

Update on the transfer and mobilisation of the Treatment Centre to Nottingham University Hospitals NHS Trust

Introduction

Nottingham University Hospitals' (NUH's) priority has been to maintain safety, quality of care and to maximise service continuity from day one whilst completing the mobilisation of the Treatment Centre Services previously delivered by Circle. These have now been successfully transferred two months ahead of the original seven month plan and are now being delivered wholly by NUH.

As part of the mobilisation, over 500 colleagues transferred their employment from Circle to NUH and, along with this transfer, the mobilisation also included the establishment of new IT systems and transfer of patient appointments to NUH's patient administration system. This involved a data transfer of 44,642 existing patient bookings for outpatient appointments and surgery. The service delivery mobilisation has been successfully managed and governed via our weekly Treatment Centre Mobilisation Board and Treatment Centre Steering Group from the end of May to November.

This paper is to update the Health Scrutiny Committee on the completion of the mobilisation activities including the delivery of the services, IT systems and staff transfer, whilst confirming that planning activity has now switched from implementation to delivery of the transformation plan from November 2019, including maximising the use of the inpatient beds. This exciting transformation work will be governed by the Treatment Centre Transformation Board in conjunction with a joint Board set up with our CCG colleagues to ensure we can rapidly deliver our new initiatives across the Nottingham and Nottinghamshire health and care system.

Mobilisation and Transformation Update

The successful delivery of all the areas below is due to the excellent collaborative working relationships that were established with our new TC Division colleagues before the transfer of services on the 29th July and which enabled swift response and delivery of all the key areas well ahead of the original timelines. The key areas of progress have been:

1. Quality and Governance:

The Treatment Centre has been registered with the CQC as a site and full compliance achieved. NUH Data systems and processes have been fully enabled to allow reporting of patient safety and quality issues whilst integrating the TC team into NUH governance structure including attendance at the Nurse Management Board and Quality and Safety Committee by the lead nurse.

We ensured the Friends and Family test (FFT) and reporting arrangements were quickly rolled out along with developing a single point of access for PALS and complaints.

Initially on mobilisation from Circle Health to NUH in August 2019, the Treatment Centre's quality and assurance team had 19 complaints and 65 PALS enquiries. The majority of complaints and enquires centred around the communication to patients about the transfer and the effect this would have on their care. There was also concern regarding the availability of equipment for particular surgeries.

Over the first 1-3 months there was a reduction in these types of concerns and enquiries due to the implementation of our mobilisation plans which have ensured services are now being delivered in line with patients expectations. In November 2019, NUH received 10 complaints and 25 PALS enquiries about the Treatment Centre which all differ in theme. This represents a reduction from the level of complaints before the Treatment Centre was handed across to NUH as the team are now resolving patients' enquiries locally as systems and services have been implemented and are working. Please note there has been an increase in PALS enquiries compared to pre mobilisation which we monitor closely.

The Treatment Centre quality and assurance team has embedded NUH's processes and policy in regard to complaints and PALS, and work closely, offering support Trust-wide, with the patient experience team.

It is important to note that the performance of the key elective constitutional standards were largely unaffected by the addition of the Treatment Centre to the Trust following our joint reporting of the elective standards commenced in October following full validation of Treatment Centre data.

The combined RTT performance was just under 92% at the end of October with both sites achieving similar results. There are currently no reportable 52 week waiters. The 6 week diagnostic standard just failed in October; however, Treatment Centre activity improved the overall performance. The combined PTL is now circa 45,000 following the amalgamation of the two separate PTLs.

NUH performance against key cancer constitutional standards changed with the addition of the Treatment Centre activity. We reported a combined position against cancer standards from August. The inclusion of Treatment Centre data caused a decline in performance against the cancer two-week GP referral to first outpatient standard with combined performance of 92.1% against 93% target in August. In October performance recovered to be above standard at 93.4%. Cancer 62-day urgent referral to treatment (adjusted) performance remains below the 85% standard for both the Treatment Centre and the former NUH elements; the combined position is slightly stronger following the inclusion of the Treatment Centre pathways with reported performance of 80% in October.

To date, there are no TC risks evident on the Trust's Significant Risk Register and a full and final review of all TC risks is expected to be completed by end of December 2019 which will include alignment of all TC risks into NUH registers.

A number of other key areas will be changed as part of the transformation plan which includes:

1. The Complaints Policy at NUH is under review and will be fully embedded by April 2020. The TC is part of the review group who will complete this work.
2. A programme of defibrillation replacement will improve and align the equipment to that provided in NUH.
3. The development and deployment of a single quality schedule with CCG colleagues which we intend to implement in April 2020.

2. Premises:

NHS Property Services have granted the Trust a tenancy at will of the TC building for a period of 6 months to ensure we had full access to the building from day 1 and in order that we can finalise and agree the lease, under-lease and sub under-leases in an appropriate way and mitigate any risks associated with the handover of the building to the NHS.

3. Equipment:

The Trust has committed £5.6m capital monies to replace essential equipment. This comprises £2.1m to buy the equipment, fixtures and fittings in the building from Circle Nottingham Ltd; £0.9m on upgrading ICT network, telephony and computer equipment to current NUH standards; £1.3m replacing critical items of medical equipment which were at the end of their useful life, including almost £1m for endoscopy equipment; and £1.2m on instrumentation for operating theatres. The Trust is currently in the process of the procuring key diagnostic equipment, including a new MRI and CT scanner, in addition to replacing endoscopy stacks and scopes, which will ensure we have state of the art diagnostic capability at the TC. The equipment used previously was over 10 years old and towards the end of its functional life.

A mobile CT continues to be used to help support delivery of services whilst we finalise the deployment new MRI and CT scanners.

4. People:

We have, as stated previously, successfully carried out the rapid TUPE transfer of around 500 colleagues into NUH. Previously the medical workforce to support patient activity had been highly reliant on “ad-hoc” medical staff who were contracted on a sessional basis (circa 85 individuals). In the short term (9 months) we have agreed to extend many of these arrangements and a working group has been set up that is led by the TC Division, fully supported by HR and Finance teams, to ensure we have a robust process in place by the 31st March 2020 to appoint to substantive Trust posts which will minimise or remove the need for these arrangements in order that we can deliver consistent high quality care from NHS employed colleagues. Some of the posts have already been replaced by substantive appointments whilst some of the work has been incorporated into existing NUH consultant job plans and in some cases work has been transferred from consultants to appropriately trained and qualified doctors in training or specialist nurses.

5. IT Systems:

Despite the extremely challenging timescales to set up new systems and integrate the existing systems across the TC, this was completed on 6th October for both the telephony and computer systems, well in advance of our extremely challenging target date of 31st October. This fulfilled our commitment to the CCG to reduce the time to mobilise this extremely complicated task from 7 to 3 months. The incumbent had previously advised the CCG that this switch could take up to 12 months. It was only possible to deliver this work with the excellent cooperation between the NUH ICT team and the TC operational team.

As part of the transfer of patient data, a number of patients had their appointment date and time rescheduled. Each patient received an individual letter about these changes, and all have been successfully reappointed.

6. Activity including inpatient beds:

As previously advised, inpatient activity at the Treatment Centre was paused during August. This was recommenced in September for patients requiring only a planned one night stay. This has meant that patients having elective orthopaedic joint replacements have been transferred to the City hospital, however, there have been no other significant changes in activity in the first three months. There have also been a number of “coding and counting” amendments due to the change in provider, which has, for example reduced the number of chargeable new attendances.

The future of providing orthopaedic joint replacements at the Treatment Centre is still being considered and a trial joint replacement list was successfully undertaken at the Treatment Centre during November.

All clinics remain well utilised in terms of the proportion of slots being booked. In total some 87.9% of the activity plan has been delivered in the first four months since transfer of services to NUH.

7. Transformation:

We are now at the next stage of delivering the transformation plans as described in our original bid with both commissioner colleagues and system partners. Figure 1 below represents the journey we are on:

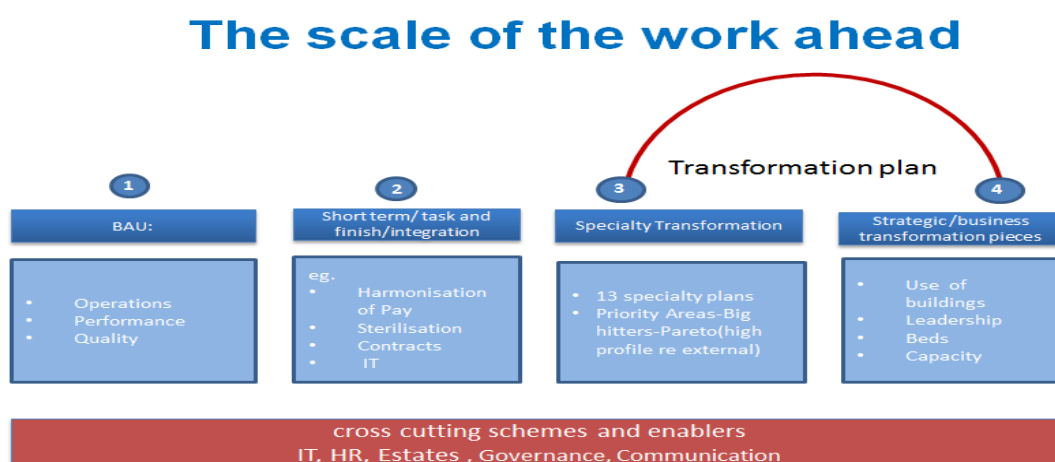


FIG 1

From November, we have an NUH executive-led decision-making Board which will run alongside a new joint board with our CCG colleagues. These groups will have oversight and accountability for the delivery of the Transformation Plans. These Boards will bring together the Divisional and TC leads to drive delivery of the transformation portfolio, direct and prioritise key Gateway-level programmes of work and resolve key delivery issues/risks that are System or Trust-wide and cross Divisions.

This Board will also enable initiatives across the organisation that could help in improving the pathways for the patient whilst ensuring their care is integrated across all parts of their pathway of care.

The executive leads will have a clear line of sight on delivery and assurance issues across Quality, Finance, Performance and Delivery, Strategic Plan Implementation and contractual obligations whilst ensuring alignment of the program with both the system and organisational policy, including HR, IR and IT policies.

Next Steps on the Transformation:

During November and the first week of December the specialties have been presenting their transformation plans on a rolling programme to ensure we can improve and deliver them in line with, or quicker than, the original timescales.

A template is being used to ensure each team can provide the relevant information to enable the Board to make an appropriate decision on the priority of the plans that will support the improved delivery of these care pathways.

8. Summary:

Following our successful fast tracked mobilisation we have, as stated, now focused our attention on implementing the transformation aspects of our successful bid, working with our clinical and system leaders. We intend to continue sharing good practice and learning between NUH and the Treatment Centre and the wider system to further integrate and improve the services we provide for our citizens and their families.

Dr Keith Girling
Medical Director
09.12.19