

Cover page	
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Paper No.	19
Paper Title	Service Deep Dive
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**Executive Summary**

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

There are a number of services currently provided by the Trust that are considered challenged 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 challenged 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.

Previously considered by	Performance Committee
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The Board is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input type="checkbox"/> Well-led

Link to strategic objective(s)	<input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input type="checkbox"/> OUR PEOPLE Creating a great place to work
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Link to Board Assurance Framework risk(s)	RR 859 Risk to sustainability of clinical services due to shortages of key clinical staff
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Equality Impact Assessment	<input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
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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
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Financial assessment	<i>Is there a financial impact associated with the paper? No</i>
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## SERVICE DEEP DIVE

January 2019

### Introduction

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

There are a number of services currently provided by the Trust that are considered challenged 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 challenged 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 – Risk Register Number: 1122/626/817

Please see correlating presentation for ED workforce that was made at the Safety Oversight and Assurance Group.

Risk remains high.

### 2. Neurology Outpatient Service – Risk Register Number: 1154

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.

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

#### 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 the Walton Centre

would work up new proposals based on “joint appointment” posts. WC confirmed (9 January) that these plans are on track to be presented to their Board at the end of January.

- 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, a further email was sent 9 January 2019 chasing a response.
- 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 the Consultant Neurologist was submitted to the Royal College, this has been received on 9 January 2019 requesting amendments.
- Appointed a second MS nurse.

#### **Next Steps:**

1. Await further proposals from The Walton Centre, expected end of January/beginning of February.
2. Finance meeting held between WC and SaTH w/c 14 January. This meeting was scheduled to review the current offer from WC and support the development of a mutually beneficial arrangement.
3. Await feedback from commissioning colleagues on the future commissioning arrangements of the RJAH Neurology Service, further request for information sent on 10 January 2019.
4. Continue to secure contact with UHNM and UHB regarding support for SaTH’s Neurology Service.
5. To monitor current activity, flexing existing capacity as required and reviewing possibilities for the service to re-open in partnership with local Commissioners.
6. Undertake recruitment for the MS nurse post.
7. Revise job description for Consultant Neurologist and commence recruitment once approved.

### **3. Dermatology Outpatient Service – Risk Register Number: 1216**

The Trust has been operating as a single consultant-led service for a number of years and had been unable to recruit despite numerous attempts. In order to ensure sufficient capacity the service has relied on locum support over this time.

In addition, the Skin Cancer element of service delivery has been supported via a sub-contract with St Michael’s Clinic (SMC). This sub-contract ended in October 2018 with a new provider, Health Harmonie (HH), now supporting the service.

The substantive consultant had been off work long term due to ill-health and subsequently retired from the service at the end of November 2018.

Following a successful recruitment campaign and a part time consultant commencing in the service on 8 January 2018, the previous substantive consultant has returned to work for the Trust and commenced in post on 7 January 2019. The Centre have also been approached by a further consultant who has expressed an interest in working at SaTH.

Across the health economy there are several providers of Dermatology commissioned.

#### **Actions Taken**

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

- Exit Arrangements were undertaken with SMC.

- Service commenced with HH from 5 November 2018. Close monitoring has been taking place to ensure limited disruption during the handover of service provision.
- The locum consultant left the service in December 2018.
- 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.
- Commissioners were asked to divert General Dermatology referrals whilst the substantive consultant was on long term sick leave and HH commenced a phased approach to service delivery.

### Next Steps

- To continue to monitor activity and service delivery to ensure SaTH and HH work seamlessly in delivering the service.
- To continue to monitor activity daily and flex capacity for 2ww patients, minor ops and follow ups.
- To advertise for a further part time Consultant Dermatologist to ensure a full complement of substantive consultant staff within the service.
- Contract to be fully embedded – once all service areas in situ, risk to be reduced.

## 4. Urology Service

The impact of the rising demand for Urology is well documented and known. The service is now facing a new workforce challenge with one consultant off as a consequence of long term sickness absence and a second has recently submitted his resignation and will be leaving in April. These new events compound the current problem the service has in meeting both RTT and cancer waiting time standards.

### Current Performance

#### 18 Week Referral to Treatment Standard

RTT 92% incomplete standard is not being achieved.

The admitted RTT backlog as of 23.1.19 is 201.

To date non-admitted performance has been good and is currently reported as 96.81%.

Performance at this level has been maintained in part due to the willingness of the two consultants made reference to above undertaking additional activity. This previous level of activity has now been lost and will continue to be lost if we are unable to rapidly re-provide this capacity through the engagement of agency locum / NHS locum / substantive recruitment.

The outpatient follow-up backlog also continues to increase. As of 23.1.19 there are 751 'past max waits' who have gone beyond their scheduled follow up window.

Delivery of required diagnostic and check cystoscopy capacity has also been impacted by recent events with planned procedures now being booked up to 8 week beyond due date.

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

The 31 day DTT standard (96% target) was achieved in November - 97.9%.

However, the 62 day standard (85% target) was not achieved again – 77.4% with 7/31 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 for December and subsequent months as the provision of surgical capacity for radical prostatectomy currently remain reliant on one surgeon.

## Summary of Key Risks

- Inability to meet increasing demand (RTT and cancer) due to workforce constraints
- Failure of 31day, 62 day and 2WW Cancer Waiting Time standards
- Increasing urology routine surgery backlog, currently 201 patients have waited in excess of 18/52
- Follow up 'past max wait' numbers have further increased since previous report
- Current situation is impacting on health and wellbeing of staff. It is collectively described in risk 1468 which now has score of 20 to be agreed at agreed at the Scheduled care board (25<sup>th</sup> January 2019) and then at Trust Operational Risk Group.
- 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.
- Surveillance cystoscopy waiting times are being extended beyond planned maximum wait time.

## Action Taken

- Attempting to secure agency locum to cover consultant long term sickness absence.
- Additional 2WW and TRUS biopsy capacity scheduled
- Capacity secured at Bridgnorth to run additional cystoscopy lists during February to bring wait times down.
- 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 (since October 2018).
- Collaborative working with UHNM has commenced and MOA has been signed, a further meeting between Trusts on 8<sup>th</sup> February 2019 to discuss potential patient transfer. Currently no patients have been transferred.
- Honorary contracts signed to facilitate commencement of robotic surgery training for two of SaTHs Urology Consultants
- 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 submitted. Awaiting approval and allocation of capital funding to support this development.

## Next Steps

- Update urology demand and capacity model, confirm expected workforce requirements to meet service demand, develop business case and submit for approval by end of March 2019.
- Further service strategy meeting scheduled with UHNM 8<sup>th</sup> February 2018 to discuss transfer of appropriate cystectomy and prostatectomy work.
- Continue to prevent diagnostic delays in prostate pathway as much as possible 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.
- Advertise NHS locum posts whilst substantive recruitment is progressed to replace resignation.
- Secure agency locum ASAP to cover sickness absence, Chief Executive has approved above cap use if required.

- Consider closure of service to routine referrals within 4 weeks if workforce gaps cannot be mitigated within that timescale.
- Write formally to NHSI to inform of service pressures.

## **5. Breast Services at SATH – Imaging - Risk Register Number: 748**

### **Background**

The Breast and Imaging teams are continuing to work hard together to implement remedial action to regain the 2WW standard due to recruitment challenges in the Imaging team.

### **Current Performance following remedial actions reported previously:**

During November and December, the average number of days from referral to 1<sup>st</sup> OP appointment fell from 16 days to 11 days as of 31<sup>st</sup> December at RSH and PRH. In order to maintain this, the service continues to be supported by locums.

### **Further actions:**

A new consultant radiologist from overseas commenced work in December as planned and a further Breast Consultant Radiologist is expected to commence in February 2019 pending completion of visa paperwork and employment checks.

We will continue to monitor progress via the Task& Finish Group, which have now reduced to 2 meetings per month and all escalations will be managed in line with the standard process.