

Calderdale & Huddersfield NHS Foundation Trust

Paper for Board of Directors on the Business Continuity Plan for overnight closure of an Emergency Department (ED) at CHFT

Purpose of the Report and decision required

This paper puts forward a business continuity plan for our Emergency Departments in the event we were unable to sustain a safe level of staffing across both sites. The plan has been discussed at a previous WEB meeting and has been shared with our commissioners via the Urgent Care Board. In addition the Clinical Director for ED services has attended a CCG Quality Committee meeting to discuss the detail contained within the paper.

All actions to minimise the frequency and length of closure of an ED will be undertaken. Given the likelihood and potential impact associated with short notice incidences and inability to maintain safe services it is imperative that the need for clear cross organisational approved plans are available to mitigate risk to our patients.

The Board of Directors are asked to approve the attached Business Continuity plan and for this to be included as part of the Trust's Major Incident Plan. The Board may wish to consider whether engagement with the overview and scrutiny committees is required given the likely political and media interest that would occur if this plan was enacted.

Background

Reception of undifferentiated patients to an Emergency Department (ED) can only be regarded as "safe" when there are adequately trained staff available to immediately manage any patient who arrives. In essence this requires an Emergency Medicine (EM) trained senior clinician on site.

Due to ongoing problems recruiting and retaining EM Middle Grade staff at CHFT, there has been increasing instances when overnight Middle Grade EM shifts have had to be covered by the on-call consultant.

Since CHFT deliver EM services on two sites it is increasingly likely that, despite all best efforts to recruit permanent staff and long-term locums, the situation will arise when MG cover is not available overnight on both sites simultaneously.

This document aims to describe the processes required to be put into place when insufficient senior EM practitioners are available to safely deliver an ED service on two sites overnight. CHFT will endeavour to try and keep both CRH and HRI A&E departments operating in a safe manner. A number of incidences can occur which will lead a department to be deemed unsafe, in such instances the priority will be to ensure that HRI ED department is kept fully functioning. The reason for this is that the HRI ED is the recognised Trauma Unit with the associated infrastructure to ensure the safe and appropriate management of seriously injured and illness patients.

The key actions required to try and maintain the safe provision of services are outlined below:

1. On day sickness of Middle Grade for night shift at one site.

- Inform medical staffing to contact staff on days off/request agency/locum staff.
- Consider sending day MG home to return overnight
- Ask any existing consultants to provide extra sessions and work overnight (need to consider impact on following day)
- Consultant on call to 'act down' into MG role, remain on the HRI site and other MG to be based at CRH- risk remains if dept at CRH becomes unsafe- Hospital At Night team to support – on call manager to inform all speciality doctors of the need to support ED by timely assessment in department of patients.
- Ensure all specialty on-call consultants are aware of this situation.

With the above steps in place both A&Es have the ability to continue to receive patients.

2. Middle Grade does not turn up on one site for nights.

- On call manager/EM consultant to call all other EM Consultants to see what their availability is to do the night shift.
- Consultant on call to 'act down' into the MG shift at the HRI site.

With the above steps in place both A&Es have the ability to continue to receive patients.

3. Neither night Middle Grade available for clinical work.

This situation is most likely to occur at short notice, when all other avenues have already been explored and a plan is already in place for a consultant to act down on the HRI site. In the situation that another consultant is unable to undertake a night shift; the only safe option will be to close the ED at CRH overnight until 8am the following morning.

On activation of the above trigger, the on-call ED consultant will have a direct conversation with the on-call manager and the on-call director informing them of the situation and the need to close an ED overnight. This decision will trigger a specific business continuity plan as outlined below.

Following this decision being made actions will need to be taken to:

a) Inform external partners and patients that the ED at CRH is closed

- Director to Director communication to YAS/CCGs/Local Trusts re possible YAS diverts to HRI / neighbouring EDs (Bradford/Blackburn/Dewsbury).
 - Unwell children will continue to be received at CRH

- Signage to be available for ED entrance and main entrance of CRH.
- Road signage to be available around CRH to inform patients travelling by car
- Media Announcement

b) Manage patients already in CRH ED

- Speciality MG/Consultants to attend A&E at CRH to help clear the department.
- EM Consultant on site until 10 pm that is not on call to stay to make decisions on the patients that remain in the department at that time.
- Night sister from CRH to work in the ED at CRH until department empty to allow CRH nursing staff to transfer to HRI.
- All GP medical patients can continue to be admitted to AMU at CRH.
- GP Gynaecology patients to be seen in GAU
- GP Paediatric patients to be seen in PAU
- LCD to be contacted and asked to work in department to support clearing minor injury/illness patients.
- CDU patients on CRH site to be supported overnight by HAN team supported by Medical Registrar.

c) Manage adult patients self-presenting, and ambulances bringing children to the ED at CRH

- One senior, and one junior ED nurse to remain on site at CRH to assess adult patients self-presenting to the ED. Patients with minor injuries may be managed on site when appropriately qualified staff are available or re-directed to the HRI site at the discretion of the Senior Nurse.
- Children will be managed by Paediatric medical staff at CRH, either in Resus or on PAU dependent on capacity.
- Transport for patients to HRI will be arranged via 999 call to YAS, or hospital taxi as deemed appropriate by senior ED nurse.
- Adult patients deemed by the ED senior nurse as too unwell to be transported to HRI, will be managed in Resus by the on-call Medical team.
- Security staff to be visible in the ED at CRH to support the ED nurse decisions.

d) Enable reception of increased numbers of patients in the ED at HRI

- All ambulances to attend HRI A&E except those carrying unwell children
- Speciality MG/Consultants to be prepared to attend A&E at HRI for support
- Silver command on site
- Open Plaster room at HRI as extra capacity
- CRH nursing and junior medical staff to transfer to HRI as soon as possible.
- Consideration to be given to ensuring Paediatric support at HRI beyond PNP.

Short Term Planned Closure

In certain circumstances where we become aware of an inability to cover a Middle Grade shift for a number of nights and are unable to provide suitable cover either through rotating staff or attracting suitable locum provision, it will become necessary to consolidate staffing to ensure a one site service provision. In such cases the closure of the CRH A&E site will be deemed as a planned closure and will run till such a time as we are able to safely provide the required staffing levels.

The steps required will be similar to those outlined above, but will be required to be repeated over a number of successive nights.