The Shrewsbury and Telford Hospital NHS Trust

Paper 8

Recommendation ☑ **DECISION** ☐ **NOTE**	**The Trust Board** is asked to **RECEIVE** and **APPROVE** the Business Continuity Plan, Timeline and Communication Plan for the overnight closure of the Princess Royal Hospital Emergency Department.
Reporting to:	**Trust Board**
Date	Thursday 8th February 2018
Paper Title	Emergency Department Business Continuity Plan (Princess Royal Hospital)
Brief Description	The Emergency Department Business Continuity Plan and timeline details the process to be followed should there be any reason / need to close the Emergency Department overnight at the Princess Royal Hospital. Also enclosed is the Equality Impact Assessment (EIA) to support the process.
Sponsoring Director	Chief Operating Officer
Author(s)	Stewart Mason, Emergency Planning and Resilience Officer Rebecca Houlston, Centre Manager – Emergency Care
Recommended / escalated by	
Previously considered by	Executive Directors Wednesday 31st January 2018
Link to strategic objectives	Patient and Family Safest and Kindest Innovative and Inspirational Leadership Values into Practice
Link to Board Assurance Framework	• 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) • 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	○ **Stage 1 only (no negative impacts identified)** ◉ **Stage 2 recommended (negative impacts identified)** ◉ negative impacts have been mitigated ○ negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	◉ **This document is for full publication** ○ **This document includes FOIA exempt information** ○ **This whole document is exempt under the FOIA**

The Shrewsbury and Telford Hospital NHS Trust

Paper 8

Business Continuity Plan

Overnight Closure of Princess Royal Hospital Emergency Department

Plan Owner:	Centre Manager, Emergency Care
Original Plan Date (Version 1):	30th November 2017
Document Applies to:	Emergency cover to specialities reliant upon PRH ED between 22.00 – 08.00hrs
Approval Body:	To be agreed at Trust Board Level

Date document has subsequently reviewed:

Original Contributing Authors

Name	Job Title/Role
Stewart Mason	Emergency Planning & Resilience Officer
Rebecca Houlston	Centre Manager – Emergency Care
Lynn Atkin	Lead Nurse, Women & Children's Care Group
Adam Haycox	Assistant Business Manager, Head & Neck
Lisa Challinor	Centre Manager, Head & Neck
Richard Jones	Senior Communications Specialist
Alison Smith	CCG Communications Team

Record of Amendments

It is essential that the plan is kept up to date and is version controlled. Any changes to the content of business continuity plans should be recorded and a summary of the amendment should be dated and logged. Any amendments should be communicated effectively to all relevant staff.

Date amended	Section	Pages	Summary of amendment
22.12.17	**Head & Neck**	**16-17**	**Added information in the event of no medical cover being arranged for Head & Neck at the RSH site.**
22.12.17	**Fracture Clinic**	**22**	**Addition of Fracture Clinic Impact Analysis**

Distribution List

Copy Number	Name/Role	Location
001	Director of Transformation	Trust Headquarters, RSH
002	Chief Operating Officer	Trust Headquarters, RSH
003	Centre Manager – Emergency Care	PRH & RSH
004	Clinical Lead – Emergency Department	PRH & RSH
005	Emergency Planning & Resilience Officer	Copthorne Building, RSH
006	Communications Team	Trust Headquarters, RSH

Further copies may be shared appropriately within specialities above, with consideration given to access and version control.

If you have any suggested changes to this plan, please notify

Emergency Planning & Resilience Officer

Contents

1. Introduction

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. 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.

2. Aim of this Plan

This document aims to prepare the organisation to cope with the effects following a significant disruption of service up to a period of two weeks post an unplanned or short notice closure of the Emergency Department at Princess Royal Hospital.
As a critical service, it is vital that a level of service is maintained across the Trust at all times and SaTH are in the position to receive sick patients.
The plan will have been agreed at Board level after internal and stakeholder engagement. It will be updated annually, or following business continuity or critical incidents or exercises testing the plan, in which lessons learnt need to be incorporated. This will be the responsibility of the specialist areas contributing to the plan overall.

3. Objectives

- To define and prioritise the Critical Functions of the services currently reliant upon PRH Emergency Department
- To analyse the emergency risks to these services with the loss of this department
- To describe how services will be maintained across multi-sites during a period of disruption
- To detail the agreed response to a short notice closure of the department
- To identify Key Contacts during a short notice closure of the department
- To describe the agreed points of shared service to manage interim service recovery

4. Business Impact Analysis

This is the process of analysing business function and the effect on business if disrupted.

Listed, are the critical functions of each of the specialist services areas and departments that depend upon the 24 hour cover of the PRH Emergency Department that must be maintained at times of disruption to maintain provision of patient care, ensure patient safety and achieve Trust objectives. The effect of the disruption and the recovery process to be implemented is described in detail.

I. Impact Analysis of Emergency Department (RSH & PRH)

Critical Function	Maintain service delivery in the event of planned or unplanned closure of Princess Royal Hospital Emergency Department overnight (10pm – 8am)

Effect on Emergency Department Service if disrupted:

Time	Describe effect on service if disrupted:
First 24 hours	• Unable to deliver a safe level of patient care, clinical risk to service users. • No GP take at RSH during the day • Patients requiring ED access after 8pm will need to go to RSH • PRH ED will not be able to treat patient between 10pm – 8am • There will be no staff available from 11pm to manage resus cases within ED at PRH • PRH Paediatric patients to be diverted to New Cross
24 – 48 hours	• Same as above

Up to 1 week	• Same as above • Impact on training for doctors and contractual obligations with the Deanery
Up to 2 weeks	• Same as above

Resource Requirements for Emergency Departments:

Time	No. of staff	Relocation?	Resources/actions required	Data required	Responsible person or role title
First 24 hours	RSH staffing split (appendix a) If patients are bedded in ED at PRH this must be managed on a 1:4 ratio but no more than 12 patients each night Medical doctor will need to be allocated to ED to manage patients that are bedded down All ED medical staff to transfer to RSH	UCC (appendix D) at RSH to be used for minors – additional RN/HCA to be allocated (trollies cannot be moved in and out of rooms so not suitable for majors patients) Fracture clinic (appendix C) to be utilised for additional majors capacity (will require 1:4ratio so if full to 8 patients then 2 x additional RN & HCA will be required – appendix a)	• Last patients accepted at PRH at 8pm • PRH ED closes from 10pm – 8am • Resus patients to be taken over by ITU from 11pm or transferred to another ITU • RSH will require 1 Coordinator, 11 x RN and 3 x HCA to manage additional capacity and patients (minimum of 3 RN's to be moved from PRH to RSH for the night shift) (a or b to organise staffing required) • 6pm – 2am additional SHO at RSH to manage minors (e to contact medical staffing to arrange) • 1 x additional HCA on the night shift at RSH (a or b to organise staffing required) • All ED medical staff from PRH to transfer to RSH (c & e to organise) • Equipment per additional cubicle space (appendix b) at RSH to be sourced (a, b or e to source additional equipment) • ED reception and ward clerk team to be redistributed to manage activity at RSH and influx of activity at PRH when ED reopens the following morning (e to action)	• Contact numbers for ED staff for additional shifts kept within MAJAX folder	• ED matron (a) • ED Ward Manager (b) • ED Clinical Director (c) • ED On call consultant (d) • ED Service Managers (e) • Clinical Site Manager (f) • Communications team (g)
24 – 48 hours	Same as above.	Same as above.	• Same as above • Contact with local Trusts and service providers to inform of the current situation and advise that Ambulances will be diverted (g)	• Same as above. • Contact for alternative NHS Trust providers. • Contact for WMAS.	• Same as above.
Up to 1 week			• Dedicated transfer nurse to ensure ED staffing is not reduced further (f to source additional staffing) • Medical Director to request permission from Deanery for doctors to be work at RSH site	• Same as above	• Same as above
Up to 2 weeks			• As above • Consultant on call to be available 2pm – 10pm on the floor at RSH (c to implement with consultant colleagues) • PRH consultants to commence at 8am to manage early activity (c to implement with consultant colleagues)	• Same as above	• Same as above

Appendix A

To enable additional areas at RSH to be opened up as an extension to ED the following staffing would need to be put in place:

Coordinator	1 x band 6
Resus	2 x band 5
Cubicles 1 – 12	3 x band 5 & 1 x HCA
Minors (mini major), UCC & fracture clinic	3 x band 5 & 1 x HCA
Ambulance handover nurse	1 x band 5 & 1 x HCA
Streaming	1 x band 5
Triage	1 x band 5
Total	**1 x Coordinator, 11 x RN & 3 x HCA**

Appendix B

For every additional patient space/cubicle that is opened up the following equipment will need to be sourced:

Cubicle Equipment	Tick when in place
Oxygen flowmeter	
Suction controller	
Suction liner canister	
Hand towel dispenser	
Hand gel dispenser	
Glove box & apron holder	
Clinical waste bin	
Care tray trolley	
Bedside table	
Thermoscan thermometer (FOC)	
Stacking chair (2 per cubicle)	
Patient trolley	

Additional items below for the new area being utilised:

General items for new area	Tick when in place
Clinical waste bins x 2	
Hand towel dispenser	
Soap dispenser	
Hand gel dispenser x 2	
Bedside tables x 2	
ECG machine	

Appendix C

Fracture Clinic ED Escalation Risk Assessment

Risk Identified	Consequence	Likelihood	Risk Score	Mitigation	Consequence	Likelihood	Residual Risk Score
Area isolated from main ED area and visibility of patients difficult unless in area.	3	4	12	Area to be staffed with Substantive trust staff from any possible area and backfilled with agency staff. Area to be manned at all times. Theatre doors left open at all times Suitable patients to be identified for area Access to CCO and appropriate monitoring / treatment for deteriorating patient	3	1	3
Staff working in unfamiliar environment over and above A&E capacity	3	3	9	Induction to environment for all staff Monitoring of clinical incidents, SI's and complaints.	2	2	4
Inadequate staffing levels/skill mix for the patient dependency which may mean there are delays in undertaking observations increasing the risk to quality and safety of patient care. Increased difficulty in securing agency staff	4	5	20	Designated registered nurse to be allocated to the area from substantive staffing from any area that **can provide safely** (financial risk noted)	4	4	16
No call bells in place for patients but emergency buzzers in place.	4	3	12	Designated substantive nurse in the area Area to be manned at all times.	4	3	12
Fire Evacuation	5	2	10	Fire plan and procedures in place. Clear signage in situ. Firefighting equipment in situ, extinguishers and fire blanket.	5	1	5
Privacy Dignity issues for male / female patient	4	2	8	Patients to be nursed in cubicles within fracture clinic Curtains around each bed space for privacy. Monitoring of Patient experience and feedback , FFT and complaints	3	2	6
Lack of suitable Equipment in area to safely care for patients	4	5	20	Monitoring Equipment shared from Theatres	4	4	16

Appendix D

Urgent Care Centre ED Escalation Risk Assessment

Risk Identified	Consequence	Likelihood	Risk Score	Mitigation	Consequence	Likelihood	Residual Risk Score
Area isolated from main ED area and visibility of patients difficult unless in area.	3	4	12	Area to be staffed with ED nurses, ENP's and doctors. Area to be manned at all times. Suitable patients to be identified for area Access to CCO and appropriate monitoring / treatment for deteriorating patient	3	1	3
Staff working in unfamiliar environment over and above A&E capacity	3	3	9	Induction to environment for all staff Monitoring of clinical incidents, SI's and complaints.	2	2	4
Width of clinic room	3	4	12	Minors patients only to be managed through this area as the doors are not wide enough to fit a trolley through	3	1	3
Inadequate staffing levels/skill mix for the patient dependency which may mean there are delays in undertaking observations increasing the risk to quality and safety of patient care. Increased difficulty in securing agency staff	4	5	20	Designated registered nurse to be allocated to the area from substantive staffing from any area that **can provide safely** (financial risk noted)	4	4	16
No call bells in place for patients but emergency buzzers in place.	4	3	12	Designated substantive nurse in the area Area to be manned at all times.	4	3	12
Fire Evacuation	5	2	10	Fire plan and procedures in place. Clear signage in situ. Firefighting equipment in situ, extinguishers and fire blanket.	5	1	5

Emergency Department Service Key Contact Sheet

Contact	Mobile Number	Useful information

II. Impact Analysis of Acute Medical Service (AMU RSH & PRH, Ward 32 and Ward 7)

Critical Function (description of essential activity):	Maintain service delivery of Acute Medical Service in the event of planned or unplanned closure of Princess Royal Hospital Emergency Department overnight (10pm – 8am)

Effect on AMS if disrupted:

Time	What are the effects upon service if disrupted:
First 24 hours	• Unable to deliver a safe level of patient care, clinical risk to service users. • No GP take at RSH during the day • Increased delays waiting for admission
24 – 48 hours	• Same as above
Up to 1 week	• Same as above • Impact on training for doctors and contractual obligations with the Deanery
Up to 2 weeks	• Same as above

Resource/requirements for recovery of above mentioned effects:

Time	No. of staff	Relocation?	Resources/actions required	Data required	Responsible person or role title
First 24 hours	• 1 x Acute Physician locum at RSH		• 1 x Acute Physician locum at RSH (e) to liaise with medical staffing to arrange cover) • Consultant to cover 1000 – 1800 shift (c) to liaise with consultant colleagues) • Additional ST3 – 8 required on both sites 1700 – 2300 (c) or (e) to liaise with medical staffing) • Additional 1 x ACP/FY or SHO at weekends 0900 – 1700 (c) or (e) to liaise with medical staffing) • Consultant weekend ward round on 32/AMU 0900 - 1300 (c) or (e) to liaise with medical staffing • Additional ambulance handover nurse (minimum band 5) to be in place on AMU at PRH 24 hours a day (a) or (b) to staff accordingly) • Ward clerk support to be redistributed accordingly between the sites (e) to organise accordingly)	• Contact numbers for staff	• Acute medicine matron (a) • Ward Manager (b) • USC Medical Director (c) • Medical On call consultant (d) • Acute Medicine Service Managers (e) • Clinical Site Manager (f) • Communications team (g)
24 – 48 hours	Same as above.	Same as above.	• Same as above • Contact with local Trusts and service providers to inform of the current situation and advise that Ambulances will be diverted (g) to support commander)	• Same as above. • Contact for alternative NHS Trust providers. • Contact for WMAS	• Same as above.
Up to 1 week			• Same as above • Medical Director to request permission from Deanery for the doctors to work at RSH instead of PRH	• Same as above	• Same as above
Up to 2 weeks			• As above	• Same as above	• Same as above

Acute Medical Service Key Contact Sheet

Contact	Mobile Number	Useful information

III. Impact Analysis of Head & Neck Service

Critical Function	Maintain service delivery of Head & Neck services in the event of planned or unplanned closure of Princess Royal Hospital Emergency Department (10pm – 8am)

Effect on Head & Neck Service if disrupted:

Time	What are the effects upon service if disrupted:
First 24 hours	• Unable to deliver a safe level of patient care, clinical risk to service users; • Unable to provide a comprehensive emergency service to patients; • Emergency Head & Neck patients may be diverted to RSH. Meaning additional senior and junior medical support would be required; • Potential cancellation of elective care; and • Risk of patients receiving conflicting advice for follow up care pathway.
24 – 48 hours	• Same as above; and • Divert of emergencies coming through the West Midlands Ambulance Service and surrounding Ambulance Services to alternative providers. (UHNM, RWT, COCH). This may be necessary within the first 24 hours if alternative medical cover is not acquired for RSH.
Up to 1 week	• Same as above; • Potential missed targets; and • Financial implication.
Up to 2 weeks	• Same as above; • Reputational loss; and • Potential loss of long term service to alternative centres.

Resource Requirements for Head & Neck recovery of above mentioned effects:

Time	No. of staff	Relocation	Resources required	Data required	Responsible person or role title
First 24 hours	If emergency patients are taken to RSH, additional senior and junior medical cover will be required. Additional Consultant cover for Maxillofacial Surgery (OMF) and ENT as well as junior medical cover (if possible, assistance from General Surgery SHO), otherwise OMF/ENT SHO. Additional ED staffing as per ED BCP.	Head & Neck emergency patients diverted to RSH initially, prior to patients being diverted to alternative providers.	• 1 additional OMF and 1 ENT consultant will be required for on-call commitments at RSH. • 1 additional SHO to cover Head & Neck. Request support from General Surgical SHO (via the Consultant on call) or request authorisation for agency doctor cover if this is not possible. It may be necessary for two locums, one being OMF and one ENT. • Message via Communications team to inform public and stakeholders (per Communications BCP) of the alteration to patient pathway and to alert patients of ED closure (per ED BCP). • Additional Consultant covering RSH may require elective activity to be cancelled. • ED equipment required as per ED BCP. Other equipment to be used as per current process if Head & Neck emergencies self-present at RSH.	• Contact numbers for Head & Neck consultants for RSH cover – via Switchboard. • Medical Staffing on-call to request locums – via switchboard • Contact for alternative specialty Consultants (General Surgery) to request SHO support at RSH – via switchboard. • Contact for Communications team (via Switchboard) and access to their BCP to inform stakeholders. • Contact of bookings team to cancel elective activity once approved by the Head & Neck Centre/Group Management.	• ENT/ OMF Consultant on-call to seek additional Consultant support • Service Managers (In Hours) or On-Call Operational Manager (Out of Hours) to support ENT/OMF Consultant in obtaining further consultant support/assist in implementing Comms BCP/approve locum usage/approve elective activity to be cancelled. • Clinical Site Manager
24 – 48 hours	Same as above.	Same as above.	• Same as above. • Contact with local Trusts (as indicated above) to inform of the current situation and advise that Ambulances will be diverted to the most appropriate provider based on clinical need and location. This may be required within the first 24 hours if there are no alternative medical Head & Neck cover solutions. • Contact WMAS to divert Head & Neck emergencies to alternative Trusts. This may be required within the first 24 hours if there are no alternative medical Head & Neck cover solutions. • Head & Neck emergencies presenting at RSH requiring an Inpatient bed will be transferred to PRH via the usual channels.	• Same as above. • Contact numbers for alternative NHS Trust providers via the respective Site Teams, relevant telephone numbers are below. • Contact for WMAS to advise SaTH is unable to accept Head & Neck emergency patients, contact WMAS through the Site Team.	• Same as above. • On-call manager to contact WMAS and alternative provider Trusts (COCH, UHNM, RWT) in conjunction with SaTH Clinical Site Manager.
Up to 1 week	Same as above.	Same as above.	• Same as above.	• Same as above.	• Same as above.
Up to 2 weeks	Same as above.	Same as above.	• Same as above.	• Same as above.	• Same as above.

Head & Neck Service Key Contact Sheet

Contact	Mobile Number	Useful information
Site Manager	Via Switchboard	
Medical Staffing On-Call	Via Switchboard	
Operational Manager On-Call	Via Switchboard	
ENT Consultant On-Call	Via Switchboard	
Maxillofacial Consultant On-Call	Via Switchboard	
Communications Team	N/A	
Switchboard	N/A	Dial '0' Trust telephones
Head & Neck Centre (Service Management)	Via Switchboard	In Office Hours
West Midlands Ambulance Service (WMAS)	Via Switchboard	
University Hospitals of North Midlands NHS Trust (UHNM)	Via Switchboard	
Royal Wolverhampton NHS Trust (RWT)	Via Switchboard	
Countess of Chester Hospital NHS Foundation Trust (COCH)	Via Switchboard	

IV. Impact Analysis of Paediatric Service

Critical Function (describe essential activity):	Maintain service delivery for paediatric emergencies in the event of planned or unplanned overnight closure of Princess Royal Hospital Emergency Department.

Effect on Paediatric Services if disrupted:

Time	Describe effect on service if disrupted:
First 24 hours	• Unable to deliver a safe level of patient care, clinical risk to children. • Unable to provide an emergency service to children. • Potential increased length of scene to service due to alternative receiving centres being required • Increased attendance of urgent/acutely unwell children attending RSH ED. Therefore additional senior paediatric decision makers will be required at RSH leading to increasing demand on non-resident on-call paediatrician at RSH. • Inability of non-resident on call paediatrician to undertake normal clinical duties on following day (OPD clinics) • Ability to contact parents/carers of children to cancel attendance to clinic on following day • Increased number of children transferred to PRH once stabilised/assessed at RSH ED. • Impact on nurses required to accompany transfer of children in ambulances from ED.
24 – 48 hours	• Same as above • Loss of service reputation • Increased attendance of urgent/acutely unwell children attending RSH. • Requiring additional senior paediatric decision maker on site at RSH provided by the non-resident on-call paediatrician at RSH will impact on in hour's scheduled clinical work such as OPD, Medical Day Cases at RSH. • Closure of medical day case leading to cancellation of medical day cases requiring re-scheduling. This will provide 2 x paediatric nurses in ED 9am – 5pm. Also will provide associate specialist or APNP to attend RSH ED 9am – 10pm.A&E Paediatric trained nurse's move from PRH to RSH • Increased media attention
Up to 1 week	• Same as above • Closure of medical day case leading to cancellation of medical day cases requiring re-scheduling. • Re provision of day case medical model to meet service need (PRH) • Increased complaints and public concerns raised
Up to 2 weeks	• Same as above • National attention • Potential risk to long term service delivery • Staff morale issues • Risk of long term sickness issues to add to staffing problems • Financial implications – loss of income

Resource Requirements for Paediatrics

Time	No. of staff	Relocation?	Resources required	Data required	Responsible person or role title
First 24 hours	If urgent/acutely unwell children are taken to RSH, ED consultants/senior doctor assess and stabilise in the initial half an hour. Non-resident senior decision maker attends on-site at RSH ED.	At request of A/E Consultant or Registrar - Non-resident senior decision maker attends on-site at RSH ED.	• 2 additional paediatric locums. • Contact peripheral hospitals to inform of PRH A/E closure. Details can be found in Paediatric Escalation Policy. • Contact WMAS and POWYS to inform of PRH A/E closure and divert paediatric emergencies to alternative Trusts – New Cross being the closet.	• Contact numbers for non-resident senior paediatric decision makers – via Switchboard. • Medical Staffing on-call to request locums. • WMAS contact 01213079119 and Powys Ambulance Service on 01267229476	• Consultant Paediatrician of the week. • Non-resident Consultant on-call • Service Managers • Clinical Site Manager
24 – 48 hours	Same as above.	Same as above.	• Same as above. • A&E Paediatric trained nurse's Band 5/6) move from PRH A/E to RSH A/E?	• Same as above. • A/E Lead Nurse to organise transfer of staff	• Same as above.
Up to 1 week	Same as above.	Move cold case activity to PRH Recruit a bank paediatric nurse to cover increased activity at PRH.	• Same as above.	• Same as above. • Contact for alternative NHS Trust providers. • Contact for WMAS.	• Same as above.
Up to 2 weeks	Same as above.	Same as above.	• Same as above.	• Same as above. • Contact for alternative NHS Trust providers. • Contact for WMAS.	• Same as above.

Paediatric Service Key Contact Sheet

Contact	Mobile Number	Useful information
Jo Banks	via Switchboard	Update Switchboard with personal contact details for all identified on this list
Lynn Atkin	via Switchboard	
Emma Dodson	via Switchboard	
Lisa Gilks	via Switchboard	
Mr Andrew Tapp	via Switchboard	
Dr Andrew Cowley	via Switchboard	
Dr Tabitha Parsons	via Switchboard	
West Midlands Ambulance Service	via Switchboard	
POWYS Ambulance service	via Switchboard	
Temporary Staffing	via Switchboard	

V. Impact Analysis of Fracture Clinic (RSH)

Critical Function (describe essential activity):	Maintain the delivery of high volume New & Follow up fracture clinics and wound dressing service within close proximity of Plaster Room and x-ray due to patient mobilisation difficulties

Effect on Service if disrupted:

Time	Describe effect on service if disrupted:
First 24 hours	• Risk of patient harm if service cannot be provided. Traumatic injuries require prompt and timely review to mitigate against risks of dislocation and infection • Some patients may be able to be delayed 24-48 hours but additional capacity would be required (space & surgeons) to manage the increased volume of patients generated by the delay
24 – 48 hours	• Risk of patient harm if service cannot be provided • Patient appointments could not be delayed due to the significant volume of additional capacity (space and surgeons) required to manage the increased volume of patients needing to be seen generated by the unavailability of this service
Up to 1 week	• Severe risk of patient harm if service cannot be provided
Up to 2 weeks	• Severe risk of patient harm if service cannot be provided

Resource Requirements for Recovery:

Time	No. of staff	Relocation?	Resources required	Data required	Responsible person or role title
First 24 hours	6 Surgeons 2 RNs 3 HCAs 2 receptionists	Due to urgent nature of patient group Trauma New, FUP # & dressing clinics would need to be relocated Also host daily RJAH elective clinics which would need to be relocated or cancelled	• 7 treatment rooms • Clinical supplies inc dressings • Waiting room for up to 100 people at a time that is free from hazard to allow the safe use of frames, walking sticks and wheelchairs • Members of staff to contact patients to advise them of clinic relocation • Clinic reception desk/PC with SEMA to log patients • Patient notes • Close proximity to Plaster Room & x-ray (due to patients' restricted mobility)	• SEMA • Patient notes	• MSK matron • PACC & TACC Matron • MSK Clinical Director • MSK On call consultant • Outpatient sister • Lead # clinic Nurse • PAC & TACC Operational Manager • MSK Operational Manager • Centre Manager • Communications team
24 – 48 hours	6 Surgeons 2 RNs 3 HCAs 2 receptionists	Due to urgent nature of patient group Trauma New, FUP # & dressing clinics would need to be relocated Also host daily RJAH elective clinics which would need to be relocated or cancelled	• 7 treatment rooms • Storage for clinical supplies inc dressings • Waiting room for up to 100 people that is free from hazard to allow the safe use of frames, walking sticks and wheelchairs • Members of staff to contact patients to advise them of clinic relocation • Clinic reception desk/PC with SEMA to log patients • Patient notes • Close proximity to Plaster Room & x-ray (due to patients' restricted mobility)	• SEMA • Patient notes	• MSK matron • PACC & TACC Matron • MSK Clinical Director • MSK On call consultant • Outpatient sister • Lead # clinic Nurse • PAC & TACC Operational Manager • MSK Operational Manager • Centre Manager • Communications team
Up to 1 week	6 Surgeons 2 RNs 3 HCAs 2 receptionists	Due to urgent nature of patient group Trauma New, FUP # & dressing clinics would need to be relocated Also host daily RJAH elective clinics which would need to be relocated or cancelled	• 7 treatment rooms • Storage for clinical supplies inc dressings • Waiting room for up to 100 people that is free from hazard to allow the safe use of frames, walking sticks and wheelchairs • Members of staff to contact patients to advise them of clinic relocation • Clinic reception desk/PC with SEMA to log patients • Patient notes • Close proximity to Plaster Room & x-ray (due to patients' restricted mobility)	• SEMA • Patient notes	• MSK matron • PACC & TACC Matron • MSK Clinical Director • MSK On call consultant • Outpatient sister • Lead # clinic Nurse • PAC & TACC Operational Manager • MSK Operational Manager • Centre Manager • Communications team
Up to 2 weeks	6 Surgeons 2 RNs 3 HCAs 2 receptionists	Due to urgent nature of patient group Trauma New, FUP # & dressing clinics would need to be relocated Also host daily RJAH elective clinics which would need to be relocated or cancelled	• 7 treatment rooms • Storage for clinical supplies inc dressings • Waiting room for up to 100 people that is free from hazard to allow the safe use of frames, walking sticks and wheelchairs • Members of staff to contact patients to advise them of clinic relocation • Clinic reception desk/PC with SEMA to log patients • Patient notes • Close proximity to Plaster Room & x-ray (due to patients' restricted mobility)	• SEMA • Patient notes	• MSK matron • PACC & TACC Matron • MSK Clinical Director • MSK On call consultant • Outpatient sister • Lead # clinic Nurse • PAC & TACC Operational Manager • MSK Operational Manager • Centre Manager • Communications team

Fracture Clinic Service Key Contact Sheet

Contact	Mobile Number	Useful information

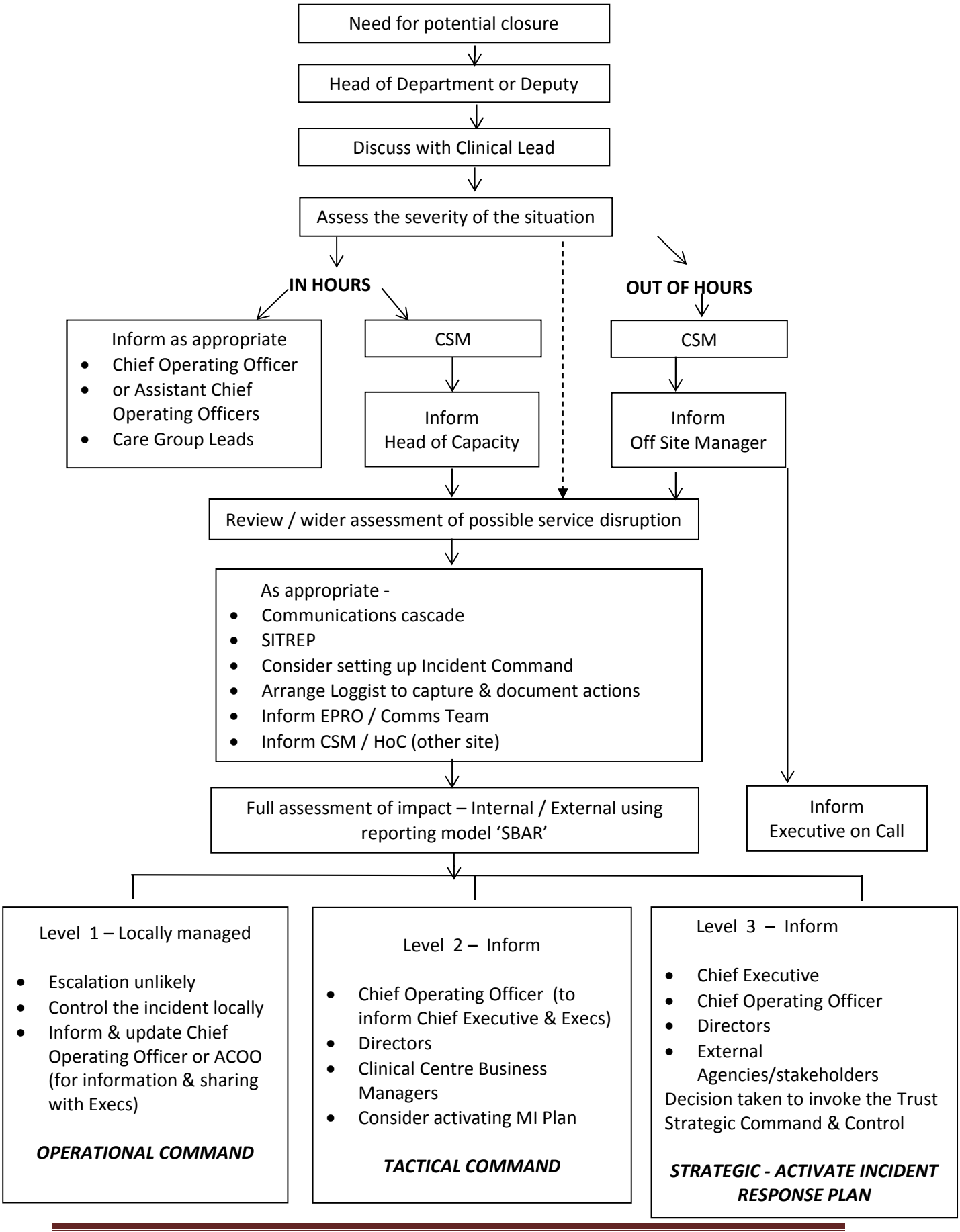
5. Critical Function Priority List – Order of importance to maintain function

Priority	Critical Function
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

This list can be used during an emergency to assist decision making when compiling an Action Plan as to which function needs to be reinstated first.

6. Appendices

Appendix 1 - Notification flow chart for ED Closure



7. Emergency Response Checklist for use during an emergency

- Start a log of actions taken: ☐
- Liaise with Senior Management/Emergency Services: ☐
- Identify any damage: ☐
- Identify Functions disrupted: ☐
- Convene your Response / Recovery Team: ☐
- Provide information to staff: ☐
- Decide on course of action: ☐
- Communicate decisions to staff, other departments & management: ☐
- Provide public information to maintain reputation and continuing performance: ☐
- Arrange a Debrief: ☐
- Review Business Continuity Plan: ☐

8. Log Sheet

Date	Time	Information / Decisions / Actions	Initials

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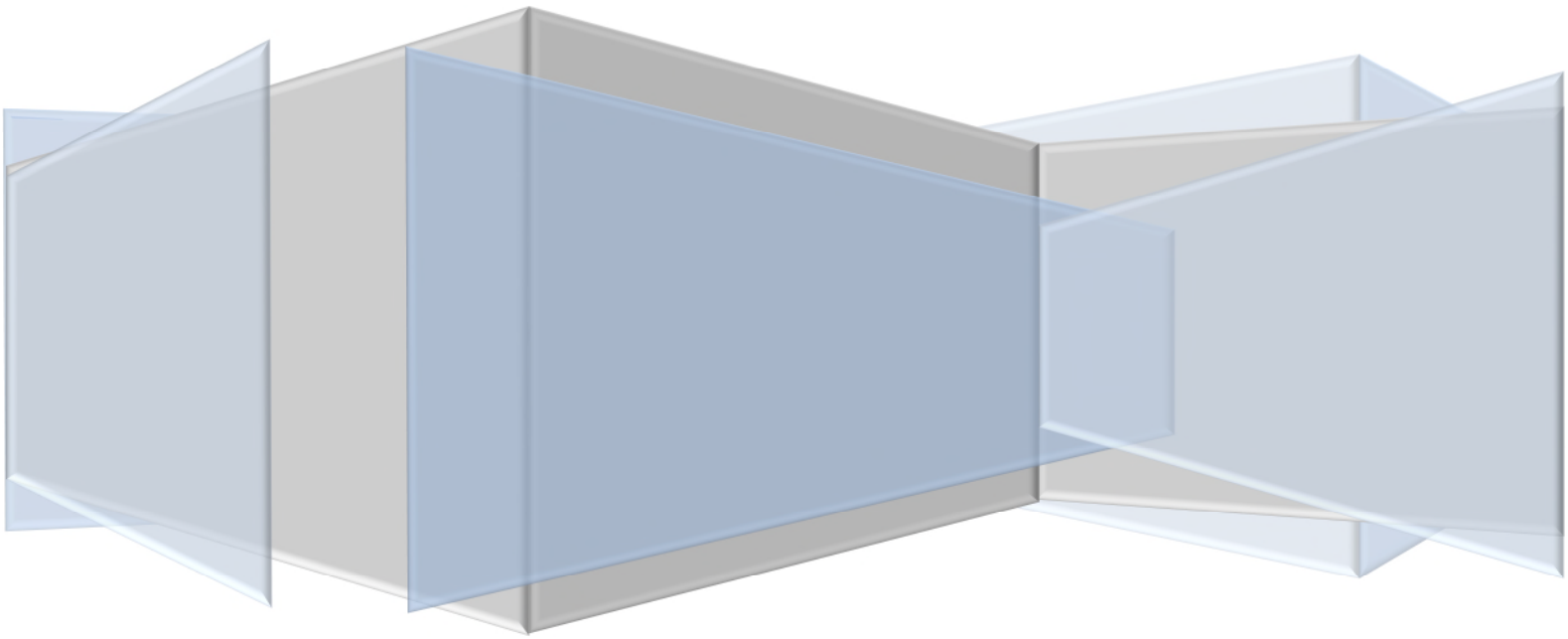
The Shrewsbury and Telford Hospital NHS Trust

Paper 8

Business Continuity Plan – Communications Toolkit

Process to be followed if immediate overnight closure of PRH A&E is needed



Contents

Process for closing an Emergency Department at short notice if needed. How do we action and communicate this?

Immediate (ASAP and in order)

- If the decision is taken during office hours (9am-5pm Monday – Friday) the Communications Team should be contacted and they will take control.
- If the decision is taken outside of office hours. The Exec-on-call should use this Toolkit to ensure the following actions are completed.
- The Comms Team do not have work telephone. However, should you need to contact us in an emergency our personal numbers are kept in the team's Business Continuity Plan 'Battle Box'.

- Inform key stakeholders (see page 3)
- Issue internal staff message as a global email (page 4)
- Put statement on Trust's website (page 5 and 6)
- Issue social media statement from SaTH accounts (page 7 and 8)
- Issue media release by email (page 9)

Second stage (ASAP)

- If the decision is taken during office hours (9am-5pm Monday – Friday) the Communications Team should be contacted and they will take control.
- If the decision is taken outside of office hours. The Exec-on-call should use this toolkit to complete the below tasks if possible. However, as the statements have been posted on our social media accounts these tasks can wait until office hours if necessary.

- Put statement on Trust's intranet page (page 10)

Third stage (within 24-hours)

Tasks to be completed by the Communications Team.

- Invite media to a briefing with senior member of the Executive Team (why decision was taken and what happens next).
- Issue another staff message to ensure they are kept in the loop with regards media coverage.
- Issue additional social media messages

Fourth stage (next few days)

Tasks to be completed by the Communications Team during office hours.

- Make a video that clearly explains why the decision was taken and what happens next. The video should be suitable for all audiences and put on the Trust website
- Promote the video using social media.
- Produce posters/infographics. Print in A1 and display in noticeboards around the hospitals.
- Produce leaflet/newsletter to explain why they decision was made and what happens next. These can be issued via emails to stakeholders and distributed among waiting rooms in our hospitals.
- Consider paid advertisement to get important message across.

Informing key stakeholders

- **Contact the CCGs and NHS England and NHS Improvement ASAP**
- **Below is a statement for SaTH and T&W CCG to issue to their key stakeholders**
- **When issuing the below statement to stakeholder, be sure to fill in the gaps in red.**
- **It might be appropriate for senior members of the Exec Team to ring certain stakeholders in addition to the email from Comms.**

STARTS:

The Emergency Department at the Princess Royal Hospital (PRH) in Telford has been temporarily closed overnight after senior clinicians and hospital leaders agreed it was the only way of keeping patients safe.

Fragile services at The Shrewsbury and Telford Hospital NHS Trust, which runs the Royal Shrewsbury Hospital (RSH) and the PRH, became unsustainable at TIME on DATE due to there not being enough staff to provide a safe service, 24-hours a day at two A&E departments.

Doctors, Nurses and other health professionals in emergency care, critical care and acute medicine, as well as other specialties, have for a long time been clear about how fragile some of our services are. In March 2017, SaTH's Trust Board was told that all options had been explored and the only viable option, should a "tipping point", where safe services could no longer be maintained, be reached, was the temporary suspension of A&E services at PRH overnight.

Since then, Trust leaders – including Doctors, Nurses and support staff – have been meeting with healthcare partners and patient representatives to look into the detail of these proposals.

The Trust which runs Shropshire two acute hospital has now reached the tipping point.

Colin Ovington, Director of Transformation, said: "We have been clear from the outset that this is about the safety of our patients. The fragility of our A&E Departments at PRH and RSH is well known and we had no choice but to enact our plan before we reached a crisis point.

"These closures will continue INSERT NUMBER nights. This means that A&E will not be able to admit or treat any patients overnight during these times.

"People who suffer a life-threatening or serious injury and illnesses following an accident or medical emergency are requested to report to the A&E department at RSH. The A&E team from PRH will relocate to RSH, which is a designated trauma unit and therefore must remain open on a 24-7/all year round."

Dr Jo Leahy, local GP and Chair of Telford & Wrekin Clinical Commissioning Group, added: "We are fully aware of the problems in manning two A&E departments. Whilst we appreciate that closing the department overnight will cause considerable disruption to local people seeking emergency treatment, the A&E department at RSH is open and offers a 24/7 emergency service 365 days of the year..

"We are working with the hospital Trust to try and resolve the issue as expediently as possible, but patient safety is paramount and neither party would agree to any arrangements that might compromise that.

"We thank people for their patience and would ask that they remember A&E is for emergencies only. For more information about how to access other services, please visit NHS Choices website www.nhs.uk."

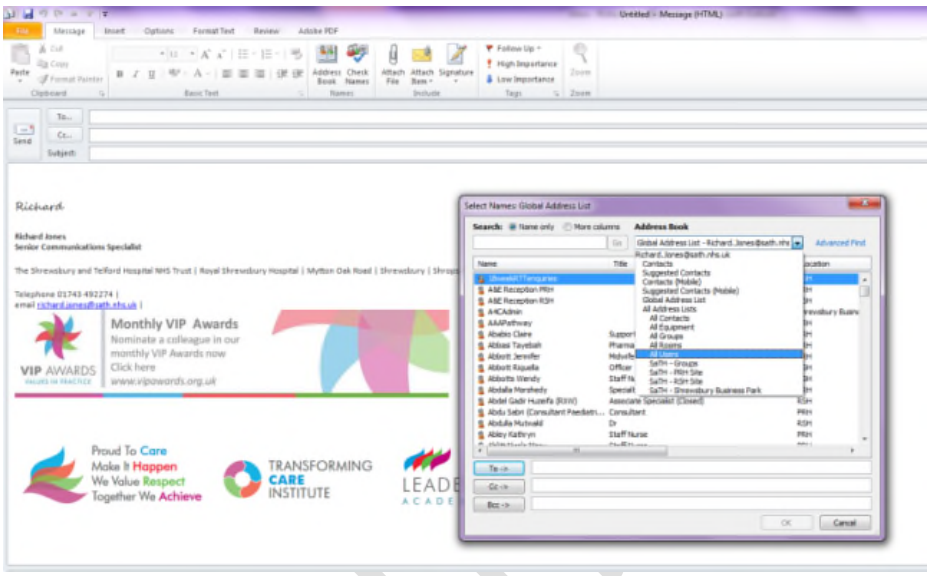
Anyone seeking medical treatment that is not a life-threatening injuries or illness should call 111 the NHS non-emergency number.

ENDS

Message for SaTH staff

Please copy and paste this message and email as a global to all staff.

TIP: *When issuing a global email send it to yourself and then blind copy everyone else in. Choose all users (see illustration, right) and then send the message in two batches (everyone's surname ranging from A-M and then N-Z).*



If Comms team issue it should come from Simon Wright, Chief Executive. If it is issued out of hours it should be signed by the director on call who issues it from their email account.

STARTS:

Dear colleague,

The Emergency Department at PRH has been temporarily closed overnight after senior clinicians and hospital leaders agreed it was the only way of keeping our patients safe.

Fragile services at SaTH became unsustainable at TIME on DATE due to there not being enough staff to provide a safe service, 24-hours a day at two A&E departments.

Doctors, Nurses and other health professionals in emergency care, critical care and acute medicine, as well as other specialties, have for a long time been clear about how fragile some of our services are. In March 2017, SaTH's Trust Board was told that all options had been explored and the only viable option, should a "tipping point", where safe services could no longer be maintained, be reached, was the temporary suspension of A&E services at PRH overnight.

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Thank you for all the hard work you during this challenging period. We will keep you updated on future developments as and when they happen.

SIGN OFF WITH YOUR NAME AND JOB TITLE

ENDS

Upload statement to SaTH's website

Copy and paste the media statement (found on page 6) and upload to SaTH's website. Instruction on how to do this follow:

1) Visit www.sath.nhs.uk/sath-admin-panel

2) Username: xxxxxxx

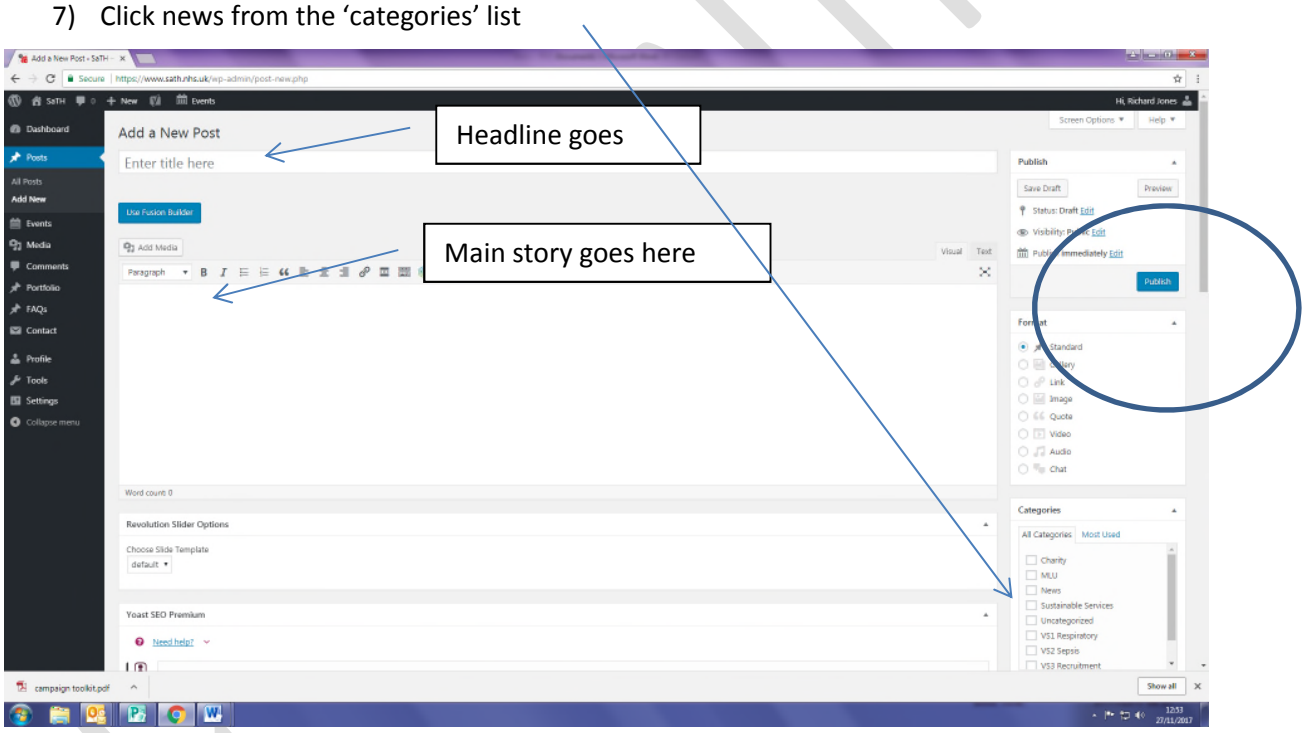
3) Password: xxxxxxxxxxxxxx

4) Click 'New' and then click 'post

5) For the headline – where it says 'enter title here' – write Emergency Department at Princess Royal Hospital temporarily closed for XX nights

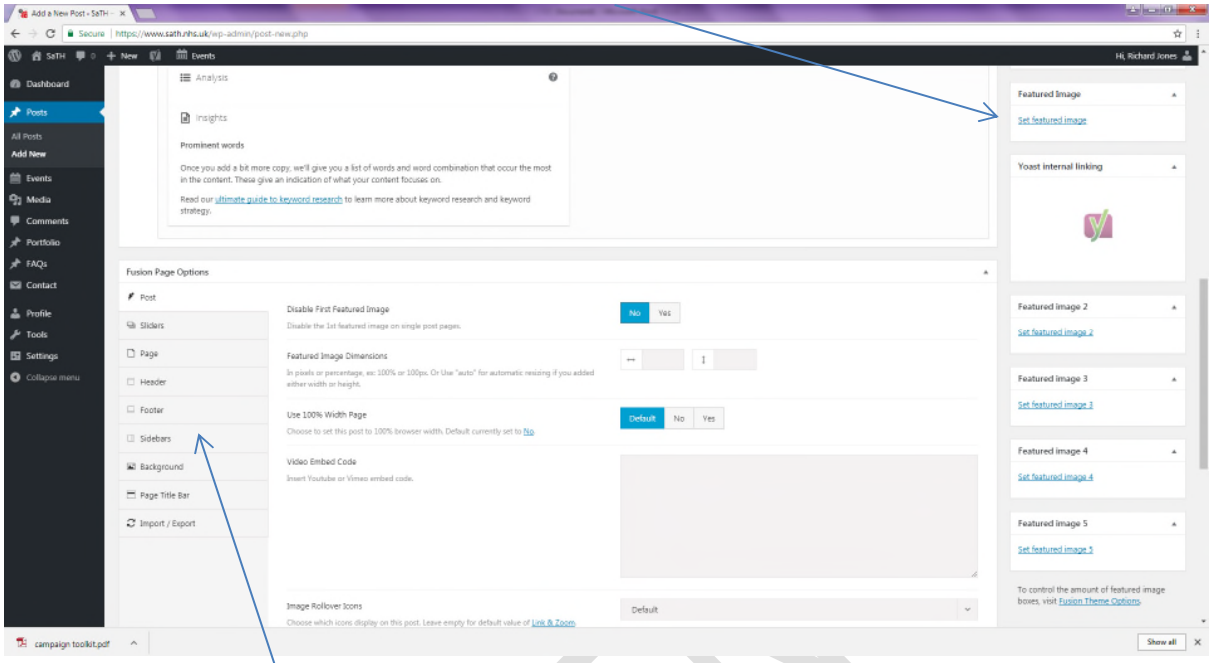
6) In the main text box write the date at the top and then copy and paste the media statement.

7) Click news from the 'categories' list



More instructions on next page

8) Click ‘set featured image’ and the where it says ‘Filter by Media Category’ select Trust logos. Choose a suitable Trust logo, click and press ‘set featured image’.



9) Click ‘sidebars’.

10) Under the drop down selection for ‘Select sidebar 1’ choose News and Media

11) Press publish at the very top of the page (circled on diagram 1).

12) Check on our website – www.sath.nhs.uk – that the article has been published correctly. The article will appear under ‘new and media’ – ‘latest news’.

Issue message on social media

Login details

Facebook: XXXXXXX (username) XXXXXXX (password)

Twitter: XXXXXXX (username) XXXXXXXX (password)

Message for Twitter:

A&E at the Princess Royal Hospital has been temporarily closed overnight until XXX after senior clinicians and hospital leaders agreed it was the only way of keeping patients safe. Full statement at www.sath.nhs.uk

Message for Facebook:

The Emergency Department at the Princess Royal Hospital (PRH) in Telford has been temporarily closed overnight after senior clinicians and hospital leaders agreed it was the only way of keeping patients safe.

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"We are working with the hospital Trust to try and resolve the issue as expediently as possible, but patient safety is paramount and neither party would agree to any arrangements that might compromise that.

"We thank people for their patience and would ask that they remember A&E is for emergencies only. For more information about how to access other services, please visit NHS Choices website www.nhs.uk."

Anyone seeking medical treatment that is not a life-threatening injuries or illness should call 111 the NHS non-emergency number.

Issue media release

Copy and paste the below media release (be sure to update the red blanks) and issue via email to all media contacts (found at the end of this toolkit)

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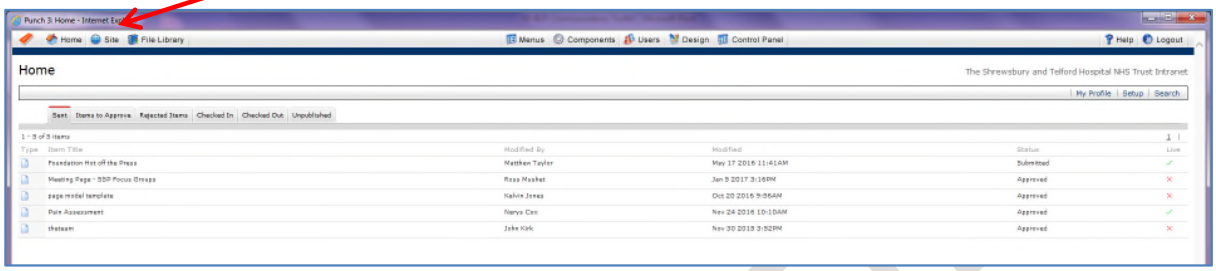
ENDS

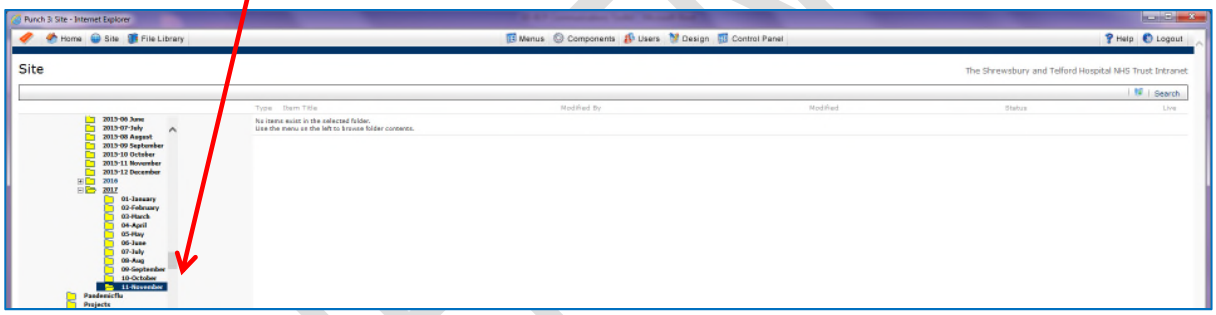
Upload statement to intranet

Copy and paste the statement and upload to the intranet as a news article. Please find instructions on how to do this below:

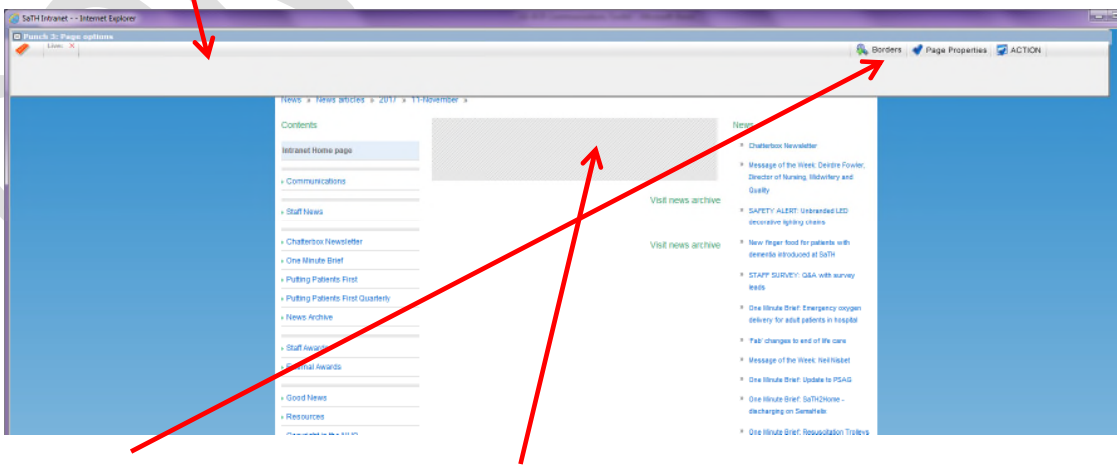
- Open Internet Explorer (do not use Chrome or other internet browsers)
- Go to http://intranet.sath.nhs.uk/admin/
- Login using your username and password
- Click 'Site'



- Scroll down through the menu until you get to 'news' and the click on the + symbol
- Open up 'news articles' by clicking on the + symbol.
- Continue to work your way through the correct folders until you are in the correct month and year

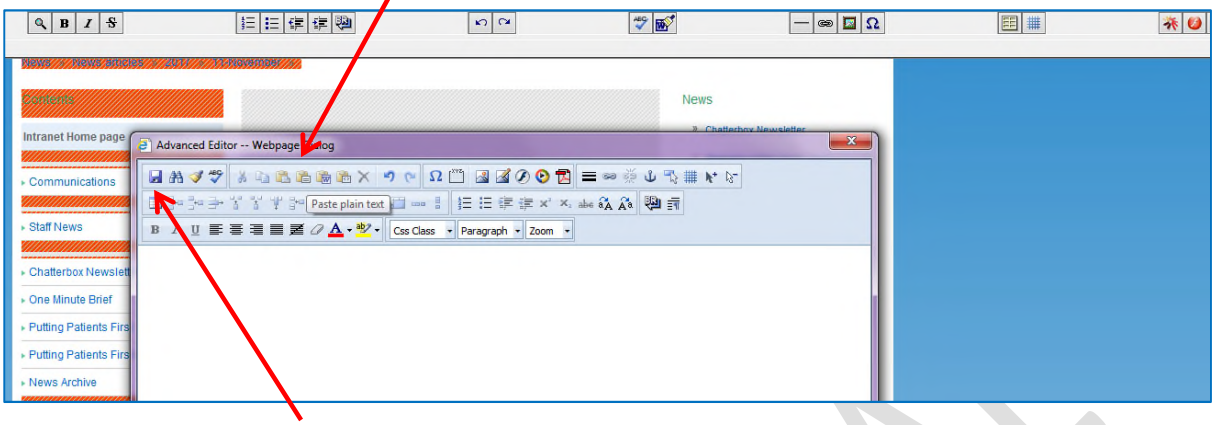


- When you arrive at the correct month, right click and choose 'add news'. You should arrive at this screen

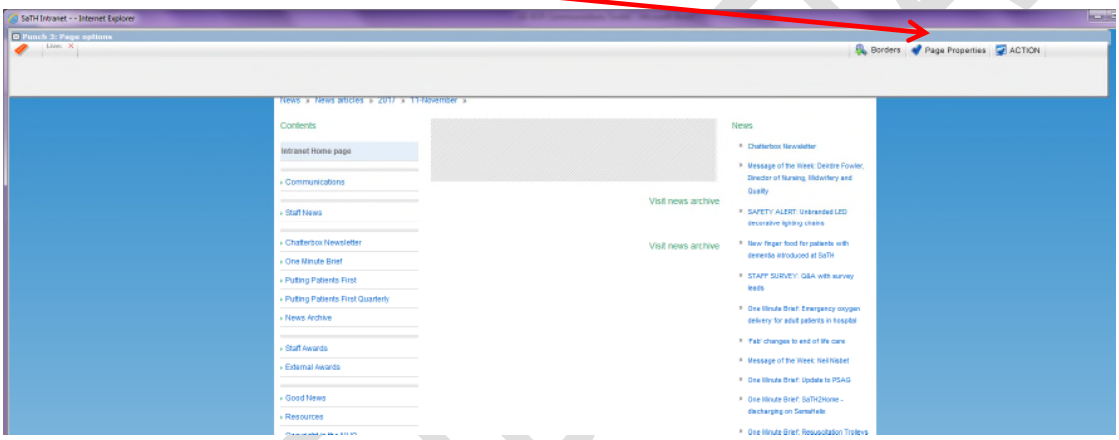


- Click 'borders' and then click in the 'headline' box. When it opens type in the headline - Emergency Department at PRH temporarily closed for XX nights
- Click in the grey box beneath the headline box and the click 'advanced editor' in the top left hand corner.

- Copy the media release and then press 'paste plain text'. (Do not paste in the normal way as it will not format correctly)

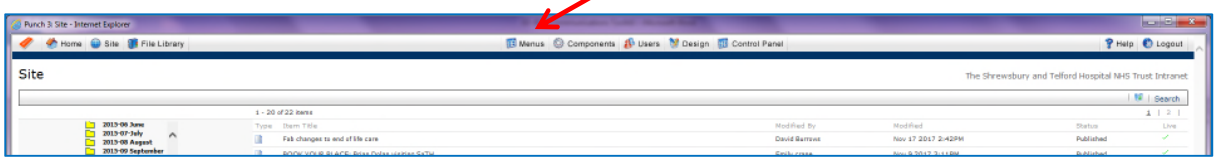


- Click the save button in the top left hand corner to return to the previous screen.
- Click page properties

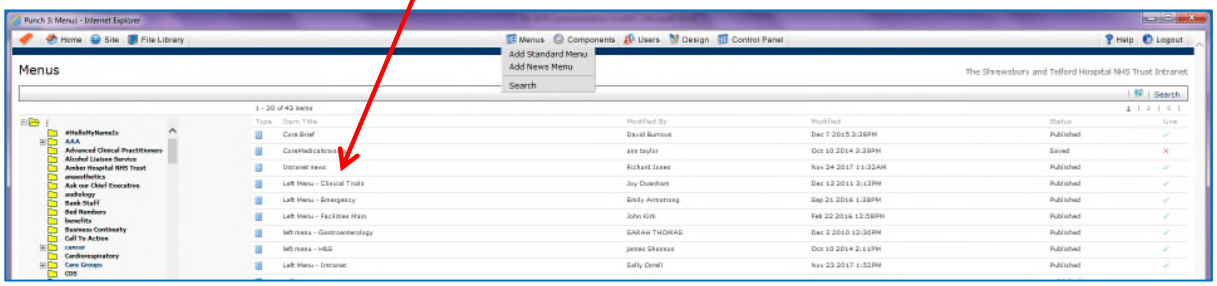


- Where it says 'File name' write the date eg.171128 and then a key word. For example your file name could be 171128-emergency if written on 28 November 2017. NOTE: There should be no spaces, symbols or capital letters used.
- In the box entitled 'Browser Window Title' write: Emergency Department at PRH temporarily closed for XX nights
- Copy that headline and paste into the following places: Meta Keywords and Meta description.
- Choose the 'Link' tab (you are currently in 'General' text and also paste into: 'Link Text' 'Mouse over Message' and 'Link Description'.
- Click 'OK'
- If you are happy with the way it looks, press 'Action' and then 'Publish' from the top left hand corner.

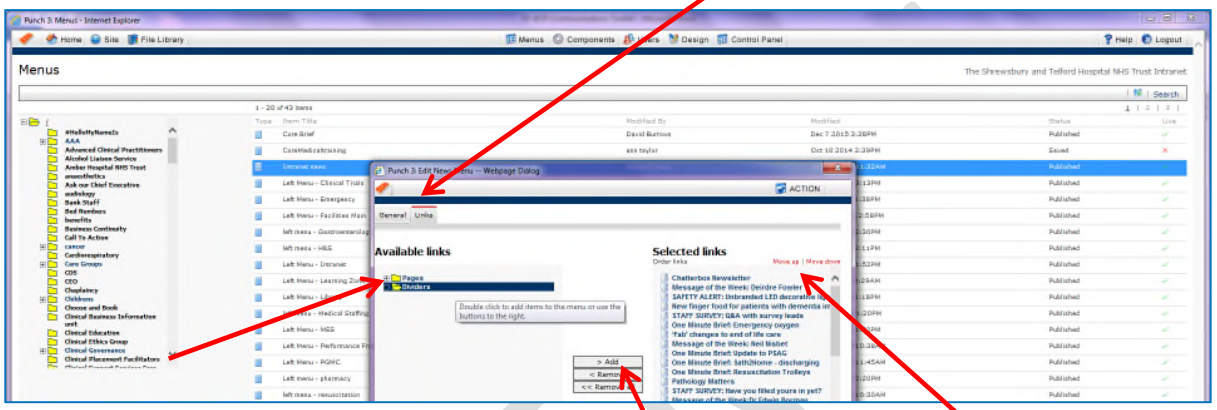
- When back at the first screen, click Menus



- Then click ‘Intranet News’



- Click on the ‘links’ tab to bring you to the below screen



- Click ‘Pages’, scroll down and click ‘news’, then click ‘news articles’, then scroll through to the correct year and date.

- Once in the correct folder click on your story. It will be called ‘Emergency Department at PRH temporarily closed for XX nights’ and then click ‘add’.

- Once the story has been added to the list of stories on the right hand side of the screen, click on it and keep on pressing ‘move up’ until it is at the very top (making it the first story on the intranet).

- If done correctly the story should now be on the intranet. To check, just log on to the intranet and have a look in the news menu.

Media and Stake holder contacts will be added to this document if it needs to be used as part of the Business Continuity Plan.

Implementation of Business Continuity Plan: Closure of PRH ED from 22.00hrs to 08.00hrs Timeline (Draft v1.1 for comment)									
Actions	**Owner**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**
Management of service levei impact - internal									
Identification of dedicated clinical lead for ENT, development and implementation of service area plan for transition.	**TBC**	**S**	**S**	**S**					
Identification of dedicated clinical lead for Max Fax, development and implementation of service area plan for transition.	**TBC**	**S**	**S**	**S**					
Identification of dedicated clinical lead for Stroke & Cardiology, development and implementation of service area plan for transition.	**TBC**	**S**	**S**	**S**					
Identification of dedicated clinical lead for H&N, development and implementation of service area plan for transition.	**TBC**	**S**	**S**	**S**					
Identification of dedicated clinical lead for Paeds, development and implementation of service area plan for transition.	**TBC**	**S**	**S**	**S**					
Identification of dedicated clinical lead for AMU, development and implementation of service area plan for transition.	**TBC**	**S**	**S**	**S**					
Identification of dedicated clinical lead for RSH Fracture Clinic , development and implementation of service area plan for transition.	**TBC**	**S**	**S**	**S**					
Identification of dedicated clinical lead for both ED's, development and implementation of service area plan for	**TBC**	**S**	**S**	**S**					

Actions	Owner	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Review and sign off of service area plans	TBC				S				
Management of external agencies									
Assessment of impact upon WMAS/Welsh ambulance service undertaken and transition plan developed	TBC	S	S	S					
Assessment of impact upon patient transport service undertaken and transition plan developed	TBC	S	S	S					
Assessment of impact upon Shropdoc undertaken and transition plan developed	TBC	S	S	S					
Assessment of impact upon Shropcom undertaken and transition plan developed	TBC	S	S	S					
Assessment of impact upon neighbouring Trusts (NX/UHNM/BCH/CoC/Welsh border) undertaken and transition plan developed	TBC	S	S	S					
Workforce Plan									
Review of current staffing position/rota's etc. across both ED's for medical and nursing workforce, identify staffing requirements for revised service requirements and develop plan to implement plan as required	TBC	S	S						
Identify any management of change requirements and implement	TBC			S	S	S	S	S	S
Develop 4 week transition plan	TBC				S	S	S		
Medical Director to seek permission from Deanery for medical staff to work at alternative site as required	TBC	S							
Align with Staff Side	TBC				S	S	S	S	S

Actions	Owner	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Alignment with Assurance Bodies/regulations									
Confirm requirements re engagement/ consultation process	TBC	S							
CCG's	TBC	S							
NHS I	TBC	S							
NHS E	TBC	S							
Healthwatch	TBC	S							
HOSC	TBC	S							
Confirm with partners any other requirements and follow up	TBC	S							
Contracting and finance									
Establish DoF Task & Finish Group to determine system wide financial plan	TBC	S							
Model activity and financial implications internally and across the system e.g NEPT impact for commissioners	TBC	S	S	S					
Service area leads to review existing SLA's and identify any potential contractual issues - contracting team to follow up	TBC	S	S	S					
Commissioners and sub contract partners to be formally notified of service change	TBC				S	S	S		
? Approval from NHS I/E	TBC				S				
Communications									
Development and implementation of detailed internal/external coms strategy - see attached plan	TBC	S	S	S	S	S	S	S	S
Practical preparations									
All ancillary areas to have detailed kit plan prepared	TBC			S					
Implement procurement	TBC				S	S	S		

Actions	Owner	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
Plan for fracture clinic to be relocated	TBC				S	S	S		
Physical capacity plan to be mapped	TBC		S	S	S	S	S	S	S
Governance (to be populated with mtg dates)									
Sustainability approval	TBC								
Quality and safety approval	TBC								
workforce committee approval	TBC								
board approval	TBC								
Joint HOSC	TBC								

Actions	Owner	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8

Emergency Department Business Continuity Plan (short notice)
Communications Plan Version 1.0 — 21 November 2017

The Shrewsbury and Telford Hospital NHS Trust

Stakeholder Groups

A. Patients, Service Users
This is a key group that needs to be engaged with and involved, including through the use of PEIP, our extensive stakeholder engagement plan, social media and the local media to encourage them to help shape the project.

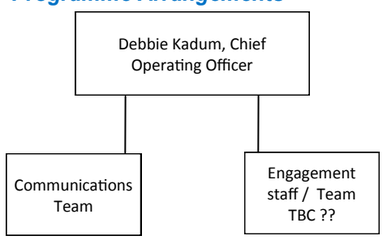
B. Members, Public, Communities
See A

C. Media
The media will attend the Board meetings that this plan will be discussed at, so will report from there. We will also issue proactive or have on file reactive statements. Consider media briefings as and when necessary.

D. Staff, Partners, Commissioners
Staff and partners need to be engaged through the process, including Healthwatch and Community Health Council members. They need to be invited to be involved through our stakeholder engagement plan.

E. Political
We need to ensure that Politicians are kept fully briefed about this process at all stages—through regular MP meetings, as well as formal communications as and when necessary.

Programme Arrangements



Messages

- SaTH is to work with stakeholders to ensure the continued provision of safe and dignified emergency care.
- The Trust has repeatedly stated that the current fragility of Emergency Departments at the Royal Shrewsbury Hospital (RSH) and the Princess Royal Hospital (PRH) in Telford means that the Trust cannot continue to operate as it is in the long-term.
- The fragility of emergency care was a major issue when NHS Future Fit began in 2014, when SaTH had seven substantive Consultants for two sites.
- More recently, a Consultant left the Trust in December 2016, with another Consultant due to leave in summer/autumn 2017.
- This will leave the Trust with four substantive Consultants, supported by four locums to run two A&Es 24-hours-a-day, seven-days-a-week. Not all of these Doctors provide on-call cover. Currently, between Wednesday and Sunday there is no overnight Consultant cover at PRH, and Consultant cover only every other weekend, with support being provide remotely by the Consultant at the Trauma Unit at RSH.
- This fragility is one of the main focuses of SaTH's Sustainable Services Programme, which feeds into NHS Future Fit. It is also a key element of Shropshire's Sustainability and Transformation Plan.
- Both propose an option of one single, fully staffed and equipped Emergency Centre supported by A&E services at both hospitals, one Diagnostic and Treatment Centre and Local Planned Care on both sites.
- This would ensure that the sickest patients would have access to better Emergency, Urgent and Critical Care Services and help to attract the best Doctors and Nurses and other healthcare professionals, with facilities fit for the 21st Century to stop further health services leaving our counties.
- Measures already taken by SaTH include:
  - ◊ Discussions with neighbouring Trusts in the hope of seeking support to maintain adequate staffing to retain two 24-hour A&Es.
  - ◊ Advertising for two joint Consultant posts with another hospital.
  - ◊ Approving the appointment of an additional locum Consultant over and above a locum appointed to replace a Consultant who recently left.
- Unfortunately, so far none of these measures has been successful. SaTH is relying on the goodwill of staff to keep emergency departments running.
- Further engagement will be carried out with partners as well as assessments on the impact of any implementation option on not just our emergency care, but also other supporting services, resulting in the development of a detailed delivery plan.
- In the meantime we are continuing our efforts to recruit Substantive and/or Locum Consultants to alleviate the situation.

Outcomes

- Public and staff are aware of the fragility of A&E and the process under way to determine a delivery plan.
- Public, staff and partner organisations are engaged in the process and involved in helping to shape the delivery plan.
- Communications around this are led by SaTH and messages are issued to the media and stakeholders on our terms.
- This process can also be used to reiterate alternatives to A&E—emphasising the fragility of the service, but also to encourage people to use alternatives to A&E.
- The importance of the Sustainable Services Programme can also be highlighted—emphasising the need for the programme to progress to help ensure we have two vibrant hospitals for the next 20 years.

Key Risks	L	C	LxC	Mitigation
Partners and the wider community are not engaged in the process to help develop a delivery plan.	4	3	12	Promotion of the engagement using our extensive stakeholder engagement list and reactive and proactive media releases.
Capacity to engage is restricted—no dedicated engagement team at SaTH.	4	5	20	This is a significant risk and needs to be addressed not just for this work, but for wider engagement at the Trust.
Media pre-determine outcome leading to reports of an A&E closure overnight, and concern amongst the public	4	5	20	This is a risk if the media reads things into the process, or perceives an outcome, but can be mitigated to some extent by issuing messages on our terms.

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Developing Options	**Board meeting on options**	**Engagement on options**	**Decision made to close on ED**	**Promotion of the decision**
√ Care Group briefings with staff in ED ahead of any public messaging (including wider staff messages).	√ Board paper author needs to ensure guidelines from NHSI are followed and including to ensure due process is followed.	√ Care Group briefings with staff in ED ahead of any public messaging (including wider staff messages).	• Care Group briefings with staff in ED ahead of any public messaging (including wider staff messages).	• Care Group briefings with staff in ED ahead of any public messaging (including wider staff messages).
√ Inform Health Overview and Scrutiny Committee of proposal to engage on options (1 Feb).	√ Communications Team to have access to Board paper well in advance of the publication to prepare proactive communications.	√ Media releases to promote the engagement events	• Stakeholders to be briefed in person or letters.	• Keep staff briefed and informed about what happens next
√ Message of the Week to staff about proposal to engage on options (1 Feb).	√ Care Group briefings with staff in ED ahead of any public messaging (including wider staff messages).	√ Also consider further options in previous phases	• Media briefing on why the decision has been taken	• Social media to promote what happens now (Facebook/Twitter/Instagram)
√ Verbal update at Trust Board about the proposal to engage and develop options (2 Feb).	√ Media briefing on the options in advance of publication of Board papers.	The following two phases will be necessary if one of our Emergency Departments has to close at short notice. Clearly we want to avoid this at all costs but we have recently been within a couple of hours of not having sufficient middle grades to run two Emergency Departments.	• Media release to be issued alongside media briefing.—this will need to be robust and include clear messages.	• Dedicated intranet page, plus news item and banner on public website to promote what happens now.
√ Reactive statement prepared outlining verbal update to Trust Board, in case messages.	√ Media release to be issued alongside media briefing.		• Social media used to promote the media release, including regular scheduled messaging	• Repeated media releases to promote what happens now.
√ Work needs to take place to identify engagement leads for this to ensure we are ready for the work to go ahead.	√ Social media used to promote the media release.		• Internal staff message ahead of any media coverage.	• Staff message to promote what happens now
√ Keep stakeholders informed of developments from the Board meeting through stakeholder engagement and management plan.	√ Internal staff message ahead of any media coverage.		• Senior member of Executive Team must be available for media interviews, including potentially live.	• Leaflets and posters to promote what happens now.
	√ Further press release prepared once decision has been made at Trust Board.		• Sign need to be put up on the front door of closed ED to direct anyone turning up to the appropriate location.	• Short video to promote what happens now
	√ Senior member of Executive Team available for media interviews			• Infographic to promote what happens now
				• Consider radio/TV/newspaper advertisements if necessary to promote what happens now.
				• Existing mediums to be used (e.g. Safest & Kindest newsletter to promote message widely.
January—late March	Late March (meeting on 30 March)	March onwards	TBC	TBC

Equality Impact Assessment

1.0 Legal requirement for an Equality Impact Assessment.

1.1 The Equality Act (2010) requires public authorities to conduct an Impact Assessment upon their current or draft policies, practices, functions and services on equality grounds. The Equality Impact Assessment will consider the impact on all areas of diversity, i.e. gender, transgender, disability, race, sexual orientation, age, religious belief, marriage and civil partnership and pregnancy.

2.0 An Equality Impact Assessment.

2.1 The equality impact assessment is an assessment of the effect of current, intended or draft policies, programmes or services for any adverse, negative or detrimental outcomes for individuals from diverse backgrounds. Additionally it provides the structure to implement actions to eradicate any adverse, negative or detrimental outcomes, issues or inequalities.

2.2 The purpose of the impact assessment specifically to the NHS is to improve our services by ensuring that we do not discriminate and that the promotion of equality is achieved for both patients and employees.

3.0 When to conduct an Impact Assessment.

3.1 Impact Assessments should be carried out on the introduction of all new or revised policies, procedures, and protocols and on the modification of existing services or implementation of any new services.

3.2 In relation to service delivery the Impact Assessment should be reviewed every three years.

4.0 Process of an Impact Assessment.

4.1 Impact Assessments should follow a *two-stage process as follows:

- **Stage 1 –** Initial Assessment which highlights negative impacts identified, as well as areas of positive benefit or good practice.
- **Stage 2 –** Full Impact Assessment and action plan for those areas of high negative impact highlighted as High Priority at Stage 2.

*** Stage 2 only requires completion if any high negative impacts are identified in Stage 1.**

Guidance notes for Stage 1 Impact Assessment Form

1. **What are the main functions, policies, practices and services?**
   A function is the key duty or aim which can be defined through the policy, practices and services in order to achieve its purpose or intended outcome.

2. **What is the purpose of the policy/service and what are the intended outcomes or differential outcomes?**
   Policies should have set aims and objectives. Intended outcomes are the outcomes that you would expect to be achieving in accordance with the policy. Any differential outcomes are those that have not met the aims, objectives and purpose of the policy or which are unintended consequences.

3. **Implementation date?**
   The date the policy was/will be implemented.

4. **Who does it affect?**
   Services users i.e. patients, staff and other stakeholders, or others as appropriate.

5. **Consultation process?**
   What process for consultation to the groups involved has been undertaken and when? The purpose of the consultation is to outline to the specific groups how the implementation of the policy will affect them and to raise awareness between the groups.

6. **Communication and Awareness?**
   How are any changes/amendments to the policy communicated? How is the policy made aware to all concerned?

7. **How to complete the high/low, positive/negative impacts table**

Positive Impacts

The policy/service may have a positive impact on any of the equality groups outlined in relation to promoting equal opportunities and equality, improving relations within equality target groups, providing target need services to highlighted groups. An example of this would be if a targeted training programme for black and minority ethnic women had a positive impact on black and minority women, compared with its impact upon white women and all men. It would not, however, necessarily have an adverse impact on white women or men.

Negative Impacts

The policy/service may have a negative/adverse impact upon any of the equality target groups outlined i.e. disadvantage them in any way. An example of this would be that if an event were to be held in a building with no loop facilities, a negative/adverse impact would occur for attendees with a hearing impairment.

Factor Scores

Impact	
None	You will need to use your judgement and consultation findings to decide whether there is no impact or a high/low impact – whether positive or negative. It is recognised that there may be differences of opinion about a factor score. In this case, it is advised to consult the relevant E&D lead before settling on a score.
Low	
High	

Any **High** Negative Impact score will illustrate a need to complete a **Full Impact Assessment (stage 2)**. However, it may be useful to conduct Stage 2 of the Assessment even if the negative impact scored low to ensure that a more thorough assessment is carried out.

NB: Please retain a copy of the Impact Assessment(s) on your files for audit purposes and address any queries to the relevant **Patient Engagement, Patient Services or Workforce E&D leads.**

Equality Impact Assessment - Stage 1 – Initial Assessment

Manager's Name	**Stewart Mason**	**Division**	**Operational Directorate**
Function, Policy, Practices, Service	**To provide coordinated guidance in ability to maintain critical service functions in the event of overnight closure of PRH ED (22.00-08.00hrs) including how this is communicated internally and externally.**	**Purpose and outcomes – intended and differential**	**Assurance that all specialities support the recovery process**
Implementation Date	**Immediate effect**	**Who does it affect?**	**Patients, staff, ambulance service providers**
Consultation Process	**Each affected speciality has developed their own recovery plan utilising other specialities plans to ensure a safe overlap during times of change. This has not yet been exercised.**	**Communication and awareness**	**Each contributing speciality will ensure their teams are communicated with and overarching Communications Plan will be maintained by SaTH Communications Team under Executive leadership.**

Equality Target Group	Positive Impact (None/High/Low)	Negative Impact (None/High/Low)	Reason/Comment
Men	None	None	N/A
Women	None	None	N/A
Black/Black British	None	None	N/A
Asian/Asian British	None	None	N/A
Chinese	None	None	N/A
White (including Irish)	None	None	N/A
Other racial/ethnic group (please specify)	None	None	N/A
Mixed race	None	None	N/A
Disabled	None	None	N/A
Gay/Lesbian/Bi-sexual	None	None	N/A
Transgender	None	None	N/A
Younger People (17-25) and children	None	Low	Nature of W&C attendances to PRH ED
Older People (50+)	None	Low	Nature of medical attendances to PRH ED

Faith groups (please specify)	None	None	N/A
Other Group (please specify)	None	None	N/A

Following completion of the Stage 1 assessment, is Stage 2 (Full Assessment) necessary? **No**

Date Completed: 31st January 2018 Manager completing the assessment: Stewart Mason

Equality Impact Assessment Form
Stage 2 – Full Assessment

Manager's Name		**Dept/Centre/Care Group/Directorate**		
What high adverse/negative impact(s) were identified in Stage 1 and which group(s) were affected/				
What changes or actions do you propose/recommend to improve the Function, Policy, Practices and Service to eradicate or minimise the negative impacts on the specific groups?				
Consultation process in relation to the actions and proposals for improvements?				
Communication process to ensure all relevant people informed?				
How will actions and proposals be monitored to ensure their success?			**Date of next review?**	

Date Completed: . . . . . .

Signed by Manager completing the assessment: . . . . . .

Equality Impact Assessment Action Plan

A Stage 2 Action Improvement Plan must be completed clearly defining and planning the actions and proposals identified above. This must include:

- Lead Manager
- Area(s) of negative impact
- Recommendations/amendments proposed
- Action to be taken
- Timescale
- Resource implications

Equality Impact Assessment Process Flow-Chart