Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

AGENDA ITEM
7.2

CTM BOARD

PLANNED CARE RECOVERY UPDATE

Date of meeting	(24/11/2022)
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Claire Nelson, Planned Care Recovery Lead
Presented by	Gethin Hughes, 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**
		Choose an item.

ACRONYMS

1. SITUATION/BACKGROUND

1.1 This report provides an update on Planned Care recovery in terms of how the Health Board is performing against the Welsh Government ministerial measures pertinent to 2022/23 and the steps being taken to improve performance against them.

1.2 The key ministerial measures for 2022/23 are:
- Eliminating waits of over 52 weeks for new outpatient appointments by the end of December 2022

- Eliminating waits of over 104 weeks across all stages of waiting list by March 2023

1.3 Chief Executives were also requested by Welsh Government on 20th September to focus on four specific areas which support the ministerial measures:
- Return to at least 100% of pre-Covid activity levels, prioritising specialties with the largest cohorts on long waiting patients
- Ensure that all patients at outpatient stage 1 waiting over 156 weeks have an appointment by the end of October 2022
- All patients waiting over 104 weeks to be booked into the next available slots
- Allocate at least 60% of activity to cohort patients at Outpatient and Treatment stages (excluding high areas of Urgent Suspected Cancer).

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Eliminating waits of over 104 weeks for first outpatient appointments

Due to the volumes of patients waiting over 52 weeks for a first outpatient appointment (stage 1 waiting list), the Delivery Unit requested that Health Boards look to eliminate waits of over 104 weeks by the end of December 2022. We are currently forecasting 3793 waits over 104 weeks in the following specialties:

- Dermatology (1479)
- Ophthalmology (850)
- Ear, Nose & Throat (ENT) (1000)
- Urology (464)

To reach the above figures, weekend clinics and theatres are being undertaken in Ophthalmology between now and Christmas and Super Saturday clinics in ENT. We are in the process of appointing a Locum Consultant Dermatologist and are looking at continued weekend working across the specialties up until the end of March 2022 with additional finance support, to enable all stage 1 waits over 104 weeks to be cleared by this time.

2.2 Returning to pre-Covid activity levels

Monthly monitoring of activity levels at a specialty basis against pre-Covid activity levels for both new outpatients and inpatients/day-cases show that new outpatient activity has increased by 3473 slots or 23% between September and October 2022 with a number of specialties including ENT, Urology and Gynaecology exceeding pre-Covid levels.

The inpatient/day-case position is currently static but is expected to improve from the beginning of December when insourced theatre teams begin work in the Health Board allowing for two additional all day day-case theatres a week and the centralisation of inpatient Orthopaedic activity in the Royal Glamorgan Hospital which increases throughput.

2.3 Total Reported Waiting List

The total reported waiting list in the Health Board has increased between Mar-October 2022:

28/03/2022	31/10/2022	Variance	% increase/ decrease
101,298	106,773	5745	5.4%

The reported new outpatient waiting list has also increased during this time period which can be attributed to increased referrals in Cardiology, Rheumatology and Oral Surgery and an increase in urgent referrals specifically in ENT and Breast.

28/03/2022	31/10/2022	Variance	% increase/ decrease
68,098	74,557	6549	9.5%

2.4 Efficiencies

Treat in turn reports are being produced weekly for Clinical Service Groups (although the information is always available and updated daily on the QLIK Information system) to highlight which patients prioritised as routine as showing have a date in turn (in green) and outside of the >104 week cohort of patients (in red). The intention is to improve efficiencies within existing capacity, allocating all the routine capacity available to cohort patients, alongside increasing capacity with additional schemes where required. Patients in a number of specialties are being managed across the Health Board rather than on a locality basis in order to 'treat in turn' and reduce current inequities in waiting times.

An Outpatients Efficiencies Group has been established to introduce the 6:4:2 to the cancelling and offering out of clinic capacity amongst specialties and look at reducing the number of hospital cancellations of clinics and DNAs and CNAs. An audit of outpatient capacity across the Health Board acute and community sites is being undertaken so that the outpatient footprint can be maximised. The relocation of the Breast Service from RGH outpatients to the new Snowdrop Breast Centre will release

capacity from early 2023 and a number of specialties are looking to utilise this.

2.5 External validation of waiting lists

The company HBSUK who were commissioned by the Delivery Unit on behalf of a number of Health Boards to undertake administration validation of waiting lists over 52 weeks has been working in the Health Board since October. The clerical validation of the waiting list system to check if patient pathways are being effectively managed in terms of duplications, DNAs and CNAs being actioned have had minimal impact in terms of identifying patients that should not be on the waiting list (0% in Dermatology and 2% in Ophthalmology) but provides assurance that waiting lists are being appropriately managed locally.

2.6 Updating of Patient Access Policy

The Patient Access Policy for Planned Care has been updated as although a Cwm Taf Morgannwg Health Board wide policy was produced in June 2020, it provided a strategic overview to managing patient access to Planned Care rather than the operational rules for managing referral to treatment waiting times as set out by Welsh Government. It was evident from reviewing the waiting lists that the rules were not being applied consistently across the Health Board.

The revised Policy along with a quick guide to managing waiting lists in terms of what constitutes a reasonable offer, what to do following a patient that 'Could not Attend' or 'Did not Attend' is shortly to go out for consultation.

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

3.1 Urgent demand for Cancer and Clinical expedites

As highlighted previously, the Health Board is still seeing high levels of urgent suspected cancer and urgent referrals which is the reason why the four specialties set to breach the 104 week target have limited capacity to see patients prioritised as routine within existing capacity. A high proportion of the additional clinics that are being undertaken are firstly managing the urgent referrals, a number of which are waiting a significant amount of time.

3.2 Workforce availability

The ability to undertake additional clinics and theatres is reliant on the relevant workforce being available. Workforce constraints are evident across the system from Medical Records through to Consultant and nursing staff.

3.3 Winter Pressures

The severity of the winter pressures experienced by the Health Board could affect the planned care activity which is already constrained by a reduction in beds compared to pre-Covid levels, most notably in Princess of Wales Hospital, although this is currently expanded with the use of Bridgend clinic beds for NHS planned care.

3.4 Recovery monies

Whilst it is positive that additional funding has been identified by the Delivery Unit to support the reduction of waits over 104 weeks by the end of March 2022, there is a question over the recovery funding that was allocated by Welsh Government recurrently to Health Boards from the beginning of the financial year and whether this should be managed centrally to enable delivery of specific improvement objectives. As the recovery fund is fully committed within the Health Board, this would have implications for the wide range of schemes that it is supporting. The benefit of the schemes is currently being reviewed by Care Groups.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	There are potential unknown harms to patients whilst they remain on a waiting list for a long period of time. There could be potential further harm to patients if capacity remains static. Waiting times will continue to increase in some areas where demand outweighs capacity and additional activity and growth in skillset for a sustainable workforce will be required.
Related Health and Care standard(s)	Timely Care
	Also, Effective Care, Safe Care, Staff and Resources, Governance, Leadership and Accountability.
Equality Impact Assessment (EIA) completed - Please note EIAs are required for all new, changed or withdrawn policies and services.	No (Include further detail below) 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.
	This is not a policy or relating to withdrawing of a service.

Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The CTMUHB Board is asked to **NOTE** the Planned Care Recovery update.