

### Board assurance framework for Seven Day Hospital Services

<b>Trust Board</b>	<b>Item: 7</b>
<b>Date:</b> 27 <sup>th</sup> November 2019	<b>Enclosure: F</b>
<b>Purpose of the Report:</b>  To present the self-assessment checklist for assurance on the implementation of 7-day services at Kingston Hospital.	
<b>FOR:</b> Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input checked="" type="checkbox"/> Decision/approval <input type="checkbox"/>	
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	
<b>Legal / Regulatory / Reputation Implications:</b>	None
<b>Link to Relevant CQC Domain:</b> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input type="checkbox"/>	
<b>Link to Relevant Corporate Objective:</b>	
<b>Document Previously Considered By:</b>	
<b>Recommendations:</b>  The Board is asked to review the self-assessment checklist for the level of assurance provided on the implementation of 7-day services at Kingston Hospital.	

# Board assurance framework for Seven Day Hospital Services

## Executive Summary

In 2013, ten clinical standards for seven day services in hospitals were developed through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. In order to prepare for seven day services, bi-annual national audits commenced in March 2016. The audits focused on four of the key clinical standards on the basis of their potential to positively affect patient outcome:

- 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.

In January 2019 NHS England (NHSE) replaced the national audit with the requirement that each NHS Trust Board must receive 6-monthly assurance on progress in achieving the four priority 7 day service (7DS) clinical standards via a self-assessment survey, populated with information obtained from local audit. The assessment is also used for national reporting to NHSE.

The checklist submitted to the Trust Board is populated with the most recent local 7-day service audit data. The audit comprised 80 patients in total, who were admitted as an emergency at KHFT between the 24<sup>th</sup> to 30<sup>th</sup> October. The previous audits identified the surgical service lines as an area for improvement, therefore the decision was made to ensure the sample targeted surgical patients to assess for improvement, whilst also auditing a sufficient number of cases from the remaining service lines to provide assurance that previous good practice had been sustained.

To achieve each standard, a provider must be able to meet this level of care for at least 90% of its patients.

### **Overall in December 2019:**

- 88% of patients were reviewed by a Consultant within 14 hours of admission (87% admitted on a weekday, 89% admitted on a weekend). This is a decrease in performance compared to the May-19 audit, when 98% of patients met this standard, 97% on a weekday and 100% at the weekend
- 98% of patients who required a daily consultant review received a daily consultant review (or other delegated doctor) (99% admitted on a weekday, 94% admitted on a weekend). This is an improvement compared to the May-19 audit, when 95% of patients met this standard, 98% on a weekday and 86% at the weekend.
- 100% of patients who required twice daily consultant reviews (i.e. patients on ICU) received a twice daily consult review. This is a continuation of the good practice demonstrated in May-19.

### **In addition:**

- 90% of patients (and where appropriate families / carers) were involved in discussions about the initial review within 48 hours of admission (85% admitted on a weekday, 100% admitted on a weekend). This is an improvement compared to the May-19 audit, when 88% of patients met this standard, 85% on a weekday and 95% at the weekend.
- 95% of patients were informed of review outcomes/changes to care plan, this is similar to the May-19 audit, when 97% of patients met this standard.

### **Areas targeted for assurance - Patients reviewed by a Consultant within 14 hours of admission**

- AAU, Cardiology, Elderly Care, Gastroenterology, ICU, Obstetrics and Gynaecology, Paediatrics: Excellent performance was sustained, and minor improvement demonstrated. Performance in Oct-19 at 96% is similar to previous, 98% May-19).

## **Areas targeted for improvement - Patients reviewed by a Consultant within 14 hours of admission**

(May 2019 compared to October 2019):

- General Surgery (n=14): Performance decreased from 100% to 79%.
- Orthopaedic Surgery (n=12): Performance decreased from 100% to 67%.
- Urology (n=4): Performance decreased from 83% to 75%.

## **Actions Planned**

- To ensure patients are receiving Consultant review within 14 hours of admission the Deputy Medical Director has:
  - Contacted the service lines regarding all cases where patients did not receive a consultant review within 14 hours.
  - Requested that the Chief of Surgery ensures that consultant led evening ward rounds are undertaken and documented in General Surgery
  - Requested that the Clinical Director, Cluster 6, identifies the most appropriate person to review Orthopaedic Surgery patients who are admitted during the day.