

Reporting to:	JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE Tuesday 7 March 2017
Title	Fragile Clinical Services - Briefing
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Previously considered by	
Executive Summary	This briefing paper provides an update to the Health Overview and Scrutiny Committee on fragile Clinical Services at the Shrewsbury and Telford NHS Trust and actions being taken to ensure long term fundraising.
Strategic Priorities	
1. Quality and Safety	☐ Reduce harm, deliver best clinical outcomes and improve patient experience. ☐ Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards ☐ Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme ☐ To undertake a review of all current services at specialty level to inform future service and business decisions ☐ Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
2. People	☐ Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	☐ Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	☐ Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population ☐ Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	☐ Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	☐ If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience ☐ If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists, and streamline our internal processes we will not improve our 'simple' discharges. ☐ Risk to sustainability of clinical services due to potential shortages of key clinical staff ☐ If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards ☐ If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve ☐ If we do not have a clear clinical service vision then we may not deliver the best services to patients ☐ If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

Care Quality Commission (CQC) Domains	☐ Safe ☐ Effective ☐ Caring ☐ Responsive ☐ Well led
☐ Receive ☐ Review ☐ Note ☐ Approve	Recommendation

UPDATE ON THE SUSTAINABILITY OF SERVICES PROVIDED BY SHREWSBURY AND TELFORD HOSPITALS NHS TRUST (SaTH)

1. Emergency Department Update

There are 5 Substantive Consultants for both Emergency Departments at RSH and PRH and 4 Locum Consultants. Across the substantive and locum staff a 1:5 on call is worked (1:4 = tipping point). One of the Locum Consultants leaves 1 April 2017 and the Trust is advertising for a replacement.

2. Ophthalmology

A Stakeholder Workshop is being held on 14 March 2017 to discuss and review options for the long term sustainability of this service. The service remains closed to new referrals for glaucoma, general surgery and Adult surgical squint surgery.

Due to short notice sickness the Trust is unable to offer glaucoma surgery. Alternative providers have been sought for approximately 12 patients waiting for surgery.

Following the engagement exercise on 14 March 2017 an option paper will be presented at the Public Session of the Trust Board on 30 March 2017 for a decision on the preferred option for long term sustainability. Depending on the decision this may need to come back to HOSC with a recommendation to consider formal consultation.

3. Neurology Outpatient Service

Commissioners have been informed of a proposed temporary change to the Neurology Outpatient Services provided by SaTH. The service has consistently been flagged to commissioners and NHS Improvement as being a particularly challenged speciality with constraints in delivering national access targets due to consultant workforce gaps.

Currently, SaTH employs 2 wte Consultant Neurologists. This is supported by 1 wte locum post. The national average is 1 Neurologist per 80,000 people. This would equate to 6 wte for our local population. Despite our best efforts, we are unable to secure additional locum capacity to fill the gap.

This workforce position has led to increasing delays in patients waiting to be seen. On average, new routine patients are waiting 30 weeks for their first appointment and 9 weeks for an urgent referral. In order to deliver the RTT standard this should be 7-9 weeks for routine patients and 2-4 weeks for urgent referrals.

Clearly, there is a potential risk to patients waiting excessively to be seen and/or reviewed. We have, as you would expect, undertaken a series of actions to mitigate against this risk.

These actions include:

- Providing detail to both RAS & TRACS TRAQS for Shropshire & Telford CCGs on a weekly basis highlighting the average waiting times for new referrals, so this information can be shared with patients prior to them making their choice of provider alongside the details of other provider services who have shorter waiting times.
- If patients do choose SaTH as their provider, they are asked to contact the booking team should their condition resolve itself prior to their appointment to avoid missed appointments which can be reallocated (our current DNA position = 10%).
- Referrals are assessed by the consultants with some patients being advised to choose an alternative provider with shorter waiting times where possible. There is however an element of patient choice to be considered in this scenario as patients can still choose to wait for a SaTH appointment.

Despite these actions, we are concerned that a significant residual risk to patient safety remains in place. Consequently, we have recently undertaken a piece of work to identify possible short term options to reduce this identified risk.

The options included:

- Do nothing - this option would include maintaining the current level of service delivery alongside acceptance of new referrals while continuing to try and recruit.
- Hold an Executive to Executive discussion with neighbouring trusts regarding clinical support to alleviate the backlog.
- Suspend all routine referrals to the service for 6 months.
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These options alongside the identified risks and benefits of each option have been presented to SaTH executives for consideration. It was determined that option 1 (do nothing) is not viable as SaTH has held this position for some time without success. Option 2 has been attempted previously without success. It was agreed however that this discussion would be progressed alongside option 4, the suspension of all referrals to the service for 6 months.

In response to the level of clinical risk that has been identified, SaTH has formally advised commissioners of our intention to temporarily close the Neurology Outpatient Service to all new referrals for a 6 month period with effect from 20 March 2017. We are working with commissioners to work through the necessary steps and detail to put this into effect, including communication with patients. All current patients on the waiting list will be seen with an expected reduction in waiting times from 30 weeks to 12 weeks within 3 months.

During the next 6 months the Unscheduled Care Group team will be developing an options paper for the long term sustainability of this Service.

4. Dermatology Outpatient Service

The Dermatology Outpatient Service is provided by SaTH and St Michaels Street Clinic. The SaTH current substantive workforce is;

- Consultant x 1
- Locum Consultant x 1
- GP's with Special Interests x 5
- Cancer Nurse Specialists x 3
- RGN's x 2

The Locum resigned week commencing 22 February 2017 with immediate effect. Several options are being pursued to maintain service delivery. A single Consultant led service is not viable due to the need for all Cancer 2 week referrals to be supervised by a Consultant. During periods of annual leave without alternative Consultant presence all clinics would have to be cancelled (10 weeks per year – 950 new/2WW patients and 850 follow up patients). Failure to appoint into either a substantive or Trust Locum Consultant post will leave the service in a very fragile position with only a single Consultant to deliver and oversee all aspects of the service. During Consultant annual leave the service would require an alternative provider to be secured to accommodate Acute Dermatology in-patient activity. An options paper for the long term sustainability of this service is being developed.

5. Spinal Service

SaTH has 1 Consultant who specialises in spinal surgery. This Consultant went on long term sick with no notice week commencing 13 February 2017. Commissioners have been informed that with immediate effect the Trust cannot take referrals for spinal problems. SaTH is in discussions with the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust regarding their capacity to support this service for the County.

