

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

The attached paper summarises NHS Borders Waiting Times performance during February 2013.

Background

Following the national Waiting Times Audit it was highlighted that the Waiting Times information is supplied to the Board. 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. There will be a short presentation on cancer waiting times performance delivered to the meeting.

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		

Author(s)

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Steven Litster	Waiting Times Co-ordinator		

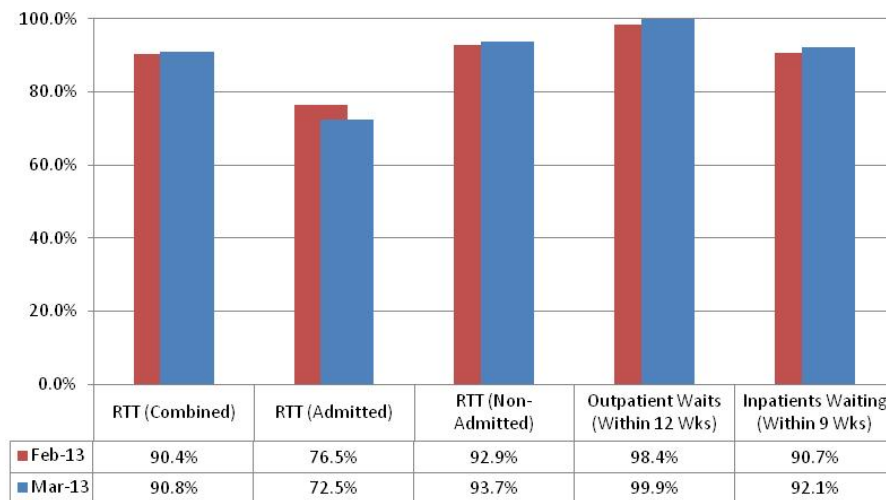
NHS Borders

Board Report on Waiting Times: March 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 Referral to Treatment (RTT) performance at 90.8% during March 2013, and 99.9% of outpatients and 92.1% of inpatients within the local stretch targets at month end.



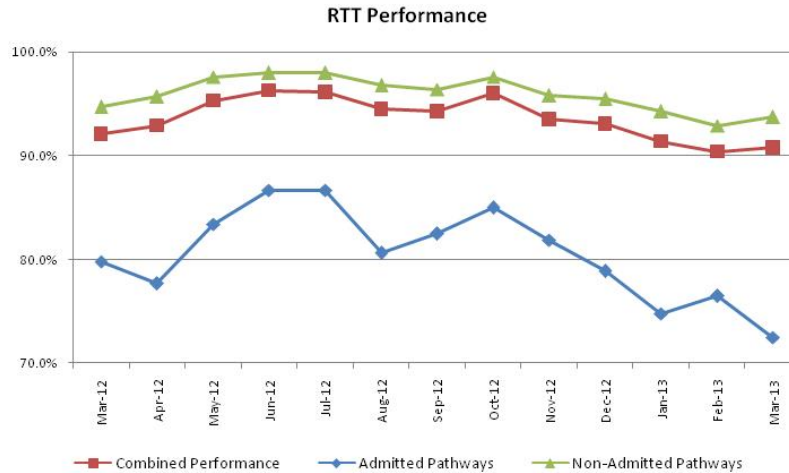
2. 18 Weeks Referral to Treatment Standard

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 March 2013 the national target was met, although performance was below the local stretch 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 242 patients reported as waiting longer than 18 weeks for treatment, with 69 of these in Audiology and 53 in Orthopaedics.

	Jan-13	Feb-13	Mar-13
Overall Performance	91.4%	90.4%	90.8%
Admitted Pathways	74.8%	76.5%	72.5%
Non-Admitted Pathways	94.3%	92.9%	93.7%



3. Stage of Treatment Targets

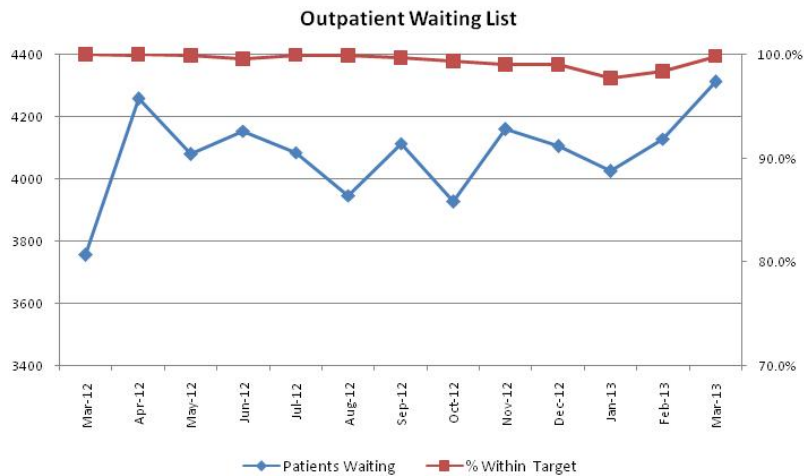
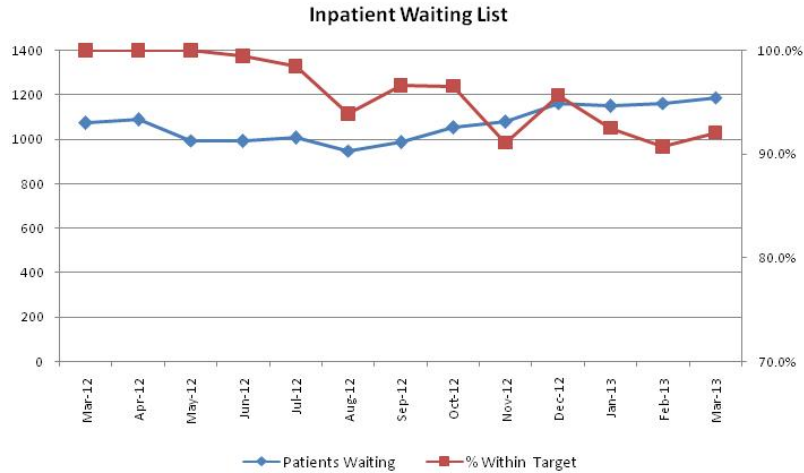
The national target states that no patient should wait longer than 12 weeks for an outpatient appointment or inpatient treatment. Locally the stretch target for inpatient treatment is 9 weeks.

Targets are measured at month end, with the tables below showing the percentage of patients waiting within the local stretch 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. 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.

	Jan-13	Feb-13	Mar-13
Inpatients (% within 9wks)	92.5%	90.7%	92.1%
Inpatients (% within 12 wks)	99.6%	98.7%	99.3%
Outpatients (% within 9 wks)	88.6%	91.3%	91.6%
Outpatients (% within 12 wks)	97.7%	98.4%	99.9%



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.

	Dec-12	Jan-13	Feb-13
Total Patients Waiting	1,150	1,163	1,189
Of Which Unavailable	205	212	213
% Unavailable	17.8%	18.2%	17.9%

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 assess the options and determine if the increased levels of demand are continuing. In the meantime patients are being offered treatment, in accordance with the Board's access policy. The identified capacity shortages in ENT, Oral Surgery and Ophthalmology are being addressed through the Demand and Capacity process and long term 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 staffing 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 applying shorter term solutions in the interim.

The Audiology Service has recently gone through a demand and capacity review and plans are being put in place to address performance here.

Finally, the General Manager for Borders General Hospital, the Executive Lead for Waiting Times, will review the current system practice as part of additional assurance for the Board. This is appropriate as the Treatment Time Guarantee (TTG) and national guidance has been in place now for 6 months and it will be timely to self-assess the system and provide positive assurance that it is operating as intended.