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Report title: RTT waiting times position for Children at MSEFT	
Report to: People Overview Policy and Scrutiny Committee	
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Date: 3 September 2024	For: Discussion
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County Divisions affected: Not applicable	

1. Introduction

The purpose of this paper is to provide an overview of the referral to treatment (RTT) waiting times for Children and Young People (CYP) who are receiving their elective care across Mid and South Essex NHS Foundation Trust's (MSEFT) Hospitals and in addition a focus on those CYP patients who reside in Thurrock households. The report also provides the recovery plans and trajectories to bring down the long waiting times and deliver the Trust's ambitious targets.

The detail in this report provides information regarding CYP classified up to but not including the 16th birthday; beyond this point elective care moves into adult services.

2. Action required

To note the detail in this report and plans in place to bring down the waiting times for Children and Young People being treated across MSEFT.

3. Background

As with all elective services, waiting times for children were severely affected by the Covid-19 pandemic as services were switched to focus on urgent rather than elective care. Previously unheard-of waiting times became normalised while services attempted to recover the position and return to delivery of the 18-week standard.

The Elective Recovery Fund (ERF) approach has been targeted at clearing waiting times from the longest downwards. Thankfully, children were in the minority in terms of the very longest waits, but that has delayed the ability to invest in additional activity to reduce waiting times for children.

A change of policy has meant 2024/25 ERF funding has been secured to go even further than the target for adults with an ambitious aim of ensuring no child waits longer than 26-weeks from referral to treatment by the end of financial year.

Children represent just over 10% of the Trust's referral to treatment patient list.

4. Current position

As at 22/08/24, there are 17,483 children (under 16s) on an active RTT pathway (i.e. not yet had definitive treatment), broken down into waiting time bands as follows:

Wait Band (weeks)	0-17	18-26	27-39	40-51	52-64	65-77	78+	Total
Non-Admitted	8,527	3,008	2,373	1,716	579	120	1	16,324
Admitted	311	163	164	179	221	115	6	1,159
Total	8,838	3,171	2,537	1,895	800	235	7	17,483
Cumulative	17,483	8,645	5,474	2,937	1,042	242	7	

Focussing on the very longest waiters at 40 weeks and above, this is the breakdown by specialty and waiting time band for those children on a non-admitted (outpatient) pathway waiting 40 weeks or more:

Wait Band (weeks)	40-51	52-64	65-77	78+	Total
Ear Nose and Throat Service	539	230	86	1	856
Paediatric Service	414	7	1		422
Trauma and Orthopaedic Service	232	131	17		380
Dermatology Service	249	95			344
Oral Surgery Service	90	49	6		145
Ophthalmology Service	84	22	3		109
Urology Service	48	36	4		88
General Surgery Service	22	5	1		28
Plastic Surgery Service	16	3	2		21
Dietetics Service	10				10
Orthodontic Service	8				8
Gynaecology Service	1				1
Hepatology Service		1			1
Paediatric Endocrinology Service	1				1
Paediatric Gastroenterology Service	1				1
Rheumatology Service	1				1
Total - Non-admitted 40w+	1716	579	120	1	2416

And those on an admitted (waiting for a procedure) pathway waiting 40 weeks or more:

Wait Band (weeks)	40-51	52-64	65-77	78+	Total
Ear Nose and Throat Service	69	116	78	3	266
Oral Surgery Service	33	52	22	1	108
Urology Service	18	12	2	1	33
Trauma and Orthopaedic Service	9	10	7	1	27
General Surgery Service	15	11			26
Paediatric Urology Service	10	11	2		23
Ophthalmology Service	16	3	1		20
Plastic Surgery Service	8	5	2		15
Gynaecology Service	1	1			2
Orthodontic Service			1		1
Total - Admitted 40w+	179	221	115	6	521

From 52 weeks onwards, many children waiting are on a surgical rather than medical pathway – this pattern is mirrored in adult services as medical patients can often have their RTT “clock” stopped when the correct medicines are prescribed, or the patient is discharged following review.

Children are seen in dedicated clinics and treated on specific theatre lists which, due to their lower volume than for adults, reduces flexibility in terms of agreeing appointment dates.

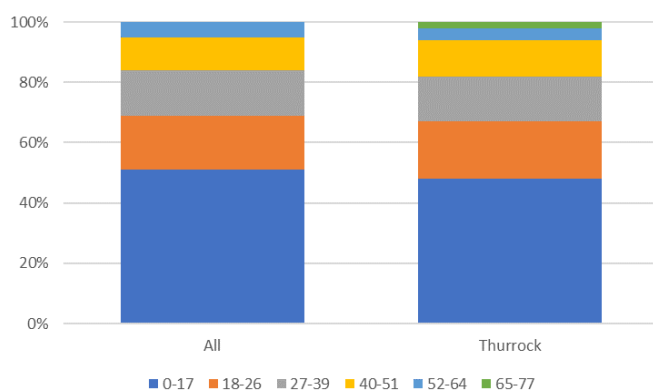
4.1 Analysis by locality / hospital site

Of all the children on an active RTT pathway at MSEFT, they break down into the following proportions by wait band:

Waiting List Type/Wait Band	0-17	18-26	27-39	40-51	52-64	65-77	78+
Non Admitted	52%	18%	15%	11%	4%	1%	0%
Admitted	27%	14%	14%	15%	19%	10%	1%
Total	51%	18%	15%	11%	5%	1%	0%

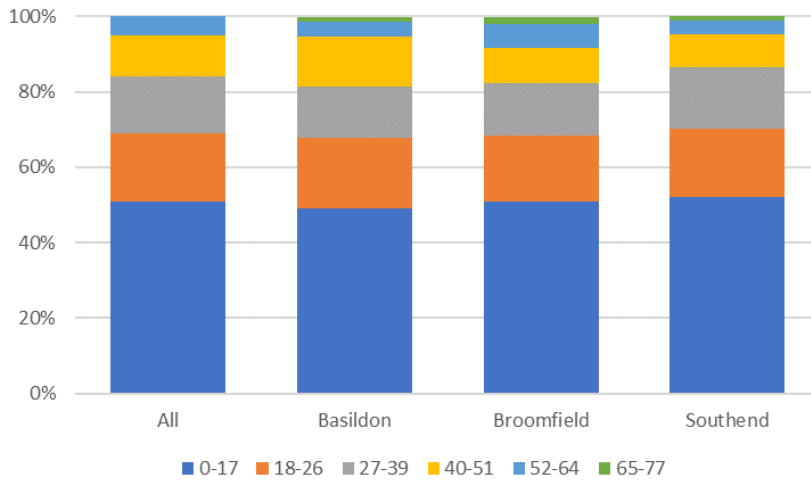
This is the comparative position for Thurrock children only:

Waiting List Type/Wait Band	0-17	18-26	27-39	40-51	52-64	65-77	78+
Non Admitted	50%	19%	15%	12%	3%	1%	0%
Admitted	24%	15%	19%	17%	16%	7%	2%
Total	48%	19%	15%	12%	4%	2%	0%



This analysis shows that the position for Thurrock follows approximately the same pattern as for all children on an active RTT pathway at MSEFT.

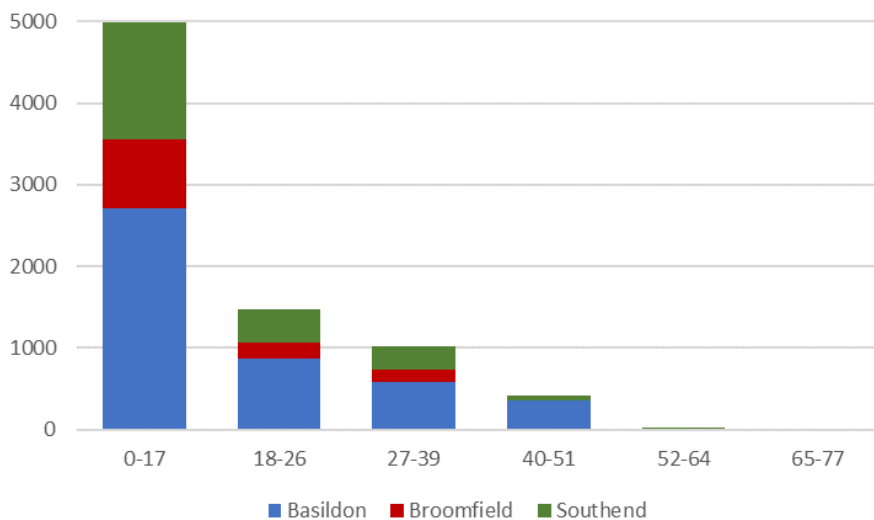
The position is also similar when reviewed by hospital site:



4.2 Analysis for Paediatric specialty only

Analysis of the Paediatrics specialty shows that the greatest number of children are to be seen at Basildon. 60% of children waiting there are under 18 weeks (compared to 70% at Broomfield and 66% at Southend) despite Basildon having double the numbers of Southend and almost quadruple the numbers of Broomfield.

Wait Band (weeks)	0-17	18-26	27-39	40-51	52-64	65-77	Total	
Basildon	2713	870	579	349	2	0	4513	57%
Broomfield	842	200	158	1	0	1	1202	15%
Southend	1436	399	276	64	5	0	2180	28%
Total	4991	1469	1013	414	7	1	7895	
Cumulative	7895	2904	1435	422	8	1		



5. Next Steps

We have set ourselves some ambitious targets to reduce waiting times for children during 2024/25 as follows:

- By 30/09/24 – no child to be waiting in excess of 52 weeks.
- By 31/03/25 – no child to be waiting in excess of 26 weeks.

Additional day case theatre lists and outpatient clinics have been funded to enable us to treat more children this year than since pre-pandemic.

- All children on the non-admitted pathway who are at 52 weeks and above are being prioritised for an appointment before the end of September.
- General Paediatrics, ENT, Oral and Trauma and Orthopedics will deliver 8304 additional new outpatient appointments before 31/03/25.
- We are also hoping to be able to provide 604 additional day case operations on “super Saturdays” within Orthopaedics, Oral Surgery, ENT and Urology.

We are working hard to meet our aspirations but have some way to go with current numbers of almost 5,500 children waiting over 26 weeks of which just over 1,000 are waiting 52 weeks and above.

To do this we will consider whether we ask families to travel to another site within MSEFT. A small proportion of children already travel to another site within MSEFT for treatment, but not routinely for outpatient appointments.

6. Related work

Councillors may remember or be aware of our proposal to redesignate one of our Neonatal Units as a level 1 Special Care Baby Unit from earlier this year. While that proposal is still being worked through, one of the benefits of making that change is that it releases some consultant time to undertake additional outpatient activity. With limits on both the specialty expertise and funding available, we will aim to make best use of our resources for the greatest benefit of children across MSE.

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