

REPORT TO: HEALTH OVERVIEW AND SCRUTINY PANEL

DATE OF MEETING: THURSDAY 22 FEBRUARY 2018

SUBJECT OF REPORT: WESTON AREA HEALTH NHS TRUST – TEMPORARY OVERNIGHT CLOSURE OF THE EMERGENCY DEPARTMENT

TOWN OR PARISH: ALL

OFFICER PRESENTING: JAMES RIMMER, CHIEF EXECUTIVE

KEY DECISION: INFORMATION AND DISCUSSION

RECOMMENDATIONS

Members are asked to note the content of this report which provides an update on the temporary overnight closure of the Emergency Department at Weston General Hospital.

1 SUMMARY OF REPORT

This paper is to assure the Panel that the impact of the temporary overnight closure of the Weston General Hospital A&E Department, both within Weston Area Health NHS Trust (WAHT) and across the Bristol, North Somerset and South Gloucestershire (BNSSG) footprint, is being managed in a safe way and that there is ongoing work to deliver a 24/7 emergency and urgent care service as soon as possible.

The Board of WAHT took the decision to temporarily close the A&E at Weston General Hospital from 22:00 to 08:00 on 4 July 2017. This was actioned on the grounds of patient safety.

2 BACKGROUND

The difficulty in sustaining Emergency Department (ED) Services at WAHT has been acknowledged in the BNSSG area for a number of years. Since 2016 there have been a number of changes that have precipitated a 'tipping point' in the delivery of services through the ED including:

- An 'Inadequate' rating for the Safe domain for Emergency Services by the Care Quality Commission (CQC) for the second time running (2015 and 2017).
- The withdrawal by the Deanery of some training doctors overnight.
- Poor four hour performance across six winter months.
- A visit from the National Director of Urgent Care highlighting the need for urgent change; and
- NHS Improvement concerns that staffing arrangements, the number of vacancies in ED and the dependence on temporary staff did not provide a sustainable solution.

Despite improvements in the A&E flow, there remains a significant risk over being able to provide enough permanent medical staff, particularly for Middle and Consultant Grades. Out of an expected 9 whole time equivalent Middle Grade posts, WAHT currently has 5.5, and out of an expected 8 Consultant posts the Trust has 2.7 substantive.

The Trust has worked with a number of different organisations and used numerous different approaches to try to recruit to these posts, but a national shortage of A&E Doctors and WAHT being a small Trust, has meant that the Trust continues to struggle to recruit the right number of permanent Doctors needed to fully staff an A&E Team 24 hours, 7 days a week. In particular, to have sufficient Doctors to staff a rota with overnight duties to make sure we can run the services safely at night.

This report will look at the actual impact, the current staff and future plans of the overnight closure.

WAHT continues to have significant pressure on the A&E Department. This has been made more difficult due to the number and particularly the severity of illness of patients attending the A&E.

3 IMPACT OF CLOSURE

The impact of the temporary overnight closure has been very similar to that predicted.

Key areas of difference are:

- North Bristol NHS Trust (NBT) have seen fewer admissions than predicted (0.7 vs 3.2)
- Taunton and Somerset NHS Foundation Trust (T&SFT) have seen more than predicted (1.9 vs 0.9) *
- There have been more walk-in patients than predicted (3.1 vs 1.1) *
- The length of stay of patients for patients admitted to other Trusts has been longer than expected **
- Initial difficulties with the repatriation process, which have now been addressed.

* These are self-reported numbers and may change once the postcode data is reviewed.

** Discussions with patients indicate a desire to not change the hospital part way through treatment, leading to longer length of stay for patients who are admitted.

4 STAFFING

A key issue in the decision to close the A&E was the difficulty in recruiting Middle Grade staff. The Medical Director has indicated a requirement of having 80% of established posts in place for both Middle Grade Doctors and Consultants before it is considered safe to reopen. Our medical staff position is that:

- We have 5.5 wte Middle Grades against an expected 9 posts
- We have 2.7 substantive Consultant posts against an expected 8.

We have offered jobs to a further 3 Middle Grades who are expected to start by May 2018. We continue to try to recruit to Consultant posts, although it is believed that Consultant recruitment is unlikely to be positively impacted until the Consultant rota is underpinned by a Middle rota.

Nurse Staffing

There are no significant nurse staffing issues. There are a number of new starters who are currently awaiting registration and are working in the department as Band 4 Nurses.

5 COMMUNICATIONS

The Clinical Commissioning Group and WAHT Communication Teams have worked on a number of ways to inform the public, staff, stakeholders and patients of Weston General Hospital, as well as patients who may be coming from a wider area, of the temporary closure and the reasons for this.

This continues to be refreshed to ensure that the messages are maintained. It is also shared with all partners via the Weston Overnight Closure Operational Group, to ensure consistency across all areas.

6 CONCLUSION

The impact of the temporary overnight closure has largely been as predicted. The clinical impact on patients has been minimal and there is significant work within the Emergency Department to return to being able to deliver overnight urgent and emergency services. The focus going forward remains to return to safe delivery of overnight services as soon as possible.

It is recognised, however, that the temporary overnight closure has had an impact on the patient experience of care. The Trust is working with local NHS partner organisations to try to minimise the impact.

6 AUTHORS

James Rimmer, Chief Executive; and Phil Walmsley, Director of Operations