

Borders NHS Board**BOARD REPORT ON WAITING TIMES****Aim**

The attached paper summarises NHS Borders Waiting Times performance during April 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.

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	Highlights some areas where additional short and long term clinical capacity will be required.

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Operating Officer	Rachel Bacon	General Manager – BGH & Executive Lead for Waiting Times

Author(s)

Name	Designation	Name	Designation
Steven Litster	Waiting Times Co-ordinator		

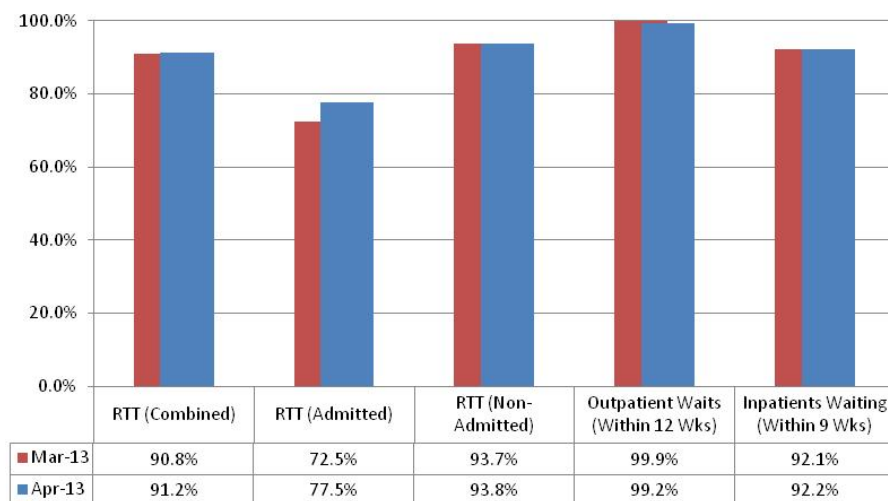
NHS Borders

Board Report on Waiting Times: April 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 91.2% during April 2013, and 99.2% of outpatients and 92.2% of inpatients within the local targets at month end.



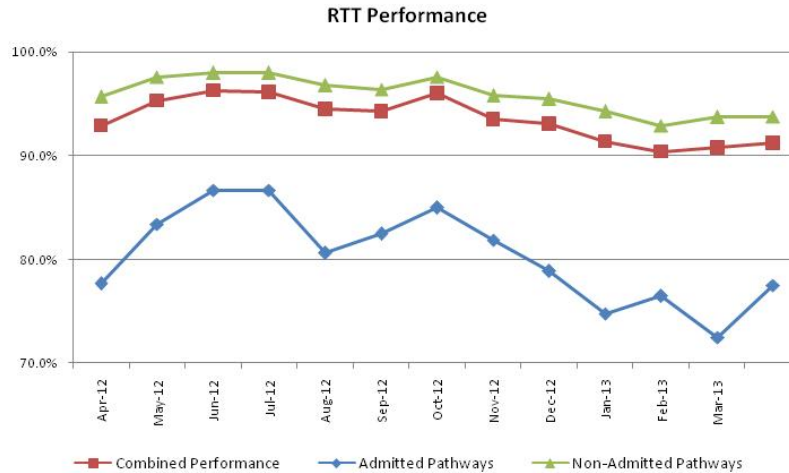
2. 18 Weeks Referral to Treatment Standard

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 April 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 admitted pathways and in Audiology.

In total there were 247 patients reported as waiting longer than 18 weeks for treatment, with 74 of these in Audiology and 60 in Orthopaedics.

	Feb-13	Mar-13	Apr-13
Overall Performance	90.4%	90.8%	91.2%
Admitted Pathways	76.5%	72.5%	77.5%
Non-Admitted Pathways	92.9%	93.7%	93.8%



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.

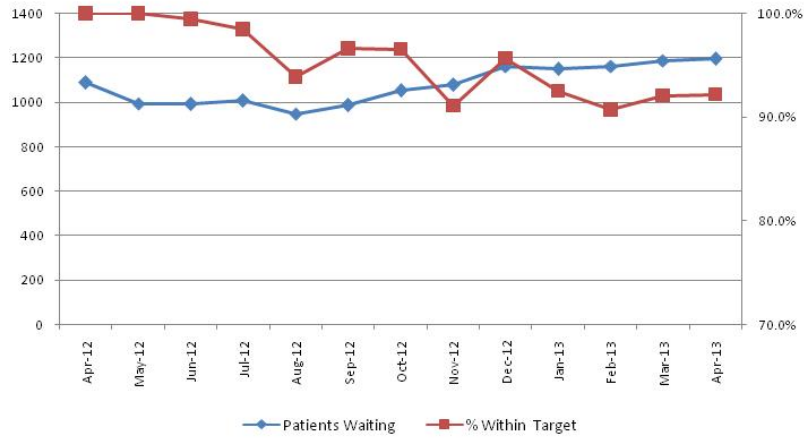
Targets are measure at month end, with the tables below showing the percentage of patients waiting within the local targets at the end of each month.

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.

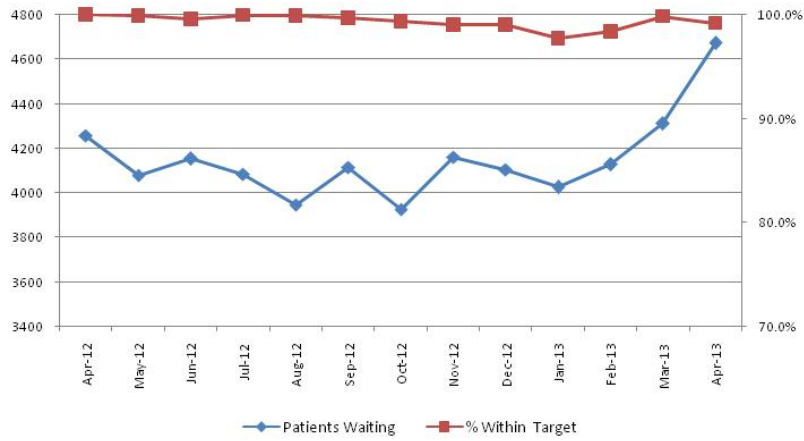
In Outpatients targets are broadly being met, with capacity shortages in Dermatology, ENT, General Surgery and Urology. These gaps are being bridged through the use of locums whilst long term solutions are implemented.

	Feb-13	Mar-13	Apr-13
Inpatients (% within 9wks)	90.7%	92.1%	92.2%
Inpatients (% within 12 wks)	98.7%	99.3%	99.6%
Outpatients (% within 9 wks)	91.3%	91.6%	89.7%
Outpatients (% within 12 wks)	98.4%	99.9%	99.2%

Inpatient Waiting List



Outpatient Waiting List



4. 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 remained relatively static.

	Feb-13	Mar-13	Apr-13
Total Patients Waiting	1,163	1,189	1,195
Of Which Unavailable	212	213	228
% Unavailable	18.2%	17.9%	19.1%

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.

To early April there had been approximately 50 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, Gastroenterology 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.

Additionally, there is a significant risk of continued successful delivery of the national 18wks RTT target due to worsening performance in Audiology. Plans are being implemented to mitigate this risk through seeing additional patients within the service. Audiology move to their new outpatient area in July and are recruiting additional staff. With these two factors taken together, we are expecting to see a sizeable improvement in audiology waiting times beginning in July.

Steven Litster

10 June 2013