

<b>AGENDA ITEM</b>
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<b>PLANNING, PERFORMANCE &amp; FINANCE COMMITTEE</b>
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<b>PLANNED CARE RECOVERY UPDATE</b>
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<b>Date of meeting</b>	(25/10/2022)
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Claire Nelson, Planned Care Recovery Lead
<b>Presented by</b>	Gethin Hughes, Chief Operating Officer
<b>Approving Executive Sponsor</b>	Executive Director of Strategy and Transformation
<b>Report purpose</b>	FOR NOTING

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
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Committee/Group/Individuals	Date	Outcome
		Choose an item.

<b>ACRONYMS</b>	
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FUNB	Follow ups not booked
PPF	Planning, Performance and Finance

## 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 20<sup>th</sup> 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 Returning to pre-Covid activity levels**

The below tables show the activity levels from April-August 2022 compared to pre-Covid activity levels for new outpatients and inpatient/day-cases. It shows that for a number of specialties the pre-Covid activity levels for both outpatients and inpatients/daycases are not being achieved. There are a variety of reasons for this, some of which are understood such as Consultant vacancies and shortage of theatre staff resulting in a reduced number of theatre sessions being available to specialties. Where clinic templates are showing as being reduced during Covid and not reinstated to full capacity despite covid restrictions being lifted, these are being worked through with Clinical Service Groups.

**Table 1: New outpatient activity levels 2022 to pre Covid averages**

Spec_name	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Aug-19toFeb-20_avg	Aug as % of pre-covid
Rheumatology	432	573	661	506	455	323	141%
Thoracic Medicine	445	534	433	475	552	302	183%
Dermatology	757	855	876	740	814	778	105%
Cardiology	647	740	587	624	583	727	80%
Endocrinology	179	224	219	215	211	293	72%
Gastroenterology	232	359	324	303	341	380	90%
GENERAL MEDICINE	355	472	410	411	390	400	98%
Urology	561	647	611	528	533	762	70%
Breast	312	284	405	367	466	444	105%
Trauma & Orthopaedic	450	490	477	390	490	717	68%
ENT	651	935	733	883	811	1078	75%
OPHTHALMOLOGY	506	638	585	618	629	974	65%
GYNAECOLOGY	1271	1529	1459	1292	1463	1496	98%
ORAL & MAXILLO FACIAL SURGERY	262	349	314	235	284	412	69%
GENERAL SURGERY	589	687	695	764	999	949	105%
Orthodontics	41	43	39	32	50	62	81%
Anaesthetics	28	23	34	49	26	57	46%
Haem (clinical)	58	72	72	72	115	117	99%
Nephrology	12	24	19	36	24	39	62%
Paediatrics	576	737	810	727	732	552	133%
Paediatric Neurology	3	4	0	0	8	8	103%
Care of the Elderly	83	113	92	103	59	82	72%
Other	4990	4083	3964	4174	4154	4576	91%
<b>Total</b>	<b>13443</b>	<b>14415</b>	<b>13819</b>	<b>13544</b>	<b>14189</b>	<b>15522</b>	<b>91%</b>

**Table 2: Inpatient and day-case activity levels 2022 to pre Covid averages**

Spec_name	Inpatients and Daycase elective activity (Core + Additional )						
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Aug-19toFeb-20_avg	Aug as % of pre-covid
Thoracic Medicine	20	21	18	21	22	19	113%
Dermatology	3	0	15	30	19	35	54%
Cardiology	90	80	99	85	57	104	55%
Gastroenterology	732	971	904	877	792	1173	68%
GENERAL MEDICINE	24	23	15	29	23	31	75%
Urology	284	318	326	313	334	457	73%
Breast	56	66	81	80	72	107	67%
Trauma & Orthopaedic	224	271	267	209	199	460	43%
ENT	94	114	75	114	138	216	64%
OPHTHALMOLOGY	198	233	244	190	197	355	55%
GYNAECOLOGY	144	147	156	130	166	260	64%
ORAL & MAXILLO FACIAL SURGERY	25	49	37	27	49	88	56%
GENERAL SURGERY	146	188	230	152	217	319	68%
Dental_specs	4	7	6	6	5	10	49%
Anaesthetics	9	12	14	22	26	34	76%
Paediatrics	40	41	25	1	8	35	23%
<b>Total</b>	<b>2094</b>	<b>2541</b>	<b>2516</b>	<b>2289</b>	<b>2324</b>	<b>3764</b>	<b>62%</b>

## 2.2 Stage 1 Outpatients Over 156 week position

The below table shows the current number of patients waiting over 156 weeks as of the end of October 2022. Through focused work by Clinical Service Groups it is anticipated that all patients aside from Dermatology, ENT and Ophthalmology will be seen. Validation of the patients waiting from both an administrative and clinical perspective has been undertaken and in specialties including Cardiology and Oral Maxillo Facial Surgery, additional clinics are scheduled. The Chronic Pain patients have all been referred to the Wellness Improvement Service (WISE) following a series of discussions between clinical leads and the WISE team.



**Table 3: Number of patients waiting over 156 weeks at outpatient stage 1**

Specialty	No. waiting >156 weeks at outpatient stage
Dermatology	856
ENT	307
Pain	241
Ophthalmology	164
Cardiology	78
Oral Surgery	35
Rheumatology	31
Restorative Dentistry	9
Lower GI	7

\*5 further specialties are reporting <5 patients waiting over 156 weeks.

There is also a focus to validate and where required set surgery dates for the number of patients waiting over 156 weeks at the treatment stage (4).

**Table 4: Number of patients waiting over 156 weeks at treatment stage 4**

Specialty	No. waiting over 156 weeks at treatment stage 4
Gynaecology	241
Oral Surgery	41
ENT	212
General Surgery	133
Lower GI	20
Ophthalmology	30
Orthopaedics	349
Pain	16
Urology	150

\*2 further specialties are reporting <5 patients waiting over 156 weeks.

## 2.3 Treat in Turn

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.

**Table 5: Number of patients with a To Come In Date showing within and outside of >104 week cohort as of 12/10/2022**

Speciality	Cohort		Not Cohort
	Without TCI	With TCI	With TCI
Gynaecology	731	6	5
Paediatrics	<10		6
Oral Surgery	140	13	15
Cardiology	<10		33
Dermatology	10	2	38
Gastroenterology			33
General Medicine	<10		1
Respiratory Medicine			
Rheumatology			
ENT	610	11	16
General Surgery	569	42	57
General Surgery Breast	34		
Lower GI	89	1	
Ophthalmology	123	21	194
Orthopaedics	1461	50	141
Pain	277	4	2
Urology	513	2	12
	<b>4564</b>	<b>152</b>	<b>553</b>

## 2.4 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 An approach has been made to Welsh Government for additional funding for both Ophthalmology solutions that are being worked up and insourcing theatre staff to increase surgical capacity across a number of specialties including Gynaecology, Oral Maxillo-Facial Surgery and



General Surgery in order to reduce the number of patients waiting over 104 weeks for treatment.

- 3.2 The above information and waiting list modelling and profiles that have been produced from October until March 2023 show that without a number of additional high volume schemes, the Health Board will not be able to achieve the Ministerial Measures for 2022/23 across a number of specialties.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	<p>There are potential unknown harms to patients whilst they remain on a waiting list for a long period of time.</p> <p>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.</p>
<b>Related Health and Care standard(s)</b>	Timely Care
	Also, Effective Care, Safe Care, Staff and Resources, Governance, Leadership and Accountability.
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	No (Include further detail below)
	<p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p> <p>This is not a policy or relating to withdrawing of a service.</p>
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Goals</b>	Improving Care



## 5. RECOMMENDATION

- 5.1 The Planning, Performance and Finance Committee is asked to **NOTE** the Planned Care Recovery update.