

Paper 8

Recommendation <input checked="" type="checkbox"/> DECISION <input type="checkbox"/> NOTE	<div style="border: 1px solid black; padding: 2px;">The Trust Board</div> <p>is asked to RECEIVE and APPROVE the Emergency Department Service Continuity Plan (Princess Royal Hospital site).</p>
Reporting to:	Trust Board
Date	Thursday 30 th November 2017
Paper Title	Emergency Department Service Continuity Plan (Princess Royal Hospital)
Brief Description	<p>The medium and long term vision for the health service within the county is being developed through the NHS Future Fit programme. This programme envisages a new model of sustainable safe care including a network of urgent care centres supported by a single emergency centre.</p> <p>This paper follows on from previous papers considered by the Trust Board which have highlighted the risks and challenges that are being faced in relation to maintaining a safe and effective urgent and emergency care service on both PRH and RSH sites, and the contingency plans to address this.</p> <p>This paper provides the Trust Board with a progress update on stakeholder engagement and a proposed Service Business Continuity Plan for the Emergency Department at the Princess Royal Hospital. The plan will cover a period of up to two weeks.</p>
Sponsoring Director	Chief Operating Officer
Author(s)	Stewart Mason, Emergency Planning and Resilience Officer Tom Jones, Clinical Programme Manager
Recommended / escalated by	
Previously considered by	Executive Directors Wednesday 22 nd November 2017 LHW A&E Delivery Group Wednesday 22 nd November 2017 SAED Board 28 th November 2017
Link to strategic objectives	Patient and Family Safest and Kindest Innovative and Inspirational Leadership Values into Practice
Link to Board Assurance Framework	<ul style="list-style-type: none"> • 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 (RR 561) • If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients (RR 1134)

	<ul style="list-style-type: none"> • If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients (RR 668) • If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423) • Risk to sustainability of clinical services due to shortages of key clinical staff (RR 859)
Equality Impact Assessment	<ul style="list-style-type: none"> <input checked="" type="radio"/> Stage 1 only (no negative impacts identified) <input type="radio"/> Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA

SaTH Emergency Department Service Continuity Plan (Princess Royal Hospital)

Trust Board - Thursday 30th November 2017

1. Background

The Trust has been engaging with its stakeholders to develop a service continuity model in the event of it not being able to sustain both Emergency Departments (ED) due to reaching a tipping point in retention of either its Consultant or Middle Grade workforce.

Three stakeholder sessions have been held on 16th June 2017, 11th August 2017 and 13th October 2017. The stakeholder group was joined by NHS Improvement and CQC representatives in August and October and also by the chair of the Joint HOSC in October.

The preferred service continuity model is the reduction in operating hours of the Emergency Department at the Princess Royal Hospital.

The contingency plan proposed was to:

- Close the PRH A&E to ED classified patients during the night (20.00 – 08.00);
- Implement a 24 hour Urgent Care service co-located with the existing ED department at PRH;
- Use the Sustainable Services Programme (SSP) principles of ED and UCC services as the basis for planning activity;
- Increase capacity at RSH to manage the additional 'ED' patients and those needing admission from PRH during the night;
- Address pathway challenges at PRH overnight e.g. Women and Children, Stroke, Head and Neck.

Work on this option was commenced and confirmed that this contingency plan could not be delivered within a 3 month timeframe due to the lead-in time to recruit to the UCC service and pathway challenges in Head & Neck and Paediatric emergency care (non-trauma) team. There are also significant concerns that this workforce is not readily available.

Although this remains the preferred option and is aligned with the future direction of urgent care services as part of the sustainable services plan, the feasibility of an alternative interim solution that could be delivered within 3 months was discussed with the stakeholder group on Friday 13th October 2017.

2. Emergency Department Service Contingency Planning

At the stakeholder workshop on the 13th October each of the specialty teams presented the impact of an overnight closure on their respective service pathways and mitigation plans. Further analysis from key specialties considered service continuity plans in the event of PRH ED closing overnight and there being a Minor Injuries Unit in its place, namely:

- Stroke;
- Cardiology;
- Acute Medicine;
- Head & Neck;
- Women & Children (mainly paediatrics).

The impact analysis process used for the development for the Urgent Care Centre (UCC) was followed for the scenario where a Minor Injuries Unit (MIU) is in place at PRH.

The outcome of this is detailed below:

SERVICE	IMPACT	MITIGATION
Stroke	No impact on service delivery	NA
Cardiology	Impact on service delivery	Mitigation available
Acute Medicine	Impact on service delivery	Mitigation available
Head & Neck *	Significant impact	Requiring development of service at RSH and redirection of patients to Royal Wolverhampton Hospital NHS Trust (RWTH). Cannot put in place within 3 month timescale.
Obstetrics *	No impact	NA
Gynaecology *	No impact	NA
Fertility *	No impact	NA
Neonates *	Minimal impact	Mitigation available
Paediatrics	Significant impact	Requirement for mitigation which cannot be put in place within 3 month timescale. Requires redirection of patients to Royal Wolverhampton Hospital NHS Trust (RWHT).

* All reliant on a number of assumptions.

3. Current Position

To reiterate, previous work has confirmed that the preferred contingency plan could not be delivered within a 3 month timeframe due to the lead-in time to recruit to the UCC service and Paediatric Emergency (non-trauma) team and the development of a Head & Neck service at RSH. There are also significant concerns that this workforce is not readily available. The outcome of discussions at the stakeholder workshops was that this risk remains the same, whether there is an MIU, or a UCC at PRH.

Any offer from Royal Wolverhampton Hospital NHS Trust of receiving the diverted overnight take for paediatric and head & neck patients would require a robust repatriation pathway to PRH inpatient facilities.

4. Short Term ED Business Continuity Plan

Under the Civil Contingencies Act 2004, NHS organisations that are category 1 responders are required to have business continuity plans in place to ensure departments are able to maintain their function for their critical services for up to two weeks. As a Trust, we have an obligation to maintain services for our patients, regardless of disruptive events or interruptions, and to ensure we return to business as usual as soon as possible.

On this basis a plan has been agreed which would support the closure of PRH ED overnight (8pm – 8am) for up to two weeks in the event of there being insufficient Consultant or Middle Grade cover.

Once all efforts to ensure that there is sufficient senior decision makers in the ED has been exhausted then the following plan will be enacted:

1. System Gold Command and SaTH Silver Command will be set up;
2. PRH ED will close 20.00 – 08.00 but staffed until 22.00;
3. The night staff from PRH will be relocated to RSH ED;
4. RSH ED will expand its capacity by utilising the fracture clinic space and/or the Urgent Care Centre capacity;

5. Fracture clinic will be relocated to the Outpatient department;
6. The Business Continuity Plans for the following services would also all be enacted:
 - o Stroke;
 - o Cardiology;
 - o Paediatrics (includes overnight divert of specific emergency conditions to RWHT);
 - o Head & Neck (includes overnight divert of specific emergency conditions to RWHT);
 - o Radiology;
 - o Acute Medicine.
7. The communications lead will enact the comms plan in conjunction with the lead commissioner (T&W Clinical Commissioning Group);
8. West Midlands Ambulance Service (WMAS) and the Welsh Ambulance Services (WAST) will be informed to enact their business continuity plans. Both ambulance services have attended the stakeholder sessions and are aware of the potential closure and impact on their service, but further discussion is required with each of the ambulance Trust's and commissioners to finalise the plans;
9. Neighbouring Trusts (Wrexham Maelor, Royal Stoke University Hospital and Royal Wolverhampton Hospital) will all be informed to enact their business continuity plans if necessary to receive additional patients. Activity analysis indicates that this could be 7 paediatric patients and 2 head & neck patients a night to RWHT. RWHT have attended the stakeholder sessions and are aware of the potential to receive patients but further discussions are required to confirm numbers and specific conditions with the respective clinical teams.

This plan would be in place until the staffing situation has been stabilised and up to a maximum of 2 weeks.

5. Workforce Plans

Locum cover remains the first option to address any gaps which may occur as a result of resignation in both the Consultant and Middle Grade tiers within the ED workforce. This maintains the risk at its current level due to the reliance on locum availability who contractually have very little obligation to the Trust and can give one weeks' notice prior to leaving. It also jeopardises the department's medical training status with Consultant to Trainee ratios reduced.

Whilst a plan to ensure service delivery for up to two weeks is available, there is no plan capable of being delivered within a 3 month timescale.

It remains the case that every effort has to continue to give stability to the ED workforce. Actions being taken in support of this are:

- NHSI Plan for Mutual Aid;
- Support from Health Education England;
- Royal College of Emergency Medicine mutual aid;
- Local Agreement

6. Communications & Engagement Plan

Any short notice of an overnight closure will require a robust communications and engagement plan led by the lead commissioner. Patients arriving at the wrong site will be a risk and will need to be managed.

The comms and engagement plan will be tested through a desk top exercise alongside the rest of the Business Continuity Plan with stakeholders and partners.

The Joint HOSC will also be updated and advised of the agreed service continuity plan.

7. Action Required

Learning from the short notice intermittent closures of the Midwifery Led Units earlier this year, the Trust would want to avoid any short notice closure of the ED at PRH. Progression towards agreement on the Sustainable Services Plan remains critical.

The Trust Board is asked to RECEIVE and APPROVE the Emergency Department Service Continuity Plan (Princess Royal Hospital).