

# Building a sustainable future for the Friarage



# Urgent Temporary Changes at the Friarage Hospital

- We are currently managing a series of escalating risks within our provision of our critical care services relating to consultant day time critical care provision, out of hour consultant cover and on site anaesthetic presence by the middle grade clinicians
- We need to make some urgent temporary changes to the services we provide at the Friarage Hospital from 27 March 2019 to ensure we continue to provide safe clinical services
- This planned change to services is required in order to prevent an unplanned site closure which would require an emergency evacuation of all inpatients resulting in significant patient risk and potential harm



# Current Operational Risks

Inability to provide safe anaesthetic cover



Middle grade roster

**1/7** in post from February 2019

Inability to provide safe medical cover to critical care in hours



Consultant roster

**1/4**

Inability to provide safe medical cover to critical care out of hours



Anaesthetic roster

**2/8** in post – covered by JCUH consultants, 1 leaving end of March

Inability to provide safe medical cover to emergency department



Reliance on staff grades

**42%** shifts covered by locums **50** hours per week consultant presence

**No doctor policy implemented 4 times in 2018**



# South Tees Foundation Trust Board Decisions



**Board decision:** multiple workforce risks mean current model of care at Friarage unsustainable

Feb



**Board decision:** a wait and watch approach is no longer clinically safe - could result in single episode emergency evacuation

Feb



**Board decision:** our only way forward is to now plan and mobilise to implement an urgent temporary service change to our new model of care

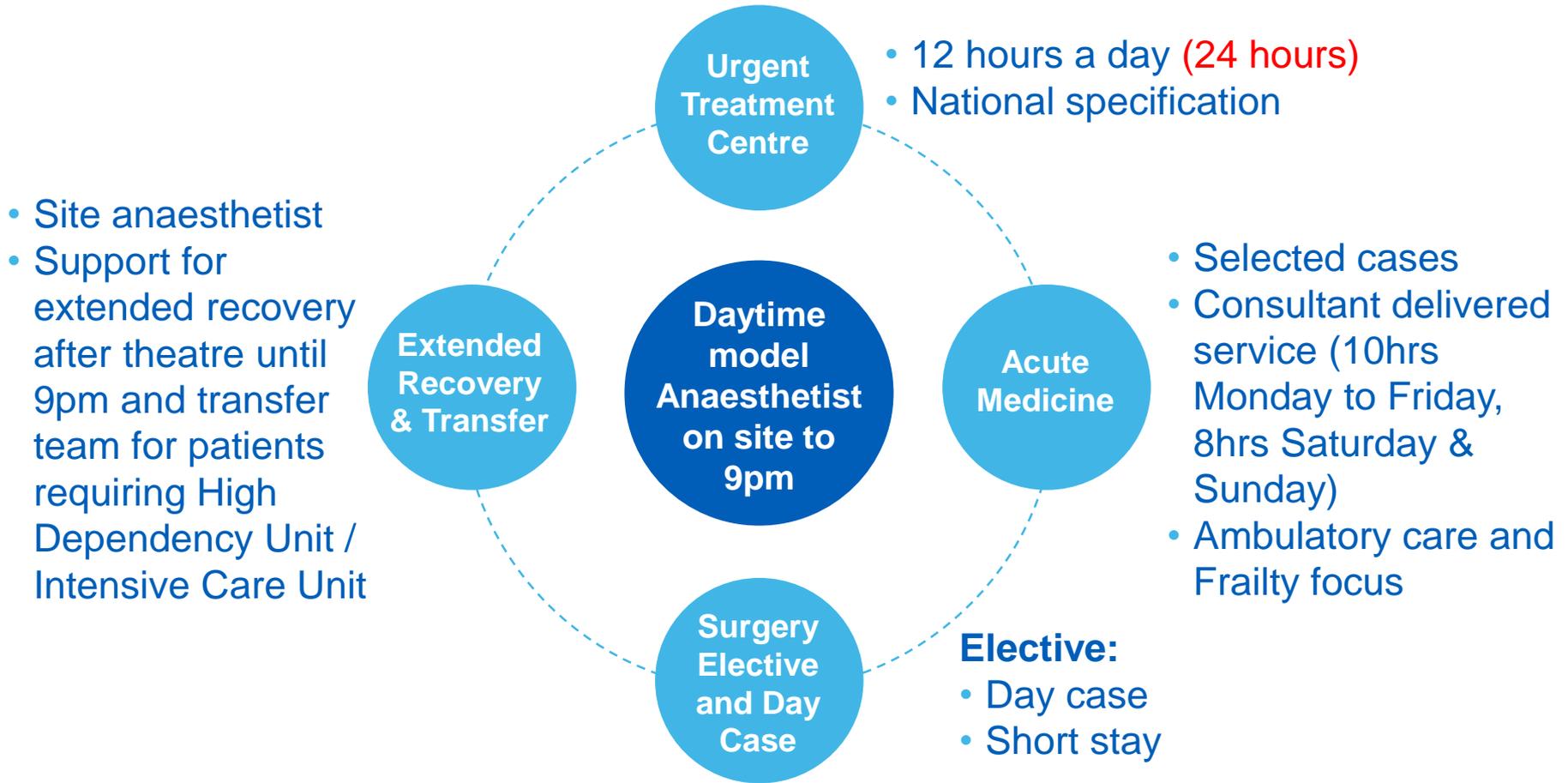
Feb

Mar

27



# Friarage Hospital Proposed Sustainable Model



# Urgent Temporary Service Change

- A&E service will become a 24/7 Urgent Treatment Centre
  - Treating children with minor illness in addition to minor injury
- The Friarage site will operate a selected acute medical take, triaged by a Medical Consultant based at the Friarage
- A 999 and GP diversion will be in place for patients with clearly identified emergency surgical needs



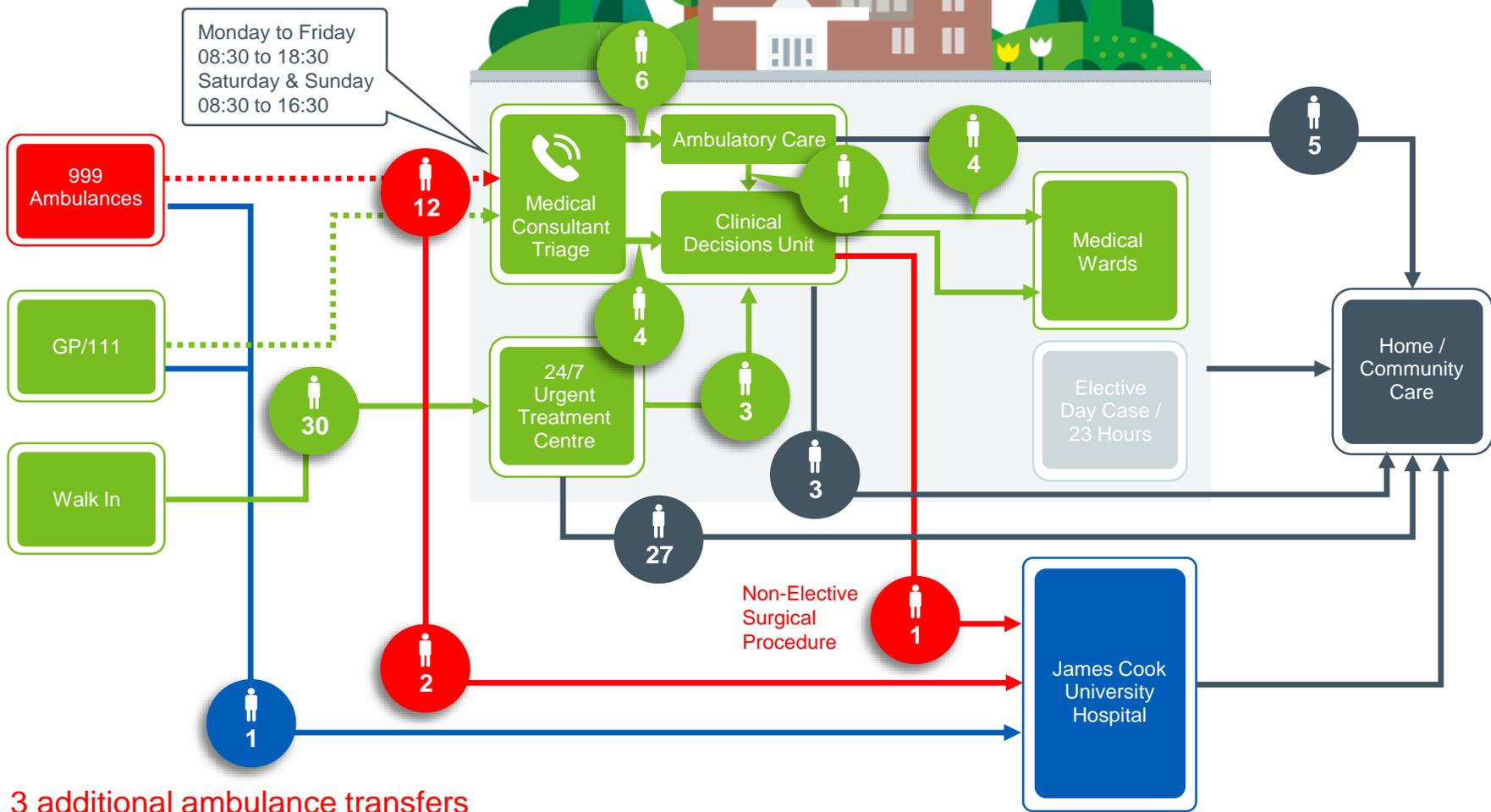
# Urgent Temporary Service Change

- All other emergency activity will be triaged and assessed at the Friarage and those patients requiring surgical admission will be transferred to the James Cook University Hospital
- High risk elective surgery (e.g. colo-rectal) will not be undertaken at the Friarage Hospital
- Extended recovery to 9pm ensures patients are fit to return to ward level care before anaesthetist leaves site



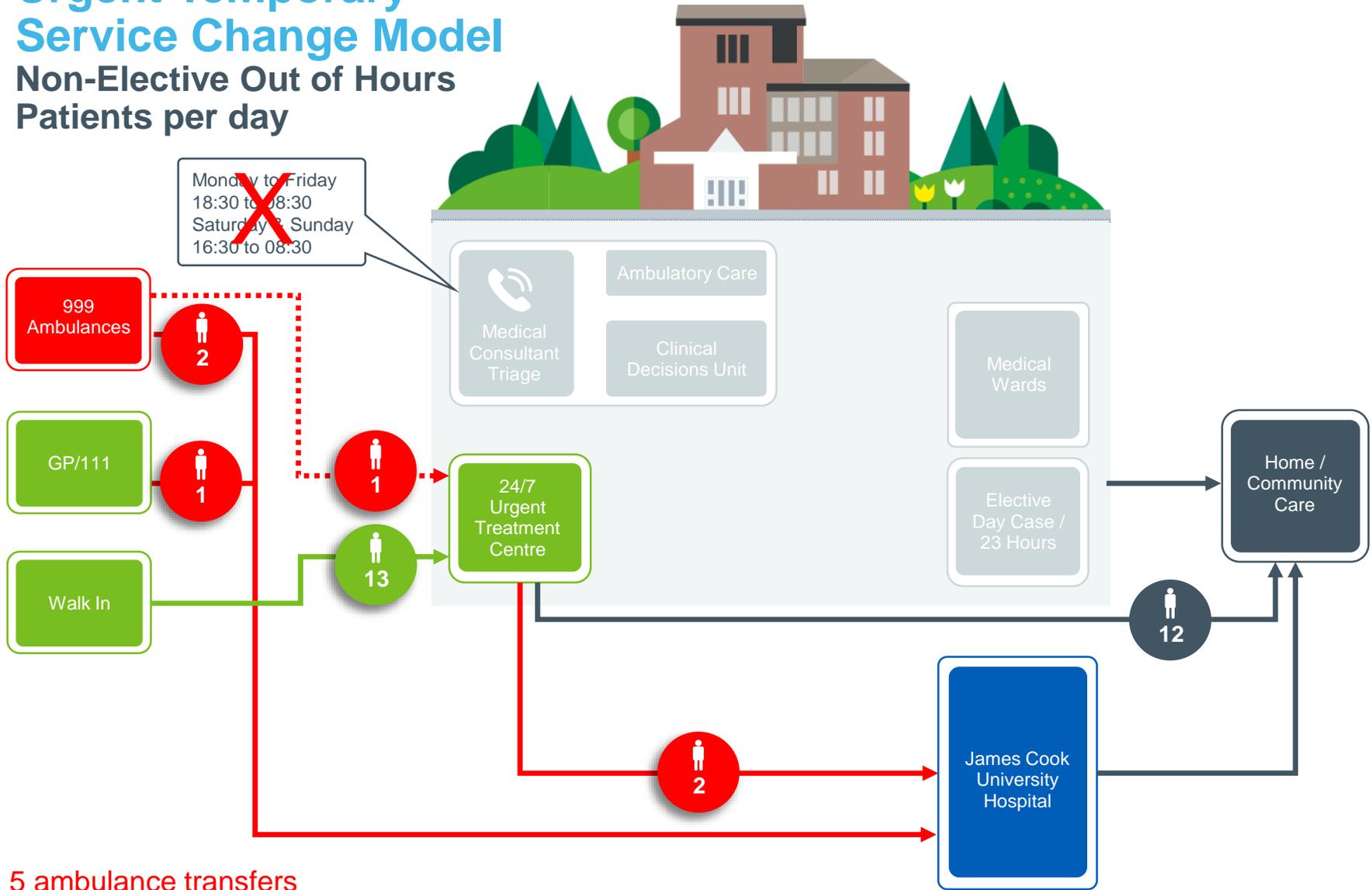
# Urgent Temporary Service Change Model

## Non-Elective In Hours Patients per day



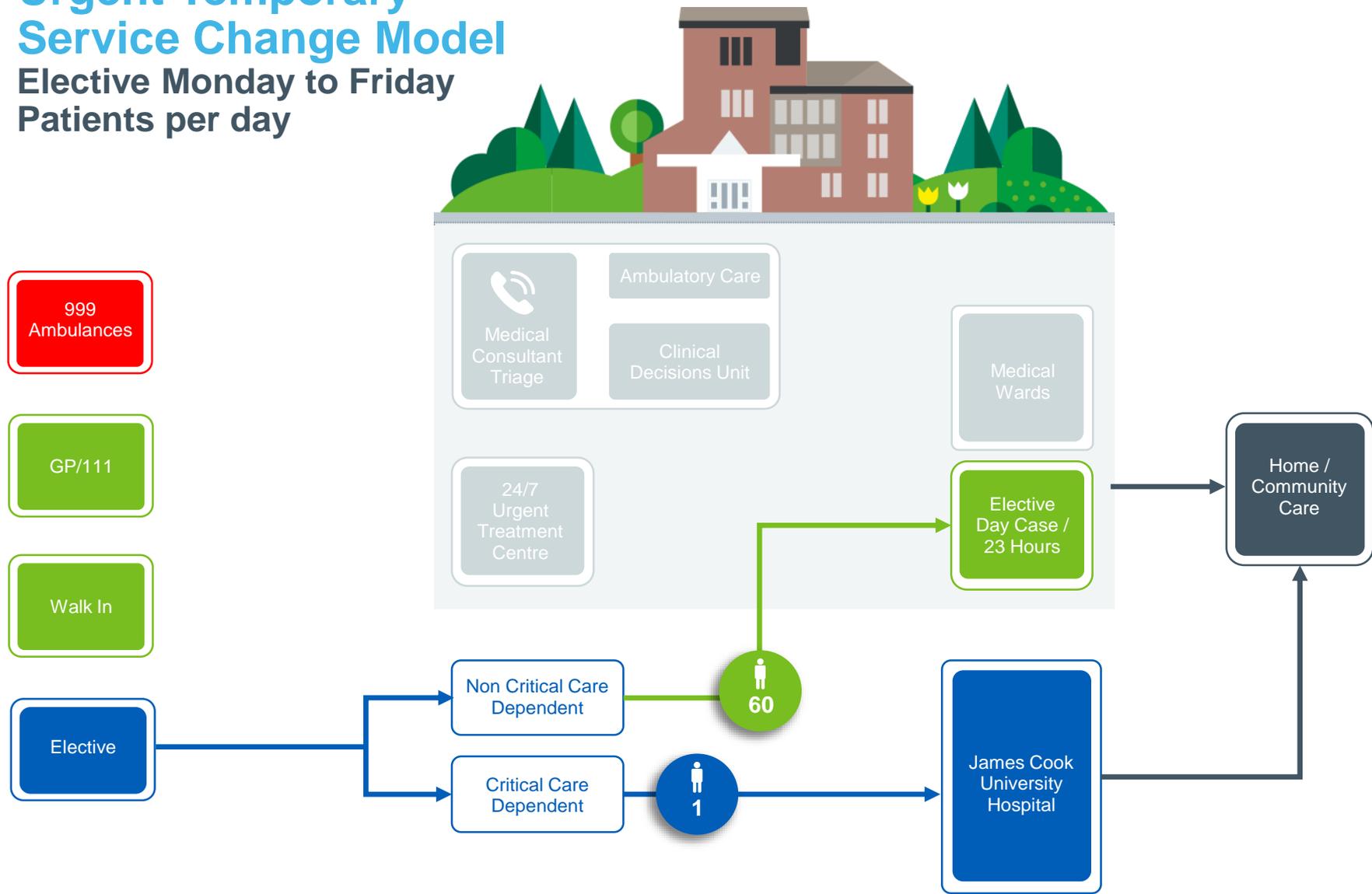
# Urgent Temporary Service Change Model

## Non-Elective Out of Hours Patients per day



# Urgent Temporary Service Change Model

Elective Monday to Friday  
Patients per day



# Summary: Key Changes at Friarage Hospital

- Patients will be triaged and assessed when they arrive
- Diversion of patients needing specialty / critical care
- Maintenance of an acute hospital that does not rely on 24/7 anaesthetic cover
- Broadening of offer to include treatment of children with minor illness as well as minor injury
- Maintenance of safe, innovative, locally accessible but **sustainable** services

Approximately 90% of patients will still have their care delivered at the Friarage site in this Model



# Implementation and Next Steps

- We are now making plans in partnership with our staff, partners and key stakeholders to ensure these emergency changes are made safely with minimal disruption, whilst continuing to deliver the majority of our services at the Friarage hospital
- During our extensive public engagement we committed to develop a safe and sustainable future for the Friarage and this remains our intent
- We have been working very hard over the last 18 months to develop a clinical consensus on the delivery of a sustainable model that minimises unnecessary patient movement and maintains local access
- Once we have stabilised our current services in the interests of patient safety we expect to move to a full public consultation in partnership with our partners

