



AMBULANCE HANDOVER AT NNUH - REPORT TO NHOSC - 28 FEBRUARY 2019

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For: Norfolk Health Overview and Scrutiny Committee - 28 Feb 2019

The NNUH have been asked to update the committee on ambulance handover delays at the Hospital during the winter period and be prepared to answer four specific questions. The questions and response are shown at end of this paper.

Background

Winter 2018/19 is proving exceptionally challenging for the Central Norfolk system and the NNUH. Pre winter a significant amount of planning was undertaken to identify key schemes to provide additional capacity as shown below:

Table 1: Winter Plan 2018/19

		Winter Plan Additional Capacity		
		Non-Elective	Elective	Treatment
1	Modular Ward		December 20	
2	Open Closed Beds	17	October - December	
3	NNUH @Home Virtual Ward	30	December	
4	8 Cubicle RATS development		December	6
5	Discharge Lounge	23	December	
6	Super Stranded initiative	23	December	
	Winter Plan Total	93	20	6
		QEH Mitigation/ Growth		
		Non-Elective	Elective	Treatment
1	New CDU	12	January	
2	Relocation of GMDU	28	January	-28
3	Gastro Unit		January	28
	Mitigation Total	40	0	6
	Enhance Winter Plan Total	133	20	6

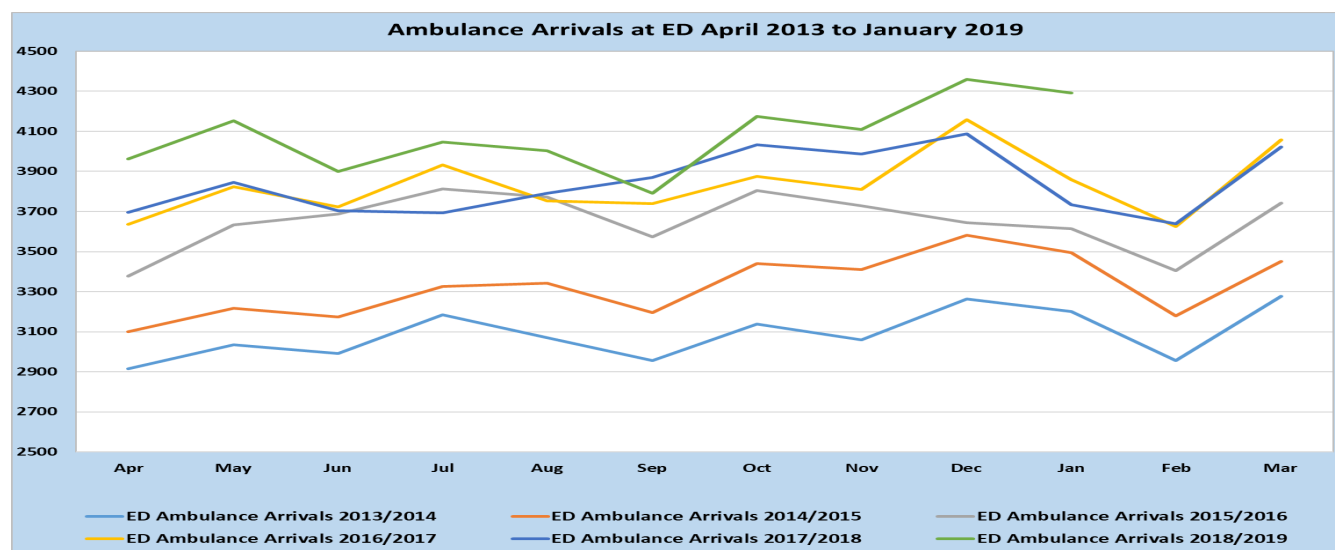
Not all of this additional capacity has been delivered in accordance with the original timelines.

Ambulance Activity

There has been significant growth in the total numbers of attendances at ED in the last 12 months. In the period April to January, ambulance arrivals at the NNUH represented 42.9% of the total attendances at the ED department.

The rate of conveyance by ambulance to the NNUH is higher than our near neighbours predominantly due to the specialist nature, size and catchment area of the NNUH.

Table 2. Ambulance arrivals at ED Apr 2013 – Jan 2019



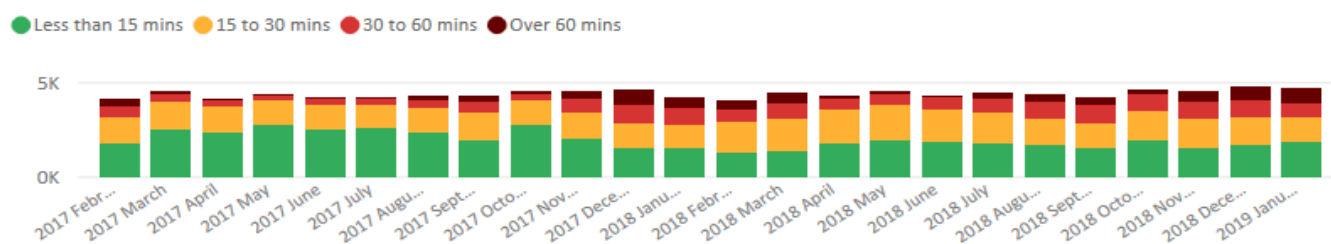
In December and January 2019 there have been significant increases in ambulance arrivals at the NNUH. This has placed additional pressure on the ED and has resulted in increased handover delays despite the addition of 8 further assessment spaces.

Table 3. Ambulance % variance in arrivals at ED Apr 2017 – Jan 2019

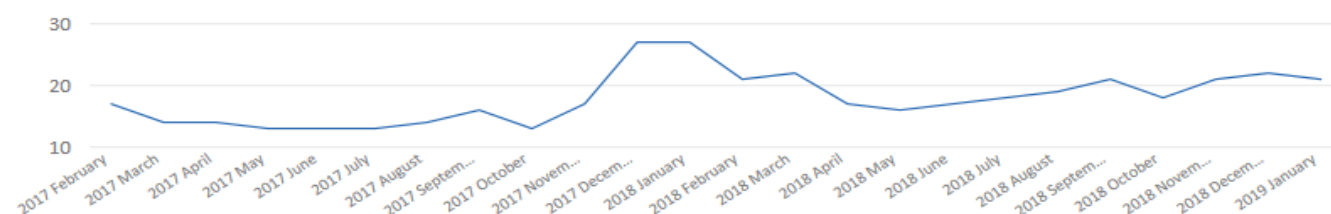
Month	Arrivals 2017/18	Arrivals 2018/19	Variance on 2017/18	% increase
April	3700	3954	254	6.9%
May	3848	4150	302	7.8%
Jun	3701	3900	199	5.4%
July	3689	4053	364	9.9%
August	3803	4005	202	5.3%
September	3861	3777	-84	-2.2%
October	4021	4186	165	4.1%
November	4004	4107	103	2.6%
December	4054	4346	292	7.2%
January	3749	4288	539	14.4%
February	3645			
March	4030			

Table 4. Ambulance Handover ED Feb 17 2013 – Jan 2019

Attendances by Month and Handover time (EASTAMB)

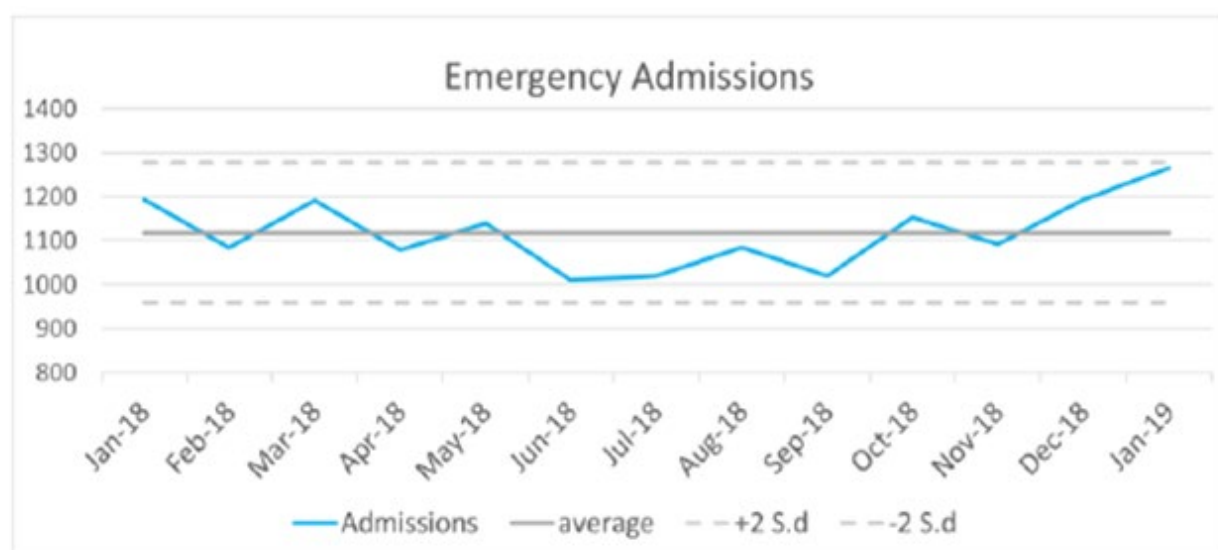


Median time (mins) Arrival to Handover (EASTAMB)



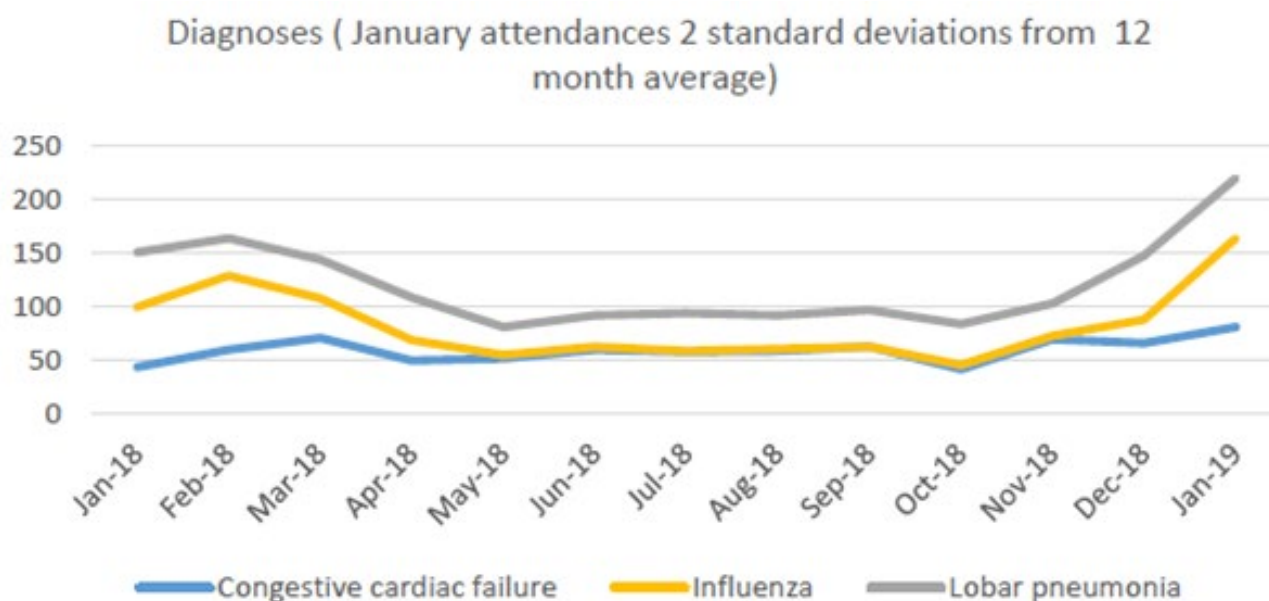
Demand & Acuity of presentation

The number of emergency admissions in Winter 18/19 has increased by 8% and January saw the highest number of emergency admissions in a single month. There was an increase in ambulance arrivals of 30% compared with January 2018 and 65% of those arrivals were ultimately admitted to hospital.



A significant increase in respiratory and cardiac conditions with high levels of acuity is a primary reason for the increase in admissions.

Table 5: Main areas of growth in high acuity admissions



The acute nature of emergency admissions has resulted in the longer length of stay patient numbers not reducing in accordance with the winter plan.

The combination of increased attendances, admissions, ambulance arrivals and acuity of presentation has resulted in the NNUH becoming very congested and in need of further expansion of inpatient capacity and/or alternative pathways outside of the NNUH.

The current pressures on inpatient beds have resulted in a requirement to open “escalation beds” (Beds usually available for day procedures and specialist interventions) on a daily basis in order to accommodate the demand on our services. The escalation areas do not have allocated staff and the process required to identify suitable patients and staff to open the areas can be a time consuming process. Flow from the A&E into the hospital is often slowed down and can result in a position recognised as “Exit Block” from the ED into the hospital admission areas due to a lack of bed availability.

Plans to improve the ambulance handover delays have been formulated with NHS England and NHS Improvement and aim to ensure 0 delays > 1 hour by 1 April 2019.

Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH)

- (a) The NNUH has made significant changes in recent years to improve the flow of patients through its emergency department, including the establishment of an Older People’s Emergency Department, a Children’s Emergency Department and expansion of Rapid Assessment and Treatment and the area for receiving the most seriously ill or injured patients. Nevertheless, the figures show that a high level of ambulance hours are lost in handover delays at the hospital. What more can be done to improve flow?

The NNUH invested in 8 additional RATS cubicles in a purpose built facility in December 2018. The increased volume of attendances and admissions has prevented the unit from functioning as planned. Further work to develop RATS and improve ambulance handover delays is underway.

Our acute inpatient bed capacity cannot currently meet demand. In the short term, the NNUH is committed to a pathway redesign project that aims to move any over-capacity issues into the main body of the Hospital.

A review of system capacity across the Norfolk STP has identified a significant shortfall in bed capacity that will result in a 500 bed shortfall across Norfolk by 2023 in a “do nothing” environment.

The NNUH is working with system partners to redesign pathways and/or provide additional capacity to improve flow into and out of the Hospital.

EEAST are leading a system wide pathways project to identify and optimise use of alternatives to ED. A workshop in January has identified a number of opportunities both within and external to the NNUH that will assist with flow.

(b) Do the hospitals consider that more could be done to improve patient flow through the Emergency Departments by moving patients to another area while awaiting the results of investigations and diagnostic tests?

The NNUH has established a Clinical Decisions Unit specifically for this purpose. The demand on the Hospital has often resulted in the CDU being full with no alternative space available within the Hospital. In the summer of 2019 the NNUH will modify some of the existing ED footprint to create a new CDU and create 12 additional inpatient beds.

(c) To what extent do the Emergency Departments have access to patients’ clinical records? Could better access to patient records speed up patient flow by reducing the time spent on investigations?

The Emergency Department have limited access at the moment and can access some of the historic NNUH discharge letters on our internal patient record systems but better access to community records/care plans and mental health, police alerts and patients with special requirements records would improve patient flow and reduce investigations in the ED. A significant amount of funding is required to enhance Norfolk’s digital capability in order to allow all health providers access to all of the relevant patient data to improve care.