



Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	27 November 2019	
Agenda Item:	P1/205/19	
Title:	7 Day Services Self-Assessment submission – November 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 Performance Committee
Date & Decision:	4 November 2019, Approved 13 November 2019, Approved 18 November 2019, Approved

Purpose of the Paper/Key Points for Discussion:	<p>This document is a self-assessment of the Trust's compliance against ten clinical standards set out in the seven day services (7DS) programme led by NHS England (NHSE). The aim of the programme is to ensure patients, who are admitted as an emergency, receive high quality consistent care, whatever day they enter hospital.</p> <p>All Trusts must complete a self-assessment twice per year (June and Nov) to enable NHSE to measure progress.</p> <p>The Trusts Nov assessment is due to be submitted to NHSE on 29th November 2019 following approval from Trust Board.</p> <p>The assessment reveals compliance against all standards except:</p> <ul style="list-style-type: none"> 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.
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Action Required:	Discuss	
	Approve	X
	For Information/Noting	

Next steps required	Present to Trust Board on 27 November 2019 for approval, prior to submission to NHS England and Improvement on 29th November 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	2019/20
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.	CCC Wirral - 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 . Within Haemato -Oncology CCC Liverpool the 14 hour review is proved by both the speciality and on call consultant teams dependant on the direct admission time to the ward. This process is overseen by the Matron. Monthly audits are undertaken to review this process. The development of a Clinical Decisions Unit on our Wirral site is also facilitating 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, this SLA is currently under review in preparation for the opening of our new cancer hospital in Liverpool	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	Yes available off site via formal arrangement	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 Wirral University Teaching Hospital. Access to Interventional radiology is available, this arrangement is currently under review in preparation for the opening of our new cancer hospital in Liverpool. 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 Wirral site 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. Within CCCL Haemato -Oncology HDU services are provided by the Royal Liverpool University Hospital. In line with the standard cited.	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 RLBHT 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 6 days per week 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.