

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	7 June 2016
Officer	Anita Thomas, Deputy Chief Operating Officer Paul Lear, Medical Director
Subject of Report	<b>Dorset County Hospital NHS Foundation Trust - Seven Day Services Update</b>
Executive Summary	<p>Dorset County Hospital NHS Foundation Trust is working towards providing a seven day service to patients who need an emergency admission, diagnostics and treatment.</p> <p>In line with NHS England direction, the Trust will be seven days services compliant by 31 March 2020 but aims for earlier compliance by March 2018.</p> <p>A recent audit shows good compliance in some areas, with work required in others. To work toward full compliance, the Trust has developed an outline action plan. The plan will be delivered through a project with clinical and senior management leadership.</p> <p>The Trust's Senior Management Team will provide oversight and seek assurance that the project is progressing as planned.</p>
Impact Assessment:	Equalities Impact Assessment: <b>N/A</b>
	Use of Evidence: Report provided by Dorset County Hospital NHS Foundation Trust.
	Budget: <b>N/A</b>
	Risk Assessment:

Dorset County Hospital NHS Foundation Trust - Seven Day Services Update

	<p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:                  Current Risk: LOW                  Residual Risk LOW  <i>(i.e. reflecting the recommendations in this report and mitigating actions proposed)</i></p>
	<p>Other Implications: <b>N/A</b></p>
Recommendation	<p>The Committee considers and comments on the seven day services audit report from Dorset County Hospital NHS Foundation Trust.</p> <p>Dorset County Hospital NHS Foundation Trust commit to complying with the 4 priority clinical standards by 31 March 2020 as directed by NHS England but aim to be compliant by March 2018.</p> <ul style="list-style-type: none"> <li>• Initial Consultant (Patient) Review</li> <li>• Consultant directed diagnostics</li> <li>• Consultant directed interventions</li> <li>• Ongoing consultant (Patient) Review</li> </ul> <p>The committee accepts the action plan from Dorset County Hospital NHS Foundation Trust.</p>
Reason for Recommendation	<p>The recommendations support the change in approach of NHS England to the provision of seven day services to patients.</p>
Appendices	<p>NHS Services, Seven Days a Week Forum, Clinical Standards</p>
Background Papers	<p>Report to Dorset Health Scrutiny Committee 16 November 2015, agenda item 6:  <a href="#">Dorset Health Scrutiny Committee agenda 11 November 2015</a></p>
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Paul Lear  
**Medical Director for Dorset County Hospital NHS Foundation Trust**  
**May 2016**

*Seven Day Services Audit Report  
Dorset County Hospital NHS Foundation Trust 2016*

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13 May 2016

## Background

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This audit report of the NHS clinical standards for Seven Day Services follows a previous audit carried out in September 2015 and reported to the committee in October 2015.

In total, there are 10 clinical standards for Seven Day Services. Under the direction of NHS England, the audit focused on 4 priority clinical standards. The table below shows the priority standards and the summarised results from September 2015.

Standard	Theme	Target	Current
2	Time to Consultant Review	100%	62%
5	Access to Diagnostics	100%	64%
6	Access to Consultant-directed Interventions	100%	80%
8	On-going Review	100%	100%

The audit required that 10 patient notes from 10 clinical specialities were checked, equating to 100 notes in total.

It was reported that the key challenges in meeting 100% compliance were:

- Vacancies for doctors who were in short supply
- Locum costs are high, putting pressure on Trust finances
- Patient demand in some areas is low and investing funds requires careful consideration

For completeness, Appendix 1 provides details of all 10 clinical standards.

In early 2016, NHS England made a significant change in their approach to Seven Day Services planning. They asked Trusts to concentrate on compliance of the 4 priority standards rather than all 10. Recognising the challenges most Trusts face, they extended the timeline by which all Trusts must be compliant to 31 March 2020.

## Situation

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All Trusts were instructed to re-audit the 4 priority clinical standards between 28 March – 5 April 2016. The audit method however, had changed from the previous iteration; in total 280 patients records were checked, split 40 a day over 7 days. The first 20 admitted patients after 9am were to be selected for audit and 20 more after 5pm, regardless of speciality. This meant that not all specialities were evenly represented, making comparison with the previous audit difficult.

These audit dates were just prior to the 48 hour junior doctors industrial action 6 – 8 April 2016. This meant that junior doctors worked in emergency areas but not in areas of planned care. The impact was minimised within the hospital but had an inevitable effect on daily work and therefore the ability to compare with the previous audit sample.

## Audit Results

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The audit results and question responses are summarised here. Annex A details the questions and responses.

### Preliminary Questions

Of the 280 patients audited, 88% or 245 were admitted into 5 of the 25 specialities

General Internal Medicine	112
General Surgery	55
Trauma Orthopaedic Surgery	33
Paediatrics	26
Cardiology	19
<b>Total</b>	<b>245</b>

This highlights that the vast majority of patients are treated under very few specialities, while Seven Day provision is still expected across all 25 despite low numbers of patients needing that service.

The Trust employs consultants throughout the week to provide adequate and safe cover for the hospital. The audit asked if all of the 25 specialty areas listed had consultants at work seven days a week. The results were:

- 16 Specialities had consultant cover seven days a week
- 7 Specialities had no inpatients and therefore did not need any cover
- 2 Specialities had 5 day cover but not on Saturdays and Sundays

### Standard 2 - Time to Consultant Review

This question within the standard asked the number and percentage of patients admitted as an emergency receiving a thorough clinical assessment within 14 hours of arrival at hospital.

The audit found that from Monday – Friday 56% of patients were identified as receiving a consultant review in that time frame. On Saturday and Sunday 42.5% of patients were identified as receiving a review within 14 hours of arrival.

### Patient Diagnosis

The question asked if there was documented evidence that patients have been made aware of the diagnosis, management plan and prognosis within 48 hours of admission.

The audit showed that over 99% of patients across the week were made aware or were too unwell to be made aware.

### Standard 5 – Consultant Directed Diagnostics

The question asked what proportion of patients were able to access consultant directed diagnostic tests and completed reporting seven days a week; categorised in critical (1 hour turnaround) and urgent (12 hours turnaround) patients.

This Trust, like many others in England, do not categorise patients as critical or urgent when requesting tests. Tests requested immediately are completed that way, without questioning if the patient is critical or urgent. This meant the Trust could not answer the question set in this way. Instead each of the diagnostic services listed were asked if protocols were in place to test patients quickly.

The audit showed that over the 9 areas listed the Trust provided adequate critical and urgent cover during the week; Monday to Friday. At weekends, 2 of the 9 provided complete cover, a further 3 provided limited cover and the remaining 4 provided no cover.

Feedback from Histopathology and Microbiology was that only 25 patients a month actually require a service at the weekends, which in proportion to average monthly workloads is very small. The services operate an on-call system that ensures patients are seen but investing in full-time staff capacity may not be the best use of stretched resources.

#### Standard 6 – Consultant Directed Interventions

The question asked, 'do patients have 24 hour access to consultant directed interventions 7 days a week, either on site or via a formal network arrangement.'

The areas audited were; Critical Care, Percutaneous Coronary Intervention, Cardiac Pacing, Thrombolysis, Emergency General Surgery, Interventional Endoscopy, Interventional Radiology, Renal Replacement and Urgent Radiotherapy

The audit found that patients do have 24 hour access to interventions both on-site and through formal arrangements.

#### Standard 8 – Ongoing Review

The question asked was, 'what percentage of patients on the AMU, ASU, ITU and other high dependency areas are seen and reviewed by a consultant twice daily?'

The audit found that the Intensive Therapy Care Unit received 4 patients. One was reviewed twice daily; 25%. The High Dependency Unit also received one patient and they were reviewed twice a day by a consultant, 100%.

A follow up question asked, 'once transferred from an acute area to a general ward, what percentage of patients are reviewed, as part of a consultant delivered ward round 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?'

The audit found that from Monday – Friday 57.6% of patients were identified as receiving a consultant review. On Saturday 65.7% received a review and 73.5% on a Sunday.

### **Audit Summary**

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The audit identified areas where the Trust's compliance was good against the standards and questions in areas of patient communications. However, there are areas for improvement where patients are expected to see a consultant within 14 hours.

The audit found that the Trust still experiences similar challenges as before:

- Doctors are in short supply
- Locum costs are high, putting pressure on Trust's finances
- Patient demand in some areas is low and investing funds requires careful consideration

In addition, this different style of audit revealed that internally results would have been better if:

- Patient notes recorded ward rounds by named consultant, time and dates of diagnostics requests and when reports were returned.

- Consultants made it clear in the patient's notes that a daily consultant review was not required and would not affect outcome of care.

## Action

The Trust remains committed to being compliant with the Seven Day services standards. The plan below outlines the aim to be compliant by 31 March 2018, well before the NHS England deadline of 2020. The committee should be aware that NHS England's approach and guidance on Seven Day Services has changed over the last 12 months and remains an area of debate. If further guidance is received the Trust will evolve its plans accordingly.

The Trust is also actively engaged with the Dorset Clinical Services Review (CSR) and the NHS England sponsored Acute Vanguard (Vanguard) with Poole and Bournemouth hospitals. Seven Day Services provision is a priority for these initiatives.

A project group will be formed to improve areas outside of the scope of the CSR and Vanguard. The project group will have clinical leadership, executive overview and report into the Trust's Senior Management Team to provide assurance.

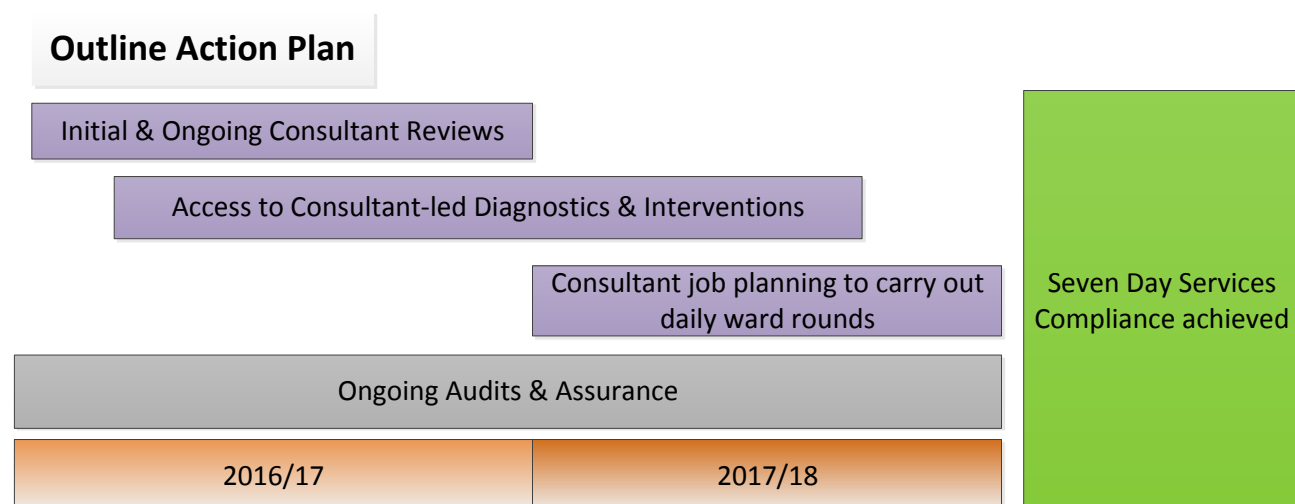
The key measures from the Clinical Standards are listed below. March 2016 shows current performance with planned targets detailed at 6 monthly intervals.

### Proposed Targets Against Dates

Measure	Mar-16	Sep-16	Mar-17	Sep-17	Mar-18
Standard 2 - Ongoing Review 14 Hours as a %	42.5	60	80	90	100
Standard 8 – Review of Acute patients twice a day as a %	80	80	90	90	100
Standard 8 – Review of patients daily as a %	57.6	60	80	90	100
Standard 5 – Services that have provision critical 1 hour and urgent 12 hour – weekdays	100	100	100	100	100
Standard 5 – Services that have provision critical 1 hour and urgent 12 hour – weekends	22	22	40	80	100
Standard 6 – Services that provide access every day	100	100	100	100	100
Job Planning – consultants able to cover each day out of 17 specialties	12	12	14	15	17
Standard 2 – Patients made aware of diagnosis, plan within 48hrs as a %	97	99	100	100	100
Standard 8 – Patients made aware of their review as a %	80	80	90	90	100

To support the achievement of compliance, the outline plan below shows the main work streams of the project

- Initial & On-going review (addresses standards 2 and 8)
  - Improve data capture and data quality
  - Assess the gap between current provision and compliance target
  - Implement preferred options
- Access to Consultant-led Diagnostics & Interventions (addresses Standards 5 & 6)
  - Maintain weekday provision of critical and urgent diagnostics
  - Evaluate options to improve accessibility at weekends
  - Implement preferred options
  - Maintain current availability of interventions
- Consultant job planning
  - Evaluate if consultants currently have enough capacity to make daily wards rounds
  - Assess different options for bridging the gaps
  - Implement preferred options



The main themes throughout will be:

- Improving data quality to ensure the Trust captures the work it carries out
- Improving outcomes for the patient by supporting improved experience, mortality and unplanned readmissions
- Analysing each day of the week for areas of particularly good or weak performance to ensure the Trust is offering a high quality service every day

### Assurance

The Trust's Senior Management Team will have internal oversight of the project. Their role will be to receive updates and hold the project to account for delivery.

To measure ongoing progress and provide assurance, another audit will be carried out in September 2016 and every 6 months thereafter.

## Annex A – detailed Audit results

## Seven Day Services Audit 2016

## Question 1a

1a. Please confirm that the responses to this survey are based on a minimum of 280 case notes, between 30th March and 5th April, being the first 20 consecutive emergency admissions from 09:00 and the first 20 from 17:00 each day.

Yes

\* Select the "No, but" option if the trust admits fewer than 40 emergency admissions per day but the review includes all emergency admissions for the review period 30 March - 6 April 2016.

## Question 1b

1b. Please provide a breakdown of the specialties covered by your 280 emergency admissions.

Please answer by specialty below	Number of emergency admissions
Anaesthetics	0
Intensive Care Medicine	4
Emergency Medicine	7
Obstetrics and Gynaecology	8
Paediatrics	28
Acute Internal Medicine	0
Cardiology	19
Clinical Pharmacology and Therapeutics	0
Gastroenterology	0
General Internal Medicine	112
Geriatric Medicine	8
Haematology	0
Infectious Diseases	0
Medical Ophthalmology	0
Neurology	0
Renal Medicine (Nephrology)	4
Respiratory Medicine (Thoracic Medicine)	2
Rheumatology	0
Stroke Medicine	8
Cardio-thoracic Surgery	0
General Surgery	55
Neurosurgery	0
Trauma and Orthopaedic Surgery	33
Clinical/Diagnostic Radiology	0
Clinical Oncology (Radiotherapy)	0
Other (please specify):	0
	0
<b>Total:</b>	<b>280</b>



Question 1c

1c. Does consultant job planning in the trust make provision for a consultant-led ward round on every ward every day of the week? 

Please answer by specialty below

	Compliant with daily ward rounds	Not compliant with daily ward rounds	No inpatient service in this specialty
Anaesthetics	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Intensive Care Medicine	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Emergency Medicine	<input type="radio"/> Compliant	<input type="radio"/> Not compliant	<input checked="" type="radio"/> No inpatient service
Obstetrics and Gynaecology	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Paediatrics	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Acute Internal Medicine	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Cardiology	<input type="radio"/> Compliant	<input checked="" type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Clinical Pharmacology and Therapeutics	<input type="radio"/> Compliant	<input type="radio"/> Not compliant	<input checked="" type="radio"/> No inpatient service
Gastroenterology	<input type="radio"/> Compliant	<input checked="" type="radio"/> Not compliant	<input type="radio"/> No inpatient service
General Internal Medicine	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Geriatric Medicine	<input type="radio"/> Compliant	<input checked="" type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Haematology	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Infectious Diseases	<input type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Medical Ophthalmology	<input type="radio"/> Compliant	<input checked="" type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Neurology	<input type="radio"/> Compliant	<input type="radio"/> Not compliant	<input checked="" type="radio"/> No inpatient service
Renal Medicine (Nephrology)	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Respiratory Medicine (Thoracic Medicine)	<input type="radio"/> Compliant	<input checked="" type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Rheumatology	<input type="radio"/> Compliant	<input type="radio"/> Not compliant	<input checked="" type="radio"/> No inpatient service
Stroke Medicine	<input type="radio"/> Compliant	<input checked="" type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Cardio-thoracic Surgery	<input type="radio"/> Compliant	<input type="radio"/> Not compliant	<input checked="" type="radio"/> No inpatient service
General Surgery	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Neurosurgery	<input type="radio"/> Compliant	<input type="radio"/> Not compliant	<input checked="" type="radio"/> No inpatient service
Trauma and Orthopaedic Surgery	<input checked="" type="radio"/> Compliant	<input type="radio"/> Not compliant	<input type="radio"/> No inpatient service
Clinical/Diagnostic Radiology	<input type="radio"/> Compliant	<input type="radio"/> Not compliant	<input checked="" type="radio"/> No inpatient service
Clinical Oncology (Radiotherapy)	<input type="radio"/> Compliant	<input type="radio"/> Not compliant	<input checked="" type="radio"/> No inpatient service

Question 2a – Relates to Clinical Standard 2 – Time to first Consultant Review

2a. What percentage of patients admitted as an emergency (not just through the emergency department) receive a thorough clinical assessment by a suitable consultant (seven days a week) within 14 hours of arrival at hospital?

	Weekday	Saturday	Sunday
Number of patients admitted as an emergency receiving thorough clinical assessment within 14 hours of arrival at hospital	112	17	17
Total number of patients admitted as an emergency	200	40	40
<b>Percentage of patients who received the clinical assessment within 14 hours</b>	<b>56.0%</b>	<b>42.5%</b>	<b>42.5%</b>

Question 2b

2b. Is there documented evidence that patients (and where appropriate families/ carers) have been made aware of the diagnosis, management plan and prognosis within 48 hours of admission?

	Weekday	Saturday	Sunday
<b>Total number of patients admitted as an emergency</b>	<b>200</b>	<b>40</b>	<b>40</b>

*These numbers will be pre-calculated from the denominator you have entered in question 2a.*

	Weekday		Saturday		Sunday	
	Number of patients and carers/family made aware within 48 hours	Percentage of patients	Number of patients and carers/family made aware within 48 hours	Percentage of patients	Number of patients and carers/family made aware within 48 hours	Percentage of patients
Yes	172	86%	35	87.5%	36	90%
No but the patient was unable to be made aware due to their clinical condition. The carers/ family were informed.	22	11%	5	12.5%	4	10%
No but the patient died within 48 hours.	1	0.5%	0	0%	0	0%
No but the patient was informed and there is documented evidence that family/ carers were unable to be contacted despite several attempts, or there are no family/ carers to be informed or the patient did not want the family/carers to be contacted.	2	1%	0	0%	0	0%
No (none of the above).	3	1.5%	0	0%	0	0%
<b>Total</b>	<b>200</b>		<b>40</b>		<b>40</b>	

Question 3 – Relates to Clinical Standard 5 – Consultant Directed Diagnostics

Team	CRITICAL Diagnostics and Reporting within 1 hr (Y/N)	URGENT Diagnostics and Reporting within 12 hrs (Y/N)	Supporting Notes
Bronchoscopy	Yes	Yes	Not Sat or Sun
CT	Yes	Yes	
Echocardiography	Yes	Yes	Not Sat or Sun
Histopathology	Yes	Yes	Not Sat or Sun
MRI	Yes	Yes	Not Sat or Sun (subject to 7 day business case)
Microbiology	Yes	Yes	Yes Sat & Sun am, No Sat & Sun pm
Colonoscopy	Yes	Yes	On call at weekends
Upper GI Endoscopy	Yes	Yes	
Non obstetric Ultrasound	Yes	Yes	Not Sat or Sun except for carotid dopplers for TIAs

Question 4 – Relates to Clinical Standard 6 – Consultant Directed Interventions

**4. Do inpatients have 24 hour access to consultant directed interventions 7 days a week, either on site or via formal network arrangements?**

	Weekday	Saturday	Sunday
Critical Care	Yes - on site	Yes - on site	Yes - on site
PCI	Yes - on site	Yes - off site (via formal arrangement)	Yes - off site (via formal arrangement)
Cardiac Pacing	Yes - on site	Yes - on site	Yes - on site
Thrombolysis	Yes - on site	Yes - on site	Yes - on site
Emergency General Surgery	Yes - on site	Yes - on site	Yes - on site
Interventional Endoscopy	Yes - on site	Yes - on site	Yes - on site
Interventional Radiology	Yes - off site (via formal arrangement)	Yes - off site (via formal arrangement)	Yes - off site (via formal arrangement)
Renal Replacement	Yes - on site	Yes - on site	Yes - on site
Urgent Radiotherapy	Yes - off site (via formal arrangement)	Yes - off site (via formal arrangement)	Yes - off site (via formal arrangement)

Question 5 – Relates to Clinical Standard 8 Ongoing Review

5a. What percentage of patients on the AMU, ASU, ITU and other high dependency areas are seen and reviewed by a consultant twice daily (including all acutely ill patients directly transferred and others who deteriorate)?

AMU	Admitted to the AMU on a...		
	Weekday	Saturday	Sunday
Number of patients seen and reviewed by a consultant twice daily during their stay on this ward (up to 5 days)	0	0	0
Total number of case notes from patients admitted to AMU on this day reviewed	0	0	0
<b>Percentage of patients seen and reviewed by a consultant twice daily</b>			

ASU	Admitted to the ASU on a...		
	Weekday	Saturday	Sunday
Number of patients seen and reviewed by a consultant twice daily during their stay on this ward (up to 5 days)	0	0	0
Total number of case notes from patients admitted to ASU on this day reviewed	0	0	0
<b>Percentage of patients seen and reviewed by a consultant twice daily</b>			

ITU	Admitted to the ITU on a...		
	Weekday	Saturday	Sunday
Number of patients seen and reviewed by a consultant twice daily during their stay on this ward (up to 5 days)	1	0	0
Total number of case notes from patients admitted to ITU on this day reviewed	4	0	0
<b>Percentage of patients seen and reviewed by a consultant twice daily</b>	25%		

Other HDU	Admitted to the other HDU on a...		
	Weekday	Saturday	Sunday
Number of patients seen and reviewed by a consultant twice daily during their stay on this ward (up to 5 days)	1	0	0
Total number of case notes from patients admitted to other HDU on this day reviewed	1	0	0
<b>Percentage of patients seen and reviewed by a consultant twice daily</b>	100%		

### Question 5b

5b. Once transferred from an acute area of the hospital to a general ward, what percentage of patients are reviewed, as part of a consultant-delivered ward round 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)?

	Admitted to the general ward on a...		
	Weekday	Saturday	Sunday
Number of patients reviewed as part of a consultant-delivered ward round at least once every 24 hours	83	23	25
Total number of patients reviewed who were transferred to general ward	144	35	34
<b>Percentage of patients reviewed as part of a consultant-delivered ward round at least once every 24 hours</b>	<b>57.6%</b>	<b>65.7%</b>	<b>73.5%</b>

### Question 5c

5c. Are patients (and where appropriate families/ carers) made aware of reviews done by consultants on AMU, SAU, ICU and other high dependency areas, and provided with information about the patients status and any change in the management plan?

	Admitted to the AMU, ASU, ICU or Other HDU on a...		
	Weekday	Saturday	Sunday
Total number of patients admitted as an emergency to AMU, ASU, ICU or Other HDU	5	0	0

*These numbers will be pre-calculated from the denominator you have entered for each of the 4 sections (AMU, ASU, ITU & other HDU) in question 5a.*

	Admitted to the AMU, ASU, ICU or Other HDU on a...					
	Weekday		Saturday		Sunday	
	Number of patients made aware of reviews	Percentage of patients	Number of patients made aware of reviews	Percentage of patients	Number of patients made aware of reviews	Percentage of patients
Yes	0	0%	0		0	
No but the patient was unable to be made aware due to their clinical condition. The carers/ family were informed.	4	80%	0		0	
No but the patient died within 48 hours.	1	20%	0		0	
No but the patient was informed and there is documented evidence that family/ carers were unable to be contacted despite several attempts, or there are no family/ carers to be informed or the patient did not want the family/carers to be contacted.	0	0%	0		0	
No (none of the above).	0	0%	0		0	
<b>Total</b>	<b>5/5</b>		<b>0/0</b>		<b>0/0</b>	