Borders NHS Board

ACCESS TO TREATMENT REPORT AT APRIL 2014

Aim

The aim of this paper is to update the Board on progress against Waiting Time and other access guarantees, targets and aims.

INPATIENTS, DAYCASES, OUTPATIENTS AND DIAGNOSTICS

Overview

Health Boards are required to ensure that patients access treatment within 12 weeks. This is known as the Treatment Time Guarantee (TTG).

Further, that Health Boards ensure at least 90% of patients are seen within 18 weeks from a referral by a GP to start of treatment. This is known as Referral to Treatment (RTT).

The building blocks to achieve this access to treatment are known as the Stage of Treatment targets and these are set at 12 weeks for inpatient/daycase and 12 weeks for new outpatients. Locally the aim is to achieve nine weeks for each moving forward, in order to allow local flexibility and responsiveness in delivering for patients and also to address the difficulties encountered in particular this year.

This is supported by Diagnostic waiting times where the waiting times standard for a number of key diagnostic tests is a maximum of six weeks. NHS Borders has to ensure that the diagnostic test and verified report is received by or made available to the requester within six weeks. Locally the aim is to achieve a wait of no more than four weeks.

Each of these is taken in turn below in order to provide the Board with an informed narrative of the position and steps to achieve the challenges faced.

Stage of Treatment – the building blocks

The Board has the following number of patients on its waiting lists shown against nine and 12 weeks waiting.

The numbers of Inpatients waiting over 12 weeks has improved with four patients waiting in April.

Table 1 Inpatient/daycase Stage of Treatment – patients waiting

Available Inpatient/daycase	*Dec – 13*	*Jan - 14*	*Feb - 14*	*Mar-14*	*Apr-14*
>9weeks	90	247	133	115	123
>12weeks	10	27	38	16	4
Total Waiting	1,434	1,428	1,437	1,063	1,051

For Outpatients, at the end of April 2014, 68 new outpatients were reported as waiting longer than 12 weeks, with the bulk of these being within ENT, Ophthalmology, Oral surgery and Rheumatology and Orthopaedics.

Table 2 – New Outpatient Stage of Treatment – patients waiting

Available Outpatient	***Dec - 13***	***Jan – 14***	***Feb - 14***	***Mar-14***	***Apr-14***
>9weeks	365	567	391	337	434
>12weeks	59	166	167	34	68
Total Waiting	4,210	4,316	4,201	4,198	4,092

Additional clinics are in place to see patients who have exceeded the standard and to bring waiting times back below 12 weeks.

The 12 week Treatment Time Guarantee (TTG)

TTG provides inpatient access within 12 weeks of an agreement with the patient to proceed to treat.

This Guarantee is directly linked to how long a patient is waiting for treatment, yet it is reported only following the delivery of the treatment to the patient. That is why it remains crucial to keep the Stage of Treatment targets in sight, as these are a precursor and indicator of any potential forthcoming breaches of the TTG.

There is, then, necessarily a difference in the timescales of reporting. Stage of Treatment breaches are reported when the patient wait exceeds 12 weeks whilst TTG breaches are reported once the patient is treated.

Table 3 below outlines a particularly high level of patients have been treated outwith TTG in March, with a reducing number in April.

The high number of patients in March was a result of treating patients who exceeded TTG in the first quarter of 2014. The main reasons for these breaches were cancellations due to bed pressures and theatre overruns. The processes for scheduling theatre lists have been revised to reduce risk of theatre overruns and to support better forward planning; it is likely that this will contribute to an improved position over the later summer months as it is implemented.

Table 3 Inpatient Performance Against TTG

Inpatient *(Available Patients)*	***Dec - 13***	***Jan - 14***	***Feb - 14***	***Mar-14***	***Apr-14***
>12weeks	10	11	20	37	17

The work to reduce waiting times for all inpatient specialties and the ongoing review and reinforcement of systems means that all specialties other than Orthopaedics and Ophthalmology have booked patients 6 weeks in advance to ensure they are treated within 12 weeks. Theatre capacity remains restricted and augments the complexities around responsive waiting list initiatives and actions, but this is being kept in sight.

At the end of April, 11 Orthopaedic patients were predicted to exceed TTG during May. The operational management of orthopaedic inpatient activity continues to be challenging and has been hampered by robust forward planning and booking of patients. A review of booking systems has identified that patients were not being booked sufficiently in advance and this resulted in a number of patients breaching TTG. This has now been addressed and Orthopaedic patients are now being reviewed to ensure they are booked to their guarantee date or alternative offers are being made.

All specialties are now being managed to avoid further TTG breaches, despite capacity challenges in some specialties. Orthopaedics continues to represent a risk to delivery of TTG standard due to capacity for daycase procedure operating and specialist procedures that are specific to certain consultants.

Capacity issues are being managed through additional local and external capacity in the short-term. In the longer-term, work to improve theatre throughput should improve capacity challenges.

18 Weeks Referral to Treatment (RTT)

The national target for NHS Boards RTT is to deliver 90% combined admitted/non admitted performance, with a local "stretch" applied aiming to achieve an overall performance target of at least 95%, and the admitted pathway above 90%.

In April, the combined RTT performance was 90.4% and therefore the national target was met.

The admitted pathway performance remains low, particularly in ENT, Oral Surgery and Orthopaedics. Again, this illustrates how crucial the Stage of Treatment targets are, how they are the building block to delivering good all-round access for treatment. The work being done on Stage of Treatment is expected to impact positively on RTT.

Improvements in outpatient performance are expected to improve further as we address outpatient waiting.

Data recording in some specialties is lower than would be expected and this alos impacts on reported performance. An action plan to address areas of poor reporting is also being implemented

Table 4: Overall Monthly Performance against 18 week RTT

Performance	***Dec - 13***	***Jan – 14***	***Feb - 14***	***Mar-14***	***Apr-14***
Overall	92.0%	90.01%	90.0%	90.1%	90.4%
Admitted Pathways	72.9%	65.0%	67.3%	64.8%	65.3%
Non-admitted Pathways	95.1%	94.2%	93.9%	95.0%	94.5%

Diagnostics

The national target is that no patient waits more than six weeks for one of a number of identified key diagnostic tests. Locally this target has been set at four weeks.

The national target has been met and there are no patients awaiting diagnostics for more than six weeks. Details of the diagnostic waits over the local target of four weeks are included below in Table 5:

Table 5: Diagnostic Performance over Four Weeks

Diagnostic	***Dec - 13***	***Jan - 14***	***Feb - 14***	***Mar-14***	***Apr-14***
Colonoscopy	1	5	0	1	0
Cystoscopy	8	4	0	2	7
MRI	3	6	0	0	0
CT	0	0	0	0	0
US (non obstetric)	52	0	14	2	0
Barium	8	0	0	0	0
Total	**72**	**21**	**14**	**5**	**7**

The Cystoscopy performance continues to be adversely impacted by the lack of capacity and the competing demands of diagnostic and surveillance cystoscopies. The main challenge to resolving this is access to scoping facilities to establish an additional list.

Unavailability

To ensure continued delivery of Waiting Times targets, it is essential that patient unavailability is closely monitored and that patients are managed in accordance with national guidelines. Fortnightly meetings are in place to provide assurance that unavailability codes are being used appropriately across all services.

Information regarding unavailability is shown in Table 6 below.

Table 6: Monthly Unavailability Statistics

Unavailable	***Dec - 13***	***Jan - 14***	***Feb - 14***	***Mar-14***	***Apr-14***	***May-14***
Unavailable: patient advised	202 (77.7%)	194 (75.2%)	212 (73.4%)	164 (61.7%)	147 (55.9%)	159 (64.4%)
Unavailable: medical	48(22.3%)	64(24.8%)	77(26.6%)	102 (38.3%)	116 (44.1%)	88 (35.6%)
Inpatient/day cases	250 (17.6%)	258 (17.3%)	289 (20.1%)	266 (20.1%)	263 (21.5%)	247 (20.8%)

“Unavailable: Patient Advised” is the recognised national descriptor for those patients who have advised that they are unavailable for treatment on the dates offered often due to the fact that they have opted to remain longer on the waiting list in order to be treated at the Borders General Hospital or are otherwise unavailable due to for example, holidays or work arrangements.

"Unavailable: Medical" is the recognised national descriptor for patients who are not deemed to be medically fit for their operation at the current time.

Cancer Waiting Times

Two cancer standards are in place on which NHS Boards are asked to deliver. The 62 day urgent referral to treatment standard includes screened positive patients and all patients referred urgently with a suspicion of cancer.

The 31 day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to treatment. The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

There were no breaches of the 62-day standard in January and one in February 2014. There were no breaches of the 62-day standard in March (Urology patients). This represents an achievement of 96.43% for the quarter. The 95% standard for the quarter will therefore be achieved.

There are no anticipated significant issues with delivering the 31-day standard for the January-March 2014 quarter, and the quarterly performance is predicted to be 100%

There were no breaches of the 31-day standard in April. There are no breaches predicted for May.

Delayed Discharges

The current target for 2013/15 is to reduce to zero delays over four weeks. NHS Borders are working to what will be the new national target from April 2015 of 14 days. As at the census point of 15th May, there were six patients waiting over 14 days. More detail is provided in Table 7 below:

Table 7: Delayed Discharges

Delayed Discharges as at 15th May Census

Table 5

Delay Category	Delayed Patients
0-7 days	0
7-14	11
Over 14	4
Over 28	2
Total Regular Delays	**17**
Complex	7
Code 100 - Reprovisioning	4
Grand Total	**28**

The code 100 – reprovisioning cases and the complex ones are not counted in the national census publications

ALLIED HEALTH PROFESSIONALS

Overview

For all Allied Health Profession (AHP) services, a local target of 9 weeks was identified as the standard which should be met from referral to initial appointment.

Table 8: AHP service performance against nine week target

AHP Service	*Dec - 13*	*Jan – 14*	*Feb - 14*	Mar - 14	Apr-14
Physiotherapy	193	329	313	374	547
Speech and Language Therapy	0	1	0	0	0
Dietetics	4	4	3	4	7
Podiatry	0	0	0	0	0
Occupational Therapy	0	2	7	10	14

Physiotherapy

The Physiotherapy service continues to face challenges due to a variety of factors. An Improvement Action Plan is now in place led and overseen by the Associate Director of AHPs, and is being monitored and progressed through a range of weekly actions. This includes Highlight Reports, activity scans and a Referral & Activity meeting with the Senior Physiotherapists.

The Senior Physiotherapists are being supported to implement new approaches to assessment and treatment including telephone screening and group interventions and being encouraged to use learning from other Boards who have been part of the national MSK Redesign pilot. Patients on the waiting list are being contacted to apologise for their wait for service and to check their current needs.

An interim appointment has been made, Lynn Morgan-Hastie, as Physiotherapy Professional Lead and a short term objective is clearly the rapid improvement of the management and delivery of waiting times for patients.

The project to transfer Physiotherapy from its current data system of EPEX onto Trakcare has recently started. A major benefit from this will be the ability to more proactively manage waits.

UNSCHEDULED CARE

Four Hour Emergency Access Standard

The Board is required to ensure that the maximum length of time from arrival at Accident & Emergency to admission, discharge or transfer is four hours for at least 95% of patients. The local target remains at the national standard of 98%. The NHS Borders April performance was 96%.

Table 9 – Performance against the emergency access standard.

Emergency Access	*Dec - 14*	*Jan - 14*	*Feb - 14*	*Mar-14*	*Apr-14*
Flow 1	99%	99%	99%	99%	99%
Flow 2	96%	97%	95%	97%	95%
Flow 3	97%	92%	94%	96%	93%
Flow 4	97%	95%	94%	96%	93%
Total	**98%**	**96%**	**97%**	**98%**	**96%**

There has been one patient who waited more than 12 hours in May 2014.

This current calendar year we have, to date, had 11.7% more attendances at ED than at the same point last year. May 2014 has been particularly challenging with 427 more attendances than May 2013 and 94 breaches of EAS compared to 19 in May 2013. Work continues through various improvement groups around patient flow and the Unscheduled Care Project Board are considering future unscheduled care delivery through alternative models of care.

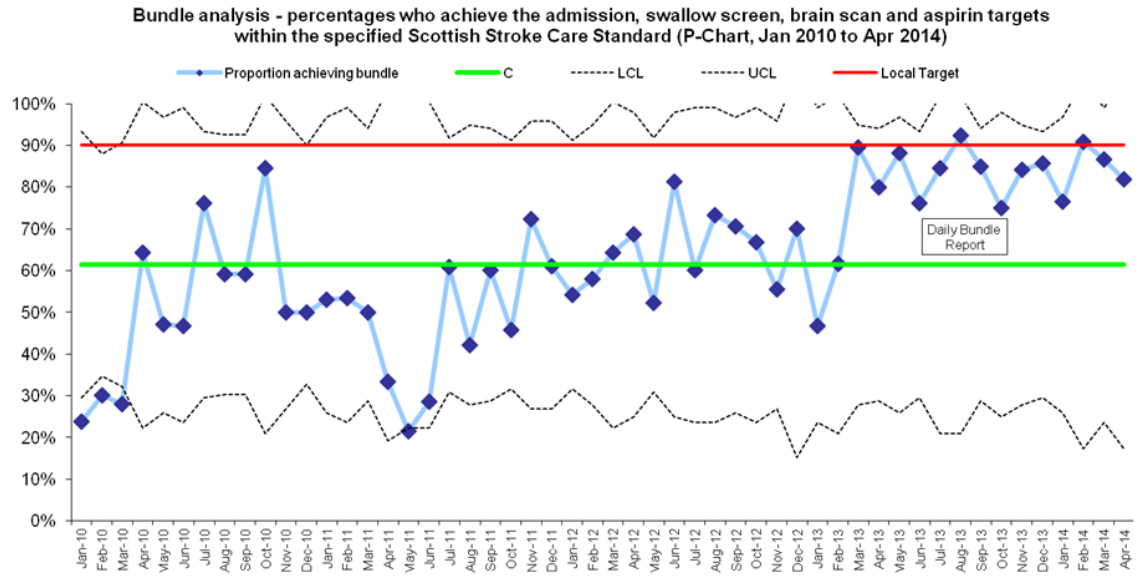
Stroke Bundle

There is currently no HEAT target associated with Stroke. Health Boards are required to report against the Scottish Stroke Care Standards.

The Stroke Bundle is made up of elements of the Scottish Stroke Care Standards which are;

- admission to a dedicated Stroke Unit within 1 day of admission
- a swallow screen test on day of admission
- a brain scan within 24hours of admission
- appropriate treatment initiated within one day of admission

Performance against the bundle as at the end of April 2014 is represented in the diagram below; Training of ED staff to perform swallow screen assessment in the dept. has led to the average swallow screen now being performed within 3 hours of admission to BGH.



MENTAL HEALTH

The Scottish Government has advised NHS Boards that they will evidence progress against national waiting time guarantees as reflected in the Local Delivery Plan (LDP). This will apply to mental health issues and will evolve over time.

The expectation is that from March 2013 Health Boards will deliver 26 weeks referral to treatment for Specialist Child and Adolescent Mental Health Services (CAMHS) reducing to 18 weeks by December 2014.

The Service is on track to deliver the target at the due date, with no patients reported waiting over 18 weeks since October 2013.

Additionally, from December 2014 Health Boards are expected to deliver 18 weeks RTT for Psychological Therapies.

Performance is as reported below:

Table 10 – Performance against 18 week RTT

	Dec - 14	***Jan -14***	***Feb - 14***	***Mar-14***	***Apr-14***
> 18 weeks	25	43	67	93	106

The reason for the increase is due to changes in the way these patients are being recorded in line with ISD guidance. Patients are now recorded from referral to treatment, whereas previously this was from referral to assessment. This change was introduced from the end of January 2014. There is significant Demand and Capacity work being undertaken by the service to plan for improved access.

Recommendation

The Board is asked to **note**:

- the ongoing performance and the challenges associated with scheduled care in particular the TTG and Outpatient Stage of Treatment standards.
- The improvement in TTG performance for all specialties other than orthopaedics.
- The ongoing challenges in Physiotherapy Waitng Times
- The challenging context in delivering 4-hour ED standard.

Policy/Strategy Implications	Not applicable
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	Leadership and engagement across all staff groups Capture of real time information. Maximisation of internal and external

	capacity
Compliance with Board Policy requirements on Equality and Diversity	Not applicable
Resource/Staffing Implications	As budgeted

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