

7 day Services: Compliance and progress 4 March 2019

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Agenda Item No: 11.8

Trust Board Report

Meeting Date:	4 th March 2019
Title:	7 day Services: Compliance and progress
Executive Summary:	<p>This report presents the current compliance and progress of the Trust against the national 7 day service standards.</p> <p>This includes the compliance against the four priority standards and against a continuous quality improvement plan that seeks to improve patient and staff experience.</p> <p>The directorates and the Trust will continue to embed the principles of 7 day standards into their working practice, continue to monitor compliance and share good practice.</p> <p>The results have been shared with the 7day Service Committee and Trust Management Committee. The reporting mechanism has changed and for the first time this report is presented as a self-assessment document as required by NHSE.</p>
Action Requested:	Approve
For the attention of the Board	The Trust has maintained its compliance against three of four priority standards. Compliance against the standard, daily review by a consultant has fallen from 95% to 85%. The Trust has identified those areas requiring improvement and programmes of work have been developed both against the priority standards and the other six quality standards so that compliance is achieved by the target date of March 2020.
Assure	Be assured that current service delivery supports 7 day working and that a continuous improvement programme is in place to further progress compliance against standards
Advise	This programme of work will be submitted to NHSI
Alert	
Author + Contact Details:	Tel 01902 696748 Email @nhs.net
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators

Resource Implications:	Revenue: None Capital: None Workforce: None Funding Source: None
Report Data Caveats	None
CQC Domains	Safe: patients, staff and the public are protected from abuse and avoidable harm. Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. Caring: staff involve and treat everyone with compassion, kindness, dignity and respect. Responsive: services are organised so that they meet people's needs. Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	None
Risks: BAF/ TRR	None
Risk: Appetite	Unchanged
Public or Private:	Public
Other formal bodies involved:	TMC
References	https://improvement.nhs.uk/resources/board-assurance-framework-seven-day-hospital-services/
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Report Details	
1	<p><u>BACKGROUND</u></p> <p><u>The National Directive:</u></p> <p>NHS England committed in 2015 to providing a 7 day service across the NHS by 2020. The declared intention is that all in-patients admitted through Emergency and Urgent Care routes will have access to consistent and equal clinical services on each of the 7 days of the week, at the time of admission and throughout the stay in an acute hospital bed.</p> <p>The rationale for this intention is to improve safety, quality and efficiency of care, ensuring that senior decision makers are available to provide the same level of assessment, diagnosis, treatment and intervention on each day of the week. The expectation is that these senior staff will also be readily available to provide information to patients and relatives and to supervise junior staff.</p> <p>In addition supporting services should be available so that the decisions of the team can be enacted in a timely manner and not be delayed because of lack of staff or facility resource.</p> <p>There is currently no intention to expand elective care across the 7 days of the week. RWT provides Saturday and evening outpatient services on an adhoc basis in a few directorates. But there is no national or local imperative to expand this at the present time.</p>

The National Standards

Ten standards have been set. Four of these are priority standards and are those most closely linked to the improvement in safety and efficiency and it is these four standards that the NHS expects to be in place for all Acute Trusts by 2020. These standards have been endorsed by the Academy of Royal Colleges.

The four priority standards are:

- All patients admitted as an emergency to be reviewed by an appropriate consultant within 14 hours of admission
- All patients to be reviewed daily via a consultant delivered ward round and those who meet level 2 and 3 ICU criteria to be seen twice daily.
- Seven day access to consultant directed and reported diagnostics
- Twenty-four hour access to consultant directed interventions e.g. endoscopy, emergency surgery etc.

The six other standards are:

- Patient experience
- Availability of multidisciplinary review
- Consistent handover led by a senior decision maker
- Timely and consistent access to mental health services
- Access to support services to enable transfer out of hospital
- Attention to quality improvement by all members of the clinical team

In April 2017 RWT as an early implementer, was able to provide evidence of compliance against the four priority standards and has been working to improve services in line with the further six.

Evidence of compliance has been submitted nationally twice yearly and has taken the form of patient case note audit. NHSI have now revised the reporting mechanism and have requested that Trust Boards assure progress by way of a 7day self- assessment tool. This self-assessment tool is attached to this paper, in Appendix 1.

2 Compliance

2.1 Four Priority Standards

i. 14 hours to see a Consultant – Target 90%

Job planning in most areas of the Trust allows for 7 day access to consultants for all emergency admissions. ENT and Urology have not to date been able to redesign job plans to provide 24/7 access. Actions will be taken to rectify both of these non-compliant areas during 2019/20.

Two audits of patient notes have been conducted since April 2018. Both of these show compliance at 91% and 90.7% respectively and this is consistent across the week. Admissions to acute medicine show compliance of 96% or above. Those areas where there is less likely to be compliance include Childrens, ENT, Surgery, Gynaecology and Orthopaedics. In some cases attention to documentation is required to evidence the consultant review e.g. Oncology.

Action: ENT has redesigned pathways with Dudley Group of Hospitals which will provide

access to Consultants for emergency admissions across 7 days from April 2019.

Urology will appoint to two further Consultants, the recruitment process to start March 2019. Once recruited to, patients admitted as an emergency will see a consultant within 14hours.

In a separate audit, 100% of patients admitted on the Stroke Thrombolysis and Cardiac STEMI pathways were seen within 14 hours.

ii. Daily Consultant review- Target 90%

Job planning across the Trust allows for daily consultant ward rounds, with the exception of Upper GI, Urology, Care of the Elderly and Head and Neck directorates. Compliance at audit has fallen from 95% in April 2017 to 85% across 2 audits conducted in 2018. Incomplete compliance is seen across most directorates and is not driven by poorer performance on one particular day of the week. In many cases failure to document consultant and junior doctor interaction is the cause of the non-compliance, and this was seen for the first time in Gastroenterology and Acute Medicine. Good practice is seen in the Respiratory directorate who have a standardised ward round template. ICCU show consistently high performance. Where documentation is an issue this has been highlighted to directorates.

In the case of Care of the Elderly, Urology and Upper GI, vacancies in the consultant workforce mean that daily review of all patients is a challenge. In the case of ENT, cross site (Dudley and RWT) commitments have made daily consultant presence on the wards at RWT difficult.

Action: ENT has redesigned pathways with Dudley Hospitals which will allow compliance from April 2019.

Care of the Elderly will introduce a ward round template in January 2019 with focus on information which will prioritise information describing 'need for review'. We will audit its use in March 2019.

Active recruitment is ongoing in the Care of the Elderly directorate. Two new consultants to start from Autumn 2019, however further recruitment is required to replace leavers.

Recruitment to 2 Urology Consultant posts expected during summer 2019, with compliance expected once these consultants are in post.

Directorates will provide refresher education on case note documentation

iii. Access to diagnostic services- 1 hour for critical, 12hours for urgent

The Trust provides all of the relevant services on site across each of the 7 days. Audits are performed in some specialities to assure the directorate of timeliness e.g. time to scan for Stroke patients.

Action: To broaden the performance measurement systems so as to get a wider understanding of timeliness.

iv. Timely access to key interventions

The Trust has access to all of the relevant services across each of the 7 days. All care is provided on site with the exception of interventional radiology which is provided 'out of hours' by a network arrangement.

2.2 Continuous Improvement Standards

i. Patient Experience

Family and Friends feedback is reported by day of the week of admission. All reports show consistently good results between days.

ii. Availability of Multidisciplinary Team Review

This standard means that all members of the multidisciplinary team should be available on each day of the week to support patient flow and consultant decision making throughout the hospital. Patient flow coordinators and therapists are available to all wards at the weekend and social work on Saturdays. Recent progress has been made so that each medical ward now has a junior doctor each at weekends, (previously 1 doctor per directorate). There are gaps in provision of ward pharmacy. There is consistent senior nurse availability in ED and other admission portals, but less consistency on general wards

Action: Monitor presence of nursing seniority on wards with an intention to achieve compliance across 7 days by September 2019.

Business case to be developed to achieve pharmacists in Emergency portals across 7 days.

iii. Consistent shift Handover

The intention is to ensure that handover of cases is to a high standard. Medical directorate handover is consistent and well embedded. Other directorate's handover mechanism is less formal. A Medical Handover Policy was agreed at Trust Board January 2019. Directorates need to configure their handover process in line with the policy.

Action: Audit implementation of Handover Policy in June 2019.

iv. Timely and consistent access to Mental Health

Access to emergency mental health services for adults is available in ED 24/7. Patients are not admitted to RWT unless they also have a physical condition that requires treatment. The response by adult mental health crisis team to wards is an average 11hrs from receipt of referral. Children's Mental Health services are less responsive; the Trust has escalated this issue to the CCG.

v. Access to services to support transfer out of the hospital

Hospital discharge services are available each day of the week, including patient flow coordinators, therapies, transport and the clinical teams are able to transfer patients to inpatient rehabilitation facilities and refer to NHS community services for home care. Local Authority support is less responsive at the weekends, e.g. in most instances start-up package of care, placement of patients into nursing and residential homes is not available. This gap in service has been escalated to colleagues including via the Health Scrutiny Panel and the Accident and Emergency Delivery Board.

vi. Quality Improvement

The Trust will measure the impact of the additional resource by building on the suite of metrics that already exist. A pilot survey on the impact of additional medical resource at the weekend support has been completed on the Diabetes ward. The results showed that staff believe that there has been a positive impact on patient care and flow. Further work to be done on understanding the impact on training opportunities.

Action: The staff survey will be rolled out to other directorates to get a complete picture.

We will build on current data available to understand patient flow patterns across all wards in the Trust.

3

Reporting

	For the first time NHSI have requested that the information contained in this report is presented in the form of a self-assurance document. This report is included for information.
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Appendices	
1	NHSI 7 Day Service Self-Assessment Tool



7 Day Hospital Services Self-Assessment

Organisation	ROYAL WOLVERHAMPTON NHS TRUST
Year	2018
Period	Autumn

Priority 7DS Clinical Standards

Clinical standard	Self-assessment of performance	Weekday	Weekend	Overall score
<p>Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.</p>	<p>Most recent compliance, October 2018 is 90.7% (expected compliance 90%). RWT has achieved this standard across the Trust at twice yearly audit since October 2016. However there is inconsistent performance across directorates. For those admitted through the medical wards (c 60% of our total emergency admissions) compliance is as high as 96%. Patients admitted through all other portals i.e. Paediatrics, Orthopaedics, Obs and Gynae, Oncology and Haematology, Head and Neck and Surgery have not consistently complied with achievement with results ranging from 78% compliance to 43%. There does not appear to be a difference in compliance based on day of the week. Job plans in all Emergency admission portals (except Head and Neck, Urology) allow for daily ward rounds. However job plans, particularly in surgical directorates, do not always allow for an evening ward visit to see those patients who are admitted after the morning round has been completed. In some areas attention to documentation of the discussion between SPR and Cons would improve the compliance rate. In a separate audit, 100% of patients admitted on the Stroke Thrombolysis and Cardiac STEMI pathways were seen within 14 hours.</p> <p>Action: ENT has redesigned pathways with Dudley Hospitals which will provide access to Consultants for emergency admissions across 7 days from April 2019. Urology will start the recruitment process to a further two Consultants in March 2019. Successful recruitment will mean that Urology will then be able to comply with the 7 day standard.</p>	Yes, the standard is met for over 90% of patients admitted in an emergency	Yes, the standard is met for over 90% of patients admitted in an emergency	Standard Met

Clinical standard	Self-assessment of performance	Weekday	Weekend	Overall score	
<p>Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:</p> <ul style="list-style-type: none"> • within 1 hour for critical patients • within 12 hours for urgent patients • within 24 hours for non-urgent patients. 	<p>Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?</p> <p>RWT provides diagnostic services for patients requiring urgent and emergency access on each of the 7 days.</p>	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerised tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
		Echocardiography	Yes available on site	Yes available on site	
		Magnetic resonance imaging (MRI)	Yes available on site	Yes available on site	
		Upper GI endoscopy	Yes available on site	Yes available on site	

Clinical standard	Self-assessment of performance	Weekday	Weekend	Overall score	
<p>Clinical Standard 6: Hospital inpatients must have timely 24-hour access, seven days a week, to key</p>	<p>Q: Do inpatients have 24-hour access to the following consultant-directed interventions seven days a week, either on site or via formal network arrangements?</p>	Critical Care	Yes available on site	Yes available on site	Standard Met
		Interventional radiology	Yes available on site	Yes mix of on site and off site by formal arrangement	

consultant-directed interventions that meet the relevant specialty guidelines, either on site or through formally agreed networked arrangements with clear written protocols.	RWT is compliant. Interventional Radiology available at weekends via shared arrangement with Black Country Trusts. Other interventions available for urgent and emergency cases in Trust.	Interventional endoscopy	Yes available on site	Yes available on site	Standard Met
		Emergency surgery	Yes available on site	Yes available on site	
		Emergency renal replacement therapy	Yes available on site	Yes available on site	
		Urgent radiotherapy	Yes available on site	Yes available on site	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous coronary intervention	Yes available on site	Yes available on site	
		Cardiac pacing	Yes available on site	Yes available on site	

Clinical standard	Self-assessment of performance	Weekday	Weekend	Overall score
<p>Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.</p>	<p>Job planning across the Trust allows for daily consultant ward rounds, with the exception of Upper GI, Urology, Care of the Elderly and Head and Neck directorates. Compliance at audit has fallen from 95% in April 2017 to 85% across 2 audits conducted in 2018. Noncompliance is seen across most directorates and is not driven by poorer performance on one particular day of the week. In many cases failure to document consultant and junior doctor interaction is the cause of the non-compliance, and this was seen for the first time in gastroenterology and acute medicine. Stroke services showed a compliance rate of 81.3%. Good practice is seen in the respiratory directorate who have a standardised ward round template. ICCU show consistently high performance. In the case of Care of the Elderly, Urology and Upper GI, vacancies in the consultant workforce mean that daily review of all patients is a challenge. In the case of ENT, cross site (Dudley and RWT) commitments have made daily consultant presence on the wards at RWT difficult.</p> <p>Action: ENT has redesigned pathways with Dudley Hospitals which will allow compliance from April 2019.</p> <p>Care of the Elderly will introduce a ward round template in January 2019 with focus on information which will prioritise information describing 'need for review'. Audit its use March 2019.</p> <p>Active recruitment is ongoing in the Care of the Elderly directorate. Two new consultants to start from Autumn 2019, however further recruitment is required to replace leavers.</p> <p>Recruitment to 2 Urology Consultant posts expected during summer 2019, with compliance expected once these consultants are in post.</p> <p>Directorates will provide refresher education on case note documentation</p>	<p>Once Daily: No the standard is not met for over 90% of patients admitted in an emergency</p>	<p>Once Daily: No the standard is not met for over 90% of patients admitted in an emergency</p>	Standard Not Met
		<p>Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency</p>	<p>Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency</p>	