Borders NHS Board

ACCESS TO TREATMENT REPORT JUNE 2015

Aim

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

PERFORMANCE

INPATIENTS, DAYCASES, OUTPATIENTS AND DIAGNOSTICS

Overview

The performance of Health Boards in relation to Waiting Times 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.

In 2015/16, the Board continues to face challenges in the achievement of our waiting times standards. However, although the pace of improvement is slower than planned, we are working steadily towards achievement of 9 week waits in both inpatients and outpatients.

Stage of Treatment – Inpatients and daycases

The Board has the following number of patients on its waiting lists, including the number waiting over 9 and 12 weeks.

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

Available Inpatient /daycase	*Jun-14*	*Jul-14*	*Aug-14*	*Sep-14*	*Oct-14*	*Nov-14*	*Dec - 14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May -15*	*Jun -15*
9-12 weeks	120	101	167	159	127	141	157	181	150	133	98	115	70
>12weeks	8	5	20	23	11	6	5	30	52	27	17	19	7
Total Waiting	1,299	1,260	1,165	1,062	1,062	1,070	1,024	1,089	1,026	1,036	913	908	904

At the end of June the number of patients reported as waiting over 12 weeks has improved significantly with a figure of 7 now reported. All of these are due to cancellations in General Surgery and Orthopaedics.

All but one patient currently waiting over 12 weeks have dates for treatment. However, we continue to carry the risk of further patients exceeding 12 weeks due to short notice cancellation.

There are continuing challenges around capacity in Orthopaedics, and we are working through options to address these.

Stage of Treatment – Outpatients

The improvement in the outpatient waiting times position noted in the April Board report has continued in May and June 2015 for patients waiting over 9 weeks with slightly more patients waiting over 12 weeks in June 2015.

Table 2: New Outpatient Stage of Treatment – patients waiting

Available Outpatient	*Jun-14*	*July-14*	*Aug-14*	*Sep–14*	*Oct-14*	*Nov-14*	*Dec-14*	*Jan-15*	*Feb 15*	*Mar 15*	*Apr-15*	*May 15*	*Jun-15*
>9 weeks	366	556	805	897	962	941	1001	1059	959	698	757	751	743
>12weeks	132	155	286	429	461	421	533	525	497	285	350	346	398
Total Waiting	4,507	4,502	4,232	4,876	4,991	5,000	4,944	4,591	4,620	4,509	4,436	4,643	4,874

Outpatient Waiting Times have improved, but continue to be challenging, particularly within the Medical specialties.

Currently there are pressures within:

- Cardiology - capacity is an ongoing problem, and work is ongoing with the service to look for solutions to this.
- Chronic Pain - where we are in the process of implementing revised administrative processes and additional short-term capacity.
- Dermatology - is a particular concern at present. An additional Consultant post has been approved, however there were no applicants for the substantive position and

a year-long locum has been recruited to commence in September 2015. In the interim, additional clinics for both urgent and non-urgent patients are being organised.

- Diabetics / Endocrinology - also continue to be challenging. Additional short-term capacity has been organised with local clinicians whilst a longer term solution is identified.

New national targets to improve the outpatient position require NHS Borders to ensure:

1. That there are no patients waiting >15 weeks by the end of 2015. We are currently on trajectory to deliver this with 210 patients waiting over 15 weeks at end of June.
2. That 95% of patients are seen within 12 weeks by the end of 2015 (currently at 92%).

Our current trajectory is to deliver against these targets by end September 2015.

The 12 week Treatment Time Guarantee (TTG)

The table below shows reported numbers of TTG breaches each month.

Table 3: Inpatient Performance Against TTG

Inpatient *(Available Patients)*	***Jun-14***	***Jul-14***	***Aug-14***	***Sep-14***	***Oct-14***	***Nov-14***	***Dec - 14***	***Jan-15***	***Feb-15***	***Mar-15***	***Apr-15***	***May-15***	***Jun-15***
>12week	9	6	5	21	15	9	27	40	40	35	26	9	15

The number of TTG breaches reported has started to decline as noted in the previous Board report.

As consistently reported, the TTG breach numbers can be affected by cancellations and other short-notice issues affecting theatre throughput. Currently it is predicted that there will be seven breaches in August and one in September.

All of these are due to cancellations, and the patient due to receive treatment in September has requested this date.

As noted above, we continue to be at risk of further TTG breaches due to short-notice cancellation.

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%.

Table 4: 18 weeks Referral to Treatment (RTT)

Perf	***Jun-14***	***Jul-14***	***Aug-14***	***Sep-14***	***Oct-14***	***Nov-14***	***Dec - 14***	***Jan-15***	***Feb-15***	***Mar 15***	***Apr-15***	***May 15***	***Jun-15***
Overall	90.2%	91.5%	90.4%	90.6%	90.1%	90.0%	90.8%	90.1%	90.0%	90.1%	90.6%	90.3%	90.5%
Admitted Pathways	74.8%	77.4%	74.7%	78.5%	67.5%	72.4%	76.5%	71.3%	71.5%	71.6%	72.2%	71.9%	77.8%
Non-	92.8%	93.9%	92.7%	92.4%	93.8%	92.8%	92.9%	92.3%	92.8%	93.2%	94.0%	93.6%	92.4%

admitted Pathways	

NHS Borders has consistently achieved the 90% national standard. This has proven challenging over the last 12 months, due to a relatively poor performance on admitted pathways.

It is anticipated that 18wks performance will continue to improve as outpatient waiting times are reduced.

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. There has been a slight increase in patients waiting over 4 weeks for colonoscopy and MRI. There were 2 breaches of the 6 week standard in June – 1 in upper Endoscopy and 1 in custoscopy. 4 week performance is in Table 5:

Table 5: Diagnostic Performance over Four Weeks

Diagnostic	*May -14*	*Jun -14*	*July -14*	*Aug -14*	*Sep -14*	*Oct - 14*	*Nov - 14*	*Dec -14*	*Jan -15*	*Feb -15*	*Mar -15*	*Apr -15*	*May -15*	*Jun -15*
Endoscopy	0	0	0	0	0	0	0	0	0	0	0	0	7	6
Colonoscopy	0	0	15	23	0	23	7	43	37	9	5	10	9	14
Cystoscopy	12	16	8	2	5	9	15	26	1	0	8	18	4	5
MRI	0	0	22	0	0	0	1	0	0	0	0	0	2	15
CT	0	0	0	0	0	20	0	0	0	3	0	0	3	3
US (non obstetric)	0	0	0	4	0	43	82	101	56	0	0	0	0	3
Barium	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Total	**12**	**16**	**45**	**30**	**5**	**95**	**105**	**170**	**94**	**12**	**13**	**28**	**25**	**47**

- **Colonoscopy** – although colonoscopy waiting times improved in May 2015, they have deteriorated in June 2015 and are stabilised at around 4 weeks currently. A small amount of additional capacity has been put in place on a short-term basis.
- **Cystoscopy** - performance continues to be variable. Arrangements for additional cystoscopy capacity have been explored abut are problematic to establish, due to access to scoping rooms and clinical supervision requirements. A more detailed review of urology service provision is required to support this work.
- **MRI** – performance has deteriorated in June and is currently being reviewed.

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 to March is shown in Table 6 below.

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

Un-avail	*Jun-14*	*July-14*	*Aug-14*	*Sept-14*	*Oct-14*	*Nov-14*	*Dec-14*	*Jan-15*	*Feb-15*	*Mar 15*	*Apr-15*	*May-15*	*Jun-15*
Un-avail patient advised	154 (66.4 %)	169 (71.6 %)	142 (64.8 %)	143 (64.1 %)	127 (57.0 %)	109 (54.5 %)	152 (62.8 %)	118 (58.4 %)	137 (60.4 %)	128 (59.0 %)	157 (65,4 %)	201 (70.0 %)	183 (65.4 %)
Un- avail medical	78 (33.6 %)	67 (28.4 %)	77 (35.2 %)	80 (35.9 %)	96 (43.0 %)	91 (45.5 %)	90 (37.2 %)	84 (41.6 %)	90 (39.6 %)	89 (41.0 %)	83 (34.6 %)	86 (30.0 %)	97 (34.6 %)
In/pt day cases	232 (19.8 %)	236 (20.4 %)	219 (18.8 %)	223 (18.8 %)	223 (19.7 %)	200 (18.0 %)	242 (21.9 %)	202 (17.7 %)	227 (18.1 %)	217 (20.9 %)	240 (20.8 %)	287 (24.0 %)	280 (23.6 %)

There has been an increase in numbers of patients with patient advised unavailability. This is due to an increase in numbers of patients requesting local health board treatment. Some of this increase is related to the management of patients whose procedures have been cancelled to ensure that they do not exceed their Treatment Time Guarantee.

During the last month, the number of patients recorded with patient advised unavailability has reduced in Orthopaedics from 120 to 103, with other specialties remaining broadly static.

Looking at medical unavailability, this has increased from 86 to 97 patients, with the biggest increases in Orthopaedics (5 patients) and ENT (3).

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.

Cancer Waiting Times standards are reported quarterly. Until Quarter Jan-Mar 15, NHS Borders had consistently achieved the 62-day standard over the previous 5 consecutive quarters and the 31-day standard has been achieved every quarter since it was established;

Table 7: Cancer Waiting Times

Cancer waiting times	*July to Sept-13*	*Oct to Dec-13*	*Jan to Mar-14*	*Apr to Jun-14*	*July to Sept-14*	*Oct to Dec-14*	*Jan to Mar-15*	*Apr to Jun-15 (provisonal)*
62-day standard	93.9%	98.84%	96.77%	98.77%	98.51%	97.44%	94.4%	100.0%
31-days standard	100%	98.44%	100%	100%	100%	100%	97.8%	100.0%

Final figures for April to June 2015 are not yet available, but it is currently predicted that performance against both the 31 and 62 day targets will be reported at 100%.

Delayed Discharges

The new national target of zero delays over 14 days came into place in April 2015.Two month's figures are now available since the last Waiting Times Report.

As at the May 2015 DD Census, there were 0 patients waiting over 14 days and 1 patients waiting under 14 days.

As at the June 2015 DD Census, there was 1 patient waiting over 14 days and 8 patients waiting under 14 days.

In both May and June the Board reported 5 complex cases.

Table 8: Delayed Discharges

	Jun-14	Jul-14	Aug-14	Sept-14	Oct - 14	Nov - 14	Dec - 14	Jan-15	Feb-15	Mar-15	Apr-15	May 15	Jun 15
No. Delayed Discharges over 2 weeks	10	10	8	1	3	4	1	5	3	0	0	0	1
Delayed Discharges under 2 weeks	6	8	5	6	7	2	12	2	9	4	4	1	8

Since the November 2014 census there has been a steady reduction in the occupied bed days lost due to standard delays.

Performance in April and May has been particularly good and is unlikely to be bettered over the summer months whilst work in partnership with Scottish Borders Council continues to aim for further improvement and with due cognisance to the 72 hour target recently announced by the Scottish Government.

Actions include:

- A review of the current model of bed based care in the Scottish Borders
- Development of a whole system hub (discharge support and whole system intelligence)
- Improvements to the discharge planning process followed by Multi Disciplinary Teams in Community Hospitals facilitated by the Connected Care Team
- Focus on Mental Health and Learning Disabilities discharge planning processes with particular emphasis upon improvements in respect of discharges of adults with incapacity.

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 9: AHP service performance against nine week target

AHP Service	*Jun-14*	*Jul-14*	*Aug-14*	*Sep-14*	*Oct-14*	*Nov-14*	*Dec-14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*
Physiotherapy	838	1076	1057	916	724	594	626	878	942	905	1042	1018	1037
Speech and Language Therapy	0	0	0	0	2	0	0	0	0	0	0	0	0
Dietetics	0	3	8	7	4	7	3	6	7	2	4	6	3
Podiatry	3	0	0	0	0	0	0	1	0	0	0	0	0
Occupational Therapy	10	10	14	13	9	8	13	8	7	6	11	11	9

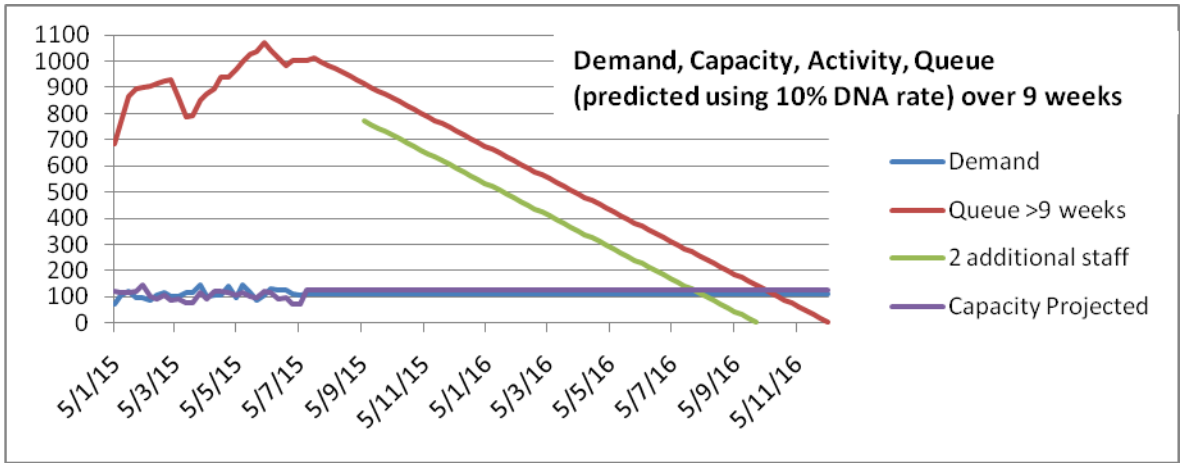
Physiotherapy

There are currently 1037 patients waiting over 9 weeks for physiotherapy treatment. The Physiotherapy Service is implementing the new leadership structure agreed in May 2015. There remains a proportion of vacant posts, where possible these have been filled but gaps in service provision remain whilst the redesign is being implemented. The new structure will give stability to the service going forward.

The number of patients waiting over 9 weeks for physiotherapy, has levelled between April and June 2015 Withth two additional staff starting in Julyand telephone call to those on the waiting list, the backlog will start to be addressed within the Musculoskeletal serviFurther work is being taken forward to increase the service capacity, including telephone consultations that are in place in three localities

A weekly review of the status of waiting times, staffing and activity continues to be undertaken and staffing challenges addressed where possible.

A report will be brought to the September meeting of the Board.



Nutrition and Dietetics

Dietetic breaches are predominantly related to capacity issues. Recruitment to vacant posts continues. Measures are in place to triage referrals.

Occupational Therapy

The waiting times within Occupational Therapy (OT) have fluctuated due to continued demand for specialist OT assessment and the vulnerability of there being only one OT with historically no 52 week cover.

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%.

Table 10: Performance against the emergency access standard.

Emergency Access	*Jun-14*	*July-14*	*Aug-14*	*Sep-14*	*Oct-14*	*Nov - 14*	*Dec - 14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*
Flow 1	99%	99%	99%	99%	100%	99%	97%	97%	97%	97%	98%	98%	97.9%
Flow 2	91%	93%	91%	89%	89%	94%	91%	86%	92%	86%	93%	92.5%	93.6%
Flow 3	90%	96%	89%	90%	95%	96%	82%	79%	81%	85%	96%	96%	96.2%
Flow 4	87%	95%	90%	92%	92%	98%	85%	85%	90%	89%	94%	93.5%	91.2%
Total	**95%**	**97%**	**95%**	**95%**	**97%**	**98%**	**91%**	**90%**	**91%**	**91%**	**95%**	**96.5%**	**96.4%**

The Emergency Access Standard delivery has maintained the improvement seen in April. There are continuing improvements in performance for Flow 3 (Medical admissions). This is due to availability of medical, beds. Flow 2 has sustained performance at around 93%. Further work is underway to ensure that all appropriate patients requiring medical assessment are transferred to the Medical Assessment Unit. Flow4 – surgical admissions – performance remains variable. Although small numbers, initiatives to improve flow of patients to surgical wards are planned.

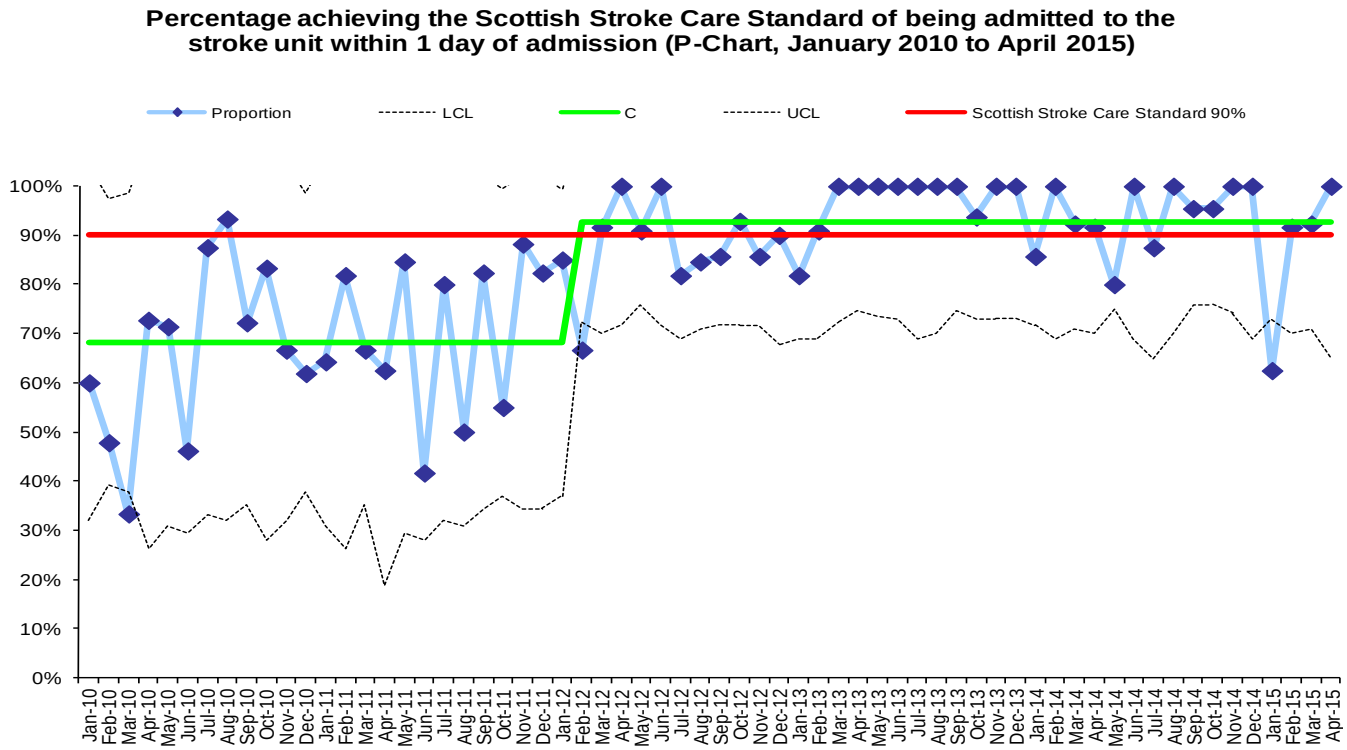
Stroke Bundle

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

Compliance with the bundle was impacted in January by unscheduled care pressures and the nature of medical boarders in the stroke unit. Improvements in admission processes has helped sustain an improved position to April 2015.



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 Health Boards will deliver 18 weeks referral to treatment for Specialist Child and Adolescent Mental Health Services (CAMHS).

The target for waiting times is 90%. In the quarter to March 2015 CAMHS achieved 90.9% The percentage performance for the quarter to June 2015 is not yet known due to waiting times process timelines, however there are currently 10 patients waiting over 18 weeks for this service.

Psychological Therapies

The requirement is that Health Boards are expected to deliver 18 weeks RTT for Psychological Therapies.

Performance is as reported below:

Table 11: Performance against 18 week RTT for Psychological Therapies

	Jun-14	***July-14***	***Aug-14***	***Sep - 14***	***Oct - 14***	***Nov-14***	***Dec-14***	***Jan-15***	***Feb-15***	***Mar-15***	***Apr-15***	***May-15***	***Jun -15***
> 18 wks	81	66	87	73	106	60	75	46	38	42	33	28	37

Additional capacity has been recruited to reduce the number of patients waiting over 18 weeks. As at the end of June, 14 of those patients waiting over 18 weeks have been offered an appointment in July 2015.

The reason for the increase in patients waiting from May to June is due to a reporting error which has now been resolved.

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 performance in April, May and June 2015 at 100%.

Recommendation

The Board is asked to **note**:

- the ongoing challenges associated with scheduled care in particular the TTG and Outpatient Stage of Treatment standards and the work to address these
- the performance against TTG for April to June and the actions taken to address future performance
- The ongoing challenges in Physiotherapy Waiting Times
- The challenging context in delivering 4-hour ED standard.

Policy/Strategy Implications	Scottish Government imperative that Boards comply with access to treatment targets and guarantees
Consultation	Clinical services contribute as appropriate
Consultation with Professional Committees	Leadership and engagement across all staff groups
Risk Assessment	Capture of real time information. Maximisation of internal and external capacity
Compliance with Board Policy requirements on Equality and Diversity	Yes, planning includes ensuring compliance
Resource/Staffing Implications	As budgeted

Approved by

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