

Borders NHS Board



ACCESS TO TREATMENT REPORT AT AUGUST 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' performance in relation to Waiting Time is measured against the number of weeks a patient waits for treatment.

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.

These Stage of Treatment targets support the delivery of two other commitments that Health Boards report upon : firstly, the Treatment Time Guarantee (TTG) which takes the existing target of 12 weeks for inpatient/daycase treatment and strengthens it in law; secondly an additional target to treat at least 90% of patients within 18 weeks from a referral by a GP to start of treatment. This is known as Referral to Treatment (RTT).

All of 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 inpatient/daycase waiting list has increased for patients waiting over both 9 and 12 weeks.

Table 1 Inpatient/daycase Stage of Treatment – patients waiting at end of month

Available Inpatient/daycase	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
>9weeks	90	247	133	115	123	115	120	101	167
>12weeks	10	27	38	16	4	11	8	5	20
Total Waiting	1,434	1,428	1,437	1,063	1,051	1,305	1,299	1,260	1,165

The increase in patients waiting over 12 weeks is predominantly related to ENT patients listed for treatment at outpatient clinic by a locum ENT consultant who was subsequently unable to commit to undertaking operating. These patients have all required an additional review from local ENT consultants, prior to operation, resulting in them exceeding their 12 weeks target date. A number of other ENT patients will exceed 12 weeks in September, all of whom require procedures of a specialist nature. The remaining patients have been managed to avoid exceeding 12-week target.

The remainder of breaches are related to a range of issues including bed pressures, patients sent to private sector but requiring NHS facilities and two administrative errors. Additional training for administrative staff is being arranged.

For Outpatients, at the end of August 2014, there has been an increase in new outpatients reported as waiting longer than 12 weeks.

Table 2 – New Outpatient Stage of Treatment – patients waiting

Available Outpatient	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
>9weeks	365	567	391	337	434	472	366	556	805
>12weeks	59	166	167	34	68	136	132	155	286
Total Waiting	4,210	4,316	4,201	4,198	4,092	4,327	4,507	4,502	4,232

Patients waiting over both 9 and 12 weeks have increased sharply because of increased numbers in ENT and Dermatology. The following specialties continue to be challenging:

- **ENT** has increased due to loss of locum cover, as described above. A private provider has been contracted to deliver additional weekend clinics and operating following a tender process. This will bring ENT numbers below 12 weeks by February 2015. This includes treating a build-up of 100 patients and meeting ongoing 30% shortfall in capacity.
- **Dermatology** where reduction in capacity has been exacerbated by annual leave. A second consultant commences in early October and with some additional sessions, this is expected to bring numbers back below 12 weeks over course on October and November.
- **Oral Surgery** continues to be challenging due to 40% service under-capacity. Some additional support from NHS Lothian has been provided although this is no longer available and plans are in place to commission a private provider to provide outpatient and operating capacity. This is likely to take until December 2014 to bring numbers below 12 weeks.

There are a range of specialties reporting small numbers of breaches and focused work to address booking and capacity issues in these specialties will be undertaken in September and October. A trajectory to reduce outpatient waits below 84 days is being developed.

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 shows numbers of TTG breaches each month.

Table 3 Inpatient Performance Against TTG

<i>Inpatient (Available Patients)</i>	<i>Dec -</i>	<i>Jan -</i>	<i>Feb -</i>	<i>Mar-</i>	<i>Apr-</i>	<i>May-</i>	<i>Jun-</i>	<i>Jul-</i>	<i>Aug-</i>
>12weeks	13	14	14	14	14	14	14	14	14
	10	11	20	37	17	8	9	8	5

The reduction in TTG breaches to August reflects improvement in the booking process and early planning.

As noted above, TTG breaches will be impacted by the number of ENT breaches sustained and this will show in our reporting between September and November. Once these have worked through, this issue will resolve.

We are currently experiencing staffing pressures in Theatres. This has resulted in a number of short-notice cancellations of theatre lists. There are 8 TTG breaches expected as a result which will be reported in September, October and November. Actions to identify additional staff to support theatre operation have been undertaken and it is anticipated that full theatre operation should be re-established in October 2014.

There have been a number of occasions where lack of ITU beds and lack of elective beds has resulted in cancellations. As we move into the winter period anticipatory work to address this is underway as part of the Winter Plan.

We are currently predicting 16 TTG breaches in September, a further 13 in October and 9 in November.

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%.

We have continued to sustain >90% against RTT standard. There is little change in the areas of pressure – Orthopaedics, Oral Surgery and ENT. There was a slight worsening of the position in August, compared to July. This was related to a reduction in total numbers of patients seen due to a drop of 155 patients seen in Audiology, Medical Specialties, General Surgery and Gynaecology as a result of annual leave. There was slightly poorer

achievement against target for Orthopaedic, Oral Surgery and ENT non-admitted patients and General Surgery, Oral Surgery and Orthopaedic admitted patients.

Table 4: Overall Monthly Performance against 18 week RTT

Performance	Dec - 13	Jan- 14	Feb - 14	Mar - 14	Apr - 14	May - 14	Jun - 14	Jul - 14	Aug - 14
Overall	92.0%	90.1%	90.0%	90.1%	90.4%	90.6%	90.2%	91.5%	90.4%
Admitted Pathways	72.9%	65.0%	67.3%	64.8%	65.3%	72.6%	74.8%	77.4%	74.7%
Non-admitted Pathways	95.1%	94.2%	93.9%	95.0%	94.5%	93.8%	92.8%	93.9%	92.7%

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	May- 14	Jun- 14	July- 14	Aug- 14
Colonoscopy	1	5	0	1	0	0	0	15	23
Cystoscopy	8	4	0	2	7	12	16	8	2
MRI	3	6	0	0	0	0	0	22	0
CT	0	0	0	0	0	0	0	0	0
US (non obstetric)	52	0	14	2	0	0	0	0	4
Barium	8	0	0	0	0	0	0	0	1
Total	72	21	14	5	7	12	16	45	30

Colonoscopy performance continues to be poor as a result of a surge in referrals and the impact of annual leave, together with reduction of capacity following withdrawal of Lothian contract. There are early indications that this situation now appears to be improving slightly. The peak in MRI breaches in July was related to waiting list work. Additional sessions have brought this back to zero. Ultrasound breaches are related to lack of cover for annual leave.

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.

Information regarding unavailability is shown in Table 6 below.

Table 6: Monthly Unavailability Statistics (Inpatient and daycase waiting list)

Unavailable	Dec - 13	Jan – 14	Feb – 14	Mar- 14	Apr- 14	May- 14	Jun- 14	July- 14	Aug- 14
Unavailable: Pt advised	202 (77.7%)	194 (75.2%)	212 (73.4%)	164 (61.7%)	147 (55.9%)	159 (64.4%)	154 (66.4%)	169 (71.6%)	142 (64.8%)
Unavailable: medical	48 (22.3%)	64 (24.8%)	77 (26.6%)	102 (38.3%)	116 (44.1%)	88 (35.6%)	78 (33.6%)	67 (28.4%)	77 (35.2%)
Inpatient/day cases	250 (17.6%)	258 (17.3%)	289 (20.1%)	266 (20.1%)	263 (21.5%)	247 (20.8%)	232 (19.8%)	236 (20.4%)	219 (18.8%)

“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.

There has been a fall in total numbers of patients unavailable. The reduction is related to small falls in both social unavailability and patients requesting treatment in local health board.

There has been no change in total numbers of patients unavailable due to medical reasons, although percentage has increased as total numbers available has reduced.

The current pathway for patients to be listed for procedures runs in parallel to the pre-operative assessment process. This means that patients may be listed for treatment and subsequently identified as unfit for treatment. A new pathway has been identified to list patients following pre-operative assessment. This will ensure that patients who are not fit for treatment are not listed until medical problems have resolved. This would reduce numbers medically unavailable and reduce numbers of patients removed from waiting list without treatment. It is planned to develop a new process for implementation in January 2015.

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 have been no breaches of the 62-day or 31-day standards in July or August 2014. To date, there have been no breaches in September, although there is 1 patient at risk of breach of 62-day standard. The 95% standards are therefore predicted to be achieved for July-Sept 2014.

Delayed Discharges

The current target for 2014/15 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 in August, there were eight patients waiting over 14 days. More detail is provided in Table 7 below:

	Apr- 14	May- 14	Jun- 14	Jul- 14	Aug- 14
No. Delayed Discharges over 2 weeks	5	6	10	10	8
Delayed Discharges under 2 weeks	8	11	6	8	5

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	May- 14	Jun- 14	July- 14	Aug- 14
Physiotherapy	193	329	313	374	547	717	838	1076	1057
Speech and Language Therapy	0	1	0	0	0	0	0	0	0
Dietetics	4	4	3	4	7	3	0	3	8
Podiatry	0	0	0	0	0	0	3	0	0
Occupational Therapy	0	2	7	10	14	14	10	10	14

Physiotherapy

The Board were updated at their recent meeting on September 4th 2014 by the Interim Lead for Physiotherapy. The Physiotherapy service continues to face challenges due to a variety of factors. However they are continuing to stabilise and improve the position particularly in relation to more robust action to address waiting times performance.

- An Improvement Action Plan is in place and being monitored weekly, progressed through a range of actions.
- The MSK National Lead and Programme team will be working with local Physiotherapy service on 7th October 2014
- MSK physiotherapy outpatient clinics will move into the Trakcare application phasing in from the week of 29 September 2014 through a rolling 3 week programme across the MSK clinics
- An external review of the service has been requested by the Productivity and Benchmarking Panel to review capacity, demand and the workforce profile. This is due to report the week of 22nd September 2014.
- Locum has been in place in Peebles for 5 weeks and seen 140 new and 107 review patients. A second locum has started in BGH on 15th September for 10 weeks. The locum in Peebles will move to Hawick on 20th October for a further 9 weeks.

- The service has been able to appoint to 2 of 3 vacancies – with start dates in late September. Staff will be placed in Hawick and BGH.

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 August performance was 95%.

Table 9 – Performance against the emergency access standard.

Emergency Access	Dec-14	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	July-14	Aug-14
Flow 1	99%	99%	99%	99%	99%	99%	99%	99%	99%
Flow 2	96%	97%	95%	97%	95%	91%	91%	93%	91%
Flow 3	97%	92%	94%	96%	93%	95%	90%	96%	89%
Flow 4	97%	95%	94%	96%	93%	92%	87%	95%	90%
Total	98%	96%	97%	98%	96%	96%	95%	97%	95%

While we continue to deliver against the national target of 95%, we are finding maintaining performance at 98% challenging. As the data demonstrates, while we have consistently maintained minor flow work streams which account for 50% of overall attendances, at the same time we have seen performance on admitted pathways (flows 3 and 4) is significantly lower than would have been expected for the summer months.

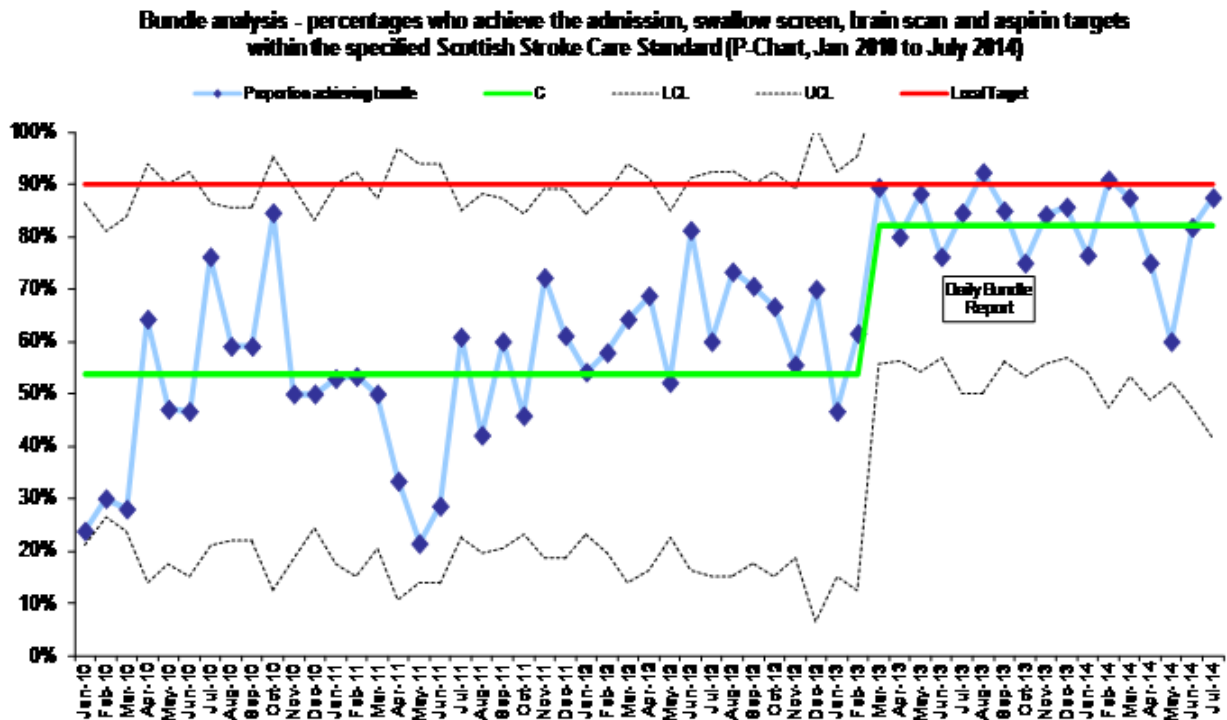
Stroke Bundle

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;

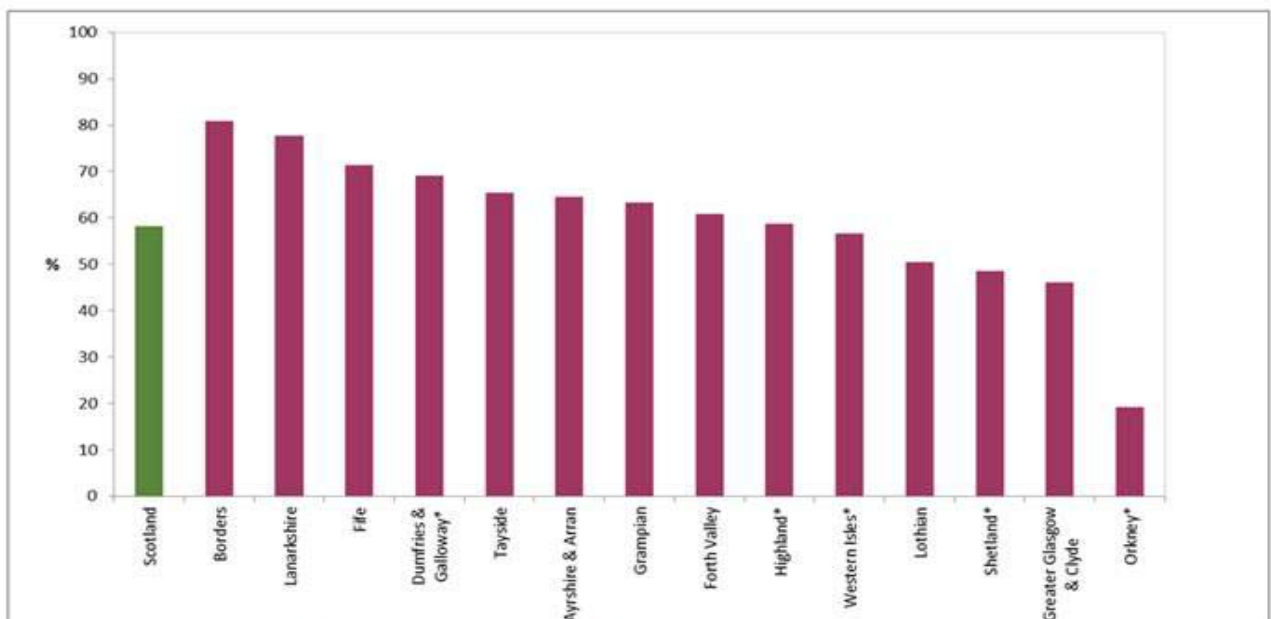
- admission to a dedicated Stroke Unit within 1 day of admission
- a swallow screen test on day of admission
- a brain scan within 24hours of admission
- appropriate treatment initiated within one day of admission

Performance against the bundle as at the end of June 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.



In September data was presented representing all boards across NHS Scotland and NHS Borders was held as a leading example on Stroke Bundle care delivery. The stroke service work now consists of embedding this practice in all areas of the stroke admission pathway.

Performance against Bundle by NHS Board in 2013



Improved from 48% to 58% between 2012 and 2013

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 CAMHS, Psychological Therapies and Drug & Alcohol Treatments.

CAMHS

The requirement 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.

As at July 2014, the Service remains on track to deliver the target at the due date, with no patients reported waiting over 18 weeks since October 2013.

NB There is a 1 month lag in reporting due to national verification requirements.

Psychological Therapies

The requirement is that 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

	Feb - 14	Mar - 14	Apr – 14	May- 14	Jun- 14	July- 14	Aug- 14
> 18 weeks	67	93	106	98	81	66	63

The table above shows current waits for Psychological Therapy. There is significant work being undertaken by the service to plan for improved and more timely access. This has a main focus of increasing the delivery of therapy by non Clinical Psychology qualified therapists.

Drug & Alcohol Treatment

This is a national HEAT Standard where the ongoing requirement is to deliver 3 weeks RTT for 90% of progressed referrals.

Performance is consistently above the target with August 2014 performance at 100%.

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 ongoing challenges in Physiotherapy Waiting 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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