Llywodraeth Cymru
Welsh Government

Ambulance Patient Handover Guidance

Purpose

This NHS Wales guidance is intended to set a statement of intent for health boards to consider when developing plans to improve ambulance patient handover, and to set out key actions for consistent delivery to support optimal outcomes and experience. This guidance should be read as a second iteration of the original document released in 2016.

Audience

This guidance is intended for executive level staff of health boards, the NHS Wales Joint Commissioning Committee and the Welsh Ambulance Services University NHS Trust. It may also be useful to emergency department and ambulance service clinical and managerial teams when designing local protocols.

Strategic context

This guidance further reaffirms our shared commitment to reduce ambulance patient handover delays and should be read in conjunction with the Six Goals for Urgent and Emergency Care policy handbook and the Quality Statement for Care in an Emergency department. It should also be considered in the context of the Health and Care Quality Standards and statutory duties within the Duty of Quality.

Statement of intent

All members of the health board executive team have a responsibility for timely and safe ambulance patient handover, and the communication of this throughout their organisation. This may sometimes include an acceptance of sharing risk across the system, in line with local and national escalation frameworks.

Ambulance clinicians are trained for life-saving interventions and not to meet ongoing care needs. When a patient is conveyed to a hospital by ambulance, care must be handed over to the receiving hospital team as soon as possible, in order of clinical priority and within 15 minutes. Health boards are responsible for ensuring this happens reliably and that there is sufficient available capacity throughout the receiving hospital.

Key actions to support ambulance patient handover have been highlighted and summarised in this document. They are intended for implementation by health boards, the NHS Wales Joint Commissioning Committee and the Welsh Ambulance Services University NHS Trust and should be incorporated into local escalation plans.

Delivery of these actions will be routinely audited and reviewed by the NHS Wales Executive to ensure organisations are compliant, and to enable support to be provided where necessary.

Key actions for health boards, NHS Wales Joint Commissioning Committee ('the committee') and the Welsh Ambulance Services University NHS Trust (WAST)

1. The organisational leadership and culture of care in a health board is of the utmost importance in ensuring that prompt ambulance patient handover becomes business as usual. Health board executives should work with local clinical leaders to communicate the importance of timely ambulance patient handover. Health board executives should model this visibly and repeatedly to all staff.

2. Health boards should use the GIRFT 'SEDIT tool' and baseline data to support capacity planning across the hospital footprint, ensuring 24/7 access to safe care and treatment of patients arriving by emergency ambulance.

3. The committee and sufficiently senior nominated health board and WAST leads should regularly come together to review ambulance patient pathway data to identify opportunities to better manage patients in the community where safe to do so. This should include an assessment of 'hear and treat' and 'see and treat' performance to enable a collective understanding of patient activity.

4. The committee, WAST and health boards should regularly review and benchmark service provision matched to ambulance case mix and pattern of daily demand by local and regional area. Data should inform the delivery of robust community and alternative pathways by health boards which are clearly communicated to ambulance clinicians. This should include direct access pathways to enable patients to bypass the emergency department when safe and appropriate to do so.

5. Communication before the patient arrives:

    - Health boards should ensure ambulance clinicians have access to a care co-ordination service (i.e. navigation or flow hubs) that can accept or transfer care of suitable patients and support the flow into their services.

    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. WAST and health boards should have agreed processes in place based on national guidance for identifying, communicating and managing pre-alert cases.

- When an ambulance arrives at hospital with a patient who requires immediate life-saving treatment, the patient must be taken immediately to the resuscitation area. Effective hospital escalation should be in place to enable this seamlessly.

Patients requiring specialist emergency treatment

- Patients requiring treatment for conditions such as STEMI, vascular, burns, stroke or obstetric conditions should be taken directly to receiving units other than the hospital emergency department in line with the agreed local or regional pathway.

- Additional pathways must be agreed between WAST and health boards who have a responsibility for clearly communicating their expectations to the Trust. WAST has a responsibility to ensure ambulance clinicians are informed of health board expectations and maintain a regularly updated directory of services.

- Health boards should incorporate regular audits of compliance with these pathways as part of annual clinical audit forward planning activity. The NHS Executive will also periodically audit compliance.

6. Ambulance patient handover on arrival:

Booking in

- Booking in of patients must take place immediately on arrival at the emergency department or other admitting areas. WAST staff will complete an electronic Patient Clinical Record (ePCR) for all patients.

- The ePCR will be processed by the receiving hospital for all patients conveyed by WAST depending on local protocols. This should be matched to the patient and uploaded to Welsh Clinical Portal when the care episode is complete.

Triage / signposting

- Patients should be assessed on arrival at the hospital receiving area and treated for the acute condition they have presented with; remembering frailty can co-exist with the presenting acute complaint.

- Guidelines should be in place for safe and effective triage and streaming of patients to the correct area (e.g. majors, minors, same day emergency

care, acute frailty teams etc), and to identify patients who are 'fit to sit' in the waiting area. These processes should be standardised between health boards and WAST.

- On arrival a detailed summary must be given by WAST to support triage / initial assessment by health board clinicians. This will include clinical information and also considerations of other personal and social information where relevant. Processes should be implemented by health boards regarding the grade / training / level of experience required for this task.

- Senior clinical decision makers should consistently be present at the hospital front door and their presence supported and strengthened as part of local escalation plans when pressures build in the system.

- Patients are to be handed over at a definitive destination of care, with both ambulance and hospital staff complying with the dual pin process, inputting individual staff ID pins into the HAS screen. For those areas where HAS screens are not available, health boards and WAST should ensure that equally robust arrangements are in place to ensure rapid handover, within 15 minutes of arrival.

7. Health boards should deliver safe, sustainable, staffing levels for emergency departments and acute receiving areas, able to flex to meet demand, with appropriate levels of seniority available for timely assessment and supervision, in line with expectations set within the Quality Statement for Care in an Emergency Department. Staff of all grades should have clear lines of responsibility and accountability and an appropriate level of supervision, (e.g. resident doctors, health care assistants and clinical practitioners).

8. Management of handover delays:

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

    - WAST crews should not routinely be responsible for monitoring patients over prolonged periods outside emergency departments or other admitting areas, 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:

    - The WAST Operational Delivery Unit (ODU) and the hospital operational team must be notified immediately.
    - Health boards should have in place appropriate procedures and identified individuals for the management, flow and co-ordination of patients arriving by ambulance.
    - Hospital staff must ensure that the patient has been assessed and moved immediately into an appropriate clinical space if there is a risk to patient safety.

- Delays of over 60 minutes are unacceptable, and should be exceptional. They must be clearly visible to the health board executive teams and monitored through quality and safety management systems. After 60 minutes of delay the following actions must take place if they have not already:

    - The WAST ODU should be informed for escalation to the national system leads and must be notified immediately where there is a risk a patient will wait in excess of four hours.
    - Hospital wards must increase their ability to pull patients safely from the acute areas at times of peak demand. This should be risk managed to ensure that patients are treated in a suitable clinically supervised area with appropriately qualified staff. A patient's safety is the utmost priority and any infection control, or any other risk including deconditioning, should be managed proactively.
    - Formal ambulance diverts should be put in place in line with local and national escalation processes agreed between the health board and WAST.