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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	17 December 2019	Agenda Item	2.3
Report Title	Planned care performance specialty by specialty for 2018-19, 2019-20 and 2020-21		
Report Author	Darren Griffiths, Associate Director of Performance		
Report Sponsor	Darren Griffiths, Associate Director of Performance		
Presented by	Darren Griffiths, Associate Director of Performance		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the Performance and Finance Committee with an analysis of planned care performance for key specialities with a specific focus on patients waiting over 36 weeks.		
Key Issues	<p>The key issues set out in the report are as follows: -</p> <ul style="list-style-type: none"> • Modelling work was completed for 2019/20 to develop a sustainable waiting times plan • Within the sustainable plan there was an option to reduce the backlog to 938 patients waiting over 36 weeks in 2019/20. This was supported by £6.5m Welsh Government funding • 2019/20 has seen unprecedented unscheduled care pressures resulting in the allocation of surgical beds to urgent medical care • Changes to pension taxation arrangements have significantly affected the ability of consultant colleagues to undertake flexible working arrangements through waiting list initiatives • Plans are in place to mitigate the risks from unscheduled care pressures and taxation pressures but the full impact of these and when mitigating plans may impact remains difficult to predict • Modelling for 2020/21 has commenced 		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the performance to date 		

	<ul style="list-style-type: none"> • Note the actions being put into place to recover performance • Note the work underway to develop trajectories for 2020/21
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TO RECEIVE A REPORT ON PLANNED CARE PERFORMANCE SPECIALTY BY SPECIALTY FOR 2018-19, 2019-20 AND 2020-21

1. INTRODUCTION

The purpose of this report is to provide the Performance and Finance Committee with an analysis of planned care performance for key specialities with a specific focus on patients waiting over 36 weeks.

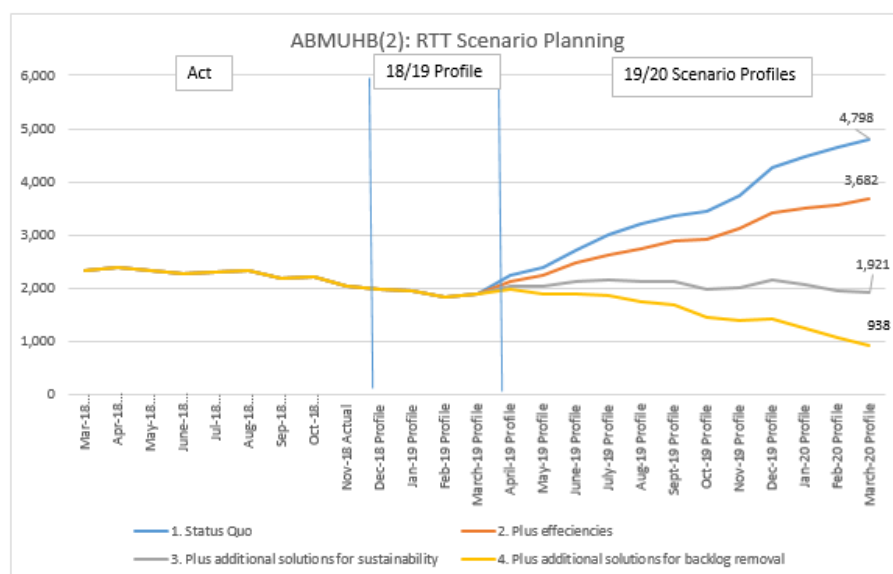
2. BACKGROUND

2.1 Performance plan

Having achieved its planned care access targets in 2018/19, the Health Board set out ambitious plans for 2019/20 to improve access times. The agreed plan was that performance monies would be used to: -

- recurrently invest in capacity in specialities, modelling a sustainability gap (after driving efficiency gains) to allow them to become sustainable
- create a further efficiency push (with a theatre focus), which would cost avoid £500k of need for extra capacity
- reduce waiting times backlog from the sustainable position of around 1,800 patients waiting over 36 weeks down to 938 over the course of the year; the Health Board was awarded £6.5m from Welsh Government to achieve this.
- In addition the plan would also achieve: -
 - Nil waits for outpatients waiting over 26 weeks,
 - Nil waits for patients waiting for a diagnostic test over 8 weeks; and
 - Nil waits for patients waiting for a therapy intervention over 14 weeks

This report focusses on the long waiting patients. The chart below shows how the performance forecasts (based on the demand and capacity modelling) were set out for 2019/20.



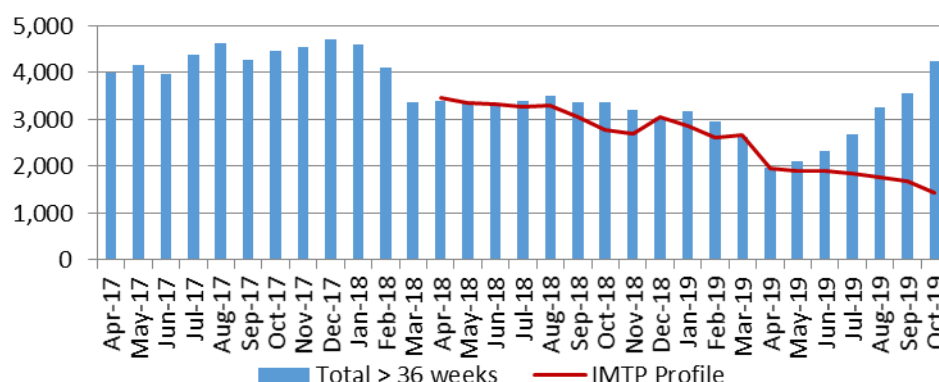
2.2 Current Position

2019/20 has been a challenging year for planned care delivery. Whilst the Health Board has continued to implement the elements of its plan that would deliver sustainable services in terms of trolley capacity and theatre resources, this has been masked by significant pressures across the Health Board's systems of care. Whilst there is a wide range of factors which affects overall delivery, three main factors have impacted the planned care plan this year: -

- Impact of HMRC changes on pension allowances which has affected the ability of the Health Board to commission flexible clinical sessions from consultant colleagues (although there are wider implication of this).
- Impact of significant unscheduled care system pressures from April to November and the impact this has had on the availability of surgical bed capacity
- Re-alignment of Ophthalmology capacity resulting in extended waits in the planned care system allowing for a focus on clinical urgency within the specialty as a result of the new eye care measures.

The chart below shows the movement in the numbers of patients waiting over 36 weeks for treatment since April 2017. The figures have been retrospectively adjusted to reflect the Swansea Bay University Health Board only position.

Patients waiting over 36 weeks for treatment



The Health Board recognises that this performance level is not acceptable and is working on a range of solutions to reduce the rate of deterioration and then to improve the waiting times position.

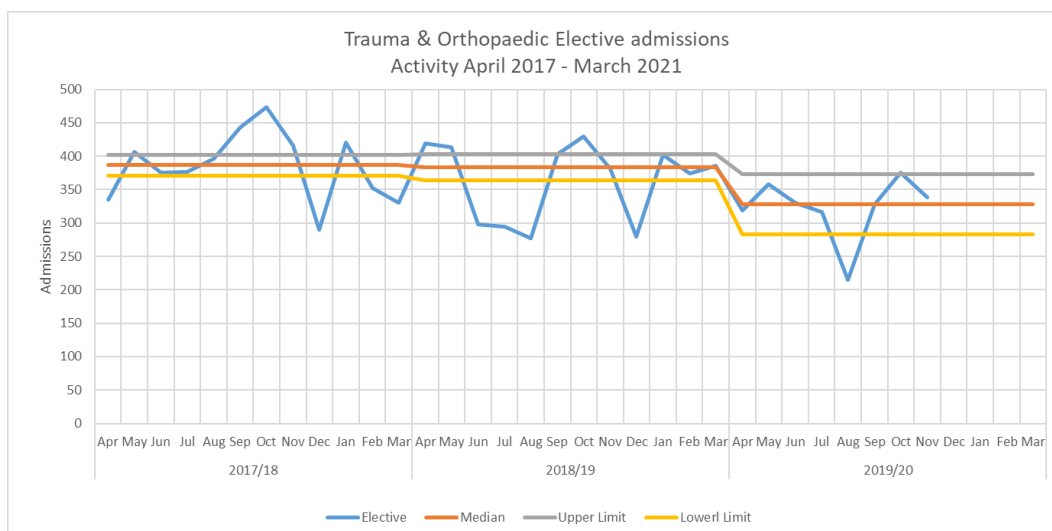
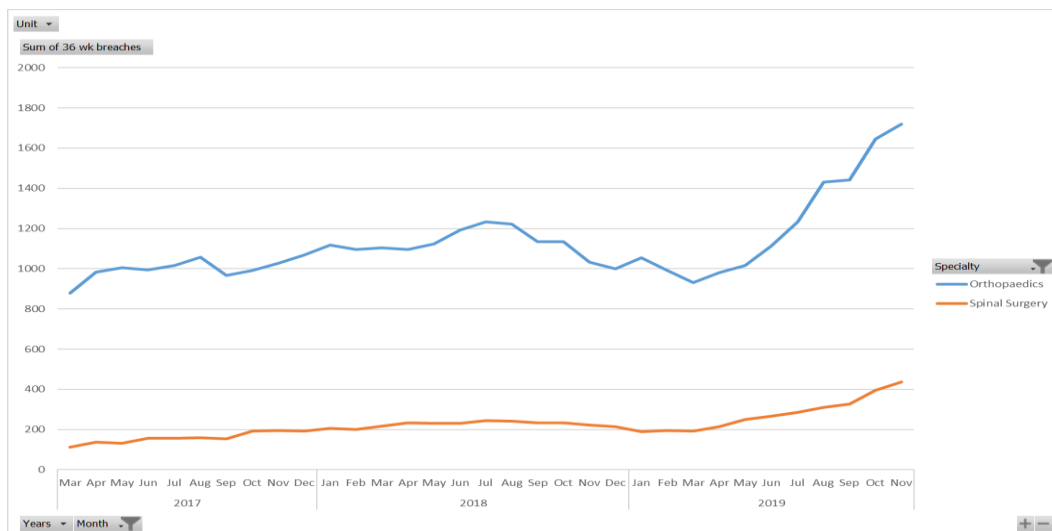
The remainder of this section of the report provides a drill down into the specialty position which underpins this overall performance level set out above. Over 90% of the position comprises seven main specialties and hence these are the specialties analysed below.

Each section shows the movement in over 36 numbers and below that, a presentation of the activity levels undertaken in that specialty which helps to contextualise the performance behaviours.

2.3.1 Orthopaedic and Spinal Surgery

At the end of November (draft position) it is estimated that there will be 1,720 patients waiting over 36 weeks for an Orthopaedic treatment and 437 waiting for a Spinal Surgery treatment.

These two waiting lists are presented together as the activity chart which follows includes both Orthopaedic and Spinal Surgery activity together as it has not been possible to disaggregate the two in this presentation of the data.



Background

Elective activity in orthopaedics and spinal is, on average, approximately 60 cases per month lower than last year's monthly average. Whilst this will explain 500 of the increase in long waiting patient numbers, there will be other factors such as treating patients out of turn to make the most of limited bed capacity which would account for the rest of the movement. In orthopaedics pressures have been felt as a result of the loss of ring fenced bed capacity and loss of anaesthetic capacity.

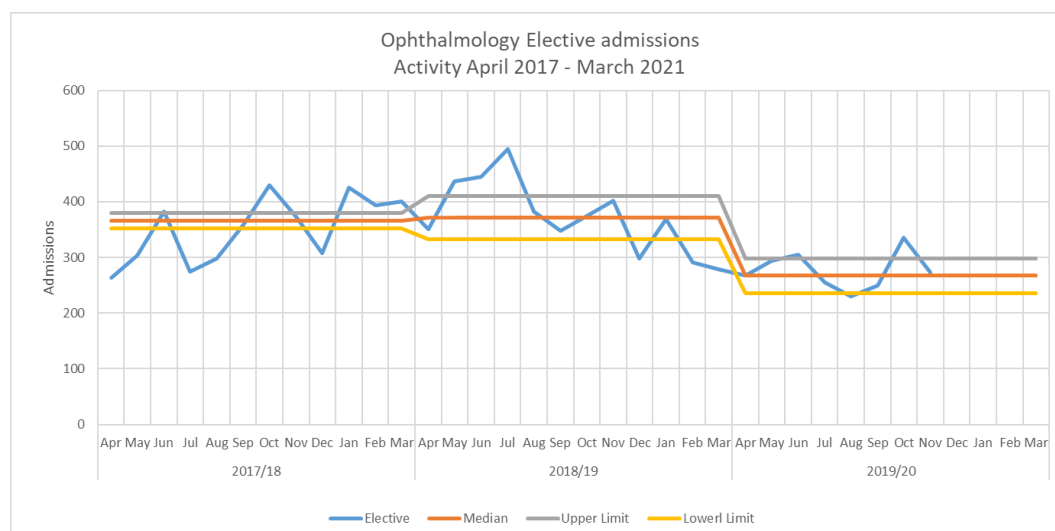
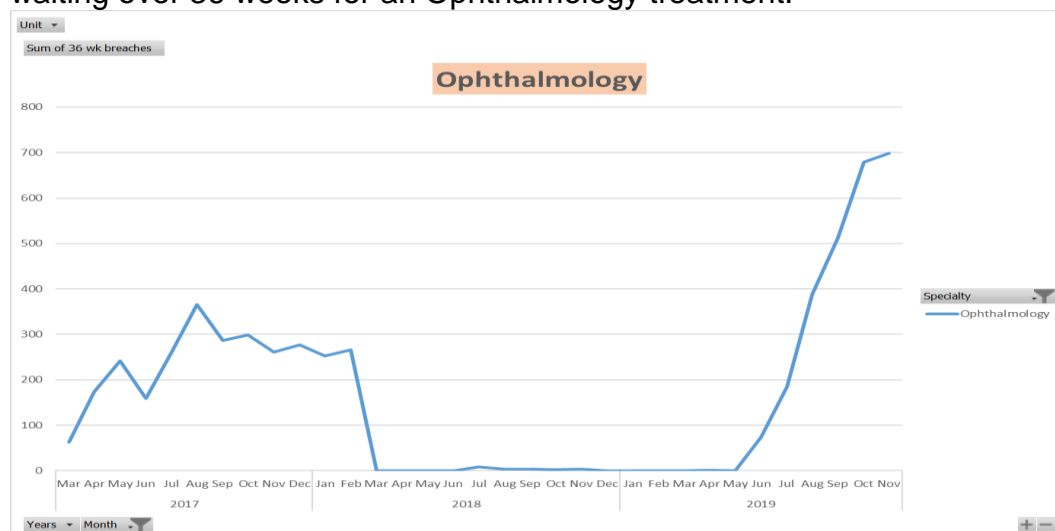
Actions

- 10 beds on ring fenced ward now open and protected

- Anaesthetic recruitment campaign underway (16th December interview date)
- Continuation of outsourcing programme
- Increased outsourcing programme
- Use of NPTH and Singleton Hospital where clinically appropriate to do so.

2.3.2 Ophthalmology

At the end of November (draft position) it is estimated that there will be 699 patients waiting over 36 weeks for an Ophthalmology treatment.



Background

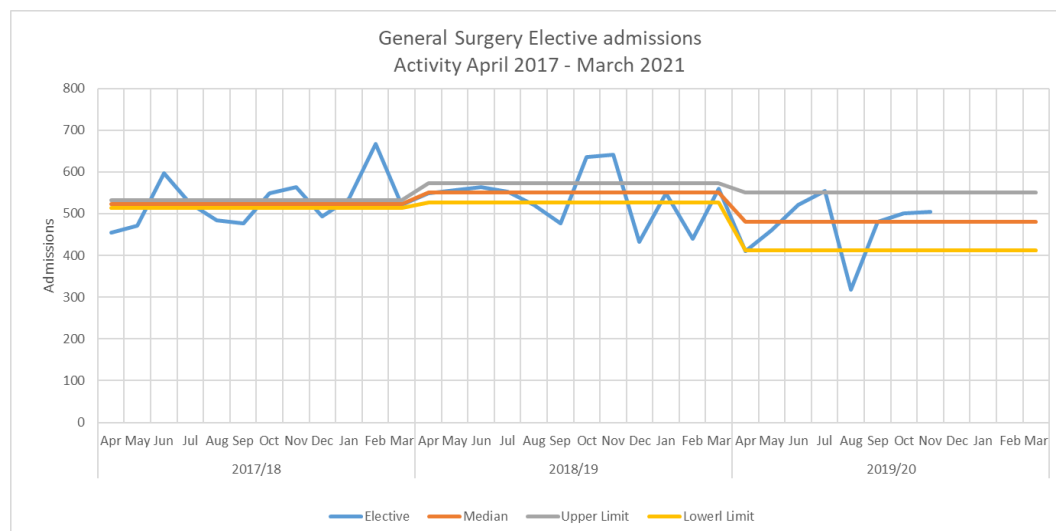
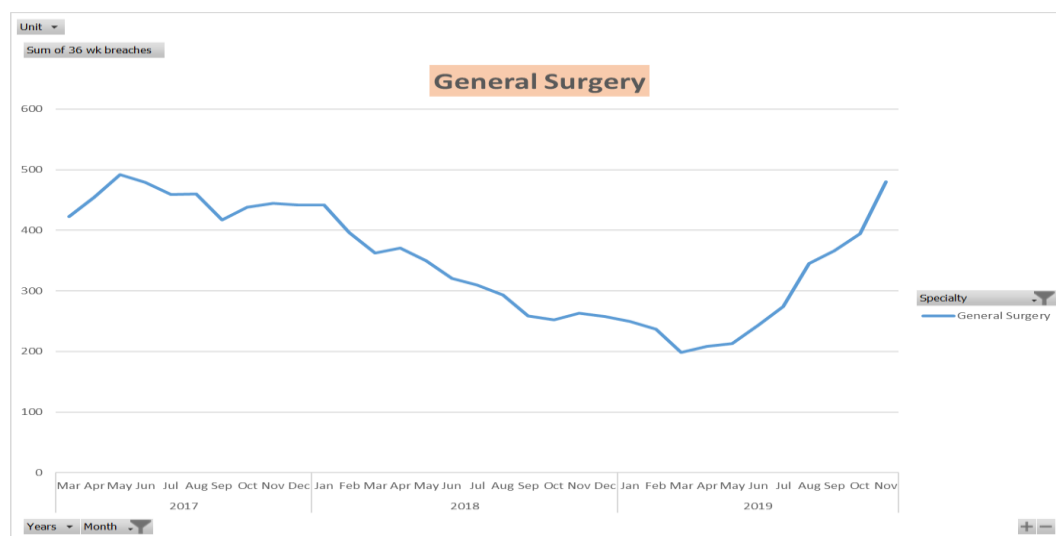
Significant investment was utilised in 2017/18 and 2018/19 to reduce the waiting times and sustain target delivery in Ophthalmology. In 2019/20 the Ophthalmology service has been rebalanced to ensure that it meets the requirements of the eye care measure and investment has been planned to mitigate that. However, Ophthalmology has been materially affected by loss of anaesthetic cover which has meant that the originally agreed outsourcing volume is now insufficient to recover the position. On average 105 fewer procedures have been carried out this year when compared to last year.

Actions

- Align theatres to run concurrently so that anaesthetic cover can be shared across two theatres
- 2 packages of outsourcing to stabilise and recover the waiting list
- Consideration of recruitment of a dedicated Ophthalmology anaesthetist to the department
- Full implementation of the actions within the Ophthalmology Gold Command structures.

2.3.3 General Surgery

At the end of November (draft position) it is estimated that there will be 480 patients waiting over 36 weeks for a General Surgery orthopaedic treatment.



Background

General Surgery had been on a steadily improving trajectory as a result of a mixed programme of outsourcing, changes in clinical models for laparoscopic cholecystectomies and investment in sustainable theatre resources. Previous modelling has highlighted that the provision of a single further all day theatre list at Morriston Hospital in 2019/20, through the current bed base, would deliver sustainable

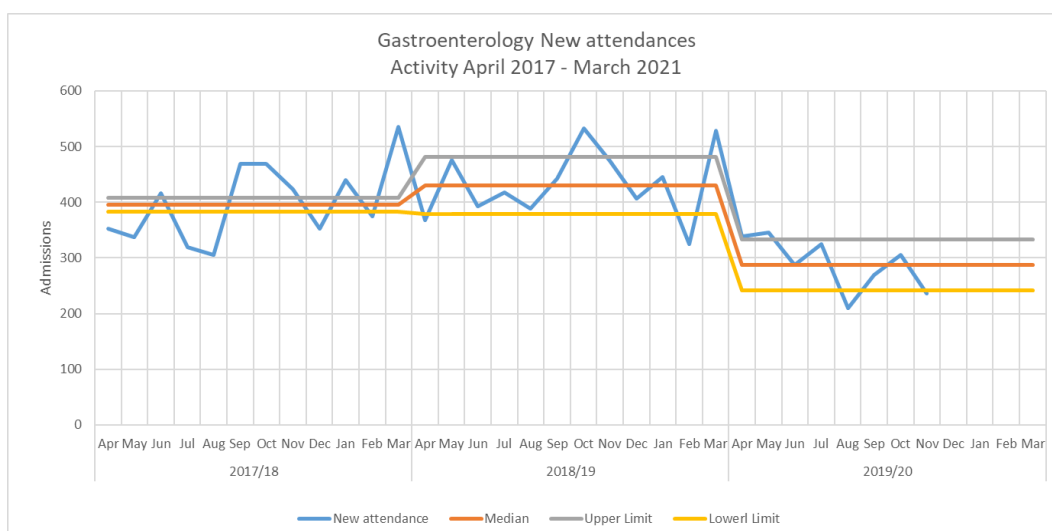
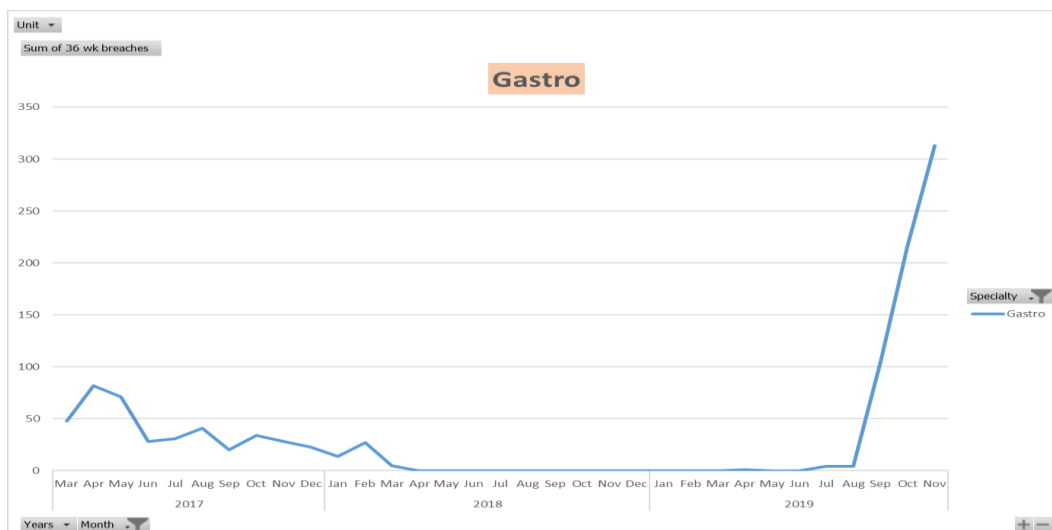
General Surgery treatments. In 2019/20 however, similar pressures to those experienced in Orthopaedics have seen cancellations for both bed availability and anaesthetic cover for core elective care lists. On average 70 fewer operations per month have been carried out in 2019/20.

Actions

- Revisit trolley model in Singleton Hospital for patient suitability to increase throughput
- Distribution of anaesthetic cover if recruitment is successful on 16th December 2019 is key
- Return to core bed base at Morriston Hospital
- Continuation of outsource plan

2.3.4 Gastroenterology

At the end of November (draft position) it is estimated that there will be 313 patients waiting over 36 weeks for a Gastroenterology Outpatient appointment or treatment.



Background

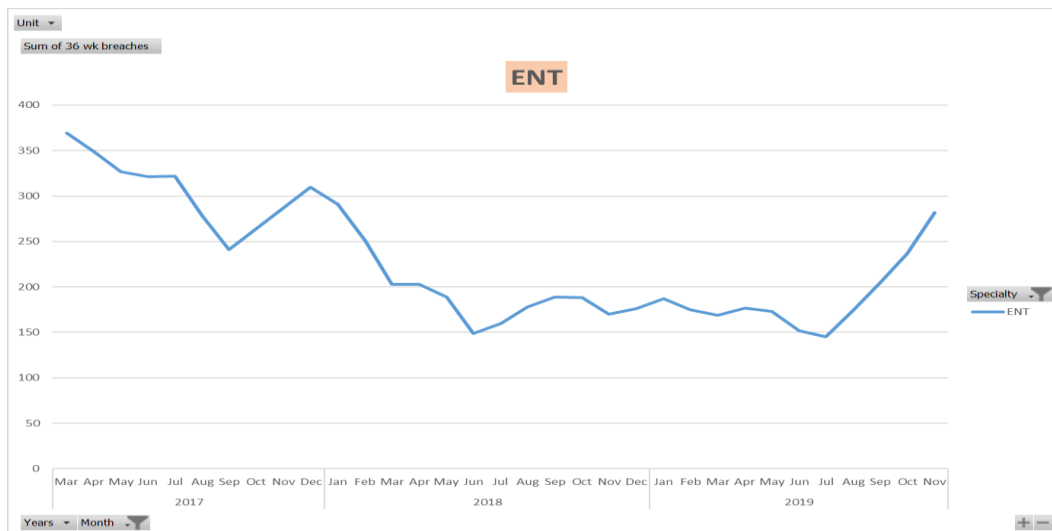
As a medical specialty the key issues for Gastroenterology are fast access to outpatient assessment, diagnostic and follow up. Whilst a sustainable plan is in place for Gastroenterology (2 x physician associates (recruited) and 2 x consultant Gastroenterologists (current out to advert) the plan has been to bridge the gap to sustainably using waiting list initiative clinics. The waiting times chart above shows that the 36 week position has been maintained for some time (using around 2,000 additional clinic slots per annum to do so) until August of this year. The 36 week breach patients are almost exclusively Outpatients only and therefore could be recovered quickly if additional capacity could be identified. Loss of Waiting List Initiative WLI clinic capacity accounts for around 147 fewer clinic slots per month.

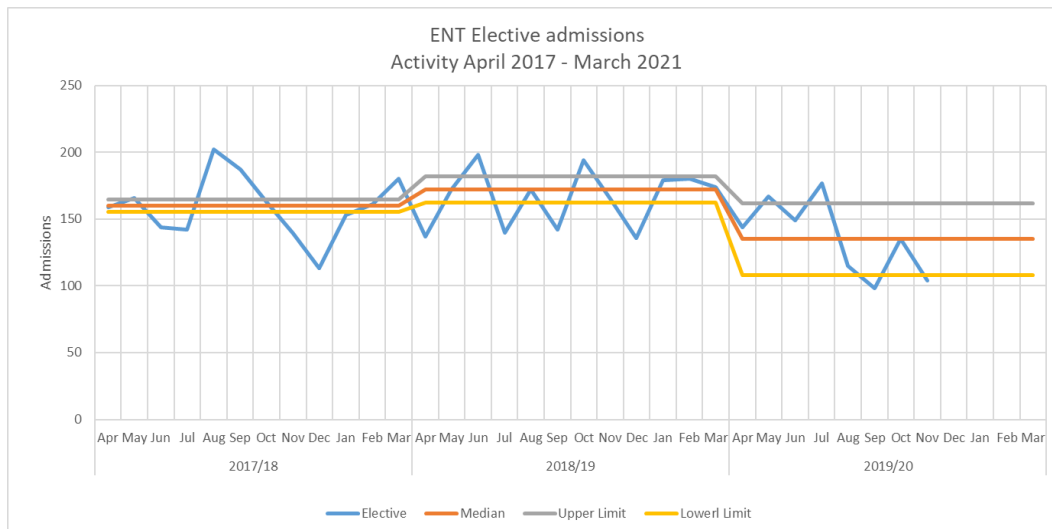
Actions

- Revisit consultant appetite for additional Outpatient work
- Outsource Outpatients to local provider
- Extend current contract for endoscopy to Gastroenterology Outpatients
- Develop primary care based models for Gastroenterology services
- Temporarily flex follow up Outpatients to new patient capacity
- Revisit recruitment plan to look for locum solution
- Discuss options for possible cover with Hywel Dda University Health Board

2.3.5 ENT

At the end of November (draft position) it is estimated that there will be 282 patients waiting over 36 weeks for an ENT treatment.





Background

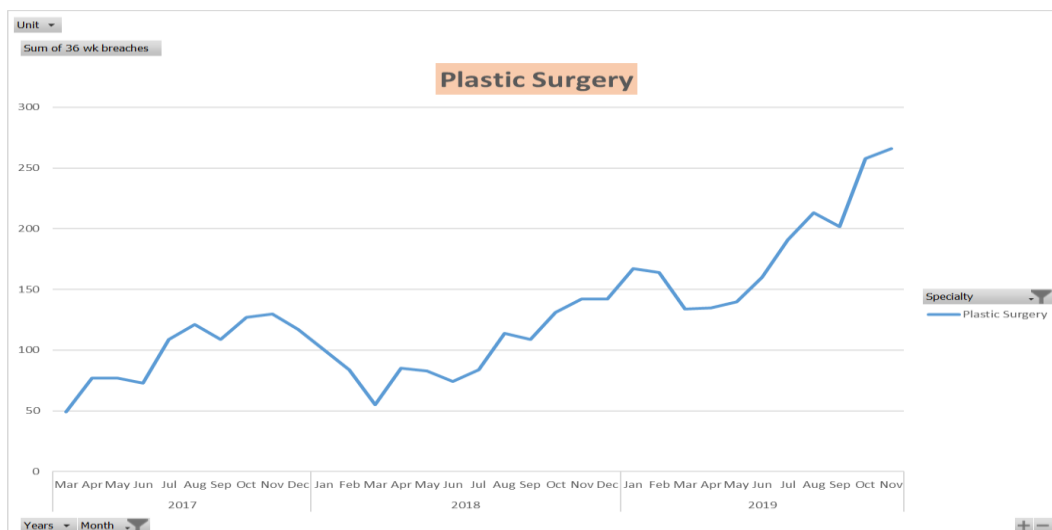
Ear, Nose and Throat (ENT) had been on a steadily improving trajectory as a result of a mixed programme of outsourcing and investment in sustainable theatre resources. Previous modelling has highlighted that the provision of a single further all day theatre list at Singleton Hospital, through the current bed base and enhanced trolley capacity, would deliver sustainable ENT treatments. In 2019/20 however, similar pressures to those experienced in Orthopaedics and General Surgery have seen cancellations for both bed availability and anaesthetic cover for core elective care lists. On average 37 fewer operations per month have been carried out in 2019/20.

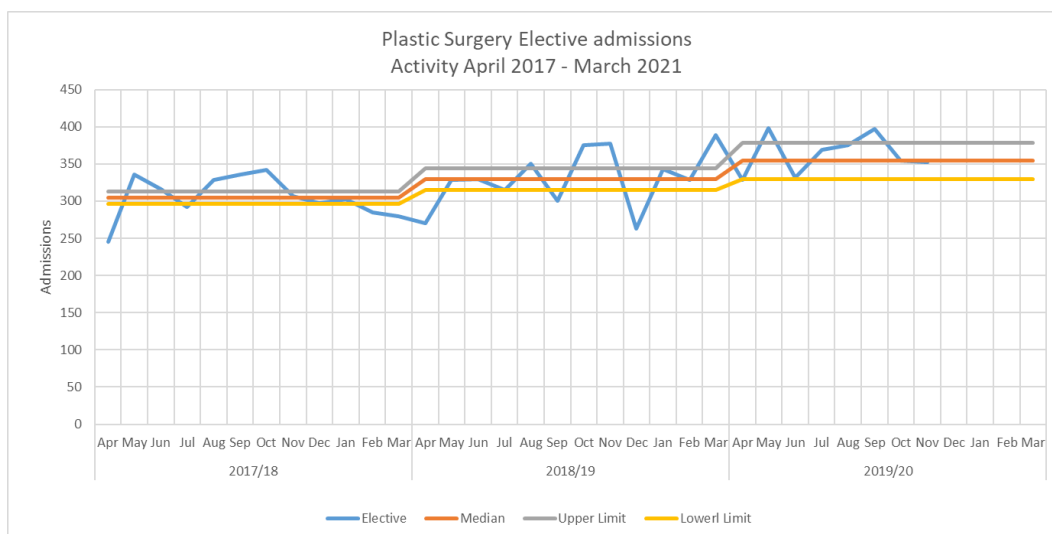
Actions

- Revisit trolley model in Singleton for patient suitability to increase throughput
- Distribution of anaesthetic cover if recruitment is successful on 16th December 2019 is key
- Continuation of outsource plan

2.3.6 Plastic Surgery

At the end of November (draft position) it is estimated that there will be 266 patients waiting over 36 weeks for a Plastic Surgery treatment.





Background

The Plastic Surgery position is interesting as throughput is up in 2019/20 on 2018/19 levels. This is likely to be due to the establishment of the Plastic Surgery Treatment Unit and the utilisation of the Theatre admission Unit at Morriston Hospital for a high number of Local Anaesthetic and Day Surgery cases. Further the Plastic Surgery Team has successfully recruited a hand surgery colleague to the team which is a high volume area where a backlog had developed.

Whilst the volume has increased this has resulted in improvements in a wide range of procedures but has resulted in a growth in the number of more complex cases requiring more theatre resource and increased lengths of stay in hospital. As with some of the specialities described above, it is these cases which are more difficult to treat given the bed and anaesthetics pressures described earlier.

Actions

- Maintain high volume, short stay surgery options
- Ensure hand surgeon can be retained permanently as currently a locum
- Distribution of anaesthetic cover if recruitment is successful on 16th December 2019 is key
- Finalise plan currently under development to treat the longer waiting cases which require a longer length of stay, general anaesthetic cover and possibly critical care cover (i.e. cases only suitable for Morriston Hospital)

The pressures and scale of activity loss in 2019/20 are unprecedented. A forecast year end range of between 2,400 and 3,500 breach patients has been modelled but the scale of variation in both the unscheduled care impact and the possible impact of a strong consultant anaesthetist recruitment campaign make the calculation of a precise year end number more difficult than in previous years. Every effort is being made to reduce the length of wait for patients and the volume of patients waiting over 36 weeks but at present these efforts are outstripped by the unscheduled care impacts (unscheduled care action in place) and the loss of anaesthetic cover.

For 2020/21, demand and capacity modelling has commenced but this is having to be carried out on a scenarios basis as it is difficult to predict, at present, the bed and anaesthetic capacity that will be available through the financial year.

3. GOVERNANCE AND RISK ISSUES

The risk of increased waiting times is recognised and is recorded as a 20 risk on the Health Board risk register; it is therefore one of the highest risks recorded.

Where patients are waiting the longest (orthopaedics and oral surgery; in particular cleft lip and palate patients) patients have been individually contacted to see how they are and to determine plans for their treatment. In orthopaedics for instance, 200 patients were written to and telephone help line has been established for patients to call to discuss their care.

4. FINANCIAL IMPLICATIONS

A detailed financial plan underpins the planned care plan. £6.5m has been allocated by Welsh Government to deliver a year end maximum 36 week breach position of 938. This will not be achieved and hence there is risk of clawback from Welsh Government for failure to deliver this target.

It is likely that the Health Board will spend £6.5m to mitigate the risk of long waiting patients, principally on patient outsourcing.

The larger the backlog that the Health Board ends 2019/20 with, the higher the likely cost will be to recover the position in future years. This will be determined through the 2020-2023 Integrated Medium Term Planning process.

5. RECOMMENDATION

Members are asked to:

- Note the performance to date
- Note the actions being put into place to recover performance
- Note the work underway to develop trajectories for 2020/21

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Delivery of reduced waiting times and volumes will decrease access times for patients which will indicate an enhanced patient experience and reduced risk of rescheduling.		
Financial Implications		
Risk of clawback of £6.5m in 2019/20		
Scale of cost to recover the position and reduce backlog currently being assessed through the modelling process within the Integrated Medium Term Plan.		
Legal Implications (including equality and diversity assessment)		
There are no known legal or equality and diversity impacts. Patients are treated based on clinical need and chronology except where capacity or human resource factors support treating a different cohort of patients.		
Staffing Implications		
A minor element of the plan is predicated on recruitment of additional staff and the ability of staff to work additional hours. Conversely, if staff become available to work out of hours (evening or weekends) this would be a significant opportunity to reduce waiting times further.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The '5 Ways of Working' are demonstrated in the report as follows:		
Long term – Actions within this report are for 2019/20 but will have a long term impact in terms of reduced waiting times and more sustainable services.		

Prevention – some of the service modernisation within these services such as musculoskeletal assessment promote lifestyle changes and independence which could reduce the need for surgery in some cases.

Integration – clinical pathways are delivered across primary and secondary care.

Collaboration – some clinical pathways cross Health Board boundaries and require collaboration within the NHS system.

Involvement – Corporate and Delivery Unit Leads are key in identifying performance issues and identifying opportunities to close capacity and demand gaps within existing resources.

Report History	This is the first specific report of this nature although planned care updates are routinely provided through the Integrated Performance Report.
Appendices	n/a