UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 23 APRIL 2015

Title:	**APPOINTMENT OF ADDITIONAL CONSULTANT RADIOLOGIST POSTS**
Responsible Director:	Cherry West, Executive Chief Operating Officer
Contact:	Yma Choudhury, Director of Operations, Division A
Purpose:	To seek Board of Directors support to the appointment of new and replacement Consultant Radiologist posts.
Confidentiality Level & Reason:	N/A
Annual Plan Ref:	Core purpose 1 – Clinical Quality. • SE 1 - To deliver and communicate the best in quality outcomes. • SE 4 – To ensure care is delivered using the best available treatment and technology that produces the best clinical outcomes.
Key Issues Summary:	• Continuing demand for Imaging results is increasing pressure on radiologist reporting capacity. • Finance to support additional posts is available as a result of retirements, business cases and financial planning. • Availability of potential candidates has delayed use of funds. • The current PET-CT contract expires July 2015. UHB is now a material sub contractor to the successful bidder and will provide PET as a UHB service. This will require an additional PET-CT Radiologist to deliver the growth in activity. • The SWBH Medical Directors Office has approached UHB with a request to recruit a Neuroradiologist on their behalf.
Recommendations:	The Board of Directors is requested to: **Approve** the appointment of the proposed Consultant Radiologist posts.

Approved:	Cherry West	**Date:**	14 April 2015

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
THURSDAY 23 APRIL 2015

APPOINTMENT OF CONSULTANT RADIOLOGIST POSTS

PRESENTED BY EXECUTIVE CHIEF OPERATING OFFICER

1. **Purpose**

During 2014/15 growth has continued across all Imaging modalities, but primarily in scanning (MRI, CT and PET). In order to meet both the scanning and subsequent reporting demand, the Division has used waiting list initiative (WLI) payments, locum support plus an external reporting provider to deal with the reporting backlog pressures.

The radiology reporting position has recently been exacerbated by planned pre-retirement reductions in job plans as well as the prospective retirement of two further part-time consultants.

In addition to the above, the current PET-CT contract expires in July 2015 and the Trust, with support from the Division, is taking forward plans to deliver PET-CT as a sub contractor to Alliance Medical under new national arrangements. It is proposed that in order to meet strict contractual KPI requirements for report turnaround, an additional PET-CT Consultant Radiologist is appointed.

Finally, we have been approached by SWBH to recruit to a joint Neuroradiologist post on their behalf due to their inability to attract appropriate candidates. The proposed job plan would include 6.25 PAs to support 4 diagnostic reporting sessions on site at SWBH.

For clarity, the main body of the paper is subdivided into:

- Replacement funded posts
- Additional UHB posts

The UHB posts have funding streams identified and the sub specialty interest is based upon areas of high demand and financial pressure resulting from waiting list payments within Radiology.

2. **Demand**

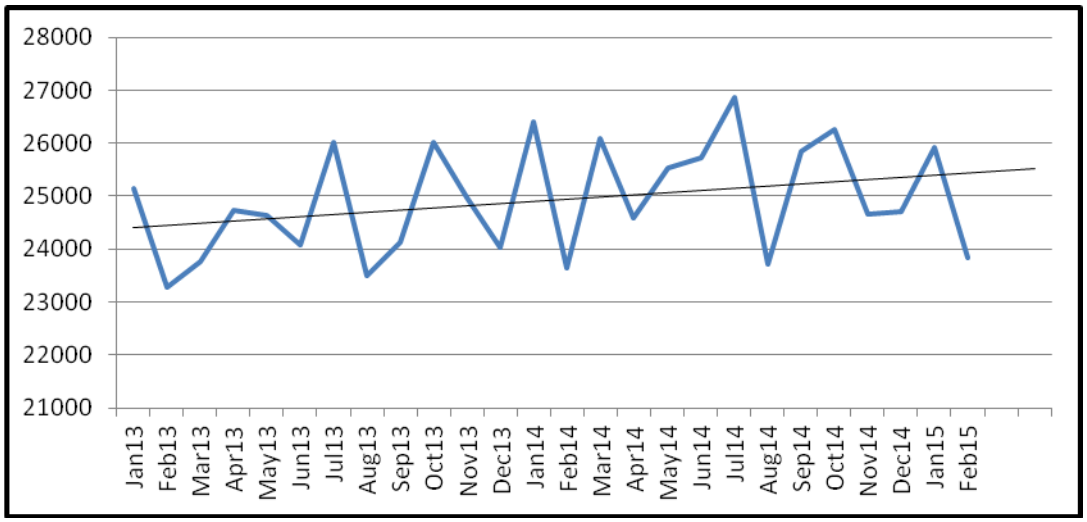
<u>Cross Sectional Imaging Activity</u>

Imaging provides a 24/7 diagnostic, interventional and neuro-radiological service, carrying out approximately 330,000 examinations and procedures per year. The associated medical staff group consists of 36 wte Consultant Radiologists, with expertise in a range of sub specialty areas, some of which

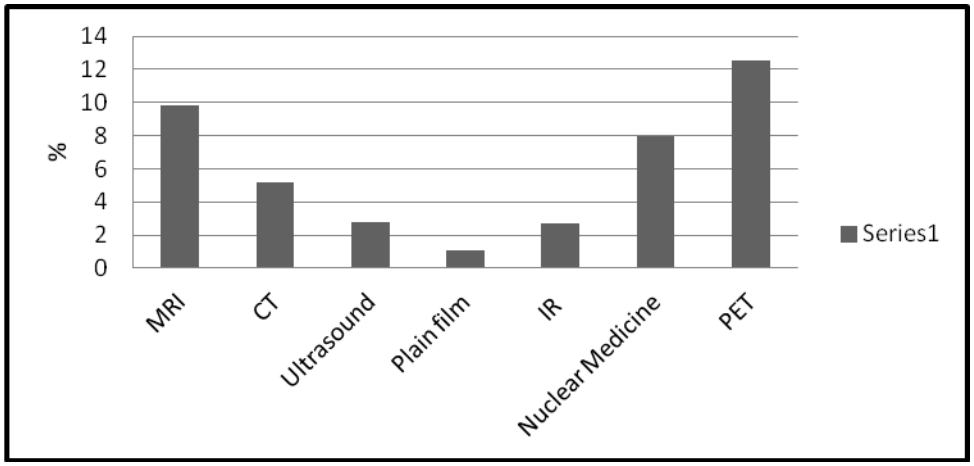
are regional and supra regional in nature.

Imaging continues to be an area of growth in line with most large teaching Trusts in the UK. Graph 1 highlights the activity trend for the key Imaging modalities and Graph 2 illustrates the average percentage increase in activity per month for the same modalities:

Graph 1 – Total activity for the identified Imaging modalities



Graph 2 – Activity increase
This graph illustrates the average increase percentage in activity by modality, per month comparing 2013 to 2014.



This growth is not only related to increasing reliance on access to imaging as part of most disease pathways treatment but also disease surveillance results in increased frequency in the use of scanning as a method of tracking progression/response.

<u>PET-CT Scanning</u>

As part of an NHSE contract tender for the national provision for PET, UHB have been successful as a sub contractor to the successful national bidder (Alliance Medical). A key element of the contract is to provide scanner access

and report turnaround times within clearly defined KPIs. The report has to be turned around within 2 working days otherwise the Trust will not receive the income associated with the scan. As a result it is essential that we ensure sufficient PET reporting capacity to meet this KPI.

3. **UHB Funded Additional Consultant Radiologist Posts.**

As part of the 2014/15 financial planning settlement based on 2013/14 outturn, Imaging received funding support to minimise WLIs associated with both scanning and reporting. This paper seeks approval to invest in additional Consultant Radiologists (2 of which were proleptically made with appointees now in place) funded by this available financial settlement and supported by further available funding as described in more detail in section 6.

The radiological posts proposed are as follows:

Table 2 – Posts and funding source

Post	Areas of interest	Impact if not filled	Key funding stream
Replacement posts			
1.Head and Neck Consultant	Sub specialty expertise in head and neck pathology plus general cross sectional imaging	Increasing difficulties in maintaining position in terms of head and neck reporting.	Vacant PAs plus financial planning. Locum in place as of March 1st 2015.
2. Diagnostic Neuroradiologist	Cross sectional Neurosciences reporting including per operative functional imaging	Inability to cope with demand for Neuroradiological reporting demand.	Planned retirement of two part time retired and returned Consultant Neuroradiologists.
3.HepatoBiliary Interventional Radiologist –	Interventional support to the HPB service Commitment to the IR on call rota.	Unable to maintain required level of interventional support to HPB specialty.	Reduction in PAs for existing HPB IR Consultant, as of February 2015, plus financial planning.
Additional posts			
4. MSK/General Consultant	Cross sectional MSK and Trauma Radiology	Impact would be continuing WLIs for MSK Ultrasound.	Appointment on the basis of continued growth in demand funded through financial planning
5.Thoraco Respiratory Consultant	Cross sectional imaging of the thorax and thoracic interventional procedures. To offset reporting activity currently delivered through WLIs.	Lack of support to the existing 2 WTEs dealing with demand for diagnostic and interventional thoracic radiology demand.	Financial planning
6. PET-CT Consultant – diagnostic.	Direct radiological reporting support to the PET-CT service. Commitment to the general diagnostic workload.	The PET-CT contract has been awarded with UHB as a sub contractor to Alliance Medical.	5 PAs as agreed in the approved UHB PET-CT Board paper plus an additional 5 PAs for general radiological activity funded from PET income.

7.Trauma Consultant (MoD)	Trauma and emergency radiology	5 PA equivalent Military Trauma Consultant available from 1st August 2015 to support MTC and emergency activity.	Reduction in WLI payments associated with Trauma/ MSK CT scanning and plain film.
Joint Appointment			
8. Diagnostic Neuroradiologist	Diagnostic Neuroradiology reporting providing service both for UHB and SWBH under the terms of an SLA.	Inability to support the diagnostic Neuroradiology service for SWBH resulting in increasing referrals to UHB for re scanning and/or second opinions.	See detail in section 4. below.

Note – Posts 3 and 4 were appointed to at risk in previous recruitment rounds on the basis of high quality appointable candidates being available for difficult to recruit to radiology specialties.

4. Sandwell and West Birmingham – Diagnostic Neuroradiology Post

We have been approached on a number of occasions via the Medial Directors Office to consider appointing a diagnostic Neuroradiologist, part funded by SWBH, to provide 4 fixed reporting sessions on site at City/Sandwell. SWBH have attempted to recruit a number of times, unsuccessfully, and the lack of Neuroradiological expertise is a significant clinical risk to their Trust. The proposal is that they would provide funding equivalent to 6.25 PAs for this 4 session commitment, which does leave a funding gap of 3.75 PAs for the Division. Whilst the age profile indicates that a full time Neuroradiologist is likely to retire within the next two years, it would not currently be financially feasible to recruit to a part time post and the Division would therefore propose that we appoint to a full time post. The benefit to UHB is that providing support for Neuroradiology reporting at SWBH increases the resilience of their existing service and reduces the risk of further increased demand for Neuroradiological opinion from the UHB team.

5. Benefits Appraisal

Subject to approval, the benefits of the proposed posts are as follows:

Objective	Benefit
Maintain the ongoing stability of the radiology reporting function through planned appointments.	Ongoing support to cancer and RTT waiting times.
Recruit a PET Consultant Radiologist in order to support the turnaround time KPIs associated with the new national PET contract.	Ensure immediate and long term viability of the in house UHB PET CT service and protect the associated income.
Maintain the current level of 24/7 service for both diagnostic and interventional radiology.	Protect the current 24/7 Consultant rota commitment for the out of hours service.

6. Financial Evaluation

The funding source for each post has been described in previous sections and is summarised in the table below:

Post Description	PA	Expenditure £000s	2014-15 Financial Planning £000s	Business Case Funding £000s	Existing Consultant PAs £000s	Net Impact £000s
Replacement Posts						
1 Head and Neck Consultant	10	-118.1	31.1	28.0	59.1	0
2 Neuroradiologist – Diagnostic	10	-118.1			118.1	0
3 HPB Interventional Radiologist.	10	-118.1	35.4		82.7	0
Additional Posts						
4 MSK/General Consultant	10	-118.1	118.1			0
5 Thoraco-Respiratory Consultant	10	-118.1	106.3		11.8	0
6 PET-CT Consultant	10	-118.1		118.1		0
7 Trauma Consultant (MoD)	5	-57.5	At Risk			-57.5
Joint Appointment						
8 Diagnostic Neuroradiologist	10	-118.1	At Risk	73.8		-44.3
TOTAL		**-884.2**	**290.9**	**219.9**	**271.6**	**-101.8**

Subject to approval, the total expenditure for all the above consultant posts would be £884.2k against which there would be a shortfall of £101.8k compared to the funded establishment. The gap arises because there is not currently a vacancy for posts 7 and 8 although a locum diagnostic neuroradiology consultant has been employed since December 2014.

It should be noted that the funding shown in the table from the 2014/15 financial planning settlement (£290.9k) is currently used to fund waiting list initiatives. On average, waiting list sessions and locum expenditure have totalled £42k per month over the last 9 months (June 2014 – February 2015) equivalent to approximately £504k per year. The Group anticipates that new appointments would be offset by corresponding reductions in waiting list initiative sessions based on the current level of activity.

The Group have also requested additional recurrent funding for cost pressures of £414k related to imaging growth as part of 2015-16 financial planning but it is not clear at the time of writing whether these proposals will be funded.

Given the operational pressures and use of a locum to manage demand it is proposed that posts 7 and 8 be made at risk pending the final outcome of financial planning.

7. Risk Analysis

The Division is confident of successfully recruiting to the above posts however, should any recruitment difficulties arise, the contingency plan would be to recruit Clinical Fellows as an interim measure if necessary. The overall risk to the Trust is minimal in that reporting demand continues to grow within Radiology in most Trusts, and, although unlikely, if the appointment of these

posts created surplus capacity, we could offer to support other Departments, offsetting the associated costs.

8. Disinvestment Strategy

The Division would hold back vacant posts to address any required disinvestment. It is likely that at least another 3 existing Radiologists will retire/leave in the next two to five years.

9. Conclusion

Imaging activity has grown significantly in recent years and it is important to maintain and appoint to new consultant posts to minimise reliance on interim staffing measures for reporting. A number of appointments are proposed which seek to address current service needs.

Two appointments have been made following consultant recruitment in 2014 and a summary of the resultant recruitment plan would be as follows:

1 WTE Head and Neck post.
1 WTE Thoraco-Respiratory post.
2 WTE Diagnostic Neuroradiologist posts (both UHB appointments but 1 of which will provide a diagnostic service for SWBH for 4 planned sessions per week under an agreed SLA).
0.5 WTE MoD Trauma post.
1 WTE PET-CT post combined with an appropriate general diagnostic expertise.

A further Imaging paper will come forward for consideration describing a strategic proposal for the Imaging service for the next 5 years, including proleptic Radiologist appointments on the basis of maintaining support for RTT and Cancer waiting times, the impact of increasing demand for MDT preparation and attendance, a forward look to the age profile and the national picture in terms of radiology sub specialty interests. The paper will also outline a proposal to address the inability of neighbouring Trusts to recruit to Interventional Radiology posts and avoid a resultant drift of work to UHB.

10. Recommendation

The Board of Directors is requested to:

Approve the appointment of the proposed Consultant Radiologist posts.

Cherry West **April 2015**
Chief Operating Officer