



7 Day Hospital Services Self-Assessment

Organisation	[Oxford University Hospitals NHS Foundation Trust]
Year	2019/20
Period	Autumn/Winter

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
<p>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.</p>	<p>Historical compliance: Sept 16 - 100%, March 17 - 97%, April 18 Overall score 92%, weekday 94%, weekend 87%, April 19: Overall score 96%, weekday 95%, weekend 97%</p> <p>LATEST AUDIT RESULTS: Overall score 95%, Weekday: 94% + Weekend: 97%</p> <p>The audit showed that medical high volume areas (General Medicine, Stoke and Geratology) achieved well over 90% both on weekdays and weekends. Triangulation the audit results with published clinical outcome data shows that the care of patients admitted to emergency areas is good. There is no statistical difference in LOS in these areas for patients admitted at weekends and weekends. Risk adjusted mortality rates: the Summary hospital mortality index (SHMI) is 0.92 for the data period April 2018 to March 2019 and remains rated 'as expected.' The hospital standardised mortality ratio (HSMR) is 87 for the data period June 2018 to May 2019 and remains 'lower than expected'. Published Dr Foster HSMR for weekends is within the expected range.</p>	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	
<p>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:</p> <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 	<p>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?</p> <p>Where these are not available 24/7 on all sites, formal arrangements are in place to transfer to the relevant site when necessary</p>	Microbiology	Yes available on site	Yes available on site	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available on site	
		Ultrasound	Yes available on site	Yes available on site	
		Echocardiography	Yes available on site	Yes available on site	
		Magnetic Resonance Imaging (MRI)	Yes available on site	Yes available on site	
		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 available on site	Yes available on site	
		Interventional Endoscopy	Yes available on site	Yes available on site	
	Where these are not available 24/7 on all sites arrangements are in place to transfer to the relevant site when necessary	Emergency Surgery	Yes available on site	Yes available on site	
		Emergency Renal Replacement Therapy	Yes available on site	Yes available on site	
		Urgent Radiotherapy	Yes available on site	Yes available on site	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes available on site	Yes available on site	
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.	Historical compliance: Sept 16 - 100%, March 17 - 92% April 18: Once daily review: Overall score 90%, weekday 93%, weekend 82%, Twice daily review: 100% weekend and weekday April 19: Overall score 98%, weekday 100%, weekend 93% Twice daily review: 100% weekday and weekend LATEST AUDIT RESULTS: Overall score 97%. Daily review Weekday: 96% + Weekend: 98% Twice daily reviews Weekends 100% + Weekdays: 100% As per the spring submission, patients needing daily reviews in medicine who are medically stable + fit for discharge are seen by an SHO and others will be seen by an SpR or consultant. For frail elderly patients Friday evening handover details patient reviews needed / not needed are documented on the worklist on EPR. The roll out of board rounds continues to make a significant impact in reviewing patients at weekends with instructions for review being delegated when appropriate. (See standard 3 in the next section). See also clinical handover (standard 4 in the next section) which works in conjunction with the daily board rounds. Deteriorating patients: The National Cardiac Arrest Audit data for the John Radcliffe shows that there were 0.70 cardiac arrests per 1000 admissions in Q1 2019/20 which was a reduction from 1.48 cardiac arrests in Q1 2018/19. This reflects the considerable work to improve communication and learning from events. Deployment of NEWS2 was planned for October 2019 but has been delayed due to technical build issues, the technical team	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
<p>Standard 1</p> <p>The Trust uses a range of initiatives to support shared decision making. In our spring BAF we described our 24/7 interpreting service, use of BSL interpreters and screen readers for visually impaired people, Easy Read patient information and bespoke information created as requested by the learning disability team. We are pleased to have a contract with a service provider using video conferencing from the end of this year. This will improve our interpretation service for deaf people utilising video conferencing and SKYPE and will be accessible from ED thus reducing the time deaf people wait for interpreting services.</p> <p>Well established processes are in place to monitor patient feedback and act on results including complaints, PALS feedback, FFT and patient surveys. There have been no trends identified differentiating weekends and weekdays from existing systems however FFT is not broken down by weekday and weekend. The Trust is going through a tender process for a new service provider which is hoped will be in place by April 2020 and can be raised during this process.</p> <p>A patient experience delivery plan has been initiated with 10 focus areas including actions to address traffic flow and car parking on the JR and Churchill sites. This is a recurrent theme of patient feedback and complaints citing long queues of traffic into the hospital which cause stress of missing appointments. Automatic Number Plate Recognition is being explored and field surveys conducted by the patient experience team.</p> <p>A 7 day week palliative care service is in place predominately on JR site to support the ED and emergency assessment units plus complex needs of patients who are at the end of life. End of life care at OUH has benefited from an investment in 2016 which established the "Improving Care for the Dying Programme" across the organisation. A business case has been submitted approved to sustain the investment of staff capacity and capability within the Hospital Palliative Care Team (HPCT). In 2018/19 49% of adult patients who died in the Trust had palliative care input, and increase from 27.1% pre the programme. The national audit of Care at the End of Life submission has just been completed for 2019 and we await publication. The 2018 results demonstrated OUH had made significant progress since 2016. Performance is better than the national average within 7 of the 8 domains measured including</p>

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	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	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	Yes, the standard is 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	No, the standard is not met for over 90% of patients admitted in an emergency	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	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	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	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	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	Yes, the standard is met for over 90% of patients admitted in an emergency

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
<p>HYPERACUTE STROKE. as per the spring submission the Hyperacute Stroke unit offers thrombolysis 24/7. The unit is rated as a 'category A' unit on SSNAP. Thrombectomy is the currently only delivered 0800-1800 Mon-Fri however recruitment and training continues in order to deliver a 24/7 service within the 2019 calendar year.</p> <p>PAEDIATRIC INTENSIVE CARE exceeds the priority standards and is reflected within consultant job plans. Access to CT diagnostics are within the urgent and critical targets however access to urgent MRI within 12 hours (Urgent) rather than the 1 hour (critical) bracket is challenging across the children's service. This impacts decision making as well as length of stay. The majority of these children requiring MRIs are both too small to lie still or ventilated on ICU; they require</p>

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.