Portsmouth Hospitals University NHS Trust

Health Overview and Scrutiny

Briefing paper

Title: Portsmouth Hospitals University NHS Trust update		
Presenter: Penny Emerit, Chief Executive Liz Rix, Chief Nurse	**Contact details:** communications@porthosp.nhs.uk	**Date:** January 2024

Purpose of the paper:
To update the committee on the work being carried out by Portsmouth Hospitals University NHS Trust (PHU). It covers an update on our winter plan amidst winter pressures, recent critical incidents, planned industrial action and general updates.

Additional context on winter pressures:

- Our Integrated Performance Report (IPR) is published on our public website and provides data on how the Trust is performing against our strategic aims.
- NHS Providers' Winter Watch tracks key activity and demand figures across the NHS. They analyse the data, highlighting key trends to understand the pressure Trusts are under throughout the winter.

We were asked to provide data on which is detailed further in the paper:

- Critical Incidents in the last 5 years, why they were called and how long they lasted.
- Ambulance handover times for the last 12 months
- 4 hour waiting targets for the last 12 months – (we were required to begin reporting in May 2023, so have provided data for all months since then.)
- Occupancy levels for the last 12 months

Supporting information:
An attached slide deck gives further context to our Trust's performance over time with a focus on:

- Total General and Acute (G&A) beds which have increased over time.
- How the use of escalation and surge beds have increased
- Total occupancy across the hospital which has increased consistently through the year.

Winter Plan

The PHU winter plan builds on the Trust operating plan and sets out the Trust response to the delivery of five key priority areas, the first of which is ensuring the safety of all patients requiring acute care – including both non-elective and elective priorities.

It also includes the Trust's plan to deliver the 10 High Impact Actions and acknowledges that delivery over winter will require all parts of the PSEH system to work collectively to deliver the system objectives.

The plan sets out an unmitigated bed gap of 130 beds at the peak of winter with a residual bed gap of 34 after all mitigating actions. Those mitigating actions include maintaining SDEC capacity for its intended purpose (rather than using for inpatient overnight stays which restricts flow and increases length of stay) and the use of 60 escalation beds including seven 'Your Next Patient' spaces overnight.

System Winter Plan

The system winter plan was developed with colleagues across the PSEH system and ICS to triangulate the collective impact of all providers and ICB winter plans, ensuring alignment with the national 10 High Impact Interventions. It describes clear governance structures and specific actions from each provider to navigate the challenges posed by winter demand. The
plan emphasises a risk-based approach, identifying and addressing potential threats to the system. Notably, the modelling reveals a persisting bed gap underscoring the need for strategic planning and resource allocation.

The plan is overseen weekly through the PSEH UEC Exec Review meeting (chaired by ICB Chief Delivery Officer and attended by CEOs and Executives from NHS provider organisations), fortnightly through the PSEH Clinical and Operational leaders (chaired by PHU CMO) with escalations to the monthly PSEH Chief Executives meeting (chaired by PHU CEO).

PSEH System Improvement Plan
This plan has been developed with all system partners during December, following an invited GIRFT visit on 16 November, and in response to the escalating risk in the system and the need for a whole system response.

It includes the additional actions that will be taken this winter through the allocation of additional funding to support:

• a GP in the ED waiting room following a successful 6-day pilot
• support for a digital system to further develop 'call to convey' through a clinical contact centre, starting in four specialties: AMU, SAU, OPM and gynae
• Virtual ward capability expansion beyond acute respiratory infections

Our winter plan is underway and describes the steps our hospital is taking to keep patients safe and well as we navigate through a challenging Winter period.

These plans are supported by a system wide approach as we work closely with our partners to focus on getting patients to the right place of care first time, reducing the length of stay and progressing patient's care once they are ready to leave acute services.

Winter communication campaign and support from communities
We continue to run a number of campaigns over the winter months to support our

winter plan. These share important health messaging to encourage people to stay healthy and well, knowing where to go to access the appropriate the care in the right setting and to support their loved one getting home when they are ready to be discharged. The campaigns have been performing well, with input from our system partners running paid advertising to reach our wider community and we are seeing increased engagement as the campaigns progress.

Critical incidents

A critical incident is any localised incident where the level of disruption results in a Trust temporarily or permanently losing its ability to deliver critical services, protect patient safety, or operate within a safe environment. This means to restore normal operating functions; we need to take special measures and additional support from other services and organisations.

A critical incident can last hours, days or even weeks in some circumstances.

In December and January, the Queen Alexandra hospital ran two critical incidents which were called due to sustained high demand for our service leading to a significantly full hospital and Emergency Department. This led to increased risks to patient safety and delays in patients being able to access care.

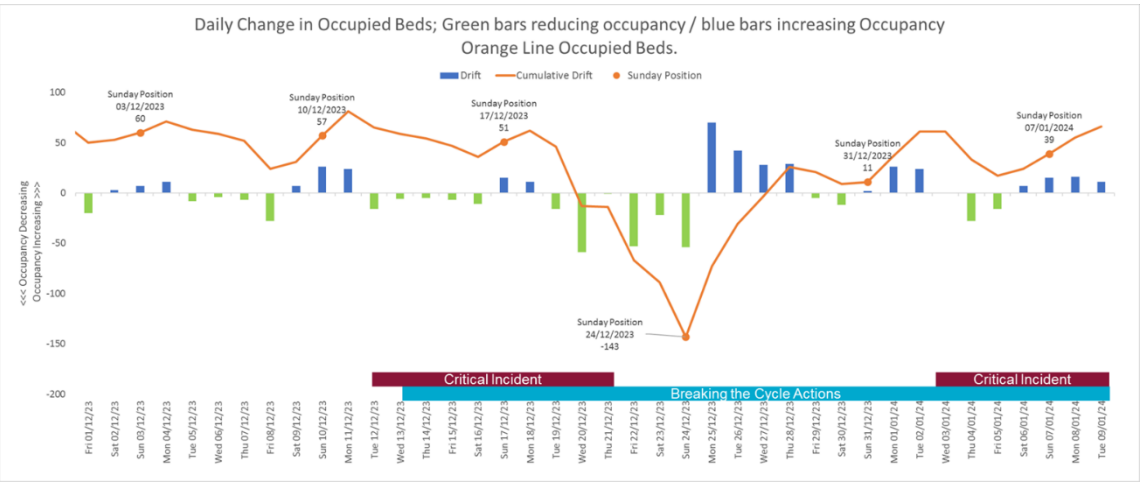
The decision to declare an incident is in response to a live situation of risk to patients. It means we can introduce a series of actions that will provide immediate benefit to patients such as surge response and linking with partners to discharge patients no longer requiring acute hospital care quicker.

We know from previous incidents that these actions can help the Trust improve bed occupancy levels and therefore flow within the hospital.

Across PHU we record data on everything from bed occupancy to ambulance handover times and discharge rates. It helps us see over a set period how our occupancy changes dependent on actions we are taking. These improvements aren’t always obvious to see day to day.

This graph tracks admissions against discharge rates and the orange line shows if we are full or have capacity.

It helps us see over a set period how our occupancy changes dependent on actions we are taking. These improvements aren’t always obvious to see day to day. On this type of graph we ideally want to see more green bars and less blue to show where we are reducing occupancy rather than increasing it.



We worked closely with our partners across Hampshire and the Isle of Wight who also took all actions necessary to respond to the demand for our services. We ran consistent public messaging to ask for support from our community to only use the Emergency Department when vital and to help in getting their relatives home quickly once they were ready to be discharged.

During the critical incidents Gold command was established to co-ordinate the actions needed to ensure patient safety and patient flow. We also ran a second ‘Breaking the Cycle’ week to embed learning from the previous incident and maintain focus in three key areas:

1. Early discharge: Using multidisciplinary teams to identify earlier in the day when patients will be ready to leave hospital and ensuring everything they need is prepared as soon as possible. By doing this earlier, we improve capacity within the hospital for patients requiring admission and identify any potential issues before they become more significant.
2. Early decisions by senior clinicians: Consultants from high-volume receiving specialities will continue to identify patients that can go directly to wards rather than wait in ED or AMU. This helps free up capacity within the Emergency Department and enable ED staff to support patients most in need of their care.
3. Effective use of the discharge lounge: By identifying and moving patients ready for discharge into the lounge from when it opens in the morning, space within wards will be freed up to speed up admissions. This helps by reducing handover times within the ED.

We’d like to recognise the immense effort from our teams who worked tirelessly in difficult circumstances to deliver the best service possible to our community.

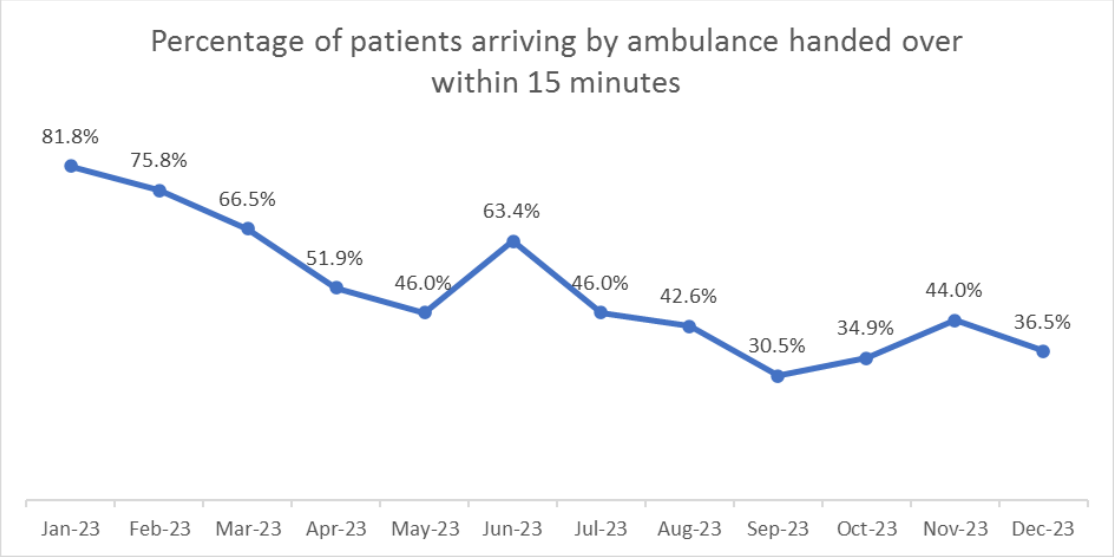
The following data was requested which we have provided and are happy to discuss:

1. **Critical Incidents in the last 5 years, how long they lasted and why they were called.**

Year	Length of incident	Reason
2019	• 4 to 13 December	• High levels of patients who present at the ED from self-presenting to being conveyed via Ambulance which caused long delays for those patients to be seen and to be treated. This isn't an isolated issue just for PHU as other hospitals around the country have the same difficulties however if this can be addressed, patient care for those arriving at ED can be improved and would support a better patient experience.
2020	• None recorded due to pandemic	• N/A
2021	• 30 October to 2 November • 9 to 19 December	• Ongoing pressures of high numbers of patients arriving in the Emergency Department, lack of patient flow within the hospital to support timely movements of those patients being admitted into wards, which led to Ambulances being held.
2022	• 6 to 8 April • July (no debrief report for exact dates) • 11 to 14 October • 20 December to 6 Jan 2023	• The first three incidents in 2022 where called due to the demand on emergency services outstripping hospital capacity • System wide incident with extremely high demand for services in the HIOW area
2023	• 1 to 10 November • 13 to 21 December	• Both incidents in 2022 were called due to the demand on emergency services outstripping hospital capacity.
2024	• 3 January to TBC. Trust was still operating a critical incident when this paper was submitted on 12 January.	• Emergency care demand following a known busy bank holiday period and high bed occupancy.

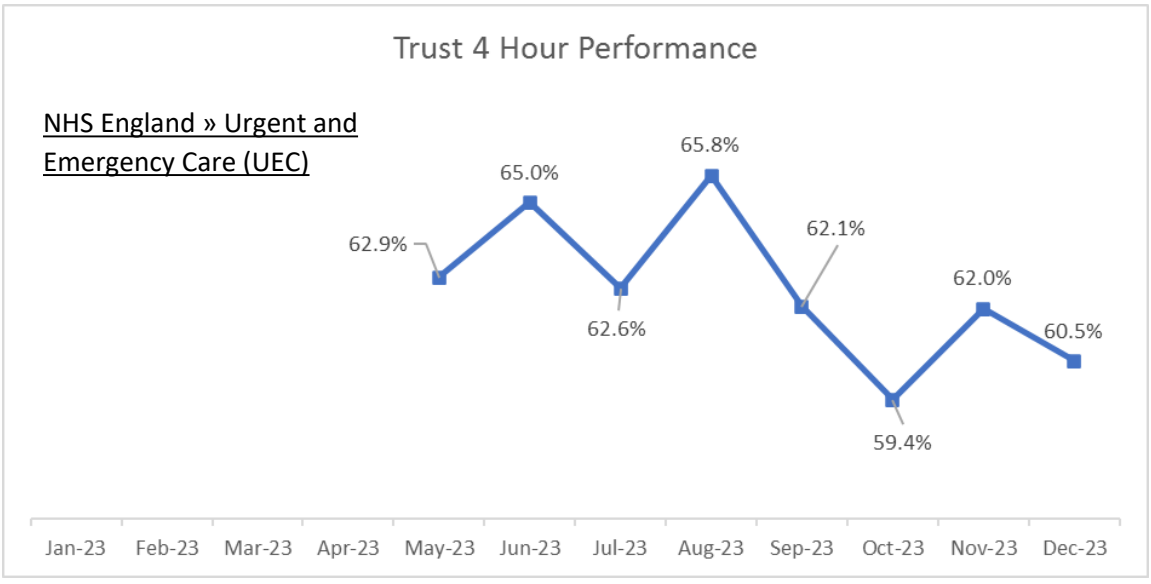
2. **Ambulance handover times for the last 12 months**

Nationally we are measured against the percentage of handovers completed within 15 minutes, this graph shows our performance over the last 12 months.

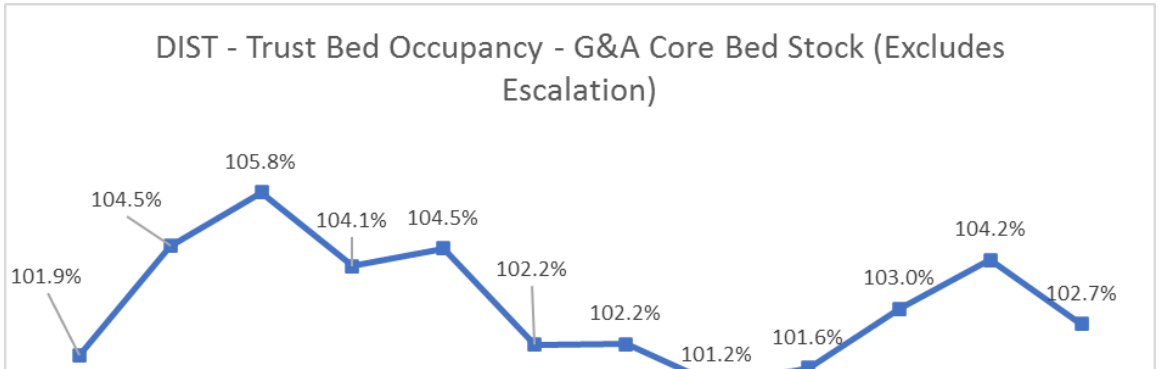


3. 4 hour waiting targets for the last 12 months

The Trust was part of the Urgent and emergency care clinical review of standards until mid-May this year. As such we were not subject to the four-hour standard. Therefore, we only have the data to report on the 4-hour performance from May 2023:



4. Occupancy levels for the last 12 months:



Summary of data:

Period	Percentage of patients arriving by ambulance handed over within 15 minutes	Trust 4 Hour Performance	DIST - Trust Bed Occupancy (G&A Core Bed Stock)
Jan-23	81.8%		101.9%
Feb-23	75.8%		104.5%
Mar-23	66.5%		105.8%
Apr-23	51.9%		104.1%
May-23	46.0%	62.9%	104.5%
Jun-23	63.4%	65.0%	102.2%
Jul-23	46.0%	62.6%	102.2%
Aug-23	42.6%	65.8%	101.2%
Sep-23	30.5%	62.1%	101.6%
Oct-23	34.9%	59.4%	103.0%
Nov-23	44.0%	62.0%	104.2%
Dec-23	36.5%	60.5%	102.7%

Industrial Action: Junior Doctor Strikes

Industrial action in the form of Junior Doctor strikes took place in the first week of January, between 7am Wednesday 3 January and 7am Tuesday 9 January. This week of the New Year is always a busy one in which we anticipated additional pressure which meant that it unfortunately coincided with the second critical incident.

It was necessary to declare critical incident due to the combination of delays across our system which occur after any bank holiday period, constricting capacity with an increase in demand for services causing intolerable delays for our patients and increasing the risk for patients requiring an emergency response.

While pay is a matter for Government and the trade unions, we value our staff and want to see a resolution as soon as possible to ensure we can continue to focus on providing high quality patient care. We worked hard to keep as many services open as possible and all critical services running.

For further context, NHS England has published data on the impact of industrial action across the country.

General updates:

Building Better Emergency Care progress – In December we held a 'topping out' ceremony as the external structure of the new Emergency Department was completed. We were joined by key members of the construction company, local MPs and the urgent care team for a tour of the site and to see the progress of the build. We are excited that the construction is on track, and we hope to have the department open in time for Winter 2024.

New Complaints Process

Our new complaints process launches earlier this month. The new process was developed after a Rapid Process Improvement Workshop (RPIW) last year, which identified that the amount of time taken to respond to patient complaints was too long with a number of breaches and a backlog to the process.

The new complaints process will focus on three phases to ensure all complaints are investigated and responded to in a timely manner:

1. **Acknowledge and triage** - Once a complaint has been received, it will be assigned to a lead care group and a senior member of the team.
2. **Investigate -** The senior lead will call the complainant to understand the complaint. A SWARM meeting will be organised, inviting all relevant parties to discuss and draft a response to the complaint.
3. **Sign off** - The complaint lead will finalise the response and share with the complaints manager who will send to the Chief Executive for final sign off.

We have been piloting this process across three care groups at PHU. One member of staff said: "The SWARM for the complaint meeting was a really useful and productive experience. It allowed all the relevant parties to be in the room together to look at the concerns in a constructive way, saving time for the people involved and for those writing the response."

Wait List Validation:

The Trust is using Waiting List Validation to check in with patients on our waiting lists. As waiting lists for appointments and procedures across the NHS continue to grow, the Trust is taking action to help reduce waiting times by enabling a process that allows patients to confirm whether they still require their appointment, ensuring those that have been referred to us for an appointment or procedure still wish to remain on our waiting list.

The first cohort of this was a success seeing 75% of the cohort responding so far, with 9% of responders requesting discharge (approximately 1,500 patients). Due

to the success, we have decided to repeat this process on a rolling basis, the next cohort is planned for the end of January.