Board Meeting
6 July 2022

Lanarkshire NHS Board
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SUBJECT: GENERAL SURGERY BUSINESS CONTINUITY ARRANGEMENTS

1. PURPOSE

For approval	☒	For Assurance	☐	To Note	☐

The purpose of this paper is to outline the plans for a rapid reconfiguration of the general surgical service model (from August 2022) to ensure business continuity, and to ask the Board to approve the proposal to develop a longer-term sustainable configuration for general surgical services through a robust options appraisal process.

This proposal supports the Board's previously stated commitment to three Lanarkshire acute hospitals that have consultant-led emergency departments with access to emergency surgery and medicine, supported by critical care, diagnostics and outpatients.

2. ROUTE TO THE NHS BOARD

This work has been reported through the Corporate Management Team and through our General Surgery Business Continuity structures.

This paper has been prepared by: Kirsty Orr, Head of Planning and Development on behalf of the General Surgery Core Team.

3. SUMMARY OF KEY ISSUES

3.1 Background

Board Members will recall that a preliminary report around the proposed General Surgery business continuity arrangement was presented, as part of the informal board briefing session, on 18th May 2022.

The briefing described the need for a rapid re-design and service re-configuration of general surgery in response to the following service pressures:

- The need to provide a safe and sustainable model of emergency general surgery across 3 NHS Lanarkshire hospital sites with particular focus on addressing identified risks on the University Hospital Monklands (UHM) site (as identified at and following the Deanery review visit on site) where significant concerns about the training environment were highlighted;
- Our ability to provide the appropriate clinical and educational supervision arrangements for trainee doctors;
- Workforce pressures within Consultant level staff (due to vacancies and other absences) across NHS L but in particular on the UHM site;
- Sustainability of a general surgical on-call rota; and

- Planned care challenges in relation to growing waiting lists and unprecedented levels of demand

The option agreed for implementation requires to address key areas of service re-design which includes:

- Medical Staffing;
- Non-medical Workforce;
- Service Model (including unscheduled and scheduled surgical care); and
- Patient Flow – emergency and elective pathways

Consequently, a range of activity to provide short and longer-term plans for the UHM site, and associated impacts across the overall NHS Lanarkshire surgical specialties has been taken forward.

The process to achieve a fully sustainable service is complex and is taking place over 3 distinct stages, which are described in the timeline below:

Phase	Phase 1: The immediate response required to sustain safe general surgical services	Phase 2: The implementation of a "business continuity arrangement" that will provide immediate service arrangements that can be implemented in the short to medium term	Phase 3: Formal service development and planning process that will inform the future surgical strategy and service model for general surgery in NHS Lanarkshire
Timescale	April 2022 – August 2022	From August 2022	Completed by Summer 2024

A more detailed description of each of the three phases is outlined below:

Phase 1: The immediate response required to sustain safe general surgical services (April 2022)

The General Medical Council (GMC) / NHS Education for Scotland (NES) report led to an immediate loss of some senior clinical capacity. This is a confidential matter subject to a formal process. A significant effort from the general surgical group across the 3 sites in recent weeks has produced a rota that provides, reliant on significant commitment from all, an in-reach model that covers the 3 surgical site rotas and provides support and continuity across patient care, educational supervision and wider departmental support. This is the model agreed by the General Surgical Team to provide cover to August 2022 to allow the work of Phase 2 to progress and conclude.

Phase 2: The implementation of a "business continuity arrangement" that will provide immediate service arrangements that can be implemented in the short to medium term. These will provide safe care across all three sites within Lanarkshire and deliver equity to patients when accessing planned or unplanned surgical care, wherever their area of residence in Lanarkshire (August 2022).

Work will continue to develop the full detail of the service model which will consider the configuration of overnight and daytime surgical receiving, identify models of care that can maximise service on all sites, and identify any enabling actions required to facilitate reconfiguration. This will secure surgical training accreditation beyond August 2022.

Phase 3: Formal service development and planning process that will inform the future surgical

strategy and service model for general surgery in NHS Lanarkshire, carried out in accord with "Planning with People" guidance and supported by colleagues from Health Improvement Scotland – Community Engagement (HIS – CE).

Following implementation of the business continuity arrangements a full review and options appraisal will take place to inform future Board Strategy *Our Health Together*. This is expected to be concluded between 12-24 months after August 2022.

This paper provides a summary of the key agreements reached for the rapid business continuity arrangement to support the safe delivery of services outlined in Phase 2 for August 2022 implementation and the initial plan for a detailed options appraisal process as proposed for Phase 3.

3.2 Business Continuity Planning Process and Service Model Agreements

Given the complexities of this process a governance and project structure has been established to oversee all aspects of this work. During May and June 2022 five workshops have been held with key stakeholders from all General Surgical teams, Critical Care units, Emergency Departments, Diagnostics, Allied Healthcare Professionals (AHPs) and Nursing colleagues. The purpose of these workshops has been to: define the service model; agree the operational pathways to ensure safety; and determine the workforce required to deliver the service.

To underpin the detailed planning required to support implementation of these arrangements five workstreams have been established and led by senior clinicians. The areas of focus for service re-design are previously outlined in section 3.1 and includes: Medical Workforce; Emergency Pathways; Non-medical Workforce; Elective Pathways; and Critical Care.

We have used data from both our information management systems and real time data collated by the service to inform our planning agreements. Importantly consensus has been reached by the clinical and operational teams from all 3 sites with regards to key elements of the agreed service model and workforce staffing which includes:

- General Surgical services will continue to be provided across our 3 sites.
- Two consultant teams will share responsibility for day time care across our 3 sites, thereby providing the level of support, supervision and training to meet the Deanery requirements.
- During the Out of Hours (OOHs) period consultant general surgical cover will be continue to be provided by the on call team across Lanarkshire.
- Equitable Surgical Ambulatory Care Unit (SACU) 0800 – 2200 and Emergency Theatre lists (referred to as CEPOD list) services will be provided across the 3 sites 24/7 – the access to theatre is round the clock but with life threatening cases only after 2100hrs
- UHM will have a SACU and CEPOD list 0800 – 1600 Saturday and Sunday
- We will expand our established SACU model to UHM whereby Middle Grade Doctors will lead the unit supported by Advanced Practitioners (AP), with GP referrals being received up until 6pm. After 6pm patients will be reviewed in Emergency Department (ED) and ambulated if possible.
- There will be 24 elective and emergency inpatient beds on the UHM site with includes 4 Level 1 General Surgery beds 1 (Level 1 bed are for patients whose needs can be met on an Acute ward with additional advice and support from the Critical Care Teams) plus 8 SACU beds.
- A consultant delivered service will be provided to cover ward beds / Critical Care / ED at UHM during SACU hours.
- Junior and Middle grade surgeons on each site 24/7 to cover General Surgery and Urology

3.3 Current General Surgery Provision – UHM and planned changes

The current service is delivered through *Ward 4* which is a 34 bedded General Surgical receiving ward and *Ward 7* which is a 24 bedded General Surgery ward with provision for six level one beds. The UHM surgical team currently operates a Surgical Assessment bay, which would provide the foundation for a SACU development.

It has been agreed that that Ward 4 will become the location for General Surgery on the UHM site with 8 SACU beds, 24 elective and emergency inpatient beds which includes 4 Level 1 General Surgery beds. Importantly, it is recognised that this is a really positive opportunity to implement new ways of working on the UHM as part of our transition planning for the new Monklands Hospital.

A decision around the future use of Ward 7 will be confirmed following finalisation of all aspects of the business continuity arrangements.

3.4 Patient Pathways

A key objective of the work is ensuring that robust and safe pathways are in place to manage our general surgery emergency flow. Our real time and information management system data highlights that on average there are 3 patients who present at ED, requiring admission to general surgery after 5pm weekdays and 5 patients for the 24-hour period Saturday and Sunday.

We continue to work through the intrinsic detail of the clinical pathways for the business continuity arrangements. However, the clinical and operational teams have agreed that all GP referrals for General Surgery will be triaged by Senior Middle Grade doctors supported by inclusion/exclusion criteria.

A Standard Operating Process will outline the process in hours and out of hours, however any patient that arrives at UHM after 5pm, regardless of referral source, will be seen in ED to determine the appropriate area for assessment, stabilisation, management and/or transfer if required. All patients that self-present to UHM ED with a general surgical presentation will be reviewed in ED for the appropriate area for assessment, stabilisation and management. Patients will continue to be stabilised if unwell and operated on at UHM if clinically required.

3.5 Workforce Planning

Ensuring that we have both appropriately experienced and numbers of medical staff to deliver our business continuity arrangements is key to successful implementation of our Phase 2 model. There will be 24 WTE consultant surgeons to provide our 2 teams across 3 sites clinical model from August 2022.

Detailed planning work is underway by the site management team at UHM around the nurse staffing requirements for the outline model described. The SACU pathway should provide a streamlined efficient assessment, investigation and treatment (including surgery/ transfer) which will help to avoid delays in patient's journeys through our system. SACU operates on the principles of rapid patient assessment rather than admission to aim to reduce emergency admission profile, providing pathway designed care for abscess, acute biliary conditions, hernia, appendicitis, diverticulitis and post op complications/review.

Consequently, Advanced Practitioners (AP) are required to support this model delivery by providing a senior, experienced, continuous and stable presence in the unit. The AP team would be expected to manage activity, including follow up returns. There are also further opportunities to expand the scope of this team as confidence in the new model develops and new ways of working bed in.

Therefore, we are commencing an organisational change process, supported by HR and staff partnership to maximise our retention of the experienced nursing cohort across the current clinical general surgical areas.

Continued work is underway across the system to understand the impact on Critical Care, Diagnostics and AHP services and any associated staffing refinements to ensure successful implementation of the business continuity arrangements.

3.6 Summarising the General Surgery Business Continuity Arrangements for August 2022

The agreed principles underpinning the general surgery business continuity arrangement are:

- The provision of emergency general surgery services will continue on the 3 acute sites
- The intention of the development and implementation of our new clinical pathways is to maximise safe care and minimise the impact on our patients
- Maximising the use of all our beds, theatres and general surgical services is a key objective of this arrangement

We recognise that our business continuity arrangements are an interim solution to a complex and challenging situation which will require continuous close monitoring and management through the process.

3.7 Service Improvement Process – General Surgery August 2022

Implementing a service change requires a robust options appraisal process and there are a number of best practice and legislative requirements to consider when re-designing and implementing a reconfiguration of services which includes:

- Applying the principles of Planning with People Guidance
- Undertaking an EQIA
- Consideration of Fairer Scotland Duty

However, it is acknowledged that there is a significant safety and suitability challenge in continuing to deliver general surgical services in its current configuration. Consequently, to address both safety and sustainability a rapid business continuity service model requires to be implemented by August 2022.

It is planned that a robust options appraisal process will commence from August 2022 which will inform the longer term model which will consider the best practice and legislative requirements outlined above.

We have commenced initial scoping work with colleagues from HIS – Community Engagement who will continue to support, advise and provide a quality assurance function through this process.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☐	AOP	☐	Government policy	☐
Government directive	☐	Statutory requirement	☐	AHF/local policy	☐
Urgent operational issue	☒	Other	☐		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☒
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

The benefits were set out in section 3.2 and in terms of any impact on the quality of service delivery, taken together, these will:

- Deliver both a better patient experience and improved and more consistent outcome for patients;
- Reduce the time patients spend in hospital after surgery;
- Deliver improved support and training for junior doctors;
- Improve the sustainability of medical workforce at consultant and trainee levels.

6. MEASURES FOR IMPROVEMENT

Based on the key issues to be addressed through the service redesign the following points will be taken as measures for improvement within the service:

- Improved patient experience and safety;
- Enhanced well-being reported by doctors in training;
- Recruitment and retention of the general surgery workforce.

7. FINANCIAL IMPLICATIONS

A financial model will be developed detailing revenue costs with the aim of making future proposals fully affordable.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The principal risk is to ensure the affordability of any emergent proposals.

A risk management framework has been developed to underpin the planning process for this work. Four risks (scored as high) have emerged from our planning process which are:

- There is a risk that the changes to referral patterns for general surgery patients will increase patient admissions and occupancy within UHH and UHW resulting in bed capacity issues and reduced patient flow within acute sites. A capacity escalation plan is currently in development as a key mitigation for this risk.

- There is a risk that due to rota gaps and increased unscheduled care commitments in the revised medical staffing model planned for August 2022, there will be reduced consultant availability to cover elective lists, resulting increasing waiting times in general surgery. We are currently developing our model to mitigate against this risk.
- There is a risk that due to the time taken and challenges experienced in recruiting medical staff and APs that there will be unsustainable staffing gaps in the short to medium term, resulting in a service that cannot be staffed. As outlined above we are actively seeking to retain our experienced nursing staff to fulfil the AP role and working closely with the Deanery, along with a Clinical Fellow recruitment campaign to maximise filling of our rota slots.
- There is a risk that due to current service pressures experienced by the Scottish Ambulance Service (SAS) they will be unable to facilitate inter-hospital transfers in the timescales required, resulting in a delay in ongoing treatment and disruption of patient flow within acute sites. Discussions are underway with colleagues in SAS to develop a plan to address this risk.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance Management	☒	Equality	☒
Sustainability Management	☒				

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

An organisational Equality Impact Assessment is being undertaken to support our Business Continuity Planning process. This assessment will also provide a baseline for Phase 3 of this programme.

11. CONSULTATION AND ENGAGEMENT

A communications and engagement plan has been developed to ensure that our workforce, public and partner agencies are aware of the business continuity arrangements and what this means for them. HR and staff partnership colleagues are fully engaged in this process as we work together towards implementation. We also know that our Communication and Engagement framework for Phase 3 will embed the principles of the Planning with People Guidance in our approach.

12. ACTIONS FOR THE BOARD

Approval	☒	Endorsement	☐	Identify further actions	☐
Note	☐	Accept the risk identified	☐	Ask for a further report	☐

The Board is asked to:

1. Note the business continuity plan for General Surgery Services for implementation August 2022; and
2. Approve the plan to progress to a full options appraisal process from August 2022.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

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