Meeting Date	**23 May 2023**	**Agenda Item**	**5.1**
Report Title	**Planned Care Performance Update**		
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Report Sponsor	Deb Lewis Chief Operating Officer		
Presented by	Deb Lewis Chief Operating Officer		
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 first outpatient appointment by end of 2022. • Patients will wait less than 104 weeks for treatment within most specialties by the end of 2022/23 These targets have subsequently been revised to June 2023. This paper provides an update on improvement plans to deliver against the trajectories submitted to Welsh Government and progress against the revised target dates.		
Key Issues	The Health Board exceeded its target trajectories for both 52 week and 104 weeks. Whilst the delivery of the 52-week target for Stage 1 (outpatients) appears to be achievable this is not the case for 104 week waits at Stage 5 (treatment).		
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. To recognise the risks associated with achieving the revised target.		

Planned Care Performance Update

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 first outpatient appointment by end of 2022.
- Patients will wait less than 104 weeks for treatment within most specialties by the end of 2022/23.

These targets have subsequently been revised to:

- No patient will wait more than 52 weeks for a first outpatient appointment by end of June 23
- No patient will wait more than 104 weeks at any stage of the RTT pathway by the end of March 24.

This paper provides an update on improvement plans to deliver against the trajectories.

2. BACKGROUND

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

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

The Health Board submitted initial trajectories but highlighted that further work would be undertaken to refine the modelling 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

The re-modelled figures submitted were 9,767 breaches for the 52-week target (December) and 13,128 for the 104-week target (March). Meetings in the subsequent months with WG and the Delivery Unit acknowledged that no health boards would meet the 52-week target and therefore a new target added i.e. the longest waiting patients (over 156 and 104 weeks) were to be 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 the financial year 22/23 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. In addition, a comprehensive validation exercise was undertaken across all specialties to ensure the records being reported are accurate; this resulted in approximately 20% of the longest waiting patients being removed from the waiting lists.

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.

March 2023 Position

The Management Board will be aware that the Health Board exceeded the submitted trajectory of 9,767 for 52 weeks at the end of December when 7,776 breaches were reported.

The summary position for the HB is shown in table 1 below:

Target	Trajectory	Achieved against Target	Achieved March 23
Stage 1 over 52 weeks	9,767 (Dec-22)	7,778	3,891
All stages over 104 weeks	13,128 (Mar-23)	6,012	6,012

Table 1 – Target performance

The detail for the end of March 23 position, by specialty, of the patients waiting at Stage 1 (outpatients) can be seen in table 2 below:

Specialty	over 52 weeks
T&O	2101
Orthodontics	480
OMFS	468
General Sugery	320
Ophthalmology	230
Urology	148
ENT	75
Gynaecology	69
Vascular	0
Spinal	0
Cleft	0
Haematology	0
Paediatrics	0
Paediatric Neurology	0
Total	**3891**

Table 2 – March 23

Clearly the most significant challenge and therefore the greatest risk to achieving the revised June 23 target for Stage 1 is in orthopaedics. However, plans have been devised to meet this target and all efforts including additional clinics on weekends are being undertaken as part of the recovery plan.

The total cohort of patients that will be waiting more than 52 weeks by the end of June 23 is shown in Table 3:

	Stage 1 June 23 cohort		
Specialties	Appointed within Target	Waiting	**Total**
Cardiology	0	0	**0**
Cleft	0	0	**0**
Dermatology	4	0	**4**
ENT	31	1	**32**
Gastroenterology	0	6	**6**
General Surgery	68	271	**339**
Gynaecology	111	362	**473**
Haematology	0	1	**1**
Neurology	0	0	**0**
Ophthalmology	237	417	**654**
Oral/Maxillo Facial Surgery	121	628	**749**
Orthodontics	129	411	**540**
Paediatric Neurology	3	1	**4**
Paediatrics	2	9	**11**
Plastic Surgery	62	2	**64**
Spinal	18	0	**18**
Trauma & Orthopaedic	358	2289	**2647**
Urology	127	94	**221**
Vascular Surgery	4	0	**4**
Total	**1275**	**4492**	**5767**
			4492

Table 3 – 52 week target June 23 cohort

104 Week Cohort for June 2023 (April 28th)

	Stage 1		Stages 2/3			Stages 4/5		
Specialty	Appointed within target	Waiting	appointed after target	Appointed within target	Waiting	Appointed within target	Waiting	**Total**
Trauma & Orthopaedic	102	4		48	183	100	2184	**2621**
General Surgery	1			6	28	30	990	**1055**
Gynaecology	2		1	4	149	13	692	**861**
ENT				12	38	31	704	**785**
Plastic Surgery						19	617	**636**
Spinal				5	15	6	321	**347**
Gastroenterology			1		2	1	298	**302**
Oral/Maxillo Facial Surgery		8		24	21	3	187	**243**
Urology				1	9	11	127	**148**
Ophthalmology					1	12	82	**95**
Orthodontics	34	10						**44**
Vascular Surgery				2	10	1	1	**14**
Cleft							5	**5**
Paediatrics					1			**1**
Total	**139**	**22**	**2**	**102**	**457**	**227**	**6208**	**7157**

Table 4 – 104 week cohort – June 23

The greater challenge is related to achieving the 104 week target by the of June. As can be seen above there are over 700 patients in the cohort of patients that need to be seen, received any diagnostics investigations and treated. Whilst again orthopaedic has the greatest number of patients in this cohort (2621) there are also significant numbers in other specialties, notably general surgery (1055), gynaecology (861), ENT (785) and plastic surgery. Insourcing, outsourcing and additional internal capacity is being commissioned to achieve the best possible position; there is also ongoing validation.

Looking at the March-24 position for the 104 week target there are currently over 16,000 patients in the cohort, with 15,130 remaining outstanding at 28th April 2023. The challenge by specialty mirrors that for the June 23 cohort.

	Stage 1		Stages 2 / 3			Stages 4 / 5		
Specialties	Appointed within Target	Waiting	Appointed after Target	Appointed within Target	Waiting	Appointed within Target	Waiting	Total
Trauma & Orthopaedic	343	1420		64	285	112	2976	**5200**
General Surgery	54	112		22	377	37	2103	**2705**
Gynaecology	30	22	2	20	297	18	1091	**1480**
ENT	5			24	218	35	1081	**1363**
Plastic Surgery				3	13	35	1088	**1139**
Gastroenterology			1	1	59	7	1048	**1116**
Oral/Maxillo Facial Surgery	89	322		73	220	10	293	**1007**
Ophthalmology	60	91		2	47	112	411	**723**
Spinal				15	96	12	451	**574**
Urology	71	21		17	30	28	335	**502**
Orthodontics	129	260						**389**
Paediatrics				4	182		6	**192**
Vascular Surgery				9	62	5	9	**85**
Cardiology				1	58			**59**
Neurology				2	18		9	**29**
Cleft							11	**11**
Paediatric Neurology					5			**5**
Total	**781**	**2248**	**3**	**257**	**1967**	**411**	**10912**	**16579**
						Total out of target		**15130**

Table 5 – 104 week cohort – March 24

Trajectories for both the end of June 23 and March 24 targets have been produced and are going through the sign off process to ensure the modelling assumptions are correct before approval by the Health Board and submission to WG.

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 / NHS Executive officials and HB is represented at the monthly meetings by the COO and Deputy COO.

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 fortnightly meetings with 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 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 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 Dashboard has been developed with specialty level performance information.

Risks
Whilst the Health Board has set a trajectory to meet the 52 week it will not be possible to meet the 104 weeks trajectory. In addition, there are significant risks associated with maintaining the position.

- Increase in the Long-waiting Cohort – the fourth quarter of 22/23 and first quarter of 23/24 coincides with 24 months since services were restarted and 12 months since referral levels from GP and GDPs returned to near normal levels. Therefore, there is a larger wave of patients that will need to be seen compared to the previous months.

- 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. The HSCE has undertaken work in orthopaedic and identify means to increase capacity by around 60% similar work is required for general preoperative assessment.

- 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 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 its ability to secure additional funding for the NPTH elective surgical hub development.

4. FINANCIAL IMPLICATIONS

The Health Board 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. This was achieved within the allocated budget.

The allocation for 23/24 will be monitored closely on a monthly basis and if necessary, activity curtailed to maintain financial balance.

5. RECOMMENDATION

To note the progress that has been made to achieve the trajectories agreed with Welsh Government. To recognise the risks associated with achieving the revised target.

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	August 22 – Planned Care Update
Appendices	