

REPORT TITLE:	Ambulance handover performance report		
SPONSORING EXECUTIVE:	Liam Kennedy – Chief Operating Officer		
REPORT AUTHOR:	Rachel Clarke – Deputy Group Director of Operations MEC		
MEETING:	Public Trust Board	DATE:	6 th July 2022

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>The Board should focus on the differential between the City site and Sandwell performance in terms of ambulance handovers.</p> <p>The board should also focus on the intelligent conveyancing and our net importer position as well as the plans to support the ambulance handover position moving forward</p>

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>										
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th></th> <th>OUR PEOPLE</th> <th></th> <th>OUR POPULATION</th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> </tr> </tbody> </table>	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	X	To work seamlessly with our partners to improve lives
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To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives						

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

4. Recommendation(s)
The Public Trust Board is asked to:
a. NOTE the ambulance handover performance
b. DISCUSS the conveyancing position into SWBH
c. DISCUSS the suggested improvements to improve the ambulance handover position

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>						
Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.				
Board Assurance Framework Risk 02	X	Make best strategic use of its resources				
Board Assurance Framework Risk 03		Deliver the MMUH benefits case				
Board Assurance Framework Risk 04		Recruit, retain, train, and develop an engaged and effective workforce				
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation				
Corporate Risk Register [Safeguard Risk Nos]						
Equality Impact Assessment	Is this required?	Y		N		If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N		If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 6th June 2022

Ambulance Handover performance report

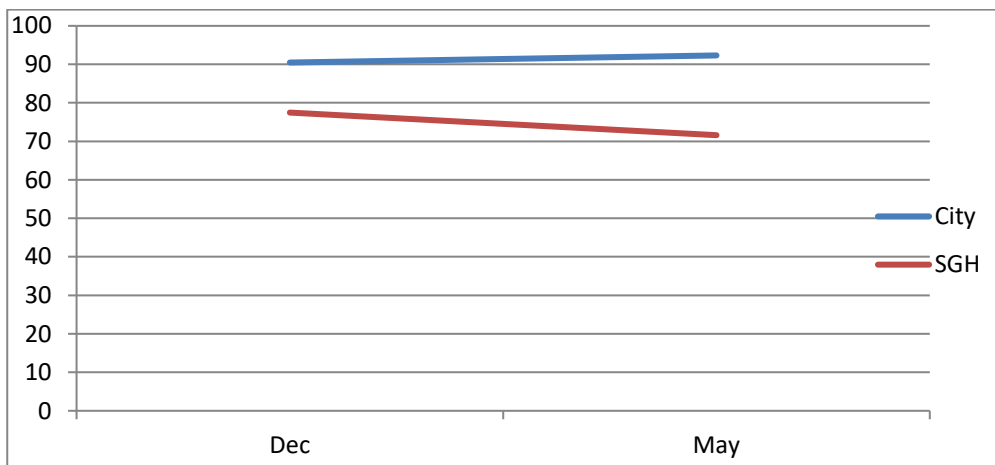
1.0 Introduction

1.1 This paper outlines the ambulance handover position performance month on month.

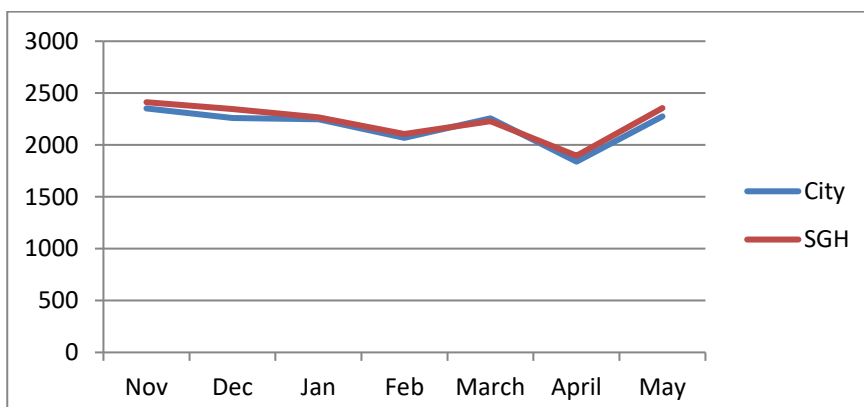
2 Performance

2.1 The below graph shows the percentage of ambulances that were offloaded within 30 minutes at each site. We have seen a slight improvement at City and a slight decline at Sandwell but overall performance remains fairly stable, despite an increase of over 20% on previous month's activity.

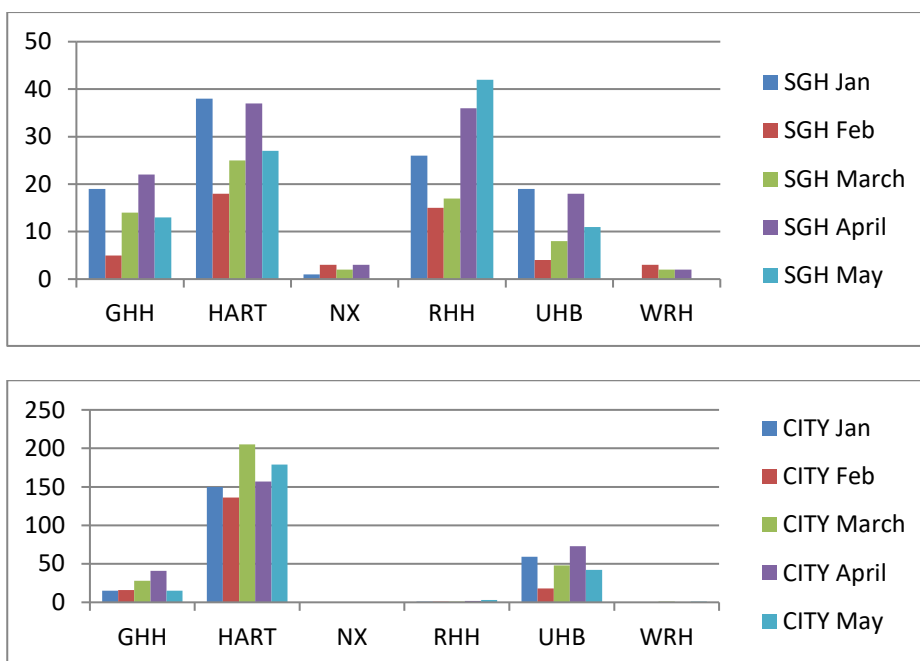
Table 1. Percentage of ambulances offloaded within 30 minutes



2.2 The Graph below shows the total number of emergency conveyancing to both sites, there has been a steady increase in numbers since October not reflected in the timescale of the graph but the average has remained fairly static since. The timing of the ambulance arrivals is not reflected which is what often leads to the build-up and the performance decline.



2.3 The Graph below shows the number of Intelligent Conveyances and origin since January



The total number of ICs across the WMAS region for May was up at 1573 from 1439 last month, of these 22% (333) were IC's to SWBH. The majority of the ICs were from Heartlands and UHB to City (236) and Russell's Hall (42) to SGH. Of the total of urgent conveyances to City, 13% were ICs.

BIU has been asked to review how many of the patients conveyed by ambulances convert to hospital admission; this will help provide the narrative around what the funded bed position in MEC needs to be. LoS for patients external to the Trust will also be reviewed to illustrate any challenges to outflow as a result of admitting out of area patients (access to community pathways etc).

3.0 Ambulance offloading

One of the biggest patient safety concerns for Emergency Care, regionally and nationally is centred on timely handover of patients conveyed by ambulance to ED. Delays in ambulance offload adversely impacts not only the patient being conveyed, but also those patients who are waiting at home for ambulance assistance. The target for handover is within 15 minutes. Both ED departments at SWBH fall short of this target with Sandwell only achieving 33% compared to 57% at City (6 month average 2021/22).

Elsewhere across the Black Country, the City performance is above, Dudley and Wolverhampton.

The challenge for our EDs is how to manage timely offloads on a background of overcrowded departments.

There are improvement plans in progress to focus on outflow from the EDs so this paper will focus on how the departments can manage the challenge of ambulance offloading.

This paper is also supported by the Ambulance Holding and Cohorting Clinical SOP which provides guidance to managing ambulance patients in ED.

4.1 Proposal

The Emergency Care Directorate acknowledges the Royal College of Emergency Medicine (RCEM) does not support corridor care and / or ambulance cohorting (internally or external to the department). The directorate also recognises the pressure on the wider system and the response required to ensure the clinical risk around delayed offloading is reduced.

To this end, we propose a review of options to support WMAS colleagues in preparation for winter 2022.

1. Increase ED workforce to support offloading; this would require additional middle grade Drs to ensure a robust RAM area (in keeping with MMUH model of zonal working). Nursing staff to act as an ambulance navigator and extended HALO cover provided by WMAS.
2. Improve the outflow of the ED department; this would automatically support quicker offloads of ambulance and decompress crowding in ED. The Clinically ready to proceed (CrTP) monitoring as part of ECDS will start to focus specialities on their performance and opportunities to improve. Data from reset week will also evidence the pathways / specialties that require improvement to ensure the 30 min review KPI will be met.
3. Re-direction to assessment units/ streaming of patients from ED / GP/ WMAS directly to the assessment units is also an option being explored. This requires robust triaging from ED and a culture that is open to accept undifferentiated patients from the front door directly to assessment areas, who in essence, will need to manage their own queues. A review of the available waiting areas adjacent or within the assessment areas is required to understand if this option is viable. It should be considered as a part solution to managing non elective demand in winter 2022. Training to support triaging in ED has already been identified and will be a focus for the Trust.
4. Increasing physical capacity to support increased numbers of cohorted crews is a last resort option to explore, and only if there was evidence that all of the above options had been worked through. This would require workforce resource, estates and funding for a temporary clinical area. A number of companies are able to supply portacabin constructions that would serve as clinical areas to hold crews. However, one additional option to look at would be retaining a number of equipped ambulance units on site (with clinical resource) who would support crews to offload. This model was utilised in Wales in winter 2021.

5. Recommendations

5.1 The Public Trust Board is asked to:

- a. **NOTE** the ambulance handover performance
- b. **DISCUSS** the conveyancing position into SWBH
- c. **DISCUSS** the suggested improvements to improve the ambulance handover position

Rachel Clarke
Deputy Director of Operations Medicine and Emergency care

28th June 2022

