

Report to:	Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin, 2 March 2016
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Title	Update on “Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services”
Purpose	To update the Joint Health Overview and Scrutiny Committee on work to maintain the safety and effectiveness of emergency department care at The Shrewsbury and Telford Hospital NHS Trust
Author	Adrian Osborne, The Shrewsbury and Telford Hospital NHS Trust
Date	24 February 2016
Previously considered by	The Shrewsbury and Telford Hospital NHS Trust Board, 3 December 2015 Joint Health Overview and Scrutiny Committee, 15 December 2015 Stakeholder Workshop, 15 December 2015

Executive Summary

The work to develop the medium and long term vision for health services in the county continues through the NHS Future Fit programme, with public consultation due later in 2016/17 ahead of a decision on the future shape of the county’s hospital services in Spring 2017.

In the meantime, the challenges that prompted the initiation of this work remain, and the scenarios available to The Shrewsbury and Telford Hospital NHS Trust if a tipping point was reached prior to resolution on NHS Future Fit are reducing.

Attention by the Trust and the wider health system remains firmly on preventing tipping points being reached. However, given the ongoing challenges, the Trust published a discussion document “Maintaining Safe, Effective and Dignified Urgent and Emergency Care Services” in December 2015 to encourage discussion and response by communities and partner organisations.

A presentation on this work was made to the meeting of the Joint Health Overview and Scrutiny Committee for Shropshire and Telford & Wrekin on 15 December 2015, and a stakeholder workshop also took place on 15 December 2015. The slide pack from that event, along with an update published following the workshop, is attached for information.

The Trust has received over 50 letters and emails in response to the discussion document. The main issues included: concern about the potential impact on patients & communities; the importance of effective publicity if changes were implemented; the impact on other care pathways; the importance of not pre-empting the work under way through NHS Future Fit; and, recommendations for sustaining services and preventing tipping points from being reached.

A further stakeholder workshop is taking place on 22 February 2016 and the summary presentation slides for that event are attached. The conclusions of that workshop are currently being written up and will be shared with JHOSC members at or before the meeting on 2 March 2016. A further update will be presented to the meeting of the Trust Board on 31 March 2016 and shared with JHOSC members.

Enclosures:

- Presentation slides from Emergency Department Business Continuity Planning workshop on 15 December 2015
- Output statement from Emergency Department Business Continuity Planning workshop on 15 December 2015
- Summary Presentation slides from Emergency Department Business Continuity Planning workshop on 22 February 2015
- Output statement from Emergency Department Business Continuity Planning workshop on 22 February 2015 (to follow)

Business Continuity within the Emergency Department

Dec 2015



December 2015 Stakeholder Workshop

- Welcome
- Background
- The journey so far
- Work to identify "Tipping Points" to enable timely decisions
- Continue to develop workforce profile and risk assessment to prevent tipping points being reached
- Consider potential scenarios

Background

There has been a debate over several decades without resolution about the sustainability of the county's hospital services.

These clinical sustainability challenges – particularly the fragility of emergency care services – are part of the “case for change” for the NHS Future Fit review.

That programme aims to create a long term vision for the county's health services.

But in the meantime these services remain fragile. Whilst we are doing our best to keep them running we have a duty to ensure business continuity plans so that we can act quickly and safely if a tipping point was reached.

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- ✓ This is about keeping our patients safe
 - ✓ It is about responding if, and only if, a crisis point was reached
 - ✓ It is about fulfilling our obligations to our communities to respond safely and promptly if this happened

- ✗ This isn't part of our winter plan
- ✗ It is not something we *want* to implement – particularly ahead of the decisions to be made through NHS Future Fit
- ✗ But we may *need* to implement if a tipping point was reached.

Where are we now?

- Safe staffing
 - National availability of emergency doctors
 - Local services unattractive due to onerous on-call, service model, facilities
 - Need to maintain a sustainable urgent & emergency care service
- Looking to the future, and responding to the changing needs of patients and community
- We need a viable business continuity plan
- Provide assurance if “tipping point” is reached

Journey so far.....

- Recognised as high risk
- Initial paper to board
- Initial review of tipping points and scenarios (including Pros, Cons , Consequences, Impact)
- Identified the “most” feasible contingency –
Scenario D (*Maintaining Safe, Effective Dignified Urgent & Emergency Care Services Nov 2015.*)

Tipping Points: ED Staffing

- No Middle Grade available to work 24/7 in either of the emergency departments;
 - currently 7 substantive posts below the recommended staffing levels (Covered predominately by locums).
- No emergency medicine consultant on call covering the emergency departments.
 - Currently working a 1:4 rota for the last 12-months this is unsustainable.
- No SHO level junior doctors working out of hours (after 1800 hours and at weekends) -

Tipping Points: ongoing mitigation

- Continued National & International recruitment
- Review shift times to match demand
- Extending recruitment of ENP's
- Developing ACP training posts
- Review potential of speciality doctors supporting area
- Considering different recruitment models

Tipping Point: Other issues

- Estates –
 - Catastrophic event
 - Utilities failure
- Recruitment challenges for other specialities
 - Theatres, Diagnostics, Acute Medicine, Intensive Care
- Clinical adjacency

Tipping Points: Questions

- Are there other potential risks and tipping points that we need to consider?
- What further action could take place to prevent tipping points from being reached:
 - By SATH
 - By other local partners
 - By national bodies

Possible Scenarios

A. Fully close both emergency departments	x
B. Fully close one emergency department	x
C. Daytime opening only of both emergency depts	x
D. 24-hour opening of one emergency department, daytime opening of other	✓
E. 24-hour opening of one emergency department, GP/OOH led service overnight at other	?
F. Single Emergency Centre plus UCC at one site, Urgent Care Centre at other (accelerate NHS FF)	x
G. Maintain 24-hour emergency departments at both sites	Our Business Continuity Plan is for circumstances where this is no longer possible

Possible Scenarios: Questions

- If we reached the position where it was not possible to sustain two 24-hour A&E departments, what other scenarios could be considered?
- Are any of these scenarios feasible?

Discussion

Group discussion on scenarios



Timetable

- **Jan/Feb 2016** Further stakeholder workshop
 - Confirm tipping points
 - Develop quality impact assessment
 - Review through Quality & Safety Committee
 - Develop communications plan
- **February to April 2016**
 - Agreement of Tipping Points
 - Continue monitoring process led by executive team
 - Consider "live test" to further test contingency measures.
- **April/May 2016** Quarterly stakeholder workshop
 - Review Tipping Points and contingency measures
 - Recommend updates based on changing environment and context.

Quality is our highest priority

Discussions take place on maintaining safe, effective and dignified Urgent and Emergency Care

16 December 2015

Senior clinicians and hospital leaders have met with health partners and patient representatives to discuss the best way of keeping patients safe in the event of fragile services becoming unsustainable.

The Shrewsbury and Telford Hospital NHS Trust (SaTH), which runs the Royal Shrewsbury Hospital and Telford's Princess Royal Hospital, is seeking views from staff, partners, patients and their families over what short-term measures could be taken ahead of a decision by NHS Future Fit, which will define the future of healthcare for generations to come.

Doctors, Nurses and other health professionals in emergency care and also in acute medicine, critical care and other specialties, tell us how fragile some of our services are, and it is therefore vital that we must have contingencies in place should the continued safe, effective and dignified running of these services become unsustainable because there are not enough staff to provide a safe service 24-hours a day in two A&E departments.

As part of that contingency planning, SaTH leaders – including Doctors, Nurses and support staff – met with healthcare partners and patient representatives this week to look at what scenarios should be considered should a “tipping point”, where safe services could no longer be maintained, be reached. These included the possible, temporary overnight closure of one of our two A&E Departments at some point in the future.

Debbie Kadum, Chief Operating Officer at SaTH, said: **“We must emphasise that we are doing everything we can to avoid reaching a tipping point, including continued national and international recruitment and extending the recruitment of Emergency Nurse Practitioners. We are also reviewing shift patterns in order to best meet times of high demand.**

“Continuity planning is part and parcel of normal business and we have continuity plans for a whole range of scenarios in our hospitals, but clearly Emergency Departments have a much higher profile than many of the other things we discuss.

“The discussions we are having are about looking after our patients and looking after our staff. It is about responding if – and only if – a tipping point was reached so that we can continue to fulfil our obligations to our patients and communities.

“This is not something we ever want to implement and is absolutely not part of our Winter Plan or a way of closing one of our A&E Departments ‘by the back door’.

“We do not pretend that we have all the answers, and this meeting provided some excellent views for us to look at in greater detail. What the meeting emphasised is that there is no easy answer. That is why we set out on the journey with NHS Future Fit to begin with. If there was a simple solution to the NHS Future Fit debate, we would have implemented it some time ago.

“We have seen reports from some people saying it is ‘obvious’ that we would close the A&E at Shrewsbury overnight if we reached a tipping point, while others have said it is ‘obvious’ we would close Telford. There is no ‘obvious’ choice, and that is why we want to consider as many views as possible.

“With continued demand for hospital care, I would like to give my personal thanks to the teams in our Emergency Departments, in local hospitals and across local health and care services for their

compassion and commitment.

“I would like to thank everyone who has already shared their concerns and hopes.”

If you have any views on these issues we would love to hear from you. You can share your thoughts by emailing consultation@sath.nhs.uk or writing to the Chief Operating Officer at the Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, SY3 8XQ or at the Princess Royal Hospital, Apley Castle, Telford, TF1 6TF.

For more information visit www.sath.nhs.uk/bcp

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Business Continuity within the Emergency Department

February 2016 Update



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

February 2016 Stakeholder Workshop

- Welcome
- Background
- The journey so far
- Consider one scenario
- Pathway mitigations
- Outcome
- Next steps

Background

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Tipping Points:

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 - Theatres, Diagnostics, Acute Medicine, Intensive Care
 - Clinical adjacency
- 

Public and Stakeholder Feedback

- Over 50 letters and emails
- Main issues raised included:
 - Concerns about potential impact on patients, communities and staff of the options identified in the paper
 - The importance of effective publicity if changes were implemented, and of contingency arrangements (e.g. if patients arrive at a service that is closed)
 - The need for clarity in relation to care pathways (e.g. trauma, stroke, women & children's, ENT)
 - The importance of not pre-empting the work under way through NHS Future Fit; and,
 - Suggestions for sustaining services and preventing tipping points from being reached.

Progress to date

- Recruitment
 - Urgent care / walk-in centres
 - AEC
 - GP services
- 

Scenario D – Overnight closure.

- A business continuity plan featuring temporary overnight closure of RSH is not feasible due to the complexity of service moves for trauma and acute/emergency surgery (RSH is the county's main centre for trauma and acute/emergency surgery).
- A business continuity plan featuring temporary overnight closure of PRH is potentially feasible and work is underway to consider this in more detail, including the impact on patients and pathways.
- This would be a temporary measure in response to tipping points in the immediate term and would be undertaken without prejudice of the work taking place through the NHS Future Fit programme.

Scenario D1 – Close PRH over night

Impact on RSH (between 2000 hrs and 0800 hrs)

- 490 additional ambulances per month = 18 per day
- 700 “Other” attenders per month = 26 per day;
- 500 additional admissions per month = 19 per day
- 350 admissions per month into the general bed base (30% being discharged from AMU/SAU), 12 admissions into the bed base per night;
- This will require additional **42** inpatient beds and **18** Short Stay beds to be available / created through bed transfers on the RSH site.

Considerations

- Pathways
 - Acute Stroke
 - Paeds / neonates /Obstetrics
 - Women
 - ENT
- Capacity
 - Additional beds
- Workforce

Work is underway to develop business continuity plans for each pathway and options for workforce & physical capacity

Conclusions

- Is this workable/ Possible in the time frame?
- Should we be considering mutual aid initially?
- Where does this sit with NHS Future Fit and sustainable services?