

Agenda Item: 3vi

Report to:	Board of Directors	Date: 7 November 2019
Report from:	Medical Director	
Principal Objective/ Strategy and Title:	GOVERNANCE: COMBINED QUALITY REPORT Patient Safety, Effectiveness of Care, Patient Experience and DIPC	
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 7 Day Hospital Services Programme (7DS) has introduced a new measurement system based on board assurance of the four priority clinical standards to replace the 7DSAT online survey tool previously used. The intention is to ensure trust board oversight of 7DS and to reduce the administrative burden on trusts. The four priority clinical standards are:

- 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

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 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 Trust carried out a 7 day audit of emergency admissions between the 8th and 14th September 2019, consisting of 21 patients, although 3 did not meet the criteria as they remained in hospital for less than 14 hours and therefore there were 18 patients who met the required criteria.

Following validation of the data provided, I can confirm that the Trust has met all four priority Clinical Standards 2, 5, 6 and 8 and the 7DS assurance framework document is attached at Appendix 1 for information.

Recommendation:

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