

Urgent Treatment Centre Update

Date: 15th June 2018

Summary

This paper provides a high level update on the emerging changes to new Urgent Treatment Centre programme and the potential impact on the timeline

Background

As part of BCCG's continued commitment to provide best practice Urgent and Emergency care for the residents of Bedfordshire, and in line with the national Urgent Treatment Centre (UTC) mandate, a co-located UTC is being mobilised on the Bedford Hospital Kempston Road site. The key aims are to:

- Provide a better patient experience
- Improve the urgent and emergency care 4 hour target
- Provide a greater integration of urgent care services

The UTC (delivered by Bedford Hospital Trust) will provide an enhanced urgent primary care service which is accessible for both registered and unregistered patients in Bedfordshire and also those who are transient in the community. The service will be available for 12hrs a day, 7 days a week from 11am – 11pm (further work is being undertaken to open the service from 8am)

Patients will be encouraged to access the UTC by calling NHS111 who if required will be able to book patients an appointment at the UTC. Patients are able to attend the UTC without an appointment however following triage, may be redirected to a more appropriate service. This redirection could be avoided by first contacting NHS111.

Current progress

The UTC project is progressing on track to start delivering services on 1 October 2018 as planned. The diagram below displays the latest critical pathway. The clinical model has been agreed and is awaiting final sign off subject to a pilot run of the physical pathway ie where patients will go and be signposted.

The main key areas of concern are:

1. Staffing levels – The Trust is recruiting to substantive posts along with filling additional hours from Virgin, Hertfordshire Urgent Care Service (HUC) & Bedford On-Call (BEDOC).
2. Capital – The business case went to the Department of Health in June of 2017 and is still awaiting approval. This has been escalated through NHSE and the Trust has proceeded at risk.
3. Extended hours – A proposal is currently being explored for feasibility with the Trust to extend opening hours from 8 – 11.00am – service is currently to open from 11.00am to 11.00pm

UTC Key Timeline			
% done	Phase	Due By	Notes
60%	Staffing	30-Jun-18	Recruitment has begun with some of the staff secured. A solution to secure the GP's with partner organisations is being explored.
50%	Estates and Equipment	15-Sep-18	The Tender process has now been completed and a contractor awarded, building work is due to start imminently
50%	I.T	15-Sep-18	2 clinical systems have been identified (Symphony and Adastra) a PO has been raised for their purchase. Systems will be tested and operational by mid September
80%	Service Model	31-Jul-18	The service model has been developed and agreed. The clinical pathways have been agreed and operationally tested
30%	Comms and Engagement	30-Sep-18	A Comms plan has been developed and shared with delivery partners. A patient engagement event is planned for the 24th July
60%	Decisions and Approvals	30-Sep-18	Internal project groups are set up monthly, A system programme board occurs monthly.

The table above provides a snapshot of the current key mobilisation actions. Each area has been identified as a high risk area and have a dependency on each other. Staffing and Service Model have the shortest timelines due to potential notice period of staff recruited and providing enough time to test the service prior to going live.

The UTC is to be located in the main building of the hospital to enable front door streaming within the vicinity of A&E which enables a smoother transition for patients and ensures a 'One Front Door' policy can be implemented. The location provides additional capacity for operational staff.

The diagram in **Appendix 1** shows a high level map of the clinical pathway adopted with a single front door.

Next Steps

The project team will continue to mobilise the service as the agreed project plan.

The I.T system identified is Adastra, this is now being procured and the necessary steps to integrate with the current hospital software (symphony) is being undertaken. The service will also use System One in the UTC, which will provide access to the patient's own records and allow the patient's own GP to view any uploaded information by the UTC

The current proposed hours of service is from 11am – 11pm, which meets the 12 hour specification requirements and aligns with the busiest periods at the Acute. Further feasibility is being explored to extend the service operational time to start from 8am and close at 11pm, further work is being conducted to determine this.

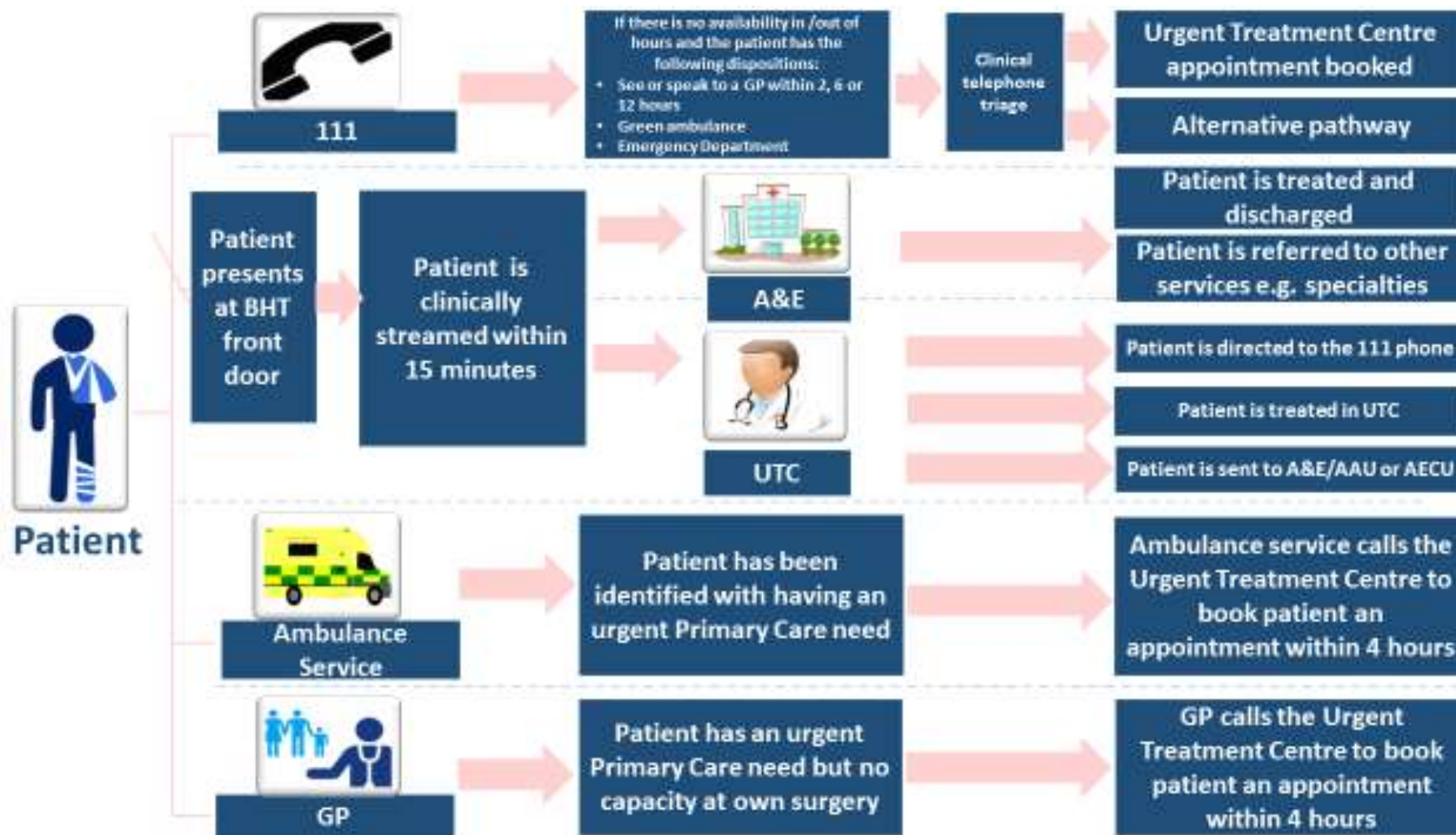
Working with current providers an assessment of the staffing model will be conducted to determine any gaps in provision based on extended hour's requirements. Staff will be utilised across providers where possible.

Recommendation

Members of the governing Body are asked to:

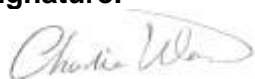
- Note the progress being made on the establishment of the Urgent Treatment Centre for the population of Bedfordshire

Appendix 1 – High Level Clinical Pathway



Agenda Item: 10.0

Governing Body <i>held in public</i>	Report Date of Meeting:
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Report Title	Urgent Treatment Centre		
Report Author	Presented By	Responsible Director	
Michael Maynard	Charlie Wood	Charlie Wood Signature: 	
Purpose for presenting report	<i>To provide an update on the progress of mobilisation of the Urgent Treatment Centre</i>		
Action Required:	For information only		
Approval Route:	<i>Directors, Executive Committee</i>		
Further Assurance:			
Which Strategic Objectives does this report provide evidence for?			Please Tick ✓
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			✓
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			✓
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			✓
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			✓
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			✓
Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?	✓		
Have any quality implications been signed off by the Director of Nursing & Quality?	✓		
Have any privacy implications been signed off by the Head of Information Governance?			✓
Have any conflicts of interest implications been signed off by the Corporate Office?	✓		
Have any public engagement implications been signed off by the Head of Communications & Engagement?	✓		
Has an Equality Impact Assessment been carried out?			✓
Key Risks	<p><i>Main areas of risk are:</i></p> <p>1) Staffing – Based on the potential re-profiling of extended hours, the staffing model is being re-addressed</p> <p>2) Capital approval – the Trust is proceeding at risk without full sign off from DOH. Indication has been from NHSI that the bulk of the case has been signed off by DOH but is awaiting final signature.</p>		

	<p>3)Opening hours – <i>a proposal to extend the service from 11am-11pm to 8am-11pm is currently being scoped (this will increase costs and activity)</i></p> <p>5) I.T – the system has been changed, due to problems with compatibility</p>
Executive Summary	This paper provides a high level update on the emerging changes to new Urgent Treatment Centre programme and the potential impact on the timeline