

Paper 8

<p>Recommendation</p> <p><input checked="" type="checkbox"/> DECISION</p> <p><input checked="" type="checkbox"/> NOTE</p>	<p>The paper seeks to:-</p> <ul style="list-style-type: none"> A. Appraise and assure the Trust Board on the progress and current position regarding efforts to address ED clinical workforce issues; B. Appraise and assure the Trust Board on the progress that had been made in contingency planning for the reduction in hours of PRH ED; C. To inform the Trust Board on the rationale for the Chair's Action being taken on 22 November ahead of the Trust Board meeting of 29 November 2018; and <p>The Trust Board is asked to consider the current workforce situation raised in this paper relating to the ability of the workforce to maintain the status quo and keep both ED's open 24 hours a day.</p> <p>The Trust Board is asked to</p> <ul style="list-style-type: none"> 1. Formally agree the rationale behind the Chairs action to suspend the temporary reduction in hours of PRH ED and 2. Formally agree to cease the implementation of the contingency plan that was due to commence on 5th December.
<p>Reporting to:</p>	<p>Trust Board</p>
<p>Date</p>	<p>29th November 2018</p>
<p>Paper Title</p>	<p>Emergency Department Contingency Plan</p>
<p>Brief Description</p>	<p>The purpose of this paper is to provide Trust Board with an updated position regarding key services that have particular workforce challenges.</p>
<p>Sponsoring Director</p>	<p>Nigel Lee, Chief Operating Officer</p>
<p>Author(s)</p>	<p>Karen Barnett, Assistant Chief Operating Officer</p>
<p>Recommended / escalated by</p>	<p>n/a</p>
<p>Previously considered by</p>	<p>Trust Executive Committee</p>
<p>Link to strategic objectives</p>	<p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach</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	(RR 561) (RR 668) (RR 859)
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 checked="" 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

Update on the Emergency Department Contingency Programme

1 Executive Summary

The September Board meeting agreed that planning should be undertaken to reduce the hours of operation of the Emergency Department at PRH. This decision was taken based on the risks that had been articulated relating to the workforce situation.

Significant planning has been undertaken to ensure a robust contingency plan was in place in readiness for implementation on 5th December 2018. This was subject to review by the Quality & Safety Committee on 21st November and subsequent Trust Board discussion and decision to proceed.

Whilst this planning progressed in line with the Boards instructions, recruitment efforts continued with a view to recruiting sufficient staff, subsequently reducing the workforce risks.

During the course of the last 2 weeks additional long term locum and substantive Middle Tier doctors have been secured; resulting in the ability to increase staff in both ED departments from 26/11/2018.

On 22 November 2018 Chair's Action was undertaken to suspend the preparation for the reduced hours of the Emergency Department at Princess Royal Hospital (PRH) as of the 5 December 2018, pending ratification by the board.

2 Introduction

2.1 Purpose of paper

On 22 November 2018 Chair's Action was undertaken to suspend the preparation for the reduced hours of the Emergency Department at Princess Royal Hospital (PRH) as of the 5 December 2018, pending ratification by the board.

It has previously been agreed by the Trust Board, at the September meeting, that planning be undertaken to reduce the hours of the Emergency Department at PRH in order to mitigate issues the Trust had been encountering in securing sufficient numbers of clinical staff required to deliver and maintain a safe ED service across its two sites over a 24/7 period.

In parallel to planning to implement an overnight closure the Trust Board required efforts to be continued, and expanded, to secure sufficient number of clinical staff that would allow a temporary closure to be avoided altogether.

This paper seeks to:

- A. Appraise and assure the Trust Board on the progress and current position regarding efforts to address ED clinical workforce issues;
- B. Appraise and assure the Trust Board on the progress that had been made in contingency planning for the reduction in hours of PRH ED;
- C. To inform the Trust Board on the rationale for the Chair's Action being taken on 22 November ahead of the Trust Board meeting of 29 November 2018; and
- D. To seek the Trust Board's ratification of the Chair's Action or otherwise provide its direction.

The Trust Board is asked to formally agree the rationale behind the Chairs action to suspend the temporary reduction in hours of PRH ED and to formally agree to cease the implementation of the contingency plan that was due to commence on 5th December.

2.2 Background and previous Trust Board action

Since 2014 the Trust Board has been informed of the significant workforce challenges in the Emergency Departments at PRH and RSH. The risk relating to the workforce issue was, and is currently, the greatest risk on the Trust's Board Assurance Framework and Risk Register.

Due to the deteriorating workforce position and the impact that this was having on the Trust's confidence to maintain a safe and stable ED service over two sites, a decision was reached at the September meeting of the Trust Board to approve a proposal for a temporary reduction in hours of the ED at PRH. This was intended to mitigate the risks of filling workforce rotas across a 24/7 period on both sites. These risks were exacerbated by the high vacancy rate in both medical and nursing roles and the significant dependency on ad-hoc agency staff to fill shifts, particularly overnight.

It was proposed, and agreed by Trust Board at its meeting of 27 September 2018, that plans be made for a reduction in the hours of operation at PRH ED between 20:00 and 08:00 for a period of 6 months. An overnight ambulance divert was proposed to out-of-county EDs,

primarily to the Royal Wolverhampton Hospital Trust (RWT) and University Hospital of the North Midlands (UHNM).

This period of closure would provide a window for the Trust to substantively recruit to the ED medical and nursing vacancies in order to allow rotas to be put in place to ensure both ED departments could be safely staffed 24/7.

Robust plans for the implementation of the reduction in hours of PRH ED were to be developed with SaTH clinical staff and system partners. The intention being to ensure that any change in service could take place in a controlled and coordinated way to ensure risks to patient safety are minimised. It was agreed by the Trust Board that the Quality and Safety Committee would oversee and scrutinise the development of the plans.

An update was provided to the Trust Board at its meeting of 25 October 2018. This set out:

- The programme structure that had been put in place to manage development of the PRH ED overnight closure plans;
- Progress on development and delivery of those plans;
- An update on the proposed model for overnight closure. This included an updated planning assumption whereby the overnight closure would take place 22:00 as opposed to 20:00
- An update on the scrutiny of the proposal being undertaken by the West Midlands Clinical Senate on behalf of NHS England and the wider health system; and
- Progress on efforts to address the workforce gap.

3 Progress of plans to close ED workforce gaps

3.1 Emergency Department Workforce

The Emergency Department previously advised the Trust Board that it required the following workforce to deliver a robust and sustainable 24/7 ED service across both sites:

- 12 Consultants
- 24 Middle tier doctors
- 20 Junior doctors + 8 rotational doctors
- 86 Nurses

The Trust Board has been sighted on the challenges, in particular of securing Middle Tier Doctors to cover the overnight shifts, which resulted in consultants needing to “act down” routinely through the summer months. This also led to a high attrition of nurses at the PRH site who stated that they felt unsupported and vulnerable overnight.

As at the September Trust Board meeting the workforce position was:

- 8 Consultants (4 substantive and 4 locum)
- 15.1 Middle Tier doctors (11.1 substantive and 4 locums)
- 22 Junior doctors (18 substantive and 4 locums)
- 60.6 substantive (with bank/agency usage to fill shifts)

3.2 Recruitment activity

Two parallel recruitment processes have been undertaken with the purpose of increasing the ED workforce. One has focussed on temporary agency medical and nursing workforce and one on the longer-term substantive recruitment process for medics and nurses.

Temporary workforce:

- Enhanced rates have been offered to doctors into Emergency Medicine.
- All long-term locums have been met with to discuss substantive options and discussions are continuing.
- Rolling request for agency cover at all levels in place.

Substantive recruitment activities:

- A bespoke and targeted recruitment campaign was launched to recruit ED Consultant, Middle Tier and Nursing posts. This involved enhanced social media coverage with an investment of over £40,000 in advertising costs and agency introductory fees.
- A candidate pack developed to showcase the employment experience and offer.
- Bespoke recruitment offers personalised by individuals need e.g. specific offer of accommodation support for 6 months, joining bonus, retention payment, education and development support or sponsorship.
- A new practice development role was created to the support nursing team on each site.
- New roles were developed to support the delivery of ED services such as ED Flow Coordinators, Emergency Care Practitioners, Advanced Clinical Practitioner, Simulation Fellow, Clinical Fellow – these roles can be progressed due to the increase and stabilisation of our consultant workforce who can provide the support and training necessary to these new roles
- All long-term locums were met with to discuss substantive opportunities.
- Support for overseas doctors through visa applications.

3.3 Action and support from Stakeholders

There has been significant support from all Stakeholders in both supporting the development of robust contingency planning and also in supporting strategies to encourage people to move into the area and work at the Trust.

Telford Council and the Parish Council have been particularly proactive and have provided significant support to the Trust to enable us to refurbish our accommodation and provide improved facilities for our new workforce. The Leader of the Council accompanied the Chief Executive to Birmingham to meet with the Indian Consulate which has resulted in the opportunity to “twin” with a hospital in Delhi and create rotational opportunities between the two organisations. In addition, Mark Pritchard, MP for The Wrekin has supported the Home Office decision to enable a Fast Track process for our Tier 2 Visa applications.

3.4 Current workforce gap

3.4.1 Medical workforce position

Consultants

Since September the Trust has successfully recruited an additional three consultants, all of whom will have started by the end of February 2019. With the Trust's existing locum consultants this will bring the total consultant workforce to 10 WTE against a target of 12. This is a significantly improved position.

Consultant recruitment efforts are continuing with posts currently being advertised in the BMJ. The Trust is confident that these posts will be recruited to. The securing of capital monies to deliver the future vision for ED services as described in Future Fit has been key in the Trust's ability to attract high calibre candidates to these posts.

Middle Tier Doctors

The deficit of Middle Tier doctors was the greatest area of concern for the Trust in the sustainability of a safe ED. Whilst Consultants are not on site 24/7 it is necessary to maintain 24/7 on site presence of a Middle Tier doctor as a senior clinical decision maker. This role cannot be undertaken by a Junior doctor.

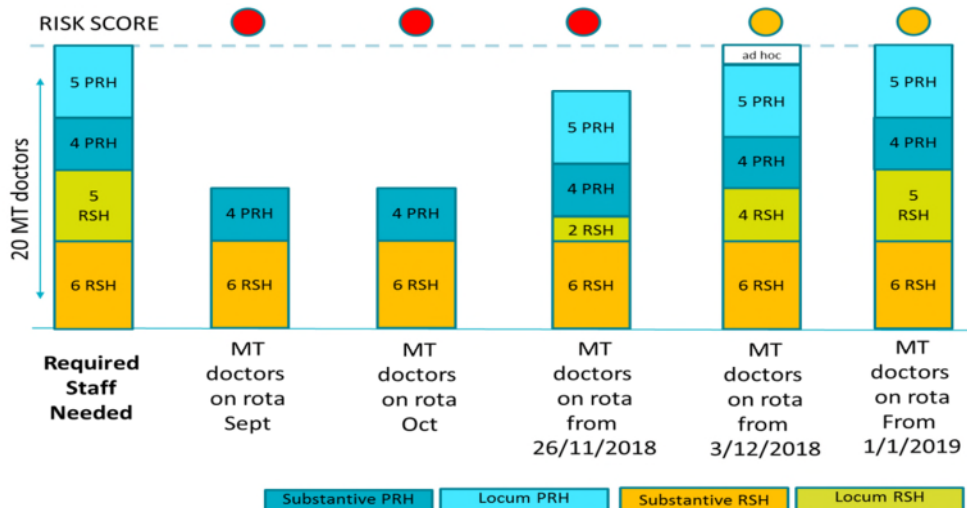
The temporary staffing efforts have enabled the Trust to recruit 11 locum middle tier doctors with 6-month contracts. Contracts commence between 26 November 2018 and 1 January 2019. This is 4 posts over and above the initial commitment of the 7 additional doctors initially identified as being required to maintain the 24/7 service. It provides sufficient Middle Tier doctors cover for 40 hours a day on each site.

With the existing substantive Middle Tier doctors there will be 21.4 WTE in post against a target of 22. In addition the Trust has successfully recruited a further 4 WTE doctors to substantive posts. These will start work with the Trust in March 2019. Recruitment to substantive posts continues.

Discussions are also underway with Health Education England in regard to them advertising for further trainee Middle Tier doctors on our behalf.

Recruitment to substantive Middle Tier posts has also been supported by the Trust's success in attracting new Consultants and the vision for the future of the service.

The diagram below illustrates the improved Middle Tier workforce profile from September through to January, along with a lowering risk assessment.



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Junior Doctors

Since September the Trust has been able to recruit 2 additional doctors bringing the Junior doctor workforce up to 20.5 WTEs (+ 8 rotational posts) all in substantive posts. This is against a target of 20 (+ 8 rotational posts)

3.4.2 Medical workforce stability

Whilst the medical workforce gaps have been closed across all grades, the Trust recognises that there are continued risks to sustainability due to the high dependency on locums, particularly at the critical Middle Tier level.

To mitigate these risks the following actions are being taken:

- Additional locum shifts have been rota'd and filled over the Christmas/New Year/Early January period. These shifts have been offered and taken by existing locums whom the Trust and department know well.
- Discussions continue with further applicants for the locum Middle Tier posts
- Additional locum Consultant CV's are being reviewed. Subject to acceptance these consultants will be offered rota's to cover twilight shifts or be resident on-site overnight to support the Middle Tier doctor.
- A partnership opportunity with a hospital in Delhi is being pursued. This may lead to rotational posts being taken up with the Trust.
- The Trust is seeking to appoint additional staff through the CESR training programme
- Recruitment to the Fellowship Programme in partnership with Wolverhampton University.

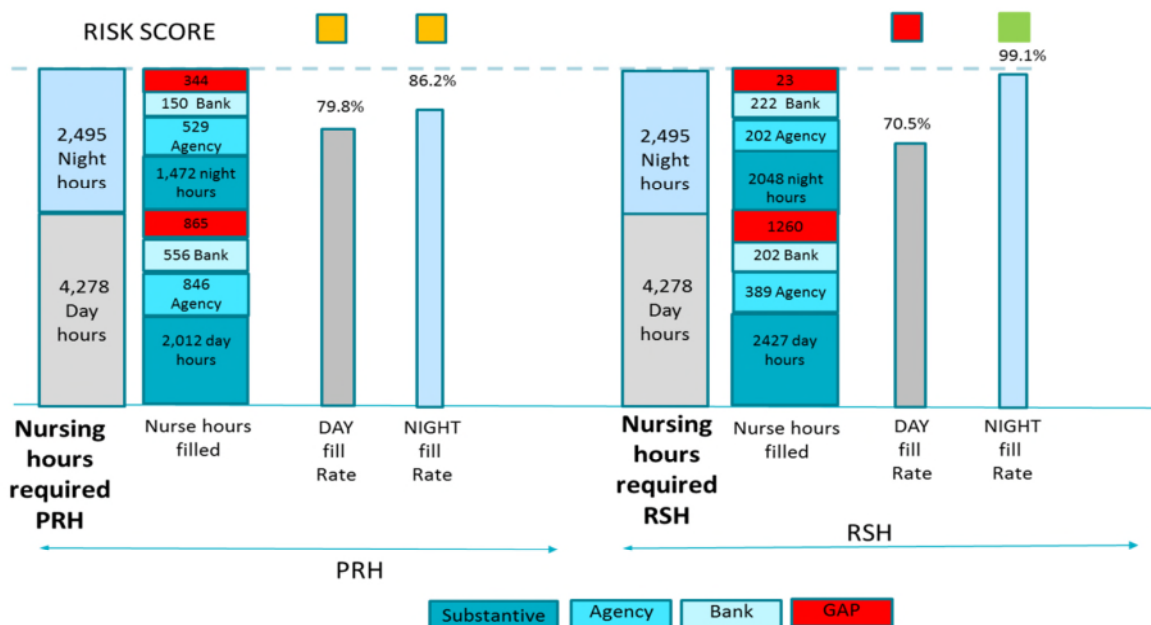
The ED Consultant body also believe risks are mitigated at the Junior doctor grade through support and availability provided by the graduation of 4 Advanced Care Practitioners

3.4.3 Nursing workforce position

The nursing workforce continues to be closely monitored and remains an area of concern. There are currently 28 wte registered nurse vacancies; 9 new nurses have been appointed with 2 to start in December and the remaining to follow in the New Year. Further recruitment activity is progressing with interviews booked for w/b 26th November; a current advert is due to close on 29th November with interviews booked for December. There are also 2 recruitment events booked for 12th and 18th December and the workforce team are investigating international recruitment opportunities.

Agency staff are offered a block booking once they have worked with us for a few shifts and the senior nursing team have reviewed their competencies. This approach provides a more stable workforce environment as they are very familiar with the environment and the team that they work with. The Trust has a number of long standing agency staff.

The December nurse rota is currently running at an 88% fill rate with substantive or long-term locum staff. The remaining shifts will be filled with framework agency staff and this will further improve the fill rate percentage. Each shift has a substantive member of staff allocated to the co-ordinator role.



A daily huddle occurs each morning with the senior nursing and operational management team to run through the previous 24 hours and the following 24 hours. This enables any incidents to be reviewed and any nurse staffing issues to be highlighted and any actions to be agreed.

Further efforts are ongoing to recruit substantively to the nursing team. Whilst there is some concern that the recent CQC inspections and the subsequent media interest has had a negative effect on recruitment, it is hoped that securing the additional middle tier doctors and having a more robust medical team will provide the nursing team with the support that they were requesting and therefore turnover will reduce.

4 Development of plans for overnight closure of PRH ED

The programme governance and management arrangements were presented to Trust Board at its October meeting.

Good progress has been made in the development of plans and as at 22 November 2018 there was a high-level of readiness for implementation both within SaTH and across the wider health system.

A system wide table top simulation exercise was undertaken on 15 November 2018 to test operational readiness and robustness of the Clinical Pathways that have been devised. 64 people partook in the exercise with involvement from all partner organisations across the system – WMAS, Welsh Ambulance service, Powys Health Board, Telford CCG, Shropshire CCG, Royal Wolverhampton Trust, University Hospitals of North Midlands Trust, ShropComm, and all care groups within SaTH representing all clinical pathways.

4.1 Update to Trust Quality and Safety Committee

A detailed paper was presented to the Quality & Safety Committee on 21 November 2018, describing the following:

- Progress that has been made in development of the plans for implementation of an overnight closure of PRH ED.
- The internal and external assurance processes that the proposal and plans have been subject to.
- The progress that has been made in recruitment to close the ED workforce gaps that had been identified.
- A relative risk assessment that had been undertaken to assist in informing the Trust Board on its decisions as to whether, or not, to implement a reduction of hours of the PRH ED from 5 December 2018.

A relative risk assessment was presented to the Quality & Safety committee. This considered the relative risks of the two options:

- a reduction in ED hours at PRH
- retention of the 24/7 service

This reflected the very material change in the Trust's position regarding ED workforce staffing.

Risks were assessed across three dimensions: (1) Risks associated with implementation of the reduction in hours at PRH ED (project risks); (2) Risks associated with the reduction in hours delivery model versus 24/7 delivery model; and (3) Workforce sustainability risk associated with each model.

The outcome of the assessment was the reduction in hours option carried a medium level of risk across the implementation and delivery model options and low risk in regard to workforce sustainability.

Retaining a 24/7 ED service with the, given workforce position as at 21 November 2018, was deemed to carry low risk across the implementation and delivery model dimensions and only marginally higher risks than the alternative option in regard to workforce sustainability.

5 Chairs Action

Chairs Action was undertaken on 22 November 2018 following a review of the workforce that had been secured.

This was made prior to the Trust Board meeting on 29 November for several reasons:

1. The position with regard to workforce recruitment has changed considerably to the extent that by 21 November 2018 it was possible for the workforce team to provide fully populated medical and nursing rotas for a 24/7 ED on both sites with confirmed named staff through December and January.

These rotas, the current workforce position, the risk profile and the mitigations were discussed with the Trust ED Consultant team. The ED Consultant team, individually and collectively, were able to provide assurance to the Trust Chair, Chief Executive and Medical Director that from their perspective this should be sufficient to continue to deliver an ED service 24/7 from both sites and that this was preferable to implementing the contingency plan. Similar assurance was provided from the Director of Nursing and the Head of Nursing for the Unscheduled Care Group.

2. Following consultation with the Trust's ED Consultants the updated workforce position was shared with NHSI and NHSE along with the completed medical and nursing rotas that had been requested for assurance. Teleconferences subsequently took place between the Trust Chair, Chief Executive and Medical Director and representatives of NHSI including Dr Kathy McLean on where the proposal to step-down the contingency was discussed and agreed.
3. It was viewed to be in the public interest to notify the local population that the contingency plans for an overnight closure of the PRH ED had been stepped down as soon as possible once it became clear that this was the likely outcome. This was to avoid confusion that would otherwise be caused if the likely outcome had emerged in an uncontrolled manner prior to the Trust Board.

6 Current Position as at 22 November 2018

Following the Chairs Action on 22 November, a formal announcement was made internally to staff, externally to partner organisations and a media statement was issued stating that PRH ED would stay open and the contingency plan to reduce the hours at PRH ED would not be enacted.

All stakeholders have been individually informed and thanked for their collaboration and support in recent months.

7 Next Steps

The position within both Emergency Departments will be closely monitored so that early action can be undertaken should this be required. The following will be planned into routine business:

- On-boarding and team building activities to support the new arrivals and existing staff to form strong bonds and work effectively together;
- Daily review and monitoring of staffing levels and rota's;
- Review of nurse staffing structure with recommendations to the workforce committee in January;
- Review of escalation triggers within ED and internal professional standards for response from other specialties into ED;
- Inclusion of ACP's into the junior doctor rota; and
- A consideration of how the "soft intelligence" from staff can be utilised effectively to support a wider understanding of the level of risk that the ED is carrying at any one time

The full contingency plan and a post project review including lessons learnt will be presented to the Trust Board in January, to provide assurance, that should the situation deteriorate there is a detailed implementation plan that can be readily enacted.

8 Recommendation to Trust Board

The Trust Board is asked to

1. Formally agree the rationale behind the Chairs action to suspend the temporary reduction in hours of PRH ED and
2. Formally agree to cease the implementation of the contingency plan that was due to commence on 5th December.