

Board of Directors (Public)

Item 5.3

Board Report

Subject: NHS Services, Seven Days a Week Forum – Update
on Action Plan Progress
Date of meeting: 28th July 2015
Prepared by: Tony Wilding, Chief Operating Officer
Presented by: David Jago, Chief Financial Officer

| Data Quality Rating | BAF Ref | Impact on BAF Risk Rating |
|---------------------|---------|---------------------------|
| n/a | 4,8 | None |

1. Introduction

In April 2014 a paper was presented to the Board of Directors outlining the Trust's initial assessment and findings in response to a report commissioned by Sir Bruce Keogh as part of the NHS Services, Seven Days a Week Forum which gave all NHS commissioners the evidence, insight and tools they need to move the NHS towards routine services being available seven days a week. The report is a summary of the findings from the first stage of the Forum's review, which has focused on urgent and emergency care services and Diagnostic Services for patients.

NHS Improving Quality then introduced a new, large scale transformation change programme across England called the Seven Day Services Improvement Programme, (SDSIP) which was set up in collaboration with all healthcare commissioners and providers and now forms part of the quality schedule in the NHS Standard Contract 2015/16.

The expectation was that organisations would understand their baseline position, examine local data, review local practice and compare against the leaders in the field and start to identify and adopt the top interventions which will make the biggest difference to supporting delivery of a local seven day service. The Trusts action plan was the output of our baseline assessment with agreed actions to ensure that we meet the recommendations of the review.

It is worth pointing out that many of the standards relate to emergency care for a district general or university hospital who have an "undifferentiated take"

whereas all patients coming to LHCH have been triaged, however there are elements of good practice we would be keen to replicate from these standards and this has been our aim with our work to date.

2. Progress Update

Throughout last year the Trust worked through the action plan and progress has been made against the standards and this has been reported through to the Liverpool Quality Performance Group (LQPG) which is led by Liverpool CCG as part of our contract management reporting process.

Following our baseline assessment we had the following level of performance:

| Met Standard | Yes | Partial | No |
|--------------|-----|---------|----|
| | 1 | 7 | 2 |

Current performance to June 2015 is:

| Met Standard | Yes | Partial | No |
|--------------|-----|---------|----|
| | 3 | 6 | 1 |

The standard where we have scored no for June 2015 relates to mental health provision for acute admissions which is managed in other Trusts by having a “crisis” team in the accident and emergency department which is not applicable to our Trust. We are however reviewing our arrangements for the provision of mental health services and an update is due back in September.

We will continue to report for the coming year through to the LQPG group and we have a set of actions and audits planned throughout the year to continue to deliver improvements and monitor our progress however we will not be in a position to deliver all of the standards as previously discussed.

3. Conclusion and next steps

Over the past year progress has been made with the action plan and this will continue over the coming year. The on-going work developing our “out of hours” and weekend working arrangements in light of the changes in the junior doctor rotation will also strengthen our work to date.



4. Recommendation

The Board of Directors is asked to note the contents of the report and progress with the delivery of the action plan and our continued drive to improve the quality of services for our patients.

NHS Services, Seven Days a Week Forum: Clinical Standards Gap Analysis

| No. | Standard | | Is Standard Met? Y/N/Partial/ Planned | Comments (examples of good Practice or Deficiencies Identified) | Evidence Available? | Action Required By Who By When |
|---------------------------|---|--|---|---|--|--------------------------------------|
| Patient Experience | | | | | | |
| 1. | Standard Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, seven days a week. | | Yes | <p>Currently outside of normal working hours (Mon to Fri 8.00am – 6.00pm) we have a Hospital Co-ordinator (Clinical), Outreach Team, Registrars and SHO's. Patients that access the system as a transfer from another organisation would be assessed by an SHO. Patients accessing as an emergency (Primary PCI and Surgical) would be assessed by a Consultant, via on-call. Senior Review (Registrars) of patients takes place over the weekend/evening during ward rounds where patients planned pathways are discussed in full.</p> <p>There is a discharge advice line available 24/7-which is currently under review.</p> | <p>The Trust has a care partner programme where all carers and family members are asked if they would like to be involved in the care of their relative (Appendix 1)</p> <p>We have a new care co-ordination team in place.</p> <p>Report/Escalate/Talk(RET) to be instigated.</p> | |

| No. | Standard | | Is Standard Met? Y/N/Partial/ Planned | Comments (examples of good Practice or Deficiencies Identified) | Evidence Available? | Action Required By Who By When |
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| | | | | | | |
| | Supporting information: Patients must be treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty at all times. | | Yes | All staff across the organisation to conform to the values and behaviours in relation to the Patient and Family Experience Vision. New values and behaviours agreed with staff to be rolled out in June 2015. | 6 Steps questions NET promoter score = 97 patients and 96 families state that they felt that they or their family were treated with Compassion Family Experience Survey Results #hellomynameis | On-going monitoring of the net promoter score Low number of complaints |
| | The format of information provided must be appropriate to the patient's needs and include acute conditions. | | Yes | Patients are provided with a bedside folder and condition specific information relating to their care and treatment. Patients with Learning Disabilities or Cognitive needs are commenced on a Hospital Passport on admission. Patients with Dementia receive a 'This is me' leaflet (Appendix 2) plus the new Dementia Leaflet (Appendix 3) The Trust has set a quality priority for 2015/16 which will outline the care we 'always' expect more vulnerable patients to receive. | 1) Patient bedside folders 2) DoL policy | Patient leaflets read and signed off by readers. New Dementia strategy was approved in May 2015. |

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| | | | | A new risk tool for Learning Disabilities has been designed. | | |
| | With the increasing collection of real time feedback, it is expected that hospitals are able to compare feedback from weekdays and weekend admissions and display publicly in wards | | Yes | <p>We have compiled an audit to differentiate between patients experience for those admitted during the weekend as opposed to weekday.</p> <p>FFT information will be displayed at the entrance to all wards from June 2014</p> |  fft weekend vs weekday data.xlsx The data demonstrates that the responses to the FFT show little difference for weekend admissions and discharges compared to the Monday to Friday weekdays. | None |
| Time to First Consultant Review | | | | | | |
| 2. | Standard: All emergency admissions must be seen and have a thorough clinical assessment by a suitable senior clinician as soon as possible but at the latest within 14 hours of arrival at hospital. | | Yes | A Consultant on-call team provide 24hr cover 365 days a year and there is a senior doctor on site 24/7 for surgery, cardiology and clinical services. Transfers of patients to SICU. |  Emergency Admissions Nov 2014 | Review of audit by divisional governance committees and actions agreed. Re-audit in July 2015 |
| | Supporting information: All patients to have a National Early Warning Score (NEWS) established at the time of admission. | | Yes | All patients have a full set of observations on admission, regardless of time. | <p>EPR observation chart MEWS audit (undertaken by SICU)</p> <p>Compliance with MEWS audits are undertaken regularly and reported to Quality & Patient and Family</p> | |

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| | | | | | <p>Experience Committee.</p> <p>The Trust has recently been successful in securing £208,000 from the Nursing Tech fund for new observation machines and vital signs alerting direct into the patient EPR</p> | |
| | Consultant involvement for patients considered 'high risk' (defined as where the risk of mortality is greater than 10%, or where a patient is unstable and not responding to treatment as expected) should be within one hour. | | Yes | <p>Consultant care available 24hrs. Consultants are available to discuss deteriorating patients as required and can come in to review if indicated.</p> <p>Outreach team available to review deterioration patients and this is covered by the hospital co-ordinator out of hours.</p> | <p>Outreach activity data indicates that 100% pts who are escalated are seen within the hour but note that this is by a Consultant unless escalated to an Intensivist</p> | |
| | All patients admitted during the period of consultant presence on the acute ward (normally at least 08.00-20.00) should be seen and assessed by a doctor, or advanced non-medical practitioner with a similar level of skill promptly, and seen and assessed by a Consultant within 6 hours | | N/A | <p>LHCH does not have an Acute Admission ward. Medical Emergency admission will all have access to a Consultant. ACS cases are not routinely reviewed by a consultant, although they are seen on admission by the Advanced Nurse Practitioner (8-4pm, 5 days per week).</p> | <p>ANP job plan and audit of performance</p> <p>Intensivist available to R/V patients.</p> | <p>Emergencies admitted to SICU/Theatre/Cath Labs & CCU.</p> |


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| | | | | <p>ACS transfers are admitted as emergencies to their local hospitals (and should be seen within 6 hours by a consultant there). The majority are transferred on the day of their procedure, which is performed by a consultant, or under the direct supervision of a consultant.</p> <p>PPCI patients are all seen on admission by Consultant</p> <p>Emergency Cardiac transfers and Admissions are reviewed by the on-call team on admission.</p> | <p>Consultant teams do not propose that this practice should change</p> <p>Activity and performance data</p> | <p>None</p> <p>None</p> <p>None</p> |
| Multi-disciplinary Team (MDT) Review | | | | | | |
| 3. | Standard: All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision maker, unless deemed unnecessary by the responsible Consultant. An integrated management plan with | | Partial | <p>7 day on site service is not available for Pharmacy, therapies or Consultants though services are available on an on-call basis.</p> <p>An MDT meeting does not currently occur for emergency admission to cardiology. Many patients will not require it as they do not have complex</p> | We have Pharmacy cover on Saturday morning and Physiotherapy on site both Saturday and Sunday. | |



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| | <p>estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 hours.</p> <p>Supporting information: Appropriate staff must be available for the treatment/management plan to be carried out.</p> <p>The MDT will vary by specialty but as a minimum will include Nursing, Medicine, Pharmacy, Physiotherapy and for medical patients, Occupational Therapy</p> | | | <p>needs. When a patient with complex needs is admitted we are in the process of establishing a care support team to ensure that patients receive the appropriate care. PPCI patients have a rapidly-evolving clinical picture and an assessment within 14 hours may bear little relation to their condition at discharge.</p> <p>No integrated management plan with estimated discharge date and physiological and functional criteria for discharge is in place within 24hours. Meds Reconciliation does occur in a timely manner.</p> | <p>Pharmacy – for 95% of patients meds rec is completed (using a minimum of two sources of data) within 24 hours, Monday to Friday. Weekend access to primary care data is very limited / sporadic</p> | |
| | | | | POCCU and ITU: all new patients are reviewed by physiotherapists daily, (within inpatient hours, or on-call as requested). | | |
| | | | | CCU and ward admissions: this patient group needs to be | | |


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| | | | | referred as appropriate to emergency on-call chest physiotherapy service following a medical assessment. | | |
| Shift Handovers | | | | | | |
| 4. | <p>Standard: Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi- professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week.</p> <p>Supporting information: Shift handovers should be kept to a minimum (recommended twice daily) and take place in or adjacent to the ward or unit.</p> <p>Clinical data should be recorded electronically, according to national</p> | | Partial | <p>The following handovers take place – Ward, 3 times a day Hospital Co-ordinators Outreach SPR SHO</p> <p>A revised process has been developed for the out of hours handover process and a new “hub” set up in the hospital co-ordinators area.</p> | <p>Electronic handovers utilised in some areas/paper handovers elsewhere – EPR handover not utilised to full potential Safety Huddle at handover at ward level.</p> <p>Daily Trust huddle 1/c CEO/DNS</p> <p>The sign up to safety campaign stresses the need for transfer documentation to be in place-this is work in progress.</p> <p>SOP for Doctor Handover is currently under development</p> | <p>Introduction of full electronic handover for nursing and medical teams. EPR Team October 2015</p> <p>This will be in August for the new intake of Doctors</p> |

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| | standards for structure and content and include the NHS number | | | | | |
| Diagnostics | | | | | | |
| 5. | Standard Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: <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 | | Partial | A full on-call diagnostic team is available. Standard practice would be <ul style="list-style-type: none"> • Critical patients have access to diagnostic tests within the organisation. • Urgent patients, partial compliance. • Non-urgent patients are not seen out of hours. We are currently developing a business case for Radiology to offer routine appointments on Saturdays and Sundays | Use of X-rays being carried out at ward level in specific rooms support lean ways of working | |
| | Supporting information: Investigation of diagnostic results should be seen and acted on promptly by the MDT, led by a competent decision maker. | | Yes | Pathology and Diagnostic cardiology services (ECG, echo, cardiac catheterisation) are readily available via on-call out of hours. 5 day service and 24/7 on- | | |

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| | Where a service is not available on-site (e.g. interventional radiology/endoscopy or MRI), clear patient pathways must be in place between providers. | | | call provision is available | | |
| | Seven-day consultant presence in the radiology department is envisaged | | No | 7 day presence is not standard practice, however, there is on call availability | | |
| Intervention/Key Services | | | | | | |
| 6. | Standard: Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as: <ul style="list-style-type: none"> • Critical care • Interventional radiology • Interventional endoscopy • Emergency general surgery | | Yes | Full on-call cover is available for Critical Care, Radiology and Endoscopy. General Surgical services are provided by RLBUHT which has a 24hr service | On Call Rotas | |
| Mental Health | | | | | | |
| 7. | Standard: Where a mental health need is identified following | | No | The Trust does not have "crisis" team as we do not take patient who have not | Scoping out psychology & psychiatric service requirements. Liaising with | Carolyn Cowperthwaite September 2015 |

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| | <p>an acute admission the patient must be assessed by psychiatric liaison within the appropriate timescales 24 hours a day, seven days a week:</p> <ul style="list-style-type: none"> • Within 1 hour for emergency* care needs • Within 14 hours for urgent** care need <p>Supporting information: Unless the liaison team provides 24 hour cover, there must be effective collaboration between the liaison team and out-of-hours services (e.g. Crisis Resolution Home Treatment Teams, on-call staff, etc.)</p> | | | <p>been triaged prior to transfer.</p> <p>We are however reviewing our arrangements to manage patients who have mental health needs.</p> <p>LHCH has no trained Psychiatric team or formal SLA for mental health services. However we do have agreement with local Mental Health Care providers that they will review patients here or following transfer to their premises (dependant on Clinical need)</p> | Merseycare. | |
| On-going Review | | | | | | |
| 8. | <p>Standard: All patients on the ITU, POCCU, CCU and SICU and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise</p> | | Partial | <p>Patients seen twice daily by a Consultant. Minor deficiency at weekends when Consultants are on the unit and do one ward round and so single daily review of patients- though if needed will review patients multiple times. Some patients on POCCU with lower levels of</p> |  Daily consultant review by Speciality S | |

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| | continuity of care consultants should be working multiple day blocks. | | | dependency may not get consultant review if SpR is content but Consultant always available to review if problems Ward rounds take place via SPR's out of hours. | | |
| | Once transferred from the acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round 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. | | | Consultant ward rounds do not currently occur at weekends in all specialities |  Weekend discharge audit.docx | |
| | Supporting information: Patients, and where appropriate carers and families, must be made aware of reviews. Where a review results in a change to the patient's management plan, they should be made aware of the outcome and provided with relevant verbal, and where appropriate written, information. | | Partial | Ward rounds are advertised when new patients are admitted to a ward area to the families / carers. Bed boards highlighting nurses name, Doctors name & EDD to support sharing of information if the family / carer are not present. Where an incident or |  MEWS audit November 2014.docx Subject to spot checks | Roll out across all areas HoNS/ Clinical Leads October 2015 Process to |

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| | | | | significant change to care delivery has occurred, staff contact the family / carer directly. | during Senior Nurse Walk Around but no formal audit programme is in place | be audited Clinical Information Department October 2015 |
| | <p>Inpatient specialist referral should be made on the same day as the decision to refer and patients should be seen by the specialist within 24 hours or one hour for high risk patients (defined as where the risk of mortality is greater than 10%, or where a patient is unstable and not responding to treatment as expected).</p> <p>Consultants 'multiple day blocks' should be between two and four continuous days.</p> | | | Compliant with Consultants working 'Multiple Day Blocks' and Mon – Fri | | Work with Clinical information Department and Hospital Co-ordinators to review patient transfer data and commence improvement project if indicated HoNS July 2015 |
| | <p>Once admitted to hospital, patients should not be transferred between wards unless their clinical needs demand it.</p> <p>The number of handovers between teams should be kept to a minimum to maximise</p> | | No | <p>Some patients are subject to frequent ward transfers to facilitate Emergency admissions to the Trust.</p> <p>End date to ensuring single sex standards are met.</p> |  Ward to ward transfers audit.docx | Audit of Practice HoNS/Hospital Coordinators September 2015 |

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| | patient continuity of care. | | | | | |
| | Where patients are required to transfer between wards or teams, this is prioritised by staff and supported by an electronic record of the patient's clinical and care needs. | | Yes | EPR is in place | Yes we have a full electronic patient record in place that can be accessed across the Trust | None |
| | Inpatients not in high dependency areas must still have daily review by a competent decision-maker. This can be delegated by consultants on a named patient basis. The responsible consultant should be made aware of any decision and available for support if required. | | Yes | Ward based doctors on all wards. All patients reviewed by hospital coordinator and SpR each evening. Patients also reviewed by Consultant/designated other on a daily basis. Nurses document ea shift. | | |
| Transfer to Community, Primary and Social Care | | | | | | |
| 9. | Standard: Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken. | | Partial | Planning for Discharge is commenced pre-admission and continuing care services are requested in advance. Prescriptions for patients being discharged at weekends are dispensed on day prior to discharge. However services in Primary care are not routinely commenced at weekends | | |

| No. | Standard | | Is Standard Met? Y/N/Partial/ Planned | Comments (examples of good Practice or Deficiencies Identified) | Evidence Available? | Action Required By Who By When |
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| | <p>Supporting information:</p> <p>Transport services must be available to transfer, seven days a week.</p> <p>There should be effective relationships between medical and other health and social care teams.</p> <p>Services include pharmacy, physiotherapy, occupational therapy, social services, equipment provision, district nursing and timely and effective communication of on-going care plan from hospital to primary, community and social care</p> | | | <p>and Ambulance Transport can be problematic at weekends</p> <p>Ref to discharge team pre admission if likely to be increased LOS</p> <p>Improving these pathways is part of the remit if the new care support team.</p> | | |
| Quality Improvement | | | | | | |
| 10. | <p>Standard:</p> <p>All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement. The duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high-quality, safe patient care,</p> | | Partial | <p>Student nurses are supported in the clinical setting working 40% alongside their mentor. This requires them to work nights, weekends to understand differences in how care is delivered. PEF in post.</p> <p>In relation to Junior Doctors, there is no regular</p> | E-rostering | |

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| | <p>seven days a week.</p> <p>Supporting information: Attention should be paid to ensure the delivery of seven day services supports training that is consistent with General Medical Council and Health Education England recommendations and that trainees learn how to assess, treat and care for patients in emergency as well as elective settings.</p> | | | ward round activity but trainees are supervised by on call consultant for LHCH patient group. | | |
| | All clinicians should be involved in the review of outcomes to facilitate learning and drive quality improvements. | | Yes | <p>There is an established MACCE/outcome meeting for those undergoing procedures and a mortality review process with outcomes discussed at audit day</p> <p>A new organisational policy is going to the Board of Directors in July and will be shared via the Operational Board.</p> | Audit Day Agendas | None |
| | The review of patients outcomes should focus on the three pillars of quality care: patient experience, patient safety and clinical | | Yes | Clinical Dashboards are available and discussed at the divisional governance meetings and operational board. | | Clinical Dashboards to be rolled out across all ward areas |

| No. | Standard | | Is Standard Met? Y/N/Partial/ Planned | Comments (examples of good Practice or Deficiencies Identified) | Evidence Available? | Action Required By Who By When |
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| | effectiveness | | | | | Ian Whittle September 2015 |