Kingston Hospital NHS
NHS Foundation Trust

DELIVERING THE LONDON QUALITY STANDARDS AND 7 DAY SERVICES

Trust Board Meeting	**Item: 13**
Date: 25th May 2016	**Enclosure: I**

Purpose of the Report:

To update the Board on the Trust's current performance against the London Quality Standards by reviewing what the aim was as agreed in November 2014 and what the outcome has been.

The paper also sets where the Trust is with regards to delivering the 4 priority clinical standards to support the delivery of 7 day services.

For: Information ☐ **Assurance** ☐ **Discussion and input** ☒ **Decision/approval** ☒

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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	N/A
Legal / Regulatory / Reputation Implications:	Failure to deliver the London Quality Standards will impact on the Trust's reputation

Link to Relevant CQC Domain:

Safe ☒ **Effective** ☐ **Caring** ☒ **Responsive** ☐ **Well Led** ☐

Link to Relevant Corporate Objective:	Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience
Document Previously Considered By:	

Recommendations:

The Board is asked to note the progress against the priorities the Board agreed in 2014 and approve the approach to meeting the 4 clinical priority standards for 7 day services.

DELIVERING THE LONDON QUALITY STANDARDS AND 7 DAY SERVICES

Introduction

1. This paper sets out the Trust's current performance in relation to delivery of the London Quality Standards (LQS) specifically focusing on:
   - What the agreed approach and aim was as approved by the Trust Board in November 2014
   - What the Trust has done to implement the standards
   - What the impact of implementing the standards has been

2. This paper also presents the Trusts position regarding the 10 National Clinical Standards to support the delivery of 7 day services, focusing on the 4 clinical priority standards.

3. The Board is asked to note the progress against the priorities the Board had agreed in 2014 and approve the approach to meeting the 4 clinical priority standards for 7 day services.

LQS Position at November 2014

4. The data was based on the self-assessment undertaken in 2013 against delivery of the standards, which was refreshed in October / November 2014 as shown at table 1 below:

   Table 1: LQS Standards met and unmet at November 2014

Grouping	Number of standards			
	Total	Met sustainably	Met unsustainably	Not met
Acute medicine & emergency general surgery	26	19	2	5
Emergency departments	14	13	0	1
Paediatric emergency services	26	21	0	5
Maternity	25	20	1	4
Critical care	26	19	2	5
Fractured neck of femur pathway	13	7	0	6
Total	**130**	**99**	**5**	**26**

5. At November 2014, 26 of 130 standards were assessed as not being met and five of the standards assessed as met were identified as needing more sustainable solutions for the longer term.

6. The Trust prioritised the unmet and unsustainably met standards using the following criteria:

   - High priority – needed to be met during 2015/16 as key to safety and/or protecting competitive position/viability of service and/or compliance with commissioning intentions
   - Medium priority – needed to be met but no immediate requirement to do so
   - Low – Trust did not agree with the standard; the standard is not relevant, or it is outside of the Trust's control

7. The outputs of this prioritisation are shown at table 2 below:

Table 2: Prioritisation of unmet and unsustainably met standards at November 2014

Grouping	Number of unmet and unsustainably met standards			
	Total	High priority	Medium priority	Low priority
Acute medicine & emergency general surgery	7	2	4	1
Emergency departments	1	0	0	1
Paediatric emergency services	5	3	1	1
Maternity	5	4	1	0
Critical care	7	0	7	0
Fractured neck of femur pathway	6	1	1	4
Total	**31**	**10**	**14**	**7**

Key Schemes to deliver the unmet and unsustainably met standards

8. A summary of the key schemes agreed in November 2014 to deliver the high priority standards is provided at table 3 below, with added commentary on the Trusts progress against the schemes:

Table 3: Summary of key schemes for action in 2015/16 to deliver high priority standards

Grouping	Key schemes to deliver high priority standards	Status and impact as at May 2016
Acute medicine & emergency general surgery	• Create 3 substantive ACP posts (giving a total of 6 substantive posts) and appoint 3 general physicians to enable 8am – 10pm cover Monday- Sunday	• The Trust has been unable to fill all these posts. 1 substantive post has been recruited to, 1 locum is in place and plans are being looked at to share posts with other medical specialties in order to increase consultant presence in the AAU. • This hasn't enabled the extended hours and weekend cover that would allow the standards to be met at all times. • Recruitment is continuing to fill the vacant posts.
	• Appoint 3 emergency surgeons to create compliant 24/7 rotas – anticipated to be self-funding through the creation of additional capacity for new market share for elective work	• Successful in appointing high calibre emergency surgeons with all in post from February 2016. • Emergency surgery care is robust but further work is being completed to finalise the elective care in job plans to enable greater theatre capacity. • Market share analysis shows a slight drop between Aug-Jan 15/16 with Aug-Jan14/1515, but this may be due to surgeons not in post until February 2016 but needs further analysis • Appointment of Care of the Elderly Consultant, who is also a specialist in support to surgical care in the elderly. • Locum in orthogeriatrics supports emergency surgery and fracture neck of femur standards. (potential to be a substantive post.

		• In the process of recruiting 2 other Care of the Elderly consultants, with one focusing on stroke medicine.
	• Outsource evening and on-call radiology reporting to formalise 24/7 cover – anticipated to be self-funding	• Overnight CT scans are outsourced, allowing greater presence of consultants during the week and weekends, which is improving the diagnostic pathways.
	• Extend pharmacy cover for AAU to weekends – funded by additional savings	• Since 10th October 15, two pharmacists have been based in AAU at weekends . • The pharmacists have targeted high risk patients for drug history taking eg patients with Parkinson's disease, diabetes, epilepsy and elderly patients on multiple medicines. They document drug histories on CRS and highlight unintentional discrepancies to medical staff. • They screen drug charts, give advice on medicines and have both picked up and prevented incidents with high risk medicines, such as IV gentamicin, tobramycin and vancomycin, Warfarin etc • The pharmacists have helped to reduce the number of missed doses. • The number of TTOs screened by pharmacists at weekends has increased which has improved the accuracy of medicines on TTOs. The number of TTOs dispensed has also increased which has freed up beds and has reduced the number of patients having to return to collect them. TTOs are now dispensed up to 5 o'clock.
Paediatric emergency services	• Strengthen rotas through appointment of 5 additional paediatric consultants – self funding through increased tariff associated with establishment of a Paediatric Assessment Unit and new market share for outpatients	• Consultant posts appointed and PAU implemented. • This is enabling improved consultant support to the neonatal unit and meeting the 7 day services standard of consultant review
Maternity	• Convert 13 MSWs to band 6 midwives	• The service line revised the plan so that the number of MSWs were not affected. The service successfully submitted a business case and secured an additional 12 midwives, resulting in a ratio of 1:31.5
	• Increase establishment by 1.4 wte consultant midwives, partially through conversion of existing band 7 and 8c posts	• Additional funding was secured for 2 WTE consultant midwives.

	• Develop business case to deliver at least 126 hours p.w. obstetric consultant cover, involving the appointment of 3 additional wte consultants – costs at least partially offset by additional income from c500 additional births to be accommodated in capacity created through an enhanced recovery programme and an increase in the normal birth rate	• Additional investment in 2 WTE consultants has increased consultant presence on the labour ward from 98 hours to 108 from April 2016. A third WTE was postponed, but was been agreed in April 2016. A further increase in out of hours presence thus anticipated, but exact numbers have not been finalised.

9. In addition to the above the Trust also implemented a Quality Improvement Project during 2015/16 to meet the Fracture Neck of Femur standard of insertion of fascia iliaca blocks for pain relief for fracture neck of femur. The initiative saw an increase from below 10% to almost 100% of patients suitable for the procedure having it.

10. The full suite of LQS have not been re-audited since the self-assessment undertaken in 2013. The Trust plans to undertake an internal exercise during 2016/17 to assess performance against the LQS.

11. The investments made and recruitment would be expected to make further standards deliverable. The Surgical Emergency Standards and Paediatric Standards should now be met by the additional consultants. A number of standards in Critical Care, Fracture Neck of Femur are now met and progress has been made towards standards in maternity. Recruitment difficulties in the Accident and Emergency Department and Acute Medicine have delayed progress in meeting further standards.

National 7 Day Services Clinical Standards

12. In 2013 the NHS Services, Seven Days a Week Forum developed 10 clinical standards (attached as Appendix 1) to end the variation in outcomes for patients admitted to hospitals in an emergency, at the weekend. The provision of seven day services has three key elements:
    - Routine general practice; access to GP appointments in the evenings and at weekends
    - Urgent care; access to healthcare advice 24/7 via NHS 111
    - Quality hospital care that will provide 100% of the population with access to the same level of consultant assessment and review, diagnostic tests and consultant-led interventions every day of the week by 2020.
13. For hospital services, the Government's Mandate to NHS England for 2016/17 sets a priority deliverable that NHS England will work with others to rollout 4 priority clinical standards in all relevant specialties to 25% of the population in 2016/17; by 2020 roll out 7-day hospital services to 100% of the population with progress also made on the other six standards.

14. The 4 priority clinical standards are:
    - Standard 2: Time to Consultant Review
    - Standard 5: Access to Diagnostics
    - Standard 6: Access to Consultant – directed interventions
    - Standard 8: Ongoing review

Current Position of 7 Day Services – April 2016

15. The following summarises the Trusts performance against the 4 priority clinical standards relating to 7 Day Services based on self-assessment data from January 2016.

Table 4 – The Trusts performance against the 4 priority clinical standards for 7 Day Services

Priority Clinical Standard	Trust Performance
Standard 2: Time to Consultant Review	**10 out of 10** relevant clinical areas in the Trust report that patients were seen by a consultant within 14 hours 90% or more of the time
Standard 5: Access to Diagnostics	**9 out of 14** diagnostic services are available seven days a week
Standard 6: Access to Consultant-directed Interventions	**3 out of 9** consultant directed interventions are available seven days a week (4 of the interventions are not applicable to KHFT)
Standard 8: On-going Review	**3 out of 12** specialties meet the standard

Table 5 – The Trusts detailed performance against the 4 priority clinical standards

Standard 2	KHFT
1. Cardiology	
2. General medicine	
3. General surgery	
4. Geriatric medicine	
5. Gynaecology	
6. Intensive care	
7. Obstetrics	
8. Paediatrics	
9. Respiratory medicine	
10. Trauma	

Standard 5	KHFT
1. Biochemistry	
2. Bronchoscopy	
3. Chemical pathology	
4. Computerised tomography	
5. Echocardiography	
6. Haematology	
7. Histopathology	
8. MRI	
9. Microbiology	
10. Radiology	
11. Lower GI endoscopy	
12. Upper GI endoscopy	
13. Ultrasound	
14. Xray	

Standard 6	KHFT
1. Cardiac pacing	
2. Critical care	
3. Emergency general surgery	
4. Interventional endoscopy	N/A
5. Interventional radiology	
6. Percutaneous coronary intervention	
7. Renal replacement therapy	N/A
8. Thrombolysis	N/A
9. Urgent radiotherapy	N/A

Standard 8	KHFT
1. Acute medical unit	
2. Acute surgical unit	
3. Intensive care unit	
4. Cardiology	
5. General medicine	
6. General surgery	
7. Geriatric medicine	
8. Gynaecology	
9. Obstetrics	
10. Paediatrics	
11. Respiratory medicine	
12. T&O	

16. At the end of April 2016 the Trust was required by NHS England to audit 40 admissions a day over a 7-day period looking at the specialities involved and the availability and access to services. A total of 266 cases were audited, which were assessed between Monday-Friday and weekends separately.

17. These results will be benchmarked and published but are not yet available; however, a summary of the Trusts results are as follows.

Table 6 summarises the April 2016 key audit results for documented evidence of reviews and communication 7 days a week:

Documented Evidence of reviews and communication	Weekday	Saturday	Sunday
Percentage of patients that were admitted as an emergency and received a thorough clinical assessment by a suitable consultant within 14 hours of arrival at hospital	80%	64%	82%
Once transferred from an acute area of the hospital to a general ward, the percentage of patients reviewed as part of a consultant delivered ward round at least once every 24 hours, 7 days a week	57%	75%	46%

18. The audit results showed a slightly worse position than the self-assessment. Further analysis is being completed to understand what the reasons were for not meeting the 14-hour standard.

19. Standard 8: Ongoing Review – has been the most difficult for the Trust to achieve, demonstrated by the audit results both during the week and at weekends. Whilst some of these results are expected further work is being undertaken to determine whether this is a recording issue or unavailability of Consultant review.

20. Not all diagnostics were applicable to the audit sample. The results demonstrated good availability of CT scans with 100% of CTs required within an hour achieved and 80% of CT scans required within 12 hours achieved.

21. The results would indicate that the Trust needs to improve the availability of echocardiography, however provision of general ultrasound with over 80% completed within 12 hours was reasonable.

Recommendations

22. Delivery of the 4 mandatory 7 Day Services Standards is a priority for the Trust. In order to meet the standards, the following actions are recommended:

    - Understand the gaps in the 14 hour reviews, which are largely in acute medicine and which reflect the recruitment challenge in this particular area
    - Address the availability of echocardiography
    - Complete further analysis regarding ongoing review to determine whether Consultant job plans are reflecting the need for daily reviews or whether the issue is with regards the documentation of the review taking place.
    - Further consultant recruitment is being proposed in medical specialities so that daily reviews during weekends will also occur e.g.: consultant expansion in gastroenterology

23. Complete an internal evaluation of the Trusts performance against the LQS in 2016/17.