

Health Overview and Scrutiny

Briefing paper

Title: Portsmouth Hospitals University NHS Trust update		
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Purpose of the paper : To update the committee on the work being carried out by Portsmouth Hospitals University NHS Trust (PHU) to meet the demand on health services including urgent care. The paper also updates on the work we are doing to deal with the elective care backlog caused by the Covid-19 pandemic.		
Brief summary: The main focus of 2022/23 for PHU will be recovery and reset after two years of the Covid pandemic, shifting from an incident style of working, back towards more business-as-usual expectations of the scale and style of delivery. This paper talks through how we are tackling the additional pressures on our hospital sites at the moment to ensure people are cared for in a timely way.		
Background: During 2021 we put a number of measures in place to help improve the way patients move through our Emergency Department, so they receive high quality care in a timely way. These changes include the establishment of the Emergency Care Centre, the development of a Medical Village on D level with extended Same Day Emergency Care (SDEC) capacity and a co-located Acute Medical Unit and Short Stay patients. During the first months of 2022 we have operated consistency at OPEL 4* level. The number of patients we are seeing in the hospital reached maximum occupancy levels of around 100% on several occasions. During April a critical incident was declared as a result of no available beds available in our Emergency Department. The incident ran for three days until beds were available for critically ill patients requiring an unplanned admission. We are pleased to report that over the bank holiday weekend in June we reduced our operating level to Opel 3 and will continue to monitor this going forward.		
Update: Patient flow In February 2022 we made further changes to the way we work to improve how patients safely move through the hospital: <ul style="list-style-type: none">• Patients who are able to sit and wait in ED are now moved over to other clinical spaces such the ECC, SDEC or OSDEC.• The ambulance service is now able to access SDEC services directly when bringing a patient in, if appropriate.		

- Wards are implementing a 'My next patient' system where they will work with ED to transfer at least one patient a day to their ward area freeing up space in the ED.
- A prescribing pharmacist is now available in the discharge lounge to allow earlier discharge.
- Ward E6 has been reopened to care for patients.
- A member of staff has been manning the front door of ED to triage patients on arrival and signposting them to alternative services such as Urgent Treatment Centres, pharmacies or the ECC.
- We are taking part in the Call 2 Converse pilot across Portsmouth and South East Hampshire with South Centre Ambulance Service (SCAS). This sees all category 2-4 SCAS calls (without an existing care pathway) reviewed by a Multi-Disciplinary Team (MDT) to ensure they are being signposted to the correct service. This pilot will run for five days and learning will be discussed and taken forward.

Timely discharges

Discharging patients as early as possible in the day is a main priority for staff. We are working with patients and their families/carers on their discharge plans as early as possible in their care.

Discharge letters and a set of FAQs are being shared and we are actively encouraging patients to ask their health care professional about their discharge at all stages of their care.

Staffing

Staff sickness due to Covid-19 has also impacted the hospital. A staffing hub has been set up to co-ordinate staffing levels across all the services to ensure the right staff with the right skills are in the right services. A national recruitment campaign was launched in April to attract more nurses to join PHU. This is a multi-media approach across social media, trade media, national events and international nurses.

Partnership working

We have been working with our Portsmouth and South East Health and Social Care partners to ensure patients are cared for in the correct environment such as a community hospital bed, at home or a care home.

Elective (Planned) care

We recognise that some patients are waiting longer than they, or we would like, so we are working hard to ensure those who require the most urgent treatment receive it within a suitable timeframe. Our clinicians are regularly reviewing waiting lists and reprioritising patients according to clinical need. In line with this, we have maintained service across all cancer pathways and have met eight out of the nine cancer standards.

Some of our services have been able to provide extra capacity to meet the increased level of demand we are seeing. This includes the introduction of weekend clinics. Another initiative we are introducing across additional services is patient initiated follow up (PIFU), where instead of a patient who may not require an appointment being automatically offered it, they are given the ability to request support or additional clinical input if they need it. This reduces the number of unnecessary appointments being made and not needed by the patient.

We do not have any patients waiting over 104 weeks and continue to reduce those waiting over 52 weeks.

New Emergency Department

We have received capital investment to build a new Emergency Department which will help us deliver a new model of care to our patients to provide safer, timely and effective care. A range of engagement exercises have taken place since the beginning of the year and in March the full planning permission was approved in March. The Full Business Case (FBC) was approved by our Board in May and submitted to NHS England. Subject to the outcome of the FBC enabling works will commence Aug-Sept 2022 with the construction period commencing October 2022 for a period of 24 months.

Additional services

New chemotherapy chairs are now available at Fareham Community Hospital. The ten-station unit will offer up to 375 hours of treatment time per year, and also provide care closer to people's homes. Thank you to Portsmouth Hospitals Charity who have funded various parts of the unit.

Our new pharmacy for outpatients, run by Lloyds Pharmacy, opened on the QA site. Located near the north entrance it also includes a retail outlet for patients, visitors, and colleagues. The new facility is in response to the high demand on our previous outpatient pharmacy and we hope it will reduce the length of time patients have to wait for their prescriptions.

In October 2021, we were announced as one of the successful locations to receive funding to create additional community diagnostic services. The aim of these centres is to provide earliest diagnostic tests for people closer to home and reduce the length of time patients are waiting to receive these. Currently additional phlebotomy and endoscopy services are being provided at St Mary's Community Health Campus with more to follow in the coming months.

In April we launched our Lung Health Check programme inviting more than 23,000 past and current smokers aged 55-74 in Portsmouth to a lung health check with their GP over the next 2 years. The lung health check takes place in two stages. The first is an initial phone assessment with a specially trained health care advisor. If the assessment finds the person to be at high risk, they will be offered a health check with a nurse and a low dose CT scan of the lungs. The CT scanner is at the Rodney Road Centre, Illustrious Drive, (off Rodney Road) Portsmouth. This project is being run with NHS Portsmouth CCG.

Thanks

We would like to thank our staff, patients, carers and partners with all their help and support over this period.

Engagement:

System partners - PSEH (Portsmouth and South East Hampshire) Gold continues to oversee the operational and strategic requirements for the system, supported by the current Silver and Operational weekly meetings, in response to the Urgent Care agenda.

We continue working closely with South Central Ambulance Service and other providers to identify ways we can improve the number of ambulance minutes lost at our ED.

MPs – MPs from across the area attended a briefing with the Executive team in April. We discussed the plans and priorities for 2022/23, pressures on our services, recovering our planned services and work on the estate.

Public - We have worked with the local media to encourage local communities to use the most appropriate service for them and not come to ED unless they have a life-threatening injury or illness. This has also been encouraged through social media and our website. Leaflets have been sent to the local community around the Rodney Road Centre to provide an update on the location of CT scanner and any additional traffic to the area.

Glossary

OPEL 4 – Operational Pressures Escalation Levels – Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the local ED Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL Four for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

ECC - Emergency Care Centre – offers a new model of care for patients arriving at the ED with minor injuries or illnesses that require emergency intervention, but don't necessarily require admission. Following the success of this, we have increased the scope of this pathway by providing additional training for the teams involved.

SDEC – Same Day Emergency Care – patients who attend the hospital with certain conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward. If clinically safe, patients will go home the same day as their care is provided.

OSDEC – Oncology Same Day Emergency Care – for patients who are undergoing cancer treatment and need to receive urgent care.

Acute Medical Unit – a 63 bed unit. It provides rapid assessment, investigates and treatment for patients admitted urgently from the ED or GPs. Patients will stay for a short period of time before being sent home for community care or to another service or ward for longer term care.

Medical village – The co-location of the Acute Medical Unit, short stay unit and SDEC. This new clinical model focuses on moving patients who require a short stay with us out of the emergency department quicker and reducing the overall length of stay of these patients by minimising diagnostic and treatment wait times. This frees up space for those who require the most urgent and emergency centred care to be admitted quicker.

Category 2 call - A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport (40 minute response time)

Category 3 call - An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting (2 hour response time)

Category 4 call - A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic (3 hour response time).

MDT - A multidisciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (e.g. GPs, social workers, nurses), that work together to make decisions regarding the treatment of individual patients and service users. MDTs are used in both health and care settings.