

REPORT TO THE TRUST BOARD (PUBLIC)

REPORT TITLE	Ambulance Handover Improvement Plan for C&P
AUTHOR	Liz Wells, Interim Deputy Chief Operating Officer
EXECUTIVE SPONSOR	Phil Walmsley, Chief Operating Officer
DATE OF MEETING	14 th June 2022
PRESENTED FOR	Information
ITEM PREVIOUSLY CONSIDERED BY	

Presented For: Definitions

Information	For information only. Not to be discussed at meeting unless members have specific questions.

PURPOSE OF THE REPORT

To provide an update to Trust Board on the C&P plan to reduce ambulance handover delays

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description

RISK APPETITE RELEVANT TO THE PAPER (insert relevant section from Risk Appetite Statement from Risk Management Policy)

DOMAIN	TRUST RISK APPETITE LEVEL	DESCRIPTION OF RISK APPETITE
Compliance/Regulatory	Minimal (ALARP) - (as little as reasonably possible) Preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.	To ensure we would win any challenge. Similar situations elsewhere have not breached compliances.

THE BOARD IS ASKED TO:

1. Note the report.



STRATEGIC GOALS THIS REPORT SUPPORTS *(Check all that apply)*

Delivering outstanding care and experience	<input type="checkbox"/>
Recruiting developing and retaining our workforce	<input type="checkbox"/>
Improving and developing our services and infrastructure	x
Working together with local health and social care providers	x
Delivering financial sustainability	<input type="checkbox"/>

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	
NHS Constitution Delivery	
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

Equality and Diversity Implications *(Check all that apply)*

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Additional comments</i>								

1. EXECUTIVE SUMMARY

- 1.1 This report is to provide a progress report for key projects to improve Urgent and Emergency Care provided at the hospital. Initiatives included are Patient Flow through the hospital, Same Day Emergency Care (SDEC) and Ambulance Handover as per Cambridge and Peterborough (C&P) ambulance handover plan which was presented at the April Board.
- 1.2 Trust Board are requested to note progress and action taken.

2. Background

- 2.1 Ambulance handover delays at acute trusts compromise safety in the community as they lead to delays in assessment and treatment for patients, and reduce ambulances available to respond to emergency calls. Ambulances queuing outside an Emergency department reduces the ability for ambulance trusts to have crews ready to respond to those who are in need of emergency care and conveyance to hospital. Capacity restraints result in a long waiting time for a bed to become available and subsequently exit block from the ED and patients waiting outside the hospital in ambulances. Therefore it is essential in to provide space in the ED to accept incoming patients. In response the transformation team have supported Urgent and Emergency Care in assisting the wards with Board Rounds, development of Clinical Pathways and processes with regards to ambulance handover.

Improvement Projects

2.2 Patient Flow and Discharge Programme

To maximise the focus on timely, safe discharges and to reduce length of stay to improve inpatient flow through the Trust the following have taken place:

- Focus on Good Practice Board rounds and Discharge Practices Review ward dashboard/KPI's on a weekly basis and share with teams (see table 1)
- Specialist reviews and faster diagnostics turnaround
- Long Length of Stay process review and roving rounds
- A "Platinum Push" event – to encourage and maximise discharges prior to Bank Holiday
- Involvement with System Partners in creating capacity
- Working with Site Management and Discharge teams to improve overarching processes

Table 1**Highlight Report - KPIs**

Exec Lead	Clinical Lead	SRO	Reporting Period	Overall RAG	
Kanchan Rege	TBC	Sheila Roberts	12/05/22	A	
Current Period KPI (November 2021)					
	KPI Description	Base Line	Previous Month (March 22)	Monthly Target/ trajectory	Actual (April 2022)
1	Long length of Stay <12% of G&A bed base	14% (March'21)	17.6%	12%	17.8%
2	% of discharges by midday	16% (March'21)	13.6%	16%	13.4%
3	Ave. daily discharges required to achieve 94% occupancy (excludes Paeds, Maternity and 0 LoS)	132 (March'21)	147	140	144
4	Average non elective length of stay (excluding 0 day LoS)	6.3 (March '21)	7.2	6.3	7.0

2.3 Same Day Emergency Care (SDEC)

The objective of this programme is to design and deliver a consistent Trust wide strategy for SDEC including medicine, frailty, surgery, gynaecology and paediatric streams. The SDEC will see and treat patients in the correct area away from the ED and support admission avoidance (Table 2). The following actions have taken place:

- Initial decision to capture of all SDEC as inpatients across sites
- KPIs agreed with SRO
- Governance framework in place
- Gynaecology SDEC works scheduled to commence in July with a view to open in August/September
- Mapping of EGAU/EPAU and AAU/ACU data pathway to support move from Outpatient to inpatient activity recording
- New ED SDEC meeting to support ED activity and identify the activity that can be moved to SDEC
- Mapping of emergency surgical pathways to support SDEC flow

Table 2

Exec Lead	Clinical Lead	SRO	Reporting Period	RAG
Phil Walmsley	TBC	Bethan Graf		
Current Period KPI (November 2021)				
KPI	Measure	Rationale	Stakeholder	
Percentage of emergency take through SDEC	The percentage of the total take that has gone through SDEC – This should be reported in a daily format but captured on an hourly basis for service planning	Reduce number of patients in ED and to reduce crowding in ED	Trust	
Total number of SDEC emergency attendances	The number of emergency attendances through SDEC. This should be presented in a daily format but captured on an hourly basis for service planning	Reduce number of patients in ED and to reduce crowding in ED	Trust	
Total number of SDEC planned follow up attendances	The number of planned follow up attendances through SDEC. This should be presented in a daily format but captured on an hourly basis for service planning	A reduction in this value will demonstrate that the patients expectations are being better met	Trust	
Number of virtual consultations	The number of virtual consultations throughout SDEC	A reduction in this value will demonstrate that the patients expectations are being better met	Trust	

2.4 Ambulance Handover Project

The Ambulance Handover Working Group have agreed a new front door process to pilot which started 03/05/22. The aim of this project is to reduce ambulance handover delays to improve ambulance response times in the community.

Actions taken to date include:

- Front Door Pilot process shared with Ambulance Service colleagues and ED staff to include Posters and process map which is displayed in the department
- Daily wash up meetings established
- Roles and responsibilities reinforced
- Ambulance Handover trajectory and KPI's developed (see Table 3)
- Links with Information Services for future collation of standardised reports

Table 3

KPI 5- % of ambulances that attend via the front door

