

ABM University Health Board	
Date of Meeting: 21st March 2018	
Name of Meeting: Performance and Finance	
Agenda item: 2d	
Subject	<i>Planned Care</i>
Prepared by	Darren Griffiths, Assistant Director of Strategy
Approved by	Chris White Chief Operating Officer
Presented by	Chris White Chief Operating Officer

1. Exec Summary – KEY MESSAGES

Current projected year end position set out in the table below: -

	Target	Current Unit Forecast	March 2017
OP > 26 weeks	< 1,000	298	704
All patients > 36 weeks	< 2,640	3,560	3,485
All patients > 52 weeks	<1,520	n/a*	1,275
Diagnostic tests > 8 weeks	0	0	320
Therapy waits > 14 weeks	0	0	254

Key Messages - Position updated for adverse weather impact; focus on 36 weeks position.

- Estimated that 849 procedures have been cancelled by either the hospital or patients as a result of the inclement weather and subsequent recovery period. Of these, 263 cases are year-end >36 week breaches (March 1st to March 9th).
- Orthopaedic Ward W at Morriston Hospital was breached as a result of the subsequent unscheduled care pressure and remains closed to routine elective cases. Forecasts assume return to ring fence 19th March 2018.
- 36 week position increased from 3,429 to 3,560 as a result this week on the Morriston waiting lists.
- Urology at POW remains a pressure with projection of Nil now forecasting a risk of 70 which is included in the 3,560 above.
- Possible mitigating actions include impact of: -
 - External administrative validation of patient cohort
 - Internal ongoing clinical validation
 - Clearance of gastroenterology in Singleton
 - Impact of insourcing capacity if it comes on line at the end of March
- Impact of mitigating actions could be up to 180 improvement to 3,380, although returns from the validation exercise could be higher than anticipated.
- Potential significant impact on clawback drivers depending on Welsh Government view on adverse weather impact.

- Further insourcing capacity options continue to be explored with the Providers: -
 - Cardiac Cath Lab – weekend working via cardiac short stay
 - Cardiac Cath Lab – ?run 3rd lab through the week
 - TAU (Vanguard) Morriston weekend, day case lists. 8 cases per day, mix of Gen Surg, ENT and Urology (our surgeon)
 - Theatre staff for orthopaedics and plastics (1 theatre) 2 session days, Mon-Fri.
- Discussions are underway with insource providers about commencement of work but this is detailed and consuming a significant amount of unit time to establish the capacity safely and with strong clinical governance and is becoming increasingly unlikely that it will bring the benefit initially anticipated

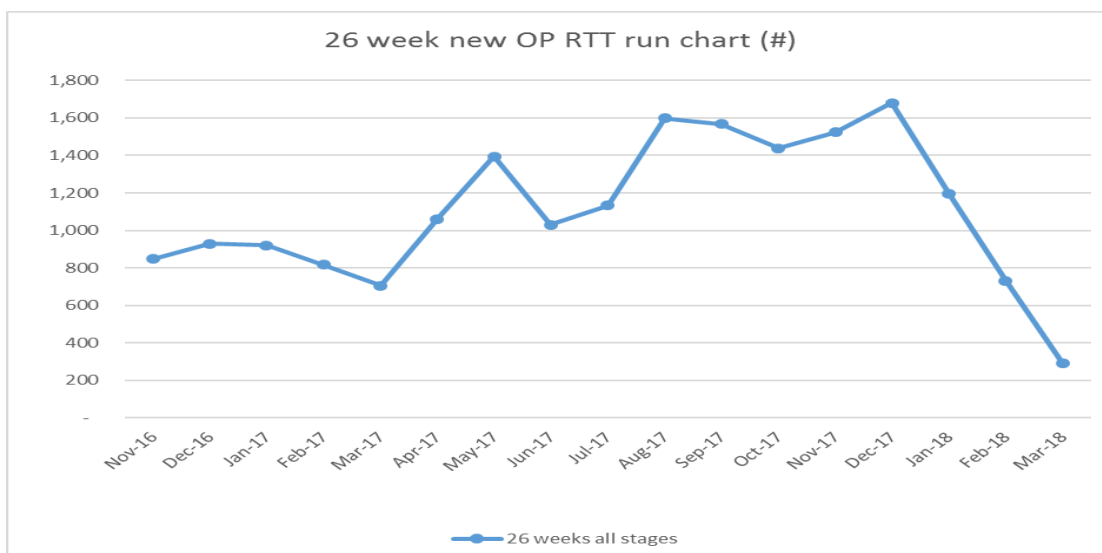
Other

- 292 OP will be Oral Maxillo Facial Services (OMFS) – 208 improved on original forecast. There is a small risk of 6 POW Urology breaches which are consultant specific as a result of sickness.
- Therapy services on track to deliver Nil.
- Diagnostics on track to deliver Nil.

2. February Position

The charts below show the end of February position for the key performance indicators along with a representation of the current forecast position for March.

2.1 New Outpatients waiting over 26 weeks



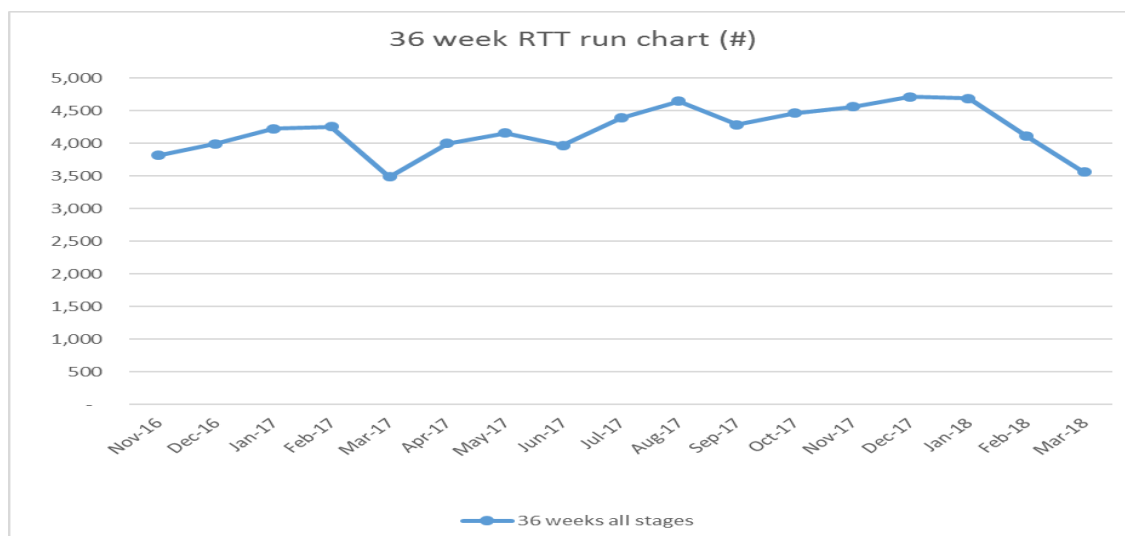
There are 732 patients waiting over 26 weeks for their first new outpatient appointment at the end of February. This is an improvement of 379 from last month. The main areas of pressure are set out below along with a flag of those where the improvement has been seen in month.

- OMFS Morriston – 317 from 599
- Singleton Gastroenterology – 125 from 176
- Singleton Ophthalmology- 199 from 210

- POW Gynaecology – 56 from 73
- POW Urology – 14 from 34

The current year end forecast has improved from 500 against a target of < 1,000 to 298. The Health Board is on track to deliver this.

2.2 Total Patients waiting over 36 weeks



There are 4,111 patients waiting over 36 weeks at the end of February. This is an improvement of 498 from last month. The main areas of pressure are: -

Morriston

- Orthopaedics – 1,095
- OMFS – 416 (91 of this number is new outpatients)
- General Surgery – 396 (reduction seen as a result of increased outsourced activity)
- ENT – 251 (reduction seen as a result of increased outsourced activity)
- **Unit Total – 2,582 (reduction of 386 from last month)**

POW

- Orthopaedics – 908 (reduction as a result of outsourcing and ROTT through being able to offer an appointment)
- General Surgery – 205 (reduction of 37 as a result of targeted validation)
- Urology – 59 (remains static from previous month)
- **Unit Total – 1,243 (reduction of 141 from last month)**

Singleton

- Ophthalmology – 266 (increase of 13 as a result of outsourcing treatments not delivered as planned)
- Gynaecology - 13
- Gastroenterology – 27

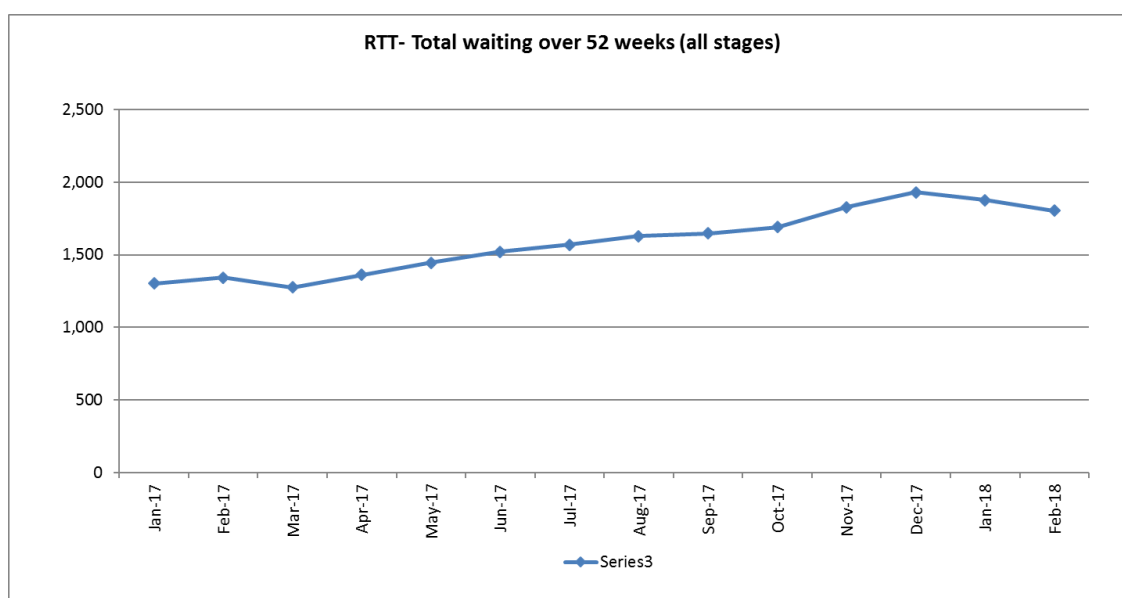
- **Unit Total – 306 (increase of 30 from last month)**

The current year end forecast is 3,560 against a target of <2,640. This is made up of the following components: -

- Morriston – 2,396 (Amber scenario)
- Princess of Wales Hospital – 1,197 (adjusted upwards for Urology pressure)
- Singleton – 10 (adjusted upwards for risk in Gastro)

There remain some risks to the delivery of this profile, specifically for Orthopaedics at Morriston if Ward W remains closed, however there are also actions in place to mitigate this and improve further. These are covered in more detail below.

2.3 Total Patients waiting over 52 weeks



At the end of February there are 1,778 patients waiting over 52 weeks. This is a reduction of 99 from last month and a gradual improvement of 153 since December. The main areas of pressure are: -

Morriston

- Orthopaedics – 500
- Spinal - 97
- OMFS – 210
- General Surgery – 216
- ENT – 108
- **Unit Total – 1,199 (reduction of 61 from last month)**

POW

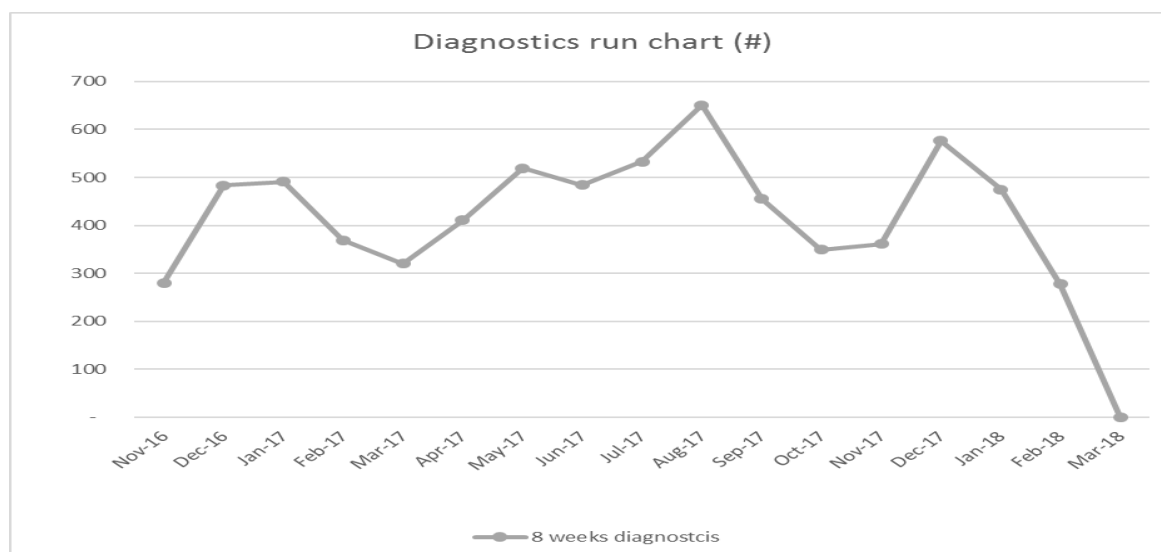
- Orthopaedics – 479
- General Surgery - 79
- Urology - 20
- **Unit Total – 579 (reduction of 39 from last month)**

Singleton

- **Unit Total - 0**

A year end forecast is not available due to the cohort approach being taken to manage the long waiting volumes. It is anticipated that this position will recover further in March. The target is < 1,520.

2.4 Diagnostics waiting over 8 weeks



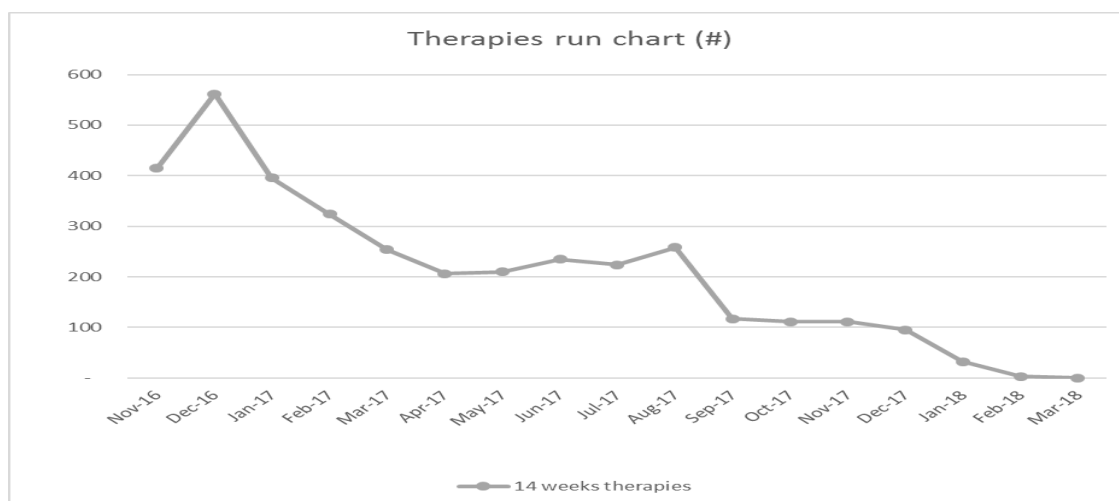
The February position for diagnostics is 278. This is a reduction of 197 patients waiting over 8 weeks from last month:-

- Swansea endoscopy – 188
- POW Cystoscopy – 38
- Vascular Lab – 52

The current forecast position is Nil against a target of Nil. There is a pressure in endoscopy which is currently being managed and will benefit from insourcing in March.

2.5 Therapies waiting over 14 weeks

The number of patients waiting over 14 weeks for a therapy intervention has been steadily declining since its peak in December 2016. The chart below sets out the trend over the last 14 months and the forecast to the year end.



There were 3 patients waiting over 14 weeks for therapy services at the end of February, a reduction of 29 from January. .

The year-end projection is Nil against a target of Nil

3. Forward Look

The current year end forecast position (as at the meeting held on 14th March 2018, is as follows: -

	Target	Current Forecast	March 2017
OP > 26 weeks	< 1,000	298	704
All patients > 36 weeks	< 2,640	3,560	3,485
All patients > 52 weeks	<1,520	n/a*	1,275
Diagnostic tests > 8 weeks	0	0	320
Therapy waits > 14 weeks	0	0	254

*52 weeks not modelled due to cohort approach considering all patients from 36 weeks upwards. Clear message given that the longest waiting patients must also be addressed within this overall focus.

The table below sets out the movement in the 36 week position since last week and then outlines the potential further opportunities that are being explored to further improve the 36 week position. This table includes the adverse impact of the recent poor weather and the recovery of our hospital systems.

	> 36 weeks
1st March position	3,183
Adverse Weather Impact	263
Ward W Orthopaedics	114
Possible Unit Position	3,560
Resolve Urology	(70)
Clear Gastro Swansea	(10)
Clinical validation	(50)
System validation (contractor)	(50)
Possible best case	3,380

There is potential further gain within validation but at this stage a conservative estimate remains in place.

A wide range of actions have been agreed to explore further opportunities from both a Unit and corporate perspective. The most pertinent of these are as follows: -

- Actions included above: -
 - External administrative validation of patient cohort
 - Internal ongoing clinical validation
 - Clearance of gastroenterology in Singleton
 - Impact of insourcing capacity as it comes on line
- Impact of mitigating actions could be up to 180 improvement to 3,380
- Potential significant impact on clawback drivers depending on Welsh Government view on adverse weather impact.
- Further insourcing capacity options current being explored: -
 - Cardiac Cath Lab – weekend working via cardiac short stay
 - Cardiac Cath Lab – ?run 3rd lab through the week
 - TAU (Vanguard) Morriston weekend, day case lists. 8 cases per day, mix of General Surgery, ENT and Urology (our surgeon)
 - Theatre staff for orthopaedics and plastics (1 theatre) 2 session days, Mon-Fri.
 - Urology and General Surgery at POWH on weekends

4. Risks

The main areas of risk are set out below along with the current plans to mitigate these. These risks are kept live and considered in the weekly RTT Delivery and Assurance meetings: -

- OMFS – high conversion from Stage 1 although risk is mitigating as delivery is progressing well. Requires additional treatment lists however consultants are coming forward with these.
- Ongoing cancellations. A level of cancellation is already built into forecasts based on historical experience, however there is a further risk to the forecast position if Ward W remains closed to elective patients. The Unit is providing daily updates on the position in terms of clearance and subsequent cleaning required.
- Outsource provider delivery. Risk reducing as outsourced capacity has been confirmed for the majority of specialties. Orthopaedics and Ophthalmology capacity less than anticipated.

- The ability of the insourcing providers to work at volume and to commence promptly in March has been significantly more difficult to operationalise than anticipated. This is as a result of the number of ABMU NHS support staff required by the Providers to be onsite during their sessions. Whilst this is understandable from a safety perspective it is proving challenging to secure the staff internally to cover the sessions (Senior link Nurse, HCA, Decontamination staff and Receptionist) Ongoing work between Units and providers to develop options for capacity for the last two weekends in March, including options for the Easter continues.
- Ability to secure the additional capacity required in quarter 1, utilising the full £2m, to ensure no deterioration, is seen is currently being assessed.

5. Recommendation

5.1 The committee is asked to: -

- note the current planned care position and in particular the ongoing impact of the adverse weather specifically on Orthopaedics at Morriston
- note the immediate and short terms actions underway to assure current plans and improve forecast positions
- note the potential for increased clawback