

Health Scrutiny Panel 20th September 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 status of 7 day care for patients admitted to Royal Wolverhampton Hospitals hospital as an emergency or urgent admission. 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 The report also describes a change to the monitoring, reporting and assurance approaches from autumn 2018.

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 delayed 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 and endorsed by the Academy of Royal Colleges. Four of these standards were selected on the basis of their potential to positively affect patient outcomes.

2.7 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.

2.8 The six other standards, known as the Standards for Continuous Improvement, involve:

- Evidence of feedback from patients
- 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
- Assurance that trust board level reviews of patient outcomes cover elements of care and quality relating to the delivery of high quality care seven days a week

2.9 To date biannual national audits have been held each year to measure compliance against the 4 priority standards.

Outputs: 4 Priority Standards

2.10 The results of the RWT audits are as follows

<u>Standard</u>	<u>October 2016</u>	<u>April 2017</u>	<u>Oct 2017</u>	<u>April 2018</u>
14hour Consultant review	63%	92%	90%	91%
Daily Consultant review	73%	95%	Not audited	86%
Access to Emergency and Urgent Diagnostics	Pass	Pass	Not audited	Pass
Access to Emergency and Urgent Interventions	Pass with exception of provision of weekend interventional radiology	Pass	Not audited	Pass

2.11 National minimum compliance is set at 90% or Pass. RWT met these standards in 3 of 4 standards at the most recent audit.

2.12 There has been deterioration in compliance against the daily consultant review standard. In some areas this is due to lack of documentation of consultant presence, however there are still difficulties in recruitment (e.g. care of elderly), meaning that consultant teams are not to full strength and not all patients are seen each day by the most senior member of the team.

2.13 The Trust is actively seeking to increase the number of consultants in key areas, including care of the elderly, head and neck and urology.

Changes to reporting mechanisms

2.14 From autumn 2018, changes will be made to the 7 day service reporting and assurance approaches.

2.15 Measurement will broaden in its requirement. For instance inclusion of 7 day working in job plans, local audit, and service provision in process and policy documents will be used as evidence of compliance.

2.16 Reporting mechanisms will be via Trust Boards and CCG Improvement and Assessment Framework. The CQC will report on compliance as part of their inspection process.

2.17 Sustainability and Transformation Partnerships (STPs), offer the mechanism to create system wide transformation, particularly where greater cooperation between local providers is required to meet the 7DS Clinical Standards.

2.18 By way of example, progress of current 7 day service provision and areas requiring improvement at RWT is tabulated below

RWT Progress against 6 other standards

Clinical Standard	Evidence to support assurance of progress: Still to Provide:
1 – Patient Experience	<p><i>Evidence required:</i> Local patient experience surveys on quality of care/consultant presence on weekdays vs weekends. Feedback e.g. Levels of complaints/ Healthwatch directly related to quality of care on weekdays and weekends.</p> <p><u>RWT evidence to support assurance of progress:</u> Family and Friends feedback has shown consistent good results, independent of day of admission</p>
3 – Multi-disciplinary team review	<p><i>Evidence required:</i> Assurance of written policies for MDT processes in all specialties, with appropriate members (medical, nursing, therapy, pharmacy etc) to enable assessment for ongoing/complex needs and integrated management of discharge planning and medicines reconciliation within 24 hours.</p> <p><u>RWT evidence to support assurance of progress:</u> Therapy: provision of service at weekends Social worker: provision 6 days /week</p> <p><u>Still to provide:</u> MDT meetings (huddles) at weekend Consistent presence of senior nursing staff at weekend</p>
4 – Shift handovers	<p><i>Evidence required:</i> Assurance of handovers led by a competent SDM taking place at a designated time/place, with mdt participation from in-coming and out-going shifts. Assurance that handover processes, including communication/ documentation, are reflected in hospital policy and standardised across seven days of the week.</p> <p><u>RWT evidence to support assurance of progress:</u> Medical directorate handover is consistent and well embedded Surgical handover less well established.</p> <p><u>Still to provide:</u> Policy in process of being written</p>
7 – Mental Health	<p><i>Evidence required:</i> Assurance that liaison mental health services are available to provide urgent and emergency mental health care in acute hospitals with 24/7 EDs, 24 hrs/day, 7days/week.</p> <p><u>RWT evidence to support assurance of progress:</u> Adult Mental Health teams available 24/7 to provide emergency support for adults.</p> <p><u>Still to provide:</u> CAHMS services not as comprehensive. Awaiting CCG discussion</p>
9 - Transfer to community, primary and social care	<p><i>Evidence required:</i> Assurance that hospital services required to enable the next steps in the patient's care pathway are available every day of the week. These</p>

	<p><i>services should include:</i></p> <ul style="list-style-type: none"> • Discharge coordinators. • Pharmacy services to facilitate discharge (e.g. provision of TTAs within same timescales on weekdays and weekends). • Physiotherapy and other therapies. • Access to social and community care providers to start packages of care. <p>Access to transport services.</p> <p><u>RWT evidence to support assurance of progress:</u> Hospital services available 7/7, including patient flow co-coordinators, therapies, transport, transfer to rehabilitation hospital care. Additional support provided from Sept 2018 by clinical fellows at weekend. Limited access to community providers.</p> <p><u>Still to provide:</u> weekend support from; pharmacy, improved local authority support e.g. start-up of care packages, placement of patients into nursing and residential homes</p>
<p>10 – Quality Improvement</p>	<p><u>Evidence required:</u> Assurance that trust board level reviews of patient outcomes cover elements of care and quality relating to the delivery of high quality care seven days a week e.g. weekday and weekend mortality, LOS and readmission ratios, and that the duties, working hours and supervision of trainees in all healthcare professions are consistent with the delivery of high-quality, safe patient care, seven days a week.</p> <p><u>RWT evidence to support assurance of progress:</u> Quarterly reports to Trust Board</p> <p><u>Still to provide:</u> Reporting mechanisms for performance metrics will be reviewed with a view to ensuring that appropriate quality and performance is monitored across 7 days in all reports. Survey of junior doctor experience is being conducted</p>

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 support from Local Authority although there is more to do.

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



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

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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