

Agenda Item: 3vi

Report to:	Board of Directors	Date: 7 <sup>th</sup> February 2019
Report from:	Medical Director	
Principal Objective/ Strategy and Title:	<b>GOVERNANCE: COMBINED QUALITY REPORT Patient Safety, Effectiveness of Care, Patient Experience and DIPC</b>	
Board Assurance Framework Entries:	Unable to provide safe, high quality care <b>BAF numbers: 742, 675, 1511 and 1878</b>	
Regulatory Requirement:	7 Day Services	
Equality Considerations:	None believed to apply	
Key Risks	<b>Non-compliance resulting in poor outcomes for patients and financial penalties</b>	
For:	Information	

### 1. Purpose/Background/Summary

The 7 Day Hospital Services Programme (7DS) will be introducing a new measurement system based on board assurance of the four priority clinical standards to replace the 7DSAT online survey tool from the Autumn of 2018. The intention is to ensure trust board oversight of 7DS and to reduce the administrative burden on trusts. Trusts will not be required to complete the online self-assessment survey but there may be a requirement for smaller-scale local audits of clinical records.

The 7DS programme supports providers of acute services to tackle the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England. This work is built on 10 clinical standards developed by the NHS Services, Seven Days a Week Forum in 2013. With the support of the Academy of Medical Royal Colleges, four of these clinical standards were made priorities for delivery to ensure patients admitted in an emergency receive the same high quality initial consultant review, access to diagnostics and interventions and ongoing consultant-directed review at any time on any day of the week.

- Standard 2: Time to initial consultant review
- Standard 5: Access to diagnostics
- Standard 6: Access to consultant-led interventions
- Standard 8: Ongoing daily consultant-directed review

The new measurement system consists of a standard template that all trusts will complete with self-assessments of their performance against the 7DS clinical standards, supported by local evidence. This self-assessment will then be formally assured by the trust board. Boards can decide appropriate processes and details to include, based on local systems, governance structures and timetables.

The 7DS board assurance framework will be implemented gradually, with a trial run followed by full implementation. In place of the proposed autumn 2018 7DS self-assessment survey, providers of acute services will undertake a trial run of the board assurance process. This trial run will take place from November 2018 to February 2019. All providers of acute services will complete the template and gain board assurance of the self-assessment. As this is a trial, providers of acute services are not required to complete any new audits to support these self-assessments. Data from the previous 7DS survey can be used as evidence.

Full implementation of the 7DS board assessment framework will take place in March to June 2019 – we have asked for an extension to this timeline in view of our site move in April/May 2019. This will

follow the same process of completing the measurement template and subsequent board assurance of the self-assessment. This self-assessment will be based on local data, such as consultant job plans and local clinical audits, as outlined in the full 7DS board assurance framework guidance.

**Clinical Standard 2 – First Consultant review within 14 hours**

Assessments based on a triangulation of consultant job plans to deliver 7DS, local audits to provide evidence and reference to wider metrics.

**Clinical Standard 5 – Access to consultant-directed diagnostics**

As previously, assessment based on weekday and weekend availability of six diagnostic tests to appropriate timelines, either on site or by a formal arrangement with another provider.

**Clinical Standard 6 – Access to consultant-led interventions**

As previously, assessment based on weekday and weekend availability of nine interventions on a 24-hour basis, either on site or by a formal arrangement with another provider.

**Clinical Standard 8 – Ongoing consultant-directed review**

Assessment based on consultant job plans to deliver 7DS, robust MDT and escalation protocols, local audits and reference to wider metrics.

The government’s mandate to NHS England (March 2018) and its remit letter to NHS Improvement set ambitions for delivering 7DS, which were reflected through the shared planning guidance 2017-19.

The 7DS board assurance framework will provide the data to support measurement against these ambitions.

The board-assured measurement templates will be submitted to regional and national 7DS teams so they can analyse progress against the national ambitions.

Data from the trial run will not be made public but results from the subsequent full implementation will be published to demonstrate progress.

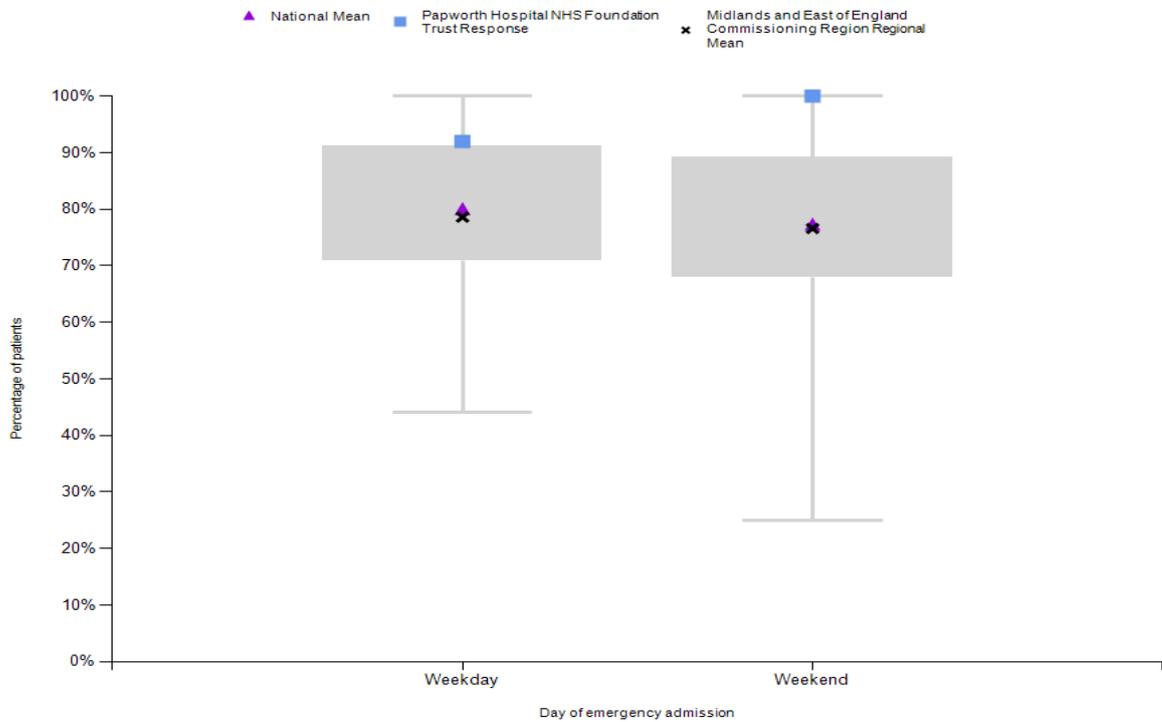
The NHS Standard Contract will require providers to undertake the 7DS board assurance process bi-annually. The results from this will form a 7DS metric in the clinical commissioning group improvement and assessment framework to allow CCGs to assess local delivery of 7DS.

The CQC inspection regime assesses 7DS performance as part of its judgement on a trust’s effectiveness. CQC will use providers’ self-assessments of 7DS delivery as supporting evidence in its inspection process covering 7DS.

To date, national progress towards delivery of 7DS has been measured by bi-annual self-assessment surveys. The Spring 2018 survey covered the management of patients admitted as an emergency, measured against the four priority clinical standards for seven day services. To complete this self-assessment survey, trusts analysed patient case notes to assess their achievement of the standards for first consultant review (clinical standard 2) and ongoing consultant reviews for patients (clinical stand 8) and provided an assessment of their provision of relevant diagnostics (clinical standard 5) and consultant directed interventions (clinical standard 6). The data for the survey were provided by a combination of clinicians, managers and clinical audit teams and were approved by the trust’s medical director before submission to NHS England. Benchmark data for the Trust outlined below from 7 day self-assessment data Spring 2018.

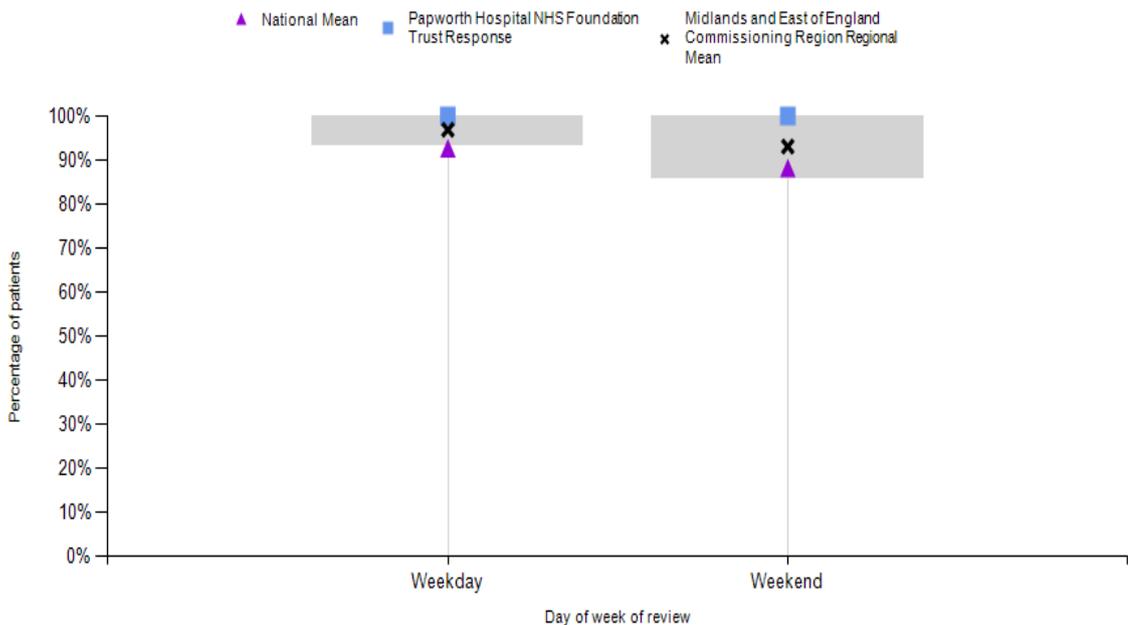
## Clinical Standard 2 National and regional benchmarking for Papworth Hospital NHS Foundation Trust

**Chart 3: Proportion of patients who received a first consultant review within 14 hours of admission to hospital**



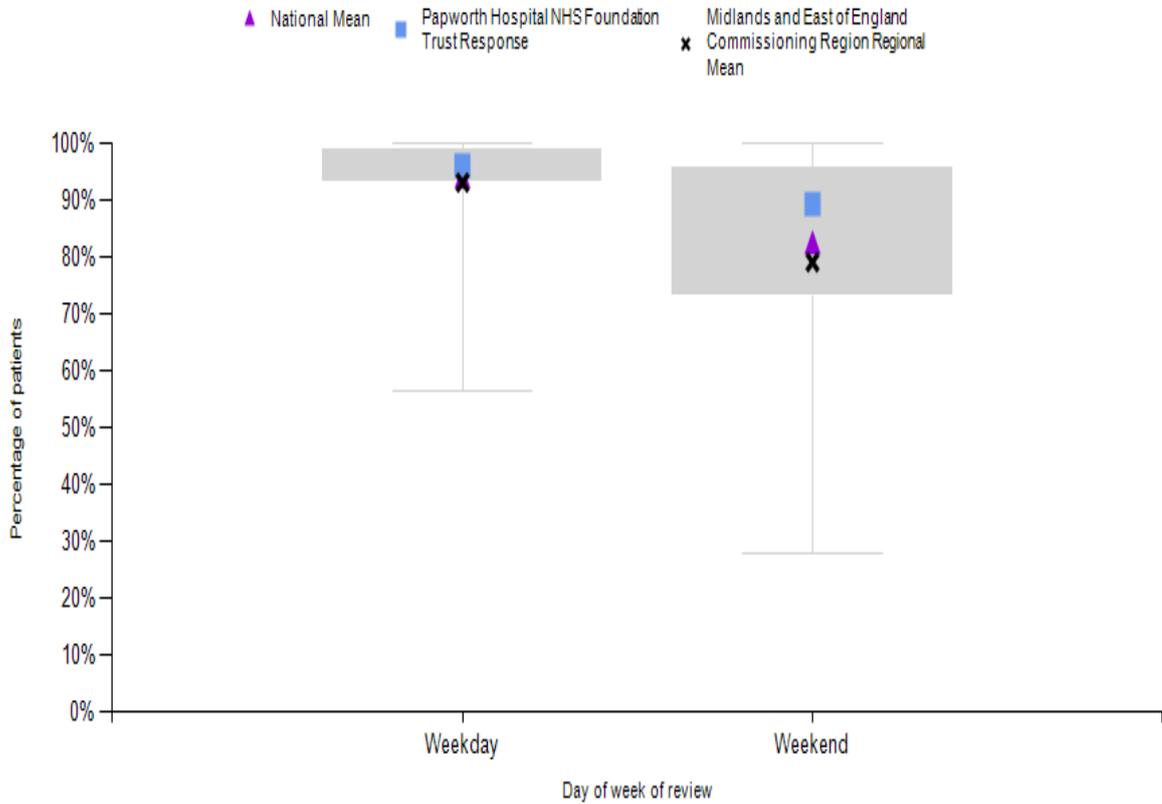
## Clinical Standard 8: Ongoing daily consultant directed review National and regional benchmarking: Twice daily review

**Chart 6: Proportion of Twice daily consultant directed reviews received**



**Clinical Standard 8:  
Ongoing daily consultant directed review  
National and regional benchmarking: Once daily review**

**Chart 7: Proportion of Once daily consultant directed reviews received**



The Trust has met the clinical standards in all four domains for over 90% of patients admitted in an emergency.

**Recommendation:**

**The Board of Directors is requested to note the contents of this report**