

# Planned Care Improvement & Recovery

SDOD Committee

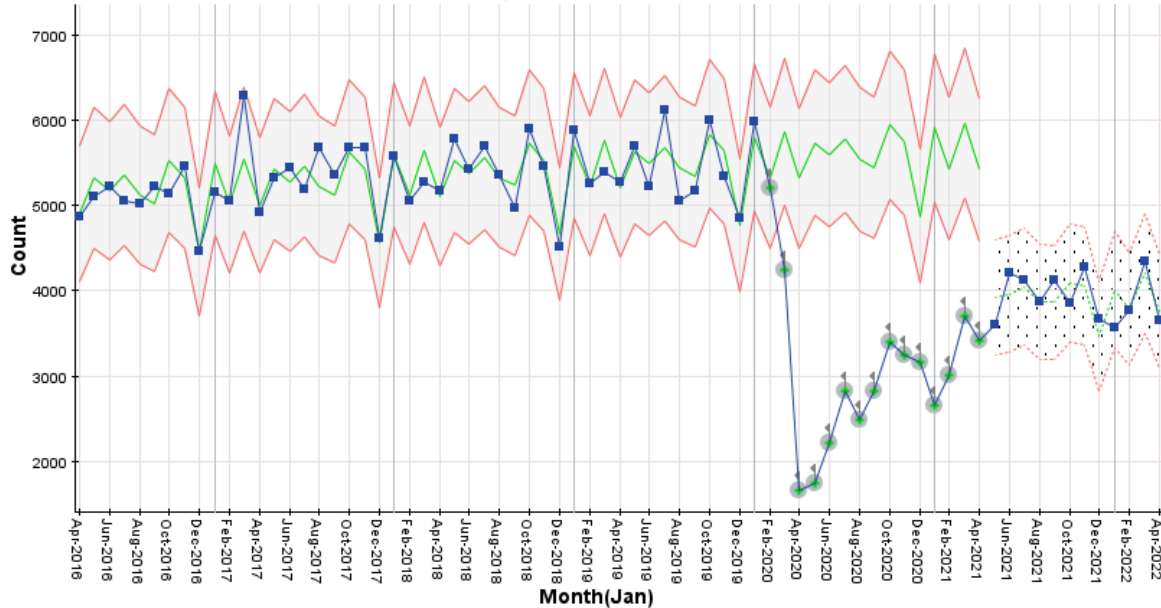
June 2022

# Historical and Current Elective Activity

- The number of elective admissions each month has **still not yet reached** pre-COVID levels which were on an increasing trajectory (NB: data includes WLI)
- Around 20,000 fewer admissions took place in 2021-2022 compared with 2019-2020

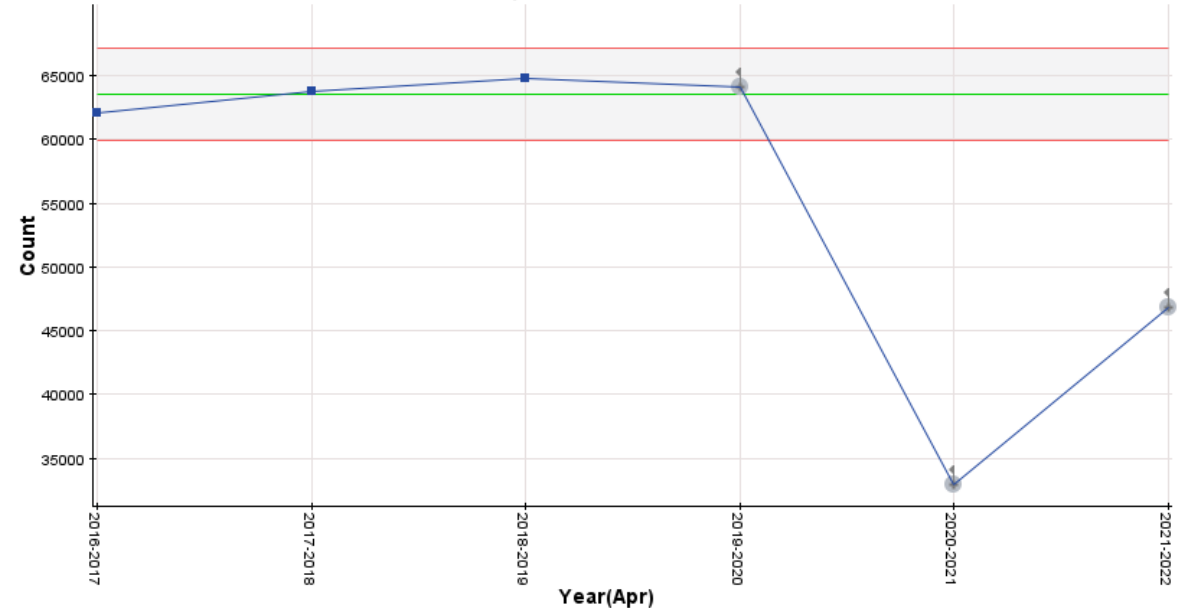
Provider Spell Admissions : Elective : (Monthly - all)

Data Updated: 2022-05-22 08:14:17



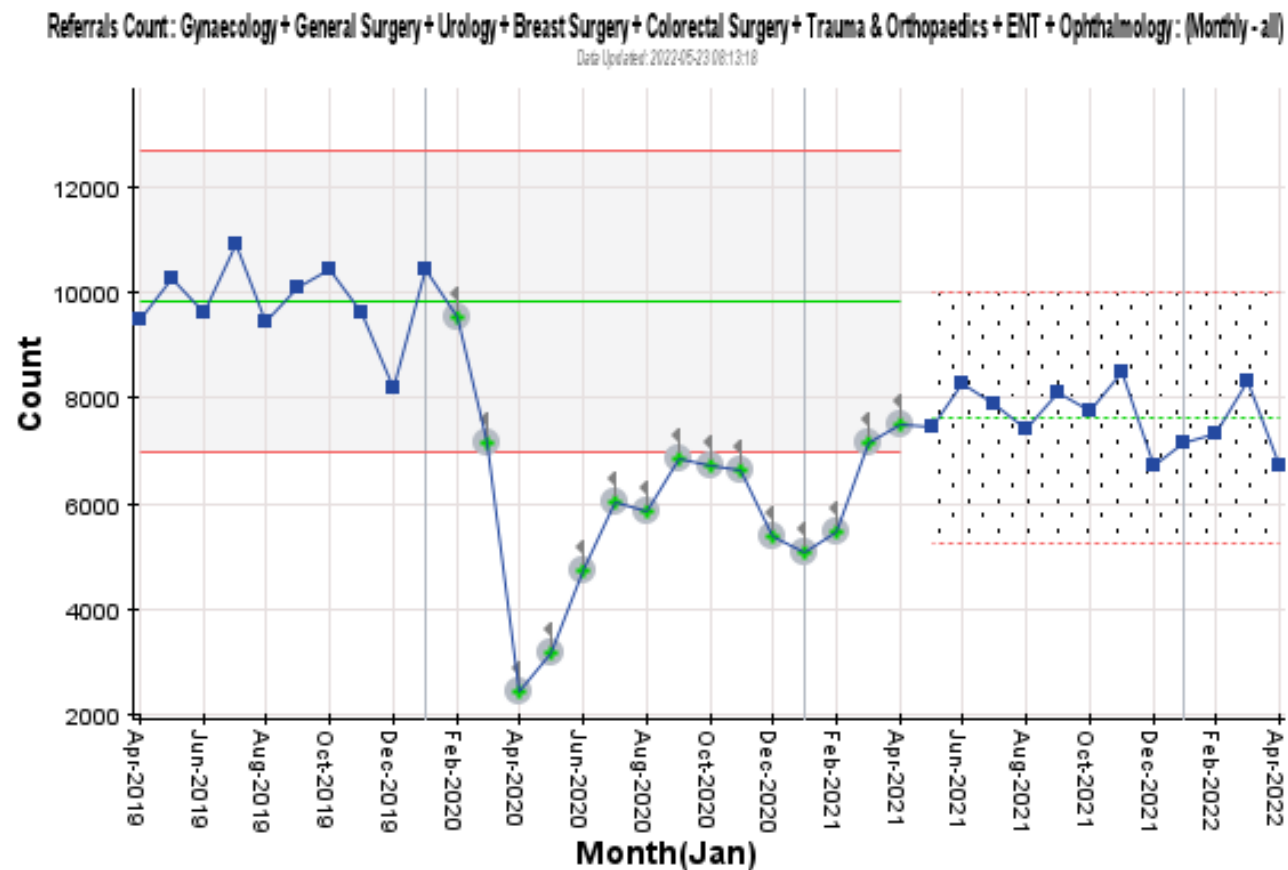
Provider Spell Admissions : Elective : (Yearly - financial - all)

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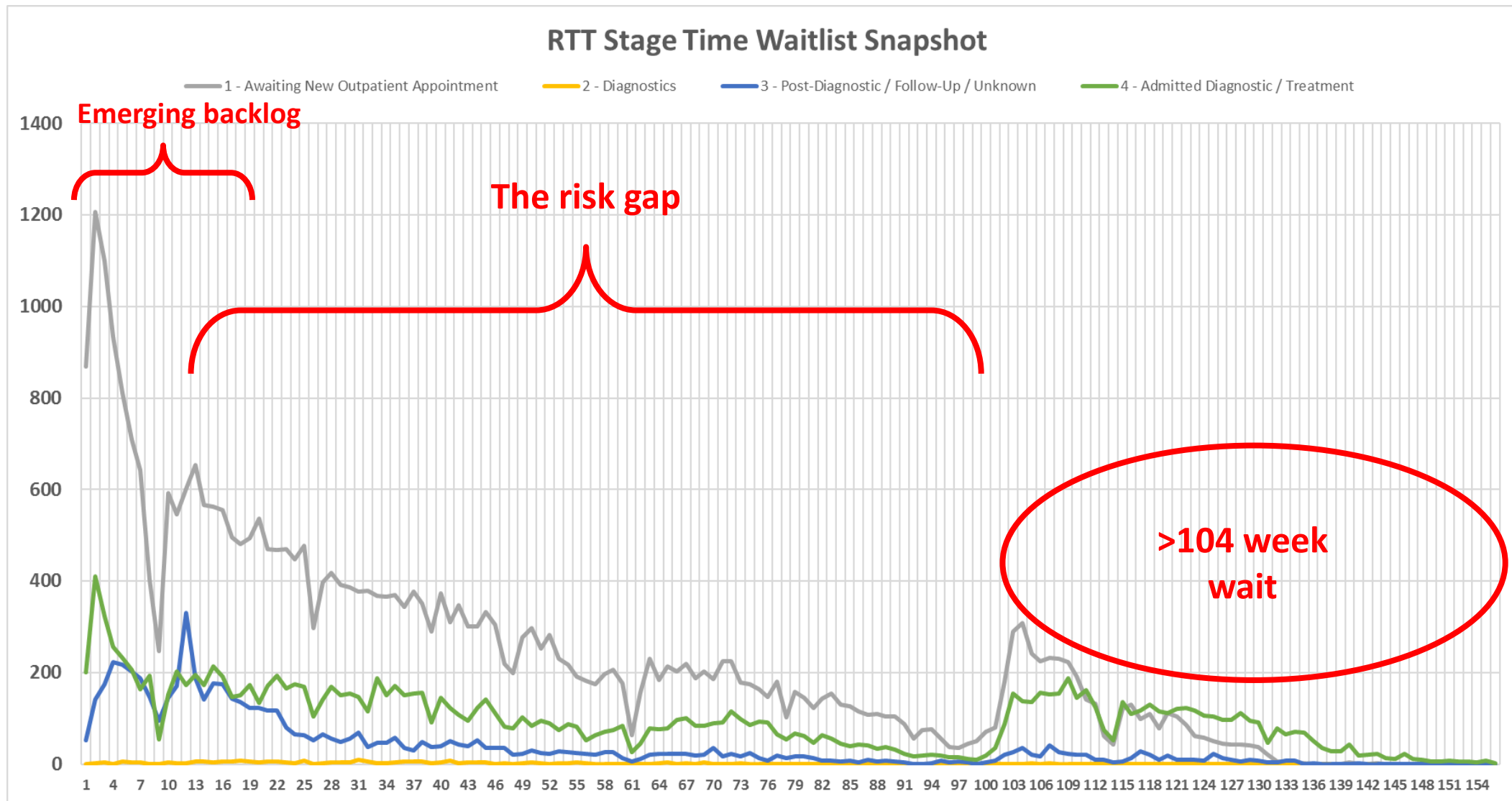


# Historical and Current Referrals

- Referrals also remain below pre-pandemic levels



# Current Waiting Lists (specialties included)



# Milestones

- 1. No one waiting longer than a year for their first outpatient appointment by the end of 2022.**
- 2. Eliminate the number of people waiting longer than two years in most specialities by March 2023.**
3. Eliminate the number of people waiting longer than one year in most specialities by Spring 2025.
4. Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024.
5. Cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026.

# Priorities

- **Cohort & breach** reduction / elimination
- Chronological reduction of **longest waiters** and **children** (NB ENT)
- Prioritisation of clinical risk **and** longest waits
- Booking instructions **re-issued**
- Sustained increase in capacity/activity **to/beyond** pre-pandemic levels
- Weekly monitoring of improvement trajectories (**activity / cohort / breaches**)
- **Transformational** change (eg SoS / PIFU / virtual) supported by Clinical Director (PCP National Lead)
- Trajectories by **17<sup>th</sup> June 2022**
- Validation of lists (**completed** May 2022)
- **Regional / national** opportunities

# Where Do We Stand?

Health Board	Ambition Measure	Cohort (25th April 2022)	Cohort (30th May 2022)	Current Rate of Reduction (per week)	Required Rate of Reduction at 25th April 2022 (per week)	Required Rate of Reduction at 30th May 2022 (per week)	Gap + / Surplus - at Target Date
Aneurin Bevan	52+ New Outpatient	41300	34867	1287	1147	1125	-5018
	104+ Total RTT	28397	24462	787	580	556	-10166
Betsi Cadwaladr	52+ New Outpatient	57650	51935	1143	1601	1675	16502
	104+ Total RTT	54625	50448	835	1115	1147	13690
Cardiff & Vale	52+ New Outpatient	40264	35220	1009	1118	1136	3947
	104+ Total RTT	38772	35354	684	791	804	5276
Cwm Taf Morgannwg	52+ New Outpatient	44180	39555	925	1227	1276	10880
	104+ Total RTT	41464	37020	889	846	841	-2087
Hywel Dda	52+ New Outpatient	30609	28171	488	850	909	13055
	104+ Total RTT	28606	26599	401	584	605	8937
Swansea Bay	52+ New Outpatient	32287	29441	569	897	950	11796
	104+ Total RTT	34585	32282	461	706	734	12016
All Wales	52+ New Outpatient	<b>246782</b>	<b>219510</b>	<b>5454</b>	<b>6855</b>	<b>7081</b>	<b>50424</b>
	104+ Total RTT	<b>226466</b>	<b>206166</b>	<b>4060</b>	<b>4622</b>	<b>4686</b>	<b>27526</b>
All Wales (minus surplus)	52+ New Outpatient	<b>246782</b>	<b>224683</b>			<b>7248</b>	<b>56180</b>
	104+ Total RTT	<b>226466</b>	<b>210154</b>			<b>4776</b>	<b>37832</b>

# Capacity / Productivity

Representative Theatre Sessions per week	Apr-22	Jun-22	Sep-22	Dec-22	Mar-23
<b>Speciality</b>					
<b>ELECTIVE</b>					
General Surgery	8	11	20	22	23
Urology	13	12	19	20	20
Breast	8	10	12	10	10
Colorectal	9	14	14	14	14
Vascular	0	0	1	1	1
Trauma & Orthopaedics	18	22	42	52	50
ENT	9	10	10	10	10
Ophthalmology	14	16	31	33	33
Pain Management	1	3	6	6	6
Cardiology	3	3	4	3	3
Paediatrics	2	2	2	2	2
Gynaecology	14	12	15	16	16
EVLT	0	0	1	1	1
PAIN in Main Theatre	0	0	0	1	1
SPECIAL DENTAL	0	0	0	0	0
Unallocated Saturdays					4
<b>ELECTIVE Total</b>	<b>99</b>	<b>115</b>	<b>177</b>	<b>191</b>	<b>194</b>
<b>EMERGENCY</b>					
NCEPOD	30	30	30	30	30
OBSTETRICS	5	5	5	5	5
TRAUMA	15	16	16	16	17
<b>EMERGENCY Total</b>	<b>50</b>	<b>51</b>	<b>51</b>	<b>51</b>	<b>52</b>
<b>Grand Total</b>	<b>149</b>	<b>166</b>	<b>228</b>	<b>242</b>	<b>246</b>

## Outpatients:

Forecast restoration of pre-pandemic session capacity by July 2022  
Plans include 20% SoS/PIFU achievement and additional capacity where achievable

## Theatres:

Forecast restoration of pre-pandemic session capacity by Dec 2022 (see opposite)

Key rate limiting factors (workforce):

- Theatre staffing
- Anaesthetics

Throughput targets agreed with CTLs



# 2022/2023 - DELIVERY AMBITIONS



Health Board ambitions do not yet deliver WG measures



Health Board ambitions align with WG measures



Health Board ambitions align with WG measures beyond 2022/23

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>Planned Care – Referral to Treatment</b>	<ul style="list-style-type: none"> <li>80%+ of pre-covid levels for elective activity</li> <li>80%+ % of pre-covid activity levels for new OP</li> <li>Complete validation of full waiting list (14k records removed)</li> <li>Establish Enhanced Care Unit PPH</li> <li>Re-establish dedicated elective wards at PPH (x 2), BGH (x1) and WGH (x1)</li> <li>Reduce Stage 1 52 week cohort below 25k</li> <li>Reduce 104 week cohort below 19k</li> <li>Reduce Stage 1 52 week breaches below 13k</li> <li>Reduce 104 week breaches below 8k</li> <li>Reduce Stage 1 waiting list below 51k</li> <li>Reduce Total RTT pathway below 80k</li> </ul>	<ol style="list-style-type: none"> <li>Increase to 90% % of pre-covid theatre sessional capacity (internal)           <ul style="list-style-type: none"> <li>Exceed 100% of pre-covid clinic sessional capacity (internal)</li> <li>Increase SOS / PIFU delivery to 20%</li> <li>Exceed 25% virtual clinic delivery</li> <li>Commence activity via PPH Modular Day Case Unit &amp; AVH Eye Care Theatre</li> <li>Eliminate 3 year waits</li> <li>Reduce Stage 1 52 week cohort below 12k (subject to confirmation of solutions)</li> <li>Reduce 104 week cohort below 19k</li> <li>Reduce Stage 1 52 week breaches below 9k</li> <li>Reduce 104 week breaches below 6.5k</li> <li>Reduce Stage 1 waiting list below 46k</li> <li>Reduce Total RTT pathway below 76k</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>Increase to 100% % of pre-covid theatre sessional capacity (internal)</li> <li>Exceed 110% of pre-covid clinic sessional capacity (internal)</li> <li>Achieve at least 33% virtual clinic delivery</li> <li>Expand capacity through Modular Unit to 20 sessions per wk min (subject to staffing)</li> <li>Expand capacity via AVH Eye Theatre to 10 sessions per wk (subject to staffing)</li> <li>Reduce Stage 1 52 week cohort to range between 0- 5k (subject to confirmation of solutions)</li> <li>Reduce 104 week cohort to range between 7-9k (subject to confirmation of solutions)</li> <li>Reduce Stage 1 152 week breaches to range between 0- 5k (subject to confirmation of solutions)</li> <li>Reduce 104 week breaches below 5.5k (subject to confirmation of solutions)</li> <li>Reduce Stage 1 waiting list below 42k</li> <li>Reduce Total RTT pathway below 74k</li> </ul>	<ul style="list-style-type: none"> <li>Exceed 100% % of pre-covid theatre sessional capacity (internal)</li> <li>Exceed 110% of pre-covid clinic sessional capacity (internal)</li> <li>Deliver 30% reduction in delayed follow ups (&gt;100%) by end of Q4</li> <li>Achieve &gt;70% Single Cancer Pathway (progress towards 80% by March 26)</li> <li>Overall reduction in the 52 week waits for treatment (progress towards March 25 ambition)</li> <li>Eliminate Stage 1 52 week cohort (subject to confirmation of solutions)</li> <li>Reduce 104 week cohort to range between 1.3k to 4k (subject to confirmation of solutions)</li> <li>Eliminate 52 week breaches (subject to confirmation of solutions)</li> <li>Reduce 104 week breaches to range between 1.3k to 4k (subject to confirmation of solutions)</li> <li>Further reduce Stage 1 waiting list below 40k</li> <li>Reduce Total RTT pathway below 68k</li> </ul>

# 2022/2023 - DELIVERY AMBITIONS



Health Board ambitions do not yet deliver WG measures



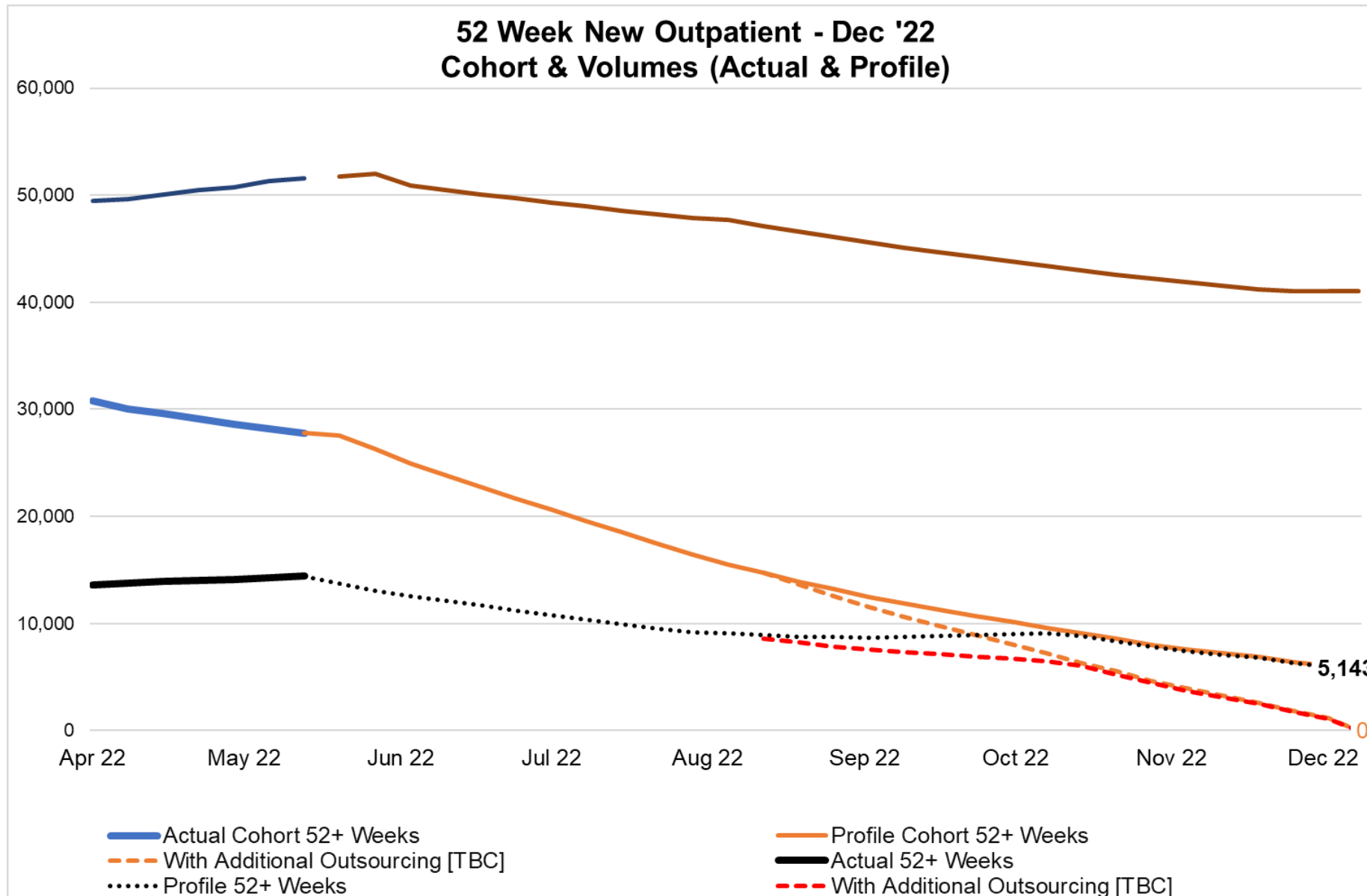
Health Board ambitions align with WG measures



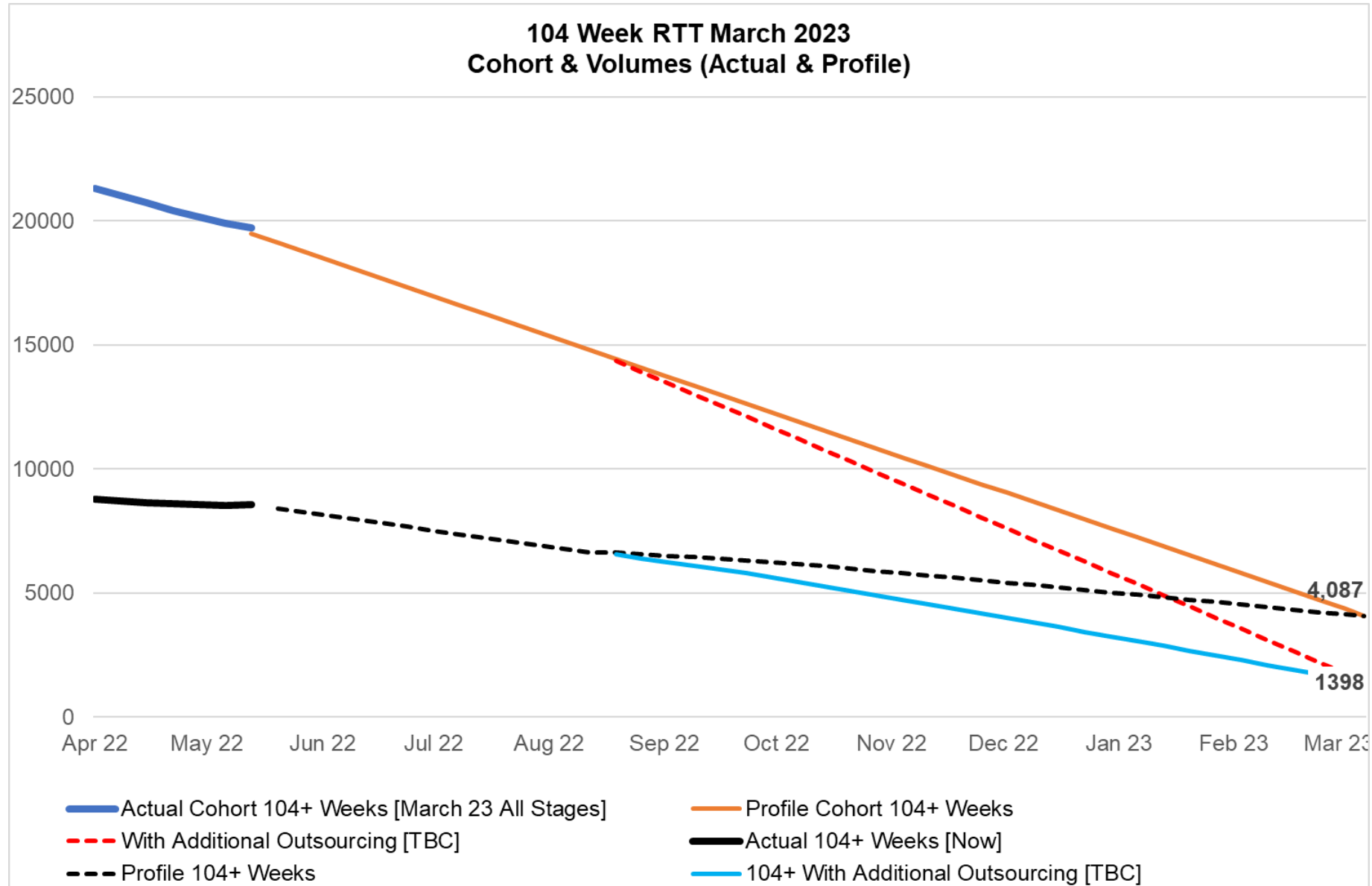
Health Board ambitions align with WG measures beyond 2022/23

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>Diagnostics and Therapies</b>		<ul style="list-style-type: none"> <li>Utilisation of Clinical Nurse Endoscopist capacity to increase sessions</li> <li>Additional planned sessions (up to 8 per month)</li> </ul>	<ul style="list-style-type: none"> <li>Expansion of Clinical Nurse Endoscopist capacity to further increase capacity</li> <li>Additional planned sessions (up to 8 per month)</li> <li>External outsources endoscopy capacity (to be confirmed)</li> </ul>	<ul style="list-style-type: none"> <li>D&amp;T delivery trajectories awaiting sign off via HB internal governance mechanisms</li> </ul>
<b>Transformation (directly influencing Activity / WL)</b>	<ul style="list-style-type: none"> <li>Increase Sos/PIFU coverage across OP specialties</li> </ul>	<ul style="list-style-type: none"> <li>Increase SOS / PIFU delivery to 20%</li> <li>Exceed 25% virtual clinic delivery</li> <li>Progress OP Transformation priorities:                             <ul style="list-style-type: none"> <li>Diabetic retinopathy</li> <li>Glaucoma</li> <li>Video Group Consultations</li> <li>Virtual Orthopaedic Rehabilitation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Achieve at least 33% virtual clinic delivery</li> <li>Progress OP Transformation priorities:                             <ul style="list-style-type: none"> <li>Diabetic retinopathy</li> <li>Glaucoma</li> <li>Video Group Consultations</li> <li>Virtual Orthopaedic Rehabilitation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Progress OP Transformation priorities:                             <ul style="list-style-type: none"> <li>Diabetic retinopathy</li> <li>Glaucoma</li> <li>Video Group Consultations</li> <li>Virtual Orthopaedic Rehabilitation</li> </ul> </li> </ul>
<b>Operational Efficiency (directly influencing Activity / WL)</b>	<ul style="list-style-type: none"> <li>Establish Enhanced Care Unit PPH</li> <li>Re-establish dedicated elective wards at PPH (x 2), BGH (x1) and WGH (x1)</li> </ul>	<ul style="list-style-type: none"> <li>Commence activity via PPH Modular Day Case Unit &amp; AVH Eye Care Theatre</li> </ul>	<ul style="list-style-type: none"> <li>Expand capacity through Modular Unit to 20 sessions per wk min (subject to staffing)</li> <li>Expand capacity via AVH Eye Theatre to 10 sessions per wk (subject to staffing)</li> </ul>	

# Current & Potential Plan (52 Wks)



# Current & Potential Plan (104 Wks)



## Key Enablers / Dependencies

- Continued concentration of IP **orthopaedics** at PPH & BGH (WGH to accommodate short/overnight stays)  
– consistent with GIRFT
- Continued concentration of **major colorectal surgery** at PPH & BGH (WGH to accommodate short stays)
- Commencement of **new PPH Day Surgical Unit** with incremental capacity expansion through 2022
- Workforce Expansion – **Theatre nurses & Anaesthetics**
- UEC plan (ability to release targeted beds at **Glangwili** for Urology / ENT)
- Application of Recovery funding above level within current plan

# Delivery Risks

## Outpatients:

- Availability & resourcing of external solutions
- Health Records capacity (recruitment plan underway)

## Treatments:

- Workforce (Theatres & Anaesthetics)
- Beds (vis a vis USC pressures) – Glangwili / Urology
- Availability & resourcing of external solutions
- Apparent conflict between RCS guidance & prioritisation of longest waits