Meeting Date	**20 December 2022**	**Agenda Item**	**4.2**
Report Title	**Improvement Plans for Planned Care**		
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Report Sponsor	Inese Robotham, Chief Operating Officer		
Presented by	Craige Wilson, Deputy COO		
Freedom of Information	Open		
Purpose of the Report	In May 2022, Welsh Government set out its ambitious intention for planned care recovery. The output of that ambition was a requirement for Health Boards to submit recovery trajectories against two specific priority areas: • No patient will wait more than 52 weeks for a 1st outpatient appointment by end of 2022 • Patients will wait less than 104 weeks for treatment within most specialties by the end of 2022/23 This paper provides an update on improvement plans to deliver against the trajectories i.e. 52-week target of 9,767 and 104 week target of 13,128.		
Key Issues	The Health Board is on target to meet the target trajectories for both 52 week and 104 weeks. There remain some specialties where there are 156 and 104 weeks waits at first outpatient appointment. Maintaining the position will be dependent on the financial envelope available to the end of March 23 and for 23/24		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☒	☐	☐

Recommendations	Members are asked to: To note the progress that has been made to achieve the trajectories agreed with Welsh Government and reduce the number of patients waiting over 2 years and 3 years. To recognise the risk associated with maintaining and improving the position.

Improvement Plans for Planned Care

1. INTRODUCTION

In May 2022, Welsh Government (WG) set out its ambitious intention for planned care recovery. The output of that ambition was a requirement for Health Boards to submit recovery trajectories against two specific priority areas:

- No patient will wait more than 52 weeks for a 1st outpatient appointment by end of 2022
- Patients will wait less than 104 weeks for treatment within most specialties by the end of 2022/23

This paper provides an update on improvement plans to deliver against the trajectories i.e. 52-week target of 9,767 and 104 week target of 13,128.

2. BACKGROUND

The Recovery and Sustainability (R&S) Plan 2022-25 was endorsed by Management Board on March 23rd was approved by Board on March 31st and subsequently submitted to WG March 31st for consideration.

One of the core components of the R&S Plan is the recovery of planned care, which had been impacted significantly by the pandemic. The WG recovery plan ask assumes that planned care activity levels have been resumed at pre-pandemic levels (19/20) and will be exceeded as a result of the additional recovery funded provided.

In line with this expectation, WG and Delivery Unit (DU) officials provided a reporting template for submission by 21st June. The template monitors the following:

1. Weekly cohort reduction trajectories for the 52+ week outpatient and 104+ week total waiting list ambitions.
2. Weekly breach reduction trajectories for both commitments.
3. Weekly new outpatient and inpatient / day case activity percentage improvement trajectories.
4. Weekly RTT total waiting list volume trajectories.

The trajectories submitted by SBUHB on 21st June showed a deficit in delivery of the following:

- No patients waiting over 52 weeks for a 1st outpatient appointment – 13,916
- No patients waiting over 104 weeks for treatment in most specialties – 13,210

The covering letter highlighted that more work would be undertaken to refine the model and strengthen the plan in the following areas:

- Strengthening GP led services to prevent referral to secondary care and diagnose and/or treat at source.
- Developing demand management solutions across our systems of care.

- Considering the application of referral management criteria to be applied to existing lists and new referrals.
- Increasing core capacity for open pathways by diverting capacity previously assigned to follow up pathways as a result of:
    - modernisation of follow up system,
    - better use of clinic slots through partial bookings,
    - individual consultant productivity and
    - rigorous enforcement of DNA protocols
- The opening of further planned capacity in our system at Neath and Port Talbot

Subsequently, the re-modelled figures submitted were 9,767 breaches of the 52-week target (December) and 13,128 of the104 week target (March). Meetings over the past few months with WG and the Delivery Unit have acknowledged that no health boards will meet the 52-week target and therefore a new target added i.e. the longest waiting patients (over 156 and 104 weeks) were cleared.

3. GOVERNANCE AND RISK ISSUES

Although a template was provided by WG, on review it was acknowledged that completion at an aggregated level would provide inaccurate assurance on the HB's ability to deliver on the ministerial priorities outlined above. Therefore, it was agreed the SBUHB submission would be developed "bottom-up" at an individual specialty level to provide the reporting assurance that DU required but also the granularity needed locally to drive delivery.

The initial modelling work was based on the current operating system continuing for the duration of this financial year but also played in assumptions on conversions rates and urgency rates. The further work included additional capacity and reduced demand where it could be predicted. There remains considerable work to do between the primary and secondary care systems to manage demand more appropriately, which will benefit the position in the future. In addition, a comprehensive validation exercise is currently underway across all specialties to ensure the records being reported are accurate. Currently the model assumes a 15% ROTT rate (removal other than treatment), which may vary across specialties.

Also, due to the backlog volumes that have accumulated since March 2020, the activity levels themselves were not considered to be sufficient to develop backlog reduction trajectories. This is because the high volume of urgent referrals in the system are demanding a higher proportion of the total activity volume, leaving a smaller proportion to be allocated to the longer waiting routine patients (the backlog).

Therefore, the Healthcare System's Engineering Team were commissioned to develop a modelling methodology that predicts how the system would recover based on currently profiles of:

- Waiting lists
- Urgency rates

- Conversion rates
- Additional planned activity

This enabled the HB to provide revised trajectories and a robust model for the future which can be populated with recovery plans.

Current Position (4 December 2022)

The table below illustrates the current position against the trajectories submitted for 52 weeks and 104 weeks. As can be seen the overall the Health Board is well ahead of the trajectory for 104 weeks and on target to meet the 52-week Stage 1 trajectory.

Census date: 4th December 2022	Progress against submitted trajectories																	
	52 weeks									104 weeks								
	Cohort				Current				Average YTD activity level comparison	Cohort				Current				activity (04/12/22)
Specialty	Profile	Actual	Var +/-	on track	Profile	Actual	Var +/-	on track		Profile	Actual	Var +/-	on track	Profile	Actual	Var +/-	on track	
General Surgery	1105	778	-327	Yes	770	679	-91	Yes	145%	2223	1404	-819	Yes	1677	1138	-539	Yes	126%
Vascular	139	13	-126	Yes	0	9	9	No	93%	312	77	-235	Yes	134	43	-91	Yes	141%
Breast	56	53	-3	Yes	0	0	0	Yes	132%	151	95	-56	Yes	20	64	44	No	108%
Urology	222	748	526	No	27	687	660	No	109%	562	358	-204	Yes	335	248	-87	Yes	88%
Orthopaedics	4066	4073	7	No	3682	3878	196	No	87%	4371	3950	-421	Yes	3490	3293	-197	Yes	87%
Spinal	43	86	43	No	0	62	62	No	78%	543	457	-86	Yes	421	378	-43	Yes	130%
ENT	2454	930	-1524	Yes	2079	872	-1207	Yes	135%	2112	1360	-752	Yes	1272	1095	-177	Yes	94%
Ophthalmology	911	942	31	No	469	824	356	No	107%	1082	730	-352	Yes	518	529	12	No	127%
OMFS	1789	1843	54	No	1522	1693	171	No	83%	1402	717	-685	Yes	673	435	-238	Yes	21%
Plastics	89	72	-17	Yes	96	62	-34	Yes	143%	882	697	-185	Yes	688	590	-98	Yes	93%
Gynaecology	650	550	-100	Yes	396	465	69	No	111%	2270	1198	-1072	Yes	1538	828	-710	Yes	62%
Cleft	0	0	0	Yes	0	0	0	Yes	45%	6	11	5	No	2	11	9	No	
Cardiac Surgery	0	0	0	Yes	0	0	0	Yes	85%	0	0	0	Yes	0	0	0	Yes	129%
Thoracic Surgery	2	0	-2	Yes	0	0	0	Yes	85%	0	0	0	Yes	0	0	0	Yes	89%
General Medicine	0	0	0	Yes	0	0	0	Yes	83%	0	0	0	Yes	0	0	0	Yes	0%
Cardiology	45	0	-45	Yes	0	0	0	Yes	130%	0	0	0	Yes	0	0	0	Yes	0%
Dermatology	25	0	-25	Yes	0	0	0	Yes	83%	0	0	0	Yes	0	0	0	Yes	0%
Thoracic Medicine	15	0	-15	Yes	0	0	0	Yes	95%	0	0	0	Yes	0	0	0	Yes	0%
Rheumatology	0	0	0	Yes	0	0	0	Yes	35%	0	0	0	Yes	0	0	0	Yes	0%
Endocrine	-1	0	1	No	0	0	0	Yes	110%	0	0	0	Yes	0	0	0	Yes	0%
Orthodontics	773	723	-50	Yes	718	696	-22	Yes	93%	0	307	307	No	0	197	197	No	0%
Paediatrics	3	8	5	No	0	7	7	No	91%	0	1	1	No	0	1	1	No	0%
Neurology	30	0	-30	Yes	0	0	0	Yes	98%	0	0	0	Yes	0	0	0	Yes	0%
Gastroenterology	1	0	-1	Yes	0	0	0	Yes	143%	908	336	-572	Yes	420	175	-245	Yes	0%
	12416	10819	-1597	-13%	9758	9934	176	2%		16825	11698	-5127	-30%	11185	9025	-2160	-19%	

However, as can be seen in Table 1 below, there is likely to be a small number of patients in orthopaedics waiting over 156 weeks by the end of December, primarily because some of the planned activity is booked on the two days of industrial action in December.

Table 1:

All Stage 1 patients that will Breach >156 weeks at the end of the Calendar Year

Main Specialty Description	Appointed After End Of Calendar Year	Appointed Before End Of Calendar Year	Waiting	**Total**
ENT	1	2		**3**
General Surgery		1		**1**
Gynaecology		3		**3**
Ophthalmology		4		**4**
Orthodontics		6		**6**
Paediatric Dentistry			1	**1**
Trauma & Orthopaedic	2	110	6	**118**
Urology		2		**2**
Total	**3**	**128**	**7**	**138**

In addition, there will be patients waiting for a first outpatient appointment for over 104 weeks in orthodontics and most significantly orthopaedics (Table 2).

Table 2

All Stage 1 patients that will Breach >104 weeks at the end of the Calendar Year

Main Specialty Description	Appointed After End Of Calendar Year	Appointed Before End Of Calendar Year	Waiting	**Total**
⊞ ENT	20	78	52	**150**
⊞ General Surgery	1	10	3	**14**
⊞ Gynaecology	2	11		**13**
⊞ Ophthalmology		92	27	**119**
⊞ Oral/Maxillo Facial Surgery	5	28	25	**58**
⊞ Orthodontics	109	82	15	**206**
⊞ Paediatric Dentistry			1	**1**
⊞ Plastic Surgery			1	**1**
⊞ Trauma & Orthopaedic	38	239	905	**1182**
⊞ Urology	16	48	1	**65**
Total	**191**	**588**	**1030**	**1809**

Accountability and Monitoring of the Trajectories

The dynamic nature of the recovery necessitates scrutiny and monitoring, both internal and external to the organisation. The following outlines the monitoring and reporting structure that is in place and the mechanism for directorates to be held to account for delivery.

External Monitoring

Monthly monitoring meetings are scheduled with WG / DU officials and HB is represented at the monthly meetings by both Deputy Chief Operating Officers.

The monthly meetings focus on:

- Validation
- Treat in turn
- Plans for longest waits
- Detailed speciality discussions / issues / areas of concerns
- Progress on HB transformation measures
- Progress on developing patient support and communication

Internal Monitoring

There are weekly internal monitoring meetings where directorates and divisional managers held to account for delivery of the trajectories. Escalation for the non-delivery against the submitted levels will be to the Service Group Directors in the first instance and subsequently to the Planned Care Board and Management Board.

- Operational monitoring - the current weekly planned care performance management meetings:
  - monitor delivery of the trajectories and the areas of efficiency noted above
  - ensure core capacity is at or above 2019/20 levels

    - ensure robust housekeeping is in place for RTT (referral to treatment) pathways
    - further develop recovery plans as required for approval via Planned Care Board

- Formal monitoring / assurance
    - Service Group Performance Reviews
    - Planned Care Board
    - Management Board via the Performance Report
    - Performance & Finance Committee

To help support directorates a Planned Care App has been developed which specialty level performance information.

Risks

Whilst the Health Board is on target to meet the 52 week and exceed for 104 weeks trajectories agreed with WG there are significant risks associated with maintaining the position.

- Increase in the Long-waiting Cohort – the fourth quarter of 2022/23 coincides with 24 months since services were restarted and 12 months since referral levels from GP and GDPs (general dental practitioners) returned to near normal levels. Therefore, there is a larger wave of patients that will need to be seen compared to the previous months. This will continue in 2023/24

- Outpatient Capacity – despite opening additional capacity in NPTH there are a number of specialties where it has not been possible to transfer the outpatient clinics to NPTH and they are still not in a position to return to pre Covid levels. This is due to the requirement to be co-located to other clinical services not in place at NPTH e.g. Lung function testing.

- Pre-assessment Capacity – this is becoming an urgent issue for the Health Board as the current capacity for pre-operative assessment (POA) is insufficient to adequately populate theatre sessions. A workshop to review POA is being held on Dec 14th and potential solution digital solutions explored in conjunction with health boards

- Theatre Capacity – the current shortfalls in theatre staff and anaesthetists are currently limiting the delivery of optimum theatre capacity. Recruitment of theatre staff is ongoing and improving but the recruitment of anaesthetic staff is providing more of a challenge.

- Finance - The Health Board received £21.6m funding in 2022/23 for Planned Care Recovery. This has funded a significant level of insourcing and outsourcing throughout the year which has helped many of the specialties achieve the current position. In addition, waiting list initiative clinic and enhanced payments to A4C (agenda for change) staff have also been a major factor in reducing waiting times. The Health Board's ability to invest to the same level in 23/24 will be determined

by the cost of the NPTH orthopaedic development which is funded by the same revenue stream.

4. FINANCIAL IMPLICATIONS

The Health Board has utilised the £21.6m allocated for Planned Care Recovery to fund a range of initiatives in 2022/23 to improve waiting times for diagnostics (most notably radiology and endoscopy) together with outpatient and treatment waiting times. However, the financial forecast against the £21.6 at Month 8 is that there is a potential overspend of £1.4m on this allocation. The position is being monitored closely on a monthly basis and it is possible that some of the non-recurring expenditure (insourcing/outsourcing and WLIs) will need to be curtailed in Q4 of 2022/23.

5. RECOMMENDATION

To note the progress that has been made to achieve the trajectories agreed with Welsh Government and reduce the number of patients waiting over 2 years and 3 years. To recognise the risk associated with maintaining and improving the position.

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	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☐

Quality, Safety and Patient Experience
The successful implementation of the plans outlined have the ability to improve the quality and safety of services and in turn patient experience. However, the report has outlined a number of risks, which have the potential to delay benefit realisation.
Financial Implications
There is a significant risk that the financial allocation in 2023/24 for the Planned Care Recovery Programme will limit the progress that the Health Board is able to make in reducing waiting times further.
Legal Implications (including equality and diversity assessment)
There are no legal implications to consider as a direct result of this report.
Staffing Implications
A number of the improvement plans are facing challenges with recruitment and the availability of re-current funding.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
This paper outlines how service areas within the Planned Care Programme are working in collaboration not only to look at the short term, but also to develop services across Swansea Bay in the long term including the new theatres and the plans to enhance innovation and new ways of working.

Report History	October 2021 – Planned Care Update
Appendices	