

Reporting to:	Trust Board, Thursday 30th March 2017
Title	Temporary Suspension of Neurology Outpatient Services for New Referrals
Sponsoring Director	Debbie Kadum, Chief Operating Officer
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Previously considered by	Executive Directors – 15 th February 2017 Sustainability Committee – 28 th February 2017
Executive Summary	<p>The Trusts performance against the RTT standard for Neurology Services is poor. There is a significant backlog in patients waiting to be seen for both urgent and routine appointments. While actions have been taken where possible to mitigate against it, there is a potential risk to patient safety associated with this position. Due to the current workforce constraints and the inability to recruit additional locum cover within cap, this position is not likely to improve in the short term. The Care Group is undertaking a piece of work to identify alternative solutions to service provision in the medium to long term however, the lead in time for the possible options to be implemented would be approximately 6 months. Consequently, the Care Group has completed a brief review of the potential options to address the clinical risk in the short term.</p> <p>Four options were considered and presented to Trust Executives. As neighbouring trusts were not in a position to provide support to address the short term clinical risk, option 4, which requested approval for the temporary suspension of the service to new referrals, has been agreed.</p>
Strategic Priorities	
1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input checked="" type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input checked="" type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input checked="" type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies
4. Community and Partnership	<input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies
5. Financial Strength: Sustainable Future	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTC) lists, and streamline our internal processes we will not improve our 'simple' discharges. <input checked="" type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input checked="" type="checkbox"/> Receive <input type="checkbox"/> Review <input checked="" type="checkbox"/> Note <input type="checkbox"/> Approve	Recommendation The Trust Board is asked to receive and note the agreement from Trust Executives to temporarily suspend access to new outpatient neurology referrals for 6 months from 27 th March 2017 while work is undertaken to develop a more sustainable model for service delivery.

Temporary Suspension of Neurology Outpatient Services

1. Purpose of Report

The purpose of this report is to provide the Trust Board with:

- The detail that was shared with Executives outlining the current risks regarding neurology outpatient service provision
- A summary of the outcome of this discussion
- Notification that new referrals to the neurology outpatient service will be suspended for 6 months from the 27th March 2017

2. Background

Neurology has long been recognised as a fragile and unsustainable service of which the Board, NSHI and Clinical Commissioning Group are aware.

In February 2017 a paper was presented to Trust Executives outlining the current position of neurology outpatient services (appendix 1). This was in response to an identified risk associated with long waits to be seen for both urgent and routine patients.

This paper included a summary of the current performance and waiting times for the service. It also included a summary of the workforce position, the demand and capacity for the service, the actions taken by the team to mitigate the clinical risk associated with long waits to be seen and a summary of options that could be taken to mitigate the identified risks.

Further to the presentation of the paper, option 2 in the paper asked for further discussions with neighbouring trusts regarding the provision of support to take place. This was undertaken however, support was not forthcoming. Without any action the service was at risk of losing its existing Consultant workforce.

Trust Executives consequently agreed to support option 4 which was for the temporary suspension of the service for 6 months to allow the clinicians to address the backlog created and to reduce the clinical risk to patients associated with waiting while work is undertaken to develop a more sustainable service in the future.

3. Current Position

Further to agreement from Executives, NHS Improvement has been notified and a paper which included the detail of the temporary outpatient neurology service change has been provided to the local Health & Social Care Committee (HOSC). In addition to this, Commissioners across Shropshire, Powys and Telford & Wrekin have been formally notified and notice was given that new referrals to the outpatient neurology service would be suspended for 6 months from the 20th of March 2017.

Commissioners were understandably reluctant to accept the change as they had concerns about the availability of alternative service provision. This position has since improved and commissioners are

now working with Wolverhampton NHS Trust to provide some local capacity. Commissioners have asked for an additional week to conclude their discussions. This has been agreed and the plan is now to suspend referrals to the service from week commencing the 27th of March 2017 for six months.

4. Recommendations

The Trust Board is asked to receive and note the content of this report and the Executives agreement to implement a temporary suspension of new referrals to the neurology outpatient service for six months from the 27th of March 2017.

Neurology Outpatient Services

Options for Short Term Delivery

Purpose of Report

The purpose of this report is to provide:

- Executives with a summary of the current status of neurology outpatient service delivery and raise a concern regarding patient safety associated with the backlog position
- A brief appraisal regarding the short term service provision options and a recommendation for a short term solution to mitigate the risks associated with the service

Background

While referrals for neurology outpatient services have remained largely static over the last three years, the service has been consistently challenged in terms of delivery due primarily to workforce limitations. This has been further exacerbated of late due to the departure of two specialist nurses in November 2016 whom provided additional clinical support in outpatient follow up capacity. As a consequence, the service has seen a steady rise in patients awaiting their first appointment and Past Max Waits (PMW's). Actions have been taken to reduce the risks to patient safety associated with these excessive waiting times however; it has not been possible to identify sufficient actions to fully mitigate this risk.

Current Position

Performance

The service is currently delivering performance of 54.79% (December 2016). The service has:

- A PTL list size of 665
- 559 referrals awaiting new outpatient appointments (182 are booked)
- 338 referrals have been waiting over 18 weeks for 1st definitive treatment
- 420 patients awaiting follow up appointments (PMW's)

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.

Workforce

There are currently 2 substantive general neurology consultants in post. This is supported by 1 wte locum post. The national average position is 1 neurologist per 80,000 people ie 6 wte. The Care Group has successfully recruited two replacement but inexperienced specialist nurses who took up their positions in January. The nurses are undergoing a period of training and development and are not as yet working to full capacity so one of our Consultants continues to provide much of the service previously provided by the specialist nurses in addition to his general neurology commitments. Despite continuous efforts, the Care Group has been unable to identify appropriate additional Locum cover to address this shortfall in workforce within capped rates. The Care Group has also held discussions with neighbouring trusts to request support and about the potential to appoint to shared posts etc, again without success.

Demand and Capacity

The demand for the service is as follows:

- An average of 212 new general neurology referrals per month
- Of these, 81 are considered clinically urgent
- This is in addition to an average 468 general neurology follow up appointments
- This translates to a requirement of 680 general neurology appointments per month to meet the demands of the service

The service currently provides 539 general neurology appointments per month. This is a short fall of 141 general neurology appointments. In order to meet this shortfall 15 additional clinics would need to be implemented per month. This is without the capacity that is required to address the current backlog.

Management of Potential Patient Risk

Clearly, there is a risk to patients waiting excessively to be seen and/ or reviewed. Consequently, the Care Group has undertaken the following activities to mitigate against this:

- Local patient navigation services (RAS and TRACS), now receive weekly reports 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 (current DNA position = 10%)
- Referrals are assessed by the consultants with some patients being advised to choose an alternative provider with shorter waiting times. 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

A review of patient risk metrics has not revealed any recent changes that would indicate that there has been an identified significant risk to the cohort of patients waiting to be seen. Thanks to the considerate approach taken by the neurology secretaries and clinicians there has been no increase in complaints, concerns raised via PALS or in Patient Safety Incident Reports. However, it should be noted that both of the Trust's substantive Consultants have raised concerns about patient safety in relation to the waiting times for the service as have Commissioners.

Options for Short Term Service Delivery

The Care Group has commenced a piece of work to address the options for the long term future of the service to address the shortfall in capacity and to mitigate the identified risk to patient safety. A draft of this report has been shared with executives previously. This work is underway and will be presented formally in the very near future. It is clear however that while this work continues, a short term solution to the poor performance and associated patient safety risks needs to be identified.

The options for the short term delivery of the service are outlined in table 1 below alongside a summary of the potential benefits, risks and proposed mitigation to address the identified risks for each option.

Table 1: Options for Short Term Delivery of Outpatient Neurology Service

No	Description	Benefits	Risks	Mitigation against identified risks
1	<p><i>Do nothing</i> This option would include maintaining the current level of service delivery alongside acceptance of new referrals</p>	<ul style="list-style-type: none"> No financial risk to Trust regarding loss of income 	<ul style="list-style-type: none"> Performance against the RTT standard would continue to decline. Modelling demonstrates that without some type of intervention performance will continue to decline Potential risk to patient safety due to excessive waiting times Reputational risk to SaTH with regulatory bodies and patients/ public for failure to deliver constitutional rights Current substantive consultants seek employment in more functional neurology departments 	<ul style="list-style-type: none"> Continue to work with patient referral services to advise patients of waiting times etc Continue with mitigating actions highlighted in previous section Work with communications team to develop plan to minimise reputational risk
2	<p><i>Further Executive to Executive discussion with neighbouring trusts regarding clinical support to alleviate backlog*</i> <i>*The potential benefits for this option would be dependent upon the type and volume of activity that could be provided</i></p>	<ul style="list-style-type: none"> Reduced patient risk Mitigates against potential reputational risk to the Trust for non-delivery of service Some improved performance against RTT standard 	<ul style="list-style-type: none"> Previous discussions with neighbouring trusts have not been successful Time taken to implement Insufficient support available from Trusts to meet demand Residual risk to RTT would remain 	<ul style="list-style-type: none"> Direct Chief Executive to Chief Executive discussions may now prove more successful as service is at tipping point Clear summary of minimal activity required to mitigate clinical risks required to support this

No	Description	Benefits	Risks	Mitigation against identified risks
3	<p><i>Suspend all routine referrals to the service for 6 months</i></p>	<ul style="list-style-type: none"> • Improved performance against RTT standard • Reduced patient risk associated with waiting times to be seen • Financial risk to the Trust reduced compared to full suspension of service 	<ul style="list-style-type: none"> • Residual risk to RTT performance would remain • Residual risk to patient safety would remain • Residual risk of losing current substantive workforce to neighbouring Trust if risk to clinical safety associated with waiting times not addressed • Residual financial risk to the Trust in loss of some income • GP referrals which would have been deemed routine now graded as urgent so impact of this approach likely to be less than predicted from current statistics 	<ul style="list-style-type: none"> • Continued weekly monitoring of service status until work to provide a sustainable solution to the service challenges is complete
4	<p><i>Suspend all referrals to the service for 6 months</i></p> <p>This would allow the backlog to be cleared and for a sustainable plan for service delivery to be implemented</p>	<ul style="list-style-type: none"> • Improved performance against RTT standard • Minimised patient risk associated with waiting times • Potential for neighbouring services to become more aligned in planning of local services and support the longer term plan for service provision locally as there will be a direct impact upon their service provision if this option is implemented • Commissioners have expressed concerns about patient safety and have asked for a plan to address this. We are not in a 	<ul style="list-style-type: none"> • Loss of income to Trust • Failure to deliver contracted activity • Reputational risk to the Trust for temporary suspension of service, particularly alongside discussions regarding ophthalmology with the public and the Trusts assurance bodies 	<ul style="list-style-type: none"> • Work with communications team to develop plan to minimise reputational risk • Build on preliminary discussions with commissioners to address their potential concerns prior to implementation and link to patient safety issue

No	Description	Benefits	Risks	Mitigation against identified risks
		<p>position to provide a plan that fully mitigates the potential risk to patients associated with long waits other than this option</p>		

Summary

Performance of neurology RTT was 54.79% in December 2016. There is a significant backlog in patients waiting to be seen for both urgent and routine appointments. While actions have been taken where possible to mitigate against it, there is a potential risk to patient safety associated with this position. Due to the current workforce constraints and the inability to recruit additional locum cover within cap, this position is not likely to improve in the short term. The Care group is undertaking a piece of work to identify alternative solutions to service provision however, the lead in time for the possible options to be implemented would be approximately 3-6 months. Consequently, the Care Group has completed a brief review of the potential options to address the risk in the short term.

Four options have been considered and presented. If our neighbouring Trusts were able to provide sufficient support to address the short term risk option 2 would present the least risk to the Trust as a whole. If however, this option cannot be implemented rapidly, executives are asked to provide support for option 4 – a temporary suspension of the neurology outpatient service to new referrals to address the short term risks identified.

Recommendations

The board are asked to:

1. Note the content of this report.
2. Support the implementation of option 2 initially. However, if neighbouring Trusts are not able to provide sufficient support, Executives are asked to support option 4 – the temporary suspension of the neurology outpatient service to all new appointments for six months to allow the backlog to be addressed alongside the development of the plan for a more sustainable service to be delivered.