

REPORT TITLE:	Ambulance Handover Performance Report		
SPONSORING EXECUTIVE:	Liam Kennedy Chief Operating Officer		
REPORT AUTHOR:	Johanne Newens Deputy Chief Operating Officer Rachel Clarke Deputy Group Director of Operations MEC		
MEETING:	Public Trust Board	DATE	8 th June 2022

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Board should focus on the Trust's ambulance handover performance within the context of the wider Black Country system. The Board is also asked to note the degree to which our net import of out of area ambulance conveyancing has changed over the last 9 months.

A discussion and challenge in relation to the safety initiatives and improvement actions that are in place and planned.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

OUR PATIENTS		OUR PEOPLE		OUR POPULATION
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives

3. Previous consideration *[where has this paper been previously discussed?]*

The majority of the information in this paper has been discussed at Operational Management Committee, with extracts being discussed at the Black Country and West Birmingham Urgent Care Board.

4. Recommendation(s)

The Public Trust Board is asked to:

- a. **DISCUSS** the Trust's performance in relation to ambulance handovers within the context of the wider system pressures
- b. **APPROVE** the stepped improvement plan to achieving 30 minute handover
- c. **CONSIDER** and **CHALLENGE** the specific actions identified to improve performance

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Board Assurance Framework Risk 01	X	<i>Trust fails to deliver safe, high-quality care</i>			
Board Assurance Framework Risk 02		<i>Trust fails to make best strategic use of its resources</i>			
Board Assurance Framework Risk 03		<i>Trust fails to deliver the MMUH benefits case</i>			
Board Assurance Framework Risk 04		<i>Trust fails to recruit, retain, train, and develop an engaged and effective workforce</i>			
Board Assurance Framework Risk 05		<i>Trust fails to deliver on its ambitions as an integrated care organisation</i>			
Trust Risk Register Number(s)					
Equality Impact Assessment	Is this required?			N	If 'Y' date completed
Quality Impact Assessment	Is this required?			N	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board Date: 8th June 2022

Ambulance Handover Performance Report

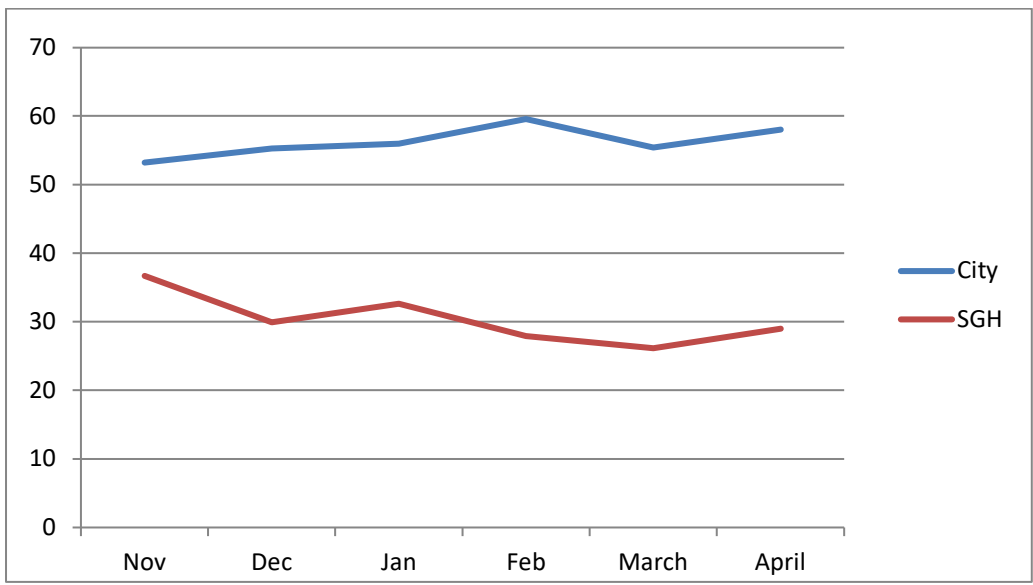
1. Introduction or background

- 1.1 Improvement of ambulance handover times to release West Midlands Ambulance Service (WMAS) crews is a system priority. WMAS currently rate the handover risk as their highest corporate risk, scoring 25 (5 x 5). The regular updates on our performance and improvement work in relation to ambulance handovers is included in our Emergency Access Standard report to Finance, Investment and Performance Committee.
- 1.2 This paper outlines our current performance in relation to the expected standard of 15 minutes to handover (from the time that a WMAS crew arrives on sites to the handover of the patient to our clinical team). In addition the 30 minutes handover time and the number of over hour handovers will be explored and retained prospectively as our Board level Metric in this area. The report compares our performance to other Trusts, how we manage safety for those patients who are not handed over within the 15 minutes and finally it outlines the actions we are taking to improve our ambulance handover times.

2. SWBH Ambulance Handover Performance

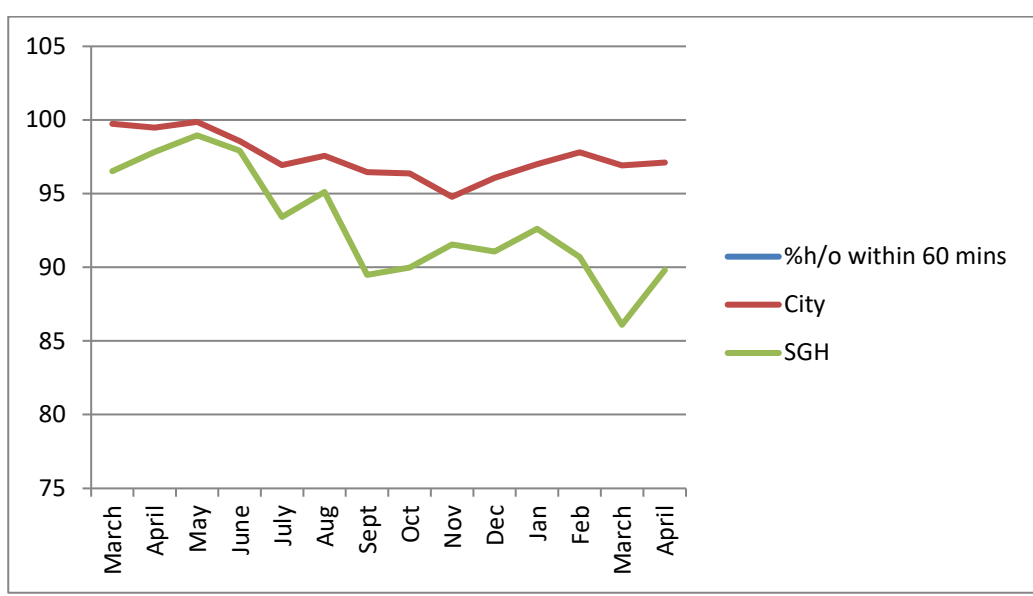
- 2.1 One of the main contributory factors to poor handover times is overcrowding in our Emergency Departments (ED). Periods of high influx of activity, both ambulances and patients who self-present coupled with poor outflow to assessment areas contribute to limited cubicle space which mean that patients cannot be offloaded from the ambulance to our department safely. Section 5 of this paper will outline some of the steps the Trust is taking to address this outflow issue. **Percentage handovers within 15 mins (target 100%)**

The graph below shows an improvement on both our sites for the number of ambulances handed over within 15 minutes of arrival, particularly on our City site.



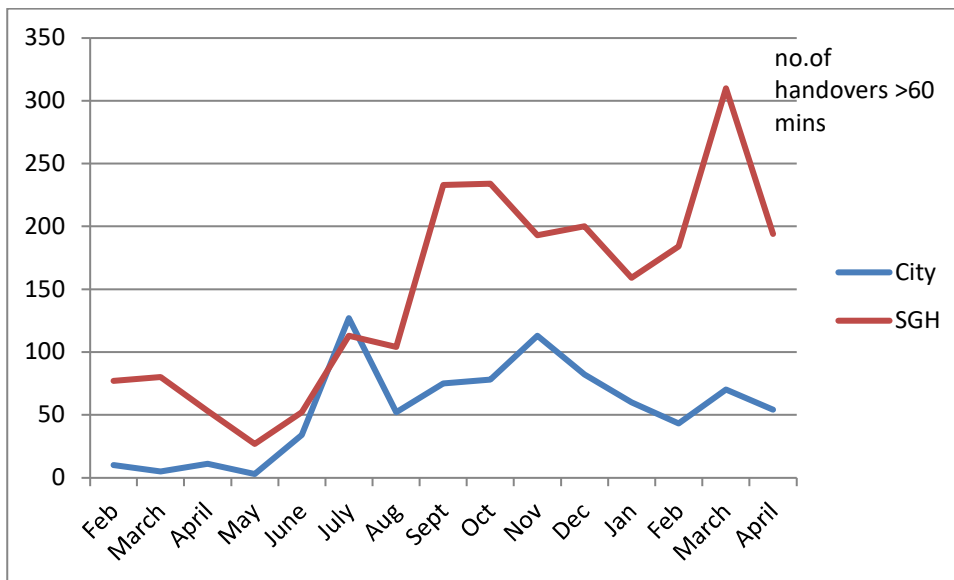
2.1 Percentage handovers within 60 mins (target 100%)

Ambulances handed over within 60 minutes of arrival also shows a slight improvement at City and a more noticeable improvement at the Sandwell site.



2.2 Number of ambulances held for >60 mins (target 0)

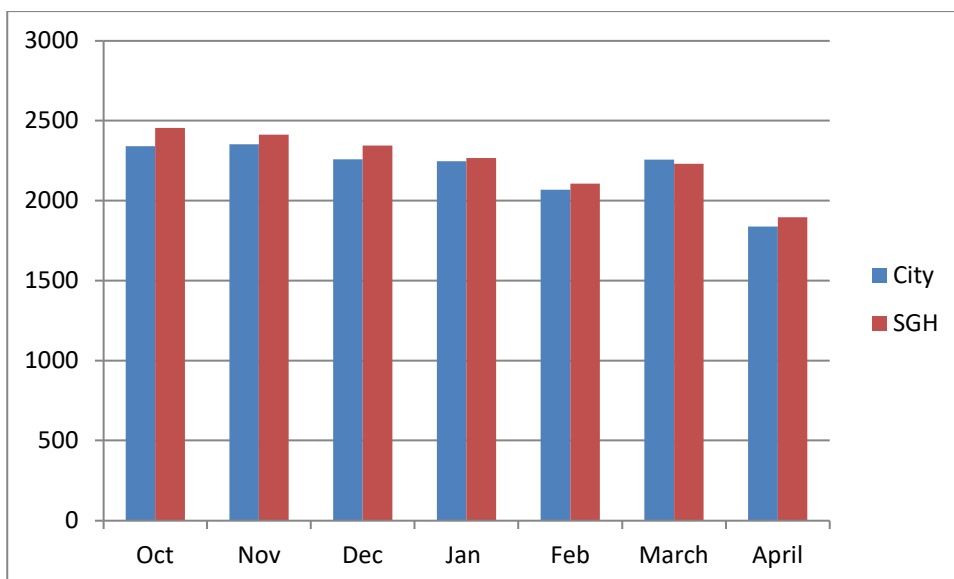
The number of ambulances that were held for more than 60 minutes has been showing a steady improvement at our City site. Whilst at Sandwell the March to April improvement was significant there is still a significant amount of improvement to deliver on this site.



Despite the outflow challenges faced by departments and the significant impact of intelligent conveyances (ICs) from the BSol system (see below), ambulance offload times is an improving picture. This will remain the focus of the directorate for this year's winter plan and a paper proposing improvement initiatives will be presented to the COO for approval next month.

2.3 Total number of emergency conveyances from across the region.

The graph below demonstrates that for the month of April conveyances were lower than previous months. However, over all attendances including self-presentations are on some days at pre covid levels.



2.5 Number of Intelligent Conveyances (IC) and origin

An IC is where WMAS make the decision to convey an ambulance from trust A to trust B to alleviate pressures at trust A. These pressures are in relation to the number of ambulances at trust A unless trust B is reporting an escalation management system

(EMS) level 4 conveyance does not take into account the pressures within trust Bs ED or the bed availability at that trust. The total number of ICs across Birmingham and the Black Country for April was 1439, of these 27% (391) were IC's to SWBH. The majority of the ICs were from Heartlands and UHB to City. Of the total number of all conveyances to City, 15% were ICs. Further analysis is proposed to understand the conversion rate to admission and subsequent length of stay (LoS).

Key –

GHH – Good Hope Hospital

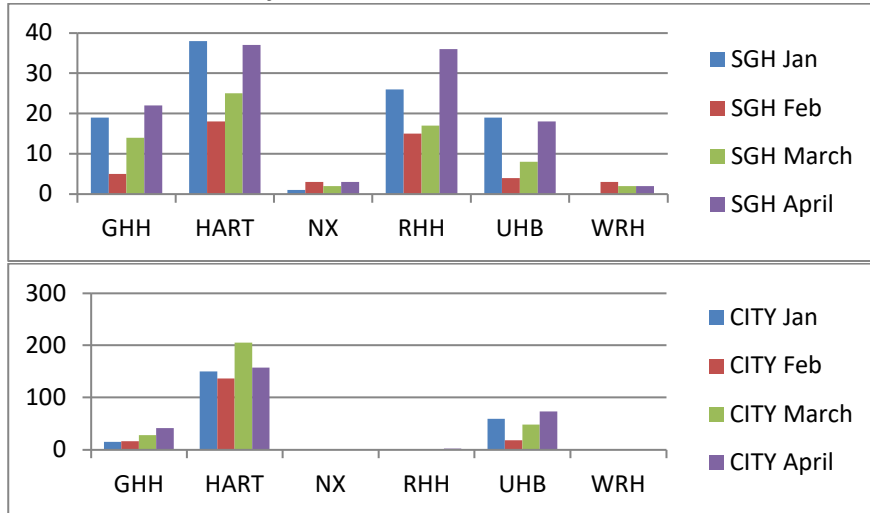
HART – Heartlands

NX – New Cross

RHH – Russell's Hall

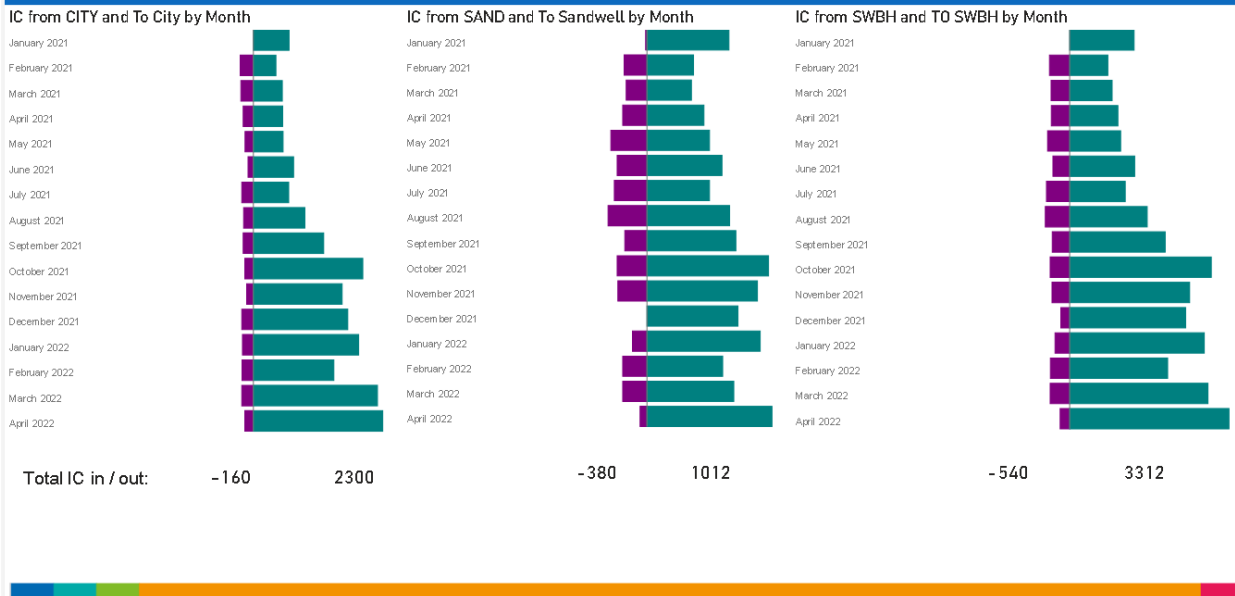
UHB – University Hospital Birmingham (QE)

WRH – Worcester Royal



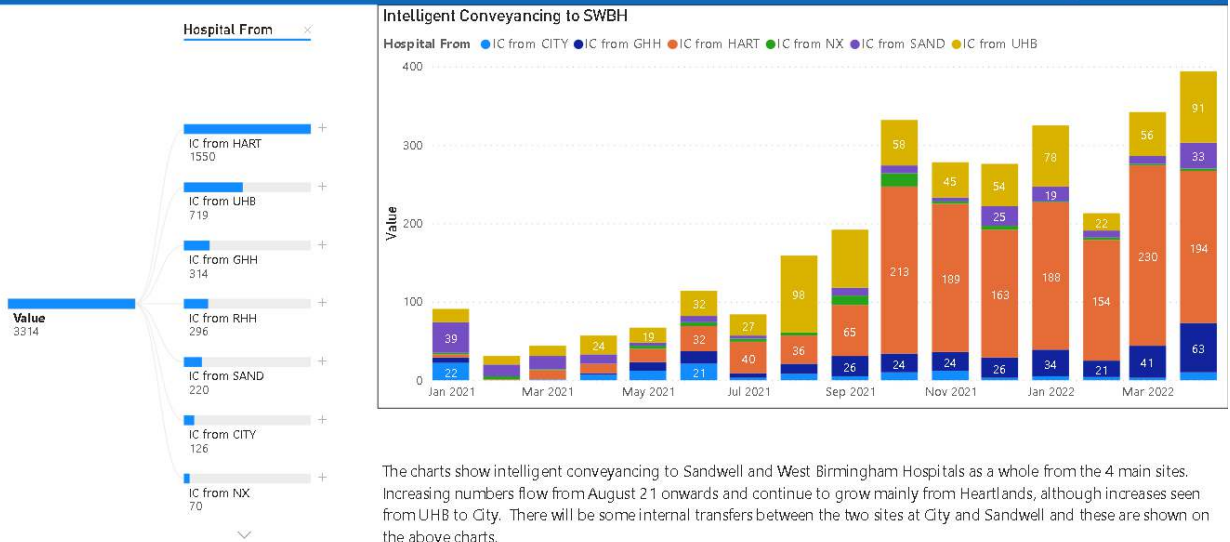
2.6 Intelligent Conveyancing comparisons

The chart below shows the net position of ICs to our ED (Green) / away (purple) from our ED. The chart demonstrates that in a net position we receive more out of area ambulances than are conveyed away from us. This is particularly relevant when we are under sustained pressure and we continue to get out of area ambulances.



2.7 The growth in out of area ambulances has been consistent form august 21 onwards with the majority coming from the Birmingham hospitals. However the rise in conveyances that historically would have gone to Russell’s Hall Hospital in Dudley is noticeable at the Sandwell site.

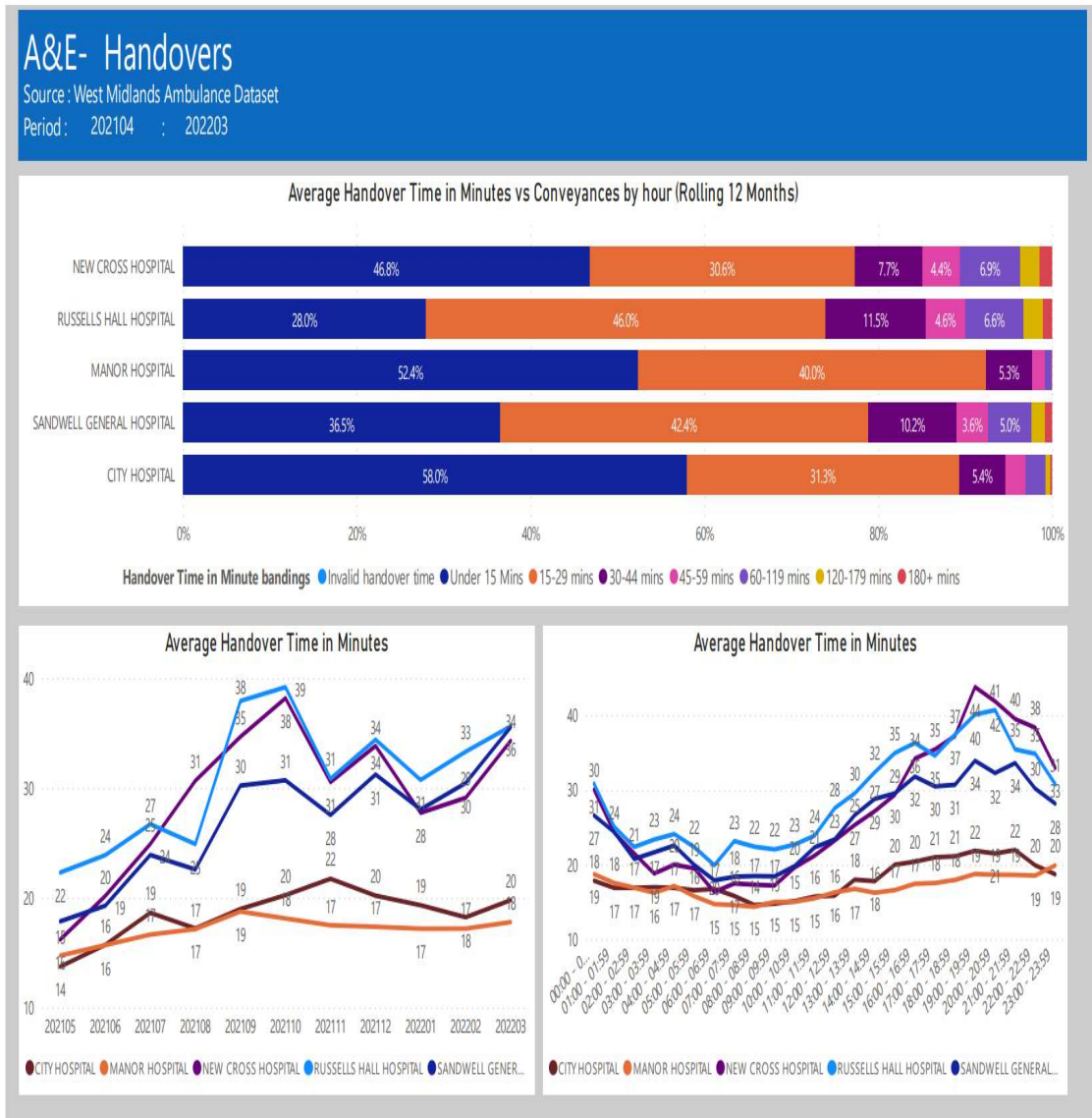
Intelligent Conveyancing to SWBH (includes both City and Sandwell site)



3. SWBH Ambulance handovers in Comparison with other Trusts

3.1 The graphs below show our two EDs handover performance in comparison to the other Black Country trusts over the last 12 months. City’s average handover time is the brown line, Sandwell the dark blue. Whilst we are very focused on improving our position it is important to note the

wider system contact we are operating in; particularly when the previous section in relation to the net ICs position is considered.



4. The Safety of our patients.

- 4.1 Maintaining patient safety is the number one priority for the Trust and ensuring patients do not come to harm whilst waiting in ambulances has been a focus for the emergency care directorate.
- 4.2 Action cards and an ambulance offloading standard operating procedure (SOP) have been introduced to support the clinical teams to manage the increase in numbers of attendances. These protocols are in line with national best practice standards. These

actions are triggered whenever the nurse in charge of the ambulance assessment area alerts the nurse in charge of the Emergency Department to possible delays in offloading. The actions taken are as follows:

- Senior clinical review of any patient held on an ambulance to determine if the patient can be offloaded and wait in the waiting room (fit to sit). Likewise, any patient identified as unstable and needing immediate treatment is prioritised for offload.
- With support from West Midland Ambulance Service (WMAS) patients arriving by ambulance may be cohorted in the designated area of ED. This allows for up to 3 patients to be left under the care of a designated paramedic thereby freeing up the crews to respond to calls from the hospital desk.
- The final stage of the escalation plan is to care for patients on the corridor within ED. This is a last resort solution and a corridor care SOP is in place to ensure the patients are cared for in the same way as those patients in the rest of the department. The number of patients cared for on the corridor is limited and dedicated nursing resource is allocated to these patients.

4.3 A separate report will be submitted to a future Quality and Safety committee in relation to delays within our Emergency Departments and the degree to which this impacts on patient safety.

5. Next Steps and further Improvement Actions

5.1 A new board level metric will be included in relation to 30 minute handovers. Whilst the aim is to have all ambulances handed over within 15 minutes our previous months performance, the level of activity in the system and the scope of the changes that we need to deliver within the trust indicate that our improvement trajectory should be incremental. Once we achieve consistent 30 minutes handover and no over 60 minute handovers our monitoring to the 15 minute target and an increased set of improvement actions will be formulated.

- a. Alternative routes for ambulances to access, other than ED. There are significant developments that we are aiming to have in place for winter 2022/23 which are mirrored in our Midland Metropolitan University Hospital (MMUH) investment plan. Monies have been released to groups to enable recruitment to the necessary posts in relation to the following actions:
 - i. Care Navigation at the front door. With the support of the assessment units, same day emergency care and urgent treatment centres, the ambition is to directly stream suitable patients to these alternative areas for assessment and treatment, and if necessary direct admission
 - ii. Care Navigation in the community. A multi-disciplinary team will be in place to triage and signpost and if necessary respond to patients in the community who otherwise might present or be transported to ED.
 - iii. To unblock ED cubicles alternative routes out of ED need to be in place which include increased SDEC provision across all specialties but in particular medicine and increased same day diagnostic.
 - iv. For a limited period of 2 months the CCG have funded an extension of the UTC opening hours at Sandwell and the primary care provision at city which

will give approximately 20 hours additional cover on each site each week.
This will free up cubicle space in our EDs.

6. Recommendations

The Board is asked to:

- a. **DISCUSS** the Trust's performance in relation to ambulance handovers within the context of the wider system
- b. **APPROVE** the stepped improvement plan to achieving improved 30 minute handover
- c. **CONSIDER** and challenge the specific actions identified to improve performance

Johanne Newens
Deputy COO
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26th May 2022