

Adults, Health & Public Protection Policy & Scrutiny Committee

Date:	29 March 2017
Classification:	General Release
Title:	Accident and Emergency service performance at St Mary's Hospital
Report of:	Professor Tim Orchard- Divisional Director for Medicine and Integrated Care and Jules Martin- Managing Director CL CCG.
Cabinet Member Portfolio	Cabinet Member for Adult Social Services & Public Health -Councillor Heather Acton
Wards Involved:	All
Policy Context:	Building Homes and Celebrating Neighbourhoods
Report Author and Contact Details:	Claire Braithwaite, Divisional Director of Operations for Medicine and Integrated Care, Imperial College Healthcare (claire.braithwaite@imperial.nhs.uk) Daniel Heard, Urgent Care Delivery Manager, Central London Clinical Commissioning Group (daniel.heard@nhs.net)

1. Executive Summary

- 1.1 This report to the Adults, Health & Public Protection Policy & Scrutiny Committee from Imperial College Healthcare NHS Trust ('the Trust') and Central London Clinical Commissioning Group ('the CCG') responds to the request for a report on the performance of the Accident & Emergency (A&E) service at St Mary's Hospital.
- 1.2 Previously, the Trust submitted a report and attended the meeting of the Committee held on 23rd November 2016, which focused on the plans to redevelop and refurbish the St Mary's Hospital site, to ensure it continues to provide safe and efficient care as well as an excellent patient experience into the future.

2. Key Matters for the Committee's Consideration

2.1 Committee is asked to:

- Note and comment on the performance information provided in the report
- Identify any areas for improvement that they would suggest the Trust and Clinical Commissioning Group focus on.

3. Background

3.1 Imperial College Healthcare NHS Trust overview

3.1.1 The Trust provides acute and specialist healthcare for a population of nearly two million people in North West London, and more beyond. We have five hospitals – Charing Cross, Hammersmith, Queen Charlotte's & Chelsea, St Mary's and Western Eye – as well as a growing number of community services.

3.1.2 With our academic partner, Imperial College London, we are a founding member of one of the UK's six academic health science centres (which has expanded to include Royal Brompton & Harefield NHS Foundation Trust and the Royal Marsden NHS Foundation Trust), working to ensure the rapid translation of research into better patient care and excellence in education. We are also part of Imperial College Health Partners, the academic health science network for North West London, spreading innovation and best practice in healthcare more widely across our region.

3.2 St Mary's Hospital

3.2.1 St Mary's Hospital in Paddington, is the major acute hospital for North West London as well as a maternity centre with consultant and midwife-led services. The hospital provides care across a wide range of specialties and runs one of four major trauma centres in London in addition to its 24/7 A&E department.

3.2.2 St Mary's Hospital was founded in 1845, with the foundation stone being laid by HRH Prince Albert, as a voluntary hospital for the benefit of the sick poor of North and North West London, and has been based at the same site in Paddington for over 150 years. The hospital originally opened with 50 beds in what is now the Cambridge Wing.

3.2.3 The hospital has a proud history of excellent care and innovation. Today, we provide a wide range of healthcare services for more than 500,000 adults and children each year.

3.2.4 The hospital has grown and evolved since it opened in 1845, in order to meet vastly changing needs. Milestones include the discovery of penicillin in 1928, the creation of the NHS in 1948, pioneering robotic surgery in 2001 and, in more recent times, the development of our major trauma centre.

3.3. Emergency Care Services

3.3.1 The Trust's emergency care services include accident and emergency (A&E) departments, urgent care centres (UCC) and specialist emergency centres. A&E services are located at St Mary's and Charing Cross hospitals. We also operate UCC services at Charing Cross and Hammersmith hospitals. Additionally, there is a UCC at St Mary's Hospital, which is run by Vocare Ltd (since April 2016), and commissioned directly by Central London Clinical Commissioning Group

3.3.2 The Trust's hospitals are also the home to some of London's specialist acute medicine centres:

- Major trauma centre at St Mary's Hospital
- Hyper acute stroke unit at Charing Cross Hospital
- Heart attack centre at Hammersmith Hospital
- 24 hour ophthalmic emergency service at the Western Eye Hospital.

3.3.3 We report on the total waiting time in our A&E departments and all of the UCCs located on Trust sites.

3.3.4 Accident and Emergency services in England broadly consist of two different types of services:

- Emergency Department – which provide care for a medical emergency, when life or long term health is at risk, for example head injuries, serious injury or bleeding, severe breathing difficulties, heart attacks etc.
- Urgent Care Centre – which can be based on a hospital site or stand-alone in the community, are often GP-led and provide patients with urgent advice or treatment in cases that are not life-threatening or life changing for examples, cuts and abrasions requiring stitching, fractures, minor illnesses etc.

A&E waiting time standard and patient types:

Total waiting time in the A&E department: measured from the time of arrival and registration on the hospital information system to the time that the patient leaves the department to return home or to be admitted to a ward bed (including the A&E department observation beds).

National waiting time standard: national minimum threshold is 95 per cent of A&E patients seen in four hours.

Patient categories:

- **Type 1** A consultant-led 24-hour service with full resuscitation facilities; applies to emergency departments at Charing Cross and St Mary's hospitals
- **Type 2** A consultant-led single specialty A&E service (e.g., ophthalmology) applies to emergency department at Western Eye Hospital.
- **Type 3** Minor injury units/Urgent care centres: applies to UCCs at Charing Cross, Hammersmith and St Mary's Hospitals.

3.4. A&E monthly performance 2016/17 (April 2016 to February 2017)

Figure 1 shows performance against the national waiting time standard for all A&E patients. Overall monthly performance for the period April 2016 to February 2017 has been between 84% and 90%, and follows the expected seasonal pattern. Performance for this period represents a deterioration of 4.8% on average when compared to the same time last year.

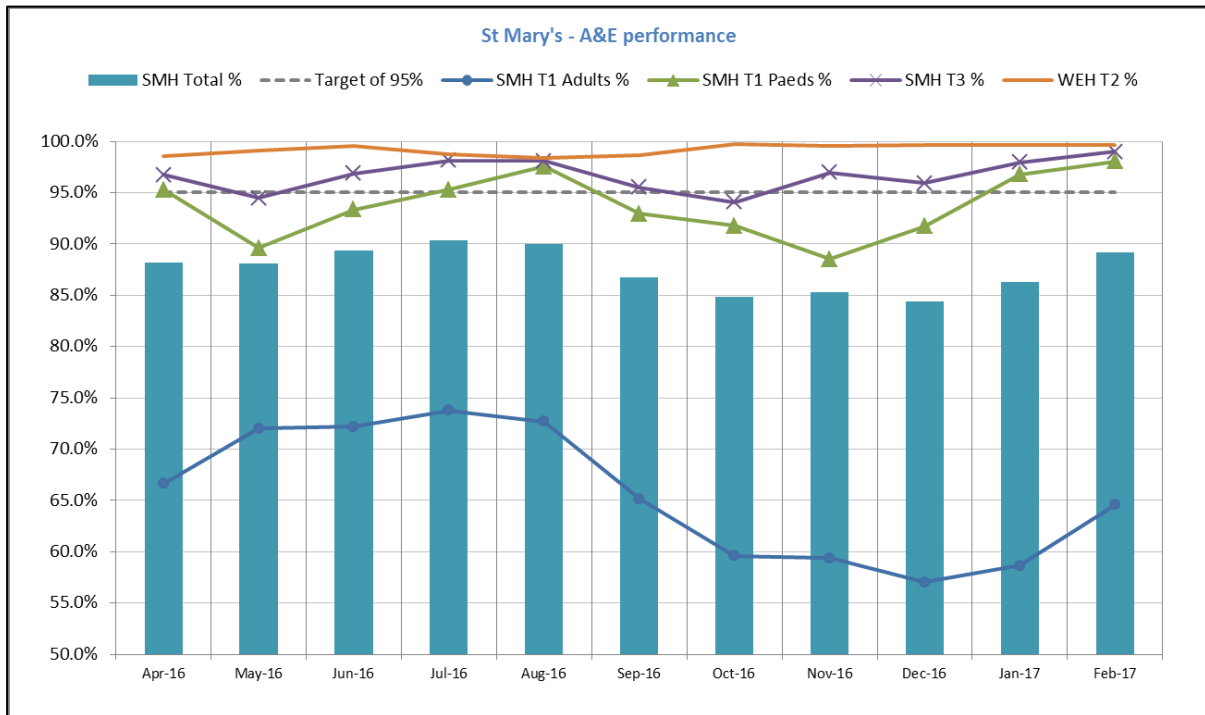


Figure 1 – St. Mary's A&E performance by type 2016/17

Figure 2 shows activity and performance for the national waiting time standard at St Mary's Hospital (SMH) and Western Eye Hospital (WEH) by patient category for the period April 2016 to February 2017 compared with the same period last year (please see enlarged version in Appendix 1).

Reporting period: April to February	SMH T1 Adults Attends	SMH T1 Adults Breaches	SMH T1 Adults	SMH T1 Paeds Attends	SMH T1 Paeds Breaches	SMH T1 Paeds	SMH T3 Adults / Paeds Attends	SMH T3 Adults / Paeds Breaches	SMH T3 Adults / Paeds	WEH T2 Attends	WEH T2 Breaches	WEH T2 %	SMH all attends	SMH all breaches	SMH all %
16/17	47,601	16,303	65.75%	16,983	1,100	93.52%	48,038	1,598	96.67%	41,944	336	99.20%	112,622	19,001	83.13%
15/16	43,588	11,081	74.58%	23,390	1,274	94.55%	44,163	1,008	97.72%	43,856	573	98.69%	111,141	13,363	87.98%
% variance	9.21%	47.13%	-8.8%	-27.39%	-13.66%	-1.0%	8.77%	58.53%	-1.0%	-4.36%	-41.36%	0.5%	1.33%	42.19%	-4.8%
# variance	4,013	5,222		-6,407	-174		3,875	590		-1,912	-237		1,481	5,638	

Figure 2 – St. Mary's A&E activity and performance (2016/17 compared with 2015/16)

Figure 2 demonstrates that there has been a significant increase in Type 1 adult A&E attendances at St Mary's Hospital from April to February 2016/17 compared with the same period in 2015/16, which has impacted on performance.

The increase in adult activity at St Mary's includes a 16.6% increase in ambulance arrivals and a 4.4% increase in demand for resuscitation.

The impact of this higher than planned volume of patients and the increased acuity of patients attending the A&E department, combined with effect of operational difficulties in the St. Mary's Urgent Care Centre (see below), has led to the deterioration in waiting time performance between 2015/16 and 2016/17.

Figure 3 shows the St Mary's Hospital A&E performance for the national waiting time standard compared to the performance across the London region as a whole for 2016/17.

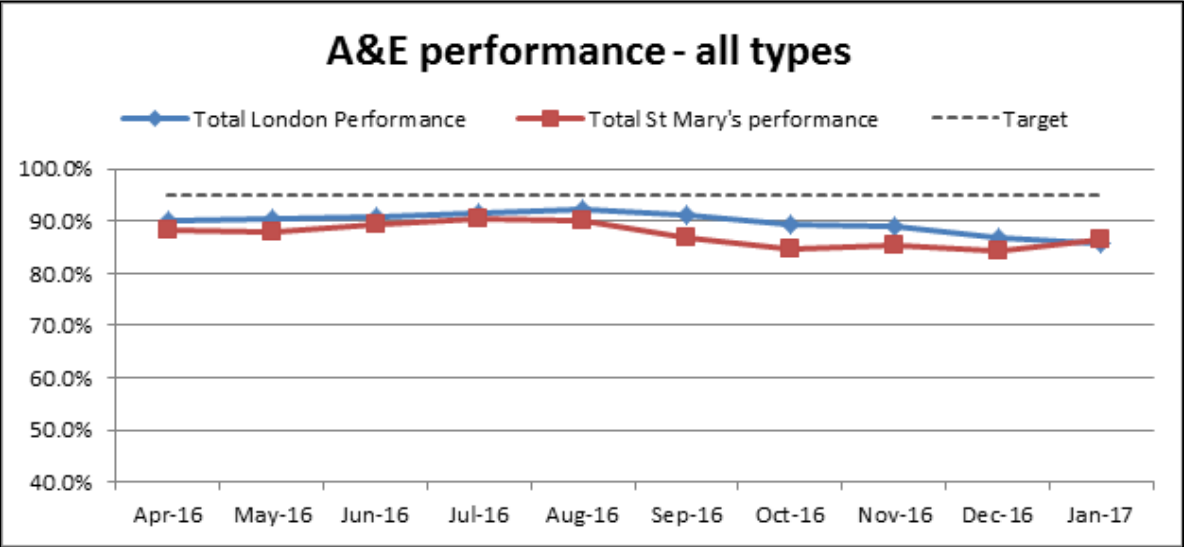


Figure 3 – London region and St. Mary's A&E performance for all patient types 2016/17

3.5 Complaints and Patient Feedback

If the Trust is not able to resolve a patient's concerns informally with the staff caring for them or via the Patient Advice and Liaison Service (PALS), then the patient has the choice to make a formal complaint. So far during the year 2016/17 (April-February), the number of formal complaints relating to the Emergency Department at St Mary's Hospital totals 48. Figure 4 shows a breakdown of complaint themes.

THEME	Complaints received
Clinical Treatment - Accident and Emergency	14
Emergency Department/MIU waiting time	4
Loss of/damage to personal property including compensation issues	4
Care needs not adequately met	3
Communication with patient	2
Communication with relatives/carers	2
Misdiagnosis	2
Other	2
Accuracy of health records (e.g. errors, omissions, other patient's records in file)	1
Attitude of Medical Staff	1
Cannula management	1
Care needs not identified (inc. e.g. therapy needs)	1
Clinical Treatment - Paediatric	1
Delay or failure to receive scans / x rays	1
Discharged too early	1

Discharge at inappropriate hour	1
End of life care/Liverpool Care Pathway	1
Failure to provide adequate care (inc. overall level of care provided)	1
Incorrect Entry On Medical Records	1
Rudeness	1
Transport (Ambulances)	1
Treatment delayed	1
Wait for operation/procedure	1

Figure 4 – Complaints relating to St Mary’s Emergency Department 2016/17

During the same time period, the number of complaints closed totals 59 (with all but one responded to on time). Of the complaints closed:

- 14 were upheld
- nine were partly upheld
- 36 were not upheld

No cases went to the Parliamentary and Health Service Ombudsman for St Mary’s Hospital Emergency Department during this time period.

3.5.1 Friends and Family Test

The ‘friends and family test’ is a national tool that provides people who use NHS services with an opportunity to give feedback on their experience.

The Trust friends and family test results for 2016/17 (April-February) for the emergency departments at St Mary’s Hospital (SMH) and Western Eye Hospital (WEH) are shown in the table below. The results indicate the percentage of people who would or would not recommend our services to their friends and family if they required similar treatment.

A&E FFT	Apr-16		May-16		Jun-16		Jul-16		Aug-16		Sep-16	
Site	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec
SMH	94%	2%	88%	8%	93%	4%	92%	5%	95%	2%	94%	4%
WEH	99%	0%	98%	0%	97%	1%	96%	1%	94%	4%	93%	3%

A&E FFT	Oct-16		Nov-16		Dec-16		Jan-17		Feb-17	
Site	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec	% Rec	% Not rec
SMH	88%	7%	94%	4%	88%	9%	93%	5%	92%	4%
WEH	94%	2%	96%	3%	94%	2%	92%	2%	91%	6%

Figure 5 – Friends and Family test results for St Mary’s Hospital (SMH) and Western Eye Hospital (WEH) A&Es 2016/17

3.6. Pathway from the St. Mary's Hospital Urgent Care Centre (UCC)

Vocare assumed responsibility for the operation of the UCC at St. Mary's in April 2016. A new service model was put into place at this point and following this the service has experienced difficulty with managing waiting times for streaming, delivering a consistent streaming service and maintaining adequate staffing levels, particularly overnight.

The operational issues associated with these difficulties have resulted in longer than usual waits for patients to be streamed to the UCC and to the A&E department, an increase in patients streamed to the A&E department that could have received treatment in the UCC and an increase in the number of late referrals (Adult Type 1) from the UCC to A&E.

Central London Clinical Commissioning Group and Vocare have agreed and implemented a recovery plan to address these issues which has resulted in number of improvements.

3.6.1 Performance against the assessment within 20 minutes standard

The national urgent care standards require that 95% of all patients presenting for urgent care are assessed within 20 minutes of arrival. An assessment is the process used to identify what form of care the person requires and could either be a visual observation by a senior clinician who would also ask the patient a series of straightforward questions, or a lengthier triage process during which more detailed clinical observations would be taken.

From April to November 2016, Vocare were able to assess only 43% of patients within 20 minutes of their arrival. As well as not meeting contract requirements, this impacted on waits for treatment in the A&E department and therefore on the Trust's improvement trajectory. Although some improvement was seen in late 2016 and early 2017, it was not sufficient to meet the contract standards and in January 2017 the CCG followed the contract process to develop an improvement plan with Vocare. This plan centred on changing the process and workforce in respect of the streaming process, major changes being rolled out on the 17th February 2017. The change in process was compliant with the urgent care streaming guidelines that are being developed across London. Since the implementation of the plan, performance has risen to 96% of patients being seen within 20 minutes of arrival.

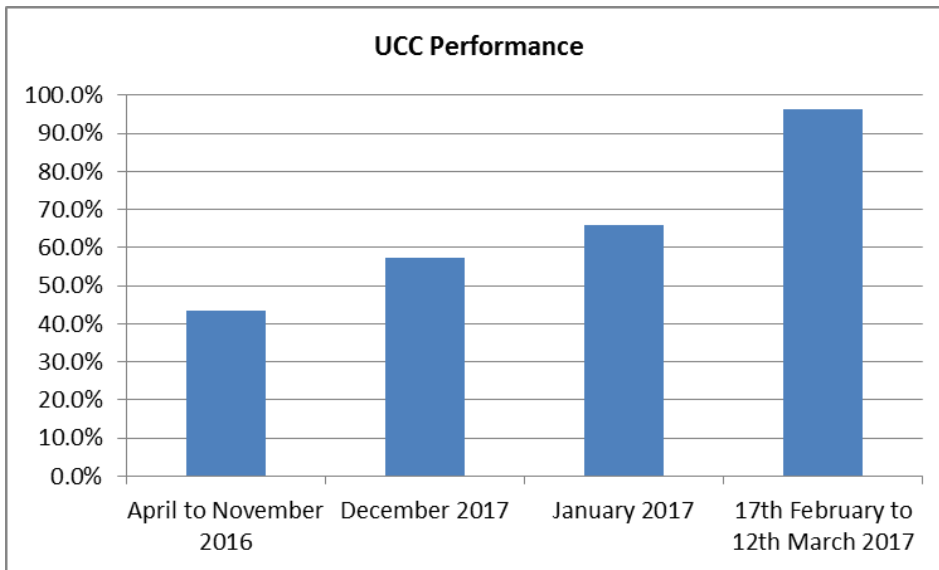


Figure 6 – St. Mary’s UCC performance against the waits for assessment within 20 minutes standard

An audit of the new streaming processes will be held on the 30th March 2017 and conducted by clinicians from the Trust, Vocare and the CCG. This will assess the effectiveness of the new process, identify numbers of inappropriate streams to A&E by the clinical streamers and also review the reasons why patients have been redirected late in the process to the A&E department after first being streamed to the UCC. Lessons will be identified from this process that will be used to refine both the streaming process and the operation of urgent care pathways further.

3.6.2 Performance against the national waiting time standard

Vocare have since the start of the contract met the national standard of treating 95% of patients within 4 hours of arrival. From April 2016 to December 2016 their performance was that 96.2% of patients were treated within 4 hours. This however reflected that that were a material number of people waiting more than 4 hours for treatment and since December, performance has improved significantly, rising to 98% in January 2017 and 99.3% in February 2017.

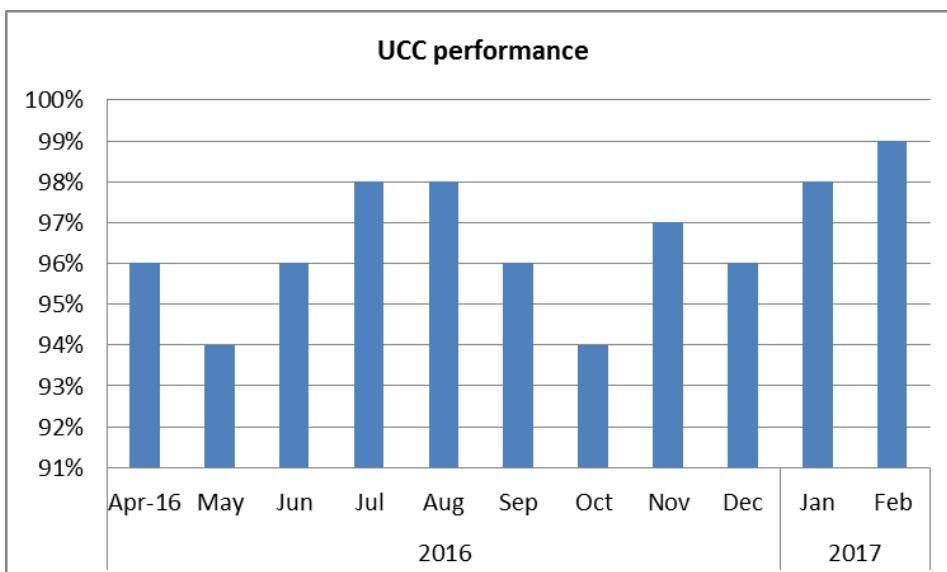


Figure 7 – St. Mary’s UCC performance against the waits for treatment within 4 hours standard

Further developments to improve the operation of the UCC will focus largely on integrated working with other relevant agencies and processes, including:

- The development of pathways with the Community Independence Service that will allow community healthcare to respond rapidly to people who have requested urgent care;
- Improved pathways into the UCC from the 111 and ambulance services;
- Supporting un-registered patients to register for a GP, either through direct registration through the UCC where this is possible (i.e. if the patient lives locally) or through connection into registration teams within the patients place of residence;
- To support access to out of hours primary care provision, details of which are supplied in Appendix 2.

3.6.3 Complaints and Patient Feedback

Date (Month & Year)	Complaints	Total patients seen
April 2016	0	1405
May 2016	3	4005
June 2016	3	4174
July 2016	4	4522
August 2016	3	4387
September 2016	7	4462
October 2016	4	4383
November 2016	4	4175
December 2016	6	4456
Total	34	35969

Figure 8 - number of complaints received for Vocare per month since the start of the service

The number of complaints received is low in comparison to numbers seen. Vocare are investigating ways to increase the level of feedback provided by patients as part of a review of patient experience gathering across the service. The nature of complaints received to date varies between poor standard of premises, waiting times and staff attitude or conduct. It is difficult to establish themes when numbers are so low, however Vocare do report on a monthly basis through Contract Performance meetings on the outcomes of each complaint.

Feedback on patient experience of the services provided are gathered in a number of ways including: on-line surveys and postal surveys, questionnaires at the Urgent Care Centre, compliments received, and complaints received. Commissioners are awaiting a report from Vocare on patient experience within the first year of the service and recommendations from the provider on how to meet any emerging themes.

3.7 Mental Health Specialists in A&E

There has been a significant increase in the number of patients attending the A&E department that require input from mental health services secondary to legislation that designates A&E departments as safe places to accommodate those in crisis. To support this, the Trust has augmented the nursing establishment in A&E with registered mental health nurses. In addition to this, the department has access to a mental health liaison service on a 24/7 basis. This service is commissioned directly by local Clinical Commissioning Groups and is provided by Central and North West London NHS Foundation Trust.

Further discussion is required about the future configuration of the liaison psychiatry service as the current offering does not meet the standards of a “Core 24” service. Core 24 is defined in national guidance as the minimum specification to provide A&E departments and acute care inpatient wards with 24 hour rapid access to specialist mental health assessment within 1 hour and 24 hours respectively, and is aimed at avoiding unnecessary admission. Patients requiring admission to a mental health bed that present to St. Mary’s A&E, particularly those needing Child and Adolescent Mental Health Services, routinely experience significant delays waiting for transfer.

3.8 Refurbishment and expansion of capacity in the A&E department

The increase in both activity and acuity has been particularly challenging to accommodate as the A&E department is currently undergoing refurbishment. The refurbishment has been funded by Imperial College Healthcare Charity and is due for completion in May 2017. The purpose of the refurbishment is to improve patient experience and strengthen the quality of clinical care delivered within the A&E department by improving the environment. Specifically the refurbishment will:

- Increase the number of resuscitation bays from four to six;
- Create a new ‘Clinical Decisions Unit’ for Paediatric patients;
- Create a new ‘Combined Assessment Space’ for ambulance and self-presenting patients.

3.9 Other Improvements to our emergency care services

The Trust has developed an on-going and extensive programme to improve the whole urgent and emergency care pathway with the aim of reducing waits, improving patient flow, and managing increased demand.

From January 2017 the new role of Patient Flow Co-ordinator was introduced in the A&E Department to support delivery of rapid and efficient treatment pathways.

The Trust has also extended the opening hours of the ambulatory emergency care (AEC) service at St Mary’s. The AEC service is closely integrated with the medical and surgical take and provides specialist diagnostics and treatment for patients who have urgent needs but are well enough to go home in between procedures or consultations and, essentially, to be cared for on an urgent outpatient basis. The AEC service has been operating at St Mary’s since 2012/13 when it started as a small scale pilot, and has been running successfully on weekdays ever since. It now

operates extended opening hours of 08:00 to 22:00, Monday to Friday, and 08:00 to 20:00 at weekends. A permanent staffing model is in place, supported by the A&E and the acute medical and surgical teams on rotation.

In addition, the Trust has created a 12-space surgical assessment unit in the Paterson building to enable faster access to a specialist surgical opinion where required. The unit has been operational since January 2017.

To support further improvements in performance over the coming months the Trust has launched a programme of immediate and longer term developments. The programme focuses on the following work streams:

- Streamlining and avoiding unnecessary hospital admissions;
- Improving emergency department operations;
- Efficient specialist decisions and pathways;
- Improving capacity availability through more effective management of inpatient beds;
- Improving our ward and discharge processes.

The Trust has established a 4 Hour Performance Steering Group, which is chaired by the Director of the Division of Medicine and Integrated Care and attended by the Chief Executive Officer to oversee the activities within the five work streams. Each work stream is led in partnership by a senior clinician and a senior manager.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Claire Braithwaite claire.braithwaite@imperial.nhs.uk and Daniel Heard daniel.heard@nhs.net)

APPENDICES:

Appendix 1- St Mary's A & E Activity and Performance (2016/17 compared to 2015/16)

Appendix 2- Primary Care Extended Hours Services

Appendix 1 - St. Mary's A&E activity and performance (2016/17 compared with 2015/16)

Reporting period: April to February	SMH T1 Adults Attends	SMH T1 Adults Breaches	SMH T1 Adults %	SMH T1 Paeds Attends	SMH T1 Paeds Breaches	SMH T1 Paeds %	SMH T3 Adults / Paeds Attends	SMH T3 Adults / Paeds Breaches	SMH T3 Adults / Paeds %	WEH T2 Attends	WEH T2 Breaches	WEH T2 %	SMH all attends	SMH all breaches	SMH all %
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# variance	4,013	5,222		-6,407	-174		3,875	590		-1,912	237		1,481	5,638	

Appendix 2- Primary care Extended Hours Service

	Appointment slots per hour
<p>Central Westminster Connaught Square, 41 Connaught Square, W2 2HL <i>Extended appointment times:</i> <i>Monday to Friday: 6.30pm-8.00pm</i> <i>Saturday and Sunday: 8am-4pm</i></p>	<ul style="list-style-type: none"> a minimum of 5 GP appointments per hour <p>(40 appointments per day on weekends) (7 appointments per week day)</p>
<p>South Westminster Pimlico Health @ the Marven, 46-50 Lupus Street, SW1V 3EB <i>Extended appointment times:</i> <i>Monday to Friday: 6.30pm-8pm</i> <i>Saturday and Sunday: 10am-6pm</i></p>	<ul style="list-style-type: none"> a minimum of 5 appointments per hour per GP a minimum of 4 appointments an hour per nurse <p>(72 appointments on weekend-per day) (13 appointments per weekday)</p>
<p>Central/North Westminster The Westbourne Green Surgery, Health at the Stowe, 260 Harrow Road, London W2 5ES <i>Extended appointment times:</i> <i>Monday to Friday: 6.30pm-8pm</i> <i>Saturday and Sunday: 12pm-8pm</i></p> <p><i>*Exclusive of bank holidays. Some appointments will be available on Bank Holidays at two GP sites.</i></p>	<ul style="list-style-type: none"> a minimum of 5 GP appointments per hour <p>(40 appointments per day on weekends) (7 appointments per week day)</p>