

Sussex Hospital Handover & Turnaround Delays Scrutiny Committee Update from South East Coast Ambulance Service March 2016

Purpose

This document is intended to update committee members following the Sussex Urgent and Emergency Care Network meeting on 16th December 2015.

Background

Between April 2015 and February 2016, over 15,600 hours have been lost to ambulance handover and turnaround delays at Sussex acute hospitals. Across Sussex the number of hours lost to delays is 41% higher than the equivalent period in 2013/14.

Locally, there have been increases in hours lost of 31% and 93% at the Royal Sussex County and Princess Royal hospital sites respectively. The number of patients conveyed to each site has risen by 7% between 2013/14 and 2015/16.

Delays to patient handover give rise to significant concerns including:

- Increased risk to patient safety, quality of care and dignity whilst their access to acute hospital care and associated nursing support is delayed
- Increased risk to the wider patient community arising from the reduction in SECAmb's available capacity to respond to new 999 emergency incidents, and longer average response times as a result
- Unsustainable pressure on staff welfare in both ambulance and hospital services as they manage the impact of these delays
- Reduced whole system efficiency and increased costs arising from time lost to delays and any reduction in care quality that may result

At the Sussex Urgent and Emergency Care Network, a new Sussex standard on hospital handover performance was agreed. This stated that:

- Hospitals would ensure at least 75% of patient handovers can be delivered within the national standard of 15 minutes; and that 90% of handovers would be completed within 30 minutes;
- No patient would wait more than 45 minutes before handover; and
- 90% compliance with the 'double button press' aspect of the patient handover recording process would be achieved by both hospital and SECAmb staff working together (this will ensure accurate measurement and reporting of progress)

It was agreed that each Systems Resilience Group would agree a target date by which the standards would be consistently delivered, with an action plan and improvement trajectory to deliver the necessary performance improvement.

Progress To Date

There are two main requirements to ensure delivery of the agreed Sussex standard:

- 1) Acceptance of the standards by each Systems Resilience Group and the setting of a date by which they will be delivered; and
- 2) Agreement of a whole system action plan to bring about the necessary process and quality improvements in each hospital system

To date, none of the Systems Resilience Groups in Sussex have agreed a date by which the standard will be achieved. However, each has committed to joint workshops between SECAmb and the relevant acute trust to review hospital handover processes, identify quality improvement opportunities and agree an improvement action plan.

So far across Sussex the following progress has been achieved:

- The Brighton & Hove Systems Resilience Group has already held a handover process and quality review workshop focusing on Brighton & Sussex University Hospitals Trust (BSUH) (23rd November 2015 and 2nd December 2015)
- The Coastal West Sussex Systems Resilience Group has agreed to facilitate a handover process and quality review workshop focusing on Western Sussex Hospitals Trust (provisional date 11th March)
- The East Sussex Systems Resilience Group has agreed to facilitate a handover process and quality review workshop focusing on East Sussex Hospitals Trust (11th February)

Following the joint quality and process review with Brighton & Sussex University Hospitals Trust, a significant improvement was quickly achieved at both the Royal Sussex County and Princess Royal Hospital sites (in December 2015, the number of hours lost to delays was 40% lower than that seen in December 2014). A joint action plan to deliver improved 'patient flow' throughout the hospital has been agreed and supported by partners across the health and social care system.

Unfortunately, significant whole system challenges meant this level of improvement was not sustained in January and February, with handover delays reverting to their previous levels. A renewed focus is needed to drive the necessary improvements over the coming months.

Conclusions

The graphs and data in Appendix One show that the performance in terms of handover and turnaround delays continues to worsen, and has deteriorated significantly over the past two years.

However, the progress achieved in November and December at the Royal Sussex County Hospital shows there is a realistic prospect of delivering very significant improvements for patients in a short time, assuming sufficient priority and resources are dedicated to the issue.

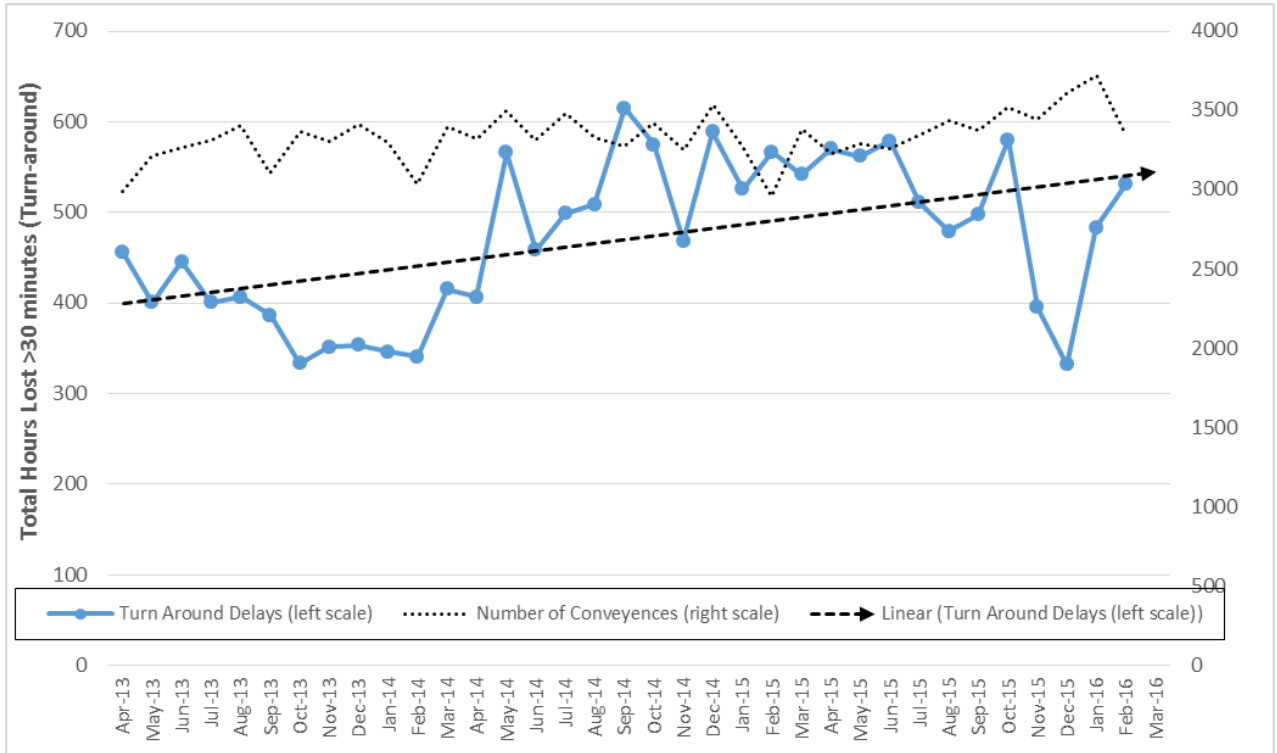
Recommendations

The committee is asked to:

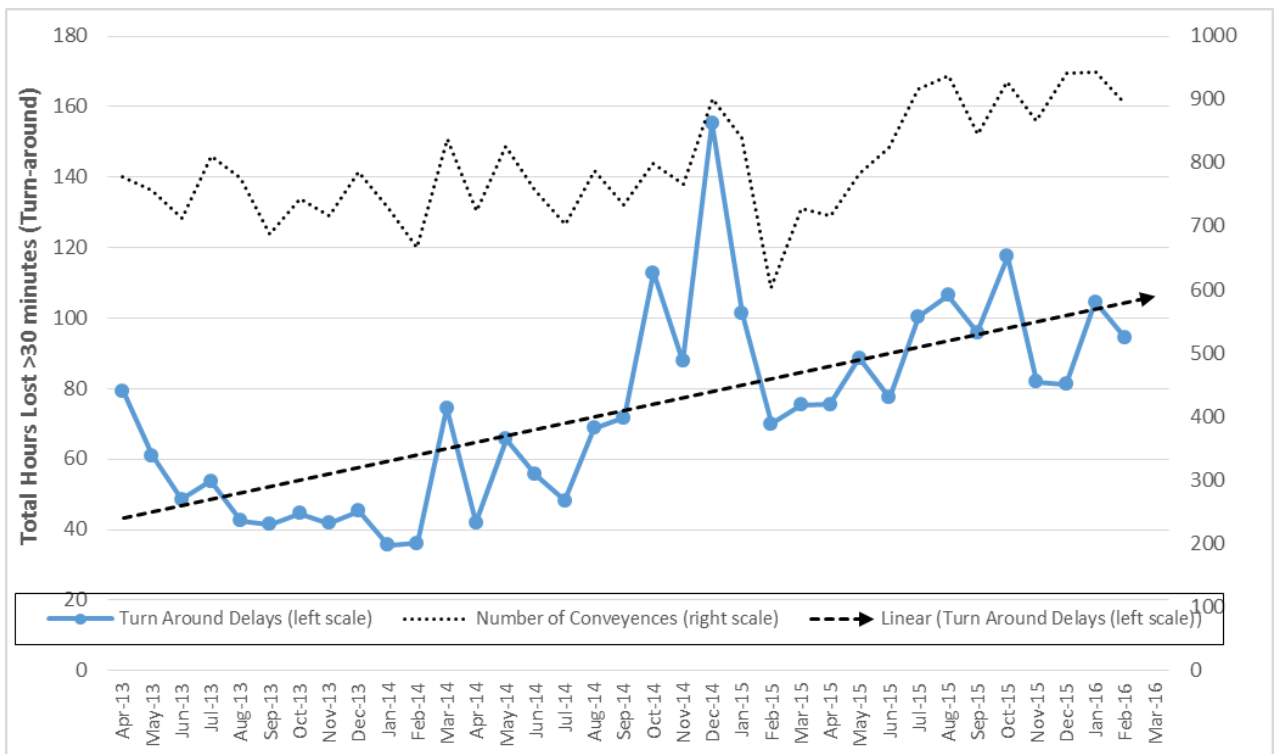
- 1) Note the content of this report in terms of the trend for increasing hospital delays across Sussex and the risk they pose to local patients
- 2) Support SECAmb and Brighton & Sussex University Hospitals Trust in delivering the agreed improvement plan.
- 3) Invite the Systems Resilience Group to share their agreed improvement trajectory and timescale for delivering the Sussex handover standards, and request regular progress updates to the committee.

Appendix One – Hospital Handover and Turnaround Performance

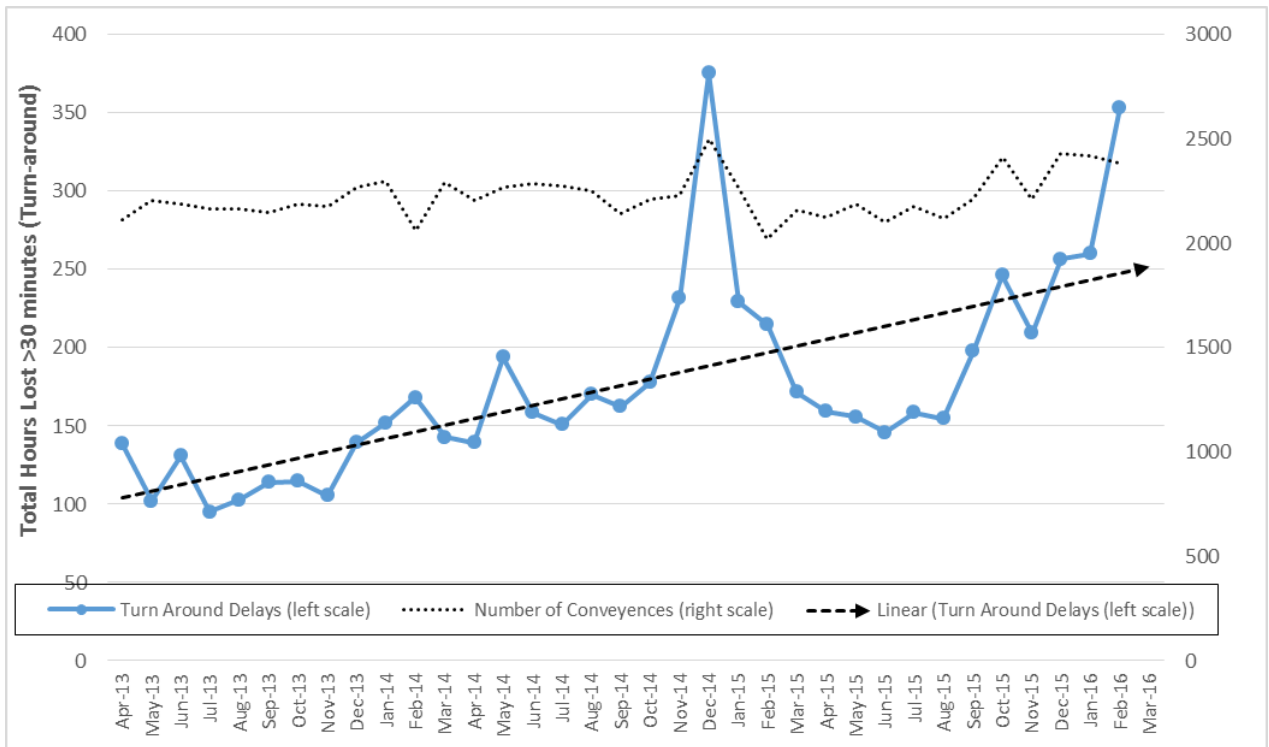
The graphs and table below show the trends in hours lost to delays at key hospital sites across Sussex.



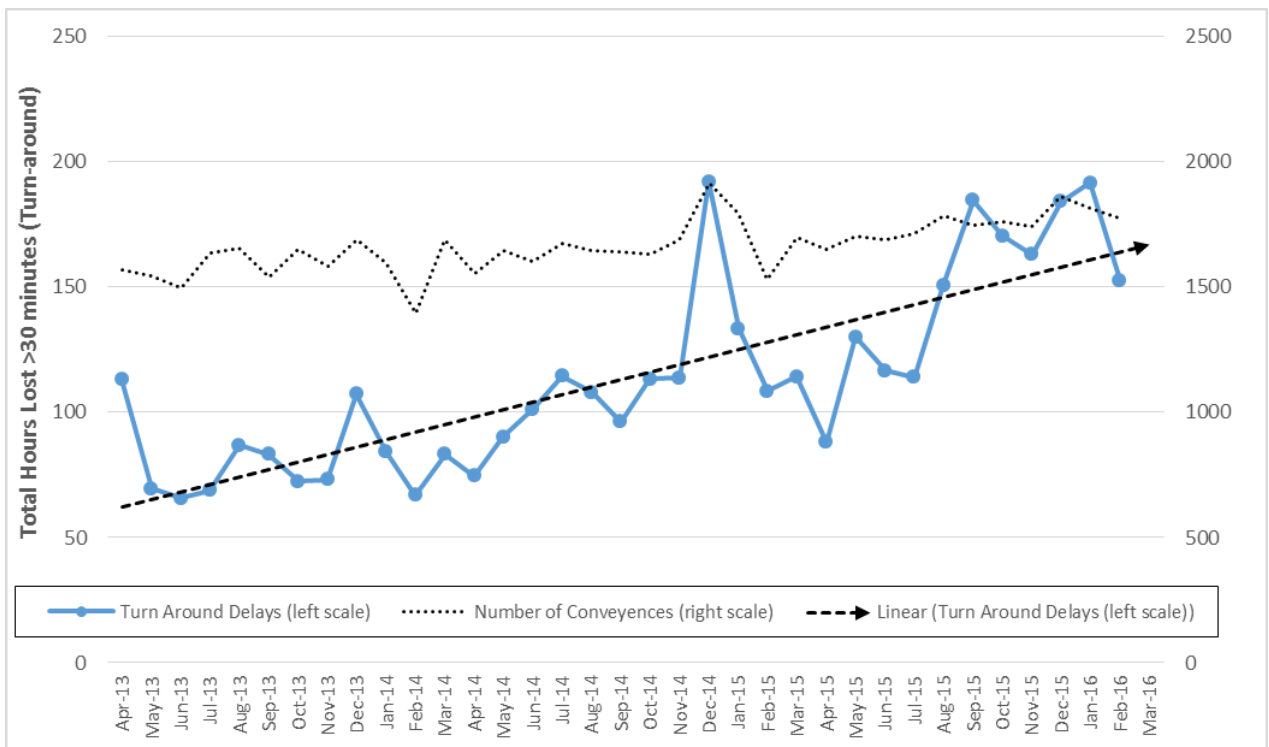
Royal Sussex County Hospital – hours lost to delays by month



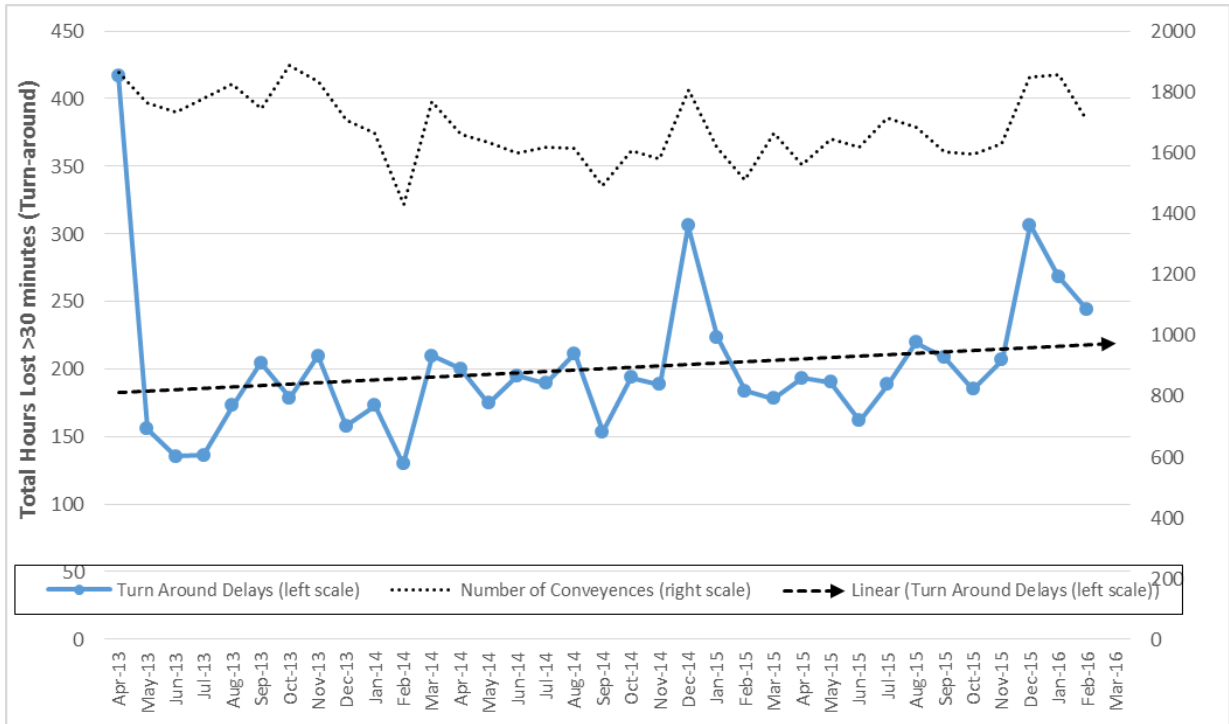
Princess Royal Hospital – hours lost to delays by month



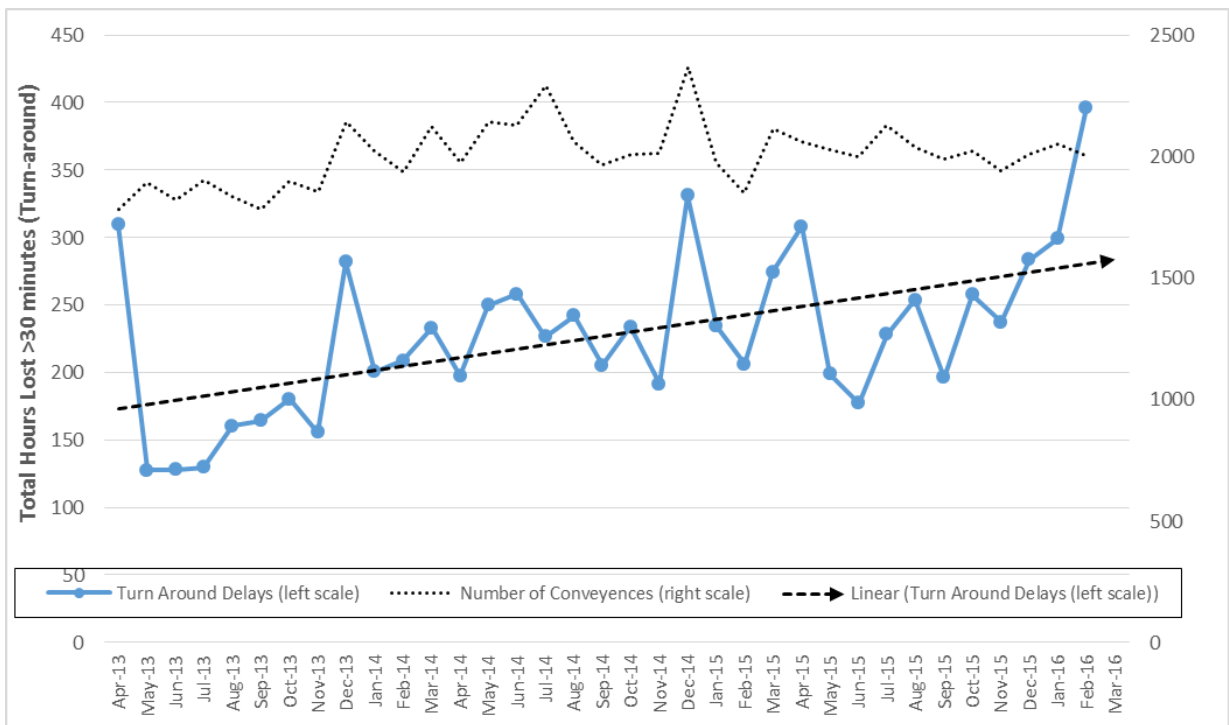
Worthing hospital - hours lost to delays by month



St Richards Hospital – hours lost to delays by month



Eastbourne District General Hospital – hours lost to delays by month



Conquest Hospital – hours lost to delays by month

The table below shows year on year trends for the period April to December for hospitals across the SECAMB area:

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
SECAMB (Hours Lost)	26505	37689	41202	9%	55%
Kent Area	8408	11220	12235	9%	46%
Darent Valley Hospital	1608	2057	2881	40%	79%
Kent and Canterbury Hospital	378	582	738	27%	95%
Maidstone Hospital	334	589	569	-3%	70%
Medway Hospital	3329	3813	2642	-31%	-21%
Queen Elizabeth The Queen Mother Hospital	599	967	1339	38%	124%
Tunbridge Wells Hosp	994	1508	1724	14%	74%
William Harvey Hospital (Ashford)	1166	1705	2342	37%	101%
Surrey Area	6981.82	11573.98	13279.32	15%	90%
East Surrey	2013	3357	4634	38%	130%
Epsom General Hospital	528	834	1003	20%	90%
Frimley Park Hospital	1280	2205	2579	17%	102%
Royal Surrey County Hospital	1212	1951	2087	7%	72%
St Peters Hospital, Chertsey	1949	3228	2976	-8%	53%
Sussex Area	11114.76	14894.61	15687.61	5%	41%
Conquest Hospital	2046	2576	2835	10%	39%
Eastbourne DGH	2069	2218	2372	7%	15%
Princess Royal	530	879	1024	16%	93%
Royal Sussex County	4220	5779	5520	-4%	31%
St Richards	889	1244	1643	32%	85%
Worthing	1360	2200	2294	4%	69%

