

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

10 FEBRUARY 2023

UPDATE ON IMPROVING PATIENT FLOW

Summary

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

Introduction

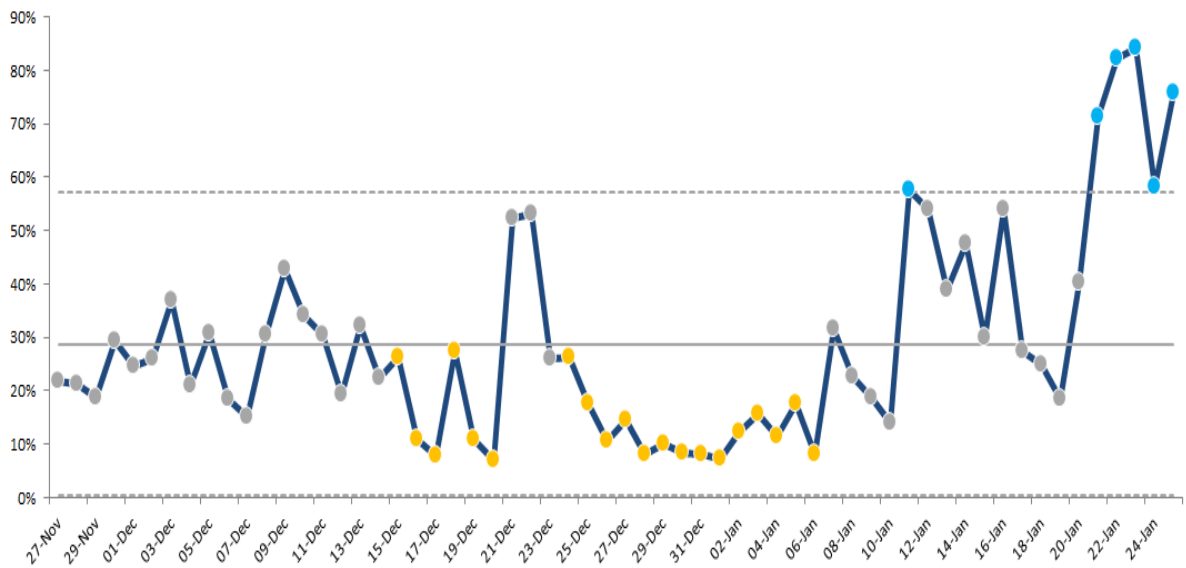
5. Every year the NHS prepares for winter pressures in urgent and emergency care by forecasting what the likely demand will be, developing schemes to mitigate that demand and improving on its coordination of escalation during high peak periods.
6. This year the NHS has faced additional pressures due to varying degrees of industrial action affecting WMAS and Nursing Unions, which have substantial impacts on the ability to manage flow.
7. During the late November and December periods, WAHT also experienced significant challenges in relation to COVID-19 and Influenza which at various times impacted around 150 in-patient beds.
8. Additional funding supplied through national and local routes, both to the Council and the NHS have been made available to system partners to help reduce levels of ambulance handover delays and improve patient flow.

Ambulance Handover Delays

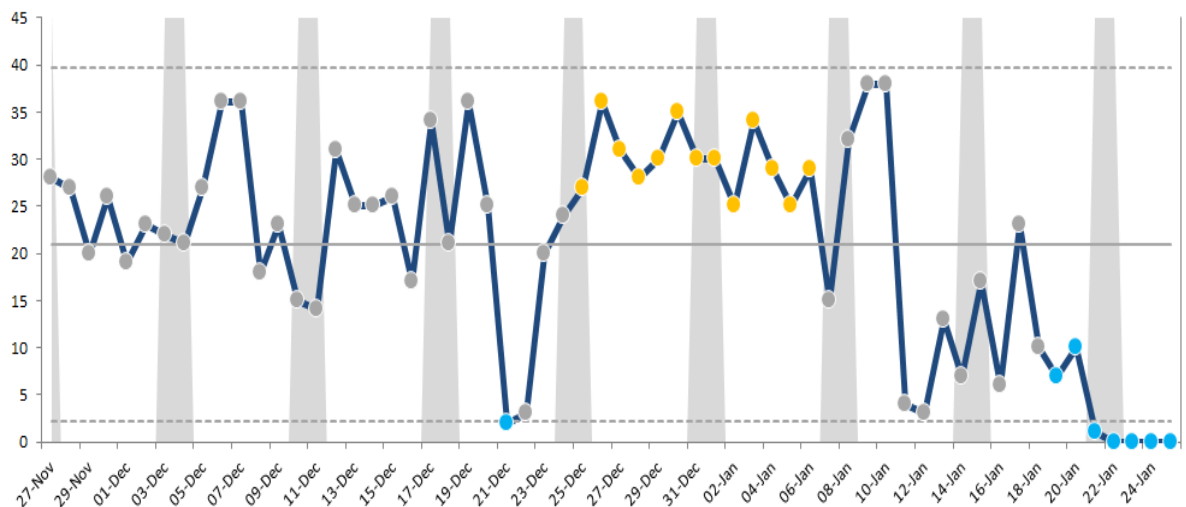
9. As detailed on page 2 of Appendix 1 (attached), there was little improvement in the reduction of 60 minute ambulance handover delays in December 2022 .

10. As a result of increased operational oversight, additional investment and delivery of winter initiatives, the levels of 60 minute ambulance handover delays as at 24 January have reduced to 639 with noticeable improvement from 11 January 2023 with 140 delays from this date. This reduction in delays is not a consequence of a significant reduction in overall activity (activity remains at the same level).

The chart below shows the significant recent improvement in the daily percentage of patients handed over within 15 minutes at WRH.



The chart below shows the recent improvement in the number of 60 minute handovers at WRH.

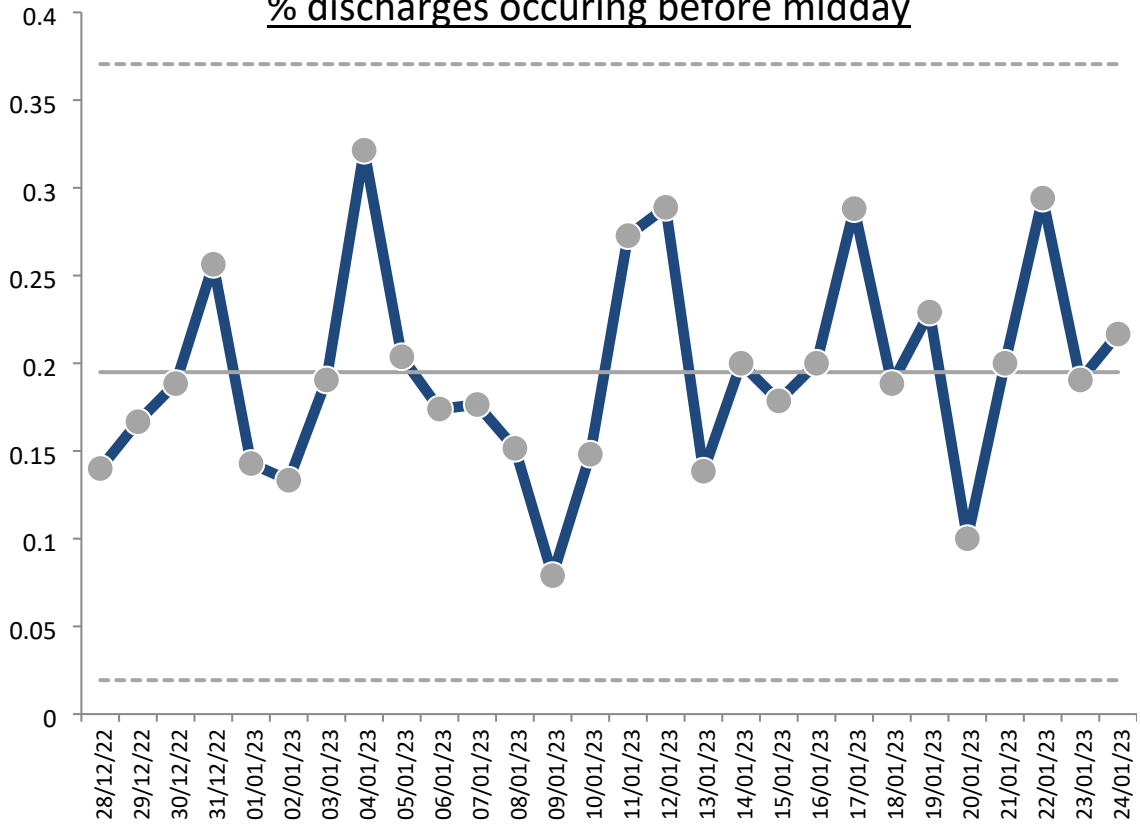


11. Among the factors driving reduced handover delays is the ability to see patients within 'Same Day Emergency Care Settings' (SDEC) which contributes to reducing the numbers of patients requiring an in-patient bed.
12. During December 2022, the first floor of the new Emergency Department opened. During the last three weeks of January the Unit has seen around 250 patients per week (during the same period last year this number was approximately 160). This is a promising start and during the second half of February the NHS will be working with national colleagues on how to further improve this.
13. Other key factors behind the improved ambulance handover delay position are as a result of recent improved levels of simple and complex discharges. These have been overseen by the Discharge Task Force which has been helped by additional capacity for complex discharge, including 24 additional community surge beds and 29 spot purchase placements.
14. Significant attention is now focussed on sustaining recent improvements into business as usual.

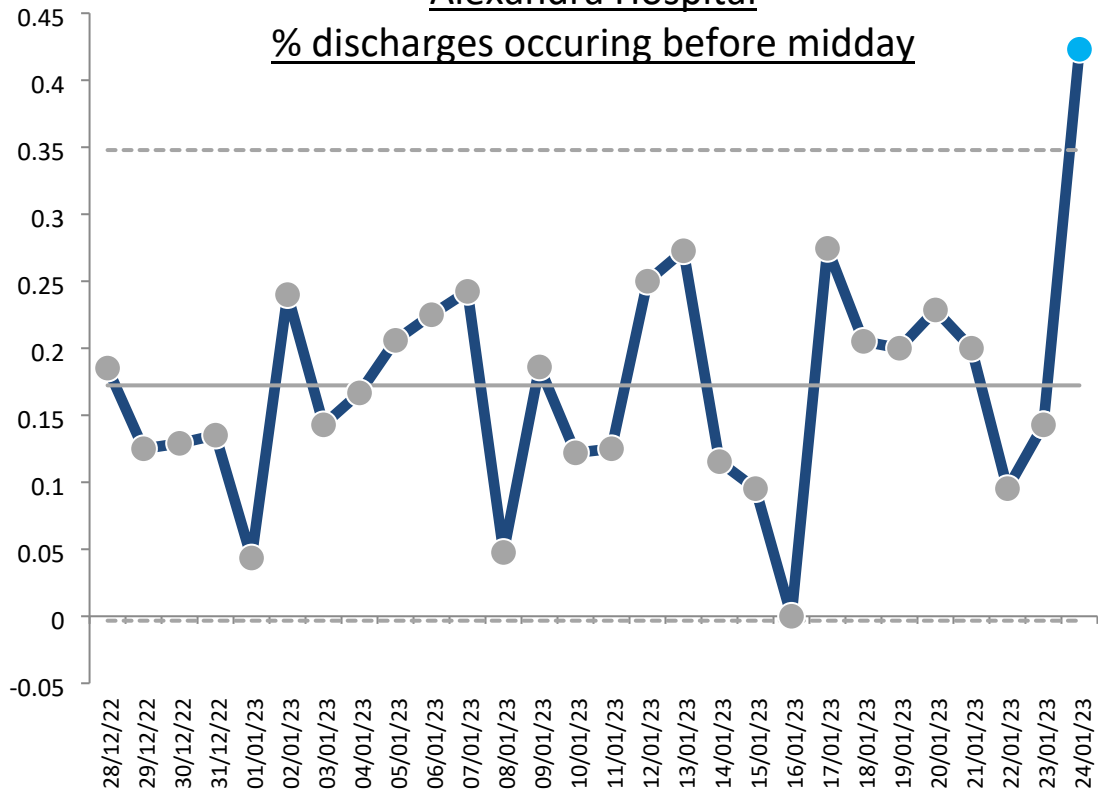
Patient Flow

15. The Worcestershire Home First Committee (which oversees key Urgent and Emergency Care measures for the Worcestershire system) has dedicated work streams focused on key themes. One of these themes is Optimising Patient Flow.
16. The establishment of the Discharge Task Force has helped fast track key elements of the Patient Flow Program, particularly levels and timeliness of discharge activity.
17. The graphs below show a mixture of improved consistency of discharge activity. They show the percentage of discharges taking place before midday at both Worcestershire Royal Hospital site and Alexandra Hospital site.

Worcestershire Royal Hospital
% discharges occurring before midday

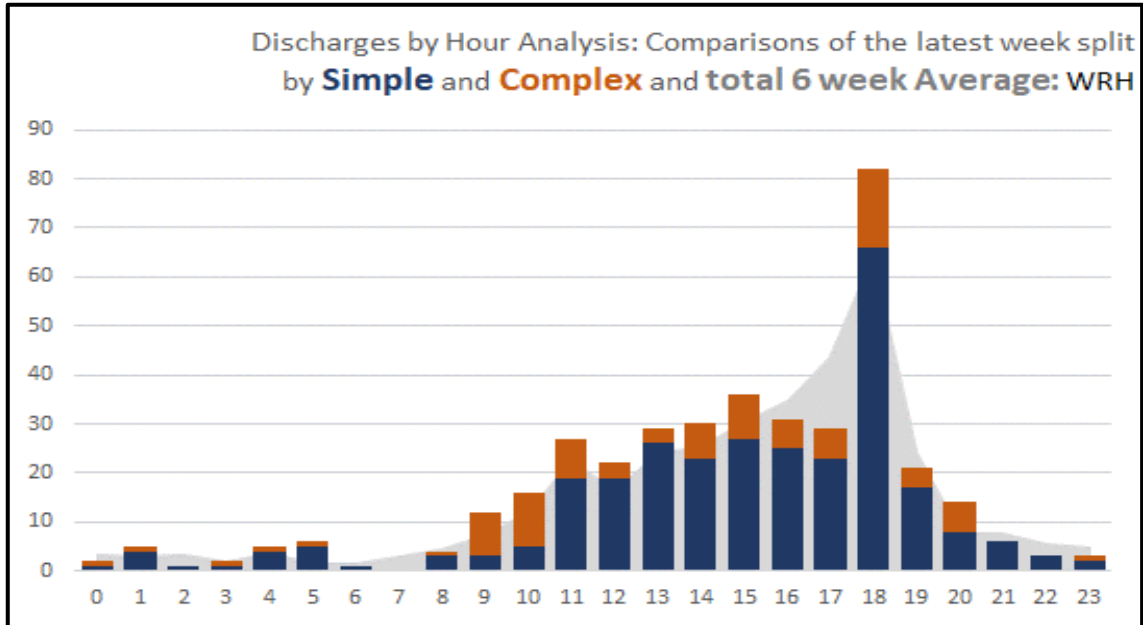


Alexandra Hospital
% discharges occurring before midday

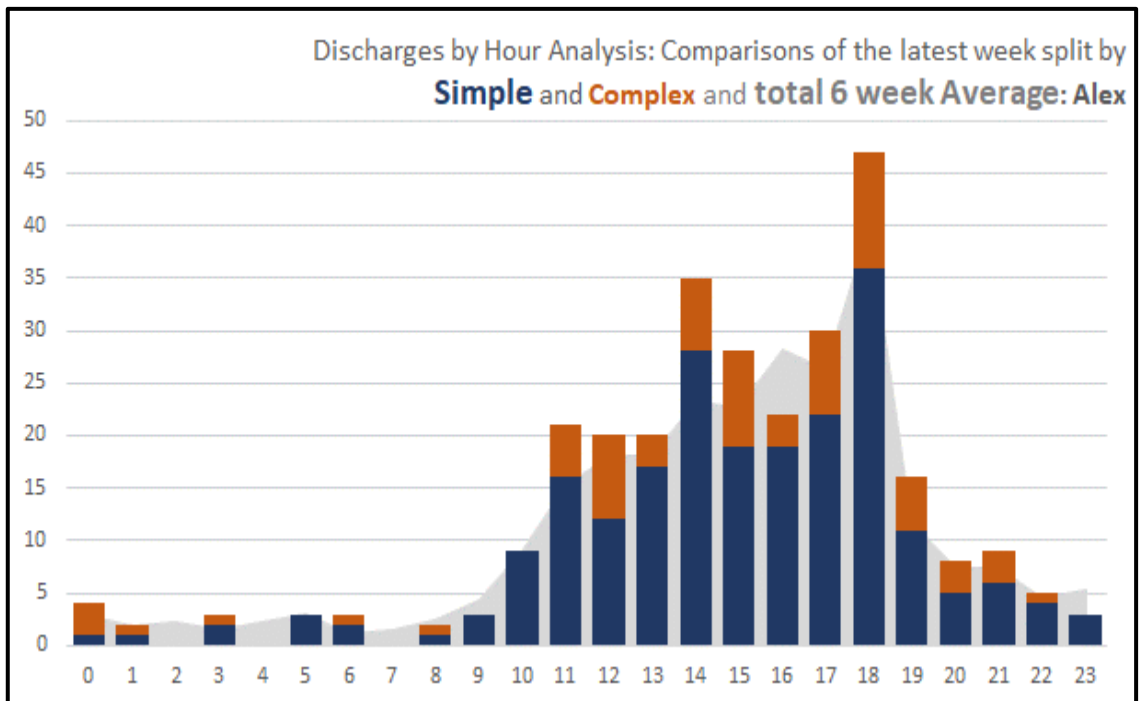


18. Although recent improvements to timeliness of discharge activity have been seen, the graphs below highlight that peak discharge activity occurs at 6pm. More focus is required to bring this forward to earlier in the day.

Worcestershire Site: Time of Day for Discharge



Alexandra Site: Time of Day for Discharge



19. Page 4 of Appendix 1 also details the latest position in respect to Length of Stay (LOS) which is a key metric when analysing patient flow.

20. Trust-wide length of stay is currently at 9.39 days, which is down from a peak of over 10 days.

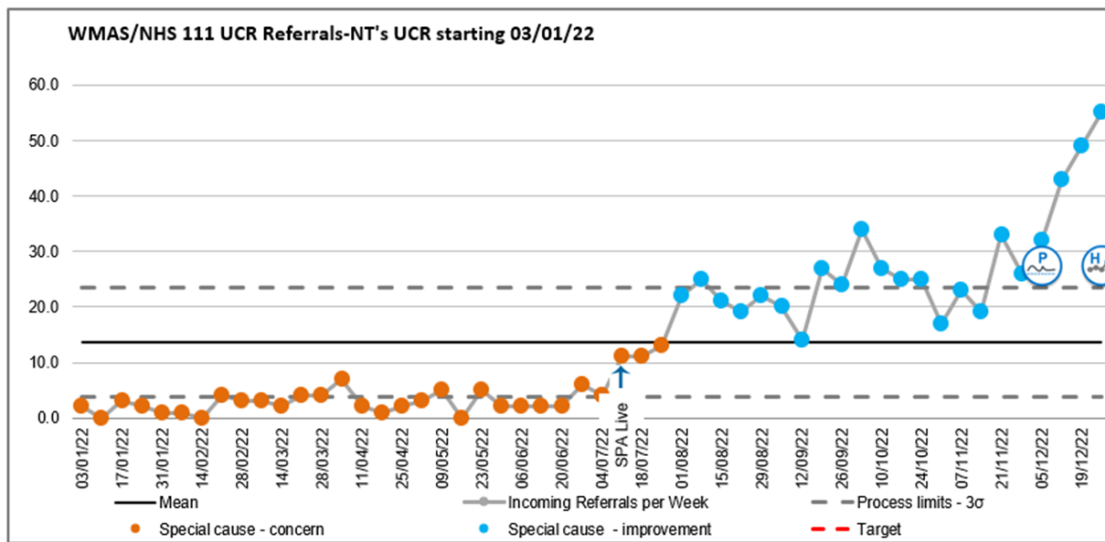
21. Urgent work is being undertaken through the Patient Flow Programme to understand the root causes of this increase and to identify bespoke programs of work to try to stabilise LOS and then return to normal levels.

Capacity and Resilience

22. Additional capacity/resource has recently been agreed to assist with winter pressures:

- New 29 space Acute Medical Unit (AMU) providing a net increase of 8 spaces
- Patient Discharge Unit providing an additional 21 spaces
- New Medical SDEC Unit providing an additional 16 spaces
- New Surgical SDEC Unit providing an additional 6 spaces
- Additional 24 community hospital beds
- 29 additional nursing of residential home placements

23. In addition to providing additional acute/community bedded capacity, another part of the plan is to reduce demand on acute services. A key scheme for the Worcestershire system is the Urgent 2-Hour Response. This service, which is clinically led, allows WMAS to refer patients to community teams to be cared for in their own homes. The graph below highlights that activity within this area is increasing as a result of significant investment into the service.



24. Improvements are starting to be seen across the three main areas of concern 1) handover delays 2) discharge levels and 3) time of day discharge.

25. These improvements which have previously been observed are now being sustained across a longer period which is a positive position from which to build upon.

Winter Schemes

26. The table below provides HOSC with the latest position around the initiatives.

Scheme	Lead	Start	Detail
Accelerated flow and discharge	WAHT	Live	<p>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</p> <p>January 23 Update:</p> <ul style="list-style-type: none"> • LLOS matrons recruited • Discharge coordinators in place. • Additional Pharmacy hours • Additional Discharge Doctor in place • Other Posts in recruitment phase
Additional capacity	WAHT	Live	<p>New AMU Open, New Pathway Discharge Unit Open, New SDEC Floor, additional community capacity.</p> <p>January 23 Update:</p> <ul style="list-style-type: none"> • All spaces operational.
Handover delays	WAHT	Live	<p>Front Door Streaming, Utilisation of SDEC</p> <p>January 23 Update:</p> <ul style="list-style-type: none"> • Front Door Streaming taking place and New SDEC units open. • Walkthrough on 12/02 with national team to identify further opportunities to increase activity numbers.
Out of Hospital alternatives	HWHCT	Live	<p>Extended hours at MIUs and Urgent Community Response in-reach, extra surge capacity open during the winter in community hospitals.</p> <p>January 23 Update:</p> <ul style="list-style-type: none"> • All operational • Additional 24 community beds opened

			<ul style="list-style-type: none">• Additional 29 spot purchase placements made
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Purpose of the Meeting

27. The HOSC is asked to:

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

Supporting Papers

Appendix 1 – presentation relating to emergency care

Contact Point

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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 1 December, 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.](#)