

ED Business Continuity Interim Update for Trust Board

30/08/2018



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Purpose of the update

The purpose of this update is to provide Trust Board with:

- A summary of the current position regarding the Accident & Emergency Medical & nursing workforce position and the associated risks
- Summarise the work that has been undertaken, and is continuing, with regard to business continuity
- A summary of all options that are being considered to mitigate the risks
- A summary of the next steps and what will be presented at next Trust Board in September

Trust Board – detailed updates

2014

December
2015

March
2016

March
2017

February
2018

Board papers informing of workforce challenges in ED

Paper to Trust Board outlining risks and challenges in relation to maintaining 2 Emergency Departments.

Paper to Trust Board regarding options available to maintain safe and effective urgent and emergency services.

Plan A: mutual aid
Plan B: maintain until future Fit
Plan C: BC plans for PRH closure

Plan A approved

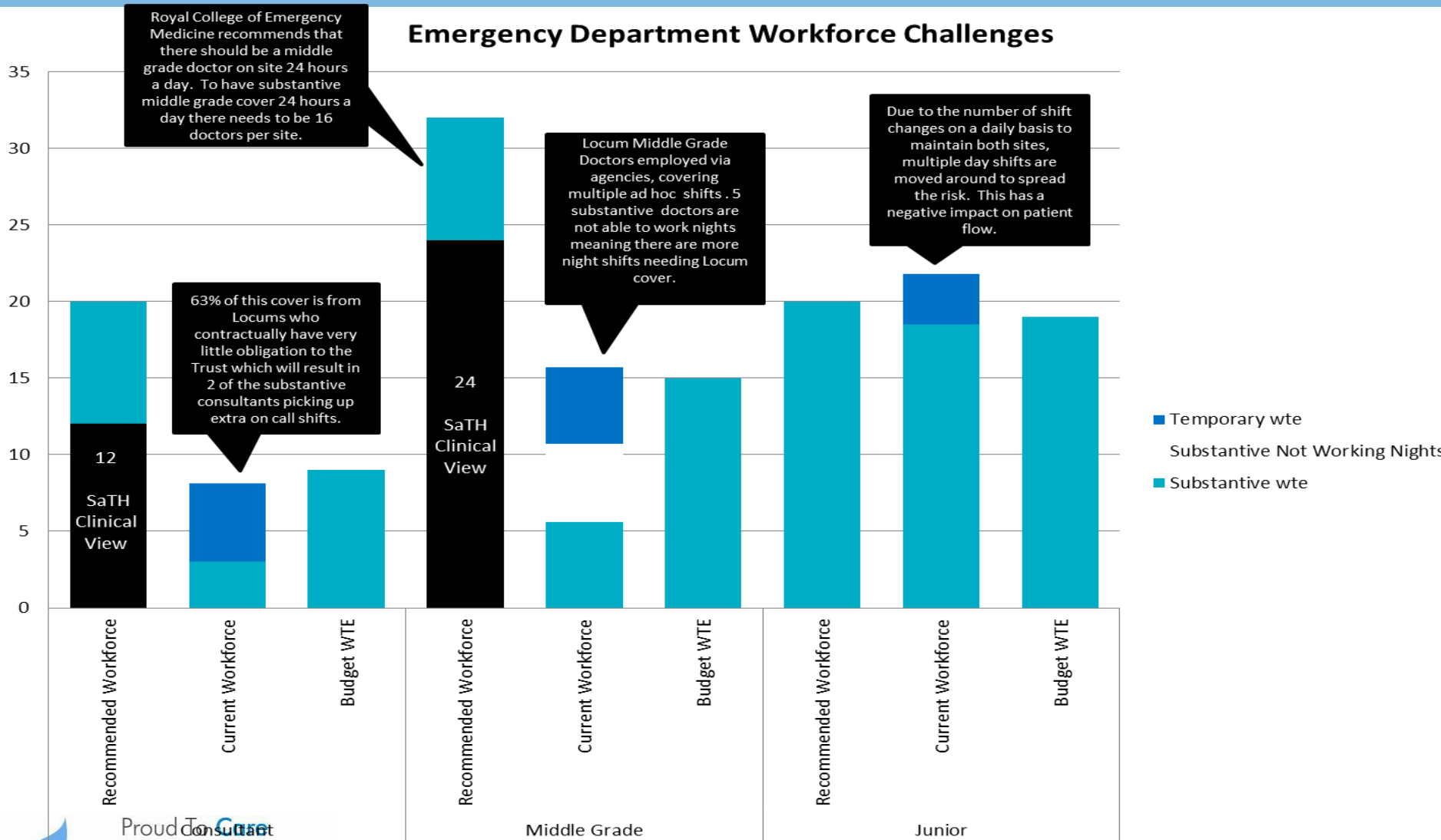
Paper to Trust Board.

No movement on Plan A.
Identified need to progress business continuity plans due to the fragility of services and the need to prepare to move to Plan C

Business continuity plan presented to Trust Board.

Current workforce position – medical staff

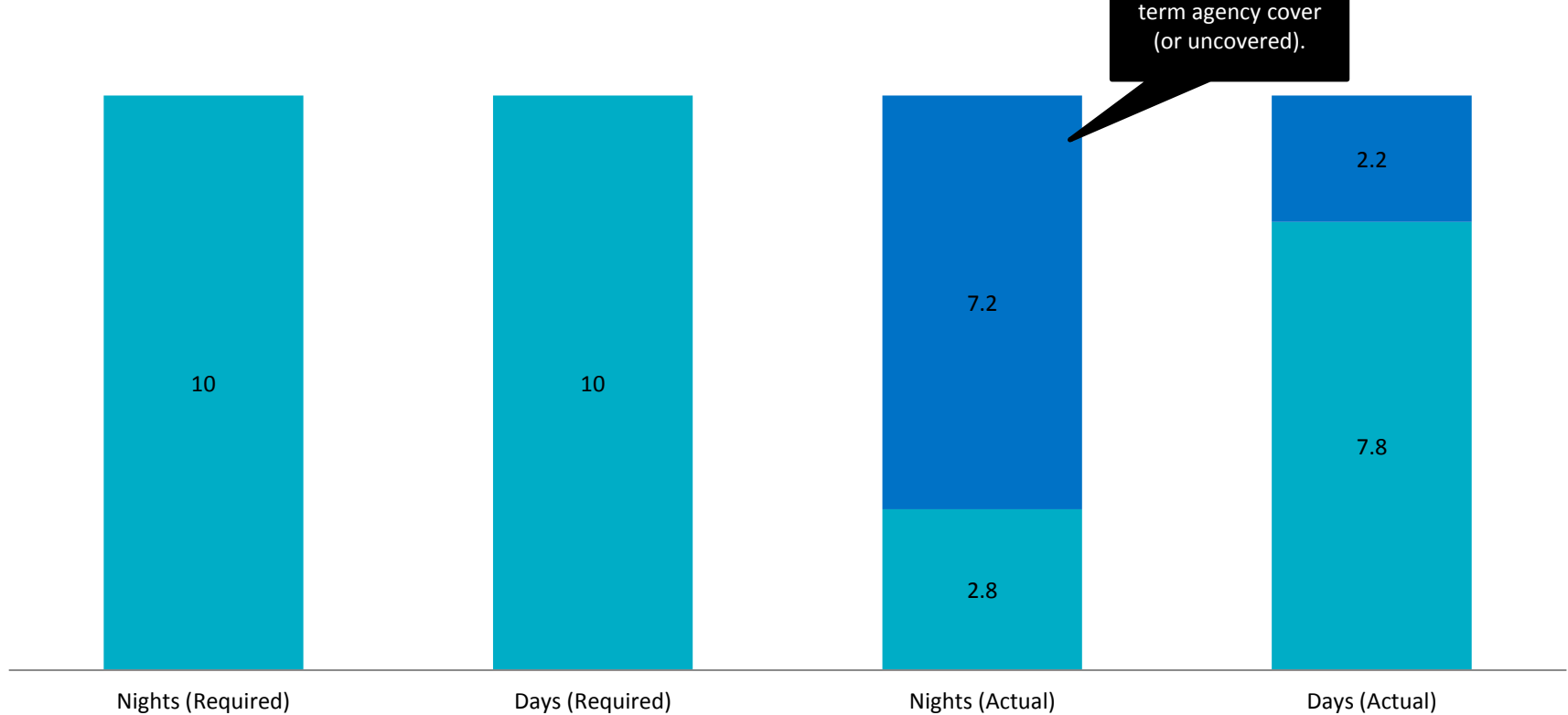
Emergency Department Workforce Challenges



Current workforce position – middle grade

“Middle Grade” doctor Challenge (Based on 20 Substantive doctors)

■ Substantive ■ Temporary



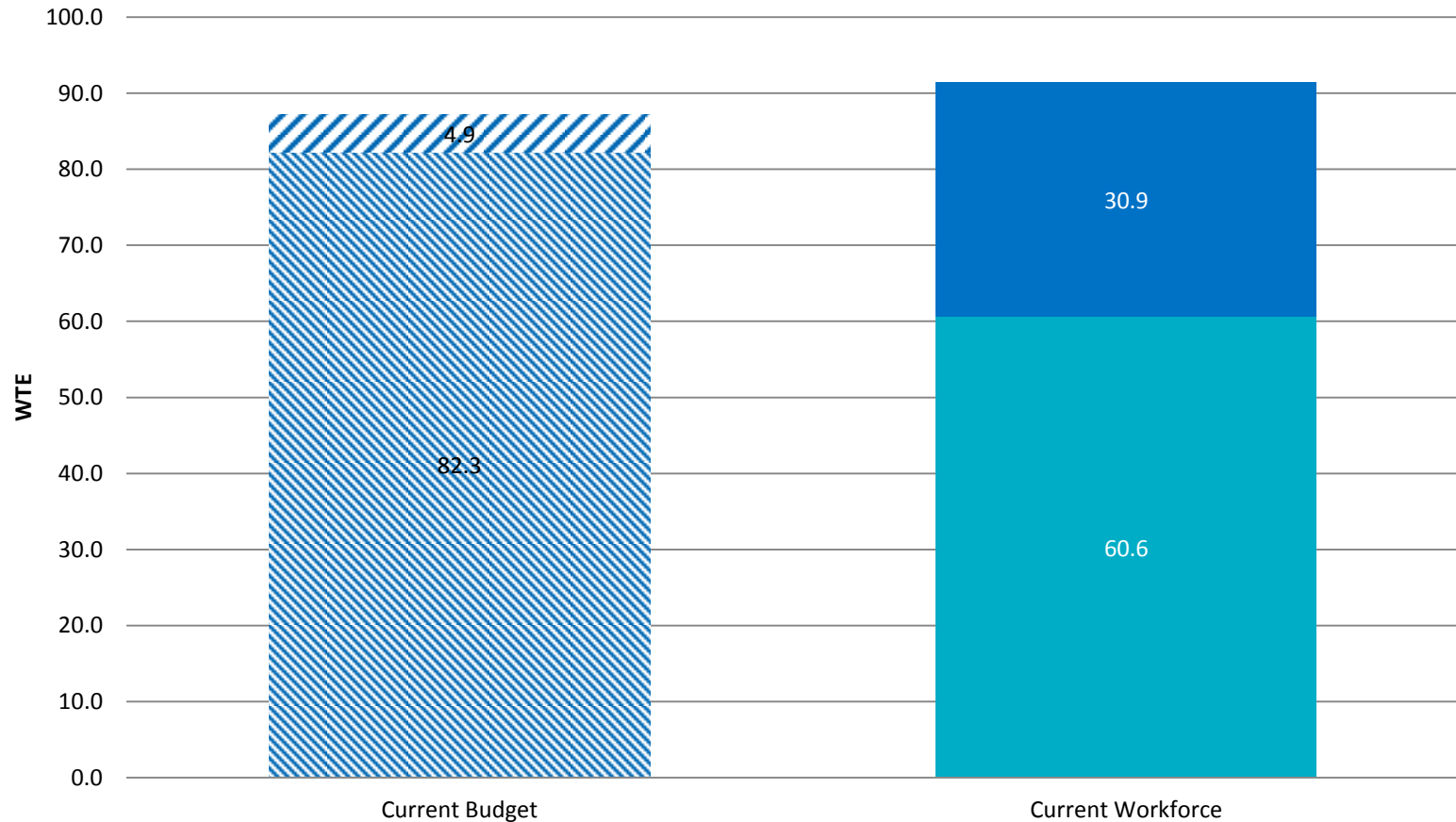
The gap is dependent on moving day cover to night and short term agency cover (or uncovered).

The medical workforce challenge

- The main challenge currently is in the recruitment of the middle grade workforce
- There are currently 11.1 wte substantive middle grades working across both sites; of these there are 5 substantive staff that are unable to work on the night rota, which impacts on our ability to sustainably rota middle grade staff for both sites overnight.
- This is then substituted with locum middle grades, or consultant staff working at middle grade level.
- Additional recruitment has taken place and appointments are being offered, however the middle grade staffing position continues to be our most vulnerable for the sustainability of maintaining both ED's overnight.
- The impact of a reduced middle grade workforce is the flow through the department, an increased wait to be seen and assessed and a wait for suitable plans for patients that means they stay in the department for longer.
- Note – some of the agency consultant and middle grade staff have now been long-standing members of the team

Current workforce position - nursing

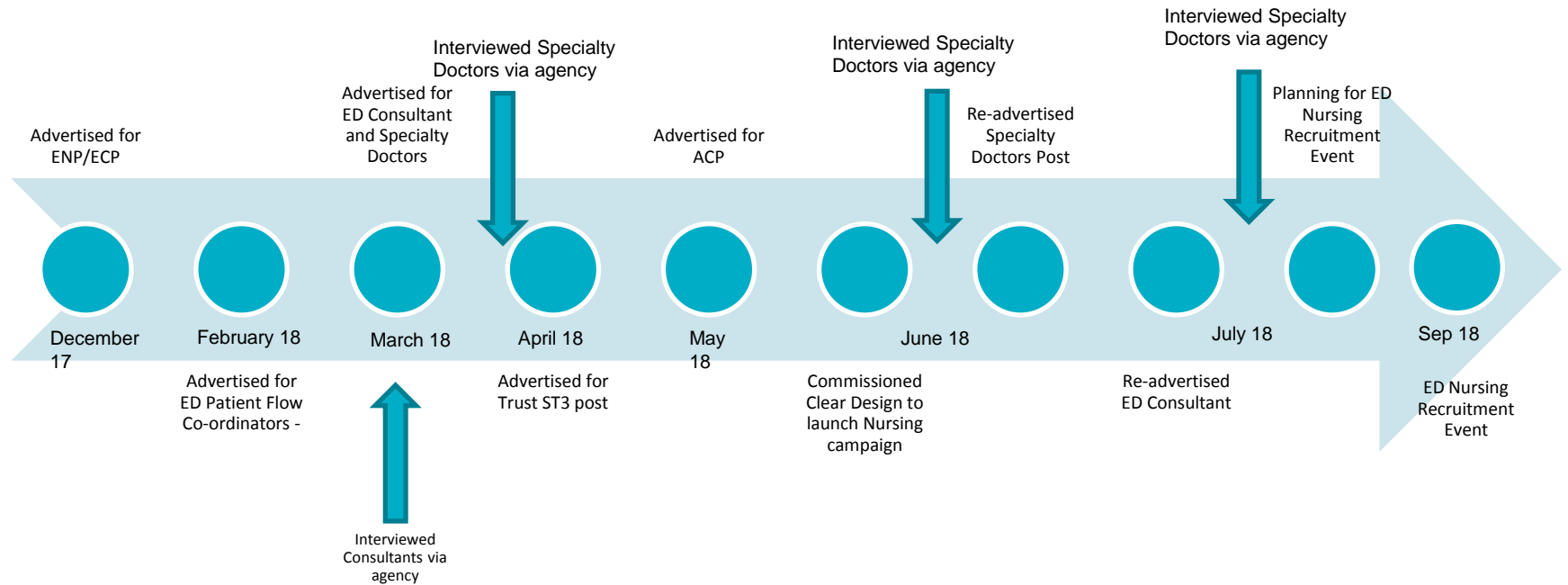
Nursing Workforce (Registered Nurses - including Ward Manager)



The nursing workforce challenge

- The main challenge is in the recruitment of competent band 5 staff and retaining our band 6 nurses who have stated that they feel vulnerable in leading the department, particularly at night on the PRH site.
- New roles have been created within the Department, including ECP & ACP positions.
- Additional ECPs have been recruited (April 2018), increasing numbers from 5 to 11 WTE. ECP trainees are currently completing their competencies with an expectation that they will be fully trained and working independently as ECP's by January 2019.
- Further investigation is taking place with regard to the role of the paramedic in an ED.
- A recruitment event is taking place on 5th September and rotational roles are being developed between ED and AMU.
- Following recent band 6 recruitment, RSH appointed 1 substantive band 6, 1 secondment band 6 and 2 registered nurses currently working outside of the organisation accepted band 5 positions
- Some agency nursing staff have been long-standing members of the team
- Some staff currently on maternity leave return in the autumn
- Practice Educator roles have been introduced on both sites

Recruitment activity



Current risk monitoring 1

Safe Today Calls

- A daily SaTH ED management huddle is held at 9:15 to provide the detail for the Safe Today call (covers both EDs)
- A daily system call is held at 10.30, chaired by CCG Nurse Director
- This is covered on the weekends during the 12:00 call
- Review of Staffing: medical and nursing
- Incidents in the previous 24 hours in ED
- Patient observations – Audit of compliance

Current risk monitoring 2

Weekly meetings

- ED clinical summit – chaired by MD, attended by SATH & CCGs

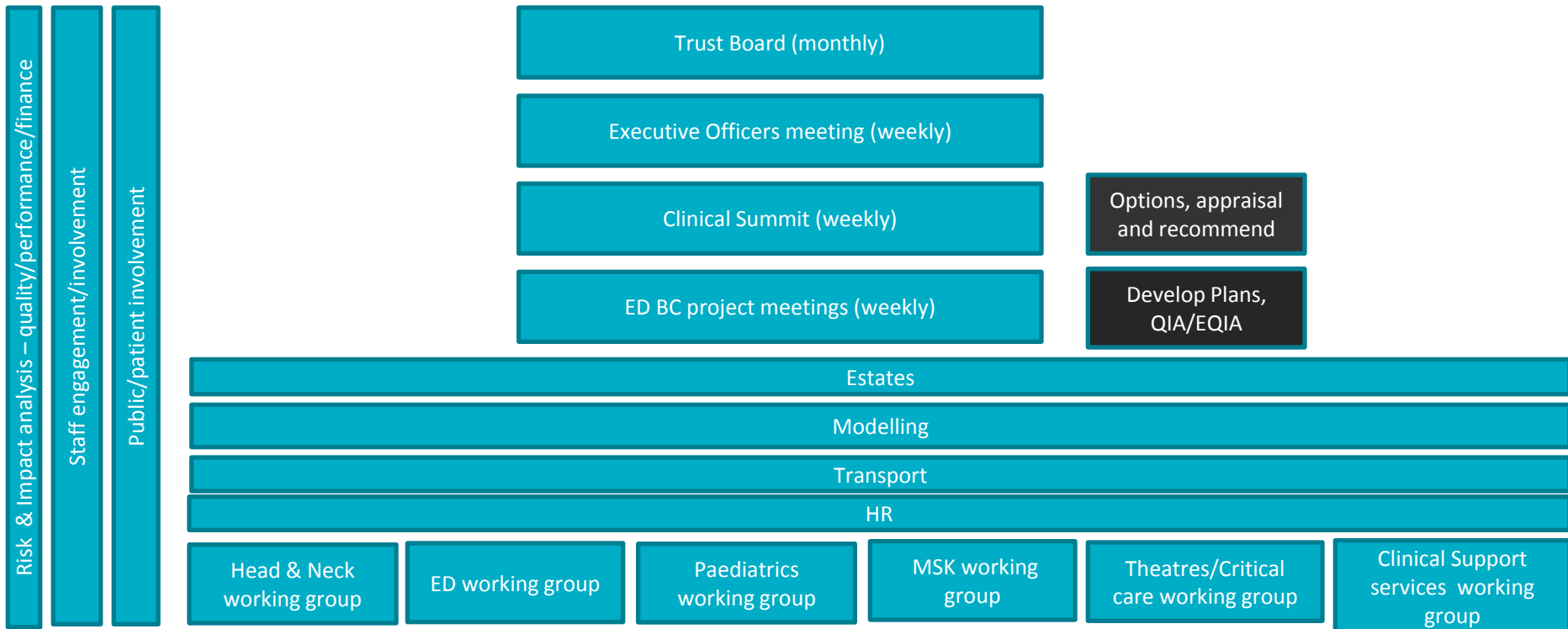
Monthly

- Safety report of themes = CQRM

NB – To date, workforce challenges have been mitigated by considerable efforts of the ED clinical staff

ED Business Continuity

Meeting governance structure



Appraisal of all potential Options

A wide range of options have been explored, with wide range of partners and stakeholders

- A. Maintain both EDs overnight and maintain status quo
- B. Closure of one ED overnight and provide access to a UCC overnight at the closed site
- C. Closure of one ED fully overnight with no access to UCC at the closed site
- D. Close PRH ED overnight and divert ambulances to RSH
- E. Close PRH ED overnight and divert ambulances to neighbouring Trusts
- F. Close RSH ED overnight and divert ambulance to PRH
- G. Close RSH ED overnight and divert ambulances to neighbouring Trusts

ED Business Continuity - Outline of the options

Option 1 - Maintain existing dual site ED service

- Consultants maintain rota by acting down as Middle Grade support
- Measure and respond to risks on a shift by shift basis
- Continue to work up short and long term business continuity and service development plans
- Maintain workforce recruitment strategy

Option 2 - Close PRH ED from 20:00 – 08:00

- Last ambulance @ 20:00, walk-in patient accepted at 20:00 (divert plan thereafter)
- UCC will accept patients via CCC until 22:00
- Some remaining patients would remain in ED into the night until pathway for discharge or admission available
- PRH will continue to accept GP referred admissions in those specialities managed at PRH
- Ambulance divert to neighbouring Trusts so as to not over stretch RSH ED and create additional risk for emergency paediatric and ENT patients

Option 3 - Close RSH ED from 20:00 – 08:00

- Last ambulance @ 20:00, walk-in patient accepted at 20:00 (divert plan thereafter)
- UCC will accept patients via CCC until 22:00
- Some remaining patients would remain in ED into the night as currently admitted under ED until pathway for discharge or admission available
- Trauma Unit status would need to be revoked

Site Configuration Challenges

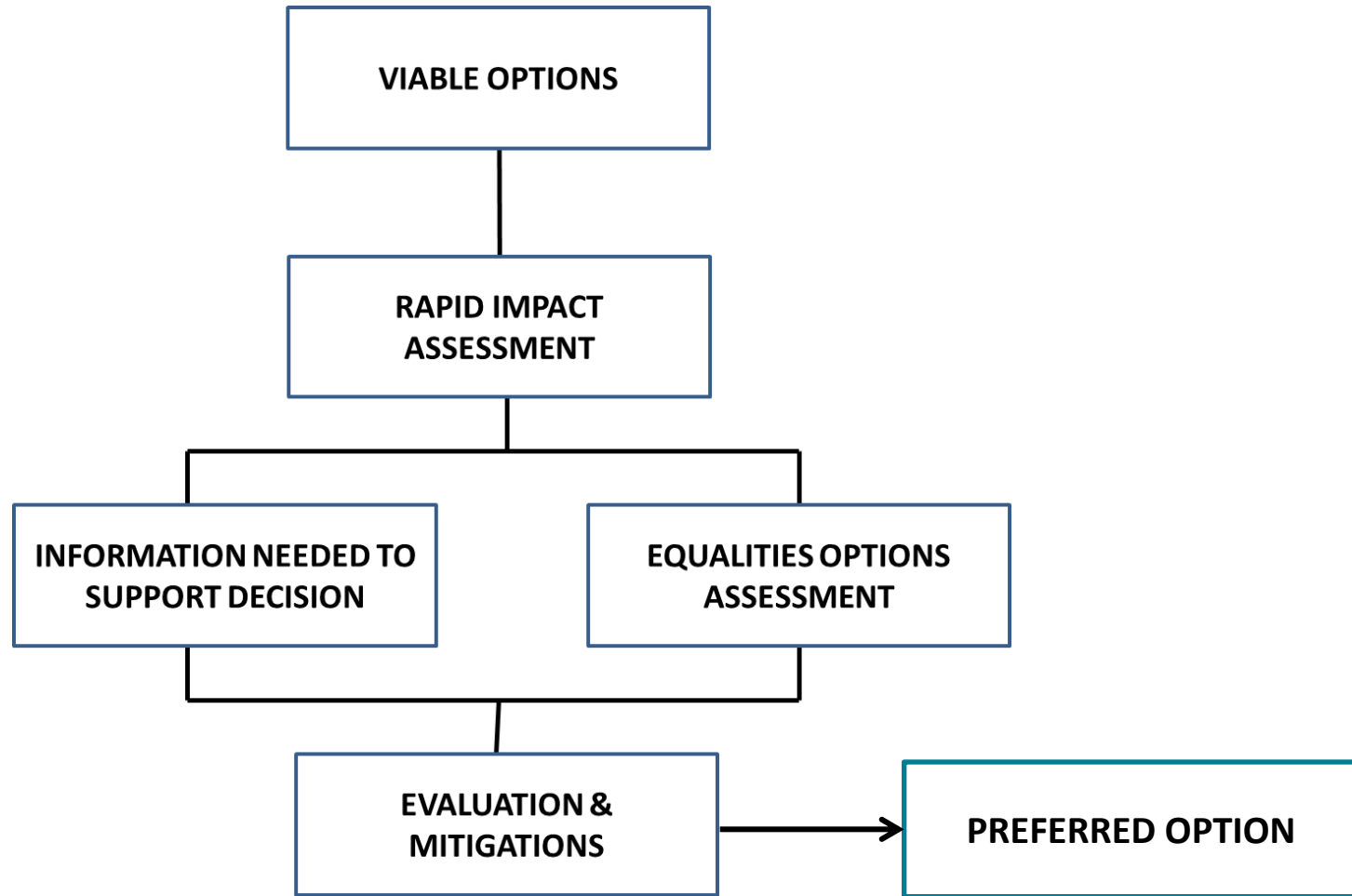
Potential impact of change of hours of operation - PRH ED

- Stroke
- Paediatrics
- Head and Neck Services
- MSK
- Theatres & Anaesthetics

Potential impact of change of hours of operation - RSH ED

- General surgery
- Vascular surgery
- Urology
- SAU
- Orthopaedics
- Trauma activity
- Impact of a fragile CT scanner at PRH

Process Summary



Decision making process across the system

