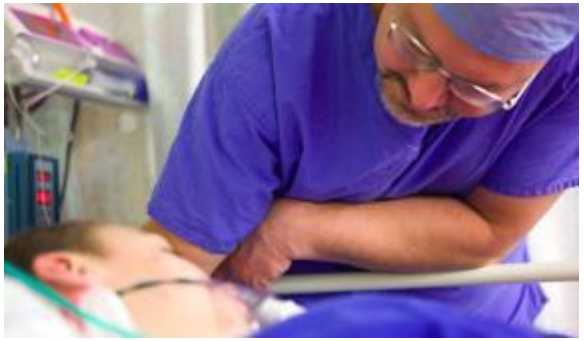
7 Day Services

East of England Clinical Senate

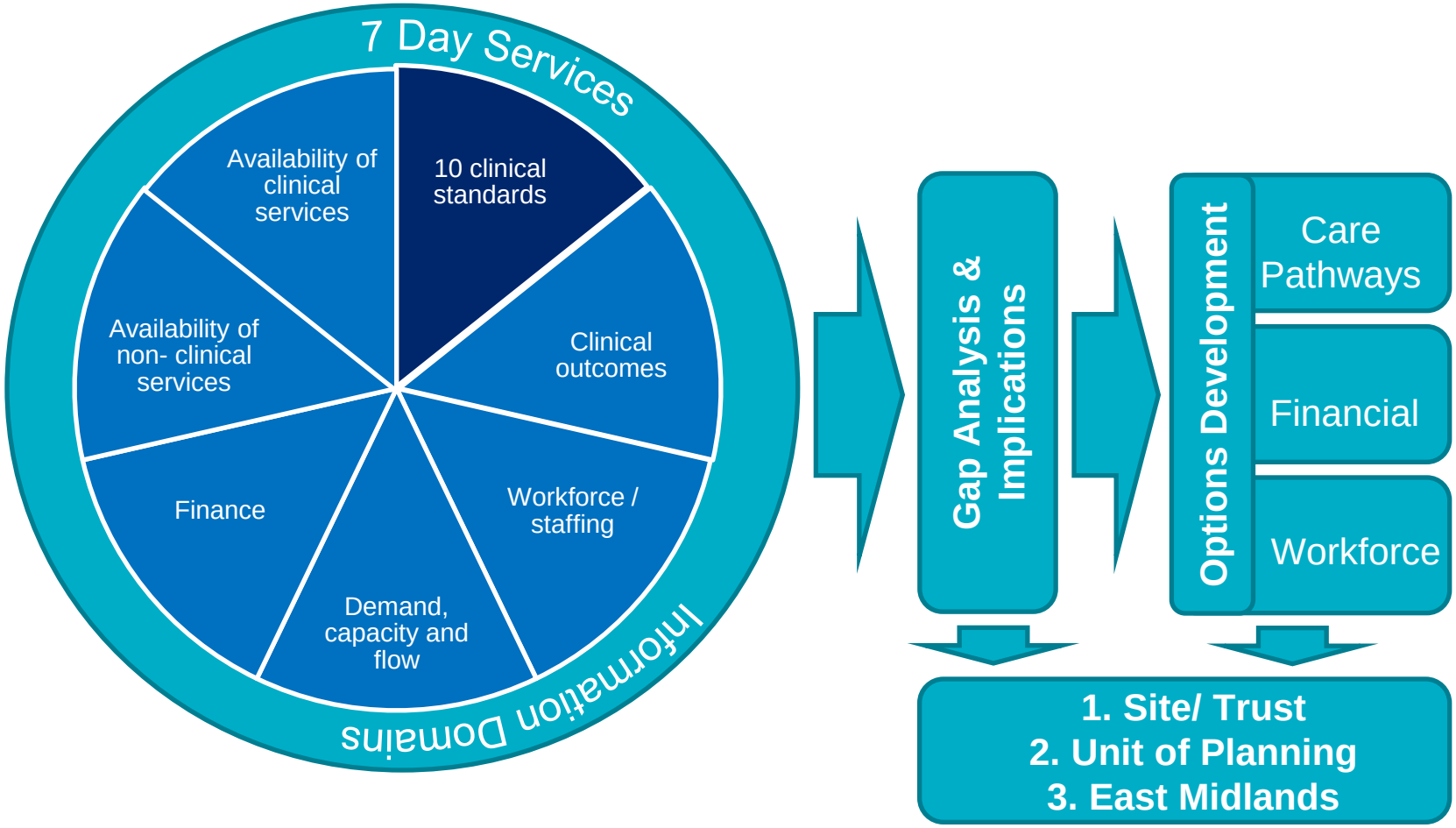


21/10/2014

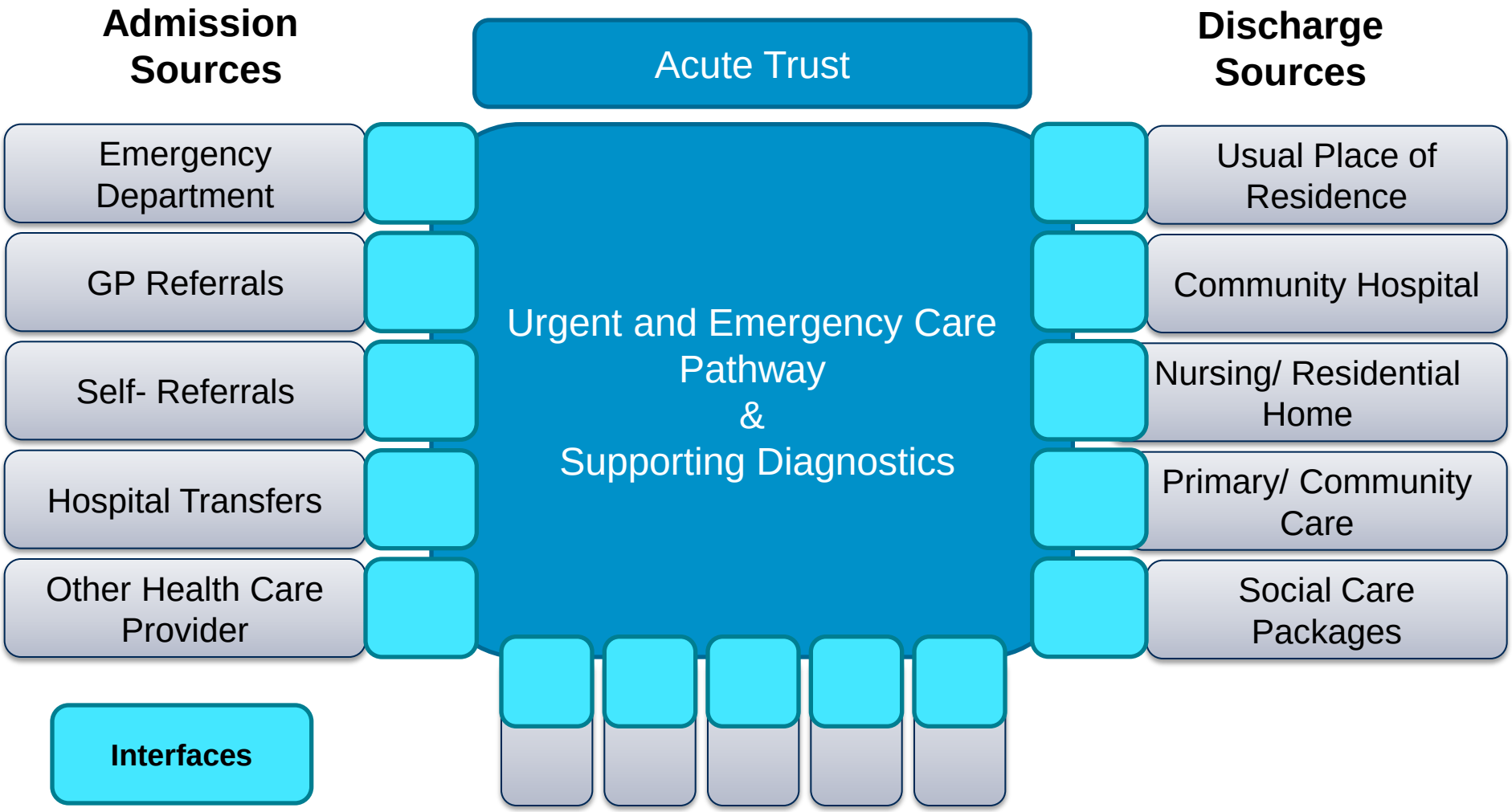
East Midlands collaborative project

- Agreed principles and enabling behaviours for clinical collaboration - test on delivery of seven day services
- 10 acute trusts:
  - common understanding of the challenge – community of practice
  - platform for organisational development and change
  - inform future commissioning and provision
- Providers as a key gear in the system; responsible for engaging with local health and care community partners
- Workforce as a key enabler: Health Education East Midlands
- Collaborative project intended to complement and inform – not replace - and inform local system solutions

Overarching approach

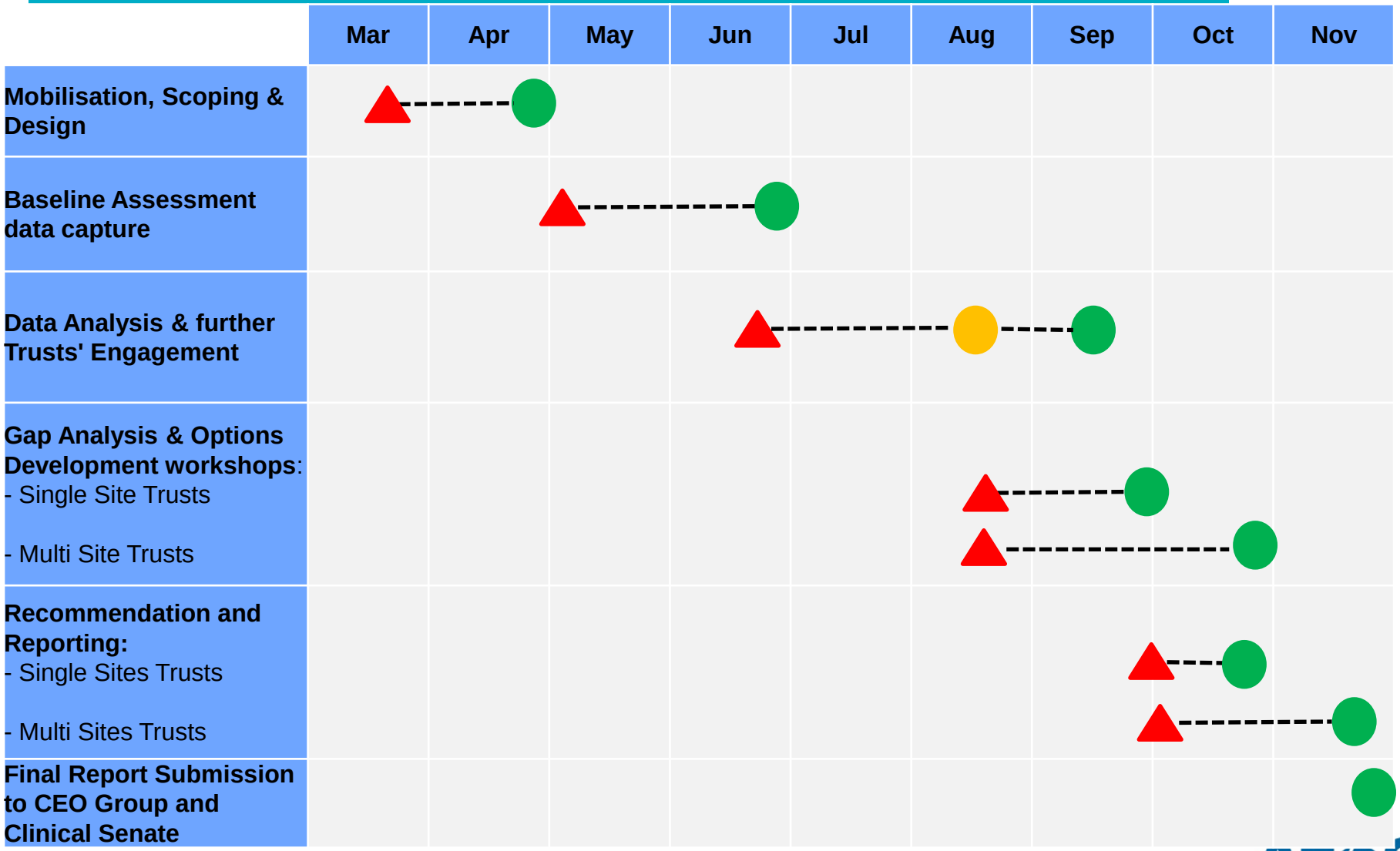


Whole system view



7DS Programme journey at a glance…

knowing workforce availability and financial constraints, the focus has been on developing innovative solutions and different ways of working



Approach to baseline data capture…

collective agreement to build understanding to assess the clinical standards

- Worked with teams to establish hypothesis and data sources required to provide a robust assessment of compliance against the standards
- Our collaborative approach consisted of collecting and analysing data from the following sources:
  - NHSIQ questionnaires – speciality level (over 2,500)
  - Patient Notes audits (circa 2,000)
  - Interviews with operational staff (183)
  - Quantitative data extraction from legacy system, e.g. PAS and Clinical Outcomes data (18 months, inc 2 winter periods)
  - Engagement events – approach adapted by trust (80 events)

The case is clear….

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Specialty / Service	Trust 1					Trust 2					Trust 3				
	Core Service	Out of Hours	Saturday	Sunday	Level	Core Service	Out of Hours	Saturday	Sunday	Level	Core Service	Out of Hours	Saturday	Sunday	Level
Physiotherapy	Yes	Yes	Yes	Yes	2	Yes	Partial	Partial	Partial	2	Yes	Partial	Partial	Partial	1
Social Care	Yes	Partial	Partial	Partial	2	Yes	No	No	No	0	Yes	No	No	No	0
Speech and Language Therapy	Yes	No	No	No	2	Yes	No	No	No	0	Yes	No	No	No	0
Obstetric Ultrasound– Sonographer	Yes	Yes	Yes	Yes	2	Yes	No	No	No	1	Yes	No	No	No	0
Pharmacy	Yes	Yes	Partial	Partial	3	Yes	Partial	Partial	Partial	2	Yes	No	No	No	0

Areas of good practice identified…

grouped into the following themes: better use of IT, improved workforce planning and access to key services

Clinical Standard	Areas of identified good practice
2 - Time to First Consultant Review	➢ Rollout of IT systems to improve future data capture has started in some areas ➢ Consultant rota changes have improved standard achievement in some trusts ➢ Collaboration with out of area providers in smaller specialties are helping to meet clinical standard ➢ Introduction of improved MAU and SAU models
3 - Multi-Disciplinary Team	➢ Consultant of the week model improving clinical coverage ➢ Pharmacy business cases developed to improve 7 day cover ➢ Introduction of front door MDT models
4 - Shift Handover	➢ Rollout of electronic handover solutions in some trusts
5 - Diagnostics	➢ Availability of technology to process, view and share test results including remote access ➢ Trusts working to develop networked approach to radiology services, underpinned by common PACs system
7 - Mental Health	➢ Some trusts working closely with partnership organisations to develop improved service models
8 – On-going Review	➢ Consultant rota changes have improved standard achievement in some trusts ➢ Introduction of electronic whiteboard systems in some trusts
9 - Transfer to Primary, Community, Social Care	➢ 24/7 access to community ECPs to aid admission avoidance ➢ Some trusts working closely with partnership organisations to develop improved service models
Other general points	➢ Innovations in job planning to rotate clinicians through emergency areas ➢ Innovations in recruitment and training and development programmes

Regional baseline position…

Standard	Average across Trusts
CS01 - Patient Experience	69.4%
CS02 - Time to First Consultant Review	57.4%
CS03 - MDT Review *	49.3%
CS04 - Shift Handovers	73.3%
CS05 - Diagnostics *	61.3%
CS06 - Intervention / Key Services *	52.4%
CS07 - Mental Health *	42.4%
CS08 - On-going Review	49.8%
CS09 - Transfer to Community, Primary and Social Care *	47.3%
CS10 - Quality Improvement	55.6%
Average across Standards	56.4%

Demonstrates high dependency on the wider system and availability of key support services but also points to the need for improving core acute processes

Some services are out of balance with the rest of the system hence causing operational constraints and variation in practice:

- Pharmacy
- Physiotherapy
- Speech and Language Therapy
- Sonographer
- Social Care

Key:
* denotes CSs that have dependencies on wider system
* denotes CSs that have dependencies on key support services

Emerging themes / issues…

IT systems, workforce availability, access to key services and alignment across the whole system

NHS England

Clinical Standard	Scale of change	Themes/ Issues
1 - Patient Experience	Low	• No real time data capture or 7 day monitoring across the region • Frequently the feedback obtained does not allow for whole pathway learning
2 - Time to First Consultant Review	Medium	• Inconsistencies in recording date / time of events in patient notes • No IT provision to record this event • Lack of Consultant cover to achieve time based assessment target • Lack of pathway to identify and manage high risk patients
3 - Multi-Disciplinary Team	High	• Inability to run daily MDTs both in and out of core hours due to shortage in key staff groups e.g. AHPs, Pharmacy, specialist services • Trusts unable to consistently evidence MDT working due to lack of IT / note recording solution • Trusts unable to access Primary Care Records
4 - Shift Handover	Low	• Handover information not typically recorded electronically • Lack of central handover between teams i.e.. doctors to nurses, usually within staff groups
5 - Diagnostics	High	• Increasing volume of requests – how many are appropriate? • Challenge to achieve access and reporting targets as specified in standards • Variation of service availability in relation to specialty requirements • Recruitment challenges
6 - Interventions / Key Services	Medium	• Common challenges for availability of certain services e.g. interventional radiology • Recruitment challenges into key roles
7 - Mental Health	High	• Lack of integration of MH services within the health economy
8 – On-going Review	High	• Workforce and operational challenges in meeting requirements for daily Consultant-led ward rounds across all in-patient areas • Job plans and staff rotas will require significant change to achieve the standard
9 - Transfer to Primary, Community, Social Care	High	• Misalignment of process and definition between Trust discharge criteria and community admission criteria resulting in DTOC • Lack of integrated ways of working e.g. demand and capacity planning, sharing of data and information
10 - Quality Improvement	Low	• Inconsistent process to review outcomes and embed lessons learned/training

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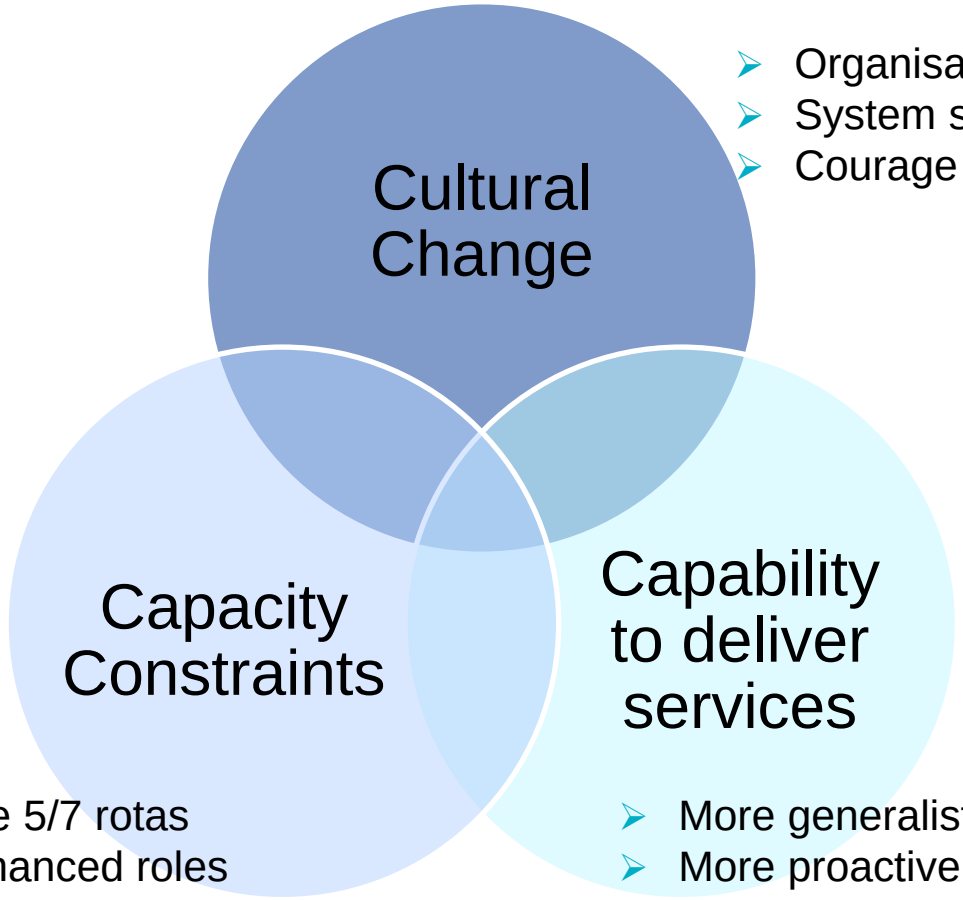
Emerging Workforce implications…

three areas to consider



- Organisational readiness
- System shift to seven day
- Courage to shift the status quo

- Shift to more 5/7 rotas
- Develop enhanced roles
- Reduce attrition through enhanced career pathways

- More generalist skills than specialist
- More proactive planning of CPD
- Work towards alternative training and development plans

Key considerations…

Operational considerations:

1. Improve consistency of patient experience data collection and reported across 7 days
2. Reduce variation in availability of senior clinical cover in key admissions areas e.g. MAU / SAU etc.
3. Introduce contract changes to enable wider 5/7 or rota based MDT working to better allocate current resource over 7 days inclusive of support services
4. Work collectively to develop a common policy / standard process for MDT shift handover
5. Reduce variation in service availability through better alignment of capacity driven by a detailed demand analysis
6. Improve communication of key interventions / service availability and also better performance management of existing contracts / SLAs with external providers
7. Work with the wider health system to improve understanding of both adult and children's mental health requirements and service availability
8. Protect time in job plans to reduce variation of daily consultant led ward rounds
9. Establish joint improvement plans with partnership organisations to eliminate discharge / transfer delays
10. Improve current processes for sharing knowledge and best practices across trusts and the wider economy

Key considerations…

Strategic considerations:

1. Work collectively to develop a real time patient experience data capture and feedback solution
2. Shortages of senior clinical staff requires fundamental service redesign to deliver a sustainable solution, predominantly in the core admission areas
3. Development of an MDT workforce model enabling full assessment of emergency admissions within 14 hours across 7 days
4. Develop (sharing existing best practice) an electronic solution for multi-professional shift handover
5. Collaboration to address the shortages of key staff e.g. radiologists, sonographers, report writers etc. requiring fundamental service redesign to deliver a sustainable network solution
6. Work across East Midlands and with neighbouring economies / external providers to develop sustainable network solutions e.g. interventional radiology / endoscopy, etc.
7. Work collaboratively with partnership providers to develop economy wide service redesign options e.g. single point of access working across the hospital, community and social services
8. Collaboration to develop acute service redesign options e.g. clinical hubs / centres of excellence for key specialties
9. Work with partnership providers to develop economy wide integrated care solutions e.g. LTC management, attendance / admission avoidance, early supported discharge models etc.
10. Implementation of a cross regional collaboration and knowledge sharing solution

More radically, future options for provision across East Midlands could consider development of alternative organisational models ranging from partnerships / joint ventures to hospital chains to integrated care models at a whole system level

Next steps…

- Complete Trust-specific and joint reports by the end of November
- Trust teams understand and align the impact on key corporate services e.g.
  - HR on workforce issues,
  - IT on data capture / sharing / system development,
  - Finance on reviewing alternative cost / income models, impact on other business services such as estates / facilities / corporate functions
- Clinical standard requirements should be integrated with business planning and clinical strategy processes
- Work with commissioners to confirm 15/16 priority areas to support prioritisation of gap closure actions
- Agree the role of the collaborative group in support of future phases of work i.e. driving and delivering the change and/ or facilitating the sharing of best practice
- Identify approach for the engagement of the wider system partners in future phases