COVERSHEET	
Meeting	Board of Directors' meeting in PUBLIC
Paper Title	Enhanced Medical Middle Grade Rota Business Case
Date of meeting	29 September 2020
Date paper was written	3 September 2020
Responsible Director	Dr Arne Rose
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Presenter	Nigel Lee

EXECUTIVE SUMMARY

From April 2020, during the Coronavirus pandemic, the Unscheduled Care Group introduced a rota supporting a second Medical registrar to be on both sites overnight. This was done through redeploying registrars only made possible through ceasing of training. With the reintroduction of training, as nationally directed, it is not feasible to continue to provide this without additional resource.

This business case seeks approval to expand the Medical Middle Grade workforce, by 11 doctors, to maintain this increase in the number of Medical Middle Grades on shift overnight at both RSH and PRH sites. This will support improved quality, safety and patient flow by meeting NICE recommendations on managing the deteriorating patient and those with suspected sepsis and directly address concerns of the CQC on medical management of patients. Specifically, this will support compliance with the CQC MUST action under regulation 18 to ensure medical staffing levels are adequate to keep all patients safe, especially during the night shifts and, under regulation 12, ensure that deteriorating patients are identified and escalated in line with trust policy within medical care at PRH.

Approval of this case will also mean that the model developed for the first COVID 19 surge can be continued to provide the level of care required for the second surge.

This will also align SaTH with neighbouring Hospitals. For example, New Cross Hospital has implemented this increase in middle grades and Queen Elizabeth Hospital Birmingham are in the process of doing so following safety concerns.

The Board of Directors are asked to approve the business case

Previously considered by	*Unscheduled Care Senior Leadership - approved* *Innovation and Investment Committee - approved*

The Board (Committee) is asked to:			
☑ Approve	☐ Receive	☐ Note	☐ Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
☑ Safe	☑ Effective	☑ Caring	☑ Responsive	☐ Well-led

Link to strategic objective(s)	*Select the strategic objective which this paper supports* ☐ PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare ☑ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care ☐ HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities ☐ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions ☐ OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	BAF 1746 IF we do not have effective systems in place to consistently identify and escalate and manage patients with sepsis or other deteriorating medical conditions, THEN patients will not have the best outcomes possible. BAF 1771 IF we do not have adequate resources, systems and processes in place THEN we cannot successfully manage the response to the outbreak of the COVID-19 virus effectively

Equality Impact Assessment	◉ Stage 1 only (no negative impact identified) ○ Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
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
Financial assessment	*Yes, included*

		Target dates	
Proposal (title)	Enhanced Medical Middle Grade Rota	**SBC/BC to Care Group Board**	04/06/2020
Objectives & aims	Gain approval to increase the Medical Middle grade rota at both PRH and RSH overnight to improve quality, safety and patient flow.	**SBC/BC for approval – target date**	04/06/2020
Senior Responsible Officer	Laura Graham/Dr Saskia Jones-Perrott	**Implementation – target date**	01/08/2020

Brief Details

Brief Description

This business case requests approval to increase the number of Medical Registrars during the hours of 21:00 – 9:30 from 1 to 2 at both RSH and PRH sites. This will also provide one additional registrar long day on a Saturday and Sunday. This recognises that there are two separate overlapping roles for a senior decision maker in medicine at the level of a registrar. The first is managing patients in the acute admission areas including providing early decisions in patients with serious illness. The second is for managing patients who are already in hospital and who deteriorate. In traditional one middle grade rotas, the medical registrar spends most of the time in the assessment/emergency areas and is unable to promptly review patients who deteriorate in more distant areas in the hospital.

Recognition of the need for early senior decision-making in patients who are very unwell has become a focus for NICE guidelines and the Sepsis Trust. The CQC has identified failings in our approach to managing deteriorating patients. The April 2020 CQC report stated that the Trust

must ensure medical staffing levels are adequate to keep all patients safe, especially during the night shifts. (Regulation 18 (1): Staffing). and

must ensure that deteriorating patients are identified and escalated in line with trust policy within medical care at the Princess Royal Hospital. (Regulation 12 (2)(a): Safe care and treatment).

The Report of the Parliamentary and Health Service Ombudsman (2013) “Time to Act Severe sepsis: rapid diagnosis and treatment saves lives”, recommended NHS England prioritise a workstream on clinical deterioration, including early recognition of sepsis.

NHS England’s “Deterioration in adults” report (2016) produced a system framework that included a primary driver of clear escalation channels and response frameworks for patients at risk of deterioration. It also highlighted the high risk points in care pathways including Patients ‘outlied’ to non-specialist clinical areas.

NICE guidance for the acutely deteriorating patient requires that calls be made by nursing staff to those with core competencies for acute illness (NICE CG50 paragraph 1.1)

Potential costs (Financial & non-financial)

The increase in middle grade type posts is likely to cost in the region of £830,000 per annum (full year effect) based on 96% substantive fill rate and 4% agency.

The main financial risk within this calculation is the robustness of the assumption that agency will not proportionately increase above the 2019/20 levels. It is believed that this risk has been mitigated through the development of the attractiveness to recruit into these posts.

No financial benefits have been identified that would result from this investment.

NICE guidance for the management of suspected sepsis requires that there is immediate review by a senior decision maker for patients who meet 1 or more high risk criteria for sepsis (NICE NG51 Paragraph 1.6.1).

The Sepsis Trust, in 2019, amended the sepsis 6. It recommended that a senior health professional be consulted as soon as practicable in order that care can be de-escalated if appropriate and other causes of deterioration considered.

This increase will ensure a senior decision maker is available to review patients, supporting delivery of the 4 hour ED standard which will result in improved quality, patient safety and flow whilst allowing deteriorating patients elsewhere in the hospital on non-specialist wards to be treated promptly by a senior doctor. It will also support our ongoing management of COVID including the requirement to cohort and maintain social distancing, particularly ceasing corridor care within our Emergency Departments.

Other hospitals have taken a similar approach to provide two registrars on nights at New Cross Hospital and is being Introduced at the Queen Elizabeth Hospital Birmingham following safety concerns.

From April, during the Coronavirus pandemic, the Care Group introduced a rota supporting a second Medical registrar to be on both sites overnight. This was done through redeploying registrars only made possible through ceasing of training. With the reintroduction of training, as nationally directed, it is not feasible to continue to provide this without additional resource.

Medical staffing have provided their expert advice to calculate the number of additional doctors required to deliver this change. At a minimum they have advised 16 doctors per site could deliver this rota but this would not provide resilience for sickness and would make the rota less attractive resulting in a high use of agency, increasing cost significantly. To mitigate this risk and allow for sufficient rest and training opportunities it has been agreed that an increase of 11 posts would be required, resulting in a total of 18 staff per site.

It is not possible to realign our existing rotas to provide two medical registrars on nights without this having a detrimental impact on day time cover which would pose a risk to patient safety.

It is expected we would be able to fill these posts with a variety of doctors: Trust Grades; educational fellows; simulation fellows and IMT3s. This approach will increase our likelihood of recruiting to these posts substantively.

Whilst it remains an organisational priority to grow and develop ACP roles to support our existing workforce, ACPs would not be able to deliver the breadth of clinical duties required of these roles to deliver the benefits outlined below.

Site	Current no. Medical Registrars	Increase in Medical Registrars required
PRH	12	6
RSH	13	5
Total	**25**	**11**

Staging of implementation

Site	Additional doctors in post from August	Additional doctors in post from October
PRH	4	6
RSH	3	5
Total	**7**	**11**

Whilst the intention is not to fill these posts with agency if there are unfilled gaps this will need to be covered through internal locums or agency. The Care Group in 2019/20 utilised on average 2.5 wte agency (in non-ED specialties), which equates to 4% of the total middle grade workforce. The financial assumption is that this same proportion will be required to cover the 11 new posts (0.42 wte agency).

Due to the priority to implement 2 registrars on nights, this paper is being submitted in isolation of the wider workforce plan. There is an ongoing review of the previous 2018 junior doctor business case and workforce requirement which is anticipated to be completed during this financial year.

Potential benefits (Financial & non-financial)

Additional investment in the medical workforce will contribute significantly to the delivery of the Trust objectives associated with quality, patient safety and flow as detailed below.

Having a second registrar allows for timely senior decision making for Medical patients in our ED and assessment units and inpatient wards. This will increase patient safety and flow through the hospital facilitating the 4 hour ED standard. This is required to facilitate Medicine in achieving the recently implemented ED professional standards.

It will also support achievement of the new escalation of deteriorating patient's process, whereby any patient with an early warning score of <4 must be escalated by the patient's nurse to the medical team.

With an increase in medical workforce it would be expected that a reduction in patient safety incidents and Datixs relating to availability of medical registrar input would reduce with the provision of a more resilient workforce.

Potential sources of funding

No sources of funding have been identified.

Other considerations (HR/Estates/IT/ Legal/Commercial)

Consultation with Medical Registrars to amend rota

Whilst this change provides benefits overnight it will also result in an increased workforce during the day supporting timely discharge of inpatients and consultant availability. This would complement the work of our existing administrative patient trackers who facilitate discharges and therefore transfer of patients from our EDs.

This is particularly important with the requirement to maintain social distancing within our EDs and preventing corridor care during the current Coronavirus pandemic. Prior to the pandemic corridor care was a daily occurrence. The significant reduction in admissions during the pandemic has enabled corridor care to cease. As normal levels of ED demand return, our ability to prevent corridor care whilst COVID remains in circulation is a significant concern for the organisation.

To maintain COVID required social distancing measures means we will continue to have to manage two streams of patients (placing additional demand on the medical workforce). It is sadly likely that we will be living with Coronavirus for some years to come and will need to adapt our practices to manage this disease through our restore phase and beyond.

This measure would also have a positive effect on staff morale and mental stress through reducing demand on the current single-handed registrar. Further, this would allow the registrars to better support the on-call FY2s/FY1s. This improvement would be demonstrated through improved junior doctor feedback scores from Health Education England. Thereby improving both the reputation and attractiveness of SaTH as an organisation and medicine as a Centre to work in.

It is to be expected that this improved rota and morale would have a positive impact on both recruitment and retention.

Summary of benefits	**Measured by**
Tangible	
Quality	
Timely decision making in ED and assessment units improving patient flow	Reduction in average time from patient attendance to ED to decision to admit under Medicine specialty
Timely review of inpatients improving patient flow	Improve level of pre-12 discharges
Timely discharge post admission	Improve level of pre-12 discharges
Safety	
Deteriorating patient escalation – improved responsiveness to both patients in the emergency/assessment areas and secondly in distant inpatient wards	SEPSIS responsiveness to escalation CQUIN. Implementation of CQUIN delayed due to COVID. Expected to commence April 2021. No data previously collected to allow pre/post implementation comparison
Reduction in patient safety incidents	No. of Datixs moderate harm and above attributed to a delay in patient escalation
Workforce	

Improved staff morale	GMC or NEST Junior Doctor Feedback scores
Improved junior doctor feedback scores from Health Education England	GMC or NEST Junior Doctor Feedback scores
Intangible	
Safety	
Managing COVID for the foreseeable future	
Workforce	
Improved recruitment and retention as rota more attractive to available workforce	
More resilient workforce	

These benefits align with the Trust's operational plan and objectives as follows:
Performance:

- Deliver 92% bed occupancy
- Zero 12 hour waits

Drive continuous improvement:

- Increase workforce

People plan:

- Improve Engagement and Retention

Quality Improvement Strategy & Plan:

- Medicine and ED

Initial numbers (Budget change)	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
	Y1	**Y2**	**Y3**	**Y4**	**Y5**
Estimated costs – assumed fully operational from 08/20	(571)	(856)	(856)	(856)	(856)
Estimated incomes/savings - assumed fully operational from 08/20	0	0	0	0	0
Net Benefit+ / Loss (-) (cumulative)	(571)	(856)	(856)	(856)	(856)

Comparative analysis
A rota to provide two registrars on nights has been implemented at New Cross Hospital and is being Introduced at the Queen Elizabeth Hospital Birmingham following safety concerns.