

04 April, 2024

Elective Care Waiting Times at Walsall Healthcare NHS Trust

Ward(s): All Wards.

Portfolios: Councillor G. Flint (Wellbeing, Leisure and Public Spaces)

1. Aim

This report provides an update on the aim to reduce elective care waiting times at Walsall Healthcare Trust.

2. Recommendations

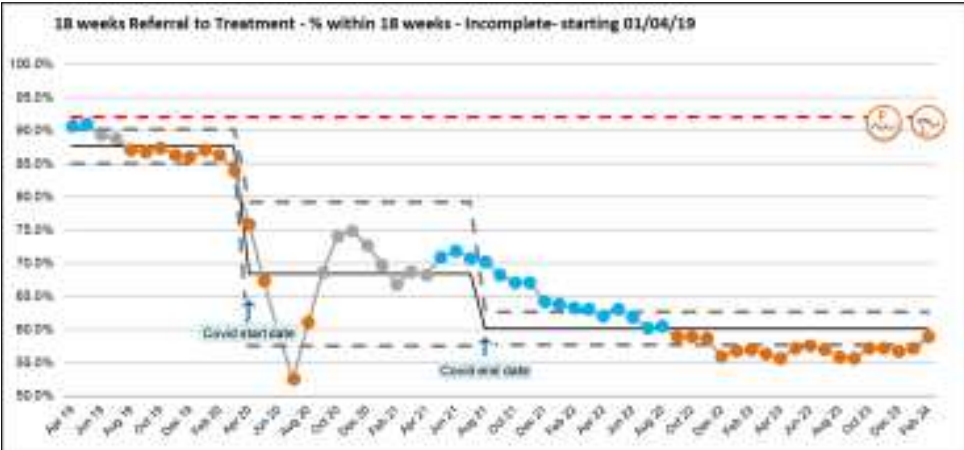
That the Committee note the report.

3. Report detail

3.1 In February 2023, 59% of patients waiting from referral for elective treatment have been waiting under 18 weeks, which is above the Trust’s forecast performance trajectory of 58%. Performance continues to show special cause variation below the mean average following the impact of the Covid pandemic.

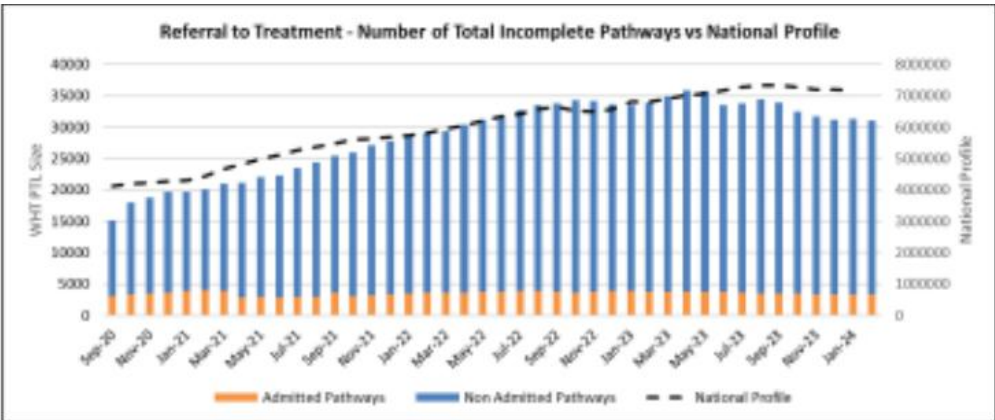
3.2 The national performance for elective care standards are published one month in arrears. January 2024 performance places the Trust above the median in a position of 54th best out of 119 reporting general Acute Trusts across the NHS for 18-week Referral To Treatment performance. Whilst ranking fluctuates, we are seeing an improvement in the Trust’s position within the 119 reporting Acute Trusts compared with 2022/23.

Table 1. 18 week referral to treatment performance, % of patients waiting for treatment within 18 weeks



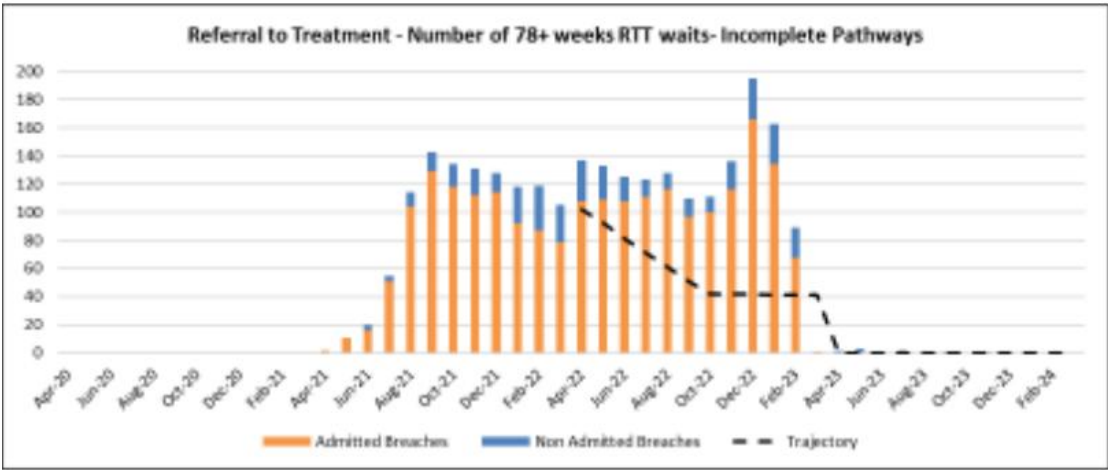
3.3 The Trust has reduced the number of patients waiting for elective treatment by 13.5% during the 2023/24 financial year to date.

**Table 2. Referral to Treatment, number incomplete pathways at Walsall Healthcare Trust in relation to National position**



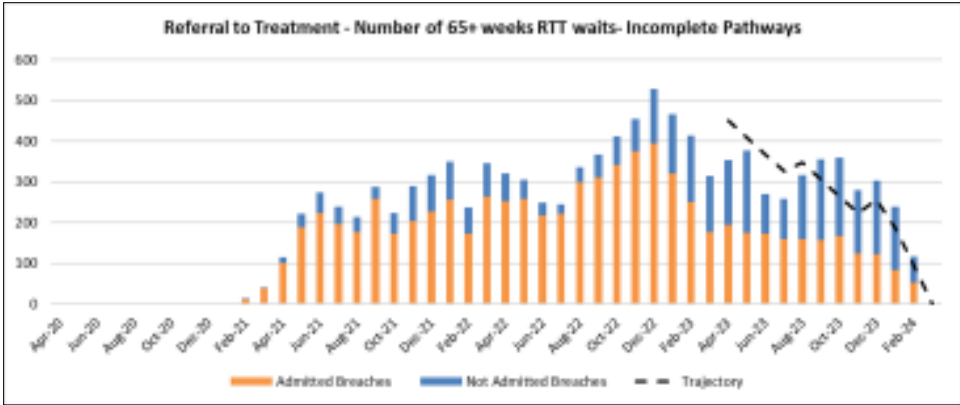
3.4 The Trust met the national target of having no patients waiting for more than 78 weeks for elective treatment by the end of March 2023, excluding patient choice. This performance has been maintained for the 12<sup>th</sup> consecutive months since.

**Table 3. Number of incomplete pathways waiting over 78 weeks for treatment**



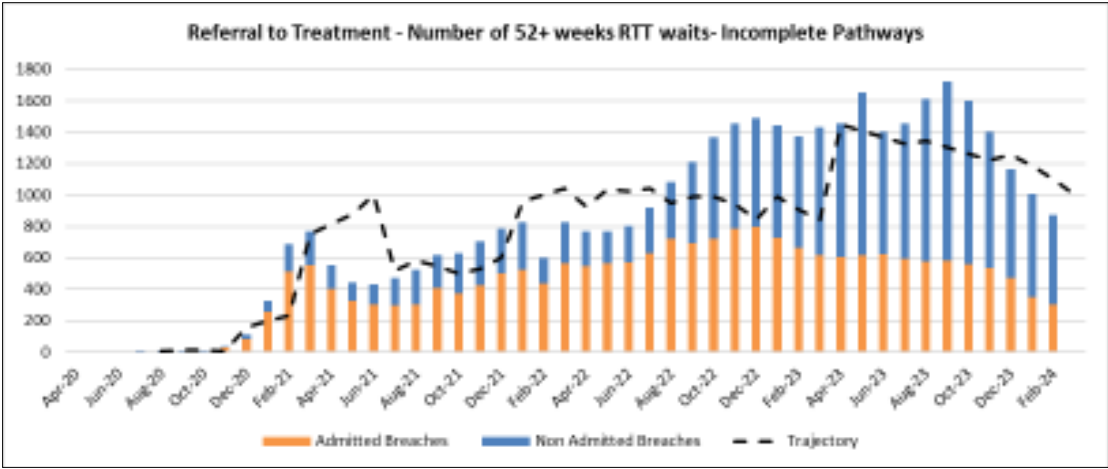
3.5 In December 2022 NHSE England published national NHS objectives for 2023/24 ([NHS England » 2023/24 priorities and operational planning guidance](#)) which included the ambition to ensure no patients are waiting over 65 weeks from referral by March 2024. The Trust remains ahead of trajectory to meet the national target of no patients waiting over 65 weeks for elective treatment by the end of March 2024, excluding patient choice. If achieved, the Trust will be the only Acute Hospital Trust in the Black Country and one of few nationally to meet this target.

**Table 4. Number of incomplete pathways waiting over 65 weeks for treatment**



3.5 Consequently, by reducing the waiting time for patients, in February 2024 we have achieved the lowest number of patients waiting for treatment over 52 weeks from referral since July 2022, with the number of patients waiting over 52 weeks reducing for 5 consecutive months. Moving forwards, the Trust have an elective activity plan in place in order to ensure no patients are waiting over 52 weeks for treatment by the end of March 2025.

**Table 5. Number of incomplete pathways waiting over 52 weeks for treatment**



3.6 In order to achieve reductions in elective care waiting times the Trust have invested in increasing available operating theatre sessions, maximised out of theatre clinical environments such as outpatients and built a Minor Surgery Procedure Room outside of the theatre environment which is due to open in April 2024.

3.7 In addition to reducing the time that patients wait for elective treatment, the Trust are proud to have received national recognition for our work in elective care. The Trust received Elective Hub Accreditation by the NHS England ‘Getting it Right First Time’ (GIRFT) programme in October 2023, meaning that our elective services within the Trust are ring-fenced and formally accredited. The Trust have also been nominated as a Finalist in the Health Services Journal 2024 Partnership Awards for the Outpatient Transformation Project undertaken which focused on

increasing outpatient clinic utilisation and reducing the number of patients who do not attend clinic appointments.

3.8 Walsall Healthcare Trust continue to provide mutual aid to neighbouring Trusts by taking on patients who have endured prolonged waits for their first outpatient appointment elsewhere, and by running additional operating lists to support patients who are awaiting surgical treatment.

3.9 The ongoing junior doctor industrial action continues to impact on elective waiting times across the Trust. During industrial action we have managed to maintain some clinical activity for clinically urgent elective patients, but unfortunately have needed to postpone some non-urgent outpatient and elective services to release clinicians to maintain safe cover of urgent and emergency care services. The effect of the strikes are mitigated by running additional outpatient clinics and theatre sessions, outside of industrial action periods.

#### **4. Financial information**

In order to address elective recovery additional investment has been allocated to increase elective activity through outpatient clinics and theatre sessions, however there has been income associated with the additional activity which offsets the spend.

#### **5. Reducing Inequalities**

The Trust have recently undertaken an Outpatient Transformation Programme to focus on reducing the number of patients that fail to attend outpatient appointments, which took into consideration the demographic of our patient cohort and associated socio-economic factors. As part of this review the Trust reached out to seldom heard groups to gain feedback on challenges in attending appointments. Following the feedback collated by our patient experience team the Trust have put additional support in place for patients including imbursement for travel to hospital appointments and links to hospital communications in the top 5 languages used across our communities. The Trust have recently been nominated as a Finalist in the Health Services Journal Partnership Awards for this work.

#### **6. Decide**

The committee is asked to accept this report as an update on elective care waiting times at Walsall Healthcare NHS Trust.

#### **7. Respond**

Not applicable.

#### **8. Review**

Regular performance monitoring for elective care waiting times is managed through the Trust by bi-weekly recovery and restoration meetings, chaired by the

Chief Operating Officer. In addition, there is weekly oversight of waiting times by both the Black Country Integrated Care Board and NHS England.

### **Background papers**

None.

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