

Paper 20

Recommendation <input type="checkbox"/> DECISION <input checked="" type="checkbox"/> NOTE	Trust Board is asked to note the content of this report
Reporting to:	Trust Board
Date	30 th August 2018
Paper Title	Services under the Spotlight
Brief Description	<ul style="list-style-type: none"> ▪ 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
Author(s)	Carol McInnes, Assistant Chief Operating Officer for Unscheduled Care Sheila Fryer, Care Group Director for Support Services Kerry Malpass, Centre Manager for Surgery, Oncology & Haematology / Deputy Chief Operating Officer for Scheduled Care
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 - Risk to sustainability of clinical services due to shortages of key clinical staff
Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impacts identified) <input type="radio"/> Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> <input type="radio"/> negative impacts have been mitigated <input type="radio"/> negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA

SERVICES UNDER THE SPOTLIGHT

August 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

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. A further ED Fragility meeting took place on the 27th June in preparation for the system wide meeting on the 9th July to discuss the ED Business Continuity plan under current circumstances. Since this meeting weekly ED Clinical summit meetings are now in place as well as weekly ED Business Continuity meetings.

Consultant Workforce

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. 1 of the appointees currently works within ED as a locum and will not commence substantively until January 2019. Another will not be commencing in post until September 2018 and the other in January 2019.

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
SaTH In-Hours	20	4	6	10	-10
	Required	On Call Substantive Consultants	On Call Locums	Total	Gap
SaTH On Call	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, 60% 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. Currently due to the middle grade gaps Consultant level staff are regularly being asked to act down and work night shifts however some of the locums have refused to act down.

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)

Table 2: Middle Grade Position Summary (RCEM View)

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.

Site	Required Number of posts	Substantive in post	Gap
RSH	16	4	-12
PRH	16	6.0	-10
Total Trust	32	10	-22

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.

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. Over recent months there have been 3 regular Locum Middle Grade Doctors employed via agencies, covering multiple ad hoc night shifts however 1 of these is unable to return to work with us following health issues and another has refused to work with us until our workforce and intensity of shifts has improved. This has increased the number of vacant night gaps. Since April 2018 – 13th August 2018 there have been 45 night shifts whereby there has not been a middle grade on shift overnight on one of the sites.

One substantive middle grade has commenced in July however a further doctor was expected in September 2018 who has unfortunately now withdrawn from our job offer.

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 and is leaving the day shifts with minimal cover impacting on the ED 4 hour patient safety target.

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. Over the last 4 week period an average of 44% agency usage has been required. On some shifts recently there has been 75% agency vs 25% substantive. Currently the permanent and temporary gaps continue to be high, especially at PRH with some shifts running mainly with agency staff resulting in key nursing roles not being covered.

Throughout June and July there have been 5 resignations at RSH (1 x band 6 and 4 x band 5) and 2 at PRH (1 x band 6 and 1 x band 5) however in September there is an expected 8 new starters commencing in post. Whilst this is positive, there will be an impact upon the skill mix of the departments through losing experience staff.

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 they are regularly pulled into clinical roles due to current staffing gaps. A recruitment day specific to ED is arranged for the 14th August 2018.

Action Taken to Date

Actions taken to address the shortfall in staffing are as follows:-

Substantive Recruitment

- 3rd Consultant advert out through Legacy Campaign has closed with interviews set for 20th August 2018
- Further clinical fellow and CESR posts to be advertised.
- Qualified ACP appointed.

- Engaged over 20 agencies to support with substantive recruitment.
- Executive led ED fragility meetings established with associated plan.
 - SHO Deanery allocation has been very successful resulting in a total of 26 SHO's until February 19. This will help support the increase to 2 SHO's overnight in support of patient safety.

Locum Recruitment

- One locum consultant was released at the end of July
- 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 and 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. On the 20th 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 on-going supported by daily updates. Another meeting took place on 27th June with the Executive team and a key number of actions have taken place over the next week to develop a plan to manage the current inability to staff both ED's overnight. A system wide meeting was held on the 9th of July to seek support from neighbouring Trusts due to the current level of risk following which weekly Clinical Summit Meetings are now in place as well as weekly ED Business Continuity Meetings

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 27th 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 June 2018. The service's RTT performance remains at 100%.

During June 2018 one of our Consultants advised of his intentions to reduce the number of clinical sessions worked within the Trust from 1 October 2018.

Discussions with The Walton Centre have progressed.

Actions Taken

Further to previous actions reported the Centre has:

- Agreed the Service Specification with the Walton Centre, there have been several areas where a compromise has had to be made by SaTH to ensure agreement has been reached. Discussions are on-going regarding notice periods to be given to this contract.
- Paper sent to Performance Committee within SaTH for review and sign off.
- Arranged a meeting with UHNM and UHB to commence discussions regarding capacity, these will take place during September and will consist of requests for support for both general neurology and MS capacity. Both Tertiary centres have received data regarding the level of support that will be required within SaTH.

- Held a teleconference with commissioners in which it was agreed that despite the efforts made by SaTH, sufficient capacity cannot be secured to maintain sustained service delivery. Commissioners have escalated this to NHSE and shared this with colleagues across Staffordshire. Commissioners are now considering commissioning a community service and have advised SaTH they will still require Acute Hospital service provision.
- Clinic templates for the MS Specialist Nurses have been increased, now the second nurse has completed her training. This has enabled the team to undertake reviews of those patients who are overdue a home visit.
- Weekly monitoring of the past maximum waiting time lists continues alongside flexing of capacity to ensure these patients are seen in a timely manner. This has reduced significantly over the past month to 270.

Next Steps:

1. Agree notice periods to the sub-contract with The Walton Centre.
2. Secure agreement for additional capacity/support from UHNM/UHB.
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.

SMC have indicated that they will not bid for a tender should Head and Neck minor ops be removed from the contract. Due to this, SMC have taken the decision to only accept referrals to the level identified within current contract, despite flexing capacity over previous years. SaTH are flexing capacity to meet demand. 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 to tender for substantive capacity has been given.

On Monday 13th August SaTHs only substantive consultant was signed off work for a period of 3 months. This has added extreme pressure to the service and will severely impact on the cancer performance if no further action is taken.

Actions Taken

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

- Tender went live on 10th August with a deadline for receipt of tenders by 27th August 2018.
- A further advertisement to secure additional consultants, as this is advertised on a rolling basis.

- Discussion undertaken with commissioners to determine their future commissioning intentions. They have advised papers are being presented to their respective Committees in June with further updates to be provided to SaTH in July 2018.
- SSC have agreed to continue with current contracting arrangements until 31st October.
- Medical staffing have advertised for a second agency consultant to “test the market” to cover current sickness.
- SSC have been asked if any additional support can be given for the next 3 months.
- All clinical staff within the service are looking what additional capacity they are able to offer to cover sickness.
- Contacted commissioners who offered to close the service to any new general referrals. Cancer patients will continue to be referred to SaTH.
- Move patients needing procedures to the community APCS service to fill vacant capacity.

Next Steps

- To continue to advertise for a substantive consultant on a rolling basis.
- Work with SSC to understand plans moving forward and exit strategies if they don't apply for the tender.
- To continue to flex capacity for 2ww patients.
- Continue to contact external companies to see if there is any service they are able to provide.
- Continue to explore additional workforce support for the service.

4. Urology Outpatient Service

Impact of PSA assay change and revised pathology grading continues to impact on urology, radiology, pathology and oncology services.

2ww referrals reduced slightly in June. 14 day standard is being met through a heavy reliance on team members doing additional clinical activity at premium cost.

	Jan	Feb	March	April	May	June
Total Referrals	208	246	283	271	303	281
Seen Within Target	192	227	265	252	286	264
Breaches	16	19	18	19	17	17
Performance	92.3%	92.3%	92.9%	93.0%	94.4%	94%

Urology 2 Week Wait Referrals Q4 2017/18 / 2018/19 YTD

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

The 31 day DTT standard was achieved in June - 100% but the 62 day RTT standard was not achieved – 81.3% with 9/48 patients breaching the standard. Delays in the diagnostic component of the prostate pathway remain a key factor despite significant additional capacity being scheduled. Current predictions suggest failure of 62 day standard in July, every effort being made to avoid breaches. The increased number of MRI requests is also impacting on radiology.

This increased demand in cancer workload continues to have a significant impact 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 admitted RTT backlog is 156 and outpatient follow up backlog is also increasing as these appointments are displaced to accommodate new patients. As of 20.8.18 we have 585 past max the majority of which have been clinically validated and do require appointments.

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 156 patients have waited in excess of 18 weeks.
- Follow up past max wait numbers have not increased since previous report nor have they improved
- Current situation is impacting on health and wellbeing of staff
- Prostate cancer surgery provision is dependent on single handed surgeon

Action Taken

- Additional 2WW and TRUS biopsy capacity scheduled
- CNS hours increased to support provision of additional results clinics
- Additional theatre sessions secured to bring urgent surgery dates forward
- Attempts have been made to recruit a NHS locum consultant – no applicants

Next Steps

- Agency CVs have been requested and 2 approved by clinical lead. Awaiting agency confirmation of possible start dates. Draft 6 week timetable developed for locum when / if secured.
- Initial discussions with in-sourcing company have taken place to establish what assistance could be provided with supporting diagnostic component of pathway, costing model awaited.
- 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.
- Progress development of business case for provision of local robotic surgery service.

5. Breast Services at SaTH – Imaging

Background

Despite intensifying recruitment challenges in the Imaging team, 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. 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.

Actions taken:

A Task & Finish Group has worked effectively to implement solutions for immediate improvement and work up longer term options to achieve and sustain national standards:

- A further locum has joined the team, so there are now 2 breast skilled locum consultants in place working part time. Dr Saleem, Locum Consultant Radiologist commenced 15th August 2018. His induction programme will take place in his first week.
- As a result of the recent advert for consultant radiologists with an interest in breast, we have arranged interviews in August for the candidate who applied.
- There are still significant capacity constraints throughout August for wire insertions needed to identify breast lesions prior to surgery and therefore immediate action has been taken to progress with the use of Magseed. This technique means that the locating device does not have to be

placed immediately prior to surgery and is more comfortable for the patient and enables interventional capacity to be utilised more flexibly. The technique incurs a cost pressure estimated at £18,254.80 for 6 months.

- CPG and Executive approval has been given for development of the Breast OP clinic F area at PRH to include breast imaging equipment.

In the medium to longer term:

- The use of Magseed will need to be formally commissioned.
- The recent advertisement for a further Consultant Radiographer was unsuccessful. Enhanced re-advertising will take place via Clear Design and Society of Radiographers Journal.
- Trainee Advanced Clinical Practitioner posts have been advertised. If appointable, 2 trainees will be required to undertake 3 years masters' course commencing September 2018.
- The proposed changes to the OP clinic area will facilitate appropriate clinical supervision for developing Advanced Practitioners thus paving the way for additional capacity for this important service moving forward. This will 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.

Impact on Performance:

Booking clerks are now able to book first OP appointments at 14 days at both PRH and RSH. Bookings are being closely monitored and proactively managed. Momentum will continue to maintain this encouraging trend.