

East Sussex Health Overview and Scrutiny Committee: Hospital Handovers

Supplementary Information from East Sussex Healthcare NHS Trust (ESHT)

March 2022

1.1 ESHT have undertaken several focused programmes over the last few months supporting discharge to reduce bed occupancy where medically appropriate within the trust and ensure bed availability for those who need acute level care. The trust teams recognise that these focused programmes support the delivery of the overall patient pathway, from the emergency department to discharge which includes ambulance handover. In January the Trust saw 25 delays to ambulance handover (where handover took over 60 minutes) which is the lowest since July 2021.

1.2 The national standard is that all ambulances will have completed a meaningful clinical handover and be able to leave the emergency department within 15 minutes of arrival (handbrake on) and achieving this is our main driver. As a Trust we aim to go back to basics as part of a reset initiative called “Ambulance Awareness Week” we are looking to deliver this in early March with the ambition that we achieve 0 delays over 60 mins, working towards 0 waits over 15 mins by the end of June 2022. We will increase visibility of the inbound ambulances across all gateway areas (Emergency department, Same Day Emergency Centre (SDEC), Surgical Assessment Unit (SAU)) by displaying the SECamb “inbound screen” in all areas including the operational site office. This will also support improved timely escalation of any potential delays.

1.3 We are working with SECamb to explore how the Urgent Treatment Centres (UTC) could support non conveyance of patients by providing remote consultations via the LIVI and the 111 service. In addition, SECamb and ESHT are working collaboratively to review all service finders to ensure crews get the right patient to the right site first time, preventing delays and the need to move patients between sites. In addition to this the Trust are implementing a community Same Day Emergency Care ‘SDEC’ (2-hour rapid response) to increase admission avoidance, alongside the non-injury falls service which went live in January 2022 whereby the community nursing team respond and address the patient’s needs rather than requiring an ambulance response.

1.4 The Trust is also working with Secamb and other health professionals to ensure that there is direct access to clinicians within our specialty direct access areas ‘gateway’ and streaming from the UTC and emergency department, to improve direct access to services and both reduce pressure at our front door and aid handover times.