

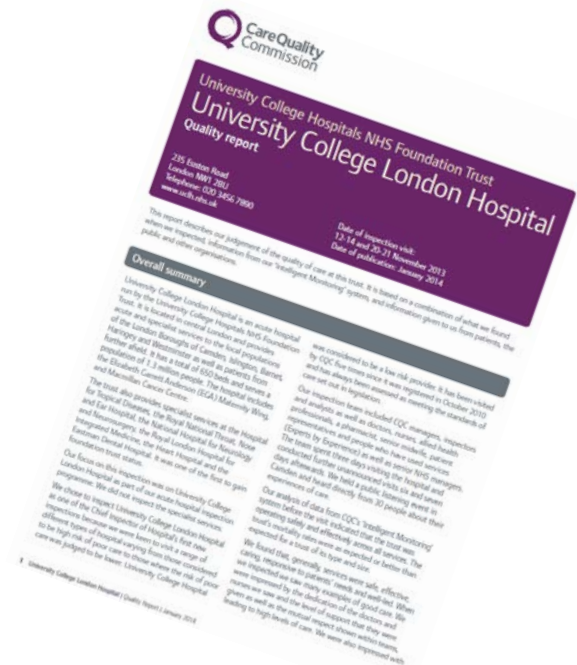
UCLH CQC report
Update on A&E services
Islington Health Scrutiny Committee

Dr Jonathan Fielden, Medical Director, Medicine Clinical Board
March 2014

CQC visit November 2013

- Invited to inspect as part of the “first wave” of 18 trusts
- Pre visit “low risk” “band 6”
- 4 day inspection of UCH “tower”, EGA (maternity and paediatrics)
- No inspection of specialist services
- Quality Summit 10th January
- Report published 15th January 2014
- <http://www.cqc.org.uk/directory/rrv03>

Safe
Caring
Effective
Responsive to patients needs
Well Led





Chief inspector says

Professor Sir Mike Richards, said: **“We found that University College Hospital was generally providing services that were safe, effective, caring, responsive to patients’ needs and well-led.** My team saw many examples of good care, and were impressed by the dedication shown by staff, the support provided to staff, and the clear emphasis the trust places on putting patients first.

“The vast majority of patients spoken to were very positive about the care they received, and staff were proud to work at the trust and of the level of care they were able to deliver. The trust has a strong board and clear governance structure which has led to high levels of care being maintained in most areas.

“Despite all the positive things my team found, we also found areas where the trust needed to make improvements.

“We found that the World Health Organisation checklist designed to ensure surgical safety wasn’t always being fully completed. This placed patients at risk of harm.

“We also found that the environment in A&E wasn’t really fit for purpose – despite the staff there working hard to deliver safe care in difficult circumstances – and that improvements were also needed to records management on acute medical wards, and in a number of other areas of care.

“Our judgement is that this is an excellent hospital in many ways – but the failings we identified are preventing it from achieving excellence across the board. The trust has told us it is taking action – and we expect to return in due course to find that the problems have been fixed.”

Four compliance actions


- Improvements are needed in relation to the environment of the Accident and Emergency Department
- Improvements are needed in relation to patient assessments and treatment records on acute medical wards
- Improvements are needed in relation to the security of patient records on acute medical wards
- Improvements are needed to ensure that the WHO safety checklist is completed fully in 100% of all patients undergoing a surgical procedure (including local anaesthesia)

Must Do and Could Do

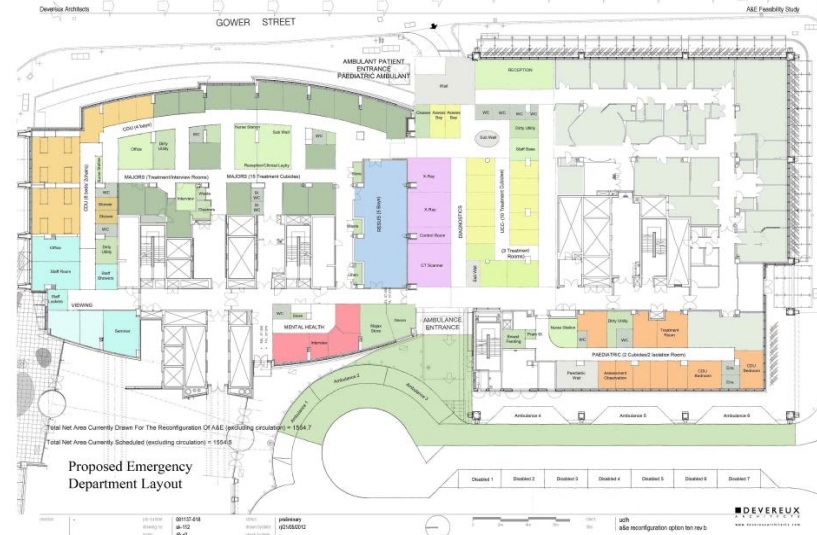
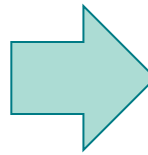
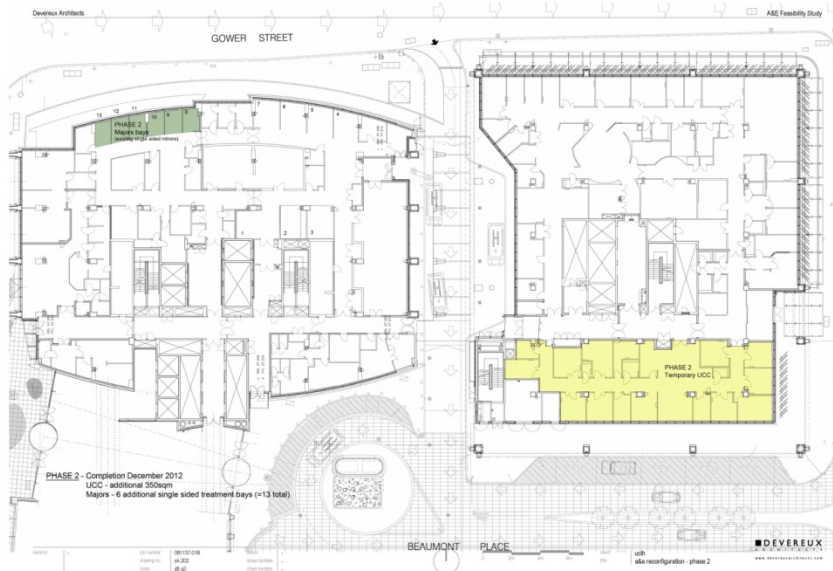
Action the trust MUST take to improve

- Review the current A&E and children's A&E provision and assess what planned improvements can be brought forward or interim measures can be employed to mitigate risks to patient safety.
- Improve the quality, completeness of people's care assessments, care plans and care delivery records on the acute medical wards to ensure that people do not receive inappropriate or unsafe care.
- Improve the care and security storage of patient records on acute medical units.
- In Intensive/Critical care improve access to 24 hour cleaning support in the critical care unit and improve space for the storage of equipment.
- In surgery, improve patient flow by alleviating pressure on beds and reviewing bed capacity in operating theatre recovery area.
- Ensure full completion in all cases of the WHO surgical checklist to help prevent "Never Events".
- The trust must ensure that the paperwork for patients who have been assessed as not requiring resuscitation is always fully completed.

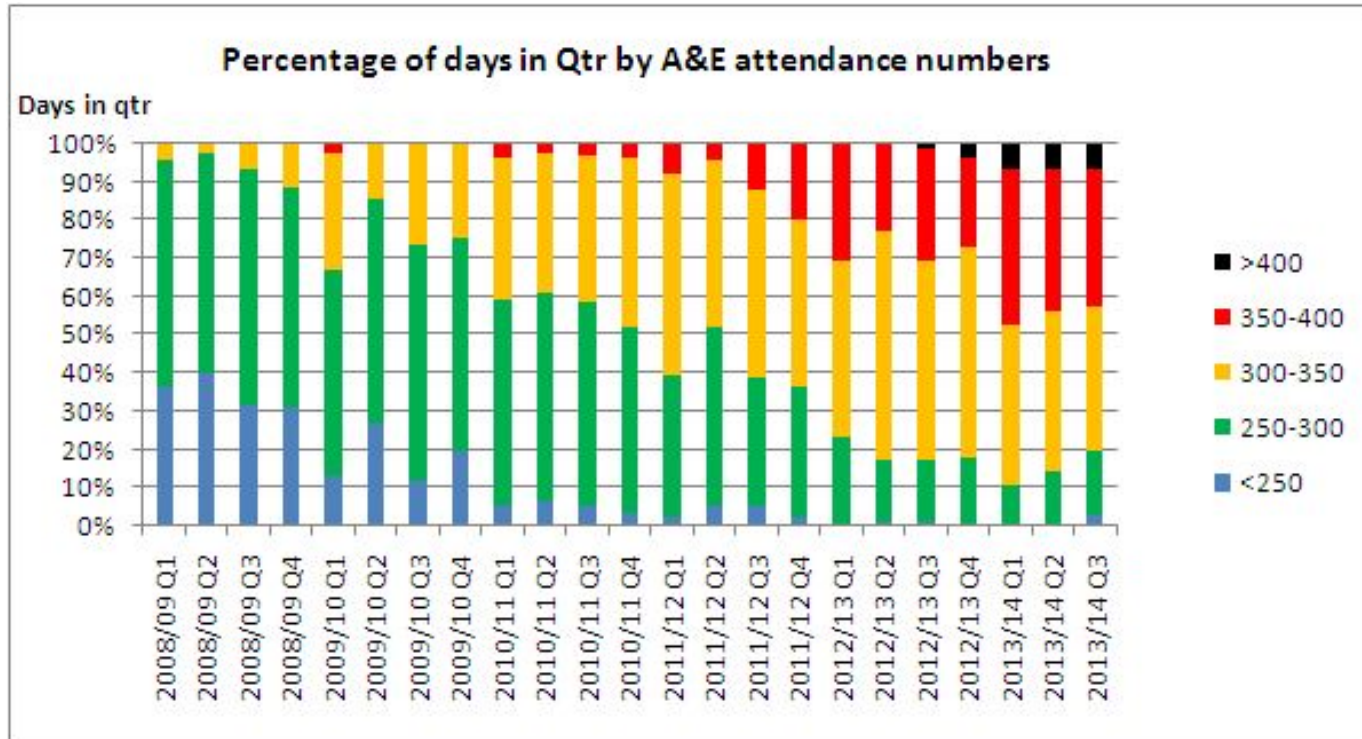
Other areas where the trust could improve

- Provide information for non-urgent patients presenting at A&E about other services available to them and review repeat patient visits to identify opportunities to educate where appropriate. Site the information screen in A&E reception where the majority of seated patients can view it.
- Consider whether staffing levels support the need to chaperone and whether staff could act as champions for vulnerable groups visiting A&E.
- Improve the provision in all areas in the trust of written information to patients whose first language is not English. Improve patient information to visually and hearing impaired patients in A&E. 
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- The AMU could have a dedicated acute medical consultant to help the future development of the unit.
- Ensure the rollout of dementia awareness training for care staff on all wards.
- Ensure environmental improvements are made to the elderly care wards and the AMU to improve the hospital experience for people with dementia.

ED development agreed Nov 2012 – 9 phases completion 2016



Quarterly UCLH A&E Attendances



Key factors in ED performance

Demand – in flow ED capacity

Number of ED attendances

Timing of arrivals

surge capacity

Alternatives

GP in hours

GP out of hours

OPD

rapid access

minor injury

Staff

senior decision makers

matching demand

Process

focus on discharge

early decisions

removing duplication

Physical capacity

urgent care

minors

majors

resuscitation

Bed Capacity

Short stay - AMU

Longer stay – “ologies”

Access times for
imaging/diagnostics

Delays in opinions

Discharge capacity

Predicted Date of Discharge

Senior decision makers

TTAs

Discharge lounge

Transport

Social Care

“Stratification of care”

Self care

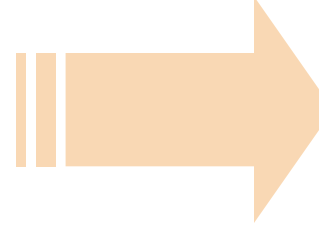
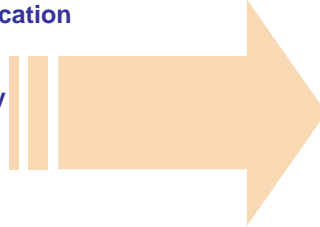
Augmented self care

Hospital @ Home

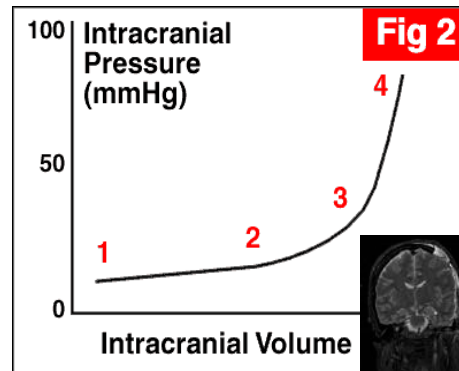
Intermediate care

(Acute care)

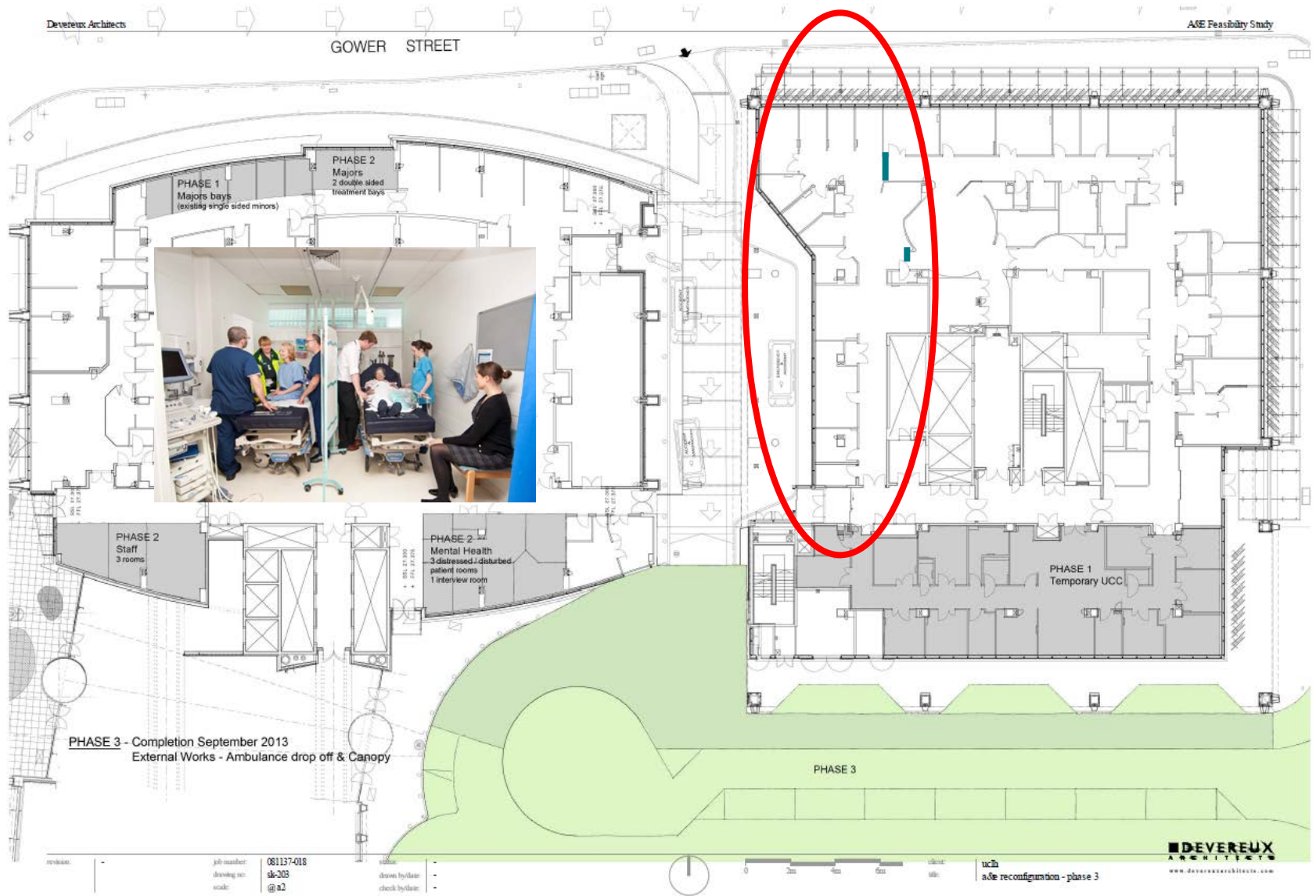
(Readmissions)



uclh

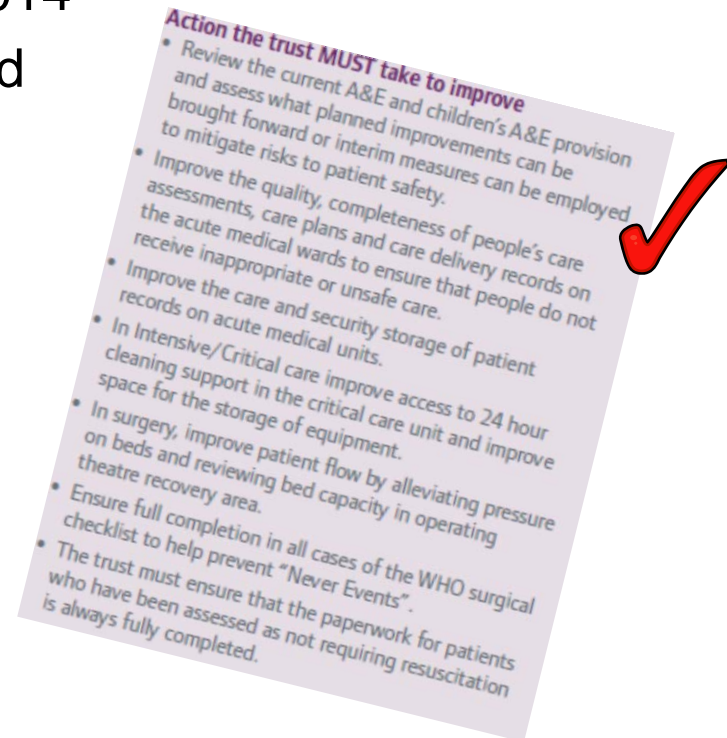


Jan 2014: created 'Majors EGA' in space vacated by Clinical Research Facility

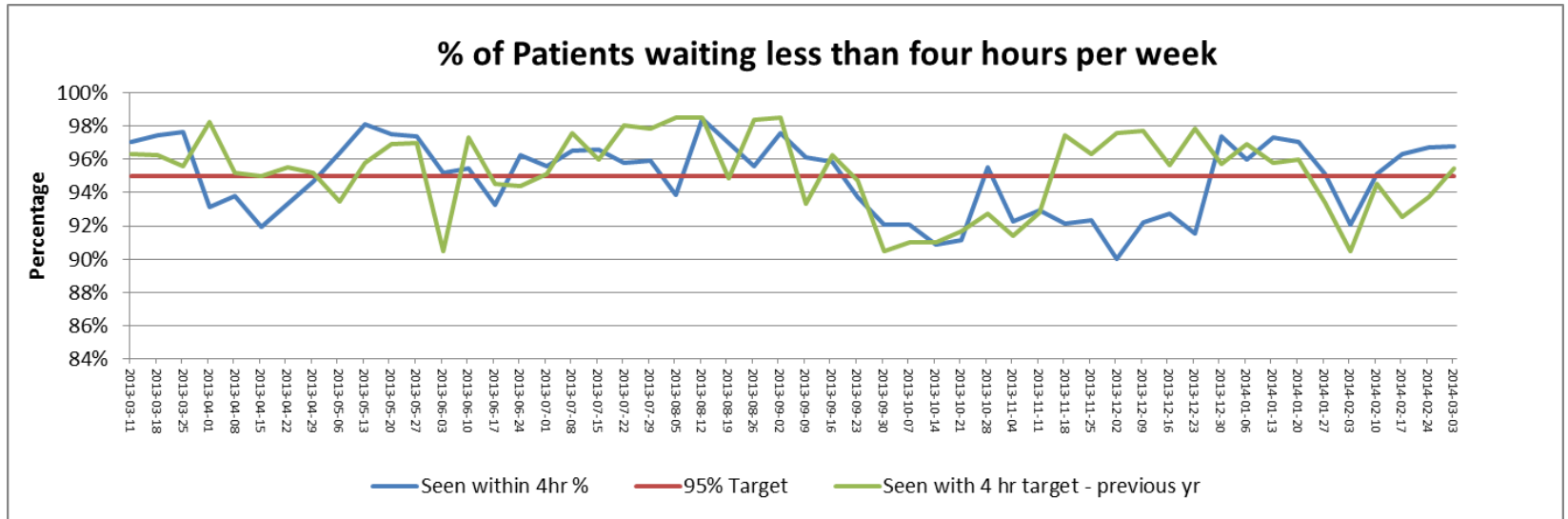


Improve A&E environment

- Increased by at further 9 cubicles
- Build separate Paediatric triage area within paediatric department – Opening end March 2014
- New ED Business case to trust board



ED performance



— This year 2013-14

— Last year 2012-13

Accident & Emergency: Week Ending 9th March 2014

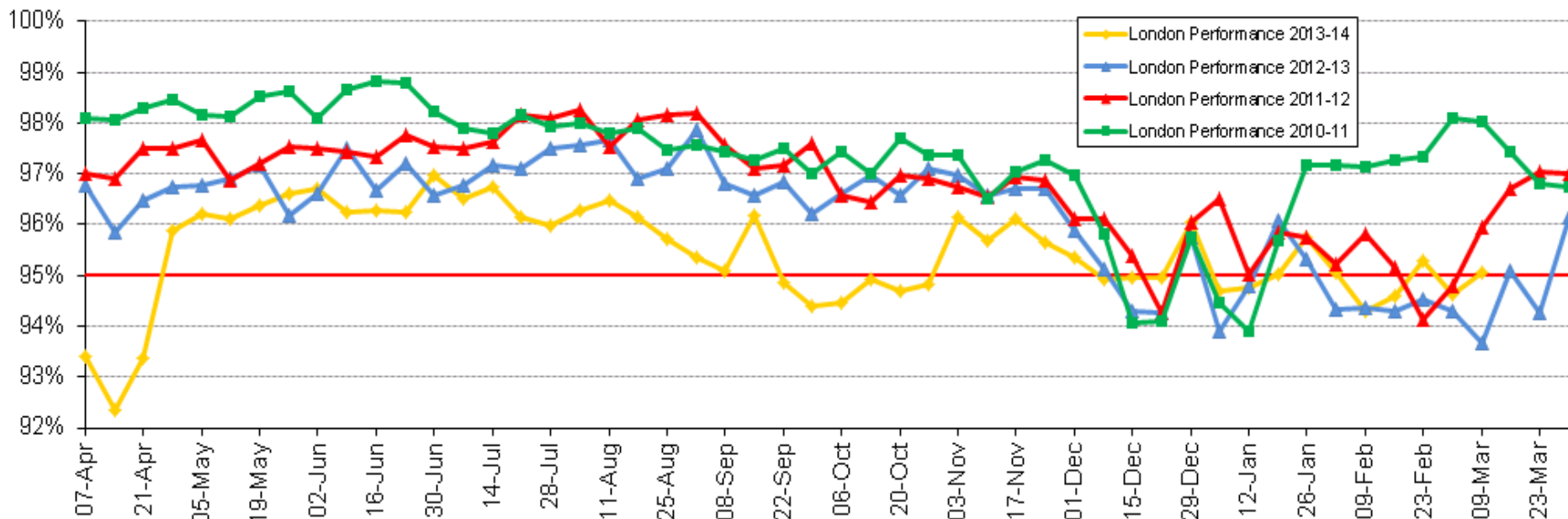
A&E

LAS

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HCAI

London Weekly A&E Performance (All Type): 2010-11 to 2013-14



All type A&E: 95.07%, up from 94.64% last week

Type 1: 91.88%, up from 91.28% last week

London is ranked 2nd for All Types and 2nd for Type 1 performance.

For QTD performance, London is ranked 2nd for All Types, and 3rd for Type 1

(National ranking is based on the 4 commissioning regions)

A&E Performance: All type by area

A&E

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	16/02/14	23/02/14	02/03/14	09/03/14	4 weeks average	Quarter 4	Estimated average required to meet standard in Quarter
Chelsea & Westminster	98.17%	98.18%	98.33%	98.13%	98.20%	98.21%	84.31%
Ealing	98.08%	98.18%	98.36%	98.28%	98.23%	97.34%	87.20%
Hillingdon	96.98%	95.60%	96.21%	97.27%	96.53%	96.79%	89.04%
Imperial	96.03%	95.04%	95.79%	96.16%	95.76%	95.99%	91.70%
North West London Hospitals	91.42%	88.52%	90.21%	94.51%	91.20%	93.05%	101.51%
West Middlesex	97.32%	97.33%	95.92%	97.06%	96.90%	96.85%	88.84%
North West London Trusts	96.61%	95.71%	96.14%	97.20%	96.42%	96.73%	89.23%
Barnet & Chase Farm	89.04%	89.49%	84.08%	85.73%	87.02%	89.99%	111.70%
Moorfields	99.76%	100.00%	99.77%	99.94%	99.87%	99.91%	78.63%
North Middlesex	95.01%	97.38%	91.96%	92.45%	94.17%	94.75%	95.83%
Royal Free	97.11%	96.01%	95.42%	96.96%	96.37%	96.04%	91.52%
UCLH	95.65%	96.34%	96.76%	96.91%	96.43%	96.05%	91.51%
Whittington	96.76%	95.60%	94.18%	95.70%	95.54%	95.62%	92.94%
Barking, Havering & Redbridge	83.96%	87.20%	90.97%	88.31%	87.64%	86.06%	124.79%
Bart's Health	94.02%	97.66%	95.54%	95.56%	95.70%	94.83%	95.58%
Homerton	96.40%	97.43%	97.28%	96.41%	96.88%	96.40%	90.35%
North and East London Trusts	94.11%	95.75%	94.67%	94.57%	94.77%	94.54%	96.52%
Guys & St Thomas'	96.21%	98.31%	96.69%	96.59%	96.95%	96.93%	88.55%
King's College	87.28%	89.30%	85.94%	86.74%	87.29%	87.39%	120.38%
Lewisham & Greenwich	91.02%	90.66%	90.56%	89.91%	90.53%	90.02%	111.61%
Epsom & St. Helier	94.67%	97.00%	97.31%	97.67%	96.70%	96.23%	90.89%
Kingston	93.61%	96.19%	96.88%	94.61%	95.33%	95.30%	94.00%
Croydon Healthcare	96.07%	95.50%	95.36%	96.24%	95.79%	95.38%	93.74%
St. George's	91.33%	90.20%	88.20%	94.26%	91.02%	93.44%	100.20%
South London Trusts	93.29%	94.15%	93.10%	93.68%	93.55%	93.64%	99.54%
Total London Performance	94.61%	95.28%	94.64%	95.07%	94.90%	94.92%	95.27%

Top 5 QTD Trusts

Moorfields	99.91%
Chelsea & Westminster	98.21%
Ealing	97.34%
Guys & St Thomas'	96.93%
West Middlesex	96.85%

Bottom 5 QTD Trusts

North West London Hospitals	93.05%
Lewisham & Greenwich	90.02%
Barnet & Chase Farm	89.99%
King's College	87.39%
Barking, Havering & Redbridge	86.06%

A&E Performance: Type 1 by area

A&E

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HCAI

TYPE 1 Only

	Last 4 Weeks Sitrep				4 Wk Avg	Estimated weekly average to meet standard by quarter end	
	16/02/14	23/02/14	02/03/14	09/03/14	09/03/14	Q4	
Chelsea & Westminster	98.17%	98.18%	98.33%	98.13%	98.20%	98.21%	84.31%
Ealing	97.80%	96.95%	97.84%	96.61%	97.31%	95.01%	94.98%
Hillingdon	92.08%	88.89%	90.04%	92.74%	90.94%	91.93%	105.23%
Imperial	91.92%	89.99%	92.02%	92.23%	91.55%	91.94%	105.20%
North West London Hospitals	81.91%	76.74%	80.47%	90.71%	82.47%	86.03%	124.91%
West Middlesex	94.30%	94.35%	92.05%	93.50%	93.54%	93.07%	101.42%
North West London Trusts	92.16%	90.04%	91.44%	93.87%	91.88%	92.55%	103.17%
Barnet & Chase Farm	86.05%	86.57%	79.94%	81.70%	83.47%	87.43%	120.24%
North Middlesex	95.01%	97.38%	91.96%	92.45%	94.17%	94.75%	95.83%
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Barking, Havering & Redbridge	80.92%	84.52%	89.28%	85.87%	85.17%	83.37%	133.76%
Bart's Health	91.72%	97.02%	93.81%	93.64%	94.04%	92.68%	102.73%
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Guys & St Thomas ¹	95.07%	97.77%	95.69%	95.48%	96.00%	96.00%	91.65%
King's College	82.37%	84.91%	80.79%	81.58%	82.38%	82.76%	135.80%
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London	91.14%	92.22%	91.28%	91.88%	91.63%	91.66%	105.63%

Blue = Trauma Centres

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Must Do and Could Do

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Project group reviewing and consolidating >200 separate records into 2 pathway documents

Staff informed and monitored
New equipment purchased

24hr access in place,
storage space being identified


Elective pathway project group set up to review and implement changes

Staff informed, form adapted,
audit showing compliance

Overseen by End of Life Care board
All DNACPR forms reviewed daily (M-F)
post review audit now 87%

Must Do and Could Do

- Signage on arrival
- Website information
- Information screen moved
- All staffing reviewed in ED business case review
- Championing vulnerable groups being reviewed
- All written information being reviewed
- Improved in A&E
- Visually + hearing impaired actions under review
- Use of voluntary groups under review
- Urgent Care pathway transformation project
- Ambulatory emergency care
- Review of SI and Datex information use and promulgation underway
- Physio + OT staff available subject to vacancies
- Acute physician lead appointed and in post March 2014
- Dementia awareness rollout: high risk areas 1st
- Environmental improvements underway

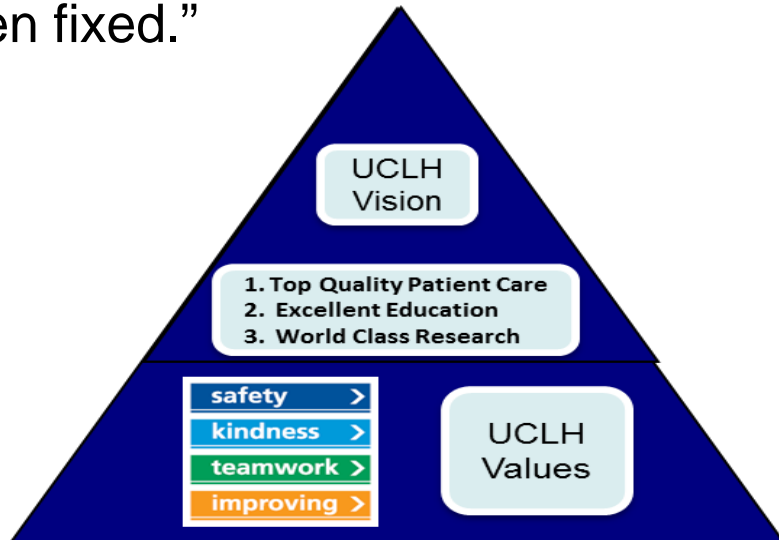
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Questions

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