

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

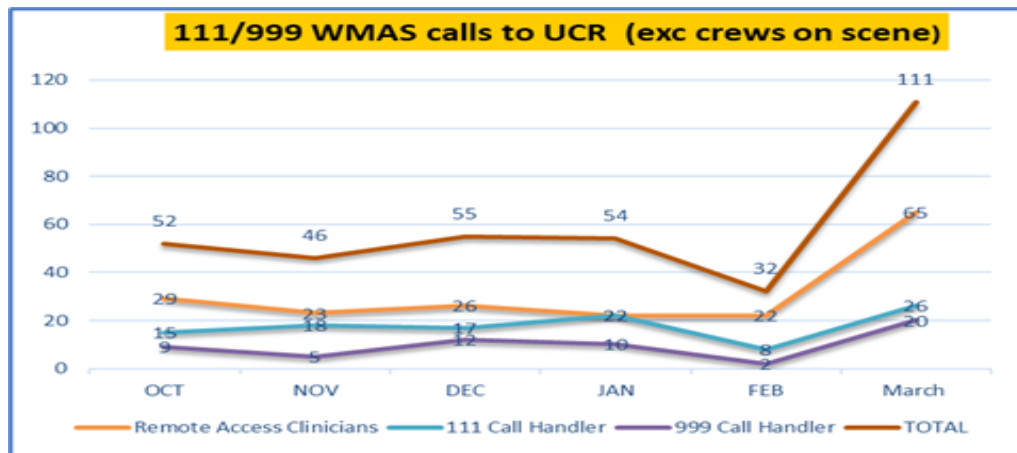
Recommendation 4 – Patient Assessments

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

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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.](#)