



University Hospitals Sussex
NHS Foundation Trust

RSCH Ambulance Handover Performance

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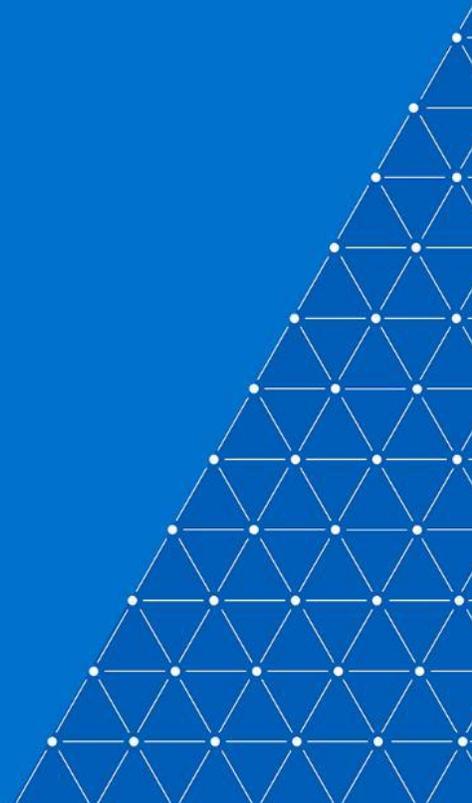
Summary

- ▶ Royal Sussex County Hospital (RSCH) ambulance handover times continue to be significantly challenged compared to other hospital sites within the region.
- ▶ This position has been the status quo for several years and is driven by a range of factors.
- ▶ We continue to deliver a range of initiatives to mitigate the contributing factors - this has delivered improvements.
- ▶ We have a clear plan to tackle some of the historical difficulties through this winter, into the medium term and for the future.
- ▶ Despite delays in handover times, RSCH continues to rarely hold patients on the back of ambulances, when compared to other similar trusts in the South East.

Historical context of RSCH handover performance

- ▶ RSCH has previously struggled to adhere to national handover standards and performed worse than regional peers.
- ▶ The causes of this are multifaceted and have included:
 - ▶ A challenged estate: the hospital is constrained by its surroundings and geography. Some parts of the estate are significantly aged which impacts the efficiency of site processes and flow.
 - ▶ We are the region's major trauma and tertiary centre (MTC) - the general acuity of patients is higher than regional peers who do not have MTC status.
 - ▶ We had, and continue to have, large numbers of patients who are medically ready for discharge but unable to move on to more appropriate care settings due to system pressures.

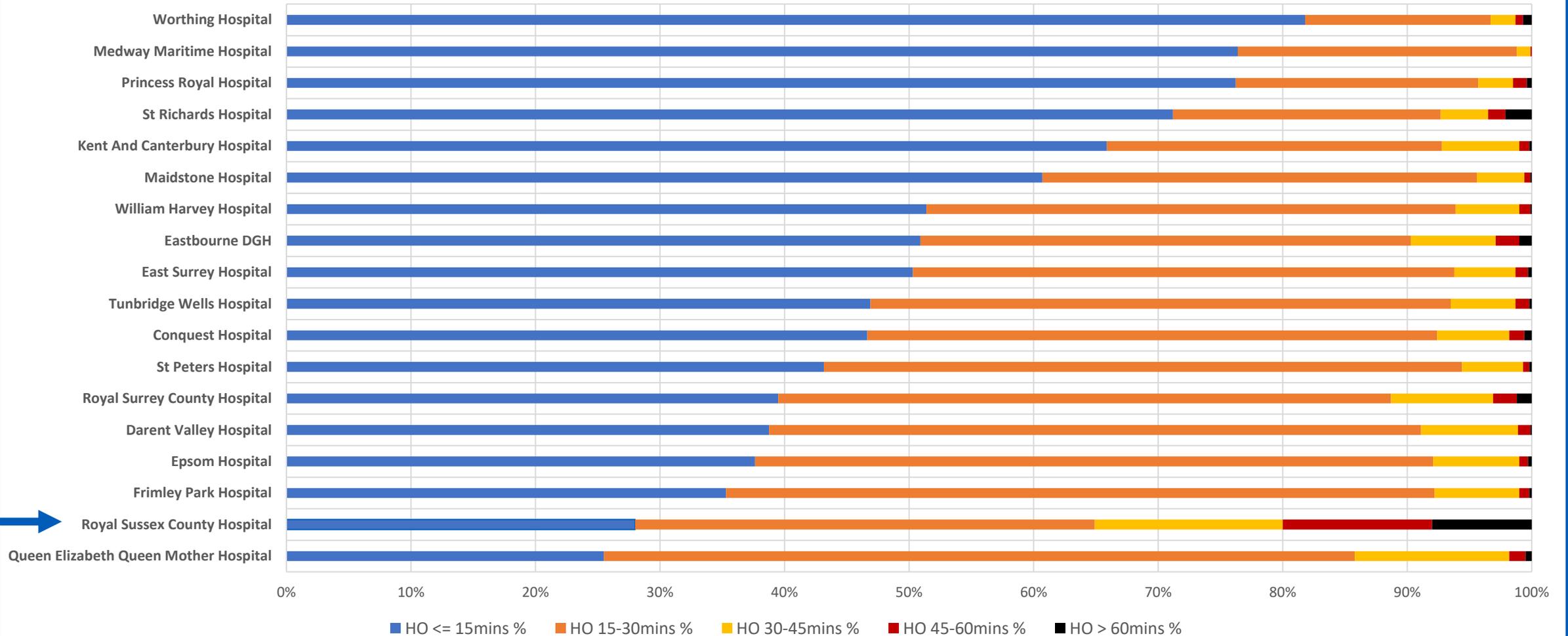
RSCH context



RSCH Regional Comparison

Date range: 01/05/23 – 26/11/23.

Regional Ambulance Handover Compliance



RSCH context

RSCH ECIST review, May 2023

- ▶ UHSussex asked the Emergency Care Intensive Support Team (ECIST) to review the composition of urgent and emergency care demand at RSCH.
- ▶ This was to help us better understand RSCH data and apply learning from national peers.



Average Age

The average age of a patient is 60 and those 75 or above account for 34% of ED attendances. This is above the national average.



Occupancy

Bed occupancy at 99% leads to ED overcrowding. Long length of stay (21+ days) is significantly higher than regional peers at 26%.



Acuity

The average patient is more unwell at RSCH than the national average. This can often lead to more investigations required during their stay.



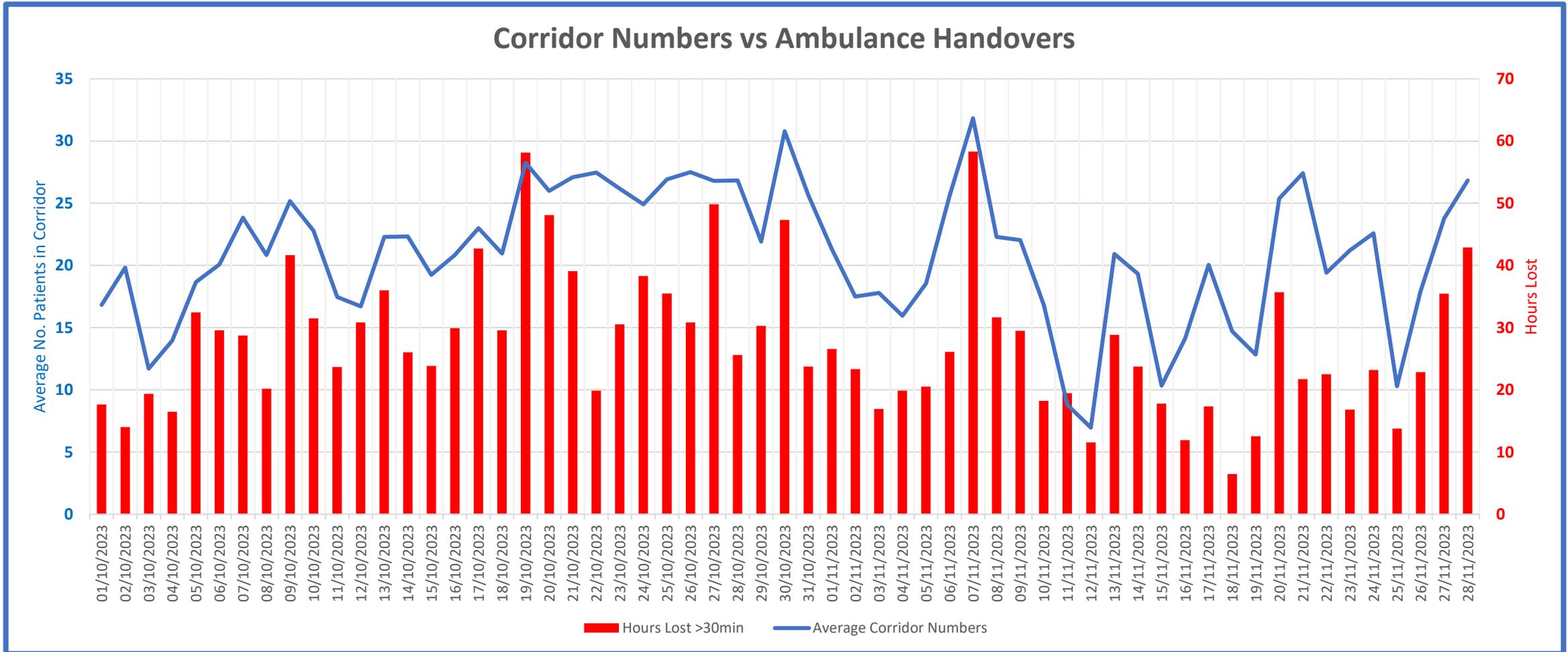
Mental Health

12% of presentations are related to mental health. Patients awaiting mental health admissions are held within the ED, reducing capacity for other patients.

ED extra capacity correlation

With 99% bed occupancy, the ED frequently becomes overcrowded which results in handover delays.

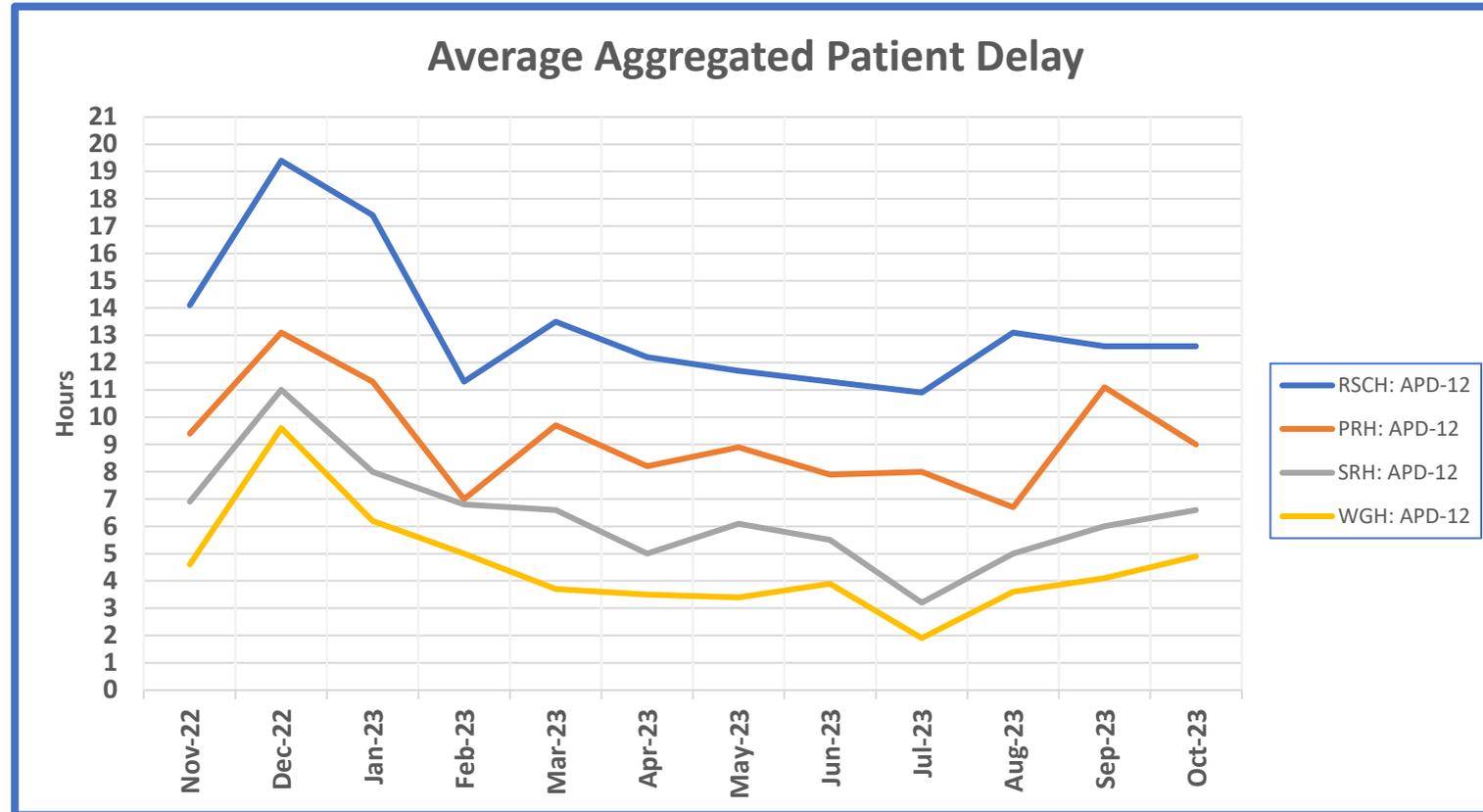
Unsurprisingly, the more patients within ED, the more hours lost in handovers.



RSCH context

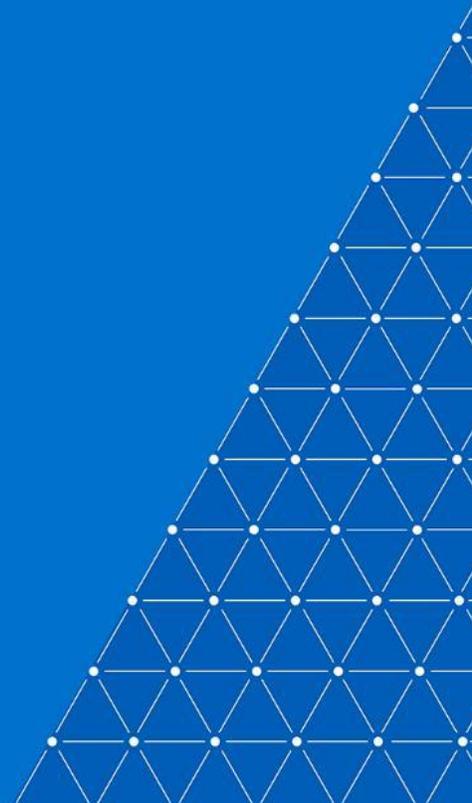
Aggregated Patient Delay (APD)

- ▶ APD is used to demonstrate patient care delays beyond certain length of stays in ED.
- ▶ Studies have shown the longer the length of stay in ED, the longer the stay in hospital overall and the greater likelihood of increased harm to patients.
- ▶ High numbers of patients in ED extra capacity spaces, creates an increasingly inefficient environment for each patient that is added.
- ▶ The average aggregated length of stay in RSCH ED is higher than hospitals within the group.
- ▶ The volume of patients experiencing long length of stays is also higher than sister sites.



RSCH improvements

Short – medium term



RSCH initiatives 1/4

Despite the challenges to hospital flow, a large amount of improvement work has been delivered, and will continue to be, in order to improve handover performance.

Louisa Martindale Building (LMB)

RSCH has historically faced significant capacity gaps within a challenged estate that has contributed to a poor performing emergency department.

- ▶ LMB has been fully open to inpatients since mid-July 2023.
- ▶ Most patients are in single side rooms with ensuite bathrooms.
- ▶ Expectation ahead of this winter is that fewer beds will be closed due to outbreaks of infectious diseases which should support hospital flow and a relative reduction in ED overcrowding.
- ▶ A larger discharge lounge has supported improvements in the median hour of discharge which has in turn supported flow from ED to inpatient beds.

Surgical Assessment Unit

Approximately 10% of all ED presentations are for abdominal pain. The implementation of an SAU will decompress patients from ED.

- ▶ From early January 2024, a surgical assessment unit will be open to receive patients directly from ambulances.
- ▶ The implementation will be phased initially to support immediate winter pressure demands.
- ▶ The second phase will see an increase of capacity and expansion to the specialties the unit can support.

RSCH initiatives cont. 2/4

Joint improvement group

- ▶ UHSussex and SECamb operational teams have a well-established relationship to manage day-to-day pressures and we work collaboratively on a range of handover initiatives.
- ▶ We have fortnightly meetings between operational teams to ensure system resources are allocated optimally.
- ▶ Incidents and the resulting learning is discussed to ensure adverse events are mitigated.
- ▶ Data and feedback from staff informs improvement initiatives.
- ▶ Supported by the Urgent and Emergency Care team within the ICB, Brighton and Hove place.
- ▶ The group has delivered a range of improvements which have positively contributed towards the improving position.

Handover process redesign

In November 2023, a work group was been established to assure ourselves that the handover process at RSCH is fit for purpose within the context of UEC delivery in 2023.

- ▶ Various threads for the discovery phase have been established including learning from regional peers.
- ▶ The operational team has spoken with counterparts at Medway FT with a view to visit next year.
- ▶ Through these conversations, it has become clear the improvement initiatives suggested are already in place and working well at other sites.

RSCH initiatives cont. 3/4

Continuous flow model

Early conversations are underway to review the feasibility of the continuous flow model.

- ▶ The continuous flow model provides a mechanism to move patients from the emergency department at routine intervals, or set quantities, to inpatient wards based on historical discharge numbers.
- ▶ Patients are placed into extra capacity spaces on the wards instead of within the emergency department, which frees up capacity to receive ambulances in a timelier manner.

Transfer of care hubs

The multi-disciplinary team responsible for supporting hospital flow and community discharge (composed of social workers, nurses, social care and administrators) will be brought under a single banner and leadership structure.

- ▶ This will improve communication and accountability for delays to packages of care.
- ▶ In turn promoting greater hospital flow, reduced overcrowding in ED and greater handover performance.

RSCH initiatives cont. 4/4

Admission and prevention team

- ▶ For Winter 23/24, the ICB has funded additional social worker and community nursing support at the front door of RSCH.
- ▶ The team assesses each patient as they arrive for suitable alternative pathways with a view to prevent admission.
- ▶ The team work collaboratively with UHSussex clinicians and SECamb staff to ensure resources are efficiently allocated.

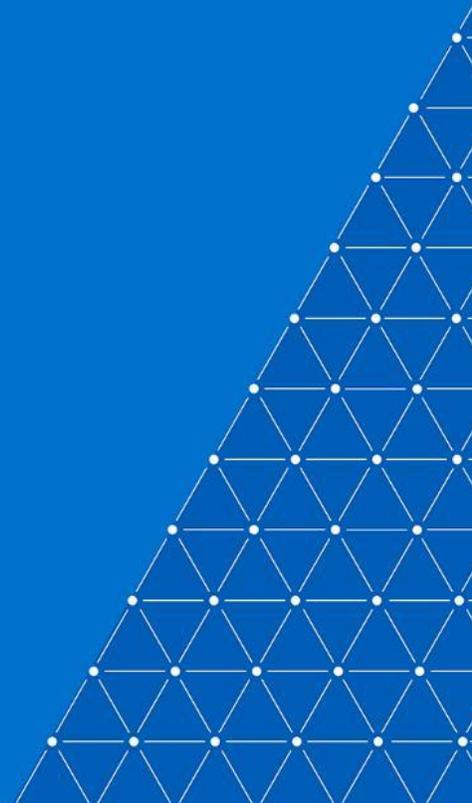
Enhanced Observation Unit (EOU)

To provide more appropriate care for mental health patients requiring admission to SPFT beds, UHSussex has needed to create an EOU to care for patients outside of traditional 'majors' cubicles.

- ▶ Previously, patients requiring inpatient admission to mental health services were held in 'majors' cubicles whilst under the care of ED clinicians.
- ▶ At points in the summer, MH patients awaiting admission occupied 80% of ED cubicle capacity. Length of stay for some was regularly more than 30 days. These patients were cared for by ED nurses and doctors.
- ▶ The new unit is staffed and governed by UHSussex.
- ▶ The EOU provides increased oversight of mental health patients in one place. This has freed ED capacity to receive ambulance handovers more quickly. However, ED capacity remains challenged overall.

RSCH improvements

Long-term



Acute Floor Reconfiguration

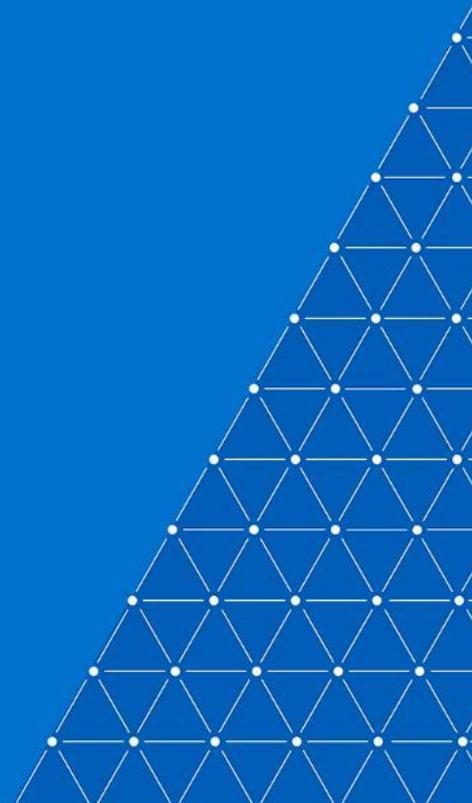
£48m has been assigned to reconfigure the ED at RSCH.

- ▶ The first phase of the programme began in Summer 2023 by reconfiguring some vacated space used by services that moved into LMB. This phase is expected to be finished in Summer 2024.
- ▶ The design will deliver more clinical spaces within ED, a larger RESUS 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.
- ▶ Phasing for the full programme of work is still being worked on but the programme is scheduled for completion in 2027.
- ▶ UHSussex has consulted with key stakeholders including SECamb on the operational delivery during the construction work and final design.



RSCH improvements

Outcomes



Handover improvements

The actions taken have improved handover times.

- ▶ The monthly comparison of November 2022 vs November 2023 shows a clear improvement against all core handover metrics.
- ▶ Handovers within 15 minutes have improved by 8.6%.
- ▶ 1.5% more handovers now happen between 15-30 minutes, this is supported by a 6.4% reduction in handovers between 30-60 minutes.
- ▶ >60-minute handover breaches have reduced by 3.8%.
- ▶ Overall, 89 fewer hours were lost at RSCH in November 2023 compared to November 2022.
- ▶ The causes and triggers for delayed ambulance handovers are identified and well understood.
- ▶ The current improvements need to be built upon but the trend in year is positive.

Handover Improvements

November yearly comparison.

