

### Ambulance Turnaround

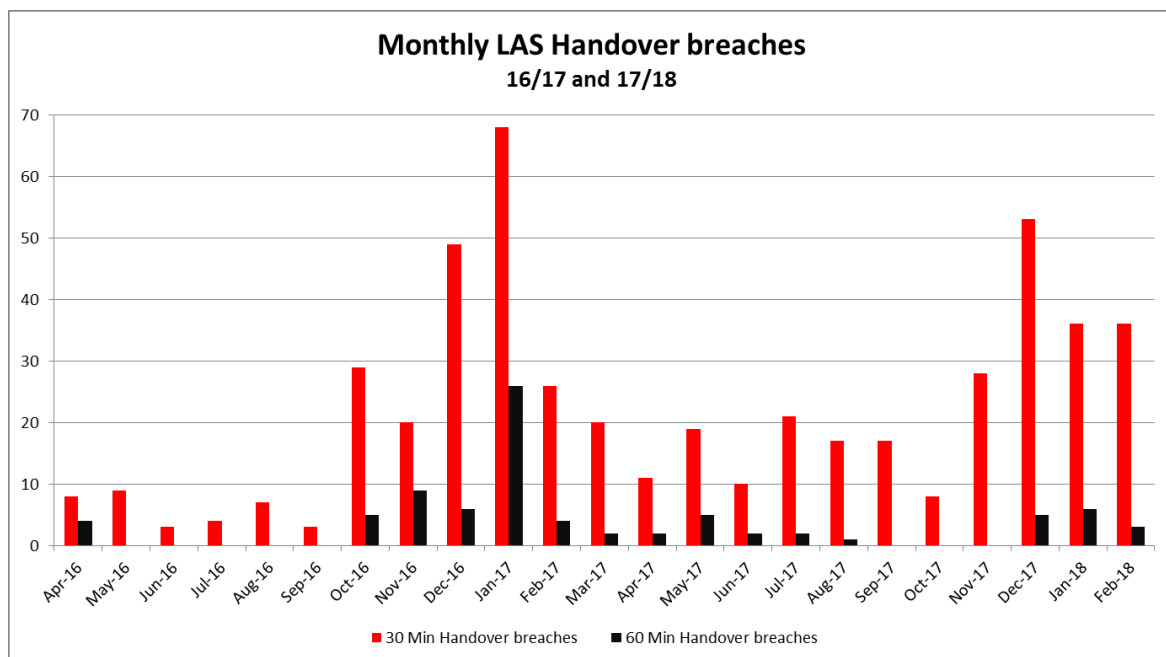
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|--|--|
| <b>Trust Board</b>   | <b>Item: 8</b>   |
| <b>Date: 11<sup>th</sup> April 2018</b>  | <b>Enclosure: D</b>  |
| <b>Purpose of the Report:</b><br>To report to the Board on the outcome of work on Ambulance handovers.   |  |
| <b>For: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Discussion and input</b> <input type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>  |  |
| <b>Sponsor (Executive Lead):</b>   | Mairead McCormick, Chief Operating Officer                             |
| <b>Author:</b>   | <i>Caroline Moulton, General Manager, Emergency Department</i>         |
| <b>Author Contact Details:</b>   | <a href="mailto:Caroline.moulton@nhs.net">Caroline.moulton@nhs.net</a> |
| <b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>   |  |
| <b>Legal / Regulatory / Reputation Implications:</b>   | Compliance with handover standards                                     |
| <b>Link to Relevant CQC Domain:</b><br>Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/> |  |
| <b>Link to Relevant Corporate Objective:</b>   |  |
| <b>Document Previously Considered By:</b>  |  |
| <b>Recommendations:</b><br>The Board is asked to note the content of the report.   |  |

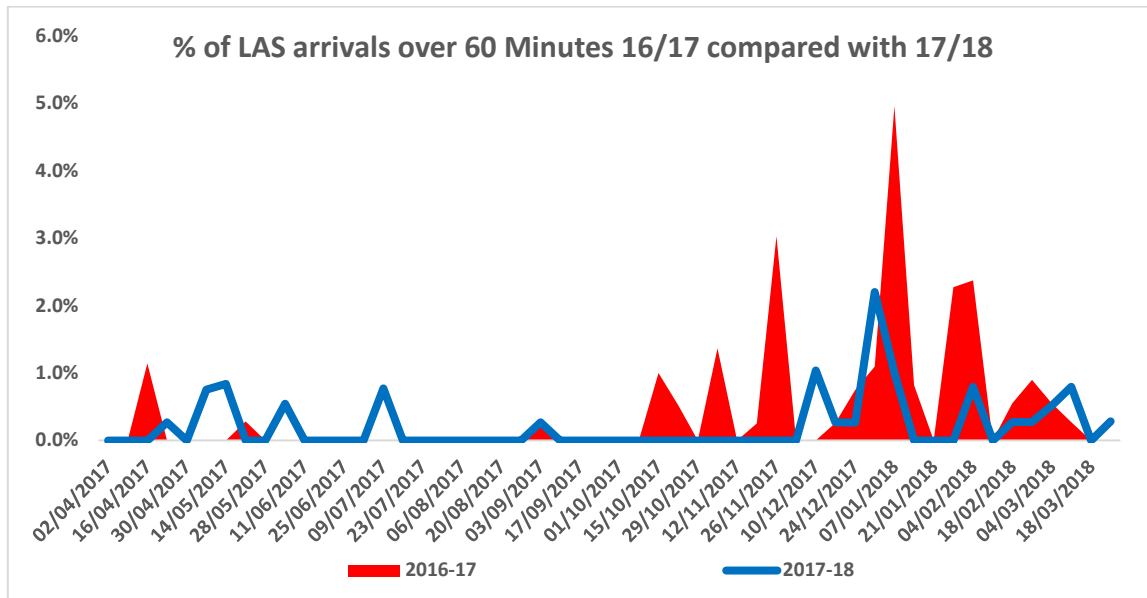
## Ambulance Turnaround

### April 2018

1. Efficiency and good working practice with London Ambulance Service (LAS) is monitored using the KPI for prompt 'handover' of patients. The target is 15 minutes from ambulance arrival to patient handover or "trolley clear".
2. To support the achievement of this indicator the Emergency Department has a dedicated Ambulance Assessment Area (Ambulance RAP) with trollies and chair spaces for ambulance crews to convey patients' to. However at times of pressure this area can quickly reach capacity when no majors / cubicles are full.
3. Following the recent refurbishment and extension to ED, a further 5 majors cubicles and 2 resus spaces were added increase the capacity of the department (January 2018). In addition the new Urgent Care Centre (opened end November 2017) supported improved flow and utilisation of capacity and space available in the main department by streaming less acutely unwell, minor injuries and GP patients' away from the 'majors' area.
4. The impact of the additional capacity has enabled the ED to achieve improved ambulance handover times, evidenced by the significant reduction of 60 minute breaches the department reported against the same period last year.

| <u>60 minute breaches</u>   | 2016/17 | 2017/18 |
|---|---------|---------|
| <b>Q3</b><br>(Oct / Nov / Dec)                                    | 20      | 5       |
| <b>Q4</b><br>(Jan / Feb / Mar)<br><small>*data to 27/3/18</small> | 32      | 13*     |





5. In addition to the improvements in 60 minute breaches the ED team are working closely with LAS colleagues to see similar improvements in 30 minute breaches and overall achievement of the 15 minute standard for handover.
6. An action plan has been compiled (appendix 1) in collaboration with the sector LAS Stakeholder Engagement Manager to identify and address specific actions to support and improve the ambulance handover process with ED.
7. In February the Trust also completed a self-assessment checklist on hospital handover standards. This provided assurance to NHSI of the Trust’s compliance with the standards and highlighted further areas to work on in partnership with CSU, LAS and network colleagues such as electronic ambulance records and inclusion of South East Coast Ambulance service (SECAM) in reporting.

APPENDIX 1

Ambulance Handover/ RAP Action Plan  
KHFT ED – 2017/18 (updated 29/3/2018)

| Action   | Lead           | Date   | RAG | Comment  |
|--|----------------|--------|-----|--|
| Pan London process for Ambulance handover to be shared with a view for adoption at KHFT ED   | CB             | Mar 18 |     | Awaiting feedback from LAS   |
| Review of Ambulance RAP environment and layout to consider additional trolley space and administration desk  | CM / CMOM / LG | Apr 18 |     | Initial review and minor works have been completed to improve space. Request for quote for works has been submitted  |
| Pan London UTC pathway for LAS crews to be adopted at KHFT   | CB / CM        | Mar 18 |     | Pathway agreed at Urgent Care Working group, plan for implementation from 01/03/2018 – Documentation signed KHFT side and sent to LAS  |
| Amendments need to be added to the RAP policy regarding internal escalation of this area at times of surge.  | LG             | Apr 18 |     |  |
| Liaise with BI to ensure that administrative support to RAP is provided at the most effective times and make amendments to the Reception team rotas as indicated                                   | CMOM           | Apr 18 |     |  |
| Observational audits to look at patient handover processes over a number of peak periods and days using consistent methodology and actions to be drawn from conclusions                            | CB             | Apr 18 |     | Agreement to completed observational audit jointly – dates TBC   |
| Ambulance notice board to be available within ambulance entrance to support communication directly to Crews and highlight any operation and performance matters from KHFT relating to LAS / SECamb | CMOM           | Mar 18 |     | Ambulance board is up – ongoing work to ensure updated regularly   |
| Display ambulance handover performance within RAP and on Ambulance Notice board  | CMOM / CM      | Mar 18 |     | As above   |
| Trial of 'QuickReg' process for Ambulance conveyances to support leaner handovers and speed of offload by LAS  | LG             | TBC    |     | Will need to be considered as part of wider flow and process work looking at streaming and registration as well as consider possible impact on data quality issues within ED |

CMOM – Caitriona Martin-O'Mullane, Administration Manager  
CB – Clinton Beale, LAS Stakeholder Engagement Manager

CM – Caroline Moulton, General Manager  
LG – Laura Glynn, ED Matron