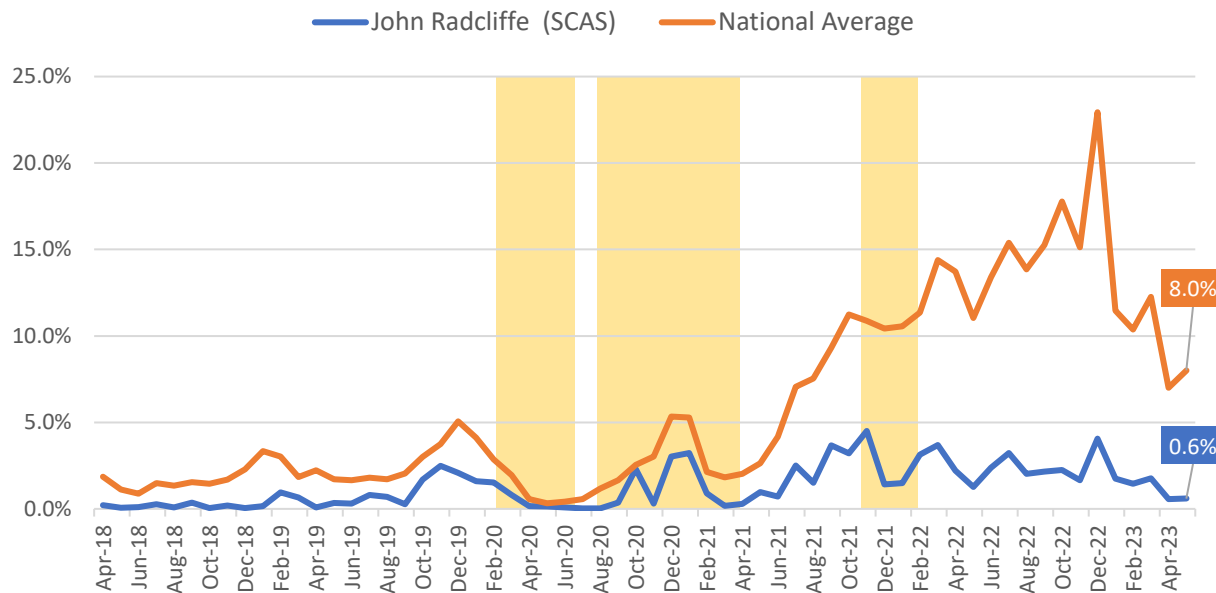


1. John Radcliffe Hospital (SCAS Region)

The average daily volume of handovers at the John Radcliffe Hospital exceeds the national average by some margin. Despite this, the hospital's proportion of handover delays of 60-minutes or longer has remained under five-percent since April 2018, while the national average has peaked at over 20-percent.

60-min handovers as percentage of all handovers

John Radcliffe: % of Handovers over 60 Minutes



Summary of Data

Percent of handovers <60 mins (average for series)

Hospital = 1.3%

National = 5.9%

Percent of handovers <60 mins (av. last 12 months)

Hospital = 2.0%

National = 13.6%

About Salford Royal Hospital and its current interventions

Context. The hospital averages around 100 ambulance handovers each day. This compares with a national average of under 50 handovers per-hospital per-day (sources: John Radcliffe Hospital and NAIG data);

Alternatives to Emergency Department (ED). High proportions of ambulance arrivals are taken straight to the relevant specialty. These include a Same Day Emergency Care (SDEC) Unit and direct-to-ward access for appropriate tertiary arrivals. "Call before convey" directs patients to the medical admission unit based on clinical review. As a result, the proportion of emergency admissions via ED is 53% (vs.74% for England overall);

ED Operational Process. This sees ambulance patients offloaded with rapid assessment in dedicated areas. Two ambulance handover nurses facilitate this process, and assessment is nurse led (at band 5 and 6 level), with health care assistant and consultant input. Five bays are available for handover patients deemed not fit-to-sit, with a seated area serviced by four additional assessment cubicles for those patients able to sit;

Bed capacity. Since the pandemic the site has grown its general and acute capacity, and nursing staff levels;

SURGE process. High variance in daily attendance volumes can see capacity quickly reached within ED. At this point the Hospital Ambulance Liaison Officer works closely with the ED team. Tests can be conducted outside assessment areas to ensure clinical decisions are made safely, but without delay, and patients discharged if appropriate, sometimes before full handover has occurred;

Culture. The operational culture and use of surge process has been key to successfully reducing handover delays. The most important element of this is the refusal to normalise delays and queuing of ambulances. Regular operational meetings which link across the whole Trust has made this a culture of improvement and safety first.

About John Radcliffe Hospital

One of four hospitals within the Oxford University Hospital NHS Foundation Trust. It has a large, Type 1 ED which is a Major Trauma Centre as well as a tertiary referral unit covering various specialities. It is served by a single ambulance provider with a small proportion of private providers sub-contracted from South Central.

The site has around 350 attendances each day of which 30% attend by ambulance. This is high compared with other local hospitals, which average between 14% and 28% ambulance attendances.

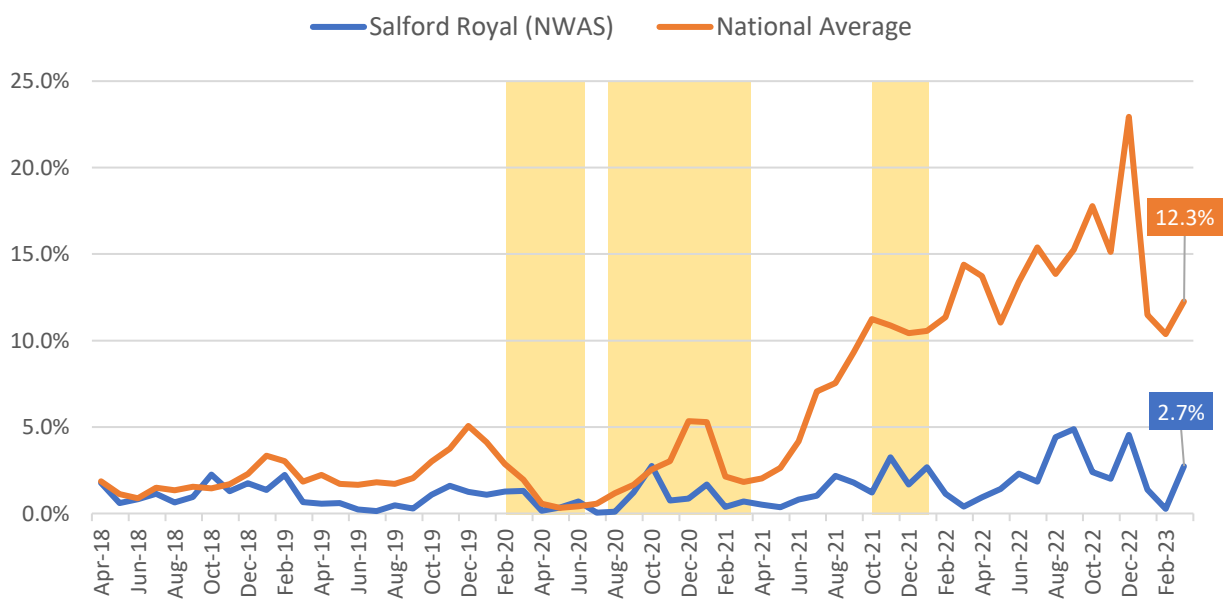


2. Salford Royal Hospital (NWS Region)

The average daily volume of handovers at Salford Royal Hospital regularly exceeds the national average by some margin. Despite this, the hospital's proportion of handover delays of 60-minutes or longer has remained below five-percent since April 2018, and is currently a quarter of the national average (of 12-percent).

60-min handovers as percentage of all handovers

Salford Royal: % of Handovers over 60 Minutes



About Salford Royal Hospital and its current interventions

Context. Salford averages around 70 ambulance handovers per-day. This compares with a national average of 44 handovers per-hospital per-day (sources: Salford Royal Hospital and NDOG06 data);

Culture. There is a strong belief throughout the organisation - from Directors through to the department staff - that it is safer for patients to be brought into the Emergency Department than for them to wait in the back of an ambulance, or left waiting at home.

Flexibility. Salford operate a flexible staffing model. Urgent and Emergency Care (UEC) staff are empowered to support each other depending on the evolving challenges they face. This means using roving staff, or moving staff between differing areas, dependent on need;

Leadership. Some execs block shifts in their diaries to work in a range of departments across the hospital. As well as practical support, this has a ripple effect benefit of leadership visibility;

Rapid Assessment Triage. Dedicated area with six cubicles to which all non-standby emergency ambulances report. They are met by a registered nurse and do a dual handover on a mobile computer and PIN out together once complete. Patients then have early diagnostics before being moved into the main department or waiting room depending on their presentation. This means the hospital has continuous flow through the area, allowing them to maintain timely handover;

Community Collaboration. Salford have one GP practice covering 95% of the community's nursing, and residential care homes which results in better communication and collaboration, more effective community plans, agreed ceilings of care and positive patient-outcomes. This supports admission avoidance freeing up beds and enabling patients to move efficiently through the system, therefore is a support mechanism in minimising longer handover delays.

Summary of Data

Percent of handovers <60 mins (average for series)		Percent of handovers <60 mins (av. last 12 months)	
Salford = 1.4%	National = 5.9%	Salford = 2.4%	National = 14.4%

About Salford Royal Hospital

Both a major trauma centre and tertiary centre for Clinical Neurosciences within Greater Manchester, the hospital receives over 300 ED attendances per day. The site is home to the new Greater Manchester Major Trauma Hospital, due for completion and opening in October 2023. Once operational it is estimated that around 90% of the regions seriously injured patients will be transported there by road or air.

Based in Pendleton, Greater Manchester, Salford Royal hospital is operated by the Northern Care Alliance NHS Foundation Trust and currently has over 700 general and acute inpatient beds.

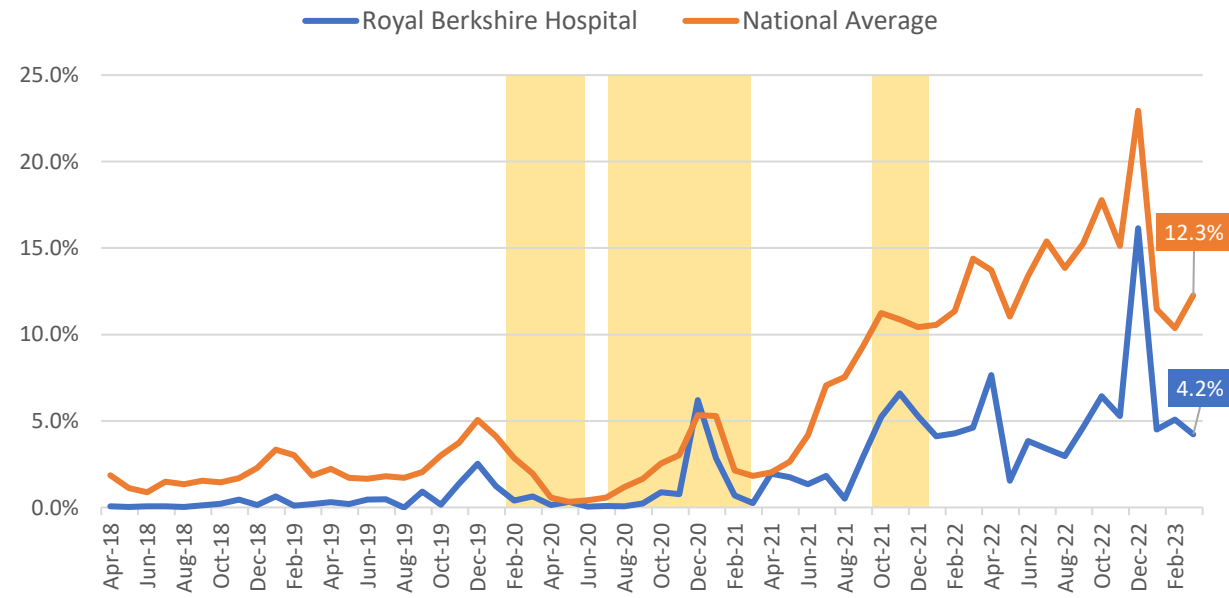
3. Royal Berkshire Hospital (SCAS Region)

The average daily volume of handovers at Royal Berkshire Hospital is double the national average. Despite this, the hospital's proportion of longer handover delays is currently a third of the national average.

60-min handovers as percentage of all handovers

About Royal Berkshire Hospital and its current interventions

Royal Berkshire Hospital: % of Handovers over 60 Minutes



Context. Based on NDOG06 data, Royal Berkshire averaged 89 handovers per-day over the past 12-months. This compares with a national average of 44 handovers per-hospital per-day;

Incident Validation. There has been a strong push via Integrated Urgent Care for validation of Category-3 and Category-4 calls which has reduced the volume of ambulance conveyancing;

Leadership. The Executive team work twilight shifts which increases cultural positivity and senior understanding of challenges faced at the hospital. There is also a Director of the Day who clears their diary and works on site for the day;

Risk Management. The Emergency Preparedness, Resilience and Response team work within site and have designed a risk dashboard which evidences risk and allows leaders to effectively mitigate;

ED Process The Emergency Department (ED) operates zonal care: patients are kept in one place and looked after by the same team for their ED journey, improving care and flow. There is a zero tolerance to corridor care in ED, instead proactively boarding in chosen areas in hospital.

Access. Clinical Streaming and the ambulance service have equitable rights to access a wide range of services across the hospital. Staff are empowered to stream;

Community Based Support. The Trust and SCAS jointly operate a roving vehicle that helps keep patients at home following falls.

Summary of Data

Percent of handovers <60 mins (average for series)		Percent of handovers <60 mins (av. last 12 months)	
Royal Berks' = 2.2%	National = 5.9%	Royal Berks' = 5.5%	National = 14.4%

About Royal Berkshire Hospital

The Hospital is managed by the Royal Berkshire NHS Foundation Trust, which serves a population of 500k people. The A&E department sees on average between 380 and 460 patients a day.

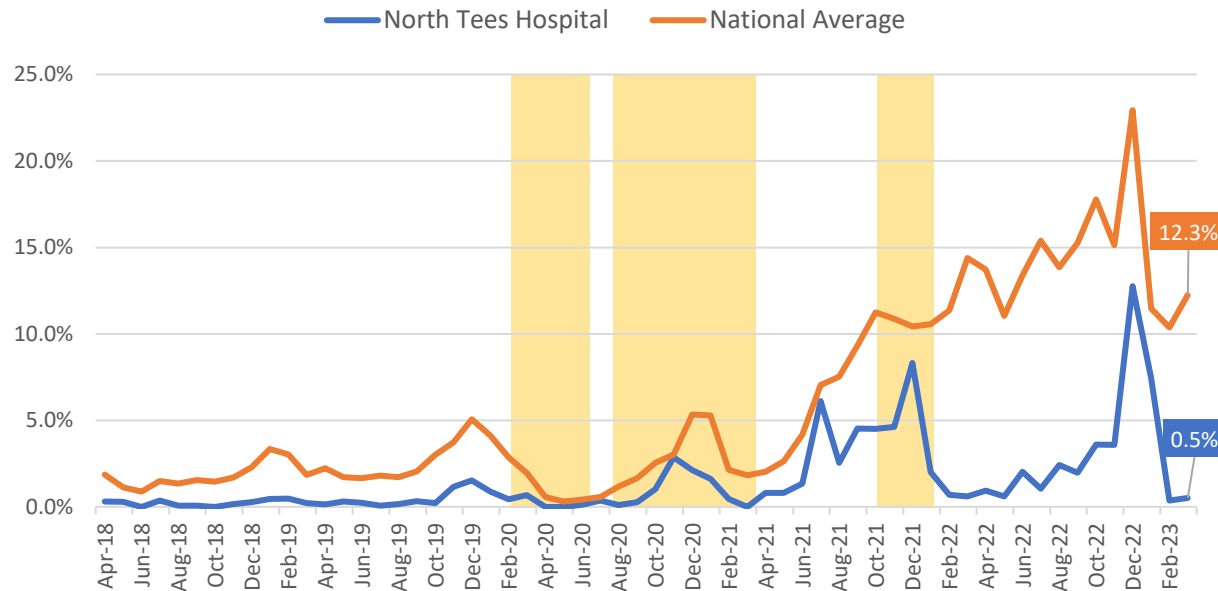
Based in Reading, the original building opened in 1839 - the hospital has recently undergone consultation with the public about redeveloping or relocating the facility.

4. North Tees Hospital (NEAS Region)

The average daily volume of handovers at North Tees Hospital is just below the national average. Despite this, the hospital's proportion of handover delays of 60-minutes or longer is currently less than one-percent compared with a national average of over 12-percent.

60-min handovers as percentage of all handovers

North Tees Hospital: % of Handovers over 60 Minutes



About North Tees and Hartlepool NHS Trust and its current interventions

Context. Based on NDOG06 data, North Tees averaged just under 40 handovers per-day over the past 12-months. This compares with a national average of 44 handovers per-hospital per-day;

Senior involvement. All medical specialist doctors spend time working in the Emergency Department (ED) to help them understand ED staff experience, benefiting culture; in addition the senior nurse and senior doctor on duty take the majority of initial handovers and allocate patients to available capacity promptly;

Risk management. The hospital operates a live risk and operational dashboard. This enables Integrated Care System leaders to make live judgements proactively. There is a significant site room with large team and whiteboard set up which shows dashboards for in hospital services and Integrated Care System, the Discharge Coordinators and team are integral to the flow pathway to create bed capacity;

Community focus. There is an Urgent Community Response (UCR) service in place, to which the ambulance service has 24-hour access. There is strong primary care engagement with heart failure team, while advanced clinical practitioners are deployed in the community to keep people at home. There is a blended workforce in the community response team to get the right type of clinician to the right patient. There is very strong local authority partnering, a strong community matron presence, and partnership working with primary care and care homes results in high quality plans and ceilings of care, keeping people in the community;

Access. Strong Single Point of Access (SPA) provision where it is easy to access the right service for the right patient: the ambulance service has access to this. A number of direct admission pathways into acute medical assessment.

Summary of Data

Percent of handovers <60 mins (average for series)

North Tees = 1.5%

National = 5.9%

Percent of handovers <60 mins (av. last 12 months)

North Tees = 3.1%

National = 14.4%

About North Tees Hospital

The University Hospital of North Tees is a general hospital in Stockton-on-Tees. It is run by North Tees and Hartlepool NHS Foundation Trust, which serves over 400,000 people. It has a fully integrated Urgent and Emergency Care Centre with streaming at the front door.

The hospital itself has over 550 beds, and provides healthcare to people living Hartlepool, Stockton on Tees and in the south east of County Durham.

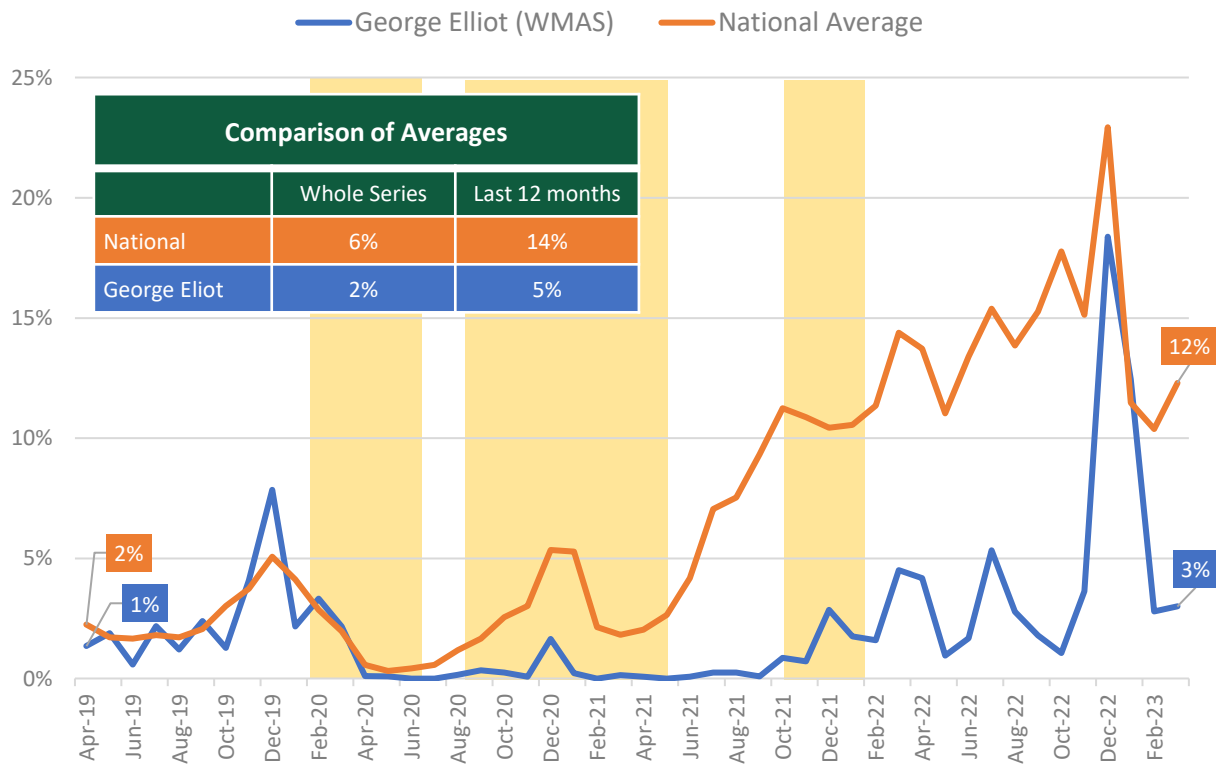


5. Effective Interventions: George Eliot Hospital NHS Trust

Across England, the proportion of handovers exceeding 60 minutes has increased steadily since May 2021, and towards the end of 2022 accounted for more than a fifth of handovers. Over the same time, George Eliot Hospital’s share of >60-minute handovers has exceeded five-percent on just two occasions. In March 2023, George Eliot’s percentage of handovers in this category was a quarter of the national average.

60-min handovers as percentage of all handovers

George Eliot (WMAS): % Handovers >60 Minutes



Yellow areas denote COVID waves in the UK: source ONS.

An overview of George Eliot Hospital’s current interventions

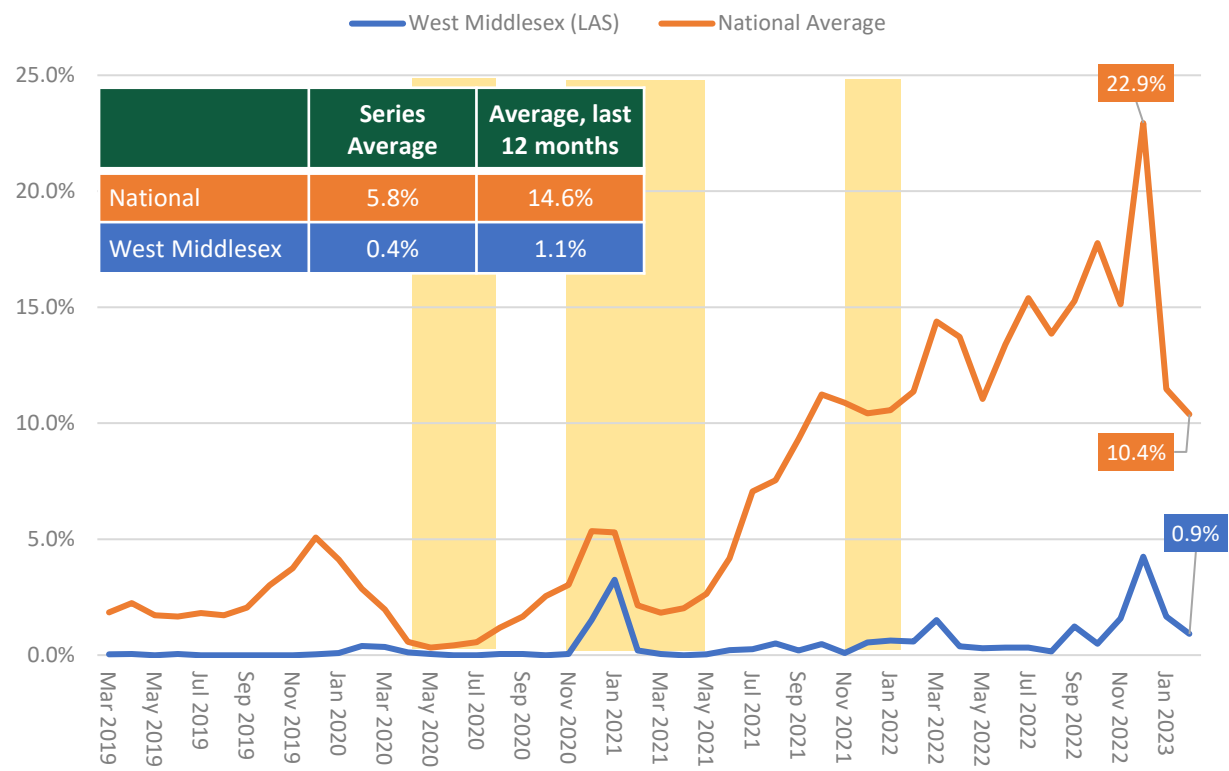
- **Leadership** – Senior leadership is visible throughout the week supporting emergency flow. There is executive oversight of ambulance delays, with early escalation to Deputy Chief Operating Officer where there are delays approaching 45-minutes with no plan to off load.
- **Culture** – Accepting that delaying ambulances compromises community safety of those patients waiting for ambulance responses. Staff at all levels have owned and accepted the problem.
- **Flow** – There is a whole hospital response to flow and ambulance delays, close working with ambulatory pathways, and three daily site flow meetings with executive presence. Processes that promote management of variation in ambulance demand are strongly encouraged, including the Fit2Sit initiative.
- **Relationships** – The Emergency Department does not function in isolation, working with all specialties, community services, primary care, and ambulance Trusts (WMAS and EMAS) to understand each other’s demands and expectations.
- **Empowerment and Trust** – Trusting our clinical and operational teams to do the right things by our staff and patients. Staff are empowered to drive change.

6. Effective Interventions: West Middlesex University Hospital (Chelsea & Westminster)

The proportion of handovers exceeding 60 minutes has increased steadily since May 2021, and towards the end of 2022 accounted for more than a fifth of handovers. Over the same time, West Middlesex Hospitals has not seen its share of >60-minute handovers exceed five-percent, with its average for the most recent 12-months less than a tenth of the national figure.

60-min handovers as percentage of all handovers

West Middlesex (LAS): % Handovers >60 Minutes



Yellow areas denote COVID waves in the UK: source ONS.

An overview of West Middlesex’s current interventions

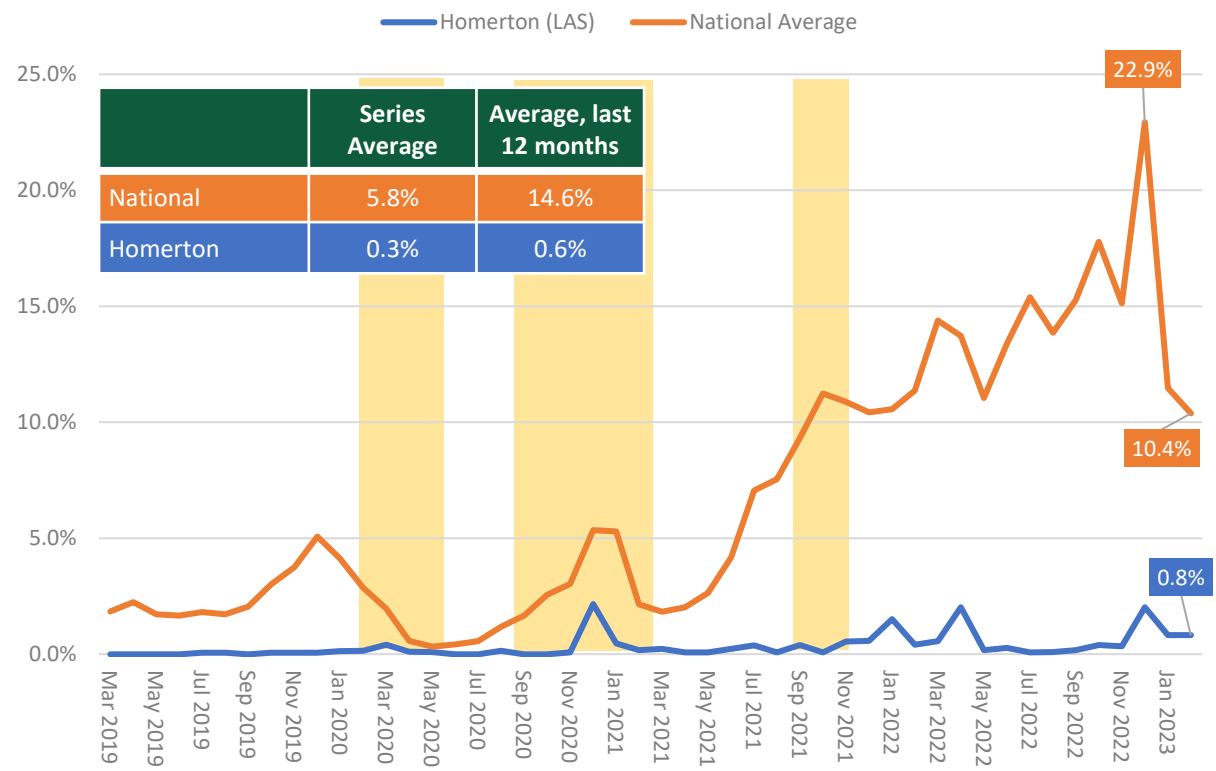
- Senior Leadership.** The Clinical Director is highly visible, and works weekly shifts in the Acute Medical Unit (AMU). Entire corporate teams are highly visible and Executive presence at 4/day bed meetings with handovers being the 1st area for discussion.
- Nurse experience and leadership.** Many staff have been in post for a long time so there is a large historical knowledge as well as credibility. Patient centric focus with strong values around getting patient to right place first time.
- Site hub function.** Co-located Urgent Treatment Centre (UTC). This is seen as a strong help to flow, with ambulances having access to the UTC. There is also a robust electronic site model with heavy reliance on data to predict demand and facilitate flow.
- Community Collaboration.** There is a borough wide six-phase action plan to link all partners (social care and council and health) to deliver on six interventions as a collaborative. Part of this initiative is a strong aim to improve community personal plans and keep patients at home.
- Empowerment, Trust and Communication.** Staff describe being given permission and are empowered to lead on improvement ideas. Clinicians’ views are trusted, and so referrals are accepted rather than debated. Whatsapp is used to communicate operational concerns as well as clinical issues.

7. Effective Interventions: Homerton University Hospital

The proportion of handovers exceeding 60 minutes has increased steadily since May 2021, and towards the end of 2022 accounted for more than a fifth of handovers. Homerton’s share of these handovers has only exceeded one-percent four times since April 2018, and for the last 12-months has a series average of less than one-percent, compared with the national average of nearly 15-percent.

60-min handovers as percentage of all handovers

Homerton (LAS): % Handovers >60 Minutes



Yellow areas denote COVID waves in the UK: source ONS.

An overview of Homerton’s current interventions

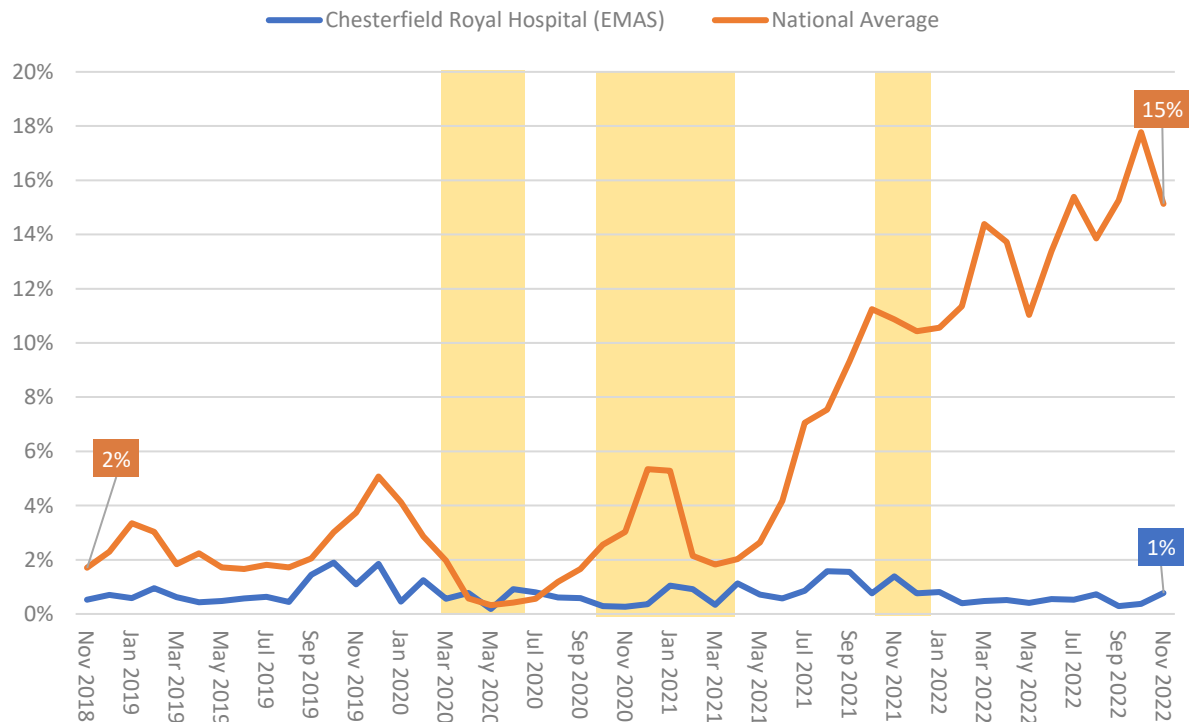
- Integration.** There is a strong Integrated Care System (ICS) and London Ambulance Service (LAS) partnering in monitoring and growing alt to hospital pathways and activity along those pathways with a strong focus on hospital avoidance. LAS have low conveyance-rate linking with multiple alternative pathways and community services, rather than conveying to Emergency Departments (ED).
- Leadership.** There is clear clinician and nursing team leadership, coupled with longevity of service. Nursing in ED is particularly empowered with heavy competency and development performed on senior staff to enable trusted assessor decisions. This frees up medical staff and encourages nurses to guard flow and use of resources. There is a strong team ethos which helps ensure queues and crowding does not occur.
- Flexibility.** There is a zero tolerance to corridor care or boarding, mitigated through collaboration between department practitioners and clinicians early in the day. An escalation area is used and is prioritised to flex down once used so that Trust always has a flexible cohorting / bedding area.

8. Managing Hospital Handovers – Effective Interventions: Chesterfield Royal Hospital

Nationally the proportion of handovers exceeding 60 minutes is more than ten-times that seen at the end of 2018. Having increased steeply since the start of 2021, these account for around 1 in 6 of all handovers at the end of 2022. Over this time, Chesterfield Royal Hospital's proportion of these longer handovers has not exceeded 3% of its total, averaging 1% over the last 6 months compared with a national average of 15%. The hospital has a number of measures in place which reduce pressure on its ED, increasing through-flow and keeping longer handover times to a minimum.

60-min handovers as percentage of all handovers

Chesterfield Royal Hospital (EMAS): % Handovers >60 Minutes



Yellow areas denote COVID waves in the UK: source ONS.

An overview of Chesterfield's current interventions

- **Integrated Care System (ICS).** The local ICS, of which the hospital is part, has a community strategy involving the education of Primary Care Networks and a Direct Clinical Care strategy for avoidable admissions. This has seen a reduction in avoidable conveyance.
- **Technology.** The hospital's Emergency Department (ED) has digital-tablets in place that new (walk-in) arrivals are encouraged to use. Mobile technology is therefore used to navigate patients to the right point of care, thus redirecting some away from the ED, freeing-up resource for ambulance arrivals.
- **Clinical Assessment.** There has been a strong investment in the community clinical assessment services to validate C3 and C4 calls. DHU (111 provider) and EMAS also run a programme called 'winter connect' which supports the reduction of conveyancing generally.
- **Leadership.** The hospital's leadership adopts the "Patient First" ideology and use patient stories with staff to influence cultural change with effect.
- **Specialties Support.** Specialties proactively link into the ED, and during challenging times will in-reach to ED to support them. They will proactively pull patients from the queue, again freeing up resource which helps the flow of ambulance handovers.
- **Urgent Treatment Centres.** Chesterfield are working in collaboration with DHU towards building a sustainable Urgent Treatment Centre (UTC), using audit to prove the principle. While Chesterfield is not finished in this process, the hospital's experience may be helpful in identifying the first steps of building a UTC service co-located with a private partner when there is no long-term contract in place.



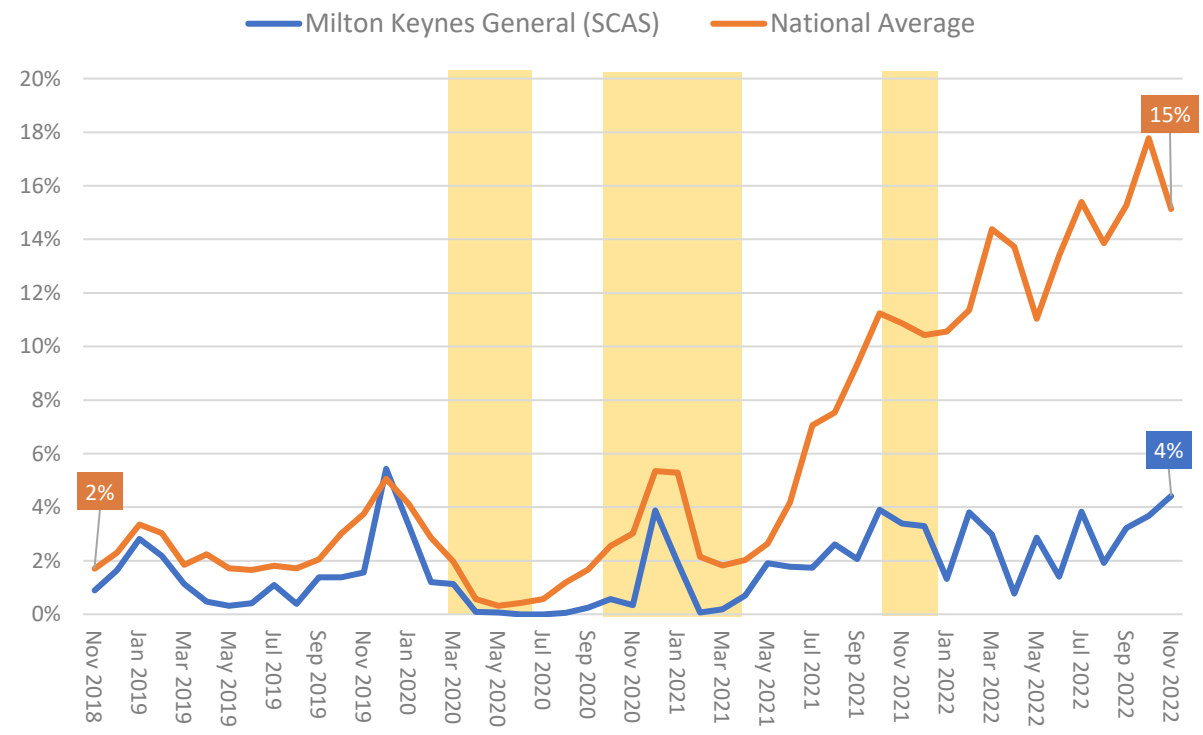
9. Managing Hospital Handovers – Effective Interventions: Milton Keynes General Hospital



Milton Keynes General Hospital’s proportion of these handovers is currently under a third of the national figure. For the last 6 months it has averaged 3% against the national figure of 15%. Collaboration, providing patients with practical health-care information, sound and ongoing risk assessment and a new Emergency Care facility work together to help the hospital minimise handover delays.

60-min handovers as percentage of all handovers

Milton Keynes General: % Handovers >60 Minutes



Yellow areas denote COVID waves in the UK: source ONS.

An overview of Milton Keynes’ current interventions

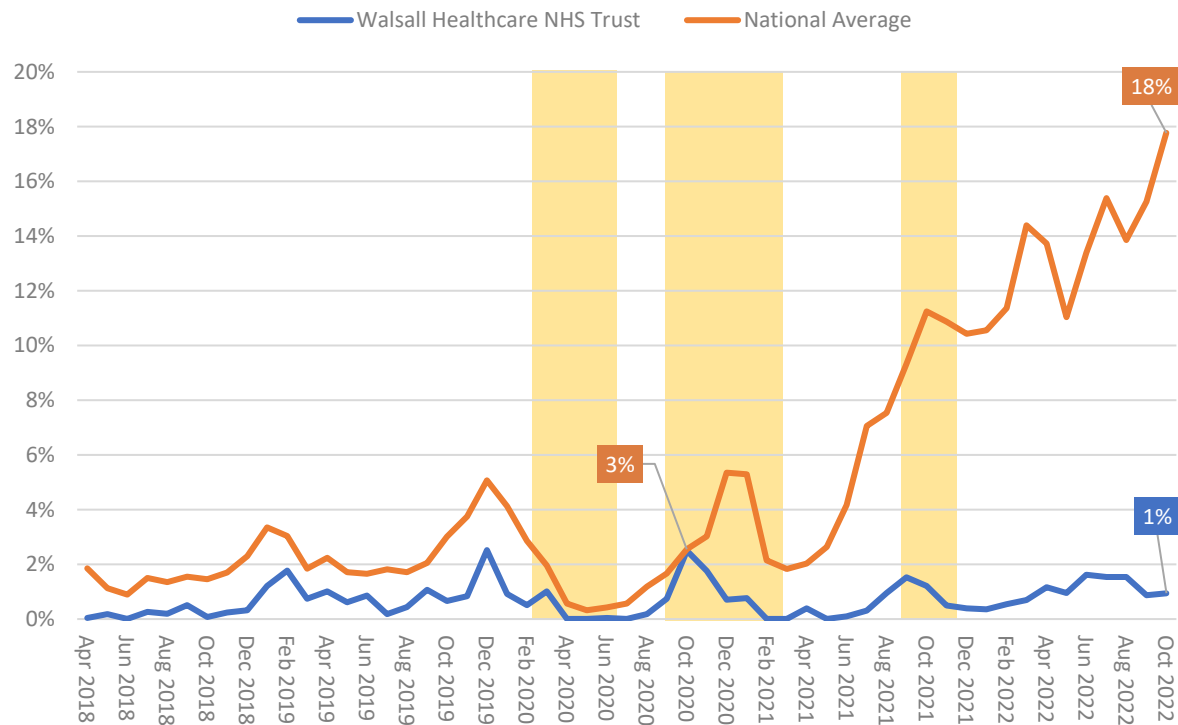
- **Home First Team.** This team is based in the hospital’s Emergency Department (ED) alongside a roving frailty team, which operates across Urgent and Emergency Care pathways.
- **Patient Access to Information.** SCAS make excellent use of the MiDOS system (a directory of information that allows patients to search for a wide range of health, community and voluntary services). This helps keeps people at home rather than hospital, and frees up resource keeping patient flow moving.
- **Risk Assessment.** The hospital has developed a RAG rated Integrated Care System dashboard that evidences risk on the day and is used as a tool to balance risk. They've adapted some ward spaces well to make them safer.
- **Cross-site collaboration.** Regular site meetings, including a side range of staff, look at risk and challenge, working together to establish the path of least harm.
- **Hospital Ambulance Liaison Officer (HALO).** Strong HALO in place who maintains the relationship between organisations. Excellent teacher of his own staff, bringing patient stories to the Trust to empower the release of ambulances back into the community.
- **Same Day Emergency Care (SDEC) Village.** The hospital has just built a large SDEC village. It has collated a wealth of information that can be used to help other Trusts understand the relevance of backing SDECs and creating super estates for the future.
- **Rapid Access Therapy Team (RATT).** A good RATT model in ED.

10. Managing Hospital Handovers – Effective Interventions: Walsall Healthcare NHS Trust

The volume of handover delays exceeding 60 minutes has seen significant growth over the past few years. Nationally, the proportion of 60 minute handovers has increased from 3% in October 2020 to 18% in October 2022 (as seen on the next page). By contrast, the proportion of 60 minute handovers at Walsall has rarely risen above 2%, and for the last 12 months has averaged 1% - compared with a national average of 13%. Furthermore, Walsall has delivered the highest proportion of ambulance handovers within 30 minutes in the West Midlands region for 20 out of the last 21 months.

1. 60-min handovers as percentage of all handovers (source: NAIG)

Handovers >60 Minutes



Yellow areas denote COVID waves in the UK: source ONS.

2. Walsall has implemented measures which enable timely handovers

- **Culture & leadership:** the patient who has dialled 999 in our community and needs conveying to hospital is our patient. It is our responsibility to ensure they are promptly handed over by ambulance clinicians to the Emergency Department (ED)
- **Alternatives to ED:**
 - Strong community Care Navigation Centre & Rapid Response Team service
 - Direct conveyance to Same Day Emergency Care (SDEC) units - Ambulatory Emergency Care (AEC), Frail Elderly Service (FES), Gynae Assessment Unit (GAU) and Surgical Ambulatory Care Unit (SACU)
 - Integrated Front Door (Community-led, hospital-based service)
 - Co-located Urgent Treatment Centre
- **Rapid Assessment & Treatment (RAT) function** for ambulance arrivals in ED with Emergency Care Assessment Practitioner workforce (drawn from both Registered Nurse and Paramedic professions). Installation of additional ED cubicles (2020) to facilitate Infection Prevention & Control segregation.
- **Comparatively good patient flow out of ED:**
 - Multiple SDEC units: AEC, FES, GAU, PAU, SACU
 - Proactive pull of overnight inpatients from Acute Medical Unit by both AEC and FES
 - Highly functional discharge lounge (07:00-22:00)
 - Comparatively low Medically Stable For Discharge inpatients (Walsall Together impact)

