

Appendix 1

Sussex Hospital Handover & Turnaround Delays Scrutiny Committee Update from South East Coast Ambulance Service May 2016

Purpose

This document is intended to update committee members with regard to progress in managing the level and impact of ambulance handover and turnaround delays. It is intended as an update to previous reports shared in February and March 2016.

Background

Between April 2015 and March 2016, almost 18,000 hours have been lost to ambulance handover and turnaround delays at Sussex acute hospitals. Across Sussex the number of hours lost to delays was 46% higher than the equivalent period in 2013/14.

Locally, there have been increases in hours lost of 35% and 91% at the Royal Sussex County and Princess Royal hospital sites respectively. The number of patients conveyed to each site has risen by 7% between 2013/14 and 2015/16.

Delays to patient handover give rise to significant concerns including:

- Increased risk to patient safety, quality of care and dignity whilst their access to acute hospital care and associated nursing support is delayed
- Increased risk to the wider patient community arising from the reduction in SECAmb's available capacity to respond to new 999 emergency incidents, and longer average response times as a result
- Unsustainable pressure on staff welfare in both ambulance and hospital services as they manage the impact of these delays
- Reduced whole system efficiency and increased costs arising from time lost to delays and any reduction in care quality that may result

At the Sussex Urgent and Emergency Care Network, a new Sussex standard on hospital handover performance was agreed. This stated that:

- Hospitals would ensure at least 75% of patient handovers can be delivered within the national standard of 15 minutes; and that 90% of handovers would be completed within 30 minutes;
- No patient would wait more than 45 minutes before handover; and
- 90% compliance with the 'double button press' aspect of the patient handover recording process would be achieved by both hospital and SECAmb staff working together (this will ensure accurate measurement and reporting of progress)

It was agreed that each Systems Resilience Group would agree a target date by which the standards would be consistently delivered, with an action plan and improvement trajectory to deliver the necessary performance improvement.

Progress As At May 2016

To date, none of the Systems Resilience Groups in Sussex have agreed a date by which the standard will be achieved, or signed up to a whole system action plan to ensure delivery.

There have been productive meetings held with each hospital trust in Sussex to explore process improvements to reduce delays, and whilst these have enabled a range of local improvements to quality and efficiency of process date there remains a general trend of increasing delays.

It should be noted that throughout February and March 2016 (and for much of April) there were significant increases in activity, with volumes of calls and emergency responses required regularly 15% or more above forecasts, which placed great pressure on ambulance response times, and slowed patient flow through the healthcare system.

During March 2016, SECAmb lost the highest ever recorded number of hours to hospital delays (over 6000, with 2250 hours lost in Sussex). Despite some easing of the system in recent weeks, ambulance handover and turnaround delays remain a very significant challenge.

Across Sussex, there is not a single factor or cause for the delays but a range of contributory factors including:

- Periodic surges in demand above forecast level (easing since mid-April)
- Staff capacity and sub-optimal match of Emergency Department staffing to demand profiles, and in particular inconsistent provision of dedicated 'handover nurses'
- Slow escalation and response to demand pressures when congestion occurs in A&E
- Lack of direct access to surgical or medical assessment units for patients conveyed at the request of GPs for hospital admission, adding to the numbers of patients being handed over in A&E.
- Lack of direct access to hand over in separate urgent care or 'minors' area, avoiding A&E

Conclusions

The graphs and data in Appendix One show that the performance in terms of handover and turnaround delays continues to deteriorate, and that the expected improvements have not yet been delivered. Whilst improvements to quality and process efficiency have been agreed at each major hospital site, on their own they are not sufficient to drive down the level of patient handover delays.

The progress during November and December 2015 at the Royal Sussex County site, and more recently the good performance delivered across Sussex during the period of Junior Doctor industrial action, demonstrate that improvement can be delivered swiftly through a combination of effective planning and sufficient resource escalation. The challenge is to ensure this improvement is delivered consistently during 'business as usual'.

If this can be achieved, there will be significant benefits for patient experience, and reduced clinical risk through faster access to acute hospital care, and additional capacity being available to respond to new 999 emergencies as they arise.

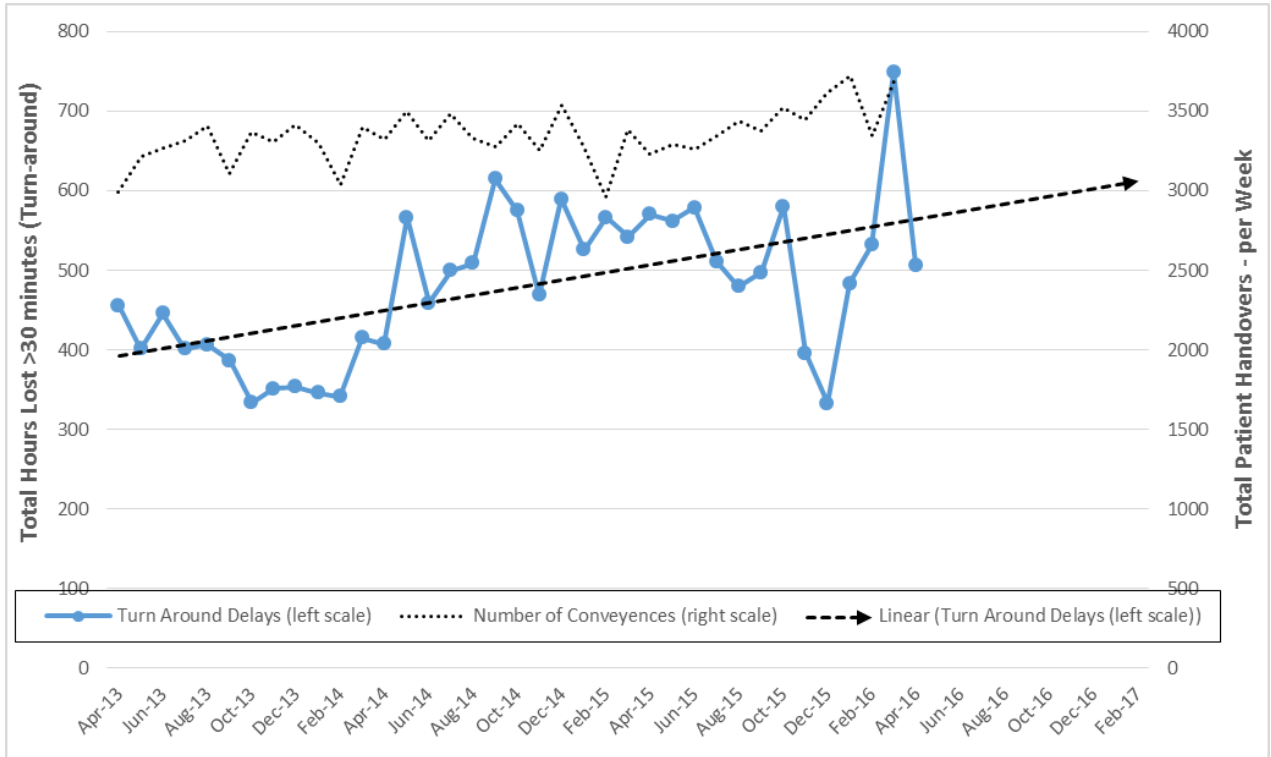
Recommendations

The committee is asked to:

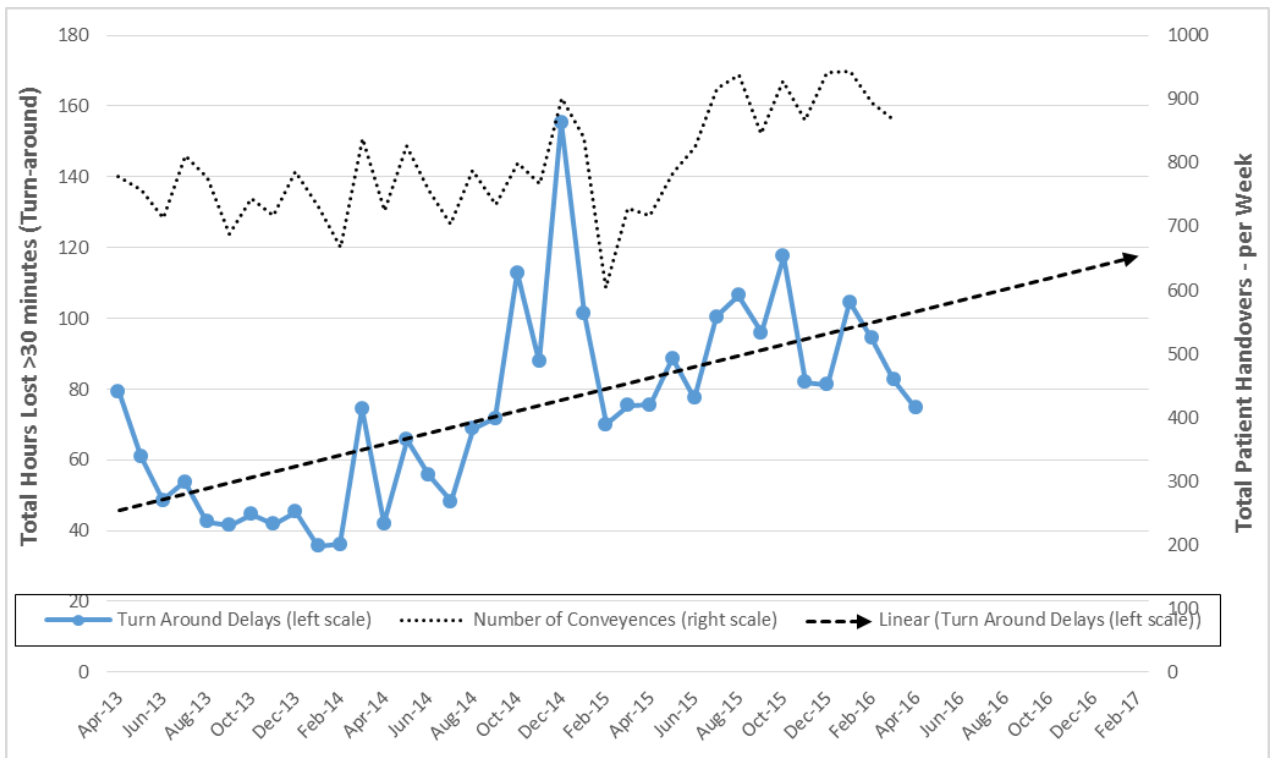
- 1) Note the content of this report in terms of the trend for increasing hospital delays across Sussex and the risk they pose to local patients
- 2) Invite the Systems Resilience Group to share their agreed improvement trajectory and timescale for delivering the Sussex handover standards, and request regular progress updates to the committee.

Appendix One – Hospital Handover and Turnaround Performance

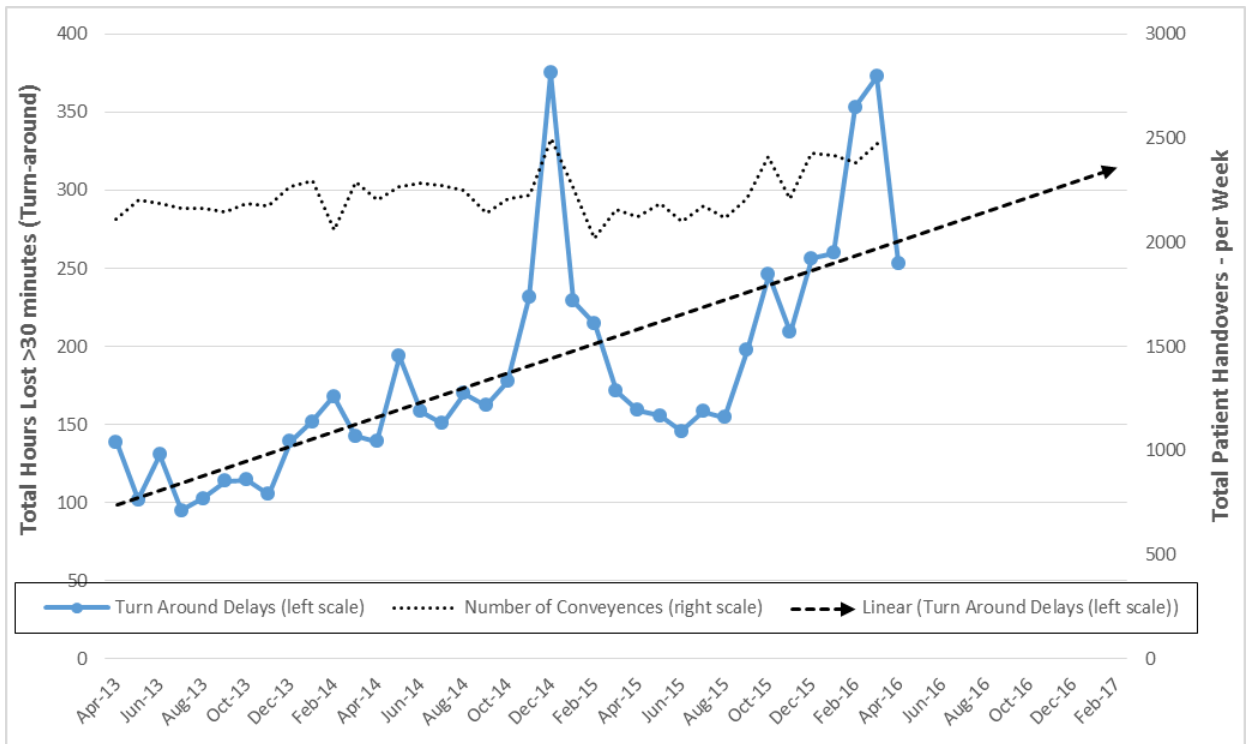
The graphs and table below show the trends in hours lost to delays at key hospital sites across Sussex, from April 2013 to April 2016:



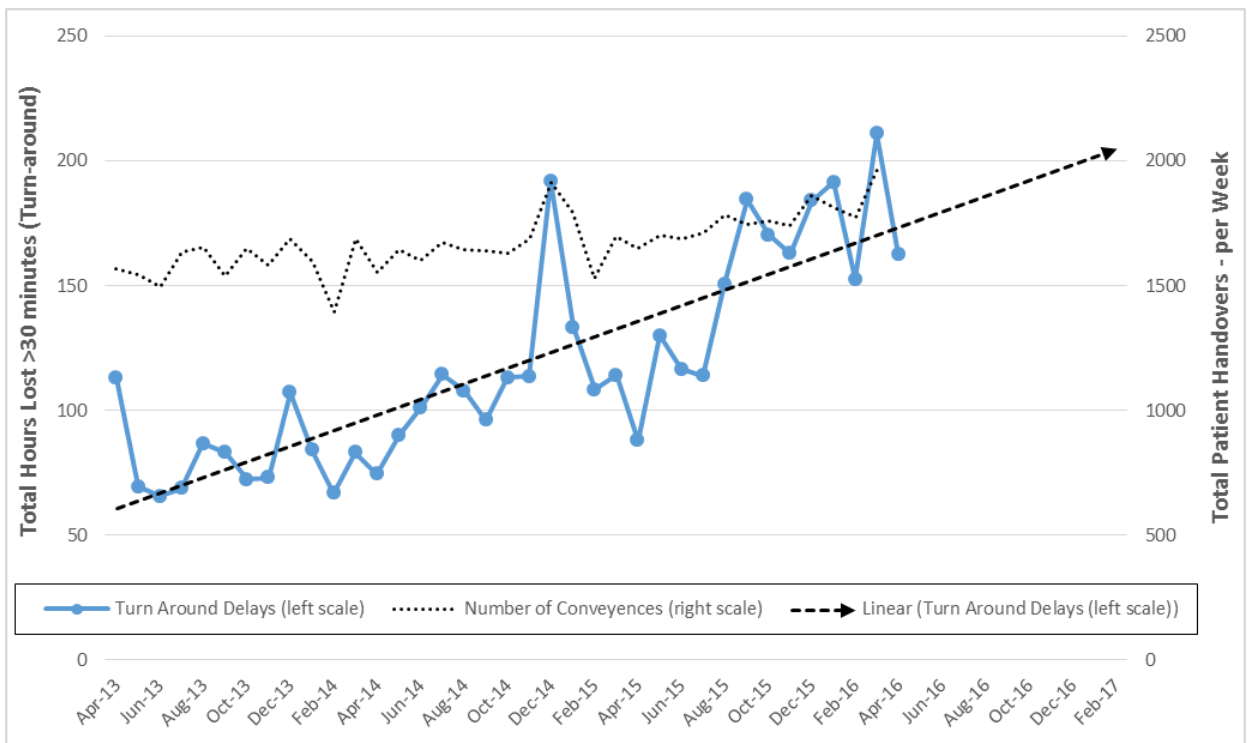
Royal Sussex County Hospital – hours lost to delays by month



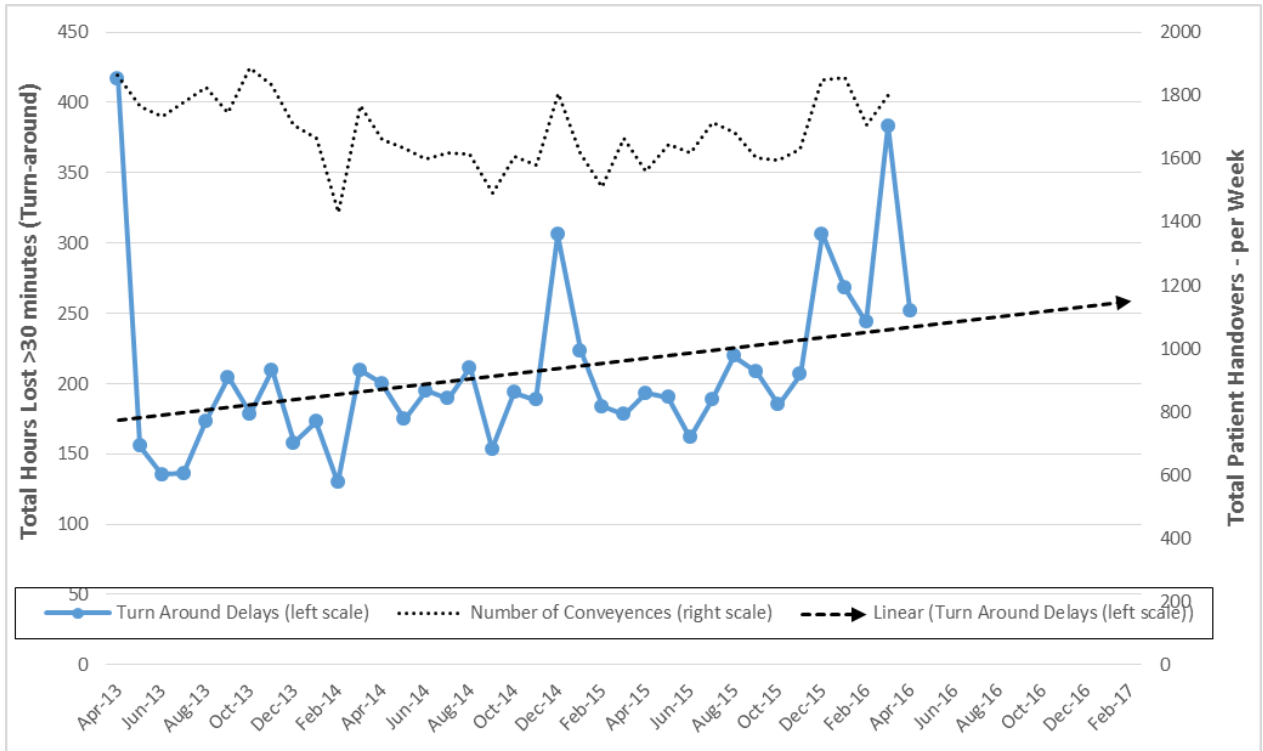
Princess Royal Hospital – hours lost to delays by month



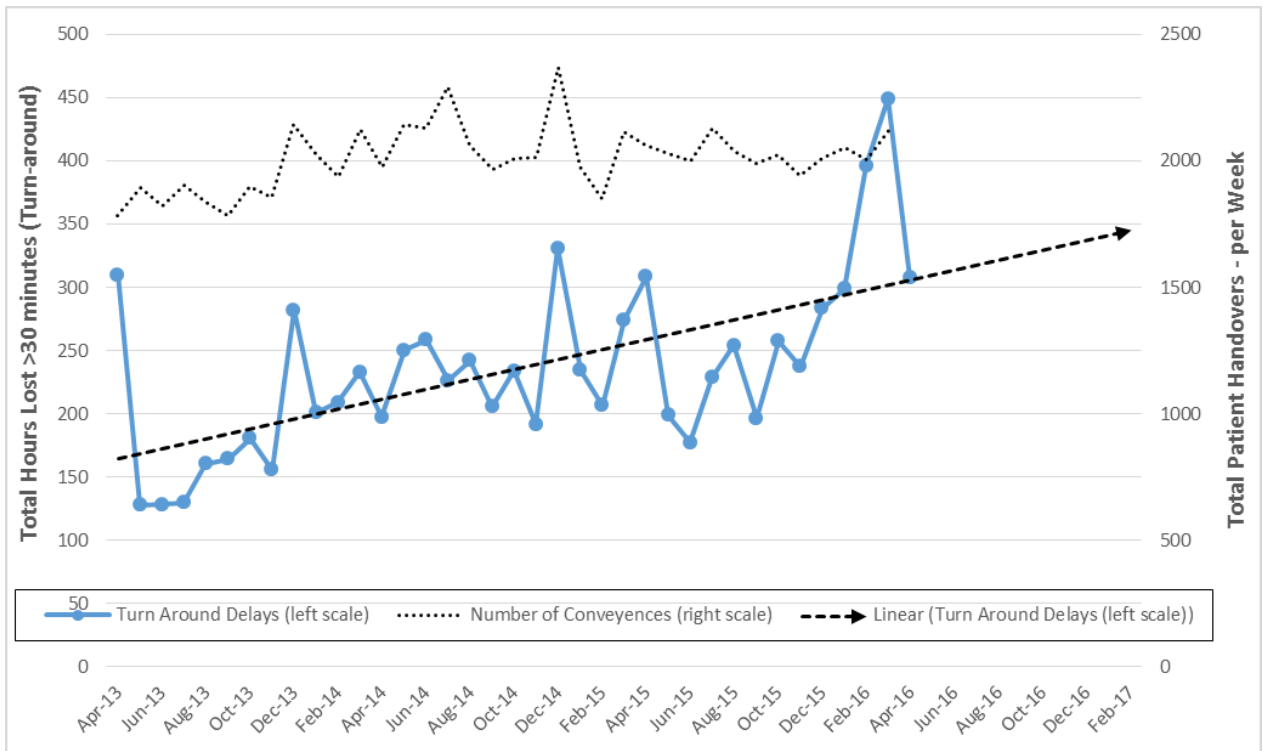
Worthing hospital - hours lost to delays by month



St Richards Hospital – hours lost to delays by month



Eastbourne District General Hospital – hours lost to delays by month



Conquest Hospital – hours lost to delays by month

The table below shows year on year trends for the period April to March for hospitals across the SECamb area:

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
SECAMB (Hours Lost)	29251	41134	47720	16%	63%
Kent Area	9247	12132	14337	18%	55%
Darent Valley Hospital	1780	2254	3245	44%	82%
Kent and Canterbury Hospital	426	651	869	34%	104%
Maidstone Hospital	376	656	627	-4%	67%
Medway Hospital	3562	3987	3185	-20%	-11%
Queen Elizabeth The Queen Mother Hospital	684	1072	1549	44%	126%
Tunbridge Wells Hosp	1103	1666	1984	19%	80%
William Harvey Hospital (Ashford)	1315	1846	2877	56%	119%
Surrey Area	7731.61	12751.98	15447.41	21%	100%
East Surrey	2187	3757	5248	40%	140%
Epsom General Hospital	585	914	1124	23%	92%
Frimley Park Hospital	1461	2439	2979	22%	104%
Royal Surrey County Hospital	1314	2132	2592	22%	97%
St Peters Hospital, Chertsey	2184	3511	3505	0%	60%
Sussex Area	12272.42	16249.45	17935.58	10%	46%
Conquest Hospital	2279	2850	3284	15%	44%
Eastbourne DGH	2279	2396	2755	15%	21%
Princess Royal	605	955	1107	16%	83%
Royal Sussex County	4635	6320	6269	-1%	35%
St Richards	972	1358	1854	37%	91%
Worthing	1502	2371	2667	12%	78%

