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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 June 2023	Agenda Item	5.1	
Report Title	Waiting List Management and Validation			
Report Author	Craigie Wilson, Deputy Chief Operating Officer			
Report Sponsor	Deb Lewis, Chief Operating Officer			
Presented by	Deb Lewis, Chief Operating Officer			
Freedom of Information	Open			
Purpose of the Report	The purpose of this report is to provide the Committee with an update on the Health Board's approach to waiting list management and validation. The report also details how the Health Board is supporting patients and offering pre-habilitation in orthopaedics.			
	<ul style="list-style-type: none"> • Positive progress in reducing waiting times for both assessment and treatment • Additional investment committed to further reduce waiting times in excess of Welsh Government allocation • Investment in Performance Team to improve waiting list management and reduce reliance on validation • Development of services to support some of the longest wating patients in orthopaedics 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> - NOTE the progress that has been made to reduce waiting times, the actions that are been taken to improve waiting list management and validation and the focused support for patients awaiting orthopaedic surgery 			

Waiting List Management and Validation

1. INTRODUCTION

The purpose of this report is to provide the Committee with an update on the Health Board's approach to waiting list management and validation. The report also details how the Health Board is supporting patients and offering pre-habilitation in orthopaedics.

2. BACKGROUND

The Health Board continues in efforts to reduce waiting times post the Covid pandemic and part of the strategy is to ensure that there is effective waiting list management and robust validation of the waiting lists.

Good progress has been made in reducing outpatient and treatment waiting times with the Health Board exceeding the expected 2022/23 trajectories in both of these areas. The major challenge continues to be orthopaedics where there were already considerable waits pre-Covid and where the re-purposing of the outpatient space in Morriston resulted in a significantly delay in re-starting activity.

3. GOVERNANCE AND RISK ISSUES

Whilst the Health Board has made great efforts to reduce the number of long waiting patients there are currently (end of May 2023) 5792 patients waiting in excess of two years and just under 650 patients (June 14th 2023) who have been waiting over 4 years from referral to treatment; the details of which are shown below. As can be seen the largest proportion of these patients are awaiting orthopaedic surgery; most commonly a hip or knee replacement but there are also significant numbers in general surgery and spinal surgery.

main_specialty_descript	Grand Total
ENT	38
General Surgery	137
Gynaecology	1
Ophthalmology	2
Oral/Maxillo Facial Surgery	44
Plastic Surgery	63
Spinal	94
Trauma & Orthopaedic	258
Urology	10
Grand Total	647

The patients waiting over 4 years are now the highest priority in terms of treatment with a goal of clearing these from the waiting list (with the possible exception of orthopaedics by the end of September 2023). To this end, the Health Board is continuing with insourcing support for orthopaedics, general surgery and ENT and outsourcing patients in OMFS, spinal and general surgery. In addition where possible waiting list initiatives are also undertaken.

The additional Day Surgery theatre in Singleton is now allocated solely to Ophthalmology and as a consequence of this development and insourced capacity (ending June 23) waiting times for cataract surgery are now nearing the target of 36 weeks.

The recently commissioned (June 12th 2023) elective surgical hub for orthopaedics and urology will provide three additional theatre for orthopaedics with the capacity to treat up to 60 patients per week. This is a key development in reducing waiting times for this cohort of patients together with the protected surgical ward in Morrision for those patients with multiple co-morbidities. Also, the recent approval of an upgrade of two of the theatres for urology will allow the transfer of approximately 80% of the urology activity from Morrision to Neath Port Talbot Hospital; this work should be completed before the end of 2023.

To support some of the longest waiting patient in orthopaedics, a pre-habilitation service (optimisation service) has been developed for those awaiting hip and knee surgery. Currently a customised patient health monitoring system with anaesthetic review, validation, digital lifestyle support (via Pro –map) has been established. At present there are 834 Swansea Bay patients registered on this system, with a further 1200 identified to be offered this service imminently.

All registered patients have been offered diet, education, exercise support via digital sign posting. The health data is being collected for research and to inform the future delivery of the orthopaedic services. There will be further development in July with the final information governance sign off to share patient data with the British Red Cross (BRC); this service will offer more pastoral and practical support to patients. A potential 600 suitable patients have been identified for BRC support via the health monitoring system.

Also, in the next stage of development of the service, specialist supervised therapy will be provided including dietary advice, physiotherapy, injections, braces and walking aids this also becomes available next month.

As part of the ongoing validation of the elective surgical waiting lists, all patients waiting in excess of 52 weeks are regularly contacted to ensure that they still require treatment. Patients' symptoms may have resolved, they may have received treatment elsewhere, are now too unwell for some elective procedures or have remained on a waiting list even though they have been treated.

The table below shows the most recent validation exercise undertaken, supported by an external company. As can be seen there is some variation between specialties but overall the removal rate was 27.4%; these figures are factored into the demand and capacity plans for each service.

HBSUK VALIDATION								
DIRECTORATE	SPECIALTY	Number Validated	Request to REMAIN on WL	Request for removal	No response	Patients already booked appointments	TOTAL REMOVED	% REMOVED
Managed Unit - Morriston	ENT	58	29	5	5	19	10	17.2%
	General Surgery	100	42	3	26	29	29	29.0%
	Oral/Maxillo Facial Surgery	112	46	6	39	21	45	40.2%
	Orthodontics	5	3	0	2	0	2	40.0%
	Orthopaedic Spines	1	1	0	0	0	0	0.0%
	Plastic Surgery	9	6	0	0	3	0	0.0%
	Spinal	1	0	0	0	1	0	0.0%
	Trauma and Orthopaedic	159	111	10	33	5	43	27.0%
	Urology	28	12	0	3	13	3	10.7%
	Vascular Surgery	23	7	0	4	12	4	17.4%
TOTAL		496	257	24	112	103	136	27.4%

As stated above, validation is ongoing process and funding has been identified from the Planned Care Recovery allocation for this to continue through 2023/24.

However, some of the need to validate the waiting lists is due to the correct processes not being followed by staff and therefore patients have remained on the waiting lists when they have should have been removed or their waiting time adjusted for other reasons. Some of this has occurred as a result of the fact that staff have not been managing elective waiting list during the period of the pandemic and have not maintained their knowledge level and also that a number of new staff have been taken on in the intervening years and have not received the required level of training.

To address this the Health Board has invested in a small Performance Management Team; commencing in August, to undertake the appropriate oversight and training of waiting list management for the future. In turn, this will reduce the need for validation in the future and ensure the pathway management is optimised.

4. FINANCIAL IMPLICATIONS

The Health Board is committing £22.9m towards Planned Care Recovery (including diagnostics) in 2023/24; £15.2m has been received through Welsh Government (WG) planned care recovery support and £7.7m allocated from Health Board revenue. In addition, the Health Board is also awaiting confirmation of its allocation of the £50m held back by WG for focused regional work; the outcome of this allocation will be key in supporting the new NPTH elective surgical hub.

The key areas of investment for the Health Board are:

- £3.6m Endoscopy
- £4m Radiology
- £1.4m Other diagnostics
- £2.7m Ophthalmology

- £6.7m Outsourcing/insourcing/WLIs – general surgery/ENT/OMFS etc.
- £1.6m Cancer

The additional allocation from WG will be utilised solely for the orthopaedic element of the NPTH elective surgical hub development.

5. RECOMMENDATIONS

The Committee is asked to note the progress that has been made to reduce waiting times, the action that are being taken to improve waiting list management and validation and the focused support for patients awaiting orthopaedic surgery.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input 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 type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
<p>For our population we want:</p> <ul style="list-style-type: none"> ○ Improved population health and wellbeing ○ Better quality and more accessible health and social care services ○ Achieve better outcomes and experience for patients at reduced cost ○ Enable the maximised utilisation of outpatient capacity to see patients in a timely fashion ○ To deliver a sustainable service whilst providing improved performance to the overall clinical pathway with reduced waiting time / delays in individual patient treatment plans ○ Minimise harm to patients ○ Electronic Patient Records 		
Financial Implications		
<p>There are financial implications and failure to act results in patient harm and in large compensation claims for breach of duty. Resource has been provided both from Health Board and Welsh Government funding.</p>		
Legal Implications (including equality and diversity assessment)		
<p>The Health Board is responsible for planning and delivering primary, community and secondary care health services for its resident population. Ensuring that the Committee is fully sighted on this area of business is essential to positive assurance processes and related risk management.</p>		
Staffing Implications		
<p>There are several proposals and plans to develop and employ staff in different ways. There is a requirement to undertake a programme of training for non-medical</p>		

staff and in particular nurses and support workers. This will require an identification of training resource. Optometrists will be working within this service as part of a tendering process, appropriate arrangements will need to be put in to support new ways of working with private contractors. Advice has been sought.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.

- **Long Term** – Plans are required to be supported on a long-term basis to provide a sustainable Ophthalmology Service where all patients are seen within their target date.
- **Prevention** – Prevention will avoid irreversible sight loss in our patients.
- **Integration** - Considering how the public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.
- **Collaboration** – all Ophthalmology recovery and sustainability plans work in collaboration with Consultants, Doctors, Nurses, Community Optometrists, Orthoptists and our patients to provide the right care, in the right place, at the right time.
- **Involvement** - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves.

Report History	N/A
Appendices	N/A