

Report to Great Yarmouth & Waveney Health Overview & Scrutiny Committee

Date 29th October 2013

Title Improving Ambulance Handover Performance

Sponsoring Director Director of Finance & Performance

Author Andrew Palmer, Deputy Director of Performance

Previously considered by NA

Executive Summary The purpose of this report is to provide an update to HOSC on the action being taken to improve ambulance handover times at the JPUH. Reducing the amount of time lost due to delays in both awaiting and following handover will ensure improved availability of both EEAST and JPUH resources to manage increasing demand for emergency care services.

Related Trust objective 2013/14

1. CQC standards	
2. Patient experience	X
3. Values and behaviours framework	
4. Staff performance framework	
5. Partnership/community working for joined up services	
6. Improved management structure	
7. Financial performance	

Report for: Information.

Improving Ambulance Handover Performance

Background

At the previous HOSC meeting, the practice of one ambulance crew remaining at the JPUH in order to allow other crews to leave was discussed. The suggested approach from HOSC regarding this was that:

“All crews should be released to be back on the road at the earliest opportunity. In recognising that it would not be practical to recommend that this practice should cease immediately, the Committee wished to see both JPUH and EEAST working together in order to enable ambulance crews to hand over patients to the care of the hospital within 15 minutes.”

This report provides an update to HOSC on the current position regarding crews remaining on site and also provides performance data to demonstrate the impact of the joint work on this issue by JPUH and EEAST staff.

Clarification of the targets relating to ambulance handover

There are two specific indicators relating to ambulance handover performance at hospitals which have been implemented by NHS England for the current financial year. The technical detail for these indicators is set out in the NHS England document *Everyone Counts: Planning for Patients 2013/14 Technical Definitions*¹.

The aim of the indicators for both hospitals and ambulance services is to ensure as much time as possible is made available for crews to attend calls whilst ensuring that the overall handover to clear process is as efficient as possible.

Although the national targets employ consequences for 30 minute and 60 minute delays, 15 minute handover remains the aim of EEAST and the JPUH.

The two indicators are described below.

CB S7: Ambulance handover time

This indicator measures the performance of hospitals in managing ambulance arrivals and conducting the handover of a patient from EEAST to JPUH staff. The clock starts when the ambulance wheels have stopped and the handbrake has been applied. The clock stops when the clinical handover has been fully completed and the patient has been physically transferred onto hospital apparatus, with ambulance apparatus returned, enabling the ambulance crew to leave the department. The two specific targets within this indicator are:

1. Ambulance handover delays of over 30 minutes
2. Ambulance handover delays of over 1 hour

CB S8: Crew Clear

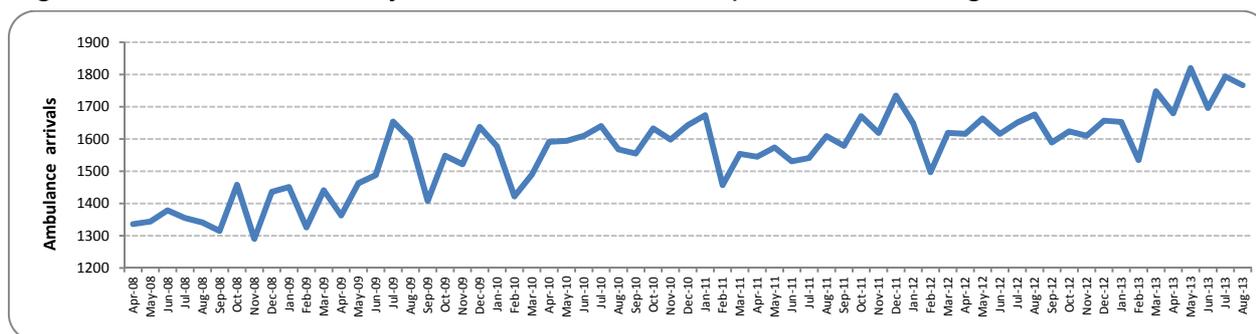
This indicator measures the performance of ambulance services regarding how quickly crews prepare and leave hospitals once a handover has been completed. The clock starts at the point when clinical handover has been fully completed and the patient has been physically transferred onto hospital apparatus, with ambulance apparatus returned, enabling the ambulance crew to leave the department. The clock stops when the ambulance crew has repatriated equipment, finalised paperwork, restocked where appropriate and cleaned the vehicle ready for the next call. The two specific targets within this indicator are:

1. Crew clear delays of over 30 minutes
2. Crew clear delays of over 1 hour

Service demand

There has been a consistent increase in the number of patients being transported to the JPUH by ambulance over the last five years, providing a significant challenge for both EEAST and JPUH staff and services. This increase equates to more than 350 additional ambulance arrivals per month on average in the first quarter of 2013/14 compared to the same period in 2008/09, equivalent to an increase of 26% (see Figure 1).

Figure 1: Arrivals at A&E by ambulance between April 2008 and August 2013



Actions to improve arrival to clear performance

The process of a crew remaining on site at JPUH to look after more than one crew's patients is known as 'co-horting' and is a mutually agreed process to deploy when there are peaks in demand and which minimises the impact on the ambulance service. The alternative to co-horting at peak times would result in all waiting crews remaining in ambulances outside of the Trust, resulting in a greater number of crews being unable to attend new calls at a given time. The practice of co-horting no longer occurs.

As described at the last HOSC meeting, joint work between EEAST and the JPUH is ongoing to ensure co-horting does not occur and to improve handover performance in general. The key work streams to improve handover are:

- Improving patient flow in the discharge phase to ensure capacity is free on the Emergency Assessment and Discharge Unit (EADU), which is the main admission area
- Improving the processes for both arrival to handover and handover to clear through improved communication between EEAST and JPUH staff

- Introduction by EEAST of a Hospital Ambulance Liaison Officer (HALO) to support quicker release of crews (see EEAST’s report to HOSC for more information)
- Expansion of the A&E department with phase one to be completed by the end of January 2014, providing three cubicles to provide rapid assessment and treatments (RATs). This development will allow direct handover of patients
- The introduction of five additional registered nurses by end of October 2013 will support improved patient flow for patients in A&E, from arrival
- Regular weekly meetings continue between EEAST and the JPUH to discuss progress and the outcomes of these meetings are shared with the health system wide Urgent Care Board
- Any 60 minute delays are formally investigated in order to understand the root causes and to ensure that any learning can be shared in order to improve future performance

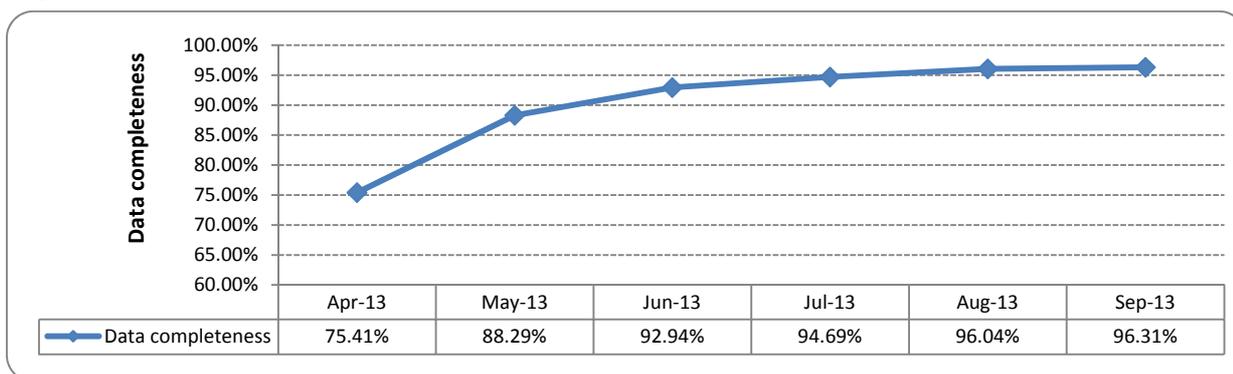
Handover performance

This section of the report demonstrates the reduction in delays achieved by EEAST and the JPUH for both 30 and 60 minute handovers and also shows the improvement in the amount of time lost beyond 15 minutes by both EEAST and the JPUH in the overall arrival to clear process.

Compliance with recording handover times

The Trust is required to meet or exceed a target of 70% of ambulance arrivals to have the time recorded on the Capacity & Activity Monitoring System (CAMS). A higher level of completeness provides more data for monitoring the arrival to handover and the handover to clear performance. Due to certain technical and operational circumstances, it may not be possible to capture data for all arrivals. Figure 2 shows that the Trust has improved processes regarding data completeness on this measure and is now exceeding the level required, with compliance of 96.31% in September.

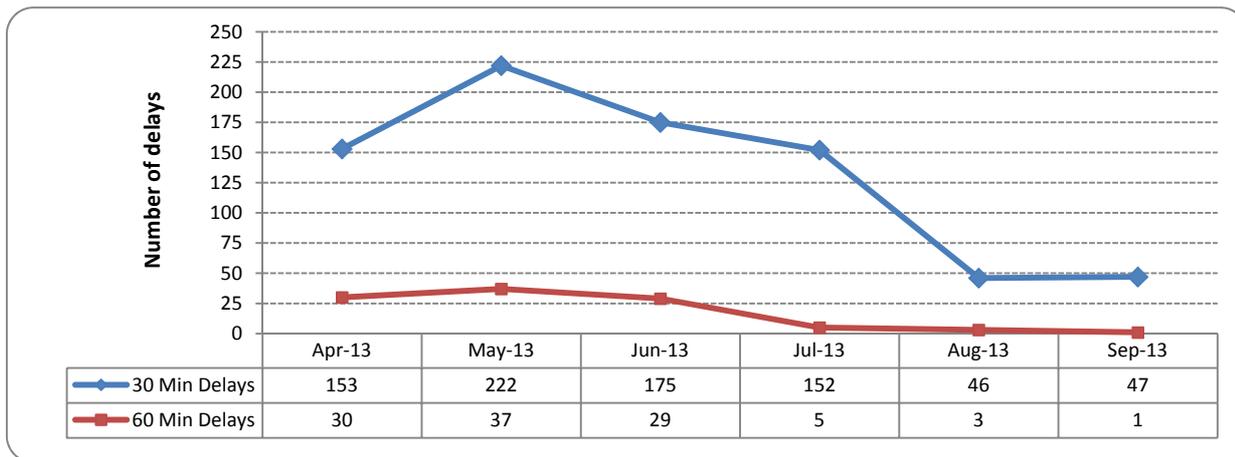
Figure 2: number of ambulance arrivals for which data is recorded



Arrival to handover performance: 30 and 60 minute delays

Figure 3 shows that the number of delays beyond 30 minutes has reduced from a peak of 222 in May to 47 in September. Figure 3 also shows that delays beyond 60 minutes have reduced from 37 in May to one in September. Data is subject to final validation once patient level datasets are available and signed off.

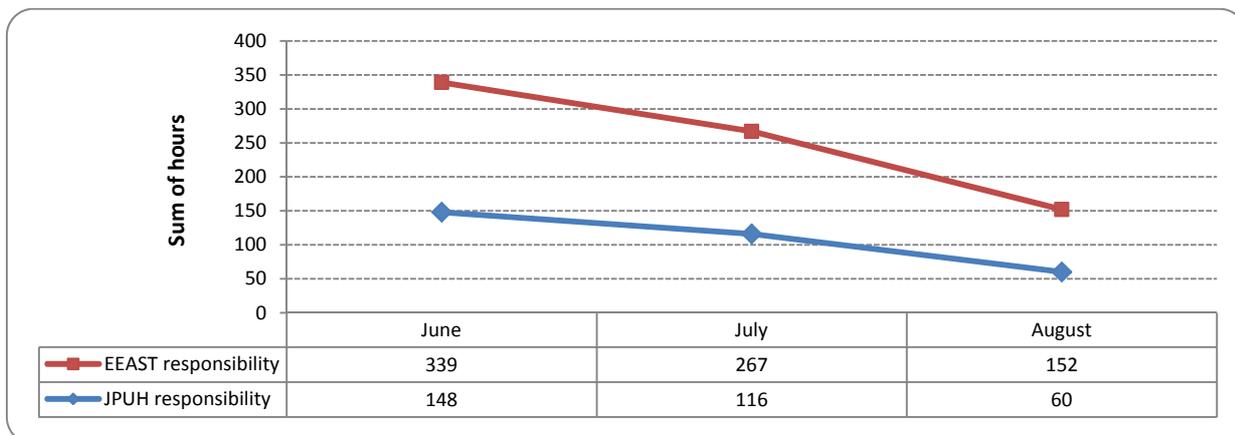
Figure 3: handover delays beyond 30 and 60 minutes



Arrival to clear performance: time lost to delays beyond 15 minutes

Information obtained from EEAST’s website² for June to August shows the amount of time attributed to delays beyond 15 minutes for both arrival to handover and handover to clear. This information is shown in Figure 4 and demonstrates a significant improvement in performance by both EEAST and JPUH.

Figure 4: number of hours per month attributed to delays beyond the 15 minute arrival to handover and 15 minute handover to clear points



To illustrate the impact of this improvement, the time saved can be expressed as the number of daily ambulance crew 12 hour shifts, using a calculation provided by EEAST as part of their hospital handover performance report. Using this calculation, the number of daily 12 hour shifts lost due to delays has reduced from 1.35 in June to 0.57 in August, equating to an additional 0.78 12 hour shifts available each day to accept new calls.

Summary

- There has been a significant improvement in performance across the overall arrival to clear process since the last HOSC meeting as a result of continued joint working between EEAST and the JPUH and through specific and targeted action by each organisation individually.

- The improvement equates to an additional 0.78 12 hour ambulance crew shifts being available each day in August compared to June.
- The practice of co-horting no longer occurs and should not occur routinely in future other than in exceptional circumstances by agreement between EEAST and the JPUH as part of the agreed escalation management process.
- A number of further actions to improve handover are on-going including an expansion of the A&E department with associated additional staffing.
- The system wide Urgent Care Board will oversee work to address the growing demand across the system for emergency services, which should support both EEAST and JPUH in maintaining and improving future performance for ambulance handover.

References

1. NHS ENGLAND, 2013. *Everyone Counts: Planning for Patients 2013/14 Technical Definitions* [online]. Available from:
<http://www.england.nhs.uk/everyonecounts/>
[Accessed 09/10/2013]
2. EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EEAST), 2013. *Performance* [online]. Available from:
<http://www.eastamb.nhs.uk/performance.htm>
[Accessed 09/10/2013]