

Ayrshire and Arran NHS Board

Monday 29 January 2018



Planned Care Performance Report

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Recommendation

The Board is asked to review performance against the national waiting times and access targets.

Summary

This paper reports on progress towards achieving waiting time and other access targets set by the Scottish Government as well as progress on local targets set by the Board.

Latest available information is reported for the following targets and measures:

- Treatment Time Guarantee
- 18 Weeks Referral to Treatment
- Stage of Treatment Targets
- Unavailability of patients
- Cancer waiting times
- Patients awaiting discharge
- Mental Health Services
- AHP MSK waiting times targets

A summary scorecard is at **Appendix 1**.

Key Messages:

- At end November 2017 there were 577 patients who had waited over 84 days for treatment.
- 18 week Referral to Treatment performance at 76.0% did not meet the target in November 2017.
- 3831 outpatients had waited in excess of the 12 week Stage of Treatment standard at the end of November 2017.
- 567 Endoscopy patients and 1592 Radiology patients had waited in excess of 6 weeks for diagnostic tests at the end of November 2017.
- The 31 day Cancer target was achieved in November 2017, with performance of 99.1%.

- The 62 day Cancer target was not achieved in November 2017, with performance of 91.4%.
- There were 50 delayed discharges of more than 14 days at the end of November 2017.

Glossary of Terms

A&E	Accident and Emergency
AHP	Allied Health Professional
AHP MSK	Allied Health Professional Musculoskeletal
CAMHS	Child and Adolescent Mental Health Services
ENT	Ear, Nose and Throat
GPSI	General Practitioner with Special Interest
IP/DC	Inpatient and Day Case
ISD	Information Services Division
LDP	Local Delivery Plan
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
QuEST	Quality and Efficiency Support Team
RTT	Referral to Treatment
SGHSCD	Scottish Government Health and Social Care Directorate
TTG	Treatment Time Guarantee
UH	University Hospital

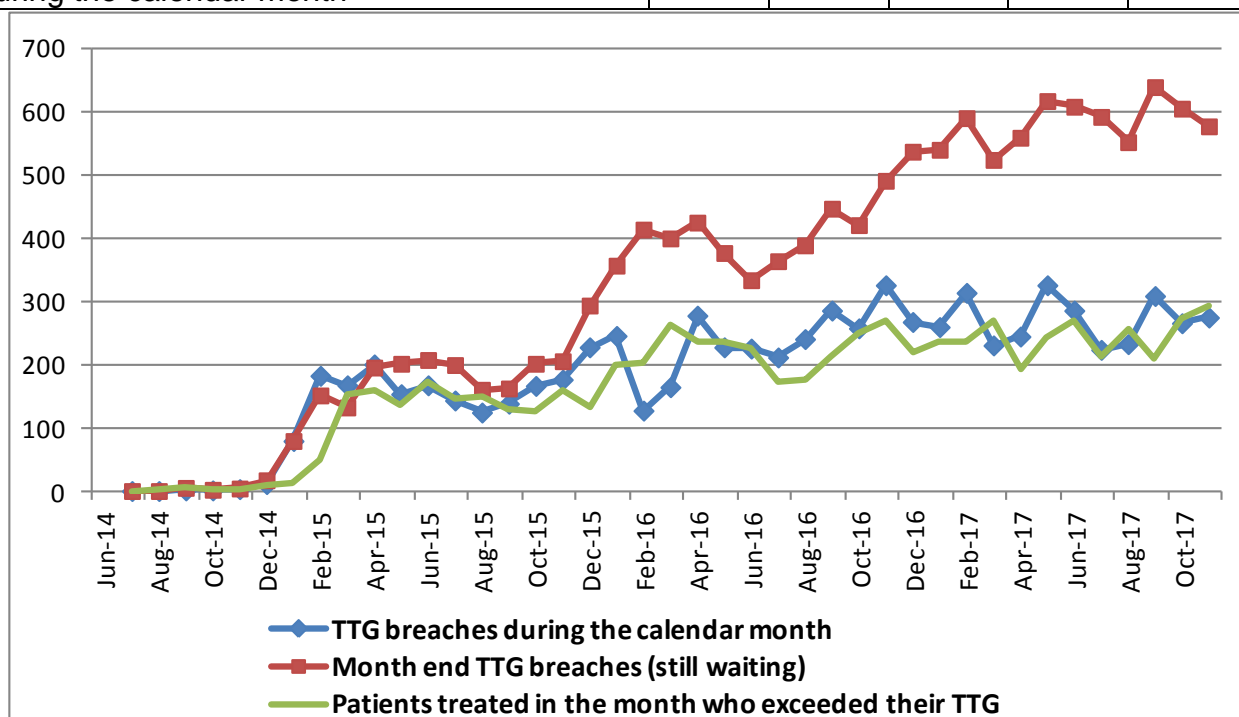
1 Treatment Time Guarantee

Target: The TTG for patients added to the list from 1 October 2012 places a legal responsibility on NHS Boards to deliver treatment to all day case/inpatients within 12 weeks of the patient agreeing to treatment.

Performance: At the end of October 2017 there were a total of 577 patients who had waited over 84 days for treatment, the majority in Orthopaedics and Oral & Maxillofacial Surgery.

The initial backlog was created in Orthopaedics and was due to the cancellation of elective surgery during the winter of 2014/15 due to significant unscheduled care demand, with similar but lesser issues in subsequent winters. Staffing issues within Oral & Maxillofacial Surgery have added to an increased number of patients waiting over 12 weeks for their planned surgery over recent months.

	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
Patients who have waited more than 84 days for treatment at the end of the month	592	552	639	605	577
Percentage of patients at the month end who have waited less that 84 days for treatment	82.8%	83.7%	81.5%	82.5%	83.3%
Patients who breached the TTG during the calendar month	224	233	309	266	275
Patients who were treated after their TTG during the calendar month	212	257	211	273	292



Monthly Audit of Waiting Times Recording

	Target	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
TTG audit performance	95%	99.4%	99.1%	99.0%	98.5%	98.9%	99.2%

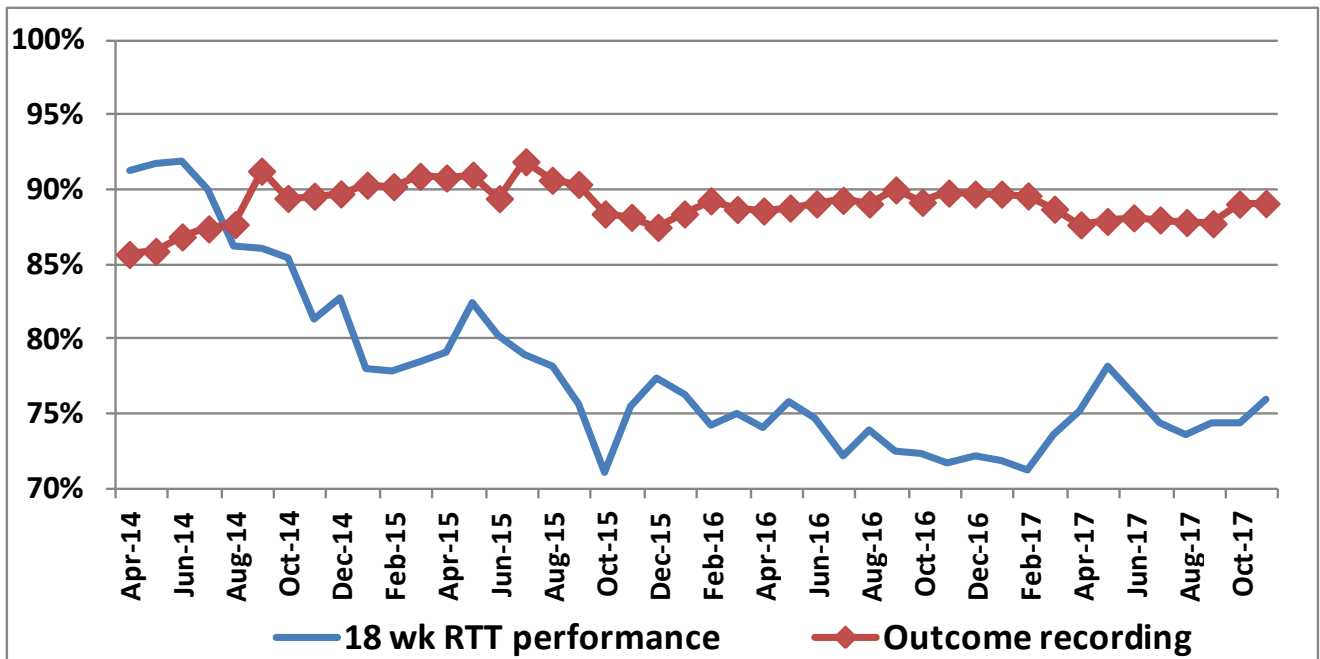
Audit results are provided to service managers who develop improvement plans, which are reviewed and monitored by the Director of Acute Services.

2 18 Weeks Referral to Treatment

Targets: the target for 18 weeks RTT is to deliver 90% combined admitted/non admitted performance; to deliver 90% of patients with a total pathway which is linked; and to deliver 90% of completed forms at the end of each clinic outlining the outcome of the consultation.

Performance:

	Target	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
18 wk RTT performance	90%	74.4%	73.6%	74.3%	74.3%	76.0%
Clinic Outcomes	90%	88.0%	87.8%	87.8%	89.1%	89.1%



18 week RTT performance remains below target, with performance linked to the issues with stage of treatment performance and recruitment difficulties. The lowest performing specialties in September 2017 were the Pain Service at 29.73%, Gastroenterology at 39.18%, Oral and Maxillofacial Surgery at 43.77% and Cardiology at 58.97%.

Performance relates to how long patients who are seen in the month have waited for treatment. In medical specialties the patient journey is effectively a single stage from referral to treatment. Efforts to clear the waiting lists are slowed by services dealing with urgent and urgent - cancer suspected patients. Where there are significant volumes of urgent patients a large proportion of the available capacity has to be used to deal with these patients as a clinical priority. These patients are seen well within the 18 week target but this leaves very little capacity available to see the long-waiting routine patients, resulting in low 18 week RTT performance.

Specialty	Performance	Average wait for first OP appointment (weeks)	
		Urgent	Routine
Anaesthetics	29.73%	5	21
Gastroenterology	39.18%	3	16
Oral & Maxillofacial Surgery	43.77%	2	20
Cardiology	58.97%	4	14

3 Stage of Treatment Targets

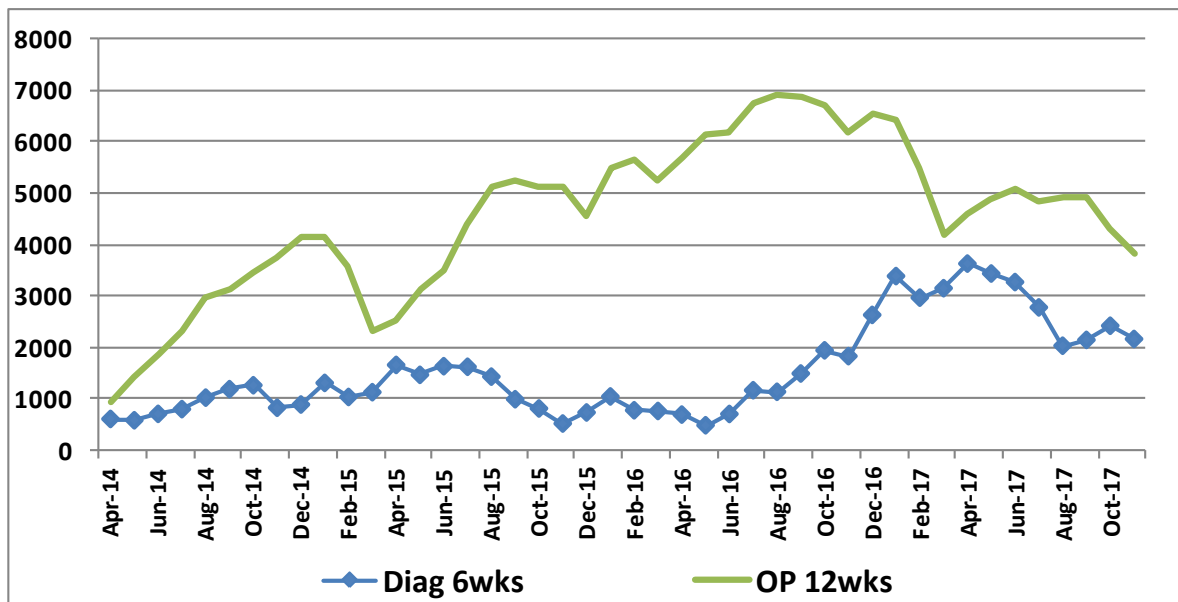
Targets: In addition to the TTG and 18 weeks RTT, NHS Boards are also required to report on stage of treatment waits for inpatient and day cases (12 weeks), outpatients (12 weeks) and diagnostics (6 weeks).

Performance:

	Aug 17	Sep 17	Oct 17	Nov 17
Percentage of outpatients who have waited less than 12 weeks	76.5%	76.6%	79.6%	81.3%
Number of outpatients who have waited less than 12 weeks	16208	16487	16871	16672
Number of outpatients whose wait exceeded 12 weeks	4988	5024	4312	3831
Percentage of diagnostic patients who have waited less than 6 weeks for their test	73.3%	71.9%	69.7%	72.9%
Number of diagnostic patients who have waited less than 6 weeks for their test	5575	5481	5558	5815
Number of diagnostic patients who have waited more than 6 weeks for their test	2028	2141	2417	2159

The Scottish Government agrees month end projections with each NHS Board for the number of patients waiting longer than 12 weeks for an outpatient appointment. The revised projection for the number of patients waiting longer than 12 weeks at the end of November 2017 was no more than 4303, which was comfortably achieved.

With the support of Scottish Government local service managers continue to examine ways to increase activity with the aim of reducing the patients waiting more than 12 weeks to less than 4200 by the end of March 2018.



Outpatients

3831 outpatients' waits exceeded 12 weeks at the end of November 2017. Demand, particularly 'urgent' and 'urgent, cancer is suspected' referrals, has increased for a number of specialties, resulting in capacity shortfalls. Recruitment problems remain a major issue, with short term arrangements in place while permanent recruitment continues.

The specialties with high numbers of patients waiting over 12 weeks at the end of November 2017 are listed below, with a brief summary of the issues affecting performance and improvement actions.

ENT with 839 patients (a decrease of 7 from the previous month) Staff turnover over the last eighteen months has resulted in a succession of vacancies. All available capacity is being utilised and outpatient clinic templates have been reviewed. However, the majority of the long waiting patients need to be seen in clinics with audiologist support.

Oral & Maxillofacial Surgery with 633 patients (a decrease of 16) There has been a consultant vacancy for over a year, with success in attempts to recruit. The focus has been on using specialty doctors to increase capacity, as well as the community dental service pilot to reduce dental work provided in the acute service. All available capacity is being utilised but when the patient requires an x-ray the service does not have sufficient capacity of these appointment types.

Orthopaedics with 569 patients (a decrease of 16) The service is experiencing increased demand in paediatric, knee and foot & ankle subspecialties, as well as with referrals for named consultants.

General Surgery with 301 patients (a decrease of 30) Additional sessions continue to be organised.

Respiratory Medicine with 282 patients (an increase of 23) The service is continuing to experience high demand for urgent and urgent cancer suspected appointments. An additional consultant has been recruited and will start in January 2018. A locum specialty doctor has also been secured. Consultant led community clinics are being held and additional sessions continue to be provided by Medinet.

Cardiology with 249 patients (a decrease of 138) Additional sessions have been arranged to reduce patient waiting times. From December a new system for vetting, improved clinic outcoming and standardised processes will be introduced as part of the Improving Outpatients Programme. A new heart failure pathway has also been introduced.

Gastroenterology with 246 patients (a decrease of 29) There are still two consultant vacancies, though one locum is in place. High numbers of additional clinics continue and the service continues to explore new ways of working as part of the Improving Outpatients Programme.

Ophthalmology with 208 patients (a decrease of 66) The situation continues to improve.

Pain Service with 208 patients (an increase of 3) The positive effect of patient focussed booking for pain appointments continues. An additional consultant is undergoing pain training and additional sessions continue whenever possible.

Diagnostic tests

Endoscopy

Of the total of 567 (18 unavailable) patients waiting over 6 weeks for endoscopic investigations at the end of November 2017, 311 (6 unavailable) are for Upper Gastrointestinal, 34 (0 unavailable) are for Lower Endoscopy and 222 (12 unavailable) are for Colonoscopies.

The worsening position was partly as a result of unforeseen absence at UH Ayr, which also led to the postponement of the introduction of the nurse-led pre assessment process. Waiting lists at UH Crosshouse were not helped by significant mismatches in demand and capacity during 2017, including proportionally greater numbers of Urgent and Urgent Cancer is Suspected referrals.

Additional administration support will remain in place until the end of March 2018 and all cancelled sessions are being picked up when availability to do so. Extra sessions are being organised whenever possible, including at weekends.

Radiology

Of the 1592 patients waiting over 6 weeks for imaging investigations at the end of November 2017, 501 were for MRI, 928 were for CT and the remaining 163 were for Non Obstetric Ultrasound.

Demand for these diagnostic services continues to increase and the service continues to use locum sonographers, when available, to improve the current situation. There was also a loss of four days capacity at UH Crosshouse due to floor replacement.

Plans are also progressing to increase room capacity for Non Obstetric Ultrasound at both hospitals.

In the meantime a range of initiatives continue to support service delivery:

- transferring patients to GJNH when capacity is available;
- continued use of the mobile MRI van until March 2018;
- ongoing use of Medica and agency consultants to report scans;
- engagement of locum consultant radiologists when available; and
- delivery of additional sessions when staff are available.

4 Unavailability of Patients and Full Waiting List Size

The number of patients waiting for Inpatient and Day Case treatments or Outpatient appointments is shown below.

Total waiting list size	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
Inpatient and Day Cases	3444	3378	3458	3448	3410
Outpatients	20679	21196	21511	21183	20503

Unavailability of patients is monitored closely based on “reasonable offers” being made to patients for access to outpatient, inpatient and daycase services. The overall position is detailed below, with the percentage against the total waiting list shown in brackets.

Patients unavailable	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
Inpatient and Day Cases	432 (12.5%)	467 (13.8%)	407 (11.8%)	381 (11.1%)	441 (12.9%)
Outpatients	255 (1.2%)	235 (1.1%)	271 (1.3%)	207 (0.98%)	244 (1.2%)

5 Cancer Waiting Times

Targets: 95% of all eligible patients should wait no longer than 62 days or 31 days. A 5% tolerance level is applied to these targets as for some patients it may not be clinically appropriate for treatment to begin within target.

The 62 day urgent referral to treatment target includes screened positive patients and all patients referred urgently with a suspicion of cancer. The 31 day target includes all patients diagnosed with cancer, whatever their route of referral, from decision to treat to treatment.

Performance:

	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
62 days	87.6%	88.0%	92.4%	85.6%	83.2%	82.6%	91.4%
31 days	96.8%	99.2%	100%	100%	97.2%	96.2%	99.1%

The cancer specialties below the 62 day target in November 2017 were Lymphoma at 50%, Upper Gastrointestinal at 76.9%, Lung at 85.7% and Urology at 90%. NHS Ayrshire & Arran's 62 day performance was above the overall Scottish performance of 87.3% in November 2017.

There is no consistent trend across the cancer specialties and drops below target tend to be as a result of specific issues with individual patient journeys. However, public health campaigns in areas including lung cancer have meant that the services are receiving a significant increase in referrals.

Scottish Government continue to support to local improvement efforts with non-recurring funding, which is being used to shorten waits for diagnostic tests for potential cancer patients amongst a number of other improvements.

6 Patients Awaiting Discharge

Targets: The current target is that no-one will wait more than 14 days to be discharged from hospital into a more appropriate care setting once treatment is complete.

Performance:

	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
People delayed over 14 days	39	34	49	49	43	50

Of the 50 people who were delayed by more than 14 days in November 2017 29 were in North Ayrshire and 21 were in South Ayrshire.

7 Mental Health Services – National Targets

Targets:

1. The national standard is that 90% of clients will wait no longer than 3 weeks from referral received to an appropriate drug or alcohol treatment that supports their recovery, and no-one will wait more than 6 weeks.
2. Deliver 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS).
3. Deliver 18 weeks referral to treatment for Psychological Therapies.

Performance:

1. Drug or Alcohol Treatment performance was 98.1% in November 2017 against the target of 90%.
2. CAMHS 18 week performance was 95.8% in November 2017 against the target of 90%.
3. Psychological Therapies 18 week performance was 83.7% for October 2017 against the target of 90%.

Psychological Therapies

A whole system review of psychological services is underway supported with additional Government funding and investment in improving access to Psychological Therapies. This is to ensure compliance with waiting times and improvement towards achieving the required LDP Standard. A number of service improvement initiatives and test of change pilots are to be implemented with development of an action plan to ensure delivery of improvement targets.

8 MSK pathway waiting times measurement

Target: The target is that at least 90% of patients aged 16 years or over will wait no more than 4 weeks from referral to first clinical outpatient appointment for AHP MSK Services.

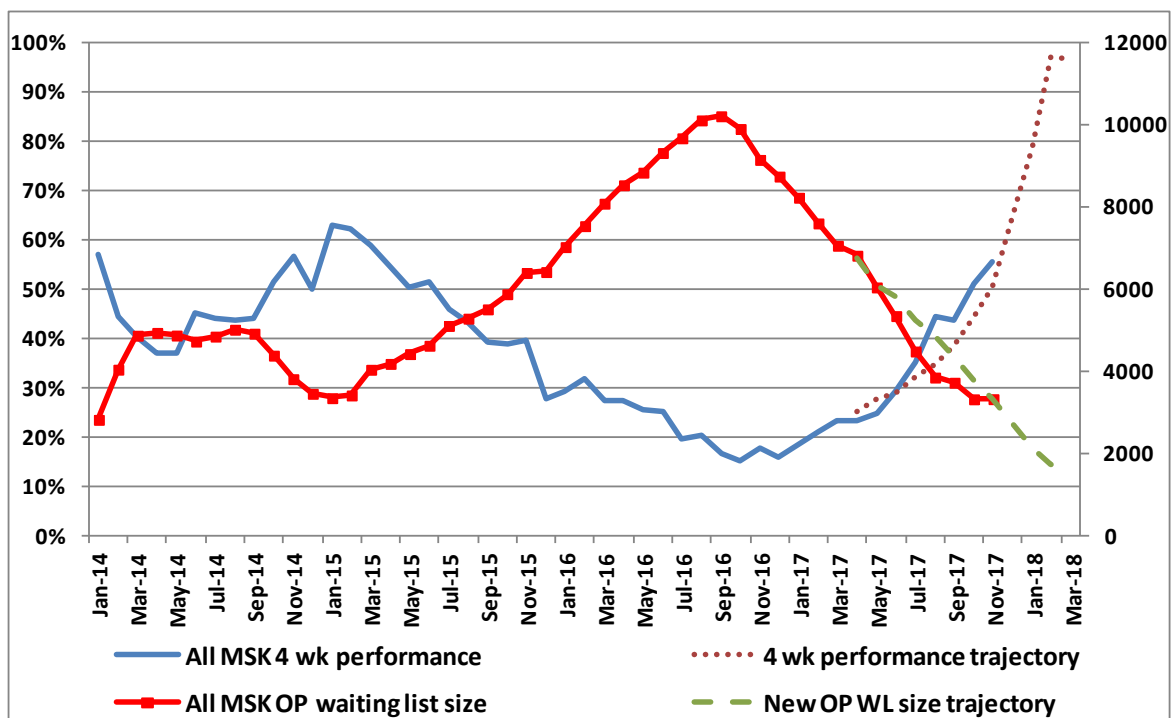
Performance:

	Sep 17	Oct 17	Nov 17
New outpatients waiting for MSK services	3716	3312	3316
Patients who have waited less that 4 weeks	1620	1683	1835
Patients whose wait has exceeded 4 weeks	2096	1629	1481
Percentage of patients waiting less than 4 weeks	43.6%	50.8%	55.3%

Performance increased from 50.8% to 55.3% during November 2017. The reduction in patients being added to the waiting list and increases in the clinical resource available has produced a steady improvement in performance over the last year.

Improvement actions, including patient focussed booking, GP based physiotherapy and improved pathways for those with Chronic Pain have reduced the number of referrals received by the service. However referral rates are being very closely monitored as demand has started to increase as the waiting times for routine appointments decrease.

Performance has been very close to the service's trajectory over recent months, though this may change as a result of the drop in activity over the festive holiday period. It is currently forecast that the 90% target could be achieved around the end of March 2018 though any further increases in demand will delay this.



































































































Monitoring Form

Policy/Strategy Implications	The Patients' Rights Act and the Treatment Time Guarantee have a profound effect on waiting time management and monitoring.
Workforce Implications	<p>Workforce implications identified –</p> <ul style="list-style-type: none"> • Recruitment of permanent staff or retention of locum staff where currently being utilised • Availability of staff to hold additional clinics
Financial Implications	<p>There is growth in referrals across a number of specialties in Acute Services. This, along with current financial challenges, has led to bids for Waiting List Initiatives and ongoing service enhancements being reviewed and resubmitted, where appropriate, by service managers.</p> <p>Bids for all further investment are reviewed in light of available funding and the implication of levels of investment on waiting times targets. Additional Scottish Government support is being provided.</p>
Consultation (including Professional Committees)	<p>This report is compiled by summarising information from a variety of sources and other NHS Ayrshire & Arran reports.</p> <p>A Planned Care report is reviewed monthly by the Corporate Management Team.</p>
Risk Assessment	<p>There is a significant risk to the organisation in failing to improve against the waiting times targets, with action plans in place to ensure safety of patient care is prioritised.</p> <p>Risks remain that unforeseen circumstances, e.g. ward closures due to illness, could adversely affect any recovery programme. As all internal relevant staff and facilities are already committed to this effort no contingency plans are possible. Risk mitigation is being delivered by close scrutiny and management.</p>

<p>Best Value</p> <ul style="list-style-type: none"> - Vision and leadership - Effective partnerships - Governance and accountability - Use of resources - Performance management 	<p>Successful management of waiting times requires leadership, and engagement with clinical staff.</p> <p>The developing Health and Social Care Partnerships have increasing influence on Delayed Discharge performance through patient flow.</p> <p>Local performance management information is used to provide as up to date a position as possible in this report. Some information may change when the data is quality assured by ISD in readiness for publication.</p>
<p>Compliance with Corporate Objectives</p>	<p>The achievement of the waiting times targets set out within this paper complies with a number of the corporate objectives: improving health; safety/outcomes; quality of experience; equality; transforming and patient flow; supply and demand.</p>
<p>Single Outcome Agreement (SOA)</p>	<p>The achievement of the targets provides better access to healthcare services and should therefore have a positive effect on the health inequalities priority within local SOAs.</p> <p>The achievement of the patients awaiting discharge targets will have a positive contribution towards the Outcomes for Older People priority.</p>
<p>Impact Assessment</p> <p>An Equality and Diversity Impact Assessment is not required for this paper. Service improvement plans referred to within the paper will be assessed as appropriate.</p>	

Waiting Times Scorecard

	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
12 weeks TTG compliance	82.0%	81.9%	81.1%	83.0%	84.0%	82.0%	82.4%	82.8%	83.7%	81.5%	82.5%	83.3%
												
Patients who breached the TTG during the calendar month	268	260	314	231	245	326	286	224	233	309	266	275
												
Patients treated in the month who exceeded their TTG	221	237	238	270	192	243	271	212	257	211	273	292
												
Access audit scores	99.6%	99.2%	98.7%	98.9%	99.1%	99.6%	99.4%	99.1%	99.0%	98.5%	98.9%	99.2%
												
18 week Referral To Treatment performance	72.1%	71.83%	71.24%	73.56%	75.13%	78.11%	76.27%	74.4%	73.6%	74.3%	74.3%	76.0%
												
18 week RTT clinic outcome recording	89.73%	89.73%	89.61%	88.72%	87.67%	87.9%	88.14%	88.0%	87.8%	87.8%	89.1%	89.1%
												
New Outpatients - Percentage waiting less than 12 weeks and number waiting over 12 weeks	70.68%	70.18%	73.62%	79.82%	78.3%	76.4%	75.1%	76.7%	76.5%	76.6%	79.6%	81.3%
	6562	6435	5495	4169	4649	4959	5185	4824	4988	5024	4312	3831
												
Diagnostic patients - Percentage waiting less than 6 weeks and number waiting over 6 weeks	65.4%	57.8%	64.8%	64.0%	58.1%	59.8%	62.4%	64.9%	73.3%	71.9%	69.7%	72.9%
	2,628	3,384	2,964	3,148	3,627	3,434	3,267	2,774	2,028	2,141	2,417	2,159
												
Outpatient waiting list size	22,650	21,781	20,921	20,878	21,405	21,026	20,802	20,679	21,196	21,511	21,183	20,503
Unavailable Outpatients	271	205	189	218	184	215	323	255	235	271	207	244
Inpatient/Day case waiting list size	3,478	3,366	3,468	3,531	3,491	3,419	3,454	3,444	3,378	3,458	3,448	3,410
Unavailable Inpatient/day case patients	497	384	347	457	415	461	504	432	467	407	381	441

	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17
Suspicion-of-Cancer - Referrals (62 days)	90.1%	87.1%	96%	92.6%	88.9%	87.6%	88.0%	92.4%	85.6%	83.2%	82.6%	82.6%
All Cancer - Treatment (31 days)	100%	98.9%	100%	100%	98.8%	98.2%	99.2%	100%	100%	97.2%	96.2%	96.2%
T15.1 Delayed Discharges - 2 week waits	53	33	34	14	27	16	39	34	49	49	43	43
Drug and Alcohol Treatment: Referral to Treatment	96.3%	98.9%	94.7%	96.1%	98.1%	98%	96.8%	98.1%	97.7%	96.6%	94.6%	98.1%
Faster Access to CAMHS - 18 wks	88.79%	92.5%	91.7%	96.7%	98.1%	94%	90.9%	92.5%	92.9%	96.3%	97.1%	95.8%
Faster Access to Psychological Therapies - 18 wks	82.9%	72.9%	73.2%	76.6%	71.5%	77.1%	78.6%	75.9%	80.5%	87.4%	83.7%	
Adult patients waiting less than 4 weeks for MSK services	15.7%	18.5%	21.0%	23.1%	23.1%	24.5%	29.0%	35.0%	44.4%	43.6%	50.8%	55.3%