Borders NHS Board

ACCESS TO TREATMENT REPORT OCTOBER 2015

Aim

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

Summary

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 9 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 6 weeks. Locally the aim is to achieve a wait of no more than 4 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 12 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	*Oct-14*	*Nov-14*	*Dec - 14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*	*Jul-15*	*Aug -15*	*Sep -15*	*Oct-15*
9-12 weeks	127	141	157	181	150	133	98	115	70	57	70	60	57
>12weeks	11	6	5	30	52	27	17	19	7	5	5	3	1
Total Waiting	1,062	1,070	1,024	1,089	1,026	1,036	913	908	904	923	964	906	856

At the end of October the number of patients reported as waiting over 12 weeks has improved significantly with a figure of 1 now reported. This was due to a cancellation in September, where the patient subsequently elected to delay treatment until November.

We continue to carry the risk of further patients exceeding 12 weeks due to short notice cancellation.

There are continuing long-term challenges around capacity in Orthopaedics, and we are working through options to address these. In the interim, weekend operating continues with the support of Synaptik, with in total 13 weekends of additional operating now planned.

Stage of Treatment – Outpatients

The improvement in the outpatient waiting times position remains relatively stable for patients waiting over 12 and 9 weeks.

Table 2: New Outpatient Stage of Treatment – patients waiting

Available Outpatient	*Oct-14*	*Nov-14*	*Dec-14*	*Jan-15*	*Feb 15*	*Mar 15*	*Apr-15*	*May 15*	*Jun-15*	*Jul-15*	*Aug-15*	*Sep-15*	*Oct-15*
>9 weeks	962	941	1001	1059	959	698	757	751	743	682	725	653	756
>12weeks	461	421	533	525	497	285	350	346	398	320	259	222	263
Total Waiting	4,991	5,000	4,944	4,591	4,620	4,509	4,436	4,643	4,874	4,811	4,647	4,642	4,847

Outpatient waiting times 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.
- Ear, Nose & Throat (ENT) - is a particular concern at present. An additional Consultant post has been appointed, however there are still significant challenges around capacity.

- Diabetics / Endocrinology - also continue to be challenging. Additional short-term capacity has been organised with local clinicians whilst a longer term solution is identified.
- Oral Surgery – sickness absence of the Consultant Surgeon has led to significant pressures in this area. At present there is no solution in place to see these patients.

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)*	***Oct-14***	***Nov-14***	***Dec - 14***	***Jan-15***	***Feb-15***	***Mar-15***	***Apr-15***	***May-15***	***Jun-15***	***Jul-15***	***Aug-15***	***Sep-15***	***Oct-15***
>12week	15	9	27	40	40	35	26	9	15	5	7	5	2

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.

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

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	***Sep-14***	***Oct-14***	***Nov-14***	***Dec - 14***	***Jan-15***	***Feb-15***	***Mar 15***	***Apr-15***	***May 15***	***Jun-15***	***Jul-15***	***Aug-15***	***Sep-15***
Overall	90.6%	90.1%	90.0%	90.8%	90.1%	90.0%	90.1%	90.6%	90.3%	90.5%	90.6%	90.1%	90.2%
Admitted Pathways	78.5%	67.5%	72.4%	76.5%	71.3%	71.5%	71.6%	72.2%	71.9%	77.8%	81.6%	80.5%	80.3%
Non-admitted Pathways	92.4%	93.8%	92.8%	92.9%	92.3%	92.8%	93.2%	94.0%	93.6%	92.4%	92.2%	91.6%	91.8%

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 18 weeks performance will continue to improve as outpatient waiting times are reduced.

Diagnostics

The national target is that no patient waits more than 6 weeks for one of a number of identified key diagnostic tests. Locally this target has been set at 4 weeks. As previously reported a query was raised over the accuracy of the breach numbers within MRI and CT. Examination of the numbers found that the wrong date field was being used for reporting. This resulted in a significant increase in patients waiting over 4 weeks for Magnetic Resonance Imaging (MRI) and Computed Topography (CT) in July 2015. The report has since been amended and the correct date field is now being used. Significant improvements can be noted from July to September 2015 as a result of corrective action taken by the service to improve reporting times. At the end of October 2015 there were 14 breaches of the 6 week standard, the majority (10) related to patients waiting for colonoscopy. The 4 week performance is included in Table 5 below:

Table 5: Diagnostic Performance over Four Weeks

Diagnostic	*Oct-14*	*Nov-14*	*Dec-14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*	*Jul-15*	*Aug-15*	*Sep-15*	*Oct-15*
Endoscopy	0	0	0	0	0	0	0	7	6	23	15	23	24
Colonoscopy	23	7	43	37	9	5	10	9	14	29	15	36	32
Cystoscopy	9	15	26	1	0	8	18	4	5	9	9	10	11
MRI	0	1	0	0	0	0	0	2	15	270	96	41	48
CT	20	0	0	0	3	0	0	3	3	105	0	9	27
US (non obstetric)	43	82	101	56	0	0	0	0	3	1	12	10	0
Barium	0	0	0	0	0	0	0	0	1	0	0	0	0
Total	**95**	**105**	**170**	**94**	**12**	**13**	**28**	**25**	**47**	**438**	**147**	**129**	**142**

Colonoscopy – colonoscopy waiting times improved in May 2015, but have deteriorated since then principally due to gastroenterology consultants returning to the weekday Medical on call rota. We will see some improvement from October onwards when the new medical consultant comes into post which in turn allows the gastroenterology consultants to scope during their on call week. We will continue to monitor performance against the standard and discuss any corrective action with the service as necessary in order to adjust waiting times down to within the four week standard.

Endoscopy – deterioration in performance is principally due to extenuating circumstances resulting in a reduction in service provision. Extra upper gastrointestinal (UGI) lists have been identified for Surgical Registrars and we continue to support additional Nurse Endoscopist sessions. We will look to maximise available capacity to March 2016 in order to address the current performance issue.

MRI & CT – performance deteriorated during July 2015 as explained in the above narrative. The figures were further reviewed as the data field did not include the time to reporting. Consultant Radiologists increased the number of reporting sessions throughout September and October which has improved the position. We continue to support additional ad hoc MRI and CT session in order to maintain the current reported position. This is under review as part of a wider Service review aimed at addressing capacity issues on a sustainable basis given current pressures.

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	*Oct-14*	*Nov-14*	*Dec-14*	*Jan-15*	*Feb-15*	*Mar 15*	*Apr-15*	*May-15*	*Jun-15*	*Jul-15*	*Aug-15*	*Sep-15*	*Oct-15*
Un-avail patient advised	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 %)	165 (66.8 %)	122 (60.7 %)	95 (53.7 %)	81 (50.3 %)
Un- avail medical	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 %)	82 (33.2 %)	79 (39.3 %)	82 (46.3 %)	80 (49.7 %)
In/pt day cases	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 %)	247 (21.1 %)	201 (17.3 %)	177 (16.3 %)	161 (15.8 %)

There has been a reduction in number of patients with patient advised unavailability. This is due to reduction in the number of patients requesting local health board treatment, following the planning of weekend operating lists in Orthopaedics.

Looking at medical unavailability, this has remained static at approximately 80 patients.

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 2015, 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	*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*	*Jul to Sep-15*
62-day standard	98.84%	96.77%	98.77%	98.51%	97.44%	94.4%	98.7%	98.5%
31-days standard	98.44%	100%	100%	100%	100%	97.8%	100.0%	98.0%

During July to September 2015 there was one breach of the 62-day target, a Urology patient who had treatment delayed for Brachytherapy treatment in NHS Lothian, and one

breach of the 31-day target, also a Urology patient, receiving surgical treatment in NHS Lothian.

Delayed Discharges

The new national target of zero delays over 14 days came into place in April 2015.

Performance since last report

As at the Oct 2015 Delayed Discharge Census, there were 3 patients waiting over 14 days and 12 patients waiting under 14 days.

As at the Sept 2015 Delayed Discharge Census, there were 4 patients waiting over 14 days and 5 patients waiting under 14 days.

Table 8: Delayed Discharges

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

As reported last time, since the start of June 2015 the number of delayed discharges has risen by a greater number than envisaged.

The key reasons for delay experienced by patients has been influenced by the current difficulties relating to the unavailability of home care, choices of care home placements and a significant number of complex cases, specifically Adults With Incapacity related delays and one move only cases. Of particular and ongoing concern has been the Partnership's performance against the 2 week target.

Senior Primary Care and Social Work managers have been working together to manage the causes of delays being reported. Daily monitoring of the delayed cases is in place to ensure individual discharge plans are set and realised.

A joint plan is being developed to support the partnership to achieve the 72 hour discharge target and will be agreed through operational structures during November. The plan will focus on four key areas;

- **Discharge to Assess**. No Social Care assessments in the hospital setting. Patients will be discharged for assessment of their ongoing needs.
- **Increasing Home Care capacity**. Starting with better utilisation of the Rapid Reaction Service
- **Discharge Planning**. An extension of the Improvement work seen in DME within Community Hospitals supported by the Connected Care Team and dedicated social care care management.
- **Complex Cases**. Smoothing the pathways and decision making processes for Adults with Incapacity and Guardianship issues.

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	*Oct-14*	*Nov-14*	*Dec-14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*	*July-15*	*Aug-15*	*Sep-15*	*Oct-15*
Physiotherapy	724	594	626	878	942	905	1042	1018	1037	987	728	439	327
Speech and Language Therapy	2	0	0	0	0	0	0	0	0	0	0	0	0
Dietetics	4	7	3	6	7	2	4	6	3	8	4 *	5	9*
Podiatry	0	0	0	1	0	0	0	0	0	0	0	0	0
Occupational Therapy	9	8	13	8	7	6	11	11	9	10	14	11	12

*** Please Note:** October 2015 data for Dietetics should be treated as provisional

Physiotherapy

There are currently 327 patients waiting over 9 weeks for physiotherapy treatment. This is a significant improvement since July 2015. The Physiotherapy Service is implementing the new workforce profile which was agreed in May 2015 and this is planned to be in place in the next three months. Staffing gaps in service provision have been filled by temporary and locum staff whilst the redesign is being implemented. The new structure will give stability to the service going forward. Within Physiotherapy musculoskeletal disorders (MSK) service 2.0 whole time equivalent Band 6 staff have been appointed for 18 months from July 2015 to reduce MSK waiting list and support capacity to introduce new ways of working. There is a local improvement event on 18th November 2015 with National Leads and local colleagues in relation to the MSK work stream of the national Orthopaedic Quality Drive.

The service is planning to implement NHS 24 Muscoloskeletal Advice and Triage Service (MATS) for self referrals in January 2016. Impact predicted to divert 10-13% of referrals to self management.

A report was taken to the September 2015 meeting of the Strategy Board. It predicted MSK waiting times to reach 9 weeks mid March 2016 and 4 weeks by August 2016. Current average waiting time to physiotherapy is 7 weeks.

Nutrition and Dietetics

Dietetic breaches are predominantly related to capacity issues for highly specialised dieticians. Measures are in place to triage referrals. Recruitment to vacant community posts complete, although overall establishment has reduced. The service is progressing dietetic led Irritable Bowel Syndrome (IBS) and Coeliac Disease clinics to improve care pathways and reduce pressure on gastroenterology (GI) clinics. The service is intending to increase capacity of DESMOND programme.

Occupational Therapy

The waiting times are for Learning Disability assessment services, where there is one Occupational Therapist Borders wide. Currently there has been a demand for specialist input to 3 housing projects for both individual and environmental assessments. This is time limited and the amount of work will reduce in the next 3-6 months, however we are also exploring support from Occupational Therapists in Scottish Borders Council Housing and adaptations services. This will enable more focus on AMPS and Sensory Integration assessments to be undertaken. The waiting list is being reviewed weekly within the Learning Disability Team.

UNSCHEDULED CARE

Four Hour Emergency Access Standard (EAS)

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 stretched target remains at 98%.

Table 10: Performance against the emergency access standard.

Emergency Access	*Oct-14*	*Nov-14*	*Dec-14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*	*Jul-15*	*Aug-15*	*Sep-15*	*Oct-15*
Flow 1	100%	99%	97%	97%	97%	97%	98%	98%	98%	99%	97%	99%	98%
Flow 2	89%	94%	91%	86%	92%	86%	93%	93%	94%	94%	95%	94%	91%
Flow 3	95%	96%	82%	79%	81%	85%	96%	96%	96%	97%	97%	95%	93%
Flow 4	92%	98%	85%	85%	90%	89%	94%	94%	91%	94%	93%	90%	94%
Total	97%	98%	91%	90%	91%	91%	95%	97%	96%	97%	96%	97%	96%

The Board has maintained delivery of the Emergency Access Standard above the national standard of 95% in both September and October.

The major cause of breaches has changed from wait for first assessment (30% of breaches in September, falling to 13% in October) to wait for medical bed (20% of breaches in September to 30% in October). This is likely to be due to a combination of closer oversight and support to Emergency Department (ED) - hospital managers are now monitoring ED activity and capacity on a 30-minute basis – and increasing inpatient flow challenges.

The close focus on the Emergency Access Standard (EAS) standard will continue with the intention to achieve 98% performance in the ED during the coming months.

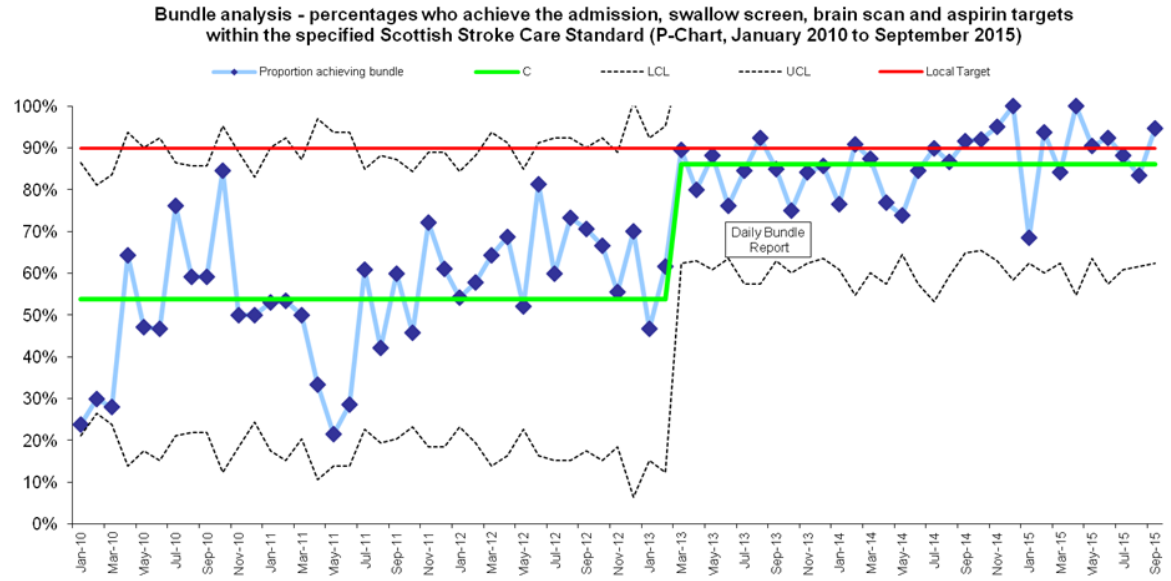
Stroke Bundle

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

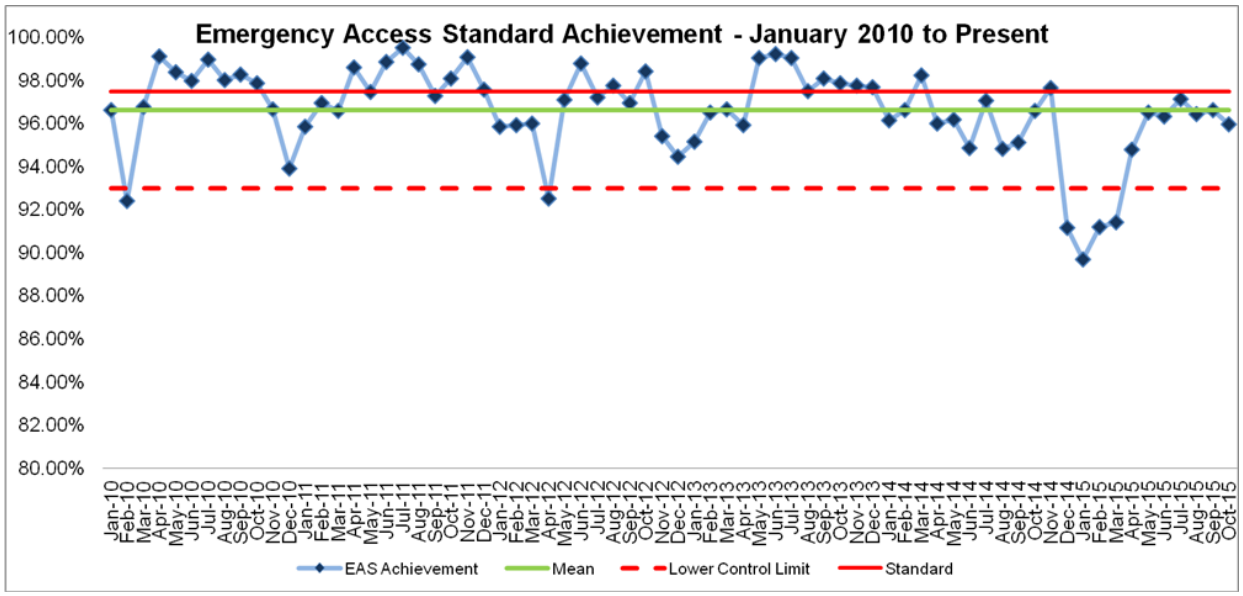
The Stroke Bundle is made up of the following elements of the Scottish Stroke Care Standards;

- 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 2015 by unscheduled care pressures and the nature of medical boarders in the stroke unit.



All patients requiring access to the Stroke Unit have been transferred within the target timescales, unless they clinically required care elsewhere. 2 patients were on telemetry and requiring higher level of care however all other standards were fully met.



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). In Mental Health, this will apply to Child and Adolescent Mental Health Service (CAMHS), Psychological Therapies and Drug & Alcohol Treatments.

CAMHS

In the quarter to June 2015 CAMHS achieved 86.9% performance, which is a reduction from the previous quarter (90.9%). As at the end of August 2015 there are 14 patients waiting over 18 weeks for this service which equates to 75%.

Performance improved in September to 87%.

We continue to be challenged with the target and have recruited additional staff but have been unable to recruit a nurse and a Consultant Psychiatrist, both of which are key posts to support the delivery of the target.

A locum has been put in place from Monday 9th November which should help with the waiting times, and we estimate that target will be back to green Status by January/February 2016.

Psychological Therapies

The Psychological Therapies waiting times target is that 90% of patients will be seen within 18 weeks RTT.

Performance is as reported below:

Table 11: Performance against 18 week RTT for Psychological Therapies

	Oct - 14	***Nov - 14***	***Dec-14***	***Jan-15***	***Feb-15***	***Mar-15***	***Apr-15***	***May -15***	***Jun-15***	***Jul-15***	***Aug -15***	***Sep-15***
Current wait > 18 wks	106	60	75	46	38	42	33	28	37	31	27	22
Actual Wait >18 wks (%)	54%	52%	41%	55%	82%	83%	62%	63%	74%	61%	64%	90%

In September, that target was met with 2 patients waiting >18 weeks received a Psychological Therapy (90%), and 1 of those patients still waiting >18 weeks had been offered an appointment in October 2015.

The quarter to September 2015 has seen a gradual reduction in both the total number of patients waiting and the number waiting over 18 weeks. The total number waiting is the lowest it has been for 12 months.

We continue to monitor progress and allocate resources to the areas with the longest waits.

Some of the long waits are the result of a loss of expertise in a particular specialised therapy Eye Movement Desensitization and Reprocessing (EMDR) – which is difficult to replace as there is a 12 month training required. We have a member of staff commencing training in the New Year.

Target date to move to green status is: September 2015 – This was achieved. However patient numbers were small and caution should be used with single data point comparisons.

Drug & Alcohol Treatment

This is a national HEAT Standard where the ongoing requirement is to deliver 3 weeks RTT for 90% of progressed referrals. There is a local NHS Borders target of 95%.

Performance is consistently above the target with performance in April, May, June, July and August 2015 at 100%. Performance slipped slightly in September to 97% but remains above both targets.

Actions ongoing to ensure performance continues above target are:

1. All referrals received by admin and promptly marked with date stamp
2. Daily duty worker screens and disperses referrals to senior nursing staff to allocate.
3. Any problems are potential breaches are reported immediately to Team Manager and addressed.
4. Responsible managers meet quarterly to discuss performance and updates.

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 ongoing challenges in Physiotherapy Waiting Times;
- the challenging context in delivering 4-hour ED standard;
- the challenges being faced to maintain no delays over 14 days for discharges and the requirement to work toward no delays over 72 hours.

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

Name	Designation	Name	Designation
Evelyn Rodger	Director of Nursing, Midwifery, and Acute Services	Susan Manion	Chief Officer, Health and Social Care

Author(s)

Name	Designation	Name	Designation
Katie Buckle	General Manager – Planned Care and Commissioning		