Recommendation ☐ **DECISION** ☑ **NOTE** (select)	**The Trust Board** is asked to **NOTE** the update provided on fragile services.
Reporting to:	**Trust Board**
Date	Thursday 27th July 2017
Paper Title	Services Under the Spotlight
Brief Description	This paper provides a monthly update on the Trust's fragile clinical services and indicates whether the risk to service delivery has changed since the last formal update to Trust Board in June 2017.
Sponsoring Director	Chief Operating Officer Director of Nursing & Quality
Author(s)	Assistant Chief Operating Officer – Unscheduled Care Assistant Chief Operating Officer – Scheduled Care Head of Midwifery
Recommended / escalated by (Tier 2 Committee)	N/A – written for Board
Previously considered by (consultation / communication)	N/A – written for Board
Link to strategic objectives	Patient and Family Safest and Kindest Innovative and Inspirational Leadership Values into Practice
Link to Board Assurance Framework	RR668 RR859
Equality Impact Assessment (select one)	● **Stage 1 only (no negative impacts identified)** ● **Stage 2 recommended (negative impacts identified)** ● negative impacts have been mitigated ● negative impacts balanced against overall positive impacts

Freedom of Information Act (2000) status (select one)	● **This document is for full publication** ● **This document includes FOIA exempt information** ● **This whole document is exempt under the FOIA**

The Shrewsbury and Telford Hospital NHS Trust

Paper 7

SERVICES UNDER THE SPOTLIGHT

Trust Board

Thursday 27th July 2017

Introduction

This paper provides an ongoing monthly update on fragile clinical services.

There are a number of services currently provided by the Trust that are considered fragile due to workforce constraints which impact on service delivery. Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCG's) have been aware of these longstanding capacity and workforce issues and have been working closely with the Trust to find suitable and safe alternative capacity, where appropriate. All these specialties are challenged nationally and SaTH's current service configuration increases the challenge of finding sustainable solutions to these fragile services. Each service risk is reviewed on an ongoing basis to see if there has been any change since the last formal report to Trust Board, on a monthly basis.

A summary of the services affected, the actions taken to date and the current workforce position is outlined below.

1.0 Emergency Departments – Increased risk in Middle Grades since last month plus risk now highlighted within nurse staffing vacancies

The workforce constraints within both Emergency Departments have been well documented within the county and are linked to the regional and national emergency medical workforce challenge and form the basis of the reconfiguration of hospitals services under the Future Fit programme of work. Until a preferred option is agreed, consulted upon and final reconfiguration implemented, this situation will continue and the hospital will remain dependent on locum consultants and agency staff to maintain services across both sites.

1.1. Consultant Workforce – No Change

The Royal College of Emergency Medicine (RCEM) considers the proper staffing of the Emergency Department as the single most important factor in providing a high quality, timely and clinically effective service to patients.

There are 5.0wte substantive Consultants in post, only 4 of whom cover the On Call rota. The College of Emergency Medicine (CEM) recommends that all A&E departments should have an establishment of at least 10 Emergency Medicine Consultants to provide up to 16 hours a day of consultant cover. There are 4 Locum Consultants in post following a decision by the Board in December 2016 to over-recruit Locum Doctors to provide additional resilience to the On Call rota as there had been no applicants for the substantive posts.

Due to the challenges of the current workforce configuration across two sites the On Call rota is particularly demanding for our substantive workforce some of whom will consistently provide cover twice a week.

	Required	In post Substantive Consultants	Locums	Total	Gap
SaTH In-Hours	20	5	4	9	-11
	Required	**On Call Substantive Consultants**	**On Call Locums**	**Total**	**Gap**
SaTH On Call	20	4	4	8	-12

Whilst there is an On Call frequency of 1:8 rota, 50% of this cover is from Locums who contractually have very little obligation to the Trust. The resignation of a substantive Consultant would move the frequency to a 1:7, which moves the percentage of cover by Locums to 63%. The Trust cannot carry this level of risk.
Additionally the Trust is consistently failing to deliver the A&E 4 hour patient safety standard.

To improve this position, the medical workforce needs to be realigned to meet demand at different times of the day. Without increasing the already unattractive working pattern and risking further resignations of substantive staff, the plan is to appoint Locum Consultants to work evenings. Of the 4 in post, 2 have agreed and the other 2 have not. Reliance on a temporary workforce to deliver an improvement in a safety standard is not a sustainable position as they only need to provide 1 weeks' notice of annual leave or resignation from post. Locum Emergency Department Consultants are not easy to recruit, come at a premium cost, and are of variable quality.

The national shortage of ED Consultants persists and feedback from potential candidates is that a two site model and onerous On Call is not an attractive offer.

1.2. Specialty Doctors (Middle Grade cover) – Increased Risk

Site	Required Number of posts	Budgeted Posts	In Post	Actual v Budget Gap	Actual v Required
RSH	16	10	4.7	-5.3	-11.7
PRH	16	5	5	0	-11
Total Trust	32	15	9.7	-5.3	-22.7

There are not currently any substantive Locum Middle Grade Doctors employed, instead multiple shifts are covered by various locum doctors provided by agencies. Due to the old SAS Contract, there are 3 wte that do not work nights at PRH and 2 wte at RSH, meaning there are more night shifts needing Locum cover.

The College of Emergency Medicine recommends that there should be a middle grade doctor on site 24 hours a day. To have substantive middle grade cover 24 hours a day there needs to be 16 doctors per site.

Whilst the Royal College recommends 16 a pragmatic view by the Clinical Director for Emergency Medicine is that 12 Middle Grades per site would be manageable but would

require substantive staff to pick up additional shifts and potentially Locum cover if there were gaps in the Consultant rota.

This inability to recruit to substantive middle grade posts has led to an almost total reliance on locum middle grade cover after 23.00hrs at PRH and on some nights at RSH. This dependency on locum cover increases the level of risk to quality assurance and the Trust's ability to deliver the 4 hour patient safety standard. It also compromises the training and supervision of Junior Doctors within the department overnight.

This position is unexpectedly now impacted even further by the recent resignation of one of the Middle Grade doctors reducing that team further still. This will impact in October 2017.

1.3. Registered Nurse Staffing Vacancies

Nurse staffing levels, whilst not in itself a reason to close an Emergency Department, are also a concern due to the level of vacancies and agency cover.

1.4. Patient Safety Concerns

Recently patient safety concerns through incident reporting on the Princess Royal Hospital site have come to light requiring the Clinical Director for ED to increase his oversight of the department. An improvement plan is in place and process issues have been addressed. The team are continuing with the patient safety huddles in the department in an effort to maintain oversight of patient safety. No key theme was identified – they were all unrelated incidents.

1.5 Summary of keys risks:

- Inability to staff both sites consistently with substantive workforce;
- Inability to recruit into posts;
- Retention of staff due to regular gaps on the rota;
- Reliance on Consultants acting down;
- Impact on ED performance due to high level of locum usage;
- Financial impact of very expensive locums;
- Increasing registered nurse vacancies;
- Increasing number of Middle Grade resignations.

1.6 Action taken to date:

- Continued rolling national and international recruitment;
- Consider enhanced rates to attract doctors into emergency medicine;
- Rolling request for agency cover at all levels in place;
- Mutual aid agreement with UHNM was in place however they are unable to support this due to their workforce pressures. Regular meetings are being held between the Medical Directors of SaTH and UHNM who are keeping the situation under review;
- Progressed joint recruitment plan with UHNM – advertised but no applicants;
- Bi-weekly medical staffing meetings to address rota issues and mitigate risks;
- All long term locums have been met with to discuss substantive options and discussions are continuing;
- NHS locum posts being offered accordingly;
- Bank and agency cover for registered nurses.

Service Continuity Plan

The service continuity plan was further developed involving all stakeholders at a workshop held on 16th June 2017 to progress the development of the plan should it be required. A further meeting has now been scheduled to follow up on the agreed actions on the 11th of August. Following completion of the co-created service model this will be presented to Trust Board in September for approval. Should the Trust receive a resignation from a substantive Consultant the plan will need to be enacted. Equally should the Trust reach a position where the Middle Grade vacancies are such that senior cover is not available overnight for the foreseeable future this would also trigger the enactment of the plan.

2.0 Ophthalmology – No Change

No change to report since last month. Recruitment campaign now underway.

Plans going forward

- Currently exploring alternative insourcing providers for a potential single source support;
- Continue with locums in high risk areas;
- Recruitment campaign underway;
- Develop further nurse injectors for Medical Retina;
- Working in partnership with CCG colleagues to address the quality and safety issues;
- Develop a plan for sustainability of the sub- specialties – particularly glaucoma;
- Working with other provider Trusts to source additional capacity.

3.0 Neurology Outpatient Service – Increased Risk due to Clinical Nurse Specialist sickness

SaTH has experienced long-standing capacity and workforce issues for several years, again similar to regional and national consultant workforce issues also in this specialty, and following discussions with commissioners the service was closed to all new referrals from 27th March 2017 for a period of six months. Commissioners have sourced and secured additional capacity from Royal Wolverhampton Hospital Trust during this period. In addition, both local CCGs are working with Powys colleagues and Walton Hospital to secure additional out-reach capacity to support patients accessing care closer to home during this time.

3.1 Current Workforce

There are currently 2 substantive general neurology consultants in post. This is supported by 1 wte locum consultant post. This is against a budgeted position of 3.80 wte, leaving a shortfall in capacity of 0.8 wte. It should be noted however that the national average position is 1 neurologist per 80,000 people that would equate to 6 wte for SaTH's population. The Care Group successfully recruited 2 new, but inexperienced specialist nurses, who took up their positions in January 2017.

The locum consultant has advised that he will be unavailable for work from 13th to 31st July 2017, and will then leave the Trust from 3rd August 2017. The Trust is out to advert for a replacement locum.

During the latter part of June 2017 one of the two MS nurses went on unplanned sick leave and is expected to be off for some time. In order to ensure those patients who are

on Disease Modifying Therapies (DMT), one of the substantive consultants has had to reduce his general neurology clinical work to support the patients on DMT.

3.2 *Current Position*

The service delivered RTT performance of 28.43% in June 2017. This deterioration in performance is expected as the backlog of patients is treated and as the service reduces general neurology capacity to support those patients on DMT.

3.3 *Summary of key risks*

The following points are the key risk areas:

- Failure to deliver access waiting time target;
- Securing substantive consultants given the national shortage;
- Securing a locum consultant within capped rates;
- Understanding when the service can re-open based on recent developments;
- Managing the levels of demand once the service reopens the front door to new referrals;
- Specialist nurse sickness.

3.5 *Actions taken*

To mitigate the clinical risk associated with the delays in time to be seen, it was agreed to close the service to all new Neurology referrals. Referrals stopped being received by SATH on 27th March 2017 and will continue for 6 months.

As mentioned previously, 2 specialist nurses have been recruited and have been fully up and running from the 1st May releasing 12 consultant slots per week which are being used to concentrate on General Neurology. Due to the ill health of one of the MS Nurses, capacity has now been reduced within general neurology to support those patients who are on DMT.

In addition to these short term actions, a scoping exercise for the options to deliver a sustainable service in the future has been undertaken. Options include working with Commissioners to 'triage' referrals prior to referral to neurology services for some pathways (i.e. headache) and potentially establishing a 'hub and spoke' model with neighbouring Trusts.

Service leads have also met with both University Hospitals, Birmingham (UHB) and University Hospitals of North Midlands (UHNM) to determine future service delivery options. UHB have expressed an interest in appointing a consultant who will provide sessions to SaTH. Within this option, SaTH would receive 0.8wte of a consultant with UHB receiving 0.2wte but all costs to be funded by SaTH. This will be considered as part of the work around developing a sustainable service.

3.6 *Next steps*

A Task and Finish Group which was meeting bi-weekly, consisting of SaTH colleagues and commissioners from Shropshire, Telford & Wrekin and Powys has been paused whilst commissioners explore the strategic commissioning options for the service. This was one of the options which the Task and Finish Group had identified. All parties are aware that the strategic commissioning process will take until September and therefore the service is highly unlikely to be able to re-open in October.

4.0 Dermatology Outpatient Service – Reduced Risk

The Trust has been operating with a single consultant-led service for many years despite numerous attempts to recruit to a substantive Consultant Dermatologist post. Nationally there is a shortage of Consultant Dermatologists. The previous Trust Locum Consultant resigned on 22nd February 2017 with immediate effect. There is a GP with Special Interest Advanced Primary Care Service in Dermatology to provide additional capacity for the residents of Shropshire County. In addition, a Consultant-led Community Dermatology Service at St Michael's Clinic (previously Shropshire Skin Clinic) based in Shrewsbury. The Trust also uses The Skin Clinic on a sub-contract basis for the provision of some of their skin cancer services. Telford and Wrekin Clinical Commissioning Group (T&W CCG) also uses St Michael's Clinic but via a subcontract relationship with one of their main practices at Donnington.

The Trust has appointed a locum consultant to mitigate the immediate issue within the service, identified within their original paper. All inpatient work is undertaken by SaTH Consultant workforce.

4.1 Summary of key risks

A single Consultant led service is not viable due to the need for all Cancer 2 week referrals (2WW) and New Patient activity to be supervised by a Consultant Dermatologist. During periods of annual leave / sickness without alternative Consultant presence all New Patient and 2WW activity clinics would have to be cancelled. This would mean that SaTH would not be able to deliver against its agreed contract.

4.2 Current performance

Cancer Performance Targets are continually maintained in all target areas and RTT currently stands at 99.65%.

4.3 Actions taken

A service options appraisal paper was written following the resignation of the Trust Locum. Initially, St Michael's Clinic was approached with a request for them to provide Consultant cover as an in-reach service for leave/ sickness absence however they declined this offer. Consequently, the only viable alternative has been to recruit a Locum Consultant at above cap rates. This replacement Consultant started on the 2nd of May. There is however, clearly still a risk associated with this service due to the reliance on Locum availability who contractually have very little obligation to the Trust. To ensure the long term stability of the service, initial discussions have been held with neighbouring Trusts who are in a similar position to us around the potential for a mutual aid arrangement to be developed. So far, the only agreement that has been reached is that there would be an element of business continuity support for a short period of time if absolutely necessary.

In an effort to further mitigate the risks associated with the service, St Michael's Clinic has been approached again with a potential offer of an increased transfer of activity on the basis that they would provide further support and capacity for SaTH patients, which would include capacity for Multi-disciplinary Team cover and ward cover during times of consultant leave, despite this previously having been declined, St Michael's Clinic is now willing to consider this.

4.4 Next steps

To continue discussions with St Michael's Clinic to scope feasibility of additional capacity and cover for periods of leave.

5.0 Spinal Service – No Change

Due to the unexpected sudden illness of our only spinal surgeon at SaTH in February, we could not provide a full spinal service within the organisation. This surgeon went on immediate sick leave in February 2017.

SaTH have worked in partnership with RJAH hospital to manage this position on a temporary basis by negotiating an agreement for the spinal service to be transferred to RJAH from 1st April.

The three main CCG's, NHSI and HOSC were all advised.

The SaTH spinal surgeon returned to work on 16th June 2017. He has indicated that he does not wish to continue to operate, offering to undertake OPD and teaching.

Agreement between both CEO's of SaTH and RJAH has been reached regarding the long term provision of spinal services in Shropshire, with a proposal to provide a hub and spoke model. A case for change is being prepared jointly by RJAH and us for discussion with the Commissioners, HOSC and the Trust Board. We are working with RJAH to gain agreement for an interim solution ahead of a decision on the long term solution whereby our SaTH spinal surgeon is able to see patients at the PRH site on behalf of RJAH; thereby supporting this individual's return to work and RJAH with the activity that was transferred from SaTH to them. During this period the SaTH spinal service will remain closed to new referrals. This has been agreed and he will be seeing RJAH patients from 1st August 2017.

Debbie Kadum
Chief Operating Officer
July 2017

6.0 Midwifery Led Units (MLU's)

Immediate Actions taken since the 29th June 2017:

- Trust Board signed off in public Board meeting support for a move to interim position for MLUs which sees suspension of intrapartum care and inpatient care in Ludlow, Bridgnorth and Oswestry MLUs for a period up to 24 weeks;
- Internal communication of same to staff;
- Communication and engagement plan for women developed –co-production with LMS/CCG;
- Communication press releases on the day of the approval – 29th July 2017 to local press and social media;
- Transitional Model Paper shared with public on website;
- Recording of video presentation made for public on the internet;
- Heads of Midwifery at neighbouring Trusts – Wrexham, Hereford and Powys informed by HOM and circulation lists for communications team updated to include them in all future communications in relation to this plan;
- Staff meetings held with managers for the 3 smaller MLU's facilitated by the Lead Midwife for Community and MLU's and HR support;
- Meeting with CEO, HOM and MP for South Shropshire – Friday 30th June 2017;
- Midwifery staff redeployed from MLUs to support the CLU and Shrewsbury and Wrekin MLUs;
- On calls for home births maintained;
- QIA completed.

Recruitment Update:

- 6 x Band 6 midwives appointed (hours TBC);
- 3 x Band 6 midwives to be interviewed;
- 22 x Band 5 midwives shortlisted for interview for our preceptorship programme (8 appointments made);
- In addition we have recruited successfully in to 2.6 WTE senior midwife roles within our Delivery Suite as Band 7's.

Deirdre Fowler
Director of Nursing & Quality
July 2017