The Shrewsbury and Telford Hospital NHS Trust

Paper 9

Reporting to:	**Trust Board, 30 March 2017**
Title	Options for Delivering a Safe & Sustainable Accident & Emergency Service
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Previously considered by	Executive Directors – 15th February 2017
Executive Summary	• This report updates the Trust Board on the work undertaken in response to the immediate challenges within the Trust's A&E Services that cannot wait for the delivery of the Sustainable Services Programme. It includes: • A summary of the current position regarding the A&E Medical workforce and the associated risks • A brief synopsis of the options within the previously considered Business Continuity Plan for A&E Services and the associated risks and benefits, developed with key stakeholders and patient representatives • A proposal to implement option C of the business continuity plan for A&E Services and early considerations on how this could be implemented during 2017/18. Note that Plan C will be implemented subject to, and without prejudice to, any future consultation process that there may be regarding the future of A&E services at RSH and PRH.
Strategic Priorities 1. Quality and Safety	☒ Reduce harm, deliver best clinical outcomes and improve patient experience. ☒ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☐ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☒ To undertake a review of all current services at specialty level to inform future service and business decisions ☐ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	☒ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☐ Support service transformation and increased productivity through technology and continuous improvement strategies
4 Community and Partnership	☐ Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population ☐ Embed a customer focussed approach and improve relationships through our

	stakeholder engagement strategies
5 Financial Strength: Sustainable Future	☐ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	☒ If we do not deliver **safe care** then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not work with our partners to reduce the number of patients on the **Delayed Transfer of Care** (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges. ☒ Risk to **sustainability** of clinical services due to potential shortages of key clinical staff ☒ If we do not achieve safe and efficient **patient flow** and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not get good levels of **staff engagement** to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☒ If we do not have a clear **clinical service vision** then we may not deliver the best services to patients ☐ If we are unable to resolve our (historic) shortfall in **liquidity** and the structural imbalance in the Trust's **Income & Expenditure** position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	☒ Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well led
☒ **Receive** ☐ **Review** ☒ **Note** ☒ **Approve**	**Recommendation** The Committee is asked to: • Note the content of this report • Provide approval to commence planning to deliver plan C of the previously considered Business Continuity Plan • Support the development of Option 2 (within Plan C) – the development of an Urgent Care Model alongside the overnight closure of PRH A&E Services

The Shrewsbury and Telford Hospital NHS Trust

Trust Board Update

Options for the Delivery of Safe Accident and Emergency Services in 2017/18

1. Purpose of report

This report updates the Trust Board on the work undertaken in response to the immediate challenges within the Trust's A&E Services and creating a transitional bridge between the current position and the delivery of the Sustainable Services Programme, following public consultation, which includes a unified single emergency department.

It is easy to confuse the use of business continuity to address short term issues with the sustainability of services which require s strategic solution for resolution.

The business continuity is now beginning to blend with the transitional bridge and the future papers will describe the single approach needed to cover the period from current state to future state.

The strategic realignment of beds and services outlined in the annual planning process aligned to creating new front end streaming models in both AEDs offer the first glimpse into this bridging process.

Included within the paper:

- Introduction to the risks around emergency care
- A summary of the current position regarding the A&E Medical workforce position and the associated risks
- A brief synopsis of the options within the previously considered Business Continuity Plan for A&E Services and the associated risks and benefits, developed with key stakeholders and patient representatives
- A proposal to implement option C of the business continuity plan for A&E Services and early considerations on how this could be implemented during 2017/18

2. Background

The risks that surround the emergency services include:

- AED staffing and configuration
- ITU staffing and 7 days rota compliance on PRH site.
- Paediatrics and their colocation with ITU provision at PRH
- Surgery & Trauma and their colocation with ITU provision at RSH

Other services such as Acute physicians and care of the elderly are also secondary factors but less immediate in impact than the above. Currently the risk to each of the four elements alone could impact on the site and any one of them not meeting staffing levels and provision of rotas could

result in closure and this would impact immediately on the viability of the others in standing alone. Additionally trauma cases come to RSH due to the emergency surgical unit being there with the vascular surgeons whilst paediatrics neonatology and the delivery suite are all at PRH. This situation requires both sites to have emergency depts. and ITU to enable these patients to be cared for. Any impact on ITU or AED would prevent these services from functioning. Finally in terms of emergency demand the county requires approximately 620 + acute emergency inpatient beds per day and neither site is large enough to accommodate this in totality without significant building work.

So the issues surrounding provision are complex and inter-related.

In March 2016, the public meeting of the Trust Board received a paper outlining a number of options to maintain safe and effective urgent and emergency care services. This March 2016 paper followed on from an earlier paper received at the public meeting of the Trust Board in December 2015, in which the risks and challenges being faced at that time in relation to maintaining two emergency departments at the PRH and RSH sites were described.

This original paper was in response to the challenge facing the Trust around the continued unavailability of medical staff to provide two 24-hour emergency departments and the associated clinical services. At this time, this risk was the greatest risk on the Trust Board Assurance Framework and the Trust Risk Register. This remains the case. It has also formed part of the programme of review and scrutiny by the Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin.

Both papers recognised the medium and long-term vision for health services continued through the NHS Future Fit Programme, which at this time were planning public consultation later in 2016, ahead of a decision on the future configuration of hospital services in Spring 2017.

The outcome of the Board discussion in March 2016 was that of the three potential options contained within the Continuity Plan, the preferred way forward at that time was to seek mutual aid from other Trusts across the region in order to maintain adequate consultant staffing levels to sustain the safe effective functioning of two 24 hour A&E services.

The final three options, or Plans presented to the Trust Board for consideration at this point were:

Plan A – seek mutual aid from Trusts across the region to maintain adequate staffing levels to sustain two 24 hour A&E services;

Plan B – sustain services until agreement is reached on the NHS Future Fit Programme (anticipated to be later in the year) and agree an accelerated implementation of the agreed vision;

Plan C – maintain focus on recruitment whilst developing a detailed plan to implement an overnight closure of the PRH Emergency Department

This position was consistent with the Trust's primary focus to avoid the need for emergency measures and to agree the medium and long-term vision for local health services for the NHS Future Fit and associated programmes.

The Board approved that Plan A was the preferred plan, at that time; it would require minimal investment and cause least disruption to patients and the service delivery of a number of specialties and would continue to deliver a safe, effective and dignified urgent and emergency care service for patients from Shropshire, Telford & Wrekin and Powys.

3. Current position

The Trust Board was advised at its meeting in September 2016 that an ED Consultant resignation had been received with effect from 16 December 2016. This meant that the Trust had reached its defined 'tipping point' for Emergency Department Consultant capacity as there would be insufficient senior medical staff to provide a safe service 24-hours a day in two A&E Departments.

Around the same time, and following the Future Fit Appraisal Process in September/October 2016, the Trust Board approved the Sustainable Services Programme draft Outline Business Case in November 2016. Discussions are on-going within the wider Future Fit Programme on its progression through to public consultation and Clinical Commissioning Group decision making later in 2017.

Consultant workforce

There are currently five substantive Consultants to cover the departments of which four participate in the on-call rota. There are currently four Locum Consultants also employed, some of whom also provide support to the on-call rota. This rota currently provides on-site Consultant on call cover across both sites on a Monday and Tuesday; at RSH Wednesday to Sunday with only phone cover for PRH. The Trust currently pays a substantial premium to retain these Locums and their notice period is considerably less than substantive staff. The position is therefore more fragile and less predictable.

This December resignation meant that without some support from Locum staff, there is the potential for the substantive Consultant team to have to cover a 1:4 on-call rota. The Consultant body have already indicated that this could only be sustained safely for a period of one month.

Since then, another substantive Consultant has indicated he will resign. Following his notice period, this will take effect from June 2017. This would take the number of substantive consultants to four, with only three potentially working on-call taking the on-call rota to 1:3 (dependent upon the flexibility of the Locum Consultant cover).

As a temporary measure to reduce the fragility in service delivery associated with the current locum cover, on 1 December 2016 the Board approved the appointment of a further two Locum Consultants until substantive appointments have been made. These Locum posts have been filled and the individuals are planned to start work shortly. However, in the intervening time one of the existing Locums has chosen to leave the Trust at the end of March 2017 therefore negating some of the benefit of this investment.

With regard to the options previously considered, since March 2016 the following actions have been taken:

- ***Plan A*** - has been enacted. Discussions with University Hospitals North Midlands (UHNM) did not result in an agreement for them to provide Consultant support, as they too were facing operational pressures of their own. The Trust tried advertising for two joint Consultant appointments with UHNM but unfortunately this was not successful as no applications were received.
- ***Plan B*** –Progression to public consultation following NHS Future Fit decision on the recommendation for the sites: would have generated a 'feel good factor' with at least two substantive consultants expressing their commitment to apply for posts at the Trust once this occurred. The latest delays means a minimal 6 month delay and a further loss of moral and confidence in this systems ability to address the 'Call to Action' outcomes.

- ***Plan C*** – following the resignation of the Consultant who left in December 2016, a review of Plan C was undertaken. The risk that the implementation of this option causes to the delivery of other specialties has not changed, however the risk of not enacting it due to the fragility of the ED situation is greater to patients and staff and the time for action cannot be delayed, as all other options are exhausted or frustrated.

  This plan includes the need to create additional emergency capacity at RSH, the accredited Trauma Unit site. To retain this status and keep trauma services in the county, the A&E Department has to be on the same site as the Trauma Unit. This will mean the transfer of A&E patient activity from PRH to RSH overnight.

  An initial assessment of this option has demonstrated that the original implementation timescale of three months was overly optimistic and it is more likely to take 6-9 months to implement. Therefore, given the increased level of fragility within the medical workforce, which will increase further in June, and the continued delays within the Future Fit Programme and public consultation, it is proposed that Plan C is now progressed.

The progression of plan C allows the Trust to step back at any point over the next 6 months if circumstances can be made more resilient or the future bridge offers greater stability and confidence in service delivery. Currently the junior doctor levels are compounding the risks being faced but steps are being taken to create clinical fellow programmes with TCI/VMI and Keele university which may provide further resilience later in the year. Also a change of medical director at UHNM has prompted renewed discussions about joint appointments which may prove more successful second time around.

Involvement and consultation

The Trust recognises its s242 NHS Act 206 ongoing obligations to involve service users in changes to the services it provides. There has already been extensive public involvement as part of the wider Future Fit programme. There is evidence of how the original Future Fit proposals have been significantly modified following feedback from the public to move away from one very large Emergency Hospital and one small Diagnostic and Treatment Centre to the current preferred option that delivers two balanced, vibrant hospitals each with a significant bed base and service offer for the people of Shropshire, Telford & Wrekin and Powys.

In terms of the development of the potential plans for an immediate response, stakeholder sessions were held in February 2016 to inform the development of the Contingency Plan presented to the Trust Board in March 2016. This work included the development of the Plan A, B and C.

There is an on-going opportunity to involve the public in the implementation of this final and remaining plan within the original Contingency Plan that they previously helped to shape. The Trust will ensure that users of the services, whether directly or through representatives, are involved.

The Trust will work with the CCGs/Health Board, the joint HOSC, HealthWatch/CHC and other stakeholders including patient representative groups over the coming months to ensure the public's legitimate expectation in being involved is met, ensuring real involvement in the implementation of the agreed Contingency Plan. The Trust will also work closely with clinical staff to ensure the safety of the service. There will also need to be consideration of how the implementation may impact on individuals with protected characteristics through an Equality Impact Assessment.

Compliance with the NHS Improvement assurance processes on fast-tracked emergency changes to services will also have to be achieved.

4. The impact of progressing Plan C for patients to be considered

An initial assessment of the current impact upon patients has demonstrated the following:

- Only 28% of the total volume of patients attending PRH A&E attend at night (8pm – 8am)
- Of those patients, 61% could be seen within an alternative urgent care facility
- This means that approximately 18 patients a night would need to receive their care at RSH:
    - 10 via an ambulance
    - 8 as a 'walk-in' patients who would need to be transferred

5. Service interdependencies

There are a number of services and pathways that are interdependent upon the provision of Accident & Emergency Services. These include:

- Pathways for ambulance services and non-emergency transport services
- Women & Children's services
- Head and neck services
- Stroke services

Prior to implementation of any service change, further work is required to consider and reduce the risks associated with these service interdependencies.

6. Options to implement Contingency Plan C

An initial review of the options available to the Trust regarding the implementation of plan C has been undertaken. It is clear that the options available are minimal. The outcome of this review is summarised in the table below.

The continued use of the locum service to support the existing configuration could only be acceptable if it was to cover the lead in time for substantive appointments as to run two AED departments with 4 substantive and 6 locum consultants with one of the substantive returned from retirement cannot be appropriate.

This therefore points to option 2 as being the most favourable as this also moves the Trust closer to the future state 'front door' streaming model.

Plan C will be implemented subject to, and without prejudice to, any future consultation process that there may be regarding the future of A&E services at RSH and PRH.

Table 1: Options for implementation of plan C

No	Description	Strengths	Risks	Mitigation against identified risks
1.	Closure of one A&E Department from 8pm – 8am and transfer all of patients to alternative site	• Reduced risk associated with Consultant workforce position as on call resource would be centralised on one site • Could be enacted relatively quickly • Clear message for patients and public about where to attend out of hours	• Necessary solution for interdependent services remains outstanding • RSH would not have the necessary infrastructure to positively respond to all of the potential demand	• Clear local communication plan to be developed prior to implementation for patients and public • Amendment to local Directory of Services to support health professionals with navigation of services required
2.	Closure of one A&E Department from 8pm -8am and implement the new emergency/ urgent care model with the introduction of a UCC at PRH	• Reduced risk associated with Consultant workforce position as on call resource would be centralised on one site • Improved offer for Telford & Wrekin residents • Reduced number of patients transferring to RSH for minor illness/injuries • In line with the SSP model of care • Compliant with national directive to provide streaming provision at the front door	• Lead in time to establish service • Workforce constraints may have an impact upon our ability to deliver the model • Necessary solution for interdependent services remains outstanding • Mixed message to communicate to our patients and public about where to attend for differing circumstances	• Learning from other areas which have implemented this service to reduce lead in time • Clear local communication plan to be developed prior to implementation for patients and public • Amendment to local Directory of Services to support health professionals with navigation of services required
3.	For the Trust to accept substantial financial and reputational risk by recruiting additional locum staff above capped rates alongside further remuneration of the existing workforce who undertake on call responsibilities	• Would potentially be more attractive to Locum Consultants • Would potentially help to retain current Consultant workforce	• Does not address the existing risks associated with a transient workforce – this option would simply work towards mitigating the risk of further workforce depletion • Reputational risk with neighbouring Trusts and assurance bodies and for adopting this approach • Potential significant financial risk to the Trust • Potential to set a precedent across fragile services	• This option may bolster the current workforce and enable the Trust to develop and deliver the urgent care service provision proposed in option 2

7. Summary

In summary, it is clear that since 2014 the number of AED consultants employed by the Trust has fallen to 5 and could fall lower. The reducing fill rate for middle grade doctors and the increasing demand through both AEDs each year suggest that without intervention the tipping point on the Consultant Rota or medical cover will be reached before the new single unit is opened. This fragility in the workforce of the Trust is not in a position to deliver safe and effective A&E Departments on both sites. The lead period for an overnight closure of one AED of 6 months means it is appropriate and sensible to begin the preparations even though every step is being taken to provide sustainable solutions that avoid this outcome.

8. Recommendations

The Board is asked to:

1. Note the contents of this report
2. Provide approval to commence planning to deliver Plan C of the previously considered Business Continuity Plan.
3. Support the development of Option 2 (within Plan C) – the development of an Urgent Care Model alongside the overnight closure of PRH A&E Services
4. Note that Plan C will be implemented subject to, and without prejudice to, any future consultation process that there may be regarding the future of A&E services at RSH and PRH.