Child and Adolescent Mental Health Services in Scotland: Waiting Times

Data Quality
Quarter Ending 31 March 2020
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CAMHS Waiting Times: Data Quality

Child and Adolescent Mental Health Services (CAMHS) waiting times data have been collected nationally since January 2010, although initially data were very incomplete and of poor quality. There have been significant improvements in data quality and completeness over time.

This section provides information on the quality and completeness of data supplied by NHS Boards to ISD. As part of the quality assurance process for this publication, ISD has asked Boards to provide information on any data quality and completeness issues that may affect interpretation of the statistics.

ISD also routinely seeks clarification from NHS Boards amongst other things where there may be large changes in numbers, unusual patterns in the data or changes in trends. These changes may be influenced by a variety of factors including service changes/reconfiguration or data recording changes.

Health Board Accuracy

ISD only receive aggregated data from each Health Board and this cannot be thoroughly validated by ISD. Derivations of the figures and data accuracy are matters for the individual Health Boards. There is a great variation in who compiles the data in Health Boards from administrative staff and information analysts to service managers. The Health Boards do check the data to be submitted but again this varies from daily checks of the Waiting Times data to weekly or monthly checks. Checks prior to submission are carried out by a range of people; Managers, Clinical Directors and Heads of Service. Some of the submitting Health Boards have a Standard Operating Procedure (SOP) to assist them in the compilation of the data, others are compiling these. The Health Boards discuss the data at team, management and performance meetings.

Age of Service Provision

NHS Scotland CAMHS vary in the age of population served. In some areas services are provided up to 16 only; while others offer services up to 18 years. All Boards should be actively working towards a birth to 18th birthday age range for all specialist CAMHS.
Covid-19 Service Responses

As part of the data quality check for this quarter PHS have request information from the Health Boards with regards to their current situation in respect of their response to the Covid-19 outbreak, these responses are collated below, please note the information may be more detailed for some Health Boards at the moment as this is work in progress. This information must be read in conjunction with the Data Quality Issues which start on page 14.

NHS Ayrshire & Arran

Referrals - For all young people being referred into the service during this time they are providing telephone triage to elicit more information and then being offered a time and date to complete a fuller assessment over the telephone, they are still offering face to face assessments for young people deemed as an emergency referral where appropriate.

Service Delivery - They have stopped face to face contact for all of the routine young people, they are providing telephone contact and where possible have set up ‘appoint anywhere’.

For young people requiring urgent care they are offering face to face contact following a check regarding Covid-19 symptoms.

Data Recording - Telephone appointments are recorded as an appointment but in the comments is described as a telephone appointment.

Data Submission - These changes will be reflected in the data from March and subsequent months for CAMHS aggregate submissions.

NHS Borders

Referrals – Letters have been sent to patients/families agreed with senior management and communications with information about the current situation with COVID and ongoing supports and advice supported by the MWC.

Service Delivery - The service has used the RAG approach and review patients on current case load and waiting list. Care plans and risk assessments have been reviewed / updated as necessary and clinicians have worked with the MDT and families to prioritise patients requiring ongoing support. Letters have been sent to patients/families agreed with senior management and communications with information about the current situation with COVID and ongoing supports and advice supported by the MWC. Discussion are held with patient’s families regarding the changes including using Near Me to continue to deliver treatment.

Emergency and Urgent patients will be seen within the recommended time scales

Data Submission – There has been a reduction in the number of referrals to CAMHS since COVID. No significant changes to DNA and cancelled appointments.
NHS Borders (continued)

Issues - Difficult to complete assessment of neurodevelopmental patients due to inability to access school observation so unable to provide formulation and diagnosis.

NHS Dumfries & Galloway

Service Delivery – Significantly reduced the number of face to face appointments. However, the service is using telephone calls and NHS near me.

All patients open in service who are unstable or critical are receiving treatment.

Data Submission – They expect less referrals to be rejected and believe their performance has been affected by the onset of Covid-19 response from the middle of March 2020.

Issues - Some routine ADHD appointments are being parked as we are not able to deliver the assessments and interventions safely.

NHS Fife

Referrals - On the 26 March, a Temporary CAMHS Threshold was put in place, and the number of referrals has reduced. It is unclear whether this reduction is in response to the Temporary Threshold or simply as the country locked down, schools closed, fewer people attending GPs etc.

Priority referrals are being allocated weekly, and they aim to start to contact children and young people already waiting.

Service Delivery - A number of face to face appointments were cancelled in the last 2 weeks of March and re-booked as telephone calls. There were also a number of video calls where this technology was available. Some planned new assessments were carried out over the phone, as well as urgent/priority referrals. All children/young people on caseloads have been contacted by phone and/or letter to advise them that business as usual is temporarily suspended.

All emergencies (referred by A&E/Children’s Ward) were seen face to face either in hospital or in new CAMHS Hub.

Data Submission - Over the quarter Jan-Mar20, completed waits may drop slightly, DNA rates and rejected referrals may increase as a result of the current situation. Going forward, the believe there will continue to be an impact on Completed waits, rejection rates, DNAs.

NHS Forth Valley

Service Delivery - The service delivery model has been adapted to provide telephone and secure video conferencing appointments via Near Me. Whilst remote working is the preferred method of service delivery there are occasions when face to face therapeutic contact may still be required i.e. if there is no telephone or video alternative, or in the event of emergency assessments, physical monitoring, intensive home support. In these situations, staff are
NHS Forth Valley (continued)

supported to follow Scottish Government’s Chief Medical Officer and Chief Nursing Officer clinical guidance on PPE.

Data Submission – The above changes in service delivery will be reflected in the data from March 2020 and subsequent months for CAMHS aggregate submissions.

Issues - They are currently linking with Trakcare to identify a systems solution that identifies these adaptations via outcome recording. In the meantime, CAMHS are recording these adaptations via a spread sheet.

NHS Grampian

Referrals – All cases in CAMHS have been clinically RAG (Red, Amber, Green) rated for risk. Cases at Red and Amber are seen and contact continues with Green cases.

Service Delivery – Patients are being seen virtually

Urgent high risk cases are being seen face-to-face, if urgent, vulnerable or high-risk cases are treated.

Data Submission – We have experienced a decrease in referrals since the onset of the current situation but referrals are beginning to increase again.

NHS Greater Glasgow & Clyde

Referrals – They continue to accept all referrals that meet the referral criteria and offer virtual Choice appointments,

Service Delivery - All CAMH Services are set up with access to use Attend Anywhere video appointments and telephone appointments, though there are still some face-to-face appointments required.

They have categorised open caseloads by severity/risk/need and only those who are in the highest category will be offered appointments, with the middle category offered appointments if their condition deteriorates to a point of which urgent help is required. They are also contacting all the longest waiters to offer help and assess risk/need. They are also taking children off the waiting list (by offering appointments) who are deemed as high risk.

Data Recording - Video and Telephone appointments are being recorded on EMIS and are reportable. These appointments will be reported in the same way as they report face-to-face appointments. Video and Telephone appointments will be recorded as seen.

Data Submission – It is possible that a change in the referral rejection rate may occur, though as yet it is unclear. They have however noticed a significant decrease in referrals received since lockdown started. Changes will be reflected in the data from March 2020 and subsequent months for CAMHS aggregate submissions.
NHS Greater Glasgow & Clyde (continued)

**Issues** - The MHAIST analyst will be leaving at the end of this month. This will have an impact on capacity against a backdrop of responding to significant change in the system which may affect future reporting capacity.

There may be an impact on performance as they are experiencing a reduction in available staff due to Shielding/Child care issues due to COVID.

NHS Highland

**Service Delivery** – Face to face appointments are still offered when clinically necessary, but are kept to a minimum. Other clinical appointments are arranged through Video conferencing or telephone. Less people are being seen due to change of service delivery and professionals not being able to have face to face contact with patients. As a result of current situation new patients are not happening at the moment, because management of existing caseload, while delivering a mainly unscheduled care service has been already challenging.

**Data Submission** – Highlighting a drop in referrals over the last 6 weeks – referrals tend to come from GP’s and schools, and they have had less contact with children and young people too.

NHS Lanarkshire

**Referrals** – Referrals to the service have dropped dramatically. This is due to the restrictions introduced in GP practices and Schools where they are not referring. Families are not seeking help in the same way either. There is no evidence that the changes NHS Lanarkshire have introduced in CAMHS have had any impact on the referral rate as this, in normal circumstances, is generally out with any influence by CAMHS in any case.

**Service Delivery** - CAMHS has continued to provide both an assessment and intervention service for patients considered to have urgent clinical needs. They have continued to provide a service to both new and existing patients. Where possible they have continued to engage with existing patients who have less urgent clinical need. They have used both telephone appointments and video appointments as the main mechanism for engaging with patients. They have continued to meet patients face to face where clinically required.

Their out of hours admissions and referrals for YP presenting with DSH involving alcohol intoxication and/or substance use has fallen dramatically.

**Data Recording** - Staff have been advised to code as normal as either new appointment or return appointment.
**NHS Lothian**

**Service Delivery** - Trying to resume Business as Usual with New Patient appointments being seen via NearMe or telephone. Routine appointments not being seen face to face, however urgent will be face to face if clinically required.

**Data Recording** - Telephone conversations are recorded as attended, but not if it was just a brief call - for example- asking if the patient was willing to start therapy by phone / video.

**Data Submission** – Believe there will be an impact on referrals. To some extent the changes will be reflected in the March 2020 data, however April 2020 will give a better indication of the COVID-19 impact overall across the system.

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**NHS Orkney**

**Referrals** – Continuing to accept all referrals including proving treatments. This has been made possible by using existing video platforms for MDT & Triage meetings. CMHT has managed to run alongside a CMHT duty system with requires a few identified members of the team to report into the HUB in order to facilitate referrals and urgent cases.

**Service Delivery** – All face to face appointments have been rebooked/ offered in the form telephone calls and video appointments. Notification has been sent to the young person(s) via post, email or text.

Face to face contact is still occurring for emergencies.

**Data Recording** - The data is still captured on local Trakcare system and the OUTCOMES of telephone calls and video appointments are recorded as “being seen”. Therefore, no change existing protocol.

**Data Submission** – changes will be reflected in the data from March 2020 and subsequent months, they are still inputting outcomes as normal.

**Issues** - CAMHS CAAP is currently working from home due to shielding, as she is currently pregnant. Maternity Leave is due to start in July.

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**NHS Shetland**

**Referrals** – At the moment we are receiving less referrals but dealing with them in the same way.

**Service Delivery** - Face to face appointments have been replaced in the main with video calls through Attend Anywhere or phone calls where the patient wants this, meantime some patients have opted to wait until face to face contact is resumed.

**Data Recording** - We are recording video calls and telephone appointments as the patient having been seen.

**Data Submission** – Changes will be reflected in the data from March 2020 and subsequent months for CAMHS aggregate submissions.
NHS Tayside

**Referrals** – Eligibility for access to services are unchanged. Although referral numbers are lower than usual, there is no evidence of an increased rate of rejected referrals.

**Service Delivery** – Only patients where the clinical risk is significant are being seen in person. All other patients are having appointments over video or telephone. New patients (both urgent and routine) continue to be offered appointments.

**Data Recording** - Different appointment codes on TrakCare which detail the mode of delivery (i.e. in person, on video, on telephone) are now being used for all patient contacts.

**Data Submission** – Data collection and submission continues unchanged. However, it is noted that discharged case are lower than normal due to the current exceptional circumstances.

NHS Western Isles

**Referrals** – There are no rejected referrals and new referrals continue to be assessed. We are applying the same criteria as previously. However, a new system has been established because of COVId to vet through primary care and Psychological wellbeing hub before triage referral to specialist CAMHs. This allows for other types of support to be provided before referral to CAMHs.

**Service Delivery** - The majority of patient appointments are changed to telephone or vc through Attend Anywhere. The exception to this are cases deemed high alert i.e. suicidal/psychotic who require face to face for urgent assessment depot injection administration. The majority of the cases are on support and maintenance stance.

**Data Recording** - Telephone & Video appointments are recorded on TOPAS, and are recorded as being seen if spoken to directly.

**Issues** - There is the possibility of some omissions in recording telephone/vc contacts in March or early April. There may be more patients on tickets with watchful wait outcomes – this will require scheduled reports as reminder to monitor and check status of patients.
Adjustment of Waiting Times

Waiting times for most NHS services are worked out using a calculation that takes into account any periods a person is unavailable and missed or cancelled appointments. These are referred to as adjustments. Some NHS Boards are not able to make all the appropriate adjustments to waiting times for CAMHS so we have included information on what adjustments each NHS Board has made.

Waiting time adjustments allow fair reporting of waiting times which have been affected by factors outside the NHS Board’s control. However, the timing of appointments is always based on clinical need. For CAMHS, resetting the waiting time to zero is done for reporting purposes only and does not impact on the timing of any further appointments.

The main adjustments that are made to CAMHS waiting times are:

- If a person is unavailable (for example on holiday), the period for which they are unavailable is subtracted from their total waiting time.
- If a person does not attend an appointment and has to be given another, their waiting time is reset to zero.
- If a person rearranges an appointment, their waiting time is reset to zero on the day they contact the service to rearrange their appointment.
- If a person is offered several appointments and declines them all, their waiting time is reset to zero. NHS Boards report that this happens very rarely as most appointments are agreed by telephone.

This report also shows unadjusted waiting times. These are the actual times people have waited. Unadjusted waiting times are available for all NHS Boards except for one.

The Summary Report on the Application of NHS Scotland Waiting Times Guidance provides more explanation on the main adjustments that are made to waiting times for CAMHS.

The CAMHS guidance and scenarios document provides more information and guidance on the recording of waiting times.
Adjusted and Unadjusted Waiting Times

NHS Boards were asked to adjust waiting times where patients were unavailable or did not attend an appointment and had to be given another. This “New Ways” calculation of wait is used in other NHS services such as inpatients, outpatients and audiology.

Some NHS Boards developed systems to enable this calculation for CAMHS. However, not all systems are able to make all the appropriate adjustments, so all data which includes adjusted figures also includes information about what adjustments have been applied.

NHS Board Adjustments

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Borders</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Fife</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Grampian</td>
<td>Up to date of breach (18 weeks) from January 2020</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Highland</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Lothian</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Orkney</td>
<td>No adjusted data submitted</td>
</tr>
<tr>
<td>Shetland</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Tayside</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Up to date of treatment or breach (12 weeks)</td>
</tr>
<tr>
<td></td>
<td>whichever comes first</td>
</tr>
</tbody>
</table>

With the exception NHS Dumfries & Galloway, all NHS Boards which adjust data also report unadjusted waiting times.
Referral to Treatment Calculation

A small number of NHS Boards are not able to calculate the waiting times from referral to treatment. However, in almost all cases these Boards are using clinician’s discretion, which is the guidance given by Scottish Government. Information on which NHS Boards are still developing their systems for this is detailed in the NHS Board level data quality issues.

NHS Board Referral to Treatment Measure

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Referral to Treatment measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Borders</td>
<td>No proxy used, however 1st appointment is usually when treatment commences</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>1st appointment proxy used for Child Psychology</td>
</tr>
<tr>
<td></td>
<td>2nd appointment proxy used for CAMH Services</td>
</tr>
<tr>
<td>Fife</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Grampian</td>
<td>1st or 2nd appointment – at clinicians discretion</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Until February 2020 a proxy measure of 2nd appointment was used to indicate treatment started. The Health Board now define treatment starting when the clinician confirms this, in line with RTT guidance.</td>
</tr>
<tr>
<td>Highland</td>
<td>1st appointment proxy used for Tier 2 services</td>
</tr>
<tr>
<td></td>
<td>Tier 3 services – no proxy used</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Lothian</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Orkney</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Shetland</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Tayside</td>
<td>1st appointment but advised this is not a proxy measure</td>
</tr>
<tr>
<td>Western Isles</td>
<td>No proxy used</td>
</tr>
</tbody>
</table>
Tiers of Service

The data submission should include service provision from tiers 2, 3 and 4 (descriptions in the accompanying ‘CAMHS Tier Model’ appendix. Some NHS Boards are not able to report on all tiers; this may be because they do not provide services which fall under a particular tier or because they are still developing their systems to incorporate all tiers. This is detailed in the NHS Board level data quality issues.

NHS Board Tiers of Service Submitted

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Tiers of Service Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>2, 3</td>
</tr>
<tr>
<td>Borders</td>
<td>3, 4 - Tier 2 collated separately (commissioned services)</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Fife</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>2, 3 - No Tier 4 service</td>
</tr>
<tr>
<td>Grampian</td>
<td>3, 4</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>3, 4 - No Tier 2 referrals for CAMHS</td>
</tr>
<tr>
<td>Highland</td>
<td>2, 3 - NHS Tayside provide Tier 4 services</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>2, 3 - No Tier 4 cases</td>
</tr>
<tr>
<td>Lothian</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Orkney</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Shetland</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Tayside</td>
<td>3, 4</td>
</tr>
<tr>
<td>Western Isles</td>
<td>2, 3</td>
</tr>
</tbody>
</table>
Criteria for non-attendance

The data submission includes a section on non-attendance; people who did not attend (DNA) their first contact appointment (descriptions can be found in the glossary). NHS Boards have been having issues with identifying only DNA’s; the table below identifies the different definitions used. The Data Management Team is working closely with NHS Boards to improve consistency in the recording of non-attendance (DNA).

The data submission should include service provision from tiers 2, 3 and 4 (descriptions of all tiers can be found in the glossary). Some NHS Boards are not able to report on all tiers, this may be because they do not provide services which fall under a particular tier or because they are still developing their systems to incorporate all tiers. This is detailed in the NHS Board level data quality issues.

NHS Board Criteria for Non-Attendance

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Criteria for Non-Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Borders</td>
<td>Patients that do not attend and those who cancel on the day</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service (from June 2018)</td>
</tr>
<tr>
<td>Fife</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Grampian</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Highland</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Patients who do not attend</td>
</tr>
<tr>
<td>Lothian</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Orkney</td>
<td>Patients who do not attend and those who cancel on the day</td>
</tr>
<tr>
<td>Shetland</td>
<td>Only on the day non-attendees</td>
</tr>
<tr>
<td>Tayside</td>
<td>Only on the day non-attendees</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
</tbody>
</table>
Data Completeness: Common Issues
Waiting times data are extracted from local administration systems which are updated frequently with information about appointments, attendances, etc. This may lead to different reported numbers of patients seen or waiting depending on the date the data were extracted. However, any differences equate to a relatively small proportion of total numbers of patients seen or waiting.

Data Quality Issues by NHS Board
This section details specific data quality issues for each NHS Board and provides information on any completeness issues.

NHS Ayrshire & Arran
The Board estimate their data for patients seen to be 96% and patients waiting to be 84.3% complete for the quarter ending March 2020.

The Board have advised us that they have had a number of vacancies (with delays to the recruitment process) and internal moves within the service which will affect the number of people being seen over the period and will have an impact on compliance during 2019/2020. Whilst the majority of posts have now been appointed there is a period of induction for newly qualified staff before allocation of caseloads, however there continues to be a number of nursing vacancies across service.

The Board do not use a proxy measure for referral to treatment; treatment started is determined by the clinician.

The Board submit data for tiers 2 and 3. They commission Tier 4 Service with NHS Glasgow & Clyde; this is not included in the return. They also provide Tier 4 (intensive support) for urgent community patients.

The Board are in the process of migrating their data collection systems onto the TrakCare Patient Management System. Monthly returns will continue to be extracted from the database until confidence in the quality of data from TrakCare is assured.

Adjustments are made up to treatment; however, the databases do not record reasonable offers therefore no adjustments are made if a patient declines 2 or more appointment dates.

The Board have advised us that historically DNA’s did have an impact on waiting times which informed the decision to implement ‘Opt In’. This has both reduced the DNA rate and improved the team’s ability to reallocate cancelled appointments. Analysis would need to be undertaken to fully understand the reasoning behind DNA rates and what measures can be taken to address any cross cutting themes. The teams do not think the length of wait affects attendance rate.

The Board have advised us that the criteria used to calculate DNA activity is only for patients who have failed to attend an appointment and have not made contact with the service prior to or have made contact after the allocated appointment time.
The Board are able to identify referrals that have been signposted to more appropriate services i.e. Social Care but in the majority of rejected referrals, the referral is returned to referrer with suggestions on where may be more appropriate.

For the number of open cases the Health Board have confirmed that they include all open cases, counting each patient once regardless of how many clinician caseloads they may be on.

**NHS Borders**

The data completeness for both patients seen and patients waiting is estimated to be 95% for the quarter ending March 2020 (based on January and February 2020 data). NHS Borders have been unable to submit their data for March 2020 due to Covid 19 restrictions but hope to be in a position to resume submissions for the next publication.

The Board do not use a proxy measure for referral to treatment, 1st appointment is usually when treatment commences and is a clinical decision.

The Board submit data for tiers 3 and 4 (which is not a separate team). They do not have Tier 2 as these are commissioned services.

Adjustments are made up to date of treatment.

NHS Borders have advised that DNA’s do have an impact on waiting times as these appointments could be used for patients on the waiting list. If a patient fails to attend they class as this as a DNA, they also include those who cancel on the day.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

Work on data completeness continues. However, our data analysts who are part of our data steering group report that they are still finding errors within the new system. They are working hard to resolve these issues. A data steering group was set up in the last quarter of 2019 and is working well to identify and resolve issues, there are still issues with reporting the PT cohort. The Board are relying on manual inputting to excel sheets as their IT system was not fit for purpose. With a standalone spreadsheet system for reporting there is increased potential for error, but they now have systems in place to check the quality of data and are confident they are reporting accurately; administration staff have been inputting data from mid-February 2020 and the data quality has improved.

The CAMHS Team Administrator and Data Analyst will be working remotely to hand over the reporting to the Team Administrator and the updating of the SOP. This process will be supported by the Admin Coordinator.

For the number of open cases the Health Board have confirmed that they include all open cases, counting each patient once regardless of how many clinician caseloads they may be on.
NHS Borders have recruited one Whole Time Equivalent (W.T.E) Clinical psychologists who joined board in October 2019. The staffing compliment within the Nursing Team has been supplemented by two WTEs who have progressed to Band 6 since starting in their development role and are currently working as Band 6 nurses within CAMHS. The W.T.E Band 5 ADHD nurse has continued with development in ADHD although has been deployed to a mental health inpatient since 1/4/2020 following COVID pandemic.

The Board have informed us that two band 6 nurses returned to work on phased returns 13th & 14th January 2020. A nurse returned from maternity leave 31/12/2019 but did not commence work as was on annual leave until resigning from NHS Borders in March 2020. Prior to COVID they attempted to back fill into the band 6 post however they have been unable to proceed at this current point. They are currently working on the vacancy to advertise post and there is further sickness within the service. This has had a significant impact on the waiting times from referral to treatment. There has been no impact on the assessment and treatment of Emergency and Urgent referrals within CAMHS but equates to 105 hours per week lost. From January 2020 the Team Manager (T/M) 37.5 hours per week is on secondment to adult mental health social work services and band 6 nurse CAMHS is seconded into the T/M position until October 2020.

**NHS Dumfries & Galloway**

The Board estimate their data completeness for the quarter ending March 2020 to be 100% for both patients seen and patients waiting.

In NHS Dumfries and Galloway Child Psychology is a separate and distinct service to the CAMH services, as such data is recorded on different systems, Topas for CAMH services (which is adjusted data) and Access for Child Psychology (which is unadjusted data). The Board are not able to provide information on unadjusted waits for CAMH service. The two sets of data are also measured differently, for Child Psychology a proxy of first appointment is used to measure treatment and for CAMH services a proxy of 2nd appointment is used. As some patients will be open to both the CAMH and Child Psychology services there would also be an issue with double counting if they were to attempt to merge the data therefore only information for CAMH services are included in this publication. As all CAMH service data is included in the return the data completeness for CAMHS is 100%. The Child Psychology activity is recorded in the Psychological Therapies Waiting Times publication.

The Board submit data for tiers 2, 3 and 4. Adjustments are made up to date of treatment.

NHS Dumfries and Galloway have advised us that DNA’s impact upon waiting times as they primarily seem to be people who do book back into a first appointment slot (as opposed to not being seen at all) so one person has effectively used two first appointments.

Until June 2018 NHS Dumfries & Galloway included patients that cancelled on the day in their DNA figures, they now only include those who do not attend and have not contacted the Health Board.
NHS Dumfries & Galloway are monitoring rejected referrals and believe it is possible through this to understand reasons for rejection, and any advice given to referrer. In NHS Dumfries & Galloway, CAMHS is required to “reject a referral” in order to refer on to Psychology if they are the more appropriate service.

For the number of open cases the Health Board have confirmed that they include all open cases, counting each patient once regardless of how many clinician caseloads they may be on.

**NHS Fife**

The Board estimate their data for both patients seen and patients waiting to be approximately 93.3% complete for the quarter ending March 2020. The Board are continuing to work with their staff group to improve data completeness. Work is on going to ensure that TrakCare captures all clinical appointments. They are focusing on 1st appointments as these impact on RTT.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4.

Submissions up to March 2017 - adjustments are made up to date of treatment.
Submissions from April 2017 to January 2018 comprise of unadjusted data only due to migration to TrakCare. From February 2018 the Board have submitted adjusted data for patients waiting, and from July 2018 have included adjustments for patients seen. The Board will continue to report adjusted data for patients waiting and patients seen going forward.

NHS Fife has advised that that they believe DNA’s do have an impact on waiting times. Any patient who does not attend is counted as a DNA regardless of notice. This does not include cancellations.

The Board have advised us that following advice from Scottish Government Mental Health Division, Performance & Improvement Unit, from November 2019 they updated how they were reporting referrals to include all GP referrals. Previous months excluded GP referrals that were offered a Primary Mental Health Worker assessment (PANA), and were only counted following PANA if they were signposted to CAMHS. They now included all GP referrals that require action, including those receiving a PANA. They have also excluded those waiting for an Autism Spectrum Disorder Assessment appointment as this group does not meet CAMHS threshold. The ASD pathway is also managed by a different service and is addressed by a different workforce so does not correlate with CAMH workforce data.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

For the number of open cases the Health Board have confirmed that they include all open cases, counting each patient once regardless of how many clinician caseloads they may be on.
NHS Forth Valley

*NHS Forth Valley CAMHS patient information systems have migrated to Trakcare. A few systems issues remain that continue to affect the accuracy of the data being reported. NHS Forth Valley continue to work on processes to ensure accuracy of data being reported.*

The Board estimate their data completeness for both patients seen and patients waiting to be 100% for the quarter ending March 2020. They have advised us that patients seen is dependent on clinicians inputting all their contacts and recording correct outcome codes. The only % patients seen but not reported will be those where clinicians haven’t yet added their contacts.

The Board do not use a proxy measure for referral to treatment; treatment started is determined by the clinician.

NHS Forth Valley submit data for tier 2 (since August 2015) and tier 3 including iCAMHS which from June 2018 they have been able to identify and report separately. The data identified from both tier 2 and iCAMHS is being used internally to evaluate and inform service improvement and redesign. Although FV Intensive CAMHS (iCAMHS) went live at the end of May 2018, the Board have always saw and reported data on intensive interventions and services as part of their specialist CAMHS data.

In NHS Forth Valley adjustments are made up to date of breach (18 weeks).

The Board have advised they believe DNA’s to have an impact on waiting times. Short notice cancellations are not included in their DNA submissions.

The Board has implemented a central vetting system with a view to applying their Referral Criteria more consistently with less variation. They have stated that qualitative data around rejected referrals continues to highlight that a large portion of referrals rejected by CAMHS are signposted to agencies or services more suitable for the patient.

In NHS Forth Valley clinical activity continues to be focused on seeing patients waiting the longest i.e. seeing patients in date order, which has an adverse effect on RTT performance. The Board have advised us that there has been a decrease in clinical capacity.

The Board are now recording all open cases once regardless of how many clinician’s caseloads they are on.

The Board have informed us that they have a number of vacant posts; this and the impact of Covid-19 has amplified the number of patients waiting.
**NHS Grampian**

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending March 2020.

Up to the end of August 2019, the Board identified the second appointment or partnership appointment (CAPA) as the start of treatment as per Referral to Treatment Standard. They have advised us that formulation, treatment planning and self-help is all offered at Choice appointments. However, the clock was not being stopped if those patients are offered a second appointment (Partnership) appointment. Within NHS Grampian, the service is now fully implementing the revised national waiting times guidance document which states that clinician’s discretion should be used when determining when treatment starts. Treatment starting is therefore defined and recorded as either the first or second appointment based on clinical judgment.

The Board are submitting adjusted waits from January 2020. Investigations are ongoing to see if they can report on CNA adjustments.

The Board hope to be able to submit first contact appointment and DNA data from April 2020. They include only patients who have failed to attend an appointment and have not made contact with the service.

The Board submit data for tiers 3 and 4.

The Board has collected rejected referral data since July 2019 on an internal database. Previous to July 2019 The Board did not maintain a database/electronic record of what happens with rejected referrals.

Aberdeen-based staff within the service have now moved into the new building which has helped with capacity and flow of clinical work (the Moray satellite team continue to be located in fit-for-purpose accommodation in Elgin). Short-term funding has continued to affect recruitment and retention within the service.

Some staff have left to go to posts where permanent funding is in place or to the central belt where there is more flexibility to move between posts. It is harder to recruit to short term posts in Grampian as staff are often required to relocate as it is too far to travel on a daily basis.

For the caseload figures NHS Grampian has confirmed that they count each patient once, regardless of how many clinicians are involved.

**NHS Greater Glasgow and Clyde**

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending March 2020.

Until February 2020 a proxy measure of 2nd appointment was used to indicate treatment started. The Health Board now define treatment starting when the clinician confirms this, in line with RTT guidance.
NHS Greater Glasgow & Clyde submit data for tiers 3 and 4. They do not hold tier 2 referrals in CAMH services although CAMH services provide input and support to partner agencies to provide this level of service.

Adjustments are made up to date of treatment.

The Board have no evidence to suggest that DNA’s impact directly on waiting times when New Ways Guidance is applied. However, when considering unadjusted waiting figures, DNA’s would result with the recording of longer waits for treatment and would potentially cause a breach in the RTT HEAT Target. DNA’s are included in the figures when an appointment is missed without notice. Last minute cancellations are recorded as ‘Cancelled by Patient’ and data is available.

The Board have advised us that standard procedure for inappropriate referrals is to signpost to an appropriate service.

The overtime clinics that assisted with the backlog of referrals have been paused at the moment and a CAMHS Operational Group has been established with a series of action points designed to address the waiting list. This work is ongoing and the Board will monitor progress over the coming months.

NHS Greater Glasgow & Clyde CAMHS have informed us that October 2018 and November 2018 presented them with the highest demand it has experienced since they began collecting the data. This increase in demand has continued with February and March 2019 also being amongst the highest demanding months the HB has experienced. Alongside an unexpected and exceptional increase in demand, the reduction in rejection referrals and reduction in DNAs have had a significant impact on the CAMHS workforce and its capacity. They are currently working with all CAMHS Teams to ensure all children and young people are seen as quickly as possible.

For the caseload figures the Board has confirmed that they count each patient once, regardless of how many clinicians are involved.

**NHS Highland**

*The Board have highlighted an issue of over-reporting the number of rejected referrals for the past year or so, they estimate the over-reporting to be <10%. They plan to find a different way for this scenario to be recorded in order to eliminate the issue but further investigation is required.*

The Board estimate their data for patients seen to be 96.7% and for patients waiting to be 98% approximately complete for the quarter ending March 2020, they have two measures of completeness (1) does the record show if the patient arrived or not, and (2) does the record indicate how the patient is to be followed up:

Measure (1) (percentage of new appointments with a status, as at date of submission) is 96% complete.

Measure (2) (percentage of new attended appointments with an outcome) is 85% complete.
In NHS Highland, the Service Planning Analyst identified an issue with adjusted patients seen (completed waits) data where not all patients are included in their adjusted extract, so whilst completed waits are currently being submitted, some are unadjusted; 27% percent were unadjusted in the quarter ending March 2020. The patients identified in this percentage are those excluded from the Business Intelligence (BI) report adjusted extract and this has been raised with the BI team for further investigation. NHS Highland also intend to resubmit amended data (if necessary) as and when available; there are no timescales in place for this. Progress on this issue is slow due to work and capacity pressures both in Planning & Performance and BI which provides the extracted data.

The Board have advised us that they submit waiting times for outpatient appointments for Tiers 2, 3 and 4 (they have a Network Liaison Nurse who works closely with NHS Tayside to support CAMHS patients at Tier 4 level in an outpatient setting). They do not provide inpatient care in NHS Highland for CAMHS patients.

For Tier 2 services NHS Highland identify the first appointment as start of treatment. For Tier 3 services the actual start of treatment as coded on TrakCare PMS is used to flag the start of treatment. This may not be the first appointment. Recording of clinic outcomes in Tier 3 is now being completed on time. There is a North of Scotland tier 4 service for inpatients which is provided by NHS Tayside (since February 2013).

Adjustments are made up to start of treatment for tier 2, 3 and 4.

The Board have advised us that they believe the DNA’s have an impact on the waiting times. Their DNA’s include only patients who do not attend.

The Board have advised us that they are able to report how many referrals have been rejected, and a removal reason for tier 3 and 4 data, not for tier 2. The Board have highlighted an issue of over-reporting the number of rejected referrals for the past year or so, they estimate the over-reporting to be <10%. They plan to find a different way for this scenario to be recorded in order to eliminate the issue and hope to be able to resubmit this data, however further investigation is required.

For the caseload figures NHS Highland has confirmed that they count each patient once, regardless of how many clinicians are involved.

**NHS Lanarkshire**

The Board estimate their data completeness for patients seen to be 95% and patients waiting to be 100% for the quarter ending March 2020.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2 and 3. Whilst the Board do have a tier 4 service, they currently do not have any cases that should be included in waiting times.

Adjustments are made up to 18 weeks; this has been in place for Psychological Therapies on TrakCare since May 2014.
NHS Lanarkshire have advised us that they believe that the DNA’s do not have a significant impact upon waiting times. They only include DNA’s in their figures, last minute cancellations are not included. They have introduced a text reminder service in some teams for patients.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services where available.

For the caseload figures the Board count patients once (where known), they record the number of attendances as a substitute for open cases and have stated that it is not apparent from the data if a patient was seen twice in any one month. They believe that it is likely that the majority of open cases will be seen on more than one occasion in any month and the number of attendances will not be an accurate reflection of open cases.

**NHS Lothian**

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending March 2020.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4 from April 2015.

In NHS Lothian adjustments are made up to date of breach (18 weeks); this is using a ‘stages of treatment’ approach - they are made where a patient does not attend or cancels an appointment where that appointment was offered and accepted within 6 weeks of referral or where a treatment appointment was offered and accepted within 12 weeks.

NHS Lothian believe DNA’s have an impact in relation to wasted capacity potentially resulting in lengthened treatment episodes and the resulting impact on capacity. Quality Improvement activity is taking place with respect to DNA’s and CNA’s within the CAMHS service. They only include DNA’s in their figures.

Where a referral is rejected by the Outpatient team the service will write to the GP suggesting alternative sources of support/advice as appropriate. Some rejected referrals may be redirected to an alternative CAMHS service. They do not have data regarding outcomes.

In NHS Lothian there is a continued focus on treating CYP who have waited the longest and clear the backlog of CYP waiting over 18 weeks. A number of initiatives have taken place including managing demand via robust and consistent triage processes and improving attendance rates for New Patient appointments.

For the caseload figures the NHS Lothian count each patient once. The data submitted only includes patients currently on a caseload. It does not include any patients who are only on an assessment or treatment waiting list.

**NHS Orkney**

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending March 2020 as the data is being updated in Trak by the CMHT. NHS Orkney was not able to submit March 2020 data because of the Covid-19 restrictions which had an impact on the data submissions.

The Board do not use a proxy measure for referral to treatment.
NHS Orkney are not able to provide information on adjusted waits for this aggregate submission; the Health Board are focusing on the new CAMHS (CAPTND) return. In the new return they will include patient DNA, UNA etc., therefore adjustments will be able to be calculated for this but not for the aggregate submission.

The Board submit data for tiers 2, 3 and 4.

The Board have advised us that they report on anything that is recorded by the clinician/admin as a DNA appt on Trak. It is dependent on what they enter on to Trak; people who do not attend or cancel on the day.

NHS Orkney have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

The Board have stated that there has been an effort locally to tackle long waits within CAMHS however the loss of a member of staff has impacted on both the patients seen and waiting, bank staff are working additional hours where possible until a replacement is found. An agency nurse has been working in CAMHS and the Board has also appointed a permanent CAMHS CPN who started in February 2020, the agency worker remains in place meantime whilst they recruit a Council funded CAMHS Practitioner however due to Covid 19 the interviews for the council vacancy, remains unfilled.

The Board have advised us that they have rectified an issue where they were missing data in their PMS.

For the caseload figures the Board count each patient once.

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NHS Shetland

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending March 2020.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4.

Adjustments are made up to date of treatment.

NHS Shetland has been unable to submit data from March to May 2015 data due to migration to a new Patient Management System; they will be unable to submit this data in the future.

The Board do not believe DNA’s have an impact on their waiting times. The Board include only on the day non-attendees in their DNA figures.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

For the caseload figures the Board count each patient once.
NHS Tayside

*NHS Tayside has advised us that change to the reporting of Neurodevelopmental cases separately from CAMHS mental health requires caution in making comparisons with previous quarters data and in the calculation of rates of rejected referrals.*

Estimated data completeness for both patients seen and patients waiting for Quarter Ending March 2020 is 100%.

Data is not available from mid-June 2017 to October 2017 due to migration to a new patient management system; they have advised that they will not be able to submit data for the missing months.

The Board have advised us that they include only on the day non-attendees in their DNA figures.

The Board submit data for tier 3 and 4 services.

Adjustments are made up to date of breach (18wks).

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services where these are available. Please note that due to system issues the numbers of inappropriate referrals reported are inflated, the Board are looking in to this matter.

The Board do not use a proxy measure for referral to treatment, 1st appointment is usually when treatment commences and is a clinical decision.

NHS Tayside currently has some challenges in staff recruitment consultant vacancies, and higher than usual levels of maternity leave resulting in reduced service capacity. The capacity available is therefore largely being targeted towards urgent referrals and patients who are actively engaged in a treatment pathway. This is subsequently resulting in a lower proportion of patients that have waited over 18 weeks being seen however the Board note there is significant progress in reducing the proportion of cases that have waited in excess of 18 weeks.

The overall caseload refers to individual open cases (recorded once no matter how many clinicians are involved with their care). The service is currently in the process of separating the mental health cases from the neurodevelopmental cases - this has been completed in relation to the waiting lists but not for cases open to the service, therefore the caseload figures includes both mental health and neurodevelopmental cases. The Board have advised us that improving caseload data continues to be work in progress. The reported caseloads from EMIS are an improvement on previous reports from TrakCare but still reflect a mix of both mental health and neurodevelopmental cases. This data should not be considered fully accurate at present.

NHS Western Isles

The Board estimate their data for both patients seen and patients waiting to be approximately 100% for the quarter ending March 2020.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2 and 3.
Adjustments are made up to date of treatment or to breach (12 weeks) whichever comes first.
NHS Western Isles believes that DNA’s do impact on waiting times. The Board have advised us that they only include DNA’s in their figures, last minute cancellations are not included.

Up until October 2019 inappropriate referrals were referred back to the referrer. CAMHS referrals are now directed to Assessment Clinics where they can be directed to tier 2 CAMHs or signposted to community services i.e. school counselling, action for children, or Community third sector services. NHS Western Isle have confirmed that the referrer is informed with a summary of assessment and plan.

Some issues were identified around appropriate use of RTT outcomes in TOPAS during March 2018 that were affecting data completeness. The Board are keeping a closer eye on use of RTT outcomes for treatment started and new patient assessment.

For the caseload figures NHS Western Isles count each patient once.