

## Emergency Access Briefing for Walsall Council

Author: Rob Ankcorn - Director of Operations, Medicine & Long-Term Conditions, Walsall Healthcare NHS Trust

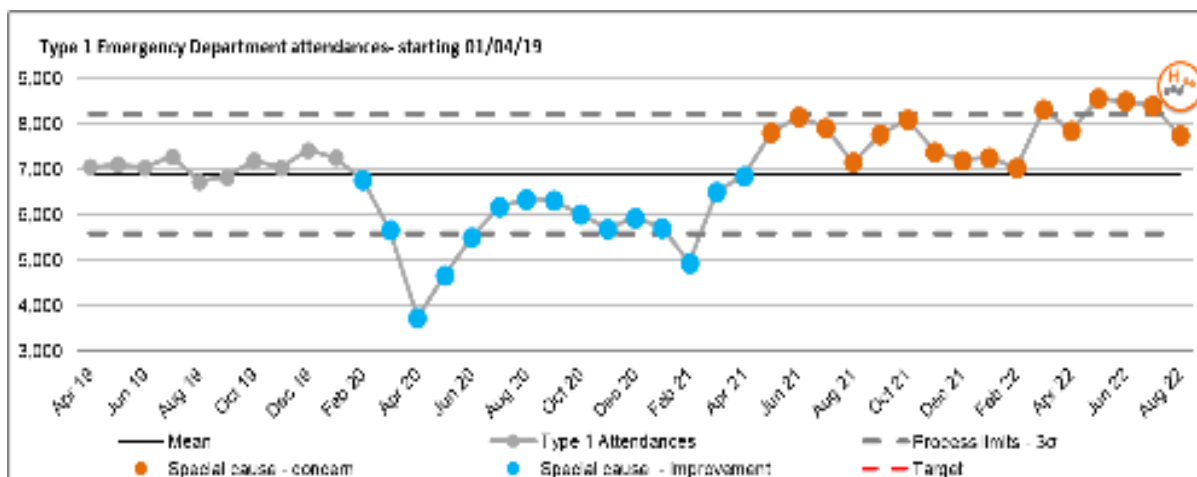
Date: 17<sup>th</sup> October 2022

### 1. Overview

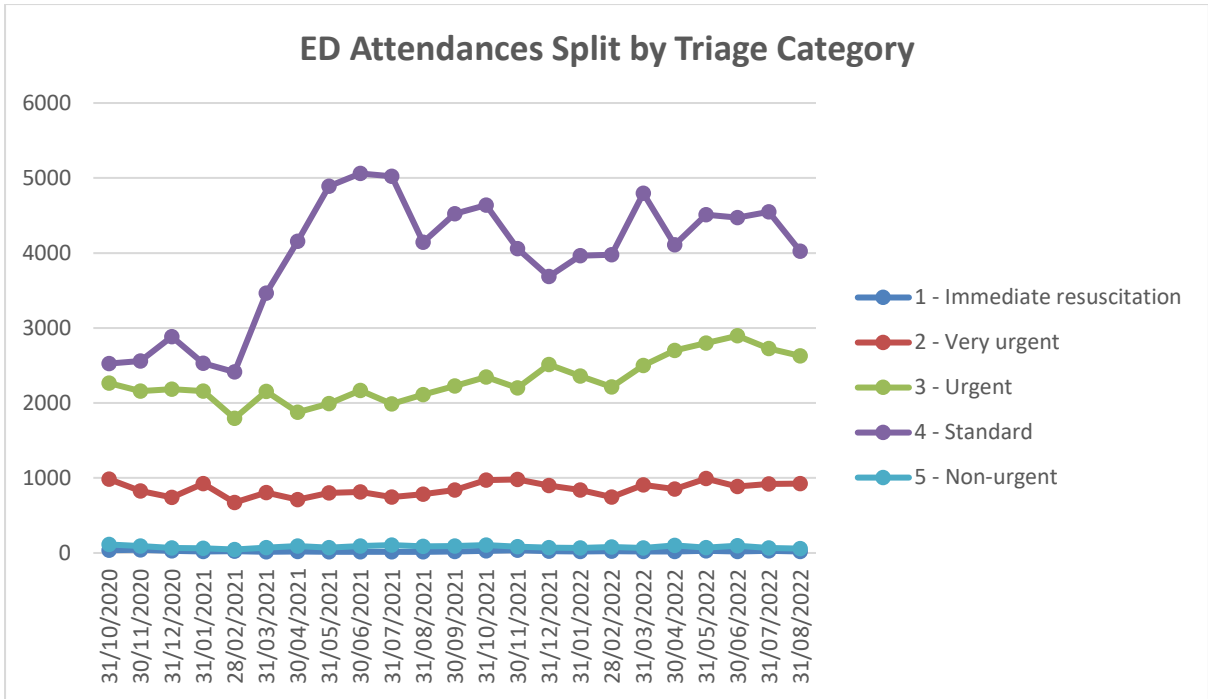
This is an executive briefing for the Social Care & Health Committee of Walsall Council. Most of the graphs contained are Statistical Process Control (SPC) Graphs which identify statistically significant trends in data and change the colour of the data points to illustrate this.

### 2. Emergency & Access at WHT Emergency Department

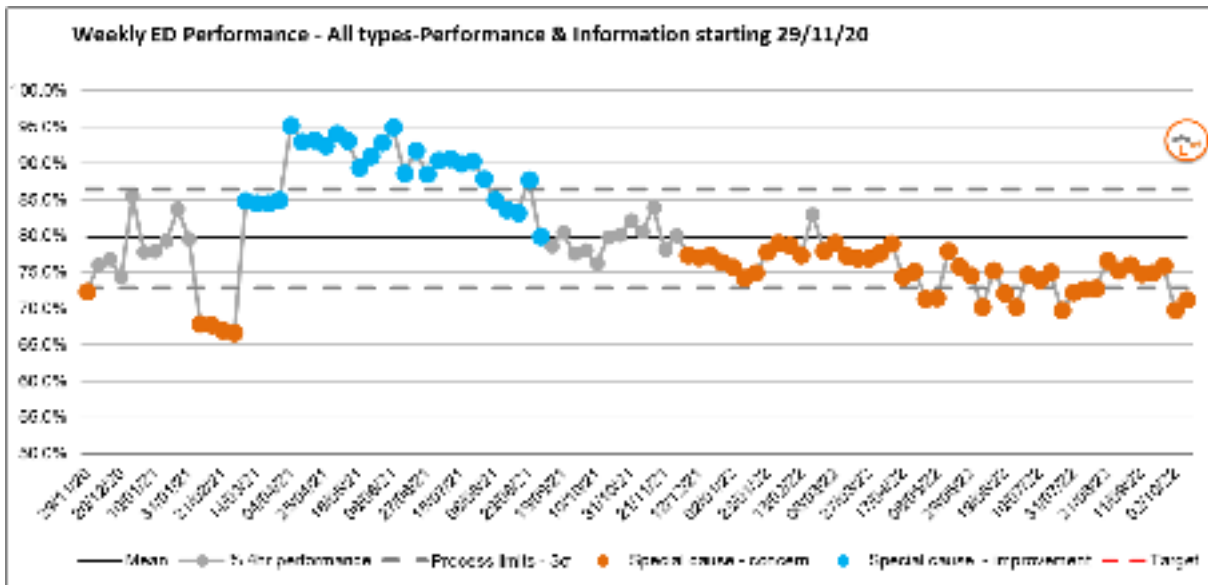
Attendances to the Emergency Department have been at an all time high from April 2021. The Trust has regularly been exceeding 8,000 attendances per month, up from a pre-Covid baseline of approximately 7,000 per month.



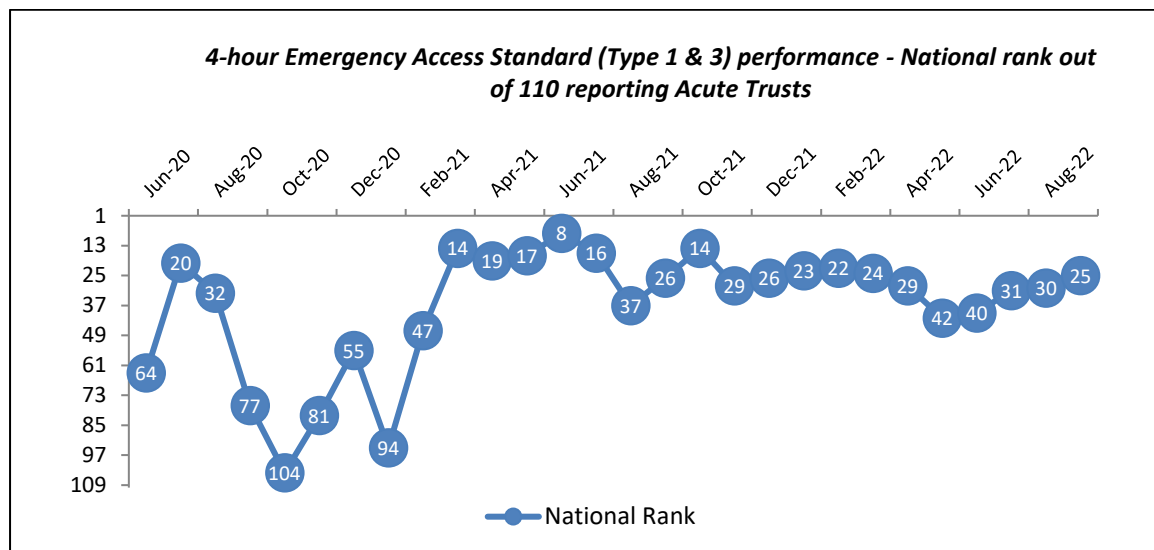
This increase in attendances has been largely driven by patients with lower acuity needs (Emergency Department Triage Category 4) although we have also seen an increase in patients with urgent needs (Triage Category 3).



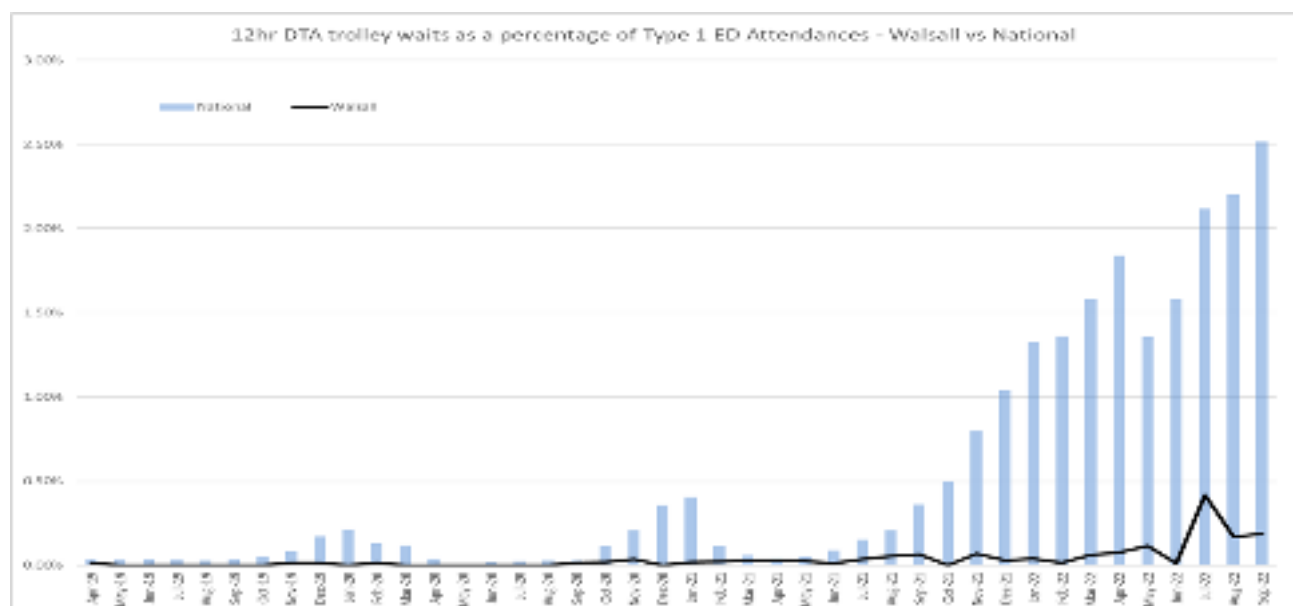
The sustained high pressure on the Emergency Department has increased waiting times. The proportion of patients that wait 4 hours in ED before admission or discharge has increased over the past two years to almost 30%.



This deterioration in WHT’s emergency access times is mirrored nationally with the whole Country experiencing longer waits. Because of this, Walsall’s relative Emergency Access Performance has been very strong. In the month of September, Walsall had the 25<sup>th</sup> best waiting times in the Country as measured by the 4 hour standard.



WHT has comparatively good patient flow for patients needing onward admission into the hospital when compared nationally. This means that relatively few patients wait an excessively long time in ED to be admitted to an inpatient bed after being referred for admission. The below graph shows that the percentage of patients that wait over 12 hours in ED at Walsall following a Decision to Admit (DTA) is significantly lower than the national average.



Comparatively good flow of patients at Walsall Manor hospital is supported by:

- Multiple Same Day Emergency Care units; ambulatory emergency care (under acute medicine), frailty unit (under geriatric medicine), gynaecology assessment unit,

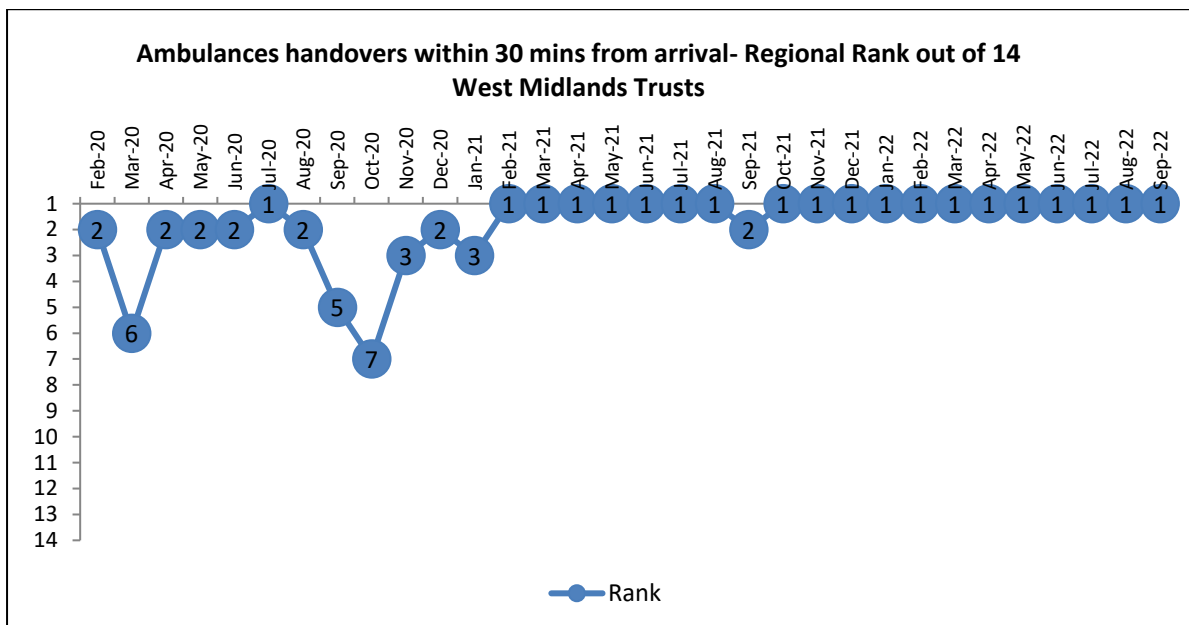
paediatric assessment unit and surgical ambulatory care unit (predominantly under general surgery and T&O) that all contribute to over 48% of non-elective admissions at the trust having zero-day length of stay .

- Highly functional discharge lounge, open 07:00-22:00 (see Emergency Care Improvement Support Team video podcast: [ECIST Bitesize Podcast Series - Walsall Manor Hospital Discharge Lounge - YouTube](#))
- Comparatively low medically stable for discharge inpatients as a result of the Walsall Together partnership
- Proactive pull of overnight admitted inpatients from acute medical unit by both AEC and FES first thing each morning

### 3. Ambulance Waiting Times

Ambulance handovers represent the very start of the hospital-based emergency pathway for the sickest of patients. Patients arriving by ambulance generally require an ED Cubicle to be handed over into in order to be 'released' by the ambulance crew. High cubicle occupancy in Emergency Departments increases the time it takes for ambulances to handover patients.

Whilst Walsall's ambulance handover performance has deteriorated as a result of high emergency care pressures, the Trust has been the best performing for timely ambulance handovers in the West Midlands every month for the past year.



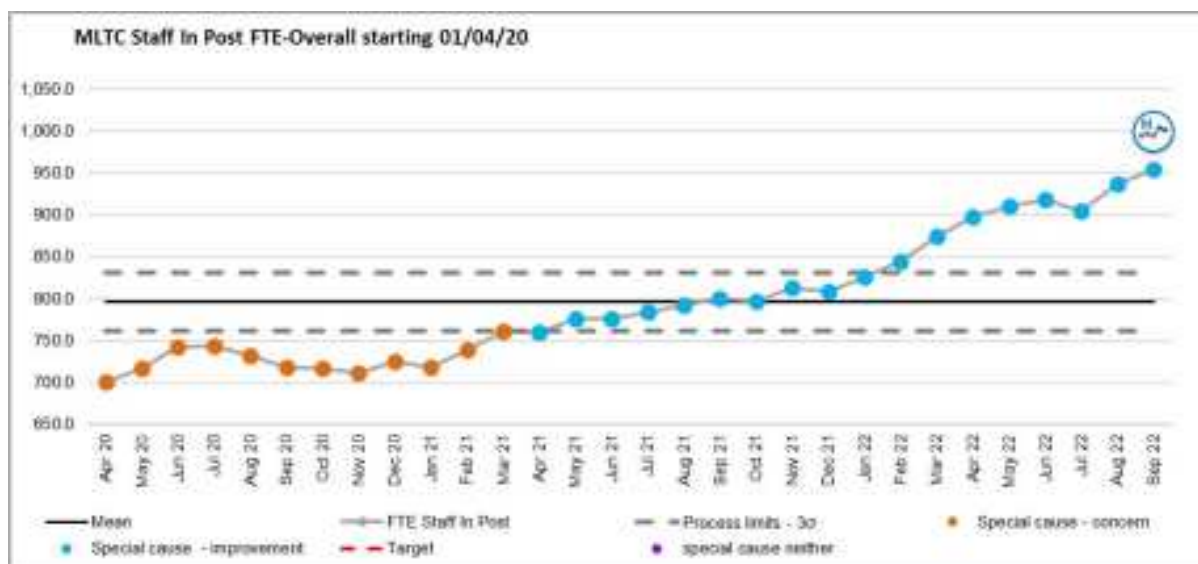
In September, 93% of patients were handed over within 30 minutes at WHT. This performance has been achieved whilst taking an increased number of 'Out of Area' ambulances from outside the borough. In August the Trust had 155 ambulances conveyed to Walsall Manor ED from neighbouring Trusts due to prolonged ambulance handover times at neighbouring Trusts.



#### 4. Discharge of patients from WHT

The Trust’s March 2021 Care Quality Commission inspection highlighted weaknesses in the management of patients discharged from Walsall Manor Hospital on medical wards.

Since the warning was issued, the Division of Medicine (which has the vast majority of adult inpatient beds) has increased its staff numbers significantly:



The Trust has also introduced new measures to ensure consistently safe discharge of patients:

- The Discharge Lounge service has a ‘Hospital 2 Home’ project which runs from the Lounge in collaboration with Making Connections Walsall. Making Connections Walsall - tackles loneliness and social isolation and offers one-to-one support to help people engage in community activities and build social networks.

It is ideal for patients who live alone. Making Connections Walsall is supported by four community based provider hubs who offer a befriender service which can support safe discharge, and help to prevent readmissions to hospital. A food supply, which is donated by a charitable organisation called Blessed 2 Bless can be provided on discharge and the service can also offer assistance with any support required following discharge. They can make referrals to other agencies or support with day to day requirements such as shopping. A friendly voice and point of contact, The 'Hospital 2 Home ' also provides an information leaflet which several answers to question patients may have on discharge- **WHAT SHOULD I DO IF?**. When patients are discharged via the Discharge Lounge the project has also supplied personalised patient property bags and food parcel bags. Making Connections Walsall - tackles loneliness and social isolation and offers one-to-one support to help people engage in community activities and build social networks.

- The recent Care Quality Commission inspection (October 2022) provided initial feedback that the Discharge Lounge was impressive and operating effectively. The final written report is awaited.
- Discharge Lounge staff liaise directly with the Community Matrons to put resources in place that may support with preventing patient re-admissions. This provides a point of contact to the patient following discharge.
- Discharge Lounge have partnered with the Red Cross service, to support patients on discharge back to community settings
- The Trust has introduced Virtual Wards which offer tailored support at home to Respiratory Patients, Heart Failure Patients and patients with Covid-19.
- The Division of Medicine is recruiting a specialised "Discharge Matron" to further make improvements to the discharge process.

## 5. Urgent & Emergency Care Centre

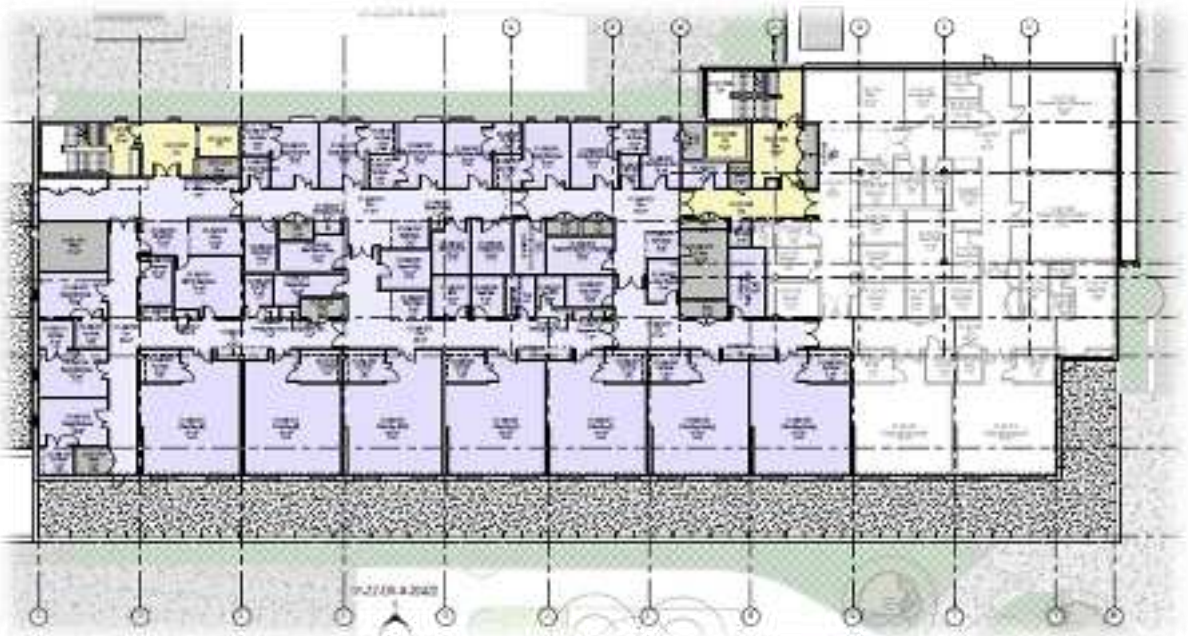
The New Build Urgent & Emergency Care Centre will be opening in February 2023. The new centre includes

- an urgent treatment centre,
- emergency department including resuscitation and rapid assessment and treatment area, and children's ED,
- co-located paediatric assessment unit,
- acute medical unit, and
- provision for ambulatory emergency care services in a future phase.

It also includes re-configuration of the current emergency department footprint, to incorporate improved ambulatory emergency care and imaging services. Various specialist facilities are located throughout, such as an isolation room for infectious patients, bariatric provision and digital x-ray rooms.



A Plan of the Ground Floor



A plan of the 1<sup>st</sup> Floor.