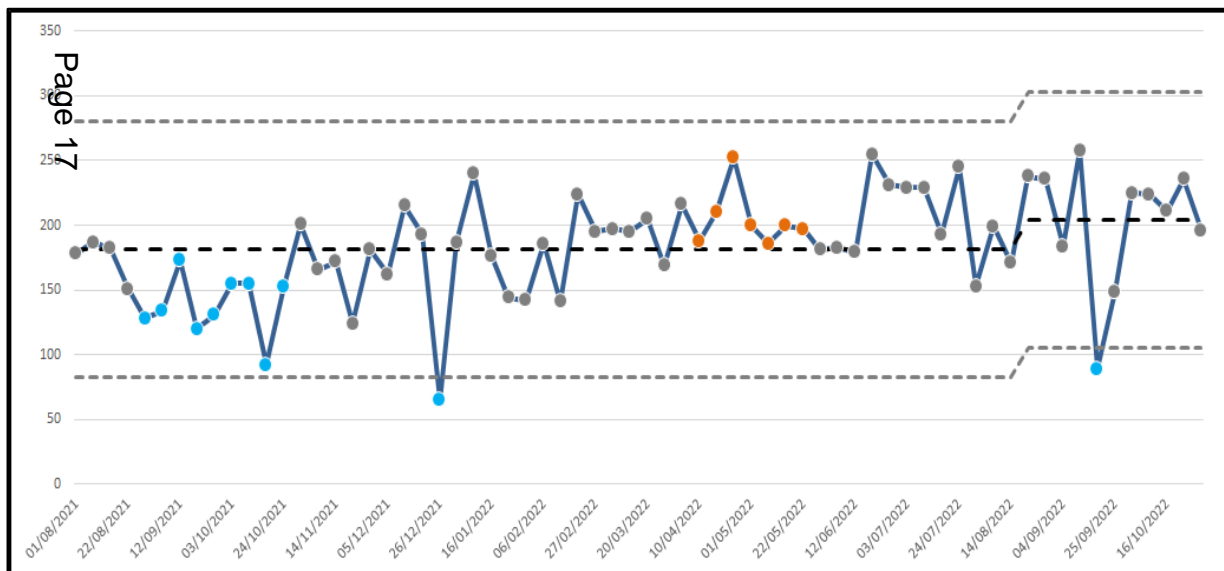
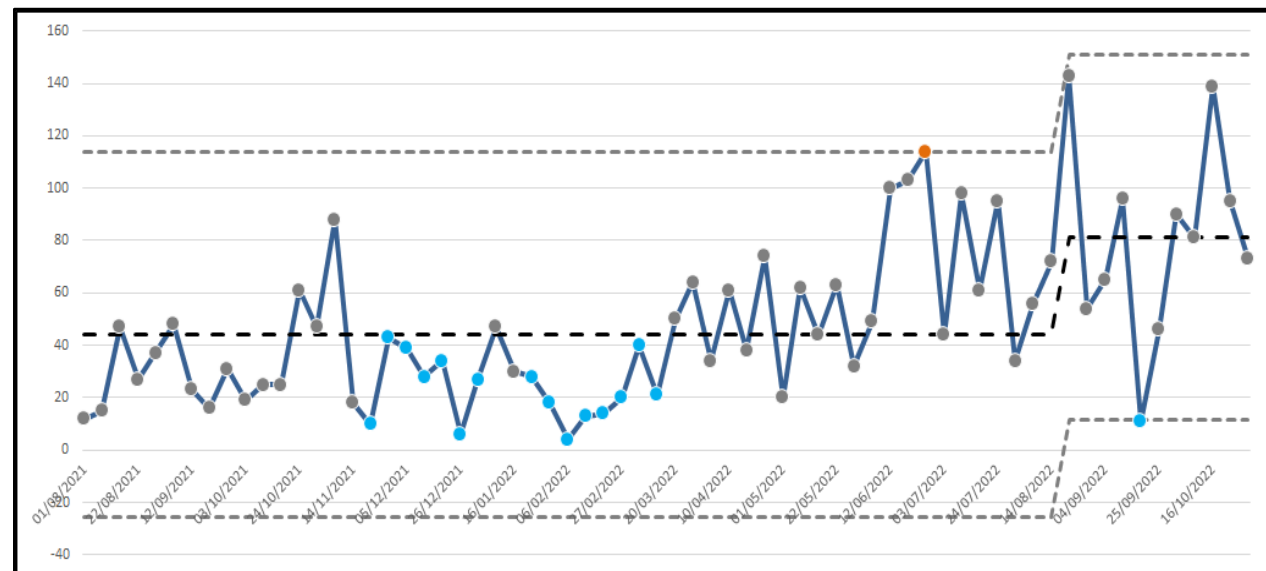


Chart 2: Weekly >60 min Handovers: AGH

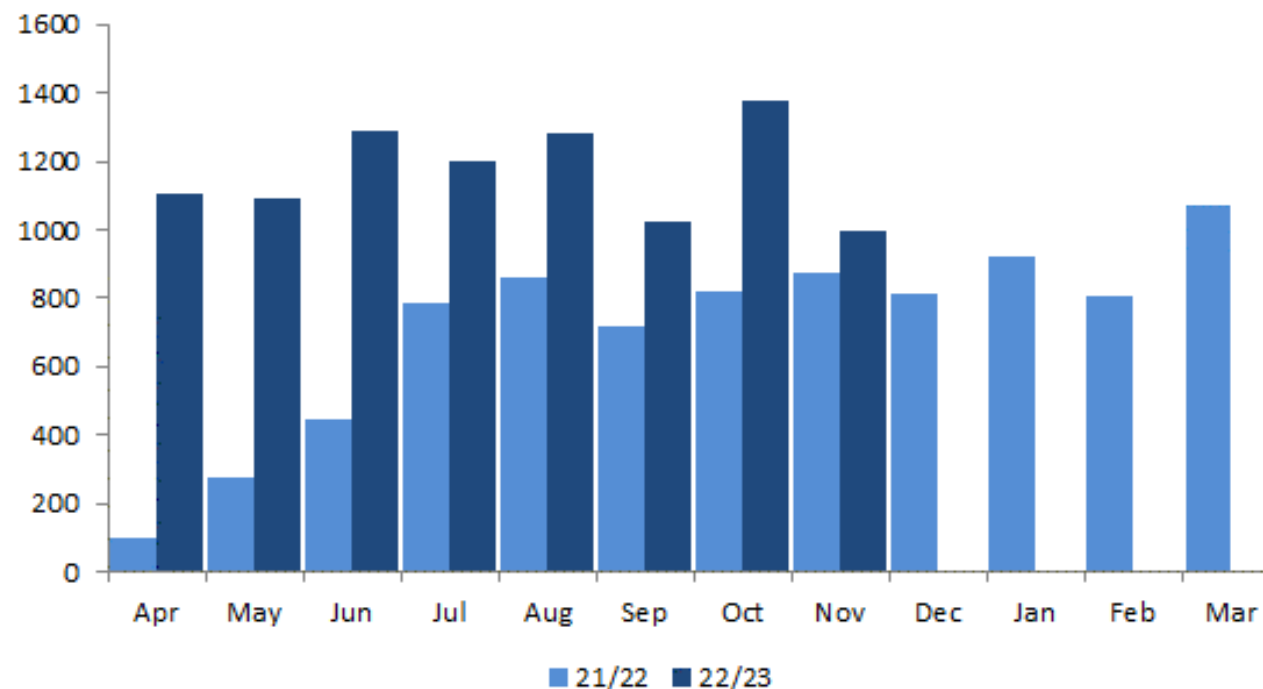


\*Date is up until the w/e 30<sup>th</sup> October 2022\*

# Home First Aims: Reduce Over 60 Minute Handovers

- ❖ Table below shows the monthly number of >60 minutes ambulance Handovers
- ❖ Data is up to and including the 23<sup>rd</sup> November 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	958	422	1380
Nov-22	713	286	999



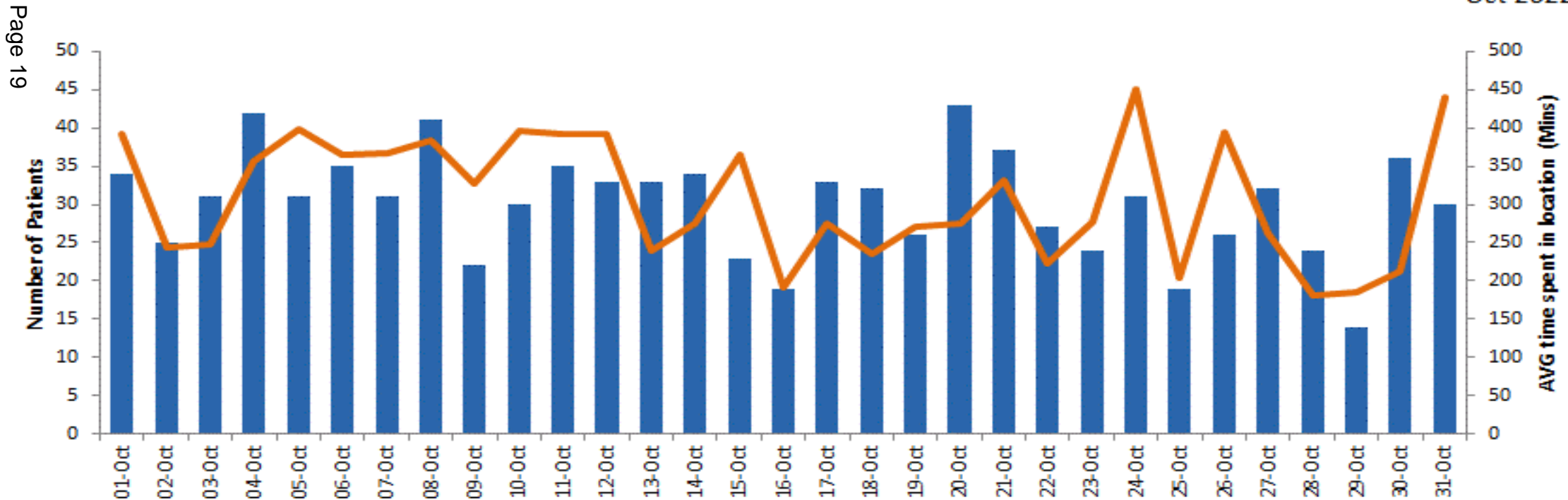
# Home First Aims: Reduce Over 60 Minute Handovers

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 **October 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	Oct-22
AVG time	114	153	170	149	164	183	212	222	200	250	276	268	285	271	253	248	315

**Number of Patients** recorded in location of at **ED on WMAS vehicle > 60 mins** vs the **AVG time** spent in that location:  
Oct 2022



# Urgent Emergency Care (UEC) Metrics Bundle: Introduction

- ❖ Clinically led review and consultation carried out on UEC metrics
- ❖ New intention to measure what is both important to both the public and clinically meaningful.
- ❖ Metrics developed and refined with clinicians and patient representatives and tested at 14 pilot sites.
- ❖ There is a desire to move away from both the 4 hour EAS and the 12 hour DTA target, each of which, only focussed on part of the patient care journey.
- ❖ Emphasis that these are just NOT A&E metrics but ones that cover the whole UEC system.
- ❖ There have recently been a number of virtual conferences for the region pushing the use of the new Clinical standards.
- ❖ The measures are outlined below

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Service	Measure
	Response times for Ambulances
Pre Hospital	Reducing avoidable trips (conveyances Rates) to ED by 999 Ambulance
	Proportion of contacts via NHS 111 that receive clinical input
	Percentage of Ambulances Handovers within 15 minutes
A&E	Time to initial Assessment - percentage within 15 minutes
	Average (mean) time in Department - Non Admitted Patients
Hospital	Average (mean) time in Department - Admitted Patients
	Clinically ready to proceed - % within 60 minutes CRTP to departure
Whole System	Patients spending more than 12 hours in A&E from Arrival
	Critical time standards

# UEC Metrics Bundle: Worcestershire Royal: October 2022

19.3%

↓  
28.0%

Percentage of Ambulance Handovers  
within 15 Minutes

58.3%

↓  
62.7%

Time to Initial Assessment - % within  
15 minutes (All)

316

↑  
305

Average (mean) time in Dept for Non  
Admitted Patients

979

↑  
741

Average (mean) time in Dept for  
Admitted Patients

510

↑  
421

AVG time CRTP to Departure (Adm  
Patients)

39.3%

↑  
29.8%

CRTP to Departure % < 60 mins (Adm  
Pts)

1,417

↑  
1322

Patients spending > 12 hours in Dept  
(arrival to Departure)


20.5%

↑  
19.0%


% of Patients spending > 12 hours in  
Dept (arrival to Departure)



# UEC Metrics Bundle: The Alexandra: October 2022

36.9%   
47.0%

Percentage of Ambulance Handovers  
within 15 Minutes

59.1%   
59.1%

Time to Initial Assessment - % within  
15 minutes (All)

293   
275


Average (mean) time in Dept for Non  
Admitted Patients

612   
560

Average (mean) time in Dept for  
Admitted Patients

271   
278


AVG time CRTP to Departure (Adm  
Patients)

29.9%   
30.1%

CRTP to Departure % < 60 mins (Adm  
Pts)

530   
377

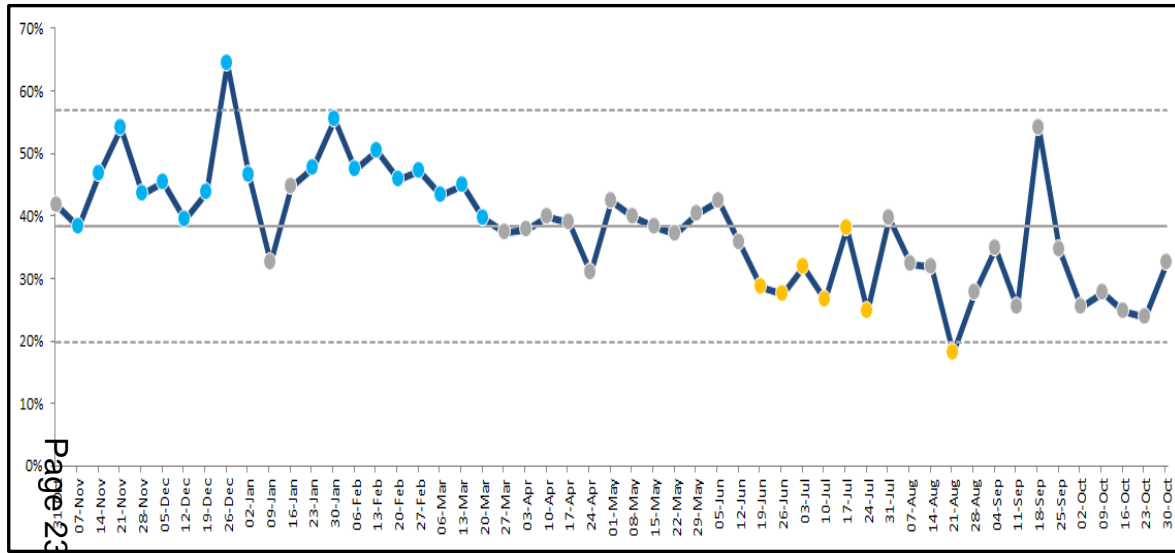
Patients spending > 12 hours in Dept  
(arrival to Departure)

10.2%   
7.7%

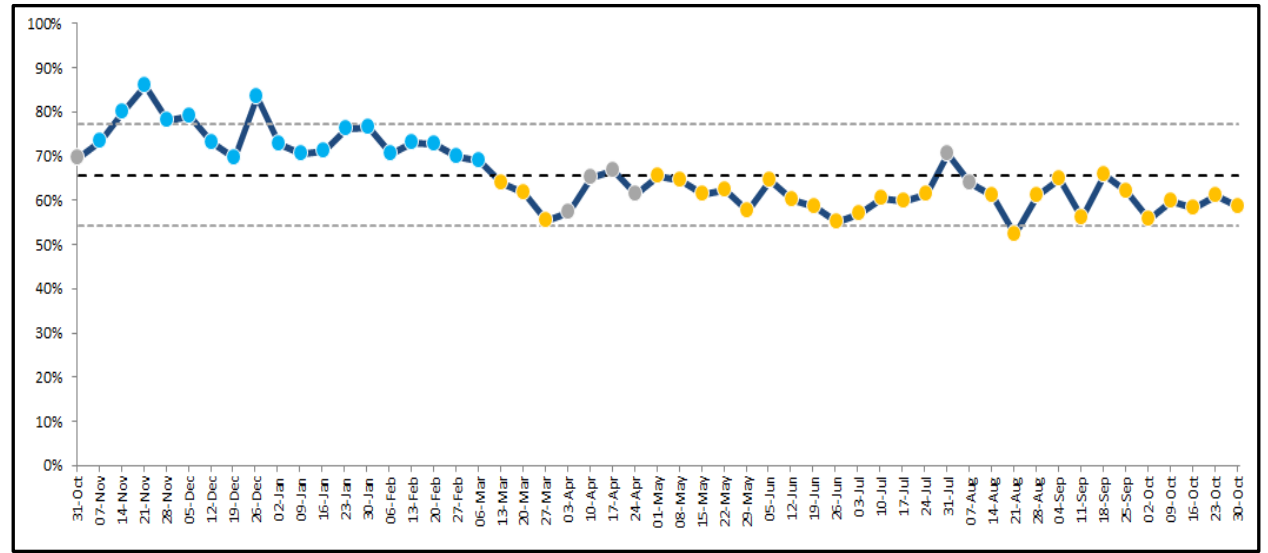
% of Patients spending > 12 hours in  
Dept (arrival to Departure)

# UEC Metrics Bundle: A&E metrics *(Trust wide)*

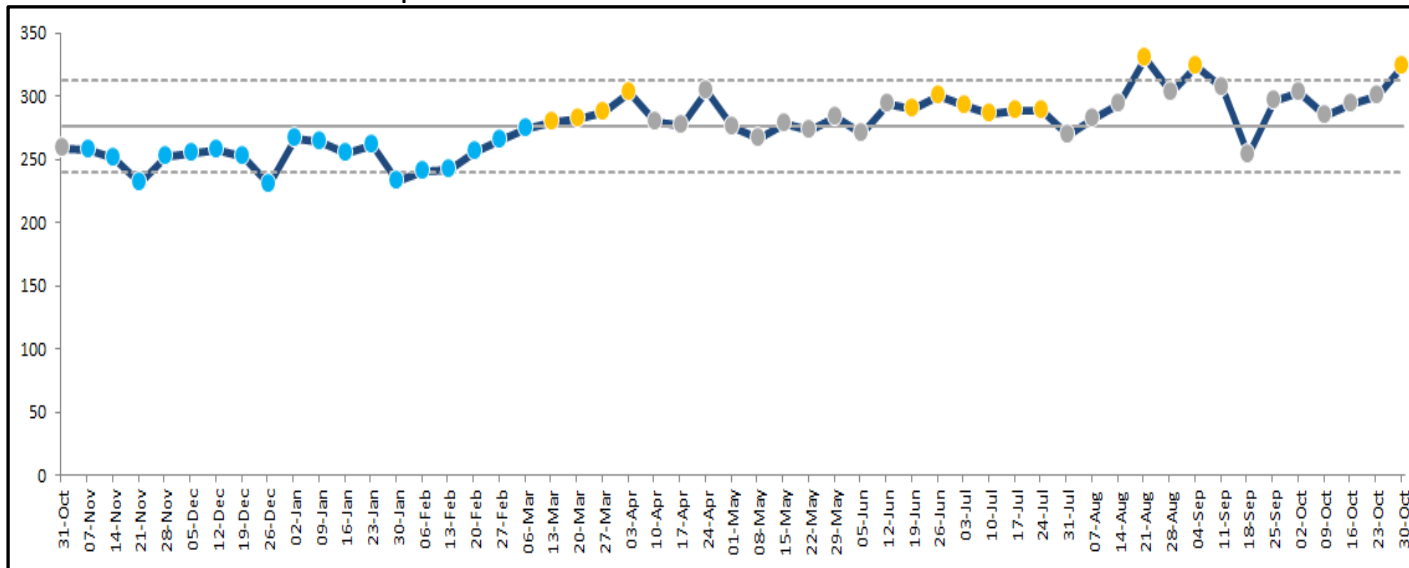
❖ Chart 1: % of Ambulance handovers < 15 minutes



❖ Chart 2: % of patients triaged within 15 minutes



❖ Chart 3: AVG time in Dept for Non Admitted Patients

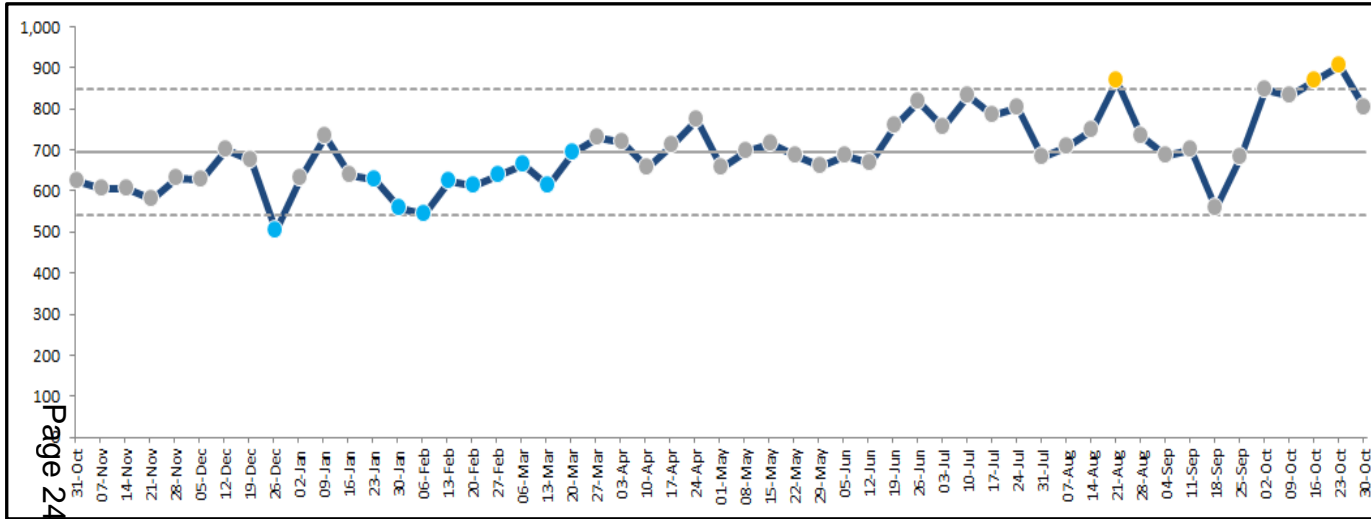


- ❖ **Chart 1:** After a week of significant improvements in Handovers < 15 mins the following weeks have seen reductions.
- ❖ **Chart 2:** Triage % < 15 mins remains constant with no significant improvements or reductions
- ❖ **Chart 3:** AVG time for Non Admitted pts has reduced recently but has seen an increasing trend in the last 3 weeks.

*Charts are up to the w/e 30<sup>th</sup> October*

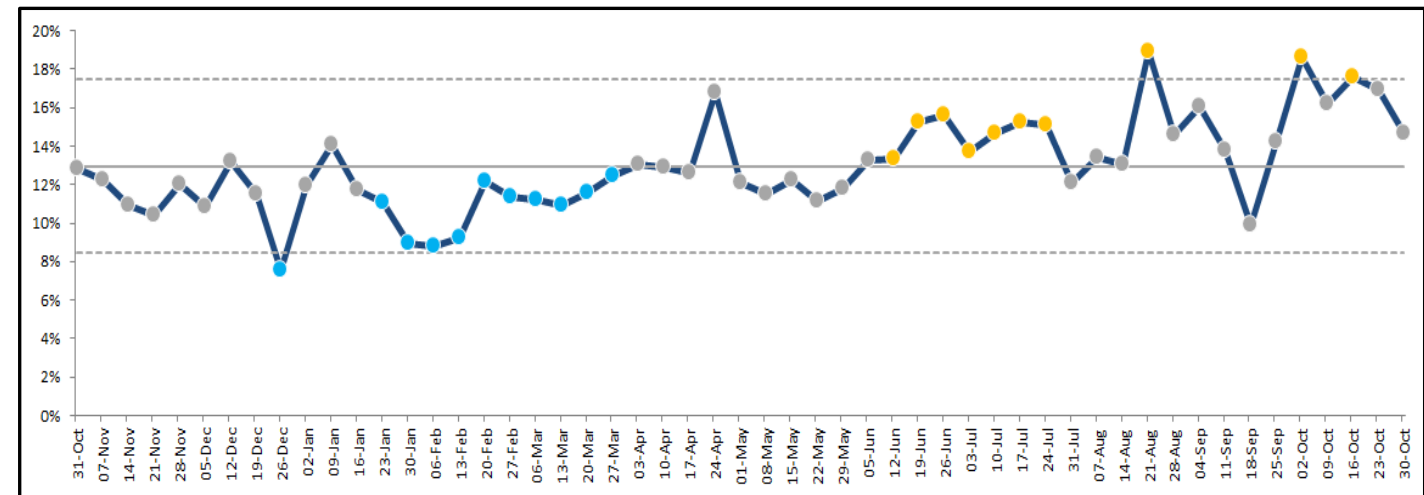
# UEC Metrics Bundle: Hospital & Whole System metrics *(Trust wide)*

❖ Chart 4: AVG time in Dept for Admitted Patients



- ❖ Trust wide weekly performance
- ❖ After a few weeks of reduction in the average time in ED for Admitted patients there has subsequently been an increasing trend in the AVG LOS in ED

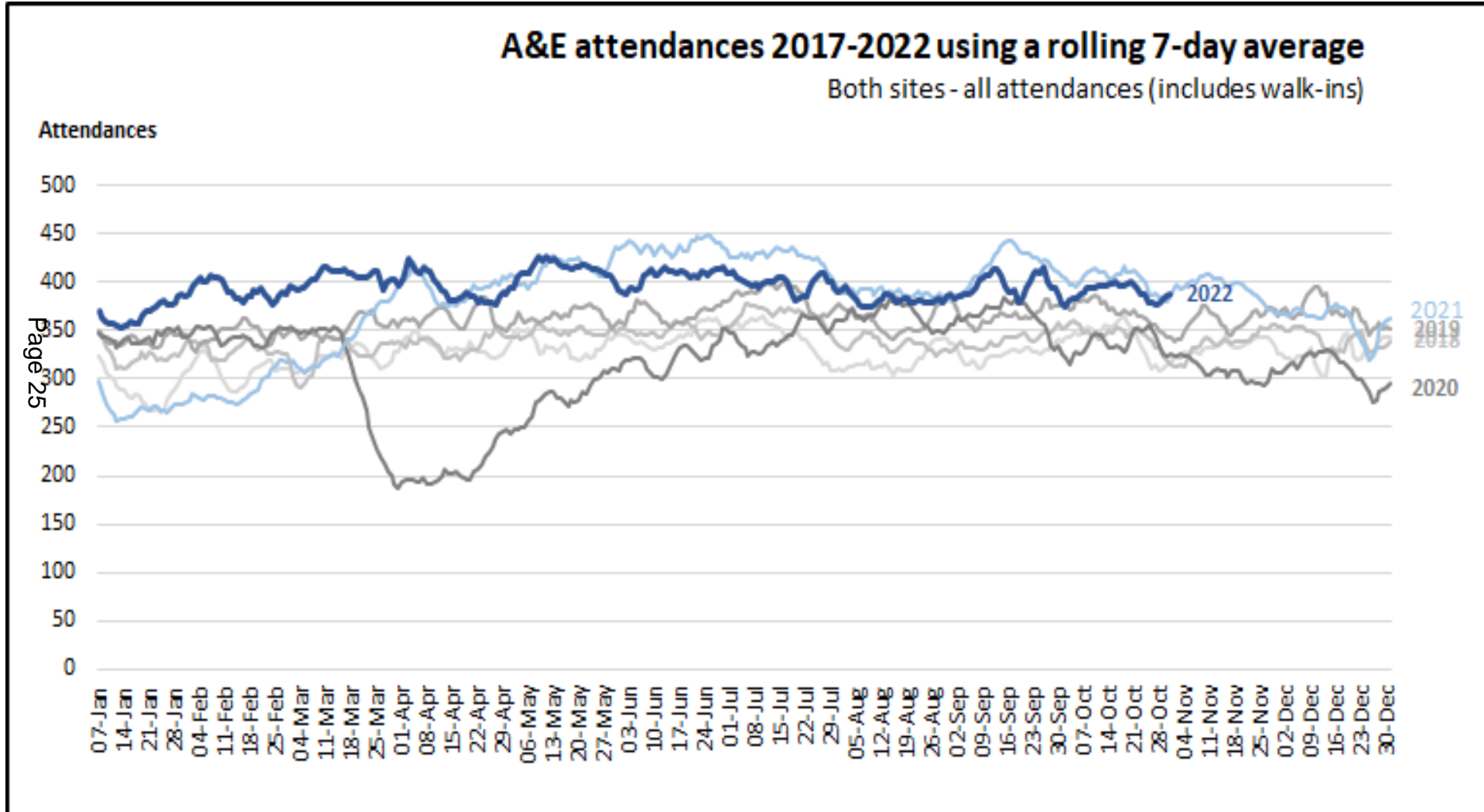
❖ Chart 5: % of patients spending Over 12 hours in department from Arrival



- ❖ Trust wide weekly performance
- ❖ After a few weeks of reduction in the % of patients spending 12 hours from arrival in department there has seen a significant increase in the following weeks

Charts are up to the w/e 30<sup>th</sup> October

# Current A&E Demand



- ❖ Atts levels remain high across the Trust with October 2022 seeing an increase on the previous month.
- ❖ Levels remain similar to 2021 but higher than all previous years.

# Workstream- Discharge Requirements- Enabling Social Care Pathways to meet the need and support hospital flow and performance

## Homefirst - System Wide Discharge & Flow Dashboard for Worcestershire

		Last 12 weeks (Weekending Sunday)												Flag	Target	6 week Avg
Indicator		14-Aug-22	21-Aug-22	28-Aug-22	04-Sep-22	11-Sep-22	18-Sep-22	25-Sep-22	02-Oct-22	09-Oct-22	16-Oct-22	23-Oct-22	30-Oct-22			
Total admissions to Pathway	Pathway 1 Home with care and support services	87	108	119	102	84	102	79	91	101	107	106	101	↓	130	98
	Pathway 2 Community hospital	46	49	51	47	47	39	39	43	49	41	50	51			46
	Pathway 3 Care home placement (New)	1	7	2	4	2	1	4	4	3	0	1	0			2
	Pathway 5 (Not yet assigned to National Definition)	27	44	34	28	24	24	22	25	37	0	0	0			14

Indicator		14-Aug-22	21-Aug-22	28-Aug-22	04-Sep-22	11-Sep-22	18-Sep-22	25-Sep-22	02-Oct-22	09-Oct-22	16-Oct-22	23-Oct-22	30-Oct-22	Flag	Target	6 wk Avg
Pathway 1 - PW1 Home with care and support services	Total Current Caseload (daily avg)	162	169	139	165	170	178	184	180	162	167	154	151			166
	Current caseload - Single units	141	151	118	136	143	148	159	160	142	148	135	137			147
	Current Caseload - Double units	20	18	21	28	27	30	24	20	20	20	19	14			20
	% Caseload at double units									12.4%	11.9%	12.5%	9.1%			11.7%
	Total Referrals to Pathway	95	133	119	115	93	125	84	106	115	116	139	115			113
	Total cases admitted to Pathway	87	108	119	102	84	102	79	91	101	107	106	101	↓	130	98
	Total Referrals to Pathway from WAT	56	79	79	78	62	88	51	67	85	80	103	76			77
	Total Cases Admitted to pathway from WAT inpatient bed	44	60	68	58	52	67	51	67	81	74	79	62	↓	101	69
	Referrals before 12	37	56	50	48	46	83	35	37	46	61	43	76			50
	Same day discharge	12	23	14	22	20	17	8	20	13	36	10	16			17
	% same day discharge	32.4%	41.1%	28.0%	45.8%	43.5%	20.5%	22.9%	54.1%	28.3%	59.0%	23.3%	21.1%		100%	34.6%
	Ready to exit pathway (daily avg)	71	84	77	94	94	106	98	98	87	95	83	74			81

Indicator		14-Aug-22	21-Aug-22	28-Aug-22	04-Sep-22	11-Sep-22	18-Sep-22	25-Sep-22	02-Oct-22	09-Oct-22	16-Oct-22	23-Oct-22	30-Oct-22	Flag	Target	6 wk Avg
Pathway 2 - PW2 Community Hospital	Total referrals to pathway	86	74	87	73	99	89	67	51	79	61	84	75			70
	Total patients admitted to pathway	46	49	51	47	47	39	39	43	49	41	50	51			46
	Total referrals to pathway via WAT	79	57	71	60	75	68	56	45	67	53	72	67			60
	Total admissions to pathway via WAT inpatient bed	46	49	51	47	47	39	39	39	49	35	43	37	↓	56	40
	No right to reside (daily avg)	62	61	53	50	56	0	0	0	0	0	0	0			0
	ALOS - Discharged/Transferred - General Beds	0	0	0	0	0	0	0	0	0	0	0	0			
	ALOS - Discharged/Transferred - Stroke Beds	0	0	0	0	0	0	0	0	0	0	0	0			

Indicator		14-Aug-22	21-Aug-22	28-Aug-22	04-Sep-22	11-Sep-22	18-Sep-22	25-Sep-22	02-Oct-22	09-Oct-22	16-Oct-22	23-Oct-22	30-Oct-22	Flag	Target	6 wk Avg
Pathway 3 - PW3 Care home placement	Total Admissions to pathway	1	7	2	4	2	1	4	4	3	0	1	0	↓		2
	Total Admissions to pathway via WAT	0	4	2	3	2	1	4	4	2	0	1	0			2
	Total discharged from Pathway	0	0	0	0	0	0	0	0	0	0	0	0			0

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