

Report Title	7 day standard survey and Board assurance		
Sponsoring Executive	Rachel Barlow, Chief Operating Officer		
Report Author	Rachel Barlow, Chief Operating Officer Angharad MacGregor, Head of Clinical Effectiveness		
Meeting	Trust Board	Date	4 th July 2019

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

Survey results:

- Improvement in compliance with standard 2 – review within 14 hours of admission.
- A mix of improvement and deterioration in standard 8 – follow up review.
- Continued improvement effort in compliance with all clinical standards.

Improvement and development activities in train to further improve compliance.

Delay in Midland Metropolitan Hospital is a risk to compliance and optimisation of consultant led 7 day standards.

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

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

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

Quality and Safety Committee: 28th June 2019

4. Recommendation(s)

The Trust Board is asked to:

- NOTE** development of 7 day dashboard and other improvement activities
- ACCEPT** the Quality and Safety Committee's approval of the submission
-

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

Trust Risk Register	<input type="checkbox"/>					
Board Assurance Framework	<input checked="" type="checkbox"/>	BAF 19				
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Quality and Safety Committee: 28th June 2019

7 day standard survey and board assurance

1. Introduction

1.1 This paper provides the results of the Spring survey on the 7 day clinical standards supported by annexes:

1. Draft board assurance template
2. 7 day dashboard – in development
3. Clinical audit results

2. Key points of summary from assurance template

2.1 The national return records senior clinician review as ST3 registrar and consultant grade.

2.2 We have delivered improvement in the initial assessment within 14 hours category. There has been deterioration in the survey sample of weekday follow up review. This is across specialities and is subject to further audit.

2.3 The Trust Board asked that we also track consultant only review for this standard which shows a 55% compliance rate vs the 88% compliance rate when including an ST3 grade. This is of course subject to documentation standards. Work within Unity will enable better data recording.

2.4 There has been a significant amount of development work which will positively impact on 7 day service standard compliance going forward which includes:

- Introducing acute medical staff at weekends (historically GIM consultants only covered the acute medical assessment unit).
- Surgical ambulatory care unit avoiding admissions.
- Introduction (in progress) of MRI 7 day services for inpatients.
- Progression on an ambitious radiology request to result project which will deliver a maximum 24 hour turn around by end Q2, exceeding the national standards.
- Implementation is in train of a 48 hour post discharge follow up for all patients at risk of readmission by community services. This roll out will be completed by end June aiming to reduce readmissions.

- Reconfiguration projects are underway for paediatrics and respiratory services in year which will strengthen clinical pathways and initial assessment compliance.
- Electronic patient record due to Go Live in September 2019, improving documentation standards.
- Development of a draft 7 day dashboard to inform further improvement opportunity.

3. Recommendations

3.1 The Trust Board is asked to:

- a. **NOTE** development of 7 day dashboard and other improvement activities
- b. **ACCEPT** the Quality and Safety Committee's approval of the submission

Rachel Barlow
Chief Operating Officer

June 2019

Annex 1: Board assurance return

Annex 2: 7 day dashboard in development

Annex 3: Clinical Audit on Patients receiving timely Consultant reviews following an emergency admission to hospital. June 2019

Annex 3 Clinical Audit on Patients receiving timely Consultant reviews following an emergency admission to hospital. June 2019

1. Introduction

Ten priority standards were developed by the NHS England to promote 7 Day Services. In 2015 four of these standards were prioritised to tackle variation in outcomes, patient flow and experience. NHS England requires Trusts to complete a self-declaration of their compliance with the four priority standards plus a narrative of how they are progressing with the further 6 standards.

The Urgent Care Board requested a Clinical Audit to be carried out on all emergency Admission using the initial national audit methodology, with an added improvement. The addition was that once the Clinical Effectiveness Team had audited the entire sample all the patients where the standards had not been met would be subject to a second review from clinical services in case the audit team missed any information.

The Standards

2	Time to first consultant review - 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. This can be a Specialist Registrar.
8	Ongoing review - All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

2. Method and Sample

The new Board Assurance Framework does not dictate how the audit should be completed but does make recommendations this includes using a sample size of 70 patients for every 500 emergency admissions.

The audit was conducted for the period of 7 days from 4th March to allow sufficient time for the inpatient notes to be scanned onto CDA. During this week there was 951 Emergency admissions. The Urgent Care Board agreed that some smaller specialties would be extended beyond the agreed sample size. The final sample size is below.

Number of Patients included in the audit	
Acute internal medicine	111
Obstetrics	24
Paediatrics	25
Trauma & orthopaedics	23
General surgery	19
Ent	15
Ophthalmology	13
Gynaecology	11
Stroke medicine	4
Urology	4
Respiratory medicine	4
Cardiology	3
Grand total	256

3. Results

There were 5 patients excluded due to not meeting the criteria of being an emergency admission or their care being managed by a dedicate non-consultant review pathway.

a. Standard 2 – Consultant/SpR review within 14 hours of admission

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	weekday	weekend
Number of patients reviewed by a consultant/SpR within 14 hours	36	30	28	32	32	22	22	158	44
Not reviewed by a consultant/SpR and/or within 14hrs	4	4	7	6	8	3	6	29	9
unknown	3	1	3	2	2			11	0
Total	43	35	38	40	42	25	28	198	53

Fig 1 - Total numbers of patients reviewed by a consultant/SpR within 14 hrs of admission

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	weekday	weekend
Number of patient reviewed by a consultant within 14 hours	84%	86%	74%	80%	76%	88%	79%	80%	83%
Not reviewed by a consultant and or within 14hrs	9%	11%	18%	15%	19%	12%	21%	15%	17%
unknown	7%	3%	8%	5%	5%	0%	0%	6%	0%

Fig 2 - Patients reviewed by a consultant/SpR within 14 hrs of admission as a percentage

There were 50 patients that did not receive a 14 hours review by a consultant or SpR. The table below categorises why the contact did not meet the criteria.

Reasons for not meeting the 14 hour review	Number of patients
greater than 14 hours	31
No inpatient notes found on CDA	9
reviewed by junior doctor	5
no time recorded	3
not reviewed by consultant	1
Total	49

Fig 3 – Breakdown of the Patients not achieving the 14 hours standards

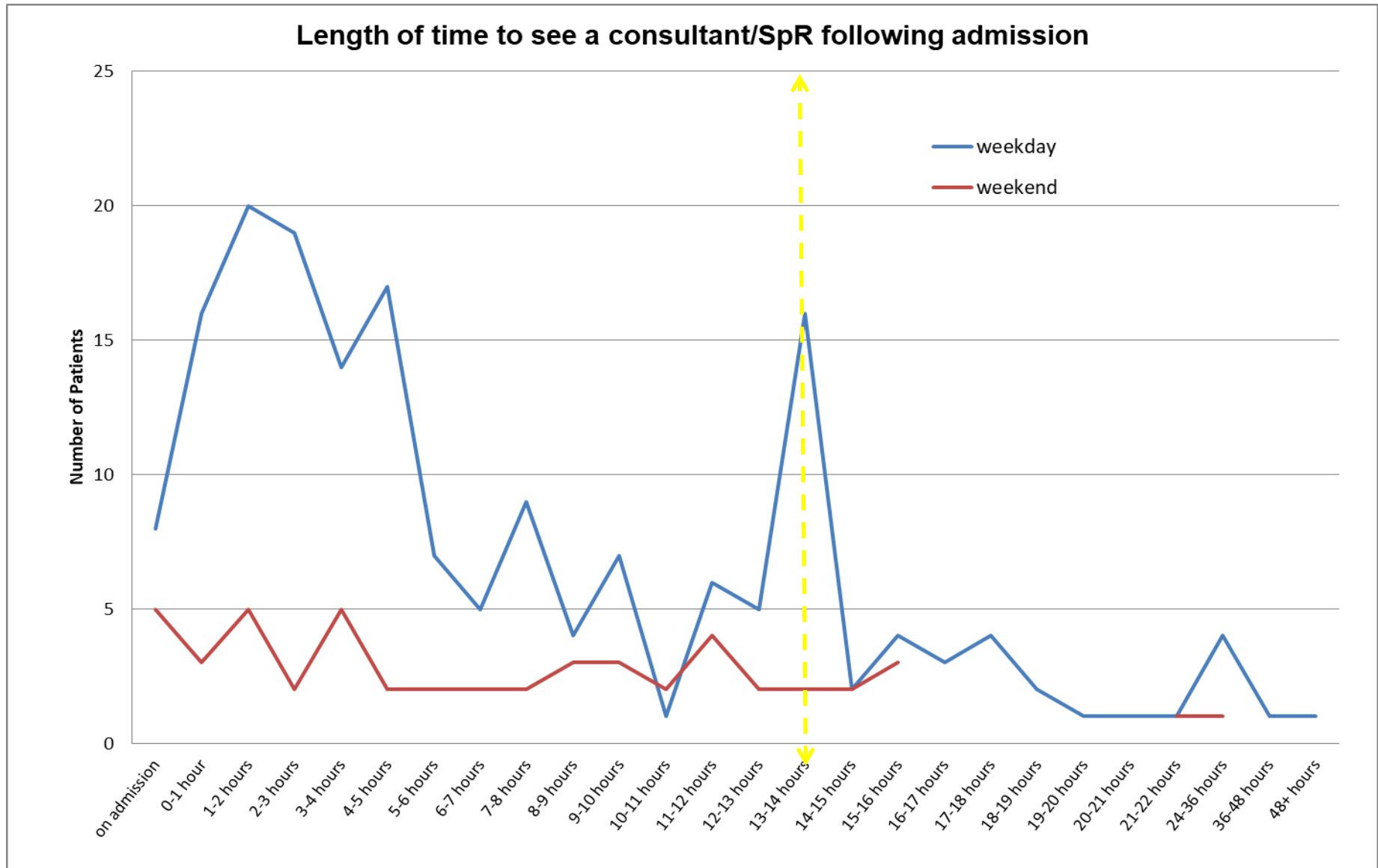


Fig 4, Length of time to see a consultant or SpR following admission.

Results by Specialty

The below table shows a breakdown of the patients who were seen within 14 hours by a Consultant or Spr by their admitted specialty.

	Weekday					Weekend				
	Yes	No	Unknown	Grand Total	% achieved standard	Yes	No	Unknown	Grand Total	% achieved standard
ACUTE	81	6	1	88	92%	18	4		22	82%
CARDIOLOGY	2			2	100%		1		1	0%
ENT	8	3	1	12	67%	3			3	100%
GENERAL SURGERY	10	3	1	14	71%	3	1		4	75%
GYNAECOLOGY	8	2		10	80%		1		1	0%
OBSTETRICS	13	5		18	72%	4			4	100%
OPHTHALMOLOGY	7	1	4	12	58%	1			1	100%
PAEDIATRICS	13	2	3	18	72%	4	2		6	67%
RESPIRATORY MEDICINE	1	2		3	33%	1			1	100%
STROKE MEDICINE	1			1	100%	3			3	100%
TRAUMA & ORTHOPAEDICS	12	4	1	17	71%	6			6	100%
UROLOGY	2	1		3	67%	1			1	100%
Grand Total	158	29	11	198	80%	44	9		53	83%

Fig 5 – breakdown of standard 2 by Specialty

Grade of Doctor who carried out the 14 Hour review

In SWBH we are aiming for the first review to be conducted by a consultant

The following shows the grade of the Doctor that conducted the review within 14 hours of admission.

	Consultant	SpR	ST7	ST6	ST5	ST4	ST3	SpR (Ortho)	Total
Monday	20	12	1				3		36
Tuesday	16	10				2	2		30
Wednesday	16	9				2	1		28
Thursday	18	9	1	1			3		32
Friday	21	10					1		32
Saturday	13	7			1			1	22
Sunday	7	12	1				1	1	22
Grand Total	111	67	3	1	1	3	10	2	202

Fig 6 – details of the grade of doctor carrying out the 14 hour review

Comparison to the 2018 results

Specialties	Weekday		Weekend	
	2018	2019	2018	2019
Acute	93%	92%	97%	82%
Cardiology	100%	100%	100%	0% (this was 1 pt)
Ent		67%		100%
General surgery	46%	71%	33%	75%
Gynaecology		80%		0%
Obstetrics		72%		100%
Ophthalmology		58%	50%	100%
Paediatrics	37%	72%	33%	67%
Respiratory medicine		33%		100%
Stroke medicine		100%		100%
Trauma & orthopaedics	67%	71%	0%	100%
Urology	0%	67%	0%	100%
Grand Total		80%		83%

Fig 7 – Comparison of results from 2019 and 2018 by specialty for achieving the 14hr Specialist review

b. Standard 8 – Ongoing review by a Consultant/SpR

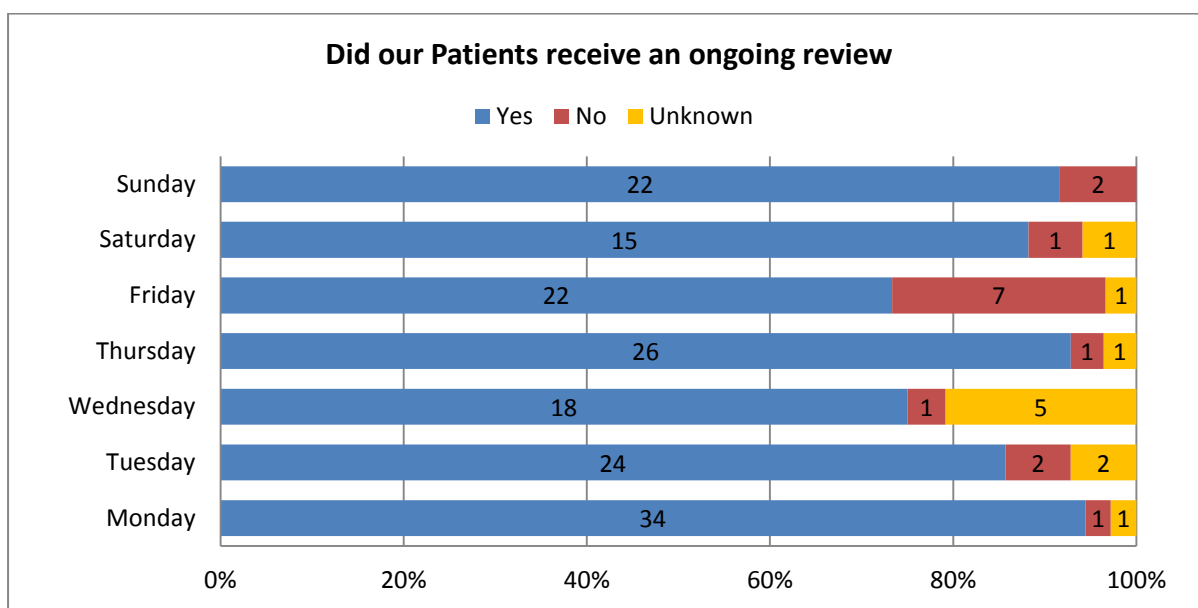


Fig 8 – ongoing review

	Yes	no	Unknown
weekday	85%	8%	7%
weekend	90%	7%	2%
Grand Total	86%	8%	6%

Fig 9 – percentage of patients with an ongoing review

There were 26 patients who were not seen on day 2 by a consultant. The table below breaks these down further. There were 15 patients who do not appear to have had a day 2 review. We will be investigating these further to understand what happened and how we can improve.

not seen on day 2	9
no consultant review	5
no inpatient notes on CDA	5
Poor documentation	6
Junior Dr	1
Grand Total	26

4. Conclusion

We have made an improvement since the last 7 Day Services Audit undertaken in March 2018.

	March 2019		March 2018	
	Weekday	Weekend	Weekday	Weekend
Clinical standard 2 – Time to first consultant review	80%	83%	70%	65%
Clinical Standard 8 – Ongoing Review	85%	90%	98%	90%

Fig 10 – ongoing review

Angharad MacGregor

Head of Clinical Effectiveness