



Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	26 June 2019	
Agenda Item:	P1-0131-19	
Title:	7 Day Services Self-Assessment submission - June 2019	
Report prepared by:	Caroline Brammer, Clinical Director for Integrated Care	
Executive Lead:	Joan Spencer, Interim Director of Operations	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Integrated Governance Committee Quality Committee
Date & Decision:	6 June 2019, Approved 12 June 2019, Approved

Purpose of the Paper/Key Points for Discussion:	<p>This document is a self-assessment of the Trust's compliance against the seven day services (7DS) requirements, due to be submitted to NHS England and NHS Improvement on 28th June following approval from Trust Board.</p> <p>The assessment reveals compliance against all standards except:</p> <ul style="list-style-type: none"> An aspect of standard 6; as 24 hour inpatient access to interventional radiology is available but with no formal arrangement in place. Standard 9: 'Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken'. This has been self-assessed as 'partial compliance' as not all services are available seven days a week across the wide geographical area in which our patients live. <p>Providers have previously completed a bi-annual self-assessment survey, which measured progress against the four priority standards through a combination of case note reviews and self-assessment. To reduce this burden and to allow trust boards to provide direct oversight of 7DS progress, 7DS is now measured through a bi-annual board assurance framework.</p> <p>A trial run of this new process took place from November 2018 to February 2019, during which a first submission was made by the Trust. A subsequent meeting between members of the Trust's Executive Team and NHSE and NHSI representatives was held to review the submission and this second submission has been developed in accordance with the advice provided.</p>
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	<p>The regional and national 7DS teams will use the submissions to analyse progress against the national ambitions and results will be published on the NHS Improvement and NHS England websites.</p> <p>The Care Quality Commission's (CQC) hospital inspection regime features 7DS as one of its key lines of enquiry under the quality of care theme.</p>
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Action Required:	Discuss	
	Approve	X
	For Information/Noting	

Next steps required	Present to Trust Board on 26 th June 2019 for approval, prior to submission to NHS England and Improvement on 28 th June 2019.
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The paper links to the following strategic priorities (please tick)

Deliver outstanding care locally		Collaborative system leadership to deliver better patient care	
Retain and develop outstanding staff		Be enterprising	
Invest in research & innovation to deliver excellent patient care in the future		Maintain excellent quality, operational and financial performance	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

Equality & Diversity Impact Assessment

Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.



7 Day Hospital Services Self-Assessment

Organisation	The Clatterbridge Cancer Centre NHS Foundation Trust
Year	2018/19
Period	Autumn/Winter



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.	14 hour review is provided by the consultant of the week (this can be evidenced in consultant job plans and rotas). This is currently recorded as the difference in time between the acute oncology admission and the first ward round profoma completed. All patients are included in the collection of audit data rather than a sample only. All 14 Hr Data items will be added to our Electronic patient record to enable easier access to our performance data. The development of a Clinical Decisions Unit on our Wirral site will facilitate the development of treatment pathways for most solid tumour emergency admissions.	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	Standard 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: <ul style="list-style-type: none"> • 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 available off site via formal arrangement	Standard Met
		Computerised Tomography (CT)	Yes available on site	
		Ultrasound	Yes available on site	
	Patients treated at the Royal Liverpool and Broadgreen University Hospital site (Haemato Oncology Patients) have access to all diagnostic test . Patients treated at our Wirral site have access to all diagnostics tests at Wirral University Teaching Hospital, however this arrangement is still in development and has not been formally agreed yet.	Echocardiography	Not applicable to patients in this trust	
		Magnetic Resonance Imaging (MRI)	Yes available on site	
		Upper GI endoscopy	Not applicable to patients in this trust	

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	Not applicable to patients in this trust	Not applicable to patients in this trust	Standard Met
		Interventional Radiology	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Interventional Endoscopy	Not applicable to patients in this trust	Not applicable to patients in this trust	
		Emergency Surgery	Not applicable to patients in this trust	Not applicable to patients in this trust	
	Patients requiring critical care, interventional endoscopy, emergency surgery, renal therapy, stroke thrombolysis, coronary intervention and cardiac pacing are discharged from CCC and transferred to Arrowe Park Hospital. Access to Interventional radiology is available, however this awaits formal agreement. Patients treated at the Royal Liverpool and Broadgreen University Hospital site (Haemato Oncology Patients) have access to all key consultant directed interventions 7 days per week.	Emergency Renal Replacement Therapy	Not applicable to patients in this trust	Not applicable to patients in this trust	
		Urgent Radiotherapy	Yes available on site	Yes available on site	
		Stroke thrombolysis	Not applicable to patients in this trust	Not applicable to patients in this trust	
		Percutaneous Coronary Intervention	Not applicable to patients in this trust	Not applicable to patients in this trust	
		Cardiac Pacing	Not applicable to patients in this trust	Not applicable to patients in this trust	

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.	CCC does not have a high dependency facility and our patients do not meet the definition of high dependency needs for Clinical Standard 8. However, There is a twice daily consultant ward round for all patients that have a NEWS score of 5 or more, these patients are also seen on the post handover ward rounds. All other patients admitted via an unplanned care route are seen daily on the consultant ward round.	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	
standard 1-	Information gathered via our FFT, In Patient surveys and the patient experience group indicate we are compliant with this measure. - Compliant
Standard 3 -	All emergency admissions are assessed for complex and/or on-going needs via the MDT ward round. as per the Transfer and Discharge policy. All ward rounds are led by a consultant - Compliant
Standard 4 -	Handover occur at 9am and 4pm daily in a designated location . Handover is led by a Consultant and attended by all the junior doctors, consultants on call x2, registrar on call, spinal cord compression coordinator, ward managers, palliative care nurse, critical care out reach nurse, physician associates and a representative from medical staffing .All clinical data is recorded on an Electronic Patient Record system. - Compliant
Standard 7 -	Urgent psychiatric and psychological support is available from the Psychological Medicine team at WUTH for Soild Tumour in patients on our Wirral site and RLBH for our Haemato Oncology patients at the Liverpool site. - Compliant
Standard 9 -	As CCC delivers services to patients living across a very wide geographical area, the availability of support services, in primary and community health settings are not always available 7 days per week.CCC has a a designated discharge coordinator, pharmacy service,Physiotherapy service and access to transport services 7 days per week - partially compliant
Standard 10 -	The Trust Integrated Performance report is shared with the Board monthly, this includes performance data relating to quality improvement and patient outcomes. The management and supervision of junior trainees is delivered by an identified education lead for each professional group, this includes Practice Education Facilitators, Medical Education Team, Radiographer Lead and Head of Physics. - Compliant.

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services	Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
Clinical Standard 2						Provide a brief summary of issues in cases where not all standards are met. No applicable to CCC.
Clinical Standard 5						
Clinical Standard 6						
Clinical Standard 8						

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.