

Planned Care

December 2023

Purpose:

The purpose of this slide presentation is to:

- Provide assurance of plans in place in relation to **Planned Care** recovery with available resources, and progress achieved to date.
- Highlight the risks to further recovery progress during the remainder of 2023/24 in the absence of additional supporting resource.

Presentation Scope:

1. Header
2. Purpose
3. Scope
4. November 2023 performance narrative
5. Stage 1 targets over time
6. Refer To Treat (RTT) targets over time
7. Paediatrics targets over time
8. 52 Week OPD Ministerial Measure
9. 104 Week RTT Ministerial Measure
10. RTT 104 weeks wait (28th Nov 23)
11. RTT 3 Year Waits (28th Nov 23)
12. RTT 4 Year Waits (28th Nov 23)
13. 2023/24 Q3 Trajectory
14. Original 2023/24 Q3 Trajectory (Inc. 2.8m allocation)
15. Revised 2023/24 Q3 Trajectory (Inc. 2.8m allocation)
16. Outpatient transformation
17. Follow ups
18. SOS/Discharge New
19. SOS/Discharge Follow UP
20. SOS and PIFU overall
21. Capacity narrative
22. Capacity data
23. Planning objectives 4a (regional opportunities)
24. Validation update
25. Referrals to Planned Care (overall) to Oct
26. Referrals to Planned Care per specialty
27. INNU
28. How HDdUHB implements RTT Guidelines
29. DNA and Discharge Rates
30. Specialty DNA rates
31. Booking in turn summary
32. Booking in turn detail

Current and Projected Performance:

Slides 5 to 8 highlight:

- Stage 1 waiting times have recently plateaued
- Two year Refer To Treat (RTT) waits are marginally declining with 55 fewer in November versus October 2023
- An improved outturn is expected in Q4 as additional financial allocation is deployed by March 2024
- At the end of Q3, whilst no 3-year waits are expected at Stage 1 there will be Stage 4 waits in Orthopaedics, and other specialties with low clinical priority caseloads (i.e. Vasectomy, Tonsillectomy etc).
- Ministerial measure 52-week Outpatient Department (OPD) and 104-week RTT targets are meeting submitted trajectories.
- The directorate is planning to eliminate all three and four year waits (except Orthopaedics) by Q4. This is subject to additional activity.

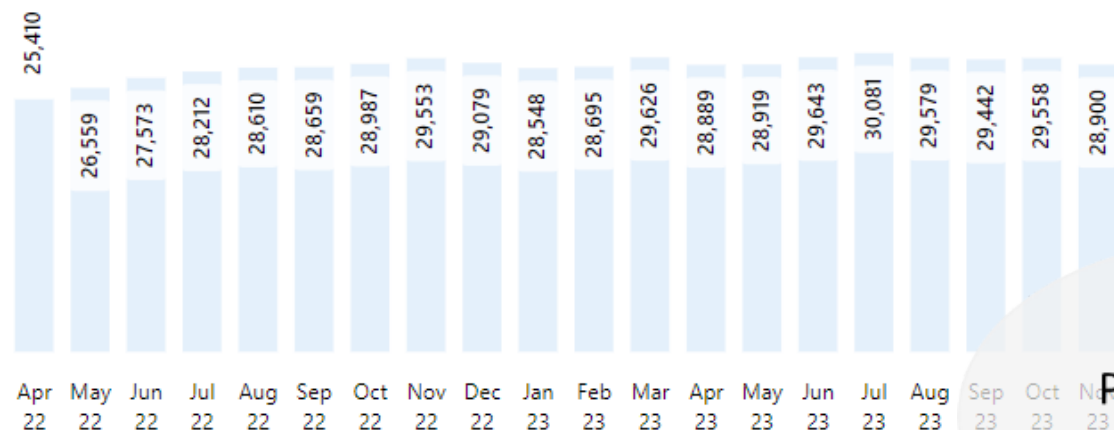
RTT Performance (Stage One)



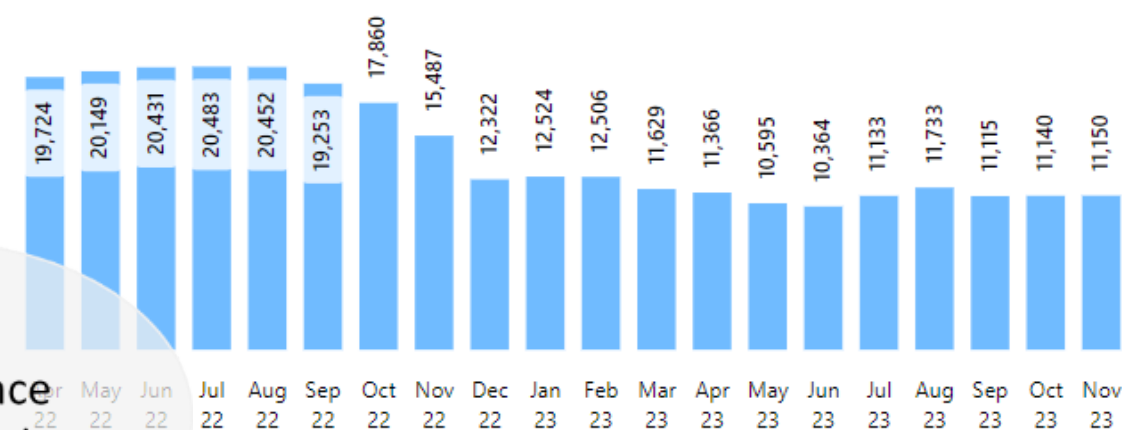
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

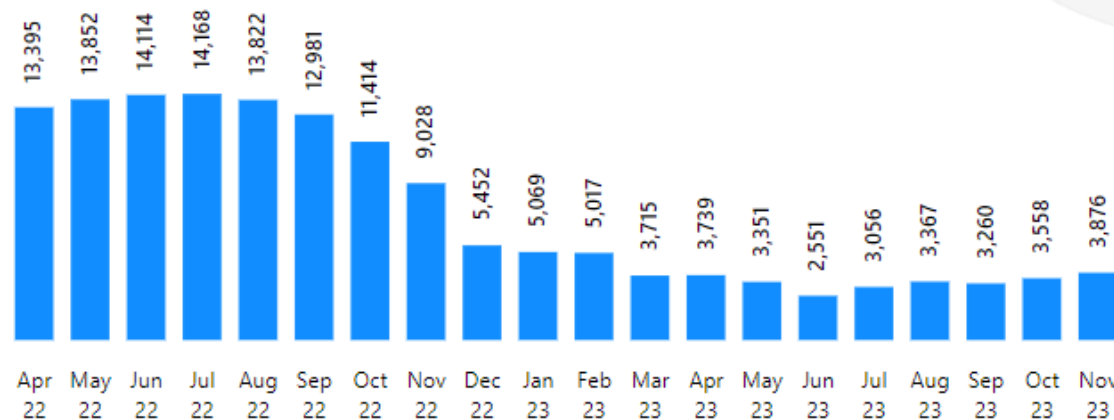
Patients waiting under 26 weeks



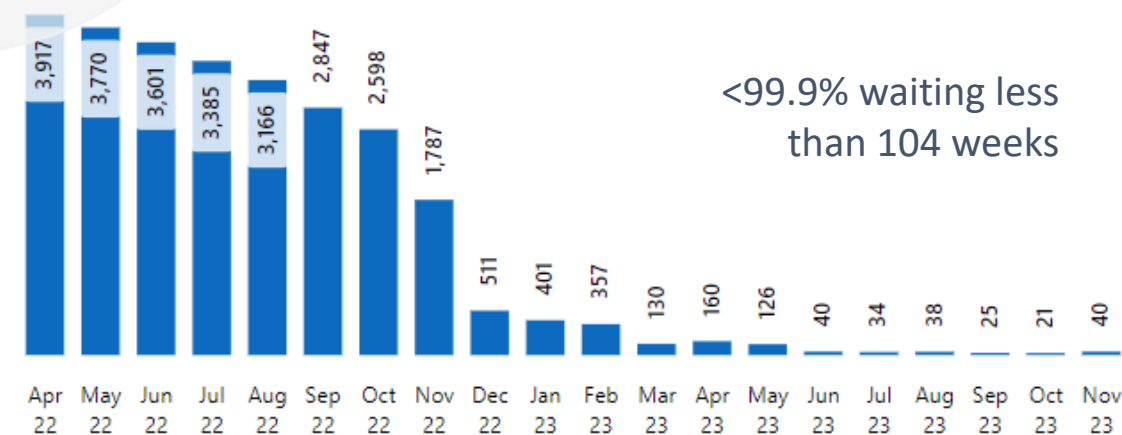
Patients waiting 36 weeks and over



Patients waiting over 52 weeks



Patients waiting over 104 weeks



<99.9% waiting less than 104 weeks

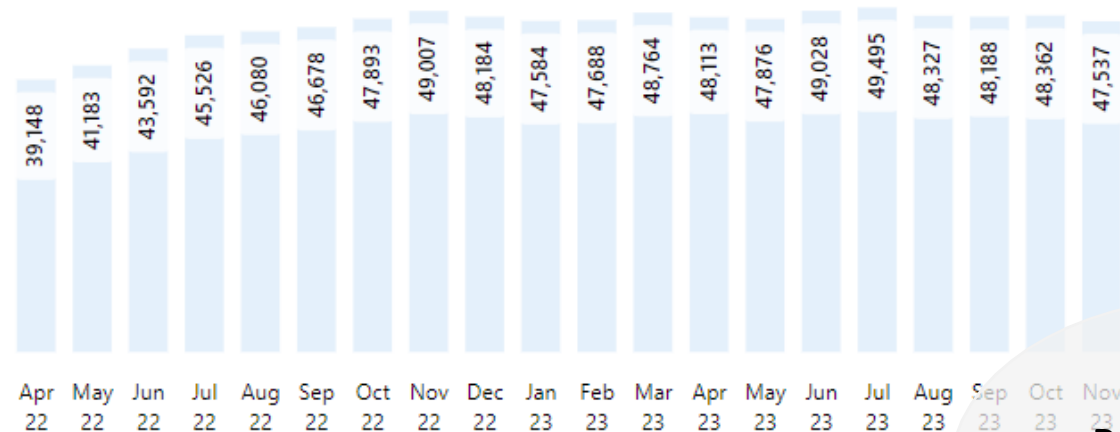
RTT Performance



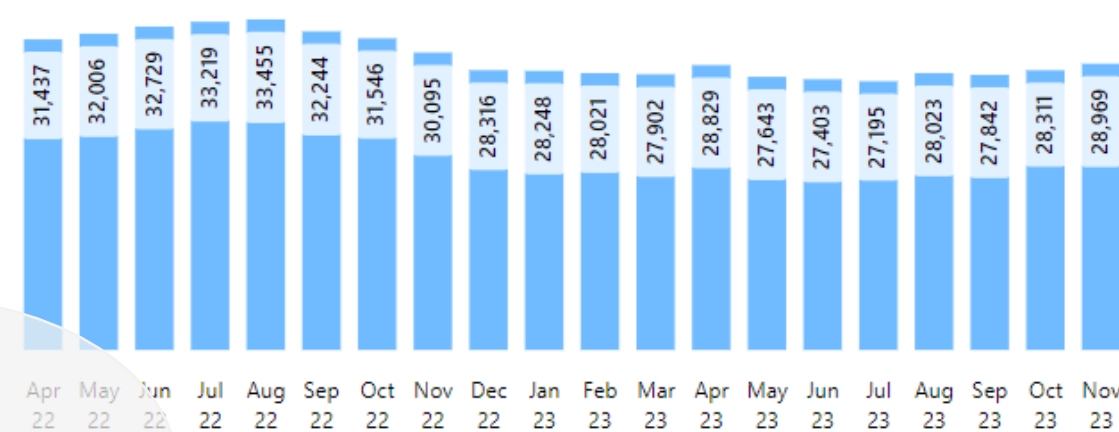
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

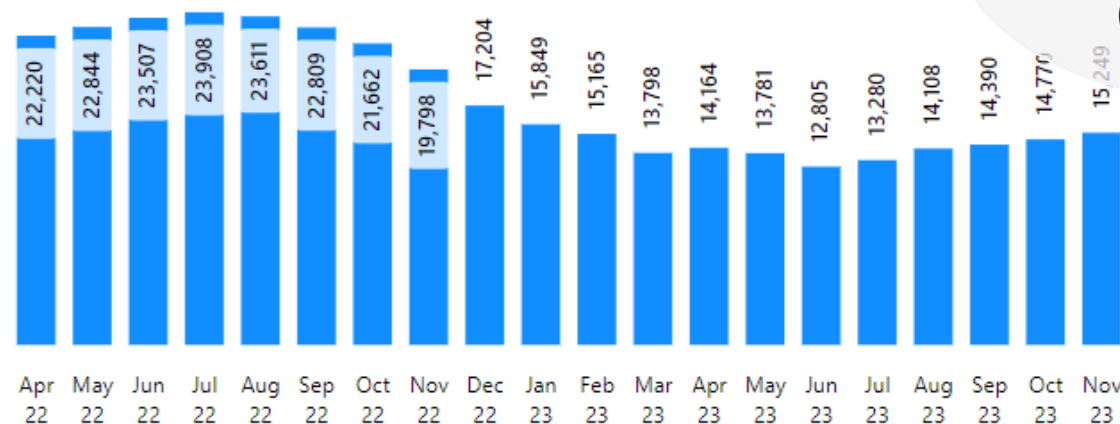
Patients waiting under 26 weeks



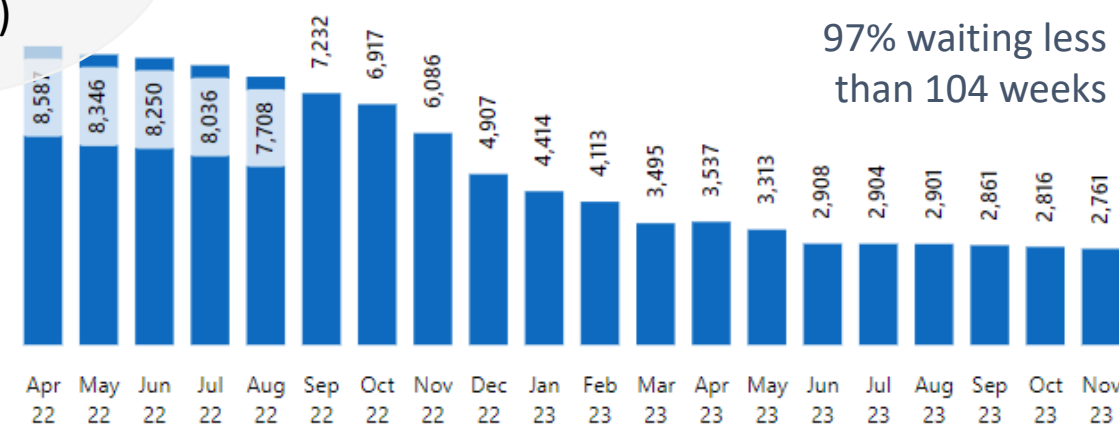
Patients waiting 36 weeks and over



Patients waiting over 52 weeks

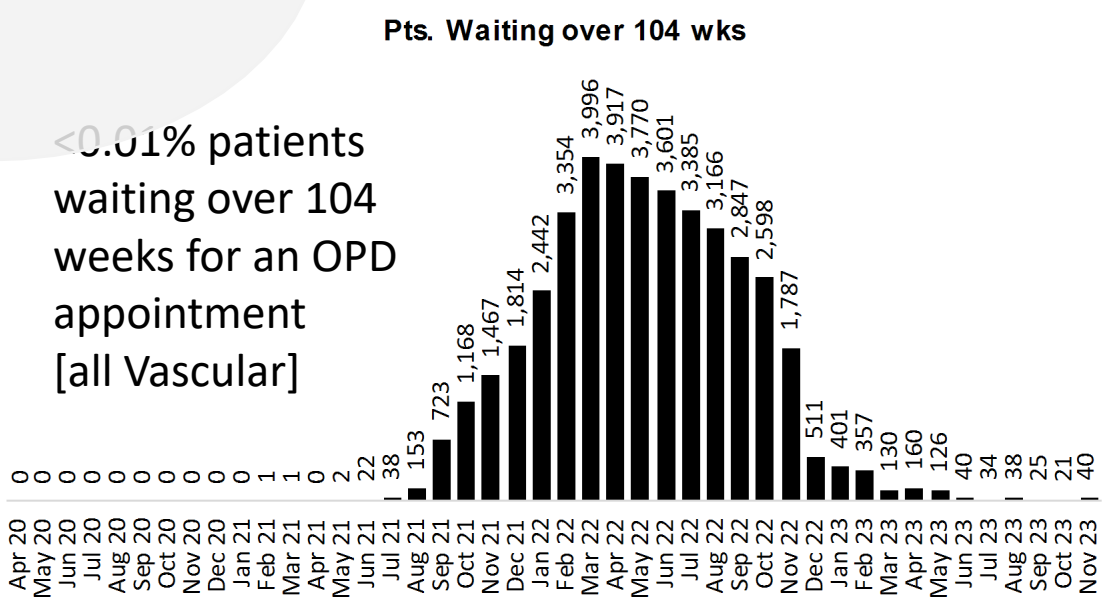
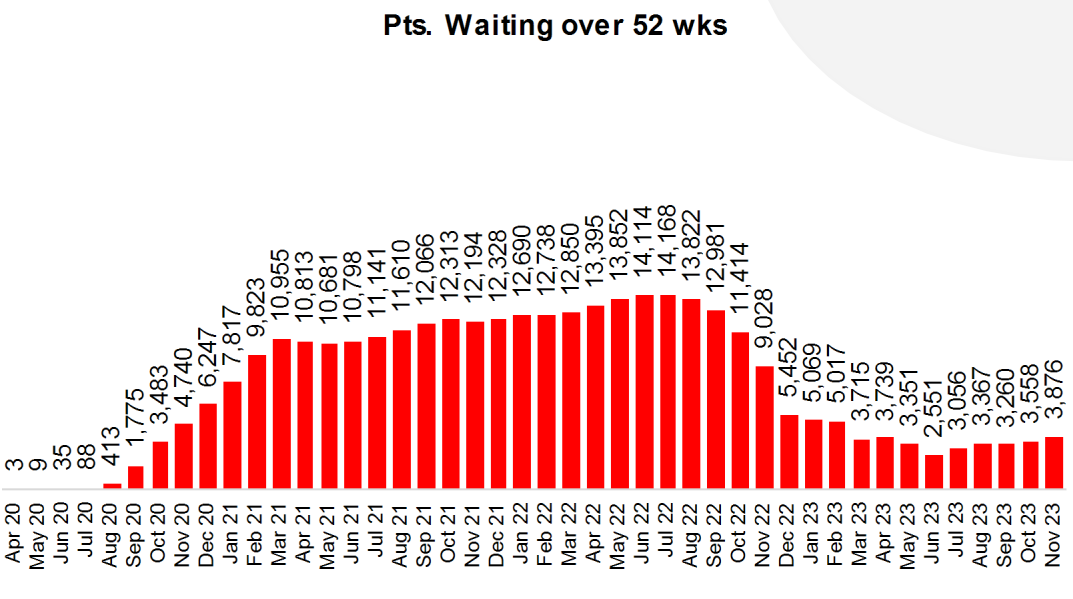
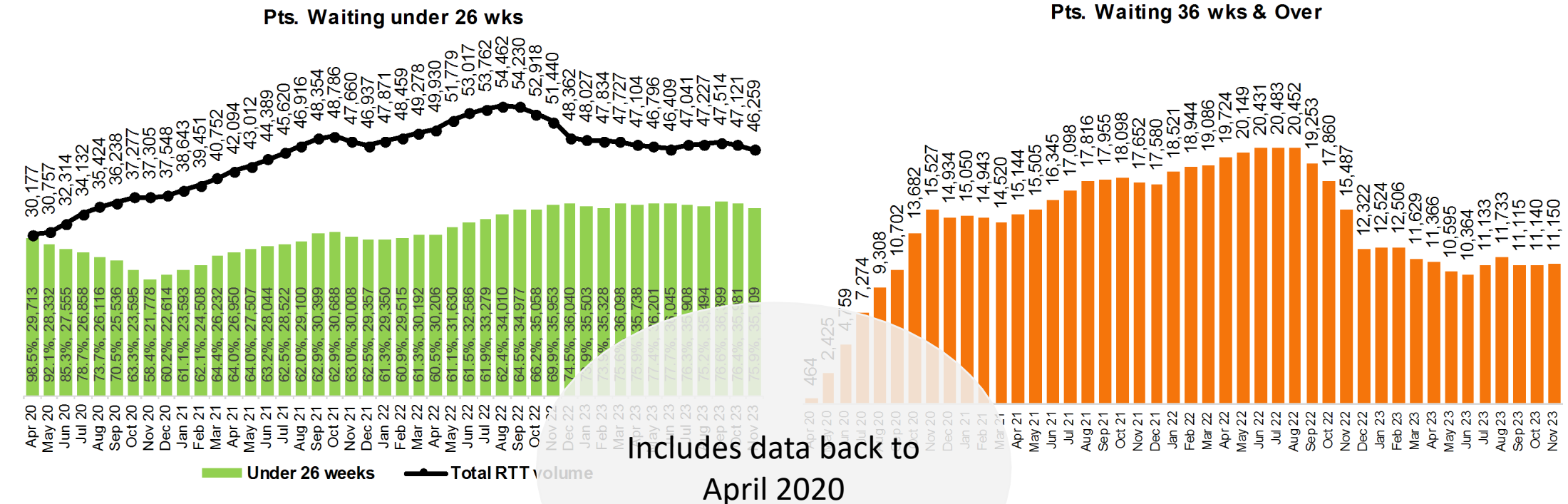


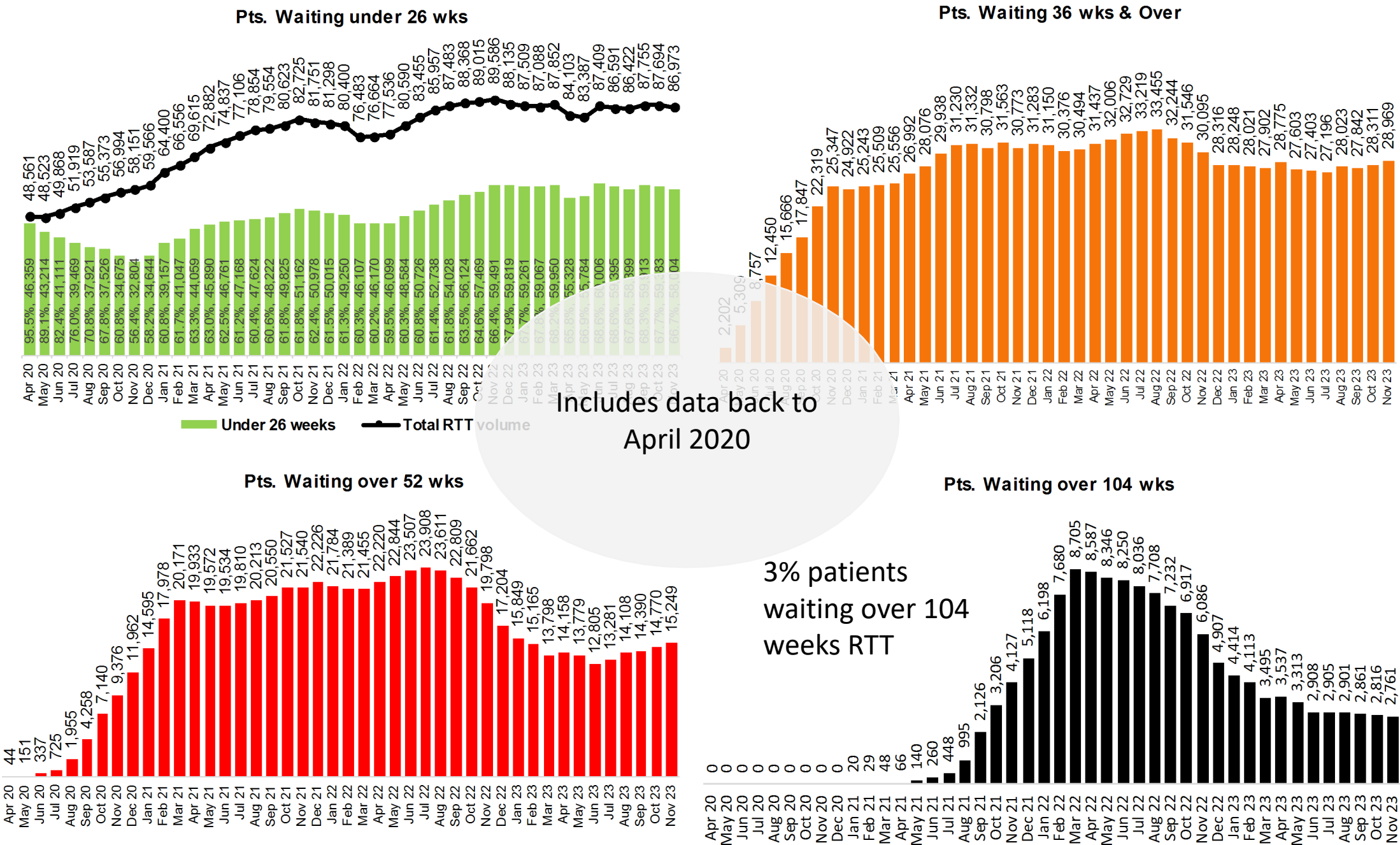
Patients waiting over 104 weeks

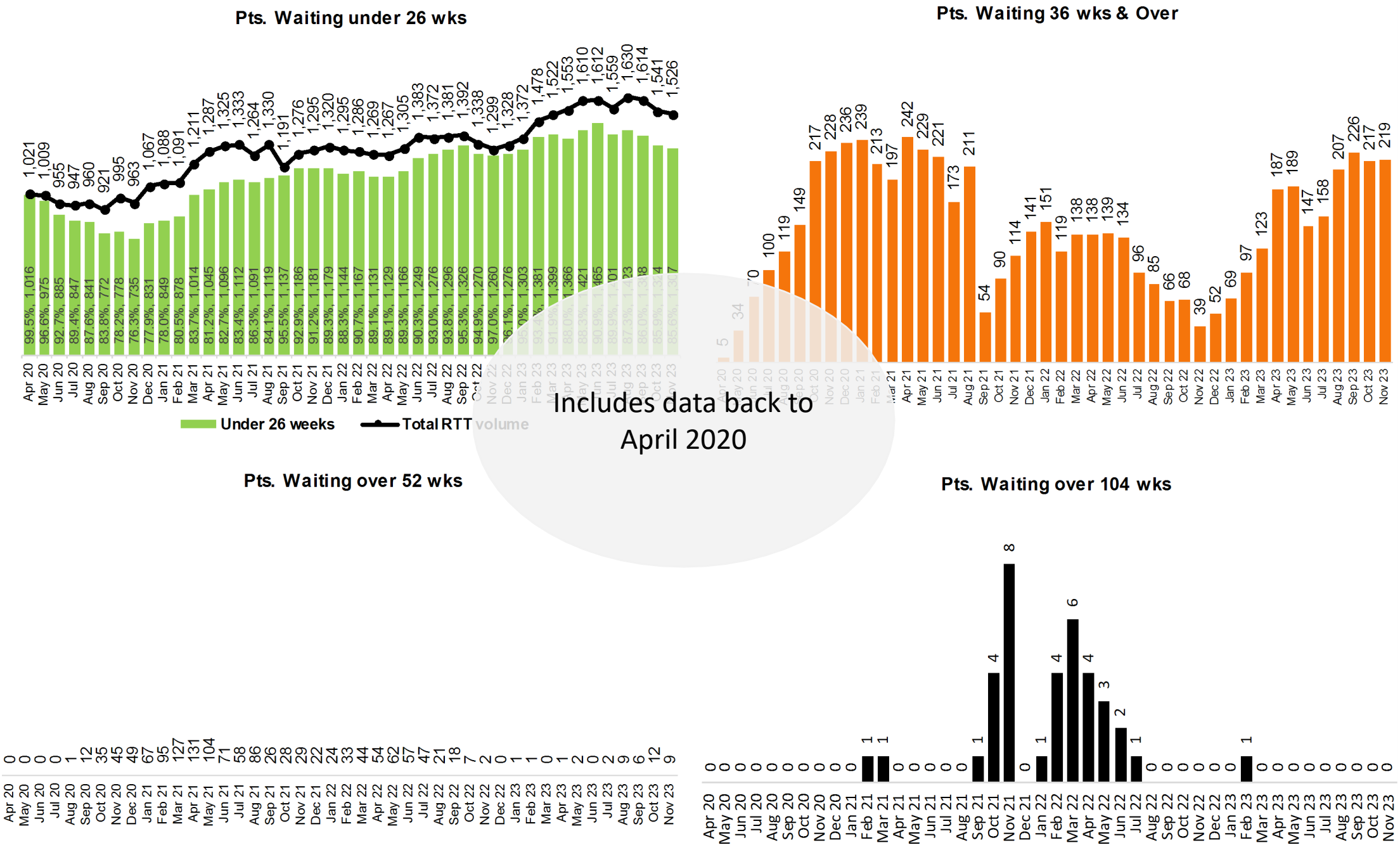


New
Performance
Dashboard
(Power BI)

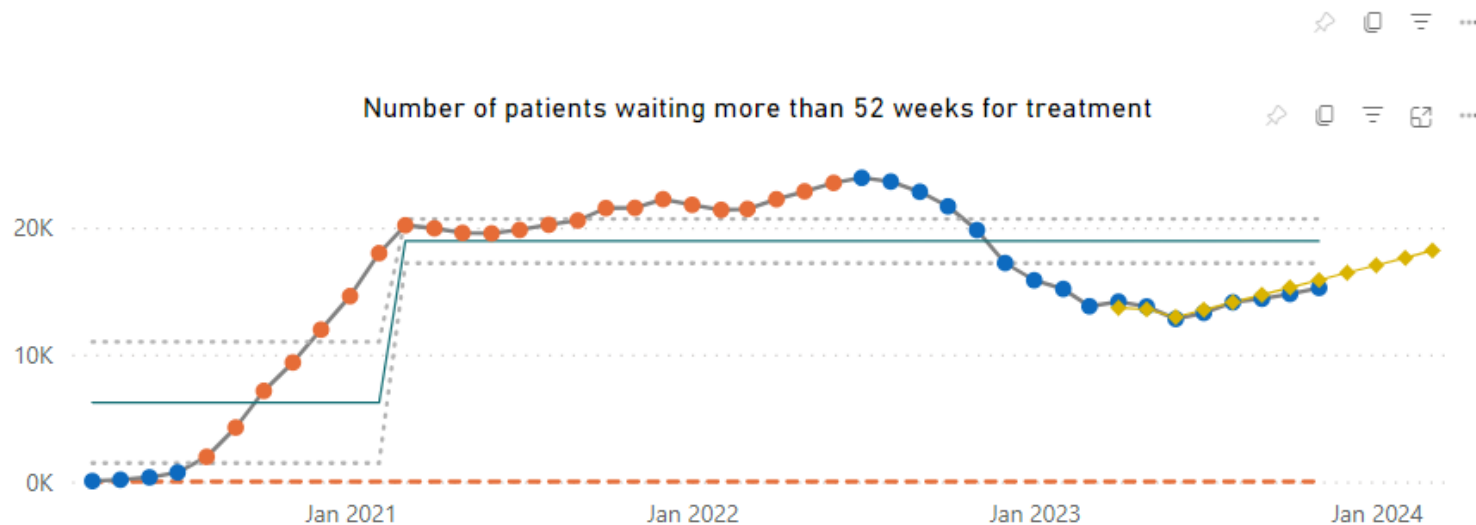
97% waiting less
than 104 weeks







Number of patients waiting more than 52 weeks for treatment



Trajectories are provisional pending approval by Welsh Government

Latest period	National target	Target aim	Latest actual	Variation	Assurance	Trajectory
Nov 2023	0	Lower	15249.0			

The latest data is showing improvement. However, improvement actions need to be identified and successfully embedded for the target to be met.

Expected performance is between 17185 and 20671

Key

- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

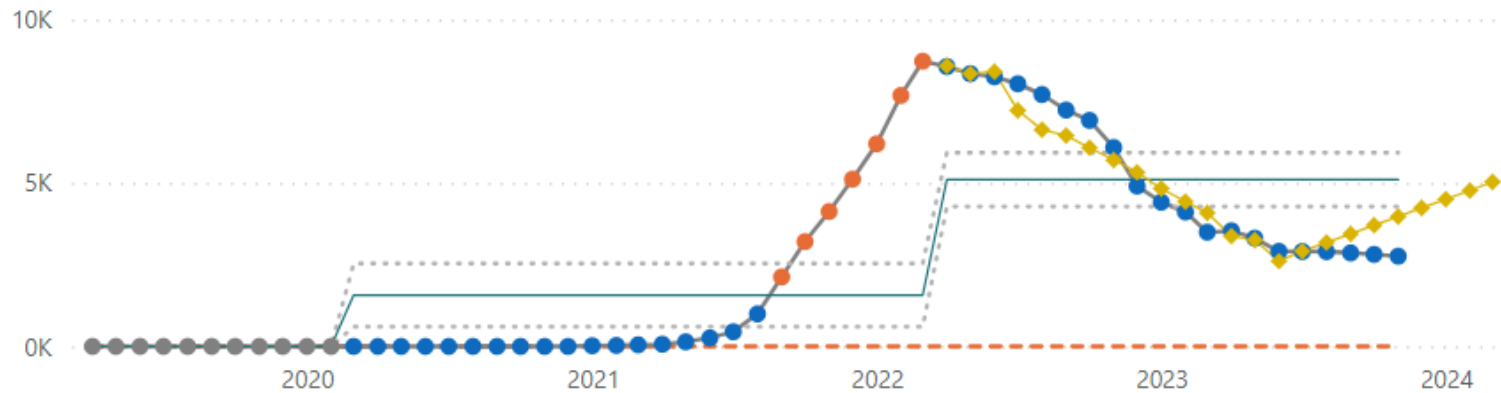
- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

Breaches increased in November 2023; however, Hywel Dda University health Board (HDdUHB) continues to show an improving trend. The trajectory for November 2023 (4,839) has been met. Reinforced Autoclaved Aerated Concrete (RAAC) issues at Withybush Hospital (WH) are impacting routine cohort activity due to prioritisation of Urgent Suspected Cancer and urgent activity. Teams are exploring alternative outpatient areas including local authority rooms. Other actions include deep dives into individual specialties, targeted work streams monitoring theatre utilisation and clinic capacity with regular scrutiny sessions, and targeted waiting list validation to enhance removal rates. The number of 52 week breaches for a new outpatient appointment is projected to increase for the remainder of this financial year within existing Health Board resources. Trajectories are subject to change pending additional recovery funding which is currently being scoped.

Number of patients waiting more than 104 weeks for treatment



Trajectories are provisional pending approval by Welsh Government

Latest period	National target	Target aim	Latest actual	Variation	Assurance	Trajectory
Nov 2023	0	Lower	2761			

The latest data is showing improvement. However, improvement actions need to be identified and successfully embedded for the target to be met.

Expected performance is between 4279 and 5927

Key

- Upper and lower limits
- Mean
- - - Target
- ◆ Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

- ▣ Always hitting target
- ▣ Hit and miss target
- ▣ Always missing target

Trajectory - performance against our ambition

- ◆ Trajectory met
- ◆ Within 5% of trajectory
- ◆ More than 5% off trajectory

The number of patients waiting over 104 weeks for treatment continues to show an improving trend and our trajectory for November 2023 (3,974) has been met. RAAC issues at WGH are impacting routine cohort activity due to prioritisation of Urgent Suspected Cancer and urgent activity. Teams are exploring alternative outpatient areas including local authority rooms. Other actions include deep dives into individual specialties, targeted work streams monitoring theatre utilisation and clinic capacity with regular scrutiny sessions, and targeted waiting list validation to enhance removal rates. The number of 104 week breaches for treatment is projected to increase for the remainder of this financial year within existing health board resources. Trajectories are 11/34 to change pending additional recovery funding which is currently being scoped.

Planned Care

104+ weeks waits for RTT

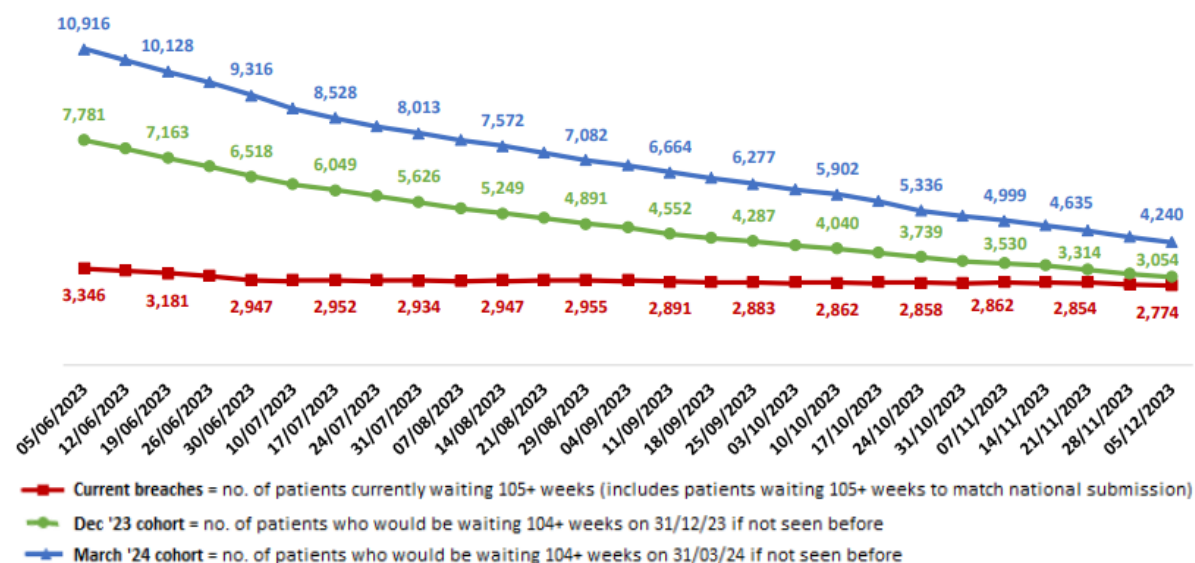
Please note: Our ambitions for December 2023 and March 2024 are subject to change pending potential additional recovery funding for 2023/24.

104 week+ RTT breaches as at 05/12/2023

Main specialty	Current Breaches	December 23 cohort	March 24 cohort
110 - Trauma & Orthopaedics	1,485 ↑	1,591	1,920
101 - Urology	745 ↓	788	951
130 - Ophthalmology	55 ↑	126	456
120 - ENT	249 ↑	278	403
104 - Colorectal	97 ↓	111	191
107 - Vascular	101 ↓	110	177
301 - Gastroenterology	2 ↓	2	49
330 - Dermatology	24 ↔	25	36
502 - Gynaecology	5 ↓	8	29
100 - General Surgery	9 ↔	12	22
191 - Pain Management	0 ↔	0	2
103 - Breast	0 ↔	1	1
410 - Rheumatology	0 ↔	0	1
320 - Cardiology	1 ↑	1	1
300 - General Medicine	1 ↔	1	1
Grand Total	2,774 ↓	3,054	4,240

Current breaches includes a comparison with the previous week: Improvement ↓, Deterioration ↑, No change ↔

104 week+ RTT breaches: Weekly breaches, December '23 cohort & March '24 cohort



Progress against trajectories:

Reduce the volume of patients waiting in excess of 104 weeks for total RTT pathway

	December 2023 cohort	March 2024 cohort
Ambition	4,239	5,034
Breaches as 5th December 2023	3,054	4,240

Planned Care

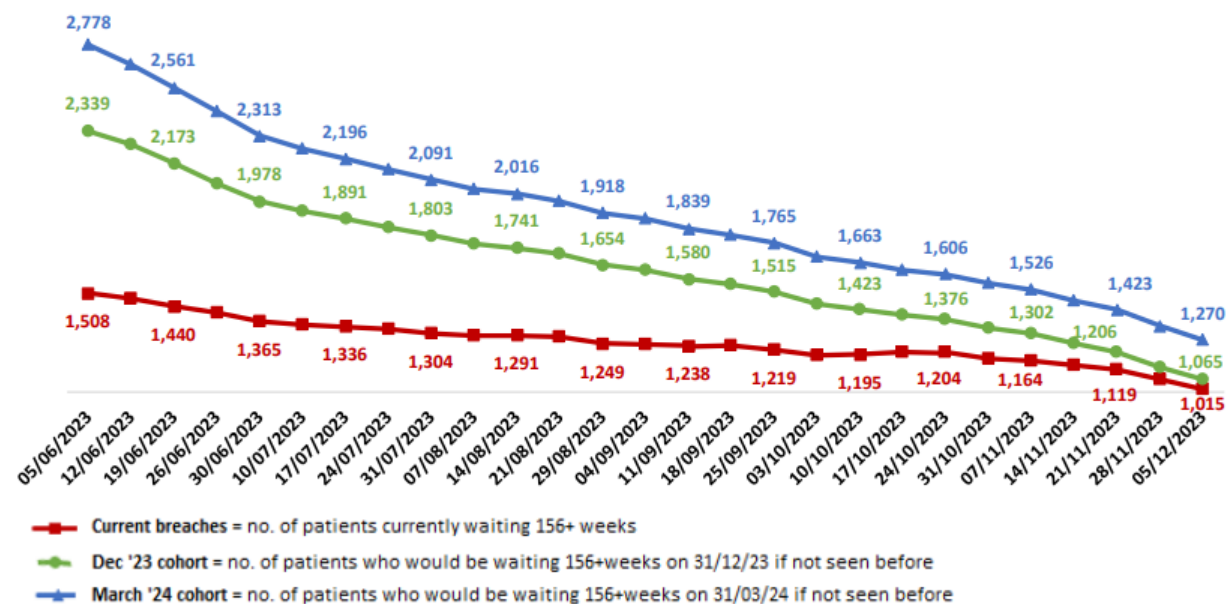
3 year+ waits for RTT

3 years+ RTT breaches as at 05/12/2023

Main specialty	Current Breaches	December 23 cohort	March 24 cohort
110 - Trauma & Orthopaedics	586 ↓	617	715
101 - Urology	249 ↓	264	343
120 - ENT	100 ↓	102	119
107 - Vascular	35 ↔	36	41
104 - Colorectal	25 ↔	26	31
330 - Dermatology	18 ↔	18	19
100 - General Surgery	2 ↔	2	2
Grand Total	1,015 ↓	1,065	1,270

Current breaches includes a comparison with the previous week: Improvement ↓, Deterioration ↑, No change ↔

3 year+ RTT breaches: Weekly breaches, December '23 cohort & March '24 cohort



Planned Care

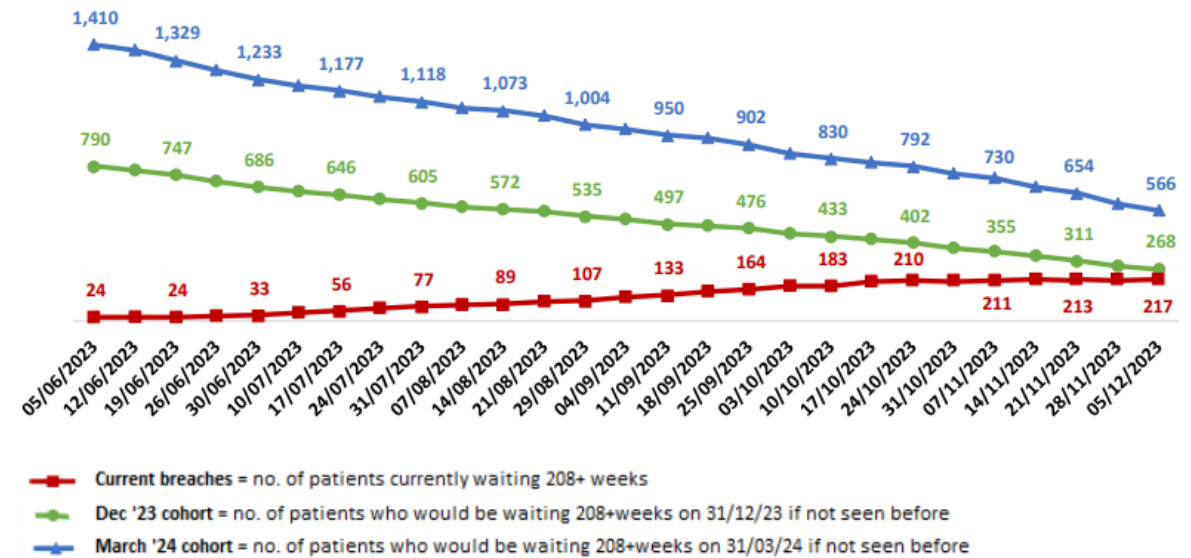
4 year+ waits for RTT

4 years+ RTT breaches as at 05/12/2023

Main specialty	Current Breaches	December 23 cohort	March 24 cohort
110 - Trauma & Orthopaedics	145 ↑	173	336
101 - Urology	44 ↓	57	123
120 - ENT	3 ↔	9	59
107 - Vascular	18 ↓	18	22
330 - Dermatology	4 ↑	7	16
104 - Colorectal	3 ↔	4	9
100 - General Surgery	0 ↔	0	1
Grand Total	217 ↑	268	566

Current breaches includes a comparison with the previous week: Improvement ↓, Deterioration ↑, No change ↔

4 year+ RTT breaches: Weekly breaches, December '23 cohort & March '24 cohort



2023/24 Q3 Trajectory (December 2023)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Specialty	End December (Q3) Cohort landing point No Additional WG Funds				
	36W ALL	52W S1	104W All	156W All	4Y ALL
100 - General Surgery	1215	0	8	1	0
101 - Urology	3510	724	710	215	50
103 - Breast	70	0	0	0	0
104 - Colorectal	2191	267	103	20	4
107 - Vascular	729	408	96	35	18
110 - Trauma & Orthopaedics	5233	15	1,526	578	157
120 - ENT	3055	1,350	249	87	4
130 - Ophthalmology	5783	956	79	0	0
191 - Pain Management	500	0	0	0	0
300 - General Medicine	255	5	0	0	0
302 - Endocrinology	2	0	0	0	0
307 - Diabetic Medicine	0	0	0	0	0
320 - Cardiology	252	0	0	0	0
318 - Stroke Medicine	8	0	0	0	
301 - Gastroenterology	2288	0	0	0	0
330 - Dermatology	2,671	265	21	12	0
340 - Respiratory Medicine	298	0	0	0	0
400 - Neurology	0	28	0	0	0
410 - Rheumatology	857	393	0	0	0
420 - Paediatrics	115	0	0	0	0
430 - Geriatric Medicine	199	17	0	0	0
502 - Gynaecology	1,088	0	1	0	0
Grand Total	30,319	4,428	2,793	948	233
Before Adjusted Pathway Date:	Submitted	5,400	4,239		

Estimated 4-year
breaches in Urology,
Colorectal, Vascular,
Ear, Nose and Throat
(ENT) and
Orthopaedics

2023/24 Q4 Trajectory (March 2024)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

	End of June (Q1) Position Actual				End of Sept. (Q2) Position Actual				End of March 2024 No WG Moneys				End of March 2024 With 2.8 Million			
	52W S1	104W All	156W All	4Y ALL	52W S1	104W All	156W All	4Y ALL	52W S1	104W All	156W All	4Y ALL	52W S1	104W All	156W All	4Y ALL
100 - General Surgery	1	190	122	1	1	8	1	0	0	29	0	0	0	0	0	0
101 - Urology	0	755	329	7	366	829	336	43	1,240	920	120	0	840	520	0	0
103 - Breast	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
104 - Colorectal	542	141	43	2	302	130	27	2	850	153	10	0	550	143	0	0
107 - Vascular	387	151	59	9	397	123	57	27	506	78	53	39	506	25	0	0
110 - Trauma & Orthopaedics	0	1,374	664	5	0	1,482	630	0	0	1,556	633	301	0	1,336	413	81
120 - ENT	1,621	230	104	0	1,393	227	104	0	1,550	369	105	45	1,400	264	0	0
130 - Ophthalmology		20	5	1	366	24	1	0	988	640	0	0	688	310	0	0
191 - Pain Management	0	16	1	0	0	0	0	0	0	0	0	0	16	0	0	0
300 - General Medicine	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
302 - Endocrinology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
307 - Diabetic Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
320 - Cardiology	0	0	0	0	0	0	0	0	70	0	0	0	70	0	0	0
318 - Stroke Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
301 - Gastroenterology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
330 - Dermatology	0	27	22	0	430	29	23	2	187	0	0	0	187	0	0	0
340 - Respiratory Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
400 - Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
410 - Rheumatology	0	0	0	0	0	0	0	0	543	0	0	0	443	0	0	0
420 - Paediatrics	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
430 - Geriatric Medicine	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
502 - Gynaecology	0	4	2	2	0	9	3	1	0	0	0	0	0	0	0	0
Other specialties	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	2,551	2,908	1,351	27	3,260	2,861	1,182	160	5,950	3,745	921	385	4,700	2,598	413	81

Original
scoping
For illustrative
purposes only

Note: Trajectories being revised to reflect additional activity including outsourcing and additional internal work. This includes scoping additional supporting staff requirements such as Anaesthetics, ODP's, Physios, OT's etc.)

2023/24 Q4 Trajectory (March 2024)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

	End of March 2024 Original Scoping with 2.8m			End of March 2024 No WG Monies			End of March 2024 Current Scoping with 2.8m			Notes	Cohort Reduction			Cost split per wait bracket			Agreed No's	Agreed Costs	To be Agreed	To be Agreed
	104W All	156W All	4Y ALL	104W All	156W All	4Y ALL	104W All	156W All	4Y ALL		104W All	156W All	4Y ALL	104W All	156W All	4Y ALL				
101 - Urology	520	0	0	920	400	0	520	0	0	120 Stones and TURP/Holeps pts. GGH Main Theatre weekly Saturday lists 5 pts (3 xLP & 2 xDC). No HDU/Enhanced Care patients. No bed base concerns. Internal solution (280 vasectomy pts) not included in this trajectory. Additional PPH lists being scoped/requested. New request for 54 WLI (Vasectomies). 280 patients circa 54k.	400	400	0	£ -	£225,384.00	£ -	400	£ 225,384.00		
104 - Colorectal	143	0	0	153	10	0	143	0	0	3 WLI lists requested for 10 parastomal hernia patients. EOI submitted requesting outsourcing. Awaiting onfirmation of costs.	10	10	0	£ -	£ 12,000.00	£ -	10	£ 12,000.00		
107 - Vascular	25	0	0	78	53	39	25	0	0	Combination of Podiatry and Consultant clinics will clinically validate off 53 patients. Some 54 patients will need FOAM Sclerotherapy (done in OPD PPH), some who need laser will go to SDU PPH. RISK - Pts who require SBUHB investigation may breach.	53	53	39	£ -	£ 3,402.53	£ 9,478.47	107	£ 12,882.00		
110 - Trauma & Orthopaedics	1,336	413	81	1,566	643	278	1,365	442	122	4/12/23 (AJ/LG): T&O have 4 different plans. Aim is to treat a total of 201 patients (201 x 104w, 201 x3y & 156 x 4y). Plan 1: 45 3y patients outsourced to Werndale (circa 370k) Plan 2: Lift/shift treating 78 x4y pts by Mar '24. No Cost. Plan 3: 13 Evening Sessions added to normal day session. 26 x4y pts. Cost £130,000 (with 2 a list there are extra joint costs). Plan 4: 26 WLI (All Day Sat or Sun) seeing 52 x4y pts. Cost = £260k. Plan 5: 26 Sessions (extra weekend day) seeing 52 x4y Pts. Cost £260k Note excluded due to fragility of staffing available. *** All above (except outsourcing) is reliant on PAC (& Other) support.	201	201	156	£ -	£370,068.75	£390,000.00	201	£ 760,068.75		
120 - ENT	264	0	0	312	66	5	242	0	0	20 WLI sessions GGH Theatre or DSU. Awaiting confirmation. 3.5pts a list. Total 104 pts = 70 are x104w, 66 x3y & 5 x4y. Tonsilectomies and Septoplasties.	70	66	5	£ 12,122.02	£ 82,160.38	£ -	70	£ 94,282.40		
130 - Ophthalmology	310	0	0	446	0	0	116	0	0	Current plan - Outsourcing 330 patients via BMI for cataracts (£1,085 per patient). Total cost £358,050.00. Decision - to land at the original position of 320 would mean only treating 126 patients (T=£136,710.)	330	0	0	£358,050.00	£ -	£ -	330	£ 358,050.00		
RTT Total	2,598	413	81	3,475	1,172	322	2,411	442	122		1064	730	200	£370,172.02	£693,015.66	£399,478.47	1,118	£ 1,462,667.15	0	0.00
Diagnostics	23-Jul	23-Aug	23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	Notes	Breach Reduction			Agreed			To be Agreed			
Endoscopy	1,916	2,005	2,039	1,785	1,775	1,768	1,761	1,694	1,627	Current Agreed: 5 lists p/w 3WLI & 2Cons (T=5) Recover April 2026.			360							
	1,916	2,005	2,039	1,785	1,775	1,768	1,653	1,538	1,423	Extra Plan A: 2 Extra Insourcing lists. (T=7) Recovery Apr 25.			144							
	1,916	2,005	2,039	1,785	1,775	1,768	1,629	1,490	1,351	Extra Plan B: 1 Extra Insourcing list. (T=8) Recover Jan 25.			72							
	1,916	2,005	2,039	1,785	1,775	1,768	1,605	1,442	1,279	Extra Plan C: 1 Extra Insourcing list. (T=9) Recover Nov 24.			72							
	1,916	2,005	2,039	1,785	1,775	1,768	1,581	1,394	1,207	Extra Plan D: 1 Extra insourcing list. (T=10) Recover Oct 24.			72							
	1,916	2,005	2,039	1,785	1,775	1,768	1,533	1,298	1,063	Extra Plan E: 2 Extra Insourcing list. (T=12) Recover Aug 24.			144							
Radiology US													TBC							
Radiology MRI													TBC							

Note: Trajectories being revised to reflect additional activity including outsourcing and additional internal work. This includes scoping additional supporting staff requirements such as Anaesthetics, ODP's, Physios, Occupational Therapists (Ots) etc.)

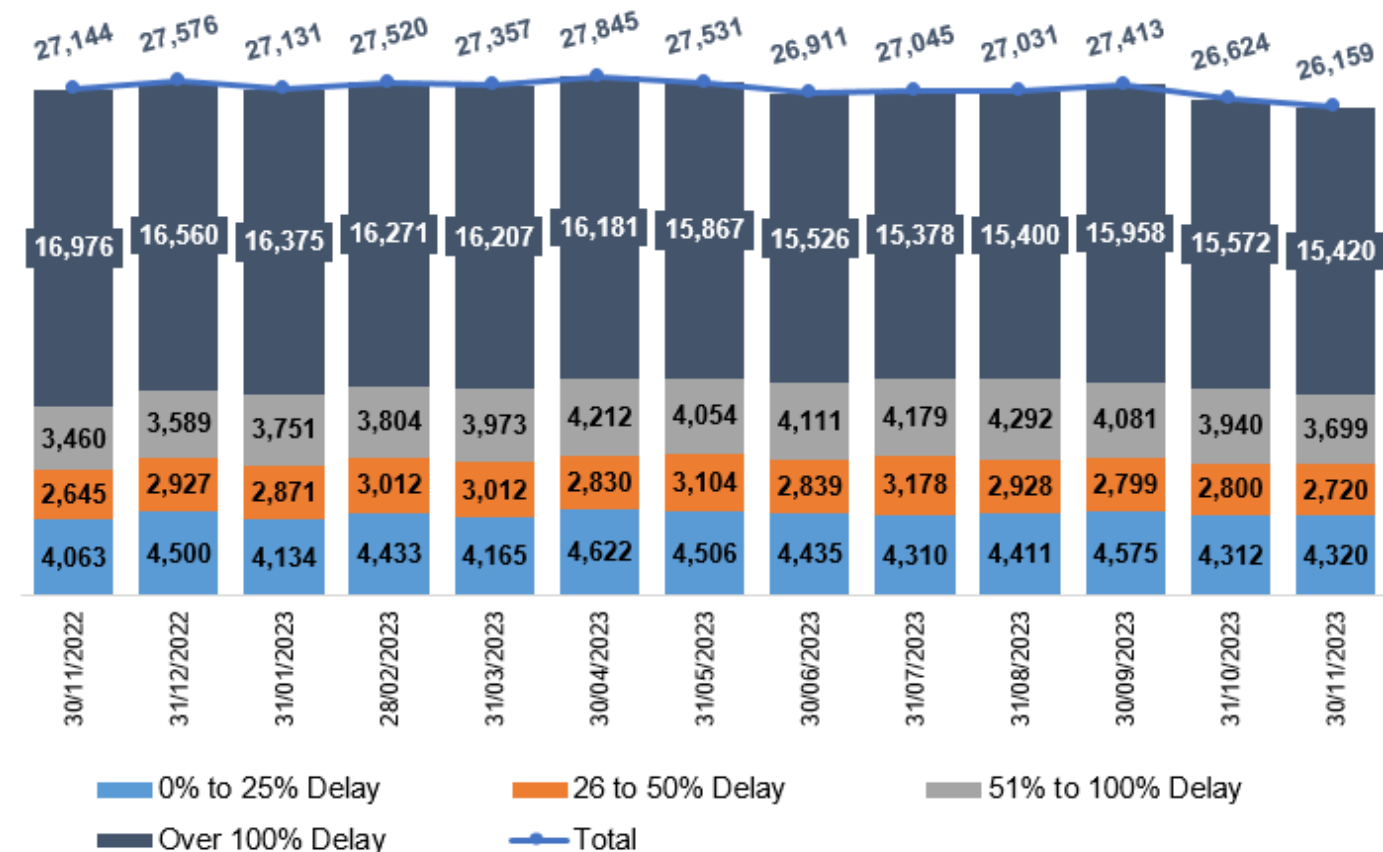
Outpatient Transformation

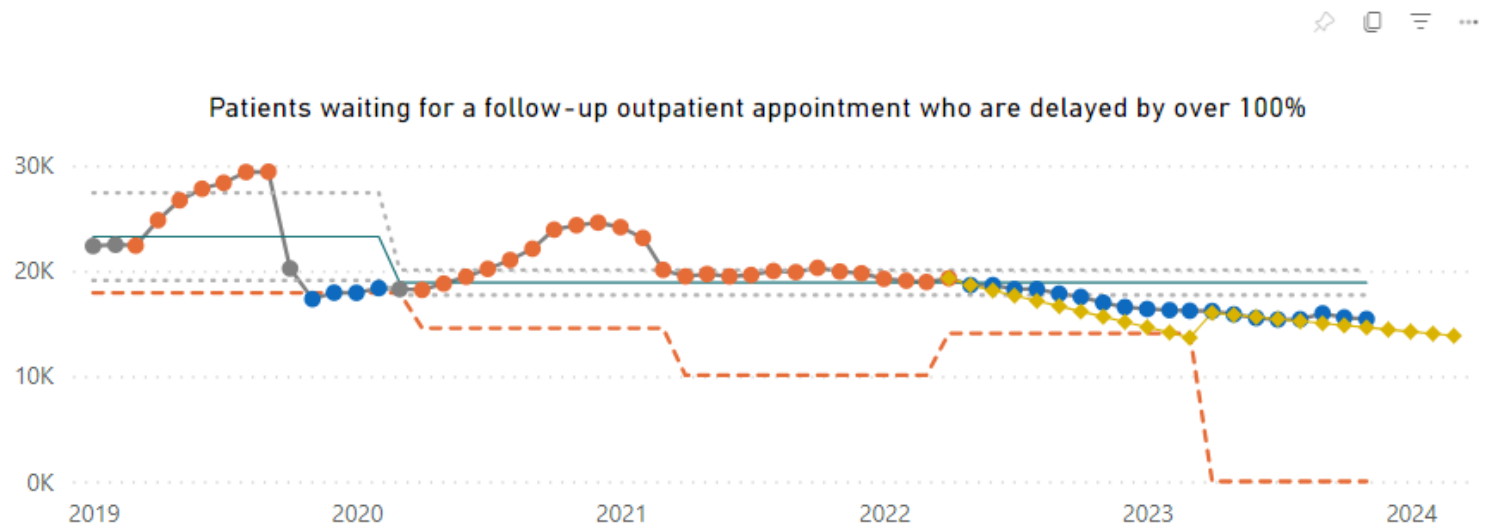


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- Delayed follow-ups have shown consistent improvement
- October 2023 has the lowest volume all year
- See on Symptom (SoS) /Patient Initiated Follow-Up (PIFU) approaches are well embedded
- Discharge rates post OP assessment remain high, indicative of clear clinical decision making in accordance with specialty guidance





2023/24 target: Improvement trajectory towards national target of 0. Trajectories are provisional pending approval by Welsh Government

Latest period	National target	Target aim	Latest actual	Variation	Assurance	Trajectory
Nov 2023	0	Lower	15420.0			

The latest data is showing improvement. However, improvement actions need to be identified and successfully embedded for the target to be met.

Expected performance is between 17686 and 20077

Key

- Upper and lower limits
- Mean
- Target
- Ambition

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition

- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

The number of patients waiting for a follow up appointment who are delayed by over 100% of their target date continues to show an improving trend, although the trajectory for November 2023 (14,623) was missed. The number of breaches has reduced by 152 since the previous month (October 2023). Consistent improved performance is due to outpatient throughput being increased, an increase in the use of alternative pathways such as See on Symptoms (SOS) / Patient Initiated Follow Up (PIFU), and a dedicated follow up validation team. Trajectories are subject to change pending potential additional recovery funding for 2023/24.

November 2023 New Patients discharged/SOS/PIFU

New patients in November 23	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)		Total Attendances
103 - Breast	125	27%	7	2%	333	72%	340	73%	465
410 - Rheumatology	41	43%	24	25%	31	32%	55	57%	96
328 - Stroke Medicine	26	43%	0	0%	34	57%	34	57%	60
400 - Neurology	54	45%	27	23%	39	33%	66	55%	120
300 - General Medicine	53	46%	1	1%	60	53%	61	54%	114
120 - ENT	395	54%	24	3%	307	42%	331	46%	726
107 - Vascular	28	57%	0	0%	21	43%	21	43%	49
110 - Trauma & Orthopaedics	799	60%	325	24%	216	16%	541	40%	1,340
302 - Endocrinology	41	60%	2	3%	25	37%	27	40%	68
320 - Cardiology	152	60%	23	9%	77	31%	100	40%	252
502 - Gynaecology	488	61%	81	10%	232	29%	313	39%	801
430 - Geriatric Medicine	57	63%	1	1%	32	36%	33	37%	90
301 - Gastroenterology	223	63%	14	4%	115	33%	129	37%	352
420 - Paediatrics	178	65%	17	6%	77	28%	94	35%	272
100 - General Surgery	94	67%	15	11%	31	22%	46	33%	140
340 - Respiratory Medicine	172	69%	1	0%	76	31%	77	31%	249
104 - Colorectal	360	75%	20	4%	98	21%	118	25%	478
130 - Ophthalmology	604	76%	30	4%	161	20%	191	24%	795
307 - Diabetic Medicine	34	79%	2	5%	7	16%	9	21%	43
101 - Urology	166	80%	14	7%	27	13%	41	20%	207
303 - Clinical Haematology	74	81%	0	0%	17	19%	17	19%	91
330 - Dermatology	746	82%	38	4%	122	13%	160	18%	906
361 - Nephrology	32	94%	1	3%	1	3%	2	6%	34
Grand Total	4,942	64%	667	9%	2,139	28%	2,806	36%	7,748

November 2023 Follow Up Patients discharged/SOS/PIFU

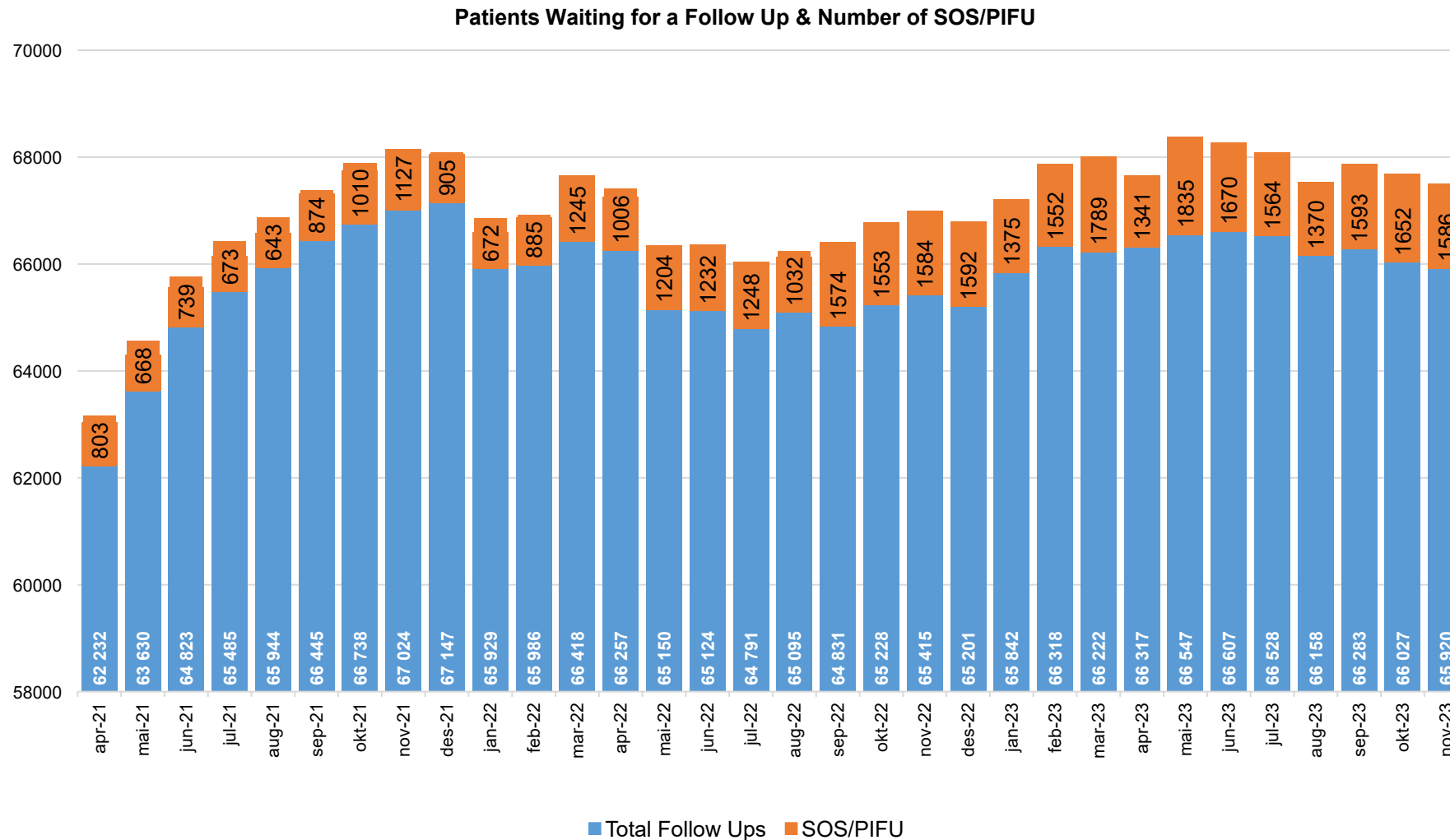
	Return patients in November 23	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)		Total Attendances
328 - Stroke Medicine	7	26%	0	0%	20	74%	20	74%	27	
110 - Trauma & Orthopaedics	1,345	64%	395	19%	358	17%	753	36%	2,098	
400 - Neurology	90	65%	34	24%	15	11%	49	35%	139	
320 - Cardiology	195	66%	20	7%	81	27%	101	34%	296	
104 - Colorectal	115	67%	8	5%	49	28%	57	33%	172	
100 - General Surgery	30	68%	6	14%	8	18%	14	32%	44	
107 - Vascular	84	68%	8	7%	31	25%	39	32%	123	
502 - Gynaecology	626	74%	63	7%	158	19%	221	26%	847	
300 - General Medicine	69	75%	4	4%	19	21%	23	25%	92	
301 - Gastroenterology	488	78%	45	7%	95	15%	140	22%	628	
120 - ENT	552	78%	29	4%	129	18%	158	22%	710	
420 - Paediatrics	391	80%	31	6%	68	14%	99	20%	490	
330 - Dermatology	360	81%	29	7%	53	12%	82	19%	442	
340 - Respiratory Medicine	380	82%	18	4%	68	15%	86	18%	466	
101 - Urology	798	83%	78	8%	90	9%	168	17%	966	
430 - Geriatric Medicine	160	83%	1	1%	32	17%	33	17%	193	
410 - Rheumatology	313	83%	51	14%	12	3%	63	17%	376	
302 - Endocrinology	144	86%	5	3%	19	11%	24	14%	168	
103 - Breast	492	88%	11	2%	59	10%	70	12%	562	
130 - Ophthalmology	1,488	88%	27	2%	171	10%	198	12%	1,686	
307 - Diabetic Medicine	196	95%	0	0%	11	5%	11	5%	207	
303 - Clinical Haematology	928	97%	0	0%	30	3%	30	3%	958	
361 - Nephrology	145	97%	0	0%	4	3%	4	3%	149	
Grand Total	9,396	79%	863	7%	1,580	13%	2,443	21%	11,839	

21/34

21/59

Planned Care Recovery (Planning Objective 4a)

Follow Up Patients discharged to SOS PIFU



Over **47k** patients on SOS/PIFU

29,917 x SOS

17,936 x PIFU

27 Specialties

188 Clinical conditions

285 Clinicians

Capacity Improvements

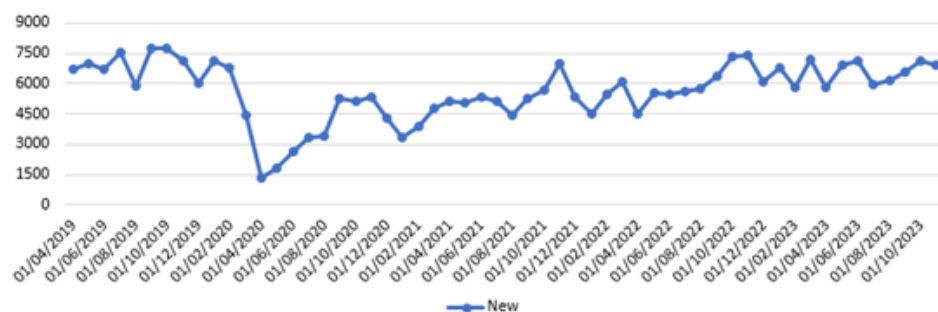
The following slide highlights:

- Day Cases in November 2023 compare well to November 2022 with a 12% improvement.
- Inpatient activity has improved by 18%.
- The 32% reduction in General Surgery IP activity is due to stricter clinical guidelines when patients are considered for surgery
- IP Capacity is impacted by the following
 - Key workforce challenges (anaesthetics and theatre staffing)
 - Reduced bed availability compared to pre-pandemic (UEC capacity pressures)
 - Physical infrastructure challenges at WGH limiting overall volumes
- Any OPD activity previously affected by RAAC has been resolved.

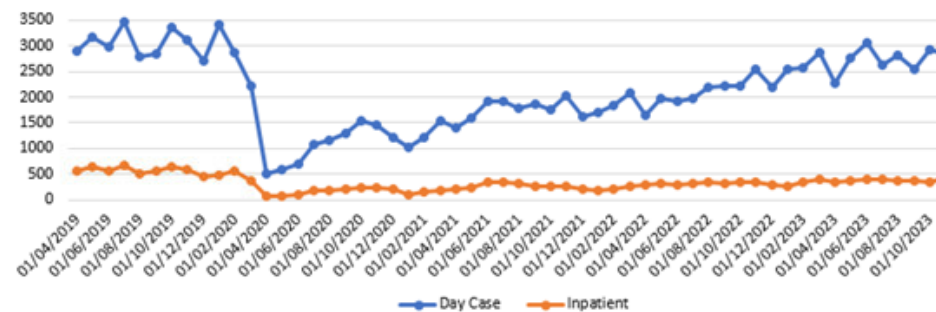
Planned care recovery: Ensure actual activity realised is back to 2019/20 levels especially in surgical specialties
(Enhanced monitoring condition and accountability condition)

Latest period	Latest actual	Variation	Assurance	Trajectory	Notes
November 2023	n/a	n/a	n/a	n/a	<p>Compared to November 2022, in November 2023 (for selected surgical specialties), we completed;</p> <ul style="list-style-type: none"> 11% less new outpatient appointments 21% more inpatient procedures 10% more day case procedures.

Monthly outpatient activity (all specialties): Apr 19 to Nov 23



Monthly inpatient & day case activity (all specialties): Apr 19 to Nov 23



Planned Care activity: Nov 22 compared to Nov 23

Selected surgical Specialties	New Outpatient				Inpatient				Day case			
	2019/20 avg.	Nov 22	Nov 23	% change: Nov 22 to Nov 23	2019/20 avg.	Nov 22	Nov 23	% change: Nov 22 to Nov 23	2019/20 avg.	Nov 22	Nov 23	% change: Nov 22 to Nov 23
Breast	337	371	488	+32%	37	52	56	+8%	-	-	-	-
Colorectal	195	256	495	+93%	14	24	34	+42%	24	44	114	+159%
ENT	564	688	744	+8%	46	38	60	+58%	51	50	57	+14%
Gastroenterology	302	349	357	+2%	-	-	-	-	573	501	582	+16%
General Surgery	362	364	143	-61%	75	25	17	-32%	512	292	200	-32%
Gynaecology	712	942	800	-15%	43	37	47	+27%	133	134	111	-17%
Ophthalmology	673	650	420	-35%	-	-	-	-	327	183	208	+14%
Trauma & Orthopaedics	615	631	548	-13%	198	67	104	+55%	217	154	203	+32%
Urology	262	481	208	-57%	107	88	81	-8%	434	416	484	+16%
Selected surgical specialties total	4,022	4,732	4,203	-11%	520	331	399	+21%	2,271	1,774	1,959	+10%
All specialties grand total	6,745	7,386	6,953	-6%	547	352	417	+18%	2,985	2,538	2,849	+12%

2019/20 monthly average figures included for reference. Where data for a specialty is lower than 10, a dash (-) is shown, and the figure is included in the 'All specialties grand total' field.

Planned Care Recovery (Planning Objective 4a)

Regional Opportunities

This slide provides an overview of the key regional recovery opportunities, jointly developed with SBUHB:

Ophthalmology:

- Medium term regional cataract strategy supported by Welsh Government (WG) in 2022/23 with investment in capacity at Amman Valley Hospital (AVH) supported by capacity at Glangwili and Bronglais Hospitals
- Higher volume principles incrementally adopted at AVH during 2022/23 - increase to eight cataracts per list with Financial Year End (FYE) modelled for 2023/24
- Workforce deficit continues to limit clinical session capacity expansion ambitions with resultant demand/capacity imbalance at Stage 1
- Although recurrent Stage 4 demand / capacity now approaching balance (due to use of independent sector to reduce backlogs during 2022/23), significant backlog of 36/52+ week patients remains
- **Short –term 2023/24 (backlog reduction)**
 - Potential to resolve forecast 36/52 week breaches and address backlogs by March 2024 through mix of partnership solutions with Swansea Board University Health Board (SBUHB), supplemented by independent sector / insource capacity, with additional investment
- **Medium-Long term (sustainability)**
 - Regional recruitment opportunities to enhance current workforce, address recurrent Stage 1 capacity gap and sustain Stage 4 demand/capacity balance

Endoscopy:

- Regional Endoscopy recovery plan, jointly developed with SBUHB, submitted to WG December 2022
- Demand and capacity modelling supported by Delivery Unit
- Unsustainable demand / capacity imbalance across South West Wales region (active waiting list and surveillance deficits) – 44 lists deficit per week
- Circa 40% of current physical capacity not utilised due to regional workforce shortage
- Regional plan outlined a five year recovery plan, subject to WG Recovery Fund support
- **Short –term (reduce backlogs)**
 - Embed recent workforce improvements (nurse endoscopists and consultants)
 - Waiting List Initiatives (WLIs) / insource / outsource solutions to reduce backlogs
- **Medium-Long term (sustainability)**
 - Further clinical endoscopist workforce development (20 lists per week by 2025/26)
 - Further increase funded lists
 - Resource implications – circa £7m per year over three years reducing to £3.7m in 2026/27

Orthopaedics:

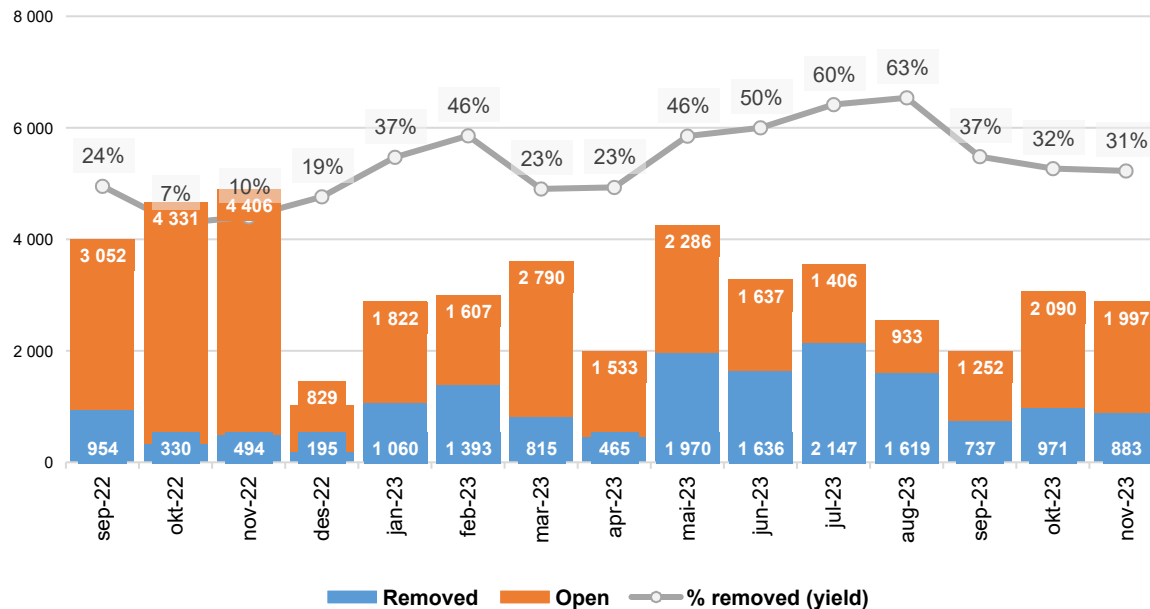
- Exponential growth in HDdUHB IP demand due to recurrent capacity deficit (forecast three fold increase in IP waiting list over next five years). Forecast recurrent IP deficit (circa 819 cases) but DC surplus
 - SBUHB expected to close current IP deficit for HVLC (high volume, low complexity) cases via NPT development but remaining deficit for LVHC cases and day cases
- Scenario 1:
- Potential to deliver an additional six weekly Orthopaedic IP operating sessions at Prince Philip Hospital (PPH), enabling an approximate additional 500 joint replacement procedures over a 12 month period. Successful implementation will be subject to workforce availability and engagement with staff across the region. This has **not** been included in HDdUHB modelling assumptions until confirmed.
- Scenario 2:
- Due to clinical concerns regarding restricted access for LVHC patients, emerging clinical proposal to concentrate of LVHC regional cases via PPH (and Morriston Hospital (MH)) with HVLC cases via NPT (and Bronglais Hospital (BH))
 - Day case surgery to continue at majority of sites across South West Wales region
 - Would enable greater focus on LVHC priority cases across region **but** would significantly reduce forecast throughput per list at PPH and significantly increase forecast HDdUHB Stage 4 (36/52 week) breaches. This proposal would limit HDdUHB progress versus ministerial priorities without mitigating additional HVLC IP capacity solutions to close gap:
 - Supplement internal capacity in short term via independent sector
 - Consideration of opportunities to regionalise waiting list
 - Support medium term recovery through conversion of 2 x PPH theatres to Laminar Flow to support additional HVLC volumes

Validation Summary to end of November 2023

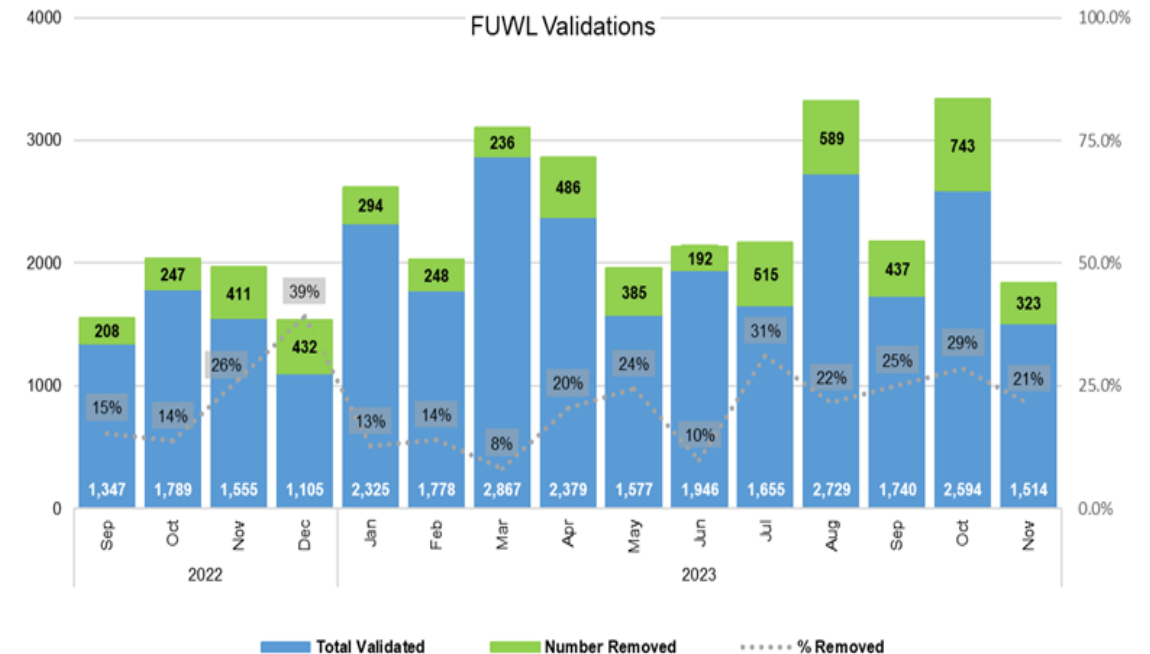
- RTT Removals are largely in Stage 2 and 3. Higher removal rates in Stage 1 are due to using analysis to target probable removals.
- From the period September 2022 to November 2023 a total of 47640 pathways have been validated with 15699 removals, giving a removal rate of 33%.
- **Removals from the waiting list are commonly:**
 - Stage 1: Expedite referrals where patients are already on other waiting lists. Patients that have been seen in the same/similar specialty in the last year.
 - Stage 2 and 3: Diagnostic tests are all clear and consultants have written letters to patients, but they have not been taken off the waiting list.
 - Stage 4: Much rarer to have removals in the treatment/surgical cohort, but patients can be unfit, are listed twice for bilateral operations, seen in private sector.

- Follow up waiting list (FUWL) validations continue with clinical validation in Urology with the Community nurses to ensure the follow up waiting lists are clean.
- The validators work on the over 100% delayed cohort, ensuring that specialties are validated regularly.
- Specific focus continues to identify patients that can be put on an SOS/PIFU pathway where appropriate, protecting outpatient capacity for clinical need and new unseen patients.
- From the period September 2022 - November 2023, a total of 28900 records have been validated, with a total of 5746 removals, giving a 20% removal rate.

RTT Validation (All Stages)

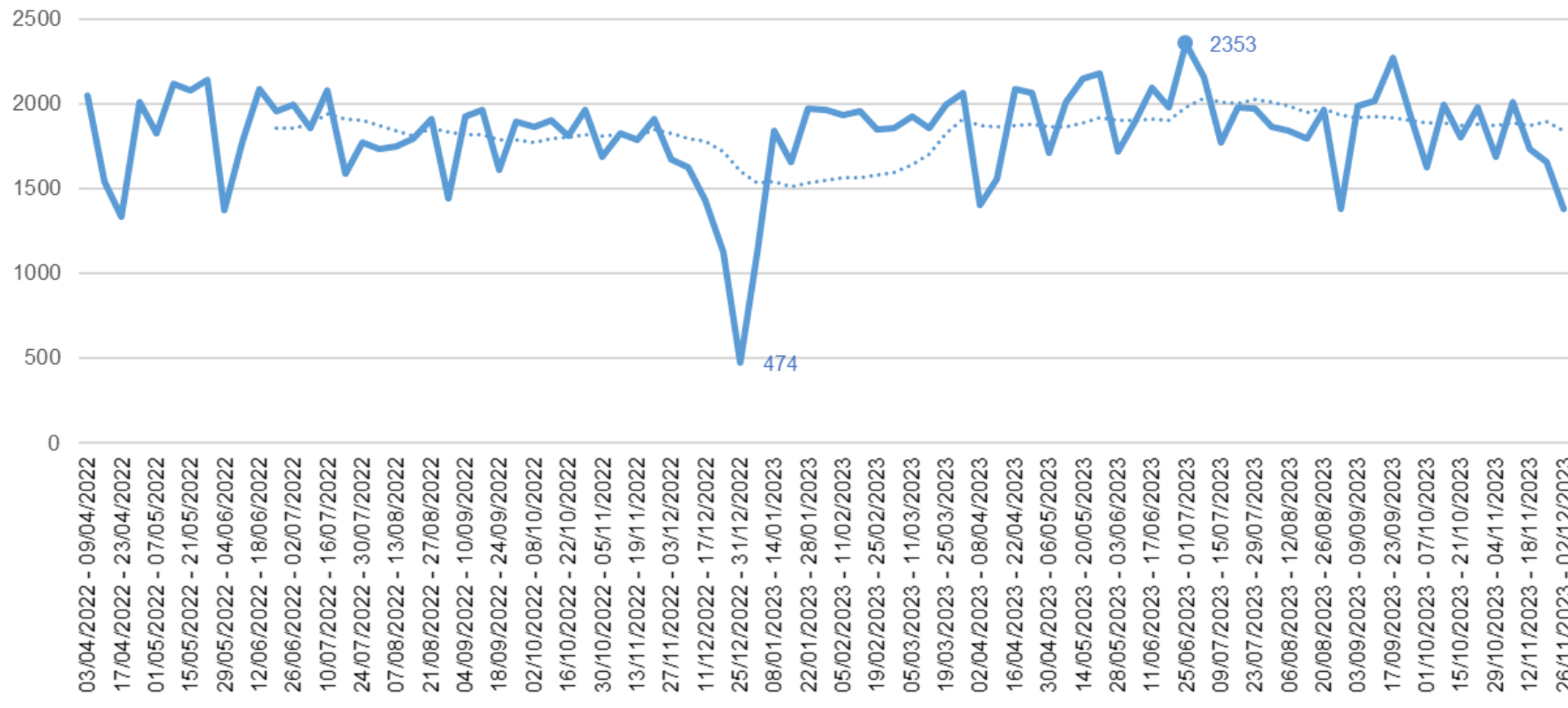


FUWL Validations



Referrals into Planned Care

Weekly additions to WL [Referrals minus ROTT]



Average waiting
list from April
2022:

2,564 weekly
referrals

740 Removed
other than treated
(ROTT)

1,884 additions to
waiting list

Referrals into Planned Care per Specialty

Specialty	All	RoTT	Additions to WL	ROTT Rate
100 - General Surgery	12,763	9,540	3,223	75%
320 - Cardiology	14,777	8,929	5,848	60%
301 - Gastroenterology	17,471	9,964	7,507	57%
104 - Colorectal	16,183	7,309	8,874	45%
410 - Rheumatology	4,394	1,639	2,755	37%
430 - Geriatric Medicine	2,624	951	1,673	36%
107 - Vascular	2,449	784	1,665	32%
307 - Diabetic Medicine	1,307	411	896	31%
420 - Paediatrics	10,385	3,211	7,174	31%
101 - Urology	10,114	3,021	7,093	30%
300 - General Medicine	3,746	1,111	2,635	30%
400 - Neurology	5,441	1,489	3,952	27%
120 - ENT	14,653	3,953	10,700	27%
330 - Dermatology	19,859	3,723	16,136	19%
130 - Ophthalmology	26,336	3,981	22,355	15%
328 - Stroke Medicine	699	97	602	14%
502 - Gynaecology	18,867	1,999	16,868	11%
103 - Breast	8,341	619	7,722	7%
110 - Trauma & Orthopaedics	32,701	1,674	31,027	5%
Total	96,213	46,870	49,343	49%

Average waiting
list from April
2022:

2,564 weekly
referrals

740 Removed
other than treated
(ROTT)

1,884 additions to
waiting list

Interventions Not Normally Undertaken (INNU) Implementation

- Health Board produced an INNU dashboard (shows INNUs undertaken)
- Dashboard being developed to include current list of INNUs on Waiting List
- Health Board cross check daily Patient Tracking List (PTL) with current list of INNUs (using lookup)
- Currently <1% of patients coded as an INNU (circa 1k patients)
- All long waiting INNUs have been admin validated (part of cohort management)
- All INNUs have been clinically validated. Patients that remain listed are patients who have met the clinical criteria to be listed.
- Notes added to PTL Free Text for clinical decision to treat
- Weekly Watchtower used to track INNU volumes (Validation led)
- Monthly governance group set up to ratify decisions that contravene INNU
- Patient communication letter on Welsh Patient Administration System (WPAS) system
- Challenges include accuracy of coding
- INNU Referrals will reduce as part of My Health Pathway work
- Additional INNU scrutiny undertaken prior to any WLI activity

How HDdUHB implements RTT Guidelines



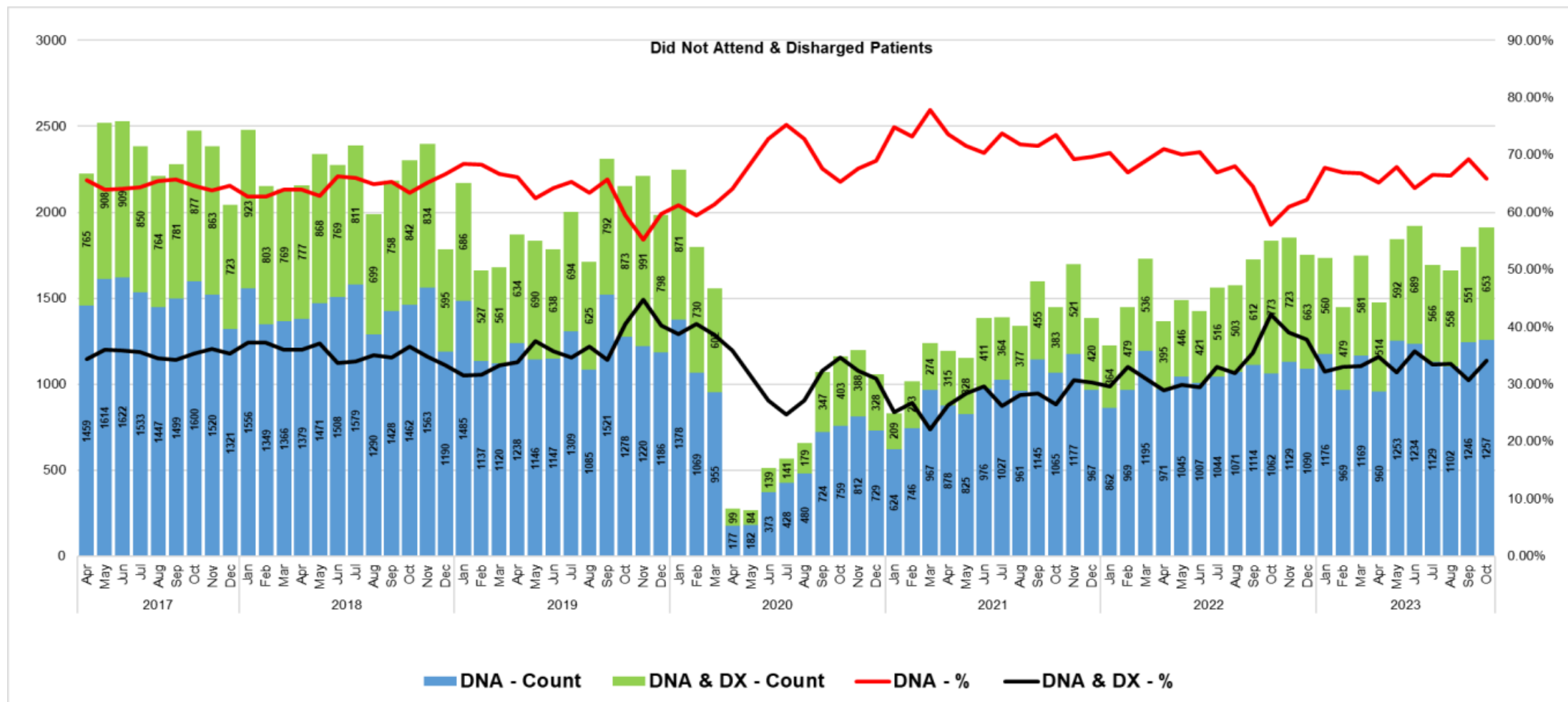
- Did Not Attend (DNA) and Discharge is the default outcome for patients who DNA
- DNA and Discharge is overridden when clinically appropriate
- RTT guidelines are part of in-house training and development programme
- Validation team analyse and identify any RTT guidelines breaches for removal
- HDdUHB direct books patients six weeks in advance and assumes this is mutually agreed if a patient does not re-arrange within two weeks. This has maximised capacity and enabled more effective back filling of slots
- All documentation details Could Not Attend (CAN) and DNA consequences to patients
- Refusal of reasonable offer recorded and waiting time amended/reset
- Validation team extract To Come In (TCI) cancellations due to illness to admin validate
- In house validation email helpdesk for advice and guidance on RTT rules

DNA and Discharge rates to October 2023



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Note: In Oct '23, 35% (n=653) patients that Did Not Attend (DNA) their appointment were discharged from the waiting list

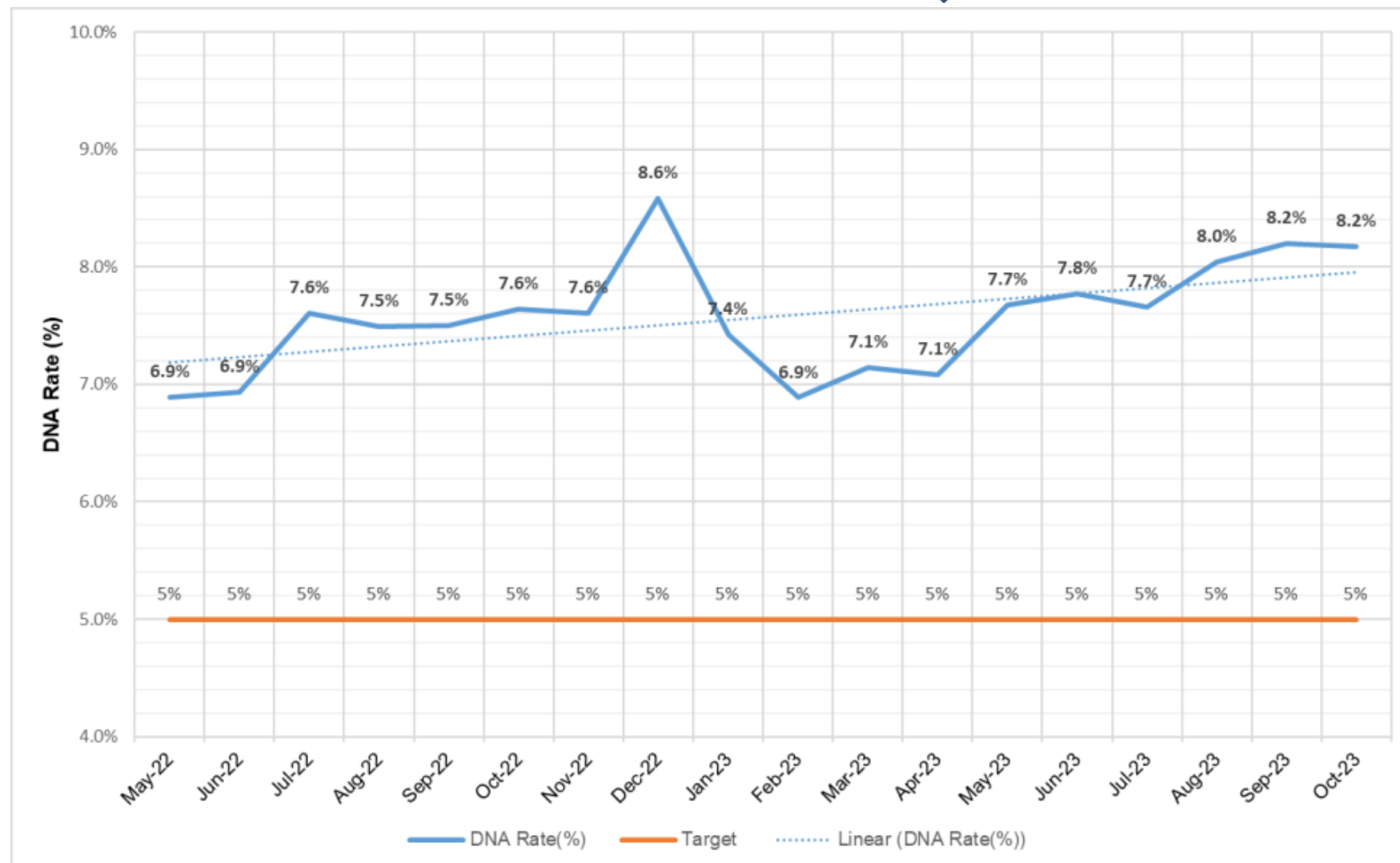
DNA rates per specialty to October 2023



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Row Labels	Did Not Attend
100 - General Surgery	7.2%
101 - Urology	5.8%
103 - Breast	7.3%
104 - Colorectal	6.6%
107 - Vascular	8.9%
110 - Trauma & Orthopaedics	5.6%
120 - ENT	7.8%
130 - Ophthalmology	8.3%
191 - Pain Management	11.0%
300 - General Medicine	5.2%
301 - Gastroenterology	8.1%
302 - Endocrinology	7.9%
303 - Clinical Haematology	2.1%
307 - Diabetic Medicine	17.0%
320 - Cardiology	5.5%
328 - Stroke Medicine	5.2%
330 - Dermatology	7.7%
340 - Respiratory Medicine	9.1%
361 - Nephrology	10.2%
400 - Neurology	7.8%
410 - Rheumatology	5.2%
420 - Paediatrics	13.9%
430 - Geriatric Medicine	7.0%
502 - Gynaecology	8.6%
Grand Total	7.5%



Note: In Oct '23, 35% (n=653) patients that Did Not Attend (DNA) their appointment were discharged from the waiting list

Booking in Turn

Analysis of booking in turn is taken from the full PTL from 6 December 2023 with all pathways irrespective of the wait.

- **The following slide** shows a summary scorecard, by specialty and stage of the current booking processes from longest wait PTL analysis of 6 December 2023.
- **Exceptions to booking in turn have been considered in this analysis:**
 - Periods of patient unavailability.
 - Refusals of reasonable offers, CNA, DNA and reset of waiting times.
 - Clinical need, urgency and clinician expedites.
 - Original pathways start date/referral date from outpatient and inpatient waiting lists.
 - Service capacity to treat certain conditions.
 - Ease of contacting patient, through letters, phone calls.
 - Site of treatment.
 - Filling any cancelled theatre slots with short notice recently pre assessed patients.
 - Urgent Suspected Cancer (USC) and Urgent demand.

Analysis of 6/12/2023 PTL FULL PTL				
Specialty	Stage 1 % booked longest cohort	Stage 1 Comments	Stage 4 % booked of longest cohort	Stage 4 Comments
100 - General Surgery	62%	75 without TCIs in longest cohort, but 213 routines dated under 1 year.	14%	14% of 2 year cohort booked but only 14 in cohort. 1 long wait 4 years undated, only 23 TCI from total list of 799
101 - Urology	9%	82 routine dated under 1 year by March 2024, 9% (of over 1 year by March 2024 dated = 138 patients). Capacity a known issue (list size 3571, dated 445)	16%	16% of longest waits booked, (vasectomys). Green due to doing what is available with longest waits first and clinical urgency/capacity
103 - Breast	80%	80% dated of 1 year by March 2024 cohort	36%	All under 52 by March 2024
104 - Colorectal	81%	81% dated of over 2 years by March 2024, 24 patients dated routine in under 1 year by March 2024 cohort	0%	Dated are diagnostic in nature, scopes based on clinical need and urgency. Only 18 dated of 598 full list. 19 over 4 year waits March 2024 undated but with plans.
107 - Vascular	38%	38% of 2 year March 2024 cohort dated, lower wait TCIs mostly urgents	0%	No TCIs pending, all undated on PTL
110 - Trauma & Orthopaedics	22%	22% of 52 weeks by March 2024 dated. Lower waits dated are mostly urgents	3%	103 dated from total list 5124 (75 are daycases). 11 dated from 167 in 4 yr by march 2024 cohort. Inpatients are dated in majority p2 or long wait cohorts, post resets in wtimes
120 - ENT	100%	All booked in 2 year cohort (15 patients), 15% of 1 year March 2024 cohort and mostly urgent	6%	43 dated in 863 total list. 1 dated from 6 in 4 year by dec 2023, 4 dated in 3 year cohort by March 2024. 28 dated are those in P2/P3, so evidence of clinical prioritisation.
130 - Ophthalmology	6%	6% of March 2024 cohort 1 year dated, 6% of under 1 year by March 2024 dated (337 patients), under 1 year March.	12%	53 of 442 dated in longest wait cohort (2 years by March 2024) and most are dec breaches of 2 years. Total of 153 dated of which 114 p2 and p3
191 - Pain Management	19%	19% of 1 year cohort by March 2024, 6% of under 1 year by March 2024, 22 routine under 1 year dated before longer waits.	10%	Longest waits are March 2024 52 week wait cohort. 36 dated of which 18 are longest wait cohort.
300 - General Medicine	73%	73% of 1 year cohort by March 2024 booked, 25% of under 1 year cohort.	0%	4 dated, in shorter cohort, 15 in longest wait 52 weeks Mar 2024 cohort undated
301 - Gastroenterology	69%	No expected problems hitting target for max 52 March 2024.	0%	Only 3 dated in shorter cohort of a 1600 list. 27 in over 2 year cohort
303 - Clinical Haematology	100%	only 1 patient over 1 year by March 2024, 34% of under 1 year by March 2024 booked	0%	Non dated so no comparison to make,, low numbers (53 total list). Data quality issues being cleaned up 7/12/2023
320 - Cardiology	30%	No expected problems hitting target for max 52 March 2024, locum incoming to tackle longest waits	20%	total list 88, 1 undated 52 by March 2024, 17 dated in shorter waiting cohort
330 - Dermatology	67%	67% represents only 3 dated in longest cohort of 2 years by march 2024. 12% dated in March 2024 cohort	100%	All dated for 2 years March 2024
400 - Neurology	15%	15% booked of March 2024 52 week cohort, but generally treating in turn and with clinical priority, mostly urgents booked in lower wait cohorts	0%	only 1 on list
410 - Rheumatology	12%	12% booked of March 2024 52 week cohort, but generally treating in turn and with clinical priority, mostly urgents booked in lower wait cohorts	0%	None dated small numbers.
420 - Paediatrics	13%	13% booked of March 2024 52 week cohort, but generally treating in turn and expected to hit zero for end of March 2024	25%	only 4 on total list, 1 TCI all under 52 by March 2024
430 - Geriatric Medicine	47%	47% booked 1 year by March 2024 and mostly urgents booked in lower waiting cohort. Issue identified as awaiting dexa scans for longest waits, with Plan.	0%	18 on list and all undated, 3 to breach 52 by March 2024
502 - Gynaecology	73%	expected to hit 52 by end of March 2024	16%	53 dated, majority long waits or P2. 19 patients without TCI in 2 year March 2024 cohort

- There is good confidence in treating in turn for Stages 1 and 4 patients based on urgency, clinical need and service availability.
 - Service managers liaise with central booking teams on a regular basis to prioritise long waiters and urgent.
 - The % figures represent what % of the longest cohort in that specialty is booked.
 - RAG rating is assessed by looking at the data in each specialty and drilling down to site/urgency as well as operational knowledge around service availability and complexity of patients.
 - Amber specialities shows potential for improvement with some evidence of shorter wait routine patients being dated before longer waiters.
 - Various work streams around stage four are active for optimising the number of long waits to be treated before the end of March 2024, using outsourcing, insourcing and theatre utilisation.
 - This analysis will be presented in Watchtower meeting, to further understand the amber specialities and exceptions.

Planning Objective 4a

Planned Care and Cancer Recovery

Strategic Development and Operational Delivery Committee

21 December 2023

Purpose

The purpose of this slide presentation is to provide assurance to the Committee of plans in place to deliver Planning Objective 4a in relation to **Single Cancer Pathway Recovery**, and progress achieved to date

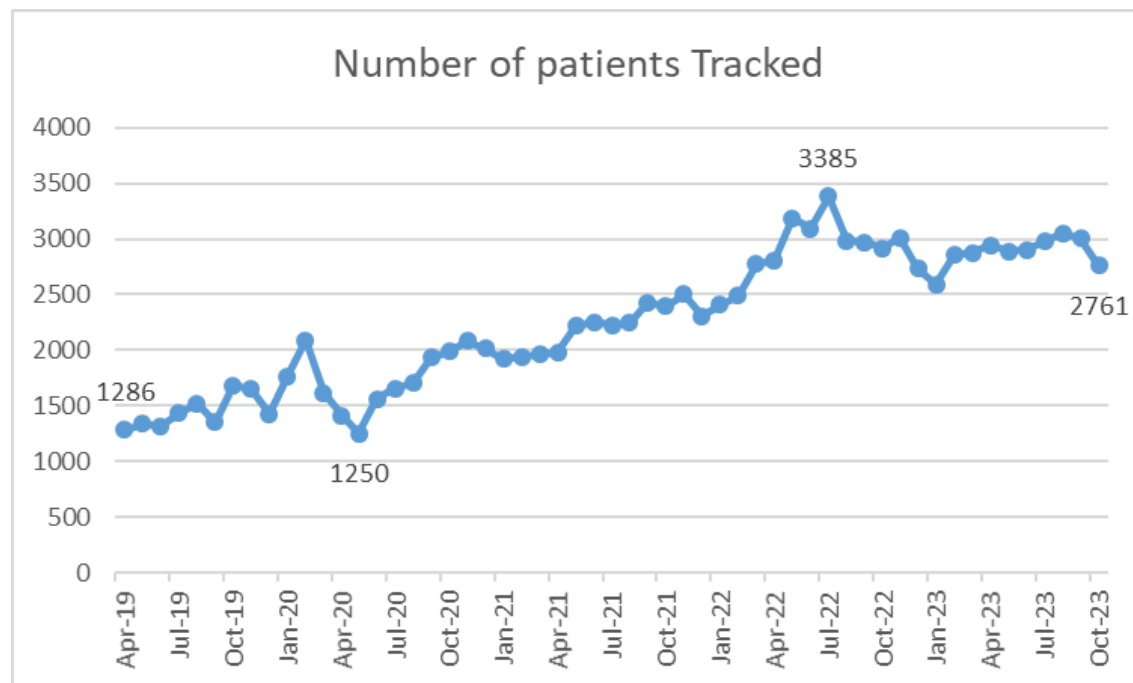
Single Cancer Pathway Recovery

Overview

- Key challenges with the **front end** of the pathways in Urology, Lower Gastrointestinal (LGI), Upper Gastrointestinal (UGI) and Gynaecology (Gynae).
- The key focus is on the **backlog** reduction- live tracking of backlog patients, both 62+ days and 52-62 days.
- Improvement and trajectory plans in place for **every** tumour site.
- Working towards **sustainability** within key tumour sites, utilising the 85th percentile of demand.
- Key **capacity challenges** remain in Endoscopy and Radiology.
- Treatments provided within Hywel Dda University Health Board (HDDUHB) are **above** pre-COVID-19 levels for both surgery and Systematic Anti-Cancer Therapy (SACT).

Number of Patients on Pathway

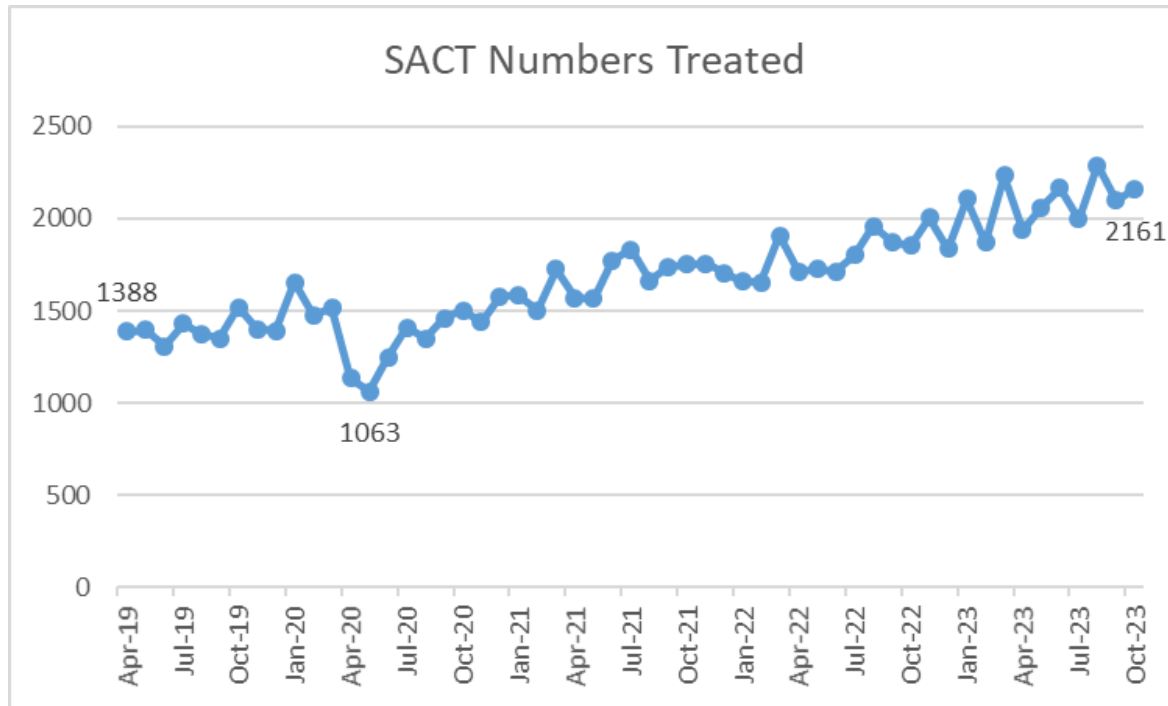
April 2019 – October 2023



- The changes from Urgent Suspected Cancer (USC) / Non-Urgent Suspected Cancer (NUSC) to Single Cancer Pathway (SCP) in Feb 2020 saw an increase in the number of patients being tracked on the pathway.
- There are now more patients entering the pathway than in February 2020.

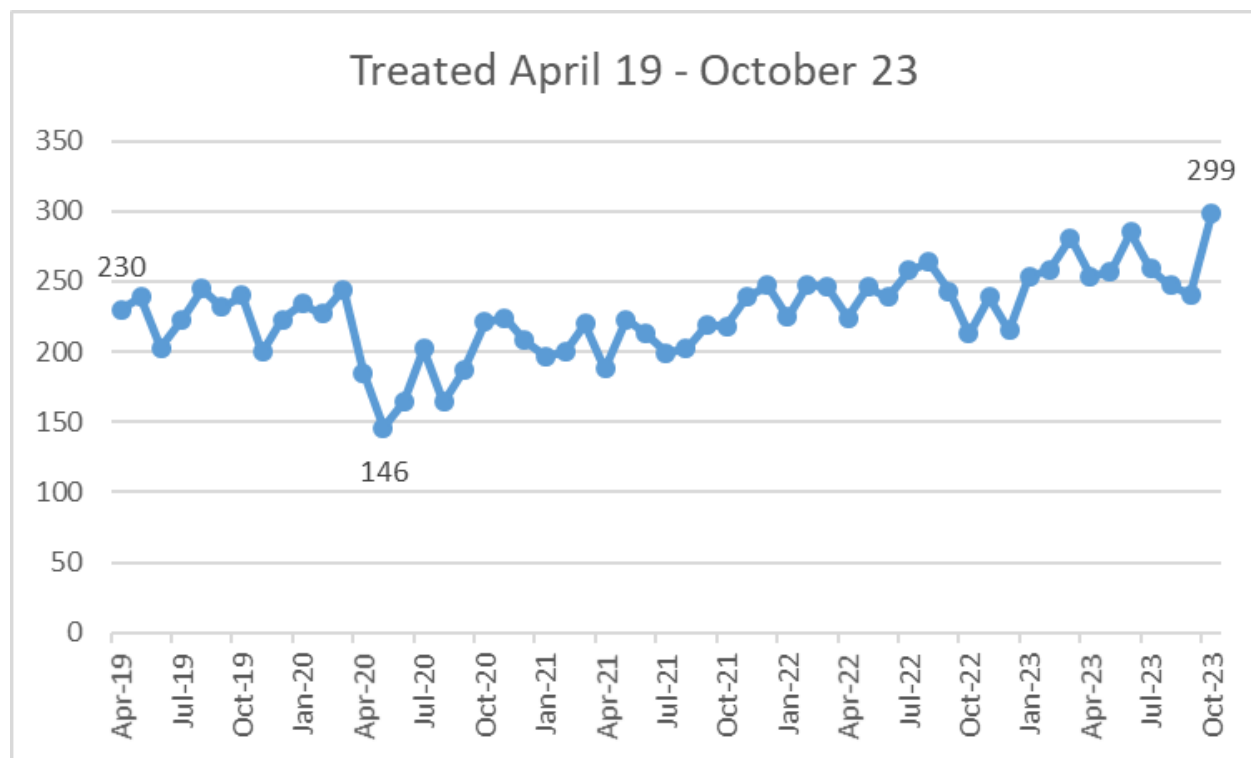
SACT Treatments

April 2019 – October 2023



- SACT treatment demand exceeds the pre COVID-19 period.

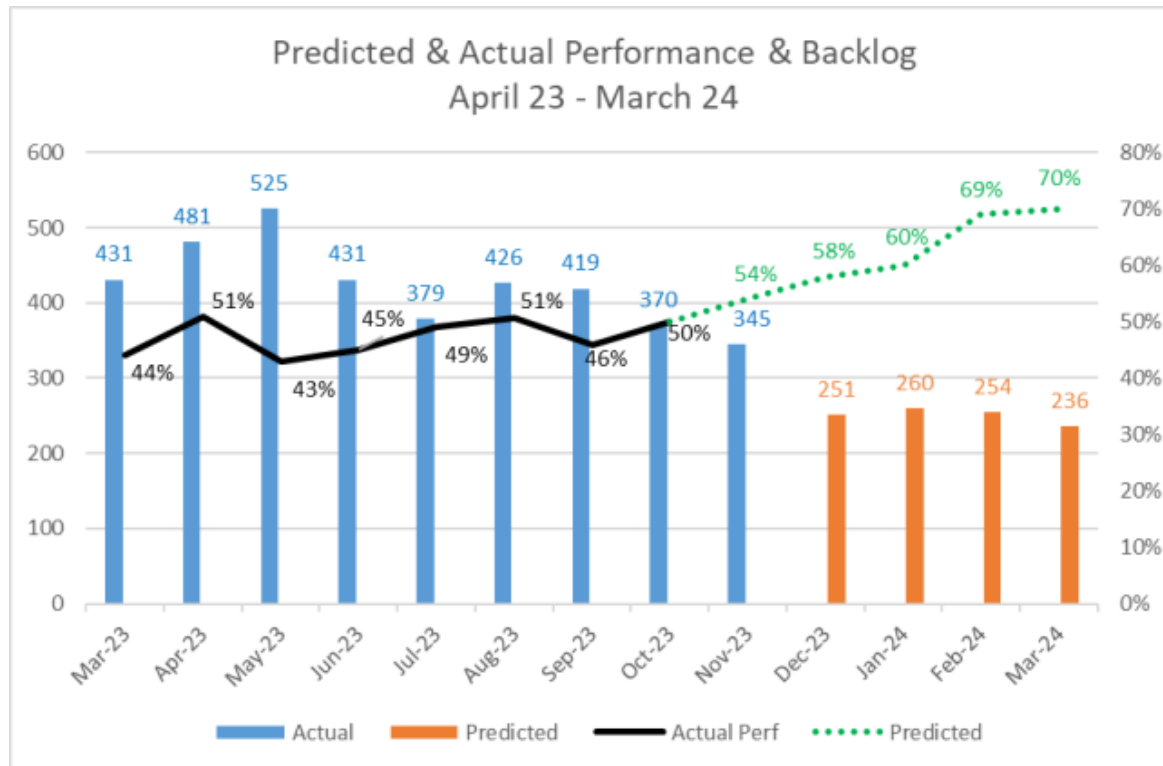
Treated April 2019 – October 2023



- Treatments are back in line and slightly above pre COVID-19 levels.

Backlog and Performance

March 2023– April 2024



Performance in October 2023 was 50%

Lower than predicted performance in the last three months has been driven by high number of patients treated beyond target in a number of specialties, particularly in Urology, LGI and Skin cancers.

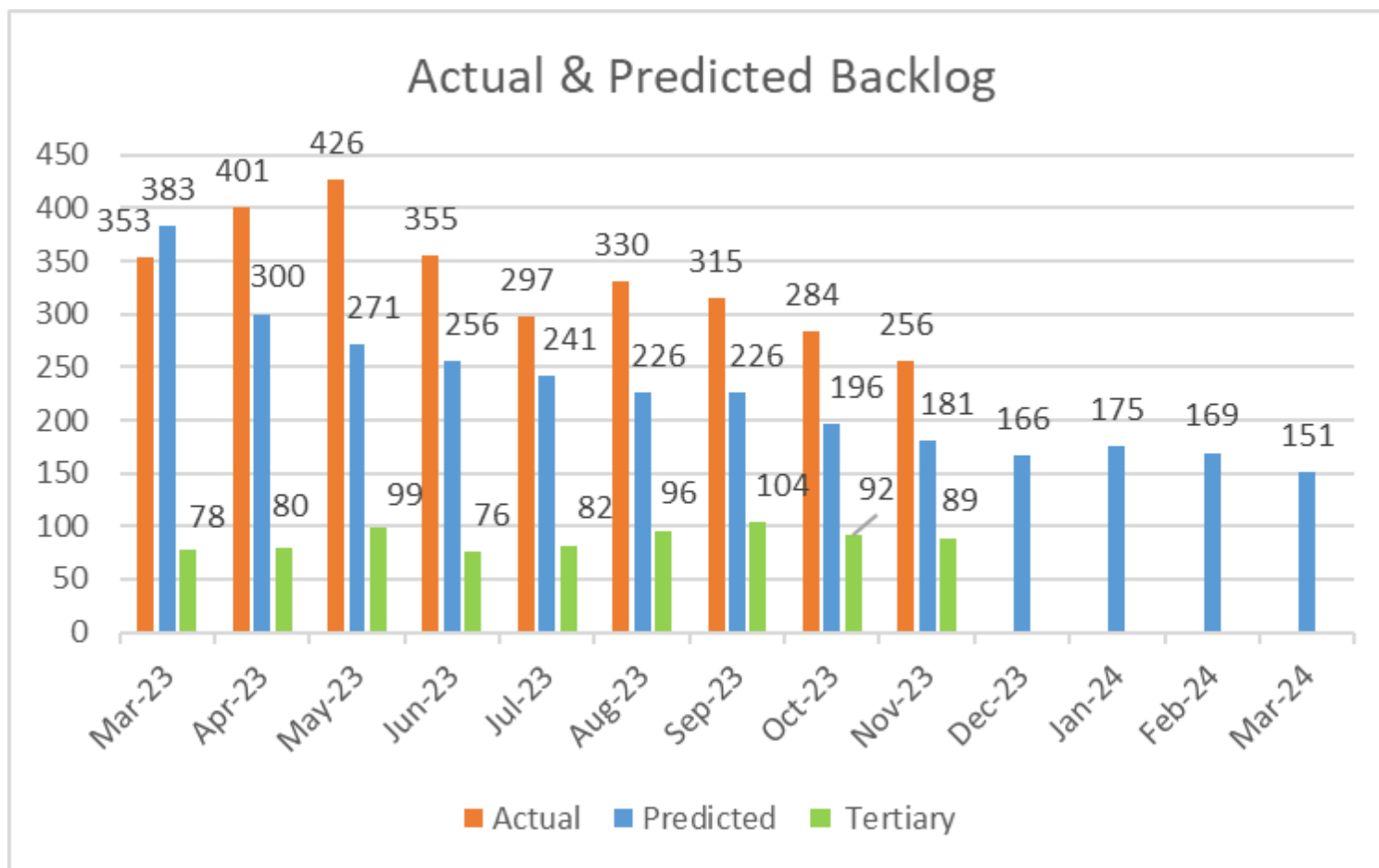
Performance is predicted to improve over the next six months as backlog decreases and component waiting times for each tumour site improves.

October overall backlog decreased by 25 from previous month.

Growth during August and September was almost exclusively due to challenges within the Skin pathway caused by the transition between one insourcing company and another and capacity not meeting demand during Q1 and early part of Q2 which is now resolved.

Plans are now in place to recover Skins position across first Outpatient Appointment (OPA), diagnostics and treatment.

Predicted and Actual Backlog Improvement Overall

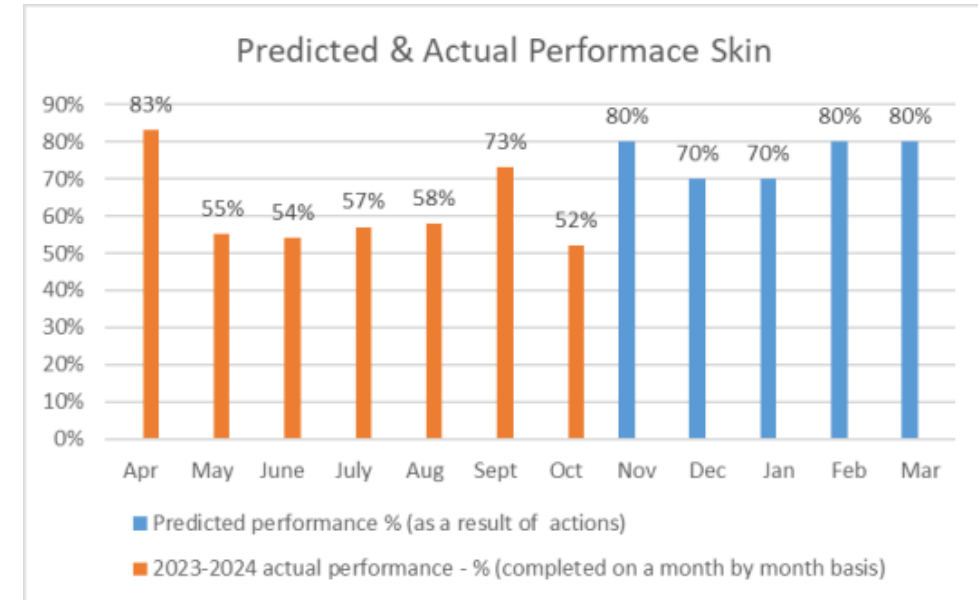
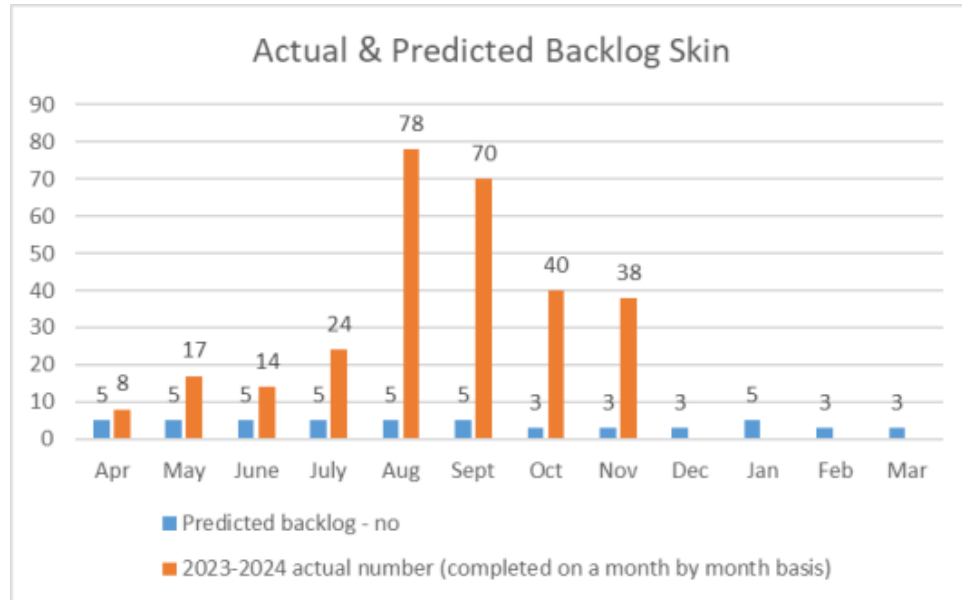


Summary of Longer Waiting Backlog Patients (63 day and 104+ day)

	Mar 23 Actual		Apr 23 Actual		May 23 Actual		June 23 Actual		July 23 Actual		Aug 23 Actual		Sept 23 Actual		Oct 23 Actual	
	63-103	104+	63-103	104+	63-103	104+	63-103	104+	63-103	104+	63-103	104+	63-103	104+	63-103	104+
Head and neck	3	1	5	1	4	3	6	4	5	3	5	3	4	1	3	2
Upper GI	9	12	16	11	19	10	17	5	10	5	21	5	17	9	13	9
Lower GI	73	30	88	29	90	38	75	24	55	18	60	20	65	19	49	23
Lung	27	29	37	29	35	34	22	31	26	23	21	17	24	13	22	9
Skin (exc BCC)	12	4	11	4	24	6	14	7	24	10	84	5	61	17	36	14
Breast	10	3	9	3	5	3	8	4	1	4	8	3	10	1	1	5
Gynaecological	16	15	24	13	30	17	21	12	18	8	21	12	24	15	21	17
Urological	81	89	108	73	109	77	81	77	66	74	49	71	63	50	68	64
Haematological (exc acute leukaemia)	2	6	8	5	4	5	5	6	7	6	6	2	9	2	7	1
Brain CNS	0	0	0	0	1	0	3	0	2	1	0	1	2	1	5	0
Other	2	2	1	0	2	0	0	2	1	2	0	1	1	1	0	1
Sarcoma	0	2	0	0	0	0	0	2	3	2	0	3	2	2	1	1
UKP	3	0	3	3	3	3	3	2	2	3	4	4	3	3	1	3
Total	238	193	310	171	329	196	255	176	220	159	279	147	285	134	227	149
Overall Backlog	431		481		525		431		379		426		419		376	

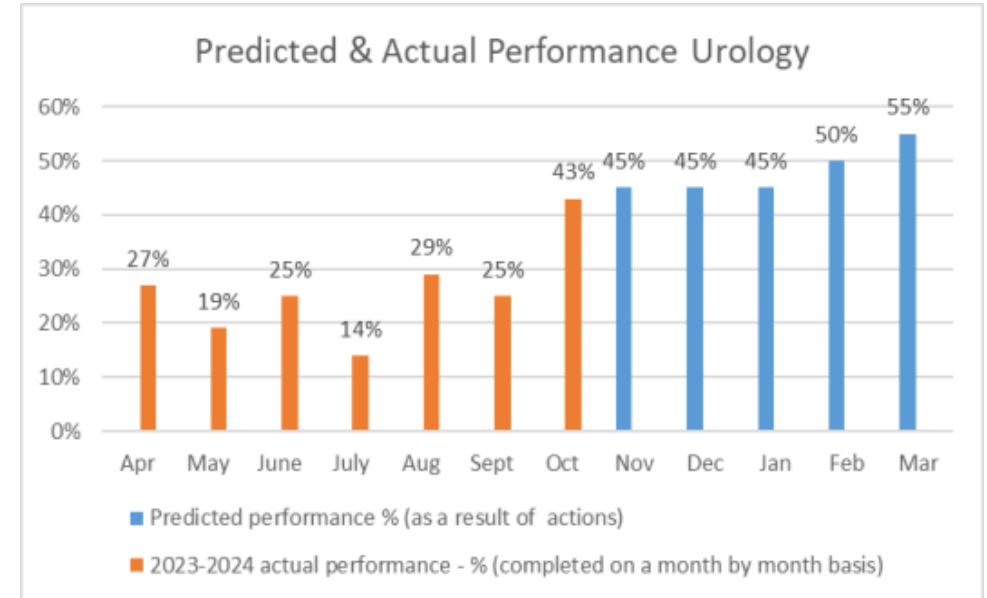
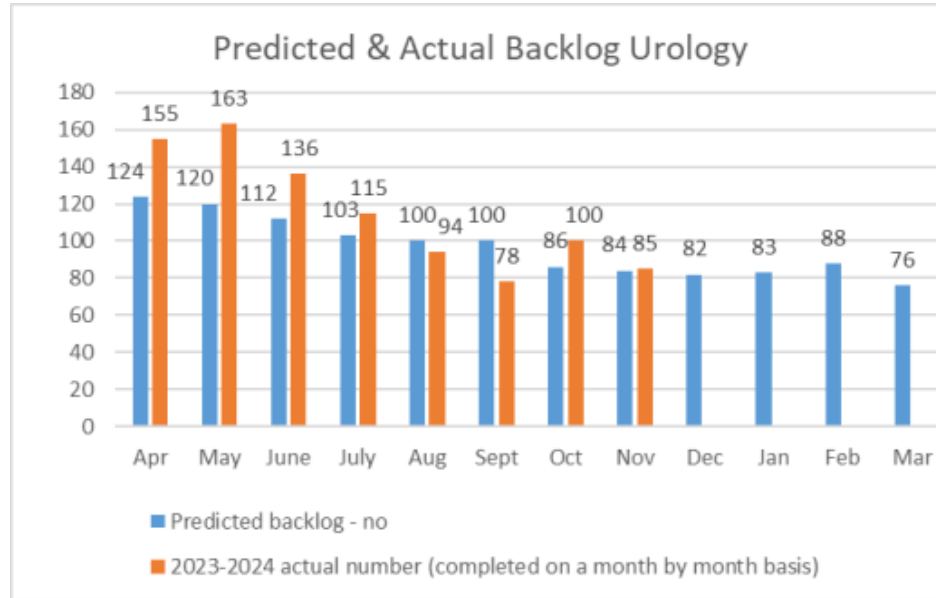
- Urology pathway show the greatest volume of longer waiting patients compared to other specialties although volumes are beginning to improve with the Urology improvement plan.
- Majority of 104+ days backlog patients following complex local and/or tertiary investigative pathways.

Tumour Pathway Focus: Skin



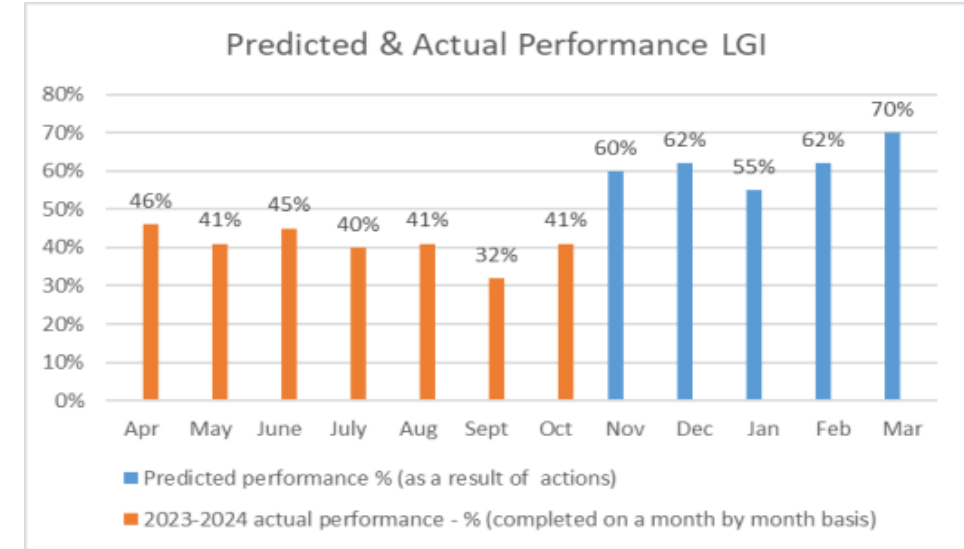
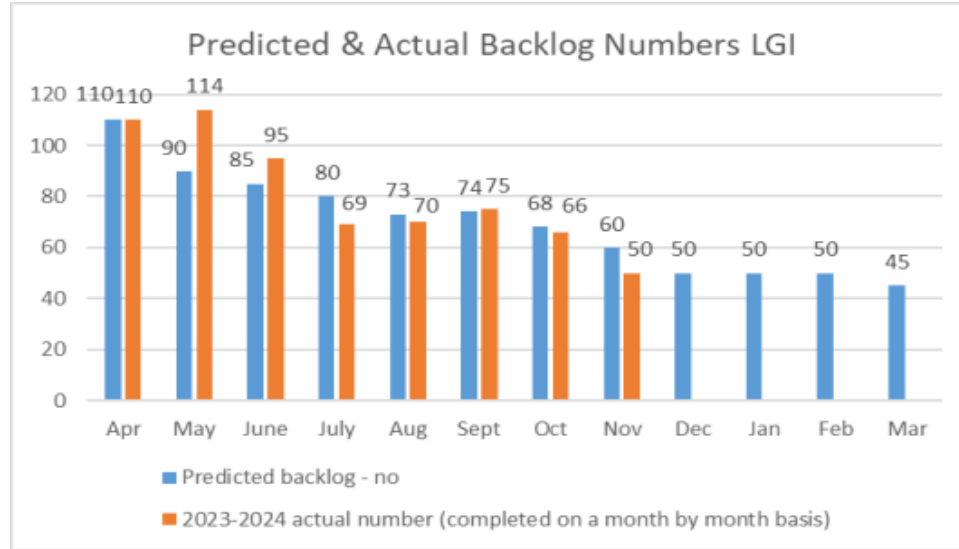
- Challenges within the Skin pathway caused by the transition between one insourcing company and another and capacity not meeting demand in Q1 and early part of Q2 which is now resolved.
- Increased capacity to deliver 110 OPA slots from 31 July 23 to reduce backlog. Overall Volumes at first OPA have decreased from 402 to 283 in Q2. With further decrease to 200 at the end of October. Patients waiting in excess of 14 days has decreased from 273 to 94 in Q2 with a further decrease to 75 at end of October.
- Plans in place to increase diagnostic and treatment capacity from 48 slots to 84 slots per week from 8 September 2023 to continue until March 2024. Diagnostic and treatment volumes are reducing and on course for full recovery at the end of Q3. Plans are monitored via quarterly Planning and Monitoring Tool.

Tumour Pathway Focus: Urology



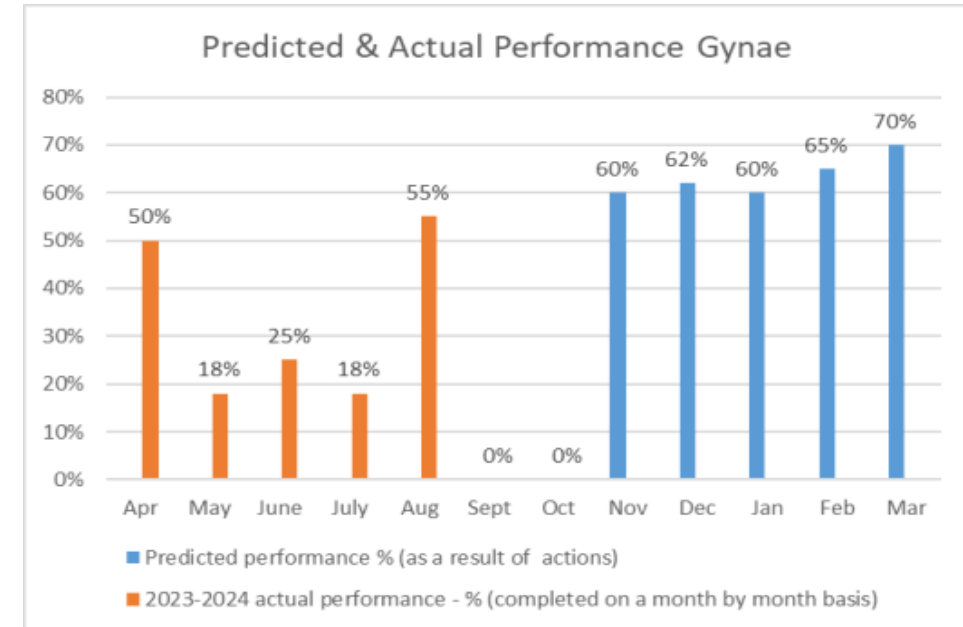
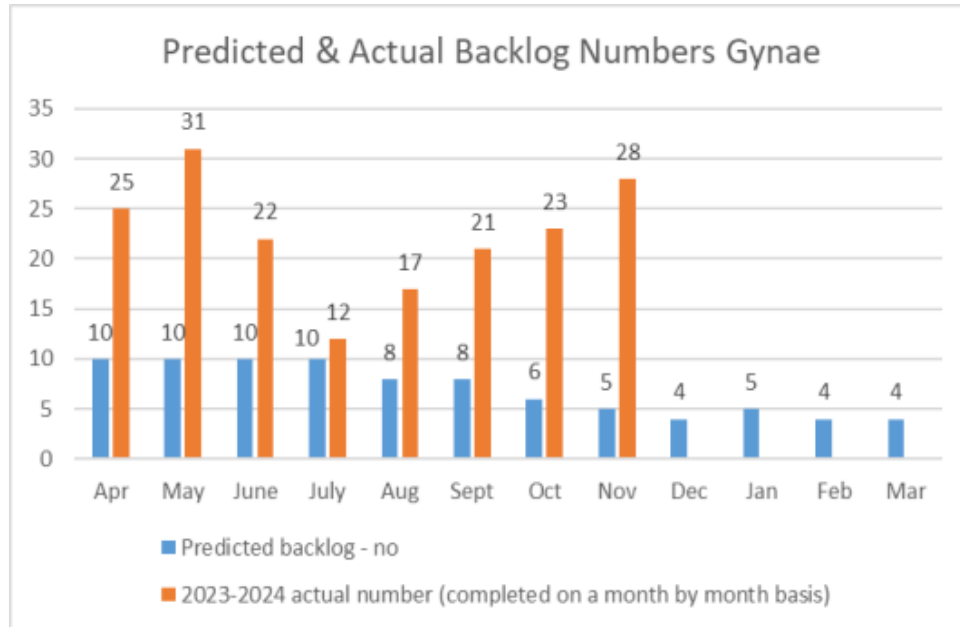
- Outpatient Department (OPD) and treatment capacity in balance.
- Diagnostic improvement trajectory in place until March 2024.
- Active tracking of diagnostic backlog improvement plan in place monitored via quarterly Planning And Monitoring Tool.

Tumour Pathway Focus: LGI



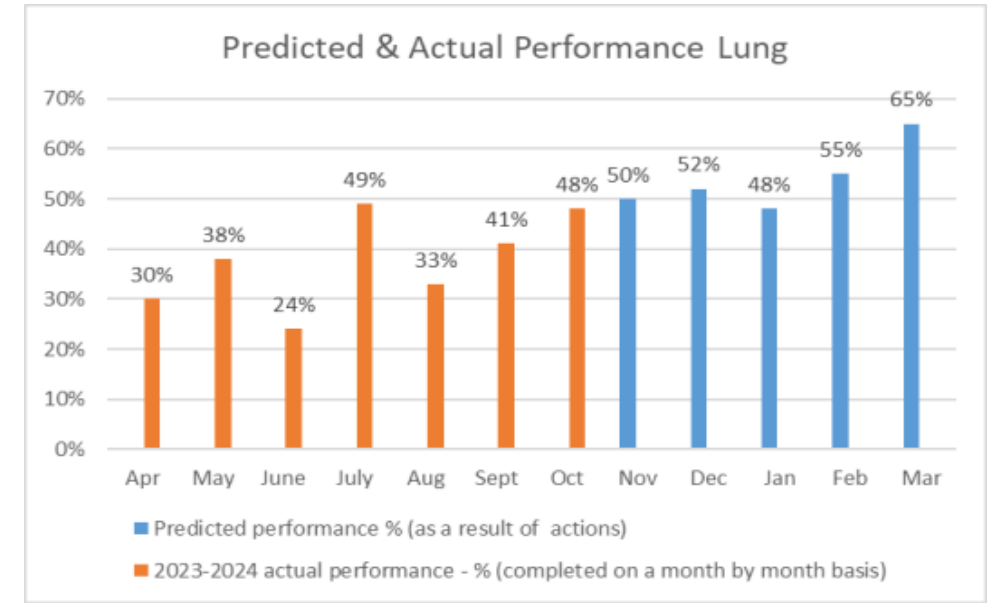
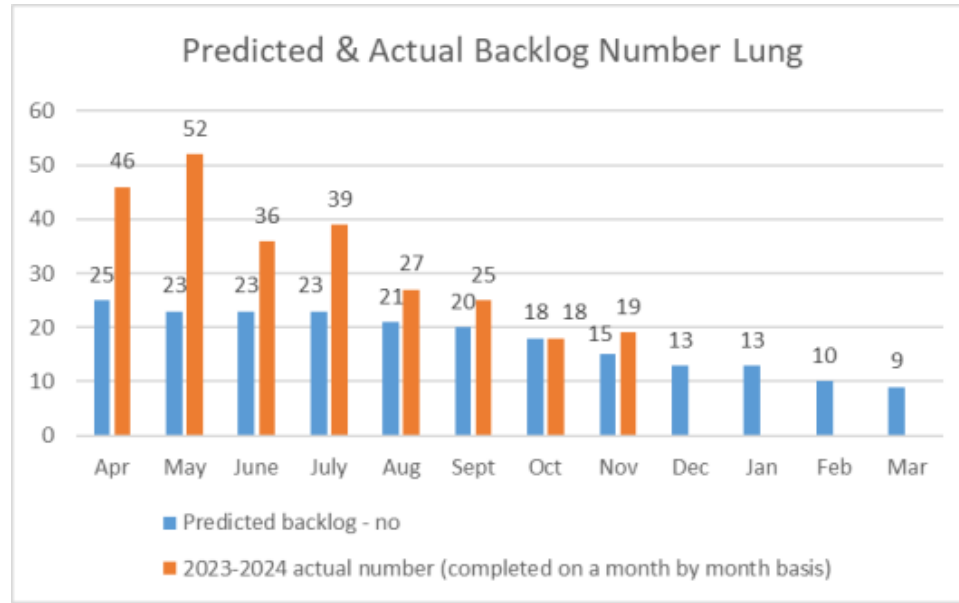
- Faecal immunochemical test (FIT) role out to Primary Care on 5 April 2023 has resulted in a 30% reduction in demand for first OPA. Overall waiting list volume and patients waiting in excess of 14 days have significantly reduced during that period.
- Manual removals required of duplicates due to FIT pathway until solution Digital Health And Care Wales (DHCW).
- Additional capacity remains in place within Endoscopy. Endoscopy team have made plans to improve efficiency and productivity which commenced on 15 October 2023. Overall waiting list volume has reduced by 151 patients.
- Improvement Cymru and NHS Executive support re straight to test, accelerated imaging and Endoscopy efficiency improvements. Same day access from Endoscopy to Computed Tomography (CT) (same day staging) week commencing 4 September 2023. Early data suggests successful reduction in the patient journey from three weeks to same day in that cohort.

Tumour Pathway Focus: Gynaecology



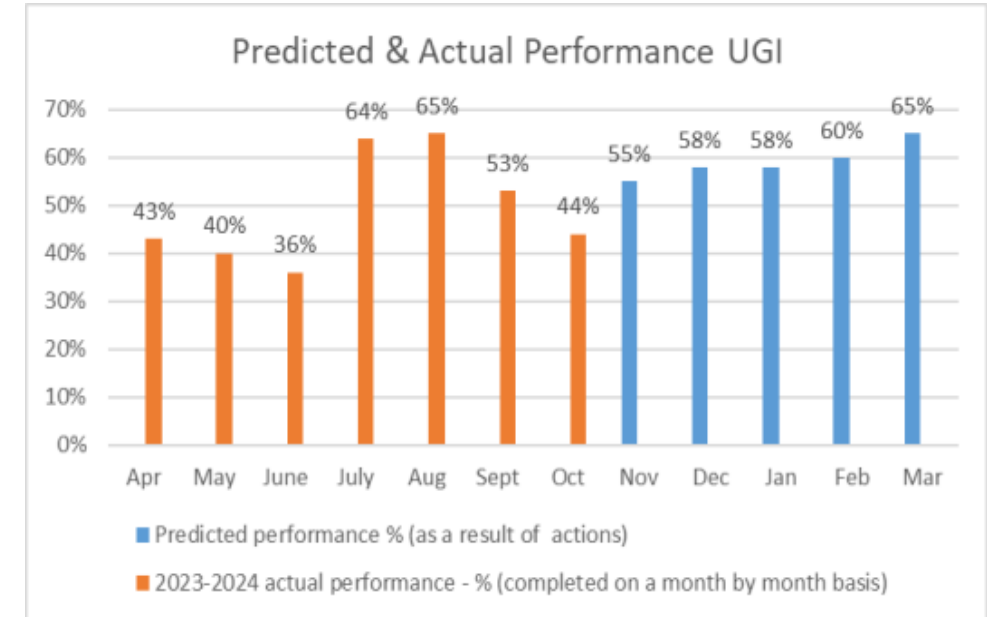
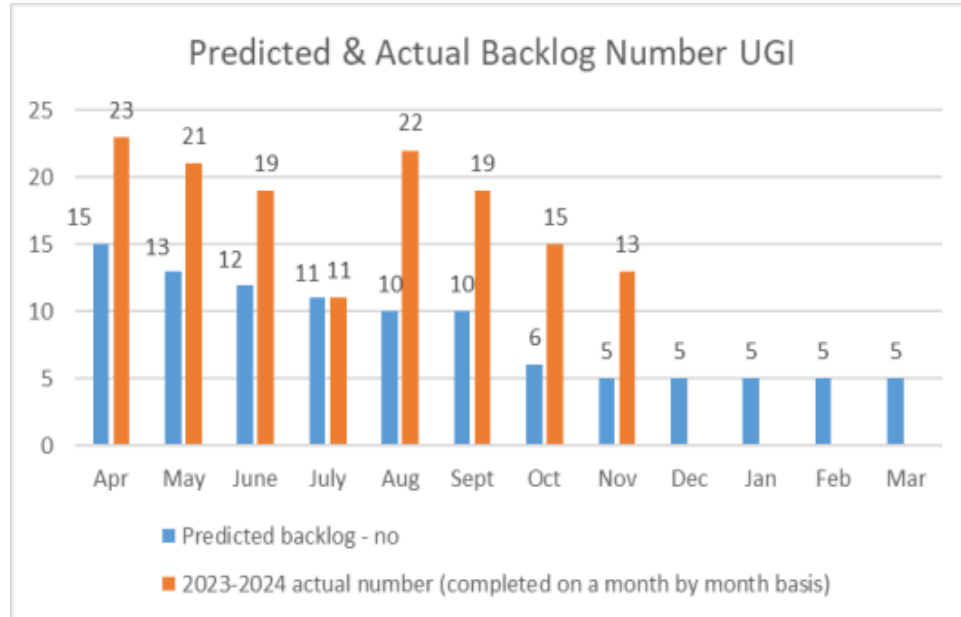
- Overall waiting list volume and patients waiting in excess of 14 days for OPA have reduced.
- Challenges in the diagnostic pathway during October 2023 has resulted in a small waiting list increase. Plans in place in December 2023 to increase capacity by an additional 12 patients per week.
- Challenges at treatment stage due to deteriorating tertiary position causing increase in backlog (15 awaiting treatment).
- Discussions in place with Swansea Bay University Health Board (SBUHB) to explore mutual aid. Alternative commissioning arrangements being explored.

Tumour Pathway Focus: Lung



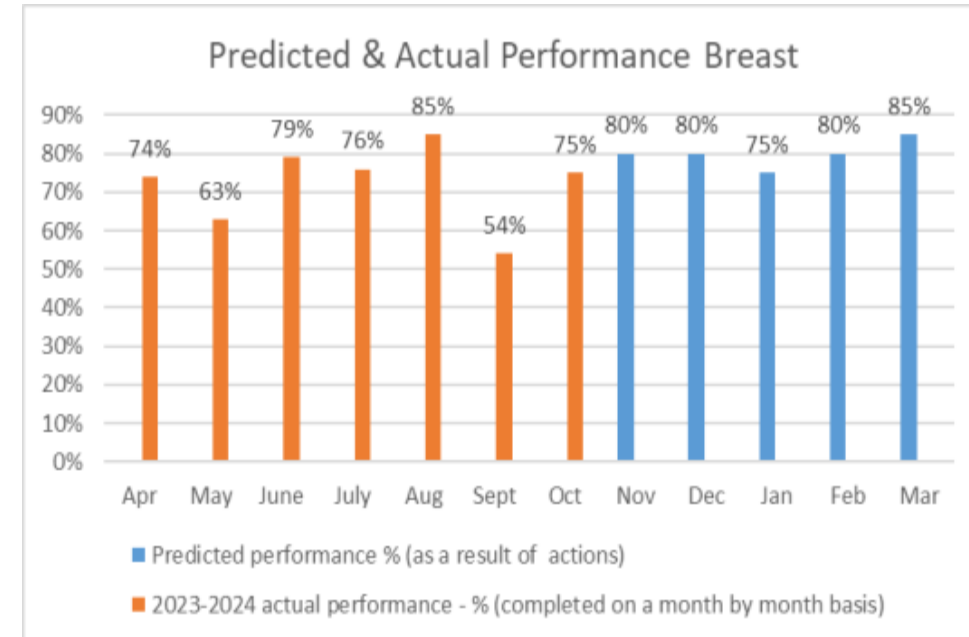
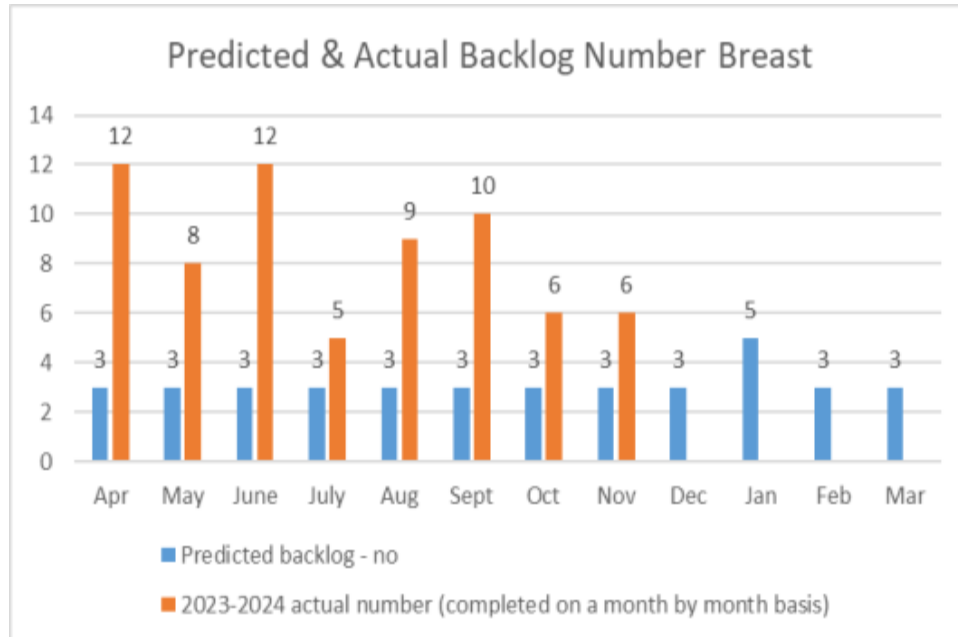
- OPA capacity meets demand
- Increased internal capacity for CT guided biopsy to address backlog in place.
- Overall diagnostic waiting list volume decreased
- Treatments provided within HDdUHB in balance.
- Residual backlog accounts for tertiary capacity risks (surgery and radiotherapy and Positron Emission Tomography (PET)).

Tumour Pathway Focus: UGI



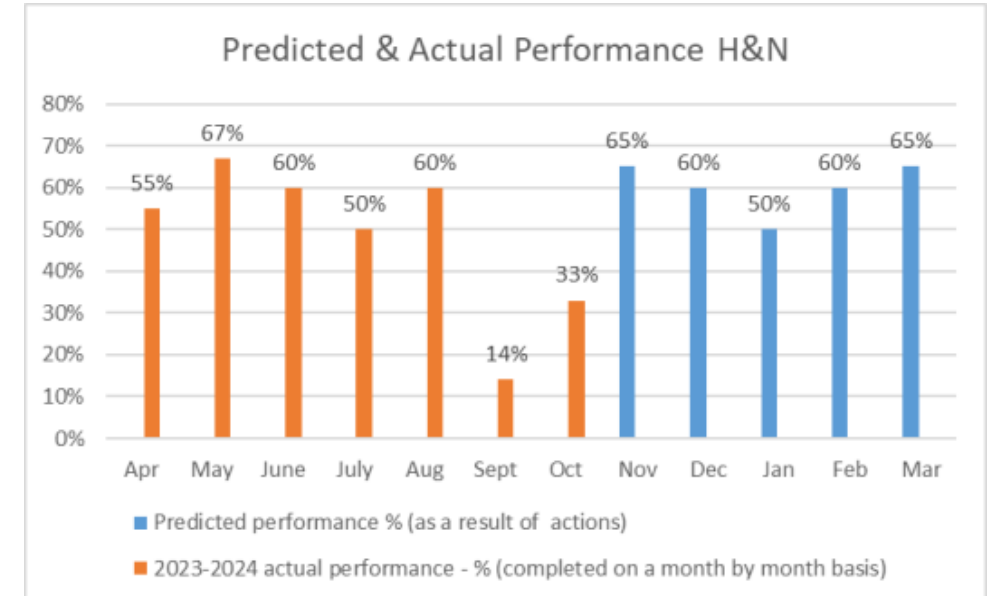
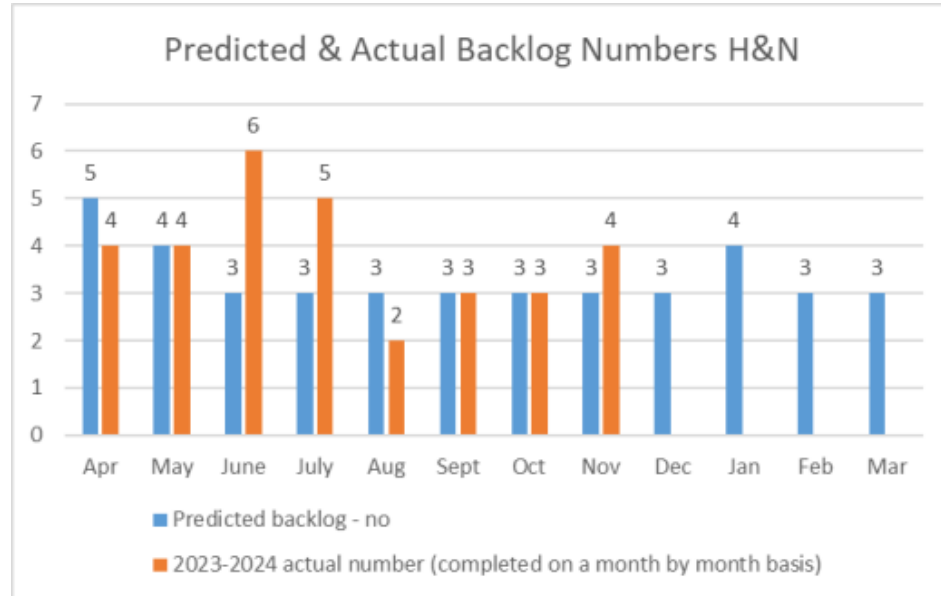
- FIT role out to primary care on 5 April 2023. has resulted in 30% reduction in demand for first OPA. Overall waiting list volume and patients waiting in excess of 14 days have significantly reduced during that period.
- Additional capacity remains in place within Endoscopy. Endoscopy team have made plans to improve efficiency and productivity which commenced on 15 October 2023. Overall waiting list volume has reduced by 151 patients.

Tumour Pathway Focus: Breast



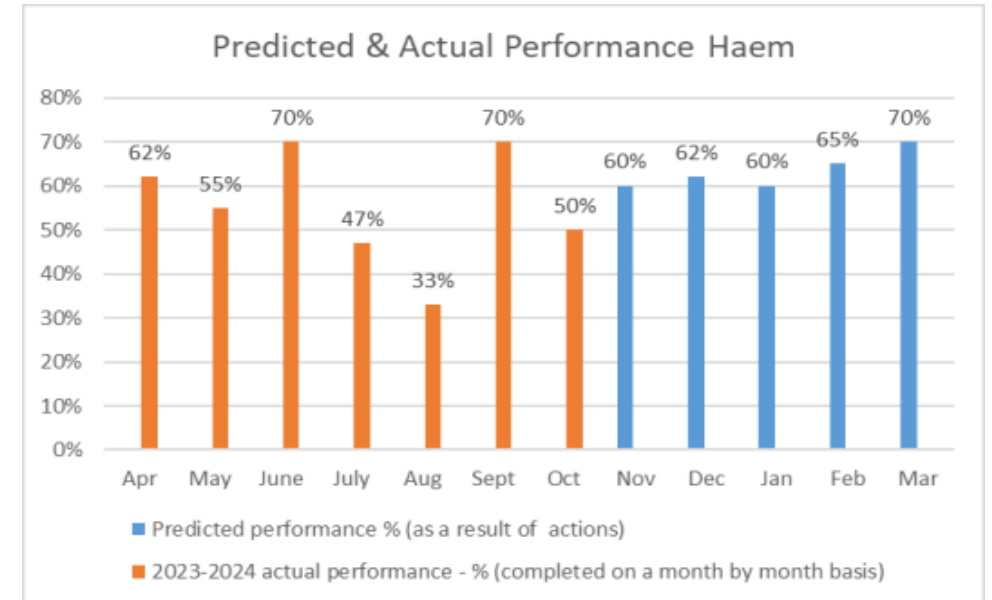
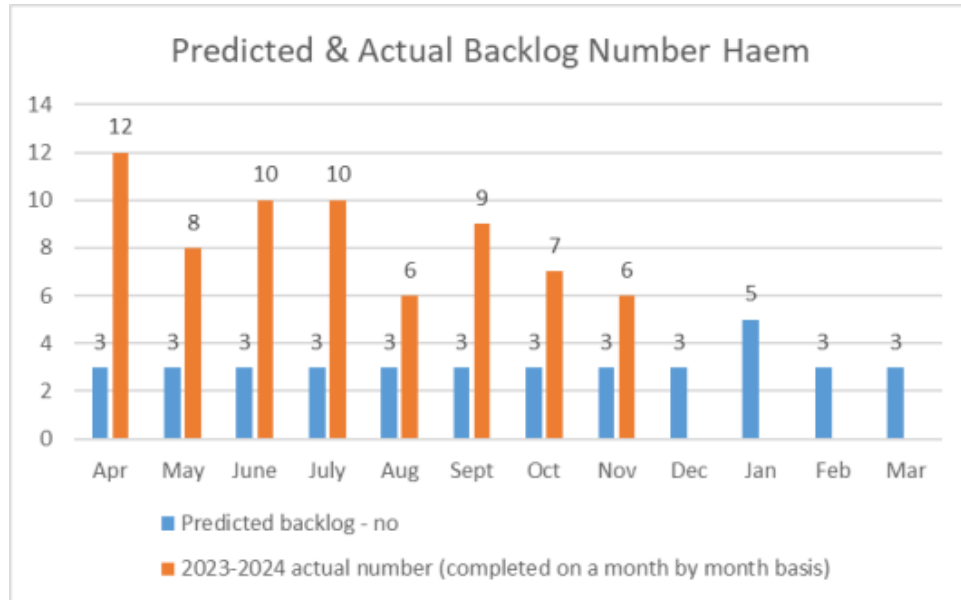
- One Stop Breast is pathway working well.
- Small increase in backlog will recover in December 2023.
- Residual backlog increased due to complexity and access to tertiary diagnostics.

Tumour Pathway Focus: Head and Neck



- Small treatment numbers which influence large swings in performance between months.
- Planned pathway enhancement - endoscopic laryngeal biopsy via Outpatients.
- Residual backlog due to complexity.

Tumour Pathway Focus: Haematology



- Backlog volumes influenced by complexity of patients who have been through other tumour sites.
- Backlog recovery plan in place.

Digital Pathology Innovation and Business Excellence (IBEX) Artificial Intelligence (AI)

- HDdUHB Cellular Pathology have recently become part of the IBEX programme where the use of artificial intelligence is used to aid diagnostics in Prostate cancer patients.
- Phase 1 of the pilot scheme undertaken by Betsi Cadwaladr UHB (BCUHB) and SBUHB was a huge success and has therefore resulted in the rest of the Welsh Health Boards participating in phase 2 as a National project.
- During phase 1, the use of AI helped increase the reporting rate of consultants as the software focuses the consultant's eye to areas of concern.
- By using the heat map technology it has resulted in a 37% productivity gain and a 27% reduction in diagnosis time.
- The use of this AI software also provides an improved safety and quality aspect to reporting as essentially every case put through the software is double scanned (by pathologist and computer).
- This AI software has produced a sensitivity rate of 98.4%, a specificity rate of 97.3% and has resulted in a significantly lower discrepancy rates using AI (4.84%) in comparison to just using a microscope (7.13%).
- Currently the IBEX programme is only looking at prostate cancers, however due to its huge success, there is scope to role this programme out to include cancer sites such as breast and GI in the future.

Digital Pathology IBEX Artificial Intelligence (Cont)

- HDdUHB is currently scanning all Gynae multi-disciplinary team (MDT) cases, meaning that these slide images can be reviewed and actioned the very same day. In comparison to the process prior to digital scanning where the glass slides would have to be packaged and sent via post to SBUHB, the turnaround times and ultimately the service the patient receives has significantly improved. Patients can be discussed at the first available MDT now, rather than delayed by a week or two due to the glass slides being in the post.
- Digital scanning has also cut down on the amount of time taken and the number of staff required to perform admin tasks such as finding slides, packaging, posting, receiving returned slides, filing, etc meaning staff can be utilised in other parts of the lab where the Health Board is short of staff and where their skills can be better utilised.

Optimal Pathways

- **Breast** currently in place. 1 stop clinics.
- Head and Neck currently in place. NB: CT neck lump capacity challenges.
- Six month pilot for a two step Rapid Diagnostic Centre (RDC) style clinic for suspected **Prostate** Cancer. Start date TBC.
- **Lung** in in place. NB CT Guided Biopsy challenges.
- **Gynaecology** – partially implemented for Post Menopausal Bleeding (PMB). Plans to establish an additional outpatient Hysteroscopy suite at the end of Q4.
- **LGI/UGI** - Primary Care FIT implemented 5 April 2023. Improvement Cymru and Delivery Unit (DU) support re straight to test, accelerated imaging and Endoscopy efficiency improvements. (improvement project team established April 2023).

Further Enablers

- Radiology In-sourcing solution for ultrasound expanded to multiple sites.
- Cancer dashboard developed with funding from the Wales Cancer Network (WCN).
- Single Cancer Pathway (SCP) Project Manager is mapping optimal pathway opportunities.
- Key challenge is seven day turnaround for diagnostics for all tumour sites.
- WCN have been supporting an improvement project in LGI since February 2023.

Support for Patients on Pathway

- Cancer Helpline housed within the Cancer Information and Support service for concerned patients, relatives, members of the public or healthcare professionals (Mon-Friday 10:00 -12:00 and 14:00 – 16:00).
- Cancer Information and Support Service also provides email access support, call back, outreach and onsite hubs in acute hospital sites.
- A Key Worker policy ensures that the expectations of the Key Worker role are clear and consistent for all patients on a cancer pathway across the Health Board.
- Support Worker roles in all main tumour site teams enhance patient key contact support and person-centred care.
- Welfare benefits advice and support.
- 24/7 Triage line for patients on treatment.

Cancer Workforce

- Clinical and Medical Oncologists, Medical Physics and Therapeutic Radiographers are all employed by the South West Wales Cancer Centre and provide services to HDdUHB.
- HDdUHB have developed a strong non-medical team of Oncology Clinical Nurse Specialists, and Cancer Pharmacists to provide local, consistent support to the Oncology Service and to the Hywel Dda population.
- HDdUHB has a Cancer Key Worker Policy that supports consistency in the roles of the clinical nurse specialists across tumour sites.
- Strong leadership for the Cancer nursing teams is provided by a Lead Cancer Nurse and several Senior Nurse Managers.
- HDdUHB Cancer nurses are represented at an all Wales level.
- HDdUHB has a therapies lead for Cancer and this is a substantive post.

Recommendation:

The Committee is asked to **RECEIVE ASSURANCE** from plans in place to deliver the Planning Objective 4a in relation to **Single Cancer Pathway Recovery**, and note progress achieved in recent months to reduce the volume of patients in the 62+ Day backlog.