

**4 April 2024**

**West Midlands Service Update and Hospital Transfer Times for Walsall Healthcare NHS Trust**

**Ward(s):** All Wards

**Portfolios:** Councillor G. Flint (Wellbeing, Leisure and Public Spaces)

**1. Aim**

To appraise Committee members on ambulance response times in the Borough of Walsall and the timeliness of ambulance handovers at Walsall Manor Hospital.

**2. Recommendations**

The Committee are recommended to recognise the comparatively good performance within the Borough of Walsall, as well as the extent of mutual aid Walsall Healthcare NHS Trust provides neighbouring Trusts with, by way of receipt of intelligently conveyed ambulances.

The Committee are also recommended to recognise that any delay in both ambulance response and ambulance handover has the potential to cause harm to the patient.

**3. Report detail**

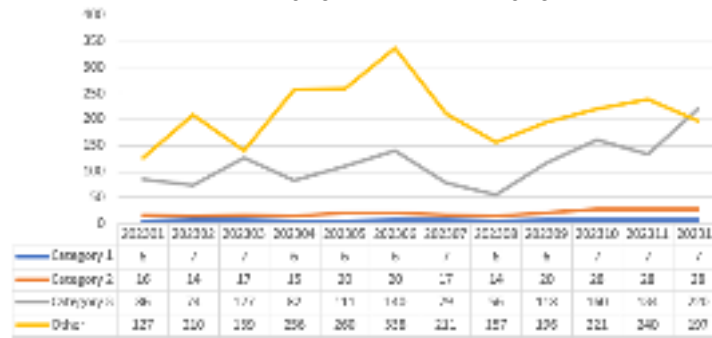
**3.1 Ambulance response times**

We can see as of December 2023, the population of Walsall<sup>1</sup> had a mean response time for category 2 999 calls of 28 minutes, rising to 63 minutes at the 90<sup>th</sup> percentile. Category 2 calls including incidents such as suspected strokes and heart attacks. Walsall and the Black Country perform comparably well; in December 2023, the equivalent national response times were 46 and 101 minutes respectively. The Black Country ICB is typically amongst the top two performing of the 42 Integrated Care Systems in the English NHS.

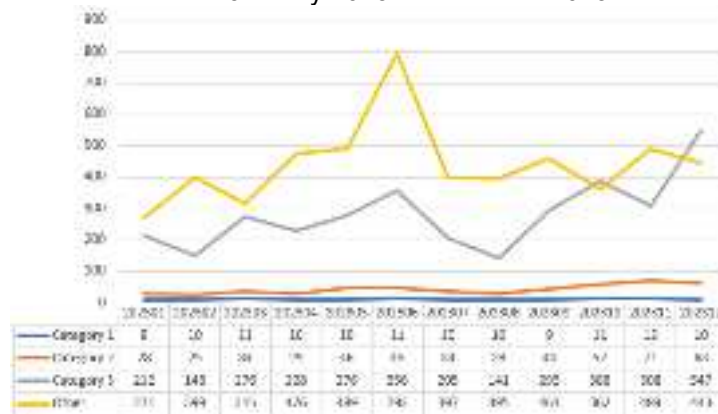
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<sup>1</sup> This analysis has been undertaken by the Black Country Integrated Care Board using West Midlands Ambulance Service data. The population of Walsall is based on the former Walsall Primary Care Trust boundaries. At present, data is only routinely presented within the NHS at ICB level. This analysis is one off for the purpose of this Committee.

**Figure 1:** Response time (mean) for ambulances for the Walsall population, by category, January 2023 – December 2023



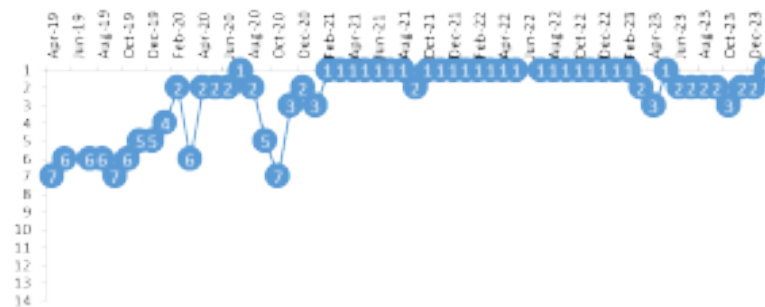
**Figure 2:** Response time (90<sup>th</sup> percentile) for ambulances for the Walsall population, by category, January 2023 – December 2023



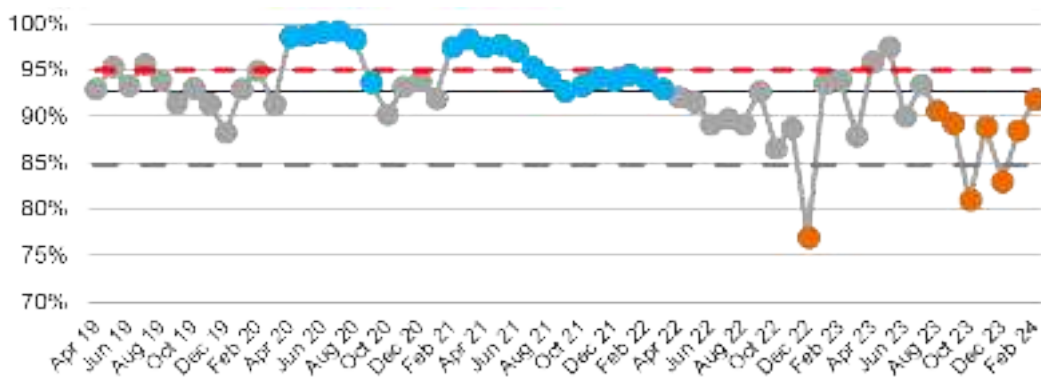
### 3.2 Walsall Healthcare NHS Trust ambulance handover times

Walsall delivers comparably strong ambulance handover times, and has delivered the highest proportion of handovers within 30 minutes amongst NHS Acute Hospital Trusts in the West Midlands in January 2024. Performance has also ranked in first position for 26 of the past 36 months.

**Figure 3:** Ambulance handover % within 30 minutes ranking, Acute Trusts in the West Midlands, April 2019 – January 2024

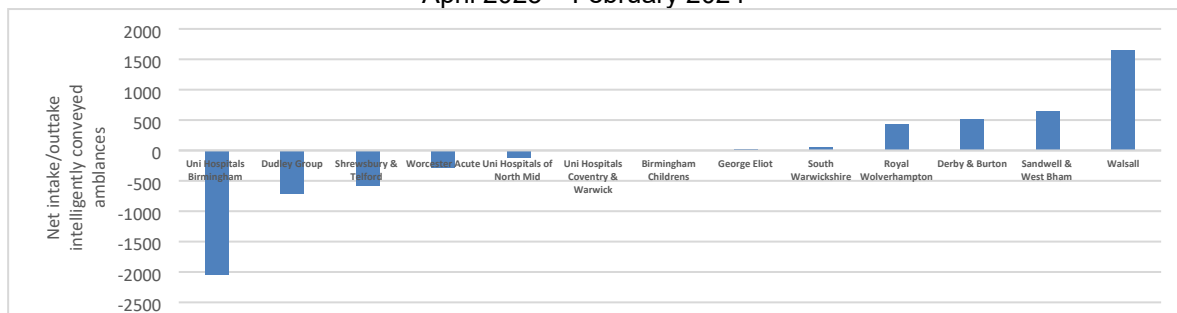


**Figure 4:** Ambulance handover % within 30 minutes, Walsall Manor Hospital, April 2019 – February 2024



We know that Walsall Healthcare NHS Trust also supports neighbouring Trust with a significant number of intelligently conveyed ambulances. This is where the West Midlands Ambulance Service will formally re-direct an ambulance crew to a different receiving Hospital, often due to anticipated delays to offload the crew at the nearest receiving hospital.

**Figure 5:** Net intake of intelligently conveyed ambulances, Acute Trusts in the West Midlands, April 2023 – February 2024



#### 4. Financial information

Walsall Healthcare NHS Trust has not yet received financial remuneration for those intelligently conveyed ambulances (or increased self-presenting patients from other boroughs), with associated Emergency Department attendances and inpatient admissions. The Black Country Integrated Care Board is taking this forward, on behalf of the Trust. Figure 6 sets out the financial impact of increased out of Black Country area emergency activity in 2023/24.

**Figure 6:** Invoices for out of area emergency activity across Walsall Healthcare NHS Trust and Royal Wolverhampton NHS Trust, 2023/24

System	Invoice (£'000s)
NHS Staffordshire and Stoke-on-Trent ICB	5,264
NHS Birmingham and Solihull ICB	1,284
NHS Shropshire, Telford and Wrekin ICB	151
<b>Total</b>	<b>6,699</b>

#### 5. Reducing Inequalities

In this context, two of the Marmot objectives are relevant:

- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

There is clear evidence that greater deprivation is associated with a higher likelihood of utilising Emergency Department services, meaning longer Emergency Access Standard waiting times or ambulance handover waiting times are likely to disproportionately affect the more deprived parts of the community we serve.

The published literature evidence base for differential access to secondary care services by protected characteristic groups of the community is less well developed. However, there is clear evidence that young children and older adults

are higher users of services, there is some evidence that patients who need interpreters (as a proxy for nationality and therefore a likely correlation with race) are higher users of healthcare services. And in defined patient cohorts there is evidence of inequality in use of healthcare services; for example, end of life cancer patients were more likely to attend ED multiple times if they were men, younger, Asian or Black.

In summary, further research is needed to make stronger statements, but there is published evidence of inequity in consumption of secondary care services against the protected characteristics of age, gender and race.

## **6. Decide**

Nothing is tabled for decision.

## **7. Respond**

Any response from the Committee will be taken forward by the Trust.

If the matter is within control of the Trust, that will be taken forward via Finance & Productivity Committee, followed by Trust Board.

If the matter is within the remit of the broader NHS Black Country Integrated Care Board, that will be taken forward via the Black Country Urgent & Emergency Care Board.

## **8. Review**

How will you review the issue this report is about? Is there performance monitoring or regular reviews? Are there opportunities to get involved?

## Background papers

Delays to hospital inpatient admission for patients in excess of 5 hours from time of arrival at the ED are associated with an increase in all cause 30 day mortality. Between 5 and 12 hours, delays cause a predictable dose response effect. For every 82 admitted patients whose time to inpatient bed transfer is delayed beyond 6 to 8 hours from time of arrival at the ED, there is one extra death.

Jones S, Moulton C, et al (2022), *Association between delays to patient admission from the emergency department and all cause 30 day mortality*, Emerg Med J. 2022 Mar;39(3):168-173. <https://pubmed.ncbi.nlm.nih.gov/35042695/>

Getting it Right First Time (2021), *Emergency Medicine: GIRFT Programme National Specialty Report*, <https://www.gettingitrightfirsttime.co.uk/medical-specialties/emergencymedicine/>

NHS England and the Department of Health & Social Care (2023), *Delivery plan for recovering urgent and emergency care services*, [Accessed: [B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf \(england.nhs.uk\)](#) on 31 March 2023].

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