Borders NHS Board

ACCESS TO TREATMENT REPORT AT OCTOBER 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).

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.

The Board has faced a difficult year in managing access standards due to significant capacity challenges in a number of areas. However, this report outlines positive improvements in planning and delivery of waiting times and a move to more sustainable services.

Stage of Treatment – the building blocks

The Board has the following number of patients on its waiting lists shown against 9 and 12 weeks waiting.

There has been a decrease in 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*	*Sep-14*	*Oct-14*
>9weeks	90	247	133	115	123	115	120	101	167	159	127
>12weeks	10	27	38	16	4	11	8	5	20	23	12
Total Waiting	1,434	1,428	1,437	1,063	1,051	1,305	1,299	1,260	1,165	1,062	1,062

The majority of patients currently waiting over 12 weeks are ENT patients (8 patients) as a result of loss of locum capacity. All of these patients will be treated in November. Interim solutions to manage ENT inpatient waiting times are in place. Interviews for a substantive additional Consultant are taking place in November.

The remainder are Orthopaedic (3 patients) and Oral Surgery patients and are planned to be treated in November and early December.

We continue to carry risks of short-notice breaches of TTG in a number of specialties, in particular Orthopaedics, Oral Surgery and General Surgery.

An outline trajectory to establish 9-week waits in all inpatient specialties has been prepared. 3 specialties (Dentistry, Gynaecology and Paediatric Surgery) are already below 9 weeks and the remainder of specialties should achieve a 9-week wait by April 2015, apart from Orthopaedics. A more detailed trajectory and action plan, as well as a plan to reduce orthopaedic waiting list is underway.

Plans are in place to manage inpatient waiting times over the festive period, when there will be some loss of operating capacity.

For Outpatients, there has been a continued deterioration of the waiting times position since August. This is as expected and reported at the Strategy and Performance Board meeting last month. It is anticipated that the position will worsen in November before reducing from December onwards.

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*	*July-14*	*Aug-14*	*Sep–14*	*Oct-14*
>9weeks	306	567	391	337	434	472	366	556	805	897	962
>12weeks	59	166	167	34	68	136	132	155	286	429	461
Total Waiting	4,210	4,316	4,201	4,198	4,092	4,327	4,507	4,502	4,232	4,876	4,991

Increases in patients waiting over both 9 and 12 weeks continue to be related to the same specialties;

- **ENT** waits at the end of October account for 37% of patients waiting over 12 weeks with an increase to 171 >12 weeks (August: 125) and 272 >9 weeks (August: 231). A private provider has now been engaged to undertake a number of additional clinics within the BGH, and we expect to reduce below 12 weeks by May 2015. Appointment of an additional ENT consultant should enable sustainable delivery of 12 week standard.
- **Dermatology** waits have increased sharply, as noted in the previous Board report, due to lack of cover for consultant annual leave prior to commencement of 2nd Consultant Dermatologist. At the end of October, Dermatology waits > 12 weeks had increased to 140 >12 weeks (August: zero) and 260 >9 weeks (August:102). Plans are now in place to reduce back down to 12 weeks by January 2015.
- **Oral Surgery** has improved slightly with 26 >12 weeks (August: 30) and 46 >9 weeks (August: 58) as a result of the use of a private provider to undertake additional clinics. Additional NHS locum support has now been sourced which will increase capacity in the short-term and help reduce waiting times. A 12-week waiting times position is expected to be achieved by December 2014. Interviews are planned for a full-time Oral Surgery consultant. Once appointed, this will provide sustainable capacity on an ongoing basis.

There are additional challenges in Gastroenterology where work is underway to identify ability to increase capacity; Chronic Pain Services, where booking processes are being reviewed to reduce numbers of patients waiting over 12 weeks and Rheumatology where regular additional clinics are supporting waiting times. These plans are in development to identify additional sustainable capacity. A firmer position for these specialties is likely to be available next month.

A trajectory to reduce outpatient waits to 12 weeks and to 9 weeks is included in Appendix 1.

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.

The table below shows numbers of TTG breaches each month.

Table 3 Inpatient Performance Against TTG

Inpatient *(Available Patients)*	***Jan - 14***	***Feb - 14***	***Mar-14***	***Apr-14***	***May-14***	***Jun-14***	***Jul-14***	***Aug-14***	***Sep-14***	***Oct-14***
>12weeks	11	20	37	17	8	9	8	5	19	15

The August Board Report noted that TTG breaches would be impacted by the number of ENT breaches sustained. This is demonstrated in the increased number of TTG breaches reported for September and October. This position will continue into November with an expected 10 TTG breaches and a final 2 TTG breaches in December.

Issues with staffing pressures in Theatres have now been resolved. There continue to be pressures on ITU beds which have resulted in short-notice cancellations.

As noted above, we will reach a zero position for TTG breaches by mid-December, although this position will continue to be at risk from short notice pressures, including theatre staffing and beds. Work to improve headroom, as outlined above, will reduce this risk, in particular, work to reduce orthopaedic waiting list size.

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. A comprehensive review of RTT data collection is being undertaken and this is expected to improve the RTT position in coming months.

Physiotherapy has commenced recording activity through TRAK. RTT patient journeys are recorded through TRAK. Pathways that complete within a service, such as Physiotherapy, that does not use Trak are recorded as 'unknown clock stops' and do not count towards the RTT measure (these total approximately 8% of patient journeys). Once Physiotherapy recoding onto TRAK is robust, this data will be included in the RTT performance. However, this process is at an early stage and it is not anticipated that we will reach a robust reporting position for TRAK data for a number of months. Physiotherapy is therefore not yet being reported within RTT.

Table 4: Overall Monthly Performance against 18 week RTT

Performance	***Feb - 14***	***Mar-14***	***Apr-14***	***May-14***	***Jun-14***	***Jul-14***	***Aug-14***	***Sep-14***	***Oct-14***
Overall	90.0%	90.1%	90.4%	90.6%	90.2%	91.5%	90.4%	90.6%	90.1%
Admitted Pathways	67.3%	64.8%	65.3%	72.6%	74.8%	77.4%	74.7%	78.5%	67.5%
Non-admitted Pathways	93.9%	95.0%	94.5%	93.8%	92.8%	93.9%	92.68%	92.4%	93.8%

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	*Jan - 14*	*Feb - 14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*July-14*	*Aug-14*	*Sep-14*	*Oct-14*
Colonoscopy	5	0	1	0	0	0	15	23	0	23
Cystoscopy	4	0	2	7	12	16	8	2	5	9
MRI	6	0	0	0	0	0	22	0	0	0
CT	0	0	0	0	0	0	0	0	0	0
US (non obstetric)	0	14	2	0	0	0	0	4	0	43
Barium	0	0	0	0	0	0	0	1	0	0
Total	**21**	**14**	**5**	**7**	**12**	**16**	**45**	**30**	**5**	**95**

Colonoscopy performance has worsened and continues to be a risk. A detailed weekly review of Colonoscopy demand and capacity is underway, to explore ways in which the waiting times can be reduced. Ultrasound capacity has reduced due to maternity leave and the loss of regular locum. Some additional sessions have been put in place and there are plans to establish additional lists from January. However the position is likely to remain challenging for November and December.

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	*Feb – 14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*July-14*	*Aug-14*	*Sept-14*	*Oct-14*
Unavailable: patient advised	212 (73.4%)	164 (61.7%)	147 (55.9%)	159 (64.4%)	154 (66.4%)	169 (71.6%)	142 (64.8%)	143 (64.1%)	127 (57.0%)
Unavailable: medical	77 (26.6%)	102 (38.3%)	116 (44.1%)	88 (35.6%)	78 (33.6%)	67 (28.4)	77 (35.2%)	80 (35.9)	96 (43.0%)
Inpatient/day cases	289 (20.1%)	266 (20.1%)	263 (21.5%)	247 (20.8%)	232 (19.8)	236 (20.4)	219 (18.8)	223 (18.8)	223 (19.7%)

"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 continuing fall in patient-advised unavailability, as our reliance on external providers has reduced.

There is no identified reason for the increase in numbers of patients medically unavailable.

As noted in the August Board report, work is ongoing to streamline the pathway for placing patients on the waiting list. This will mean that patients are added to the waiting list immediately following outpatient and pre-operative assessment clinics. Patients who are not fit for treatment will not be listed until medical problems have resolved. This will reduce numbers medically unavailable. This change is now scheduled to take place 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 was one breach of the 62-day standard in the quarter from Jul-Sept 2014, resulting in a quarterly return of 98.51%, which is above the 95% national standard.

There were no breaches of 31-day standard in the quarter from Jul-Sept 2014, resulting in a quarterly return of 100%.

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:

Table 7

	Apr-14	**May-14**	**Jun-14**	**Jul-14**	**Aug-14**	**Sept-14**	**Oct-14**
No. Delayed Discharges over 2 weeks	5	6	10	10	8	1	3
Delayed Discharges under 2 weeks	8	11	6	8	5	6	7

To achieve the new 2 week target further improvement is required. To this end a Project Initiation Document has been agreed by NHS Borders and Scottish Borders Council to implement the aim that when a patient no longer requires to remain in hospital they should be discharged home and post hospital rehabilitation care and support needs met by the community health and care team.

The plan will be developed to incorporate:

- Connected Care Programme Delivery
- Implementation of CEL 23 (2013) Guidance on choosing a care home on discharge from hospital"
- Action from the Joint Improvement Team "Home First – Ten actions to Transform Discharge"
- Action from the Joint Improvement Team Discharge Task Force
- Revision of the NHS Borders/Scottish Borders Council Adult Patient Discharge and Transfer Policy
- A focus on implementation and Delivery

It should also be noted that NHS Borders and Scottish Borders Council have submitted a bid for additional funds in respect of the purchase of 10 nursing home beds to support further short term reductions in average bed days lost due to delayed discharges as part of winter surge capacity. It is anticipated that this bid will be successful and that the proposal is to be initiated to ensure that by early December 2014 reductions are achieved in occupied bed days due to delayed discharges.

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	*Feb-14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*July-14*	*Aug-14*	*Sep-14*	*Oct-14*
Physiotherapy	313	374	547	717	838	1076	1057	916	724
Speech and Language Therapy	0	0	0	0	0	0	0	0	2
Dietetics	3	4	7	3	0	3	8	7	4
Podiatry	0	0	0	0	3	0	0	0	0
Occupational Therapy	7	10	14	14	10	10	14	13	9

Physiotherapy

The Board have been updated regularly about the continuing challenges within Physiotherapy. There has been some improvement in numbers waiting over 9 weeks in October. However, this position is likely to worsen again in November as a result of staff vacancies and loss of locum cover.

As the Board has been briefed, action to develop new models of working (telephone triage and self-management packs for GPs) that will reduce demand is underway but unlikely to be implemented until April 2015.

Weekly review of status of waiting times, staffing and activity continues to be undertaken and staffing challenges addressed where possible. However the service has not yet achieved a sustainable position where capacity matches demand.

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 October performance was 97%.

Table 9 – Performance against the emergency access standard.

Emergency Access	*Jan-14*	*Feb-14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*July-14*	*Aug-14*	*Sep-14*	*Oct-14*
Flow 1	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%
Flow 2	97%	95%	97%	95%	91%	91%	93%	91%	89%	89%
Flow 3	92%	94%	96%	93%	95%	90%	96%	89%	90%	95%
Flow 4	95%	94%	96%	93%	92%	87%	95%	90%	92%	92%
Total	**96%**	**97%**	**98%**	**96%**	**96%**	**95%**	**97%**	**95%**	**95%**	**97%**

While we continue to deliver against the national target of 95%, we continue to find achieving performance at 98% particularly challenging.

There have been improvements in Flow 1 (minor injury and illness) as a result of improvement work and Flow 3 (medical Admissions) as a result of reduced pressure on beds. This links with the reduced numbers of patients staying in the BGH when no longer necessary as evidenced by day of Care Audit data.

Flow 2 (medical assessment) and Flow 4 (surgical admissions) continue to be challenging. Further improvement work in both areas is required.

Winter planning activity has focused on ensuring we have structured and robust capacity and flow management plans aimed at improving and maintaining patient flow ahead of the winter.

Stroke Bundle

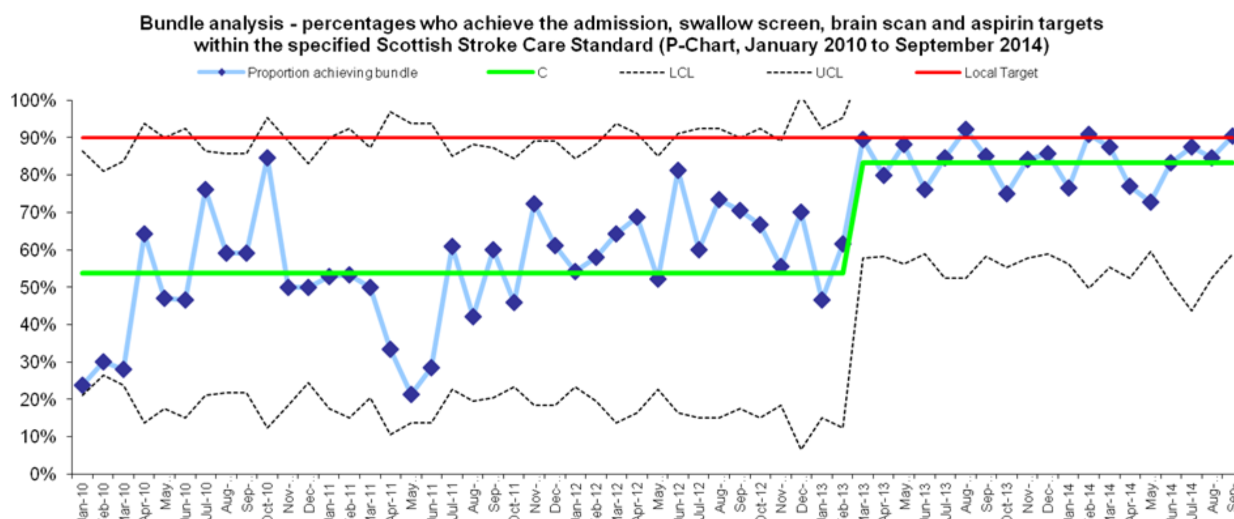
Having moved on from the HEAT target to Stroke BUNDLE measurement against individual patients, daily reporting of red/amber/green (RAG) status has consistently maintained the bundle elements as a high priority in care delivery.

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

- 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

NHS Borders now has stroke champions in MAU and ED who support the teams in delivery of the bundle and working alongside the stroke coordinator cascade training and education within the areas across all disciplines.

Extensive training in the swallow screen across the stroke pathway has led to NHS Borders, who are the only board in Scotland with a local target of swallow screen within 4 hours of admission, to achieve an average wait of under 4 hours from arrival to screening which ensures the safety of stroke patients from aspiration pneumonia, a common cause of deterioration in Stroke patients in the initial 72 hours.



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***	***Sep - 14***	***Oct - 14***
> 18 weeks	67	93	106	98	81	66	87	73	106

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 October 2014 performance at 100%.

Recommendation

The Board is asked to note:

- the ongoing the challenges associated with scheduled care in particular the TTG and Outpatient Stage of Treatment standards and the work to address these
- 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

Approved by

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NHS Borders Waiting Times

Trajectory Plans for 12 weeks and 9 weeks

We are predicting the following trajectories:

Outpatients

Specialty	Time to achieve 12 weeks	Time to achieve 9 weeks
GI	March	End March
Oral Surgery	January	End Jan
ENT	April	End May
Dermatology	February	End Feb
Rheumatology	February	End April
General Surgery	Jan	March
Ophthalmology	Achieved	End March
Orthopaedic Surgery	Jan	End April
Respiratory	Achieved	End Feb
Other Specialties	January	February

Inpatients

Specialty	Time to achieve 9 weeks
Dentistry	Achieved
ENT	End Jan
ENT Paediatrics	End Jan (shared cell)
General Surgery	End March
Gynaecology	Achieved
Ophthalmology	End Feb
Oral Surgery/Medicine	End March
Orthopaedic Surgery	*see below
Paediatric Surgery	Achieved
Urology	End April

Orthopaedic service currently has an excess of patients over capacity on waiting list.

A plan to identify additional capacity to treat approximately 100 extra patients by the end of March is in development.

A trajectory to reduce Orthopaedic waiting times to 9 weeks will be established once this is complete.