

Paper 6

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| Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE | Trust Board is asked to note the content of this report |
| Reporting to: | Trust Board |
| Date | 29 March 2018 |
| Paper Title | ED Workforce Recovery |
| Brief Description | The purpose of this paper is to provide Trust Board with an update on the workforce position and the actions taken to date to increase the workforce establishment and an update on the testing of the associated business continuity plan |
| Sponsoring Director | Nigel Lee, Chief Operating Officer |
| Author(s) | Sara Biffen, Deputy Chief Operating Officer Carol McInnes, Assistant Chief Operating Officer, Unscheduled Care |
| Recommended / escalated by | n/a |
| Previously considered by | Trust Executive Committee |
| Link to strategic objectives | <p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce</p> |
| Link to Board Assurance Framework | RR859 |
| Equality Impact Assessment | <input checked="" type="radio"/> Stage 1 only (no negative impacts identified) <input type="radio"/> Stage 2 recommended (negative impacts identified) <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts |
| Freedom of Information Act (2000) status | <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 |

EXECUTIVE SUMMARY

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| 1. Recommendations |
| Trust board is asked to note the content of this update regarding the ED workforce recovery plan and to receive a further position update in May 2018. |
| 2. Introduction |
| The purpose of this paper is to provide Trust Board with an update on the workforce position and the actions taken to date to increase the workforce establishment and an update on the testing of the associated business continuity plan. |
| 3. Options |
| Options not required. |
| 4. Impact Analysis |
| There is a risk to the Trust's ability to deliver two safe, sustainable ED services as a consequence of the medical workforce gaps as summarised within the paper. |
| 5. Risks & Mitigations |
| The risks associated with the workforce position are articulated within the Board Assurance Framework. |
| 6. Implementation Plan |
| Actions taken to improve the workforce position are outlined within the paper alongside the next steps proposed to ensure a robust business continuity plan is in place. |
| 7. Conclusion |
| Further to the actions taken to date to bridge the workforce gaps there is still a substantial risk that we will be unable to safely manage two ED departments overnight. Therefore as part of our business continuity planning process a table top exercise to test the plan has been undertaken. Further actions to ensure robust plan is in place have been identified and are being progressed. A further update will be provided to Trust Board in May 2018. |

Emergency Department (ED) Workforce Recovery Plan

Introduction

The purpose of this paper is to provide Trust Board with an update on the workforce position and the actions taken to date to increase the workforce establishment and an update on the testing of the associated business continuity plan.

Current Workforce Position

The current workforce position for ED is as follows:

There are 4.0wte substantive Consultants in post, only 3 of whom cover the On Call rota and only 2 that work across site. An additional resignation has been received and their last working day will be 29th April 2018. This will leave only 3.0wte substantive consultants, 1 of whom does not work across site.

The Royal College of Emergency Medicine (RCEM) recommends that all A&E departments should have an establishment of at least 10 Emergency Medicine Consultants to provide up to 16 hours a day of consultant cover. There are 4 Locum Consultants in post following a decision by the Board in December 2016 to over-recruit Locum Doctors to provide additional resilience to the On Call rota as there had been no applicants for the substantive posts.

Due to the challenges of the current workforce configuration across two sites the On Call rota is particularly demanding for our substantive workforce some of whom will consistently provide cover twice a week.

Table 1: Current Consultant Position

| | Required | In post Substantive Consultants | Locums | Total | Gap |
|-------------------------------|----------|---------------------------------------|-------------------|-------|-----|
| SaTH In- Hours | 20 | 4 | 4 | 8 | -12 |
| | | | | | |
| | Required | On Call Substantive Consultants | On Call Locums | Total | Gap |
| SaTH On Call | 20 | 3 | 4 | 7 | -13 |

Whilst there is an On Call frequency of 1:8 rota, 50% of this cover is from Locums who contractually have very little obligation to the Trust which regularly results in 3 of the substantive consultants picking up extra on call shifts – this will reduce to 2 following the departure of one of the substantive consultants on the 20th March. The resignation of a substantive Consultant will move the frequency to a 1:7, which moves the percentage of cover by Locums to 63%, this introduces increased fragility to the service.

The challenge of providing a sustainable medical workforce for ED has been further compounded by an additional middle grade resignation from June 2018 in addition to the substantial gaps that are already in place.

Table 2: Current Middle Grade Position

| Site | Required Number of posts | Substantive in post | Gap |
|--------------------|--------------------------|---------------------|-----|
| RSH | 16 | 4 | -12 |
| PRH | 16 | 6 | -10 |
| Total Trust | 32 | 10 | -22 |

In order to cover the middle grade rota gaps, Consultants are frequently acting down to cover these positions alongside their on call consultant role. Daily meetings are taking place between the emergency centre operational team and medical staffing in an effort to address the rota gaps as detailed above.

Actions Taken

Actions taken to date in an effort to improve our workforce position are as follows:

Substantive Recruitment

- Consultant in Emergency Medicine post has been advertised and closed on the 22nd March, interviews are planned for 30th April. Adverts state “Bespoke packages are available and will be discussed on an individual basis”. This has generated two enquiries which are being followed up
- Specialty Doctors in Emergency Medicine post has been advertised and closed on the 19th March with no applicants
- Recently appointed 1 Specialty Doctors visa implications are being progressed
- Currently advertising Trust ST3 A&E at RSH
- Appointed to the Simulation Fellow in A&E (which will provide 40% clinical work equivalent to 4 sessions per week)
- Engaged over 20 agencies to support with substantive recruitment
- 6 Emergency Care Practitioners have been appointed to provide support to the minors workstream who are due to commence in post throughout April
- Advert to be placed for qualified Advanced Clinical Practitioners to support the SHO equivalent medical roles

Locum Recruitment

- Locum Consultant in Emergency Medicine closed at midnight on the 19th of March, with no suitable applicants
- Actively working with agencies to secure locum cover.
- Interest received this week which is actively being explored
- The Locum Specialty Doctor for Emergency Medicine & Locum Consultant Emergency Medicine posts are all out to our permanent agency recruitment companies

Business Continuity

Further to the actions taken to date to bridge the workforce gaps there is still a substantial risk that we will be unable to safely manage two ED departments overnight. Therefore further to the full business continuity plan for ED being presented to Trust Board in February 2018 as part of our business continuity planning process we have undertaken a table top exercise on the 20th of March with our care groups and system partners including Clinical Commissioning Group Representatives and New Cross Hospital Operational management leads as our closest neighbouring Trust, to test the robustness of these plans. Outputs from this exercise identified that there needs to be further work at specialty level including paediatrics, stroke and cardiology services. It is also clear that further discussion and work is required with other service providers such as New Cross Hospital NHS Trust and the West Midlands Ambulance Service.

We are also working with other Trusts who have already implemented this process to identify any lessons learnt in an effort to mitigate risks. Further testing will take place in the first week of April 2018.

Recommendations

Trust board is asked to note the content of this update regarding the ED workforce recovery plan and to receive a further position update in May 2018.