

## Confidential Trust Board

7 November 2019

<b>Report Title:</b>	Seven Day Services, Board Assurance Framework
<b>Executive/NED Lead:</b>	Angela Tillett, Chief Medical Officer
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<b>Previously considered by:</b>	Quality and Patient Safety Committee

**Approval**

**Discussion**

**Information**

**Assurance**

### Executive summary

#### **Background**

The seven day services programme is designed to ensure patients that are admitted as an emergency, receive high quality consistent care, whatever day they enter a hospital.

#### **The Ten Clinical Standards**

The ten clinical standards for seven day services in hospitals were developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. These standards define what seven day services should achieve, no matter when or where patients are admitted.

#### **The Four Priority Standards**

With the support of the AoMRC, four of the ten clinical standards were identified as priorities, on the basis of their potential to positively affect patient outcomes. These are:

- Standard 2 – Time to first consultant review
- Standard 5 – Access to diagnostic tests
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Ongoing review by consultant twice daily if high dependency patients, daily for others

NHS England / Improvement are supporting trusts to meet the four priority standards identified as being 'must do' by April 2020. Achieving these will ensure that patients admitted to hospital in an emergency:

- don't wait longer than 14 hours to initial consultant review;
- get access to diagnostic tests with a 24-hour turnaround time — for urgent requests, this drops to 12 hours and for critical patients, one hour;
- get access to specialist, consultant-directed interventions; and
- with high-dependency care needs receive twice-daily specialist consultant review, and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds.

#### **ESNEFT performance against the four priority standards**

Twice yearly audits have been performed in a spectrum of specialties in our legacy trusts pre-merger and for ESNEFT since July 2018.

- **Standard 2 (14h consultant review)**

The Seven Day Services Board Assurance Framework summarises the generally improving trends for standard 2 across ESNEFT since 2016. We remain non-compliant with the 90% standard overall.

In September 2019 an audit of key specialties was carried out to review the priority standard performance in those departments.

Paediatrics	Weekday	Weekend
Ipswich	50%	78%
Colchester	71%	63%

Issues arising in paediatrics included a lack of review by a consultant with patients seen by another doctor; failure to record the time of the consultant ward round; and review occurring at more than 14 hours. Colchester Hospital data on other specialties has been delayed and the following table refers to Ipswich Hospital specialties only:

	Weekday	Weekend
Gynaecology	50%	43%
General Surgery	100%	29%
Trauma & Orthopaedics	64%	43%
Cardiology	78%	100%

In these specialties the same issues were seen, with consultant entries frequently occurring with no time of review. The weekday Cardiology data is a concern as this specialty is part of the urgent network 7DS dataset for urgent STEMI network support.

Stroke data for the spring audit, which has previously been presented showed a failure to meet standard 2 on weekdays (75% performance).

#### **Standard 5 (Access to seven day diagnostic services)**

ESNEFT is compliant overall with this standard, though there remain two areas needing resolution.

Upper GI emergency endoscopy for patients requiring urgent endoscopy. Colchester Hospital does not currently provide a seven day emergency endoscopy service, while Ipswich Hospital is compliant.

The Surgery & Anaesthetics Division is currently developing an implementation plan for a joint on call service, which will resolve this service requirement. ESNEFT is currently the only acute trust in East of England which does not provide seven day upper GI endoscopy cover.

There are issues on both acute sites with the provision of urgent echocardiography on weekends. This is a significant national issue and relates to workforce issues. The department is reviewing options to resolve this issue.

#### **Standard 6 (Seven day access to key consultant directed interventions)**

ESNEFT is currently non-compliant with this measure, but this is solely due to the issue summarised under Standard 5 regarding the Colchester provision of seven day interventional endoscopy cover. Unlike many trusts in East of England we provide seven day interventional radiology cover, and the sustainability of that cover has been enhanced by additional consultant recruitment.

#### **Standard 8 (Daily consultant review of all patients requiring review, twice daily when required)**

The Trust is non-compliant with this standard and the performance from the spring 2019 audit has already been presented and is included in the Seven Day Service Board Assurance Framework. Specialty data, also included in the board assurance framework report, is summarised below.

Paediatrics	Weekday	Weekend
Ipswich	100%	100%
Colchester	100%	100%

	Weekday	Weekend
Gynaecology	50%	100%
General Surgery	100%	NA= small number of patients
Trauma & Orthopaedics	64%	43%
Cardiology	78%	100%

The performance of departments against standard 8 was affected by recording whether a review was by a consultant or whether a consultant led decision that review was not necessary had been made. It is significant that meeting standard 8 is a challenge in some departments on weekdays as well as on weekends.

The importance of consultant led review is also shared by:

- The transformation team project on the 'stranded patient', and leading the development of consultant led high quality peer reviewed daily board rounds.
- The Logistics division patient flow project using the Cambio electronic whiteboard patient information system to give real time patient flow information to optimise patient clinical transfer and quality of care.
- The Quality Improvement faculty are already engaged in using QI methodology to explore the most effective approaches for facilitating team working towards all these project objectives.

ESNEFT is required by NHS England to perform an audit of seven day working on its acute sites and submit these by the 29 November 2019 through the use of NHS England's Board Assurance Framework template. The Autumn/Winter 2019 audit data is presented for approval by the Board of Directors and a narrative regarding the current audit and suggested action plan for discussion.

**Action Required of the Board/Committee**

The Board is asked to approve the Seven Day Services Board Assurance Framework for submission to NHS Improvement & England.

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO4	Drive technology enabled care	<input type="checkbox"/>
<b>Risk Implications for the Trust</b> (including any clinical and financial consequences)		The NHS England priority standards have a must do attainment date of 1/4/20. Reputational risk to the Trust of non-compliance.
<b>Trust Risk Appetite</b>		Quality: The board will take minimal risks when it comes to patient safety, patient experience or clinical outcomes. Its tolerance for risk taking will be limited to decisions where the impact is low and the potential mitigations are strong
<b>Legal and regulatory implications</b> (including links to CQC outcomes, Monitor, inspections, audits, etc)		It is requirement of the NHS Standard Contract and CQC registration that services are delivered in line with best practice.
<b>Financial Implications</b>		Any financial implications for achieving the 7 day services standards will be achieved through the business planning cycle.
<b>Equality and Diversity</b>		There are no equality and diversity implications associated with this paper.



## 7 Day Hospital Services Self-Assessment

<b>Organisation</b>	East Suffolk and North Essex NHS Foundation Trust
<b>Year</b>	2018/19
<b>Period</b>	Autumn/Winter

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
<p><b>Clinical Standard 2:</b> All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.</p>	<p>Compliance to this standard has shown an overall trend of improvement over the last three years and ESNEFT continues with biannual audit of seven day services to provide assurance that this trend continues.</p> <p>Spring 2019 overall survey results from Colchester Hospital and trends: Autumn 16 - 77%, Spring 17 - 75%, Autumn 17 - 65%, Spring 18 - 75%, Spring 19 - 85%</p> <p>Spring 2019 overall survey results from Ipswich Hospital and trends: Autumn 16 - 72%, Spring 17 - 61%, Autumn 17 - 61%, Spring 18 - 67%, Spring 19 - 80%</p> <p>In September 2019 an audit of key specialities was carried out with results as follows: Paediatrics Ipswich weekday - 50%, weekend 78%. Paediatrics Colchester weekday 71%, weekend 63% Gynaecology Ipswich weekday- 50%, weekend 78% General surgery Ipswich weekday - 100%, weekend 29% Trauma and orthopaedics Ipswich weekday - 64%, weekend 43% Cardiology Ipswich weekday 78%, weekend 100%</p> <p>The key requirements already identified by specialities to achieve compliance to this standard have been identified as: Daily consultant led post take ward rounds to see all new patients on every morning 7 days of the week; Ensuring that there is a scheduled evening consultant ward round within 14 hours of the next morning round The further development of flexible working job plans to increase predictable oncall duties; Giving consultants a tool to track patients to avoid breaching the standard; Consideration of new roles to make consultant time matter and deliver clinical value; and Appointment of additional consultant once the above measures have been applied</p>	No, the standard is not met for over 90% of patients admitted in an emergency	No, the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score	
<p><b>Clinical Standard 5:</b> Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:</p> <ul style="list-style-type: none"> <li>• Within 1 hour for critical patients</li> <li>• Within 12 hour for urgent patients</li> <li>• Within 24 hour for non-urgent patients</li> </ul>	<p>Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?</p> <p>Colchester Hospital provides daily upper GI endoscopy 7 days per week but does not offer a 24/7 one hour service for critical patients. The provision of an ESNEFT 24/7 combined upper GI endoscopy rota is part of the Surgery and Anaesthetics Division 19-20 business plan. Colchester hospital does not provide a comprehensive echocardiogram service on weekends, Ipswich also does not provide an echocardiography service on all weekends. The Medicine Division is considering how to provide this service 24/7.</p>	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
		Echocardiography	Yes available on site	No the test is only available on or off site via informal arrangement	
		Magnetic Resonance Imaging (MRI)	Yes available on site	Yes available on site	
		Upper GI endoscopy	No the test is only available on or off site via informal arrangement	No the test is only available on or off site via informal arrangement	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
<b>Clinical Standard 6:</b> Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Not Met
		Interventional Radiology	Yes available on site	Yes available on site	
		Interventional Endoscopy	No the intervention is only available on or off site via informal arrangement	No the intervention is only available on or off site via informal arrangement	
	Emergency Surgery	Yes available on site	Yes available on site		
	Colchester Hospital provides daily upper GI endoscopy 7 days per week but does not offer a 24/7 one hour service for critical patients. Please see the plan for a combined ESNEFT upper GI endoscopy emergency service as detailed above in 19-20 business planning.	Emergency Renal Replacement Therapy	Yes available on site	Yes available on site	
		Urgent Radiotherapy	Yes available on site	Yes available on site	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available on site	Yes available on site	
		Cardiac Pacing	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
<b>Clinical Standard 8:</b> All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	Spring 2019 Audit data: Colchester Hospital 100% compliance with standard 8 for Acute Medicine emergency admissions and Vascular services . Ipswich Hospital Acute Medicine 77% weekday standard 8 and 80% weekend standard 8. Ipswich Stroke / HASU, 75% weekday standard 8, 90% weekend standard 8.  The Ipswich Stroke team altered consultant weekend job planning in 2018 with the intention of meeting standard 8. Review of consultant working pattern in stroke and acute medicine to be undertaken as part of Medicine business planning November 2019.  Autumn 2019 September specialty audit data: Ipswich paediatrics weekday 100%, weekend 100%; Colchester paediatrics weekday 100%, weekend 100% Gynaecology Ipswich weekday 50%, weekend 100%; General surgery Ipswich weekday 100%, weekend 100% Trauma and orthopaedics Ipswich weekday 85%, weekend 43% ; Cardiology Ipswich weekday 78%, weekend 100%; All patients requiring twice daily review were reviewed by all specialities audited. It is evident from the above audit data that we have opportunities to improve both weekday and weekend performance. This challenge aligns to trust work to embed daily consultant led MDT board rounds on very ward every day as well as the patient flow project led by the Logistics Division.	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met	
		Twice Daily: No the standard is not met for over 90% of patients admitted in an emergency	Twice Daily: No the standard is not met for over 90% of patients admitted in an emergency		

## 7DS Clinical Standards for Continuous Improvement

### Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10

Clinical Standard 1 - Patient Experience. FFT comments and complaints are being monitored with references to weekend being reviewed producing themes of improvement opportunities.

Clinical Standard 3 - Daily MDT Reviews. Availability of staff groups is improving at weekends, following consultation in 2018 OT / PT and Pharmacy staff now have scheduled on site weekend rotas. Formal review of weekend MDT working practice required cross site and to be linked into board rounds and population of e-whiteboard patient flow data.

Clinical Standard 4 - Shift handovers. Handover is embedded as part of the Hospital at Night process but needs standardising across ESNEFT and clear evidence of consultant to consultant handover at shift changes Hospital at Night handover formalised at Ipswich and morning handover process from Hospital at Night to day team under review on both sites.

Clinical Standard 7 - Mental Health. There is still a significant challenge in EPUT and NSFT liaison teams meeting Standard 7, ICS work underway to support both services including trusted assessor roles within the acute hospitals.

Clinical Standard 9 - Community Transfers. With increased availability of MDT reviews 24/7 colleagues continue to engage with social care, nursing homes and other external services to assess performance and detail an action plan. Reduction in DTOCs and superstranded patients already seen on both acute hospital sites.

Clinical Standard 10 - Quality Improvement. Divisional performance and action plans will be agreed within local divisional governance teams. The QI faculty are actively supporting the Divisions to meet seven day working standards, are working with the Transformation team and Logistic Division to bring QI methodology to the board round / standed patient initiative and patient flow project.

## 7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	No, the standard is not met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	No, the standard is not met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 8	No, the standard is not met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	No, the standard is not met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency

### Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)

Urgent review of Stroke services working pattern with respect of identification of patients of consultant review for standards 2 and 8 to be undertaken. Urgent review of cardiology practice in meeting standards 2 and 8 to be undertaken as well as a plan to resolve the issue with standard 5 provision of echocardiology service.

### Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.