

Cover page	
Meeting	Trust Board
Paper Title	Service Deep Dive
Date of meeting	30 <sup>th</sup> May 2019
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Responsible Director	Nigel Lee, Chief Operating Officer
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Executive Summary	
<p>This paper provides an ongoing monthly update on fragile clinical services.</p> <p>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 &amp; 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.</p> <p>A summary of the services affected, the actions taken to date and the current workforce position is outlined within paper.</p>	
Previously considered by	Performance Committee.

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

<p>Link to strategic objective(s)</p>	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare</li> <li><input checked="" type="checkbox"/> SAFEST AND kinDEST Our patients and staff will tell us they feel safe and received kind care</li> <li><input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities</li> <li><input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions</li> <li><input type="checkbox"/> OUR PEOPLE Creating a great place to work</li> </ul>
<p>Link to Board Assurance Framework risk(s)</p>	<p><b>RR 859</b> Risk to sustainability of clinical services due to shortages of key clinical staff</p>

<p>Equality Impact Assessment</p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Stage 1 only (no negative impact identified)</li> <li><input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)</li> </ul>
<p>Freedom of Information Act (2000) status</p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> This document is for full publication</li> <li><input type="radio"/> This document includes FOIA exempt information</li> <li><input type="radio"/> This whole document is exempt under the FOIA</li> </ul>
<p>Financial assessment</p>	<p><i>Is there a financial impact associated with the paper? No</i></p>

## **SERVICE DEEP DIVE**

### **May 2019**

#### **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 – Risk Register Numbers: 1122/626/817**

Please see correlating ED Workforce – weekly monitoring report.

The Trust has sent a team to Dubai and India (March 2019) to recruit middle tier medical staffing with some success.

#### **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.

SaTH had sourced additional capacity from The Walton Centre however further work was required to reach a more mutually beneficial agreement. The Walton Centre also agreed to work up proposals for both short and longer term working with SaTH. Whilst the longer term plans are progressed, The Walton Centre have offered to undertake one full day of clinics per fortnight. As SaTH's backlog is now at manageable levels, in order to support the capacity from The Walton Centre, SaTH would require a partial opening of the service. The longer term plans were not submitted to The Walton Centre's Executive Board and will now be presented at the end of April as long as the short term plans are supported by local commissioners.

Contact was made with commissioners in January 2019 to request that discussion relating to a partial opening of the service be revisited. SaTH subsequently received a letter from commissioners advising that they do not want SaTH to undertake discussions to grow activity. Following discussions with commissioners, SaTH have been requested to provide further detail on the models being developed with The Walton Centre, these continue to be predicated on the basis of an initial phased opening and commissioners have asked for options to be presented to identify how this could happen.

The proposal has been slightly delayed due to awaiting confirmation of clinic templates for The Walton Centre due to consultant annual leave. The proposal will be shared with USC Board and Performance Committee to seek agreement as to whether to enter into a sub-contract.

#### **Next Steps:**

- Complete business case with options for a phased opening of the neurology service to support The Walton Centre's short term offer.
- Agree both the short and long term model internally within SaTH.
- Confirm agreement from commissioners to open on a phased approach.

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

The Trust had 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 relied on locum support over this time and a sub-contract with a private provider.

Over the Autumn of 2018 a procurement process was undertaken to secure additional capacity. Alongside this, the service was contacted by two consultants who expressed an interest in working at SaTH, one of whom was available to commence soon and the other towards the autumn of 2019. A recruitment campaign was therefore undertaken.

A successful bidder to the Procurement exercise commenced working (Health Harmonie) at SaTH in November 2018.

#### **Actions Taken**

The interviews for the substantive consultant have been delayed from 13 May to 3 June due to the unavailability of an RCP representative to sit on the interview panel.

Commissioners have advised SaTH that additional activity may be sent to SaTH following findings of incidental cancer at St Michael's Clinic via their General Dermatology Service. The level of activity is currently being quantified and will be shared with SaTH at the earliest opportunity. Discussions have taken place with colleagues in Head and Neck in order that the teams can understand capacity required to manage any increase in demand.

- Advertisement placed for a further substantive consultant, interviews scheduled for June 2019.
- On-going review of the activities and capacity being provided by Health Harmonie.

#### **Next Steps**

- To complete the recruitment process for the third substantive consultant.
- 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 review activity information from commissioners, once received, regarding incidental cancers found at St Michael's Clinic, to determine capacity requirements within both Dermatology and Head and Neck Services.

## 4. Urology Service - Risk Register Number: 1468

### Workforce

The impact of the rising demand within Urology has been included in this paper for a number of months and has been presented at a number of Tier 2 Committees. In addition to the growth, particularly in cancer referrals, the service continues to face significant workforce challenges. Two week wait demand continues to show an increase of 40% year on year. One consultant has returned from long term sickness absence on a phased return and a second left early April. The service has managed to secure agency locums, one commenced in post Friday 10<sup>th</sup> May for 12 months, another is due to finish Friday 24<sup>th</sup> May, replacement has been found but cannot start until Mid-June

### 18 Week Referral to Treatment Standard

The RTT 92% open pathways incomplete standard is not being achieved – April's performance 82.23%. 214 patients have waited in excess of 18 weeks for surgery (30 dated, 184 undated), which is significant, but at this point is being managed well to avoid any current risk of 52 week breaches. Concerns that routine patients continue to be treated in the context of the cancer volume have been expressed by one of the clinicians are being looked into, to give assurance that the right balance is being achieved.

Previously performance had been maintained due to the willingness of two consultants undertaking additional routine clinical activity above their job plan. This is no longer feasible as a result of the workforce challenges outlined above, and the need to prioritise emergency on call and urgent cancer work across the remaining team members. Extended waiting times for first out-patient appointment and diagnostic work up mean that any patient converting to surgery as their first definitive treatment is likely to breach the 18 week standard in this speciality. On this basis, active consideration is now being given to whether the service needs to shut to routine referrals.

The outpatient follow-up backlog has decreased slightly due to setting up tele-med clinics whilst Consultants are on call. As of 20<sup>th</sup> May, 2019, there are 897 '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 workforce challenges, with planned procedures being between 8 and 6 weeks beyond due date. Additional capacity for check cystoscopy has continued into May, which will help to bring waiting times back down to 6 weeks.

### Cancer Waiting Times Performance

The 62 day standard (85% target) was not achieved in March – just 52.63% of patients were treated within 62 days of referral, with 22 patients breaching the standard.

Delays in the diagnostic component of the prostate pathway remain a key factor in sub-optimal delivery, despite additional capacity being scheduled to address the rising demand.

Current projections demonstrate a continued failure of 62 day standard across Quarter 1 of 2019-20 in Urology, as the provision of surgical capacity for laparoscopic prostatectomy remains reliant on one

surgeon. As at 20th May, the next available date for prostatectomy within the Trust is 8<sup>th</sup> August 2019. It is therefore also inevitable that the 31 day decision to treat to commencement of treatment standard in Urology will fail. The surgeon has again offered a number of Saturdays for additional operating, and the team tried to secure the appropriately skilled theatre teams to run these. Unfortunately no staff volunteered to undertake these additional theatre sessions at normal bank rates, and the ability to pay an enhanced rate remains under consideration but clearly sets a Trust precedent if pursued.

All patients are now being offered the choice to have robotic surgery at UHNM but the majority wish to wait and have treatment locally. Limited capacity exists at UHNM in the short term, as there is only one robotic platform, and none of the surgeons there are able to offer more traditional radical or laparoscopic prostatectomy.

Given the extended waits, the MDT is assessing potential harm and patients are being clinically prioritised based on the nature of their disease and likely speed of progression. It may become appropriate to enforce the need to transfer to other providers.

### 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 and an eventual risk of 52 week breaches if this continues.
- The current situation has the potential to impact on the health and wellbeing of staff. The workforce risk is described in risk 1468, which has now been increased to a score of 20.
- Prostate cancer surgery provision is dependent on single handed surgeon; next available slot for Prostate cancer surgery is 8<sup>th</sup> August 2019.
- Further prostate awareness campaigns are ongoing which will create further pressure in the service.
- Surveillance cystoscopy waiting times are being extended up to 10 weeks beyond plan, which is a potential clinical risk if this is allowed to extend further.

### Action since last update

- A locum is in post but is due to leave Friday 24<sup>th</sup> May; replacement has been found but cannot start until mid-June.
- Band 8a Advanced Nurse Practitioner role advertised no suitable applicants
- Additional 2WW evening clinics and TRUS biopsy capacity (up to X5 lists per week) were scheduled for April.
- Capacity secured at Bridgnorth to run additional cystoscopy lists deployed during April 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; issues with regard to Saturday enhanced rate for theatre teams have not been resolved
- Collaborative working with UHNM continues. A further meeting between Trusts was held on 5<sup>th</sup> April 2019 to discuss prostate patient transfer, the formalisation of the cystectomy pathway to UHNM and benign services. 14 patients transferred so far.
- Honorary contracts signed to facilitate commencement of robotic surgery training for two of SaTH's Urology Consultants are in place and training has commenced. CNSs are also networking with UHNM CNSs
- Continue collaborative working with UHNM and progress business case for second robot to enable transfer of prostate surgery to UHNM. Pts transferred to UHNM in the meantime on the basis of SaTH waits (14 pts have opted for robotic surgery at UHNM), whilst mindful of the developing clinical relationships with the tertiary partner and limited capacity at the UHNM case in advance of a second robot.

- 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 of (as part of Theatre 10 & 11 reprovision) to support this development – external source capital funding is secured.
- Tele-med clinics have been set up for On-call Consultants

### **Next Steps**

- Update urology demand and capacity model, confirm expected workforce requirements to meet service demand and develop business case. In the meantime, consider whether it is necessary to close to routine referrals on the basis that the service cannot deliver a compliant 18 week routine pathway in line with the NHS Constitution.
- Prevent diagnostic delays in prostate pathway as much as possible so that, where treatment with hormones or commencement of watchful waiting are appropriate first definitive treatment options for patients, this can happen within 62 days of referral
- Revised prostate pathway to be presented to CCGs meeting scheduled for Thursday 23<sup>rd</sup> May, 2019

## **5. Risk Ref 748. Breast Services at SATH – Imaging**

### **Background**

There has been no further progress in increasing radiological capacity since our report last month. Current performance was discussed at the recent Cancer Board and the CEO has granted permission to recruit an additional (higher rate) locum. Unfortunately, this locum is no longer available and there are no others available in the foreseeable future.

### **Current Performance**

The loss of 5 radiological sessions in April compared with March due to a full consultant retirement (already a “retire and return” post) has left very little flexibility to cover leave. As a result, the breast service is currently failing the 2ww standard and this is starting to impact on 62 day standard. Breast screening (asymptomatic) standards are also deteriorating, specifically film reading timeframes that also rely upon consultant capacity.

### **Remedial action**

The existing locum consultant remains in place for 1 day per week and other commitments prevent this being increased further. The issue has been escalated to the breast screening commissioners who acknowledge this as a wide scale issue locally and nationally.

An urgent conference call is being arranged with commissioners in order that they are fully aware of the impact on the 2ww and 62 day standard and so that we can agree appropriate action over the next 6 months.

Our long term plan of complementing the service with a robust advanced practice workforce is progressing extremely well with training well underway. Our team leaders have been invited to national conferences to describe the work they are doing which is a first of its kind in this country. We have received praise and interest for this work however the benefits of this development will not be seen for another 12 months. The work to support this training with additional ultrasound facilities at PRH is progressing well and on track for a late May early June delivery.

The current performance issues are related to our medium term strategy with overseas recruitment of a full time dedicated breast radiologist. We are supporting the applicant to achieve GMC registration via the CESR route and we are advised this is likely to take 3-6 months (October/November), leaving the service with a substantial capacity deficit during this time. There is no option for her to support the breast service until GMC registration is gained.

Our immediate actions are to re-advertise all substantial and locum posts. We are out to advert for a consultant radiologist and radiographer. We are also trying to source any agency capacity for both posts above and below cap. This process is likely to be extremely challenging as the national picture for these roles remains as previously reported:

[http://www.rcr.ac.uk/sites/default/files/publication/bfcr162\\_bsbr\\_survey.pdf](http://www.rcr.ac.uk/sites/default/files/publication/bfcr162_bsbr_survey.pdf) .

The Care Group will continue to work proactively with Medical Staffing and HR in securing any available additional capacity as well as supporting our overseas recruitment to GMC registration ASAP. Radiology is extremely disappointed that we find ourselves in this position considering all the work that has gone into sustaining a viable breast service, where many other Trusts, including some of our neighbours, have failed to hit targets for some time.