

Ambulance Handover at NNUH – Report to NHOSC 13 October 2016

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The NNUH has been asked to update the Committee on the measures that have been put in place to improve turnaround performance.

Background

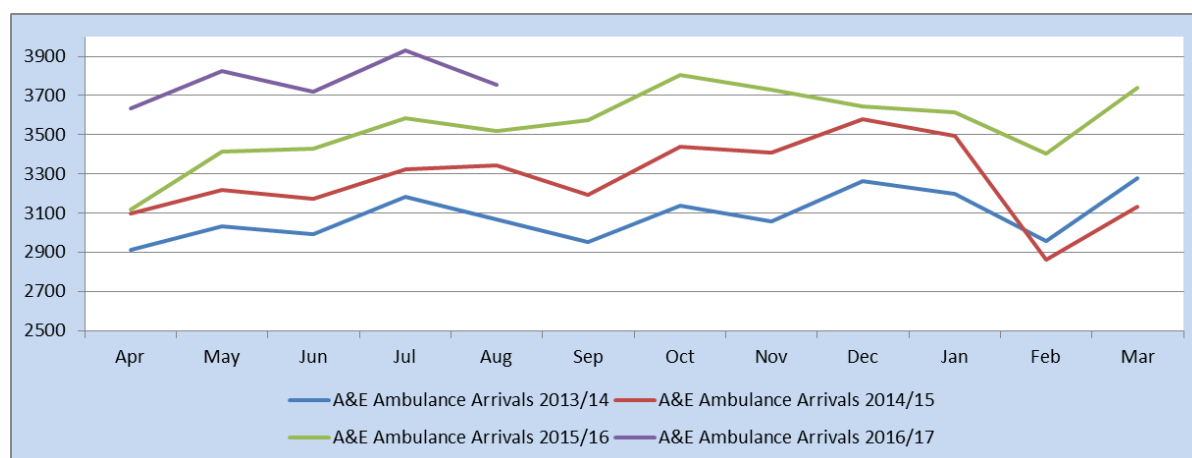
When ambulance handover delays occur at the NNUH it is usually as a consequence of reduced flow throughout the Hospital and/or a significantly higher than expected demand on the emergency admission areas. The attendances at the A&E department were predicted to rise by no more than 2.5% in 2016/17. As at 31st August, attendances in 2016 have risen by 6.5%. The increase in demand has resulted in handover delays.

Ambulance Activity

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

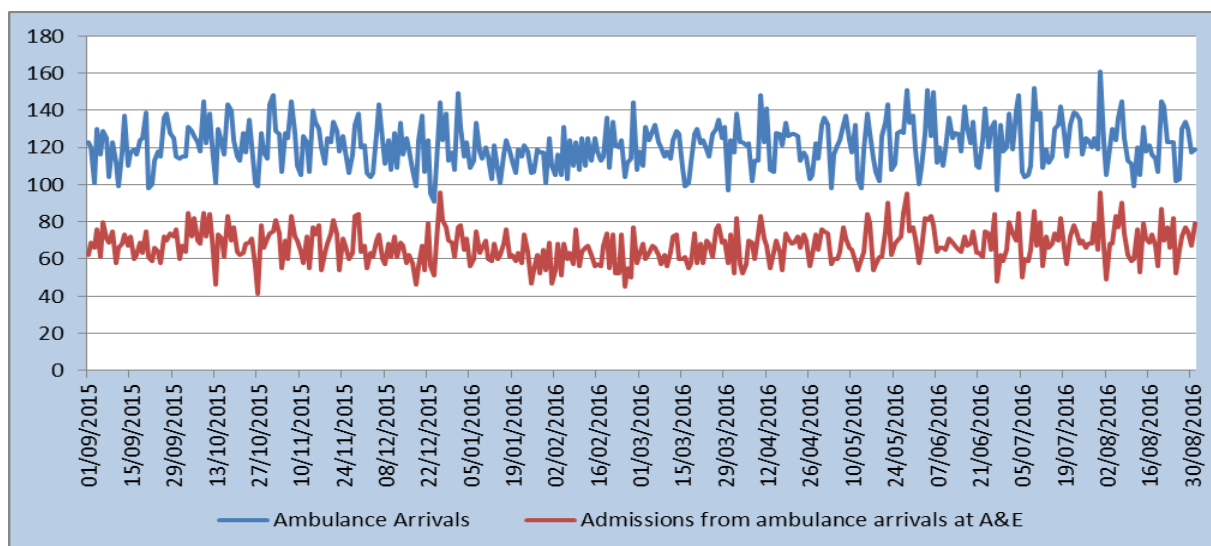
In 2016/17 there has been an overall increase of 8.6% in all ambulance arrivals to the Trust on the same period of 2015/16. The increase in number of patients arriving at A&E via ambulance is a little higher at 10.6%. This represents on average 12 additional ambulances per day at the A&E department.

Table 1. Ambulance arrivals at A&E April 2013 – August 2016.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
A&E Ambulance Arrivals 2013/14	2915	3035	2991	3185	3069	2955	3137	3059	3264	3201	2957	3278	30811
A&E Ambulance Arrivals 2014/15	3099	3218	3173	3325	3343	3195	3440	3411	3582	3494	2861	3134	39275
A&E Ambulance Arrivals 2015/16	3118	3413	3429	3584	3520	3573	3804	3728	3645	3615	3405	3741	42575
A&E Ambulance Arrivals 2016/17	3635	3824	3722	3932	3754								18867

Ambulance arrival at A&E to admission



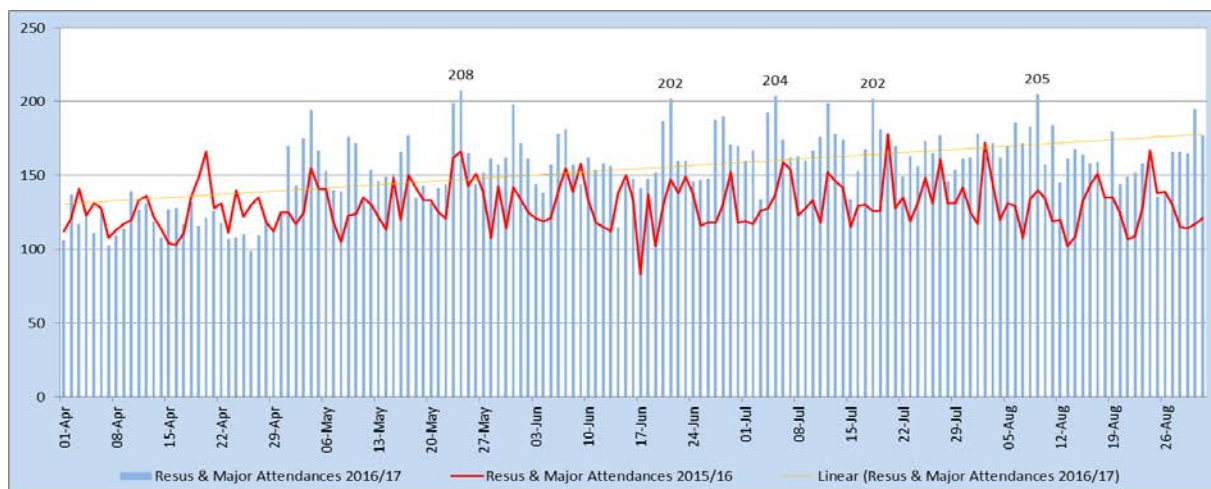
During the period 1 September - 31 August 2016, the rate of admission of ambulance arrivals at A&E has decreased from an average of 57% in 2014 to 55% in 2016. The vast majority of those patients admitted have been seen in either the Majors or Resus areas of the A&E department.

Acuity

Patients requiring Resus or Majors are the patient group with the highest acuity and immediate/urgent care requirements. There has been an 18.5% increase in combined majors/resus attendances 1 April – 31 August 2016 versus the same period of 2015.

This represents an additional 3681 resus/majors patient attendances compared with the same period in 2015. That is an average of 24 additional resus/majors patients per day. Assuming that, on average, 180 minutes are required for resus and majors patients, 24 additional patients per day represents 72 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 2. Resus & Major A&E attendances April – August 2016.



Ambulance Handover Performance

The period January – April 2016 was one of the most challenging in terms of volume and complexity of attendance at the NNUH. Since January the performance against the 15 minute handover standard has not yet been re-established at the 2015 levels of achievement. However, there has been a change in the measurement of handover times that shows a slightly misleading downturn in performance.

Ambulance arrivals at the NNUH are triggered by an automatic response from a “geofield” located in a streetlight on the approach to the hospital. Prior to April 2016 a 5 minute allowance was added to the handover time to allow the ambulance time to arrive, disembark the patient safely and enter the A&E department. Since April 2015 the arrival time has been counted at the point that the ambulance triggers the geofield not the arrival time at the hospital.

Table 3. Validated A&E only ambulance handover performance April 2015 – September 2016

NNUH Validated ambulance Handover - A&E only		
Month	<15 Min Handover	> 60 min handover
Apr-15	82.17%	8
May-15	81.91%	17
Jun-15	80.99%	30
Jul-15	79.70%	47
Aug-15	82.91%	4
Sep-15	79.46%	8
Oct-15	81.33%	6
Nov-15	72.33%	33
Dec-15	76.21%	12
Jan-16	65.59%	33
Feb-16	59.30%	19
Mar-16	59.26%	36
Apr-16	43.50%	27
May-16	48.66%	7
Jun-16	48.00%	7
Jul-16	44.99%	11
Aug-16	45.07%	13

Adjusted performance excludes geofield allowance from 1 April 2016

As a snapshot indicator: despite the failure to achieve the national standard, using EEAST's unvalidated data, the NNUH completed more successful <15 minute handovers in August than any other trust in the region and is not currently an outlier in terms of performance against this standard.

Table 3. East of England Region – un-validated ambulance arrival to handover (all entrances) <15 minutes – August 2016. (Source of data: EEAST Daily regional arrival –handover report).

Hospital	Recorded Handovers	<15 mins Total	<15 mins %
Bedford Hospital South Wing	1560	955	61.22%
Stoke Mandeville Hospital	87	50	57.47%
Addenbrookes Hospital	2778	1447	52.09%
Broomfield Hospital	2536	1274	50.24%
Luton And Dunstable Hospital	2043	986	48.26%
Peterborough City Hospital	1751	840	47.97%
Norfolk & Norwich University Hospital	4209	1855	45.07%
James Paget Hospital	2055	924	44.96%
Southend University Hospital	2355	1050	44.59%
Basildon & Thurrock Hospital	1997	825	41.31%
Princess Alexandra Hospital	1746	673	38.55%
Barnet General Hospital	351	132	37.61%
Queen Elizabeth Hospital	1713	636	37.13%
Ipswich Hospital	2389	868	36.33%
West Suffolk Hospital	1630	490	30.06%
Colchester General Hospital	2720	798	29.34%
Hinchingbrooke Hospital	775	226	29.16%
Watford General Hospital	2216	532	24.01%
Lister Hospital	2623	435	16.58%

Table 4. East of England Region – un-validated ambulance arrival to clear (all entrances) <15 minutes - August 2016.

Performance against the arrival to clear standard that applies to EEAST has also failed to meet the requisite 15 minute standard. August is shown below as an indicator of current performance.

Arrival to Clear	Recorded Journeys	% <15
Bedford Hospital South Wing	1673	13.81%
Luton And Dunstable Hospital	2654	12.74%
Stoke Mandeville Hospital	97	9.28%
Basildon & Thurrock Hospital	2739	9.09%
Addenbrookes Hospital	2938	8.37%
Hinchingbrooke Hospital	1111	8.28%
Queen Elizabeth Hospital	1976	8.20%
Lister Hospital	2933	8.11%
Barnet General Hospital	609	8.05%
Princess Alexandra Hospital	1909	7.96%
West Suffolk Hospital	1836	7.79%
Norfolk & Norwich University Hospital	4489	7.66%
Broomfield Hospital	2669	6.97%
Colchester General Hospital	2859	6.96%
Southend University Hospital	2789	6.38%
Watford General Hospital	2582	5.96%
Ipswich Hospital	2456	5.62%
James Paget Hospital	2060	5.39%
Peterborough City Hospital	1985	5.04%

Major Actions Implemented to improve ambulance handover

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 that will assist with ambulance handover is shown below:

1. A revised Urgent Care Centre model of care was introduced on 1st July 2016 to improve access to the A&E department.
2. A new streaming protocol for walk in patients was introduced in A&E Triage on 15th August 2016.
3. Expanded Ambulatory Emergency Care accommodation was completed in July 2016. Phase 2 works (to create additional care spaces) commenced in September and are due to be completed by the end of October 2016.
4. A new Clinical Decisions Unit for A&E opened on 18th July 2016.
5. Three additional A&E consultants have joined the Department since June 2016 and an advert is out for four more.
6. The Lead A&E consultant has been asked to produce a new rota to increase overnight consultant cover for A&E during weekends from December 2016.
7. Recruitment to Acute Physician vacancies has started to deliver results with additional staff joining the team in September and October 2016.
8. A pre hospital bloods project has been successful and evaluation data from the ambulance service will be requested via the new A&E Delivery Board.
9. An Electronic booking pilot for Medical Ambulatory Emergency Care is now at demonstration stage and is expected to “go live” with 6 practices from the end of September 2016.
10. The system wide Urgent Care Recovery Plan is currently being revised to ensure focus on the 5 new national “mandated actions”.