

Title: Seven Day Hospital Services Survey
 Author: Paula Evans, Seven Day Service Lead
 Executive Sponsor: Dr Andy Haynes, Executive Medical Director
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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.

To support quality improvement and measure progress in the achievement of 7DS, trusts complete a self-assessment survey. This demonstrates the management of patients admitted as an emergency, measured against 4 priority clinical standards. These are standards for first consultant review within 14 hours (Clinical Standard 2), appropriate ongoing consultant reviews for patients (Clinical Standard 8), providing an assessment of their provision of relevant diagnostics (Clinical Standard 5) and consultant directed interventions (Clinical Standard 6).

7DS is measured 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: April 2019

This survey covered the 7 days from 22nd – 28th April 2019. This week started on a Bank Holiday Monday.

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

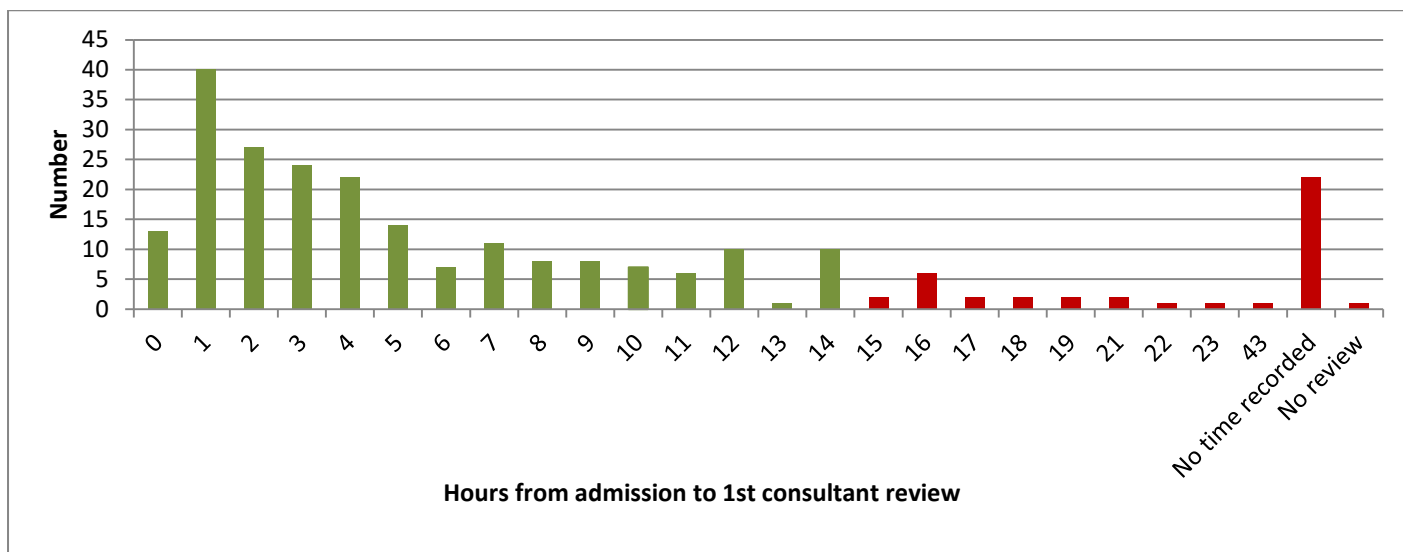
Clinical Standard 2 - Time to 1st Consultant Review

The Trust was compliant with standard 2. The proportion of patients seen and assessed by a consultant within 14 hours of admission is: 92%.

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

	Day of Admission							Weekday	Weekend /BHol	Total
	BHol Mon	Tues	Wed	Thur	Fri	Sat	Sun			
Number of patients reviewed by a consultant within 14 hours	36	29	38	44	22	24	37	133	97	230
Number of patients reviewed by a consultant outside of 14 hours	1	4	2	2	4	5	2	12	8	20
Total	37	33	40	46	26	29	39	145	105	250
Proportion of patients reviewed by a consultant within 14 hours of admission	97.3 %	87.9 %	95%	95.7 %	84.6 %	82.8 %	94.9 %	91.7%	92.4%	92%

Chart 1: Hours between admission and 1st consultant review



In 22 (8.8%) cases the time of the consultant review was not documented. It was however evident from the timeline of events whether the review had occurred within 14 hours. 1 child was admitted to paediatrics and discharged within 24 hours without any Consultant input into their care.

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/BHol			
	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	91	1	92	98.9%	80	0	80	100%
Medicine (direct admission)	6	1	7	85.7%	3	0	3	100%
Planned Care & Surgery	31	5	36	86.1%	10	3	13	76.9%
Women & Children	5	5	10	50%	4	5	9	44.4%
Total	133	12	145	91.7%	97	8	105	92.4%

Gynaecology currently has job plans for twice daily Consultant ward rounds Monday-Friday and once daily at weekends. They are currently in discussion to raise a case to increase Consultant cover at a weekend to include evening ward rounds.

Paediatrics compliance was due to low Consultant availability to consistently perform evening post take ward rounds. They are currently recruiting to 2 new Consultant posts which will rectify this.

The lower compliance within the Planned Care & Surgery division related to general surgery. Their reviews were missed due to the timings of the evening rounds and the Consultant operating in theatre. The leadership team will review the current job plans. This will identify whether there is a need to job plan for an evening ward round at 6pm following ambulatory for 1 hour or after theatre cases. This would capture these missed patients.

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
Proportion of patients reviewed by a consultant within 14 hours of admission at hospital	74%	93%	85%	94%	92%

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 94.4%. This was split into 94.8% at a weekday & 94.6% at a weekend.

Table 4: Day 1 Consultant review by location specialty

95.2% of the patients received a Consultant review on Day 1 of their emergency admission.

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

Area	Weekday				Weekend			
	Received required review	No review	Total	Proportion receiving required review	Received required review	No review	Total	Proportion receiving required review
Acute Medicine (EAU)	27	1	28	96.4%	9	0	9	100%
Cardiology	11	1	12	91.6%	4	0	4	100%
Endocrine	11	1	12	91.6%	NA	NA	NA	NA
Gastroenterology	12	0	12	100%	6	0	6	100%
Geriatrics	37	0	37	100%	2	0	2	100%
Gynae	3	1	4	75%	2	1	3	66.6%
Haematology	0	1	1	0%	1	1	2	50%
ITU	1	0	1	100%	NA	NA	NA	NA
Medical outlier	0	1	0	0%	NA	NA	NA	NA
Paediatric Medicine	8	2	10	80%	2	0	2	100%
Respiratory	35	1	36	97.2%	7	0	7	100%
Stroke Medicine	8	0	8	100%	4	1	5	80%
Surgery	14	0	14	100%	13	0	13	100%
T&O	14	1	15	93.3%	3	0	3	100%
Winter Ward	1	0	1	100%	NA	NA	NA	NA
Surgical outlier	1	0	1	100%	NA	NA	NA	NA

97.9% of patients received a further Consultant review, if appropriate, during days 2-5 of their admission.

Clinical Standard 5 - Access to Diagnostics

The Trust is compliant with clinical standard 5. Responses to the question '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?'

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. Responses to the question 'Do inpatients have 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

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 April 2019 the Trust met all four of the priority Clinical Standards.

The specialties of gynaecology, paediatrics and general surgery have plans in place to improve Consultant availability.

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