



University Hospitals Sussex  
NHS Foundation Trust

# RSCH Ambulance Handover Compliance

Health Oversight and Scrutiny Committee, ESCC December 2024

Peter Lane, Hospital Director – Royal Sussex County Hospital

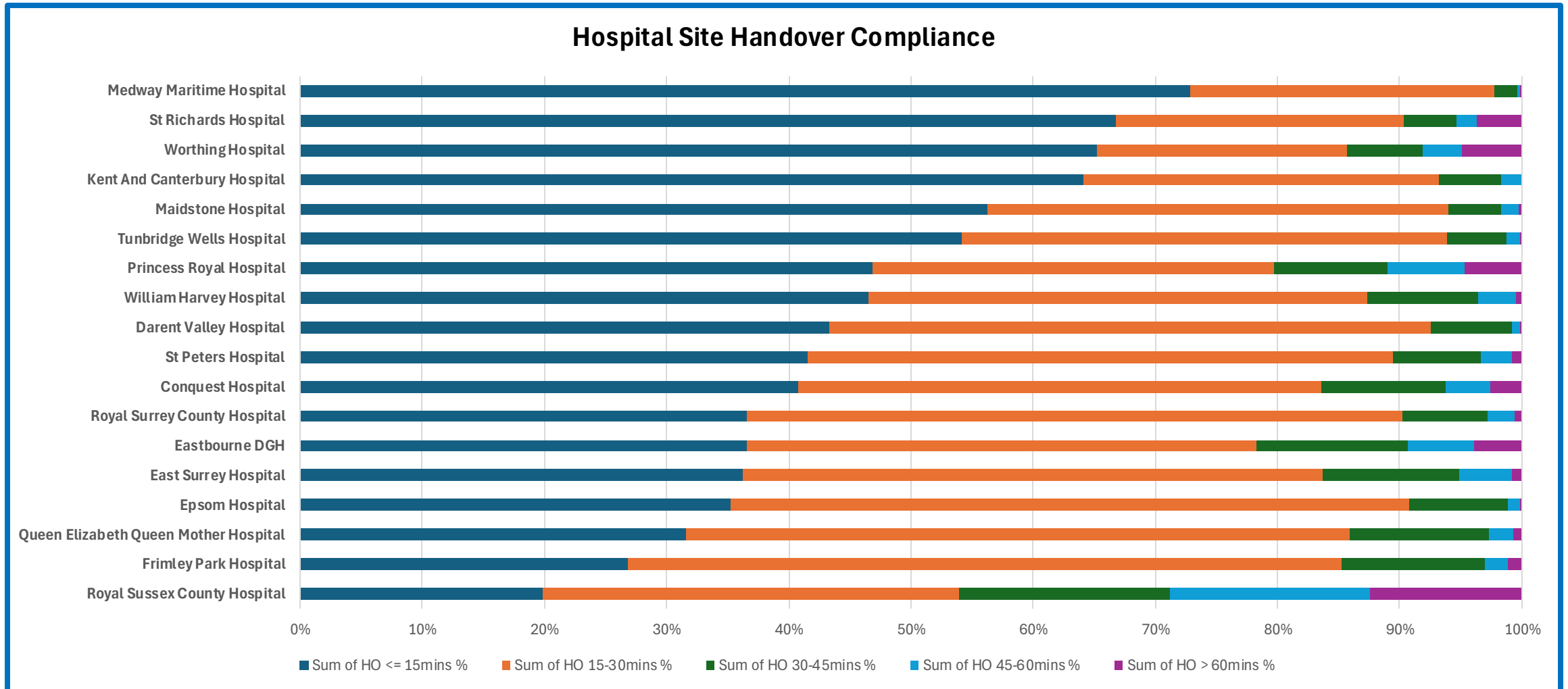
Ali Robinson, Deputy Divisional Director of Operations, Medicine

# Summary

- ▶ Royal Sussex County Hospital (RSCH) ambulance handover times continue to be significantly challenged compared to other hospitals in the region.
- ▶ This position has been the status quo for several years and is driven by a range of factors.
- ▶ We continue to deliver initiatives to mitigate the contributing factors, and these have delivered improvements – but we know more remains to be done.
- ▶ We have a clear plan to tackle some of the historical difficulties through this winter and for the future.
- ▶ Despite delays in handover times, RSCH rarely holds patients in the back of ambulances, when compared to in-vehicle holding times at other similar hospitals in the South East.
- ▶ Our £48 million reconfiguration of the Acute Floor and ED at RSCH will deliver significant improvements in the coming years.

# Relative position

Date range: 01/10/24 – 31/10/24. Conveyances to EDs only.



# RSCH context

In July, NHS England's *Emergency Care Improvement Support Team* and *Getting It Right First Time team* (GIRFT) reviewed our Emergency Department, Frailty and Acute Medicine services.

Following their visit, they:

- ▶ Highlighted areas of excellence including Ambulatory Care ED model nominated for HSJ award.
- ▶ Commended handover performance in overcrowded ED and how no patients held in ambulances.
- ▶ Recommended several system actions to improve discharge from the hospital and a rapid response to the high mental health demand within the ED.

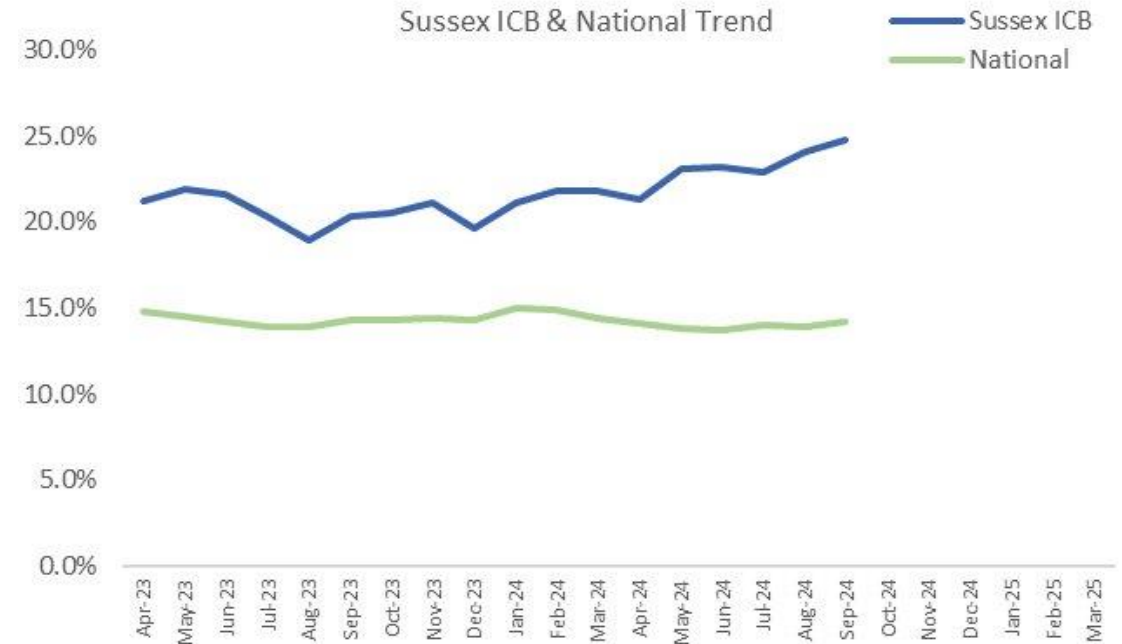
Positive notes	
RSCH	The SDEC is no longer bedded and has not been bedded for a number of weeks. A lot of hard work has gone into getting to this position. The trust must do everything in its power to please keep this up.
RSCH	The engagement of frontline staff across UEC is excellent and they are incredibly supportive of each other.
RSCH	New frailty SDEC shows positive signs of innovation
RSCH	Incredible, motivated staff working in the ED in appalling conditions. They are determined to do what ever is within their gift to improve areas they are trying to address, using a strong QI methodology. They are the trusts biggest asset.
RSCH	Older persons ward staff provide great care towards patients within a great environment
PRH	Clear plans for continuing to improve the acute medical pathways
PRH	Positive training environment for acute medicine
PRH	The frailty pathway is excellent with consistent and appropriate use of Rockwood scoring
PRH	Frailty team doing so much without appropriate resourcing or funding

# No criteria to reside (NTCR)

Ambulance handover delays occur when flow of patients through hospital does not keep pace with A&E attendances and ward admissions.

While our front door never closes, discharging patients back home or to other care setting can be delayed or prevented by a range of factors.

These include availability of packages of social care, or community, nursing home, mental health places or care by other providers.

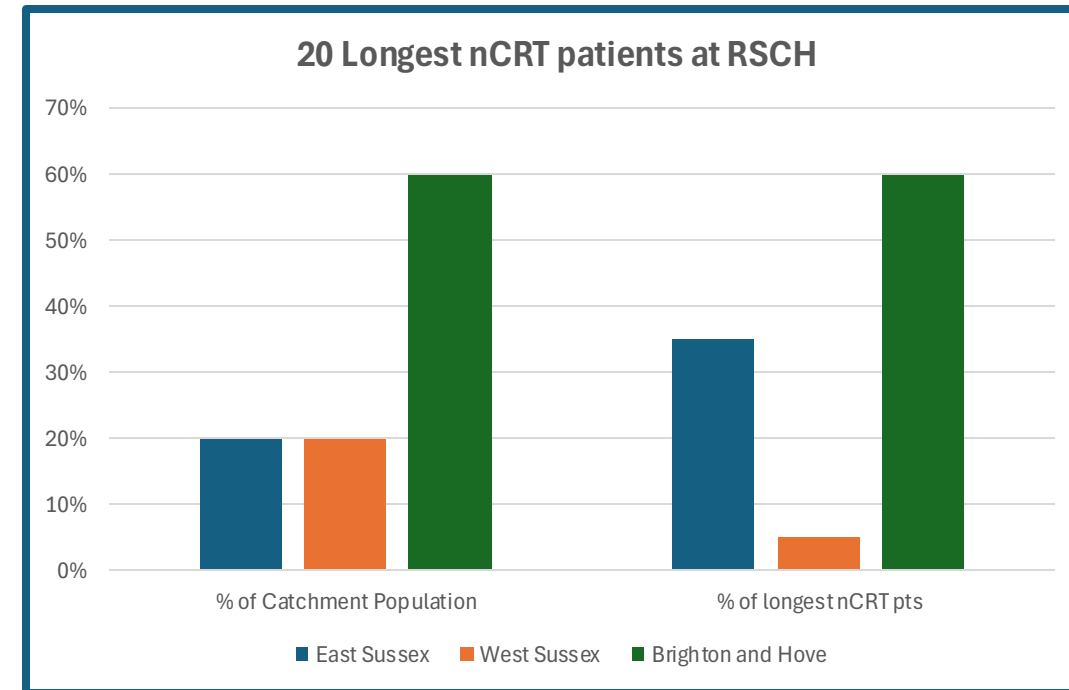


Patients who no longer require acute medical care but are unable to leave hospital are now known as NTCR patients – 'no criteria to reside'. Until recently they were called Medically Ready for Discharge patients. Sussex is an outlier for the number of NTCR patients currently in hospital, both in the region and nationally.

# Our biggest challenges

The joint NHSE visit highlighted a number exceptional challenges within the Sussex system which contribute to overcrowding in the RSCH Emergency Department.

- ▶ **East Sussex decision to admit beds.** Patients awaiting these beds represent a disproportionate number of patients with non-medical need than the hospitals catchment.
- ▶ **Non-criteria to reside.** The ICB in Sussex ranks 42/42 nationally for the number of beds occupied by patients not requiring hospital admission. At RSCH this represents 16% (80) of all beds but up to 70% on some wards.
- ▶ **Mental health demand.** Approx. 13% of all ED attendances are for mental health conditions. 12 ED cubicle spaces are regularly occupied by long length of stay patients awaiting mental health inpatient beds.



# Improvement initiatives

Current



# RSCH initiatives 1/2

A range of improvements are underway to improve flow throughout the system to improve handover compliance.

## Surgical Assessment Unit

The SAU opened in October 2024 and is being expanded gradually in line with nursing recruitment.

- ▶ The SAU is a net increase of 12 trolley spaces and 12 chairs to the hospitals bed stock.
- ▶ 10% of all ED presentations are for abdominal pain.
- ▶ Ambulances can handover directly to SAU, bypassing ED.
- ▶ Greater surgical patient flow is being supported by a program of other improvements such as 24hr emergency surgery operating for lower acuity presentations.

## Continuous flow model

In June 2024, the Medicine division implemented a continuous flow model.

- ▶ Patients are moved from ED to the ward independently of the number of discharges at set times.
- ▶ The model provides planned and consistent movement out of ED.
- ▶ In the first month post-implementation, 200 hours fewer hours were lost in ambulance handover.
- ▶ Surgical and Specialist divisions are due to go-live in December.
- ▶ An expected increase to total discharges is yet to occur.



# RSCH initiatives 2/2

## Navigation hub

A multi-disciplinary team from SECamb, adult social care, SCFT and UHSussex has been established in Falmer to support the decision making ahead of ambulance conveyances to RSCH.

- ▶ Crews on scene call into the Navigation Hub for advice on whether to convey the patient to hospital, and if so, to what location.
- ▶ A joint audit between UHSussex and SECamb suggested above a 20% opportunity in possible alternative conveyance locations.
- ▶ UHSussex clinical input started on 04/12.
- ▶ The hub is being trialled for the rest of the financial year.

## Hospital Alternative Oversight Programme

The Medicine Division have established a Hospital Alternative Oversight Programme. Several initiatives already in progress are:

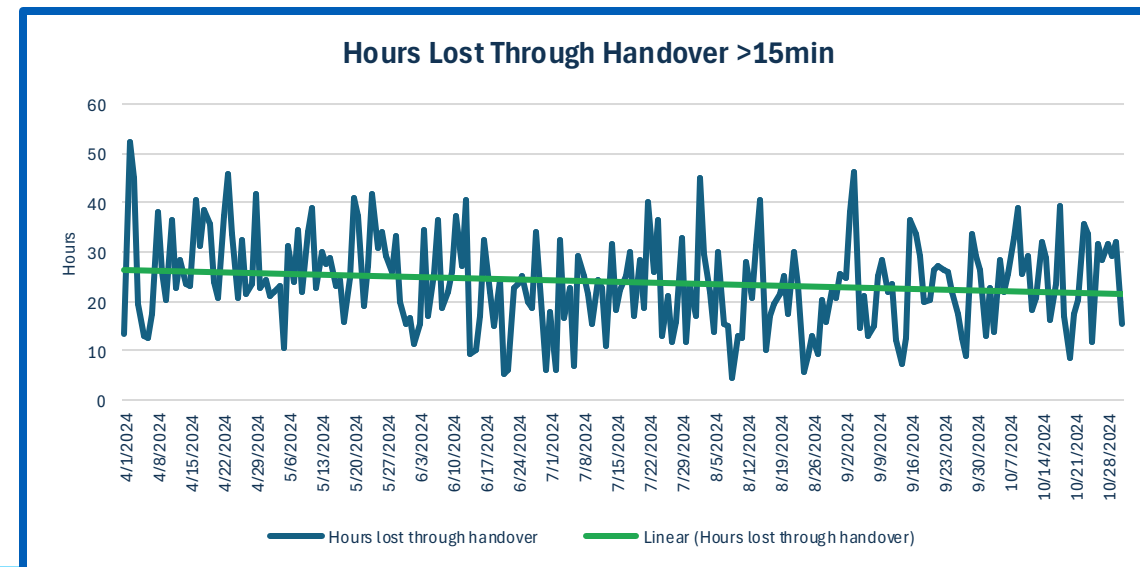
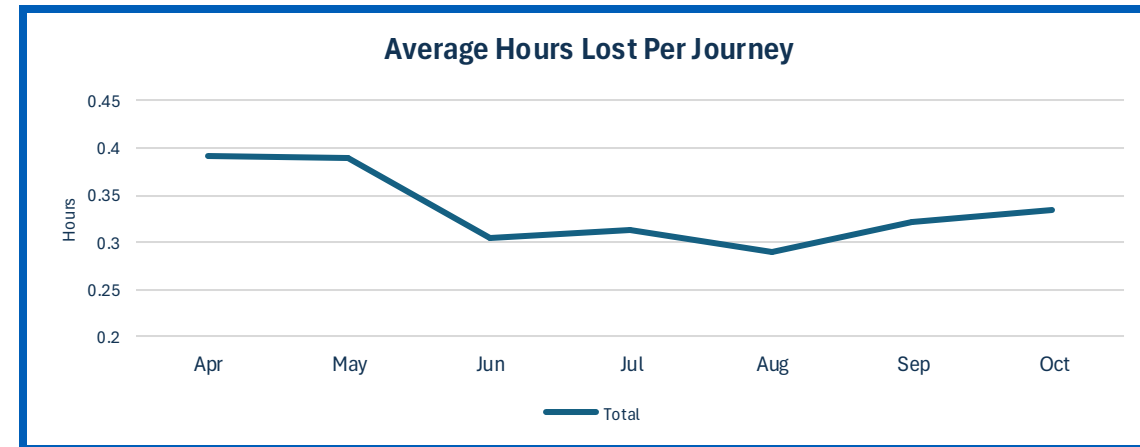
- ▶ Frailty Care Home Outreach & Red Bag Launch
- ▶ Integrated Front Door Therapies Team RSCH
- ▶ Deconditioning Prevention
- ▶ Virtual Health, both General Virtual Ward and Respiratory Home Monitoring Services
- ▶ Deconditioning Prevention
- ▶ Tiered Acuity Model

These initiatives are in collaboration with colleagues from the ICB, Sussex Community NHS Foundation Trust (SCFT), South Coast Ambulance (SECamb) and Brighton & Hove City Council (BHCC).

# Improvements so far

Despite ED overcrowding continuing to be stubbornly high, handover times have not regressed.

- ▶ The introduction of a new continuous flow model delivered immediate and measurable hours back to the ambulance service.
- ▶ Hours lost in handovers >15min is consistently reducing.
- ▶ The initiatives currently in progress will continue to improve performance.



# Improvement initiatives

6 months +



# Acute Floor Reconfiguration

The £48m capital development programme will transform the Acute Floor and ED at RSCH.

- ▶ The first phase of the programme began in Summer 2024, reconfiguring some space vacated by services moving into new hospital building. This phase is scheduled to finish in 2025.
- ▶ The design will deliver more clinical spaces within ED, a larger RESUS area and more ambulance receiving bays.
- ▶ The estate will be brought up to modern standards and include spaces appropriately designed for mental health patients and those requiring a sensory space.
- ▶ UHSussex has consulted with key stakeholders including SECamb on the operational delivery during the construction work and final design.

