

Title: Seven Day Hospital Services Survey
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The Seven Day Hospital Services (7DS) Programme was developed to support providers of acute services to deliver high quality care and improve outcomes, on a seven-day basis for patients admitted to hospital in an emergency.

Trusts complete a self-assessment survey which demonstrates the management of patients, admitted as an emergency, measured against 4 priority standards:

- First consultant review within 14 hours (Clinical Standard 2)
- Appropriate ongoing consultant reviews (Clinical Standard 8)
- Provision of relevant diagnostics (Clinical Standard 5)
- Consultant directed interventions (Clinical Standard 6).

7DS is monitored through a board assurance framework. This process consists of a standard template to assess progress in delivering 7DS, which is then assured by the Trust Board of Directors before submitting results to regional and national 7DS teams.

Survey: August 2019

This survey covered the 7 days from 5th-11th August 2019.

A sample size of 250 patients was taken, across 4 clinical divisions

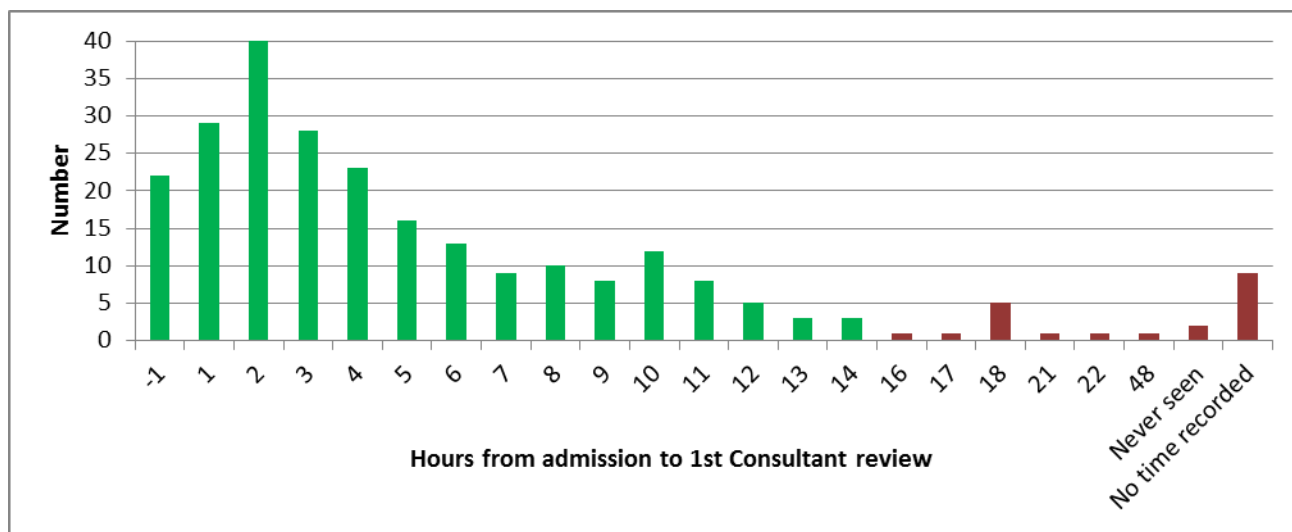
Clinical Standard 2 - Time to 1st Consultant Review

The Trust was compliant with standard 2. The proportion of patients seen and assessed by a consultant within 14 hours of admission was: 93.6%.

Table 1: Time from admission to 1st consultant review by day of the week (based on day of admission)

	Day of Admission							Weekday	Weekend	Total
	Mon	Tues	Wed	Thur	Fri	Sat	Sun			
Number of patients reviewed by a consultant within 14 hours	38	25	32	33	37	37	32	165	69	234
Number of patients reviewed by a consultant outside of 14 hours	2	5	1	2	1	4	1	11	5	16
Total	40	30	33	35	38	41	33	176	74	250
Proportion of patients reviewed by a consultant within 14 hours of admission	95%	83%	97%	94%	97%	90%	97%	93.7%	93.2%	93.6%

Chart 1: Hours between admission and 1st consultant review



In 9 (3.6%) cases the time of the consultant review was not documented and it was not evident, in some cases, from the timeline of events whether the review had occurred within 14 hours.

2 patients were admitted under ENT without evidence of any Consultant input into their care during their admission. These cases have been reviewed by the ENT service and it is unclear as to why they were missed when the normal process is to include all in-patients on the Consultant wards rounds. This has been fully discussed throughout the ENT team to ensure no further patients will be missed in the future.

Table 2: Time to 1st consultant review, within 14 hours of admission, by division

(The small numbers must be noted when considering percentage results)

Admission Point	Weekday				Weekend			
	Within 14 hours	Outside of 14 hours	Total	Proportion reviewed within 14 hours	Within 14 hours	Outside of 14 hours	Total	Proportion reviewed within 14 hours
Acute Medicine	119	0	119	100%	48	0	48	100%
Medicine (direct admission)	11	0	11	100%	4	0	4	100%
Planned Care & Surgery	33	8	41	80.5%	14	5	19	73.6%
Women & Children	2	3	5	40%	3	0	3	100%
Total	165	11	176	93.7%	69	5	74	93.2%

The number of patients reviewed from Women & Children division was small in this survey. Gynaecology results were lower than expected due to 2 missed evening reviews. It is now mandated that the day-time Hot Week Consultant must undertake review of new admissions, before handing over to the (non-resident) overnight Consultant at 18:30. They are confident this will capture a timely review of emergency admissions.

Paediatric compliance was due to low Consultant availability to consistently perform evening post take ward rounds; this was the same problem as found in the April survey. They have recently recruited 2 new Consultants which will improve performance when the post holders start.

In this survey, lower compliance within the Planned Care & Surgery division was not restricted to one specialty. Reviews were late, or unable to be determined due to poor documentation in general surgery and T&O. It has already been noted they were absent in ENT. The T&O leadership team are intending to job plan evening Consultant ward rounds as predictable on-call time, to ensure patients are captured. Weekend cover for general surgery remains a weak point and the department is exploring what needs to change to improve Consultant availability. In this survey, at the weekend, the clinical plans for the late reviewed surgical patients had been discussed with the Consultant early in the admission.

Table 3: Proportion of patients reviewed by a consultant within 14 hours of admission at hospital - survey comparison

	Survey					
	Sep-16	Mar-17	Apr-18	Feb-19	April 19	August 19
Proportion of patients reviewed by a consultant within 14 hours of admission at hospital	74%	93%	85%	94%	92%	93.6%

Clinical Standard 8 – On-going Consultant Review

The Trust was compliant with clinical standard 8

- **The overall proportion of patients who required twice daily consultant reviews and were reviewed twice by a Consultant was 100 %.**
- **The overall proportion of patients who required a daily Consultant review and were reviewed by a Consultant was 95.2%. This was split into 93.7% for a weekday admission & 98.6% for a weekend admission.**

There was poor Consultant follow up with patients who were medical outliers (40% n=5). Medical Outlying guidance has been in place for over 3 years, however the allocation of patients had recently been changed. During the week of this survey, patients had been cohorted into 1 ward area (Ward 32) rather than spread across all wards with a paired clinical team. This change caused confusion amongst all staff groups and at times it was unclear which clinical team were responsible for the patients, leading to delays in patients being reviewed. Patients were also outlied from EAU still under the care of the Acute Physicians. This was never an agreed process in the existing policy and as a result they were not reviewed for 4 days. The Outlying Policy has since been reviewed and in summary, the changes clearly identify which clinical team looks after patients in specific beds on Ward 32 with a risk assessed handover sheet. The new process has recently been implemented and will be reviewed through the weekly service meeting.

Clinical Standard 5 - Access to Diagnostics

The Trust is compliant with clinical standard 5: 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

Table 5 Provision of consultant directed diagnostic tests

Service	Weekday	Weekend
	April 2019	April 2019
CT	Yes	Yes
Echocardiograph	Yes	Yes
Microbiology	Yes	Yes
MRI	Yes	Yes
Ultrasound	Yes	Yes
Upper GI Endoscopy	Yes	Yes

Clinical Standard 6 - Access to Interventions

The Trust is compliant with clinical standard 6: 24 hour access to consultant directed interventions 7 days a week, either on site or via formal network arrangements.

Table 6: Provision of consultant directed interventions

Service	Weekday	Weekend
	April 2019	April 2019
Critical Care	Yes	Yes
Primary Percutaneous Coronary Intervention	Yes	Yes
Cardiac Pacing	Yes	Yes
Thrombolysis for Stroke	Yes	Yes
Emergency General Surgery	Yes	Yes
Interventional Endoscopy	Yes	Yes
Interventional Radiology	Yes	Yes
Renal Replacement	Yes	Yes
Urgent Radiotherapy	Yes	Yes

Additional Clinical standards

As well as the 4 priority Clinical Standards, the 7DS programme includes six further Standards for Continuous Improvement. These are not audited as part of the quarterly survey but routinely monitored through other channels or supported by policy and service level agreements.

Clinical Standard	Evidence to support on-going progress
1 – Patient experience	A Positive Patient Experience is a section in the Advancing Quality Programme. Monitored through Board
3 – Multidisciplinary team review	There is a multi-professional Board round every morning on all wards led by a senior decision maker. These are regularly observed by the senior leadership team. Medicines reconciliation standards are audited and reported at governance meetings through the medicines safety thermometer.
4 – Shift handovers	We have set handovers which are recorded electronically on NerveCentre
7 – Mental health	We have access to Rapid Response Liaison Psychiatry 24/7 ensuring all adult emergency mental health needs are responded to within 1 hour. We have access to CAMHS 7 days a week for paediatric mental health emergencies with support from Paediatric Consultants overnight if needed.
9 – Transfer to community, primary and social care	There is 24/7 support in and outside the Trust for discharge support.
10 – Quality improvement	All of our quality data is reviewed at Executive and NED led multi-professional, cross divisional meetings. Trainees are involved in audit and quality improvement initiatives which are also presented through educational forums e.g. Grand Rounds

Conclusion

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

The 7DS survey demonstrated that in August 2019 the Trust met all four of the priority Clinical Standards.

The specialties of gynaecology, paediatrics, general surgery, T&O and ENT have plans in place to improve Consultant availability and ensure their patients are appropriately reviewed. Medicine has changed the Outlying Policy to ensure patients have an identified clinical team to care for them.

The next survey will be conducted in November 2019 and reported to Trust Board in February 2020.