

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. It comprises ten clinical standards related to:

1. Patient Experience	6. Intervention/key services
2. Time to first Consultant review	7. Mental Health
3. Multidisciplinary Team review	8. Ongoing Consultant review
4. Shift Handovers	9. Transfer to community/primary & social care
5. Diagnostics	10. Quality Improvement

Trusts complete a quarterly self-assessment survey which demonstrates the management of emergency patients, 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 through NHS Improvement (NHSI).

Survey: November 2019

This survey covered the 7 days from 25th November – 1st December 2019.

A sample size of 250 patients was taken, across 4 clinical divisions. The survey is conducted prospectively

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: 92%.

This is a reduction from the 93.6% attained in the previous survey. There was a difference between weekday compliance of 90.4% and weekend 95.8%

Table 1: Proportion of patients reviewed by a consultant within 14 hours of admission at hospital - survey comparison

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

Table 2: Time from admission to 1st consultant review by day of the week (based on day of admission)

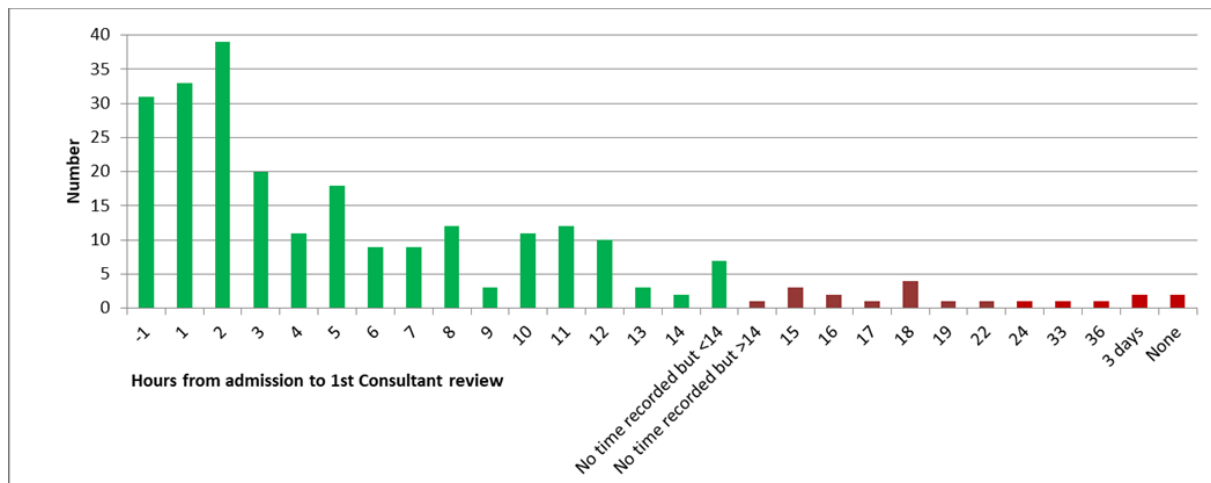
	Day of Admission							Weekday	Weekend	Total
	Mon	Tues	Weds	Thurs	Fri	Sat	Sun			
Number patients reviewed by Consultant within 14 hours	34	33	32	29	33	34	35	161	69	230
Number patients reviewed by Consultant outside 14 hours	5	3	4	2	3	2	1	17	3	20
Total	39	36	36	31	36	36	36	178	72	250
Proportion patients reviewed by Consultant within 14 hours	87.2%	91.7%	88.9%	93.5%	91.7%	94.4%	97.2%	90.4%	95.8%	92%

Table 3: 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
AECU	4	0	4	100%	NA	NA	NA	NA
EAU	110	0	100	100%	45	0	45	100%
Acute Medicine	114	0	114	100%	45	0	45	100%
Cardiology	1	0	1	100%	NA	NA	NA	NA
Respiratory	2	1	3	66.6%	NA	NA	NA	NA
Stroke	3	0	3	100%	2	0	2	100%
Medicine (direct admission)	6	1	7	85.7%	2	0	2	100%
ENT	0	5	5	0%	NA	NA	NA	NA
Urology	0	2	2	0%	NA	NA	NA	NA
T&O	14	1	15	93.3%	7	1	8	87.5%
General Surgery	16	2	18	88.9%	10	0	10	100%
Surgery	30	10	40	75%	17	1	18	94.4%
Gynaecology	2	2	4	50%	NA	NA	NA	NA
Paediatrics	9	4	13	69.2%	5	2	7	71.4%
Women & Children	11	6	17	64.7%	5	2	7	71.4%
Total	161	17	178	90.4%	69	3	72	95.8%

Chart 1: Hours between admission and 1st consultant review



Direct Medical admissions

1 respiratory patient had a delayed Consultant review at 16 hours and the cause of the delay was documented in the medical notes. The Consultant had been called away to an urgent clinic patient.

Surgery

None of the 5 ENT patients were reviewed by a Consultant within 14 hours. 3 patients were seen within a 24 hour and 3 day time range. 2 patients received no Consultant review during their ENT admission. This was escalated, for immediate remedy, at the time as there were serious clinical concerns regarding patient care. The ENT service has implemented the following actions:

- Audit to identify barriers
 - Half way through and themes are failure in early identification of patient as an ENT patient
- An issue has been identified with out of hour admissions not being identified as ENT because the General Surgery team complete the admission. This has been discussed with the General Surgery and they have been asked to ensure that all ENT patients they admit are admitted under the ENT specialty codes.
- Revision of process within the ENT department to ensure that NerveCentre is the primary source for collating the ward round list to mitigate the potential to miss patients.
- Importance of escalation of admissions re-iterated to the SHO team and Specialty Doctors.
- Added to the department governance agenda for January 2020 to ensure the changes are embedded.

Neither of the 2 Urology patients were reviewed by a Consultant within 14 hours. On review these 2 cases were repatriations from NUH and over the acute phase of their care. This has highlighted the need for the Urology service to review how repatriations are managed with a plan to start buddy Consultant reviews the day after repatriation.

Trauma & Orthopaedic performance has continued to make improvements in performance and further additional ward round time is being included in the next round of job planning.

2 general surgery patients missed Consultant review by 1 hour. This was due to urgent clinical pressure with other patients which took priority.

Women & Children

2 gynaecology patients had a delayed Consultant review. Both cases were delayed as the Consultant was called to emergency theatre.

This audit coincided with a week of unprecedented emergency paediatric activity with a high level of acuity. The Consultant teams prioritised seeing the sickest children first rather than in time order, which accounted for the performance data.

Clinical Standard 8 – Appropriate 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 90.4%.

There was poor Consultant or senior follow up with patients in ENT, Urology and T&O. ENT & urology are looking at actions as part of their response to the Standard 2 performance.

T&O are changing their workstream to ensure that all patients are reviewed daily by a minimum registrar level doctor.

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 4: Provision of consultant directed diagnostic tests

Service	Weekday	Weekend
	Nov 2019	Nov 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 5: Provision of consultant directed interventions

Service	Weekday	Weekend
	Nov 2019	Nov 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

The six further Standards for Continuous Improvement within the 7DS programme are not audited as part of the quarterly survey for NHSI.

Standards 1, 4, 7,9,10 are routinely monitored through other channels or supported by policy and service level agreements.

Standard 3- multidisciplinary team review has scope for further consideration of non-medical involvement in the 7DS reporting:

- Medicines reconciliation is currently audited & reported at governance meetings through the medicines safety thermometer.
- The pharmacy service is to review what evidence it can produce to support its activity over 7 days to identify potential gaps in service.
- Therapy services have evolved over recent years to expand cover over 7 days. Currently the Urgent & Emergency Care 7 day provision is fully funded as is the 24 hour emergency on-call response. The expanded services covering trauma, stroke & respiratory/ITU is only partially funded.
- Therapy service is also to review what evidence it can produce to support activity over 7 days & identify gaps in patient care.

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

The specialties of urology and ENT implemented urgent reviews and actions to improve Consultant availability and ensure their patients are appropriately reviewed within 14 hours. T&O is changing its

workstream to ensure daily on-going senior medical reviews. Pharmacy & therapy services are to review their role within the 7 day service survey and the evidence they can provide to highlight potential gaps in care that need improvement.

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