

Health Scrutiny Panel

29th March 2018

Report title	Urgent and Emergency Care 7 day Services
Report of:	Medical Director Royal Wolverhampton NHS Trust
Portfolio	Adult Social Care Health and Wellbeing

Recommendation(s) for action or decision:

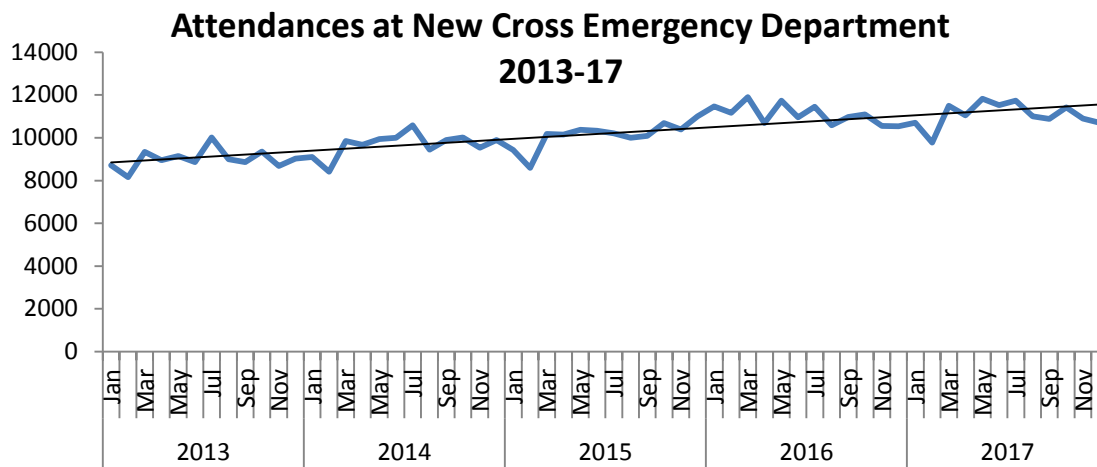
The Health Scrutiny Panel is recommended to:

1. Be assured of current service delivery status
2. Support plans for future development which require cross organisation collaboration

1.0 Introduction

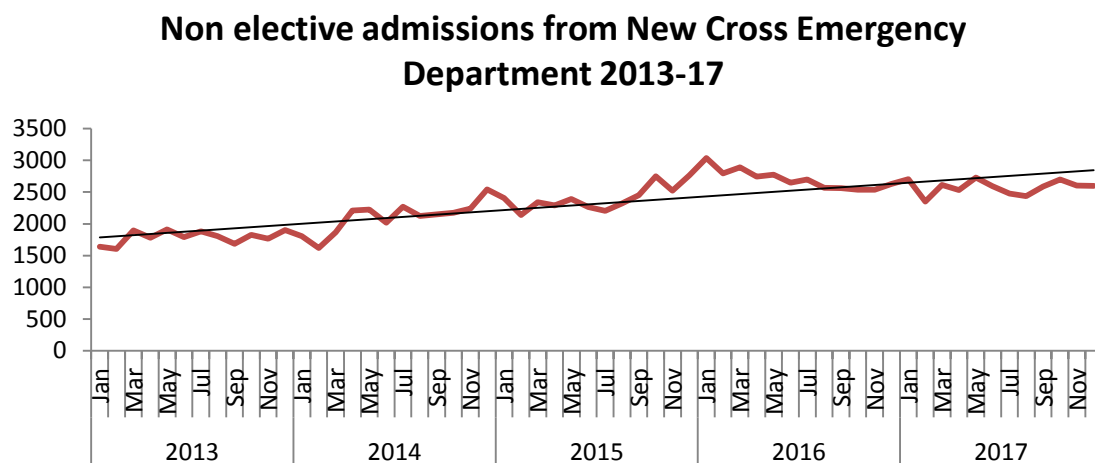
- 1.1 This report summarises the development of delivery of 7 day care for patients admitted to hospital as an emergency or urgent admission as defined by the NHS E Seven day forum. Achievement of the standards set by NHS England relies on cross organisation and agency cooperation and it is therefore relevant that the Health Scrutiny panel are aware of the success and barriers to achievement.
- 1.2 This initiative is set against the background of increasing attendances at Emergency Departments across the country including Royal Wolverhampton NHS Trust (RWT), see graph 1. Measures have been put in place to reduce the rate of growth and these show early signs of success. These measures include the triage and divert facility 111, increasing the capacity of paramedics to treat and discharge at scene, an expansion of community health teams and diverting patients to co-located GP services.

Graph 1



- 1.3 Non elective admission to a hospital bed from ED has also increased over the years, see graph 2. A plateauing of these admissions occurred following the opening of the new Urgent and Emergency Care centre and the redesign of the medical take model, (Physician A and B).

Graph 2



- 1.4 Safe services including consistent flow of patients though the hospital is imperative in order that effective and quality services are maintained for patients. A 7 day service provision is one of the components that will support this flow

2.0 Background

The National Directive:

- 2.1 NHS E committed in 2015 to providing a 7 day service across the NHS by 2020. The expectation is that all patients admitted through emergency and urgent care routes (also known as non-elective), 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.
- 2.2 The rationale for this 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.
- 2.3 In addition supporting services should be available so that the decisions of the senior team can be enacted in a timely manner and not be held up because of lack of staffing or facility resource.
- 2.4 It is important to distinguish this intention from an expansion in elective care. Whilst RWT does provide some elective services at the weekend there is no national or local imperative to expand this at the present time.
- 2.5 The national 7 day service emergency directive also runs alongside the General Practice Five Year Forward View, an intention of this to expand GP access to weekends and evenings.

The National Standards

- 2.6 As a measure of 7 day provision, ten standards were developed by the NHS Services, Seven days a week forum, chaired by Sir Bruce Keogh in 2013. These standards were endorsed by the Academy of Royal Colleges. Four of these standards were selected on the basis of their potential to positively affect patient outcomes. NHS E expects all Acute Trusts to be compliant by 2020.
- 2.7 RWT as one of twenty-six early implementer sites committed to achieving these four priority standards by end of March 2017.
- 2.8 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
 - Seven day access to consultant directed and reported diagnostics
 - Twenty-four hour access to consultant directed interventions e.g. endoscopy, emergency surgery.

2.9 The six other standards in brief are:

- Consistent patient involvement in decision making
- Consistent and timely multidisciplinary review
- Effective clinical handover between team members, led by a senior decision maker
- Timely and consistent access to mental health services
- Consistent access to support services to enable transfer out of hospital
- Attention to quality improvement by all members of the clinical team

2.10 Biannual national audits have been held each year to measure compliance.

Outputs: 4 Priority Standards

2.11 Working groups involving members from across organisations, RWT, Wolverhampton CCG, Black Country Mental Health Partnership and Wolverhampton Local authority first met in 2016 to conduct a gap analysis. Work has been ongoing to address these gaps. From necessity much of the work has been conducted by RWT

2.12 The outputs from RWT which have supported compliance against the 4 priority standards include:

- Redesign of consultant medical 'take' and acute medicine rota so that consultant ward rounds for those patients newly admitted to the Trust are run continuously between 8am and 10pm, 7 days each week
- Consultant job plans designed across the Trust so that all wards have a daily ward round and a review each evening
- Consultant of the week adopted in areas that had not previously used this model, particularly in Oncology and Respiratory directorates
- Doubling of consultants on call in Orthopaedic areas
- Introduction of documentation tools to aid communication between consultant and junior colleagues
- Interventional Radiology delivered via a network of Trusts (Dudley, Wolverhampton, Sandwell and Walsall).
- Additional consultant posts in some areas including Urology

2.13 The results of the RWT audits are as follows

Standard	October 2016	April 2017	October 2017
14hour Consultant review	63%	92%	90%
Daily Consultant review	73%	95%	Not audited
Access to Emergency and Urgent Diagnostics	Pass	Pass	Not audited

Access to Emergency and Urgent Interventions	Pass with exception of provision of weekend Interventional radiology	Pass	Not audited

- 2.14 National minimum compliance is set at 90%, hence RWT have met these standards for the last 12 months. Next audit is due April 2018.
- 2.15 However there are still some areas where vacancies or lack of resource means that compliance is not as robust as other areas. This is most marked in the care of the elderly teams (hard to recruit to area) and upper gastrointestinal surgery.
- 2.16 Changes to working practices across the Trust have been positive. Benefits include:
- Reduction in patient length of stay on wards where consultant of the week is adopted
 - Increase in discharges on wards where consultant of the week is adopted
 - Modest increase in weekend discharges but still below week day numbers.
 - Qualitative data which suggests that junior doctors and nursing staff are better supported by consultants
 - Qualitative data which suggests that relatives are better informed of progress and plans
 - A reduction in clinical incidents in specific areas in comparison to the time before formal weekend inpatient working was introduced.

Progress against 6 other standards

- 2.17 Work has been ongoing against the other 6 standards (see 2.9 for description)
- Patient involvement/experience: RWT has analysed the data produced by the Family and Friends test. This has shown consistent outcomes independent of day of week of admission.
 - Multidisciplinary review: Weekday working includes a morning MDT meeting in most areas. A pilot is currently being undertaken to extend this to weekends. However there is a deficit of staff members in some areas, see 2.18, and therefore full MDT meetings will not occur until this is addressed
 - Handover between clinical staff should be the same independent of day of week in most clinical areas. This to be formalised in a Trust policy.
 - The input from other agencies at weekends e.g. mental health or local authority has improved in recent years. However arguably the greatest remaining benefit to a “true” 7 day service for these patients would come from an extension into weekend services of those providers of continuing care packages both of bed provision and home support. This would support weekend discharges and support patient flow across the Trust.

2.18 Many of the 6 remaining standards require other supporting teams to provide a comprehensive service over 7 days. Progress is tabulated below

Team	Influencing Organisation	Current working status (March 2018)	Ideal future
Patient Flow Coordinators	RWT	Work across 7 days	To meet with Consultants as part of an MDT at weekends
Therapists	RWT	Work across 7 days	To meet with Consultants as part of an MDT at weekends
Pharmacists	RWT	Limited weekend working	Medicine reconciliation on wards
Senior Nurses	RWT	Limited seniority of nursing at weekends	1 senior nurse for each ward with a remit to attend MDT meetings
Social worker	LA	Weekend working in ED Saturday working for wards	Sunday working across wards, able to effect discharges into nursing homes, wider continuing care packages
Nursing Homes		Accept referrals Monday to Friday only	Nursing homes to assess and accept patients 7 days each week
Personalised support /HARP/Resource Centres	LA	Accept referrals Monday to Friday only	New packages of care to be accepted at weekends
Mental Health	BCP	24/7 service for Emergency Department. Limited support for children at the weekend No service available for ward cover	Comprehensive Children's service available Ward cover available
Community Nursing/Therapy teams	RWT	Available 7 days	As now
Step Down	WCGG	Monday to Friday V limited weekend facility	New packages of care to be accepted at weekends

Summary

- 2.19 The data describes the changes to service delivery which have positively benefited the care of patients attending for Emergency care at RWT.
- 2.20 Work is required to further expand provision. This may require an investment in resources in some areas as well as a change in culture.
- 2.21 RWT has had some support from Local Authority although there is more provision required.

3.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

Wider Determinants of Health	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Dementia (early diagnosis)	<input type="checkbox"/>
Mental Health (Diagnosis and Early Intervention)	<input checked="" type="checkbox"/>
Urgent Care (Improving and Simplifying)	<input checked="" type="checkbox"/>

4.0 Decision/Supporting Information (including options)

None

5.0 Implications

5.1 Change in working patterns for some organisations and working teams

5.2 Potential investment in staffing resource required

6.0 Schedule of background papers

- 6.1 Further information on RWT 7ds performance and strategy can be found by contacting the report writer:

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