Meeting Date	**29 March 2022**	**Agenda Item**	**5.3**
Report Title	**Demand and Capacity Update**		
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Report Sponsor	Inese Robotham, Chief Operating Officer		
Presented by	Deb Lewis, Deputy Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	This paper provides an update to the paper presented in November 2021, documenting the methodology adopted by the Health Board in developing its demand and capacity plan for service recovery. It also provides further detail on the governance around the process of monitoring delivery and updates.		
Key Issues	This report will highlight areas where there are significant service delivery challenges.		

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

Recommendations	Members are asked to: • **NOTE** • **APPROVE** the processes to be implemented to monitor agreed demand and capacity plans for 2022/23

DEMAND AND CAPACITY

1. INTRODUCTION

This paper provides an update to the paper presented in November 2021, documenting the methodology adopted by the Health Board in developing its demand and capacity plan for service recovery. It also provides further detail on the governance around the process of monitoring delivery and updates.

2. BACKGROUND

During quarter 3 2021/22 the Health Board embarked on a formal round of demand and capacity planning across major services. The plans reflected the HB strategies for recovery up to the end of quarter 1 2022/23. The Healthcare Systems Engineering methodology was presented and confirmed as the HB's approved process for developing comprehensive demand and capacity plans.

This paper expands on that original submission and reviews the process for developing sustainable capacity plans for all services and how the Chief Operating Officer will monitor delivery of the plans and provide updates for any forecast major changes to signed-off plans.

We will be working on developing a shared understanding between the "provider" and "commissioner" functions of the Health Board on demand, capacity, bottlenecks and constraints which will help to:

- Understand the reasons why waiting lists grow – **our queues**
- Model the required level of **capacity** to keep pace with demand
- Understand the **gap** between the required capacity and the current capacity of a service
- Calculate the maximum waiting list sizes that are consistent with the clinical pathway milestones – **sustainable waiting list volumes**
- Identify any potential inefficiencies
- Support better decision making around service changes
- Reduce waiting times and improve experience for our patients

The methodology was clearly outlined in the previous paper, which is included as Appendix 1.

Data Quality

The development of the comprehensive, bottom-up demand and capacity plans remains on track to be delivered by the end of March 2022. However, the timeline is challenging due to significant data quality issues the team is unravelling as part of the process.

There is an apparent disconnect between services, service managers and the administration of the Health Board electronic systems. There is an urgent need for an immediate review of the set up within our Welsh Patient Administration System (WPAS) in particular. As this is the system used for formal reporting into WG and

benchmark submissions into CHKS it is imperative that this accurately reflects the Health Board services.

Therefore, the HCSE has structured workshops with every service since November to review the WPAS data and structures and ensure that the information used to build the D&C plans is as accurate as possible.

GOVERNANCE AND PERFORMANCE MONITORING

It is not unusual that following development and submission of D&C plans for them to remain static, corporate documents and not be owned by the services that have the responsibility for delivery. This transfer of ownership requires discipline and understanding at a service level, supported by robust performance monitoring arrangements and dedicated analytical support.

Data Quality Monitoring

The extensive data quality exercise undertaken in preparation for the D&C planning this year has resulted in the HB electronic systems reflecting service delivery. There is a need to ensure that this position in maintained with the "live" environment having the same integrity.

To facilitate this, there is a requirement for a central data quality team, linked to WPAS and HCSE teams. This team will develop internal data quality standards in conjunction with service managers and monitor compliance on an ongoing basis. They will have responsibility for identifying any deviation from these standards and working with service managers to put in place corrective actions and any required training.

There is currently a small data quality team within the Health Board and an additional post has been funded within the HCSE. Both teams will review the current function to identify any capacity / capability gaps. There maybe a requirement for additional posts to be established but this is currently under review and will be concluded this financial year.

Performance Monitoring

Once the plans have been developed and signed off at a service level, they will need formal sign off by the Service Group Directors and monitored locally via Service Group Performance meetings.

Corporately the monitoring is via the following arrangements:

- Bi-weekly Planned Care Performance Meeting
- Monthly Planned Care Programme Board
- Quarterly Service Group Performance Reviews
- Updates provided quarterly to:
    - Management Board
    - Performance & Finance Committee

Core components of the D&C plans are tools to enable the ongoing monitoring of delivery against the plans. The modelling outputs were included in the previous paper

and highlight a “live” view of how the system is performing and where delivery will be at a point in time should the system continue as outlined in the plan. This view however does not give a static view of the agreed plan and so it can be difficult to navigate back to the original plan.

Therefore, an additional template has also been developed and included as an example in Appendix 2. This template sets out what the core capacity should be for each service in the following areas:

- New outpatients
- Follow-up outpatients
- Surgical treatments

In addition, it will have document the expected additionally commissioned activity via:

- Waiting list initiatives
- Outsourcing
- Insourcing

Although this is a manual template currently, the plan is to evolve it to a dynamic, prepopulated tool that will easily illustrate which area of the plans is under-delivering.

3. GOVERNANCE AND RISK ISSUES

No matters addressed in this report carry any significantly increased level of risk for the Health Board. The current capacity gaps within service delivery are already visible to the Board.

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4. FINANCIAL IMPLICATIONS

There are no direct financial implications associated with this paper. Inputs (additional activity) into the demand and capacity models are funded via Recovery Money. However, the outputs from the modelling will inform the development of the Health Board’s IMTP and financial plans for sustainable services

5. RECOMMENDATION

Management Board is asked to:

- **APPROVE** the processes to be implemented to monitor agreed demand and capacity plans for 2022/23
- **NOTE** the report

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		
Accurate, comprehensive demand and capacity plans can increase safety and quality whilst reducing risk, and can lead to efficiency gains within clinical services. They will also facilitate more timely treatment of patients and enhance patient experience.		
Financial Implications		
There are no direct financial implications associated with this paper. Inputs (additional activity) into the demand and capacity models are funded via Recovery Money. However, the outputs from the modelling will inform the development of the Health Board's IMTP and financial plans for sustainable services.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications to consider.		
Staffing Implications		
There are no immediate staffing implications as a result of this paper but there is a need to be mindful that this is a very specialist area and we need to build robust and sustainable capacity in this area.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Report History	The Management Board considered this paper on 9th March 2022.	
Appendices	Appendix 1 Appendix 2	