

Trust Board
3rd December 2014

Title:	Seven Day Working: Update on progress towards meeting the London Quality and Commissioning Standards		
Agenda item:	14/172	Paper	5
Action requested:	To note the substantial investment and progress in seven day working over the past three years, the services in which improvements are still to be made, and the anticipated need for associated investment in some of those services.		
Executive Summary:	<p>In recent years there has been an increasing focus nationally on the need to strengthen emergency and acute care in hospitals in England during evenings, nights and weekends (generally known as “seven day working”). In London, this focus has informed successive new quality standards and commissioning standards for acute care.</p> <p>This paper reviews the Trust’s progress towards the delivery of these standards, provides an update on the current position, and highlights the areas where some standards are not yet met.</p> <p>Since the first version of the London Commissioning Standards was published in September 2011, Whittington Health has undertaken a fundamental reconfiguration of out-of-hours provision of care across all acute services. The investment the Trust has committed already to these improvements has been substantial. Over the period during which these improvements came into force, mortality and non-elective length of stay have both improved as well.</p> <p>The most significant areas in which further action is needed if the London Quality Standards are to be fully met are:</p> <ul style="list-style-type: none"> • The Emergency Department • Maternity • Imaging <p>The standards for consultant on-site presence in the Emergency Department and in Maternity could only be met by the Trust through investment in new consultant posts. It is expected that the London Quality Standards will inform the commissioners’ local quality schedule of requirements for</p>		

	2015/16, so our performance against these standards is expected to play a significant part in our contract negotiations for 2015/16.						
Summary of recommendations:	The Board is asked to note the services in which improvements are still to be made, and the anticipated need for associated investment in some of those services. Costed options for prioritisation will follow once the extent of investment needed to meet the remaining standards is identified for each service.						
Fit with WH strategy:	Trust Strategic Goal: Efficient and Effective Care London Commissioning Standards and Quality Standards (see Appendix 1: References)						
Reference to related / other documents:	See Appendix 1: References						
Reference to areas of risk and corporate risks on the Board Assurance Framework:							
Date paper completed:	21 st November 2014						
Author name and title:	Kathriona McCann Assistant Director for Medical Specialities			Director name and title:	Richard Jennings Medical Director		
Date paper seen by EC		Equality Impact Assessment complete?	yes	Quality Impact Assessment complete?	yes	Financial Impact Assessment complete?	yes



1.0 Background

Since 2010 there has been an increasing recognition nationally that the NHS needs to move towards strengthened emergency and acute care in hospitals in England during evenings, nights and weekends (generally known as “seven day working”). This recognition has been accompanied by a growing recognition of the evidence base that outcomes for patients are improved when services out-of-hours are better resourced, and in particular when consultant involvement occurs early in the patient pathway.

The Temple Report, *Time for Training* (Ref 1), was published in May 2010 and received widespread press and publicity. Its conclusions and recommendations were far reaching and had an impact on subsequent reviews of how NHS organisations should organise their medical workforce, particularly in terms of out-of hours cover and addressing the issue of continuity of safe patient care. This was one of the first documents that recognised a need for increased on-site input from senior clinicians out-of-hours and over weekends.

In September 2011, London Health Programmes and NHS London published new commissioning standards for London that reflected this improvement agenda – the document was entitled *Adult Emergency Services: Acute medicine and emergency general surgery: Commissioning Standards* (Ref 2). The standards set in this document went considerably beyond the level of out-of-hours care being provided by any acute trust in London at the time, and constituted a considerable improvement challenge to all such organisations, including Whittington Health. Whittington Health undertook a major programme of improvement and investment in response to the national evidence base and these new standards.

London’s acute trusts were all audited against these standards in 2012 and the results of this audit were published in February 2013. Acute trusts were then able to compare themselves in various ways with other trusts in their sector and in London. While this audit showed that Whittington Health had some significant areas to develop further, it also reflected the magnitude of the Trust’s improvement work, and it demonstrated that Whittington Health was one of the two best performing acute trusts out of the five in North Central London in terms of the number of standards being met (Refs 8 and 9).

Improving the quality and safety of acute emergency for adult, paediatric and maternity services was identified as a key NHS London priority in 2012/13. Whilst it was recognised that London’s mortality rates were not as high as those nationally, it was also recognised that better outcomes should be achieved and that care was not what patients should expect, particularly at weekends.

In February 2013 London Health Programmes published updated quality standards for London. The document was entitled *Quality and Safety Programme: Acute Emergency and Maternity Services* (Ref 5). Some of these new standards were revised standards relating to areas previously addressed in September 2011, but some of the standards related to services not previously focused on, such as emergency (A&E) departments, adult critical care, paediatric and maternity services and the fractured neck of femur pathway.

In January 2013, Sir Bruce Keogh was commissioned to review emergency care provision in the NHS. In his report of November 2013 (Ref 10), Sir Bruce Keogh highlighted the fact that emergency services were under “*intense, growing and unsustainable pressure*”, driven by rising demand, an aging population, a confusing and inconsistent array of services outside hospital, and the ready availability of Accident & Emergency (A&E) services, in which there remains a high degree of public trust. The report reviewed the national evidence that delays in consultant review out of normal working hours are associated with poor outcomes, including mortality. The report also reviewed the evidence that earlier consultant review of emergency patients decreases emergency medical admissions by over 20 per cent. This report once more clearly indicated the need for consistent acute and emergency services to be delivered by acute organisations throughout the seven days of the week. Whittington Health is continuing to improve its acute and emergency services, particularly out-of-hours, and is meeting more and more of the quality standards over time.

2.0 Whittington Health’s response to the September 2011 standards

As part of Whittington Health’s response to the evidence base supporting seven day working, and to the new September 2011 commissioning standards (Ref 2), a complete service review of emergency medicine and surgery was undertaken in 2011/12. Recognising the need for investment at that time to meet the standards, comprehensive business cases were developed within Integrated Care and Acute Medicine (ICAM) and Surgery, Cancer and Diagnostics (SCD), and were approved by the Executive Committee in 2012. The six main areas in which investments were approved to enhance the services or provide new out-of-hours services were:

- Emergency Department consultant on-site cover consistently during evenings and weekends
- Medical Admissions Unit consultant cover 08:00 – 20:00 daily
- Acute surgical consultant cover 08:00 – 20:00 daily
- Consultant daily Board Rounds of all inpatients Monday to Friday
- Physiotherapy and Occupational therapy during evenings and weekends
- Pharmacy strengthened provision during evenings and weekends.

Whilst a proportion of the additional consultant time required to meet the standards was achieved through service reviews and detailed job planning, there was a significant investment in both new consultant posts and in extension of existing consultant on-site working out-of-hours.

In addition to the investment in consultant posts, additional investment was made within the therapy and pharmacy services. Again some of the resources required to meet the standards were identified through service reviews and organisational change but in addition to existing resources, three new therapist and five new pharmacy posts were funded.

Changes in consultant working hours have been achieved through local agreements in accordance with accepted national job planning guidance, within the provisions of the current national consultant contract.

3.0 The London-wide audit of the commissioning and quality standards

The London Quality and Safety Programme was set up in January 2012. The programme had two key objectives - to audit all acute trusts in London against the September 2011 Commissioning Standards (Ref 2) and to support the development of further commissioning standards for other services not previously included. The audit was intended to survey how each acute trust performed both against the London Standards (Ref 2) and against national standards (Ref 4). This work was also undertaken to provide a baseline picture to support commissioning in London.

The first audit involved a self-assessment by the Trust followed by an external site visit and peer review of services. The Trust completed and submitted the initial self-assessment in March 2012. This was then followed up by a site visit and peer review in July 2012.

Further quality standards for London were published by London Health Programmes in February 2013 (Ref 5) which extended the scope of the assessment to emergency departments, paediatric emergency services, maternity services, adult critical care and the fractured neck of femur pathway.

Two further self-assessments were undertaken by the Trust in March 2013 and November 2013 which included an update on how the Trust was meeting the initial London Commissioning Standards of September 2011 as well as a self-assessment on adherence to the new and extended London Quality Standards of February 2013. This accumulated data for all acute trusts in London, showing how each acute trust was delivering against each of the standards, was published in March 2014 (Refs 8 & 9) and sent to all the London Clinical Commissioning Groups.

The following acute hospitals within the North Central London Strategic Planning Group (SPG) completed the 2013 self-assessment:

1. Royal Free London Hospital (RFL)
2. University College London Hospital (UCLH)
3. North Middlesex University Hospital (NMUH)
4. Barnet Hospital (BH)
5. The Whittington Hospital (WH)

The report details the findings and conclusions from the self-assessment undertaken by acute hospitals within the North Central London SPG. The report also identifies the pan-London benchmark of each standard within the 2013 self-assessment of progress towards meeting the London quality standards.

**Comparison of acute hospitals in North Central London
(w/d = week day, w/e = weekend.)**

	RFL		UCLH		NMUH		BH		WH	
	w/d	w/e	w/d	w/e	w/d	w/e	w/d	w/e	w/d	w/e
No. of standards achieved	168	166	160	153	175	175	166	164	175	157
No. of standards not achieved	18	20	26	33	11	11	20	22	11	29
Total 186										

**Ranking of acute hospitals
in North Central London**

Rank	1st	NMH and WH
	2nd	RFL
	3rd	BH
	4th	UCLH

4.0 Current update (November 2014) on Whittington Health's delivery against the London Quality Standards

The Whittington Hospital's self-assessment of November 2013 demonstrated a number of areas that needed to be strengthened or developed further to comply fully with the London Quality Standards. Since that time, the Trust has continued to improve services and has achieved compliance with some more of the standards. In some of the remaining areas, redesign of the use of existing capacity will not be sufficient for compliance and new resources will be required if the standards are to be met. The summary below describes progress in each of the key areas and highlights the key standards that are not yet met.

Acute Medicine Service

The Acute Medicine service is almost fully compliant with current London quality and commissioning standards, following a great deal of progress over the past two years in delivering seven day consultant presence on site to support better patient care and management. The investment in three new consultant posts in 2012 meant that from November 2012 we have delivered 12 hour acute medicine consultant on-site cover (08:00-20:00) Monday to Friday, and an almost fully compliant weekend rota

with 12 hour medical consultant on-site cover (08:00-20:00) for about 90 per cent of weekends. The outstanding issues that need to be addressed to achieve full compliance with the 12 hour consultant cover at weekends will be discussed at job planning with individual consultants before the end of the year.

Acute Emergency Surgery Service

Following the investment in two new consultant surgeon posts in 2012, for the past two years the Trust has been fully compliant with the emergency surgical standards relating to on-site consultant involvement in care out-of-hours. The rota has stretched the capacity of existing consultants, however, and the requirement for the emergency consultant to be free from other clinical duties when on call has had the potential to lessen capacity for elective work. To make the surgical consultant rota sustainable in the long term, two additional consultant posts focused on acute and emergency surgery have been created, and these are currently being recruited to.

Emergency Department

In November 2011 the Trust took the first step towards seven day working, securing an agreement through job planning to provide on-site consultant cover from 08:00 to 20:00 Monday to Friday, and from 12:00 to 20:00 at weekends. Prior to this agreement, consultant on-site cover had been available from 08:00 to 17:00 Monday to Friday. This extended hours cover was made robust through the appointment of an additional Emergency Medicine consultant in 2012, as part of the Trust's investment in emergency care to meet the September 2011 commissioning standards for London. Over the winter months additional consultant sessions have been funded temporarily to support the department up until 22:00 Monday to Friday, and from 08:00 to 20:00 on Saturday and Sundays.

In February 2013, London Health Programmes published the *Quality and Safety Programme: Acute Emergency and Maternity Services* (Ref 5). This set out new quality standards for Emergency (A&E) Medicine, the most significant of which was that *"a consultant in emergency medicine (is) to be scheduled to deliver clinical care in the emergency department for a minimum of 16 hours a day, seven days a week"*. The Whittington Hospital does not currently meet this standard. Consultant departmental medical workforce review is underway to identify the requirements to meet this standard of 16 hour consultant presence daily. Additional Emergency Medicine consultants will be required to meet this standard. Once the workforce review has been completed a further business case will be prepared for Trust Board setting out the options to deliver consultant-led care in the Emergency Department 16 hours a day, seven days a week.

Paediatric Emergency Service

The Trust has not yet achieved the standard of a consultant presence seven days a week 12 hours a day. A paediatric consultant is currently on-site from 08:00 to 21:00 Monday to Friday and 09:00 to 15:00 on Saturday and Sunday. The recent recruitment of an additional consultant means that the department can now review job planning arrangements to meet this standard.

Maternity Service

The February 2013 maternity quality standards include the standard that there should be 24 hour consultant presence on labour ward. This clearly presents resource challenges, and it should be noted that no maternity unit in North Central London currently meets this standard. We currently staff the maternity unit in accordance with the previous recommendations of the Royal College of Obstetricians and Gynaecologists.

Adult Critical (Intensive) Care

Most of the quality standards are met in this area. The standard around timing of discharge from critical care – that no discharges should occur outside the hours of 08:00 to 20:00 – is a standard that we aim for but do not consistently meet during periods of significant pressure. The standard around daily multidisciplinary input by allied health professionals is met Monday to Friday but not consistently met at weekends.

Fractured Neck of Femur Pathway

The recruitment of a consultant orthogeriatrician in 2013 contributed considerably to the Trust's ability to meet the standards around fractured neck of femur. Since the most recent audit assessment the quality standards for this service have been completely met, and indeed the fracture neck of femur pathway is now attracting the best practice tariff for the whole system management of the patients. Multidisciplinary management of the patients has been the key to this success.

Multidisciplinary Team Support

Since 2012 the Trust has invested in new allied health (physiotherapy and occupational therapy) posts to support delivery of the initial London Commissioning Standards of September 2011 (Ref 2). The allied health professional rota now ensures that all complex patients can be seen for therapy assessment within 14 hours of admission. We also provide an overnight rota for respiratory physiotherapy seven days a week. The newly revised standards of February 2013 (Ref 5) extended the demands on the allied health services and, as a consequence of this, one standard in critical care services cannot be met by the current arrangements. Planned reconfiguration within the department is expected to address this shortfall.

Pharmacy Service

In 2012, in response to the London Commissioning Standards of September 2011 (Ref 2), the Trust invested in increased out-of-hours pharmacy provision at the same time as it invested in out-of-hours physiotherapy/occupational therapy and new acute consultants. Pharmacy now provides a full clinical pharmacy and service to the whole organisation from 09:00 to 18:00 Monday to Friday. On Saturdays and Sundays we have a full clinical pharmacy service supporting the Acute Admissions Unit, Intensive Care Unit, Neonatal Unit, children's ward and the acute surgical wards from 09:00 to 17:30. For the rest of the organisation, there is a pharmacy

service provided between 10:00 and 13:30 on Saturday and Sunday. Pharmacy also provides a 24 hour on call service 365 days a year.

This service provision is substantially greater than it was two years ago, and is essential in supporting the other strengthened out-of-hours services. Pharmacy does not currently offer full services 12 hours a day seven days a week, but an audit of demand on services outside of current working hours indicates that a further extension of out-of-hours working would add only marginal value while requiring significant investment.

Imaging Service

The standards are that all key diagnostic services should be accessible in a timely fashion 24 hours a day seven days a week, and that critical imaging should be reported within one hour, urgent imaging within 12 hours and routine imaging within 24 hours. Ultrasound is the one imaging modality that is not always accessible in a timely fashion – all other diagnostic services meet the standard. Critical and urgent imaging reporting meets the standard, but routine imaging is not routinely reported within 24 hours. The imaging department is currently reviewing the capacity and workforce arrangements around ultrasound and reporting times in order to identify the steps that need to be taken to meet these standards.

5.0 Summary and conclusion

Since the first version of the London Commissioning Standards was published in September 2011 (Ref 2), Whittington Health has undertaken a fundamental reconfiguration of its out-of-hours services across all acute services. Consultant involvement in emergency patient care is much stronger as a result, particularly out-of-hours, but out-of-hours involvement by physiotherapy, occupational therapy and pharmacy has also been greatly improved, enabling a fully multidisciplinary approach to patient care to be applied seven days a week. Over the period during which these improvements came into force, mortality and non-elective length of stay have both improved as well, and while it is not possible to demonstrate direct causation, it seems probable that improvement in our out-of-hours care has contributed to improvements in mortality and length of stay.

The investment the Trust has committed already to these improvements has been substantial. Since 2012, ten new consultant posts have been created either partly or wholly to improve our out-of-hours care and compliance with London's quality standards – three in acute medicine, four in surgery, one in the emergency department, one in orthogeriatrics and one in paediatrics.

The most significant areas in which further action is needed if the current London Quality Standards (Ref 5) are to be fully met are:

- The Emergency Department – the standard is that an emergency medicine consultant should be present for 16 hours a day seven days a week. Currently a consultant is present for 12 hours a day Monday to Friday, and 8 – 12 hours a day at weekends.

- Maternity – the standard is that a consultant should be present on Labour Ward 24 hours a day. Currently a consultant is present on Labour Ward from 08:00 to 22:00 Monday to Friday and for five (variable) hours on a Saturday and five (variable) hours on a Sunday.
- Imaging – the standard is that all imaging services should be promptly available and all routine imaging should be reported within 24 hours. Currently ultrasound is the one imaging service that is not always promptly available, and routine imaging is not consistently reported within 24 hours.

The standards for consultant on-site presence in the Emergency Department and in Maternity could only be met by the Trust through investment in new consultant posts. An increasing number of acute trusts in London are meeting the Emergency Department standard for 16 hour consultant presence daily. No trust in our sector currently meets the maternity standard of consultant presence on Labour Ward 24 hours a day.

In each key area where capacity is currently insufficient to meet the standards, work is being done to quantify the resources that would be required to do so. This work will then need to be reviewed by the Trust in order to make decisions about prioritisation and next steps.

The NHS Commissioning Board, in the document *Everyone Counts: Planning for Patients 2013/14* (Ref 7), made it clear that the NHS will move towards routine services being available seven days a week. The London Quality Standards for acute emergency and maternity services have been included in the pan-London acute commissioning intentions for 2014/15. It is expected that the London Quality Standards will also inform the commissioners' local quality schedule of requirements for 2015/16, and so our performance against these standards is expected to play a significant part in our contract negotiations for 2015/16.

Appendix 1

References

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Professor Sir John Temple, May 2010
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- 3) *Emergency Medicine Operational Handbook: The Way Ahead*
College of Emergency Medicine, December 2011
<http://www.collemergencymed.ac.uk/Shop-Floor/Policy/The%20Way%20Ahead%202011>
- 4) *NHS Services, Seven Days a Week Forum: Clinical Standards*
NHS England, 2013
<http://www.england.nhs.uk/wp-content/uploads/2013/12/clinical-standards1.pdf>
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<http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2014/05/self-ass-pan-london-rep.pdf>

10) *Transforming urgent and emergency care services in England - Urgent and Emergency Care Review End of Phase 1 Report, Appendix 1 – Revised Evidence Base from the Urgent and Emergency Care Review High quality care for all, now and for future generations*
Sir Bruce Keogh, NHS England, 13 November 2013
<http://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.Appendix%201.EvBase.FV.pdf>