

Planned Care Update – April 2024

The purpose of this presentation is to update the Strategic Development and Operational Delivery Committee of the progress achieved in reducing the volume of patients experiencing long planned care waiting times, within the resource framework agreed by the Board and the operational factors experienced during 2023/24

Performance Overview as at 31 March:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- **Stage 1**

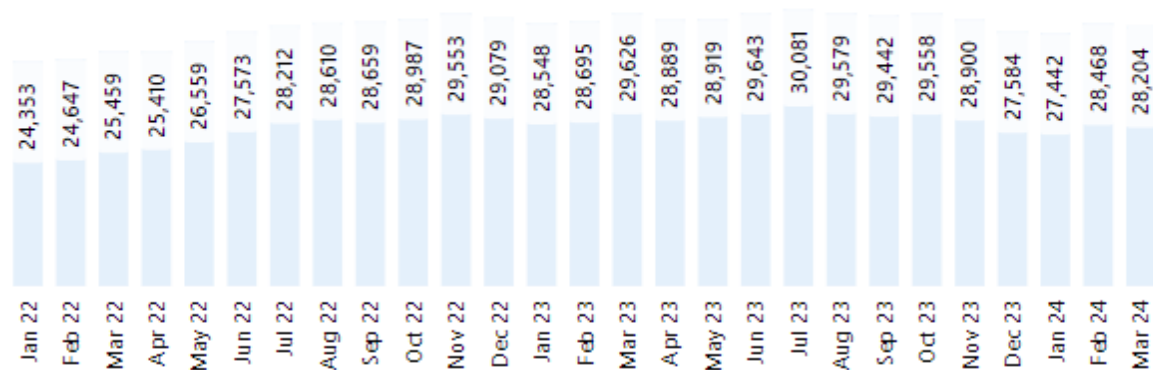
- No patients waiting over two years for their first Outpatient appointment (OP).
- Despite overall 6% reduction in patients waiting > 52 weeks for a first outpatient appointment compared with March 2023, increase of 928 patients noted since June 2023 due to limits of recovery resource allocation and industrial action (IA) impact.

- **Total Pathway**

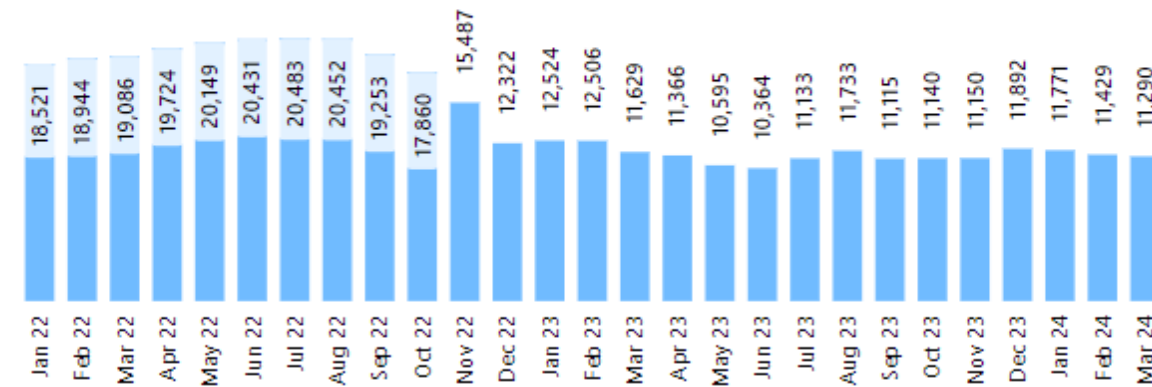
- 57% reduction in patients waiting > 104 weeks to 1,458, limited to four specialties.
- 98.5% of patients on total pathway wait < 104 weeks.
- 90.4% % reduction in patients waiting > 156 weeks to 171, limited to two specialties, of which 45 patients waited > 208 weeks.

RTT Performance (Stage One)

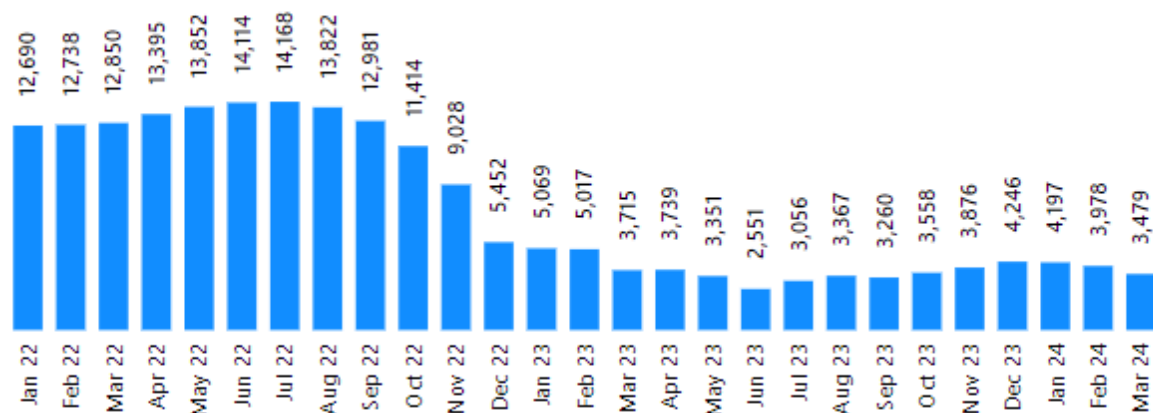
Patients waiting under 26 weeks



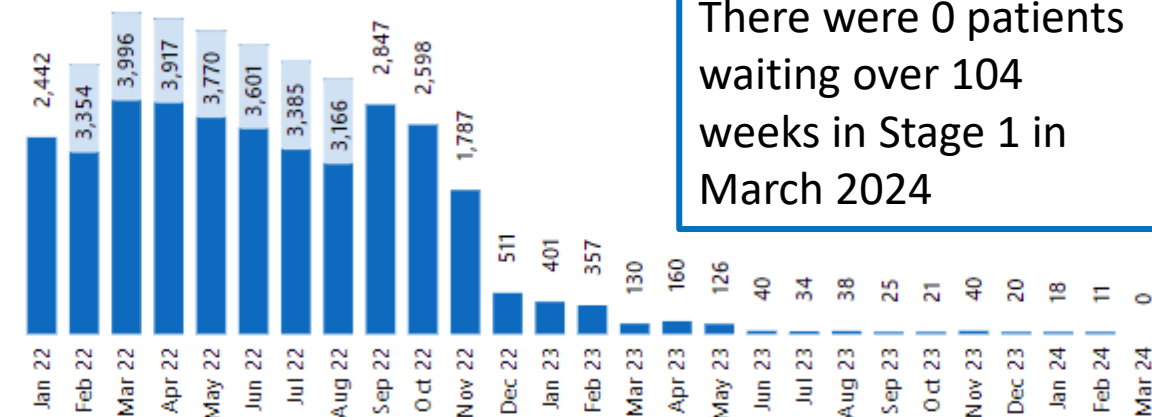
Patients waiting 36 weeks and over



Patients waiting over 52 weeks



Patients waiting over 104 weeks



There were 0 patients waiting over 104 weeks in Stage 1 in March 2024

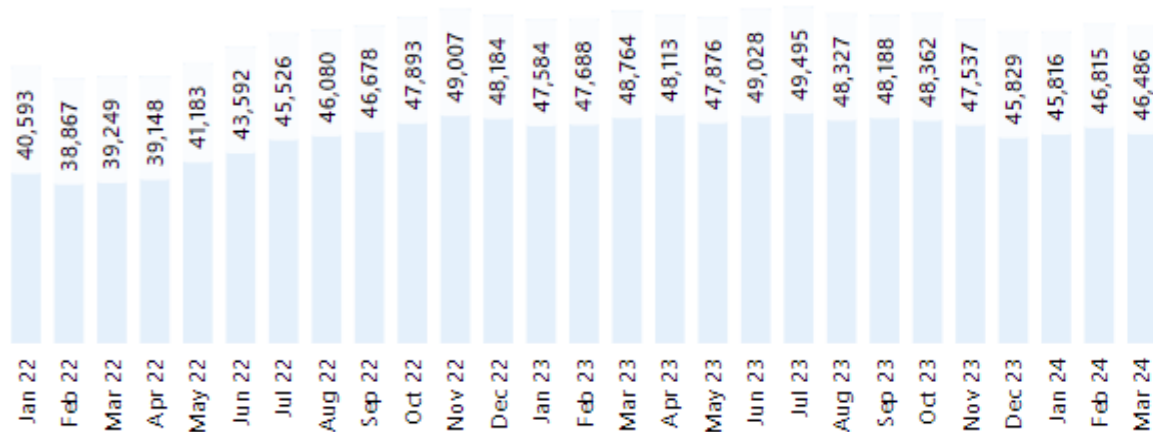
RTT Performance (Total Pathway)



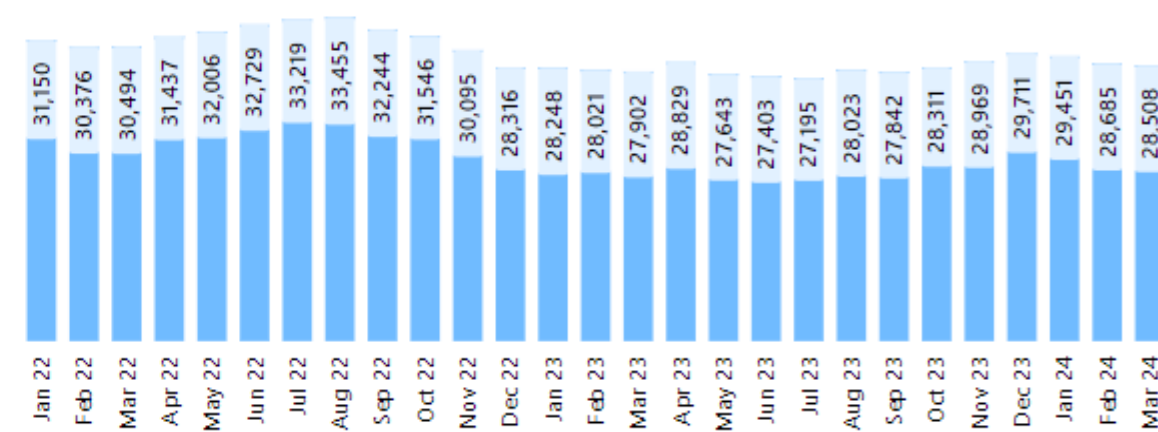
GIG
CYMRU
WALLES
NHS

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

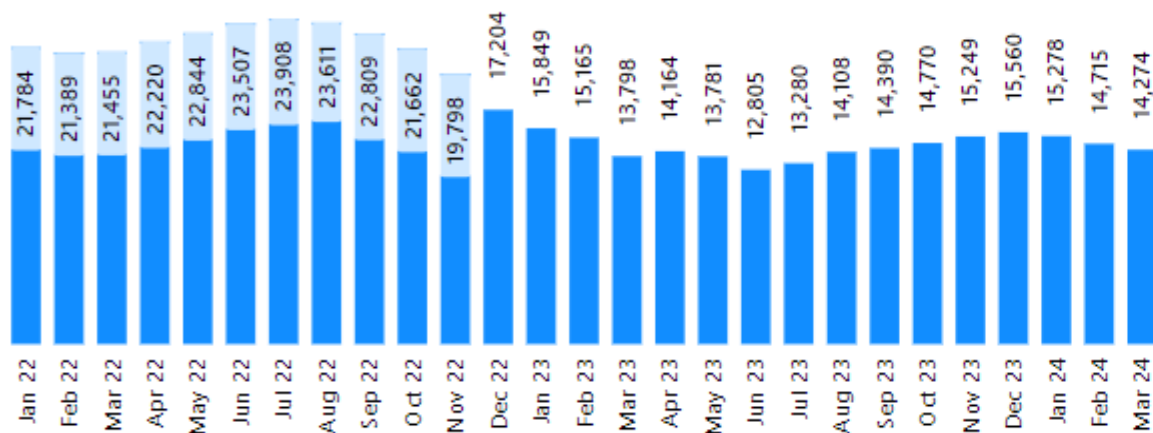
Patients waiting under 26 weeks



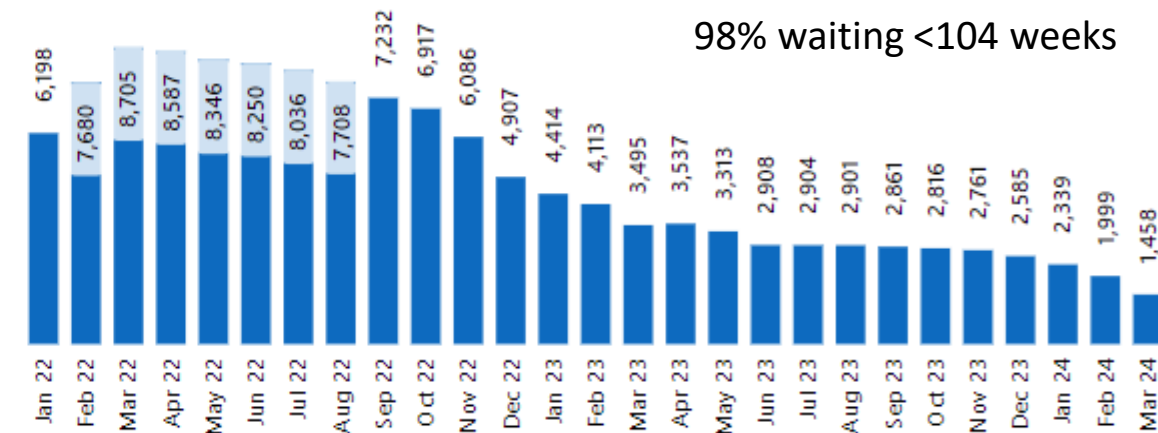
Patients waiting 36 weeks and over



Patients waiting over 52 weeks



Patients waiting over 104 weeks



98% waiting <104 weeks

Planned Care

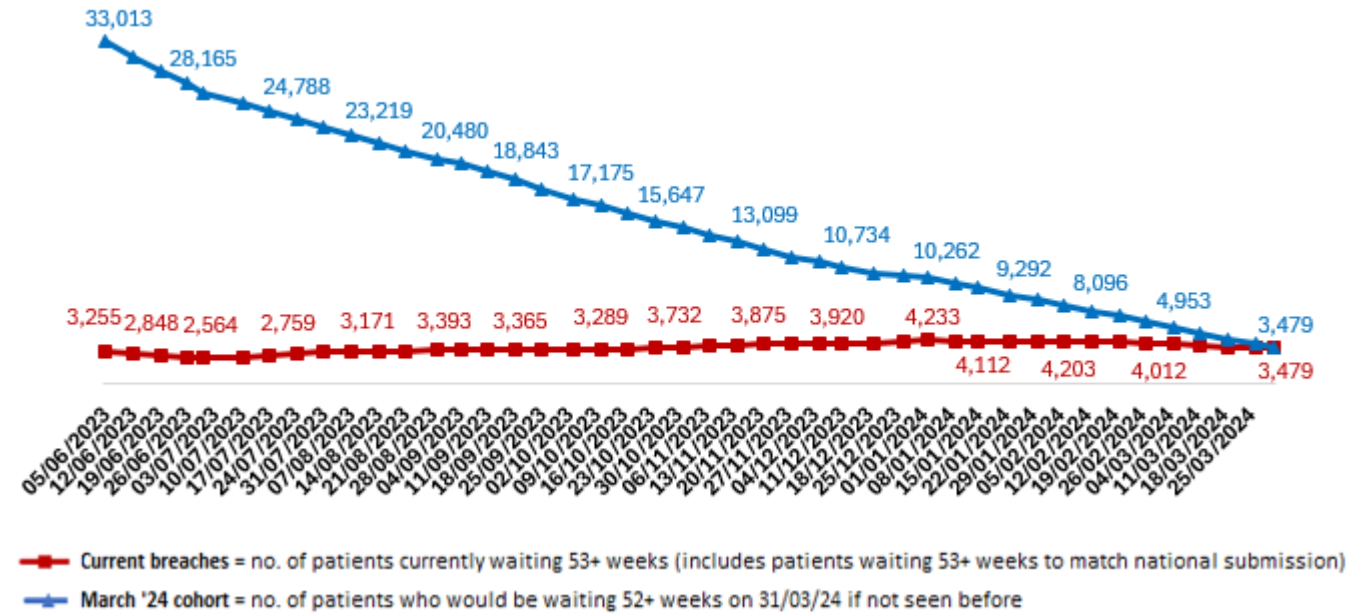
52+ weeks waits for a new outpatient appointment

52 week outpatient breaches as at 31/03/2024

Main specialty	Current Breaches	March 24 cohort
120 - ENT	1,385 ↑	1,385
130 - Ophthalmology	984 ↓	984
101 - Urology	534 ↑	534
410 - Rheumatology	228 ↓	228
107 - Vascular	155 ↓	155
191 - Pain Management	68 ↑	68
430 - Geriatric Medicine	37 ↓	37
110 - Trauma & Orthopaedics	35 ↑	35
104 - Colorectal	27 ↓	27
300 - General Medicine	26 ↑	26
Grand Total	3,479 ↓	3,479

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

52 week outpatients: Weekly breaches & March 2024 cohort up to 31/03/2024



Progress against trajectories:

Reduce the volume of patients waiting in excess of 52 weeks for a stage 1 outpatient appointment

	March 2024 cohort
Ambition	6,532
Breaches as 31 March 2024	3,479

Planned Care

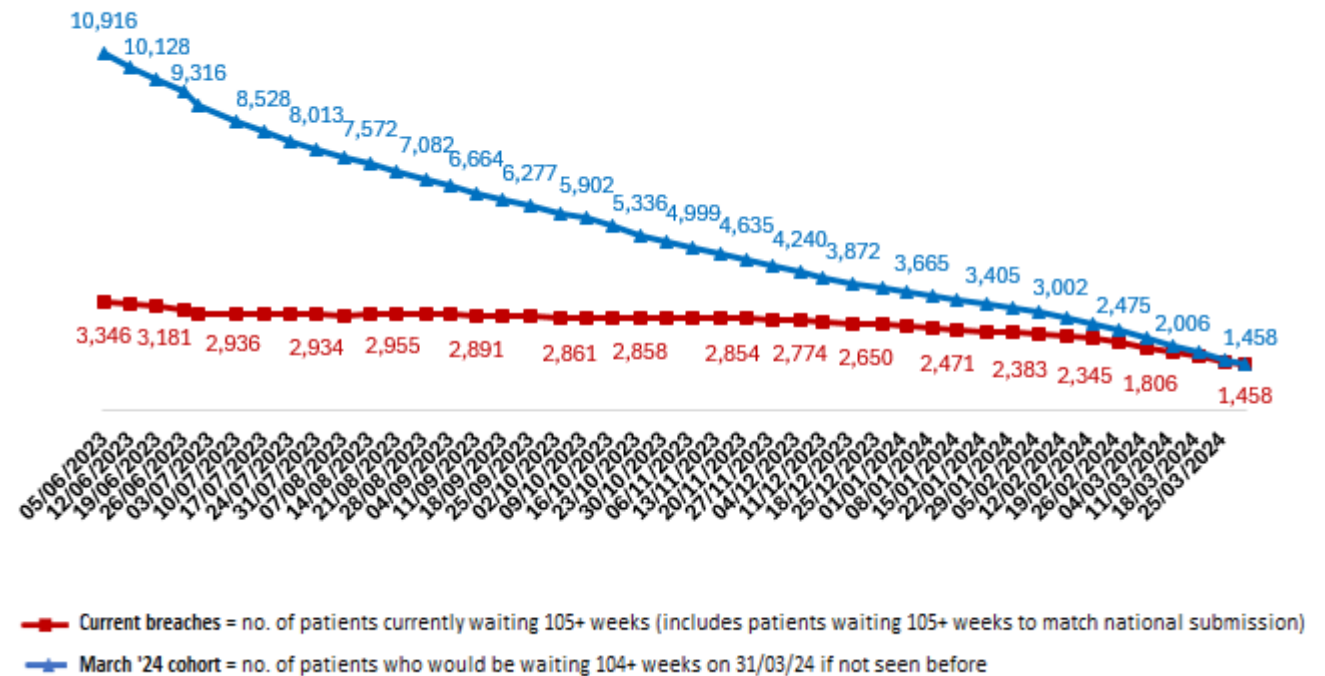
104+ weeks waits for RTT

104 week RTT breaches as at 31/03/2024

Main specialty	Current Breaches	March 24 cohort
110 - Trauma & Orthopaedics	1,122 ↓	1,122
101 - Urology	188 ↓	188
120 - ENT	118 ↑	118
107 - Vascular	30 ↓	30
Grand Total	1,458 ↓	1,458

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

104 week RTT: Weekly breaches & March 2024 cohort up to 31/03/2024



Progress against trajectories:

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

	March 2024 cohort
Ambition	5,034
Breaches as 31 March 2024	1,458

Planned Care

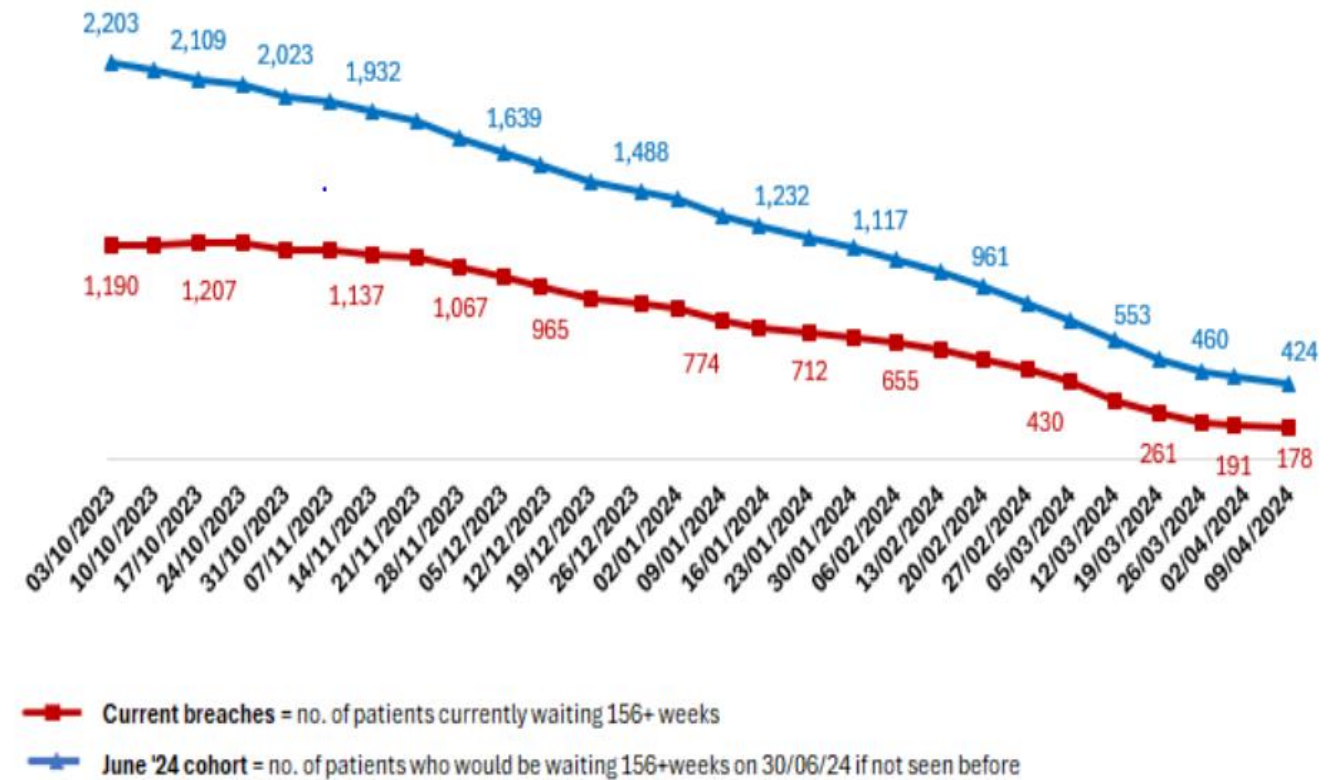
3 year+ waits for RTT

3 year RTT breaches as at 09/04/2024

Main specialty	Current Breaches	June 2024 cohort
110 - Trauma & Orthopaedics	165 ↓	354
101 - Urology	4 ↑	40
120 - ENT	0 ↔	17
107 - Vascular	9 ↔	13
Grand Total	178 ↓	424

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

3 year RTT: Weekly breaches & June 2024 cohort up to 09/04/2024



Planned Care

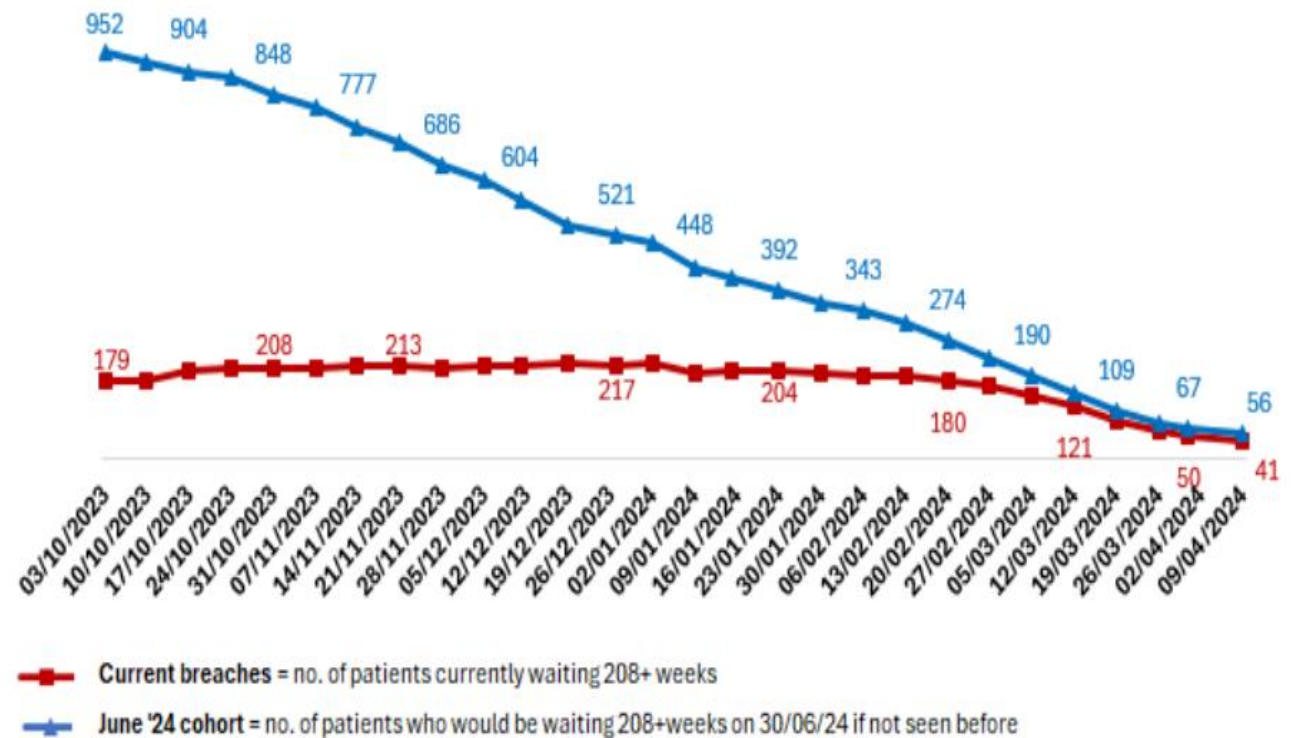
4 year+ waits for RTT

4 year RTT breaches as at 09/04/2024

Main specialty	Current Breaches	June 2024 cohort
110 - Trauma & Orthopaedics	36 ↓	51
107 - Vascular	5 ↔	5
Grand Total	41 ↓	56

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

4 year RTT: Weekly breaches & June 2024 cohort up to 09/04/2024



Performance March 2024

Specialty	MARCH 31 2024 SUBMISSION				
	36 W ALL	52W S1	104W All	156W ALL	4Y ALL
100 - General Surgery	886	0	0	0	0
101 - Urology	2817	534	188	0	0
103 - Breast	11	0	0	0	0
104 - Colorectal	1917	27	0	0	0
107 - Vascular	512	155	30	9	5
110 - Trauma & Orthopaedics	5384	35	1122	162	40
120 - ENT	2917	1385	118	0	0
130 - Ophthalmology	6195	984	0	0	0
191 - Pain Management	570	68	0	0	0
300 - General Medicine	273	26	0	0	0
302 - Endocrinology	0	0	0	0	0
307 - Diabetic Medicine	0	0	0	0	0
320 - Cardiology	172	0	0	0	0
318 - Stroke Medicine	4	0	0	0	0
301 - Gastroenterology	1505	0	0	0	0
330 - Dermatology	2263	0	0	0	0
340 - Respiratory Medicine	13	0	0	0	0
400 - Neurology	495	0	0	0	0
410 - Rheumatology	786	228	0	0	0
420 - Paediatrics	271	0	0	0	0
430 - Geriatric Medicine	237	37	0	0	0
502 - Gynaecology	1120	0	0	0	0
OTHER	151	0	0	0	0
TOTAL	28499	3479	1458	171	45

<98.5%
waiting less
than 104
weeks

Activity:

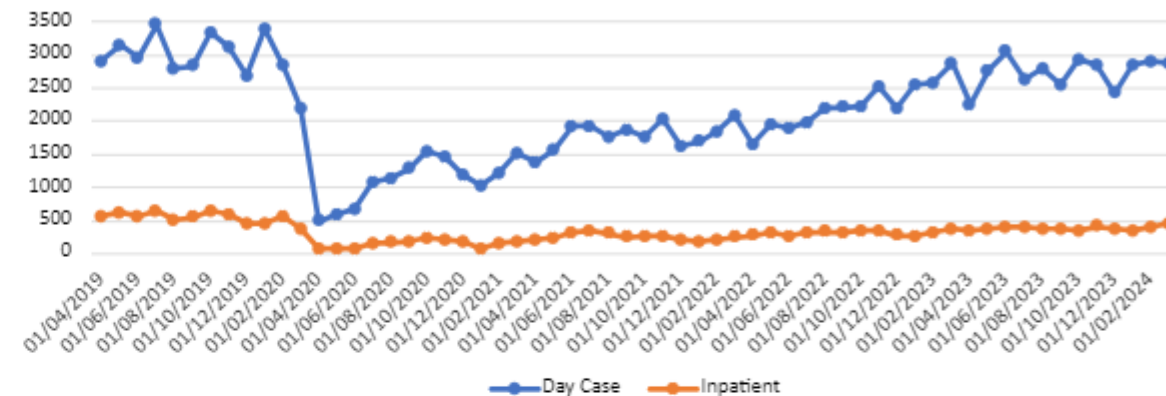
- Whilst overall activity levels continue to improve, potential capacity was impacted by:
 - 12 days of lost capacity due to industrial action during 2023/24 resulting in over 6,500 lost OP appointment slots and circa 300 surgical operating slots.
 - Absence of inpatient (IP) capacity at Withybush Hospital (WGH) due to infrastructure challenges.
 - Workforce deficits limiting overall utilisation of available theatre sessions.
 - Changes in clinical practice (76% reduction in General Surgery IP treatments) and continuing expansion of See on Symptom (SoS)/ Patient Initiated Follow-Up (PIFU) coverage.
 - Reduced levels of recovery funding compared with previous years.
 - Efficiency / productivity challenges across IP/Discharge (DC) pathways
- £2.8m recovery allocation prioritised for supplementary activity during 2023/24 to reduce longest waiting patients.
- Similar allocation planned for 2024/25 to support progress towards maximum 104 week waiting times* and diagnostic direct access target waits.
- Specialty focus on booking / treating in turn to balance prioritisation of longest waiting patients vs clinical priority.

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

Monthly outpatient activity (all specialties): Apr 19 to Mar 24



Monthly inpatient & day case activity (all specialties): Apr 19 to Mar 24



Planned Care activity: Mar 23 compared to Mar 24

Selected surgical Specialties	New Outpatient				Inpatient				Day case			
	2019/20 avg.	Mar 23	Mar 24	% change: Mar 23 to Mar 24	2019/20 avg.	Mar 23	Mar 24	% change: Mar 23 to Mar 24	2019/20 avg.	Mar 23	Mar 24	% change: Mar 23 to Mar 24
Breast	337	363	402	+11%	37	49	39	-20%	-	-	-	-
Colorectal	195	517	468	-9%	14	30	34	+13%	24	27	47	+74%
ENT	564	671	405	-40%	46	40	41	+3%	51	37	36	-3%
Gastroenterology	302	448	290	-35%	-	-	-	-	573	571	838	+47%
General Surgery	362	248	114	-54%	75	38	9	-76%	512	320	185	-42%
Gynaecology	712	833	587	-30%	43	47	46	-2%	133	147	104	-29%
Ophthalmology	673	631	470	-26%	-	-	-	-	327	219	191	-13%
Trauma & Orthopaedics	615	459	319	-31%	198	78	160	+105%	217	229	248	+8%
Urology	262	300	310	+3%	107	80	108	+35%	434	473	407	-14%
Selected surgical specialties total	4,022	4,470	3,365	-25%	520	362	437	+21%	2,271	2,023	2,056	+2%
All specialties grand total	6,744	7,190	5,848	-19%	547	384	464	+21%	2,985	2,885	2,874	0%

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.

March 2024 New Patients Discharged/SoS/PIFU

New patients in March 24	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)		Total Attendances
103 - Breast	81	23%	0	0%	267	77%	267	77%	348
328 - Stroke Medicine	14	39%	0	0%	22	61%	22	61%	36
300 - General Medicine	47	42%	0	0%	66	58%	66	58%	113
400 - Neurology	55	48%	12	10%	48	42%	60	52%	115
410 - Rheumatology	91	53%	14	8%	66	39%	80	47%	171
120 - ENT	222	57%	7	2%	163	42%	170	43%	392
502 - Gynaecology	347	62%	35	6%	180	32%	215	38%	562
110 - Trauma & Orthopaedics	612	62%	257	26%	115	12%	372	38%	984
302 - Endocrinology	34	63%	3	6%	17	31%	20	37%	54
430 - Geriatric Medicine	39	64%	0	0%	22	36%	22	36%	61
301 - Gastroenterology	189	66%	13	5%	86	30%	99	34%	288
420 - Paediatrics	129	66%	13	7%	54	28%	67	34%	196
104 - Colorectal	273	66%	26	6%	112	27%	138	34%	411
340 - Respiratory Medicine	128	71%	8	4%	45	25%	53	29%	181
320 - Cardiology	161	71%	8	4%	58	26%	66	29%	227
361 - Nephrology	21	72%	0	0%	8	28%	8	28%	29
100 - General Surgery	79	75%	6	6%	20	19%	26	25%	105
330 - Dermatology	707	80%	66	7%	109	12%	175	20%	882
130 - Ophthalmology	585	81%	15	2%	126	17%	141	19%	726
101 - Urology	246	82%	14	5%	41	14%	55	18%	301
107 - Vascular	30	83%	1	3%	5	14%	6	17%	36
307 - Diabetic Medicine	30	86%	0	0%	5	14%	5	14%	35
303 - Clinical Haematology	34	87%	0	0%	5	13%	5	13%	39
Grand Total	4,154	66%	498	8%	1,640	26%	2,138	34%	6,292

March 2024 Follow Up Patients Discharged/SsS/PIFU

Return patients in March 24	Future Appointment (%)		SOS/PIFU (%)		Discharged (%)		SOS/PIFU + Discharge (%)		Total Attendances
328 - Stroke Medicine	1	5%	0	0%	19	95%	19	95%	20
100 - General Surgery	20	51%	6	15%	13	33%	19	49%	39
110 - Trauma & Orthopaedics	983	65%	279	18%	260	17%	539	35%	1,522
320 - Cardiology	123	66%	13	7%	49	26%	62	34%	185
104 - Colorectal	114	71%	7	4%	40	25%	47	29%	161
400 - Neurology	83	71%	22	19%	12	10%	34	29%	117
107 - Vascular	50	71%	8	11%	12	17%	20	29%	70
340 - Respiratory Medicine	252	73%	17	5%	74	22%	91	27%	343
502 - Gynaecology	426	77%	39	7%	88	16%	127	23%	553
420 - Paediatrics	291	78%	25	7%	57	15%	82	22%	373
300 - General Medicine	47	78%	1	2%	12	20%	13	22%	60
330 - Dermatology	401	79%	46	9%	59	12%	105	21%	506
120 - ENT	373	80%	14	3%	82	17%	96	20%	469
302 - Endocrinology	150	82%	1	1%	31	17%	32	18%	182
430 - Geriatric Medicine	115	83%	2	1%	21	15%	23	17%	138
301 - Gastroenterology	444	86%	17	3%	57	11%	74	14%	518
103 - Breast	346	86%	7	2%	49	12%	56	14%	402
101 - Urology	721	87%	30	4%	75	9%	105	13%	826
130 - Ophthalmology	1,310	88%	28	2%	152	10%	180	12%	1,490
410 - Rheumatology	539	89%	49	8%	15	2%	64	11%	603
361 - Nephrology	136	96%	1	1%	4	3%	5	4%	141
307 - Diabetic Medicine	199	98%	2	1%	3	1%	5	2%	204
303 - Clinical Haematology	827	98%	0	0%	18	2%	18	2%	845
Grand Total	7,951	81%	614	6%	1,202	12%	1,816	19%	9,767

Application of 2023/24 Recovery Resource

	End of March 2024 No WG Moneys			End of March 2024 Scoping with 2.8m			Notes	Agreed Patient No's	Original Agreed Costs	Additional/ Slippage costs identified w/c 26/02/24	Revised Costs
	104W All	156W All	4Y ALL	104W All	156W All	4Y ALL					
101 - Urology	920	400	0	188	0	0	120 Stones and TURP/Holeps pts. GGH Main Theatre weekly Saturday lists 5 pts (3 xIP & 2 xDC). No HDU/Enhanced Care patients. No bed base concerns. Internal solution (280 vasectomy pts). S4 WLI (Vasectomies). 280 patients circa 54k. Outsourcing plan being deployed for vasectomy. Risk of "perfect month" impact at theatre/PAC. Stage 1 22 clinics to be undertaken from 4th Feb to 24th March 2024 at an estimated cost of £28732. New breaches due impact = 12 patients at S4 in 3&4 year cohorts.	604	£ 475,384.00	£ 19,967.00	£ 495,351.00
104 - Colorectal	153	10	0	0	0	0	3 WLI lists requested for 10 parastomal hernia patients. EOJ submitted requesting outsourcing. Following D&C prep landing figure edited to zero. To reduce figure further additional endoscopy lists have been requested and approved.	10	£ 32,000.00		£ 32,000.00
107 - Vascular	78	53	39	30	9	5	Combination of Podiatry and Consultant clinics. A proportion of S4 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. Solutions are being explored. Mr Fliglestone's validation.	107	£ 24,182.00	£ 26,376.00	£ 50,558.00
110 - Orthopaedics	1,566	643	278	1,122	162	40	T&O have different workstreams. [30 outsourced to Werndale, Lift & shift sessions at PPH, Evening Sessions added to days, WLI, Emmerson Green & Neath Port Talbot lists. Perfect month programme impact will be added 14th Feb 2024. There is a Strike impact risk. Mitigations are being explored.	238	£ 932,712.50	-£ 51,500.00	£ 881,212.50
120 - ENT	312	66	5	118	0	0	Budgeted for 22 sessions (11 all days).	70	£ 117,852.40	£ -	£ 117,852.40
130 - Ophthalmology	313	0	0	0	0	0	Outsource 163 patients for cataracts. Price includes Pre-Op & FU costs (£1,132 per pt.) Internal WLI for 15 one stop preassessments and 14 op clinics see updated plan. New: 100 x 52 week breach full package requested (approved 12th Feb). Strike impact being scoped.	413	£ 352,844.00	-£ 16,218.00	£ 336,626.00
191 - Pain Management	0	0	0	0	0	0	52 Week OPD: 10 WLI sessions for Dr Prasad and Dr Jansen and conversion of theatre sessions to op sessions	76	£ 7,850.00		£ 7,850.00
410 - Rheumatology	0	0	0	0	0	0	52 Week OPD: Dr Rashid doing 4 clinics a Week for 10 weeks (6pts per session). T=240 (\$1 52 Week patients).	240	£ 55,980.00		£ 55,980.00
RTT Total	3,342	1,172	322	1,458	171	45	Estimated compliance with 99% <104 wks = 98.5%	1,758	£ 1,998,804.90	-£ 21,375.00	£ 1,977,429.90
Diagnostics	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	Notes	Agreed			
Endoscopy	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	£ 116,893.00		£ 116,893.00
						NA	Endoscopy lists additional for Colorectal etc. 10 lists.	Estimated	£ 7,500.00		£ 7,500.00
						1,200	ID medical (supplier grading highest) 324 pts (circa £170k) + 75k costs. Best 1169. Worst 1229. 1,200 middle.	324	£ 170,000.00	-£ 25,000.00	£ 145,000.00
Radiology US	1,274	1,547	1,547	1,276	1,005	734		1547	£ 60,000.00	-£ 15,000.00	£ 45,000.00
Radiology MRI	886	1,110	1,110	807	505	202		1100	£ 187,820.00	£ 197,588.00	£ 385,408.00
Other Costs	Waiting list overtime, other overtime for admin support/notes etc							NA	£ 20,000.00		£ 20,000.00
Dermatology	Dermatology Stage 1, 224 patients, circa 26k							224	£ 26,880.00		£ 26,880.00
								1000	£ 61,752.00		£ 61,752.00
Agreed Total								£ 2,649,649.90	£ 136,213.00	£ 2,785,862.90	
Agreed + TBA								£ 2,649,649.90		£ 2,785,862.90	
Slippage								£ 150,350.10		£ 14,137.10	

Proposed Application of 2024/25 Recovery Resource

PLANNED CARE	Estimated Outturn	Option 1 Nil Allocation				Option 2 3.2m Allocation				Option 3 4m Allocation				Option 4 2.8m (Board March 2024)			
	Q4 23/24	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Stage 1 52 wks	4,169	4,240	4,311	4,382	4,454	3,127	2,085	1,043	0	3,127	2,085	1,043	0	3,502	2,835	2,168	1,500
RTT 104 wks	1,753	1,957	2,161	2,365	2,570	1,315	877	439	0	1,315	877	439	0	1,724	1,695	1,666	1,639

52 Weeks OPD	March 2025 Trajectory Breach	Option 4 Cost £	March 2025 estimated breaches
101 - Urology	760	£ 145,768.00	0
120 - ENT	652	£ 87,360.00	0
130 - Ophthalmology	1712	£ 239,984.00	1500
320 - Cardiology	329	£ 52,448.00	0
410 - Rheumatology	1000	£ 86,676.00	0
Total	4,453	£ 612,236.00	1,500

104 Weeks RTT	March 2025 Trajectory Breach	Option 4 Cost £	March 2025 estimated breaches
101 - Urology	291	£ 395,178.00	0
Orthopeadics	600	£ 0.00	600
120 - ENT	237	£ 348,153.00	0
130 - Ophthalmology	1608	£ 644,108.00	1039
Total	2,736	£ 1,387,439.00	1,639

Diagnostics	8 Week Diagnostic Trajectory	Total	March 2025 estimated breaches
Endoscopy	tbc	£ 300,000.00	0
Cardiology	tbc	£ 50,000.00	0
Radiology	tbc	£ 450,000.00	0
Total	tbc	£ 800,000.00	0

Total	2.8m
-------	------

Due to improved March 2024 performance (455 less at Stage 1 than the predicted 4,169 and 246 less at Stage 4 Referral to Treatment Times (RTT) than predicted 1,753). The Quarter 4 (24/25) breaches may now be less.

Derived demand trajectory modelling will be repeated. This will include the most recent data including outturn.

Booking in Turn :

- The following slide shows a summary assessment, by specialty and stage of the current booking in turn scheduling processes:
- **Exceptions to booking in turn include:**
 - Periods of patient unavailability.
 - Refusals of reasonable offers, Could Not Attend (CAN) , Did Not Attend (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.
 - Unsheduled Care (USC) and Urgent demand.
 - Current outsourcing capabilities and restrictions to treat more complex patients.
 - Longer wait patients with complex co morbidities that need additional tests and screening prior to dating.

Analysis of 11/03/2024 PTL. FULL PTL.				
<u>Specialty</u>	<u>Stage 1 Routine urgency. % of longest cohort booked</u>	<u>Stage 1 Comments</u>	<u>Stage 4 Routine Urgency. % of longest cohort booked.</u>	<u>Stage 4 Comments</u>
100 - General Surgery	100%	All dated by March 2024 52+	11%	12 dated under 52 with 72 undated over 52 by March 2024
101 - Urology	9%	98 routine dated under 52 with 473 routine not dated in over 52 by end of March.	66%	216 undated routine in 104+ by March cohort, 30 dated in lower wait cohorts
103 - Breast	N/A	No long waiters.	N/A	No long waiters.
104 - Colorectal	62%	45 routine dated under 52 with 34 routine not dated in over 52 by end of March.	100%	Minor discrepancies and only 4 routine dated from 93 routine on list, cant really make any concrete conclusions
107 - Vascular	100%	104+ March cohort dated as goes under Vascular podiatry	N/A	All routine (11) undated, so no real comparison to make
110 - Trauma & Orthopaedics	75%	241 routine dated under 52 with 37 routine not dated in over 52 by end of March	21%	67 routine dated, 29 under 104 weeks by march with 144 undated 3+ years. Explained by casemix and sub specialisms and outsourcing.
120 - ENT	10%	90 routine dated under 52 with 1332 routine not dated in over 52 by end of March, but green given % under cohort is low.	100%	All longer waits dated and few anomalies in routine urgency.
130 - Ophthalmology	17%	Urgency missing, 451 dated under 52 with 1110 not dated over 52 by March 2024	34%	29 dated below 104 weeks but 55 undated in 104+ weeks by end of March. (All urgencies not populated well). Undated 104+ plan to be outsourced likely to explain the differences.
191 - Pain Management	29%	18 Dated under 52 routine with 47 undated routine before end of March 2024. Sickness evident with consultants off.	4%	Only 1 dated under 52 , over 52 dated
300 - General Medicine	52%	79 routine dated under 52 with 13 routine not dated in over 52 by end of March.	N/A	Only 36 on list and most under 52, 1 over 52 undated. Very small numbers.
301 - Gastroenterology	100%	All dated in over 52 cohort by March .	3%	Only 5 with routine TCI, most waiters under 52, 3 out of sync
303 - Clinical Haematology	100%	No March 52 week cohort patients	N/A	No March 52 week cohort patients, small list overall.
320 - Cardiology	100%	All dated in over 52 cohort by March .	20%	No March 52 week cohort patients.
330 - Dermatology	100%	All dated in over 52 cohort by March .	N/A	All undated routine, no dated patients to analyse
400 - Neurology	100%	All dated in over 52 cohort by March .	N/A	No List
410 - Rheumatology	32%	197 routine undated over 52 by march, 23 under 52 dated. Green due to proportion dated over 52 vs shorter waits	N/A	No March 52 week cohort patients.
420 - Paediatrics	100%	All dated in over 52 cohort by March .	N/A	Tiny List
430 - Geriatric Medicine	13%	89 routine dated under 52 with 13 routine not dated in over 52 by end of March.	N/A	No March 52 week cohort patients.
502 - Gynaecology	100%	All dated in over 52 cohort by March .	100%	3 routine dated under 52 135 undated over 52. All 104 dated



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

- There is good confidence in treating in turn for Stage 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 specialties shows potential for improvement with some evidence of shorter wait routine patients being dated before longer waiters.

Priorities for 2024/25:

- Resolve all 156 week+ waits by end of Quarter 1.
- Recovery of maximum 52 week waits for Stage 1 (OPA).
- Further progress towards maximum 104 week wait for total pathway, noting anticipated delivery challenges in:
 - Orthopaedics
 - Ophthalmology
- Improved efficiency and productivity through specialty and clinical engagement with Elective Optimisation Programme (EOP) and learning from Orthopaedic 'Perfect Month' initiative.
- Further progress OP transformation improvements (inc SoS/PIFU).
- Maximise regional pathway delivery opportunities in Orthopaedics and Ophthalmology.
- Re-establish High Volume Low Complexity (HVLC) elective pathway at WGH
- Targeted application of 2024/25 recovery resource.

Recommendation

The Strategic Development and Operational Delivery Committee is requested to **NOTE** progress achieved in reducing the volume of patients experiencing long Planned Care waiting times, within the Resource Framework agreed by the Board and the operational factors experienced during 2023/24.