

Portsmouth City Council Health Overview and Scrutiny Panel
21st November 2019

Portsmouth Hospitals NHS Trust update

Portsmouth Hospitals NHS Trust (PHT) is providing updates to the Health Overview and Scrutiny Panel (HOSP) 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, 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 and practice in respect of patients with learning disabilities (including autism)

- 1.1. The Trust's Learning Disability (LD) Liaison Team are employed by Solent NHS Trust and although seconded to PHT, remain part of the wider Community Integrated LD team at Solent. There are two members of the team based at PHT, both of whom are band 6 Registered Nurses for people with a learning disability.
- 1.2. The team's role includes
 - Receiving referrals and visiting patients in the hospital
 - Offering hospital passports to patients who do not already have them, and requesting that familiar carers and family support the completion of these. A hospital passport magnet is placed above the patient's bed to ensure the passports are used to develop nursing care plans
 - Supporting wards and departments (including the Emergency Department (ED)) to make reasonable adjustments to enable diagnosis and treatment to take place in a timely manner. These may include adjustment to support carers
 - Developing and implementing the Carers' Protocol, developed by the Trust for LD patients
 - Offering advice upon the provision and completion of funding agreements, where own familiar carers are funded by the hospital to support patients throughout their admission.
 - Supporting discharge planning and the transition from hospital back to usual place of residence.
 - Supporting outpatient appointments.
- 1.3. The LD team also offers training to all new starters as part of the setting directions programme and have Trainee Nursing Associates and nursing students shadowing them, along with multi-agency professionals from QA and the community. The LD team takes part in the Preceptorship and midwifery training programmes and offer training to departments on an as required basis.
- 1.4. This year the team is focusing on developing the use of the sensory trolley, which has been purchased with charitable funds.
- 1.5. The Trust has invited Paula McGowan, campaigner for learning disability and autism, to deliver specific training to 100 Trust staff of all levels on 12 December.

Mental health pathways

- 1.6. We are seeing more patients with more complex mental health needs attending our Emergency Department, with or without physical health conditions.
- 1.7. Members will recall that there has been consideration of the creation within the Emergency Department (ED) on the Queen Alexandra Hospital (QA) site of a Psychiatric Decision Unit to support the care of patients with mental health needs arriving at the ED in crisis.
- 1.8. Following extensive discussions across the Portsmouth and South East Hampshire health and social care system, and in particular with commissioners and mental health service providers (Solent NHS Trust and Southern Health NHS Foundation Trust), a range of alternative approaches has now been agreed:

- 1.9. Portsmouth Hospitals NHS Trust (PHT) has worked collaboratively with Southern Health NHS Foundation Trust to secure significant national funding for additional services. A mental health liaison team led by registered mental health nurses will be based in the ED at QA 24 hours a day, seven days a week. Staff in the team will be able to improve the speed and quality of mental health assessments undertaken, and help ensure that patients begin on the right pathway in a timely manner. They will be in place until April next year when mental health liaison teams and associated services will be in place for our ED and inpatients, in-line with the national “Core 24” service standard.
- 1.10. Child and Adolescent Mental Health Services (CAMHS) in the ED at the QA site have also been re-introduced, following a successful pilot last year. Learning from the pilot has meant that the daily time slot for the service has been changed to run from 4pm until midnight, when need for the service is greatest. The pilot resulted in a significant reduction in the number of young people needing admission to the QAH, and the service received very positive feedback from the children and families who used it. The pilot was recognised by the Care Quality Commission (CQC) as a beacon of good practice and will now become a fully commissioned service.
- 1.11. A mental health matron will join the ED team at the QAH site in mid-November. This post-holder will support ED staff in improving the management of mental health patients and be an effective liaison with mental health services. This is a joint appointment with Southern Health.
- 1.12. The specification for the service provided to PHT by Southern Health NHS Foundation Trust has been updated to reflect the increase in the number of detentions within the trust and an additional Mental Health Act administrator will be provided.
- 1.13. The themes for Key Performance Indicators to be used to measure the quality of the service provided by the Mental Health Liaison Team have been agreed (the relevant figures are now being identified):
 - % Patients seen by MHLT in one hour in ED
 - % Patients seen within one hour on the ward when deemed a crisis – definition of crisis to be determined
 - % Patients seen within 24 hours for an urgent referral from ward area
 - % Patients seen within 48 hours of a routine referral from ward area
 - 2.5% reduction in 30 day readmission/re-attendance rates
 - Time taken to reach a MH bed from MH gatekeeping
 - Delivery against these key performance indicators will be monitored, and where necessary managed, by the PHT Trust Board.
- 1.14. Additionally, the ED team has introduced a number of local improvements which help to improve the quality of care provided to mental health patients. These include the implementation of a scheme involving the use of brightly coloured wristbands to help the ED team easily identify patients who may require time sensitive medication, including patients with serious mental health problems. This clearly indicates to the ED team that any patient wearing one of these wristbands may become unwell quickly if they miss doses of their medication. This measure is proving very effective in our ED to date.
- 1.15. The ED team has also focused on relevant training. Mental Capacity Act and Deprivation of Liberty Safeguards training is included as part of the Trust’s Essential Skills training for all patient-facing staff. In September 95% of staff had completed this training at level 1 and 84%

had completed the more advanced level 2 programme. 96% of staff also completed safeguarding vulnerable adults training at level one and 83% have completed level two training in this area.

2. Urgent Care improvement Plan

- 2.1. Providing timely emergency care to patients is an essential part of the Trust's own objectives, as well as fundamental to its contractual, regulatory and constitutional obligations. It is the Trust's primary concern in the ED to ensure the safety and wellbeing of patients, and that everyone who arrives at the ED is assessed and prioritised according to clinical need.
- 2.2. The Portsmouth and South East Hampshire health and care system will have invested £8.5m in this financial year to improve access to capacity out of hospital to support the smooth transition of patients who are awaiting ongoing care. Detailed modelling has been undertaken to identify the nature of capacity required in order to bring bed occupancy down at QA. Our bed occupancy has been running at 97-98% and our overall aim is to bring bed occupancy down to 92%. We are working with all of our partners to achieve this. We also have a plan to bring down our numbers of patients who are Medically Fit For Discharge to 100. As an organisation this is one of our top priorities.
- 2.3. The system-wide Urgent Care Improvement Programme (UCIP), overseen by the A&E Delivery Board has four key work-streams:
 - Population health & demand
 - ED processes and admission avoidance
 - Bed occupancy reduction
 - Out of hospital services

and, since the last meeting of the Health Overview and Scrutiny Panel this has focused on improving ambulance handover times. Measures introduced to address these issues include:

- The assessment, in the ambulance, by an experienced senior (Band 6 or 7) Emergency Care Nurse of all patients whose safe transfer into the ED is delayed, and the delivery of care to those patients by South Central Ambulance Service NHS Foundation Trust (SCAS) personnel until a care space is available within the department is available.
- The introduction of SCAS Hospital Ambulance Liaison Officer (HALO) to the ED at QAH. Joint working between the ED Nurses and the HALO ensures that patients are brought into the department based on prioritised clinical need. The SCAS patient record includes observations made, medications given and any other clinical details taken during the patient's wait in the ambulance, and is integrated to the ED patient management system (Oceano) for continuity of care.
- A band 7 paramedic from SCAS is working jointly with the Trust's ED staff as part of the Quality Improvement team. The quality improvement work includes the implementation of the PHT ED safety checklist by SCAS staff when the patient is being held in an ambulance. This checklist will provide a documented regular review of the patient when they are held in an ambulance.
- An Ambulatory Majors area, introduced in August, has reduced waiting times by 20 mins and increased productivity by 10% and further improvements are expected.

- A direct access/advice and guidance pathway for SCAS into the Ambulatory Medical Unit (AMU) commenced in September 2019. This effectively bypasses ED and enables patients to be directly conveyed to AMU, reducing pressure in the ED.
- Emergency Nurse Practitioners have been providing a “see and treat” service at the front door for patients presenting with minor injuries/illness since September 2019 – the impact of this new arrangement is expected to increase as the service establishes
- A two-week pilot of a redirection project for GP type patients started on 4 November, with increased primary care capacity and hours, providing up to 48 appointments each day – this has already demonstrated its value in the first week of operation
- An enhanced model of Frailty Assessment began on 4 November to pull appropriate patients from the main ED in to a dedicated Frailty assessment unit, improving experience and outcomes for frail older patients and reducing pressure on the main ED
- The UCIP has delivered a number of improvements, including some of those referenced above, and work within and beyond the Trust continues to deliver these projects – this include the provision of an additional 36 community beds during October, with another 12 community beds to follow in November
- As outlined above, a mental health ED Matron is due to join the Trust in mid-November and will support ED staff in better managing mental health patients, and improve liaison with mental health services.
- Comprehensive work is being undertaken with system partners to ensure patients are discharged from hospital to other care settings in a more timely way once they have received all of the acute care they need, as part of ongoing work to improve flow throughout the hospital and support ED capacity.

2.4. Although October was a challenging month, the total number of ambulance handover delays over 60mins has reduced, with an ongoing improvement focus on elimination of these holds.

3. Recruitment

- 3.1. The Trust has made significant investments in recruitment and retention in this financial year, resulting in considerable progress being made in reducing nursing vacancies and staff turnover. This has included an international recruitment campaign and the introduction of a number of new staff benefits and wellness initiatives.
- 3.2. As a result in the year from October 2018 to September 2019, nursing vacancies have reduced by 37.1% and Band 5 nursing vacancies by 50.5%. These additional nurses will add greater stability to many teams and departments and allow the Trust to provide greater continuity of care to patients.
- 3.3. The Trust is set to achieve its target of recruiting an additional 250 international nurses this financial year. The number of international nurses employed since March 2018 has increased from 280 to 534. Thanks to extensive focus on support and pastoral care, the Trust has achieved an excellent retention rate amongst the international nurses; since March 2018 only five international nurses have left the organisation.

- 3.4. Retention has also improved Trust-wide, and there has been a significant reduction in staff turnover rate from 13.5% to 11.6% in the last 12 months, which means the Trust has had to recruit to 150 fewer posts in the last year. As a result, the Trust is expecting to have filled almost all nursing vacancies across the organisation by April 2020.
- 3.5. The Trust is also seeing the benefits of a new provider of “bank” staff. The new provider has taken a range of innovative approaches to recruitment, and has a strong digital presence which makes both booking and accepting shifts much easier. As a result, the Trust has seen a 1,126 increase in bank staff over the last 10 months, meaning a significant reduction in costly agency staffing. Together, these factors mean that there are far fewer occasions when departments have to rely on staff who are strangers to the Trust and its systems, processes and values. This reduces the incidence of poor quality care and increases compliance with key safety and quality requirements.

Staff Passport

- 3.6. “Passporting” is the agreement between NHS organisations that allows staff who have completed Statutory and Mandatory Training (Essential Skills) in other NHS organisations to bring their training record with them into a new role, reducing the need for repeat training. 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 39 staff have been able to “passport” in one or more subject relevant to their new PHT role since February 2019.

4. Sprints

- 4.1. As part of the Trust’s “Always Improving – Unscheduled Care” intensive improvement initiative, an eight week “Sprint” was held during the summer, with the aim of identifying key internal improvement 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.
- 4.2. While the sprint sessions have finished, the work to implement many of the ideas and work-plans are still underway. Since the last updates provided to the HOSP, additional outputs include:
- Bed Occupancy Project – good progress is being made to improve the discharge profile. This project is being led by the older persons medicine and renal teams
 - Frailty Assessment Unit - enhanced usage project commenced from 4 November with daily utilisation and enhanced medical support (outlined above)
 - ED redirection pilot – two-week pilot commenced on 4 November with appropriate patients being redirected from ED to Cosham Park House 7 days per week (also outlined above).
- 4.3. These improvements, alongside those reported from the last meeting of the HOSP are already benefiting patients and staff. This is attributable to the incredible hard work and dedication of the whole PHT team.

ENDS