Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 November 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Operational Update and Progress Report on the Health Board's Annual Plan for 2021/22
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Steve Moore, Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Steve Moore, Chief Executive

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the ongoing response to the COVID-19 pandemic as well as a wider operational update within the Hywel Dda University Health Board area. It also updates the Board on progress with our Annual Plan for Recovery.

Cefndir / Background

Continuing the trend set out in my previous update to the Board, the operational situation in Hywel Dda continues to be one of the most challenging we have faced since the onset of the pandemic. During October 2021, the Health Board reached a significant milestone, with more people hospitalised with COVID-19 than was seen in the first wave of the pandemic in the spring of 2020. Coupled with continued winter levels of demand for non-COVID-19 urgent and emergency patients, tired staff and reduced capacity in social care, our front line is experiencing the most pressure it has ever faced.

The command groups have continued to make and implement the decisions necessary to address this pressure as best we can, often leading Wales in this regard, and the Executive Team and wider Board are visible and providing pastoral care across our services. This winter will, however, be long and hard and we will need to give careful consideration to the likely long-term effects of this period on our staff as we emerge – putting people at the heart of what we do is one of our 6 strategic objectives and has never been so important as it is now.

Community levels of infection remain high by historic standards and with such high rates, the risk of outbreaks in our care settings also increase. As a result, a number of our hospitals have experienced outbreaks since the last Board meeting which increases the operational challenges our teams are facing through ward and bed closures.

There are, however, some causes for (very) cautious optimism. Compared to previous waves, length of stay for COVID-19 positive patients is generally lower, staff infections linked to outbreaks is also lower and infection rates, whilst still very high, have been falling sustainably since the end of October.

It is also encouraging to see a significant acceleration in COVID-19 vaccinations with almost 100,000 given since our last meeting – largely 3rd doses and booster doses for the priority groups as defined by the Joint Committee on Vaccinations and Immunisations (JCVI).

A full update on progress with all Planning Objectives set out in our Recovery Plan to the end of Quarter 2 was recently presented to the Strategic Development and Operational Delivery Committee. As such, the update below is briefer than usual.

Asesiad / Assessment

Since our last meeting, infection rates have reduced somewhat, although the number of tests coming back positive has slightly increased.

The table below shows the rate per 100,000 population and positivity rate (the proportion of those tested who receive a positive result) for each county compared to that set out in the September 2021 Board update.

County	Previous update – 7 days to 11th Sept 2021 (rate per 100k)	Latest update – 7 days to 5th Nov 2021 (rate per 100k)	Previous update – 7 days to 11th Sept (positivity rate)	Latest update – 7 days to 5th Nov (positivity rate)
Carmarthenshire	706.1	473.8	19.2%	17.8%
Ceredigion	433.3	418.2	14.1%	17.0%
Pembrokeshire	305.2	506.3	13.6%	17.8%
Hywel Dda	**524.7**	**473.8**	**16.9%**	**18.4%**

There has been a significant fall in the infection rates for the 25-and-under age group which, at time of writing was 597.0. This compares to a peak on 22nd October of over 1200 per 100,000. After a concerning, albeit gradual increase in the rates for the 60-and-over age group, these have also now started to drift lower. The latest data for this age group shows a rate per 100,000 of 264.5 down from over 300 in the first week of November 2021. The middle age group has remained stable and is currently at 545.5, although there is an indication that this may fall in the coming days. So far, the expected 'bounce' in rates for younger people following the half term break has not occurred, although it is too early to be entirely confident that this will not change.

As infections rise, the risk of outbreaks in hospitals also rise. At time of writing, there are three outbreaks being managed, 2 at PPH and 1 in GGH. The situation in both is improving however, since the last Board meeting, we have experienced 7 outbreaks across our sites (including the current 3), reflecting the higher infection rates in our communities. All have been managed in line with our outbreak management plans and successfully brought under control. The Executive Director of Nursing, Quality and Patient Experience will provide a verbal update on the current position at the meeting.

Vaccination Programme Update

The vaccination programme has significantly accelerated since the last Board meeting, with the roll out of Boosters for Priority Groups 1- 9 (everyone aged 50 and over plus front line health, care and care home staff), 3rd doses for immunocompromised patients and 1st dose extension

to 12 to 15 year olds. At time of writing, the Health Board has delivered 658,761 total doses to its population, broken down as follows:

Dose type	Number of Doses	% of total population
1st Dose (including 12 – 15 year old extension)	302,653	78.1%
2nd Dose (18 and over)	278,446	71.9%
3rd Dose (immunocompromised)	4,816	
Booster (50s and over plus front-line workers)	72,846	18.8%
Total	**658,761**	

The current version of the Welsh Immunisation System (WIS) has not been updated to allow for the various extensions to programme, meaning that data on the proportion of the eligible populations in each group who have had each dose is not routinely available. This is the subject of work between the national and local analytical teams and, if available, will be provided verbally at the Board meeting.

The roll out of the Booster campaign has proved challenging because it requires everyone to be offered Pfizer in most cases. This has meant asking often elderly people to attend one of our network of Mass Vaccination Centres (MVCs). Added to this, and in an effort to deliver the programme as fast as possible, as well as inviting people to attend a specific appointment, the Health Board initially also offered walk in appointments for anyone who was eligible for a booster in the early stages of the roll out. Demand far exceeded our expectations, particularly in half term week, so this offer had to be stepped back, at least temporarily. As a result, the experience for some of those attending our MVCs at times was poor, with congestion and long waits. I apologise to anyone who experienced this and the team have made adjustments to the delivery programme to reduce the risk of re-occurrence.

There have also been errors in the production of letters resulting in some people being offered the wrong (and often quite distant) venue for their vaccination and some receiving times but no dates for their appointments. The team have now implemented additional local procedures to minimise letter errors in future but this has led to understandable concern and avoidable inconvenience and expense for some. I would like to personally apologise to anyone who was adversely impacted by this and the Health Board is offering reimbursement of costs to those who request it.

Whilst we are learning from these issues, the overall delivery of the programme remains positive. At time of writing, everyone who had their 2nd dose up to approximately 7 months ago has been invited to attend and we expect to have reached the minimum 6 month gap between 2nd and booster doses shortly. The Executive Director of Therapies and Health Science will provide an update at the meeting.

As previously reported, the annual Flu' vaccination programme is now underway. At time of writing, we have immunised 38.8% of the 50s and older cohort and 14.6% of those aged 6mths to 49 years who are at risk. The average for Wales is 38.6% and 15.1% respectively. We have also immunised 4,100 of our own staff (approx. one-third).

Operational Update

The operational outlook remains the same as was reported at the previous Board meeting. The pressure on our services, especially our emergency and urgent care services, is relentless with, at times, long ambulance waits and delays in our Emergency Departments. The

experience our patients are receiving is not what we would wish to see, but this does not reflect the hard work and tenacity of our staff to provide care in such a challenging environment.

In the most recent few days we have, however, seen some improvements – infection rates are falling (as noted above) and the number of patients in all our hospital with confirmed or suspected COVID has also fallen. At time of writing, there are 83 patients occupying hospital beds (including ICU) down from a peak of 133 on 3rd November 2021. It is of note that this peak has been higher than that seen in the first wave in the spring of 2020.

There are also some indications that demand from non-COVID-19 emergencies has slightly reduced and both our Same Day Emergency Care (SDEC) and Physician Triage and Streaming (PTAS) services are reducing pressure on the emergency departments and wards. To further help with flow, the five newly commissioned beds at Llys-y-Bryn are now being fully utilised and recruitment is almost complete in relation to the 8 additional surge beds at Amman Valley. Staff sickness has also reduced somewhat, standing at c.8% (all causes) down from a peak of 10% on 30th September 2021, although it remains high by historic standards (and higher than reported in my last update, at which time it was 7.6%).

As outbreaks continue to reduce and the first recruits to our extended bridging service come on board at the end of November, there is reason for very cautious optimism that the local position has stabilised.

We have also seen some improvement in the provision of domiciliary care service, with a fall in the numbers of patients in all settings awaiting packages down from almost 400 to approximately 330. In Carmarthenshire, the recent start of 9 new domiciliary care workers has resulted in a reduction of 50 in the number of people awaiting this type of support in the last 3 weeks.

The Executive Director of Workforce and OD will be able to provide a verbal update on the latest position regarding recruitment and on-boarding of additional bridging care staff at the meeting, by which point the first cohort should be in service.

In relation to the overall operational situation, the Executive Director of Operations and Director of Primary Care, Community and Long Term Care will provide the latest position at the meeting.

Gold Command Group (GGC)

The Gold Command Group has met 6 times since the last Board meeting. At the meeting held on 8th September 2021, the Gold Command Group discussed in detail the continuation of the flexible reward incentive enhancement scheme. GCG agreed to continue the flexible reward incentive (time +75%), to include an unsocial hour's element for all booked shifts up to and including 2nd October 2021, for shifts that have been "pre-booked" with it agreed this would be further reviewed on 16th September 2021. A further discussion on the reward incentive enhancement scheme was held on 16th September 2021, with GCG agreeing that the flexible incentive rate continue to be paid in accordance with the proposal approved up until 7 a.m. on 2nd October 2021, with the team who led the evaluation review using the same metrics to assess impact during weeks 3 and 4. Furthermore, the team who have led the evaluation review the metrics for the 4 week period by area to assess if the impact is greater in some areas more than others, recognising GCG concerns regarding targeting key areas if data confirms the requirement. GCG agreed that an updated evaluation report be presented to the Operational Planning & Delivery Programme (OPDP) meeting on 29th September 2021 with conclusions and recommendations, and that this forum present a paper to GCG with

recommendations for options moving forward which are simple to understand and straightforward to implement from a rostering and payroll perspective and reflect the emerging picture nationally. Finally, GCG agreed positive communication would be cascaded within the service to confirm that the expectation is that the incentive will cease at 7 a.m. on 2nd October 2021, pending an update on the national picture, which may provide for incentives to be applied within agreed parameters.

On 29th September 2021, GCG met to review the recommendations from the OPDP meeting Regarding Enhancement Payments. GCG agreed the following:

- For the flexible incentive scheme to continue until 31st October 2021.
- The rate changes from Time +75% + enhancements to Double Time flat rate for all shifts 24/7 with effect from 7 a.m. on 2nd October 2021.
- Staff undertaking HCSW and RGN shifts as part of the incentive to be paid Band 2 and Band 5 rates respectively.
- To discuss and assess the matter further at a Gold Command Group meeting to be convened the week prior to 31st October 2021.

GCG met on 14th October 2021 to discuss the Proposal to Increase Amman Valley Hospital Bed Capacity. GCG considered the proposal in detail and agreed to increase bed capacity in Amman Valley Hospital to 28 beds on a permanent basis with the associated revenue costs of £299,598 for substantive recruitment.

On 22nd October 2021, GCG met to discuss COVID-19 Household Contact Guidance. Following a very detailed discussion, GCG agreed the following recommendations:

- To align to the Welsh Government's change of guidance and allow all staff (including patient-facing staff) identified as a contact of a positive case (including household contacts) to return to work, providing they:
    - Have a robust risk assessment undertaken with their line manager.
    - Are asymptomatic.
    - Are fully vaccinated (at least two weeks prior to contact with the positive household member).
    - Agree to the enhanced testing requirements of an immediate polymerase chain reaction (PCR), which must be negative, 10 days lateral flow tests (LFDs) – all negative and a day 8 PCR (this is no change to current testing requirements although the day 8 PCR test is not stipulated by WG).
    - Must not work with extremely clinically vulnerable patients and therefore may need to be redeployed should they do so routinely.

On 29th October 2021, GCG met to have a further discussion on the enhanced pay rates. GCG agreed to continue with the Scheme in its current format, until such time as the WG Advance Notices are received and a new agreement is reached which would allow the Health Board to discontinue the interim locally agreed flexible incentive scheme. Should the WG Advance Notices not be received imminently, a GCG meeting would be convened within 3 weeks to re-consider the locally agreed flexible incentive scheme. Furthermore, to establish at pace an operationally led Task and Finish (T&F) Group to consider the provision in the Advance Notices and propose the terms to be implemented locally up to 31st March 2022. The T&F group would consider criteria, flexibility of the provision (two rate options) and a local approval process for agreeing services and bands where the rates apply. Local approval process would be implemented to ensure that efficient rostering practices are in place prior to any approval of enhanced rates being actioned. Operational teams were asked to review detailed information on fill rate and overall temporary workforce utilisation and confirm if any areas can be removed from the flexible incentive scheme. Finally, best practice rostering approaches are to be embedded at every opportunity via the roll out of Allocate and the additional resources being

made available to support at Ward level. Progress will be monitored via feedback at Senior Nurse Management Team (SNMT) meetings and the Allocate project governance structure. The Rostering team will focus on auditing areas for best practice against a set of KPIs. It should be noted that a further GCG meeting was not required within the three week period.

Gold Level Cell Updates

The Executive Team continues to meet formally on a weekly basis to review and co-ordinate the work of both the OPDP meeting and the Gold Level Cells. At the time of writing, all Cells were reporting no issues with their latest position and projections.

Update on our Recovery Plan for 2021/22

As mentioned above, there has been a detailed update to the Strategic Development and Organisational Delivery Committee, setting out progress up to the end of Quarter 2 2021/22. A refreshed version of this paper can be found at Appendix A, for information.

There are, however, two areas I would wish to highlight to the Board:

1. Stroke Services - Planning Objective 5A, Specific Requirements 5.a.i for Stroke

During 2019 to early 2020, the Health Board was undertaking a regional review of stroke services, comprising the Hywel Dda University Health Board Stroke Services Re-design Programme and the ARCH Hyper-acute Stroke Unit (HASU) Project. Both work streams were complex and multifactorial, considering:

- Short, medium and long term service provision
- In-patient and community service provision
- Hyper-acute, acute, rehabilitation and post-stroke services
- A large number of potential in-patient stroke site options (for acute and rehabilitation services) and spread across the region, with a range of flows for our population
- Three population boundaries for admission to the planned HASU at Morriston

The co-dependency of both work streams added a further layer of complexity.

In April 2020, both work streams were paused due to the COVID-19 pandemic. Over recent months, discussion has restarted in relation to the Stroke Re-design Programme, with an agreement by the Executive Team to initially focus on the short to medium term within the Carmarthenshire area. The rationale for this includes:

- Re-instating the entire re-design programme, across the short, medium and long-term (all requiring different solutions) would take in excess of 18-24 months due to the complexity and competing solutions
- Uncertainty around Swansea Bay University Health Board's (SBUHB) position regarding the HASU project and the time-frame to complete this project, although this has since been clarified with SBUHB confirming that their proposed HASU is focussed solely on their own population initially
- Short-medium term medical staffing sustainability concerns for Glangwili General Hospital, which relies on a single handed clinician
- The requirement to maintain stroke provision in Pembrokeshire until the new hospital is built
- The requirement to maintain stroke services in Ceredigion in the longer term

I am pleased to advise the Board that meetings are being scheduled with the clinical teams from December 2021 onwards, with a view to providing a short-list of options to the Health Board in Summer-Autumn 2022.

2. Planning Objectives 1E – roll out of our Waiting List Support Service to maintain personalised contact with all patients waiting for elective care

This significant project has been progressing with the strong support of the corporate nursing team and front line clinicians. Early achievements included making contact with all patients waiting over 52 weeks and an initial pilot involving detailed contact with 300 patients awaiting orthopaedic services. There have been some delays recently, related to securing support staff, although this is expected to be fully resolved by the end of this month. The roll out plan is then expected to gather pace quickly, with online resources already developed for ENT and expected to be developed for Ophthalmology, Orthopaedics, General Surgery, Urology, Dermatology and Gynaecology between November 2021 and February 2022. With this in place, letters of invitation will then be sent to all patients waiting in these specialties (with the exception of ENT where it will be an initial cohort of 400) between December 2021 and March 2022.

This will mark a significant milestone in the delivery of this Planning Objective and will allow us to deliver on the 7 aims it sets out. Other Health Boards and the Bevan Commission have expressed an interest in learning from the work we are doing to support our patients. Further updates will be provided to the Board as the programme becomes more embedded.

Progress continues to be made across all Planning Objectives, many of which are the subject of other papers on the agenda today, and they are subject to ongoing review at Executive Team meetings. The Board level Committees also continue to provide detailed scrutiny of those Planning Objectives assigned to them.

Argymhelliad / Recommendation

The Board is asked to:

- Ratify the Gold Command Group decisions as set out above;
- Note the wider update in relation to our Recovery Plan 2021/22 and on-going COVID-19 response.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5) 854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6) 855 - Risk that UHB's non-covid related services and support will not be given sufficient focus (Score 8)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply

Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termau: Glossary of Terms:	ARCH – A Regional Collaboration for Health ENT – Ear, Nose & Throat GGH – Glangwili General Hospital KPIs – Key Performance Indicators PPH – Prince Philip Hospital
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command Hywel Dda University Health Board Operational Planning & Delivery Programme Meeting Hywel Dda University Health Board Bronze Group Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	25 November 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Ongoing Recovery Actions
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Keith Jones, Director, Secondary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides details which were reported to the UHB's Strategic Development & Operational Delivery Committee (SDODC) on 26th October 2021, in respect of the University's Health Board's ongoing recovery actions relating to Planned Care (including patients waiting more than 36 weeks for treatments) and the impact of outsourcing certain services.

Cefndir / Background

Recovery priorities for 2021/22 are reflected in the Hywel Dda University Health Board (HDdUHB) Annual Recovery Plan for 2021/22. This anticipates continuing challenges in managing COVID-19 and non-COVID related emergency demands for the year ahead, whilst endeavouring to provide 'green' planned care pathways on each site, all against the backdrop of significant and sustained staffing challenges.

Planned care recovery during 2021/22 focuses on the following priority areas:

- Outpatient transformation and improvement
- Maximising theatre capacity
- Utilisation of the independent sector through non-recurrent resource support provided by Welsh Government (WG)
- Progress towards sustainable medium term expansion of day surgical capacity via a demountable facility solution
- Phased progress towards a sustainable, regional recovery plan for cataract surgery in partnership with Swansea Bay University Health Board
- Maximising Endoscopy Capacity
- Maximising Therapy Capacity
- Maintenance and further improvement of essential cancer pathways

WG Recovery Funding

In May 2021, WG approved the UHB's activity recovery proposals in respect of the Phase 1 Recovery funding allocation made available to NHS Wales. These proposals reflected an initial scoping of potential outsource capacity available via the independent sector in addition to separate plans to progress a medium term demountable solution for the Prince Philip Hospital site to enable the provision of two additional day case theatres. The planned outsource activity, to be delivered via the independent sector, is profiled below.

Phase 1 Outsource Activity

Portfolio	Service	Provider	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Tot
Outsourcing / Insourcing															
Ophthalmology	Cataracts	Various	130	125	140	131	150	50	300	400	350	400	400	500	3076
General Surgery	Stage 4	Various						18	22	98	98	91	91	91	509
ENT	Stage 4	Sancta Maria						0	2	5	5				12
Urology	Stage 4	Various						3	9	16	16	4	4	4	56
T&O	Stage 4	Various						11	25	50	50	55	55	55	301
Dermatology	Lesions	Werndale						213	250	250	250	200	200	200	1563
Dermatology	Insourcing	YMS							438	438	438	438	438	438	2625
Total			**130**	**125**	**140**	**131**	**150**	**295**	**1046**	**1257**	**1207**	**1188**	**1188**	**1288**	**8142**

In addition to the above, the Phase 1 allocation also supported modest investments in additional internal activity across cardiology diagnostic, Bowel Screening Wales and pathology activity.

Due to the timelines associated with the NHS Wales Shared Service Partnership (NWSSP) tender & commissioning framework, and operational challenges faced by providers in scaling up capacity to meet the needs of commissioning Health Boards, the majority of commissioned activity is scheduled to be delivered during Q3 & Q4 2021/22.

Planning and delivery of outsourced activity via the independent sector is being tracked and monitored on a weekly basis.

In September 2021, WG approved the UHB's further recovery proposals in respect of the Phase 2 Recovery funding allocation made available to NHS Wales. These proposals reflected an initial scoping of potential additional outsource capacity available via the independent sector, in addition to plans to increase internally delivered activity across diagnostic and outpatient pathways. The planned additional activity to be delivered via a combination of the independent sector and additional internal capacity is profiled below. Planned outsource activity is currently being tendered in accordance with the All Wales Framework and confirmation of final commissioned volumes is awaited.

Phase 2 Outsource / Internal Activity

Portfolio	Service	Provider	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Outsourcing / Insourcing															
General Surgery	Stage 1&4	Various										60	60	60	180
Urology	Stage 1&4	Various										29	29	29	87
Colerectal	Stage 1&4	Spire Bristol										7	7	7	21
T&O	Stage 1&4	Various								24	24	76	76	76	276

ENT	Stage 1	Spire Bristol										15	15	15	45
Opthalmology	Stage 1&4	Spa Medica										420	420	940	1,780
Pain	Stage 1&4	Spire Bristol										5	5	5	15
Gynae	Stage 1&4	Spire Bristol										25	25	25	75
Endoscopy	Stage 1 4	Various								300	300	340	340	340	1,620
Radiol/ Diag		Various										340	340	340	1,020
Sub Total			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**324**	**324**	**1,317**	**1,317**	**1,837**	**5,119**
Internal															
Cardiology WLI		Internal							80	80	80	80	80	80	480
Pathology		Internal							22	22	22	22	22	22	130
Neurology (Ins)		Internal							54	54	54	54	54	54	324
Q4 Extra Clinics		Internal										299	299	299	896
Sub Total			**0**	**0**	**0**	**0**	**0**	**0**	**156**	**156**	**156**	**454**	**454**	**454**	**1,830**
Total			**0**	**0**	**0**	**0**	**0**	**0**	**156**	**480**	**480**	**1,771**	**1,771**	**2,291**	**6,949**

As this additional funding was not released to Health Boards until late September 2021, the majority of this additional outsource and activity is not expected to be delivered until Q4 2021/22.

In October 2021, WG has advised Health Boards of the planned recurrent revenue funding allocation available from 2022/23 onwards to support Planned Care Recovery. £21.7m will be available to HDdUHB. In developing plans for application of this recurrent funding, Health Boards are required to ensure the following national priorities are addressed:

- Implementation of the recommendations of the National Endoscopy Programme which the Minister has now formally agreed.
- Regional Cataract services in line with advice from the Planned Care programme.
- Regional plans for aspects of Orthopaedic services based on the clinical strategy work currently underway and due to report in February 2022.
- Strengthened Diagnostic & Imaging services based on advice to be commissioned from the National Imaging Programme.
- Implementation of the Critical Care Plan developed by the Critical Care Network.

Asesiad / Assessment

Delivery Progress Q1 2021/22

Progress in respect of the UHB's activity delivery against the Annual Recovery Plan and supporting funding is reported to WG on a quarterly basis. The table below summarises reported progress during Q1 2021/22. Activity delivered during Q1 was ahead of planned levels in the majority of categories, with the exception of NOUS (ultrasound) and endoscopy activity.

Planned Care Recovery Delivery Plan Progress 2021/22		2021/22 Q1 Projected	2021/22 Q1 Actual
Elective Inpatient Activity	**Total Activity**	**613**	**758**

Elective Day Case Activity		Total Activity	1,773	4,910
New Outpatients	Face to face	Total Activity	15,302	15,689
	Virtual	Total Activity	7,273	7,229
Follow Up Outpatients	Face to face	Total Activity	23,768	28,374
	Virtual	Total Activity	13,197	13,204
Diagnostics	CT	Total Activity	10,500	12,012
	MRI	Total Activity	3,700	4,522
	NOUS	Total Activity	10,500	9,911
	Endoscopy	Total Activity	3,608	3,272

A Q2 progress report will be submitted later in November 2021.

There are a number of risks to full delivery of the planned outsource volumes which the Planned Care team are seeking to manage. These include:

- Challenges in securing the full capacity outlined by March 2022 due to the late approval of recovery funding and the consequent impact on tendering and commissioning timescales
- Competition from other Health Boards/Trusts across the UK for independent sector capacity
- Variable levels of patient acceptance to travel to independent sector providers outside of the UHB's geographical boundaries
- Staffing and recruitment challenges advised by Phase 1 providers which have delayed commencement of planned volumes to the levels agreed
- Recruitment of additional internal administrative capacity to support the tendering processes required and administration of the volume of patients to be placed with various providers

Impact on Performance

Performance continues to be affected by limitations on available capacity due to the requirements of social distancing and infection control measures in addition to the current emergency pressures being faced on each site which has impacted upon Planned Care.

Whilst Planned Care teams have worked hard to increase the volume of core internal activity delivered beyond the levels outlined in the Annual Recovery Plan, the impact on the overall number of patients waiting longer than target 26 week and 36 week time thresholds has remained relatively static in the most recent reporting period, as these gains have been mitigated by:

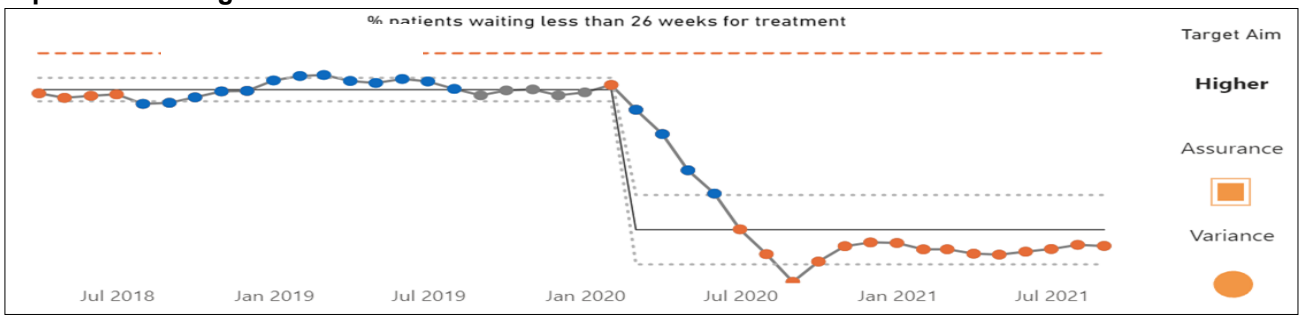
- increasing rates of referral as lockdown restrictions eased and,
- the selection of patients according to their stratified risk of clinical harm rather than chronological length of wait

In September 2021, 56.2% of patients were waiting less than 26 weeks for treatment, with a total of 31,039 patients waiting more than 36 weeks.

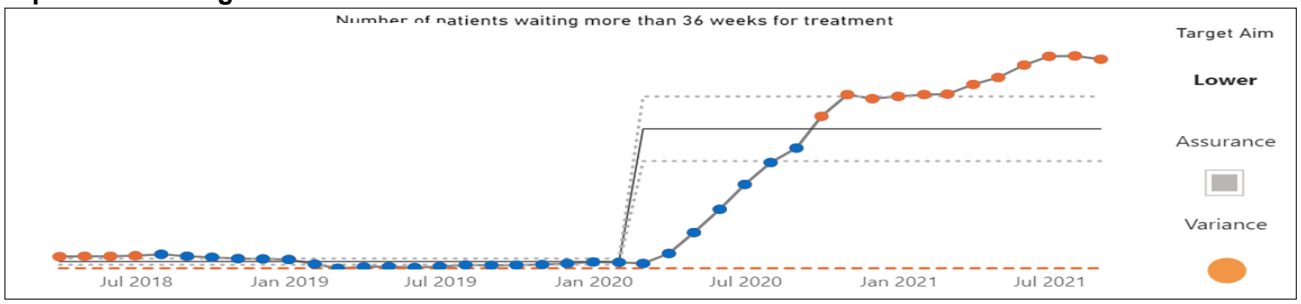
Theatre utilisation has been constricted by emergency pressures on the WGH site which has extended to GGH and PPH and continues to impact into October 2021. The Health Board continues to experience exceptional levels of urgent pressure and Orthopaedic inpatient surgery is currently suspended at both the WGH and PPH sites.

Work is ongoing with clinical teams to regularly risk stratify waiting lists. Validation of waiting lists continues. A communication exercise with patients undertaken in September 2021 is now complete and all patients waiting more than 52 weeks have been contacted. Whilst this has had some impact on the waiting list numbers, further large scale validation is planned. Additionally, the Waiting List Support Service (WLSS) is currently planning to contact all stage 4 patients in a structured process, which has been clinically approved.

% patients waiting less than 26 weeks for treatment



% patients waiting more than 36 weeks for treatment



Forecast Waiting List Impact

Supported by the Modelling Cell, the Planned Care team have reviewed planned activity levels for the remainder of the year along with current trends in demand and ROTT rates (removals from a waiting list for reasons other than treatment) to forecast the expected impact on total waiting list volumes by March 2022. This is summarised below. Specialty specific details are shown in Appendix 1.

	Outpatients (Stage 1)					IP/DC Treatments (Stage 4)				
Specialty	March 2019 Waiting List	March 2020 Waiting List	March 2021 Waiting List	Sept 2021 Waiting List	March 2022 Forecast OPD Waiting List Volume	March 2019 Waiting List	March 2020 Waiting List	March 2021 Waiting List	Sept 2021 Waiting List	March 2022 Forecast IP Waiting List Volume
Totals	27,769	29,137	39,746	44,825	34,597	8,442	9,283	13,298	13,804	11,827

Stage 1:
Following a 12.7% increase in the total Stage 1 (Outpatient) waiting list volume in the first 6 months of 2021/22, the forecast Stage 1 waiting list size is expected to reduce from 44,825 as

at September 2021 to 34,597 as at March 2022. This would represent a 22.8% forecast reduction in the total volume of patients waiting at Stage 1 over the next 6 months.

In previous years, the UHB has achieved a zero 36 week breach performance level with a year-end Stage 1 waiting list range of 27,769 to 29,137 patients. This suggests the UHB will need to secure additional capacity, above current planned levels, for approximately 6/7000 patients during 2022/23 in order to recover the Stage 1 waiting list volume to pre-pandemic levels by March 2023.

Stage 4:
Following a 3.8% increase in the total Stage 4 (treatment) waiting list volume in the first 6 months of 2021/22, the forecast Stage 4 waiting list size is expected to reduce from 13,804 as at September 2021 to 11,827 by March 2022. This would represent a 13.4% forecast reduction in the total volume of patients waiting at Stage 4 over the next 6 months.

In previous years, the UHB has achieved a zero 36 week breach performance level with a year-end Stage 4 waiting list range of 8,442 to 9,283 patients. Taking into account a planning assumption of a 30% conversion factor from patients waiting at Stage 1 to Stage 4, this indicates that the UHB will need to secure additional capacity, above current planned levels, for approximately 5/6000 patients during 2022/23 onwards in order to recover the Stage 4 waiting list volume to pre-pandemic levels.

Forecast 26 Week / 36 Week Position
As indicated above, accurate forecasting of the impact of the delivery plan on the number of patients waiting in excess of 26 and 36 weeks is difficult due to the following factors:

- Patients are being prioritised for treatment based on their clinical assessed risk of harm rather than length of chronological wait
- The order in which patients accept treatment opportunities at independent sector providers may not necessarily reflect their chronological wait but rather a range of alternative factors including preparedness to travel, clinical suitability and sub-specialty condition.

Forecasting undertaken by the Performance team suggests:

- 26 week waits - expected performance is between 52% and 66%.
- 36 week waits - expected performance is between 15,910 and 25,517 breaches.

<u>Recovery Planning 2022/23 Onwards</u>
To support recovery planning for 2022/23 onwards, a proposed Reset & Recovery Programme is currently being considered by the Operational Planning & Delivery Programme (Tactical) Group, centred around the National Planned Care Strategy's 5 Planned Care Goals which provide a roadmap for NHS organisations to follow, when rebuilding and transforming services, building on the learning from the pandemic and evidence based models:

1. **Effective referral:** Ensure that referral guidance and thresholds are in place to ensure that those most in clinical need are referred to the appropriate setting.
2. **Advice and guidance:** Develop access to high quality advice and guidance to enable informed decision making for individuals as well as primary and secondary care clinicians.
3. **Treat accordingly:** Access to appropriate care at the right time at the right place.
4. **Follow up prudently:** Giving individuals more choice and control over their care.
5. **Measure what's important:** Transforming care to better meet the clinical need of the patient.

Argymhelliad / Recommendation

The Board is requested to note this update which was provided to the UHB's Strategic Development & Operational Delivery Committee (SDODC) on 26th October 2021. The Committee noted ongoing recovery actions relating to Planned Care (including patients waiting more than 36 weeks for treatments) and the impact of outsourcing certain services.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	CR 1048 Risk Score 16
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	National Planned Care Programme
Rhestr Termau: Glossary of Terms:	GGH – Glangwili General Hospital PPH – Prince Philip Hospital WGH – Withybush General Hospital
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Planned Care Directorate

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Referenced in the paper.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Adverse quality and/or patient care outcomes/impacts of delayed treatment and access to care.
Gweithlu: **Workforce:**	No direct impact, although delivery plans in part will necessitate supporting recruitment.

Risg: **Risk:**	Ref CR 1048.
Cyfreithiol: **Legal:**	All outsourcing activity is commissioned in accordance with the NWSSP Commissioning Framework.
Enw Da: **Reputational:**	Potential for political or media concern in the event of extended waits for access to care.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	None, patients are prioritised according to clinically assessed risk of harm.