The Shrewsbury and Telford Hospital NHS Trust

Paper 5

Recommendation ☐ **DECISION** ☑ **NOTE**	**Trust Board is asked to note the content of this report**
Reporting to:	**Trust Board**
Date	29 March 2018
Paper Title	Services under the Spotlight
Brief Description	The purpose of this paper is to provide Trust Board with an updated position regarding key services that have particular workforce challenges.
Sponsoring Director	Nigel Lee, Chief Operating Officer
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Recommended / escalated by	n/a
Previously considered by	Trust Executive Committee
Link to strategic objectives	SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce
Link to Board Assurance Framework	RR859
Equality Impact Assessment	◉ **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	◉ **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

SERVICES UNDER THE SPOTLIGHT

March 2018

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. Emergency Departments – Reduced risk in Middle Grades since last month. Nurse staffing vacancies slightly improved.

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.

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 4.0wte substantive Consultants in post, only 3 of whom cover the On Call rota and only 2 will work cross site. We have received an additional resignation with the last working day for this Consultant as 29th April 2018. This will leave only 3.0wte substantive consultants, 1 of whom does not work across site.

The Royal College of Emergency Medicine (RCEM) 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.

Table 1: Consultant Workforce Summary

	Required	In post Substantive Consultants	Locums	Total	Gap
SaTH In-Hours	20	4	4	8	-12
	Required	**On Call Substantive Consultants**	**On Call Locums**	**Total**	**Gap**
SaTH On Call	20	3	4	7	-13

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 which will result in 2 of the substantive consultants picking up extra on call shifts. The resignation of a substantive Consultant has moved the frequency to a 1:7, which moves the percentage of cover by Locums to 63%.

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.

Specialty Doctors (Middle Grade cover) – Increased Risk

Table 2: Middle Grade Cover Summary

Site	Required Number of posts	Substantive in post	Gap
RSH	16	4	-12
PRH	16	6	-10
Total Trust	32	10	-22

A recent resignation at RSH will reduce the number of substantive Middle Grades in post to 3 as of the 4th June 2018.

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 Royal 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 and the requirement for 3 of the consultants to act down. 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.

Registered Nurse Staffing Vacancies

Nurse staffing levels are also a concern due to the level of temporary and permanent vacancies resulting in increased agency cover and unfilled shifts. Currently the permanent and temporary gaps continue to be high, especially at PRH with some shifts running mainly with agency staff. In addition, PRH have had no ward manager for some time due to long term sickness and further long term sickness at band 6 level. An additional 6 Emergency Care Practitioner's (ECP's) have been recruited and are expected to be in post from varying dates in April. Both ED's now have permanent Practice Development Nurse's to support the development of the nursing teams and coordination of the department however one is currently on long term sick.

Summary of Key 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;
- Impact on ED performance due to shift pattern changes to enable both units to stay open overnight;
- Financial impact of very expensive locums;
- Increasing registered nurse vacancies;
- Staff wellbeing;

Action Taken to Date

Actions taken to address the shortfall in staffing are as follows –

Substantive Recruitment

- Consultant in Emergency Medicine post has been advertised and closed on the 22nd March, interviews are planned for 30th April. Adverts state "Bespoke packages are available and will be discussed on an individual basis". This has generated two enquiries which are being followed up
- Specialty Doctors in Emergency Medicine post has been advertised and closed on the 19th March with no applicants
- Recently appointed 1 Specialty Doctors visa implications are being progressed
- Currently advertising Trust ST3 A&E at RSH
- Appointed to the Simulation Fellow in A&E (which will provide 40% clinical work equivalent to 4 sessions per week)
- Engaged over 20 agencies to support with substantive recruitment
- 6 Emergency Care Practitioners have been appointed to provide support to the minors workstream who are due to commence in post throughout April

- Advert to be placed for qualified Advanced Clinical Practitioners to support the SHO equivalent medical roles

Locum Recruitment

- Locum Consultant in Emergency Medicine closed at midnight on the 19th of March, with no suitable applicants
- Actively working with agencies to secure locum cover.
- Interest received this week which is actively being explored
- The Locum Specialty Doctor for Emergency Medicine & Locum Consultant Emergency Medicine posts are all out to our permanent agency recruitment companies

Business Continuity Plan

Further to the actions taken to date to bridge the workforce gaps there is still a substantial risk that we will be unable to safely manage two ED departments overnight. Therefore further to the full business continuity plan for ED being presented to Trust Board in February 2018 as part of our business continuity planning process we have undertaken a table top exercise on the 20th of March with our care groups and system partners including Clinical Commissioning Group Representatives and New Cross Hospital Operational management leads as our closest neighbouring Trust, to test the robustness of these plans. Outputs from this exercise identified that there needs to be further work at specialty level including paediatrics, stroke and cardiology services. It is also clear that further discussion and work is required with other service providers such as New Cross Hospital NHS Trust and the West Midlands Ambulance Service.

We are also working with other Trusts who have already implemented this process to identify any lessons learnt in an effort to mitigate risks. Further testing will take place in the first week of April 2018.

2. Neurology Outpatient Service

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. Following discussions with commissioners the service was closed to all new referrals from 27th March 2017. Commissioners sourced and secured additional capacity from The Royal Wolverhampton Hospital Trust during this period.

Current Workforce

There are currently 2 full time substantive general neurology consultants in post. This is against a budgeted position of 3.80 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 has 2 MS nurses in post. The second MS nurse was appointed in January 2018 and will require a six month training schedule before she can fully support the service.

Current Performance

The service's RTT performance was 100% in February 2018. Since the service's closure in March 2017, the backlog of new referrals has been fully addressed. There has been an increase in Past Max Wait (PMW) patients which is being followed up via the Care Group.

Summary of key risks

The following points are the key risk areas:

- Securing substantive consultants given the national shortage;
- Securing a locum consultant within capped rates to support any shortfall in substantive capacity;
- Managing the levels of demand once the service reopens the front door to new referrals;
- Securing and retaining sufficient Clinical Nurse Specialist provision to manage demand.

Actions taken

To mitigate the clinical risk associated with the delays, suspension of receipt of all new Neurology referrals commenced on 27th March 2017 for an initial six month period. A Task and Finish Group was established to identify options for the development of a sustainable neurology service for the local population. Despite numerous discussions with neighbouring Trusts and the identification of preferred options, none of these have proved viable. As a sustainable model could not be secured a further extension to the suspension of referrals was agreed in September 2017 while discussions continued. Further to this, a potential solution has been identified which would include the development of a 'hub and spoke' model from a Trust which has a well-established service. Implementing this solution will require formal procurement and is being worked up currently.

Support has been sought from other Trusts to provide capacity to manage the interim period without success. In the meantime, discussions have taken place with commissioners regarding "repatriation" of those patients diagnosed with neurological Long Term Chronic Conditions (LTCCs) at New Cross Hospital, during the SaTH closure. During the discussions with New Cross no arrangements were made by commissioners and the provider to secure on-going follow up for this group of patients. Following agreement by commissioners, SaTH have seen the 14 patients who were sent back for repatriation. The service is also accepting those patients who have been diagnosed with MND out of county. This is due to the life-limiting condition of this illness and hence avoidance of any delay in care. All available consultant capacity is being used to address PMWs, Ward FUs and MS.

A workshop took place on the 21st of March, which was led by NHS England with SaTH, commissioners and other providers to look at the future provision of Neurology Services across the region as a whole in response to the national challenges regarding neurology service provision. SaTH will actively engage in these discussions going forward.

Next Steps

The proposed next steps are as follows:

- To work with the Procurement Team to further develop tender documentation for the substantive support required. The service will need to be tendered due to the value of the contract
- To undertake a procurement process following Trust Board approval from April 2018
- To continually monitor current activity, flexing existing capacity as required and reviewing possibilities for the service to re-open in partnership with local Commissioners.

3. Dermatology Outpatient Service

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.

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, there is a Consultant-led Community Dermatology Service at St Michael's Clinic (previously Shropshire Skin Clinic) based in Shrewsbury. The Trust also uses St Michael's Clinic (SMC) 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 SMC via a subcontract relationship.

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.

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 and study 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.

Current performance
Cancer Performance Targets are continually maintained in all target areas and RTT was at 97.53% (end of February 2018).

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 May 2017.

There is however, clearly still a risk associated with this service due to the reliance on Locum availability who contractually has 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.

Advertisements were placed during August 2017 for both a substantive consultant and a Trust locum post. The Centre are currently advertising again for a substantive consultant.

The Trust has offered to support the existing locum to secure his CESR qualification to enable him to join the Trust as a substantive consultant; he has advised he is not interested in this offer.

Dr Kelly and the operations team have scoped alternative methods of recruitment, none of which are viable at this time

In an effort to further mitigate the risks associated with the service, St Michael's Clinic (SMC) 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 stated they would now be willing to consider this. SMC have stated they would want to provide any additional activity within their own premises and they would therefore require a further consultant plus additional room capacity. Building work to support this was underway to enable support to potentially be available from April 2018; this has now slipped somewhat with SMC now advising that the expansion of their service will not be available until the summer of 2018.

Alongside this, discussions have been held with an alternative provider regarding support they may be able to offer to our Dermatology Service. However, due to concerns raised regarding quality of service delivery, SaTH and Commissioners have agreed not to pursue these discussions.

A further private company has written to SaTH to suggest they may be able to support with Dermatology delivery. It is however clear that this service does not provide consultant support which means SaTH would still need to secure a consultant to enable the service to run safely as this would leave it as a single-handed service.

Further discussions with SMC are scheduled in an effort to determine the commitment to delivering support from the summer of 2018. If suitable assurance is not given, further market testing will be undertaken.

Discussions have been held with commissioners at the Planned Care Working Group regarding Dermatology provision across the county. There is a general agreement to work together with commissioners to develop a service model to be delivered across the health economy from 1 April 2019 (at this time due to commissioners holding contracts with one dermatology provider until 31 March 2019). An initial workshop is due to be set up shortly to review current and potential dermatology pathways.

Next steps

- To review the service specification with St Michael's Clinic to ensure sustained delivery of the 2 ww cancer support from April 2018. A Waive to Tender form has been completed and will be submitted to SaTH's Executive team to support this service delivery.
- Await the outcome of the current advertisement out to recruitment for a substantive consultant.
- To work with SMC to determine when additional capacity may be available.
- To work with commissioners and other providers to scope the possibility of a new dermatology pathway and service to be developed for delivery from 1 April 2019.