

NHS Rotherham Clinical Commissioning Group

Operational Executive – 26 October 2018 Strategic

Clinical Executive – 31 October 2018

GP Members Committee (GPMC) – 28th November 2018

Clinical Commissioning Group Governing Body – 5th December 2018

URGENT & EMERGENCY CARE CENTRE (UECC) REVIEW

Lead Executive:	Ian Atkinson, Deputy Chief Officer
Lead Officer:	Jacqui Tuffnell, Head of Commissioning & Joanne Martin, Senior Improvement Manager
Lead GP:	David Clitherow

Purpose:

This paper presents a 12 months review of the Urgent and Emergency Care Centre's delivery against the commissioned service model and provides assurance that work continues to meet the 2020 vision.

Background:

The Urgent and Emergency Care Centre (UECC), has been a significant development for Rotherham and after years of planning and development, opened its doors in July 2017. As part of the 'wind down' arrangements for the project it was agreed that there would be a formal evaluation to identify the present service delivery against the commissioned model. This paper provides an overview of the review.

Analysis of key issues and of risks

The review has shown that TRFT are committed to the principles of the commissioned model and are making positive steps forward to achieving the 2020 vision. The key areas of the review are outlined below:

Workforce

In the last year, TRFT have undertaken a recruitment drive, which has succeeded in recruiting 14 middle grades from India, 3 General Practitioners (GP) and 2 Advanced Nurse Practitioners (ANP), reducing the reliance on agency staff who have had to be utilised to support the gap in staffing/skill mix experienced when Care UK left the scheme.

The Advanced Clinical Practitioner (ACP), role continues to be developed as planned and is seen as a valuable asset to the team. The introduction of permanent staff means that the department are now in a position to be able to put in the leadership model commissioned. However it is recognised that this will take time.

The recent CQC visit identified that there are insufficient dedicated paediatric staff within the commissioned model, specifying that the service must have a minimum of 2 Registered Childrens Nurses (RCN) 24/7 and a dedicated medic. Additional capacity has been put into the department with immediate effect, with a dedicated receptionist (8am – 10pm) and a Middle Grade covering the hours of 2pm till midnight and recruitment is on-going for RCN nurses.

Overarching model

The principles of the patient being streamed to the most appropriate clinician remain. Delivery of the overarching model, streaming patients into Primary Care, Minors, Majors and Resus is in place and when staffing allows, staff flex to meet demand, however it is acknowledged that this needs to be sustainable.

For patients who arrive via ambulance, Rapid Assessment and Treatment (RAT) takes place with a senior clinician triaging patients and streaming to the most appropriate clinician. This runs every day 8am – 8pm reflecting ambulance demand. To support the flow of RAT, TRFT are looking to recruit a dedicated porter.

For ‘walk-in’ patients the model has been more challenging to implement over the past 12 months, due to the loss of Care UK staff and the need to utilise agency staff with varying competency. However, the recent recruitment to new posts has enabled the introduction of a navigator role, to stream patients into the most appropriate clinician. Work is on-going to implement the deflection pathways, in line with the commissioned model and these are expected to be in place by the end of November.

Culture Change

Fostering relationships with agency staff have has been problematic and has meant that culture change across the department has been challenging, with clinicians mainly working in streaming groups. The leadership team recognise this and are committed to making the department function as a seamless unit. With the recent recruitment to permanent primary care and middle grade staff, this is expected to improve.

The review made a number of recommendations. These are detailed in appendix 1 which demonstrates the key milestones and progress made to date.

Patient, Public and Stakeholder Involvement:

A number of staff at TRFT were involved in the provision of information to enable the review to be comprehensive and a review meeting took place in early November to sign off the report and agree an action plan.

Patient satisfaction of UECC is positive, the monthly friends and family test scores around 87% on average,

Equality Impact:

N/A

Financial Implications:

There is currently a fixed contract for the UECC.

Human Resource Implications:

N/A

Procurement Advice:

N/A.

Data Protection Impact Assessment:

N/A

Approval history:

OE 26th October 2018
SCE 28th October 2018

Recommendations:

It is recommended that GP Members take note of the review and recognise the actions TRFT are taking to deliver the commissioned model by 2020.

Paper is for information

Appendix 1

Quick wins	November 2019
Front End Implement Deflection Pathway <ul style="list-style-type: none"> - Introduce senior clinician as a navigator to deflect & stream - Deflect into extended access hubs (protected hub appointments) 	Navigator pilot has commenced – operates Mon-Thurs, 1000-1800. Upon review of impact additional staff will be trained and rolled out. UECC usage of Hub appointments in place for end November.
Amend NHS 111 Pathways - Review the DOS	Completed
Implement Progress chasers to support the CIC & NIC – clearly defined role and escalation structure	Completed. Progress chaser in place 80% of time (1030-1830). Some weekends have double cover with progress chaser in yellow (1030-1830) and one in majors (0700-1930)
GP to share lead duties at the huddle – to encourage integration/culture change	To be actioned when substantive GP comes in to post
Implement area leads as per commissioned model to support better shop floor management	Paeds area and Major allocated. Unable to allocate Yellow area lead until New Year due to lack of substantive staff. However progress chaser placed in Yellow where there is double cover.
Implement a porter in RAT to support transfer of patients	Actin taken away by George Briggs – to be provided using Winter funds if available
Implement the recommendations from the CQC report in Paeds to address safety concerns	Actioned – temporary staffing in place currently with recruitment ongoing.
Agency staff to make sure the team are aware of their competencies on arrival to support better streaming	Actioned
Medium/long terms actions	Timeframe
Utilise additional support e.g. – CCC and Age UK Potential for better utilisation of social care worker when deciding to admit	April 2019
Undertake UECC pathway diagnostics & QI programme – supported by the Improvement Academy	July 2019
Develop & implement direct to speciality pathways e.g – ambulatory, frailty, SAU	April 2019
Continued OD work to facilitate culture change and for staff to work together to flex across streams to manage demand	Ongoing

Staffing – <ul style="list-style-type: none"> ▪ Undertake workforce diagnostic review ▪ Address the evening/overnight shortfalls ▪ Continued recruitment campaign to key roles ▪ Embed the training and development programme to enhance skill mix 	April 2019
Increase the system credibility of the wider urgent care pathways – via the urgent and community transformation group	April 2019
System support of the Care Home work stream – to support admission avoidance	April 2019