

Borders NHS Board**BOARD REPORT ON WAITING TIMES – DECEMBER 2012****Aim**

The attached paper summarises NNS Borders Waiting Times performance during December 2012.

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		

Author(s)

Name	Designation	Name	Designation
Steven Litster	Waiting Times Co-ordinator		

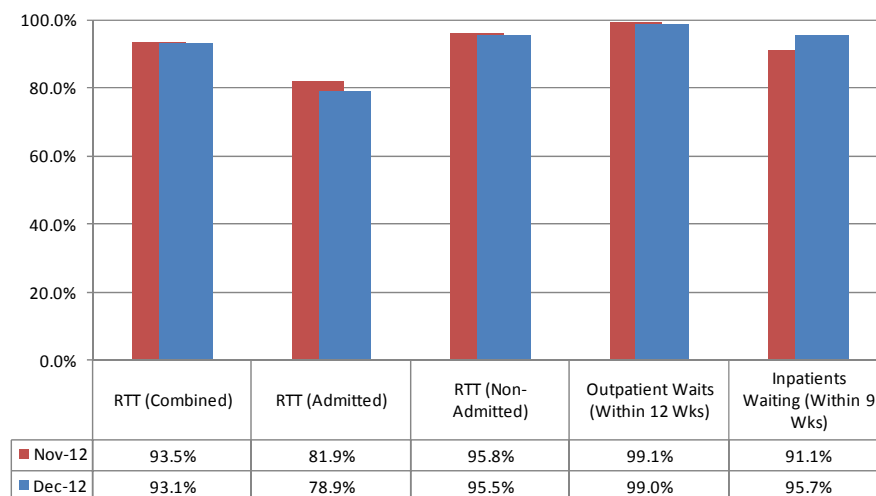
NHS Borders

Board Report on Waiting Times: December 2012

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 good, with combined RTT performance at 93.5% during November 2012, and 99.1% of outpatients and 91.1% of inpatients within the local targets at month end.

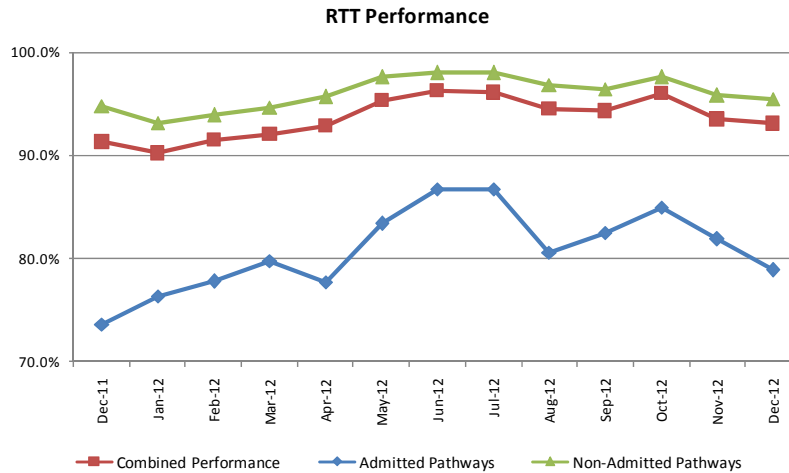


2. 18 Weeks Referral to Treatment Standard

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 December 2012 the national target was met, although performance was slightly below the local target, particularly when looking at admitted pathways. In particular improvement is required around patients on Orthopaedic admitted pathways.

	Oct-12	Nov-12	Dec-12
Overall Performance	96.0%	93.5%	93.1%
Admitted Pathways	85.0%	81.9%	78.9%
Non-Admitted Pathways	97.6%	95.8%	95.5%



3. Stage of Treatment Targets

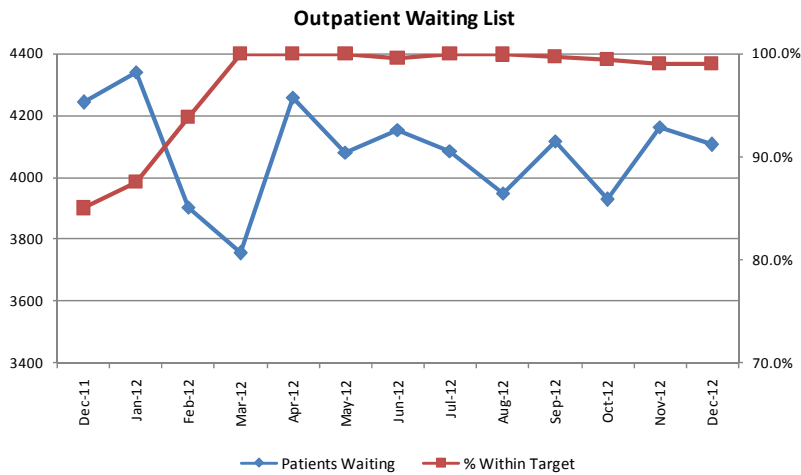
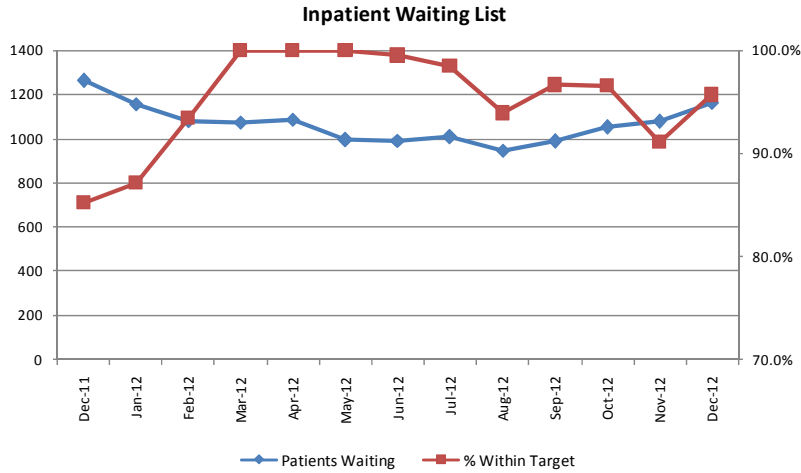
The national target states that no patient should wait longer than 12 weeks for an outpatient appointment or inpatient treatment. Locally the target for inpatient treatment is 9 weeks.

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 and General Surgery. These gaps are being bridged through the use of locums whilst long term solutions are implemented.

	Oct-12	Nov-12	Dec-12
Inpatients (% within 9wks)	96.6%	91.1%	95.7%
Outpatients (% within 12 wks)	99.4%	99.1%	99.0%



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 fallen, although there was an increase between October and November. This can be largely attributed to patients being offered treatment in December and requesting deferment until after Christmas.

	Oct-12	Nov-12	Dec-12
Total Patients Waiting	1,053	1,078	1,163
Of Which Unavailable	130	198	210
% Unavailable	12.3%	18.4%	18.1%

Steven Litster

7 February 2012