



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>24 May 2022</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Update on the Podiatry service new patient performance against recovery plan trajectories.</b>		
<b>Report Author</b>	Sally Bloomfield Head of Podiatry, Orthotics, CMATs, Persistent Pain and ALAC Prosthetists and Martin Wright Deputy Head.		
<b>Report Sponsor</b>	Brian Owens, Service Director Primary, Community and therapies Service Group		
<b>Presented by</b>	Brian Owens, Service Director Primary, Community and therapies Service Group		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The report provides an update on the progress of the Podiatry new patient performance against Access 2009 Welsh Government waiting times targets including a recovery plan with clear assumptions and trajectories.		
<b>Key Issues</b>	Due to the backload following the Covid 19 Pandemic the podiatry department is breaching the Welsh Government Access 2009 waiting times with a recovery trajectory into October 2022.		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li><b>ENDORSE</b></li> </ul>		

## Update on the Podiatry service new patient performance against recovery plan trajectories

### 1. INTRODUCTION

The Welsh Government Access 2019 14-week access target has been breached by the Podiatry department since August 2021.

This report outlines actions taken to date and sets out the progress of the podiatry recovery plan against trajectories as at April 30<sup>th</sup> 2022.

### 2. BACKGROUND

A recovery plan was developed to address the new patient waiting times breaches as a result of the significant loss of capacity due to the pandemic which included initial closure of all but a 'red flag' (urgent) podiatry service, high levels of staff sickness, Covid-19 isolation, vacancies, clinic availability and IPC requirements the backlog of Podiatry patients waiting to be seen has grown and the service has breached.

Virtual consultations were and continue to be undertaken however the majority of Podiatry patients require face to face intervention. Face to face contacts were reintroduced at the earliest opportunity and patients were contacted to attend in order of greatest risk and need in line the National Taxonomy Model.

Prior to the impact of the pandemic new patient targets have been consistently met.

Due to the significant backlog extra resources were required to address the backlog in a timely manner to reduce the following risks:

- Harm to patients waiting to be seen- Deterioration to crisis (vascular & sepsis)
- Harm to patients waiting to be seen – deterioration into chronic condition with reduced positive outcomes and increased costs of care
- Breach of duty of care
- Breach Access 2009 waiting times.
- Increased demand on primary and secondary care services including unnecessary demand on primary care and avoidable hospital admissions
- Inappropriate/unnecessary pharmacological interventions

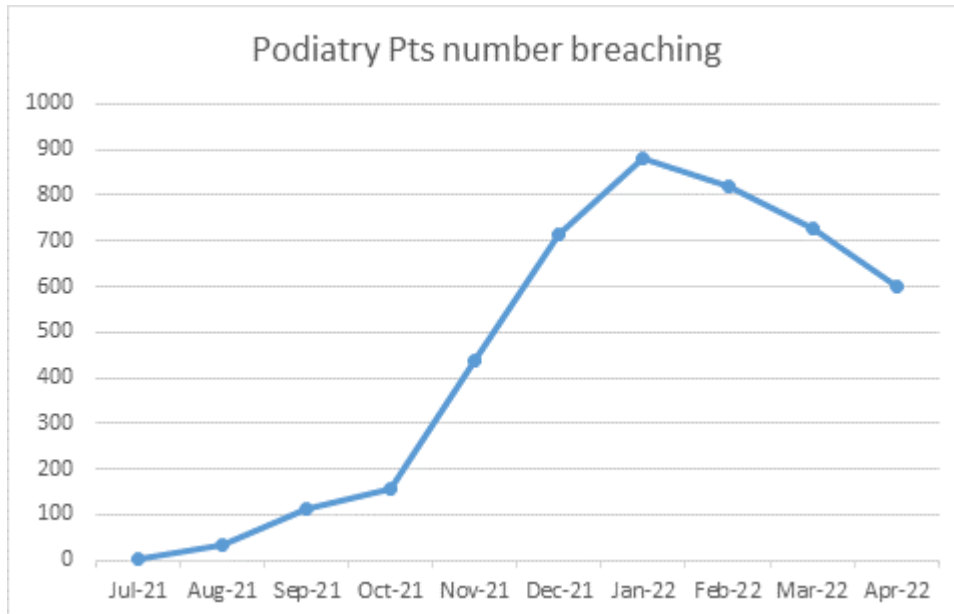
#### Situation (as at 30<sup>th</sup> April 2022)

**Table 1-Numbers and longest wait by Podiatry speciality**

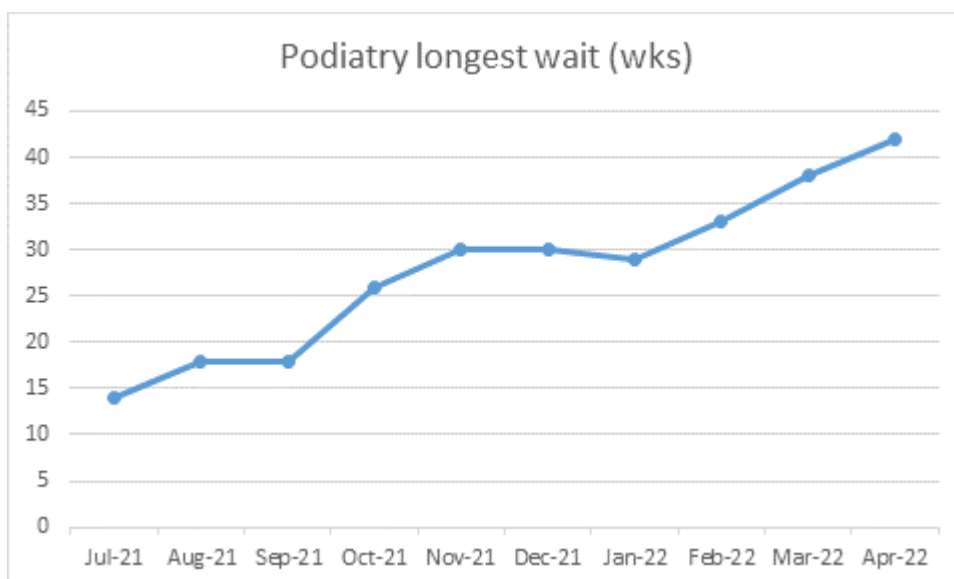
	MSK	PD (virtual)	Face to Face	Total	Longest wait in weeks
Jan 2022	226	584	70	880	29
Feb 2022	382	355	81	818	33
March 2022	562	42	122	726	38
April 2022	598	0	0	598	42

### Graph 1: Numbers breaching as at 30<sup>th</sup> April 2022- all specialities

The graph below demonstrates the number of Podiatry patients across the three breaching specialities from July 2021 to date with overall numbers reducing in line with trajectory and recovery plan.



### Graph 2: Longest Waits since breach of waiting time target- all specialities

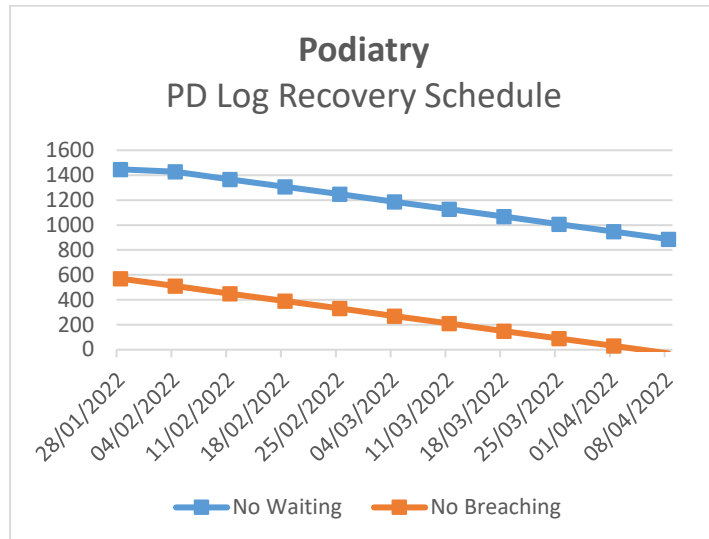


Whilst graph 1 demonstrates a reduction in the number of patients breaching the 14-week target (as per trajectory) graph 2 shows the length of wait has increased. This is due to the number of patients that are waiting for musculoskeletal (MSK) podiatry due to reduced capacity as a result of long term sickness and a vacancy resulting in 75% reduction of the MSK team capacity. To date the department has been unable to recruit MSK specialist locums to address this however this is continually being pursued.

The situation will be addressed when staff return from LTS (April 2022 and June 2022) and the successful appointment of the vacancy for MSK Advanced podiatrist commencing their post subject to recruitment process which is potentially July 2022.

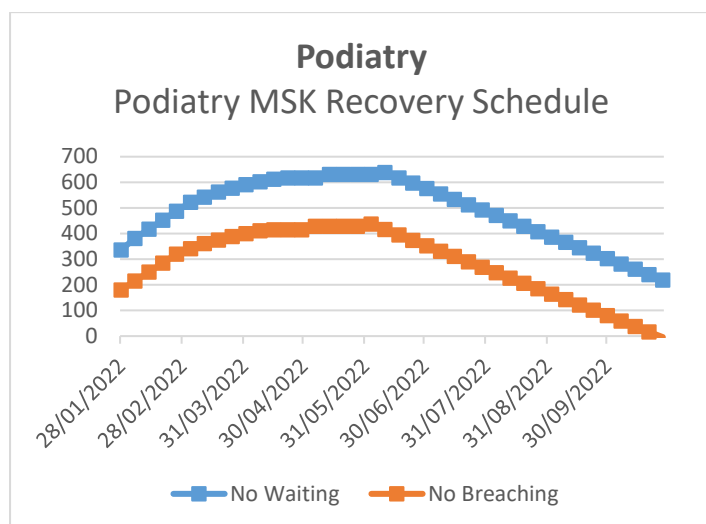
### Recovery Schedules per Podiatry Speciality

**Graph 3: Podiatry Direct NP Virtual Assessment (PD) waiting list**



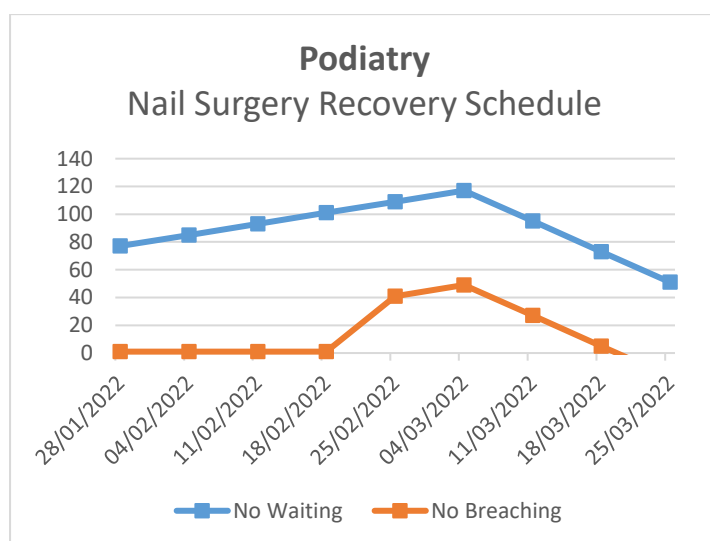
The above graph demonstrates as of April 2022 there are no patients breaching whilst waiting for a Podiatry Direct new patient virtual assessment (PD). This position will remain on target whilst we are utilising recovery funding for locums to manage the backlog leading to a sustainable position which will then be maintained within establishment staffing capacity.

**Graph 4: Podiatry Musculoskeletal Waiting List**



Due to staff sickness and vacancy the Specialist MSK Podiatry is anticipated to continue to deteriorate through Q4 21/22 and Q1 22/23 with improvement profile to commence in Q2 with recovery during Q3. As at 29 the April 2022 the department is off recovery target by 183. This is due largely to an unexpected reduction in capacity due to 12 days' annual leave and 4 days' sickness.

**Graph 5: Podiatry Nail Surgery Waiting List**



The above graph shows the achievement of the nail surgery recovery target with no breaches for this area of the service. As at 30<sup>th</sup> April 2022 there are 6 patients waiting with the longest wait of 9 weeks with appointments available in mid May 2022 compared to 169 patients waiting with longest wait of 15 weeks as at 31<sup>st</sup> December 2021.

### **Actions explored or undertaken to achieve recovery plan**

MEDACS approached for face to face locums. Due to zero return for both MSK podiatrist and face to face general podiatrist, 2 full time locums for virtual initial assessments were appointed.

Off contract locum agencies were then approached as confirmed by procurement with also zero returns to date.

Current team were offered extra hours and overtime with minimal take up.

Alternative workforce opportunities have been investigated. Some patients could be seen by an Orthotist which the department has undertaken in the past however this is currently not an option as this service is also dealing with a significant backlog of patients due to the pandemic with a separate recovery plan submitted and agreed however to date there is no Orthotist locum availability.

There is no further alternative workforce to see these patients. All patients are signposted following initial assessment to physiotherapy or other professions already as applicable. There is also the consideration any available physiotherapy workforce is required to prioritise physiotherapy work.

The validation of the podiatry waiting list has now commenced however there was a delay whilst awaiting translation of the required paperwork into Welsh.

Recruitment for the MSK post commenced immediately on resignation and department staff were moved to provide new appointments as a priority.

The department also investigated the availability of podiatrists from across neighbouring health boards with no success and outsourcing to Sancta Maria however they do not provide private podiatry sessions.

### **Key issues**

MSK breaches will continue to rise as per trajectory. Continued funding would enable the continuation of ability to continue to seek a face to locum with the required MSK skills.

A recent focus on unreported follow up not booked lists has the potential to result in further breaches.

## **3. GOVERNANCE AND RISK ISSUES**

Once the backlog has been addressed waiting times targets will be met within current establishment as per pre pandemic performance.

### **Risks to recovery plan**

Loss of current locums.

Mitigation- extended contract following confirmation of continued recovery funding

Vacant post recruitment process delays- no mitigation available

Ongoing risk of covid absence due to isolation requirements and Covid related ill health- no mitigation available.

Continued Long term sickness managed in line with due process- no mitigation available

Impact of any requirements to reduce follow up not booked lists whilst the current backlog remains – mitigation- focus on follow ups once new patient trajectory is met.

There are no potential equal opportunity implications or equality impact assessment required

## **4. FINANCIAL IMPLICATIONS**

Continuation of the recovery funding for 2 wte locums= 10k per month

Use of Q1 vacancy money to recruit face to face general or MSK locum if available @ 5k per month

An increase in 2022/23 recovery funding would be required if the breach position is to be improved prior to the forecast of October 2022, however it should be noted due to lack of locum availability this is unlikely to be an option.

## **5. RECOMMENDATION**

The performance and finance committee is asked to note the report.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>Whilst the department has not received a significant amount of complaints the inability to see new patients in a timely way in line with Welsh Government targets and Health Care Standards results in chronicity of condition, poor patient experience, impact on primary and secondary care demands and impacts on successful outcomes. Mitigation is in place in that all patients are prioritised in line with clinical risk and need.</p>		
<b>Financial Implications</b>		
<p>Locum funding to continue as part of the recovery plan until September 2022. Use of vacancy underspend in Q1 if a further locum is available at 5k per month.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>We are breaching the Welsh Government waiting times directive, and will continue to do so until October 2022. Pre Covid, breaching this waiting times resulted in significant fines to the Health Board.</p>		
<b>Staffing Implications</b>		
None		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<p>Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p> <ul style="list-style-type: none"> <li>○ <b>Long Term</b> – Increased chronicity and care requirements with reduced positive outcomes.</li> <li>○ <b>Prevention</b> – Prevention of foot crisis and the reduction of impact of foot and gait related issues for patients impacting on the on the wider organisation and partners.</li> </ul>		



- **Integration** – Ensuring services are delivered closer to home (cluster based) utilising a co-production approach to care and support.
- **Collaboration** – Reduced demands on other services and partners.
- **Involvement** – Co produced plans with patients and their carers to gain the knowledge and confidence to self manage through activation improving outcomes and reducing short and long term demands on all services.

<b>Report History</b>	This report is also being resented at May 2022 management board
<b>Appendices</b>	None