

Agenda Item: 7

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| **To:** | **The Trust Board** |
| **From:** | Mark Brassington, Chief Operating Officer  |
| **Date:** | 6th September 2016 |

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| **Title:** | Emergency Care Service – Current Position |
| **Responsible Director:** Mark Brassington, Chief Operating OfficerAuthors: Mark Brassington, COO; Michelle Rhodes, Director of Nursing and Kevin Turner, Deputy Chief Executive |
| **Purpose of the Report:** * The purpose of this report is to provide a further update to the Trust Board relating to the provision of emergency care at ULHT Hospitals and the next steps to ensure continued patient safety and public engagement
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| **The Report is provided to the Board for:**Information 🗸Decision Discussion Assurance  |
| **Summary/Key Points:**The purpose of this briefing is to provide:* A timeline of actions leading up to and following the temporary closure of Grantham A&E
* The full collection of documentation associated with this change
* Provide an early indication on the impact of this change
* To outline the next steps
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| **Recommendations:*** That the Trust Board note the action taken to date, suggested future action and to agree to monthly updates
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| **Strategic Risk Register**Urgent Care Staffing within the Corporate Risk register | **Performance KPIs and measures**Performance against the 4-hour A&E standard is included within the report, together with proposed solutions for improving the current performance, which is not meeting the standard. |
| **Resource Implications (e.g. Financial, HR)** The course of action will release junior, middle grade and consultant staff to support Lincoln and Pilgrim medical rotas |
| **Assurance Implications**  |
| **Patient and Public Involvement (PPI) Implications –** considered through the Quality Impact Assessment and Equality Impact Assessment. This will remain an ongoing process as we will be continually engaging with patients and public during this temporary closure.  |
| **Information exempt from Disclosure –** No |
| **Requirement for further review?** Yes  |



**EMERGENCY CARE SERVICE – UPDATE**

1.0 Background

During July 2016 Lincoln and Pilgrim emergency departments expressed increasing concern as to their ability to fill their middle grade medical rotas. Due to the increasing reliance locally and demand nationally for locum doctors the fill rate of our A&E shifts was reducing leaving the departments at Lincoln and Pilgrim significantly understaffed. Between the 31st July and the 6th August a further three middle grades at Lincoln and 0.6 at Pilgrim had left. As a result of only having 2.6 whole time equivalent (wte) middle grades in Lincoln against an establishment of 11 and 4 wte middle grades at Pilgrim against an establishment of 11, despite extreme mitigation and planning, the rota could not be safely staffed on a prospective basis. The Trust Board (TB) were appraised of the situation on the 2nd August and the potential options. The TB were are in agreement that the level of additional risk to patients as indicated by; deterioration in ambulance handover times (particularly at Lincoln County Hospital), delays in first assessment (although the sickest patients are always prioritised) and a significant reduction in the number of patients assessed, treated, admitted or discharged within 4 hours (causing overcrowding within the emergency departments) is too great to continue without action. Approval was given to work through the possibility of an temporary service closure at Grantham in order to support staffing at Lincoln and Pilgrim A&E departments.

A significant volume of discussion and work was conducted following the TB to consider the implications and impact on patients, staff and partner organisations. Throughout the intervening period the TB as well as key stakeholders have been kept informed where possible. Support to proceed with the temporary change to the opening hours at Grantham was provided on the morning of the 9th August with the change taking effect on Wednesday 17th August.

The purpose of this briefing is to provide:

* A timeline of actions leading up to and following the temporary closure of Grantham A&E
* The full collection of documentation associated with this change
* Provide an early indication on the impact of this change
* To outline the next steps

The full detail of the case for change, options considered and full actions will not be covered in detail but can be accessed from the supporting documents.

**2.0 Timeline**

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| **Date** | **Action** |
| 1.8.16 | Email sent to all CCG and Lincolnshire provider (including EMAS) accountable officers providing an update of the staffing issues and request for help |
| 1.8.16 | Briefed chair of System Resilience Group (SRG) and Accountable Officer of the lead CCG regarding TB paper |
| 2.8.16 | TB appraised of the situation, potential options and gave approval to work through the possibility of a temporary service closure at Grantham |
| 2.8.16 | NHS Improvement (NHSI) and Chair of SRG and Accountable Officer of the lead CCG appraised of the TB decision |
| 2.8.16 | CEO of Healthwatch briefed of the current A&E challenges  |
| 3.8.16 | Briefed CEO of EMAS and Lincolnshire South West CCG Accountable Officer |
| 3.8.16 | Further communications regarding staffing support releasedCrisis report for further medical staff  |
| 4.8.16 | NHSI Checklist for temporary closure submitted |
| 5.8.16 | Updated COO at EMAS |
| 5.8.16 | Finalised Emergency Care Service Case for Urgent Service Reconfiguration on Grounds of Patient safety submitted to NHSI |
| 8.8.16 | Finalised Case for change shared with the TB |
| 8.8.16 | Briefed Mr Dilip Mathur, CD Grantham |
| 9.8.16 | Authorisation from NHSI provided to enact Temporary Service closure on grounds of patient safety |
| 9.8.16 | Enacted the communications planBriefed local staff side, all affected staff, Healthwatch, local councillors, MPs, and stakeholders Telephone briefing with CQCFace to face staff briefings at Lincoln, Pilgrim and GranthamFace to face media briefing to ensure public and patients would be aware1 to 1 staff briefings with affected staffAll user email message to all staff All ULHT stakeholders emailed UHLT members emailed (which included over 1000 members of the public)Grantham MAC attended |
| 9.8.16 | Briefed CEO of ULH, NUH and Peterborough |
| 9.8.16 | System Resilience Group Briefed  |
| 10.8.16 | Publish press release on website, including FAQs and post on social media |
| 10.8.16 | Media interviews to ensure public and patients aware and engaged |
| 10.8.16 | 1:1 with consultants |
| 10.8.16 | 1:1 with middle grades |
| 10.8.16 | 1:1 with juniors |
| 10.8.16 | 1:1 with nursing and departmental staff commenced |
| 10.8.16 | Teleconference held to discuss possible service models which included LCHS, SWLCCG and LPFT. EMAS consulted. |
| 11.8.16 | Agreed final operating model for Grantham during temporary closure.Opening 09:00 and closing at 18.30 (staffed to 21.00 to assess, treat, admit or discharge patients who have presented prior to closing at 18.30) |
| 11.8.16 | Briefed stakeholders on decision to close A&E overnight |
| 11.8.16 | All user email message to all staff on new opening hours  |
| 11.8.16 | All user email message to all stakeholders including Healthwatch, local councillors, Mid-Kesteven District Council, Lincolnshire County Council. Begin considering and responding to public enquiries and questions |
| 11.8.16 | Press release on new opening hours  |
| 11.8.16 | Published press release on website, including updated FAQs and post on social media |
| 11.8.16 | Sent out email message to all staff and NEDS |
| 11.8.16 | Grantham, Lincoln and Pilgrim staff briefing |
| 15.8.16 | Implementation plan further developed and implemented  |
| 15.8.16 | Quality Impact Assessment Finalised  |
| 15.8.16 | Equality Impact Assessment Commenced |
| 15.8.16 | Displayed posters at GDH and distributed to GP surgeries, other community areas |
| 16.8.16 | Full Briefing and update to the TB (TB Development session) |
| 16.8.16 | Out of Hours service worked from new location at Grantham |
| 16.8.16 | Standard Operating Procedure agreed for the process of overnight closure |
| 17.8.16 | Media and continued dialogue with public and stakeholders over details |
| **17.8.16** | **New departmental hours implemented** |
| 17.8.16 | Published press release on alternatives to A&E |
| 18.8.16 | Reviewed time staff available post closure and extended from 21:00 to 21.30 |
| 18.8.16 | Daily reviews initiated with NHS partners. Continued dialogue with public and stakeholders |
| 19.8.16 | Monitoring process agreed to review impact |
| 19.8.16 | Lead CCG and NHSI undertook a quality visit of Grantham A&E following changes and reported no concerns (awaiting written feedback) |
| 22.8.16 | Reviewed time staff available post closure and extended from 21:30 to 22.00 |
| 23.8.16 | Meetings held with LCHS and SWLCCG to explore possibility of a minor injury service being provided by LCHS to supplement the out of hours service |
| 23.8.16 | Met with Police and Crime Commissioner |
| 23.8.16 | Received letter before action instructed by Councillor Morgan as a representative of SOS Grantham Hospital  |
| 26.8.16 | Potentially impacted on groups communication plan further refined |
| 30.8.16 | Received letter of support from NHSI |
| 30.8.16 | Provided an update to CQC |
| 31.8.16 | Continued dialogue with staff, public and stakeholders |

**3.0 Impact of the changes**

The impact of these changes cannot be underestimated upon patients, stakeholders and our staff. The decision to reduce the opening hours at Grantham was not taken lightly but on the grounds of patient safety due to a lack of a viable alternative option.

Throughout this process our staff have worked hard to make the new arrangements work and their support is recognised.

A monitoring process has been agreed and is in place. The early monitoring between 17th August and 29th August is showing:

* Daily average attendances at Grantham are c.60. This demonstrates a reduction of 20 attendances a day on the average attendances (80) seen between 1st August and 16th August. This is less than 25 reduction predicted. The daily peak in attendances is now being seen earlier in the afternoon suggesting a change in presenting behaviour. There has been no increase in attendances at Lincoln or Pilgrim.
* Daily average admissions at Grantham are 12 compared to a previous average admission rate of 14. This suggests a daily reduction of 2 admissions a day. This is less than the 6 predicted. There has been no increase in admissions at Lincoln or Pilgrim.
* No material change in Out of Hours presentations.
* No change in ambulance conveyance rates at Lincoln or Pilgrim. Awaiting further data from EMAS to analyse potential impact.

Early indications suggest that the expected impact is lower than originally thought. However this will remain under close scrutiny as the above data is only for a 13 day period and therefore needs to be viewed with caution.

During these early stages releasing staff and orientating them to the department 120 hours of middle grade support from Grantham staff have provided cover at Lincoln A&E. This equates to 16.5% (1:6) of the Lincoln Middle grade rota. This is expected to increase over the coming weeks as the rotas settle.

**4.0 Recruitment activity**

Significant recruitment activity has been underway for a considerable amount of time to increase the number of middle grade staff. Additional actions have included:

1. All adverts have been reviewed and refreshed.
2. A new agency has approached us who suggest they can help us to recruit consultants and middle grades across hard to recruit to posts which is being explored.
3. CESR (Certificate of Eligibility for Specialist Registration) posts re advertised
4. A&E speciality doctor posts advertised with up to 2 sessions a week, together with funding, to support the completion of an appropriate part time MSc or PhD. This ULHT funded initiative has been developed in partnership with the Community and Health Research Unit, based in the University of Lincoln.
5. ULHT to have a recruitment stand at the Royal College of Emergency Medicine (RCEM) conference 20th-22nd of September.
6. RCEM agreed to tweet all of their members with details of our vacancies to support our ED recruitment drive.
7. Launch of Masters programme for middle grades planned

At the time of writing our middle grade establishment is as follows:

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| **Site** | **Establishment** | **In Post** |
| Lincoln | 11 | 2.6 |
| Pilgrim | 11 | 5 |
| Grantham | 6 | 5 |

As can be seen from above Lincoln have not been able to recruit as yet, Pilgrim have managed to increase their establishment by 1 (from 4 wte) and Grantham have interviewed a suitable candidate in Egypt and are awaiting the individuals status and requirements to enter into the UK and practice as a middle grade.

**5.0 Timeline going forward**

* ULHT will consider and respond to the legal letter before action
* Continue to review temporary arrangement with staff and partners
* Continue the implementation of the public and stakeholder engagement plan
* Discuss at Member Locality Forums
* Regular system calls will continue to monitor the impact of these temporary changes
* Further quality assurance visit by NHSI and lead CCG will be completed
* Brief TB in October and November
* Continue to seek suitable middle grade medical staff in line with recruitment activities
* Review temporary arrangements for Grantham A&E at Lincolnshire A&E Delivery Board 6 September 2016 and 11 October 2016
* NHSI and NHSE to set the date, prior to the 17th November, to review whether the temporary changes in place at Grantham A&E can be lifted

**6.0 Recommendation**

**The Trust Board is asked to note the contents of this paper.**