

# SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

## Report to Trust Board on 3<sup>rd</sup> January 2019

### Waiting list scale estimate for March 2019, June 2019 & March 2020

#### 1. Summary

- 1.1 The Trust has a good track record of delivering planned care standards. The waiting list size for planned care patients on an 18 week pathway has grown since March 2018 when it was 30,000 patients. In March 2019 the waiting list will be between 36,000 – 37,000 patients, without mitigations and 33,000 with mitigations, which are highlighted in the report.
- 1.2 The waiting list size for Sandwell and West Birmingham Hospitals Trust (SWBH) will return to the levels of March 2018, between August 2019 and November 2019.
- 1.3 However, waiting list size is a not an accurate measure of an organisations ability to deliver patient care. Waiting list is simply the number of active patient pathways open and is dependent on the size of the organisation. Referral to Treatment time (RTT) and clearance times are much better indicators of an organisations ability to deliver safe and efficient patient care. (IST elective care guidance 2016).

#### 2. Introduction and definitions

- 2.1 This paper covers the profile of the Trusts waiting list size from now until March 2020. It also triangulates the RTT position over these periods, and includes the clearance time of the waiting list and the weekly activity delivered based on the 2018/19 and 19/20 production plan.
- 2.2 The Trust **waiting list size** is the number of patients that are currently waiting on an active pathway where definitive treatment has not been started. This is made up of non-admitted patients (awaiting outpatients and diagnostics) and admitted patients (awaiting day case or elective surgery).
- 2.2 The national policy standard indicates that **92% of patients on your entire waiting list should be waiting under 18 weeks** for treatment. This is referred to as your referral to treatment time (RTT) and is an indicator of how well a trust is performing in delivering timely elective care for patients.
- 2.3 **Clearance time** is the time it would take to clear your total active waiting list in weeks by dividing the total waiting list size by your weekly activity level. This was part of an elective care guide produced by NHSI in 2016. In essence it allows comparison between smaller and larger trusts. If your clearance time is between 10.5 and 12 weeks, then mitigations should be put in place to avoid RTT non-delivery and a waiting list that cannot be managed. If clearance times exceeded 12 weeks then it is considered that your waiting list size is beyond reasonable size. A clearance time under 10.5 weeks is deemed a manageable waiting list position. Our clearance times range 9-11 weeks in the last quarter.

### 3. Waiting list profile in 2018/19

- 3.1 The Trust total waiting list and profile of the waiting list can be seen in appendix 1. The total active patient waiting list at the start of March 2018 was 30,071. This was made up of 25,528 non-admitted and 4543 admitted patients. This was the lowest total waiting list size of 2018. On average the waiting list size in 2018 was 34,000.
- 3.2 Before mitigations, the March 2019 waiting list forecast will be between 36,000 and 37,000, with non-admitted patients having increased to between 31,000 and 32,000 and the admitted waiting list reducing slightly to between 4000 and 4300. This can be seen in detail in Appendix 1.
- 3.3 The underlying reason for this growth is the increase in referrals (appendix 2) seen between 2017/18 and 18/19. Referrals have increased by over 16,000 in this period (c.10% increase), covered in the referral section of the paper.
- 3.4 There is a non-recurrent work plan (table 1), that would reduce the waiting list by March 2019 to 33,778.

Table 1: shows the route from 36,698 unmitigated waiting lists in appendix 1, down to 33,778 with mitigations.

	Total PTL
Forecast waiting list size march 19	36698
Waiting list size March 18	30071
<b>Variance</b>	<b>6627</b>
removal of SEAU / AMAA pathways and validation	-500
Additional non-recurrent OP work that can be delivered through the groups	-1420
Further investigation / treatment into the additional Ophthalmology referrals recorded under 'other' referral source	-1000
<b>Waiting list size March 19</b>	<b>33778</b>

- 3.5 The growth in the waiting list is in outpatient waits for patients waiting in weeks 7-12. The following 5 specialities will see a significant increase in non-admitted by year end:
- General Surgery (c3000)
  - Gynae (c.2000)
  - Neurology (c.1000)

- Gastro (c.3000)
- 'Other specialities' the bulk of which consist of haematology and paediatrics (c.3000)

3.6 Part of our strategy in localising services in 2018/19 was to attract referrals and provide capacity to match these. However, the services above were not ones we expected to see an increase in referrals and therefore we had not scaled up the capacity to match. Further analysis is being conducted to deduce the rationale. Fundamentally, the demand and capacity is misaligned in these specialities based on the new referral numbers we are seeing; which will be right sized for 2019/20. Recruitment and environmental increases in capacity has been successful or is on track for General Surgery, Gynae and Gastro. The plan for Neurology is still subject to agreement whilst the team work through alternative workforce and clinical models in a speciality which has national recruitment challenges. Further validation of the forecast waiting list size oral, plastics and rheumatology needs to be completed.

#### **4. Approach to reduce the Waiting List size**

- 4.1 The increase in waiting list size is demand driven; this is part of our go forward strategic plan due to the closer working alliances with our primary care networks at the beginning of 2018. To reduce the size of the waiting list more outpatient activity must be delivered. This is already profiled in to the production plan in Q3 and Q4 of the 2018/19 financial year. The effect of this additional capacity has resulted in a reduced waiting list size in November and December.
- 4.2 Recruitment and efficiencies that were profiled into Q2 of this year's activity profile were delayed slightly and hence the reduced effect of the reduction in the waiting list has only started to be materialised in Q3.
- 4.3 'Other specialities' needs further analysis to understand the workforce supply necessary to complete additional patient activity. This will be completed in early January.
- 4.4 Outpatients and theatres have also been matched in 2019 to deliver additional work to support further reduction of the overall waiting list and deliver more care to the local population.
- 4.5 Non-recurrent increase in outpatient activity in certain specialities coupled with detailed validation will be complete by March 2019, as illustrated in section 3.2 to reduce the waiting list size further.

#### **5. The Model**

- 5.1 Forecasting an accurate waiting list size is a difficult analytical model and many factors have to be taken into account. The below highlights some of the main assumptions that have been included within the model:

- Referral trends continue as of October 2018 (c.4000 higher than Feb 2017 with reduction in December and February for seasonal variation and reduced working days)
- The same % of clock stop applies to our Outpatient activity and conversion to Inpatient procedures
- Activity forecast ahead is based on production plan for 18/19 and 19/20
- The same 'Removal Other Than Treatment' (ROTT) rate has been applied as we have seen in 18/19 to date.

## **6. Referrals**

- 6.1 Referrals into the organisation have increased by 16,000 from April – Oct 17/18 compared to the same period in 18/19 (appendix 2). Of these, 6000 are linked directly with GP referrals and 10,000 to other referral sources.
- 6.2 Other referral sources can comprise of all other referral routes into a speciality including Optometry and community services that don't have access to the Electronic Referral System and are not recorded under a GP referral. Any patients seen as an inpatient or in an emergency department and then transferred to an outpatient setting would also fall under this classification.
- 6.3 This increase in referrals over a 7 month period is directly linked with the increase we have seen in our waiting list over the same duration. However, the fact that we have not seen a comparable overall increase in our waiting list, in line with the increase in referrals, aligns to the increase delivery of activity in our production plan for 2018/19.
- 6.4 We anticipate a further increase in referrals in 2019/20 as part of the Trust strategy to localise work for the Sandwell catchment and this is matched with an increase in activity through efficiencies, workforce changes and recruitment in the associated production plan.

## **7. C-state and Open Referrals impact on waiting list size**

- 7.1 Due to interruptions in messaging, predominantly linked to IT outages a patients record will be sent into a holding position, known as C-state. These records are not available on the system for staff to review at a later date. After detailed analysis there are c.3000 C-state records left to validate. Most of these will just be duplicates already on the system so the impact of any potential additions to the waiting list is negligible
- 7.2 Open Referrals are created when pathways are not closed down correctly on the Patient Administration System (PAS). This can be for a number of different reasons; experience has demonstrated these are mainly incomplete administration procedures rather than non-progress of care. However, we are unable to tell which are simple data quality issues and which belong to pathways of patients who should have received treatment.
- 7.3 After consultation with the Medical Director to ensure safe validation process, there are c.40,000 records left to review. Experience of this suggests that a majority of records will be

removed with validation, leaving a negligible amount of cases that may need to be added to the waiting list and seen. This validation will be completed by the end of March 2019.

## **8. Conclusion**

- 8.1 Although there is an increase in waiting list size, this is natural progression in an organisation that has delivered £6 million more in patient activity in the 9 months of 2018/19 compared to the previous year. If referrals continue to increase in 2019/20 combined with the SWBH contracting increased community work, the waiting list may increase beyond the levels modelled.
- 8.2 What is more important is that the RTT position remains above 92% and SWBH is only one of c.30 trusts in the UK to achieve this standard. (NHSE October 2018). Clearance times are also consistently under 10 weeks and forecast to improve further, proving a manageable waiting list that is line with the increased activity levels of the organisation. The Trust Board is guided to accept the achievement of RTT and clearance times as indicators of appropriate waiting list management.

## **9. Recommendation**

- 9.1 The Board is asked to:
- a) Discuss the waiting list profile
  - b) Note that RTT and clearance times are indicate appropriate waiting list management currently and in forecast plans

**Liam Kennedy**  
**Deputy Chief Operating Officer**  
**December 2018**

## Appendix 1

This shows the Waiting list Size profiled out month by month; it also demonstrates the RTT delivery and the Clearance time in weeks. This is before any non-recurrent clearance is profiled in during Q4 of 18/19 and Q1 of 19/20.

Specialty Name	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
General Surgery	2274	1841	1902	1871	1993	2101	2192	2196	2300	2252	2277	2317	2186	2114	2165	1988	1993	1944
Urology	1671	1646	1566	1485	1451	1403	1424	1394	1401	1325	1280	1248	1139	1059	1044	955	749	475
T&O	2666	2976	3091	3197	3576	3840	3547	3106	2644	1997	1817	1628	1299	1088	1067	814	1234	1566
ENT	2973	2942	2780	2657	2662	2569	2721	2595	2387	2448	2396	2326	2140	1990	1946	1786	1706	2021
Ophthalmology	7140	8240	8206	8068	8366	8035	8159	8289	8114	7748	7793	7600	6764	6374	6457	5959	5871	4996
Oral	1582	1574	1508	1427	1386	1332	1429	1513	1571	1587	1616	1665	1687	1728	1821	1856	1957	2086
Plastics	125	125	171	222	272	323	374	425	475	526	577	627	678	729	780	830	881	932
Cardioth	19	17	17	16	16	16	16	15	15	15	14	14	14	13	13	13	13	12
Gastro	1479	948	1051	1155	1296	1372	1315	1261	1144	1041	1085	1085	1017	977	1040	1015	1039	933
Cardiology	2803	2743	2677	2557	2530	2393	2518	2606	2537	2490	2525	2482	2328	2220	2280	2197	2193	2275
Dermatology	2408	2212	2131	2257	2241	2044	1880	1743	1620	1395	1224	1015	697	414	324	328	180	-2
Resp Med	836	835	853	791	836	808	844	898	843	814	838	816	742	701	746	675	686	821
Neuro	1043	973	900	786	724	598	672	766	852	891	960	999	999	1012	1089	1114	1167	1304
Rheumatology	754	817	843	890	938	951	908	894	831	777	757	703	602	517	510	454	417	44
Elderly	77	180	272	369	473	569	547	488	486	450	431	406	361	331	320	286	270	358
Gynae	2089	1587	1569	1527	1525	1428	1429	1422	1369	1334	1336	1300	1186	1099	1138	1086	1076	1088
Other Specs	7953	7060	6992	7009	7185	6916	7338	7590	7444	7396	7631	7674	7174	6840	7223	7348	7482	6017
<b>Total WL size</b>	<b>37892</b>	<b>36717</b>	<b>36529</b>	<b>36285</b>	<b>37469</b>	<b>36698</b>	<b>37314</b>	<b>37202</b>	<b>36031</b>	<b>34484</b>	<b>34559</b>	<b>33905</b>	<b>31012</b>	<b>29208</b>	<b>29962</b>	<b>28704</b>	<b>28914</b>	<b>26872</b>
<b>Est % Performance of incomplete RTT</b>	<b>92.02%</b>	<b>92.20%</b>	<b>92.16%</b>	<b>92.10%</b>	<b>92.35%</b>	<b>92.19%</b>	<b>92.32%</b>	<b>92.30%</b>	<b>92.05%</b>	<b>92.17%</b>	<b>92.32%</b>	<b>92.63%</b>	<b>92.40%</b>	<b>92.12%</b>	<b>92.14%</b>	<b>92.28%</b>	<b>92.34%</b>	<b>92.20%</b>
<b>Clearance Time(Weeks)</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>9</b>	<b>11</b>	<b>9</b>	<b>10</b>	<b>10</b>	<b>9</b>	<b>8</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>6</b>
<b>Weekly Activity</b>	<b>4169</b>	<b>3582</b>	<b>3451</b>	<b>3895</b>	<b>3562</b>	<b>4050</b>	<b>3704</b>	<b>3851</b>	<b>4116</b>	<b>4229</b>	<b>3939</b>	<b>4104</b>	<b>4707</b>	<b>4428</b>	<b>3779</b>	<b>4358</b>	<b>3938</b>	<b>4550</b>

Table showing the Difference by speciality in GP referrals: April – October 2017/18 compared to the same period 2018/19. The Orange shaded cells illustrate a specialty variation in referral numbers.

Speciality	Speciality Code	April	May	June	July	August	September	October	Total
Gen Surg	100	160	32	-7	5	224	187	351	952
Urology	101	82	47	-7	-47	106	159	110	450
Trauma	110	108	-35	36	114	132	223	210	788
ENT	120	370	262	15	180	7	91	71	996
Ophthalm	130	-63	-71	-182	-250	-211	-273	-317	-1367
Oral	140	-121	17	-16	101	-19	-8	85	39
Plastic	160	-6	-19	-4	1	-5	19	32	18
Cardiothoracic	170	-1	0	0	0	-1	0	0	-2
Gastro	301	2	133	46	77	156	46	146	606
Cardiology	320	214	98	97	154	41	121	128	853
Dermatology	330	359	266	-176	0	97	-130	-109	307
Respiratory	340	5	10	-9	64	-42	43	-15	56
Neurology	400	-16	72	9	-47	18	7	55	98
Rheumatology	410	58	-39	-22	-42	-39	3	-14	-95
Elderly	430	5	-25	-39	-8	9	6	7	-45
Gynae	502	-24	111	99	98	55	151	335	825
Other	X01	428	121	-143	505	-6	-274	517	1148
	<b>Grand Total</b>	<b>1560</b>	<b>980</b>	<b>-303</b>	<b>905</b>	<b>522</b>	<b>371</b>	<b>1592</b>	<b>5627</b>

**Table showing the Difference by speciality in ‘other’ referrals: April – October 2017/18 compared to the same period 2018/19. The Orange shaded cells illustrate a special variation in referral numbers.**

Speciality	Speciality Code	April	May	June	July	August	September	October	Total
Gen Surg	100	43	-36	11	2	169	161	133	483
Urology	101	89	29	41	50	47	36	-6	286
Trauma	110	31	165	199	69	85	16	22	587
ENT	120	132	70	93	145	28	60	48	576
Ophthalm	130	1313	-112	269	254	422	253	705	3104
Oral	140	9	4	3	16	-2	51	-5	76
Plastic	160	31	27	27	12	13	27	30	167
Cardiothoracic	170	0	1	11	-7	2	8	11	26
Gastro	301	240	179	183	100	191	5	123	1021
Cardiology	320	150	90	15	83	-24	69	-50	333
Dermatology	330	18	27	-29	9	-25	-26	20	-6
Respiratory	340	16	16	10	-4	45	-23	57	117
Neurology	400	-3	-2	5	16	14	-5	47	72
Rheumatology	410	23	32	18	29	33	14	12	161
Elderly	430	10	-6	-35	-4	13	24	182	184
Gynae	502	73	66	72	15	48	67	31	372
Other	X01	876	214	279	566	240	83	-148	2110
	<b>Grand Total</b>	<b>3051</b>	<b>764</b>	<b>1172</b>	<b>1351</b>	<b>1299</b>	<b>820</b>	<b>1212</b>	<b>9669</b>