

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

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Title: NHS Wales Hospital Handover Guidance

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For Action by:

Health Boards
NHS Trusts

Action required by:

Immediate

Sender: Dr Andrew Goodall, Chief Executive of NHS Wales

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Enclosure(s):

- Letter, Dr Andrew Goodall, Director General Health and Social Services Group/Chief Executive NHS Wales
- Annex 1 – *NHS Wales Hospital Handover Guidance – Background Note:*
- NHS Wales Hospital Handover Guidance – 05 May 2016

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Local Health Boards
Welsh Ambulance Services NHS Trust

Our Ref:AG/BS

5th May 2016

NHS WALES HOSPITAL HANDOVER GUIDANCE

Dear Colleagues,

I am writing to direct you to the recently published Welsh Health Circular relating to the revised NHS Wales Hospital Handover Guidance.

The NHS Wales Hospital Handover Guidance was issued on behalf of the Unscheduled Care Steering Board on 25 February 2015 and following a review, the guidance has since been revised and issued for immediate implementation. I enclose a copy for ease of reference. A link to the guidance can be found at <http://extranet.wales.nhs.uk/howis/whcirculards.cfm?filter=2016>.

You will be aware of the importance Welsh Ministers and I place on the timely handover of patients from ambulance vehicles to hospital staff. I would therefore appreciate your support in ensuring your respective organisations adhere to this guidance to optimise performance and patient care.

Finally, I would like to take this opportunity to thank everyone involved in developing this key guidance and to the staff on the front line who are working hard to deliver the improvements we all aim to achieve.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Goodall'.

Dr Andrew Goodall

NHS Wales Hospital Handover Guidance.**Background**

1. On 25 February 2015, Professor Adam Cairns, Chief Executive of Cardiff and Vale University Health Board and Chair of the Unscheduled Care Steering Board, issued the all Wales Hospital Handover Guidance. This guidance was approved by the Chief Executives of the Health Boards and Welsh Ambulance Services NHS Trust. This guidance also needs to be read in conjunction with each organisation's local escalation policy.
2. Dr Grant Robinson, Unscheduled Care Clinical Lead for Wales, developed the guidance in partnership with Medical Directors, Nurse Directors and the College of Emergency Medicine.
3. The Unscheduled Care Steering Board had requested that the Guidance be reviewed after six months.
4. On 25 August 2015, Professor Adam Cairns, wrote to the NHS organisations requesting feedback regarding the implementation of the Guidance.
5. A review of the guidance has been undertaken and revisions have been made based on the feedback received.

NHS Wales Hospital Handover Guidance v2

Statement of intent

The safety, effectiveness and dignity of care of patients must be at the forefront of systems of emergency care. The best care is provided to patients in the correct care environment. When ambulance crews take a patient to hospital it is essential that they are released swiftly so they can continue to provide a safe and efficient service to the local community.

Health Boards are responsible for ensuring the safe emergency transport, and timely treatment, of citizens in their local area. When a patient is conveyed to a hospital by ambulance care must be handed over to the hospital team within 15 minutes, and Health Boards are responsible for ensuring that this happens reliably. All members of the Health Board Executive team have a special responsibility to communicate the importance of handover.

Patients and their carers are important partners in the process of handover and admission. Their involvement should be a key part of planning emergency care, and when delays occur they should be kept fully informed of the reasons and the progress being made in resolving them.

Staffing arrangements in hospitals should ensure the safe care and treatment of patients. Hospital sites should have effective Escalation Plans in place to ensure ambulances can be offloaded at times of peak pressure. Senior clinical decision makers should be present routinely at the hospital front door and their presence strengthened as part of the escalation plan when pressures build in the system.

The planning of Unscheduled Care must be given a high priority by Health Boards. Delays in hospital handover is frequently associated with blockages to patient flow further upstream, and work across the whole pathway of health and social care is necessary to address this properly.

Key actions to support hospital handover have been highlighted and summarised. They are intended for implementation by the Health Boards and Trusts in the NHS across Wales in local policies and protocols, and should be incorporated into local site Escalation Plans as they are revised in line with the latest Welsh Government advice.

Key actions

1. **Planning for emergency care should involve patients with recent experience of care and must be clearly visible in the IMTP.**
2. **Ambulance conveyance should be actively managed by Health Boards and WAST.**
3. **Pathways for emergency care that bypass the Emergency Department should be in place.**
4. **Safe, sustainable, staffing levels for emergency care, able to flex to meet demand, must be in place, with appropriate levels of supervision.**
5. **Health Boards and WAST should meet weekly to manage emergency care flow. These meetings should ensure that care pathways that reflect the five step ambulance model used to commission ambulance services in Wales are in place.**
6. **Health Board executives must visibly and repeatedly communicate the importance of ambulance handover to all staff.**
7. **'One stop' booking in of patients should take place immediately on arrival at the ED.**
8. **Hospital clinical staff must ensure that any patient waiting more than 30 minutes has been assessed and moved immediately into hospital if there is a risk to patient safety.**
9. **Patients and their carers should be kept fully informed of the reason for any delay and the progress in resolving it.**
10. **Wards must increase their ability to pull patients safely from the ED at times of peak demand. If significant ambulance delays occur Health Boards must ensure that effective site escalation arrangements allow ambulances to be released promptly.**

Planning for handover

Health Boards, together with WAST, should assess emergency demand and plan emergency care pathways, in Acute Care Alliances where appropriate. Patients with recent experience of emergency care should be active partners in this planning. Effective arrangements with social care should be put in place through integrated planning of services for the community served by the Health Board. This planning process must be visible in the Integrated Medium Term Plan (IMTP) submitted by Health Boards to Welsh Government, and should be reflected in local operational protocols and policies.

Action 1 Planning for emergency care should involve patients with recent experience of care and must be clearly visible in the IMTP.

A process to manage the peaks in the flow of emergency care should be in place and managed to prevent bottlenecks at ambulance handover. Clinical processes to manage conveyance rates (Hear and Treat, See and Treat) should be in place and actively managed in all Health Board areas. Pathways for care based on the 5 step model for ambulance services should be in place to ensure that only those patients requiring immediate hospital care are transported there. Arrangements should be put in place to bypass the need for assessment and admission through the Emergency Department (ED) for appropriate patients (e.g. hot clinic slots for patients referred from primary care).

- Action 2** **Ambulance conveyance should be actively managed by Health Boards and WAST.**
Action 3 **Pathways for emergency care that bypass the ED should be in place.**

An escalation policy must be in place with safe levels of staffing. Staff of all grades should have clear lines of responsibility and accountability and an appropriate level of supervision, (e.g. training doctors, health care assistants and nurse practitioners).

- Action 4** **Safe, sustainable, staffing levels for emergency care, able to flex to meet demand, must be in place, with appropriate levels of supervision.**

WAST and Health Board operational teams should meet weekly to review the demand for emergency care and plan any necessary measures to address it. The culture of care in the organisation is of the utmost importance in ensuring that prompt handover becomes business as usual in Health Boards. Health Board executive teams must ensure that the importance of avoiding delays at ambulance handover is effectively communicated to all staff by emphasising it visibly and repeatedly.

- Action 5** **Health Boards and WAST should meet weekly to manage emergency care flow. These meetings should ensure that care pathways that reflect the five step ambulance model used to commission ambulance services in Wales are in place.**
Action 6 **Health Board executives must visibly and repeatedly communicate the importance of ambulance handover to all staff.**

Communication before the patient arrives

Patients requiring immediate resuscitation:

Where a patient requires immediate life saving treatment on arrival at hospital the ambulance crew must provide a pre-alert to the hospital. Once the ambulance arrives at hospital the patient must be taken immediately to the resuscitation area. Effective hospital escalation should be in place to allow the Emergency Department to accommodate patients requiring resuscitation. Diversion of these cases should be a last resort. If the receiving hospital is unable to offload immediately, the WAST Clinical Contact Centre (CCC) must be notified so that cases can be diverted to the nearest available hospital that has the necessary facilities to treat, and this must be recorded as a serious incident.

Patients requiring specialist emergency treatment:

Pathways for the care of patients must be agreed between WAST and Health Boards (within Acute Care Alliances where appropriate). Patients requiring treatment for conditions such as STEMI, burns, stroke or obstetric conditions should be taken directly to receiving units other than the hospital emergency department in line with the agreed local pathway. The Health Board should incorporate regular audits of compliance with these pathways as part of its annual clinical audit forward planning activity.

Handover on Arrival

Triage/signposting:

Guidelines should be in place to allow ambulance crews to triage patients to the correct area (e.g. Majors or Minors), and to identify patients who are 'fit to sit' in the waiting area. These processes should be standardised between Health Boards in Wales. On arrival a proper handover must be given to a member of nursing or medical staff. Patients in immediately life threatening conditions e.g. cardiac or respiratory arrest, airway compromise or unconscious patients should be taken immediately to the resuscitation area, or conveyed to the nearest facility that can offer resuscitation.

Booking in:

Booking in of patients must take place immediately on arrival at the ED. WAST staff will complete a Patient Clinical Record for all patients. The WAST copy of this documentation will be held on the clinicians digital pen. A paper Patient Care Record will be provided for the hospital by WAST for all patients conveyed. Health Boards must have systems in place to ensure that the ambulance PCR forms part of the patient's notes. A secondary administrative handover of patient details to ED reception staff should not be required. WAST staff should have the facility to "dock" their digital pen at the ED or other receiving unit.

Action 7 **'One stop' booking in of patients should take place immediately on arrival at the ED.**

Management of delays:

Once the patients have arrived, handover should take place quickly. The Health Board and WAST should work together operationally in order to avoid any handover delay. WAST crews should not routinely be responsible for monitoring patients over prolonged periods outside A&E, and hospital clinicians should be responsible for overseeing the assessment of patients. If delays occur immediate action must be taken by the Health Board to resolve them. Where ambulances are delayed beyond 30 minutes the actions must include:

1. The WAST CCC and the hospital operational team must be notified immediately.
2. Senior hospital medical and nursing staff from all relevant specialities must attend the ED.
3. Hospital ED staff must ensure that any patient waiting more than 30 minutes has been assessed and moved immediately into the ED if there is a risk to patient safety.
4. WAST staff must ensure patient observations are repeated as required and any necessary treatment continued until admission to the ED. Any patient who is seriously unwell, or whose condition deteriorates, should be moved to the ED.
5. Patients and their carers should be kept fully informed of the reason for any delay and the progress in resolving it.

Action 8 **Hospital clinical staff must ensure that any patient waiting more than 30 minutes has been assessed and moved immediately into the hospital if there is a risk to patient safety.**

Action 9 **Patients and their carers should be kept fully informed of the reason for any delay and the progress in resolving it.**

Management of delays in excess of 60 minutes:

Delays of over 60 minutes are unacceptable, and should be exceptional. They must be clearly visible to the LHB Board through its incident monitoring systems. After 60 minutes of delay the following actions must take place if they have not already:

1. *The WAST Local Head of Service/Gold on call and the relevant LHB Executive (in and out of hours) must be notified immediately. These two individuals must liaise directly to remedy the situation.*
2. Formal ambulance diverts should be put in place as described in an executive escalation process agreed between the Health Board and WAST. The escalation process should be agreed with local ED clinicians.

Flexing of hospital capacity:

Effective systems should be in place through the Escalation Policy to prevent ED exit block. Wards must increase their ability to pull patients from ED at times of high demand. This should be risk managed to ensure that patients are treated in a suitable clinically supervised area with appropriately qualified staff and in a suitable environment. The patient's safety is the utmost priority and any infection control, or any other risk, should be managed safely.

Action 10 Wards must increase their ability to pull patients safely from the ED at times of peak demand. If significant ambulance delays occur Health Boards must ensure that effective site escalation operates to allow ambulances to be released promptly.

**Grant Robinson, Unscheduled Care Lead NHS Wales
May 2016**