



**REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 27 NOVEMBER 2018**  
**REPORT ON: PSYCHOLOGICAL THERAPIES WAITING TIMES**  
**REPORT BY: CHIEF FINANCE OFFICER**  
**REPORT NO: PAC61-2018**

**1.0 PURPOSE OF REPORT**

To brief the Performance and Audit Committee on progress being made towards meeting Health Improvement, Efficiency, Access and Treatment (HEAT) targets within the hosted Psychological Therapies Service (PTS).

**2.0 RECOMMENDATIONS**

It is recommended that the Performance and Audit Committee (PAC):

- 2.1 Notes the progress being made towards meeting the HEAT targets as outlined in 4.9, 4.10, 4.11, 4.12, 4.13 and 4.16 of the report.
- 2.2 Notes the actions that continue to be taken to address current breaches as outlined in 4.13, 4.14, 4.15, 4.16, 4.17 and 4.18 of the report.

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 MAIN TEXT**

- 4.1 The current Psychological Therapies National Standard is that 90 per cent of patients should commence treatment within 18 weeks from the point of referral. At December 2015, the NHS Tayside Psychological Therapies Service saw over 96% of patients within this time frame. (ISD Psychological Therapies Waiting Times in Scotland: Quarter Ending December 2015). At June 2018, 67.1% of patients were reported as having been seen within 18 weeks (ISD Psychological Therapies Waiting Times in Scotland: Quarter ending June 2018). It should however be noted that a data cleansing process is underway due to the inclusion of data from other services which currently misrepresents overall performance within the Psychological Therapies Service. Once data cleansing is complete the percentage of patients reported through ISD as having been seen within 18 weeks will increase.
- 4.2 Report PAC 33-2018 Psychological Therapies Waiting Times was submitted to PAC in May 2018 outlining the position in relation to waiting times across all specialties within the Psychological Therapies Service.
- 4.3 A number of specialties were reported to not be meeting the HEAT target and the reasons for the decreasing performance over time were outlined in respective 'clusters'.
- 4.4 The reasons for some specialties not meeting the targets included changes to the service delivery model within 'Clinical Psychology to General Adult Psychiatry' Services across Tayside, delays in recruitment, a high level of maternity leave and the absence of a staffing model that would support flexible and timeous cover arrangements.

- 4.5 As a short term measure, the PTS implemented a series of time-limited actions across all specialties including increasing the number of clinics offered by each clinician, cessation of all but mandatory continuing professional development activities, withdrawal of all teaching and training activities that do not directly enhance the delivery of psychological therapies to support that enhanced clinical activity. It was recognised that these measures would have only limited impact and that some were not sustainable if a safe, effective and professional service was to be maintained. It should be noted that these short term measures ceased to be applied from 1 September 2018.
- 4.6 Recommendations were made to, and agreed by, PAC in relation to longer term, sustainable actions required to meet HEAT targets.
- 4.7 The actions required to meet the HEAT targets into the future included the introduction of a staffing model that incorporates the availability of planned cover, a review of the current model within 'Clinical Psychology to General Adult Psychiatry' services across Tayside and a more detailed modelling of future demand and introduction of a revised financial framework for the Clinical Neuropsychology Service.
- 4.8 The PTS receives a large, and increasing, number of referrals each year. During the month of September 2018, 664 new referrals in total were received. During the same month, 501 new appointments were offered.
- 4.9 The number of people who have waited more than 18 weeks for a service (at end of September 2018) is 671. This is a moderate improvement since the end of April 2018 when 707 people had been waiting longer than 18 weeks.
- 4.10 The overall number of people waiting for a service has reduced by approximately 230 since the end of April 2018.
- 4.11 The short term measures outlined at 4.5 have contributed to improved performance within some specialty areas, including Clinical Health and Perth Adult Psychological Therapies Service. The diligence of specialty leads and respective clinicians across all specialties is recognised and noted.
- 4.12 Eight specialty areas are currently not meeting HEAT targets. 3 of these specialty areas have 4 or less breaches. The five other specialty areas are:
- Perth City Community Mental Health Team (CMHT) (Psychology)
  - Neuropsychology
  - Dundee Adult Psychological Therapies Services
  - Dundee Clinical Psychology to General Adult Psychiatry Service
  - Angus Adult Psychological Therapies Service
- 4.13 The number of people waiting longer than 18 weeks for a service within Perth City CMHT reduced from 91 to 39 between the end of April and September 2018. Although the short term measures taken by the service have contributed to this decrease, it is recognised that an increasing referral rate, capacity and demand challenges and the current model of delivery within Community Mental Health Services will continue to pose challenges. The future staffing establishment within this specialty will require to be considered as part of a Tayside wide review of future models of service delivery within community mental health services. This is a matter that will be progressed within the Mental Health/Learning Disability Service Redesign Transformation Board.
- 4.14 The Neuropsychology service continues to work with significant demand/capacity challenges, compounded by additional maternity leave absences at present. The referral rate for the service has risen by 350% since 2010, with referrals rising from 251 in the year 2009/10 to 962 in 2016/17. The service has a current establishment of 6 full time equivalent posts dedicated to the general Neuropsychology waiting list, comprised of general medical, surgical and psychiatric inpatients and outpatients across the region. As a result of maternity leave, the service has a current deficit of 2 full time equivalent. As a result, from July 2018 the available establishment attending to the waiting list will be 4 full time equivalent, instead of 6 full time equivalent, representing a significant reduction in capacity for the forthcoming year.

The future required staffing establishment within this specialty has been considered and a proposal made. This proposal will be examined within a broader strategic financial planning process currently underway within the PTS. Meantime, a temporary 23 month post has been appointed to, with the applicant due to take up employment in January 2019.

- 4.15 The number of people waiting longer than 18 weeks for a service from the Dundee Adult Psychological Therapies Service has increased between the end of April and the end of September this year. Whilst it is anticipated that the picture at end of September is unlikely to improve over the next few months, an opportunity is being taken to recruit in a more anticipatory way, and in a manner that will increase our likelihood of attracting the cohort of graduates who will come on stream in January 2019. Five clinical associates in applied psychology posts were successfully recruited in mid-November. Three of the posts will be introduced in Dundee and two will fill vacancies in Angus.
- 4.16 The number of people waiting over 18 weeks for a service from the Clinical Psychology to General Adult Psychiatry service in Dundee decreased from 77 to 43 between the end of April and the end of September 2018. As noted in 4.13, a review of the current service delivery model with community mental health services will be required and will be a requisite to determining appropriate staffing levels within this specialty into the future.
- 4.17 The number of people waiting longer than 18 weeks for a service within Angus Adult Psychological Therapies Service was 52 at the end of September 2018, there had been no people waiting at the end of April 2018. This temporary breach can be attributed to 2.0 full time equivalent vacancies which are in the process of being recruited to.
- 4.18 Future planned staffing cover arrangements continue to be considered as part of an overall strategic financial planning process underway in the Psychological Therapies Service. This is a complex process, not least given the range and scope of specialties, all with their respective challenges. Some of this planning requires to be undertaken in collaboration with partners across Tayside given current hosting arrangements.
- 4.19 In conclusion, the Psychological Therapies Service continues to face challenges in meeting HEAT targets. Some improvement has been evidenced between the end of April and the end of September in some specialties. An increase in waiting times has been evident in a small proportion of specialties during the same period. Actions continue to be taken to address the challenges faced.

## **5.0 POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Equality Impact Assessment. There are no major issues.

## 6.0 RISK ASSESSMENT

<b>Risk 1 Description</b>	Patient safety. People with identified mental health needs are experiencing delays in accessing appropriate care and treatment. Within Clinical Neuropsychology, delays in diagnostic assessment may result in failure to treat patients appropriately at an early stage resulting in worse clinical outcomes.
<b>Risk Category</b>	Governance
<b>Inherent Risk Level</b>	Likelihood 4 x Impact 4 = Risk Scoring 16
<b>Mitigating Actions</b> (including timescales and resources )	Alternative means of providing planned cover across the Service being considered, and in some areas more detailed capacity/demand analysis being undertaken to support future workforce needs.  Within Clinical Neuro-Psychology resources needs have been determined and will be considered within the broader PTS financial framework.
<b>Residual Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6
<b>Planned Risk Level</b>	Likelihood 2 x Impact 3 = Risk Scoring 6
<b>Approval recommendation</b>	Given the moderate level of planned risk, the risk is deemed to be manageable.

## 7.0 CONSULTATIONS

The Director and Deputy Director of the Psychological Therapies Service, the Chief Officer and the Clerk were consulted in the preparation of this report.

## 8.0 BACKGROUND PAPERS

None.

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DATE: 7 November 2018