



SEVEN DAY SERVICES CASE STUDY

SEPTEMBER 2015

Wrightington, Wigan & Leigh NHS Foundation Trust

Clinical engagement to achieve seven day services

AT A GLANCE:

- Seven day consultant and support staff presence was implemented in accident and emergency, and on all of emergency and acute medical wards at Wrightington, Wigan & Leigh (WWL) NHS Foundation Trust from 2012 onwards with the aim of reducing variation in mortality at the weekend.
- Strong clinical leadership was key in ensuring engagement across the workforce, which in turn, supported successful delivery across the Trust
- Timely initial assessment and on-going review by consultants has resulted in conversion rates (A&E attendance resulting in an admission) which in June 2015 were the lowest in Greater Manchester and readmission rates which have reduced by 700 per annum.
- Mortality statistics have improved considerably, the Hospital Standardised Mortality Ratio (HSMR) has improved from a score of 94.8 in 2011 to 87.9, 146 less deaths than expected in 2014.

In 2011, WWL was one of the poorest performing Trusts in England with regard weekend mortality, as evidenced by the Dr Foster table of HSMR. This was a major concern for the Trust Board. With the support of senior clinicians, the Trust embarked upon a mission to reduce variation by increasing the presence of healthcare professionals, particularly senior clinical decision makers, at the weekend.

The decision was taken to increase consultant presence on Saturdays and Sundays in emergency and acute medicine, along with support staff, including junior doctors, physiotherapists, occupational therapists, pharmacists, social workers and discharge team.

Strong clinical leadership was fundamental and was a key factor in delivering high levels of engagement across the clinical workforce at WWL.

How the improvements were made

A communication strategy was developed and implemented – ensuring all staff understood the importance of their role in improving patient outcomes as a priority. Variation in mortality rates was utilised to create a compelling case for change.

Staffing levels across the week were mapped against demand, clinical roles were redefined and gaps were identified. The Board, working in partnership with clinical leaders and managers, proactively sought different and innovative approaches to addressing gaps.

The CCG provided funding via CQUINs to allow for additional consultants and allied health professionals to be recruited. This funding was initially provided for a single year.

Robust weekend planning ensured all rotas were filled and adequate clinical capacity was in place to meet predicted demand. The Trust utilised data, including A&E attendances and conversion rates, to predict demand both across the week and the year. This was used to plan staffing requirements including numbers of consultants required per shift.

Analysis of all deaths was undertaken using the case notes, with outcomes and learning points circulated across the clinical team on a weekly basis. Potential risks were swiftly identified and action plans implemented.

Members of the clinical leadership team worked shifts across the seven day period and acted as role models for other team members.

What was achieved?

- Successful implementation led the CCG to agree funding within the baseline for a second and third year.
- Consultants are now present seven days a week in the A&E department (16 hours on weekdays and 12 hours on weekends) and on the medical assessment wards (13 hours per day).
- Therapy staff assess and treat patients seven days a week.
- Delivering a seven day service is now an expectation of new staff and discussed at interview.
- Cultural change has occurred - teams recognise the importance of equitable treatment every day of the week, its impact on patient outcomes and experience and are proud of the care they provide.

What was the impact?

- Ensure reduction in mortality – HSMR score has improved from 94.8 to 87.9 (146 deaths fewer than expected) in the first year (2014-2015). The Trust has a three year commitment to reach a HSMR of 83.
- Improvement in recruitment of medical staff – the Trust has recruited three new A&E and three new Medical Assessment Unit consultants.
- All patients are now seen by specialty specific consultants within 12 hours, at weekend as well as on week days. All clinically unstable patients and those awaiting discharge over the weekends are reviewed by a consultant.
- The Trust complied with the 4-hour Accident and Emergency department waiting time target throughout the winter of 2014.
- Reduced conversion rate – in June 2015 conversion from A&E attendance to admission were at 18.29%, these were the lowest in the Greater Manchester area.
- Readmission rates between January and June 2015 fell by 0.7% when compared to the six months previous and overall have reduced by 700 per annum. In the same period there were an average of 2.4 medical outliers a day compared to five per day, over the same period the previous year.

TOP TIPS

- **Strong clinical leadership is critical to culture change – clinical leaders need to be seen to ‘walk the walk’ and consistently champion the cause through both words and actions.**
- **Informal as well as formal communication channels support the delivery of change - corridor conversations are often an effective way of persuading colleagues.**
- **Proactive approach to recruitment is crucial – don’t just rely on job adverts. Use your contacts to network and put the word out that there are opportunities to work for an organisation with a strong focus on patient safety and quality.**

Contact

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