

Planned Care Recovery Update

Board Meeting 28th July 2022

Gethin Hughes, Chief Operating Officer

CTM 2030

**Ein Hiechyd
Ein Dyfodol**

**DATBLYGU CYMUNEDAU
IACHACH GYDA'N GILYDD**



CTM 2030

**Our Health
Our Future**

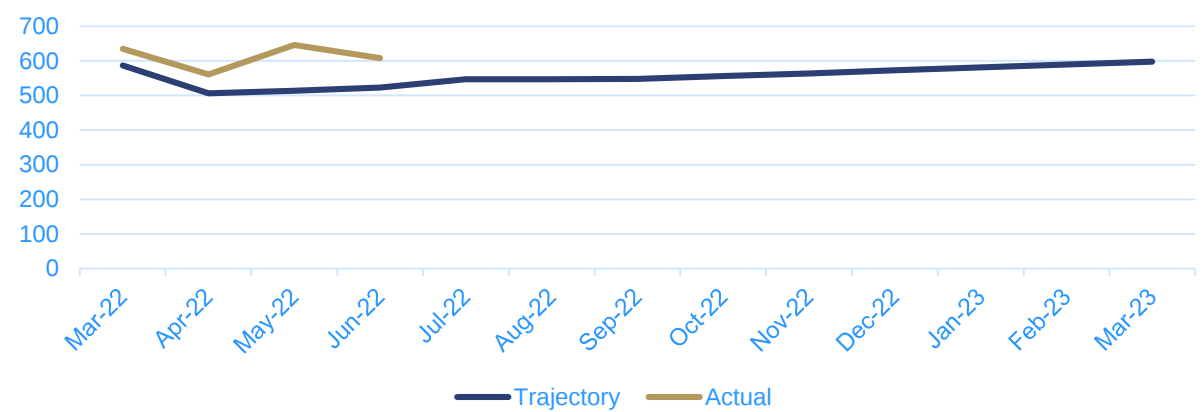
**BUILDING HEALTHIER
COMMUNITIES TOGETHER**

Programme Governance and approach to Elective Recovery

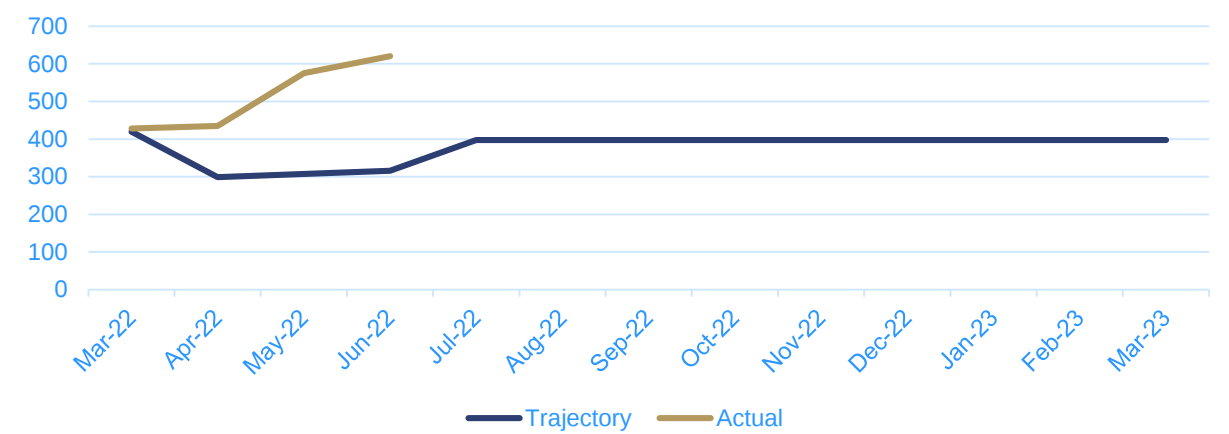
- Regular reports to WG, most recently through JET (26th July) and shortly at IQPD (1st August) meeting
- Internal Planned Care Recovery Board (28th July)
 - Outpatients and Ophthalmology sub-groups set up
- Weekly performance meetings at a specialty level on a RAG rated basis
- National work programmes inc. Orthopaedics, ENT, General Surgery, Outpatients
- Regional work programmes in Ophthalmology and Endoscopy
- Finance
 - Re-assessment of sustainability allocation (recurrent)
 - Outpatient and Transformation allocation (fixed term)

Returning to Pre Covid Activity levels – New Outpatients

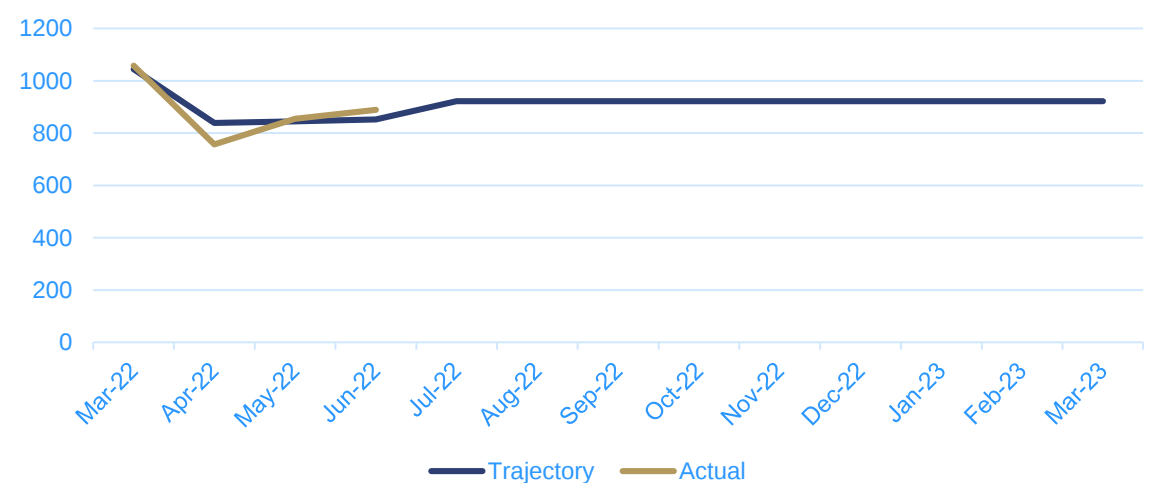
Urology



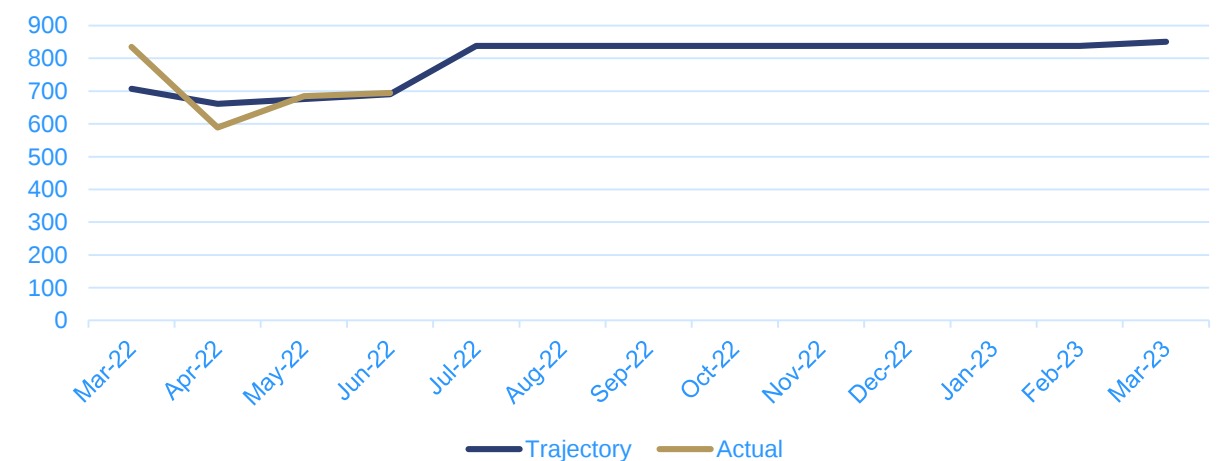
Rheumatology Activity



Dermatology New Outpatients



General Surgery New Outpatients Activity

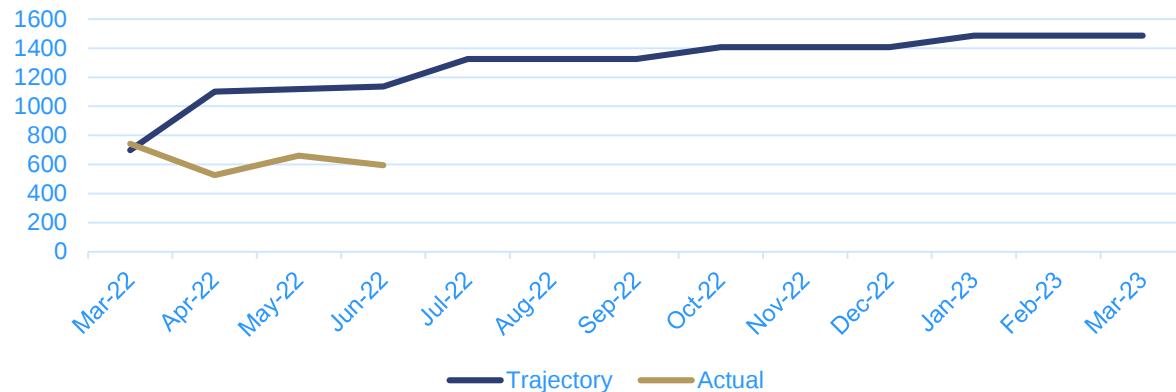




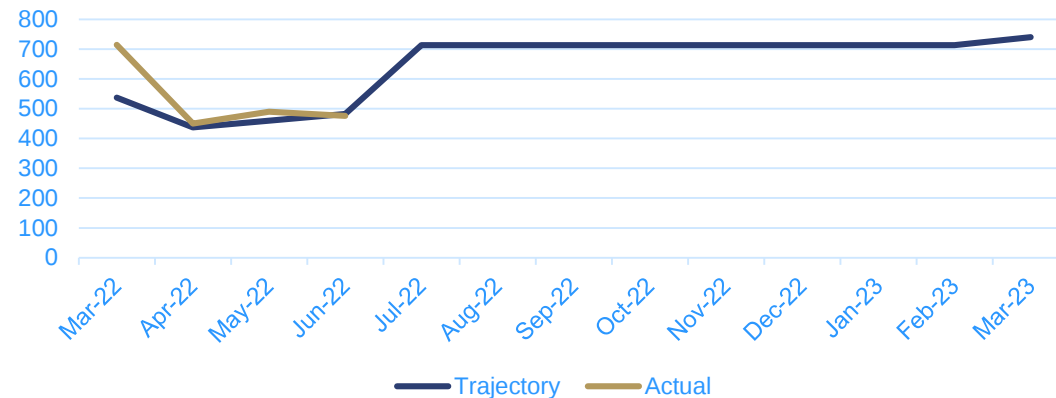
Returning to Pre Covid Activity levels – New Outpatients



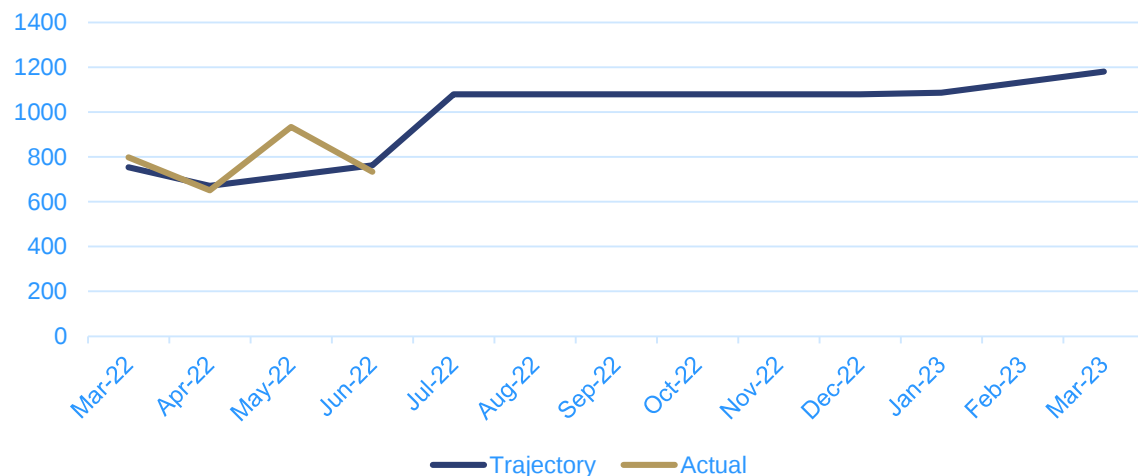
Ophthalmology



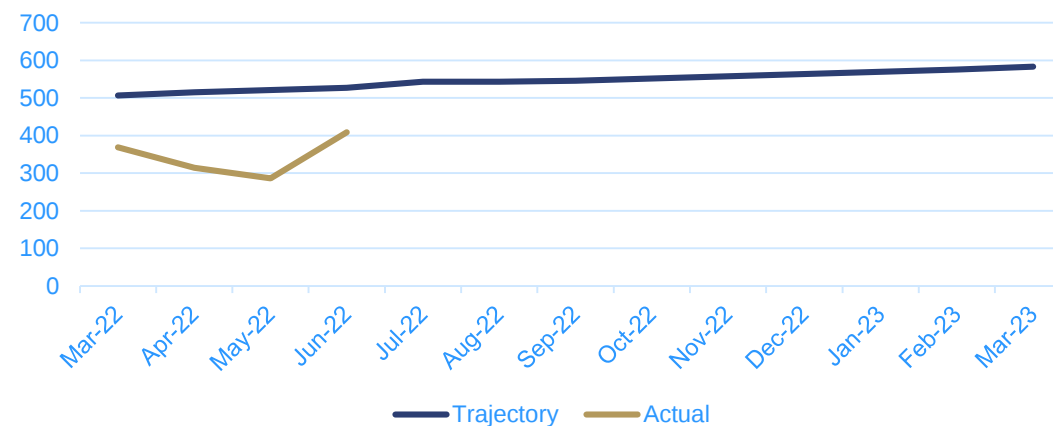
Orthopaedics



ENT



Breast Surgery

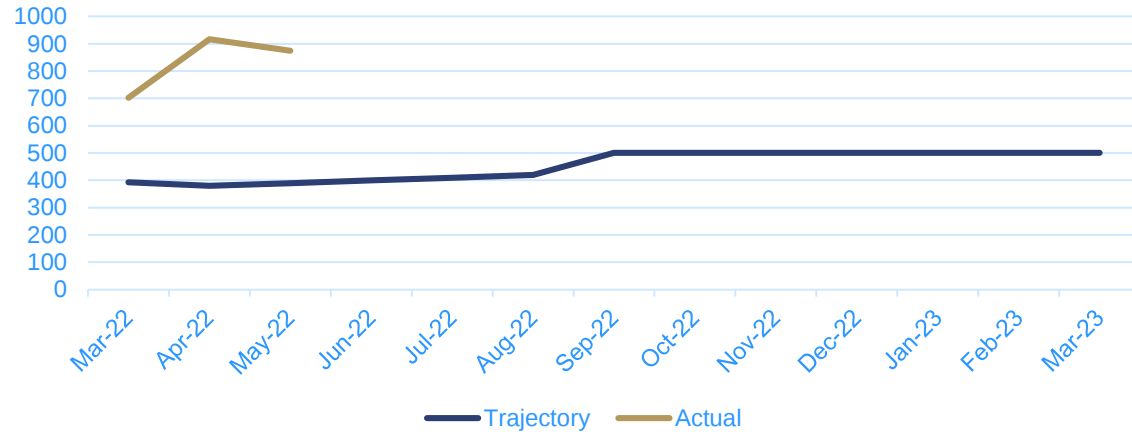




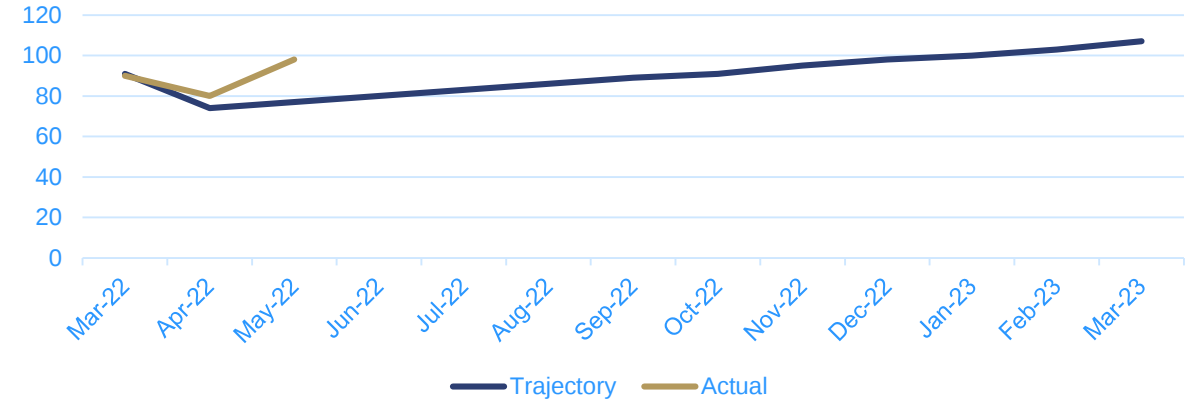
Returning to Pre Covid Activity levels – Inpatient/Daycase



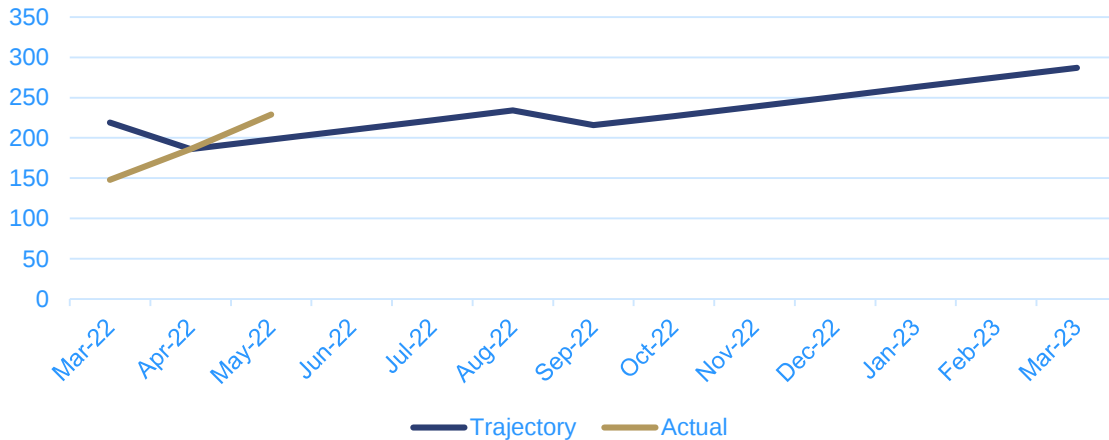
Endoscopy



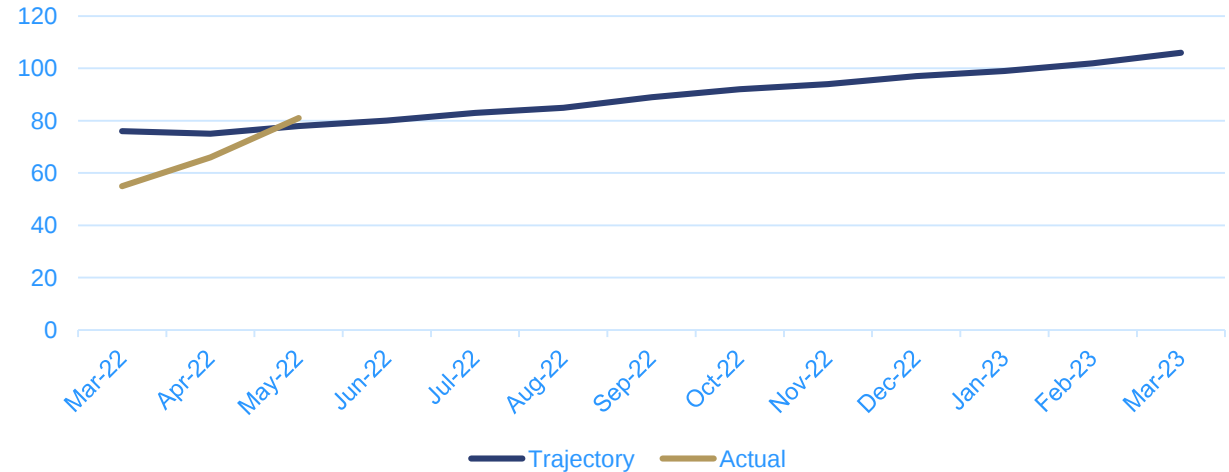
Cardiology IPDC Activity



General Surgery IPDC Activity



Breast Surgery IPDC Activity

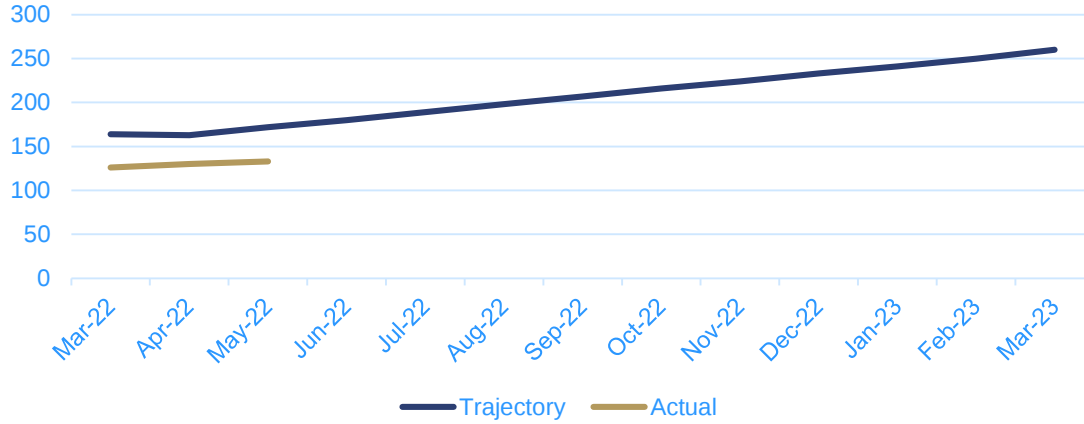




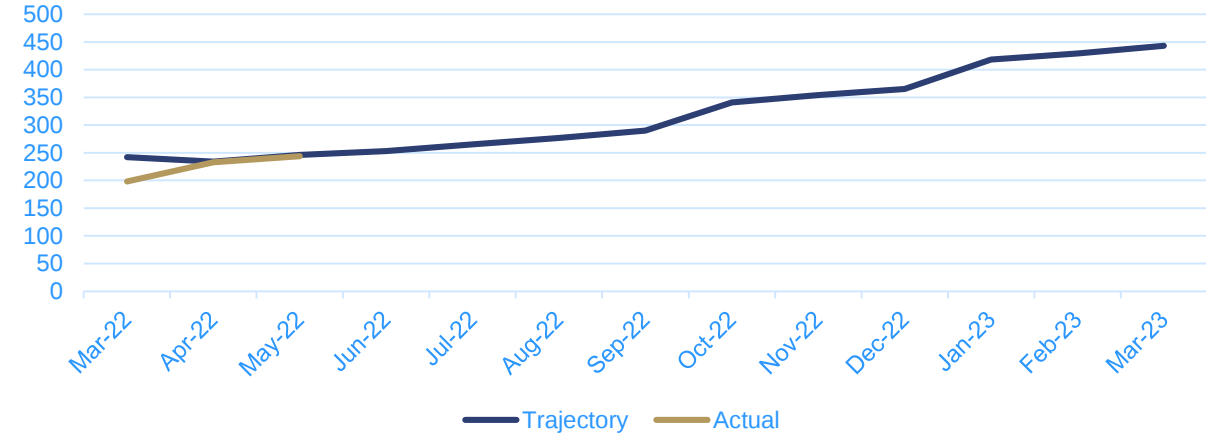
Returning to Pre Covid Activity levels – Inpatient/Daycase



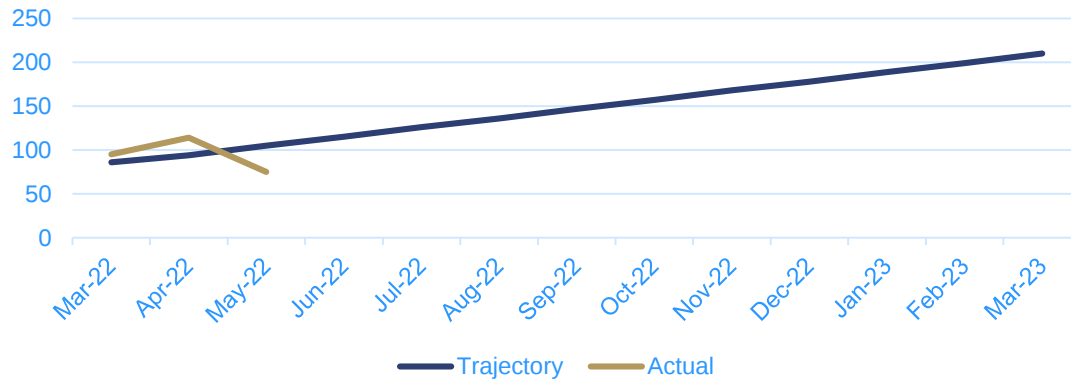
Gynaecology IPDC Activity



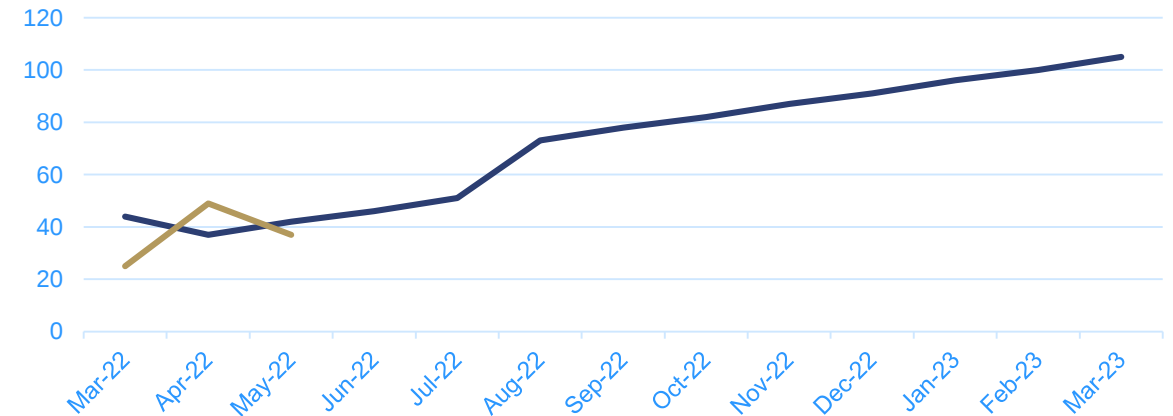
Ophthalmology IPDC Activity



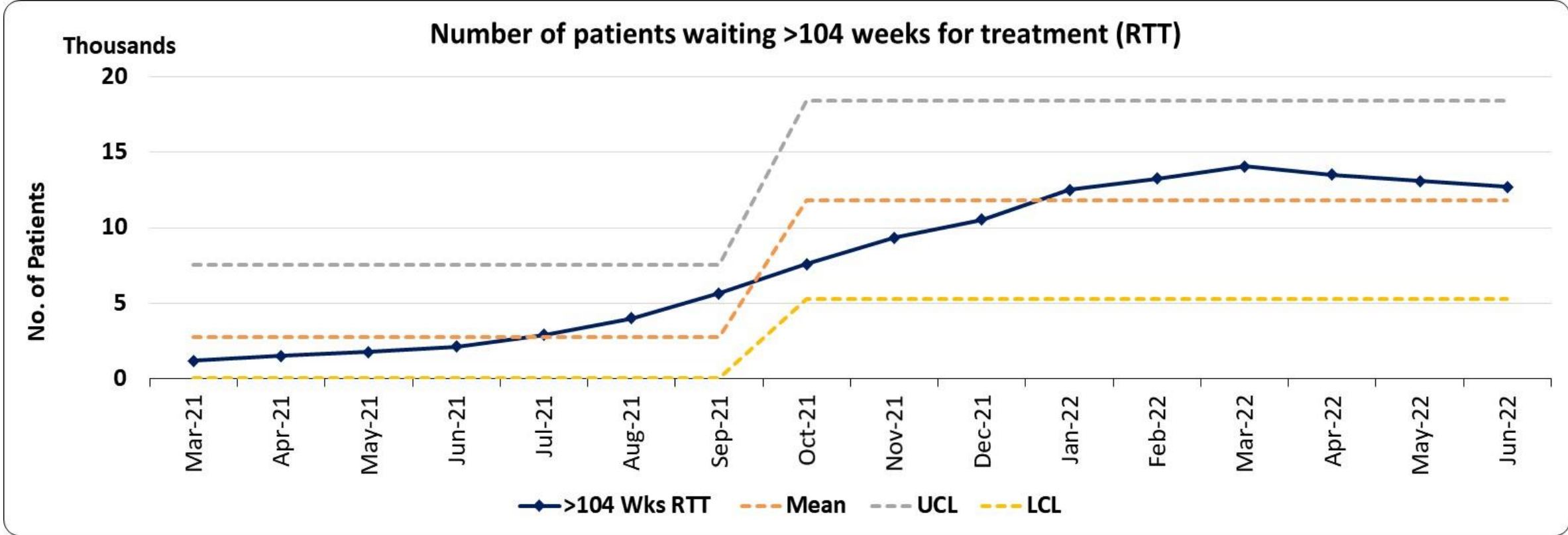
ENT IPDC Activity



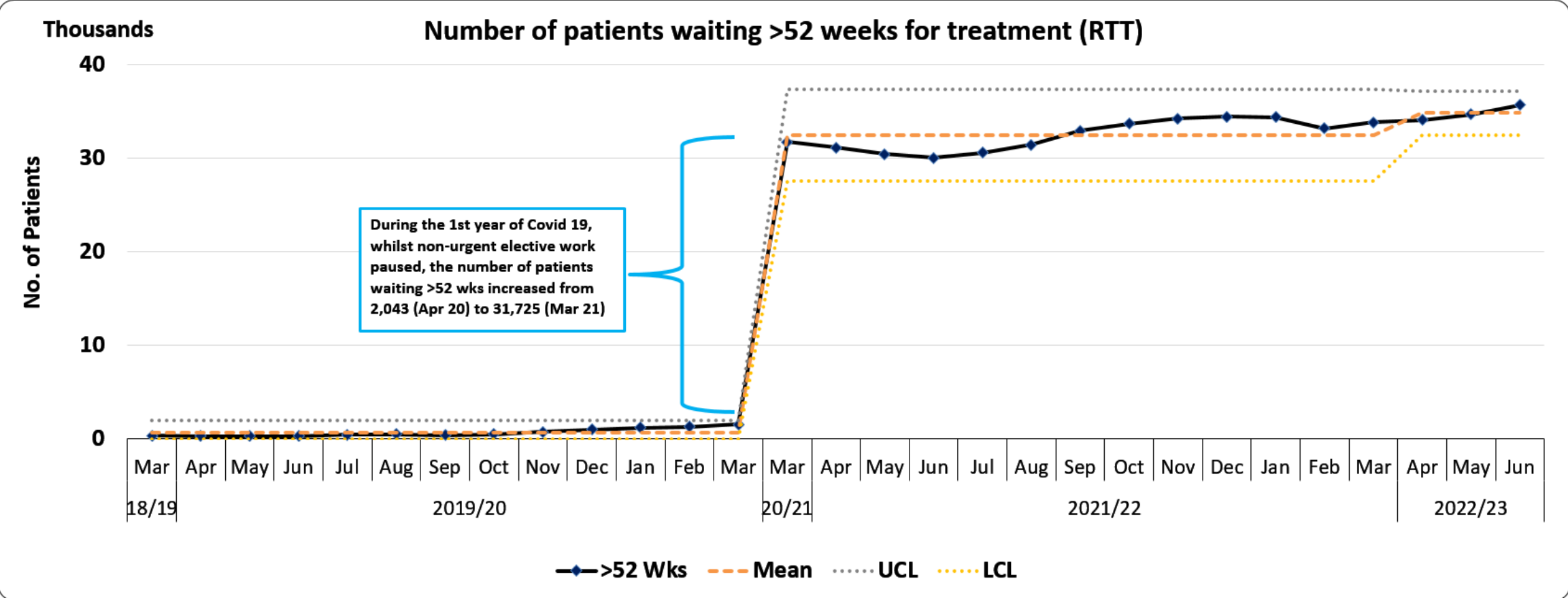
OMFS IPDC Activity



Current Waiting List 104 weeks



Current Waiting List 52 weeks



Recovery plans

Scheme Title	Regional Diagnostic development	Therapies	Orthopaedics	Ophthalmology
Goal	Improve waiting times for Endoscopy across CTM as well as increasing access to imaging capacity	Therapy support across Gynae, Orthopaedic and Pain to reduce overall waiting times and ensure medical teams see and treat patients who need it	Protected Ring Fenced ward for Orthopaedic patients. Collaboration with other HBs.	Ophthalmology services are sustainable and provide high quality care and improved outcomes to patients in a timely way.
Description and expected impact	• Mobile Endoscopy Unit operational from July 2022 – 105 patients per week • Insourcing lists at the PCH site • Longer term regional diagnostic centre development • Additional DEXA scanning with both USW and Cardiff and Vale UHB • Exploring options for increased diagnostics with independent providers	• First contact Physio – 921 contacts to date with 0.6% conversion to Orthopaedics • Vascular support 48 pts per month • UroGynae- 494 patients triaged with 46% suitable for AHP first	• Initially for RTE patients; phase 2 will be for CTM capacity to be used for all patients across CTM based on clinical need and duration of waiting time • Improve waiting times for patients (currently minimal operating for orthopaedics on acute sites) • Improve equity of access to orthopaedic treatment across CTM	• Shared Care Glaucoma scheme in place with Optometrists. Further schemes to be rolled out for Diabetic Retinopathy and Wet AMD. • Further proposal for HCQ submitted as part of OP Transformation. • Outsourcing to Nuffield but further capacity being explored with St Joseph's • Insourcing from August • Additional Glaucoma Consultant to start Oct 22 and interviews for a 2nd additional in Aug • Ongoing regional discussions
Timescale	Mobile unit – July 2022	Agreed until Sept 22, but looking to extend	Live – ongoing	Ongoing

Assumptions in 2022/23

- Internal productivity increase to 100% which will close 50% of activity gap between last 4 months and 19/20 equivalent
- 10% additional activity through schemes within £26.1m £PCR
- Further reductions through validation (inc. WG procured company)
- Pooling of lists and treat in turn at a specialty level across the HB (digital issue)
- By end of year 4 weeks wait maximum for urgents (component waits)
- Follow ups not booked (FUNBs) will continue to increase by 2% a month for first six months and then decrease by 2.5% a month (due to roll out of OP initiatives)



Key Risks

- Digital join up between CT and Bridgend – inequity in lists
- Emergency pressures and discharge position
- Vulnerability of Pathology service
- Ability to recruit to existing and additional workforce
- Access to additional funds
- Ophthalmology capacity