

DRAFT

A Board Assurance Framework for 7 Day Hospital Services: Guidance for Trusts

[Date]

Contents

1. Introduction

- 1.1 The 7 Day Hospital Services Programme
- 1.2 Measuring 7 Day Hospital Services Performance
- 1.3 Principles and Process of Board Assurance of 7 Day Hospital Services Performance

2. Guidance for Completing the 7 Day Hospital Services Board Assurance Framework Template

- 2.1 Overview
- 2.2 Clinical Standard 2
- 2.3 Clinical Standard 5
- 2.4 Clinical Standard 6
- 2.5 Clinical Standard 8
- 2.6 The 7DS Standards for Continuous Improvement
- 2.7 7DS in Urgent Network Specialist Services

3 Reporting, support and assurance of 7 Day Hospital Services performance

- 3.1 Process for 7DS Board Assurance
- 3.2 Format of 7DS Board Assurance reporting
- 3.3 Central reporting of 7DS performance
- 3.4 Regional level support
- 3.5 External assurance
- 3.6 Supporting Information

Appendix 1: 7 Day Hospital Services Board Assurance Framework Template

Appendix 2: 7 Day Hospital Services Clinical Standards

1. Introduction

1.1 The 7 Day Hospital Services Programme

The 7 Day Hospital Services (7DS) Programme was developed to support trusts to deliver high quality care and improve outcomes on a 7 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. Acute trusts have been working to deliver all of these standards, with a particular 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 (Clinical Standard 2), diagnostics (Clinical Standard 5), interventions (Clinical Standard 6) and ongoing review (Clinical Standard 8) every day of the week. Full details of all of the clinical standards are available at appendix 2.

The importance of ensuring that patients receive the same level of high quality care every day is reflected in the prominence given to the delivery of this programme in the Government's Mandate to the NHS and the NHS Planning Guidance.

1.2 Measuring 7 Day Hospital Services Performance

To allow acute trusts to track their progress in delivering the four priority 7DS clinical standards, a self-assessment survey was developed. This survey is an online tool which allows trusts to input data taken from patient case notes to measure performance against standards 2 and 8, alongside an assessment of the availability of key diagnostics for standard 5 and interventions for standard 6.

To be considered to be achieving each of these standards, a trust must be able to meet this level of care for at least 90% of its patients.

Trusts have measured their performance using this tool since 2016 but unfortunately the significant changes and considerable improvements that have been made have not always been reflected in the survey results due to issues related to the quality of source data and validation issues. The survey also places a significant administrative burden on trusts in terms of reviewing a large number of patient case notes.

To resolve these issues and offer the opportunity for trust boards to provide direct oversight of reporting on this work, we are moving away from using the survey tool and have developed this board assurance framework for measurement of 7DS performance.

1.3 Principles and Process of Board Assurance of 7 Day Hospital Services Performance

A clinical reference group of senior trust clinicians was formed to advise on the development of a robust board assurance process.¹ The clinical reference group's work was based on agreed design principles for the board assurance model, to ensure that the new measurement system is:

- Consistent, both in terms of the product (a single template for all trusts) and its contents (in line with trusts' previous reported position on performance against the standards and their assumed improvement trajectory).
- Robust and accurate, containing independently verifiable information relating to 7DS, allowing for appropriate external scrutiny.
- Less of an administrative burden than the existing 7DS survey.
- Linked up with developments in UEC and joint structures which enable network solutions such as STPs.
- Aligned with national-level measurement and reporting against the Mandate and Planning Guidance ambitions for 7DS.

Following advice from the clinical reference group, building on the above principles, a single template for trusts to record their self-assessments of 7DS performance has been developed. An example of this template is available at appendix 1.

This template enables trusts to record their assessments of 7DS performance in each of the four priority standards for both weekdays and weekends. It also provides an opportunity for trusts to record performance against the remaining six standards (the 7DS clinical standards for continuous improvement) and performance against the four priority 7DS clinical standards in five urgent network specialised services (where applicable).

¹ Trusts represented on the 7DS Clinical Reference Group: Newcastle Hospitals NHS Foundation Trust, East Lancashire Hospitals NHS Trust, Leeds Teaching Hospitals NHS Trust, Calderdale and Huddersfield NHS Foundation Trust, Liverpool Heart and Chest NHS Trust, Bolton NHS Foundation Trust, University Hospital Southampton NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust, Royal Surrey County Hospital NHS Foundation Trust, Plymouth Hospitals NHS Trust, Royal Wolverhampton NHS Trust, University Hospitals Leicester NHS Trust, Nottingham University Hospitals NHS Trust, Epsom & St Helier NHS Trust, St Georges University Hospitals NHS Foundation Trust, Chelsea and Westminster NHS Foundation Trust.

2. Guidance for Completing the 7 Day Hospital Services Board Assurance Framework Template

2.1 Overview

The purpose of the self-assessment template is to ensure that trusts are able to produce a single, consistent report of their 7DS performance, for the dual purpose of assurance from their own boards and national reporting.

To ensure this consistency of presentation is matched by consistency of self-assessment, this guidance has been drafted to enable completion of these assessments, offering specific advice for each section of the template which requires completion.

2.2 Clinical Standard 2

Clinical Standard 2 specifies that 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.

Assurance of delivery of this standard on the basis of an achievement threshold of 90% of all patients admitted in an emergency should be based on:

- Confirmation of consultant job plans in all specialties designed to provide sufficient daily consultant presence to support the delivery of 7DS Clinical Standard 2.

This theoretical delivery model would then be evidenced by data from audits of performance taken from patient case notes or data taken from electronic patient records if they are able to provide this information.

In terms of numbers of case notes to be reviewed in this audit process, to provide a statistically significant sample size, a trust with 500 or more relevant admissions in a given time period should review at least 70 of these case notes. At least 90% [63] of these case notes would need to confirm compliance with the clinical standard to support delivery.

The case notes reviewed for this audit would need to be representative of the trust's normal emergency admission patient profile and be evenly distributed over each individual weekday.

Trusts with electronic patient records that enable relevant information to be extracted and analysed may wish to use a larger sample size to provide assurance to their boards.

Other wider sources of information with potential links to the delivery of this standard could offer an indication of whether it is being achieved. These sources of information include:

- Weekday and weekend ratio data in mortality, length of stay, readmissions.
- Patient experience data from weekdays versus weekends covering consultant presence/availability.
- GMC trainee doctor survey data on the support offered by consultants.
- Wider, related patient flow and urgent and emergency care metrics (for example number of red-green days and A&E performance).
- Audits of staffing levels and activity related to 7DS as recommended by the Royal College of Physicians' *Guidance on Safe Medical Staffing*².
- Separate targeted ongoing audits of performance in specific specialties or locations as part of trust continuous improvement activity.

Relatively weak performance in any of these areas should be explored by trusts to see if there is a direct link to not delivering clinical standard 2 on every day of the week.

Trusts should base their self-assessment ratings for weekdays and weekends for this standard on the above criteria and supporting audit evidence, outlining how they meet the above criteria, and offer a short commentary in the template to evidence their assessments, with areas for improvement noted in the cases where the standard is not met.

Overall compliance with this standard is achieved if a trust assesses itself as meeting the standard on both weekdays and weekends.

2.3 Clinical Standard 5

Clinical Standard 5 covers the availability of six consultant-directed diagnostic tests for patients to clinically appropriate timescales, which is within 1 hour for critical patients, 12 hours for urgent patients and 24 hours for non-urgent patients.

Self-assessment of performance against this standard should be based on a response to the following question for each of the diagnostic tests:

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?

² *Guidance on Safe Medical Staffing: Report of a Working Party*, Royal College of Physicians, July 2018
<https://www.rcplondon.ac.uk/projects/outputs/safe-medical-staffing>

- *Computerised Tomography (CT)*
- *Ultrasound (USS)*
- *Echocardiography*
- *Upper GI endoscopy*
- *Magnetic Resonance Imaging (MRI)*
- *Microbiology*

For this assessment, there are a number of potential responses as follows:

Response	Compliance with 7DS standard
Yes available on site	Yes
Yes available off site via formal arrangement	Yes
Yes mix of on site and off site by formal arrangement	Yes
No the intervention is only available on or off site via informal arrangement	No
No the intervention is not available	No
Not applicable to patients in this trust	N/A

The self-assessment template requires that each trust provides an assessment of the availability of each of the six diagnostic tests for weekdays and weekends. This is done by selecting one of the above answers from the drop down menu in the yellow cells for each diagnostic test for weekdays and weekends.

Overall compliance (i.e. achievement of the 90% threshold) is based on a combination of these weekday and weekend assessments, with 50% weighting given to each.

The diagnostic tests themselves are also weighted based on their frequency of use for patients admitted in an emergency. The weighted score given to each test is as follows:

Test	% of diagnostic test requests
Microbiology	33.4%
Computerised Tomography (CT)	32.4%
Ultrasound	14.4%
Echocardiography	12.6%
Magnetic resonance imaging (MRI)	5.2%
Upper GI Endoscopy	2.2%

The self-assessment template is designed to automatically calculate an overall compliance score for each trust based on the above weighting from the responses inputted for each diagnostic test.

2.4 Clinical Standard 6

Clinical Standard 6 covers the 24/7 access to nine consultant directed interventions which is within 1 hour for critical patients, 12 hours for urgent patients and 24 hours for non-urgent patients.

Self-assessment of performance against this standard should be based on a response to the following question for each of the interventions:

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*
- *Interventional Radiology*
- *Interventional Endoscopy*
- *Emergency Surgery*
- *Emergency Renal Replacement Therapy*
- *Urgent Radiotherapy*
- *Stroke Thrombolysis*
- *Percutaneous Coronary Intervention*
- *Cardiac Pacing*

As with Clinical Standard 5, for this assessment, there are a number of potential responses as follows:

Response	Compliance with 7DS standard
Yes available on site	Yes
Yes available off site via formal arrangement	Yes
Yes mix of on site and off site by formal arrangement	Yes
No the intervention is only available on or off site via informal arrangement	No
No the intervention is not available	No
Not applicable to patients in this trust	N/A

The self-assessment template requires that each trust provides an assessment of the availability of each of the nine interventions for weekdays and weekends. This is done by selecting one of the above answers from the drop down menu in the yellow cells for each diagnostic test for weekdays and weekends.

Overall compliance (i.e. achievement of the 90% threshold) is based on a combination of these weekday and weekend assessments. This overall score is

based on a 50% weighting for weekday and weekend availability, but unlike Clinical Standard 5 for diagnostics, there is no different weighting of scores for the individual interventions based on frequency of use.

Therefore a trust can only achieve compliance with this standard if all of these interventions are available at both weekdays and weekends, with only one exception (i.e. there are 9 interventions, so 18 potential responses (weekday and weekend scores), of which 17 must be compliant with the standard to achieve overall compliance).

The self-assessment template is designed to automatically calculate an overall compliance score for each trust based on the responses inputted for each intervention.

2.5 Clinical Standard 8

Clinical Standard 8 relates to the on-going consultant-directed reviews received by patients admitted in an emergency once they have had their initial consultant assessment. The standard aims to ensure that all patient cohorts receive an appropriate number and level of reviews from consultants depending on the severity of their condition.

In practice this means that patients with high dependency needs³, usually but not always sited in AMU, SAU and ITU, should be reviewed by a consultant twice daily. All other patients admitted in an emergency should be reviewed by a consultant once daily, unless the consultant has delegated this review to another competent member of the multi-disciplinary team on the basis that it has been determined that this would not affect the patient's care pathway.

Assurance of delivery of this standard on the basis of an achievement threshold of 90% of all patients admitted in an emergency should be based on:

- Consultant job plans designed to deliver twice daily ward rounds for high dependency patients and once daily ward rounds for all other patients in all specialities which cover emergency admissions every day of the week.

This level of consultant presence should be complemented by:

³ Definition of High Dependency Needs for Clinical Standard 8: Clinical judgement should be used to determine frequency of consultant review required, but as a guide patients with Intensive Care Society levels of need of 2 (3 for paediatrics) and above may require twice daily review, and patients with needs of below level 2 (3 for paediatrics) may only require once daily review. The group of patients who need twice daily reviews should be based on the Intensive Care Society definitions of levels of illness and the Paediatric Intensive Care Society standards for the care of critically ill children rather than their geographical ward location in the hospital.

1. A board round system which 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 of each patient's National Early Warning Score (NEWS).
3. A clear process which outlines the process to decide which patients do not need a daily consultant review and the proportion of admitted patients who fall into this category.

This theoretical delivery model would then be evidenced by data from audits of performance taken from patient case notes or data taken from electronic patient records if they are able to provide this information.

In terms of numbers of case notes to be reviewed in this audit process, to provide a statistically significant sample size, a trust with 500 or more relevant admissions in a given time period should review at least 70 of these case notes. At least 90% [63] of these case notes would need to confirm compliance with the clinical standard to support delivery.

The case notes reviewed for this audit would need to be representative of the trust's normal emergency admission patient profile and be evenly distributed over each individual weekday.

Trusts with electronic patient records that enable relevant information to be extracted and analysed may wish to use a larger sample size to provide assurance to their boards.

Other wider sources of information with potential links to the delivery of this standard could offer an indication of whether it is being achieved. These sources of information include:

- Weekday and weekend ratio data in mortality, length of stay, readmissions.
- Patient experience data from weekdays versus weekends covering consultant presence/availability.
- GMC trainee doctor survey data on the support offered by consultants.
- Wider, related patient flow and urgent and emergency care metrics (for example number of red-green days and A&E performance).
- Audits of staffing levels and activity related to 7DS as recommended by the Royal College of Physicians' *Guidance on Safe Medical Staffing*⁴.

⁴ *Guidance on Safe Medical Staffing: Report of a Working Party*, Royal College of Physicians, July 2018
<https://www.rcplondon.ac.uk/projects/outputs/safe-medical-staffing>

- Separate targeted ongoing audits of performance in specific specialties or locations as part of trust continuous improvement activity.

Relatively weak performance in any of these areas should be explored by trusts to see if there is a direct link to not delivering clinical standard 8 on every day of the week.

Trusts should base their self-assessment ratings for this standard, covering both patients requiring once daily and twice daily reviews on weekdays and weekends, on the above criteria and supporting audit evidence. Trusts should offer a short commentary in the template to evidence their assessments, outlining how they meet the criteria, with areas for improvement noted where the standard is not met.

Overall compliance with this standard is achieved if a trust assesses itself as meeting the standard on both weekdays and weekends for patients requiring once daily and twice daily reviews.

2.6 The 7DS Standards for Continuous Improvement

All ten of the 7DS Clinical Standards are vital to the delivery of consistently high quality care, and taken as a whole, impact positively on the quality of care and patient experience.

As well as delivering the four priority 7DS Clinical Standards detailed above, the 7DS programme aims to support trusts to deliver the remaining six 7DS standards, collectively referred to as the 7DS Standards for Continuous Improvement.

To enable assessment of progress against these standards, trusts are required to provide a commentary of work done in relation to their delivery on the board assurance template. There is no requirement for an assessment of whether a trust is meeting the standards, just evidence of overall improvement.

Full details of the six 7DS Standards for Continuous Improvement are available at annex A. Below is a guide to the type of evidence trusts should use for each of the standards to form their self-assessment.

Clinical Standard	Evidence to support assurance of progress
1 – Patient Experience	<p>Information from local patient experience surveys on quality of care/consultant presence on weekdays vs weekends.</p> <p>Feedback from wider sources of patient experience such as levels of complaints and local Healthwatch feedback directly related to quality of care on weekdays</p>

	and weekends.
3 – Multi-disciplinary team review	Assurance of written policies for MDT processes in all specialties with emergency admissions, with appropriate members (medical, nursing, physiotherapy, pharmacy and any other relevant professionals) to enable assessment for ongoing/complex needs and integrated management plan covering discharge planning and medicines reconciliation within 24 hours.
4 – Shift handovers	<p>Assurance of handovers led by a competent senior decision maker taking place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts.</p> <p>Assurance that these handover processes, including communication and documentation, are reflected in hospital policy and standardised across seven days of the week.</p>
7 – Mental Health	Assurance that liaison mental health services are available to respond to referrals and provide urgent and emergency mental health care in acute hospitals with 24/7 Emergency Departments 24 hours a day, 7 days a week.
9 - Transfer to community, primary and social care	<p>Assurance that the hospital services required to enable the next steps in the patient's care pathway, as determined by the daily consultant-led review, to be taken are available every day of the week. These services should include:</p> <ul style="list-style-type: none"> • Discharge coordinators. • Pharmacy services to facilitate discharge (e.g. provision of TTAs within same timescales on weekdays and weekends). • Physiotherapy and other therapies. • Access to social and community care providers to start packages of care. • Access to transport services.
10 – Quality Improvement	Assurance that trust board level reviews of patient outcomes cover elements of care and quality which relate to the delivery of high quality care seven days a week, such as weekday and weekend mortality, length of stay and readmission ratios, and that the duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high-quality, safe patient care, seven days a week.

2.7 7DS in Urgent Network Specialist Services

Alongside delivery of the 7DS Clinical Standards for all patients admitted to hospital in an emergency, the 7DS programme has also been working with trusts to measure delivery of the four priority clinical standards in five urgent network clinical services. Details of these services and the specific patients covered by this element of the programme are:

- Hyperacute Stroke (specialist care provided for hyperacute stroke patients, covering the first 72 hours).
- Paediatric Intensive Care (patients admitted to be cared for at a centre providing level 3 Paediatric Critical Care).
- STEMI Heart Attacks (patients treated for ST elevation myocardial infarction at specialist centres).
- Major Trauma (major trauma patients with an ISS>8 treated in a Major Trauma Centre).
- Emergency Vascular Services (patients receiving emergency vascular surgery and interventions in designated specialist centres).

The intention of this part of the 7DS programme is to ensure that patients treated in these urgent settings/high dependency areas receive care which meets the 7DS standards. Once these patients have either had their emergency episode treated, been stabilised or moved to another setting within the hospital, the quality of their care would be covered by the wider 7DS programme.

Trusts that provide one or more of these services have already been providing assessments of their performance against the four priority clinical standards separately, using the same criteria for measuring assessment of the four priority standards as detailed above for all emergency admissions, which in turn mirror the specialised commissioning service specifications for these services (or national guidance in the case of hyperacute stroke).

This new board assurance process for 7DS will incorporate this work on specialist services to provide a single reporting process for all 7DS work. To ensure consistency, the template for board assurance of 7DS to be sent out to all trusts will include individually tailored information for each trust's specialist services including their previous assessment of performance. This will allow the Board to provide assurance of these assessments alongside the assurance of 7DS performance for all emergency admissions.

3. Reporting, support and assurance of 7 Day Hospital Services performance

3.1 Process for 7DS Board Assurance

The process of 7DS board assurance places the emphasis on trust boards to provide evidence-based assurance of their organisation's performance, rather than reliance on a national recording tool.

To ensure that progress in the 7DS programme can continue be measured to existing timescales, trust boards are required to undertake a self-assessment of performance twice a year, once in Spring and once in Autumn.

3.2 Format of 7DS Board Assurance reporting

The 7DS board assurance framework template at appendix 1 provides a single, consistent way of recording trust self-assessments of 7DS performance. The template requires trusts to complete all yellow cells with either:

- a free text commentary of performance, covering any gaps to be addressed; or,
- select a response to questions of compliance from a drop down list.

This template should be used to summarise the headline issues relating to delivery of the 7DS clinical standards as well as providing self-assessment information. It is not meant to provide a comprehensive picture of the trust's work on 7DS nor capture the full details of the audit data gathered to support any self-assessments.

Trusts may wish to provide this depth of information separately to their boards to enable them to confirm their assurance of the assessments of performance, potentially as part of a paper for boards on a biannual basis, with the template being used as an appendix to these board papers.

3.3 Central reporting of 7DS performance

As noted above, trust boards should assess their performance against the 7DS clinical standards twice a year. To enable national measurement of progress in the delivery of 7DS as outlined in the Mandate ambitions and NHS Shared Planning Guidance, these assessments, in the form of completed board assurance framework templates, should be shared with regional 7DS teams to allow for their collation and national analysis.

The headline data of compliance against each of the four priority clinical standards will be used to provide a calculation of performance against national 7DS programme ambitions.

To ensure transparency, these headline data will continue to be made publicly available through the NHS Improvement and NHS England websites.

3.4 Regional support

The 7DS programme is supported by national organisations' regional teams, reporting to Regional Medical Directors, who help trusts to achieve the 7DS clinical standards through the sharing of best practice and learning and advising on improvement strategies.

As part of this support, regional teams have previously worked with trusts in detail when necessary to support the evidence base and audit process. It is expected that the Board Assurance process will not require intensive support from the regional teams in this area as it will be for trust boards themselves to be assured of progress from locally collected data. Therefore, regional teams will focus on supporting trusts with improvement strategies and processes to fill any identified gaps and help trusts to deliver the 7DS clinical standards.

Moving towards 2020, regional 7DS teams will support trusts to ensure that 7DS is embedded into a business as usual model of delivery and performance measures.

3.5 External assurance

The Care Quality Commission's (CQC) hospital inspection regime features 7DS as one of its key lines of enquiry under the quality of care theme. Results from the national 7DS survey are used by the CQC to help them focus their inspections. It is envisaged that the evidence supporting the assessments of performance in this board assurance process would be made available to the CQC in the event of any trust inspection process to enable them to assess the quality of 7DS.

Clinical Commissioning Groups (CCGs) will also play a role in providing external assurance in 7DS delivery as this is featured in the NHS Standard Contract under the Service Development and Improvement Plans section. Also, a metric for 7DS will feature in the next CCG Improvement and Assessment Framework. This 7DS metric will be based on the delivery of the four priority clinical standards by trusts within a CCG area.

Sustainability and Transformation Partnerships (STPs), or where applicable Integrated Care Systems (ICSs), offer the mechanism to create system wide transformation, particularly where greater cooperation between local providers is

required to meet the 7DS Clinical Standards. Where appropriate, these systems should play a role in ensuring that trusts can be compliant and could be involved in wider assurance mechanisms beyond individual trusts when required.

3.6 Supporting Information

Further information on the 7DS programme and practical examples to support improvement and transformation can be found at the following links:

- NHS Improvement website (<https://improvement.nhs.uk/resources/seven-day-services/>)
- NHS England website (<https://www.england.nhs.uk/seven-day-hospital-services/>)
- Case studies (<https://improvement.nhs.uk/resources/implementing-seven-day-hospital-services/>)
- Challenges and solutions (<https://improvement.nhs.uk/resources/seven-day-hospital-services-challenges-and-solutions/>)