

**Portsmouth City Council Health Overview and Scrutiny Panel**  
**12<sup>th</sup> September 2019**

**Portsmouth Hospitals NHS Trust update**

Portsmouth Hospitals NHS Trust (PHT) is providing updates to the Health Overview and Scrutiny Panel on the following issues of interest:

- 1. Psychiatric provision in the Emergency Department**
  - Specifically addressing the number of Emergency Department (ED) staff trained in mental health and autism awareness and the number of specialists in the ED.
  - Information about the patient pathway in place for patients presenting with mental health issues and autism and any improvements made or that will be made in the immediate future.
  
- 2. Urgent Care Recovery Plan**
  - An update on what has been put in place and how well this is working.
  
- 3. Recruitment**
  - Update on recruitment drive, including the number of staff who have been helped by the staff passport.
  
- 4. Sprints**
  - Update on Quality Improvement sprints and how these are working.

## **1. Psychiatric provision in the Emergency Department**

Training on the Mental Capacity Act and Deprivation of Liberty Safeguards is included as part of the Trust's Essential Skills training for all patient-facing staff.

As of June 2019, 96.40% of staff had completed this training at level 1 and 81% had completed the more advanced level 2 programme.

The Emergency Department has Registered Mental Health nurses (RMN) Band 5 cover 24 hours a day, seven days a week.

Southern Health NHS Foundation Trust covers liaison psychiatry for adults and older adults based within the Mental Health Liaison Team in the Emergency Department and also offers cover for wards when needed.

Southern Health NHS Foundation Trust and Solent NHS Trust, supported by Portsmouth, Fareham and Gosport and South Eastern Hampshire Clinical Commissioning Groups, are committed to working together locally to improve mental health services. A number of Sustainability and Transformation Partnership (STP) bids were submitted and the bid for phase 1 has been agreed. This includes psychological services, to provide a robust children, adults and older adults liaison psychiatry service.

There is an aspiration at PHT to develop psychological support services under one umbrella, working closely together as required.

## 2. Urgent Care Recovery Plan

Providing timely emergency care to our patients is our absolute priority. Our Emergency Department (ED) has seen a significant increase in demand in recent years, which has meant some patients have waited longer than we would have liked. Our priority is always the care and safety of our patients, and everyone who arrives at the Emergency Department is assessed and prioritised according to clinical need. We are working with all of our health and care partners across Portsmouth and south east Hampshire to ensure we are able to meet the needs of patients in all areas of the system, and that we are seeing patients who attend ED as quickly as possible.

Further to this, our system-wide Urgent Care Recovery Plan has four key areas of focus:

1. Population Health
2. Emergency Department Processes
3. Bed Occupancy
4. Out of Hospital Services

There is considerable overlap between these areas and the summary provided below focuses on the work being done within PHT in relation to ED processes and bed occupancy.

### ED Processes

An emergency care improvement group has been established with 10 key workstreams. These are:

1. 6As Audit (The 6As are contained within NHSI Guidance on admission avoidance and cover access to the following resources: Advice, Access to outpatient services, Ambulatory Emergency Care, Acute Frailty Unit, Acute Assessment Units and Admission to Specialty Ward Directly)
2. Recruitment and Retention
3. Cultural Change, Care and Compassion
4. Ambulance Handover and Pitstop processes
5. Ambulatory Care
6. Emergency Department Processes
7. Acute Medical Unit and short stay processes
8. Frailty
9. Minors
10. Urgent Care Centre Streaming Processes and Mental Health

The group meets weekly to drive forward our internal improvements:

- 3-5 additional majors spaces in ED - pilot mid-August removing all six trolleys from Majors B and replacing them with 12 chairs, resulting in six additional care spaces
- Recruitment of 3.7 FTE Consultants
- Recruitment of two middle grades on track
- Northumbria learning (PHT have been participating in a shared learning partnership with Northumbria Healthcare NHS Foundation Trust for over a year now with one of the areas of focus through this partnership being clinical leadership and culture in the Emergency Department)
- Primary Care Provision in ED - the Urgent Care Centre (UCC) is a focus for current adaptation and future modelling. A new model is due to be piloted in September, providing GP cover from 2pm to 9pm with “doubling up” between 4pm and 7pm. During the conclusion of the pilot the conversion rate of those successfully screened and avoided ED attendance or admission will be reviewed and a standard for success set
- Frailty Interface Team (FIT) and Frailty - work continues on improving the frailty pathways within the community and hospital in a whole system approach.

## **Bed Occupancy**

- We are working to continuously improve and are focusing on reducing bed occupancy and improving flow throughout the hospital. This is key to further improving safety, patients care and outcomes, and means a better experience for patients and staff.
- A weekly group has been established to deliver improvements at ward level to increase timeliness of discharges for patients who have received all of the appropriate acute care they need and are ready to be discharged. The group is also working to ensure discharge prescriptions are completed in a timely fashion to help reduce delays, and driving accuracy and ownership of estimated discharge dates across all major bed holding specialities.
- The Quality Improvement Team has “buddied” with wards who are participating in a Ward Collaborative to use improvement techniques from a range of tools designed to identify common blockers and barriers to timely discharge.
- A Long Length of Stay project has instigated a “Wednesday Walkabout” to discuss the most complex, long stay patients with ward teams directly and work to progress supported discharge where appropriate.
- We are confident that by implementing this plan we can significantly improve urgent care pathways.
- Our Emergency Care Transformation Programme is also well underway, and will include redevelopment of the Emergency Department. This will also help to improve patient flow and deliver a better experience for patients and staff.

### 3. Recruitment

#### Recruitment

We have seen a significant improvement in Nursing and Midwifery vacancies including Band 5 Registered Nursing vacancies and recruitment drives are ongoing. Overall, Nursing and Midwifery vacancies have reduced by 30% in the past year. Band 5 Registered Nurse vacancies have reduced by 42% in the same period.

- In August we welcomed 29 international nurses to the Trust and we are expecting to welcome 32 in September. This is in addition to the 30 newly qualified nurses joining us between now and the end of October. We plan to greet a further 70 international nurses before Christmas which is a challenging target, but we are positive in our approach and are confident in achieving this. The additional nurses we have recruited will add greater stability to many teams and departments, but ultimately, this allows us to provide greater continuity of care to our patients.
- The Objective Structured Clinical Exam (OSCE) is a practical examination made up of six stations designed to test knowledge and understanding of assessing, planning, implementing and evaluating care as well as testing clinical skills. The experience nurses have in the first few weeks of joining PHT plays a key role in their future success at OSCE and many teams work together to give a warm welcome. The Practice Based Learning team delivers an OSCE Preparation Programme and pastoral support which in partnership with the nurses, who have demonstrated a strong commitment to preparation and practice, has seen achievement of a 100% pass rate.

#### Staff Passport

- Passporting is the agreement between NHS organisations that allows staff who have completed Statutory and Mandatory Training (Essential Skills) elsewhere to bring that training record with them into a new role, and therefore not have to repeat the training as part of their induction to the new organisation. The training has to have been aligned to the Skills for Health Core Skills Training Framework to be eligible and there has to be a minimum of 12 weeks left before a refresher is due. In total 31 staff have been able to passport in one or more subject since February 2019.

#### 4. Sprints

Improvements made in our unscheduled care processes in the last year are already benefiting patients and staff. This is attributable to the incredible hard work and dedication of the whole PHT team.

Part of the activity undertaken was the launch of an intensive programme which focused on how to make departmental improvements each and every day, focusing on a range of topics.

In 2019 the Trust is running a “Always Improving – Unscheduled Care” intensive improvement initiative. As part of this it held an eight-week “Sprint,” with the aim of identifying key internal projects across the Trust.

Staff of all grades and disciplines, including trainees in all specialties and non-clinical staff, were invited to join and play a part in helping to improve the quality and safety of care provided. The Sprints comprised five teams, focusing on a number of workstreams:

- ED Process (Ambulance Handover)
- Utilisation of Frailty Assessment Unit
- Ambulatory pathways
- Emergency Department/Acute Medical Unit interface
- Ward processes

The key outputs from the sprints were as follows:

- Allocated time and space has allowed improvement work to be undertaken and teams valued this
- Individual group support from sprint team has allowed for Quality Improvement (QI) methodologies to be coached
- Improved patient safety from three ED process sprint outcomes (new Immediate Care Needs proforma/admin process/patient at handover)
- Improved patient experience from change in handover process
- Improvements within the ED admin team have been identified and actioned through sprints
- Dialogue around progressing and enhancing the role of the Frailty Assessment Unit
- A new scoring tool has been developed to make discharges more accurate within the ED and this learning is being shared with other wards
- Work from sprints will continue to embed and sustain positive changes
- Learning for Sprint leads and QI team around methodology, communication and delivery

**ENDS**