GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Meeting Date	**21 December 2021**		**Agenda Item**	**4.2**
Report Title	**Ambulance Handover Improvement Plan**			
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Report Sponsor	Inese Robotham, Chief Operating Officer			
Presented by	Kate Hannam, Interim Service Group Director			
Freedom of Information	Open			
Purpose of the Report	To describe the operational response to improving ambulance handover delays in response to EASC commitments to reduce average lost time by 25% and a zero tolerance to handover delays in excess of 4 hours			
Key Issues	Ambulance handover performance is a Tier 1 WG target with the expectation that patients will be handed over from WAST to the Emergency Department within 15 minutes of arrival. Local and national performance against this indicator is a key patient safety concern and significant delays are experienced by patients outside of Emergency Departments pan Wales. The Emergency Ambulance Services Committee have agreed a revised pan Wales target to improve ambulance handover performance. The impact of ambulance handover delays at hospital impedes the ability of WAST to respond to calls within the community including life and limb threatening cases that require response within 8 minutes. Overcrowding in the ED is a symptom of system flow issues, equally this overcrowding impacts ambulance handover delays. Ambulance handover improvement requires a system response to enable more timely patient handover and thus improved performance.			
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☐
Recommendations	Members are asked to:			

	• **NOTE** the system wide response required to achieve the revised ambulance handover targets. • **AGREE** the proposed escalation actions required to deliver the required level of performance.

Ambulance Handover Improvement Plan

1. INTRODUCTION

The Emergency Ambulance Service Committee, (EASC) have agreed an All Wales approach with Health Boards to tackle ambulance handover delays at Emergency Departments. The agreement requires zero tolerance to ambulance handover >4 hours and sets out the requirement to reduce lost hours due to ambulance handover by 25% from the October 2021 reported position.

The report below describes activity and performance to date in relation to ambulance handover. The report describes the operational response, both Morriston service groups and the wider system, further opportunities that will impact performance and the risks associated with delivery.

2. BACKGROUND

Ambulance activity into Morriston Hospital has decreased since 2019, with significant reductions in ambulance arrivals that correlates with the outbreak of the pandemic and the second wave.

There has been a national focus on reducing ED demand and ambulance demand in particular as follows:

- Commencement of the WAST stack review in 3 HB areas including SBUHB.
- Roll out of the national PTAS system to formalise WAST stack review and to provide a robust electronic platform linked to the WAST system.
- Advanced paramedic practitioner review of the stack and admission avoidance practices.
- National phased roll out of the ‘111 First’ initiative aimed at scheduling urgent care arrivals and reducing demand in ED.
- Development of national pathways to avoid conveyance to hospital or to enable direct access to services without attendance at ED where appropriate.
- Development of local pre hospital pathways to avoid ED attendance
- WAST falls vehicle aimed at appropriate non conveyance of non-injurious falls
- WAST development of the demand management plan (DMP), recently replaced with the clinically safety plan which rations ambulance response to patients in greatest clinical need as demand and acuity rises.

Despite a reduction in the ambulance attendance volumes, there is evidence of a deteriorating handover position. This position can be directly attributed to lack of capacity in ED often referred to as ED overcrowding as a result of poor system flow. A number of variables may impact system flow and thus ambulance handover performance including:

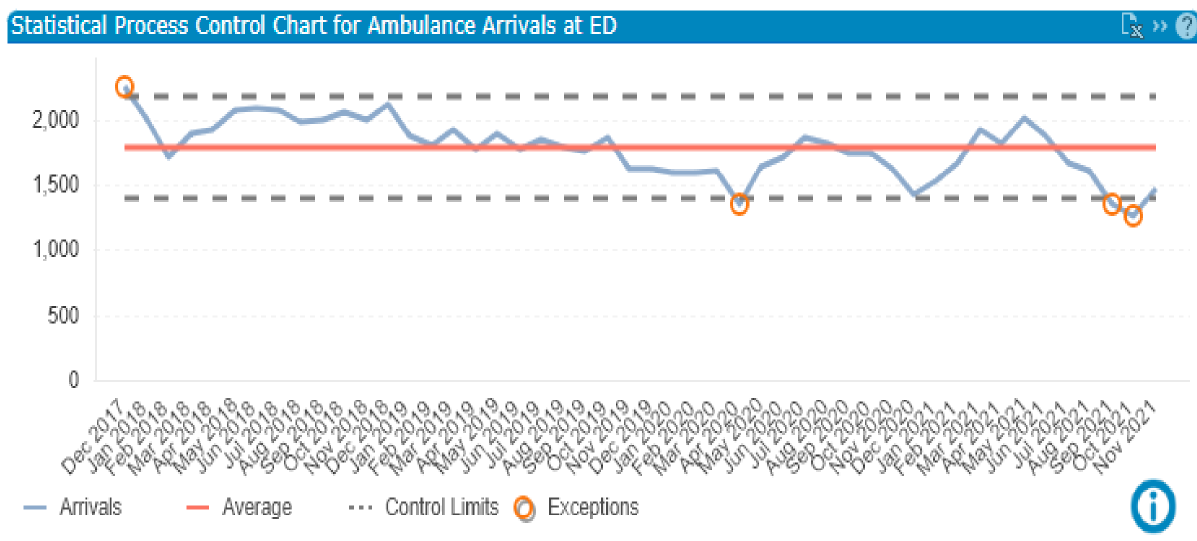
- Surges in demand from the ambulances or self-presenting patients;
- Availability of ‘red’ capacity to manage Covid pathways
- Number of clinically optimised patients in the healthcare system.
- Length of stay
- Organisation of the bed pool
- Responsiveness of community services
- 7 day working practices
- Ward operating practices

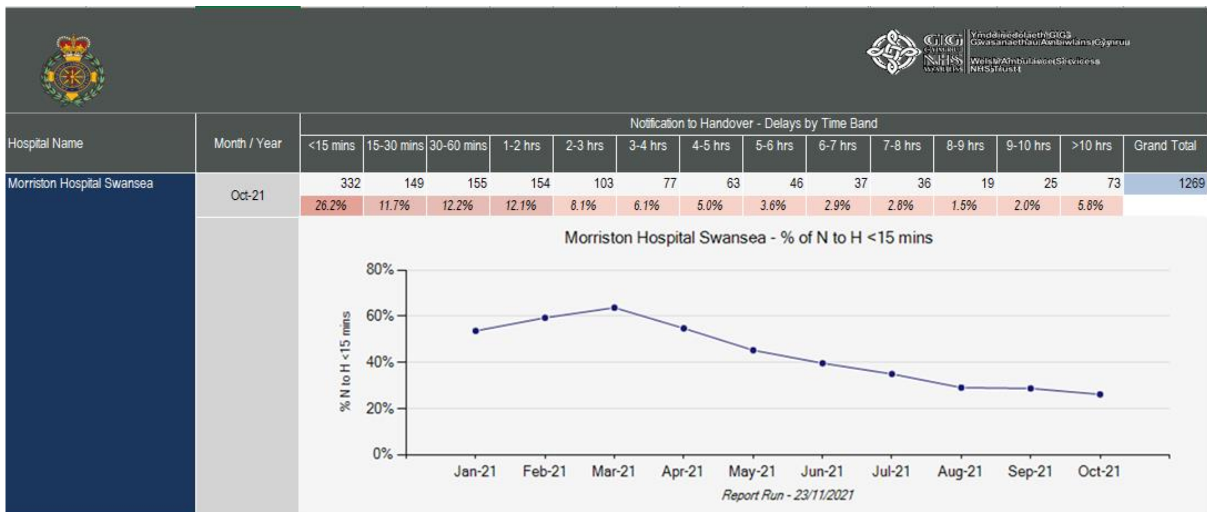
The Health Board recognises the impact of ambulance handover delays and the potential harm to patients. The urgent and emergency care plan sets out the commitment to reduce lost hours to ambulance delays outside the Emergency Department on a phased basis. The operational team has focussed internal efforts on reducing handover delays and protecting resuscitation space in order that sick patients can immediately access the Emergency Department. The intention is to further improve ambulance handover performance beyond the threshold set out by EASC to deliver timely access to emergency care to our patients.

In order to improve ambulance handover performance to the level set out by EASC and agreed pan Wales, system wide improvement efforts that increase and improve flow are essential. Focussing efforts in ED alone will have limited impact. This paper discusses the improvement actions that have been implemented in the Morriston service group and further improvement actions planned. It also describes the wider health system initiatives that will contribute to the flow improvement and ambulance handover performance.

3. PERFORMANCE & IMPROVEMENT ACTIVIES

3.1 Ambulance activity Nov 2017 to Nov 2021.





Hospital Name	Month / Year	Notification to Handover - Delays by Time Band												
		<15 mins	15-30 mins	30-60 mins	1-2 hrs	2-3 hrs	3-4 hrs	4-5 hrs	5-6 hrs	6-7 hrs	7-8 hrs	8-9 hrs	9-10 hrs	>10 hrs	Grand Total
Morriston Hospital Swansea	Oct-21	332	149	155	154	103	77	63	46	37	36	19	25	73	1269
		26.2%	11.7%	12.2%	12.1%	8.1%	6.1%	5.0%	3.6%	2.9%	2.8%	1.5%	2.0%	5.8%	

The WAST graph above demonstrates the number of ambulance delays split by time bands for the October 2021 position. There were a total of 1269 ambulance attendances at Morriston ED of which:

- 332 patients were handed over within the 15 mins (26%);
- 668 patients were handed over within 60 mins (50%);
- 970 patients were handover over within 4 hours (76%)
- 299 patients were handed over >4 hours (24%)

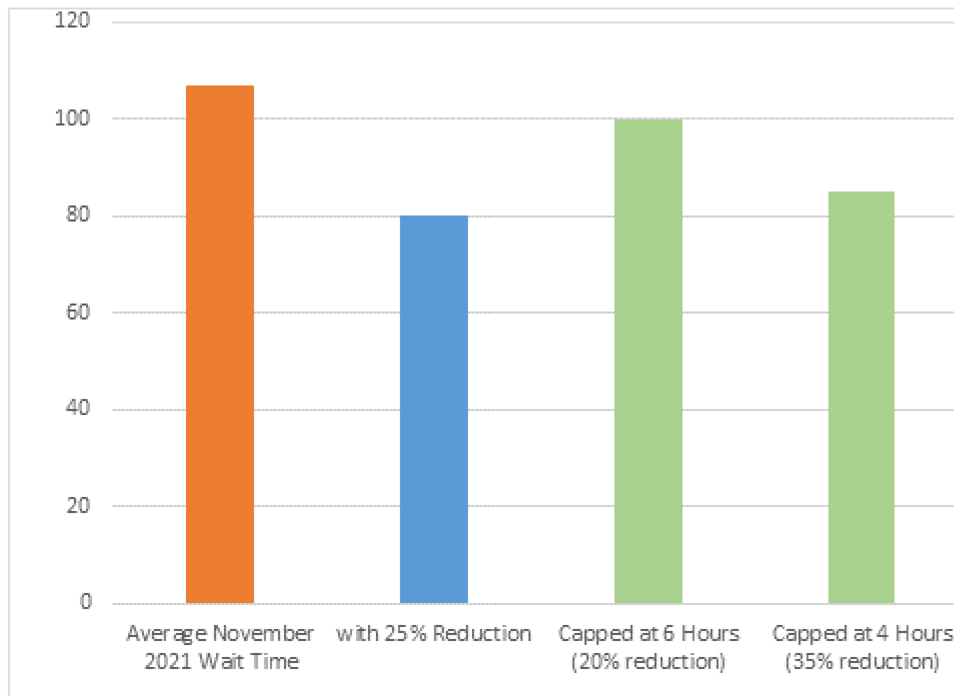
Of those waiting in excess of 4 hours, the table shows the number by time bands with 73 patients waiting in excess of 10 hours which demonstrates the significant challenges in timely offloads. No patient waited in excess of 4 hours at Singleton.

The agreement between EASC and Health Board described as follows:

- *No ambulance handover will take more than 4 hours*
- *We will reduce the average lost time per arrival by 25% from the October 2021 level at each site (from 72 minute to 54 minutes at an all Wales level).*

The table below, column 2 shows the actual average handover time by month in minutes for Morriston hospital based on information accessed by the BI team – a request has been made from WAST to clarify the targets they have identified for the healthboard (and Singleton and Morriston). **A 25% reduction against the October 21 average of 147 minutes translates into an average handover time of 110 minutes**. This methodology applies the same approach as that taken by EASC in setting the target and calculating the pan Wales benefit of a 25% reduction however is not easy to translate into operational practice. Columns 3 and 4 demonstrate the improvement achievable by eradicating ambulance handovers in excess of 4 hours (240 minutes) which is the current zero tolerance proposed, and 6 hours (360 minutes) which is the local target implemented in November 2021 to inform operational understanding. This is visually represented in the bar graph below.

Month	Average of ambulance_notify_to_handover_mins	Average of 4 hour capped	Average of 6 hour capped
Apr	37	36	37
May	43	42	43
Jun	53	51	53
Jul	75	65	71
Aug	96	78	89
Sep	118	90	104
Oct	146	96	115
Nov	107	84	96
Dec (to 8th)	120	85	100



The above table shows that the average time in November did reduce to 107 minutes (meeting the 25% reduction target), but the sustainability of this has proved to be challenging in December which is reflective of the increased challenges experienced at the start of December with the surge of activity.

The ambulance handover position forms part of the daily operational safety huddles. The operational teams will be engaged in agreeing breach avoidance patient moves in line with an agreed escalation framework that is in development. This paper considers some of the more extreme escalation actions that will be required to improve ambulance handover performance. The outcome of the discussions will inform the escalation actions included in the framework as flow options and thus ambulance handover options are limited.

3.1.1 Improvement Interventions within the Emergency Department

In order to improve ambulance handover performance there is a requirement to target interventions within the ED, across the hospital to improve flow and reduce the overcrowding in ED and at a system wide level.

Within the Emergency Department: -

<u>Currently in place:</u>

- Dedicated Ambulance Patient Flow senior nurse.
- ‘Fit to sit’ protocol that enables offload of eligible patients into the waiting room.
- Appropriately positioned HAS screens to ensure offload position visible and accurate.
- A rapid assessment process for all patients arriving by ambulance with mechanisms for regular patient review and escalation of the deteriorating patient.
- Use of all internal capacity including minors, plaster rooms and theatre to support handover performance.
- Direct admission pathway from ambulance to OPAS, Older Persons Assessment Service.
- Application of the Treat and Transfer policy for Singleton at the front door where Singleton capacity allows.

New initiatives in place: (within last 4 weeks)

- Placement of three WAST resourced surge ambulances outside ED to improve handover performance.
- Revised focus on the 2 hourly ED safety huddle to maintain operational grip on departmental flow.
- Redesign of the clinical ambulance handover board to maintain focus on patient safety, acuity and priority for handover.
- ED surge in place x 5 additional trolleys consistently available (adhoc previously).
- Maximised use of surge capacity system wide, with additional patients on wards, limited to bed space (not in front of fire doors).
- New headaches pathway from ED to the acute hub.
- Re-launch of the SAFER flow principles following audit and monthly peer review of wards undertaken by senior clinical, nursing and general management.

Work in progress:

- Joint working with WAST to explore new pathway opportunities in relation to chest pain, respiratory illness and frailty to reduce ambulance conveyance to ED.
- Clinical and managerial participation in the national SDEC pathway work programme.
- Secured designated WAST stack review sessions within the acute hub.
- Recruitment in progress into both OPAS and acute hub to extend hours of service and introduce weekend provision on a phased basis.
- Engagement and implementation of the Patient Triage and Assessment System, (PTAS) via the acute hub to triage patients waiting for ambulance response to reduce conveyance and/or redirect patients away from the Emergency Department to alternative pathways.
- Development of a revised ambulance handover escalation framework to support performance improvement.

3.1.2 Internal and System wide improvement actions

There are a number of internal and system initiatives linked to the Health Board annual plan aimed at improving urgent and emergency care including:

- **Internal to Morriston**

A U&E Improvement plan has been developed for the Morriston site to support the reduction of occupancy to 95% initially and support the flow of patients through the hospital with no delay. The plan focuses on both the short term and the opportunities of strategic alignment through the implementation of centralising the acute medical take on the Morriston site in 2021.

The improvement plan focuses on:

- Operational efficiency
  - Site Management
  - Effective escalation and operational policies
  - The use of technology to support proactive management of flow
  - Rightsizing the Divisional and directorate managerial teams
  - Performance management framework – agile and proactive
  - Capacity and demand model – beds, workforce, estate
- Length of Stay programmes based on GIRFT/Model hospital opportunities;
- The Acute Medical Service Redesign
  - Introduction of co-located acute hub to support admission avoidance and alternatives to ED;
  - Introduction of effective short stay assessment unit;
  - Introduction of effective MAU unit;
  - Clear clinical pathways for all downstream wards
- Effective flow management
  - SAFER bundle
  - Clear roles and responsibilities for the management of flow
- Complex discharge management
  - Establishment of an integrated discharge team
  - Review and implementation of discharge policy
  - Active management and escalation of the clinically optimised patients (COP)
  - Visibility and transparency of patients who are COP
  - Daily huddles with community and social care to progress patient's pathway
  - Additional capacity within the community to support on-going transfer of those delayed due to social care crisis
- **System wide**
- Additional capacity is being sourced by the health board to support the transfer of patients from the COP list who are delayed currently due to social care and community capacity which will significantly support de-escalation of the Morriston site and a reduction in occupancy.
- Directorate led LOS reduction plans aimed at maximising short stay opportunities and reducing length of stay.

- Planned investment and expansion of community services with development of virtual wards aligned to GP clusters and provision of seven-day community services.
- Investment into seven-day acute hospital services including therapies, pharmacy and diagnostics.

3.1.3 Further improvement opportunities for discussion and approval

There are a number of actions that will support more timely ambulance handover at a system level which were discussed at Management Board in November and have been agreed and these are described below:

- All predicted beds in internal hospitals to be pre booked and transfer to occur prior to 11:00 hrs;
- The allocation of the transitional beds across the healthboard to focus on areas which will support internal flow and reduce overcrowding at Morriston hospital;
- Review of the triggers available to the teams when capacity is maximised and risks to breaches with the options for temporarily placing additional patients onto wards.

4.0 Performance Framework & Governance Arrangements

Ambulance performance is reported within the HB against the WG Tier 1, 15-minute handover target. However, WAST are able to support reporting against the revised target to enable monitoring of performance.

An internal escalation framework is in development that instructs the Clinical Site Matron and the ED team as to the escalation process to avoid 4-hour handover delays however this may include some of those opportunities described above if agreed.

The performance will be monitored locally via the ECHO Board and Morriston Management Board and will be reported into the Health Board Urgent and Emergency Care Board.

5.0 Risk Issues:

The Morriston service group are committed to improving ambulance handover performance, however there are a number of issues and potential risks which impact the service groups' ability to deliver against the revised ambulance handover performance target in isolation as follows:

Risk	Mitigation/potential mitigation
The winter bed model indicates a significant shortage in beds at the Morriston site – the lack of surge capacity within the Morriston site resulting in patients being boarded within	• Allocate all of the transitional bed benefit to Morriston Hospital. • Introduction of short stay acute medical ward, with greater resource to maximise short stay

Risk	Mitigation/potential mitigation
the ED for significant periods and restricting flow	opportunity thus creating capacity. • Consider use of green pathway capacity to support improved performance in urgent and emergency care, including ambulance handovers. • Placement of additional patients on wards to avoid 4 hour handover delays.
Limited red capacity in ED to enable timely ambulance handover.	• Focus transfer capacity in other sites on movement and flow of COVID recovered patients where appropriate to create flow on the reduced COVID ward footprint (Wards R and J).
Increased periods of suspension of the ambulance pathways to Singleton based on capacity, resulting in all conveyances attending Morriston during these periods	• Consider adjusting threshold for suspending the ambulance pathways suspension to Singleton Hospital.
As per current practice the available capacity in ED is prioritised for the sickest patients which can result in prolonged handover delays.	No mitigation – practice will continue
Seasonal infection reduces the system bed pool resulting in a deterioration in system flow and thus performance.	• Winter surge would provide some mitigation however system currently operating on maximum surge.
Clinically optimised position further deteriorates as is evident this week impacting system flow and capacity.	• Transitional bed pool however fragility in care home staffing and home closures may limit capacity and pace. • Community services step up step down plans

6.0 Recommendations

The committee are requested to:

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- Note baseline performance in ambulance handovers in order to understand the level of improvement required.
- Note the service groups and system risks associated with delivery of improved ambulance handover performance.