

**Report to:** East Sussex Health Overview and Scrutiny Committee (HOSC)

**Date of meeting:** 30 June 2016

**By:** Assistant Chief Executive

**Title:** Hospital handover

**Purpose:** To consider the extent of delays in handover of patients from ambulances to hospital emergency departments, how handover is managed and actions in place to address this issue.

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## **RECOMMENDATION**

**To consider and comment on the report.**

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### **1 Background**

1.1 In recent years there have been significant increases both in the numbers of people attending hospital for emergency care, and in 999 and 111 emergency ambulance calls. This has been the case both nationally and locally.

1.2 This increase in activity puts pressure on the entire urgent care system, but one area of particular concern is 'handover': the point where ambulance staff transfer patients to the care of hospital staff. When things are very busy this process of transfer may not function effectively, meaning that ambulance crews have to stay with their patients rather than getting back on the road. It also means that patients may have to wait in sub-optimal conditions for assessment and treatment. There tend to be particular difficulties at hospitals where there is little or no opportunity to flex the physical capacity of A&E units, although handover problems also relate to staffing levels in emergency departments.

### **2 Supporting information**

2.1 In March, HOSC heard from South East Coast Ambulance Service NHS Foundation Trust (SECAmb) that ambulance demand was approximately 20% higher than the previous year and that similar demand pressures were being felt in hospital emergency departments. As a result, delays in handing over patients from ambulances to hospitals had worsened. The Trust told HOSC that difficulties with hospital handover inevitably impact upon SECAmb's response time performance as ambulances waiting at hospital to handover patients are unavailable to respond to other calls.

2.2 SECAmb indicated that there had been considerable attention given to this issue, including very close liaison with hospital colleagues. Indeed, managerial focus on dealing with hospital handover was diverting managers from more general management duties. Members agreed that hospital handover was an important issue, and one that the committee would explore in more detail.

2.3 Clearly, pressures and delays at the point of handover are symptomatic of wider system and demand issues. Ultimately, it is necessary to address these wider issues to ensure patients' needs are met outside hospital where possible, and that there is appropriate flow of patients through hospitals, including discharge back to the community. There are ongoing service redesign programmes in place to address these issues.

2.4 However, given that handover pressures have been ongoing for some time and service redesign is a relatively long term process, HOSC may wish to focus for the purposes of this item on how the interface between the ambulance service and emergency departments is being managed day to day and whether any improvements could be made which would improve safety, patient experience and release ambulance crews more promptly.

2.5 SECamb, East Sussex Healthcare NHS Trust (ESHT) and Brighton and Sussex University Hospitals NHS Trust (BSUH) have each provided a brief summary of the key challenges as they see it (appendix 1). Representatives of these three Trusts will be in attendance to discuss the issues arising. Commissioners will also be in attendance and will be able to comment on how they monitor performance and the actions being taken through the Urgent Care Network to address the wider issues.

### **3. Conclusion and reasons for recommendations**

3.1 HOSC is recommended to consider the report and discuss the issues arising.

**PHILIP BAKER**  
**Assistant Chief Executive**

Contact Officer: Claire Lee, Senior Democratic Services Adviser

Tel. No. 01273 335517

Email: [Claire.lee@eastsussex.gov.uk](mailto:Claire.lee@eastsussex.gov.uk)