

Delayed Handover Protocol: Patient Safety in the Community (PSitC)

Background

Following a planned review of this protocol, improvements have been made to the approach to escalation to reduce inefficiency in establishing communication. A process to enable 'red flagging' of Trusts has been introduced for where escalation action has failed to achieve sustained improvement. It remains implicit that local system leaders take necessary steps to avoid any need to use escalation or regulatory involvement.

Rationale

EEAST has a responsibility to achieve an effective and timely clinical handover of patients at Emergency Departments (ED) to ensure that we can achieve our responsibility to respond to patients awaiting a response in the community and keep them safe.

Handover delays seriously impact on the ambulance service capacity and ability to respond to patients in the community. Handover delays can lead to serious harm.

NHS England (NHSE) and NHS Improvement (NHSI) are clear that clinical handover of patients must occur quickly so as to ensure ambulances are available to respond to 999 calls.

National policy direction on 'Arrival to Handover' is clear that all Emergency Departments (ED) will take a clinical handover (i.e. off trolley) **within 15 minutes for every patient**. National guidance also states that if cohorting is necessary then the hospital is responsible. EEAST will no longer routinely provide this service.

Acute Site leadership is mandated by national guidance to ensure that this standard is always met. Where this has failed, rapid escalation commences from the 30 minute point (i.e. 15 minutes beyond the expected maximum time). This document describes the associated escalation procedure.

Operational Procedure

Patients who are 'Fit2Sit' should not be brought into the Emergency Department (ED) on an ambulance trolley. The ED is responsible for ensuring that there is availability of appropriate facilities at all times. Clinicians must ensure they have access to and follow the approved flow chart set out below at all times.

The attending ambulance clinician must be focussed on achieving clinical and physical handover of the patient within 15 minutes. Where this appears unlikely, they must alert the despatch desk in the Ambulance Operations Centre (AOC) immediately. A Situational Report (SitRep) must be provided every 15 minutes so that background escalation can be effective to support resolution and ensure clinician availability to respond to other patients. Hospital Ambulance Liaison Officer (HALO) where available will support crews with additional direct contact with the Tactical Operations Centre (TOC).

EEAST clinicians must escalate the delay to the most senior member of the ED staff and record actions on the Electronic Patient Care Record whilst actively seeking out where the patient can be safely left in hospital care. The EEAST clinician must have the following aims in mind at all times:

1. Provide a clinical handover to the ED staff member within 15 minutes.
2. Identify and agree on a safe place for the patient to wait (e.g. trolley, wheelchair, waiting room).
3. Document the rapid handover on the Patient Care Record (ePCR) and handover the relevant documentation to the ED staff member.
4. Being available within 15 minutes after the patient is off the EEAST equipment.

A Datix incident report must be completed in relation to any patient safety issues.

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Escalation Communication Method

All acute and CCG message recipients will be required to download a Smartphone PageOne® App administered by EEAST. All will be provided with generic site and role login details. EEAST will push messages to those who need to take action or receive information. EEAST will notify each Acute Trust, CCG of the actions to take in preparation. When required, NHSI/I will be contacted via normal NHSE/I paging methods. The App provides options to text back and record delivery receipt. It will be the responsibility of all providers and lead organisations to ensure that on call staff are signed in and continuity of contact responsibility is in place.

This method replaces the current process of lengthy and labour intensive phone calls and call back which can lead to excessive delays in escalation. EEAST 24/7 Tactical Operations Centre will generate an Arrival to Handover delay message when 30 minutes is reached and where there is no indication of immediate resolution by the relevant acute site. Messages will be delivered to the 'App' to the Acute Trust, EEAS and CCG. NHSI and NHSE (as appropriate) will be paged at the increasing points of escalation. It is the responsibility of the recipient (whomever is the on call senior manager or executive) of an **ACT** message to take immediate action and contact the EEAST TOC within 10 minutes with a clear resolution or be ready to join a conference call to discuss solutions. EEAST will make one phone call where no response is received prior to moving to the next contact level in escalation.

EEAST can often be an early source of intelligence in identifying developing system demand or pressures. Where EEAST are experiencing pressures, **INFO** alerts may be provided as intelligence to recipients for system awareness.

Next Level Escalation

Escalation will move to the next level at 15 minute intervals where clinical and physical handover is not achieved unless there is a clear, agreed and delivered plan for resolution. Where actions are not delivered in line with agreed timelines, the next level of escalation will be actioned. Escalation is always expected to be addressed at the Acute Trust site level. The involvement of Executives, CCGs or Regulators should be seen as exceptional. EEAST may, where tactically appropriate deploy load levelling arrangements to support reducing system pressure and reducing risk of patient safety in the community issues. App INFO messages will be sent when load levelling is deployed.

Red Flagging of Sites

Escalation should not be seen as a routine expectation or requirement. Where the escalation process is used with unacceptable frequency, for example where escalation has occurred three times in a 24 hours period or intelligence indicates an underlying issue, this will flag the site for senior level resolution. EEAST may use this process at any time where intelligence indicates insufficient assurance of risk mitigation.

Messaging

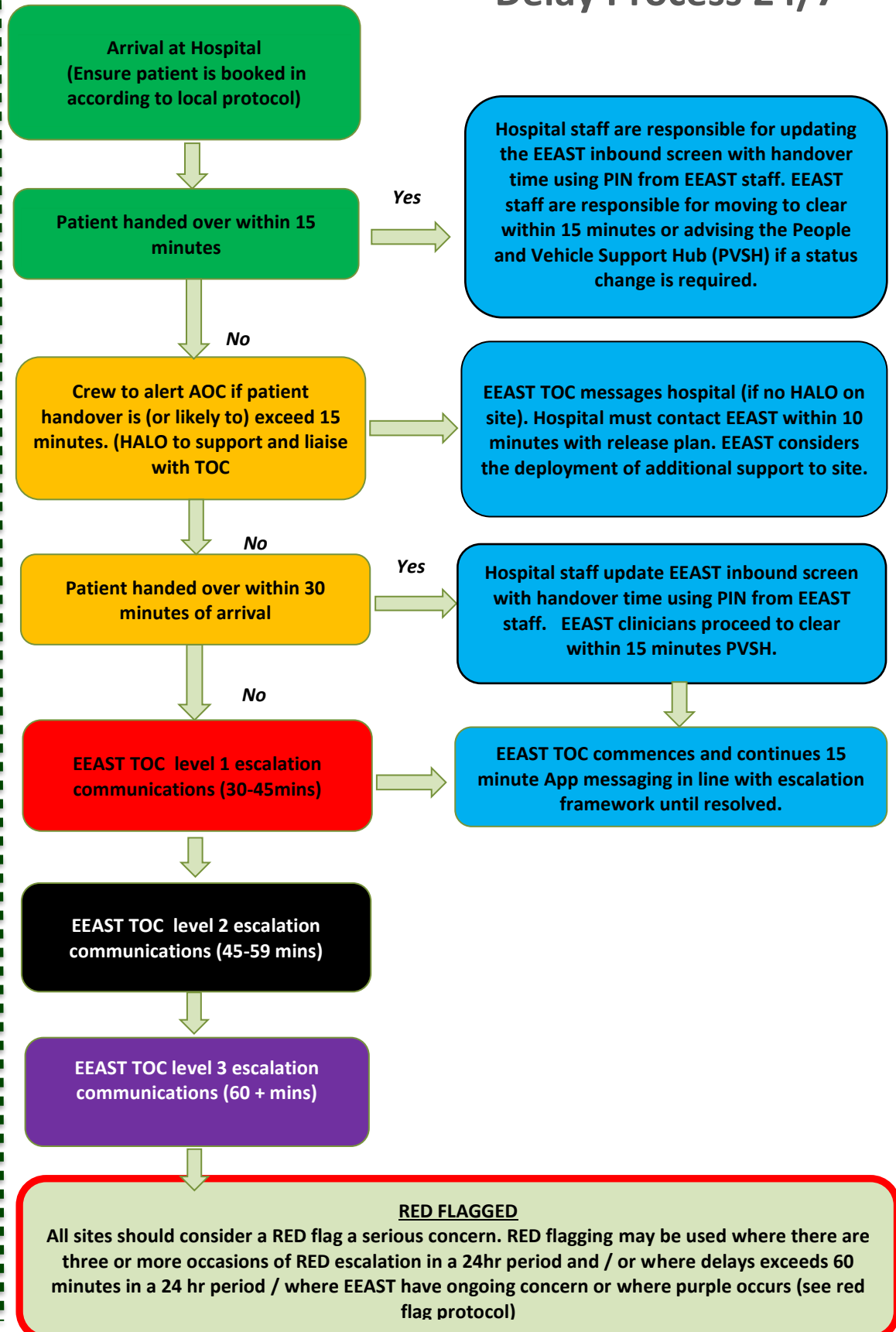
Messages will be generated from the PageOne® system and sent to the appropriate management groups as identified in the escalation flow charts. Messages will be sent to key personnel using the following prefixes.

- **INFO:** Information
- **PREPARE:** Where you may be required to take action if the current level of escalation does not resolve the issue.
- **ACT:** Where you are the identified recipient(s) who is required to take actions as set out in the escalation framework.

Levels of Escalation

There will be four levels of patient safety escalation (Red, Black, Purple and Red flag), each designed to resolve and sustain patient safety and each engaging more senior system leaders.

Hospital Handover Delay Process 24/7



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**Escalation Framework
In Hours (Non-Red Flag Sites)
(09:00-17:00 Hours, Monday-
Friday)**

**Escalation Framework
Out of Hours (Non-Red Flag Sites)
(17:01-08:59 Hours Mon-Fri,
Weekends, Bank Holidays)**

LEVEL 1 DELAY - 30-45 MINS

ACT: SERVICE MANAGER; EEAST DUTY TACTICAL COMMANDER.

PREPARE: CCG DIRECTOR ON CALL/ EEAST STRATEGIC COMMANDER; ACUTE COO

INFO: NHSE/I EUC ROOM

LEVEL 1 DELAY - 30-45 MINS

ACT: ACUTE SMOC; EEAST DUTY TACTICAL COMMANDER

PREPARE: CCG DIRECTOR ON CALL/ EEAST STRATEGIC COMMANDER; ACUTE DIRECTOR ON CALL

LEVEL 2 DELAY 46-59 MINS

ACT: ACUTE COO/CCG SMOC/EEAST STRATEGIC COMMANDER TAKE ACTION TO RESOLVE IMMEDIATELY

PREPARE: Trust CEO CCG AO/DIRECTOR EEAST EXEC ON CALL.

INFO: NHSE/I OPERATIONS ROOMS

EEAST DEPLOY BRONZE OFFICER TO SITE

LEVEL 2 DELAY 46-59 MINS

ACT: ACUTE EXEC ON CALL/ CCG DIRECTOR ON CALL, EEAST STRATEGIC COMMANDER TAKE ACTION TO RESOLVE IMMEDIATELY

PREPARE: EEAST EXEC ON CALL/HOSPITAL SENIOR ON CALL FOR HOSPITAL GROUPS WHERE RELEVANT

LEVEL 3 DELAY – 60 + MINS

ACT: ACUTE CEO/ CCG AO/EEAST DIRECTOR ON CALL

INFO: EEAST CEO, NHSI DID, NHSE/E WINTER ROOMS (contacted for intervention if unresolved)

REQUIREMENT: EEAST SET UP SYSTEM CONF CALL: Chair NHSI Director/Lead.

Load levelling may be enacted

LEVEL 3 DELAY – 60 + MINS

ACT: ACUTE EXEC ON CALL/ CCG EXEC ON CALL/EEAST DIRECTOR ON CALL; EEAST STRATEGIC COMMANDER TAKE ACTION TO IMMEDIATELY RESOLVE;

NOTE: ONLY if unresolved the EEAST director will escalate through the NHSE on call manager (via bleep system) to NHSI on call director for intervention

REQUIREMENT: EEAST SET UP SYSTEM CONF CALL: Chair NHSI if required

Load levelling may be enacted

RED FLAGGED SITE

TELECONFERENCE: (SEE PROTOCOL NEXT PAGE)
ACUTE CEO/ CCG AO/EEAST DIRECTOR ON CALL;

If a plan is not agreed or effective then EEAST director will escalate to NHSI DID & NHSE DCO who will inform the RD if required. A plan must be agreed. Load levelling may be enacted during this time.

EUC room will be notified

RED FLAGGED SITE

TELECONFERENCE: (SEE PROTOCOL NEXT PAGE)

ACUTE EXEC ON CALL/ CCG EXEC ON CALL/EEAST DIRECTOR ON CALL; /EEAST STRATEGIC COMMANDER.

If unresolved EEAST will bleep the NHSE on call manager to request the NHSI director to intervene and seek a system solution.
Load levelling may be enacted during this time.

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Red Flag Sites - In Hours

Red Flag Sites - Out of Hours

RED FLAG SITES

EEAST may 'red flag' a site where escalation at level 1 has occurred three or more times in the preceding 24hr period and/or

Where handover delays exceeds 60 minutes in a 24 hr period where purple escalation has occurred and /or

Where EEAST feel that the delays are adversely impacting on patient safety in the community. Load levelling may be activated during this time.

Red flagging of a site is a serious patient safety concern and requires the attention of all parties to resolve it. Red flags should not occur routinely and the need to involve executives or regulators should be seen by acute providers as a serious issue and rare.

EEAST may red flag any site where escalation has occurred and resolution not achieved or where ongoing concerns exist.

CEOs of EEAST and each Acute site must be made aware of a red flag by the executive on call for the respective organisations.

EEAST Gold Commander will notify an EEAST executive director for exceptional escalation.

EEAST executive director will speak with acute/CCG CEO/AO and then escalate with NHSI Relationship Manager and/or to relevant NHSI director if no imminent resolution can be achieved.

NHSI director will notify NHSE DCO director if unresolved and RD if required. A system call will be used to agree a plan for the day

DELAYS >60 MINUTES - IF NO EVIDENCE OF SYSTEM ACTION/RESOLUTION:

EEAST Gold Commander notifies on call EEAST executive director

EEAST executive director will bleep NHSE manager on call who will refer to NHSI on call director for system-led resolution.

Executive on call to inform CEO

De-escalation of a site from 'red flagged' will be taken by EEAST/NHSI or NHSE lead for the system calls. This will occur during office hours.