

Report Title	7 Day Service Board Assurance		
Sponsoring Executive	Rachel Barlow, Chief Operating Officer		
Report Author	Rachel Barlow, Chief Operating Officer		
Meeting	Trust Board	Date	7 th February 2019

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

We should discuss both the standards set nationally and our wider ambitions on seven day services. Historically, the Trust compares well to others on three of four priority standards. No investment for seven day compliance has been received externally, and so achievement has been made through internal efficiencies.

The new 2019-20 audit programme will be a feature of the Board's work in the year ahead, and could be delegated for routine consideration to the Quality and Safety committee. More broadly the improvement work to demonstrate compliance with the senior review within 14 hours of admission sits behind our reconfiguration work for 2019. This works back from the Midland Metropolitan Hospital opening as a single acute site - with 7 day consultant led care as a workforce principle in 2022.

Given the changes implied by seven day working, at a time of workforce scarcity, the Trust should advocate strongly for an STP wide approach to some changes, if we are not see employee flight to neighbours who have not yet implemented some of these changes.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	X
Financial Plan	X	Digital Plan		Other <i>[specify in the paper]</i>	X

3. Previous consideration *[where has this paper been previously discussed?]*

n/a (to be tracked routinely via CLE's Urgent Care Board)

4. Recommendation(s)

The Trust Board is asked to:

- NOTE** the 7 day standards and the last audited compliance
- NOTE** the new assurance framework for 2019
- AGREE** the return in appendix 1 as part of the test phase of board assurance

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		Risk Number(s):					
Board Assurance Framework		Risk Number(s):					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	1/4/2019

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Trust Board on 7TH February 2019

7 Day Service Board Assurance

1. Introduction – the 7 days hospital services programme

1.1 The 7 day hospital services programme was developed to support acute providers to deliver high quality care and improve patient outcomes on a 7 day basis for patient admitted to hospital as an emergency admission.

1.2 There are 10 standards; 4 of these standards are priority standards to ensure patients have access to consultant directed care, diagnostics and clinical interventions 7 days a week:

- 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.
- Clinical Standard 5 covers the availability of six consultant-directed diagnostic tests for patients to clinically appropriate timescales, which is within one hour for critical patients, 12 hours for urgent patients and 24 hours for non-urgent patients.
- Clinical Standard 6 covers timely 24-hour access seven days a week to nine consultant-directed interventions.
- Clinical Standard 8 relates to the ongoing 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.

The other 6 standards cover the following domains:

- Patient experience
- Multidisciplinary team review
- Shift handovers
- Mental health
- Transfer to community, primary care and social care
- Quality improvement

2. Monitoring of standards and the Board assurance framework

2.1 Acute provider Trusts have measured their delivery of the priority standards using a national survey tool since 2016. Nationally this has been reviewed as significant changes and considerable improvements have not always been reflected in the survey results due to the quality of source data and validation issues. The survey has also placed a

significant administrative burden on providers as it involves reviewing many patient case notes. To resolve these issues and enable provider boards to directly oversee reporting on this work, a new board assurance framework will be implemented for 2019.

2.2 This current return in appendix 1 is a pilot period to test the format and methodology in pilot sites. The first formal and published board assurance return will be submitted at the end Quarter 1 2019.

2.3 Suggested evidence to inform the completion of the template includes

- a. Clinical Standard 2 and 8 require sufficient job plans to meet standards, local clinical audit or an audit that is representative of the provider's normal emergency admission patient profile for standard 2. If a provider does this, an example of the minimum statistically significant sample size would be 70 case notes out of 500 relevant admissions in a given period.

Wider performance issues should be triangulated to this standard such as weekday and weekend ratio data in mortality, length of stay, readmissions, patient experience data from weekdays versus weekends covering consultant presence/availability, trainee doctor survey data on the support offered by consultants and wider, related patient flow and urgent and emergency care improvement programmes and metrics (for example, SAFER metrics including early discharge times and accident and emergency performance).

Clinical standard 8 can also be evidenced by systems to support ongoing review such as NEWS scores, board round protocols and a clear process to decide patient who do not need consultant review.

At least 90% of case notes audited would need to confirm compliance with the clinical standards to support delivery.

- b. Clinical standards 5 and 6 are relatively straight forward and require confirmation of diagnostic and interventional services available across 7 days

3. Oversight of 7 day service standards and governance

3.1 The Urgent Care Board over sees 7 day service standards. Chaired by the Chief Operating Officer membership includes clinical directors or group directors from all clinical groups, Director of Nursing and Therapy representatives and operational leaders. With the establishment of the new deputy medical director team we will have a deputy medical director as a member of this group. The Urgent Care Board reports to CLE.

3.2 Improvement work has been focused on workforce planning to mitigate rota or recruitment risks. All specialities have moderate term workforce plans aligned to 7 day standards. With the unanticipated delay to Midland Metropolitan Hospital which brings 2 acute hospital sites to a single site in 2022 with 7 day consultant led care being a principle benefit, the transitional planning for the next 3 years may require some service

reconfiguration which is being overseen by a Quality Sustainability Committee; 7 day standards are part of that risk assessment.

3.3 The new board assurance framework will be reported to the Trust Board bi –annually.

3.4 The first formal assurance return will be at the end of Quarter 1.

4 Compliance with priority standards

4.1 We are complaint with standards 5, 6 and 8 as assessed in the Spring audit in 2018.

4.2 We are not yet demonstrating compliance on the national survey for standard 2 where our spring 2017 survey results showed weekday compliance at 73% and weekends at 85% compliance.

4.3 Our Consultant rotas are complaint in adult services and need minor adjustment in paediatrics at the weekend. The Acute medicine model is part of the Quality Sustainability work in transition to the new hospital.

4.4 The documentation standard of clinical notes does not always provide reliable evidence of who was on a ward round and the precise time of the note entry, which has been a challenge nationally. Local clinical audit has encouraged ownership of this issue and the Medical Director will be providing documentation guidance the pre Unity (electronic patient record) launch which will require a minimum documentation standard to be practiced aligning other improvement projects in sepsis and clinical coding.

4.4 Other improvement approaches include pathway management and protocols for weekend review to be consistently established. The discharge project supporting ED improvement through early discharge is enabling beds to be available throughout the day in assessment units and the day time emergency admission to be reviewed by consultants in the day time rather than wait over night for a consultant review. Although relatively early on in the improvement cycle it is anticipated this will make a positive improvement to this standard.

5 Recommendation

5.1 The Trust Board is asked to

- a) **NOTE** the 7 day standards and the last audited compliance
- b) **NOTE** the new assurance framework for 2019
- c) **AGREE** the return in appendix 1 as part of the test phase of board assurance

Rachel Barlow
Chief Operating Officer
January 2019