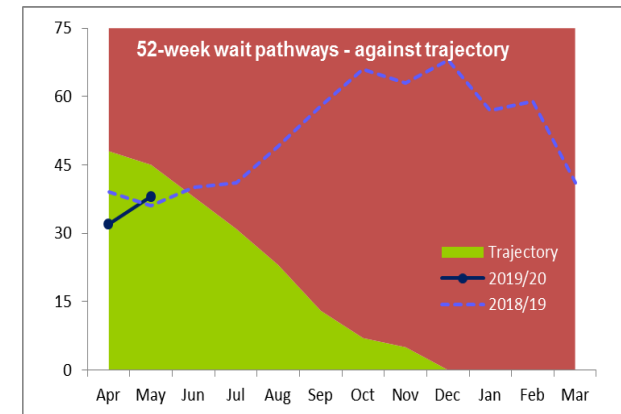


## Performance against the national waiting times standards

**Referral to Treatment (RTT)** is a measure of the length of wait from referral through to treatment. The target is for at least 92% of patients, who have not yet received treatment, and whose pathway is considered to be incomplete, to be waiting less than 18 weeks at month-end

Performance against the RTT Incomplete Pathways standard continues to be below the national 92% standard, but better than plan. During the first quarter of the year we have seen an increase in the total number of patients waiting for treatment, beyond the level we were forecasting. Additional investment has been provided this year to try to treat more patients. Levels of demand have now started to return to more normal levels, which should also help to reduce waiting times.

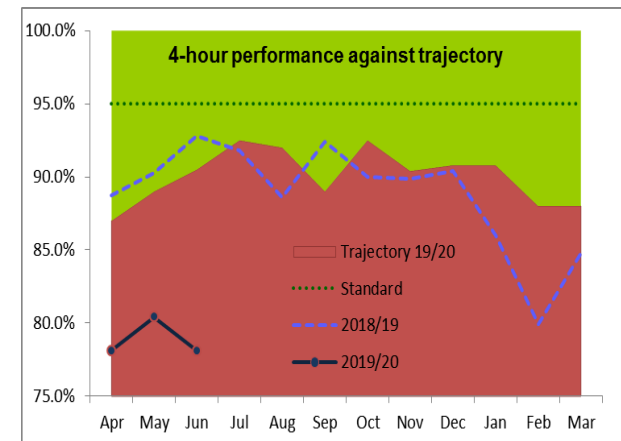
The Trust has committed to having no patients waiting over 52 weeks RTT by the end of December 2019. The number of patients waiting over 52 weeks for treatment has been within the trajectory we set ourselves for April and May. In June we are expecting to report a rise in the number of long waiters, but with a further reduction in numbers in July.



**A&E Maximum 4-hour wait** is measured as the percentage of patients that are discharged, admitted or transferred within four hours of arrival in the Trust's Emergency Department (ED). The national standard is 95%.

Performance against the A&E 4-hour standard was 78.1% in June, which is lower than the reported position for May at 80.4%, and below trajectory for the month. April and May's performance was also below both the trajectory and the national standard of 95%. The numbers of patients attending the Emergency Department and being admitted is 2.8% above the same period last year.

A number of programmes of work are underway to help to improve flow through the ED. This has included a 'back to the floor' week for the Lead Nurse and Clinical Services Manager, to understand the triage process and challenges there are in this area. As a result of this a Care Navigator role is being introduced to help provide timely and effective navigation of patients to the correct clinical decision maker.



**Cancer Waiting Times** are measured through eight national standards. These cover a 2-week wait to see a specialist, a 31 day wait from diagnosis to treatment, and a 62-day wait from referral to treatment. There are different standards for different types of referrals, and first and subsequent treatments.

**Diagnostic tests** should be undertaken within a maximum 6 weeks of the request being made. The national standard is for 99% of patients referred for one of the 15 high volume tests to be carried-out within 6 weeks, as measured by waiting times at month-end.

Performance against the 2-week wait for patients referred in by their GP with a suspected cancer has been below the 93% national standard for a few months. This is mainly due to patients being referred by their GPs without blood test results, which delays the patient’s pathway, and also patients choosing to delay their appointments over the Easter and May bank holidays. In April the Trust achieved all four 31-day decision to treat to treatment standards.

Performance against the 62-day GP standard was 80.0% in April, which is below the 85% standard but above our recovery trajectory for the month. May and June’s performance though is expected to be below plan because we have been treating a particular complex group of patients, many of who have been waiting for treatment at other hospitals which offer more specialist operations.

Performance against the 6-week wait diagnostic standard improved in May to 85.9%, from 84.5% in April. The main diagnostic tests for which routine patients are waiting more than 6 weeks are endoscopies and MRI scans. The waiting times for an echo is now below 6 weeks, with the backlog of longer waiting patients having been cleared in April.

Additional capacity has been set-up in the endoscopy service, which should further reduce the number of patients waiting over 6 weeks this year. A third MRI scanner is in the process of being installed and should be operational during August. This will help to reduce the number of patients awaiting routine MRI scans, and will in particular help to reduce the waits for patients needing a more complex scan which can’t be undertaken on one of the mobile scanning vans that we currently use.

