**DRAFT PRESENTATION**

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| **Ref** | **Main Slide** | **Supplementary (Optional) Slides** |
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| **1** | **INTRODUCTION**  Long-standing Concern  Continuing Challenge  Increasing Attention   * NHS November Letter * New NHS Winter Pressures Measure * Resulting Media Coverage | Map from LAS pack showing delay hours by hospital.  15 November 2017 letter. |
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| **2** | **WHY HANDOVER DELAYS MATTER**  Response Times – Ambulances can’t respond to new calls if they are waiting to handover existing patients.  Delays in patient receiving attention from Hospital Emergency Department.  Resourcing implications – LAS needs more ambulances and crews than would be needed if there were timely handovers.  ‘litmus test’ of possible operational problems | Highlighted old CCG response times table |
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| **3** | **STUBBORN PROBLEM**  Probably all the ‘easy’ solutions have been implemented.  LAS has tried a number of Initiatives:   * BHH Handover Protocol * Activity Forecasting * ‘Tethering’ (Ringfencing Ambulances)   Problem still exists.  We need to look again and identify what will deliver a sustained improvement. | Cliched ‘Good News’ reports about isolated and unsustainable short-term improvements distract Trust Boards and CCG Governing Bodies.  They mislead and distract people into thinking the problem has been solved.  An anonymised example:  “*The Trust has seen a significant improvement in its ambulance handover times, despite regularly continuing to receive the highest number of ambulances than any other Trust in London.”*  ***“Notably, on one Sunday, the Trust received more ambulances than any other* London** ***Trust but lost the fewest minutes in ambulance handover times.”***  *“This represents a marked improvement in our performance delayed handovers from ambulances, freeing teams up to respond to other patients.”*  We aren’t going to focus on achieving a sustainable improvement while we keep deluding ourselves with spurious ‘Good News’ stories. |
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| **4** | **WHAT INFORMATION IS AVAILABLE?**  There are two sources of information in the public domain – and a wealth of inaccessible information.  What’s publicly available:   * LAS - Handovers taking more than 15 minutes, for non-blue light calls. This is reported by individual hospital. * NHS Daily Winter Pressures Handover stats for 20th November 2017 to Sunday 4th March. These are meant to record all conveyances and handovers taking between 30 and 60 minutes, and those taking more than 60 minutes. This report at trust level and combines performance if the trust has more than one hospital. |  |
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| **5** | **WHAT DOES THE INFORMATION TELL US?**  There are significant variations in performance. These include:   * Between similar ‘sized’ hospitals. * Between different hospitals in the same trust. * Over time at the same hospital.   We need to ‘unpack’ the total ‘Time Lost’. It is a product of two factors:   * Number of delayed handovers, and * Average delay.   The LAS reports show that while some hospitals may have reduced the percentage of delayed handovers, this is pointless if the average delay remains stubbornly long. | Schedules based on LAS monthly reports for January and February 2018 with inserted rankings for each column.  Examples for NPH, EH and HH from LAS monthly reports for January and February 2018. |
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| **6** | **‘MISSING’ INFORMATION**  The key thing is that:  SOME HOSPITALS & TRUSTS PERFORM ‘BETTER’ THAT OTHERS.  We need to work out when and why.  The summarised information is inadequate. We need to ‘drill down’ if we are to succeed in identifying the reasons for handover delays and the actions which will reduce them.  We need to study activity and handover delays at:   * Individual hospital level, * By week, day and time of day, * By age of patient, * By patients with comorbidities.   We also need to study the impact on the system of ‘smoothing’ activities, such as the LAS’s ‘Intelligence Conveyance’. | Need some examples based on the LAS and NHS stats.  The Ealing Hospital Paeds A&E time of day chart  Newcastle Uni paper  Confidential? - Info submitted to HoC Health Select Cttee |
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| **7** | **SUMMARY**  We need to ask ourselves – are we doing everything we can to study and use all the available performance information?  If the relatively small number of organisations involved can’t get this right – what hope is there for the STP’s, with their multitude of participants and lack of integrated governance? |  |
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| **8** | **NEXT STEPS**  We need to capture everyone’s contributions.  There could be a strong case for working together and setting up a project group to study the performance data in more detail. |  |
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