Child and Adolescent Mental Health Services in Scotland: Waiting Times

Data Quality
Quarter Ending 30 June 2021

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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.

To show the change in service delivery at this time, PHS requested NHS Boards to submit information for all monthly contacts (new and return); where this has been possible a chart is included for the Health Board concerned.

This information must be read in conjunction with the Data Quality Issues which start on page 14.
NHS Ayrshire & Arran
Contact type (new and return)

Data is extracted from Trakcare. Video/face to face is not an available appointment type. Current specification allows for Clinic, Ward, Home and Telephone.

Referrals - For all children/young people referred into the service during this time CAMHS are providing initial telephone triage to elicit more information. Dependent on levels of risk identified some will be offered a time/date to undertake a complete assessment where others, where levels of risk/concern identified a face-to-face assessment will be offered.

Service Delivery – Following the easing of the most recent restrictions and being mindful of transmission rates within our localities, CAMHS clinics began a gradual period of recommencement in mid-April 2021 for those children/young people requiring face-to-face assessment/observations and diagnosis. For mild/moderate presentations, treatment is still being offered and continued via telephone consultations or virtual NHS “Near Me”.

Data Recording - Telephone appointments/virtual contacts is recorded as a clinical appointment however, contact type is recorded in the clinical notes and Appointment type (Trakcare). In the database contact type is recorded in the location/comments section should it be required for analysis at a later stage.

Data Submission – CAMHS Aggregate and Episode returns continue to be subject to ongoing validation and where any significant data issue is identified that affects the RTT compliance rate or understate clinical activity, submissions will be refreshed and re-submitted if required.
Public Health Scotland

NHS Borders

Contact type (new and return)

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 Scottish Government.

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 using the RAG status 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 Scottish Government. Discussion are held with patient’s families regarding the changes including using Near Me to continue to deliver treatment. Face to face patient appointments are provided where there is a clinical need. A temporary Nurse Led Opt in Assessment appointment system has commenced since January to ensure that patients on the RTT waiting list are offered an appointment. This was implemented to fill the gap until the service is fully recruited. This includes both mental health and neurodevelopmental referrals. Currently 5 routine opt in appointments are offered each week applying the DNA policy. Emergency and Urgent patients will be seen within the recommended time scales.

Data Submission – There was a reduction in the number of referrals to CAMHS during the COVID lockdown period between March and May. June referrals increased again.

No significant changes to DNA and cancelled appointments.

Issues - Difficult to complete assessment of neurodevelopmental patients due to inability to access school observation so unable to provide formulation and diagnosis. They are now able to access schools but it is taking much longer to complete the work as they are only
NHS Borders (continued)

allowed to enter one school per day where as previously this was limitless. Schools have since closed again.

They are continuing to manage requests for Urgent, and Emergency assessments but there has been an increase in demand to expedited referrals and some open cases are requiring increased input. They are also receiving a much higher demand from parents and carers looking for advice or to know when their child will be seen.

Vacant posts and staff sickness has impacted on their ability to tackle waiting times.

NHS Dumfries & Galloway

Contact type (new and return)

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 are receiving treatment.

Data Submission – The Number of referrals has increased significantly since the schools have returned. Monthly referrals are at the highest they have ever been and therefore waiting times have increased sharply.

Issues - Some routine ADHD appointments were parked as a result of Covid-19 but all patients are still being offered a service.
NHS Fife

Contact type (new and return)

Referrals - On the 26 March 2020, 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 attended GPs etc. Priority referrals are being allocated weekly, and children and young people already waiting were contacted.

April – June 2020 - All referrals to CAMHS were received through a single point of access, and referrals continued to be screened centrally and allocated weekly by a team of senior clinicians. Throughout May and June 2020, the National CAMHS referral threshold was re-established with routine cases being placed on a waiting list, while continuing to allocate priority referrals weekly and responding to those with the most urgent and significant mental health issues. As restrictions eased, the number of referrals has increased from April to May and to June 2020.

July – September 2020 - Referral threshold remains as per National CAMHS referral threshold, with referrals screened centrally by a team of senior clinicians and allocated/signposted based on national referral threshold. Throughout the quarter, referrals have increased, with referrals received in September increasing to 260 (10 more than received in September 2019), which may reflect return to full-time education. There has been a corresponding rise in rejected referrals as more referrals are re-directed towards more appropriate services.

October – December 2020 - Referral threshold remains as per National CAMHS referral threshold, with referrals screened centrally by a team of senior clinicians and allocated/signposted based on national referral threshold. Referrals have increased to comparable levels with 2019: Oct-Dec2019 665 referrals, 74 rejected and Oct-Dec2020 663 referrals, 120 rejected. Rejected are referrals re-directed towards more appropriate services.
Public Health Scotland

NHS Fife (continued)

January – March 2021 - Referral threshold and allocation continues as above. Referrals fell during the quarter compared to January-March 2020 due to schools being closed to most pupils and the Stay-at-Home restrictions. With return to fulltime schooling for pupils and easing of restrictions, referrals are expected to increase throughout next quarter.

April – June 2021 – Referrals have increased this quarter as compared to last, as a result of relaxed restrictions and return to full-time education after the Easter break.

Service Delivery - A number of face to face appointments were cancelled in the last 2 weeks of March 2020 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 were contacted by phone and/or letter to advise them that business as usual was temporarily suspended. All emergencies (referred by A&E/Children's Ward) were seen face to face either in hospital or in new CAMHS Hub.

April – June 2020 - All emergencies continued to be seen face to face either in hospital or in new CAMHS Hub.

Core CAMHS Provision:

- Teams continued to work through priority referrals and maintain the capacity to respond to these.
- All existing caseloads have been recommenced in therapy.
- Longest wait cases have been allocated based on capacity.
- Primary method of contact is via Near Me or telephone.

July – September 2020 - All emergencies continue to be seen face to face either in hospital or across the 3 CAMHS bases within specifically identified clinical rooms.

Core CAMHS Provision:

- Teams continued to work through priority referrals and maintained the capacity to respond to these.
- As urgent/priority cases increase, less cases are allocated from the longest waits reflecting the shift in capacity towards urgent/priority cases.
- Primary method of contact continues to be via Near Me or telephone.
- Limited outdoor group programmes have been put in place.
- Individual sites have applied strategies in conjunction with Infection Control for receiving children and young people back into clinical settings where necessary.

October – December 2020 - All emergencies continue to be seen face to face either in hospital or across the 3 CAMHS bases within specifically identified clinical rooms.

Core CAMHS Provision is as above with the following changes:

- Limited outdoor group programmes are currently suspended.
- Virtual therapeutic groups to be piloted in coming months.

January – March 2021 – Emergency and Core CAMHS provision is as above.
NHS Fife (continued)

April – June 2021 – Emergency and Core CAMHS provision is as above. We have risk assessed our large indoor space and will be commencing therapeutic group work indoors from mid-August. We are also looking to move back into local clinics and schools for therapeutic sessions.

Data - The Board believe there will continue to be an impact on Completed waits, rejection rates, DNAs.

Waiting - April – June 2020 - Total numbers waiting have reduced as a result of allocating the longest waits at Tier 3, and Tier 2 cases waiting were contacted to opt-in for an appointment. Following two letters, including signposting to web based resources, those not opting in have been discharged from the waiting list.

As referrals continue to increase with an anticipated spike next quarter as schools return, without additional capacity, the waitlist will also increase.

July – September 2020 - The overall numbers of children and young people have reduced following continued work on the longest waits at Tier 3, and focus on the 18-52-week bracket at Tier 2.

Given the increase in referrals, without additional capacity, the number waiting will be expected increase into next quarter.

The reduction in waiting over 18 weeks reflects directed activity as well as the significant reduction in cases added to the waiting list during lock-down earlier in the year. Over the next quarter this is expected to rise again as children and young people added to the waiting list from July onwards tip over 18 weeks.

October – December 2020 - The overall number of children and young people has increased. This reflects the increase in referrals, with urgent/priority cases allocated, and the remaining cases being added to the waiting list. The number of cases waiting over 1 year continues to grow month on month as cases tip into that time bracket. Without additional capacity, this number will continue to increase.

January – March 2021 – During the quarter, the overall number of children and young people has fallen. This is a result of the decrease in referrals, alongside work resuming on the longest waits. At the end of March 2021, of the 61 cases waiting over a year, 56 had an appointment booked. Work on longest waits will continue alongside allocation of urgent/priority cases, with the remaining cases being added to the waiting list.

April – June 2021 – The overall number of children and young people added to the waiting list has increased as a result of increased referrals. Work on the longest waits has led to a decrease in the number of children and young people waiting over 18 weeks, with 63% now waiting under 18 weeks. Longest waits, all bar 1, have been appointed over 52 weeks as of 30 June 2021. Work on the longest waits is slowing down as caseloads reach maximum capacity so both number and length of wait will continue to increase.

Completed waits- The number of completed waits reduced as was expected given the Covid response, and the drop in performance reflects work undertaken on the Tier 2/3 waiting list over 18 weeks.

Performance is expected to return to average over the coming quarter with restrictions being eased and new ways of working embedded into service delivery.
NHS Fife (continued)

July – September 2020 - Several staff absences (non-Covid) have contributed to the lower number of completed waits overall.

The reduction in performance over the summer period reflected the ongoing work with cases waiting over 18 weeks at Tier 2/3. The increase in RTT in September follows an increase in urgent/priority cases and fewer cases taken from the longest waits.

Given the uncertainty of the winter months, performance may fluctuate with anticipated drops over the October and Christmas breaks.

October – December 2020 - The RTT has increased following an increase in urgent/priority cases, with work on the longest waits ceased temporarily due to the increased demands from urgent/priority referrals and reduced capacity.

January – March 2021 – RTT held during January and February as above. The RTT decreased in March as work resumed on the longest waits. Overall numbers of children and young people starting treatment increased in March as staff activity resumed following phased returns to work in alongside work on the longest waits.

April – June 2021 - RTT continues to be balanced between continued work on longest waits and high demand for urgent/priority appointments.

DNAs - The DNA rate was high throughout April 2020 as new ways of contacting patients (phone/video calls) were being put in place. This reduced in May and again in June 2020. To increase attendance, appointment letters have been reworded and we are trialling CAMHS specific guidelines to send to families for Near Me video appointments. All DNAs were phone/video calls.

July – September 2020 - The DNA rate increased this quarter as compared to last, but is comparable to the same quarter 2019, which may reflect the summer period. The predominant method of contact is Near Me with the spread of DNAs shown below. Over the quarter 72% of DNAs were Near Me video calls, and as there is no comparative data, further investigation is needed to know if this would be expected.

Issues – NHS Fife identified an issue with Near Me which affected their DNA’s whereby CAMHS patients had been going into the wrong virtual waiting room. They have updated the website, and instructions to resolve this issue.

January – March 2021 – DNA rate for first appointment has increased. There have been no further Near Me issues and no identifiable patterns. We will continue to monitor this.

April – June 2021 – DNA continues to higher than expected and we are continuing to monitor this alongside trialling a text reminder system. Appointment letters and leaflets have been improved. The admin team found no obvious pattern in responses to people phoning up following DNA appointment – the majority of people cited forgetting. As we move forward and are able to offer appointments in local clinics and schools, this may also help reduce the DNA rate.
NHS Forth Valley

Contact type (new and return)

NHS Forth Valley are unable to submit contact type information prior to January 2021 due to their Patient Management System.

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 is still being delivered. In these situations, the Service complies with the 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

NHS Grampian are unable to submit a breakdown of contact type.

Referrals – We are no longer clinical RAG-rating cases as we continue to remobilise.

Service Delivery – Patients continue to be seen virtually where possible and clinically appropriate. However, in line with their mobilization plan, they are increasing the availability of face-to-face appointments, where clinically appropriate and subject to clinical risk assessment and infection, prevention and control measures. Urgent high risk cases are being seen face-to-face, if urgent, vulnerable or high-risk cases are treated.

Data Submission – We did experience a decrease in referrals at the onset of the pandemic but referrals are now at the pre-pandemic rate.
NHS Greater Glasgow & Clyde

Contact type (new and return)

Referrals – They continue to accept 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 face-to-face appointments required.

Referral levels and appointment levels have recovered to pre-COVID levels, though this could change depending on any future lockdown / increases in local levels/tiers in the local areas.

The Board have identified a slight increase in the DNA rates throughout the pandemic. Prior to lockdown the DNA rate for all CAMHS appointments was approximately 11%, though this has been increasing to approximately 15% recently. DNAs for first appointments are also increasing, which CAMHS are monitoring closely.

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 – There was a substantial decrease in referrals received during the first lockdown, though from June 2020 onwards the referral rate started to increase back to usual levels. March 2021 has seen a return to exceptional referral levels, similar to those seen in 2019. Changes will be reflected in the data from March 2020 and subsequent months for CAMHS aggregate submissions.

Issues - There may be an impact on performance as they have experienced a reduction in available staff due to Shielding/Child care issues due to COVID and lockdown. There has been an increase in urgent and unscheduled demand, which impacts on capacity and wider performance.
NHS Highland

Contact type (new and return)

Please note the above appointments only represent those recorded on PMS, Tier 3 services both New and Return for NHS Highland with a status of arrived. Tier 2 services, PMHWs, do not use an electronic recording system and all of their appointments are not available as we normally only require the new completed waits information. The above split is based on the use of 'outpatient appointment type description' field in Trakcare which is limited in the ability to record the criteria requested. As a result, where neither 'near me' or 'phone' is specifically in the appointment type then it is assumed to be face to face. Only appointments with a status of 'arrived' have been included.

Service Delivery – We are providing a mix of clinical appointments through online video conferencing, telephone or face to face appointments as clinically appropriate. Some therapies are still restricted due to Government guidance around PPE. While many children, young people and parents have accessed online support during Lockdown the requirement to use PPE for face to face meetings has had a notable impact on how some children, young people and parents are able to engage with CAMHS support. Following a period of delivering a mainly unscheduled care service at the onset of COVID-19, routine work was recommenced whilst continuing to provide regular urgent appointments for urgent/emergency cases to meet the demand in that part of the service, with some new patients being picked up from the waiting list as reflected in the increase in completed waits. However, this is still dependent on capacity within the service which was already an issue before COVID-19 and these pressures continue to impact on remobilisation.

Data Submission – Referrals during this quarter have dropped slightly particularly at the start of the year. Work is underway in A&B to ensure validation of the waitlist against Trakcare and future recording of completed waits on the system.

Issues: Masks can hinder communication and the nature of relationships and online support involves a different type of engagement with a clinician that can work well for some, but not all.
NHS Lanarkshire

Contact type (new and return)

Referrals – Referrals to the service have returned to pre Covid levels. They are experiencing a significant increase in urgent referrals at a sustained level. Not only is it making a significant demand on their available clinical capacity but with the nature of the cases being high risk it brings a significant emotional risk on clinical staff who are already under pressure from working within a high pressure, rapidly changing clinical environment. This is a significant service pressure and is limiting their ability to tackle cases which have been waiting the longest.

Service Delivery - CAMHS stepped up to normal clinical service provision for essential and less essential assessments and interventions from mid-August 2020, taking several weeks to resume full functioning. Although full functioning has resumed there is still an impact on reduced clinical capacity due to continued reduced staff and patient footfall within clinical environments. They are providing a blended service using Near Me and telephone appointments and face to face where clinically indicated. Dialectic Behavioural Therapy group based interventions have resumed.

Data Recording - Staff have been advised to code as normal as either new appointment or return appointment. We are reviewing our systems for recording neuro-disability referrals included in specialist CAMHS waiting times data.

Issues - We have seen a sustained loss of staff to other health boards, in the main through securing promoted posts. We have a high level of vacancies (around 25% of our front line capacity). In addition, we have several Consultant Psychiatrists on long term sick leave. We are unable to recruit locum cover. Most Consultant colleagues are undertaking additional sessions to provide cover but we have gaps in service. We have re-introduced a measure to support staff maintain cover by moving to more essential work only in some areas with pause on less essential work. In addition, one further Consultant has secured employment in another area and a further Consultant has submitted notice for retirement. Recruitment is underway with very little expression of interest to date. Recruitment into non-medical posts remains very challenging.
NHS Lothian

Contact type (new and return)

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.

Improvement Work – A newly constituted programme of improvement was agreed January 2021 and is overseen by a Programme Board, Advisory Board (clinicians) and additional resourced Project Team (Programme Manager, Project Manager and Data Analysts). The project will be clinically lead but managerially enabled. The programme of improvement focuses on 3 areas; (i) preparation for and implementation of forthcoming national Neurodevelopmental Service Specification which will integrate pathway of care with aim of improving performance against 18 week RTT Standard for children and young people with neurodevelopmental disorders, (ii) introduction of CAPA concept and practices to anticipate future capacity and demand, and improve performance against 18 week RTT Standard, and (iii) review and support development of Tier 2 with the aim of increasing capacity and strengthening collaboration between Tier 2 and Tier 3.
NHS Orkney

*NHS Orkney are unable to submit a breakdown of contact type.*

**Referrals** – Continuing to accept all referrals including proving treatments. This has been made possible by using existing video platforms for MDT & Triage meetings. CMHT runs a duty system which involves a dedicated CPN, on a rota basis, to contact any urgent referrals and assessments requiring to be carried out across all ages.

**Service Delivery** – All face to face appointments were 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 and we have been seeing more people face to face as the restrictions have been lifted.

**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.

NHS Shetland

**Contact type (new and return)**

![NHS Shetland - Contact type by month](image)

**Referrals** – Referrals have reduced over the summer period.

**Service Delivery** - We are now predominately seeing patients face to face however, video calls through Attend Anywhere or phone calls are available if preferred.

**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**

**Contact type (new and return)**

![Bar chart showing contact type by month](image)

**Referrals** – Eligibility for access to services are unchanged. Referral rates this quarter have increased significantly and are a cause of concern in relation to sustaining the improvements in waiting times.

**Service Delivery** – An increasing proportion of patients where the clinical risk is significant, or progress is not being achieved using remote consultations, 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.
NHS Western Isles

Contact type (new and return)

Referrals – There are no rejected referrals and new referrals continue to be assessed. We are applying the same criteria as previously. The new system established because of Covid-19 to vet through Psychological wellbeing hub before triage referral to specialist CAMHS has not been as active since second lockdown. However Primary care link (PMHW) systems continue to work well. A review of the psychological hub functions is imminent with consideration for single point of access for lower tiers needs.

Since end of lockdown and at August 2020 NHS Western Isles have noted a reduced service provision for mental health issues at universal level within community and schools which is impacting on number of direct referrals to CAMHs by GPs. There is some concern that they may have an increase in numbers of rejected referrals when inappropriate referrals to CAMHs are on the increase.

Attempts are made for all referrals to be seen in the main with signposting to other services to reduce inappropriate referrals whilst directing to self-care materials/programmes or other agencies.

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. There has been an increase in face to face contacts again since return to school mainly due to young people being unwilling to access appointments through Attend Anywhere when at school. Others are choosing to take the whole day off in order to keep virtual appointment. Decision
NHS Western Isles (continued)

taken to take persons to clinics where they can take time out of school without disrupting the full day.

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

Issues - 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. Generating tickets is now in response to Consultant Psychiatrist taking longer to detail outcomes and lack of admin staff to support. This is being rectified next month.

Psychology for CYP have internal waiting list with other disciplines retaining and maintaining cases. It is hoped to employ new Psychologist over the next few months.
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>
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</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 treatment 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>
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<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>
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</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>At clinicians discretion from February 2020</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 &amp; 4 (outpatients)- NHS Tayside provide inpatient 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>
Neurodevelopmental Activity

Following a meeting with Mental Health Advisers, MH Division of Scottish Government advised that some Health Boards are including Neuro Developmental (ND) activity which does not meet the criteria of the CAMHS LDP reporting standard. It is important to point out that each patient should be individually clinically considered and excluded ONLY if they do not meet the CAMHS service specification standards. Which are (broadly) that the child is presenting with mental health problems that are causing significant impact on their day-to-day lives, and other services / approaches are not appropriate. In some cases, it is appropriate that patients with NDDs will still be reported in CAMHS as long as they fit the specification criteria also.

NHS Board inclusion of Neurodevelopmental Cases

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Neurodevelopmental Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Not included</td>
</tr>
<tr>
<td>Borders</td>
<td>Included but will have little impact on data, working on excluding</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Some are included but have no way to differentiate</td>
</tr>
<tr>
<td>Fife</td>
<td>Not included</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Included up to May 2021</td>
</tr>
<tr>
<td>Grampian</td>
<td>Not included</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Included but working on excluding</td>
</tr>
<tr>
<td>Highland</td>
<td>Not included</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Some (approximately 30/40%) are included, currently undertaking large scale exercise of change implementation across a number of electronic data systems</td>
</tr>
<tr>
<td>Lothian</td>
<td>Some (approximately 30/40%) are included</td>
</tr>
<tr>
<td>Orkney</td>
<td>No response from CMHT to specific data query</td>
</tr>
<tr>
<td>Shetland</td>
<td>Not included</td>
</tr>
<tr>
<td>Tayside</td>
<td>Included up to March 2021</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Not included</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 both patients seen and patients waiting to be 98.0% complete for the quarter ending June 2021.

The Board have advised us they do not include Neurodevelopmental activity in the submission.

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 and numbers waiting during 2021/2022.

The Board do not use a proxy measure for referral to treatment; first treatment is determined by the clinician/case holder.

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.

Waiting times adjustments are made up to the attended First treatment date; however, the databases do not record reasonable offers but this is managed locally.

The Board have advised us that historically DNA’s did have an impact on experienced waiting times which informed the decision to implement the ‘Opt In’ process. This has both reduced the DNA rate and improved the team’s ability to reallocate cancelled appointments. Further analysis would be required to identify the motives behind missed appointments.

NHS Ayrshire & Arran 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.

NHS Ayrshire and Arran 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 including those waiting to be seen, 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 June 2021. 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 have advised us they do include Neurodevelopmental activity in the submission but believe it has little impact on the data, they are working towards excluding this data.

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, the data analysts who are part of the 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.

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.

Psychology - The Board have successfully recruited a band 8C; to start mid-April and reviewed the banding of the 8A and converted this to an 8B. They have recruited into the 8B position which will commence at the end of February. The CAAP position was filled and they commence on the 8th February. The two 8B locums have now left the service and the other locum has increased the number of sessions. Pending Clinical Psychology posts advertised 1.7 WTE. CAMHS have been unable to back fill for maternity leave cover for 1 year.

NHS Borders have also had extended sick leave within the service.

The staffing compliment within the Nursing Team has been supplemented by two WTE 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 was seconded to one of NHS Borders’ Mental Health inpatient units from April 1st 2020 due to the COVID pandemic did not return and left the post in Sept 2020.

NHS Borders have advertised this post having reviewed the skill mix and converted it to a band 6. The post was filled and the nurse commenced in December.
NHS Borders has also stated that a nurse returned from maternity leave at the end of December 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. They have now recruited into this post and they commenced in Oct 2020.

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 Team Manager position. The substantive manager has now left the position permanently. Agreement to recruit permanently into the Team Manager position was successfully filled in June 2021. A further vacancy has been successfully recruited into Band 6 nursing post.

Band 7 Senior Nurse commenced in November 2020 for 6 months, until Mid-May 2021.

**NHS Dumfries & Galloway**

The Board estimate their data completeness for the quarter ending June 2021 to be 100% for both patients seen and patients waiting.

The Board have advised us they do include Neurodevelopmental activity in the submission, they have stated that at present they have no way to differentiate what is ND and what is not.

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.

In NHS Dumfries & Galloway 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**

*In May 2021, cross comparison of CAPNTD and aggregate referral data generated internally by NHS Fife Information Services via TrakCare/Business Objects and validated by CAMHS Project team identified an under-reporting issue within the aggregate data set due to a rogue data item within the report. This has since been resolved and work is ongoing to re-validate aggregate referral reports dating back to October 2018. NHS Fife Information Services have resubmitted accurate and complete referral data for the affected time period. Referrals reported going forwards will be complete and accurate.*

The Board estimate their data for both patients seen and patients waiting to be approximately 95% complete for the quarter ending June 2021. The Board are continuing to work with their staff group to improve data completeness. Work is ongoing to ensure that TrakCare captures all clinical appointments. They are focusing on 1st appointments as these impact on RTT.

The Board have advised us they do not include Neurodevelopmental activity in the submission.

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 and have resubmitted referral data from October 2018. 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.
NHS Fife 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 June 2021. They have advised us that patients seen is dependent on clinicians inputting all their contacts and recording correct outcome codes. In NHS Forth Valley the only percentage of patients seen but not reported will be those where clinicians haven’t yet added their contacts.

The Board have advised us they included Neurodevelopmental activity in the submission up to May 2021.

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

In NHS Forth Valley adjustments are made up to date of breach (18 weeks). The Board have implemented an active clinical referral triage for all urgent referrals. 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 an increase in unscheduled care presentations which also adversely effects RTT performance due to the consequent reprioritisation of 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; There have also been an increase in unscheduled care presentations in particular children and young people with significant eating disorder presentations.
NHS Grampian

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending June 2021.

The Board have advised us they do not include Neurodevelopmental activity in the submission. They only include ND cases that have been referred to CAMHS and accepted following screening to ensure that they meet the CAMHS referral criteria/threshold.

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.

The service in NHS Grampian is now fully implementing the revised national waiting times guidance document which states that clinician’s discretion 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 submit adjusted waits, up to date of treatment, from January 2020. Investigations are ongoing to see if they can report on CNA adjustments they anticipate that they will be able to provide this by the end of 2021 when they expect to have transitioned to their new patient management system.

NHS Grampian are experiencing challenges reporting on DNAs due to the functionality of their current PMS/database, however work is ongoing to rectify this— they anticipate that they will be able to provide this by the end of 2021 when they expect to have transitioned to their new patient management system.

NHS Grampian 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 are now in the new building; this 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. However, with allocation of the Mental Health Recovery and Renewal Fund, they are recruiting to new posts, mostly on a permanent basis, which should increase their workforce and impact positively on patient flow.

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 June 2021.

The Board have advised us they do include Neurodevelopmental activity in the submission. They are in the process of realigning children presenting with ND concerns only to a new pathway.

Until February 2020 a proxy measure of 2\textsuperscript{nd} 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 identified higher non-attendance rates for first appointments delivered via Attend Anywhere/Near Me. They are in the process of introducing additional measures to improve attendance.

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

NHS Greater Glasgow & Clyde CAMHS have informed us that, until this year, November 2019 presented them with the highest demand it had experienced since they began collecting the data. Referrals for 2021 are high, and on the basis of year to date are likely to be higher than any previous year. These historical and more recent exceptional increases in demand, alongside increases in accepted referral rates, continue to have 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.

In NHS Greater Glasgow & Clyde 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 estimate their data for patients seen to be 96.3% and for patients waiting to be 99.3% approximately complete for the quarter ending June 2021. Primary Mental Health Workers do not have access to PMS and submit monthly data returns, where 100% of returns are not submitted this affects the completeness of the submission.

The Board have also advised us that issues in Argyll & Bute have impacted on the recording of cases on PMS and as a result numbers being extremely low, work is ongoing to rectify this by CAMHS Argyll & Bute.

They have two measures of completeness:

Measure (1) does the record show if the patient arrived or not (percentage of new appointments with a status, as at date of submission) is 92% complete.

Measure (2) does the record indicate how the patient is to be followed up (percentage of new attended appointments with an outcome) is 99% complete.

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; 23% percent were unadjusted in the quarter ending June 2021. 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.

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.

NHS Highland 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 are able to report how many referrals are inappropriate, and a removal reason for tier 3 and 4 data, not for tier 2. The Board have advised that us that while inappropriate referral rates tend to be quite high in CAMHS it is recognised that many of these cases are either advising alternatives or signposting as opposed to actual rejections. They plan to explore finding a different way for this scenario to be recorded through discussion with ehealth to record more accurate outcomes.

The Board have informed us that there has been an increase in referrals for Eating Disorder presentations along with urgent referrals.

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

They are currently undertaking a waitlist validation by contacting patients/families of the longest waits to ask them to make contact to confirm they still require CAMHS service.
NHS Lanarkshire

The Board estimate their data completeness for patients seen to be 93% and patients waiting to be 100% for the quarter ending June 2021.

The Board have advised us they do include some Neurodevelopmental activity in the submission (approximately 30/40%). They are currently undertaking large scale exercise of change implementation across a number of electronic data systems.

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 for patients in all teams.

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 NHS Lanarkshire 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 June 2021.

The Board have advised us they do include Neurodevelopmental activity in the submission (approximately 30/40%).

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 have been unable to submit data for the quarter ending June 2021 due to data quality issues.

The Board have advised us that whilst there are no firm timescales in place they hope to be able to submit the missing data (October 2020 – March 2021) by September 2021.

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

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 appointment 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.

The Board previously advised us that they had rectified an issue where they were missing data in their PMS, however they have identified that there is still some missing data for one former CAMHS clinician.

CAMHS have offered one of their admin extra hours to give other staff more time to get this work done, with assistance from HI, the work is now underway.

For the caseload figures the Board count each patient once.

**NHS Shetland**

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending June 2021.

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.

NHS Shetland 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**

*From April 2019 NHS Tayside started reporting Neurodevelopmental cases separately from CAMHS mental health cases. Comparisons to the data prior to this data should be made with caution.*

Estimated data completeness for both patients seen and patients waiting for quarter ending June 2021 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 they do not include Neurodevelopmental activity in the submission.

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

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

NHS Tayside submit data for tier 3 and 4 services.

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.

The Board have advised us that there has been significant progress in reducing the proportion of cases that have waited in excess of 18 weeks. Although as of at the end of June 2021, this represents less than 12% of waiting list, it has remained a challenge to fully achieve the 18-week referral to treatment target. Ongoing recruitment and service redesign work to develop more sustainable models of service delivery, continues but there are concerns about recent indications of increasing referral rates and increasing complexity of cases is resulting in demand once again outstripping available capacity.
NHS Tayside stated that there have been longstanding challenges in staff recruitment particularly for Consultant Psychiatry vacancies and this is further compounded by retirement of other medical staff within the service (Associate Specialist). Recruitment to other staff groups continues with consideration given to skill mix to attempt to mitigate against the gap in psychiatry/medical resource.

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. The Board have advised us that improving caseload data continues to be work in progress and 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 June 2021.

The Board have advised us they do not include Neurodevelopmental activity in the submission.

NHS Western Isles 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 Isles have confirmed that the referrer is informed with a summary of assessment and plan.

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.