

Meeting Title	Board of Directors		
Date	11.07.19	Agenda item	Bo.7.19.50

## 7 DAY SERVICES SELF-ASSESSMENT BOARD ASSURANCE UPDATE

Presented by	Dr Bryan Gill, Chief Medical Officer		
Author	Professor Alex Brown Deputy Chief Medical Officer Su Coultas, General Manager Chief Medical Officer's Team		
Lead Director	Dr Bryan Gill, Chief Medical Officer		
Purpose of the paper	Provide assurance on the self- assessment framework used to assess the Trust's progress in delivering the 7 Day Service [7DS] Clinical Standards.		
Key control	Key Control for Objective 1		
Action required	To note		
Previously discussed at/ informed by	Paper to the EMT 22/01/2019 & Workforce Committee 30/01/2019 Highlighting new framework proposals		
Previously approved at:	<b>Committee/Group</b>	<b>Date</b>	
	Workforce Committee	26.06.19	

### Key Options, Issues and Risks

The Seven Day Hospital Services [7DS] Programme was developed to support providers of acute services to deliver high quality care and improve outcomes on a seven- day basis for patients admitted to hospital in an emergency.

Ten 7DS clinical standards were originally developed by the NHS Services, Seven days a week forum in 2013. Trusts have been working to achieve all these standards, with a focus on four priority standards identified in 2015 with the support of the Academy of Medical Royal Colleges [AoMRC]

The four priority standards were selected to ensure that patients have access to consultant –directed assessment (Clinical Standard 2), diagnostics (Clinical Standard 5), interventions (Clinical Standard 6) and ongoing review (Clinical Standard 8) every day of the week.

The Trust has been a first wave implementer of 7DS, working closely with NHS England, Seven Day Service Improvement Programme [SDSIP] in implementing and reviewing progress from the six monthly surveys undertaken since March 2016.

On the 28/06/2019 the Trust will submit the first formal self- assessment board assurance return to NHS England and NHS Improvement on its performance in terms of 7DS delivery.

The return will include our assessment of 7DS delivery in each of the four priority standards for both weekdays and weekends as well as providing an update on the progress against the six remaining standards and our position in terms of the four priority 7DS clinical standards in our two urgent network specialised services; Hyperacute Stroke and Emergency Vascular Services.

This paper provides information on the changes to the seven day hospital programme from the initial audit of practice to the current development of a framework of assurance which has been designed to support providers in their measurement of high quality care and improved outcomes on a seven day basis; for patients admitted to hospital in an emergency.

The paper will also include additional information on the existing assurance mechanisms in place to underpin the 7DS submission and recommend actions to support continuous improvement to ensure we can monitor that patients admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.

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### Analysis

Since March 2016 we have completed bi-annual reviews predominantly focussing on the 4 priority clinical standards. Our performance had gradually improved to achieve the standard of 90% in April 2018; this performance was based on a sample of patient's admitted to hospital in an emergency; selected randomly over a one week period.

Consistently the one week snap shot data has indicated a compliant performance in all 4 priority standards and a recent review of data from March 2019 confirms that although there is slight speciality variation, that we continue to have a high performance of 87% compliance, this does not meet the expected 90% but does consistently demonstrate a high Consultant presence over the seven day period.

Both the 7DS urgent network clinical services had 80% compliance from a small sample of patients reviewed and this continues to demonstrate that ongoing improvement and collaboration work being undertaken in both Hyperacute Stroke and Emergency Vascular Services is essential to service delivery.

### Recommendation

The majority of our clinical services are Consultant led and have significant input from the Consultants, and we perform well in terms of consultant presence compared to both the national and regional picture; however there is still work required in terms of workforce redesign including job planning for services where the standard of 14 hour review is not being consistently met.

There is also further improvement work required to embed 7DS monitoring as part of our existing Trust wide performance and to ensure that weekend variation review is integral to all our monitoring tools going forward.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

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Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Safe</b>
<b>Care Quality Commission Fundamental Standard: Safety</b>
<b>NHS Improvement Effective Use of Resources: Clinical Services</b>
<b>Other (please state):</b>

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>1</b>	<b>PURPOSE/ AIM</b>
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On the 28/06/2019 the Trust will submit the first formal self- assessment board assurance return to NHS England and NHS Improvement on its performance in terms of 7DS delivery.

This paper provides information on the changes to the seven day hospital programme from the initial audit of practice to the current development of a framework of assurance which has been designed to support providers in their measurement of high quality care and improved outcomes on a seven day basis; for patients admitted to hospital in an emergency.

The paper will also include additional information on the existing assurance mechanisms in place to underpin the 7DS submission and recommend actions to support continuous improvement to ensure we can monitor that patients admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.

<b>2</b>	<b>BACKGROUND/CONTEXT</b>
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7DS in hospitals was developed in 2013 through the Seven Day Services Forum, chaired by Sir Bruce Keogh and involving a range of clinicians and patients. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges [AoMRC] on consultant –delivered acute care. These standards define what 7DS should achieve, no matter when or where patients are admitted.

The Trust has been a first wave implementer of 7DS working closely with NHS England, Seven Day Service Improvement Programme [SDSIP] in implementing and reviewing progress. Since March 2016 we have completed bi-annual reviews predominantly focussing on the 4 priority clinical standards, progress has been measured against these four standards through a combination of case note review and self-assessment.

Our performance had gradually improved to achieve the standard of 90% in April 2018; this performance was based on a sample of patient's admitted to hospital in an emergency; selected randomly over a one week period.

Consistently the one week snap shot data has indicated a compliant performance in all 4 priority standards.

The new board assurance framework for 7DS was introduced in autumn 2018, this meant that autumn 2018 national 7DS survey did not take place instead we completed a trial 7DS self-assessment return that was submitted to the Workforce Committee in January 2019 and returned to NHS England in February 2019.

From spring/summer 2019 we are being asked to submit our first formal self-assessment board assurance return, these returns will be submitted twice a year and are used to provide a headline summary of our delivery of the 7DS standards, delivery of the standards for the urgent network specialist services has also been included as part of the return.

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<b>3</b>	<b>PROPOSAL</b>
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This paper provides a summary of the assurance mechanisms and evidence sources that are already in place to measure 7DS delivery included in the self-assessment board assurance.

**Clinical Standard 2- First Consultant review within 14 hours**  
**Clinical Standard 5 Access to consultant directed diagnostics**  
**Clinical Standard 6 Access to consultant led interventions**  
**Clinical Standard 8 Ongoing consultant directed review**

**Evidence, assurance and improvement work ongoing to support 7DS delivery**

Trust Board Assurance Framework [BAF]  
Board Dashboards  
Committee Dashboards [Including Length of stay and Readmissions data]  
Quality Report

**Quality Committee Assurance**

Safeguarding Reports  
Serious Incident Reports  
Safer procedures  
Ward Accreditation  
Risk Management  
Learning from Deaths and Mortality Data  
Combined Learning Reports  
Leadership Walk round update  
Quality Improvement Programme update  
ProgRESS report – CQC compliance

**Workforce Committee Assurance**

Guardian of Safe Working Hours – update  
NHS Staff Survey and Engagement Plan  
Nursing Establishment Review  
Seven Day Service – update

**Bradford Improvement Programme 2019-2020**

Delivering Efficient Care Programme- Job Planning review  
Management of the Deteriorating Patient  
Medication Safety  
Diagnostic Imaging  
Patient Experience  
Learning from each other  
Safer Procedures  
Transforming the workforce

**Specific evidence or assurance**

Case note reviews  
Work as One – We are Bradford-Improved Outcomes

- Using SAFER principles
- Criteria led Discharge
- Flow
- Improved collaboration
- Timely TTO's

Command Centre Tile development and implementation

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Emergency Care Improvement Programme 2018-2019  
SAFER Programme  
GMC trainee doctor surveys  
Acute Provider Collaboration programme

As the basic principles for measuring the 7DS clinical standards are embedded in achieving our strategic objective – To provide outstanding care for our patients the assurance mechanisms and evidence are already available but further improvement work will be required so that weekend variation is routinely reviewed as part of ongoing monitoring of patient care.

The 2019 case review demonstrated a 87% compliance for Clinical standard 2 over all specialities and 80% compliance for the two Urgent Network Clinical Services this does not meet the 90% expected compliance target and further work is required to review opportunities or innovative ways of working that will support delivery of Clinical Assessment by a Consultant for all Emergency Admissions within 14 hours, however results indicated that performance over the weekend period was at the same level as performance during the week.

#### **4 BENCHMARKING IMPLICATIONS**

We have completed bi-annual reviews predominantly focussing on the 4 priority clinical standards since March 2016 and our performance has gradually improved to achieve the standard of 90% in April 2018, this performance has benchmarked very well against National data.

The results of the trial self-assessment in February 2019 were not publically available but the spring/summer assessments will be available in a similar format to previous 7DS survey results which benchmarked against regional and national position.

#### **5 RISK ASSESSMENT**

No specific risk associated with this proposal.

#### **6 RECOMMENDATIONS**

Significant evidence and assurance is already presented through both the Workforce and Quality Committees to demonstrate that we are delivering high quality care and continuing to improve outcomes on a seven day basis for patients admitted to hospital in an emergency.

There is however still further improvement work required to embed 7DS monitoring as part of our existing Trust wide performance and to ensure that weekend variation review is integral to all our monitoring tools going forward.

#### **7 Appendices**