



AMBULANCE HANDOVER AT NNUH - REPORT TO NHOSC 26th OCTOBER 2017

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For: Norfolk Health Overview and Scrutiny Committee 26th October 2017.

The NNUH have been asked to update the committee on the measures that have been put in place to improve ambulance handover performance.

Background

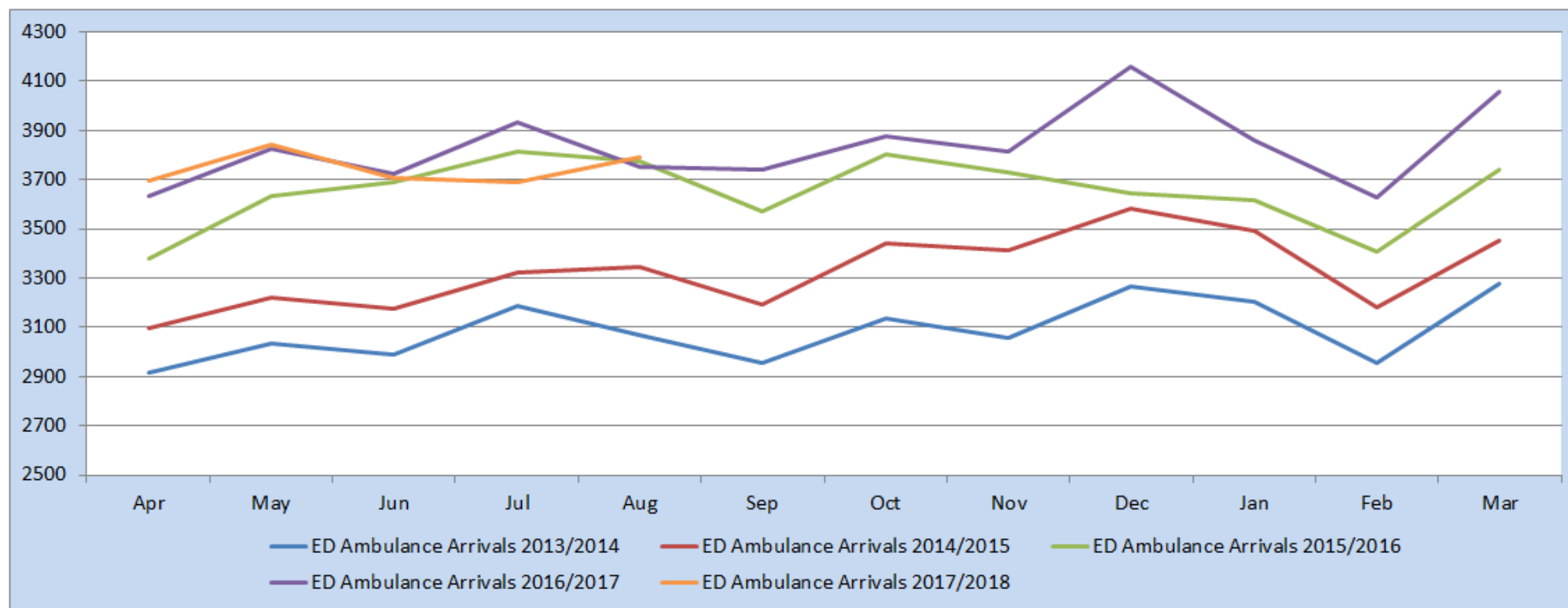
The NNUH is the busiest hospital in the eastern region in terms of ambulance arrivals. When ambulance handover delays occur at the NNUH it is usually as a consequence of reduced flow throughout the Hospital and/or a significantly higher than expected demand on the emergency admission areas. The attendances at the A&E department are predicted to rise by 2.5% in 2017/18. In the period 1 April – 31 August there has been a 3% increase in attendances

Whilst overall the ambulance attendances to the NNUH in 2017 have remained at 2016/17 levels, July saw a significant decrease in the number of patients arriving via ambulance against the same period of 16/17.

Ambulance Activity

Ambulance arrivals at the NNUH represent 35% of the total attendances at the A&E department.

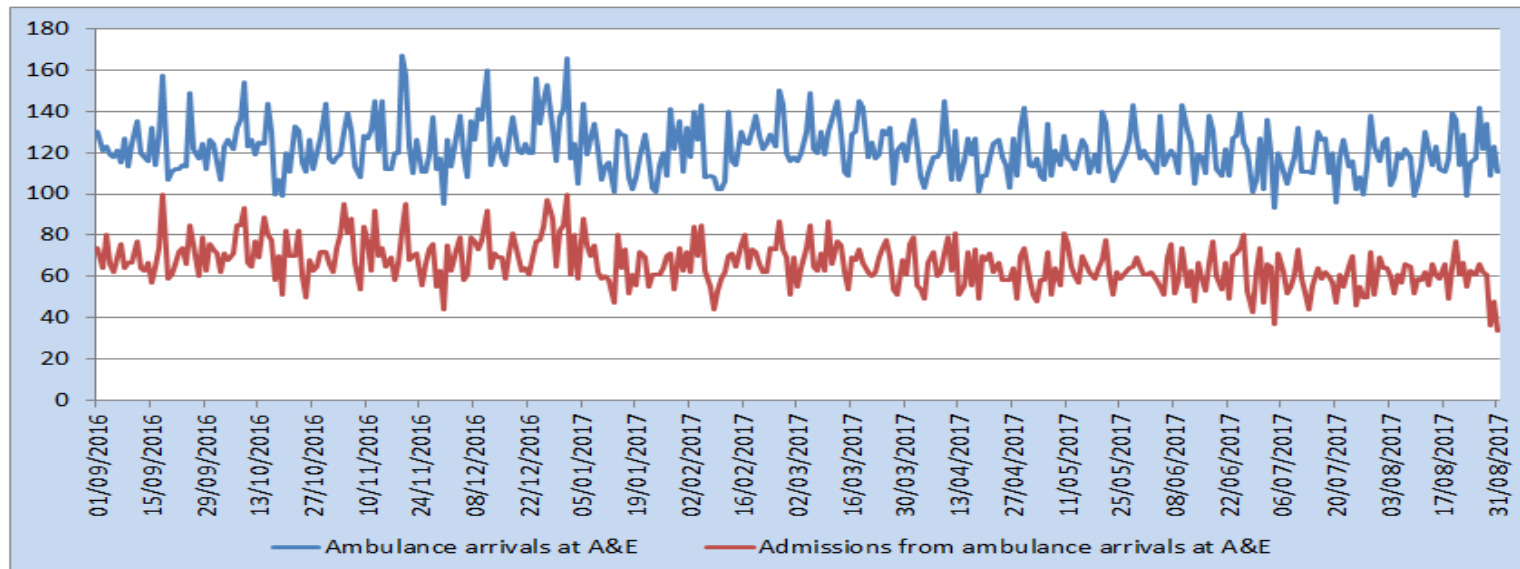
Table 1. Ambulance arrivals at ED April 2013 – August 2017.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
ED Ambulance Arrivals 2013/2014	2915	3035	2991	3185	3069	2955	3137	3059	3264	3201	2957	3278	37046
ED Ambulance Arrivals 2014/2015	3099	3218	3173	3325	3343	3195	3440	3411	3582	3494	3180	3451	39911
ED Ambulance Arrivals 2015/2016	3377	3634	3687	3814	3772	3573	3804	3728	3645	3615	3405	3741	43795
ED Ambulance Arrivals 2016/2017	3635	3824	3722	3932	3754	3740	3875	3811	4158	3860	3626	4057	45994
ED Ambulance Arrivals 2017/2018	3697	3844	3706	3692	3791								18630

Ambulance arrival at A&E to admission

Table2. A&E ambulance arrivals at A&E to admission September 2016 – August 2017.



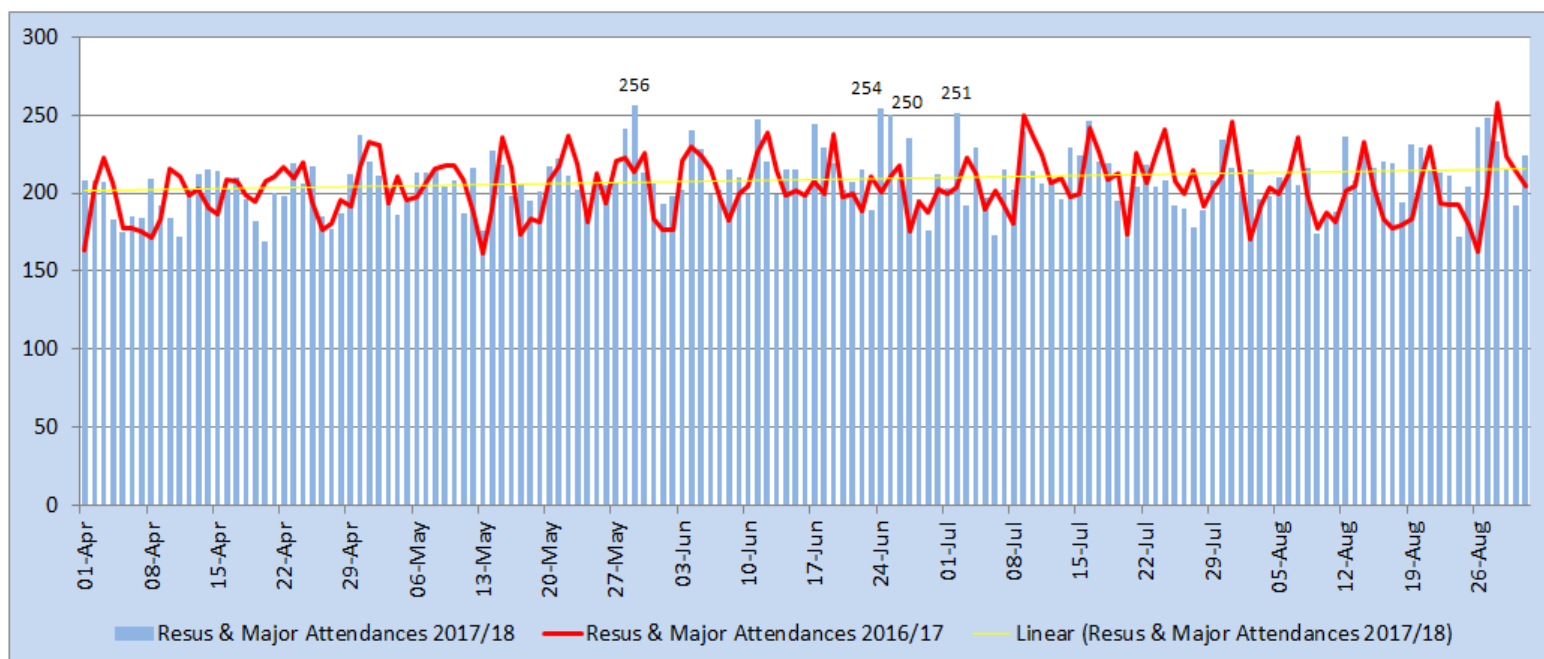
During the period 1 September 2016 – 31 August 2017, the rate of admission of ambulance arrivals at A&E has remained at an average of 54%. The vast majority of those patients admitted have been seen in either the Majors or Resus areas of the A&E department.

Acuity

Patients requiring Resus or Majors are the patient group with the highest acuity and immediate/urgent care requirements. There has been a 4.5% increase in combined majors/resus attendances 1 April – 31 August 2017 versus the same period of 2016.

This increase represents an additional 1421 resus/majors patient attendances compared with the same period in 2016. That is an average of 9 additional resus/majors patients per day. Assuming that, on average, 180 minutes are required for resus and majors patients, 9 additional patients per day represents 27 additional hours of clinical time in A&E every day. If there is not a consistent uninterrupted outlet to the emergency admission areas it is likely that this level of demand will result in a congested A&E and 4 hour standard breaches and ambulance handover delays.

Table 3. Resus & Major A&E attendances April – August 2017.



Ambulance Handover Performance

The period December 16- February 17 was one of the most challenging in terms of volume and complexity of attendance at the NNUH. Since February the performance against the 15 minute handover standard within the NNUH has slowly improved.

Table 4. Ambulance handover performance April 2016 – August 2017

NNUH Ambulance Handover	
Month	<15 Min Handover
Apr-16	69.51%
May-16	76.57%
Jun-16	73.11%
Jul-16	74.88%
Aug-16	71.08%
Sep-16	71.84%
Oct-16	65.66%
Nov-16	72.16%
Dec-16	63.23%
Jan-17	64.90%
Feb-17	61.01%
Mar-17	74.06%
Apr-17	77.22%
May-17	80.70%
Jun-17	78.53%
Jul-17	81.73%

The % arrival to handover performance <15 minutes at A&E only at the NNUH compares favourably with other Trusts in the region.

15 Minute Handover % Trends

A to H %<15 m in A&E of those recorded	2016/17								2017/18				
	August	September	October	November	December	January	February	March	April	May	June	July	August
Hospital ED													
Addenbrookes Hospital	51.9%	44.0%	45.3%	45.9%	43.2%	38.7%	46.2%	50.8%	48.9%	47.1%	43.1%	46.3%	44.2%
Basildon & Thurrock Hospital	40.0%	32.1%	32.8%	35.1%	32.7%	36.7%	36.2%	41.7%	43.1%	38.7%	40.6%	39.9%	46.0%
Bedford Hospital South Wing	60.1%	54.8%	51.4%	63.5%	53.0%	59.7%	58.8%	62.0%	63.8%	66.5%	72.3%	65.1%	72.0%
Broomfield Hospital	47.9%	43.7%	39.3%	49.0%	42.2%	41.2%	44.4%	45.1%	46.4%	45.6%	36.6%	41.7%	42.6%
Colchester General Hospital	27.3%	31.2%	27.3%	30.8%	18.2%	22.8%	27.3%	30.1%	21.6%	19.4%	15.9%	15.3%	16.9%
Hinchingbrooke Hospital	27.8%	28.2%	30.5%	31.3%	24.9%	23.0%	21.1%	25.7%	22.2%	24.9%	23.8%	30.8%	52.9%
Ipswich Hospital	33.7%	33.3%	36.7%	34.8%	32.7%	27.2%	29.1%	34.9%	36.8%	39.3%	38.9%	39.8%	37.2%
James Paget Hospital	43.8%	38.8%	40.5%	46.3%	45.3%	48.9%	46.2%	48.5%	50.6%	53.3%	48.1%	50.8%	51.2%
Lister Hospital	13.7%	12.9%	11.0%	13.8%	11.2%	11.3%	10.6%	43.9%	80.4%	65.7%	75.4%	69.5%	62.3%
Luton And Dunstable Hospital	46.5%	51.4%	48.3%	51.4%	47.4%	45.9%	43.3%	43.8%	45.7%	52.2%	46.9%	50.6%	44.1%
Norfolk & Norwich University Hospital	44.6%	44.8%	38.4%	56.0%	45.9%	46.4%	42.1%	57.3%	58.7%	66.5%	62.2%	63.7%	56.6%
Peterborough City Hospital	47.1%	44.3%	37.4%	33.6%	24.6%	27.1%	34.7%	34.4%	34.8%	33.3%	41.8%	40.5%	36.6%
Princess Alexandra Hospital	36.4%	29.7%	30.4%	26.1%	21.7%	23.4%	25.2%	34.3%	31.6%	30.8%	28.3%	31.1%	31.4%
Queen Elizabeth Hospital	36.3%	36.1%	24.9%	26.8%	28.1%	25.3%	23.2%	19.6%	21.7%	22.0%	18.0%	17.2%	16.1%
Southend University Hospital	44.1%	36.7%	31.0%	36.1%	30.5%	46.1%	43.9%	50.0%	57.8%	44.5%	41.5%	44.1%	38.8%
Watford General Hospital	21.1%	18.9%	14.6%	21.2%	16.4%	14.8%	17.4%	24.0%	20.5%	26.1%	31.6%	25.2%	19.5%
West Suffolk Hospital	28.0%	28.9%	29.4%	28.8%	31.7%	34.3%	28.9%	32.1%	35.1%	31.6%	34.5%	31.2%	26.5%

The latest EEAST data for the month of August 2017 shows that the NNUH was the most responsive hospital in terms of recording activity with 97% of ambulance journeys having a recorded handover time. The NNUH was also the most active in eastern England with 1000 recorded ambulance arrivals more than the second busiest (Addenbrookes).

The NNUH completed more successful <15 minute handovers in August than any other trust in the region and only 2 hospitals had a better % performance against this standard. However, due to the volume of patients attending the NNUH,

Monthly Summary

Acute	Total Num of transports into A&E only	% Compliance of handover times recorded in A&E	Arrival to Handover Hours lost in A&E	Arrival to Handover % within 15 minutes in A&E	Arrival to Handovers over 30 minute in A&E	Arrival to Handovers over 60 minute in A&E	Handover to Clear % within 15 minutes in A&E	Handover to Clears over 30 minute in A&E	Handover to Clears over 60 minute in A&E	Handover to Clear Hours lost in A&E	% of handovers 60 mins+ in A&E	% of clears 60 mins+ in A&E
Addenbrookes Hospital	2716	97.13%	137	44%	79	0	34%	102	2	246	0.0%	0.1%
Basildon & Thurrock Hospital	2287	86.01%	137	46%	144	11	35%	95	3	139	0.6%	0.2%
Bedford Hospital South Wing	1556	90.36%	39	72%	34	2	50%	85	3	89	0.1%	0.2%
Broomfield Hospital	2343	94.07%	223	43%	266	40	30%	312	12	255	1.8%	0.5%
Colchester General Hospital	2543	93.00%	527	17%	542	155	51%	86	4	117	6.6%	0.2%
Hinchingbrooke Hospital	999	96.20%	66	53%	71	4	34%	52	1	87	0.4%	0.1%
Ipswich Hospital	2242	94.51%	241	37%	218	70	28%	182	0	235	3.3%	0.0%
James Paget Hospital	1999	97.15%	83	51%	24	2	25%	60	3	195	0.1%	0.2%
Lister Hospital	2536	93.97%	138	62%	116	31	58%	97	11	116	1.3%	0.5%
Luton And Dunstable Hospital	2474	78.94%	173	44%	194	10	52%	183	6	153	0.5%	0.3%
Norfolk & Norwich University Hospital	3747	97.52%	414	57%	499	145	50%	65	0	205	4.0%	0.0%
Peterborough City Hospital	1935	86.67%	293	37%	375	74	33%	68	1	150	4.4%	0.1%
Princess Alexandra Hospital	1767	87.10%	258	31%	336	67	39%	158	12	144	4.4%	0.8%
Queen Elizabeth Hospital	1833	83.52%	371	16%	380	129	66%	34	0	61	8.4%	0.0%
Southend University Hospital	2552	88.56%	307	39%	368	76	47%	165	8	167	3.4%	0.4%
Watford General Hospital	2261	83.99%	554	20%	631	195	65%	78	2	81	10.3%	0.1%
West Suffolk Hospital	1795	90.47%	206	26%	218	35	48%	75	3	110	2.2%	0.2%
Grand Total	37585	89.09%	4176	41.49%	4495	1046	44.16%	1897	71	2557	3.07%	0.21%

Major Actions Implemented to improve ambulance handover and improve patient pathways - August 2017

The NNUH, like many other acute hospitals in the UK has experienced significant challenges and activity growth at an unpredictable rate across a number of points of access to the Hospital.

Local plans to improve urgent and emergency care are embedded within a system wide recovery plan that is led by CCGs and has agreed contractual performance trajectories.

A summary of the most recent actions within the NNUH that will assist with ambulance handover is shown below:

1. Revised referral criteria have significantly increased activity in the Urgent Care Centre.
2. Expanded focus on Ambulatory Emergency Care has seen a reduction in emergency admissions of circa 10% in the last 12 months.
3. The arrival at A&E to inpatient admission conversion rate has reduced from 27% to 23%.
4. A revised GP streaming protocol was introduced in September 2017. Some estate modification is being planned to enhance this service within this financial year.
5. A clear focus on inpatients in hospital for greater than 14 days has resulted in earlier discharge and has reduced bed occupancy significantly. This has allowed opportunity for further development of ambulatory care pathways.
6. An enhanced leadership model has been introduced within A&E empowering a “floor co-ordinator” to lead the ED teams 24/7.
7. Internal professional standards have been introduced with clear expectations for each specialty in terms of supporting the A&E team.
8. A revised escalation policy has been developed to improve responsiveness to activity spikes and periods of pressure.
9. A “Red to Green” initiative has been introduced to ensure that aims to reduce internal and external delays as part of the SAFER patient flow bundle.
10. A Care Homes Selection service has been a success and will be expanded to 40 patients per month to include the CHC Discharge to Assess cohort from 11th September 2017.
11. Recruitment of 2 additional ED consultants is in progress. There is a further European recruitment initiative for ED consultants planned for 24th – 27th September 2017
12. Older Peoples Medicine have created an Older Peoples Assessment Service (OPAS) and Older Peoples Ambulatory Care (OPAC) to speed up and increase access to specialist geriatric intervention.