AGENDA ITEM
7.4

HEALTH BOARD MEETING

ELECTIVE CARE RECOVERY PORTFOLIO

Date of meeting	25/11/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Nicky Croxon, Interim Director Elective Care Recovery
Presented by	Gareth Robinson, Chief Operating Officer
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS	
OPD	Out Patients Department
GP	General Practitioner (Primary Care)
CQC	Care Quality Commission
OMFS	Oral and Maxillofacial Surgery
FIT	Faecal Immunochemistry Test
SOS	See On Symptoms
PIFU	Patient Initiated Follow Up

1. SITUATION/BACKGROUND

1.1 This paper seeks to provide an update on the overall progress, challenges, risks and operational schemes in relation to the Elective Recovery Portfolio of work.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING

General update

2.1 The latest quarterly position relating to activity and finance was submitted to Welsh Government at the beginning of November. As can be seen from the table below; the forecast and actual positions for additional activity vary considerably. It is clear that some schemes are delivering activity benefits as can be seen from the accompanying slides (formal Elective Recovery Board **Appendix A – to follow**), however some schemes have been slow to start, on the whole due to recruitment of key personnel and others have been impacted due to the Waiting List Initiative (WLI) payment issue. The pace of change for new schemes and variation to existing schemes should not be underestimated. Whilst it is not expected that the activity lost due to the delays will be recovered, other replacement schemes have been generated which will reduce this gap.

				2021/22			
				Q1		Q2	
				Projected	Actual	Projected	Actual
Elective Inpatient Activity[1]		Total Core Activity		900	1,360	900	1,309
		Total Additional Activity	Insourcing	0	0	0	0
			Waiting List Initiatives (WLI)	70	52	841	63
			Outsourcing	685	128	708	451
			Total	755	180	1,549	514
		Total Activity		**1,655**	**1,540**	**2,449**	**1,823**
Elective Day Case Activity[2]		Total Core Activity		3,300	5,245	3,300	5,594
		Total Additional Activity	Insourcing	0	0	0	0
			Waiting List Initiatives (WLI)	0	0	0	0
			Outsourcing	0	0	0	0
			Total	0	0	0	0
		Total Activity		**3,300**	**5,245**	**3,300**	**5,594**
New Outpatients	Face to face	Total Core Activity		24,900	43,198	24,900	43,754
		Total Additional Activity	Insourcing	0	0	0	0
			Waiting List Initiatives (WLI)	1,053	379	4,259	2,082
			Outsourcing	0	378	0	0
			Total	1,053	757	4,259	2,082
		Total Activity		**25,953**	**43,955**	**29,159**	**45,836**
	Virtual	Total Core Activity		3,000	5,051	3,000	6,553
		Total Additional Activity	Insourcing	0	0	0	0
			Waiting List Initiatives (WLI)	0	0	0	0
			Outsourcing	0	0	0	0
			Total	0	0	0	0
		Total Activity		**3,000**	**5,051**	**3,000**	**6,553**
Follow Up Outpatients	Face to face	Total Core Activity		81,000	77,924	81,000	82,065
		Total Additional Activity	Insourcing	0	0	0	0
			Waiting List Initiatives (WLI)	1,635	412	4,827	495
			Outsourcing	0	3	0	0
			Total	1,635	415	4,827	495
		Total Activity		**82,635**	**78,339**	**85,827**	**82,560**
	Virtual	Total Core Activity		15,000	22,373	15,000	27,934
		Total Additional Activity	Insourcing	0	0	0	0
			Waiting List Initiatives (WLI)	0	0	0	0
			Outsourcing	0	0	0	0
			Total	0	0	0	0
		Total Activity		**15,000**	**22,373**	**15,000**	**27,934**
Diagnostics	CT	Total Core Activity		12,300	15,272	15,648	15,620
		Total Additional Activity		0	0	0	0
		Total Activity		**12,300**	**15,272**	**15,648**	**15,620**
	MRI	Total Core Activity		2,633	5,293	3,730	5,332
		Total Additional Activity		0	0	0	0
		Total Activity		**2,633**	**5,293**	**3,730**	**5,332**
	NOUS	Total Core Activity		6,836	10,846	11,288	10,940
		Total Additional Activity		0	0	0	0
		Total Activity		**6,836**	**10,846**	**11,288**	**10,940**
	Endoscopy	Total Core Activity		2,331	3,390	3,102	3,512
		Total Additional Activity		309	309	309	309
		Total Activity		**2,640**	**3,699**	**3,411**	**3,821**

2.2 Financially, The M7 actual costs of £1,267k were in line with the M7 forecast of £1,493k. A number of schemes have under delivered in month, in line with the above commentary relating to activity and financial forecasting assumes recovery in future periods.

2.3 It is also important to highlight that the forecasts for M8 and later months are showing a significant step up in costs across most areas of circa £0.5m. This step up must be considered a risk given the M7 actuals costs were circa £227k below forecast.

Centralised Working Group for Elective Recovery

2.4 During October a small Multi-Disciplinary team was formed to rapidly work through issues surrounding elective recovery. The overarching objective of the group is to ensure that equitable access to surgical treatment is achieved, maximising the use of resources across all ILGs.

2.5 The initial focus of the team has been on;

- Increasing elective operating for Orthopaedics, specifically;
  - Use of Ward 15 on the Royal Glamorgan Hospital site for prioritised orthopaedic patients across all of Cwm Taf Morgannwg' s population
  - Utilising The Royal Gwent facilities; including defining the SLA, agreeing the governance arrangements and operationalising the facility for Cwm Taf Morgannwg University Health Board

- Delivering and Expanding Elective Ophthalmology surgery on the Prince of Wales site, for CTM wide access
- Centralising Colorectal surgery at the Royal Glamorgan Hospital, specifically utilising Ward 10/11
- Standardisation of elective practices across CTM, including Green Pathway management, Pre-operative assessment and Social Distancing guidelines.

2.6 For clarity, the original schemes forming the Elective Recovery Portfolio are still live and form the basis of the weekly oversight reviews.

Work stream Updates

2.7 Outpatients

- Two pilots on the Welsh Government driven initiative on clinical validation have been completed; within Dermatology a text message driven validation exercise was conducted with 300 text messages being sent, unfortunately just short of 50% (117 patients) responded with only 25 advising that they wish to be removed from the waiting list. The patients who have not responded will now be followed up with a letter; in line with WG advice if they do not respond to this, they will be placed on a SOS (see on symptom) pathway for 6 months.
- During the pandemic our local Text and Remind service was switched off. The DNA rate across the Health Board has reached 10% during some months, which inevitably means a huge loss of valuable activity and therefore a process for resetting the reminders is underway – it is expected that this service will be live by December 2021. Furthermore, in an attempt

to reduce the non-attendance a campaign has been launched via our communications team to advise patients of their responsibility to attend appointments, encourage attendance and provide some statistics so that vital capacity is not lost.

- A focus on validation has commenced across the stages of a patient pathway; ensuring that where possible patients are discharged, placed on an SOS or PIFU pathway or validated as still requiring treatment. It is expected that an improvement in backlogs will be reported from December 2021.

2.8 Endoscopy

- Following a short delay, it is expected that the contract for a Mobile Endoscopy Unit will soon be signed. This will see the unit on site from January 2022 and following standard estate works the first patients will pass through the unit during March 2022.
- Insourcing is now running at a rate of 2 lists per weekend, with a contract extension having just been signed taking us into next year. Furthermore, additional lists (in house) have been agreed and will be operational from November.
- Validation of the urgent waiting list (a total of 414 patients) has been undertaken the outcomes of this are below. This demonstrates the importance of the validation; it is now continuing.

Outcome of validation	Total
Colonoscopy required colitis surveillance	14
Colonoscopy required polyps	34
Colonoscopy required urgent	103
CT Colon	2
Discharged	1
Downgraded to Routine	4
FIT	176
OPD Virtual review colorectal	18
OPD Virtual review gastro	41
Upgraded to USC	20
Urgent therapies	1
Grand Total	**414**

2.9 Primary Care (including Wellbeing Hubs)

- Progress on development of the Wellness Hub is continuing, concerns regarding Information Governance relating to software usage have been overcome and contracts are in the process of being awarded. This will ensure that the wellness coaches are able to track their patient's progress and importantly that the GP will also be able to access this.
- All posts included within the outline proposal have now been recruited to, including additional posts to increase the programmes to include Mental Health

support within Primary Care. A slight delay in recruitment has pushed back their training which will now commence from end of November.

- Spirometry weekend clinics are being trialled and staff are presently being trained in order to undertake this service, however clinics will commence from end of November.
- An emergency dental service commenced in July; the service offers advice and guidance via a phone line (including prescriptions where necessary) and triages access to appointments. This service was introduced to reduce A&E attendances and improve oral health (by reducing delays to treatment) which in turn would assist with a reduced demand on elective services.

2.10 Outsourcing

- Relationships with the Independent Sector (IS) have been developed, however capacity within this setting is limited due to the demand for private healthcare. Furthermore, workforce issues (recruitment, sickness and shielding / COVID related absences) have also impacted on the availability of capacity. This has meant that initial proposals for our patients being treated within the IS have been reduced.
- Data regarding LOS is being reviewed; there is an assumption that the duration that a patient has waited for surgery will impact on their LOS (increase) this has been noted within the IS and has resulted in a pressure on their beds; resulting in cancellations of both private and NHS patients. A situation which is unprecedented within the IS.
- A recent mini competition has been undertaken to outsource some of our long waiting outpatients to a virtual service; this project will start in November and will see patients being offered a virtual appointment from January 2022. Cardiology, Respiratory and Gynaecology patients within the Merthyr Cynon locality will be the initial focus.

2.11 Orthopaedics and Therapies

- Appointments for First Contact Physio have been made and the schemes are up and running across all localities.
- A scheme related to escape pain is now operational and we will begin to see this benefit from December 2021.
- Physios are supporting within Urogynae clinics where space is available – however space is very limited and this is affecting the ability to provide more support.

2.12 ILG SCHEMES

- Please see ILG updates within the **Appendix 1 – to follow**, where data charts are included to track the activity benefits. The charts demonstrate;
  - Impact on associated backlog positions (ie >stage 1 waiters if an outpatient scheme, should show an improvement)
  - Outpatient activity levels (should demonstrate an increase)
  - Demonstrate activity levels versus trajectory of anticipated activity (ie said would deliver xx clinics @12 patients per clinic, at 2 per month and have delivered xx)

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Outpatient space is a theme across all work streams; within the centralised team our efforts have been focussed on theatres, however – focus will move to outpatients over the coming weeks.

3.2 The unpredictable nature of COVID and moving into winter should be considered a key risk for delivery of increased elective activity on an acute site.

3.3 Support with bed modelling is required to ensure that plans made for future services being temporarily accommodated are robust.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Long waiting times and backlogs in care delivery may lead to an increase in mortality and reductions in quality of life. Patient experience will be affected by the increased waiting times.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Details of workforce implications are available from within the detail of the schemes (there are multiple).
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Board are asked to **NOTE** the contents of this update report.