The Shrewsbury and Telford Hospital NHS Trust

Paper 26

Recommendation ☐ **DECISION** ☑ **NOTE**	**Trust Board is asked to note the content of this report**
Reporting to:	**Trust Board**
Date	29th November 2018
Paper Title	Services under the Spotlight
Brief Description	The purpose of this paper is to provide Performance Committee with an updated position regarding key services that have particular workforce challenges.
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Recommended / escalated by	n/a
Previously considered by	n/a
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 26

SERVICES UNDER THE SPOTLIGHT

November 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

Please refer to correlating ED board paper (Paper 8) for detail.

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.

SaTH currently employs one full time consultant neurologist and one other who works for SaTH two days per week.

The service has 1wte MS nurse in post and is out to advert for a second post which has become vacant with interviews scheduled for the end of November.

Actions Taken

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

- The Walton Centre were advised that The Performance Committee had not approved sign off of the sub-contract.
- A meeting was held with The Walton Centre on 7 November to try to reach a more mutually beneficial agreement with regards support available to SaTH. It was agreed to work up new proposals based on "joint appointment" posts across SaTH and The Walton Centre. The Walton Centre will also work up short and longer term solutions.
- The Walton Centre asked for clarification on the commissioning arrangements of the Robert Jones and Agnes Hunt (RJAH) Service. They would like this included within one over-arching contract

with SaTH if possible. An email was sent to commissioning colleagues on 9 November seeking clarification.

- Weekly monitoring of the past maximum waiting time lists continues alongside flexing of capacity to ensure these patients are seen in a timely manner.
- A job description for a Consultant Neurologist is currently being reviewed in anticipation of a refreshed advertisement being placed in November.

Next Steps:

1. Await further proposals from The Walton Centre, due to be discussed during a teleconference on 22 November 2018.
2. Await feedback from commissioning colleagues on the future commissioning arrangements of the RJAH Neurology Service.
3. Continue discussions with UHNM and UHB regarding support for SaTH's Neurology Service.
4. To monitor current activity, flexing existing capacity as required and reviewing possibilities for the service to re-open in partnership with local Commissioners.
5. Undertake recruitment for the MS nurse post.
6. Advertise for a Consultant Neurologist.

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 December but he is above capped rates. Across the health economy there are several providers of Dermatology commissioned.

The Skin Cancer element of service delivery has been supported via a sub-contract with St Michael's Clinic (SMC). This sub-contract ended on October 2018. A new provider, Health Harmonie (HH), has been commissioned by the Trust on a sub-contract basis.

The Trust has secured a part time consultant who will commence in post during January 2019. SaTH's substantive consultant remains on long term ill-health leave and is anticipated to return to work on 7 January 2019. The return to work will be on a "Retire and Return" basis, currently being negotiated. Additional support has been secured to support the service. Capacity continues to be flexed as needed.

Advertisements for a locum consultant attracted one applicant they however withdrew from the interview process, without reason, one week prior to the scheduled interviews.

A paper summarising risks relating to Dermatology Service provision has previously been presented to Trust Executives.

Actions Taken

Further to previous updates and actions, the following actions have been taken during October and early November 2018:

- An Exit Arrangement Plan has been developed and shared with SMC.
- Cancer referrals to SMC stopped on 31 October 2018. Patients will be seen following referral up until the end of December 2018 to ensure patients are not moved part way through cancer treatment.
- Health Harmonie have commenced service delivery.
- Communications have been sent to existing patients, GP practices and commissioners advising of the change of provider from SMC to HH.

- Clinical staff continue to provide additional capacity alongside additional external Speciality Doctor support on Fridays and Saturdays (Minor Ops support) to manage the backlog of referrals whilst the consultant remains on long term sick leave.
- Commissioners have been asked to continue to divert General Dermatology referrals whilst the substantive consultant remains on long term sick leave and HH commence a phased approach to service delivery.

Next Steps

- To work with HH over the next two months to ensure full service delivery from January 2019.
- To monitor activity and ensure smooth handling of data transfer from SMC to SaTH.
- To review staffing requirements following the notification of the substantive consultant to return to work on reduced hours on a "Retire and Return" arrangement.
- To continue to monitor activity daily and flex capacity for 2ww patients, minor ops and follow ups.

Continue to explore additional workforce support for the service.

4. Urology Service

PSA assay change and revised pathology grading continues to impact on urology, radiology, pathology and oncology services, alongside the challenge of only having one surgeon who is able to undertake prostatectomy . 2ww referrals have remained high and the standard is being met through a heavy reliance on team members doing additional clinical activity at premium cost.

The headline figure is that the number of Urology two week wait referrals in the 12 months to September 2018, compared to the 12 months to September 2017, had increased by 26.8%. The service has remained compliant with the 93% standard consistently since March 2018, despite this growth.

	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Referrals	208	246	283	271	303	273	230	259	206
Seen Within Target	192	227	265	252	286	256	215	243	193
Breaches	16	19	18	19	17	17	15	16	13
Performance	92.3%	92.3%	92.9%	93.0%	94.4%	93.8%	93.5%	93.8%	93.7%

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

The 31 day Decision to Treat to commencement of treatment standard (96% target) was achieved in September - 97.8%. However, the 62 day standard (85% target) was not achieved again – 74.6% with 8.5/33.5 patients breaching the standard. Delays in the diagnostic component of the prostate pathway remain a key factor despite additional capacity being scheduled. TRUS biopsies are currently being booked at 3 weeks with additional capacity planned to reduce this further. Current predictions suggest failure of 62 day standard in October and subsequent months as the provision of surgical capacity for radical prostatectomy currently remain reliant on one surgeon.

This 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.

Impact on 18 Week Referral to Treatment Standard

Urology has consistently failed to achieve the 92% Incomplete Pathway Standard this year. The admitted RTT backlog is 182 (as at 19th November 2018.) Additional theatre sessions are being scheduled dependent on surgeon / theatre staff availability. Additional surgical support is being provided by upper GI specialty doctor able to perform simple urological procedures

Measure	Monthly Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
18 Week RTT Admitted	90%	63.16%	59.65%	70.00%	63.43%	66.41%	70.27%	64.08%
18 Week RTT Non Admitted	95%	96.84%	97.35%	95.71%	95.34%	93.82%	95.63%	96.17%
18 Week RTT Incomplete Pathway	92%	86.50%	88.08%	87.44%	86.04%	86.76%	86.58%	87.61%

The outpatient follow up backlog is also increasing as these appointments are displaced to accommodate new patients. As of 18th November 2018 there are 631 “past max waits” who have gone beyond their scheduled follow up window.

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 182 patients have waited in excess of 18 Weeks.
- Follow up past max wait numbers have further increased since previous report
- Current situation is impacting on health and wellbeing of staff
- Prostate cancer surgery provision is dependent on single handed surgeon, Next available slot for Prostate cancer surgery is February 2019, which is clearly outside of 62 day RTT and 31 day DTT / subsequent treatment standard.
- Further prostate awareness campaigns are ongoing.

Comparative Information

At the last Performance Committee on 23rd October, it was suggested that the service should look at how Urology cancer performance benchmarks against other Trusts. The table below summarises Quarter 1 2018-19 data, which is the most recently available. This demonstrates that SaTH delivered 81.88% (against the 85% standard) for Urology suspected cancer referrals with a diagnosed cancer receiving first definitive treatment within 62 days. This compared well against national performance of 74.38%.

This performance is also comparable performance to University Hospitals Birmingham and University Hospital North Midlands (and the patient volumes with these two cancer centres are almost identical.) The Trust performed significantly better than the Royal Wolverhampton Hospitals Trust and University Hospitals Coventry & Warwick and undertook significantly more activity. However, it should be noted that Urology is a big part of the SaTH cancer referral volume, so that any deviation from the standard does have a more significant impact. It also appears that the Trust is not out of line (when taking the local demographic in to account) of providing first treatment as watchful waiting or hormone therapy (using non-admitted as a proxy for this.)

Trust	Admitted	Non-admitted	All	% admitted of total casemix
SaTH	29/38 = 76.32%	84/100 = 84%	113/138 = 81.88%	27.5%
BHam	52.5/65.5 = 80.15%	66.5/79 = 84.18%	119 / 144.5 = 82.35%	45.5%
Cov	13/25 = 52%	35/41.5 = 84.34%	48/66.5 = 72.18%	37.6%

Wolves	14/32 = 43.75%	23/66.5 = 35.11%	60.5/97.5 = 37.95%	32.8%
Stoke	23/37 = 62.16%	93/104 = 89.42%	116/141 = 82.27%	26.2%
National	2340/3567 = 65.6%	5803/7381 = 78.62%	8143/10498 = 74.38%	32.6%

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 where possible
- Additional NHS locum in place.
- Clinical meeting held between SaTH, UHNM and RWHT (13th November) to discuss options for the provision of regional urology services.

Next Steps

- Update urology demand and capacity model, confirm expected workforce requirements to meet service demand, develop business case and submit for approval.
- Service strategy meeting scheduled with UHNM 4th December 2018.
- Resolve diagnostic delays in prostate pathway so that patients where treatment with hormones or commencement of watchful waiting are appropriate first definitive treatment options can progress to this within 62 days. However, it must be noted that this is not an alternative to resolving the surgical capacity constraint which remains limited to a maximum of 4 laporascopic prostatectomies (that is, 2 patients on 2 all day lists) per week.
- Care Group to progress proposal for the conversion of space to provide dedicated LA suite / investigation unit to cope with demand and to support Urology in achieving specific recommendations made within local and national Urology GIRFT reports. This is reliant on capital availability.

5. Breast Services at SATH – Imaging

Background

Despite intensifying recruitment challenges in the Imaging team, the SaTH breast service was one of the top performing in the country and has managed to maintain national standards with little impact on the Cancer Pathway. Following the loss of two experienced consultant radiologists due to retirement earlier this year, we were no longer able to offer a 1st OP appointment within 14days (2WW pathway). The Breast and Imaging teams have worked together to implement remedial action in order to regain this standard.

Current Performance following remedial actions reported previously:

The anticipated positive impact on achievement of the cancer targets over the last 2 months has not materialised as we had expected. On investigation, this is because the booking escalation process was not being followed in all cases and managers were therefore unaware that a cohort of patients who needed a clinic supported by full imaging, rather than with limited imaging, were being booked outside of their breach dates.

This has now been rectified and going forward, we are able to report that 1st OP appointments are being offered within 14 days at both PRH and RSH. In order to maintain this, the service is supported by 2 premium rate locums for 1.5 days per week, while our Advanced Clinical Practitioner training is underway.

Further actions:
A member of the cancer tracking team has joined the Task& Finish Group, to ensure that all escalations are managed in line with the process.

A new consultant radiologist from overseas (Dr Karbhase) will be joining the Trust next month and a semi-retired time bank consultant radiographer will also join us, thereby increasing our resilience in anticipation of a further medical consultant retirement next year.

Asymptomatic Breast Service
The formal report is now available from the planned Quality Assurance visit carried on 4th October with no major concerns highlighted. Areas identified for improvement are confirmed as:

- More capacity is needed for assessment
- Review of the effectiveness of the MDTs was recommended (high number of cases at each session)
- Access to Shropshire women to reconstructive surgery