Royal United Hospitals Bath
NHS Foundation Trust

Report to:	Public Board of Directors	Agenda item:	16
Date of Meeting:	27 November 2019		

Title of Report:	7 Day Services Return Autumn/Winter 2019/20
Status:	For discussion
Board Sponsor:	Dr Bernie Marden, Medical Director
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Appendices	None

1. Executive Summary of the Report

7 Day Services is a mandated set of acute emergency care standards that were conceived by Sir Bruce Keogh. There are 10 standards which we **must** deliver by 2020. This delivery is being performance managed by NHSI who demand twice yearly returns to demonstrate delivery/improvement. These standards align perfectly to acute emergency care delivery and we would be implementing these changes even if we were not required to so as they are the main building blocks to patient flow in our health system. The delivery of these standards is resource intensive given the 24/7 provision of service required. The RUH has no option not to fund their implementation and continuous delivery.

We have made significant progress over the last 5 year. We are compliant in all standards except:

Standard 2 - Is both the most important and most difficult to deliver. It requires that all acutely admitted patients are seen by a consultant within 14 hours of their admission. The key to improving this standard is the ability to collect live data on our performance to give us continuous feedback on which to iterate our improvement. We have built a method to collect these data in our electronic patient management system and are now trialling this on the medical assessment unit before rolling it out further. The consultants who undertake General Internal Medicine have agreed to a new working model from 2nd January 2020 which will have them on site delivering acute emergency medicine from 8am to 8pm 7 days a week. This will improve our performance in standard 2.

Standard 6 – 24hr access to consultant delivered interventions. We are compliant in all of these except vascular interventional radiology. We are working with North Bristol NHS Trust to come to a working agreement where they provide vascular interventional services that we are unable to provide.

2. Recommendations (Note, Approve, Discuss)

The board is asked to approve the attached NHS 7 Day services return for Autumn/Winter 2019/20.

3. Legal / Regulatory Implications

NHSI requires this return be submitted after the board's approval.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)
The risks for delivery are: That we are unable to deliver vascular interventional radiology using a proposed hybrid model of 60% of the service delivered at the RUH and 40% at North Bristol NHS Trust.	

5.	Resources Implications (Financial / staffing)
The rota changes to interventional radiology nurses and the commissioning costs of vascular interventional radiology from NBT are unknown as the model is yet to be agreed.	

6.	Equality and Diversity
Not applicable	

7.	References to previous reports
Not applicable	

8.	Freedom of Information
Public	

Royal United Hospital: 7 Day Hospital Services Self-Assessment – Autumn/Winter 2018/19

Priority 7DS Clinical Standards

Clinical Standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
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.	Since the last return we have built a method to collect standard 2 data in our electronic patient management system and are now trialling this on the medical assessment unit before rolling it out further. The consultants who undertake General Internal Medicine have agreed to a new working model from 2nd January 2020 which will have them on site delivering acute emergency medicine from 8am to 8pm 7 days a week. This will improve our performance in standard 2. Our last audit was June 2019 which we previously reported. Evidence Source 1: All emergency specialties have Consultant on call rotas and job plans that ensure on site presence during the evening and at weekends, to allow ward rounds and review of new patients. In obstetrics and gynaecology these are sufficient in conjunction with patients beings placed on agreed pathways by middle grades to discharge the standard. In surgery the bed holding specialties (GS, T&O, Urol, ENT, OMFS) are all job planned to provide a 24/7 service and do a WR every day. We provide all the cover except in OMFS where the OOH on call cover is split in a shared rota with Bristol. GS and T&O have a full middle grade OOH rota. GS have a 2 tier middle grade rota. ENT have OOH cover at SHO level but not reliably at SpR level. Urology have middle grade OOH cover (SpR/Clin Fellow) about 60% of the time, the rest of the time support is via a Urol Nurse Practitioner or failing this defaults to the GS team. Cover from 2300-0800 is always via the GS team. GS, T&O, Urol, ENT account for 97.6% of NEL admissions and aim to do a 2nd WR late in the day for sick/new patients. OMFS do not routinely but have few NEL admissions (2.2% of total). Opth effectively do not have inpatients, averaging less than 2 NEL admissions per month. They do not provide a 24/7 on call service, this defaults to the Bristol Eye Hospital for some OOH cover notably at weekends. In paediatrics we have on call consultants but they are not job planned for evening ward rounds which are needed to discharge the standard. This is being addressed now through the job planning process. In medicine consultants are currently job planned from 08:00 to 19:00 Monday to Friday and 08:00 to 12:00 at the weekend with 90% of the time an afternoon session of 3 hours is also provided. This is not sufficient to discharge the standard. Some of the OPU wards have 2 full ward rounds supported by daily contact and board rounds. Parry ward (endocrine) as an acute ward does not have 7/7 working but this is planned in the next 6 months with changes to the medical model. Evidence Source 2:. Analysis of the results of the audit previously published, has indicated areas for improvement in all specialities. By the next return we anticipate being compliant in all surgery, T&O and O&G once we have all pathways of care formally instituted. Our job planning in paediatrics and medicine should produce a significant improvement. The issues include documentation and lack of formalised care pathways. It is anticipated the issue with documentation will be addressed by EPR. Evidence Source 3.:Triangulation of other outcome data reinforces that care of emergency admissions is good. Mortality- weekday emergency HSMR 99.9 and weekend emergency HSMR 109.2. The 12 month trend shows improvement in both figures. GMC trainee survey and deanery visits confirm a high level of quality of consultant support to trainees. Length of Stay - Overall, there is no significant difference in LoS between weekdays and weekend admissions. There is however an increased readmission rate for weekend vs week day discharges which we are looking into (12.6% vs 8.2%).	No, the standard is not met for over 90% of patients admitted in an emergency	No, the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical Standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have a 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: • Within 1 hour for critical patients • Within 12 hours for urgent patients • Within 24 hours for non-urgent patients	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 needs, in the appropriate timescales?	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerise Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
	Compliant with this standard	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
Clinical Standard 6: Hospital inpatients must have timely 24 hours access, seven days a week, to key consultant-directed interventions that meet the relevant speciality guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Not Met
		Interventional Radiology	No the intervention is only available on or off site via informal arrangement	No the intervention is only available on or off site via informal arrangement	
		Interventional Endoscopy	Yes available on site	Yes available on site	
		Emergency Surgery	Yes available on site	Yes available on site	
	As a result of the regional vascular reorganisation the RUH is unable to provide 24/7 vascular interventional radiology as we don't have enough vascular work to employ the 5 vascular IR consultants that are required as a minimum for this service. We are working to provide an in house service 60% of the time as we currently have a non-vascular 1 in 5 interventional radiology rota. 3 of the radiologists on the rota are vascular radiologists hence the 60% target. We currently don't have assured IR nursing support and are in consultation with our nursing staff to try and achieve this. We are also negotiating with North Bristol to provide cover for the other 40%.	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 mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Cardiac Pacing	Yes available on site	Yes available on site	

Clinical Standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
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.	Evidence Source 1: All clinical teams have consultant job plans that ensure a minimum of 3 weekday ward rounds, supported by intermediate board rounds and delegated pathway reviews. All acute wards have Saturday and Sunday consultant ward rounds supported by medical trainees, diagnostics and pharmacy. In addition, ITU and NICU consultant have 2 ward rounds job planned/day. Evidence Source 2: Systems to support on-going review 2.1 Board rounds are routinely held across all wards. They are MDTs normally chaired by consultant, with nurses, OTs physios, PAs in attendance. They follow a process of reviewing each patient, identifying next steps in their pathway and actions to be undertaken, assigning tasks. The EDDs are reviewed and recorded. 2.2 A system of escalation for deteriorating patients - The Critical Care Outreach (CCO) team work 7 days on site from 08:00 to 20:00. A business case has been approved to support this, thus supporting clinical teams in recognising and effectively managing deteriorating patients .The team acts to coordinate all specialist teams, including the patient and their families, to make the best decisions about a patient's on-going care whether that includes escalation to higher levels of care or supporting end of life. 2.3 Most specialties have a formal Friday hand over meeting where patients that need to be seen by a consultant over the weekend are flagged.	Once 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	Once 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	Standard Met

7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1,3,4,7,9 and 10

Standard 1
FFT >92% for both ED and inpatient episodes which is a surrogate for patient involvement.

Standard 3
Patients requiring MDT review when being admitted acutely in medicine will receive this in a number of ways. The frail elderly can be reviewed by the Frailty Flying Squad who facilitate a Comprehensive Geriatric Assessment via a Consultant Geriatrician, therapist and nurse practitioner. Other patients can be reviewed via the DAT team therapists when directed by the Senior decision maker. Respiratory physiotherapy is requested 24/7 via an on call rota. Speech and Language therapy is requested on a needs based criteria and bed side swallow assessments are carried out where necessary. Referrals to dietetics etc. are made as needed or as an OP.
All patients coming via the MAU will have medicine reconciliation via the MAU pharmacy team (9-6pm).

Standard 4
We have extended Crit Care outreach to 24/7

Standard 7
- Mental Health Liaison provides a service 8am to 8pm, seven days a week
- An out of hour's service by the Intensive Team with Psychiatric SHO on call
- ALWP has a standard operating procedure with emergency response within 60 minutes and an urgent response within five-hours of referral
- There is also a mental health risk assessment matrix, which defines high-risk within two-hours and medium risk within three-hours. There were therefore three different standards for the provision for Acute Mental Health care.
- The main issue is that Out of Hours Response does not meet the standard. The Keogh standard would require standardisation of the current three standards between Liaison Service and Intensive Teams.

Standard 9
In hospital there are weekend therapy teams to support a discharge by the DAT team
EDT Predominant admissions avoidance is accomplished through the DAT team
ACE, OPU, Respiratory, TNO & ASU All have seven day therapies
Wiltshire NHT, Somerset ILT and Banes ESD All offer weekend therapy to support discharges
Virgin care: There are no social care arrangements in Banes, Somerset or Wiltshire at weekends
RUH discharge liaison nurse Support is available on Saturday's 10am – 2pm for complex discharge support to wards.

Significant improvement with the 'Home First' at the RUH. This achieves earlier discharge with therapy assessment at home and there is current work to increase its scope.

Standard 10
A recent audit of quality of clinical supervision out of hours of juniors rated it as 3.9% v good and 42.3% good. After the introduction of a new handover meeting format this improved to 0% V good and 56.7% good. Please see attached audit.

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A – service not provided by this Trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A – service not provided by this Trust	N/A – service not provided by this Trust
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A – service not provided by this Trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A – service not provided by this Trust	N/A – service not provided by this Trust
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A – service not provided by this Trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A – service not provided by this Trust	N/A – service not provided by this Trust
Clinical Standard 8	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A – service not provided by this Trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A – service not provided by this Trust	N/A – service not provided by this Trust