

**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>88% of patients admitted between 24 and 30 October 2019 were reviewed by a Consultant within 14 hours of admission, or met the exclusion criteria. This is a decrease in performance from 98% reported in Jun-19 and does not meet the NHS England target of 90%. This is the first time the target has not been met since Sep-17.</p> <p>In Oct-19, 87% of patients admitted Mon-Fri were reviewed by a Consultant within 14 hours, or met the exclusion criteria. This is a decrease in performance from 97% reported in Jun-19.</p> <p>In Oct-19, 89% of patients admitted on a weekend were reviewed by a Consultant within 14 hours. This is a decrease in performance from 100% reported in Jun-19.</p> <p>In total 10 patients were not reviewed within 14 hours - 3 in General Surgery, 2 Paediatric Medicine, 4 in Orthopaedic Surgery and 1 Urology. 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, and requested that the Clinical Director, Cluster 6, identifies the most appropriate person to review Orthopaedic Surgery patients who are admitted during the day.</p> <p>Since the completion of the previous audit 7 day consultant cover has been implemented in Cardiology.</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

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<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>Standard Met All 6 consultant directed diagnostics are provided on-site. At the weekend Echo and MRI are available on-site if required.</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	Yes available on site	
		Magnetic Resonance Imaging (MRI)	Yes available on site	Yes available on site	
		Upper GI endoscopy	Yes available on site	Yes available on site	

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<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 Met
		Interventional Radiology	Yes available on site	Yes available off site via formal arrangement	
		Interventional Endoscopy	Yes available on site	Yes available on site	
	Standard Met - services provided on site or off site with a formal arrangement in place.	Emergency Surgery	Yes available on site	Yes available on site	
		Emergency Renal Replacement Therapy	Yes available on site	Yes available on site	
		Urgent Radiotherapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Stroke thrombolysis	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Percutaneous Coronary Intervention	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Cardiac Pacing	Yes available off site via formal arrangement	Yes available off site via formal arrangement	

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<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.	Overall 98% of patients who required a daily consultant review received a daily consultant review. This is an improvement from 95% reported in May-19.  When the data is broken down by day of admission this standard was met for 99% of patients admitted on a weekday, and 99% admitted on a weekend. This is the first time the standard has been met on a weekend.  Overall 100% of patients who required twice daily consultant reviews (i.e. patients on ICU) received a twice daily consult review.  In addition 95% of patients were informed of review outcomes/changes to care plan.		Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Standard Met
			Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is 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
<p>CS1 Patient experience – The current IT system used for recording FFT, serious incident and complaints information does not support a breakdown of weekday vs. weekend feedback.</p> <p>CS3 Multidisciplinary team review - Written policies for MDT processes within all emergency specialties do not exist currently, however we can be assured that all emergency admissions via AAU are assessed by a multidisciplinary team including nursing , physiotherapy, occupational therapy , and pharmacy staff with social service support. Medicines reconciliation is available on AAU within 24 hours.</p> <p>Action: MDT policy to be written and increase pharmacy support to improve current standard of percentage medicines reconciliation within 24 hours.</p> <p>CS4 Shift handovers - Hospital at night policy in place. Twice daily shift handovers on AAU led by consultant physician and shift handovers in ICU led by Consultant Intensivist.</p> <p>CS9 Transfer to community, primary and social care - Discharge co-ordinators work from Monday to Friday and do not routinely work at the weekends; Pharmacy services are available 7 days; Physiotherapy and Occupational Therapy are available 7 days; Access to social services and POC is available 7 days per week; and access to transport is available 7 days per week.</p> <p>CS10 Quality Improvement - The current Integrated Board Report provides assurance of quality of care including mortality, length of stay and readmissions, however this is not broken down into weekday vs weekend.</p>

## 7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services	Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
<b>Clinical Standard 2</b>	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	Not applicable - services not provided by the Trust
<b>Clinical Standard 5</b>	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	
<b>Clinical Standard 6</b>	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	
<b>Clinical Standard 8</b>	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	

### 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.