

FOI0303 2024 Response

I was hoping you'd be able to answer the following question under the Freedom of Information Act:

1. How is waitlist validation carried out in your Trusts? Please select one of the following options: Manually / Semi-automated / Automated. Clarification: Waitlist Validation", I mean the process in which NHS Trusts confirm whether patients on the waitlist still require an appointment.

a. If your response was semi-automated or automated, which tools do you use? Please specify the types of tools or software used.

Manual / Semi-Automated.

Some validation will be conducted manually via the patient management system in the Trust. Other validation will be informed by SQL generated patient lists which are then scrutinised manually.

2. How many FTEs currently work on waitlist validation and what band are they? Please specify the number per band. Clarification: I am seeking data to confirm whether staffing who carry out wait list activities has increased.

There are no staff employed centrally to manage or validate waiting lists.

Waiting lists are held and maintained locally by individual clinical teams, local admin, and some clinical staff contribute to waiting list validation activities as part of their day-to-day roles. It is therefore not possible to quantify how many staff are involved in these activities or what proportion of their time is spent on them.

3. How has your FTE count working on waitlist validation increased in the past 2-3 years? Please provide an estimate if you do not have the exact number.

Please refer to the response provided in question 2.

4. 12 months, approximately how long has the waitlist validation process taken? Please provide an estimate if you do not have the exact number.

Please refer to the response provided in question 1 and 2 and note that there is no systematic process where the whole Trust waiting list is validated at one time.

5. What data quality issues have been identified the most frequently as part of the waitlist validation process? Clarification: I am trying to understand what data quality issues are happening as part of the waitlist validation process from the options provided.

Please select those that apply from the list below:

- a. Decision to admit but no waiting list entry
- b. Missing waiting list or pathway information (e.g. due date, intended procedure)
- c. Patients on an admitted waiting list without an active RTT (Referral to Treatment Pathway) clock
- d. Past TCI (To Come In) dates
- e. Potential duplicates

f. Other - please specify

The Trust is unable to provide a response to this query.

This is because we do not capture waiting list issues in a reportable way.

Please note that as a Mental Health Trust, a large proportion of our inpatient admissions happen on an emergency basis and we therefore do not have waiting lists for elective admissions for treatment.

6. What are your current approaches to linking data? Please select one of the following options: Manually or semi-automated / Automated. Clarification: I am trying to find out whether the Trust's data linkage process is a manual, semi-automated or automated process. When I use the term "data linkage", I mean the process in which patient data across the NHS Trust is linked and also how patient data is linked across the other systems e.g. community care, primary care, social care etc.

We put significant effort into ensuring that all patients' have recorded NHS numbers and then data between systems is linked automatically using NHS numbers.

Assignment of NHS numbers uses NHS Spine data and has automated elements, as well as manual intervention for unclear cases.

We do not have specific processes making linkages for waiting list validation purposes as almost all clinical activities are recorded on the same patient system.

7. What is the proportion of data linkage that is manual and automated? Please provide an estimate if you do not have the exact number. Clarification: , I am trying to find out whether the Trust's data linkage process is a manual, semi-automated or automated process. When I use the term "data linkage", I mean the process in which patient data across the NHS Trust is linked and also how patient data is linked across the other systems e.g. community care, primary care, social care etc.

a. If automated, what tools are used? Please provide the name of the tools.

NHS Spine validation tools and Microsoft SQL Server.

b. If manual, what tools are used e.g. R, data bricks? Please provide the name of the tools.

N/A.

8. Currently, is the data linking process cumbersome? Please select one option: Yes/No.

Clarification: would be great if I could get a general feel of whether or not NHS staff find data linkage cumbersome and whether or not it takes time away from their every day role.

No – limited requirement, and processes are automated once NHS numbers have been assigned.

9. And does it take away from people's everyday role? Please select one option: Yes/No.

Clarification: would be great if I could get a general feel of whether or not NHS staff find data linkage cumbersome and whether or not it takes time away from their every day role.

No – limited requirement, and processes are automated once NHS numbers have been assigned.