

April 2023 Update

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| Title of Report | Medway and Swale Health and Care Partnership, Kent HOSC Urgent Care Review Programme Swale |
| Purpose: | The purpose of this paper is to provide an update for the Kent HOSC meeting in May 2023 |
| Lead Director | Steve Reipond Director for UEC and System Flow Medway & Swale Health and Care Partnership |
| Report Author | Steve Reipond & Linda Stannard, HARIS Programme |
| Executive Summary | The purpose of this paper is to provide a briefing update on Urgent Treatment Centres, MIU & WIC progress and development |
| Links to strategy and regulations | Aligned to Health and Care Partnership strategic plan, local and national priorities |
| Committees or Groups at which the paper has been considered: | HARIS Steering Group HACP Executive Group |
| Legal Implications/ Regulatory Requirements and FOI status | The paper is disclosable under the FOI Act |
| Quality Impact Assessment | The project to review and consider the future models for UTCs across Medway and Swale will have a positive impact on patient care, patient access and quality of care across Medway and Swale |
| Recommendation/ Actions required | The Board is asked to: Note the content of this report as an update. |
| Appendices | |

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HaCP Delivery Plan 2023-2024 UTC Review

As a Health and Care Partnership in January 2023 Urgent Care (HARIS Programme) have submitted the 2023-2024 delivery plan.

One of the key priorities is the reviewing of all UTC, WIC & MIU provision across Medway and Swale.

The aim of the review is to support the re-modelling to deliver three UTCs across Medway and Swale to enable delivery in line with national UTC principles and standards. This will ensure that patients in Medway and Swale are receiving an equitable service across the locality, the best and most appropriate care in the right place, the first time, avoiding unnecessary presentations at ED when acute care is not required to enable Emergency Medicine specialists to focus on higher acuity need patients within the Emergency Department setting.

Currently there are a set of National Standards for UTCs, however new guidance is expected. Currently they are expected to:

- Open 7 days a week 12 hours a day as a minimum.
- See both booked and walk-in patients.
- See both minor injuries and minor ailments.
- See patients of all ages.
- Have a named senior clinical leader supported by an appropriate workforce (MDT).
- Have a basic consistent investigative/diagnostic offering on-site (with clear protocols if not on-site).
- Accept appropriate ambulance conveyance.
- Have access to patient records and ability to send PEM.
- Report as a Type 3 daily on ECDS.
- Have a Current DoS profile.
- Clearly communicate to the public on what the service is for via consistent Urgent Treatment Centre nomenclature to be accessible to all.

Following the national A-tED (Alternatives to Emergency Department) audit carried out by the iUEC (GIRFT) National Team (as part of the HAARIS programme), the information below was identified of Urgent Treatment Centres (UTCs) and Minor Injuries Units (MIUs) across Medway and Swale, pre-empting the need for a more in-depth review of the services presently being provided in Medway and Swale

UTC/MIU/WIC Reviews include:

- Data Reporting
- Activity
- Contract
- Business Continuity Plans

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- DOS
- Workforce Plans
- Financial
- Service Specifications

An interim report has been developed and agreed by the HACP and it has been agreed to undertake a full external audit which will include all the above plus proposed new models. A full Report and recommendations from this audit is expected during May 2023. Delivery of the final agreed model commence at the start of quarter 3 2023.

Current positional statement:

Sheppey MIU & WIC

The Interim UTC Model has been delayed due to estates works requiring a retendering of phase 2 works. There is a timeline for completion and mobilisation in June 2023, however as part of the audit a review will be undertaken to consider whether this would be better initiated when all changes are made. KCHFT & Minster Medical Practice continue to deliver MIU & WIC from Sheppey Hospital.

Approach to date:

The team have been working on the UTC/HARIS programme since January 2023 and approached this piece of work from a blank canvas perspective, so as to ensure that the work was robust and subject to impartiality and 'fresh eyes'.

Area of activity:

- Information from A-tED (Alternatives to Emergency Department) Programme – reporting that there was an opportunity to review UTC provision across the system and improve patient accessibility and ensure that these met national standards.
- Findings: Medway and Swale data supplied although this has generated further questions and further discussions are underway
- Sheppey MIU/WIC contract and services
- KCHFT contract and services
- Minster Medical Group contract and services
- Workforce modelling and future requirements
- DoS Reviews
- Service Specifications versus actual delivery
- Contract management
- Key Performance indicators
- Data activity

Current Observations:

Walk- in Clinic and MIUs:

- It is noted that there is no contract monitoring arrangements in place in place.
- It is noted that there are no contracts or KPIs visible to enable effective monitoring.
- It is noted that services are closing, and that capacity and demand is not well matched.
- It is noted that a new UTC is opening on 1.6.23 – there is no note of contract length and consideration of the current review within this work.
- Staffing across all sites appears to be an issue.

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- There does not appear to be consistency of offer across all sites.
- Level of workforce on each shift comparison of Activity Data provided.
- How does re-triaging of 111 referrals result in high number of cases being closed as advice calls

Next steps:

- MedOCC - UTC DoS has been reviewed and improvements have already been made with the addition of OOH onto the DoS. Initial review of improvement has shown some improvement and a further review will be undertaken in 3 months to monitor the change. Work is continuing with the DoS Lead.
- DOS Reviews for, Community Services, Rapid Response, District Nurses, Therapies will be undertaken soon to ensure that these return successfully when a DoS search is undertaken. A similar process of review of improvement will be undertaken when this is complete.
- The A-tED review identified issues across all services and as work is completed with new initiatives these will be included in any DoS review.
- Commission a full audit including data, finance and staffing review with full recommendations – this work is underway and we are currently identifying a partner to do this work.
- Develop an audit specification – this work is complete
- As part of the review develop KPIs and monitoring arrangements for new services – this work will be undertaken as part of the development and agreement of a new model.
- Consider arrangements for new UTC on Sheppey – this will be undertaken following the recommendations from the external audit
- Ensure feasibility of any new workforce model – this work will be undertaken as part of the development of a new model
- Ensure workforce modelling in place for any new service to include arrangements for recruitment and retention of staff to ensure full staffing model in place – this work will be undertaken as part of the external audit

Sittingbourne MIU

MIU service continues to be delivered by KCHFT

Minister Frailty Ward (HARIS)

January 2023 saw Minister Frailty Ward opened at Sheppey Hospital. This followed a successful bid for £1.2 to fund the project in June 2022.

Medway NHS Foundation Trust has worked with the Integrated Care Board and Medway and Swale Health and Care Partnership to identify ways of providing care closer to home for frail patients, and to create increased capacity in Medway Maritime Hospital to treat more elective patients. There has been close working and partnership agreements with all partners, especially HCRG, who are already on-site.

A proposal was developed to utilise vacant space in Sheppey Community Hospital, creating a 22-bed frailty ward primarily for patients living in Swale, providing care closer to home for these patients. The ward is staffed by a clinical and support team employed by the Trust.

Most patients who live in Medway and require care within a specialised frailty setting will continue to be looked after in Medway Maritime Hospital.

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Creating beds in Sheppey Community Hospital has freed capacity within Medway, to enable the Trust to allocate a further 18 beds for elective services, meaning waiting times for surgery will be reduced and cancer patients will get treatment more quickly. These have been priorities for the Trust following the waits that arose because of the pandemic.

This will have an added benefit of ensuring Sunderland day surgery unit can return to being ring-fenced, catering for an additional 14-day surgery patients per day. Currently the space is used for elective patients overnight, limiting capacity for day patients.

Funding for the Sheppey project was agreed by NHS England through the Integrated Care Board, and the Trust consulted with staff. The aim to open the ward before the end of the year to maximise the benefit over the winter when demand is highest was achieved.

This work is now complete and has transferred to Business as Usual.

Acute Frailty Pathway Outline Medway NHS FT



