

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 6 FEBRUARY 2013

Title:	APPOINTMENT OF A SUBSTANTIVE REPLACEMENT CONSULTANT IN BURNS AND PLASTIC SURGERY
Responsible Director:	Andrew McKirgan, Chief Operating Officer
Contact:	Dr Andrew Toogood, Divisional Director

Purpose:	To gain the approval of the Board of Directors for the replacement appointment of a Burns Consultant.
Confidentiality Level & Reason:	N/A
Annual Plan Ref:	<p>Aim 1: Always put the needs of the patient first</p> <p>Aim 2: Maintain our reputation and position at the leading edge of performance quality</p> <p>Aim 3: Educate and train the health care work force of the future</p> <p>Aim 4: Research and develop the healthcare services of the future</p>
Key Issues Summary:	<ul style="list-style-type: none"> • A member of the consultant team has resigned. To maintain existing capacity the Division proposes to substantively appoint a replacement consultant. • The Consultant salary is funded within the existing speciality base line.
Recommendations:	<p>The Board of Directors are requested to:</p> <p>APPROVE the appointment of a full time Consultant in Burns & Plastics</p>

Approved by	Andrew McKirgan	Date:	27 January 2014
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 6 FEBRUARY 2013

APPOINTMENT OF A SUBSTANTIVE REPLACEMENT CONSULTANT IN BURNS AND PLASTIC SURGERY

PRESENTED BY THE CHIEF OPERATING OFFICER

1. **Purpose**

The purpose of this paper is to gain the approval from the Board of Directors for the appointment of a substantive replacement Consultant in Burns, following the resignation of a key team member.

2. **Strategic Context**

Current Service

As a Regional Burns Centre Queen Elizabeth Hospital Birmingham (QEHB) provides services to the Pan Birmingham area. QEHB has:

- 3.00 wte Burns Consultants
- 0.44 wte Burns Consultants (SLA)
- 1.00 wte MOD Burns Consultant

Part of this post is to provide general plastic input to Heart of England Foundation Trust (HEFT) based at Solihull Hospital. This service offers a weekly initial out patient appointment at Solihull which leads onto surgery and a dressing clinic which is carried out at QEHB; follow up appointments are completed at Solihull. The remainder of the post will support planned sessions for outpatients and theatre pertinent to the specialty of Burns, Skin oncology and general plastics. The current Locum Consultant has continued to maintain this level of service as part of his job plan.

3. **Proposed Service**

This post is a like for like replacement which will maintain the contractual activity for this specialty. If this post is not replaced we will be unable to maintain current activity levels which could potentially result in cancer breaches, (skin cancer) affecting Trust performance on cancer waiting times and compromising patient care and potentially outcomes. We would be unable to meet our commitments in terms of our Service Level Agreement (SLA) with HEFT with the result of a loss in income and damage in terms of reputation. By appointing a replacement consultant we can continue to provide both quality of service and maintain waiting times in line with the 31 and 62 day cancer targets.

5. **Finance**

There is no impact associated with the 10 Professional Activities (PAs) plus 5% on call as this is already funded recurrently from the Burns budget.

6. **Risks**

Risk Identification and Management

If we do not appointment a replacement we will be unable to maintain current activity levels. This could result in cancer breaches, reputational damage and compromising patient care due to an increase in waiting times. We would also not be able to deliver our SLA commitments to HEFT.

There is a potential risk that we would not attract a suitable applicant, however we are aware of significant interest in the post. As a result we believe this is low risk.

7. **Recommendation**

The Board of Directors are requested to:

APPROVE the appointment of a full time consultant in Burns & Plastics.

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 6 FEBRUARY 2014

Title:	REPLACEMENT CONSULTANT DERMATOLOGIST
Responsible Director:	Andrew McKirgan, Chief Operating Officer
Contact:	Dr David Peake, Divisional Director, Division C

Purpose:	To request Board of Directors approval to the recruitment of a replacement consultant dermatologist.
Confidentiality Level & Reason:	N/A
Annual Plan Ref:	Aim 1: Always put the needs of the patient first Aim 2: Maintain our reputation and position at the leading edge of performance and quality
Key Issues Summary:	A Consultant Dermatologist (10 PAs) left the Trust in September 2013. In order to maintain existing capacity, the Division proposes to substantively appoint a replacement consultant post.
Recommendations:	The Board of Directors are requested to: SUPPORT the appointment of a replacement Consultant in Dermatology.

Approved by	Andrew McKirgan	Date:	28 January 2014
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 6 FEBRUARY 2014

REPLACEMENT CONSULTANT DERMATOLOGIST

PRESENTED BY THE CHIEF OPERATING OFFICER

1. Purpose

The purpose of this paper is to gain the Board of Directors support for the substantive replacement of a Consultant Dermatologist who retired in September 2013. In order to maintain existing capacity, the Division proposes to substantively appoint a replacement consultant.

2. Strategic Context

2.1 Current Service

The Dermatology department provides a variety of services, offering complex General Dermatology, Skin Oncology, Inpatient and Outpatient Surgery, MOHS surgery, Isolated Limb Infusions (ILIs), Drug Monitoring, and PUVA Treatment.

The medical team comprises of 8 consultants and a total of 63.25 consultant PAs, (Professional Activities) that are funded by UHBFT and within current job plans.

A senior consultant has retired from the department leaving a gap in the Skin Oncology service.

2.3 Activity and Income Performance

The table below shows activity and income performance for the last three financial years within the Dermatology Department.

Activity						
	2010/11		2011/12		2012/13	
	Target	Actual	Target	Actual	Target	Actual
Elective	927	949	946	1,091	1,050	1,310
Emergency	22	20	17	14	18	9
OP New	7,865	6,142	6,178	5,733	5,797	5,603
OP Follow Up	13,655	11,608	11,895	12,376	13,084	13,681
OP Proc	4,399	7,705	7,749	8,141	8,523	9,371
Total	26,868	26,424	26,785	27,355	28,472	29,974

Income £000s						
	2010/11		2011/12		2012/13	
	Target	Actual	Target	Actual	Target	Actual
Elective	680	717	721	780	793	1,018
Emergency	58	50	44	29	36	20
OP New	1,020	841	808	737	705	669
OP Follow Up	916	811	884	918	915	998
OP Proc	530	938	1,059	1,404	1,098	968
Total	3,204	3,357	3,516	3,868	3,547	3,672

Dermatology activity and income has increased year on year with skin oncology being an area of specific growth as a result of our status as a specialist centre.

3. Divisional Proposal

The Dermatology department propose to recruit a replacement consultant to maintain current service provision and ensure the skin oncology team retain their existing specialist reputation.

4. Finance

The post is funded recurrently in the Dermatology medical budget.

5. Risks

Risk Identification and Management

5.1 Reduction in activity

It is extremely unlikely that skin oncology will see a reduction in activity, having demonstrated continued growth over recent years. However, in the event activity did reduce the Division would review all elements of the dermatology service and identify consultant PAs to be redeployed to areas of greater need, i.e. – other subspecialties of Dermatology where there may be capacity issues.

5.2 Unable to recruit

It is anticipated that recruitment would take 6 months from approval of this paper. Dermatologists are in high demand, so there is a risk of being unable to appoint a suitable candidate. We can continue to rely on existing consultants providing additional sessions to support waiting lists for the foreseeable future and would look to formalise these additional PAs into job plans in the event that we fail to recruit into this post in the next 12 months.

5.3 Commissioning Intentions

It is unclear how commissioning intentions for dermatology in secondary care will unfold, but there has been growth in activity and as such there still remains a large amount of unmet need, so that a reduction in referrals and activity is not foreseeable.

6. **Recommendation**

The Board of Directors are requested to:

APPROVE the appointment of a replacement Consultant in Dermatology

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 6 FEBRUARY 2014

Title:	APPOINTMENT OF A REPLACEMENT COLORECTAL SURGEON
Responsible Director:	Andrew McKirgan, Chief Operating Officer
Contact:	Lynn Willetts, Director of Operations, Division B

Purpose:	To request Board of Directors approval for the appointment of a replacement Consultant in Colorectal Surgery. .
Confidentiality Level & Reason	N/A
Annual Plan Ref:	<p>Aim 1 Always put the needs and care of patients first</p> <p>Aim 2 Maintain our reputation and position at the leading edge of performance and quality</p> <p>Aim 3 Educate and train the healthcare workforce of the future</p> <p>Aim 4 Research and develop the healthcare services of the future</p>
Key Issues Summary:	<ul style="list-style-type: none"> ▪ Maintain clinical activity and income ▪ Sustain quality of the colorectal service by ensuring continued consultant cover
Recommendations:	<p>The Board of Directors is requested to:</p> <p>APPROVE the appointment of a replacement Colorectal Consultant Surgeon.</p>

Signed:	Andrew McKirgan	Date:	27 January 2014
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 6 FEBRUARY 2014

APPOINTMENT OF A REPLACEMENT COLORECTAL SURGERY CONSULTANT

PRESENTED BY THE CHIEF OPERATING OFFICER

1. Purpose

The purpose of this paper is to gain Board of Directors approval for the replacement of an existing Consultant in Colorectal Surgery.

2. Strategic Content

2.1 Current Service

The Colorectal Surgical Unit based at the Queen Elizabeth Hospital provides a comprehensive service of general and colorectal surgery comprising local work as well as attracting tertiary referrals. Subspecialty interests include complex inflammatory bowel disease work, anal cancer, abdominal melanoma, familial bowel cancer, early rectal cancer and locally advanced and recurrent rectal cancer. As a consequence of the cardiac, renal and liver transplant units, the colorectal unit also deals with a variety of rare colorectal conditions as well as more common conditions in the transplanted population.

The substantive consultant team comprises 10 consultants including 3 part time academics (1 Professor and 2 Senior Lecturers).

2.2 Impending resignation of Consultant

One of our colorectal consultants has advised that he is anticipating resigning in July 2014. To avoid any interruption to service and in order to attract a high quality replacement who can continue to deliver and develop services in line with the Trust objectives it is essential that the department advertises for his replacement as soon as possible.

2.3 Activity

General and Colorectal surgery has delivered a year on year increase in both elective and emergency activity. This has resulted in significant challenges to delivery of both the 18 week RTT and Cancer 62 day targets.

Failure to replace the consultant substantively would likely result in failure to deliver the targets.

3. Proposal

The Division is seeking support for the appointment of a replacement Consultant surgeon. This will enable the Division to sustain the existing activity levels and continue to develop new initiatives.

3.1 Sub-specialisation

Currently the consultant is the lead for colorectal cancer in the department. It is anticipated that his replacement would also have experience in this area. This is essential to ensure that performance against Cancer targets is maintained. It is also anticipated that the successful candidate would have an interest or experience in use of the DaVinci robot.

3.2 Colorectal research programme

The colorectal department has a strong research interest led by the academic unit with a national and international reputation in the development and management of colorectal clinical trials. We would anticipate that the replacement would work with the academic unit to build on this reputation and further increase trial work.

4. Finance

Financial appraisal of options

Table 1 below summarises the impact on income and expenditure of the proposal.

Table 1 – Financial appraisal

	WTE	£'000
Expenditure		
Consultant (11PA's)	(1.00)	(131)
Funding Source		
Baseline budget	1.00	131
Total	-	0

5. Risk Assessment

Activity reduction

There is no risk associated with any activity reduction as all the trends are showing year on year growth in patient numbers.

6. **Recommendations**

The Board of Directors is requested to:

Approve the appointment of a replacement Colorectal Consultant Surgeon.