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| Date: | 31 January 2018 |
| Classification: | Public |
| Title: | Urgent Care Centre, St Mary's Hospital - Update |
| Report of: | Jules Martin, Managing Director, Central London CCG |
| Cabinet Member Portfolio | Adult Social Care & Public Health |
| Wards Involved: | All |
| Policy Context: | All |
| Report Author | Keir Mann, Programme Lead, Central London CCG |

1. Executive Summary

- 1.1 The CQC inspected the Urgent Care Centre at St Mary Hospital on 13 July 2017 and rated the provider with an overall rating of inadequate. The provider was placed into special measures. The CQC carried out an announced focused inspection of St Mary's Urgent Care Centre (Vocare Limited) on 22 August 2017.
- 1.2 Prior to the July inspection, Central London CCG had initiated and developed a service improvement plan with Vocare. This was a result of a quality assurance update on the service provided to the CCG's Quality and Safety Committee in April 2017, which outlined a range of concerns on quality and patient experience. These were akin to those reported by the CQC. Therefore, the CQC reported areas of improvement were areas where both the CCG and Vocare had already initiated targeted work.

2. Key Matters for the Committee's Consideration

- 2.1 Committee is asked to note and comment on the information provided in the report

3. Background:

- 3.1 St Mary's Urgent Care Centre, which is provided by Vocare Limited, was given a rating of inadequate for being safe, effective and well-led. It was also rated as requires improvement for being caring and good for being responsive to

people's needs, after the inspection in July 2017. The summary of these ratings are below:

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|------------|-----------------------------|
| Safe | Inadequate |
| Effective | Inadequate |
| Caring | Requires improvement |
| Responsive | Good |
| Well – Led | Inadequate |

3.2 This results in an overall rating of inadequate with the provider being put into Special Measures. There are four ratings that are given to health and social care services: outstanding, good, requires improvement and inadequate.

Outstanding



Outstanding

The service is performing exceptionally well.

Good



Good

The service is performing well and meeting our expectations.

Requires improvement



Requires improvement

The service isn't performing as well as it should and we have told the service how it must improve.

Inadequate



Inadequate

The service is performing badly and we've taken action against the person or organisation that runs it.

- 3.3 When the CQC place a provider in special measures, they closely supervise the quality of care while working with the organisation to help them improve the service within a set timescale.
- 3.4 Vocare limited is a nationally recognised company for delivery urgent care and provides care services to approximately nine million patients across England, through urgent care centres, GP out of hour's services and NHS 111 services.
- 3.5 The service is located within St Mary's Hospital footprint, in Paddington. The hospital is run by Imperial College Healthcare NHS Trust. The urgent care centre premises are owned by the NHS Trust. The St Mary's urgent care centre is commissioned by Central London Clinical Commissioning Group (CL CCG) on behalf of its associate commissioners.
- 3.6 Service improvement plans were initiated by the CCG in April 2017, following a quality assurance update. The areas that were highlighted by the CQC were areas of improvement, where both the CCG and Vocare had already initiated remedial actions and made improvements.

4. **Response to the CQC's report on St Mary's Urgent Care Centre' "**

- 4.1 The provider had insufficient assurances in place to demonstrate that people received effective care. Areas where inspectors found Vocare **must** make improvements in were as follows:

Ensure care and treatment is provided in a safe way to patients.

- The concern within this area was the lack of double checking of x ray results. It became apparent that due to vacancies in key clinical lead posts, the checking of X-rays for missed fractures procedure had not been followed from April to June 2017. The CCG issued a contractual breach notice in July 2017 in relation to the 'second check procedure' for X-rays and a remedial action plan was agreed with Vocare, which was managed through the normal contractual process in place. Vocare also appointed a Director of Nursing to take responsibility for managing this aspect of improvement.

This clinical concern was also picked up by CQC during their inspection in July, resulting in the CQC issuing an Enforcement Notice on 20 July 2017, with a required timeline of 28 days for improvement. CQC re-inspected in August and were satisfied that there are safe processes and skills in place to review X-Rays to check for missed fractures.

Patients who were linked to the backlog were contacted and of the 1,500 patients, only four required a review by Vocare and there no evidenced of clinical harm as a result of the delay. The process followed here is a standard NHS process (duty of candour) for these situations.

4.2 Introduce effective methods to achieve good governance - in accordance with the requirements of the fundamental standards of care.

Considerable improvements have already been made in these areas and they are summarised below:

- The redeployment of some of Vocare's more experienced clinical leadership and operational managers into the SMH site from elsewhere in their organisation
- A corporate executive post of Director of Nursing and Quality was created and appointed to in May 2017. The Director has overhauled the governance structures and introduced a revised governance process and new team to support quality assurance and improvement.
- Vocare have also deployed from within the organisation an experienced GP Clinical Lead working at Clinical Director level and an experience Nursing Lead. These posts have made a positive impact on clinical skills, competencies, rota management and clinical relationships with the A&E Dept.

Ensuring sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

- Vocare have been successful in recruiting staff into substantive posts –

Ensure staff receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

- Data received in December 2017 demonstrates significant progress has been made around Statutory & Mandatory Training with the achievement of the Core Skills subjects of 94% against a target of 90%. Safeguarding Adults Level 1 -100%; Level 2 – 90%; Children's Level 1 & 2 100%. Safeguarding Leads have been identified and are operating local policy and arrangements well.

4.8.1 The CQC highlights areas where the provider **should** make improvements include:

Reviewing the fire evacuation procedure to ensure all staff understand what to do in the event of a fire.

- Fire exits have been fixed, regular checks led by Imperial with fire evacuation test and procedures clearly marked. The fire extinguishers secured to wall are regularly checked.

Review auditory privacy at all points of patient access to the service.

- As part of the streaming progress there was time when there was no privacy for patients this has now been corrected by the introduction of a consulting room.

Review how patients with a hearing impairment would access the service.

- A hearing loop is installed –

Consider providing patient literature in languages aligned to people using the service.

- Information leaflets have been designed for patients to provide information on what to expect from the pathway between the Emergency Department (Streaming) & the Urgent Care Centre and within what time frame i.e. four Hours. The leaflets have been produced in different languages.

General performance improvement

- SMH Urgent Care Centre have met their 'streaming' performance target - for 95% of patients to receive their initial assessment within 20 minutes - for the past three months (Oct 96%, Nov 97.8%, Dec 96%), during a time of increased pressure in Urgent Care and Emergency Care.
 - The Service consistently meets its performance indicator to assess, treat and discharge 95% of patients within 4 hours.
 - The Urgent Care Centre is now the highest performing UCC in NWL.
- 4.7 There has been considerable improvement in the waiting area; the seating arrangements have been improved, together with new covering for the seats. There has also been a television installed for patients to watch. Adequate refreshments are now available and there is an electronic sign that displays the estimate waiting times to be seen.
- 4.8 Work has being undertaken to review the operating model around 'booking' patients into the department, which has been the subject of patient complaint. A pilot is being planned to monitor the impact of not operating a booking system, for patients being seen in order of clinical priority.

5. Commissioner Actions:

- 5.1 Areas for concern identified during the CQC inspection largely mirrored the areas that the CCG had previously identified. The service improvement plan and approach between the CCG and Vocare includes:

- Progress **monitoring meetings with Vocare** are held on weekly bases to monitor and progress against their remedial action plan.
- **Monthly Clinical Quality visits** have occurred with specific focus for each visit. The visits have focused on leadership, clinical supervision, staffing, Medicine's Management, Escalation plans, Infection Control and Safeguarding.
- **Patient Experience:** there has been concerted effort to engage with patients and to elicit Patient Experience and improve the response rate for FFT, which is increasing. The UCC Team have installed a 'You said, We did' to demonstrate learning and action based on patient feedback. Vocare have been in contact with Health Watch to look at working with Health Watch. The improvement plan and improvements have been based on complaints from patients and lay members on the CCG's Quality & Safety Committee, which have included concerns around:
 - The length of time to be seen, including not know what to expect.
 - The waiting times being longer due to lack of sufficient clinical skill set such as minor injuries or doctors with significant experience of children.
 - The poor and limited environment in the UCC.
 - The attitude and communications skills of staff.
 - The cleanliness of the environment.
- **Partnership Working:** Both Imperial Trust and Vocare are now working well to manage patient capacity across the two pathways and organisations, with Vocare attending 'Site Management Meetings'

6.0 **Conclusion:**

- 6.1 There is currently substantial pressure and increasing demand on Urgent Care and Emergency Care services across London. We have seen this become more acute during the winter period, particularly due to flu and other seasonal conditions. We have confidence that providers of urgent care and emergency care across the capital are working hard to provide the best care possible to patients. However, commissioners are working very closely with providers to support them in these challenging times.

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

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APPENDICES/ Links:

Full report on the Inspection of July 2017 can be found here.

http://www.cqc.org.uk/sites/default/files/new_reports/AAAG7828.pdf

The CQC report of re-inspection linked to this enforcement notice can be found here

<http://www.cqc.org.uk/location/1-2448861541/reports>