

**HEALTH SCRUTINY COMMITTEE MEETING
27th March 2009**

**HEREFORD HOSPITALS NHS TRUST RESPONSE TO THE WEST
MIDLANDS AMBULANCE SERVICE IN HEREFORDSHIRE SCRUTINY
REVIEW**

1) Introduction

- 1.1 The Health Scrutiny Committee appointed a panel to undertake a review of West Midlands Ambulance Service (WMAS) provision in Herefordshire. The review concluded in December 2008 and its findings were presented to the Health Scrutiny Committee in February 2009.
- 1.2 This document represents Hereford Hospitals NHS Trust's response to the relevant content and recommendations of the review.

2) Relevant review issues and recommendations

- 2.1 The main body of the review report identified a number of issues of relevance to the Trust, under two headings:-

Resources

- The need to improve advance communication between the ambulance service and the hospital as an aid to improved patient triage and diagnosis (page 23 & 24)
- Limitations in the non emergency (PTS) transport service, resulting in delayed patient discharges and potentially bed shortages (page 23)

Pressures on the service

- Lack of clarity as to responsibility for ambulance crew clearance and turnaround (page 23 & 24)
 - Bed shortages at the County Hospital impacting negatively on the ability of the Trust to receive patients in a timely manner (page 24)
 - A lack of resilience in the A&E service to cope with peaks of demand as experienced in December 2008 (page 24)
- 2.2 As a consequence of these findings the review team made 3 recommendations of relevance to the Trust:-
 - That effective measures are implemented to ensure all emergency ambulance arrivals are accommodated safely in the hospital within 30

minutes, and that all other measures to reduce inappropriate use of emergency services and to release beds safely be urgently implemented

- That both WMAS and the Hospitals Trust improve, in collaboration with each other, their triaging and ambulance clearance time procedures
- That effective triaging of patients, communicated at the earliest stages to hospitals (for example by EOC's or crews on first seeing a patient) and followed up by further triaging at hospital by senior clinical decision makers, be implemented as a matter of urgency

3 Trust response

3.1 The Trust's response, as set out in the action plan attached (Appendix 1), seeks to address the wider issues of service capacity and resilience on the one hand and the specifics of the interface between the hospital and the ambulance service on the other.

3.2 On the broader front, the Trust has already taken or is planning to take a number of actions, particularly in relation to bed capacity:-

- Since the review visit, the Trust has reopened Kenwater Ward to provide an additional 16 beds. These will be retained until their re-provision in the main hospital later in the year
- A systematic review of the flow of emergency patients through the hospital has commenced to ensure appropriate admission, timely treatment and prompt discharge. Central to this initiative is the planned development of a Clinical Decisions Unit, alongside A&E and linked to the proposed Primary Care Centre, which from evidence elsewhere will enable more rapid assessment of patients and reduce inappropriate admissions
- Within the A&E department itself, shift patterns are currently being reviewed to ensure better alignment with peaks of activity and a 3rd consultant is being appointed to strengthen clinical capacity
- The Patient Transport Service has been put out to competitive tender and a new contract has been awarded to an external provider from 1st May 2009.

3.3 With regard to the interface with the ambulance service, this has been enhanced through the enforcement of a clear handover protocol (Appendix 2) and the introduction of a clear escalation procedure for potential stretcher waits (Appendix 3). This mechanism is supported by regular daily reporting to Director level on ambulance handover times (Appendix 4) although it should be noted that there are issues of data accuracy which the Trust is seeing to address with WMAS

4 Conclusions

4.1 The Health Scrutiny Committee is requested to note and as appropriate comment on the Trust's response to the Review report.

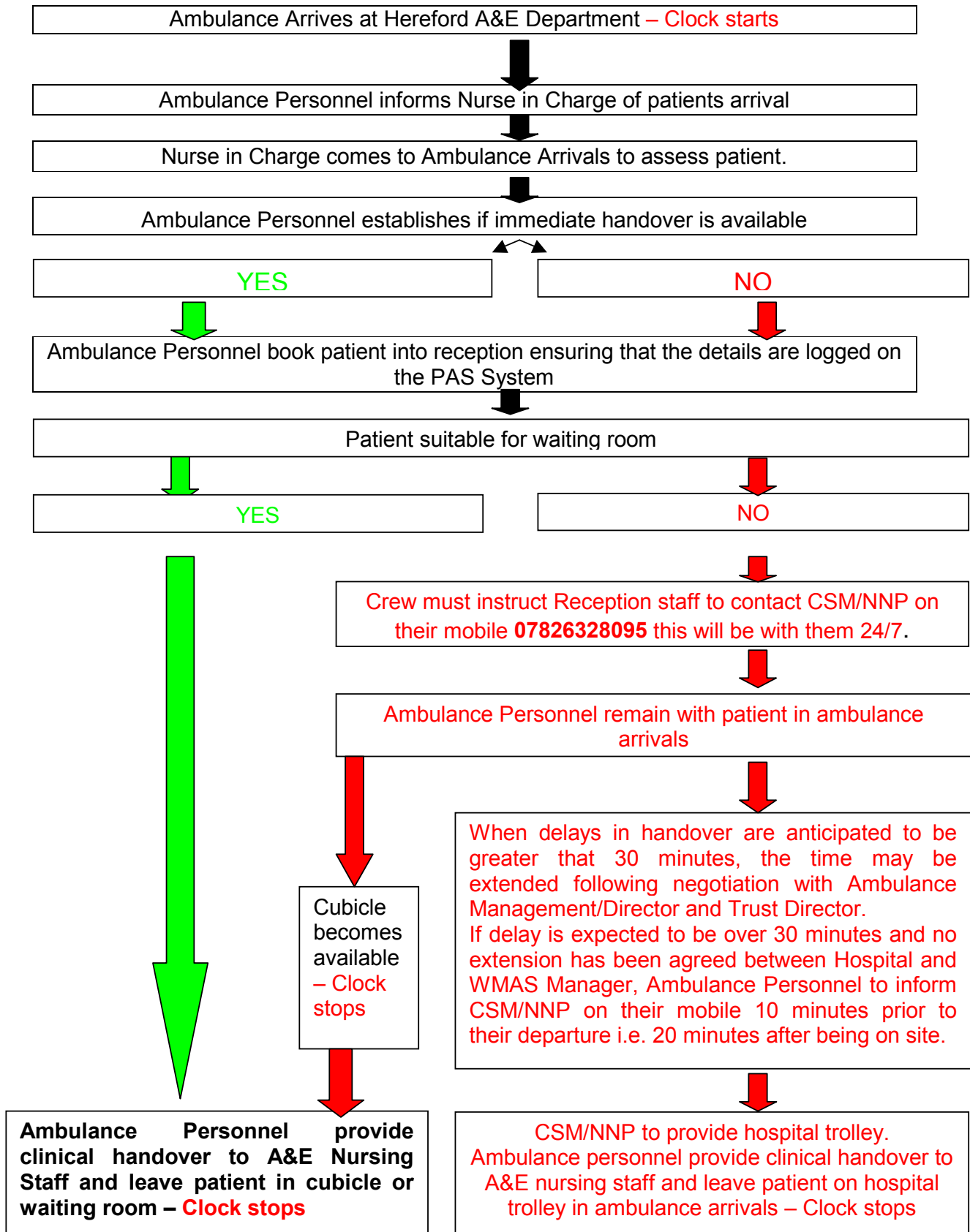
Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust

Hereford Hospitals NHS Trust
Action plan in response to Health Scrutiny Committee Review Report

Area / Recommendation	Actions	Progress / Implementation Date
<ul style="list-style-type: none"> The need to improve advance communication between the ambulance service and the hospital as an aid to improved patient triage and diagnosis (page 23 & 24) 	<ul style="list-style-type: none"> Trust / WMAS to develop improved mechanisms for advance communication and triage 	<ul style="list-style-type: none"> 31st May 2009
<ul style="list-style-type: none"> Limitations in the non emergency (PTS) transport service, resulting in delayed patient discharges and potentially bed shortages (page 23) 	<ul style="list-style-type: none"> Competitive tendering exercise undertaken for Patient Transport Service (non emergency) – contract let to external service provider 	<ul style="list-style-type: none"> 1st May 2009
<ul style="list-style-type: none"> Lack of clarity as to responsibility for ambulance crew clearance and turnaround (page 23 & 24) 	<ul style="list-style-type: none"> Handover protocol revised and enforced Escalation procedure introduced for patient stretcher waits Revised escalation procedure for A&E waits at 2 hours and early alert system for patients needing admission Regular reporting and review of handover performance Formal Executive level review of progress against action plan with WMAS 	<ul style="list-style-type: none"> Complete Complete Complete Ongoing Quarterly from 30th June 2009
<ul style="list-style-type: none"> Bed shortages at the County Hospital impacting negatively on the ability of the Trust to receive patients in a timely manner (page 24) 	<ul style="list-style-type: none"> Additional substantive beds (16) opened on Kenwater Ward and built into re-provision plans Review of flow of emergency patients through the hospital from admission to discharge Development of a Clinical Decisions Unit with senior front door decision making resource 	<ul style="list-style-type: none"> Complete Commenced Feb 2009 Commenced July 2008 for completion December 2010
<ul style="list-style-type: none"> A lack of resilience in the A&E service to cope with peaks of demand as experienced in December 2008 (page 24) 	<ul style="list-style-type: none"> Implementation of revised shift patterns in A&E, matching staffing to peak demand Recruitment of 3rd A&E consultant 	<ul style="list-style-type: none"> 30th June 2009 In progress

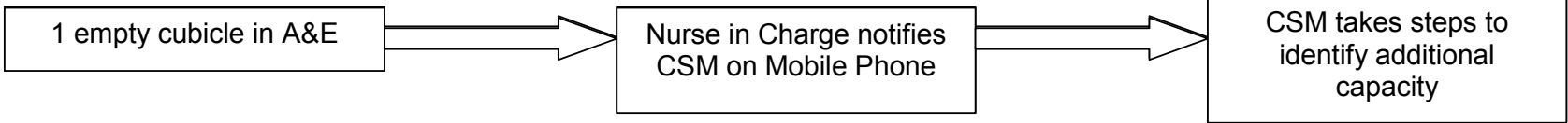
Hereford Hospital NHS Trust A&E Department

Protocol for Ambulance Handover

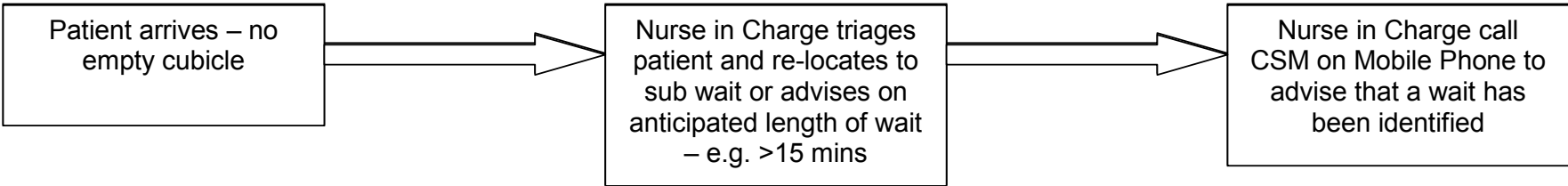


Escalation Procedure – A&E Stretcher Waits
All Ambulance Arrivals Signalled by Crews to Majors Dept. Via Call Bell February 2009

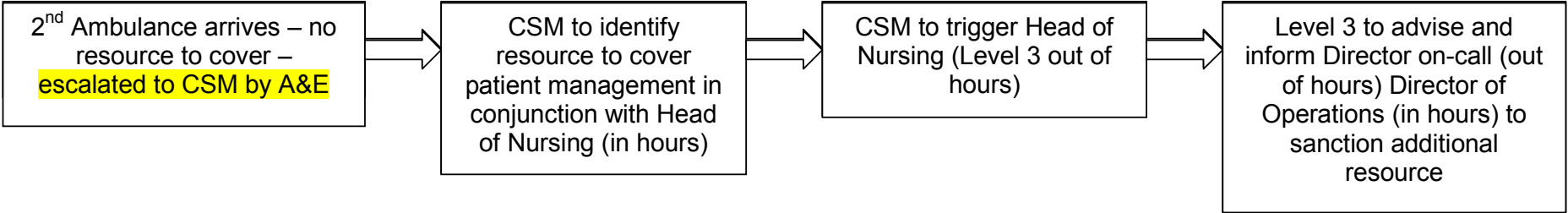
GREEN ALERT



AMBER ALERT



RED ALERT





West Midlands Ambulance Service **NHS**

NHS Trust

Daily Hospital Handover Report

Date: 11/03/2009
 Period: 00:00:00 - 23:59:59

Created: 12/03/2009 13:18 Version: 2

Performance

The information presented is a snapshot of performance and is subject to change

By Category - Using Call Connect Clock Start					
Locality	Demand	A8	A19	B19	C30 & Referrals
BBC	887	77.3	99.3	95.3	88.9
C&W	288	81.0	100.0	95.9	99.0
HS&W	305	79.1	97.8	97.3	100.0
Staff	329	77.3	100.0	97.2	99.1
WMAS	1809	78.1	99.2	96.1	94.7

Activity

Over 45 mins

Over 60 mins

By Hospital								
Trust	Hospital	Predicted Cases	Actual Cases	Delays Over 30 Minutes	% Delayed Over 30 Minutes	Longest Delay hh:mm	Time Delayed (in excess of 30 min) hrs:mm	CAD Inc Number *
Birmingham Childrens Hospital	Birmingham Childrens	13	15	1	6.7	1:05	0:35	BBC: 0899
Dudley Group of Hospitals	Russells Hall Hospital	79	106	31	29.2	1:03	5:00	BBC: 0585
Heart of England	Good Hope Hospital	66	67	4	6.0	0:42	0:28	BBC: 0484
	Heartlands Hospital	104	94	23	24.5	1:21	3:45	BBC: 0376
	Solihull Hospital	23	26	8	30.8	0:47	0:48	BBC: 0828
Royal Wolverhampton Hospitals	New Cross Hospital	91	93	10	10.8	0:55	1:32	BBC: 0934
Sandwell & West Birmingham	City Hospital	68	73	24	32.9	0:47	2:37	BBC: 0655

	Sandwell Hospital	52	63	12	19.0	0:59	2:00	BBC: 1306
University Hospital Birmingham	Selly Oak Hospital	86	76	17	22.4	1:18	5:09	BBC: 0906
	Queen Elizabeth Hospital	9	12	4	33.3	1:02	1:06	BBC: 0530
Walsall Hospitals	Walsall Manor Hospital	65	50	1	2.0	0:30	0:00	BBC: 1000

Hereford Hospitals	Hereford County	31	24	6	25.0	0:40	0:31	SHRP: 0868
Shrewsbury & Telford Hospitals	Princess Royal Hospital – Telford	37	36	9	25.0	1:15	2:01	SHRP: 0671
	Royal Shrewsbury Hospital	40	38	1	2.6	0:50	0:20	SHRP: 0603
Worcestershire Acute Hospitals	Kidderminster Hospital							
	Alexandra Hospital – Redditch	40	39	12	30.8	0:49	1:29	SHRP: 1147
	Worcester Royal Hospital	60	57	13	22.8	0:43	0:52	SHRP: 1003

George Elliot Hospital	George Elliot Hospital	32	26	13	50.0	0:46	1:15	C&W: 0176
University Hospitals Coventry & Warwickshire	St. Cross – Rugby	4	6	1	16.7	0:32	0:02	C&W: 0189
	University Hospital	115	117	26	22.2	0:39	1:36	C&W: 0272
South Warwickshire Hospitals	Warwick Hospital	42	37	14	37.8	0:52	1:38	BBC: 0857

Burton Hospital	Burton Hospital	29	23	0	0.0	0:29	0:00	STAFF: 206
Mid Staffordshire General Hospital	Mid Staffs General	56	53	4	7.5	0:57	0:48	STAFF: 279
University Hospital North Staffordshire	UHNS Hospital	113	111	7	6.3	0:36	0:21	STAFF: 190

	City General	7	5	0	0.0	0:21	0:00	STAFF: 114
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Total	1262	1247	241	19.3		34:02	**
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Notes

* BBC: Birmingham & Black Country C&W: Coventry & Warwickshire STAFF: Staffordshire

H&W: Hereford & Worcester SHRP: Shropshire

** Total Time delayed in excess of 30 minutes

This data does capture delays with patients that are cohorted

