

BOARD REPORT ON WAITING TIMES – DECEMBER 2013

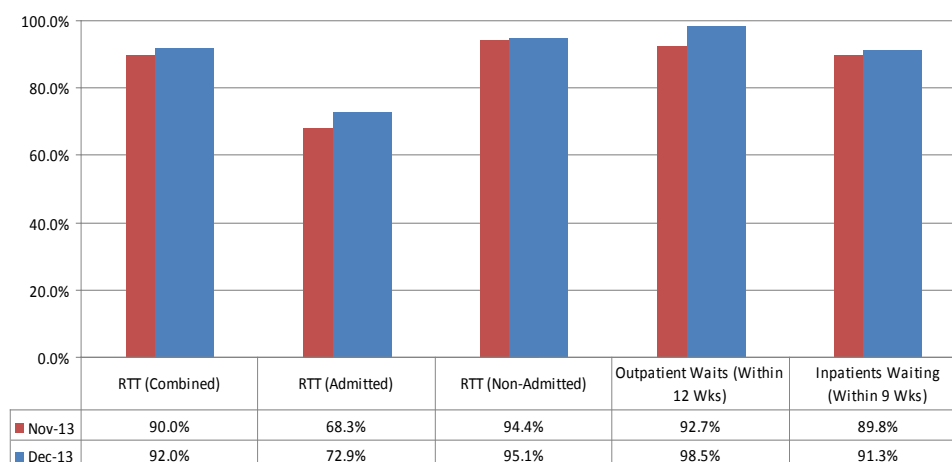
Aim

This paper summarises NHS Borders waiting times performance during December 2013, providing reports on progress towards achievement of local and national Waiting Times targets, and highlighting potential risks to continued delivery.

Background

Overall Waiting Times Position

The Board's overall Waiting Times position remains challenging, with combined RTT performance at 92.0% during December 2013, and 98.5% of outpatients and 91.3% of inpatients within the local targets at month end. However, there has been an improvement in both admitted and non-admitted pathways compared to the previous month.

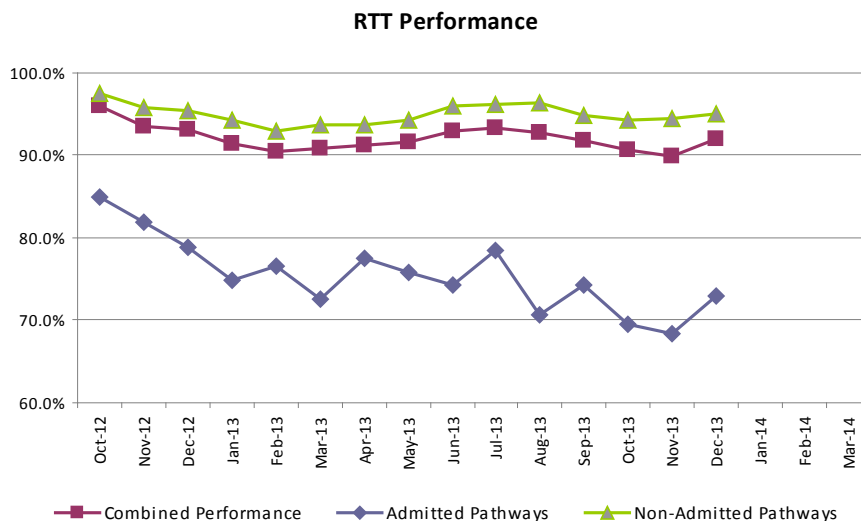


18 Weeks Referral to Treatment Standard

The national target for RTT performance is that more than 90% of patients should receive treatment within 18wks of referral. Locally the target is that overall performance should be higher than 95%, with admitted pathway performance above 90%.

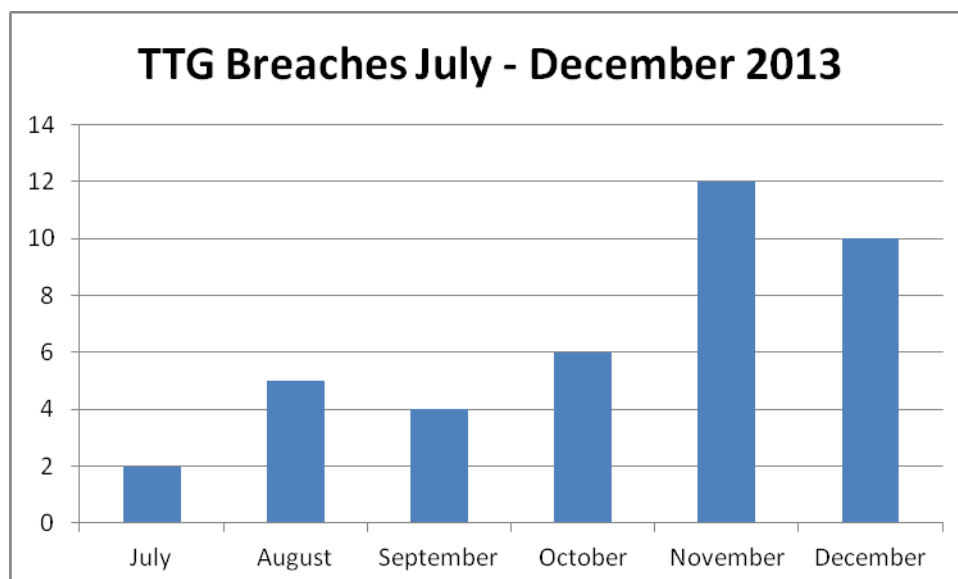
During December 2013 the national target was met and performance improved compared the previous month. However, performance remains below the local target, most significantly when looking at admitted pathways. Particular challenges remain to improve admitted pathway performance in Orthopaedics, Ophthalmology and Oral Surgery. In total there were 221 patients reported as waiting longer than 18 weeks for treatment, with 56 of these in Orthopaedics, 31 Ophthalmology and 31 in Oral Surgery.

	Oct-13	Nov-13	Dec-13
Overall Performance	90.7%	90.9%	92.0%
Admitted Pathways	69.6%	68.3%	72.9%
Non-Admitted Pathways	94.2%	94.4%	95.1%



12 week Treatment Time Guarantee

At the end of December 2013, NHS Borders had recorded 39 breaches of the 12-week TTG between July and December.



There was an average wait of 23 days between TTG and actual treatment. All but 2 of the breaches were as a result of patients planned for treatment on or close to their TTG date and being cancelled. The Board will be updated on measures to manage TTG at the Board meeting

Stage of Treatment Targets

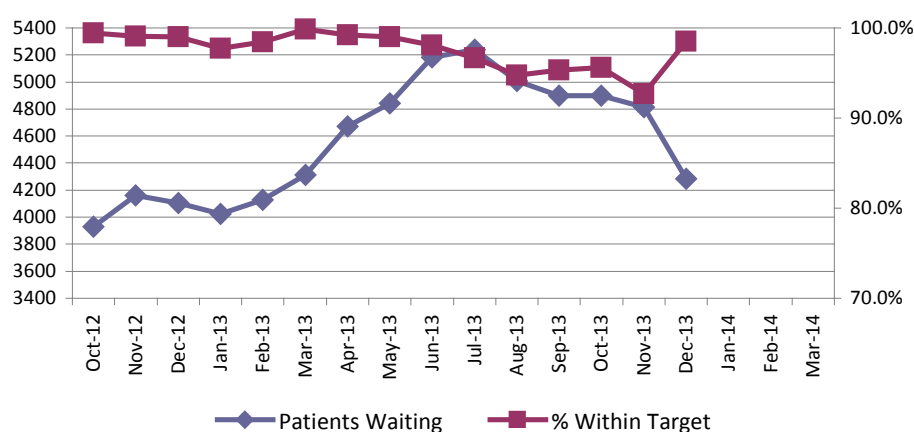
The national target states that no patient should wait longer than 12 weeks for an outpatient appointment or for inpatient treatment. Locally the target for inpatient treatment is 9 weeks. Targets are measured at month end, with the tables below showing the percentage of patients waiting within national and local targets at the end of each month.

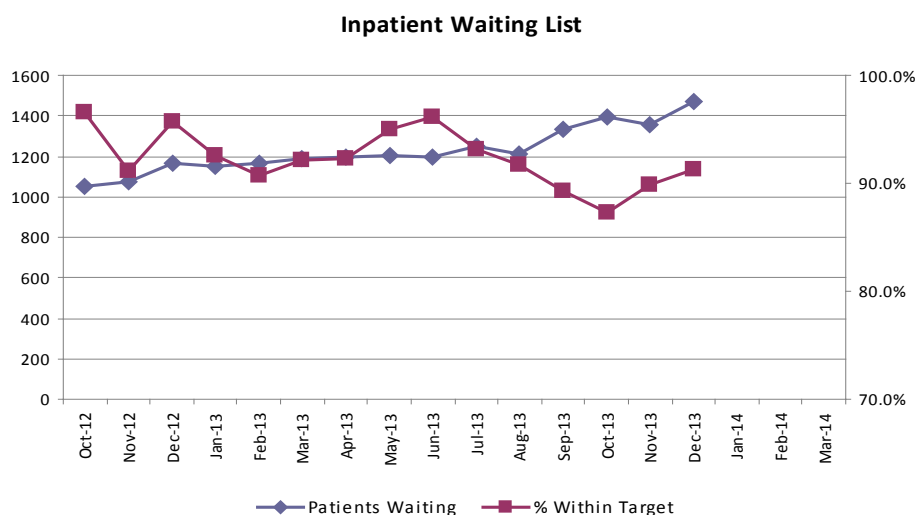
Looking at the Inpatient targets the area of greatest risk to continued delivery is within Orthopaedic Surgery, where there are significant challenges around capacity. Additional short-term capacity of 118 extra patients is being put in place across February and March. An Orthopaedic Delivery plan to address the on-going capacity problems is under development.

In Outpatients, despite a significant improvement in performance, challenges remain in a number of areas, with capacity shortages in Dermatology, ENT, Oral Surgery and Orthopaedics. These gaps are being bridged through the use of locums whilst long term solutions are implemented. Improvements in performance in the last month have been as a result of a significant increase in planned additional activity.

	Oct-13	Nov-13	Dec-13
Inpatients (% within 9wks)	87.3%	89.8%	91.3%
Inpatients (% within 12 wks)	99.4%	99.0%	99.3%
Outpatients (% within 9 wks)	83.3%	81.9%	91.3%
Outpatients (% within 12 wks)	95.6%	92.7%	98.5%

Outpatient Waiting List





Inpatient Unavailability

To ensure continued delivery of Waiting Times targets it is essential that patient unavailability is closely monitored, and that patients are managed in accordance with national guidelines, particularly for those patients waiting for inpatient treatment.

There has been an increase in numbers of patient-advised unavailability since November. This is mostly due to orthopaedic patients offered the opportunity of treatment within 12 weeks at another hospital but exercising their option to request treatment in local health board.

Regular fortnightly meetings have been established to provide assurance that unavailability codes are being used appropriately across services.

	Oct-13	Nov-13	Dec-13
Total Patients Waiting	1,398	1353	1474
Of Which Unavailable	250	184	260
Of Which: Unavailable: Patient Advised	171 (68.4%)	120 (65.2%)	202 (77.7%)
Of Which: Unavailable: Medical	79 (31.6%)	64 (34.8%)	58 (22.3%)
% Unavailable	17.9%	13.6%	17.6%

Clinic Code Outcome Recording

At clinics outcome codes are recorded by the Consultant to reflect the outcome of the appointment (e.g. if the patient was listed for surgery or discharged). These are used in determining 18wks RTT performance, and the local target is that these outcomes should be recorded for 100% of appointments.

	Oct -13	Nov-13	Dec-13
Number of Appointments	6,511	6,466	5,954
Of Which Outcome Recorded	5,749	5,714	5,209
% With Outcome Recorded	88.3%	88.4%	87.5%

Performance around this area has reduced slightly compared to the previous month. In December the particular areas of concern were Cardiology (68.2%), Dermatology (76.7%) and Diabetes (71.3%).

Risks to Continued Delivery

Despite an improvement in performance, particularly for outpatients, further work is required in a number of specialities to deliver national and local RTT and Stage of Treatment targets.

Looking at delivery of TTG, the most significant risk currently remains within orthopaedics. Further work around this area has been progressed resulting in plans to increase operating capacity both within and outwith the Borders on a short term basis prior to the end of March whilst plans are agreed to address the on-going capacity issues. Additionally, for TTG there remain risks around ENT, Oral Surgery and Ophthalmology, all have been identified as areas where there are shortages of capacity through the Demand and Capacity process and long terms solutions are being sought through this process. However in the interim short term additional capacity is being secured on a regular basis to improve access for patients.

Moving on to Outpatients, there remain particular long term risks in Cardiology, Dermatology, ENT, Gastroenterology, Oral Surgery and Orthopaedics. All of these specialties are working through the Demand and Capacity process, and we are looking at short term solutions in the interim. However, the recruitment of a 6 month locum for Dermatology has enabled a significant reduction in waiting times, to support the service until a permanent recruitment can be made.

Summary

NHS Borders has met the national target for RTT performance in December 13 and improvements have been made in both admitted and non-admitted pathways compared to the previous month. However, continued improvements are required for admitted performance in Orthopaedics, Ophthalmology and Oral Surgery.

There has been a significant improvement in outpatient stage of treatment performance compared to previous months. However, further work is required to improve performance in a number of areas identified as having on-going capacity shortages (ENT, Oral Surgery, Orthopaedics).

Recommendation

The Board is asked to **note** this report.

Policy/Strategy Implications	N/A
Consultation	N/A
Consultation with Professional Committees	N/A
Risk Assessment	N/A

Compliance with Board Policy requirements on Equality and Diversity	N/A
Resource/Staffing Implications	Resources are required to support the additional activity required to address areas identified as placing waiting times performance at risk.

Approved by

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