



<b>Title of Paper: <u>Ulster Hospital Urgent Care Centre Opening</u></b>		
<del>For Decision</del> Requires majority decision prior to implementation or action.	<u>For Discussion</u> Requires consideration and debate.	<del>For Noting</del> Contains information Members should be made aware.

## 1.0 Background

Following the Public Consultation on the Future Provision of Urgent and Emergency Care Services – Ards and North Down Area (2023), the Trust has proceeded with Phase Two of the proposal.

Phase Two involved developing the enhanced Minor Injury Unit (MIU) on the Ulster Hospital site into a Consultant Led Urgent Care Centre (UCC).

The UCC is located on Level 1 of the Acute Services Block just below ED.

The Clinical and Estates Teams have worked together to ensure the space available has been maximised to provide an effective environment to deliver our Urgent Care service. The Estates Team have also worked in collaboration with our partners in the Department of Health Health Estates team to deliver this complex £5m capital project within budget and within an extremely tight timescale.

We can now confirm the UCC officially opened on **Thursday 19 June 2025** and we were delighted to welcome Minister Nesbitt to visit as the service launched.

## 2.0 Key Issues

In approving the change, the then DoH Permanent Secretary outlined a number of conditions:

1. That the Trust takes the actions necessary to put in place an Urgent Care Centre at the Ulster Hospital by the end of 2024.\*
2. That the Trust puts in place delivery of a phone first service to facilitate patient scheduling as soon as practicable.
3. That the Trust puts in place arrangements for NIAS to phone first and offload patients with suitable conditions at the MIU.
4. That the Trust provide the Department with the outcome of a review of the permanent change after six months of operation setting out progress against parameters SPPG will provide.

This opening concludes the 4 conditions requested by the Permanent Secretary.

\*Of note, the delays from late 2024 were all outside of Trust controls and linked to global supply issues for building supplies.

### **3.0 Resources Implications (inc Organisational, Financial, Human Resources)**

#### **Clinical Space**

Clinical space within the UCC consists of:

- 2 Triage Spaces
- 2 Investigation Cubicles
- 2 Resuscitation Bays
- 2 plain film X-ray Rooms
- X-ray Reporting Room
- 12 Assessment/Treatment spaces

#### **Access**

Patients will be able to directly attend UCC should they meet the criteria which will be made available to them. If attendance to UCC is inappropriate, they will be transferred to ED. Similarly, patients attending ED can also be re-directed to UCC as appropriate.

Northern Ireland Ambulance Service (NIAS) will have a dedicated phone line for UCC and a specific route from the Ambulance Deck to UCC has been agreed.

The public will continue to have access to a Phone First Service as is currently available for MIU for bookable slots with an Emergency Nurse Practitioner.

### **4.0 Impact on Safety, Quality and Experience (SQE)**

The service will be delivered by staff from across the Multi-Disciplinary Team. The staffing resource remains the same as the enhanced Minor Injury Unit therefore the opening times will remain the same. These staff are rotated from the Emergency Department staffing pool.

UCC will initially continue to use the same criteria for patients who can self-present to the current MIU. In addition to Minor Injuries, this area is also used for Emergency Medicine led ambulatory and Same Day Emergency Care pathways (SDEC). SDEC amounts to approximately 500 patients per month. There will be the option to flexibly move suitable non-emergency patients between ED and UCC when space and staffing levels allow.

To realise its full potential and allow an increase in flow from ED to UCC, there will require additional nursing staff to see more patients that need triage, investigations and treatments. Activity will be kept under continual review by the UCC Operational Group. In 2024, the enhanced MIU had 44,246 attendances - of which 37,968 were new and unplanned while 6278 were planned. This equates to an average of 121 patients a day during 2024. From January to May 2025, this has increased to 131 attendances daily (8.3%).

To assist the public, additional wayfinding and signage has been installed on the site to assist patients navigate to UCC. Social Media and local press have been utilised to highlight the move to the new UCC and closure of the MIU.

## **5.0 Next Steps**

SET will continue to monitor activity, performance and outcomes in the unit to ensure the service is able to meet service demand.

Operational performance, financial sustainability and service governance will be managed through normal management arrangements.

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**Date: 19 June 2025**