Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Planning Objective 4a

Planned Care & Cancer Recovery

Strategic Development & Operational Delivery Committee

31 August 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 **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

Scope of Presentation:

- **Current and projected performance**:
  - 26, 36, 52 and 104 week performance Stage 1
  - 26, 36, 52 and 104 week performance All Stages
  - Ministerial priorities for 2023/24 – 52 Outpatient Department (OPD) Performance
  - Ministerial priorities for 2023/24 – 104 Referral to treatment times (RTT) Performance
  - Current longest waits overview (3 years)
  - Q2 Delivery ambitions (with/without additional funding)
- **Outpatient transformation:**
  - Follow up performance
  - See On Symptoms (SOS) / Patient Initiated Follow-Up (PIFU) performance new
  - SoS/PIFU performance follow up
  - SoS/PIFU progress to June 2023
- **Capacity improvements**:
  - Latest OPD & theatre utilisation
- **Regional opportunities**
- **Additional recovery opportunities & WG allocation in principle**
- **Recommendation**

Current and Projected Performance:

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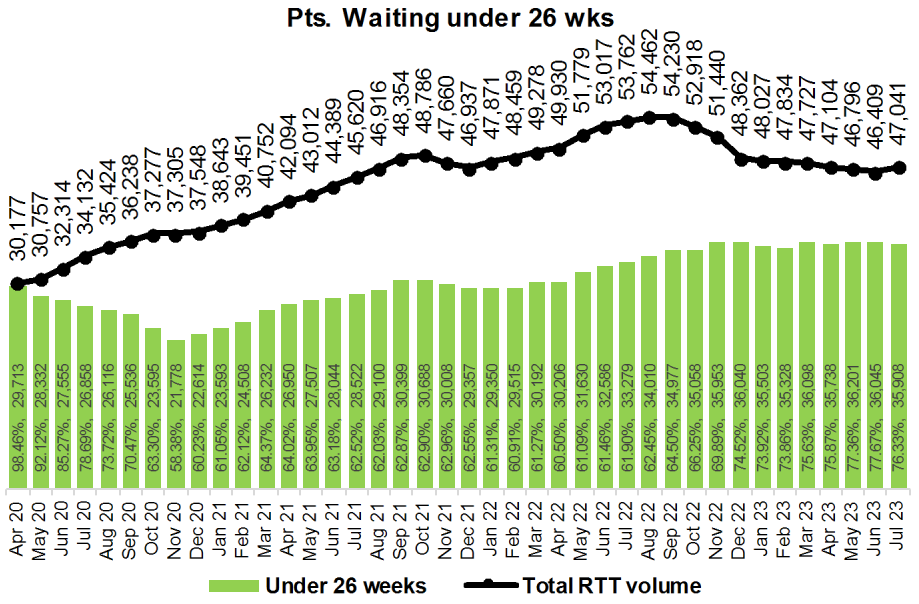
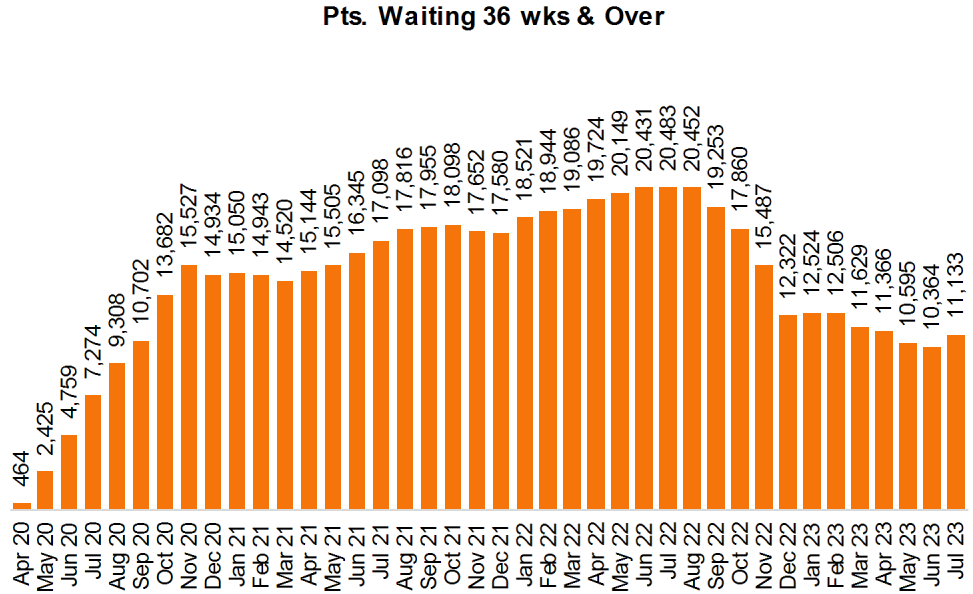
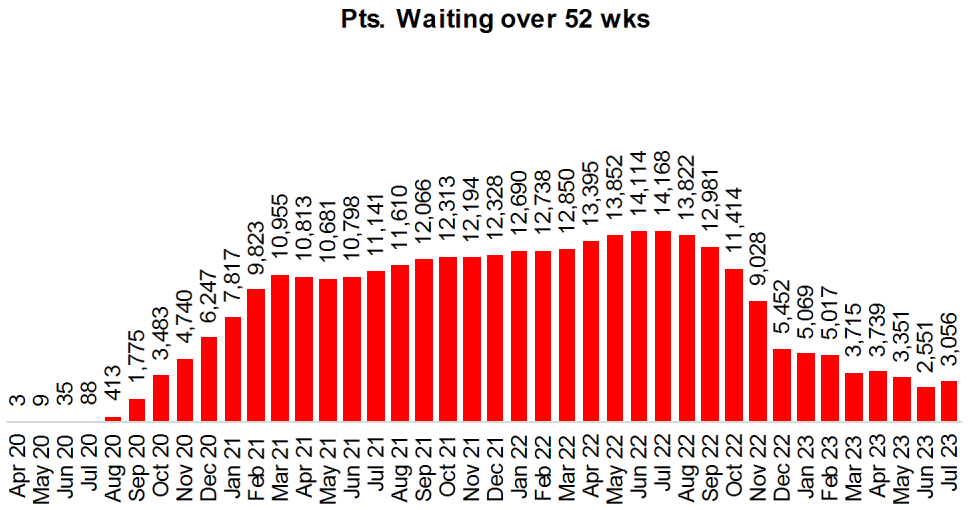
Slides below highlight the following:

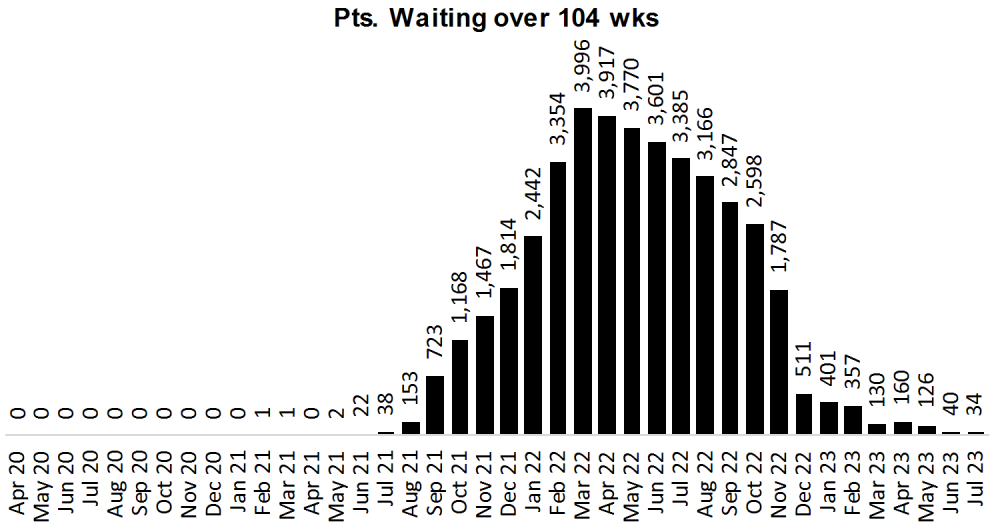
- Stage 1 and Stage 4 waiting times and volumes continue to improve to July 2023
- Rate of improvement is expected to slow and reverse if no additional resource, above level agreed within Annual Recovery Plan, is available to support continued delivery
- While zero three year waits are expected at Stage 1, Stage 4 three year waits are anticipated in orthopaedics, and other specialties with low clinical priority caseloads
- Performance by end Q2 is expected to deteriorate without additional supporting resource and the rate of deterioration is expected to increase through Q3/Q4 without corrective actions

Specialty: (Multiple Items) - Pathway Stage - 1

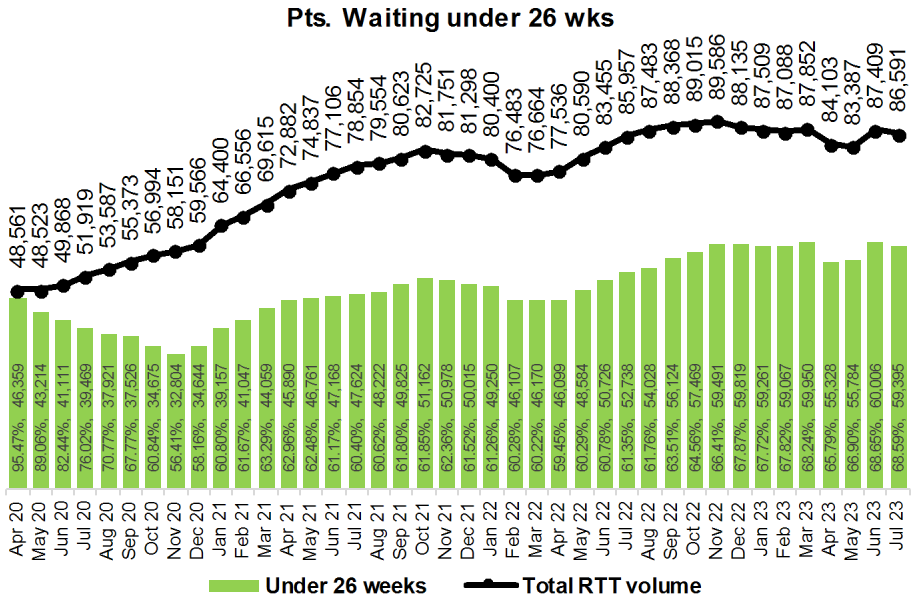


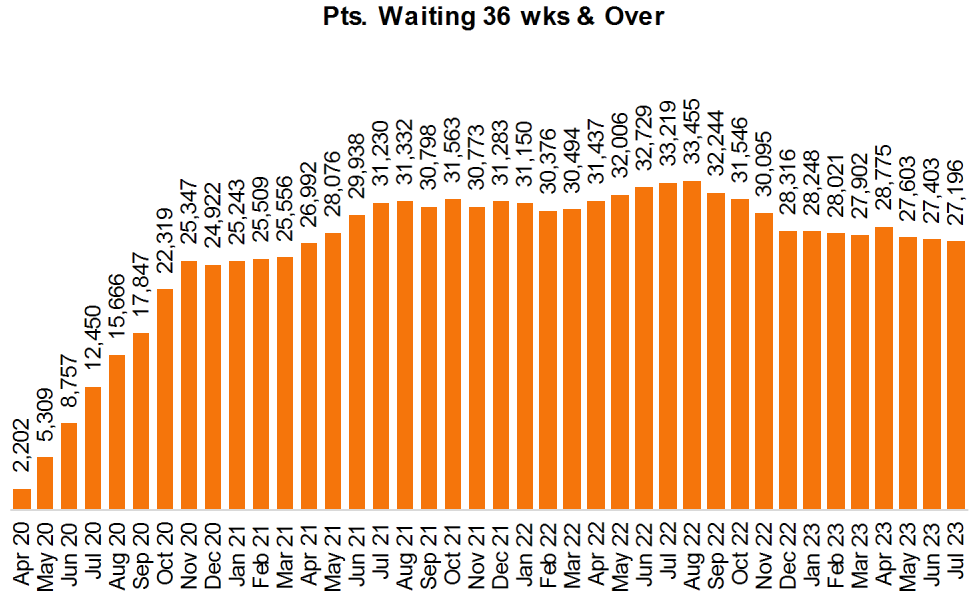


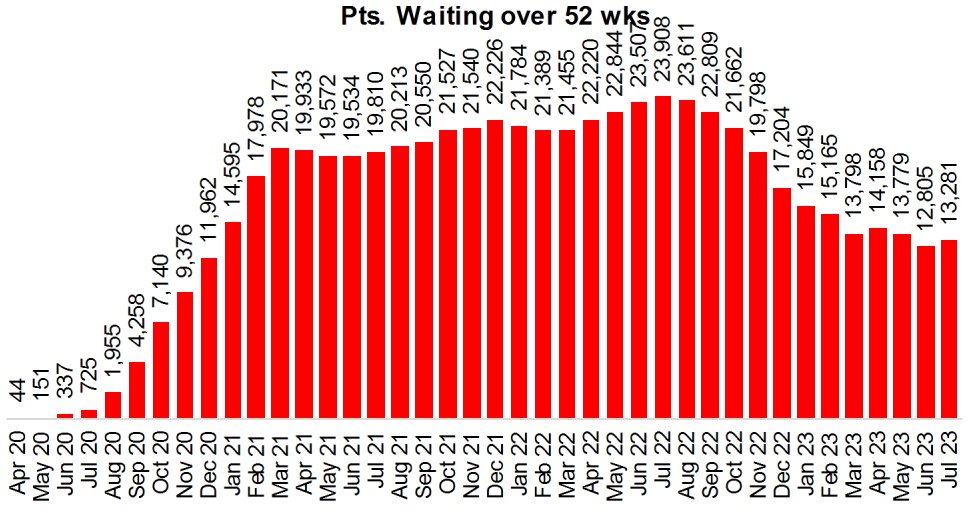


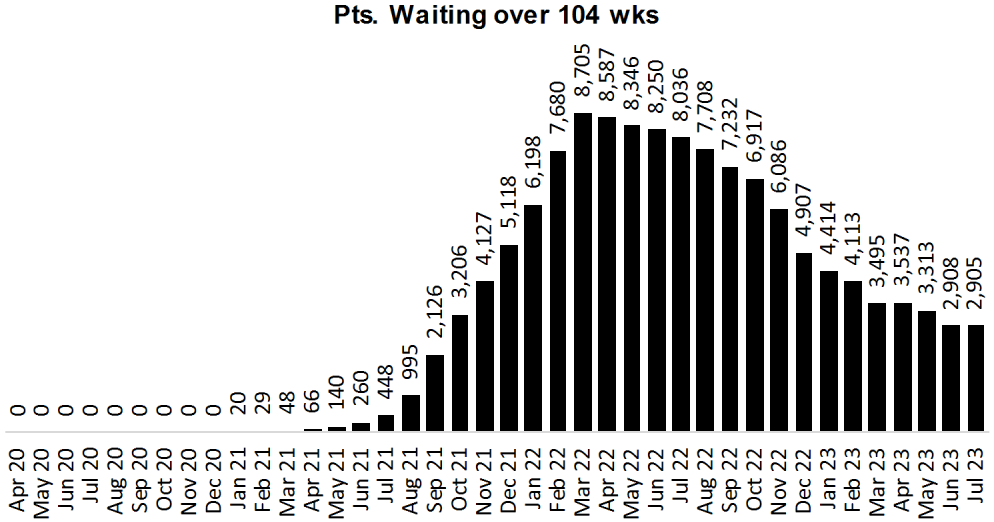


Specialty: (Multiple Items) - Pathway Stage - (All)





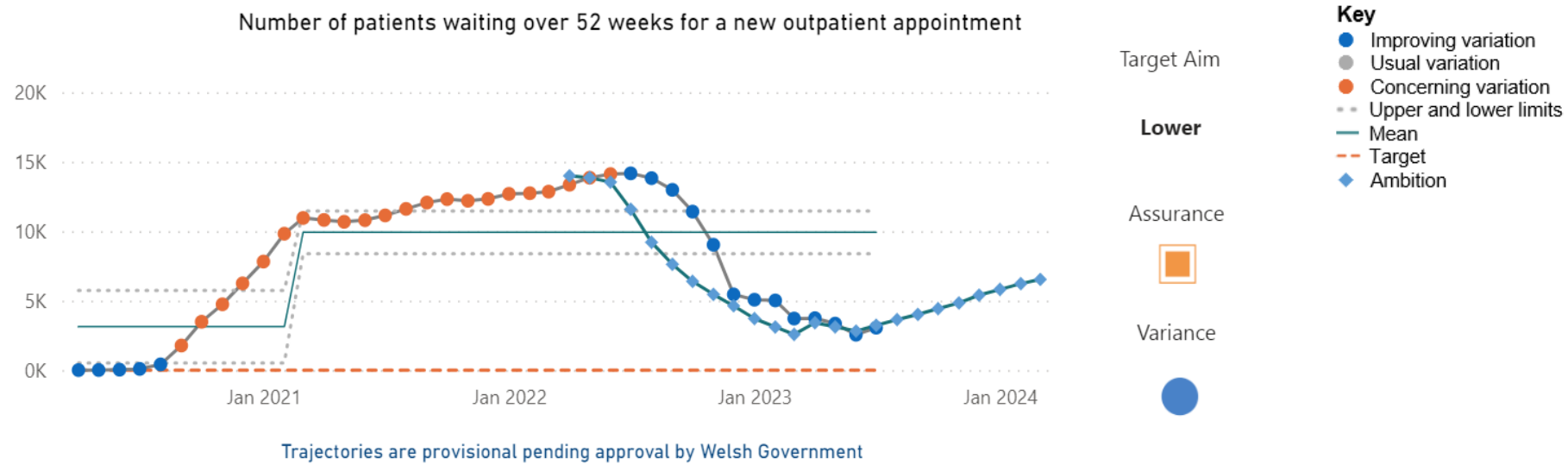




Planned care recovery: Deliver zero 52 week wait for first outpatient appointments

(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	July 23	3,056	3,226	The number of patients waiting over 52 weeks for a new outpatient appointment continues to show an improving trend and our trajectory for July 2023 has been met. Breaches have reduced by over 11,000 when compared to July 2022 (14,168), a 78% reduction. Notwithstanding progress achieved to date, the number of 52 week breaches for a new outpatient appointment is projected to increase for the remainder of this financial year, within existing resource levels agreed within the Annual Recovery Plan. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.



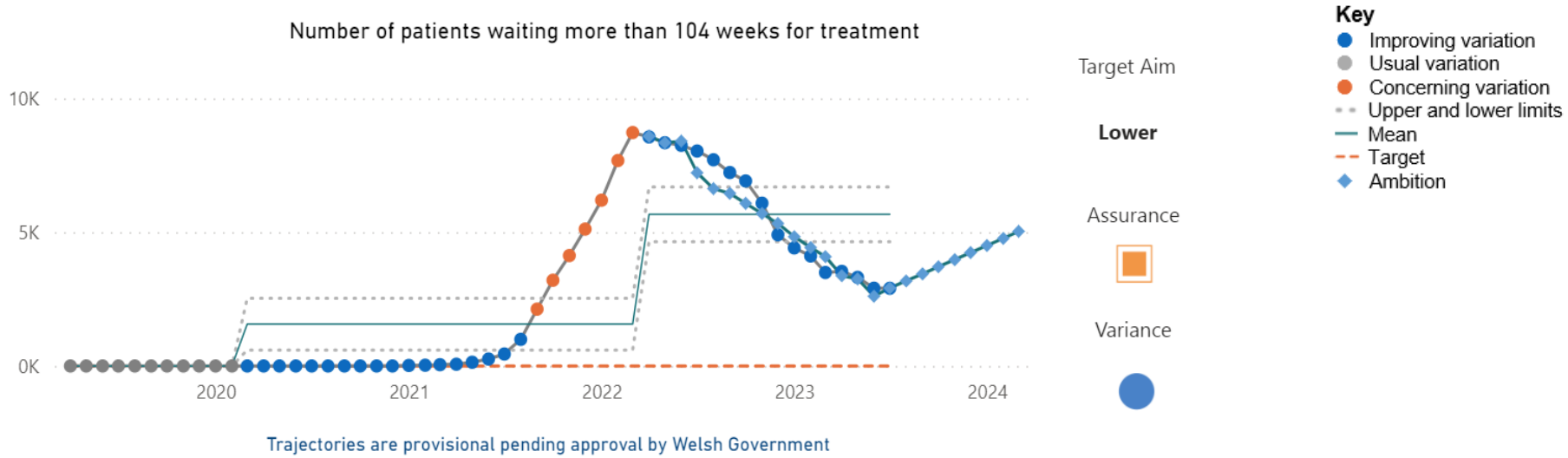
For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our latest IPAR dashboard and navigate to:

- [Topic] = Planned care
- [Metric Name] = select a metric to view chart and supporting narrative

Planned care recovery : Deliver zero 104 week waits for treatment

(Enhanced monitoring condition, accountability condition and Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	July 23	2,905	2,914	The number of patients waiting over 104 weeks for treatment continues to show an improving trend and our trajectory for July 2023 has been met. Breaches have reduced by over 5,000 when compared to July 2022 (8,036), a 64% reduction. The number of 104 week breaches for treatment is projected to increase for the remainder of this financial year, within existing resource levels agreed within the Annual Recovery Plan. However, trajectories are subject to change pending potential additional recovery funding for 2023/24.



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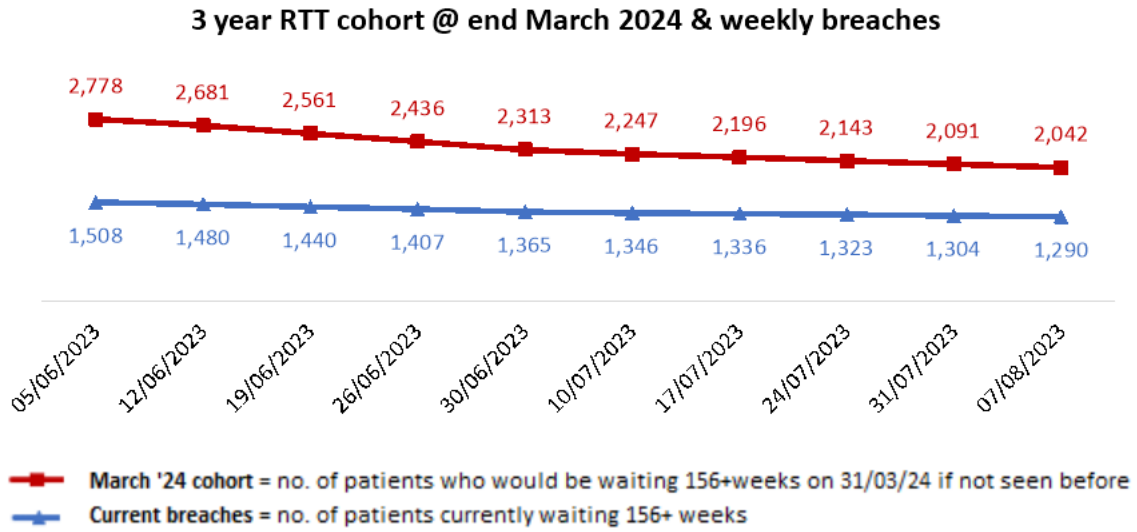
Planned Care

3 year waits for RTT – March 2024 cohort

Main specialty	30/06/2023	10/07/2023	17/07/2023	24/07/2023	31/07/2023	07/08/2023
110 - Trauma & Orthopaedics	1,076	1,057	1,033	1,019	994	978
101 - Urology	603	580	567	538	524	511
120 - ENT	177	175	169	166	166	164
100 - General Surgery	177	173	172	172	163	155
107 - Vascular	127	122	118	116	114	110
104 - Colorectal	109	101	99	94	92	88
330 - Dermatology	25	25	25	25	25	25
130 - Ophthalmology	10	8	9	8	7	7
191 - Pain Management	6	4	2	2	2	2
502 - Gynaecology	3	2	2	3	3	2
103 - Breast	0	0	0	0	1	0
Grand Total	**2,313**	**2,247**	**2,196**	**2,143**	**2,091**	**2,042**



- **No Stage 1 3 year waits anticipated**
- **Of those Stage 4 current and projected 3 year waits:**
  - **T&O –** Joints
  - **Urology –** Mostly vasectomies
  - **ENT –** Low clinical risk adult tonsillectomies.
  - **General Surgery -** Mostly vasectomies the remaining are complex cases that can only be undertaken by in GH.
  - **Vascular –** Theatre sessions not re-instated
  - **Pain, Ophthalmology & Gynae –** low volumes subject to validation.

Planned Care Recovery (Planning Objective 4a)
Q2 Delivery of Ministerial Measures

Specialty	End September (Q2) Cohort landing point Additional WG Monies							End September (Q2) Cohort landing point No Additional WG Funds						
	36W ALL	52W S1	104W S1	104 S2/3	104W S4	104W All	156W All	36W ALL	52W S1	104W S1	104 S2/3	104W S4	104W All	156W All
100 - General Surgery	1720	0	0	10	194	**204**	0	1720	0	0	3	10	13	1
101 - Urology	3071	150	0	0	640	**640**	149	3471	450	0	0	861	861	401
103 - Breast	505	0	0	0	0	**0**	0	505	0	0	0	0	0	0
104 - Colorectal	2412	588	0	80	43	**123**	10	2434	350	0	80	60	140	30
107 - Vascular	527	255	0	45	55	**100**	62	687	415	24	47	56	127	60
110 - Trauma & Orthopaedics	5149	0	0	66	1353	**1419**	651	5149	0	0	42	1426	1468	651
120 - ENT	2528	1435	0	42	196	**238**	117	3269	1505	0	42	196	238	117
130 - Ophthalmology		184	0	0	6	**6**	4		424	0	0	6	6	4
191 - Pain Management	478	0	0	0	2	**2**	1	522	0	0	0	2	2	1
300 - General Medicine	125	0	0	0	0	**0**	0		0	0	0	0	0	0
320 - Cardiology	228	1	0	0	0	**0**	0	228	1	0	0	0	0	0
318 - Stroke Medicine	0	0	0	0	0	**0**	0						0	
301 - Gastroenterology	2655	0				**0**	0	2799	0				0	0
330 - Dermatology	1,627	0	0	28	0	**28**	23	2,764	595	0	28	0	28	23
340 - Respiratory Medicine						**0**		258	0	0	0	0	0	
400 - Neurology	0	0				**0**	0	498	0				0	0
410 - Rheumatology	547	0	0	0	0	**0**	0	709	0	0	0	0	0	0
420 - Paediatrics						**0**	0						0	
430 - Geriatric Medicine	140	0	0	0	0	**0**	0		0				0	0
502 - Gynaecology	1912	0	0	0	0	**0**	0	1912	0	0	0	0	0	0
Other specialties						**0**							0	
Grand Total	23,624	2,613	0	271	2,489	2,760	1,017	26,925	3,740	24	242	2,617	2,883	1,034

Outpatient Transformation:

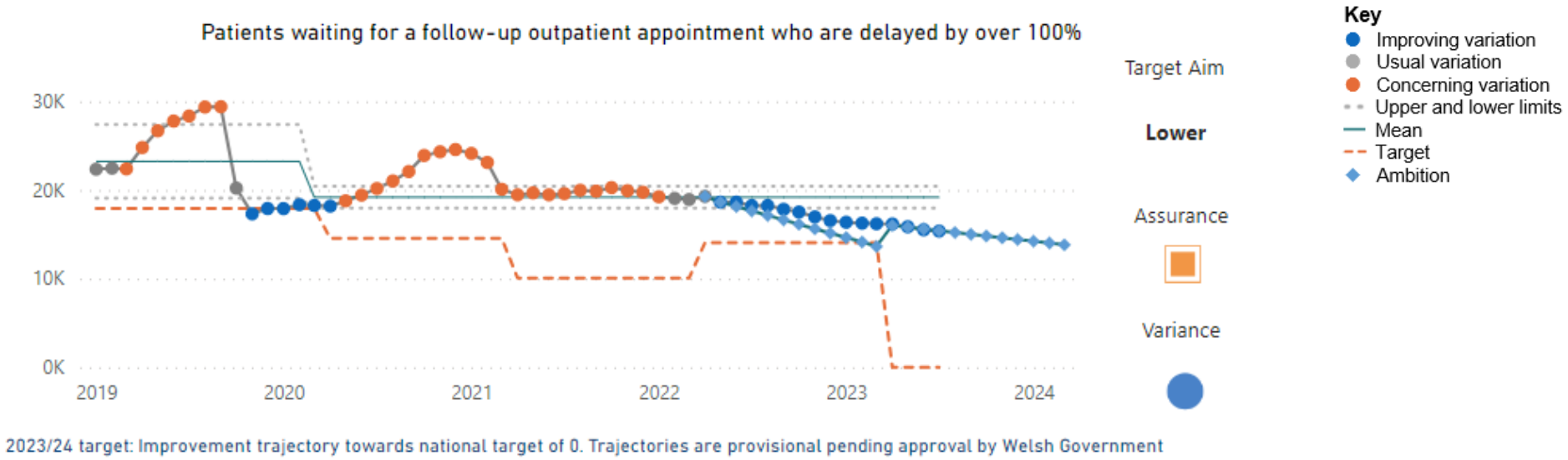
Slides below highlight the following:

- Delayed follow-up performance continues to show consistent improvement due to the focus on outpatient transformation
- SoS/PIFU approaches are well embedded
- Discharge rates post OP assessment remain high, indicative of clear clinical decision making in accordance with specialty guidance

Planned care recovery: Reduce the number of patients waiting for a follow-up appointment who are delayed by over 100%

(Ministerial priority)

Current status	Latest period	Actual	Trajectory	Notes
Blue Improving variation, improvement in performance or meeting trajectory	July 23	15,378	15,415	The number of patients waiting for a follow up appointment who are delayed by over 100% continues to show an improving trend and our trajectory for July 2023 has been met. Breaches are now consistently lower than any other time over the last four years. Trajectories are subject to change pending potential additional recovery funding for 2023/24.



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

For further details on this measure, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our latest IPAR dashboard and navigate to:

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Planned Care Recovery (Planning Objective 4a)
New Patients discharged/SoS/PIFU

New patients in July 23	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)	
103 - Breast	111	31%	5	1%	241	68%	246	69%
328 - Stroke Medicine	25	40%	0	0%	37	60%	37	60%
300 - General Medicine	60	48%	1	1%	65	52%	66	52%
400 - Neurology	68	53%	22	17%	39	30%	61	47%
410 - Rheumatology	49	53%	17	18%	26	28%	43	47%
120 - ENT	310	54%	31	5%	237	41%	268	46%
100 - General Surgery	65	55%	14	12%	39	33%	53	45%
502 - Gynaecology	386	59%	51	8%	214	33%	265	41%
110 - Trauma & Orthopaedics	831	60%	344	25%	201	15%	545	40%
320 - Cardiology	139	61%	15	7%	73	32%	88	39%
107 - Vascular	55	63%	1	1%	31	36%	32	37%
301 - Gastroenterology	212	63%	23	7%	100	30%	123	37%
302 - Endocrinology	56	66%	1	1%	28	33%	29	34%
430 - Geriatric Medicine	53	66%	4	5%	23	29%	27	34%
420 - Paediatrics	215	73%	16	5%	62	21%	78	27%
101 - Urology	116	76%	12	8%	24	16%	36	24%
191 - Pain Management	50	77%	2	3%	13	20%	15	23%
130 - Ophthalmology	598	78%	31	4%	140	18%	171	22%
340 - Respiratory Medicine	189	79%	4	2%	45	19%	49	21%
104 - Colorectal	284	80%	30	8%	43	12%	73	20%
330 - Dermatology	379	81%	8	2%	82	17%	90	19%
307 - Diabetic Medicine	30	81%	1	3%	6	16%	7	19%
361 - Nephrology	33	85%	0	0%	6	15%	6	15%
303 - Clinical Haematology	61	87%	0	0%	9	13%	9	13%
Grand Total	**4,375**	**64%**	**633**	**9%**	**1,784**	**26%**	**2,417**	**36%**

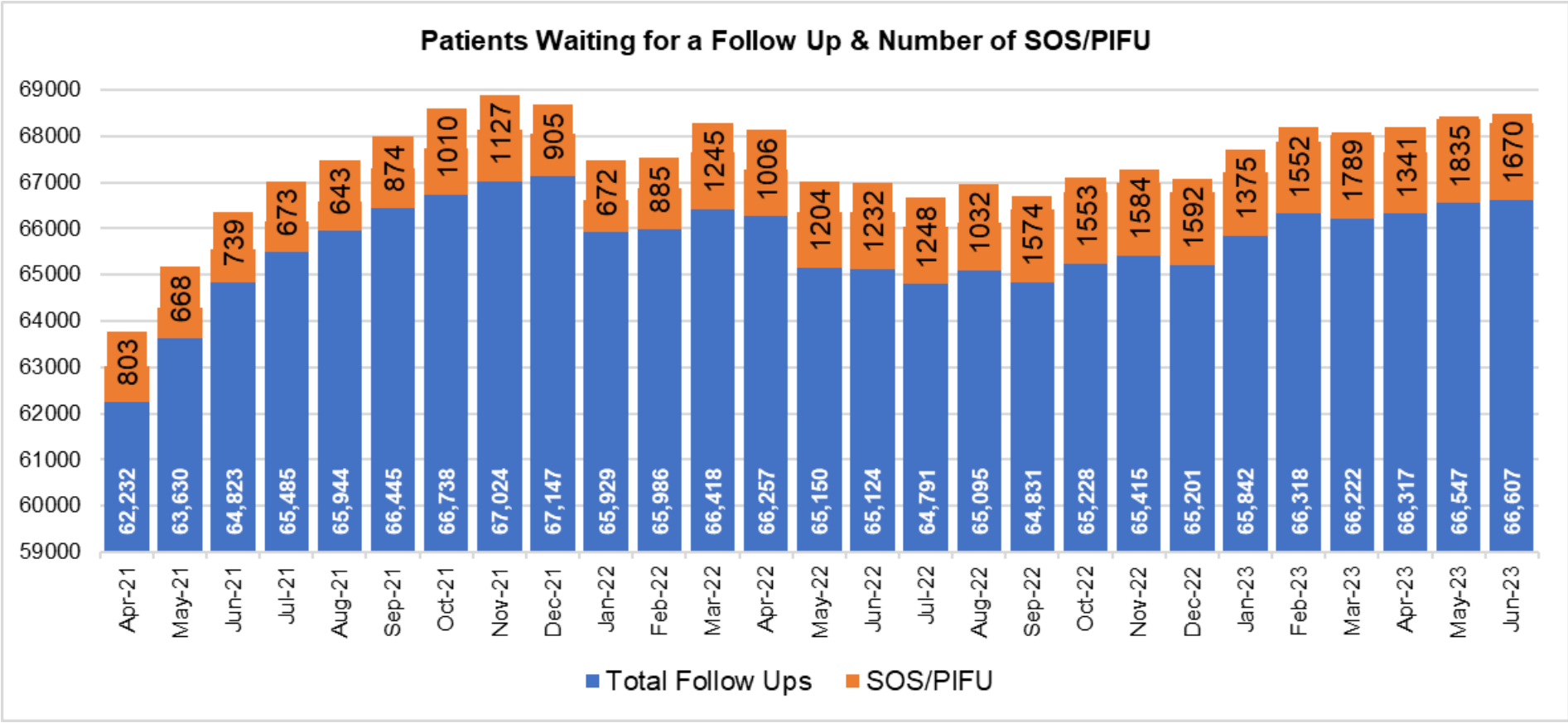
9% New patients discharged to SoS/PIFU
26% discharged at 1st appointment

Planned Care Recovery (Planning Objective 4a)
Follow Up Patients discharged/SOS/PIFU

Return patients in July 23	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)	
328 - Stroke Medicine	5	19%	0	0%	22	81%	22	81%
110 - Trauma & Orthopaedics	1,276	60%	452	21%	398	19%	850	40%
320 - Cardiology	145	63%	11	5%	74	32%	85	37%
100 - General Surgery	59	65%	5	5%	27	30%	32	35%
330 - Dermatology	289	68%	81	19%	54	13%	135	32%
400 - Neurology	82	70%	27	23%	8	7%	35	30%
300 - General Medicine	54	73%	2	3%	18	24%	20	27%
301 - Gastroenterology	445	75%	47	8%	98	17%	145	25%
107 - Vascular	63	77%	1	1%	18	22%	19	23%
410 - Rheumatology	294	78%	65	17%	20	5%	85	22%
104 - Colorectal	114	79%	4	3%	27	19%	31	21%
420 - Paediatrics	460	79%	49	8%	74	13%	123	21%
430 - Geriatric Medicine	131	79%	3	2%	32	19%	35	21%
502 - Gynaecology	563	80%	37	5%	103	15%	140	20%
340 - Respiratory Medicine	319	80%	16	4%	62	16%	78	20%
120 - ENT	482	81%	30	5%	86	14%	116	19%
103 - Breast	465	84%	6	1%	80	15%	86	16%
302 - Endocrinology	165	86%	1	1%	26	14%	27	14%
101 - Urology	852	88%	49	5%	66	7%	115	12%
130 - Ophthalmology	1,774	90%	23	1%	166	8%	189	10%
191 - Pain Management	88	92%	5	5%	3	3%	8	8%
307 - Diabetic Medicine	219	96%	1	0%	8	4%	9	4%
303 - Clinical Haematology	834	98%	0	0%	20	2%	20	2%
361 - Nephrology	182	99%	0	0%	1	1%	1	1%
Grand Total	**9,360**	**80%**	**915**	**8%**	**1,491**	**13%**	**2,406**	**20%**

8% follow patients discharged to SOS/PIFU
13% discharged

Planned Care Recovery (Planning Objective 4a)
Follow Up Patients discharged to SOS PIFU



- Over **40k** patients on SoS/PIFU pathway.
- **30** areas using SoS/PIFU
- **197** clinical conditions
- **280+** clinicians

Capacity Improvements

The following slide highlights:

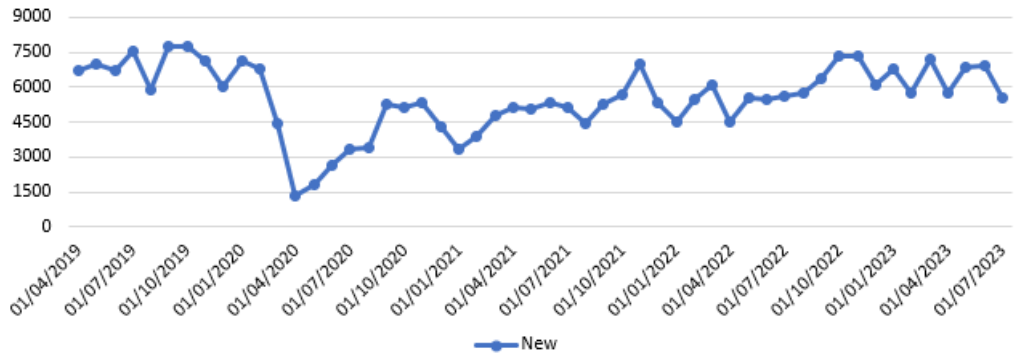
- Whilst overall surgical specialty outpatient volumes in July 23 compare well to July 22, outpatient activity levels have slowed during Q2 in the absence of additional resource to support recovery
- Consequently, total OP volumes have dropped below the 19/20 average
- Inpatient (IP) and day case (DC) volumes compare well to July 22 but remain below 19/20 levels due to:
  - Key workforce challenges (anaesthetics and theatre staffing)
  - Reduced bed availability compared to pre-pandemic level (due to Urgent and Emergency Care (UEC) capacity pressures)
  - Physical infrastructure challenges at WH limiting overall volumes

Planned care recovery: Ensure actual activity realised is back to 19/20 levels especially in surgical specialties

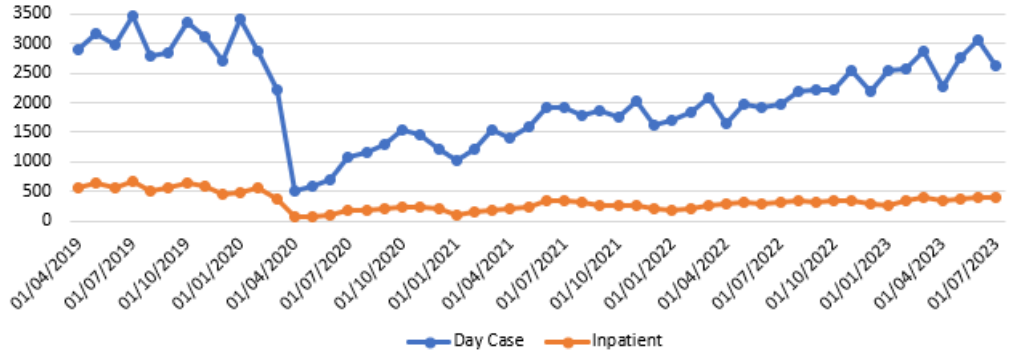
(Enhanced monitoring condition and accountability condition)

Current status	Latest period	Actual	Trajectory	Notes
Grey Usual variation, starting to improve or near trajectory	July 23	n/a	n/a	Compared to July 2022, in July 2023 (for selected surgical specialties), HDdUHB completed: • 6% more **new outpatient** appointments • 24% more **inpatient** procedures • 24% more **day case** procedures.

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



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



Planned Care activity: Jul 22 compared to Jul 23

Selected surgical Specialties	New Outpatient				Inpatient				Day case			
	2019/20 avg.	Jul 22	Jul 23	% change: Jul 22 to Jul 23	2019/20 avg.	Jul 22	Jul 23	% change: Jul 22 to Jul 23	2019/20 avg.	Jul 22	Jul 23	% change: Jul 22 to Jul 23
Breast	337	232	357	+54%	37	38	51	+34%	-	-	-	-
Colorectal	195	347	358	+3%	14	24	29	+21%	24	21	44	+110%
ENT	564	463	578	+25%	46	28	28	0%	51	39	30	-23%
Gastroenterology	302	282	335	+19%	-	-	-	-	573	364	528	+45%
General Surgery	362	105	118	+12%	75	20	32	+60%	512	249	224	-10%
Gynaecology	712	682	640	-6%	43	45	55	+22%	133	71	93	+31%
Ophthalmology	673	464	358	-23%	-	-	-	-	327	147	183	+24%
Trauma & Orthopaedics	615	378	526	+39%	198	79	91	+15%	217	203	185	-9%
Urology	262	262	152	-42%	107	69	89	+29%	434	367	518	+41%
Selected surgical specialties total	**4,022**	**3,215**	**3,422**	**+6%**	**520**	**303**	**375**	**+24%**	**2,271**	**1,461**	**1,805**	**+24%**
All specialties grand total	**6,745**	**5,609**	**5,563**	**-1%**	**547**	**318**	**394**	**+24%**	**2,985**	**1,986**	**2,634**	**+33%**

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 Swansea Bay UHB (SBUHB):

Ophthalmology

- Medium term regional cataract strategy supported by 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 8 cataracts per list with For Year Ending (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 23/24 (backlog reduction)**
  - Potential to resolve forecast 36/52 week breaches and address backlogs by March 2024 through mix of partnership solutions with 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 SW 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 5 year recovery plan, subject to WG Recovery Fund support

Short –term (reduce backlogs)

- Embed recent workforce improvements (nurse endoscopists and consultants)
- Waiting list initiative (WLIs)/ insource / outsource solutions to reduce backlogs

Medium-Long term (sustainability)

- Further clinical endoscopist workforce development (20 lists per week by 25/26)
- Further increase funded lists

- Resource implications – circa £7m per year over 3 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 (low volume, high complexity) cases and day casesNew Patient Triage

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 our 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 General Hospital (MGH)) with HVLC cases via NPT (and Bronglais Hospital (BH))
- Day case surgery to continue at majority of sites across SW 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 two PPH theatres to Laminar Flow to support additional HVLC volumes

Planned Care Recovery (Planning Objective 4a) Additional Recovery opportunities

This slide highlights the additional recovery opportunities submitted to WG:

Proposals:

Clear Stage 1 36 week breaches by March 2024

- Resolve all Stage 1 36 week breaches by March 2024 through a combination of enhanced internal activity and additional external insource / outsource capacity solutions (£3m)
- Based on historical delivery experience, HDdUHB considers that there is a reasonable opportunity to resolve all specialty 36 week breaches by March 2024 via this solution

Clear Ophthalmology total pathway 36 week breaches by March 2024

- Resolve Ophthalmology total pathway 36 week breaches by March 2024 through a combination of partnership solutions with SBUHB, supplemented by independent sector / insource capacity (£2.3m)
- Based on historical delivery experience, we believe there is a reasonable opportunity to resolve all Ophthalmology 36 week breaches by March 2024 via this solution which would place the Health Board is a positive position for the medium term as recurrent demand / capacity is approaching balance

Progress Regional Endoscopy Recovery Plan

- Progress Year 1 implementation of the Regional Endoscopy Recovery Plan with a focus on the following priority actions: (£3.5m)
  - Embed recent workforce improvements (nurse endoscopists and consultants) within core capacity
  - Progress a combination of WLIs / insource / outsource solutions to reduce current backlogs in line with levels outlined in the regional recovery plan

Mitigate 2023/24 impact of Orthopaedic Regional Recovery Plan:

- In the event that emerging regional proposals to concentrate LVHC IP activity at PPH are supported, explore additional outsource opportunities to mitigate the impact on HVLC IP activity volumes and reduce the orthopaedic IP backlog and forecast Stage 4 36/52 week breaches (£tbc)
- Support capital investment for conversion of two laminar flow theatres at PPH to enhance regional HVLC capacity and support longer term recovery

Reduce forecast Stage 4 36/52 week breaches:

- Reduce forecast Stage 4 36/52 week breaches in all other specialties (exc. orthopaedics) by March 2024 through a combination of enhanced internal and external capacity solutions (£tbc)
- Delivery volumes would be subject to appropriate market testing but outline financial assessment is based on historical delivery experience

Planned Care Recovery Plan 2023/24
Summary proposals and Welsh Government Allocation

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Stage One	Zero 52 Wks Patients	£
Urology	387	87,656
Colorectal	314	77,244
Vascular	364	110,292
Orthopaedics	0	0
ENT	0	0
Ophthalmology	3,323	737,706
Gastroenterology	599	175,208
Dermatology	483	101,430
Neurology	1,062	318,600
Total	6,532	**1,608,135**

Stage Four	Zero 104 wks Patients	£	Zero 52 weeks Patients	£	Zero 36 weeks Patients	£
General Surgery	248	836,256				
Urology	1,445	1,037,149				
Colorectal	120	404,640				
Vascular	0	0				
ENT	726	1,611,720				
Ophthalmology	642	1,021,743	1,763	2,805,815	2,141	3,407,402
Gynaecology	206	1,183,470				
Theatre Step Up Costs		1,592,000				
Total	3,387	**7,686,978**	1,763	**2,805,815**	2,141	**3,407,402**

Diagnostic / Enabling Costs		£
Cardiology Insourcing Echoes		75,000
Cardiology internal Echoes		30,000
Endoscopy (internal)		545,910
Endoscopy (insourcing)		828,360
Mobile MRI		150,000
Additional Radiology Scanning/Reporting		500,000
Total		**2,129,270**

Sub Total					
	11,424,383		**13,208,455**		**13,810,042**

Regional Orthopaedic Model (Detailed regional case to follow)	
(23/24 cost of utilising PPH Capacity to support regional LVHC cases)	**3,633,000**

Total (inc 23/24 Regional Orthopaedic element) relating to capacity at PPH)					
	15,057,383		**16,841,455**		**17,443,042**

In response, the Health Board has received notification of the WG allocation in principle shown below to support specific recovery priorities for the remainder of 2023/24. Health Boards have been requested to consider this alongside the parallel exercise on delivering financial improvement.

WG Allocation	£m
Diagnostics	1.1
Orthopaedics	1.5
104 week backlog	4.0
Total	**6.6**

Confirmation of this allocation and plans for application are subject to ongoing discussion with WG.

Recommendation:

The Committee is requested to:

- **RECEIVE ASSURANCE** from the progress achieved during 2022/23 and the delivery plans developed for 2023/24 within the available resource as reflected in the Annual Plan 2023/24
- **NOTE** the further regional opportunities identified
- **NOTE** the risks to further recovery progress in the absence of supporting recovery resource
- **NOTE** the recent WG allocation in principle and ongoing WG / Health Board discussions in parallel with the exercise on financial improvement

Planning Objective 4a

Planned Care & **Cancer** Recovery

Strategic Development & Operational Delivery Committee

31 August 2023

Purpose:

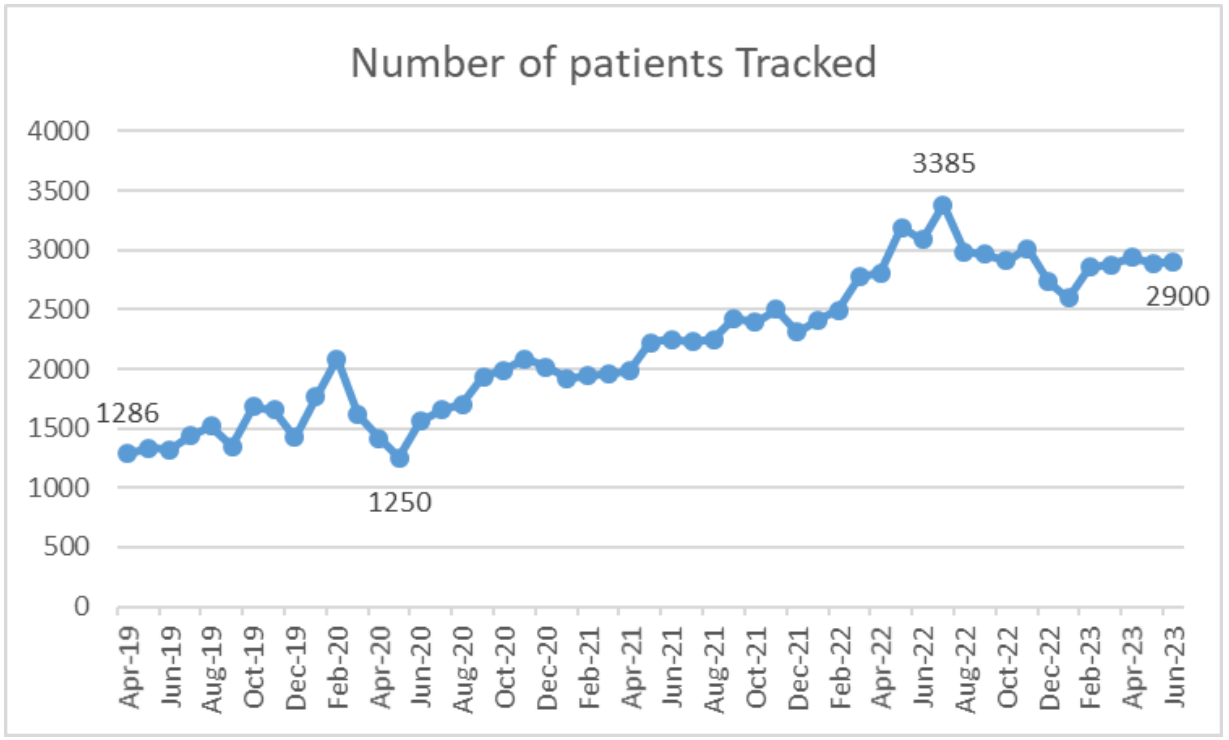
The purpose of this slide presentation is to provide assurance to the Committee of plans in place to deliver Planning Objective 4a in relation to **Single Cancer Pathway** recovery and progress achieved to date.

Single Cancer Pathway Recovery

Overview

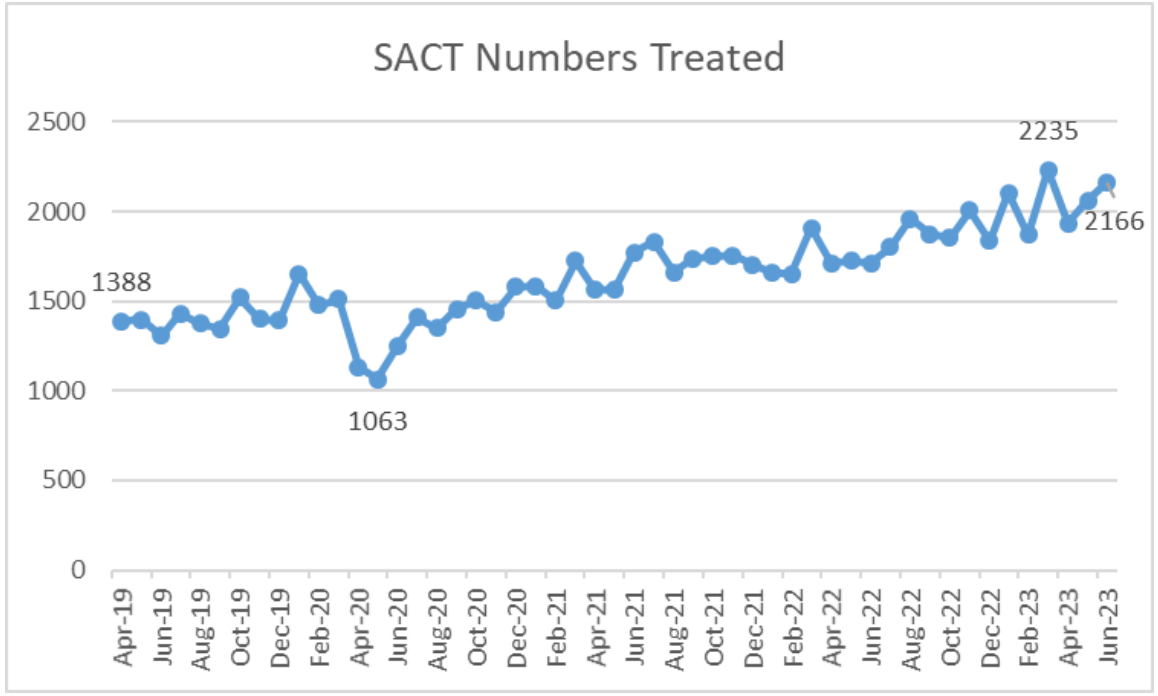
- Key challenges with the **front end** of the pathways in Urology, Lower GI, Upper GI and Gynaecology.
- The key focus is on the **backlog** reduction- live tracking of backlog patients, both 62 days plus and 52-62.
- Improvement and trajectory plans in place for **every** tumour site.
- Working towards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

Number of Patients on Pathway April 19 – June 23



- 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.
- Total pathway volumes peaked in summer 2022 but remain circa 100% above the average pre-pandemic level

SACT Treatments
April 19 – June 23



- SACT treatment levels significantly exceed historical levels

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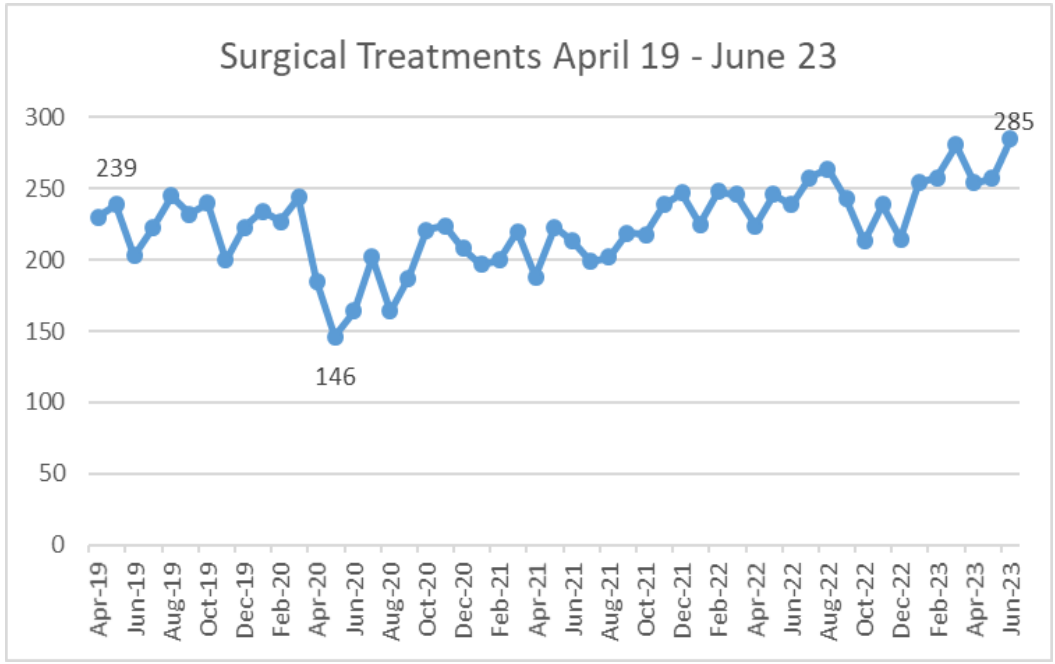
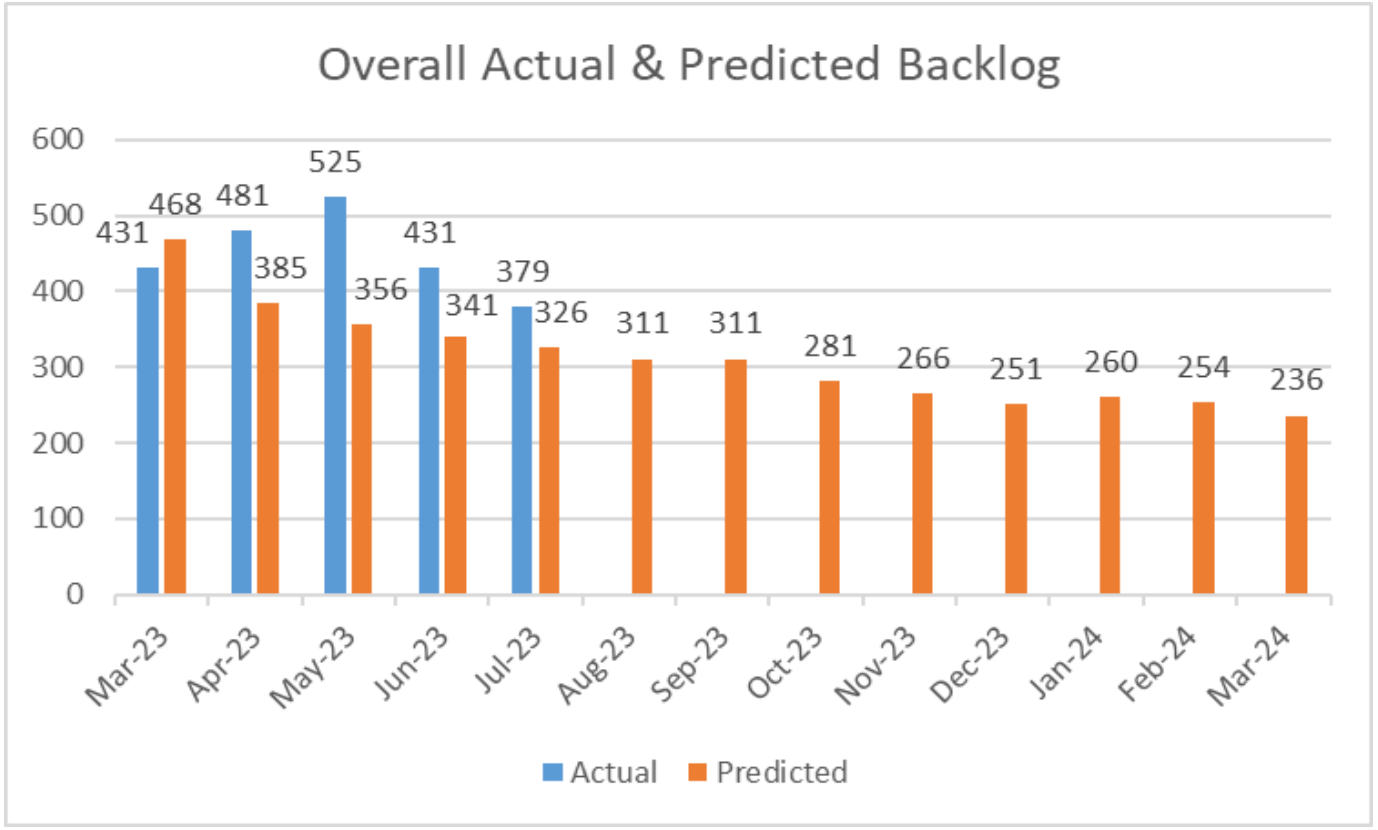
University Health Board

Surgical Treatments April 19 – June 23



- Surgical treatments exceed pre-pandemic levels

Predicted & Actual Backlog Improvement (Total Backlog)



- Backlog (patients on SCP greater than 62 days)
- Significant improvement in total backlog since May 2023 – gap between actual and predicted trajectories is narrowing
- NB: Not all backlog patients will become breaches on the SCP

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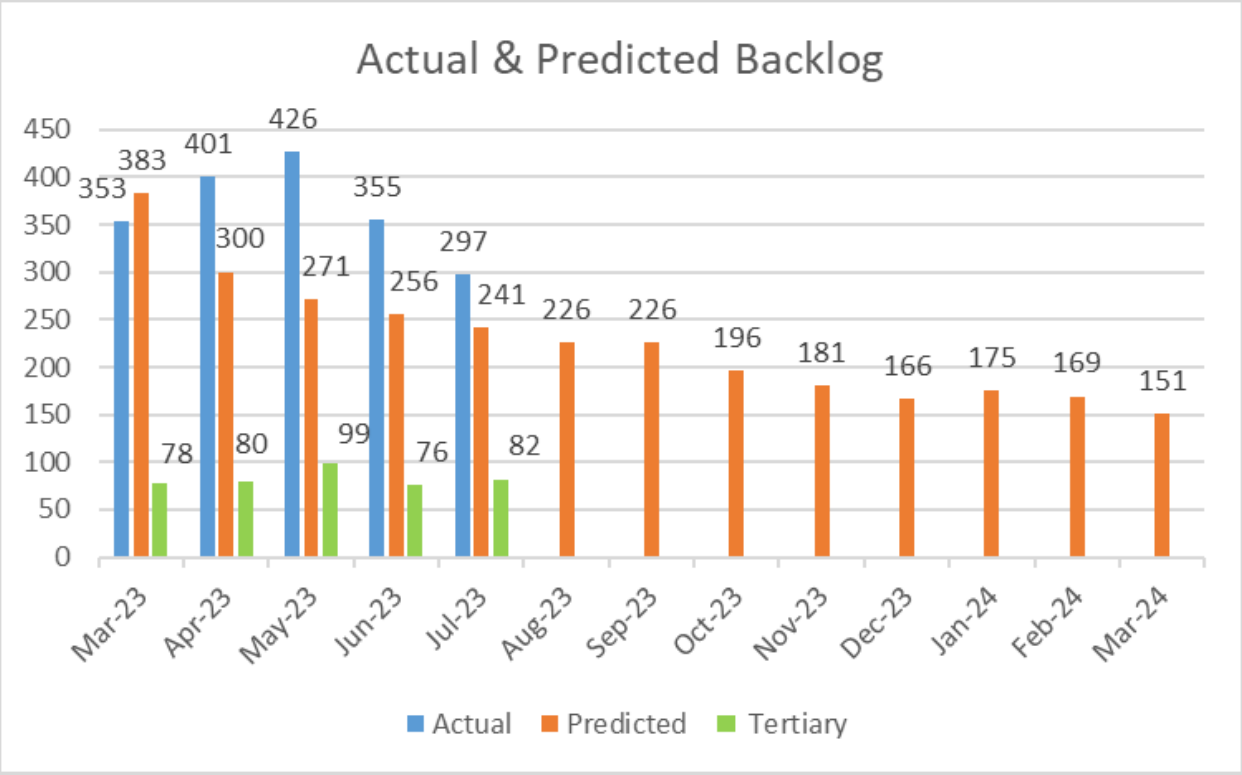
Hywel Dda
University Health Board

Predicted & Actual Backlog Improvement (Local & Tertiary)



- Backlog (patients on SCP greater than 62 days)
- Local backlog showing steady improvement in recent months
- Tertiary backlog (predominantly Swansea Bay UHB (SBUHB) shows limited variation by month
- NB: Not all backlog patients will become breaches on the SCP

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

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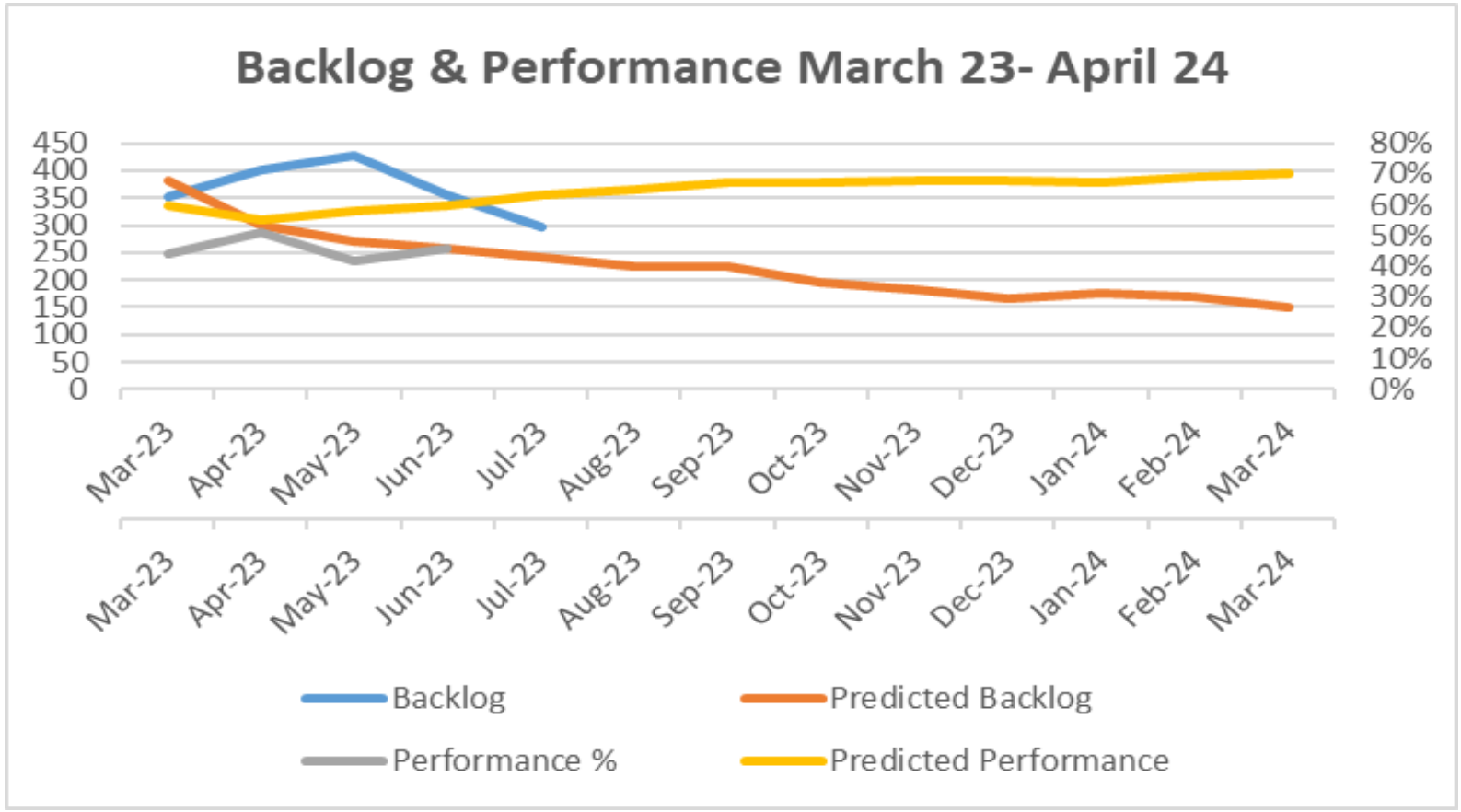
	Mar 23 Actual		Apr 23 Actual		May 23 Actual		June 23 Actual	
	63-103	104+	63-103	104+	63-103	104+	63-103	104+
Head and neck	2	1	3	1	3	1	5	1
Upper GI	7	9	15	8	14	7	16	3
Lower GI	72	27	87	23	86	28	72	23
Lung	21	17	30	16	30	22	21	15
Skin (exc BCC)	3	0	8	0	15	2	11	3
Breast	10	2	9	3	5	3	8	4
Gynaecological	11	10	18	7	24	7	18	4
Urological	80	67	105	50	103	60	77	59
Haematological (exc acute leukaemia)	2	5	7	5	4	4	5	5
Brain CNS		0	0	0	1	0	2	0
Other	2	2	0	0	1	1	0	2
Sarcoma	0	0	0	0	0	1	0	0
UKP	**3**	**0**	**3**	**3**	**2**	**2**	**1**	**0**
Total	**213**	**140**	**285**	**116**	**288**	**138**	**236**	**119**
Overall Backlog	**353**		**401**		**426**		**355**	

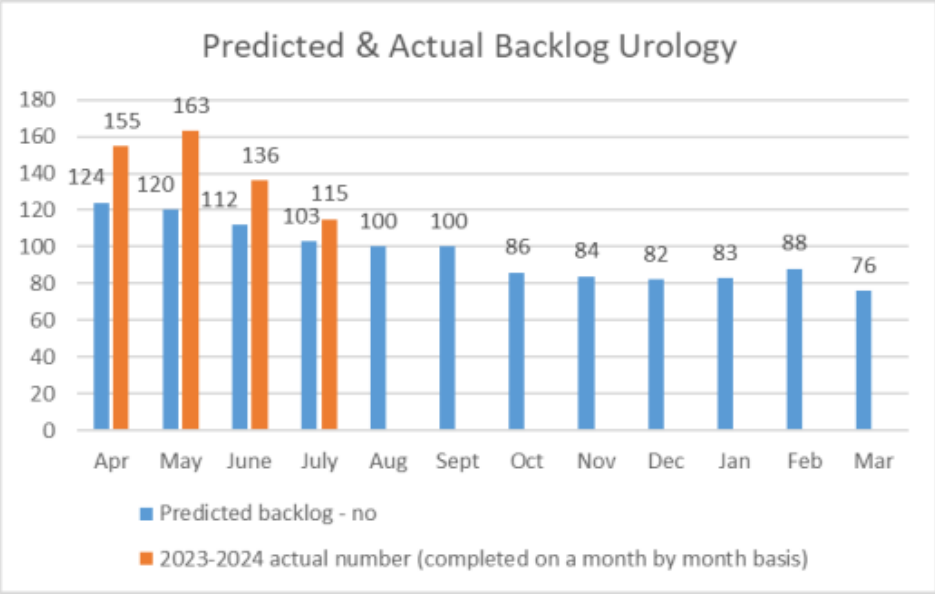
- Urology pathway showing greatest volume of longer waiting patients compared to other specialties although volumes beginning to improve with Urology improvement plan
- Majority of 104+ day backlog patients following complex local and/or tertiary investigative pathways

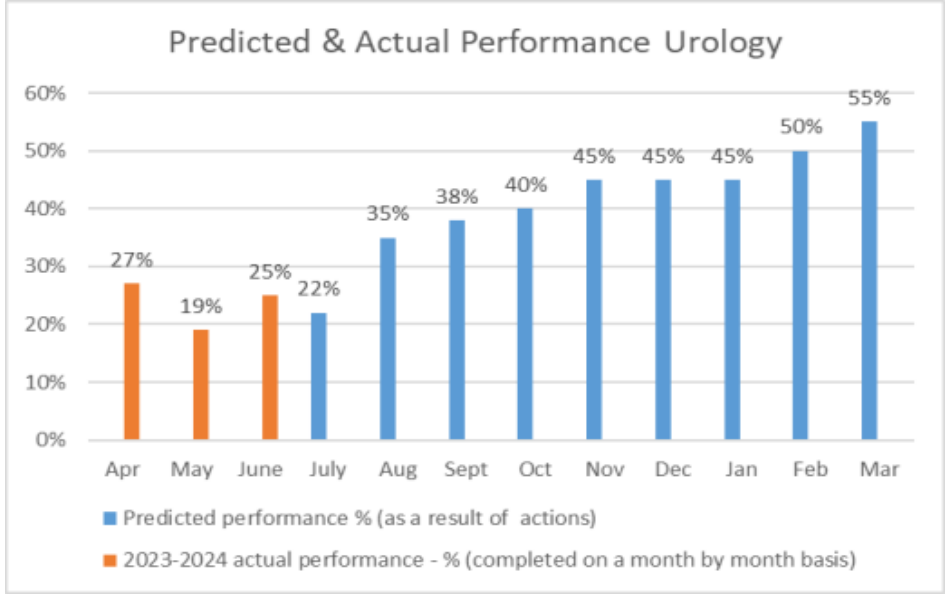
Backlog & Performance Comparison March 23– April 24



- Improvement in performance in June of 4% (46%)
- 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, Lower GI and Lung cancers
- As backlog volumes continue to reduce, overall SCP performance is expected to improve

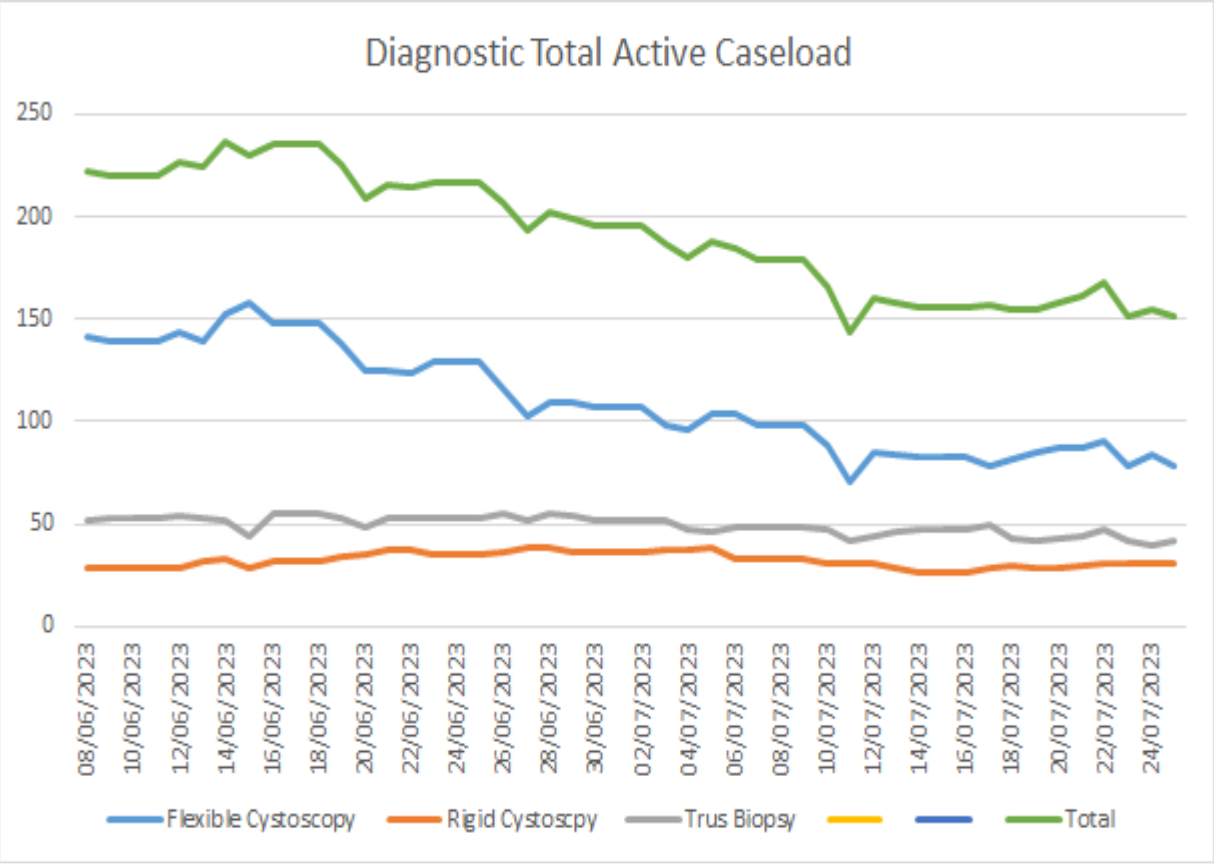
Tumour Pathway Focus: Urology





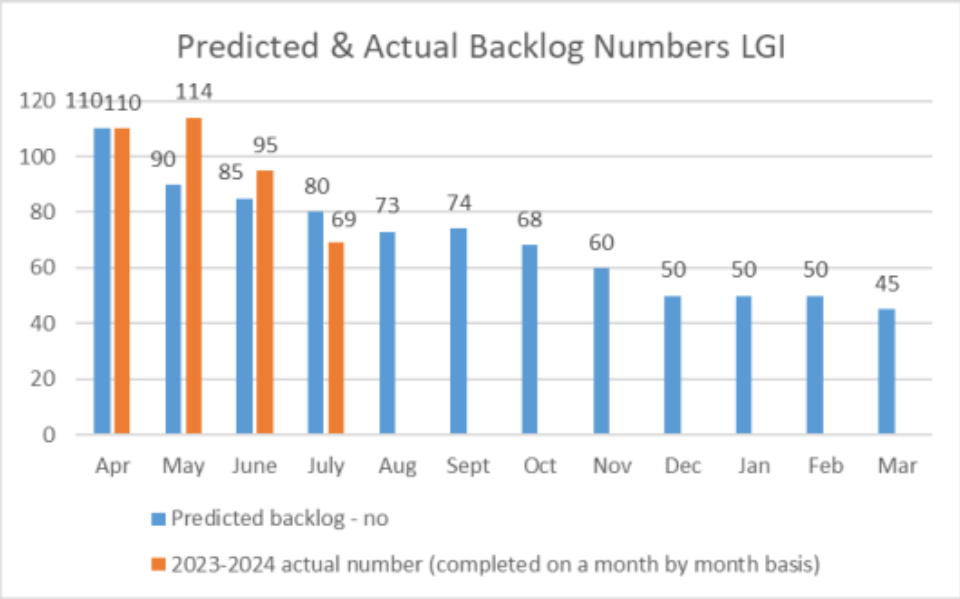
- Main volumes on the diagnostic pathway reflect Flexible Cystoscopy, Rigid Cystoscopy and TRUS/Prostate biopsy demand
- Outpatient Department (OPD) and treatment capacity now in balance with demand
- Diagnostic improvement trajectory in place until August 2023. Capacity now increased from 82 to 110 flexi slots, 140 active waits for flexi cystoscopy will reduce to 80 active waits by August 2023
- Active tracking of diagnostic backlog improvement plan in place
- With Cancer Research UK (CRUK) funding we have established a dedicated prostate straight to test MRI scanning session, including the use of DCE and with a 24h reporting turnaround and patient review clinic with consultant/ cancer nurse specialist (CNS) the day after the scan. Roll out at Bronglais Hospital (BH) from 20 June, then at Withybush Hospital (WH) within three months

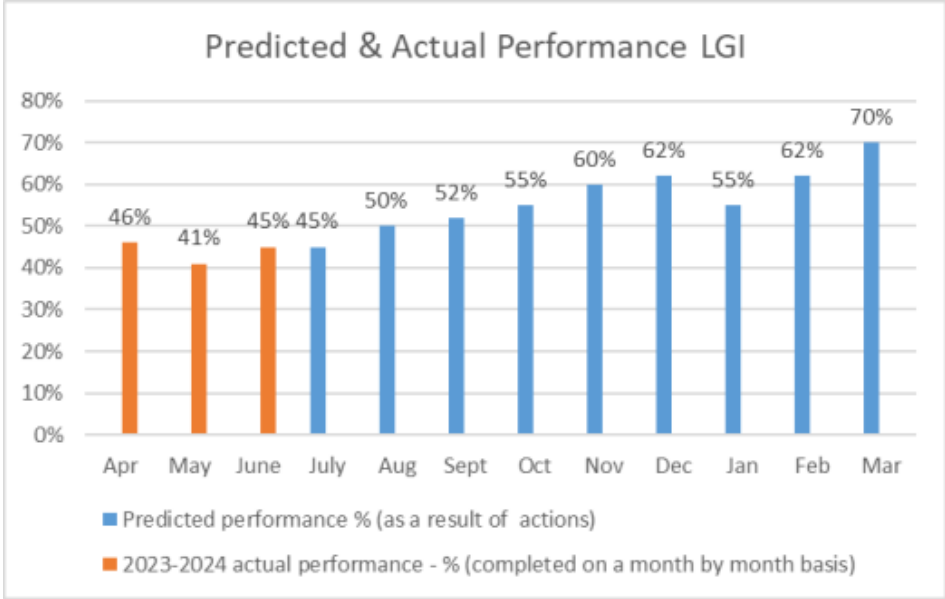
Detailed Tumour Pathway Focus: Urology Active Diagnostic Demand



- Targeting a total reduction of patients on diagnostic patient tracking list (PTL) from 230 to 150 combined by end of August
- Ahead of the end of July target of circa 171 from combined Flexi, rigid and transrectal ultrasound (TRUS) biopsy at 155
- Flexi capacity increase has seen a significant drop in the volumes active on the pathway from 141 at the start of June to 103 at 27 June and further to 78 at end of August
- TRUS biopsy performance has improved with new equipment back online. Numbers have fallen from 52 to 40 in the month
- Rigid cystoscopy has increased remained stable at 30
- Overall, the planned improvement is being delivered with the current combined total of 155 (24 July) for these three diagnostics

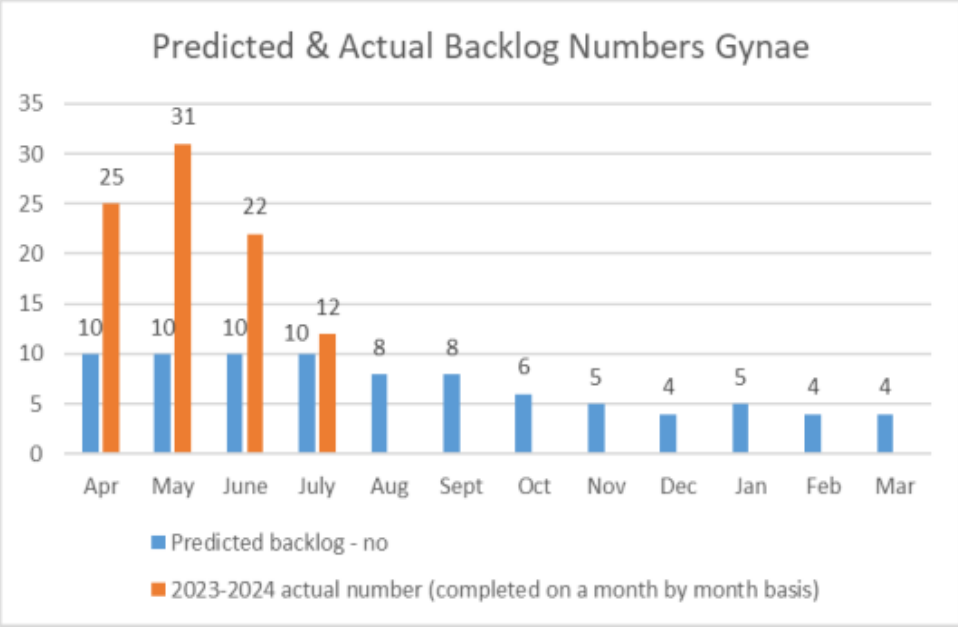
Tumour Pathway Focus: LGI

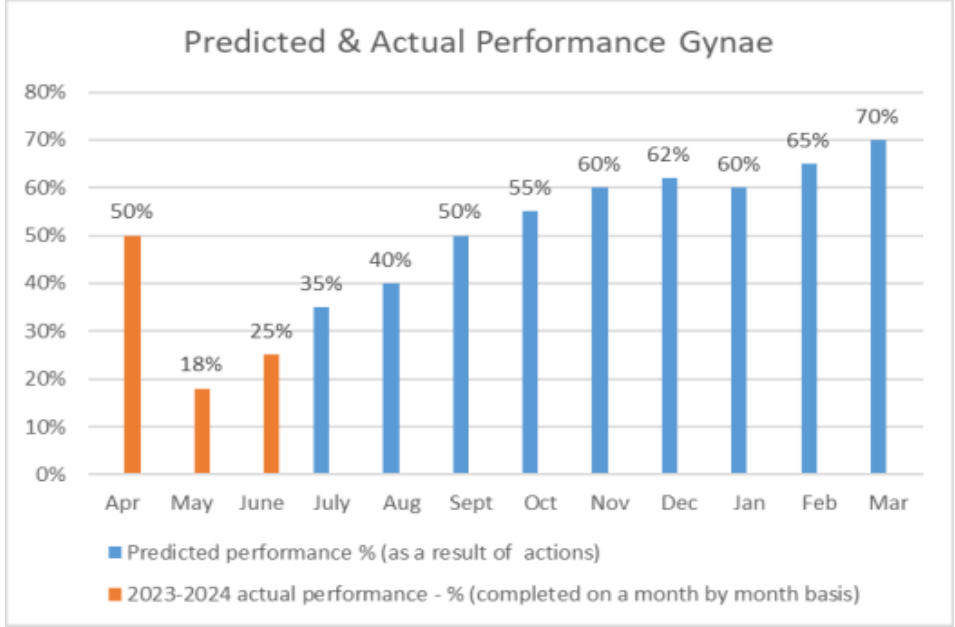




- Steady backlog improvement, now ahead of trajectory
- Faecal immunochemical test (FIT) role out to primary care on 5 April 2023. For June 23, 88% of tests were returned. 27% were for Outpatient Appointment (OPA), 13% for further diagnostic tests and 18% negative - Discharged back to GP
- Manual removals required of duplicates due to FIT pathway until solution Digital Health And Care Wales (DHCW)
- Additional capacity remains in place within endoscopy. Capacity is meeting demand in Q2
- Improvement Cymru and NHS Executive support re straight to test, accelerated imaging and Endoscopy efficiency improvements. Same day access from Endoscopy to CT (same day staging) to commence early September 23

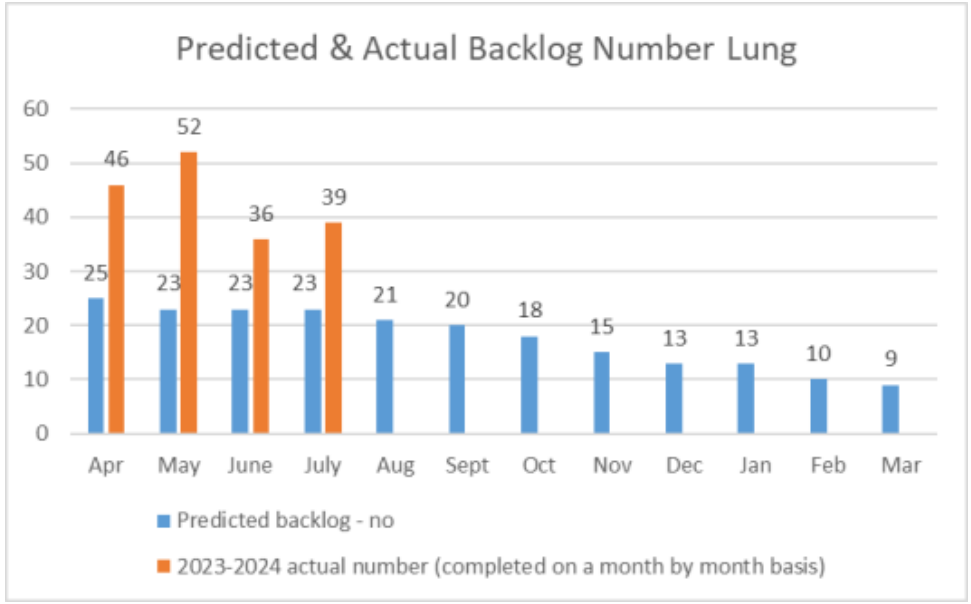
Tumour Pathway Focus: Gynaecology

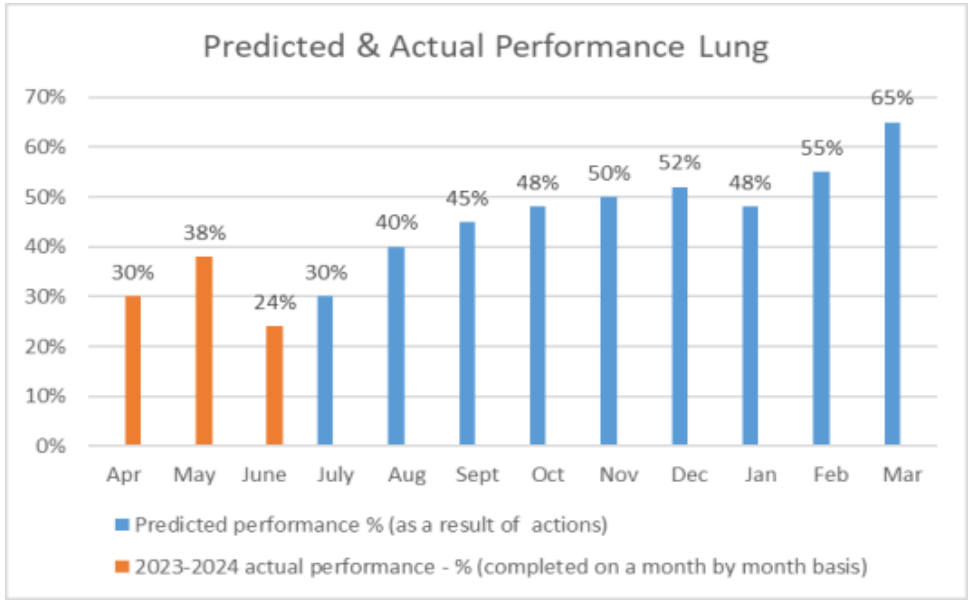




- Significant improvement in backlog in recent months
- Q2 demand meets capacity (additional required to address backlog\ regional solution being planned)
- Digital image sharing (pathology) commenced in May 2023
- Residual backlog reflects under capacity within diagnostics and tertiary capacity pressures

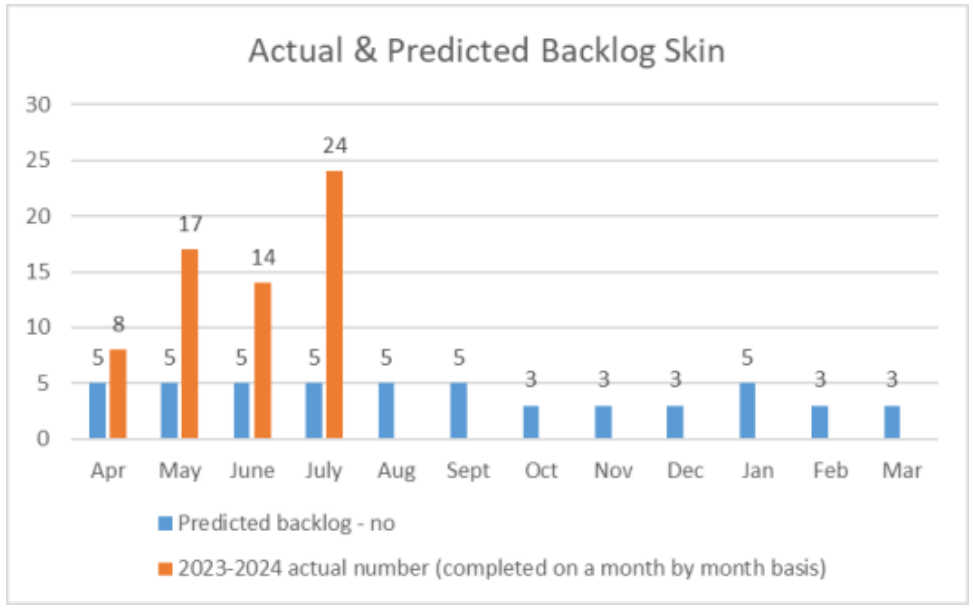
Tumour Pathway Focus: Lung

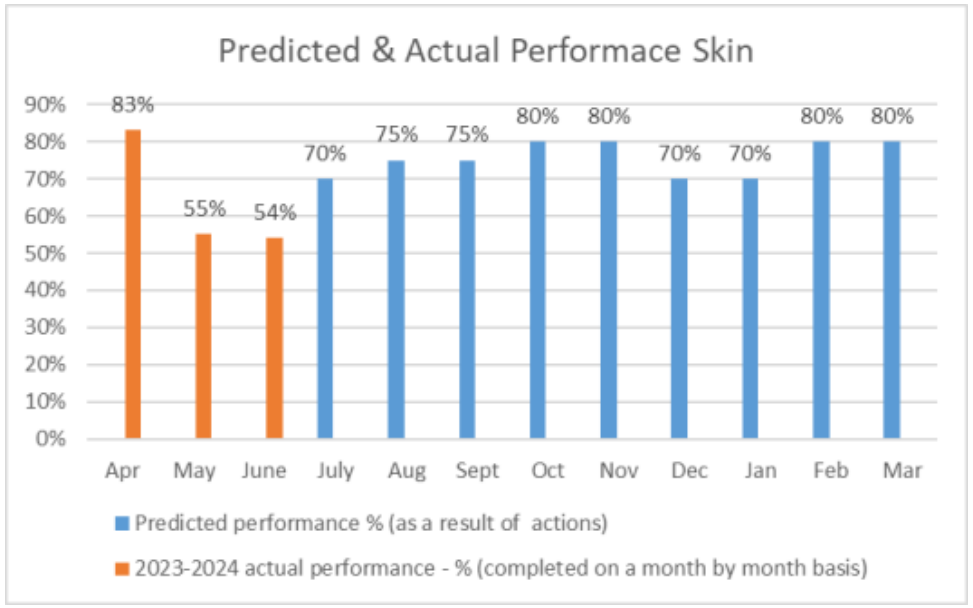




- OPA capacity meets demand but capacity pressures in diagnostic pathway continue
- Increased internal capacity for CT guided biopsy to address backlog in place
- Overall diagnostic waiting list volumes are decreasing
- Treatments provided within HDdUHB in balance but tertiary delays remain a significant feature
- Residual backlog accounts for tertiary capacity risks (surgery & radiotherapy and PET)

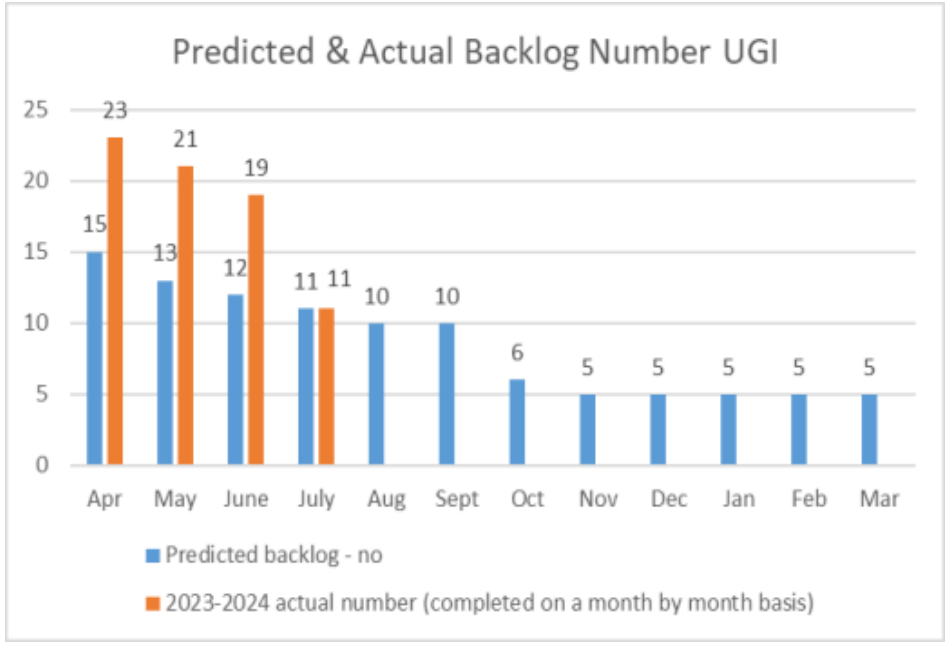
Tumour Pathway Focus: Skin

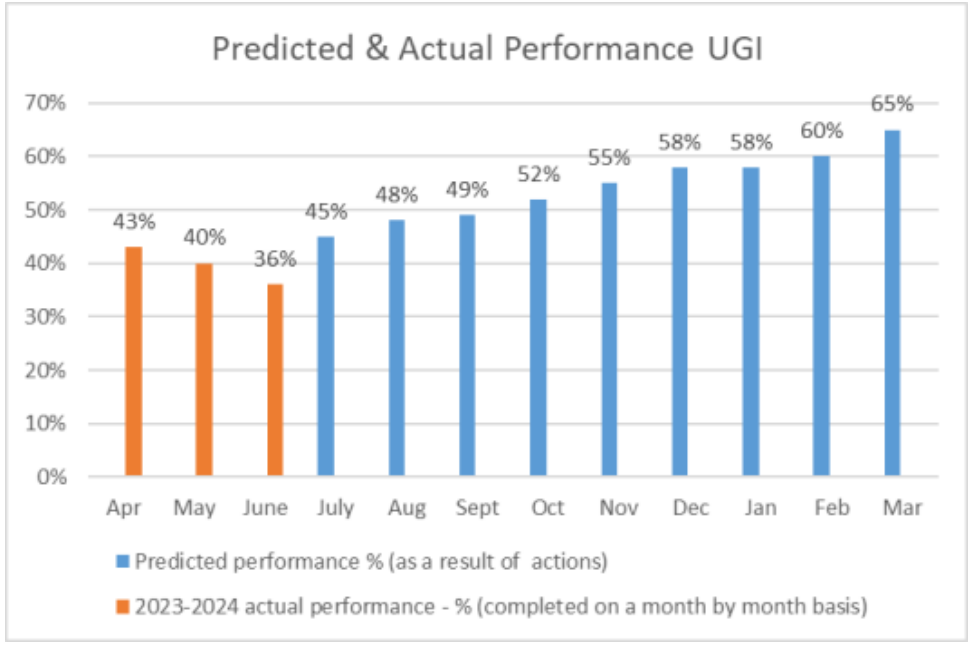




- Recent increase in backlog due to melanoma referral demand and triage delays due to clinician capacity – recovery plan being developed
- Plan in place to deliver 110 OPA slots from 31 July 23 to reduce backlog
- Insourcing to continue . Minimum of 30 MOP additional slots per week
- Increase in backlog influenced by continuing higher than anticipated melanoma activity
- Patient availability /choice to attend OPA (10 patients)

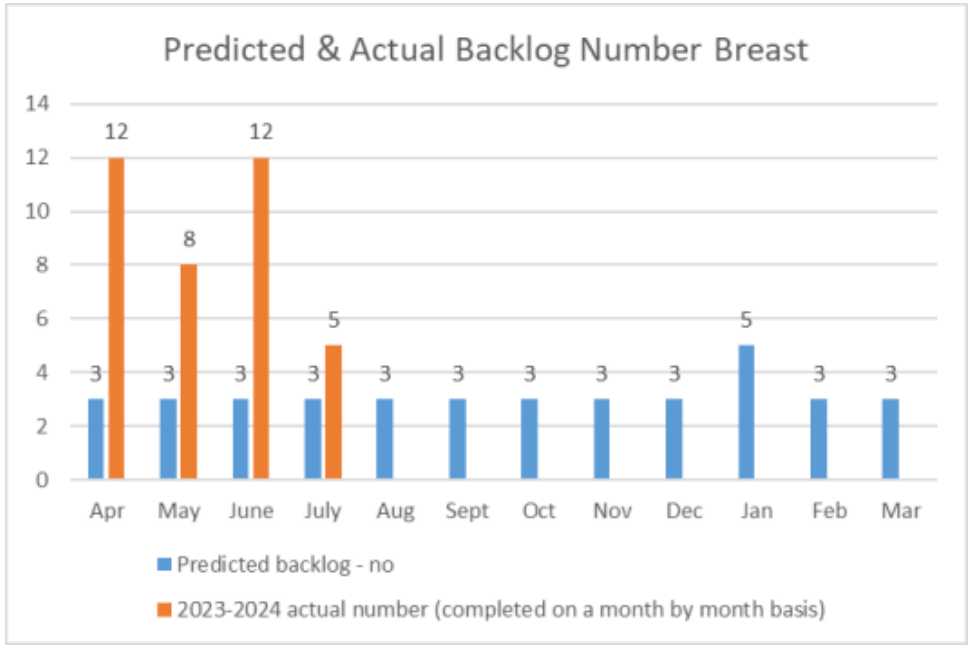
Tumour Pathway Focus: UGI

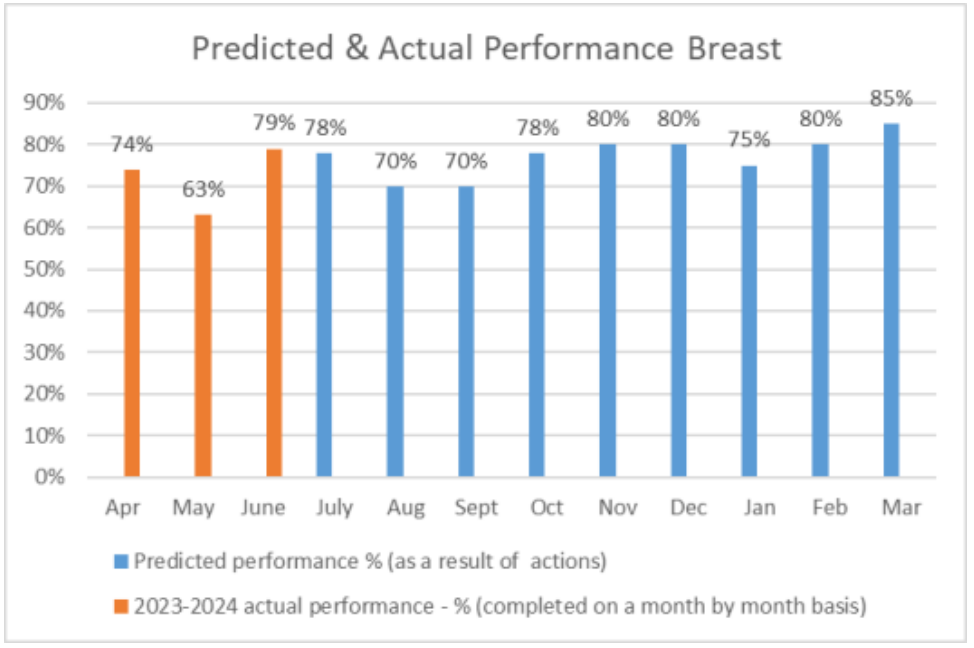




- Backlog reductions continue, now at trajectory level
- SCP performance improvement expected in months ahead
- FIT role out to primary care on 5 April 2023. For June 23, 88% of tests were returned. 27% were for OPA, 13% for further diagnostic tests and 18% negative - Discharged back to GP

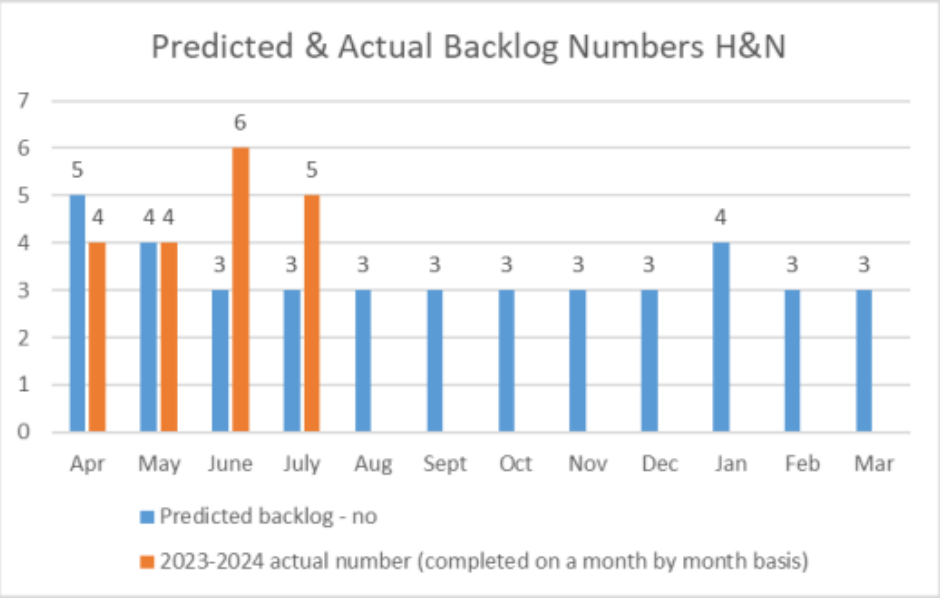
Tumour Pathway Focus: Breast

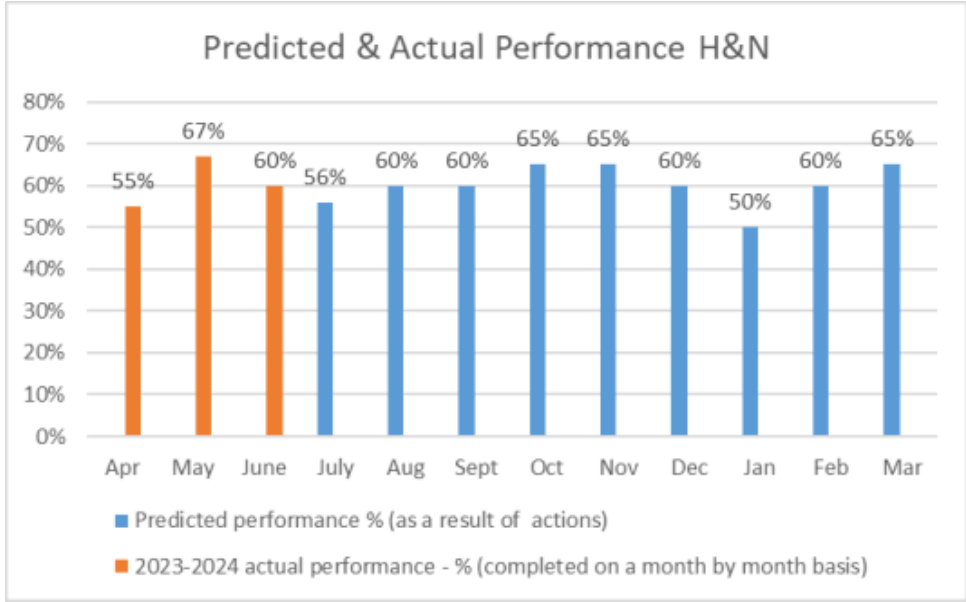




- 1 Stop Breast pathway working well
- Backlog recovery plan in place.
- Residual backlog increased due to Complexity and access to tertiary diagnostics

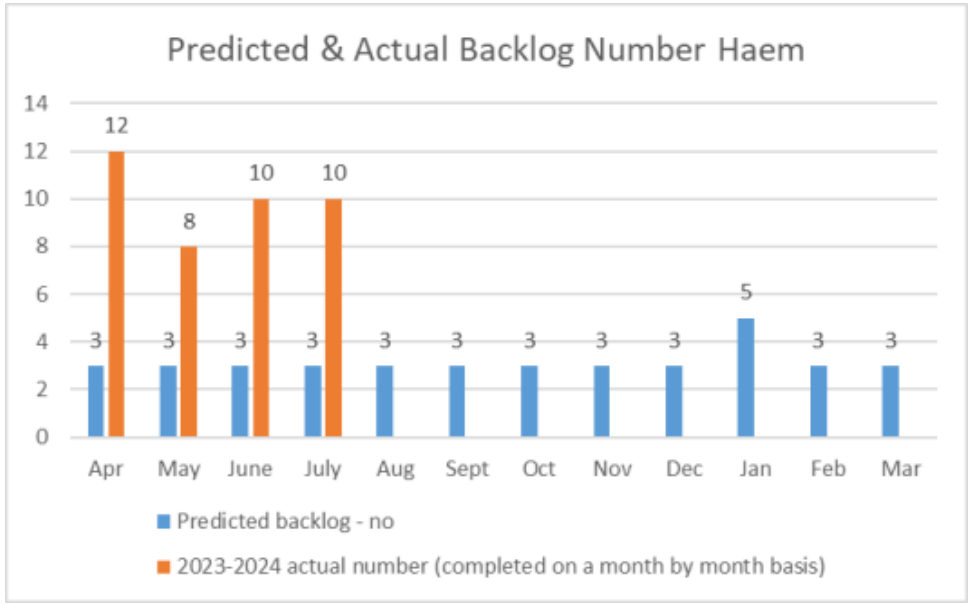
Tumour Pathway Focus: Head & Neck

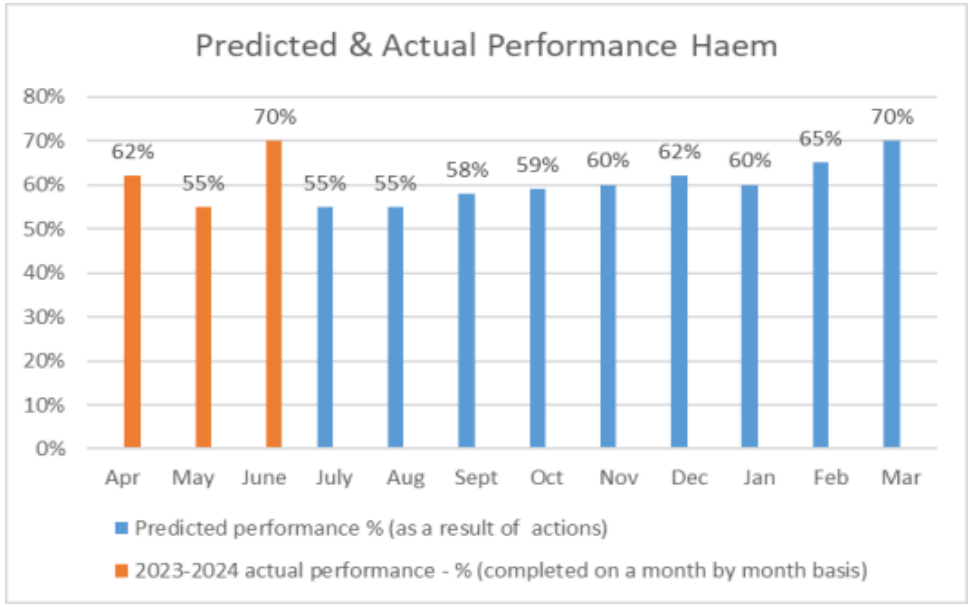




- Small treatment numbers which influence large swings in Head and Neck (H&N) performance between months (but limited impact on overall performance)
- Planned pathway enhancement - endoscopic laryngeal biopsy via Outpatients
- Residual backlog due to complexity

Tumour Pathway Focus: Haematology





- Average breaches per month YTD 3
- Backlog numbers relatively static – reflects complexity of investigative pathway

Digital Pathology 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 remainder 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 (AI) (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 glass slides would have to be packaged up and sent via post to SBUHB, the turnaround times and ultimately the service the patient is receiving 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 them up, posting them, receiving returned slides, filing them away, etc, meaning staff can be utilised in other parts of the lab where the Health Board is short 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 place. NB: CT Guided Biopsy challenges.
- **Gynaecology:** partially implemented for Post Menopausal Bleeding (PMB). Plans to establish an additional outpatient Hysteroscopy suite 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
- Single Cancer Pathway (SCP) Project Manager is mapping optimal pathway opportunities
- Key challenge is 7 Day turnaround for diagnostics for all tumour sites
- Wales Cancer Network (WCN) are supporting an improvement project in LGI from 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 Hywel Dda University Health Board.
- Hywel Dda UHB 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.
- Hywel Dda UHB has a Cancer Key Worker Policy that supports consistency in the roles of the clinical nurse specialist across tumour sites.
- Strong leadership for the cancer nursing teams is provided by a lead cancer nurse and several seniors nurse managers.
- Hywel Dda UHB cancer nurses are represented at an all Wales level.
- Hywel Dda UHB has a therapies lead for Cancer which is a substantive post.

Recommendation:

The Strategic Development & Operational Delivery Committee is requested to:

- **RECEIVE ASSURANCE** from plans in place to deliver Planning Objective 4a in relation to Single Cancer Pathway recovery
- **NOTE** progress achieved in recent months to reduce the volume of patients in the 62 Day+ backlog