Lancashire Teaching Hospitals NHS
NHS Foundation Trust

EMERGENCY CARE CRISIS

LCC Health Scrutiny Committee – 26th April 16

Excellent care with compassion

ISSUE

- Middle Grade Shift Gaps are at a level which means the Trust is unable to deliver a safe service across the Emergency Departments
  - Caused by middle grade vacancies; deanery gaps; locum cap.

- Issue first escalated as a concern to Monitor in August 15. Risk assessments regularly shared with Monitor and NHSE since Dec 15

- Risk assessments undertaken monthly since December 15; shared with the Board and SRG

- Risk increased and decision made by Board early March not to implement the April cap – no impact on locum fill.

- Thursday 31st March – identified risk to service delivery with immediate effect

- Friday 1st April – sought agreement from the ED Consultant team to cover and act down into the middle grade shifts. The consultants agreed a period of two weeks for the Executive team to seek additional staffing and plan contingency.

Considerations taken into account:

- ED at RPH is a Major Trauma Centre, which serves the Trusts local patients but also the wider public of Lancashire and South Cumbria
- ED at RPH is a recognised training placement for emergency medicine trainees

- Consequently the RPH service needed to be retained.

- 13th April – SRG supported decision to temporarily change the service provision at Chorley to an urgent care service between the hours of 08:00-20:00; with a GP out of hours service overnight.
  - Anything less than a 24/7 service cannot be classed as a type 1 ED

- The SRG decision was based on an agreed risk assessment, the principles of providing a safe service which optimised the service provision at Chorley with the staffing resources available and which had the least impact on other organisations.

- In the decision process safety of patients was paramount whilst also minimising impact on patient experience.

- SRG meeting weekly to review the risk assessments and the minimum requirements for re-opening.

How we are assuring safety & quality for patients

- Widespread communication of arrangements so patients are clear how to access emergency care
- Staff clear on how to escalate if there are any patient safety concerns
- Enhanced visibility of Executive Directors, senior managers and clinical leaders, walking the floor
- Any reported Patient Safety Incidents or complaints will be rigorously addressed

How we are assuring positive staff experience

- Regular briefings for staff throughout the transition
- Enhanced visibility of Executive Directors, senior managers and clinical leaders, walking the floor
- Valuing your voice email address, which allows anonymous concerns to be raised – staff are continually encouraged to use this in all briefings

Why has this happened?

Medical staffing in the emergency departments has been on our risk register since 2010 because:

- National shortage of doctors choosing a career in emergency medicine with a widening gap over the last few years
- Reliance on locums to fill the gaps

And more recently:

- Application of the agency Cap

How do we recruit?

Substantive Posts

- All posts are advertised nationally on the NHS Jobs website; which is the national website for advertising jobs within the NHS is standard practice and accepted by all NHS professionals as the place to go and seek vacancies.
- In addition posts have been advertised on Doctors.net, which again is a national website targeted specifically at doctors
- Hard to fill posts that meet the resident labour market test are also marketed overseas via out managed service provider.

Locums Posts

- Locum posts can be advertised as NHS locums in which case the above advertising regime applies.
- Alternatively locums are usually sourced through an agency.
- We use a managed service who works with us to source locum doctors through a whole range of agencies who are registered on the procurement framework, this is in excess of 20 agencies.

- The arrangement with our managed service provider is not exclusive and we can and do approach other framework agencies, eg, Rigg directly.
- Since the agreement was put in place to breach the agency rules, we have also contacted all non framework agencies we can identify to see if they can supply doctors

Additional Actions:

We are continually and actively recruiting for all posts:

- We are working with HENW to look at reallocation of training posts across the North West. CEO has discussed options with CEO HEE
- Implemented local retention premium for ED specialty doctors
- Proactive national recruitment actions including;
  - Exhibited at national recruitment conference
  - Released promotional DVD to attract doctors to the trust
  - Advertised through networks such as Doctors.net
- Proactive international recruitment actions including ;
  - International recruitment through Medacs
  - Skype interviews undertaken to support international recruitment

- Meeting held with Fulwood Barracks seeking middle grade support; this level of staff not available
- Further advice sought from NHSE
  - Stephen Groves, NHS England National Head of EPRR, advised that to request a MACA (Military Aid to Civilian Authorities) would be a last resort and that in this situation a MACA request would not be appropriate.
  - In addition, military personnel are no longer within military hospitals but work within NHS district general hospitals so by requesting military support would be taking staff from other DGHs.
- Role substitution through nurse clinicians, physicians associates and emergency nurse practitioners
- Proactive contract and pay actions;
  - Appointed GP's to trust contracts
  - Offered trust contracts and contracts for service
  - Enhanced the internal bank rate of pay
- Commenced advertising in national papers / press

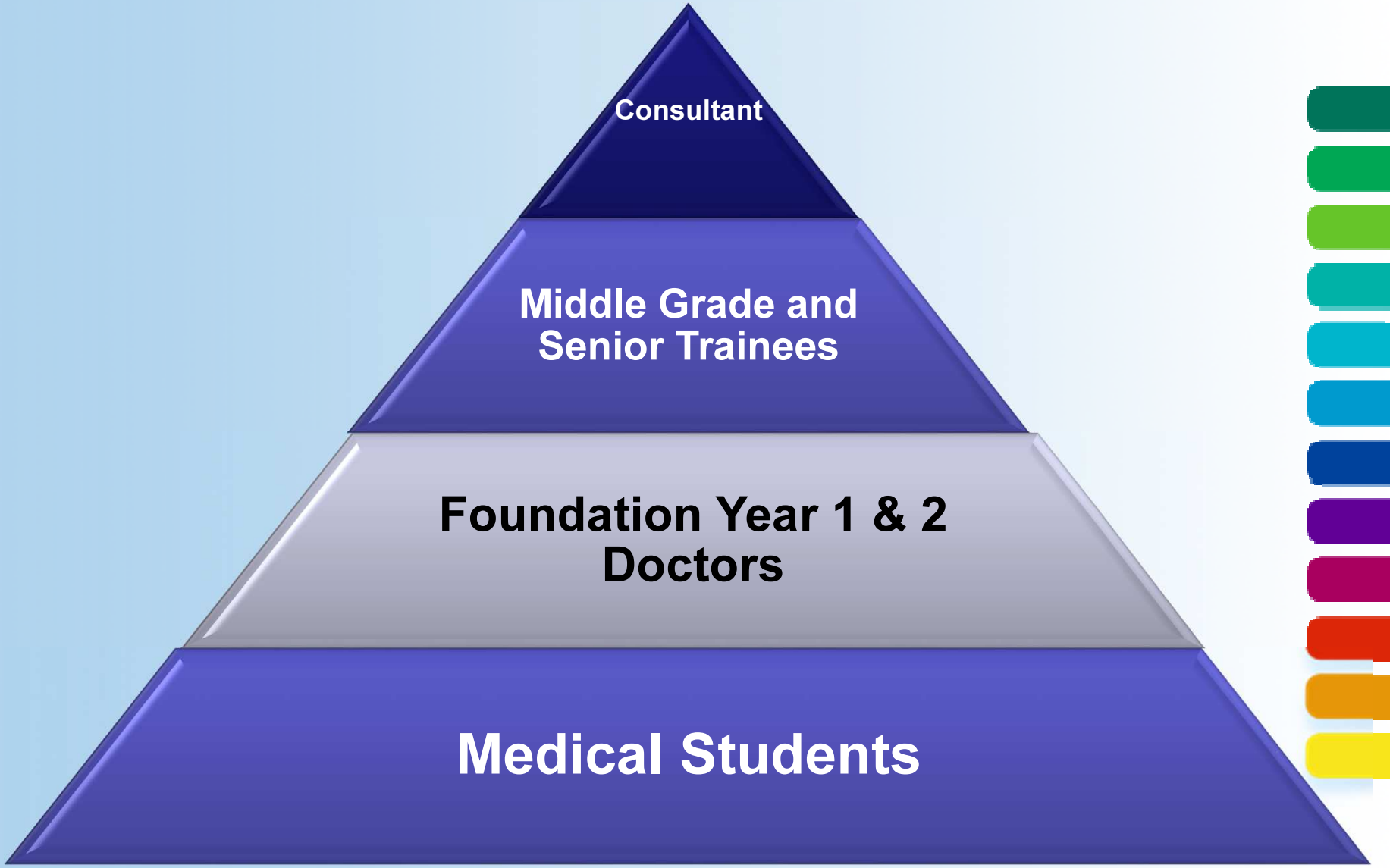
Middle grade doctors – what are they? What do we need?

Qualifications

- Full GMC Registration and Licence to Practice
- MBBS or equivalent (primary medical degree as recognised by the GMC)
- Advanced Life Support and at least one of: ATLS, APLS, ETC or equivalent

Experience and Skills

- 4 years post graduate medical experience / training of which at least 12 months must be in emergency medicine
- Ability to initiate appropriate initial management in common emergencies and to apply sound clinical knowledge and judgement
- Must not have been out of clinical practice for longer than 2 years
- Previous involvement and understanding of audit
- Evidence of interest and participation in teaching. The ability to train and supervise junior medical staff and medical students
- Ability to lead a clinical team


Consultant
Middle Grade and Senior Trainees
Foundation Year 1 & 2 Doctors
Medical Students

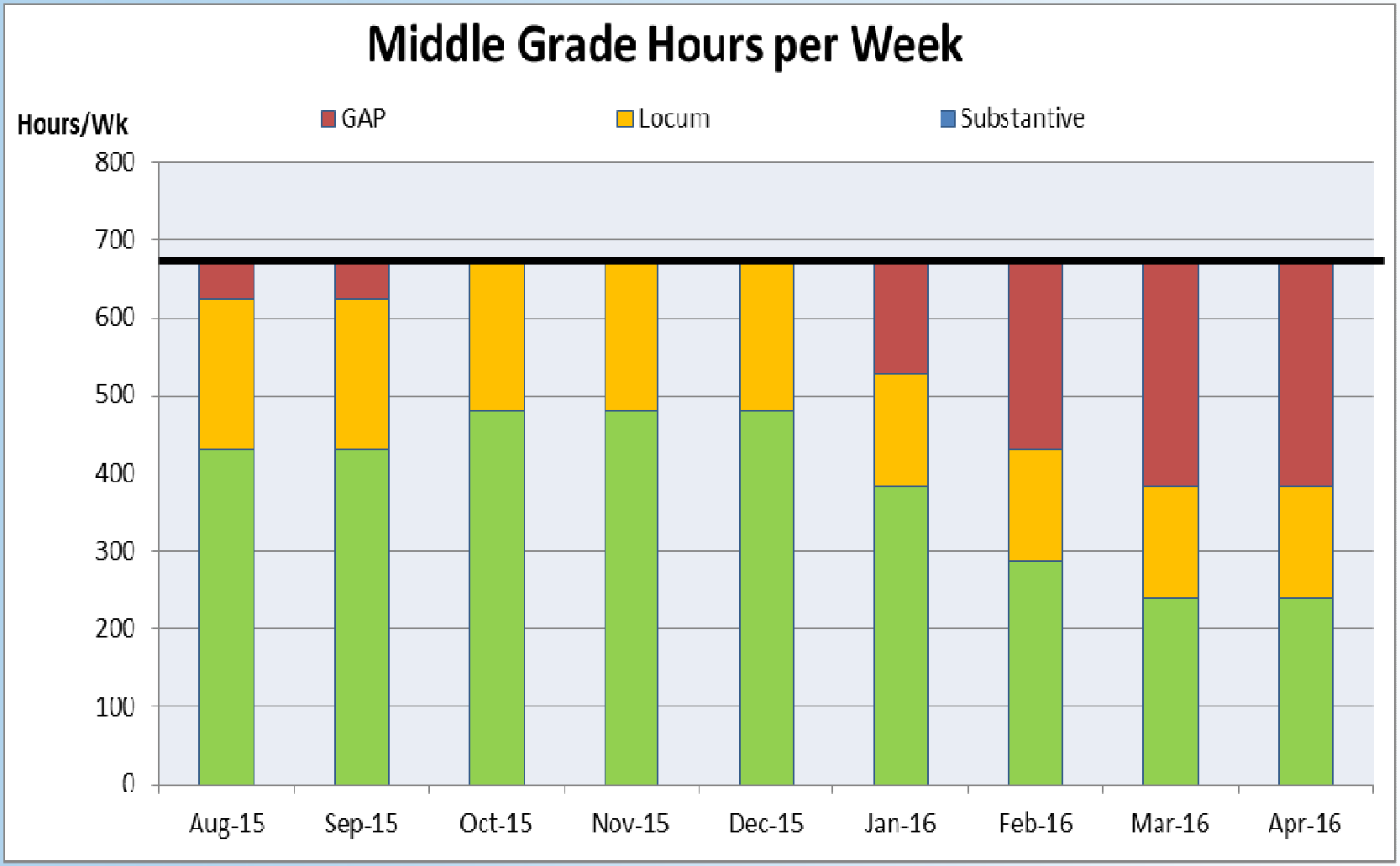
Requirement to run two 24/7 ED services

- Require 14 wte Middle grade doctors

Site	Grade	Cover/Hours	Days per week
RPH	Consultant	16 hours per day 08:00-00:00 with on call cover after midnight **	7 days
	Middle Grade	24 hour per day	7 days
CDH	Consultant	09:00 – 18:00	5 days Mon- Fri
	Middle Grade	24 hour per day	7 days

Grade	Site	Establishment	Substantive	Commentary
ST3-6	RPH only	7 posts	3 posts	* The ST 3-6 are training posts and as such can only be based at RPH. There are also very strict conditions around training and teaching time for these posts. In addition to this the 3 of these posts are ST3 trainees – and are unable to provide full night shift cover due to being in a junior training role. We have written to HENW to request permission to move the trainees however this request has been denied.
Associate Specialist	RPH CDH	2 posts	2 posts *	1 not available
SAS	RPH CDH	5 posts	2 posts *	1 not available
Total		14 posts	7 posts *(5)	

Rotational training posts: rotate around NW Trusts in Feb and August – notification of rotations and gaps can be as late as 1 week before rotation takes place.


Middle Grade Hours per Week
Hours/Wk
GAP
Locum
Substantive
800
700
600
500
400
300
200
100
0
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16

Current Position

- Kitemarked UCC at CDH
- Kitemark – means that amber ambulance calls can be conveyed to the UCC – which further mitigates any impact on other organisations
- Working in partnership with LCFT and GP OOH services
- Currently open 08:00 – 20:00 with GP out of hours service overnight
- All GP medical admissions being received on CDH site
  - Ensures acute medicine remains on CDH site
  - Protects training status of medicine at CDH
- No reported impact on NWAS
  - Additional vehicles in place to support

- Working closely with East Lancs, Wigan and Bolton to monitor any impact and shift in activity. Reported minimal impact to date
- Increased support into RPH ED to ensure timely assessment and treatment
- Ambulance handover nurse in place
- Moved the emergency decisions unit into a larger space (from 10 to 20 bed assessment capacity)
- Increased consultant presence within the EDU to support timely assessment and decision making
- LCFT & LCC admission avoidance services in ED and UCC

Activity & Performance

15/16	RPH	CDH
Quarter 1	95.54	95.51
Quarter 2	95.16	94.93
Quarter 3	92.24	91.06
Quarter 4	85.77	82.09

CDH	Previous Average	Mon	Tue	Wed	Thu	Fri	Sat	Sun
UCC attends	137 (in a 24 hour period)	68	49	68	91	89	87	115
4 hour target	March average - **76.80%** Previous year average - 90.9%	98.53%	100%	100%	100%	100%	100%	100%
Medical admissions	30	39	30	27	18	22	12	17

RPH	Previous average	Mon	Tue	Wed	Thu	Fri	Sat	Sun
ED attends	220	234	256	251	239	196	226	227
4 hour target	March average - **85.26%** Previous year average – 92.2%	94.02%	88.28%	92.83%	88.70%	96.08%	93%	97.01%
Medical admissions	50 - 60	58	51	41	44	36	39	26

Current Position on Recruitment

Current gaps in rota remain at 6. This includes 3 locums currently booked to September.

3 additional locums have been booked;

- 2 commence on the 25/4
- 1 commences 9/5

Since the update to stakeholders on Friday there are an additional 2 locums that have been booked – awaiting confirmation of start dates.

It is important to note however that we have been notified that one of our current locums is no longer available in May and June 16.

Subject to competence and successful completion of a trial and references these locums will be offered long term positions / substantive posts.

37 CV's have been reviewed and rejected as the locums did not meet the essential criteria.

There are a further 17 CV's in the pipeline as of 25th April:

- 4 are consultants and need to confirm willingness to act down and cover 24/7. Still awaiting confirmation from the agency
- 8 do not currently meet compliance, these are being chased daily. Awaiting confirmation from the agency.
- 1 rejected as is currently subject to a GMC warning
- 1 doctor is out of the country so can't discuss offer currently
- 1 has insufficient availability currently, this is being pursued to see if he can increase his offer
- 2 are appointable and are proceeding to booking with possible June start

Where we are today:

- Actively recruiting
- Position changing on a day to day basis
- In discussion about when safe to open sustainably
- SRG review and risk assessment weekly
- Aim to re-open as soon as possible within the caveats identified

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