healthwatch Portsmouth

Report of our observations and recommendations made during our 'Third Walk Thru' of QA Hospital's Urgent Care 10th October 2018

In Emergency Department (ED)	Findings	Comments/Recommendations from Healthwatch Portsmouth (HWP)
• Is there still an Ambulance Handover wait?	No wait observed but ED has 'surge policy' which directs staff to a navigator surge series of actions to stream demand We were observing during a very busy week (on Monday there were 404 cases, Tuesday there had been 370 cases and the Weds morning when we were there was shaping up to be very busy too. The usual daily intake of patients is 320.	Staff involved in handover activities wear an armband to designate their role. We were told it takes 5-6 mins to book in a new patient using Oceanis system. There is a "pit stop" area of 4 beds and 4 seats if these are required to accommodate if patients need to wait.
• Is there a Navigator Nurse greeting new arrivals or do patients need to seek out? If requested is it possible for patient to have a conversation in private about their condition?	Yes, this will be the patient's first contact with a clinician. Yes, there is a room available opposite the entrance to ED in which the Navigator Nurse is based and where a patient can have a private conversation about the condition they are presenting with.	The staff reported that they have found that the new "streaming" process is quicker than the "triage" process. The room was inviting and wheelchair friendly and clearly signed.
• Did any staff member ask on arrival if the person was a carer for others or whether they were a carer seeking support?	Staff reported that they do not yet ask this of patients on arrival and should include this as one of the first questions a member of the Frailty Team could ask. We were told that ED staff have two key questions: 1) Why are you here? 2) What happened?	**HWP would like to recommend** that this question is included in the standard template of questions used by the Frailty Team when they greet a new patient. The **senior staff member hosting our visit requested that** a few words from the nursing homes which could be provided to the ambulance staff responding to the call which could then be relayed to the ED clinicians would help greatly in the initial assessment stage. ED said they would welcome information on the patient's

		health and wishes relating to care (to be co-ordinated between PCC Adult Social Care and nursing/care homes) to be included in the Advance Care Planning docs that could be made available (emailed?) to ED staff.
• Were carers/families involved in discussion about onward support/discharge plans	This question is not asked at this point in the patient journey	
• Trolley waits observed? Staff interaction?	Yes, 3. We did not see staff at the time attending but they may have attended immediately before/after our Walk Thru.	
• Dignity of patient preserved in corridor?	One patient was observed with a dishevelled sheet/blanket which did not fully preserve their dignity.	**Could you please share your dignity of care policy with HWP?** We observed that all Portsmouth Hospital Trust (PHT) staff appeared positive in their approach, waited to make eye contact and acknowledged our general presence in the Emergency Department.
• Did staff appear caring?	Yes, we heard staff members looking for and providing a pillow for a patient who was waiting on a trolley in a corridor	
• Patients arriving with mental health condition – receive support immediately? How has Emergency Decision Unit helped patients?	Yes, there is regular attendance of mental health trained staff in ED (1 Full-time Equivalent and 4 Full Time Equivalent staff who can be called from other departments to support. The "pit stop area" is staffed with a consultant at specific times. The senior staff member hosting us said that they wanted to grow this service because of its positive impact.	The Care Navigator or 'pit stop area' staff do an immediate risk assessment asking 3 questions. **What is the minimum number of mental health trained staff that would be ideal for the department?** **What if extra staff are needed to cope in times of AL/SL or other staff being transferred from this dept?**
• Support offered for people with dementia? Are the patient's extra care needs from their dementia stated on bedside patient notes? Daffodil insignia to identify if patient has dementia, different coloured trays to inform all members of staff of patients' extra needs	Staff reported that 99/100% of patients presenting in ED who (may) have dementia are on their own and scared	Staff team in ED screen for dementia using a frailty test but are concerned whether they know about the person's capacity. Staff would like to have more personalised care for the individuals to include support from Dementia Champions. **Are PHT's frailty and capacity tests aligned with the 4 tests for dementia which meet the legal requirement?**

• Support offered for people with Learning Disabilities?	Staff reported that people with Learning Disabilities who presented at ED were very likely to be accompanied by a support worker which helps enormously on arrival.	**Are there protocols for staff if food is left on trays, checking that the patient has taken medication?** **Regarding 'Next of Kin' (NoK) Power of Attorney designated contact for health and care services: Care homes in general do not send a member of staff with a resident if conveyed to hospital but who is supposed to contact the NoK to alert them?** **Are there protocols set to advise care home/hosp on alerting NoK?**
• What's the average wait time for any patient?	When we were in ED notice board in reception was saying: 1 ½ hrs for the "pit stop area" ½ hr for minor injuries treatment Electronic notice board displaying real-time coming soon	On arrival in ED it was very noticeable to HWP that information for patients was clear and helpful and was easy to follow when people are stressed and in an unfamiliar environment. **This has been a continual improvement in the Emergency Department since HWP started to undertake 'Walk Thrus' in 2016**
• Access to radiologists to read x-rays?	Senior staff member reported that there is access to the multi-disciplinary team to read and discuss x-rays. There is a two-week referral to the radiology team who will highlight any problems from the first assessment.	
• Is there an on-call pharmacist to support pathway of care from urgent care - discharge?	Senior staff member confirmed there was an 'on call' and Out of Hours pharmacist they could call on and stocks in ED were maintained. Electronic prescription tracking is 24/7.	Staff informed us that the pharmacist uses an electronic proforma to support people with mental health conditions to measure their capacity to work and provides an assessment on likelihood of the patient leaving without permission. **Is there a protocol?** It was reported to us that approximately 20% (4) of patients presenting at ED were experiencing primarily mental health condition(s), and that 16 out of 20 patients/day (80% of patients presenting) were experiencing primarily physical health condition(s).

• Prior to the Urgent Care floor re-development how is patient flow being improved for major injuries? Are 'escalation beds' in use at present time?	Senior staff reported that escalation beds were currently being used in Ambulatory care, the Discharge Lounge and recovery area, Acute Oncology (head and neck)	

HWP Walk Thru then progressed from Emergency Department to the Acute Medical Unit (AMU)

Acute Medical Unit (AMU) - (63 beds)	**Findings**	**Comments/Recommendations from Healthwatch Portsmouth (HWP)**
General observations on arrival in AMU	We were informed that the new CCTV cameras at both ends of corridor were for the protection of patients. It's a large area so staff are provided with headsets	We noticed that an information board for visitors had the wrong date on it. We asked the staff: is it a Trust or statutory requirement? If so, please keep it up to date. If not, then please decide if to simply remove? **Is there flexibility to change the format of the statistics displayed? e.g. 96% of something was done well, but what was the context of this number? Was it an upward or downward trend in achievement?**
• Does the staff team feel adequately resourced with the right skill mix?	Senior staff team reported that they felt they had a good staff team which was had and adequate skills mix. Have recently recruited 5 new staff members. Trust works closely with the University in terms of training and simulation of activities for the care team	We were told that if the patient is not ambulatory then more information is sought regarding whether the patient has carer support. **At what point is there involvement of the NoK? Is there a protocol for contacting this source of info regarding whether the patient has carer support?**
• Can AMU only be accessed via GP referral?	We were told yes, but the patient can be diverted to the Ambulatory Acute Medical Unit if appropriate from ED.	
• There a local patient pathway to access care in AMU or are national guidelines followed?	Staff told us that that Portsmouth Hospitals Trust follows the national guidelines	**HWP wanted to commend the Trust** on their staff maintained 'dashboard of ideas' showing ownership of the idea, how it was developed by the team and what part of the service it improved, especially as there was feedback to say if it was a good/bad idea. **The Trust's electronic newsletter for staff could contain link to Healthwatch Portsmouth's website.**
• Has it speeded up patient access to urgent care?	Staff informed us that by using the guidelines they were able to make early identification of patients and an assessment	
• How many 'unfunded beds' used regularly?	None currently. In AMU all 5 beds are now funded.	

		'Seated beds' in the "pit stop area" needs to be developed. **Bottles of water are now provided in the AMU which Healthwatch Portsmouth think is great. Are bottles of water provided in the "pit stop area" and corridor waiting area as well?**
• Is there a discharge plan discussed with the patient?	For dementia patients in 'yellow' block a document called 'This Is Me' has been developed by Health Education England	HWP were pleased to hear that the safety of patients is considered by staff in the AMU waiting room. **Is the patient's capacity monitored? Are Next of Kin and/or social worker involved (ref safeguarding) and when?**

HWP Walk Thru then progressed through the Acute Medical Unit to Ambulatory Emergency Care (AEC), part of the AMU

Ambulatory Emergency Care (in the AMU)	**Findings** *(there was good signage in the department on alcohol awareness and a good 'dangle sign' to direct patients to AMU)*	**Comments/Recommendations from Healthwatch Portsmouth (HWP)** *(We noticed there was a sign asking 'are you ambulant?' with specific tests to help them decide)*
• How is Ambulatory unit working now?	The staff team use the national ambulatory score to determine frailty, ambulatory movement and chest pain. The results are then reviewed by a consultant which can screen out patients who do not need to be admitted and ensure patient is directed to most appropriate care.	
• Is staff skill mix here different to the AMU? • Does it feel there's good staff/patient ratio?	Senior staff felt that there is a good skill mix here now and they benefit from junior doctors' presence as well now.	 **What is the staff/patient ratio?**
• Do patients understand what AEC is for? * *AEC is where initial assessments are made of the patient's symptoms if they have been referred by their GP, the Acute Medical Unit or straight from the Emergency Dept. Diagnostic tests are carried out here such as X-ray, CT	A patient leaflet has been produced to explain what will happen and how long patients are likely to need to wait.	**HWP visiting group praised** the leaflet which had a lot of really useful information such as 'while you are waiting for your test results or in between having your various tests' (e.g. CT/MRI/Ultrasound scan) which could take up to 4 hours, you are welcome to go for a coffee/lunch, just keep in touch by leaving your mobile phone number at reception in case we need to reach you before you return to the Unit.

scan, MRI scan, Ultrasound scan, Echocardiogram scan, Doppler scan (veins etc)		
• Is a discharge plan discussed with patient?	The Senior staff member informed us that they are only discussed if patients are in escalation beds since a "level of functionality" is required before discharge can be considered.	**We queried if there was a protocol regarding safeguarding support issues**

HWP Walk Thru then progressed from the Acute Medical Unit (AMU) to the Discharge Lounge

Discharge Lounge	**Findings** *(currently located in D3 while the extension work continues)*	**Comments/Recommendations from Healthwatch Portsmouth (HWP)**
• What impact have the Multi Agency Discharge Events (MADE) had on improving the system and process of patient discharge?	Senior staff member informed us that £2.8m was being spent to improve support for 'winter frailty' patients in the new 24 bedded individual bays which includes seating area with access to escalation bed area. A headline handover is provided from the AMU senior team to enable staff in the Discharge Lounge to have timely information about those awaiting discharge.	We were told by the senior staff member that the discharge lounge and waiting area helps patients to feel that they are in control of how they can spend their time, having been informed of the process. **HWP visiting team felt that there was real continuity** going through the entire ED section of QA hospital , likely to have significantly improved patient flow
• What is extra capacity 'out of hospital' that staff can discharge to so Trust can reduce the percentage of Medically Fit for Discharge patients waiting?	£4.1m package of care for out of hospital support is being introduced to reduce by 50% the delays for patients who are Medically Fit for Discharge. The Discharge Lounge has been relocated as a temporary facility to enable a significant improvement to the existing provision of the discharge lounge by increasing bed capacity <u>Info received at meeting with PHT Chief Exec 15.10.19</u> For older patients there will be 12 extra beds on ward A6 on the ground floor of QA Hosp (avail from 22/12) CT scanner is being hired, located in A&E to cope with winter pressures (will become available from 22/12) £2.8m of capital funding is being made available to develop a 9 bed frailty interface team unit at QA Trust's approach to planning for winter pressures: co-ordinated approach	We were told that D3 ward has been made into a 'step down' ward which is nurse-led.

	consistent information smarter system working around the urgent care service Trust focusing on its staff and the role they can plan to help people stay healthy in winter: 'Help Us to Help You'. National advertising will encourage patients to increase their use of the 111 service, pharmacies, the imminent GP online appointments booking system and preventative health messages regarding respiratory health for people with Long-term Conditions.	
• Are carers regularly involved in discharge, care and onward treatment plans? When? • Are patients signposted to local carers centre?	Staff in this section of the hospital said yes, even at the beginning of the patient being cared for in hospital the patient is assessed (usually taking 1 ½ hrs) by the Frailty Team in order to optimise not duplicate the care provided. Staff said patients were not directed to local carers centre.	**HWP recommends that staff signposting to Carers Centre, Portsmouth Carers Voice and Healthwatch Portsmouth becomes part of standard practice**.
• Transporting patients by ambulance/taxi or other means resulting in fewer waits or still blockages? • When is transport to leave hospital discussed with patient? • Are slots of 9am/12 noon departure organised?	Staff informed us that members of the patient transport team visit the patient on their ward the day before they are due for discharge. Transport is booked by the ward staff the day before discharge is due to take place. 'Early discharge' options are also discussed with staff on the ward. Staff informed us that 4 hr slots are organised for the transport rather than just one slot in the morning and one at lunchtime.	HWP visiting team was pleased to hear that there are drinks and snacks provided in the discharge lounge for patients waiting to leave the hospital. **Is transport booked before or after patient safeguarding has been assessed?** **The HWP visiting team were pleased to hear that there was a mechanism for considering the needs of the patient before they actually leave hospital but wonder if sufficient time is factored in to enable the relevant care packages to be put in place so that they are available when the patient arrives home?** **Do the slots cover 24/7 ? How long is the wait time for patient if there is an unplanned delay? Are N.o.K. informed that there will be delay in transport leaving?** **HWP were very pleased to hear about weekly review**

• Is information about discharge travel options displayed in ED, AMU or AEC areas?	A 'trusted assessor' looks at what the patient's care plan states is required and what can be provided. If there is no care plan in place a social worker is contacted for advice. The Trust has just started to introduce the Ward Sister nurse to provide support to the process. Staff said that there is a weekly complaints review of AMU and Urgent Care. Themes are reported to governance managers and included in a newsletter. **We applaud this.**	
• Is there standardised 'red to green' system activated across all wards to ease discharge?	Staff informed us that reviews are undertaken at 7 /14 days after they are considered to be 'medically fit for discharge' ("MFFD") with senior social service managers to find out why the patient remains. We were told that 'Integrated Discharge' is the new approach to co-ordinating the care in hospital and care to support discharge. Complex cases though will not be in the AMU waiting for discharge	.
• Single point of access for 'Integrated Discharge Service' to enable patient contact with family/carer/friends/care home teams? • What support is there for family/carer facing problems in options offered for discharge?	Staff told us that the Discharge Summary which is written up should not contain any surprises or information that the patient and/or relatives, friends, carers do not already know. It is an opportunity for the patient's support network to know what the patient's condition is and how to support it.	**Healthwatch Portsmouth visiting team noted that there were a lot of acronyms used on the discharge form that did not mean anything to the reader unless you were clinically trained**. Staff in the Discharge Lounge told us that the Trust is trying to improve the way in which the required information about the patient is included on the form. **We'd support this.** **We also suggest a glossary of terms on back page?** **Is the patient's medication covered at the time of write up or is this included later? We feel that there could be vital info for patient's support network to know about the patient's current medication?**
• How does Frailty Interface Team work with social care teams to achieve timely discharge?	Staff informed us that that Frailty Discharge Team worked in designated areas with nurses, physios, social workers, occupational therapists and district nurses.	HWP visiting team were told that the frailty staff and dementia staff would contact carers and families **(and N.o.K?)** to discuss plans for discharge.

		Are the social workers QA based or community based or a mixture of the two to form an 'Interface Team'?
• How many patients are facing Delayed Transfers of Care (DTOC) because an interim solution to their short term needs cannot be accessed at point of being Medically Fit For Discharge? e.g. Linkage with 'bridging team'/ PRRT* team? Linkage with domiciliary care providers? Linkage with new 'neighbourhood teams'? (mix of social, heath and primary care staff) Linkage with voluntary sector housing support?	Senior staff informed us that in the discharge lounge area they did not have contact with the Portsmouth Rehabililtation and Re-ablement Team or with domiciliary care providers or new neighbourhood teams, voluntary sector housing support.	**Would the Trust consider if there is a benefit to an integrated discharge service to link with the Portsmouth Reablement and Rehabilitation Team *(PRRT)?**
• Medicines on discharge – if unlikely to change medication why not make up the day before departure to prevent unnecessary delays?	We were informed by staff that this sometimes happens but if there is a change it is included in the patient discharge letter so that families and carers know about the change.	**When is this communicated to the N.o.K? At the time of the change being made or at discharge? Is the patient's GP informed at the time the change is being made and involved in decision making about its advisability ?**
• Information to patient/family/carer ref onward care routinely provided prior to discharge so questions can be asked earlier?	As mentioned above: Staff told us that the Discharge Summary which is written up should not contain any surprises or information that the patient and/or relatives, friends, carers do not already know. It is an opportunity for the patient's support network * to know what the patient's condition is and how to support it.	We mentioned about HWP's research to discover the impact on residents' staff and relatives of the weekly clinician led visits to care homes to reduce unnecessary calls to 999, conveyance to hospital and admission. A Board member said that feedback she had received from a relative who works in a care home was that trying to support staff better in care homes to reduce the need to call 999 was a good idea.
• Preventative care to avoid re-admission: Information about danger signs to look out for after have arrived back home? Basic info on what to do/what not to do?		**What is the GP referral pathway on discharge if the patient is feeling unwell after discharge? Are GPs involved in discussions about whether the patient needs to be seen in primary care before a referral back into Secondary Care?**

Named contact in hospital ward/dept for patient to contact if worried about their condition or treatment after leaving hospital?		**Is there a named contact on the Discharge Sheet?**
Any other issues arising?		*A HWP Board member stressed the importance of identifying carers and improving the linkage between urgent care staff and the carer. **It was agreed that this would be taken forward as an action.** Regarding the new Emergency Floor development in the North Car Park area of the QA Hospital site **we asked if HWP could be part of the oversight group**.

Ends. 23.11.18 Healthwatch Portsmouth 'Third Walk Thru'