

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

15 JUNE 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 NHS Trust (HWHCT) and Worcestershire County Council (the Council) have been invited to attend this meeting.

Background

3. In November 2021, a Scrutiny Task Group looked at ambulance hospital handover delays and since that time, the HOSC has received regular updates to monitor patient flow and the impact on ambulance hospital handover delays.
4. The HOSC remains concerned about the situation in Worcestershire.

Introduction

5. It is normal, following the winter that the NHS focuses on preparing for the next winter. This is usually facilitated by falling demand for urgent and emergency care over the summer months, which allows more focus on strategic planning, estates works and service reconfigurations. Unfortunately, during recent summers there has not been the usual fall in urgent and emergency demand.
6. Throughout the late winter and early spring periods of 2022/23, WAHT also experienced significant challenges in relation to COVID-19, Influenza and Norovirus which at various times affected substantial amounts of in-patient beds. To add context to this, even small outbreaks on wards lead to partial or whole ward closures, meaning on occasions there might be empty beds but WAHT is unable to place patients into these beds due to infection control issues.
7. This year, the NHS has also faced additional pressures due to varying degrees of Industrial Action affecting WMAS and provider clinical staff, which have had substantial impacts on the ability to manage patient flow.
8. During winter 2022/23, additional funding supplied through national and local routes, both to the Council and the NHS have been made available to system partners, designed to help reduce levels of ambulance handover delays and improve patient flow. This additional funding ceased in April 2023.

9. Additional schemes included increasing virtual ward capacity, extended Minor Injury Unit opening, spot-purchase places and associated schemes aimed at improving the pace of discharge. While some schemes still remain in place in varying degrees, the additional investments mainly helped increase capacity. Many of the schemes will continue to operate but within routine levels of capacity.

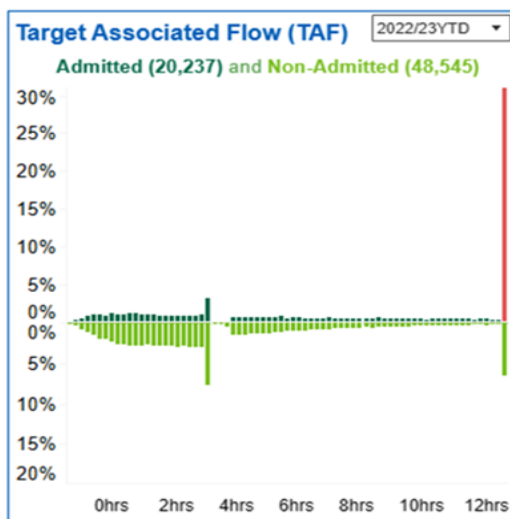
Ambulance Handover Delays

10. An Ambulance Handover Delay is commonly defined as any ambulance attending the Emergency Department (ED), which is not handed over to the department within 15 minutes. This report focuses on delays which are 1 hour or longer across both WAHT EDs at Worcestershire Royal Hospital (WRH) and Alexandra Hospital.
11. As important as maintaining good levels of patient flow is to reducing levels of ambulance handover delays, it is also important to have robust management processes in place. These processes can include Front Door Streaming – this is the process of quickly identifying the most appropriate care for patients presenting to the ED and transferring the patient to the appropriate setting – which helps reduce overcrowding within the ED and facilitates prompter ambulance handovers.
12. Any ambulance which is delayed at a hospital is unable to attend to new 999 calls, thereby impacting on patients within the community who are yet to receive any assessment, care or treatment.
13. It was previously reported that over 1 hour handover delays across WAHT peaked at 1,198 during December 2022. The delays reduced to 740 during January 2023, and 710 during February 2023. Unfortunately, these improvements (reductions) in handover delays were not sustained, for March 2023 with the number increasing to 1,046, before reducing again to 696 for April 2023.
14. The latest position (May) shows a deteriorating position on April but remains below the December 2022 peak.
15. The main factor causing ambulance handover delays is overcrowding in the ED, more so at WRH, resulting in no physical space in the Department to place another trolley, or no staff available to see and treat patients.
16. At WAHT, patients waiting outside on ambulances remain under the care of paramedics and are reviewed every 15 minutes by an experienced ED nurse using a Global Risk Assessment Tool (GRAT) to ensure they are not deteriorating whilst held outside. Patients are brought into the Department in clinical priority order rather than in order of arrival time, and sometimes patients in the waiting room are brought in ahead of the ambulance patients as they are more acutely unwell.
17. Among the factors driving reduced handover delays post December, was 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.
18. During December 2022, the first floor of the new ED opened at WRH. During January the Unit saw around 250 patients per week (during the same period last year this number was approximately 160). This was a promising start. However,

despite improvements in streaming patients to both medical and SDEC, the EDs remain regularly overcrowded.

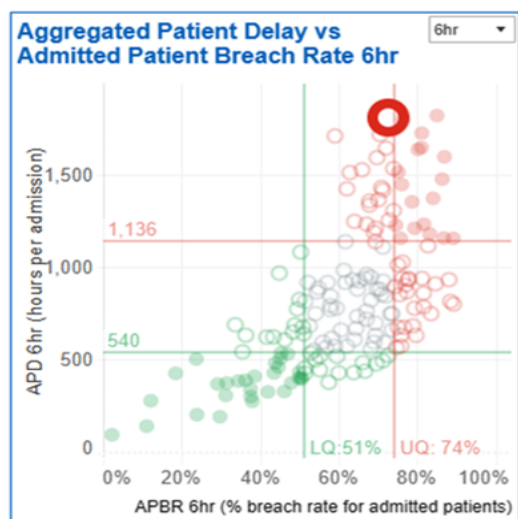
19. The main cause of ED overcrowding is often referred to as 'exit block' which is where patients requiring admission are unable to move to downstream wards because of a lack of available beds. These patients mainly need admission under the medical specialties for conditions such as sepsis, heart failure or chest infections. Exit block is less of an issue for surgical specialties with the exception of some trauma cases.
20. The graphs below show that the majority of referred or admitted patients only leave the ED after 12 hours, indicating significant exit block or a non-functional admitted pathway and that WRH ED is a national outlier. (GIRFT (Getting it Right First Time) is a national programme designed to improve the treatment and care of patients.

WRH ED NHS GIRFT data for January 2023



The graph shows that the majority of referred or admitted patients (dark green, red) only leave the ED after 12hrs, indicating significant 'Exit Block' or a non-functional admitted pathway

WRH ED NHS GIRFT data for January 2023

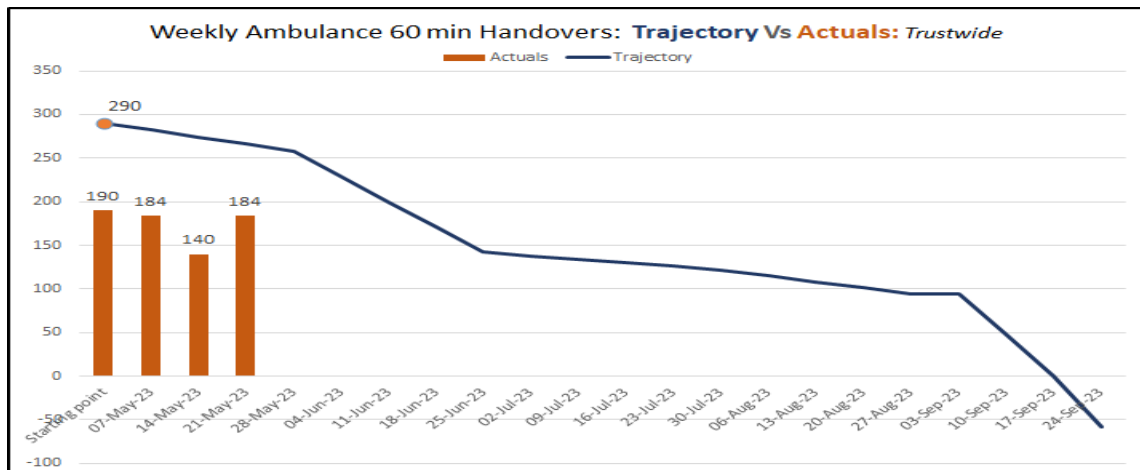


The graph shows that WRH ED is a national outlier in terms of the functioning of the admitted pathway, with an APD6hr of 1804 (English mean 933)

21. Patients waiting to be admitted can be housed within the minors area, majors area or the corridors, and account for the bulk of the 'aggregated patient delay' (APD 12) which is the number of over 12 hour patient waits in the department from arrival to exit. These patients can have a poor experience of care.
22. It is a quality priority to reduce ED overcrowding by reducing 'exit block'. The only way to do this is to increase the number of beds or to discharge patients more quickly. Demand and capacity modelling work is underway locally to better understand the number of beds required within the acute setting.
23. Although reductions in delays have been inconsistent, there has been a continued improving trend in discharge activity. For the last reporting period (last rolling 6 weeks) WAHT achieved 95% of its discharge target. This is promising and is showing signs of consistency and would normally mean sustained improvements, (reductions) to handover delays. A key challenge however is that only 19.5% of this discharge activity occurs prior to midday (against a target of 33%). Significantly, slightly over 50% of discharge activity occurs post 4pm and leads to

considerable blockages in ability to flow from the ED to base wards throughout the day.

24. The timeliness of discharge activity is crucial in preventing delays building up throughout the day. Current performance indicates 20% of discharge activity is prior to midday, whereas the system target is 33%.
25. The ICB, working with WAHT, has agreed to an improvement plan, with the aim of a timed gradual improvement of handover delays by September 2023. This is also the timeframe for the opening of the new ED.
26. The key requirements of this improvement plan include:
 - Increasing Pathway 0 (PW0) discharges for Over 65's to 80% from 70%
Increase the number of patients discharged to usual place of residence
 - Increasing wards to discharge 33% of patients by midday
Reducing build up of ambulances and associated delays
 - Reducing referral times for Pathway 1 (PW1) and Pathway 2 (PW2) patients to March 2022
Reducing occupancy levels
 - The timely transfer of patients from Acute Medical Unit to specialty wards within guided Length of Stay of either 12 or 24 hours
Reducing exit block from ED and associated overcrowding
 - Moving frailty patients to separate assessment areas
Reducing exit block from ED and associated overcrowding
 - Increasing Same Day Emergency Care activity
Reducing exit block from ED and associated overcrowding.
27. The improvement trajectory and performance to date is detailed below:



28. Performance against the improvement trajectory will be overseen by the system's Chief Operating Officers.

Patient Flow

29. 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'.

30. As detailed in the below table, the system performs very well in terms of length of stay (LoS) and patients no longer requiring an 'overnight acute bed'.

Trust Name	7+ LoS occupancy %	14+ LoS occupancy %	21+ LoS occupancy %	% beds occupied by patients NOT meeting criteria to reside
Midlands	42.6%	24.6%	15.7%	11.5%
Chesterfield Royal Hospital NHS Foundation Trust	39.6%	25.9%	12.3%	20.3%
George Eliot Hospital NHS Trust	59.8%	32.1%	17.8%	6.7%
Kettering General Hospital NHS Foundation Trust	52.9%	31.3%	19.0%	6.8%
Northampton General Hospital NHS Trust	57.2%	37.8%	26.4%	23.0%
Nottingham University Hospitals NHS Trust	44.8%	27.0%	17.5%	15.7%
Sandwell and West Birmingham Hospitals NHS Trust	51.3%	32.6%	23.8%	10.4%
Sherwood Forest Hospitals NHS Foundation Trust	45.2%	26.3%	17.1%	16.6%
South Warwickshire NHS Foundation Trust	30.7%	16.6%	9.5%	16.4%
The Dudley Group NHS Foundation Trust	42.4%	23.3%	12.6%	8.3%
The Royal Wolverhampton NHS Trust	41.4%	22.7%	12.5%	11.1%
The Shrewsbury and Telford Hospital NHS Trust	43.8%	24.1%	13.7%	16.5%
United Lincolnshire Hospitals NHS Trust	38.5%	23.6%	16.2%	14.7%
University Hospitals Birmingham NHS Foundation Trust	47.5%	27.0%	17.0%	5.7%
University Hospitals Coventry and Warwickshire NHS Trust	45.4%	26.2%	18.2%	17.1%
University Hospitals Derby and Burton NHS Foundation Trust	39.7%	22.9%	14.0%	8.3%
University Hospitals of Leicester NHS Trust	40.2%	23.0%	14.5%	10.8%
University Hospitals of North Midlands NHS Trust	42.6%	23.5%	15.0%	8.2%
Walsall Healthcare NHS Trust	37.2%	16.6%	8.3%	15.5%
Worcestershire Acute Hospitals NHS Trust	39.1%	21.2%	13.2%	7.2%
Wye Valley NHS Trust	38.5%	20.6%	13.0%	18.6%

31. The measures in the above table show the % of patients residing within an acute setting for 7, 14 and 21 days. WAHT performs among the best within the region with reference to this measure, indicating that patients are being discharged in a timely manner.
32. The additional metric within the above table shows the % of patients who 'no longer meet the criteria to reside' within an acute setting. Again, WAHT performs second best within the region on this measure, which further illustrates patients are being discharged in a timely manner.
33. Against national benchmarking, WAHT performs well in terms of length of stay for emergency admissions with an average length of stay in the lowest quartile.
34. Despite this there remains the potential and indeed the necessity to further reduce unnecessary admissions, reduce length of stay and increase the daily numbers of discharges. The system has recently been subject to two reviews in relation to Patient Flow. The first review focused on the Onward Care Team (OCT) which is the team which manages Patient Flow for patients requiring support on discharge or those patients being discharged to a community setting.

35. This review highlighted general good practice within the OCT, with specific recommendations on refining the offer and improving performance in distinct areas such as therapist reviews and referral processes.
36. One aspect of work following on from the above review is further refinement of the Intermediate Care offer. A small task force is being established to identify ways to link up disparate components of the out of hospital offer, such as urgent community response and at-home pathways. This review will also importantly focus on the 'admission prevention' aspect and improving coordination across teams.
37. The second review, again in relation to Patient Flow, focussed on the entire patient journey for those patients who do not require support on discharge and those patients who do.
38. The outputs of this second review are currently being formalised into a system wide action plan, however the general theme of the conclusions suggests that improvements can be made in internal hospital flow. It also noted that Worcestershire will continue to improve its primary care access and will focus on integrated frailty services to match the growing demographic.
39. The outputs of this second review will be subject to system wide monitoring and oversight in relation to recommendations will be at an Executive Level.

Purpose of the Meeting

40. The HOSC is asked to:

- Consider and comment on the information provided
- Determine whether any further information or scrutiny on a particular topic is required.

Contact Point

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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 10 February 2023, 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.](#)