


Board of Directors' Meeting 9 December 2021

Agenda item	295/21			
Report	Cardiology Centralisation			
Executive Lead	Chief Operating Officer			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our partners	√	Responsive	√
	Our governance	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		Link to risk register: 1196, 1220, 1848, 1849, 2107	
	For decision / approval			
	For review / discussion			
	For noting	√		
	For information			
For consent				
Presented to:	<ul style="list-style-type: none"> • Medicine and Emergency Care Divisional Committee • Capital Planning Group • SaTH Leadership Committee – Operational • Finance & Performance Assurance Committee • Board of Directors • Joint Health Overview and Scrutiny Committee (JHOSC) 			
Dependent upon (if applicable):	N/A			
Executive summary:	<p>To provide the Board of Directors' with an update on the current risk being held by the Cardiology Service associated with the consultant and nurse staffing challenges and request approval to centralise the service to mitigate the risk.</p> <p>A plan has been developed to centralise Inpatient Cardiology at PRH, which has full Executive approval and has been shared at public engagement events and supported by the Joint Health Overview and Scrutiny Committee (HOSC) on 22.11.21. A paper will be presented to the CCG Governing Body on 8.12.21 for their approval.</p>			
Appendices:	N/A			
Lead Executive:				

Briefing Paper – Cardiology Centralisation

1.0 Purpose of Paper

To provide the Board of Directors' with an update on the current risk being held by the Cardiology Service associated with the consultant and nurse staffing challenges and request approval to centralise the service to mitigate the risk.

2.0 Situation

Below are detailed the risks associated with workforce challenges:

Risk Number	Description	Detail
1220	There is a shortage of Consultant and Specialist Nursing workforce within Cardiology Outpatient/diagnostic/interventional Service	<ul style="list-style-type: none">• 2 x consultant vacancies currently covered by long term locums• Diagnostic technicians – 2 x band 7 and 1 x band 6
1848	There is an insufficient number of Coronary Care Unit trained nursing staff at both PRH and RSH.	<ul style="list-style-type: none">• B6 x 1.4 vacancies within Coronary Care Unit• B5 x 1 - scrub nurse (nurse that supports in the Cardiac Cath lab patients)
1849	There is a lack of availability of ILS (intermediate Life support) training for Cardiology nursing staff.	

Risks are scored at level 20 but currently mitigated to level 15; however this is becoming more difficult to maintain as the demand on the service increases, specifically following the COVID pandemic.

As a result of the staffing challenges, both within consultant and nursing workforce, the Cardiology department is holding a significant risk. Therefore, the service is requesting centralisation of the Cardiology Inpatient Service to the PRH site.

3.0 Background

The Cardiology Department is experiencing staffing shortages in both the Consultant and Cardiology nursing workforce. With further retirements imminent and the lack of successful recruitment drives, staffing two inpatient bed bases has now become a significant risk to the trust. The impact of the staffing shortages is acutely felt in the two Coronary Care Units one on each ward (24 and 6). The Coronary Care Unit (CCU) requires highly skilled Cardiac Nurses and the shortage has been particularly challenging in recent months. On occasion the CCU has been without a specialist cardiac nurse due to sickness.

The current Consultant workforce has two long term locum consultants in place at RSH supporting ward 24 and outpatient activity. Numerous attempts to recruit substantively to the general cardiologist posts have proved unsuccessful due to the two-site model. Consolidation of the Consultant workforce would see greater resilience within this staffing group, always ensuring cover would improve recruitment and retention and enable more specialised job plans without cross site working.

The move would centralise the remaining highly skilled Cardiology nursing team and help to support reducing the risk associated with staffing numbers in particular those staff with the necessary skills required to support the new Acute Coronary Care Unit (ACCU).

With the move, our cardiology patients would see improved pathways, increased level of care, reduction in length of stay for patients requiring intervention and standardisation of processes.

There was agreement within the care group to explore the options of centralisation for Cardiology following a model that was proposed in 2020 COVID wave supporting the potential orthopaedic long bone centralisation.

- Ward 24 RSH – to become Diabetes/Endocrinology and General Medicine Ward
- Ward 6 Acute Cardiology including an ACCU (Acute Coronary Care Unit).
- Ward 7 Acute Cardiology and Diabetes and Endocrinology Ward

To facilitate the move, estates work is required on the PRH site to repurpose the current Coronary Care Unit into a 6 bedded bay and Bays B and C would be converted to a new ACCU.

The current Telemetry system to support the ACCU has been condemned and a new system has been identified as part of the Trust replacement programme.

4.0 Action so far

The Department have undertaken the following so far

	Action
1.	EQIA developed and agreed at divisional Committee and Senior Leadership Committee
2.	QIA developed and agreed at divisional Committee and Senior Leadership Committee
3.	Discussions within Cardiology Clinical Governance regarding the centralisation and signed off held and agreed
4.	Demand and Capacity modelling obtained from the HTP model indicating 44 bed base including a CCU and revisited for assurance
5.	Workforce template review – Nursing completed – cost neutral for first phase of plan. Any service developments to be taken through Trust prioritisation process Consultant Rota developed for new working model – no additional costing including the requirement for consultant cover on Ward 24
6.	Engagement (section 242 duties) with patient groups and partners supported by Julia Clarke <ul style="list-style-type: none"> • Health Watch • CHC • Local and National Cardiac Groups • Local Patient Groups
7.	Formal notification to the following <ul style="list-style-type: none"> • MP's • Health and Social Care Committee (HOSC) • Welsh Health Board • SCC & T&W Clinical Commissioning Group • NHS I/E

8.	Quotes obtained for works required on Ward 6
9.	Purchase orders raised for new Telemetry system in line with capital replacement programme
10.	Robust Pathways developed and agreed and signed off by both nursing and consultant workforce
11.	Discussions with WMAS/WAS regarding pathways – commenced and process for development underway
12.	Paper presented to JNCC in 2020 Update provided to JNCC in October 2021 Final paper to presented November 2021
13.	Communicated with Staffing groups on ward 24 regarding move: July 2020 September 2020 August 2021. Staff side and Human Resources informed and present
14.	Presentation of this paper, QIA and EQIA to Medicine and Emergency Division Committee, 8 th October 2021 and SLC in October, agreed.
15.	Presentation to JHOSC on 22.11.21 with full agreement and support.
16.	Management of change consultation with staff effected commenced 1.12.21.
17.	Presentation to CCG Governing Body on 8.12.21.

5.0 Recommendation

It is recommended that the Board of Directors' to note the consolidation of the Cardiology Department by moving ward 24 at Royal Shrewsbury Hospital (RSH) to be collocated with Cardiology Ward 6 at the Princess Royal Hospital (PRH).

The Board of Directors' are asked to:

- Note the extensive engagement and support received to date for the consolidation of the Cardiology Inpatient service on PRH site.
- Agree the centralisation of Cardiology Inpatient service on the PRH site.