

Reporting to:	Trust Board, Thursday 30 th March 2017
Title	Fragile Clinical Services - Briefing
Sponsoring Director	Debbie Kadum, Chief Operating Officer
Author(s)	Carol McInnes - Assistant COO, Unscheduled Care Carolynne Scott – Assistant COO, Scheduled Care
Previously considered by	
Executive Summary	This briefing paper provides an update to Trust Board on clinical services that are considered fragile due to workforce constraints at the Shrewsbury and Telford NHS Trust. A summary of the current workforce position is included alongside a brief synopsis of the actions taken to date and next steps where appropriate.
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	<input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists, and streamline our internal processes we will not improve our ‘simple’ discharges. <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust’s Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing

	estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Trust Board is asked to receive and note the content of this report.

There are a number of services currently provided by the Trust that are considered fragile due to workforce constraints. A summary of the services affected, the actions taken to date and the current workforce position is outlined below.

1. Emergency Departments

There are 5 Substantive Consultants for both Emergency Departments at RSH and PRH and 4 Locum Consultants. Across the substantive and locum staff a 1:5 on call is worked (1:4 = tipping point). One of the Locum Consultants leaves 1st April 2017. One of the substantive Consultants has also served notice. The Trust is in the process of recruiting additional Locum Consultant cover. This position however, leaves the departments in a particularly vulnerable state due to an over reliance on Locum cover, particularly for the on call rota.

As a consequence of this workforce risk, the business continuity options for the delivery of the service are currently being reviewed.

2. Ophthalmology

A Stakeholder Workshop was held on 14th March 2017 to discuss and review options for the long term sustainability of this service. The service remains closed to new referrals for glaucoma, general surgery and Adult surgical squint surgery.

Due to short notice sickness the Trust is unable to offer glaucoma surgery. Alternative providers have been sought for approximately 12 patients waiting for surgery – these patients have all been sent for treatment.

Following the engagement exercise on 14th March 2017 an option paper will be presented at the Public Session of the Trust Board on 30th March 2017 for a decision on the preferred option for long term sustainability. Depending on the decision this may need to come back to HOSC with a recommendation to consider formal consultation.

3. Neurology Outpatient Service

Commissioners have been informed of a proposed temporary change to the Neurology Outpatient Services provided by SaTH. The service has consistently been flagged to commissioners and NHS Improvement as being a particularly challenged speciality with constraints in delivering national access targets due to consultant workforce gaps.

Currently, SaTH employs 2 wte Consultant Neurologists. This is supported by 1 wte locum post. The national average is 1 neurologist per 80,000 people. This would equate to 6 wte for our local population. Despite our best efforts, we are unable to secure additional locum capacity to fill the gap.

This workforce position has led to increasing delays in patients waiting to be seen. On average, new routine patients are waiting 30 weeks for their first appointment and 9 weeks for an urgent referral. In order to deliver the RTT standard this should be 7-9 weeks for routine patients and 2-4 weeks for urgent referrals.

Clearly, there is a potential risk to patients waiting excessively to be seen and/or reviewed. We have, as you would expect, undertaken a series of actions to mitigate against this risk. Despite these actions, we are concerned that a significant residual risk to patient safety remains in place. Consequently, we have recently undertaken a piece of work to identify possible short term options to reduce this identified risk. The options included:

- Do nothing - this option would include maintaining the current level of service delivery alongside acceptance of new referrals while continuing to try and recruit
- Hold an Executive to Executive discussion with neighbouring trusts regarding clinical support to alleviate the backlog
- Suspend all routine referrals to the service for 6 months
- Suspend all referrals to the service for 6 months

These options alongside the identified risks and benefits of each option have been presented to SaTH executives for consideration. It was determined that option 1 (do nothing) is not viable as SaTH has held this position for some time without success. Option 2 has been attempted previously without success. It was agreed however that this discussion would be progressed alongside option 4, the suspension of all referrals to the service for 6 months.

In response to the level of clinical risk that has been identified, SaTH has formally advised commissioners of our intention to temporarily close the Neurology Outpatient Service to all new referrals for a 6 month period. This was originally scheduled to be with effect from 20th March 2017 however, at the request of Commissioners; this has been delayed until 27th March 2017 to allow Commissioners to conclude discussions with alternative providers. We are working with commissioners to work through the necessary steps and detail to put this into effect, including communication with patients.

During the next 6 months the Unscheduled Care Group team will be developing an options paper for the long term sustainability of this Service.

4. Dermatology Outpatient Service

The Dermatology Outpatient Service is provided by SaTH and St Michaels Street clinic. The SaTH current substantive workforce is;

Consultant x 1

GP's with Special Interests x 5

Cancer Nurse Specialists x 3

RGN's x 2

In addition to this, a Locum Consultant has been in post however, the post holder resigned week commencing 22nd February 2017 with immediate effect. Several options are being pursued to maintain service delivery. While we have reasonable workforce capacity to deliver the core service due to the expansion of other clinical roles, a single Consultant led service is not viable due to the need for all Cancer 2 week referrals to be supervised by a Consultant. During periods of annual leave without alternative Consultant presence all clinics would have to be cancelled (10 weeks per year – 950 new / 2WW patients and 850 follow up patients). Failure to appoint into either a substantive or Trust Locum Consultant post will leave the service in a very fragile position with only a single Consultant to deliver and oversee all aspects of the service. During Consultant annual leave the service would require an alternative provider to be secured to accommodate Acute Dermatology in-patient activity. We are in the process of attempting to replace the Locum Consultant post.

An options paper for the long term sustainability of this service is being developed.

5. Spinal Service

SaTH has 1 Consultant who specialises in spinal surgery. This Consultant went on long term sick with no notice week commencing 13th February 2017. Commissioners have been informed that with immediate effect the Trust cannot take referrals for spinal problems.

SaTH is in discussions with the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust regarding their capacity to support this service for the County.

Urgent patients have been transferred as per 18 week guidance to RJAH – commissioners are aware and patients informed. An internal solution has been confirmed to deal with routine follow up patients.

6. Recommendation

The Trust Board is asked to receive and note the content of this report.