

Three principal recommendations were relevant to Hereford Hospitals NHS Trust:

- (Resources 1) 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
- (Resources 2) That both WMAS and the Hospitals Trust improve, in collaboration with each other, their triaging and ambulance clearance time procedures
- (Data and Information 8) 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

Appendix 1

The Trust broke down its response as follows:

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

Area / Recommendation	Actions	Progress / Implementation Date	Update
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"> • CAD introduction Jan/Feb 2010 • Triage nurse supplied by the Trust to allow handover and expedite turnaround • Improved daily performance reports from WMAS
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 	<ul style="list-style-type: none"> • 1st May 2009 	<ul style="list-style-type: none"> • HHT engaging in renegotiation of non emergency transport contract to provide out of hours transport

	provider		
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"> • Discussed at Trust Operational Board where performance and actions reviewed
<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"> • Reprovision of 16 additional beds in HHT main building to support closure of Kenwater to build MRU • Discharge flow being addressed to free up capacity for emergency admission growth of 8% 09/10 • Allocation of capital to build facility

<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"> • Complete • Complete 	
---	---	--	--

Scrutiny Review Recommendation	HHT Response	HHT update
	Competitive tendering exercise undertaken for Patient Transport Service (non emergency) – contract let to external service provider	