Shropshire Council

Date: Monday, 25 September 2017

Time: 3.00 pm

Venue: Sovereign Suite - Shrewsbury Town Football Club

Contact: Amanda Holyoak, Scrutiny Committee Officer
Tel: 01743 252718
Email: amanda.holyoak@shropshire.gov.uk

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

4 Sustainability of Services (Pages 1 - 12)

To receive an update on the fragility and sustainability of clinical services provided by Shrewsbury and Telford Hospital Trust, including:

Accident and Emergency, Opthalmology, Neurology, Dermotology, and Spinal Service

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The Shrewsbury and Telford Hospital NHS Trust

SERVICES UNDER THE SPOTLIGHT

September 2017

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.

1.0 Emergency Departments – Reduced risk in Middle Grades since last month. Nurse staffing vacancies slightly improved.

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.

1.1. Consultant Workforce – No Change

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 5.0wte substantive Consultants in post, only 4 of whom cover the On Call rota. The College of Emergency Medicine (CEM) 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 4 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.

	Required	In post Substantive Consultants	Locums	Total	Gap
SaTH In-Hours	20	5	4	9	-11
	Required	**On Call Substantive Consultants**	**On Call Locums**	**Total**	**Gap**
SaTH On Call	20	4	4	8	-12

Whilst there is an On Call frequency of 1:8 rota, 50% of this cover is from Locums who contractually have very little obligation to the Trust which regularly results in 3 of the substantive consultants picking up extra on call shifts. The resignation of a substantive Consultant would move the frequency to a 1:7, which moves the percentage of cover by Locums to 63%. In addition only 1 out of 4 CV's are usually suitable and we then compete in a very competitive market. The Trust cannot continue to carry this level of risk.
Additionally the Trust is consistently failing to deliver the A&E 4 hour patient safety standard.

To improve this position, the medical workforce needs to be realigned to meet demand at different times of the day. Without increasing the already unattractive working pattern and risking further resignations of substantive staff, the plan is to appoint Locum Consultants to work evenings. Of the 4 in post, 2 had agreed however 1 is now not currently available and the other 2 have declined to work this shift pattern. Reliance on a temporary workforce to deliver an improvement in a safety standard is not a sustainable position as they only need to provide 1 weeks' notice of annual leave or resignation from post. Locum Emergency Department Consultants are not easy to recruit, come at a premium cost, and are of variable quality.

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.

1.2. Specialty Doctors (Middle Grade cover) – Increased Risk

Site	Required Number of posts	Substantive in post	Locums	Total	Gap
RSH	16	4	1	5	-11
PRH	16	5	2	7	-9
Total Trust	32	9	3	12	-20

There are not currently any substantive Locum Middle Grade Doctors employed, instead multiple shifts are covered by various locum doctors provided by agencies. Due to the old SAS Contract, there are 3 wte that do not work nights at PRH and 2 wte at RSH, meaning there are more night shifts needing Locum cover.

The 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.

Whilst the Royal College recommends 16 a pragmatic view by the Clinical Director for Emergency Medicine is that 12 Middle Grades per site 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.

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 on some nights at RSH. 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. It also compromises the training and supervision of Junior Doctors within the department overnight.

This position is unexpectedly now impacted even further by the recent resignation of one of the Middle Grade doctors reducing that team further still. This will impact in October 2017. A recent advert resulted in a successful candidate being offered a post.

1.3. Registered Nurse Staffing Vacancies

Nurse staffing levels, whilst not in itself a reason to close an Emergency Department, are also a concern due to the level of vacancies and agency cover. Currently the permanent and temporary gaps are the highest the Centre has seen.

1.4 Summary of Keys Risks:

- Inability to staff both sites consistently with substantive workforce;
- Inability to recruit into posts;
- Retention of staff due to regular gaps on the rota;
- Reliance on Consultants acting down;
- Impact on ED performance due to high level of locum usage;
- Financial impact of very expensive locums;
- Increasing registered nurse vacancies;
- Increasing number of Middle Grade resignations.

1.5 Action Taken to Date:

- Continued rolling national and international recruitment;
- Consider enhanced rates to attract doctors into emergency medicine – not progressed due to financial pressures;
- Rolling request for agency cover at all levels in place;
- Mutual aid agreement with UHNM was in place however they are unable to support this due to their workforce pressures. Regular meetings are being held between the Medical Directors of SaTH and UHNM who are keeping the situation under review;
- Recent agreement to re-advertise for a joint Consultant appointment SaTH and UHNM is being progressed;
- Progressed joint CESR recruitment plan with UHNM – advertised but no applicants;
- Weekly medical staffing meetings to address rota issues and mitigate risks;

- All long term locums have been met with to discuss substantive options and discussions are continuing. All have declined to take on a Trust post.
- NHS locum posts being offered accordingly;
- Bank and agency cover for registered nurses;
- Workshop held 18th September to consider University Hospital of Leicester's approach to internal international recruitment. SaTH's specific plan now being developed.

Service Continuity Plan

The service continuity plan was further developed involving all stakeholders at a workshop held on 16th June 2017 to progress the development of the plan should it be required. A further meeting took place to follow up on the agreed actions on the 11th of August.

An update on progress towards developing the service continuity plan is being presented to Trust Board 28th September 2017. A further stakeholder workshop has been arranged for 13th October 2017.

Should the Trust receive a resignation from a substantive Consultant the plan will need to be enacted. Equally should the Trust reach a position where the Middle Grade vacancies are such that senior cover is not available overnight for the foreseeable future this would also trigger the enactment of the plan.

2.0 Ophthalmology – No Change

Recruitment campaign now underway – 5 applications received. However, no interested party for glaucoma.

Plans going forward:

- Confirmed alternative insourcing providers for a single source support; Additional insource confirmed for commencement on 14th September 2017. Cataract surgery targeted to reduce 300 cases from the backlog.
- Continue with locums in high risk areas; paediatric locum secured from 1st September to mitigate the risk in this service.
- Develop further nurse injectors for Medical Retina;
- Working in partnership with CCG colleagues to address the quality and safety issues;
- Develop a plan for sustainability of the sub- specialties – particularly glaucoma; this will be discussed with commissioners at the Task and Finish group.
- Paper being developed to propose the next step in reconfiguring the service with consultation process confirmed.

3.0 Neurology Outpatient Service

See separate paper.

4.0 Dermatology Outpatient Service – Reduced Risk

The Trust has been operating with a single consultant-led service for many years despite numerous attempts to recruit to a substantive Consultant Dermatologist post. Nationally there is a shortage of Consultant Dermatologists.

There is a GP with Special Interest Advanced Primary Care Service in Dermatology to provide additional capacity for the residents of Shropshire County. In addition, there is a Consultant-led Community Dermatology Service at St Michael's Clinic (previously Shropshire Skin Clinic) based in Shrewsbury. The Trust also uses St Michael's Clinic (SMC) on a sub-contract basis for the provision of some of their skin cancer services. Telford and Wrekin Clinical Commissioning Group (T&W CCG) also uses SMC but via a subcontract relationship.

The Trust has appointed a locum consultant to mitigate the immediate issue within the service, identified within their original paper. All inpatient work is undertaken by SaTH Consultant workforce.

4.1 Summary of key risks

A single Consultant led service is not viable due to the need for all Cancer 2 week referrals (2WW) and New Patient activity to be supervised by a Consultant Dermatologist. During periods of annual and study leave / sickness without alternative Consultant presence all New Patient and 2WW activity clinics would have to be cancelled. This would mean that SaTH would not be able to deliver against its agreed contract.

4.2 Current performance

Cancer Performance Targets are continually maintained in all target areas and RTT currently stands at 100% (end of August 2017).

4.3 Actions taken

A service options appraisal paper was written following the resignation of the Trust Locum. Initially, St Michael's Clinic was approached with a request for them to provide Consultant cover as an in-reach service for leave/ sickness absence however they declined this offer. Consequently, the only viable alternative has been to recruit a Locum Consultant at above cap rates. This replacement Consultant started on the 2nd of May and was due to leave on 29 September. Following discussions with him, his agency contract has been extended to the end of December 2017. There is however, clearly still a risk associated with this service due to the reliance on Locum availability who contractually have very little obligation to the Trust. To ensure the long term stability of the service, initial discussions have been held with neighbouring Trusts who are in a similar position to us around the potential for a mutual aid arrangement to be developed. So far, the only agreement that has been reached is that there would be an element of business continuity support for a short period of time if absolutely necessary.

Advertisements were placed during August 2017 for both a substantive consultant and a Trust locum post. The Trust locum post received no applicants despite our existing locum being actively encouraged to apply with the Trust offering to support him to obtain his CESR qualification. The substantive consultant vacancy closed on 14th September with no applicants.

In an effort to further mitigate the risks associated with the service, St Michael's Clinic (SMC) has been approached again with a potential offer of an increased transfer of activity on the basis that they would provide further support and capacity for SaTH patients, which would include capacity for Multi-disciplinary Team cover and ward cover during times of consultant leave. Despite this previously having been declined, St Michael's Clinic is now willing to consider this. SMC have indicated that this support would require them to employ an additional consultant and having additional room capacity. They have advised that this would be at SMC and they would not want to make use of any clinic space at SaTH. SMC are currently developing their building to ensure they can manage additional capacity and have advised that any such changes to activity would not be possible until early January 2018.

4.4 Next steps

- To continue to support the current locum in achieving his CESR application, as he has indicated he would then be interested in applying for the substantive post at SaTH.
- To continue discussions with St Michael's Clinic regarding support from January 2018.

5.0 Spinal Service – no change

Due to the unexpected sudden illness of our only spinal surgeon at SaTH in February of this year, we were unable to provide a full spinal service within the organisation.

SaTH have worked in partnership with Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) to manage this position on a temporary basis by negotiating an agreement for the spinal service to be transferred to RJAH from 1st April.

The three main CCG's, NHSI and HOSC were all advised.

The SaTH spinal surgeon returned to work on 16th June 2017, indicating that he did not wish to continue to operate, offering instead to undertake OPD and teaching. The number of patients that were operated on at PRH was an average of 9 a year.

Agreement between both CEO's of SaTH and RJAH has been reached regarding the long term provision of spinal services in Shropshire, with a proposal to provide a hub and spoke model.

A case for change has been prepared jointly by SaTH and RJAH and is currently being considered by RJAH with an expected decision on 1st October 2017.

Should there be agreement to develop a hub and spoke model the full transfer of the service would happen on 1st January 2018, following due process within SaTH.

The Trust would of course ensure that it complied with its statutory duties under Section 242 of the NHS Act 2006 and HOSC will be approached with regards to the need for consultation.

Patients would still attend PRH for their outpatients appointment but any surgery would be undertaken at RJAH.

Debbie Kadum
Chief Operating Officer
September 2017

Recommendation ☐ **DECISION** ☑ **NOTE** (select)	**The Trust Board** is asked to note the updated provided on neurology services
Reporting to:	**Trust Board**
Date	Thursday 28th September 2017
Paper Title	Neurology Services Position Statement and Next Steps Summary
Brief Description	This paper provides a position statement on neurology services, an overview of actions taken to date and next steps to secure sustainable neurology service provision for the populations of Shropshire, Telford & Wrekin and Powys
Sponsoring Director	Debbie Kadum, Chief Operating Officer
Author(s)	Carol McInnes, Assistant Chief Operating Officer, Unscheduled Care Wendy Southall, Centre Manager for Medicine, Unscheduled Care
Recommended / escalated by (Tier 2 Committee)	N/A written for Board
Previously considered by (consultation / communication)	N/A written for Board
Link to strategic objectives	Patient and Family Safest and Kindest Innovative and Inspirational Leadership Values into Practice
Link to Board Assurance Framework	RR668 RR859
Outline of public/patient involvement	
Equality Impact Assessment (select one)	☒ **Stage 1 only (no negative impacts identified)** ☐ **Stage 2 recommended (negative impacts identified)** *** EIA must be attached for Board Approval** ☐ negative impacts have been mitigated ☐ negative impacts balanced against overall positive impacts

Freedom of Information Act (2000) status (select one)	☒ **This document is for full publication** ☐ **This document includes FOIA exempt information** ☐ **This whole document is exempt under the FOIA**

Neurology Services Position Statement and Next Steps Summary

Trust Board

1.0 Purpose of Report

1.1 To provide an update on the position of neurology services and a summary of the next steps as of September 2017.

2.0 Background

2.1 The Neurology Service at SaTH has for many years been challenged in terms of delivery due primarily to workforce limitations. This situation is not unique to Shropshire and is being experienced across the country. The workforce limitations at SaTH led to patients waiting on average 30 weeks for a first out-patient appointment at the start of 2017. This position was further exacerbated due to the departure of two specialist nurses who provided additional clinical support in out-patient follow up capacity.

2.2 The service serves the populations of Shropshire Clinical Commissioning Group (CCG), Telford & Wrekin CCG and Powys Local Health Board (LHB).

2.3 Following discussions with commissioners, the service closed to new referrals from 28 March 2017 for a period of six months to ensure patient safety by allowing SaTH to prioritise addressing the backlog position specifically new patients in the first instance and then those past their maximum follow up wait time. During this time, commissioners agreed to work jointly with SaTH to identify and implement a sustainable model for the future delivery of neurology services.

3.0 Current Workforce

3.1 There are currently 2 substantive general neurology consultants in post. This is against a budgeted position of 3.80 wte, leaving a shortfall of 1.8 wte. The national average position is 1 neurologist per 80,000 people which would equate to 6 wte for SaTH's population. Despite numerous efforts to secure additional consultant staff this has not proved successful.

3.2 One locum Doctor was employed to provide additional support to the service from April whom left the Trust on 10 August. A further locum was secured from 4 September 2017 and is now supporting the service.

3.3 The Trust successfully recruited two specialist nurses to support the Multiple Sclerosis (MS) service. However, in July 2017 the more experienced of the two MS nurses resigned from her post, subsequently leaving the service at the end of August 2017. The Trust is currently advertising for a replacement post.

4.0 Summary of key risks

4.1 The following points are the key risk areas:

- Patients currently waiting at 15 weeks for a first outpatient appointment, having originally waited at over 30 weeks prior to the suspension of new referrals;
- Securing substantive consultants given the national shortage;
- Securing a locum consultant within capped rates;
- Managing the levels of demand once the service reopens the front door to new referrals;
- Retaining and recruiting Specialist Nurse provision;
- Patient safety risk for those patients waiting excessively to be seen and/or reviewed. A series of actions have been undertaken to mitigate any risk as outlined in Section 6.0 below.

5.0 Current Position

5.1 The service's Referral to Treatment (RTT) is reported as 24% (end of August 2017). The deterioration in performance is expected as the service is not receiving any new referrals to impact upon the numerator for the performance measure. In addition, the available consultant capacity has had to switch from general neurology to MS, to prioritise support for patients who were on disease modifying therapies (DMT) and were being treated and regularly monitored by the MS nurse who has now left the Trust, and this has therefore reduced capacity.

At the 11 September 2017, the service has:

- A list size of 34 (31 English and 3 Welsh patients), compared to 183 at the end of May 2017;
- 11 new routine referrals waiting to attend 1st outpatient appointments following Do Not Attend (DNA) or the cancellation of a previously scheduled appointment, this is compared to 132 waiting over 18 weeks at the end of May 2017 with 12 of these waiting over 30 weeks. All 11 new routine referrals will be seen in clinic by end of October 2017;
- 461 patient referrals are overdue a follow up appointment by an average of 25 weeks. This number was at 478 at end of May 2017. It is anticipated that all patients waiting to access general neurology services will be seen by the end of November 2017.

5.2 It should be noted that the service while closed to referrals from Primary Care is still receiving referrals from inpatient activity. New routine patient referrals are currently waiting 15 weeks for their first appointment and 0 weeks for an urgent referral.

6.0 Actions taken

6.1 To mitigate the clinical risk associated with the delays in time to be seen, it was agreed to close the service to all new Neurology referrals. Referrals stopped being received by SATH on 27th March 2017 for a period of six months. Following recent discussions, it has been agreed between SaTH and commissioners, to continue with the closure to new referrals for a further three to six months to enable commissioners to complete their work to address the shortfall in capacity for neurology services above the levels that can be provided by SaTH. This may include purchasing capacity from alternative providers and/or the implementation of alternative clinical pathways which will be developed in partnership with SaTH and other local providers.

6.2 A Task and Finish Group, consisting of commissioners from Shropshire, Telford & Wrekin and Powys was established to identify options for the development of a sustainable neurology service for the local population.

6.3 A full review of all viable options was considered by the Task & Finish Group. The preferred option by all was to explore the potential for the development of a 'hub and spoke' model with nearby Tertiary Centres. Discussions were held between SaTH and these service providers however, despite some initial engagement, this proposal has not been supported.

6.4 Further to this, local commissioners requested the submission of a proposal from SaTH about the preferred option for delivery and the level of capacity that could be provided by the current neurology service. Commissioners have requested similar information from other neighbouring Trusts. We have submitted a proposal that states our preferred option for delivery would be a hub and spoke model which the Trust has not been successful in securing with a request to commissioners that they explore this option with providers directly. If this model is not achievable, then the Trust's only option is to provide a service with capped levels of activity whereby our demand is reduced to match our capacity. The proposal also included a request to work in partnership with local commissioners to define the service model required from the specialist nursing teams for neurology over the next few months to ensure their sustainable delivery.

6.5 To support this process, an internal review is being undertaken of the current MS caseload and working practices to determine what elements of service absolutely must be delivered, what elements can be stopped and what elements could be delivered via alternative pathways. The MS nurse in post is also meeting with her colleagues across the West Midlands to understand working practices in other Trusts.

6.6 A joint statement from all commissioners and the Trust has been developed for patients, the public and GPs to inform them of the current service status and the extended closure. This is currently with commissioners and expected to be released on Friday 22nd October 2017.

6.7 At the Telford and Wrekin Commissioning Board in September 2017, the preferred option for future delivery of neurology services was identified as services being delivered from one provider. Scoping of this option will now take place by the commissioning body. Shropshire Commissioning Group and Powys Local Health Board have indicated support to SaTH's proposal that they continue to deliver neurology to the capacity they have available, this will be discussed further at Shropshire's Clinical Commissioning Committee meeting on 20 September 2017.

7.0 Next steps

7.1 The next steps as agreed with commissioners are as follows:

- To actively monitor activity and report weekly the patient waiting list position both internally and to commissioners;
- To await the outcome of the commissioner response to the proposal submitted by SaTH as outlined above, further to their internal discussions;
- To work with commissioners to develop and implement alternative clinical pathways in an effort to reduce demand on acute services;
- To complete the MS service caseload and workload review by mid October 2017;
- To recruit into the vacant MS nurse post;
- To publish a joint public statement regarding the current status of the service;
- Further to receipt of commissioner feedback on the submitted proposal in September a report will be provided to Board outlining the future plan for Neurology Services.

8.0 Conclusion

8.1 The Neurology Service will remain closed to new referrals for a further three to six months. SaTH have advised commissioners of the capacity they can deliver with regards to Neurology Services and advised they would wish to continue the service to the level of demand that the capacity can support. SaTH are committed to working with commissioners to identify alternative pathways of care and new ways of working to support the demand on Neurology Services.

9.0 Recommendations

9.1 The Trust Board is asked to receive and note the contents of this report.

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