



## Annex 1 7 Day Hospital Services Self-Assessment

<b>Organisation</b>	Sandwell and West Birmingham NHS Trust
<b>Year</b>	2019/20
<b>Period</b>	Spring/Summer

**Priority 7DS Clinical Standards**

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
<p><b>Clinical Standard 2:</b> 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.</p>	<p>Overall improvement seen in the survey results since the last survey. At Trust level weekday results have improved from 70% to 80% compliance. Weekend results from 65% to 83% compliance. Exceptions by speciality, local audit and improvement plan summarised below: 1) Acute Medicine weekday compliance remains in the 90% range and weekend has deteriorated to 82%. Rotas and job plans are designed to be compliant with 7 day standard. Recent crewing analysis vs patient demand has been completed for medical acute assessment which does show a deficit in medical capacity to manage demand at weekends. Alongside the service reconfiguration work aligned to the Midland Metropolitan Hospital delay until 2022, a project is in train to reconfigure respiratory services to a single site in 2019 which prepares a service model aligned to the new hospital model and will enable consultant input into acute medicine to increase. In Q1 since we have surveyed, we have been able to roster acute medics on Saturdays joining the GIM consultants who historically cover acute medicine at weekends. Local focus continues on documentation and implementation of an electronic patient record is scheduled for September 2019 which will improve data quality. 2) Surgical specialities - demonstrates improvement; General Surgery previously below 45% for weekday and weekends show compliance above 70% for both, T&amp;O likewise have improved from 67% to 71% weekdays and 0-100% weekends. Since the last survey a 7 day surgical ambulatory service has been established that sees average 380 patients a month. 3) Paediatrics has improved from a 30% range compliance to 72% weekday and 67% weekend compliance. Work is in train to reconfigure Paediatric ED and assessment pathways and facilities at City in 2019 which will further support improvement in the standard.</p>	No, the standard is not met for over 90% of patients admitted in an emergency	No, the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score	
<p><b>Clinical Standard 5:</b> Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hour for urgent patients • Within 24 hour for non-urgent patients</p>	<p>Q: 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?  The Trust is compliant with this standard and have set internal response times for request for test to reporting. MRI at weekend is extending to inpatients as well as cord compression studies with reports within a maximum of 24 hours from request for test. The Trust is implementing a maximum request to report time of 24 hours for all tests this year with radiology tests being the first wave of improvement by end Q2.</p>	Microbiology	Yes available off site via formal arrangement	Yes available off site via formal arrangement	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
		Echocardiography	Yes available on site	Yes available on site	
		Magnetic Resonance Imaging (MRI)	Yes available on site	Yes available on site	
		Upper GI endoscopy	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score	
<b>Clinical Standard 6:</b> Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Met
		Interventional Radiology	Yes available on site	Yes mix of on site and off site by formal arrangement	
		Interventional Endoscopy	Yes available on site	Yes available on site	
		Emergency Surgery	Yes available on site	Yes available on site	
	The Trust is compliant with this standard. Pathology services were reconfigured to the Black Country Pathology Partnership in Q3 2018.	Emergency Renal Replacement Therapy	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Urgent Radiotherapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available on site	Yes available on site	
	Cardiac Pacing	Yes available on site	Yes available on site		

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
<b>Clinical Standard 8:</b> 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.	Overall improvement but deterioration in weekday daily review to 85%. Further audit of this group in in progress to inform improvement approach.	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Standard Not Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	

## 7DS Clinical Standards for Continuous Improvement

### Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10

Provide a brief overall summary of performance against these standards, highlighting areas where progress has been made since 2015:

Standard 1. Patient experience - as part of effort to reduce readmissions patients are called within 48 hours of discharge by our community team. This call also records experience factors. The pilot is in its 2nd month and these results are yet to be analysed. Further work to determine the scope of a patient experience programme for 7 days will be completed in Q3.

Standard 3. MDT review - discharge planning improvement has included introduction of criteria led discharge particularly at weekends supported by ECIST. All transfers to community beds are RAG rated for safety and effectiveness which includes medication transfer. These are reviewed weekly with CEO and Chief Nurse. Medication red scores are improved and mitigated. DNACPR has been added to the audit.

Standard 4. Shift handovers - hospital at night handover is standardised to include patient for review. Patients for weekend reviews are identified on the electronic bed management system. Critical Care outreach now 24/7 to support care of deteriorating patients outside of critical care. Safety handovers in critical care include patients who have stepped down from ICU care in last 24 hours to wards. Investment in consultant of the week in medicine has established continuity at consultant level on wards over a fortnight. In preparation for the new electronic patient record, handovers will be pre-assessed as team competencies in terms of readiness to Go Live.

Standard 7. Mental health - the Trust is not a provider of mental health services but does host an acute liaison service 24/7 on both acute sites.

Standard

9. Transfers to community, primary and social care - Discharge coordinators and a complex discharge team support discharge pathways to community and social care settings. Availability of TTAs remains >70% available on medical wards the day before discharge from a baseline of 40% in the autumn 2018. Rapid response therapies based in both EDs 7 days a week support assessment for discharge home from ED. Social care work 7 days a week and packages of care available 7 days a week. Discharge rates are lower at the weekend largely linked to nursing home assessment and bed capacity. Improvement work over winter has reduced admissions for our top 10 admitting nursing homes by 25%. This pilot has been extended for 2019. All transfers to community beds and district nursing are RAG rated for safety and effectiveness.

10. Quality improvement; readmissions within peer range and 48 hour follow up for all discharges at risk of readmission will be in place by end of June; mortality data measured via RAMI month to month is closely aligned weekdays to weekends. Previously this was differentiated in 2018. Mortality improvement is a regular Trust Board subject and the improvement trajectory led by the Medical Director is underpinned by work on sepsis, heart failure and pneumonia pathway improvements.

## 7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
<b>Clinical Standard 2</b>	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
<b>Clinical Standard 5</b>	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
<b>Clinical Standard 6</b>	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust
<b>Clinical Standard 8</b>	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
N/A

### Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.