

**Borders NHS Board****BOARD REPORT ON WAITING TIMES – JULY 2013****Aim**

The attached paper summarises NNS Borders Waiting Times performance during July 2013.

**Background**

Following the national Waiting Times Audit it was highlighted that the Waiting Times information supplied to the Board was limited and should be reviewed. The attached report is the result from that review.

**Summary**

The report shows that NHS Borders is on target to deliver key national targets, although there is improvement required in some areas.

**Recommendation**

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

<b>Policy/Strategy Implications</b>	N/a
<b>Consultation</b>	N/a
<b>Consultation with Professional Committees</b>	N/a
<b>Risk Assessment</b>	N/a
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	N/a
<b>Resource/Staffing Implications</b>	Highlights some areas where additional short and long term clinical capacity will be required.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Jane Davidson	Chief Operating Officer		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Steven Litster	Waiting Times Manager		

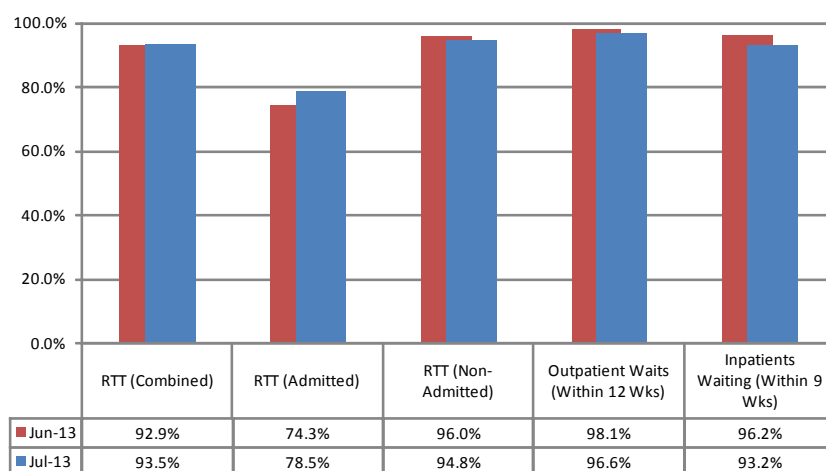
## NHS Borders

### Board Report on Waiting Times: July 2013

This paper reports on progress towards achievement of local and national Waiting Times targets, and highlights potential risks to continued delivery.

#### 1. Overall Waiting Times Position

The Board's overall Waiting Times position is reasonable, with combined RTT performance at 93.5% during July 2013, and 96.6% of outpatients and 93.2% of inpatients within the local targets at month end.



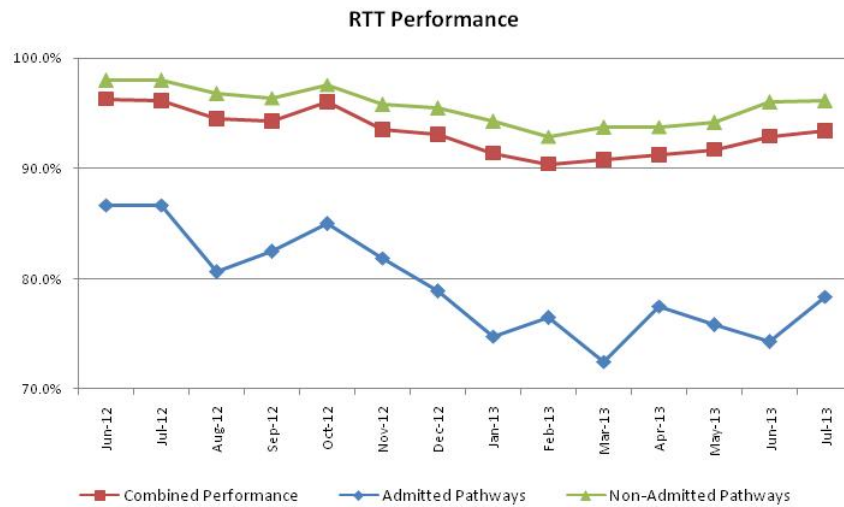
#### 2. 18 Weeks Referral to Treatment Standard

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 July 2013 the national target was met, although performance was below the local target, most significantly when looking at admitted pathways. In particular improvement is required around patients on Orthopaedic and General Surgery admitted pathways. Audiology performance was an issue that was affecting our ability to deliver 18 Weeks RTT. The service has been working through the Productivity & Benchmarking process to agree a long term solution to capacity issues, however in the interim, fixed term resource have been put in place and performance has significantly improved.

In total there were 202 patients reported as waiting longer than 18 weeks for treatment, with 59 of these in Orthopaedics and 26 each in Ophthalmology and General Surgery.

	May-13	Jun-13	Jul-13
<b>Overall Performance</b>	91.7%	92.9%	93.5%
<b>Admitted Pathways</b>	75.8%	74.3%	78.5%
<b>Non-Admitted Pathways</b>	94.2%	96.0%	96.1%



### 3. Stage of Treatment Targets

The national target states that no patient should wait longer than 12 weeks for an outpatient appointment or inpatient treatment. Locally the target for inpatient treatment is 9 weeks.

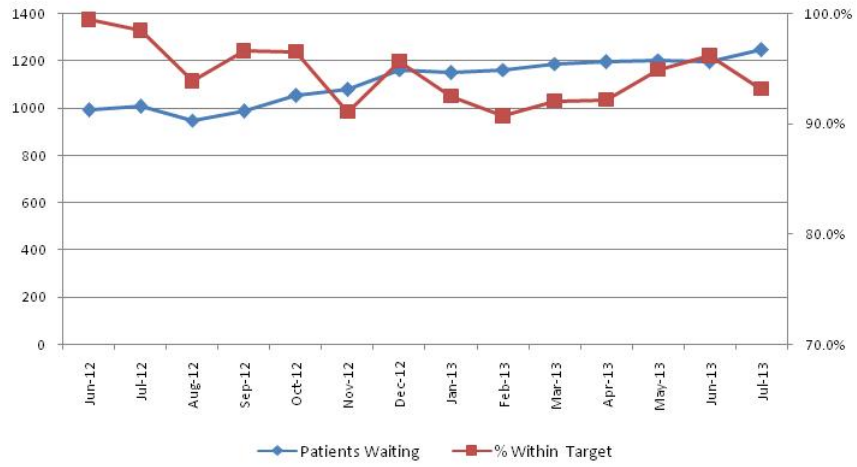
Targets are measure at month end, with the tables below showing the percentage of patients waiting within the local targets at the end of each month.

Looking at the Inpatient targets the particular risk to continued delivery is within Orthopaedic Surgery, where there are significant challenges around capacity. Options to resolve these are currently being investigated.

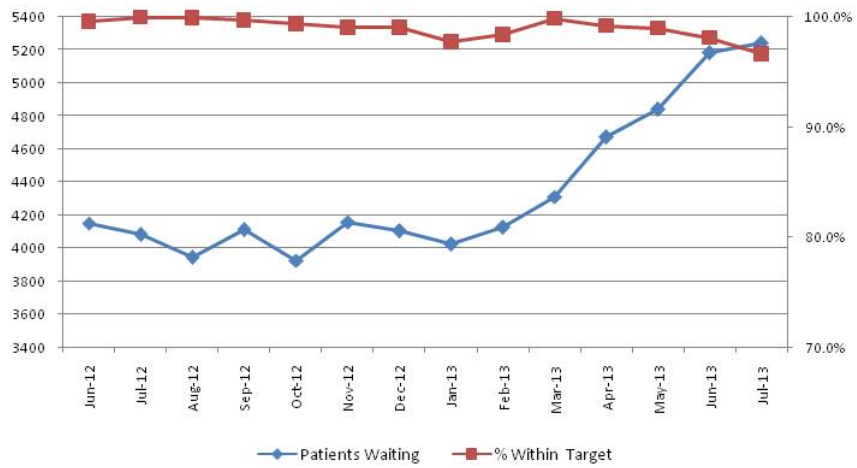
In Outpatients targets are broadly being met, with capacity shortages in Dermatology, ENT, General Surgery, Orthopaedics and Urology. These gaps are being bridged through the use of locums whilst long term solutions are implemented.

	May-13	Jun-13	Jul-13
<b>Inpatients (% within 9wks)</b>	94.9%	96.2%	93.2%
<b>Inpatients (% within 12 wks)</b>	100%	100%	99.9%
<b>Outpatients (% within 9 wks)</b>	89.3%	84.6%	83.6%
<b>Outpatients (% within 12 wks)</b>	99.0%	98.1%	96.6%

### Inpatient Waiting List



### 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.

As can be seen from the table below the overall trend in patients recorded as unavailable for treatment has increased by 1.7% over the last three months, it is believed that this is due to patients choosing to defer their treatment until after returning from holidays.

	May-13	Jun-13	Jul-13
<b>Total Patients Waiting</b>	1,204	1,197	1,247
<b>Of Which Unavailable</b>	258	271	288
<b>% Unavailable</b>	21.4%	22.6%	23.1%

## 4. 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.

	May -13	Jun-13	Jul-13
<b>Number of Appointments</b>	6,799	5,687	6144
<b>Of Which Outcome Recorded</b>	6,310	5,233	5717
<b>% With Outcome Recorded</b>	92.8%	92.0%	93.0%

In July the particular areas of concern were Cardiology (59.7%), Gastroenterology (85.3%), Diabetes (87.2%) and General Medicine (81.4%).

## 5. Risks To Continued Delivery

Looking at delivery of TTG, the most significant risk currently is within Orthopaedics. A project group has been convened to look for a long term solution, and in the meantime patients are being offered treatment at external hospitals as an alternative to treatment locally. Additionally, for TTG there are currently risks around ENT, Oral Surgery and Ophthalmology.

All of these 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. The dates currently organised for these are:

<b>Specialty</b>	<b>Date</b>
<b>Oral Surgery</b>	27 September
<b>Ophthalmology</b>	21 October (Provisional)
<b>Diabetes</b>	11 November

From the introduction of TTG on 1<sup>st</sup> October 2012 to the end of July 2013 there had been approximately 84 breaches of TTG in NHS Borders. The majority of these can be attributed to patients cancelled due to equipment issues in ASDU, or Consultant illness.

Moving on to Outpatients, there are particular risks in Cardiology, Dermatology, ENT, Gastroenterology, Orthopaedics and Urology. All of these specialties are working through the Demand and Capacity process, and we are looking at short term solutions in the interim.

Steven Litster

14 July 2013