Agenda Item 10

# HEALTH OVERVIEW AND SCRUTINY COMMITTEE 10 NOVEMBER 2021

# EAST MIDLANDS AMBULANCE SERVICE UPDATE INCLUDING CLINICAL HANDOVERS AT UNIVERSITY HOSPITALS OF LEICESTER EMERGENCY DEPARTMENT

## Purpose of the Report

1. The purpose of this report is to provide the committee with a general update in relation to East Midlands Ambulance Service (EMAS) with specific exploration in relation to the clinical handovers of patients at University Hospitals (UHL) emergency department.

2. It is intended that the report will provide the committee with an understanding of the current challenges in relation to patient handover, the associated impacts on service delivery, and the system level engagement, collaboration and actions being taken to mitigate and resolve current handover challenges.

## Background

3. The national standard set by NHS England and Improvement (NHSEI) is for all emergency departments to take a clinical handover of a patient from the ambulance service within 15 minutes of arrival at the hospital. The clinical handover is the point at which ambulance clinicians convey pertinent information and transfer the care of the patient to the receiving clinical staff at the hospital.

4. The rationale for this standard is clear, a prompt and timely clinical handover correlates to an enhancement in the patient experience and patient safety. Additionally, ambulance services do not have infinite resource to respond to 999 emergency calls and therefore, delays at hospital can compromise service delivery and result in notable patient safety risk for unsighted patients in the community.

5. As a health system Leicester, Leicestershire, and Rutland (LLR) have experienced hospital handover delays for several years, typically occurring through winter during periods of high healthcare demand. Invariably, handover delays are not explicitly a direct reflection of the emergency department but are a symptom of whole system patient flow.

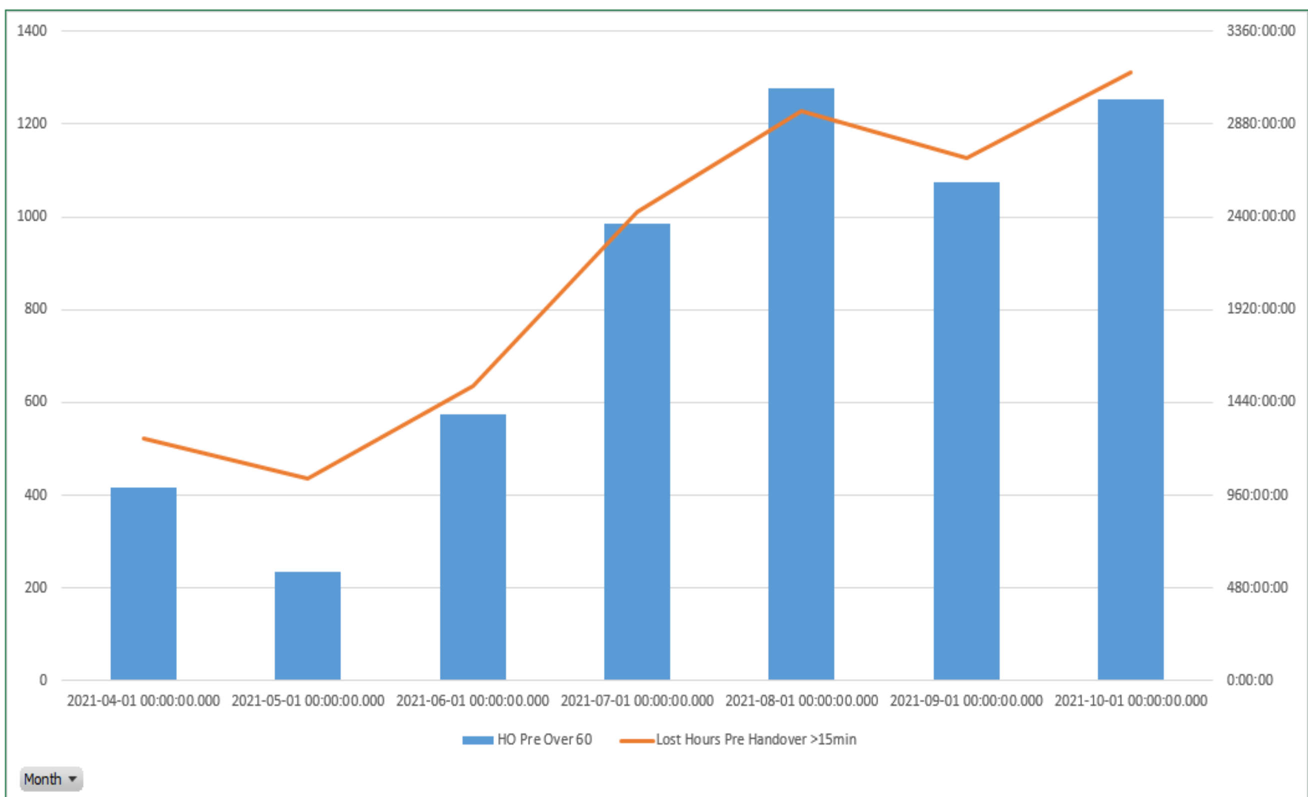
6. Through the course of the summer and coinciding with the lifting of Covid19 related restrictions all LLR health system partners have seen and continue to experience increasing and sustained demand. Notably, this has materialised into significant ambulance handover delays and as such a reduction in these delays is a system priority.

**Local Hospital Handover Performance**

7. The current year to date (1 April – 28 October) handover performance:
   - 36,799 clinical handovers.
   - Average clinical handover time – 38 minutes.
   - 79% of all clinical handovers delayed over 15 minutes.
   - 3,789 clinical handovers taking between 1 to 2 hours.
   - 1,662 clinical handovers taking between 2 to 4 handovers.
   - 360 clinical handovers taking between 4 to 6+ hours.

8. Any clinical handover time more than the national target of 15 minutes is considered an operational loss from an ambulance perspective. This is time where an ambulance crew is not attending to an unsighted, waiting patient in the community. Based on the above handover performance this lost time is currently 15,039 hours, which in turn manifests into delayed ambulance response times.

9. The below graphic identifies the deteriorating position across the financial year with the blue columns identifying the number of handovers over 60 minutes (Primary Y axis) and the orange line reflecting the lost operational hours (Secondary Y axis).



10. To contextualise the number of clinical handovers received (ie – how many patients are being taken to the emergency department by ambulance) it is the best ambulance performance in the region. EMAS LLR year to date have conveyed 43.6% of incidents attended to an emergency department (this is 41,689 patients, 36,799 of which have been conveyed to UHL). Comparatively this is at least 10% better than the neighbouring counties of Nottinghamshire, Derbyshire, Lincolnshire, and Northamptonshire.

11. Avoidable conveyances are recognised to contribute to handover delays and as such we can deduct from the above that these are being minimised, with 50-60% of ambulance incidents being dealt with away from the emergency department.

**Key Actions**

12. Health system:

    - There is a whole system approach and collaboration in improving patient flow, supported by NHSEI regional Urgent and Emergency Care team.
    - There is continuing focus and development of Same Day Emergency Care pathway access for EMAS clinicians, supporting an increasing number of patients into non-ED pathways within UHL, therefore avoiding the need to queue in ED.

13. Internal EMAS:

    - Strategic management of ambulance conveyances. During periods of high demand and prolonged handover delays, ambulances can be diverted to other hospitals to support more timely clinical handovers.
    - The provision of manager and clinical leadership resource on site at UHL ensuring and maintaining staff welfare and patient safety of those waiting.
    - Resource maximisation to mitigate and reduce the impact of lost operational hours secondary to delayed handovers.

**Conclusion**

14. There is a clear consensus across LLR health system partners that the current ambulance handover performance is exceptionally challenged and unsustainable, with the spread of risk loaded towards EMAS and UHL ED; be that patients waiting for clinical handover or the unsighted patients in the community.

15. The overarching aim of the high-level actions as detailed above is to uphold the safety of patients waiting for clinical handover and those waiting in our communities, through the improvement of system flow and in turn resolving the symptom that is ambulance handover delays.

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