

# 7 day services Compliance and Progress

## 5 August 2019

Three wavy lines in blue, green, and pink/magenta colors, overlapping each other and extending across the bottom of the page.

Agenda Item No: 9.1

## Trust Board Report

<b>Meeting Date:</b>	5 <sup>th</sup> August 2019
<b>Title:</b>	7 day Services: Compliance and progress
<b>Executive Summary:</b>	<p>This report presents the current compliance and progress of the Trust against the national 7 day service standards.</p> <p>The Trust has maintained its compliance against three of four priority standards. These are timely access to first consultant review and access to urgent or emergency diagnostic and interventional procedures. Compliance against the standard, daily review by a consultant remains at 85.9% against a national standard of 90%. The Trust has identified those areas requiring improvement and programmes of work. Compliance is expected by March 2020.</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>This report is presented as a self-assessment document as required by NHSE</p>
<b>Action Requested:</b>	Approve
<b>For the attention of the Board</b>	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.
<b>Assure</b>	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
<b>Advise</b>	This programme of work will be submitted to NHSI
<b>Alert</b>	
<b>Author + Contact Details:</b>	Tel 01902 696748      Email @nhs.net
<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Create a culture of compassion, safety and quality</li> <li>2. Proactively seek opportunities to develop our services</li> <li>3. To have an effective and well integrated local health and care system that operates efficiently</li> <li>4. Attract, retain and develop our staff, and improve employee engagement</li> <li>5. Maintain financial health – Appropriate investment to patient services</li> <li>6. Be in the top 25% of all key performance indicators</li> </ol>

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

Report Details	
<b>1</b>	<p><b><u>BACKGROUND</u></b></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 relate to improvement in quality and 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.

**2**

## **Compliance**

**2.1**

### **Four Priority Standards**

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

An audit of 213 patient notes May 2019 shows compliance at 94.3% which is an improvement on previous data (90.7%). Admissions to acute medicine show compliance of 98% or above. Patients are less likely to have timely review if they are admitted directly to the ward from ED or clinic, and/or are admitted for Paediatric, ENT or Urology review.

**Action:** ENT has redesigned pathways with Dudley Group of Hospitals and will provide access to Consultants for emergency admissions across 7 days from September 2019.

Urology is expecting to begin the recruitment process to further consultants during Q3 2019.

#### **ii. Daily Consultant review- Target 90%**

Compliance against this target is 85.9% which is consistent with 2018 performance. Job

planning across the Trust allows for daily consultant ward rounds, with the exception of Upper GI, Urology, and Head and Neck directorates. Care of the Elderly have daily ward rounds but do not have sufficient capability to review all patients. AMU, SEU and ICCU show consistently high performance. Documentation in the notes appears to have improved across the directorates however there is still room to improve, particularly when the decision is that there is no need for review.

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 September 2019.

Active recruitment is ongoing in the Care of the Elderly directorate. Two replacement consultants to start from Autumn 2019, and a further two from Q1 2020.

The business case to recruit to 2 additional Urology Consultant posts is in negotiation with CCG. If successful this will provide the capability for compliance.

- 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. Further work underway to expand the sources of patient feedback. The requirement to report on patient engagement is included in the Trust's Patient and Public Engagement strategy.

Action: Expand intelligence on patient experience.

- 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. Patient flow coordinators and therapists are available to all wards at the weekend and social work on Saturdays. An increase in junior doctor resource at weekend has been maintained throughout 2019 following its introduction in Q3 2018. There are gaps in provision of ward pharmacy. There is consistent senior nurse availability in ED and other admission portals. An audit of ward rosters in January and February was undertaken with an explicit focus on the compliance of a senior nursing staff (band 6/7) rostered to work day shift Saturday and Sunday, albeit part of the direct care compliment. This audit identified that in Q4 2018 over 80% of wards had a Junior Sister or above rostered during weekend day time shifts. The Heads of Nursing in each Division are monitoring compliance with the rostering requirement, and a further retrospective audit will be completed in September 19.

	<p>In addition to the work undertaken within the hospital TMC and Trust Board have previously been informed of the additional GP appointments provided across the week by the VI practices. This initiative adds to the Trusts commitment to provide parity of service for our patients and contributes to the overall patient journey.</p> <p><b>Action:</b> Monitor presence of nursing seniority on wards.</p> <p>iii. Consistent shift Handover</p> <p>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.</p> <p><b>Action:</b> Audit implementation of Handover Policy in Q2 2019.</p> <p>iv. Timely and consistent access to Mental Health</p> <p>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. Previous data shows that 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.</p> <p>v. Access to services to support transfer out of the hospital</p> <p>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.</p> <p>vi. Quality Improvement</p> <p>From April 2019, the Trust launched a dedicated Quality Improvement team. The remit is to work with the clinical teams to identify gaps in service and to use quality improvement methodology to promote change. The QI team will concentrate on themes related to the promotion of patient safety and improved patient journey. 7 day service culture is embedded in the work that is progressed. Areas of current work include compliance against clinical pathways (pneumonia and sepsis) in ED and nursing handover between emergency portals and wards.</p>
3	<p><b><u>Reporting</u></b></p> <p>The information contained in this document will be submitted to NHSI in the form of a self-assurance document. This report is included for information.</p>

Appendices	
1	NHSI Self-Assessment Tool



## 7 Day Hospital Services Self-Assessment

<b>Organisation</b>	ROYAL WOLVERHAMPTON NHS TRUST
<b>Year</b>	2019
<b>Period</b>	Spring

Priority 7DS Clinical Standards

Clinical standard	Self-assessment of performance	Weekday	Weekend	Overall score
<p><b>Clinical Standard 2:</b> 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>An audit of 213 patients was undertaken in May 2019. Compliance against the standard was 94.3%. This is an improvement from the last submission in October 2018 (90.7%). Nationally the expected compliance is 90%. RWT has achieved this standard at twice yearly audit since October 2016. There is inconsistent performance across directorates. For those admitted through the Acute Medical ward (c 55% of our total emergency admissions) compliance is as high as 98%. Similarly there is compliance above 90% for those patients admitted through the Surgical Admissions unit. There are some learning points. Patients who are admitted directly to a ward from Emergency Department or clinic (e.g straight to a medical ward, oncology, Trauma and orthopaedics) are less likely to be seen within 14 hours by a consultant. Head and Neck (ENT, Max Fax) and Urology patients are mostly managed by the SPR team rather than the consultant. Similarly evidence of early consultant contact in Paediatrics is also inconsistent.</p> <p>In this audit patients were more likely to be seen within 14 hours at the weekend, previously the compliance had been similar across the days.</p> <p>Progress on previous actions: Head and Neck Directorate (ENT) had expected to adopt a daily ward round (and on call evening round) from April 1st 2019. The change in rota required to do this needs to be achieved in conjunction with Dudley Hospitals. There has been a delay in this plan, however we are expecting this new rota to start from September 2019.</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><b>Clinical Standard 5:</b> 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"> <li>• within 1 hour for critical patients</li> <li>• within 12 hours for urgent patients</li> <li>• within 24 hours for non-urgent patients.</li> </ul>	<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>	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerised tomography (CT)	Yes available on site	Yes available on site	
	<p>RWT provides diagnostic services for patients requiring urgent and emergency access on each of the 7 days.</p>	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><b>Clinical Standard 6:</b></p>	<p>Q: Do inpatients have 24-hour access to the following consultant-directed</p>	Critical Care	Yes available on site	Yes available on site

Hospital inpatients must have timely 24-hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on site or through formally agreed networked arrangements with clear written protocols.	interventions seven days a week, either on site or via formal network arrangements?	Interventional radiology	Yes available on site	Yes mix of on site and off site by formal arrangement	Standard Met
		Interventional endoscopy	Yes available on site	Yes available on site	
		Emergency surgery	Yes available on site	Yes available on site	
	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.	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
<b>Clinical Standard 8:</b> 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.	The audit in May 2019 showed compliance of 85.9%. This remains the same compliance rate as that result from 2 audits in 2018 (85%). The Trust previously achieved compliance in April 2017 (95%). National standard compliance is 90%. Most directorates have job plans which allow for daily ward rounds. The exceptions are Head and Neck and Urology. Patients who require twice daily consultant care are mainly those on ICCU. Audit continues to show 100% compliance. Progress on previous actions: Care of the Elderly have relaunched the ward round proforma which allows for specific instruction on consultant input required. Further improvements in completion could be achieved particularly to identify those patients who do not require review. Other directorates (specifically Gastroenterology/Acute Medicine) have improved their documentation. Further action to improve compliance: ENT will introduce a revised rota from Sept 2019 which will allow daily review. Elderly Care are actively recruiting to consultant vacancies. However these posts will not be filled until Q1 20/21. Urology is going through the process of requesting support from CCG for an additional 2 consultants which if successful will provide the capability of achieving daily ward review.	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	