Great Western Ambulance Service NHS
NHS Trust

Jenner House
Langley Park Estate
Chippenham
Wiltshire
SN15 1GG

Tel: 01249 858500
Fax: 01249 850091

Albert Weager
Chair, LINk Joint Working Group
c/- Gloucestershire LINk
Community House
15 College Green
Gloucester GL1 2LZ

Date: 18 May 2012
Our Ref:

Dear Mr Weager,

RE: LINk Joint Working Group (JWG) Report *Enter and View visits to Emergency Departments of Acute Hospitals in the Great Western Ambulance Service Trust area*

Thank you for your letter of 19 April 2012 with a copy of your report. Firstly, let me congratulate you on this work – your achievement in agreeing a co-ordinated approach across seven LINks with eight Enter and View visits is to be commended. Your report is particularly valuable and timely because it focuses on hospital handovers, and acknowledges the need for a joint response to the problem. I share your commitment to improve the situation - to ensure patients are handed over into hospital care as soon as possible so that ambulances can get back on the road and be ready to respond to further emergencies.

Your report makes six recommendations, four of which are relevant to the ambulance service and I would like to respond to each of these in turn.

Recommendation One: A full audit of the use of arrival screens should be carried out by GWAS and hospital trust staff.
For any change in procedure and process it takes time to embed and I am aware that there have been teething problems with the use of hospital arrival screens. We keep the screens under constant review, and have amended the handover process since you started your visits. However, I have commissioned a full-scale review and redesign of the hospital arrival screens. The project started on 25 April with an audit to confirm the nature and extent of the problems. As part of this audit, we are engaging with our staff and managers, and those in emergency departments to get their views in order to maximise functionality of the screens.

Recommendation Two: The siting of screens is important and consideration should be given to re-siting the screens in some emergency departments.
As part of the GWAS audit, trust staff are investigating breaches of the handover standard. If results show that screens should be re-sited to optimise their use, GWAS will specify this in any redesign of the screens and take this forward with the relevant emergency department. In two emergency departments, Great Western Hospitals NHS Foundation Trust and Weston

General Hospital, the screens have already been re-located within the emergency department to a more effective site for staff and will be reviewed as part of the wider review and redesign. GWAS is keen to make the screens as efficient as possible for the benefit of patients and the process easy as possible for all staff involved.

Recommendation Three: The advantages the screens should be promoted to the staff where only GWAS staff are using the screens.
By involving acute and ambulance staff in the audit and redesign of arrival screens, we hope to use their views and experience to inform the redesign. This will in turn boost confidence in the screens and increase compliance with the process. In addition, the GWAS team involved in the audit will be producing communications products for both ambulance and acute trust staff to inform and engage them.

Recommendation Four: Additional training should be available for staff in the hospitals that are not using the screens correctly.

Until now, acute trust staff haven't needed to use the screens, as the interactive function is for ambulance staff to enter arrival and handover times. However, with the improvements anticipated the screens will operate with a "dual signature" function requiring acute trust staff to validate handover times and breaches, so more training more training for ambulance and acute trust staff will be required. We will be producing a training document as part of the review and re-design.

Overall the arrival screen review and re-design hopes to maximise the benefit of hospital arrival screens by streamlining the process, re-siting screens where necessary and to increase their functionality by offering real time verification of arrival and handover data. The project also seeks to increase the level of information about the patients' clinical priority and to provide screens in other hospital arrival points to replicate the emergency department screens. This will help staff in emergency departments differentiate those patients they should expect into their department from those going to other departments (currently not available) so they can better prepare. Screens in other hospital entry points, eg medical assessment units, surgical assessment units, will help alert staff in those departments to imminent arrival of patients, their condition and clinical priority so they too can prepare.

The current phase of this project ends on 25 May. The next stage is expected to take two – three months and will include making the required changes to the ambulance CAD (computer-aided dispatch) system, and implementing and testing the new system and to educate and train all staff in new procedures.

The other initiative I would like to share with you and the JWG is a regional summit on hospital handover delays that I will be hosting with Sir Ian Carruthers, Chief Executive of NHS South of England. Three areas will be discussed – GPs bookings for urgent transport and how these can be better managed, and joint working by acute trusts and ambulance trusts to address handover delays – to identify both good practice and areas for improvement. All trusts in the South West will be encouraged to attend.

I hope you find this response helpful and informative. I am happy to update you on progress of the arrival screens project and the regional summit. In the meantime, if you have any further queries or concerns, please don't hesitate to contact me.

Yours sincerely

Ken Wenman
Interim Chief Executive