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| <b>Meeting:</b>       | <b>Brighton and Sussex University Hospitals NHS Trust<br/>Board of Directors</b> |
| <b>Date:</b>          | <b>4<sup>th</sup> November 2015</b>  |
| <b>Board Sponsor:</b> | <b>Medical Director</b>  |
| <b>Paper Author:</b>  | <b>Change Director</b>   |
| <b>Subject:</b>       | <b>7 Day Services</b>  |

### **Executive Summary**

This report advised the Board of the Trust baseline position in respect of the national 7 day services standards; and the further work planned following publication of the national baseline position

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| <b>Links to corporate objectives</b>                | This report focuses on <i><b>the delivery of the clinical strategy, excellent outcomes; and great experience</b></i> |
| <b>Identified risks and risk management actions</b> |  |
| <b>Resource implications</b>                        | None specific to recommendations in this report  |
| <b>Report history</b>                               | Clinical Management Board, August 2015   |

### **Action required by the Board**

The Board is asked to note the report

## **Report to the Board of Directors, 4<sup>th</sup> November 2015 Seven Day Services National Baseline Report**

### **1. Summary**

- 1.1 Everyone Counts: Planning for patients 2013/14 committed the NHS to move towards routine services being available seven days a week. The Summary of Initial Findings from the NHS Services, Seven Days a Week Forum recommended that by 2016/17 the NHS should adopt 10 clinical evidence-based clinical standards (Appendix 1) to end current variations in outcomes for patients admitted to hospitals at the weekend.
- 1.2 The Academy of Medical Royal Colleges identified the following four standards as having the most impact on reducing weekend mortality. These are:
  - Standard 2: Time to Consultant Review
  - Standard 5: Access to Diagnostics
  - Standard 6: Access to Consultant-directed Interventions
  - Standard 8: On-going Review
- 1.3 On 27<sup>th</sup> July the TDA, Monitor and NHS England wrote to all Trusts asking for support to establish a robust baseline showing to what extent these standards were being met nationally, by completing sections of the NHS Improving Quality Seven Day Service Self-Assessment Tool which addressed the four priority standards, by Friday 4<sup>th</sup> September.
- 1.4 This report describes:
  - Progress with the NHS Improving Quality Seven Day Service Self-Assessment Tool (7DSAT).
  - The baseline position of the Trust against standards 2, 5, 6, and 8.
  - Next Steps.

### **2. NHS Improving Quality Seven Day Service Self-Assessment Tool**

- 2.1 The Trust is registered to use the Self-Assessment Tool, and the Medical Director is responsible for assuring the quality of data submitted. Beverley Thorp, Change Director is the Trust lead responsible for collecting and inputting data onto the NHS Improving Quality Self-Assessment Tool.
- 2.2 To evidence the four clinical standards Trusts were asked to undertake a case note review which was not required to be submitted into the 7DSAT, but to inform the self-assessment. The case-note review consisted of the following:
  - Reviewing ten sets of case notes against each of the following specialties, acute medicine, elderly medicine, respiratory medicine, cardiology, gynaecology, obstetrics, ITU, DD surgery, paediatrics and trauma and orthopaedics.
  - The case note sample consisted of emergency patients admitted within the last three months, 5 sets of case notes for week day admissions and 5 sets of case notes from patients admitted on both days at the weekend per relevant specialty.
- 2.3 Results of the baseline survey will be published nationally and will provide a baseline against which progress of implementation can be measured on a

quarterly basis. This baseline will be used to track the progress against the roll-out of the standards nationally.

### 3. The Baseline Position of the Trust against Standards 2, 5, 6 and 8.

3.1 The self-assessment tool questions were as follows:

- 2.1 - what percentage of patients admitted as an emergency (not just through the emergency department) receive a thorough clinical assessment by a suitable consultant (seven days a week) within 14 hours of arrival at hospital?
- 5.1 - on which days are the following diagnostic services available to all hospital inpatients?
- 6.2 - do inpatients have 24 hour access to consultant-directed interventions, seven days a week?
- 8.1 - are all patients on the acute medical unit, acute surgical unit, intensive care unit and other high dependency units seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred, or others who deteriorate)?
- 8.2 - once transferred from an acute area of the hospital to a general ward are patients reviewed, as part of a consultant-delivered ward round at least once every 24 hours, seven days a week

3.2 The Trust baseline position against standards 2, 5, 6 and 8 is as follows:

| Clinical Standard         | 2   | 5  | 6  | 8  |
|---------------------------|---|--|--|--|
| Based on SAT question     | 2.1   | 5.1  | 6.2  | 8.1 & 8.2  |
|                           | Inpatients seen by a consultant within 14 hours   | Diagnostic services available seven days per week                  | Interventional services available seven days per week                          | Seven day services; ongoing review of patients by consultants                  |
| <b>RSCH, PRH and RACH</b> | 6 out of 9 specialties in the Trust reports patients are seen within 14 hours 90% or more of the time | 13 out of 14 diagnostic services are available seven days per week | 9 out of 9 Consultant-directed interventions are available seven days per week | 11 out of 12 relevant clinical areas patients receive a review by consultants. |
| <b>Notes</b>              | Psychiatry, obstetrics and respiratory medicine were excluded   | We do not provide ultrasound at PRH on a Sunday.                   | Correct  | Psychiatry has been excluded and ITU has been included only in relation to 8.1 |

3.3 As part of the process when submitting the baseline data the Trust was allowed to make comments on the questions and tool. From the return received it appears the comments received from Trusts were taken into account. The Deputy Medical Director made a number of comments based on BSUH, for example with regard to obstetrics, this was excluded in our return as the model of care in the UK strives to avoid medical intervention in pregnancy and labour, care for women is expected to be midwifery led.

## **4 Next Steps**

- 4.1 All Trusts have now had the opportunity to review and comment on their submitted data and data returns will now be published on the following dates:
- 27th October: primary publication of full dataset on the NHS England website.
  - 3<sup>rd</sup> November: publication of key site level indicators on the My NHS website.
- 4.2 The intention is to repeat the national baseline exercise and publish on a 6 monthly basis. Additional information regarding next steps will follow at the time of data publication.
- 4.3 Once the data has been published we will undertake a gap analysis to determine what further actions are required in order for us to review the impact of improvement and progress in achieving the clinical standards.

## **5. Conclusion**

- 5.1 The Board is asked to endorse the progress and support the approach as outlined in the report.

**Beverly Thorp**  
**Change Director**  
**October 2015**