

Paper 19

<b>Recommendation</b> <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	Trust Board is asked to NOTE the content of this report
<b>Reporting to:</b>	Trust Board
<b>Date</b>	5 <sup>th</sup> July 2018
<b>Paper Title</b>	Services under the Spotlight
<b>Brief Description</b>	The purpose of this paper is to provide Trust Board with an updated position regarding key services that have particular workforce challenges.
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<b>Recommended / escalated by</b>	n/a
<b>Previously considered by</b>	Trust Executive Committee
<b>Link to strategic objectives</b>	<p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>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</p>
<b>Link to Board Assurance Framework</b>	RR859
<b>Equality Impact Assessment</b>	<input checked="" type="radio"/> <b>Stage 1 only (no negative impacts identified)</b> <input type="radio"/> <b>Stage 2 recommended (negative impacts identified)</b> <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts
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## SERVICES UNDER THE SPOTLIGHT

June 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 - Increased 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 – Improved mid-term position***

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 will work cross site. Recent interviews have resulted in 3.0 wte consultants being appointed however as the Consultant is currently working as a locum at SaTH it is unlikely they will commence substantively for a further 3 - 6 months.

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 6 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
<b>SaTH In-Hours</b>	20	4	6	10	-10
	Required	On Call Substantive Consultants	On Call Locums	Total	Gap
<b>SaTH On Call</b>	20	4	6	10	-10

Currently there is a budget for 9.0wte consultants. 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 3 of the substantive consultants picking up extra on call shifts.

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 Position Summary**

Site	Required Number of posts	Substantive in post	Gap
RSH	16	3	-13
PRH	16	6.0	-10
Total Trust	32	9.0	-23

Currently there is a budget for 15wte specialty level doctors however 4 are not contracted to work overnight and 2 have current restrictions which mean they also cannot work night shifts. Currently there are 2 regular Locum Middle Grade Doctors employed via agencies, covering multiple ad hoc night shifts however there is no long term commitment.

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 10 Middle Grades per site (all of which would need to be able to work nights) 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 at RSH and the requirement for the consultant on call 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. The number of changes to the rota to spread the risk is significant and are a potential retention risk to the department. 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. There is also long term sickness at Matron level at RSH however the PRH Matron is now responsible for ED and AMU across both sites. Within the last 2 weeks there have been 4 resignations at RSH (1 x band 6 and 3 x band 5) and 2 at PRH (1 x band 6 and 1 x band 5). All 6 ECP's have commenced in post however 5 are currently working against a competency framework that will take approximately 3 – 6 months to be signed off. 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 has just returned from long term sick.

### **Action Taken to Date**

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

#### **Substantive Recruitment**

- 3<sup>rd</sup> Consultant advert out through Legacy Campaign which closes on 19<sup>th</sup> July
- Specialty Doctor interview took place on 14/06/18 – junior level so clinical fellow option offered to suitable candidate
- Qualified ACP appointed
- Engaged over 20 agencies to support with substantive recruitment.
- Executive led ED workforce plan meetings established with associated plan

#### **Locum Recruitment**

- 2 new Locum Consultants have commenced in post
- Ad hoc shifts covered by substantive Specialty Doctors from UHNM although unable to commit long term due to full time roles.
- 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 table top exercises in March and April 2018. 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.

On the 20<sup>th</sup> April an extraordinary meeting took place to discuss the ED workforce position and an urgent plan to support enacting the Business Continuity plan. Following this session further meetings with Executives have taken place to flag the ongoing supported by daily updates. The most recent

meeting took place on 13<sup>th</sup> June with the Executive team and a key number of actions are taking place over the next week to develop a plan to manage the current inability to staff both ED's overnight.

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, similar to regional and national consultant workforce issues in this specialty. Following discussions with commissioners the service was closed to all new referrals from 27<sup>th</sup> March 2017. Commissioners sourced and secured additional capacity from The Royal Wolverhampton Hospital Trust during this period. The workforce remains the same as reported in May 2018. The service's RTT performance remains 100%.

### **Actions Taken**

Further to previous actions reported the Centre has:

- Submitted a sub-contract to The Walton Centre for the delivery of 3 clinics per week from 1 October 2018.
- Discussions have recently taken place with commissioners regarding a hub and spoke model with one of the regional centres. Feedback from NHSE has advised this is down to local engagement and discussions. Currently awaiting feedback on next steps from commissioning colleagues.
- Discussions have recommenced with UHNM and UHB regarding support in providing the additional capacity (6 clinics per week) that the Walton offer does not provide .
- National Guidance stipulates that DMTs should not be provided by a single prescribing consultant. In order to comply with this, discussions have also commenced with UHB and UHNM regarding their interest in managing this or the MS service in its entirety.
- Due to the life limiting nature of MND, commissioners have agreed that SaTH may see patients diagnosed with MND in their clinics. Ad-hoc exclusions are being agreed, based on clinical need.
- Commissioners have been asked to work with RJAH as they are commissioned to deliver a Neurology service but the DoS at RJAH stipulates the service is Parkinson's only.
- A trajectory has been developed to identify when the PMW will be within tolerance levels, it is anticipated that this will be August/September 2018.

### **Next Steps:**

1. Receive back the signed sub-contract from The Walton Centre.
2. Discussions to continue with UHB and UHNM to determine feasibility of securing additional capacity.
3. Weekly conference calls with The Walton Centre remain in place to maintain momentum.
4. 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 despite numerous attempts to recruit to a substantive Consultant post. The Trust does have a locum in post until the end of September but he is above capped rates. Across the health economy there are several providers of Dermatology commissioned.

The Skin Cancer element of service delivery is supported via a sub-contract with St Michael's Clinic (SMC). This sub-contract runs until end of September 2018. Following the end of September 2018 Minor Ops for Head and Neck Surgery will be removed from any sub-contract/tender due to a substantive consultant having been employed within Head and Neck at SaTH. To note, SMC have indicated that they will not bid for a tender should Head and Neck minor ops be removed from the contract. Due to SMCs discontent at the decision to remove this element of the service from any future contract they have further advised they will only see the number of patients identified within their current contract. This is despite SMC working with SaTH over recent years to flex capacity to ensure patients are seen in a timely manner. As this will impact on Cancer targets the Centre are reviewing how to flex capacity to manage the additional activity in-house. To date this has included additional clinics with a request for further clinics over the forthcoming months. A paper summarising these risks has been presented to Trust Executives. Approval to proceed with the tender process has been given.

### Actions Taken

Further to previous updates and actions, the following actions have been taken during May 2018:

- Tender documentation has been collated ready for tender during June. This will include activity undertaken by the current locum in addition to the activity currently undertaken by SMC. The final elements to the service specification are being agreed.
- The Service continues to advertise on a rolling basis for substantive consultants.
- Contact has been made with two individuals who have expressed an interest in working at SaTH. One is unable to commence with SaTH until the summer of 2019 and the other is currently not engaging in discussions.
- Discussions continue with commissioners regarding their intentions from April 2019.

### Next Steps

- To continue to advertise for a substantive consultant on a rolling basis.
- To continue to develop the procurement documents and seek final Executive approval to advertise for substantive service delivery in June 2018.
- While continuing with the procurement process, continue discussions with SMC regarding their support in ensuring sufficient capacity for those requiring 2 week wait appointments.
- To continue to flex demand to ensure sufficient capacity for 2ww patients and to work with commissioners to ensure sufficient capacity across the LHE for general dermatology.

## 4.0 Urology

Urology 2 WW demand and subsequent requests for diagnostics continue to outstrip capacity following recent changes to PSA assay.

### Urology 2 Week Wait Referrals Q4 2017/18 / Q1 2018/19

	January	February	March	April	May
Total Referrals	208	246	283	287	318
Seen Within Target	192	227	265	268	TBC
Breaches	16	19	18	19	TBC
Performance	92.3%	92.3%	92.9%	93.38%	TBC

### **Impact on 31 day DTT and 62 Day RTT Cancer Waiting Time Performance**

The 31 day DTT standard was achieved in April but the 62 day RTT performance deteriorated to 82.10% for a combination of reasons but 4 breaches were primarily due to capacity constraints and diagnostic delays within the pathway.

### **Impact on RTT**

The increased demand in cancer continues to have a significant impacting on our ability to manage benign urology pathways. Routine surgery is being delayed and in some instances cancelled to allow us to free up theatre sessions for urgent cancer surgery.

The outpatient follow up backlog has also increased as appointments are displaced to accommodate new patients. As of 19.6.18 we have 515 past max waits that are currently being clinically validated.

### **Summary of Key Risks**

- Inability to meet increasing demand due to workforce constraints
- Failure of 31day, 62 day and 2WW Cancer Waiting Time standards
- Increasing urology routine surgery backlog, currently 164 patients have waited in excess of 18 weeks.
- Follow up past max wait numbers have increased
- Current situation is impacting on health and wellbeing of staff
- Prostate cancer surgery provision is dependent on single handed surgeon

### **Action to Date**

- Additional 2WW capacity is being scheduled
- Additional TRUS biopsy capacity is being scheduled – increased from 2 70 up to 5 lists per week dependent on demand.
- CNS hours have been increased to support provision of additional results clinics
- Additional Band 5 has been recruited to support CNS team, freeing up Band 7 CNSs for additional outpatient activity.
- Additional theatre sessions have been secured to bring urgent surgery dates forward
- Clinical validation of past max wait patients completed by 3 consultants and plan formulated to address

### **Future Action**

- Clinical validation of past maximum wait patients by remaining 2 consultants and formulation of plan to address.
- Update urology demand and capacity model to reflect recent increase in referrals rates
- Confirm expected workforce requirements to meet service demand, develop business case and submit for approval.
- Strategic decision required regarding robotic surgery as it is believed we will not be able to recruit a second urology pelvic cancer surgeon without a plan to provide robotic surgery locally or via partnership working with a neighboring Trust - Development of business case has commenced, project group to be established led by Mr Tony Fox.
- Consider employment of NHS locum to assist with backlog clearance – job description for general urologist being updated to advertise and test market. Challenge around outpatient and theatre capacity to accommodate additional surgeon.
- Identify number of backlog patients that could be treated in independent sector and secure agreement to do so.

## 5.0 Breast Services at SATH – Imaging

### Background

Adequate imaging provision is essential for effective provision of the Breast Service. In line with the national picture, SaTH is facing significant challenges in the radiology workforce generally and we have lost three breast radiologists to retirement over the past 3 years. Despite this, until recently, the SaTH breast service has been one of the top performing in the country and we have managed to maintain national standards with little impact on the Cancer Pathway. However, this has been achieved by drawing on good will, over booking clinics and adding extra radiology sessions. With only 1 full time breast consultant radiologist and 1 consultant radiographer leading the Imaging team, this is no longer sustainable due to the impact on individual staff members.

### Impact

Despite the efforts being made daily by the team to adhere to national standards, the waiting time for a 1<sup>st</sup> Out Patient appointment is currently 3 weeks and this may become longer.

### Actions taken so far:

A Task & Finish Group has been convened, including SaTH consultants, nurses, radiographers and senior managers and to which representatives from commissioning have been invited, to investigate and implement short term solutions for improvement and investigate longer term options to achieve and sustain national standards.

#### In the immediate term:

- Commissioners have been informed of the current position and fully briefed regarding potential capacity outside Shropshire.
- To enable us to manage referrals more effectively, changes have been made to the GP referral proforma, designed to make the reason for referral more explicit. This will enable us to triage patients to the appropriate correct clinic more effectively. We receive a large number for proformas that contain only a free text letter and this delays the triage process. Where a referral is for pain only, these can go directly to ultrasound, rather than have to wait for a full imaging session.
- The Breast Surgical team has offered to make themselves available to GPs / Locality Groups to provide further guidance on referrals as required and a communication for circulation to GPs has been drafted jointly by SaTH and commissioners.
- Within SaTH OP clinics, the Breast and Imaging teams are huddling daily to stream patients to the appropriate imaging session and ensure all available imaging capacity is being utilised effectively.
- The advert for consultant posts with an interest in breast imaging is live on NHS Jobs/BMJ. In the meantime we are exploring the availability of breast skilled locum consultants and we expect some additional capacity will become available from early July.

#### In the medium to longer term:

- We are proactively recruiting an additional consultant radiographer and actively pursuing further development of advanced practitioners in film reading, biopsies and breast ultrasound.
- In order to facilitate this role development, we will seek funding for changes to the OP clinic area at PRH in order to re-locate breast imaging equipment and accommodate an additional diagnostic work station and an additional ultrasound scanner. This will facilitate appropriate clinical supervision for developing Advanced Practitioners this paving the way for additional capacity for this important service moving forward. This would improve privacy, dignity and respect for patients at PRH, as well as improving the efficiency of the clinics. The proposed changes also support the Trusts strategic objective of consolidating breast services at PRH.