

The Seven Day Services Improvement Programme

Expression of Interest

Southend University Hospital 
NHS Foundation Trust


*Castle Point and Rochford
Clinical Commissioning Group*


*Southend
Clinical Commissioning Group*

Seven Day Services in South East Essex Health and Social Care System

Executive Summary

In our part of Essex, we have had some notable successes in improving our service. We have been improving our seven day services on a continual basis for many years. However, we recognise that patient care will be significantly improved by better integration of care across the whole care pathway.

- We have teams of highly qualified and experienced clinical staff that provide excellent high quality care. And yet we know there are occasions when patient outcomes are affected by the day of the week.
- Our length of stay in hospital is one of the lowest in the country¹. And yet we know that we really struggle to get patients out of hospital and back home on a Sunday.
- Our Emergency Patient Pathway work has recently delivered significant improvements and we now achieve the 4 hour target consistently. And yet we know that a significant number of patients come to the A&E department because they are unable to access primary care closer to where they live.
- Our Hyper Acute Stroke Unit is regarded as one of the best in the country. And yet we know that delivering timely thrombolysis can sometimes be affected by the day of the week.

We have a vision where all health, social, community and third sector services are fully integrated, within and across organisations. We will provide the best care in the most appropriate setting, regardless of time of day or day of the week.

We want to refashion our services to our patients, their carers and families, so that they always feel supported and cared for, no matter where they are in the system or what day of the week it is.

We know that understanding where and how we need to improve is going to be challenging and difficult. It's a typical "wicked problem"²

We believe we have the local leadership and commitment to make great changes.

- Southend Hospital, under the leadership of a new CEO, has improved its Inpatient and Staff survey scores since 2011
- Southend Council was awarded council of the year in 2012
- The board of Castle Point and Rochford CCG has been nominated for an awards by NHS England to the NHS Leadership Recognition Awards scheme
- The accountable officer of Southend CCG, Dr Paul Husselbee, is a member of the National Advisory Group, chaired by Professor Sir Bruce Keogh
- A strong link with other acute Trusts through Anglia Ruskin Health Partners
- Prof John Kinnear, the Director of Medical Education, is leading on inter-professional education and development for the Postgraduate Medical Institute

We have managed and delivered major improvement programmes across organisational boundaries with significant improvements in patient care and experience. We have a Programme Management Team of 12 staff that has solid reputation for delivering a range of complex projects successfully, e.g. IT systems such as eRostering, pathway developments to support achieving Best Practice Tariffs, and stewardship of the Trust's cost improvement programme.

We are already seen as leaders in fields such as, Acute Stroke Care, Chronic Obstructive Pulmonary Disease, and have held events to share our knowledge. We have made significant and innovative changes to our services, leading to social workers providing a 7 day services to wards and consultant ward rounds 7 days a week. We have shared our learning with other hospitals such as, University College Hospital, Lewisham Hospital and Mid Essex Hospital.

Our vision will be based on the actions and standards recommended in the recent evidence published by the Royal Colleges, and we welcome the opportunity to work within a national organisation to learn from others and share our own learning.

In summary, we have all the key factors in place to successfully contribute to the programme. We are very enthusiastic about the concept of the Seven Day Services Improvement Programme and are very keen to be part of it. We believe that being involved will help us to focus all parties on delivering our vision.

Professor Sir Bruce Keogh said at the NHS AGM:

"It is going to be radical, it is going to be difficult but we have to be up for it"

In South East Essex, we have the leadership, the commitment and the drive to respond to this challenge.

¹ Ranked 9th on Better Care Better Value benchmarking site
<http://www.productivity.nhs.uk/Dashboard/For/RAJ/And/25th/Percentile>

² Rittel, H. & Webber, M. (1973) Dilemmas in a General Theory of Planning. Policy Sciences, 4, 155-169

1. Our vision for Seven Day Health & Social Services in South East Essex

We will:

- work with patients, carers and all our partners in the health care system, to create a shared vision of our future seven day services.
- implement our shared vision working collaboratively with patients and all our partners
- establish clinically led care pathways which will include services provided by acute, primary, social care and the third sector

We will seek to improve outcomes for:

- Individuals: being able to access treatment as appropriate to them and not limited by the availability services
- Families: access to better support to cope with family members with ill health
- Carers: with improved support from relevant organisations to help them provide better, sustainable care
- Communities: with access to local health care services will be improved to the level where day of the week is not a limitation
- Staff: their working hours and rotas will be improved to ensure that seven day working patterns are sustainable and rewarding

Our vision is aligned with the NHS Outcomes Framework

Domain 1: Preventing people from dying prematurely

- By addressing the deteriorating patient sooner and ensuring the appropriate senior staff are available to provide and direct treatment whether that be in the hospital or the patient's usual place of residence. For example:
 - The Trust currently has a CQUIN specifically aimed at preventing avoidable deterioration of acutely ill patients while in hospital. This addresses all aspects of the patient's hospital journey, but there is an ambition to extend its remit to include the patient's journey before admission and after discharge.
 - We are about to begin a new Friday handover process where weekend medical staff identify and prepare plans for 'at risk' patients with the Critical Care Outreach team.

Domain 2: Enhancing quality of life for people with long-term conditions

- By providing services seven days a week in the hospital and the community, that recognise the nature of their condition and help to enhance quality of life

Domain 3: Helping people to recover from episodes of ill health or following injury

- By spreading the principles of Enhanced Recovery pathways for Colorectal and Orthopaedic surgery across the whole hospital and delivered seven days a week

- Providing better seven day support in the community to continue the recovery process

Domain 4: Ensuring that people have a positive experience of care

- With easier access to appropriately experienced decision makers, in health and social care services, seven days a week. For example,
 - We are about to open a Cancer Assessment Unit where cancer patients will come to for urgent care, instead of the Accident and Emergency department.

Domain 5: Treating and caring for people in a safe environment; and protecting them from harm

- By delivering services that are consistently safe and reliable regardless of the day of the week.

We will measure our success against the above domains by monitoring the data available on the indicator portal at the Health and Social Care Information Centre <https://indicators.ic.nhs.uk/webview/>

We will also use local hospital measures, such as:

- Standardised hospital mortality index (SHMI), weekend differential mortalities, readmission rates, length of stay, rates of HCAI, friends and family tests, and staff and inpatient surveys.

Over the next 3 years, our seven day services will have:

- an improved SHMI of 0.9 from 1.0 : an improvement of 10%
- no difference between weekday and weekend mortality rates
- readmission rates in the top quartile of Acute Trusts (? Aim for decile, currently 89th)
- a length of stay in hospital reduced by 10 %
- a Friends and Family score of > 90
- improved scores for our staff and inpatient surveys to be in the top quartile

2. Turning our vision into reality

We believe local patients and carers can help us to create the plan we need to make our vision a reality. They will be supported by leaders and clinicians from:

- Southend University Hospital NHS Foundation Trust
- South Essex Partnership Trust,
- Southend Council,
- Castle Point and Rochford Council,
- Southend CCG,
- Castle Point and Rochford CCG,
- the Postgraduate Medical Institute at Anglia Ruskin University,
- East of England Ambulance Service NHS Trust
- Local charities, e.g. AgeUK, CarersUK, MacMillan, etc

We will be investigating in detail how our services work now to identify the gaps and targets for improvement. This will include physical “go and see” events to get the best possible understanding of current issues. For example, we will select a cross-cutting issue, like management of the frail and elderly with chronic conditions, and look at their journey from community to hospital, to rehabilitation, focusing on prevention of avoidable admission, treatment and harm.

We know that the most important factor in preparing and delivering our plan is the willingness of our staff to look at how things are done and come up with creative solutions. As soon as possible, we will be holding sessions with staff in all participating organisations, to involve them in creating, refining, supporting and delivering our vision to provide the best possible seven day services in South East Essex.

Southend University Hospital NHS Foundation Trust is intending to bid to take over the running of local community services, when the services are retendered in November 2013. This will allow us to drive further integration between primary and secondary care, and enable further improvements to our health and social care system.

We have already made great strides in improving our emergency patient pathway, with major changes being made to consultant cover in A&E. We have also established 12 hour consultant rotas, 7 days a week, in our Acute Medical Units. We plan to continue this work along the pathway looking for further improvements in how our patients are treated and cared for 7 days a week. Furthermore, we will be putting in place consultant radiologist cover at weekends with clinics for emergency ultrasound and CT emergency patients.

We are aiming for seven day services that deliver the best care in the most appropriate or convenient place for our patients. This will mean that many patient needs will be addressed successfully by a nurse, a therapist, a pharmacist, or other allied health professional. Drawing on the Hospital at Night model, some patient needs could be managed by any doctor, with appropriate experience of managing general conditions, such as sepsis.

We are launching a revised Friday multidisciplinary handover process where discharge criteria will be identified for individual patients and responsibility for discharge, if the criteria are met, will be assigned to the appropriate grade of staff, e.g. Junior Doctor or Nurse.

We have two Consultant Geriatricians that have been appointed to work both in the hospital and the community, managing the interface between hospital and intermediate care, and delivering education and training to nursing home staff. We will develop and expand these successful first steps across the whole of South East Essex in line with our seven day services vision.

It will be important to develop and expand the skills of the workforce as we reconfigure ways of working to enhance patient care. Anglia Ruskin Postgraduate Medical Institute, with an expertise in healthcare education, will be our academic partner. This will allow creative ways of responding to evolving workforce needs.

We anticipate that our plan will be delivered in phases:

Phase 1: we will improve our understanding of current services and identify our biggest problem areas. This work will be done in detail to allow for accurate description of our problems: in defining our problems we believe we will identify solutions.

Phase 2: we will focus on fixing the high priority problem areas. Some of this work will align with the work we have already started on the deteriorating patient CQUIN.

Phase 3: we will scope our services again, with a greater emphasis on using improvement tools such as value stream mapping, seven wastes identification, etc, looking for areas the will deliver the greatest benefits to patients from improvement,

Phase 4 : we will be designing, testing and delivering improvements to the areas we identify in Phase 3,

Phase 5 : as part of our approach to continuous improvement, we will return to Phase 1. This will ensure that any changes made in subsequent phases have not had unintended negative consequences: one of the defining characteristics of a “wicked” problem.

3. Our commitment to providing better integration of care and support to all our stakeholders across South East Essex ?

We already work closely with our primary care partners and have gained their support to work with us in this programme. Dr Paul Husslebee, Accountable Officer of Southend CCG has confirmed their full support and Dr Sunil Gupta’s statement below demonstrates commitment to the objectives of the programme:

"This is to confirm that Castle Point and Rochford CCG is highly committed to improving seven day services and would be very interested in being included in the Seven Day Services Improvement Programme. Castle Point and Rochford CCG believes some of the benefits will be:

- Improved patient experience.*
- Improved patient outcomes.*
- Closer working between Primary and Secondary Care.*
- Closer working between Providers and Commissioners.*
- Care being provided in the most appropriate setting, regardless of the day of the week.*

Dr Sunil Gupta

Accountable Officer of Castle Point and Rochford CCG

Our Foundation membership is 14,000 strong and is a valuable resource for testing ideas and developments. We have 37 governors which will meet in full council on November 20th and a Patient Carer and Experience group that is due to meet on 5th November, both are well timed to fit in with this programme.

We will set up a Seven Day Services Summit with representation from patient groups and all other stakeholders in the health and social care system. The aim of this will be to:

- agree improvement objectives, in addition to those in section 1, that are locally relevant to our patient and carer population,
- break the work down into workstreams of a sensible size,
- agree a high level plan with timescales
- set up the governance structures to make sure improvements are delivered,
- agree the methods and timing of future communications.

We will also run local learning exchange events with patients groups, in a similar format to the national event <http://www.england.nhs.uk/2013/08/22/pat-views-7ds/>

We already involve patients in developing our services, some examples being:

- Listening Exercise at the hospital's Eye Clinic. Carried out by Foundation Trust governors interviewing 92 patients and visitors to the clinic
- Patient-Led Assessments of the Care Environment (PLACE) by 35 Foundation Trust members
- Learning Disabilities Committee held at the hospital for hospital staff and community workers and carers
- Member Meeting for 567 members at The Lakeside Suite, Oyster Fleet Hotel, Knightswick Road, Canvey Island SS8 9PA
- The annual Hospital Open Day for members of the public to take part in activities and listen to talks on a variety of clinical subjects,
- CCG A&E research in August 2013 surveyed 89 people at the hospital A&E waiting area using staff and volunteers – positive feedback about NHS 111 services

4. Do we have the capability and expertise to deliver a transformation project of this size in 3 years ?

We have a Programme Management Office at Southend Hospital which has been supporting the delivery of transformation projects for the last 3 years. The team of 10 reports directly to the CEO and works closely with Business Units and our partners in the local health and social care system.

In the hospital, we have a weekly Executive Communications cell to oversee major improvement projects, monthly performance management meetings with Business Units, and Cost Improvement Programme meetings where we track progress on savings and impact on quality.

Our methodology is based on Prince and we have standard documents and processes to support project setup, planning, risk and issue management, KPI tracking, action trackers and logs, highlight reporting and escalation routes. We are

working with CCG project teams to support their development of similar processes and systems.

Examples of successful projects include:

- Achieving the 4 hour target in Accident and Emergency has been our biggest local challenge. We have overcome significant barriers to changing working practices, managing information flows and communication, standardising working practices and escalation procedures.
- Some good work has been done by our Medical Business Unit and discharge team working with primary care and social services. We have consultant-led ward rounds at weekends, social workers in the hospital 7 days a week, and set up weekend services with local care homes to support discharge.
- The 'South East Essex Model for Integrated COPD Care', which brings together Southend University Hospital, NHS South East Essex, general practitioners, the local branch of the Breathe Easy charity and the University of Essex, was given a special commendation award by IMPRESS in 2009.
- We have been shortlisted for an Health Service Journal 2013 award in the category of Secondary Care Service Redesign.

5. How do we disseminate and promote our learning?

We share our learning and innovations in a variety of ways:

- We have received visits from UCLH, Lewisham, and Mid Essex to learn about our discharge processes. They wanted to understand the improvements we have made to our processes, our multidisciplinary team meetings in Medicine, etc.
- We have strong links with Anglia Ruskin University which we use to share our learning by holding seminars and teaching sessions. We have a growing reputation for the research and clinical trials we are involved in. These include specialties including stroke, ophthalmology, critical care, oncology, paediatrics and renal medicine.
- We are partners in the Anglia Ruskin MedTech Campus – an Essex-wide venture between Anglia Ruskin University, local authorities, medical technology businesses and Southend hospital.
- We have experience in holding national events, such as, the International Symposium on Polymyalgia Rheumatica (PMR), Giant Cell Arteritis (GCA), Large Vessel Vasculitis (LVV) led by Prof Bhaskar Dasgupta.

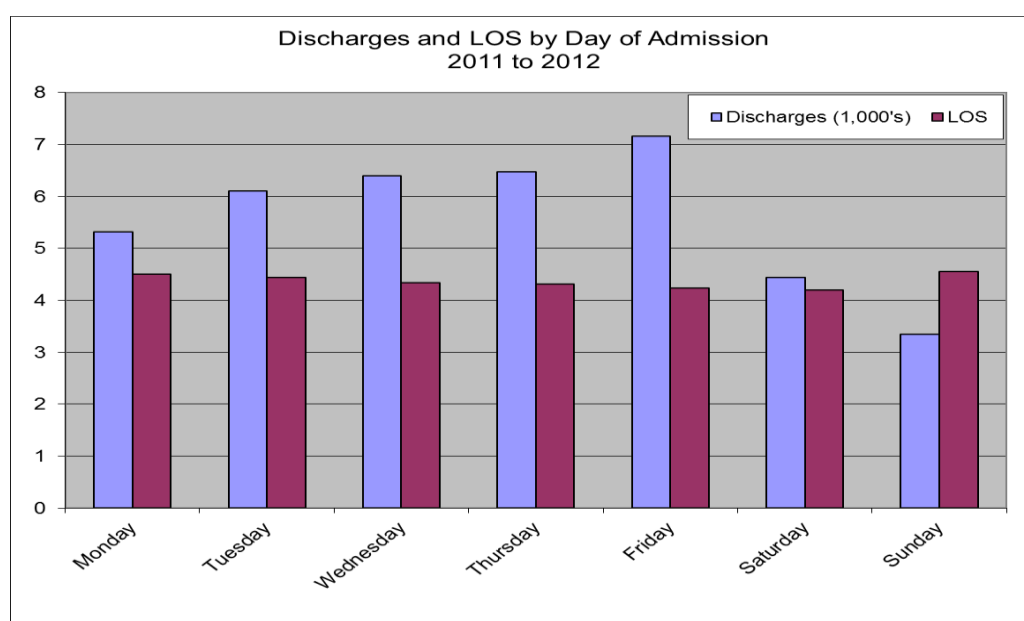
6. The evidence that underpins our vision

We began looking at our seven day services in detail in 2012. We looked at data showing weekday and weekend mortality from 2006 to 2012, which suggested that weekend services for emergency admissions needed to be improved.

2006 - 2012 Emergency Admissions Only, Patients 18+						
	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12
Weekday Admissions	18,453	19,907	20,694	21,288	21,446	20,603
Average Age	63.8	63.7	64.2	63.9	64.3	65.2
Average LOS	6.8	6.6	6.6	6.4	5.9	5.7
Average Number of Diagnoses	5.8	6.8	7.5	8.7	11.4	11.7
Deaths	1,362	1,269	1,397	1,241	1,173	1,032
Proportion	7.38%	6.37%	6.75%	5.83%	5.47%	5.01%
Weekend Admissions	5,054	5,602	5,897	6,058	6,008	5,748
Average Age	64.9	64.9	65.8	65.6	65.6	66.8
Average LOS	6.9	6.9	6.8	6.5	6.4	5.9
Average Number of Diagnoses	5.8	7.0	7.7	9.0	12.5	12.8
Deaths	434	425	448	413	387	399
Proportion	8.59%	7.59%	7.60%	6.82%	6.44%	6.94%

We looked at the arrangements for providing senior medical cover out of hours and at weekends, and have made changes over the last 12 months or so. Some of this work fits with the deteriorating patient CQUIN mentioned earlier.

We have looked at length of stay and discharges by day of the week.



This highlighted the work we needed to do on weekend discharge processes. Some changes have been made, e.g. consultant led ward rounds in Medicine, and more are in the pipeline.

We are developing our out of hours and weekend services to meet the standards laid down by the Royal Colleges in their recent reports, "Seven Day Consultant Present Care" December 2012 and "Future Hospital: Caring for Medical Patients" September 2013.