

Agenda Item: 3.iv

Report to:	Board of Directors	Date: 2 February 2023
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 BAF numbers: 742, 675, 1511 and 1878	
Regulatory Requirement:	7 Day Services	
Equality Considerations:	None believed to apply	
Key Risks	Non-compliance resulting in poor outcomes for patients and financial penalties	
For:	Information	

## 1. Summary

The Seven Day Hospital Services (7DS) Clinical Standards were developed to support providers of acute services to deliver high quality care and improve outcomes on a seven-day basis for patients admitted to hospital in an emergency.

Ten 7DS clinical standards were originally developed by the NHS Services, Seven Days a Week Forum in 2013. Providers have been working to achieve all these standards, with a focus on four priority standards identified in 2015 with the support of the Academy of Medical Royal Colleges.

The four priority standards were selected to ensure that patients have access to consultant-directed assessment and consisted of:-

- 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

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

Clinical Standard 2 states that all emergency admissions should be seen as soon as possible by a Consultant and within 14 hours of admission. For high volume specialties such as acute medicine, Consultant presence on site into the evening is likely to be needed every day.

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

Clinical Standard 5 states that emergency and urgent access to appropriate Consultant-led diagnostic tests (and reported results) should be available every day. Relevant diagnostic tests include CT, MRI and ultrasound imaging, endoscopy and echocardiography.

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

Clinical Standard 6 states that emergency and urgent access to appropriate Consultant-led interventions should be available every day. This covers many interventions, and typically should include emergency theatre, intensive care, interventional radiology, interventional endoscopy, PCI for acute myocardial infarction, emergency cardiac pacing, and thrombolysis and thrombectomy for stroke.

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

Clinical Standard 8 states that patients admitted in an emergency should be reviewed by a Consultant once daily (twice daily in high-dependency and critical care) unless the Consultant has delegated this review to another competent member of the multidisciplinary team on the basis that this would not affect the patient's care pathway.

In addition to the requisite level of consultant presence to deliver Standard 8, providers should have systems to support seamless and appropriate ongoing review, specifically:

1. A board round system that enables the responsible consultant to delegate reviews appropriately based on clinical need and the presence of agreed written protocols
2. A system of escalation for deteriorating patients based on agreed protocols, ideally built around monitoring each patient's National Early Warning Score (NEWS2)
3. A clear process to decide which patients do not need a daily consultant review and the proportion of admitted patients in this category.

The importance of ensuring that patients receive the same level of high quality care every day is reflected in the inclusion of these standards in the NHS Standard Contract. Delivery of the 7DS clinical standards should also support better patient flow through acute hospitals. The standards have been reviewed in 2021 by a clinical reference group that confirmed they remain relevant and important in the NHS today.

The updated Board Assurance Framework (BAF) is aimed at reducing the internal data collection burden for Trust Boards, as compared with the previous BAF that was more extensive and detailed and had to be uploaded twice yearly to a national portal.

The content for the Trust's revised 7 Day Services report, signed off by the Executive Medical Director will be drawn from:-

1. Daily Sitrep
2. Consultant Job Plans
3. Deep Dives – if required into areas of concern
4. Wider performance and experience measures to include patient experience data, GMC trainee doctor survey data and audits of staffing levels and activity related to 7DS.

## 2. Compliance

I can confirm that currently the daily hospital sitrep does **not** show significant variation in LOS associated with the day of the week when patients are admitted. There is also **no** significant variation in the number of discharges by day of the week. Job plans for all our acute specialist consultants provide scheduled on-site consultant cover every day that reflects the likely demand for that specialty

The template below shows the level of compliance with Standard 5 regarding 24/7 access to emergency diagnostic tests:-

Emergency diagnostic test	Available on site at weekends	Available via network at weekends	Not available
USS	YES		
CT	YES		
MRI	NO <sup>1</sup>		
Endoscopy	YES		
Echocardiography	YES		
Microbiology	YES		

<sup>1</sup> No radiographer to provide cardiothoracic MRI at weekends but this is not a service which is clinically necessary. If there is a need for non-cardiothoracic MRI then this can be done at Addenbrooke's Hospital under the existing SLA agreement for emergency services.

The following template outlines the level of compliance with Standard 6 regarding 24/7 access to emergency consultant-led interventions:-

Emergency intervention	Available on site at weekends	Available via network at weekends	Not available
Intensive care	YES		
Interventional radiology		YES	
Interventional endoscopy		YES	
Surgery	YES		
Renal replacement therapy	YES		
Radiotherapy		YES	
Stroke thrombolysis		YES	
Stroke thrombectomy		YES	
PCI for MI	YES		
Cardiac Pacing	YES		

The Trust is planning to complete a 7 day service audit during the month of February and will report the findings back to the Board in April.

**Recommendation:**

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