

Meeting: Trust Board Meeting in Public

Date: 25 September 2024

Agenda item	Update on procurement of Urgent Treatment Centres and Out of Hours Services
Board Lead	Raghuv Bhasin, Chief Operating Officer
Author	Raghuv Bhasin, Chief Operating Officer
Appendices	Unison Letter to Board Response from Trust Chair
Purpose	Approval
Previously considered	Private Board – June 2024

Executive summary

This paper updates the Board on the progress with the procurement of the Urgent Treatment Centre and Out of Hours Services for the population of Buckinghamshire and the impact on colleagues.

It attaches a letter of concern from colleagues for the Board to discuss.

Decision	<p>The Board are asked to:</p> <ul style="list-style-type: none"> - Reconfirm their support for the changes to the emergency floor at Stoke Mandeville including a primary care led UTC, in line with national guidance - Escalate to the ICB the challenges of agreement of a contract for only 18 months and seek rapid assurance around a longer-term commitment of funding - Discuss the concerns of staff flagged in the letter and support them through the consultation and transition period.
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Relevant strategic priority

Outstanding Care Healthy Communities Great Place to Work Net Zero

Relevant objective

<input checked="" type="checkbox"/> Improve waiting times in ED	<input type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying
<input type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks	
<input type="checkbox"/> Improve safety through clinical accreditation		

Implications / Impact

Patient Safety	Patient harm is associated with long length of stay in ED
Risk: link to Board Assurance Framework (BAF) and local or Corporate Risk Register	Principal Risk 1: Failure to provide care that consistently meets or exceeds performance and quality standards
Financial	£17,636k across 24/25 and 25/26.
Compliance <small>Select an item. Select CQC standard from list.</small>	Safety
Partnership: consultation / communication	The UEC work in BHT is part of a wider Place UEC programme working with Place partners
Equality	Improvements in ED waits will benefit all patients
Quality Impact Assessment [QIA] completion required?	N/A – reflects existing programme of work

Introduction

1. The Trust has contracted with the local GP Federation, FedBucks, for the provision of out of hours GP services, the Urgent Treatment Centre at Wycombe and elements of the Urgent Treatment Centre at Stoke Mandeville since 2018 (2021 for Stoke Mandeville UTC which is delivered jointly between the Trust and FedBucks). These contracts are subcontracts of a wider contract that the Trust has with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (formerly Bucks CCG).
2. With the contracts due to end on 31 March 2024 BOB ICB undertook a procurement exercise to re-tender these contracts in the second half of 2023. This procurement exercise was abandoned on 7 November 2023 and on 18 December 2023 the ICB informed BHT of its intention to extend the head contract by two years to 31 March 2026.
3. In parallel there have been changes to procurement legislation governing contracts such as these and new guidance issued on the Provider Selection Regime. This has further complicated the position in terms of letting a new contract leading to a position where the Trust was out of contract with FedBucks and operating on a best endeavours basis.

Rationale for changes

4. The Trust is now re-contracting for the aforementioned services to March 2026 (the length of the contract we have been given from the ICB) in a way that:
 - i. Delivers the operational and quality improvements needed for our patients through moving away from the current hybrid model to a single primary care provider. There have been day to day operational and quality challenges with the service where improvements have been inhibited by the mixed accountability and leadership in the Urgent Treatment Centres. This has been a challenge since the advent of Stoke Mandeville UTC and subject to significant improvement work with FedBucks and Trust colleagues which has not resolved the issues.
 - ii. Is in line with our wider Place Strategy and wider NHS plans for increasing integration of services across acute, community and primary care. The Buckinghamshire UEC Plan is to increasingly integrate services and a primary care provider is well placed to integrate with the Clinical Assessment Service and GP Practices own Same Day Access services.
 - iii. Is in line with procurement legislation which has meant that the Trust has had to go out to tender for these services based on internal procurement advice verified with external legal advice.
5. The decision to move to the delivering of the Urgent Treatment Centres by a primary care provider is the culmination of many years of improvement to emergency care in Buckinghamshire and nationally.
6. In Buckinghamshire over the past three years we have been developing the concept of an emergency floor at Stoke Mandeville supported by a Clinical Assessment Service and the Urgent Treatment Centre at Wycombe Hospital that ensures patients get access to the right clinicians early in their pathway and we are able to reduce waiting times in our Emergency Department. This includes the move to a 24/7 Urgent Treatment Centre, the significant expansion of SDEC and Frailty SDEC services and the further planned changes associated with the new ward.
7. The changes have involved a move, in line with national guidance, to ensure that all ambulant (e.g. those arriving on foot) patients who visit Stoke Mandeville ED access this via the Urgent Treatment Centre where they are rapidly streamed to the right

environment – e.g. ED, SDEC, Paediatric ED, etc. This reflects guidance in the national delivery plan for recovering urgent and emergency care services published in January 2023 that “Systems should ensure they have implemented streaming at the front door of ED, which will increasingly be through co-located urgent treatment centres or other primary care services¹.”

8. Developing this model, with the benefits it brings to patients, has resulted in a number of colleagues changing the way in which they work in collaboration across a number of teams.
9. As part of this we have consulted, in line with our organisational change policy, with our Emergency Nurse Practitioner colleagues regarding their upskilling to cover both injury and illness presentations. This is in line with national guidance² for these roles and is the model that is widespread across the country. This consultation was the culmination of a long period of discussion with colleagues who were on the whole not supportive of the change to take on illness work as part of a MDT workforce which has resulted in significant delays in putting in place this model.
10. Further the move to primary care led Urgent Treatment Centre will enable the evolution of the current model to deliver the full specification for Urgent Treatment Centres set out by NHS England which all areas are expected to move to over 24/25. This will mean that the UTC can:
 - a. Receive direct conveyances via 999 where appropriate
 - b. See more booked patients to better manage demand and reduce waiting times for patients
 - c. Allow for greater integration with 111 and the primary care clinical assessment service which is currently provided by FedBucks
 - d. Allow for greater integration with Out of Hours services which is currently provided by FedBucks
11. These are important changes that will provide reduced waiting times and better access for patients and reduce the pressure of the Emergency Department. At present the move towards the measures are hampered by the mixed accountability in the UTC.

Progress with procurement

12. Following agreement of the Board in Private in June the Trust has progressed with a procurement exercise for these services under the Most Suitable Provider process in the Provider Selection Regime. The Board agreed that the Trust should not seek to run the service and a single primary care provider should be sought for this service.
13. FedBucks have been identified as the preferred provider through this process and we are currently in a standstill period until 30 September to allow for any challenge to this decision from alternative providers.
14. As part of the change in provision of these services from the current hybrid model across BHT and FedBucks to FedBucks, if the decision is not successfully challenged, solely running these services there will be the transfer of 30 colleagues to FedBucks

¹ <https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-urgent-and-emergency-care-services-january-2023/>

² Urgent and Emergency Care – Emergency Practitioner Framework, HEE, April 2023

under TUPE legislation (Transfer of Undertakings (Protection of Employment) Regulations 2006).

15. A consultation with these colleagues on the details of their transfer and discussion of individual circumstances will commence after the standstill period concludes and will run for 30 days.
16. Colleagues are expected to transfer over to FedBucks ahead of the new contract coming into force on 4 November.
17. The contract length is until March 2026 given this is the length of contract awarded to BHT from the ICB and it is recognised this leaves uncertainty for colleagues. BHT has been working with the ICB to gain greater devolution of such decisions around Urgent and Emergency Care funding and provision to enable the service to be put on a long-term sustainable footing.

Letter of concern

18. The Board received a letter from Paul Tovey, Unison Lead Steward and Chair of BHT Staffside, raising concerns and questions around the chosen approach. The letter was copied to 22 colleagues who would be affected by the TUPE provision. Overall, c. colleagues will be affected by TUPE.
19. The Chair of the Trust and Chief People Officer met with colleagues to discuss this letter on 19 September.

Conclusion

20. The Board are asked to:
 - Reconfirm their support for the changes to the emergency floor at Stoke Mandeville including a primary care led UTC, in line with national guidance
 - Escalate to the ICB the challenges of agreement of a contract for only 18 months and seek rapid assurance around a longer-term commitment of funding
 - Discuss the concerns of staff flagged in the letter and support them through the consultation and transition period.



Bucks Health and Community Branch

3rd September 2024

Dear members of the Trust Board

Last year I wrote to you (06/10/2023) concerning the decision to outsource the minor injuries department and the TUPE transfer of the staff to a third-party by the Integrated Care Board (ICB), which they ultimately cancelled. Despite previously voicing disappointment at the actions of the ICB, on the 15th August 2024 you, the Trust, informed the staff of your intention to do the same. Award a contract and staff to your “preferred provider”, likely to be FedBucks.

The Trust states it is responding to a national model of care. Does this actually mean it is best for staff and patients, as we have seen many failures across the full range of NHS services in past years? Hospitals, community care and mental health services, following an outsourced model, required them to be brought back in-house. What was behind these failures differs, but often it is the result of the need for a private company to make profit, to satisfy their owners or shareholders of the business. Profit making for private companies is often achieved by cost-cutting, such as not employing adequate numbers of staff, or employing staff on reduced terms and conditions. With this action, the Trust will be putting the service at risk and skilled experienced staff into difficult situations. If this transfer goes ahead this will mean that the Trust will not only lose valuable staff, they will actively be giving them away. With the national drive to address staff shortages, surely this is counterintuitive?

TUPE isn't a stable platform to transfer staff to an outsourced provider in the long term and will directly impact employees and the service. Whilst “at the point of transfer” the new provider does have to show they will keep their present NHS terms and conditions this does not address, for example, any national pay awards the staff would receive in the future. In reality, the provider could after a year, or in fact at any time, claim economic, technical or organisational (ETO) reasons, to change their terms and conditions. Something the staff would be unlikely to face in their current NHS roles. In many cases this increases the risk of very experienced NHS employees leaving the profession. Furthermore, this decision doesn't just result in the potential TUPE transfer of this staff group in November 2024, but they then face uncertainty in approximately 16 months, at the end of the current contract period, in March 2026. How unnecessary and unsettling is this? This only gives the new provider more power and scope to dilute their pay and term conditions in the interim and at the next transfer.

All of the minor injuries staff are passionate about working for the NHS and want to keep working for Buckinghamshire Healthcare NHS Trust (BHT). They don't want to be outsourced to a private company. So, we are asking for this service to remain under the Trust and not outsourced. Or, has been done successfully at Wycombe where the staff remain employed by BHT? Surely this would only benefit the staff, Trust, community we serve and promote high quality patient care?

We would like the opportunity to discuss a way forward to explore alternative solutions, which I am sure we can work on jointly, between management side and unions (UNISON/RCN). Ideally before the scheduled public AGM on the 15th of September or before we discuss this proposed outsourcing with our local MPs and embark on a public campaign to keep the minor injuries department in-house.

I and the staff of the minor injuries department would very much welcome a discussion with you.

Paul Tovey
Unison Lead Steward, Health & Safety Rep and Chair of Staffside
Tel Mobile: 07715406930
Union hours: Weds & Thurs 9am – 5pm

cc Judith Hughes
Susan Robson
Emma Druce
Matthew Weavill
Betty-Eve Inglis
Amy Pate
Alison McEwan
Herty Agyekumhene
Carmen Sharples
Cathy Osman
Menchie Mallari
Michelle Bowden
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Charles Webster
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Paul Tovey
Unison Lead Steward, Health & Safety Rep and Chair of Staffside
Bucks Health and Community Branch

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Via email

Date: 12 September 2024


www.buckshealthcare.nhs.uk

Dear Paul

I write to acknowledge your letter dated 3 September regarding the Urgent Treatment Centre contract. The letter has been shared with the Board and will be discussed at the Trust Board meeting on 25 September.

If you would like to meet me as a group before that time, please let Elisabeth know and we can find a mutually convenient time.

Yours sincerely



David Highton
Trust Chair

cc Alan Gibson
Alison McEwan
Amy Pate
Betty Inglis
Carmen Sharples
Cathy Osman
Charles Webster
Charline Ngandwe
Claire Shard
Elizabeth Opoku
Emma Druce
Hayat Charkai
Heather Hutsell
Herty Agyekumhene
Joanne Ambrose
Judith Edwards
Judith Makonese

Kelly Jackson
Lauryn Ward
Lorna Evans
Matthew Weavill
Melanie Blatt
Menchie Mallari
Michelle Bowden
Mincy Jojoy
Naheed Ashraf
Simina Marza
Susan Robson

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

