Bradford Teaching Hospitals
NHS Foundation Trust

Meeting Title	Board of Directors Open Meeting		
Date	3rd September 2019	Agenda item	Bo.9.19.25

Business Case for Consultant Colorectal Surgeon

Presented by	Terri Saunderson, Deputy Director of Operations – Unplanned Care	
Author	John May, Clinical Director, Louise Lacy, General Manager, Chris Smith, Deputy Director of Finance	
Lead Director	Sandra Shannon, Chief Operating Officer	
Purpose of the paper	Appointment of a Consultant Colorectal Surgeon	
Key control	No	
Action required	For Approval	
Previously discussed at/ informed by	Senior Leadership Team Meeting	
Previously approved at:	**Committee/Group**	**Date**
	Senior Leadership Team Meeting	23rd July 2019

Key Options, Issues and Risks

There is significant risk to achievement of cancer 2ww and 62 day recovery and RTT performance recovery without this post.

Gastroenterology:
This specific role contributes 1/3rd of the additional capacity for Endoscopy. Improvement to less than 2 weeks wait time for Fast Track Endoscopy would be realised in 14-15 weeks from the post commencing.

General Surgery:

- Increased Fast Track (straight to test) capacity provided by this role will set weekly capacity at the 65th percentile and provide more resilience to flex capacity when demand is high. Clearance of the existing backlog above the sustainable waiting list size for Lower GI cancer two week waits will take 14-16 weeks from the post commencing.
- Alongside the improved Endoscopy turnaround this should support improvement against the 62 day standard with 85% achieved within a similar timescale.

The current RTT position is largely weighted to an admitted backlog problem. The additional theatre capacity will help this position but it will take 40 weeks for full clearance. The increase in outpatient activity will have an immediate impact on reducing a tail of long waits but will require a similar timescale to bring the average waiting times down to a sustainable level.

Analysis

General Surgery is currently failing to meet RTT targets, 14 day, 31 day and 62 day cancer targets for both upper and lower GI and as a CBU are also failing to meet the surveillance and urgent endoscopy demand; of which general surgery contribute to covering. This inability to meet these targets has been contributed to by a number of factors:

Endoscopy:
The Endoscopy Unit is currently struggling to meet the competing demands for 2ww cancer, routine and surveillance backlog; this is then having a negative effect on General surgery ability to provide definitive treatment in a timely manner, leading to long RTT waits.

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The CBU has implemented the following actions to improve the current position:

- Outsourcing activity to Yorkshire Clinic for GS theatre cases; this contract ceases end June 2019
- Outsourcing Endoscopy to and Eccleshill; this contract has now ceased
- Review of all GS clinic templates to ensure consistency across the specialty
- Increased management and oversight of backfill
- Utilisation of 80% of General surgery allocated theatre capacity
- Use of theatre booking tool to maximise list utilisation and increase numbers on lists
- Short term locum cover

The CBU proposes to appoint a new full time consultant colorectal surgeon in order to provide a more sustainable solution to the current demand and capacity gap.

Recommendation

The Board of Directors is asked to review and approve the attached business case.

Risk assessment						
Strategic Objective	**Appetite (G)**					
	Avoid	**Minimal**	**Cautious**	**Open**	**Seek**	**Mature**
To provide outstanding care for patients						
To deliver our financial plan and key performance targets						
To be in the top 20% of NHS employers						
To be a continually learning organisation						
To collaborate effectively with local and regional partners						
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	**Low**		**Moderate**	**High**	**Significant**	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Not applicable because the business case has not been considered by the Board.					

Risk Implications (see section 4 for details)	**Yes**	**No**
Corporate Risk register and/or Board Assurance Framework Amendments		
Quality implications	X	
Resource implications	X	
Legal/regulatory implications		
Diversity and Inclusion implications		

Regulation, Legislation and Compliance relevance
NHS Improvement: (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
Care Quality Commission Domain: *(Safe, caring, effective, responsive, well led drop down)*
Care Quality Commission Fundamental Standard:
Other (please state):

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Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)