



June 2012

Name of Responsible NHS Body: Portsmouth Hospitals NHS Trust

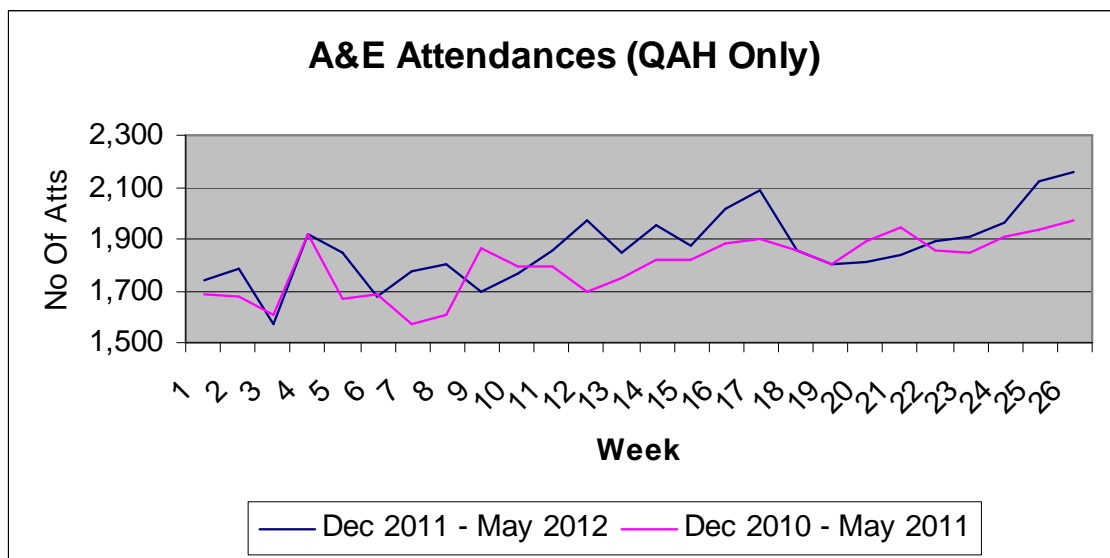
Summary of Issues

During the period December 2011 to May 2012 Portsmouth Hospitals experienced very high weekly attends to the Emergency Department at QAH. The level of attendances at QAH has regularly been in excess of 300 per day, and this has been particularly challenging for the organisation, requiring good partnership working with external agencies to ensure timely ambulance turnaround, admission avoidance and maximisation of discharge. During this time on two occasions the escalation level was noted as black, and at times the number of 'medically fit for discharge' patients has been in excess of 100.

The paper notes:

- How we work with the ambulance service to ensure timely ambulance turnaround
- Escalation
- Discharge

Below is a graph showing attendances to QAH for December-May for 2010/11 and December to May 2011/12. You will see that for most weeks the attends this year were higher than in 10/11.



Description of Emergency Service

The Emergency Department at Portsmouth Hospitals NHS Trust is the busiest in the South of England and deals with more than 100,000 attenders per annum, of which more than 1/5th are children, who are seen in a dedicated paediatric facility. The department has a four bedded resuscitation bay, a nine bedded observation ward, a Majors area with 18 patient bays and a large area for dealing with minor injuries and illnesses. In addition, the department runs a busy Minor Injuries Unit in Gosport.

The Emergency Department works very closely with all departments in the hospital to ensure that patients do not wait longer than the four-hour quality standard in the Emergency Department for either admission to a hospital bed or discharge directly from the Emergency Department. In addition, the Emergency Department works closely with the Ambulance Service to ensure they meet their quality indicator of 15 minutes turnaround time.

Ambulance Turnaround Times

Considerable collaborative working has taken place with the Ambulance Service to plan for the winter period and the ongoing requirement to support the ambulance turnaround time of 15 minutes.

In the Emergency Department the nurse in charge of the Majors area, or the senior doctor, will take handover from the ambulance crew and identify the initial needs of the patient allowing the crew to leave.

At times when there is a queue of patients to access the Emergency Department we use 'queue nurses' and/or a private ambulance company called 'M&L' to ensure that the Ambulance Service is in the best position to meet their quality turnaround times and get their ambulance back on the road. The M&L crews are always supported by an experienced registered emergency nurse. The nurse or senior doctor will always be aware of the condition of all patients in the queue.

The Emergency Department receives daily reports from the Ambulance Service regarding compliance with the 15 minute turnaround times and these are validated by the department.

There are bi-weekly meetings held with Emergency Department representatives, a senior representative from South Central Ambulance Service and the commissioning team to ensure that service issues are managed and any potential problems addressed in a timely way.

Escalation

A previously submitted document to HOSP, 'Escalation framework for South Central SHA - November 2011' details the escalation framework for Portsmouth Hospitals NHS Trust and partner agencies.

There are 4 levels of escalation:

Green
Amber
Red
Black

There are certain triggers and actions required at each level and if these are not sufficient to contain the service pressures escalation will be to the next level. At escalation levels above amber, as noted in the escalation framework, there will be collaborative working with partner agencies, which may involve regular conference calls, increased on-site presence of partner agencies, purchasing of additional capacity in the community to assist early discharge, opening of additional acute capacity in the hospital and cancellation of elective work.

To ensure collaborative working and a joint approach to addressing demand and capacity issues across the health economy there are a number of joint meetings/telephone calls which support joint working.

These include:

- Bi-weekly multi-agency conference calls
- Bi-monthly operational capacity meetings
- Weekly multi-agency emergency pathway recovery action plan meetings

Discharge

Within Portsmouth Hospitals NHS Trust we have a co-located multi-agency team whose main focus is to proactively manage patients with complex assessment and discharge needs. This team is represented by local authority and health agencies and is called the Integrated Discharge Bureau. Through working together as a team, referrals for discharge are progressed with the most appropriate services to progress a timely and effective discharge.

For complex patients early case management by either health or social care minimises duplication and lends to a more proactive approach to discharge.

The Integrated Discharge Bureau (based at QAH) consists of:

- Hospital Discharge planning team
- Local authority
- Occupational therapy teams from Southern Health and Solent Healthcare
- Community matrons

The Integrated Discharge Bureau provides a Trust-wide view of all patients across Portsmouth Hospitals NHS Trust who are medically fit awaiting intervention to be discharged or transferred from acute care. A patient is deemed medically fit based on a clinical decision that acute care is no longer required.

At times the hospital has in excess of 100 patients who are identified as being medically fit for discharge and it is therefore important that all agencies work together to maximise timely and effective discharge.

There is a discharge management group represented by Health and Local Authority and they are working together to review discharge processes. One of the processes the group is currently addressing is that of streamlining the various items of paperwork to reduce some of the administrative delays in discharge.

There is also the Older Persons' Partnership work which is looking to redesign the management of frail older people across organisations. This will provide more streamlined care, avoid admissions where ever possible and shorten length of stay.