

# Corridor care

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# Where were we in 2023/24

## Quality and Safety

- No Criteria to Reside (NCTR) / Discharge Ready Date (DRD) peaked at over 250 patients (c800 total beds) in 2022/23
- Patients routinely boarded across the wards with some wards +2/3 patients per ward
- Clear evidence of Delay Related Harm due to front door delays

## Performance

- Average ambulance handover time around 80+mins, peaking at 2hrs 50mins
- Boarded patients increasing overall Length of Stay (LOS).

## Culture

- Significant deterioration in staff satisfaction – second lowest morale in the NHS.
- Staff recommending GHFT as a place to receive care declined by 33% in 2023 linked to corridor care

# What the evidence shows

- The **average Length of Stay** for patients increased if placed on a corridor. 8 days v 3 days.
- The **average length of time** on the corridor for a patient on a ward was 36 hours compared to 4 hours in ED.
- **No correlation** between boarding and improved Cat 2 response times.

Patients treated on a corridor have significantly longer lengths of stay  
Trend represents two-week moving average





# What changed?

- Focus on harm not performance – and a willingness to quantify it & 'publicise' it
- Working together with partners on resetting relationships in flow
- Remove the comfort blanket that beds create flow (in some instances)
- Challenging historic practices & standards - process, culture, behaviours & expectations
- Better alignment from speciality to Board on expectations, roles and responsibilities
- Clarity around Exec Tri role in resetting the organisational drumbeat – no separation between quality & safety & flow
- Dedicated clinical leadership with a focus on flow



# Clinical Vision of Flow

## Workstream 1: Emergency Departments

- No ambulance handover more than 40 minutes (now 15 mins) in line with national standards

## Workstream 2: Short stay

- No patients in short-stay units for more than two nights. This includes AMU 1, ACUC and SAU
- No patient in SDEC for more than eight hours

## Workstream 3: Specialty wards

- No outliers eg no medical patients in surgical beds
- No patients in corridors
- 80% of patients being discharged through the discharge lounge at GRH
- 50% through the discharge lounge before 12pm

## Workstream 4: Frailty

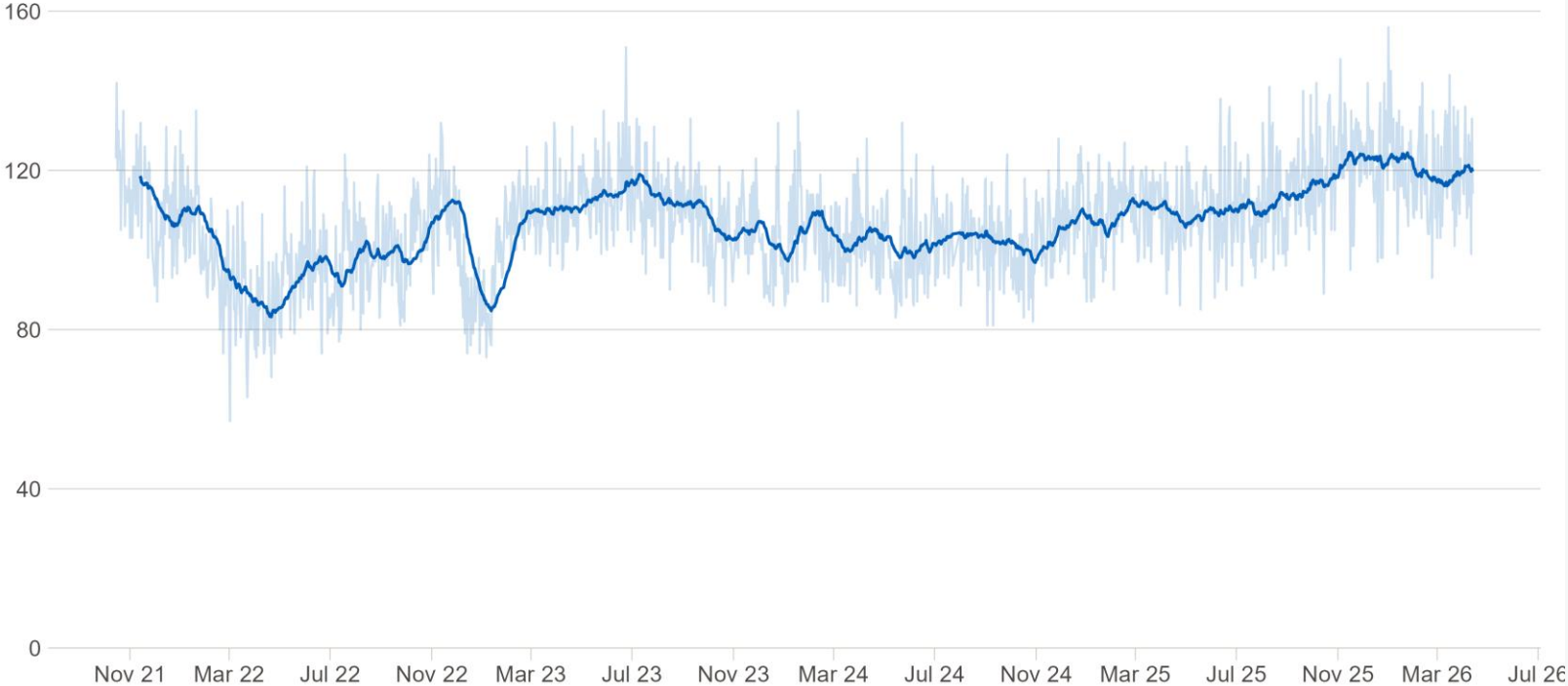
- No escalation beds within our SDEC or assessment areas
- No criteria to admit for Social Admissions
- Frailty SDEC to take 6 patients before 10am

# Ambulance conveyances

- Gloucestershire regularly has the highest ambulance conveyance rates across the South West.

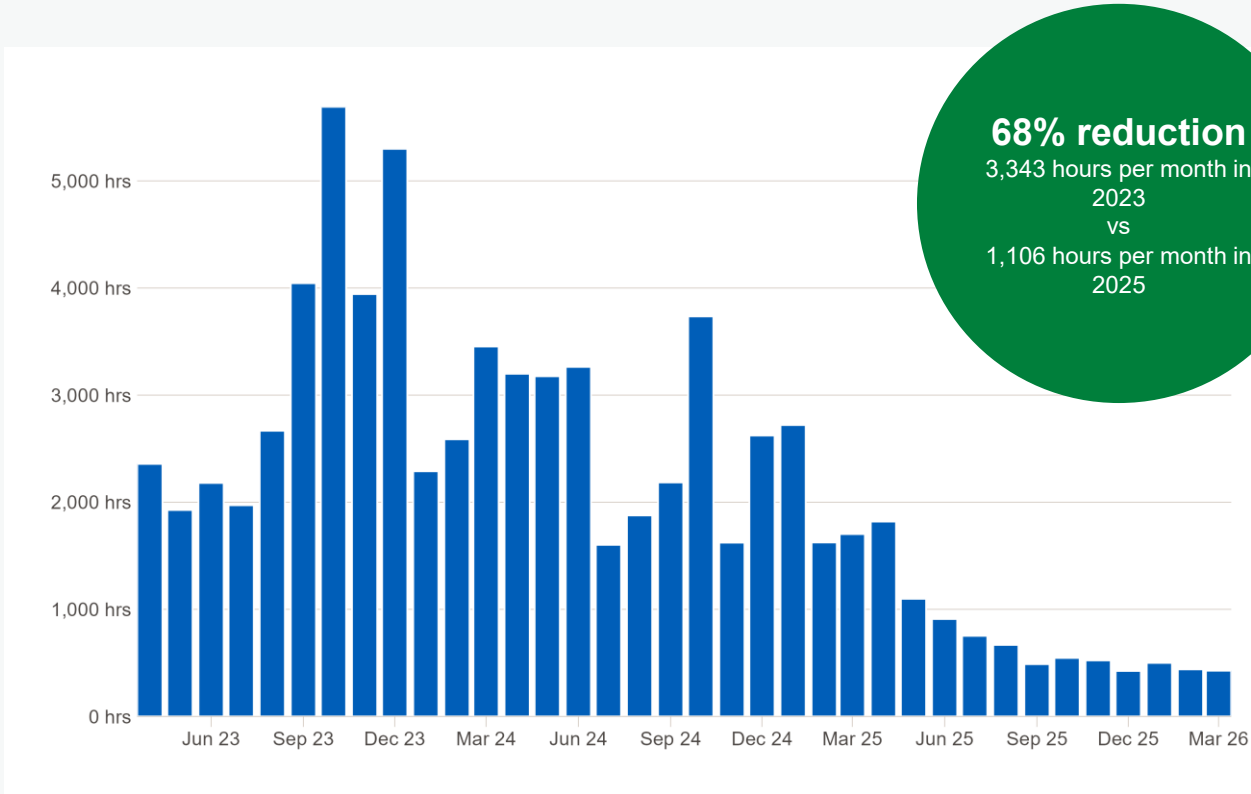
Number of ambulances conveyed to GHFT each day

Time period: Oct 2021 to Apr 2026; Central line represents a 30-day moving average

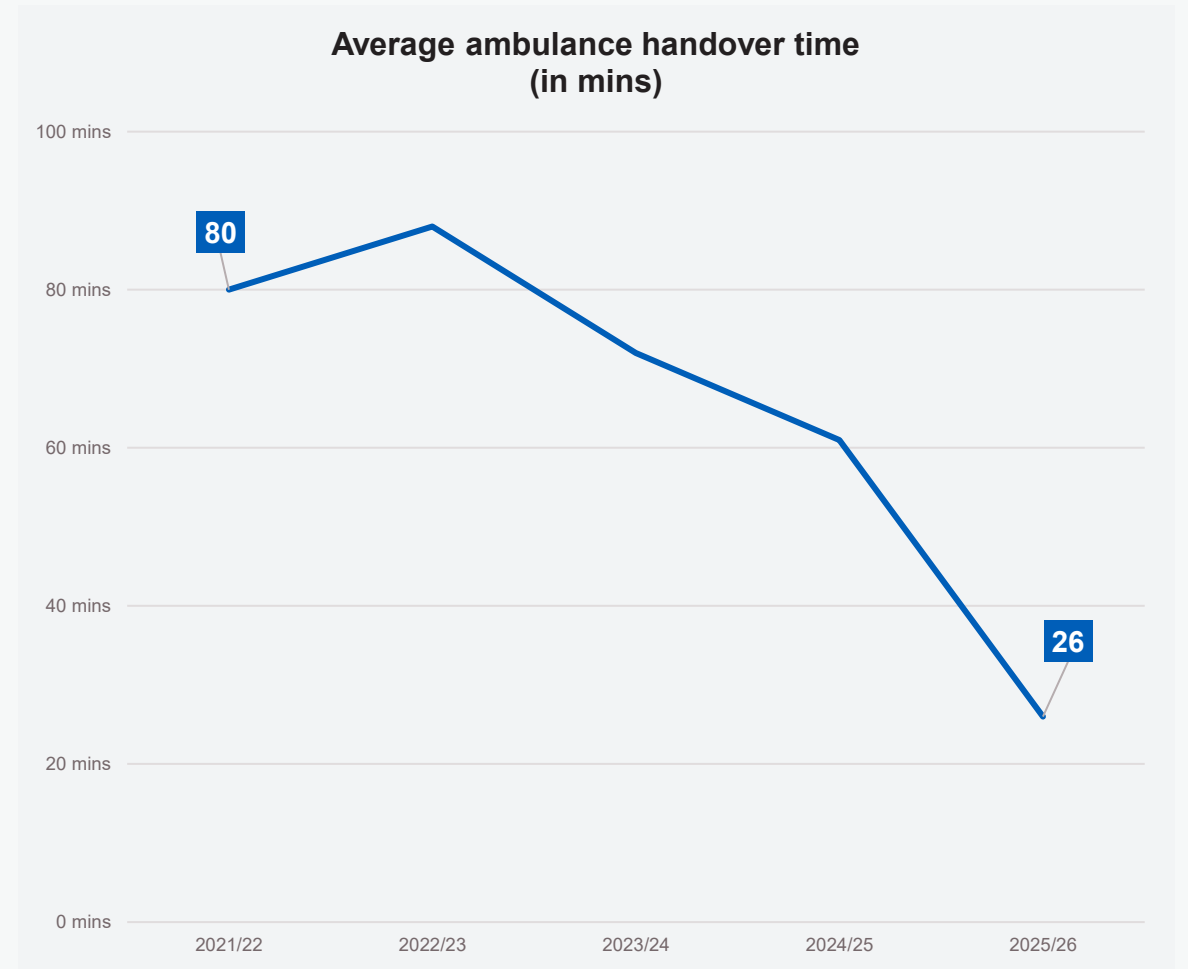
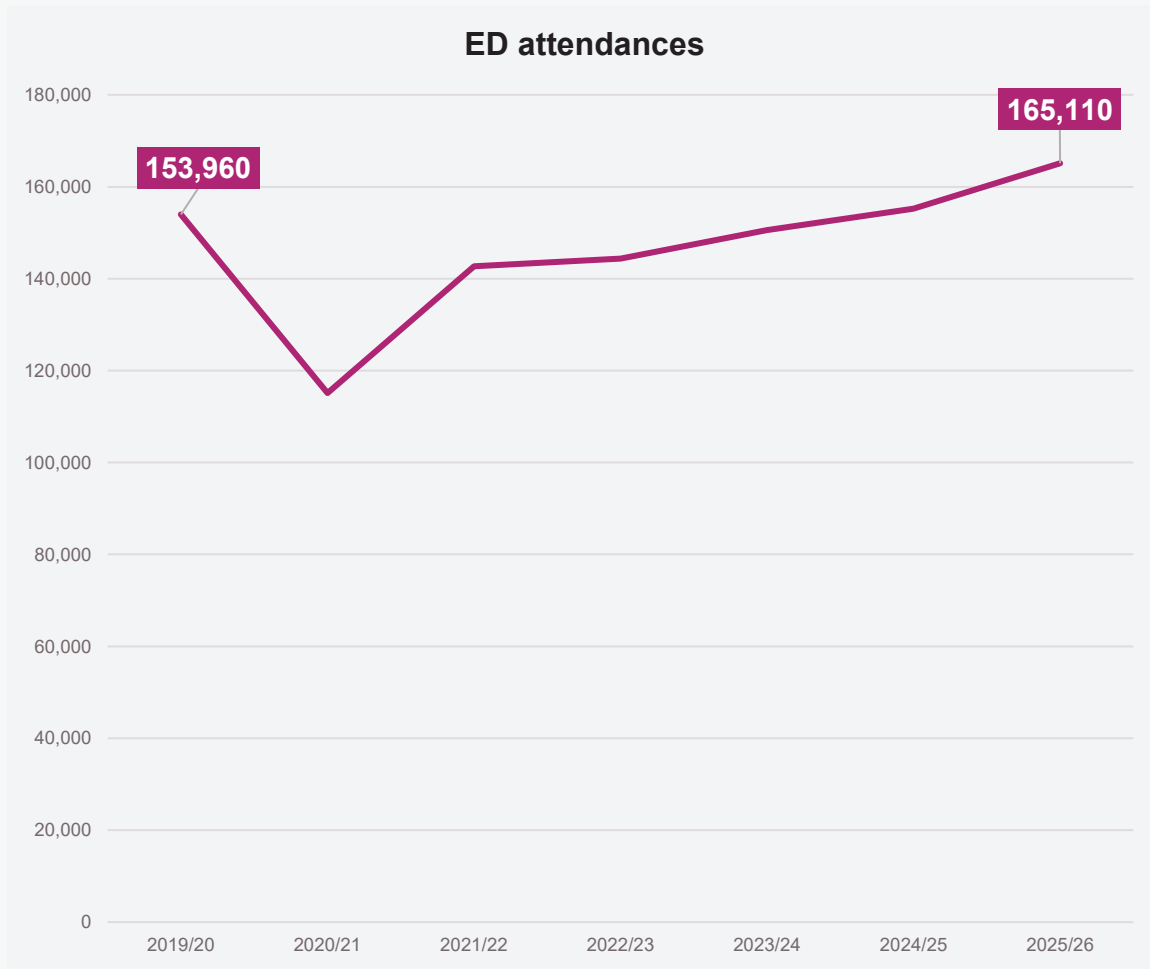


# Ambulance handover delays – hours lost

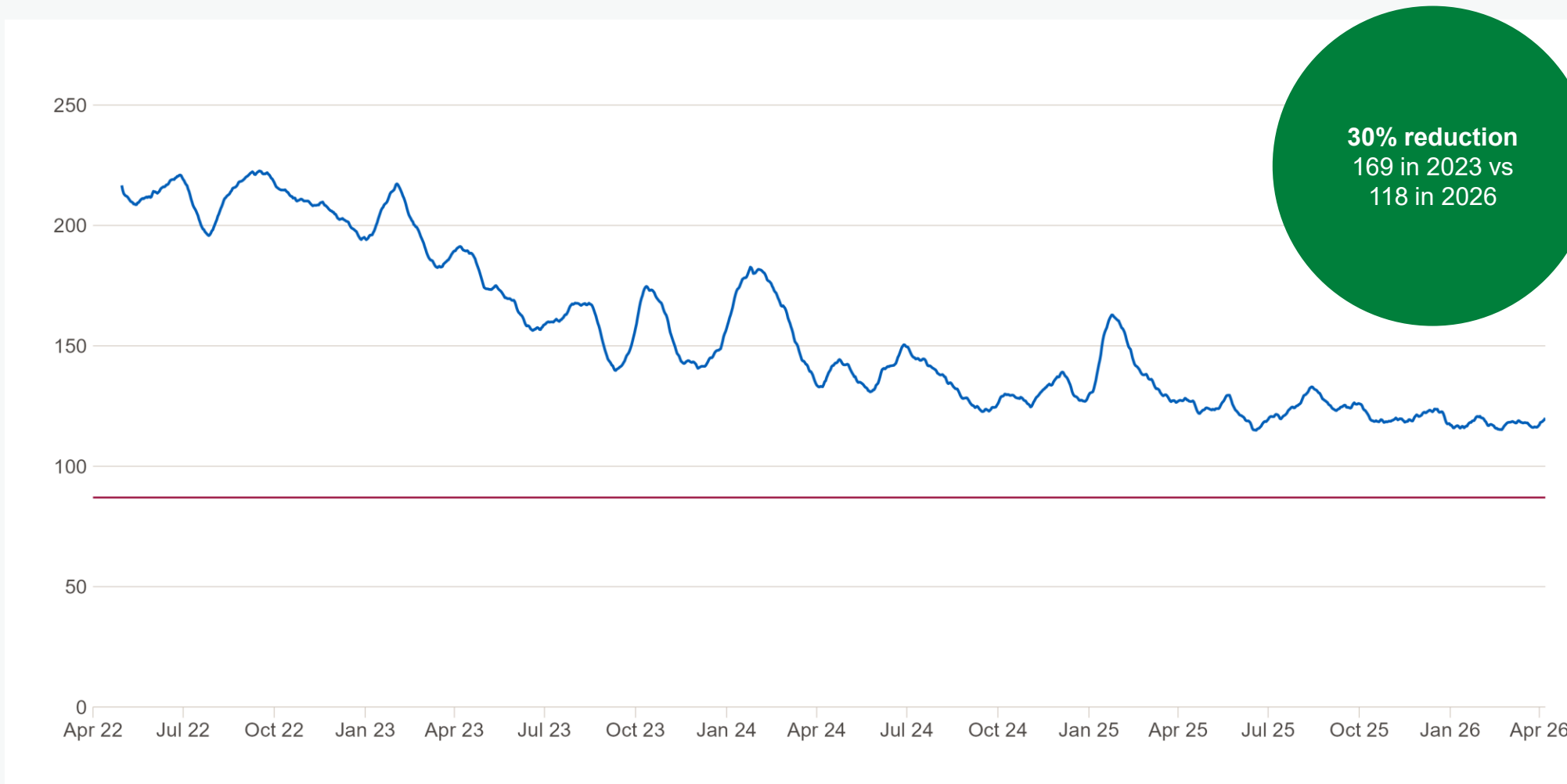
- Implementation of the Clinical Vision of Flow (CVOF):



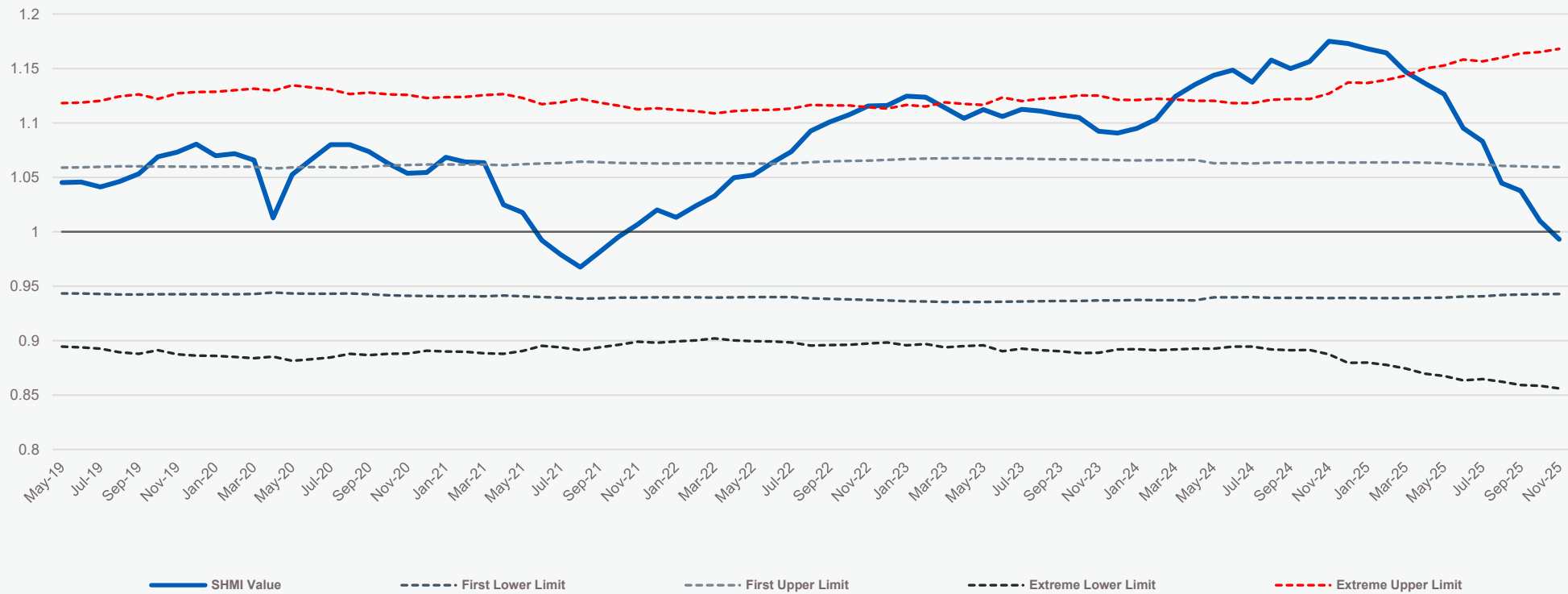
# Urgent & Emergency Care



# Patients who have 'discharge-ready date' (DRD)



# Summary Hospital-level Mortality Indicator (SHMI)



SHMI has fallen for **14 months** in a row



# What's made the difference?

- Focus on harm not performance – and a willingness to quantify it & 'publicise' it
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- Dedicated clinical leadership with a focus on flow