PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 April 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Waiting List Management
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Stephanie Hire, General Manager, Scheduled Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide assurance to the Strategic Development and Operational Delivery Committee (SDODC) that validation processes including the removal of patients from a waiting list are undertaken correctly and in accordance with the Health Board's Access Policy, which reflects the waiting list management rules and procedures outlined in the NHS Wales Access Policy.
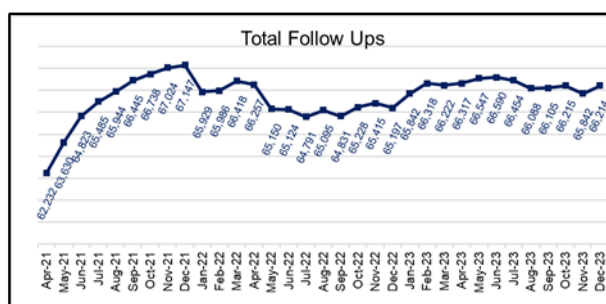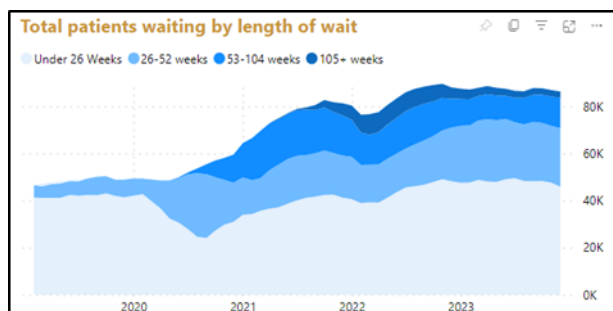
Cefndir / Background

The Scheduled Care Directorate in Hywel Dda University Health Board (HDdUHB) is responsible for overseeing the management of patients who have been referred for elective (planned) care. Part of that responsibility includes ensuring patient waiting lists are regularly reviewed and cleansed in order to support the accuracy of appointment and treatment booking activities and in turn maximise outpatient, diagnostic and theatre capacity for patient treatments. There are a broad range of clinical and administrative staff groups across the Health Board who have access to the Welsh Patient Administration System (WPAS) and can operationally validate patients on a waiting list, in addition to a dedicated validation team managed by the Scheduled Care Directorate.

This report will detail which members of staff have the ability to remove patients from waiting lists. It will also detail the risk control measures in place, the risks the Directorate is mitigating and the governance processes that have been implemented to minimise the risk of patients being removed incorrectly from a Planned Care waiting list.

Asesiad / Assessment

The following image demonstrates the growth in Planned Care waiting list waits since the beginning of 2020. Routinely, the volume of patients recorded on a Planned Care Referral to Treatment (RTT) waiting list varies between circa 85-90k patients. A further circa 66k patients are routinely recorded on a Follow Up waiting list.

Total patients waiting by length of wait
Under 26 Weeks ● 26-52 weeks ● 53-104 weeks ● 105+ weeks

Total Follow Ups

The Health Board's validation team consists of ten members of staff who administratively validate the RTT list, Patient Tracking Lists (PTLs) and Follow Up Waiting List (FUWL). The team is operationally led by a Validation Manager.

Validation Removal Audit: In January 2024 an audit was undertaken to understand the common reasons for removals over the previous 12 months. The findings are separated between RTT and FUWL waiting lists:

RTT

- Common reasons for Stage 1 (Outpatient wait) removals (1,567 patients) were due to duplicate expedite referrals received where patients were already on an existing waiting list, or patients who were seen in the same/similar specialty in the previous year for the same condition. This factor has grown in significance in recent years and is attributed to the longer waits post pandemic.
- The majority (51%) of removals related to patients in Stages 2 and 3 of the RTT pathway (diagnostic / review) who had not been removed from the waiting list by clinical teams following receipt of diagnostic results which ended their respective pathways. The validation team provide feedback to clinical teams in such circumstances.
- Fewer removals (8%) are seen for patients waiting for treatment (Stage 4). The following reasons were stated on the clinical record:
  - 30% are Unfit/clinical decision
  - 34% are administration errors
  - 28% have been seen in the private sector
  - 6% choose that they no longer require treatment
  - 2% have moved to another area.

FUWL

- The majority of patient removals reflect Welsh Patient Administration System (WPAS) data entry errors which result in duplicate pathways. On average circa 100 records a month are removed due to duplicate entries.
- A large volume of follow up patients are more suitable for an alternative See on Symptom (SoS) /PIFU pathways. With the increasing application of SOS/ Patient Initiated Follow-Up (PIFU) pathways in recent years, removal rates of patients previously recorded on a FUWL can be as high as 74% in some specialties. Compared to 2021, average SoS/PIFU usage has increased by approximately 1,000 patients a month. There are approximately 66,000 patients on a follow up waiting list in HDdUHB, circa 16/17% of the Hywel Dda patient population.

Who Can Remove Patients / Adjust Pathway Start Dates

As indicated above, there is a large volume of Health Board staff who have access to WPAS and can therefore validate patient information recorded on a Planned Care waiting list. The following groups of administration staff have the authority on WPAS to remove or adjust a patients pathway start date:

- Waiting list / Admissions teams have daily interaction with patients when booking appointments (ie Pre assessment). When patients are declared unfit, or refuse a reasonable offer or no longer require treatment, a patient is removed.
- The Validation Team validates all stages of the RTT pathway ensuring duplicates are removed and patient records accurately reflect the latest clinical outcome. No patients are removed without a clinical letter or detailed note on the record. Other examples of why patients are removed by the team include clinical instruction or a patient's pathway start date adjusted due to not attending (DNA) or could not attend (CNA) in accordance with the provisions in the Access Policy. The Validation Manager works alongside the WLSS (Waiting List Support Service) to remove patients who have indicated that they have had their treatment elsewhere. No removals are undertaken without a clear audit trail recorded on WPAS. Other reasons for removals include patients moving to another area.
- Hospital Ward staff remove patients as part of the admission and discharge process.
- The WPAS system automatically removes patients who have been on an SoS pathway after 1 year. However this is communicated to the patient prior to redirection to an SoS pathway.
- Medical Secretaries remove patients following consultant reviews. Removal reasons include clinical decisions not to treat (due to efficacy or patient health). The Access Policy requires patients to receive written communication in such circumstances.
- Outpatient clerks can remove patients as part of their routine day to day work. Following an outpatient session a patient can be discharged if they have DNA'd twice.
- Health Records staff can remove patients, ie if a patient advises they no longer require an appointment. Patients who CNA twice or refuse reasonable offers can also be removed.
- Follow Up Waiting List team staff can remove patients but will only do so following a clinical validation exercise or if there is a clear administrative reason for doing so (ie duplicate record).
- Service Support Managers in the Scheduled Care Directorate can remove patients following a clinical validation exercise (ie new clinical guidelines for the treatment of specific conditions) or non-responder reasons (patients who have failed to respond to routine validation enquiries in accordance with the Access Policy). All steps are documented on WPAS.
- In recent years, externally commissioned validation team staff have had the ability to remove patients. Out of the 39,400 records validated 3,545 were removed (9%). The majority of removals were due to patient phone validation and Stage 3 reviews.

Removing patients due to DNA/CNA reasons is in accordance with the All Wales Access Policy, paragraphs 101-113: The relevant extracts have been included below:

> *CNA: 104. On the second CNA within the same stage of the pathway, the patient should be removed from the waiting list, and the responsibility for ongoing care returns to the referrer.*

> *DNA: If the patient does not attend (DNA) an agreed appointment without giving notice, the patient should be removed from the waiting list and responsibility for ongoing care returns to the referrer.*

Risk of patients being incorrectly removed
In view of the broad range of Health Board staff who have access to WPAS and in light of experiences reported in other Health Boards, the risk of patients being removed from a waiting list in error and/or inappropriately has been assessed The Validation Team manager led a risk

assessment across each of the staff groups who access WPAS, the findings of which are outlined in the below table.

Team	Mitigation	Risk
Validation Team	The team do not remove patients without clinical letters on WPAS. Removals via the WLSS service are supported by a full audit trail.	**Low**
Service Support Managers	Any clinical validation or non-responder exercises are scrutinised weekly at the directorate Watchtower meetings. Central trackers are used so that the Validation Team can check patient removals. The risk assessment has identified a small number of cases where letters of confirmation had not been issued to patients removed appropriately from the waiting list and these have since been actioned.	**Low**
Admissions / Waiting list team	The assessment identified a small number of instances where Access Policy rules had been incorrectly applied to patient pathways (although this did not identify any significant risk of patients being removed from a waiting list). All instances have been addressed with the Admissions / Waiting List team.	**Low**
Ward staff	The assessment did identify a potential procedural risk that inexperienced ward staff may incorrectly remove a patient from a waiting list if treatment didn't take place on the planned date (eg cancellation). However, safeguards are in place to audit all such patient removals and correct any such instances. The volumes of such instances are low.	**Low**
Medical Secretaries	Patients only removed following clinical instruction with a letter.	**Low**
Health Care Records	Will have been in contact with the patient and should have valid reasons for removals/resets in line with access policy.	**Low**
External Validation	This team did not have the ability to remove patients from a waiting list. This was implemented following a review on the validation skill mix within the external team. The internal and external validation team met weekly and shared a local tracker where all patients that may be affected were tracked and audited.	**Low**

There was no evidence of a systematic inappropriate application of Access Policy and waiting list rules identified.

Human Error and Risk Mitigation
Whilst the risk of patients being removed from a waiting list incorrectly has been assessed as low, the volume of staff who have access to WPAS does give rise to the potential for human error. The Scheduled Care Directorate has implemented the following additional governance and assurance measures to further mitigate the risk of patients being incorrectly removed from a waiting list:
- Six monthly retrospective / historical audits for all patient removals
- Periodic snapshot audits for reset pathways
- Regular review of validation exercise outcomes via RTT Watchtower
- Any removals due to Interventions Not Normally Undertaken (INNU) be reported via the INNU governance structure and the Clinical Effectiveness Group.

- Regular feedback to Consultants and medical secretaries, particularly on Stage 2 and 3 patients via the Validation team.
- Planned commencement of a training programme for medical secretaries to manage patient removals following clinical review / decisions in May 2024.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to **RECEIVE ASSURANCE** from the governance arrangements in place to manage the appropriate removal of patients from Planned Care waiting lists.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.5 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred 1. Safe 5. Equitable 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	4a Planned Care and Cancer Recovery
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	All Wales Access Policy: https://hduhb.nhs.wales/about-us/performance-targets/performance-documents/elective-care-policy/
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No known risk
Ansawdd / Gofal Claf: Quality / Patient Care:	No known risk
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	No known risk
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb: **Equality:**	Not Applicable