



Worcestershire Health Overview and Scrutiny Committee

8th July 2022

This report will provide updates on:

- Incident Room Oversight and priorities
- Performance data
- Approach to patient safety related to delays
- Overview of admission avoidance
- Approach to communication with the public
- General Updates

Incident room update:

- In Place from 25/04
- Constitutes Senior Ops personnel from across system headed by ICS Director/rota
- Provides a single point of contact for all outside organisations
- An executive led coordinating function for rapid improvement of 4 key areas using a PDSA approach
- Golden Discharges (discharges pre 10:00am) and discharges by midday
- Move to a pull model from ED and refine bed management processes
- Implement discharge production boards & Implement criteria led discharge
- Implement a robust streaming model from ED to all alternative pathways
- Headline progress
- Progress and measurable improvement on the WRH site in relation to earlier in the day discharge and the number of golden patients identified
- PDSA's for 4 key areas (plan, do, study, act quality improvement methodology) produced to help embed progress into business as usual
- Good Clinical engagement

Next steps

· Further enhance the integration of the incident room with operational leaders

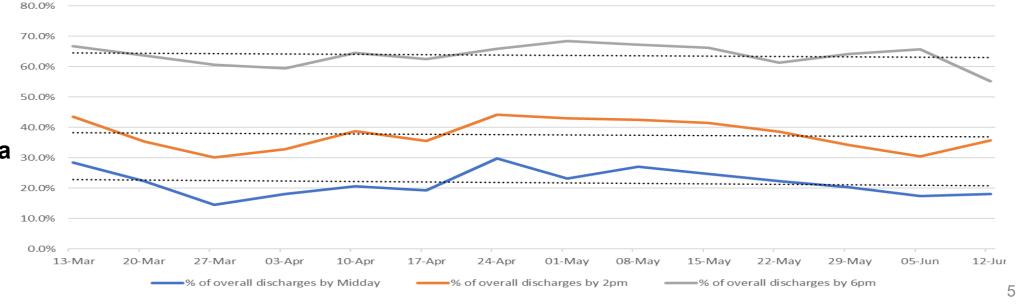
Golden Discharges

- Good Clinical Engagement especially nursing staff
- System Partners adapting to meet needs of incident room development in WRH
- WRH Improving position for earlier in the day discharge
- WRH Since 05/05 through to 13/06 12% improvement in pre 2pm discharges (34%) on certain days plus 44%
- WRH Since 05/05 through to 13/06 8% improvement in pre 5pm discharges (60%) on certain days plus 70%
- WRH Delivering circa 30 additional discharges per week vs five weeks prior to I/Room
- Learning how do we sustain over a 7 day period
- Increasing numbers of golden discharges at the WRH site driven by increase in complex to the discharge lounge night before
- Shaded area shows time of operation of incident room at WRH site

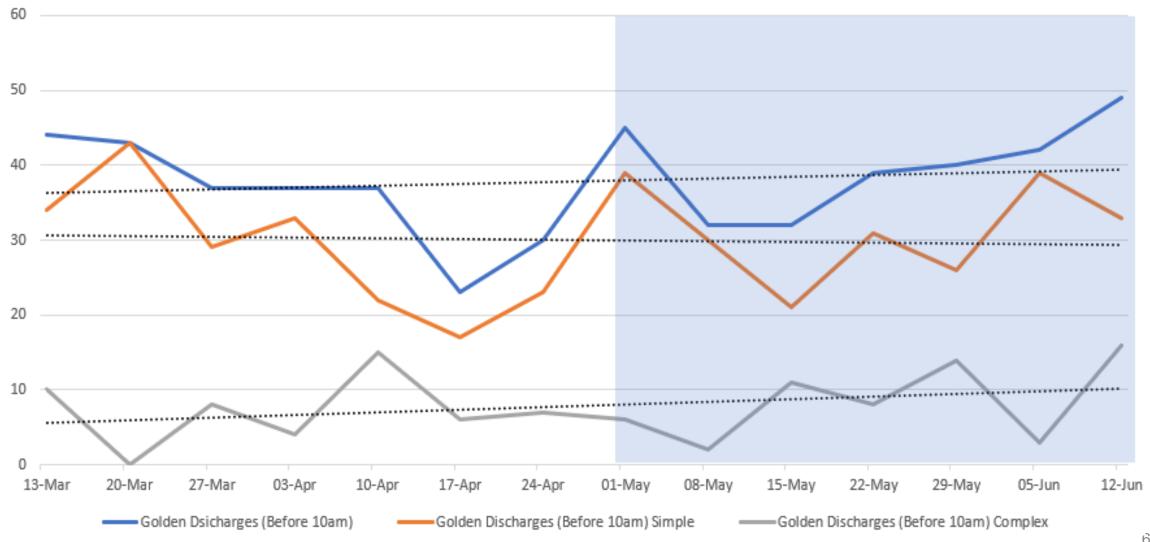




Time of Day Discharge (%) Royal Alexandra



Golden discharges – WRH site



Supporting Patient Flow – through Criteria Led Discharge & Discharge Production Boards

- Criteria Led Discharge is a process which allows for consultants to set parameters for the discharge of patients – which can then be progressed by nursing staff – this helps prevent delays in discharge and also allows for discharges to more at weekends for example
- Discharge Production Board's are processes and forums which monitor discharge performance and helps wards unblock barriers which add delay to a patients discharge

Update

- Both work-streams are live
- Good engagement with all wards
- Development and implementation of processes which support increased weekend discharge to achieve equity with regional average position

Next Steps

Embedding Golden discharge, CLD and discharge production boards in all areas

Next Steps: Front Door Streaming

- Front door streaming' is the term used for when patients present at Emergency Departments and are directed to an appropriate area
- Robust front door streaming aims to ensure this happens promptly rather than patients waiting for hours inside the department before this happens
- A clinically led group will be forms to look at processes to support:
- Streaming process at the front door 7 days a week
- Improving speed of decision making and alternative options
- NHSE Midlands will support this work.

Next Steps: ED Flow and bed management processes

- Implementation of new bed management meeting process w/c 4/7
- Implement updated hospital escalation plan w/c 4/7
- Refine real time escalation and communication through our management systems.
- Update full hospital protocol (what we do when every hospital bed is full) w/c 4/7
- Deliver training to all teams confirming responsibilities contained within the above and reinforcing the role of wards / divisions in achieving good flow in partnership with the capacity hub

Ambulance Handover Delays:

Overview:

- Delays continue to remain high
- Protracted delays overnight
- Ambulance Activity low
- New MAU opening delayed

Next Steps:

- Activate revised escalation arrangements and additional MAU capacity opening w/c 11/07 subject to water testing
- Greater utilisation of SHREWD and associated escalation modules
- Acute Trust to produce trajectory on when delays will be eliminated following new MAU opening and embedding of incident room priorities

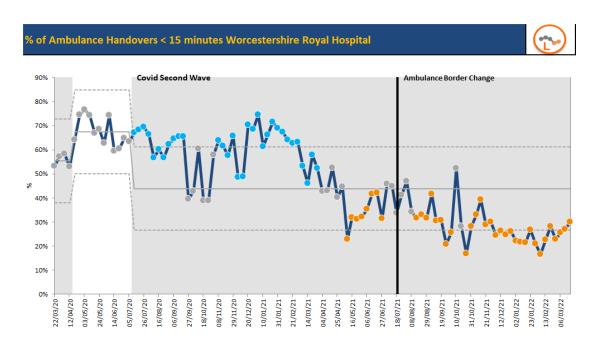
Performance Data

All A&E Atts by site: w/e 5th June 2022

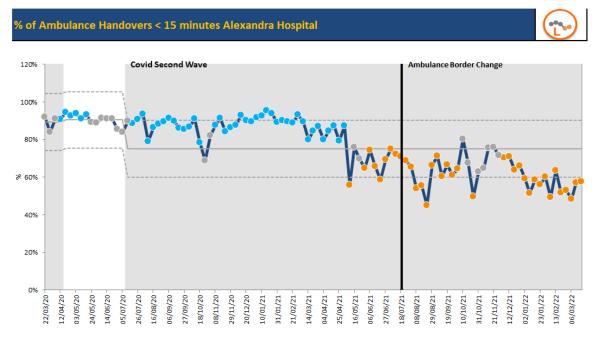




Ambulance Handovers % <15 mins: w/e 5th June 2022



Special Cause Concern

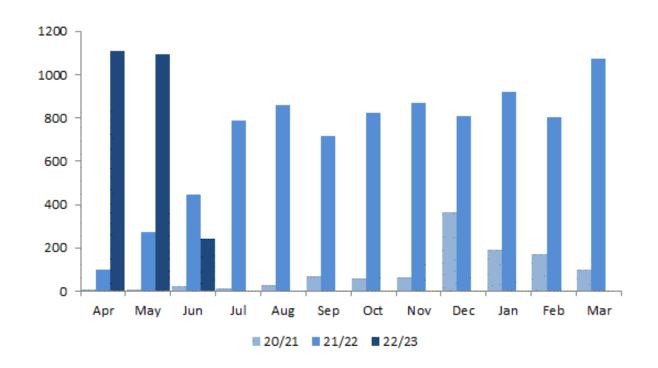


Special Cause Concern

Data taken directly from WMAS Extranet site

Ambulance > 60 min Handovers: latest data 7 June 2022

Month	WRH	AGH	Total
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	904	204	1108
May-22	854	240	1094
Jun-22	180	61	241



Data taken directly from WMAS Extranet site

Ambulance Delays: WRH May 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.

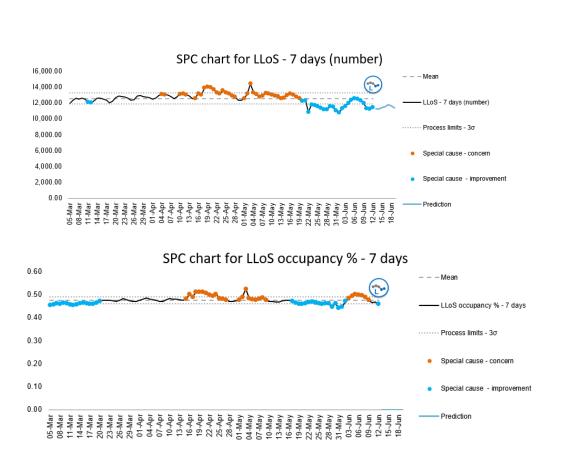
Not all ambulance arrivals will be recorded in this location.

Month	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	Apr-22	May-22
AVG time	132	113	121	121	103	114	153	170	149	164	183	212	222	200	250	276	268

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

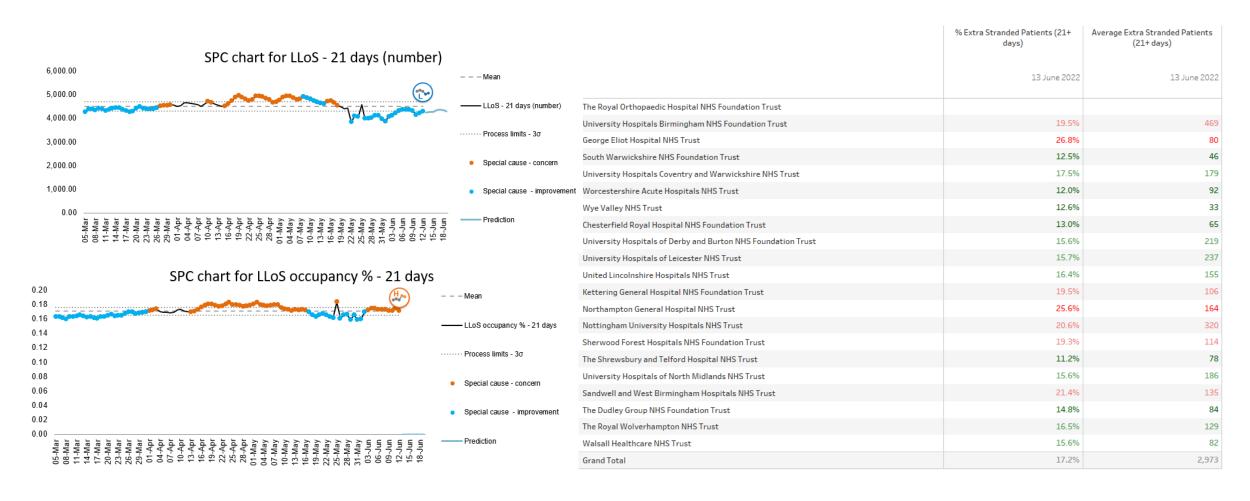


Acute Trusts – daily stranded patients 7 days



	% Stranded Patients (7+ days)	Average Stranded Patients (7+ days)		
	13 June 2022	13 June 2022		
The Royal Orthopaedic Hospital NHS Foundation Trust				
University Hospitals Birmingham NHS Foundation Trust	50.6%	1,220		
George Eliot Hospital NHS Trust	61.5%	184		
South Warwickshire NHS Foundation Trust	35.4%	130		
University Hospitals Coventry and Warwickshire NHS Trust	45.7%	46		
Worcestershire Acute Hospitals NHS Trust	37.2%	28		
Wye Valley NHS Trust	40.8%	10		
Chesterfield Royal Hospital NHS Foundation Trust	45.1%	22		
University Hospitals of Derby and Burton NHS Foundation Trust	43.0%	60		
University Hospitals of Leicester NHS Trust	43.0%	64		
United Lincolnshire Hospitals NHS Trust	45.7%	43		
Kettering General Hospital NHS Foundation Trust	49.2%	26		
Northampton General Hospital NHS Trust	55.2%	35		
Nottingham University Hospitals NHS Trust	50.9%	79		
Sherwood Forest Hospitals NHS Foundation Trust	49.7%	29		
The Shrewsbury and Telford Hospital NHS Trust	47.5%	33		
University Hospitals of North Midlands NHS Trust	47.8%	57		
Sandwell and West Birmingham Hospitals NHS Trust	52.5%	33		
The Dudley Group NHS Foundation Trust	46.4%	26		
The Royal Wolverhampton NHS Trust	47.4%	37		
Walsall Healthcare NHS Trust	51.3%	26		
Grand Total	47.1%	8,14		

Acute Trust – daily stranded patients 21 days



Avoiding unnecessary acute attendance

2 - Hour Community Response, Minor Injury Units and Signposting

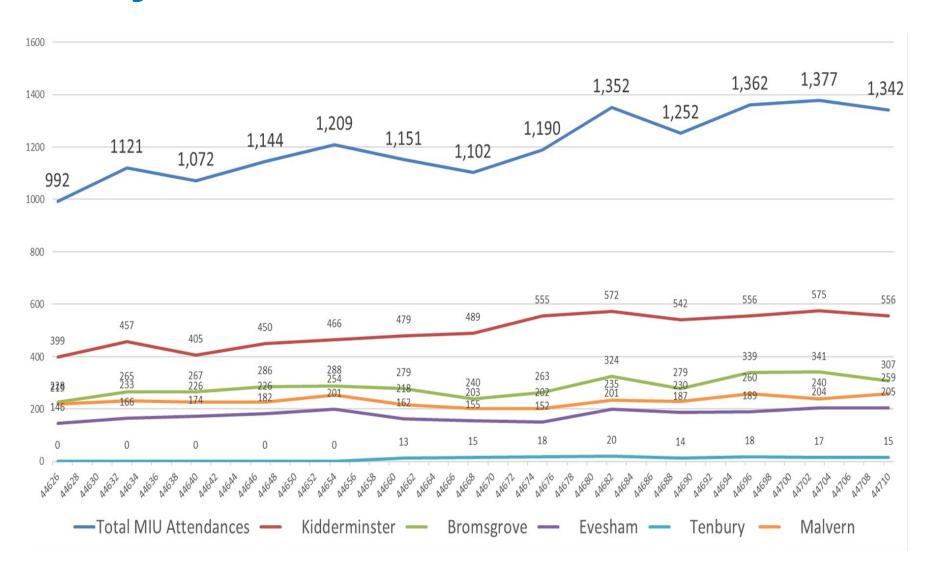
Update

- 81% of 2-Hour UCT cases responded to within 2 Hours
- Significant majority of cases are around End of Life Care, Catheter Problems and Pain / Symptom Control
- Minor Injury Unit Activity increasing to pre-pandemic levels

Next Steps:

- To increase referrals from West Midlands Ambulance Service and thereby reduce unnecessary ambulance conveyances
- Conduct review into increasing Diagnostic provision within MIU's to further help reduce pressures within the ED's (primarily weekends)

MIU Weekly* note amendment to Tenbury figures

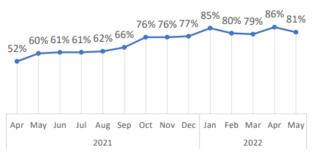


Integrated Community Services – UCR Data

Total UCR Referrals Received - Per Month



Total % Seen within 2hrs - Per Month



Referral Source Totals for Q1



Referral Reasons Total for Q1 (April 2022 & May 2022)



Total UCR Referrals Received in Q1 (April 2022 & May 2022)

1585

Information

We have identified an issue of under recording of Ambulance activity as a referral source. Therefore, it is likely that the figure is not entirely representative.

Communication with the public

- 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)
- System partners have continued to promote Minor Injury Units as part of the ongoing signposting to the public on alternatives to Emergency Departments.
- Minor Injury Units are promoted alongside pharmacy, general practice (GP) and NHS 111 services.
- The campaign recently ran outdoor advertising across various sites with high footfall to inform the public on the alternatives to Emergency Departments.

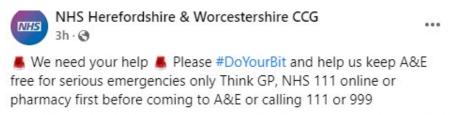
#DoYourBit

Jubilee Campaign Plan



Digital

 All partners will share on owned website and social media accounts











Outdoor

- Van with digital adverts will travel round two Counties displaying advert
- X3 days: June 2, 3 and 4
- Redditch: Kingfisher Centre
- Worcester City: Retail Park and Supermarkets
- Hereford: Supermarkets

