

REPORT TITLE:	Ambulance Handover Report		
SPONSORING EXECUTIVE:	Johanne Newens – Acting Chief Operating Officer		
REPORT AUTHOR:	Rachel Clarke – Deputy Group Director of Operations MEC		
MEETING:	Public Trust Board	DATE:	7 th September 2022

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

The Board is invited to focus on the performance for both the 4-hour Emergency Access Standard (EAS) and Ambulance handover during July, which is a deterioration on June's performance. We are still seeing a distinct difference across our two main Emergency Departments (EDs) (not including Birmingham Midland Eye Centre) in both the demand and performance.

Handover performance within 30 minutes decreased in July but there were positive improvements for over the hour offload performance. As an organisation we remain of the most effective in this area within the West Midlands.

The Board should note the main contributory factors to poor performance and then discuss and challenge the targeted actions proposed to improve this performance going forward.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] 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	X	To work seamlessly with our partners to improve lives	

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

FIP – August 2022

4. Recommendation(s)

The Public Trust Board is asked to:

- NOTE** July performance and contributing factors
- DISCUSS** the impact Intelligent Conveyancing has on performance and approach to seeking external support
- NOTE** and discuss the next steps that the Medicine & Emergency Care group are taking, including the proposed modular Same Day Emergency Care solution at Sandwell

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

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		<i>Deliver on its ambitions as an integrated care organisation</i>				
Corporate Risk Register [Safeguard Risk Nos]						
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed

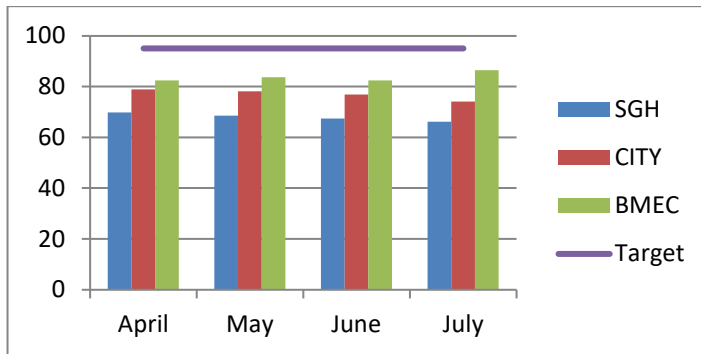
SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board 7th September 2022

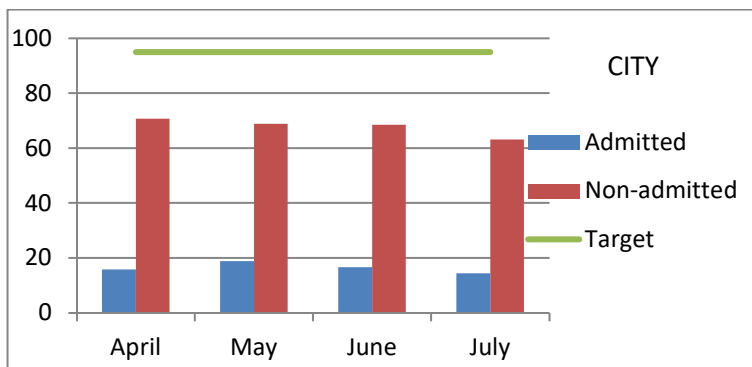
Ambulance Handover Report

1. Performance

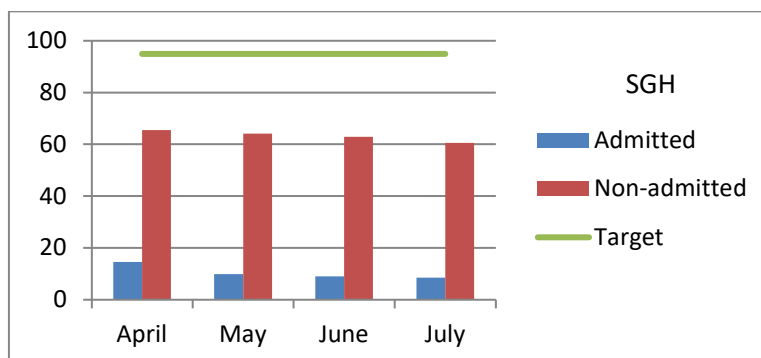
- 1.1 Our ability to receive handover from West Midlands Ambulance Service (WMAS) in a timely manner is primarily affected by the degree to which our Emergency Departments (ED) are congested, in particular our majors cubicles. This factor directly affects our 4 hour performance too. This report will look at both performance indicators as many of the solutions to improve both are the same solutions.
- 1.2 The Trust position against the 4 hour access target for July has declined to 71.18% from 73.22% in June, 74.48% in May and 74.71% in April.



1.1 Admitted v. Non Admitted 4 hr performance



1.2



- 1.3** The pressures on the system are illustrated in the graphs above, showing the impact on performance for both admitted and non-admitted patients.

The non-admitted performance remains largely stable, demonstrating the ability of the clinical team to process and discharge those patients who do not require admission despite limitations in cubicle space.

The impact of reduced outflow from base wards is demonstrated by the sharper decline in admitted performance related to increased ED emergency conveyance activity and ward based LoS limiting flow.

- 1.4** There has been a decrease in the number of 12 hour “trolley wait” (DTA) breaches, 23 this month compared to 36 last month. 18 of these were at Sandwell, 5 at City. (NB this number does not include the 12 hr mental health breaches, which remain a persistent issue and a poor experience for those patients).

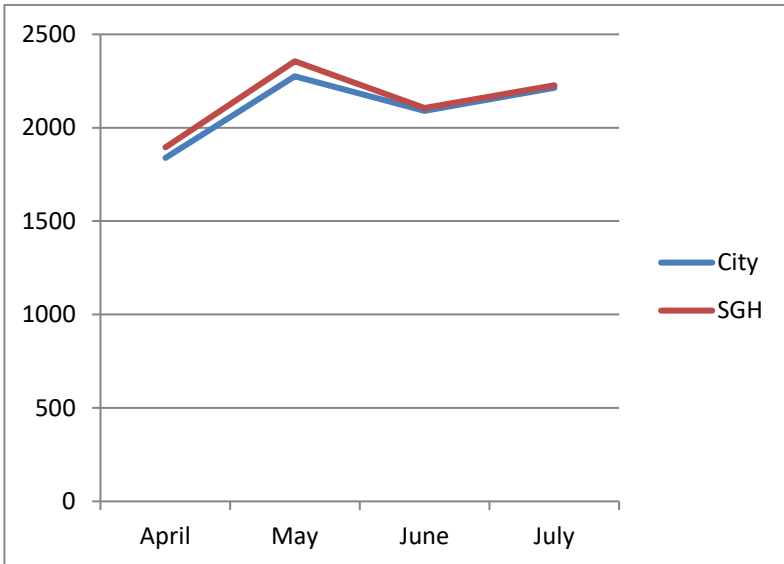
2.0 Attendances

- 2.1** We have seen a steady rise in the over number of attendances, both self-presentations and ambulance conveyances. The percentage of patients streamed to the respective GP services has remained the same from June to July.
- 2.2** To assist in patient flow out of ED we have extended opening times for our primary care team which commenced 1st August with the Sandwell Urgent Treatment Centre (UTC) open 7am – 9pm (2 hours earlier than previously) and a 9am -10pm model at City (previously 10am-10pm)
- 2.3** On the 1st August we launched the start of bookable appointments for UTC from ED at Sandwell. 5 slots have been allocated per day to be used for patients identified at triage in ED who present overnight. This enables patients to go home and return the next day with the assurance that they will be seen.

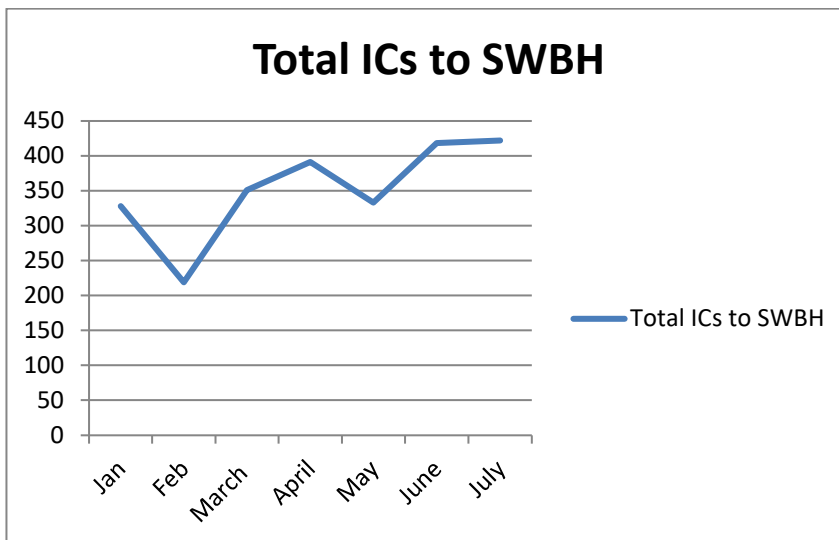
3.0 Ambulance Data

3.1 Number of Emergency Conveyances.

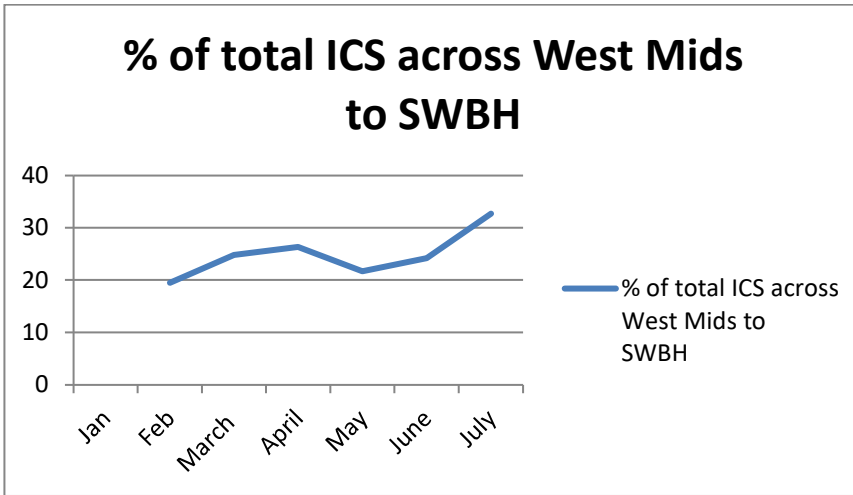
3.2 The total number of ambulances arriving at our EDs has increased since last month.



3.2 Intelligent Conveyance (IC) Data



3.3 The graph above shows the number of Intelligent Conveyance (ICs) (from within and out with our host ICs) to both EDs combined which increased slightly in July with ICs consisting of 10% of July's conveyances.



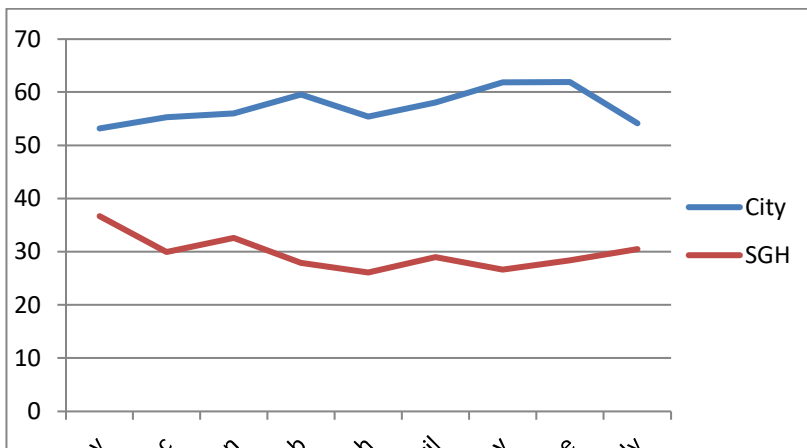
3.4 Data from West Midlands Ambulance Service (WMAS) covers the whole region (including Stafford, Warwickshire, Hereford and Worcester) as well as our immediate colleagues in the Black Country and BSOL. Of the total number of ICs, SWBH takes the highest percentage of conveyances than anywhere else in the West Midlands, whilst only conveying away fewer than 50 ambulances per month.

3.5 The geographical location of our EDs results in pressure and ICs from two systems; Black Country, via Russell’s Hall to our Sandwell ED, and BSOL, via Heartlands and UHB to our City ED. Correlation with conversion rate to admission and subsequent Length of Stay (LoS) has demonstrated that there is an increase of 1 day on average for “out of area” admissions which cumulatively equates to the additional beds open against the funded position, causing financial pressure. Out of area admissions contribute to delayed transfers of care as the social services required for some patients require liaison with multiple service providers.

4. Ambulance Offload Performance

4.1.1 % handover within 15 minutes

Our handover times at City deteriorated slightly although we have seen a slight improvement at Sandwell

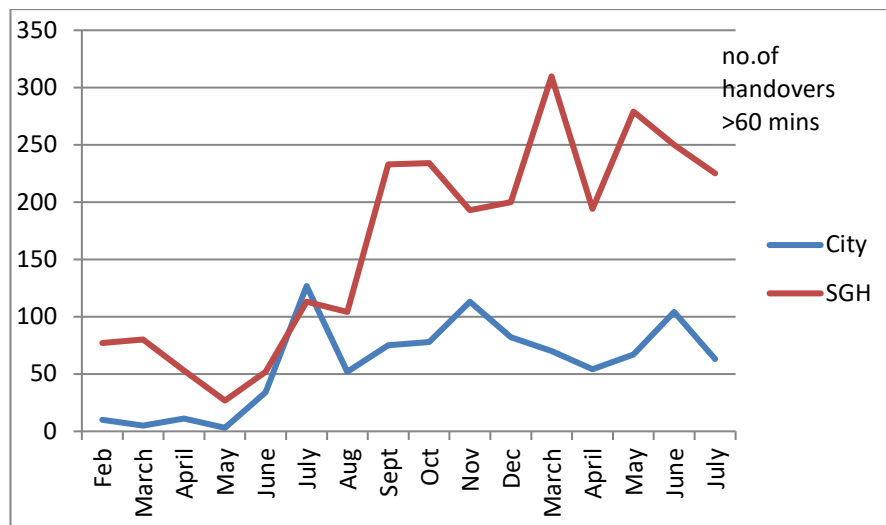


4.2 % handover within 30 mins (target 100%)

The 30 minute handover time is one of the Trusts board level metrics and this has deteriorated slightly at both sites. The two main contributory factors remain cubicle availability in ED and time to be seen within the department.

4.3 Number of handovers >60 mins (target 0)

The number of ambulances waiting to handover going over an hour is a regional and national concern. For both sites in July we can see a stepped improvement in this metric.



There is on-going discussion through the system UEC forums to ensure other organisations are taking the same proactive approach to manage their own ambulance demand and reduce the need for ICs to be utilised.

5. Planned actions within the Medicine and Emergency Care (MEC) Group.

Whilst the emergency access standard and flow out of our EDs is everyone's responsibility within the Trust, our EDs sit within the MEC group. Likewise one of the main contributing factors to a congested ED is the availability of medical beds. Over the coming weeks the MEC group are taking some significant steps to support out flow from ED with an emphasis on discharge timeliness

6. Medical Same Day Emergency Care

Medical SDEC improvement continues with steady increases in the number of patients seen in the units and a reduction in the number of follow ups. The limiting factor for this is the estate footprints, however a modular option is being considered for SGH (with likely regional winter planning monies) and at City the Medical Infusion Suite space will potentially offer expansion to the existing service. The

nursing and ACP roles included in the MMUH proposals under consideration would support these expansion plans. In addition to this work there are plans to move SDEC on to First Net to improve our external reporting and monitoring of internal KPIs for the service. The trust is exploring a modular solution at Sandwell to enable us to expand our medical SDEC area on this site this will enable a greater number of patients to be moved out of ED at an earlier time and also reduce the number of patients who are admitted who have a Los < 24 hours and thus will free up bed capacity. This solution will be delivered this financial year however a definitive timescale is being worked on. Funding for this work is being sought from our commissioners.

7. Ward Flow Improvements

To support the overall effectiveness of our urgent care pathway there have been frequent reviews of ward performance in relation to identifying of “medically fit” patients, transport booking and the discharge letter (TTO) completion with associated support put in place to expedite these actions. In addition there was a Multi Agency Discharge Event (MADE) session held covering all wards cross-site to identify any delayed transfers of care or opportunities to expedite discharge dependent interventions.

More broadly we have held a discharge event which identified a number of improvement opportunities for ward rhythm, escalation, and coordination of community pathways. These will be implemented incrementally over coming weeks.

8. Discharge Lounge

We are creating a discharge lounge on the Sandwell site in September with a staffing plan and operating model being finalised to support this being set up. This will have a direct impact on on flow out of ED and ambulance off loads through improved discharge timeliness.

9. Recommendations

The Board is asked to:

- a) **NOTE** July performance and contributing factors
- b) **DISCUSS** the impact ICs have on performance and approached to seeking external support
- c) **NOTE** and discuss the next steps that the MEC group are taking in particular the modular SDEC solution

Rachel Clarke

Deputy Group Director of Operations.

August 2022