NHS

7 Day Hospital Services Self-Assessment

Organisation	Bradford Teaching Hospitals NHS Foundation Trust
Year	2018/19
Period	Spring/Summer

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 2: 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.	Reviews completed across a range of specialties [sampled to be representative of our normal emergency admission patient profile] demonstated 87% compliance , which is a slight dip in complaince from the March 2018 review which demonstrated 90% compliance over the one week audit period. We have consistently been above 85% over the past 2 years. Importantly the key emergency admitting areas of General medicine and General surgery demonstrated 100% compliance for this audit period across the 7 days. We have identified those specialties falling below the standard and an improvement process is in train.	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
Clinical Standard 5: 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	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?	Microbiology	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
	Standards fully met within timescales with a mixture of tests either on site or off site by formal arrangements.	Echocardiography	Yes available on site	Yes available on site	
		Magnetic Resonance Imaging (MRI)	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Upper GI endoscopy	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: 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 mix of on site and off site by formal arrangement	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	
	Standards fully met within timescales with a mixture of tests either on site or off site by formal arrangements	Emergency Renal Replacement Therapy	Yes available on site	Yes available on site	
		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 mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Cardiac Pacing	Yes available on site	Yes available on site	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 8: 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.	Standards fully met	Once daily: Yes the standard is 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 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
CS1 Patient Experience: Assurance and continous improvement monitored through the Quality Committee, routine sources of assurance include -1]Annual assurance from Patient Experience report, Safeguarding report, Quality Account, Quality Improvement update 2]Quarterly assurance through Incident report, Leadership Walkround Programme, ProGRESS, Learning from Deaths, Infection prevention and control 3] Monthly assurance from: Safe Staffing reports, Quality Committee Dashboard and trend analysis. Bradford Improvement Programme 2019-2020 part of the Safety & Reliability Care Programme. CS3 & CS4 Multidisciplinary Team Review & Shift Handovers -Assurance through Quality Committee & Workforce Committee: 1] Annually-NHS Staff Survey, 2] Bi-annual 7 Day Services update 3] Quarterly- Guardian of Safe Working reports- Improvement work -SAFER, Urgent Care Improvement Programme, Work as One initiatives Bradford Improvement Programme 2019-20- Workforce redesign, Virtual Services, Managment of the deteriorating patient, Medication Safety. 3] Safety huddles in place on over 75% of wards, due to roll out to 100% over the next 12 months. CS7- Mental Health- Mental Health Liaison 24/7 in AED. Elderly care consultant psychiatrist attends daily (weekdays) CS9- Transfer to community, primary and social care - Assurance and continual improvement through Urgent Care Programme, Outpatient Project, SAFER, Multi-agency intergrated discharge team in place. Launch of command centre in May 2019 giving real time visibility of delayed discharges. CS10- Quality Improvement - Quality Committee- Assurance provided- 1]Annually : Quality Plan, Ward accreditation update, Safer Procedures update 2]Bi-annual- Quality Improvement Programme update, Safeguarding Adults & Children update 3]Quarterly- Learning from Deaths, Patient Experience including complaints, Combined Learning Report, 4] Monthly - Quality Committee Dashboard, Serious Incident Reports. Bradford Improvement Programme 2019-2020- Workforce Programme, Value & Efficiency Programme, Safety & Reliability of Care Programme

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	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
Clinical Standard 5	Yes, the standard is met for over 90% of patients admitted in an emergency				Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 6	Yes, the standard is met for over 90% of patients admitted in an emergency				Yes, the standard is met for over 90% of patients admitted in an emergency
Clinical Standard 8	Yes, the standard is met for over 90% of patients admitted in an emergency				Yes, the standard is met for over 90% of patients admitted in an emergency

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
Vascular and Stroke services achieved 80% standard for 7 days. Variation was seen at weekends for Stroke services. Active improvement work is ongoing to deliver improvements at weekends for Stroke service in particular. Consultant numbers have been a challenge, howevere telemedicine is used 24/7 to determine patients eligible for thrombolysis. A formal collaboration is in place with Airedale to deleiver a more resilient consultant service. Vascular services are undergoing formal reconfiguration with Bradford due to be the 2nd arterial centre for West Yorkshire. This is due in 2020 and will improve consultant availability once in place.

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.