Borders NHS Board

ACCESS TO TREATMENT REPORT DECEMBER 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	*Dec - 14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*	*Jul-15*	*Aug -15*	*Sep-15*	*Oct-15*	*Nov - 15*	*Dec - 15*
9-12 weeks	157	181	150	133	98	115	70	57	70	60	57	47	82
>12weeks	5	30	52	27	17	19	7	5	5	3	1	0	1
Total Waiting	1,024	1,089	1,026	1,036	913	908	904	923	964	906	856	867	966

At the end of December the number of patients reported as waiting over 12 weeks has improved significantly over the year with a figure of 1 now reported. This was due to a short notice cancellation.

We continue to carry the risk of further patients exceeding 12 weeks due to short notice cancellation. There have been a number of cancellations during January and the number of reported breaches is predicted to increase.

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 20 weekends of additional operating now planned.

Stage of Treatment – Outpatients

The number of patients reported as waiting longer than 9 and 12 weeks has increased over the past two months, this is mainly due to issues within ENT and Oral Surgery.

Table 2: New Outpatient Stage of Treatment – patients waiting

Available Outpatient	*Dec-14*	*Jan-15*	*Feb 15*	*Mar 15*	*Apr-15*	*May 15*	*Jun-15*	*Jul-15*	*Aug-15*	*Sep-15*	*Oct-15*	*Nov-15*	*Dec-15*
>9 weeks	1001	1059	959	698	757	751	743	682	725	653	756	813	1,008
>12weeks	533	525	497	285	350	346	398	320	259	222	263	366	513
Total Waiting	4,944	4,591	4,620	4,509	4,436	4,643	4,874	4,811	4,647	4,642	4,847	4,867	4,783

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.
- 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 short term weekend locum cover has been organised mostly through Synaptik.

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)*	***Dec - 14***	***Jan-15***	***Feb-15***	***Mar-15***	***Apr-15***	***May-15***	***Jun-15***	***Jul-15***	***Aug-15***	***Sep-15***	***Oct-15***	***Nov-15***	***Dec-15***
>12week	27	40	40	35	26	9	15	5	7	5	2	2	0

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	***Nov-14***	***Dec - 14***	***Jan-15***	***Feb-15***	***Mar 15***	***Apr-15***	***May 15***	***Jun-15***	***Jul-15***	***Aug-15***	***Sep-15***	***Oct-15***	***Nov-15***
Overall	90.0%	90.8%	90.1%	90.0%	90.1%	90.6%	90.3%	90.5%	90.6%	90.1%	90.2%	90.3%	90.0%
Admitted Pathways	72.4%	76.5%	71.3%	71.5%	71.6%	72.2%	71.9%	77.8%	81.6%	80.5%	80.3%	78.3%	82.0%
Non-admitted Pathways	92.8%	92.9%	92.3%	92.8%	93.2%	94.0%	93.6%	92.4%	92.2%	91.6%	91.8%	92.3%	91.3%

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 6 weeks for one of a number of identified key diagnostic tests. Locally this target has been set at 4 weeks. The 4 week performance is included in Table 5 below:

Table 5: Diagnostic Performance over Four Weeks

Diagnostic	*Dec-14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*	*Jul-15*	*Aug-15*	*Sep-15*	*Oct-15*	*Nov-15*	*Dec-15*
Endoscopy	0	0	0	0	0	7	6	23	15	23	24	13	22
Colonoscopy	43	37	9	5	10	9	14	29	15	36	32	9	11
Cystoscopy	26	1	0	8	18	4	5	9	9	10	11	10	4
MRI	0	0	0	0	0	2	15	270	96	41	48	70	37
CT	0	0	3	0	0	3	3	105	0	9	27	18	23
US (non obstetric)	101	56	0	0	0	0	3	1	12	10	0	0	0
Barium	0	0	0	0	0	0	1	0	0	0	0	2	0
Total	**170**	**94**	**12**	**13**	**28**	**25**	**47**	**438**	**147**	**129**	**142**	**122**	**97**

Colonoscopy – Trends have improved over the last 6 months but there is an anticipated pressure from May 2016 due to GI Consultants contributing more to General Medical rota. 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 due to increased referral rates and reduction in service provision to accommodate a training list for surgical registrars. Where additional lists carried out by the Nurse Endoscopist has in the past helped to keep us in balance, this mechanism is losing its effectiveness and waiting times continue to rise despite early identification of and maximum utlilisation of available sessions. The service will be looking at its demand and capacity going forward to ensure we can match demand.

MRI & CT – Consultant Radiologists have continued the increased number of reporting sessions with 14 additional sessions per month throughout November and December which has maintained the position. We continue to support additional ad hoc MRI and CT sessions in order to maintain the current reported position. This remains 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	*Dec-14*	*Jan-15*	*Feb-15*	*Mar 15*	*Apr-15*	*May-15*	*Jun-15*	*Jul-15*	*Aug-15*	*Sep-15*	*Oct-15*	*Nov-15*	*Dec-15*
Un-avail patient advised	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 %)	81 (48.2 %)	60 (40.8 %)
Un- avail medical	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 %)	87 (51.8 %)	87 (59.2 %)
In/pt day cases	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 %)	168 (16.2 %)	147 (13.2 %)

Table 7: Monthly Unavailability by Specialty (as of 31/12/2015)

Specialty	0 - 9 Weeks	10 - 12 Weeks	12+ Weeks	Total	Medical Unavailability	Patient Advised Unavailability	Total	Percentage Unavailable
ENT	40	1		41	**5**	**3**	**8**	16.3%
General Surgery	158	20		178	**21**	**14**	**35**	16.4%
Gynaecology	67	4		71	**1**	**2**	**3**	4.1%
Ophthalmology	127	8		135	**3**	**2**	**5**	3.6%
Oral Surgery	9			9	**0**	**17**	**17**	65.4%
Other	128			128	**2**	**4**	**6**	4.5%
Trauma & Orthopaedics	289	47	1	337	**45**	**15**	**60**	15.1%
Urology	66	1		67	**10**	**3**	**13**	16.3%
Total	**884**	**81**	**1**	**966**	**87**	**60**	**147**	**13.2%**

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 90 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 8: Cancer Waiting Times

Cancer Waiting Times	*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*	*Oct to Dec-15*
62-day standard	96.77%	98.77%	98.51%	97.44%	94.4%	98.7%	98.5%	98.5%
31-days standard	100%	100%	100%	100%	97.8%	100.0%	97.8%	98.2%

During October to December 2015 there was one breach of the 62-day target, an ENT patient who had treatment delayed for Surgery, and one breach of the 31-day target, a Urology patient, receiving surgical treatment in NHS Border who had treatment delayed by cancellation due to bed availability.

Delayed Discharges

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

As at the January 2016 Delayed Discharge Census, there were 9 patients waiting over 14 days and 5 patients waiting under 14 days.

As at the December 2015 Delayed Discharge Census, there were 5 patients waiting over 14 days and 11 patients waiting under 14 days.

Table 9: Delayed Discharges

	Nov - 14	Dec - 14	Jan-15	Feb -15	Mar -15	Apr-15	May -15	Jun-15	Jul-15	Aug -15	Sep -15	Oct-15	Nov -15	Dec -15	Jan-16
No. Delayed Discharges over 2 weeks	4	1	5	3	0	0	0	1	4	1	4	6	3	5	9
Delayed Discharges under 2 weeks	2	12	2	9	4	4	1	8	10	10	5	12	9	11	5

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 a number of reasons. There are some issues relating to the unavailability of particularly complex care packages for home care in some areas; choices of care home placements; and a significant number of complex cases, specifically Adults with Incapacity related delays and one move only cases. There has been a subsequent reduction in performance against the 2 week target and the associated Bed Days occupied by people in delay. NHS and Social Work managers continue to work together to help address and manage the causes of delays being reported. Additional support is being given to the daily monitoring arrangements to ensure individual discharge plans are set and realised.

Dedicated Care Managers have been located in each of the Community Hospitals to provide a screen-out approach for social care requirements. This is being tested under the auspices of the Winter Plan.

Scottish Borders Council and NHS are reviewing the Guardianship and Adult capacity processes to see if we can improve performance. We are also working with SBCares, to improve access to home care.

The updated action plan relating to the achievement of the 72 hours will outline the whole system work required to achieve the target.

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 10: AHP service performance against nine week target

AHP Service	*Dec-14*	*Jan-15*	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*	*July-15*	*Aug-15*	*Sep-15*	*Oct-15*	*Nov-15*	*Dec-15*
Physiotherapy	626	878	942	905	1042	1018	1037	987	728	439	327	147	88
Speech and Language Therapy	0	0	0	0	0	0	0	0	0	0	0	1	0
Dietetics	3	6	7	2	4	6	3	8	4	5	9	9	3
Podiatry	0	1	0	0	0	0	0	0	0	0	0	0	0
Occupational Therapy	13	8	7	6	11	11	9	10	14	11	12	11	12

Physiotherapy

As of end of December 2015 there were 88 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 by April 2016. 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 MSK service 2.0wte 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 was 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 MATS for self referrals in February 2016. Impact predicted to divert 10-13% of referrals to self management.
A report was taken to Strategy & Performance Committee in January 2016 outlining latest action plan. Currently MSK waiting times sitting at an average of 7 weeks. The service will be working on areas for improvement particularly on DNAs, Cancellations and introducing new models of care.

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. The service is progressing dietetic led IBS and Coeliac Disease clinics to improve care pathways and reduce pressure on 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 OTs in SBC Housing and adaptations services. This will enable more focus on AMPS and Sensory Integration assessments to be undertaken. The waiting list is being reviewed and managed weekly within the LD Team.

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 stretched target remains at 98%.

Table 11: 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%	98%	98%
Flow 2	89%	94%	91%	86%	92%	86%	93%	93%	94%	94%	95%	95%	91%
Flow 3	95%	96%	82%	79%	81%	85%	96%	96%	96%	97%	97%	94%	94%
Flow 4	92%	98%	85%	85%	90%	89%	94%	94%	91%	94%	93%	91%	94%
Total	97%	98%	91%	90%	91%	91%	95%	97%	96%	97%	96%	94%	94%

The Board has maintained delivery of the Emergency Access Standard (EAS) consistently above the national standard of 95% through November, December and January. This is as a result of close attention to patient flow and close monitoring and early escalation of patient delays.

The major cause of breaches over this period continues to be due to wait for medical bed. The significant reduction in performance for flow 3 reflects similar reductions in performance during the same period in previous years. However, the number of Flow 3 patients has reduced by 65% as a result of the opening of the Acute Assessment Unit (AAU) in December 2015.

AAU performance is not currently being reported as part of the Emergency Access Standard, as these patients are currently being admitted. Patients in AAU are however being monitored against the 4-hour standard. An upgrade to the Trak reporting system will allow AAU performance to be reported as part of the EAS standard from March onwards.. Achievement against combined ED and AAU performance in both December and January was above the 95% national standard.

We continue to aim to achieve the 98% local target for EAS performance.

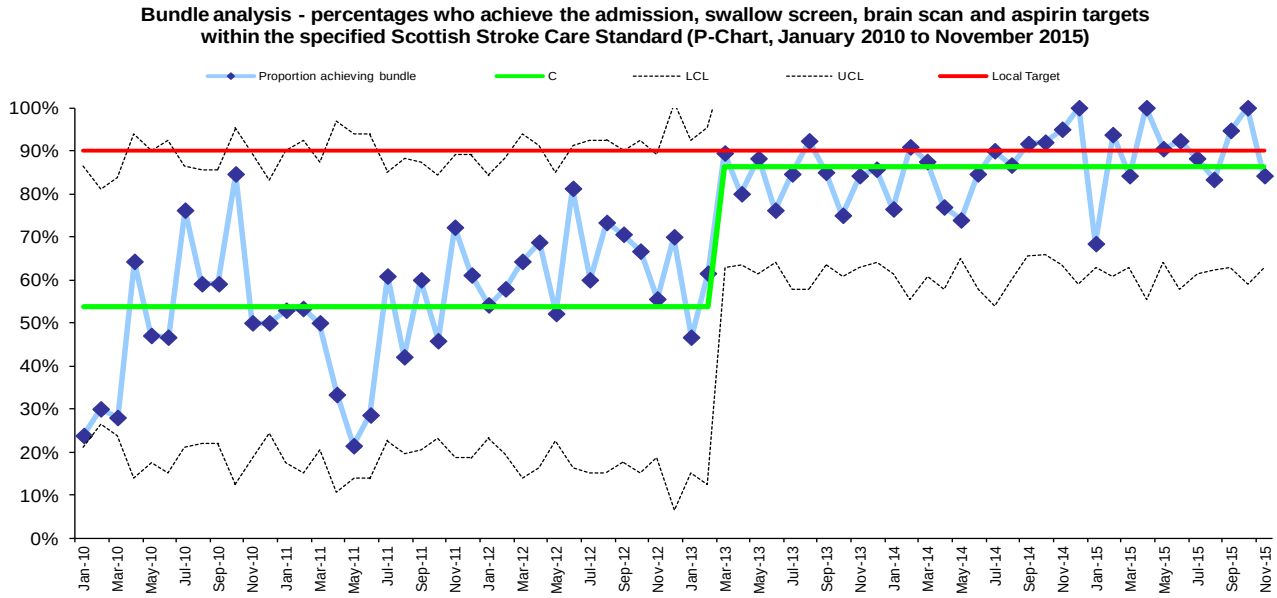
Stroke Bundle

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 2015 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.



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 CAMHS, Psychological Therapies and Drug & Alcohol Treatments.

CAMHS

In the quarter to December 2015 CAMHS achieved 76.7% performance, which is a reduction from the previous two quarters (86.9% to June 2015; 90.9% to March 2015).

As at the end of December 2015 there are 8 patients waiting over 18 weeks for this service which equates to 85.2%.

This is an improvement from November; however we continue to be challenged with the target as we 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 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 12: Performance against 18 week RTT for Psychological Therapies

	Jan-15	*Feb-15*	*Mar-15*	*Apr-15*	*May-15*	*Jun-15*	*Jul-15*	*Aug-15*	*Sep-15*	*Oct-15*	*Nov-15*	*Dec-15*
Current wait> 18 wks	46	38	42	33	28	37	31	27	22	*53*	*62*	*55*
Actual Wait >18 wks (%)	55%	82%	83%	62%	63%	74%	61%	64%	90%	79%	78%	65%

In September, that target was met with 2 patients waiting >18 weeks received a Psychological Therapy (90%), however there was a reduction in the number of patients seen that month.

Since September there has been a decrease in performance, resulting in 65% of being seen within 18 weeks in December 2015 (against a target of 90%).

Actions continue as previously described, and we continue to 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 (EMDR) – which is difficult to replace as there is a 12 month training required. We have a member of staff having recently commenced training in EMDR.

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 stretched target with October and December reporting 100%. Performance decreased slightly in November to 98% but remains above both the standard and the 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. Admin continue to monitor and manage RTT time until1st appointment attended.
4. Any problems are potential breaches are reported immediately to Team Manager and addressed.
5. 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 Morris	General Manager – Planned Care and Commissioning		