healthwatch
Leicestershire

Enter & View Report

Ambulance Handover at Leicester Royal Infirmary (LRI)

12 March 2015

Report Details

Address	**Ambulance Bay & Assessment Area Leicester Royal Infirmary Infirmary Square Leicester LE1 5WW**
Service Provider	**University Hospitals of Leicester East Midlands Ambulance Service**
Date and time of visit	**Thursday 12 March 2015 10.00am – 2.00pm**
Authorised representatives undertaking the visit	**1 – Team Leader 6 – Authorised Representatives 1 – Staff Lead**

Acknowledgements

Healthwatch Leicestershire would like to thank the service providers, patients and practice staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report relates to findings observed on Thursday 12 March 2015. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicestershire.

What is Healthwatch?

Healthwatch is the independent consumer champion created to gather and represent the views of the public. We have significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

What is Enter & View?

Part of the local Healthwatch Programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

Enter & View is the opportunity for Healthwatch Leicestershire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the visit

- To observe the handover of patients from the ambulance service to the hospital.
- To observe the ambulances arriving and departing from the six ambulance bays.
- To observe the handover process in the A&E Department at LRI.

Strategic drivers

- Part of the Healthwatch Leicestershire work programme following our 'One week at LRI' visit
- Ambulance Service is a local Healthwatch priority
- Handing over a patient from an ambulance to an ED is expected to take no more than 15 minutes (Department of Health (2010) A&E Clinical Quality Indicators)

Methodology

This was an announced Enter and View visit.

We approached the University Hospitals of Leicester (UHL) about our visit to Leicester Royal Infirmary (LRI) and arranged a pre meeting with the Emergency Department Matron who showed us around the department and advised that we had access to the communal areas during our visit. We also wrote to East Midlands Ambulance Service (EMAS) to make them aware of our visit.

A large proportion of the visit was observational, involving six Authorised Representatives noting the arrival time of the ambulances, the handover time between the ambulance staff and the LRI staff and the ambulance departure time from the hospital site.

We had a team observing the ambulances who made sure that we were not intruding on the ambulance crews or causing obstruction to the public and patients accessing the main building.

We also had a team in the Emergency Department to observe the process inside the department.

Authorised representatives explained to everyone they spoke to why Healthwatch were there and left them with a Healthwatch Leicestershire leaflet.

Summary of Findings

- We saw evidence that having the ambulances and pedestrians using the same area to access the hospital was chaotic
- We saw unauthorised vehicles using the same road as the ambulances and causing obstructions to the Ambulance bays
- We saw the attendant in charge of ambulance flow working diligently to direct vehicles and guiding pedestrians for their safety
- We saw evidence of hospital staff working together within the ED department
- From the data captured there was a 50/50 split for handover times to LRI
- Ambulance crews raised concerns about access routes inside the hospital and the problems they encounter when transporting a patient to the hospital

Ambulance bay layout

There are six ambulances bays located outside the Emergency Department (ED). There is a roof over the ambulance bays and a pathway that runs the length of the building between Children's A&E, ED, Ambulance patient entrance and the main hospital entrance for the public and patients (Balmoral building) which is adjacent to the ambulance bays.

We observed that the area was very busy with pedestrians constantly coming and going from the hospital. The automatic entrance doors to the hospital were by the end of ambulance bay 6 and the pathway to the entrance also led to the pedestrian zebra crossing over the road to the drop off vehicle zone and exit.

There is a large sign for vehicles approaching the site advising that the left hand lane is for 'Ambulance, disabled and delivery vehicles only' and the right hand lane for the 'car park, drop off point and exit'. The road space in front of the ambulance bays has red hatching and notices on the floor that says 'Ambulance parking only'.

Result of Visit

External observations

Team one observed drivers ignoring the signs and using the left hand lane to drop patients off directly outside the main entrance. We observed one driver approaching the hospital in the wrong lane slam on their brakes when they realized, but they had gone too far forward to change lanes.

We observed 94 unauthorised vehicles using the left hand lane between 11am-12pm. We also observed an ambulance prevented from immediate exit due to a taxi, private car and an arrived Arriva ambulance temporarily blocking the way.

There was an attendant outside in charge of ambulance flow, who used the reserve bollard to allocate a bay for a known blue light ambulance on its way. However, we observed a passenger vehicle in a queue due to a busy period blocking the bay and a parked pick up taxi blocking the road until asked to move on by the attendant.

We observed the attendant moving and directing vehicles but unable to stop drivers using the wrong access road. We observed a vehicle trying to pull into an ambulance bay to pick up a patient. The attendant ensured that this did not happen and moved the driver along.

When the six bays are in use, ambulances arriving on site are directed to the overflow bays. These bays are further from the main entrance and ambulance crews have to transport the patient from across the road. We observed that this had both potential dangers and is less than ideal for the patient.

We observed a number of Amvale ambulances [1] on site and these have longer ramps than the EMAS ambulances. We observed that this narrowed the passageway to the rear of the ambulance bays making the off-loading of trolleys more difficult by having to manoeuvre the trolley in a narrower space and this was a potential risk to the public who could trip over the extended ramps.

We observed the maximum number of nine ambulances waiting at any one time for handover to complete or finish cleaning.

1 These vehicles and crews are sub contracted to EMAS

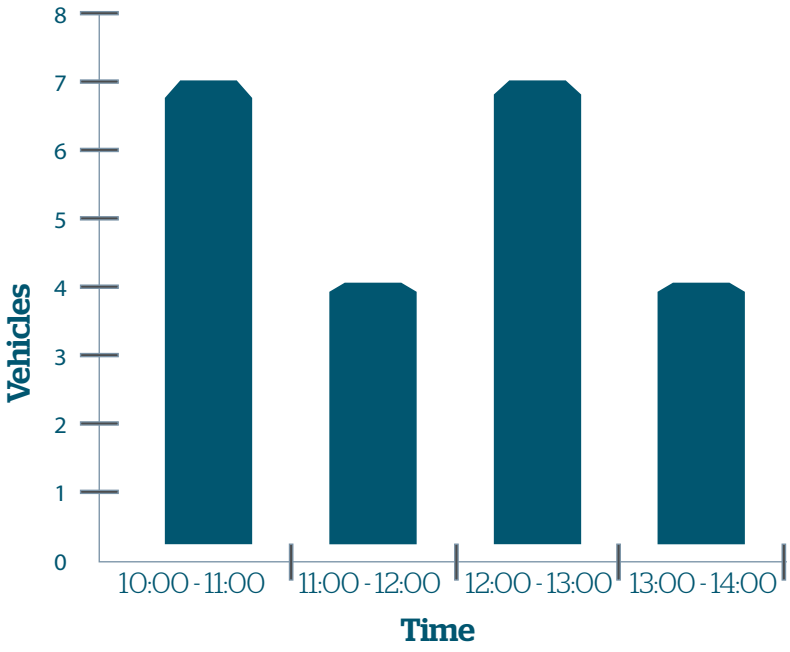
Handover and turnaround observation

Over the four-hour period, we observed 28 ambulances arriving on site and we collected full data on 22 vehicles and had incomplete data for six vehicles. Our team of volunteers noted that it was difficult to keep track of the movements of the ambulances and the ambulance crews throughout the exercise as the ambulances moved spaces or went to the overspill bays. (See Appendix 1).

28 Ambulances

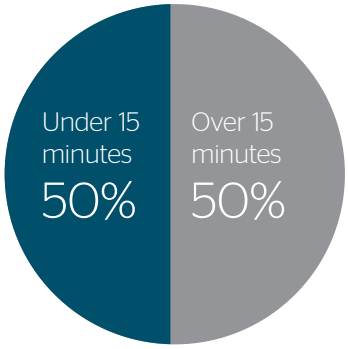
Of the 22 ambulances we observed during 10am-2pm the number of ambulances on site was:

Time	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00
Number of ambulances on site	7	4	7	4

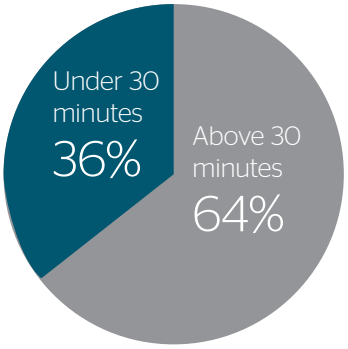


From the data captured, there is a 50/50 split for handover times to LRI, with 11 ambulance crews handing over patients within 15 minutes and 11 ambulance crews taking over 15 minutes. The longest delays in handovers occurred during 11.30am-12pm and 1pm-1.30pm.

EMAS handover times



Total length of time at LRI



We noted that 14 ambulance crews spent longer than 30 minutes at LRI before they were ready to leave site.

Internal
Handover and Patient Assessment Area

Team two were welcomed by the Matron and introduced to key staff on duty. It was explained that the area had six assessment bays for patients arriving via ambulance. The Matron explained that although there were six bays only four were in operation and they were short staffed due to sickness and the agency nurse covers had not arrived.

The Consultant on duty and the Matron explained that a new evidence based assessment and handover system had been in place since September 2014. On arrival, patients were assigned to a bay staffed by a clinical team.

Following the assessment the patients are transferred to the Majors area in the ED and have coloured coded cards attached to their beds when they are transferred. This system is used for continuity of care and ensures that the patient is always assigned to a specific clinical team.

On duty was a Mental Health Advanced Practitioner who takes responsibility for the whole episode of a patients care if required and can also refer directly to the mental health services. This was a UHL initiative and one that was very much welcomed by the unit staff.

At 10.10am it was observed that there were 6 patients and 8 EMAS staff within the corridor area waiting for free bays to allow EMAS handover to clinical staff. At 10.30am the wait reduced and the area was quieter until a build up of patients after 12noon.

It was observed that in preparation for handover, EMAS staff collected the trolley beds for bays, which took about 10 minutes. We observed EMAS staff cleaning and replenishing the trolley linen. At no time were any LRI porters observed in the area to provide assistance.

There was a receptionist at the entrance booking in patients and at times there was a queue of EMAS staff waiting to book their patients in and the EMAS staff used a mixture of computer pads and paper based system for this purpose. The receptionist explained that not all crews have computer pads and the rate of use seemed variable and there was a tendency to revert to paper systems in the afternoon when things were busy.

The EMAS staff use the assigned green route in and out of the area and it was signed as a one-way system. It was noted that some crews were not following this system. In talking to the EMAS crews to gain an understanding of how this worked there was clearly some unhappiness about it.

It was reported by the crews and noted on observation that:

- They could be right next to the entrance door with their trolley but had to circumnavigate the ED department to the exit, which took more time.
- The signed exit route had heavy double doors opening inwards with no automatic facility, resulting in the crew having to use their upper bodies to hold open the doors whilst at the same time manoeuvre the trolley. They reported that this was contributing to shoulder injuries. Conversely the entrance door was automatic therefore it appeared that for safety and a faster turnaround that this was their preferred route.

The staff spoken to had been working within the department for a considerable number of years, enjoyed their job and told us that they felt supported. They reported that they were also looking forward to the new ED and were eager that they were consulted with in the planning and operation of the new unit.

At the EMAS handovers it was observed the nurses all introduced themselves by name to the patients and relatives were all directed in a welcoming manner. EMAS staff demonstrated care and dedication to their job and particularly to their patient responsibilities within the handover process.

We observed that the assessment bays, trolley beds and EMAS trollies were cleaned after use.

Additional Observations

Ambulance Crews

We observed that one member of the ambulance crew returned to the vehicle once the patient had been taken into the ED to clean the vehicle. When their partner returned they complete paperwork and then were ready to leave.

On arrival, ambulance staff had to wait to enter the department due to a continuous stream of members of the public who disregarded them and their patient on the trolley. We observed at times the public forcing their way in front of and around the ambulance crew and patient. Ambulance staff said that this is a daily occurrence even to the extent of members of the public walking through the red cross hatched bays.

Another crew member said that the hospital was very difficult being sited in the city centre with congestion, constant road works and poor direct access to ambulance bays, which often resulting in hold ups. Another crew member said that they have to have eyes in the backs of their heads due to cars, taxis and particularly pedestrians being all around them when they are reversing into the bays and especially when leaving on emergency calls.

We observed that nearly all ambulances left the rear doors of the vehicles open when the crews were handing over patients. When both crew members were absent from the vehicle the ambulance was open to theft of equipment or misuse and vandalism.

Improper use of the drop off point

There is a 20-minute drop off point for vehicles. We observed taxis utilising the bay for 20 minutes without picking up patients. The drop off point has space for two cars but we observed some cars parking in the middle of the space preventing another vehicle dropping off a patient. We observed a good flow of vehicles using this area but we observed that a larger space would be beneficial for the volume of traffic.

There appears to be insufficient space for taxis and vehicles to drop off/ pick up patients, which results in tailbacks inhibiting incoming ambulances.

The assigned drop off point was often taken up and cars regularly used the red hatching area to drop off patients. We observed vehicles accessing the emergency vehicle area to drop off/ pick up patients, which caused congestion and we observed one ambulance unable to access the bays due to this.

Access and blockages

We observed pedestrians including children wandering across ambulance bays 4-6 when vacant to and from the main entrance and not using the pedestrian crossing provided. The overall mix of pedestrians and vehicles seemed to present a very risky environment.

The width of the main hospital entrance door was mainly taken up by ambulance bay 6, leaving a pathway for flow of pedestrians to a zebra crossing. Pedestrians leaving the building were seen walking straight into the path of a reversing ambulance. Taxis and private cars were seen parking on the zebra crossing whilst dropping off patients.

The space between the end of the ambulance ramps and the building was approximately two metres. In that space there was a regular flow of public (including children), patients (including wheelchair users and those on crutches) and staff.

The narrowness of the passage behind the ambulance bays – a passage used by both the public and the ambulance staff transferring patients from the vehicles to hospital – results in the interference of ambulance staff carrying out their duties.

We observed patients, public and NHS staff smoking adjacent to the hospital building. We observed that people congregated around the main entrance and inhibited the flow of pedestrians in and from the main entrance. We observed pedestrians then walking into bay 6 to cross the road. The signage is plentiful indicating the no smoking areas and smoking shed but these were ignored.

Recommendations

1. Review the time allocation on the drop off point from 20 minutes and look at increasing the car allocation space.
2. Consider the introduction of a pedestrian safety barrier along the edge of ambulance Bay 6 down to the pedestrian crossing at the Main Entrance to the Hospital to protect pedestrians and to stop pedestrians walking into the ambulance bays.
3. Review flow of movement at the entrances for pedestrians and the ambulances being on opposite sides of the building.
4. Consider creating an Ambulance only road and prevent any unauthorized vehicles from entering the ambulance bay area.
5. Introduce a pedestrian barrier placed along the back edge of the drop-off/ pick-up island to prevent pedestrians cutting straight across to the Main Entrance of the hospital from the drop-off and pick-up point via the access road for ambulances.
6. Review the hospital exit doors that the ambulance crews use and consider re-hinging the doors to correspond with the traffic flow of the trolleys.
7. Review the current process for collecting patient trolleys and putting on clean linen. LRI to consider employing hospital staff for this job.
8. Consider involving EMAS in the planning of the new ED Department.
9. Freshen the signage and repaint the red and yellow hatching on the road to make it clearer for drivers.

Service Provider Response

This report was agreed with the UHL and EMAS as factually accurate.
UHL have provided the following response:

The Trust welcomes this report and thanks the Healthwatch Leicestershire team for their time and detailed observations of ambulance handovers. Such visits provide us with a vital external perspective and are helpful to our evaluation of services. We note the recommendations and will consider how we might best take them forward. In the longer term the majority of issues identified in this report will be resolved with the building of our new Emergency Department which is due for completion in 2017. Dedicated rapid ambulance access will be a feature of this new development.

Distribution

The report has been distributed to the following:

- University Hospitals of Leicester (UHL)
- East Midlands Ambulance Service (EMAS)
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
  - Adults & Communities Directorate
  - Health & Wellbeing Board (HWBB)
  - Overview & Scrutiny Committee (OSC)
- East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

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Appendix 1 - Handover and Turnaround Observation Exercise

Thursday 12 March 2015, 10am-2pm

Bay No.	Time of Arrival at LRI	End of EMAS patient handover time	Total EMAS handover time	Time crew ready to leave (both sitting in the front)	Time of departure from LRI	Total length of time at LRI
2	10:09	10:24	**0:15**	10:38	10:45	**0:36**
3	10:12	10:34	**0:22**	10:34	10:44	**0:32**
1	10:13	10:25	**0:12**	10:49	10:53	**0:40**
1	10:35	10:50	**0:15**	10:50	10:52	**0:17**
2	10:44	11:03	**0:19**	11:04	11:05	**0:21**
4	10:54	11:18	**0:24**	11:22	11:23	**0:29**
5	10:56	11:20	**0:24**	11:26	11:30	**0:34**
3	11:02	11:10	**0:08**	11:28	11:30	**0:28**
1	11:26	11:45	**0:19**	11:51	11:59	**0:33**
3	11:47	12:14	**0:27**	12:14	12:14	**0:27**
1	11:58	12:25	**0:27**	12:34	12:34	**0:36**
2	12:05	12:34	**0:29**	12:36	12:55	**0:50**
OSB	12:11	12:25	**0:14**	12:30	12:45	**0:34**
OSB	12:15	12:20	**0:05**	12:30	12:50	**0:35**
4	12:18	12:31	**0:13**	12:34	12:39	**0:21**
5	12:20	12:31	**0:11**	12:52	12:52	**0:32**
6	12:35	12:45	**0:10**	13:15	13:20	**0:45**
5	12:56	13:08	**0:12**	13:11	13:27	**0:31**
3	13:05	13:25	**0:20**	13:26	13:26	**0:21**
2	13:06	13:25	**0:19**	13:37	13:39	**0:33**
4	13:17	13:54	**0:37**	13:54	14:03	**0:46**
6	13:25	13:35	**0:10**	13:40	13:50	**0:25**

OSB- Overspill Bay

Notes

Enter & View Report

Ambulance Handover at Leicester Royal Infirmary (LRI)

12 March 2015

Healthwatch Leicestershire

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